



European Monitoring Centre  
for Drugs and Drug Addiction



NATIONAL ANTIDRUG AGENCY

# **2005 NATIONAL REPORT (2004 data) TO THE EMCDDA**

## **by the Reitox National Focal Point**

**ROMANIA**

**New Development, Trends and in-depth information on selected issues**

**REITOX**

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## Table of Contents

<b>Introduction .....</b>	<b>8</b>
<b>Summary.....</b>	<b>10</b>
<b>Trends and changes/data analysis and interpretation.....</b>	<b>10</b>
<b>PART A. NEW DEVELOPMENTS AND TRENDS .....</b>	<b>12</b>
<b>Chapter 1- National policies and context.....</b>	<b>12</b>
<b>1.1 Legal framework .....</b>	<b>12</b>
o Laws, regulations, directives or guidelines in the field of drug issues (demand and supply).....	12
o Laws implementation.....	13
<b>1.2 Institutional framework, strategies and policies.....</b>	<b>14</b>
o Coordination arrangements.....	14
o National plan and/or strategies .....	15
o Implementation of policies and strategies .....	16
o Impact of policies and strategies.....	17
<b>1.3 Budget and public expenditure .....</b>	<b>17</b>
o In law enforcement, social and health care, research, international actions, coordination, national strategies.....	17
o Funding arrangements .....	19
<b>1.4 Social and cultural context .....</b>	<b>20</b>
o Public opinion of drug issues .....	20
o Initiatives in parliament and civil society .....	20
o Media representations.....	21
<b>Chapter 2 – Drug Use in the Population .....</b>	<b>24</b>
<b>2.1. Drug use in the general population.....</b>	<b>24</b>
<b>2.2 – Drug use in the school and youth population.....</b>	<b>27</b>
<b>2.3 Drug use among specific groups .....</b>	<b>31</b>
<b>Chapter 3 – Prevention .....</b>	<b>33</b>
<b>3.1 Universal prevention .....</b>	<b>33</b>
o School-based universal prevention .....	34
o Family based drug use prevention .....	35
o Community-based prevention .....	36
<b>3.2 Selective/indicated prevention .....</b>	<b>36</b>
o In Recreational Settings .....	36
o At risk groups .....	37

<b>Chapter 4 – Problem Drug Use .....</b>	<b>38</b>
<b>Chapter 5 – Drug-Related Treatment.....</b>	<b>39</b>
<b>5.1 Treatment system .....</b>	<b>39</b>
<b>5.2 Drug free treatment.....</b>	<b>40</b>
○ In-patient and outpatient .....	40
<b>5.3 Medically assisted treatment .....</b>	<b>42</b>
<b>Chapter 6 - Health Correlates and Consequences.....</b>	<b>44</b>
<b>6.1. Drug related deaths and mortality amongst drug users .....</b>	<b>44</b>
<b>6.2. Drug related infectious diseases.....</b>	<b>48</b>
○ HIV/AIDS, viral hepatitis, STD, tuberculosis, other infectious morbidity .....	48
○ HIV/AIDS and injecting drug use.....	49
<b>6.3 Psychiatric Comorbidity (dual diagnostic).....</b>	<b>52</b>
<b>6.4 Other drug related health correlates and consequences .....</b>	<b>53</b>
○ Non-fatal drug emergencies.....	53
○ Driving under the drug influence / accidents.....	54
<b>Chapter 7 – Responses to Health Correlates and Consequences .....</b>	<b>56</b>
<b>7.1. Prevention of drug related deaths.....</b>	<b>56</b>
<b>7.2 Prevention and treatment of drug related infectious diseases .....</b>	<b>56</b>
<b>Chapter 8 - Social Correlates and Consequences .....</b>	<b>59</b>
<b>8.1 Social Exclusion .....</b>	<b>59</b>
○ Homelessness.....	59
○ Unemployment .....	60
<b>8.2. Drug related Crime.....</b>	<b>61</b>
○ Drug related offences and illicit trafficking in drugs.....	61
○ Drug law offences.....	62
<b>8.3 Drug use in prison .....</b>	<b>69</b>
<b>Chapter 9 – Responses to Social correlates and Consequences .....</b>	<b>71</b>
<b>9.1. Social Reintegration .....</b>	<b>71</b>
○ Housing .....	71
○ Education/Training .....	71
○ Basic Social Assistance .....	72
<b>Chapter 10 – Drug Markets.....</b>	<b>73</b>
<b>10.1 Availability and supply .....</b>	<b>73</b>
<b>10.2 Seizures .....</b>	<b>74</b>
○ Quantities and number of drugs seizures .....	74

<b>10.3 Price / purity .....</b>	<b>78</b>
o Price of drugs at street level.....	78
o Purity of drugs at street level and drugs/tablets composition .....	79
<b>PART B. SELECTED ISSUES .....</b>	<b>80</b>
<b>Chapter 11 - Gender Differences .....</b>	<b>80</b>
o Consumption in the general population and young people.....	80
o Infectious diseases.....	81
o Treatment demand data .....	82
o Mortality and drug related deaths.....	84
o Crimes and arrests.....	84
<b>Chapter 12 – European drugs policies: extending European drugs policies beyond illicit drugs.....</b>	<b>85</b>
o Implemented programs and campaigns.....	86
<b>Chapter 13 - Developments in drug use within recreational settings.....</b>	<b>87</b>
o New findings about trends in drug use, patterns of consumption and availability within recreational settings .....	87
<b>PART C. BIBLIOGRAPHY, ANNEXES, STANDARD FOR BIBLIOGRAPHIC REFERENCES.....</b>	<b>88</b>
<b>Chapter 14 - Bibliography .....</b>	<b>88</b>
<b>Chapter 15 - Annexes .....</b>	<b>89</b>
o List of tables .....	89
o List of figures .....	90
o Abbreviations.....	92

## Introduction

In 2004, the National Anti-drug Agency was in charge with coordinating the institutions, governmental and non-governmental organizations involved in the activities outlined in the National Anti-drug Strategy 2003-2004.

The available data for 2004 indicated an increase of the drug trafficking and drug use phenomenon in Romania, and, even if the values of the relevant indicators were below the European average, emphasis may be laid on the upward trend for most indicators (number of arrests, drug seizures, prison inmates, etc).

These conclusions underpinned for the modern approach of the drug use issue by the National Anti-drug Agency, which led to the Law no. 522, which, issued in 2004, introduced for drug users the possibility to choose medical treatment over prison, as well as a range of new concepts ("drug addict", "therapeutic chain", etc).

In 2004, a new National Anti-drug Strategy 2005-2012 was also adopted, the 2005-2008 Action Plan was formulated and by the end of 2007, all EMCDDA epidemiological key indicators will be implemented. Funds for drug demand reduction area will be mainly directed to drug prevention, while helping to establish at the same time new structures, to complete the therapeutic chain (substitution treatment centers, after-care centers).

Overall, the 2004 situation of the treatment and assistance system for drug users did not differ too much from the previous years, as insufficient funding continued to be the main problem.

Within the Global Fund program *Rising to the challenges of AIDS: a comprehensive, coordinated multi-sectorial response in Romania*, the Romanian Monitoring Centre for Drugs and Drugs Addiction and the Drug Use Prevention Directorate within the National Anti-drug Agency were granted financial resources for three activities, i.e. for implementing the *Treatment Demand Indicator*, for conducting the first *General Population Survey* on the knowledge, attitudes and practices referring to drug use and for establishing the *National standards for medical, psychological and social assistance of drug users*.

In 2004, interagency cooperation and the collaboration with non-governmental organizations was a priority of the National Anti-drug Agency. Joint activities had been organized (press conferences, surveys, courses and seminars, work groups) and a significant amount of data enclosed in this report had been provided by the external partners of the Agency.

Important support for the fight against drugs trafficking and use was ensured through PHARE programs (*Support for improving the activity of the penitentiary system – PHARE 2003*, *Synthetic drugs and precursors*, *Fighting against drugs trafficking and abuse – PHARE 2003*, etc.) from which benefited not only the National Anti-drug Strategy but also other institutions involved in the issue of drugs<sup>1</sup>.

In the field of drug supply reduction, several essential laws were revised and approved (on countering illicit trafficking and use, juridical regime of precursors, seized assets) and their efficiency is to be evaluated starting with 2005.

A priority of the National Anti-drug Agency for the near future is the creation of a national network of centers, which will act as first hand data collectors and will implement drug policies at local level.

Because of some legislative ambiguities, certain measures stipulated in the National Anti-drug Strategy 2003-2004 could not be implemented (e.g. substitution treatment in penitentiaries). This situation is to be amended in the following period.

This Report is the third National Report on Drugs edited by the Romanian Monitoring Centre for Drugs and Drugs Addiction. From the authors` point of view, some chapters are still insufficiently covered, but in comparison with the previous reports, the quality of

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<sup>1</sup> General Directorate for Countering Organized Crime and Anti-drug, General Inspectorate of Border Police, National Customs Authority, Ministry of Health, etc.).



data has improved. None of this could have been possible if it were not for the support of our colleagues and friends, here and abroad (particularly through the Romania – Spain - France twinning program). We would like to thank them for their trust and support.

*Pavel ABRAHAM, LLD  
President of the National Anti-drug Agency*

*October 31, 2005*

## Summary

Whether formulated or revised in 2004, the laws referring to illicit drugs trafficking and use as well as the institutions responsible for the implementation of these laws are described in the first part of the chapter no. 1. The same chapter encompasses information – more than in the previous years – about the budget allocated to prevention, treatment, law implementation, international cooperation in the field of drugs and comments on the Romanian socio-cultural context (opinions, debates, media representation of the drugs phenomenon).

The chapter called *Drug use in the population* focused on the description of the first General Population Survey - knowledge, attitudes and practices regarding drug use, which was conducted in the summer of 2004 with the financial support of the Global Fund.

The prevention campaigns developed through the National Anti-drug Agency (Drug Use Prevention Directorate), other institutions or NGO are described in the third chapter; in some cases, there was not enough information to assess the impact of the campaigns on the target groups.

Problem drug use is presented in the fourth chapter, the results being not too different from the last year. The only difference consisted in the use of two data sources (in 2003 three data sources had been used) to estimate the number of problem drug users in Bucharest, in 2004 (through the method capture/recapture).

As in the previous years, in this chapter there are only data referring to heroin use in Bucharest, as the use of amphetamine, cocaine or other opiates was not evaluated, nor was the use of drugs at national level.

Chapter 5, 6 and 7 present the three epidemiological key indicators: *Treatment Demand*, *Drug related Infectious Diseases* and *Drug related Deaths*, as well as the medical and social assistance for drug users. There is a low number of people who sought medical assistance for drug use – a possible outcome of the current underfinanced system of treatment and reinsertion, which does not meet the existing needs (including the legal medicine laboratories).

Chapter 8 and 9 (problems and social correlates of drug use and responses to them) differ in a relatively low degree in relation to previous years, the monitoring and response systems to these fields (social exclusion, drug use in penitentiaries, social costs) being in incipient stages.

Data in chapter 10 *Drug market* - provided by the National Administration of Penitentiaries/Ministry of Justice, General Inspectorate of Romanian Police (The General Directorate for Countering Organized Crime and Anti-drug, respectively, the Directorate for Statistics, Judicial and Operative Records), the Prosecutor's Office with the High Court of Cassation and Justice, emphasize the increase in the offences related to illicit drugs trafficking and use, in comparison to 2003, for the majority of indicators.

### Trends and changes/data analysis and interpretation

In the field of drug demand reduction, available data are quite few, either from the point of view of territorial coverage (drug related infectious diseases) or quality (treatment demand, problem drug use, mortality). Moreover, in some cases, the amount of available data was extremely low; accordingly, it was impossible to assess the situation or the trend – e.g. cocaine, LSD or synthetic drugs use, psychiatric co morbidity, driving under the influence, etc.

- The number of people who asked for medical treatment for drug use decreased in 2004, in comparison to 2003. Referring to the 2001-2004 time frame, the number was relatively constant, amounting to almost 2,000 clients, which reflected the limitations of the current treatment and recovery system (insufficient offer of

substitution program, highly selective admission criteria, low number of after-care centers and of social reintegration programs).

- HIV prevalence remained very low (below 1% among injecting drug users) but HVC registered constant high levels (40-50% among drug users and over 80% among injecting drug users). The relatively few studies conducted in this population showed that a significant part continued to take up risk behavior – sharing injecting equipment, unprotected sexual relations.
- In 2004, the drug injecting population in Bucharest, estimated through the capture/recapture method, was identical to the estimated one in 2003 (24,000 problem drug users), with the mention that in 2003 the estimation encompassed heroin users (without indicating the route of administration) and that in 2004 only two data sources were used.
- Drug related deaths were very low – 7 cases in 2004, similarly to previous years (12 cases in 2001, 3 in 2002, and 7 in 2003). Several explanations were given for these figures, from the low purity of heroin on the market to the insufficient technical equipment in most legal medicine laboratories, the issue being currently debated.
- Illicit drug trafficking and use offences increased in comparison to 2003. It is also possible that the good interagency coordination played a significant role in this increase.

# PART A. NEW DEVELOPMENTS AND TRENDS

## Chapter 1- National policies and context

In 2004, significant progress was registered in the coordination of the activities concerning drug demand and drug supply reduction. Thus, for all the institutions involved in preventing and countering illicit drug trafficking and abuse, the evaluation of the 2003-2004 National Anti-drug Strategy and the formulation of the new Strategy 2005-2012 were top priorities.

The Governing Program 2004-2008 sustained the efforts in this direction also in the political field. It included the following priorities:

- Health promoting activities through the fight against drugs, alcohol and tobacco;
- Creating the integrated system for monitoring the drugs phenomenon;
- Fighting against illicit drugs trafficking.

### 1.1 Legal framework

#### o **Laws, regulations, directives or guidelines in the field of drug issues (demand and supply)**

The most important legislation act, approved in 2004, was the Law no. 522<sup>2</sup> modifying and supplementing the Law no. 143/2000 on countering the illicit trafficking and abuse of drug. The provisions of this new law should clarify or introduce new elements concerning: the assistance of drug abusers, measures for reducing drug abuse associated risks, the data collection and so on.

In addition, through this law the view on drug users was reconsidered, by approaching their pathology from the medical, biological and social perspective. As a novelty, separate concepts were introduced and defined for “drug user” and “drug addict”. This amendment was made to avoid the stigmatization of drug abusers. Additionally, terms such as “therapeutic circuit”, “assessment” are defined etc, and the imposed sanctions are differentiated by type of drug (risk drug, high-risk drug).

According to law, the treatment of drug addicts should be individualized by including them in an integrated assistance program allowing the assessment, planning, monitoring and continuous adjustment according to each user. Based on assessment, the “case manager” shall decide whether to include the drug user in such a program.

From the procedure point of view, if a drug law offence is committed for personal use (including drug possession) the drugs abuser can choose the integrated assistance program over prison. The consent of the drug users is a prerequisite of the inclusion in the mentioned program. If case of refusal, the penal code provisions are to be applied. By imposing drug abusers the obligation to respect the integrated assistance program, the court can decide not to impose any sanctions.

Additionally, in order to create a unitary system for data transmission between the institutions involved in the fight against drugs, by law, these institutions should send to the National Anti-drug Agency the available data on the prevention and countering of the illicit trafficking and abuse of drugs, essential chemicals, precursors and toxic inhalants.

In agreement with the European regulations in the field of drugs, the Law no 381<sup>3</sup> was issued in 2004. It stipulated that the amounts of money obtained by capitalizing the seized assets resulted from drugs and precursors related offences represent income to

<sup>2</sup> Issued by: Parliament, OB 1.155/07.12.2004

<sup>3</sup> Issued by: Parliament, O.B. 896/01.10.2004

the state budget, and should be allocated to finance projects and programs targeting the prevention and countering of the illicit drugs trafficking and abuse.

The National Anti-drug Agency is entitled to formulate these programs and projects, according to the priorities set out in the National Anti-drug Strategy.

In the context of the revision of control and monitoring mechanisms of precursors operations and in line with the European provisions in the field, in 2004 the Law no. 505<sup>4</sup> was passed to amend and supplement the Law no. 300/2002 regarding the judicial regime of the precursors used for the illicit manufacture of drugs.

Through the Law, certain terms were re-defined; the list of precursors, which can be possessed without license or approval, was completed; and a cooperation mechanism with precursor agents and their associations was established. A new control and monitoring mechanism was also set up (mainly through the notification system for precursor operations), in the context of the elimination of import/export licenses.

The General Inspectorate of the Romanian Police is the institution entitled to receive notifications regarding trade operations with precursors performed without physically touching the Romanian territory and to impose sanctions in case the regime of the precursor export notification is not respected.

An important legislative step was the adoption of the new Penal Code<sup>5</sup>.

Following the model of the European juridical systems, penal deeds are divided into felonies and offences, and for the first time a new main penalty is introduced for offences consisting in community work and fine/days.

Additionally, new institutions such as exemption from penalty and postponing the execution of the penalty should be applied for drug law offences, too.

Under article no. 387, prison sentences were increased for offences related to:

- providing a location, house or any other place adjusted for the illicit drug use;
- tolerating illicit drug use in such places;
- administering unlawfully high risk drugs to a person;
- supplying toxic chemical inhalants to a minor, for use.

Prompting somebody to use illicit drugs, by any means, even it is not followed by execution, is sanctioned by imprisonment or fine/days.

In November 2004, the Law no. 552 was issued on preventing and countering doping in sports. The National Anti-doping Agency became the institution entitled to prevent and to counter the doping phenomenon, at national level, and to promote clean sports, based on fair play.

## **o Laws implementation**

In 2004 the created legislative framework was reinforced by issuing the secondary legislation designed to sustain and streamline laws implementation.

The application regulation of the Law 143/2000 on countering the illicit drugs trafficking and abuse, as last amended and supplemented, was issued in 2004 in order to implement the Law 522/2004. The normative act contained norms referring to the characteristics of integrated assistance programs, respectively, the stages in providing medical, psychological and social assistance services. Moreover, the referral criteria in such a program were established, management concepts such as "case manager" were introduced, the therapeutic circuit of the persons included in such a program was described and the role of the Drug Prevention, Evaluation and Counseling Centers was strengthened (see chapter 1.2). The staff of these centers should coordinate, plan and monitor the medical, psychological and social assistance services.

Regarding the social reinsertion of drug users who committed offences besides drug use, for most of the cases the sentence was the suspension of the sanction under

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<sup>4</sup> Issued by: Parliament, O.B. 1.133/01.12.2004

<sup>5</sup> Issued by: Parliament, O.B. 575/29.06.2004. The new Penal Code takes effect on September 1, 2006

surveillance, through the probation service (under the G.O. no. 92/2000<sup>6</sup> as last supplemented by Law no. 211/2004<sup>7</sup>). Beginning with 2004, a decrease was noticed in the number of sanctions imposing suspension of the sanction under surveillance, as the courts decided to impose prison sentences. The new Penal Code provisions regarding the institutions of postponing the sentences and waiving the punishment, corroborated with the Law 522/2004, created the juridical framework regarding drug addicts' assistance. It addressed those addicts accused of illegal drug possession for personal use, stipulated their inclusion into the Integrated Program for Assistance and enabled the intervention of the Probation System in the social reintegration process for drug addicts accused of offences (other than drug use) according to the Penal Code.

## **1.2 Institutional framework, strategies and policies**

### **o Coordination arrangements**

The process of strengthening the administrative capacities in the field drew on the recommendation received by Romania in the process of accession to the European Union. Thus, in the field of drugs supply reduction, a Service for Countering Trafficking in Illegal Substances and a Risk Analyses Office were set up within the General Inspectorate of the Romanian Border Police. Additionally, a specialized directorate for the investigation of the offences related to organized criminality and terrorism was set up within the Public Ministry.

For a better coordination of drugs demand reduction activities at local level, the personnel chart was enlarged at central and territorial level. Through the Governmental Decision no. 1093/2004, the 47 Drug Prevention, Evaluation and Counseling Centers (6 in Bucharest and 1 in each county) became the territorial structure of the National Anti-drug Agency. Each centre has five employees (a teacher, a prevention specialist, a physician, a psychologist/ sociologist and a social worker).

In order to allow Romania to attend the EMCDDA activities, the Agreement between the European Community and the Romanian Government was initialized on April 5, 2004. The National Anti-drug Agency has an important role in strengthening the internal and international inter-agency cooperation.

In performing its tasks in the unitary coordination of the fight against illicit drug trafficking and abuse, the National Anti-drug Agency created in 2004 the collaboration premises between competent authorities, authorized state institutions and non-governmental organizations. The role of the National Anti-drug Agency materialized in periodic meetings of the main players in the field, in order to assess the drugs trafficking and abuse situation and to identify further collaboration possibilities.

Thus, the National Anti-drug Agency signed a range of collaboration protocols with responsible institutions involved in the field, i.e. National Customs Authority, National Agency for Dangerous Substances and Chemical Preparations (Ministry of Economy and Trade) – the protocol targeted data exchange on the operations with 3<sup>rd</sup> category precursors -, Ministry of Justice, in order to exchange data on the arrestees and convicted for drugs law offences and on social reinsertion and prevention programs.

The exchange of statistical data regarding the countering of illicit drugs trafficking was also the object of the protocol concluded between the National anti-drug Agency, General Inspectorate of the Romanian Police, General Inspectorate of Border Police, data being structured on those 2 segments: drugs demand reduction and drugs supply reduction.

With the Institute of Legal Medicine (LMI) was signed a collaboration protocol, in order to set up the Mortality Register.

<sup>6</sup> Issued by the Parliament, O.B. 423/01.09.2000

<sup>7</sup> Issued by the Parliament, O.B. 505/04.06.2004

## ○ National plan and/or strategies

Based on the project of the European Union Strategy 2005-2012 and on the conclusions of the evaluation of how objectives set out in the National Anti-drug Strategy 2003-2004 had been reached, the National Anti-drug Agency coordinated in 2004 the formulation of the new national strategy for 2005-2012<sup>8</sup>. Representatives of the ministries involved in drugs demand and supply reduction contributed to the formulation of the document along with representatives of the non-governmental organizations that develop specific programs. The new document settles the general and specific objectives targeting drug demand and supply reduction, international cooperation and developing a global information-evaluation system of the drugs phenomenon.

The fundamental objectives of the Strategy are to maintain drug use in Romania at low level and to streamline criminality-counteracting measures.

As envisaged by this strategy, by the end of 2012, Romania shall have an integrated system of institutions and public services, which shall help to decrease the incidence and prevalence of drug use in the general population, improve medical, psychological and social assistance for drug users and streamline the activities for the prevention and fight against illicit production and trafficking in drugs and precursors.

The new strategy draws on five strategic action directions. The first refers to drug demand reduction and has two essential components: drug use prevention on one hand and medical, psychological and social assistance, risk reduction and social reinsertion on the other hand. The novelty comes from the medical, psychological and social assistance system, which shall be structured at national level by three intervention layers (mental health network, primary medical assistance network and social services network). This integrated system shall include public, private or joint bodies, accredited/licensed and shall be coordinated by the National Anti-drug Agency, in line with the national quality standards in the field.

As for drug supply reduction, it was noticed that planned activities had been achieved so far as competitive rather than complementary. Consequently, the N.A.S. 2005-2012 made proposals for a more efficient cooperation that should lead to an adequate response to the escalating drug related organized criminality. To this end, priority directions were outlined for staff training, improving the technical equipment and the inter-agency cooperation, demarcation of competencies and joint management of information resources. In the field of international cooperation, the N.A.S. makes proposals for the development of the relations with Member States partners and European Union specialist bodies, for the intensification of the relations with other states and international structures instrumental in the fight against drugs and for the participation in international programs on drug supply and demand reduction.

Regarding the assessment of the national drugs situation and response policies in the field, the following was suggested: to monitor the drugs situation by creating and developing the information system, to enable access to information by disseminating it to institutions/organization instrumental in drug supply and demand reduction, with a view to adjusting response policies to identified needs. Aiming to improve data quality, specific work instruments were introduced: indicators, standard tables, questionnaires. Another priority is strengthening inter-agency cooperation by developing institutional and operative capacity and increasing the role of the National Anti-drug Agency as national coordinator of the fight against illicit drugs trafficking and use.

In 2004, the G.D. no. 1342 approved<sup>9</sup> the 2004-2007 National Strategy for the surveillance, control and prevention of HIV/AIDS infection cases. The National

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<sup>8</sup> Issued by: Parliament, O.B. 112/03.02.2005

<sup>9</sup> Issued by the Parliament: O.B. 865/22.09.2004

Commission for the Surveillance, Control and Prevention of HIV/AIDS<sup>10</sup> infection cases formulated this document with the technical and financial support of the United Nations agencies.

The strategy draws on three major intervention areas:

- HIV transmission prevention;
- Access to treatment, care, psychological and social support for HIV or AIDS infected people as well as for vulnerable groups;
- Surveillance of the trends in HIV infection and associated risk factors.

Within each such major area, there is a priority intervention area for drug users, such as:

- Preventing HIV/AIDS transmission among injecting drug users in order to prevent an HIV epidemic among them and reduce the rate of infection with etiologic agents of viral hepatitis and sexually transmitted diseases;
- Developing the medical assistance and reinsertion system for drug users in order to expand and increase the quality of the detoxification treatment services (substitution and non-substitution), maintenance, counseling and psychotherapy so that by the end of 2005, all people who address accredited medical units should have access to adequate services;
- Surveillance of illegal substance use and abuse in order to monitor in due time the trends in illegal substances use and abuse.

### ○ Implementation of policies and strategies

The first evaluation of the implementation of the N.A.S. 2003-2004 was performed by the end of 2004, in a report submitted to the Government of Romania. The N.A.A. coordinated the evaluation process, which involved the participation of all state institutions instrumental in illicit drugs prevention and countering.

The analysis of the main results of each chapter indicated that, in the field of drug demand reduction, 75% of the set objectives had been reached, while the rest had been partially accomplished or not reached.

**Table 1-1: Evaluation of the implementation of the N.A.S. 2003-2004, drug demand reduction field**

Responsible institution	Total number of targets	Targets reached	Targets reached partially	Targets not reached
Ministry of Education and Research	15	12	3	-
Ministry of Health	27	18	5	4
Ministry of Justice	4	1	3	-
Ministry of Administration and Interior	15	14	-	1
National Youth Authority	2	2	-	-

*Source: National Anti-drug Agency, Evaluation Report on the implementation of the National Anti-drug Strategy 2003-2004*

In the field of drug supply reduction, 60% of the set targets had been reached, while in the field of international cooperation the level of accomplished objectives accounted for 77%.

The failure to accomplish some of the objectives or to complete them was caused mainly by reorganizations or reshufflings in the responsible institutions, together with the delayed undertaking of specific responsibilities set out in the N.A.S.

<sup>10</sup> Inter-ministry body with the Secretariat General of the Government, without juridical individuality, under the authority of the prime minister, led by one of the prime minister's advisers.



- **Impact of policies and strategies**

Although the implementation of the N.A.S. 2003-2004 was performed based on an Action Plan, the approval of the Action Plan was delayed<sup>11</sup> and did not include precise references to the financial resources which should be allocated by each institution in order to reach in due time the set objectives and deadlines. The experience gained in the implementation of the first national anti-drug strategy led to a more realistic and more pragmatic approach of prevention and countering of the drugs phenomenon, which resulted in the National Anti-drug Strategy 2005-2012 and the subsequent Action Plan.

