

Estonia

Estonia Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Estonia, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

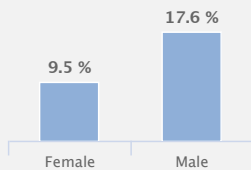
THE DRUG PROBLEM IN ESTONIA AT A GLANCE

Drug use

"in young adults (15-34 years)
in the last year"

Cannabis

13.6 %



Other drugs

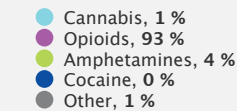
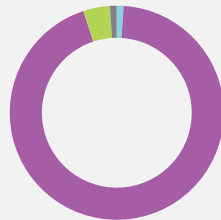
MDMA	2.3 %
Amphetamines	2.5 %
Cocaine	1.3 %

High-risk opioid users

No Data

Treatment entrants

by primary drug



Opioid substitution treatment clients

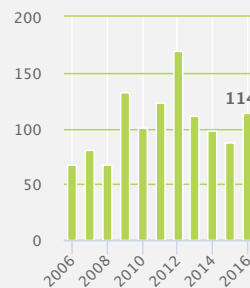
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Syringes distributed

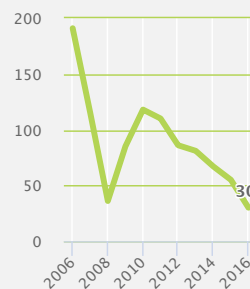
through specialised
programmes

2 070 169

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

5 653

Top 5 drugs seized

ranked according to quantities
measured in kilograms

1. Cannabis resin
2. Herbal cannabis
3. Amphetamines
4. MDMA
5. Methamphetamines

Population

(15-64 years)

854 174

Source: EUROSTAT Extracted on:
18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

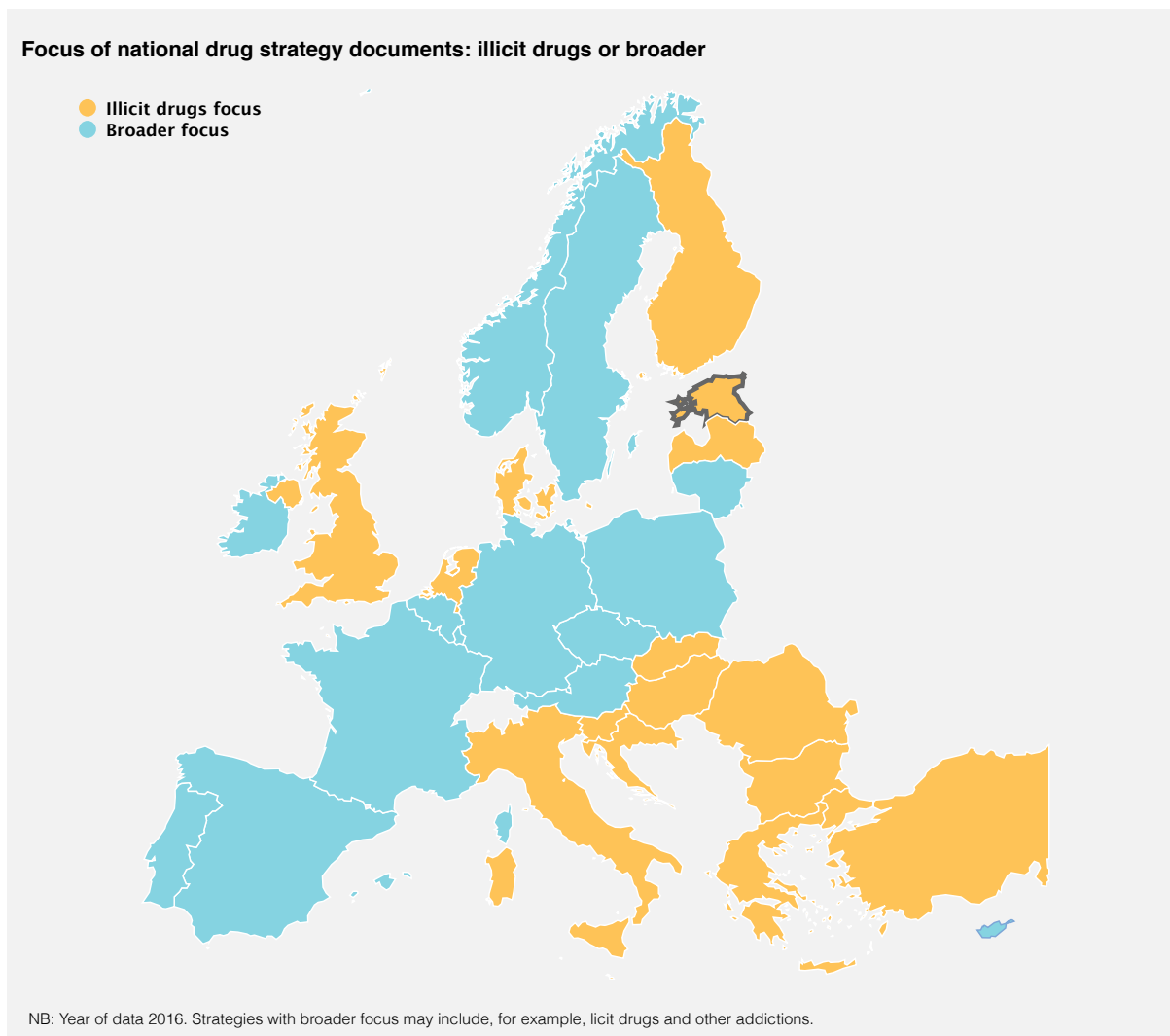
National drug strategy and coordination

National drug strategy

Illicit drug policy in Estonia is set out in two strategic documents: the National Health Plan 2009-20 and the White Paper on Drug Prevention Policy. The Health Plan serves as the national drug strategy, stating the objectives on illicit drugs. It seeks to prevent and reduce both the consumption of narcotic substances and the health and social damage caused by drug use. Whereas the Minister of Social Affairs holds overall responsibility for the National Health Plan 2009-20, the Minister of the Interior is responsible for drugs issues within the plan and its action plans. The White Paper on Drug Prevention Policy, adopted in January 2014, elaborates on Estonia's illicit drug policy; its main objective is to reduce drug use and the resulting harms.

It follows the EU's balanced approach to drug policy and is structured around seven pillars: (i) supply reduction; (ii) universal primary prevention; (iii) early detection and intervention; (iv) harm reduction; (v) treatment and rehabilitation; (vi) resocialisation; and (vii) monitoring. Specific actions for achieving the individual objectives of each pillar are specified in an action plan appended to the White Paper, addressing the period to 2018. The White Paper on Drug Prevention Policy is a scientifically based guide for the annual planning of activities in the field of illicit drugs. It applies equally to the National Health Plan's drug prevention measures and to development plans in other relevant fields.

Like other European countries, Estonia evaluates its drug policy and strategy using routine indicator monitoring and specific research projects. In 2013, an internal evaluation of the National Strategy for the Prevention of Drug Dependency (2004-12) was completed. It looked at the extent to which the strategy's main objectives had been reached and its degree of implementation.



National coordination mechanisms

The Government Committee on Drug Prevention is responsible for coordination at inter-ministerial level. Its tasks are setting drug prevention priorities; monitoring and assessing ongoing actions; proposing policy solutions and advising the government on drug problems; and coordinating measures related to drugs enacted under the National Health Plan 2009-20. The Minister of the Interior chairs the committee, which has members from all relevant ministries. A series of working groups based on the pillars of the 2014 White Paper on Drug Prevention Policy play an important role in implementing drug policy. The working groups comprise

representatives from relevant ministries, agencies and service providers. The Department of Public Health within the Ministry of Social Affairs is the permanent coordination unit in the field of drugs. The Minister of Social Affairs informs the government on the progress made in the implementation of the national drugs strategy. The National Institute for Health Development (the national focal point) is a member of the Government Committee for Drug Prevention and is responsible for providing annual information on the drug situation to this committee. At local level, health coordination committees, which exist throughout Estonia, address drug-related issues as part of their work.

Public expenditure

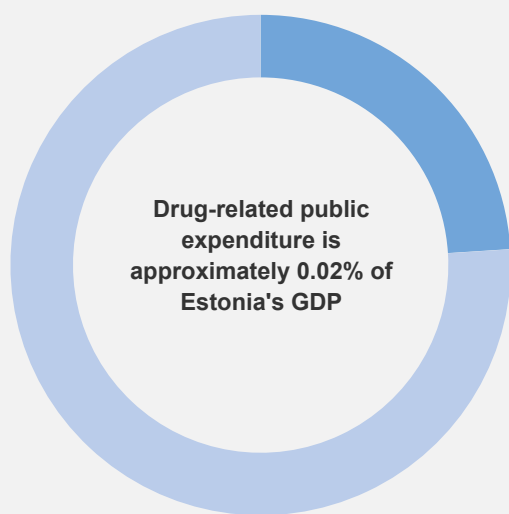
Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

The 2007-09 and 2011 action plans of the National Strategy for Prevention of Drug Dependency 2004-12 had associated annual budgets. Most of the demand and supply reduction initiatives were financed through the aggregate budget of the entities in charge of their implementation at central government level. Estimates for labelled drug-related public expenditures are available for 2007-11. The methodology used to collect the relevant data and estimate these expenditures cannot be assessed, but results are comparable over time. The available data indicate that labelled drug-related expenditures represented 0.02 % of gross domestic product in 2011, with the majority spent on demand reduction. Between 2007 and 2010, a slight decrease in the proportion of labelled drug-related expenditures was reported. This decrease is attributed to public austerity measures following the economic recession of 2008. The largest decrease was reported for expenditures linked to supply reduction between 2007-09. In 2010, labelled expenditures on supply reduction registered a nominal increase, while expenditures in the demand reduction area declined further.

