



# Drug use prevalence in Estonia



# Drug Abuse Prevention Strategy

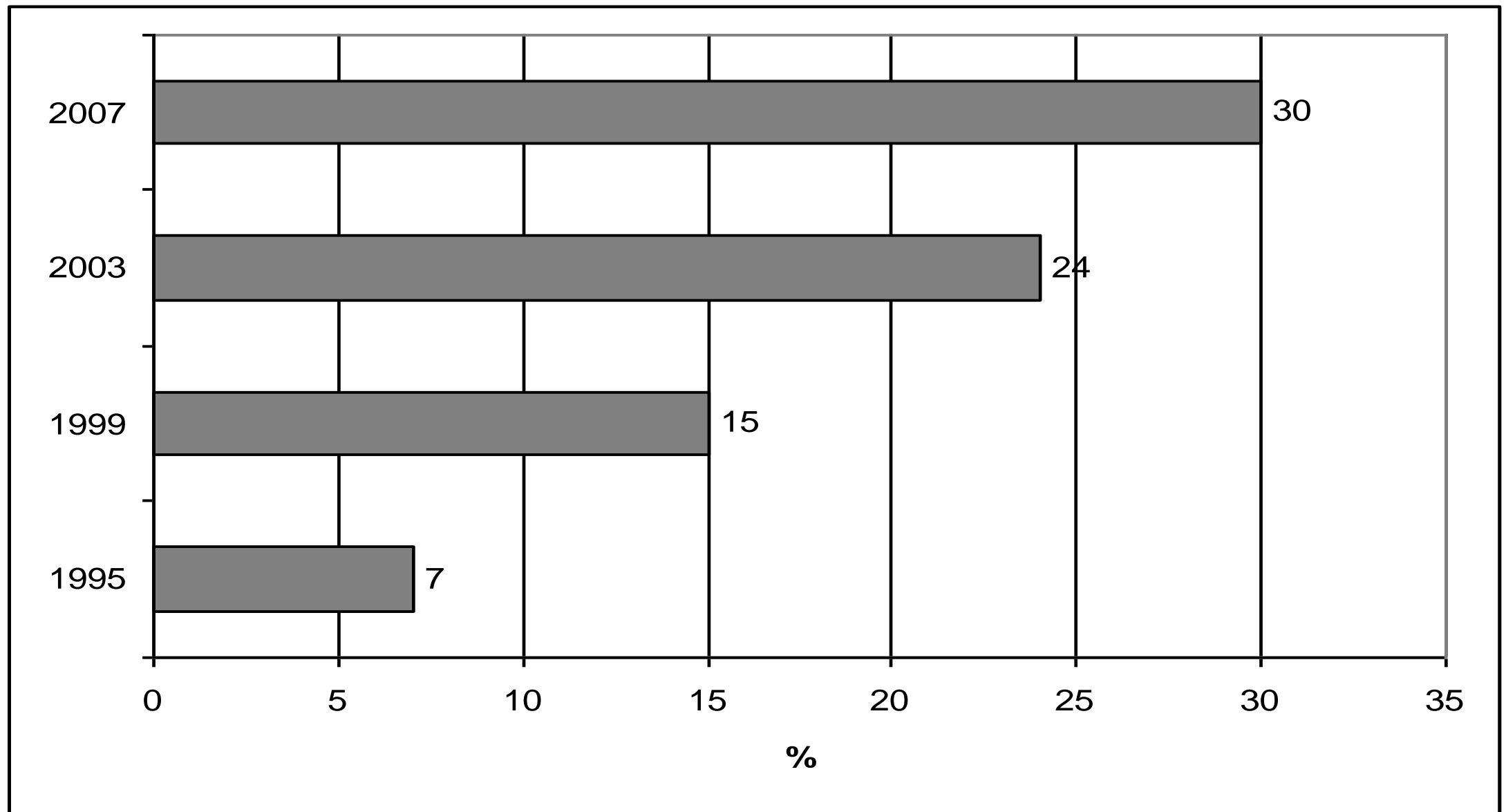


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Infectious Diseases and Drug Abuse Prevention  
Department

