STANDARD SUMMARY PROJECT FICHE

1. Basic Information

1.1 Désirée Number: ES0007-1

1.2 Title: EU Phare Support To Development And Implementation Of The National Drug Strategies And Programme

1.3 Sector: Justice and home affairs

Twinning code: EE00/IB/JH-01

1.4 Location: Estonia

2. Objectives

2.1 Wider Objective:

To enhance the fight against drugs in order to fulfil the criteria of the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and to implement the National Drug Strategy and Programme.

2.2 Immediate Objective:

2.2.1 In the field of policy development

2.2.1.1 The National Drug Focal Point is operational and fully in line with the standards laid down by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

2.2.1.2 Revision of the multi-disciplinary national strategy, elaboration of a comprehensive joint drug supply reduction strategy and implementation plan as well as working out the implementation mechanisms for the strategy.

2.2.2 In the field of demand reduction

2.2.2.1 To develop the prevention and treatment/rehabilitation programmes according to EU best practice

2.3 Accession Partnership and NPAA priority

The fight against drugs and drug prevention has been one of Estonia’s priorities that are mentioned in the NPAA. Chapter 9.4 of NPAA statutes Estonia’s action towards joining the 1988 United Nations Convention on combating illicit trade in narcotic and psychotropic substances. NPAA 2000 indicates the necessity to continue further researches and to unify indicators and statistical studies in order to co-operate with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

The 1999 Regular Report from the Commission on Estonia’s Progress Towards Accession underlines that although Estonia has followed most of the recommendations of the 1998 Regular Report “every effort should be
made both within the law enforcement sector and drug demand reduction to ensure effective action towards drugs.”

Combating drug trafficking and ratification of UN Convention on Illicit Drug Trafficking are also short-term priorities of the Accession Partnership.

2.4 Contribution to the National Development Plan: Not applicable

2.5 Cross Border Impact:

The project has only positive cross border impact by improving detection of drug deliveries

3. Description

3.1 Background and justification:

Estonia’s geographical position, on the edge of the Baltic Sea between Europe and Russia, makes it an attractive transit area for illegal drugs.

In 1998-1999, drug abuse continued to proliferate in Estonia. In comparison with 1994, the number of persons with drug-related mental and behavioural disorders who were treated by psychiatric institutions per 100 000 people has increased fivefold from 16.4 in 1994 to 82.2 in 1998, although the capacity of such institutions has remained the same. At the same time the number of alcoholics treatments has been approximately ten times higher than that of drug addicts. In the majority of cases, (73.7% in 1998), the main reason for applying for drug treatment services is the use of opiates.

In order to support the process of adoption, application and effective implementation of the Acquis of the European Union in the field of drugs and the National Drug Strategies and Programme, the project will be developed on three inter-related areas: in the field of policy development, in the field of the supply reduction and in the field of demand reduction.

Drug Information System and National Focal Point (NFP) is located within the Ministry of Social Affairs and covers also aggregated drug supply reduction information. For the Drug Information Systems Project the focal point has been The Ministry of Social Affairs and The Estonian Foundation for Prevention of Drug Addiction.

According to the EMCDDA* (Decision of the EMCCDA Management Board on the Role and the Financing of National Focal Points. 23.10.1998) methodology the 5 core indicators to be collected are:

- Indicator of the demand for treatment by drug users;
- Indicators of mortality and causes for death among drug users;
- Indicators of incidence of infectious diseases in drug addicts;
- Improving the comparability of general population surveys; and
- Improving the comparability of prevalence estimates

* see also: [www.emcdda.org](http://www.emcdda.org)
The Focal Point collects drug related information from:
- the Statistical Office,
- Medical Statistical Bureau,
- Institute of International and Social Studies,
- Tallinn Wismari Hospital,
- Drug Unit of the Central Criminal Police,
- Forensic Medical Laboratory,
- Ministry of Education,
- Ministry of Internal Affairs,
- Ministry of Economy, etc.

The NFP is established in the frames of and financed from the Alcoholism and Drug Abuse Prevention Programme 1997-2007 (Approved at the Government of the Republic Session of 25 November 1997 Minutes 56, Agenda item No 8).

Currently the NFP is operating in the frames of the Alcoholism and Drug Abuse Prevention Programme 1997-2007 fulfilling the tasks of the Public Health Department of the MoSA.

The Statute of the MoSA will be changed before the start of the project in order to formalise the NFP status (included to the section 12: Conditionality and Sequencing).

In order to fulfil its tasks (collect, analyse and provide information) in line with the standards laid down by the EMCDDA (Decision of the EMCCDA Management Board on the Role and the Financing of National Focal Points. 23.10.1998), ensuring the collection of good quality data and considering the need for effective and counteractive measures in the field of supply and demand reduction of the narcotic drugs, all levels of the information collection need to be analysed and if necessary supported and the technical equipment (IT, mostly hardware) of the National Focal Point has to be upgraded and additional equipment has to be procured. Also the needs for equipment for the 7 main institutions collecting the core indicators (the Statistical Office, Medical Statistical Bureau, Institute of International and Social Studies, Tallinn Wismari Hospital, Drug Unit of the Central Criminal Police, Forensic Medical Laboratory, Ministry of Education, Ministry of Internal Affairs, Ministry of Economy) will be assessed and necessary equipment procured.

