

APPENDIX 2. Vision for the activities of the systems of the white paper of drug prevention policy.

Key to the color and letter coding in the first column of the table

A	Existing, functioning activity
B	Existing activity but quality or coverage insufficient
C	No service or activity, development required

No	System/ area-specific needed activities	Base level/ current situation 2013	By 2018 should have movement toward	Responsible Party(-ies)	Activity's connection with development plans of the area	Activity's inclusion in implementation plans of the area's devel. plans	Financial resources
1.	Supply reduction						
A 1.1	National cooperation of institutions involved with supply reduction	Exchange of information with important partners is operative, negotiations with new partners are ongoing.	Ongoing development and sustaining of cooperation. Greatest attention turned to substances causing greatest number of deaths and other problems. Significant increase in efficiency of information exchange with minors	MOI	National Health Plan (NHP) 2009-2020, in the future ISDP (internal security development plan)	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.6)	Financial resources available
A 1.2	International cooperation	Information exchange with partners is functioning. International research groups are being formed and their work is being participated in.	Ongoing development and sustaining of cooperation. Flexible and problem-focused bi- and multi-lateral cooperation is ensured.	MOI	NHP 2009-2020, in the future ISDP	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5,	Financial resources available

						activity 4.5.6)	
B 1.3	Ensuring the needed equipment and tools for detecting drugs (x-ray machines, number identification systems, etc.)	Currently there are not enough modern tools (equipment needed for detection of drugs and their use). The system for the supply of those tools also needs to be changed. Each department plans for expensive equipment separately, not in cooperation or with an eye to common needs.	There is an optimal amount of equipment needed for detecting drugs and intoxication. The supply reduction system has consolidated technological needs and undertaken unified procurements, needed equipment is cross-used	MOI	NHP 2009-2020, in the future ISDP	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.13)	Additional finances needed
B 1.4	Surveillance, detection of criminal offences	Regular cooperation exists between law enforcement institutions. Significantly greater attention is paid to individuals and criminal organizations committing the most socially dangerous drug crimes as stated in risk assessment.	Targeted surveillance operations based on risk assessment to combat dealing of the drugs most associated with overdoses. Increasing the number of surveillance operations must be in accordance with the ability of the other services of the supply reduction system to deal with this problem.	MOI	NHP 2009-2020, in the future ISDP Main guidelines of Estonia's security policy until 2015(TPPS), Criminal Policy's development plan until 2018.	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.13) in the future ISDP implementation plan	Additional finances needed
B 1.5	Ensuring adequate numbers of personnel for the combat against drugs.	Currently there are few officials engaged in combat against drugs and the activities of different offices is not harmonized.	The number of officials and qualifications are horizontally harmonized and their number of work hours is in accordance with	MOI*, MOJ, MIN OF FINANCE (MOF)	NHP 2009-2020, in the future ISDP	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5,	Additional finances needed

			optimum capacities.			activity 4.5.13)	
C 1.6	Common courses to increase the qualifications of officials in the Ministries of the Interior, Justice, and Finance, and their subordinate institutions.	Each institution conducts continuing trainings separately in close cooperation with the Estonian Academy of Security Sciences (EASS). The scope and quality of the Academy's drug training does not meet the needs of ETCB, police and border guard.	Annual system-wide training in EASS for making information exchange and cooperation more effective (participation by PBGB, ETCB, EFSI, and RA). The scope and quality of the Academy's drug training meets the needs of ETCB, police and border guard.	MOI*, MOJ, MOF	No approach in development plans as yet, in the future ISDP	Is not currently reflected in any implementation plans, in the future ISDP implementation plan	Additional finances needed
B 1.7	Cooperation between law-enforcement authorities and areas of prevention, education and social affairs to reduce the risk of a criminal trajectory for young drug users and drug criminals	Random cooperation, depending on region, officials' capability and local government support	Cooperation is systemic and nationwide, law-enforcement authorities have unified and effective procedures for networking with the area of social affairs.	MOI* / MSA / MER / MOJ	NHP 2009-2020, in the future also ISDP	Activity included in NHP implementation plan for 2013-2016 (I area, measure 2, activity 1.2.3) in the future ISDP implementation plan	Additional finances needed
A 1.8	Regular work of informational system for early warning and putting new psychoactive substances under	The legal basis for the creation of the information exchange system, VAHIS is established. The system has functioned informally for years, but the new VAHIS will make information exchange	The legal basis for the early warning system has been established, which regulates the exchange of information between departments about new psychoactive	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.4)	Financial resources available

