European Monitoring Centre for Drugs and Drug Addiction

Tervise Arengu Instituut
National Institute for Health Development

Estonia

Country Drug Report 2017

THE DRUG PROBLEM IN ESTONIA AT A GLANCE

Drug use

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

Cannabis

13.6 %

9.5 % 17.6 %

Other drugs

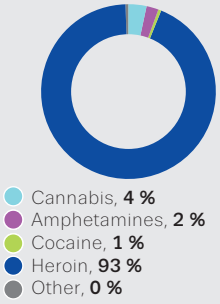
Amphetamines	2.5 %
MDMA	2.3 %
Cocaine	1.3 %

High-risk opioid users

No data

Treatment entrants

by primary drug



Opioid substitution treatment clients

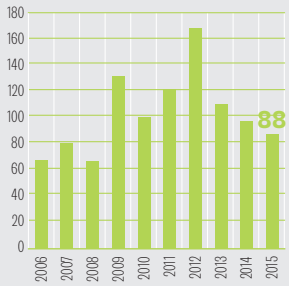
1 166

Syringes distributed

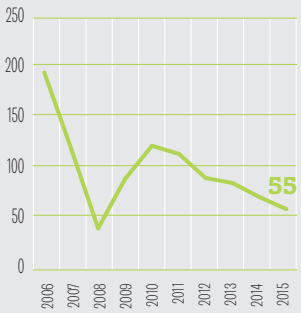
through specialised programmes

2 136 691

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

4 982

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Cannabis resin
2. Amphetamine
3. Herbal cannabis
4. Cocaine
5. Methamphetamine

Population

(15-64 years)

858 563

Source: EUROSTAT
Extracted on: 26/03/2017

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.

About this report

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 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

National drug strategy and coordination

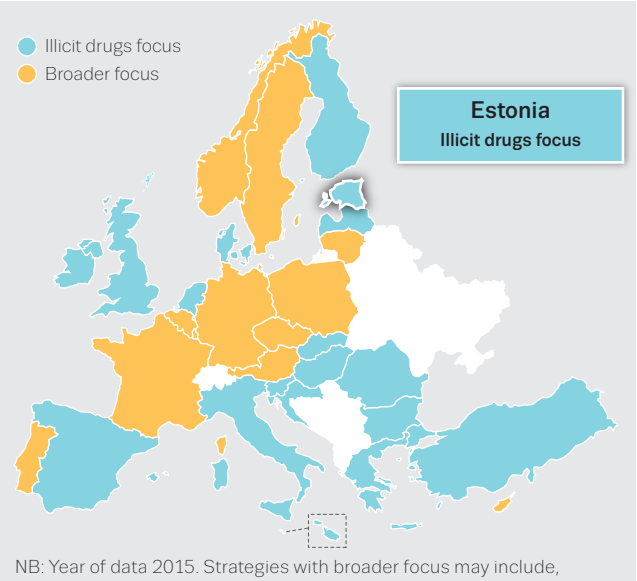
National drug strategy

Illicit drug policy for Estonia is elaborated 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 by stating its 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 European Union (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) re-socialisation; 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 until 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 (Figure 1).

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



NB: Year of data 2015. Strategies with broader focus may include, for example, licit drugs and other addictions.

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 its main objectives had been reached and its degree of implementation.

National coordination mechanisms

The Government Committee on Drug Prevention is responsible for coordination at the 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 drafting annual reports on the drug situation for this committee. At the local level, health coordination committees, which exist throughout Estonia, address drug issues as part of their work.

Illicit drug policy for Estonia is elaborated in two strategic documents: the National Health Plan 2009-20 and the White Paper on Drug Prevention Policy

Public expenditure

Understanding of the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure to tasks related to drugs are identified as such in the budget ('labelled'). Often, however, the majority of 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 annual associated budgets. An evaluation of the national strategy pointed out a limited budget as one of its shortcomings. The National Health Plan 2009-20 has not yet presented its associated budget. Estimates for labelled drug-related public expenditures have, however, been published since 2007. The methodology used to collect and estimate these expenditures cannot be assessed, but results are comparable over time (with the exception of 2012).

The 2011 data indicate that labelled drug-related expenditures represented 0.023 % of gross domestic product (GDP). Between 2007 and 2011, labelled expenditures were classified as demand reduction activities (about 76 %) and supply reduction activities (about 24 %).

The available data indicate that between 2007 and 2010 labelled expenditures fell from 0.027 % of GDP to 0.021 %. This decrease is attributed to the public austerity measures following the economic recession of 2008. The largest decrease was reported in supply reduction until 2009. In 2010, labelled expenditures in supply reduction registered a nominal increase, while expenditures in demand reduction activities declined further. In 2011, labelled expenditures increased to 0.023 % of GDP. Comprehensive and comparable data are not available beyond 2013.

In 2011, labelled public expenditure was 0.023 % of gross domestic product

Drug laws and drug law offences

National drug laws

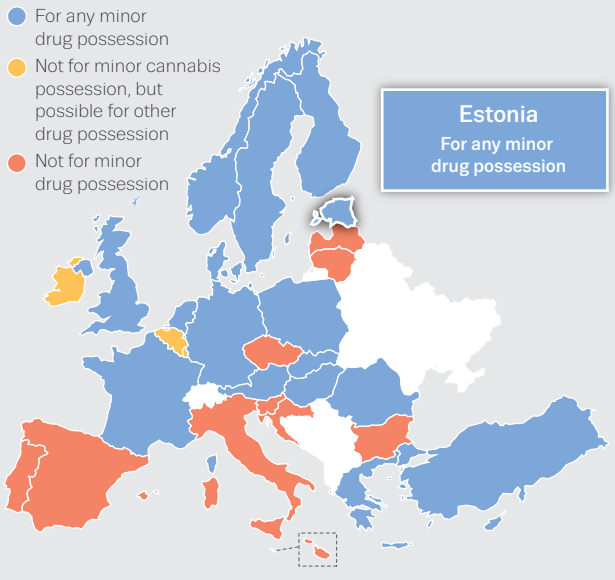
The Act on Narcotic Drugs and Psychotropic Substances and Precursors Thereof regulates the field of narcotics and psychotropic substances in Estonia. Under this law, unauthorised consumption of narcotic drugs or psychotropic substances without a prescription, or illegal manufacture, acquisition or possession 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 (Figure 2). However, proceedings for misdemeanours may be suspended for reasons of expediency. Repeated use and personal possession were revoked as criminal offences from 1 September 2002.

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 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.

FIGURE 2

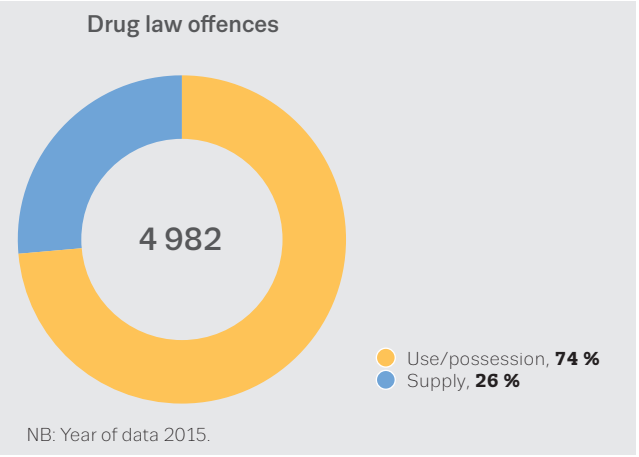
Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



NB: Year of data 2015.

FIGURE 3

Reported drug law offences in Estonia



NB: Year of data 2015.

