International Labour Organization
International Programme on the Elimination of Child Labour (IPEC)

Estonia
Children and Adolescents Involved in Drug Use and Trafficking: A Rapid Assessment

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Preface

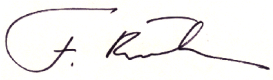
Unacceptable forms of exploitation of children at work exist and persist, but they are particularly difficult to research due to their hidden, sometimes illegal or even criminal nature. Slavery, debt bondage, trafficking, sexual exploitation, the use of children in the drug trade and in armed conflict, as well as hazardous work are all defined as Worst Forms of Child Labour. Promoting the Convention (No. 182) concerning the Prohibition and immediate action for the Elimination of the Worst Forms of Child Labour, 1999, is a high priority for the International Labour Organization (ILO). Recommendation (No. 190, Paragraph 5) accompanying the Convention states that "detailed information and statistical data on the nature and extent of child labour should be compiled and kept up to date to serve as a basis for determining priorities for national action for the abolition of child labour, in particular for the prohibition and elimination of its worst forms, as a matter of urgency." Although there is a body of knowledge, data, and documentation on child labour, there are also still considerable gaps in understanding the variety of forms and conditions in which children work. This is especially true of the worst forms of child labour, which by their very nature are often hidden from public view and scrutiny.

Against this background the ILO, through IPEC/SIMPOC (International Programme on the Elimination of Child Labour/Statistical Information and Monitoring Programme on Child Labour) has carried out 38 rapid assessments of the worst forms of child labour in 19 countries and one border area. The investigations have been made using a new rapid assessment methodology on child labour, elaborated jointly by the ILO and UNICEF[1]. The programme was funded by the United States Department of Labor.

The investigations on the worst forms of child labour have explored very sensitive areas including illegal, criminal or immoral activities. The forms of child labour and research locations were carefully chosen by IPEC staff in consultation with IPEC partners. The rapid assessment investigations focused on the following categories of worst forms of child labour: children in bondage; child domestic workers; child soldiers; child trafficking; drug trafficking; hazardous work in commercial agriculture, fishing, garbage dumps, mining and the urban environment; sexual exploitation; and working street children.

To the partners and IPEC colleagues who contributed, through their individual and collective efforts, to the realisation of this report I should like to express our gratitude. The responsibility for opinions expressed in this publication rests solely with the authors and does not imply endorsement by the ILO.

I am sure that the wealth of information contained in this series of reports on the situation of children engaged in the worst forms of child labour around the world will contribute to a deeper understanding and allow us to more clearly focus on the challenges that lie ahead. Most importantly, we hope that the studies will guide policy makers, community leaders, and practitioners to tackle the problem on the ground.



Frans Röselaers
Director
International Programme on the Elimination of Child Labour (IPEC)
International Labour Office
Geneva, 2001

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[1] Investigating Child Labour: Guidelines for Rapid Assessment - A Field Manual, January 2000, a draft to be finalized further to field tests, http://www.ilo.org/public/english/standards/ipec/simpoc/guides/index.htm

Acknowledgements

This study "Children and Adolescents Involved in Drug Use and Trafficking: A Rapid Assessment" was carried out among children and young adults in February and March 2002 through application of the Rapid Assessment methodology prepared by ILO/UNICEF.

I wish to express my gratitude to Eike Hindov, Estonian Ministry of Social Affairs, ILO, Estonia, for providing us with the possibility and the responsibility to conduct this investigation of the Worst Forms of Child Labour.

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Ms. Ave Talu, Estonian National Focal Point, played an essential role in this study by developing the project proposal and assisting in writing of the final report.

Special acknowledgment and thanks has been earned by Ms. Aljona Kurbatova for completing the final report.

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In addition, all the local experts were also of great assistance to the research team. Their insights, comments and advice helped us to better understand the problem at hand.

Last but not least, I would like to express my bottomless appreciation to all those children and young adults who agreed to participate in this study for their openness and cooperation. Without their input this report would not have been possible.

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Research Team

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HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IDU	Injecting Drug User
ILO	International Labour Organization
IPEC	International Programme on the Elimination of Child Labour
LSD	Lysergic acid diethylamide
RA	Rapid Assessment
STD	Sexually Transferred Disease
WFCL	Worst Forms of Child Labour

B	Byelorussian
E	Estonian
F	female
M	male
R	Russian
T	Tatar
U	Ukrainian
e. g. MR18	male, Russian, 18 years old
h	heroin addict
e. g. h20	has used heroin for 20 years

Executive Summary

Background

The International Labour Organization (ILO), through the International Programme on the Elimination of Child Labour (IPEC) and the Statistical Information and Monitoring Programme on Child Labour (SIMPOC), has made a major commitment to the elimination of the worst forms of child labour. In what has been considered to be one of the greatest successes of IPEC, the Worst Forms of Child Labour Convention (No. 182), together with Recommendation 190, was unanimously adopted by the ILO Conference in June, 1999. By the end of March 2002, 117 countries had ratified Convention 182.

The mandate of Convention 182 is clear. It requires ratifying countries to "take immediate and effective measures to secure the prohibition and elimination of the worst forms of child labour as a matter of urgency." Recommendation 190 states that "detailed information and statistical data on the nature and extent of child labour should be compiled and kept up to date to serve as a basis for determining priorities for national action for the abolition of child labour, in particular for the prohibition and elimination of its worst forms, as a matter of urgency."

Against this background, the ILO, through IPEC/SIMPOC, has undertaken thirty-eight Rapid Assessments of the worst forms of child labor (WFCL) in 19 countries and one border area. These investigations have been made through application of the rapid assessment methodology prepared by ILO/UNICEF.

The current study on WFCL in Estonia is a step forward in terms of defining the situation of children involved in drug trafficking, and to a lesser extent in prostitution for the purpose of obtaining drugs, to subsequently lead to action towards the elimination of these forms of child labour. The study aims to fill the gaps in knowledge that surround selected hidden WFCL.

Many children living in regions of Estonia such as Tallinn and Ida-Virumaa, have no income, but being drug users they struggle to find some source of money to satisfy their need for drugs. Sometimes children using drugs intravenously require up to 10,000-30,000 Estonian kroons per month in order to keep up their habit of drug-use (the minimum salary in Estonia is 1,600 Estonian kroons/ca USD $90 and average salary – 4,500 Estonian kroons/ca USD $254 per month[1]). Because children using drugs have limited possibilities to earn money on legal grounds, and the monthly allowances they receive at home do not suffice to buy drugs, many of them engage in criminal activities such as stealing, smuggling, pushing drugs, and prostitution in order to obtain the necessary money.

The objectives of this Rapid Assessment are to provide better overviews of the factors that lead children to be engaged in such worst forms of child labour as drug trafficking and prostitution; and to assess the magnitude, characteristics, causes and consequences of children in drug trafficking. The data on educational, familial, and financial background of the children engaged in WFCL as well as data on reasons and conditions of their involvement in such kinds of activities were collected to fulfill

[1] USD $1 = 17.75 kroons (Bank of Estonia, April 2002)

these aims. Since children's involvement in drug trafficking is tightly intertwined with the problem of drug use, the importance of closer study of this type of children's risky behavior is also emphasized.

Required data were collected using both qualitative and quantitative research methods of the Rapid Assessment methodology developed by the International Labour Organization/International Programme on the Elimination of Child Labour (ILO/IPEC). Open-ended focus group interviews and structured interviews with key informants were used. The main aim of using such a combination of methods was to gain an inside view of the problem surveyed. While methods of acquiring quantitative data allowed the researchers to gather valuable statistical information, the qualitative research tools provided in-depth information about the social phenomenon studied.

The empirical data were gathered in two geographical regions of Estonia that, according to opinions of the experts, are the most troubled with drug use amongst minors and their consequential involvement in WFCL. These regions are Tallinn and Ida-Virumaa. The information collected in these geographical areas will allow for a better understanding of factors and causes of children's involvement in drug trafficking and prostitution to obtain drugs and money. Also based on this information, some general conclusions concerning the connections of the children using drugs intravenously to these types of WFCL are drawn.

On the basis of information gathered during this study recommendations about improving the situation of children subjected to WFCL, namely drug pushing and prostitution, will be outlined for action by the government and NGOs.

Worst Forms of Child Labour – Drug trafficking and prostitution

In the context of this research, a child is considered to be trafficking/dealing drugs if the purpose of his/her actions is to get a profit from distributing drugs (i.e. obtaining money or a free dose for him/herself). The children distributing drugs free of charge in order to share with friends are not viewed as drug dealers.

A child is considered to be engaged in prostitution if s/he is sexually exploited in exchange for money, drugs or other valuable objects that constitute payment.

This study questioned 40 children and 19 young adults who were, at the time of the research, either currently involved in, or had previously been involved in WFCL. Young adults (i.e 18 years and older) were included in the study in order to gain a better perception of the general situation concerning drug trafficking and prostitution in Estonia.

Characteristics and conditions of children involved in drug trafficking

One of the most important variables to keep in mind regarding this rapid assessment (RA) is that all of the children studied were or still are drug users, most of them intravenous drug users. Thus, the findings of the current RA can be generalized only regarding children using drugs intravenously.

The majority of children involved in drug trafficking are drug users themselves. Although some of them are not addicted to drugs when they start pushing drugs, at some point they tend to experiment with the products they are selling, which leads

them to drug addiction. The social background of children involved in WFCL varies. Although there is a high rate of school dropouts amongst children in drug trafficking, all of them are literate. Based on the findings of this study, more boys than girls are involved in drug trafficking, whereas more girls than boys are involved in prostitution. Though some of them live on the streets, most of them have permanent places of residence and live with one or both parents, or other relatives. The family's financial status varies from wealthy to very poor, which, on the basis of this study, allows for the statement that the family's financial status does not substantially influence child's involvement in drug trafficking and prostitution in the targeted communities. It is somewhat problematic to state the average age of a child involved in drug dealing. The current RA shows that typically children start trafficking between the ages of 13 and 16, at the same time they start using drugs. Once the child gets involved in drug distribution or prostitution, s/he may stay connected until s/he reaches adulthood and beyond.

Intravenous drug users (IDU-s) constitute the group most at risk of contracting AIDS/HIV or other STDs due to the use of infected needles and practicing unsafe sex. Being involved in drug trafficking they also face the dangers of becoming a victim of violence, being caught by police, imprisonment and other risks that accompany this type of criminal activity.

According to this research there are no fixed times and places for drug trafficking to take place. These factors largely depend on the child's lifestyle, whether s/he attends school or has other jobs and where s/he likes to spend free time. Drugs may be trafficked in bars, discos, on the street, at concerts, amongst friends, in school or sold out of cars or by phone. IDU-s tend to traffic such drugs as cannabis, heroin and amphetamine. Children who traffic drugs in order to receive a free dose, usually traffic the same type of drugs that they use.

The money earned by IDU-s through drug trafficking and prostitution is usually spent on drugs. In general, children do not accumulate wealth by this means, but rather spend their earnings on a daily basis. Still, some of the children may get involved in WFCL in order to become rich or to help their family financially.

Pathways to drug trafficking and prostitution

The most widespread reasons for children getting involved in drug trafficking are the influence of close friend and peers who are already involved, the desire to become rich, the lack of other income and the need for free drugs. Drug trafficking is sometimes seen by children as a means of gaining control over their peers. At the same time it can be stated that children who use drugs do not always need a reason to get involved in drug trafficking. When an older dealer exploits a child by making an offer to start pushing drugs - promising money and free doses - youngsters often find no reason to refuse such an offer. They are vulnerable to such circumstances.

Children who inject drugs may engage in prostitution for such reasons as lack of any other source of income and need for drugs. Since prostitution, including the prostitution of minors, is not illegal in Estonia, it is sometimes considered to be a safer source of income than drug trafficking as the latter constitutes a criminal activity. Children are also forced into this WFCL by adults, but the current survey was

not expansive enough to be able to provide facts that would allow discussing this in more than very broad terms.

Recommendations for future actions

In order to eliminate participation of children in drug trafficking and prostitution more attention should be paid to action in the forms of prevention and rehabilitation. Most importantly, there must be greater public understanding of the severity of the problems at hand. Society has not yet acknowledged the extent to which children are involved in drug use, drug trafficking, prostitution and consequential rapid growth of the number of HIV infected youth. Preventive programs should expose children to possibilities other than drug use, drug trafficking and prostitution and protect and discourage them from engaging in such types of deviant activity. Rehabilitation programmes should be oriented towards providing help to those children who are already involved in these WFCL.

Prevention:

i. Drug use prevention should be a state priority. Since drug use often leads to drug trafficking and prostitution, prevention of drug use is also a significant tool in the elimination of WFCL.

ii. Different measures are required in different geographical areas. Improvements in the general sociopolitical situation in one of the poorest regions of Estonia – Ida-Virumaa are necessary to prevent children from engaging in WFCL.

iii. Adequate governmental financing of drug prevention institutions and NGOs is required. Insufficient financing renders such institutions fairly ineffective.

iv. Schools must provide children with knowledge about harmfulness of drug use and dangers of drug trafficking and prostitution. Adequate sexual education is also crucial to protect youth.

v. It is important to emphasize the positive aspects of life without drugs, not only talk about negative aspects of drug use and trafficking.

vi. Media and public organizations should be involved in anti-drug campaigns. This would help to make the general population more aware of the problems.

vii. Engaging children in different types of activities that would provide a substitute to drug use and trafficking (more leisure opportunities without drugs, earning money without trafficking). Creation of a Department of Youth in the Ministry of Culture could be considered.

Rehabilitation:

i. A uniform effective system of rehabilitation centers and institutions is required. Although such institutions exist, there is no structure that unites them all. The creation of a permanent drug prevention structure would

prove to be an effective tool in fighting against drug addiction and consequential involvement of children in drug trafficking and prostitution. This would allow children and their parents to find all the necessary information and help (psychological counseling, medical treatment etc) in one place.

ii. Rehabilitation is more effective than imprisonment in the case of children involved in drug activities. Police and other law enforcement structures must focus on people trafficking drugs in large quantities.

1. Introduction

1.1 Drug addiction in Estonia

The population survey "Estonia 1998" undertaken by Institute of International and Social Studies[2] established that about a fifth of 18-24 year olds have had some experience with drug use. By now the numbers have grown substantially. According to the data provided by ESPAD surveys "Student 95" and "Student 99" that were focused on studying 9th grade students, the number of 15-16 year olds with drug experience has grown twice within four years. It is the percentages of young people who have tried amphetamine (0.4% - 6.8%) and cannabis (1.2% - 12.7%) that have increased the most (Allaste 2000).

The Drug Treatment Database 2000[3] reveals that the average age of those seeking treatment is 22. Non-Estonian males are the ones who most frequently turn to medical workers for help. Most drug users start at the early age of 15-16 (correspondingly 14.4% and 14.8%). 53% of all those seeking medical help started using drugs prior to the age of 18. The most popular "first" drug of Estonian youth is one of the "hardest" illicit narcotics there is – heroin. A shocking 26% of all those seeking medical help started their involvement with drugs using heroin. Heroin is followed by home produced opiates (18%), cannabinoids (17%) and amphetamine (16%). Thus, it is not surprising that injecting practices are usually taken up between the ages of 15-17. First injection of drugs most often takes place at the age of 16 (11.8%) or 17(11.3%). The most popular drugs among those seeking medical help are: opiates – 89% (among them heroin – 70% and home made poppy drugs – 9%); the second place is held by stimulants – 7% (among them amphetamine and amphetamine-related drugs 6%, ecstasy 0.1%, cocaine 0.4%); third are ranked cannabinoids – 4.1% (marijuana, hashish).