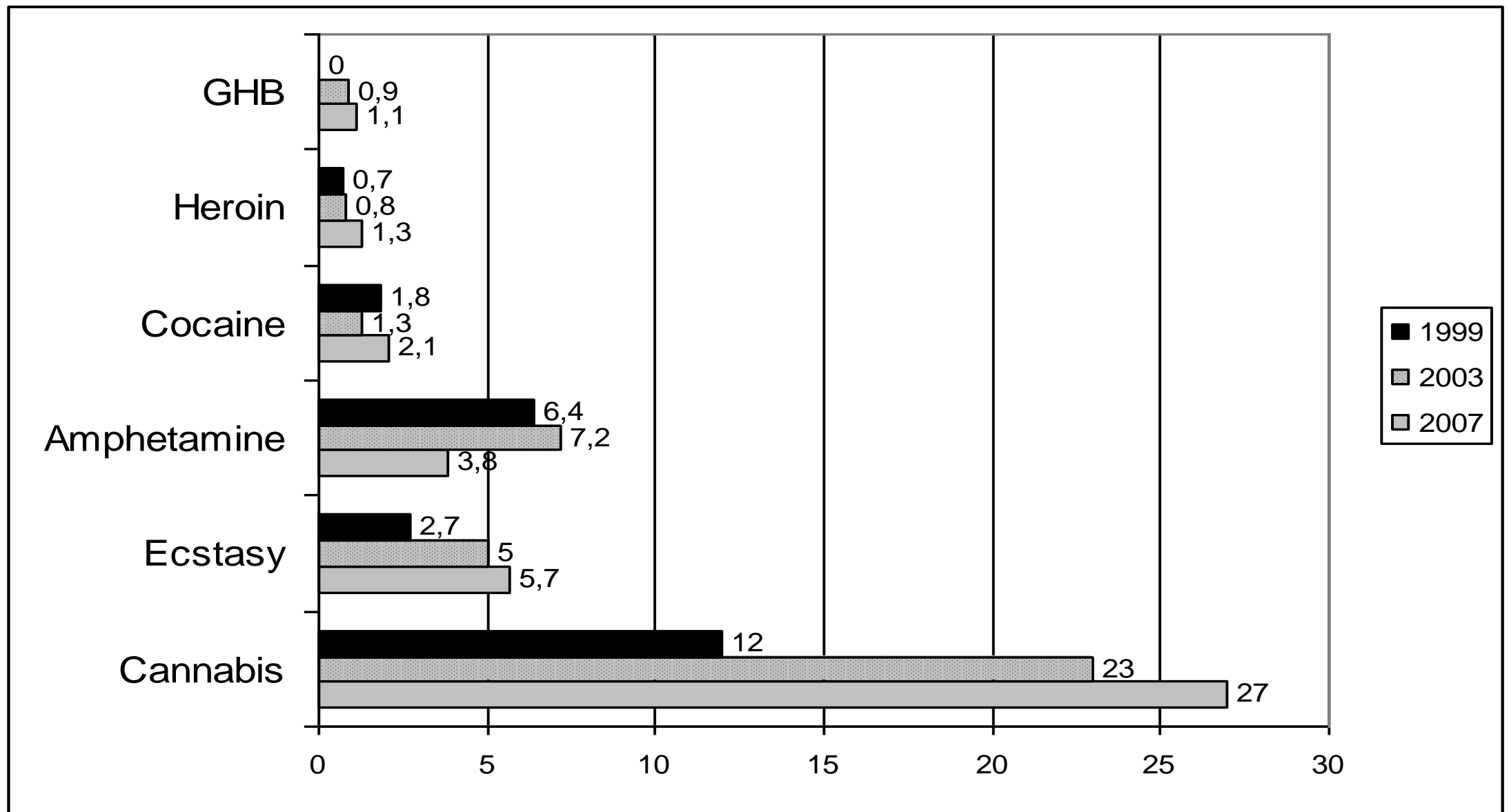
# Lifetime use of any illicit drug among 15-16 year old students