Until recently, new psychoactive substances (NPS) were primarily regulated by amending the four schedules of licit and illicit psychotropic substances. In 2013, Schedule V was added in order to regulate trade of NPS with legitimate industrial uses, such as γ-butyrolactone (GBL) and 1,4-butanediol (1,4-BD). Sale of substances in this schedule will be an offence when a substance is sold with the intention to cause intoxication. In May 2016, Schedule VI was added; it includes 14 substance groups (a 15th group, fentanyls, was added in October 2016). Substances, their isomers, salts and ethers that belong in these groups do not need to be listed individually and are controlled automatically.

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 4 982 initial reports on DLOs (criminal offences and misdemeanours) were reported in 2015, which was more than in 2014. Around 7 out of 10 reported DLOs were related to use and possession (Figure 3).

Drug use

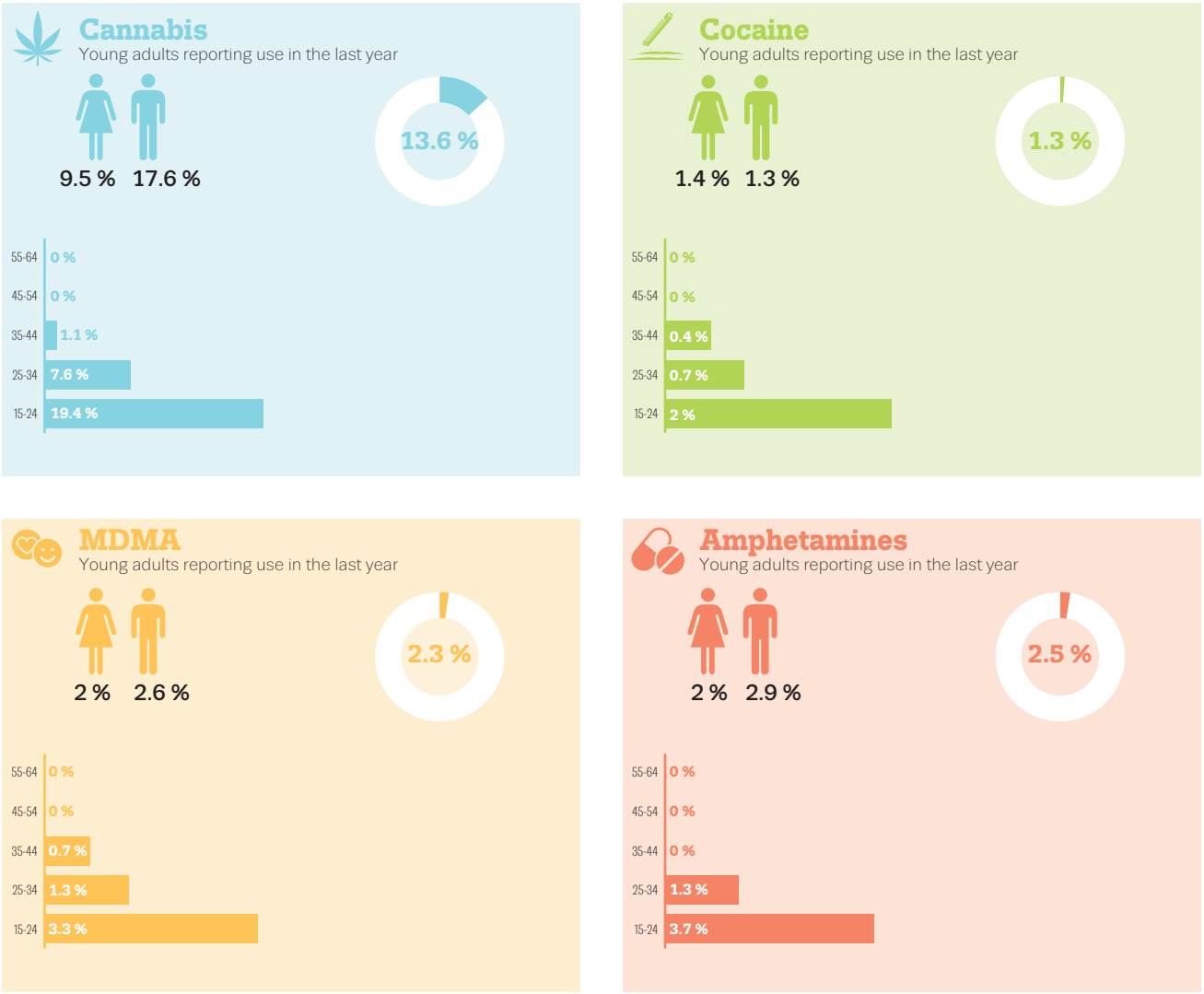
Prevalence and trends

Available data indicate that cannabis is 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.

Data from the 2008 general population study indicate that use of illicit drugs among Estonian adults had increased since 2003, as, in 2008, the number of young adults aged 25-34 years reporting having tried an illicit drug at some point in their lives was twice that in 2003. Amphetamines were the most common stimulants used by the adult general population in 2008 (Figure 4).

FIGURE 4

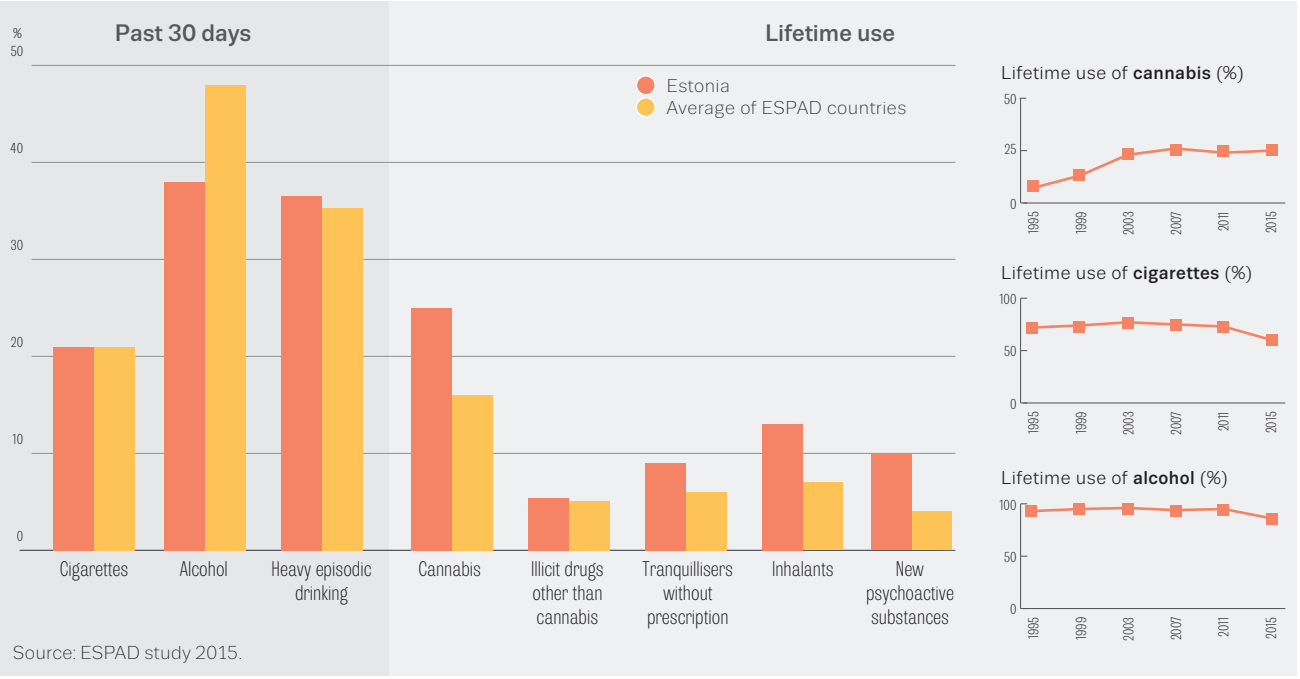
Estimates of last-year drug use among young adults (15-34 years) in Estonia



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

FIGURE 5

Substance use among 15- to 16-year-old school students in Estonia



Source: ESPAD study 2015.

