STANDARD SUMMARY PROJECT FICHE

1. Basic Information

1.1. CRIS Number: 2003/005-026.06.01
    Twinning EE03-IB-SO-01

1.2. Title: “Implementation and Further Development of National Drug Strategy”

1.3. Sector: Justice and home affairs

1.4. Location: Estonia

2. Objectives

2.1. Overall objective(s):
    Contemporary and professional system of drug treatment and rehabilitation for provision of efficient assistance for drug addicted people available 1.

2.2. Project purpose:
    Systematic drug-aid is available and network of health care and social support services is operational.

2.3. Accession Partnership and NPAA priority

Accession Partnership 2001: Co-operation in the field of justice and home affairs:
Continue the fight against drugs by developing and implementing the national drugs strategy and strengthening the administrative bodies involved in its implementation; prepare for fully participation in the work of European Monitoring Centre for Drugs and Drug Addiction.

NPAA chapter 24.6:
Organization of surveys and unification of indicators and statistical monitoring will be carried on pursuant to the EU Regulation 302/93 on the establishment of a European Monitoring Centre for Drugs and Drug Addiction to join the European database for drugs and drug addiction and co-operate with the European Drugs Monitoring Centre. In 2002 a database of Treatment of Drug Addiction will be compiled.

The National Strategy on the Prevention of Drug Dependence 2012 approved by the Ministers Committee on Drug Policy states that: by the year 2012 the supply and demand of drugs should be reduced and there should be functioning treatment and rehabilitation system that also includes support services (low threshold centers, outreach work).

2.4. Contribution to National Development Plan

2.5. Cross Border Impact
As Estonia will become a border line for EU, the drug supply and demand issues has to be taken seriously and the capacity of the actors dealing with the redaction of supply and demand has to be developed.

3. Description

3.1. Background and justification
Expert estimates based on the existing data tell that in the course of the last few years the number of problematic drug users has dramatically increased to more than ten thousand (estimated 10 000 –15 000 heroin addicts). At the same time with the increase in drug use, HIV epidemic took place. In March 2003 there were 2951 registered HIV positives in Estonia, most of who are drug addicts or their partners.

At the same time there is no coordinated network of treatment, rehabilitation and outreach work that would allow to provide systematic help to the drug users which would enable efficient return of drug addict to normal life.

A limited number of projects implemented by non-government organisations in Estonia are aiming at systematic and active identification, counselling and sending to treatment of persons with addiction problems. To a certain extent, syringe/needle exchange points in Tallinn and Ida-Virumaa County established within the framework of National AIDS Prevention Programme contribute to the aforementioned aim by getting into contact with drug addicts and providing them with counselling. Also, treatment has been sought as a result of recommendations given by police officials and the probation supervision staff. Active treatment of drug addicts is in most cases carried out in medical care centres having obtained a psychiatric activity licence. A treatment and rehabilitation system has not developed in Estonia, some single centres have been set up by non-governmental organisations and are not able to fulfil the need for treatment and rehabilitation of drug addicted people. Currently inpatient treatment and rehabilitation services for drug addicts are provided by 10 centres (4 centres in Tallinn, and centres in Loks, Narva, Kohta- Järve, Pärnu, Tartu and Sillamäe), in addition to which there are two rehabilitation communities for young drug addicts (in Ida-Virumaa County and in Lääne-Virumaa county). All 10 centres together have around 250 patient slots.

Over the past years the number of treatment institutions providing health care services for the treatment of addicts has not undergone substantial increase. At the same time, the number of persons using narcotic and psychotropic substances has considerably increased and consequently, in the nearest future Estonia will encounter a rapid increase in the demand for treatment of drug-addicted persons. Over the past years primary health care has been confronted with a significant raise in the working load of emergency medical care with regard to attending cases of overdose, acute withdrawal syndrome and increase in the number of psychosis of drug addicts.
The most problematic regions in Estonia are Harjumaa and Ida-Virumaa\(^2\). Therefore, as the next step it is planned to enhance two treatment centres, one centre for children in Ida-Virumaa (Jõhvi\(^3\)) and one for adults in Harjumaa (Tallinn). Creation of the treatment centre for children in Jõhvi and the treatment centre for adults in Tallinn is foreseen in the new National Strategy on the Prevention of Drug Dependence 2012\(^4\). Also both cities have continuously stated their need for drug treatment facilities.

Children’s treatment centre in Jõhvi will be able to treat up to 110 patients per year whereas Tallinn treatment centre’s capacity is to handle up to 100 patients per year.

The extent of the problem in Harjumaa and Ida-Virumaa must not overshadow the fact that other regions are also affected. With this background, it is necessary to develop treatment and outreach structures for working with at-risk groups and individuals, problematic drug users.

In the general framework of the on-going PHARE project EU Phare Support To Develop and Implement the National Drug Strategies and Programmes ES0007 1 treatment centre is being created in Tartu and 3 social rehabilitation centres are being developed (in Loksa, Tallinn and Sillamäe). However, there is no network connecting these institutions to each other or to other elements of the drug aid system. The treatment and rehabilitation centres for people with drug addiction are functioning separately, rarely co-operate, exchange information and there is no network to unite them.

There is a need for the network between the institutions working in the field of drug-aid\(^5\) to insure access of drug-addicted people to the support services. The aim of development of the network is to secure the whole treatment and rehabilitation process beginning with making contact to drug users, creating for them pathways to those services, motivating them to start treatment and ending with the re-integration to the society as well as ensuring the sustainability of the activities in the field of drug aid.

Network is to be developed by establishing the information exchange channels (web site, e-mailing lists, regular information bulletins), regular seminars, workshops and conferences for specialists (medical, social, outreach workers and personnel of the various facilities working in the field of the drug aid) and training activities.

The term outreach work describes proactive methods used by the professionals, volunteers or peers to contact drug users and provide them with initial information and counselling. Therefore outreach work is a tool that would allow to identify and contact hidden persons, reach problematic drug users who cannot be contacted thorough schools, workplaces etc. However, the

---

\(^2\) Detailed description of the situation is included in the Annex 8.

\(^3\) According to Hospital Master Plan Jõhvi Children’s Hospital might be re-located to Kohtla-Järve (Ida-Virumaa), although the plan has been approved by the government the final decision about the location of specific hospitals has not been made.

\(^4\) Up-building of the treatment centre for drug addicts in Tallinn is also one of the main goals of the Tallinn City HIV/AIDS and drug abuse prevention strategy.

\(^5\) Medical treatment centres, inpatient and outpatient rehabilitation centres, low threshold centres, needle exchange programs, re-integration programs, anonymous HIV/AIDS consulting rooms.
objective of the outreach work is not only to reach drug users and motivate them to start treatment, but also to initiate activities aimed at prevention and demand reduction and promote safer sex and safer use of drugs to limit the harm caused to individuals and society by the use of the narcotic drugs.

Development of the outreach work and supportive services in general began in Estonia in 1997 and has been carried out mainly through different, not interlinked projects. This however is not enough to ensure the sustainability of the treatment and rehabilitation services. Now there are currently two low threshold centres in Tallinn and Narva that are not enough to cover all target groups. Low threshold centre in Tallinn handles approximately 500 cases per year and the centre in Narva handles around 250 cases per year. Expansion of low threshold services is needed due to rapid increase of drug addicts, and expansion of HIV/AIDS.