	control	more effective.	substances, the collection of that information into the early warning database, and the rights to access that information. A national early warning system will be implemented no later than Jan 1, 2014.				
C 1.9	Assessment of the effect of Criminal Policy. Need to evaluate effect of criminal policy's (drug penalties and criminal policy's measures in general) direction over the last 15 years on drug trafficking and drug use. (In 2002, use and possession in small quantities was decriminalized and later penalties for participating in drug trafficking were toughened)	The effect of the Criminal Policy has not yet been systematically evaluated	<p>A thorough evaluation of effects has been conducted. Criminal Policy is adjusted accordingly.</p> <p>Assessment of Criminal Policy conducted as needed. First assessment to take place in 2014</p> <p>Risk assessment compiled annually.</p>	MOI* / MOJ	Criminal Policy development directions until 2018, in the future ISDP	Is not currently reflected in any implementation plans. In the future ISDP implementation plan	Additional finances needed
2.	Universal, or primary prevention						

	The goal is to strengthen the protective factors for youth and the general population, in order to help better adjust to the challenges of home, school, hobbies and career, and to reduce risk factors for the use of addictive substances. The necessary academic, social, and emotional skills, and information about the harmful effects of legal and illegal psychoactive substances to developing minds should be ensured. Universal prevention has much common ground with child protective services and elementary education.						
C 2.1	Developing a concept for the Universal Prevention System	Current universal prevention activities do not comprise a cohesive prevention system. Rather it is a variety of independent activities, which may be partially redundant and do not achieve the desired effect.	Universal prevention activities form a unified and coordinated system throughout areas of government.	MOI, MOJ, MSA, MER common responsibility, primary responsibility TBD in 2014 in the course of the work of Drug Prevention Committee	Children and family development plan 2012-2020	In the future, implementation plan of the Children and family development plan 2014–2017, measure 1.1	Additional finances needed
C 2.2	Agreeing on, coordinating and systematically implementing intervention instruments based on general education which create a secure psychosocial environment and develop social skills.	Currently there is no overview or principles for agreeing on, coordinating and systematically implementing intervention instruments based on general education (concept). The goal of the interventions is to create a secure psychosocial learning environment, to shape disapproving attitudes toward risk behavior, and teach children social skills.	Evidence-based interventions are integrated into Estonia's general education system. As a result of interventions, the psychosocial environment of educational institutions is secure and supportive, children have disapproving attitudes toward risk behaviors and know how to care for their health, assess risks, and make considered decisions.	MER	Lifelong Learning Strategy 2014-2020	In the future, Lifelong Learning Strategy 2014-2020 implementation plan / applying a learning approach in all levels and types of education to support students' individual and social	Additional finances needed

			Implementation of evidence-based programs is being monitored and evaluated.			development, study skills, creativity and initiative.	
B 2.3	Evidence-based programs for parents to develop parental skills.	Most parents do not have access to preventative information and development of parental skill through educational institutions. Since 2012, the NHP has undertaken pilot projects in 33 schools in Estonia in the area of parental skills and information/affecting attitudes about drugs. There are also some non-profit organisations (i.e. Perekeskus Sina ja Mina - You and Me Family Center) that offer parental education programs on a project-based and private client basis. The scope of this activity is currently limited.	Through different services and methods, parents have access to quality, evidence based parental skills training in both Estonian and Russian. Through educational institutions (kindergartens and elementary school), parents regularly receive necessary information about prevention.	MSA*	Children and family development plan 2012-2020	In the future, implementation plan of the Children and family development plan 2014–2017, measure 2.1. and 2.2	Financial resources planned from EEA funds.
B 2.4	Pre-school child care institutions have evidence-based social and emotional skills programs.	Pre-school child care institutions' curriculum is comprised of four general skills groups, in which social and self-management skills are separately described (learning results can be found in that curriculum § 14 and 15) In addition to existing curriculum, NHP has conducted training courses for kindergarten	All pre-school child care institutions have implemented evidence-based programs to develop social and emotional skills.	MER	NHP 2009-2020, Lifelong Learning Strategy 2014-2020	In the future, Lifelong Learning Strategy 2014-2020 implementation plan / applying a learning approach in all levels and types	Additional finances needed, partially covered by project-based funding (KIVA)

