
Section three

Interpretation of the interviews: Reconceptualising individual identity formation

A psychosocial focus on identity formation frequently relies on Freudian and neo-Freudian (e.g. Blos 1962, Erikson 1968) models emphasising the importance of separation from parents and a corresponding increase in the influence of the person's peer group as the 'normal' path to identity. The Estonian Human Development report (2000) echoes this perspective as a psychological norm, at least for puberty, stating that: 'During puberty the home loses its importance and it is the opinion of peers that matters most'. From this neo-Freudian perspective, *connection to parents and connection to peers are placed as firm alternatives*. Yet the interviews reveal a different trend from this traditional model – a model which threatens to undermine the role of parents as a positive resource, not just in adolescence generally but also as an important social support for those at risk of substance abuse.

a) **Addicts' Communication with Parents: Tracing its Impact on Peer Communication**

The first weakness in the neo-Freudian edifice of identity formation, at least in the context of this group of male predominantly Russian-speakers in Estonia, and arguably elsewhere, is that *those addicts who are most clearly lacking in trust and open communication with their peer group or even with individual friends are those with most distance from their parents*. This is evident from the following five interview responses:

#25 Do you think anyone understands you either now or in the past?

'No... I don't think so.

Don't you have any real friends or people whom you trust?

No I don't believe I have someone like that'.

He says he is not close to his parents.

#17 Do you have anyone who you can trust and talk about your stresses to? Do you think most people trust each other? 'No, I can count only on myself'.

His family rejected him after his drug taking

#21 Do you think your friends understand you? Do you understand yourself? Do you think anyone understands you either now or in the past?

'No one understands me and it's just the way it is...They are either unable or don't want to. I wish someone could, but not all. I actually don't understand myself, have tried and am still trying, one moment I do, overall don't. I am like a puzzle which has to be gathered together, piece by piece, some of which have to be found, some of which I keep or give away, some I cherish, some are useless...'

Do you trust anyone? Do you think most people trust each other?

'I'm on my own, learning to trust. Most people should have someone they can trust'

He is not close with any member of his family.

#6 Do you think most people trust each other?

‘I do not think that people can trust each other. In the past it could be but not now. Maybe because I am taking drugs. World of drug addicts teaches you not to trust anyone. Everybody just wants to tell you lies and make you feel bad. I had an experience when I told a very secret thing to a person who seemed to be very friendly, and on the next day everybody knew my secret’

He is ‘never’ open with his parents. Though he attributes a generalised lack of trust to the world of addicts he also has never trusted his parents, at the level of open emotional communication¹.

#5 Do you know anyone who you can trust and talk about your stresses to? ‘Druggies don’t have friends. Druggies don’t trust each other. Druggies don’t trust others, as they don’t respect them’.

Do you think many people trust each other?

No, never.

Regarding his family he comments, ‘We can speak freely about THAT’ i.e. money for methadone, but implying that he cannot speak openly about other aspects of his experience, while elsewhere referring to quarrelling with them.

Whereas those with clear emotional distance in communication with peers also tended to have little or no open communication with their parents, a second contradiction between the neo-Freudian construction of relationships with peers and parents as alternatives is that *those with relatively good relationships with at least one parent tended to have at least one peer who could provide trust and open communication.* Moreover, it is an *ongoing* relationship of trust with at least one parent and not as Freud might suggest, a past relationship of trust now changed exclusively to peers:

#20 Do you have anyone who you can trust and talk about your stress to?

‘My mom. I have the greatest mother in the world’.

Do you think most people trust each other?

‘No. We all expect that your neighbour hits you. So you hit him first’.

Do you wish or think you will have the same friends in five years time?

‘I hope not. From my today’s friends I want to see in five years only two. They are real friends’.

Do you trust your friends? Do your friends understand you?

‘I trust my closest friends’.

Even though he does not view people as trustworthy in general, significantly he does trust his mother and at least two of his peers. He recognises the realism of the harshness of his environment yet can integrate conflicting emotional realities, namely, a generalised distrust and a particular trust of concrete others.

#11 Do you have anyone who you can trust and talk about your stresses?

‘I can always talk to my mother. I do not think that most people trust others. It is because life is very complicated. I do not think it is a good idea to trust others. I have had many situations where I afterwards regretted trusting people. Now I believe it is better not to trust people...Of course, I trust a couple of people, but only them. And among drug addicts it is better not to trust anyone at all. They are just like this.’

Do you wish or think you will have the same friends in 5 years time?

¹ Despite the lack of trust with both parents and peer group for this interviewee, he ‘can always talk to and be honest with’ his sister and girlfriend. This invites broader focus on the mediating factor of sibling relationships as an influence on subsequent trust and open communication with others. The influence of his sister on this interviewee appears quite strong as elsewhere he spontaneously refers to her as having a ‘high education’

'I do not know what will happen after five years. I do not change friends very often; I have steady relations. I trust some of them fully, but do not trust others...'

For him, "Of course" he trusts some people. He assumes connection to at least some people as well as his mother.

#10 With whom do you often talk openly?

'With a friend of mine. He is the only person whom I can tell all my problems and secrets. He actually was the one who put me on the needle. *Sometimes with my mother*'.

Do you think most people trust each other?

'Sure'.

Who?

'For example, my friend. Most of people only show their interest to you. But they never really say the truth to each other...'

#18 Do you have anyone whom you can trust and talk about your stresses to ?

'*First my mother.* (After thinking a bit more) *I have one friend.* He is in jail now. *I can say that I trust him*'.

However he does distinguish trust and emotional openness:

'But I will say nothing to anybody about my stresses. My problems are my own. I will overcome them only by myself'.

#13 Do you have anyone who you can trust and talk about your stresses to?

'Yes, I do'.

Do you wish or think you will have the same friends in 5 years time? Do you trust your friends? Do your friends understand you?

'Basically, friends stay the same, but I wish not to communicate with those who are on the needle so much...I have a friend whom I can tell all my worries. I don't know about other people. I trust only the closest friends'.

Do you talk openly with your parents ?

'*Of course.* But when I was on the needle, I wasn't communicating with my parents at all. Then...you don't need parents at all'.

He implies that his time "on the needle" was an exception to the pattern of their relationship and that at other times he could communicate well with them and did need them.

#22 Do you think you will have the same friends after 5 years? Do you trust them and do they understand you?

'Actually drug addicts do not have friends! They will betray you. One "friend" of mine betrayed me when he was on 'breaking'. No drug addict will share with you his last dose. I had three best friends. The youngest guy died because of overdoses; two other guys got off and one of them lives now in Moscow, another - here in Tallinn near me. We are still friends. The third guy stayed on drugs and our friendship was broken. My girlfriend is also my best friend. I surely trust my friends and they do understand me'. *He refers to his mother supporting him, at least materially, and says he is very thankful to her.*

This group express emotional openness and trust, at least to some degree both with at least one parent, *and* with one or two friends. In contrast, the first group relate openly neither to parents nor to peers, or at least acknowledge extreme difficulty in doing so. Close relationship to at least one parent would seem to facilitate rather than hinder close relationships to peers and hence calls the Freudian model of identity into question. Attachment is not simply a finite space to be filled by different objects, where parent is to be replaced by peer; the capacity itself for attachment and trust seems more important (see also Fromm 1957).

Three of the interviews reveal a close relationship between son and parent, where the heroin addicted son has *no* close communication with his peers:

#12 Do you think anyone understands you?

'No...In the normal sense of "friends" I have none, just mates, people I know'.

Do you trust anyone? Is there any person you can confide?

'No, I'm on my own. Actually I'm very lonely. I wish I had someone beside me. Sometimes you just need to know, someone's there for you...' (For him, his family are "everything I have")

#16 Do you have anyone who you can trust and talk about your stresses to?

'My mother'.

Do you think most people trust each other?

'Certainly not'.

Do you wish or think you will have the same friends in 5 years time?

'No, I do not think so; they will be absolutely different'.

Do you trust your friends?

'I do not have any friends. I have a brother'

#1 Do you have anyone who you can trust and talk about your stresses to? Do you think most people trust each other?

'I don't have any friends who can understand me or with whom I can talk freely about what lies on my mind.' (However, his mother 'always' understands him)

The lack of close peer relationships, despite close family attachment, highlight that capacity for familial attachment will not deterministically bring peer attachment even if comparison of the first and second groups suggest that family attachment facilitates attachment to at least one or two close friends.

It is being argued that a lack of closeness to parents is a significant obstacle to close peer communication but not that it is necessarily an insurmountable one. Three possible exceptions to an association (rather than a rigid rule) between close family and close peer relations are as follows:

#26 Do you think anyone understands you either now or in the past?

'Those who use drugs understand me, but the others I think not'.

Do you have someone whom you trust and talk about your stresses?

'No, I don't have anyone to talk to, but that is good because I don't like to talk about my worries to others. Yes, I think that people trust each other - they have to'.

Do you trust your friends?

'Yes, I have some friends whom I can trust, but I'm sure that some people will stay as my friends and others not. Yes, my friends understand me, otherwise they wouldn't be my friends'.

He says he is not open with his parents. Interpretation of his words (above) hinge on his conception of trust. While claiming to trust his friends and be understood by them, the quality of understanding is questionable given that he does not talk about his stresses with anyone, and sees this as good. So the fact that he is not emotionally open with his parents may be said to continue in his relationships with his peers.

The second possible exception refers only briefly to his parents during the interview, stating that his father knows about his addiction but his mother does not as he does not want to upset her. He has many friends and trusts people in general.

#7 Do you think anyone understands you either now or in the past?

'I have friends they understand me. Many friends in different cities'.

Do you have anyone who you can trust and talk about your stress?

'There is my girlfriend. She can calm down stress'.

Do you think most people trust each other?

'It is possible to believe people'

His motive for lack of openness with his mother does not necessarily suggest lack of ongoing emotional attachment, but more a desire to protect her as he says he does not want to

upset her. There is nothing to suggest that she would not try to understand and support him, or that the relationship is one of strong emotional separation. So neither #26 nor #7 offer substantial challenge to the association being argued for.

The third possible exception clearly does not have an open relationship with his parents and does have some degree of open communication with his friends. He conceives of understanding in terms of loyalty and knowledge about his drug use:

#19 ‘Do you talk openly with your parents?’

About drugs? No. They have their life I got mine – why bother to relate the two?

Do you have anyone who you can trust and talk about your stresses to?

Got a couple of good friends. They know my story and they are my old schoolmates. Working together in same place as well.

Do you think most people trust each other?

We’re not so far apart – in my opinion. If there’s someone who you dislike you move away – free country. It is obvious that you don’t tell everything about yourself maybe never - more frequently after you know the person for half your life.

Do your friends understand you?

They know what I use and they stick by me...so I guess they understand me.

Can they see if there is something wrong? By the way you act?

Sure they can. Then we sit down in the local bar and discuss about the issue. Or drink ourselves silly. I got a credit in one bar near my place – drink as much you want basically and later you pay the amount. Very convenient.’

While this interviewee is clearly unusual compared to the others in reporting a capacity for open communication with peers despite none with parents, other questions arise as to whether he ever had a close relationship with either of his parents as well as the extent to which open communication is contingent on alcohol use. Moreover, his response to the following question is perhaps a revealing projection of his own approach to openness even with longstanding friends:

Are there many differences in the way guys and girls, think, feel and act?

Well I’m no girl, can’t tell from the both sides. What I think is that men are more closed than girls. Women have maybe one or two good friends whom they tell everything while guys have group of friends whom they tell a little to everyone. And this little they even may tell one story to one person and another story to another friend – meaning if you put all the stories together you get the whole story’

Emphasis on a relationship of openness and trust with a parent as being important for similar relationships with peers, challenges the either/or view of attachment where there is to be a necessary conflict between attachment to parents and to peers within the neo-Freudian frame of identity formation. Instead, it lends support to Gilligan et al’s (1990) challenge to neo-Freudian emphasis on detachment for identity. Gilligan et al (1990) argued from interviews with teenage girls in the U.S that emotional separation from parents was frequently on the basis of an assumed connection remaining. In the interviews here, for male predominantly Russian-speakers in Estonia (Estonian citizens and non-citizens) an assumed connection to at least one parent was an important factor in facilitating similar relationships of trust and openness with peers². Emotional detachment from parents, whether as a descriptive or normative component of Freudian theory of identity, clearly needs revision.

² This is not to presume that similar factors of assumed connection to at least one parent would necessarily apply to the ethnic Estonian population. For example, Goodwin et al (2001) found that ethnic Estonians were significantly less collectivist in regard to family and peers compared to Russian, Georgian, Polish, and Hungarian samples. However, the relationship between collectivism and trust/emotional openness is not a simple one, so the mere finding that ethnic Estonians tend to be less collectivist does not mean that issues of assumed connection to one parent may not also have importance to openness with peers for ethnic Estonians.

b) Peer Influence Reexamined

A further difficulty with neo-Freudian theories of identity, recommending clearcut separation from parents and attachment to peers, comes from integration of criminological theory with psychological examination of identity. A widely accepted perspective in criminology is Sutherland's (1939) theory of differential association, namely, that peer pressure is a key factor in crime and drug-taking. Many of the interviews support this view of the role of peer pressure in the first steps of drug taking (see also e.g., Otero-Lopez et al 1994). *The path of movement away from parents and towards peers, which Sutherland identifies with crime and drug-taking, is the precise one which neo-Freudians advocate for adolescent identity.* A case could be made that small scale crime and drug taking are a normal manifestation of identity - for example a challenge to adult norms of an oppressively conformist society. The Estonian Human Development Report (2000) for example conceives of narcotic substance use as a reaction to rationalised values and a challenge to everyday norms paralleling other such challenges at times of holidays and feasts throughout history. However, the neo-Freudian model of identity does involve a basic confusion between descriptive and normative definitions of normality, in other words, between *normality as typicality* and *normality as being healthy*. While the descriptive and normative conceptions of normality may at times overlap, it is highly questionable whether they deserve to be treated as equivalent concepts. Moreover, one model or path for identity is too simplistic. Other areas of developmental psychology increasingly recognise the complexity and multiple paths involved in lifespan development (e.g. Clarke & Clarke 1984; Maccoby 1984; Rutter 1989; Baltes 1987). Likewise, postmodern theories of identity prioritise multiple possibilities of self rather than one normative model for development (Lyotard 1984; Kvale 1992). Other conceptions of identity such as Jungian emphasis on individuation views identity as a lifelong process rather than something which is simply achieved and frozen in time in adolescence. This view is also recently supported by conceptions of emergent adulthood as a mediating phase between adolescence and adulthood in many cultures (Arnett 2000). Acceptance of this view of identity as an ongoing existential dilemma suggests that the issues concerning identity and relationships for this group of heroin addicts who are no longer in adolescence still gain relevance far beyond the phase of adolescence itself.

The very notion of identity is more complex than simply the etiological (causal) perspective highlighting factors such as peer pressure in drug taking. A focus on *protective* factors would try to develop the preexisting positive social support facilitating identity among that subgroup of addicts with good trust and communication with at least one parent and peer. The social constructionist tradition would criticise Freudian views of identity for prescribing a 'normality' of separation from parents which may be more a conformist product of societal and environmental expectations than intrinsic to adolescent identity itself. Moreover, Yoder (2000) notes the importance of external sociocultural influences on internal psychological processes and states:

Assumptions of a singular and definable context in which adolescent identity formation occurs...unfairly place(s) much or all of the responsibility for successful identity task completion upon the individual (p.95)

A very noticeable feature of the interviews was the recurring distinction between genuine friends and those who you cannot trust, who are not really friends. The *quality* of the peer

friendship is arguably vital with regard to social support - and Freudian or other normative models of identity need to accommodate the basic distinction between true friends and peers you just spend time with. Brown (1990) notes that the term 'peer group' is frequently applied to everything from interactions with best friends to the individual's ties with the entire age cohort. While this distinction between genuine friends and those you cannot really trust is underemphasised by neo-Freudians, it is touched upon but underdeveloped in Hanson et al's (1985) portrayal of heroin addicts in the U.S which tried to highlight the social function of camaraderie among the addicts' crime partners, if not the addicts themselves. Iglehart (1985), in the same study, states that the street heroin users interviewed in the U.S.:

do not trust other users and express varying degrees of discomfort with friendships, (though) they appear to have very close 'like brothers' relationships with their crime partners, although there is not necessarily affection in the relationships (p.125)

From the same study, Walters (1985) highlighted the role of afternoon time in street heroin addict's lives 'for socializing among themselves' (p.44-5). In the Estonian context, the addicts overwhelmingly perceive such social interaction as extremely limited. The association argued for above between parental attachment and peer attachment may be somewhat hidden if peer attachment does not distinguish between genuine and superficial friendship. The association is between sustained parental attachment and genuine attachment with peers, not superficial attachment, for late adolescence and early adulthood. In other words, lack of sustained attachment to at least one parent places a significant barrier to close attachment with peers.

c) Maternal Influence as a Positive Resource for Heroin Addicts

Another implication of the association between attachment to at least one parent and attachment to peers challenges some commentators' neo-Freudian based perspectives concerning the role of the mother in the lives of heroin addicts. Delaney-Reid (1988) expresses this neo-Freudian perspective regarding heroin addicts:

The dominant, intrusive mother prevents correct role identification, lack of oedipal resolution and the sexual problems arising from an absent or inadequate role model in the father (p.52)

However, while she suggests that her own phenomenological research supports this basic position she does not provide direct accounts of such situations. Opinion and fact are mixed in the manner criticised generally by Gould et al (1974) in their emphasis on a descriptive phenomenology uncontaminated by the authors own interpretative stance. Kamback et al (1977) also refer to opiate user's open hostility with the family and immature, over-protective mothers encouraging parasitic dependence which bring mother and child into mutually destructive lifestyles. Our interviewed sample revealed almost no expressions of hostility directed towards their mothers³ or complaints about dominating or overprotective mothers⁴.