### **1.3 Budget and public expenditure**

- **In law enforcement, social and health care, research, international actions, coordination, national strategies**

Under the Funding Agreement no. 12906 signed June 6, 2003 in Geneva, ratifying the agreement between the Ministry of Health and Family and the Global Fund, Romania was granted non-reimbursable funding amounting to 21.8 million USD for 2004-2005. The program began in 2004 and the activities drew on three major objectives. Each objective covered the interventions in one of the areas considered priorities: prevention, services and monitoring/surveillance.

The program was handled by the Ministry of Health – The Global Fund and World Bank Project Management Unit, nominated as Main Beneficiary of the funding and was implemented in 29 organizations, of which 11 governmental and 18 non-governmental.

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<sup>11</sup> Issued by the Parliament: O.B. 663/23.07.2004, Governmental Decision 1023/2004

**Table 1-2: Budget allocated to the Global Fund for developing projects targeting drug users**

<b>Objective no.1 – Ensuring effective prevention programs to curb the spread of HIV and sexually transmitted diseases, as well as the prevalence of drug use</b>		
<b>Implementers</b>	<b>Allocated budget (USD)</b>	<b>Intervention area</b>
Romanian Association Against AIDS	260,000	Promoting healthy behaviors in the general population, targeting mainly children and young in confined spaces (prisons and military units) and in hard-to-reach communities (rroma, street children)
Professor Dr. Matei Balş Foundation (Open Doors Centre)	163,238	
Alliance for the Fight against Alcohol and Drugs	452,640	
Save the Children	850,101	
<b>Objective no.2 – Strengthening the national health care system and psycho-social support in order to reduce the impact of HIV/AIDS on infected, affected and/or vulnerable people.</b>		
<b>Implementers</b>	<b>Allocated budget (USD)</b>	<b>Intervention area</b>
Public Health Institute in Bucharest	91,280	Developing and strengthening the health-care system and psycho-social support system for drug addicted people.
Ministry of Justice – General Penitentiary Directorate	128,992	
National Anti-drug Agency	48,318	
<b>Objective no.3 – Strengthening the monitoring and surveillance systems for HIV/AIDS and associated risk behaviors</b>		
<b>Implementers</b>	<b>Allocated budget (USD)</b>	<b>Intervention area</b>
Public Health Institute in Bucharest	60,000	Strengthening the monitoring and surveillance systems for drug use/abuse.
National Anti-drug Agency	147,900	

Source: 2004 Activity Report of the Global Fund and World Bank Project Management Unit

The amounts allocated to activities targeting prevention, treatment of drug addiction and strengthening the monitoring system accounted for 14.21% of the total budget of the 1<sup>st</sup> Objective, namely 3.53% and 23.95% of the budgets allocated to the 2<sup>nd</sup> and the 3<sup>rd</sup> Objective. The activities of the Institutional Twinning RO/2003/IB-JH-05 – *Fighting against drug trafficking and abuse* were performed in 2004. This project developed in partnership with Spain and France and was a sequel of the PHARE 2000 twinning project, which led to the establishment of the National Anti-drug Agency, National Focal Point on Drugs and the approval of the first National Anti-drug Strategy and the subsequent Action Plan. The budget of the project amounted to 700,000 EURO, of which 650,000 EURO was the input of the European Union, and the Government of Romania granted the rest of 50,000 EURO. The overall objective of the project was to strengthen the capacity of the Romanian institutions to fight the drug phenomenon, within a comprehensive and integrated approach.

The specific objectives were:

- to improve the institutional and operative capacity of the main institutions involved in the implementation of the National Anti-drug Strategy;
- to train the staff in drug demand and supply reduction;
- to revise the national legislation regarding the illicit circuit of the psychotropic and narcotic substances;
- to develop national drug use prevention campaigns;
- to set up a national resource centre to manage the issue of drugs.

All these objectives were supported by an investment component, with a budget of 1,645,000 Euro (of which the European Union contributed with 1,270,000 Euro), which helped to equip properly the drug analysis laboratories in Bucharest and Cluj.

Moreover, within the 2003 PHARE fiche developed the project *Assistance for improving the activity of the penitentiary system*, amounting to 4,000,000 Euro, which was intended to support the reform in penitentiary system in line with the European standards.

This project focused particularly on the control of the drugs issues and on creating valid social reinsertion programs for adult prison inmates.

Within the twinning component, the following had been suggested:

- to formulate a new strategy for preventing and countering drug use and trafficking in penitentiaries;
- to train prison personnel in treating drug addicted prison inmates;
- to draw up individualized socio-education program for adult prison inmates.

Within the investment component, penitentiaries received kits for drug identification in body fluids, in order to identify the use of drugs on admission in prison and during incarceration and for managing crises caused by overdose. Equipment was provided to prison workshops in order to improve professional skills of prison inmates. Through the Public Health Community Program – sub program 2.13 Treatment for drug addiction, the Ministry of Health allocated in 2004 a budget of almost 10 billion ROL (274,000 Euro), which was distributed as follows:

- average cost/patient in detoxification treatment – 4,226,000 ROL (116 Euro) (the average duration of the detoxification treatment - 21 days)
- average cost/patient in after care – 18,000,000 ROL (495 Euro) (average duration of after care - 6 months)
- average cost/patient in long-term substitution treatment – 5,475,000 ROL (150 Euro) (average duration - 1 year)

The objective of this sub program was to ensure treatment for detoxification, after-care and methadone substitution treatment.

Through the sub program 1.5. *Health promotion and health-oriented education* the Ministry of Health allocated to the drug use prevention activities the amount of 11 billion ROL (about 300 000 Euro).

The amount allocated by the Ministry of Education and Research in 2004 for drug use/abuse prevention amounted to almost 9 billion ROL (246,500 Euro).

## ○ **Funding arrangements**

For a better coordination of the activities in the field of drug demand reduction developed at local or national level, the National Anti-drug Agency formulated and proposed for financing the project *Strengthening the institutional capacity of the public institutions in Romania in the field of drug demand reduction*, within the 2004 PHARE fiche. The project includes objectives such as:

- to strengthen and integrate Drug Prevention, Evaluation and Counseling Centers in the local community;
- to train professionals in state institutions together with specialists in non-governmental organization in drug demand reduction;
- to establish a Drug Evaluation and Study Centre within the National Anti-drug Agency;
- to continue the implementation of the EMCDDA epidemiological key indicators;
- to develop the capacity of the Legal Medicine Institutes in drug identification.

The project was approved with a total budget of 2,700,000 Euro, of which the contribution of the European Union amounted to 2,020,000 Euro (under the Funding Memorandum signed between the Government of Romania and the European Commission on the National 2004 PHARE Program for Romania, signed in December 2004).

## 1.4 Social and cultural context

### ○ Public opinion of drug issues

According to a survey conducted in 2004 by the National Anti-drug Agency (see Chapter 2) the majority of the population makes the distinction between “drug use” and “drug user”.

Half of the subjects of the survey considered the “drug user” to be more a sick person (50.2%) than a criminal (5.3%), while of drug use disapprove 49.9% of the respondents. Only 19.2% of the subjects think that drug users “should be accepted just like any other person”. Based on the above-mentioned data, it can be stated that society looks upon “the addict” from the medical perspective, paying less attention to social consequences.

It was observed that tolerance towards drug use decreases with age; while subjects aged 15 to 24 are more likely to agree with the use of such substances.

**Table 1-3: Perceived risk and attitude to drugs and drugs use, by age group**

	Age group				
	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years
“People should be allowed to use cannabis for medical purposes ”	34.9%	29.0%	28.4%	22.2%	23.2%
“People should be permitted to use cannabis to relax”	7.1%	5.4%	2.0%	1.0%	2.0%
“People should be allowed to use heroin”	2.9%	2.3%	0.7%	1.5%	1.4%
“Drug users should be accepted just like any other person”	24.9%	22.6%	16.5%	12.8%	16.4%
“People should try ecstasy once or twice”	7.0%	4.8%	2.5%	0.9%	1.4%
“People should try cocaine or crack once or twice”	2.8%	2.5%	0.8%	0.3%	1.3%

Source: RMCDDA

Moreover, subjects were asked to evaluate the risk caused by: regular tobacco, alcohol and cannabis use, trying ecstasy once or twice, cocaine or crack abuse. It resulted that 27% of the population considers regular alcohol use risk-free. The risk-free perception on smoking or trying ecstasy registered equal levels (3.6%).

### ○ Initiatives in parliament and civil society

In 2004 there was a legislative initiative from a member of the parliament regarding compulsory drug testing in schools, but under the influence of the public opinion to this proposal, it was considered uncalled for.

It should be mentioned that drug laws (Law no.522, Laws no.381, Law no.505, etc) submitted for approval to the Parliament were deliberated and approved rapidly.

In 2004, RHRN, RAA and UNICEF Romania organized meetings in which the issue of the access of injecting drug users to specific services was brought into debate:

- two technical meetings between service providers and beneficiaries – drug users;
- a meeting under the title *The involvement of the private sector in the development of public health programs* gathered mainly representatives of the pharmaceutical field;
- an advocacy meeting addressing decision-making bodies at political level.

Of the conclusions and recommendations made during these meetings, we should mention:

- the necessity to involve the pharmacies in the issue of drugs and HIV prevention; opportunities of active involvement; collaboration arrangements between the RHRN and the representatives of pharmacies;
- collaboration between pharmacists and the RHRN should result in: (free) distribution of injecting instruments through pharmacies; dissemination of information materials (fliers, booklets) via pharmacies and having pharmacists inform drug users; distribution in pharmacies of a material (poster, sticker) to inform about the reference system that can be used by the drug user;
- creating a sticker carrying the international sign of the syringe exchange program and advertising in sight that injecting equipment can be obtained/bought (free of charge) in that pharmacy;
- setting up work groups to have regular (monthly) discussions about the problems caused by drug use from the point of view of public health;
- the need for a multi-sectorial response, to go beyond creating inter-ministry commissions and to underpin for the development of national strategies and action plans.

Aiming to continue these initiatives, the National Anti-drug Agency organized the conference *Harm-reduction programs, between legality and necessity*. To the conference participated representatives of the ministries involved in the drugs field, of the civil society, funding agencies and pharmacies. The meeting was organized to evaluate the harm-reduction services (restraints and solutions), and funding arrangements (selection criteria), to make recommendations for the improvement of the quality of harm-reduction services and to introduce them in the National Anti-drug Strategy 2005-2012. Most of the conclusions of the conference were similar to the ones resulted from the above-mentioned meetings with the civil society.

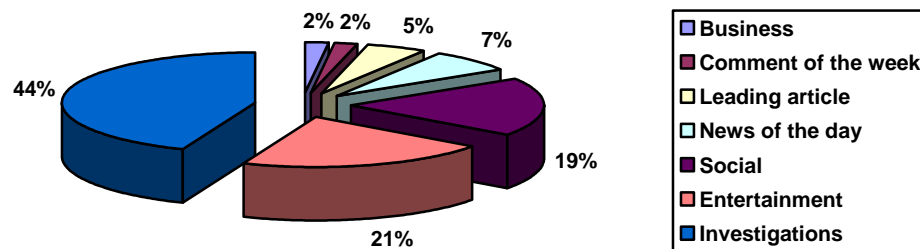
### ○ **Media representations**

In 2004, mainly the printing press approached the issue of the illicit drugs trafficking and use, but the issue was also debated on television. Most of the published materials referred to countering drugs use. This explains why the most frequently used terms mention trafficking, traffickers and drugs trafficking when the drug issue is tackled. Two national dailies were the subject of a study requested by the Romanian Harm Reduction Network<sup>12</sup>. The study includes a quantitative analysis of the articles referring to “drugs”, which issued in the two publications in the period August 1 – October 1, 2004. In the reference period, drugs had been mentioned 190 times. 65% of the news referred to events in Romania, of which events in Bucharest ranked first. In one of the two dailies, 69% of the news about drugs was included in a special section dedicated to the drug field, while in the other one the distribution of drugs news was as follows:

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<sup>12</sup> *Media representation of discrimination against drug users. Press and drug users: case study*. October 2004. The study was conducted by Operations Research, upon the request of the Romanian Harm Reduction Network and financed by the UNICEF Representative office in Romania.

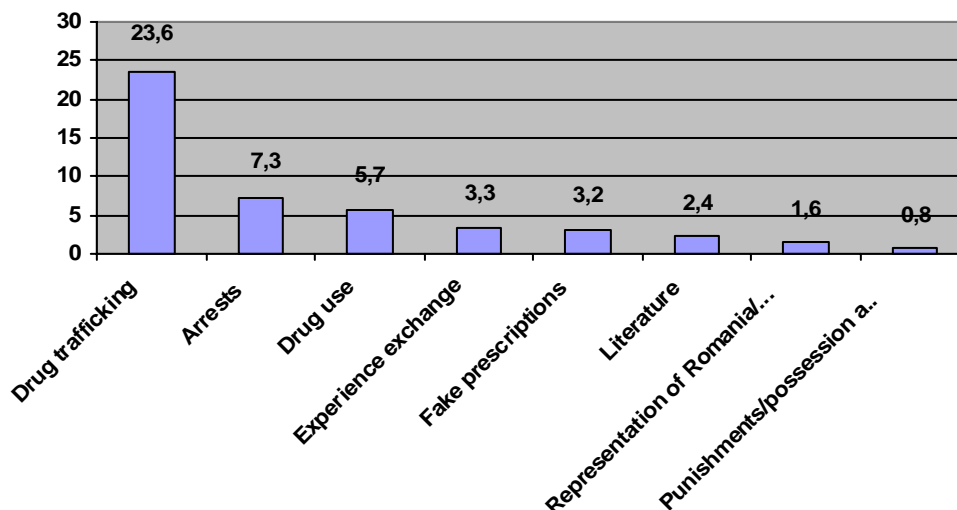
**Figure 1-1: Drugs news distribution in the columns of the daily**



Source: *Press and drug users: case study, RHRN*

Moreover, the study enumerates the main subjects in drugs news. The most frequently mentioned subjects in the news refer to drugs trafficking followed by those regarding police arrests and drug users.

**Figure 1-2: Percent distribution of the subjects related to drugs trafficking and use**



Source: *Press and drug users: case study, RHRN*

The interest of the television towards drug issues resulted in the weekly broadcast of the 30-minute program called *Choose life*. The program benefits from its own, interactive website: [www.alegeviataana.ro](http://www.alegeviataana.ro).

At the end of 2003, beginning of 2004, the National Anti-drug Agency had a social spot *Children do what they see* broadcast by the public television. The spot targeted alcohol abuse in the family and its effects on children. In having the spot broadcast, the territorial coverage and the broadcasting capacity of the TV stations were essential. From November 12, 2003 until January 15, 2004, the spot was transmitted by the stations with relatively large coverage, but not by the TV market leaders. The public awareness campaign targeted people aged 15 to 40, which represented at the end of 2003, 4,618,000 people. The objective of the campaign was that 95% of the target group should see the spot at least once. This objective could have been reached if market leaders had also transmitted the spot. The assessment of the campaign indicated that

1,990,000 of the urban population aged 15 to 40 saw the spot at least once. Target rating points (TRP)<sup>13</sup> was 107.1 for the whole campaign.

The campaign is described in detail, as follows:

**Table 1-4: Assessment of the TV campaign *Children do what they see***

TV station	No of broadcasts	TRPs	GRPs <sup>14</sup>	Affinity <sup>15</sup>
Prima TV	77	53.2	49.3	107.8%
Tele 7 ABC	121	32.4	34.9	92.8%
Realitatea TV	72	11	25.3	43.3%
Național TV	54	10.5	12.3	84.9%

Source: Media Factory advertising agency

<sup>13</sup> Target rating points (TRP) represent all rating points registered in a campaign, but measured against the target population. It includes also guests - people who switch programs while watching.

<sup>14</sup> Gross rating points (GRP) represent all rating points gathered in a campaign, measured against the general population over 4 years of age. One GRP is the equivalent of 1% of the urban population, which sees the spot.

<sup>15</sup> Affinity is the result of TRP/GRP

## Chapter 2 – Drug Use in the Population

### 2.1. Drug use in the general population

In 2004, the National Anti-drug Agency conducted the first survey on drug use in the general population. The results of the research were published in 2005. This survey, which amounted to 28,000 USD, was accomplished exclusively with the financial support of the Global Fund through the program *Rising to the challenges of AIDS: a comprehensive, coordinated multi-sectorial response in Romania*.

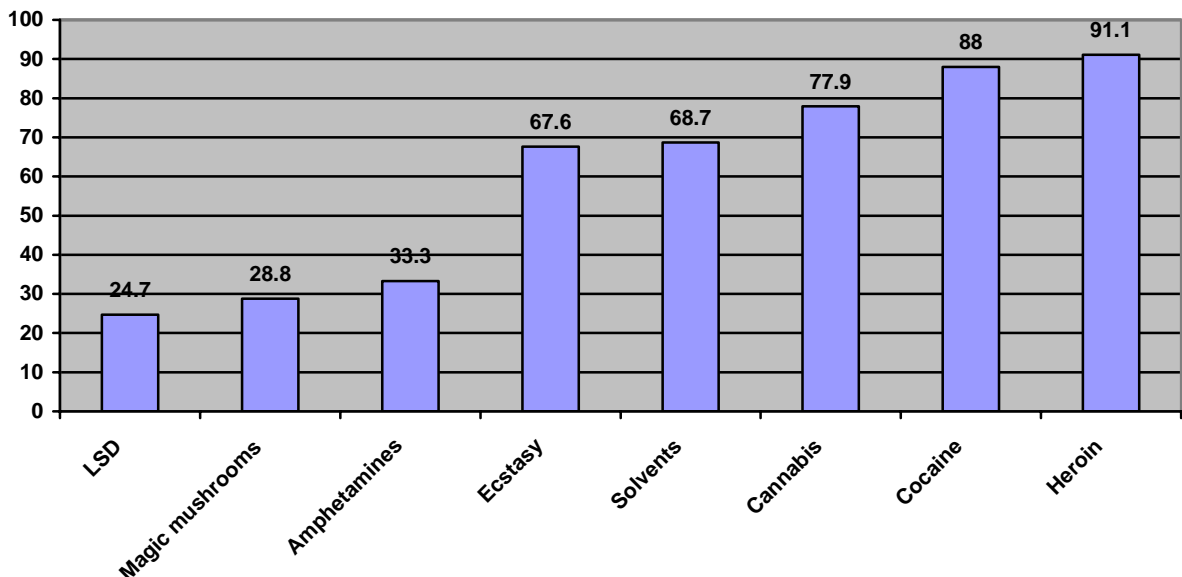
#### Methodological overview:

- Area covered: national, over sampling on Bucharest;
- Target population: non-institutionalized population aged 15 to 64;
- Sample size: 3500 subjects;
- Sampling procedure: probabilistic, stratified and multi-staged; for Bucharest, the sample was extended with 500 subjects (over sampling);
- Questionnaire: compatible with EMQ (European Monitoring Questionnaire) recommended by the EMCDDA;
- Data collection: July-August 2004.

#### Results:

The illegal drugs, as known by more than half of the general population, are cannabis – 77.9%, cocaine – 89%, ecstasy – 57.6%, heroin – 91.1% and solvents – 53.7%.

**Figure 2-1: Illegal drugs known in the general population (percentage)**



Source: R.M.C.D.D.A.

The affirmative answers to the question “Do you know anyone who uses ...” registered the following levels: for cannabis – 6.6%, for ecstasy – 3.1%, for heroin – 3.1% and for cocaine – 3.2%.

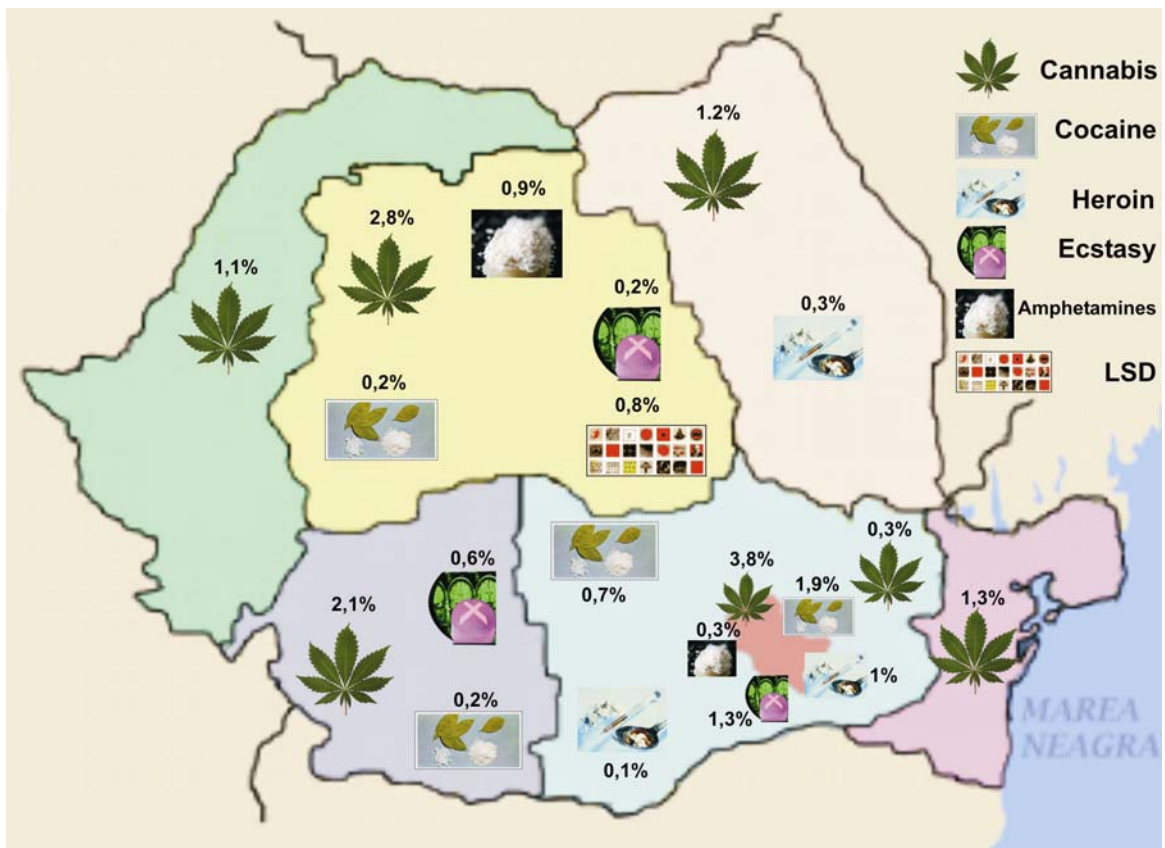


Although few cases were registered, which resulted only in general observation, the following can be stated:

Lifetime prevalence for illegal drug use, classified by type of drug, consists of 1.7% for cannabis, 0.4% for cocaine, 0.3% for ecstasy and 0.2% for heroin.

The use of different drugs, by country area, registered the following percentages:

- Cannabis is used in all the regions of the country. The highest rates are reported for Bucharest (3.8%), Transylvania (2.8%) and Oltenia (2.1%).
- Ecstasy abuse was reported in Bucharest – 1.3%, Oltenia – 0.6%, Transylvania – 0.2%.
- Only the residents in Transylvania (0.9%) and in Bucharest (0.3%) use amphetamines.
- The prevalence of cocaine use, by region, shows the following values: 1.9% in Bucharest, 0.7% in Muntenia, 0.3 % in Oltenia and 0.2% in Transylvania.
- For the population in Bucharest the survey revealed lifetime prevalence for heroin use of 1%, followed by Moldavia – 0.3% and Muntenia – 0.1%.
- Transylvania is the only region where LSD is used (0.8%).



Source: R.M.C.D.D.A.

**Table 2-1: Lifetime prevalence of illegal drug use by age group (percentage)**

	Age group					Total
	15-24	25-34	35-44	45-54	55-64	15-64
Cannabis	2.7	3.0	1.0	0.5		1.7
Cocaine	0.4	1.0	0.2			0.4
Heroin	0.3	0.5				0.2
Ecstasy	0.8	0,3				0.3
Amphetamines	0.3	0.6				0.2
LSD		0.6				0.2

Source: R.M.C.D.D.A.

As shown in table 2-1, particularly the young population uses illegal drugs. The lifetime prevalence of the use of different drugs registers the highest percentages for the 25 - 34 age group, except for the prevalence of ecstasy use, which was reported mainly by young aged 15 to 24. People over 55 did not report having experimented with any kind of illegal drug.

**Table 2-2: Lifetime prevalence of illegal drugs use, by gender (%)**

	Gender		
	Male	Female	Total
Cannabis	2.1	1.3	1.7
Ecstasy	0.4	0.1	0.3
Cocaine	0.4	0.4	0.4
Heroin	0.3	0.1	0.2
Amphetamine	0.4	0.1	0.2
LSD	0.3	.0	0.2
Magic mushrooms	0.4	0.1	0.2

Source: R.M.C.D.D.A.

The prevalence of illegal drugs use was 3-4 times lower among men than among women, except for cocaine, the same value (0.4%) registered in case of both gender categories and cannabis with a sex ratio of 1.6.

**Table 2-3: Experimental use of psychoactive substances (%)**

	Alcohol	Tobacco	Magic mushrooms	LSD	Amphetamines	Tranquilizers	Heroin	Cocaine	Ecstasy	Cannabis
Alcohol		65.7	0.3	0.2	0.2	8.6	0.2	0.4	0.3	1.9
Tobacco	94.1		0.3	0.3	0.3	8.0	0.3	0.5	0.4	2.7
Magic mushrooms	100.0	85.7		60.2		60.2				60.2
LSD	100.0	100.0	90.6			90.6		9.4	9.4	100.0
Amphetamines	100.0	100.0				6.3	6.3	93.7	6.3	12.2
Tranquilizers	95.7	61.9	1.8	1.8	0.2		0.3	0.4	0.8	3.4
Heroin	92.2	100.0			6.9	12.7		6.5	19.2	37.8
Cocaine	92.5	82.5		4.0		7.9	3.3		4.0	24.6
Ecstasy	96.2	85.5		5.7	5.0	24.8	14.0	5.7		30.6
Cannabis	98.3	99.1	8.8	9.7	1.6	16.2	4.4	5.6	4.9	

Source: R.M.C.D.D.A.

Regarding the use of combined psychoactive substances, the highest prevalence registered for the use of legal substances in combination with illegal substances. In the case of illegal drugs, the experimental use of cocaine combined with amphetamines registered the highest level (93.7%).

## 2.2 – Drug use in the school and youth population

In 2004, no study was conducted to reveal the drug use situation in the school population, but the last results of the 2003 ESPAD were published. Because the preliminary results of the research conducted by the National Institute for Research and Development in Health (NIRDH) within the ESPAD had been mentioned in the previous National report on drugs situation, in this report we will refer to the last results of the 2003 ESPAD.