		<p>teachers on shaping a psychosocial environment and teaching social coping skills. There are also methodical materials.</p> <p>About half of kindergartens have implemented the program "Bullying-free kindergarten" (http://kiusamisestvabaks.ee/)</p>				of education to support students' individual and social development, study skills, creativity and initiative.	
B 2.5	Evidence-based prevention programs in schools and classrooms, which help children adjust to going to school from the first day and function through the shaping of social and physical environment	Currently there are no nationwide functioning evidence-based programs in schools. In the academic year 2013/14 one school in every county will take part in the pilot program "Bully-free School", whose effectiveness will be assessed by Tallinn University. In 2013 the evidence-based project "Bully-free School" (KiVa) will be initiated as a pilot project.	Estonia's school system will have implemented at least one cost-effective, nationwide evidence-based program, which is a part of schools' standard operations (i.e. KiVa, "Bully-free School" follow-up program for kindergartens).	MER	Lifelong Learning Strategy 2014-2020	In the future, Lifelong Learning Strategy 2014-2020 implementation plan / applying a learning approach in all levels and types of education to support students' individual and social development, study skills, creativity and initiative.	Additional finances needed. Planned application for funding through EEA and the Norwegian Financial Mechanism program Children and Youth at Risk.
B 2.6	National curriculum-based drug prevention training to shape social skills in	Since 2011 personal education has been a compulsory part of the NC in all levels of schooling. Actual implementation has been incomplete. Between 2001-2004	NC is implemented to its full extent with updated study material. In 2013-2014 there are	MER	Lifelong Learning Strategy 2014-2020	In the future, Lifelong Learning Strategy 2014-2020	Additional finances needed

	general education schools.	teacher's guides for drug prevention based on social coping skills training were developed in Estonian and Russian. Since 2012 schools have also had the educational film about drugs "Mõtteaine" ("Substance for Thought")	plans to update the teacher's book for social coping skills training. Personal education teachers have received basic training/supplementary training.			implementation plan / applying a learning approach in all levels and types of education to support students' individual and social development, study skills, creativity and initiative.	
B 2.7	Increasing opportunities among youth for creative development, own initiative, and common activity.	Youth work is mainly offered by youth centers (227), hobby schools (527), youth organizations, youth districts, permanent and project camps, youth work organizations, and youth clubs. Youth work creates many opportunities for acquiring social capabilities and discovering interests and creativity, and engaging with hobbies in depth. Opportunities for multifaceted development and common activities for youth are not equal throughout Estonia. It is necessary to consistently direct attention to the obstacles facing youth and make greater use of youth work and the ability of	The availability of youth work services needs to be increased and youth work should help to reduce the social exclusion of young people. To involve more youth and find new methods, professional capability and an appropriate foundation of resources is needed.	MER	Draft for youth development plan 2014-2020	Youth development plan 2014-2020 implementation plan	To be planned within the framework of the implementation plan of the youth development plan 2014-2020.

		youth-centered policies to remove those obstacles.					
B 2.8	By youth for youth training (HIV and drugs)	The 2013 trainings for HIV prevention on the by youth for youth method are directed primarily to youth living in areas with fewer opportunities (South, West, Central Estonia and Lääne and Ida-Virumaa). There is a particular emphasis on the students and faculty of vocational and Special Educational Needs (SEN) schools. The training methodology is being developed and an updated handbook is being worked out. The training includes drug prevention, since HIV and drug use are connected. Training courses support the school's curriculum.	Awareness of available counselling services has risen among youth and in general. By youth for youth methods for HIV prevention training continues and the methodology is adopted in wider, integrated prevention work (including prevention of exclusion, preventing use of drugs, alcohol, and tobacco).	MER*/MSA	NHP 2009-2020, National HIV and AIDS Strategy for 2006-2015	NHP implementation plan 2013-2015	Additional finances needed.
B 2.9	Availability of drug-related information for general public, shaping norms that are anti-drug.	There are informational portals like narko.ee and several others for disseminating health information. Information updates are episodic, irregular. Often difficult for users to find the latest information.	Info portals are interactive and constantly updated. Once per year there is a major campaign to shape norms, accompanied by supporting informational activities, including a constant social media strategy. On the universal prevention level alcohol, drugs and	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.7)	Additional finances needed (Partially Norwegian Financial Mechanism 2009-2014 National Health Program 3rd round of application)

