

*Romanian
Focal
Point*

**“ROMANIA”
DRUG SITUATION 2001**

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NOTE:

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INTRODUCTION

A 2000 study- Centre for Public Opinion Pools (CSOP) showed that 86,3% of the people believe that drug-abuse represents a serious problem in Romania today. Indeed, we gained not only the right to speak free, but also the "right" of taking drugs. Romania's central location on the Balkan Route means that it is a major transit route, between Turkey and the Western Europe, for the SW Asian heroine and SE Asian marijuana. In addition, some significant seizures of cocaine from South America and acetic anhydride have been made in the recent years. Heroin consumption in Romania is rising, as well as consumption of new synthetic drugs such as ecstasy. Still Romania is in a favourable situation- in our efforts to join the EU, we receive assistance from countries who passed through this phase in their way to democracy. So it is up to us and only to us in order to succeed.

This report tries to make an accurate description of Romania's situation in 2001. We are aware that many things are not perfect, but our believe is that with work and trust we will succeed.

We also want to express our thanks to all those who helped us, especially to our Spanish friends. This report is also a gift for their constant support.

ABOUT THE 2001 SITUATION

2001 was a year dedicated mainly to develop the legal and institutional basis of the Romanian drug information network. As immediate objectives were noted:

- Development of a *National Strategy to Combat Drug Abuse and Illicit Traffic of Drugs and Pre-cursors*, in line with the EU standards and best practice
- Development of individual agencies action plans
- Reviewing the current legislation on drug law enforcement
- Create and develop appropriate structures and systems required to implement the approved strategies and action plans
- Strengthening the interagency co-ordination and co-operation

All of these objectives have their place in a wider objective for Romania- building effective institutions in the fight against drugs, in order to ensure an adequate and appropriate answer to any challenge in the drug-related field. The twinning project "**Fight against drugs**" between some ministries from Romania- Ministry of Health and Family, of Interior, of Finance/Customs, of National Education, of Labour, of Justice, of Foreign Affairs, of Defence and Youth and Sport and their Spanish equivalents helps Romania in the early phases of these fight.

1. Characteristics of drug use and addiction in Romania:

- a) Spreading of the phenomenon all over the country, in parallel with the extension of the drug smuggling networks at national and international level;
- b) Use on a large scale of psychotropic medicines and barbiturics without medical prescription and often in combination with alcohol;
- c) Increase of the number of drug users and drug addicts, (heroine, cannabis, opium, cocaine, etc.) and the number of cases of injecting drug users, even from the very first use;
- d) The increasing number of alcohol and tobacco users, in the 15-24 years age group, especially among women;

- e) The growing number of pupils that use amphetamine;
- f) The creation of drug users and distribution groups based on age or micro-geographical criteria;
- g) The increase of indigenous alcohol and tobacco producers, as well as the growing number of advertising campaigns for imported tobacco and alcohol;
- h) The spreading of drug use in bars, discotheques, and entertainment areas, abandoned houses, university campuses, etc.

2. Key factors of drug use and addiction:

- a) The lack of information and education in the domain;
- b) The society's acceptance of tobacco and alcohol;
- c) The diminution of children's supervision by parents, and the parents' lack of responsibility;
- d) The companions' pressure felt by youths;
- e) The accessibility of the first doses and the curiosity of testing drugs, which lead to further use that represents addiction and not experimenting;
- f) The extension of smuggling networks both at national and international level;
- g) The improvement of the economic status of certain social groups;
- h) The poor economic situation of some users, that results in their affiliation to smuggling networks, in order to make money for drugs;
- i) The migration of children towards big cities, that results in the "street children" groups associated with the use of inhalant substances;
- j) The existence of some unsolved crisis situations among teenagers;
- k) The little experience of the authorities and civil society in fighting against this new phenomenon, which led to incoherent reactions and partial results;
- l) The fact that pupils abandon classes and become integrated in risk groups.

SUMMARY**MAIN TRENDS AND DEVELOPMENTS****Institutional Background**

The Ordinance no. 51 from 23 August 2001 confirms the Financial Agreement signed by the Romanian Government and the European Commission. That document refers to the 2000 National PHARE Program (RO0004-RO0007), specifying that the NFP is part of the Institute of Health Services Management (IHSM), an institute subordinated to the Ministry of Health, as a main condition of receiving PHARE support.

Romania is twinned with Spain and the PAA has been very active in institutionalising the NFP. The Twinning started in August/12/2001 and is expected to end in 30/October/2002. For the National Focal Point, the Twinning Project specifies:

- its institutionalisation and its reallocation,
- training of National Focal Point staff,
- assistance in establishment of long-term co-operation with the Spanish Focal Point
- support for strengthening of the effectiveness of the National Focal Point with the EMCDDA

Major trends

The consequences of the extend of the drug phenomenon are not very clear, due to lack of a national reporting and data analyse system. Still, some preliminary studies allows us to state that:

- the trend for some psycho- tropes drugs (benzodiazepines, barbiturics) use is rising, mixed or not with alcohol;
- the use of cannabis and marijuana cigarettes among students is also rising;
- there have been reported cases of ephedrine overdose, obtained mainly from pharmacies without medical receipts;
- the use of amphetamines among young persons is increasing, especially among school-age youth;

Drug-demand reduction

1. Ministry of Health and Family

- The drug-demand reduction (including specialised treatment programs) and the monitoring activities are co-ordinated by the Public Health Department, through its 42 County Public Health Departments and Bucharest Public Health Department; the Public Health departments also co -ordinate drug-supply reduction programs
- The Emergency Units and the Psychiatric Units which provide treatment and support for drug-addicted people are both co-ordinated by the Medical Assistance and Programs department
- All the psychotic substances are controlled by a Pharmaceutical Department
- The Institute for Health Services Management assists the Ministry of Health and Family and other institutions involved in the public health field, including drug-demand reduction strategy.

2. Ministry of Youth and Sports

- The drug-demand reduction programs (both from official institutions and from NGO's) are financed by the General Programs Department, through its county and Bucharest departments.

3. Ministry of Education and Research

- Drug-demand reduction programs dedicated to schools are developed by the General Department for Extra-Scholar Activities through scholar inspectors

Until now- 2001, no prevalence study has been made, nor does it exist a general population survey system. Consequently, for the moment there can not be make estimates about the reasons for the trends or the new developments in the drug use field. At best, there can be used only indirect data- unofficial studies or local pools.

PART 1**NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORKS**

Romania currently (2001) has no strategy on drugs, but the development of such strategy is seen as of highest importance by the Romanian Government and also by the European Union. In order to do this, the agencies enumerated in the Twinning Project co-operate to develop a comprehensive *National Strategy to Combat Drug Abuse and Illicit Traffic of Drugs and Pre-Cursors*. The *Inter-ministerial Committee for the Fight against Drugs (ICFAD)* is the only responsible body to co-ordinate the entire activity in the field of drugs at national level.

1. Developments in Drug Policy and Responses**1.1 Political framework in the drug field**

During 2001, the most important activity in the drug related field was the beginning of the twinning project with Spain "Fight Against Drugs", with the participation of the following ministries:

- Ministry of Health and Family,
- Ministry of Interior,
- Ministry of Education and Research,
- Ministry of Finance/Customs,
- Ministry of Trade and Industry,
- Ministry of Labour and Social Protection,
- Ministry of Justice,
- Ministry of Foreign Affairs,
- Ministry of Defence and Ministry of Youth and Sports.

The main objective of this program was to strengthen the capacity of the Romanian institutions to fight against drugs, through adoption of a National Drug Strategy and developing an Action Plan. The project also focused on improving the inter-agency co-operation, both at national and international levels.

A. GOVERNING PRINCIPLES

1. The problem of preventing and countering drug trafficking, consume and addiction is assumed as a priority by the Romanian Government.

2. The individual option principle. The countering of drug trafficking and the prevention of drug use takes into account the complexity of the phenomenon, which also includes individual option.

3. The unitary global vision principle. The countering and preventing measures are based on an unitary and global vision of the problem.

4. The principle of unitary co-ordination and co-operation between all the sectors involved.

The countering and prevention practices and procedures will be adapted to the social and cultural characteristics of the population.

5. The principle of professionalism in all fields of action. Countering the drug trafficking, preventing drug use and addiction requires appropriate specialised training, as well as the circulation of information, good practices and working instruments in all fields of action.

6. The complementarily principle.

The involvement of civil society, together with governmental institutions, in the accomplishment and extension of drug use and addiction prevention programs is a real necessity.

7. The continuity principle.

The informing and educational activities in view of countering drug trafficking, preventing drug use and addiction will have a permanent character.

8. The legality principle.

Respecting fundamental human rights and the provisions of the international treaties signed by Romania is a compulsory condition in approaching this phenomenon.

9. The confidentiality principle.

Personal data resulted from cannot be made public.

10. The non- discrimination principle.

The specific anti-drug activities address to all citizens, regardless to their sex, ethnic group or religious beliefs.

B. OBJECTIVES:

1. To initiate and support a political debate at the national level, having as main goal the decrease of drug abuse and improving the addicts' situation.
2. To encourage the society's sensibilisation and to promote the participation of private institutions, collective groups associations and individuals to public awareness campaigns in this domain, keeping in mind that everybody's implication can lead to solving this problem.
3. Prioritising the drug use prevention and reducing the request, especially in the case of the first time users, and reducing the adverse consequences of drug use.
4. Strengthening the fight against illegal drugs use and smuggling, against organised crime associated to drugs use and smuggling, intensifying the co-operation between the police, the customs authorities and judiciary authorities between the countries and especially with the EU countries.
5. The present strategy approaches the drug use problem from a global point of view, by analysing all the substances that can be used as drugs and lead to addiction, including alcohol and tobacco.
6. Stimulating a network of the public health and services system, in order to integrate and standardise them, so that they could facilitate the use of all the existing resources and to offer a large variety of appropriate therapeutically possibilities for each case.
7. To encourage the development of programs for persons having problems caused by drug abuse, that will facilitate their reintegration in society.
8. To encourage the control of drug deliveries by promoting actions directed against drug smuggling, money laundering and other associated crimes. For this purpose, a better co-ordination of various legal bodies working to control and stop the drug offer and the criminal offences related to this phenomenon is necessary, along with their improving and specialising.
9. Improving the legal framework according to the situations resulting from various fields of action: reducing the request, drug delivery control, international co-operation, etc.
10. Paying attention to collection, analysis and diffusion of objective, reliable and comparative data about drug phenomenon in Romania, with support from the Romanian Observatory for Drug Abuse and from the Anti-Drug Squad within the General Department for Fight against Organised Crime, and co-operating with the European Monitoring Centre for Drugs and Drug Addiction and with the Europol.
11. To encourage international co-operation both in the sense of being part of competent international organisations, and having bilateral and multilateral relations with other countries or geographic areas.
12. To guarantee the evaluation of actions in the field of fight against drugs.

Following these guideline principles, all the ministries involved in the twinning project began to elaborate their own proposals and strategies. The main idea was to develop a realistic approach to the drug-phenomenon, given the fact that even in the most developed countries, the fight against drugs did not eradicate the phenomenon. All the actions were analysed and finally approved inside ICFAD, in order to ensure a greater co-ordination and to improve the exchange of information.

A. National Level

The Interministerial Committee for the Fight Against Drugs, created according to the Government decision no 534/1998, functions under the direct command of the Prime Minister, as President. It includes the heads of the following specialised bodies within the Central Public Administration: the Ministry of Justice, the Ministry of Foreign Affairs, the Ministry of National Defence, the Ministry of Finance, the Ministry of Health and Family, the Ministry of Labour and Social Solidarity, the Ministry of Education and Research, the Ministry of Youth and Sports, the Ministry of Industry and Trade. The Interministerial Committee also comprises the Government's Secretary General, the head of the central body for the fight against drug smuggling within the General Police Inspectorate, the head of the General Customs Office's central body dealing with the drug issues, the head of the General Department for Medical Assistance within the Ministry of Health and Family, the head of the Department for Health Support within the Ministry of Health and Family, the national co-ordinator of the PHARE Program for the fight against drugs.

The Interministerial Committee's main competencies are to develop, implement and evaluate a coherent national strategy and, according to the data supplied by the involved authorities to issue an annual report on the national situation and evolution regarding the drug smuggling and drug use, recommending the appropriate measures to be taken.

The Interministerial Commission for the Prevention of illegal drug use co-ordinates the prevention activity at a national level and includes the representatives from the Ministry of Interior, the Ministry of Health and Family, the Ministry of Education and Research, the Ministry of Youth and Sport and the Ministry of Public Administration. Anti-drug prevention and guidance centres have been established in all the counties as well as in Bucharest. These centres consist of the representatives of the County Police Inspectorate, the School Inspectorate, the Public Health Departments, the Youth and Sport Department, the Child and Citizens Protection Department. The Prefects administrate all these centres.

B. Drug Supply Reduction

Created in March 2001, the **General Directorate for Countering the Organised Crime and Anti-drug** is the General Police Inspectorate specialised central unit that supervises co-ordinates counsels and controls the local structures' activity in the fight against drug smuggling and drug use. It is divided into 15 local centres organised on the competencies of the Appeal Courts. These centres consist of specialised Anti-drug Offices directly subordinated to the Anti-drug Squad. The Anti-drug Squad along with the local specialised bodies prevent and fight against criminality, their main fields and interests being the following:

- prevent and detect the international drug smuggling transiting Romania;
- prevent and detect the internal drug smuggling;
- identify and sanction the illegal drug users;
- identify the clandestine laboratories and the illegal crops of drug containing plants;
- prevent and detect the smuggling of precursors and other basic chemical substances which can be used for the manufacturing of illegal drugs;

- investigate the criminal offences related to the money laundering proceeding from drug smuggling operations;
- analyse and use all the information and data obtained;
- consider the evolution and tendencies of the crime phenomenon related to drug smuggling and illegal drug use;
- international exchange of information related to drug smuggling;
- do research on the crimes catalogued as criminal offences.

The Romanian Border Police is part of the Ministry of Interior and the specialised state institution dealing with the state border crossing control, the prevention and fight against illegal migration and other specific cross-border criminal facts. Also, it enforces the compliance with the state border, passports and foreigners legal regulations; it protects the Romanian interests on the lower Danube and on the Sulina channel which are situated outside the border area as well as in the contiguous area and in the exclusive economic area; it enforces the public order in its area of competence, according to the law.

The Romanian Border Police is organised at the level of the counties that, according to the administrative territorial organisation also include the Black Sea's seaside as their state border limit. As for the counties inside the country, the Romanian Border Police is organised at the level of the state border points where airports or ports are opened to the international traffic of persons and goods. In the case of the lower Danube, opened to the international navigation, the Romanian Border Police is also organised at the level of Braila and Ialomita counties.

The activity of the Romanian Border Police is a public service and is carried out in the person and community's interest, supporting the state institutions, according to the law; it has the obligation to prevent and fight against the hazardous circumstances triggered by illegal migration and cross-border criminality involving Romania.

In order to accomplish its tasks, the Romanian Border Police co-operates with other state institutions in this field and with the citizens, in conformity with the law.

The General Customs Administration is organised and functions as a legal authority and specialised body of the Central Public Administration and is subordinated to the Ministry of Public Finances; it applies the Government's strategy and programs related to the customs policy and applies the duties stated by the customs regulations.

The structures of the General Customs Administration include 10 Local Intercounty Customs Departments that co-ordinate the activity of the Border Customs Offices and Customs offices inside of the country through the Service of Customs Surveillance and Fight against Customs Fraud. Each Customs office includes an Anti-drug department, which include as stipulated in General Director of Customs' Order, customs experts who have specific and exclusive competencies in anti-drug control.

In order to achieve its object of activity, the General Customs Administration has the following main assignments:

- organises, guides and controls the activity of following institutions: the Local County Customs Offices, the Customs Control Offices at the border and within the country;
- supervises and enforces the compliance with the customs legislation throughout the country;
- seeks to prevent and fight against any customs related offences or criminal offences, in conformity with the law;
- applies the customs related measures stipulated by the free trade and free exchange Agreements, concluded between Romania and the EU or other countries seeking to integrate in the EU;
- co-ordinates the programs concerning the European customs integration;
- co-ordinates and counsels the Local Intercounty Customs Departments and the Customs Control Offices in order to prevent and fight against the smuggling of drugs, guns, explosive materials and objects belonging to the National Cultural Patrimony; investigates the customs

related money laundering cases in co-operation with other state bodies involved; co-operation agreements on the exchange of information regarding the prevention and fight against the customs fraud will be concluded by mandate with the foreign customs authorities;

- collaborates, on a protocol basis with the General Police Inspectorate, the General Border Police Inspectorate, the General Passport Department and with the Revenue Service.

- collaborates and make exchange of information with other customs administrations, on 6 Protocol basis.

- prevents and fight against the illicit drugs trafficking phenomenon, essential chemical substances and precursor and other goods with a special regime through the Service of Countering Drugs and Special Regime Products Trafficking within the Directorate of Surveillance and Fight against Customs Fraud and through the local anti-drug departments.

- organises and ensures the well development of the specific activities of anti-drug control with the dogs that detect drugs and psychotropic substances.

- manages its own data base and analyses the trends of drugs illicit trafficking in order to establish new ways of countering it through the Service of Countering Drugs and Special Regime Products Trafficking.

- controls transportation vehicles and goods for importation and exportation, checks operatively and survey buildings, warehouses, lands, headquarters or any other places that might have goods for customs or with a special regime, as well as their origins and it can take, as stipulated by law, samples that will be analysed in Customs laboratory or in those laboratories agreed by the General Customs Administration.

- organises, executes and establishes a password system on transportation vehicles, goods, suspect companies to be involved in drugs illicit trafficking.

- collaborates and co-operates, at national and international level, with specialised institutions in the field.

C. - Drug Demand Reduction

The Ministry of Health and Family

The General Department for Public Health consists of 42 health promoting services and other services within the local as well as Bucharest public health Departments; it co-ordinates the drug use prevention programs, monitors and evaluates the activities related to drug offer decrease, including those referring to treatment and social reintegration.

The General Department for Medical Assistance and Programs co-ordinates and offers methodological support to the psychiatric hospitals, including those treating the drug addicts as well as the emergency services within the hospitals treating the drug intoxication cases.

The Institute of Health Management Services offers technical support to the Ministry of Health and to other institutions involved in the health reform, including the drug demand decrease.

The Ministry of Youth and Sport

The Ministry of Youth and Sports finances its own actions that have been approved by the minister of youth and sports: it also support from the financial point of view the youth associations that correspond to the objectives included in the ministry's programs.

The County Departments for Youth and Sports are public services with juridical status, that were created according the relevant law, and organise actions for youth and they provide methodological assistance and financial support to youth associations.

The Ministry of Education and Research

The General Department for Extra curricula Activities develops educational programs related to drug use prevention.

The Ministry of Justice

The National Institute of Crime analyses the whole offence phenomenon or in sectorial areas and provides to the judiciary authorities as well as to other specific organisation studies, reports in order to proceed against the causes that had generated the respective phenomenon.

D. International level

The United Nations

Romania will play an active role in the efforts made by the UN and by the UN Drug Control program, especially in those meant to develop the international co-operation based on the principles stated during the June 1998 UN general Assembly special Session. Romania will also be involved in several programs initiated by the UN in this field and will follow the recommendation of the International Narcotics Control Body- INCB. Romania takes part in the work and programs of other agencies and initiatives in this field- the World Health Organisation, the World Custom Organisation, Interpol and the Stability Pact.

The SECI Centre

Romania will continue to promote the activity to fight against smuggling and illegal drug use within the SECI Regional Centre dealing with the prevention and fight against cross-border criminality.

The European Council- the Pompidou Group

Romania wishes to become a full member of the Group and remains open to all the Group's initiatives and programs for technical co-operation.

Bilateral relations

Romania's bilateral relations with its neighbouring countries will be strengthen by means of drug-related bilateral co-operation agreements, information and experience exchange. The process of signing bilateral agreements with the member countries of the EU and the NATO will continue. Romania will seek to focus on signing bilateral agreements with countries considered to have a high risk in drug-related issues.

1.2 Legal framework

Speaking about the law field, the most significant change in 2000-2001 was the adoption in 2000 of the law 143- regarding the fight against illegal drug use and drug smuggling. Although incomplete, this law represents a great step forward. We have attached this law at the end of the report, in order to present a clear picture of the Romanian law field in 2001.

There were also some important changes in the legislation about "legal" drugs, like alcohol and tobacco- like law 225/2000 and 125/2001, referring to the advertising for these products and to the age limit for those who buy alcohol or tobacco.

The Common Order 684/1416/2000 of the Ministry of Health and Family and ministry of Finance establishes the financing sources for detoxification centres, drug- related treatment units and forensic examination of drug addicts.

INTERNATIONAL CONVENTIONS AND CO-OPERATION AGREEMENTS

_ The Convention and Protocol on Opium, concluded in Geneva, on 19th February 1925, on the occasion of the Second Conference on Opium, promulgated in Romania by the Decree no 1578/ 5th July 1928;

_ The Convention for the fight against illegal drug smuggling, signed in Geneva on 26th June 1936 and ratified by Romania in the Law by Decree no 169/ 27th May 1938;

_ The Convention on narcotics, concluded in New York on 30th March 1961, amended by the Geneva Protocol, 25th March 1972, promulgated in Romania by the Decree no 626/1973 issued in the Official Gazette, Part I, no 213/1973;

_ The UN Convention related to psychotropic substances, 1971;

_ The UN Convention against psychotropic Substances and Narcotics Smuggling (Vienna, 1988);

_ Romania joined the UN 1971 and 1988 Conventions by the Law no 118/1992.