Drug use among 15- to 16-year-old students was reported in 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 NPS and lifetime use of cannabis among Estonian students was higher than the ESPAD average (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 (Figure 5).

High-risk drug use and trends

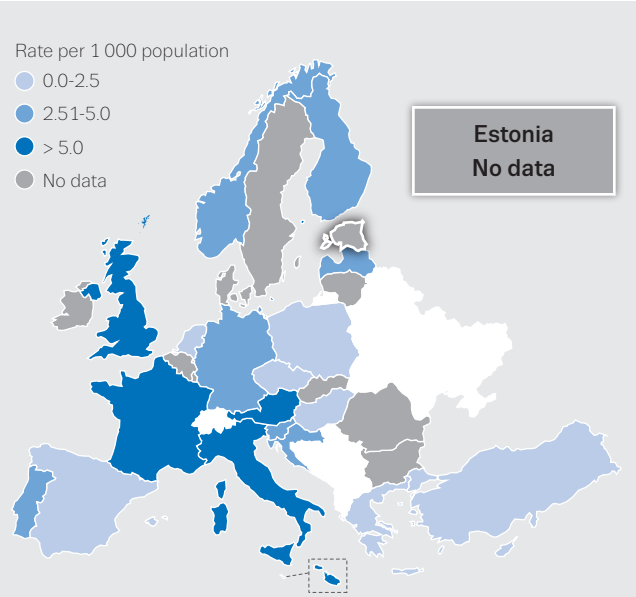
Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on the first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 7).

High-risk drug use in Estonia is mainly linked to the injection of illicit drugs. Available data indicate that the majority of an estimated more than 9 800 people who inject drugs (PWID) primarily use opioids; in recent years fentanyl has become the main injected opioid substance. However, estimates of the size of the population of high-risk opioid users are not available in Estonia (Figure 6). Studies among clients of harm reduction programmes report that amphetamine use remains common among some groups of PWID, particularly in the eastern parts of the country (bordering with Russia).

High-risk drug use in Estonia is mainly linked to the injection of illicit drugs

FIGURE 6

National estimates of last year prevalence of high-risk opioid use

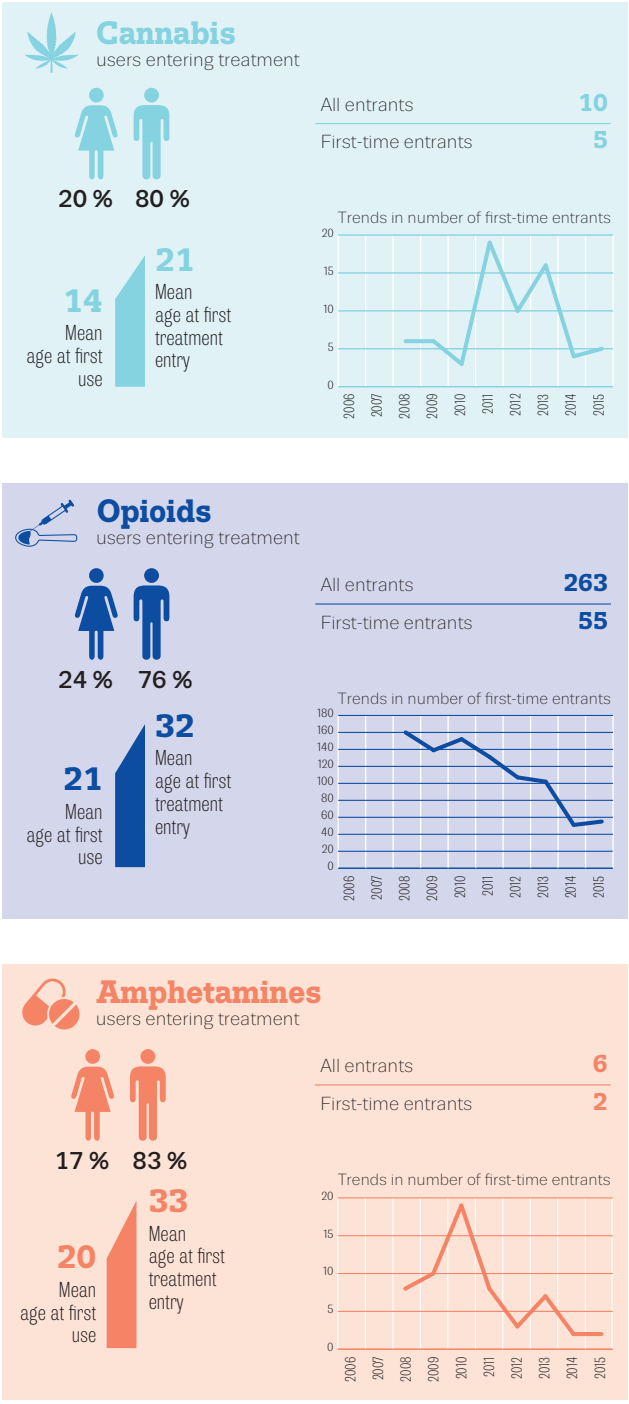


NB: Year of data 2015, or latest available year.

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 2015; however, the long-term trend since 2008 indicates a decrease in the new treatment entries as a result of opioid use (Figure 7). The majority (around 70 %) of all treatment clients whose primary substance of use was opioid injected it. 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 drugs used.

FIGURE 7

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



NB: Year of data 2015. 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 PWID in three cities. Injecting drug use remains a key driver of the HIV epidemic in Estonia. During the last five years, one out of five new HIV infections notified were linked to injecting drug use and the rate of new HIV infections among PWID in Estonia remains one of the highest in Europe (Figure 8). Nevertheless, the annual number of new HIV infections attributed to injecting has reduced since 2010, when 118 new HIV infections among PWID were reported, compared with 55 new HIV-positive individuals associated with drug injecting in 2015.

Studies carried out among PWID who attend needle and syringe programmes (NSPs) indicate a high prevalence of all drug-related infectious diseases among this group. The prevalence of HIV infection has remained stable over time, around 48 % among NSP clients in Tallinn (Figure 9) and 60 % in the eastern parts of Estonia. Among clients attending NSPs in Tallinn, more than 61 % tested positive for HCV antibodies (Figure 9), while this figure was up to 94 % in eastern parts of the country. It is estimated that the prevalence of chronic hepatitis B virus infection (based on HbsAg) ranged from 3 % to 22 % among PWID using NSPs.

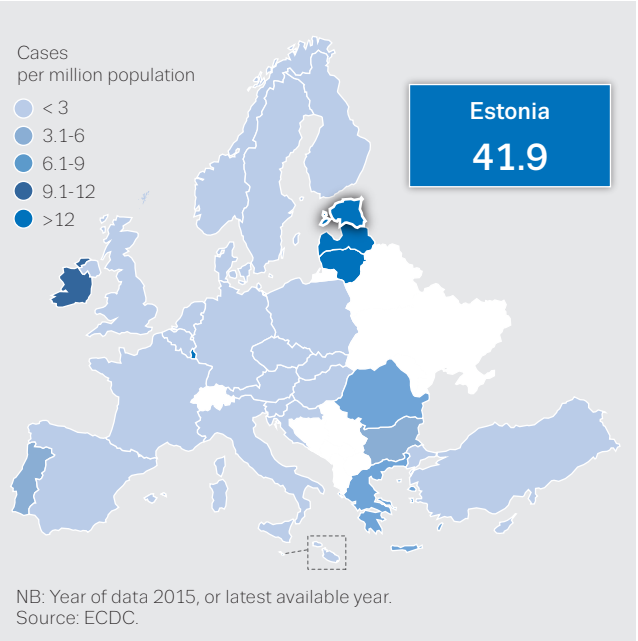
Drug-related emergencies

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. Tallinn City Emergency Medical Services report data on overdoses linked to opioid use. In 2015, a total of 861 overdoses were reported, which was fewer than in 2014. The Parnu city ambulance services reported that about 1 % of all emergencies were related to overdose, while in Kohtla-Jarve 68 of the total of 25 217 emergency cases were due to an overdose.

