European Monitoring Centre
for Drugs and Drug Addiction

NATIONAL ANTI-DRUG AGENCY

NATIONAL REPORT
ON DRUGS SITUATION

2008

ROMANIA

New Development, Trends and In-depth Information on Selected Issues

REITOX

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The National Anti-Drug Agency thanks all its partners and collaborators for their contribution to the drafting of this report.

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INTRODUCTION

The National Report on Drug Situation 2008 can be considered as a milestone in the list of National Reports: it refers to the first calendar year when Romania joined the European Union (2007), it benefits from the support brought by the first grant agreement Romania – EMCDDA and from the experience gained through the implementation of twinning programs with Spain (last twinning program ended in 2007[1]). Thus the current report offers for the first time a series of data and information regarding the drug situation in Romania – the second General population survey on drugs, the prevalence of HIV and HCV among IDUs' in Bucharest, estimation of problem drug users in Bucharest etc. together with analyses and estimations about the evolution of the phenomenon and trends for main indicators in the field. As new centers were opened in 2007 (Substitution centers CAIA Pantelimon, Pericle and Obregia, Needle and Syringe exchange program[2] Dr. Grozovici), year labeled as *Year of the assistance for drug users,* the number of data sources increased and such the possibility to run and implement researches and studies (*e.g.: Study regarding the evaluation of quality and accessibility of services offered by CPECA, NAA 2007).*

In order to collect these data and to implement these studies, the financial resources of NAA alone were not enough. With professionalism and determination, the staff of NAA applied and obtained funds from external sources, apart from twinning projects and from the grant agreement Romania - EMCDDA, being implemented activities part of the *Global Fund to Fight AIDS, Tuberculosis, and Malaria* and of the UNODC project *HIV/AIDS prevention and care among injecting drug users and in prison settings in Romania*. The studies implemented with external funds helped to obtain a clearer picture of the drug situation in Romania and to assess Romania's place in this area at EU level.

Similar to the situation existent in 2006, in 2007 the majority of drug demand and drug supply indicators in Romania were under the European average figures. Thus, cannabis remained the most used illegal drug in Romania, followed by ecstasy and heroine. With regard to treatment centers, heroin was the main drug used by most of the patients, especially in Bucharest. If the above mentioned indicators were under the European average, the situation was quite different for HCV, the data showing that more than 65% of the IDUs' in Bucharest were positive for HCV. Fortunately, HIV prevalence remained low – around 1%, but risk behaviors promoted by the majority of IDUs' (more than 80% admitted they shared needles or syringes) can easy become responsible for an outbreak, as happened in some neighboring countries.

Finally, the drug supply indictors (arrested persons, convicted persons, prosecuted persons, drug seizures, price of drugs etc) conformed the observations from previous NAA reports: there is a drug market in Romania, connected with European and global drug markets.

Admission of Romania in European Union at 1st January 2007 offered for most Romanians opportunities hard to imagine only few years ago. In our struggle to a better life and towards a European model society, it is out duty to support those temporarily lagging behind. Drug abuse is a reality in our contemporary world that must be faced with professionalism and exigency. It is my belief that until now NAA has successfully proven that we have this potential.

Pavel ABRAHAM, LLD

President of the National Anti-Drug Agency

[1] *RO/04/IB-JH-08 Strengthening the institutional capacity for drug demand reduction institutions*

[2] Together with ARAS

SUMMARY

The National Report on Drug Situation 2008 contains data about drug demand and drug supply in Romania in 2007, national policies and legal framework in this area, together with evolutions and trends in the last years.
Antidrug strategies and programs, social and cultural context, institutional framework and drug related public expenses are described in the first chapter.
Next eight chapters have data and facts about drug demand situation, the answers and programs in this field. Thus, chapter two presents *general population survey,* according to the second study done by NAA in 2007 (first one was done in 2004). The survey has data regarding lifetime prevalence for drug use (with cannabis being the most used drug), prevalence of drug use in the last 12 months and in the last 30 days, drug use by area, by age groups etc plus description of trends in comparison with the first survey. Chapter three is devoted to prevention programs, structured on three areas: universal, selective and indicate prevention. Chapter four presents two of the key epidemiological indicators: *problem drug use* and *drug related treatment demand,* with trends and description of the situation. Drug treatment network and centers are described in chapter five, with chapter six analyzing two other key indicators: *drug related infectious diseases* and *drug related deaths.* In this chapter (six) are also presented the results from seroprevalence study on HIV and HCV among IDUs' in Bucharest, implemented between May-October 2007. Chapter seven is dedicated to harm-reduction programs, while chapter eight and nine are centered among drug related social problems (unemployment, homeless, drug related criminality) and social programs.
Drug supply reduction data are presented in chapter ten – availability of drugs, traffic routes and drug seizures, price of drugs etc. with statistics regarding drug related criminality – arrested persons, convicted persons, activity of law enforcement agencies, together with graphic and tables, reflecting the trends in the last years.
Last part of the report has a more in-depth analyze regarding sentencing statistics – national legislation, data collection and data reporting systems, results and statistics from the field.

TRENDS AND CHANGES/INTERPRETATION AND ANALYSES OF DATA

Researches and studies done in 2007 (general population survey study, prevalence of HIV and HCV among IDUs' in Bucharest, estimating the problem drug use in Bucharest, assessing the quality of services offered by CPECA, ESPAD and so on) offered besides the raw data, the possibility to run analyses and to compare trends. Even if there are still some areas not yet covered by data, overall the available data in 2007 and the experience gained in implementing the indicators allowed us to perform analyses and complex correlations as compared to previous years.
If in case of some indicators (drug seizures, persons investigated for drug related criminality) there are available data since 2000 -2001, making trends description easier, for other indicators there are available only partial data – either for a single area, usually Bucharest area (drug related infectious diseases, drug related deaths) or covering only some data sources (drug related treatment demand).

For 2007, the main trends for key and major indicators were:

- The main drug among patients asking for services remained heroine, both for centers within Ministry of Public Health (66% out of the total number of cases) and for CPECA (78% out of the total number of cases). On second place were hypnotics and sedative drugs in case of centers from Ministry of Public Health and cannabis for

CPECA. The percentage of clients having cocaine as main drug remained low – around 1%. Possible explanations for theses figures are: concentration of treatment centers offering services for drug addiction in Bucharest area, legislative changes coming into force and introduction of new substances in therapy (buprenorphine, naltrexone), limited variety of services available and possibly the availability of heroine on the market (Romania being placed on the Balkan Route).

- Heroine addiction cases remained concentrated mostly in Bucharest area, with heroine being used mainly through injection. The profile for heroine user reveal, similar to previous years, a start-up age between 15-19 years and a polydrug pattern use.
- In authors' opinion, the estimation of problem drug use in Bucharest using multipliers method suggested a small decrease for heroine abuse/ injecting heroine in this area (as compared with the evaluations through capture-recapture done in 2003 and 2004). Possible explanations can be immigration of some drug users especially after 1st January 2007, a decline in popularity for heroine and possibly an effect of developing treatment services and an outcome of prevention campaigns implemented by NAA and different institutions and NGOs'.
- Increasing in the number of drug related death (32 in 2007, as compared with 21 in 2006 and 6 in 2005) is a direct consequence of applying the unitary algorithm for case definition and recognition, forensic management of cases and of significantly improving for both the toxicology capacities in National Forensic Institute *Mina Minovici* and for data collection system.
- Prevalence of drug related infectious diseases did not suffer significant changes: thus, in case of HIV the prevalence was around 1% (Bucharest sample, IDUs') while for HBV (AgHBs) the prevalence was around 9% (patients from Bucharest detox centers). Similar to previous years, HCV prevalence was high – more than 65%. The authors view this as a HCV epidemic among IDUs' from Bucharest, since the majority of users had a risk behavior (sharing needles and syringes, unsafe sexual relations). The low figure for HIV prevalence can be caused by not touching yet of a critical threshold inside IDUs' from Bucharest, but other reasons can explain this situation as well (such as clustering IDUs' in small groups of 3-5 persons sharing the injecting equipment).
- As it was the case in previous years, drug supply indicators had oscillated. Thus, if the number of prosecuted persons for drugs and precursors related criminality or the number of penal causes solved increased, there were also indicators that remained constant – the number of drug related offences, number of persons caught into act, number of persons prosecuted for trespassing Law no. 143/2000 and even decreased - number of offences for Emergency Ordinance no. 121/2006, number of convicted persons.
- Drug seizures indicators had different evolutions, by type of drug. Thus, heroine seizures were bigger than in 2006, but significantly lower than in 2005, for the last 5 years having an evolution marked by successive increases and decreases, without a net trend. Cocaine seizures had an increasing trend, apart from the very high figure in 2005 (due mostly to a single seizure). Also on an increasing trend were the cannabis seizures, starting with 2003 (after changes in the reporting methodology), while amphetamine pills seizures had a sinusoidal evolution. Price of drugs at street level remained practically unchanged in 2007, the most expensive drug being cocaine (around 100 euro/gram).