Public expenditure related to illicit drugs in Estonia

NB: Based on estimates of Estonia's labelled and unlabelled public expenditure in 2011.

- Supply reduction, 24 %
- Demand reduction, 76 %



Drug laws and drug law offences

National drug laws

The Act on Narcotic Drugs and Psychotropic Substances and Precursors Thereof regulates the field of narcotics and psychotropic substances in Estonia. Under this law, unauthorised consumption of narcotic drugs or psychotropic substances without a prescription, or illegal manufacture, acquisition or possession of small quantities of any narcotic drugs or psychotropic substances, is punishable by a fine (usually determined by the police) or by detention for up to 30 days. However, proceedings for misdemeanours may be suspended for reasons of expediency.

Any act of illegal possession or dealing in drugs not intended solely for personal use is considered a criminal offence, regardless of the type and amount of illicit drug. Activities such as illegal manufacture, acquisition, theft or robbery, storage, transport or delivery of narcotic drugs or psychotropic substances with the intent to supply are punishable by up to three years' imprisonment for the smallest quantities, and by 6-20 years' imprisonment or even life, depending on the quantities involved and other defined aggravating circumstances, such as organised crime.

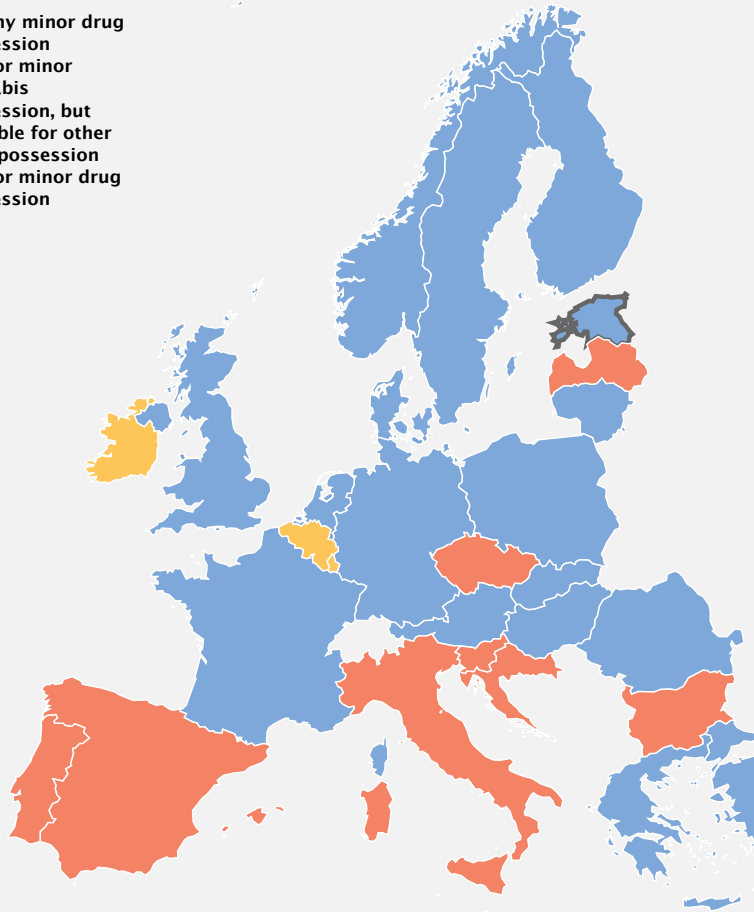
In 2011, the parliament adopted a legal basis for the implementation of drug treatment as an alternative to punishment for drug users. Treatment is an alternative to prison only if the offender is sentenced to imprisonment for a period of six months to two years and agrees to undergo the treatment course.

Historically, new psychoactive substances (NPS) were primarily regulated by amending the four schedules of licit and illicit narcotic and psychotropic substances to add each new substance individually. In 2013, Schedule V was added in order to regulate trade in NPS with legitimate industrial uses, such as γ -butyrolactone (GBL) and 1,4-butanediol (1,4-BD).

Sale of substances in this schedule is an offence when a substance is sold with the intention to cause intoxication. In 2016, Schedule VI was added; it includes 15 substance groups. Substances, their isomers, salts and ethers that belong in these groups do not need to be listed individually and are controlled automatically.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

Drug law offences

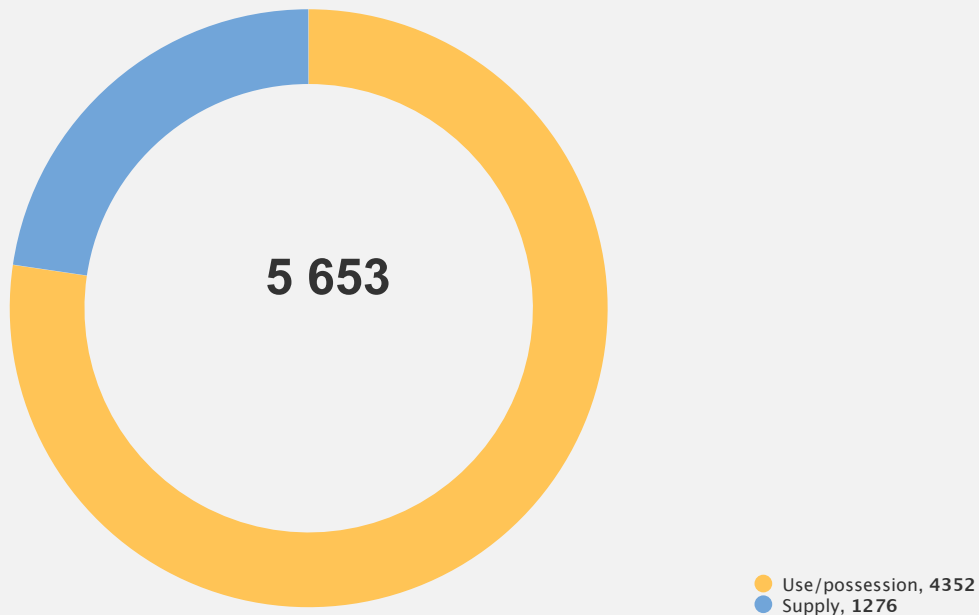
Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug markets dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

A total of 5 653 initial reports on DLOs (criminal offences and misdemeanours) were made in 2016, which was more than in 2014 and 2015. Around 8 out of 10 reported DLOs were related to use and possession.

Reported drug law offences and offenders in Estonia

NB: Year of data 2016.

Drug law offences



Drug use

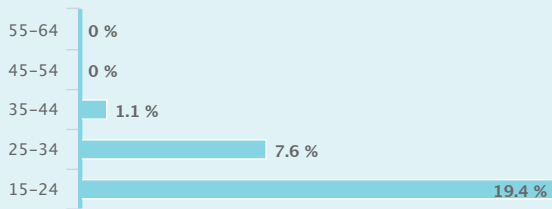
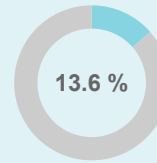
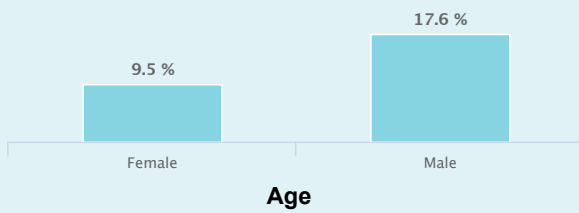
Prevalence and trends

The last general population study on drug use in Estonia dates back to 2008, however some more recent studies on risk behaviours among the adult general population (in 2014, 2015 and 2016) also explored illicit substance use. The available data indicate that cannabis remains the most commonly used illicit drug among the adult general population aged 15-64 years in Estonia, and its use is concentrated among young people, with males generally reporting cannabis use more frequently than females. Amphetamines were the most common stimulants used by the adult general population in 2008 and 2015.