According to The National Strategy on the Prevention of Drug Dependence 2012 low threshold centres should be in all regions affected by the drug problem (at least 1 per county and larger city totalling in around 25 low threshold centres per whole country). For example the city of Tallinn has stated in its drug abuse and HIV/AIDS prevention strategy that low threshold centres should be in all major areas of Tallinn.

In the frame of the project it is planned to establish three low threshold centres in Harjumaa, Ida-Virumaa and Järvamaa later to be linked to the treatment and rehabilitation centres. For the establishing of low threshold centres investment is needed (equipment for the counselling room, office for case-manager and social worker, syringe exchange room, drop-in room etc). In Ida-Virumaa the low threshold centre will be linked with the rehabilitation centre in Sillamäe and treatment and rehabilitation programmes in Narva. Location of the low threshold centre in Harjumaa has been agreed with the Harju County Government and Tallinn Municipality Government. The low threshold centre in Järvamaa will be equipped based on the project proposed by the local municipality. With all the local authorities mentioned above the formal agreements will be made before the project starts6.

The services will be provided by NGOs, however the local governments are owners of the rooms as well as owners of the equipment, procured in the frames of this project and responsible for the further maintenance of the equipment. The NGOs will be responsible for staffing the projects completes, the services will be financed form the Alcoholism and Drug Abuse Prevention Programme 1997-2007 and form the local governments budgets.

Support and information services to be provided by the low threshold centres belonging to the outreach network will include case-management, medical and psychological counselling, HIV testing, exchange of syringes, distribution of condoms and information material as well as outreach activities (incl. street work). Also, drug users will be provided with health education -

---

6 See also p. 11 Conditionalities and sequencing.
knowledge of safe injecting, prevention of infectious diseases, HIV and overdoses, hygiene and prophylaxis. The centres are to be attended voluntarily. Effective implementation of the above-mentioned activities will allow to lessen the extent of harm caused by drugs (their use and handling) to the individual and society: decreased spread of HIV, Hepatitis B, C and other STIs among IDUs; raised awareness of at-risk groups; decreased number of overdoses; “healthier injecting”; decreased number of drug users etc.

Elaboration of the institutional structure of the drug-aid system is by itself, however, not sufficient to ensure the quality of services provided. Human resources have to be carefully planned as well. Estonian specialists do not lack primary training in the field of drug abuse. They have received training from different sources, which has led to uneven level of expertise and often interpret treatment and rehabilitation methods and concepts differently. Therefore the series of interactive trainings in form of the seminars and workshops is needed to bring them together and agree upon common approach to the problem. This should be preceded by training needs analysis that would allow to elaborate adequate training plan.

All activities are based on National Strategy on the Prevention of Drug Dependence 2012 approved by Ministers Committee on Drug Policy in February 2003 and its implementation plan for the years 2003-2004. The strategy and implementation plan are presented to the Government for approval. Once it is approved it will be the main instrument for steering the future drug policy in Estonia. It will replace previous policy document The Principles of Drug Policy for 1997-2007 that was not able to substantiate the up-building of a sufficient drug-aid system and efficient law enforcement. The political priorities and overall objectives, which are fixed in the national drug strategy are closely connected with the objectives in EU-Action plan on Drugs 2000-2004.

Another important document in the field of demand reduction is The Alcoholism and Drug Abuse Prevention Programme 1997-2007 that employs a multidisciplinary approach covering all aspects of the problem (monitoring, data collection, prevention, treatment and public awareness) and will be one of the most important instruments to implement the new national drug strategy.

Considering the nature of the project, NGOs were consulted during the project preparation process. In case of Jõhvi centre formal support letter was received from the Jõhvi City Government and formal commitment letter from NGO “Youth Help Centre” in Jõhvi. Järvamaa County Government presented Ministry of Social Affairs with the draft version of the low threshold centre project in Järvamaa. Negotiations have began with the Social and Health Care Department of the Tallinn City Government.

3.2. Linked activities:

3.2.1. Phare projects

---

7 STI – Sexually transferred infections
8 Based on best-practice examples for information exchanges.
ES00/IB/JH/01 EU PHARE Support to Develop and Implement the National Drug Strategies and Programmes. Total Budget: 778 000 EUR.

Foreseen results according to Twinning Covenant (TC):

- Multi-disciplinary national strategy and recommendations for the action plans are revised.
- Mechanisms for the national strategy are implemented.
- The National Drug Focal Point is operating according to EU standards and linked in the international networks.
- 4 new treatment/rehabilitation centres (treatment and rehabilitation centre for children in Tallinn, social rehabilitation centres for adults in Sillamäe and Loksa, treatment and rehabilitation centre for adults in Tartu) are operational and concepts of different centres elaborated.
- Public awareness is increased. The aim is to provide information about drugs and prevention of drugs misuse; target group is: school teachers and parents, as in the planned project the target group is the same while the aim is to provide information about drug misuse and available services for treatment and rehabilitation.

Timeframe of the ES00/IB/JH/01: September 2001- September 2003.

3.2.2. Other projects

3.2.2.1. The Global Fund to Fight AIDS, Tuberculosis and Malaria

Estonia has the most rapidly spreading HIV epidemic in Europe. The country is responding vigorously but needs significant and immediate external investment if it is to respond as rapidly and effectively as possible. Estonia faces an HIV epidemic spreading at 10 times the rate in most Western European countries, yet has less than a third of the resources available to respond. The Estonian government, civil society and other players have joined together to plan an ambitious and results-focused program to respond to this epidemic. This program outlines practical steps by which the country can reach its goal of stopping the progressive spread of HIV/AIDS by 2007. This goal will be reached by focusing on eight objectives within four main areas. Among them are those concerning drug use:

1. Goals:
   - To reduce risk behaviour of adolescents and young people.
   - To reduce HIV prevalence among IDUs (Intravenous/Injecting Drug User).
   - To increase the amount of HIV infected IDUs in methadone program.

2. Broad activities:
   - Youth friendly services
   - Peer education
   - Teacher training
   - Campaigns and prevention events
   - Forum-type performances for non-Estonian school youth
   - Educating school children

---

10 NFP (National Focal Point) tasks are: collecting, analysing and disseminating information
• Educating youth out of school
• Educating young people with special needs
• Educating young men in military services
• Needle exchange and counseling
• Drop-in services
• Outreach work
• Peer education
• Methadone treatment for HIV infected IDUs

3.3. **Results**:

3.3.1 **Contract 1: Twinning**

3.3.1.1 The treatment and rehabilitation system strengthened

3.3.1.1.1 Concept for 2 treatment centres (for children in Ida-Virumaa and for adults in Harju) developed.

3.3.1.1.2 Network of outreach work is operational and linked to the treatment and rehabilitation centres, with trained staff

3.3.1.1.3 Needs analysis list and specifications of equipment for treatment and rehabilitation centres and grant contracts drawn up and procurement prepared

3.3.2. **Contract 2: Investment (Grants)**

3.3.2.1. Treatment centre for children in Ida-Virumaa and for adults in Harjumaa are equipped and operational.

3.3.2.2. 3 low threshold centres (in Harjumaa, Järvamaa and Ida-Virumaa) are equipped and operational.