### Methodological overview:

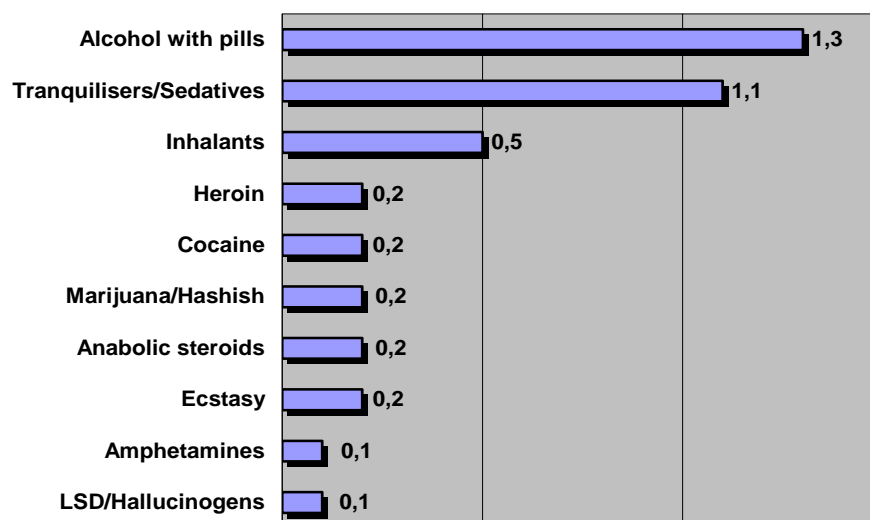
- Area covered: national;
- Target population: pupils born in 1987;
- Sample size: 4371 subjects;
- Sampling procedure: probabilistic, stratified and multi-staged.
- Questionnaire: the ESPAD questionnaire (CAN), except for the module “main characteristics” and optional questions;
- Data collection: June 2003.

### Results:

#### **Onset of drug use**

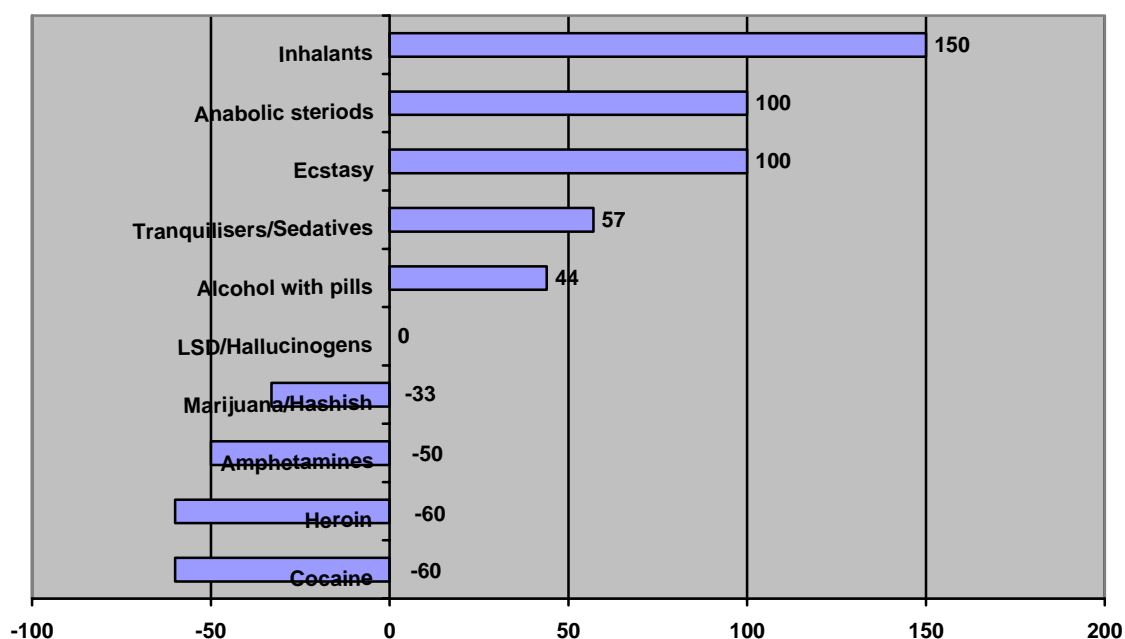
The onset of drug use by the age of 16 registered the highest prevalence for alcohol with pills (1.3%), followed by tranquilizers and sedatives (1.1%) and inhalants (0.5%). Illegal drugs register levels of 0.2% (for heroin, cocaine, ecstasy, and marijuana/hashish) or 0.1% (for amphetamines or LSD). In comparison with 1999, the prevalence of the early-onset use of cocaine, heroin, amphetamines, and marijuana/hashish decreased while the prevalence of the early-onset use of ecstasy, inhalants and anabolic steroids or alcohol with pills increased with users by the age of 16 years.

**Figure 2-2: The prevalence of early-onset drug use (ESPAD 2003)**



Source: NIRDH

**Figure 2-3: Increase rate of early-onset drug use (ESPAD 1999, ESPAD 2003)**



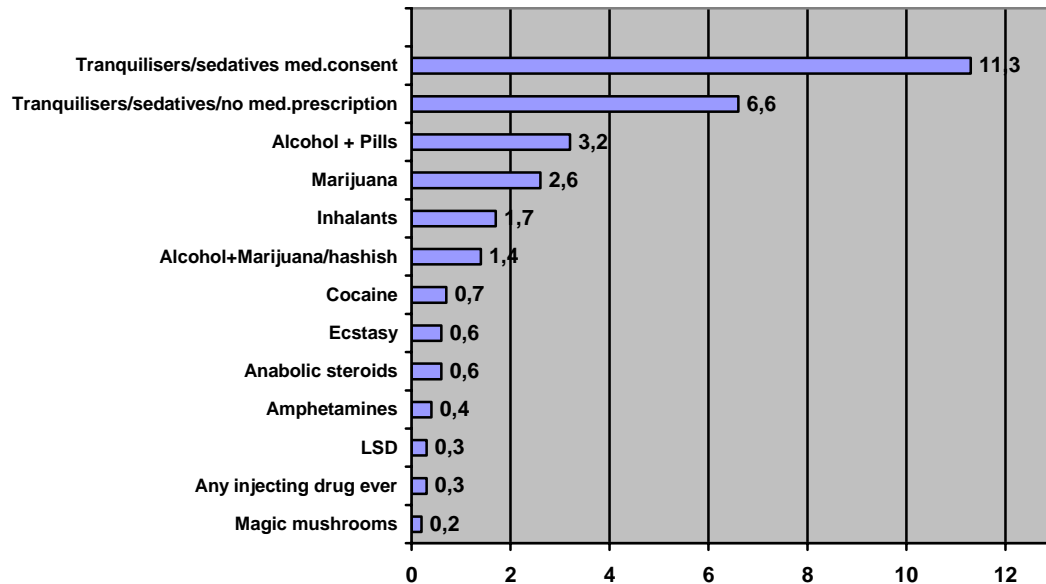
Source: NIRDH

### **Lifetime prevalence of drug use in the 16 years olds**

The lifetime prevalence of the use of any type of illegal drug among 16-year-old pupils is 3.4% (4.8% with boys and 2.4% with girls). Experimental use of cannabis registered 3.9% with boys, as compared to 1.6% reported for girls. 3.1% of the subjects (boys: 2.3%, girls: 3.8%) admitted using alcohol combined with cannabis. Prevalence rates over 1% registered for experimental use of solvents, inhalants (1.5%) and for tranquilizers or

sedatives, bought without medical prescription (5.6%). 0.8% of the subjects (1.1% boys and 0.6% girls) reported having used cocaine.

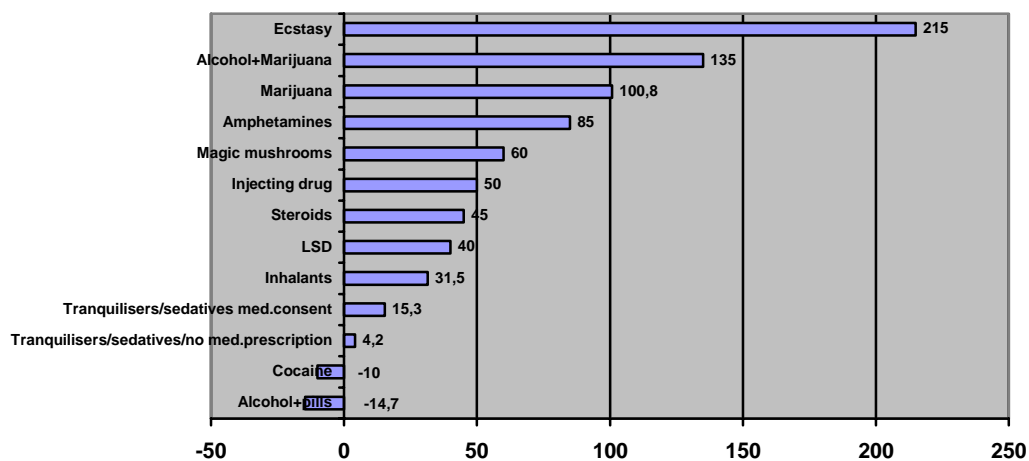
**Figure 2-4: Lifetime prevalence of drug use (ESPAD 2003)**



Source: NIRDH

Illegal drug use among 16 year olds increased several times in 2003 in comparison with 1999, except for cocaine and alcohol with pills, whose prevalence decreased.

**Figure 2-5: Increase rate of drug use (1999 ESPAD, 2003 ESPAD)**



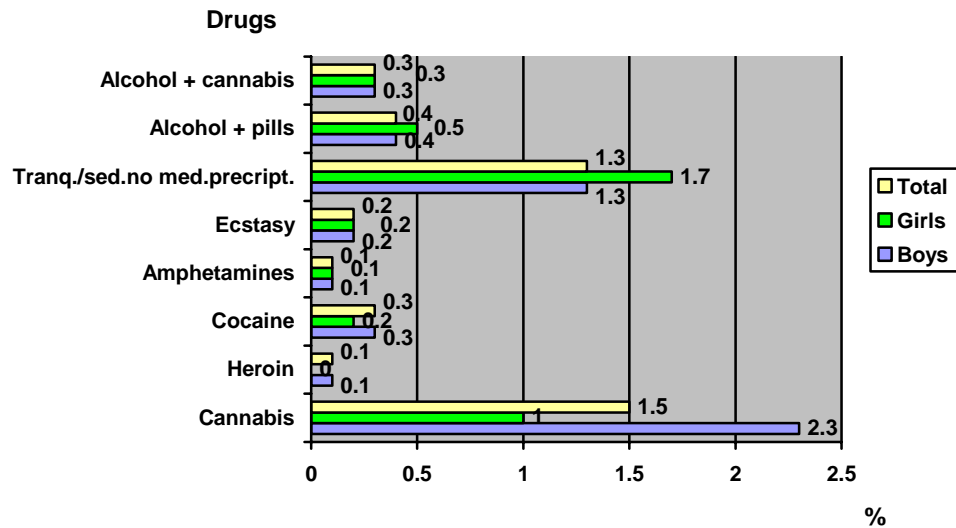
Source: NIRDH

### Last year prevalence of drug use among 16 years olds

The illegal use of cannabis and tranquilizers or sedatives (without medical prescription) registered last year prevalence rates of over 1% (1.5% for cannabis use and 1.3% for tranquilizers or sedatives use). 16-year-old pupils who participated in the study admitted to having used the following drugs in the last 12 months: alcohol mixed with pills (0.4%);

crack, injecting drugs, alcohol with marijuana/hashish (0.3%); ecstasy, anabolic steroids (0.2%) and amphetamines (0.1%).

**Figure 2-6: Frequency of drug use in the last 12 months**

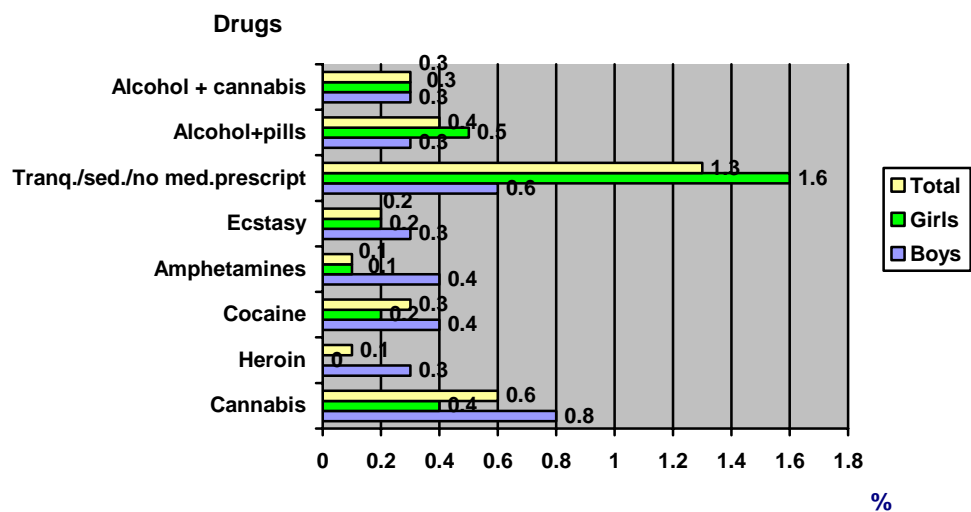


Source: NIRDH

**Last month prevalence of drug use among 16 years olds**

Except for cannabis and solvents, the last month and the last year prevalence for the use of the other drugs registered the same levels. This may suggest that there is a monthly pattern of use matching this behavior.

**Figure 2-7: Last month prevalence, drug use**



Source: NIRDH

## 2.3 Drug use among specific groups

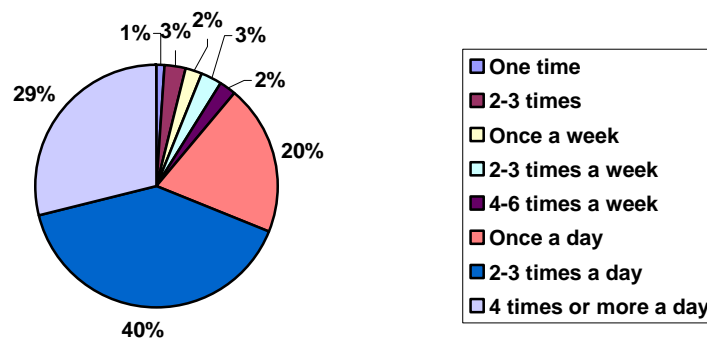
In 2004, the Romanian Harm Reduction Network conducted a survey among injecting drug users called: *Drug use: Injecting and sexual behavior*. The survey was financed by the Representative office of UNICEF in Romania and aimed to describe the sexual and injecting behavior of the clients of the organizations (ALIAT, ARAS, Open Doors).

### Methodological overview:

- Area covered: Bucharest;
- Target population: injecting drug users who referred to syringe exchange services available in Bucharest;
- Sample size: 501 subjects;
- Sampling procedure: multi-staged;
- Questionnaire: questionnaire adjusted to the manual *Behavioral Surveillance Surveys* and the questionnaire on *Knowledge, attitudes and practices regarding the sexual behavior*;
- Data collection: February - June 2004.

The survey indicated that heroin is the most common drug among the beneficiaries of the syringe exchange services, provided in Bucharest by the three non-governmental organizations of the RHRN. For the 501 injecting drug users in the sample the average time of drug use was 51 months. The average time for injecting drug use was 38 months. There was a 13-month difference between the onset of drug use and the onset of injecting drug use. The mean age at the first intravenous use was 19.5 years. As for the frequency of injecting drug use, 90% of the subjects admitted they inject drugs on a daily basis.

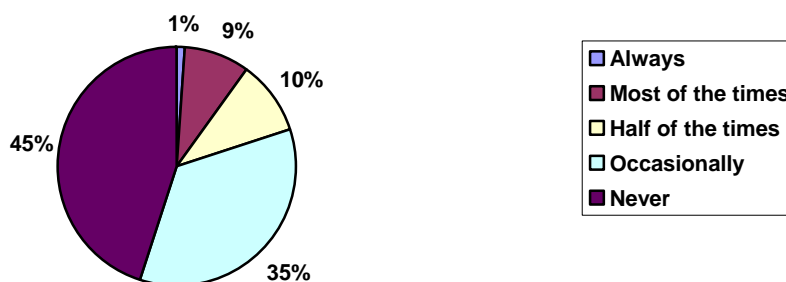
**Figure 2-8: Last month prevalence, IDUs included in syringe exchange programs Bucharest, 2004**



Source: RHRN

Regarding the use of the not sterile injecting equipment, 72.5% of the subjects stated that, at the last intravenous use, they used not sterile needles or syringes. One out of four subjects reported that, at the last intravenous use, somebody else had used before the syringe or the needle. 1% of the IDUs, who participated in the survey, stated that they had "always" shared the needle or syringe.

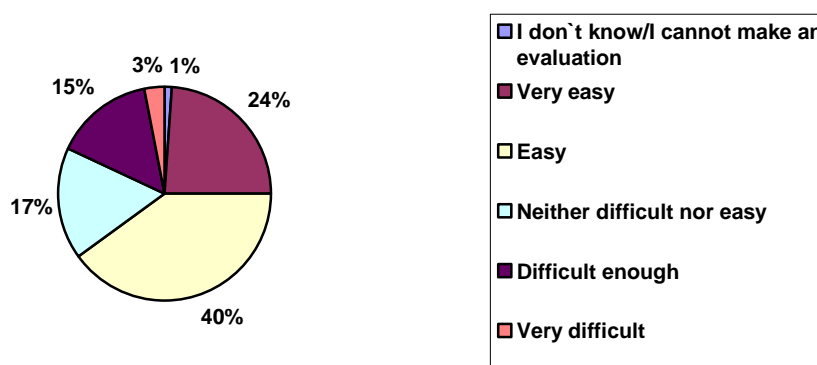
**Figure 2-9: Frequency of sharing a needle or a syringe (in the last month) with IDUs included in syringe exchange programs in Bucharest**



Source: RHRN

Another aspect revealed by the survey was the access to sterile injecting equipment. Although 64% of the subjects consider obtaining (new) sterile syringes easy or very easy, yet, as mentioned before, 55% of the subjects reported to having shared the needle or syringe in the last month.

**Figure 2-10: Frequency of responses at the question: “How easy do you think it is to get a sterile needle or syringe”?**



Source: RHRN

The conclusions of the survey<sup>16</sup> indicated that:

- the HIV/AIDS notion is universally known to injecting drug users;
- 73% of the respondents appreciated correctly the risk of being infected with HIV because of sharing needles and syringes; yet, this type of information is not enough to motivate them into adopting a risk-free injecting behavior. One possible explanation given by those who conducted the survey is that there is limited access to sterile injecting equipment. Another explanation could be the history of the HIV/AIDS transmission in Romania.

<sup>16</sup> *Drug users: injecting and sexual behavior* – Research Report achieved by RHRN and funded by UNICEF Office in Romania, July 2004



## Chapter 3 – Prevention

### 3.1 Universal prevention

#### New developments and trends

- Continuation of the implementation of the first National Anti-drug Strategy 2003-2004 and of the activities assigned to each ministry in the Action Plan in the area of drug use and drug dependence prevention.
- Continuation and strengthening of the information efforts regarding the risks and the effects of drug use and abuse in the general population;
- Adjusting prevention efforts at local level by setting up a territorial network of Drug Prevention, Evaluation and Counseling Centers coordinated by the NAA;
- Continuation of initial and continuous training for specialists in drug use prevention (through the “training trainers” system, basic and specific training, peer to peer educators training, etc) aiming to create a national network of professionals in the drug use prevention field.
- Beginning the standardization (minimum quality standards) of the prevention interventions necessary in the monitoring/evaluation process and ensuring the quality of drug use prevention activities;
- Initiation of the legislative framework in the area of drug use prevention interventions;
- Constantly insufficient financial resources that made it difficult to develop major projects in the drug demand reduction field.

#### Training

- In order to train trainers in prevention and drug counseling, a partnership program was implemented between N.A.A. and Caritas Confederation Romania. The program began in September 2004 and will end in October 2005 and consisted in 480 hours of professional training in anti-drug prevention and counseling, structured in 4 modules.  
*Results:* 19 specialists were trained in 2004 - 11 of them belonged to Caritas diocese and 8 to the Drug Prevention, Evaluation and Counselling Centres of the National Anti-drug Agency.
- Through the GF, the ministry of Health financed a training trainers program, which carried on during 2004-2005.  
*Results:* The program resulted so far in training 20 trainers in the field of drug abuse prevention and treatment of addictions. In 2005, these trainers will start training other 200 health professionals in the field of prevention and treatment of drug abuse.
- The institutional twinning project RO/2003/IB-JH-05 *Fighting against drugs trafficking and use* – activity 24 the curricula of the “training trainers” module in the drug prevention area (education module for training and a module for formulating drug use prevention programs, by levels) was elaborated, based on the evaluated needs. Within this program, 30 experts within NAA and several NGOs will be trained in drug use prevention activities. By applying the training curriculum, they are supposed to share their knowledge with 100 staff members of the Drug Prevention, Evaluation and Counseling Centers and of the NGO’s working in the field.

## ○ School-based universal prevention

### **New developments and trends**

The activities developed in 2004 regarding school-based prevention were designed in line with the principles of the National Anti-drug Strategy 2003-2004, following the main general and specific objectives.

The Romanian learning system allows for extended autonomy of each learning unit (schools, high-schools and universities). Accordingly, an important part of the policies which promote drug use prevention is to be formulated and developed locally. Consequent with the up mentioned orientation in 2004, NAA and its partners have pursued the coordination of the school prevention activities in the territory by strengthening and developing of the Drug Prevention, Evaluation and Counseling Centers (DPECC) network, which performs its activity in collaboration with local governmental structures of Ministry of Education and Research (by its county inspectorates), Ministry of Health (by the Public Health Directorates), Ministry of Interior and Administration (through prevention services within County Police Inspectorates) and the nongovernmental structures acting in school based drug prevention area.

### **Activities:**

- Continuation of the national program *Health Education in the Romanian School*, started in 2002, developed by MER and other NGO partners. The program is available for the 1<sup>st</sup>, 5<sup>th</sup> and 9<sup>th</sup> grade.  
*Results:* extension to the 8.000 school units that chose this optional subject of study; involving about 11.000 teachers 300.000 pupils.
- Continuation of the project *My anti-drug message – in theatre, music and sport*. The project was initiated in 2003 by NAA, addressing high school pupils and students and consisted in an anti-drug works contest. The campaign sought to stimulate the involvement of the participants in several extracurricular activities.  
*Results:* 21.931 pupils in 26 counties participated in the project.
- Implementation of the pilot project addressing the school counselors trained in working/counseling pupils who begin to experiment drugs. The project was developed by MER and will be extended at the national level in the near future. In 2004, the NGO Save the Children Romania, edited the *School Adviser's Guide in Health Issues*, which contains, among others, specific information on drug use prevention and was meant to help the school adviser in identifying and counseling drug using pupils.
- Romanian Angel Appeal Foundation started a project for preventing and reducing drug use and its consequences as part of the program named *LOT-Drug*, with the participation of National Anti-drug Agency and Ministry of Education and Research. The program has a three year duration (2004-2007) and targets drug use prevention/reduction among high school pupils in Bucharest. The principle of the LOT-Drug activities was the direct involvement of a group of high school pupils in drug information and prevention activities addressing their colleagues – other teenagers in Bucharest.  
*Results:* In 2004, the beneficiaries of the program were 36 teenagers attending three high schools in Bucharest (future peer educators) - peer to peer trainings, information sessions on drugs issues and creating information materials by the teenagers directly involved in the program.
- In 2004, the Ministry of Education and Research started the first edition of the project *Together*, which ends in 2005. The project consisted in a contest of local drug prevention projects targeting the school population and the community. In it participated teams made up of five 9<sup>th</sup> and 10<sup>th</sup> graders in 10 counties. The awarded programs received the financial support necessary for their implementation.

### **Programs/Activities that addressed exclusively the prevention of licit substances use and abuse**

- During the campaign originated by the Pure Air Association<sup>17</sup> and developed in cooperation with the National Anti-drug Strategy, UNICEF Romania and the International Federation of the Education Community in Romania, Ministry of Education and Research, Romania joined the 21 participating countries in the competition *Classes without smoking*. The type of the project was universal and the theoretic pattern was that of social skills (Botvin). The target group of the project consisted of 5<sup>th</sup> to 8<sup>th</sup> graders.

*Results:* almost 12.000 pupils in Bucharest, Iasi, Cluj, Timisoara and Constanta benefited from the campaign. The project started on 1<sup>st</sup> of November 2004 and will end on 31<sup>st</sup> of May 2005. Information classes were delivered on tobacco and alcohol use related risks.

- The alcohol abuse prevention campaign *Children do what they see*, designed by the National Anti-drug Agency and completed in 2004, aimed to stimulate the involvement of parents in preventing alcohol use among children and to inform youngsters about the risks associated with alcohol use and abuse.

*Activities/Results:* 1.088 debates with pupils, students and teachers in 31 counties and 4 districts in Bucharest. Anti-alcohol contests were organized for pupils in 4 counties. The message of the campaign towards pupils was conveyed by other information-education means: fliers, booklets and a social spot.

#### **○ Family based drug use prevention**

### **New developments and trends**

The activities that targeted family-based drug prevention were part of the general vision of the prevention chapter set out in the National Anti-drug Strategy 2003-2004.

In 2004, the first illicit drug use family-based prevention interventions were initiated and family-based prevention interventions focusing alcohol and tobacco use and abuse increased.

### **Activities**

- Creating and publishing in 2004 the *Parents' textbook – methods for prevention, identification and intervention in the case of teenagers who use or are about to use drugs*, by the Save the Children Romania. It was distributed in 5,000 copies, in primary schools and high schools, in Bucharest and in the country, through all 15 branches of the organization.
- In May 2004, one of the events occasioned by the World no tobacco day was the campaign *Health is priceless. Wish your child good health*, during which posters were distributed to parents. The campaign was organized by the National Anti-drug Agency, in schools, medical units and was designed to increase the awareness of parents towards the risk of exposing children to passive smoking.

*Results:*

- Adopting the Bucharest Declaration, which promotes the development of a social partnership in the area of prevention and fight against tobacco use, signed and assumed by 7 governmental authorities and 14 NGO's.
- Posters containing the text of the Declaration were distributed nationally and internationally in three languages: Romanian, English and Russian; informative posters addressing parents in order to raise their awareness

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<sup>17</sup> "Aer pur" Association is part of European Network on Youth and Tobacco. In Romania, the association is part of the Network for Smoking Prevention.

on the danger of exposing their children to passive smoking were distributed in medical and learning units.

- The alcohol abuse prevention campaign (mentioned in the universal school based prevention section), started by the National Anti-drug Agency had as objective sensitizing parents and making them feel aware about their role in preventing the onset of alcohol use in teenagers and young.

*Results:* an audio and video social clip was broadcasted nationally - *Children do what they see* and meetings with the parents and teachers were organized in 5 counties and one Bucharest district.

### ○ **Community-based prevention**

#### **New developments and trends**

The activities targeting community-based drug prevention were part of the general vision on prevention set out in the National Anti-drug Strategy 2003-2004.

In 2004, the first illicit drug use community-based prevention interventions were initiated and the organization of community- based preventive interventions focusing alcohol and tobacco use and abuse amplified.

#### **Activities:**

- Drug abuse prevention campaign *Safety for all- increasing the awareness degree regarding drug abuse among youth*, promoted by the Research and Criminality Prevention Institute, Ministry of Administration and Interior. The main objectives of the campaign were:
  - developing and strengthening protection factors (individual, inter-personal and social);
  - training local authorities that have direct contact with target group (community police, teachers, others).

The most significant results of the campaign consisted in signing collaboration protocols between the National Anti-drug Agency and participating student organizations and in training 620 people who took part in the campaign.

- In 2004, Save the Children organization developed a program of powerful social impact *Drug use prevention among children and youth*. The program was implemented at national level (supported by some private institutions), included information sessions and interpersonal approaches, conducted in schools and high schools by experts additionally trained in the field. The message of the campaign was *Drugs break your wings*. In 2004, the campaign focused mainly on information, dissemination of information and publications and on developing communication skills. It was planned to continue also in 2005.