Estimates of last-year drug use among young adults (15-34 years) in Estonia

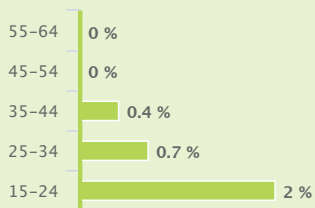
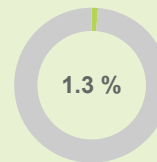
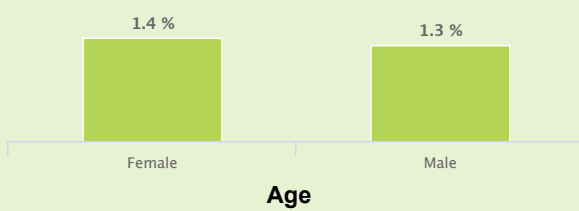
Cannabis

Young adults reporting use in the last year



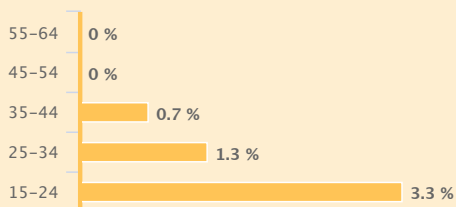
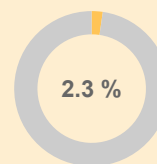
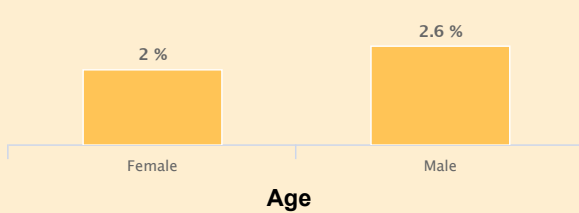
Cocaine

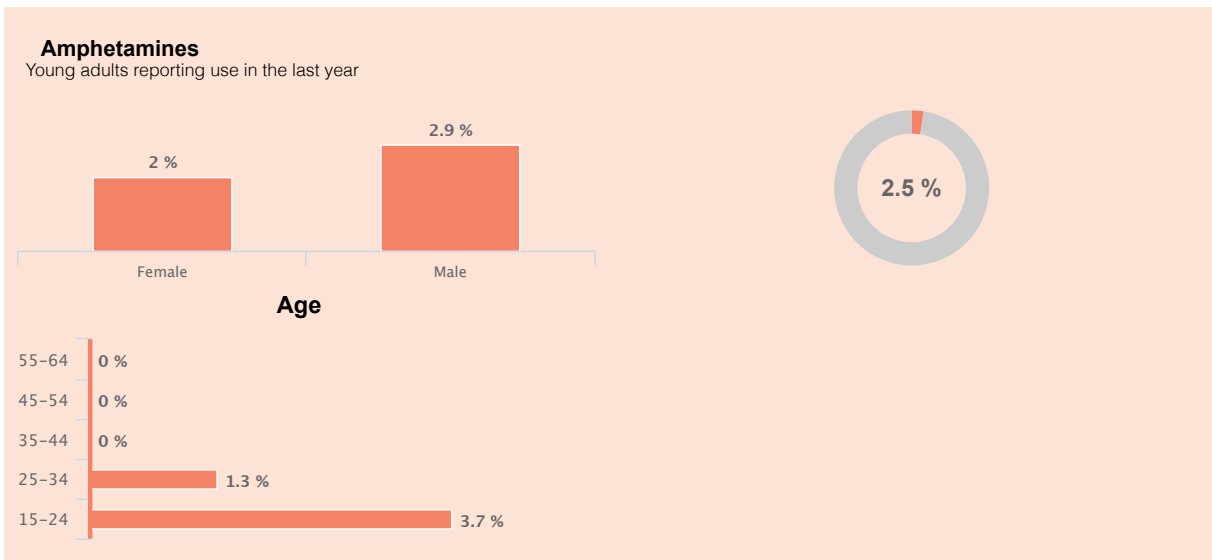
Young adults reporting use in the last year



MDMA

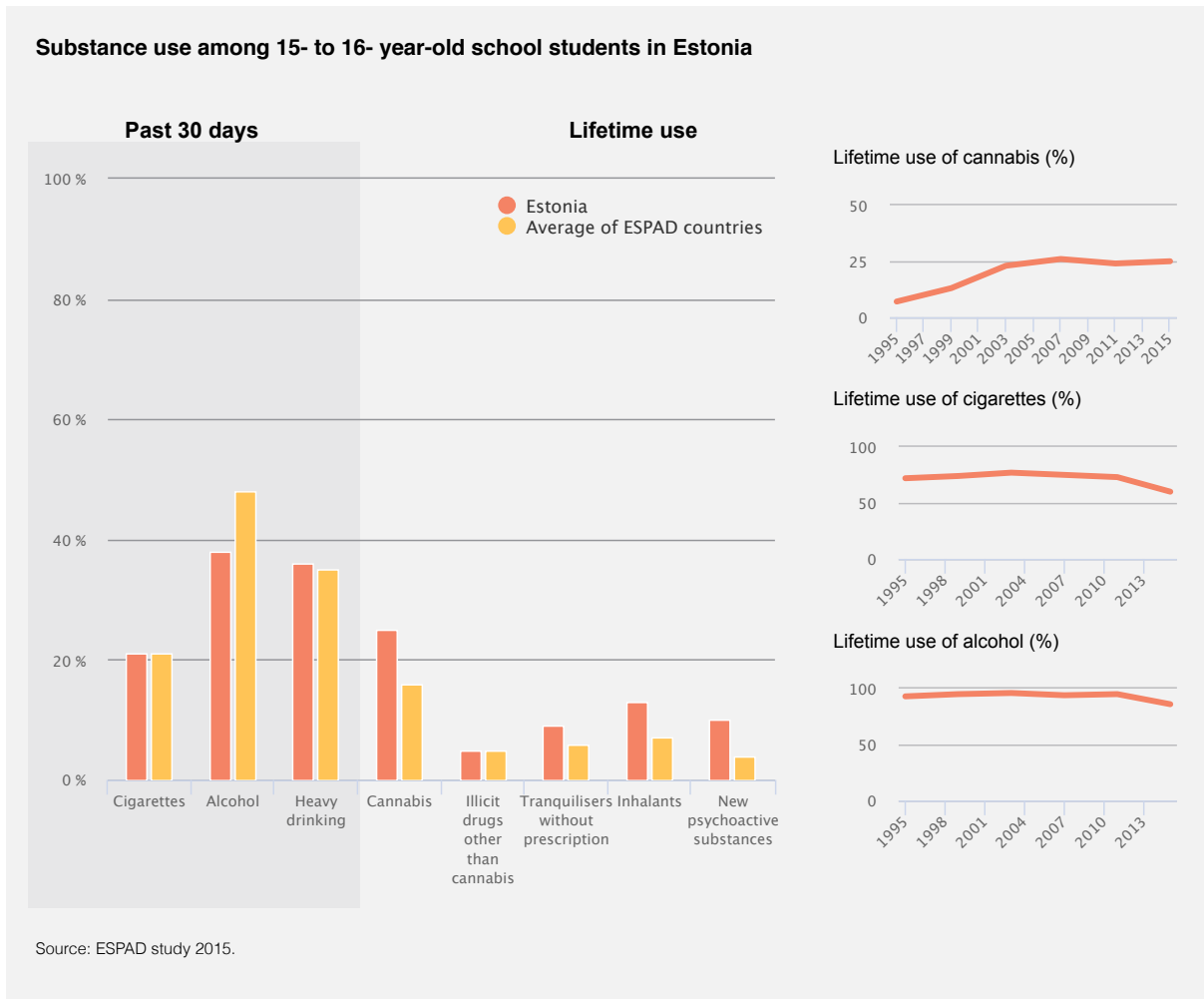
Young adults reporting use in the last year





NB: Estimated last-year prevalence of drug use in 2008.

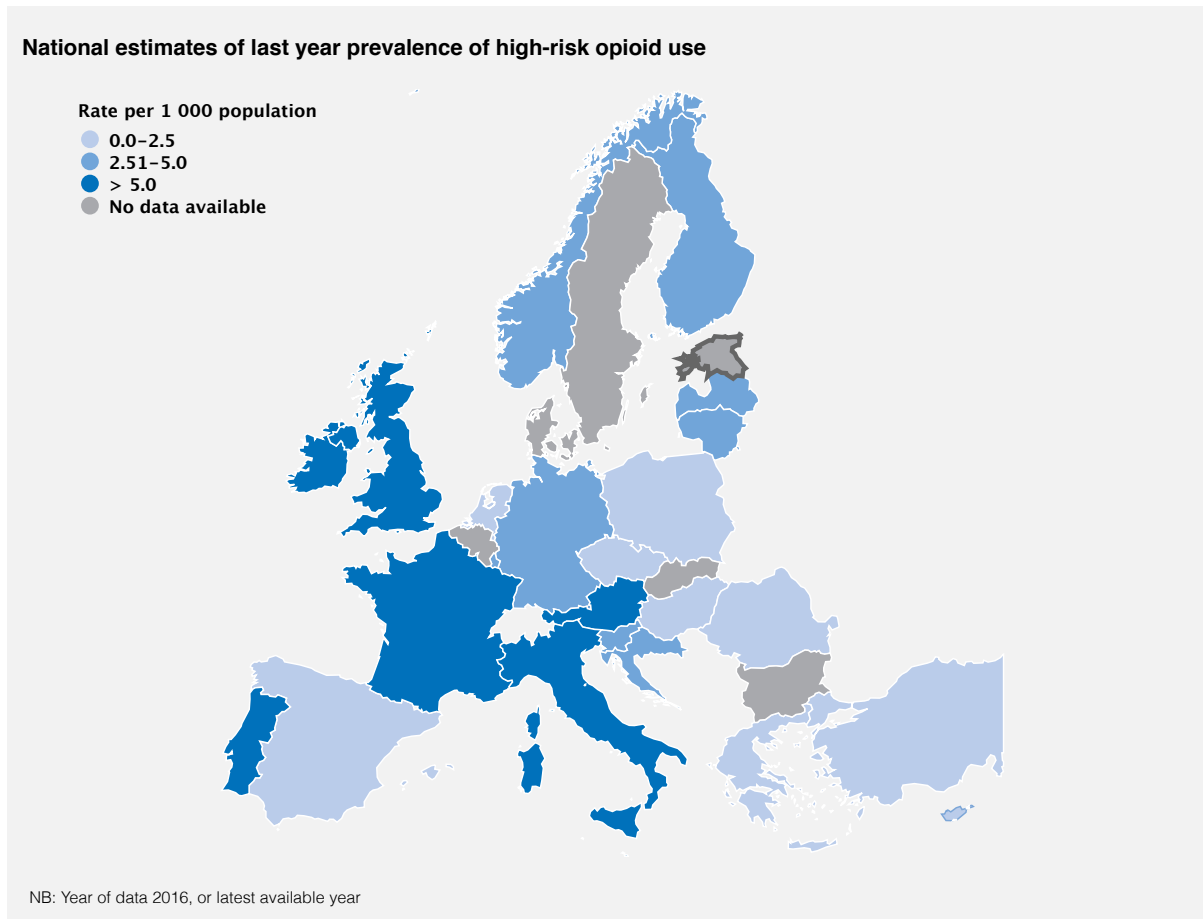
Drug use among 15- to 16-year-old students is reported by the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). This survey has been conducted in Estonia since 1995. The lifetime use of new psychoactive substances (NPS) and lifetime use of cannabis among Estonian students were higher than the ESPAD averages (based on data from 35 countries), while lifetime use of illicit drugs other than cannabis was in line with the ESPAD average. Estonian students less commonly reported use of any alcohol during the last 30 days, while heavy episodic drinking during the last 30 days was in line with the average. The long-term trend indicates an increase in prevalence rates for cannabis use among 15- to 16-year-olds between 1995 and 2007, with some signs of stabilisation in the 2011 and 2015 studies.