3.4. **Activities**:

3.4.1. **Contract 1: Twinning (14 consecutive months, 340 400 EUR (337 400 € EU Phare + 3 000 € EST co-financing))**

3.4.1.1. **PAA** (14 working-months over 14 consecutive months, cost 180 000 EUR)

**Tasks:**

a) To further develop treatment and rehabilitation concepts.

b) To map the possibilities and elaborate the means and methods for cooperation between different branches of drug-aid system.

---

11 For the indicators see Annex 1 Logical Framework matrix.
c) To develop together with NGOs and in co-operation with MoSA the network concept based on best-practice examples for information exchanges.
d) To develop the specifications for the investment components of the project (indicative lists for equipment) and assist in preparation of grant contracts.
e) The overall co-ordination and management of this project.

Profile:
✓ Scientific background with specialisation on dependency issues and experience in treatment, rehabilitation and outreach work.
✓ Knowledge of the modern concepts of treatment, rehabilitation and outreach work.
✓ Management and administration skills.
✓ Fluent English.

3.4.1.2. PAA assistant (14 working-months over 14 consecutive months, cost 11 900 EUR)
Tasks:
a) Assistance to the PAA
b) Translation and general accounting for the PAA

Profile:
✓ Fluent English and Estonian
✓ Conversational Russian
✓ Good PC literacy
✓ Bookkeeping skills
✓ Experience with Phare projects would be an advantage

3.4.1.3. MS Project Leader (30 working days over 14 consecutive months, cost 12 600 EUR)
Tasks:
a) MS side project management
b) Overall co-ordination of the project

Profile:
✓ Management skills
✓ Fluent English
✓ Teamwork skills

3.4.1.4. STE 1 (5 working-months over 14 consecutive months, cost 64 000 EUR)
Tasks:
a) To enhance the low threshold centres to be linked to the treatment and rehabilitation centres in Harjumaa, Järvamaa and Ida-Virumaa in order to establish the network of outreach work
b) To carry out a training needs analysis, to finalise a training plan on this basis

The training is aimed at the personnel of the treatment/rehabilitation and low threshold centres. It is planned to up to 25 persons from 5 centres to be established in the process of the planned Phare project and from 5 existing centres.
Profile:
✓ Knowledge and experience (> 10 y) in outreach work organization
✓ Knowledge and experience on network building
✓ Good communication and networking skills
✓ Fluent English

3.4.1.5. STE 2 (4 working-months over 14 consecutive months, cost 51 200 EUR)
Tasks:
c) To develop concepts for two treatment centres (for children in Ida-Virumaa and for adults in Harju)
d) To carry out a training needs analysis, to finalise a training plan on this basis
e) To conduct trainings, seminars, and workshops.

Profile:
✓ Knowledge and experience (> 10 y) in treatment
✓ Knowledge of the modern concepts of treatment and rehabilitation

3.4.1.6. Sub-contract under twinning: Audit (3 000 EUR)
In the last quarter of the project the auditing will be made for the whole project.

3.4.2. Contract 2: Investment (Grants) (195 000 € Phare + 65 000 € EST co-financing)
3.4.2.1.1. Grants for equipment for treatment centres for children in Ida-Virumaa and for adults in Harjumaa
3.4.2.1.2. Grants for equipment for 3 low threshold centres (in Harjumaa, Järvamaa and Ida-Virumaa)

For the equipment procured in the frames of this project, grant beneficiaries (NGOs and/or municipalities) will be responsible for the further maintenance. The NGOs will be responsible for staffing the centres, the services will be financed form the Alcoholism and Drug Abuse Prevention Programme 1997-2007 and from the local governments budgets. To insure this formal agreements will be made with local municipalities prior to the start of the project. The sources of financing for the activities in the developed capacity in the frames of the current project of the

(3 centres enhanced in the course of the ES0007.01.01 and 2 older centres who have the longest experience with the outreach work). Training will take place as 2-3 day long seminar. First day will be dedicated to management and financing. The second day can be provisionally named “Share Best Practice”, where its intended to establish a network between people involved in rehabilitation in general (police, educational departments, Public Health Institute etc.)

13 The training is aimed at the personnel of the treatment/rehabilitation and low threshold centres. It is planned to up to 25 persons from 5 centres to be established in the process of the planned Phare project and from 5 existing centres (3 centres enhanced in the course of the ES0007.01.01 and 2 older centres who have the longest experience with the outreach work). Training will take place as 2-3 day long seminar. First day will be dedicated to management and financing. The second day can be provisionally named “Share Best Practice”, where its intended to establish a network between people involved in rehabilitation in general (police, educational departments, Public Health Institute etc.)
low threshold centres (provision of syringes, condoms, HIV tests and information material) is mainly the Alcoholism and Drug Abuse Prevention Programme 1997-2007 and HIV/AIDS Prevention Programme 2002-2006, additional resources can be obtained via national HIV/AIDS Prevention Programme 2002-2006 as well as from different international programmes. In cooperation with the Twinning partner, the detailed lists of equipment and specifications as well as grant contracts for procurements will be prepared.

NGOs will be selected and grant contracts be prepared according to the analysis of needs for treatment centres and thresholds centres based on the national drugs strategy. Selection criteria will be based on the current state and demand in centres in order to create the maximum impact with the available budget for equipment.

Equipment procured for the treatment and low threshold centres will remain the property of local municipalities. The ownership and obligation to maintain the equipment as well as to return it to the municipality in case an NGO becomes non-operational shall be stipulated in Grant Contracts and agreements with NGOs.

3.5. Lessons learned:

The first project in the field of the outreach work (needle exchange project) was launched in Tallinn in 1997 by the Estonian AIDS Prevention Centre. Counselling and needle exchange services were made available for the people with drug dependency. Since this was the first intervention project, experiences gained in the process were unique for Estonia. In a few months, once the trust of the drug addicts was gained, social workers faced another problem. Drug addicts started to ask for help to free themselves from drugs. However there were no places where people with drug dependency could have been directed. There were no real possibilities for treatment, no networking, cooperation between organizations and people that were dealing with the problem of substance abuse.

Needle exchange project made possible to have a better understanding of all problems and changes that occur in the hard to reach population of the drug users, especially the most problematic target group – injecting drug users.

ES0007 lessons: The agreements with the treatment centres and low threshold centres should be concluded before the project starts, in order to avoid the losses of the project time as it happened in the ES0007 and the local governments should be involved at early stage of the project idea development to the project planning in order to ensure that their interests and concrete local needs are considered in the application and in the Twinning Covenant. Jõhvi and Tallinn City Governments have been consulted in the course of the preparation of the project; NGO “Youth Help Centre” in Jõhvi and Paide City Government (Järvamaa) have presented the Ministry with the draft projects for up-building of centres (treatment centre and low threshold centre respectively).

4. Institutional Framework
Ministry of Social Affairs of Estonia (MoSA) is responsible for overall co-ordination of the project.

MoSA is responsible for the overall implementation of the National Alcoholism and Drug Prevention Programme (ADAPP) and will delegate the task of implementation of the Phare project to the ADAPP. Thus, the Estonian Counterpart will be the ADAPP. The PAA with assistant will be working in the Estonian Health Promotion and Education Centre (EHEC) (that is a public institution subordinate to the Ministry of Social Affairs and financed from the state budget through Ministry of Social Affairs)\(^\text{14}\) that was nominated as the responsible institution for the implementation of the ADAPP on national level by the decree of the Minister No 23 of January 21, 2000. This arrangement will allow to ensure that project activities and national programme activities will be in correspondence and better complement each other.