## **3.2 Selective/indicated prevention**

### ○ **In Recreational Settings**

- The collaboration between the Prevention Department, National Anti-drug Agency and the National Sports Academy resulted in the *2004 Anti-drug Summer Camp* campaign, which was implemented at the seaside and addressed the students of the Sports Academy and in other universities. The general objectives of the campaign were to stimulate the involvement of the community and the active participation of the young in drug use prevention activities and to create a general trend of rejection to drug use among the youngsters.

*Results:* training 620 participants and signing collaboration protocols between NAA and the student organizations involved in the campaign.

## ○ **At risk groups**

- The National Anti-Drug Agency, Jean Valjean Association, Terre des Hommes Foundation and UNICEF Romania developed a special pilot program focusing on school drop out prevention and its most dangerous associated consequences: drug abuse and juvenile delinquency. The program targeted minors aged 12 to 16 years, at risk for school drop-out. Within this pilot program pupils in schools and high schools were invited to participate in special seminars where were taught of the dangers of getting involved in street gangs, drug use and acts of delinquency and the social and legal consequences of such anti-social behavior. The seminars were supported by peer to peer approaches, audio/video and printed materials. The program was tested in one of Bucharest's districts most affected by the drug phenomenon and it was intended to be extended at national level.
- Save the Children Romania organized information session on drugs and HIV/AIDS prevention for institutionalized children. Within this project 6 training courses took place, involving 111 persons working for 51 different social childcare institutions; information sessions were organized for 775 children by trained personnel and 7 trips for voluntaries.
- The International Foundation for Child and Family in partnership with the National Anti-drug Agency (funded by the UNICEF Office in Romania) developed a project having as a goal the prevention of children trafficking, sexual exploitation and other types of labor exploitation of children (including the use of children in drug manufacturing and drug dealing). Within this project were organized: 6 information/sensitization sessions for pupils in rural areas (8<sup>th</sup> grades) regarding the causes and consequences of children trafficking, sexual exploitation and drug use as well as focus-groups with the representatives of the local authorities (representatives of the City Hall, of the County Directorate for the Protection of the Children Rights, of the Public Health Directorate, of the Police, of the County Scholar Inspectorate and of the Church).

### *Results:*

- 6 information sessions on the risks related to child trafficking, labor exploitation and drug use having as beneficiaries 120 pupils in 6 areas of Călărași County;
- 6 focus-groups (30 representatives) with local authorities seeking to identify the dynamics of the phenomenon of children trafficking, labor exploitation and drug use and trafficking, as well as the need for prevention and intervention services and formulation of several local strategies.

## Chapter 4 – Problem Drug Use

The number of problem drug users in 2004 was estimated using the same method (and by the same institutions: National Anti-drug Agency in collaboration with the UNAIDS) as in 2003 - by applying the capture-recapture method. Yet, in 2004, only two data sources were used as compared to 2003, when three sources were used to accomplish the data intersection.

Problem drug use has been defined to include injecting heroin use as well. The period for data collection was June-November 2004.

The two data sources on which the capture-recapture method was applied were:

- the non-governmental organizations, which develop syringe exchange programs in Bucharest (ALIAT, ARAS and Open Doors) and
- four treatment centers in the Ministry of Health network.

The estimated number of injecting heroin users in Bucharest was 23.949 (15774-32124 – for a confidence interval of 95%). The same number resulted from the last year's estimation (24.006 heroin users in 2003), but in 2003 problem drug use was defined as regular/long-term heroin use.

Data provided by the centers and the nongovernmental organization, which were used in the estimation, indicated the following gender distribution:

**Table 4-1: Gender distribution (%) of injecting drug users in Bucharest in the data bases used for the estimation**

	<b>Treatment centers (%)</b>	<b>NGO (%)</b>
Male	91.4	77.1
Female	8.6	22.9
Total	100.0	100.0

Source: UNAIDS

The major drawback of the 2004 estimation of the number of problem drug users consisted in the use of only two data sources.

## Chapter 5 – Drug-Related Treatment

### 5.1 Treatment system

Data included in this chapter were provided by the Sanitary Statistics and Medical Documentation Center, within the Ministry of Health.

As in the previous years, the Romanian Monitoring Centre for Drugs and Drugs Addiction received aggregated data, which allowed for limited considerations on the quality and quantity of data.

Drawing on the recommendations of the *European Protocol for collecting data on the Treatment Demand Indicator*, the following elements can be mentioned as shortcomings of the current data collection system:

- The absence of a national methodology for registration and data collection regarding the number and characteristics of persons requiring treatment for drugs abuse
- The lack of definitions (of the case, of treatment, of first treatment demand) which are necessary for the elimination of registration errors, generated by the current data collection system (e.g. reporting the number of hospitalizations in a calendar year and not the cases, the absence of a clear differentiation between the new cases and the total number of cases in a calendar year);
- Data are available only as aggregate data, which leads to the impossibility to perform case-by-case checking or analyses. Thus, the errors in filling in the reporting fiches are difficult to correct;
- From the quantitative point of view, not all persons who required treatment for drugs abuse were reported, as only the medical interventions from the public medical assistance field were registered. Moreover, the reported figures do not include the patients in all the centers which provide services to drugs abusers (e.g. treatment units in the penitentiary system, the services provided in the in the non-governmental area). In addition, medical services such as psychiatric interventions are not always reported, making under-reporting possible even from the source. Additionally, underage patients (under 18) were not always reported, because there were not specific treatment units for minors.

A very important progress was registered in 2004 by a project financed by the Global Fund. Through this project was initiated a unique registration and transmission system of data concerning the persons admitted into treatment for drug abuse, in accordance with the *European Protocol*. Thus, in 2004 in Bucharest, the following progress registered:

- The necessary infrastructure was set up for data registration and collection in electronic format; for this purpose a special software for data registration and transmission was designed;
- The data collection network was extend by adding three new medical units (from 8 to 11 medical units), including medical units in penitentiaries and those subordinated to the Ministry of National Defense.
- Each unit was equipped with one computer, data transmission equipment (telephone, internet access card) and staff member where trained for using the fiche in electronic format (this fiche was created according to the Protocol Model of the EMCDDA) for data registration regarding the characteristics of drug abusers in treatment for drug addiction.

The advantages of this new system are personal data protection, in line with the European standards, avoiding double counting by using an anonymous code associated to each person, case-by-case registration data (and not aggregated data) and registration by type of center (in-patient or out-patient). The Romanian Monitoring Centre for Drugs and Drug Addiction manages the central database, which contains the registrations received from each medical unit. Because this system was created within a

project, it will be tested and will work as a pilot data collection system in Bucharest until extended nationally. For this reason, the results (the collected data) will remain “hidden” for the time being.

The data collection fiche was extended and improved by including new variables, in order to draw on the recommendations of the *European Protocol for Collecting Data on Drug Related Treatment Demand*. In order to become official, the fiche was included in the application regulation of the Law no. 143/2000 on preventing and countering the illicit drugs trafficking and abuse further amended and supplemented (Law 522/2004).

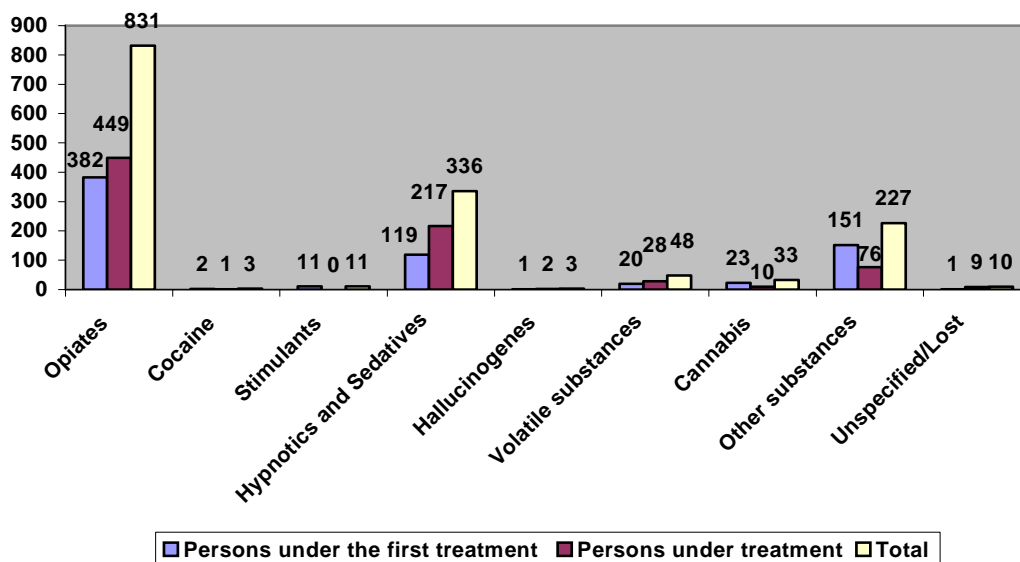
## 5.2 Drug free treatment

### ○ In-patient and outpatient

The main data sources are the centers specialized in drug addiction treatment or the hospital psychiatric wards. The detoxification services provided in the inpatient system only and the outpatient methadone substitution treatment are often provided in the same hospital and reported globally (per hospital unit), for which reason no clear distinction between the centre types (outpatient or inpatient) can be made.

Similarly to previous years, the most numerous treatment admissions in 2004 were for treating opiates use or abuse, followed by medicine abuse. Treatment demand for cannabis abuse, stimulants and cocaine, continued to register low levels.

**Figure 5-1: Number of persons hospitalized for drug abuse by the main drug abused**



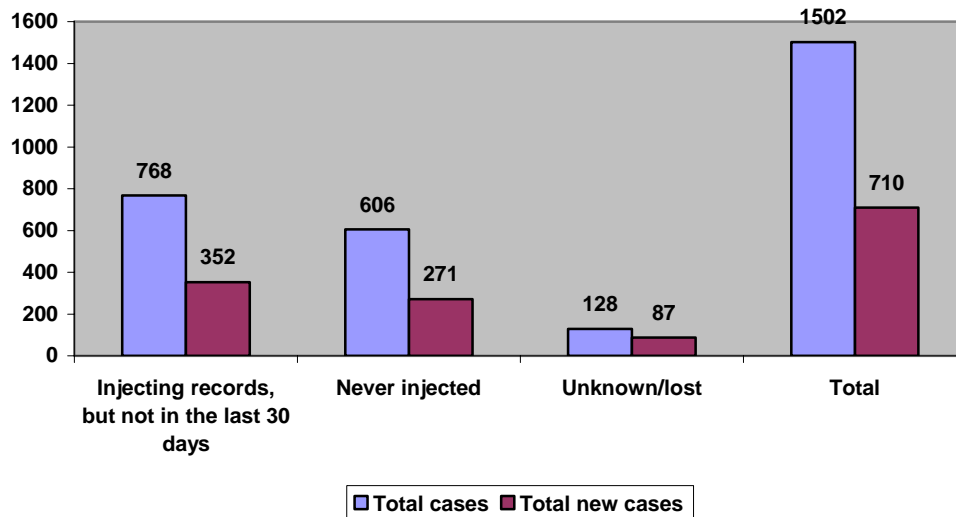
Source: SSMDC

From the total number of treated patients in 2004, almost 4% were under 15 years old. Of them, 73% demanded treatment for the first time. The majority of those which followed the treatment were aged from 20-24 years (26%) and from 25-29 years (20%). Regarding the drug abuse onset, most of the cases were registered among patients aged 15-19 years and 20-24 years, around 40% of those under treatment.



From the total number of persons under treatment for opiates abuse, more than half (52%) are heroin users, 94% being injecting heroin users.

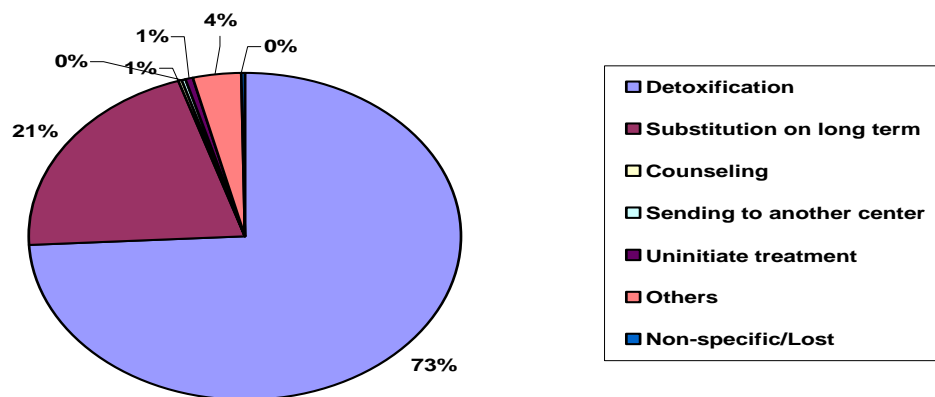
**Figure 5-2: The number of persons under treatment, who have a record of injecting drug use, 2004**



Source: SSMDC

73% of the heroin injecting users seeking treatment in 2004 benefited from detoxification treatment, 21% from methadone substitution treatment and 6% from other services (counseling).

**Figure 5-3: The distribution of medical services provided to drug abusers, 2004**

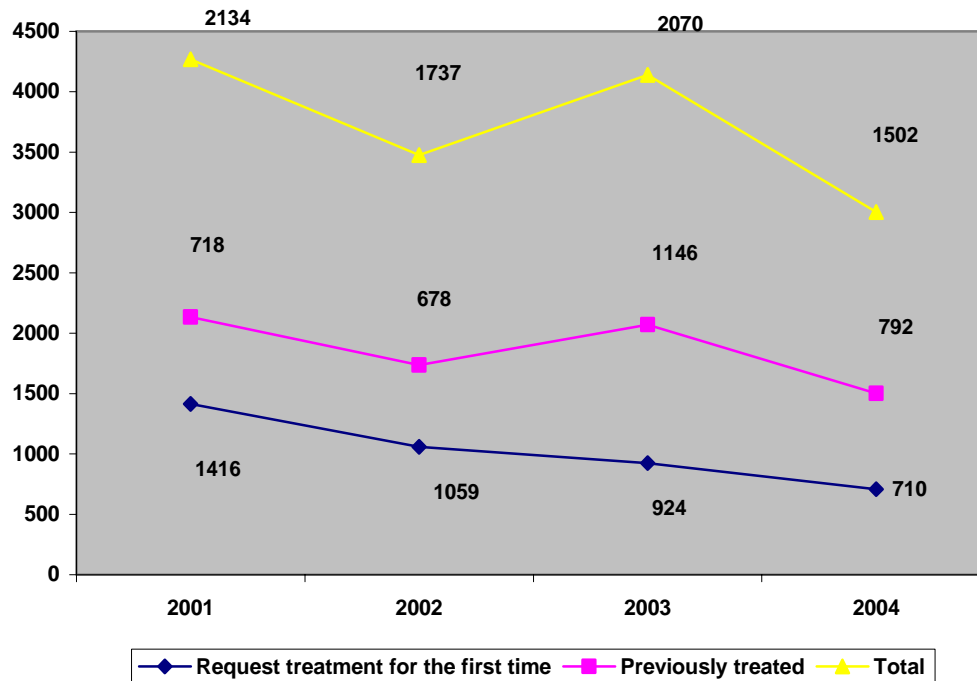


Source: SSMDC

### 5.3 Medically assisted treatment

The following data are presented at national level; it should be mentioned that double counting might have occurred for persons who demanded treatment for drug abuse. Following the trend in drug related treatment demand in the last four years, it can be noticed that the total number of patients under treatment for drug abuse decreased 1.4 times and the number of first treatment demands reduced with almost 50%.

**Figure 5-4: The evolution of treatment demand (number of persons), in the period 2001-2004**



Source: SSMDC

A possible explanation could be offered by the financing system of the drug addicted persons existing in 2004. In Romania, funding is granted based on a retrospective budgetary system and not by a prospective one. The prospective budgetary system could determine the interest for setting up a very clear registration system of persons in treatment, of medical units providing services to drug abusers and it could consequently improve the quality and quantity of data.

In 2004, the expenses with persons demanding treatment for drug abuse were mentioned in Subprogram 2.13 – *The treatment for drug addiction* of the Ministry of Health, strictly correlated with the physical assessment indicators of this Subprogram. The number of patients scheduled in the budget of the national program for the treatment of drug abusers in 2004 was 1,599, and the figure reported by the Medical Documentation and Sanitary Statistic Unit, was 1,502 patients. On the other hand, the almost constant number the persons in treatment, could be explained also by the fact that the number of units, which had reported cases, remained practically the same from one year to another (between 22-24 medical units all over the country).

**Table 5-1: Trend in treatment demand (%) by reporting county, 2001-2004**

	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Bucharest	84.34	75.87	58.93	48.86
Ilfov	6.27	5.52	5.21	2.99
Iași	4.49	6.85	25.79	20.70
Cluj	0	3.22	2.89	17.37
Timiș	1.35	1.49	2.22	1.26
Mureș	0.51	2.53	2.02	1.99
Botoșani	0	0.92	0.24	3.06
Other counties	2.99	3.56	2.65	3.72

Source: SSMD C

The percentage of female patients under treatment is increasing, the male/female ratio being prone to homogeny.

**Table 5-2: Trend in treatment demand, 2001-2004 (sex ratio)**

Male/female ratio	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
First treatment demand	4.6:1	3.9:1	2.9:1	3.5:1
Total persons under the treatment	5:1	3.5:1	2:1	2.2:1

Source: SSMD C

## **Chapter 6 - Health Correlates and Consequences**

Data provided in this chapter are incomplete and reflect the problems encountered by the treatment and recovery system for drug users in 2004:

- The lack of a clear circuit for data collection and reporting and insufficient standardized services to set this circuit up at national level;
- The poor cooperation between responsible institutions (treatment centers, wards of other specialties providing medical services, public health directorates, legal medicine institutions, statistical institutions etc.).

Moreover, the cooperation with the NGOs that develop harm reduction activities was not so profitable although it made some progress as compared to previous years. Most NGOs that provide this type of services are located in Bucharest, which accounts for the main implementation area of these programs.

### **6.1. Drug related deaths and mortality amongst drug users**

- Direct deaths (overdose) and indirect drug related deaths
- Mortality and causes of the deaths amongst drug users

Regarding the DRD indicator, during the 2004 year as compared to the previous one, no significant changes could be mentioned in terms of data collection and processing.

The national definition is similar to the EMCDDA definition. On calculating of the key number of DRD, the age, the diagnosis according to ICD 10 and the type of substance are taken into account.

DRD represent suspect or violent deaths for which, according to the current legislation, the prosecutor order medical expertise to the local legal medical service.

The medical certificate of cause of death (MCCD) represents the legal medical documents issued by any doctor that ascertains the death of a person. According to the current legislation in Romania, these certificates may be issued by the anatomic-pathology ward of the hospital where the decease occurred, by a doctor from the territorial out-door treatment clinic – in case of small-sized community, by the family doctor – if he/she observed the case or, finally, by the ambulance service, in weekends/red days.

Based on this MCCD, the relatives of the dead person obtain the death certificate, which is a legal document. This document is issued by the Marital Status Office within the district city halls. Once the certificate is completed, the clerk also fills in a statistical bulletin containing personal data and the cause of the death (a-immediate cause of death; b- leading cause of death; c-initial morbid status).

The statistical bulletins contain an item for ICD 10 codification. These bulletins are transmitted on a monthly basis to the Statistical Offices within the Public Health County Directorates and also to the one in Bucharest to be codified in ICD 10.

Although the legislation into force in Romania stipulates that the determinant cause of the death should be established and mentioned, the insufficient technical equipment of the analytical and toxicological laboratories within the legal medicine national system on one hand, and the wish of the relatives to hide the real cause of the death on the other hand lead to unreported cases.

If correlations are made between the number of DRD, the great number of IDUs, the number of the treatment demands and that of the clients of harm reduction NGOs, one may assume that the real number of drug related deceases should be higher.

In 2004, some progress was achieved in terms of increasing of awareness of the legal doctors and statisticians within the health system that operate with these data of the reduction of the DRD underreporting quotient. In this way, some of the legal doctors have understood the need to mention in the MCCD the suspicion of acute intoxication with an illegal substance (most frequently heroin) as a possible cause of death.

The national network of legal medicine consists of 53 legal-medical units:

- The National Legal Medicine Institute “Mina Minovici”, in Bucharest;
- 5 Legal Medicine Institutes in the major cities: Iași, Cluj-Napoca, Craiova, Târgu-Mureș, Timișoara;
- 36 County Legal Medicine Services in other municipalities which are county administration cities;
- 11 Legal Medicine Units subordinated to the County Services, located in towns or municipalities which are not county administration cities.

During the year 2004, in all these 53 legal medical institutions 910 specialists had been working in comparison with 899/2003 respectively 869/2002.

The vast majority of legal medicine institutions did not benefit from sufficient human resources in order to ensure that all fields of activities are covered. In 28 counties out of all 41, 1 legal medicine doctor was allocated to approximately 100,000 inhabitants.

Many county legal medicine services do have analytical laboratories but are technically under equipped and except for alcohol concentration testing they cannot perform toxicological, anatomic-pathological and serological investigations.

Four county services run without toxicological laboratories, nineteen run without anatomic-pathological laboratory and in twenty four of them the serological investigations cannot be performed at all. There are also county services without autopsy room and forensic ambulance<sup>18</sup>.

Taking into account that the national legal medicine system represents the main data source for the DRD Epidemiological Key Indicator, we consider that the description of this system and of its above-mentioned dysfunctions could somehow clarify the problems encountered in implementing this indicator in Romania and also the error quotient of submitted data.

During the year 2004, the National Anti-drug Agency and the National Legal Medicine Institute concluded a Protocol for data exchanging and collaboration with a view to setting up the Mortality Register.

According to the above-mentioned report, at national level, the capital excluded, toxicological expertise was performed in 140 suspicious drug related deaths, in 2004. Some of the legal doctors declared that these cases were in fact negative screening tests that could not have been checked nor confirmed because of the lack of analytical equipment (GC/MS).

According to the annual reports submitted by NLMI, in 2004, there were 7 DRD:

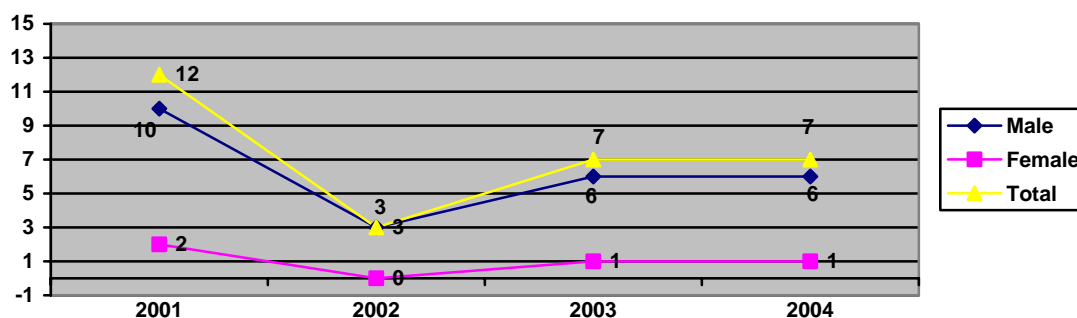
**Table 6-1: Distribution of the number of DRD by age group and gender, in 2004**

GENDER	AGE GROUP					TOTAL
	<15	15-19	20-24	25-29	30>X<65	
MALE	0	3	1	1	0	5
FEMALE	0	1	0	1	0	2
TOTAL	0	4	1	2	0	7

Source: NLMI

<sup>18</sup> Source: The 2004 Legal Medicine National Report

**Figure 6-1: Trend in direct DRD during 2001-2004:**



Source: NLMi

**Table 6-2: Distribution of DRD cases by age group, during 2001-2004**

AGE GROUP	YEAR			
	2001	2002	2003	2004
15-19	4	0	1	4
20-24	2	3	5	1
25-29	0	0	1	2
30-34	0	0	0	0
35-39	0	0	0	0
40-44	2	0	0	0
45-49	2	0	0	0
50-54	0	0	0	0
55-59	0	0	0	0
60-64	0	0	0	0
>65	0	0	0	0

Source: NLMi

By correlating the data resulted from the estimation of IDUs (approx. 24.000/2004) with the number of DRD reported by the NIS (7 cases / year in the last two years) it could be concluded that these are underreported data.

As explained in the beginning of this chapter, the underreporting could have several causes. Nether do we exclude the possibility that some cases of suspect death avoided the legal circuit and the MCCD was issued by family or ambulance doctors when the death occurred in weekends/red days. Additionally, many of these MCCD, even when issued by legal doctors, may contain only the immediate cause of death and not the leading one (for example cardio-respiratory arrest represents the immediate cause of the death while the leading cause could be, in fact, the overdose of heroin) or even mention "unknown cause of the death". In this case the result of the toxicological analysis comes much later when alterations are no longer operated in the statistical bulletins, already filled in by the marital status services and transmitted to the statistical services for codification.

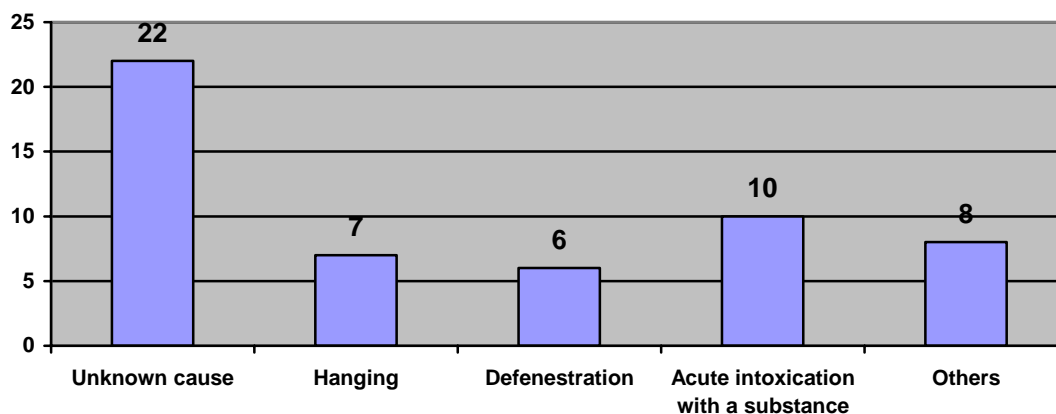
An example of good practice in this field, we considered necessary to adopt, was suggested us by the representatives of the Public Health Institute in Barcelona, who periodically check all MCCD first at city halls and afterwards at the local legal medicine service. By checking, the missing cases, that had been wrongly ascertained or codified, are finally regained. It should be mentioned that this process could last longer because

the files are completed only when the positive results regarding the cases toxicology are available.

In this way, in 2005, the NFP performed an assessment of all registers containing the MCCD issued during 2004, in Bucharest, which were kept by the marital status services. This assessment was done by selecting the 15 – 35 age sample, considered as most exposed to drug abuse.

Data initially resulted from the MCCD considered as most likely to be connected to drugs, are shown in the following figure:

**Figure 6-2: The number of suspect deceases by the immediate cause of death**



Source: NILM

53 MCCD, which seemed to indicate drugs abuse problems, were taken into consideration, and were double checked at the NILM and in the oldest detoxification treatment center in Bucharest (entries dated back to 2000). Thus, it was found that only two of the deceased had been clients of the respective center. Later on, by checking the entries in the NILM closed cases the following was concluded: 9 suspect dead tested positive for the toxicological analyses, of which 3 had died as a consequence of intoxication with medicines – most probably suicide.

The final conclusions of this assessment confirmed the correctness of the officially reported figures, but not necessary the objective reality in Romania.

