European Monitoring Centre for Drugs and Drug Addiction

2007 NATIONAL REPORT (2006 data) to the EMCDDA by the Reitox National Focal Point

ESTONIA

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

REITOX

REPORT ON THE DRUG SITUATION IN ESTONIA 2007

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Acknowledgements and introductory note

A national report on the drug situation in Estonia is drawn up annually for the European Drug Monitoring Centre for Drugs and Drugs Addiction (EMCDDA) and the Ministry of Social Affairs of Estonia. This report gives an overview of the political and legal framework, demand and supply reduction interventions in the field of drugs in Estonia in 2006. The structure of report has been provided by the EMCDDA.

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Special thanks to our proofreader Ms Anneli Saluste.

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

Summary

No major changes have occurred in the field of drug policies and context. The biggest success in the field of drug policy was the adoption of the Regulation of the National Drug Treatment Database providing a legal basis for the collection of drug-related information.

In 2006 budget allocations on drug prevention from the National Strategy for Prevention of Drug Dependency until the year 2012 (NSPDD) and National Strategy for HIV/AIDS Prevention 2006-2015 (NSHAP) were increased. In 2006 the Government Committee for Drug Prevention (GCDP) was established to coordinate the implementation of the NSPDD and introduce necessary amendments.

In the prevention field the biggest success in 2006 was the media campaign 'Stay clean!' aimed at keeping youngsters away from drugs. The prevention campaign was targeted at ordinary young people, not to problematic ones.

The next population survey giving overview about drug use in general population will be carried out in 2008. Regarding drug use among sex workers 66% of sex workers who answered to the question about lifetime prevalence of drugs reported illicit drug use in their lifetime. 34% of the respondents reported drug use in prison. The most common way of using drugs was smoking and injecting (over 60% of the respondents in prison). Most frequently used drugs were marihuana/hash and amphetamine (3/4 of drug users in prison) followed by tranquilizers, "China white" and heroin (almost 1/2 of drug users in prison).

The capture-recapture estimates of the IDU population conducted in 2005 using state-wide administrative data sources show that 2.4% of the population aged 15-44 are IDUs. The injecting drug use estimates in Estonia do not show only heroin injection, but the injecting use of fentanyl analogues (fentanyl and 3-methylfentanyl) and amphetamines.

Regarding drug treatment the GF funding of the year 2006 included provision of methadone treatment for approximately 5% of IDUs in Tallinn, Narva, Jõhvi and Kiviõli. The national strategy funds provide treatment for about 2% of IDUs. Thus, compared to the funding of the national strategy the GF provides treatment for twice as many IDUs as the national strategy, however, the budget of the GF is 40% smaller.

Regarding drug related infectious diseases when compared to previous years the number of newly registered HIV cases increased in 2006. The vast majority of registered HIV infected people were very young aged 15-24. The share of females infected with HIV increased. Surveillance data on newly registered HIV infected

should be taken with caution as limited data on probable HIV transmission routs may not reveal the actual scope of HIV epidemic among the IDU population.

The number of drug-related deaths remained stable in the reporting year. Almost two thirds of the cases of drug-related death were young men aged 20-29.

During the reporting year a wide range of activities were carried out with the purpose of preventing HIV transmission among the general population and risk groups such as IDUs, prisoners, MSM, sex workers etc. Also, the extent of specialized services (e.g. syringe exchange, condom distribution, sexual education, methadone substitution treatment etc) has increased. Although Estonia has made substantial achievements in the field of HIV/AIDS prevention among the general population and risk groups, prevention of HCV and HBV among IDUs has not been a priority despite high prevalence of HCV/HBV among the IDUs involved in the study.

Interventions aimed at reducing drug-related deaths and overdoses among specific risk groups are still very limited, although substantial achievements have been made in terms of information dissemination among IDUs on prevention of overdoses.

Regarding social correlates and consequences only data on drug-related crime were available in 2006. In 2005 we could observe decrease in the number of drug offences, however, the year 2006 showed an increasing trend. The amount of funding allocated for the drug police is related to the statistics of drug-related crime.

Regarding seizures when compared to 2005 ATS and ecstasy type drugs, followed by cannabis and opiates continued to be the most common drugs in terms of the number of seizures also in 2006. Use of fentanyls (fentanyl and 3-methylfentanyl) gained more popularity when compared to heroin. However, the purity of heroin decreased while the price increased in 2006.

Part A: New Developments and Trends

1. National policies and context

No major changes have occurred in the field of drug policies and context. The biggest success in the field of drug policy was the adoption of the Regulation of the National Drug Treatment Database providing a legal basis for the collection of drug-related information. In 2006 budget allocations on drug prevention from the National Strategy for Prevention of Drug Dependency until the year 2012 (NSPDD) and National Strategy for HIV/AIDS Prevention 2006-2015 (NSHAP) were increased. In 2006 the Government Committee for Drug Prevention (GCDP) was established to coordinate the implementation of the NSPDD and introduce necessary amendments.
Drug topic is well represented in media and general awareness on drug problems tends to be high. In 2006 a survey regarding people's attitude towards liberalization of the criminal policy indicates that drug addiction is perceived as the biggest threat for Estonia, followed by HIV/AIDS, crime and alcoholism. Although the general attitude among the Estonian population towards habitual drug abuse tends to be negative, the attitude towards soft drug users among young people is more supportive.

1.1 Legal framework

In 2005 basis for the collection of drug-related information in the National Drug Treatment Database was created with amending the Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof (NDPS) and the associated acts (RT I 1997, 52, 834; RTI, 10.05.2005, 24, 180).
Regulation of the National Drug Treatment Database (RTI, 30.11.2006, 52, 391) was adopted by the Estonian Government on the basis of the NDPSA and associated acts (RTI, 10.05.2005, 24, 180) on 21 November 2006. The statutes include 8 chapters which provide for the general provisions and structure of the database, rules for the collection of data and registration of treatment cases, access to data, regulations for the preservation of documents and datasets, obligations of the database owner and holder, as well as supervision, financing and termination of the database. With that document, all legal obstacles were outworn leaving only technical issues to be solved.
The amendments to the NDPSA and associated acts (RTI, 10.05.2005, 24, 180) introduced in 2005 provided for the collection of treatment data in the Drug Treatment

database only on Estonian residents. However, it is not justified in Estonia as a number of non-residents are receiving treatment in Estonia and thus, occupying the places for treatment. In 2006 amendments to the NDPSA and the Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof (RT I 1997, 52, 834; RTI, 07.07.2006, 32, 247) were introduced providing for an obligation to collect data on residents as well as on other persons receiving treatment in Estonia. As a result, it is possible to plan public health expenditures for drug treatment more precisely.

Also, amendments to the NDPSA and Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof (RT I 1997, 52, 834; RTI, 07.07.2006, 32, 247) provided for improvement in the scope of surveillance to prevent increase in availability and circulation of narcotic drugs, psychotropic substances and their precursors. The State Agency of Medicines and the Estonian Tax and Customs Board are responsible for the monitoring of the implementation of the NDPSA and the Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof (RT I 1997, 52, 834; RTI, 07.07.2006, 32, 247).

In 2006 amendments to the Regulation of 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 were adopted (RTL, 20.04.2006, 33, 598). The amendments to the regulation provide for the use of Buprenorphine in drug treatment and prescribing of benzodiasephine.

1.2 Institutional framework, strategies and policies

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

1.3 Budget and public expenditure

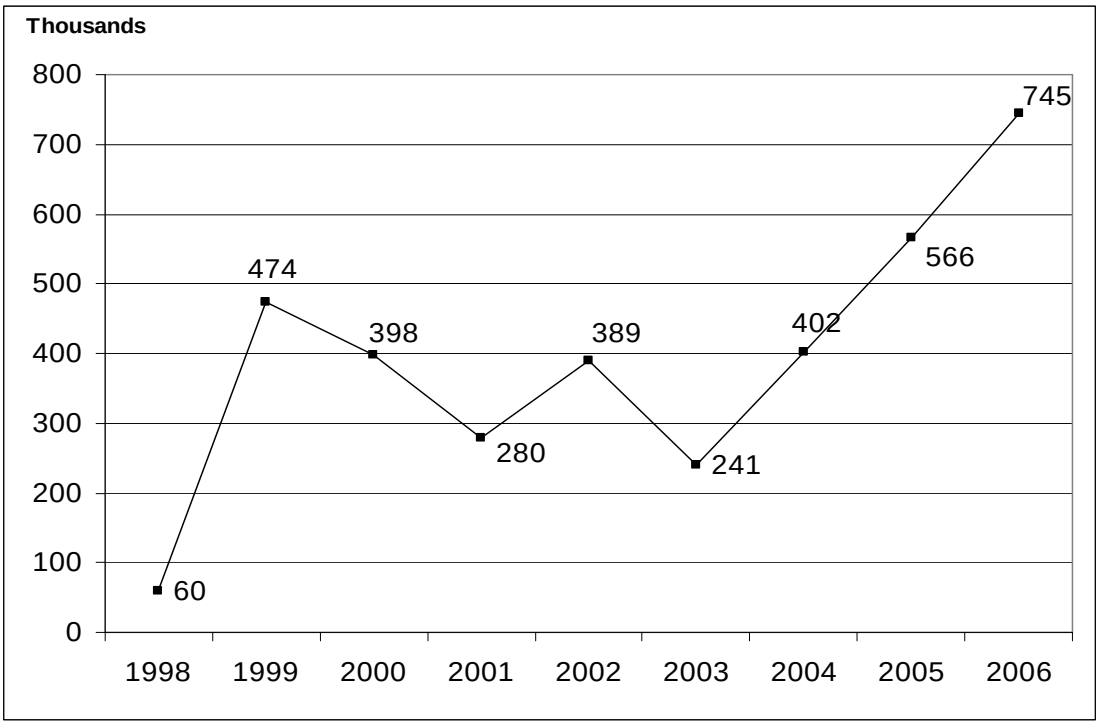
From the beginning of the year 2006 it is easier to give information about the expenditure on drug activities and HIV/AIDS activities separately, because both, the National Strategy for Prevention of Drug Dependency until the year 2012 (NSPDD 2004) and the National Strategy for HIV/AIDS Prevention 2006-2015 (NSHAP 2005) were established in full form and funding for the implementation of these strategies was revised. As a result, both strategies are subject to separate funding. However, for certain activities funds are not divided between the budgets of the two strategies. An overview of expenditures is available according to the activities of the following HIV/AIDS programmes: the NSPDD, NSHAP, prevention projects of HIV/AIDS and drug addiction in Tallinn and the Global Fund Programme to Fight Against AIDS, Malaria and Tuberculosis (GF).

Drug prevention budget

In 2006 direct expenditure of the NSPDD on tackling drug dependency was EUR 745,044 which is a rise of almost 30% when compared to 2005 (Figure 1). However, in 2005 it was difficult to arrive at an accurate estimate of costs associated specifically with drug misuse as expenditure was spread across the NSPDD and the National programme for HIV/AIDS Prevention (NPHAP). Thus, figure 1 shows total expenditure on drug issues of both the NPHAP and the NSPDD budget.

In 2006 like in previous years, the biggest share of total annual funding - EUR 458,642 was allocated for drug treatment and rehabilitation. Media campaigns were funded with EUR 132,052; prevention with EUR 82,591 and training projects for specialists, cooperation and monitoring/research projects with a total of EUR 71,759.

Figure 1. Alcohol and Drug Abuse Prevention Programme (ADAPP) and NSPDD funds in 1998-2006 (EUR).



Source: Estonian Alcohol and Drug Abuse Prevention Programme, 1998-2004 and National Strategy on the Prevention of Drug Dependency 2005-2006.

Health Care and Social Work Department of Tallinn City Government funded HIV/AIDS and drug prevention projects with a total of EUR 250,660 in Tallinn. Funding provided for HIV/AIDS and drug prevention by Tallinn City Government has decreased almost by 1/2 when compared to the past years (Table 1).

Tallinn supported drug treatment and rehabilitation projects with a total of EUR 179,591 but unlike last year no funding was allocated to treatment projects for grown-ups. The rest of the funding was distributed between prevention, counselling, training and information exchange activities in the field of HIV/AIDS and drug prevention.

Table 1. Activities and budget of Tallinn City Government for the years 2003-2006 (EUR).

Activity	2003	2004	2005	2006
Drug treatment & rehabilitation for children	139,611	148,128	128,298	95,867
Drug treatment for adults	0	0	127,823	0
Rehabilitation for adults	70,303	74,352	44,045	83,724
Counselling	10,865	19,173	43,840	38,346
Risk-group children	28,546	47,730	23,884	5,112
Media projects	26,868	7,350	26,907	4,505
Preventive activities	59,701	53,341	11,931	1,917
Risk-group women	14,025	24,606	0	2,876
Training projects for staff	6,708	3,196	0	4,971
HIV/AIDS prevention and treatment	22,561	9,804	0	13,338
TOTAL	**379,189**	**387,680**	**406,728**	**250,660**

Source: Health Care and Social Work Department of Tallinn City Government, 2007.