Drug Prevention Councils in all 15 Estonian Counties deal with the drug related issues on the county level. Through them it is most efficient to reach local NGOs that would in the future constitute essential part of the network of the support services that is planned to create in the frame of this project.

Local governments where the 2 treatment centres and 3 low threshold centres are located are involved as partners to the project and are responsible for provision of the rooms to facilitate treatment and low threshold centres to be created/enhanced in the course of the project.

The NGOs providing respective services have to be pre-selected by local governments and the selection should be approved by MoSA based on the needs analysis and multi-disciplinary national strategy.

\(^{14}\) From 1\(^{st}\) of May 2003 Estonian Health Promotion and Education Centre will become a part of the new National Institute for Health Development that will be the co-ordinating body of all major national health care programmes. This will lead to a closer co-operation with other programmes (HIV/AIDS prevention programme etc), which in turn will serve to strengthen the joint efforts in fight against drug-abuse.
## 5. Detailed Budget

<table>
<thead>
<tr>
<th>Contract 1 Twinning</th>
<th>Phare Support (EUR)</th>
<th>National Cofinancing</th>
<th>IFI</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Investment Support¹</td>
<td>Institution Building²</td>
<td>Total Phare (=I+IB)³</td>
<td></td>
</tr>
<tr>
<td>Twinning covenant preparation</td>
<td>2 500</td>
<td>2 500</td>
<td>2 500</td>
<td></td>
</tr>
<tr>
<td>PAA for 14 wm</td>
<td>180 000</td>
<td>180 000</td>
<td>180 000</td>
<td></td>
</tr>
<tr>
<td>PAA assistant for 14 mm</td>
<td>11 900</td>
<td>11 900</td>
<td>11 900</td>
<td></td>
</tr>
<tr>
<td>STE 1 for 5 wm (activities 3.4.1.4.)</td>
<td>64 000</td>
<td>64 000</td>
<td>64 000</td>
<td></td>
</tr>
<tr>
<td>STE 2 for 5 wm (activities 3.4.1.5.)</td>
<td>51 200</td>
<td>51 200</td>
<td>51 200</td>
<td></td>
</tr>
<tr>
<td>MS project leader for 30 working days (activities 3.4.1.3.)</td>
<td>12 600</td>
<td>12 600</td>
<td>12 600</td>
<td></td>
</tr>
<tr>
<td>Workshops and seminars for treatment, rehabilitation and outreach specialists</td>
<td>7 000</td>
<td>7 000</td>
<td>7 000</td>
<td></td>
</tr>
<tr>
<td>Auditing of the project in last quarter of the project</td>
<td></td>
<td></td>
<td>3 000</td>
<td>3 000</td>
</tr>
<tr>
<td>Reserv 2,5%</td>
<td>8 200</td>
<td>8 200</td>
<td>8 200</td>
<td></td>
</tr>
<tr>
<td><strong>Twinning total</strong></td>
<td><strong>337 400</strong></td>
<td><strong>337 400</strong></td>
<td><strong>3000</strong></td>
<td><strong>340 400</strong></td>
</tr>
<tr>
<td>Contract 2 Grants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment for treatment centres for children in Ida-Virumaa and for adults in Harjumaa</td>
<td>150 000</td>
<td>150 000</td>
<td>50 000</td>
<td>200 000</td>
</tr>
<tr>
<td>Equipment for low threshold centres (in Harjumaa, Järvamaa and Ida-Virumaa)</td>
<td>45 000</td>
<td>45 000</td>
<td>15 000</td>
<td>60 000</td>
</tr>
<tr>
<td><strong>Grants total</strong></td>
<td><strong>195 000</strong></td>
<td><strong>195 000</strong></td>
<td><strong>65 000</strong></td>
<td><strong>260 000</strong></td>
</tr>
<tr>
<td><strong>Total (contracts 1+2)</strong></td>
<td><strong>195 000</strong></td>
<td><strong>337 400</strong></td>
<td><strong>532 400</strong></td>
<td><strong>600 400</strong></td>
</tr>
<tr>
<td>National co-financing (€)</td>
<td>2003</td>
<td>2004</td>
<td>2005</td>
<td>Total</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>Auditing of the project(^{15})</td>
<td>0</td>
<td>0</td>
<td>3 000</td>
<td>3 000</td>
</tr>
<tr>
<td>Equipment for treatment centres (in Harjumaa, Ida-Virumaa)(^{16})</td>
<td>50 000(^{17})</td>
<td>0</td>
<td>50 000 (State Budget MoSa, Art 223)</td>
<td></td>
</tr>
<tr>
<td>Equipment for low threshold centres (in Harjumaa, Järvamaa and Ida-Virumaa)(^{18})</td>
<td>15 000(^{19})</td>
<td>0</td>
<td>15 000 (State Budget MoSa, Art 223)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>65 000</td>
<td>3 000</td>
<td>68 000</td>
</tr>
</tbody>
</table>

The amounts for co-financing indicated in the table correspond to cash co-financing. In addition, in-kind contributions from the Estonian administration for a good implementation of the twinning may be detailed in the twinning covenant.

For the grants joint co-financing will be used.

The co-financing expenses will be monitored by the beneficiary and the NAO. For the earmarked co-finance, a clear and verifiable set of costs will be provided. The beneficiary will define which budget lines are the source for co-finance. Flow and stock data on co-finance will be submitted quarterly for steering committee, twice a year to the Sector Monitoring Working Group.

The beneficiary together with the NAO commits to sound financial management and financial control.

### 6. Implementation Arrangements

#### 6.1. Implementing Agency

The Implementing Agency is the CFCU of the Ministry of Finance. The CFCU will be responsible for tendering, contracting and payments. The responsibility for project preparation, implementation and control will remain in the recipient institution, MoSA.

In order to ensure the inter-agency co-operation the project Steering Committee will be established, chaired by MoSA (Mrs Heli Pallo) to oversee project implementation. A Steering Committee will be established to supervise the project execution and, if needed, to propose adjustments. The Steering Committee will meet once in a quarter and if necessary, additional meetings will be held, to discuss issues arising during the implementation of this project. It will

---

\(^{15}\) Under Contract 1 (source: State Budget; MoSa; art 223, investments)

\(^{16}\) Under Contract 2 (source: State Budget; MoSa; art 223, investments)

\(^{17}\) see also Annex 8

\(^{18}\) Under Contract 2 (source: State Budget; MoSa; art 223, investments)

\(^{19}\) see also annex 9

---
include all the major counterparts: representatives of NGOs and local municipalities involved in the project, the EC Delegation in Tallinn, the Ministry of Finance and the Ministry of Social Affairs.