Yet, by correlating the number of officially reported deaths in Romania with the rest of the European countries (maintaining the proportions related to inhabitants and drug use in population) – which are ranged on a scale from a few dozens to hundreds of cases, with larger-sized states – we assume that some direct DRD are not referred to the legal doctor, and receive a diagnosis that eliminate all suspicion of being linked with drugs.

Additionally it could be mentioned that out of 147 persons admitted in the Emergency Hospital in Bucharest in 2004 for acute drug intoxication (overdose) only one death had been registered, the rest of the patients having recovered (correlation with indirect indicators – see subchapter 6.4).

It is quite obvious that precise conclusions cannot be drawn.

Romania is currently in the stage of harmonizing methodological standards regarding the implementation of this epidemiological key indicator. According to the 2004 available data, the trends in the drugs situation cannot be outlined based on the collected data regarding the implementation of the DRD indicators.

## 6.2. Drug related infectious diseases

### ○ HIV/AIDS, viral hepatitis, STD, tuberculosis, other infectious morbidity

This chapter used the following data sources:

- Treatment centers for drug addiction – detoxification and methadone substitution treatment;
- NGO's developing needle and syringe exchange programs, through *harm reduction activities* (ARAS, ALIAT, Open Doors), united in – RHRN;
- Independent Medical Service, General Penitentiaries Directorate, Ministry of Justice.

In addition, the financial support received through the Global Found ensured tests for the population at risk and for the patients in treatment centers consequently we obtained data on the prevalence of drug related infectious diseases among them.

Several other data sources were identified but not used for this report:

- Infectious Diseases Departments, STD Departments and Obstetrics – gynecology Departments (hospitals);
- Various foundations and associations implementing activities for assistance and social reintegration of drug addicts: “Crucea albastră” (Blue Cross) Foundation from Sibiu, “Bonus Pastor” Foundation from Târgu Mureș etc.

In case of asking for medical assistance for an infectious disease or other somatic diseases, a person may or may not admit he/she is a drug user, because of medical (lack of proper treatment facilities) or legal reasons (it is illegal to possess drugs in Romania, even for personal use).

According to current legislation (year 2004) drug addicts (including those in arrests or penitentiaries) can be treated only in medical units accredited by the Ministry of Health.

The therapeutic circuit in Romania for drug related infectious diseases usually follows the next steps:

- hospital admission for detoxification (either in a special unit or in a psychiatry unit), performing usual analyses and tests for infectious diseases (patient approval is compulsory) – HIV/AIDS and viral hepatitis, establishing a detoxification treatment;
- performing a second analysis for the confirmation of the infectious disease, at a National Reference Institute (“Prof. Dr. Ion Cantacuzino” - Bucharest);
- hospital admission and treatment within an infectious disease department (“Prof. dr. Matei Balș” or “Ștefan Nicolau” hospitals Bucharest – in case of HIV);
- coming back to the detoxification unit.

The medical reporting fiche of a drug addicted patient, which is supposed to be fulfilled upon admission, does have some items regarding HIV and at risk behaviors. These fiches are sent afterwards to the County Public Health Directorate or the Bucharest Public Health Directorate.

Actually, there can be several situations when data regarding HIV or hepatitis status can not be collected:

- Patient's refusal to be tested, partially motivated (especially for VHC) by the difficulties to enter a treatment program;
- Insufficient financial resources, necessary for testing all the patients, so only indoor patients staying for longer periods were tested;
- Difficulties to perform a confirmation test. This test can be done only in a single location (Institute), is quite expensive and sometimes the result comes after a waiting period;
- Insufficient communication between the main actors (detoxification – infectious diseases – detoxification) and lack of a unique identification code for patients;



- Lack of a database at national level containing VHB and VHC cases among drug addicts.

Because all of these motives, the data regarding drug related infectious diseases (HIV/AIDS, VHB and VHC) collected by the Romanian Monitoring Center for Drugs and Drug Addiction pictured the situation only for small population and for a not so precise timeframe making trends and comparisons impossible.

An important part of the risk groups was not tested, even if studies performed by NGO's involved in *harm-reduction* or *outreach* activities revealed that the majority of the members adopted a risk behavior.

Both for tuberculosis and STD there were no data available among drug users.

The medical staff from treatment centers in Bucharest admitted the percentage of the addicts admitted for treatment who suffer from STD (other than HIV/AIDS) was high, mainly syphilis, although no exact figures were available.

### ○ HIV/AIDS and injecting drug use

In June 2003, two grants were signed, for non-reimbursable credits between the Ministry of Health and the Global Fund.

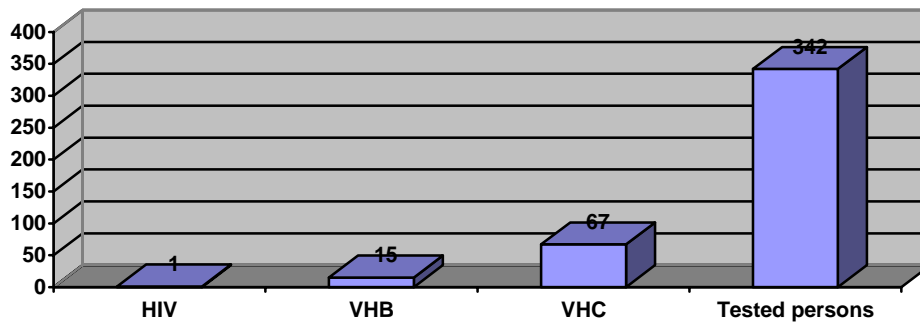
As part of the program *Rising to the challenges of HIV/AIDS: a comprehensive, coordinated multi-sectored response in Romania*, the following major objectives were proposed and approved to be implemented:

1. Ensuring sustainable prevention programs to reduce the transmission of HIV and STIs and the prevalence of drug abuse;
2. Strengthening the national system of health care and psychosocial support to reduce the impact of HIV/AIDS on the people infected, affected and vulnerable;
3. Strengthening the monitoring and surveillance systems for HIV/AIDS and associated risk factors.

As part of the 3<sup>rd</sup> objective, one of the activities was *Developing the system of monitoring and surveillance of drug consumption and abuse* developed in partnership between National Anti-drug Agency – Romanian Monitoring Center for Drugs and Drug Addiction and Public Health Institute, Bucharest. In order to monitor drug related infectious diseases, a number of 4,032 tests for HIV, VHB and VHC were bought by the Public Health Institute Bucharest and sent to treatment centers.

According to the data reported at the end of the year 2004 by the PMU 342 drug addicts from treatment centers (including emergency rooms in county hospitals) were tested anonymously, with pre- and post-testing counseling. 67 cases were VHC positive, 15 VHB positive and 1 case was HIV positive, the resulting prevalence being 19.6% for VHC, 4.38% for VHB and 0.3% for HIV.

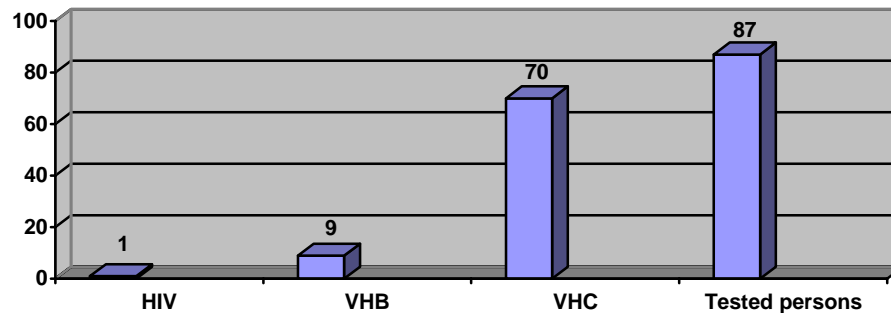
**Figure 6-3: Distribution of DRID cases (no.) from the medical units included in the Global Fund Project, Global Fund Report 2004**



Source: Global Fund, Romania 2004

The biggest methadone treatment center in Bucharest – Mental Health Laboratory IV (LSM IV) counted in 2004 a number of 152 patients in treatment substitution (23 females and 129 males), out of which 87 were tested (57.23%). The results were: 1 case positive for HIV, (1.15%); 9 positive for VHB (10.4%) and 70 positive for VHC (80.5%).

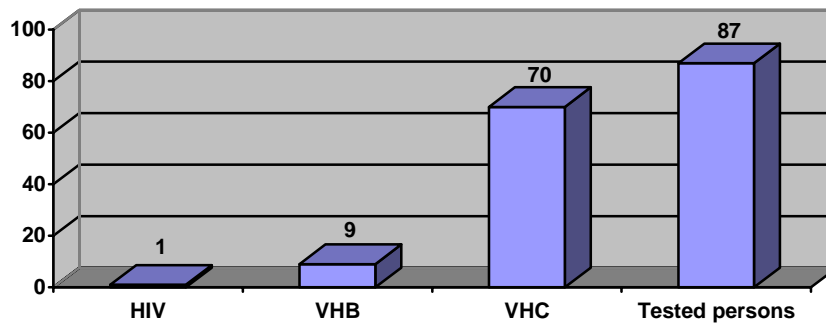
**Figure 6-4: Distribution of DRID cases, Mental Health Laboratory IV, Bucharest 2004**



Source: Mental Health Laboratory IV, Bucharest

The methadone treatment center “Sf. Stelian” Bucharest registered for the first 6 months of 2004 a number of 121 heroin-addicted patients, all injectors. 86 patients were tested, resulting 0 positive cases for HIV, 3 positive for VHB and 41 positive for VHC.

**Figure 6-5: Distribution of DRID cases “Sfântul Stelian” Hospital, Bucharest 2004 January - June**

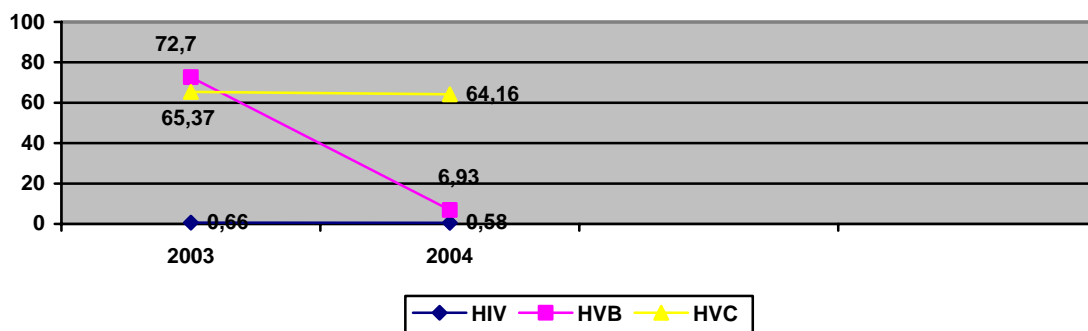


Source: “Sf. Stelian” hospital, Bucharest

Comparing the prevalence for HIV, VHB and VHC in two methadone treatment centers (LSM IV and “Sfântul Stelian” hospital) in Bucharest for two consecutive years (2003 and 2004), it can be noticed the very low prevalence for HIV (less than 1%), an unexplained difference for VHB and a stability for VHC – at high level, unfortunately.

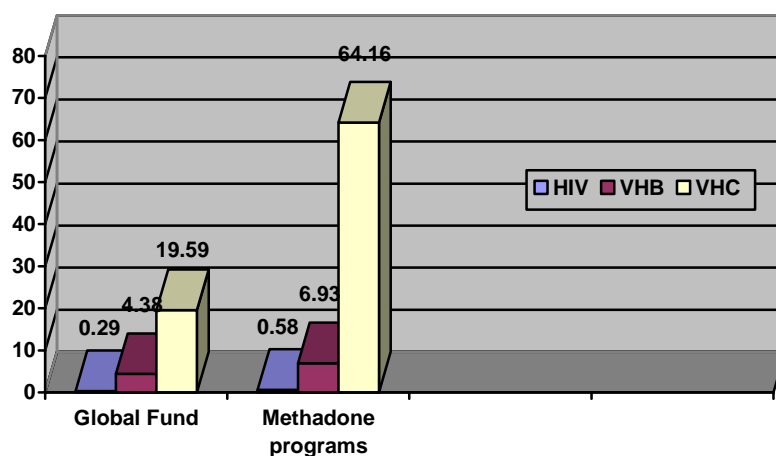
The medical staff working in treatment centers estimated that “9 cases out of 10 drug addicts are VHC positive”. HIV cases were confirmed through Western Blot, while VHB and VHC cases were estimated only through HBs Ag, respective HVC Ab, with no confirmation tests.

**Figure 6-6: Compared prevalence for DRID, 2003-2004, two methadone centers from Bucharest**



Source: RMCDDA and Bucharest Public Health Institute Report

**Figure 6-7: Compared prevalence for DRID (methadone programs vs. Global Fund data), Bucharest 2004**



Source: Global Fund Report 2004

As can be noticed, there is a major difference for VHC prevalence between the data reported by the Global Fund assessment as compared with the data found in the methadone treatment centers (19.59% vs. 64.16%). The limits of the above-mentioned assessments consist in the lack of a unique code for data collection in the Global Fund Report while the data from treatment centers were personal data and thus unique. In addition, it was not clear if the Global Fund sample was entirely made of IDU (hence the low prevalence for VHC) and neither if there were common cases in the two samples. The very low prevalence (less than 1%) in both samples, mostly unchanged for the last 3-4 years are difficult to explain, since the majority of the drug users are at risk (sharing their needles, syringes or paraphernalia). A possible explanation is that a “critical mass” inside the IDU community has not been reached yet.

Another important data source regarding HIV/AIDS infection in Romania was the National Commission to Fight against AIDS, Ministry of Health. The Commission has a database, with data collected from eight Regional Centers for Monitoring and Evaluation (7 regional plus 1 in Bucharest). The database was analyzed inside the AIDS Monitoring and Evaluation Department from the Infectious Diseases Institute “Prof. dr. Matei Balș” Bucharest. In the database, there are about 15,000 cases collected since 1985, out of which 11,000 are still alive (31 December 2004), with more than 7,600 patients being monitored (HIV plus AIDS cases).

Regarding the use of injecting drugs, the database contains 5 cases of AIDS (two females and three males), 9 cases of HIV (males) and one case of fetal transmission (mother that was an IDU). No mention was made on the size of the sample and on the timeframe considered to determine a trend by using these data.

For 2004, the National Commission to Fight against AIDS reported a number of 310 tests HIV/AIDS among IDUs with two positive tests (one male and one female) resulting in a prevalence of 0.64%.

### 6.3 Psychiatric Comorbidity (dual diagnostic)

There aren't any official data available for 2004.

Unofficial data suggest an important percentage of the drug users do have psychiatric problems.

A Global Fund study (*Estimating infectious diseases comorbidity among drug users*) implemented by the Public Health Institute, Bucharest edited in December 2004 (with

2003 data) revealed that 49.3% of the patients treated for drug addiction had different psychiatric problems (based on questionnaires filled in by medical personnel in treatment centers or psychiatry departments).

Beginning with the second half of 2004, through the Global Fund Program, all treatment centers in Bucharest began using new standard fiches for *Drug related treatment demand* indicator. These new fiches have an item regarding psychiatric comorbidity.

## 6.4 Other drug related health correlates and consequences

### ○ Non-fatal drug emergencies

During the year 2004, the Emergency Hospital in Bucharest registered an excellent rate of recovery with the patients with heroin acute intoxication.

In the reference year, 147 persons were brought to the emergency room of the hospital for drugs acute intoxication. 144 persons suffered from acute intoxications with heroin. Out of these persons it was only a young 22 year-old man who died of heroin overdose. The rest of them recovered. Three patients suffered other drug acute intoxications (codeine, pentazocine, and methadone). They also recovered.

**Table 6-3: Non-fatal drug emergencies breakdown by age group – heroin, 2004**

GENDER	AGE GROUP										
	< 15	15-19	20-24	25-29	30-34	35-39	40-44	45-50	55-59	60-64	unknown
MALE	1	11	37	33	14	4	1	0	0	0	4
FEMALE	0	5	15	13	2	1	1	0	0	0	1
TOTAL	1	16	52	46	16	5	2	0	0	0	5
<b>GRAND TOTAL</b>	<b>143</b>										

Source: Emergency Hospital in Bucharest

**Table 6-4: Non-fatal drug emergencies breakdown by age group – other substances, 2004**

GENDER	AGE GROUP										
	< 15	15-19	20-24	25-29	30-34	35-39	40-44	45-50	55-59	60-64	unknown
MALE	0	1 (methadone)	0	0	0	0	0	0	0	0	0
FEMALE	0	0	0	1 (Pentazocine)	0	0	0	1 (codeine)	0	0	0
TOTAL	0	1	0	1	0	0	0	1	0	0	0
<b>GRAND TOTAL</b>	<b>3</b>										

Source: Emergency Hospital in Bucharest

## ○ Driving under the drug influence / accidents

In 2004, the Traffic Police did not possess appropriate means for anti-drug testing (testing kits) in case of routine check ups or accidents. According to the legislation into force in 2004, all tests performed with a rapid test kit must be confirmed by the Legal Medicine Institute – which is very difficult to achieve, especially because of the financial and technical problems (insufficient analytical equipment, the lack of specific reagents and small number of experts).

According to the new Traffic Code, adopted in December 2002, a person driving a vehicle or tramway on public roads under the influence of alcohol (with an alcoholic intoxication over 0.80 gram/liter pure alcohol or a concentration of pure alcohol in exhaled air higher than 0.40 milligram/liter) or of products/substances or medicines having similar effects shall be punished by incarceration for a five-year term.

Also a person who knowingly entrusts a vehicle or a tramway to a person who suffers from psychiatric disturbance or is under the influence of narcotic products / substances or medicines having similar effects shall be punished by incarceration for a term of 6 months to 3 years.

## Conclusions

- The prevalence of the infectious diseases (HIV/AIDS, HVB and HVC) among injecting drug users (IDUs) is relatively unchanged in the last years, namely less than 1% for HIV/AIDS, between 5-10% for HVB (except for the high prevalence in 2003 – 72,37% found in the Global Found/ World Bank report) and more than 60% for HVC;
- The national database for viral hepatitis with 13,631 new cases in 2004 – out of which 730 cases in Bucharest, contains no separate data regarding HVB/HVC or the causes that generated the disease: injection, sexual intercourses, transfusions, etc
- Until 2004 it was not possible to eliminate the double counting of the cases. The only database available at European standards belongs to the NCF/AIDS;
- There is no clear circuit regarding the infectious diseases data (data collection was done separately by Sanitary Statistical and Medical Documentation Centre within the Ministry of Health or by the National Health Insurance House);
- There was no efficient cooperation between the data sources institutions
- The lack of the financial resources had a double impact: firstly it limited the possibility to perform confirmation tests (the HVC case) or other important tests (the HBs and HBc antibodies for HVB) and secondly it deterred HVB/HVC positive patients from entering a therapeutic program. In addition, IDU were not stimulated to perform tests and to adopt a healthy behavior;
- The programs developed through the Global Found since 2004 contributed to the implementation of the key indicators *Drug related treatment demand* and *Drug related infectious diseases*, the results for Bucharest remaining to be evaluated in 2005;
- The very low prevalence for HIV among IDU suggests the opportunity of prevention and harm reduction programs within this group. The data from 2004 revealed that few injecting drug users (IDU) accessed medical and social services (max 10% in Bucharest), an important percentage of them remaining untested and unassisted. In this area, the cooperation between NAA, other governmental institutions and NGO's has to be improved, mainly because syringe exchange or *outreach* programs were implemented only by NGO's.
- In 2004, the price of a screening test for HVB was 300,000 ROL (8 Euro), the confirmation test for HVB (HBs Ag) was 1,000,000 ROL (27 Euro), other tests for HVB (antigens and antibodies) around 400,000 ROL (11 Euro); for HVC

screening test (the HVC antibodies) the price was in 400,000 ROL (11 Euro), confirmation test for HVC 4,000,000 ROL (110 Euro); HIV ELISA test was 600,000 ROL (16.5 Euro) and Western – Blot test 2,000,000 ROL (55 Euro) (Source The “Cantacuzino” Institute)

## Chapter 7 – Responses to Health Correlates and Consequences

### 7.1. Prevention of drug related deaths

The prevention of the overdose (training on drug injecting, first aid, injecting room, antagonists etc.)

The Romanian Harm Reduction Network comprises of three NGOs (ARAS, ALIAT and Open Doors) that develop activities for reducing the risks regarding the illicit drug injecting, mainly distribution of clean injecting equipment and paraphernalia.

### 7.2 Prevention and treatment of drug related infectious diseases

Prevention programs for drug related infectious diseases were implemented in 2004 both by state institutions (informing and testing) and through NGO's (*harm-reduction* and *outreach* activities).

As part of the first objective of Global Fund Program (see chapter 6.2) NGO's implemented prevention activities for drug use, addressing both the general population and at risk groups. Among these organizations, the most important were ARAS, ALIAT, Open Doors, Save the children. The main activities consisted in: promoting a mass-media campaign, addressing youth with messages regarding the risks of drug abuse, promoting a national study regarding Knowledge, attitudes and practice among 15-24 years old population for drug use and abuse, HIV and STD infections. Thus, a number of 124 trainers and 1,059 peer educators were trained, 184 *outreach* activities were implemented with 85,000 condoms and more than 400,000 informative materials distributed. Two needles and syringe exchange centers (at "Prof. Dr. Matei Bals" Hospital and "Alexandru Obregia" Hospital) were financed plus a number of *outreach* activities targeting IDUs – informing, counseling, testing for HIV, VHB and VHC. Beneficiaries were about 2,000 IDUs, about 193,000 syringes were distributed (47,660 of them were returned), 421 IDUs were tested and almost 1,400 IDU were counseled and referred to different medical services. Within the *Education for health* program, drug related subjects were developed in order to be inserted in the school curricula.

The activities that were part of the second objective addressed both the general population and drug users, as follows:

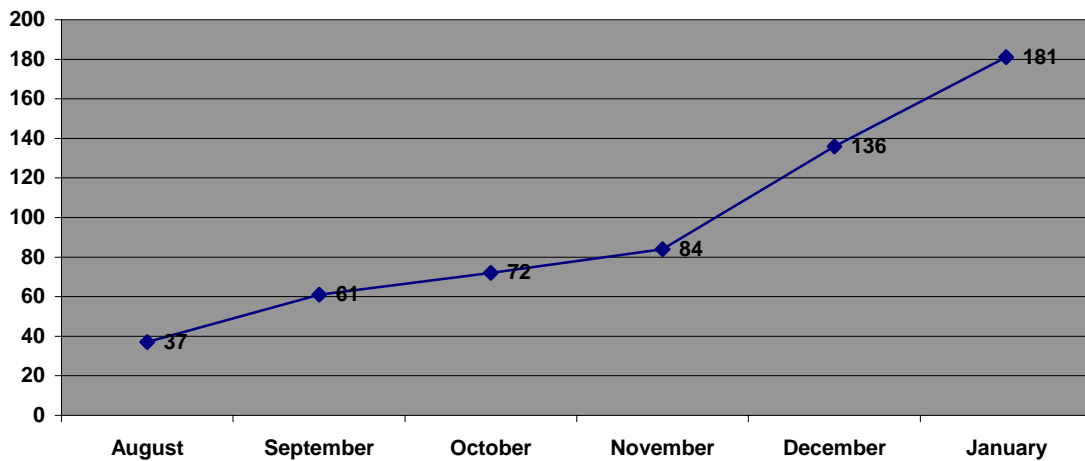
Strengthening the national system of health care and psychosocial support to reduce the impact of HIV/AIDS on the people infected, affected and vulnerable (Bucharest Public Health Institute, National Anti-drug Agency, National Penitentiary Administration) – standards for the treatment and care of the illegal drugs users and the curricula for training staff in drug prevention and treatment units were developed. Also, 20 health professionals were already trained in drug dependency issues.

Needles and syringes exchange programs were implemented (end of 2004) only by NGO's and only in Bucharest. According to the data provided by the sub-recipient, we can appreciate the coverage of the needs regarding needles and syringes of maximum 10% (about 2,000 beneficiaries from an estimated number of 24,000 IDUs in Bucharest), the result highlighting a high prevalence of VHC (more than 80% in the methadone treatment centers) and the adoption of risk behavior (sharing needles and syringes).

Such a program (Needles and syringes exchange program) called *Health Options* was implemented in Bucharest starting with August 2004, in 4 of the 6 city districts. By the end of 2004, the *outreach* workers had assisted 136 IDUs (181 in January 2005) and distributed 23,500 syringes (2,444 were returned) and 6,641 condoms.



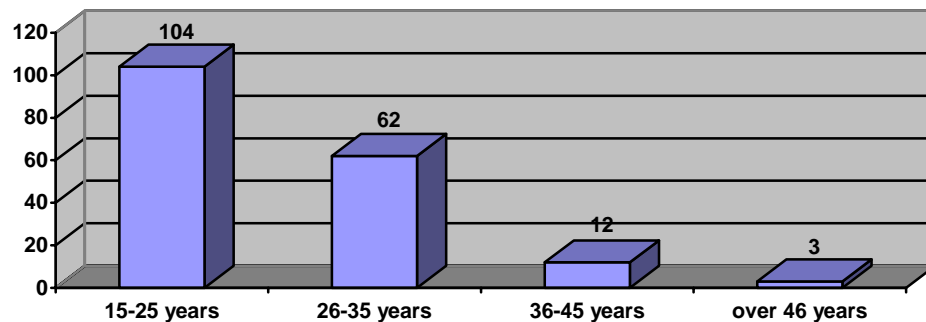
**Figure 7-1: IDUs assisted through *Health Options* program, Bucharest 2004**



Source: ARAS

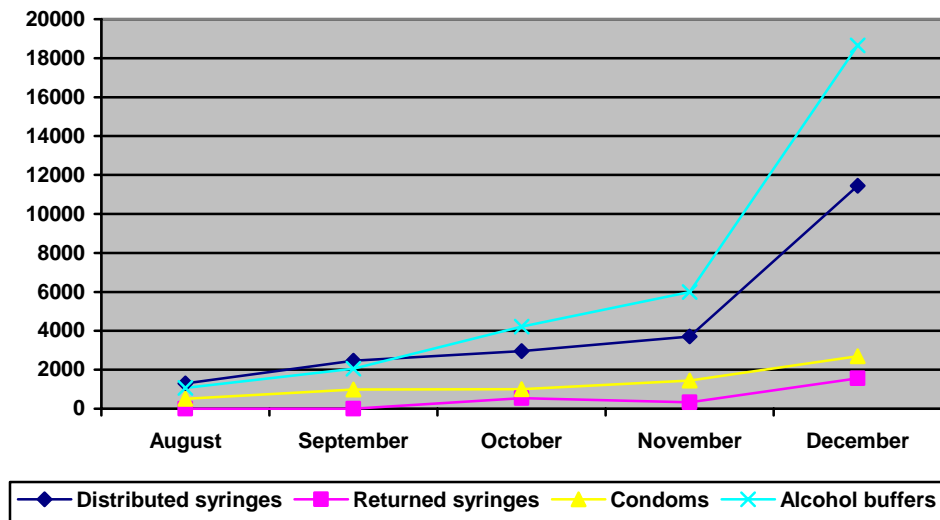
The majority of the clients belonged to the 15-25 age group (104 out of 181, i.e. 57%), followed by the 26-35 age group (62 de clients - 34%), a total of 92% of the clients being less than 35 years old.

**Figure 7-2: Number of clients benefiting from *Health Options* program, age groups, Bucharest 2004**



Source: ARAS

**Figure 7-3: Injecting equipment distributed through *Health Options* program, Bucharest 2004**



Source: ARAS

According to the current legislation, HIV testing is compulsorily performed with pre- and post- counseling. A National Institute was nominated as reference center for the confirmation of the results („Prof. Dr. Ion Cantacuzino” Institute, Bucharest). All these activities were financed from public budget, through National Programs coordinated by the Ministry of Health.