High-risk drug use and trends

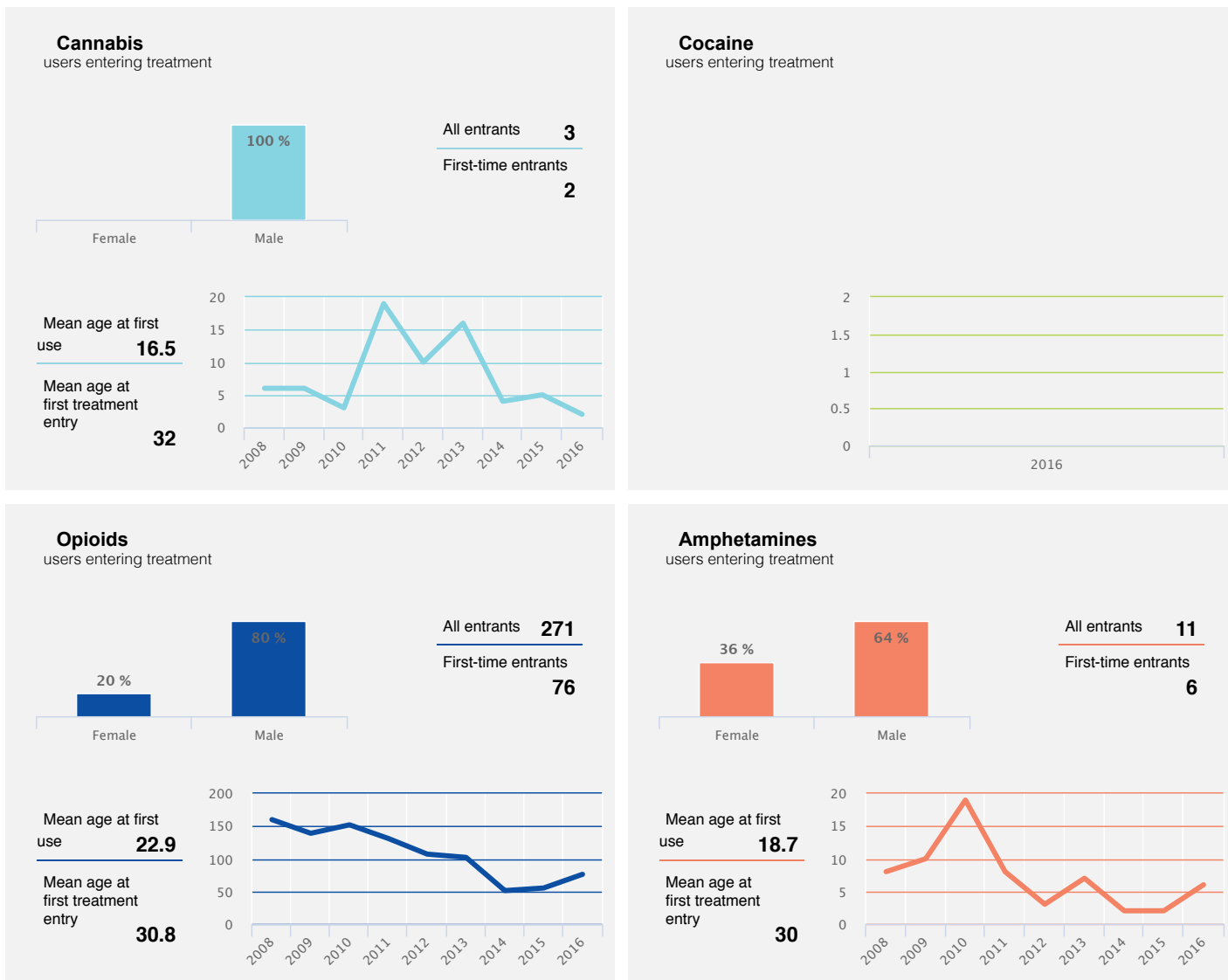
Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

Available data indicate that the majority of people who inject drugs (PWID) in Estonia primarily use opioids, mainly fentanyl. Estimates of the size of the population of high-risk opioid users are not available in Estonia. Studies among injectors report that amphetamine use also remains common in the eastern parts of the country bordering Russia.



Data from specialised treatment centres in Estonia also indicate that opioids (mainly illicit fentanyl or 3-methylfentanyl) were the most commonly reported primary substances for first-time clients entering treatment in 2016; long-term trends indicate a decrease in the number of first-time clients entering treatment with opioids as their primary drug between 2008 and 2014, followed by an increase between 2015 and 2016. Nearly 70 % of all treatment clients whose primary substance of use was an opioid reported injecting as their main route of administration. In general, one out of five treatment clients were female, but the proportion of females among treatment clients varies by the type of programme and type of illicit drug used.

Characteristics and trends of drug users entering specialised drug treatment in Estonia



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Estonia, the Health Board collects national data on drug-related infectious diseases, which are complemented by data from prevalence and behavioural surveillance studies among people who inject drugs (PWID) in three cities. Injecting drug use has been a key driver of the human immunodeficiency virus (HIV) epidemic in Estonia, although in recent years the proportion of new HIV cases attributed to injecting drug use has remained fairly stable, with around 1 to 2 in every 10 new HIV cases recorded among PWID. The annual number of new HIV infections attributed to injecting has also reduced since 2010, when 118 new HIV infections among PWID were reported, compared with 30 new HIV infections associated with drug injecting in 2016. Nevertheless, the rate of new HIV infections among PWID in Estonia remains one of the highest in Europe.

Prevalence of HIV and HCV antibodies among people who inject drugs in Estonia (%)

region	HCV	HIV
National	:	:
Sub-national	61.3	66.3

Year of data: HIV 2016, HCV 2014

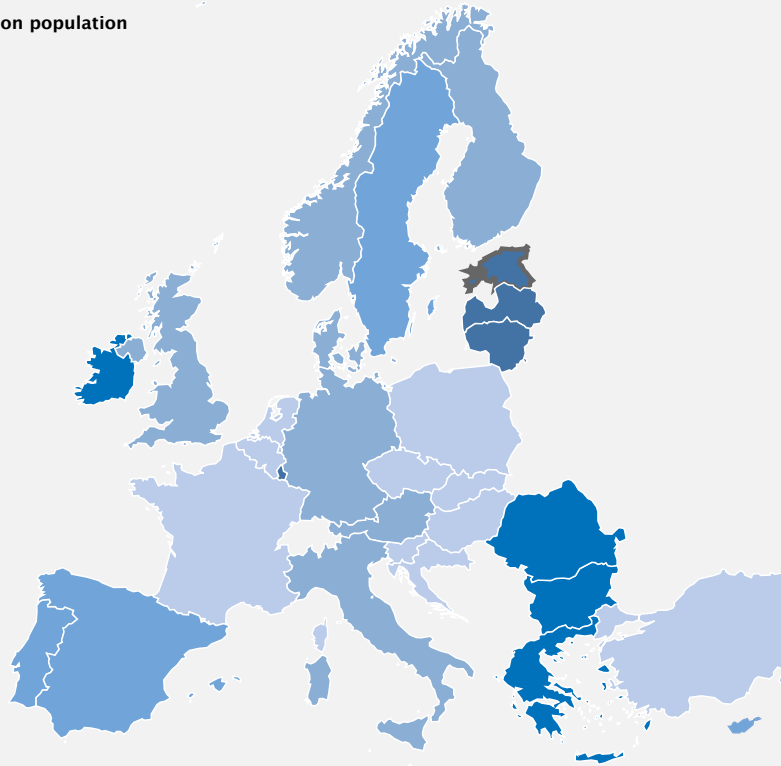
Regional studies carried out among PWID indicate a high prevalence of all drug-related infectious diseases among this group, with more than half infected with HIV. The prevalence of HIV infection has remained stable over time, around 58 % in Tallinn and 66 % in the most recent study in Kohtla-Järve (a city in the eastern part of Estonia). In Tallinn, more than 61 % of PWID tested positive for HCV

antibodies, while this figure was as high as 94 % in eastern parts of the country. It is estimated that the prevalence of chronic hepatitis B virus infection (based on HBsAg) ranges from 3 % to 22 % among PWID.