_ **Law no 118/ 15.12.1992**, by which Romania joins the 1971 Convention on psychotropic substances and the 1988 Convention against the psychotropic substances and other illegal drug smuggling;

_ **Law no 147/ 24.07.1997** concerning the ratification of the Agreement between the Romanian Government and the French Government regarding the co-operation on internal affairs issues, signed in Bucharest, on 21st February 1997;

_ **Law no 142/ 24.07.1997** concerning the ratification of the Memorandum of Agreement between the Romanian Government and the United Kingdom and Northern Ireland Government regarding the collaboration in the fight against the organised crime and the illegal drugs and psychotropic substances smuggling, signed in Bucharest, on 14th November 1995;

_ **Law no 101/1999** regarding the ratification of the Agreement between the Romanian Government and the Peruvian Government regarding the prevention, control, investigation and fight against drug use and illegal drugs and psychotropic substances smuggling as well as other related crimes, signed in Bucharest, on 9th September 1998;

_ **Law no 106/ 16.06.1999** concerning the ratification of Treaty related to the mutual legal support on penal issues between Romania and Canada, signed in Ottawa, on 25th May 1998;

_ **Law no 154/11.10.1999** regarding the ratification of the Co-operation Agreement between Romania, Bulgaria and Turkey concerning the fight against terrorism, organised crime, illegal drugs and psychotropic substances smuggling, money laundering, guns and human trafficking and other severe criminal offences, signed in Antalya, on 16th April 1998;

_ **Law no 208/ 31.12.1999** regarding the ratification of the Co-operation Agreement concerning the prevention and fight against the cross-border criminality, signed in Bucharest, on 26th May 1999;

_ **Law no 6/ 6.03.2000** regarding the ratification of the Co-operation Agreement between the participant states at the Black Sea Economic Co-operation for the fight against criminality, especially the organised crime, signed in Kerkyra, on 2nd October 1998;

– **Law no 13/ 6.03.2000** regarding the ratification of the Agreement between Romania and Cyprus concerning the co-operation in the fight against international criminality, signed in Bucharest, on 7th June 1995;

_ **Law no 50/ 14.03.2001** regarding the ratification of the Convention between Romania and Belgium concerning the police co-operation, signed in Bucharest, on 14th April 1999;

_ **Law no 64/ 2001** regarding the ratification of the Agreement between Romania and Brazil concerning the co-operation in the fight against illegal drugs and psychotropic substances

smuggling and manufacturing, their inappropriate use and addiction, signed in Bucharest, on 22nd October 1999;

_ **Law no 67/ 16.03. 2001** regarding the ratification of the Agreement between Romania and Jordan concerning the co-operation in the fight against the organised crime, illegal drugs and psychotropic substances smuggling, terrorism as well as other illegal activities signed in Bucharest, on 17th September 1999;

_ **Law no 70/ 16.03.2001** regarding the ratification of the Agreement between Romania, Moldavia and Ukraine concerning the co-operation in the fight against criminality, signed in Kiev, on 6th July 1999;

_ **Law no 664/ 2001** regarding the approval of the Government Ordinance no 4/ 2001 concerning the ratification of the Letter of Agreement between Romania and the United States of America regarding the drugs control and law enforcement, signed in Bucharest, on 3rd July 2001;

_ **PROTOCOL, 9th December 1999** regarding the co-operation between the Romanian Ministry of Interior and the Ministry of Interior and Sport of the Land Renania - Palatinat.

LEGISLATION

The Romanian Penal Code, containing the regulations that incriminate the drug related criminal offences (Articles 118, 312, 313, 314).

The Customs Code incriminates as smuggling (Art. 176) and sanctions the unauthorised border crossing of narcotics, psychotropic substances, precursors and basic chemical substances.

The Customs Regulations no. 141 (1992), modified in 1997.

A. LAWS

_ **Law no 143/2000** related to the fight against drug use and illegal drug smuggling;

_ **Law no 73/1969** related to narcotic substances and products, and the Instructions no 103/1073 issued by the Ministry of Health related to the enforcement of the Law no 73/1969;

_ **Law no 31/1996** regarding the state monopoly;

_ **Law no 100/1998** regarding the public health system;

_ **Law no 21/1999** regarding the prevention and sanction of the capital laundering;

_ **Law no 148/ 2000** regarding the advertising;

_ **Law no 225/ 2000** regarding the modification of the Article 2, paragraph 2 within the Government Emergency Ordinance no 55/1999 regarding the banning of the tobacco related commercials in theatre halls and the selling of tobacco products to the underage.

_ **Law no 125/ 2001** that modifies and completes the Article 1 within the Government Emergency Ordinance no 55/1999 regarding the banning of the tobacco related commercials in theatre halls and the selling of tobacco products to the underage.

_ **Law no 55/ 2001** regarding the approval of the Government Ordinance no 109/1999 that modifies and completes the Government Ordinance no 22/1992 concerning the health protection financing;

B. GOVERNMENT DECISIONS

_ **Government Decision no 75/ 1991** regarding the definition and sanction of the drug related criminal offences;

_ **Government Decision no 258/ 1993** regarding the approval of the Co-operation Agreement between the Romanian Ministry of Interior and the Italian Ministry of Interior concerning the fight against illegal drugs and psychotropic substances smuggling and against the organised crime.

_ **Government Decision no 550/ 1994** regarding the approval of the Agreement between the Romanian Government and the Indian Government concerning the co-operation in the fight against illegal drugs and psychotropic substances smuggling and against the organised crime and international terrorism as well as other illegal activities;

_ **Government Decision no 568/ 1994** regarding the approval of the Co-operation Convention between the Romanian Government and the Argentinean Government concerning the fight against illegal drugs and psychotropic substances smuggling and other related criminal offences;

_ **Government Decision no 134 / 1995** regarding the approval of the Agreement between the Romania and Uruguay concerning the co-operation in the fight against illegal drugs and psychotropic substances smuggling and against the organised crime;

_ **Government Decision no 80/ 15.03.1997** regarding the approval of the Agreement between Romania and Germany concerning the co-operation in the fight against the organised crime, terrorism and other severe criminal offences, signed in Bucharest, on 15th October 1996, including the Agreement's Protocol;

_ **Government Decision no 270/ 9.06. 1997** regarding the approval of the Agreement between the Romanian Ministry of Interior and the Ministry of Interior of the Republic of Belarus concerning the co-operation in the fight against criminality, signed in Bucharest, on 22nd may 1996;

_ **Government Decision no 271/ 9.06. 1997** regarding the approval of the Agreement between Romania and Hungary concerning the co-operation in the fight against the organised crime, terrorism and illegal drug smuggling signed in Budapest, on 19th February 1997;

_ **Government Decision no 813/ 2.12. 1997** regarding the approval of the Agreement between Romania and Morocco concerning the co-operation in the fight against drug smuggling, illegal migration and organised crime signed in Rabat, on 26th August 1997;

_ **Government Decision no 280/ 8.04. 1999** regarding the approval of the Trilateral Co-operation Protocol for the fight against criminality, and especially the cross-border criminality, signed in Sofia, on 8th September 1998;

_ **Government Decision no 917/ 9.11. 1999** regarding the approval of the Agreement between Romania and Austria concerning the co-operation in the fight against drug smuggling, international organised crime and terrorism and other criminal offences, signed in Bucharest, on 18th March 1999;

_ **Government Decision no 534/ 1999** regarding the founding of the Interministerial Committee for the Fight Against Drugs;

_ **Government Decision no 1359/ 2000** regarding the enforcement regulations of the Law 143/ 2000 stipulating the new legal procedures for its application.

_ **Government Decision no 970/ 2000** regarding the approval of the Agreement between Romania and Mexico concerning the co-operation in the fight against illegal drugs and psychotropic substances smuggling as well as other related criminal offences, signed in Bucharest, on 19th April 1999;

_ **Government Decision no 1359/ 2000** regarding the enforcement regulations of the Law 143/ 2000 concerning the drug use and drug smuggling;

_ **Government Decision no 597/ 21.06.2001** regarding the approval of the Agreement between Romania and Slovenia concerning the co-operation in the fight against the organised crime,

terrorism, illegal drugs, precursors and psychotropic substances smuggling as well as other severe criminal offences, signed in Bucharest, on 4th October 2000;

_ **Government Decision no 767/ 2001** regarding the selling the drug related products, generally known as “Aurolac”.

_ **Government Decision no 1035/ 18.10. 2001** regarding the approval of the Co-operation Protocol between the Romanian Minister of Interior and the Belgian Minister of Interior, signed in Bucharest, on 25th June 2001;

C. ORDINANCES

_ **Ordinance no 109/ 1999** that modifies and completes the Government Ordinance no 22/1992 concerning the health protection financing;

_ **Ordinance no 4/ 2001** regarding the ratification of the Letter of Agreement between the Romanian Government and the United States of America Government concerning the drug control and the enforcement of the law, signed in Bucharest, on 3rd July 2001;

D. EMERGENCY ORDINANCES

_ **Emergency Ordinance no 152/ 1999** regarding the medicines for human use, containing the special provisions related to the import, export and transport of toxic substances, narcotics and medicines within the country's boundaries.

_ **Emergency Ordinance no 55/ 29.04. 1999** *** republished, regarding the banning of the tobacco related commercials in theatre halls and the selling of tobacco products to the underage.

E. ORDERS

_ **The Minister of Health's Order no 317/ 1987** regarding the modification of Annex 1 of the Instructions no 103/ 1970 for the enforcement of the Law no 73/ 1969 concerning the legal stipulations related to narcotic and other similar products and substances as well as a list of the above-mentioned.

_ **The Minister of Health's Order no 92/ 1988** that bans smoking in all medical centres.

_ **The Minister of Health's Order no 963/ 1998** regarding the general methodological norms related to the organisation of the medical support, treatment and services provided to the drug addicts.

_ **The Minister of Industry and Trade's Order no 36C/ 1999** regarding the issue of the import-export licenses for certain chemical substances under international control (22 substances under control according to the Vienna Convention, modified following the recommendations of the 35th Session of the Commission on Narcotics, according to the Regulation no 3677/ 1990);

_ **The Minister of Health's Order no 9/ 1999** regarding the appointment of the National Co-ordinators of the health and education promoting Programs as well as the National Co-ordinator for the national drug use decrease.

_ **The Minister of Health's Order no 332/ 1999** regarding the founding of the Drug-use Research and Resources Centre within the Bucharest Institute for the Medical Services Management.

_ **The Minister of Education's Order no 3281/ 1999** regarding the counselling and directions of activity in the educational system from Elementary to High school for the year 1999/ 2000.

_ **The Minister of Education's Order no 3449/ 1999** regarding the elective courses in order to apply the new educational programs, starting with the school year 1999/ 2000.

_ **Order no 318/ 519/ 13.05.1999/ 18.05. 1999** regarding the approval of the methodological norms related to the application of the Government Emergency Ordinance no 55/ 1999,

regarding the banning of the tobacco related commercials in theatre halls and the selling of tobacco products to the underage.

_ **The Common Order of the Minister of Health and the Minister of Agriculture no 17/ 240/ 2000** regarding the approval of the Norms related to content, origin, manufacturing, packaging, labelling, marking and quality of the alcoholic beverages for consumer use.

_ **The Minister of Health's Order no 853/ 2000** stipulating the content and size of the written warning texts for all tobacco related forms of advertising.

_ **The Common Order of the Minister of Health and Minister of Finances no 684/ 1416/ 2000** related to the financing of the detoxification treatment, medical observation and forensic examination for the drug addicts.

_ **The Common Order of the Minister of Health, the Minister of Interior, the Minister of Public Administration, the Minister of Education, the Minister of Youth and Sport no 28/ 602/ 4425/ 36219/ 2629/ 2001** regarding the drug use prevention.

F. DECREES

_ **Decree no 466/ 1978** regarding the toxic substances.

_ **Decree no 115/ 14.03.2001** regarding the promulgation of the Law ratifying the Agreement between Romania, Moldavia and Ukraine concerning the collaboration in the fight against criminality, signed in Kiev, on 6th June 1999.

1.3 Laws implementation

Although there is a national strategy and a national policy about HIV/AIDS, there are no such programs in the drug-related field. The actual legislation, somehow unclear and lacking important chapters, does not encourage harm reduction programs and also leads to risk behaviour from Injecting Drug Users. The most important law- 143/2000, is unclear speaking about preventing and treating drug users. Still, the Governmental Ordinance 1359/2000 managed to establish the legal framework for all services given to drug users.

In 2001, the Ministry of Health and Family, the Ministry of Interior, the Ministry of Youth and Sports, the Ministry of Education and Research and the ministry of Public Administration promoted a common order- 602/2001 regarding the drug demand reduction programs. Following this order, it was set up *The Interministerial Commission for the Prevention of illegal drug use*, which is responsible for co-ordinating, the demand reduction programs at national level. Also, this Common Order describes the structure and the competencies of the County Centres for Anti-drug Prevention and Counselling.

As a general idea, we have to remark a clear progress compared with 1999, when the legal framework was mainly ensured by a 30 years old law (73/1969). Important parts of the harm reduction programs- especially syringe exchange programs, do not have legal support and therefore are not encouraged.

1.4 Developments in public attitudes and debates

SOCIAL PERCEPTION OF THE PHENOMENON

In 2000, when asked about their opinion about drug use, most Romanians considered it a serious problem, even though a high percentage of the subjects questioned did not know the significance of "illegal drugs". The subjects who knew what "illegal drugs" mean referred mostly to cocaine, marijuana, heroine and hashish. Among the potential reasons for drug use, they mentioned financial problems, emotional distress and curiosity.

Drug use among adults is surprisingly low, partly because of social norms, traditions, and people's aversive attitude towards drugs. Thus, the social acceptance of alcohol and tobacco, especially in rural areas where alcohol and tobacco are offered to children, amplifies this phenomenon among young people. At the same time the prejudices associated to illegal drugs use and the lack of money contribute to the decrease of drug use among the above-mentioned category.

The growing surprises Romanian society and especially drug addicts' parents proportions of this phenomenon and, from 1989 till the end of the 90s, have adopted different attitudes – drug users are considered either delinquents or sick. Even nowadays the drug addicts' families still wonder which attitude is better to adopt towards drug users.

The fact that medical measures are associated with the police's actions render treatment services less accessible and amplify the network of "underground information" regarding addiction treatment, as well as the legal drugs "black market" – including methadone used without medical prescription for detoxification, or non-substitutive medicines, such as anti-depressives.

As far as preventing measures and drug addicts treatment are concerned, we remark the population's approval of NGO's interventions, especially by programs regarding the youths' education, drug smugglers' punishment, but also the treatment of drug addicts. The most important argument for supporting the anti-drug programs seems to be the impact drug use and smuggling has on society. Thus, the actual costs related to drug use are difficult to estimate, as it includes collateral damages, such as serious health problems (including irreversible brain damages), catching diseases, accidents, criminal offences, domestic violence, decrease of productivity and deaths at younger ages.

PROGRAMMES FOR PREVENTING DRUG USE AND ADDICTION

In view of achieving the drug use prevention within the National Program for preventing and fighting against drug use, the Interministerial Commission for the Prevention of Illegal Drugs Use (C.I.P.C.I.D.), came into being by a Common Order, and being formed of representatives of the Ministry of Interior, Ministry of Health and Family, Ministry of Public Administration, Ministry of Education and Research, Ministry of Youth and Sports. The Commission's activity was also open to civil society, by the participation of the most significant NGO's to activities related to preventing drug use and addiction.

In order to co-ordinate the activities carried out at the local level, a national network has been created; it consists of 47 Centres for Counselling and Fight Anti-Drug, at the level of each county or Sector in Bucharest.

With the Romanian Government financial support, CIPCID has implemented the project "Drug use: where to?", project which was realised in consortium with the Centre for Legal Resources and UNICEF Romania and it consisted on informative and educational activities regarding the fight against illegal drug use among the youths and the promotion of a healthy life style that would explicitly reject drugs. The activities carried out by this project provided the initial training of the staff working in the local centres, and it offered anti-drug counselling for some future programs on drug use prevention.

At the same time, under the slogan "IT'S ONLY UP TO YOU", the project carried out the biggest campaign with a social profile at the national level – it consisted of adds on TV and on the radio, broadcasted on local and national stations, and of activities for the youths (concerts, exhibitions, seminars, contests, etc.). All these activities have been carried out in partnerships with several ministries (Ministry of Interior, Ministry of Health and Family, Ministry of Public Administration, Ministry of Education and Research, Ministry of Youth and Sports), and other national and international institutions.

In the context of preventing drug use and addiction, the Ministry of Health and Family and the Ministry of Education and Research - in partnership with NGO's – have elaborated the contents of the program of health education to be used in schools starting the next year; it seeks to

involve teachers and pupils in the process of acknowledging the drug use phenomenon and of developing communication, interaction and health behaviour skills among the pupils, from elementary school to high school.

The activities carried out by the Commission come as a continuation of previous programs implemented by the ministries that are members of the commission, in collaboration with NGO's (educational programs in schools, informative materials, specialised training sessions, sectorial studies, media campaigns, seminars, etc.).

In the case of the above-mentioned programs, the lack of appropriate evaluation and studies covering the entire population, render the monitoring of changes in behaviour and attitude towards drug use and addiction very difficult.

1.5 Budgets and funding arrangements (2001)

The Official Monitor 535/31 VII 2001 published an order of the Ministry of health and Family, called "National Health Program number 8"- prevent and control drug addiction and drug health related problems.

This program intended to reduce the overdose and the withdrawal phenomenon, by enhancing the emergency and the treatment centres capacities. As main objectives were designed:

- Decreasing with 10-15% the drug related diseases
- Decreasing under 10% the drug related deaths
- Decreasing with 10% the number of former drug users who re-enter in the drug addict field.

The Program was guided by the Emergency Hospital "Floreasca" from Bucharest and by the National Commission for Fight Against Drugs. Also were involved some other psychiatry hospitals- from Bucharest and three other cities and some child hospitals. The National Insurance House gave the funds, only for materials and medical services.

The Program tried to define key indicators: number of persons with overdose/withdrawal symptoms; number of detox and substitution treatments; costs for each of these persons and number of drug related infectious disease and drug-related deaths.

The total amount of money granted was 2 671 061 859 lei for promoting- about 110 000 Euro, 5 000 000 000 lei for services- about 200 000 Euro and 28 800 000 000 lei for other expenditure- about 1 100 000 euro.

Other institutions and ministries involved in the drug related field gave no statistics about the amount of money spent in such programs.

PART 2 **EPIDEMIOLOGICAL SITUATION**

2. Prevalence, patterns and developments in drug use

The epidemiological situation in 2001 is based on data supplied by:

- Study on high school students knowledge, attitudes, and trends regarding use of drugs- Bucharest Public Health dept. and “Salvati Copiii” NGO.
- The Second Rapid Assessment Evaluation about Injecting Drug Users 2001 (Bucharest, Timisoara, Iasi and Constanta).
- The national ESPAD survey, made over a population of 15 years of age and the conclusions of the Phare Project “New Techniques for education of the Drug Demand Reduction”;
- The number of people that required medical services for detoxification and emergency medical services;
- Indirect indicators: drug seizures (quantities and types of drugs), data regarding the illicit markets, number and categories of people investigated for trafficking and illegal possession of drugs, medical reports, other data supplied by various institutions and NGO's.

Until the end of 2001, no epidemiological study at national or local level was available. Therefore, the prevalence of drugs use was unknown, and the only certain data are from indirect indicators as seizure; expansion of illicit market; treatment needs; treatment provided to drugs consumers, as well as data from the ESPAD Study. That study was carried out in 1999 on people born in 1986.

In 1998, Ministry of Health took up strategies to reduce drugs consumption. These strategies suppose:

- Legislative procedures.
 - Activities of primary prevention of drugs abuse as:
 - Data collection.
 - Research.
 - Assessment.
 - Information at community level.
 - Education for Health.
 - Training programs for staff that develops these activities.
 - National programs.
 - Treatment for toxic dependants as
 - Training program for staff that provides treatment for toxic dependent.
 - Centres of treatment and post-cure.
 - Actions to reduce negative effects of drugs.
 - Romania must take part in the European and International Information flow regarding use of drugs.
-
- Government Decision no. 1359/2000 approved the Regulation for applying stipulations of Law 143/2000, about actions against traffic and consumption of illicit drugs.
 - Order of Ministry of Interior; Ministry of Health and Family; Ministry of Public Administration; Ministry of Education and Research; Ministry of Young People and Sports, regarding the control and prevention of illicit drugs, published in the Official Journal, Part I, no. 581 /17 September 2001. By that, an Inter-ministry Commission to improve actions for preventing consumption of illicit drugs was organised. Therefore, in each district, and in Bucharest in each sector, there were established centres of counselling to prevent drugs abuse.