The delivery of the equipment will be decided according to the PAAs recommendations. (See annex 11: Indicative list for the equipment for the NFP and information collectors.)

The Focal Point was supported by Phare Multi-Beneficiary Drug Programme Drug Information Systems Project in 1995 and in 1997, most of this hardware is not in use anymore, because it is not compatible with other IT systems in use.

* There is currently only one person working in the NFP, the number of staff will be increased to 4 persons and the costs will be met from the state budget accordingly.
Estonia has developed a **multi-disciplinary national strategy** which consists of **Principles of Drug Policy for 1997-2000** (which states that combating crimes connected with narcotic drugs, and dealing with drug use are national priorities, covers prevention strategies and their evaluation.) and **Alcoholism and Drug Abuse Prevention Programme 1997-2007** (Priorities include: monitoring and data collection, treatment and public awareness, and reducing the growth of alcohol and drug related crime).

Separate strategy documents have been worked out for the police, customs and border-guards.

**Principles of Drug Policy for 1997-2007 states that:**
- combating crimes connected with narcotic drugs, and dealing with drug use is national priority;
- The emphasis of the Government in coping with crimes connected with narcotic drugs has been put on the efficient detection and punishing of drug dealers and illegal traffickers;
- The Central Criminal Police co-ordinates the activities between law-enforcement structure and mediates operative information during their joint actions
- The Government of the Republic guarantees the collecting of the basic information concerning drugs: collecting statistical data, carrying out population surveys and publishing the data, also presenting the data to drug-related international organisations where Estonia belongs.

A joint drug supply reduction strategy for law enforcement is needed in order to improve the co-operation between the law-enforcement agencies, especially in the field of intelligence work, and to ensure the quality of the investigation.

The current multi-disciplinary (including supply and demand reduction) strategy has to be revised and the comprehensive joint drug supply reduction strategy will be developed based on the **revised** multi-disciplinary strategy.

The Ministry of Internal Affairs has set up an inter-ministerial co-ordination committee for combating drugs to improve anti-drug measures both, at national and international level.

Article 11 of the 1988 United Nations Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances states that controlled delivery is one of the most effective tools for combating drug related crimes. The joint strategy for the law-enforcement agencies will support this tool as an institutional measure.

"Development Plan of the Estonian Police for years 1999 - 2001" (adopted by the Government of the Republic decision No. 10 from 09.03.1999) and priorities for Estonian Police for 2000 (approved by the Director General of the Estonian Police) state that preventing and solving crimes related to drugs is one of the highest priorities for the Estonian Police.

In the field of demand reduction the primary health care related issues are covered by national laws and regulations, supportive activities (training family doctors,
psychiatrists, psychologists and social workers) have been conducted with the help of the National Alcoholism and Drug Abuse Prevention Programme 1997-2007.

In the field of demand reduction the most problematic issue is medium and long-term residential rehabilitation and aftercare for drug abusers. Currently only short terms residential detoxification programmes are available in psychiatric hospitals.

According to the recommendations of the Phare Multi-Beneficiary Drug Programme horizontal Project on Technical Assistance to Drug Demand Reduction, which referred to the increasing number of persons needing the aftercare, not only out-patient but also medium and long-term residential rehabilitation services, treatment/rehabilitation centres should be developed.

In order to improve the access, effectiveness and quality of treatment there is need for establishing new aftercare treatment/ rehabilitation programmes in Tallinn, Narva and Tartu urgently. In all these places the incidence drug addiction is highest in Estonia and the number of treatment demands doubled in 1999-2000.

In Tallinn the new centre will be set up on the basis of expertise and know-how of Tallinn Wismari Hospital and it consist of two new programmes. One will be long term residential "drug-free" programme for better-motivated young drug addicts with relatively short career on drugs intake. In the therapeutic team for 12 residents the motivational interviewing, cognitive behavioural therapy and group therapy on the basis of Minnesota model will be offered. The other branch will be methadone assisted rehabilitation programme for long term heroin addicts (12 clients).

In Narva the new centre will be extension of the previous outpatient rehabilitation programme. It will be a therapeutic community with 12- step programme for 20 drug dependants.

In Tartu the new programme will use the knowledge of the outpatient detoxification programme and drug counselling. As an extension the day care centre for residential detoxification and group therapy will be established.

All the new centres/ programmes requires investment for adjusting the existing facilities for the new types of services. The essential equipment must be purchased. The exact specifications for equipment for all the 3 centres will be worked out by the PAA in the frames of the project according to STAA-s recommendations, the indicative list of equipment is stated in annex 10.

The medium and long-term residential rehabilitation and aftercare related activities of the centres will be funded from local budgets and from the National Alcoholism and Drug Abuse Prevention Programme budget. There is need for adjusting the premises (incl. equipment, security systems, workplaces, sanitary systems, etc.)

The treatment guidelines for early interventions and aftercare have to be worked out.

According to European best practices NGOs are the most effective providers of the early interventions and aftercare services. In order to involve the NGO-s in Estonia in early interventions and aftercare activities they have to be trained and the funding for their activities has been foreseen
from this project. In order to apply for funding the Phare funding procedures will be used and ToR will be prepared together with STAA.
3.2. Linked activities:

3.2.1. Recent assistance under the Phare Multi-Beneficiary Drug Programme

Policy Development
Drug Information Systems Project
This project aims at developing information and communication structure for collecting, processing and disseminating information on drugs in the CEECs, at preparing participation in EU drug information systems and co-operation with EMCDDA. Estonia joined the project in 1994. The Final Phase started in December 1997 and ended 1 March 1999. Results in Estonia: a National Focal Point and Local Contact Person have been selected and specific equipment and training have been provided. Filled-in Information Map and National Report have been created following EMCDDA methodology.