³ Interviewee #10 is somewhat of an exception as although he can 'sometimes' talk openly with his mother, he also refers to having had 'big troubles' with her and later wishes for his parents to be 'more understanding' and not to 'bother' him. Another interviewee #6 complains about how his mother has changed in reaction to his addiction 'I hate when my mother is shouting at me. She became very strange in the past years...I ruined my and my relatives lives'

⁴ This is not to claim however that our interviewed sample is necessarily representative of all heroin addicts in Estonia, especially as a large number declined to be interviewed (i.e. 17 at the methadone maintenance centre, see Section 1). The narrative style of the qualitative research is not seeking statistical representativeness but focus on the range of lived experience of individual addicts

Moreover, not only is there no evidence to support this viewpoint in the context of the Russian-speaking minority in Estonia, the association between ongoing parental (usually maternal) attachment and closer relationships of trust with friends point to the importance of a sustained maternal connection both as a support in itself and as a resource to develop other social supports (see also Ahlström 2002 for a review of research on maternal and paternal support influencing substance use). This challenge to neo-Freudian conceptions of the role of the mother in identity and substance abuse finds resonance with the observations of Wills, Vaccaro & McNamara (1992) concerning adolescent substance abuse in the U.S:

with regard to protective factors, results showed that supportive relationships with parents were inversely related to substance use, and emotional support and instrumental support made independent contributions in this process (p.367)

Furthermore, Boykin McElhane & Allen (2001) observe that autonomy from parents is interpreted differently depending on social class and that increased autonomy from the mother contributes both to higher levels of criminal activity and also to lower levels of acceptance from and relationship with same-age peers for a U.S sample of high-risk youth (though not for low-risk youth). Moreover, Rutter (1989), citing research of Main & Weston (1981) that a secure relationship with one parent can substantially mitigate the effects of an insecure relationship with the other, observes with regard to overcoming adversity:

What seems important for protection is a secure relationship with someone (p.603)

Other research in developmental psychology comes to the same conclusion that the presence of at least one close relationship seems to be fundamentally related to well-being (Antonucci 1990; Levitt 1991).

An argument can also be made that close interpersonal relationships with, for example, a mother, can help overcome fatalism. Fatalism assesses individual's beliefs in their ability to control their fate (Goodwin et al 2001). Fatalism proved to be a strong indicator of the ability to establish close relationships according to research in Central and Eastern Europe (Goodwin 1998; Goodwin et al 1999). Furthermore, fatalism may be associated with risk taking behaviour such as intravenous drug use. Kalichman et al (2000), commenting on the rise of HIV in Russia, cite US research demonstrating that fatalism promotes HIV risk behaviour in several populations. The cocktail of fatalism and an environment where access to syringes can be thwarted is a fatal one and is highlighted by the following words of #11 which highlight the need for needle exchange programmes:

'What do you do to avoid becoming HIV positive?'

I do not know. I mean, I have friends that are diagnosed positive, but I really do not know what could be done. It is absurd. For example in some drug stores, they tell us that there are no syringes. They do not sell them-just like this. They tell that syringes are only for medicine. Do you see? This summer here in Kopli they told me that they do not have syringes they are meant only for medicine.

It is strange, especially when you are willing to pay. It is nearly discrimination.

Right. See? How the addicts are supposed to live? I mean, sharing one needle. Perfect conditions for HIV. In addition, if you tell in the drug store that people might be infected, they say: "It is your problem." Just like this.

Do you think there is a big risk of increase in AIDS in Estonia?'

Of course. The same story with needles. They just go round in circles. Especially in discos, where you just come and take it without consideration. Sure it will grow.'

While the neo-Freudian emphasis on the mother encouraging parasitic dependence upon her, as a prelude to the son's substance abuse can clearly be rejected for our interview sample, this rejection leads to the broader question as to the reliability of such conclusion for other heroin addict populations. Delaney-Reid (1988) treats Vaillant's (1966) finding that more than 33% of male opiate users were still living with a female relative by the age of 30, twice as many as could be expected from a comparable prison population of non-users as evidence supporting neo-Freudian views of an overprotective mother (similar findings occur in the Lithuanian context albeit for a younger group of IDU's with 68.8% living with their parents, 74% of the latter knowing about their children's drug using habits, Lithuanian AIDS centre statistics 2000) . *Yet it is a questionable value judgment which characterises emotional and instrumental support from the mother (or father) as overprotection.* Furthermore, comparison with a prison population of non-users ignores the added difficulty of sustaining a romantic relationship when there is addiction to heroin, as well as added difficulties with regard to employment and social integration among non-heroin users. Bowlby's (1973) words highlight the value ladenness within assumptions of dependence and overdependence:

most persons described by clinicians as dependent or overdependent are ones who exhibit attachment behaviour more frequently and more urgently than the clinician thinks proper. Inherent in the terms, therefore, are the norms and values of the observer using them. This leads to many difficulties. One is that norms and values differ greatly not only between individuals but from culture to culture and from subculture to subculture (p.246)

An example of mothers of heroin addicts being a positive resource to deal with their sons' heroin problems rather than a group to be blamed for this problem is the group of 25 Russian-speaking mothers who currently meet regularly in Lasnamäe, Tallinn. In 1998 a support group for mothers of heroin addicts was started in Tallinn by a nurse, Inna-Marja Mikkor together with Nelli Kalikova. It was initially only a self-support group for 15 mothers who felt guilty and alone regarding their sons' addiction to heroin. They tended to hide their sons' problems from their relatives, friends and colleagues and the group represented the first time they could speak openly about their problems. Their shame paralleled the social stigma felt by parents of HIV positive children who met to establish support groups in Estonia in 1991 (Kalikova 2001, personal communication). Now after more than three years, the mothers have developed a much higher degree of selfconfidence, according to Nelli Kalikova, and have developed into being more than simply a mutual support group. In 1999, they received money from Tallinn's city government to educate students in schools, other parents and also teachers concerning the dangers of heroin and strategies to prevent heroin use. Their prevention work includes explaining the warning signs of heroin use to help parents detect if their children are taking heroin in order to avoid the crucial 6-12 month delay they experienced in detecting such use with their own sons and daughters. Together with a non-governmental organisation, 'Society of Young Psychologists', in Tallinn, they have also developed a counselling programme where parents come for counselling (usually in the Russian language) with their addicted teenagers. This mothers' group in Tallinn is also engaged in the process of developing international contacts with parents' groups in other countries.

One of the interviewed addicts, #27, adds a further voice emphasising the potentially positive role of family (and specifically maternal) support in overcoming his addiction, through the following words:

'Do you talk openly with your parents or maybe brothers/sisters ?

Now I do. I used to be a lot more closed when I started using drugs. First I told my brother and he suggested that I also talk to mom. When things were really bad I told her and I got rid of drugs

So they helped you ?

Yes they did. I don't think I would have pulled through if it wasn't for help from them. Also my friends helped me'

Recognition of the potential for family members to be a positive resource for social support for heroin addicts (assuming an individual addict wants and consents to family support) also amounts to a recognition that heroin use is not necessarily due to family problems but are more frequently affected by availability of heroin as well as a perceived deficit of hope and opportunity for the future due to socio-economic and legal-political factors in a given society. The fact that a significant number of the interviewed addicts describe a close communicative relationship with at least one parent is echoed by other extensive interviews with 202 intravenous drug-addicts, approximately 100 parents and other family members in Estonia (Kalikova 2000; Kalikova 2001 personal communication). Kalikova (2001, personal communication) estimates that no more than 20% of heroin addicts could be said to be involved in heroin due to circumstances of family difficulty. The accounts of close communication to at least one parent for a significant number of the interviewed addicts suggest that a difficult family background as a causal explanation for drug taking generally and heroin use in particular, is *not* an adequate explanation in a significant number of cases.

d) Challenging a View of the Addict as Rebel Rejecting Society's Values

Erikson's (1972) view of the establishment of individual identity through rebellion is well expressed in his words:

much horrible hate and much resultant paralysis is...transferred to the inter-generational struggle where it appears to be hopelessly raw and untrained in comparison to the age-old stance and stamina of uniformed and disciplined military behavior. This probably is the cause of occasional enactments of totally 'senseless' cruelty...for the sake of a vindictive illusion of extinguishing the established (p.700)

However, a frequent feature of the interviews with the heroin addicts is the commitment to conventional values rather than a rejection of established values. Examples of this tendency to share conventional values include the following interviews:

#1 'What do you imagine your children to be like? What would you do if you found out your children took drugs?

I will not have children for 5 years, at least, because I need to clear my organism. I don't want to have sick children. If I found out, that they are taking drugs, first thing I would do I would help them. I would show them from early childhood how bad heroin is. I would not just say, that heroin is a bad thing, as my parents were telling me, I would show them what it is in real life - what does it mean, what is happening after taking it. They must themselves decide if they want to take drugs or not, but I will explain to them properly about that.'

#5 'Do you hope to have a family of your own one day?

Of course. But first, good job is needed. And only then a girlfriend, for future. I will definitely find a girlfriend - who will love me. She will be the only and forever.

What do you imagine your children to be like?

I want to have a son. He will for sure finish school. He will study as much as needed, even 20 years. I will have nothing against it. Believe me, I will educate my son. He will never be like me - a jerk.

What would you do if you find that your children took drugs?

I would do everything to help to get rid of this addiction. I would pay as much money as needed, if it helps. I would pay even \$4,000 if it helps.... Other people have work, girlfriends, they have an aim in life, I don't. I am not so lucky as others. I don't know why.'

#9 'What are your dreams?

To find a job, to study or even to marry.

But there are such dreams?

Sure, like for all normal people. Everything that is common for humanity is common for me.

Do you hope to have a family of your own one-day?

As all normal people.'

#13 'Do you have any dreams for the future?

To get free from drugs. Then, I don't know, maybe to get a job. Help parents.

...My children would be normal, just like everybody else's.

What would you do if you found out your children took drugs?

I would try to help them stop, of course, but what could parents do? I would try to look after them before if they are taking drugs. It's hard to do anything when it's too late.'

#14 'Do you have any dreams for the future? And what you think about the future?

I almost don't think about the future, because to guess about the future, I don't know what will be ahead. But there is a dream about my future. I already said it before, but I'll repeat. My dream is not a big one. I would say that it's a small, obtainable dream. First, to find a good job, so that there would be continual salary. Second, to get rid of those drugs. Third, to find a girlfriend, that would understand me, would love me, and to live, organise, a small family: I, wife - my loved girl -and of course a child. The most important is that there would be a job, that would be continual salary, so that it would be possible to live your life normally with your family, so that everything would be obtainable.

Do you want to have your own family, and what do you imagine your children to be like?

I may say that a family is my small dream. Of course, we all want to have our own family. I want to have one child - a boy. I would like to educate him by myself. My wife would help but I would bring him up. Say that I didn't study, fell out of 12th grade, and only now we all understand ... before it wasn't like it is now. Now, the most important is education, I would do that my son would get the education, finish college, and then would go to institute or university. Of course, if there is possibility then to go further. The more he will study, there will not be anything bad from that, but the future will be secured for him.

What would you do if you found out that your child is taking drugs?

The first thing, I would read a lecture to him, that how awful thing it is. It's the first thing. Second, I would help him to come out from that life, would help him to come out from drugs forever. I would do anything, that my son would get rid of that. Third, of course, I would ... not let him to take drugs, I would educate him so, look after him so that, I think it would ... will not get to that my son would try drugs.'

#16 'Do you have any dreams for the future? What do you think you will be doing in the future?

First, I would like to stop taking drugs. What next, I will see then.

Do you hope to have a family of your own one-day?

Yes.

What do you imagine your children to be like?

I will try to keep them far away from drugs.

What would you do if you found out your children took drugs?

I would try to stop that.

Would you be prepared in the future to educate younger people against taking drugs?

Yes. I do not want others to have such a destiny as I had.'

#18 'Do you make a big distinction between soft and hard drugs ?

Imagine a swamp with a board across it. If people do soft drugs, they are walking along this board. Hard drugs are the swamps by themselves. If people do hard drugs they fall from the board and find themselves in the swamp going deeper and deeper down.'

It is not being claimed that this tendency to share conventional values is some rigid or universal rule among Russian-speaking heroin addicts in Estonia. Caution about generalising this point to other addicts is required especially as the sample of those who agreed to be interviewed may share more conventional values than those who refused to be interviewed (see also Bless 2002 on the effects of 'missing' responses). However, elsewhere in the context of Switzerland, von Aarburg & Stauffacher (2002) observe a shifting away from a view of heroin addicts as social rebels.

As even those with social support at the level of family members and close friends can end up as heroin addicts, this invites focus on factors other than the person's direct interpersonal relationships as significant for heroin use at least in the context of Russian-speakers in Estonia though arguably far beyond. The words of the Report of the Government of Estonia (2000) assume that the crisis of identity among people from the Russian-speaking minority is located not simply at an individual or family level but raise questions of identity at the level of the social context of the Russian-speaking subculture in Estonia : 'The new psychological situation of the non-Estonians at the beginning of the 1990's is best described by the term 'crisis of identity' ' (p.17). A focus on heroin use and individual identity must also accommodate examination of *cultural and social identity* in both Estonia and Latvia.

Summary

Traditional neo-Freudian models of individual identity place connection to parents and to peers as firm alternatives, and emphasise the peer group as the main source of a healthy identity. This model of identity:

- fails to accommodate the finding, highlighted from the interviews with the male predominantly Russian-speaking group of heroin addicts in Estonia, that ongoing connection to a parent, usually the addict's mother, *facilitated* rather than hindered connection to peers
- fails to accommodate the finding, highlighted from the interviews, that emotional separation and distance from parents was associated with a similar distance in communication with peers
- fails to clarify distinctions between descriptive and normative approaches to identity
- fails to accommodate mainstream thought in criminology identifying the peer group as a major influence in crime and substance use
- underemphasises the importance of social contextual factors for identity generally

Other findings from interpretation of the interviews include:

- An association between connection to at least one parent and connection to peers could be obscured by failure to distinguish between genuine friends and other peers – a distinction which was made by numerous addicts themselves
- Gilligan et al's (1990) model of identity as separation from parents on the basis of assumed connection to them has previously been associated with female rather than male identity, whereas many of the interviews with the male heroin addicts lends support to Gilligan et al's perspective on identity for a significant number of these males also
- The traditional neo-Freudian model of identity applied to heroin addiction would tend to minimise a potential role for parental support for heroin addicts in their recovery as well as frequently blaming the mother for her son's addiction. In contrast, the role of the mother as a potentially positive resource as a social support to the addict emerges not only from many of the interviews but also from the experience of the support group for mothers of heroin addicts which has run since 1998 in Tallinn, Estonia and has helped initiate drug awareness programmes for other parents, teachers and students, as well as counselling programmes for addicts.
- The closeness of a significant subgroup of the addicts to their mother (or parents) suggest that heroin addiction is not reducible to explanation simply or even predominantly in terms of difficult family relationships in the context of Estonia but frequently involves issues of social and ethnic identity .

Section four

Early drug use, HIV and ethnicity in the Baltic States

This section will examine such social contextual issues as the rate of increase of hard drug use in the Baltic region, age of first use of hard drugs in Estonia and Latvia, and the proportion of heroin use among the Russian-speaking minorities in Estonia and Latvia, respectively. In addition, recent data from Lithuania concerning levels of substance abuse and the issue of the need for availability of treatment for addicts under 18 will be examined. Figures regarding the HIV epidemics in Estonia, and Latvia, as well as the significantly lower HIV rates in Lithuania will also be analysed.

a) The rate of increase of hard drug use in the Baltic region

The European Monitoring Centre on Drugs and Drug Abuse (EMCDDA) report, December 2001, concludes from the European Schools Survey Project on Alcohol and other Drugs (ESPAD 1999) (Hibell et al 2000) that lifetime experience of illicit drug use among 15-16 year old schoolchildren doubled between 1995 and 1999 in all participating Central and East European countries¹. Yet in Estonia and Lithuania where reliable figures are available for both 1995 and 1999², lifetime experience of any illicit drug other than marijuana or hashish increased significantly for both sexes to a level far higher than simply double what it was four years previously. For example, lifetime experience of any illicit drug other than marijuana or hashish increased among 15-16 year olds in Estonia from 3% of males in 1995 to 11% and from 1% of females to 7% and similarly in Lithuania, the increase was from 2% of males in 1995 to 11% in 1999, and from 1% of females in 1995 to 6% in 1999. *Out of 21 countries from Central, Eastern and Western Europe only Poland registered a comparable rate of increase of hard drugs i.e. illicit drugs other than marijuana during this period, ranging from 5% in 1995 to 15% in 1999 for males and 3% in 1995 to 8% in 1999 for females* (Hibell et al 2000, p.77).