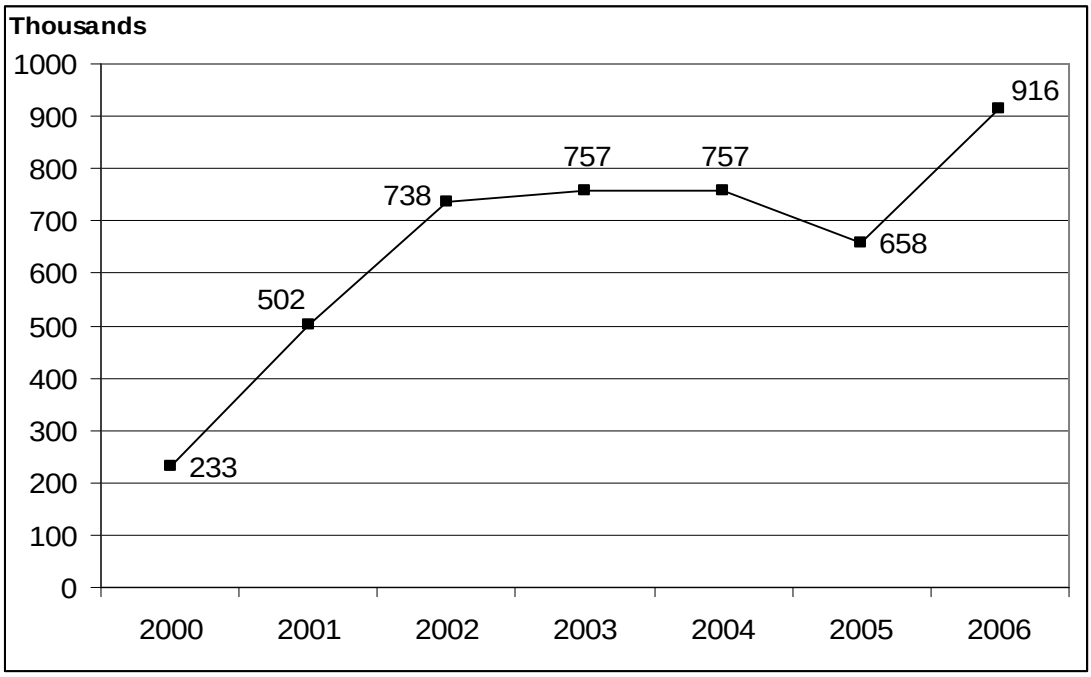
HIV/AIDS prevention budget

In 2006 the government allocated total of EUR 915,786 for the implementation of NSAHP (Figure 2). Last year it was difficult to distinguish between the expenditure of the NSPDD and NPAHP, however, in 2006 both strategies had their own budget and funding was clear and understandable. In 2005 total of over 1 million EUR was allocated for both strategies, in 2006 nearly 1 million EUR solely for HIV/AIDS prevention.

A number of activities provided in the HIV/AIDS strategy are targeted at drug addicts, thus, a considerable share of the NPAHP funds are allocated for that area of activity. EUR 391,379 from the NSHAP was allocated for the prevention of illicit drug use.

The budget included funding for training projects for health care specialists, counselling of addicts and syringe exchange. EUR 270,527 was allocated for the prevention and support activities targeted at risk groups of HIV/AIDS. EUR 62,323 was allocated for training of the staff of local authorities (public health specialists, medical staff etc.), EUR 154,908 for different prevention activities and EUR 37,651 for studies and monitoring in the field of HIV/AIDS.

Figure 2. Budget for tackling HIV/AIDS and drug addiction in 2000-2006 (EUR).



Source: Annual Reports of HIV/AIDS strategy, 2000 – 2006.

In 2004 the GF and the Estonian contractual partner entered into a contract on the implementation of the programme 'National Partnership to Increase the Scale of Estonia's Response to a Concentrated and Rapidly Developing HIV/AIDS Epidemic". In 2006 the GF allocated a total of EUR 2,608,951 to the NIHD to stop ongoing transmission of HIV/AIDS which has increased almost two and a half times when compared to the years 2005 and 2004. The funding was divided between 7 main targets - young people, injecting drug users (IDUs), commercial sex workers (CSW), prisoners, men who have sex with men (MSM), HIV-infected and people in need of anti-retrovirus treatment (ARV), monitoring and evaluation, programme management and trainings. The above mentioned areas were funded as follows: EUR 236,980 to reduce risk behaviour among young people and increase the awareness of the public of HIV/ AIDS related issues, EUR 631,236 to reduce risk behaviour of IDUs (half of the sum was allocated for syringe exchange and the other half for methadone treatment), EUR 449,324 to reduce risk behaviour of sex workers, EUR 48,309 to prevent the spread of HIV in prison, EUR 34,787 to reduce risk behaviour of MSM and to increase their awareness of HIV/AIDS related issues, EUR 1,315,418 to improve the quality of life of the people living with HIV/AIDS (PLWHA) and increase

their access to health care and support services. In 2006 funding for PLWHAs increased more than twice.

The rest of the funds (EUR 292,894) were divided between the development of co-operation between organizations in order to meet the objectives of monitoring and evaluation, management and training of the programme.

In 2006 funds and interventions targeted at IDUs included syringe exchange with counselling and methadone substitution treatment. Nine non-governmental or health care institutions were responsible for syringe exchange or methadone substitution treatment within the framework of the GF programme. In 2004 syringe exchange points (SEPs) of these organizations were visited 56,484 times (38,729 visits in Eastern Estonia and 17,755 in Tallinn). Total of 80,689 visits were recorded in 2005 (49,826 visits in Eastern Estonia and 30,863 in Tallinn) and 152,404 visits were recorded in 2006 (98,879 visits in Eastern Estonia and 53,525 in Tallinn).

1.4 Social and cultural context

Public opinion of drug issues

In January 2006 the Open Estonia Foundation together with a social and market research company Saar Poll published the results of a survey regarding people's attitude towards liberalisation of crime policy. According to the findings drug addiction is perceived as the biggest threat for Estonia (81% of the respondents), followed by HIV/AIDS (76%), crime (61%) and alcoholism (58%). 68% of the respondents think that punishments for the distribution and sale of narcotic drugs are too lenient (Avatud Eesti Fond 2006). European Commission together with TNS Emor conducted a Eurobarometer survey which clearly demonstrate that increase in drug-related crime is one of the biggest fears Estonians have in relation to the EU membership (64% of the respondents), followed by Estonia's increased financial obligations before the EU, disappearance of the Estonian currency and transfer of workplaces to other Member States (Bärenklau 2006).

Attitudes towards drug addicts and drugs

Although the general attitude among the Estonian population towards habitual drug abuse tends to be negative (Allaste 2006), the attitude towards soft drug users varies by different age groups (Postimees 31.07.2006). A study conducted by a research centre Klaster in May 2006 indicates that 12 % of the Estonian population would

legalize cannabis. 15-24-year-olds tend to be positive about cannabis, 49% of them support legalization. The age group 65-74 is most critical about cannabis, only 22% are in favour of the use of cannabis to a lesser or greater extent. Total of 1000 respondents of the age 15-74 all over Estonia were interviewed for this survey (Postimees 31.07.2006).

Initiatives of the Parliament and civil society

In January 2006 Government of the Republic Order 'Formation of the Government Committee for Drug Prevention' was adopted to coordinate the implementation of the National Drug Prevention Strategy until 2012. It provided for the review of the national strategy in force and its amendments if deemed necessary, drafting of implementation plans for 2007-2009 and 2010-2012, enhancement of performance assessment in the field of drug prevention etc (Government of the Republic Order No 172 March 10, 2006). The committee is composed of representatives from various ministries, state agencies, EDMC and associations, the Ministry of Social Affairs was appointed to act as the coordinating ministry.

In 2006 dr N. Kalikova, a member of the Social Affairs Committee of the *Riigikogu* (the Estonian Parliament) submitted an interpellation to the Minister of Education and Research in the Riigikogu regarding drug issues asking specifically about the Ministry's plan to remove health education classes form the national curricula (No 193). Amendments to the NDPSA and the Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof were adopted by the Riigikogu (RTI, 07.07.2006, 32, 247). The Riigikogu passed the Regulation of the Minister of Social Affairs of April 23, 2006 "Conditions and Procedure for Handling of Narcotic Drugs and Psychotropic Substances for Medical and Research Purposes, and Conditions and Procedure for Recording and Reporting in that Area and Lists of Narcotic Drugs and Psychotropic Substances" (RTL, 02.06.2005, 57, 807). In November 2006 the Government of the Republic adopted the regulation on the establishment and maintenance of the Estonian Drug Treatment Database. The Ministry of Social Affairs is the chief processor of the database and the National Institute for Health Development is the authorised processor of the database (RTI, 30.11.2006, 52, 391).

Local municipalities and towns have also tackled drug issues, e.g. Tallinn has set up a special route for the so-called drug bus to visit all the favourite gathering spots of drug addicts in order to provide addicts with advice and exchange needles (Olvet 2006). The town's plan to set up a 'low threshold centre' for addicts has met fierce opposition from people living in the neighbourhood. The town and the potential

neighbours of the centre went to court almost a year ago and this court case slowed down various drug prevention activities in Tallinn in 2006. Thus, low threshold centres cannot be established due to neighbourhood opposition (Ibrus 2006).
In 2006 several research articles and other publications on drug consumption were published. A-A. Allaste defended her doctoral dissertation at the University of Helsinki „Drug cultures in Estonia. Contexts, meanings and patterns of illicit drug use". K. Abel defended her master thesis at the University of Tartu in the field of public health about risk-behaviour among drug addicts with HIV (Abel 2006). Cannabis smoking among Italian and Estonian university students was studied at Tallinn University and it was concluded that unlike Italy cannabis is smoked in closed circles in Estonia, thus the development of internal control mechanisms to restrict the use of cannabis would be more difficult (Vihma 2006). A new book "Era of Drugs" [*„Uimastite ajastu"*] by Dr J. Harro was published. A collection of essays was published within the framework of the project „Elaboration of Drug Information, Prevention and Treatment Networking 2000-2005 financed by the Nordic Council of Ministers (Paimre 2006).

Mass Media Campaigns

In spring 2006 the National Institute for Health Development launched a campaign 'Stay clean!' with the aim of keeping youngsters away from drugs. Prevention-campaign was targeted at ordinary young people, not the ones with problems. The campaign included different media channels (outdoor, print, TV etc). A new drug-related webpage www.narko.ee was set up, providing information in Estonian and Russian about drugs, discussing potential damage and most common misconcepts about drug use. The campaign was met with opposition from members of certain drug and alcohol prevention organizations. According to them the 'cool' language used throughout the campaign had not served its purpose and had even offended young people (Eesti Päevaleht. 17.03.2006). However, the message presented in jargon understood by young people reached the target audience and the campaign fulfilled its original objectives. Also, the study on the outcomes of the campaign showed that young people were satisfied with the campaign (http://www.tai.ee/failid/Narko_teavituskampaania_2006.pdf). In 2006 the National Institute for Health Development spent 1.5 million Estonian kroons on drug prevention activities, including campaigns (source: National Institute for Health Development).

In Estonia the National Institute for Health Development arranges all mass media campaigns. Local governments support the campaigns by arranging lectures and other events in their regions. For example, Hiiumaa county has a long tradition of organizing the campaign “Drugs - NO”, involving all local municipalities and local media (source: National Institute for Health Development).

At the beginning of 2007 the Estonian Health Insurance Fund organized a social campaign „A woman is beautiful when sober. Say no to alcohol”. The aim was to inform the target audience, especially women, about harmful effects of excessive drinking. The campaign included outdoor advertisements, clips in TV and radio, teaching materials for schools etc (Šein 2006). The cost of the campaign was approximately EUR 53941. At the end of 2006 the Estonian Health Insurance Fund produced a video film targeted at youngsters „Alcohol. Enemy No 1” (152,000 Estonian kroons) which was distributed in schools (source: Estonian Health Insurance Fund).

In terms of media representations the use of illegal drugs was relatively well presented in media. Estonia’s major daily newspapers covered a couple of news featuring the word ‚drug’ almost on daily basis. A TV police report hardly ever missed news on a drug offence or offender. When discussing drug-related incidents the two biggest Estonian dailies “Postimees” and “Eesti Päevaleht” concentrated mainly on the topics of crime and police work and courtroom news. It can be explained by the fact that it is simply convenient for busy journalists to rely on press releases issued by the police and courts. At the same time the readers are eager to read about crime news. Other topics like ‚life of young people’; ‚treatment of drug addicts’; ‚HIV’ etc were not so well presented in media.

2. Drug use in the population

The next population survey will be carried out in 2008, inclusion of questions about illicit drug use depends on finding national funding.