Consumption of drugs sometimes starts already in early childhood (0.1% of those seeking help had started using drugs at the age of 10), and though the majority of intravenous drug users (including minors) seeking help are Russian speaking, the number of Estonian youngsters injecting heroin and pushing drugs is increasing.

The number of users who have contracted HIV/AIDS has risen sharply during the last few years. In 2000, 96 HIV carriers were registered; according to AIDS Prevention Center; in February 2002 there were already 2,125 carriers (among them nine people living with AIDS). Although the recent HIV epidemic originated in Ida-Virumaa, where about 2/3 of all virus carriers come from, it is not a regional problem, but a serious concern for the whole country.

In the past few years, the number of registered drug related offences has steadily risen. The turning point was the year 1998 when police work was restructured and the number of drug policemen increased. In 1999, 297 drugs related crimes were registered in Estonia, which made up 0.6% of all the registered crimes. Most of those crimes were committed in Tallinn and Ida-Virumaa – two regions most affected by

[2] In this survey 2465 questionnaires were gathered containing answers concerning different aspects of everyday life, one of which was the use of narcotic substances.
[3] 83% of patients registered in Estonian Drug Treatment Database are of Russian nationality.

narcotics. In 2000 1,581 drugs related crimes were registered. In 2001 the numbers continued to increase.

1.2 Young people and drugs – definition of the problem

The aim of the current survey is to study the problem of drug consumption and dealing among children and juveniles in Estonia. No expert doubts by now that such a problem exists. Society, however, has yet to understand the severity of the problem it is facing.

Drug users themselves find that the addiction by juveniles, as well as their involvement in crime and prostitution which accompany it, have become a real problem deserving priority attention in Estonia:

> *The problem of drugs exists in Estonia and it is a very acute problem.* - FR24
>
> *Estonia is a small country and the problem of drug dealing and prostitution is very acute here. It must not be pushed to the sidelines. Especially that it is linked with a third problem which is more global than the previous two, that of AIDS.* - FR22

Recently, the growing number of those who have contracted HIV or AIDS among IDU-s has become a very serious problem. As the present survey shows, drug users themselves are becoming more and more aware of the dangers accompanying drug abuse, which unfortunately does not mean that the level of drug use in Estonia is about to decline. On the contrary, the ranks of drug users are growing and they keep getting younger in age:

> *There is a clear tendency towards growing numbers and the age getting younger.*
> - Milvi Noode, physician at the AIDS Prevention Center

As the present survey only involves IDU-s, the problem of the consumption and dealing in recreational drugs has been sidelined, although it is not of lesser importance than that of heroin users. At the moment it is however IDU-s who are considered to be most problematic in Estonia. Hence, the focus is on "injecting children" who engage in drug trafficking.

The problem of IDU-s has moved to the foreground as the number of them has been increasing recently and they are more visible than, for example, consumers of recreational narcotics. While it is not easy, and to most people practically impossible, to identify a recreational user on the street, an injecting young person cannot be easily overlooked:

> *... I saw an injecting guy on the streetcar. It seemed illogical, unreal; how is it possible on the streetcar? And everybody was just standing there, looking on, including me.*
> - Ave Talu, head of the Estonian Drug Surveillance Center

The problem of IDU-s has also come to the forefront in connection with the recent steep increase in the number of people who have contracted HIV/AIDS, which in Ida-Virumaa could be defined only as epidemic. One of the biggest risks that accompany drug injection is contracting HIV/AIDS through unclean needles.

2. Methodological issues

2.1 Rapid Assessment

In conducting the present survey, a combination of qualitative and quantitative research tools common to the Rapid Assessment (RA) methodology was used. The goal of the current RA is to provide required knowledge on the magnitude and causes of such worst forms of child labour as drug trafficking and prostitution. From qualitative methods an open-ended group interview was employed (focus group interviews with specialists and drug users), the aim of which was to find out more information on the already disclosed phenomena of drug trafficking and prostitution. A structured approach of quantitative methods enables us to measure the already known phenomenon, making use of the categories and multiple-choice answers offered by the surveyor. Quantitative methods are a perfect source of statistics, but unfortunately, they do not always provide the surveyor with new information on such hidden, "invisible" topics. This drawback of quantitative methods is made up by qualitative methods, which do not focus on establishing statistical correlations, but on making new discoveries. With the help of quantitative methods we find out which young people are involved in drug consumption and dealing, and to what extent; qualitative methods, however, help us to explain the above-mentioned phenomenon as well as to discover better ways of finding a solution to the problem.

2.2 Quantitative methods: structured interview

In terms of quantitative research methods a structured interview was used in the present survey. The interviewer asked the young participants questions based on the questionnaire consisting of previously prepared - mostly closed-ended - questions. The interview established the demographic and social background of the interviewees (age, marital status, education, career), as well as their contacts regarding drugs (how long and which drugs they use; how long and which drugs they push, etc.). The questionnaire also included open-ended questions, the aim of which was to find out the interviewee's stances and wishes, and to study the peculiarities of his/her personal experience regarding the consumption and pushing of drugs.

The questionnaire was carried out among children and young people in Tallinn and Ida-Virumaa (mainly Narva) in February and March 2002. Forty of the 59 respondents interviewed were minors (below the age of 18) and belonged to the main target group of the research.

Though the primary goal of this study is to learn why and how children get involved in drug trafficking, young adults aged over 18 were also included in the research. One of the main reasons for doing so was the fact that the majority of questioned young adults (18 and older at the time of the research) started to use and push drugs when they were below age 18, thus when they were still children[4]. Their inclusion in the study sample provided the possibility to monitor whether there is a significant difference in the behavioral patterns of children and young adults involved in drug trafficking. Thus a comparative element was brought in. They were also considered to

[4] As per the ILO Convention on the Worst Forms of Child Labour (No. 182) , 1999, the term child applies to all people below the age of 18.

possess valuable insight regarding reasons that make children turn to drug trafficking. Being connected with this field of illegal activity longer than the children interviewed it was considered relevant to know how they would evaluate the situation concerning this type of WFCL.

Table 1: Age of respondents	
Minors (up to 18)	40
Young Adults (18 and older)	19

Source for Tables 1 to 45: RA field work, February & March 2002

Table 2: Respondents by place of residence		
	Minors N=40	**Young Adults N=19**
Tallinn	18	1
Ida-Virumaa	22	18

All in all 59 people were interviewed, out of whom 40 were male and 19 female. Out of 40 minors 29 were male and 11 female. The Russian nationality dominated among those interviewed (46) in both the cases of minors and young adults; 28 out of 40 and 18 out of 19 respectively. The rest of the respondents belonged to other nationalities (13). The predominance of Russian speakers (53) was not planned but accidental.

Table 3: Respondents by nationality		
	Minors N=40	**Young Adults N=19**
Russians	28	18
Estonians	6	0
Tatars	3	0
Ukrainians	2	0
Byelorussians	1	1

The questionnaire was conducted by the personnel of the AIDS Prevention Center in Tallinn and Narva. All questionnaires were filled out in Russian. The interviews lasted on average 30-45 minutes and were conducted both in rehabilitation centers and at outside locations such as at karaoke bars, parks and discos.

2.3 Qualitative methods: open-ended interviews

The qualitative RA methodology is represented in this survey by open-ended interviews with focus groups. The advantage of open-ended interviews is their flexibility and unpredictability. The interview was unstructured which means that only the main topics had been prescribed, and not concrete questions. The surveyor thus does not limit him/herself to confirming or denying the already known information, but stands a chance of discovering something s/he was unaware of. In the course of the interviews with the focus group a discussion can emerge among the participants. The interviewees can freely contribute to the topics, which the interviewer did not tackle, but which are important in the interviewees' opinion. The participants express their opinion, and in the conversation there may emerge topics

that had been neglected by the surveying team, but which are nevertheless relevant in the opinion of experts and drug users themselves.

In the course of the survey, four open focus group interviews were conducted: two focus group interviews with specialists (one in Tallinn and one in Narva) and two focus group interviews with drug users (also one in Tallinn and one in Narva).

- The following people participated in the Tallinn focus group interview with drug users: M50, consumed heroin for 8 years, has been clean for 6 months; F16, has consumed heroin for 6 years, has not been to school for 6 years, mother of a two year old child; F16, has consumed heroin for 4 years.

- The following people participated in the Narva focus group interview with drug users: F24, addicted for 3 years; M38, addicted for 20 years; M38, addicted for 18 years; M35, addicted for 16 years; M24, addicted for half of year; F38, addicted for 3 years.

- The following people participated in the Tallinn focus group with specialists: Nelli Kalikova, head of the AIDS Prevention Center; Ave Talu, head of the Estonian Drug Monitoring Center; Irina Moroz, specialist at the AIDS Prevention Center; Grete Lehtla, social worker at the AIDS Prevention Center, nurse of the anonymous testing lab; Milvi Noode, physician at the AIDS Prevention Center; Marika Ratnik, psychologist.

- The following people participated in the Narva focus group: Tatjana Magerova, head of the Rehabilitation Center for Alcoholics and Drug Users; Irina Odolko, nurse at the anonymous testing lab of the Center for Alcoholics and Drug Users; Anneli Krouberg, surveillance officer of the Narva City Court; Natalia Umarova, Center "Home for Each Child", Juri Magerov, worker at the Rehabilitation Center for Alcoholics and Drug Users; Andrei Matvijenkov, head of the youth club "Sintoon", drug prevention consultant.

In addition to the four focus group interviews, there was an open-ended interview with psychiatrist Ellu Eik, who could not take part in the focus group interview.

Open-ended interviews were conducted by the workers of the AIDS Prevention Center. The interviews with the focus groups of drug users and specialists of Narva were conducted in Russian, and those with the specialists of Tallinn in Estonian.

2.4 Target group

Though the target group of the current survey was 12-17 year-old children, 18-30 year-old young adults were also found among respondents. The reasons for this are mentioned previously in section 2.2 above. There is an imbalance in terms of the representation of different nationalities in the survey. It is clearly Russian speaking respondents who dominate (53), whereas Estonians were represented only by six respondents. Preference for Russian speaking respondents was not intentional and stems from the fact that most IDU-s in Estonia are non-Estonians. According to the Estonian Drug Treatment Database, non-Estonians make up 86.2% of those who seek medical help. According to the Estonian AIDS Prevention Center, Russian speakers

make up 98% of all the IDU-s. Taking these statistics into consideration it is not surprising that in the present survey, which focuses on IDU-s and their involvement in drug trafficking, Russian speakers make up a majority of those interviewed (89.8%).

As the survey focuses first of all on IDU-s, the consumers and pushers of the so-called recreational narcotics (e.g., ecstasy, crack, amphetamine, LSD, cocaine and others) have been underrepresented. Thus, the present survey does not provide an integral picture of the involvement of young people in Estonia and their involvement in drug activities, but rather of the picture of the drug experience of IDU-s in two geographic regions of Estonia.

3. The extent of drugs consumption and dealing at the regional and country levels

Though drug addiction in Estonia has for a long time been referred to as an acute and extensive problem, it is impossible to measure this negative phenomenon. Even the most comprehensive surveys have not been able to work out the exact number of drug users in Estonia. Experts' estimates range between the figures 5,000 and 30,000, whereas drug users themselves hold that the number could be between 50,000 and 100,000.

> *80% of young people occasionally use drugs, one tenth – frequently. In the whole country, there could be 50 000 – 100 000 drug users*. - MR38

In the consumption and distribution of illegal drugs, clear tendencies have now been established – more drugs are used in bigger towns. The most problematic regions in Estonia at the moment are: Ida-Virumaa (Narva, Kohtla-Jarve, Sillamae and Johvi) and the capital of Estonia – Tallinn. According to the Human Development Report 2000, in Ida-Virumaa (Sillamae, Kohtla-Jarve, Narva) and Tallinn every fourth 15-16 year old student has had a drug experience. In southern Estonia and in small towns of other regions (with the exception of Tartu that is the hometown of Estonia's biggest university), drug consumption occurs on a smaller scale, mainly as isolated incidents. On the whole, it can be stated that in all regions the number of users of illegal drugs has gone up during recent years (Allaste and Pratka 2000).

Consumption and trafficking of heroin in Estonia is primarily linked with areas which are inhabited by mostly Russian speaking populations, the so-called Russian regions. The largest number of non-Estonians, the bulk of whom are made up by Russians, is concentrated in Ida-Virumaa, which borders the Russian Federation, as well as in Tallinn. In Tallinn, it is also possible to single out suburbs with higher consumption rates of heroin (Kopli, Lasnamae), the population of which is also mostly made up of non-Estonians. Still, it is somewhat naïve and shortsighted to consider heroin consumption and trafficking solely as a problem of "Russian areas." This strong narcotic substance can also be found in areas where there are very few Russians. At the same time it is possible that it is completely lacking in smaller settlements where there are many Russians:

> *The geography of heroin consumption within Estonia is an interesting phenomenon. In some towns, the population of which mostly consist of Russians, e. g., Maardu or Tapa, consumption of heroin is a serious problem; whereas in Loksa and Kunda (where there are also many Russians), it is no problem at all.* - Nelli Kalikova, head of the AIDS Prevention Center

High consumption and distribution rates of heroin in Estonia also testify to the fact that, owing to its geographic location, Estonia has become a transit state in trafficking drugs from Central Asia via Russia to Western Europe. Experts have also acknowledged this:

> *Estonia has wound up as a junction of international drug trafficking routes. Narcotics pass through this country when they go from Russia to Western Europe, also to Scandinavia.*
> - Nelli Kalikova, head of the AIDS Prevention Center

Drug use is most widespread in Ida-Virumaa and Tallinn as these are frontier regions, i.e. borders of the Estonian Republic. Narva is situated on the Estonian-Russian border and has become an important point on the drug route from Russia to Europe. In the case of Tallinn it should be pointed out that it is a maritime city, which makes drug trafficking especially easy:

> *These are border areas, port districts, where most of the population is Russian speaking. There are others near the border towns, but problems there are not so acute. It mostly concerns Russian speakers, who do not see their role and realization of opportunities in Estonia.*
> -Juri Magerov, worker at the Rehabilitation Center for Alcoholics and Drug Users

In Ida-Virumaa the extensive spread of drugs is made easier by their cheap cost and availability as well as deep social problems, which surfaced after socio-economical changes that occurred after re-establishing the Republic of Estonia in 1991:

> *In Narva young people have nothing to do; drugs just help them to kill time. The population is mostly Russian speaking that has fewer prospects, rights and liberties.* - MR38 (h20)
>
> *Estonians are engaged in the work, but we here are loafing around. We used to work too, but now there's no work, but we need adrenaline – so we run away from the police.* -MR35 (h16)

Though the widespread use of heroin in those regions (Ida-Virumaa) should be viewed as a problem stemming from the socio-political marginalisation of the Russian population, it may not be the only reason. Higher levels of unemployment, smaller opportunities to acquire quality education, economic conditions which are to some extent worse than those of their Estonian counterparts, all contribute towards wider spread of drugs among Russian youngsters, but it is not enough to explain the dominance of heroin consumption among Russian children and young people in Tallinn.

In Ida-Virumaa heroin and poppy liquid are the most popular and easily acquired drugs, and also the most commonly trafficked by minors. All the other narcotic substances (excluding cannabis) are clearly underrepresented. In Tallinn, however, everything can be obtained. Still it is Russian children/youngsters who in all likelihood will start using drugs suitable for injecting. Socio-economic factors are influential, although some experts maintain that "slavs simply consume more heroin."