The use of illicit drugs other than marijuana is higher than average in Estonia (9%) and Lithuania (9%), while in Latvia it is 11% which is almost double the average for the 29 participating ESPAD countries of 6% (Hibell et al 2000, p.125). This places all three countries in the Baltic States in the top nine of the 29 countries surveyed for use of hard drugs i.e. illicit drugs other than marijuana. Moreover, at 11% Latvia is joint second highest, together with Poland, just one percentage point behind the highest figures – those of the U.K. (12%). The contrast, for example, with the wealthier neighbouring Scandinavian countries of Finland (2%) and Sweden (3%) is stark. Other Latvian figures concerning demands for treatment, mainly for opiate use, reveal an almost doubling of the demand for treatment in the adult population between 1995 and 1999 – 804 in 1995 and 1512 in 1999 (EMCDDA 2001, p.48).

¹ "...except in the Czech Republic, where this prevalence was already quite high and increased one and a half times" (p.47)

² The Latvian data was not included in the 1995 survey

The following ESPAD 1999 conclusion, broadly echoed in the EMCDDA report (December 2001), does not raise particular alarm concerning the situation in the Baltic States:

In conclusion, both alcohol and drug use have increased markedly in many ESPAD countries, especially in the Central and Eastern parts of Europe. However, the high prevalence countries are still mainly to be found in the Western parts (Hibell et al 2000, p.86)

Yet this conclusion emerges from an overview of alcohol and drug use, all viewed within one overall category of substance use. *It does not highlight the particular cause for alarm in the levels and rate of increase of hard drugs* i.e. illicit drug use other than marijuana or hashish *for the context of the Baltic States*. The proportion of students who have used marijuana or hashish is about average in Latvia (17%) and below average in Estonia (13%) and Lithuania (12%) (the average for the 30 surveyed countries was 16%, Hibell et al 2000, p.123). This average or below average use of marijuana or hashish among 15-16 year olds in the Baltic States compared to other participating countries in the ESPAD 1999 survey hides to some extent the seriousness of the situation in the Baltic States compared to other countries in Central, Eastern and Western Europe with regard to rate of increase in use of *hard* drugs.

b) Age of first use of hard drugs in Estonia and Latvia

The ESPAD 1999 high-school survey does recognise however that in the case of Estonia and Latvia, a significant percentage of *first use* of drugs among users is of drugs considerably 'harder' than cannabis. In this context of first drug of use, examination of the situation in Estonia and Latvia reveals a problem more serious than in any of the other 29 countries surveyed :

As in the ESPAD 1995 survey cannabis continues to be the most important introductory drug in most of the countries under study, followed by tranquilisers and sedatives. Nearly no student had used any other illicit drug as the first drug ever used. The highest figures are found in Estonia and Latvia where about 15% of the students with illicit drug experience had used amphetamines and ecstasy respectively (Hibell et al 2000, p.130)

It is notable that the age range for first opiate taking with all our heroin addicted interviewees in section two is from adolescence to early adulthood (15-20) and frequently much earlier for first use of other drugs. Moreover, according to a number of the interviewed addicts the age of heroin users is getting younger all the time in Estonia:

#12 'Right now there are many 13,14 year old teenagers already addicted to heroin...When I started to use drugs I knew every drug addict by face, there were not so many of them. But now... there are a lot of them and they are becoming younger and younger. When we started we were 16 and we were exceptions, the youngest ones. Now there are even 13 years old heroin addicts.'

#13 'I know some drug addicts now, who are 12 years old and less. You know, from the district where I live, I started injecting the last from everybody, on the whole, from everybody. I know 2 brothers who are just beginners now. The younger one was sniffing glue from 8 years old. For 5 years. He's got asthma now and is passing to something harder.'

#14 'Let's take only Lasnamäe. I know almost everybody, during the 4-5 years, in the city, for example...when I started in the city to use that ... people... old dope-fiends they all the time, they would stop taking it, after some time they would come again. You understand? But now started to add only new ones. That is young ones. You understand? Who are 13-14. For example, at 15 years I even didn't know what is weed...But, now it is so widespread that even 13 year old boys already start to use it. You understand? That's the thing. 13 year old boys. And in fourteen years they already say, "we can't live without drugs". They say already such things.'

Although 'taking drugs by injection is...a behaviour rarely reported by the students in the ESPAD countries' (Hibell et al 2000, p.126), the question arises as to whether the dramatic increases in the levels of illicit drug taking other than marijuana or hashish in the context of the Baltic States between 1995 and 1999 has reached a stage where heroin is now becoming the drug of first use, or at least use at or before the very early age of 15-16, for a rapidly growing number of this age cohort. Such a situation of heroin as first drug of use would suggest the need for prevention campaigns to include an aspect specifically targetted to heroin use. The ESPAD 1999 report highlights that *intravenous* heroin use is virtually unheard of by 15-16 year old students in the thirty ESPAD countries:

Very few students in most ESPAD countries use heroin. However...there is a tendency towards use of heroin for smoking in some countries. Although the figures are too small to really speak of high and low values, the proportions of students whose friends (some, most or all of them) use heroin are largest in Italy (5%), Croatia and Latvia (4% each)

(Hibell et al 2000, p.142)

However, other sources observe that throughout CEEC countries the most at-risk groups for heroin use are 15-24 year olds (EMCDDA 2000 p.38, EMCDDA 2001). An argument could be made that those involved in intravenous heroin use are not regularly attending school and may have been absent from the school surveys. While this could be the case for all countries in the school surveys, this factor may have particular importance in participating ESPAD countries like Estonia and Latvia which have the highest levels of hard drugs as first drugs of use (as well as a large ethnic minority population in both countries); those not attending school age 15-16 in Estonia and Latvia would be more likely to be exposed to harder drugs as first drug of use or at an earlier age than in countries where it is much more unusual for 15-16 age group to be taking hard drugs as first drug of use. This argument is further strengthened by the recent findings of Kalikova, Kurbatova & Talu (2002) in their rapid assessment research targetting children and young adults involved in drug trafficking in Tallinn and Ida-Virumaa, Estonia. They found that typically children start trafficking between the ages of 13 and 16, at the same time they start using drugs.

The Estonian Human Development Report (2000) suggests that the typical opiate abuser is a (20-25 year old) male from the Russian-speaking minority in Tallinn or Ida-Virumaa. *Yet other figures suggest that most intravenous drug users start injecting at a much earlier age.* For example, 56% of IDU's in Estonia started injecting between the ages of 14-20, with 17 the most vulnerable age (Kalikova 1998). Moreover, Kalikova, Kurbatova & Talu's (2002) commentary on figures from the Estonia Drug Database 2000 point to the exceptionally high use of heroin as first drug of use especially among Russian-speakers in Estonia:

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 Estonian³ 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 (p.1)

In other words, 44% of those seeking medical help in Estonia took an opiate as *first* drug of use.

c) The proportion of heroin use among the Russian-speaking minority in Estonia

Intravenous heroin users in Estonia are variously estimated as ranging from 98% (Kalikova 1998) to 90% (Kalikova 2000) Russian-speaking. Estimates of drug addicts admitted for treatment for hard drugs in 1999, in Estonia, observed 80% as being Russian-speaking and 14% as ethnic Estonians (Kariis et al 1999), whereas Russian-speakers are approximately 35% of the population of Estonia. Other interviews with 202 intravenous drug users from the Russian-speaking areas of Narva, Ida-Virumaa and parts of Tallinn between July 1997 and January 1998 estimated that 45% started injecting between the ages of 14-20 (Kalikova 2000b) (see also *Baltic Times* September 21-27, 2000 for a reference to a 12 year old boy in Estonia found with a hypodermic needle for heroin). The voices of interviewed addicts (above) not only offer some support for the finding that 12% of 13-14 year olds in several Russian-speaking schools in Lasnamäe, Tallinn, have already tried narcotics (Kalikova 2000a) but specify that the drug being used by some of this age group is heroin⁴. Moreover, 80% of HIV cases from these areas of Estonia are aged 15-24, the youngest being 13-14, and are overwhelmingly Russian-speaking injecting heroin users (Kalikova 2001). The HIV figures provide further evidence to support an argument that intravenously used heroin is a drug of extremely early and even first use among a growing and increasingly significant number of young Russian-speakers in Estonia.

Much of the above evidence for Estonia suggests that the teenage Russian-speaking minority population in Estonia is particularly vulnerable to heroin use (and consequent increased risk of HIV). Other evidence of the heightened vulnerability of the Russian-speaking population to drug use is that 29% of Russian-speaking males in Estonia aged 15-16 have used narcotics, with 17% of Russian-speaking females similarly having tried aged 15-16 (ESPAD 1999). The figures are significantly lower for ethnic Estonians, in particular for ethnic Estonian males which is less than half the figure for Russian-speaking males in Estonia (14% of Estonian boys and 12% of Estonian girls) (ESPAD 1999). Kaur (2000, p.11) cites statistics on the prison population from the Estonian Ministry of Justice revealing that in 1998, 18% of convicted drug users were ethnic Estonians and 82% were Russian-speaking. There has been no available data in Estonia since 1996 concerning demand for treatment (mainly for opiate use) (EMCDDA 2001, p.48). This is unfortunate at a time when illicit drug use other than marijuana has, as seen earlier, significantly increased between 1995 and 1999 (Hibell et al 2000).

Closer examination of Derman's (2000) study of Estonian and Russian-speaking youth, upon which ESPAD 1999 is based, reveals some aspects in the results which tend to min-

³ Here Estonian youth is to be interpreted in inclusive terms as youth living in Estonia, as 83% of patients registered in the Estonian Drug Treatment Database are Russian-speakers (Kalikova, Kurbatova & Talu 2002, p.1)

⁴ A director of an Estonian orphanage in the Russian-speaking area of Narva also reports that drug addicts are often in the age group 12-17 (Synkova, *Baltic Times*, May 10-16, 2001), though without specifying the number of those addicted specifically to heroin.

imise the seriousness of the situation with regard to 15-16 year old Russian-speakers in Estonia and heroin use. More female than male Russian-speakers aged 15-16 took part in the study (653 vs. 527)⁵ (Derman 2000, p.59), whereas male Russian-speakers are the more at risk group. Significantly, the sample of students from the most at risk areas for HIV (apart from Tallinn), namely, the overwhelmingly Russian-speaking areas of Ida-Virumaa, Kohtla-Järve and Narva in Eastern Estonia had a fairly small total sample of 195 male students (63, 78 and 54 respectively) (Derman 2000, p.59). Moreover, it is small as a proportion of total male Russian-speakers in the study 195 out of 527, and as a proportion of the total male students for all of Estonia in the survey (195 out of 1446). These factors, combined with the fact that the ESPAD survey is of school attenders only, and therefore does not include those most at risk youth who are early school leavers, suggest that ESPAD 1999 is not the appropriate tool with which to closely examine the problem of intravenous heroin use in the overwhelmingly Russian-speaking areas of Eastern Estonia where the HIV epidemic is at its worst as a proportion of population.

d) The proportion of heroin use among the Russian-speaking minority in Latvia

While the evidence is alarming for the Russian-speaking minority in Estonia concerning proportion of heroin users, less clearcut information is available on substance abuse with regard to the Russian-speaking minority in Latvia. Latvia's data on substance use was not available for the 1995 ESPAD survey and there is a question as to the precise figures for heroin use for the 1999 ESPAD survey in Latvian schools (Gailitis 2001, Latvia State Drug Abuse Prevention and Health Care Centre, personal communication). It has been suggested that Latvian students confused heroin by smoking and hashish in the 1999 ESPAD survey so that some of the figures concerning heroin use are unreliable (Gailitis 2001, personal communication). Moreover, the Concluding observations of the Committee on the Rights of the child for Latvia (2001) expressed its concern at the fact that a systematic and comprehensive collection of data for all areas covered by the UN Convention on the Rights of the Child and in relation to all groups of children in Latvia is not fully developed yet.

Within this relative vacuum of information some unofficial figures for Latvia tend to overstate the problem. For example, a survey by the Riga Drug Prevention Center in Latvia (Baltic Times August 31-September 6 2000), revealed that 75% of youths in the Latvian capital use drugs on a regular basis or have tried them once, 6% having tried cocaine and 5% heroin. The study was conducted among 413 youths between ages 13 and 25, with 57% being ethnic Latvians and 43% belonging to other groups such as the Russian-speaking minority in Latvia. However, the representativeness of this population sample has been questioned as the sample was taken from 'clubbers' in various nightclubs in Riga rather than a random sample for this age group (Gailitis 2001 personal communication). The EMCDDA report (2001) (Chap. 4) cites a study in the Czech Republic which highlights the contrast between 'clubbers' and other members of the population and thus invites challenge to the representativeness of any study conducted in nightclubs. Lifetime prevalence of any illicit drugs was found to be at 44.5% for amphetamines, 35.7% for ecstasy and 47.7% for hallucinogens for those surveyed on the 'techno' party scene in

⁵ Similarly more ethnic Estonian females than males also participated (1155 vs. 919)

Prague during 1998 and 1999, compared respectively with 5%, 4% and 7% in the ESPAD 1999 study carried out at national level. On the other hand, however, the schoolgoing population of the ESPAD surveys can be presumed to underestimate the level of drug taking for the entire age cohort as it excludes those who have dropped out from school as well as street children, and those who are currently suspended or taking unexcused absences from school.

Unofficial police estimates suggest that about 25-30,000 people use heroin in Latvia (Gailitis 2001, personal communication), while it is estimated for the year 2000 that there are 11-12,000 heroin users in Estonia (Kalikova 2001, personal communication). Unofficial figures from drug treatment centres in Latvia show more Russian-speaking patients (Gailitis 2001, personal communication) with unofficial estimates from non-governmental organisations regarding ethnic differences and heroin use in Latvia as being at 60% Russian-speakers, 40% Latvian speakers (Vilcina 2001, Information Centre of the Naturalisation Board in Latvia, personal communication). Yet there were no significant differences between Latvian speaking and Russian-speaking schools in Latvia in the ESPAD 1999 survey regarding drug use, except for a higher use of marijuana among Russian-speaking schools (20% compared to 14%) (Gailitis 2001, personal communication).

Most figures for Latvia suggest that the proportion of heroin users under 15 is increasing. Recent evidence points to the extremely early age of drug use in Latvia, with 41% of all registered clients in treatment being under 19 and an exceptionally high 22% being under 15 (EMCDDA 2000 p.39). However, it is not fully clear what percentage of that 22% in treatment under 15 are being treated specifically for opiate addiction as only 49.4% of those registered in treatment in Latvia are opiate users. Moreover, recent Latvian State Narcotics Center statistics show 43.5% of registered drug addicts being under the age of 19, with 83% of addicts under 25. Examination of the average age of those attending the Narcology Centre in Riga reveals a much younger group, aged 13-16, who are now moving from glue to heroin, with the youngest reported heroin addict being an 11 year old girl (Baltic Times May 10-16, 2001). The ESPAD 1999 survey would tend to add credence to a view of significant proportions of young heroin users in Latvia:

Heroin by smoking is predominantly used in Latvia and Romania (7-8%) and Croatia, Italy, Lithuania, Poland and Russia (4-5%). Heroin other than by smoking is reported by very few students across the countries. The highest proportions reporting this are found in Norway and Russia (3%)

(Hibell et al 2000, p.126)

However, a more recent survey of 470 students from grade 9 and 332 students from grade 12 in randomly selected classes in two cities of Latvia revealed that 462 in 9th grade and 324 in 12th grade had never taken heroin (Gailitis 2001, personal communication). In other words, 1.7% of Latvian students in 9th grade and 2.4% in 12th grade had experience of heroin use. On these latter figures, the situation in Latvia is comparable to that of EU countries given that throughout the EU:

Heroin experience overall remains low (1 to 2% in young adults) and school surveys show pupils are highly cautious about using heroin (EMCDDA 2000 p.8)

The EMCDDA report (2000 p.39) observes differences within ethnic groups in Macedonia where the young Macedonians tend to inject heroin while the ethnic Albanians in Macedonia

tend to smoke it. It notes that 'similar differences' have been reported with regard to the Russian ethnic minority in the Baltic States and also the Roma minority in Bulgaria⁶. Yet this supposed similarity blurs the fact that it is only in Estonia that the sharp contrast exists between the Russian ethnic minority as intravenous heroin users and the overwhelmingly lower use of heroin (whether injected or smoked) in the Estonian majority population. Each Baltic State has a different situation with regard to heroin use and its Russian-speaking population.

e) Illicit drug use in Lithuania

Available evidence from Lithuania points to a sharp increase in heroin use in the past 6-7 years. The number of demands for treatment, mainly for opiate use, has significantly increased in Lithuania between 1996 and 1999 – from an already high figure of 1804 in 1996 to 3082 in 1999 (EMCDDA 2001, p.48). Significantly, the number of teenage heroin users, by smoking or intravenously, in Lithuania has substantially increased from the 1995 figure of 0.2% to the 1999 figure of 4.8% (ESPAD 1995-1999). There is no exact data available however on heroin use among either the Roma minority or the Russian-speaking minority in Lithuania.