Supply Reduction and Law Enforcement
Precursor Project
This project started in 1993 and went through several phases. It assisted the CEECs in developing effective control on chemicals, which can be used in the manufacture of illicit drugs. Results for Estonia: seminars and training courses were conducted (Tallinn) involving Customs, the Police, Boarder Guard, the Labour Inspection and enterprises - importers of precursors; Equipment was provided (computers and printers) to the Customs, State Agency of Medicines, Police and the Ministry of Social Affairs. This project finished in November 1998. Terms of Reference for a follow-up project assisting the CEECs inter alia in the preparation of National Action Plans are under preparation.

Project on Licit Drug Control and Illicit Synthetic Drugs
The Licit Drug Project started in 1996 and was extended to include also Illicit Synthetic Drugs in the summer of 1997. In November 1997, an assessment mission was organised in Estonia to evaluate the situation in Estonia in regard to licit drug control and the fight against illicit synthetic drugs. A report on Diversion, Illicit Manufacture and Trafficking in Central and Eastern Europe was prepared. The project ended in July 1998.

Project on Synthetic Drugs (the follow-up project for the Project on Licit Drug Control and Illicit Synthetic Drugs in the frames of Phare Multi-Beneficiary Drug Programme)

The main aim of the project is to develop the necessary legislation and measures and to strengthen the structures and capacities of the Phare countries to combat synthetic drugs, in compliance with EU standards. The project is focusing the transposition of the EU acquis in the candidate countries.
The project will start at second half of 2000.

Baltic Sea Region Money Laundering and Asset Tracing Project
In line with the Riga Declaration, the objective of this project is to support (i) the adoption anti-money laundering legislation in line with the EU Directives and other international standards and (ii) the implementation of the legal framework. This project is an initiative of the Finnish Ministry of Interior
within the framework of the Task Force on Organised Crime in the Baltic Sea Region. Results to date: the project started in June 1998. The project is built on the achievements of the preceding Phare Project on Money Laundering in this region.

Remarkable assistance has been provided by UNDCP on both material (1997-1999 IT hardware and specific surveillance equipment) and educational area (1997-1998 training programme in Finland on drug law, training on controlled delivery). Also, assistance by the German Police (1999 IT hard- and software and surveillance equipment) and the Swedish Police (seminar and brochure for raising public awareness about the narcotics) has been provided.

Demand Reduction

Project on Technical Assistance to Drug Demand Reduction

This project started in January 1998 and aims at reinforcing networks on drug demand reduction in the region; at facilitating further drug demand reduction policy development; and at improving drug demand reduction expertise. Results to date: Estonian drug demand reduction experts received training on project formulation and management. National team has been established for the country’s participation in a sub-regional project (together with Latvia and Bulgaria) on “Development of out-patient treatment services”. By the end of the project national drug demand reduction resource centre will be established.

3.2.2. Linked activities being undertaken by national government

National drug strategies and programme

In November 1997 the Government approved two important strategic documents: (1) the Principles of Drug Policy for 1997-2007, and (2) the Alcoholism and Drug Abuse Prevention Programme (1997-2007).

The Alcoholism and Drug Abuse Prevention Programme employs a multidisciplinary approach covering all aspects of the problem (monitoring, data collection, prevention, treatment and public awareness), and emphasises the necessity of efficient detection and punishment of drug dealers and traffickers. The Ministry of Social Affairs is responsible for the programme implementation but a number of other ministries are also involved as well as the recently established national Estonian Foundation for the Prevention of Drug Addiction. This Programme will be funded from the state budget. The budget of the programme in 1999 was 8.4 million EEK (approx. 54,000 Euro). It is envisaged that 2% of the alcohol tax revenue sums will be allocated to the Programme.

3.3 Results:

- the revised multi-disciplinary national strategy and recommendations for the action plans
- the implementation mechanisms for the strategy
- The National Drug Focal Point operating according to EU standards and linked in the international networks
• 3 new treatment/rehabilitation centres (in Tallinn, Tartu and Narva) will be operational, the guidelines for the early interventions and aftercare will be worked out and the NGO-s will participate actively in this work.
• Increased public awareness.

3.4 Activities and inputs (in order to achieve p. 3.3)

3.4.1 The Twinning package will be composed of the following elements:-

**National Strategy Development**
To revise the multi-disciplinary national strategy and to make the proposals for its updating and proposals for action plans
To develop, on the basis of the revised multi-disciplinary strategy comprehensive implementation mechanisms for the strategy.

For the overall co-ordination of this project and to analyse and review the multi-disciplinary national strategy, to make necessary update recommendations, to work out the action plans including equipment requirements (indicative needs for equipment: annexes 9,10 **PAA for 14 man-months** in amount of **174 000 EUROs** is needed.

**National Focal Point**
To strengthen the National Drug Focal Point to fulfil the task of collecting, analysing and disseminating drug related information and to produce comparative data (on European level) and reports in line with the standards laid down by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and to link it into relevant international networks and to support all levels of the information collection to ensure the collection of good quality data.