Regarding drug use 66% of sex workers who answered to the question about lifetime prevalence of drugs (11 did not respond) reported illicit drug use in their lifetime. The average age of the respondent at the time of using an illicit drug for the first time was 17.7 years.

34% of the respondents reported drug use in prison. The most common way of using drugs was smoking and injecting (over 60% of the respondents in prison). Most frequently used drugs were marihuana/hash and amphetamine (3/4 of drug users in

prison) followed by tranquilizers, “China white” and heroin (almost 1/2 of drug users in prison).

2.1 Drug use in the general population

The study on health behaviour of Estonian adult population is based on random sample from the Estonian population (n=5000) of 16 to 64 years of age. Starting from the year 1990 the study has been carried out each even year and includes a few questions on drug addiction (TAI 2004).

In the questionnaire 2004 there was a question about drug use. Total of 82% of male and 87% female respondents answered that they had never tried drugs. The respondent having tried or used drugs was in most cases a resident of Tallinn or Harju County or the Eastern part of Estonia, belonged to the age group 16 to 34, was a male, single, not well educated, unemployed or economically non-active and with no health insurance (TAI 2004).

The 2006 study included only one question about drug use, namely cannabis use. Total of 78% of male and 86% of female respondents had never tried cannabis during their lifetime, whereas cannabis use in the past 30 days was quite low both among males (2,5%) and females (1,3 %) (Tekkel 2006).

2.2 Drug use in the school and youth population

No data available. Findings of the next study “European School Survey Project on Alcohol and Other Drugs” (ESPAD) will be available in 2008.

2.3 Drug use among specific groups

Drug use among sex workers

The study „Prevalence of HIV and risk behaviour among sex workers in 2006“ was based on convenience sample. Total of 227 sex workers from Estonia were included in the study using both respondent-driven sampling and the interviewers` contacts. At the beginning of the study testing for HIV-antibodies was made by venous blood sample but later it was changed to a more convenient saliva test. Regarding drug use 66% of sex workers who answered to the question about lifetime prevalence of drugs (11 did not respond) reported illicit drug use in their lifetime. The average age of the respondent at the time of using an illicit drug for the first time was 17.7 years. In the

age group until 24 and 25-34 75% and 70% of sex workers, respectively, had used illicit drugs during their lifetime. Regarding illicit drug use there was a difference in terms of the type of sex work: 84% sex workers who had used illicit drugs in their lifetime were offering their services in public places compared to 53% of sex workers who were selling their services via phone/advertisement and 49% who were working for a company. From 227 respondents 60 reported having used drugs in the last 4 weeks. From those who had reported drug use in the last 4 weeks 63% had smoked, 37% used tablets, 25% injected and 13% inhaled illicit drugs. From those who had injected drugs 10 respondents had injected at least once a week and the drug was "China white" or amphetamine. Sharing of injecting equipment was not reported (Trummal 2006a).

Drug use in prison

The study "Knowledge, attitude and behaviour related to HIV/AIDS and drug use among convicted persons" was carried out in 2006 (Lõhmus 2006a). Total of 974 convicted persons were involved in the study, 31% of all convicted persons in Estonia.

Regarding drug use 33% of the respondents reported that they knew someone who had tried drugs or used drugs regularly. According to the respondents marihuana/hashish, amphetamine and "china white" were the most common drugs used by their acquaintances.

Total of (58%) of the convicted had tried or used illegal drugs in their lifetime. Quarter (23%) of them had tried it once in their lifetime and 35% used drugs regularly. Differences in lifetime prevalence appeared within age groups. In age group 16-19 84% of respondents reported lifetime prevalence whereas in age group 40 over 34% of respondents reported lifetime prevalence. The average age of respondents having used a drug for the first time was 19.5 years. Non-Estonians started illicit drug use earlier than Estonians (18.8 and 21.1, respectively).

Less than half (34%) of the respondents reported drug use in prison. The most common way of using drugs was smoking and injecting (over 60% of the respondents in prison). The least frequently used method of drug use was sniffing. Most frequently used drugs were marihuana/hash and amphetamine (3/4 of drug users in prison) followed by tranquilizers, "China white" and heroin (almost 1/2 of drug users in prison). In prison the least frequently used drugs were GHB and cocaine. In terms of nationality, non- Estonians used mostly "China white" (23% and 53%) and heroin and Estonians (26% versus 46%).

Major (70%) of the respondents who had used drugs in prison had done it in the last four weeks. Drugs were used 38 times a month on average. Amphetamine, marihuana were the most frequently used drugs (on average 4 times a month).

3. Prevention

In 2006 prevention activities were mostly carried out within the framework of short-term projects financed by the NSPDD or local governments. Despite of a number of training sessions and training materials developed over recent years (see previous reports) no obligatory national school programmes were introduced in Estonia in 2006. Development of school based drug prevention programmes will be the biggest challenge for Estonia in the future.

The biggest success in 2006 was the media campaign ‘Stay clean!’ aimed at keeping youngsters away from drugs. The prevention campaign was targeted at ordinary young people, not to problematic ones. Under selective prevention we can only report on drug prevention activities targeted at risk group children and prevention activities in three Estonian special schools.

3.1 Universal prevention

School-based prevention

A drug prevention curriculum with specific materials and trained teachers in schools was still missing in our school system in 2006. Drug prevention issues were covered within the framework of basic health education classes focusing on life skills training and dissemination of information about negative consequences of drug use. However, as known from scientific literature effective drug prevention is based on standardized and tested programmes accompanied with detailed schedules and materials integrated to school curriculum (Ballard 2002).

Community prevention

Drug prevention work in 2006 was mostly done within the framework of media campaigns and information dissemination. The activities involved national media campaigns, information events for youngsters and prevention work in our 15 counties.

A big media campaign ‘Stay clean!’ organized in spring 2006 included the creation of drug information webpage www.narko.ee, TV clips, outdoor media, information bulletins and keepsakes with drug prevention logos. The campaign was carried out both in Estonian and Russian. The www.narko.ee is an active website providing access to various targeted information including different illicit drugs, providing advice in the help section etc. Total of EUR 100,101 was spent on the media campaign (see chapter 1.4).

Information dissemination to raise the awareness of youngsters was the main purpose of various information events organized within the framework of smaller projects (exhibitions and various health events). EUR 3,377 funding was provided for the events aimed at dissemination of information. In 2006 EUR 27,967 was spent on publication of information materials both in the Estonian and Russian language. The information material was issued in a form of newspapers describing the impact and nature of different illicit drugs.

In 2006 the National Institute for Health Development started with the development of service guidelines for drug prevention in local municipalities. The guidelines should be completed in spring 2007.

Project-based prevention on local level

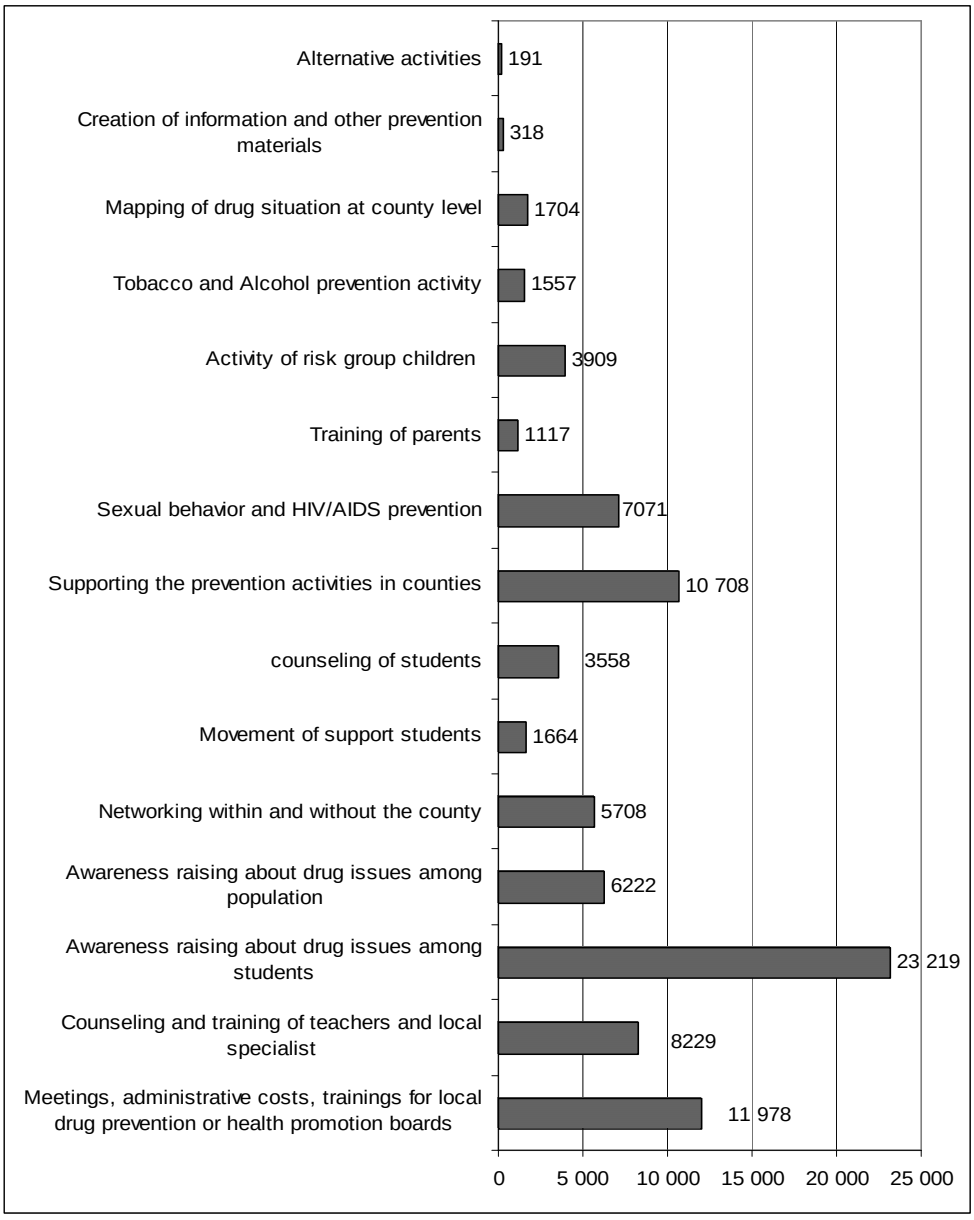
Health Care and Social Work Department of Tallinn City Government financed information dissemination activities like a radio programme about drug and HIV problems. Various activities for children were organized aiming to disseminate information about the negative consequences of drug use. Also, a video about the impact of illicit drug use was distributed in schools and a music event “Millennium without drugs” was organized (total of EUR 7,350). In Tallinn EUR 37,388 was allocated to the drug and HIV/AIDS help line and counselling on the Internet www.lahendus.ee. EUR 3,196 was allocated for the support and counselling of the parents and next of kin of drug users and HIV positives.

EUR 89,157 funding (EUR 87,153 was actually used) from the National Strategy on the Prevention of Drug Dependency 2004-2012 was allocated to local drug prevention or health promotion boards. The resources aimed at local prevention were divided between 15 counties as follows: 9 counties received EUR 5,369 each, 3 counties EUR 6,327 and 3 counties EUR 7,286.

It is still difficult to distinguish between HIV and drug prevention activities in local drug prevention programmes because these areas are cross-related.

The biggest share of local prevention resources (EUR 23,201) was allocated for increasing the knowledge of students by means of organizing information events and lectures for students. A major share of funding of prevention activities was allocated for the application procedure and implementation of local health promotion projects and training of local teachers and specialists. EUR 17,690 was spent on launching and working of local networks of specialists and health work group activities and training (Figure 3).

Figure 3. HIV and drug prevention activities on county level 2006.



Source: National Institute for Health Development, 2007.

Unfortunately no data are available on the assessment of the effectiveness and quality of prevention activities. In the future selective assessment of the activities of local drug prevention programmes will be carried out.

3.2 Selective prevention

In terms of selective prevention we can only report on drug prevention activities aimed at risk group children and prevention activities in three special schools in Estonia.

Risk group projects were financed by the Health Care and Social Work Department of Tallinn City Government. In 2006 only three projects for risk group children were financed (total of EUR 1,1025). The purpose of one project was to provide counselling for risk group children, another was targeted at the prevention of deviant behaviour of teenagers and the third at increasing social and life skills of risk group children and improve their communication skills.

In 2006 a total of EUR 22,150 was allocated for drug prevention in three special schools. The biggest share of funding (36%) of the alcohol and drug prevention action plans of Tapa, Puiatu and Kaagvere special schools was spent on alternative activities (creative and sport activities), 29% was spent on the training of students, 16% on counselling and support groups, 12% on student's health and medical products and 4,5 % on the training of the personnel.