PART A. NEW DEVELOPMENTS AND TRENDS

Chapter 1 – National policies and context

OVERVIEW / SUMMARY ON LEGAL, POLICY AND INSTITUTIONAL FRAMEWORK, STRATEGIES AND SOCIAL CONTEXT

In the context of Romania's accession to the European Union, the legislative approximation to the *acquis communautaire* continued with the formulation and amendment of regulatory documents meant to improve the national juridical framework in the field of drug demand and drug supply reduction.

1.1 LEGAL FRAMEWORK

1.1.1 LAWS, REGULATIONS, DIRECTIVES OR GUIDELINES IN THE FIELD OF DRUG ISSUES (DEMAND AND SUPPLY)

Under the Law no. 522/2004[3] and the Governmental Decision no. 860/2005[4], a joint order of the Minister of Interior and Administrative Reform and of the Minister of Public Health[5] referring to the methodology for completing and sending standard records of drug treatment admission, registration of drug related HIV, HCV and HBV infection cases and drug induced medical emergencies. Published in May 2007, the joint order stipulates regulations referring to definitions, notification criteria (inclusion and exclusion) of the cases and data collection record completion, in line with European standards.

Once the legal framework was created by the Emergency ordinance no. 121/2006[6], approved and amended by the Law no. 186/2007[7], to enable the direct enforcement of the obligations under European regulations[8], the NAA started to issue authorisations for scheduled substances listed in the 1st category, to keep records of the operations with substances listed in the 2nd and 3rd category and to monitor imports and exports. All these

[3] Law no. 522/24.11.2004 amending and supplementing the Law no. 143/2000 on countering the illicit drug trafficking and use, issued by Parliament, OG no. 1155/07.12.2004

[4] Decision no. 860/28.07.2005, issued by the Government, OG no. 749/17.08.2005

[5] Order of the minister of interior and administrative reform no. 192/17.04.2007 and order of the minister of public health no. 770/04.05.2007, issued by the Ministry of Interior and Administrative Reform and Ministry of Public Health, OG no. 344/21.05.2007

[6] Emergency ordinance no. 121/21.12.2006, regarding the legal regime of the drug precursors which abrogates the Law no. 300/2002, issued by Government, OG no. 1039/28.12.2006

[7] Law no. 186/13.06.2007 on the approval of the Emergency ordinance of the Government no. 121/2006 on the juridical regime of drug precursors, issued by the Parliament, OG no. 425/26.06.2007

[8] Regulation (CE) no. 273/2004 of the European Parliament and Council of February 11, 2004 on drug precursors (published in the Official Journal of the European Union no. L 47 of February 18, 2004), Council Regulation no. 111/2005 of December 22, 2004 on the monitoring of the trade in drug precursors between Community and third states (published in the Official Journal of the European Union no. L 22 of January 26, 2005), Commission Regulation (CE) no. 1277/2005 of July 27, 2005 on the enforcement of the Regulation 273/2004 and Regulation 111/2005 (published in the Official Journal of the European Union no. L 202 of August 3, 2005)

were done through the specialised body within the NAA, as national competent authority. As single-entry point for precursors, NAA became the contact authority in the field, by laying down an advisory system, including phone counselling, in order to enable the adoption of the new legal obligations by the civil society in terms of precursor operations and prevent dysfunctions in the activity of the operators. To the same aim of informing and simplifying procedures, instructions have been formulated for operators and promoted on the agency's website, in a special section, which soon became a easy to use and flexible instrument in sending and promoting the legal obligations by categories of operators and substances, authorisation formalities and procedures and other relevant information.
The role and competences of the NAA in the field of precursors were manifest in other areas such as the cooperation with the national and foreign authorities, as an important element of the monitoring and control system. Legislative building continued together with concrete monitoring actions for precursor operations.

1.1.2 LAWS IMPLEMENTATION

As part of the implementation of the new monitoring and control system of precursor circuit, the year 2007 was an extremely important phase for the elaboration of the enforcement regulation of the Emergency ordinance no. 121/2006. The regulation was designed to respond mainly to the requests of the operators as well as to the new legal requirements in place for inter- and extra-community operations. The additional Governmental decision no. 358/2008[9] was approved a year later.
The data provided by the Ministry of Justice/Probation Directorate show that following the enforcement of the Governmental Ordinance no. 92/2000[10] on the organisation and operation of social reinsertion of offenders and monitoring of prison sanctions, as amended and supplemented, the number of evaluation reports increased with 30.56% in reference to 2006.
Additionally, the number of convicted people for which the court chose suspension for treatment and care with the aim of detoxification, also follows an upward trend of 81.8%.

1.2 INSTITUTIONAL FRAMEWORK, STRATEGIES AND POLICIES

Strengthening the cooperation with other states has become one of the post-accession priorities, which translated into international agreements and conventions:

- Law no. 214 of July 2, 2007 on the ratification of the Police Cooperation Convention for South-East Europe, adopted in Vienna, May 2006, signed by Romania at the same date[11];
- Law no. 317 of December 13, 2007 ratifying the Additional Protocol, signed in Bucharest, September 29, 2006, to the Letter between the Government of

[9] Decision no. 358/26.03.2008 approving the Enforcement regulation of the Emergency ordinance of the Government no. 121/2006 on the juridical regime of drug precursors, and amending the Governmental Decision no. 1.489/2002 on the setup of the National Anti-drug Agency, issued by Government, OG no. 269/04.04.2008
[10] Governmental ordinance no. 92/29.08.2000 on the organisation and operation of social reinsertion services for offenders and monitoring the prison sanctions, issued by Government, OG no. 423/01.09.2000
[11] Law no. 214/02.07.2007 on the ratification of the Police Cooperation Convention for South-East Europe, adopted in Vienna, May 5, 2006, signed by Romania at the same day, issued by Parliament, OG no.475/16.07.2007

Romania and the Government of the United States of America on drug control and law enforcement, signed in Bucharest, July 3, 2001[12];

- Government Decision no. 664 of June 27, 2007 approving the Agreement between the Ministry of Interior and Administrative Reform in Romania and the Federal Service of the Russian Federation for Drug Trafficking Control on the cooperation in countering the trafficking in the illicit narcotic, psychotropic substances and precursor, signed in Bucharest, March 14, 2007[13].

1.2.1. NATIONAL PLAN AND OR STRATEGIES

The general or specific objectives relevant for drug demand and supply reduction were stipulated in the fundamental documents adopted at national level:

- National Anti-drug Strategy (SNA) 2005-2012 and subsequent Action Plan (PA) 2005-2008
- National Strategy for Romania's State Border Integrated Management, 2007-2010[14]
- National strategy for the monitoring, control and prevention of HIV/AIDS infection cases in the period 2004-2007[15]
- Mental Health Strategy[16] including immediate objectives referring to the school-based and family-based prevention of the alcohol and drug use

1.2.2 IMPLEMENTATION OF POLICIES AND STRATEGIES

According to the Action Plan to implement the National Anti-drug Strategy, 23 activities were foreseen to finish in 2007 of which: 2 in demand reduction, 14 in supply reduction, 2 in inter-agency cooperation, 3 in information and evaluation and 2 in institutional coordination. Additionally, in the Action Plan for the implementation of the SNA, 184 activities were foreseen to be evaluated in 2007, and relevant progress was recorded in 170 activities (over 90%).