The EMCDDA report 2001 (p.48) gives prominence to regional variations in drug use within Lithuania, highlighting figures from the ESPAD 1999 survey that lifetime prevalence of any illicit drugs among schoolchildren was found to be at 22.7% in Vilnius, and at 23.9% in Klaipeda, while the national average was 15.5%. Gender differences were quite pronounced for lifetime prevalence of any illicit drugs in Lithuania in the ESPAD 1999 survey, with figures of 21% for males and 10% for females nationally from a sample of 5,039 students from both compulsory and vocational schools. The national average for lifetime prevalence of any illicit drugs was very similar to Estonia (16% national average, 21% male, 12% female) with both Lithuania and Estonia well below the national average for Latvia (22% national average, 26% male, 18% female). Nevertheless, none of the Baltic countries rate particularly highly on this question of lifetime prevalence of *any* illicit drug compared to other surveyed countries, with Latvia 9th, Estonia 15th and Lithuania 17th out of 29 surveyed countries (Hibell et al 2000, p.121). As noted earlier, it is with regard to *harder* drugs, for lifetime experience of any illicit drug *other than* marijuana or hashish, that the situation of the Baltic countries is particular cause for concern internationally with Latvia joint second (11%), and Lithuania and Estonia joint 4th (9%) alongside Romania, Ireland and Moscow out of 29 surveyed countries (Hibell et al 2000, p.125).

The most recent figures for Lithuania are from a survey of 801 students aged 15-18, between December 7-14, 2001, from vocational schools in Vilnius (Davidaviciene 2002, personal communication) (see Table 4.1). The levels of substance abuse are notably higher among these vocational schools compared to the national averages observed in ESPAD 1999, which according to Davidaviciene (2002, personal communication) is related to the fact that students in the vocational schools are frequently from a lower socio-economic background. Heroin by smoking in particular is exceptionally high at 10.6%, a level far beyond international levels observed in ESPAD 1999.

⁶ The EMCDDA report (1998 p.63) referred in particular to solvent use mainly among 13-14 year old adolescents and ethnic minorities in Bulgaria and Romania, as well as the Baltic States.

**TABLE. 4.1 THE USE OF ILLEGAL DRUGS IN LITHUANIA
(PERCENTAGES 1999 and 2001, Davidaviciene 2002)**

DRUG	VILNIUS TECHNICAL HIGH SCHOOLS (December 2001)			ESPAD 99		
	Total	Male	Female	Total	Male	Female
Total	44.1	48.6	38.2	15.5	21.0	9.6
Marijuana/hashish	32.2	41.5	20.1	11.9	17.4	6.1
Amphetamines	11.5	13.9	8.3	1.5	1.9	1.0
LSD	6.1	8.4	3.2	1.4	2.9	0.7
Ecstasy	4.5	5.5	3.2	4.4	6.4	2.3
Cocaine	3.0	4.0	1.7	1.1	1.3	0.8
Crack	0.6	1.1	-	0.3	0.5	0.1
Heroin smoked	10.6	13.2	6.6	4.1	4.9	3.3
Heroin consumed by any other means than smoking	2.9	3.8	1.7	0.7	1.0	0.3
Intravenously used drugs	2.5	3.5	1.1	0.5	0.6	0.4
Alcohol with pills	9.4	10.4	8.0	6.5	7.2	5.6
Alcohol with marijuana	12.9	16.3	8.3	4.6	7.2	1.8
"Magic Mushrooms"	0.7	1.3	-	0.3	0.5	0.1
Anabolic Steroids	3.2	5.1	0.9	0.8	1.4	0.2

f) The need for availability of treatment for addicts under 18

The average age of those in treatment for opiate use throughout the EU ranges from 23.7 years (Ireland) to 33 years (Sweden) (EMCDDA 1998) and is notably higher than in our interviewed sample in section two. This difference between Estonia, Latvia and EU countries regarding average treatment age could conceivably be accounted for as being a function of the higher age admission criterion in many EU countries. For example, in Greece an addict at a methadone treatment centre must be 22 years old. The age requirement in Sweden and Finland respectively is 20 years old (EMCDDA 1998). However, as seen, the conclusion that heroin use starts at a notably younger age for many in Estonia and Latvia, compared to countries of the European Union is difficult to avoid.

In Estonia, though arguably also Latvia, a policy vacuum seems to have emerged in particular for this younger teenage group of predominantly Russian-speaking heroin addicts as treatment approaches employed in EU countries such as methadone maintenance programmes are available only for those who are at least 18 years old. Zhilinskis (2000) goes so far as to thank the Estonian government on behalf of his native Lithuania for their failure to highlight the problem of drug addiction in Estonia which he suggests has resulted in greater attention being concentrated by Foreign Foundations on the social problems in Lithuania and Latvia in comparison with Estonia. Zhilinskis (2000) suggests that the fact that only 6 out of 101 members of the Estonian parliament are Russian-speakers⁷ contributes to Estonian governmental disinterest in problems such as heroin addiction which disproportionately affect Russian-speakers. Nevertheless, this view (which could also be applied somewhat to Latvia

⁷See also Järve & Wellmann (1999)

which has 16 non-Latvians out of 100 in the Latvian parliament, 9 of them Russians), does not fully accommodate the fact that many Russian-speakers choose to vote for Estonian speaking parties rather than Russian-speaking ones, although 25% of the population of Estonia who are Russian-speaking non-citizens cannot vote at all in parliamentary elections. Lagerspetz (2002), working at the Estonian Institute of the Humanities, also documents disinterest among Estonian policy-makers regarding drug addiction and HIV:

the Estonian policy-makers continued to think of drug addiction primarily as a problem of 'other' people, who had deliberately placed themselves outside the ordered society. The objective was to guard the nation against their influence. Still in July 2001, the chairman of the Parliament's Social Committee, Toomas Vilosius, questioned in a newspaper interview the need for additional financing of HIV prevention. He claimed that the HIV carriers were themselves responsible for their situation, because of not having been selective enough in 'choosing the places where to put their genitals' (Postimees, 2 July 2002) (p.10)

In Romania, the Ministry of Health is the body providing funds for a detoxification programme and post-detoxification support programme, as well as a planned methadone programme for 2002 (Romano 2001, personal communication). Similarly, in Croatia, the Croatian Parliament established special centres for drug treatment at county and at city level where treatment of drug addicts includes counselling, detoxification, methadone treatment, needle exchange and is covered by the national health insurance (Kuzman 2001, personal communication). In contrast to Romania and Croatia, the Concluding Observations of the Committee on the Rights of the Child for Latvia (2001) noted the limited availability of programmes and services in the area of adolescent health, including mental health, and in particular treatment and rehabilitation programmes for alcohol and drug addiction as well as prevention programmes. The Estonian Drug Monitoring Centre National Focal Point Report (2002, p.30) observes that drug treatment funding from the Estonian State has been decreased. Until very recently the Estonian government has provided little financial support for treatment for heroin addicts; neither the methadone maintenance centre in Tallinn, from which a majority of the interviews were taken, nor Viismari hospital, are government funded. Two exceptions where some funding, however inadequate, had been provided were the city government grant in 1999 to the group of mothers of heroin addicts discussed earlier, and the provision of four beds in the 'Children's Hospital' in Tallinn with counselling services also being available. More recently, city authorities in Tallinn have announced plans to give free methadone treatment to intravenous drug addicts from October 2002, where methadone will be administered orally to addicts over 18 (Baltic Times September 19-25, 2002, p.2). The issue nevertheless arises of adequately addressing the outreach, treatment and counselling needs of heroin addicts under the age of 18 in Estonia, the vast majority being from the Russian-speaking minority population. The inadequacy of provision for the under eighteen age group is well expressed in the words of one of the interviewees:

#18 'You can visit this "Aidsi tugikeskus"⁸ only from 18 years old. I was 16 when my mother brought me here and doctor said that he could not help us. I have to be 18. This is ridiculous. *Am I supposed to take drugs two more years and only then to come here?*'

⁸ Methadone maintenance centre in Kopli, Tallinn, where the majority of the interviews took place

g) The recent and ongoing HIV epidemic in Estonia

The recent HIV epidemic in Estonia, concentrated among the Russian-speaking minority, has tended to be overlooked in some international literature on this area. For example, the EMCDDA report (December 2001), while observing a significant increase throughout Central and Eastern Europe regarding lifetime experience of illicit drug use among 15-16 year old schoolchildren (i.e. citing the ESPAD 1999 data), does not highlight the dramatic epidemic level of the HIV problem emerging predominantly among the Russian-speaking minority in Estonia as its consideration of HIV only extends to EU countries. Similarly, Goodwin et al's 2001 examination of values and social representations of HIV/AIDS in Central and Eastern Europe notably overlooked examination of attitudes specifically within the Russian-speaking minority in their analysis of Estonia (together with Georgia, Russia, Poland and Hungary). According to Kalikova (2001, personal communication), the Russian language media in Estonia were much slower to react to the HIV crisis than the Estonian language media. It is only very recently, in the UN Report on the global HIV/AIDS epidemic (2002), that international reports have highlighted, not only that HIV infections in Estonia have "soared" (p.32) between 1999 and 2001, but that *Estonia is now the country with the highest cumulative reported HIV infections per million population in Eastern European countries 1993-2001 (including Russia and the Ukraine).*

The figures for November 2001 identified 27 children, 14 and under (excluding babies), with HIV, children estimated by Tallinn Aids Prevention Centre to have contracted HIV from intravenous drug use. The HIV figures for Estonia for the 15-19 age group up to November 2001 identified 480 cases, with 549 cases among the 20-24 year old age group (Kalikova 2001, personal communication). The dramatic scale of the problem for Estonia is evident by contrast with the situation in St. Petersburg in Russia in 1999. In St. Petersburg, with a population of approximately 4.7 million, figures for 1998 detected 3 cases of HIV for 16 year olds; figures up to September 1999 revealed 12.5 cases per 100,000 population aged 16-20. In St. Petersburg 70% of those recorded with HIV have acknowledged having previous experience in drug use. Whereas on November 1 1999, the city AIDS centre of St. Petersburg reported the beginning of an epidemic level of HIV in their city as there had been 612 HIV cases detected, the total number of HIV cases in Estonia up till 11 November 2001 was 1808 HIV cases detected (33 already dead and 7 developed into AIDS). An argument that detection methods in St. Petersburg are less well developed than in Estonia is flawed as approximately 20 million HIV tests are carried out among high and low risk populations in Russia every year (Dehne & Kobyschka 2000) and over 10 million HIV tests between 1991 and 1994 in 7 provinces and 2 republics within North-Western Russia alone (Smolskaya & Chaika 1995). *The beginning of a recognised HIV epidemic situation on November 1st 1999 of 612 cases in St. Petersburg was still almost 3 times lower than the HIV epidemic in Estonia for 11 November 2001 which had 1808 cases.* Given that the population of Russians in St. Petersburg is approximately 4.7 million and the population for all of Estonia is 1.5 million, the proportionate rate of HIV infection is at least 9 times higher than in the St. Petersburg of November 1999 – 9 times higher than a city which was recognised by its own AIDS centre as having the beginning of epidemic level of HIV infections. According to official data from the Pasteur Institute, St. Petersburg, during 2000 and 2001 the situation in St. Petersburg has escalated to levels of 5,417 new HIV cases and 10,119 new HIV cases respectively (Vesselovskaia 2002, personal communication). The vast majority of these are IDU's (3,106 in 2000, 9,846 in 2001, Vesselovskaia 2002, personal communication).

The HIV epidemic in Estonia started off in the Russian-speaking town of Narva in August 2000 (Kalikova 2001). What started in the Russian-speaking areas of Narva (over 95% Russian-speaking) has spread to another overwhelmingly Russian-speaking area, Ida-Virumaa, and significantly in 2001, to the capital Tallinn⁹. The epidemic among intravenous drug users in Narva was predicted by Tallinn Aids Prevention Center already in 1996 but due to lack of financing preventive measures were not introduced prior to the epidemic (Kalikova 2001). HIV cases occur in the regions populated by Russian-speakers in Estonia, namely, Narva, Ida-Virumaa and also Tallinn, while the predominantly Estonian speaking regions of Harjumaa, Tartu, Parnu, Viljandi, Saaremaa etc have been relatively unaffected by HIV and intravenous drug use (Tallinn Aids Prevention Centre statistics, December 31, 2001).

Tallinn itself, with a mixture of Estonian and Russian-speakers, has 25% of HIV cases from among the Estonian speaking population which is still a vast majority of cases from among the Russian-speaking population (Tallinn Aids Prevention Centre figures, November 2001). Narva, the overwhelmingly Russian-speaking area (over 95%) has a population of 73,295 with over 600 HIV cases and an estimated 5-6,000 intravenous drug users (Tallinn Aids Prevention Centre figures, November 2001). Excluding Narva from Ida-Virumaa, out of a total population of 120,315 there are an estimated 400 HIV cases and estimated 5,000 intravenous drug users in Ida-Virumaa (a region with 82% Russian-speakers, see Ida-Virumaa Developmental Plan). Comparison of the HIV figures for St. Petersburg of 1 November 1999 with those of Narva for 11 November 2001 reveal approximately the same number of HIV cases for each area – 612 for St. Petersburg, over 600 for Narva. *Approximately the same number of HIV cases occur in the Estonian town of Narva with 73,295 inhabitants as occurred in the Russian city of St. Petersburg in 1999 with over 4.7 million inhabitants.*

The exponential rate of increase in HIV in Estonia in 2000 and 2001 has slowed to some extent in 2002, with 823 new cases registered by the end of November 2002 (Tallinn Aids Prevention Centre Statistics). An important factor in this slowing down regarding new cases is the wide needle exchange programme in the epidemic regions – such programmes have also had a beneficial impact on the levels of new Hepatitis B and C cases in Estonia (Kalikova 2003, personal communication). In response to the HIV crisis situation, the Estonian government doubled the budget in 2002 to tackle HIV (Kalikova 2003, personal communication) and this has made some impact on the crisis situation. However, another more worrying reason for the decrease in new registered cases is that many injecting drug users do not want to be tested as the HIV test brings them additional problems without the possibility to solve such problems - *as many of those at risk do not have medical insurance and cannot therefore afford to receive treatment if they are HIV positive* (Kalikova 2003, personal communication).

There is absolutely no room for complacency among Estonian policy makers when another reference point for comparison is taken into consideration, namely, Kaliningrad, the worst affected area for HIV of 14 regions surveyed in Russia (Information papers 1999, 2000). For a population of approximately 951,300 there were 2,520 registered cases of HIV (Aids centre, Kaliningrad 1999). By the end of December 2001, there were 1,940 HIV cases

⁹HIV-positive people in Estonia (01.01.2001-31.12.2001): Total 1474 (excludes prisoners 382), 409 from Narva; 454 from East-Virumaa, 528 from Tallinn, 56 from Harjumaa, 3 from Järvamaa, 8 from West-Virumaa, 3 from Viljandi, 1 from Saaremaa, 4 from Tartu, 4 from Raplamaa, 4 from Pärnu

registered in Estonia (Tallinn Aids Prevention Centre statistics). The impact of HIV on the Russian-speaking minority in Estonia reveals that 70-80%, i.e. between a range of 1,358 and 1,552 HIV cases, are those of Russian-speaking origin out of a total population of 464,071 Russian-speakers (406,049 Russians, 36,659 Ukrainians, 21,363 Belarussians on January 1 1999) in Estonia. *For Russian-speakers in Estonia, this is proportionately a worse ratio of HIV cases to population than Kaliningrad, the worst affected area of 14 areas in Russia at the beginning of the year 2000.*

Against the backdrop of 382 HIV cases in Estonian prisons at the end of 2001 (Tallinn Aids Prevention Centre Statistics 2002), a further issue arises concerning conditions of at least some prisoners in Estonia. Kaur (2000), an ethnic Estonian, describes the conditions of Rammu prison in Estonia (conditions which I also personally witnessed on the same visit to Rammu prison 15.02.2000):

During the visit to Rammu Prison, there were 27 inmates in one room. According to [the] prisoners' story there have been times where the same room contained around 40-44 prisoners. Basically the room was full of beds side by side. All inhabitants of this room were Russian-speakers. Is it a coincidence that Russian-speakers live in these conditions ? It seems that inmates are accommodated according to the preferences of those who are in power (p.9)

The risk of HIV transmission is heightened in such living conditions especially as male rape does occur in Estonian prisons (Kaur 2000, p.10). Rammu prison, now combined with Murru prison, has a total of 2,100 inmates with 120 HIV positive inmates currently among them (Kalikova 2002, personal communication). In other words, over 5% of prisoners in this combined prison are now HIV positive. Moreover, 139 HIV positive inmates came through this prison during the last 1.5 years (Kalikova 2002, personal communication). Comparison with the situation in Ukrainian prisons is a salutary warning, given that whereas between 1987-1994 there were 11 HIV infected people identified in prisons, this rose to 7,521 people between 1995 and 1999 in the Ukraine (Ukraine Ministry of Health/UNAIDS 2000). Further indication of the urgent need for vigilance with regard to HIV in Estonian (and Baltic States') prisons is the recent HIV outbreak in Alytus prison in Lithuania where 232 of its 1,900 prisoners have been registered as HIV positive (HIV/AIDS, Sexually Transmitted Diseases, and Tuberculosis Prevention News Update, June 24, 2002), predominantly due to intravenous drug use (see Baltic Times, June 6-12 2002, p.1; Rakickiene, Lithuanian AIDS center 2002). While condoms are now available in Estonian prisons, needle exchange is not generally available (Estonian Drug Monitoring Centre National Focal Point Report 2002, p.24) although it is hoped that it will become widely available in 2003 (Kalikova, personal communication 2003).