Two emergency departments from hospitals in Tallinn and Parnu participate in the European Drug Emergencies Network (Euro-DEN) project, which was established in 2013 to monitor drug acute toxicity in sentinel centres across Europe.

FIGURE 8

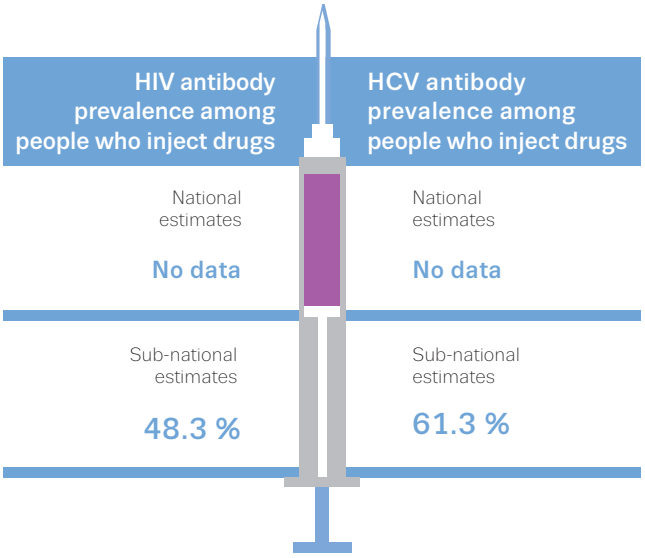
Newly diagnosed HIV cases attributed to injecting drug use



NB: Year of data 2015, or latest available year.
Source: ECDC.

FIGURE 9

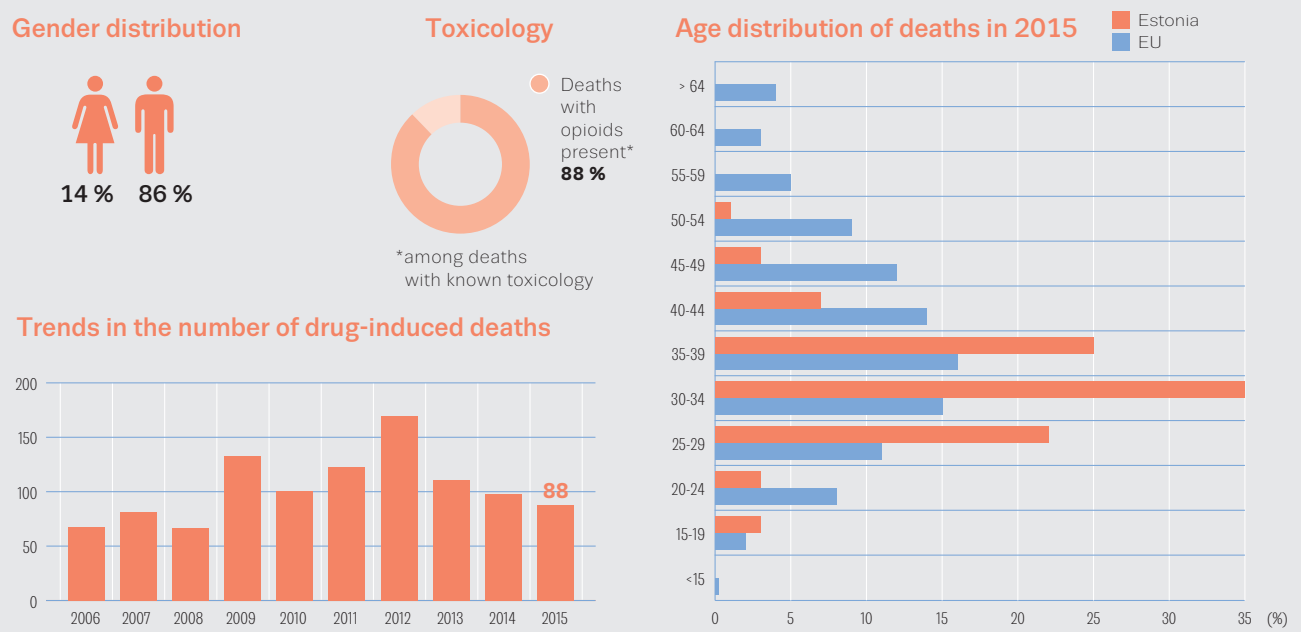
Prevalence of HIV and HCV antibodies among people who inject drugs in Estonia



NB: Year of data 2014.

FIGURE 10

Characteristics of and trends in drug-induced deaths in Estonia



NB: Year of data 2015.

Drug-induced deaths and mortality

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

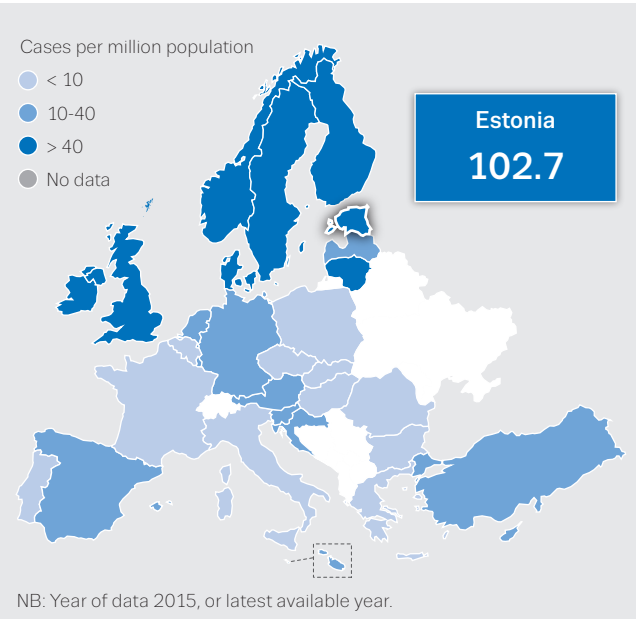
Following a record 170 drug-induced deaths recorded in 2012, the number of drug-induced deaths reported by the general mortality register declined in the following years. In the past, toxicological results attributed the majority of these deaths to overdose of synthetic opioids — fentanyl and 3-methylfentanyl in particular. In 2015, no detailed information was available, but there are indications that most deaths were related to opioids. Most victims were male (Figure 10) and the average age was 33 years, which is younger than the overall average for Europe.

The decline in drug-induced deaths in Estonia may be attributed to the launch of a take-home naloxone pilot programme in 2013, the possible reduction of a number of high-risk opioid users and a reduction in the purity of fentanyl in recent years.

The drug-induced mortality rate among adults aged 15-64 years was 102.7 deaths per million in 2015 (Figure 11), considerably higher than the European average of 20.3 deaths per million.

FIGURE 11

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



NB: Year of data 2015, or latest available year.

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.

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 drug use problems and indicated prevention focuses on at-risk individuals.