However, it is premature to see ethnicity as something which could encourage consumption of heroin, as there are no appropriate surveys done yet on that topic. Despite the opinion of those experts who find that ethnicity and vulnerability towards drugs are interconnected, the fact that Russians make up the bulk of IDU-s could stem from social, political and cultural aspects, which have nothing to do with ethnic characteristics:

> *It all comes down to "the Russian issue". Russians in Estonia are on the defensive and there will always be more Russian drug users. Russians here are secluded from their culture, from their spirituality.* - Andrei Matvijenkov, drug prevention consultant

There are no adequate statistics to support the "Russian issue" outlined by experts involved in the current RA. Only few qualitative studies have been undertaken in order to explain why the level of injecting drug use is so much higher amongst Russian children and youngsters; the most significant being Airi-Alina Allaste's (2001) survey "Why do Adolescents from Narva Use Drugs?"(no similar study of Russian children/youth has been done in Tallinn). Both Narva specifically, where Estonians constitute only 4% of the population, and the whole region of Ida-Virumaa in general somewhat differ from the rest of Estonia socio-economically and socio-culturally.

Many Non-Estonians in Narva, Ida-Virumaa suffer under the so-called "Alien's Syndrome" – they perceive themselves as being second-rate people. As in Allaste (2001):

> *After the establishment of the Estonian Republic Russian-speaking people have become passive. Adolescents, who have internalised their parents' passivity, do not mostly have Estonian citizenship and are not economically endowed, develop a strong complex of inferiority – the so-called alien syndrome; they feel themselves as second-rate people. They distance themselves from state and official institutions. Most relevant everyday knowledge is formed through collective identity – kampanya (the peer group).*

For a majority of young people, life in Narva is influenced by many risk factors (high rate of unemployment, low income, high rate of violence etc.); thus most of the adolescents living there may be considered as members of a vulnerable social group (Allaste 2001). In addition to low levels of self-cofidence and a lack of belief in a better tomorrow, youth in Narva have few possibilities regarding how to spend their free time. At the same time drugs are highly available. As in Allaste (2001):

> *Use of opiates may be an escape route for the most problematic contingent, to those preferring "unreality" to their hopeless reality. At the same time the opiates are spreading among adolescents living more or less normal lives. The inherent curiosity of young people leads them to problematic behaviour prevalent in the surrounding environment.*

"Hopeless reality" is constituted by the spreading violence, and the lack of meaningful relationships with parents and relatives who would provide them with internal safeguards against drugs. Children are surrounded by the depression and apathy that pushes them towards drugs. In Allaste (2001):

> *Indifferent and bored adolescents do not think much about their future, which seems rather hopeless; instead they prefer to spend their time as pleasantly as possible. Drugs offer fleeting high spirits and a feeling of happiness. A depressed adolescent looking at his happy friend is likely to develop a yearning for the same state of mind. As a general rule, young people do not think that such a state does not last forever, and that it may be followed by rather disastrous consequences.*

4. The social background of young drug users

4.1 Educational background

Truancy and dropping out are part of the problematic behavior of young people in Estonia. Compared to the Soviet period, when school attendance was under strict state control, young people of today enjoy more liberties and opportunities to stay away from school. Teachers and parents cannot often control children's behavior, and parents may not know anything about the doings of their child who has not been to school for months. The parents believe that everything is as it should be. The school however, has already written off the child and lost interest in his/her fate.

Truancy and dropping out can occur for several reasons. Most frequently, it is the so-called "street children" who tend to drop out. These constitute a large number of children who do not have a home and parents, or anybody who cares for them. The fate of such children is difficult to control. In addition to these children, there are also children who have a home and parents, but whose relatives do not care for them enough. Such children may stay away from home for days without the parents getting worried. School, however, cannot take the responsibility for the fate of such children, once the parents have given it up. Unfortunately, the efforts of social workers often fail to keep such children at school (Tiit & Eglon 2000).

A child can also drop out of school due to various social and economic problems which may develop in the family. Parents' unemployment and poor economic condition can make the child give up school and concentrate fully on earning money. It is also likely that the poor economic state of parents may induce children to think that education acquired at school does not necessarily guarantee a good life.

Out of 40 children interviewed during this survey, 16 answered negatively when asked if they attended school (see Table 4).

Table 4:
Are you studying at the moment?

	Minors (N=40)
Yes	24
No	16

The most widespread reasons for dropping out turned out to be negative study-related expereinces, learning difficulties and the fact that studying does not fit in with the respondent's lifestyle (See Table 5). In addition to these, such reasons as negative attitude towards teachers, a need to earn money and expulsion were given.

> *I didn't want to be at school as I was called names…they called me a bum.* - MR15

Although such an answer occurred only once in the survey, situations like this are by no means unique. Children coming from families that are economically unstable do not always have the chance to wear fashionable, good clothes or participate in social a

life with other classmates (many activities cost money that poorer families do not have) and are thus likely to become objects of ridicule. As a result of this they may want to escape from school, which is not hindered by their parents' lack of interest in them.

Only four respondents answered downright that they play truant as they need money to buy drugs. At the same time it should be considered that the answer "studying did not fit in with my lifestyle" may have exactly the same meaning. An IDU who injects several times a day simply cannot attend school. School does not motivate these children; it is unfulfilling and boring. Based on this we can assume that at least 11 respondents dropped out of school not because of economic difficulties but because of drug addiction. The same may also apply to those who said they did not like studying, though such a statement would be too categorical to make.

Table 5:
Why did you drop out of school (not continue your studies)? (multiple responses allowed)

	Minors (N=16)
I did not like studying	7
Studying provides nothing useful for future	0
Learning difficulties/inability to study	7
I do not like teachers	3
I had to get a job in order to help my family	1
I needed money to buy drugs	4
Studying did not fit in with my lifestyle	7
I was bullied at school	1
I can, but don't want to as I need money	
I dropped out of my own accord	1
I was expelled and don't want to go to another school	1
Only those children who have dropped out of school were asked this question	
Which grade did you finish successfully? *Answers were provided by those who go to school and those who no longer do*	
III grade (9y.)	2
IV grade (10y.)	2
V grade (11y.)	7
VI grade (12y.)	3
VII grade (13y.)	11
VIII grade (14y.)	6
IX grade (15y.)	9
X grade (16y.)	5
XII grade (18y.)	4

The children who drop out because they were not willing to study or because of economic hardship often spend time in street gangs instead of going to school. On the streets some of them become addicts, thieves or get involved in other types of criminal activity (Tiit & Eglon 2000). On the basis of the conducted survey, it would be difficult to state downright whether truancy happens before or after a

child/teenager starts using drugs, but it is evident that those problematic types of behavior are closely connected.

Despite the fact that 16 minors out of 40 interviewed have dropped out of school, all youngsters questioned answered positively to the question concerning their ability to read and write. Having acknowledged their parents' failure to obtain high financial status even with high education, children do not want to waste time on school, "which does not provide anything useful for the future."

As highlighted in Airi-Alina Allaste's research of risky behavior of youth in Narva (Allaste 2001), all the above reasons for truancy and dropping out of school are tightly interconnected. If a child or a teenager has problems with academic performance and is bullied by classmates, s/he does not want to go to school. If s/he frequently plays truant, then s/he is likely to have problems with academic performance, as a result of which s/he may get expelled. Missing school provides plenty of free time, which has to be filled with some kind of activity. School is often replaced by some group or even gang, which is made up by similar young people who despise school, who consume drugs together and may influence a newcomer to engage in drug trafficking. Frequent consumption of drugs that often lead to drug trafficking makes school life even more boring. It gets more difficult to find common ground with non-users and more and more time is spent in the company of drug users with whom a sense of kinship develops. This in turn means further estrangement from school and friends or acquaintances that are not involved in drug use and distribution.

4.2 Family and place of residence

Primary socialization takes place within the family, and to a great extent conditions our children. Initial knowledge and sets of values are acquired at home, from the parents. Parental example is very important from the point of view of the child's emotional and mental development. Values and assessments which parents - through their behavior - pass on to their children are the only true ones, at least in one's early age (Allaste 2001). A child's relationship with parents as well as the mutual relationship of parents and their behavior influence their attitudes towards life and shape their outlook on the world.

A majority of the respondents of the present survey live with parents or other close relatives. Despite this, most of the respondents come from broken families. Only 12 children interviewed live with both parents (see Table 6).

Table 6: **Whom do you live with? (multiple responses allowed)**		
	Minors N=40	**Young Adults N=19**
Parents	12	6
Mother	14	1
Father	0	0
Stepparents	2	0
Stepmother	0	0
Stepfather (and biol. mother)	3	0
Stepfather	0	0
Spouse/partner	1	5
Sister(s) (with parents)	5	0
Sister(s)	0	0
Brother(s) (with parents)	4	0
Brother(s)	1	0
Alone	1	4
Grandmother and grandfather	0	0
Grandmother (with biol. mother or parents)	3	0
Grandmother	5	0
Grandfather	0	0
Relatives	1	0
Friends	3	2
Alone, with a child (F)	0	1
A number of minors gave multiple answers. For example, one child answered that he lives with his parents and grandparents.		

The young people interviewed mostly live in city apartments and only two minors do not have a permanent residence. Most of the respondents do have a permanent place of residence and relatives who support them financially.

Table 7: **Where do you live?**		
	Minors N=40	**Young Adults N=19**
Apartment	35	15
House	3	2
Dormitory	1	0
No permanent residence	1	1
Street/park/stations	0	1
Total	40	19

Many problems children and teenagers face in their young lives originate in the family and come from the attitudes of the people they live with towards them. Negative relations with parents may in some extreme cases result in the child ending up on the streets or falling victim to domestic violence and/or sexual harassment:

> *Bad relations. Stepfather sexually harasses my sisters and me.* - FT17
>
> *Very bad relations, we often fight, get physical.* - FR14

The children assessed their relations with the people they lived with as bad in nine cases and normal in 14 cases (see Table 8). Only 10 respondents assessed the relations as good. Many wrote that their using drugs caused the majority of the problems they have with parents/relatives. At the same time, 17 minors wrote that a family member also used drugs (see Table 9). Usually it was their older brother or sister, but two respondents (both minors) wrote that their father used drugs. Negative examples that older family members set undoubtedly contribute to the child becoming a drug user. The child, who has been witness to intravenous drug consumption from a very early age, may start considering drugs as a norm. S/he may not be aware of the harmfulness of such behavior and the risks that accompany it.

Table 8:
Relationship with parents or the people respondents live with

	Minors N=40	Young Adults N=19
Bad	9	4
Normal	14	9
Good	10	0
Very good	0	1
No answer	7	5
Total	40	19

Table 9:
Do any of the people you live with use drugs?

	Minors N=40	Young Adults N=19
Sister	6	2
Brother	7	1
Partner/Friend	2	4
Father	2	0
No	22	13
No answer	1	0
Total	40	20*
**One young adult indicated that both his brother and sister used drugs, bringing the total to 20.*		

4.3 Financial background of children and adolescents

It is customary to point to poor financial situations in order to explain matrimonial failures, problematic behavior of children as well as their low self-esteem (Allaste 2001). However, this study shows that heroin users come from families with different financial backgrounds and not only from poor families. Some respondents stated that the monthly allowance they receive from their parents is up to1,000 kroons/ca USD $56 or more[5] (see Table 11). A poor family would not be able to provide such a sum to a child thus supporting the supposition that heroin addicts need not necessarily come from poor or so-called asocial families.

Seventeen children said that they earned money themselves. By earning money they meant begging, stealing, drug dealing and six minor respondents indicated that they were at some point, or are still, involved in prostitution.

[5] Whereas in some poorer regions of Estonia (amongst them is Ida-Virumaa) a family's monthly income of 1800-2000 kroons is considered to be good.

Table 10: **Sources of finances (multiple responses allowed)**		
	Minors N=40	**Young Adults N=19**
Parents	8	8
Mother	4	3
Father	0	0
Stepparents	1	0
Stepmother	1	0
Stepfather	1	1
Spouse/partner	0	2
Sister(s)	2	0
Brother(s)	4	0
Relatives	0	0
I support myself	17	11
Grandmother and grandfather	1	1
Grandmother	9	1
Grandfather	2	0
Friends/relatives	12	0
State welfare	2	1

Table 11: **Financial status of those who support young people? (Are they richer, poorer, or at the same level as those who youth usually mingles with?)**		
	Minors N=40	**Young Adults N=19**
Richer	7	7
Same	32	12
Poorer	6	0
Total	45*	19
**Five children questioned evaluated separately the financial status of different relatives who support them (e.g. grandparents are poorer, brother is richer)*		
How big is your monthly allowance?		
Up to 50 kroons (occasionally)	3 (not every month)	0
Up to 200 kroons	3	0
Up to 300 kroons	2	0
Up to 400 kroons	1	0
Up to 500 kroons	1	1
Up to 900 kroons	2	0
Up to 1000 kroons	2	0
1000 kroons and more	0	3
No monthly allowance	6	0
No answer	20	15
Total	40	19

Present lifestyle is assessed highly by only one child (see Table 12). Most, however, found that it could be better.

Table 12: How would you assess your satisfaction with your present lifestyle?		
	Minors N=40	**Young Adults N=19**
High	1	0
Average	20	7
Low	7	6
Nondescript	3	2
Cannot say	9	4
Total	40	19

4.4 Attitudes and value-orientations of children and adolescents

Some of the most relevant characteristics when studying the lives of young people are their value-orientations and their attitudes towards others and society, as well as towards their own lives. What young people value and desire most describes best their inner world. The priorities of the interviewed young drug users/dealers are very similar to those of their peers who do not use drugs. It is money and family that are rated highest (see Table 13). The most desired object in the world is an expensive house/apartment and a luxury car (see Table 14).

Table 13: Most valuable in the lives of young people (multiple responses allowed)		
	Minors N=40	**Young Adults N=19**
Family	19	8
Money	24	9
Friends	10	4
Power	3	1
Prestige	6	4
Drugs	1	0
Find a place to live	0	1
Don't know	1	0

Table 14: The most important object in the lives of young people (multiple responses allowed)		
	Minors N=40	**Young Adults N=19**
Expensive house/apartment	29	9
Luxury car	16	5
Designer clothes	10	3
Safe home	11	3
Happiness/Welfare	2	1
Good food	1	0
More money/Material well-being	11	0
Well paid job	0	1

Only one child questioned considered drugs to be the most relevant thing in his life. It is not surprising if we take into account the fact that none of the respondents would ever recommend to their relatives or friends that they should try drugs. While one respondent wished he had more drugs, 16 children involved in drug use and dealing wished to become clean of drugs once and for all (see Table 16). Children's innermost

world is best reflected in their wishes, which they put down in reply to the last question in the questionnaire (see Tables 15 & 16). It is material welfare that the young people desire most. They also want to have a family, to find love, and wish that their relatives and friends were well.

Nevertheless, from the wishes of young addicts and dealers also transpires how different they are from their non-using peers. It is unlikely that a drug-free youth would wish that the person who turned him into an addict would die:

> *I wish the person who introduced me to injecting would die.* - MB17

In conclusion it could be said that the interviewed children want to be rich, healthy and happy. They also want to be clean of drugs and be protected from HIV/AIDS that is an everyday threat to them. To get a better picture of those wishes, two different tables were drawn up. The first to show the combinations of different wishes (see Table 15) and the second which sums up the frequency of monotype wishes (see Table 16).