For strengthening the National Focal Point and the data collectors’ capacity, in order to be able to fulfil its functions and tasks properly, the following inputs are needed:
**STTA for 3 man-months (36 000 EUR)** is needed to analyse the functions and human resources and to work out recommendations for the development strategy;
**STTA for 1 man-month (12 000 EUR)** is needed to analyse the capacity of the information collectors in order to make recommendations to strengthen the information collection level as well;

**Supply Reduction**
The STTA for 3 man-months in amount of **36 000 EUROs** is needed to develop the action plans technical details.

**Demand Reduction**
• to work out the framework for the early interventions and aftercare
In the field of demand reduction the STTA for (estimated 4 man-months) in amount of **48 000 EUROs** is needed for developing new approaches and action plans, treatment/rehabilitation programme. **STTA (for 3 man-months) 36 000 EUR** is needed to work out the framework for the NGO-s participation in the project (ToRs, TA for selected NGO-s). Also seminars for NGO’s, selected to participate in treatment/rehabilitation services **5 000 EUROs**. This is complimented by **30 000 EUROs** to provide the public awareness activities in the school system as well as outside of it - press campaigns, etc.

3.4.2 In support of these institution building activities, the following activities will also be financed.

**Equipment for National Focal Point**
Equipment for the work-places for the National Focal Point and for the information collectors (in approximate amount of **60 000 EUR**, as indicated in annex 11, the specification will be worked by the PAA according to analyses and NFP development strategy worked out by STAAs). The owner of the equipment for NFP will be the Ministry of Social Affairs, the information collectors will be owners of the equipment foreseen for them;
In addition, books, information materials and other relevant materials for the National Focal Point will be provided in approximate amount of **1 000 EUROs**;
Adaptation of the manuals/hand-books in approximate amount of **5 000 EUROs**;

**Investment in Rehabilitation Centre**
To develop 3 treatment/rehabilitation centres according to EU best practices in approximate amount of **235 000 EUROs** (The PAA will be involved in equipment specification, see annex 9). The rehabilitation centres (in Narva, Tallinn and Tartu) will be the owners of the equipment.

**NGO Support for Delivery of Services**
**100 000 EURO** will be provided as ongoing support to the NGOs providing early intervention and after care services

4. **Institutional Framework for the project**

**Drugs policy development**

*Inter ministerial co-ordination*

**The National Committee on Narcotic Drugs** at the Ministry of Social Affairs including experts from ministries, state agencies and hospitals is responsible for different drug control activities.

**A Ministers Committee on Drug Policy**, chaired by the Social Affairs Minister, comprises five other Ministers (Education, Foreign Affairs, Finance, Interior, Justice and European Integration). The Ministry of Social Affairs (and its Public Health Department) is responsible for the organisation of this committee. The Committee met regularly to discuss the drug
related situation and presented the analysis to the Government. The Committee is also supervising the implementation of the Alcoholism and Drug Addiction Prevention Programme.

An advisory Council for the Prevention of Alcoholism and Drug Addiction Programme, established at the Ministry of Social Affairs that comprises 12 members and includes experts from ministries, state agencies, hospitals, social scientist and a Member of Parliamentary Social Committee.

Drug Information System and National Focal Point
is located within the Ministry of Social Affairs but covers also aggregated drug supply reduction information.
The Drug Information Resource Centre functions as part of the national NGO, Estonian Foundation for Prevention of Drug Addiction.
The first treatment demand indicator database has been established at the Focal Point. The data and the analyses of the Focal Point are available to the public, experts and media, and are being used for planning of prevention efforts, preparation of reports, etc.

Supply reduction

The Police is under the jurisdiction of the Ministry of Internal Affairs.
The Drug Unit of the Central Criminal Police: Police officers have adequate legal powers such as use of informants (with a dedicated budget), undercover techniques, phone tapping. All seized drugs are sent to the Forensic Science Centre, which is institution under Estonian Police.

The Estonian Border Guard is considered to be one of the most stable and effective law enforcement organisations in the Baltic region. The Border Guard is operating under the jurisdiction of the Ministry of Internal Affairs.

The Estonian Customs Board, operating under the jurisdiction of the Ministry of Finance, is in charge of preventing smuggling of drugs, psychotropic substances and precursors.

The Ministry of Finance is responsible for the co-ordination of the fight against financial crimes as well as the co-ordination with of the World Bank, IMF and EU assistance;

The Ministry of Justice is responsible for the formulation and implementation of new anti-money laundering legislation as well as for the harmonisation of Estonian legislation with EU law.

The Ministry of Internal Affairs and Police Board with its Economic Police Department is responsible for the investigation of money laundering cases.

Law Enforcement Co-operation

Internal agency co-operation
The 1994 Memorandum of Understanding between the Police Board, Security Police, Customs and Border Guard provides a formal framework for co-operation in drugs supply reduction Illicit drugs that are seized by Customs are sent to the police forensic laboratory since Customs do not have dedicated facilities.

External agency co-operation
The Baltic Countries have agreements for the fight against drugs. Estonia also has bilateral agreements with Finland and Russia. Foreign drug Liaison Officers are posted in Estonia representing the Nordic countries (in the Swedish Embassy), Finland (in the Finnish Embassy) and the FBI (in the American Embassy).
Intelligence work
Estonia does not have a National Focal Point for drug supply reduction. Within the Central Criminal Police, a drugs unit operates with eight officers including professional analysts. At municipal level, there are approximately 30 officers employed in local drugs units, including professional analysts. Local intelligence units use informants (not registered). The Interpol unit is based in the Central Criminal Police.