In the field of reducing drug consumption, in year 2001 Ministry of Health and Family took part together with Ministry of Interior; Ministry of Education and Research in writing out

the strategy and the program for preventing and fighting drugs traffic and consumption. They developed specific measures to reduce drugs consumption. When analysing the main objectives of strategy, and program for preventing and fighting the traffic and consumption of drugs, one can notice that there is a bigger share of components associated to reducing drugs consumption. At present, this is the only operative strategy. It would be extended within the framework of “Fight against Drugs” PHARE Program.

INSTITUTIONAL FRAMEWORK

The following structures in Ministry of Health and Family are involved in prevention and fighting drug consumption.

- General Department of Public Health. It co-ordinates and controls activities of Health Promotion; it monitors and assesses activities to preventing drug consumption. Beginning with year 2002, it organises activities linked to treatment of drug addiction.
- General Department of Health Care, Integrated Health Services, and Programs. It provides technical assistance to Psychiatric Hospitals that administered treatment to drugs addicted people; to detoxification, and post-cure centres; and to outpatient units that recommends treatment with methadone.
- General Pharmaceutical Department. Its task is to control the legal circuit of psychoactive substances (drugs) and of products that contain these substances.
- Institute of Health Services Management. By National Centre of Health Promotion and Programs it provides technical assistance to Ministry of Health to reduce drug consumption.

2.1 Main developments and emerging trends

THE TRANSITION FROM COMMUNISM TO DEMOCRACY AND ITS LESS EXPECTED EFFECTS: DRUG USE

After 1989, in addition to freedom of speech and market economy, the transition to a democratic society brought about important public health problems, such as illegal drug use, as it has subsequently been shown. During these first years, being unaware of this phenomenon's magnitude, Romanian society was not prepared to approach these issues properly. On the other hand, the low rates of drug use were related to the undeveloped economy that did not allow the transactions and use of drugs. Moreover, a drug market had not yet been formed, so the drug request was low, too. During the second half of the decade, when economic and social changes became more visible, Romania became not only a transit area for drug smugglers, but also an opening market. Youths have been the first persons to be affected by this phenomenon, and drug users progressively went down to 14 years. Heroin use is the most frequent and the fastest growing, and lately synthetic drugs, such as ecstasy and amphetamine, become more “fashionable”. The number of persons using injectable drugs and the number of persons suffering from B and C hepatitis increased. Most cases are registered between persons in the 16-25 years range. The vicinity with states such as Russia and the Ukraine, where injectable drug use is very high, and the growing prevalence of HIV/AIDS lately are aspects that need to be taken into account when establishing prevention policies.

Illegal drugs use is alarming, but at the same time the use of legal drugs – such as alcohol, tobacco, psychotropic substances – constantly increasing among youths and especially among women, cannot be neglected. Preventive actions against drug use and smuggling have resulted in larger captures at the border points and inside the country and also in the development of programs for preventing drug use and treatment for the drug addicts. Only a

part of the treatment programs are valid, and the prevention programs have not been evaluated properly.

A series of opportunities for drug use and smuggling can be identified and presented subsequently. Even if both the specialists and the population became aware of the increase of drug use and smuggling, epidemiological studies at the local and national levels were non-existent. The information about drugs came from captures, changes of the drug market (according to accessibility and the need for treatment), the number of persons investigated for drug smuggling and illegal possession of drugs, forensic reports, and other data from various institutions and NGO's regarding population groups.

During the last five years, the policy regarding drug use and information collecting has improved. Thus, a number of studies used as sources of information have been developed at the local and national level: ESPAD (European Survey Program for Alcohol and Drugs), Statistic data regarding the situation of persons treated for drug addiction, Romanian Population Health (2001), Reproduction Health (1993, 1996, 1999), The Study of the quantity and quality of illegal drug use, and also estimations of some international organisations, such as the World Health Organisation, UNAIDS, UNDP. Following these studies, it showed up that in the last 3-4 years, the number of drug users is rising and mainly the number of injecting drug users. The debut age of the injecting drug use is low, mostly around eighteen years or even lower; also after a short time, the users begin to inject the drug, or even inject it from the very beginning. The drug market also reacts to these changes both in quantity and in quality of drug offers. The main drug that is used is *heroin*, followed by *Fortral* and *cocaine*; most users consume the drugs daily and there are a high number of failures after detoxification treatments.

2.2 Drug use in the population

In 2001 the National Commission for Fight against AIDS and "ROMTENS" Foundation performed a rapid assessment in the drug field situation. This research was performed in four major cities of Romania: Bucharest- aprox 2,5 billion people, Constanta- the main harbour of Romania, aprox 400 000 people, Iasi- university city in Northeast of Romania, 400 000 people and Timisoara- also university city, close to the western Romania's border, aprox 400 000 people. In each region, there was a team made of two people. Each team performed interviews with persons from the drug field-like drug users, police officers, prostitutes, people involved in harm reduction programs etc. Finally, four persons team from Bucharest co-ordinated all the work and collected the data. The main objective of this study was to find out the dimension of the drug phenomenon, especially for the injecting drugs and to elaborate an action plan focused on prevention of drug related infectious diseases like HIV/AIDS and viral hepatitis B and C.

Other specific objectives of this study were to find out:

- The current situation in the injecting drug field and further trends
- Identify the main risk factors for injecting drugs
- Evaluate the health consequences for injecting drugs users
- Evaluate the risk behaviours of the injecting drugs users

The study was financed by UNICEF and UNAIDS. At the beginning of the study, the staff was trained by a WHO expert, during a five days course.

The final results of the study are expected to be published until the end of 2002. We can now state only some general observations:

- There is a high number of IDU that share their equipment- needles and syringes, as it follows: 50% in Bucharest and Timis, 30% in Iasi and 10% in Constanta.
- There is also a high proportion of IDU that share the injecting solution and the paraphernalia equipment.

- Risky sexual behaviour is common especially among IDU users from Bucharest and Timis. A significant number of IDU did not report the use of the condom in relations with occasionally partners. Still, sexual relations in order to make money are not common among IDU users.
- Low quality drugs are mainly reported in Bucharest area, but also in Iasi and Timis. Also the investigators found out that few IDU users test the drug before administration.
- Although most of the IDU users have knowledge about STD and about sharing their equipment, few of them adopt safe behaviour.
- The social and economic environment appears to have a negative effect upon IDU users, for overdose and injecting problems and a positive effect for sexual behaviour.

There were no studies for specific groups in population or for specific minorities. The ESPAD study, for school age children is expected to be repeated in 2003.

2.3 Problem drug use

The Rapid Assessment mentioned above identified some patterns and some trends for IDU users in four major Romanian cities.

We can also rely on some data from “Study on high school students’ knowledge, attitudes, and trends regarding use of drugs” - Bucharest Public Health dept. and “Salvati Copiii” NGO. According to this study:

A. Users of Illegal drugs.

- As a percentage: 10, 68%.
- Distribution on gender.
 - 6, 9% boys.
 - 3, 78% girls.
- Here, there are included:
 - Those who stated that they tried once, but now they use drugs any longer.
 - Occasional consumers (they use drugs sporadically).
 - Toxic-dependent persons (daily use).

B. Potential Consumers of Illegal Drugs,

- As a percentage - 9, 12%.
- Here, there are included:
 - young people who said they are going to use drugs when think is suitable.
 - young people who did not answer whether they have ever used an illegal drug.
- The inducement to use drugs increases by age. Students are more exposed when in higher grades.
- Differences between genders are irrelevant.

A general population survey does not exist actually in Romania, so we can rely only on indirect data- like those from NGO’s or on local studies. According to the Rapid Assessment Evaluation, the conclusions were:

- The way of drug administration depends on drug a person uses, and on effect consumer wants drug having.

- Indirect indicators showed that in year 1999, number of users and recipients increased. Drugs intravenous administration was sometimes used, even from the first dose.
- The use of some psychotropic medication as benzodiazepines and Barbiturics mixed with alcohol has extended.
- Number of students smoking Cannabis and Marijuana has increased.
- Cases of Ephedrine overdose bought from Pharmacy in big quantity, with no medical prescription were reported
- Amphetamine Consumption has also extended among students.
- Consumption of medicines with psychotropic content has not been monitored (antidepressants, Benzodiazepines, Barbiturics) within the pharmaceutical system, yet.
- Consequences of drugs consumption phenomenon are not known because in Romania there is no national system to report and operate statistical data.

3. Health consequences

3.1 Drug treatment demand

The Governmental Decision 1359/2000 created the basis upon were developed different types of services for drug users:

- Counselling centres
- Post- cure units and psycho-social rehabilitation
- Ambulatory treatment
- Harm reduction programs

In Romania, all types of drug dependence are treated inside the Ministry of Health and Family units. Overdoses cases are treated both in emergency and life support units. There are only two centres in Bucharest for methadone substitution treatment; discussions have been made in order to open other centres in Iasi and Constanta. Other rehabilitation programs (no methadone) do exist in psychiatry hospitals in every county. Post-cure programs are performed in two centres: one near Bucharest and one in Iasi. The Methadone ambulatory treatment exists only in Bucharest- two centres.

All harm reduction programs involving needles and syringe exchange are realised by NGO's.

Data for Bucharest area in 2001 showed a number of 2755 persons asking for medical treatment (approx 1% of the city population), out of which 218 were children or teen-agers. There were reported at least 20 cases with viral hepatitis C; some 187 cases were reported with both viral hepatitis and STD (unspecified). Other 75 cases were founded with neurological and psychiatric disorders- also unspecified. There was also one case of syphilis.

There were reported 668 detoxification cures- 518 for adults and 150 for children; 508 of these persons were on methadone substitution treatment- 481 adults and 27 children. Out of these 2755 cases asking for medical treatment, 521 begin again to use drugs (19%).

The Ministry of Health and Family identified the following problems:

- Lack of methodology and funds in order to begin a general population survey
- Lack of evaluation guides for prevention so the physicians can compare the different treatments and the costs
- Lack of facilities- treatment units, programs and counselling centres both for teenagers and adults
- Lack of specialised medical personal

- Lack of data collection tools; the only system available is about drug related treatment demand, but it also had its limits.

3.2 Drug related mortality

According to the data given by “Mina Minovici” National Forensic Institute, Bucharest, in 2001 there were recorded 15 cases of drug related deaths, only in Bucharest area- it means Bucharest and Ilfov county. Out of these 15 cases, 12 were men and 3 were women. Codeine was reported in 6 cases, diazepam and heroin in 3; there were also reported associations of drug in 10 cases- it means 2/3 ratio.

We can not draw conclusions about a certain drug involved in drug-related deaths or about trends.

Other counties- Romania has 41 counties and Bucharest area, reported to us no drug-related death cases.

Tables with drug related deaths in Bucharest area in 2001: Distributed by gender:

Male	12
Female	3

Source: “Mina Minovici” National Forensic Institute, Bucharest

Distributed by gender and age:

Age Groups	Male	Female
15-20	5	2
21-25	4	
26-30	3	1

Source: “Mina Minovici” National Forensic Institute, Bucharest

Distributed by the type of substance used:

SUBSTANCE	No. CASES	AGE	GENDE R
1. Heroine, amphetamine	1	22	M
2. Amobarbital	1	20	F
3. Codeine, fenobarbital	1	22	M
4. Heroine, diazepam, carbamazepina	1	24	M
5. Codeine, diazepam	1	15	M
6. Codeine	1	24	M
7-9. Meconina, codeine	3	24, 28, 26	M, F, M
10. Oxazepam	1	23	M
11. Diazepam, carbamazepina, levomepromazina	1	17	M
12. Heroine	1	22	M
13. Ketamine	1	20	F
14. Pentobarbital, tiopental	1	28	M
15. Morphine (indol derivatives), amital	1	28	M

Source: “Mina Minovici” National Forensic Institute, Bucharest

3.3 Drug related infectious diseases

There are officially two cases of AIDS among drug users; the proportion of hepatitis and other infectious diseases like STD or TBC is unknown, since no prevalence estimates were made.

For Bucharest area, the official data showed that 278 people out of 2755 requesting medical services suffered from drug related infectious diseases. Some data are unclear- there were reported 75 cases with neurological disorders from 187 cases treated at "Grigore Alexandrescu" children hospital (40%); 187 cases with hepatitis and STD (unspecified) from 1482 people treated at Psychiatry Hospital "Al. Obregia" (12,6%); one case of syphilis from 12 people treated ambulatory and so on. There are also reported 56 cases of syphilis among drug users and one case of HIV; the prevalence for TBC is unknown. In 2001 at the Emergency Hospital "Floreasca" were enlisted more than 200 cases of TBC among IDU compared with 141 in 2000.

Due to these facts it is impossible to have a clear picture of the situation. We can rely only on experts' opinion- like doctors working in emergency units or in infectious disease sections, or on data from Rapid Assessment Evaluation- this data will be published until the end of 2002. Most often, the estimates vary around 40-50% for viral hepatitis C and 20-25% for hepatitis B; it appears that prevalence for HIV is still low (1-2%). According to the Rapid Assessment data, 49% of IDU in Bucharest were vaccinated against VHB; in other cities the proportion is much more less- 12% in Iasi, 14% in Constanta and 16% in Timisoara.

3.4 Other drug related morbidity

We can rely only on data from the Rapid Assessment, because there is no data collection or databases about drug related diseases or other problems associated. The data from the Rapid Assessment refer only to IDU and only in four major cities of Romania, including Bucharest (with about 10% of Romania's population)- total approx 15% of the Population. The data were collected by asking questions to IDU, so there was no possibility to check the answers.

Speaking about STD, there were reported by 20% of the IDU in Bucharest, 16% in Timisoara, 12% in Iasi and 7% in Constanta. The most frequent STD was gonorrhoea, reported by 11% in Bucharest and Timisoara, 4% in Iasi and 7% in Constanta. Other STD reported were syphilis and trichomonas.

Other frequent complications reported were abscesses and phlegmons at the injecting place. 38% of the IDU in Bucharest, 47% in Timisoara, almost 50% in Constanta and only 8% in Iasi reported these complications. We have to repeat that there was no possibility to check this data- there were only the answers given by the people interviewed. Also, some 5% of the IDU reported bacterial and fungi infections of the mouth and neck especially, but there were also some cases of endocarditis.

IDU were asked also to remember if they previously had overdoses problems. From the answers, resulted that in Bucharest 31% of IDU suffered at least one episode of overdose, in Timisoara 42%, in Iasi 12% and in Constanta 29%. The most common drug reported that caused overdose was heroin; in Constanta and Iasi there were also reported cases of overdose from Fortral. There are no estimates for the non-fatal overdose cases; we can only state that the most common drug involved in overdose emergencies were Heroin, Codeine and Phenobarbital for Bucharest, Heroin for Timisoara and Benzodiazepines for Constanta. There is no statistic available for Iasi.

Mental problems reported were irritability- 43-75% of IDU, depression- 43-64%, fatigue- 32-58%, aggressively- 28-49% and hallucinations- 26-71%. The staff from treatment centres

reported that in their opinion, the most important consequences of drug abuse were anti-social behaviour, evolution to mental disorders (often irreversible) and lack of motivation to abandon drug use.

In Bucharest, more than 50% of IDU were involved in aggressions and 13% in accidents, including traffic accidents. In Constanta the numbers were more than 50% for aggressions and 29% for accidents; in Iasi 12% and 8% and in Timisoara 42% and 21%.

Other problems reported by IDU were those with their own families- 75%, with the police- 46%, their job- 24% or the school-20%.

4. Social and Legal Correlates and Consequences

It should be specified from the beginning that the from social and legal point of view, year 2001 presents much difference as compared to the previous reporting period 1999/2000. Important changes took place as the General Division for Fighting Drugs and Organised Crime was restructured. Thus, the interdisciplinary and the interdepartmental collaboration has been reinforced, that fact leading to a more efficient activity to reduce illegal drugs use and traffic in Romania.

The most virulent characteristic of the organised contravention, which has the embryonic force of strategic offence, is the international organised crime network. If we relate to the previous years and to different sides of this phenomenon, it can be said that in Romania the contravention of the organised crime are focused on the same "traditional" lines: illicit traffic of drugs; traffic of persons; illegal migration; money forgery; international traffic of cars.

Taking into account all of these, starting with 01.02. 2001, the Division for Fighting Drugs and Organised Crime has been restructured as the General Division for Fighting Drugs and Organised Crime. At districts' level, the 41 offices were reorganised into 15 District Centres, each Centre including 2-4 districts. This change was motivated, on one hand, by the parallelism of competencies with other Police Force structures. On the other hand, it was influenced by the critical necessity of increasing the combative capacity and functioning, both being the end product of efficiency.

Consequently, the diminution of staff in some fields of activity; and the increasing number of personnel in others; the growing responsibility for monitoring and co-ordinating the activity were the main reasons for strengthening the territorial units' capacity of action, and of co-operation with structures of Police Force, and with specialised institutions and bodies.

As a consequence of Law 143/2000 provisions, the Anti-Drug Squad, whose special tasks are to prevent the traffic and the use of illicit drugs, an important change in the drugs offer was manifest. The Anti-Drug Squad activity was focused on more efficient and more specialised actions of prevention than the previous one. Thus, a number of legislative projects were formulated, as the Law 300 concerning the policy of precursor substances. During that period, since the number of infractions increased, the number of captures made by the Police Force; and by the CustomHouse Officers increased, too. These statements will be addressed below.

4.1 Social problems

NO INFORMATION AVAILABLE.

4.2 Drug offences and drug-related crime

- a) 'Sentence to prison' for drug use/possession/traffic (a distinction should be made between cases reported by Police Force and by Customs House Authority, if possible) and trends.

Fight against illegal traffic and consumption of was reorganised based on the provisions of Law No. 143/2000, as well as on the Government Decision No. 1359/2000. The main purpose of that was to organise special structures; to train police officers in conformity with the specifics of the factual operations; and to classify the activities to protect records of other departments combating the organised crime, and the drug use and traffic.

The expansion of illegal drug traffic and consumption in the past years, and last, but not in the least, the captures made in 2001: about **114.5%** from the overall drugs captures in the last 10 years (1991-2000); are reasons to believe that Romania is a new “market” among other traditional ones as Germany, the Netherlands, Spain, Italy, France, Great Britain, etc.

The current levels of illicit drug traffic and use in Romania mean an increased number of consumers, especially among young people, but at the same time a growing number of persons involved in drugs delivering.

On national level, sections that fight against illicit drug use ascertained a number of **949 violations to drug traffic policy**, that involving **1,132 people** (out of which **95 foreigners**) under investigation, and **492** people in police custody. In comparison with year 2000, it can be noticed a significant increasing of number of investigated people (over 733), as well as of number of charges against these people (over 706).

Of the overall number of persons under investigation, **531** were **users**; **57 teenager consumers**; and **182** had a criminal record. In addition to that, **56** persons **organised or financed** traffic networks (**49 from Romania and 7 from abroad**); **539** were **providers or intermediaries**; **656** were **unemployed**; **118** were **underage and college students**; **32** were **carriers**; **28** were **possessors or accomplices**; **55** were **planters and drug producers**; and **201** **undertook detoxification or were under medical surveillance**.

To have a clear picture of the work accomplished in this area, we should focus on the **statistics of the seizures**, which is an unbiased evaluation tool. Accordingly, during the reference period, **25,219.83 kg of drugs** were captured nationally >

- Hashish; and cannabis: **24,711.40** kg.
- Heroin: **41.77** kg.
- Amphetamine (Ecstasy): **67,210** tablets.
- Amphetamine powder: **11.663** kg, out of which 350,000 tablets could have been prepared.
- Methadone (tablets): **1,106**.
- Precursors: **151.86** kg.
- 17 illegal cultures; and
- One underground laboratory.

We have issued and promoted publications defining the methods of internal traffic of drugs; the illegal drugs use in Bucharest; the growing number of street and covered dealers; the growing number of consumers; and the rising sales of drugs in secondary

and in high schools; in other teaching institutions and in discos; as well as the fact that children aged under 15 were found using drugs.

With regard to the **Precursors, clandestine laboratories and drug cultures**, it is worth mentioning that we identified the first underground synthetic drug laboratory located in Chiajna village, district Ilfov. In that laboratory, from **11.595 kg of Amphetamines** (found on five Turkish people), over **350,000** Ecstasy tablets were produced, that accounting for an estimated **\$1, 2 million** on the drug market.

In addition, in Hunedoara, Suceava, Iași, Sălaj, Arad, and Satu Mare counties opium poppy and cannabis plantations were discovered, that yielded **6,000** kg. of plants cropped with no authorisation.

The actions of the special Police Forces were not aimed at persons who farmed hemp for textile fiber or for seed, but against those who stole a certain quantity of this plant (which contains a significant amount of tetrahydrocannabinol) for illicit purposes. Each time the hemp farmers – peasants living in rural area – were not found guilty, the cultivated area from which hemp could have been stolen were destroyed, but the farmers were not punished. In the Arad County, for instance, **10.8 tons** of Cannabis, grown on a surface of **2.36 ha**, was destroyed.

Besides this, a particular case is important: a Dutch citizen grew Indian hemp in hydroponics soil in a cellar in Românași village, Sălaj County. After he got the hemp seedlings, he planted them on two plots, and hid the plants among wheat (a mixed corn-hemp culture). When the joint intelligence-operative action was concluded, the Dutch citizen was caught while trying to smuggle the hemp to the Netherlands. Almost **160 kg** of Cannabis were seized from him.