Table 15:
Wishes of the children using/pushing drugs

Interviewee	Wishes
FR17	I wish an anti-AIDS vaccine would be discovered. I want to give up drugs and never return to them, get married and give birth to a healthy child.
MR16	Money and plenty of it, no problems with the police, happiness and good luck.
MR17	Plenty of money, happiness, peace on earth.
FT17	Fly to the moon, away from here. That Oleg (*boyfriend who died of overdose*) would resurrect and that everybody was happy.
MB17	Remedy against drug addiction. I wish there would be no war and that the person who introduced me to drugs would die.
ME17	I wish mother and me were rich. To give up heroin, not to catch AIDS.
MR16	I wish my brother would be released from prison. I want to get well and not defend on heroin. I wish my parents were well and happy.
FR15	Have a rich husband, healthy and happy kids, travel round the world.
MU15	Find a job, lead a life of plenty, motorbike.
MR18	Find a place to live, find a permanent job, start a family.
ME13	Get rich (own 1000kroons a month), good family, car.
MR12	I want my parents to be rich. I wish my sister didn't inject heroin and I wouldn't get done by the police and went to school.
MR13	I want to live with grandmother. I don't want my father to come back. I wish everything were okay.
MR13	That there were no drugs, no war; that there was money and everybody lived happily and in peace.
FE16	Good husband, own apartment, family
MR15	Give up heroin, finish school and become a cook. I wish everything were okay with my family.
MR15	Finish school, find a job, and buy an apartment. Start living on my own and become independent
MR15	Get rich, leave Tallinn, not to inject
MR16	Give up drugs, get a good job, and buy a nice car.

Table 15 cont'd: **Wishes of the children using/pushing drugs**	
FR14	Give up drugs, graduate from school and enter college. I want a good apartment, car and boy friend (non-user).
FR16	Give up drugs, straighten up, leave for Europe (Spain).
FE17	Family, happiness, health.
MR16	Plenty of money for my children and me; nice girl friend, long span of life.
MT15	Plenty of money and drugs, less health problems.
MR15	That there weren't AIDS, plenty of money, good friends.
MT17	No AIDS, no drugs; plenty of girls, music and booze.
MR17	Home, money, health
MR17	Health, money.
FR16	Family, health, money
FR17	Not to depend on drugs, not to quarrel with parents, to own everything necessary for life.
FR17	Good family. Not to be in want of anything. I wish my mother and sister were okay.
MR16	To give up drugs. I wish mother and sisters were well and not in want of anything.
MR17	Material well-being
MR14	Home, money, health
MR16	If there were money, there would be everything else
MR15	Plenty of money; to get clean; to get father and mother to come back for me.
MR16	Home, family, finances
MR15	Home, family, health
MU16	More money, plenty of girls, health
FE17	Money, health, happiness

Table 16:
Frequency of the monotype wishes (multiple responses allowed)

	Minors N=40	**Young Adults N=19**
Wealth orientated wishes (money, richness, good life)	23	3
Family orientated wishes (parents/spouse, happiness/love, healthy children)	16	6
Health orientated wishes (that I would not catch AIDS)	13	3
Drug-free life orientated wishes	16	3
Job orientated wishes (good job/to get work)	4	6
Education orientated wishes (go to school/graduate/enter college/receive good education)	4	1
No problems with the police	2	0
That everything would be O.K./that everybody would have money	2	0
No war/global friendship and harmony	4	1
Good living conditions/car, motorbike, flat, house	10	1
Live on ones own	1	0
Vacation/traveling/escape from everyday life	3	1
Remedy against incurable disease/remedy against HIV/AIDS/no AIDS at all	4	2

Table 16 cont'd: **Frequency of the monotype wishes (multiple responses)**		
That my brother would get out of prison	1	0
That there were plenty of women/booze and music	2	0
Good friends	2	0
To deal with things that interest me and to change the attitude of others towards me	1	0
To live a long life	1	0
To have more drugs	1	0
That parents would not desert their children	1	1
To get on with parents	1	0
To change everything in order to lead a normal life	1	0
To shoot all drug dealers	0	1

4.5 Young drug users' interests and preferences for how to spend their free time

The opportunities of ways to spend leisure time available to young people are directly connected with their financial background. Cinemas, concerts, and sports events – everything costs money and quite a lot of it. If young people have no chance to do something interesting and useful, they start looking for ways of killing time, which frequently leads to initial contacts with drugs and may create the possibility for a child to get involved in drug pushing.

In conclusion, it could be said that by far not all questioned children involved in drug trafficking and prostitution had a hobby. Their hobbies varied from fishing to collecting old coins. Most of all children enjoyed going to discos, bars and chatting with friends. It deserves special mention that at some point three minors indicated "a dealer's place" (by dealer was meant an adult drug dealer that provided drugs for use and distribution) as their favorite one. At the same time, three underage addicts wrote that their favorite place was an amusement park.

Table 17: **What is your favorite place? (multiple responses allowed)**		
	Minors N=40	**Young Adults N=19**
Amusement park/ZOO	3	0
Discotheque/bar	22	5
Music events	0	2
Theater/Exhibitions/Museums/Cinema	3	1
Visiting friends	9	1
Street/Yard	3	3
Home	0	2
Casino	0	2
Shops	1	1
Rehabilitation Centre	0	1
Where there is food and it is warm	0	1
Nature	2	0
Parents' place	0	1
Anywhere, where I feel good	0	1
Don't know	1	0

Table 18: **What is your favorite leisure activity? (multiple responses allowed)**		
	Minors N=40	**Young Adults N=19**
Dancing	15	3
Movies	6	1
Dating	13	3
Hanging out with friends	28	10
Theatre	1	1
Playing a musical instrument	1	0
Reading and listening to music	1	0
Staying at home	0	1
Fishing and wildlife	0	2
Casino and gambling	0	1
Computers	1	0
Amusement park	1	0
Sleeping	1	0

4.6 Psycho-social portrait of an intravenous drug user

As the present survey focuses on IDU-s who are - at some level - involved in WFCL, the study will try to provide a social portrait of them explicitly, leaving aside users and pushers of other illicit drugs. This effort is made in an attempt to find out whether the perceptions of drug users themselves and specialists trying to help them coincide.

Drug users themselves have pieced together the following portrait of their fellow sufferers:

> *It is a person nobody believes. A drug user is, on average, 18-25 years old, slovenly dressed, with a wrinkled face, usually lives off the parents, does not have his/her own family or has lost it. Does not have an objective in life and never thinks about it, lives one day at a time. In a word, a loafer, a useless person. Drug users can also come from decent families. If s/he is older, s/he has no family. Married couples that are drug users are rare. In general, they have no plans for the future; they have no wishes. The common denominator – they are always on the look-out for money. They usually come from unstable families, who can often be described as social misfits, the fact to which the problems must be put down. Later, s/he loses his/her home or leaves it of his/her own accord. S/he injects in order to escape problems. A drug user is always betrayed by his/her appearance: pupils are either dilated or narrowed. S/he may be well dressed, as these days it is possible to buy quality clothes cheap, but s/he is slovenly. A drug user looks much better than an alcoholic. Very often drug user gives an impression of a very busy person. Addicts even walk very fast as if they were in a hurry.* -On the basis of the focus group interview with drug users of Narva
>
> *A drug user stands out a mile: skinny, pale, pimples on the face. It is not their appearance that matters, but their behaviour: they are restless, nervous. Drug users cannot work; if they work then only as prostitutes*. -On the basis of the focus group interview with drug users of Tallinn

An "expert group" consisting of rehabilitation center workers, AIDS prevention center workers, medics and psychologists provided a similar portrait of young people addicted to heroin:

> *I have experience and skills to pick out heroin users on the street. It seems to me, he stands out on the street – with his billed cap, dungarees, and a very worried look. He is on constant move, always running, constantly worried. A heroin user's parents say that their children leave in the morning and come back home late. They spend all day hunting for money because they need it.*
> -Nelli Kalikova, head of the AIDS Prevention Center
>
> *A typical portrait is as follows: some 18-19 years old, slovenly dressed, unclean, withdrawn; or on the contrary, very talkative and impertinent, wants to get information on everything.*
> - Tatjana Magerova, head of the Rehabilitation Center for Alcoholics and Drug Users
>
> *Young people who consume drugs are either very talkative or withdrawn. They have many family problems and no work. As a rule, they lie a lot. They often give promises they are not going to fulfill. They think that they can stop consuming drugs whenever they want to.*
> - Anneli Krouberg, surveillance officer of the Narva City Court
>
> *Pale, dark rings round the eyes. At times very aggressive. Don't want to discuss anything and really lie a lot.* - Natalia Umarova, Center "Home for Each Child"
>
> It is a young person (18-23 years old) who does not work or study. They usually come from a split family or have no family at all. S/he has lost everything apart from consuming drugs. They are people who are withdrawn, very egocentric. They think the sole purpose for the existence of the world is for them to satisfy their need for drugs. They are usually after chances to take advantage of people so that they could consume drugs or justify it.
> - Juri Magerov, worker at the Rehabilitation Center for Alcoholics and Drug Users
>
> *They are selfish adventurers*. - Andrei Matvijenkov, drug prevention consultant

Heroin user – a Russian speaking 17-19 year old young man, left school after grade 9, has had communication problems in school since grade 7. The established circle of friends is volatile. Does not have skills to train on behalf of a goal. No skills in handling stress. Mother is overprotective, who fails to understand her child and his needs, thinks of him as somebody who is incapable of caring for himself, through which the mother can feel she is doing the right thing and is needed. The father is either constantly away (separated, or is a seaman, long-distance truck driver, or a businessman) or if not, he has stiff norms and is inflexibly self-centered, constantly critical or emotionally cold. Parents face difficulty handling their emotions, and the child is the means through which to bind and express their emotions. In such a family, a child who is becoming independent poses a threat of being left alone with each other and there emotions for the parents; a child in distress proves to such parents that they can handle their lives. There are two options for the child to kick the habit (relying upon systematic help) – the child either parts with his parents, or the interrelation system in the family has to change completely. Many families, however, are not ready for the latter.
-Ellu Eik, psychiatrist

It transpired from the interviews with experts and drug users that from an appearance and demeanor standpoint an IDU is a person who is a bit slovenly but still quite decently dressed and who looks nervous and worried. S/he is pale and skinny. S/he is always in such a hurry that there is no time left over for work or studies. S/he comes from a financially and/or emotionally unstable family. S/he often looks like an ordinary youth but is not interested in what is happening in the world. It is his/her own universe that matters, and that universe tends to be centered on drugs.

Concerning the ages of drug users (and drug pushers) experts tend to speak about 18 and older. This can be explained by the fact that children involved in drug use and pushing are less noticeable than adults. Also, the decreasing of the age of the drug users and drug traffickers is a recent tendency, which has not yet been supported by the statistical data.

5. Drug experience – when, where, why?

While investigating children involved in drug trafficking it is important to understand the extension of the drug problem in Estonia, because for many children drug use is the pathway to trafficking. As transpires from the current RA, the majority of drug pushers aged under 18 begin to sell drugs at a point when they are already addicted to the narcotic substances themselves. Understanding the drug problem that leads to the children's involvement in drug trafficking and prostitution will assist in designing policy and action programs to keep children out of these types of worst forms of child labour.

Ten years ago drug consumption was not a problem in Estonia. Drugs were almost impossible or very hard to come by. After gaining independence, everything in Estonia changed – politically, culturally, socially, and with regard to crime. At the beginning of the 1990s, Estonia became a convenient location for drug trafficking and it was then that drugs started their offensive.

Although there may be a disillusion that drugs have sidelined the problem of alcoholism, in reality it is not so. Many young drug users start consuming strong alcohol before moving to drugs:

> *We discuss drugs and the effect they have on young people. But the first step towards dependency for children in Narva is home brewed strong alcohol. It is the first "drug" young boys and girls try out which gives them the first experience. Many think it is smoking cigarettes or cannabis, which actually pushes them on. No, it is alcohol. Almost 80% of 13-14 year olds have tried alcohol, most often in family circle. Today, many parents tell their children "you'd better drink but don't inject."*
> - Irina Odolko, nurse at the anonymous testing lab of the Center for Alcoholics and Drug Users:

The present survey also indicated that 33 children out of 40 questioned consumed alcohol in addition to drugs (see Table 19). Only seven children reported that they do not drink. Although alcohol is a health hazard and its consumption can be lethal, experts tend to voice an opinion that society does not think of children's alcoholism as a problem as formidable as drugs:

> *It is an accepted drug and it is a drug everybody is more or less familiar with. The drug problem is very acute, linked with AIDS. But it has overshadowed the problem of alcohol, which is by no means a less serious problem.* - Nelli Kalikova, head of the AIDS Prevention Center

Table 19:
Consumption of alcohol

	Minors N=40	Young Adults N=19
No	7	0
Occasionally	30	14
Constantly	3	5
Total	40	19

While only 33 children consume alcohol, all of them have used drugs. At the time of the interview, 39 out of 40 children used them (see Table 20).

Table 20: Consumption of drugs (at the time of interviewing)

	Minors N=40	Young Adults N=19
No	1	3
Occasionally	24	13
Constantly	15	3
Total	40	19

5.1 On first consumption of drugs

In recent years the age of drug users has become younger.

> *The age of users is getting younger, needle exchange points are frequently visited by 15-17 year old boys and girls, but also by 13-14 year olds. The biggest age group that joins the rehab program is 19-21, but there is an ever-increasing number of 15-18 year olds.*
> - Ellu Eik, psychiatrist

The tendency is born out by the present survey. While the Drug Treatment Database of the Estonian Drug Prevention Foundation of the year 2000 indicated that illegal drugs start to be consumed, on average, between the ages of 15-17, according to the present survey a majority of the respondents started using drugs at the ages of 12-13 (19 out of 59). Another 17 respondents started consuming drugs at the ages of 14-15. In conclusion, it could be said that 46 respondents or 78% of those interviewed started using drugs when they were younger than 15 years of age, which means in childhood or in early teens (see Table 21).

Table 21: How old were you when you began using drugs?

	Minors N=40	Young Adults N=19
Below 10 years	1	0
10-11 years	9	0
12-13 years	18	1
14-15 years	10	7
16-17 years	2	4
18 or older	0	7
Total	40	19

Although heroin consumption may in rare cases also begin between the ages of 9-11, the role of those age groups is, fortunately, fairly insignificant. At the same time, inhalation of toxic substances is widespread among this age groups, especially among the so-called street children, who start inhaling already at the ages of 8-10 (Eik 1997).

> *Street kids start very young, at the age of 8-10. Most of them inhale toxic substances, they consume heroin inconsistently and infrequently. It is children from normal families who start consuming heroin, usually at the age of 13-14, being still schoolchildren.*
> - Irina Moroz, specialist at the AIDS Prevention Center

The street children tend to start with inhaling nitro solutions, which make them "see cartoons". If such a child does start using heroin or other types of drugs and pushing them, it usually takes place at an older age, when mere toxins created illusions no longer suffice to satisfy their needs.

While in earlier years drug consumers used to start on soft drugs (cannabis and stimulants), today there is on ever-increasing number of youth who start on the strongest substances there are – heroin and poppy liquid.

> *When in previous years a pattern "tobacco – cannabis – stimulant – heroin" could be indicated, recently users very often start on heroin.* - Ellu Eik, psychiatrist:

Although in the present survey we did not study which drug was consumed first, many respondents indicated heroin as their first narcotic substance.

The first acquaintance with drugs usually takes place in the company of friends. It may happen at a party, in somebody's home, on an outing, in a summer cottage, in a cellar, anywhere where friends meet. Drugs start to be consumed out of curiosity, at friends' initiative, and/or when there is surplus of free time. Curiosity is accompanied by a wish to seek exciting experiences

> *I was just offered and I wanted to find out what it was like … in life, you have to try everything out, at least once.* - FR19
>
> *I wanted to find out what it was … I was after excitement.* - MR16

Sometimes, it is an older friend who offers, and a child feels it is embarrassing to refuse. The reason can also be group influence – a wish to be like others. At the same time, there is also a wish to acquire group leadership that lies behind drug consumption. Young people wish to elevate their status among friends through consuming forbidden substances.