Data is exchanged between the Police, Customs and Border Guard. Information kept is regulated by national Data Protection legislation, which does not permit computerised intelligence systems with internal or external agencies.

Demand reduction

Primary prevention
Alcoholism and Drug Addiction Prevention Programme supports the prevention projects. The Ministry of Education is supervising the implementation of the basic preventive education foreseen in the state school curriculum. The Ministry is co-ordinating and financing youth centres and some leisure activities.

The Juvenile Police have created an educational package “Prevention of Drug-Related Problems which has been used in schools, child care institutions and adult educational institutions.

Outside of school, multi-sectoral and comprehensive prevention efforts are commonly not available and prevention outside of the educational system is uncoordinated.

Treatment and rehabilitation
The treatment systems for alcohol and drugs usually integrated. The majority of treatment services for alcohol and drug addicts are of psychiatric kind.

Under the Ministry of Social Affairs and/or municipalities, some 50 beds (in 3 centres) are available to the drug dependants and limited outpatient programmes operate in 3-4 cities.

There are only two treatment centres specialised in addictions: Wismari Hospital in Tallinn (as municipal hospital) and A-policlinic in Tartu (run by NGO A-Clinic Foundation). These two centres also carry out some preventive and follow-up activities and established the first rehabilitation groups conducted by professional psychologists.

Private specialised doctors are permitted to detoxify patients without having received specialised drug training. General practitioners are presently not enough involved in treatment, neither are NGOs.
5. Detailed Budget (Meuro)

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<th></th>
<th>Phare Investment</th>
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<th>National Cofinancing*</th>
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* see the section 12 Conditionality and sequencing

6. Implementation Arrangements

The **CFCU** will be the Implementing Agency responsible for DIS related tendering and contracting. Open tendering by CFCU for equipment will take place in accordance with Phare DIS prior announcement in the EU Official Journal at the appropriate time.

In order to ensure the inter-agency co-operation the **project steering group** will be established, chaired by MoSA (Mr. Tarmo Kariis) to oversee project implementation. The steering group will include all the major counterparts, also the representative(s) from NGO-s.

The project steering group will report to the **Ministers Committee on Drug Policy**. It will ensure the involvement of the political level as well as the operational. Mr. **Martin Põder**, Deputy Secretary of the Ministry of Finance will be the Programme Authorising Officer.

Mr. **Sven Kruup**, Acting Deputy Secretary of the Ministry of Social Affairs, will be **Programme Officer** and responsible for the **overall implementation of the project**.

Mr. Tarmo Kariis is responsible for the equipment procured to the National Focal Point.
On the Estonian side project leader and counterpart for the PAA is:

Mr. Tarmo Kariis  
Chief Specialist of Health Promotion Bureau,  
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fax: +372 631 7902  
address: Gonsiori 29, 15027 Tallinn, Estonia

Tasks of the **PAA (14 Mm)**  
• to analyse the multi-disciplinary national strategy and to make necessary update recommendations and also the work out the action plans and based on it  
• to develop a comprehensive joint drug supply reduction strategy and implementation plan as well as work out the implementation mechanisms for the strategy in order to fulfil the criteria of the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.  
• to work out the specifications for the investment components of the project (indicative lists for equipment: annexes 10,11)  
• the overall co-ordination and management of this project

7. **Implementation Schedule**

7.1 Start of tendering/call for proposals  
September 2000

7.2 Start of project activity  
January 2001

7.3 Project Completion  
June 2002

8. **Equal Opportunity**

Equal opportunity for women and men to participate in the project will be guaranteed and measured by recording the experts and consultants employed.

9. **Environment** : N/A

10. **Rates of return** : N/A

11. **Investment criteria**

The investment component is a vital part of implementing the project IB objectives set up according to requirements AP and NPAA.

12. **Conditionality and sequencing**

The Statute of the MoSA will be changed before the start of the project in order to formalise the NFP status (The Statute of MoSA will reflect that the NFP is located in the Public Health Department of MoSA).

The NGO-s will be selected to participate in treatment/rehabilitation activities in the frames of the project according to Phare procedure rules. (p. 3.4.3.5)
The delivery of the investment components for the NFP, information collectors and for the 3 rehabilitation centres will be decided according to the PAAs recommendations and the specifications will be prepared by PAA (annexes 10,11: Indicative list for the equipment).