4. Problem drug use (PDU) and the treatment demand population

As we indicated in our last report, the definition of PDU used in Estonia is fully in line with the definition provided by the EMCDDA (see report 2006). The need to revise this definition due to changes in the patterns of injecting drug use has been recognized and widely discussed in our last report. The findings we present in this chapter support the need to revise the PDU definition.

The capture-recapture estimates of the IDU population conducted in 2005 using state-wide administrative data sources show that 2.4% of the population aged 15-44 are IDUs. The injecting drug use estimates in Estonia do not show only heroin injection, but the injecting use of fentanyl analogues (fentanyl and 3-methylfentanyl) and amphetamines. According to the government monitoring and evaluation plan of the HIV/AIDS strategy, next IDU estimate studies will be conducted in 2007 and 2010.

4.1 Problem drug use (PDU) and the treatment demand population

The capture-recapture estimates of the IDU population conducted in 2005 using state wide administrative data sources show that 2.4% of the population aged 15-44 are IDUs (Uusküla 2007). The IDU population is higher in Harju county (4.2%) followed by Ida-Viru county (3.4%). In the above-mentioned 2 regions of Estonia the HIV incidence is also the highest (see chapter 6.1). The prevalence estimate shows that there are 7,486 (95% CI 4,392-18575) HIV infected IDUs in Estonia representing 1.3% of the population aged 15-44 (Uusküla 2007). However, national response to HIV is still inadequate.

Injecting drug use estimates in Estonia do not reflect only heroin injection, but the injecting use of fentanyl analogues (fentanyl and 3-methylfentanyl) and amphetamines as we already have indicated in our latest, the 2006 National Report to the EMCDDA (see chapter 4 of the 2006 NR). There is evidence that amphetamine injecting shows increasing trend over the past year. A recent study focusing on the first time and multiple visitors of syringe exchange points in 2006 shows that amphetamines are most frequently used injecting drugs - 53% of SEP visitors had injected amphetamine in the last 4 weeks; followed by heroin (40.9%), poppy liquid (38.9%) and fentanyl (9.1%) (Trummal 2007). When compared to the data of the year 2005 the share of amphetamine injectors among SEP visitors increased by 10% in 2006. According to the SEP study the last 4 week prevalence of amphetamine injection was higher among the IDUs visiting needle exchange points in Tallinn when compared to those in Ida-Viru country, 63.5% and 46.5% respectively. Last 4 week prevalence of heroin injection was higher among SEP visitors in Tallinn than the IDUs visiting SEPs in Ida-Viru county (49.1% and 35.4% respectively), however, the last 4 week prevalence of poppy liquid injection was higher among SEP visitors in Ida-Viru County than those visiting SEPs in Tallinn (62.4% and 3.8% respectively). The polydrug use of injection drugs has become more important in Estonia. The SEP visitors study shows that the most common combination of injected drugs used in the last 4 weeks among multiple SEP visitors were as follows: heroin and amphetamine (21%), heroin and poppy liquid (14%), poppy liquid and amphetamine (14%) and heroin, poppy liquid and amphetamine (10%).

4.2 Treatment demand indicator

The Drug Treatment Database is still not functioning in Estonia. The NIHD in co-operation with the Estonian Ministry of Social Affairs has been developing indicators of legislative background data and a digital programme for the database since 2003. As described in chapter 1 in the report 2006 the statutes of the database was adopted and amendments to relevant legal acts were made. In 2006 the programming work was carried out by IT-specialists and the IT-solution and supporting solutions for the Database were worked out. In 2007 the work of IT-specialists is continuing and the database is undergoing a trial period.
Thus, in 2007 Estonia is still not able to give any reliable drug treatment data. The database will be launched on 1 January 2008.
The Estonian database will cover all the areas of TDI protocol 2.0, in addition, the database includes certain specific areas that are essential to our government for the development of better health care system and drug treatment coverage in Estonia.

4.3 PDUs from non-treatment sources

Amphetamne-type stimulants are still the most common drugs in terms of the number of seizures (chapter 10 of 2007 NR). Data on seizures show that the use of fentanyl analogues (fentanyl and 3-methylfentanyl) was more common when compared to the use of heroin. In 2006 3-methylfentanyl mixed with fentanyl accounted for the majority of seizures of opiates, followed by fentanyl mixed with heroin.
The use and context of non-treatment interventions is focused on in chapter 7 on responses to health correlates and consequences (see chapter 7). A study on risk behaviour and knowledge of first and multiple visitors of SEPs shows that there are significantly more IDUs in Tallinn using SEP services daily or once a week when compared to SEP visitors using SP services in Ida-Viru county, 13.9% and 3.4%; 36.7% and 28.2% respectively (Trummal 2007).

5. Drug-related treatment

Limited data do not enable us to give a comprehensive overview of drug-free and medically assisted treatment. A study on drug treatment provision conducted by the EDMC every second year can shed some light on these issues, however, due to its limited nature and low response rate the findings should be treated carefully. On the basis of available information about the GF Programme it can be concluded that it is

the major provider of funds for medically assisted treatment. Like in 2005 the GF funding of the year 2006 included provision of methadone treatment for approximately 5% of IDUs in Tallinn, Narva, Jõhvi and Kiviõli. The national strategy funds provide treatment for about 2% of IDUs. Thus, compared to the funding of the national strategy the GF provides treatment for twice as many IDUs as the national strategy, however, the budget of the GF is 40% smaller. Low coverage of IDUs in the treatment funded from the national strategy could be explained with the allocation of the majority of the funds of the national strategy for the establishment of new treatment centres in 2005 but in 2006 there is no justification for that. Tallinn City Government continued provision of funding for medically assisted and drug-free treatment of children, however, data on drug treatment are not available.

5.1 Treatment system

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

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

The EDMC conducted a small survey in 2006 aiming to get an overview of the current treatment providers and the scope and type of services provided in 2005. The EDMC sent questionnaires to 43 drug treatment providers registered in the database of the EHIF. In 2007 similar small survey for the year 2006 was carried out involving the same service providers with the purpose of acquiring comparable data. Unfortunately this year the rate of response was much lower than last year, also, the treatment centres responding to the questionnaire were different from those responding last time. Thus, the results are not comparable.

Total of 43 questionnaires were sent out and 28 were returned (37 questionnaires returned in 2006). Half (13) of 28 drug treatment providers in the EHIF database claimed that their institution provided drug treatment, 15 answered that they had not provided drug treatment in 2006. Seven respondents providing drug treatment were central or local hospitals and six were private medical centres or doctors. Five

institutions provided only outpatient treatment and seven respondents both, outpatient and inpatient treatment in 2006.

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

More than half of the respondents claimed that a part or all their funding was allocated by the EHIF. Two respondents reported that local authorities had contributed to the funding of treatment provision and three respondents named the GF and/or NIHD as the sources of funding. This year the respondents were also asked to specify the share of each source in the funding and as a result, we learned that three institutions got 100% of their funding from the EHIF, one institution received 100% from the GF, the rest stated that there were several sources of funding for drug treatment in their institution. Four respondents did not give an answer to that question.

5.2 Drug free treatment

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

According to the findings of a survey on treatment provision conducted by the Estonian National Focal Point (NFP) in 2007 all respondents provide some kind of drug free treatment. However, this data should be treated with reservation as therapy can be combined with medically assisted treatment and the actual scope of drug free treatment cannot be identified. All respondents claimed that they provided at least two types of drug-free treatment and five of them provided even 4 different types of drug-free treatment (Table 2).

Table 2. Types of drug free treatment, 2006.

Treatment type	No
Psychotherapy, cognitive therapy	8
Group therapy	5
Family therapy	9
Self-help groups	3
Change model	3
Minnesota model/12 steps	1
Other	1

Source: EDMC, 2007.

5.3 Medically assisted treatment

Limited data does not allow us to give a comprehensive overview of medically assisted treatment in Estonia. We have described medically assisted treatment on the basis of the reports of Tallinn City Government, the NIHD, GF Programme and a survey conducted by the EDMC in 2006.

In the reporting period the NIHD allocated EUR 458,642 from the budget of the NSPDD for treatment and rehabilitation. Last year the majority of the funds (EUR 392,793) was spent on the establishment of new treatment centres, thus leaving only limited resources for drug treatment – only 123 persons received treatment or rehabilitation. In 2006 no new centres were established but only 234 clients received treatment. It is alarming that 86 clients out of 234 did not finish their treatment cycle.

However, in the same period Tallinn City Government supported one treatment project with EUR 95,867 - Tallinn Children hospital and their drug treatment unit for children under 18.

Methadone treatment was provided within the framework of the GF programme in Tallinn, Narva, Jõhvi and Kiviõli in 2006. Methadone treatment was provided for 602 clients by 5 treatment centres (incl. A non-governmental organization (NGO) Tervisekeskus Elulootus (120 clients), Tallinn Wismari Hospital (63), Sõltuvuse Ravikeskus (131), Corrigo (230), Aasa Kliinik (58) (NIHD, GF programme 2007). In 2004 and 2005 the number of patients was several times smaller (128 and 399, respectively).

The findings of the EDMC survey show that 1,946 persons received treatment in 13 medical institutions in 2006. Total of 667 persons received treatment for the first time in their life and 1,279 had received treatment at some point in the past. From 1,946 patients 366 persons received inpatient and 1,580 outpatient drug treatment in 2006. However, these figures may not be accurate as some of the drug treatment providers may not have been included in this survey and some of the patients could have received treatment in more than one treatment centre. On the 1 of January, 2008 collection of drug treatment data will be initiated by the NDTD, thus, in 2009 we will be able to report on more accurate data.

Total of 84.5% of the visits to respondent institutions were related to opiate addiction, 4.5% to stimulants and 11% to other substances. Estonian medical institutions are not obligated to collect gender based information, thus, gender based data are not available. Establishment of the drug treatment database allows us to identify gender-related differences in the future.

6. Health Correlates and Consequences

When compared to previous years the number of newly registered HIV cases increased in 2006. The vast majority of registered HIV infected people were very young aged 15-24. The share of females infected with HIV increased. Surveillance data on newly registered HIV infected should be taken with caution as limited data on probable HIV transmission routs may not reveal the actual scope of HIV epidemic among the IDU population (EuroHIV). It is necessary to register new HIV cases according to risk groups. Moreover, there is an urgent need to analyse current responses to HIV/AIDS, especially the coverage of services for IDUs and other major risk groups in terms of HIV transmission and decide what kind of interventions are needed to prevent the transmission of HCV, HBV and tuberculosis among IDUs. The HBV, HCV surveillance system notifies of the acute cases in whole country, information on these cases is collected by the EMCDDA in the form of standard table no 9. However, it does not allow reliable identification of risk factors of transmission (IDUs are identified, however, the data may be underestimated), and should be taken into account when interpreting the above-mentioned data.

The number of drug-related deaths remained stable in the reporting year. Almost two thirds of the cases of drug-related deaths were young men aged 20-29.

6.1 Drug-related deaths and mortality of drug users

Total of 68 direct drug-related deaths (59 men and 9 women) were registered in Estonia in 2006 (Figure 4). When compared to previous years the situation has remained stable (86 deaths in 2002, 36 in 2003, 98 in 2004 and 57 in 2005).

Absence of toxicological information has been a problem in Estonia for a long time, 55 cases (81%) of death were reported due to “other” or unknown substance, 10 cases (15%) due to opioids, 3 cases due to psychostimulants.

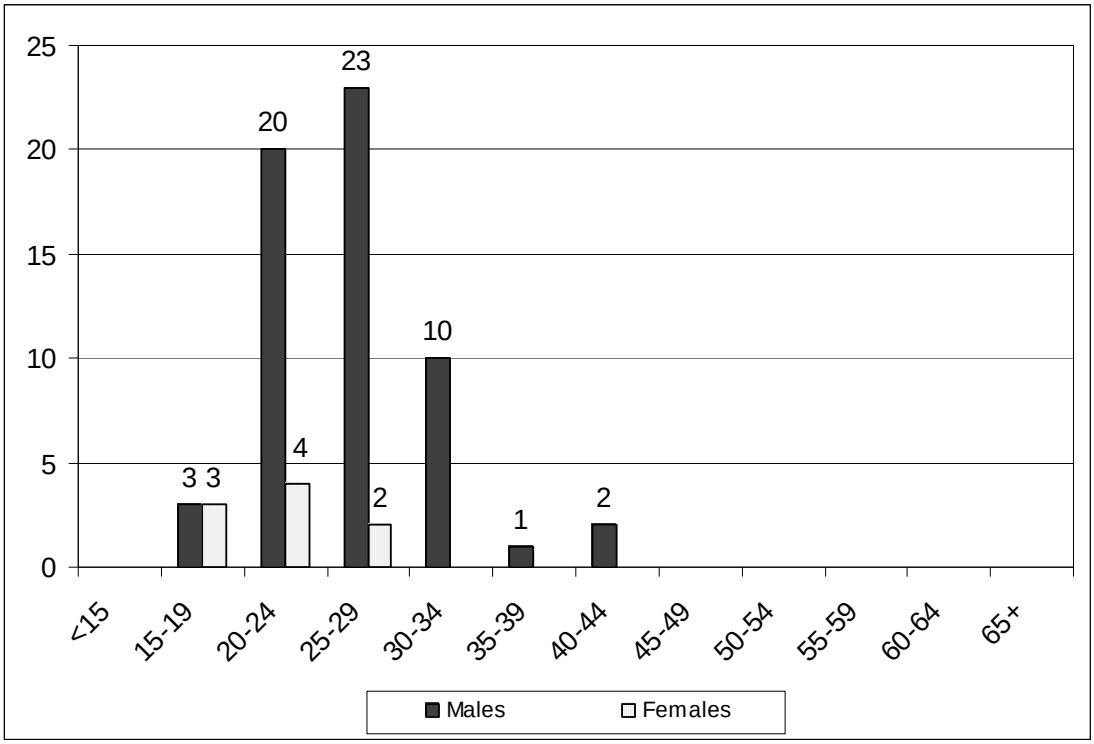
Distribution of drug-related deaths by age and sex is shown on figure 4. Almost two thirds of the deceased (43) were young men aged 20-29.