> *Lifting of status: I am brave, can handle risk, am not afraid of parents and teachers, am always ready to experience everything new, nothing frightens me, I am no sissy.* - Ellu Eik, psychiatrist

Young people who have problems, and who are troubled by depression and anxiety, frequently start consuming drugs in order to escape their problems.

5.2 "Favorite" drugs and consumption frequencies

The most widespread drugs among IDU-s are heroin and amphetamine. Less frequently, or rather during certain seasons, other forbidden opiates are used. This is born out by experts' estimates, drug users' opinions as well as the results of the present survey.

It is mostly heroin that is injected, less frequently amphetamine, younger teenagers consume sudafed, a solution made from cough mixture containing pseudo-ephedrine. Among club narcotics, there is ecstasy, amphetamine, less frequently LSD; richer people consume cocaine.
- Nelli Kalikova, head of the AIDS Prevention Center

Despite the fact that recreational narcotics are used by IDU-s too, they are still relatively unpopular among them.

Heroin is consumed most frequently; it is followed by amphetamine and cannabis. Cocaine is most expensive; it is rich people's drug. - FR16 (h4)

Consumption of drugs also depends on the time of the year. Thus, in summer the number of consumers of imported opium and poppy liquid increases, as they are more available in summer than in other seasons. In late autumn and early winter however, it is local opium: this applies especially to Narva.

It is mostly cannabis and heroin that are consumed; in summer, it is opium and sudafed.
- Tatjana Magerova, head of the Rehabilitation Center for Alcoholics and Drug Users

It is mostly amphetamine and heroin; in summer, opium and cannabis.
- Irina Odolko, nurse at the anonymous testing lab of the Center for Alcoholics and Drug Users

It is mostly cannabis that is consumed, followed by heroin, amphetamine, pseudo-ephedrine made from sudafed. In autumn until the first half of winter local opium is consumed, as well as local LSD in small quantities.
- Juri Magerov, worker at the Rehabilitation Center for Alcoholics and Drug Users

Thirty-two interviewed children said they consumed heroin (see Table 22). Twenty-six respondents answered they used cannabis, whereas 2/3 of heroin users also consumed cannabis. Twenty-five children consumed amphetamine.

Among the children interviewed there were also consumers of recreational narcotics, the latter being mostly affluent young people. Six minors said they used ecstasy. The same respondents also used cocaine and crack. It must be mentioned that minors who used recreational drugs only where not engaged in drug trafficking, but rather shared drugs with friends in order to show them "how good one can feel". Those children who were engaged in drug trafficking used both recreational drugs and drugs suitable for injecting.

Gasoline and nitro solutions were inhaled only by boys under 14, who were interviewed in a refuge, which testifies to the fact that inhalation is practiced by street children or children whose parents are socially disadvantaged. Children who come from families that are slightly better off prefer higher quality drugs.

Table 22:
Number of consumers of different types of drugs (multiple responses allowed)

	Minors N=40	Young Adults N=19
Cannabis	26	13
Heroin	32	10
Other forbidden opiates (poppy liquid, and others)	6	4
Amphetamine	25	11
Ecstasy	6	4
Cocaine	4	4
Crack	1	1
Ketamine	0	0
GHB	0	0
LSD/magic mushrooms	0	2
Inhalation of gasoline and nitro solutions	4	0
Self concocted solutions	1	0

According to Table 23, the majority of children consume heroin either once a week or every day (correspondingly nine and seven respondents), whereas a heroin addict can inject several times a day (up to every three-four hours). Cannabis is smoked either a couple of times per week or month, less frequently every day. Consumption of recreational narcotics is far less frequent. Ecstasy is consumed a maximum of two-three times a week, more often once a week or once a month.

Table 23:
Consumption frequency

1= once a month; 2= 2-3 times a month; 3= once a week; 4= 2-3 times a week; 5= 4-6 times a week; 6= every day

	1		2		3		4		5		6	
	M	**A**	**M**	**A**	**M**	**A**	**M**	**A**	**M**	**A**	**M**	**A**
Cannabis	3	2	6	3	3	4	7	1	4	1	2	2
Heroin	7	1	5	2	9	2	2	2	1	0	7	3
Other illicit opiates	3	1	2	1	0	0	0	1	0	0	1	1
Amphetamine	4	5	6	2	9	0	6	2	0	0	0	1
Ecstasy	1	2	0	1	3	0	1	1	0	0	0	0
Cocaine	1	3	0	1	1	0	2	0	0	0	0	0
Crack	1	1	0	0	0	0	0	0	0	0	0	0
LSD	0	1	0	0	0	0	0	0	0	0	0	0

The frequencies of consumption of gasoline, nitro solutions and other solutions were not indicated

5.3 Possible reasons for drug consumption

The present survey enables the authors to draw the following conclusions about the possible reasons, based on the experts' opinions, for drug consumption that might later lead children to drug trafficking:

On individual level[6]:

- Desire to try something new and exciting, curiosity, seeking excitement.
- Desire to try out something dangerous and banned.
- Friends' example; a wish to be like them, a sense of belonging; group influence.
- Consumption of drugs as a way of enhancing one's authority:

> *Today, parents have no authority in the eyes of young people. It is peers who have definitely more authority. If somebody has already tried drugs, his/her authority among friends is about to rise considerably.*
> - Juri Magerov, worker at the Rehabilitation Center for Alcoholics and Drug Users

- Problems in the family, lack of safety and emotional closeness:

> *It all starts from the lack of safety and closeness… All those who had ended up on the street indicated the lack of parental support*. - Marika Ratnik, psychologist

- Problems, tension at school; young people feel they cannot cope and turn to drugs.
- There is nothing to do/few leisure opportunities, which, at least in Ida-Virumaa, have created ideal conditions for drug consumption. Young people have nothing to do with their free time. There is nothing to do, nowhere to go. The few events and places are too expensive. Drugs, on the other hand, are always available and compared to other activities very cheap (Allaste 2001):

> *Young people take to drugs, as there is nothing else to do. No good education is available, nor are there any good jobs. In general, there is nothing to engage oneself in; there are not even places to play football.*
> - MR50 (h8)

[6] Distinguishing reasons for alcohol and drug consumption among children as belonging to two different levels – individual and societal, was first proposed by psychiatrist Ellu Eik, who also participated in the current survey (Eik, E. 2000) Laste ja noorukite alkoholi tarbimine (Consumption of Alcohol by Children and Adolescents) *Lapsed Eestis (Children in Estonia).* Kutsar, D (toim.) Tallinn: ÜRO arenguprogramm, pp 52-53) (In Estonian)

- For many young people drugs are the only thing that turns them on and society has nothing else to offer:

> *Herein lies the answer to the question why anti drug programs do not work. Because we take the spice away and provide nothing instead. Young people are told "It is bad, don't do it". And s/he is left with dull, gray life.*
> - Nelli Kalikova, head of the AIDS Prevention Center

- Escaping reality, problems. Problems seem insurmountable, unbearable and drugs are seen as the last resort to escape them:

> *Young people discover drugs as illusion of life and a chance of solving problems.*
> - Nelli Kalikova, head of the AIDS Prevention Center

- One-sided perception of drugs. Young people have built up an illusion as if consumption of drugs were a positive experience. They lack information on negative characteristics of drugs:

> *Children only know the "good" side of drugs. Very many of them think that it is very interesting and those who try them are "tough guys". They have no idea of what drugs are like, what dependency means, and they are not aware of how dangerous it is.*
> - Irina Moroz, specialist at the AIDS Prevention Center

- Self-medication:

> *... in order to handle anxiety and depression, feel good, feel on sense of belonging.*
> - Ellu Eik, psychiatrist

- Self realization:

> *... in order to feel secure even in dangerous situations (others develop dependency because they cannot control the situation; I will not because I know everything and handle the situation with responsibility. I can stop any time. I do not face any danger as I engage in it occasionally, only when I want to. I have no problems).*
> - Ellu Eik, psychiatrist

- Psychological problems accompanying teenage cycle of ones life: fear, depression, low self-esteem, mental and emotional weakness of young people.

- Destructiveness of negative self-image:

> *Realization of the negative self-image/identity (such as me perish, they are reproached, punished etc. Everything dangerous is in line with my genuine being).*
> - Ellu Eik, psychiatrist

On a societal level:

- Availability of drugs: young people know where drugs can be obtained and their price suits many of them.

- The educational system is aimed at students with stable abilities to focus and concentrate:

> *There is an ever-increasing number of children who do not correspond to these requirements and who face difficulties at school, teachers also find it difficult to work with such children. The existing possibilities to work with children with special needs, provided by laws and decrees, are not fully implemented in reality, as there are not enough financial means, skills and motivation.* - Ellu Eik, psychiatrist

- Norms and values are ambiguous; contradictory lifestyles and values now operate simultaneously:

> *Traditional values are crumbling away; declared general human norms apply only partially to reality*. - Ellu Eik, psychiatrist

- Alienation accompanied by urbanization, carelessness towards others; relationships become formal, control disappears.

- There is a one-sided interpretation of liberty and no mention of restrictions and responsibility:

> *That is why it is complicated to orient oneself in reality and work out stable stances and stable human relationships based upon them. Constant disarray causes tension, which accumulates because of lack of security and causes a constant state of anxiety. To escape it, excitement and experiences are sought, and it is exciting to experience it with the help of some substance.*
> - Ellu Eik, psychiatrist

- Many parents think that they have fallen victims to the interim stage and feel that they have been wronged by the state. This especially goes for Russian speakers, in whose case we can speak of the so-called "alien's syndrome" mentioned previously; they feel they are second-rate people in Estonia, that their knowledge and competence is not required by society. The same

negative, hopeless attitudes and stances are passed on to the children who see no bright future for them in Estonia.

- Parents are overworked and have no time for their children. Consumption of drugs may be an attempt to draw parents' attention.

- The fact that parents are too busy to pay attention to their children can lower the child's self-esteem and cause psychological problems:

> *There are also parents who work to excess and risk burning themselves out. They do not have enough internal resources to bring up their children and assist them handling difficulties. They more or less feel good when their children are O.K., but they find themselves in a crisis as soon as their children develop problems. Some parents earn plenty of money and they "buy themselves out" of being supportive and close to their children; they provide money but fail to provide closeness. They have very often worked out scenarios for their children's future lives and the children will simply have to fit themselves into them. The children growing up in the above-described conditions do not have favorable conditions to build up stable internal orientation of values and ability to cope with life. This increases the risk of the building up of accumulating anxiety, negative self-picture and unconstructive abilities of coping with life.*
> Ellu Eik, psychiatrist

- Media, negative examples set by pop idols. Society does not have control over what information on drugs is passed on to young people:

> *Any advertising of drugs is condemnable. I discovered cannabis related advertisements for cell phone logos, informed the police, and there was no reaction. Just a couple of days ago I discovered an advertisement advertising LSD and the same cell phone logos. I called the firm and received a childish explanation that the abbreviation LSD was to mean Laste Sobralik Disain (Children Friendly Design). And that advertisement was published in a national TV guide with high circulation numbers. I, as a grown up, am not interested that my cell phone should have a logo, but for my 13 year old son it is very important – his cell phone must have a logo and one which is in. If a child discovers a cannabis or LSD logo in a paper, he automatically assumes that it is legal and normal. It shapes young people's outlook.*
> - Nelli Kalikova, head of the AIDS Prevention Center
>
> *It all comes down to the issue of media. One is likely to gain an impression from the media that cocaine is inseparable from decent life. A popular hit about cocaine, a book by a popular young author which describes youth culture with its parties, where women and men are used indiscriminately, it all adds up to adoring drug culture.*
> - Ave Talu, head of the Estonian Drug Monitoring Center

6. Drug trafficking

While 28 children indicated that they were involved in trafficking because of money or free doses (see Table 24), many of those who answered this question negatively, mentioned that they had offered drugs to others, usually friends, for them to try. They did not do it for money, but rather to introduce drugs to their friends.

> *I just felt good and wanted everybody to feel the same way.* - FR15

While for some children there is a wish to share a new and exciting experience with friends so that they know how great one can feel, this report focuses on those who are actually selling drugs and the reasons behind these actions.

Table 24:
Are you involved in drug trafficking?

	Minors N=40	Young Adults N=19
No	10	16
Yes, occasionally	22	3
Yes, habitually	6	0
No answer	2	0
Total	40	19

When we asked the respondents to assess how many under 18-year olds were involved in local drug trafficking, they all drew on their personal experience. Thus, most respondents answered that they "know a boy who…", "a boy in our school…", "two guys who sold heroin", "I know 10 people who…", "there are 100-200 of them", etc. As it can be seen, a variety of answers were offered. At the same time, 23 respondents said they do not know and have never been interested in it. Twenty-one respondents found that such young people were "very numerous", "almost everybody", "it seems that quite a lot", "don't know exactly but many" (see Table 25).

Table 25:
How many people below 18 do you think work in local drug trafficking?

	Minors N=40	Young Adults N=19
I think that many	18	3
I think an average number	2	2
I think that few	6	5
No idea	14	9
Total	40	19

In general, it cannot be adequately assessed how many under 18 year olds are involved in drug trafficking. Despite that, based on the questionnaires it can be assumed that in the opinion of young people themselves, approximately every tenth drug using child may be involved in drug trafficking.

6.1 First time drug trafficking – when, what, where?

Apart from the fact that the age of drug users, including the age of heroin users, is constantly getting younger, it is the age of traffickers that is getting younger too. Two respondents in the present survey had started trafficking already at the age of 11. Twenty-seven respondents out of 29 who answered the question regarding their age when they first sold drugs had been minors when they first got involved in trafficking (see Table 26).

Table 26:
How old were you when you first sold drugs?

	Minors N=40	Young Adults N=19
Age 11	3	0
Age 12	3	0
Age 13	4	0
Age 14	6	0
Age 15	3	0
Age 16	0	1
Age 17	0	3
Age 18	0	0
Age 19	0	2
Not involved in trafficking/ refused to answer	21	13
Total	40	19

Most respondents indicated that the first drugs they trafficked were amphetamine and cannabis. Though 12 children had started their trafficker's career with heroin, usually it is still pushing recreational drugs that traffickers initially get involved in:

> *Young people mostly sell amphetamine and ecstasy.* - FR15
>
> *Young people mostly traffic amphetamine and cannabis.* - FT17

Table 27:
What is the first drug you trafficked? (multiple responses allowed)

	Minors	Young Adults
Cannabis	14	5
Heroin	12	2
Other illicit opiate (poppy straw/liquid)	3	1
Amphetamine	19	6
Ecstasy	5	0
Cocaine	3	0
GHB	1	0
LSD/magic-mushrooms	1	0

Some of the children questioned trafficked different drugs simultaneously the first time they trafficked. Not all respondents trafficked drugs (see Table 26)

It can also happen that a child gets involved in drug trafficking without exactly knowing what he is selling. For example, a 12-year-old Russian boy said that he had no idea what he was selling when he first got involved. He saw that his sister had five

little packets with white powder and stole them and sold to some guys (his sister was either a user or a dealer). Although he did not know what exactly he was selling, he was still aware that it was a drug and was even able to put its price at 100 kroons per packet. This indicates that young people can acquire knowledge necessary for drug trafficking at a very early age. The fact that the above-mentioned boy knew who to sell the drug to testifies to his awareness of drug trafficking.