h) The recent and ongoing HIV epidemic in Latvia

The Latvian AIDS Prevention Centre HIV Register Data (as of 3 December 2001) reveal the following figures: (see Table 4.2)

TABLE 4.2

Distribution by ethnicity

Registered HIV / AIDS cases in 1987 - 2001 (including)		Registered HIV / AIDS cases in 2001	
<i>Ethnicity</i>	<i>Number</i>	<i>Ethnicity</i>	<i>Number</i>
Latvians	293	Latvians	139
Russians	674	Russians	382
Roma	122	Roma	63
Others	60	Others	24
Unknown	576	Unknown	158
Total	1725	Total	766

Using the data above, Koltchanov (2001, MINELRES forum for discussion on minorities in Central and Eastern Europe, personal communication) compiled the following comparative table (Table 4.3):

TABLE 4.3

	Registered 1987 - 2001		Registered 2001		Latvia's residents*	
<i>Ethnicity</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Latvians	293	25.50	139	22.86	1,369,613	57.76
Russians	674	58.66	382	62.83	699,437	29.50
Roma	122	10.62	63	10.36	8,168	0.34
Others	60	5.22	24	3.95	293,967	12.40
Total**	1,149	100.00	608	100.00	2,371,185	100.00

* Latvia's population data on 01.07.2001

** The data on "unknown" ethnicity was deliberately left remaining

Koltchanov (2001) observes that it is evident from this table, that the Roma community are grossly overrepresented within the AIDS / HIV cases: 0.34% of the total population, and more than 10% of the registered cases. Ethnic Russians are also overrepresented as they represent approximately 30% of the total population, and around 60% of the registered AIDS / HIV cases. Moreover, the AIDS / HIV data for 2001 (62.83%) hints of an increase in the number of ethnic Russians infected compared to the total period (58.66%). Ethnic Latvians, as well as the vague category of "Others" seem to have smaller proportion of AIDS / HIV cases in comparison to their representation within the total population. Ethnic Latvians constitute 57.76% of the population and 25.5% of the cases (Koltchanov 2001, personal communication)

From these figures it is clear that the HIV problem affects the ethnic Russian minority in Latvia in a disproportionate way though in not such an overwhelmingly disproportionate way as it does the ethnic Russian minority in Estonia. The HIV problem and according to unofficial sources, the heroin problem, in Latvia, are significantly structured by ethnicity though not to the same extreme extent as in Estonia. Moreover, in 2001, *there were more registered HIV cases in Estonia (1,940) than Latvia (1,725), not simply as a proportion of*

the population but in real terms despite the fact that the Latvian population is significantly larger (2.4 million in Latvia as of December 31, 1999 compared to 1.5 million in Estonia as of February 1, 2000). The rate of increase of HIV in Estonia between 2000 and 2001 is four-fold – a significantly higher rate of acceleration than in Latvia where nevertheless cases almost doubled during this time. Moreover, if there are estimated to be up to 25,000 heroin users, the risk for exponential HIV increase in Latvia among this group is still very real. The figure of 766 HIV cases for 2001 (until December 3rd 2001) is not far removed from the *combined total* of cases in Latvia for the years 1987-2000 (929).

i) HIV rates in Lithuania

Although the vast majority of HIV cases arise in Lithuania in the same way as the vast majority of HIV cases in the other two Baltic States, namely, from IDU's (219 IDU, 55 Homosexual, 51 Heterosexual, 19 Unknown, Lithuanian Aids Centre Statistics), the number of HIV cases in real terms and as a proportion of the population in Lithuania is significantly lower than in Estonia or Latvia (see Table 4.4), even taking into account the HIV outbreak in Alytus prison. Yet, in 1997, Lithuania had a higher number of cases than in the other two Baltic States. However, the HIV problem was given a higher political priority in Lithuania than in, for example, Estonia (Kalikova 2002, personal communication).

McKee (2002) working for the World Health Organization's European Observatory in Britain states that he accepts that the official statistics indicating a relatively low incidence of HIV in Lithuania are correct – the contrast with Estonia is not simply due to a discrepancy between registered and actual HIV levels. Similarly, the exceptionally high figures for HIV in Estonia, compared with Latvia, Lithuania, other parts of Eastern Europe and the Russian Federation, cannot simply be explained away as being due to differences in testing procedures in Estonia (Kalikova 2002, personal communication). Neither can it be explained away as being due to recent immigration from, for example, Russia, as those registered with HIV in Estonia are either Estonian citizens or permanent residents (Kalikova 2002, personal communication).

The following Table comparing HIV rates in each of the Baltic countries is compiled from data from the Baltic Sea Plan website, Tallinn Aids Prevention Centre, Lithuanian Aids Centre and Koltchanov (personal communication 2001) regarding Latvian figures.

These figures reveal that there were over 10 times more new cases in Latvia than in Lithuania in 2001. Moreover, there were over 20 times

TABLE 4.4

Baltic sea region HIV/AIDS incidence

Year	Lithuania	Latvia	Estonia
1987	0	1	0
1988	1	1	1
1989	1	0	3
1990	8	6	8
1991	1	3	8
1992	5	1	9
1993	4	5	4
1994	9	8	11
1995	11	21	10
1996	12	17	8
1997	31	25	9
1998	52	163	9
1999	66	241	9
2000	65	437 ¹⁰	390
2001	72	766+	1,474
TOTAL IN 2001	338	1,725	1,940

¹⁰ The data for Latvia in 2000 is up to December 15, 2000

more new HIV cases in Estonia than in Lithuania in 2001. Given the fact that the population of Lithuania is more than double that of Estonia, the proportion of new HIV cases was over 40 times higher per capita in Estonia than in Lithuania during 2001¹¹. Even though the recent crisis levels of HIV in Alytus prison (232 HIV positive prisoners) almost doubles the total overall figure for HIV in Lithuania, these figures pale in comparison with the Estonian HIV figures – both in real terms and as a proportion of population.

Summary

Examination of the recent research on heroin use in the Baltic States leads to the following conclusions:

- The conclusion of the European Monitoring Centre on Drugs and Drug Abuse report (December 2001) that illicit drug use has doubled among 15-16 year olds in Central and Eastern Europe between 1995 and 1999 significantly understates the rapid increase in use of hard drugs among 15-16 year olds in Estonia and Lithuania during this time. Out of 21 countries from Central, Eastern and Western Europe only Poland has registered a comparable rate of increase of hard drugs during this time
- Use of hard drugs as first drug of use is higher among 15-16 year old drug users in Estonia and Latvia than in any of the other 27 countries surveyed throughout Western, Central and Eastern Europe
- Injecting heroin use in Estonia is overwhelmingly and disproportionately among the Russian-speaking minority, with approximately 90% of heroin addicts being Russian-speakers whereas Russian-speakers are approximately 35% of the total population in Estonia
- The European Schools Survey Project on Alcohol and other Drugs (ESPAD 1999, Derman 2000) is an inappropriate tool to consider the seriousness of intravenous drug use among the Russian-speaking minority in Estonia as its sample of Russian-speakers from the most at risk Eastern areas of Estonia was quite small, and small also as a proportion of the total population and even total population of Russian-speakers in Estonia. Moreover, the most at risk male population was underrepresented among Russian-speakers and those most at risk of intravenous drug use would also tend not to be attending school regularly in contrast to the ESPAD sample
- Unofficial estimates of hard drug use in Latvia reveal that the Russian-speaking minority are disproportionately affected, although not to the same overwhelming extent as in Estonia
- Reports of hard drug use (and HIV estimates in Estonia) among the under 15 age group in Estonia and Latvia suggests that heroin use in this age group is increasing
- Recent years in Lithuania show a significant increase in teenage heroin users and extremely high use of heroin in particular, in vocational schools in the capital, Vilnius, though data on ethnic differences are not available
- A particular policy vacuum exists in Estonia for treating young predominantly Russian-speaking heroin addicts (and other drug addicts) who are under 18

¹¹ 72 new HIV cases in Lithuania for a population of approximately 3.5 million in contrast to 1,474 new HIV cases in Estonia in 2001 for a population of approximately 1.5 million

Examination of recent research on HIV rates in the Baltic States leads to the following conclusions:

- HIV cases arise predominantly among intravenous drug users in all three Baltic states
- HIV cases disproportionately affect the Russian-speaking minorities in Latvia and particularly in Estonia
- In 2001, there were over 10 times more new HIV cases in Latvia than in Lithuania¹²
- In 2001, there were over 20 times more new HIV cases in Estonia than in Lithuania. Given the fact that the population of Lithuania is more than double that of Estonia, the proportion of new HIV cases was over 40 times higher per capita in Estonia than in Lithuania during 2001¹³. In contrast, in 1997, there were significantly more HIV cases in Lithuania than in Estonia. Nelli Kalikova, Head of Tallinn Aids Prevention Centre, contrasts the political will of the Lithuanian governments to tackle the HIV problem during this time, with the relative lack of political will to do so in Estonia during this time
- From 2000 to 2001, HIV cases in Estonia increased almost fourfold, HIV cases in Latvia almost doubled, while in Lithuania there was a slight increase from a much lower number
- The beginning of a recognised HIV epidemic of 612 cases in St. Petersburg on November 1st 1999 was still almost 3 times lower than the HIV epidemic of 1808 cases in Estonia on November 11th 2001. As the population of St. Petersburg is at least 3 times larger than the total population of Estonia, the proportionate rate of infection in Estonia in November 2001 is at least 9 times higher than St. Petersburg of November 1999. Since this time, the number of HIV cases in St. Petersburg has increased enormously to 5,417 new cases in 2000 and 10,119 new cases in 2001
- The over 95% Russian-speaking town of Narva in Estonia had over 600 HIV cases for a population of 73,295 in November 2001. In other words, approximately the same number of HIV cases occur in Narva with a population of 73,295 as St. Petersburg in November 1999 with a population of 4.7 million.
- Figures for HIV cases among Russian-speakers in Estonia reveal a proportionately worse ratio of HIV cases to population than in Kaliningrad, the worst HIV affected area of 14 areas in the Russian Federation at the beginning of 2000
- The per capita figures for HIV in Estonia are higher than anywhere in Eastern and Western Europe, and also the Russian Federation (UN AIDS 2002) – and impact even more per capita upon the Russian-speaking population in Estonia
- Conditions of 27 Russian-speaking prisoners in one room in Rummu prison in Estonia in 2000 highlight the need for increased vigilance and transparency in the Estonian prison system to prevent HIV cases rising to levels comparable to prisons in the Ukraine, especially given the fact that over 5% of prisoners in Rummu/Murru prison are now HIV positive.

¹² 72 new HIV cases in Lithuania compared to over 766 in Latvia in 2001

¹³ 72 new HIV cases in Lithuania for a population of approximately 3.5 million in contrast to 1,474 new HIV cases in Estonia in 2001 for a population of approximately 1.5 million

Section five

Social context and identity: The future of Russian-speakers' secondary education in Latvia and Estonia

Analysis of identity in adolescence and early adulthood must recognise that identity is not simply an internal process but is also a socially embedded process (Marcia 1966; Cote & Levine 1988). External environmental barriers to identity frequently affect ethnically and/or economically marginalized communities (Yoder 2000). The European Monitoring Centre for Drugs and Drug Abuse (EMCDDA) report (1998) concludes regarding EU countries:

In many countries, heroin dependence is concentrated among marginalised subgroups... Problems linked to increased social exclusion of marginal groups, including addicts, are reported in some countries (p.14)

The relationship between heroin addiction and social marginalisation is repeatedly stressed in subsequent EMCDDA reports (1999; 2000). The 1999 report observes the link between heroin and poverty in France (p.10), between heroin and 'marginalised communities' (p.11) including the Roma minority in Spain, and notes that some members of the EU have drug prevention campaigns targeted to ethnic minorities (p.26). The 2000 report observes a European 'trend towards viewing the drug problem in a broader context encompassing issues of poverty, unemployment and social exclusion' (p.23). It reiterates that high-risk groups for drug use include 'ethnic minorities', the 'socially deprived' (p.26), and refers specifically in the context of heroin use that high-risk groups include 'marginalised minorities' (p.8).

It is well recognised that unemployment causes and reflects an increased likelihood of physical and mental health problems (e.g. Luft 1978; Brenner 1973; Berg & Hughes 1979). Comparison of an Irish sample of marijuana users and heroin addicts found a direct relationship between drug of choice and objective life stress as assessed by demographic and biographical detail elicited by questionnaire (Delaney-Reid 1988). In other words, an objectively more stressful environment was a predictor of heroin use over use of the softer drug, marijuana.

The themes of unemployment and the social status of the minority Russian-speaking group in Estonia was a frequent theme in many of the interviews with the heroin addicts in section two. A striking feature of many of the interviewed addicts backgrounds is the very high level of early school leaving. This amounts to the loss of a potentially significant social support (Rutter 1985). Moroz (2002, Kopli Methadone Maintenance Programme, personal communication) estimates that typically the heroin addicts on the methadone maintenance programme in Tallinn have finished only 9th grade at school, though up to 30% finish 12th grade, namely, those who usually start taking heroin at a later age.

Current integration plans for the Russian-speaking minorities in both Latvia and Estonia need to be examined against this backdrop of social marginalisation of at risk youth among the minority ethnic group (see also Allaste 2002 on the marginalised position of Russian-speakers in North-Eastern Estonia¹). The Latvian State integration programme 'The

¹ Though see also Allaste & Lagerspetz 2002 on the affluent elite 'club' culture among 'young well-educated urban professionals' (p.198), largely ethnic Estonians, who use ecstasy and amphetamines and who 'do not approve of using drugs intravenously' (p.194)

Integration of Society in Latvia' proposes radical reform of the school system for the Russian-speaking minority from 10th grade onwards. After a transitional stage where 75% of 10th grade classes will be taught in the Latvian language, all classes from 10th grade onwards will be in Latvian by September 1st 2004, according to the Latvian Law on Education, adopted on 29th October 1998. The current Estonian State Programme similarly envisages a transitional period prior to all classes being in the Estonian language from the 10th grade onwards. Until recently the deadline for transition was 2007. Recently this deadline has been extended as a high school seeking to teach through the Russian language may apply through its board of trustees for permission from the government based on an application from the respective local council to teach in Russian. Yet the recent amendments also require that schools must propose measures that would provide for the eventual transition of instruction to Estonian² (The Baltic Times, March 28-April 3, 2002).

The Minister for Education³, Mailis Rand, has argued that Estonia's main problem in education is not one of language but of the drop-out rate in secondary schools (The Baltic Times, February 7-13, 2002). With a drop-out rate of over 1,000 students at secondary level each year, Rand is quoted as stating that students:

are deprived of any proper training that would help them to make ends meet
(The Baltic Times, February 7-13, 2002, p.4)

Despite these arguments, and recent amendments delaying implementation of a full transition to schooling in Estonian due to difficulties in finding sufficient teachers with a proficient command of Estonian to teach in Russian-speaking areas, the current Integration Programme for Estonia remains one where the emphasis is on Estonian language learning rather than remedying early school leaving.

The overwhelmingly disproportionate amount of injecting heroin users among the Russian minority in particular in Estonia, combined with the dramatic increase of HIV cases in both countries in recent years (also disproportionately affecting the Russian-speaking minorities in both countries and predominantly spread by IDU's) cannot be separated from issues of early school leaving and the proposals for language reform. Preventing and breaking the cycle of early school leaving, injecting drug use and HIV needs to be an urgent social policy priority in any future integration programmes and the danger of increased early school drop-out among the less academic Russian-speaking students needs to be examined with regard to the Latvian and Estonian integration reforms in education.