ANNEXES TO THE PROJECT FICHE:

Annex 1: Logframe planning matrix
Annex 2: Detailed implementation chart
Annex 3 a: Cumulative contracting schedule
   b: Cumulative disbursement schedule
Annex 5: List of relevant laws and regulations
Annex 6: Reference to relevant Government strategic plans and studies
Annex 7: Multi-disciplinary National Drugs Strategy
Annex 8: Alcoholism and Drug Abuse Prevention Programme
Annex 9: Indicative list of equipment for the rehabilitation centres
Annex 10. Indicative list of equipment for the NFP and information collectors
ANNEX 1: Logical framework matrix

<table>
<thead>
<tr>
<th>Wider Objective</th>
<th>Indicators of Achievement*</th>
<th>How, When and By Whom Indicators Will Be Measured</th>
<th>Assumptions and Risks</th>
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<tr>
<td>To enhance the fight against drugs in order to fulfil the criteria of the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and to implement the National Drug Strategy and Programme.</td>
<td>the drugs supply and demand in Estonia are reducing</td>
<td>Estonian, EU, UN and other international reports; statistics (yearly, quarterly)</td>
<td>the continuous government support to the overall strategy and programme</td>
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<tr>
<td><strong>Immediate Objectives</strong></td>
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<tr>
<td>In the field of policy development</td>
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<tr>
<td>• The National Drug Focal Point is operational and fully in line with the standards laid down by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).</td>
<td>efficient implementation of the National Drug Strategy and Programme (qualitative improvements in the field of supply reduction and demand reduction)</td>
<td>Estonian, EU, UN and other international reports, statistics (yearly; quarterly)</td>
<td>smooth co-operation of the institutions and counterparts stability of the government’s operational strategies and policies</td>
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<td>In the field of demand reduction</td>
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**Programme Title**: EU Phare Support to Development and Implementation of the National Drug Strategies and Programme

Programme name and number: ES0007-1

Date of drafting: 04.05.2000

Contracting period expires: 31/12/2002

Disbursement period expires: 31/12/2003

**Total Budget**: 0.838 MEUR

Phare Support: 0.778 MEUR
- To develop the prevention and treatment/rehabilitation programmes according to EU best practices

<table>
<thead>
<tr>
<th>Outputs</th>
<th>1. Revised multi-disciplinary national strategy, and recommendations of the action plans</th>
<th>2. The drug supply reduction strategy is officially approved, published</th>
<th>3. the implementation plan is worked out</th>
</tr>
</thead>
<tbody>
<tr>
<td>revised multi-disciplinary national program, and recommendations of the action plans are presented to the decision-makers</td>
<td>4. the implementation mechanisms are worked out</td>
<td>5. the National Drug Focal Point fulfills its task of collecting, analysing and disseminating drug related information and to produce comparative on a European level data and reports in line with the standards laid down by the EMCDDA</td>
<td>6. the approval of the supply reduction strategy involvement of the NGO-s</td>
</tr>
<tr>
<td>new treatment/rehabilitation centres</td>
<td>7. the framework for the early interventions and aftercare</td>
<td>8. number of NGO projects and activities</td>
<td>9. number of PA activities</td>
</tr>
<tr>
<td>the framework for early interventions and aftercare</td>
<td>8. number of NGO projects and aftercare</td>
<td>9. number of PA activities</td>
<td></td>
</tr>
<tr>
<td>the public awareness activities in the school system as well as outside of it</td>
<td></td>
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</table>

EMCDDA reports
Estonian, EU and other international reports
the project reports
the project evaluation reports
statistics
### Inputs

- PAA for 14 man-months
- Short-term technical assistance (total) for 14 man-months
- Information materials
- Seminars
- Training
- NGO-s subprojects
- Other technical assistance
- Investment component
- Estonian counterparts commitment
- Work-place(s) for PAA and short-term technical advisors

<table>
<thead>
<tr>
<th>the twinning package contracted</th>
<th>the investment component contracted</th>
<th>twinning counterparts, EU relevant auditing institutions CFCU</th>
<th>contracting in time</th>
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ES0007-1 Drugs 0709.DOC
### ANNEX 2: Detailed implementation chart

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<td>Demand reduction Guidelines (STAA 4 mm)</td>
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<tr>
<td>(STAA 3 mm)</td>
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<tr>
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<tr>
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Legend: XX

Empty cells indicate no activity.
ANNEX 3 A

CUMULATIVE CONTRACTING SCHEDULE (MEUR)

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## ANNEX 3 B

### CUMULATIVE DISBURSEMENT SCHEDULE (MEUR)

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<tr>
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<tr>
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<td>0.100</td>
</tr>
<tr>
<td>Total Phare</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Investment</td>
<td></td>
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<tr>
<td>Focal Point</td>
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<td>0.066</td>
<td>0.066</td>
<td>0.066</td>
</tr>
<tr>
<td>Rehab Centres</td>
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<td>0.235</td>
<td>0.235</td>
<td>0.235</td>
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<tr>
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<td><strong>0.451</strong></td>
<td><strong>0.626</strong></td>
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ANNEX 5: List of relevant Laws and Regulations

- European Convention on Mutual Assistance in Criminal Matters
- Bilateral Legal Aid Agreements with Finland, Latvia, Lithuania, Russian Federation, Ukraine, United States, Austria
- Estonian Surveillance Act
- Estonian Customs Act
- Estonian Criminal Code
- Estonian Criminal Procedure Code
- The Money Laundering Prevention Act
- Narcotic Drugs and Psychotropic Substances Act
- On the basis of the UN Conventions and Narcotic Drugs and Psychotropic Substances Act and 6 implementation acts have been worked out:
  - Regulation on the definitions of small and large quantities of narcotic drugs and psychotropic substances (27.11.97, No.229);
  - Regulation on the procedure for handling opium poppy and cannabis for the purpose of agricultural production (28.11.97, No.230);
  - Regulation on the procedure for handling precursors (28.11.97, No.231);
  - Implementation of the Narcotic and Psychotropic Substances Act (The procedure for documentation of delivery and storage of narcotic drugs and psychotropic substances and the procedure for storage and destruction of narcotic drugs and psychotropic substances which are used as real evidence or which are subject to seizure at the Police Forensic Science Bureau) 24.10.97, No.21;
  - Regulation on the procedure for handling of narcotic drugs, psychotropic substances and other requiring special recording substances for medical and scientific purposes, their recording and reporting as well as approval of the schedules of precursors (04.11.97, No.39);
  - Detoxification and substitution treatment of drug addicts in different health care phases (18.03.98, No.20).
- Health Insurance Act
- Health Care Administration Act
ANNEX 6: Reference to relevant Government Strategic plans and studies