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

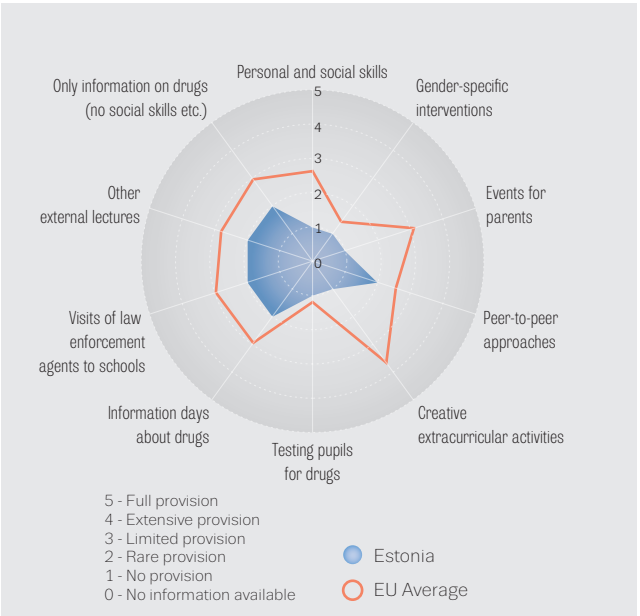
Universal prevention activities are mainly implemented in school settings. Life skills-based education is integrated in the human studies curricula for grades 2, 5 and 8. Internationally recognised prevention programmes are increasingly promoted and implemented in Estonia. A Swedish alcohol prevention 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 failure and dropout, and in preventing criminal and other risky behaviours. The programme 'Incredible Years' was introduced in 2014, and aims to teach parents how to more effectively deal with behavioural issues of their children. Parents are also targeted through special publications, different websites, awareness campaigns on Facebook and training activities in workplaces. A number of youth centres across Estonia, funded by the Ministry of Education and Research, provide drug prevention information and counselling to young people. Several local initiatives, such as early interventions that are to be used with children showing evidence of problems in school settings, counselling interventions for young people and games promoting a dependence-free lifestyle, have been implemented. The website of the NIHD provides the general public with information on drug-related issues (Figure 12).

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.

FIGURE 12

Provision of interventions in schools in Estonia (expert ratings)



NB: Year of data 2015.

Harm reduction

The National Health Plan 2009-20 provides the overall strategic guidance for implementing harm reduction in Estonia, and puts emphasis on the reduction of drug-related infectious diseases and drug-induced deaths among PWID. Several non-governmental organisations (NGOs) are funded by the NIHD to provide low-threshold harm reduction services to drug users.

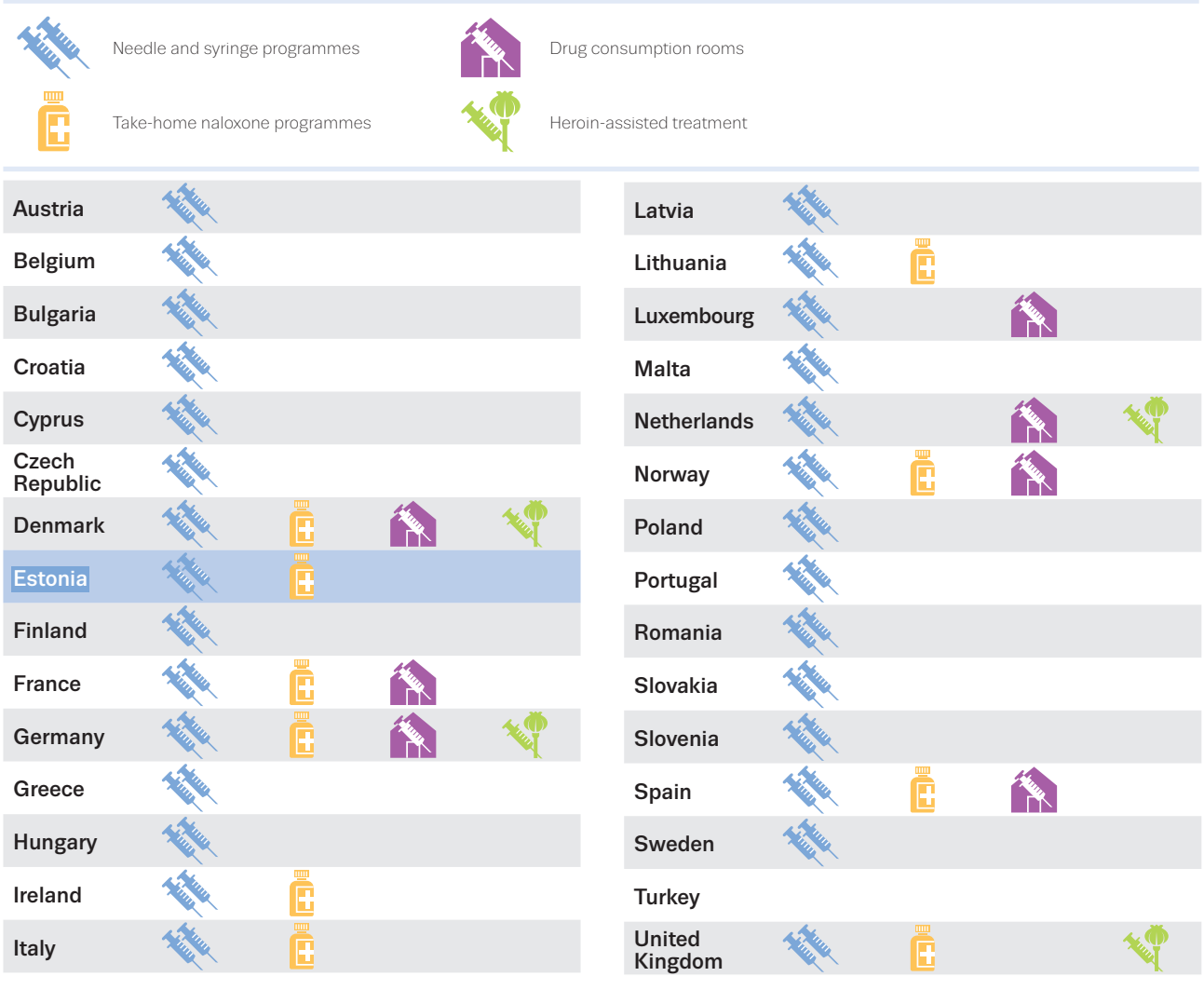
Harm reduction interventions

The government started funding NSPs in 2003, in the framework of the national HIV/acquired immune deficiency syndrome (AIDS) prevention programme; their coverage and quality has improved over the years. Around 2.1 million syringes were distributed in 2015 through a total of 37 syringe programme sites located in the capital city and the eastern part of the country. In addition to clean injecting equipment, these services provide counselling and health education. Diagnostic testing for drug-related infectious diseases cannot be offered by NGOs because of legal provisions that exclude them from offering medical services. However, the harm reduction programmes refer their clients to free testing services at AIDS prevention centres and other locations in nine Estonian cities.

Since 2013, a take-home naloxone programme has been available in the two most affected counties of Estonia. As part of the programme, opioid users and their relatives are taught to recognise an overdose, administer the antidote naloxone and provide first aid until the emergency services arrive (Figure 13).

FIGURE 13

Availability of selected harm reduction responses



NB: Year of data 2016.

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.