Newly diagnosed HIV cases attributed to injecting drug use

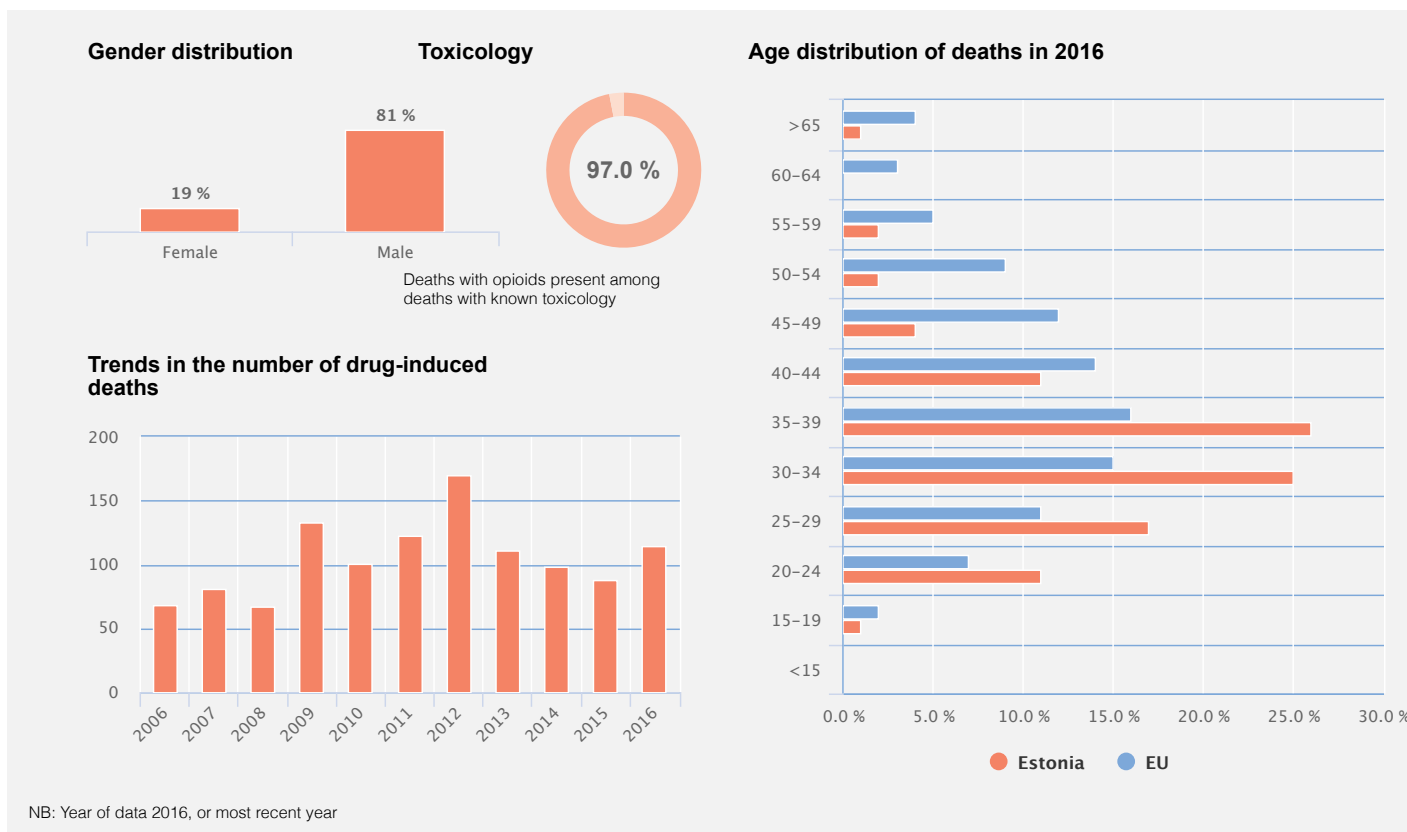
Cases per million population

- <1.0
- 1.0–2.0
- 2.1–3.0
- 3.1–8.0
- >8.0



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Estonia



Drug-related emergencies

No standardised national data collection on drug-related emergencies exists in Estonia, but there are different data collection systems in place at sub-regional levels.

In 2016, Tallinn City Emergency Medical Services reported 1 203 emergency cases due to overdose. North Estonia Medical Centre Ambulance Service reported 30 cases, Narva Hospital Emergency Department reported 66 cases, Karell Ambulance Service, serving eastern parts of Estonia and Harju county, reported 88 cases and Pärnu Hospital Ambulance Service reported 11 cases (mainly caused by cannabis, amphetamine or ecstasy, as well as one case related to LSD). The services in south-east Estonia reported 30 cases of non-fatal drug overdose. In other parts of Estonia, emergencies related to drug overdoses remained rare. In many non-fatal overdose cases, naloxone was used by the emergency services.

Two emergency departments in hospitals in Tallinn and Pärnu participate in the European Drug Emergencies Network (Euro-DEN Plus) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe. The sentinel centres reported around 100 and 201 cases, respectively, of drug-related acute intoxication per year. Most drug-related acute emergencies in Estonia were related to opioid use. Opioid overdoses are usually treated in a pre-hospital environment (the ambulance) and patients only very rarely attend emergency departments.

Drug-induced deaths and mortality

Drug-induced deaths are deaths directly attributable to the use of illicit drugs (i.e. poisonings and overdoses).

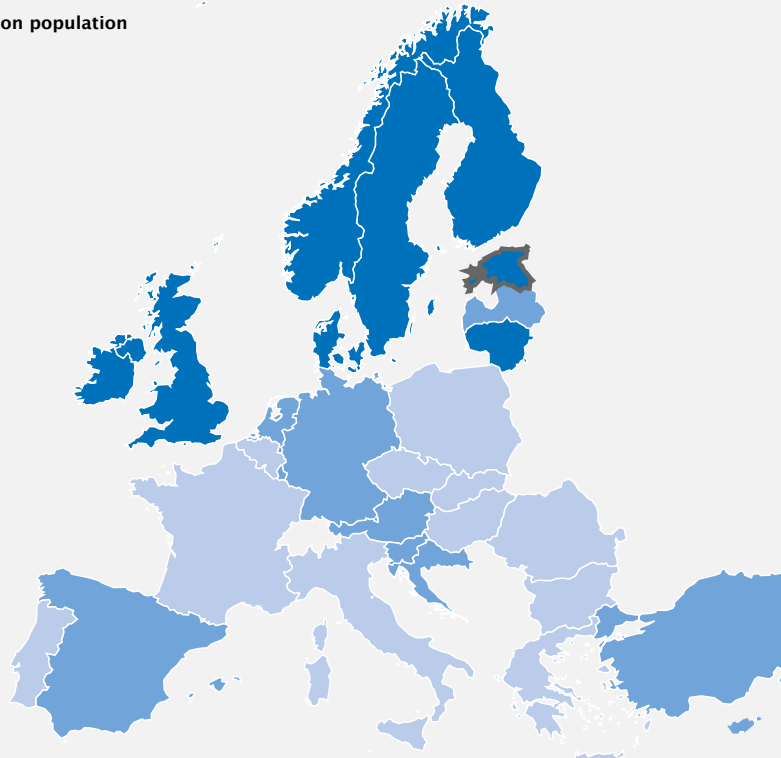
Following a record 170 drug-induced deaths recorded in 2012, the number of drug-induced deaths reported by the general mortality register declined in the period 2013-15. In 2016, a total of 114 drug-induced deaths were reported. Toxicological results attributed the majority of these deaths to overdose by synthetic opioids, mainly fentanyl (3-methylfentanyl and other fentanyl, such as carfentanyl, furanylfentanyl and acrylfentanyl). Most victims were male and the average age was 34 years. Although the mean age of victims has increased in recent years, in 2016 the number of deaths among those younger than 25 years more than doubled when compared with 2015.

The increase observed in 2016 is thought to be mainly attributable to the emergence of new and more potent fentanyl derivatives.

Drug-induced mortality rates among adults (15-64 years)

Cases per million population

- <10
- 10-40
- > 40



"NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes."

The drug-induced mortality rate among adults aged 15-64 years was 132.3 deaths per million in 2017, considerably higher than the European average of 21.8 deaths per million.

Prevention

The White Paper on Drug Prevention Policy sets out in detail the objectives for drug use prevention in Estonia until 2018. These include prevention and delay of initiation of drug use and strengthening the early detection and intervention system. Prevention activities are implemented mostly under the supervision of the Ministry of Social Affairs and the Ministry of Education, while other ministries and agencies cooperate with local governments to provide support and funding. Recently, the Ministry of the Interior has put greater emphasis on and more resources towards the primary prevention of drug dependency and has initiated a number of new evidence-based approaches, such as the Good Behaviour Game, Spin, etc.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

Environmental prevention activities in Estonia focus on tobacco and alcohol control.