The majority of the deceased were residents of the capital city Tallinn (60%), the surrounding area (Harjumaa) contributed to 7% of the cases, 24% were residents of North-East of Estonia. Tartu, the second largest city accounted for 3% and other areas for 6% of the cases.

Ethnic origin is an important background indicator. 81% of the deceased were ethnic Russians, 13% ethnic Estonians and rest of them belonged to other ethnic groups (Ukrainians, Byelorussians and Poles). According to the population census 2000 the

share of ethnic Russians in the resident population was 25.6% and the share of ethnic Estonians 68.0%.

Figure 4. Number of direct drug-related deaths by sex and age of the deceased in 2006



Source: Statistical Office of Estonia, 2007

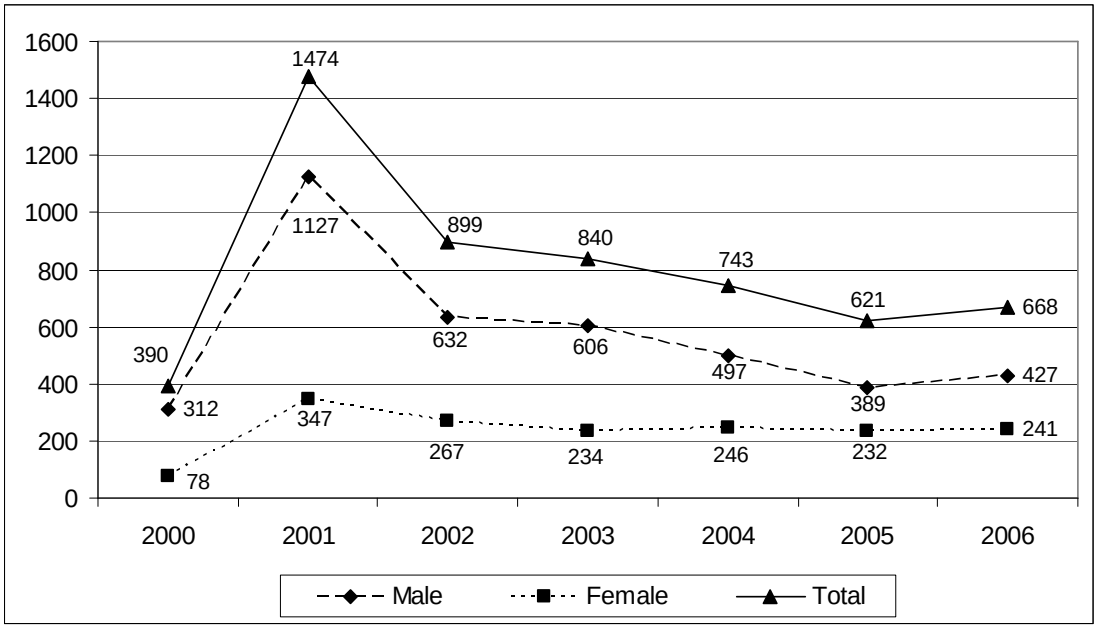
Another important background indicator is citizenship. Total (49%) of the deceased had Estonian citizenship, 44% were stateless and 7% Russians. According to the population census 2000 the share of Estonian and Russian citizens and stateless people in the population was 80%, 6% and 12% respectively.

Conclusions: the majority of drug-related deaths in Estonia were reported in the capital city Tallinn, its surrounding area and North-East of Estonia. Drug-related mortality was very high among young men (20-34 years), ethnic Russians and stateless persons.

6.2 Drug-related infectious diseases

The incidence of HIV was declining from 2002 to 2005 (Figure 5). However, in 2006 the number of newly registered HIV cases increased when compared to the previous year. From 1988 to the end of the 2006 a total of 5,731 new HIV cases were registered in Estonia. In 2006, there were recorded 668 HIV infected people by the Health Protection Inspectorate (HPI) (496 per million people). While more than one third (36%) were females and 28.8% of newly registered HIV cases were IDUs. During the year 2006 a total of 35,154 pregnant women were tested for HIV, of which 120 were infected with HIV. The majority of HIV infected pregnant women were very young - over half of the women (51%) were 15-19 and 43% were 20-24 years old (HIV Reference Laboratory, 2007). In 2006, there were registered 35 persons infected with tuberculosis and HIV. However, statistics on newly registered HIV infected people should be taken with caution as the limited data on probable HIV transmission routes may not reveal the actual scope of HIV epidemic among the IDU population (EuroHIV 2006). According to the estimates there are 7,486 (95% 4392-18,575) HIV positive IDUs in Estonia accounting for 1.3% (95% CI 0.8-3.2) of the population aged 15-44 in Estonia (Uusküla 2007). The estimate is higher than the total number of newly registered HIV infections.

Figure 5. Newly registered HIV infections by gender, 2000-2006



Source: Health Protection Inspectorate, 2007.

In 2006 over half of the newly registered HIV-cases were registered in Ida-Viru county (N=363) – North-East of Estonia, where the IDU prevalence is very high. According to estimates it is 3.5% of the population aged 15-44 (95% CI 2.0-8.6) (Uusküla 2007). By region the rate of HIV incidence is the highest in Kohtla-Järve and Narva.

As we mentioned earlier in this report, due to limited HIV surveillance data the HIV epidemic among IDUs is probably underestimated showing that less than one third of the registered new HIV infected are IDUs. (See also chapter 7.2 on prevention and treatment of drug-related infectious disease). The latest study on HIV prevalence and risk behavior showed 62% prevalence of HIV among IDUs (54% in Tallinn and 90% in Kohtla-Järve) (Platt 2006). There is an urgent need to allocate adequate funds for the interventions targeted at IDUs and other major risk groups.

According to the statistics of the Health Protection Inspectorate *(HPI)*, the number of registered cases of acute HBV and HCV shows a falling trend. In 2006 45 acute HCB cases were registered in Estonia (3.4 cases per 100,000 inhabitants) compared to 78 acute HBV cases registered in 2005 (5.8 cases per 100,000 inhabitants). Total of 20% of the registered acute HBV cases and 28.1% of HCV cases were related to IDUs. However, the level of missing data on transmission routs is high, in 49.1% of the cases of HCV and 53.3% of the cases of HBV data are not available, thus, there is an urgent need to improve the quality of surveillance data for acute HBV and HCV. In 2006 acute HBV cases were registered in 7 counties. The incidence rate for HBV was the highest in Narva (10.0 cases per 100,000 inhabitants) and Võru (5.2 cases per 100,000 inhabitants). Data collected from the HPI shows that in 2006 57 acute HCV cases were registered (4.2 cases per 100,000 inhabitants). Acute HCV cases were registered in 7 counties, the incidence rate of HCV was the highest in Narva (14.3 cases per 100,000 inhabitants).

6.3 Psychiatric co-morbidity (dual diagnosis)

There is only one day-care centre, NGO *Eesti Abikeskus* which provided services for 23 patients with dual diagnoses in 2006. The centre is supported by the National Institute for Health Development and Tallinn City Government (see chapter 7.3 on interventions related to psychiatric co-morbidity).

6.4 Other drug-related health correlates and consequences

No data available.

7. Responses to Health Correlates and Consequences

During the reporting year a wide range of activities were carried out with the purpose of preventing HIV transmission among the general population and risk groups such as IDUs, prisoners, MSM, sex workers etc. Availability and quality of HIV testing and counselling services targeted at IDUs and other risk groups (e.g. prisoners, sex workers etc) has improved and new interventions to reduce HCV among IDUs were introduced (e.g. distribution of other injecting materials to IDUs) in 2006. Also, the extent of specialized services (e.g. syringe exchange, condom distribution, sexual education, methadone substitution treatment etc) has increased. Although Estonia has made substantial achievements in the field of HIV/AIDS prevention among the general population and risk groups, prevention of HCV and HBV among IDUs has not been a priority despite high prevalence of HCV among the IDUs involved in the study. However, provision of special services targeted at risk groups is evidently insufficient to have significant impact on prevention of transmission of HIV and other drug-related infectious diseases. Prevention of drug-related deaths and overdoses has been defined as an important strategic objective of the NSPDD.

Interventions aimed at reducing drug-related deaths and overdoses among specific risk groups are still very limited, although substantial achievements have been made in terms of information dissemination among IDUs on prevention of overdoses.

7.1 Prevention of drug-related deaths

Prevention of drug-related deaths and overdoses has been defined as an important strategic objective of the NSPDD until the year 2012. In 2006 no specific interventions aimed at the prevention of drug-related deaths and overdoses among IDUs were introduced. However, an information campaign entitled ‘Stay Clean! [*Jää puhtaks!*”] was launched by the NIHD with the purpose of educating young people aged 10-24 about drugs and harms associated with drug use (e.g. drug-related deaths and overdoses). All relevant information (e.g. provision of first aid in case of a drug overdose) is available on website http://www.narko.ee. In 2006 the NIHD drafted information material for opiate injectors about avoiding overdoses and providing first aid in case of an overdose. The material was distributed in the form of leaflets and is available on health information website http://www.terviseinfo.ee (see http://www.terviseinfo.ee/web/failid/_ledoos_eesti_1_leht.pdf). The Emergency Service uses antagonists, thus activities regarding distribution of naloxone to IDUs and training on the use naloxone in case of overdose have not been carried out.

7.2 Prevention and treatment of drug-related infectious diseases

In 2005 the Government approved the HIV/AIDS Prevention Strategy 2006 -2015 which among other objectives includes prevention and treatment of drug-related infectious diseases[1]. A wide range of activities were implemented during the reporting year. The activities were funded mainly from 2 sources - the Global Fund Programme to Fight AIDS, Malaria and Tuberculosis (GFPFAMT) , HIV/AIDS and the National Strategy for the Prevention of Drug Dependency until the year 2012 (NSPDD) implemented by the National Institute for Health Development (NIHD GF 2006). The contribution of local governments in funding the activities aimed at the prevention of HIV transmission is still insignificant[2]. Only Tallinn City Government has funded the activities aimed to prevent or reduce HIV transmission among risk groups (see chapter 1.3 on budget and public expenditures).

The prison population is a critical target group in Estonia. It is extremely important to focus on prevention, care and harm reduction in prison. As at 1 March 2007 there were a total of 615 HIV positive prisoners, of which 109 were receiving ARV treatment (Ministry of Justice, personal correspondence 2007). The findings of a study on HIV prevalence and risk behavior showed high rate of syringe sharing among the prison population (Uusküla 2005).

The findings of a cross-sectional study on HIV prevalence and risk behavior conducted in 2005 show that HIV positive IDUs aware of their serostatus are characterized by higher risk behavior when compared to HIV-positive IDUs not being aware of their serostatus (Abel, 2006). The findings show that IDUs aware of their positive HIV serostatus share syringes and other injecting materials more often than IDUs aware of their HIV negative serostatus (OR=2.39; 95% CI 1.34–4.24). There were no significant differences between HIV negative IDUs and the IDUs not aware of their HIV positive serostatus (OR=1.19; 95% CI 0.57–2.50). Sharing of

[1] 12 strategic targets of the HIV/AIDS National Strategy are as follow: the size of IDU population has decreased (the same strategic target as identified in the NSPDD); the prevalence of HIV among IDUs is declining constantly; the number of new HIV cases among young people aged 15-29 is declining; the prevalence of HIV-infection has not increased and the prevalence of STIs has decreased, the knowledge of HIV transmission routes and skills to assess the risk of transmission has increased and the negative attitude towards PLWHA has decreased; HIV is not transmitted inside the detention institutions; vertical transmission of HIV has decreased; transmission of HIV has not increased among MSM; the prevalence of STI among the general population has decreased; no incidence of HIV transmission related to an occupation has been recorded; availability of HIV testing and counselling services has increased; the recipient is ensured the safety of donor blood, donor transplants and tissues; the quality of life of PLWHAs has improved; the activities are planned according to evidence-based data; the number of individuals and organizations working with HIV-related issues has increased; the number of services based on the description of service provision based on the consensus of specialists has increased.