Consideration of issues of integration needs to recognise that there is a diversity among Russian-speakers not simply in terms of ethnicity,⁴ but also in the degree to which a particular individual identifies him or herself with a social identity of belonging to a group of 'Russian-speakers'. Elsewhere, categorisation by ethnicity has been questioned as failing to adequately express an individual's social identity (see e.g., Bonnett & Carrington 2000 in the British context and Brice Heath & McLaughlin 1993 in the U.S. context, as well as post-modernist critiques of essentialising labels of class or ethnicity, Simons & Billig 1994; Sayer 1997). Moreover, a social class based analysis would suggest that those Russian-speakers who are benefiting economically from the transition to market economies in Latvia

² The amendments were narrowly approved 44-34 with 23 abstentions in the 101 seat Parliament (The Baltic Times, March 28-April 3, 2002)

³ Prior to the recent 2003 general elections

⁴ See section one for an account of the different ethnic groups underlying the oversimplified categorisation as Russian-speakers

and Estonia are not necessarily going to identify with the needs of more socially disadvantaged Russian-speakers who are at risk of early school drop-out. Against the backdrop of a prevailing ethos of economic individualism, it may even be argued that individualism is a more fundamental social identity than ethnicity as such, whether expressed in terms of categorisations such as 'Russian-speakers' or otherwise.

a) Labelling students as failures if they have difficulty learning in classes in their second language

MacDevitt (1998) highlights that one direction for educational reform in a European context is 'the recognition of achievement for all students' (p.47) (see also Kelly 1999 p.141). The danger of the current Latvian and Estonian integration plans is that many from the ethnic Russian minority will be labelled failures by the educational system if the proposed changes to language in Latvian/Estonian schools are implemented – when as a consequence of the implementation they have difficulty learning in classes in their second language. Such a high level of Latvian/Estonian language skills to study all 10th to 12th grade subjects (or even 60% of classes in Estonian after 2007) is a very high level of academic expectation. Some headmasters in several schools in Daugavpils, Latvia, have already observed that the transition to classes in Latvian for Russian-speakers is especially difficult for pupils whose skills and abilities are below average (Poleshchuk 2001b, p.24). Warnock (1977) emphasises that the educational curriculum must be 'genuinely suitable for all, not suitable only for the middleclass or the most academic' (p.84). Gardner's (1993) examination of multiple types of intelligence in educational psychology proposes numerous different types of intelligence, e.g., linguistic, musical, logical-mathematical, spatial, bodily-kinesthetic and personal. This highlights the need for the educational system to be flexible enough to allow for expression of different types of intelligence and not just linguistic (verbal) ability (see also McDermott et al. 2001 on differences between verbal and non-verbal learning). MacDevitt (1998) expands on this theme of recognising different types of intelligence and achievement and emphasises the need for avoiding labelling less academic students as failures, referring to:

...the need to provide recognition of achievement, particularly for more marginal students. Recognition is seen as a preventative measure which avoids some pupils being seen as failures and lessens the chances of premature drop out (MacDevitt 1998, p.47)

A focus on achievement would require a focus on developing primarily the strengths of the student (see also McKeown, Haase & Pratschke 2001) rather than tying the student's educational progress to development of a potential weakness in the student regarding Latvian or Estonian language learning. The Estonian plan follows a deficit model of educational assessment where, in effect, the student is to be blamed for failing to reach certain standards necessary to 'live and survive' (p.22) rather than grow and develop as a person in a broader educational context. Any discussion of personal growth and needs of the student is restricted to linguistic knowledge with even the statement that Estonian is '*the*' language of 'selfrealisation' (p.29) (my italics).

Pavelson & Vihalemm's (2002) recent examination of some Russian-speaking students attending Estonian language high schools suggest that their results in national tests could

have been higher if they had attended Russian-speaking schools, although their attendance at Estonian speaking schools helped their Estonian language and ability to learn in university courses through the Estonian language. They refer to students such as ‘Anna’, ‘in case I had finished a Russian school, I would have had greater opportunities – I would have had better results of the National Tests’ (p.269), and Tanya ‘I think that if I had finished a Russian school, the academic results might have been better. My classmates from the Russian school, who had lower academic results than me, achieved better results at National Tests’ (p.269). Key differences between these students (in the account of Pavelson & Vihalemm 2002) who found their attendance at Estonian schools highly useful for their language levels for university - despite their lowered overall academic grades – and less academic Russian-speakers are:

- a) these students and/or their parents *chose* to learn through the Estonian language
- b) these students are high academic achievers who seek to go to university.

Yet even these highly motivated, high academic achievers suffered from a significant decline in their overall academic grades as a result of learning subjects through their second language. While such students may have some margin for error with regard to their overall academic decline in grades, those Russian-speakers who are less academic are even more at risk of a fall in their academic grades to a level where they have no margin for error; further academic decline for the less academic Russian-speaking students means academic failure, demotivation and extremely high probability of early school drop-out.

A plethora of educational theorists and educational psychologists recognise the danger of labelling students as failures (e.g. Merrett 1986; Glasser 1969; Warnock 1977; Handy & Aitken 1990; Casby 1997; Kellaghan et al 1995; MacDevitt 1998; Kelly 1999) with the consequent knock-on effect of early school drop out. In the words of Kellaghan et al 1995:

A first influence [on early school drop out] is school failure. While there may be occasions when young people who are doing well may leave school, the vast majority will have had a history of doing badly. The issue of school failure is intimately related to the breadth/limits of the curriculum. With a broader curriculum, there is a greater chance of achieving success in some domains, while *a curriculum which is based on academic learning only will ensure success only for those with an academic aptitude* (p.92) (my italics)

In the Estonian integration document, a missed opportunity for dealing with social integration of low academic achievers also occurs in the section concerning the need for speech therapists (p.34) which once again only narrowly focuses on speech therapy in the context of learning the Estonian language. If there is no flexibility, but rather, an overly academic emphasis on learning subjects in the Estonian or Latvian language, the words of Handy & Aitken (1990) would predict alienation⁵ and loss of identity for the less academic among ethnic Russian students:

the loss of identity and sense of anomie of many students [occurs] in an organization where such academic values are overemphasised and other experiences and achievements are under-expressed (p.28)

⁵ Markus Warasin, Secretary General of the Brussels-based European Bureau for Lesser Used Languages is quoted as stating that there would be a risk of alienating children from the Russian-speaking minority in Latvia if they were cut off from their mother tongue ‘It’s not just a matter of education, but of the social impact...You don’t want some kids in Latvia to feel less good about themselves than the rest’ (The Baltic Times, April 11-17, 2002)

Rosenberg (1965) describes self-esteem as feeling that you are 'good enough'. Self-esteem is positively associated with school achievement (Purkey 1970; Brookover et al 1964; Hay, Ashman & van Kraayenoord 1997). Morgan (1998) cites Kaplan et al's (1994) North American study of 4,141 young people tested in 7th grade and once again as young adults which found a significant damaging effect of dropping out of high school on mental health functioning as measured by a 10-item selfderogation scale, a 9-item anxiety scale, a 6-item depression scale and a 6-item scale designed to measure coping. This effect was also evident when controls were applied for psychological mental health as measured at 7th grade. Moreover, the significant damaging effect of dropping out of school was also evident even when controls were applied for gender, father's occupational status, and significantly for at least some level of comparability with Latvia and Estonia, ethnic background. Academic failure, ascriptions of low levels of 'social competence' by society, low self-esteem, early school drop-out are all a recipe for increased escape into drug taking – and from current trends in the Baltic States, heroin addiction. Programmes based on finding ways for at risk, less academic, minority youth to be rewarded and given labels of success are at best vaguely referred to in the Latvian plan and are totally lacking in the Estonian integration plan. Kellaghan et al (1995), commenting on the experience of U.S prevention of early school leaving schemes, emphasise that:

success in one kind of target domain may have a snowball effect on other kinds so that the net beneficial effect may be greater than predicted for any one domain (p.90)

The danger is that the current trajectory of the planned restructuring of the educational system in Latvia and Estonia will bring a snowball effect of failure for the less academic and less verbally skilled among Russian-speaking minority youth – and will fail in its declared aim of including these minority groups as a positive resource for each respective society. Adjustment into the Procrustean bed of an imposed, academic, language curriculum betrays *not merely a lack of a detailed strategic plan for their success but also an apparent indifference as to their failure.*

Both integration documents refer to the need to make the ethnic minority groups loyal to the Estonian and Latvian state respectively⁶. Yet loyalty is arguably best achieved through avoiding early school drop-out and its consequent alienation from the social system with heightened risks of escape into drug taking including heroin use and consequent risk of HIV. Fein & Spencer (1997) found that individuals who experienced a threat to their self-image in academics used their evaluations of others (i.e. negative evaluations of members of a stereotyped group) to feel better about themselves and restore a positive self-image. A possible implication of this finding is that those labelled academic failures among the Russian-speaking minorities in Estonia and Latvia would seek to restore their self-image through negative evaluations of members of a stereotyped group, with one such group being ethnic Estonians or Latvians respectively. Similarly, Spencer, Fein & Lomore (2001) found that:

When people were self-affirmed...they were less concerned with repairing their self-image vis-à-vis others (p.58)

⁶Kalmus & Pavelson (2002, p.227) similarly refer to 'loyal citizens-to-be of Estonia', while the issue of loyalty is also observed in the Estonian context by Asser et al (2002, p.240)

b) Targeting educational support to less academic students through a broader curriculum

From an educational perspective, the emphasis of both integration programmes on language is an emphasis on transmission of knowledge and curriculum as (language) content, rather than education as development i.e. responding to the developmental needs of the individual. Kelly (1999) criticises educational models predominantly based on education as transmission of knowledge and curriculum as content (see also Hunting 2000, p.245) as being simplistic and failing to be child-centred:

The idea of education as transmission or of curriculum as content...is simplistic and unsophisticated because it leaves out of the reckoning major dimensions of the curriculum debate. In particular, it does not encourage or help us to take account of the children who are the recipients of this content and the objectives of the process of transmission, or of the impact of that content and that process on them, and especially their right to emancipation and empowerment (p.53)

The focus on a top-down imposed language curriculum irrespective of the needs and abilities of the student is a failure to provide a child-centred education arguably contrary to the UN Convention on the Rights of the Child. The Concluding Observations of the Committee on the Rights of the Child for Latvia (2001) has already criticised the Latvian plan to abolish Russian-speaking schools from grade 10 onwards by 2004. Moreover, the timescale envisaged in the Latvian plan allows for a much shorter period of adjustment than in the Estonian plan. The focus in both the Latvian and Estonian integration documents is on processing the student into an *imposed* language curriculum content. This is strikingly in contrast with the child-centred reforms in education advocated by IFAPLAN (1988), the German research Institute with responsibility for coordinating projects in the EC concerning transition from school to work. Their report concluded:

These changes have meant a new climate in secondary education. In the schools, the effect has been a push towards putting the student more at the centre of the teaching/learning process. The challenge is to stimulate re-thinking of the use of the school and its resources in terms of what it can do for her/him, instead of how young people can be fitted into what the school-system, or individual subject-teacher, have traditionally offered

In O'Donnabhain's (1998) words:

As the IFAPLAN working document reported, it was no longer possible for schools to insist on young people fitting into whatever the school decided. Disgruntled young people react in one of two ways - they either rebel openly and cause major discipline problems or they simply drop out and grow up as a part of the deviant section of the society. Thus many educational initiatives attempt to put the young persons at the centre and allow the learning environment to grow around them so that they can develop a sense of active citizenship (p.46/7)

Moreover, Banks (1994) argues that too rigid and unsuitable curricula and insufficient attention to personal development are important contributory factors to early school drop-out (see also Casby 1997), while Higgins (2001) rejects a view of a homogenous mainstream of high-school students in the context of New Zealand.

c) Student autonomy and motivation for learning

Peters (1965,1966) describes a key difference between education on the one hand and training, instruction or indoctrination - a difference frequently recognised in research on education. This difference is individual autonomy without a concern for which, according to Peters, no process of teaching can be called education. Therefore, from Peters' well-known perspective, an imposed language curriculum upon students in the Latvian and Estonian integration documents amounts not to education but to training, instruction and even indoctrination due to the lack of autonomy given to the student. This imposed dimension occurs despite the rhetoric in the Estonian document emphasising autonomy of the individual:

Focus on the individual means that integration into society is the result of the free choice of the individual, not a decision dictated from 'above'. An individual's attitudes and understandings change above all on his own initiative and the State's task is to create conditions favouring this change (p.15)

With regard to diversification of measures for the organisation of teaching, one of the criteria for assessing the effectiveness of activities in the Estonian document is student motivation (p.30). Yet lack of autonomy is well recognised in Western cultures as damaging student motivation. For example, teachers who are autonomy supportive, in contrast to controlling, catalyze in their students greater intrinsic motivation, curiosity and desire for challenge (e.g. Deci, Nezlek & Sheinman 1981; Flink, Boggiano & Barrett 1990; Ryan & Grolnick 1986; Deci & Ryan 1992; Ryan & Stiller 1991) and students taught with a more controlling approach not only lose initiative but learn less effectively, especially when learning requires conceptual, creative processing (e.g. Amabile 1986; Grolnick & Ryan 1987; Utman 1997; Glasser 1986). However these findings on motivation in education would obviously gain strength if replicated on an Eastern European student body as student schemas about the qualities of an effective teacher arguably do depend on cultural context. Beishuizen et al (2001) observe a difference in expectations of what constitutes a 'good' teacher when comparing a primary and secondary school sample of students in Britain. Primary school students focused on transfer of knowledge and skills whereas secondary school students emphasised *relational* aspects of good teachers. On the assumption that secondary students' emphasis on relational aspects of student-teacher interaction is an appreciation of relationships which are not authoritarian, a relational emphasis would thus prioritise a role for autonomy with regard to motivation and learning⁷. Similarly, Mac Iver et al (1991) found that extrinsic pressure did bring increased effort among middle school students but *not* among high school students, while Gottfried, Fleming & Gottfried (2001) found that for a U.S. sample, it was in the later high school years that academic intrinsic motivation dropped most, particularly for maths and also reading and science. Thus the lack of autonomy concerning language learning for 10th grade students onwards in both the Estonian and Latvian integration proposals for education *will impact upon the student age cohort which is already most vulnerable to decline in motivation in education as well as most resistant to attempts at external imposition of tasks.*

⁷ However, interpretation of autonomy in a different context of the mother-adolescent relationship was subject to different interpretations affecting motivation based on social class (Boykin McElhane & Allen 2001)

The collective effect of demotivated peers must also be recognised as a real problem leading to increased school drop-out, if a compulsory immersion in the Latvian/Estonian language is implemented (see Morgan 1998, p.81 for an account of peer influence on early school drop-out). Moreover, it must be noted that the option of retaining Russian-speaking minority students in classes of lower level if they fail to reach sufficient standards of communication in the Latvian or Estonian language respectively is an option which would be rejected by a vast amount of educational research which has failed to find support for any form of grade retention as an effective intervention for most students with low achievement or marginal socioemotional adjustment (Hauser 1999; Jackson 1975; Holmes & Matthews 1984; Fowell & Lawton 1992; Smith & Shepard 1987; McGill-Frantzen & Allington 1993; Jimerson et al 1997; Jimerson 1999; Ferguson, Jimerson & Dalton 2001).

d) Consultation and choice for parents of Russian-speaking students in the education of their children

An imposed Latvian/Estonian language content to the curriculum from the 10th grade is independent of the wishes of the parents of the Russian-speaking minorities, namely, the primary educators of the student. Representatives of significant numbers of parents of Russian-speaking pupils attended the conference 'To study in the Native Language' in Riga, Latvia, on 25 November 2000. The statement of the conference participants appealed to the government and parliament for changes in the current educational policy in Latvia which they believe is aimed at assimilation of minorities. They demanded lessons *of* Latvian, not *in* Latvian (except for certain subjects). They emphasised that for this purpose the preservation (and restoration) of Russian is required. The non-governmental organisation in Latvia, LASHOR (Latvian Association for Support of Schools with Russian language of instruction) similarly seek to maintain high school education in the minority language. LASHOR criticise the Latvian Ministry of Education and Science for trying to introduce bilingual models in schools without a developed methodology of bilingual education, without preliminary training of teachers and without the necessary textbooks and study aids. They state that bilingual education is to be introduced only when there is an adequate framework for support and support for appropriate educational methodology. Other local commentators, such as Pabriks (2000), reject the idea that bilingualism in the Latvian context is equal to assimilation, but also criticise the adoption of a bilingual education model without proper preparatory measures. The Latvian document expresses the laudable sentiments:

The integration of society in Latvia is a partnership between persons belonging to different social groups, Latvians and non-Latvians, citizens and non-citizens, a process in which each side is actively involved (p.11)

However, an imposed language curriculum and abolition of Russian language schools from the 10th grade from 2004 onwards, against the wishes of significant sections of the Russian-speaking population (parents and students) is not the reality of partnership .

The rhetoric of the Estonian integration document states that:

integration is clearly a bilateral process – *both Estonians and non-Estonians participate equally in the harmonisation of society* (p.3)

Yet such proposals need to live up to the rhetoric of equal participation through not merely consultative influence but genuine decision making power being given to parents of Russian-speaking students concerning the education of their children. According to the data of the survey (1999) of ‘non-Estonians’ by the Legal Information Centre for Human Rights in Estonia only 5% of respondents support assimilative models of Russian school education (classes with Estonian as the language of instruction) and 14% argue that only basic school in Russian should remain. As little as 11% supported the (former) official model proposed in the Estonian Integration plan. The rest of the respondents are in favour of preservation of Russian language education in Estonia and / or different bilingual models. Poleshchuk (2000) concludes:

These figures demonstrate that only 1/3 of non-Estonians support or are indifferent to the perspectives of the Russian-speaking community assimilation or ‘radical integration’ (p.3)

Furthermore, three years ago only two parents of children at Pähklimäe High School in Narva supported the switch to schooling in the Estonian language in 2007 (Baltic Times April 4-10 2002). Järve (2001) summarised the main issues of concern expressed by participants in a workshop on multiculturalism and minority education in Narva-Jõesuu in June 2001. Firstly, are Russian-speaking parents free to choose the language of instruction for their children under present Estonian circumstances⁸ ? Secondly, with regard to Russian-speaking children in Estonian schools there are many psychological difficulties which should not be overlooked (Järve 2001).