Universal prevention activities are mainly implemented in school settings. Life skills-based education is integrated into the human studies curricula for grades 2, 5 and 8. Internationally recognised prevention programmes are increasingly promoted and implemented in Estonia. A Swedish alcohol prevention programme, Effekt, addressing fifth-grade students and their parents, has been implemented within the Estonian health-promoting school network. The programme, first implemented among slightly older pupils and their parents, has had a noticeable impact on reducing episodes of drunkenness among children and has had a positive effect on children's antisocial behaviour. With the support of the Ministry of the Interior, some schools introduced the Good Behaviour Game in 2014/15. This programme has proved to be effective in preventing school dropout as well as criminal and other risky behaviours. The programme Incredible Years was introduced in 2014 and addresses parenting skills. Special publications, various websites, awareness campaigns on Facebook and training activities in workplaces also target parents. The website Tark vanem (Smart parent) provides reading material and interactive advice. A number of youth centres across Estonia, funded by the Ministry of Education and Research, provide drug prevention information and counselling to young people.

The website of the National Institute of Health Development provides the general public with information on drug-related issues.

Selective prevention activities target children who are at risk and their parents, as well as young people in specialised educational settings. These include activities to promote the adoption of healthy behaviour, to strengthen coping and social skills, and to facilitate self-expression through artistic activities. The Spin programme, which is similar to the Kickz programme developed in the United Kingdom, aims to create alternative leisure activities for children in high-risk groups.

The only indicated prevention activities in Estonia target minors and young people who are in contact with juvenile committees in the north of the country; however, the number of beneficiaries of this programme remains small.

Harm reduction

The National Health Plan 2009-20 provides the overall strategic guidance for implementing harm reduction in Estonia, and puts an emphasis on the reduction of drug-related infectious diseases and drug-induced deaths among people who inject drugs (PWID). The National Institute of Health Development funds provision of low-threshold harm reduction services to drug users at several non-governmental organisations.

Harm reduction interventions

The government has funded needle and syringe programmes since 2003, and their coverage and quality has improved over the years. Around 2.1 million syringes were distributed in 2016 at 15 fixed and 23 outreach syringe programme sites, mostly located in Tallinn and the eastern part of the country, where the problem of injecting drug use is concentrated. In addition to clean injecting equipment, these services provide counselling and health education. Free diagnostic testing for drug-related infectious diseases is provided at human immunodeficiency virus (HIV) testing centres and other locations in nine Estonian cities.

Since September 2013, a take-home naloxone programme has been available in the two most affected counties of Estonia and in 2015 the programme was extended to prisoners before release. As part of the programme, opioid users and their relatives are taught how to recognise an overdose, administer the antidote naloxone and provide first aid until the emergency services arrive. In 2016, more than 400 participants were trained and received their first take-home naloxone syringe kits. In that year, 167 repeat prescriptions of naloxone were given out and the use of 128 kits was reported.

Taking into account that tuberculosis remains a significant health challenge among people who live with HIV, free tuberculosis screening is provided on a regular basis for high-risk groups not covered by health insurance, such as PWID, residents of shelters and prisoners.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

The treatment system

The National Health Plan 2009-20 and its implementation plans define the main objectives in the area of drug treatment. Treatment in the public sector is funded by the state budget allocated by the Ministry of Social Affairs; almost half of the budget funds opioid substitution treatment (OST), while the remaining budget is allocated for detoxification and drug-free programmes. Some larger municipalities also fund drug treatment.

Traditionally, drug treatment in Estonia is provided through hospitals, which need to obtain a licence for mental health services in order to provide inpatient and outpatient treatment for dependency. According to the Mental Health Act (RT I 1997, 16, 260), only psychiatrists can provide drug treatment, although they are not required to specialise in drug treatment. In general, drug treatment is primarily provided in outpatient treatment units, and inpatient treatment services remain limited.

OST is the most widely available treatment option in Estonia. The other available treatment interventions include detoxification, drug-free treatment and inpatient rehabilitation programmes. Special drug treatment programmes for children, adolescents and people with a dual diagnosis are also available, although treatment options for those groups and for people who inject amphetamines remain limited.

OST with methadone was officially introduced in 2001, but it has been used on a significant scale only since 2003, following the opening of a specialised centre. In 2017, methadone maintenance treatment was offered at eight treatment sites in five regions.

Drug treatment in Estonia: settings and number treated

Outpatient

Low-Threshold Agencies (5680)

Specialised Drug Treatment Centres (1248)

Inpatient

"Residential drug treatment" (118)

"Hospital-based residential drug treatment" (53)

Prison

Prison (181)

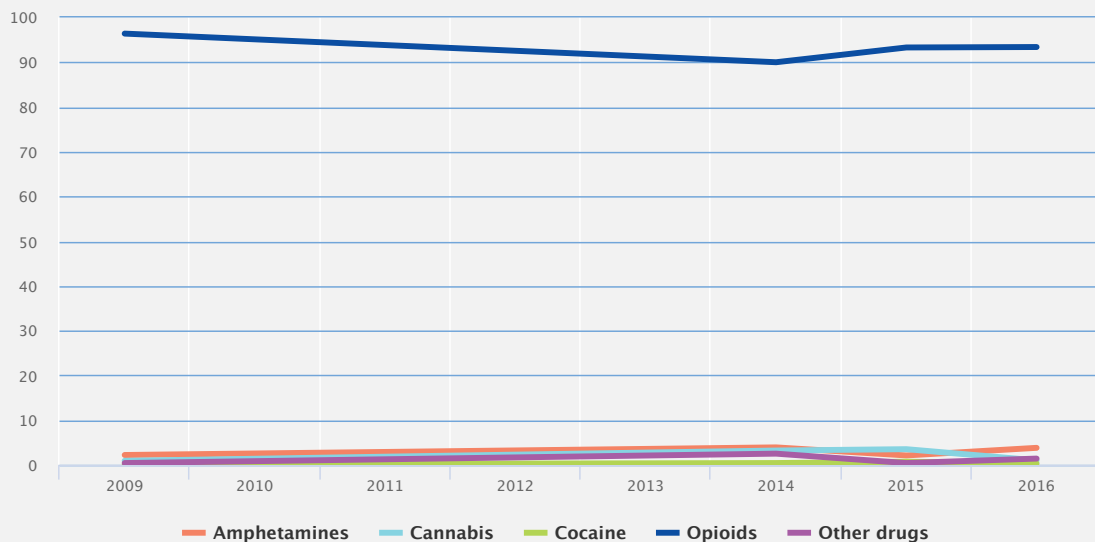
NB: Year of data 2016

Treatment provision

In 2016, most clients who entered treatment in Estonia were treated in outpatient settings.

Among clients entering treatment, 9 out of 10 reported opioids as the primary drug of use (mostly fentanyl, but also methadone or heroin).

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Estonia



NB: Year of data 2016.

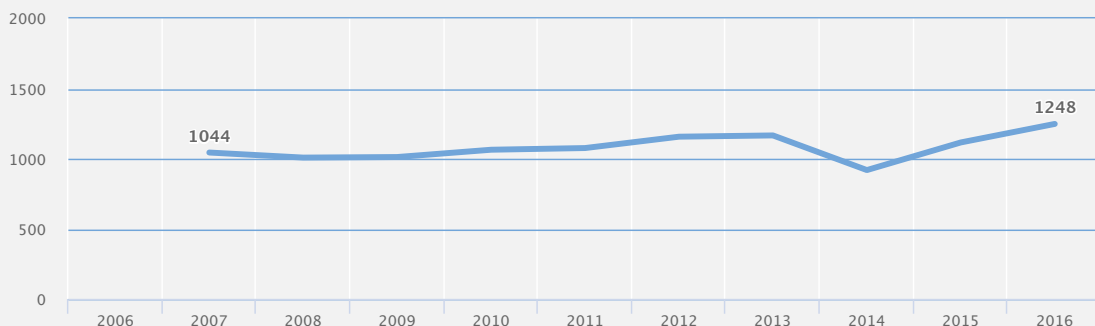
Most of those who entered treatment in 2016 received OST, with methadone the most commonly prescribed OST medication in Estonia. Although the coverage of OST is not known, it is assumed to be relatively low.

Opioid substitution treatment in Estonia: proportions of clients in OST by medication and trends of the total number of clients



● Methadone, 100 %

Trends in the number of clients in OST



NB: Year of data 2016.

Drug use and responses in prison

According to routine data from the Prisons Department of the Ministry of Justice of Estonia, in 2016 around one third of prisoners had substance use-related health problems and fewer than 2 out of 10 prisoners tested positive for human immunodeficiency virus (HIV) or hepatitis C virus (HCV) infection. Of the 19 newly diagnosed HIV cases among inmates, nine were linked to drug injection. A study

carried out in 2016 among a sample of people who inject drugs (PWID) found that more than half of them had been in prison at least once, one third had injected drugs in prison, and half of those had used a syringe that had already been used.

The Ministry of Justice is responsible for administering healthcare and social services in Estonian prisons. Drug treatment in prisons includes detoxification, opioid substitution programmes (OST) and social programmes. OST with methadone is available in all prisons and can be either continued or initiated in prison. In 2016, 119 prisoners received OST. Three prisons have special departments for social reintegration of drug users.

All prisoners are offered HIV testing and screening for tuberculosis, while tests for hepatitis B virus and HCV infections are offered to PWID and people living with HIV/acquired immunodeficiency syndrome (AIDS). Hepatitis B vaccination is available for prisoners who are PWID or people living with HIV/AIDS. Treatment for HIV and HCV infections is available in prisons.

A naloxone programme to reduce drug-related overdoses has been available in Estonian prisons since 2015 and is supported by the Estonian-Swiss Cooperation Programme. In 2016, a total of 57 prisoners received training and 61 kits were distributed after release.