The Programme Authorizing Officer/PAO is:
Mr Renaldo Mändmets, Deputy Secretary of the Ministry of Finance
Address: Suur-Ameerika 1, Tallinn 15006
Tel: +372 6113 545
Fax: +372 6966 810
e-mail: renaldo.mandmets@fin.ee

The Programme Officer/PO and a person responsible for the overall implementation of the project is:
Mr Ain Aaviksoo, Head of the Public Health Department of the Ministry of Social Affairs
Address: Gonsiori 29, Tallinn 15027
Tel: +372 6269 785
Fax: +372 6269 795
e-mail: ain.aaviksoo@sm.ee

6.2. Twinning
The Estonian Project Leader and counterpart for the PAA is:
Ms Heli Pallo, Adviser to the Deputy Secretary General in the field of Health Care of the Ministry of Social Affairs
Address: Gonsiori 29, 15027 Tallinn, Estonia
Phone: +372 6269 738
Fax: +372 6269 795
E-mail: heli.pallo@sm.ee

6.3. Non-standard aspects
None

6.4. Contracts:
Contract 1: 337 400 € EC Phare,
            3 000 € Estonian national co-financing
            Total: 340 400 €
Contract 2: 195 000 € EC Phare
            65 000 € Estonian national co-financing
            Total: 260 000 €

7. Implementation Schedule

7.1. Start of tendering/call for proposals
July 2003
7.2. Start of project activity
   January 2004
7.3. Project Completion
   March 2005

8. Equal Opportunity

During the implementation of the project there will be no discrimination on the grounds of race, sex, sexual orientation, mother tongue, religion, political or other opinion, national or social origin, birth or other status. Equal opportunities for women, men and minorities will be ensured by the Steering Committee during the implementation of the project. The Estonian laws and regulations concerning the equal opportunities for women, men and minorities will strictly be followed. Equal opportunity for men and women to participate in the project will be measured by recording the experts and consultants employed.

9. Environment
   N/A

10. Rates of return
    N/A

11. Conditionality and sequencing

   National Strategy on the Prevention of Drug Dependence 2012 is approved by Government. Location for the treatment centres and low threshold centres has to be pre-selected and formal agreements will be made before the project starts with all the local authorities where the centres will be established.

   The NGOs providing respective services have to be pre-selected in cooperation with local governments and the selection should be approved by MoSA.

   Before grant contracts can be approved, the selection of centres and required equipment based on the needs analysis is presented to the EC Delegation.
ANNEXES TO PROJECT FICHE

1. Logical framework matrix in standard format
2. Detailed implementation chart
3. Contracting and disbursement schedule by quarter for full duration of programme (including disbursement period)
4. List of relevant Laws and Regulations
5. Reference to relevant Government Strategic plans and studies
8. Case-analysis of the Tallinn and Jõhvi treatment centres and indicative list for equipment
9. Indicative list for equipment for the 3 low threshold centres (in Harjumaa, Järvamaa and Ida-Virumaa)
10. Organigramme of the institutional elements
ANNEX 1: Logical framework

<table>
<thead>
<tr>
<th>LOGFRAME PLANNING MATRIX FOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total budget: 600 400 €</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Objective</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contemporary and professional system of drug treatment and rehabilitation for provision of efficient assistance for drug addicted people available ²⁰.</td>
<td>Number of drug addicts seeking treatment has increased by 20% whereas the number of the drug addicts has remained on the same level as in 2003. Quality of treatment and rehabilitation services is in accordance with international standards.</td>
<td>Estonian, EU, UN and other international reports Yearly statistics about drug use, treatment and rehabilitation (yearly).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Purpose</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic drug-aid is available and network of health care and social support services is operational.</td>
<td>40% of people with drug addiction have access to different types of drug-aid. Extent of collaboration between above-mentioned institutions.</td>
<td>Project reports Estonian, EU, UN and other international reports Statistics (yearly; quarterly)</td>
<td>Continuos government support to the overall strategy and programme Effective co-operation of the institutions and counterparts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract 1: Twinning</td>
<td>The concept has been approved by</td>
<td>Project reports.</td>
<td>Official drug policy remains</td>
</tr>
</tbody>
</table>

²⁰ Long-term aim (2012) of the draft Multi-Disciplinary National Drug Strategy
²¹ Low threshold centres are directing drug addicts who seek treatment to treatment and rehabilitation facilities.
3.3.1.2 The treatment and rehabilitation system strengthened

3.3.1.2.1 Concept for 2 treatment centres (for children in Ida-Virumaa and for adults in Harju) developed.

3.3.1.2.2 Network of outreach work is operational and linked to the treatment and rehabilitation centres.

3.3.1.2.3 List and specifications of equipment for treatment and rehabilitation centres drawn up and procurement prepared

3.3.3. Contract 2: Investment (Grants)

3.3.3.1 Treatment centre for children in Ida-Virumaa and for adults in Harjumaa equipped and operational.

3.3.3.2 3 low threshold centres (in Harjumaa, Järvamaa and Ida-Virumaa) are equipped and operational.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
<th>Costs (£) Phare</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract 1 Twinning</td>
<td></td>
<td></td>
<td>Local municipalities are committed support the approach</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Personnel of treatment and low threshold centres is committed and motivated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Project is supported by the activities of the national alcoholism and drug abuse prevention programme.</td>
</tr>
</tbody>
</table>

**Finalized training needs assessment and training plan are presented to the project team and Steering Committee.**

Seminars and workshops are conducted according to the plan.

25 persons have participated in the seminar.

First patients are being treated at Treatment centre for children in Jõhvi and treatment centre for adults in Tallinn by February 2005.

First clients are being consulted at 3 low threshold centres by January 2005.

Low threshold centres are co-operating with treatment centres.

Grant contracts concluded

National Report on Drug Situation by NFP
Quarterly and annual ADAPP reports
Certificates for the participants who successfully passed the seminars
Expert reports about workshops

unchanged

Member state support in the
Development of the twinning covenant + reserv

3.4.1.1.
* To further develop treatment and rehabilitation concepts
* To map the possibilities and elaborate the means and methods for co-operation between different branches of drug-aid system
* To develop together with NGOs and in co-operation with MoSA the network concept based on best-practice examples for information exchanges
* To develop the specifications for the investment components of the project (indicative lists for equipment)
* The overall co-ordination and management of this project

3.4.1.2 assistance of the PAA; translation and general accounting for the PAA

3.4.1.3. MS side project management; overall co-ordination of the project

3.4.1.4.
* To enhance the low threshold centres to be linked to the treatment and rehabilitation centres in Harjumaa, Järvamaa and Ida-Virumaa in order to

<table>
<thead>
<tr>
<th>Project team</th>
<th>PAA 14 months</th>
<th>PAA assistant 14 months</th>
<th>MS project leader 30 working days</th>
<th>STE 1 5 months</th>
<th>delivery of the programme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 500 + 8 200</td>
<td>11 900</td>
<td>12 600</td>
<td>64 000</td>
<td></td>
</tr>
</tbody>
</table>
20/08/03

<table>
<thead>
<tr>
<th>Contract 2</th>
<th>3.4.1.5.</th>
<th>To develop concepts for two treatment centres (for children in Ida-Virumaa and for adults in Harju)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.4.1.6.</td>
<td>Auditing of the project</td>
</tr>
<tr>
<td></td>
<td>3.4.2.1.</td>
<td>Grants for treatment centre for children in Ida-Virumaa and for adults in Harjumaa</td>
</tr>
<tr>
<td></td>
<td>Locations for all 5 centres have to be pre-selected.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>STE 2 4 working-months</th>
<th>51 200</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service contract</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supply contract</td>
<td></td>
</tr>
</tbody>
</table>

|                        | 370 000                |

Location of the treatment and low threshold centre in Harjumaa has been agreed with the Harju County Government and Tallinn Municipality Government by the beginning of the...
Location of the treatment centre for children and low threshold centre in Ida-Virumaa will be agreed with the Ida-Virumaa County Government and local municipality. Also, agreement will be made with the local municipality in Järvamaa for the location of the low threshold centre. The formal agreements will be made before the project starts with all the local authorities where the low threshold centres will be established.
ANNEX 2: Detailed implementation chart