Surprisingly, some minors start selling drugs before they actually start using them themselves. For example one of the questioned children started trafficking at the age of 12 and managed to stay free of drugs for two years. Only at 14 did he start to use them himself. For two years he was trafficking, not out of necessity to obtain free doses, but merely as a means of earning money, which he later spent on "other stuff". He did so willingly and consciously without being pressured into it. Drug pushing can be seen as a simple job, nothing more and nothing less.

Despite the above-mentioned fact that some children start pushing drugs before using, the majority of the children who are involved in drug trafficking, use drugs before they start selling illicit narcotic substances.

Initial trafficking usually takes place among friends or in other places where there are many young people:

> *Discothèque, bar, among friends.* - FR17

At the same time, 15 children said they first trafficked drugs on the street. Four minors, however, first trafficked drugs in school among their peers (see Table 28). For minors it is easier than for adults to push drugs in school where, due to the increasing use of drugs among children, security measures have been taken to prevent "dealers" from having access to the children. Whereas strangers are not allowed in the school, children who attend have opportunities to sell drugs to their schoolmates.

Table 28:
Where were drugs first trafficked (multiple responses allowed)?

	Minors N=40	Young Adults N=19
Discotheque/bar	6	0
Street/market/station	15	3
School	4	0
Among friends	4	0
Dormitory	2	0
Apartment/house/cellar	2	2
Everywhere	2	0
Selling point	3	0
Not all respondents trafficked drugs (see Table 26)		

6.2 Locations and times for drug trafficking

Where drugs are sold is connected with the kind of drugs being sold. As a rule, heroin is not sold in big clubs or at social events. At the same time, it is possible to buy everything on the street – from alcohol to stimulants and heroin.

The following drug trafficking locations could be pointed out (for heroin and other strong drugs suitable for injecting):

- Apartments, cellars, summerhouses, various places where drug-using youngsters gather.
- Workers' hostels/dormitories (mostly in Ida-Virumaa, but also in Tallinn).
- In and near schools. It is a rather widely spread strategy that drugs are sold in an apartment close to a school so that children can stop by the dealer at their breaks (Allaste 2001).
- Discos (mostly Russian discos, seldom in prestigious clubs).
- Apartments, private property which functions as a drugs selling point (buyers knock at the window and ask); such points are often situated near places where young people gather; they can be found in each district and offer a wide variety of drugs.
- Concerts.
- Bars.
- On the street (incl. stations, certain yards).

In addition to the above locations, mobile selling points have recently emerged, i.e., selling from a car. The car is either ordered by phone or it has a fixed daily route, making brief stops in certain places:

> *I live in Lasnamae…in the evenings, I constantly walk past a place, a plot near a school, where there arrives a car. As a rule, boys are already waiting. They go up to the car and after a minute it is gone… There are also mobile dealers; some people know their cell phone numbers, call them and make an appointment*. - Irina Moroz, specialist at the AIDS Prevention Center

In conclusion, it can be said that drugs can be bought at any time and in any place. It is only necessary to have some elementary knowledge of how it is done and who should be contacted:

Most often drugs are sold where young people meet: bars, discos, but also apartments, streets and even schools. Selling drugs is very widespread. Mafia has become mobile. There are many cell phones – just call and be delivered. - FR24 (h3)

In his heart, every drug user would like to throw a grenade into the dealer's window. Drugs are everywhere, easily available. Each user wants to earn a dose by selling. Cars as well as cell phones are used. They don't even blush from selling drugs in school. - MR35: (h16)

As transpired from the survey, young people are often involved in selling drugs 24 hours a day. Trafficking times and places obviously depend on what the dealer him/herself does. If s/he studies or works, then s/he is involved in trafficking in the evenings or at night; if not, then round the clock.

Table 29 gives a detailed picture of how, when, whom and where children sell drugs. By way of generalization it can be said that it is heroin and amphetamine that are sold the most. In other words children are more likely to get involved in the trafficking of those types of drugs they use themselves. The customers are usually young people belonging to the same age group: students, college students or simply friends and acquaintances. Drugs are sold by phone, to friends or acquaintances, or on the street. Transactions may take place in schools, in discos, bars, or simply on the street. Incomes may vary from 5-15 kroons per dose from 150-300 kroons per gram. 24 hour income was shown as 1000-5000 kroons[7].

Children recruited to buy drugs buy heroin and amphetamine the most. The transactions take place either in the selling point or by phone. The customers are young people and transactions take place mostly in the evenings or round the clock. It was a free dose and money up to 500 kroons that were indicated as income.

Drug trafficking not for money but for drugs mostly involves pushing heroin and amphetamine. Four children wrote that they are paid in drugs.

[7] 1$ = 17.75 kroons (Bank of Estonia, April 2002)

Table 29:
Children's and adolescents' involvement in drug trafficking (minors only)

Drug type	Pattern/ method	Clientele	Distribution place	Hours	Profit
As a drug dealer					
Heroin 9 Amphet. 6 Cocaine 2 Cannabis 3 Ecstasy 2 Opiates 4	To friends 1 On the street 2 Just sale 3	Friends 6 Pupils 4 Students 2 Juveniles 1 Drug-users 1	Own yard 1 Street 7 Disco/bar 2 School 1	Varies 1 24H 4 Evenings 5 Nights 2 Daytime 2	5-15 kr./dose 150-300kr/gram 1000-1500kr/day 1 1000kr/day 3 up to 200/day 3
As a person who is employed to buy drugs					
Heroin 3 Amphet. 4 Cannabis 1 Opiates 1	By phone 1 From sale point 2	Youth 2	Street 1 Disco/bar 2 From car 1	24H 1 Evenings 2	One dose 1 No income 1 500kr. 1
As a salesperson who sells drugs for drugs, not for a profit					
Heroin 8 Amphet. 2 Cannabis 1	Just sale 3 Exchange 1	Youth 3 Drug-users 2 Friends 1	Street 5 Selling point 1	24H 3 Evenings 3 Mornings 2	Drugs 4 No income 1

6.3 Reasons for participating in drug trafficking

Only 17 out of 59 respondents of the current survey have never been involved in drug trafficking: 10 out of 40 minors (25%) and 7 out of 19 (37%) young adults. This means that 75% of minors interviewed and 63% of young adults have immediate drug trafficking experience.

The reasons that lie behind drug trafficking by drug using children can be as follows:

- Often, there is influence from friends and acquaintances who are already involved in drug trafficking. They wish to please others:

> *We were drinking with friends and somebody offered amphetamine for sale. Everybody sold and also got amphetamine.* - MB17
>
> *My friends introduced me to it, but I, myself, wanted to, in order to earn extra money.* - FR17
>
> *I wanted to be like everybody. I wanted to share with others in order not to look like a scoundrel.* - MT17
>
> *Friends' example. Didn't think about it.* - FR17
>
> *Wanted to be like everybody else*. - MR16
>
> *Didn't want to stay away from the people I'm used to mixing.* - MR17
>
> *I was offered and I couldn't refuse, didn't want my friends to think I'm silly.* - MR15

- A wish to earn money, to lead a good life:

I had to get money. - ME17

I wanted plenty of money.- FR16

I wanted beautiful clothes and to go to discos .- MR16

I started quite accidentally; I needed money and had to earn them. - FR14

I wanted to lead a good life and it was simply interesting. - FR17

- A wish/need to get drugs/ a free dose for oneself/ to avoid pain:

I wanted to get a free dose. It is expensive. -MR16

I simply had to get drugs. -MR15

I wanted to get amphetamine. -MB17

I felt bad and had to inject. -MR15

- Other dealers made a suggestion and offered plenty of money (whereas children saw no reason to refuse that offer):

Older guys in the yard (17-18) suggested I sell heroin. They said the more I sell, the more I get. - MR15

A dealer offered. - MR16

When I bought for the first time, it was suggested I sell a couple of doses to friends. - FE17

SILLY QUESTION! A dealer offered and I didn't refuse! - MR16

- Relationship with dealer (partner, family member is in trafficking and involves a minor):

I started to live with a person who was involved in trafficking. - FR19 (trafficked while still minor)

I helped my boyfriend to sell. - FT17

Father was a heroin supplier in Maardu. Occasionally he made me deliver. - MR13

- Family member or somebody else forces a minor into trafficking/fear for one's life/violence (only one case of direct exploitation of child by an adult was discovered in course of current RA):

> *I didn't want to, but was afraid that father would beat me. He threatened to "drown" me.*
> - MR13
>
> *There were attempts to make me traffic, but I didn't agree though I was threatened…(the incident took place amongst friends when strong alcoholic drinks were being consumed).*
> - FR17
>
> *I had to work off the debt by delivering… otherwise, they would have beaten me up or done something worse…* - ME17

- The only opportunity to get money (no permanent residence, no job, nothing to eat):

> *Cold and hunger.* - MR18 (trafficked while still minor)

- Rarely the reason for selling drugs may be a wish to demonstrate others how good drugs are, to make the pleasure available to others:

> *I felt good and wanted others to feel the same way.* - FR15

- Young people may get involved in trafficking while intoxicated:

> *I was high.* - FR15
>
> *I had been drinking.* - MR18 (trafficked while still minor)

Although it transpires from the interviews that most drug using/selling children and adolescents started consuming before trafficking, it can also be vice versa, as was already stated above:

> *When I got involved in trafficking (at the age of 12) I didn't consume myself.* - FR14

As a rule, based on the opinions of experts, consumption in most cases still occurs before trafficking:

> *… almost 100% of small-scale dealers are themselves addicted to heroin.*
> - Milvi Noode, physician at the AIDS Prevention Center

Table 30: **Who or what made you traffic drugs for the first time?**		
	Minors	**Young Adults**
Wanted to earn money	7	1
Wanted another/free dose	10	1
Did not want to differ from friends	2	1
Wanted to help mother to pay debts	1	0
Curiosity	2	0
I was offered it for trafficking and did not refuse	2	2
I felt good and wished the same for others	1	0
I was forced to do it to pay a debt	1	0
Not all respondents trafficked drugs.		

Table 31: **Why did you get involved in trafficking permanently?**		
	Minors N=40	**Young Adults N=19**
Wanted to be well off	5	0
Needed money	2	0
Was able to get drugs	7	1
Was high/intoxicated	1	1
Helped a friend sell	2	0
Curiosity	4	0
Was forced/feared	2	0
Did not want to be different	1	2
I was their permanent client		
Did not think of the consequences then	1	0
Had a surplus	0	1
Not all respondents trafficked drugs.		

Tables 32 and 33 provide reasons why young people decided in favor of long-term involvement in drug trafficking. Although the reasons are the same in many ways – free dose, money, friends' example, there are other ones which were not mentioned in connection with first time trafficking.

For many youngsters drug trafficking is seen as an ordinary "job", just like any other. One may be stuck with it for several reasons including the inability to find a better job or because the income from other sources is insufficient.

Drug trafficking does not stem only from the need to earn money or drugs, but also from a wish to realize one's power ambitions. Two children indicated that they used it like a weapon, giving them authority over others. Drugs give them the ability to control others, to make them dependent on them.

In addition it can be said that while adult drug dealers are considered to be evil, young drug pushers possess remarkably high authority among their peers. They are not seen as bad or evil, their status is even envied by some of those drug using children who do not have the courage to become the "cool guys" themselves.

Ten children interviewed stated that they cannot leave drug trafficking because of their addiction to drugs and nine think that it is impossible for them to change their lifestyle, which pushing drugs has become an integral part of.

Table 32:
Main reasons that induced respondents to work in the area of drug trafficking (multiple responses allowed)

	Minors N=30	Young Adults N=7
Lack of income from other sources	6	1
Need to pay back debt	3	1
Need money to support drug habit	3	1
Earn good amount of money	12	0
Help the family	5	0
Sense of power	2	0
Kinship with friends	16	1
Learning disabilities/ dislike school	0	0
Physical abuse and unstable household	4	0
Difficult in finding other jobs	4	3
Adrenaline rush	3	1
Desire do use a handgun	2	0
Nothing else to do	0	0
Total	60	8

Table 33: Factors that keep youth in drug trafficking (multiple responses allowed)		
	Minors N=30	**Young Adults N=7**
Money	9	2
Prestige	2	0
Sense of power	2	0
Kinship with friends	10	0
Difficulty in finding jobs	4	1
Adrenaline	0	1
Deems impossible to change life style	9	2
Addiction	10	4
Simply liked it	0	1

6.4 Negative aspects of drug trafficking

Although most respondents consider drug trafficking to be a good source of obtaining money and drugs, they are also aware of its negative aspects. They are more worried about problems with the police, about the danger of getting booked than about the danger that lies in drugs themselves. Another relevant disadvantage of the dealer's job is dependence on somebody (see Table 34). A young trafficker is usually accountable to some racket structure. S/he cannot always simply quit the business and his/her life is jeopardized by the risks accompanying this line of business (14 children indicated that the worst aspect of their job was that it was dangerous).

Table 34: Worst aspects of "working" in this line of business (multiple responses allowed):		
	Minors N=37	**Young Adults N=12**
Job is life-threatening	14	4
Discrimination	6	0
Always depend on someone	21	3
Police racket	24	5
Difficulty in finding jobs	11	3
Lack of security	2	3
Debts	2	0
Total	80	18

7. Risks accompanying drug trafficking

7.1 Dangerous nature of drug trafficking

Dangers that drug trafficking involves are very widely spread and an important topic for any drug pusher. But at the same time it is the biggest taboo subject in the lives of young traffickers. Young respondents are aware of the dangers that the business they are part of involves, at the same time they are very careful about what they say:

> *Drug trafficking is very dangerous*. - FR16
>
> *It is very dangerous. You may get caught and put in prison. There is also a danger that the merchandise is taken away*. - MU15

The respondents are ready to discuss such subjects as overdosing, HIV/AIDS and other health hazards accompanied by injecting, but tend to avoid issues involving violence. In general, young people consider drugs a very dangerous field. Drug sellers face the threat of getting caught by the police or other drug addicts who lust for their "merchandise". They are afraid of getting fake substance from suppliers.

It is the next, very realistic and pragmatic answer that best illustrates young people's attitude towards the risks that drugs involve:

> *Drug users often die. Many of my acquaintances have died for several reasons.* - MB17

Only 35 children out of 40 answered the question about the dangers of drug trafficking. A majority of 24 respondents who admitted that drug trafficking was dangerous (see Table 35) limited themselves to such laconic and careful answers like "I won't talk" or "I can't talk". When those topics were tackled, the respondents tried to distance themselves from them, telling stories about what had happened to someone else or talking in general terms.

Despite their unwillingness to discuss the topic, 15 children and five young adults indicated that they knew other children whose lives had been in danger because of drug trafficking. When answering this question, most respondents gave short answers such as "an acquaintance was beaten up" or "drugs were taken away". Violence and a chance that drugs are taken away are the biggest fears of young drug traffickers, but they "do not want", "must not", "cannot" talk about it.

Table 35:
From your own experience is drug trafficking dangerous?

	Minors N=40	Young Adults N=19
Yes	24	3
No	11	6
No answer	5	10
Total	40	19

Table 36:
Do you know children who have been endangered by their involvement in drug trafficking?