Since 2013, a take-home naloxone programme has been available in the two most affected counties of Estonia

Treatment

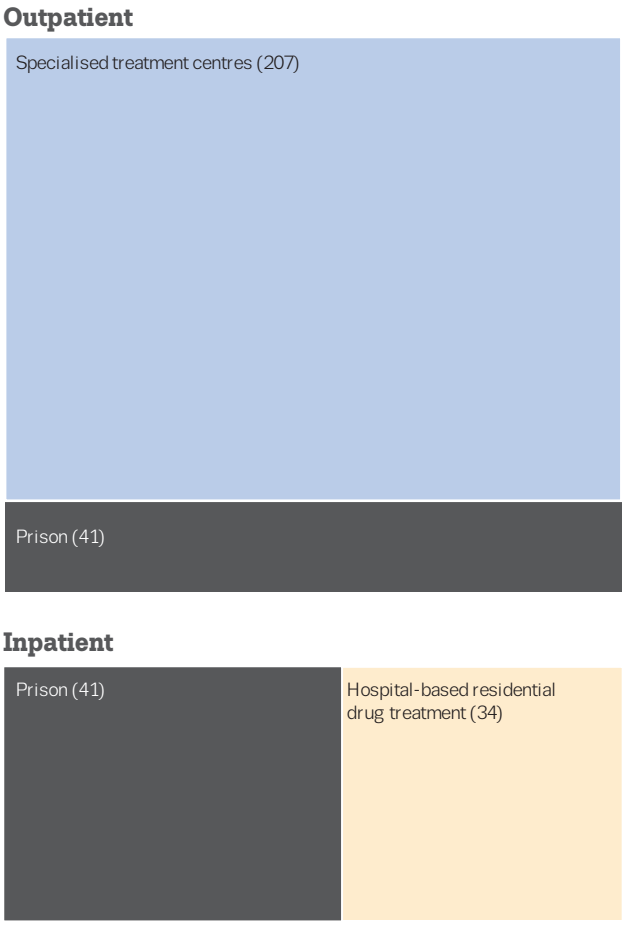
The treatment system

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 problem drug users. According to the Mental Health Act (RT I 1997, 16, 260), only psychiatrists can provide drug treatment, although they are not required to be specialised 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

FIGURE 14

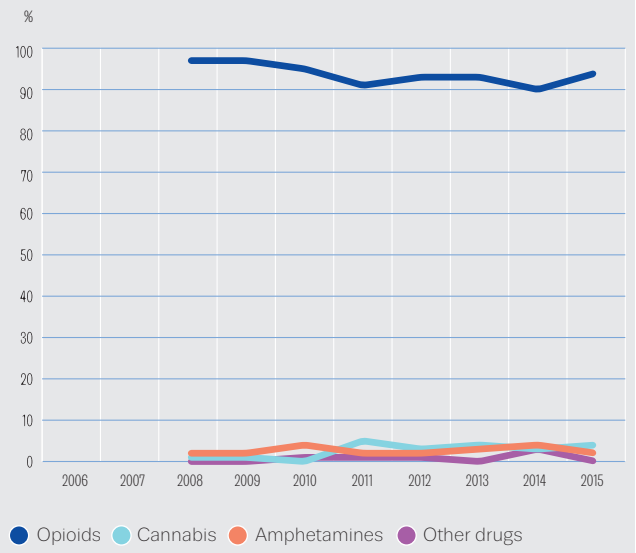
Drug treatment in Estonia: settings and number treated



NB: Year of data 2015.

FIGURE 15

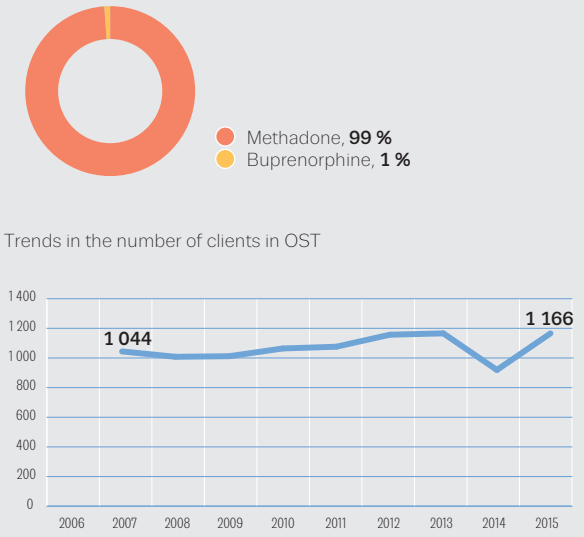
Trends in percentage of clients entering specialised drug treatment, by primary drug in Estonia



NB: Year of data 2015.

FIGURE 16

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



NB: Year of data 2015.

include detoxification, drug-free treatment and inpatient rehabilitation programmes. Special drug treatment programmes for children, adolescents and persons with a dual diagnosis are also available, although treatment options for those groups and for amphetamine injectors, whose prevalence among drug users seems to be on the increase, remain limited.

OST with methadone was officially introduced in 2001, but it has been used on a significant scale only since 2003 with the opening of a specialised centre. In 2015, methadone maintenance treatment was made available in all treatment centres.

Treatment provision

In 2015, most clients who entered treatment in Estonia were treated in outpatient settings (Figure 14).

Among clients entering treatment, 9 out of 10 reported opioids as the primary drug of use (mostly fentanyl, but also methadone or heroin) (Figure 15).

Considering the Estonian drug treatment system, which mainly addresses the needs of opioid-using clients, most of those who entered treatment in 2015 received OST, with methadone being the most commonly prescribed OST medication in Estonia (Figure 16).

Although the coverage of OST is not known because of the lack of an estimate of the size of the opioid-using population, it is assumed to be relatively low (< 20 % of the target population).

Drug use and responses in prison

According to routine data from the Prisons Department of the Ministry of Justice of Estonia, around 35 % of prisoners had substance use-related health problems in 2015. In addition, around 16 % of prisoners were HIV positive, and more than 40 % were infected with HCV. A study carried out in 2014 among a sample of PWID found that more than a half of them had been in prison at least once.

The Ministry of Justice is responsible for administrating healthcare and social services in Estonian prisons. Drug treatment in prisons includes detoxification, OST and social programmes. Special departments of rehabilitation have been established in three prisons for social reintegration of drug users. OST with methadone is available in all prisons and can be either continued or initiated in prison. In 2015, 118 prisoners received OST.

All prisoners are offered HIV testing, while tests for HBV and HCV are offered to PWID and people living with HIV/AIDS (PLWHA). Hepatitis B vaccination is available for prisoners who are PWID or PLWHA; in 2015 around 300 prisoners were vaccinated. Around 10 % of HCV-positive prisoners received treatment, and 334 PLWHA in prisons received anti-retroviral treatment. Prisoners are also screened for tuberculosis.

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.

A naloxone programme to reduce drug-related overdose has been available in Estonian prisons since 2015

Quality assurance

The Estonian White Paper on Drug Prevention Policy puts emphasis on the quality standards in the field of drug use reduction, and all its pillars integrate evidence-based approaches and the quality of services (see 'National drug strategy and coordination'). 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 sub-objectives of the paper.

The NIHD conducts surveys on the quality of services and programmes for drug users (treatment, rehabilitation, counselling service) 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. The Estonian Health Board also conducts control visits to treatment services to check compliance with the requirements stipulated in various healthcare provider laws and regulations. The NIHD also produce methodological materials in the field of drug demand reduction; in 2014, it published guidelines on recommended drug prevention activities for schools settings.

Drug demand reduction and universal prevention topics are part of the curricula in two higher education institutions' health promotion courses.

The Estonian White Paper on Drug Prevention Policy puts an emphasis on the quality standards in the field of drug use reduction and integrate evidence-based approaches

Drug-related research

Drug-related research is organised, planned and financed through the National Health Plan 2009-20 and its Implementation Plan 2013-16. The state research funds are primarily managed by the Ministry of Education and Research; however, most research projects in the field of drugs and HIV/AIDS are funded through the National HIV/AIDS Strategy, National Health Plan and foreign (mainly United States) or EU research funds. The main research institutions in the field of drugs are universities and research and development institutes, such as the NIHD. Research priorities in the field of drugs are set in the National Health Plan and include population surveys on drug use among adults and school children and surveys on infectious diseases prevalence among PWID. Dissemination of research findings is mainly carried out through the national focal point, universities, scientific journals and the media.