Source: ESPAD Study, 1995, 1999, 2003, 2007





# Lifetime use of drugs among 15-16 year old students

Source: ESPAD Study 1999, 2003, 2007



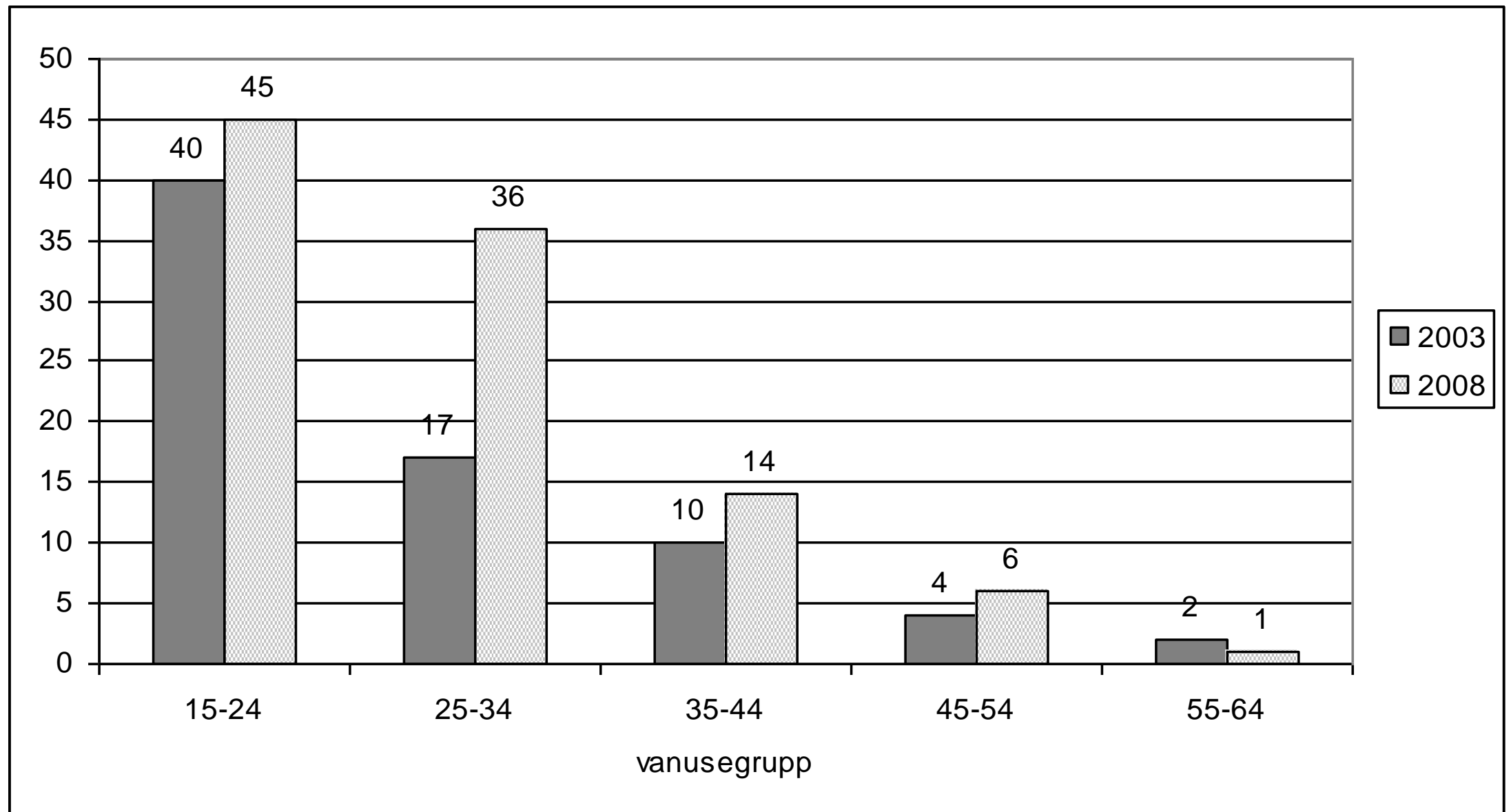


## **Some conclusions from 2007 ESPAD Study**

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- **80% of adolescents who have tried any drug, did it the first time between age of 13 - 15**
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- **Decrease in age of first time users of ecstasy and amphetamine**
  - **Increase in age of first time users of cannabis**

# Lifetime prevalence of drug use according to age groups

Source: Tallinn University Institute of International and Social Studies (IISS), general population study 2003, 2008



**Latest estimates of the size and prevalence of the IDU population aged 15–44 in Estonia in 2004 (*Uusküla et al, 2007*)**

	Size of IDU population (95% CI)		IDU prevalence (95% CI)	
Whole country	<b>13 886</b>	(8132–34443)	<b>2.4%</b>	(1.4–5.9%)
Male	12387	(7119–30600)	4.3%	(2.5–10.6%)
Female	1499	(1013–3842)	0.5%	(0.4–1.3%)
Harju county	10025	(5871–24866)	4.3%	(2.5–10.6%)
Ida-Viru county	2517	(1474–6242)	3.5%	(2.0–8.6%)
Rest of Estonia	1344	(787–3334)	0.5%	(10.3–1.2%)