**Project No:**
**Project Title:** “Implementation and Further Development of National Drug Strategy”

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>J F M A</td>
<td>J F M A</td>
<td>J F M A</td>
</tr>
<tr>
<td><strong>Contract 1 Twinning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAA for 14 months</td>
<td>T T T T</td>
<td>I I I I</td>
<td>I I I I</td>
</tr>
<tr>
<td>PAA assistant</td>
<td>I I I I</td>
<td>I I I I</td>
<td>I I I I</td>
</tr>
<tr>
<td>MS project leader</td>
<td>I I I I</td>
<td>I I I I</td>
<td>I I I I</td>
</tr>
<tr>
<td>STE 1</td>
<td>I I I I</td>
<td>I I I I</td>
<td></td>
</tr>
<tr>
<td>STE 2</td>
<td>I I I I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auditing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contract 2 Grants</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment for treatment centre (in Harjumaa, Ida-Virumaa)</td>
<td></td>
<td>T T T T</td>
<td>C I I</td>
</tr>
<tr>
<td>Equipment for low threshold centre (in Harjumaa, Järvamaa and Ida-Virumaa)</td>
<td></td>
<td>T T T T</td>
<td>C I I</td>
</tr>
</tbody>
</table>
ANNEX 3 A
Cumulative Contracting Schedule

**Project No:**
**Project Title:** “Implementation and Further Development of National Drug Strategy”

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30.09</td>
<td>31.12</td>
<td>31.03</td>
</tr>
<tr>
<td>Contract 1 Twinning</td>
<td>337 400</td>
<td>337 400</td>
<td>337 400</td>
</tr>
<tr>
<td>Contract 2 Grants</td>
<td>195 000</td>
<td>195 000</td>
<td>195 000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>532 400</td>
<td>532 400</td>
<td>532 400</td>
</tr>
</tbody>
</table>

ANNEX 3 B
Cumulative Disbursement Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31.03</td>
<td>30.06</td>
<td>30.09</td>
</tr>
<tr>
<td>Contract 1 Twinning</td>
<td>100 000</td>
<td>165 000</td>
<td>230 000</td>
</tr>
<tr>
<td>Contract 2 Grants</td>
<td>120 000</td>
<td>180 000</td>
<td>195 000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>220 000</td>
<td>345 000</td>
<td>425 000</td>
</tr>
</tbody>
</table>
ANNEX 4: LIST OF RELEVANT LAWS AND REGULATIONS

- UN 1961, 1971 and 1988 Convention on Narcotic Drugs And Psychotropic Substances
- Bilateral Legal Aid Agreements with Finland, Latvia, Lithuania, Russian Federation, Ukraine, United States of America, Austria
- Estonian Penal Code
- Estonian Customs Act
- Estonian Surveillance Act
- European Convention on Mutual Assistance in Criminal Matters
- The Money Laundering Prevention Act
- Health Insurance Act
- Health Care Administration Act
- Narcotic Drugs and Psychotropic Substances Act
- On the basis of the UN Conventions and Narcotic Drugs and Psychotropic Substances Act and 5 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);
ANNEX 5: REFERENCE TO RELEVANT GOVERNMENT STRATEGIC PLANS AND STUDIES

- National Strategy for Prevention of Drug Dependency 2012 will be approved by the Government of Estonia at the end of the March 2003 (approved by the Ministers Committee on Drug Policy in February 2003).
ANNEX 6: PRINCIPLES OF DRUG POLICY FOR 1997-2007

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 Border guard 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 using of the allocated means are the quality of treatment, resultativness 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, technics 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 7: ALCOHOLISM AND DRUG ABUSE PREVENTION PROGRAMME FOR 1997-2007

Approved at the Government of the Republic Session of 25 November 1997
Minutes 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 intoxications per 100,000 inhabitants is 3 times higher than the European average, 40 % of traffic accidents, 50 % of drownings, 60 - 70 % of violence related crimes, hooliganism, vehicle stealings 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 more free 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 informativeness 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 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, 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. Evaluating the resultativeness of the programme
Resultativeness of the programme is evaluated on the basis of achievement of the set aims. Bases for objective evaluation are internationally recognized 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 resultativeness of the programme may be seen by viewing the extent of its activities, active involving of public organisations and municipalities, and public support.
ANNEX 8: CASE-ANALYSIS OF TALLINN AND JÕHVI TREATMENT CENTRES AND INDICATIVE LIST FOR EQUIPMENT

Analyses of the Current Situation in Tallinn

Using of illegal narcotic and psychotropic substances is a quite new problem in Estonia, and during the last few years it has become one of the biggest problems in Tallinn. In the 2001 there was estimated 5000-6000 opiates users in Tallinn most of whom were 15-25 years old.

Treatment of drug addicts in Tallinn takes place mainly in WH Ravikeskus (1-2 weeks detoxification course), less in other inpatient institutions, which also provide treatment for other kind of psychiatric disorders. Stationary help for children is provided by the Children Hospital of Tallinn and the substitution treatment is made available at the Lääne-Tallinn Hospital. These treatment possibilities are not sufficient.

Also The Strategy on the Prevention of Drug and HIV/AIDS Expansion in Tallinn 2002-2007 pays attention to absence of the functioning treatment and rehabilitation system. One of the overall objections of the strategy is to have functioning and accessible treatment and rehabilitation system to (re)integrate drug addicts into society. Current project will be one of the implementation tools of the drug strategy of Tallinn City.

The addiction treatment centre that is to be established in Tallinn will take into account the best practice of the European countries, i.e. the methods that have proven to be efficient and optimal in addiction treatment.

The drug dependency treatment and rehabilitation centre in Tallinn is projected as a stationary establishment, primarily for treatment and rehabilitation of addicted adults. The centre is designed for 24 clients, the treatment will last 3-7 months on the average. The Tallinn centre shall treat approximately 100 persons per year. In most cases, there will be need for aftercare.

According to the initial plans the centre will start providing aftercare services at earliest a year after its opening. It is planned to focus at first on establishing of treatment. In course of this process it is intended to create the aftercare when the first clients will finish the treatment.

The potential patients will be sent to the rehabilitation centre by doctors, psychiatrists, outreach and social workers, police and other persons. The patients in the Tallinn treatment centre for drug addicted people will be selected by centre’s team, consisting of a general doctor - therapist, psychiatrist, psychologist and the manager of the centre. The same people will be responsible for the treatment and rehabilitation process at a later stage, whereas the decision-making mechanism should guarantee information and safety both for the clients and staff of the centre since the work involves patients belonging to a high-risk group.
Selection of patients will proceed from the following criteria:
1) Regular use of narcotic substances;
2) Wish to get rid of drug addiction;
3) No diagnosis of schizophrenia or mental disability;
4) The patients must have passed a general medical check-up as well as HIV, hepatitis, TBC and other communicative diseases.