In addition, the police officers of the territorial structures identified pharmacies that were not authorised to handle drugs; young people who purchased medicine-containing drugs on base of forged recipes, and groups that imported and sold such medicine without being authorised to do so.

As part of these operations, illegal deeds were also found in the way such products were secured and handled.

To integrate the analysis of data in the current activities, the departments responsible for achieving the study on drug use set up a system for collecting information, and for writing out the related forms and methodology. Thus, three line orders have been implemented, and promoted.

- Introducing the information assessment system, known as the 4x4 system. That system evaluates the base of data and all information based on a specific methodology at the entire Police Force level.
- Based on the assessment system mentioned above, the use of standardised forms, at the level of the entire Police Forces.
- Introducing a standard form for reporting drug captures.

The Chemical/Physical laboratory **verified a number of 3,564** data, as compared with **1,500 in year 2000**. At the same time, **997 reports**, including technical and scientific findings were prepared, as compared to **420** in the last year.

In the laboratory of the General Division for Fighting Drugs Use and Organised Crime, there are completed tests to determine the type of drug. Because of the great number of tests and of the insufficient personnel, tests to find out drug concentration are performed on the penal body request.

No.	YEAR	No of reports.	No. of analysed tests
1	2000	508	1,500
2	2001	997	3,564
3	2002(Semester I-III)	856	3,175

Source: General Division for Fighting Drugs Use and Organised Crime

*The illegal traffic and consumption of drugs call for the implementation of a **National Program for Prevention Drug Use and Traffic**. This Program is co-ordinated and financially supported by a Government Ordinance and by **PHARE Program** - "Fight against Drugs." In that Program all relevant institutions, are involved. The Program that aims to adopt the **National Strategy for Fighting Drugs Use** develops an Action Plan, and promotes the co-operation of the pertinent bodies, both nationally and internationally. A Spanish counsellor has been already accredited in Bucharest and runs various operations for that.*

*The **apprehension in Flagrante Delicto** was performed in compliance with the law in force. The structures involved in fighting organised crime and traffic of drugs conducted **1,005** missions, whereby **1,676 offenders were found** (624 were in police custody). The Flagrante Delicto Department conducted **110 procedures**, for which **146 on-site actions** were needed, **44 events** involving undercover investigators.*

b) Data on penal surveillance (for offence to drugs and to drugs users' policy).

In year 2001, the Police Force had the competence for penal surveillance under public prosecutor authority. In year 2002, a legal stipulation is to be issued stressing out that penal surveillance is undertaken by the public prosecutor that can delegate that competency to a police officer.

At country level, the Anti-Drug Departments found a number of 900 contraventions concerning the use and traffic of illicit drugs, 1037 people being investigated, out of which 112 foreigners, 455 being in police custody or under preventive detention. As compared with year 200, both the number of people under inquiry (+ 674), and the number of infringements increased significantly.

c) Data concerning verdicts and convictions for offence to drugs policy.

d) Punishment with detention for offence stipulated in Drugs Law.

Law 143/2000 bans the traffic as well other illicit actions with substances that are under national control.

According to Art 2, paragraph (1): " To grow; to manufacture; to test; to extract; to prepare; to alter; to offer; to sell; to distribute; to deliver; to send; to transport; to procure; to buy; to hold; or other operations concerning risk drugs are punished with detention from 3 to 15 years and with banning of certain rights".

Paragraph (2), “If actions in the prior item concern high risk drugs, punishment is custody from 10 to 20 years and with banning of certain rights.”

Art (3): (1) “To bring in, or to take off of the country, as well as to import and to export with no right risk drugs, is punished with detention from 10 to 20 years and with interdiction of certain rights”.

Paragraph 2:” To farm; to manufacture; to prepare; to extract; to alter; to buy; to be in possession of drugs for own use is punished with confinement from 15 to 25 years”.

Art 6: (1) The prescription on purpose by physician of high-risk drugs, if no medical need, is punished with 1 to 5 years custody.

Number of people under arrested for narcotic and psychotropic substances countrywide in 1996, and during the first semester of year 2002.
(Data from Public Ministry).

No	YEAR	NO OF PEOPLE UNDER ARREST
1	1996	245
2	1997	181
3	1998	162
4	1999	120
5	2000	139
6	2001	378
7	2002 / SEM I	219

Source: General Division for Fighting Drugs Use and Organised Crime

c) Other offences to drugs use policy.

No data available.

4.3. Social and economic costs of drugs consumption

a) Studies and assessment of health and of other social related costs.

“NO DATA AVAILABLE.”

b) General estimation of drug costs/use/demand.

NO DATA AVAILABLE.

5. Drugs Market

5.1. Drugs Accessibility and Offer

Studies regarding the international traffic of drugs and the conclusions of cases solved by the Police Force show a big interest in our country of some external criminal organisations.

- ≥ Due to its geographic location, Romania is a very interesting country for drug dealers as it is a “bridgehead” between Eastern and Western countries. As Romania has all means of transportation, dealers can use them to transit the territory.
- ≥ The conflict condition between the former Yugoslavian states moved the centre of drug traffic to the “Balkan route,” which includes Romania, too.
- ≥ The appealing sums the drug dealers offer to facilitate drug traffic enable them to attract people who want to get rich overnight. They are carriers, guides, or dispensers. A special category is the people who left the country during the Communist regime and who return to organise centres to support drugs networks, or who want to wash “dirty money” from drug traffic. They pretend to be wealthy businesspersons. Most of distributors are users, too, and many are known as having penal past history. In these circumstances, three routes transit Romania, a thing that makes problems to Customhouse officers.

- a) The ease of use of different drugs; trends; and potential cases.

Heroin is the most used and trafficked drug on the market, especially as injections. From a gram of heroin, some 10 injectable doses can be obtained which have a more rapid and a longer effect than on any other way of administering.

At the same time, a significant increase in use of synthetic drugs was noticed. The reason is those have a small risk when an overdose is administered, and the remission is easier.

Cannabis use is increasing, too, and illegal cultures of Cannabis were found in Romania.

The abuse of medicine (Codeine, Methadone, Phentazocine, and Diazepam) reached critical levels, as they are used mostly by Heroin users.

- b) Origin and way of drug traffic.

The main countries are.

- Heroin – Turkey, Afghanistan.
- Amphetamines and ATS - from various countries.
- Cannabis – from various countries.
- Methadone, Codeine, and Pentazocine – they were stolen from legal circuit.

The most quantities of drugs are brought by trucks and containers as well as by individuals.

During year 2001, the traffic and the illegal use of drugs were greater than before in Bucharest.

In year 2001, in Bucharest and in other urban locations the internal traffic and illegal use of drugs, the number of street and of indoor sellers, the number of users, and the number of sells increased in schools, in discos, but the users age was progressively under 15.

5.2 Seizures

During the analysed period, there was registered the biggest drug seizure (**25.199, 51 kg**), by **24.792.448 kg** more than in year 2000 (**407,062 kg**). The total quantity confiscated in year 2001 can be compared with the one seized in the last 10 years (1991-2000) – **22.009,27 kg**, confirming an increasing by **114, 5%**.

In Romania, confiscation is performed by the Customhouse and by the Police Force, Officers, the Anti-Drug Squad, the Frontier, and the Judicial Police Force, separately or in co-operation. In all cases the competence for investigation is of Anti-Drug Squad that addresses files to the public prosecutor.

5.3 Price, purity

The drug purity, the concentration varies between 20-70% depending on dealer, taking into account that drugs can be mixed with other pharmaceuticals to weight more. The price fluctuates, too depending on the financial condition of users.

The most used drug in Romania is Heroin. The Amphetamine derivatives (especially Ecstasy) are on the second place as favourite for drug consumers. Its purity when it is sold in the street it is of about 30%.

The use of drugs, especially Heroin is a critical problem of Public Health. Heroin, which is the most sold drug on the market, is a brown, beige, or grey powder, and it is packed in small packages (“balls”) that weight between 0,08 and 0,10 grams (balls for one dose, or for multiple doses that must be apportioned). Such a dose (0, 08 – 0, 10 grams) is sold for \$ 7-8. When bigger quantities, the price for one kg. of Heroin is of \$2-15.000. The price is also influenced by the Police actions that sometimes makes offer smaller than demand.

On the third place are Cannabis, Hashish, and Opium.

Opium is mostly used by Asiatic communities. It is sold for \$ 3-6000 / kg. Sometimes users smoke Opium from special pipes.

As Opium, Cannabis is used only by some ethnic communities The price is of approximate \$ 2000 / kg. and the price for a cigarette is almost lei 80.000. Cannabis can be found especially in some combinations, the price for one dose being approximately \$7.

Amphetamines and their derivatives (MDMA, MDEA, MDA, and DOB) are found on the market as powder (amphetamine) or tablets (amphetamine and ATS). Tablets are of different shape, size, and colour. A tablet can contain Amphetamine, Caffeine, Diazepam, and Lactose; the price is between \$ 7-15.

Hashish is usually used in combination with tobacco in ready rolled cigars. The price for one cigarette is of about \$ 10.

When dealers set the drugs price the important factors are quality, the connections, if that stuff is bought directly from source or by a third party, the financial condition of users and the place it is traded.

Drugs are sold, usually, in urban areas, and the most likely route is Iran – Turkey – Bulgaria – Romania. Quantities that are not found in Romania can go through Hungary and Western Europe.

6. Trends per Drug

- a) Information from different indicators, sources, and comments related to the possible reasons and factors that can be relevant when studying trends for each drug.
- b) Laboratory analysis for the following substances.

-Cannabis

-Synthetic drugs (Amphetamines, Ecstasy, LSD, others/new).

-Heroin/Opiates

-Cocaine/Crack

Multiple uses (including alcohol, medication, solvents).

From data in studies drawn up by institutions that work to reduce drug offer and demand as Ministry of Interior; Ministry of Health and Family; General Customhouse Authority; Ministry of Education and Research, it can be said that, during the last years, Romania has become a country for drugs transfer, storage, and use.

The significant increase of drugs captured by police force is a warning of a phenomenon that worsens. Cannabis, Hashish, Heroin, and synthetic drugs as Amphetamines, MDMA, benzodiazepines, and Barbiturics are the common drugs captured by the Romanian Police Force. There were reported cases of illicit traffic of Methadone, too. Ketamine was also a problem. On the market there were found samples of Heroin blended with Ketamine.

Data from Police Force ascertain that drugs providers are all over the country, in Moldova, Transylvania, Banat, and Muntenia. During year 2001, it was recorded an increasing both of the number of users and of the number of drugs dealers. Police Force statistics show that that phenomenon is worsening especially in young people. They come from various environments, they are students, pupils, unemployed, businessmen, etc.

While the last years, the important chemical substances and their Precursors are a priority for the Romanian and for the foreign drug dealers. Studies of chemical structure of drugs captured in Romania, and of commercial activities with chemical substances run by foreigners were the topics of investigations conducted by institutions that fight against drug consumption.

Cannabis

Though Romania is a transit country for Cannabis products that come from Asia, the use of this drug is not yet perceived by specialists as being perturbing. However, it is worth mentioning the rising of Cannabis product use, as Hashish, as well as the considerable increasing of captures of Marijuana at frontiers.

The ESPAD study accomplished in 1999 among school population born in 1983 shows that only a small percentage of students use products derived from Cannabis. However, a year later, a survey developed in Bucharest (2000) emphasised a growing consumption of those products among pupils in high school. The use and the traffic of products obtained from *Cannabis sativa*, farmed with this purpose on some surfaces in Romania, or in other countries, have many reasons.

- Cannabis (*cannabis sativa*) for industrial purposes is farmed with no special authorisation.
- An affordable price for Cannabis products on the market.
- Lack of knowledge regarding the harmful effects of the drug.

The Single Convention on Narcotic Drugs (1961) specified that Cannabis should be classified as a psychotropic substance. After that, in year 1988, in Vienna, the Convention against the Illicit Traffic in Narcotic Drugs and psychotropic Substances was voted for. Romania consented to that by Law no. 18/1992. The Convention indicted the farming of any plants from species Cannabis to produce narcotics. Related to that provision, the conclusion is that Cannabis farmed in Romania enters the drug policy, too. According to Law no. 143/2000, the Cannabis plant, the resin, or the oil are also drugs.

In concordance with Art. 1, paragraph 2 in Directive to Law 143/2000, endorsed by Government Decision 1359/2000, definitions regarding vegetal products obtained from Cannabis Sativa, no matter their type, should be applied if these vegetal products are prepared for illicit traffic and use.

The conclusion is that regardless the content of tetrahydrocannabinol (THC) in the Romanian hemp, resin, or oil got from it, if that was used for trafficking or for illicit consumption; they are infractions to drugs policy.

The Directive to Law 143/2000 is meant to prevent traffic and use of drugs in both country and abroad.

Heroin

Heroin is an illegal drug used typically by young people. Thus, this was chosen by people between ages 14 - 39 who are treated for detoxification. The injecting is especially used for this drug. A feature of Heroin consumption in young people is that they use it from the first dose with no other „intermediary” drugs, particularly Marijuana.

As regards consumption in students age 16 in year 1999, Heroin was the mainly used illegal drug (8.8%) as against 9.5%, a percentage that refers to the use of an illegal drug for at least once. The study accomplished in high schools from Bucharest indicates that level of illegal drugs consumption is in 2001 two times more than that in 1997. Students' knowledge on the negative effects of drugs showed differences between practice and knowledge. For example, many students knew that drugs are harmful and that their use could affect intellect. Consequently, to plan effective prevention programs it is important to know how to change teenagers' behaviour and how to hold back the age of the first use.

In the first months of year 2001, drugs traffic and consumption ascended the same as in the previous years. In Romania, specialised units of Police Force seized Heroin both at boundaries and in some country areas. Its purity varies, from 0.2% to 70%. From seizures, it was found that an important quantity was not completely synthesised, the active substance, the diacetylmorphine being found in a small percentage in the end product. Another characteristic was that Heroin was diluted with other products as Caffeine, Phenobarbital, Diazepam, Lactose,

etc, which have their own effects. Heroin is administered mainly by shots, so the high risk of infectious disease as HIV and Hepatitis.

In the last part of year 2001, because of Police Force activity, Heroin was deficient; so many users went to detoxification.

Cocaine

The use of this illegal drug has a slight increase in the last years, but higher values are expected in future. Although Cocaine entered Romania after year 1989, from Spain and Latin America, its consumption is unimportant because of its high price and to fact that only relative small quantities come in our country, because the geographic situation of Romania is not an advantage for products from Latin America. The use pattern is by powder sniffing and it is characteristic to young adults.

Relevant statistic data on this substance and on synthetic drugs use are mostly from seizures. Most data on drug consumption is obtained from specialists in governmental or nongovernmental institutions. They ensure the psychosocial support, cure, or are involved in programs for decreasing the negative effects of drugs.

The high purity of seized Cocaine (70%) and the very big price of doses are enough reasons for the low level of consumption. In addition, the route from producer to consumer is very long, as it has to transit many countries.

Synthetic drugs (Amphetamines, Ecstasy, LSD)

Products as Ecstasy, Amphetamines, and LSD are newer for Romania, but as specialists assess, their use is rising in school population. Favourite sites for use are dealers' and, users houses, bars, and discos. The rising use of Synthetic Drugs in Germany, Czech Republic, Israel, the Netherlands, and Poland, and the increased illegal production in these countries should be taken into account when assessing that phenomenon.

Inhaling substances

A critical problem of our society is the inhaling by some young people of solvents included in the structure of many products, as paint and varnish that are sold with no restraint in Romania. The volatile solvents, whose main component is Toluene, give after inhaling a reversible condition of psychic addiction. Number of users is progressively more but the real figure is not known. The higher risk is that users could turn to drugs with irreversible addiction.

The use of these substances increased alarmingly after 1989, and it was associated with the „Street Children” phenomenon. Out of these solvents, the product named “Aurolac” was the first choice of homeless children. Laws prohibiting the selling of such solvents to minors, the monitoring of users by the Anti-Drug Squad and the results of social assistance for these children reduced the number of abusers.

Tobacco

Tobacco and alcohol are the most used legal substances in Romania. Similar to the use of illegal drugs, the legal substances use has increased among young people, too. According to a study completed by the Ministry of Health in year 1994, from 4920 questioned people 36% were smokers. Most smokers were between 25 - 44 years olds (61, 7% male, and 25%

female). Additional data on smoking among young people in Romania stressed out an increased prevalence in young women (from 15% to 20%) and a prevalence of 47% in young male.

Findings of another study accomplished in 1999 (SSRR99) were as follows: 39% women were smokers; 72% men declared they smoke, but only 54% from them said they were active smokers. Again, the 25 – 44 age group includes the biggest share of active smokers (35%). These data place Romania among countries with the chief prevalence of smoking from the former communist states.

In comparison with year 1993, in 1999 an increase by 35% in feminine population in age group 15-49, mostly in young women between ages 15 – 24, by 50 % as compared with 1993 was recorded.. For young males, data from 1996 study are not different as those in 1999.

The age of first use is at 11 years old or less for 13.6% of young people in ESPAD study. Frequency of use is, according to new data, provided by the Institute of National Statistics (2000): 21 % of people over 15 years old smoke on a daily basis; and men smoke three times than women. The biggest share of daily smokers (29, 3% from whole population in that age group) is in age group 25-54. Most people have begun to smoke at ages 15-19 (47, 5%) or ages 20 - 24 (33, 8%). Over half of men (51, 4%) have begun to smoke at ages between 15-19. At the same time a big share of the feminine population is women age 55 and over that have never smoked.

In future, it is expected that legislative measure will protect minors against smoking. Those laws must forbid smoking in open public spaces. At the same time, campaigns of information; education; communication developed in partnership between NGOs and GOs will reduce the number of young smokers.

Alcohol

Another worrying matter not only in the West European countries but in Romania too, is the alcohol use by young people. The ESPAD study highlighted the fact that 83% of young people used alcohol and that 43% had been drunk at least once. These data place Romania on the 20th position from the 29 European countries included in ESPAD study. What really worries is the high rate of alcohol use, the possibility of using alcohol in a life span, and the age when alcohol was first used. Thus, 24% of students have begun to drink at 11 years old or even earlier (by alcohol it is understood strong alcoholic drinks, wine and beer, too), and at these ages, 9.3 of them got intoxicated. Data from Study on Reproductive Health (1999) specify that the share of women that drinks regularly enlarged by ten times from 1996 until 1999. As regards men, their proportion is three times more than that of the same year, especially beer

Although statistics point out to a decrease in the average consumption of alcohol per citizen, a significant increase is noticed in use of drinks with low and medium alcoholic content (49, 6 lit. / citizen in 1999). The great number of users is young people between ages 15-24 in rural area. People over 55 years old use wine mostly, especially in rural area, and strong alcoholic drinks in urban area. These data are from official statistics; but in Romania, there is a long practice in home-produced alcoholic drinks. Because of that, a part of alcohol consumption and producing is not known and thus it is difficult to be assessed.

Statistics show that alcohol is one of the factors that affects health status of individual and of community by the big number of road accidents; of people who need medical treatment for digestive; neurological; behaviour disorders; or as a result of people with temporary work incapacity due to diseases related or induced by use of alcohol; accidents at work place, etc

In this context, it is obvious that alcohol is an important health issue, that induces big social costs that needs many approaches

Regrettably, but in Romania there is no national consensus regarding the restriction and control of alcohol use. The Government has no monopoly on trade of alcohol that being an opportunity for the “black market,” and to trading unregistered products.

Psychotropic substances

The use of psychotropic substances has been noticed before 1989. After that year, their use have increased among young people, generally with no medical prescription and combined with alcohol.

Tranquillisers and Sedatives as Rohypnol, Diazepam, and Rudotel were used by students in ESPAD study. Consequently, at ages 14 –15, there is registered a peak of these substances use, sometimes combined with alcohol. At the same time, at this age, use is more extensive in girls' than in boys.

As concerning referrals to detoxification, an increase of Fortral use at ages 15 – 55 is registered.

According to a study accomplished by the Institute of Statistics, most women took them on their own. That is the same as people between 25 – 54 year olds. For young people 15 – 24 in age the share of those who used medicines prescribed or suggested by physician is almost the same as those who use them on their own.

In accordance with the same study, Antidepressants and Sedatives are used more by postgraduate people. These are used more in the urban area by 15- 24 and 25 – 54 age groups.

Medicines

Due to the imperfect legislation of the pharmaceuticals in year 2001, some medicines with psychotropic active substances; or with similar effects as drugs were delivered with no medical advice

In 2001, no measures to reduce access of population to some medicines, which as overdoses could bring intoxications or even death, were taken. That way, number of people who use, with no advice, medicines that could cause psychical addiction increased.

7. Conclusions - Ministry of Interior evaluations

This chapter is a synthesis of the principal aspects of trends, patterns, and social context.

Main trends and consequences

In year 2001, the use of drugs has increased nationwide, including different segments of population. Drugs covered a wide range: Cannabis; Amphetamines; Heroin; Opium; and Cocaine. Way of administration depends on drug and on end effect. From indirect indicators it is noticed that number of holders and of users has risen even in 1999, and that sometimes shots were preferred even from the first dose. At the same time, use of some medicines with psychotropic content as Barbiturics, and Benzodiphine, with or without alcohol has increased. Data about the reduction of drugs offer prove that use of cigarettes with Marijuana or Cannabis increased among students.