## Chapter 8 - Social Correlates and Consequences

### 8.1 Social Exclusion

#### ○ Homelessness

It was estimated<sup>19</sup> at national level the number of homeless people situated between 10,000 -11,000 people, over 5,000 of them living in the capital city Bucharest.

The statistical data available, regarding “street children’s” licit and illicit drug use were provided by NGO Save the Children Romania on the basis of the study *Street children and youngsters` drug use*, conducted in Bucharest in 2002 and published in 2003.

#### Methodological considerations:

- Area covered: Bucharest
- Target population: Street children
- Sample size: 148 persons
- Sampling procedure: random and using the data base of the Social Street assistance network of Save the Children, Romania
- Data collecting methods: sociological questionnaire containing 39 questions with open and defined answer choices, structured observations of the field operators realized while applying the questionnaire, open discussions conducted by the social workers/field operators in performing other activities such as hygienic/sanitary materials or food distribution, health information/education sessions.
- Data collection: March-June 2002.

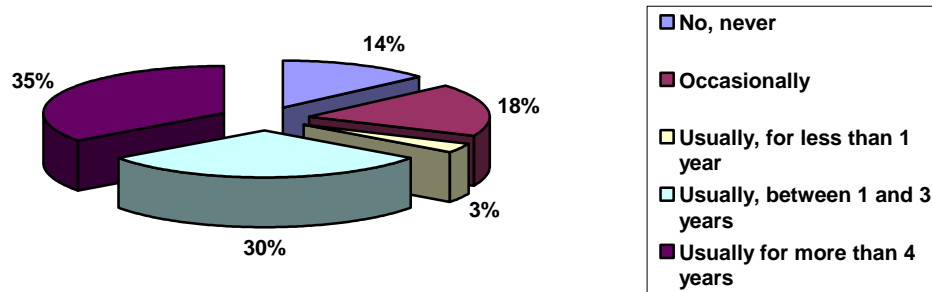
The study outlines the following main conclusions:

- 90% of the subjects were smokers; the smoking behavior began in the 9-10 average age interval;
- Alcohol use among street children began in the 11-12 average age interval; registering a 95% lifetime alcohol prevalence among the investigated subjects.
- Solvents were inhaled at young ages, the mean onset age interval was 7-10, almost 70% of the street children and youngsters declaring daily solvents use behavior;
- Injecting strong drugs (heroin) began in the 11-13 average age interval, and the lifetime prevalence of heroin use is 31.4%. Of the respondents, 11.5% reported having given heroin up, 19.8% declared they were still using heroin, and 13% out of the youth living in the street were evaluated as addicts by analyzing their answers to several specific questions.

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<sup>19</sup> Data provided by the study Housing Diagnosis: *Homelessness and improper housing* by Life Quality Research Institute in collaboration with National Statistics Institute (between September 2003 and February 2004) in a project financed by the Ministry of Education and Research

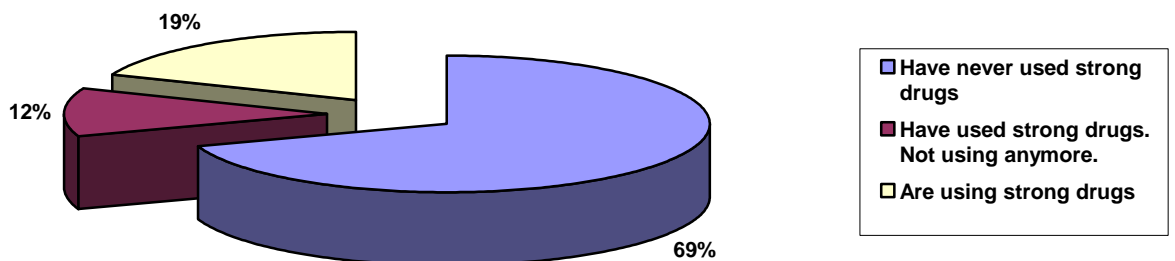
**Figure 8-1: Frequency of solvents use among street children**



Source: Save the children

The figure of 13%, illustrating the proportion of heroin addicts among street children might be considered alarming if we compared with previous studies targeting street children population. The study conducted in 1998-1999 by the NGO Save the Children and UNICEF Romanian Quarter mentioned that the dimension of strong drug use within street children was insignificant.

**Figure 8-2: Frequency of “strong” drugs (heroin) use among street children**



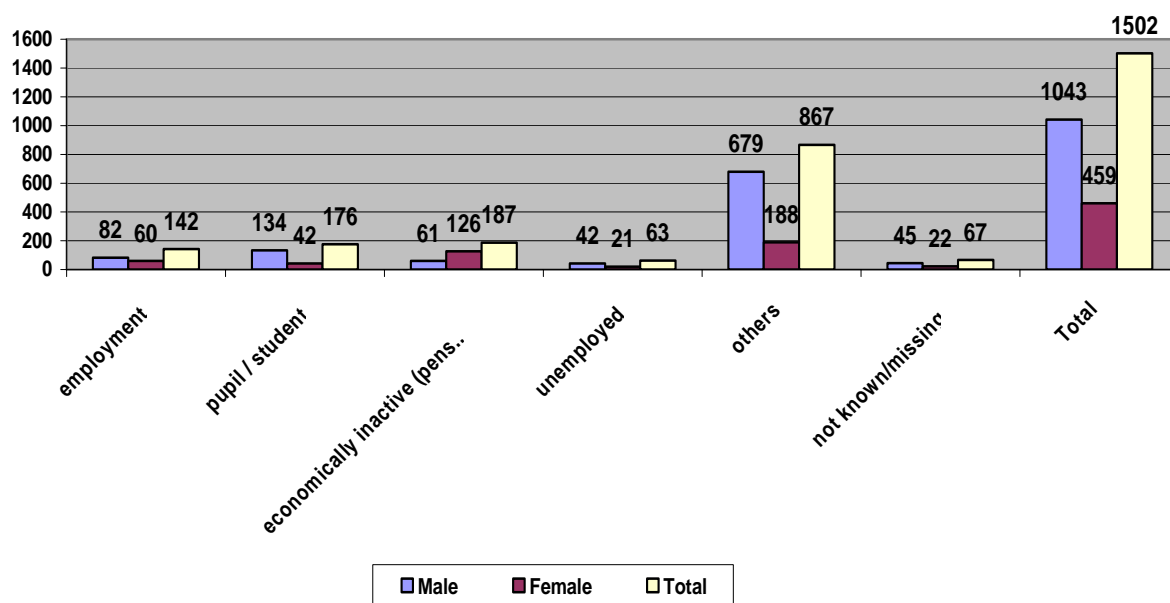
Source: Save the children

### ○ Unemployment

The problem of unemployment among drug users or persons in treatment for drug addiction represents an important barrier in the process of social reintegration and for the access to medical services in Romania.

The proportion of the unemployed people among drug addicts under treatment is lower.

**Figure 8-3: Labor status of the persons in treatment, by gender, 2004**



Source: SSMDC

## 8.2. Drug related Crime

### ○ Drug related offences and illicit trafficking in drugs

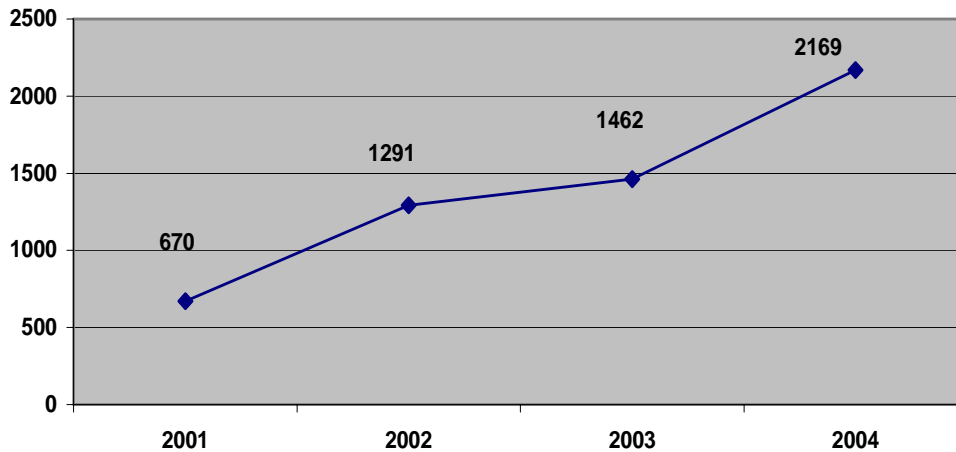
In 2004, the police reported 2,169 offences in violation of the Law No.143/2000 on countering illicit drug trafficking and use, in comparison to the previous year, when 1,462 offences had been registered.

The number of drug law offences registered a 48.3% increase in 2004 as compared to 2003.

Of the offences in violation of the Law No.143/2000 reported by the law enforcement agencies in 2004, the ones related to trafficking, respectively unlawful sale, distribution, purchase and possession of drugs accounted for about 53%. The offences provided for by the art. 4, i.e. unlawful cultivation, production, manufacture, testing, extraction, transformation, purchase or possession of drugs for personal use, accounted for about 38.4%.

- Drug law offences

**Figure 8.3: Trend in offences in violation of the Law no.143/2000, reported during 2001-2004**



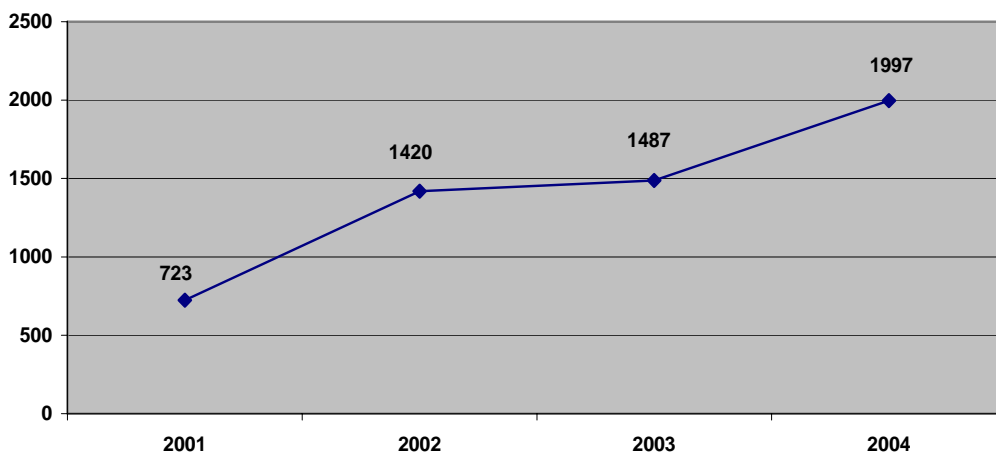
Source: General Inspectorate of Romanian Police – Directorate for Statistics, Judicial and Operative Records

A significant part of the reported offences consisted of illegal operations such as selling on the domestic market and possessing for personal use small quantities of drugs of abuse (hashish, cannabis, heroin and ecstasy).

**Territorial representation of drug offences**

In 2004, drug offences committed in the urban area remained at a high level – 91.1%. At the same time, in the reference year increased the number of identified and investigated offenders in violation of the Law no. 143/2000.

**Figure 8-4: Trend in the number of offenders investigated by the police, since 2001**



Source: General Inspectorate of Romanian Police– Directorate for Statistics, Juridical and Operative

In 2004, out of the 1,997 persons identified and investigated by the police for offences under the Law no. 143/2000, 1,219 offenders were caught in the act, this indicator showing a continuous increase in the last three years.

Although, in the analyzed period, the caught in the act offenders accounted for a high percentage of 71.6, out of them only 35.7% have been provisionally arrested. In 2004,

increase registered in the percentage of the people investigated under the state of freedom – 69.4%, in comparison to 22.7% in 2001.

### The dynamics of the investigated offenders

By age, gender, education, occupation, criminal record, ethnic group, citizenship.

#### By age

During 2001-2004 there was stable increase of the number of minors and youngsters investigated for drug law offences, as follows:

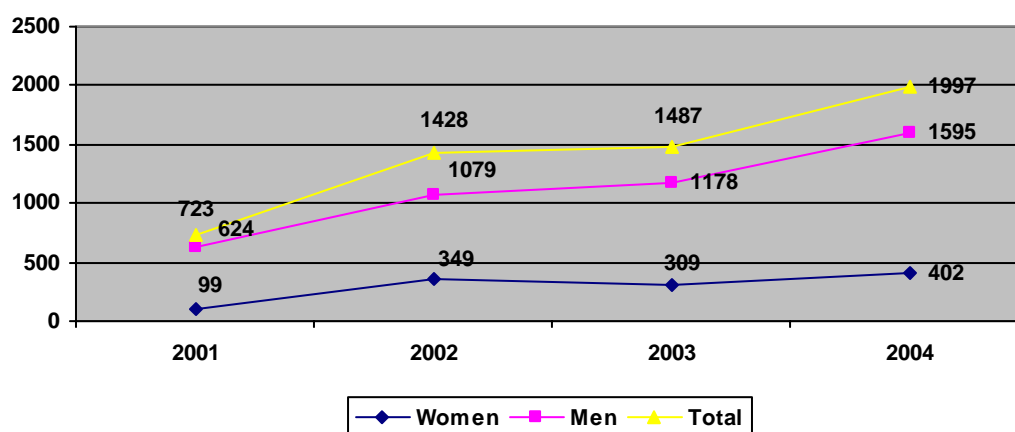
- criminally liable minors, investigated for drug law offences, registered relatively constant percent levels in the last four years (6.1% in 2001, 6% in 2002, 6.3% in 2003 and 6.7% in 2004).
- in 2005, 5 minors under 14 were involved in illicit drugs trafficking, which shows a decrease in the age of the minors involved in such illegal activities;
- the number of youngsters (18-20 years) showed a relatively low variation in the timeframe 2001-2004 (20.7% in 2001, 13.6% in 2003 and 15.6% in 2004);
- to the age group 21-29 fall most of the investigated people for drug law offences (49.1% in 2001, 43.9% in 2002, 46.3% in 2003 and 45.8% in 2004);
- after having increased up to 36% in 2002, the number of drug offenders over 30 registered a relative decline in 2003 (33.5%) and 2004 (31.4%).

#### By gender

According to gender, it could be stated that offences of illicit drug trafficking and use committed mostly men (79.4%), while women began to get more involved in such offences since 2002.

Although we are witnessing a type of criminality in which male offenders prevail (624 in 2001, 1,079 in 2002, 1,178 in 2003 and 1,595 in 2004), the increasing number of female offenders was significant (from 99 in 2001, to 349 in 2002, 309 in 2003 and 402 in 2004).

**Figure 8-5: Trend in the number of investigated offenders, by gender, in 2001-2004**



Source: General Inspectorate of Romanian Police– Directorate for Statistics, Juridical and Operative Records

#### By education

Of the total number of investigated people in the analyzed period, the ones who graduated gymnasium represented the category most involved in this type of offences, while high school graduates came second.

We should mention the slight increase in the number of offenders with higher education (5.2% in 2001, 9% in 2002, 8.5% in 2003 and 9.9% in the year 2004).

**Table 8-1: Distribution of the people investigated by the police for drug law offences, by education**

	2001	2002	2003	2004
Gymnasium	413 (57.1%)	679 (47.5%)	813 (54.6%)	904 (45.3%)
Vocational school	17 (2.3%)	24 (1.7%)	27 (1.8%)	32 (1.6%)
High school	218 (30.9%)	468 (32.8%)	395 (26.5%)	680 (34.1%)
Higher education	38 (5.2%)	129 (9%)	126 (8.5%)	181 (9.1%)

Source: General Inspectorate of Romanian Police– Directorate for Statistics, Juridical and Operative Records

According to this indicator, it can be stated that unoccupied people represented the category most involved in illicit drug trafficking and use, which peaked in 2003 when it accounted for 64.8%.

In 2004, 72.6% of the unoccupied drug law offenders were young.

**Table 8-2: Representation of drug law offenders, by occupation**

	2001	2002	2003	2004
Unoccupied drug offenders (total)	455 (62.9%)	825 (57.8%)	964 (64.8%)	1106 (55.4%)
Unoccupied young people	342 (75.2%)	526 (63.8%)	644 (66.8%)	804 (72.6%)
Occupied people (total)	268 (37.1%)	603 (42.2%)	523 (35.2%)	891 (44.6%)

Source: General Inspectorate of Romanian Police– Directorate for Statistics, Juridical and Operative Records

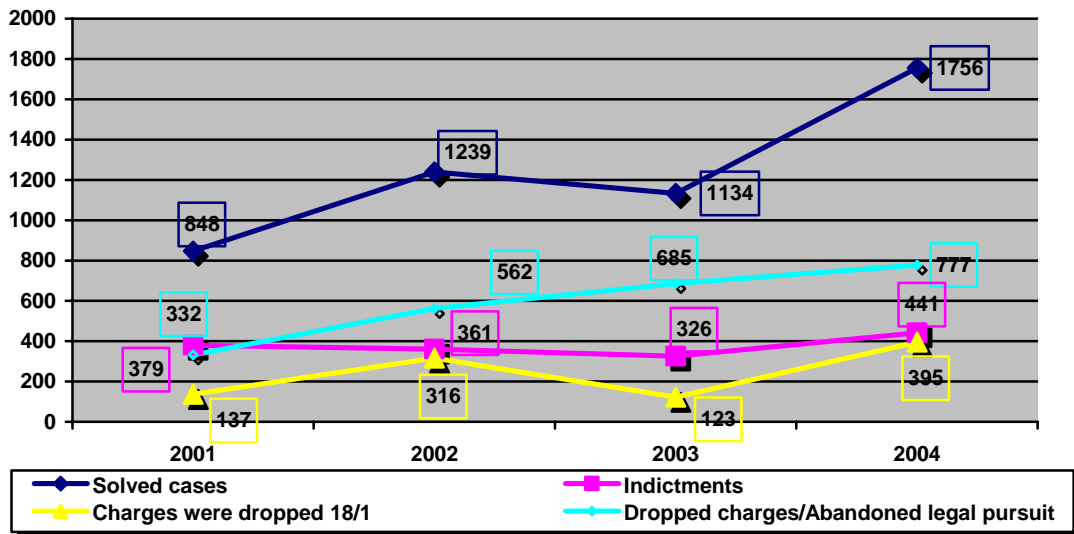
### **The dynamics of the penal cases conducted by the Prosecutor's office**

The upward trend of criminality in the field of illicit drug trafficking and use is revealed by the situation of the conducted penal cases and the number of charged and prosecuted people by the prosecutor's office.

The 2001-2004 period of time was marked by the increasing number of penal cases solved by the Prosecutor's office. Thus, in comparison to 2001, there were 46.1% more penal cases solved in 2002, 33.7% more in 2003 and 107% more in 2004.



**Figure 8-6: The situation of the penal cases conducted by the Prosecutor's office since 2001**



Source: General Inspectorate of Romanian Police– Directorate for Statistics, Juridical and Operative

The concentration of the crime phenomenon in large urban centers was revealed also by the amount of solved cases and the number of offenders investigated and prosecuted by the Prosecutor's offices with the Appeal Courts in the big cities (Bucharest, Cluj, Timisoara, Pitesti, Ploiesti, Constanta, Iasi).

In relation to 2003, the analysis of the 2004 data in the table below showed the increasing number of recorded cases, solved cases, investigated people in the solved cases and prosecuted offenders.

**Table 8-3: Territorial distribution of the cases conducted by Prosecutor's offices, 2003-2004**

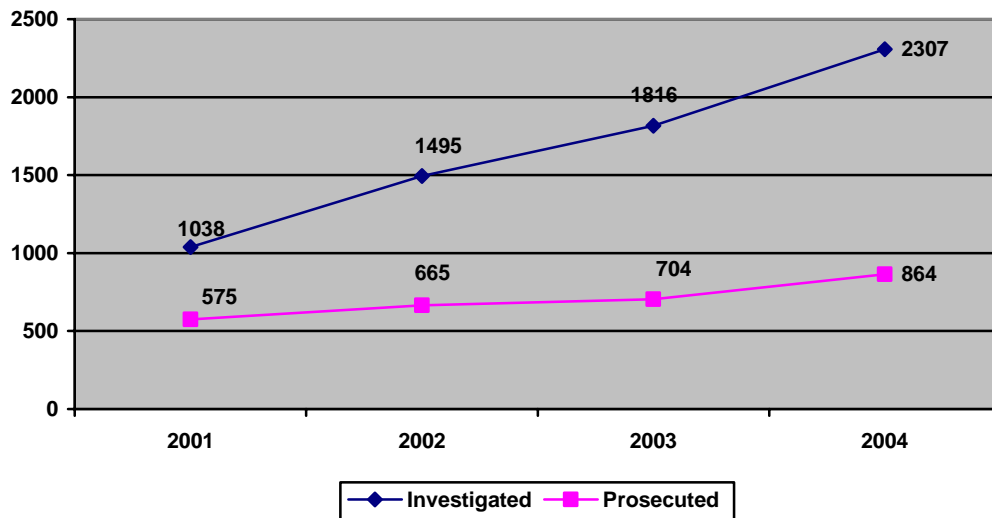
Prosecutor's office  Year	Recorded cases		Solved cases		Investigated people in solved cases		Prosecuted people	
	2003	2004	2003	2004	2003	2004	2003	2004
P.O.C.A. Alba	35	62	31	54	67	76	16	8
P.O.C.A. Bacău	28	58	22	49	12	74	16	11
P.O.C.A. Braşov	12	42	7	33	37	47	2	25
P.O.C.A. Bucharest	834	1317	534	999	755	1151	354	433
P.O.C.A. Constanţa	130	132	61	100	109	9	19	28
P.O.C.A. Cluj	44	114	42	49	39	136	25	49
P.O.C.A. Craiova	54	110	64	90	69	116	7	33
P.O.C.A. Galaţi	24	14	21	12	34	25	21	13
P.O.C.A. Iaşi	42	70	38	60	113	146	42	34
P.O.C.A. Oradea	30	37	17	37	35	59	21	15
P.O.C.A. Piteşti	18	40	16	26	31	59	5	26
P.O.C.A. Ploieşti	50	66	42	66	67	91	15	27
P.O.C.A. Suceava	48	53	46	43	50	53	4	12
P.O.C.A. Tg. Mureş	37	16	37	22	49	29	13	138
P.O.C.A. Timişoara	51	85	42	48	103	80	42	31
D.I.C.O.C.T.	154	88	114	67	246	141	102	111
Total	1591	2304	1134 (71.3 %)	1756 (76.2 %)	1816	2307	704 (38.7%)	864 (37.4%)

Source: Prosecutor's office with the High Court of Cassation and Justice

#### The dynamics of the people investigated and prosecuted by the Prosecutor's office

In the reference period, the number of the people investigated by the Prosecutor's offices increased constantly: from 1,038 in 2001, to 1,495 in 2002, 1,816 in 2003 and 2,307 in the year 2004. At the same time, although the number of investigated people increased, the number of the prosecuted diminished from 55.4% in 2001, to 44.5 % in 2002, 38.8% in 2003 and 37.4% in the year 2004.

**Figure 8-7: Trend in the number of people investigated and prosecuted by Prosecutor's offices, during 2001-2004**

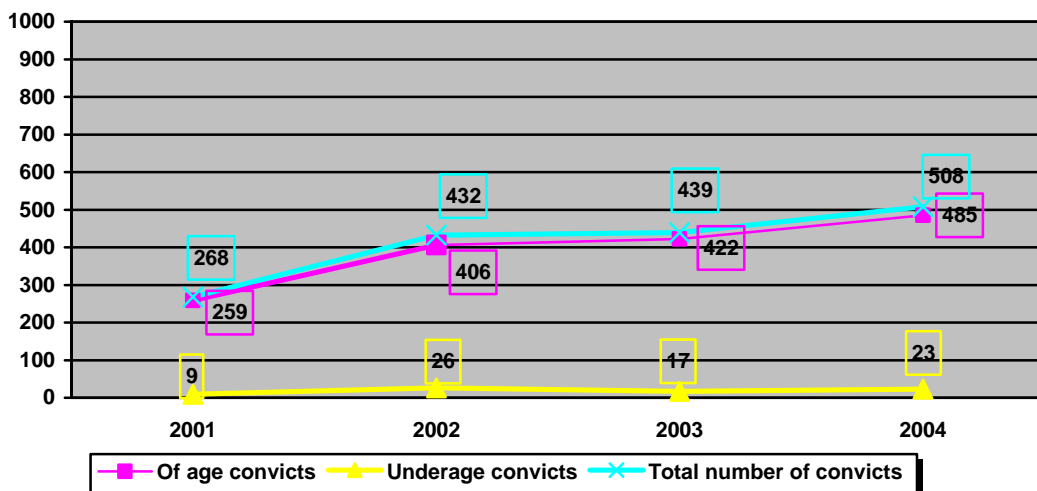


Source: Prosecutor's office with the High Court of Cassation and Justice

### Dynamics of the convicts

In the context of the escalating drugs phenomenon, law courts had shown since 2001 more determination and imposed prison sentences to an ever-larger number of drug law offenders. As such, if in 2001, 281 accused had been convicted, in the following years the number almost doubled, reaching the 432 mark in 2002, 439 mark in 2003 and 508 mark in 2004. On the other hand, the significant number of minors convicted for serious drug trafficking offences is a matter of concern (3.3% in 2001, 6% in 2002, 4% in 2003 and 4.5% in 2004).

**Figure 8-8: Trend in the number of convicts for drug related offences, since 2001**

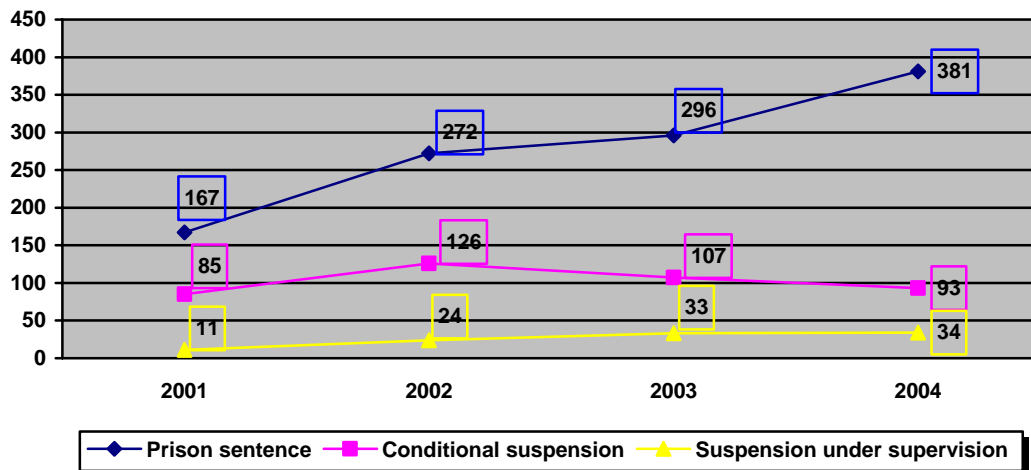


Source: Ministry of Justice

## The situation of the sentences imposed to convicts

The social danger of the offences in violation of the regime of drugs is reflected by the slight percent increase of the prison sentences imposed by the court (62.3% in 2001, 62.9% in 2002, 67.4% in 2003 and 75% in 2004), in comparison with the other solutions, such as conditional suspension of the sentence and the suspension of the execution of the sentence under supervision.