	Minors N=40	Young Adults N=19
Yes	15	5
No	25	7
No answer	0	7
Total	40	19

7.2 Violence

Unfortunately, attempts to obtain objective information through the present survey on drug trafficking related violence have failed. Of all the questions, the most complicated one for respondents to reply to turned out to be that about violence. Although it could be sensed from the interviews or rather from casual remarks of the children and youth questioned that almost all the respondents had experienced violence in one way or another, or at least were aware of its existence, they consistently left the questions on violence unanswered. It was only a few children who indirectly mentioned the accidents that had happened to their friends or acquaintances:

> *I heard that a guy who sold drugs was killed for debts.* - MR13
>
> *Disco security guards caught a dealer I knew. She was mercilessly beaten up.* - MU15
>
> *Parents beat up their son's friend who tried to offer him cannabis.* - MR16
>
> *A girl I know was thrown into the river. She remained alive.* - MR16
>
> *Every dealer can be beaten up, killed and robbed.* - ME17
>
> *Almost everybody has been beaten by other addicts, police and thugs.*- FT17
>
> *Vova was shot in Tallinn when I was 17 (Vova was a heroin dealer).* - MR20
>
> *Lukas was beaten up as he had no protection. Two packets of cannabis were taken away.* - MT17

Violence is one of the few topics, which young drug users do not want to discuss with strangers or simply say that it is a secret. It seems that the topic of violence is taboo, and one interview is just not enough to build up mutual trust.

Young drug traffickers who have experienced violence do not trust interviewers. It is a simple self-protection mechanism. Although they are ready to talk about their personal experience with regard to drug consumption, it is different when it comes to drug trafficking, as it is a completely different world with its own rules. In order to find out more about that world, it is necessary to build up confidential relationships with the respondents, which the present survey failed to do due to the time constraints.

Table 37:
Have you or your friends ever been hurt from drug trafficking?

	Minors N=40	Young Adults N=19
Yes	14	3
No	25	7
No answer	1	9
Total	40	19

Please specify:

1. Merchandise was taken away from a friend/acquaintance and he was beaten 3
2. Because of debts 1
3. Was beaten for selling/spreading/being intoxicated 7
4. Was beaten, when I was a beginner 1
5. I am constantly beaten 3
6. Cannot talk 1

7.3 Imprisonment

One of the dangers accompanying drug trafficking is criminal prosecution. Sixteen minors answered positively when they were asked if they knew anybody who had been sentenced to prison for drug trafficking (see Table 38). It means that almost half of the young people questioned involved in drug trafficking knew somebody who had been imprisoned because of that kind of criminal activity:

> *Many acquaintances have done time or are likely to end up in prison*. - FT17
>
> *Almost everybody I started with is in prison.* - FR14

As was the case with violence related questions, the ones on imprisonment also caused a certain amount of fear. As one respondent replied: “I mustn’t.”

Table 38:
Have you or your friends ever been jailed for drug trafficking?

	Minors N=40	Young Adults N=19
Yes	16	10
No	23	7
No answer	1	2
Total	40	19

7.4 Overdosing

Overdosing is a risk factor connected with drug consumption, not trafficking. As all young traffickers of the present survey are also consumers, this topic is briefly addressed.

It is the addicts themselves who are best aware of the dangers of overdosing. Almost all the respondents had had personal experience with it. Nineteen children indicated

that they knew somebody who had died of overdose or other drugs-related circumstances (see Table 39):

It still hurts…it was my best friend…I don't care to remember others. - MR16

I don't want to talk about it. - FR17

There's nothing to talk…died of overdose… - FR14

Many friends died. Recently a girl I knew died. She was 15. - MR18

My neighbor used heroin. He once took an overdose. The ambulance arrived too late. - MU15

A friend injected and took some medicine. His parents came from work, but he was dead. - ME17

My classmate's friend died. He fell down, others ran away. - MR15

My boyfriend died of overdose. - FT17

Friend died at the police station. - MT17

A girl hanged herself after post amphetamine depression. A guy mixed alcohol with heroin – and died. Sasha's brother and mother were killed by heroin. He himself was shot by the police. - FR22

Table 39:
Have any of your acquaintances died because of drugs or their overdose?

	Minors N=40	Young Adults N=19
Yes	19	8
No	16	9
No answer	5	2
Total	40	19

Please specify:

1. Don't want to discuss it	4
2. Friend/acquaintance died of overdose	13
3. Acquaintance died of blood poisoning	1
4. Acquaintance collapsed and died, others ran away/jumped out of the window/was found dead	3
5. Many drug users die for different reasons	3
6. Friend died at a police station	1

7.5 Strategies for avoiding dangers accompanying drug trafficking

Although the life of young drug traffickers is full of dangers, which are sometimes impossible to avoid, they have worked out different strategies which they believe enable them to reduce the risk. When trafficking drugs, addicts themselves have taken the following precautions:

- Being always mobile (selling from a car, by phone)
- The locations of selling points have to be changed as often as possible
- Use of a cell phone and only showing up after everything has been checked
- Don't sell to strangers!

- Limiting yourself to a narrow circle and do not attempt to expand it
- Creation of a network of permanent customers
- Adoption of special slang
- Never carry large amounts of drugs
- Destruction of drugs when there is a danger of getting caught

Despite the above precautions the most effective one is still physical fitness, which enables one to run off quickly: "You can protect yourself by trying to run away" was one response.

At the same time, bribing police is also practiced.

> *They protect themselves by paying the police; they also take advantage of various mutual relations, etc.* - Tatjana Magerova, head of the Rehabilitation Center for Alcoholics and Drug Users

Young traffickers employ all of the above strategies. There are also other strategies employed by experienced dealers. Thus, the reason why it is young people who traffic drugs comes down to the fact that older dealers want to avoid the risks such activities involve. They delegate immediate trafficking to schoolchildren and "elderly ladies", who look innocent and are easy to control. This RA, however, revealed no cases of exploitation of children by adult drug dealers. Due to the small sample size no information was gained that would contribute to discussion on this topic, therefore detailed analysis of situations were children are forced into drug trafficking by adults cannot be given. Only one case of direct exploitation of a child by a parent was recorded. A 13-year-old Russian boy was forced into trafficking by his father who was a drug dealer. The father threatened to beat him up or even kill the child, if the boy would refuse to follow his orders of delivering drugs to other dealers and participating in trafficking.

In conclusion, it could be said that though experts and drug users/pushers admit that drug trafficking is extremely dangerous, the number of under-age dealers is constantly rising.

8. Different ways of earning money to buy drugs

In addition to trafficking drugs, there are other ways to obtain money for buying drugs. The most popular and widespread ways of getting money among young drug users are stealing and cheating (for example, taking money from younger/'greener' drug users promising to buy drugs and keeping the money for themselves). Astonishingly, 25 children said that before getting engaged in trafficking, they obtained money by stealing and cheating (see Table 40). Seven minors begged. Many respondents, however, were able to get money to buy drugs from parents or other relatives before getting involved in trafficking. Only when they did not receive enough money for drugs at home, did they engage in trafficking. Thus, their participation in drug trafficking as a WFCL was dictated by addiction and their involvement could be best described as "from time from time". In other words, children reverted to drug trafficking only where there was no other way to find money for drugs.

Table 40:
Where did you get money for drugs or alcohol before you were involved in drug trafficking (multiple responses allowed)?

	Minors N=40	Young Adults N=19
Both parents	9	3
Mother	9	2
Father	0	0
Stepparents	0	0
Stepmother	0	0
Stepfather	1	0
Husband/wife /partner	0	1
Sister(s)	3	0
Brother (s)	3	0
Relative	3	1
Myself	1	5
Both grandparents	1	1
Grandmother	6	0
Grandfather	0	0
Friends	5	1
From working	4	6
From stealing	25	3
From begging	7	1

9. Prostitution as an opportunity to earn drugs/ money

9.1 Children engaged in prostitution

Recently the engagement of juveniles in prostitution has become a more and more acute problem in Estonia and it is very closely connected with the consumption of drugs. Unfortunately, this problem has been overshadowed by other social concerns, and juvenile prostitution does not get the attention it deserves in our country.

One of the objectives of the present survey was to establish the links between children's drug use, and their involvement in drug trafficking and prostitution, which are very often only a way of obtaining money to buy drugs. Out of 19 young people and 40 children interviewed, nine girls reported being involved in prostitution (seven minors and two young adults) (see Tables 41 and 42). They are all IDU-s, whereas out of different drugs they prefer amphetamine, not heroin like most children using drugs intravenously who were interviewed during this survey. Only one girl out of nine answered that she uses only heroin, all the rest consume several types of drugs, most of all amphetamine.

No boys questioned for this survey were involved in prostitution. Despite the fact that the interviewed male children are not involved in prostitution, they are aware of its opportunities. For example, a 13-year-old boy denied having been sexually exploited himself, but he knew many other boys who were involved in prostitution. At the same time, he admitted that he has constantly been made offers and that he knew how much sexual services cost or at least, how much he would be paid if he accepted an offer.

Table 41:
Did/do you ever engage in prostitution to get money to pay for drugs or alcohol?

	Minors N=40	Young Adults N=19
Yes	4	0
No	24	10
Sometimes	3	2
Often	0	0
No answer	9	7
Total	40	19

Table 42:
The age of minors interviewed currently involved in prostitution

1. 14 y. old	1
2. 16 y. old	2
3. 17 y. old	3

Frequently, children and adolescents are forced into prostitution when they are already addicted to drugs. These activities are seen as a way of obtaining drugs. It should be noted that the young people who were involved in prostitution, and were grown-ups when interviewed (two female interviewees), had entered these activities when they were still minors. For some girls their engagement is prostitution is viewed as a matter of not refusing those who are exploiting them.

> *In general, I don't like to have sex. I am no tart!* -FE16 (she only sometimes "accepted" to engage in sexual activities when there was a demand and thus did not consider herself as being involved in prostitution)

It is elderly gentlemen, often foreigners, who create the demand for young drug users involved in prostitution (see Table 43). At the same time, the exploiters may also be from their own close circle of friends. While foreigners and more affluent customers pay money for sexual services, friends and acquaintances may also pay with drugs. Children involved in prostitution are often paid in drugs in case they undertake the activities for a pimp who actually processes the money they earn. Still, the minors engaged in prostitution questioned claimed they were carrying out these activities on their own or simply did not acknowledge having "roof" ("working" for someone).

None of the questioned children involved in prostitution indicated that they were forced into this type of WFCL by exploitative adults, although the demand side created by adults should not be forgotten. Consideration should be given to the choices, or lack thereof, available to these girls who, it can be argued, are forced by their circumstances into prostitution – without other clear cut choices or necessary support for healthy lifestyles. Causes of girls entering prostitution in Estonia is a topic that needs to be further researched.

Table 43:
If you were ever involved in prostitution, who created the demand for these exploitative activities?

FR14: Affluent people. Mostly foreigners.
FR16: Those whom I met in the bar.
FE16: Older men aged 30-40. I knew some of them before. They paid 250-300 kroons.
FV17: Friends who I mix with and Finns.
FT17: Older men. Tourists.
FE17: Ones I could found in the bar. I didn't ask who they were, but they were certainly older than me.
FR17: Rich people.
FR19: Rich people.
FR22: I had either permanent customers or rich people.

9.2 Alternatives to prostitution as a source of drugs/money

Rendering sex services seems to be one of the few secure, "risk-free" opportunities for the youngsters to earn money and obtain drugs. They all agree that there are other opportunities, but it seems to be the most secure one:

> Sex is not the only way to get drugs. There are other ways, but sex is the most secure one. -FE17

It came as a small surprise that minors answered that prostitution was the only "work" their age "officially" allows them to do:

> *There are other jobs but I don't have enough education and the age isn't right.* - FR17
>
> *There are many other jobs to earn money but I cannot take them because of my age.* - FR14

As selling sex services is not a crime in the Republic of Estonia, selling one's body unlike trafficking drugs is completely legal and carries no risk of imprisonment. Hence, for many it looks safer and more innocent than, for example, cheating or stealing and drug trafficking, which are seen as the main alternatives to prostitution (see Table 44). The question about opportunities to gain money, other than prostitution, yielded the following answers:

> *stealing, begging* - FE16
>
> *drug trafficking, thefts, extortion and other criminal activities* - FT17
>
> *stealing, cheating* - FR17
>
> *stealing, cheating* - FR16

Similar were the suggestions made by children not involved in prostitution (but in drug trafficking):

> *various opportunities: selling drugs, simply earning money* - MR16
>
> *steal something* - MT15
>
> *cheat somebody* - MR16
>
> *cheat the dealer* - FE17

Only a few respondents found that money can be earned without resorting to criminal activities:

> *It is necessary to study and find a job.* - MR17

Summing up the words of drug using children engaged in prostitution, the main reason why they do it is the lack of other suitable "jobs". Drug trafficking is a possibility they sometimes revert to, but engaging in prostitution is regarded as a more profitable and reliable course of obtaining money, drugs. At the age of 14-16, without necessary qualifications and not having a job, which would earn enough money to buy drugs, prostitution turns out to be the most "available" activity that provides a stable source of money.

Table 44: **Do you think that obtaining money through sex is the only possible way to get drugs? If not, what are the other possibilities?**	
	Minors N=40
Work	6
Beg/Steal	5
There are other ways	4
Pushing drugs	0
Study and find a good job	0
No answer (most children not involved in prostitution chose not to answer on this question)	25
Total	40

9.3. Do young people protect themselves against STDs?

The question about whether condoms were used during sexual intercourses was answered also by those respondents who had never practiced prostitution. As 11 children left the question unanswered, obviously because they thought it was unnecessary as they lacked experience, we cannot make far-reaching conclusions about the sexual behavior of children involved in drug use and drug trafficking. It came as a small surprise that only five respondents, out of whom four were minors, answered negatively.

Sixteen children answered that they always used condoms, which places the remaining nine minors (who gave their answer) somewhere between "usually" and "occasionally" (see Table 45). Such behavior to some extent reduces the danger of contracting STDs, but does not eliminate it entirely. Using condoms only occasionally does not prevent the danger of contracting HIV or other STDs. The risk of contracting HIV/AIDS is enhanced by the fact that very often the sexual partners of IDU-s are other IDU-s. Sharing the same unclean needle and unprotected sex point IDU-s to the main risk group.

Table 45: **Did/do you use condoms?**		
	Minors N=40	**Young Adults N=19**
Yes, always	16	5
No	4	1
Usually	8	1
Only sometimes	1	4
No answer	11	8
Total	40	19

All nine young people involved in prostitution said they used condoms: always (six) and usually (three). It is worth pointing out that it is the children involved in prostitution who use condoms not always, but usually. But it is still positive that none of them answered this question negatively, which testifies to the fact that they are conscious of the risks accompanying their activities. Unfortunately, it may not apply to all young people involved in prostitution. For instance, a 22-year-old experienced call girl said that three to four out of 10 call girls do not practice safe sex.

10. Reasons to give up drugs

As mentioned above, involvement in drug trafficking is often a consequence of drug use. Therefore it is important to study the possible reasons for giving up drugs. Because drug trafficking and prostitution are for many children simply sources of acquiring money required to buy drugs, it can be assumed that giving up drugs and quitting drug trafficking are also interconnected.

Analyzing young people's attitudes and behavioral patterns, and taking into account the answers given during interviews and experts' opinions, the following reasons for stopping drug use can be provided:

- Problems with health: health deteriorates considerably, HIV/AIDS infection:

> *For example, information about being HIV+ can make some people give up drug use. Many have said that when they learned they were HIV+, they did not inject for a long time. It does not involve everybody, but still.*
> -Milvi Noode, physician at the AIDS Prevention Center

- Accumulation of drug related problems: problems with the police, problems at home, with the partner, etc.

- Escaping a factor which made one consume/traffic drugs:

> *Father was imprisoned for trafficking drugs and I am not involved in it any longer*. - MR13

- Consumption of drugs has lost its appeal; child/adolescent does not enjoy it any more (the decision has to be conscious). A young person is tired of drugs and wants to say good-bye to them.