[2] Local governments were funded mainly through the national HIV/AIDS strategy implemented by the National Institute for Health Development

needles/syringes with IDUs aware of their HIV positive status was more frequent in case of HIV positive IDUs aware of their positive HIV serostatus than HIV negative IDUs (OR=15,13; 95% CI 7.44–30.75). When comparing HIV negative IDUs and HIV positive IDUs aware of their positive serostatus, the latter shared significantly more frequently syringes/needles with their sex partners (OR=4.47; 95% UV 2.36–8.46) and they had significantly more drug injecting sex partners (OR=2.42; 95% UV 1.31–4.47) (Abel 2006). The findings concerning the high level of risk behavior of HIV positive IDUs aware of their positive serostatus refer to the need to develop and expand different education, treatment and care services for PLWHA to reduce their high risk behavior. Also, the quality of HIV testing and counselling has to be improved.

There is an urgent need to analyze current responses to HIV/AIDS, especially the provision of services for IDUs and define the interventions to reduce HCV, HBV and tuberculosis among IDUs (e.g. provision of injecting material).

Provision of syringes and injecting paraphernalia

It is extremely important to expand harm reduction services (e.g. distribution of syringes and other injecting paraphernalia) and increase the quality of service provision in above mentioned areas and significantly reduce the epidemic evolution of HIV and other drug-related infectious diseases. In 2006 SEPs funded by the GF distributed 1,606,989 syringes through 26 SEPs of which 7 are stationary and 19 out-reach SEPs. The SEPs were visited 290,138 in total in 2006. In addition, 8,281 syringes were distributed through NIHD funded 3 low-threshold centres in Kohtla-Järve, Tallinn and Tartu (NIHD, 2007). Taking into account the numerous IDU population -13,886 (95% CI, 8132-34,443) (Uusküla 2007) and comparing it with the data on the number of syringes distributed, it can be concluded that every IDU received 116.3 syringes in 2006 (in 2005 62.8 syringes per IDU), which is not clearly enough. As we stated in our last report, there is a need to increase the number of syringes delivered to at least 5 million a year. Provision of other injecting material has not been a priority despite the latest research findings showing high prevalence of HCV among IDUs.

Information materials and educational approaches

Information on HIV/AIDS is available on special website http://www.hiv.ee and health information website http://www.terviseinfo.ee (see NIHD). The health information

website includes various information materials by topics such as HIV infection and AIDS, safe sex, women and HIV, frequently asked questions in case the test for HIV was positive and ARV treatment (see http://www.terviseinfo.ee/web/?id=1957).

During the year 2006 a media campaign 'Do not participate in lottery! Use a condom!' [Ära osale loosimises! Kasuta Kondoomi!]) targeted at young people aged 19-29 was launched. The media campaign was funded by the GF and implemented by the NIHD. The campaign included social advertising and distribution of the campaign materials. During the media campaign a total of 20,000 flyers and 2,880 condoms were distributed. In 2006 the NIHD funded the provision of 80,000 condoms for young people.

In 2006 the GF programme funded the services provided for MSM. During the year 99,400 condoms, 106,550 lubricants and information materials were provided through the Gay and Lesbian Information Centre. In 2006 a total of 13,766 condoms, 3,235 lubricants and 4,419 copies of information material were distributed among the prison population.

According to the information provided by the GF programme, in the reporting year the GF programme funded training provided by the Sexual Health Union for 12,334 students from grade 6 to 8 on HIV/AIDS and other STDs, as well as trainings provided by the AIDS Prevention Centre, Narva Psychological Health Centre, Association Anti-AIDS and Kersti Võlu Training Centre for 3,281 vocational school students. In 2006 the Association Anti-AIDS provided training for 520 recruits, 1,863 special school students and 1,337 young people in health care institutions to increase their knowledge on HIV/AIDS and other STDs.

Counselling and testing of HIV and other STIs

In 2006 6 anonymous HIV cabinets provided counselling regarding HIV and other STDs, also, free of charge testing for 5,414 people. In 2006 the NGO Convictus provided 811 individual consultations for prisoners and a total of 3,431 prisoners participated in information seminars. In 2006 the NIHD allocated funding for AIDS consultation centres, visits to SEPs, counselling and testing of IDUs for HIV and other STDs provided by two treatment centres – OÜ Corrigo (399 clients tested) and Narva Hospital (240 clients received treatment).

Vaccination

During the year 2006 a total of 31,045 people were vaccinated of which 3,016 adult people, 27,916 children 7 months to 14 years old and 113 children aged 15-17 (HPI, 2007). The coverage of vaccination is low in some counties, especially in areas where the HCV incidence is higher than in other regions of Estonia (see Table 3).

Table 3. Vaccination for HCV in 2006

County	Vaccinated children 7 months to 14 years	vaccinated 2-year-old children	vaccinated 1-year-old children	vaccinated 14-year old children
Tallinn	50.1	95.8	93.2	93.5
Harju county	34.6	95.7	92.8	98.9
Hiiu county	18.7	96.8	98.9	0.0
Narva	44.1	96.7	95.9	97.0
Ida-Viru county	41.1	98.2	96.4	96.0
Jõgeva county	28.1	98.6	98.2	98.8
Järva county	32.2	97.9	96.8	98.5
Läänemaa	19.5	99.5	96.6	0.7
Lääne-Viru county	29.9	96.2	96.3	93.9
Põlva county	30.5	98.4	96.6	94.8
Pärnu county	21.9	97.3	97.3	1.2
Rapla couny	23.8	98.9	97.8	12.9
Saare county	19.1	94.6	94.9	0.6
Tartu county	34.0	94.3	97.0	95.2
Valga county	29.6	97.3	96.4	98.7
Viljandi county	29.5	98.0	98.1	98.8
Võru county	30.2	98.7	98.6	99.8
Estonian average 2006	36.7	96.3	95.2	79.9

Source: Health Protection Inspectorate, 2007.

Infectious disease treatment

Free of charge ARV treatment is provided for PLWHA without health insurance in four hospitals (Lääne-Tallinn Central Hospital, Narva Hospital, Ida-Viru Central Hospital, Clinicum of the University of Tartu). In 2006 416 PLWHA without health insurance received ARV treatment (NIHD GF 2006).

7.3 Interventions related to psychiatric co-morbidity

The situation has not changed since last year. There is still only one day centre offering services for persons with dual diagnoses. Due to lack of relevant data it is impossible to give an overview of interventions related to psychiatric co-morbidity and the profile of people with dual diagnoses.

In 2006 services related or psychiatric co-morbidity were provided by the day care centre NGO *Eesti Abikeskus.* Total of 23 people with a dual diagnose received treatment, however, 12 clients suspended their treatment. During the year 12 new patients with dual diagnose seek treatment, 11 of them were referred to other service providers.

7.4 Interventions related to other health correlates and consequences

No data available.

8. Social Correlates and Consequences

Regarding social correlates and consequences only data on drug-related crime were available in 2006. In 2005 we could observe decrease in the number of drug offences, however, the year 2006 showed an increasing trend. The amount of funding allocated for the drug police is related to the statistics of drug-related crime.

8.1 Social Exclusion

No data available.

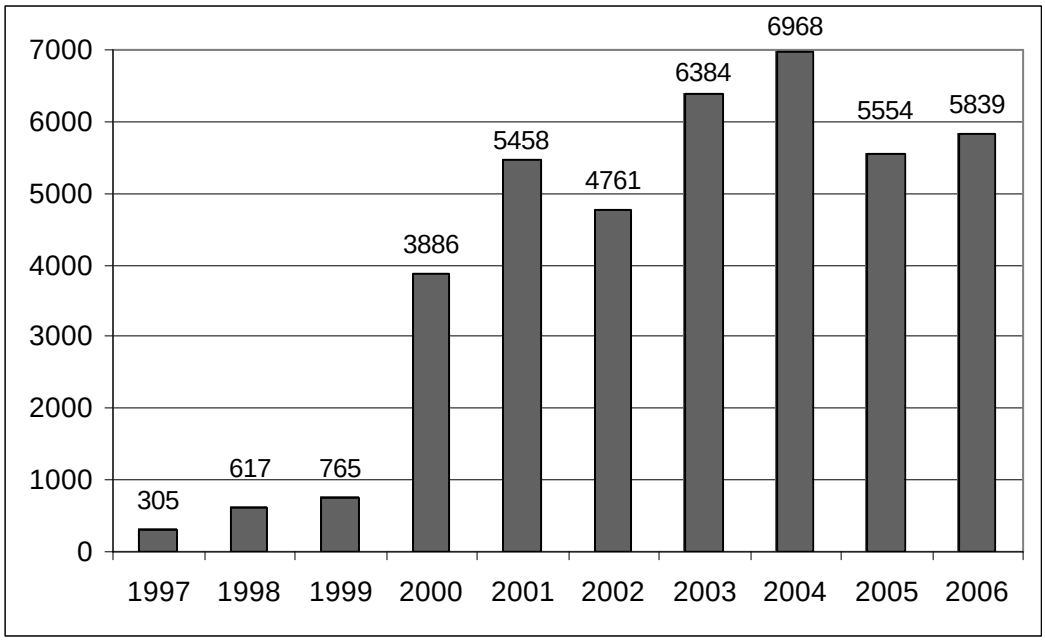
8.2 Drug-related crime

Drug offences

Total number of drug offences registered by the police increased from 5,554 in 2005 to 5,839 in 2006 (5% increase) (Figure 6). Those numbers include both criminal offences and misdemeanours.[3] Criminal offences accounted for 16% of all drug offences in 2006 (21% in 2005) (Table 4).

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

Figure 6. Total number of drug offences registered by the police (crimes and administrative offences or misdemeanours), 1997-2006.



Source: Police Board, 2007

Table 4. Number of drug crimes (main types) registered by the police, 2006.

	2006
§183. Unlawful handling of small quantities of narcotic drugs or psychotropic substances	163
§184. Unlawful handling of large quantities of narcotic drugs or psychotropic substances	686
§185. Providing of narcotic drugs or psychotropic substances to persons of less than 18 years of age	57
§186. Inducing person to engage in illegal use of narcotic drugs or psychotropic substances	2
§187. Inducing minors to illegally consume narcotic drugs or psychotropic substances or other narcotic substances	5
§188. Illegal cultivation of opium poppy, cannabis or coca shrubs	18

Source: Police Board, 2007

In 2006 about 70% of all drug offences were registered in Tallinn. In recent years, the share of other regions (southern and western counties) in the total number of drug offences has increased, indicating more widespread use and better availability of drugs outside large cities.

Total of 1,139 persons were charged for criminal drug offences in 2006, of which 83% were men and 36% 18–24 years of age. About 60% of such offences were committed in groups.

Street dealers who provide small amounts of drugs are in most cases 18–24 years old (like their 'clients'), and a number of such dealers are drug-addicts themselves. Most large-scale traffickers are 20 to 30 years of age, followed by the age group 30-40. A survey shows that in the early years of 2000 over 50% of drug offenders committed their first drug offence at the age of 18-24.[4]

Other drug-related crimes

Drug abusers are committing a significant proportion of property crimes (especially thefts from cars, shoplifting, pick-pocketing, robberies). According to the police estimate, at least one third of crimes have been committed by drug abusers.

About one per cent of all cleared crimes were committed under the influence of drugs, but the actual proportion of such crimes may have been higher.

8.3 Drug use in prison

No data available.

8.4 Social costs

No data available.

9. Responses to social correlates and consequences

No data available

10. Drug markets

When compared to 2005 ATS and ecstasy type drugs, followed by cannabis and opiates continued to be the most common drugs in terms of the number of seizures also in 2006. Use of fentanyls (fentanyl and 3-methylfentanyl) gained more popularity when compared to heroin. However, the purity of heroin decreased while the price increased in 2006.

A new psychoactive substance mCPP (1-(3-chlorophenyl)piperazine) was seized in the quantity of 64,392 tablets.

[4] Source: Police Board (Drug offences and their impact on crime in Estonia 1999-2004. Tallinn, 2005).