			tobacco prevention are not separated and drug prevention programs are concentrated on a child's general ability to adapt and teamwork and synergy with parental training programs.				
C 2.10	Creating a unified vision and a training program for professionals who interact with children and youth on topics of drug prevention.	Currently a unified vision or training program is missing.	<p>A concept has been developed for how all organizations that deal with children and youth can see and fulfill their own roles in prevention.</p> <p>Different organizations and professionals who deal with children and youth share a common vision of the need for prevention and know how their work contributes to prevention.</p> <p>Training and instructional material for best practices is covered in basic training.</p>	MOI, MOJ, MSA, MER common responsibility, primary responsibility TBD in 2014 in the course of the work of Drug Prev. Committee	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.8, II area, measure 3, activity 2.3.3)	Additional finances needed
3.	Early intervention The goal of early intervention is to detect the risk factors for drug use as early as possible and offer services to help children and youth who are at an elevated						

risk to adjust to the challenges of everyday life. There is a large overlap with the areas of special youth work and children's mental health.							
B 3.1	Reinforcing early intervention support structure in the living and learning environment of children.	<p>According to the law, all preschool-aged children must have the services of support specialists available as needed - psychologists, social coaches, special teachers and career counsellors. The content and scope of services provided by support specialists are implemented differently among different groups of students. Also the need for and availability of those services varies by a school's type, size and regional location.</p> <p>Art. 14 of the Pre-school Child Care Institution Act and art. 8 of the national curriculum of the pre-school child care institutions define the principles of early intervention and support for children with special needs in pre-school child care institutions, instructional material has been developed for pre-school child care institutions for the assessment and support of a child's development, where early intervention is unpacked in depth. There have been regional seminars on this topic.</p>	<p>With the help of funding from the Norwegian financing measures program and the ESF, there are plans to offer continuing education to support specialists and develop instructional materials.</p> <p>Regional mental health centers have been created (case-by-case approach)</p>	MSA	<p>NHP 2009-2020, Children and family development plan 2012-2020.</p> <p>Lifelong Learning Strategy 2014-2020</p> <p>Mentioned in the law: PCC, EHSC §37 and 47</p>	<p>Activity in NHP implementation plan for 2013-2016 (II area, measure 3, activity 3.3.2), In the future, implementation plan 2014-2017 of the Children and family development plan, measure 3.2</p> <p>In the future, implementation plan of the Lifelong Learning Strategy 2014-2020</p>	Additional finances needed (Partially Norwegian Financial Mechanism 2014-2015 and ESF)

B 3.2	Training for specialists who are in contact with youth to identify problems in children and youth and assessing their needs.	Currently some departments have instructions and tools for testing children. There is not an integrated overview of the use of assessment tools or the need for their use.	The work group of practitioners, universities and policymakers has ascertained the importance of means for testing and assessment. Assessment and testing methods have been developed or adapted according to the need. Specialists who deal with children and youth as well as youth workers will be trained in identifying the need for intervention and the use of assessment and testing methods.	MSA*, MER	NHP 2009-2020, Children and family development plan 2012-2020, Youth Development Plan 2014-2020	Activity in NHP implementation plan for 2013-2016 (I area, measure 3, 1.3.3 ja 1.3.4, II area, measure 3, activity 3.3.2), In the future, implementation plan 2014-2017 of the Children and family development plan, measure 3.2, Youth Development Plan 2014-2020 implementation plan	Additional finances needed (Partially EEA and Norwegian Financial Mechanism 2014-2015, both National Health program as well as the Children and Youth at Risk program
B 3.3	Developing the standards for academic counselling and other support services and reinforcing the network of trained specialists.	The dropout rate is high in all types and at all levels of Estonia's educational institutions. The inadequate availability of school quality and specialist support does not contribute to the implementation of educational and social involvement principles in educational institutions and does not ensure the participation of all students in learning	To reduce the dropout rate, increase the education level of youth and make suitable career choices, quality academic counselling and career services will be ensured for children, youth and adults participating in general education	MER	Lifelong Learning Strategy 2014-2020 draft	Lifelong Learning Strategy 2014-2020 implementation plan	To be planned within the framework of the Lifelong Learning Strategy 2014-2020 implementation plan