Quality assurance

The Estonian White Paper on Drug Prevention Policy emphasises quality standards in the field of drug use reduction and all its pillars integrate evidence-based approaches and the quality of services. The paper has an independent monitoring system, which tracks the implementation of all pillars and collects data on the effectiveness of various interventions. Evaluating and mapping interventions in the field of illicit substances is one of the sub-objectives of the paper.

The Government Committee on Drug Prevention is responsible for the coordination of activities related to the reduction of drug use in Estonia, including conducting consistent monitoring and evaluation of activities related to responding to and preventing drug use.

The National Institute for Health Development (NIHD) surveys on the quality of services and programmes for drug users (treatment, rehabilitation, counselling services) and prevention activities. The NIHD is also responsible for regular monitoring of drug-related services, as it finances most of the services provided to drug users. The NIHD makes regular random visits to services to check their compliance with the provisions of the service contracts, it is responsible for client satisfaction and various mapping surveys in treatment and rehabilitation centres, and it produces methodological materials in the field of drug demand reduction.

The Estonian Health Board is an independent institution under the Ministry of Social Affairs and conducts control visits to treatment services to check compliance with the requirements stipulated in various healthcare provider laws and regulations.

Drug demand reduction and universal prevention topics are part of the curricula in two higher education institutions' health promotion courses, at Tallinn Health Care College and Haapsalu College, Tallinn University .

Drug-related research

Drug-related research is organised, planned and financed through the National Health Plan 2009-20. National public funding of research is primarily managed by the Ministry of Education and Research. Additionally, many research projects in the field of drugs and related topics are financed by external funds (mainly from the United States and the EU). The main research institutions in the field of drugs are universities and research and development institutes, such as the National Institute for Health and Development (NIHD). Research priorities are set in the Estonian National Health Plan and focus on general population surveys, studies among people who inject drugs and schoolchildren. Dissemination of research findings is mainly carried out through the national focal point, universities, scientific journals and the media.

Drug markets

Estonia is mainly regarded as a transit country for smuggling illicit substances to Scandinavian countries and Russia. Domestic production of amphetamine and gamma-hydroxybutyrate (GHB), as well as the cultivation of cannabis is reported, albeit in very small quantities. While criminal networks and organisations continue to play a role, in recent years sales of illicit drugs via the internet, particularly the darknet, have increased substantially. Smuggled into the country via the regular mail service, shipments of new psychoactive substances, notably fentanyl and new fentanyl analogues, are increasingly being reported.

While fentanyl is reported to enter the country from Russia, new fentanyl analogues mainly originate in China. Given the high potency of these substances, they are usually trafficked in very small amounts, making their detection challenging. In 2016, around 0.7 kg of fentanyl and fentanyl analogues were seized from street vendors. Herbal cannabis is trafficked to Estonia from the Netherlands and is mainly intended for the domestic market. Cannabis resin intercepted in Estonia is mainly intended for the Russian market. MDMA/ecstasy seized in Estonia originates from the Netherlands. Other synthetic stimulant drugs, such as amphetamine and methamphetamine, originate from the Netherlands, Poland and Lithuania.

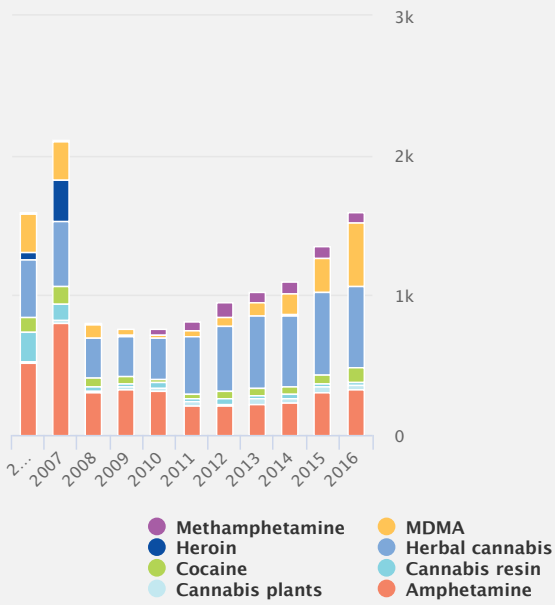
Herbal cannabis, GHB, methamphetamine and fentanyl are the main substances on the drug market. In 2016, the amount of cannabis products seized was lower than in 2015. The amount of methamphetamine seized increased almost three-fold compared with 2015; however, it remained below the highest values reported in the last decade. The amount of GHB seized was five times higher in 2016

than in 2015. The number of MDMA seizures and the annual amount seized had both increased since 2010. In 2016, a total of around 5 kg of various new psychoactive substances were seized in Estonia, which was a reduction on 2015.

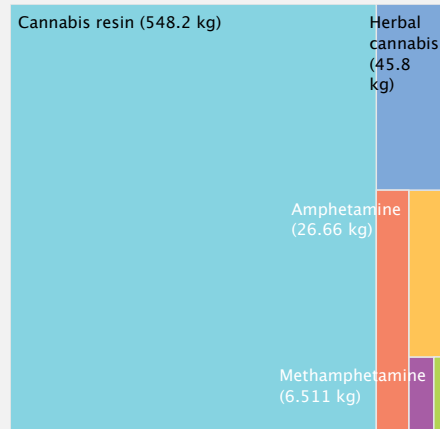
The Estonian law enforcement agencies put their efforts into reducing the availability of illicit drugs among minors, including distribution via darknet markets, apprehending large-scale trafficking and limiting the spread of fentanyl.

Drug seizures in Estonia: trends in number of seizures (left) and quantities seized (right)

Number of seizures



Quantities seized



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	25.5	6.5	36.8
Last year prevalence of use - young adults (%)	2008	13.6	0.4	21.5
Last year prevalence of drug use - all adults (%)	2008	6	0.3	11.1
All treatment entrants (%)	2016	1.0	1.0	69.6
First-time treatment entrants (%)	2016	2.3	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	45.8	12	110855
Number of herbal cannabis seizures	2016	575	62	158810
Quantity of cannabis resin seized (kg)	2016	548.2	0	324379
Number of cannabis resin seizures	2016	22	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.21 - 33	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	1.2 - 28	0	70
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	15 - 25	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	15 - 25	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.3	0.9	4.9
Last year prevalence of use - young adults (%)	2008	1.3	0.2	4.0
Last year prevalence of drug use - all adults (%)	2008	0.7	0.1	2.3
All treatment entrants (%)	2016	0.3	0.0	36.6
First-time treatment entrants (%)	2016	1.1	0.0	35.5
Quantity of cocaine seized (kg)	2016	3.4	1	30295
Number of cocaine seizures	2016	111	19	41531
Purity (%) (minimum and maximum values registered)	2016	0.9 - 85	0	99
Price per gram (EUR) (minimum and maximum values registered)	2016	80 - 150	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2	0.8	6.5
Last year prevalence of use - young adults (%)	2008	2.5	0.0	3.6
Last year prevalence of drug use - all adults (%)	2008	1.1	0.0	1.7
All treatment entrants (%)	2016	3.8	0.2	69.7
First-time treatment entrants (%)	2016	7.0	0.3	75.1
Quantity of amphetamine seized (kg)	2016	26.6	0	3380
Number of amphetamine seizures	2016	329	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	0.7 - 72	0	100
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	15 - 20	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.5	0.5	5.2
Last year prevalence of use - young adults (%)	2008	2.3	0.1	7.4
Last year prevalence of drug use - all adults (%)	2008	1.2	0.1	3.6
All treatment entrants (%)	2016	0.3	0.0	1.8
First-time treatment entrants (%)	2016	0	0.0	1.8
Quantity of MDMA seized (tablets)	2016	36887	0	3783737
Number of MDMA seizures	2016	449	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	n.a.	1.90	462
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	14 - 59	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	6 - 10	1	26.00
Opioids				
High-risk opioid use (rate/1 000)	n.a.	n.a.	0.30	8.10
All treatment entrants (%)	2016	93.4	4.8	93.4
First-time treatment entrants (%)	2016	87.4	1.6	87.0
Quantity of heroin seized (kg)	2016	0	0	5585
Number of heroin seizures	2016	2	2	10620

Purity - heroin (%) (minimum and maximum values registered)	2016	n.a.	0	92
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	15 - 15	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	22.8	0	33.00
HIV prevalence among PWID* (%)	n.a.	n.a.	0	31.50
HCV prevalence among PWID* (%)	n.a.	n.a.	14.60	82.20
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	n.a.	n.a.	0.10	9.20
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	132.29	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	2016	2070168	22	6469441
Clients in substitution treatment	2016	1248	229	169750
Treatment demand				
All entrants	2016	290	265	119973
First-time entrants	2016	87	47	39059
All clients in treatment	2016	1600	1286	243000
Drug law offences				
Number of reports of offences	2016	5653	775	405348
Offences for use/possession	2016	4352	354	392900