1.2.3 EVALUATION OF POLICIES AND STRATEGIES

The conclusions of the *Evaluation Report of the stage of the activities scheduled for 2007 in the Action Plan for the implementation of the National Anti-drug Strategy*, *in 2005-2008*:

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[12] Law no. 317/13.11.2007 for the ratification of the Additional Protocol, signed in Bucharest, September 29, 2006, to the Letter between the Government of Romania and the Government of the United States of America on drug control and law enforcement, signed in Bucharest, July 3, 2001, issued by Parliament, OG no.791/21.11.2007

[13] GD no. 664/27.05.2007 approving the Agreement between the Ministry of Interior and Administrative Reform in Romania and the and the Federal Service of the Russian Federation for Drug Trafficking Control on the cooperation in countering the trafficking in the illicit narcotic, psychotropic substances and precursor, signed in Bucharest, March 14, 2007, issued by Government, OG no. 488/20.07.2007

[14] Decision no. 324/28.03.2007 approving the National Strategy for Romania's State Border Integrated Management 2007-2010, issued by Government, OG no. 249/13.04.2007

[15] Decision no. 1342/22.09.2004 approving the National strategy for the monitoring, control and prevention of HIV/AIDS infection cases in the period 2004-2007, issued by Government, OG no. 865/22.09.2004

[16] Order no. 374/10.04.2006 approving the Mental health strategy, issued by the Ministry of Public Health, OG no. 373/02.05.2006

- In the field of drug demand reduction the objectives of the medical, psychological and social care chapter were reached in stages, the 2005-2006 interval consisting of steps in defining the responsibilities and tasks of the Ministry of Public Health and of dialogue and acceptance of procedures and conditions laid down in the statute of the National Social Work Board in Romania and Psychological Board in Romania;
- Difficulties were encountered during harm reduction activities in prison settings, and community-based and professional actions allowing access to all groups of drug users in order to increase the support and diminish marginalisation or during the attempts to increase availability of services, in terms of diversity and multi- disciplinary, on one hand, and as regional distribution, adjustment to the needs of the drug users and type of use, on the other hand;
- Although the number of collaboration protocols and actions increased, instances of unbalanced resource planning occurred;
- The growing tendency of the courts of law to impose measures and obligations to convicted offenders during the suspension of the sentence emphasised the interest towards supporting interventions for this category of offenders. Thus, 2007 was the first year in which the number of offenders whose prison sentence was suspended under parole (provided no other crime is committed) was smaller than of those whose sentence was suspended under probation, which implies, among others, treatment measures.

1.3 BUDGET AND PUBLIC EXPENSES

1.3.1 IN LAW ENFORCEMENT, SOCIAL AND HEALTH CARE, RESEARCH, INTERNATIONAL ACTIONS, COORDINATION, NATIONAL STRATEGIES

The financial resources allocated nationally to drug demand and supply reduction activities were both budgetary and extra-budgetary. The budget earmarked to the NAA increased in comparison to the previous years, with the important contribution of PHARE programmes and national programme co-financing.

Table no. 1-1: Budget earmarked to the NAA, 2004 – 2007

	2004[17]		2005[18]		2006[19]		2007[20]	
	RON	**EURO**	**RON**	**EURO**	**RON**	**EURO**	**RON**	**EURO**
Staff-related expenditures	1,207,339	298,108	2,873,610	793,814	10,408,000	2,956,818	13,210,000	3,966,967
Expenses, goods and services	510,055	125,939	1,866,230	515,533	1,956,000	555,682	1,223,000	367,267,3
PHARE Co-financing and contributions to international bodies affiliation	105,000	25,926	1,484,960	410,210	366,000	103,977	742,000	222,822,8
National programme							2,453,000	736,636,6
Investments	0	0	809,750	223,688	329,000	93,466	0	0
Total	**1,822,394**	**449,973**	**7,034,550**	**1,943,245**	**13,059,000**	**3,709,943**	**17,628,000**	**5,293,694**

Source: NAA/Financial-Accountancy Department

[17] Annual average exchange rate: 1 Euro = 4.05 RON
[18] Annual average exchange rate: 1 Euro = 3.62 RON
[19] Annual average exchange rate: 1 Euro = 3.52 RON
[20] Annual average exchange rate: 1 Euro = 3.33 RON

Budget earmarked in the national health programme

The National Agency for Health Programmes within the Ministry of Public Health (MSP) planned, implemented and coordinated at national level the national health programmes in 2007, while the Directorate general for policies, strategies and quality management[21] ensured specialised coordination of the national mental health programme. Within this programme, the sub-programme for drug addiction treatment aimed to ensure access, continuity and quality of the services designed for people with psychoactive substance related disorders, with a view to the following objectives:

- Information and education of the population on the drug use prevention methods;
- Ensuring opiate agonist substitution treatment for drug-addicted people;
- Narcotic metabolites testing, in all specialised medical units for adults and children;
- Detoxification treatment for drug-addicted people.

Twelve treatment units implemented this sub-programme under the technical coordination of the National Mental Health Centre within National School for Public Health and Sanitary Management, with a budget of 19 700 thousand lei (5,915,916 Euro). The funded activities aimed to provide an informative material for the institutions belonging to the Ministry of Public Health that provide care services to drug users, to make an analysis of the impact of alcohol abuse and addiction on national economy, diagnose and treatment of drug-induced disorders (drug testing, opiate agonist substitution treatment, after-care).

Table no. 1-2: Sub-programme 2.2 Drug-addiction treatment, evaluation indicators 2007

Evaluation indicators		
Result indicators	Decrease of relapse rate	Decrease of relapse rate among patients of which 5% had been treated for alcohol use disorders (comparison to previous year)
Physical indicators	No. of patients under substitution treatment No. of patients in after-care No. of purchased urine drug-testing kits No. of informative materials and audit reports of the drug services provided by the MSP units No. of research reports of the national economic impact of alcohol abuse	800 2,000 7,000 1 1
Efficiency indicators	Costs of writing and editing of informative material/audit report Costs of research of the national economic impact of alcohol abuse Average cost per rapid urine drug-testing kit Average cost per patient under methadone substitution treatment Costs/patient in after-care	20,000 lei (6006 Euro) 20,000 lei (6006 Euro) 20 lei (6 Euro) 120 lei (36 Euro) 320 lei (96 Euro)

Source: Annex 2, Order of the minister of Public Health no. 570 of March 29, 2007

[21] Order no. 570/116/29.03.2007 on the approval of the Technical regulations for the implementation, evaluation and financing of national health programmes, laying down the responsabilities in monitoring and control of the same, the division in sub-programmes and activities, the specific indicators as well as the health-care units charged to carry out these programmes in 2007. Issued by the Ministry of Public Health no. 570 and the National Health Insurance House no. 116, OG no. 255/02.04.2007

1.3.2 FUNDING ARRANGEMENTS

External funding represented an important resource for supporting the activities in the field of drug demand and supply reduction, especially those granted in the PHARE programmes:

- PHARE 2003/005-551.04.13 *Fight against the illicit drug trafficking and use*, amounting to 2,323,883.83 Euro (1,899,964.58 Euro PHARE, 423,919.25 Euro co-financing) was the first compound and integrated step taken to strengthen the capacity of the Romanian institutions to counter the drug phenomenon. The legislative and institutional framework was adjusted with the support of the Spanish and French partners in the following areas: primary and secondary legislation was adopted and improved in the field of drugs, 599 people participated in specialised trainings, *Open your eyes* public awareness campaign was carried out nationally to warn of the danger of drug use. Additionally, the National Drug Resource Centre was set up within the National Anti-drug Agency, which was equipped adequately within the investment component of the project together with the drug chemical analysis laboratories in Bucharest and Cluj. Twinning component: PHARE funding 650,000 Euro, national co-financing 50,000 Euro;
- PHARE 2004/016-772.03.11A *Increasing the institutional capacity of Romanian agencies in the field of drug demand reduction*, amounting to 1,031,035.27 Euro (835,079.81 Euro PHARE, 195,955.46 Euro co-financing) continued the institutional development process of the main stake holders in the field of drug demand reduction, in line with the national and European strategy in the field. With solid institutional twinning and investment components, the main results of the project translated into the setup and equipping of the Drug Evaluation and Study Centre, the 15 operational Integrated Addiction Care Centres (CAIA), training and creating inter-disciplinary teams to provide care to drug users, training specialists in local needs evaluations and making drug phenomenon studies and analyses. Additionally, a drug care programme monitoring software (ERP – Enterprise Resource Planning) was made and implemented, steps have been taken for the Agency to become a member of the European Urban Security Forum, the media campaign promoting the services provided by the territorial CPECA was carried out, and the territorial centres were endowed properly. Twinning component: PHARE 695,561.75 Euro, national co-financing 100,000 Euro.
- PHARE 2005/017-553.05.01 *The strengthening and integration in the local community of the Drug Prevention, Evaluation and Counselling Centres* – investments amounting to 57,998.35 Euro (16,569.75 Euro PHARE and 41,428.60 Euro co-financing) completed the necessary endowment for the 15 CAIA, as envisaged in the 2004 PHARE project. Urine drug-testing kits and medical equipment were purchased at the end of the project in order to support the work of the multi-disciplinary teams created in the institutional component of the 2004 PHARE project.
- PHARE 2006/018-147.03.13 *Increasing the efficiency of the cooperation between the agencies involved in the fight against drugs*, with its two components (institutional twinning and investment) aims to give substance to the results of the previous PHARE projects i.e. to develop an integrated management system for the coordination of the drug policy implementation in Romania by all stake holders. Thus, if in previous projects the general objectives envisaged the targeted development of specific fields of interest for the fight against drugs (horizontal development), the 2006 PHARE Project aims to integrate and develop all these specific areas in an integrated drug-informatics system (vertical development). The project amounts to 1,550,000 Euro (1,150,000 Euro PHARE and 400,000 co-financing) of which only