		commensurate with their abilities. Noticing the problems of students too late, and the accumulation of those problems increases the risk of dropping out and other difficulties in coping later on.	through regional centers.				
B 3.4	Case management for dealing with the problems of minors.	Currently there are no unified standards for case management and evaluating the problems of minors (incl. drug problems). The personnel for dealing with case management is also lacking.	Unified standards of case management have been developed in order to assess clients' needs for local child protective services workers and school support personnel.	MSA	Children and family development plan 2012-2020	In the future, implementation plan 2014-2017 of the Children and family development plan	Additional finances needed
B 3.5	Out-patient counselling for adults, including existence of group-based counselling services.	Currently, the availability of services is regionally limited.	Through the creation of new services and the expansion of existing ones, the availability of multifaceted individual and group-based out-patient counselling services is ensured for individuals with addiction problems and those close to them.	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.9)	Additional finances needed
C 3.6	Availability of ambulatory counselling services for children and youth (including support groups)	Currently, the availability of service is very limited.	Close cooperation with structures dealing with children's mental health and behavioral disorders has been achieved. Families who have children with mental disorders	MSA	NHP 2009-2020, Children and family development plan 2012-2020	Activity in NHP implementation plan for 2013-2016 (I area, measure 3, activity 1.3.4) The creation of a children's mental	Financial resource planned (Norwegian Financial Mechanism's National health program 2009-2014)

			<p>receive counselling and aid to learn how to lead the family and prevent an elevated risk of drug addiction for the child.</p> <p>Children with behavioral disorders are offered rehabilitation services.</p>			<p>health center and regional mental health centers are in the Children and family development plan 2012-2020 (measure 3.3.)</p>	
4.	<p>Harm reduction The goal of the harm reduction system is to reduce the spread of infectious diseases and overdoses associated with injecting and deaths resulting from the afore mentioned, and to encourage active injecting drug users to get in touch with health care and social services. Harm reduction is an evidence-based approach which accounts for the neurological foundations of addiction and helps to minimize the harms of injecting at a time when the addict is either unwilling or unable to quit using drugs.</p>						
B 4.1	<p>Instruction, motivation and training of personnel in the harm reduction field.</p>	<p>There are courses for harm reduction specialists (social workers, syringe exchangers, etc.). The level of knowledge and motivation is uneven. Many workers in the harm reduction system do not have specialized education or have only completed short-term courses.</p>	<p>Professional instructional and continuing education system has been created and is functioning. Competencies are described and appropriate training, practicing, intervisions, etc are ensured.</p> <p>Minimum requirements for different levels of competency for harm reduction workers are described.</p> <p>Harm reduction service workers are capable of</p>	MSA	NHP 2009-2020	<p>Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.8)</p>	<p>Additional finances needed</p>

			counselling the target group and able to direct them to needed services.				
B 4.2	Existence of syringe exchange and counselling services according to the needs of the target group.	Estonia has 37 different syringe exchange and counselling sites (in-patient centers and field work teams). Service quality is uneven.	The quality of harm reduction services meets national minimum standards. The range of services offered at harm reduction centers has widened - all centers offer counselling, social aid, direction to health care services. Harm reduction service includes counselling to prevent overdoses.	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.9)	Additional finances needed
C 4.3	Development of services to reduce new harms.	Existing services include only exchange of needles and syringes.	In addition to distribution of syringes, other injection equipment is also offered: filter, fluid, heating dish, disinfecting agent.	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.9)	Additional finances needed
B 4.4	Program to prevent overdose-related deaths.	Since September 2013, a pilot project of the overdose prevention program was initiated.	The take-home naloxone program to prevent overdoses and drug-related poisoning deaths is accessible to the target group. Regular training courses on	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.9)	Additional finances needed

			<p>using naloxone to prevent overdose-related deaths are conducted for the target group.</p> <p>Analyzing the need and possibilities for the creation of "safe injecting rooms". The goal of safe injecting rooms is to reduce the danger of injecting to people's health and the violation of law and order associated with drug injection.</p>				
5.	<p>Drug addiction treatment and rehabilitation The drug addiction treatment and rehabilitation system is comprised of different medical and psychosocial services, which help drug users to free from the physiological need for psychoactive substances and to (re)acquire life and work skills necessary for independent coping.</p>						
B 5.1	Creation of the necessary legal basis and updating legislation in the field of drug addiction treatment and rehabilitation.	Not all treatment and rehabilitation services for people with addiction problems have a legal framework.	Drug addiction treatment and rehabilitation services for people with addiction problems all have a legal basis.	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.2)	Financial resources available
C 5.2	Combining different treatments, rehabilitation and social reintegration services into a	Currently, treatment and rehabilitation services are separate and do not form a unified system.	For addiction treatment and rehabilitation to work between different jurisdictions, a unified concept with corresponding	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5,	Additional finances needed