- The Development Plan of the Police from 1999 to 2001 (adopted by the Government of the Republic on 09.03.1999, a. by its decision No. 10);
- The interim report of the Working Group of the European Union on the situation in the Estonian law enforcement system
Annex 7 Multi-disciplinary National Drugs Strategy


Approved at the Government of the Republic Session 25 November 1997 Minutes No 56, Agenda Item No 8


2. Combating crimes connected with narcotic drugs and anticipating the using of drugs is a national priority.

3. The emphasis of the Government in coping with crimes connected with narcotic drugs has been put on the efficient detection and punishing of drug dealers and illegal traffickers.

4. The State Agency of Medicines is the central institution for monitoring the legal handling of narcotic and psychotropic substances. Control of police over narcotic drugs takes place on different levels: protecting public order in streets, working in local police stations and police prefectures, pursuit activities of the central criminal police. The Borderguard and Customs block the illegal moving of drugs across borders. The Central Criminal Police co-ordinates the activities between law enforcement structures, Customs Board and prefectures, and mediates operative information during their joint actions.

5. Prevention of drug abuse takes place within the framework of long-term fixed-deadline programmes, basing on the expertise of professionals in statistics, epidemiology and other fields. The results of programmes are evaluated periodically on the bases of indicators, fixed at the beginning of the programme. A precondition for programmes on reducing social damage, as offering methadone maintenance, organising the exchange of syringes and needles, are the existence of thorough studies in the field, a big demand for such activities, approval of experts, scientists, politicians and the consent of the local municipality.

6. Nationwide surveys and prevention campaigns, bought directly by the state or through different funds, have to receive an expert assessment beforehand. Prevention campaigns, training programmes and propaganda materials have to be tested on a control group.

7. The Government of the Republic guarantees the collecting of the basic information concerning drugs: collecting statistical data, carrying out population surveys and the publicity of these data, also the presenting of those data to drug-related international organisations the member of which Estonia is.
8. Drug addiction is a disease, the treating of which is carried out according to health care organisation and health insurance arrangements. The Government of the Republic, national funds and local municipalities may allocate on the basis of tendering additional financial means for enabling treatment to drug abusers in medical institutions with a national licence for a fixed period of time and in a fixed extent. The main criteria for evaluating reasonable use of the allocated means are the quality of treatment, results and thrift.

9. The tasks of the educational system, social counselling system and primary health care are the early discovering of and intervention into risk behaviour and drug abusing.

10. The basis of drug abuse prevention are the responsibility of individuals themselves, upbringing in a sound family, knowledge and skills given within the framework of school curricula, spending of spare time with music, sports, techniques and other activities, restrictions of local municipalities against the spread of drugs, many-sided objective information, negative public opinion towards drugs and the assistance of media in forming it, legal restrictions, means of social influence and punishments.
ANNEX 8

ALCOHOLISM AND DRUG ABUSE PREVENTION PROGRAMME

Approved at the Government of the Republic Session of 25 November 1997Minutes 56, Agenda item No 8

1. Title of the programme
Alcoholism and drug abuse prevention programme for 1997-2007

2. Responsible Ministry
Ministry of Social Affairs

3. Background
In Estonia we do not have any precise overview of how much alcohol and drugs is actually being consumed and how big is the damage caused by the abuse. The average lifetime of Estonian men is 12 years shorter than in EU countries and 15 years shorter than in Sweden. The number of people perished due to traumas and intoxication per 100,000 inhabitants is 3 times higher than the European average. 40 % of traffic accidents, 50 % of drowning, 60 - 70 % of violence related crimes, hooliganism, vehicle stealing and 80 % of violent crimes committed by juveniles are connected with alcohol. Approximately 1500 people a year perish in connection with alcohol. In 1996 8974 people were treated in psychiatric hospitals due to psychic and behavioural disorders, caused by alcohol abusing, forming one third of the patients with psychic disorders who have applied for treatment. The number of drug abusers who have applied for treatment doubled in 1996 and the same quick growth tendency has continued in 1997. The number of registered drug-related crimes increased by 125 % in 1996. Alcohol trade is freer than ever in Estonia. Unlimited time and number of places selling alcohol, weak supervision and the ignoring of the ban to sell alcohol to adolescents has made alcohol more available. Alcohol advertisements and intensive propaganda, inviting to consume alcohol, have changed the health behaviour of people, therefore alcohol has not reached the consciousness of people as a risk to health.

4. Materials referring to the necessity of the programme

5. Main objective
For decreasing the damage caused by alcohol and drugs consuming, to develop a drug policy that is based on international conventions, programmes and other national documents, guaranteeing co-ordinated prevention activities on international, national and local level.