800,000 were contracted for the institutional twinning component implemented in partnership with Germany, the Czech Republic and Poland. The twinning component: PHARE funding 600,000 Euro, national co-financing 200,000 Euro.

- PHARE 2006/018-147.05 *Strengthening the integrated system of medical, psychological and social care for drug users in Romania*, in the amount of 1,100,000 Euro (800,000 Euro PHARE and 300,000 co-financing) aims to institute a therapeutic community for drug users in order to develop the integrated drug prevention and treatment services in Romania. The project was contracted and is going to unfold over a 12-month period, starting with September 2008.

70,000 RON (cca.21,021 Euro) were incurred in the project *Monitoring the psychosomatic variations among drug-addicted patients during substitution therapy* 2005-2007, signed between the Faculty for Pharmacy within the Medicine and Pharmacy University *Carol Davila* and NAA, under the funding of the Ministry of Education and Research – National Authority for Scientific Research, Excellence Research Programme. The main objective of this project in 2007 was to validate the Europasi questionnaire. For the medical scale referring to legal and psychological issues the calculated compound score proved to be the best predictor.

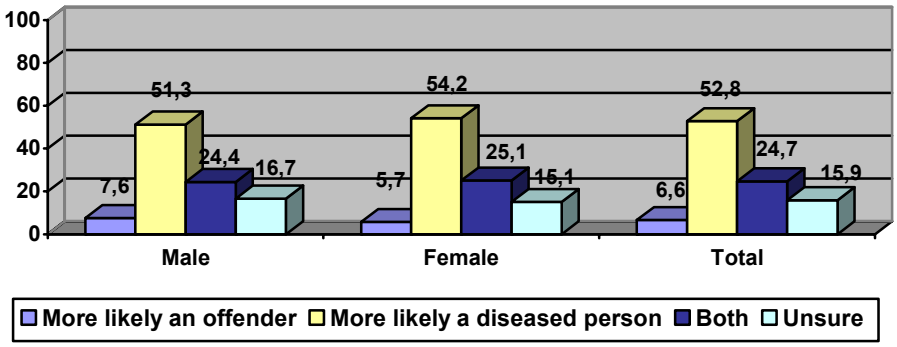
In the 2007 project *HIV/AIDS prevention and care among injecting drug users and in prison settings in Romania*, UNODC partnered with NAA, National Prison Administration, Matei Bals Institute, associations ARAS, ALIAT, Integration, Samusocial, RHRN, foundations Alături de Voi and Romanian Angel Appeal in an attempt to ensure local coordination and efficient earmarking of the resources needed for HIV prevention among injecting drug users. The activities of this project were planned in cooperation with other UN agencies (UNAIDS, UNICEF and OMS) and the main recipients were granted funding in the Global Fund Programme to Fight against HIV/AIDS, Tuberculosis and Malaria (round 2 and 6). In 2007, UNODC had a financial contribution of almost 750,000 USD.

1.4 SOCIAL AND CULTURAL CONTEXT

1.4.1 PUBLIC OPINIONS OF DRUG ISSUES

Public attitude/opinion towards drug use and drug users was investigated in the questionnaire used as a data collection instrument for the second general population survey conducted by the NAA (see chapter 2). To this aim, the questionnaire included questions on the general perception of a drug-addicted person or the importance of different measures targeting illicit drugs. More than half of the participants in 2007 survey stated a drug-addicted person is more likely “a diseased person” (52.8%) than an offender (6.6%). Almost a fourth of the respondents (24.7%) stated a drug user is an “offender” and “a diseased person”.

Figure no. 1-1: Opinion of the general population on drug users, by gender



Source: NAA/RMCDDA

The survey showed the general public public supports the idea of "solving" the illicit drug issue, especially by means of law enforcement or prevention. In reference to the medical care, although the population's agreement with the treatment for drug users is very high (over 85%), irrespective of the type of inclusion in a therapeutic treatment (voluntary-based or compulsory), almost half of the respondents believe methadone administration for therapeutic purposes is not important (43%).

Table no. 1-3: Opinion of the general population on the importance of certain measures/activities in the field of drug demand/supply reduction

For solving the illicit drug issue how important is:	Important	Not important
Promotion campaign explaining drug related risks	93.3	6.7
School-based drug education	95.0	5.0
Voluntary-based treatment of drug users to quit drugs	87.4	12.6
Compulsory treatment of drug users to quit drugs	85.7	14.3
Therapeutic administration of methadone to heroin users	57.0	43.0
Police control, customs check	92.2	7.8
Harsh drug laws	91.2	8.8
Legalisation of hashish and marijuana use	75.2	24.8

Source: NAA/RMCDDA

1.4.2 ATTITUDES TO DRUGS AND DRUG USERS

One of the targets of the National Action Plan 2005-2008 for the implementation of the SNA was the priority development of school-based drug prevention local projects in each county in partnership with local public administration, non-governmental organisations and mass-media. To this aim, NAA implemented the campaign *Alcohol and drug related risks among future mothers* in September 2006 - March 2007, to prevent drug, tobacco and alcohol among future mothers by informing and sensitizing them and by increasing the participation of family and family planning doctors. The project addressed eight hundred mothers or future mothers recorded in the family planning wards, family doctors and gynecology units of county hospitals. 921 doctors in the medical network participated in the national campaign. 2933 brochures were distributed with messages representing the summary of the National Conference organised in Bucharest June 2-3, 2006 and 18937 flyers on the effects of drugs,

tobacco and alcohol use on the foetus. The campaign was carried out by the 40 Drug Prevention, Evaluation and Counselling Centres and benefited from 108 references in the local press.

October 2007, NAA launched an indicated prevention campaign *Alternatives* in partnership with the National Theatre and Cinema Art University, as part of the institutional twinning project RO/04/IB/JH-08 *Increasing the institutional capacity of the Romanian agencies in the field of drug demand reduction,* to increase the addressability of the population at high risk for drug use to the integrated care services. The direct beneficiaries of the campaign were young drug users at risk for drug use, aged 16 to 25, while their parents and professionals in the public health and social care system represented the indirect beneficiaries of the campaign.
The campaign was implemented October 10 – December 31, 2007 and recorded the following results:

- 87 local TV stations broadcast daily the advertisement in the period October 10 – January 01, at high rating hours;
- The advertisement was broadcast 5876 times from October 10 – January 01 in Bucharest, in 10 central areas, through the street multimedia promotion network;
- There were 180 articles and 50 interviews covering this campaign in the local press.

Additionally, NAA and the National Audio-visual Council concluded technical partnerships protocol which aimed to promote audio-video ads carrying a message against drugs, that have been used in prevention media campaigns, such as *Open your eyes* or *Keep him close to you*.