## Injecting drug use / HIV Studies

YEAR	AGE average	Gender (M %)	Syringe sharing	Main drugs injected
2003	23 (16-45)	88%	51% 1	Heroin 79% Poppy 29%
2004	22 (18-49)	88%	32% 1	Heroin 59% Amphetamine 30%
2005	24 (15-43)	83%	29% 2	Fentanyl 59% Poppy 20% Amphetamine 19%
2007	27 (17-54)	84%	25% 2	<b>Fentanyl 72%, Amphetamine 26%</b>
2009	27 (16-46)	81%	28% 2	<b>Fentanyl 55%, Amphetamine 28% Other 17%</b>



## **Study on risk behaviour and prevalence of infectious diseases among injecting drug users**



Source: NIHD/Tartu University 2007



### **High prevalence of blood-borne infectious diseases and HIV among injecting drug users**

**More than half of the injecting drug users started to use drugs in other modes than injecting and before age of 18**

**Almost half of the IDUs were injecting before age of 18**


**Average age of initiation of injecting: 18,7 years in Tallinn (10-42)  
18,2 years in Kohtla-Järve (13-40).**



# **National Drug Abuse Prevention Strategy**



**National strategy includes six fields:**

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- **prevention**
  - **treatment**
  - **harm reduction**
  - **supply reduction**
  - **drugs in prison**
  - **monitoring and evaluation**



## **Main partners:**

- **Ministry of Social Affairs incl. National Institute for Health Development**
- **Ministry of Internal Affairs incl. *Police***
- **Ministry of Finances**
- **Ministry of Justice**
- **Ministry of Education and Science**
- **Ministry of Culture**
- **County Governments (15)**
- **Local municipalities**
- **NGOs**
- **Health care organisations**



## General framework

Official change in national drug policy from more repressive model (drug-free society) towards

**Acceptance - harm reduction model**





## **Aim in the field of treatment of drug addiction**

a contemporary, professional and easily accessible network of health care and social assistance services is developed for the provision of efficient assistance for drug-addicted children and adults by the year 2012.





## **Prevention: main activities**

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- **Elaboration of educational programmes with emphasis life skills (health education)**
  - **Elaboration of methodological materials (incl teachers books), guidelines, training modules etc**
  - **Social marketing campaigns**
  - **Dissemination of information and knowledge (incl Internet-based solutions)**
  - **Regular training of health care, social care professionals, teachers**
  - **Youth work including youth-friendly counselling services**
  - **Counselling services for parents**



## **Treatment: main activities**


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- **Elaboration of guidelines, quality standards, methodological materials, training modules etc**
  - **Regular training of health care and social care professionals**
  - **Coordination of the network of services including information exchange, supporting supervisions and intervisions, case discussions**
  - **Services:**
    - **Methadone maintenance treatment**
    - **Drug-free treatment for adolescents**
    - **Rehabilitation services**
    - **Day-care for double diagnosis patients**
    - **Aftercare and relapse prevention**



## **Harm reduction: main activities**



**Harm reduction activities are addressed both by Drug Abuse and HIV/AIDS prevention strategies.**

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- **Elaboration of guidelines, quality standards, methodological materials, training modules etc**
  - **Regular training of health care and social care professionals**
  - **Coordination of the network of services including information exchange, supporting supervisions and intervisions, case discussions**
  - **Services:**
    - **Needle and syringe exchange**
    - **Outreach work**
    - **Counselling**
    - **Social services**



## **Three main challenges in addressing drug abuse**



### **1) Not enough professionals:**

Estonia needs more expert knowledge in prevention of drug abuse and treatment of drug addiction on both, political and implementation levels.



### **2) Unsufficient financial resources:**

To address the demands on the coverage of services needs to be expanded. Special focus needs to be put on women.



### **3) Underdeveloped cooperation:**



Cooperation needs to be increased both on international and national levels. On national level bigger cooperation between state, third sector and private sector is needed. On international level Estonia needs to use better expert knowledge available in other countries as well as additional funds available.

### **4) No real continuity of services:**

There is no real network of services as the service distribution is fractured both by region and by type of service. There are well developed harm reduction services, but unsufficiently developed rehabilitation and reintegration services.



**Not to end on the negative note...**

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- All main services are introduced in Estonia, their number is constantly growing allowing for greater coverage.
  - Competence of the national specialists has increased significantly in the last five years.