	unified system.		laws and regulations is created. A drug addict's smooth transition between different treatment and rehabilitation services is ensured.			activity 4.5.2)	
B 5.3	Out-patient opioid substitution treatment availability for opioid users	<p>Availability of opioid addiction substitution treatment varies from region to region and does not meet the requirements. Currently there are about 700 places guaranteed for opioid substitution treatment (Tallinn, Ida-Virumaa).</p> <p>The quality of treatment is sometimes ¹ uneven.</p> <p>Antiretroviral treatment is offered in conjunction with opioid substitution treatment only in Tallinn.</p>	<p>Opioid substitution treatment offered regionally according to an area's need (assuming that the hospitals of the network of the hospitals' development plan take the responsibility to offer important services according to public health needs).</p> <p>The service has been instituted in Maardu, Pärnu, and Rakvere.</p> <p>Minimum requirements have been established and the quality of the service meets those standards.</p> <p>Substitution treatment is offered in conjunction with antiretroviral and/or</p>	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.9)	Additional finances needed

¹ Mapping health care and support services for adult drug addicts, NIHD 2012

			tuberculosis treatment.. If methodone is not a suitable drug in substitution treatment, buprenorphine based drug will be offered as an alternative.				
B 5.4	Availability of in-patient detoxification treatment for both adults and children.	The scope of the service is lacking. Some important services do not exist (i.e. treatment for amphetamine addicts). ^{1, 2}	Multifaceted and effective in-patient drug addiction treatment options have been created for both adults and children (Ida-Virumaa is a region of priority). Detoxification treatment options must also be expanded in Tallinn and southern Estonia. At least 18 spaces in in-patient treatment facilities are ensured for treatment of children with addiction disorders. The capacity of rehabilitation services to treat minors must be increased by at least 20 spaces.	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.9)	Additional finances needed
B 5.5	Availability of rehabilitation services for children as well as adults.	The capacity and quality of the service is not sufficient. ¹	Quality standards have been established and the service meets those standards.	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area,	Additional finances needed

² Mapping health care and support services for minor drug addicts , NIHD 2012

			The capacity of services offered to adults and minors has increased.			measure 5, activity 4.5.9)	
B 5.6	Training and motivating psychiatrists, psychologists, social workers, and doctors in other specialities for work with individuals who have addiction problems.	There is currently not enough personnel. ^{1,2}	Motivational and continuing education options have been created for nurses, doctors, social workers, and psychologists. In addition to psychiatrists, other specially trained doctors from other specialties are involved in drug addiction treatment.	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.8)	Additional finances needed
Reducing the harms of drugs in prison							
A 5.7	Discovering and combating drugs in prison.	There are regular searches and major operations to uncover illegal substances, there is widespread video surveillance, each prison has sniffer dogs and their handlers, and body scanners are in use. Mail packages are checked, security is made more effective, etc. There is regular and purposeful drug testing in prison.	Drugs do not reach the hands of prisoners (on the assumption that old camp-style prisons are all closed).	MOJ	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.12)	Financial resources available
A 5.8	Harm reduction services in prison	Currently condoms, syringes and injection equipment are not available in prisons. Harm	There has been no infection with HIV in prison.	MOJ	NHP 2009-2020	Activity in NHP implementation plan for 2013-	Financial resources available

		reduction methods in place at prisons are distributing information, opioid substitution treatment, hepatitis A and B and HIV testing and counselling and hepatitis B vaccines for risk groups. Condoms are available in visit rooms. The last infection through injecting in prison was in 2007.	Refusal of HIV testing, (incl. repeat testing) is under 1%.			2016 (IV area, measure 5, activity 4.5.9)	
B 5.9	Rehabilitation departments for social reintegration of addicts in prisons	Rehabilitation department in a closed prison is meant for prisoners who acknowledge their addiction problem and are motivated to deal with it. This is an isolated imprisonment unit, where different intervention programs are conducted for the prisoner, which are mostly based on behavior theory, group therapy and individual work. Currently, in Tartu, there is a results unit with 174 spaces, divided into 4 sections. There are also rehabilitation departments at Viru prison (16 youth and 20 adult spaces) and at Harku and Murru prison (8 spaces). The problem currently is that prisoners serving shorter sentences have more limited options for dealing with their	Ensure participation in the intensive rehabilitation program by convicts who are motivated to deal with their addiction problem. Ensure rehabilitation also to short-term prisoners and those under arrest who are motivated to deal with their addiction problem.	MOJ	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.9)	Additional finances needed