1.4.2 INITIATIVES IN PARLIAMENT AND CIVIL SOCIETY

May 2007 was the start of the Romanian Harm Reduction Network's project *HIV Prevention in MARA in Romania.* The project benefits from the technical and financial support of UNICEF and aims to prevent HIV among teenagers with a high infection risk. The project included among others the organisation of small working groups in different towns to stimulate the participation of the local authorities and service providers in developing specific interventions (medical and social) – prevention, treatment, care, psycho-social support and education. One of the conclusions of these meetings was that teenagers with high infection risk (drug users, sex workers, homosexuals) are not isolated within our society, which makes HIV prevention among these categories important in early stages and efficient manners. Additionally, it has been stated that this group can represent a source to increase HIV infection cases among them and/or in the general population, and the provision of sterile injecting equipment continues to represent an issue, having regard to the limited financial support given to NGOs' and the lack of participation of the local authorities.
Another issue emphasised during these meetings was the lack of HCV testing among the great majority of injecting drug users against the over 90% positive results recorded in the rapid testing during outreach sessions. Based on the studies conducted so far it has been emphasised that although the number of HIV cases among injecting users is low, the situation could escalate in the future. Moreover, the need for a greater participation of the mental health centres in providing services to injecting drug using teenagers was strongly emphasised together with the need to involve community medical care networks and health mediators in the promotion and provision of services to teenagers at risk, as they have easy access to the community and can adjust their messages/services to the needs of the target group. The participation of the local councils in funding services based on an evaluation of

the local situation was also discussed during the meetings and evaluation was considered a starting point for advocacy in the relation with the local councils.
Some of the main conclusions and suggestions of these groups were:

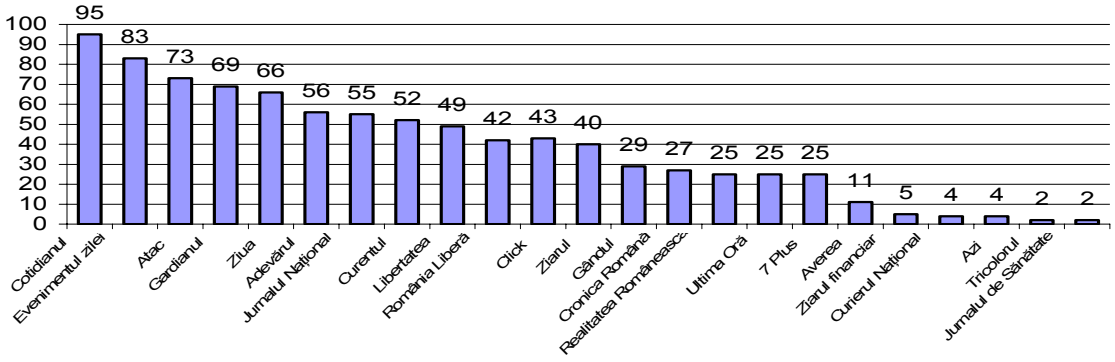
- The need to inform communities and decision makers of the situation of teenagers at high risk for HIV infection;
- Getting the mass-media to help inform the community;
- Partnership development between NGOs' and public institutions;
- Intervention local planning;
- Creating an efficient strategy for approaching the advisers in the local councils of the city halls in order to receive the financial support for the development of efficient interventions targeting adolescents at high infection risk;
- Involving the community medical care network and health mediators in the development/provision of services targeting adolescents at high infection risk;
- Conducting qualitative studies/meta-analyses regarding adolescents at high risk for infection, that could substantiate guides and working standards.

1.4.3 MASS MEDIA CAMPAIGNS

The Communication and Public Relations Office within the NAA monitored 4,234 articles published in the central and local press in the time interval January 1 – December 31, 2007. Of these articles, 1,134 were published in the central press (in comparison to 1995 in 2006) and 3100 in the local press (3500 articles in 2006).

A slight decrease of the number of references made to the general drug issue was noticed in the central press as opposed to the number of articles related strictly to the activity of the National Anti-drug Agency. The same tendency was perceived with the local press, which continued to be a strong partner of the NAA and the CPECA, through the 416 accredited journalists. Increased professionalism and interest of certain media channels for certain drug topics were detected at the level of the entire press, especially press agencies such as *Mediafax* and *Rompres* (at present *Agerpres*), of the televisions and public radio. The printing press is still to gain in professionalism in this field.
As shown below, in 2007 there was also a change in the interest for the drug issue of certain central newspapers according to the following list of editions (882 in 2007) that carried drug-related articles.

Figure no. 1-2: Media reflection of the anti-drug issues, no. of articles, 2007



Source: NAA/Communication and Public Relations Office

The special interest of the mass-media for statistical data, manifest in the previous years also, made public information provided in the European and national drug reports, evaluation reports of the agency and studies published on certain occasions. Within the relations with the mass-media, a two-day meeting was held with journalists of the printing and audio-visual press in September 2007, at Izvorani (near Bucharest) during which aspects related to the activity of the NAA and the RMCDDA were provided in detail together with data related to the drug phenomenon at European level, as shown in EMCDDA reports (financed through 2007 Grant Agreement).

A monitoring of the references made to drug use and drug users in the press was conducted by the Integration association in 2007 within the project *Lets talk about rights* financed by the *Global Fund to Fight Against HIV/AIDS, Tuberculosis and Malaria*, round 6. The findings of the monitoring which were related to the respect human rights indicated a level of discrimination that occurs in the disclosure of the identity of the drug users and that drug use is often associated with other criminal offences.

Chapter 2 - Drug Use in the General Population and specific sub-groups

2.1. DRUG USE IN THE GENERAL POPULATION

METHODOLOGY

The National Anti-drug Agency conducted the second general population survey in 2007 with the purpose of obtaining information on the scope and trends of the use of different drugs in the general population.
The sample was set to 7,500 respondents, which is nationally representative for the not-institutionalised target population aged 15 to 64. Within this sample, oversampling was established for the age group 15-34, in Bucharest. At national level, the sample had a maximum error rate of +/-1,2% against a confidence interval of 95%; at Bucharest level, a maximum error rate of +/- 3,1% to a confidence interval of 95% applied to the under-sampling. The study was based on a random, stratified and multi-phase sampling procedure. The sampling base was settled according to the voting centres in the latest general elections (2004), the stratification variables being established by historical regions, residence (urban-rural) and size of the selected place. These stratification variables resulted in four types of urban settings and two types of rural settings: small town (under 30,000 inhabitants), medium-size town (30,001-100,000 inhabitants), large town (100,001 to 200,000 inhabitants) and very large town (over 200,001 inhabitants) respectively district and village. Eventually 48 layers were obtained. The selected voting units (341) were distributed commensurate with the stratification matrix. In a nutshell, the sample used by CURS was random, double-phased, stratified in the first phase by historical distribution (8 regions), territorial unit (urban/rural), type of the village within the district and size of the urban area (under 30,000 inhabitants, 30,000-100,000 inhabitants, 100,000-200,000 inhabitants and over 200,000 inhabitants), with locations and sampling points – voting units (341) being selected arbitrarily. The construction of the sample makes it representative for all considered social-demographic variables.

Table no. 2-1: Stratification matrix by region, residence, type of village and size of urban area

Residence	Urban								Rural				**Total**	
Region	**Under 30K**		**30-100K**		**100-200K**		**Over 200K**		**Outskirts**		**Centre**			
	*	**	*	**	*	**	*	**	*	**	*	**	*	**
Transilvania	3.50%	238	4.30%	292	1.50%	102	2.90%	197	4.30%	292	3.50%	238	20.00%	1,360
Oltenia	1.40%	95	1.00%	68	1.10%	75	1.40%	95	3.30%	224	2.60%	177	10.70%	728
Muntenia	1.90%	129	3.10%	211	1.50%	102	2.20%	150	6.70%	456	5.30%	360	20.70%	1,408
Moldova	1.40%	95	2.90%	197	1.70%	116	3.90%	265	6.20%	422	5.40%	367	21.50%	1,462
Dobrogea	0.50%	34	1.00%	68	0.00%	0	1.50%	102	0.80%	54	0.70%	48	4.50%	306
Crisana MM	1.30%	88	0.20%	14	2.10%	143	1.00%	68	2.30%	156	2.10%	143	9.00%	612
Bucharest	0.00%	0	0.00%	0	0.00%	0	9.00%	612	0.00%	0	0.00%	0	9.00%	612
Banat	0.60%	41	0.80%	54	0.00%	0	1.40%	95	0.80%	54	1.00%	68	4.60%	313
Total	10.60%	721	13.30%	904	7.70%	524	23.30%	1,584	24.50%	1666	20.60%	1,401	100.00%	6,800

Source: CURS

* percent of the adult population aged 15 to 64 years old (2002 census)
** number of cases in of sample of 6,800

The locations were selected randomly for each layer.