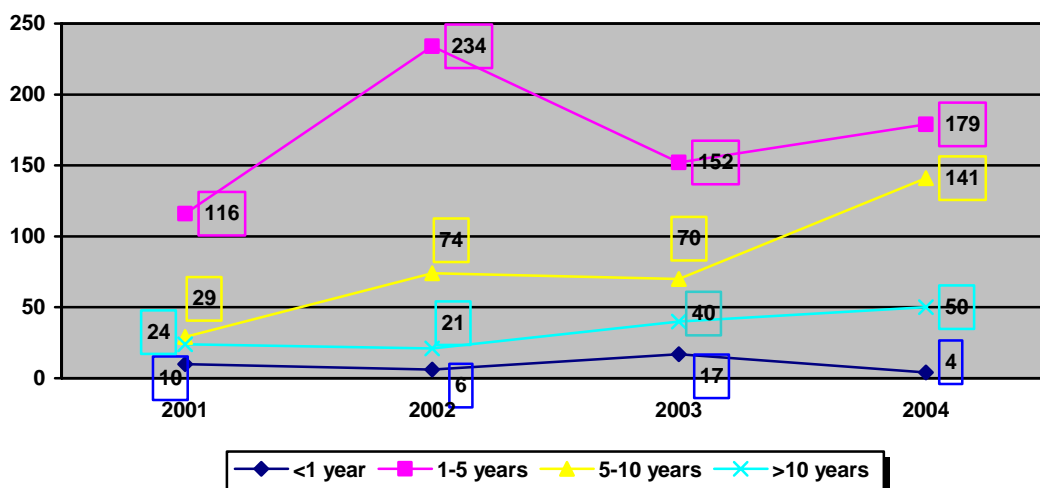
**Figure 8-9: Trend in sanctions, by type of penalty, 2001-2004**



Source: Ministry of Justice

The determination of the courts to enforce the law was proven by the number of prison sentences of 5 to 10 years which had increased from 29 in 2001 to 141 in 2004 (16.2% in 2001; 22.1% in 2002; 25.1% in 2003; 37% in 2004). The year 2004 was a confirmation of this attitude, as the number of prison sentences over 10 years increased two-fold as compared to 2001.

**Figure 8-10: Trend in prison sentences, by term, 2001-2004**



Source: Ministry of Justice

## Illicit cultivations

In 2003, 29 cannabis cultivations, for which there were no legal licenses, had been monitored until harvest time. Law enforcement agencies acted preventively in order to stop cannabis plants or their vegetal products from being diverted to traffickers and to convince those who had been traditionally cultivating hemp for textile fibers and seeds to obtain all necessary licenses for legal hemp cultivation.

In 2004, more unauthorized cannabis cultivations were identified and monitoring measures were taken. 164.658 kg of cannabis plants were taken weighed and destroyed off a total surface of 34 ha.

In 2004, 3 illicit opium poppy cultivations were reported.

○ **Other drug related crimes** (e.g. property crimes, illegal prostitution, violence under the influence, driving offences, etc.)

No available data.

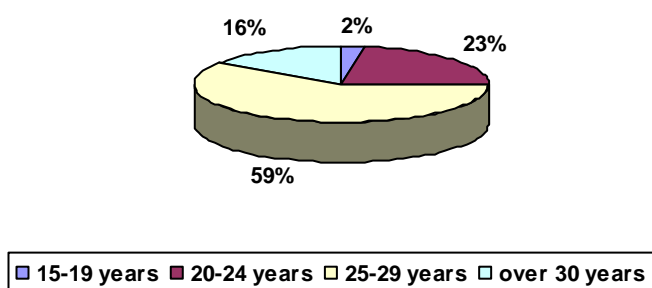
## 8.3 Drug use in prison

For 2004 the evaluation regarding drug use in prison was possible only according to the self-declared data, signed when entering the penitentiary.

The data available for the first 9 months of 2004 revealed a number of 2197 persons admitting use of drugs prior to entering the penitentiary. By age groups, 2.48% (54) were between 15-19 years old; 23.12% (504) were between 20-24 years old; 58.6 % (1277) were between 25-29 years old and 15.8 % (344) over 30 years old.

Comparing with previous years, it was observed a continuous increase of the number of people admitting they used drugs before entering penitentiaries.

**Figure 8-12: Percentage distribution; people admitting use of drugs prior to penitentiary admission, by age group, 2004**

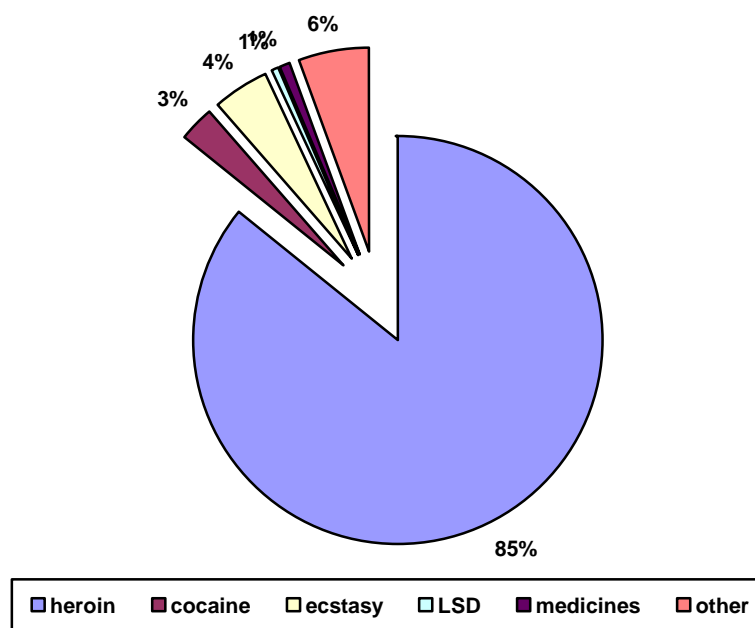


Source: Prosecutor's office, High Court of Justice and Cassation

According to sex distribution, 92% out of the persons admitting the use of drug were males, and the most common drugs mentioned were:

- Heroin 85.9%,
- Ecstasy 4.36,
- Cocaine 2.8%,
- Different medicines 0.78%,
- LSD 0.64%,
- Other 5.55% (cannabis, benzodiazepine etc.)

**Figure 8-13: Percentage distribution; drugs mentioned by prisoners prior to admission in penitentiary, 2004**



Source: National Penitentiaries Administration

It is to be noticed the high percentage of persons admitting heroin use, with the adjacent problems- treatment access (including *harm reduction*) while in prison.

It was not possible in 2004 to develop substitution treatment (with methadone or other agonists) in penitentiaries medical units, because the legislative framework did not allow such activities.

Rahova Penitentiary Hospital was endowed with a detoxification unit, equipped with devices able to detect drugs or drug metabolites in blood or urine samples, with an intensive care unit and counselors. Still, no qualitative or quantitative analyses for drugs or drug metabolites were performed because of some technical problems with the equipment.

## Chapter 9 – Responses to Social correlates and Consequences

### 9.1. Social Reintegration

#### ○ Housing

National Authority for Children Rights Protection (within the Ministry of Labor, Social Solidarity and Family) outlined and obtained financing for the implementation of a project named *The Street Children initiative* targeting Romanian street children, including drug dependent persons among them. The objective of the project was to diminish the number of the street children who use illicit drugs and alcohol and to decrease the risks to which these children are exposed until their integration/reintegration in a family. It was intended to establish a number of 20 centers for 300 children structured as day/night facilities (day care institutions, familial type homes, emergency intake centers, etc). It was estimated that this 3-year project would have 3,000 beneficiaries. The project includes decentralized community based subprojects, monitored by NACRP, which targets the establishment of children and family drug use prevention counseling centers. To this end 150 social workers will be trained in drug use prevention counseling. The project will be co-financed with foreign credits, funding from the state budget and local community budgets<sup>20</sup>.

**Social Effects:** The project will support Romanian authorities to improve their intervention for the reduction of the negative issues of the “street children” phenomenon by:

- Diminishing the number of the “street children” who abandon their families and remain “in the streets”;
- Increasing the number of the reintegrated “street children” in families/foster care families;
- Reducing the number of the street children who use illicit drugs and alcohol;
- Prevention measures and a better protection against risks for children staying in the street until their reintegration/ integration into families.

**Actual Stage:** Cofinancing of the project by the ECDB has been approved, the signing and ratification procedure of the loan agreement between Romania and ECDB being underway.

Besides the above-mentioned national program, this area of intervention is more in a project phase because of the scarcity of available funding.

#### ○ Education/Training

Drug Prevention, Evaluation and Counseling Center (DPECC) in the 2nd district of Bucharest (within NAA) together with the Service of Delinquent Child Protection and Social Street Assistance organized in June 2004, within of a pilot program, an anti-drug thematic Camp in a mountain area – The Natural Preserve "Plaiul Foi" in “Piatra Craiului” mountain area. The project was financed by the Bucharest 2<sup>nd</sup> district City Hall. The project offered alternatives of healthy life to 15 youngsters, former drug addicts. The

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<sup>20</sup> The total estimated cost of the Project is 5.74 million Euros. 69% from the project cost is ensured on the basis of a European Council Development Bank (ECDB) loan.

youngsters were selected among “street children” who were integrated in a shelter in Bucharest.

The short term objective of the project was to keep youngsters away from the criminal environment and to offer a healthy life model adapted to their special teenage needs.

The medium term objective of the organizers was to inform and train the youngsters participating in the project in order for them to further disseminate the information gathered in the program and to become volunteer-messengers in future drug prevention campaigns developed among children in Protection Centers.

### ○ **Basic Social Assistance**

It is planned that the Social Assistance Network should target all marginalized groups in our society including groups at risk for drug abuse. The national social network of Social Assistance Services is developing. The system had been working for several years as a pilot project. In 2003, the legal framework of the social services became available through the Law no. 515 of 28 November 2003 (the law of Social Services). At the end of 2004 (4 Nov. 2004) the law regarding the Social Worker Statute was finished defining the studies background and the attributions of the social workers.



## Chapter 10 – Drug Markets

### 10.1 Availability and supply

In the year 2004, Romania represented an active segment of the “Balkan Route” for trafficking in drugs and precursors used in the illicit drugs manufacture.

The most important routes for trafficking in heroin and opium from South-East Asia are: The “Silk Road” which includes Turkmenistan, Uzbekistan, Kazakhstan, Tajikistan, Kyrgyzstan, Iran and Pakistan;

The “Balkan Route” which comprises of Turkey, Bulgaria, **Romania**, Hungary towards Austria, Germany, the Netherlands and the United Kingdom.

In order to have a comprehensive overview of the Romania’s position within of the drug trafficking networks we should mention that about 80% from the entire quantity of opiates the European illicit market is supplied with goes through the “Balkan Route”.

Romania is the main part of the second “Balkan Route” for drug transportation toward Western Europe starting in Turkey, crossing Bulgaria and entering Romania through the South border crossing points (Negru Vodă, Vama Veche, Giurgiu, Bechet). It exits Romania through the Western border crossing points enters Hungary, Slovakia, the Czech Republic and continues towards Germany and the Netherlands.

Another variant of the second “Balkan Route” including a waterway section is Istanbul - Constanta (at the Black Sea) – Bucharest, after which the route inscribes in the above-mentioned itinerary.

Experience showed that from the second “Balkan Route” stems another variant that crosses the Romanian Eastern territory, enters Ukraine and splits into one route crossing Poland and another Slovakia and the Czech Republic towards Germany.

The first “Balkan Route” going around Romania has the following itinerary Turkey-Bulgaria-Serbia-Hungary while Budapest is practically a part of the second “Balkan Route”.

The relatively stable character of drug transit routes does not rule out the emergence of other variants. The identification of these new variants depends on the capacity of the institutions involved in countering illicit drug trafficking and use and on the way in which they cooperate in the area.

Recent experience confirmed the existence of emerging synthetic drugs routes (amphetamines, MDMA, LSD and others) from the West (the Netherlands, Belgium, Germany) and the East (Romania), but also from the North (the Baltic Countries, Ukraine) that would become active on the Romanian territory, also.

By territorially analyzing seizures made by the police at street level from drug dealers, resulted a good coverage of all districts in the capital city, leading to the conclusion that there is a large availability of drugs in Bucharest. Heroin and synthetic drugs are the most demanded drugs in Bucharest unlike Romanian counties where registered cannabis and hashish seizures were higher.

The large number of very small, insignificant seizures (ranging from 0.001 to 0.005 grams of heroin) lead us to thinking that street market is very well represented, at least in Bucharest. But, additionally, the anti-drug task force is stronger in Bucharest as compared to the territorial ones.

## 10.2 Seizures

### ○ Quantities and number of drugs seizures

Analyzing seizures made in 2004 as compared to those in the previous year, a significant quantitative variation could be observed.

More law enforcement agencies such as National Police, National Border Police and Customs Administration have the competence to make seizures, but all the data regarding these seizures are centralized by the Police, within the Central Drugs Laboratory.

There is some information regarding the emergence of a new phenomenon in Romania, namely drug ordering on the Internet – especially in case of synthetic drugs and cannabis.

#### **Cannabis**

According to law enforcement agencies the cannabis trafficking route is Afghanistan – Pakistan – Azerbaijan – Georgia – Ex-Soviet territory – The Republic of Moldavia – Romania. Last year cases showed that hashish or cannabis in large quantities was hidden and transported by road and by sea.

During 2004 the following seizures were made:

**Table 10-1: The situation of the seizures of cannabis in 2003 and 2004**

Drug	2003		2004	
	Number of seizures	Seized quantity (kg)	Number of seizures	Seized quantity (kg)
Cannabis resin (hashish)	-	38.580	101	43.56
Cannabis herbal (Marijuana)	-	72.1	384	90.097
Cannabis plant	-	-	3	164.658

*Source: The Drug Laboratory within the General Inspectorate of Romanian Police*

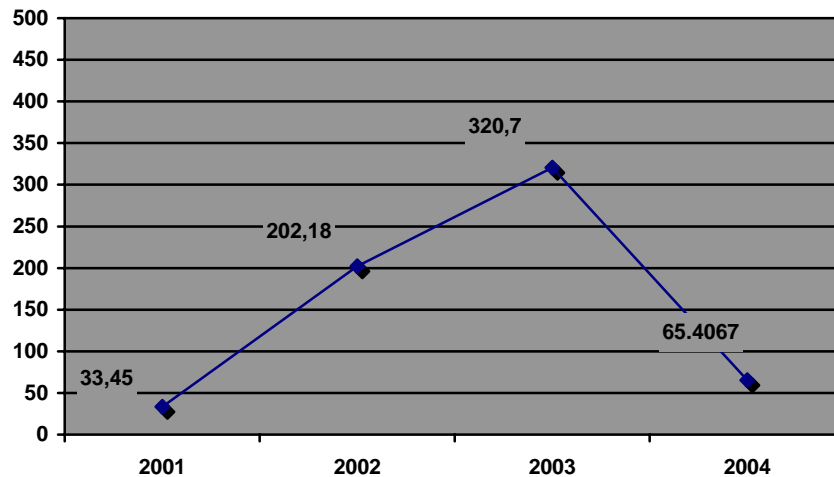
#### **Heroin**

Heroin is one of the most frequently used drugs in Romania. On the illicit market, the most common type is “Brown Sugar”, as such or mixed with adulterants (caffeine, diazepam, acetaminophen, dipyrone, aminopirine, griseofulvine).

The cases conducted by the Police and the Prosecutor’s Office showed that heroin is trafficked from Turkey to Romania, in trucks, trains, coaches, and is hidden in luggage or other goods subject to import-export operations. The heroin stored on the Romanian territory for certain time intervals is destined for land transportation to Germany, the Netherlands, and the United Kingdom.

In 2004, at national level, there were 691 seizures meaning 65.406 kg, mainly in Bucharest.

**Figure 10-1: The evolution of the quantities of heroin (kg) seized in the 2001-2004 period**

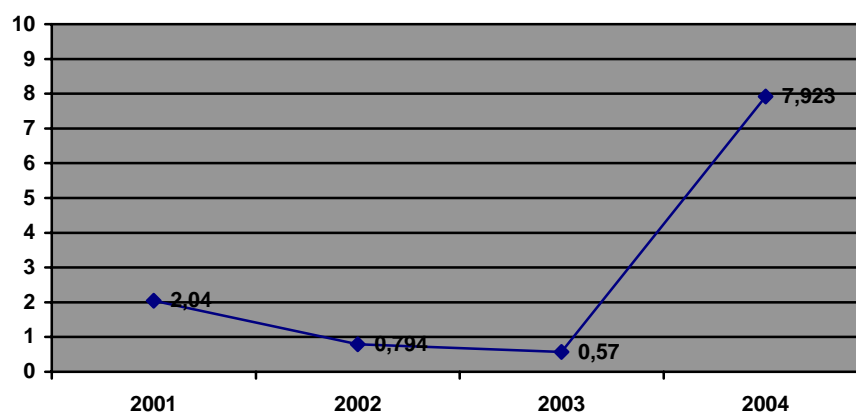


Source: The General Inspectorate of Romanian Police, General Directorate for Countering the Organized Crime and Anti-drug

## Opium

During the period 2001 – 2003 small quantities of opium were seized in Romania. In 2004, 5 interventions were achieved during which 7.923 kilos of opium had been seized, one of the interventions finalizing with the seizure of a significant quantity of drugs – 4.070 kg.

**Figure 10-2: The evolution of the quantities of opium (kg) seized in the 2001-2004 period**



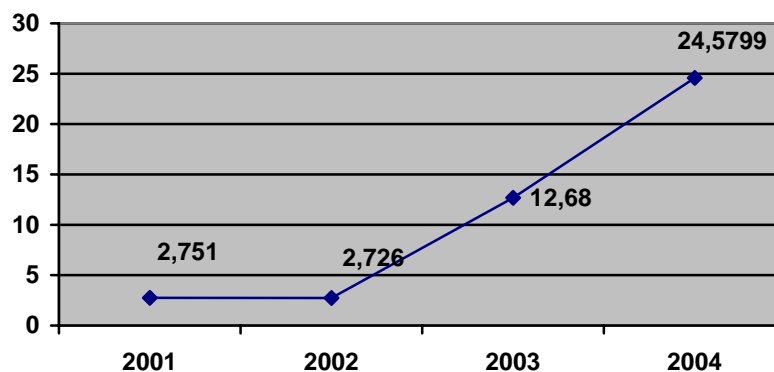
Source: the Drug Laboratory within the General Inspectorate of Romanian Police

## Cocaine

The specific cocaine route including Romania is Ecuador-Venezuela-Holland-Germany. The drug is usually hidden in parcels or transported by courier in or on his/her body. Correlating the data referring to cocaine seizures (2.751 kg in 2001, 2.726 kg in 2002, 12.68 kg in 2003 and 24.5799 kg in 2004) with the conclusions of the GPS (2004) we may state that the prevalence of cocaine use in Romania ranks third place, as cocaine

market is starting to develop. On the other hand, the extremely high price of cocaine on the illicit market (80 -120 euro/gram) encourages its distribution to Western Europe (Spain, the Nederland and Germany) and limits buying prospects in East-European countries only to a “favored” segment of the society.

**Figure 10-3: The evolution of the quantities of cocaine (kg) seized in the 2001-2004 period**



Source: the Drug Laboratory within the General Inspectorate of Romanian Police

### Synthetic drugs

In the last two years an increasing trend had been observed regarding both trafficking and use of the synthetic drugs (amphetamines, Ecstasy, LSD, benzodiazepines).

On the illicit drug market in Romania one Ecstasy tablet costs between 5.4 and 13.5 Euro, a gram of cocaine is sold with 80-120 Euro and a gram of heroin ranges from 54 to 67.5 Euro. Because the transportation and dissimulation operations with synthetic drugs show lower risks comparatively with other drugs, the demand for this drug category on the internal market is constantly increasing.

The most frequently abused synthetic drug is Ecstasy, under different logos, followed by powder amphetamine and LSD. As to the persons involved in illicit synthetic drug operations, apart from Israeli, Turkish, Holland citizens, the number of the Romanian participating in illicit trafficking augmented constantly within drug trafficking networks and in drug capitalization operations.

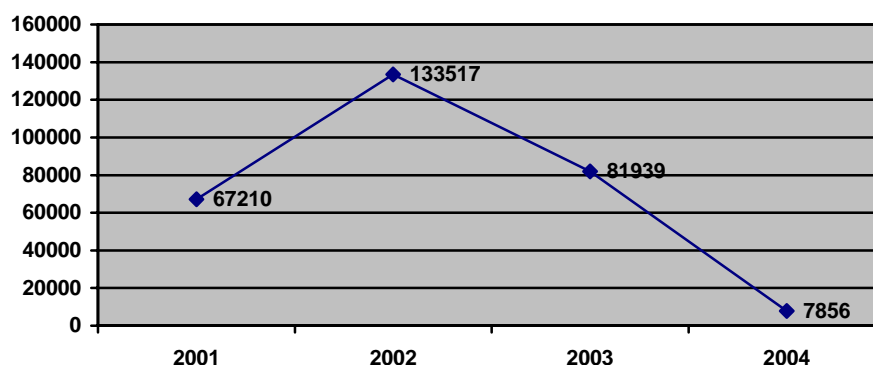
Judicial call in the analyzed period regarding synthetic drug trafficking and seizures shows that our country is located on the following routes:

- The Nederland – Romania – USA (via Frankfurt, Paris or London)
- The Nederland – Germany – Romania – Israel – USA
- Turkey – Romania – Saudi Arabia
- Poland – Hungary – Romania
- The Nederland – Hungary - Romania

During 2004 the following quantities of synthetic drugs were seized: amphetamine powder – 0.0128 kg (1 case) and 93 tablets (4 cases); methamphetamine – 0.027 kg (1 case); Ecstasy – 7763 tablets (79 cases).

The upward trend in illicit synthetic drug trafficking and use is also revealed by the seizures in the last three years.

**Figure 10-4: The evolution of the number of synthetic drugs tablets seized in the 2001 – 2004 period**



Source: *The Drug Laboratory within the General Inspectorate of Romanian Police*

### **Precursors that could be used in the illegal manufacture of drugs**

In 2004, 296 offences were detected in which 312 persons were involved. From them, the authorities seized 15.575,2877 kg and 2.788,9542 liters precursors.

The analysis of the operative situation regarding precursors in Romania pointed out the intention of foreign citizens to obtain basic substances for drug production, such as:

- \*\* acetic anhydride used in heroin production, usually bought by Turkish traffickers;
- \*\* ephedrine sought by traffickers from the ex-Soviet Union supplying the illicit synthetic drug production;
- \*\* phenylacetone and phenylmethylcetone that interest Western European traffickers, especially from Belgium and Holland, who possess mobile laboratories at the border separating the two states.

Although these substances are not produced in Romania, traffickers attempt to divert the legal circuit of legally imported precursors and use them in illicit drug production. In order to prevent such activities, the NDS Program (National Drug Control System) proved to be a valuable asset in monitoring import-export precursor operation. It was offered by the UNO International Committee on Narcotics, started functioning this year and monitors precursor operations and agents; establishes final holders, identifies possible societies using illicit substances under control and analyzes precursor internal and international circuit.

### **Monitoring the licit circuit of psychotropic medicines**

In the field of the legal drugs circuit Police cooperated with specialists from the County pharmaceutical Directorates and from the National College of Pharmacists mainly in prevention activities. Checking in pharmaceutical units revealing offences under the law 143/2000 on countering illicit drug trafficking and abuse resulted in 7,416 confiscated vials and 38,806 tablets with psychotropic content in 2003, while 514 vials and 84.419 similar tablets were confiscated in 2004.

On the other hand, police discovered pharmacies without proper authorizations for operations with medicines with narcotic active ingredients, identified young people who used false medical prescriptions to obtain such medicines for personal use (300 false prescriptions in 2003 and 152 in 2004), and discovered joint associations that smuggled

in such medicines and sold them on the local market. Much serious is the fact that police discovered that some medical personnel violating the law 143/2000 by supplying minors and young people with psychotropic medicines.

### 10.3 Price / purity

#### o Price of drugs at street level

The Anti-drug Directorate within the National Police collected and processed the data regarding to the prices of the drugs on the illicit market, both for wholesale and retail.

The price of the main drugs was found out by the anti-drug police officers based on the reports of offenders, informants and also on personal observation within undercover operations authorized by prosecutors. The medium price represents usually the arithmetic medium of the minimum and maximum, but represents also the average of the highest frequency interval on the market. The prices are monitored at national level through the territorial centers for countering organized crime and anti-drug.

Comparing to the previous years, in 2004, the medium price at street level of the main drugs registered a significant decrease, remaining constant at national level, all over the year.

In the year 2004, the medium price for a kilo of Marijuana was around 700 Euro; Marijuana was sold for 3 Euro per gram.

Cannabis resin (hashish) registered higher values, approximately 2,050 Euro per kilo while a gram was sold for 5 Euro.

One cigarette of cannabis or hashish (joint) cost around 20,000 and 50,000 Rol (0.5 – 1.35 Euro).

LSD is sold in blotters which have a medium retail price of 25 Euro.

Cocaine is, beyond any doubt, the most expensive drug – 42,500 euro/kg, reaching values of 80-120 euro/gram at retail sale.

Heroin registered a decrease in price comparing to the previous year, from 54 to 20 Euro per gram. From a gram of heroin, by adding some adulterants, tens of doses could be obtained, which are sold for approximately 5.5 Euro each.

Brown sugar is sold for prices between 10,000 and 15,000 Euro per kilogram.

Amphetamines and Ecstasy tablets were sold last year for approximately 35,000 Euro per kilogram, and a tablet was around 5 and 10 Euro.

The medium prices of the main drugs sold in Romania on the illicit market (in Euro)

**Table 10-2: The evolution of the medium price (in EURO) for the main drugs sold on the illicit market – 2002 - 2004**

Drug	2002	2003	2004
Cannabis resin	18.75	15.5	5
Cannabis herbal	9.375	9.1	3
Heroin	37.5	54	20
Cocaine	72.7	90	90
Amphetamine powder	-	50	7
Ecstasy	3.6	4.85	7
LSD	33.75	60.5	25

Source: DGCOCA

**Table 10-3: The price of the main drugs on the illicit market at wholesale (EURO/kg), respectively, at retail sale (EURO/gram or dose), in 2004**

Drug	Wholesale (E/kg)			Retail sale (E/gram or dose)		
	min	max	medium	min	max	medium
Hashish	600	800	700	4	6	5
Marijuana	1600	2500	2050	2	4	3
Heroin	10000	15000	12500	15	25	20
Cocaine	35000	50000	42500	60	120	90
Amphetamine	3000	4000	3500	5	10	7
Ecstasy	3000	4000	3500	5	10	7
LSD (doses)	-	-	-	20	30	25
Opium	2500	3500	3000	-	-	-

Source: DGCOCA

- **Purity of drugs at street level and drugs/tablets composition**

The Central Drug Laboratory within the National Police does not perform analyses for establishing drug purity because of the lack of specific reagents and standards. Still, the very low purity of heroin sold on the Romanian illicit market should explain the small number of overdose related deaths, under the circumstances of a large number of IDUs (approximately 24,000 IDUs in Bucharest, according to the last Rapid Assessment on IDUs).

## PART B. SELECTED ISSUES

### Chapter 11 - Gender Differences

- **Consumption in the general population and young people**

According to data provided by studies conducted until 2004, although drug use in the youth is more frequent with males than with females, the difference is continuously decreasing as more and more young women self-reported as drug users.