The coordination at national level of the entire multidisciplinary Anti-Drug activity, which is incipient, did not allow making a strategy. At the same time, a methodology to collect and process data on drugs use in Romania has not been established, yet. Furthermore, information and statistics we have are partial because of the following:

- Legislation on drugs use is not very much known.
- Lack of specific training for staff employed to fill in case-based forms.
- Some deficiencies to fill in forms for reports in Appendix to Order of Minister of Health, no. 963/1998.
- Lack of an advanced information system to centralize and process data.

- Lack of a national reporting system based on a proper infrastructure, to permit the programmed collecting and processing of data.

Consequences of facts from above are worrying. The phenomenon of drugs use aggravated during years. Its size it is not identified since the lack of a real and efficient system of data reporting and processing at national level.

A success of the Anti-Drug System is the reorganization of the Department for Fighting the Organized Crime. This is a positive factor, as it concerns the reduction of drugs offer, at least. This is the task of a specialized department that has special duties to combat traffic and use of illicit drugs.

To have a clear picture of the work carried out, we shall present the number of seizures as an unbiased mechanism of evaluation. Thus, during the reference period, at national level there were confiscated **25.199,52 kg** of drugs (24.702,50 kg of Hashish, and Cannabis; 41,77 kg of Heroin; 66.559 tablets of Amphetamines (Ecstasy); Amphetamine (powder) from which 350.000 tablets could be manufactured; 998 tablets of Methadone; 151, 86 kg of Precursors; 17 illegal cultures and a clandestine lab). The total seized quantity in year 2001 could be compared with that in the last ten years (1991-2000) – **22.009,27 kg**, that meaning **an increase by 114, 5%**. That thing demonstrates the efficiency of the new structure and the fact that drugs offer is under control.

In September 2001, in the context of PHARE Project, a Twinning Project “Fight against Drugs” has been developed. That project was coordinated effectively by the Spanish counselor Daniel Lloret. The project had the following objectives.

- To get ready a National Anti-Drug Strategy, that includes the sectorial strategies, in accordance with the European Union standards and with the best practice in that field.
- To draw up action plans for institutions involved in the fight against drugs traffic and use, as well as against traffic of Precursors .
- Review the internal law in drugs domain.
- Good cooperation between institutions with tasks in that domain.

In the same year, the Project of Law no. 300, on monitoring Precursors as a base for producing illicit drugs was drafted.

7.1. Harmonisation between indicators

The analysis of relationship between different indicators is accomplished depending on the main trends.

“NO AVAILABLE INFORMATION”

7.2. Implication for policy and interventions

a) The increase of drug use in Romania has many reasons, the most important being:

- Some segments in population as young people, parents, teachers, are not aware of the harmful effects of drugs.
- The low impact of messages spread by some educative campaigns.
- Not enough specialized staff at national level

In year 1999, a system for monitoring addicted persons who need cure has been started. Detoxification is done on base of medico-legal assessment in one of the Ministry of Health and Family specialised hospital. If it is necessary, it can be carried out in one of the Ministry of Interior or Ministry of Justice In-patient unit. The cure is basic enough. In our country, cure of

dependence is done according to Government Decision 1359/2001 under one of these conditions.

- On his/her initiative.
- In emergency, because of **withdrawal** when lack of narcotic.
- Compulsory referral to hospital by a medical commission; by Order of Public Prosecutor; or by Decision of law Court.

b) The Significance of strategies and interventions for professionals and for decision makers. As regards Law no. 143/2000, it should be specified that.

The Article 6.1 states that physicians who recommend “medicines at high risk” if they are “not necessary for the patient health” are convicted.

That explains the legislative body interest in the annihilation of drugs use by restraining the involvement of health staff in drugs industry.

7.3. Limitation of data methodology and quality

Data regarding number of users can be found if.

- staff is familiar with medical records of people that need specialized health services.
- staff can interpret number of seizures made by Police Force and by Customhouse Officers .
- staff can interpret number of people who were found.
- staff interpret Results of tests on drug sample.

Collection of data is standardized, in accordance with Rule for Applying Law 143/2000, passed by Government Decision no. 1359/2001, on categories as drugs, persons, facts, age, etc, at the level of Anti-Drug Squad in Ministry of Interior; Ministry of Health and Family; Ministry of Education and Research etc. When National Focal Point is instituted flow of data is complete.

Conclusions

The possible reasons for drugs use are either material, emotional; or from pure curiosity. It is astonishing that drug use is low among adults, but an explanation would be the social factors as norms, customs, and attitudes of individuals to that. The social agreement to use of alcohol and tobacco products; and the extended tradition, especially in rural area, of offering them to children are factors that expand their use among young people. As the same time stigmata associated to illegal use of drugs and the low social condition add to a low consumption at mentioned category level.

The Society, especially parents of drugs users, who were taken aback by the phenomena and by lack of education on drugs use, have various attitudes. One attitude that was characteristic after year 1989 until the end of 1990 was that “users are either delinquents or ill persons.” Even now, families with relatives who are drug users do not know how to behave with the consumer.

As regards primary prevention and cure of addicted people, population agrees with intervention from governmental institutions, especially to educate young people, to convict dealers of drugs, but to take steps to cure users. The most important reason to assist programs

for prevention and control drugs use seems to be the impact at national level. Thus, the cost of drug use is difficult to estimate as it includes all associate consequences, as well as critical health problems, including irreversible neurological changes, infectious diseases, accidents, domestic violence, a low productivity and a decrease of life span.

8. Discussions- Institute of Health Services Management

We can not discuss about new or emerging trends, because there were no national studies made in 2001.

For the “Study on high school students’ knowledge, attitudes, and trends regarding use of drugs” - Bucharest Public Health dept. and “Salvati Copiii” NGO, the methodology reported was:

- As Work Instrument it was used a **Questionnaire**.
- After the field operator explained the aim of study, each student received a questionnaire and he/she was asked to **individually and anonymously** answer that.
- Data was operated and analysed by SPS 8.0 Program.
- The questionnaire included **control questions that** have the same goal, but are different outlined. Their aim was to check the authenticity of the respondent negative or positive answers.
- Questionnaire had 24 questions.
- There were used: open questions: - with many variants of answer
- with one variant of answer.

CONCLUSIONS

- There are no significant differences on age, gender, or type of high school.
- Friends and acquaintances induce young people to use drugs.
- It is very important peers and places young people meet are checked.
- Police must check places near high schools.
- From the processed data, it can be noticed that young people have not enough knowledge on the bad effects, and on the risk factors of drugs use on their health.
- The most part of youth wanted to receive information during tutor classes, or in individual meetings with specialists.
- It is true that specialists must address information, but at the same time one must think that young people want to speak with their peers who were trained specially to assist them.
- As many addicted persons are from families where communication lacks and parents do not pay attention to children, it is necessary programs of treatment and prevention for members of family are planned, too.
- Most of the young people said that they generally use more types of illegal drugs.

For the Rapid Assessment Evaluation, there are three methods reported as being used in the study: examine existing information, sample arrangements and interviews. For the interviews, the questions were formulated after asking key persons like IDU, taxi drivers, policemen, people form NGO’s, medical personnel etc. also, were developed focus groups, at least one for each region. For Bucharest area, the technique used was “capture-recapture”; also for Timisoara. In Iasi and Constanta there were too little data for applying this technique; more likely, the staff just observed the number of IDU and “photo” them.

PART 3

DEMAND REDUCTION INTERVENTIONS

9. Strategies in Demand Reduction at National Level

9.1. Major strategies and activities

1. Ministry of Education and Research

Preventing drug use is mainly an educative task, as it involves the habilitation of persons having certain abilities and resources to promptly react to vital requests. School is the appropriate place for developing these capacities, as it helps reaching the pupils and the teenagers. Scientific studies shows that school programs are very helpful in diminishing drug use and improving the first use age. Also, we need to take into account the fact that efficient preventing measures must be harmonised, according to the criteria recently approved by the European Union and scientific studies in the domain.

Operational objectives:

- a) *Elaboration and development of an appropriate curriculum:*
- b) *Formation of teachers involved in the curriculum implementation*
- c) *Schools involvement in community programs*
- d) *Development of recreational programs*
- e) *Development of family-oriented programs*
- f) *Continuous preparation of the persons involved in drug use prevention*
- g) *Organisation of actions specific to groups exposed to risk situations*

2. The Ministry of Health and Family

Health is a fundamental right, guaranteed by the Constitution and by the international treaties at which Romania has adhered. All European countries' policies aim to ascertain a good health condition for their citizens. Thus, the priorities of the EU drug prevention plan are health, education, research and professional training.

Health represents a crucial domain in the prevention of drug use and drug abuse, especially when taking into account their complex consequences. This is the reason why specific interventions will be developed, ranging from basic prevention to actual rehabilitation and aiming to the reduction of this social phenomenon.

By promoting public health we seek to enhance people's entitlement to make decisions concerning their own health and to act upon their environment. As the society creates social, economic and environmental circumstances that influence individuals' health conditions, all health-promoting strategies support people maintain an increased control over their own health.

The prevention activities will be based on the principle of health education, and sustained by campaigns related to education, communication and information. These prevention activities will be carried out through a national health-promoting network and specialists, as well as other governmental or non-governmental organisations.

Operational objectives:

- a) *Create training programs and accreditation systems for the personnel working in drug use and drug abuse prevention.*
- b) *Inform and educate the youth in order to raise their awareness and capacity to make responsible decisions on drug use and drug abuse issues.*
- c) *Develop the prevention programs by maintaining the partnership with the NGO's.*
- d) *Promote an evaluation system of the health damaging knowledge, attitudes and behaviours related to drug abuse and drug use, and also evaluate the efficiency of the prevention programs.*

e) *Set up health-promoting and health education methods meant to develop the community's healthy attitudes and behaviours*

3. The Ministry of Interior

The Police have a key role in enforcing the procedures meant to ensure the compliance with the laws related to the prevention and fight against drug use. Other key roles concern the fight against drug smuggling, tracking the drug addicts, preventing the abnormal behaviours among the underage and the persons exposed to risky situation.

Therefore the police officers need special training in order to solve the drug use issues. The policeman's image as a repressive force should be eliminated and his preventive role enhanced. Consequently, the police officer will be perceived as an active force in promoting health and protecting the community's members.

Operational objectives

- a) *Train the police officers in order to achieve an efficient preventive training.*
- b) *Improve the specific duties of the Police*
- c) *The Police involvement in the community programs*
- d) *Develop the social partnership as well as the partnerships with the governmental and non-governmental organisations operating in this field.*
- e) *Identify the drug uses risk factors*
- f) *Increase the community trust in the Police so that people ask for the police help whenever they need to, being confident they will find understanding and complete confidentiality*
- g) *Co-ordinate the activities of the prevention departments with those dealing with the fight against drugs*

4. The Ministry of Youth and Sport

The youth are by their nature more vulnerable to the situations, circumstances and events they are subject to in their way to adulthood.

In 2001, The Ministry of Youth and Sport issued the National Action Plan for the Romanian Youth - a national strategy based on the evaluation results of the young people's needs as well as on the main element related to the youth within the aquis communautaire.

"Decrease the risk factors' impact on the youth is one of the general objectives of this plan, and among other measure - set up programs and projects aiming to prevent and fight against the specific risk factors" (deviants, institutionalised young delinquents, physically or mentally disable young people, young drug addicts)

Operational objectives

1. *Sustain/ finance prevention programs/ projects in order to decrease the number of young people involved in drug use and drug abuse (The Antidrug Commission).*
2. *Develop alternative programs for spare time spending and create Youth Centres networks.*

5. The relation with the mass media

When referring to the mass-media impact on drug use issues, we have to take into account two major aspects:

- 1) can influence the reduction of drug use cases by promoting different attitudes, stereotypes and myths and consequently shape the public opinion on drug related issues, their causes and consequences.
- 2) mass-media can influence the political decisions in this domain.

One of the most common prevention means is the campaign meant to raise public awareness. It is well known that these campaigns become efficient when integrated into a global prevention strategy elaborated by specialists. Moreover, their message should be well targeted, informed

and realistic. Mass media's active involvement in transmitting appropriate messages is the only modality to strengthen the positive messages within the prevention programs.

Common operational objectives

- a) Mass media's involvement in sending preventive messages and promoting behavioural patterns.
- b) Inform the press on the on-going activities
- c) Mass media's involvement in the local prevention campaigns.
- d) Train the journalists on the domain of prevention and fight against drug use.

6. National and International co-operation

Drug smuggling and drug use represent a cross-border issue that involves both nationals and international institutions. The international co-operation facilitates a better understanding of the phenomenon, its causes, symptoms and current tendencies and makes the national activities compliant with the international policies.

A good communication and collaboration between those involved in the prevention sector will allow the exchange of information, experience and decide on the best practices in the field.

Operational objectives

- a) Comply the national legislation with the EU standards and other international organisations competent in this field.
- b) Establish and strengthen the relationships with the international institutions that develop drug prevention programs.
- b) Strengthen the contacts with the European agencies involved in the prevention domain and especially with the European Monitor for Drugs aiming to the exchange of information and the improvement of the practices in this field.

9.2 Approaches and new developments

9.2. a) New and innovative approaches

In 2001, Romania received assistance through two PHARE Projects:

1. "Fight against drugs"
2. "Cooperation EMCDDA- CEEC's".

The wider objective of the project is to strengthen the capacities of the Romanian institutions in the fight against drugs, through adoption of a National Drug Strategy, development of national agencies' Action Plan and improved inter-agency co-operation at the national and European level.

The project "Co-operation EMCDDA- CEEC's" intends to prepare the candidate countries to join the EMCDDA by implementing the aquis communautaire on drugs; the National Focal Point will be responsible of maintaining contact with EMCDDA.

9.2 b) Socio-cultural developments relevant to demand reduction

In view of achieving the drug use prevention within the National Program for preventing and fighting against drug use, the **Interministerial Commission for the Prevention of Illegal Drugs Use (C.I.P.C.I.D.)**, came into being by a Common Order, and being formed of representatives of the Ministry of Interior, Ministry of Health and Family, Ministry of Public Administration, Ministry of Education and Research, Ministry of Youth and Sports. The Commission's activity was also open to civil society, by the participation of the most significant NGO's to activities related to preventing drug use and addiction.

With the Romanian Government financial support, CIPCID has implemented the project "**Drug use: where to?**" project which was realised in consortium with the Centre for Legal Resources and UNICEF Romania and it consisted on informative and educational activities regarding the

fight against illegal drug use among the youths and the promotion of a healthy life style that would explicitly reject drugs. The activities carried out by this project provided the initial training of the staff working in the local centres, and it offered anti-drug counselling for future programs on drug use prevention.

At the same time, under the slogan “IT’S ONLY UP TO YOU”, the project carried out the biggest campaign with a social profile at the national level – it consisted of ads on TV and on the radio, broadcast on local and national stations, and of activities for the youths (concerts, exhibitions, seminars, contests, etc.). All these activities have been carried out in partnerships with several ministries (Ministry of Interior, Ministry of Health and Family, Ministry of Public Administration, Ministry of Education and Research, Ministry of Youth and Sports), and other national and international institutions.

In the context of preventing drug use and addiction, the Ministry of Health and Family, and the Ministry of Education and Research - in partnership with NGO’s – have elaborated the contents of the program of health education to be used in schools starting the next year; it seeks to involve teachers and pupils in the process of acknowledging the drug use phenomenon and of developing communication, interaction and health behaviour skills among the pupils, from elementary school to high school.

The activities carried out by the Commission come as a continuation of previous programs implemented by the ministries that are members of the commission, in collaboration with NGOs (educational programs in schools, informative materials, specialised training sessions, sectorial studies, media campaigns, seminars, etc.).

In the case of the above-mentioned programs, the lack of appropriate evaluation and studies covering the entire population, render the monitoring of changes in behaviour and attitude towards drug use and addiction very difficult.

9.2 c) Developments in public opinion

The project “The Drug Use: Where to?” was launched in august 2001, by the Centre for Legal Resources Bucharest, UNICEF Romania and Ministry of Interior- Crime Research and Prevention Institute. The project will be developed at a national level, with a total budget of 145 520 USD. 282 persons- doctors, police officers, teachers, social workers etc were trained to promote a healthy lifestyle among children and teenagers. During this project, will be distributed more than 200 000 brochures, 4500 T-shirts and 3000 caps. The campaign will be supported by the **Interministerial Commission for the Prevention of Illegal Drugs Use (C.I.P.C.I.D)**, 5 relevant NGOs’ and the most important TV and Radio stations in Romania.

Also, on the International Day for the Fight against Drugs, there were organised public debates and informative talk-shows on the most important radio and TV stations; articles about drug phenomenon were printed in most newspapers, at local and national level.

9.2 d) New research and findings

During 2001, began the study Rapid Assessment Evaluation for IDU in Bucharest and three other major cities of Romania: Iasi, Timisoara and Constanta. The results of this study- unofficially yet, are mentioned in Part 2 of this report.

9.2 e) Specific events during the reporting year

We can mention the anti-drug campaigns detailed at part 8.2c, the Rapid Assessment meetings, ICFAD meetings in order to prepare a National Strategy and to develop the PHARE co-operation projects, a greater involvement of the NGOs’ in the harm reduction activities and the improvement in the legislative field- law 143/2000 and further added.

10. Prevention

10 a) National Strategy

In 2001 Romania did not have a National Strategy to fight against drugs. As we have previously mentioned, all the ministries involved in the drug related filed were co-ordinated by the ICFAD-Interministerial Committee for Fight Against Drugs. The ministries developed their own strategy, according to the ICFAD general objectives.

As we have already mentioned, in 2002 was elaborated the National Strategy on Drugs and the National Prevention Strategy with the following objectives:

General Objectives:

1. Reducing drug use and addiction among the population.
2. Diminishing the number of children and youths that start to use drugs.
3. Diminishing drug use and addiction among persons who are in risky situation.
4. Reducing the risks resulting from drug use and addiction.
5. Diagnosing and monitoring drug use.
6. Legislative and institutional harmonisation with the EU regulations.

Specific Objectives:

- a. Reducing risk factors.
- b. Diversifying the means of preventing drug use.
- c. Promoting education for health among the population.
- d. Diminishing the accessibility of drug disposability.
- e. Informing the population about the risks and the damages associated to drug use.
- f. Involving civil society.
- g. Developing co-ordination structures at the local and national level (*National Agency for Fight against Drugs*).
- h. Increasing the theoretical and methodological quality of prevention programs.
- i. Providing specialised training for this field of action.
- j. Creating and promoting alternatives for spending spare time.
- k. Sensibilising the public opinion and forming favourable attitudes for preventing drug use and abuse
- l. Consolidating and developing the network of centres for preventing drug use and abuse in all of the counties.
- m. Creating opportunities for the active implication of the private sector by providing prevention and treatment of drug use and abuse.
- n. Evaluating the programs.

10.1 School Programs

10.1.a) Specificities of policies

Since 22 September 2000, the Ministry of Education and Research developed a National program to prevent and fight against juvenile delinquency, drug abuse and other items less important for us (respect the circulation rules, the fire norms etc). Through this Program, every week an hour is allocated for training and talks about specific problems; every County Inspectorate is requested to cooperate with the County Health Department, County Police and also with other civil structures like parents associations or local community. At national level, there were training courses, contests, debates, camps etc. all tackling the drug abuse problems and the prevention.

10.1 b) Models of school intervention

In 2001 was set up an Interministerial Committee to Prevent Illicit Drug Abuse, which consists of five ministries, including the Ministry of Education and Research. Also, in 2001 were set up County centres for Anti-drug Counselling, with the task to co-ordinate at regional level the demand reduction activities. In December 2001 began the training courses for the personal of the Centres- doctors, police officers, social workers etc. The activity of this Centres include informational campaigns in schools and high schools, counselling, distribution of informative material in the population, courses and seminars, mass-media campaigns and spots etc.

Also, the Interministerial Committee involved the most important and representative NGOs' from the drug field. The most important part of this co-operation were the school campaigns and training seminars for specialists, involving people from both public and private sectors.

Since December 2001 was also launched a pilot program: "Education for Health in the Romanian School", which intends to test the schools in order to introduce a new discipline beginning with year 2003. According to the pupil's age, was proposed a practical schedule, varying from 2 to 6 hours weekly.

We have to mention also the web page of the ministry, for the Internet is gaining more and more access among school children.

10.1. c) Prevention programs available in the country

In 2001, prevention programs were developed in co-operation with NGOs' both in Bucharest and other areas of the country. In Bucharest, prevention programs were developed in 40 schools and 25 high schools, realised with "Salvati copiii" NGO, treating subjects like legal and illegal drugs, sexual transmitted diseases, other infectious diseases etc.

One of the NGOs' involved in this program is "Salvati Copiii"; during 2001, a project developed and lead by this NGO, aimed for the pupils of 13-14 years of age, treated subjects like:

- Sexual transmitted diseases, effects of drugs abuse- including alcohol and tobacco
- Dealing with HIV positive persons
- A healthy sexual behaviour
- Dealing with other friends with unhealthy behaviour

This programs were discussed during 5 hours for every class; also were trained in 2001 22 volunteers, mainly students in Psychology, Social workers etc. The materials realised with this occasion were 3500 sets of 5 booklets about some main drugs (ecstasy, marijuana, cocaine, heroin and alcohol) 3000 pens, 3000 posters, 1000 books "Guide for scholar counsellors for health problems" and 2000 books "Manual for parents".