The Tallinn treatment and rehabilitation centre shall employ a multi-disciplinary team. The team will include a general practitioner, psychiatrist-doctor, psychotherapist-psychologist, psychotherapist-social worker, nurses, activity therapist, work therapist, sports therapist etc. The centre will also pay on an hourly basis for an arts and creativity therapy specialist, cleaner and supporting staff. 2 positions for night watch are also planned, since the clients are often inclined to aggressive behaviour.

New centre is concentrated on treatment and rehabilitation of drug –addicted adults, i.e. on restoring their ability to work and in integrating them into society. The treatment process pays the most attention to psychotherapeutic and psychosocial methods of treatment. The role of classical (use of medicaments) treatment is significantly smaller. About 30% of the clients may relapse and use drugs during the treatment process, the detoxification of these persons will be carried out in the centre.

The treatment methods to be applied in Tallinn treatment centre are both group and individual psychotherapy, family therapy, counseling of family members, social work, medical (psychiatric) treatment. Urine tests for drugs will be conducted once a week. In case of patients with special needs (e.g. HIV-positive), substitution treatment will be applied. Services will include case management.

Analyses of the Current Situation in Jõhvi

From the year 2000 the number of drug users, especially very young (13-16 y.o.) drug users, has dramatically increased in Ida-Virumaa. At the same time it is the region most affected by the HIV epidemic. The expert estimates tell that today there are around 5000-6000 intravenous drug users in Kohtla-Järve region (Ida-Virumaa County). There is no statistically reliable data available to confirm this, which means that in reality the problem can be even bigger. Until the year 2002 there were no inpatient or outpatient treatment services for children (and adults) in the region of Kohtla-Järve and Jõhvi. In the year 2002 NGO “Noorteabikeskus” (Centre for Youth Help) was established and first ambulatory treatment program for children was launched. However, the stationary treatment in therapeutic community is still unavailable. The staff of the NGO “Noorteabikeskus” together with the Jõhvi Children’s Hospital have prepared the pilot project for the children’s treatment centre. This project is supported both politically and financially by the local government of Jõhvi. Negotiations are held with the local government of Kohtla-Järve.
The objectives of the inpatient treatment centre for children with drug dependency are
continuous work in the field of treatment and rehabilitation, development of best practice
methodology, establishment of coordinated network between already operating institutions
with the purpose of reduction of the number of new drug addicts and the number of drug
addicted children and adolescents returning to drug use (by means psychological treatment
and counseling), cooperation with Jõhvi, Kohtla-Järve and Ida-Viru County schools’ nurses
and family doctors for more effective rehabilitation of persons with addiction problems
(organization of trainings, seminars, lectures), counseling of HIV-positives and their
relatives, friends to limit the spreading of infectious diseases, development and
implementation of substitution treatment for young people under 19 years of age.

Clients of the centre will be children and adolescents who are less than 19 years old. Centre
is for both girls and boys, although there will be separate wing for females and separate
wing for males. The centre is designed for 28 clients – 16 boys and 12 girls (according to
initial concept that will be further elaborated). In most cases, there will be need for
aftercare. Jõhvi treatment centre shall treat up to 110 persons per year, whereas there are (as
mentioned above) approximately 5000-6000 injecting drug addicts in Ida-Virumaa most of
whom are children and adolescents.

Selection of patients will proceed from the following criteria:
1) Regular use of narcotic substances;
2) Wish to get rid of drug addiction;
3) No diagnosis of schizophrenia or mental disability;
4) The patients must have passed a general medical check-up as well as HIV, hepatitis,
   TBC and other communicable diseases.

The Jõhvi children’s treatment centre shall employ a multi-disciplinary team. Children and
adolescents will be provided with the education and leisure time activities.

Cost Analyses

Based on the business concept of the Tartu treatment center (being established in the
framework of ES0007.01.) and the cost-analysis of the health care system the average daily
costs in an inpatient treatment center are 30 EUR (450 EEK). They include per diem,
administrative and medical costs, activities costs.

Costs are to be paid by state, local municipality, Sick Fund and other possible donors. State
covers administrative costs and per diems, which constitute 2/5 of the centers daily costs.
Local municipality covers the costs related to the free time activities, education that also
constitute 2/5 of the daily total. Sick Fund (all under 19 years olds are insured) covers the
medical costs that constitute approximately 1/5 of the daily costs.

The activities of the Alcoholism and Drug Abuse Prevention Programme in the year 2003
include elaboration of the permanent financing scheme of the treatment and rehabilitation
services and signing agreements with the local municipalities to insure their financial
participation.
Indicative list of equipment necessary for the two treatment centres includes:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>NOMINATION</th>
<th>UNIT</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FURNITURE ca 50 500 €</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Wardrobe</td>
<td>52</td>
<td>Tallinn – 24 units</td>
</tr>
<tr>
<td>2</td>
<td>Closet small</td>
<td>58</td>
<td>Tallinn – 28 units</td>
</tr>
<tr>
<td>3</td>
<td>Closet large</td>
<td>22</td>
<td>Tallinn – 10 units</td>
</tr>
<tr>
<td>4</td>
<td>Book shelf</td>
<td>70</td>
<td>Tallinn – 34 units</td>
</tr>
<tr>
<td>5</td>
<td>Study table</td>
<td>73</td>
<td>Tallinn – 28 units</td>
</tr>
<tr>
<td>6</td>
<td>Dining table</td>
<td>11</td>
<td>Tallinn – 5 units</td>
</tr>
<tr>
<td>7</td>
<td>Chair for patients</td>
<td>98</td>
<td>Tallinn – 48 units</td>
</tr>
<tr>
<td>8</td>
<td>Chair with a folding table</td>
<td>52</td>
<td>Tallinn – 24 units</td>
</tr>
<tr>
<td>9</td>
<td>Bed with mattresses</td>
<td>52</td>
<td>Tallinn – 24 units</td>
</tr>
<tr>
<td>10</td>
<td>Metallic bed with wheels</td>
<td>4</td>
<td>Tallinn – 2 units</td>
</tr>
<tr>
<td>11</td>
<td>Ergonomic chair</td>
<td>15</td>
<td>Tallinn – 7 units</td>
</tr>
<tr>
<td>12</td>
<td>Resting chair</td>
<td>11</td>
<td>Tallinn – 5 units</td>
</tr>
<tr>
<td>13</td>
<td>Metallic closet for medication</td>
<td>3</td>
<td>Tallinn – 1 unit</td>
</tr>
<tr>
<td>14</td>
<td>Office desk</td>
<td>8</td>
<td>Tallinn – 4 units</td>
</tr>
<tr>
<td>15</td>
<td>Small office table with drawers</td>
<td>3</td>
<td>Tallinn – 1 unit</td>
</tr>
<tr>
<td>16</td>
<td>Couch</td>
<td>7</td>
<td>Tallinn – 3 units</td>
</tr>
<tr>
<td>17</td>
<td>Low table</td>
<td>6</td>
<td>Tallinn – 3 units</td>
</tr>
<tr>
<td>18</td>
<td>Small metal shelf</td>
<td>10</td>
<td>Tallinn – 5 units</td>
</tr>
<tr>
<td>19</td>
<td>Large metal shelf</td>
<td>2</td>
<td>Tallinn – 1 unit</td>
</tr>
</tbody>
</table>