10.1 Availability and supply

In 2006 three clandestine laboratories were discovered by the police. Two laboratories set up for illicit manufacture of amphetamine and one for illicit manufacture of GHB (gammahydroxybutyrate) were discovered by the police:

- one laboratory in Suurupi (Harju county) for illicit manufacturing of amphetamine (by Leucart method). The following quantities were seized: amphetamine (13.6g 70-87% of amphetamine sulphate, 35.65 kg liquid with 0.8-4,4% of amphetamine, 96.8 kg liquid with amphetamine traces); MDMA (3g), 1-phenyl-2-propanone (6l), NaOH (conc. – 4 l and 25kg), formic acid (1l), toluene (1.5l), chloroform (0.5l), sulfuric acid (4l) and glucose (12.4kg);
- in an unknown place a laboratory for illicit manufacture of amphetamine (by reductive amination). The following quantities were seized: 153g 93% and 946g 82% amphetamine sulphate, alloy of Al and Ni (19.6 kg), aqueous solution of ammonia (20l) and $PdCl_2$ (0.1kg);
- in Tänassilma (Viljandi county) for illicit manufacture of GHB (gammahydroxybutyrate). The following quantities were seized: 12.67kg GHB (55%) and 15.03kg GBL (precursor).

In 2006 the police registered 17 cases of illicit cultivation of cannabis and 125 cannabis plants were seized (in 2005 26 cases of cultivation and 698 plants). The production was targeted at local markets.

The majority of synthetic drugs produced in Estonia was targeted at Nordic countries, but the importance of Russian markets has also increased in recent years.

In the reporting period the custom authorities and police seized 15 *Psilocybe* mushrooms or their spores or myceliums.

In 2006 drug trafficking through and from Estonia followed the same routes as in last few years.

According to the Central Criminal Police the main routes of illicit trafficking of drugs through or from Estonia in 2006 were the following:

- amphetamine-type drugs from Estonia (local production) or from other countries (Lithuania) via Estonia to Nordic countries and Russia;
- hashish from Spain via Estonia to Finland and Russia;
- cocaine from Central America via Estonia to Russia and Nordic countries;
- heroin from Afghanistan via Russia and Estonia to Nordic countries.

A specific feature for Estonia is widespread use of fentanyles as an alternative to heroin. Fentanyles are smuggled from Russia. The importance of heroine at local markets has decreased and smuggled heroin is predominantly targeted at Nordic countries.

The demand for cocaine at Estonian markets has increased due to increased purchasing power. Cocaine smugglers of Estonian origin have also been active at international markets.

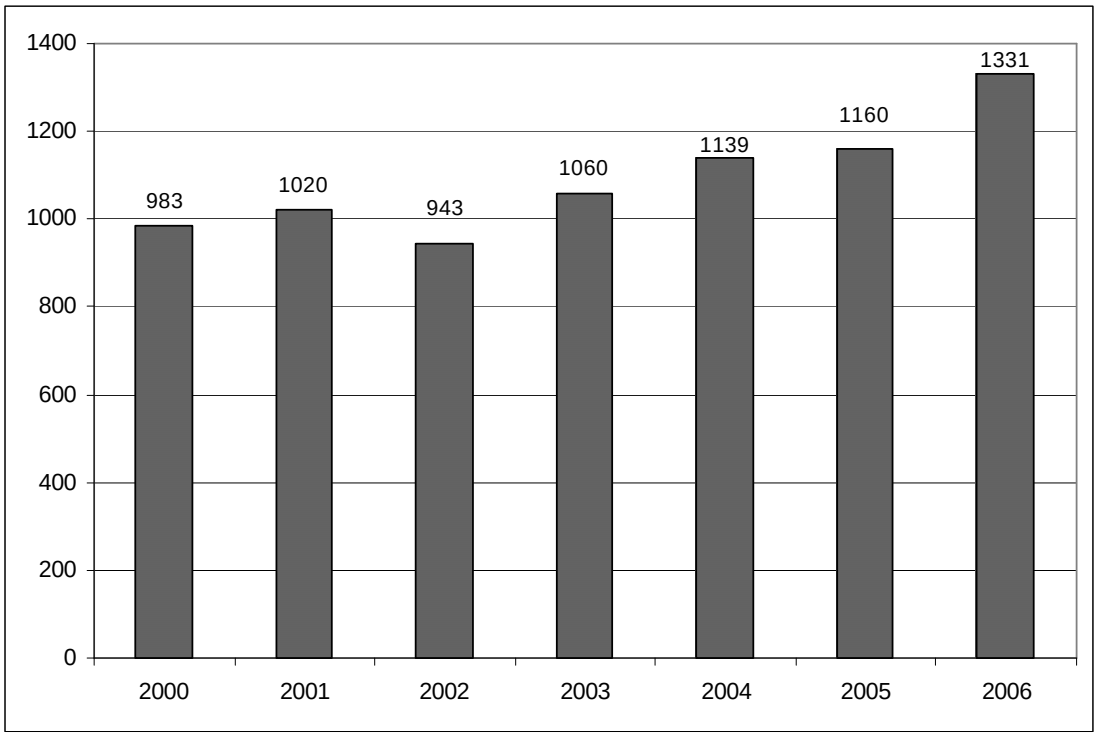
In 2006 34 organized criminal groups, including 133 persons were sentenced for large-scale drug-trafficking, of which 14 groups (52 persons) had been active in illicit drug trafficking at international markets. Also, numerous single drug couriers were arrested.

10.2 Seizures

The Estonian Forensic Service Centre responsible for the identification of narcotic drugs and psychotropic substances, analysed a total of 1,331 drug cases in 2006 compared to 1,160 cases in 2005 (Figure 7).

About 94% of these cases were ordered by the Police and ca 6% by the Customs Board.

Figure 7. Total number of drug cases analysed in the 2000-2006



Source: Estonian Forensic Service Centre, 2007

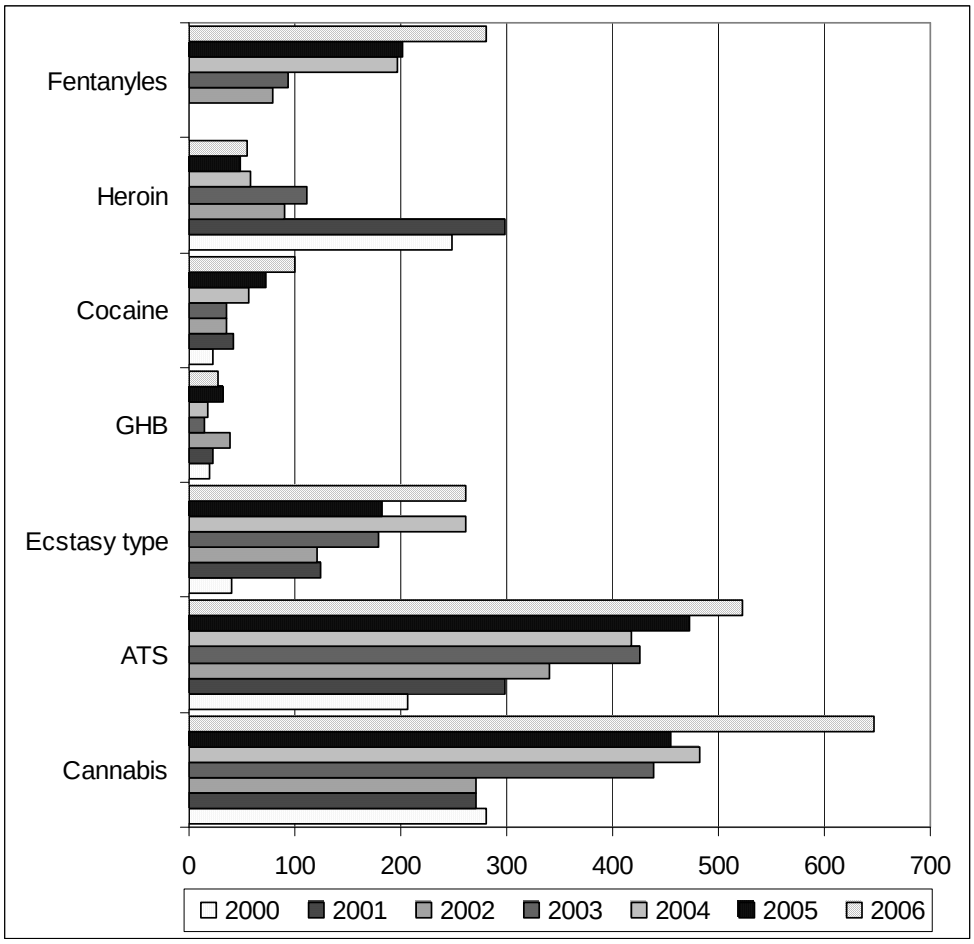
In 2006 amphetamine and ecstasy type stimulants accounted for the biggest number of the substances submitted for analysis in the Forensic Service Centre. Stimulants were analysed 783[5] times - amphetamine type stimulants 522 times and ecstasy type stimulants (MDMA, MDEA, 2C-B, MDA) 261 times. This is approximately 19% more than in 2005 (Figure 8).

Total of 50.4 kg of amphetamine was seized (about 3.7 times more when compared to 13.5 kg in 2004) and 5.8 kg of ecstasy type substances (about 1.8 times more when compared to 3.2 kg in 2005).

The biggest quantity of seized amphetamine was 3 kg and the biggest quantity of seized ecstasy (MDMA) - 15,098 tablets (3.9 kg).

[5] Number of occurrence does not include traces of the substance

Figure 8. Number of analyses of some type of narcotic drugs in 2000-2006



Source: Estonian Forensic Service Centre, 2007

There were made 647[6] seizures involving cannabis and products from cannabis - 17 seizures of 125 cannabis plants (698 plants in 2005), 420 seizures of marihuana and 210 seizures of hashish.

The quantity of seized cannabis and cannabis products was 227.8 kg (101,938.6 kg in 2005). The biggest quantity of hashish seized at a time was 195.7 kg, while comparing to 34.5 kg in 2005. Maximum content of THC in cannabis plants was 0.6-1.6%, in marihuana 1.7-23% and in hashish 1.0-9.9%.

The opiates – heroin, poppy and poppy straw products, fentanyl, 3-methylfentanyl, methadone, buprenorphine and morphine – were seized 361 times. 3-methylfentanyl mixed with fentanyl accounted for the majority of seizures of opiates – 254 times. Heroin was seized 21 times and heroin with fentanyls 34 times (18 times in 2005).

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

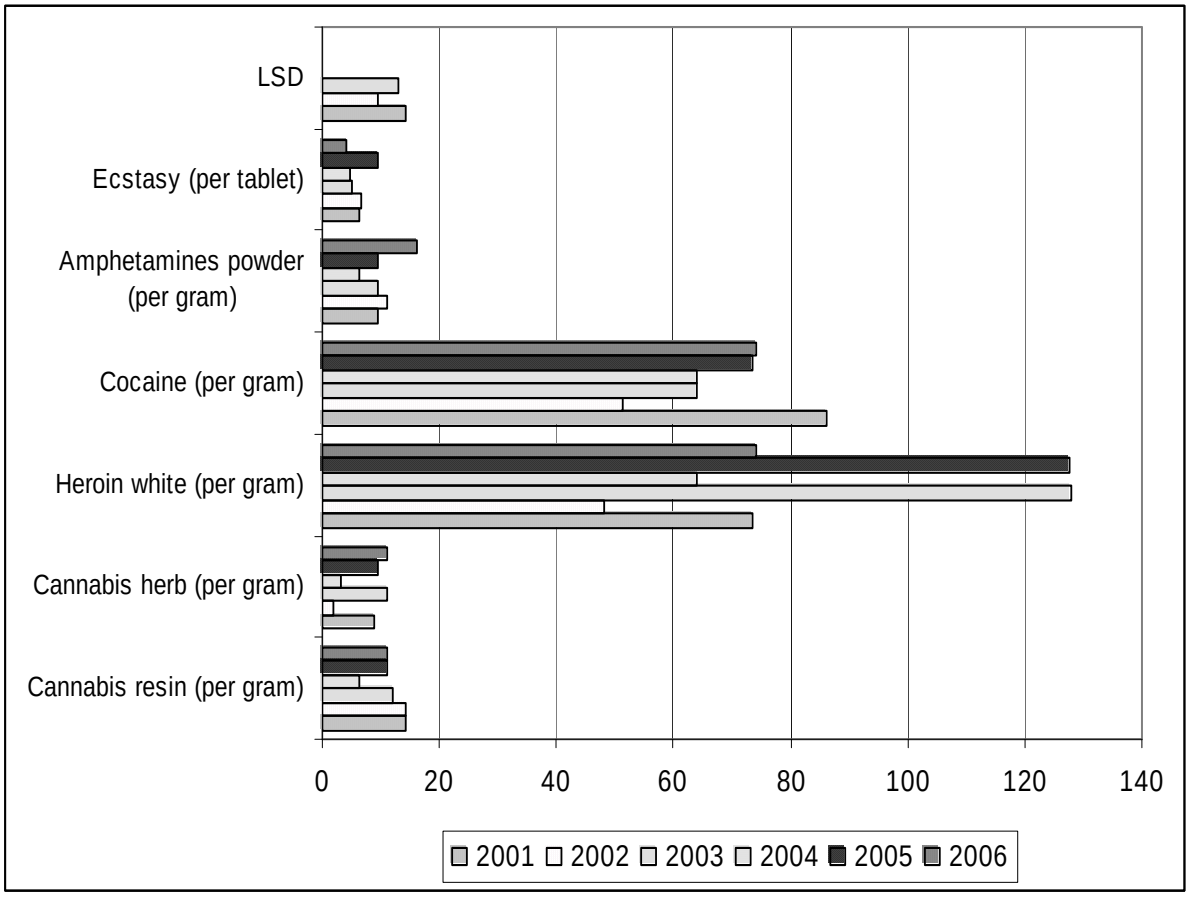
The biggest seizure of heroin was 4.45 kg. Opium poppies were seized 8 times, the quantity was 3.3 kg.
A new psychoactive substance mCPP (1-(3-chlorophenyl)piperazine) which appeared on the drug market last year and does not fall within the scope of the 1961 or 1971 UN Conventions in Estonia, was seized in the quantity of 64,392 tablets (24 times). These tablets were of different colours (off-white, blue or with multicoloured spots) and with different logos – heart, sun and shark.