		addiction problems, since they are not placed into rehabilitation departments.					
A 5.10	Opioid substitution treatment and detoxification options in prisons.	Primary detoxification treatment in prison usually happens with non-opiate medicines in the medical department, but it is possible to also conduct detoxification treatment. Starting opioid substitution treatment takes place only in Tartu prison's medical department and treatment started there or in freedom will be continued if needed at other prisons' medical facilities. Currently, treatment is ensured for everyone for whom detoxification or substitution therapy is medically indicated.	Detoxification or substitution therapy continue to be ensured in all medically indicated cases.	MOJ	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.9)	Financial resources available
B 5.11	Drug addiction treatment as an alternative punishment	In the second half of 2011, at the initiative of the Ministry of Justice, an Estonian-Swiss cooperation programme Treatment and Rehabilitation of Drug-addicted Offenders was started under which funding was found to apply addiction treatment as an alternative punishment. Offering and encouraging alternative punishment is an important measure to reduce the number of	An effective addiction treatment and rehabilitation system is ensured for offenders with drug problems, whose imprisonment is replaced with treatment or rehabilitation.	MOJ / Estonia-Swiss cooperation programme.	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.10)	Additional finances needed

		<p>imprisoned persons.. In four years of activity (2011-2014), the project will conduct treatment for up to 90 people. In 2012, treatment was assigned to one person.</p> <p>To make alternative punishment effective, the scope and quality of addiction treatment must increase.</p>					
B 5.12	Reducing demand for drugs in prison	<p>Prisons deal mostly with measures for supply reduction. The time of imprisonment is often not filled with purposeful activity, access to work and entertainment is limited. Maintaining and developing positive social relationships both in prison as well as with family and others on the outside is limited, since the number of personnel relative to the number of inmates forces the staff to focus mainly on keeping the peace.</p>	<p>Purposeful activity is offered to the inmates in work, study and free time in order to reduce demand for drugs. The prison encourages access to legal, recreational activities and means of reducing the stress of imprisonment. The level of violence in prison is minimal. The prison invests in the inmate's maintenance of positive social relationships both within and outside the prison. Relations are good between the inmates and the prison personnel, and the pro-social influence of the inmates happens through</p>	MOJ	MOJ development plan, Criminal Policy development directions until 2018		Additional finances needed

			the personnel.				
6.	Social reintegration services The goal of social reintegration services and relapse prevention is to help those who have completed addiction treatment and those freed from prison to return to society and continue to cope independently.						
C 6.1	Developing a concept of the social reintegration service system and its coordination.	Currently, the social reintegration services offered to those residing at treatment and rehabilitation services and those who have completed treatment or those in prison or freed from prison do not form a unified system. Some services are lacking or the cooperation between existing services is weak.	Necessary social reintegration services are available to the target group and form a unified system.	MSA*, MOJ, MOI, LG, MER, Unemployment Insurance Fund	Not currently reflected in any development plan/strategy. In the future, NHP 2009-2020	Not currently reflected in any implementation plan, in the future, NHP implementation plan.	Additional finances needed
B 6.2	People who have completed addiction treatment and/or rehabilitation are ensured counselling services to avoid relapse (group and individual counselling)	The European Social Fund finances the service of the NIHD, but only until the end of 2013 (currently up to 900 persons/year) and its availability and quality varies by region. In addition, some non-profit organisations have received resources for this from different measures.	Support of persons who have completed treatment and/or rehabilitation functions as a system of interconnected services. Group-based and individual counseling options for people who use drugs have been created.	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.9)	Additional finances needed
B 6.3	Equal opportunities to enter labour	Some project-based approaches exist. A constant, specialized	Based on need, people who are addicted to drugs are	MSA	Employment programme		Additional finances needed