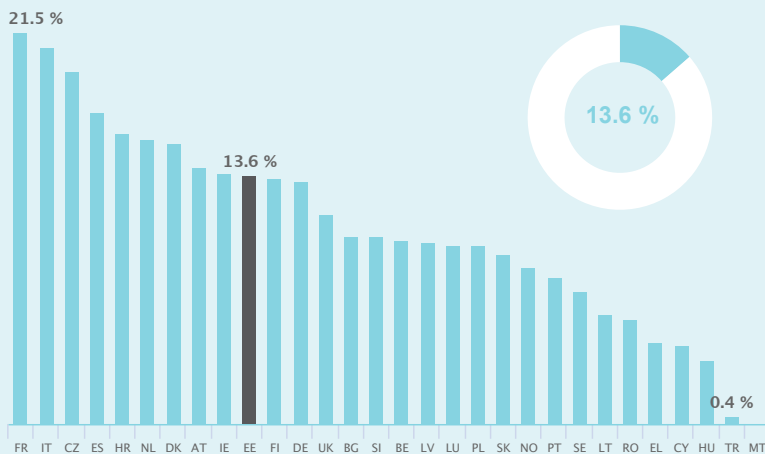
* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

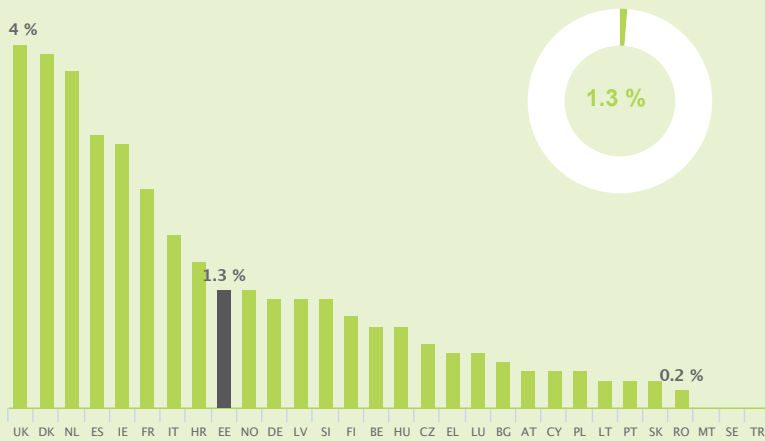
Cannabis

Last year prevalence among young adults (15-34 years)



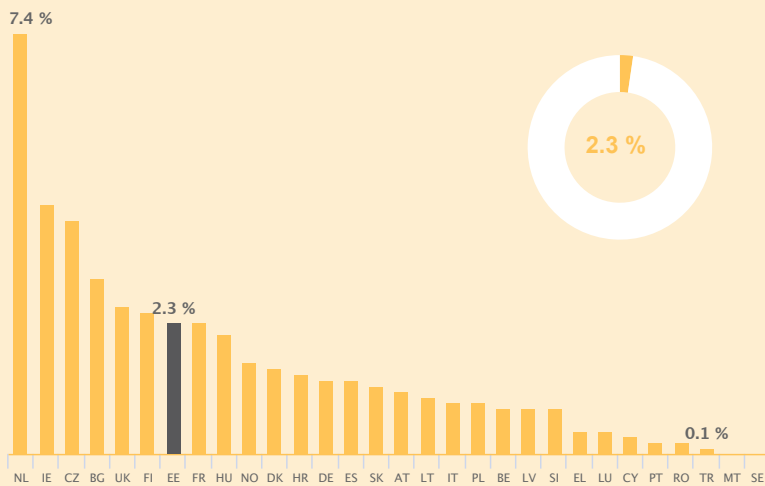
Cocaine

Last year prevalence among young adults (15-34 years)



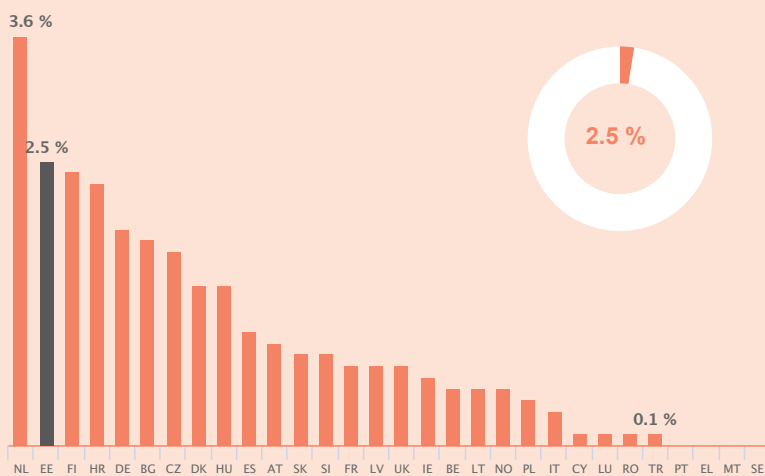
MDMA

Last year prevalence among young adults (15-34 years)



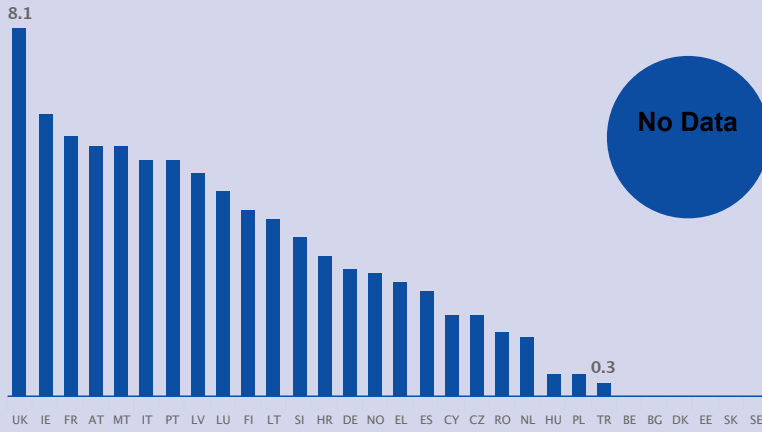
Amphetamines

Last year prevalence among young adults (15-34 years)



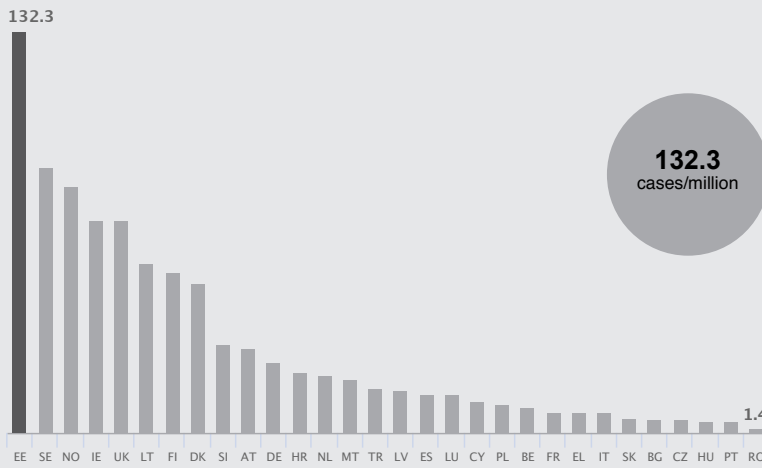
Opioids

High-risk opioid use (rate/1 000)



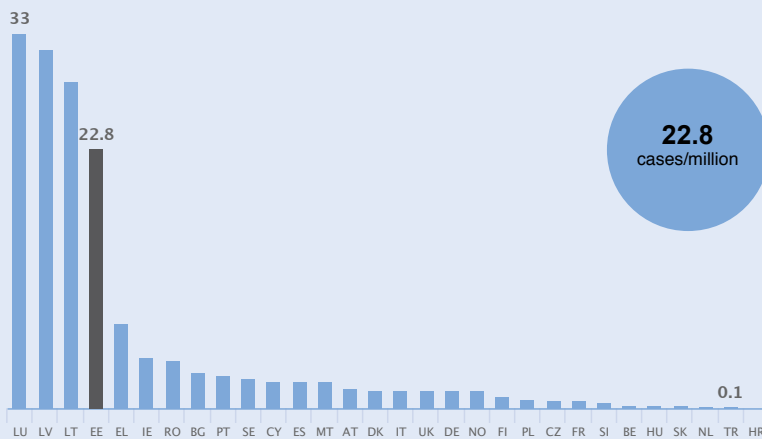
Drug-induced mortality rates

National estimates among adults (15-64 years)



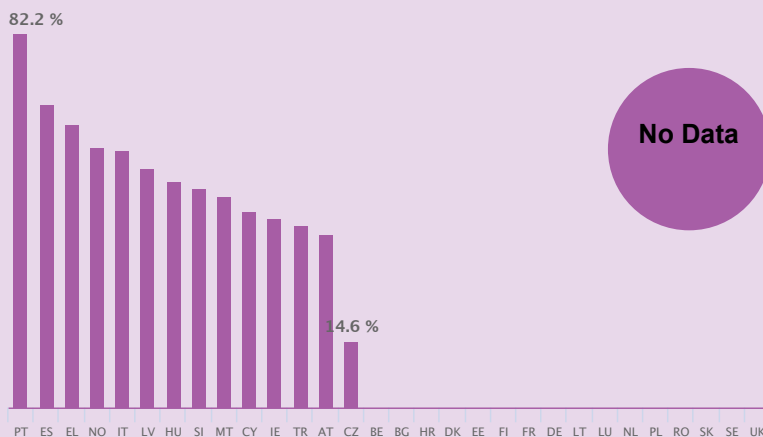
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

About our partner in Estonia

The national focal point is located within the Infectious Disease and Drug Monitoring Department of the NIHD. The department collects, harmonises and analyses data on illicit drugs in Estonia, and disseminates information and cooperates with EU and non-EU national focal points, and other international bodies and organisations

National Institute for Health Development (NIHD) — Infectious Diseases and Drug Abuse Prevention Department



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