Also, in co-operation with the Ministry of Health and Family and "Soros" Foundation for an Open Society was realised a centre for treating psychic drug dependence- Counselling Centre for Teenagers and Youth. This centre was moved since March 2001 inside the Clinical Hospital for

emergency "Floreasca", Bucharest. The team consists of 3 psychologists, one neuropsychiatrist and one social worker which, between March and December 2001 consulted 354 persons; were organised training courses with specialists from Belgium and Romania, both for centre's team and for county workers. A booklet "Teenagers and drugs" was realised destined mainly for teachers and parents.

In the country, there were such campaigns in several counties; we have to mention that in some programs were involved students from last classes, who will suppose to train than smaller pupils. In other cases were involved also the Red Cross, local radio stations or NGOs'.

Beginning with 2002, "Salvati copiii" in co-operation with Public Health Department of Bucharest intends to launch a new campaign called "Drugs cut your fly", for the general schools and high schools.

10.1 d). Evaluation studies and results

"Salvati copiii" NGO in co-operation with Bucharest Public Health Department realised a study in 2001, among the high school students in Bucharest; the results were that some 10% of the students tried drugs at least once. Following this study prevention programs were developed, as is mentioned in part 9.1c.

10.2 Youth programmes outside school

10.2 a) Definition used

The youth are by their nature more vulnerable to the situations, circumstances and events they are subject to in their way to adulthood. In 2001, The Ministry of Youth and Sport issued the National Action Plan for the Romanian Youth - a national strategy based on the evaluation results of the young people's needs as well as on the main element related to the youth within the aquis communautaire.

"Decrease the risk factors' impact on the youth" is one of the general objectives of this plan, and among other measure - set up programs and projects aiming to prevent and fight against the specific risk factors" (deviants, institutionalised young delinquents, physically or mentally disable young people, young drug addicts)

Operational objectives

- 1. Sustain/ finance prevention programs/ projects in order to decrease the number of young people involved in drug use and drug abuse (The Antidrug Commission).*
- 2. Develop alternative programs for spare time spending and create Youth Centres networks.*

10.2 b) Types and characteristics of interventions with youth outside school

There were organised meetings between pupils, medical doctors, psychologists, lawyers, representatives of the Ministry of Interior, during which informational materials were presented (leaflets, movies) and discussions related to drug abuse prevention were held.

The school and its partners have organised seminars, lectures, round tables (e.g. "The crafty sanitary workers"), exhibitions with thematic drawings, thematic campuses.

The Ministry of Youth and sports does have a web page, both in Romanian and English, which contains a section dedicated to drugs and alcohol.

In March 2001, an ONG from Dolj county- "Pro Vita" organised in co-operation with County Department for Youth and Sports a public debate called "Teenagers in front of drugs".

Tabel with County Yoth and Sports Departments Activities during 2001

No .	Beginning data	Ending data	Place	Name of the action	Organiser	Program MYS	Number of participants	Funds from the local department for youth and sports	Other funds
1	26-Jan	30-Mar	Botosani	Education for health	Ecotouristic organization "CAR-PATES"	informal	40	169.05	134.48
2	1-Mar	31-Mar	Targoviste	LABYRINTH- Campaign to prevent violence, alcohol and drugs abuse and STD among youths	Cultural Group of Artists without License	informal	125	576.32	1010.49
3	1-Feb	31-Mar	Craiova	Health education for conscripts-HIV/AIDS	Regional Organization Against AIDS Oltenia	informal	225	153.69	192.11
3	1-Feb	25-Mar	Targu-Jiu	Teenagers facing drugs	"Pro-Vita"- Gorj	informal	44	192.11	69.16
4	25-Jan	30-Mar	Giurgiu	Circle of friends-negative effects	Youth association "Green, White & Wild", Giurgiu	informal	200	211.32	88.37
5	10-Jan	29-Jan	Dr. Tr. Severin and county	Informal campaign	ODT – Maris	informal	500	195.95	203.63
6	19-Feb	30-Mar	Tg. Mures and surrounding area	Education for Health in Schools- Primary prevention	Association for Health Promoting PREVENTION	informal	1500	115.26	256.66

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7	27-Jan	27-Apr	Tulcea	Drugs and dangers	ETHNOGR APHIC CLUB	informal	700	115.26	211.32
8	5-Feb	19-Mar	Rm.Valcea	Awareness the risks of drugs abuse	"Mihai Viteazu" foundation	informal	3000	192.11	134.48
9	23-Apr	21-Jun	Bucharest	Let's build a world without drugs!	Youth Association "Green, White & Wild"	informal		196.72	0
10	25-Apr	5-Jun	Targoviste	LABYRINTH - Campaign to prevent violence, alcohol consumption and Sexual Transmissio n Diseases among youths	Cultural Group of Artists without License	informal	500	295.85	0
11	15-Apr	20-Jun	Iasi	Without DRUGS in the high school from Iasi	LUMEN Association from Iasi	informal	400	134.48	0
12	1-Apr	1-Jun	Timisoara/ Timis	Program to combat drugs among youths	D.T.S.J. Timis	informal	500	115.26	0
13	20-Jul	15-Sep	Braila (20-30.06/ 3.08-15.09); Eforie Sud (20-23.07/ 30.07-3.08)	"The Drug - a temptation? "	"Spiritul Cetatii" Association	informal	30	536.37	0
14	10-Sep	30-Sep	Husi, Barlad, Negresti and rural areas from Vaslui County	ADDICTION - Phenomena circumscrib es to social plans	D.T.S.J. VASLUI	informal	700	115.26	0

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15	25-Jan	30- Mar	Giurgiu	Gang and its negative impact	Youth association "Green, White & Wild", Giurgiu	informal	300	211.32	0
16	5-Feb	30-Mar	Ilfov County	Education and prevention of deliquence	Youth association "Green, White & Wild", Ilfov	informal	200	268.95	76.84
17			Alexandria	The teenage without deliquence	DTSJ Teleorman	informal	50	38.42	0
18	15-Sep		Ploiesti	Prevention of drugs consumption among youths	DTSJ Prahova and Romanian Antidrug Association from Prahova	informal	500	115.26	0
19	1-Oct	15-Dec	Bucharest	Rights, Duties, Priorities	Youth Association "Green, White & Wild", GRADO, High School "G. Cerchez"	informal	450	192.11	0
20	1-Oct	15-Dec	Bacau	The teenage without drugs	AVICENNA Association, ARAS NGO from Bacau, Police County Department	informal	1200	304.30	142.16
21	10-Oct	15-Dec	Oradea	Alcohol and drugs a dangerous challenge	DTSJ Bihor, "Increderea" Foundation	informal	350	388.06	0

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22	1-Oct	8-Dec	Giurgiu County	To build a world without drugs	Youth Association "Green, White & Wild", GRADO, Giurgiu Police County Department	informal	600	280.09	0
23	20-Oct	5-Dec	Iasi High Schools	Without DRUGS in the high school from Iasi	Lumen Association from Iasi	informal	320	176.74	0
24	3-Dec	21-Dec	Neamt County Slatina	You must know!	YMCA	informal	3000	0	0
25	15-Nov	15-Dec	Slatina	Drugs - Illusion and truth	DTSJ Olt, CPCA Olt	informal	1500	115.26	0
26	01. Nov.	31. Dec.	Sibiu	"I want to know. I want to take care of drugs" - informal brochure	D.T.D.J. Sibiu	informal	550	386.14	0
27	1-Nov	30-Dec	Zalau	Stop to the Drug	DTSJ Salaj, County School Inspectorate Department, County Public Health Department	informal	500	384.22	0
Total							14984	6175.88	2519.7

Source: Ministry of Youth and Sports

NOTE: There are 23 Associative Structures of youth that are financed.
There are 27 youth actions with DTSJ/DTSMB finance.

Euro Value: 1 Euro=26027 Romanian lei (average value of Euro in 2001)

LEGEND: MTS – Ministry of Youth and Sports.
DTSJ – County Department of Youth and Sports.
DTSMB – Bucharest Department of Youth and Sports.

10.2 c) STATISTICS AND EVALUATION RESULTS

No data are available

10.2 d) Specific training for professionals and peers in this field

No data

10.3 Family and Childhood

In 2001, responsible for all the programs dedicated to family and childhood was the Ministry of Health and Family; there were no programs targeted on intervention with family, childhood and drugs.

10.4 Other programs

10.4 a) Description on interventions

- Peer-to-peer approach: this type of intervention was developed entirely by NGOs'. There is no clear evidence of drug users, because there is no database; every NGO has its own database and it is possible that a user can be enlisted more than once or under different identities. In 2001, peer-to-peer approaches were reported by ARAS (Romanian Association Against AIDS)- with centres in Bucharest and six other Romanian cities, TIMISIENSIS XXI- "OSCAR" from Timisoara, ALIAT (Association to Fight Against Alcoholism and Toxicod-dependence) from Bucharest, "Stay alive" from Constanta, "Open doors" foundation from Bucharest.
- Telephone help lines: there are reported three help lines in Bucharest (free calls), one line belonging to ARAS and others two to Antidrug Counselling Centres from 1-st and 2-nd district, Bucharest. No evidence of calls is reported to us.
- Community programs: most NGO's reported programs like distributing informative materials (leaflets, booklets etc) among young, collecting data about drug users' needs, affective and psychological support etc. Also, the NGOs' reporting as main activity guiding the clients through hospitals and specialised medical services.
- Mass-media campaigns: see 8.2 c);
- Internet: some NGO's had Internet address in 2001: www.arasnet.ro for ARAS; www.armonia.ro; www.nolabel.info for TIMISIENSIS XXI; also all the Ministries involved in anti-drug programs had site- like Ministry of Health and Family; Ministry of Interior; Ministry of Education and Research; Ministry of Youth and Sport; Romanian Government etc.

10.4 b) Research projects and evaluation studies

For 2001, no research activities were reported by other institutions

11. Reduction of drug related harm

11. a) Role of harm reduction within the national drug policy/strategy

In 2001, several NGOs' developed harm reduction programs, both in Bucharest and other area of the country. There was a clearly improvement of the situation compared with precedent years, when such programs were almost non-existent or very limited.

An International Harm Reduction Program, focused on drug abuse and HIV/AIDS prevention, realised with support from Open Society Institute, contributed to implement and develop a harm reduction network. This program intends to support local, regional and national initiatives that

tackle drug abuse and drug abuse consequences and also try to limit drug abuse effects both on users and their families. It appears that in 2001 harm reduction programs begin to be understood and supported by the authorities.

11 b) Harm-reduction practice

Several objectives can be underlined:

- Direct collaboration with the target group- outreach programs;
- Access to sterile instruments-syringes and needles;
- Day-centres for drug users;
- Support services for drug users.

Not all of these objectives were realised, but we have to say again that the situation improved compared with previous years.

11 c) Range of services

Most NGOs' reported services like:

- Train specialists in outreach work;
- Edit and distribute informative materials like leaflets, booklets, posters, web pages etc;
- Establish direct contact with drug users, especially on the streets; gathering data about them and about their problems;
- Syringe and other materials exchange;
- Psychological and psychiatric counselling;
- Data collection and data analyse;
- Guiding clients through specific medical services;
- Peer support;
- Change public perception and public attitude towards drug users and infected drug users;
- Other kind of harm-reduction programs;

11. d) Network of services between HR professionals

In 2001, there was only a project to develop such a network; results are expected in 2002.

11 e) Co-ordination of national policies and local practice

Most NGOs' reported only global budgets and expenses, so it is difficult to separate the amounts of money spend on every specific activity like pill testing, needle exchange, heroin trials etc. Besides, these activities were only at their very beginning in 2001, so there was also a lack of experience in applying and spending funds. Not in the last place, the legislation existing in 2001 had any clear mentions and regulation for harm reduction programs, somehow hindering their development.

Nevertheless each NGO does have a clear budget and a clear list with expenses and funds, but the communication with National Focal Point was poor and we were unable to evaluate all the activities. This is a task for 2002, together with the establishment of a harm reduction network.

In 2001, we received the following reports:

- TIMISIENSIS XXI/OSCAR from Timisoara: 13 000 USD; this is also the amount of money solicited for 2002.

- ARAS Bucharest (and with centres in other Romanian cities): 14 700 USD; for 2002 they asked for 25 000 USD.
- ALIAT from Bucharest: 18 000 USD for 2000; 35 000 USD for 2001 and also another 33 750 USD for other projects (also in the harm reduction field)
- “Open Doors” Foundation Bucharest- 12 848 USD in 2001 and 23 055 USD asked for 2002-11-29

We have detailed data only from ARAS (Romanian Association Against AIDS), reporting the money spent during a project called “Seara de Seara” (evening by evening) destined for commercial sex workers and injecting drugs users. This project lasted for six months- December 2000/June 2001, and the data were: 6 000 USD from UNAIDS/UNDP, 5 000 USD from OSI, 3 000 USD from UNFPA spent for condoms and 700 USD spent on syringe equipment.

In some cases, NGO’s received funds not only from foreign or private sector, but also from governmental sector- Ministry of Health and Family, Ministry of Works and Solidarity, Ministry of Youth and Sports etc.

11.1 Description of intervention

11.1. a) Outreach work in recreational settings

These types of activities were developed in places considered as having a great attraction for drug users, like discotheques, parks, railway stations or zones known for the presence of commercial sex workers. One NGO- ARAS, reported an activity realised with three main units- a co-ordination and analyse unit, a field intervention unit and a prevention unit. Other NGO- ALIAT reported an unrealised project (methadone substitution treatment for 100 heroin injecting users) because of some lacks in the existing legislation- no other details were offered. The outreach work develops at an average of 8 hours daily, all the week- some NGOs’ reported only 3-4 hours. Also, there were established co-operation relations between NGOs’ and hospitals (especially infectious diseases departments).

Still, we have to mention that in 2001, the outreach programs were mainly developed in Bucharest (partially because the greatest prevalence of drug users is in Bucharest). In others area of the country such programs were only at the beginning, covering a small part of the cities or assisting a small proportion of drug users. Clearly, the greatest progress was the co-operation with local and central authorities; the most often complain from NGOs’ was regarding the existing legislation.

11.1.b) Prevention of infectious diseases.

When we speak about the drug related infectious diseases, we mean only HIV/AIDS and viral hepatitis B and C (VHB/VHC). Although some programs have data about other infectious diseases- like STD or consumption, most projects focus only on HIV and hepatitis. There is no surveillance system for these diseases and so no scientific data until recently- Rapid Assessment or a study made by “Salvati Copiii” NGO; in 2001 prevention programs developed and extended, but still there was no co-ordinating body for all this programs.

Among the actions reported by NGOs’ were;

- informative materials- leaflets, booklets, mass media campaigns and public debates;
- sterile equipment- syringes, needles, solutions etc
- developing outreach activities (TIMISIENSIS reported 9 locations for outreach activities; ARAS reported also actions in two neighbourhoods in Bucharest; ALIAT developed also a harm reduction program called “Risc minim” (Minimal Risk) and a “drop-in” centre (first in Bucharest, since April 2000) etc.

- also, ALIAT described a peer education program in 2001; the groups meet once a week, for one and a half hour and are co-ordinated by two therapists.
- no harm reduction network functioned in 2001;

We can not summarise data because there was no methodology for reporting; every NGO reported only data considered as relevant for its activity, others NGOs' reported no data. In 2001, TIMISIENSIS XXI numbered (for six months only) 993 clients and 52 intermediaries; 1450 syringes distributed to intermediaries and 4680 to the clients (198 syringes returned); 218 hours for outreach teams. ARAS counted 450 persons for a first service, 250 persons benefited for other services (unspecified), 165 persons guided to other services (unspecified), 137 persons involved in syringe exchange, 10 400 syringes distributed and 3010 syringes collected back; also 16728 condoms were distributed and 13 persons benefited of free medical services- testing, counselling etc. ALIAT, through its project "Risc Minim" distributed more than 20 000 syringes, trying to decrease the price of syringes (objective reported as almost fulfilled); more than 300 000 syringes were distributed in two years by ALIAT's workers and approximate 100 000 were given back. "Open Doors" foundation estimated its needs to 40 000 needles and syringes for 2001.

The syringes, needles and other equipment can be bought at every pharmacy, at a relative low price- aprox 0,1-0,2 Euro for one item. There was no study to estimate the pharmacists' attitude towards drug users and syringe sell.

Also, most of NGOs' offered testing services for HIV and for VHB/VHC; the price for one test kit was around 10 \$ for HIV, 4,5 \$ for VHB and 8,5 \$ for VHC. A vaccine against VHB was 25 \$.

11.1. c) Prevention of drug related overdoses

No such services were available in 2001. Also, there is no statistic available for drug related overdoses cases.

11.1 d) Users rooms/ safe injection rooms

There were no such services in Romania during 2001. Some talks with the NGOs' members and with the drug users revealed the fact that most opinions are against the existence of these types of facilities.

The Romanian legislation- law 143/2000 punishes with imprisonment "tolerance of drug consumption in places where public has access".

11.2. Standards and evaluations

11.2. a) Existence of professional standards on HR interventions

During 2001, harm reduction programs were developed and organised by NGOs' with support from public authorities. This was the most important progress- support by local and national authorities, although limited by lack of sufficient funds, lacks in the existing legislation or by lack of co-operation between people involved in such programs. Also, the non-existence of a national drug strategy had a negative effect.

National and international authorities supported all the harm reduction programs. ARAS realised its program with people trained by UNAIDS consultants; "Open Doors" co-operated with National Institute of Infectious Diseases "Prof. Dr. Matei Bals" from Bucharest and via this with the National Commission for Fight Against AIDS (from the Ministry of Health and Family); ALIAT collaborated with specific institutes from the Netherlands and proposed even a training schedule for those involved in HR; TIMISIENSIS XXI co-operated also with local authorities from

Timisoara (County Department for Youth and Sports, local mass-media; University of Medicine and Pharmacy Timisoara etc).

All the programs developed were according to the standards from Ministry of Health and Family.

11.2. b) Evaluation studies on HR measures- give references

As we have already mentioned- see chapter 9/part 3, in 2001 the Bucharest Public Health Department and "Salvati copiii" NGO realised a study about Bucharest's pupils knowledge, attitudes and trends (related to drugs). The results were as it follows:

- 19,80% of the teenagers from 99 high-schools in Bucharest tried drugs;
- the vulnerability and the tendency rise with age; the most vulnerable group is 17-18 years of age;
- the industrial and technical high-schools are the most vulnerable; the moral and religious believes contribute to discourage the use of drugs;
- heroin is the most used drug (34%), followed by cannabis (31%) and Ecstasy (13%);
- the most frequent reason why pupils used drugs was curiosity- 22%

Most of the drug users are reluctant to address health services or other types of services, because the law punishes the use of drugs and also personal possession of drugs. From this point of view, outreach services are extremely welcomed either by offering assistance to drug users or by guiding them to specialised medical or psychological services.

There is no an exact estimate over harm reduction programs. Most opinions converge to the fact that such programs are efficient and they should develop in the future, parallel with an expected increase of the number of the drug users. It appears that the Romanian society begin to realise that the drug users are not outlaws but persons who need assistance and help. Such attitude will be extremely useful in the future years, since most estimates revealed a rise in the number of drug users. Also, the proximity of Romania with countries like Moldavia and Ukraine, where HIV/AIDS caused serious problems in the last years has to trigger a determined attitude from public authorities and also civil society. Not in the last place, the captures realised in 2001, like other supply reduction indicators (price, availability etc) showed an increase of the demand on the Romanian drug market.

11.2.c) Training of staff in HR techniques: organisation, access, target groups for training

ARAS described a project which consisted of three units for HR activities: analyse and co-ordination unit, field unit and prevention unit. All the staff benefit from 30 hours of training in outreach work, with support from UNAIDS consultants. Also, a number of workshops were organised in order to improve communication and analyse of the data. TIMISIENSIS XXI organised weekly workshops with outreach workers, where daily problems were discussed and new strategies and approaches were implement. Other NGOs' gave us no details except for the fact that all people involved in HR activities received specific training.

As for the persons involved in training activities, they were social workers, psychologists, sociologists, doctors etc. Also, volunteers were involved in these activities.

11.2 d) Major research projects on HR topics carried out in past five years; amount of public research funding available in 2002

Harm reduction activities and programs developed in Romania in the last 2-3 years; for example, in 1999 the National Country Reported described no outreach activities.

Between July 2000-July 2001, ARAS and ALIAT developed a testing and counselling program, with funds from UNAIDS. Tests were performed at "Prof. Dr. Matei Bals" Institute from Bucharest; the results were-129 persons tested, 13 with VHB (13,5%), 40 with VHC (41,6%) and 7 with an unclear HIV test results (no other details).

A new NGO from Constanta- “Stay alive” find out that 20% of its clients are VHC positive; none was HIV positive.