	market for drug users	support system for bringing drug users into labour market does not exist. ¹	ensured equal opportunities for use of labour market services.		2012-2013		
C 6.4	Existence of case management and support person services	Currently there are some project-based initiatives, there is no systemic approach.	Drug users are ensured access to case management and support person services as needed.	MSA,* MOJ, MOI	Not currently reflected in any development plan/strategy. In the future, NHP 2009-2020	Not currently reflected in any implementation plan, in the future, NHP implementation plan.	Additional finances needed
C 6.5	Creating conditions for participation in training of less competitive people	In order to support the social reintegration of drug users, it is important to ensure their ability to gain qualifications and later become optimally self-realized in their work life.	With national and municipal cooperation: (1)different flexible training courses and active career counselling will be offered to certain target groups; (2)the adult high school system will be reorganized according to the lifelong learning system (incl. implementing VÖTA - a programme gives credit for previous studies and work experience - at the high school level); (3)an apprenticeship model will be popularized (4) among employers and the target	MER	Lifelong Learning Strategy 2014-2020 draft	Lifelong Learning Strategy 2014-2020 implementation plan	To be planned in the framework of the Lifelong Learning Strategy 2014-2020 implementation plan.

¹ Mapping health care and support services for adult drug addicts, TAI 2012

			group; (5) other social services and support will be connected with services that support return to the labour and career market.				
C 6.6	Housing options for drug users	Currently there is no specific support system for providing living space for drug users. †	Drug users who wish to change their living environment are ensured, according to need, equal opportunities to get social housing. Opportunities have been created for drug users to get assisted living (housing with a support person, point 6.4). A "halfway house" concept will be developed and start to be offered according to need.	MSA	In the future, NHP 2009-2020	Not currently reflected in any implementation plan, in the future, NHP Implementation plan.	Additional finances needed
7.	Monitoring of the field						
A 7.1	Gathering statistics and information in the field of drug abuse	In accordance with developed indicators (EMCDDA), statistics and information is gathered from different institutions in the field of drug abuse.	There is an objective overview of the drug situation in Estonia.	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.16)	Financial resources available
A	Compiling of an	Every year drug situation reports	Every year reports giving	MSA	NHP	Activity in NHP	Financial

7.2	annual report giving an overview of the drug situation	are compiled.	an overview of the drug situation are compiled (available at www.tai.ee).		2009-2020	implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.16)	resources available
A.7.3	Conducting monitoring in prisons	Since 2010, information regarding drugs has been gathered quarterly in prisons and regular reports are prepared.	Ensure continuing quarterly monitoring of drugs in prisons. Periodic qualitative studies and external assessments will be conducted.	MOJ	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.16)	Financial resources available
B 7.4	Conducting regular studies to give an overview of the drug situation	In Tallinn and the towns of Ida-Virumaa, regular studies are conducted on the spread of infectious diseases and risk behavior among injecting drug users. Every four years, a survey of 15-16 year-old school students is conducted (ESPAD).	Existing studies will continue with the same regularity. Annual data on the spread of drug use among adults will also be available.	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.16)	Additional finances needed
B 7.5	Evaluating the services and interventions in the field of illicit drugs	Interventions are evaluated according to need and efficiency. It is important to assess the performance of addiction treatment and rehabilitation both in freedom and in prisons and the effectiveness of alternative punishment.	The quality and performance of services being offered in the field of illicit drugs are evaluated as needed.	MSA*, MOJ	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.16)	Additional finances needed
B	Updating the	SEIS has aged both technically	SEIS has been updated.	MSA	NHP	Activity in NHP	Financial

7.6	Syringe Exchange Information System (SEIS)	and essentially. The information system does not allow the retrieval of excerpts needed for reporting and it is not a practically useful tool in syringe exchange work.	SEIS facilitates consultations of data required for various types of reporting and better work planning and is an essential tool in the work of a syringe exchange site (is used for the work with clients).		2009-2020	implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.16)	resource planned
C 7.7	Existence of a drug addiction treatment registry with personal information	The drug addiction treatment registry does not have any personal information. This situation inhibits the reliable collection of data on individuals undergoing drug addiction treatment. Impersonal data also cannot be used in scientific work or for getting a broader picture of the drug situation.	A drug addiction treatment database with personal information has been created, which gives us reliable information on the profiles of people who have turned to treatment and their adherence to the treatment.	MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.5)	Additional finances needed
C 7.8	Monitoring of the drug prevention policy	The framework for the monitoring of the drug prevention policy is being developed.	By 2019 an overview of performance indicators of the policy will be compiled. The overview will be integrated into the performance report on the NHP implementation plan.	MOI / MSA	NHP 2009-2020	Activity in NHP implementation plan for 2013-2016 (IV area, measure 5, activity 4.5.16)	Financial resources available

***Activity's primary responsible party**