The lack of autonomy given to the ethnic Russian-speaking students and parents in Latvia concerning compulsory classes in the Latvian language from the 10th grade by 2004 is not simply a failure to utilise but also is in danger of damaging, the role of a very important potential resource in the educational life of the student, namely, his or her parents. Leading figures in developmental psychology, such as Vygotsky (1978) and Bronfenbrenner (1979) have highlighted the important role of the parent in the educational development of their children (see also Bandura et al 2001). Ekstrom, Goertz, Pollack & Rock (1986) describe how the educational support system of the home had the most impact on school performance in their analysis of early school drop-out in the U.S context (see also Eged, McIntosh & Bull 1998). Consultation with parents had been found to be just as important as direct interventions with children, if not more so (Conoley 1987). An examination of the reasons for high academic achievement of Chinese and Japanese children compared to U.S children (Stevenson et al 1990) located the attitudes of the Chinese and Japanese families, in particular mothers, as a significant influence on student performance. Moreover, Overett & Donald (1998) observed statistically significant improvements in reading accuracy, comprehension as well as reading attitude and involvement for parental involvement in their children’s reading in Grade 4 classes in a disadvantaged community in South Africa. Social reinforcement of parents of truanting students served to increase attendance whether contacted by the school principal or secretary (Sheats & Dunkleberger 1979) though much would presumably also depend on the attitude of the parents themselves.

The need for partnership between the student’s family and the school has been advocated in the EC context (MacBeth, Corner, Nisbeth, Ryan & Strachan 1984) and beyond (Epstein 1990; Kroth 1989). In the Irish context, the need to involve parents more actively in their children’s education was recognised in the national programme of special measures for schools in disad-

⁸ Tatyana Zarutskih, Director of Pähklimäe High School in Narva states that ‘The Russian diaspora must have a right to choose the school language’ (Baltic Times April 4-10 2002)

vantaged areas (1984) and the report of the Irish Department of Education Working Party on the Primary School Curriculum and the Disadvantaged Child (1985) (see also Burke 1992). The Irish White Paper on Education 'Charting our Education Future' (1995) further affirmed the crucial role of parents 'in forming the child's learning environment' and pointed to the need for positive attitudes to education and to encourage self-esteem. In the British context, a practitioner and academic consensus has developed over a large number of years that a lack of dissonance between home and school, and parents' involvement in their education in both settings, is in students' best educational interests (David 1993). While acknowledging the need for some boundaries between school and home contexts from the student's point of view, Edwards & Allred (2000) state that this prevailing view on the centrality of parental involvement transcends the British context:

Across the political spectrum, parental involvement and home-school partnership are regarded as, variously, enhancing the educational performance of children from deprived socio-economic backgrounds, or as a market mechanism or communitarian approach to improving schools' effectiveness for all children. This orthodoxy is evident not merely in Britain but, given the global nature of the processes of familialisation and institutionalisation, is either entrenched or growing internationally (p.437)

An argument can clearly be developed that the optimum focus of an effective programme to learn the Latvian or Estonian language would need to have the positive support of the parents of the Russian-speaking minority students. This suggests two aspects:

- The need for a strategy for adult education of the parents of the Russian-speaking minority children so as to encourage their *direct* involvement in the learning of the Latvian/Estonian language of their children particularly in the early years of school,
- Imposition of the Latvian/Estonian language as the pervasive language of the later years of school against the wishes of the parents of the students will have very limited effectiveness and will serve predominantly to demotivate both parent and student – and alienate them from the educational system.

The key difference between aspect i) and aspect ii) is that learning of the Latvian/Estonian language in aspect i) is *voluntary* not imposed. Reference is made in a marginal way to the role of parents in the Estonian document, while being virtually absent in the Latvian document. A potentially promising though undeveloped reference to the role of parents in the Estonian integration programme is regarding extracurricular activities which mentions 'the system for family study' (p.31). The 'wishes of parents' (p.22) are also mentioned as one voice for consultation with regard to the curriculum in Estonia, and 'parents' desire' to send their children to Estonian-medium schools is discussed (p.26), *though with no mention of 'parents' desire' to have their children attend Russian-medium schools*. Similarly, the Report of the Government of Estonia (2000) refers to the role of Russian-speaking parents as being four times more likely than their children to want the child to transfer to Estonian speaking schools (p.25) and observes the increasing number of Russian-speaking parents placing their children in Estonian speaking kindergardens and primary schools (p.19). At least the Estonian documents give some acknowledgment of scope for active parental involvement whereas the Latvian document merely refers to an 'information programme for parents' (p.61) with nothing at all about an active contributory role for parents with regard either to integration or their children's education. Both the Latvian and Estonian documents are a missed opportunity to involve parents of minority children in an

active way in the education of their children⁹ – and miss the opportunity to motivate parents to monitor their children’s progress in Latvian or Estonian, or even to devise programmes to motivate both parent and child to learn the Latvian or Estonian language together.

Elsewhere in the Estonian document the underlying assumption exists that it is only the children but not the parents who are of concern for political participation:

The younger generation of non-Estonians who have received a secondary and higher education in the Estonian language will become partners in the dialogues taking place in Estonian cultural life, politics and the economy (p.21)

This invites the question as to whether their parents are to be partners in the educational (and political) dialogue concerning their children? Kovacs (2002) refers to the danger in the Eastern European context that policy-makers will ‘act as gate-keepers to filter demands of ethnic groups’ (p.23), while the Latvian document mentions that ‘on the psychological level, integration is the ability to trust’ (p.8). Will future Latvian and Estonian documents concerning integration actually trust the Russian-speaking parents through giving them an active role in the dialogue concerning their children’s education as well as facilitating their active involvement in their own children’s general learning and also learning of the Latvian/Estonian language?

e) Student participation in school activities and community activities as a protective factor against school drop-out

Participation in even one extracurricular school activity is associated with a reduction in rates of early school dropout, particularly for high-risk youth (Mahoney & Cairns 1997). Mahoney (2000) defines participation as one or more years of involvement in the extracurricular activity and states:

The participant is attracted to the activity and is likely competent in that area or may even excel. Unlike preventive interventions that attempt to correct academic or social deficits by remedial work, extracurricular activities may foster a positive connection between the individual and school based on the student’s interests and motivations. The specific activity pursued may be less important than the act of participation itself (p.503)

A key point emerging from Mahoney’s (2000) empirical research which arguably goes beyond its U.S context is that for at risk youth ‘the simultaneous participation of their peer social network in school activities was critical’ (p.512) to the associated reduction in school dropout and criminal arrest. Morgan (1998) cites a study by Beacham (1980) which found that over 60% of high school drop-outs were not involved in any extracurricular activities during their high school years – a level which is significantly higher than any estimates of the overall number not participating in such activities. Morgan (1998) also refers to McNeal’s (1995) attempt to specify whether certain types of extracurricular activities were more influential than others in preventing dropping out. From a database of over 20,000 high-school students, it was found that participation in *activities such as sports and fine arts*

⁹Pabriks (2002) examination of representation and ethnic discrimination in Latvian state and local government institutions observed the weak involvement of the Russian-speaking minority in the process of the State’s renewal and “the consequent lack of representation in newly created institutions” (p.50)

significantly reduced the risk of dropping out, whereas participation in academic or vocational clubs seemed to have less effect. The beneficial effects of sport and fine arts remained even when important factors like race, socio-economic status, gender and ability were controlled. A strategic plan targeted to the less academic students among the Russian-speaking minorities in both Estonia and Latvia to develop their engagement in extracurricular school activities is clearly needed as a protective factor against a life of early school drop-out, heroin and heightened risk of HIV (as well as against other risks associated with early school drop-out such as involvement in the sex industry in particular, for female early school leavers who cannot find a job without the state language). Two promising examples of extracurricular activities involving fine arts, mentioned in the Latvian plan relate to (i) minority children and youth festivals 'Zelta Kamolins' (Golden Ball) involving organisation of folklore and choir festivals and concerts of minority school choirs and folklore ensembles as well as theatre performances and (ii) Interactive Radio Competition for young people broadcast live with performance of songs in languages of different nationalities broadcast by radio stations most popular among adolescents. Reference to extracurricular activities in the Estonian integration plan suggests the provision of language camps and co-operation between schools¹⁰. McNeal's (1995) study would suggest that if these are focused on activities such as fine arts and sports, rather than being predominantly academic, they would be more likely to contribute as a protective factor against early school leaving.

Brice Heath & McLaughlin's (1993) conclusion from examination of sixty different youth organisations involving approximately 24,000 youths in the U.S context concludes that the need to establish organisations outside the educational institution context is also a vital one:

Currently, those youth leaders and organizations judged most effective by young people do not define themselves with reference to schools. Most exist with relatively little recognition from or similarity to schools; most of the young who come to these organizations, in fact, regard school as a place that has rejected and labelled them by what they are not rather than what they are (p.4)

The Latvian integration document conceives of (presumably state supported) youth organizations, what Berger & Neuhaus (1977) would term 'mediating structures', as an important part of integration in Latvian society. There is an enormous need for a detailed strategic plan for such organizations as part of integration in both Latvia and Estonia targeted at at risk youth.

f) The interrelation between linguistic-communicative and socio-economic integration

The Estonian State Programme 'Integration in Estonian Society' recognises three dimensions to integration, namely, linguistic-communicative integration, legal-political integration and socio-economic integration. However, its overwhelming focus is confined to the first dimension, linguistic-communicative integration. The latter two dimensions are relegated to the status of "long-term" aims i.e. aims achievable later than 2007 (p.17) though with some scope for socio-economic issues to be faced at a regional rather than national level in the

¹⁰ Art 19 of the Law on Education of the Republic of Lithuania (1998) recognises: 'Educational institutions of Lithuania may have children and youth organizations designed to foster moral, civic, cultural, physical and social maturity of pupils and help to meet their needs in self-education and self-expression'

short-term through a regional development plan (1998-2003) for the predominantly Russian-speaking Ida-Viru region, a social plan for Ida-Viru county to deal with unemployment, and an 'Estonian regional development strategy'. Issues regarding socio-economic integration are treated as being "too complicated" (p.18) to be dealt with by the State Integration Programme. This approach noticeably diverges from that of the Latvian integration document 'The Integration of Society in Latvia' which recognises that "the integration of society is closely linked to social and regional problems; the course of discussions strengthened the conviction that a section on social integration should be an integral part of the programme" (p.5). The broader scope of the Latvian plan is evident from its subsections 'civic participation and political integration', 'social and regional integration of society' and 'education, language and culture'. Moreover, the Latvian integration plan commits to particularly support disadvantaged regions (p.51), to increase investment in disadvantaged regions (p.51), to an action plan for each town (p.45) and to lifelong education for the disadvantaged and longterm unemployed (p.41). The new institutional set-up foresees the creation of a Social Integration Foundation (in charge of selecting projects and securing financing) and the Law providing for the creation of the Foundation was adopted by Parliament in July 2001. *Yet despite the broader scope of the Latvian plan which purports to examine the integration issue in a manner broader than focusing on simply language learning, the concrete consequences of the Latvian plan place even more emphasis on language learning than the Estonian plan, as all classes will be in the Latvian language from 10th grade onwards, commencing September 1st 2004.* Thus despite the potentially broader focus of the Latvian educational reforms highlighting socio-economic problems underlying educational reform, the reality of the Latvian proposals is the total abolition of Russian-speaking secondary schools by 2004 so that linguistic-communicative competence is the overriding goal of the educational reform plans for Latvia although at first glance it may seem that the Latvian proposals are couched in apparently more moderate language than the Estonian reform plans.

The ECMDDA (2000) report recognises that truancy and school suspension and expulsion is not desirable as non-school attendance leads to heightened risk of drug use. Similar conclusions that absent students are somewhat more likely to be involved in various substances use than students consistently in school have been found in international studies (e.g. Grube, Morgan & Kearney 1989; Andersson, Hibell & Sandberg 1999). Moreover, absent students in Sweden were found to have more 'advanced' drug habits (Andersson, Hibell & Sandberg 1999). Enrolment rates in secondary schools in Latvia, Romania and (in particular) Bulgaria are much higher for 16-18 year olds from households in the top quintile of income (per capita) than for those from households in the bottom quintile (UNICEF 2001)¹¹. The wealthiest two-fifths of households in Latvia have enrolment rates of 88 and 86% respectively, whereas the poorest fifth of the population have an enrolment rate of only 57% (UNICEF 2001). p.22). *While the Latvian document refers to the need for social policies to reduce early school drop-out, this policy goal is totally undermined by the overriding goal of abolishing Russian-language secondary schools.* In contrast to the Latvian plan which recognises somewhat the problem and commits to action plans for at risk areas, *the Estonian document ignores these problems of early school drop-out almost completely through its framing the terms of its document in terms of linguistic integration and postponing any discussion of socio-economic and political integration until after 2007.* Moreover, the Report

¹¹ In contrast to the other countries examined, Russia, Azerbaijan, Tajikistan and Uzbekistan (UNICEF 2001)

¹² This extremely high percentage of school absentees was obtained even despite the low sample in ESPAD 1999 of the most at risk population in Estonia, namely, Russian-speaking males from Eastern Estonia (see also Section 4)

of the Estonian Government (2000) only refers to drop-out among Russian-speakers in the context of *university* education (p.45). These omissions are all the more serious given that Estonia was found to be in the top three countries in the ESPAD 1999 survey for highest percentage of students absent from school due to truancy (together with Italy and Poland with 41-45% of students absent) in the previous thirty days¹². The focus of the Report of the Government of Estonia (2000) is on Russian-speaking children acquiring knowledge in school 'of how to cope and survive in Estonian society' (p.21). This focus may be criticised not simply for its underemphasis on child-centred notions of development of potential for growth of the individual (see also UN Convention on the Rights of the Child) through acknowledging only survival needs, but also for silence on how those who are at risk of early school drop-out will 'cope and survive in Estonian society'.

In Romania there is a national project and several regional projects for preventing early school leaving focusing mainly on children from the minority Roma community as well as areas of most poverty (Romano 2001 personal communication). The European Council of 15 December 1997 adopted a resolution setting out Employment guidelines for incorporation into national employment action plans to be drawn up annually by member states. One of the areas concerned reduction of the numbers of early school leavers. Member states are required to assess the situation as regards the problem of early school leavers, establish their objective concerning the reduction of drop-outs and explain the strategy and measures they intend to develop to improve the quality of their educational systems. A comprehensive integration plan in both Estonia and Latvia must surely include comparable strategies to deal with early school leavers, especially within the Russian-speaking minority. Moreover, Art 28 e) of the UN Convention on the Rights of the Child (ratified by all three Baltic States) requires States to 'take measures to encourage regular attendance at schools and the reduction of drop-out rates'¹³.

g) Social competence

The Estonian plan with its 'main emphasis' (p.4) on *linguistic-communicative* integration develops four sub-programmes in detail: (i) 'education', (ii) 'the education and culture of ethnic minorities', (iii) 'the teaching of Estonian to adults', and (iv) 'social competence'. The Latvian plan similarly emphasises social competence though it will be seen that the very conception of what social competence means is different to some extent in both documents. The modern study of social competence can be traced to Thorndike (1920) who defined social competence, which he called social intelligence, as 'the ability to...act wisely in human relations' and argued that it is distinct from abstract and mechanical intelligence. The early research prompted by Thorndike's idea operationalized social competence as social insight, social memory and social knowledge (e.g. Broom 1928;1930; Chapin 1942; Hunt 1928). More recent research has operationalized social competence as socially effective action (e.g. Brown & Anthony 1990; Ford & Tisak 1983). Some commentators emphasise social competence as involving 'ability to master...developing and maintaining friendships' (Wiest et al 2001, p.122; see also Asher & Parker 1989; Vaughn, Colvin, Azria, Caya & Krzysik 2001). There is

¹³ Section 10 of the Fundamental Principles of the UN Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines) stresses the need for 'preventive policies facilitating the successful socialization and integration of all children and young persons, in particular through the family, the community, peer groups, schools, vocational training and the world of work, as well as through voluntary organizations. Due respect should be given to the proper personal development of children and young persons, and they should be accepted as full and equal partners in socialization and integration processes'.

general agreement in the psychological literature that social competence cannot be reduced to just one or two dimensions, but is multidimensional (Buhrmeister, Furman, Wittenberg & Reis 1988; Duran 1983; Marlowe 1986; Riggio 1986) and involves a diversity of definitions (van Aken 1994; Hubbard & Coie 1994; Rohrle & Sommer 1994). Schneider, Ackerman & Kanfer (1996) divide social competence dimensions into the following categories: social intelligence dimensions, interpersonal personality trait dimensions, social skill dimensions and social self regulation dimensions. They observe that within the social intelligence category, social insight, social memory and social knowledge are included. Their review of interpersonal dimensions to social competence highlight traits such as assured-dominant, warm-agreeable, social closeness and social anxiety. Their review of the literature on social skills with regard to social competence highlight skills such as the sending and receiving of verbal and non-verbal signals as well as coaching, negotiating and conflict management. Aspects of social self-regulation which they observe include self-monitoring and emotional control. Schneider, Ackerman & Kanfer (1996) argue that social competence is 'a compound trait' and also conclude that 'social competence overlaps substantially with the personality domain, whereas cognitive ability (as operationalized by academic performance indicators) is less related to social competence. The more verbally-oriented facets of cognitive ability do, however, overlap to some extent with social competence...' (p.479). In similar vein to Schneider et al (1996), Rutter & Rutter (1992) reject 'social incompetence' as a 'unitary phenomenon' (p.155), while Dodge et al (1986) regard aggression as a form of 'social incompetence'.