The indicative amount contracts is calculated based on the ES0007 project supply tenders.
<table>
<thead>
<tr>
<th></th>
<th>Item Description</th>
<th>Quantity</th>
<th>Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Floor shelf</td>
<td>14</td>
<td>Tallinn – 6 unit, Jõhvi – 8 unit</td>
</tr>
<tr>
<td>21</td>
<td>Book shelf</td>
<td>15</td>
<td>Tallinn – 5 units, Jõhvi – 10 units</td>
</tr>
<tr>
<td>22</td>
<td>Blackboard</td>
<td>1</td>
<td>Jõhvi – 1 unit</td>
</tr>
<tr>
<td>23</td>
<td>Teachers table for study room</td>
<td>1</td>
<td>Jõhvi – 1 unit</td>
</tr>
<tr>
<td>24</td>
<td>Chairs for study room</td>
<td>30</td>
<td>Jõhvi – 30 unit</td>
</tr>
<tr>
<td></td>
<td><strong>HOUSEHOLD GOODS ca 56 000 €</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Refrigerator</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td>2</td>
<td>Deep freezer</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td>3</td>
<td>Electric cooker with oven</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td>4</td>
<td>Laundry washing machine</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td>5</td>
<td>Laundry drying machine</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td>6</td>
<td>TV-set</td>
<td>4</td>
<td>Tallinn – 2 units, Jõhvi – 2 units</td>
</tr>
<tr>
<td>7</td>
<td>Video player VCR</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td>8</td>
<td>Stereo system and speakers</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td>9</td>
<td>Set of kitchen pots and cooking tools</td>
<td>4</td>
<td>Tallinn – 2 units, Jõhvi – 2 units</td>
</tr>
<tr>
<td></td>
<td>(15 items)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Set of table tools (12 items)</td>
<td>5</td>
<td>Tallinn – 2 units, Jõhvi – 3 units</td>
</tr>
<tr>
<td>11</td>
<td>Set of table plates and glasses (12 items)</td>
<td>5</td>
<td>Tallinn – 2 units, Jõhvi – 3 units</td>
</tr>
<tr>
<td>12</td>
<td>Professional vacuum cleaner</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td>13</td>
<td>Electrical oil radiator</td>
<td>6</td>
<td>Tallinn – 3 units, Jõhvi – 3 units</td>
</tr>
<tr>
<td>14</td>
<td>Dish washer</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td>15</td>
<td>Universal mixer</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td>16</td>
<td>Vegetable chopper robot</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td>17</td>
<td>Vegetable cleaning and peeling machine</td>
<td>1</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td>18</td>
<td>Dictaphone</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>Portable radio</td>
<td>26</td>
</tr>
<tr>
<td>---</td>
<td>--------</td>
<td>----------------</td>
<td>----</td>
</tr>
</tbody>
</table>

**IT EQUIPMENT 26 000 €**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Tallinn</th>
<th>Jõhvi</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Personal computer (CD WR)</td>
<td>4</td>
<td>Tallinn – 2 units</td>
<td>Jõhvi – 2 units</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Personal computer</td>
<td>2</td>
<td>Tallinn – 1 unit</td>
<td>Jõhvi – 1 unit</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Printer</td>
<td>2</td>
<td>Tallinn – 1 unit</td>
<td>Jõhvi – 1 unit</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Copy machine</td>
<td>2</td>
<td>Tallinn – 1 unit</td>
<td>Jõhvi – 1 unit</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Integrated fax/telephone</td>
<td>2</td>
<td>Tallinn – 1 unit</td>
<td>Jõhvi – 1 unit</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Desk telephone</td>
<td>4</td>
<td>Tallinn – 2 units</td>
<td>Jõhvi – 2 units</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Software for database maintenance</td>
<td>2</td>
<td>Tallinn – 1 unit</td>
<td>Jõhvi – 1 unit</td>
<td></td>
</tr>
</tbody>
</table>

**VEHICLE ca 25 000 €**

|   | 1     | Mini van | 2   | Tallinn – 1 unit | Jõhvi – 1 unit |

**SANITARY EQUIPMENT ca 12 000 € (national co-financing)**

<p>|   | 1     | Central heater | 2   | Tallinn – 1 unit | Jõhvi – 1 unit |
|   | 2     | Toilet        | 19  | Tallinn – 9 units | Jõhvi – 10 units |
|   | 3     | Shower        | 19  | Tallinn – 9 units | Jõhvi – 10 units |
|   | 4     | Deep sink     | 2   | Tallinn – 1 unit | Jõhvi – 1 unit |
|   | 5     | Spray for preliminary washing | 2 | Tallinn – 1 unit | Jõhvi – 1 unit |
|   | 6     | Food preparation table with sink | 4 | Tallinn – 2 units | Jõhvi – 2 units |
|   | 7     | Sink for washing hands and faucet | 19 | Tallinn – 9 units  | Jõhvi – 10 unit |
|   | 8     | Large sink and faucet | 2 | Tallinn – 1 unit | Jõhvi – 1 unit |
|   | 9     | Food preparation table with a shelf | 2 | Tallinn – 1 unit | Jõhvi – 1 unit |
|   | 10    | Electric cooker | 2  | Tallinn – 1 unit | Jõhvi – 1 unit |
|   | 11    | Small food preparation table with a shelf | 2 | Tallinn – 1 unit | Jõhvi – 1 unit |
|   | 12    | Large sink with double bowls | 2  | Tallinn – 1 unit | Jõhvi – 1 unit |</p>
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Food preparation table</td>
<td>2</td>
<td>Tallinn – 1 unit, Jõhvi – 1 unit</td>
</tr>
<tr>
<td></td>
<td><strong>RAPID DRUG TEST KITS</strong></td>
<td><strong>2 500 €</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Rapid drug test kits</td>
<td>224</td>
<td>Tallinn – 96 units, Jõhvi – 128 units</td>
</tr>
<tr>
<td></td>
<td><strong>ACSESSORIES</strong></td>
<td><strong>ca 8 000 € national co-financing</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Gym equipment</td>
<td>15</td>
<td>Tallinn – 5 units, Jõhvi – 10 units</td>
</tr>
</tbody>
</table>
ANNEX 9    Indicative list of equipment for the 3 low threshold centres\textsuperscript{23} (in Harjumaa, Järvamaa and Ida-Virumaa)

Equipment for the counselling room, office for case-manager and social worker, syringe exchange room, drop-in room including:

Furniture: 24 700 €
- Wardrobe
- Closet large
- Book shelf
- Study table
- Chair for patients
- Ergonomic chair
- Metallic closet for medication
- Office desk
- Small office table with drawers
- Blackboard
- Small metal shelf
- Large metal shelf
- Floor shelf
- Couch

IT equipment ca 12 000 €
- Personal computer (CD WR)
- Printer
- Copy machine
- Integrated fax/telephone
- Desk telephone
- Software for database maintenance

Rapid drug test kits 3 300 €

**TOTAL 40 000 €**

Renovation of the rooms will be financed by local municipalities and co-financed from the Estonian State budget (20 000 €).

\textsuperscript{23} The indicative amount contracts is calculated based on the ES0007 project supply tenders.
ANNEX 10: ORGANIGRAMME

Ministry of Social Affairs of Estonia
Department of Public Health
Programme Officer (Head of the Department)

Department of Public Health
Estonian Project Leader (Chief Specialist)

Local Municipalities

PAA

National Institute of Health Development
National Alcohol and Drug Abuse Prevention Programme 1997-2007

NGOs

Counties’ Drug Prevention Centres