6. Other objectives
6.1. To create a nation-wide information system for evaluating the damage caused by alcohol and drug abuse.
6.2. To make preventive work with children and juveniles more effective.
6.3. To increase the level of information on the harmfulness of alcohol and drug abuse, and to develop a negative attitude towards abusing these substances.
6.4. Make the treatment of alcohol and drug dependency more efficient and better accessible.
6.5. Reduce the growth of infringement of law connected with alcohol and drug abuse.

7. Main measures
7.1. Changes in legislation:

7.1.1. To adopt the Alcohol Handling Act; the aim of the act is to correct the handling of alcohol in Estonia; Responsible: Ministry of Economy, deadline 4th quarter of 1997.

7.1.2. To adopt the Adolescents Influencing Means Act; Responsible: Ministry of Education, deadline 4th quarter 1997.

7.1.3. To allocate 2% of the alcohol excise sums for alcohol and drug dependency prevention and treatment; Responsible: Ministry of Finance, deadline 4th quarter 1997.

7.1.4. To correct alcohol excise rates for changing the structure of consuming; Responsible: Ministry of Finance, deadline 4th quarter 1997.

7.1.5. To establish the order of control over precursors of narcotic and psychotropic substances; Responsible: Ministry of Social Affairs, deadline 4th quarter 1997.

7.1.6. To join the UN 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances; Responsible: Ministry of Internal Affairs, deadline 2nd quarter of 1998.

7.1.7. To join the Council of Europe 1990 Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime; Responsible: Ministry of Internal Affairs, deadline 2nd quarter of 1998.

7.2. Organisational measures:

7.2.1. Intersectorally the collecting, analysing and presenting of reporting and information, concerning alcohol and drugs, proceeding from the requirements of relevant conventions and agreements, to the commission of ministers, dealing with drug policy, and international organisations. Responsible: Ministry of Social Affairs, Ministry of Internal Affairs, Ministry of Education, Ministry of Justice. Periodically.


7.2.3. Carrying out alcohol and drug related social and medical studies. Responsible: Ministry of Social Affairs, Ministry of Education. Periodically.


7.2.6. Offering further training to the medical staff of primary health care institutions and prisons. Responsible: Ministry of Social Affairs, Ministry of Justice, from 1998 currently.

7.2.7. Purchasing laboratory diagnostic equipment and starting the system of the logistics of toxicological analyses. Responsible: Ministry of Social Affairs, deadline 1997 - 1998.

7.2.8. Improving the quality of teaching on alcohol and drug problems, foreseen in the curricula of general and special schools, further training of teachers, and equipping schools with teaching material. Responsible: Ministry of Education, currently.


7.2.11. Developing the "Drugs information package" with visual materials, in co-operation with state and public organisations, printing and spreading it to juvenile police, schools, health care and social institutions. Responsible: Ministry of Social Affairs, Ministry of Education, Ministry of Internal Affairs, deadline 1997-1998.

7.2.12. To develop a negative public opinion through wide spread of objective information and public information events. Responsible: Ministry of Social Affairs, currently.


7.2.15. Starting the "Drug-free" programme in juvenile prison. Responsible: Ministry of Justice, deadline 3rd quarter of 1998.


8. Programme management
The programme is managed by the Ministry of Social Affairs. through the project council. Members of the project council are specialists from the Ministry of Social Affairs.
Affairs, Education, Finance, Economy and Internal Affairs, a member of the Social Commission of Parliament, an expert in sociological studies and a specialist in dependency treatment. The Estonian Foundation for Prevention of Drug Addiction will implement different tasks of the programme.

9. Programme financing
The programme is financed from the state budget. Activities listed in the programme may additionally be financed from other sources as Charity, international co-operation and assistance programmes and budgets of local municipalities, by the amount of which the extent of prevention activities grows.

10. Evaluation of the programme results
Programme results are evaluated on the basis of achievement of the set aims. Bases for objective evaluation are internationally recognised health care, crime, sociology, economic et al. indicators, characterising drug problems, its changes during the programme and scientific studies. A non-objective evaluation of the programme results may be seen by viewing the extent of its activities, active involving of public organisations and municipalities, and public support.
ANNEX 9

**Indicative list of equipment for the 3 rehabilitation centres**

**Tallinn: for 24 clients**  
**Narva: for 20 clients**  
**Tartu: for 20 clients**

Furnishing rooms for residents and therapeutic sessions  
(according to special standards: beds, lockers)  
3*40 000  120 000

Workplaces for personnel  
(central desks, nurses bells)  
3*9000  27 000

Functional diagnostics  
2*4000+1*2000  10 000

Equipment for laboratory and medical procedures  
2*10 000+1*6 000  26 000

Sanitary systems according to special standards  
(to take urine samples)  
3*3*4440  40 000

ITS (for data processing and communication: computers and software for clients registration and medical surveillance)  
3*2000+3*660  8 000

Security systems for clients surveillance (alarm bells, ultra-violet alarm devices)  
3*1330  4 000

**Phare TOTAL**  
235 000

**Facilities**  
(price is not estimated)

Reimbursement the costs of the offered treatment/rehabilitation services  
60 000

**TOTAL**  
295 000
## Indicative list of equipment for the NFP and information collectors

### ANNEX 10

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<td>Software for computer</td>
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<td>Wires, plug-ins for server</td>
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<td>Firewall for the server</td>
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<td>Copy machine</td>
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