12. Treatment

The therapeutic approaches for persons with drug abuse problems are detoxification, drug-free residential rehabilitation and substitution of heroin (mainly by oral methadone). As a general rule, family doctors are very little involved in treating or counselling patients. Aftercare is not very developed. No therapeutic approaches for drug dependants are available within the penitentiary system, nor are there provisions for a referral to drug services.

Detoxification is offered in psychiatric hospitals and in specialised centres in Bucharest and in Iasi. Another one is to be opened in Constanta.

Drug-free residential rehabilitation is offered in specialised rehabilitation centres in Balaceanca Psychiatric Hospital and in Constanta. Others are in preparation for Timisoara, Cluj and Iasi. The centre in Balaceanca was recently completely renovated and has 25 beds on a closed ward. As a rule, patients are high school students and have problems with heroin, other narcotics or benzodiazepines. Admissions are voluntary. Aggressivity and a strong desire to go home are frequent, especially after admission, while the patient’s families urge staff to keep the patients. Staff has a low opinion of patient’s motivation to change, while little efforts are made to activate the patients. Their daily activities are monotonous; they watch television and can engage in some physical exercise. Many staff members have no training regarding substance dependence and seem to prefer some other job. In any case, the rehabilitation centres and programs need to be developed and even rearranged.

Systematic documentation of patients and evaluation of services is not developed.

Basic training and continued education in substance abuse treatment is not included in the curricula of the relevant professions. There is a shortage of specialised professionals in this field.

12.1 “Drug-free” treatment and health care at national level

12.1 a) Objectives and definitions of “drug-free” treatment

Since there was no specific treatment guidelines for 2001, we can not present objectives for “drug-free” or for substitution treatment. The physicians treated the addicts based on the training received during their post-graduation courses, on therapeutic guidelines downloaded from Internet and of course, on their previous professional experience. Drug-free treatment was available at quite a large scale in 2001, in Bucharest at Emergency Hospital “Floreasca”- with a special department of Toxicology, Psychiatry Hospital “Al. Obregia” and Children Hospital “Gr. Alexandrescu”; in other counties treatments were made in the psychiatric departments. The best known unit outside Bucharest is “Socola” from Iasi.

12.1. b) Criteria of admission

The addicts that get hospitalised in the detoxification centres as well as in the psychiatric sections may begin the substitution treatment for detoxification. The Order of the minister of health no 963/1998 provides for the conditions in which hospitalisation of the drug addicts may be done:

- out of their own initiative;
- in emergency given by withdrawal from the lack of the psychoactive substance or the narcotic used;
- compulsory hospitalisation set out by a medical commission or ordered by a prosecutor's ordinance or by court ruling.

The same order specifies what the treatment of the addicts consists of:

- detoxification cure;
- post cure.

12.1. c) Availability, financing, organisation and delivery of free-drug treatment services

All drug addicts are treated according to doctor's professional experience. There was no special training during the university studies or after graduating for drug addicted treatment or drug addicted health care until 2000. Only in 2001 a post-university specialisation was developed for psychiatrists, called " Toxic-dependence". Most of the units reported a lack of specialised personal.

The centre in Bucharest is working since fall 2000, with 25 beds on a closed ward, attached to and on the premises of the Psychiatric Hospital Obregia. Until now- (2001 in spring) around 500 patients have been admitted to this unit, all voluntarily. Some patients come directly from emergency rooms where they were treated for overdose intoxication. The proposed duration is 3 weeks, prolongation is possible. A therapeutic contract is made with each patient, who is free to leave at any stage of the treatment- except of course the withdrawal symptoms, but is not allowed to receive visits. Treatment is mostly symptomatic, using Clonidine, analgesic and anxiolytic medications; it also includes group therapy. Many patients are admitted repeatedly which indicates a high relapse rate after discharge. No patient was so far ready to continue treatment as offered in the rehabilitation centre of Balaceanca. Currently there is a waiting list, the waiting period being around 2 weeks.

All medically supervised treatments are covered by the health insurance scheme and paid from the budget of the National House and the County Houses for Health Insurance.

12.1 d) Evaluation results, statistics, research and training

Systematic documentation of patients and evaluation of services is not developed.

Basic training and continued education in substance abuse treatment is not included in the curricula of the relevant professions. There is a shortage of specialised professionals in this field.

12.2 Substitution and maintenance programs

12.2 a) Objectives and definitions for substitution treatment

Substitution treatment is provided in Methadone clinics.- two, only in Bucharest.

Patients come after hospitalisation in a detoxification centre and must be referred from there. There is no waiting list. Frequencies increased from 30 to 120 patients per day. Recent legislation allows for maintenance treatment without restriction of duration. Ancillary services (psychotherapy, social work, counselling of parents) are available as stipulated in a ministerial order (Ministry of Health no 963/1998).

Some of the current rules and practices seem to be problematic when seen from international research evidence. Patients who continue to inject heroin are excluded from the program- all the patients are tested for heroin during substitution. In this case, after spending three months following other types of treatments, the patient can be re-admitted in a substitution program.

The only available form of Methadone is tablet. Overall, there is no standard protocol how to run methadone maintenance and no systematic continued education of staff.

If the client wish to follow a substitution treatment with another substance than methadone- for example, buphenorphine, theoretically it is possible with the express condition that the client covers the expenses. Also, some arrangements have to be made with the custom office- for importing the substances, with the hospital and so on. Practically, this is a very difficult scenario, but we repeat, it is possible.

Also, the funding of methadone maintenance, the linkage to other services and the legal basis seem to need improvements. Overall, there is no specific Romanian standard protocol how to run methadone maintenance and no systematic continued education of staff. On treating the patients, doctors are based on the Romanian Pharmacopoeia- that allows a maximum dose of 100 mg of methadone, on foreign guidelines downloaded from Internet and on their previous education and experience. All medically supervised treatments are covered by the health insurance scheme and paid from the budget of the National House and the County Houses for Health Insurance. Also, this type of services can be founded from National Health Programs, approved and detailed by the Ministry of Health and Family.

12.2. b) Criteria of admission

The substitution treatment is done on basis of the following legal provisions:

- The Order of the minister of health no 963/1998 regarding the approval of the general methodological norms of organisation and of offering medical assistance, treatment, medical care and hotel services to the addicts of psychoactive abuse substances (narcotics).
- The joint Order of the minister of health no 789/1999 and of the National House for Health Insurance no 189/1999 for the approval of the list comprising the illnesses for which the insured people benefit, during a home treatment, of free medicine. This list also comprises the psychic illnesses among which narcotic and psychoactive substances addiction is one;
- The law 143/2000 specifies that *“A person consuming illicit drugs under national control shall be, as necessary, subject to one of the following measures: the detox cure and medical surveillance; Measures provided for under paragraph 2 are issued by one of the medical units thereto designated by the Ministry of Health, on the basis of a forensic expertise.”*
- Also, the old law- 73/1969 and the instructions 103/1970 refereed to drugs and infractions for the regime of drugs.

12.2. c) Availability, financing, organisation and delivery of substitution treatment

The only form of methadone registered in Romania in 2001 was SINTALGON, 2.5. mg/tablet. The producer is SC SICOMED SA that delivers the product to the pharmacies, public and hospital, on basis of an authorisation for dealing with narcotic substances shown by the respective unit.

The product is stored in pharmacies inside the special cabinet for narcotic substances, sealed (labelled “VENENA”) and a quantitative record is kept according to the current legislation (see 16.10.3).

In order to prescribe such drug, a physician is required to have a legal authorisation from the County Health Department.

This program was also financed form the budget of the National House and the County Houses for Health Insurance.

12. 2. d) Substitution drugs and mode of application

The only substitution drug used in Romania in 2001 was methadone. Discussions were made on the use of other products, but no decision was taken.

Since there was no treatment guide, the doctor prescribed the dose based on his experience and on patient's answers. There was no limitation of the quantity of methadone prescribed.

12.2 e) Psycho-social counselling

Services like psychotherapy, social work, counselling of parents etc are available as stipulated in a ministerial order (Ministry of Health no 963/1998).

Detoxification of dependants can be improved by activation programmes, actively enhancing motivation for changing lifestyle and substance use, avoiding a „consumerism“ attitude of patients during detoxification. More emphasis is needed especially to motivate patients for a follow-up treatment, as detoxification alone is often followed by relapse.

There was no estimate made for 2001, regarding the results of psychosocial counseling, but it was a unanimous opinion that the results are still poor, with a great number of relapses. It appears that the entourage, social and economics factors have the greatest influence on drug users, therefore, motivation should be linked with all of these factors.

12.2. f) Diversion of substitution drugs

As we have mentioned, only methadone (tablets) was available in 2001 for the substitution treatment.

12.2 g) Evaluation results, statistics, research and training

There was no systematic approach on these subjects.

12.3 After-care and reintegration

12.3. a) Links with national strategy and legislation (new developments)

Drug-free residential rehabilitation is offered in specialised rehabilitation centres in “Balaceanca” Psychiatric Hospital and in “Socola”, Iasi. The centre in “Balaceanca” was recently (2001) completely renovated and has 25 beds on a closed ward. As a rule, patients are high school students and have problems with heroin, other narcotics or benzodiazepines. Admissions are voluntary. Aggressivity and a strong desire to go home are frequent, especially after admission, while the patient's families urge staff to keep the patients. Staff has a low opinion of patient's motivation to change, while few efforts are made to activate the patients. Their daily activities are quite monotonous; they have hours of television and can engage in some physical exercise. Many staff has no training regarding substance dependence and seems to prefer some other job. Because some behavioural incidents were reported in 2001, the centre from “Balaceanca” is available now only for male patients.

The communication between the rehabilitation centres and the rest of the units involved in the treatment has definitely to be improved.

12.3. b) Objectives, definitions and concepts of reintegration

This centre offers services for post-cure only since 2000. It has a short experience and no clear treatment guide or program is developed yet. Few drug users know about its existence, so clearly the communication with the rest of the institutions involved in detox has to be improved.

12.3 c) Accessibility for different target groups

There is no limitation for any person or group willing to attend the center. Still, most of its patients are high school students, especially males.

12.3 d) Organization, financing, managing, availability and delivery of services

All medically supervised treatments are covered by the health insurance scheme and paid from the budget of the National House and the County Houses for Health Insurance.

12.3 e) Statistics, research and evaluation

No systematic studies were developed in 2001. Most of the opinions agree with the fact that the rate of relapses is high; social and economic factors are often involved and further efforts and programs had to be focused on this field.

13. Interventions in the Criminal Justice System

The general framework of interventions in criminal justice system in Romania consists of the Ministry of Interior (Police), the Ministry of Justice and the Public Ministry (The Public Prosecutor's Office near the Supreme Court of Justice).

The police find out the offence and proceed to the drawing-up of the penal pursuit file (setting up the evidence). According to section 209 paragraph 1 of the Penal Procedure Code, the public prosecutor supervises the penal pursuit acts. In carrying on those competences, the prosecutors lead and check the penal pursuit activity of the police and other authorities. In a period of maximum 15 days since receiving the file sent by the penal pursuit body, according to sections 256, 258 of the Penal Procedure Code, the prosecutor proceed to checking and examining it, afterwards forwarding the file to the justice authorities. During the trial, the defendant benefits of the not-guilty assumption. After issuing the judgement, the convict has the right to appeal by a trial at the appeal court, then the judgement becoming final.

A number of 42 units are directly subordinated to the General Directorate of Penitentiaries, out of which 35 are penitentiaries, 5 are medical units and there are two centres for minors, too. Currently, due to the lack of necessary equipment and specialised personnel, the treatment and recovery of the drug users cannot be realised inside of the penitentiaries, or in their medical units. A number of convicted persons have declared as drug users as follow:

- 245 persons in years 1998/1999;
- 58 persons in year 2000;
- 1065 persons in year 2001.

The Independent Medical Unit within the General Directorate of Penitentiaries develops a program for preventing and combating drug use inside the penitentiaries.

Those who declare themselves as consumers are kept for a few days in the infirmary or in the penitentiary's hospital, and they are taken blood and urine samples for medical tests, so they are "clean" when taken to the penitentiary. The questioned personnel state that they are using drugs no more within the penitentiary. In case of abstinence syndrome or the complicated one, they are treated, under guard, in the civilian medical network, since the penitentiary system does not have specialised treatment centres, yet.

Comparative table regarding the situation of the persons imprisoned during 1999-2001 years.

Crt No	Year	No of persons imprisoned	The group of age < 21 years	The group of age 21-40 years	The group of age 41-60 years	The group of age >60 years
1	1999	203	21	139	41	2
2	2000	220	24	155	38	2
3	2001	1065				

Source: General Directorate of Penitentiaries

Situation of definitive convicted for violating Act No 143/2000 or section 312 of Romanian Penal Code during year 2001:

Age Group	Gender	Number
18-21	F	4
	M	25
TOTAL GROUP		29
22-40	F	34
	M	279
TOTAL GROUP		313
41-60	F	10
	M	89
TOTAL GROUP		99
OVER 60	M	4
TOTAL GROUP		4
GENERAL TOTAL		445

Source: General Directorate of Penitentiaries

During year 2001, in units in penitentiary system 12 attempts of drugs traffic, which were blocked when packages and mail for delinquents were checked, were noticed and registered.

Situation on gender on 25.02.2002, in detention centres.

Nr crt	Detention center.	Total number of prisoners.	Male	Female
1	AIUD	6	6	-
2	ARAD	9	9	-
3	BAC_U	10	10	-
4	BAIA MARE	4	4	-
5	BOTO_ANI	1	1	-
6	BR_ILA	1	1	-
7	BUCURE_TI	135	135	-
8	CODLEA	2	2	-
9	COLIBA_I	3	3	-
10	CRAIOVA	7	7	-
11	FOC_ANI	4	4	-
12	GALA_I	8	7	1
13	GHERLA	6	6	-
14	GIURGIU	15	13	2
15	IA_I	7	7	-

16	M_RGINENI	1	1	-
17	ORADEA	12	12	1
18	PLOIE_TI	8	8	-
19	POARTA ALB_	20	18	2
20	RAHOVA	148	107	41
21	SATU MARE	6	6	-
22	SLOBOZIA	1	1	-
23	SPITAL COLIBA_I	1	1	-
24	SPITAL JILAVA	11	8	3
25	SPITAL POARTA ALB_	5	5	-
26	TIMI_OARA	26	26	-
27	TÎRG_OR	9	-	9
28	TÎRGU JIU	3	3	-
29	TÎRGU MURE_	1	1	-
30	TULCEA	4	4	-
31	TURNU SEVERIN	1	1	-
	TOTAL	476 OFFENDERS	417 MALE	59 FEMALE

Source: General Directorate of Penitentiaries

Considering that in Romania drugs use is an important issue of public health and because toxic addicted cause offence to procure drugs, and, in most of cases, they are convicted for that, all detention centres should provide care services for prisoners at least equivalent to those in public health network.

Since the number of toxic dependants is rising in whole population and in people in detention centres, too, the Health Independent Centre from General Penitentiary Department planned a program for fighting drugs traffic and consumption in prisons. The general objective of that Program is to provide penitentiary system the structural and functional competence to stop traffic and consumption of drugs.

Within the project, a network for treating toxic dependants in prisons is to be set. That will include:

1. Outpatient for assessment and treatment toxic dependants in all prisons.

A team that includes general physicians, authorised nurses, social workers, and psychologists will assess and take care of toxic dependants. At the same time, in these units programs of education for health, program for harm- reduction and programs of methadone substitution are organised.

2. Inpatient detoxification.

The first unit of this type will be establishing in Rahova Penitentiary Hospital, with Intensive Care wards, drugs dosage, and urine metabolites.

3. Post cure wards for psychosocial therapy.

The first unit of this type will be establishing in Jilava Bucharest Penitentiary Hospital for rehabilitation and psychosocial reintegration toxic dependants.

14. Quality Assurance

Sentences for violating the provisions of the Act 143/2000 regarding the narcotics and psychotropic substances countrywide in year 1996 and first quarter of 2002.

Crt no	YEAR	NO. OF SENTENCES
1	1996	245
2	1997	181
3	1998	162
4	1999	120
5	2000	139
6	2001	378
7	2002 / first quarter	219

Source: General Directorate of Penitentiaries

PART 4 **KEY ISSUES**

15. Demand reduction expenditures on drugs in 1999

The funding of the activities in the field of drug supply reduction was done from budgetary sources without having a special attention being given to the issue.

From external funding there have been received 2,345,000 Euro within the Joint UNDCP Phare Program for strengthening the drug law enforcement capacities in South Eastern Europe. Within the Phare Multi-country Program for fighting against drugs, we have benefited of technical assistance (seminaries, working visits).

In the field of drug demand reduction the funding came mostly from the state budget. In 1999, the primary prevention activities of the drug abuse were done through health education activities that have included specific topics for drugs. These activities were funded from the state budget of the National Program no 26, "Education for Health" in a total value of 300 million lei (approx. 20,000USD).

Also within the Program for Prevention and Control of Drug Addiction and Induced Pathology, the treatment conditions in the two detoxification centres were improved, and a post-cure centre was established in "Balaceanca" Hospital. In 1999, the proposed budget for the program was of approx. 2 billion lei, out of which there have been spent 900 million lei (approx. 60,000 USD).

So the funding of the activities in the drug demand reduction field was done in 1999 from the state budget and from the budget of a project conducted with foreign support, the Phare Project "New methods for education in drug demand reduction", approx. 14,000 Euro.

The funds came from the public budget, through Ministry of Health, via County Public Health Departments, to psychiatric hospitals.

16. Drug use among young people aged 12-18

During 2001, the only study available- only for high schools in Bucharest, was realised by Bucharest Public Health Department and "Salvati copiii" NGO. The results and other comments are enclosed in part II- chapter 8 (discussions) and in part III chapter 9.1 c.

There were no other studies or estimates. ESPAD was realised in 1999 and it is programmed again for 2003; in 2000 some NGOs' realised small studies, especially in Bucharest among high schools students. It appears that up to 10% of the high school students' use or tried at least once a drug- any type. Other studies in the general population 12-18 were not made.

17. Social exclusion and reintegration

There were no studies on this subject in 2001.

Also, in this part we will present you some statistics offers to us by Ministry of Health and Family.

Table 1 - New Cases of Drug Addicted and Relapse by Drug

Drug	Total	New Cases	Recurrence
Total	2134	1416	718
Heroin	1995	1335	660
Cannabis	8	6	2
Hashish	3	1	2
Marijuana	14	10	4
Ecstasy	3	3	
Ketamine	5	2	3
Fasconal	1		1
Cocaine	5	2	3
Methadone	4		4
Morphine	1	1	
Opium	2	2	
Pethidine (Mialgin)	8	5	3
Fortral	23	15	8
Diazepam	21	10	11
Glutethimide	1		1
Ketazolam	1	1	
Medazepam	1	1	
Meprobamate	8	4	4
Different kind of drugs	1		1
Phenobarbital	3		3
Regenon	2	1	1
Rivotril	10	9	1
Amital	1	1	
Another tranquilizes	1	1	
Distonocalm	1	1	
Solvents	7	2	5
Toluene	2	1	1
Cleaning Solutions	1	1	

Source: Ministry of Health and Family

Table 2 - New Cases of Female Drug Addicted by first drug and age groups

Drug	Total	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	75-79
Total	252	3	86	79	36	16	5	7	4	8	3	3	1	1
Heroin	217	2	82	77	34	15	4	3	-	-	-	-	-	-
Cannabis	2	-	2	-	-	-	-	-	-	-	-	-	-	-
Marijuana	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Pethidine (Mialgin)	1	-	-	-	-	-	-	-	-	1	-	-	-	-
Fortral	6	-	-	1	1	-	-	-	-	2	1	-	1	-
Diazepam	6	-	-	-	-	1	-	1	1	2	-	1	-	-
Ketazolam	1	-	-	1	-	-	-	-	-	-	-	-	-	-
Medazepam	1	-	-	-	-	-	-	-	-	1	-	-	-	-
Meprobamate	4	-	-	-	-	-	-	-	1	1	1	1	-	-
Rivotril	9	-	-	-	-	-	1	3	1	1	1	1	-	1
Amital	1	-	-	-	-	-	-	-	1	-	-	-	-	-
Another tranquilizers	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Distonocalm	1	-	-	-	1	-	-	-	-	-	-	-	-	-
Solvents	1	-	1	-	-	-	-	-	-	-	-	-	-	-

Source: Ministry of Health and Family

Table 3 - New Cases of Male Drug Addicted by first drug and age groups

Drug	Total	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	55-59
Total	1164	9	336	579	173	45	14	4	3	1
Heroin	1118	9	328	563	165	38	13	2	0	-
Cannabis	4	-	-	3	1	-	-	-	-	-
Hashish	1	-	1	-	-	-	-	-	-	-
Marijuana	9	-	1	6	2	-	-	-	-	-
Ecstasy	3	-	-	2	-	1	-	-	-	-
Ketamine	2	-	1	1	-	-	-	-	-	-
Cocaine	2	-	-	-	-	2	-	-	-	-
Morphine	1	-	-	-	-	1	-	-	-	-
Opium	2	-	-	1	1	-	-	-	-	-
Pethidine (Mialgin)	4	-	-	1	1	-	-	-	2	-
Fortral	9	-	2	2	2	1	1	1	-	-
Diazepam	4	-	-	-	-	1	-	1	1	1
Regenon	1	-	-	-	-	1	-	-	-	-
Solvents	1	-	1	-	-	-	-	-	-	-
Toluene	1	-	1	-	-	-	-	-	-	-
Cleaning Solutions	1	-	-	-	1	-	-	-	-	-