Selection of the voting units – voting units are administrative units within sites with 1,000 to 2,500 voters. 341 voting units were selected to include sampling points for national sampling. Arbitrary selection was used for the voting units in each place. In large places, voting units were selected in order to be representative both for the central and for the outlying areas. Voting units were selected to settle the starting point for the „random route" selection procedure of the households. The calculation of the statistical step of the households was made as an average between half of the total number of the people in a voting unit and the number of interviews held in a voting unit (an average of 20).

Household and respondents selection: the selection of the households was done by using the random route method (using a statistical step counting households – apartment or house - from the location of the voting unit). A single respondent in the age group 15 - 64 was selected in each household by using the birthday-based procedure (adult aged 15 to 64 whose latest birthday is in the calendar year).

Questionnaire and data collection
The data were gathered by a private sociological research and marketing institute in Romania, Centre of Urban and Regional Sociology (CURS). The questionnaire was 40-50 minutes at the longest (at least 100 questions to evaluate the population' knowledge, attitudes and practices in reference to alcohol, tobacco and drug use). The questionnaire included two parts differing in terms of methodology. Thus, all questions pointing to the evaluation of the psychoactive substances use were applied through a self-administered questionnaire placed in a separate envelope, except for the cases in which the respondent was illiterate or suffered physical deficiencies that impaired the completion of the questionnaire. For the latter, the questions were asked using face to face interview method. A closed and sealed envelope containing all the fiches was given to the interviewing operator (in 90% of the cases) or was put in the nearest postal booth, if the respondent so wished (in 10% of the cases).

Funding
This study was funded by the Global Fund to Fight against AIDS, Tuberculosis and Malaria in the program *Rising to the challenges of HIV/AIDS: a comprehensive, coordinated multi-sectored response in Romania* and the European Monitoring Centre for Drugs and Drug Addiction/National Anti-drug Agency through the Funding Agreement GA.2007.RTX.022, singned by the two institutions.

RESULTS

Although the final report of the study has not been published yet, some results are available[22] following the analysis of the replies given to the illicit drug use, availability of drugs on the market and the perception of the risks related to the use of different psychoactive substances.

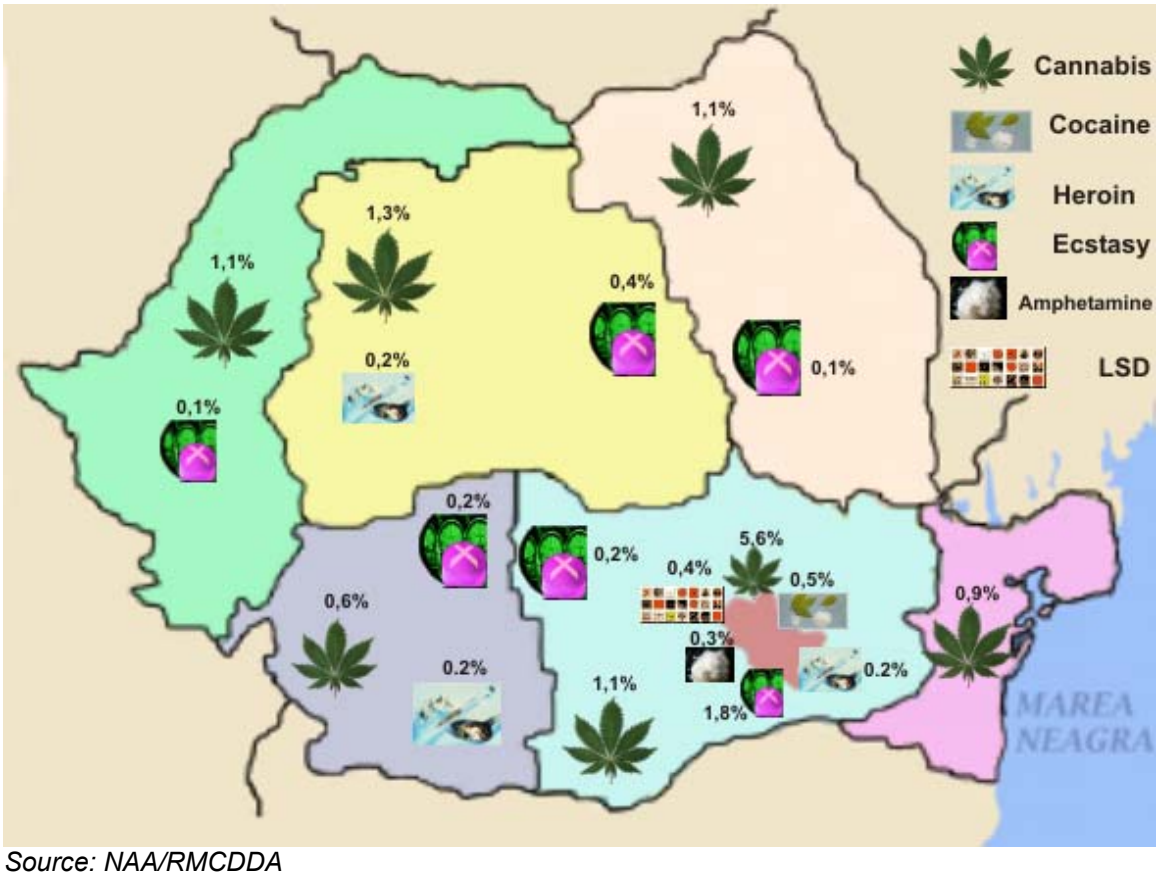
LIFETIME PREVALENCE OF ILLICIT DRUG USE

The lifetime prevalence of the use of different illicit drugs among the population aged 15 to 64 reaches almost 1.7% and it applies to all types of illicit drugs: marijuana, ecstasy,

[22] http://www.ana.gov.ro/rom/index.php

inhalants, cocaine, crack, amphetamine, hallucinogens, heroin or opiates. At a broader scale, this percentage indicates that of Romania's population aged 15 t0 64 almost 300,000 people have used at least once in their life one of these drugs. If medicines are taken into account (tranquillisers, painkillers and antidepressants), this percentage reaches 8.6% (by extrapolation it reaches aprox. 1,300,000 people). Among the illicit drugs, cannabis is the most used drug, up to 1.5%, followed by ecstasy – 0.4%, heroin – 0.1%, hallucinogens – 0.1%, cocaine (in both forms – base or crack) – 0.1%.

Map no. 2-1: Lifetime prevalence of illicit drug use, by region, 2007



Source: NAA/RMCDDA

Cannabis is used in all regions of the country as showed by the following percentages: 5.6% in Bucharest, 1.3% in Transilvania, 1.1% in: Muntenia, Moldova, Banat-Crişana-Maramureş, 0.9% in Dobrogea and 0.6% in Oltenia.
Ecstasy is used in all the regions of the country, except for Dobrogea: 1.8% in Bucharest, 0.4% in Transilvania, 0.2% in Muntenia and Oltenia, 0.1% in Moldova and Banat- Crişana-Maramureş.
Heroin is used in Bucharest, Transilvania and Oltenia in equal proportions: 0.2%.
Inhalants are used in: Bucharest (0.3%), Oltenia (0.2%) and Transilvania (0.1%)
Amphetamines and cocaine (crack or base) is used only in Bucharest where 0.3% of the capital's population aged 15 to 64 uses amphetamines and 0.5% experiments with cocaine.
The following percentages were recorded for lifetime injecting heroin or cocaine use: 0.3% among the respondents in Bucharest and 0.2% among the respondents in Transilvania and Oltenia.

As shown by the age distribution in the table below, cannabis is used by the population of all ages, while the other drugs are mostly experimented by the young population of 15-34 years old.

Tabel no. 2-2: Lifetime prevalence of illicit drug use, by age group, 2007

	Age group					Total
	15-24	25-34	35-44	45-54	55-64	15-64
Cannabis	3.7%	2.2%	0.8%	0.2%	0.1%	1.5%
Cocaine	0.1%	0.1%				0.1%
Heroin	0.1%	0.2%	0.1%			0.1%
Ecstasy	0.7%	0.6%	0.4%			0.4%
Amphetamine	0.1%	0.1%				0.1%
Inhalants	0.2%	0.1%		0.1%		0.1%
Injecting cocaine or heroin	0.1%	0.2%	0.1%			0.1%

Source: NAA/RMCDDA

The age of eleven was the earliest onset self-indicated by a participating cannabis user, while 76.6% of the cannabis users reported 24 as the onset age. For ecstasy, fourteen was the youngest onset age, while thirty was the latest onset age.
Unlike women, men have tried all illicit drugs at least once during their lifetime: 2.3% cannabis, 0.2% heroin and 0.1% other types of drugs. Experimental use among women was cannabis 0.7%, ecstasy – 0.2%, inhalants and hallucinogens – 0.1%.