Research priorities in the field of drugs are set in the National Health Plan and include population surveys on drug use among adults and school children and surveys on infectious diseases prevalence among PWID

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. Estonian criminal groups are reportedly increasingly involved in the trafficking of Subutex from Western European countries through Estonia to Scandinavian countries.

Herbal cannabis is trafficked to Estonia from the Netherlands, and is mainly intended for the domestic market. Cannabis resin intercepted in Estonia is reportedly in most cases intended for the Russian market. Fentanyl is reported to enter the country from Russia. 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, and are destined for Scandinavian countries. NPS are typically ordered on the internet and brought into the country by mail service.

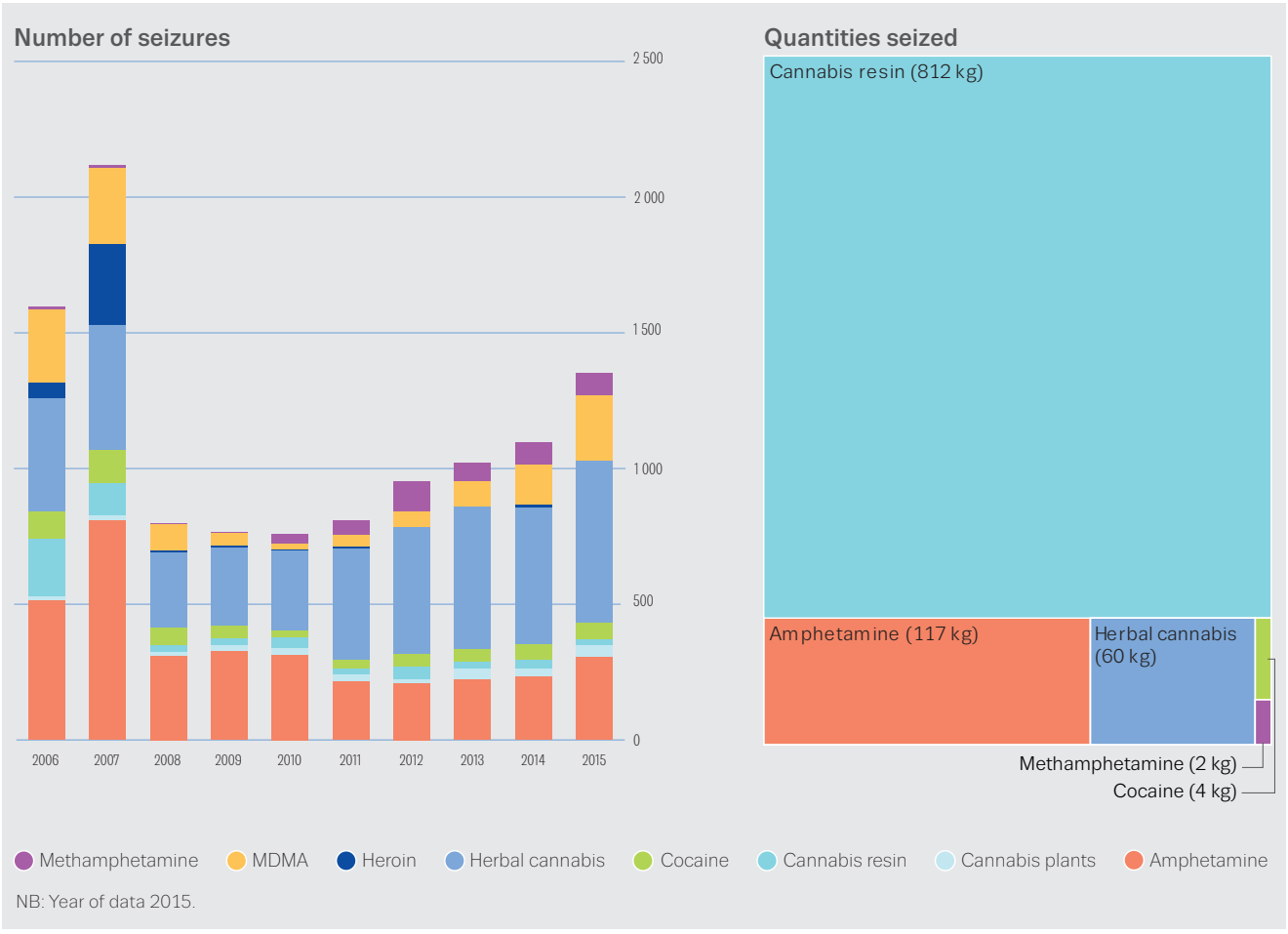
Herbal cannabis, amphetamine, fentanyl and GHB are the main substances on the drug market, though NPS continue to claim market position and are reportedly replacing fentanyl. In recent years, the amount of seized cannabis products has increased, while the number of seizures has remained stable or reduced. In 2014, a total of 351.5 kg of herbal cannabis was seized, which was a record for the country. In 2015, a record high amount of 812 kg of cannabis resin and record amounts of MDMA tablets and amphetamine were seized in Estonia. Methamphetamine seizures remain rare, with the exception of 2014, when a record amount of 35.51 kg was seized. Similarly to the previous years, law enforcement continued to reduce the availability of illicit fentanyl in 2015, mainly among street vendors, and around 1 kg of substance was seized during the period 2013-15 (Figure 17).

Retail price and purity data of the main illicit substances seized are shown in Figure 18.

The Estonian law enforcement agencies put their efforts into reducing the availability of illicit drugs among minors, apprehending large-scale trafficking and limiting the spread of fentanyl, which has emerged in recent years in new chemical compositions such as NPS.

FIGURE 17

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



NB: Year of data 2015.

FIGURE 18

Price and potency/purity ranges of illicit drugs reported in Estonia

NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum.
Year of data 2015.