- The drug has no effect any more, so doses would have to be raised, but it would mean death

- Tragedy, upheaval in personal life (death of an intimate person, etc.):

> *In order for young people to stop using drugs, there must be a tragedy or great changes so that they will perceive what they are doing and what it may lead up to.*
> - Anneli Krouberg, surveillance officer of the Narva City Court

- Pressure and consequentially support from friends and parents

- New goal in life (for example religion)

- Financial problems

- Positive examples of friends

In order to kick the habit the drug users must be guided by a conscious wish to improve his/her condition, to cure him/herself. Becoming aware of the extent of dependency and how difficult it is to free oneself of it is a long and strenuous process. Here we cannot underestimate the support of significant others – friends, parents, loved ones, which can be of great help for the child in his/her fight against drug addiction that have led to WFCL.

11. The role of children and young people in consuming and trafficking drugs: suggestions for alleviating the problem

Since the involvement of most children reached by the current rapid assessment in such WFCL as drug trafficking and prostitution was largely caused by/connected with their drug consumption habit, the majority of the following recommendations are closely tied with the problem of drug use and possibilities of its alleviation. Experts assume that by reducing the rate of drug users among children, the rate of children involved in drug trafficking and prostitution will also decrease.

Both preventive and rehabilitative approaches are essential in order to reduce involvement of children in drug trafficking. While the main aim of prevention is to try to reduce the number of children who may engage in the often-linked problems of drug consumption, drug trafficking and prostitution, rehabilitation is required to help those children who already are involved.

Preventive programmes should take into consideration such variables as ethnicity, age, gender etc. Programmes that will work with Estonian children might not always work with Russian children or children belonging to other nationalities. Thus, needs of the different demographical groups must be considered while working out new preventive programmes.

In general, additional qualitative studies among vulnerable youth populations that generate in-depth information on drug use patterns and new trends, and children's involvement in WFCL are needed. Also the qualitative studies are needed to compliment quantitative data from surveys in planning policies and interventions.

Based on data gathered through the current RA and opinions of experts involved, the following recommendations can be made to government and NGOs:

At the national level:

i. Fighting drug addiction must be a national priority. It is necessary to have national political decisions, which would regulate the situation.
ii. Estonia lacks a policy based on adequately compiled materials. Politicians do not have concrete materials/reports, which sum up the reality and analyse it. Stemming from this, it is necessary to compile separate reports with regard to drug addiction and the spread of HIV/AIDS; they should be geared towards politicians, on the basis of which the latter are able to make adequate political decisions.
iii. The state has to acknowledge that drug addiction is by no means an incurable disease and aspire to prevent it as well as attempt to assist those who are suffering from it.
iv. It is not enough for the state to fulfil only the functions of policing and surveillance; the state has to assist organisations that deal with the problem as well as support various actions aimed at HIV/AIDS prevention. HIV/AIDS prevention should not be the privilege of NGOs but the obligation of state authorities.

v. State financing of rehabilitation centres and drug prevention institutions. Inadequate financing of the latter institutions renders their work ineffective.
vi. Creation of a uniform structure of rehabilitation institutions: at the moment everybody is trying to cope on their own. Creating permanent structures for drug prevention would enable us to use specialists who are highly qualified in this field, and whose activities at the moment are restricted to working on different projects.
vii. The access to the treatment facilities and low – threshold services is very limited. In this respect the growing demand on treatment needs establishment of supportive rehabilitation system as well as diversification of treatment modality, but first of all this needs a full support of national policy- makers. Poorly developed treatment system, low threshold services and outreach work can be a causative factor to the rapid increase of HIV/AIDS[8].
viii. State financing for institutions involved in psychological counselling.
ix. Police and other law enforcement structures must focus on people trafficking drugs in large quantities. In their case it is maximum punishment as well as confiscation of property that have to be applied. That would be a powerful message to children who try to imitate adult dealers. Children caught with small quantities need rehabilitation not imprisonment.
x. Improving the work of the drugs police: more attention must be paid to closing down the places where drugs are sold.
xi. More attention must be paid to solving social problems, especially in problematic regions (Ida-Virumaa).

In education:

i. Drug prevention in schools. Curriculum must contain sexual education, which must be in line with contemporary needs, as well as health and hygiene. At school, young people must acquire initial knowledge about the harmful effect of drugs and other dangers drug use and trafficking involves. They should be able to protect themselves against HIV/AIDS and different dependencies.
ii. Young people must be taught an attitude which would enable them to see their problems and wish to get rid of them.

At the societal level:

i. It has to be instilled in people that drug users, drug traffickers and children engaged in prostitution are not lost for society and cannot be helped, but that they are children and young people who have a future. People's attitudes towards drug addiction have to be changed through various campaigns – anti drugs events, information days and others.

[8] Recommendation is quoted from ADAPP - Alcoholism and Drug Abuse Prevention Programme for 1997-2007

ii. Children and young people must have more places to spend free time and more opportunities to engage themselves. More efforts must be made to involve them in society's doings, underscoring the relevance of their contribution. They should be given more opportunities to commit themselves and let off steam (hobby groups, sports, etc.). It is important that those opportunities should be within reach of the children from low-income families.
iii. It is not only drug users, drug traffickers and children involved in prostitution themselves who need assisting and counselling, but also their families.

In the media:

i. Newspapers should not limit themselves to acknowledging drug addiction and drug trafficking as mere facts but convey the scope of the problem.
ii. Media must pay more attention to addiction related problems: preventive programs, films, articles and so on. The experience of experts has proved that films aimed at "scaring" viewers about the fate of drug users make young people contemplate the problem.
iii. Media must pass on information about the opportunities of escaping dependency; about places young people who have run into drug problems can turn to for help.
iv. Disseminating information on prevention work.
v. Media must discontinue its practice of showing drugs as part of the lifestyle of the rich, famous and beautiful. Although there is no direct advertising of illegal drugs, drug using is nevertheless shown as something exciting and dangerous, which may work as advertising in the case of children.
vi. Organising anti-drugs campaigns. The aim of such campaigns should not be to demonstrate how bad it is to be a user, but how good it is to be a non-user. It is the comforts of a drug free life that should be highlighted.
vii. Regular performances of well-known musicians, actors and politicians, which would advertise healthy lifestyles.

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Appendix:
Questionnaire

Questionnaire for research on the topic of
Children and adolescents in drug trafficking

Number of Participant ……..
(Interviewer, Please indicate two numbers. First, the participant number, then the total number of participants; ex: 001/050, 002/050, 003/050). Always communicate with Head Researcher before indicating the number.)

Date of interview ……..
(Interviewer: please indicate date, month, year)

Total duration of interview (hrs/minutes) ……
Location of interview……...
Name of interviewer:…….

Statement of agreement:
I have voluntarily agreed to take part in this study as a participant:

Signature of participant:…….

Interviewer: ensure that the participant has given voluntary agreement before continuing.
Check to verify that the signature has been added.

Please read this text to participant before starting to ask the interview questions.

Thank you for agreeing to take part in this International Labor Organization (ILO) organized project on children and adolescents in drug trafficking. Similar rapid assessment studies are being conducted on this topic in four countries around the world.
This interview will last about 40 minutes. The interviewer will be asking you questions about your experiences with and opinions about drug involvement and problems related to drug trafficking. The interviewer guarantees your confidentiality and nobody outside of the study will have access to the information that you provide.

General Data/Section 1

1. Participant number……

2. Gender …… .Age …… Nationality……
(Please indicate age at last birthday)

3. Place of birth ……

4a. Current place of residence ……
4b. Prior place of residence …….

Educational background and experiences in school/Section 2

5.1 Do you know how to read? …….

5.2 Do you know how to write? ……

6. Are you currently attending school?

No…….(If now, skip to 7, if yes go 10)
Yes……..
If yes, what grade…….

7. Have you had ever attended school? (if yes, proceed to the question 8, If no, skip to 11)

8. If you have attended school but are not currently in school, what is/are the reason(s) for dropping out:
Didn't like to study…
Studying didn't seem to indicate better prospects for the future…
Difficulties learning/Learning disability…
Didn't like the teachers…
Needed to earn money in order to help family…
Needed money for drugs…
Incompatible with lifestyle
Other ……
(Please enter no more than three reasons)
……
……

9. What is the last grade of school that you have successfully completed?
…….

10. If currently attending school, what is the name of your educational institution?
……
(Please enter name of school)

11. What is the distance from your place of residence to the education institution that you go to (or would attend if you went to school)?
……

Family and economic status/Section 3

12.Whom do you live with?

Both parents □
Mother □
Father □
Stepparents □
Stepmother □
Stepfather □
Husband/wife /partner
Sister(s) □
Brother (s) □
Relative □
Myself □
Both grandparents □
Grandmother □
Grandfather □
Friends □
Others……...

13. How many brothers and/or sisters do you have?

……
(Please enter your number of brothers and sisters separately)

14. How is your relationship with your parents or other people whom you live with?

……..
……..
……..
……..

15. Do any of the people whom you live with use drugs? (Specify who)……..

16. Where do you live?

A flat □
House □
Children home □
No fixed place □
Street/park/ station □
Other……

17.Who supports you?

Both parents □
Mother □
Father □
Stepparents □
Stepmother □
Stepfather □

Husband/wife /partner
Sister(s) □
Brother (s) □
Relative □
Myself (alone) □
Both grandparents □
Grandmother □
Grandfather □
Friends □
Others……...

18. Regarding the economic status of your supporter, are they richer, poorer or the same as most people in your community?
Richer □
Same as □
Poorer □
(Please indicate total sum of money that supporters give you per month)……

19. What is your level of satisfaction level with your current life-style?
High □ Medium □
Low □ none □
I do not now □

20.What is most important in your life?
Family □ Friend □ Prestige □
Money □ Power □

Others……...

21. What is the most desired object in your life?
Good house/flat □
Luxury car □
Designer clothes □
Security in home □
Others…….

Leisure activities/ Section 4

22.Do you have a favorite hobby?
Yes □
No □

23. If yes to 22, what is your favorite hobby?
……
…….

24.Where is your favorite place to visit?
……..

25.What is your favorite leisure activity?

Dancing □
Movies □
Dating □
Hanging out with friends □
Theatre □
Others……..

Experiences and behavior related to drug use and drug trafficking / Section 5

26. Do you currently use drugs?

No □
Yes, Occasionally □
Yes, Habitually □

27. Do you drink alcohol?

No □
Yes, Occasionally □
Yes, Habitually □

28. How old were you when you began using drugs?

Below 10 years □
10-11 years □
12-13 years □
14-15 years □
16-17 □
18 or older □

29. What drugs do you prefer to use? How often do you use them (frequency)?
(Please indicate frequency-using numbers below)
1 = monthly; 2 = 2- 3 times a month; 3 = once a week; 4 = 2-3 times a week; 5 = 4-6 times a week; 6 = every day

	Preference	Frequency
Cannabis	□	□
Heroin	□	□
Other illicit opiate (poppy straw/liquid)	□	□
Amphetamine	□	□
Ecstasy	□	□
Cocaine	□	□
Crack cocaine	□	□
Ketamine	□	□
GHB	□	□
LSD/ magic-mushrooms	□	□

Others…

30. Are you involved in drug trafficking?

No □
Yes, Occasionally □
Yes, Habitually □

31. What is the first drug you trafficked?

Cannabis	□	□
Heroin	□	□
Other illicit opiate (poppy straw/liquid)	□	□
Amphetamine	□	□
Ecstasy	□	□
Cocaine	□	□
Crack cocaine	□	□
Ketamine	□	□
GHB	□	□
LSD/ magic-mushrooms	□	□
Others…		

32. How many people below 18 do you think work in local drug trafficking:……..
……..
……..

33. Are there any factors / people who forced you to engage in drug trafficking your first time? Please provide a summary (i.e. what/who, where, when, how, why (33.1-33.5)?

33.1 What/who? Did an organized network recruit you?
……

33.2 Why? ……

33.3 Where? ……..……

33.4 When? ……...

33.5 How?……

34. How old were you when you first sold drugs?……..year
(Please enter last date of birthday when you started dealing drugs)

35. Where did you get money for drugs or alcohol before you were involved in drug trafficking?

Both parents	□
Mother	□
Father	□
Stepparents	□
Stepmother	□
Stepfather	□
Husband/wife /partner	
Sister(s)	□
Brother (s)	□

Relative □
Myself □
Both grandparents □
Grandmother □
Grandfather □
Friends □
From working (specify type of job)
From stealing
From begging
Others……...

36. Please tell me, is using drugs very expensive for you?
No □
Yes □

37. List the ways in which you are involved with drugs?
As a drug user
As a child/youth who is employed to buy drugs
As a drug dealer
As a drug runner
As a drug user who became a salesperson who sells as many drugs as possible in order to get a reward in the form of drugs, rather than money, from the drug dealers
Others……..

38. Are you still involved with drugs?
As a user?
As a seller/runner etc?

39. If you are no longer involved in drugs in any way, when did you stop and why?

40. If you are still involved with drugs, what are your patterns, methods, clients, groups, places, hours engaged in drug trafficking, and profits?

As a drug dealer

Types of drugs	Pattern/ method	Client group	Distribution place	Hours	Profit

As a person who is employed to buy drug

Types of drugs	Pattern/ method	Client group	Distribution place	Hours	Profit

As a drug runner

Types of drugs	Pattern/ method	Client group	Distribution place	Hours	Profit

As a salesperson who sell drugs for drugs, not for a profit

Types of drugs	Pattern/ method	Client group	Distribution place	Hours	Profit

41. Mention factors that push or pull you to work in drug trafficking, in order of importance:

Lack of income from other sources □
Need to pay back debt □
Need money to support drug habit □
Earn good amount of money □
Help the family □
Sense of power □
Kinship with friends □
Learning disabilities/dislike school □
Physical abuse and unstable household □
Difficult in finding other jobs □
Adrenaline rush □
Desire do use a handgun □
Nothing else to do
Others…….

42. Mention the factors that keep you in drug trafficking:

Money □
Prestige □
Sense of power □
Kinship with friends □
Difficulty in finding jobs □
Adrenaline □
Deems impossible to change life style □
Addiction

43. From your own experience is drug trafficking dangerous for you
Yes
No

43.1. Do you know some children who have been endangered from their involvement in drug trafficking?
Yes,
No
Please specify
……
……

43.2 Have any of your friend(s) ruined their life/lives due to drug addiction or overdose?
Yes
No

Please specify
……
……..

43.4 Have you or your friends ever been jailed for drug involvement?
Yes
No
Please specify this!
……
……..

43.5 Have you or your friends ever been hurt from drug involvement?
Yes
No
Please specify this!
……
……..

44. Mention worst aspects of working in this line of business:
Job is life-threatening □
Discrimination □
Must always be "turned on" □
Police racket □
Difficulty in finding jobs □
Lack of security
Other…….

45. Did you work in any other line of business before starting in drug trafficking?
Yes □
No □

46. Do you currently earn income through other sources than drug related ones? If yes, which?.....

Sexual behavior Section 6

47. Did/do you ever engage in prostitution to get money to pay for drugs or alcohol?
Yes □
No □
Sometimes □
Often □

48. If yes, what were you involved in first, drugs or prostitution?

49. If you have ever engaged in prostitution, who were your clients?
……..
……..

50. Did/do you use condoms?

Yes, always	□
No	□
Usually	□
Only sometimes	□

51. Do you think that obtaining money through sex is the only possible way to get drugs? If not, what are the other possibilities?

……
……

Aspirations / Section 7

52. If you could be granted three wishes, what would they be?

……

53. Would you recommend being involved in drug trafficking to a younger sibling (or younger sibling of a friend if you don't have a younger sibling)?