The biggest seizures of some types of drugs in 2006:
Amphetamine 3 kg
MDMA (ecstasy) tablets – 15,098 tablets (3.9 kg)
mCPP – 63,803 tablets
Herbal cannabis – 11.8 kg
Hashish – 195.7 kg (seized by Customs)
Heroin – 4,45 kg (seized by Customs)
Poppy plants and poppy straw – 2.3 kg
GHB – 12.67 kg

10.3 Price and purity

According to the data of the police the street level prices of heroin, Ecstasy and amphetamine changed in 2006 (Figure 9). The price of cannabis resin remained at the same level as in 2005 - an average of EUR 11.2 varying from EUR 3.2 to EUR 19.2. The price of cocaine ranged from EUR 58 to EUR 90. The average price of cocaine was EUR 74 and it did not change when compared to the year 2005.
The minimum and maximum prices of amphetamine powder were EUR 13 and EUR 19. The average price of amphetamine powder has risen greatly since 2005, from EUR 10 to EUR 16. In 2005 the street level price of Ecstasy type substances was comparable to the price of amphetamine powder. In 2006 the price decreased from EUR 10 to EUR 4. Data on LSD are not available. The price of heroin decreased from EUR 128 to EUR 74 in 2006.

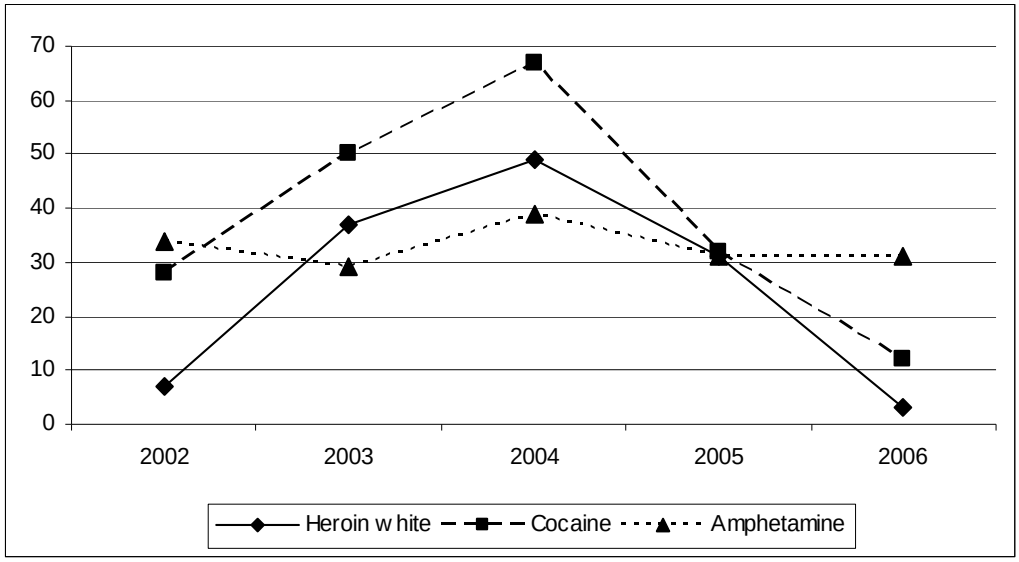
Figure 9. Street prices of illegal substances in Euros in 2001-2006.



Source: Police Board, 2007

The purity at street level of white heroin, cocaine and amphetamines increased steadily from 2002 to 2004, however, since 2004 the purity of heroin and cocaine has decreased significantly (Figure 10). The purity of amphetamines has stayed stabile during the reporting period. Street level mean percentage of purity of heroin was 3% compared (31% in 2005). Street level mean percentage of purity of cocaine was 12% (32% in 2005). Street level minimum and maximum percentage of purity of white heroin was 3% and 21%, cocaine 4% and 88%, amphetamines 1% and 93%, respectively. The mean percentage of purity of cannabis resin was slightly higher than of herbal cannabis (4% and 1%, respectively); in case of cannabis resin it varied from 3% to 4% and in case of herbal cannabis from 0.6% to 5.8%.

Figure 10. Street level mean percentage of purity of some illegal substances 2002-2006.



Source: Forensic Service Centre, 2007

Part B: Selected Issues

11. Public expenditure

No data available. The only information available is presented in chapter 1.3.

12. Vulnerable groups of young people

No data available.

13. Drug-related research in Europe

13.1 Research structures

Drug-related research in national policy

Drug-related research is organized through the National Strategy of the Prevention on the Drug Dependency 2012 (NSPDD) and the National Strategy for HIV/AIDS Prevention 2006-2015. The NSPDD includes a separate chapter on monitoring and evaluation. Moreover, the Action Plan for NSPDD 2007-2009 defines detailed activities and funding of drug monitoring and evaluation for 3 years including research.

The planned studies for the next years are the Estonian population survey in 2008, the ESPAD in 2007, prevalence of drug addiction and risk-behavior among night-club visitors in 2008, among prisoners and among students in schools for special needs in 2009. In addition, a study on the quality of data of the Estonian Drug Treatment Database and the data on causes of death will be carried out in 2009. It is necessary to carry out regular evaluations of drug dependency prevention programmes.

In the area of HIV/AIDS prevention the planned studies from 2006 to 2015 include estimates of the IDU population (2007, 2010, 2013, 2015) and HIV prevalence among IDUs (every 2 years). Similar studies among sex workers and MSM will be conducted with an emphasis on sexually transmitted diseases. Also, studies on risk behavior, knowledge and attitudes related to HIV/AIDS among prisoners and the general population aged 15-64 will be carried out every 2 years. Also, studies on the quality of life of PLWHA and evaluation of services focusing on HIV/AIDS issues will be carried out.

The main restraint in terms of drug-related research is data protection. At the moment the Estonian Data Protection act does not allow to collect and analyse any personal data. Also, IDUs are hard to reach and it is complicated to build trustworthy relationships essential for cooperation to get reliable results. However, there are certain recruitment methods which can be used to achieve it.

Relationship research policy

Drug-related policy and practice should rely on evidence-based practice. So far there have been few studies in which case the results can be put into practice. There is a great need for evaluation studies in order to assess the effectiveness of different interventions such as the activities focusing on the reduction of HIV and HCV prevalence among IDUs, also, availability and quality of services provided for IDUs.

Main national structures for drug-related research

The Ministry of Social Affairs, Ministry of Justice and Ministry of Internal Affairs are the main bodies coordinating relevant studies. University of Tartu, Tallinn University and the National Institute for Health Development are the main research institutions in the field of drugs.
The Estonian Ministry of Education and Research is responsible for the national funding of research. The Estonian Science Foundation provides grants for the studies, however, it is a less significant source for funding the HIV/AIDS research. The Global Fund Programme in Estonia implemented by the NIHD has been allocating funds for different drug-related studies from 2003 to 2007. Various EU research funds have also contributed to the provision of funds for relevant studies and research.

Data on the amount of funds allocated for drug-related research are not available.

13.2. Main recent studies and publications

Main recent studies since 2000

Estonian population survey was carried out in 1994, 1998, 2003 and included a couple of questions related to drug-use. The findings were published by Hansson (2004). In 2003 the questionnaire included a separate set of questions based on the

formats of the EMCDDA. The findings are presented in the Estonian National Report for EMCDDA "ESTONIA. Drug Situation 2004."

ESPAD (the European School Survey Project on Alcohol and Other Drugs) surveys were carried out in 1995, 1999 and 2003 including topics related to drug addiction (ESPAD 1997, ESPAD 2000, ESPAD 2004). It has been planned to carry out the survey every four years. The next survey will be conducted in 2007. The results of the previous surveys are presented in "ESTONIA. Drug Situation 2004.

The Global Fund has funded different research projects conducted by the National Institute for Health Development or/and in cooperation with other research institutions such as the University of Tartu, Imperial College, London. There are several studies on HIV/AIDS-related knowledge, attitudes and risk behavior of various population groups, for example, syringe exchange point visitors (Lõhmus 2005a, 2006b, 2007), a study on MSM visiting gay websites (Lõhmus 2004, Lõhmus 2006c), IDUs (Uusküla 2005a) and young people in Estonia (Lõhmus 2003, Lõhmus 2005b). Uusküla (2005b) has tried to estimate the prevalence of injecting drug use in Estonia. Trummal & Lõhmus (2006b) have presented an overview of the activities related to HIV/AIDS prevention in Estonia in 2004 and 2005. All research reports in Estonian are available on NIHD website (see http://www.tai.ee/?id=3262). Selected research reports are available on NIHD website in English (see http://www.tai.ee/?id=2421).

A.-A. Allaste defended her doctoral thesis "Drug cultures in Estonia – contexts, meanings and patterns of illicit drug use" in the University of Helsinki (Allaste 2006).

K. Abel defended master thesis on risk-behaviour among drug addicts with HIV in the University of Tartu.

Peer-reviewed scientific journals

List of publications by national researchers published in international peer-reviewed scientific journals in 2006:

Allaste A.-A, Lagerspetz M. Taking control by loosing control? Patterns of heroin addiction in Estonia. NAT Nordic Studies on Alcohol and Drugs 2006; 23:77-96.

Platt L, Bobrova N, Rhodes T, Uusküla A, Parry JV, Rüütel K et al. High HIV prevalence among injecting drug users in Estonia: implications for understanding the risk environment. AIDS 2006;20:2120-3.

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13.3. Collection and dissemination of research results

Information flows

The Estonian Drug Monitoring Centre (EDMC) is the national information centre responsible for the collection and analysing data on illicit drugs in Estonia, dissemination of information and co-operation with the EU and non-EU National Focal Points and other international bodies and organizations. The EDMC carries out drug-related/HIV/AIDS research and communicates the knowledge and experience of its experts to local organizations.

National scientific journals

There are no national drug research journals in Estonia. There is a scientific all-purpose monthly medical journal "Estonian Physician" ["*Eesti Arst*"] published in the Estonian language and issued since 1922. Results of original investigations, critical reviews on various topics in the area of medicine, overviews of the history of medicine and various information for doctors working in Estonia are published in the journal. Since 2000 only one article about drug-related research has been published – a review on drug addiction as a factor related to the spread of HIV infection, hepatitis B and C and sexually transmitted infections (Jõgiste 2003).

Other means of dissemination

There are no websites on drug-related research, also, no national conferences on drug-related research have been organized in Estonia.

Part C

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15. Annexes

List of Standard Tables and structured Questionnaires used in the text

List of Figures used in the text

List of Tables used in the text

List of abbreviations

ADAPP - Alcohol and Drug Abuse Prevention Programme
ARV – Antiretrovirus (treatment)
CSW - commercial sex workers
EHIF - Estonian Health Insurance Fund
EMCDDA - European Monitoring Centre for Drug and Drug Addiction
ESPAD - European School Survey Project on Alcohol and Other Drugs
GCDP - Government Commission on Drug Prevention
GF –Global Fund
GFATM –Global Fund to Fight AIDS, Tuberculosis and Malaria
GHB - Gammahydroxybutyrate
HBV - Hepatitis B virus
HCV - Hepatitis C virus
HIV – human immunodeficiency virus
HPI - Health Protection Inspectorate
IDUs - injecting drug users
mCPP - 1-(3-chlorophenyl)piperazine
MSM - men who have sex with men
NIHD - National Institute for Health Development
NDPSA - The Narcotic Drugs and Psychotropic Substances Act
NDTD – National Drug Treatment Database
NFP - National Focal Point
NGO - non-governmental organisations
NPHAP - National Programme for HIV/AIDS Prevention
NSHAP – National Stategy for HIV/AIDS Prevention
NSPDD – National Strategy for Prevention on Drug Dependency 2005-2012
PDU - Problem Drug Use
PLWHA - people living with HIV/AIDS
PM – Postimees
SEP - syringe exchange points
STDs - sexually transmitted diseases