KEY DRUG STATISTICS FOR ESTONIA

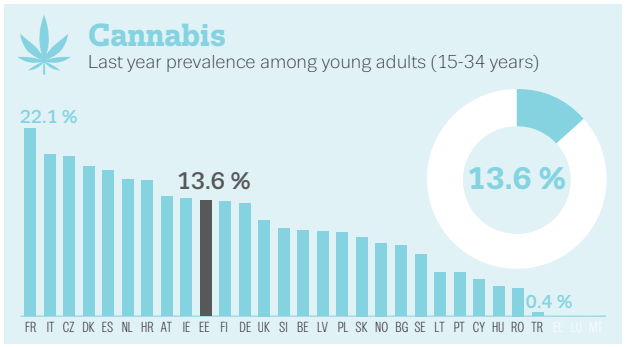
Most recent estimates and data reported

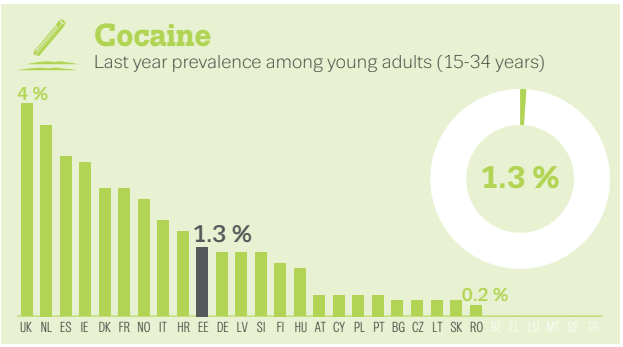
	Year	Country data	EU range Minimum	EU range Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	25.5	6.5	36.8
Last year prevalence of use — young adults (%)	2008	13.6	0.4	22.1
Last year prevalence of drug use — all adults (%)	2008	6	0.3	11.1
All treatment entrants (%)	2015	4	3	71
First-time treatment entrants (%)	2015	8	8	79
Quantity of herbal cannabis seized (kg)	2015	59.6	4	45 816
Number of herbal cannabis seizures	2015	597	106	156 984
Quantity of cannabis resin seized (kg)	2015	811.9	1	380 361
Number of cannabis resin seizures	2015	21	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	2015	0.2-3	0	46
Potency — resin (% THC) (minimum and maximum values registered)	2015	0.3-44	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	15-25	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	2015	15-20	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.4	0.9	4.9
Last year prevalence of use — young adults (%)	2008	1.3	0.2	4
Last year prevalence of drug use — all adults (%)	2008	0.7	0.1	2.3
All treatment entrants (%)	2015	1	0	37
First-time treatment entrants (%)	2015	0	0	40
Quantity of cocaine seized (kg)	2015	3.5	2	21 621
Number of cocaine seizures	2015	60	16	38 273
Purity (%) (minimum and maximum values registered)	2015	8-84	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	80-150	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2	0.8	6.5
Last year prevalence of use — young adults (%)	2008	2.5	0.1	3.1
Last year prevalence of drug use — all adults (%)	2008	1.1	0	1.6
All treatment entrants (%)	2015	2	0	70
First-time treatment entrants (%)	2015	3	0	75
Quantity of amphetamine seized (kg)	2015	117	0	3 796
Number of amphetamine seizures	2015	305	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	0.7-72	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2015	10-30	1	139.8

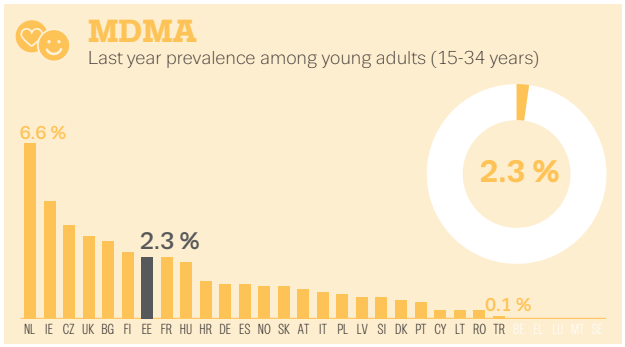
	Year	Country data	EU range Minimum	EU range Maximum
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.5	0.5	5.2
Last year prevalence of use — young adults (%)	2008	2.3	0.1	6.6
Last year prevalence of drug use — all adults (%)	2008	1.2	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	0	0	2
Quantity of MDMA seized (tablets)	2015	41 549	54	5 673 901
Number of MDMA seizures	2015	239	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	2015	12-191	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	6-20	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	No data	No data	0.3	8.1
All treatment entrants (%)	2015	93	4	93
First-time treatment entrants (%)	2015	87	2	87
Quantity of heroin seized (kg)	2015	0	0	8 294
Number of heroin seizures	2015	2	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	16-53	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	15-15	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/ million population, Source: ECDC)	2015	41.9	0	44
HIV prevalence among PWID* (%)	No data	No data	0	30.9
HCV prevalence among PWID* (%)	No data	No data	15.7	83.5
Injecting drug use (cases rate/1 000 population)	2009	5.9	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	102.7	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	2015	2 136 691	164	12 314 781
Clients in substitution treatment	2015	1 166	252	168 840
Treatment demand				
All clients	2015	282	282	124 234
First-time clients	2015	63	24	40 390
Drug law offences				
Number of reports of offences	2015	4 982	472	411 157
Offences for use/possession	2015	3 633	359	390 843

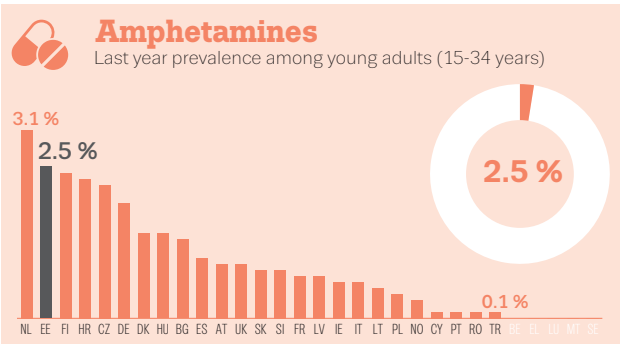
* PWID — People who inject drugs.

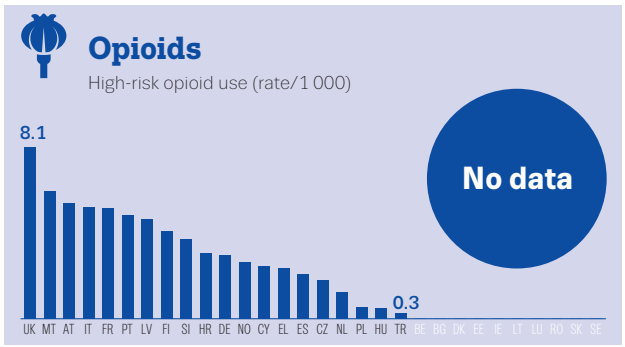
EU Dashboard

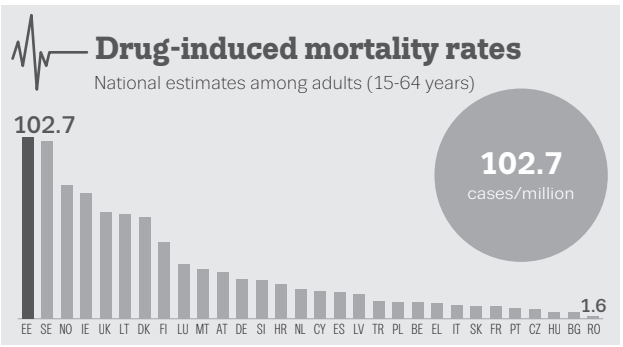


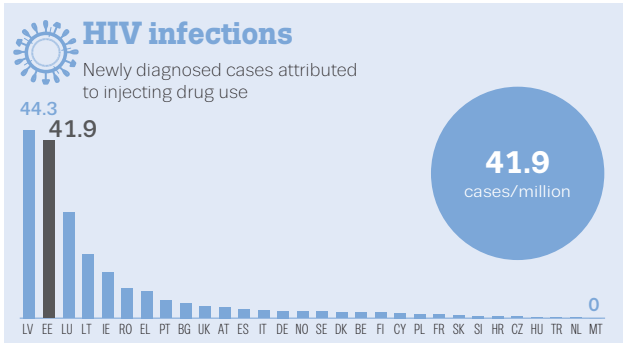


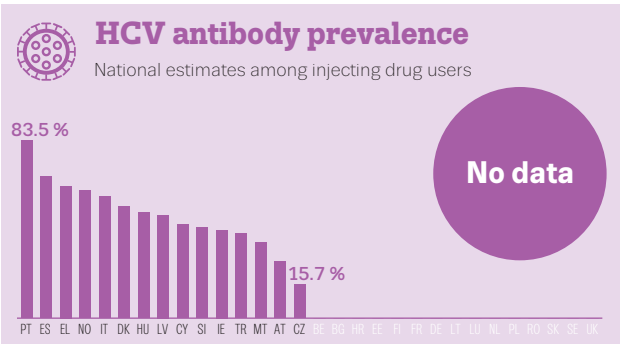












NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found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

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.

Tervise Arengu Instituut
National Institute for Health Development

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
Hiiu 42
EE-11619 Tallinn
Estonia
Tel. +372 6593826
Fax +372 6593901
Head of national focal point: Ms Katri Abel-Ollo — katri.abel-ollo@tai.ee

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EMCDDA, Praça Europa 1, Cais do Sodré, 1249-289 Lisbon, Portugal
Tel. +351 211210200 | info@emcdda.europa.eu
www.emcdda.europa.eu | twitter.com/emcdda | facebook.com/emcdda

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