Source: Ministry of Health and Family

Table 4 - New Cases of Drug Addicted and Relapse by Second Drug

Drug	New Cases	Recurrence
Total on the country	1416	718
New cases that use one drug	1372	690
Cases that are used the second drug		
Total	44	28
Heroin	6	5
Tetrahydrocannabinol	6	2
Cannabis	2	-
Hashish	-	2
Marijuana	6	3
Ecstasy	1	-
Ketamina	1	-
Cocaine	8	4
Metaamphetamine	2	-
Amphetamine	1	-
Fortral	3	-
Cyclobarbitol	-	1
Diazepam	6	3
Meprobamate	-	2
Phenobarbitol	1	-
Another barbiturics	-	1
Rivotril	-	1
Napoton	-	1
Alcohol	1	3

Source: Ministry of Health and Family

Table 5 - New Cases of Drug Addicted by gender

Drug	Total	Male	Female
Total	1416	1164	252
Heroin	1335	1118	217
Cannabis	6	4	2
Hashish	1	1	-
Marijuana	10	9	1
Ecstasy	3	3	-
Ketamine	2	2	-
Cocaine	2	2	-
Morphine	1	1	-
Opium	2	2	-
Pethidine (Mialgin)	5	4	1
Fortral	15	9	6
Diazepam	10	4	6
Ketazolam	1	-	1
Medazepam	1	-	1
Meprobamate	4	-	4
Regenon	1	1	-
Rivotril	9	-	9
Amital	1	-	1

Another tranquilizers	1	-	1
Distonocalm	1	-	1
Solvents	2	1	1
Toluene	1	1	-
Cleaning solution	1	1	-

Source: Ministry of Health and Family

Table 6- Relapse of Female Drug Addicted by drug and age groups

Drug	Total	15-19	20-24	25-29	30-34	35-39	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Total	103	22	42	14	10	3	2	1	2	3	2	1	1
Heroin	87	22	42	12	10	1	-	-	-	-	-	-	-
Fasconal	1	-	-	-	-	-	-	-	1	-	-	-	-
Pethidine (Mialgin)	2	-	-	1	-	-	-	1	-	-	-	-	-
Fortral	1	-	-	-	-	-	-	-	-	1	-	-	-
Diazepam	5	-	-	-	-	-	-	-	1	1	2	-	1
Meprobamate	4	-	-	-	-	1	2	-	-	1	-	-	-
Phenobarbital	2	-	-	1	-	-	-	-	-	-	-	1	-
Rivotril	1	-	-	-	-	1	-	-	-	-	-	-	-

Source: Ministry of Health and Family

Table 7 - Relapse of Male Drug Addicted by first drug and age groups

Drug	Total	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54
Total	615	2	113	309	135	43	5	4	2	2
Heroin	573	2	107	293	130	35	4	2	-	-
Cannabis	2	-	1	-	1	-	-	-	-	-
Hashish	2	-	-	2	-	-	-	-	-	-
Marijuana	4	-	-	4	-	-	-	-	-	-
Ketamine	3	-	1	2	-	-	-	-	-	-
Cocaine	3	-	-	2	1	-	-	-	-	-
Methadone	4	-	1	3	-	-	-	-	-	-
Pethidine (Mialgin)	1	-	-	-	1	-	-	-	-	-
Fortral	7	-	1	1	-	2	-	1	2	-
Diazepam	6	-	1	-	-	1	1	1	-	2
Glutethimide	1	-	-	-	-	1	-	-	-	-
Different kind of drugs	1	-	-	-	-	1	-	-	-	-
Phenobarbital	1	-	-	-	-	1	-	-	-	-
Regenon	1	-	-	-	-	1	-	-	-	-
Solvents	5	-	-	2	2	1	-	-	-	-
Toluene	1	-	1	-	-	-	-	-	-	-

Source: Ministry of Health and Family

Table 8 - Relapse of Drug Addicted by gender

Drug	Total	Male	Female
Total	718	615	103
Heroin	660	573	87
Cannabis	2	2	-
Hashish	2	2	-
Marijuana	4	4	-
Ketamina	3	3	-
Fasconal	1	-	1
Cocaina	3	3	-
Methadone	4	4	-
Pethidine (Mialgin)	3	1	2
Fortral	8	7	1
Diazepam	11	6	5
Glutethimide	1	1	-
Meprobamate	4	-	4
Different kind of drugs	1	1	-
Phenobarbital	3	1	2
Regenon	1	1	-
Rivotril	1	-	1
Solvents	5	5	-
Toluene	1	1	-

Source: Ministry of Health and Family

Table 9 - Total Cases of Drug Addicted by Treatment

Drug	Total	Detoxification	Long term substitution	Without drugs – Psycho-social Therapie	Counseling - Support	Referral to another Treatment Center	Un-started Treatment	Specific Treatment	Another	Unspecified
Total	2134	1706	279	22	12	7	18	67	4	19
Heroin	1995	1610	269	18	8	6	18	54	3	9
Cannabis	8	4	-	2	-	-	-	1	1	-
Hashish	3	2	-	-	-	-	-	1	-	-
Marijuana	14	7	1	-	-	-	-	6	-	-
Ecstasy	3	2	-	-	-	1	-	-	-	-
Ketamine	5	3	-	-	-	-	-	2	-	-
Fasconal	1	1	-	-	-	-	-	-	-	-
Cocaine	5	3	-	1	-	-	-	1	-	-
Methadone	4	4	-	-	-	-	-	-	-	-
Morphine	1	1	-	-	-	-	-	-	-	-
Opium	2	-	-	-	-	-	-	1	-	1
Pethidine (Mialgin)	8	8	-	-	-	-	-	-	-	-
Fortral	23	17	-	1	3	-	-	-	-	2
Diazepam	21	13	2	-	-	-	-	-	-	6

Glutethimide	1	1	-	-	-	-	-	-	-	-	-	-
Ketazolam	1	1	-	-	-	-	-	-	-	-	-	-
Medazepam	1	-	1	-	-	-	-	-	-	-	-	-
Meprobamate	8	7	1	-	-	-	-	-	-	-	-	-
Different kind of drugs	1	1	-	-	-	-	-	-	-	-	-	-
Phenobarbital	3	2	-	-	-	-	-	-	-	-	-	1
Regenon	2	2	-	-	-	-	-	-	-	-	-	-
Rivotril	10	5	5	-	-	-	-	-	-	-	-	-
Amital	1	1	-	-	-	-	-	-	-	-	-	-
Another tranquilizes	1	1	-	-	-	-	-	-	-	-	-	-
Distonocalm	1	1	-	-	-	-	-	-	-	-	-	-
Solvents	7	6	-	-	1	-	-	-	-	-	-	-
Toluene	2	2	-	-	-	-	-	-	-	-	-	-
Cleaning solution	1	1	-	-	-	-	-	-	-	-	-	-

Source: Ministry of Health and Family

Table 10 - Cases of Drug Addicted by County

County	TOTAL
Total	2134
ARGES	5
BIHOR	5
BISTRITA-NASAUD	2
BRASOV	10
BRAILA	4
COVASNA	21
GALATI	2
GIURGIU	1
IASI	96
MEHEDINTI	6
MURES	11
NEAMT	3
OLT	2
PRAHOVA	2
SIBIU	6
SUCEAVA	1
TIMIS	29
BUCHAREST	1794
ILFOV – Bucharest area	134

Source: Ministry of Health and Family

ANNEX

**LAW NO. 143 OF 26 JULY 2000
ON COMBATING ILLICIT DRUGS TRAFFICKING AND CONSUMPTION**

**Issued by: The Parliament
Published I: The Official Gazette
No. 362 of 3 August 2000**

The Parliament of Romania enacts this Law:

**CHAPTER I
General provisions**

Article 1 - *For the purpose of this Law, the terms and expressions below shall have the following meaning:*

- a) *“Substances under national control” mean drugs and precursors as listed in the annexed tables I-IV, which are part of this Law; the tables can be modified by Government Emergency Ordinance by including new plants or substances, by deleting some plants or substances, or by transferring such plants or substances from a table to another table, subject to the proposal of the Minister of Health;*
- b) *“drugs” mean plants and narcotic or psychotropic drugs or mixtures which contain such plants or substances, as listed in tables I – III;*
- c) *“high risk drugs” mean the drugs as listed in table I and II;*
- d) *“risk drugs” mean the drugs listed in table III;*
- e) *“precursors” mean substances which are frequently used to produce drugs, as listed in table IV;*
- f) *“toxic chemical inhalation agents” mean substances defined as such by order of the Minister of Health;*
- g) *“illicit drugs consumption” means the consumption of drugs which are subject to national control, without a medical prescription;*
- h) *“drug addict” means a person who is in a state of physical and/or psychic addiction caused by the consumption of drugs, as certified by a relevant medical unit, duly designated thereto by the Ministry of Health;*
- i) *“detox cure” and “medical surveillance” mean the measures which can be taken in order to suppress physical and/or psychic addiction to drugs;*
- j) *“controlled delivery” means the method used by the duly designated institutions and bodies, subject to authorisation and control by the prosecutor, consisting in granting permission to passage or circulation, throughout the national territory, of narcotic drugs or precursors, suspected of being illegally delivered, or of substances replacing narcotic drugs or precursors, in order to discover criminal activities and identify person involved in such activities;*
- k) *“undercover investigators” mean police officers especially appointed to carry out investigations, subject to authorisation by the prosecutor, in order to collect data related to the existence of crimes, identify offenders as well as initiate preliminary proceedings, operating under a false identity assigned to them for a definite period of time.*

CHAPTER II**Sanctions against trafficking in, and carrying out other illicit operations with substances under national control**

Article 2 (1) – Unlawful cultivation, production, manufacturing, experimentation, processing, transformation, offering, setting to sale, sale, distribution, delivery under any title, shipment, transportation, procurement, purchasing, possession or any operation related to risk drugs, shall be punished with imprisonment from 3 to 15 years and prohibition of certain rights;

(2) - If the acts provided by paragraph 1 relate to high /risk drugs, the punishment shall be imprisonment for a term of 10 to 20 years and prohibition of certain rights.

Article 3 (1) - Bringing risk drugs in or taking them out of the country as well as importing or exporting them, without a lawful authorisation shall be punished with imprisonment for a term of 10 to 10 years and prohibition of certain rights;

(2) - If the acts provided by Art. 1 refer to high risk drugs, the punishment shall be imprisonment for a term of 15 to 25 years and prohibition of certain rights.

Article 4- Unlawful cultivation, production, fabrication, experimentation, extraction, processing, transformation, purchasing or possession of drugs for personal use shall be punished with imprisonment for a term of 2 to 5 years.

Article 5 – Internationally making available, under any title, premises, dwellings or any other location where the public has access, for illicit drug consumption, or toleration of drug consumption in such places shall be punished with imprisonment for a term of 3 to 15 years and prohibition of certain rights.

Article 6 (1)– Intentional prescription of risk drugs, by a doctor, when such prescription is not necessary from the medical point of view, shall be punished with imprisonment for a term of 1 to 5 years;

(2) –The same punishment shall be inflicted for deliberate issuing or acquiring of high risk drugs on the basis of a medical prescription drawn up under the conditions provided by paragraph (1) or of a forged medical prescription.

Article 7 – Administration of high risk drugs to a person in violation of law shall be punished with imprisonment for a term of 6 months to 4 years;

Article 8 – Providing a minor with toxic chemical inhalation agents for consumption shall be punished with imprisonment for a term of 6 months to 2 years, or with fine.

Article 9 – Production, fabrication, importation, exportation, offering, selling, transportation, delivery under any title, shipment, procurement, purchasing or possession of precursors, equipment or material with a view to using them for the illicit cultivation, production or fabrication of high risk drugs shall be punished with imprisonment for a term of 3 to 10 years and prohibition of certain rights.

Article 10 – Organising, conducting or financing criminal acts provided by Articles 2 – 9 shall be punished by relevant legal sanctions, the maximum limits be increased by period of three years.

Article 11 – (1) - Should the incitement, by any means, to illicit drugs consumption be followed by execution, it shall be punished by imprisonment for a term of 6 months to 5 years.

(2) – If the incitement is not followed by execution, it shall be punished either by imprisonment for a term of 6 months to 2 years or by fine.

Article 12 - (1) – Should the acts provided by Articles 2,3 and 5 be committed by a person pertaining to an organisation or association or to a group of at least three members with definite structures and, established in order to commit those acts and get benefits and other proceeds from crime, he/she shall be punished with life imprisonment or imprisonment for a term of 15 to 25 years and prohibition of certain rights.

(2) – The acts provided by Articles 4,6,7,9 and 11 when committed under the conditions stipulated under paragraph (1) shall be punished with imprisonment for a term of 3 to 15 years.

(3) – In case that any of the acts provided by Articles 2,3 and 5 results in the victim's death, the offender shall be punished by life imprisonment or by imprisonment for a term of 15 to 25 years and prohibition of certain right.

Article 13 – (1) - The attempt to commit any of the offences provided for under Articles 2-7, 9 and 10 shall be punished.

(2) – Production or procurement of means and instruments, as well as the steps taken with the aim of committing any of the offences provided for under paragraph 1, shall be considered attempts.

Article 14 – In relation to the offences provided for under this chapter, besides the situations provided for under the Penal Code, the following instances shall qualify as aggravating circumstances:

a) the person who committed the offence was in a position involving the exercise of public authority, and was acting in this capacity at the time the offence was committed;

b) the offence was committed by a medical agent or by a person with statutory responsibilities in the fight against drugs;

c) the drugs were sent, and delivered, distributed or offered to a minor, a mentally disordered person, or a person under detox or medical surveillance, or other such forbidden activities were carried out in relation to any of the said persons, or the offence was committed in medical, training or military institutions or units, or in custody centers, social assistance or re-ed centers, or medical training institutions, or in places where pupils, students or other young person carry out training, sporting or social activities, or anywhere in the proximity of the said locations;

d) minors are used in the committal of any of the offences provided for under Articles 2-11;

e) the drugs were mixed other substances, thus increasing risks to the life and integrity of person,

Article 15 – That person who, before initiating criminal prosecution, denounces to the competent authorities his/her participation in an association or agreement to commit any of the offences provided for under Articles 2-10, thus making easier the identification and infliction of criminal liability of the other participants, shall not be punished.

Article 16 – That person who has committed any of the offences provided for under Articles 2-10 and, who, during criminal prosecution, denounces and facilitates the identification and penal prosecution of other persons who have committed drug-related crimes, shall benefit from the reduction to a half of the statutory penalty limits.

Article 17 – (1) - Drugs and other assets related to the offences provided for under Articles 2-10 shall be confiscated. In case they are not found, the convict is legally bound to pay an amount of money equivalent to their value.

(2) - Money, securities or any other asset gained by turning drugs and other assets provided for under paragraph 1 to account shall also be confiscated.

Article 18 - (1) - Drugs seized with the aim of confiscation shall be destroyed. Keeping of counterproofs is compulsory.

(2) - The following shall be exempted from destruction:

a) Usable medicine remitted to pharmacies or medical units after the prior notice given by the Pharmaceutical Directorate within the Ministry of Health;

b) Plants and substances used in the pharmaceuticals industry or other industry, function of their nature, which have been remitted to a public or private economic agent authorized for their use or exportation;

c) Appropriate quantities, which shall be kept for the purposes of training or scientific research, or which have been remitted to drug-dogs and other animals training units for the purpose of training them, according to statutory provisions.

(3) The drugs shall be destroyed periodically, by cremation or by other adequate means, by a commission consisting of one representative from each of the following institutions: the Prosecutor's Office with the Supreme Court of Justice, the Ministry of Health - Pharmaceutical Directorate, the Ministry of Water, Forests and Environment Protection, and of an expert from

the Central Unit for the fight against illicit trafficking-in drugs and the person responsible of the room where the bodies of evidence are stored, within the same unit.

Article 19 - If a drug addict is convicted for the perpetration of a crime, the provision of the Penal Code and Penal Procedure Code shall be applied as appropriate.

CHAPTER III Procedural Provisions

Article 20 – The Prosecutor’s Office with the Supreme Court of Justice may, upon request by legally authorised agencies or bodies, approve controlled deliveries, whether the drugs or precursors are totally replaced or not.

Article 21 – (1) - The Prosecutor may authorize undercover investigators to be used in order to detect crimes, identify authors and obtain evidence when there are solid grounds to believe that any of the crimes provided by this Law, has been perpetrated or is being prepared.

(2) - Authorization shall be given in written form for a period not exceeding 60 days and that may be extended, on solid grounds, for periods not exceeding 30 days each.

Article 22 - (1) – Police officers within the specialised units who operate as undercover investigators, and their collaborators may procure drugs, chemical substances, essential and precursors upon prior authorization by the Prosecutor, with a view to detect criminal acts identify the persons involved in such activities.

(2) - The reports made by police officers and their collaborators, as provided for under the paragraph 1, may be considered as evidence.

Article 23 - (1) - If there are solid grounds to believe that a person who is preparing any of the crimes provided by this Law, or who has committed such a crime, is making use of telecommunications or computerised systems, the criminal prosecution body may upon authorisation by the Prosecutor, be permitted to access these systems and keep them under surveillance for a definite period of time.

(2) – The provisions under Articles¹⁹¹⁹¹⁵, of the Penal Procedure Code shall be applied as appropriate.

Article 24 - Searches can be carried out in the places where there are clues that any of the crime provided by this present Law, has been perpetrated or is being prepared, in compliance with the provisions of the Penal Procedure Code.

Article 25 - (1) - If there are solid grounds to believe that a person carries drugs concealed in his/her body, the criminal prosecution body shall, upon written consent of the examinee, order medical examinations for drug detection. In case of refusal, the Prosecutor’s authorisation shall be needed which shall also specify the medical unit designated to carry out the medical examinations.

(2) - The reports on the result of medical examinations as well as those on the way they were carried out shall be immediately forwarded to the Prosecutor or, as necessary, to the criminal prosecution body that required them.

Article 26 - The central unit for the fight against trafficking-in drugs within the General Police Inspectorate is the only unit to coordinate and centralize all the data related to drugs, essential chemical substances, precursors and toxic chemical inhalation agents.

CHAPTER IV Measures against illicit drug consumption

Article 27 - (1) – Illicit consumption, without medical prescription, of drugs under national control is prohibited throughout the Romanian territory.

(2) - A person consuming illicit drugs under national control shall be, as necessary, subject to one of the following measures: the detox cure and medical surveillance.

(3) - Measures provided for under paragraph 2 are issued by one of the medical units thereto designated by the Ministry of Health, on the basis of a forensic expertise.

(4) – The decision made by the medical units may be attacked, within a term of 10 days after notification, by a complaint filed with that court which is responsible for the respective medical unit.

(5) - The court's decision may be appealed.

Article 28 - (1) - Detox cures shall be carried out by hospitalisation in the medical units designated by the Ministry of Health, which are bound to make periodical checks on whether it is appropriate to continue the cure.

(2) - When there is no need for a detox cure, the person shall be subject to medical surveillance in a public or private medical unit designated by the Ministry of Health, which shall apply the necessary medical measures, depending upon health conditions, personality and social background.

(3) – Medical surveillance shall be provided continually or temporarily by one of the medical units provided for under paragraph 2, together with a family, a person or a group of person which have such skills as may be necessary for such surveillance.

(4) – Detox, surveillance and forensic expertise expenses shall be borne by the state and, funds permitting, by the person under detox, his/her family or a private body, under the conditions set up by an order jointly issued by the Ministers of Health and Finance.

(5) – Medical and educational measures to be applied to addicts in penitentiaries shall be set up in an order jointly issued by the Minister of Justice and Health.

Article 29 - (1) - Addicts who, on their own initiative, choose to go for treatment to a specialised medical or health unit may ask for confidentiality.

(2) - Upon request, addicts who have undergone treatment under the conditions provided for under paragraph 1 shall be issued a nominal certificate specifying the issuing unit, identification data of the person under detox, duration and description of treatment, and health condition upon completion or interruption of treatment.

Article 30 - Any person with knowledge about a drug-consumer may notify that fact to any of the medical units designated by the Ministry of Health. That shall act according to Law.

CHAPTER V **Final provisions**

Article 31 - Within a term of 60 days after the entry into force of this Law, the Ministry of Health shall, upon notification by the Ministries of Interior, Justice and Finance, issue the regulations on the application of provisions under this Law, which shall be approved by Government Decision.

Article 32 - Upon the entry into force of this Law, the provisions under Article 312 of the Penal Code, related to narcotic products or substances, as well as any other contrary provision, shall be repealed.

This Law has been enacted by the Senate in the meeting of 9 May 2000 in compliance with the provisions under Article 74 paragraph (1) of the Romanian Constitution.

SPEAKER OF THE SENATE
MIRCEA IONESCU / QUINTUS

This Law has been enacted by the Chamber of deputies in the meeting of 20 June 2000, in compliance with the provisions under Article 74 paragraph (1) of the Romanian Constitution.

p. SPEAKER OF THE CHAMBER OF DEPUTIES
VASILE LUPU