LAST YEAR PREVALENCE OF ILLICIT DRUG USE

This drug use pattern can be analysed only for cannabis and ecstasy because of the limited number of cases recorded for other types of drugs. Another possible explanation for obtaining percentages that might lead to such an analysis can be the references made to cannabis and ecstasy in separate chapters of the questionnaires.
Cannabis
Last year prevalence of cannabis use at national level amounted to 0.4%. By region, the following percentages were recorded for the last 12 month cannabis use: 2% in Bucharest, 0.5% in Banat-Crişana-Maramureş and 0.2% in Transilvania, Muntenia and Moldova. In Oltenia and Dobrogea, no recent use of cannabis was indicated.
The age group for which the highest prevalence rate was determined for cannabis use in the last 12 months was 15-24 years – 1.5% as compared to 0.3% for respondents aged 25-34.
The ratio between cannabis male users and female users in the last 12 months was 3 (0.6%/0.2%).
The analysis of recent cannabis use by education levels lead to the conclusion that such a behaviour occurs especially among high school graduates (0.6%) and university graduates (0.3%). This type of drug use was obvious among high school students (undergraduates) – 0.1%, as the question referring to education indicated the studies concluded by the time of the interview.

Ecstasy
As compared to cannabis, the prevalence for last 12 month use of ecstasy reached only 0.1% at national level. The regions in which respondents admitted such use were: Bucharest, Transilvania, Banat-Crişana-Maramureş, with the rate of 0.1%.

The 15-24 age group was the only age group in which this type of use was identified with a rate of 0.3%, for respondents aged 25-34 the rate being up to 0.1%.
Similarly to cannabis, respondents who have not completed secondary school, high school or university studies admitted to having used ecstasy in the last 12 months – 0.1% for each drug category.
The analysis done by gender revealed a recent ecstasy use of 0.1% among males and below 0.1% for females.

LAST MONTH PREVALENCE OF ILLICIT DRUG USE

The analysis was made only for cannabis. A 0.1% prevalence rate for cannabis use was registered at national level.

People aged 15 to 24 reported having used cannabis in the last 30 days to a rate of 0.5%, as compared to 0.1% for those in the age group 25-34.

This behaviour is indicative for high school graduates to a 0.2% rate as compared to those who have completed high school studies of 0.1%.

Bucharest (0.5%), followed by Banat-Crişana-Maramureş (0.4%) and Transilvania (0.1%) are the regions in which respondents reported having used cannabis in the last 30 days.

Men reported current cannabis use to a rate of 0.2%, while for women the prevalence rate being below 0.1%.

Comparative analysis 2004-2007

Although rates indicating drug use behaviour are small, generally statistically insignificant, drug use preferences revealed by the mentioned patterns, which are in line with 2004 data, are most probably accurate, even if drug used in 2007 are more heterogeneous than in 2004.

2.2. DRUG USE IN THE SCHOOL AND YOUTH POPULATION

In 2007, the ESPAD study implemented at international level in 1995, 1999, 2003 and 2007 was conducted in Romania for the third time. The institutions participating in the study were: National School for Public Health and Sanitary Management (SNSPMS), National Anti-drug Agency and the Ministry of Education, Research and Youth.

METHODOLOGY

ESPAD (European school project on the use of alcohol and other drugs) was implemented in Romania at national level in May – June 2007 among 16-year old high school students. The main partners were: National Antidrug Agency, National School for Public Health and Sanitary Management, as national coordinator and the Ministry of Education, Research and Youth (MECT) under the methodological coordination of the Swedish Council for Information on Alcohol and other Drugs, Stockholm/Sweden (CAN).
The study is nationally and regionally representative for pupils born in 1991 (target group).
Ministry of Education, Research and Youth enabled school access and made available the school database for sampling purposes. The research instrument was the international questionnaire translated and adapted. Sampling was done by the SNSPMS. As sample

base were used high schools for the year 2006-2007, excluding special schools, theology and military high schools, high schools where Romanian is not used as a teaching language (one of the methodological conditions was that the administration of the questionnaire should not last more than 60 minutes, therefore the inclusion of a high school with a different teaching language than Romanian would not have met the requirements of the study).
116 schools were selected to participate in the study and 2 classes in each of these schools (a IX grade in which all present students were invited to participate to complete the questionnaire, irrespective of their birth year, and a X grade, in which only those born in 1991 were invited to participate).
2719 questionnaires were administered during this research (by the NAA through the Drug Prevention, Evaluation and Counselling Centres) of which 2,307 high school students born in 1991, while the rest was made up of students born in other years.
Before administration, the questionnaire was pre-tested in a pilot stage that included the administration of 215 questionnaires of which 178 to students born in 1991. Pre-testing allowed for culture-driven modifications and adjustments.

RESULTS

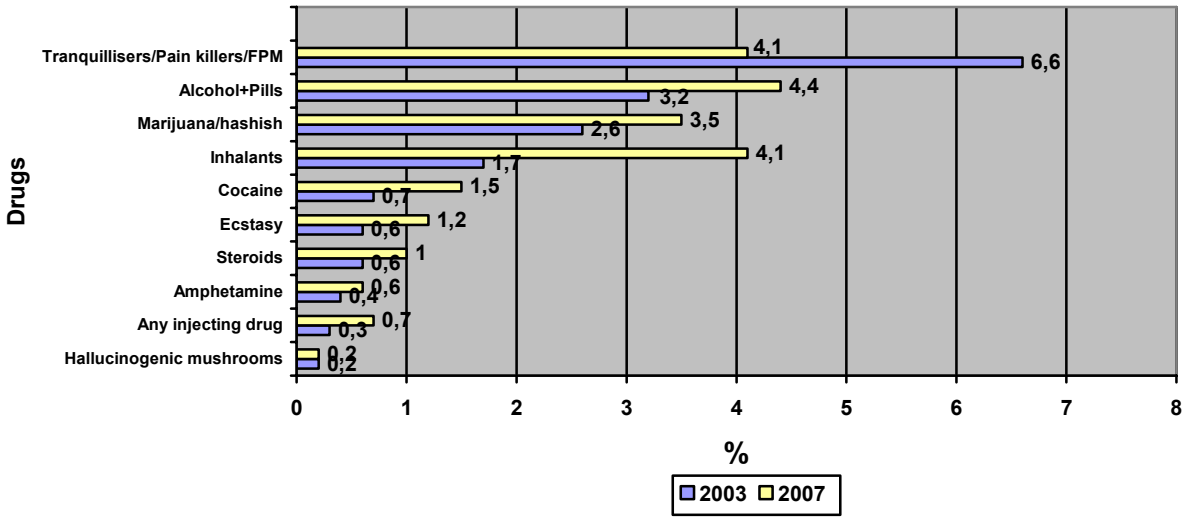
For 2007 ESPAD study an international unique database was built and the international report is foreseen for March 2009.
Because the findings of the survey have not been published yet only a few preliminary data will be presented on the prevalence rates recorded for the use of different categories of drugs in the school population.

LIFETIME PREVALENCE OF ILLICIT DRUG USE

In 2004, lifetime prevalence of the use of any illicit drug[23] among 16-year olds reached 14.5% (14.9% for boys and 14.2% for girls), followed by the experimental use of inhalants (4.1% for girls and boys).
As compared to 2003, lifetime prevalence rates for any type of illicit drug were generally higher, except for tranquillisers/pain killers without medical prescription (decrease from 6.6% to 4.1%). Experimental use of ecstasy, cocaine, injecting drugs doubled as against 2003 (ecstasy – from 0.6% in 2003 to 1.2% in 2007; cocaine – from 0.7% in 2003 to 1.5% in 2007; injecting drugs – from 0.3% in 2003 to 0.7% in 2007).