The Estonian subprogramme of social competence is divided into three objectives: (a) Inhabitants of Estonia actively participate in the development of the civil society regardless of their nationality and mother tongue, (b) the attitudes of Estonians and non-Estonians contribute to the achievement of the main aims of the state programme and (c) improvement of the situation of groups of the population with serious social special needs. Objective (b) treats social competence not so much as a skill or psychological trait but as an *attitude*. Moreover, valuing Estonia is itself treated as being associated with social competence later in the document (p.44/5) with further reference being made to 'socio-cultural competence' (p.55). This raises questions as to definition of social competence given that it implies that other attitudes or values are socially 'incompetent'. An unfortunate implication of objective (a) and (b) is that those who do not speak Estonian actively or who engage in political dissent from the goals of the State programme are not socially competent or at least are presumed not to be socially competent. A badge of inferiority for those who are not 'socially competent' is a theme which arose with regard to a publicity campaign (Autumn 2001) in Estonia to 'encourage' Russian-speakers to speak Estonian. It portrayed those unable to speak Estonian as tongue tied, with depictions of a man's mouth tied with a lace and a woman's mouth with a balloon in it. Many Russian-speakers in Estonia are said to have found this advertising campaign offensive in its attempt to ridicule those unable to speak Estonian (Kalikova 2001 personal communication). Yet the ethos of the advertisement simply mirrored the narrow and negative conceptions of social competence and incompetence expressed in the Estonian integration document. Furthermore, according to the psychological literature, interactions with friends tend to be associated with social competencies in ways that interactions with nonfriend acquaintances are not (Azmitia & Montgomery 1993; Hartup 1996; Ladd & Kochenderfer 1996; Newcomb & Bagwell 1995, 1996). *Thus, the ability of Russian-speakers to interact with their friends rather than their acquaintances is as much an indication of social competence as simple language learning.*

Oppenheimer (1989) suggests that many aspects of social competence are simply indicators of conformism within a society. Moreover, Durkin (1995) warns of the danger inherent in use of the concept 'social competence':

A possible liability of the notion of social competence is that it can attract prescriptivism. Social competence sounds like such a self-evidently desirable property that it is tempting to confuse it with moral worth and to assume that it expresses an objective standard that all ought to be encouraged to match (p.154)

A further issue relates to Wiest et al's (2001) description of competence as 'the internal drive to be effective and master the environment' (p.113). This approach to social competence which emphasises internal or voluntary dimensions to competence is *prima facie* in tension with a top-down imposed requirement to learn Estonian or Latvian in schools as being for the purpose of social competence. This internal or voluntary dimension to social competence is also implicit in Kavussanu & Harnisch's (2000) examination of assessment of competence as not simply being in comparison with other people but comparison with oneself according to 'self-referenced criteria' (p.237) to assess progress (see also Kelly 1999 on ipsative assessment).

The Estonian document is not so much the politicisation of a scientific psychological concept 'social competence' as the appropriation of a vague, generic psychological category already ripe for politicisation (see also e.g. Burman 1994 for an account of politics within psychological concepts). Social competence is defined explicitly in the Estonian document as 'a person's ability to function adequately on all levels of social life' (p.66). Selective highlighting of certain features of social competence tends to label those ethnic Russians (whether Estonian citizens or the 25% of the population who are not) as in a presumed state of social incompetence if they do not speak adequate levels of Estonian¹⁴. *It has a dual effect of (a) stamping many from the Russian-speaking minority with a badge of failure¹⁵ and (b) is an individualisation of the integration problem which tends to move attention away from the need to improve education, social support and socio-economic conditions in Russian-speaking areas of high unemployment.*

A further example of the individualist ethos of the Estonian integration approach which adopts the twin approach of locating problems of identity mainly within the attitudes of the Russian-speaking minority themselves, and also minimises emphasis on the positive potential role of the State regarding integration, is the words of the Report of the Government of Estonia (2000) which refers to:

the alienated and passive attitude that is widely spread among the non-Estonians [which] must be replaced by the understanding that the opportunities available for each person in Estonian society depend mainly on the *individual* (p.16) (my italics)

In the Estonian integration document the guiding ethos is one of untrammelled individualistic competition in society, while there is an overwhelming silence on what measures are to be taken to support and educate the weaker students, the so-called 'losers' in the 'competition' between students¹⁶. Only a very vague outline is provided of education for social competence as a policy towards helping those with 'serious social needs'. Are low academic achievers or those at risk of early school leaving and consequent drug taking outside the category of 'serious' social needs and thus not deserving of help in a competitive society? This important restriction upon those deserving State attention to 'serious' social needs is nowhere defined as to the breadth of its scope. Nevertheless one welcome example of Estonian State support is the recent (2002) amendment to the Law on Basic and Secondary School. Thus, Article 52(3) of

¹⁴Kalmus & Pavelson (2002, p.232) state in the Estonian context that 'Social competence is inseparably bound to communicative competence, i.e., good command of the official language'

¹⁵Kalikova, Kurbatova & Talu (2002, p.34) refer to "so-called 'alien's syndrome'" among the Russian-speaking minority: "they feel they are second-rate people in Estonia, that their knowledge and competence is not required by society"

¹⁶Similarly the Report of the Government of Estonia (2000, p.5) focuses on socio-economic integration overwhelmingly at the level of the individual, referring to the individual's '...achievement of a greater competitiveness and social mobility in society'

the amended Law now stipulates that “[i]n order to preserve their national identity, students whose mother tongue is not Estonian and who attend schools where Estonian is the language of instruction shall be afforded the opportunity to learn their mother tongue and to learn about their national culture, taking into account regional peculiarities and the curriculum of the school”. However, despite this recent progress the ‘competition’ ethos pervading the Estonian integration document ignores the insights of educational psychology on multiple types of intelligence (e.g. Gardner 1993) and the need for the educational system to be flexible enough to allow for expression of different types of intelligence and not just linguistic (verbal) ability. Against this overall backdrop of a prevailing metaphor of competition among students in the State integration document, social competence takes on a mantle of Social Darwinism where the concerns of the less academic students are largely overlooked.

In contrast to the Estonian document, the Latvian integration plan includes within its conception of social competence attempts to improve the situation of those on low income, in poverty, with education broader than simply learning the Latvian language. Furthermore, in the Latvian document, social competence is associated with dealing with early school drop out to the extent that it is linked with adult education (p.24/5). The Latvian document provides the following activities as recommendations for education in social competence: providing residents with basic knowledge and information on their possibilities to participate in local community and labour market; development of skills necessary for participating in solving issues that are important for oneself, participation in activities of NGO and co-operation with local authorities; fostering development of new public initiative groups and civic organisations in the local community; formation of civic consciousness and responsibility towards the state; development of participation traditions. Nevertheless, the breadth of vision of the Latvian document is undermined by the subordination of these dimensions to the overriding goal of abolition of Russian-speaking schools by September 2004.

Summary

Analysis of the Estonian and Latvian integration programs for their Russian-speaking minorities from the perspectives of international research in psychology, sociology and education highlights numerous fundamental problems with the programs. These include:

- The narrow conception of social competence for Russian-speakers in the Estonian program leading to a failure identity for many among this minority group
- The lack of provision for less academic students. Labeling less academic and less verbally skilled students as failures if they have difficulty learning in classes in their second language heightens the danger of early school leaving among this group. It ties the student’s educational progress to development of a potential weakness in the student regarding Latvian/Estonian language learning rather than focusing on different types of intelligence to accentuate the areas of particular strength for the student to encourage them to continue at school and to avoid a failure identity
- The overriding goal of high school classes being taught through the Latvian/Estonian language is a focus on transmission of knowledge and curriculum as content that fails to provide a student centred education focusing on education as development of the individual. Rigid, unsuitable curricula lead to heightened early school leaving
- The danger of demotivation of less academic students if transfer to classes in Estonian/Latvian takes place from 10th grade onwards. An imposed language curriculum against the wishes of the student and parents undermines student auto-

my and parental involvement/support with consequent risk of decreased motivation for learning. Undermining student autonomy at 10th grade is with regard to a student age cohort which is already most vulnerable to decline in motivation as well as most resistant to external imposition of tasks. Moreover, a strategy of grade retention for those less academic students who struggle to learn in classes through the Latvian/Estonian language is not an effective intervention strategy

- Despite rhetoric advocating partnership with Russian-speaking parents, *genuine* partnership between the Latvian State and the parents of Russian-speaking students in the education of their children is excluded due to the lack of genuine choice and decision making power accorded to Russian-speaking parents regarding the top-down, imposed language reforms in Russian-speaking schools in Latvia. This failure to develop an important potential resource in the educational life of the student is demotivating to both parent and student and also undermines the potential for encouragement of the voluntary direct involvement of Russian-speaking parents in the Latvian/Estonian language learning of their children
- This demotivation and failure identity that has foreseeable consequences of early school leaving, with heightened risk of heroin use and HIV.

Some significant strengths in the Latvian integration plan, which are not given much importance in the Estonian integration proposals, and which need to be retained in future proposals for integration, include:

- Proposals to develop student participation in extracurricular school activities and also community activities; these are contributing factors to reduction of early school leaving, particularly when they involve sports and the fine arts, rather than being academic or vocational clubs
- Language learning as linguistic-communicative integration is recognised, at least theoretically, as not being split from socio-economic issues of integration, unlike in the Estonian integration document. The Estonian proposals relegate issues of socio-economic integration and legal-political integration to long-term aims and in effect treat them as subordinate to the aims of linguistic-communicative integration
- Social competence is viewed in a much broader sense in the Latvian document than in the excessively narrow conception of social competence in the Estonian integration proposals. This narrow conception overlooks the fact that social competence is a multi-faceted conception that cannot be reduced to simply one dimension. Moreover, the Estonian conceptions of social competence ignore contrary views of social competence as

I) interaction with friends rather than acquaintances, **II)** competence according to self-referenced criteria rather than external, imposed criteria, and **III)** without the emphasis of inferiority implicit in the competitive ethos of the Estonian documents' conceptions of social competence, where the less successful are in danger of being destructively labelled socially incompetent

From this analysis the need for fresh integration programs emerges. Such programs would be ones:

- where Russian-speakers are actively involved in their design and have active decision-making power regarding their implementation
- would focus on rather than exclude socio-economic integration from its scope
- would directly tackle the problem of early school leaving
- would focus specifically on a strategic plan to develop a role for less academic Russian-speaking students in Estonian and Latvian society

Section six

Conclusion

It has been argued that several aspects of the current Estonian and Latvian State Integration Programmes present serious additional risk factors for youth from their respective Russian-speaking minorities with regard to a cycle of social marginalisation, early school leaving, heroin use and HIV. In other words, key aspects of these Integration Programmes risk exacerbating the heroin and HIV problem among Russian-speaking minority youth populations in Estonia and Latvia – groups already revealing exceptionally high levels internationally of a) use of hard drugs at an early age as first drug of use, b) rates of increase in use of hard drugs and c) HIV rates¹. Given that the per capita figures for HIV in Estonia is higher than anywhere in Eastern and Western Europe, and higher than the Russian Federation, this is clearly an emergency situation.

Kalikova, Kurbatova & Talu (2002, p.34) refer to ‘so-called ‘alien’s syndrome’ among Russian-speakers as ‘they feel they are second-rate people in Estonia, that their knowledge and competence is not required by society’. While such a feeling does not apply to all Russian-speakers but is particularly a danger for less academic youth or those in poverty, the logic of any such feeling does not exist in a vacuum but can be seen to be directly tied to the language and logic of State Integration documents:

I) *The language of the State Integration documents describe Russian-speakers as non-Estonian or non-Latvian – even though many are in fact legally Estonian or Latvian citizens – thereby categorizing them as second-class citizens*². The language used to refer to Russian-speakers as non-Estonian and non-Latvian is not the language of integration but of separation and exclusion of Russian-speakers from Estonian or Latvian society. Terms ‘non-Estonian’ and ‘non-Latvian’ define these groups not by what they are, but by what they are not, by a lack of some attribute, namely, Estonian/Latvian ethnicity. It is remarkable that Estonian and Latvian State documents which purport to be about integration adopt such non-inclusive language regarding its ethnic minority citizens.

II) *The narrow conception of ‘social competence’ for Russian-speakers, in the Estonian programme in particular, leads to a failure identity for many among the minority group.* The narrow conception of social competence which is identified with State language competence overlooks the fact that social competence is a multi-faceted conception which cannot be reduced to simply one dimension. Moreover, the Estonian State documents’ conception of social competence ignore contrary views of social competence as interaction with friends rather than acquaintances and competence according to self-referenced rather than external, imposed criteria³. The Estonian Drug Monitoring Centre National Focal Point Report (2002, p.30) describes ‘an urgent need to pay special attention to socially excluded user groups’ such as at risk Russian-speak-

¹ Cf. Section 4

² Cf. Section 1. The argument that ‘non-Estonian’ or ‘non-Latvian’ is a term which excludes does not mean that Russian-speakers with Estonian or Latvian citizenship have therefore to be simply termed ‘Estonians’ or ‘Latvians’ which would thereby negative their ethnic identity.

³ Cf. Section 5

ing youth. Part of the process of such social exclusion includes the destructive label and logic for less academic Russian-speaking youth as being socially incompetent if unable to use the State language. In the words of our interviewed addict #27 'maybe they just feel they have been left out from society and sort of give up'⁴

III) *Neither Estonian nor Latvian Integration documents contain a strategic plan for the success of less academic Russian-speaking youth to give them a role in Estonian or Latvian society if they cannot cope with learning a second language.* There is a real need for less academic Russian-speakers to be given hope through a strategic plan for their success. Such a plan would give them a role in Estonian or Latvian society even if they cannot cope with learning a second language. It would be an important protective factor against continuation of the cycle of social marginalisation, heroin use, early school leaving and HIV. Key features of such a plan would need to include:

- active involvement of Russian-speakers in its design and active decision-making power regarding its implementation
- redressing the imbalance in the current State Integration Programmes which tend to subordinate the goals of socio-economic and legal-political integration to the overriding goal of linguistic-communicative integration i.e. Estonian/Latvian language learning⁵
- direct focus on tackling the problem of early school leaving through adequately resourced programmes in Estonia and Latvia with international help
- developing resources for family support to utilise its potential as a protective factor for those at risk of heroin use and HIV (contrary to neo-Freudian models of identity applied to heroin addiction which tend to promote distance from parental involvement)⁶
- adequately funded extracurricular activities for Russian-speaking youth particularly in the areas of sport and the fine arts rather than simply state language learning, as well as community based initiatives outside the school context which would also provide meaningful instrumental activities for youth at risk of drug use
- focus on developing the academic strengths of the individual as well as the strengths of the local community⁷

IV) *A central goal of these respective State Integration documents is the abolition of Russian-speaking schools without genuine consultation of parents of Russian-speaking children.* Examination of international psychological, sociological and educational research⁸ leads to the conclusion that the Latvian education reform plans for all classes in the Latvian language by 2004 and the similar Estonian education reform plans for 2007/2010 need to be abandoned as they are a recipe for early school leaving and consequent heightened risk of heroin addiction and HIV among the less academic students among the Russian-speaking minority:

- The current educational policies are not student-centred, are not targetted to the needs of less academic Russian-speaking students, and invite an identity of fail-

⁴ Cf. Section 2

⁵ Cf. Section 5

⁶ Cf. Section 3

⁷ Cf. Section 5

⁸ Cf. Section 5

ure through concentrating on the students' potential weaknesses in language learning and not on their strengths

- An imposed language curriculum against the wishes of the student and parents undermines student autonomy and parental involvement/support with consequent risk of decreased motivation for learning and school attendance
- Undermining student autonomy at 10th grade relates to a student age cohort which is already most vulnerable to decline in motivation as well as most resistant to external imposition of tasks. Moreover, a strategy of grade retention for those less academic students who struggle to learn in classes through the Latvian/Estonian language is not an effective intervention strategy
- The potential involvement of Russian-speaking parents in the State language learning of their own children is a dimension to integration which could become more developed once the compulsory aspect of schooling in classes through the State language is removed

A fragmented approach which ignores the systemic interrelation between the needs of less academic students, early school leavers, heroin addicts and those at risk of HIV, both in Estonia and Latvia, needs to be overcome. Such a fragmented approach currently exists not only at a conceptual level regarding policy making but also at the level of government departments in Estonia. The Baltic Sea Initiative emphasises that the HIV problem is a problem transcending national boundaries requiring a coordinated regional response. Yet it also requires a coordinated *national* governmental response to deal with the problem so that HIV is not simply a problem of the Ministry of Social Affairs, but also involves other Departments including the Ministry of Education and Departments concerned with issues of minority integration, as well as involving local non-governmental organisations. According to Nelli Kalikova, Head of Tallinn Aids Prevention Centre, a coordinated response to the HIV and heroin problem does not yet exist from government departments in Estonia. A pattern of governmental indifference to the HIV problem – a problem located predominantly among the Russian-speaking minority considered as 'non-Estonian', as the 'other' - in the recent past in Estonia urgently needs to be challenged and changed.

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Legal Information Centre for Human Rights, Tallinn



The Legal Information Centre for Human Rights (LICHHR) was founded on 2 May 1994 as an independent non-governmental NGO. In its activities the LICHHR has mapped four high priority strategic spheres: 1. Conflict prevention and society integration activities; 2. Academic research and analyses of human and minority rights situation in Estonia; 3. Dissemination of information about international human and minority rights standards; 4. Legal counselling.

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Educational Disadvantage Centre, St. Patrick's College, Drumcondra, Dublin



The Educational Disadvantage Centre was established in St. Patrick's College in the year 2000. Located within the College's faculty of Education, it aims to highlight the impact of social and economic disadvantage on education.

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