The section *The current situation of illicit drugs use in Romania* of the survey<sup>21</sup> published in August 2001 by the Study and Research Centre for Youth Issues mentions “although the percentage of boys who use drugs continues to be greater than of girls, there is an obvious trend for this gap to reduce, as from 3:1 in the late `90 the ratio became now 2:1.” The majority of the female drug users reported they grew dependent under the influence of their partners or the urge to lose weight.

Other significant data referring to the trends in drug use among the young come from the two ESPAD studies in 1999 and 2003. They are presented in detail in Chapter 2, in the section on drug use among pupils and youngsters.

Data provided by the study *Prevalence of drug use in Romania* conducted by the Romanian Focal Point on Drugs within a project financed by the Global Fund, whose results were published in July 2004, showed the trends in drug use by gender at the level of the general population<sup>22</sup>. As shows in chapter 2.1., there are different patterns of drug use behavior for different types of illicit drugs. Accordingly, if in the case of LSD use there are not significant numbers of female users, in the case of ecstasy, amphetamines and magic mushrooms the men/women ratio is approximately 4:1, 3:1 in the case of heroin use, 2:1 in the case of cannabis and even 1:1 in that of cocaine.

Regarding tobacco use, the sex ratio among smokers is almost 2:1.

**Table 11-1: Prevalence of tobacco use, by gender**

	Gender		Total
	Male	Female	
Lifetime prevalence	75.4%	48.7%	62.1%
Last year prevalence	48%	25.5%	36.8%
Last month prevalence	48.7%	25.3%	36.5%

Source: RMCDDA

Comparing the following age groups 15-34 and 35-64, the sex ratio between the young male/female smokers is around 3:2. At the same time the sex ratio between elder male/female smokers is around 5:2.

The percentage of the respondents who admitted they had tried to give up smoking varied by gender, accounting for 53% of the female subjects and 40% of the male subjects.

<sup>21</sup> Study and Research Centre for Youth Issues published a public opinion survey regarding *The situation of youth and their expectations*, on a sample of 1,196 nationally suitable subjects aged between 15 and 29.

<sup>22</sup> The sample consists of 3,500 respondents, nationally suitable for the uninstitutionalized target population, aged between 15-64 years



According to the above-mentioned study there is a significant intense statistical relation between alcohol use and the sex of the respondent, the probability for men to use alcohol being 3.4 higher than for women.

**Table 11-2: Prevalence of alcohol use, by gender**

	Sex		Total
	Male	Female	
Lifetime prevalence	93.4%	80.8%	87.1%
Last year prevalence	83.7%	59.9%	71.7%
Last month prevalence	73.9%	44.3%	59.0%

Source: RMCDDA

Regarding the use of sedative, tranquilizers and antidepressants, the same study indicates that female subjects use these substances two times more than male subjects.

### ○ Infectious diseases

The study described in chapter 2.3. provides significant data referring to the drug users' pattern of use, by gender<sup>23</sup>.

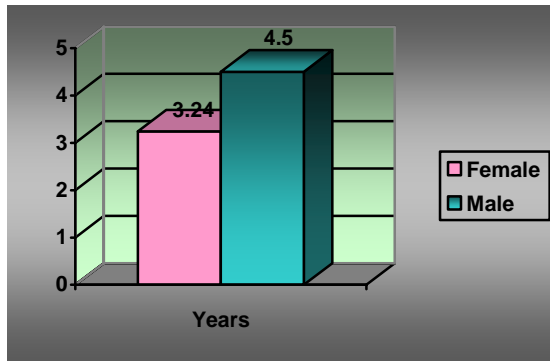
Thus, for the investigated population, the study identified the following patterns:

- the mean drug use period is higher for men (4.5 years) than for women (3.24 years);
- the time elapsed from the onset of drug use until the injecting use ("the window") is shorter with women (11 months) than with men (14 months);
- 83% of the female subjects used a unhygienic needle or a syringe at the last injection as compared to 70% from the male subjects;
- another significant difference in behaviors was the reuse of the syringe in the last month. Thus, 97% of the females declared they reused a syringe in the last month as compared to 86% of the male subjects.

<sup>23</sup> In the study sample 78% of the respondents were men and 22% women

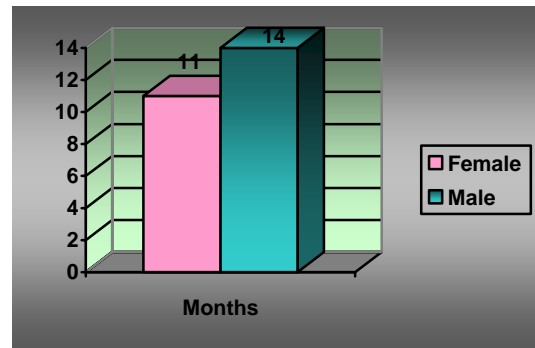
**Figure 11-1: IDUs behavior by gender**

The mean drug use period



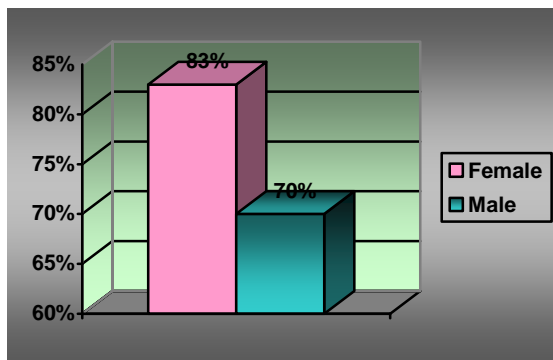
Source: RHRN

“The window” from drug use onset to injecting drug use



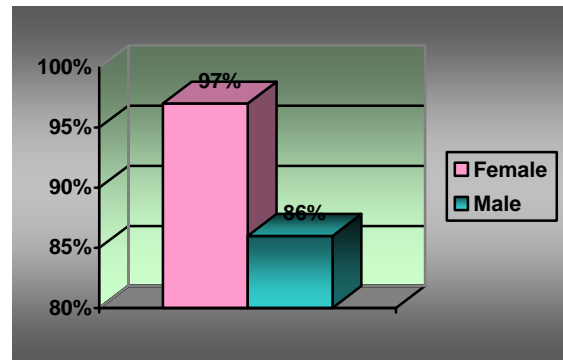
Source: RHRN

The reuse of the needle or syringe on the last injection



Source: RHRN

The reuse of the syringe in the last month



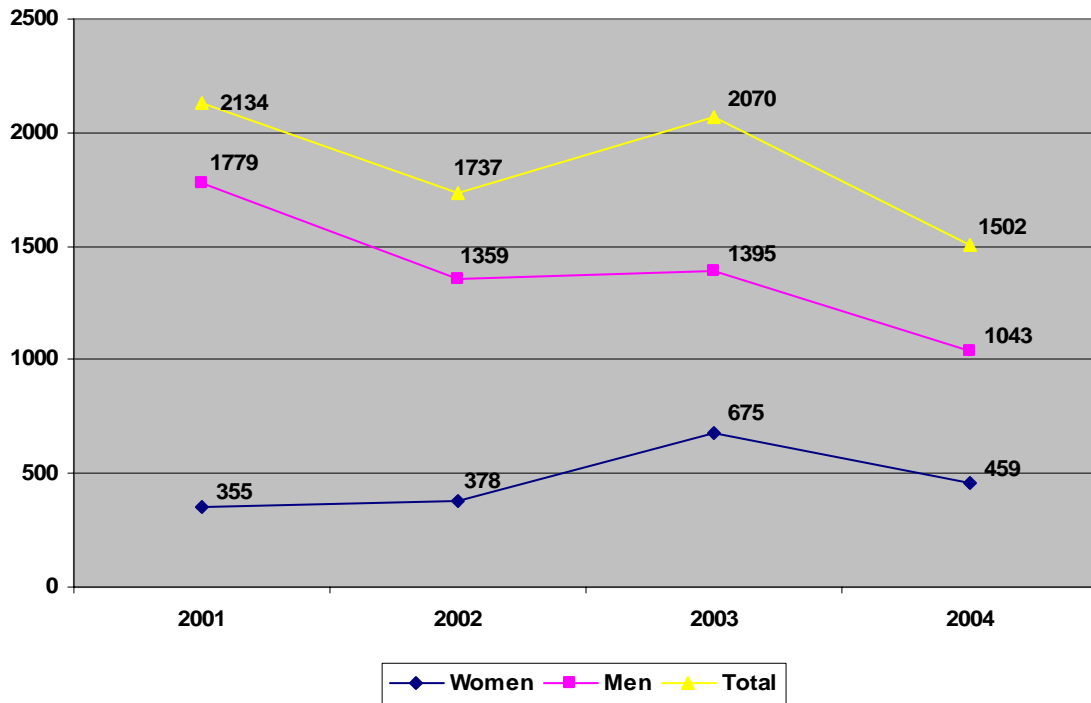
Source: RHRN

To conclude, the study identifies a subgroup at risk for contracting infectious diseases represented by women who are more willing to use unhygienic needles and syringes: on the last injecting or in the last month. Moreover, the study authors assume as possible explanation the hypothesis that women are more dependent of their sexual partner (who is part of the injecting group) in purchasing the substances and the injecting equipment.

○ **Treatment demand data**

Of the people that benefited from medical services for drug addiction, the men/women distribution in the period 2001-2004 indicates a slight equalizing trend, from about 4:1 in 2001, to 3:1 in 2002 and about 2:1 in 2003 and 2004.

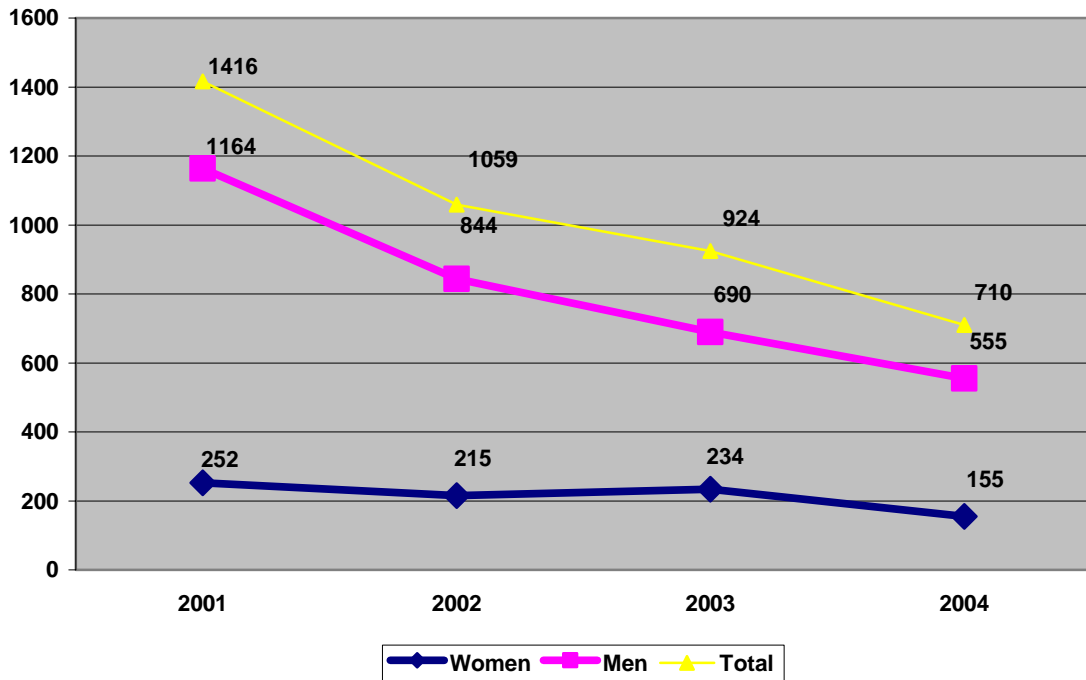
**Figure 11-2: People who benefited from medical services for drug use, by gender, 2001-2004**



Source: SSMDC

Regarding the incidence of treatment demand, the number of people who demanded medical services for drug abuse for the first time is decreases for the both sexes, a more intense decrease being registered with men.

**Figure 11-3: Trend in new cases admitted into treatment in 2001-2004, by gender**



Source: SSMDC

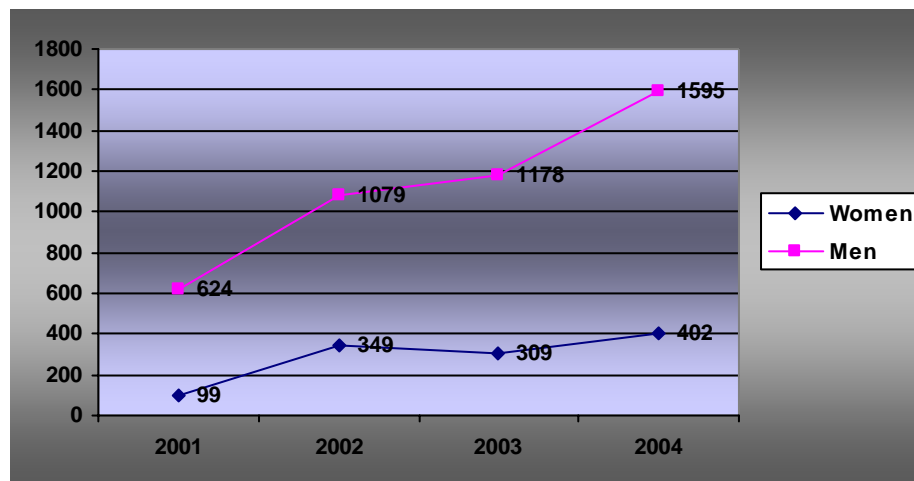
○ **Mortality and drug related deaths**

The number of drug related deaths is low and any kind of statistical analysis has no statistical signification.

○ **Crimes and arrests**

According to the gender of the offenders, we may notice that men committed offences of illicit drugs trafficking and use most often than women. Yet, we should consider the continuously increasing trend in drug law female offenders (from 99 in 2001, to 349 in 2002, 309 in 2003 and 402 in 2004). Consequently, it is possible that in the near future women be more involved in drug street trafficking and other related offences.

**Figure 11-4: Trend in investigated offenders, by gender, in 2001-2004**



Source: The Prosecutor's office with the High Court of Justice and Cassation

## **Chapter 12 – European drugs policies: extending European drugs policies beyond illicit drugs**

The Romanian policy in the field of drug use reduction has been oriented since the very beginning towards measures for preventing the use of illicit drugs and of tobacco, alcohol and psychotropic medicines, without medical prescription. The National Anti-drug Strategy 2003-2004 was the substantial document used for implementing and evaluating the targets designed particularly to this end. The Strategy reflected the Government's concept on the prevention of drug use and abuse and was based on the global analysis of the drugs phenomenon during 1990-2002 (studies of the national and international governmental and non-governmental organizations, statistics and practices in the field). It was established that other drug categories such as heroin, cocaine, cannabis, etc should be added to the *traditional* drugs category (alcohol, tobacco).

Therefore, the characteristics of drug use and abuse were described in the preamble of the strategy by taking into consideration all aspects, such as:

- Increased use of psychotropic medicines, benzodiazepines and barbiturates without medical prescription, often combined with alcohol;
- Increase of the number of possessors and users of drugs such as heroin, cannabis, opium, cocaine etc. and the increasing injecting use of drugs, sometimes from the first use;
- Increase of the number of alcohol and tobacco users among 15-24 year olds, particularly among female users;
- Increase of the use of amphetamines among pupils;
- Increase of the tobacco and alcohol domestic production as well as the number of advertising campaigns for import tobacco and alcohol products;
- Spread of drug use in pubs, discos, entertainment settings, deserted houses, university campuses, etc.

Moreover, among the causes of drug use and abuse was mentioned not only *The availability of first doses and curiosity to try drugs, which lead to the next use and not only to experimentation*, but also the *Social acceptance of tobacco and alcohol use*.

One of the overall targets set out in the N.A.S. 2003-2004 was to *raise awareness of the need to globally tackle the prevention and countering of the drug trafficking and use, by including all substances with potential for use and abuse, alcohol and tobacco included*.

Regarding the targets set out in this direction, the Ministry of Health was responsible for the following activities:

- Developing information, education and communication campaigns targeting the prevention of the use and abuse of illegal drugs, tobacco and alcohol included;
- Creating a regular monitoring system of the knowledge, attitudes and harmful behaviors (smoking, using alcohol and illegal drugs);
- Reducing tobacco products use by 5% and alcohol use by 2% at the level of the population;
- Developing information-education public campaigns in order to promote the advertisement law and other legislation measures taken to counter alcohol and tobacco use as well measures by which tobacco use is banned in all public places and so are all forms of advertisement for tobacco and alcohol;

Among the measures taken to improve the medical and psychological assistance system, social rehabilitation and reinsertion of drug addicts, several activities were outlined to develop programs for countering self-medication and psychotropic substances abuse. In establishing the specific objectives related to drug demand reduction, the need to have a global, reliable and continuously updated overview on drug related issues (including on tobacco, alcohol and other addictive psychoactive substances) was highlighted to allow for the improvement of the decision-taking process and to support the implementation and evaluation of response policies in the field.

To conclude, we can state that the policy in the field of drug demand reduction targeted also measures and resources targeting not only the use of illicit drugs but also the use of other addictive substances (tobacco, alcohol, psychotropic substances without medical prescription).

- **Implemented programs and campaigns**

**The implemented programs and campaigns** targeting licit and illicit drug use reduction are described in this rapport in Chapter 3. For example in the section *School-based Universal Prevention* we may go through the evaluation of *Classes without smoking* campaign - a national program seeking to reduce tobacco use in schools.

## **Chapter 13 - Developments in drug use within recreational settings**

- **New findings about trends in drug use, patterns of consumption and availability within recreational settings**

In 2002, Save the Children Romania and the Public Health Directorate in Bucharest published the results of a public opinion poll. The survey was conducted in 2001 on a significant sample of 9,700 pupils in 99 high schools in Bucharest. The results highlights that more than 11% of the young drug addicts purchased drugs in the vicinity of their high school, 7.52% in pubs and disco clubs, 7.13% in pub terraces and the rest in other places.

According to 2003 ESPAD, the young self-declared drugs users purchased drugs in public places: 18% in disco clubs/pubs, 9% in the street or parks

According to the results of the quantitative surveys and the interviews conducted by the social workers there is an obvious ascending trend in drug use and availability of drugs in pubs and disco clubs.

Data from studies conducted exclusively in recreational settings are not available as yet. This area requires special attention in the near future.

# PART C. BIBLIOGRAPHY, ANNEXES, STANDARD FOR BIBLIOGRAPHIC REFERENCES

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## **Chapter 15 - Annexes**

### ○ **List of tables**

Table 1-1: Evaluation of the implementation of the N.A.S. 2003-2004, drug demand reduction field

Table 1-2: Budget allocated to the Global Fund for developing projects targeting drug users

Table 1-3: Perceived risk and attitude to drugs and drugs use, by age group

Table 1-4: Assessment of the TV campaign *Children do what they see*

Table 2-1: Lifetime prevalence for illegal drug use by age group (%)

Table 2-2: Lifetime prevalence of illegal drugs use, by gender (%)

Table 2-3: Experimental use of psychoactive substances (%)

Table 4-1: Gender distribution (%) of injecting drug users in Bucharest in the data bases used for the estimation

Table 5-1: The evolution of treatment demand (%) by the reporting county, 2001-2004

Table 5-2: The evolution of treatment demand, 2001-2004 (sex ratio)

Table 6-1: Distribution of the number of DRD, by age group and gender, in 2004

Table 6-2: Distribution of DRD cases by age group, during 2001-2004

Table 6-3: Non-fatal drug emergencies breakdown by age group – heroin, 2004

Table 6-4: Non-fatal drug emergencies breakdown by age group – other substances, 2004

Table 8-1: Distribution of the people investigated by the police for drug law offences, by education

Table 8-2: Representation of drug law offenders, by occupation

Table 10-1: The situation of the seizures of cannabis in 2003 and 2004

Table 10-2: Trend in the medium price (in EURO) for the main drugs sold on the illicit market – 2002 - 2004

Table 10-3: The price of the main drugs on the illicit market at wholesale (EURO/kg), respectively, at retail sale (EURO/gram or dose), in 2004

Table 11-1: Prevalence of tobacco use, by gender

Table 11-2: Prevalence of alcohol use, by gender

## ○ List of figures

- Figure 1-1: Drugs news distribution in the columns of the daily
- Figure 1-2: Percent distribution of the subjects related to drugs trafficking and use
- Figure 2-1: Illegal drugs known in the general population (%)
- Figure 2-2: The prevalence of early-onset drug use (ESPAD 2003)
- Figure 2-3: Increase rate of early-onset drug use (ESPAD 1999, ESPAD 2003)
- Figure 2-4: Lifetime prevalence of drug use (ESPAD 2003)
- Figure 2-5: Increase rate of drug use (1999 ESPAD, 2003 ESPAD)
- Figure 2-6: Frequency of drug use in the last 12 months
- Figure 2-7: The frequency of drug use in the last month
- Figure 2-8: Frequency of injecting drug use in the last month among injecting drug users (IDUs) included in syringe exchange programs in Bucharest
- Figure 2-9: Frequency of sharing a needle or a syringe (in the last month) with IDUs included in syringe exchange programs in Bucharest
- Figure 2-10: Frequency of responses at the question: "How easy do you think it is to get a sterile needle or syringe"?
- Figure 5-1: Number of persons hospitalized for drug abuse by the main drug abused
- Figure 5-2: The number of persons under treatment, which have in their records injecting pattern use, 2004
- Figure 5-3: The distribution of medical services offered to the drug abusers, 2004
- Figure 5-4: Trend in treatment demand (number of persons), in the period 2001-2004
- Figure 6-1: Trend in direct DRD during 2001-2004:
- Figure 6-2: The number of suspect deceases by the immediate causes of deaths
- Figure 6-3: Distribution of DRID cases (no.) from the medical units included in the Global Fund Project, Global Fund Report 2004
- Figure 6-4: Distribution of DRID cases, Mental Health Laboratory IV, Bucharest 2004
- Figure 6-5: Distribution of DRID cases "Sfântul Stelian" Hospital, Bucharest 2004 January - June
- Figure 6-6: Compared prevalence for DRID, 2003-2004, two methadone centers from Bucharest
- Figure 6-7: Compared prevalence for DRID (methadone programs vs. Global Fund data), Bucharest 2004
- Figure 7-1: IDUs assisted through *Health Options* program, Bucharest 2004
- Figure 7-2: Number of clients benefiting from *Health Options* program, age groups, Bucharest 2004
- Figure 7-3: Injecting equipment distributed through *Health Options* program, Bucharest 2004
- Figure 8-1: Frequency of solvents use among street children
- Figure 8-2: Frequency of "strong" drugs (heroin) use among street children
- Figure 8-3: Labor status of the persons in treatment, by gender, 2004
- Figure 8.3: Trend in offences in violation of the Law no.143/2000, reported during 2001-2004
- Figure 8-4: Trend in the number of offenders investigated by the police, since 2001
- Figure 8-5: Trend in the number of investigated offenders, by gender, in 2001-2004
- Figure 8-6: The situation of the penal cases conducted by the Prosecutor's office since 2001
- Figure 8-7: Trend in the number of people investigated and prosecuted by Prosecutor's offices, during 2001-2004
- Figure 8-8: Trend in the number of convicts for drug related offences, since 2001
- Figure 8-9: Trend in sanctions, by type of penalty, 2001-2004
- Figure 8-10: Trend in prison sentences, by term, 2001-2004

Figure 8-12: Percentage distribution; people admitting use of drugs prior to penitentiary admission, by age group, 2004

Figure 8-13: Percentage distribution; drugs mentioned by prisoners prior to admission in penitentiary, 2004

Figure 10-1: Trend in the quantities of heroin (kg) seized in the 2001-2004 period

Figure 10-2: Trend in the quantities of opium (kg) seized in the 2001-2004 period

Figure 10-3: Trend in the quantities of cocaine (kg) seized in the 2001-2004 period

Figure 10-4: Trend in the number of synthetic drugs tablets seized in the 2001 – 2004 period

Figure 11-1: IDUs behavior, by gender

Figure 11-2: People who benefited from medical services for their drug use, by gender, 2001-2004

Figure 11-3: Trend in new cases admitted into treatment in 2001-2004, by gender

Figure 11-4: Trend in investigated offenders, by gender, in 2001-2004

## ○ Abbreviations

<b>ALIAT</b>	Alliance for the Fight against Alcohol and Drugs
<b>ALP</b>	Abandonment of legal pursuit
<b>AP</b>	Action Plan
<b>BDCE</b>	Bank for Development, Council of Europe
<b>DCPP</b>	Dropping charges from penal pursuit
<b>DGCCOA</b>	General Directorate for Countering Organized Crime and Anti-drug
<b>D.I.O.C.O.C.T.</b>	Directorate for Investigating Offences of Organized Crime and Terrorism
<b>DPECC</b>	Drug Prevention, Evaluation and Counseling Center
<b>DRID</b>	Drug related Infectious Diseases
<b>DRD</b>	Drug related Deaths
<b>EMCDDA</b>	European Monitoring Center for Drug and Drugs Addiction
<b>ESPAD</b>	European Study Project on Alcohol and Other Drugs in Schools
<b>EO</b>	Emergency Ordinance
<b>GD</b>	Government Decision
<b>GF</b>	Global Fund to Fight against AIDS, Tuberculosis and Malaria
<b>G.I.R.P.</b>	General Inspectorate of the Romanian Police
<b>G.I.R.B.P.</b>	General Inspectorate of the Romanian Border Police
<b>GPS</b>	General Population Survey
<b>GRP</b>	Gross Rating Points
<b>GRP</b>	Gross rating point
<b>HIV</b>	Human Immune deficiency Virus
<b>HVC</b>	Viral Hepatitis C
<b>HVB</b>	Viral Hepatitis B
<b>IDU</b>	Injecting drug user
<b>ICD</b>	International Classification of Diseases
<b>M.A.I.</b>	Ministry of Administration and Interior
<b>M.E.R</b>	Ministry of Education and Research
<b>MCCD</b>	Medical certificate of cause of death
<b>M.H.</b>	Ministry of Health
<b>N.A.A.</b>	National Anti drug Agency
<b>NACRP</b>	National Authority for Children Rights Protection
<b>NAS</b>	National Anti drug Strategy
<b>NCFAIDS</b>	National Commission for Fight against AIDS
<b>NFP</b>	National Focal Point
<b>NGO</b>	Non governmental Organization
<b>NIRDH</b>	National Institute of Research and Development in Health
<b>NIS</b>	National Institute of Statistics
<b>NLMI</b>	National Legal Medicine Institute
<b>OB</b>	Official Bulletin
<b>PDU</b>	Problem Drug Use
<b>PHI</b>	Public Health Institute
<b>POCA</b>	Prosecutor's Office with the Court of Appeal
<b>PMU</b>	The Ministry of Health Global Fund and World Bank Project Management Unit
<b>RMCDDA/</b>	Romanian Monitoring Center for Drugs and Drug Addiction/
<b>ORDT</b>	Observatoire Roumain de Drogues et Toxicomanie
<b>RAA</b>	Romanian Association against AIDS
<b>REITOX</b>	European Informational Network for Drugs and Drug Addiction
<b>RHRN</b>	Romanian Harm Reduction Network
<b>SECS</b>	The Society for Contraception and Sexual Education

<b>SSMDC</b>	Sanitary Statistics and Medical Documentation Center
<b>STD</b>	Sexual transmitted diseases
<b>TDI</b>	Treatment Demand Indicator
<b>TRP</b>	Target rating points
<b>UNAIDS</b>	Joint United Nations Program on HIV/AIDS