[23] ESPAD24a (marijuana), ESPAD28a (ecstasy), ESPAD29a (glue), ESPAD30a-e (tranquillisers/pain killers, amphetamine, LSD/other hallucinogenic substances, crack, cocaine), ESPAD30g-m (heroin, hallucinogenic mushrooms, GHB, steroids, injecting drugs, alcohol and pills, Romparkin, Codein/Fortral/Mialgin)

Figure no. 2-1: Drug use lifetime prevalence (ESPAD 2003, ESPAD 2007)

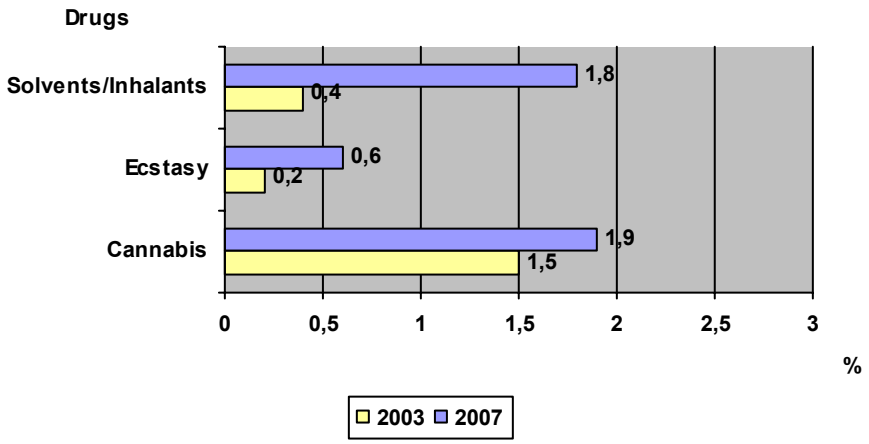


Source: SNSPMS and NAA/RMCDDA

LAST YEAR PREVALENCE OF ILLICIT DRUG USE

In 2007, the ESPAD questionnaire included questions referring to the last 12 months and 30 days drug use only for cannabis, ecstasy and solvents/inhalants. The highest prevalence rate of 1.9% was recorded for cannabis use (3% among boys and 1% among girls).
As compared to 2003, an upward tendency was recorded for all three mentioned substances: solvents/inhalants - from 0.4% in 2003 to 1.8% in 2007; ecstasy - from 0.2% in 2003 to 0,6% in 2007; cannabis – from 1.5% in 2003 to 1.9% in 2007.

Figure no. 2-2: Last year prevalence of drug use (ESPAD 2003, ESPAD 2007)

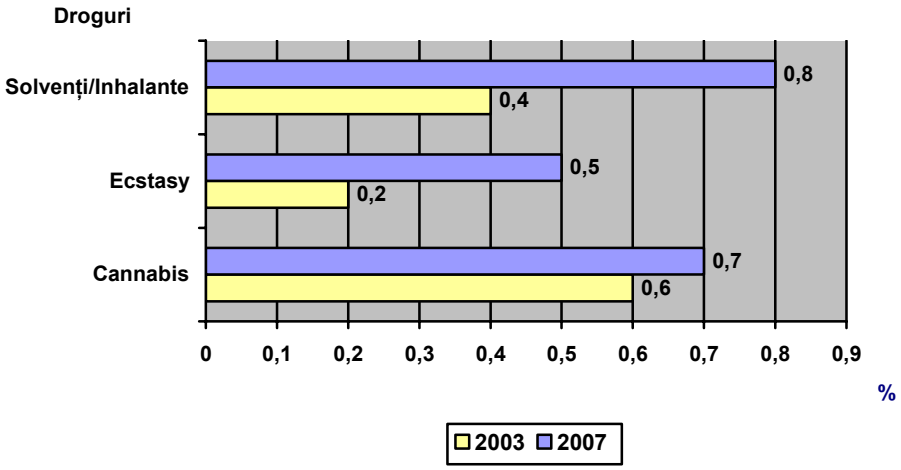


Source: SNSPMS and NAA/RMCDDA

LAST MONTH PREVALENCE OF ILLICIT DRUG USE

Last month prevalence of drug use among 16-year old high school students recorded rates under 1.5% for all three substances mentioned in the questionnaires: cannabis (0.7%; 1.2% for boys; 0.2% for girls), ecstasy (0.5%; 0.7% for boys and 0.3% for girls) and solvents/inhalants (0.8%; 0.9% for boys and 0.8% for girls).
Current use recorded an increasing trend in 2007 as compared to 2003, for all the three illicit drugs analysed.

Figure no. 2-3: Last month prevalence of drug use (ESPAD 2003, ESPAD 2007)



Source: SNSPMS and NAA/RMCDDA

Chapter 3 – Prevention

New trends and directions

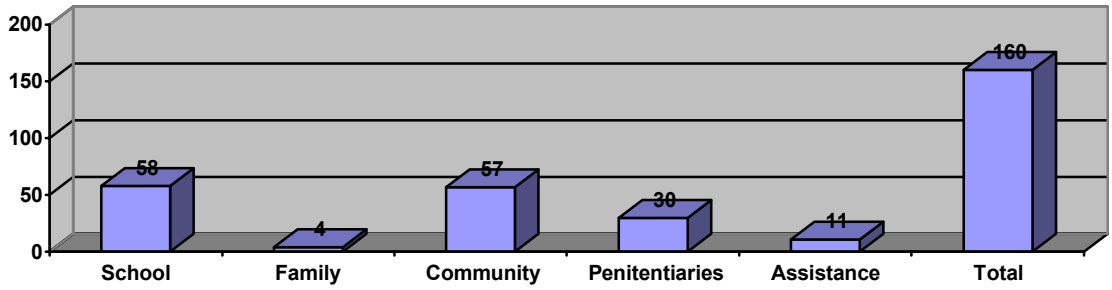
In 2007, the development of the activities in the drug use field was accomplished based on the SNA (National Antidrug Strategy) goals for 2005-2012, each ministry or nongovernmental organization having its particular responsibilities.
The main evolutions and trends recorded in 2007 consisted of a better adaptation of the national, regional and local programs/projects/campaigns to the drug use characteristics, the standardization of the program evaluation and monitoring system, by enacting and adjusting the EMCDDA methodology, as well as of the sustained training of the experts, providing the premises for a scientific, uniform and coherent approach of the drug use phenomenon.

3.1. UNIVERSAL PREVENTION

In 2007 continued the implementation of the projects elaborated in the previous years, and new projects were initiated as well, in compliance with the general and specific goals mentioned in the SNA 2005-2012.

The standard information programs continued to play a significant part in drug use prevention. However, in the specialized communities from Romania, it can be noticed starting from 2005, a better awareness of the prevention programs efficiency focused on forming and consolidating the personal abilities, acting as protection factor in drug use.
Most national programs and projects in the field of drug use prevention have been initiated and coordinated by the National Anti-Drug Agency. At the local level, the network of drug prevention, evaluation and counseling centers has continued the consolidation process, representing the main initiator and partner for local projects/programs, as well as for the local implementation of the national ones.

Figure no. 3-1: Local prevention projects, initiated by CPECA at local level in 2007



Source: NAA/DRCD

3.1.1 SCHOOL

2007 was a reference year with respect to the awareness and involvement of schools in drug use prevention activities. Thus, according to the NAA data, more than 800,000 students were engaged in the national and local projects, which represents approximately

30% of the entire school population. The indirect beneficiaries of the universal school-based prevention were approximately 40,000 teachers and 50,000 parents. We must outline the fact that local authorities and many nongovernmental organizations were involved in the projects.

A. National Projects

Most national programs and projects addressed to the school population in the field of drug use prevention were implemented by the National Anti-Drug Agency and by the Ministry of Education, Research and Youth.

The national program *Education for Health in Romanian Schools*, initiated in 2002 and implemented yearly by MECT, in partnership with the organization Save the Children, ANA and the foundation Youth for Youth, as well as other governmental and civil institutions, has continued in 2007. The purpose of this annual program is to assure the information and awareness of the adolescents and young people related to the behavior associated to a healthy lifestyle. Except for the standard curricular activities, the 2007 program also included the following extracurricular and nonacademic activities: the campaign *Discover a Healthy World*; the national contest for secondary schools and high schools, on the same subject; a radio spot promoting the program; a web site of the program, with the address www.educatiepentrusanatate.ro.
In 2007, 5000 schools participated to the program, approximately 400,000 students were involved in the curricular activities, and 2,050,000 students took part to the extracurricular and nonacademic activities.

The program *My anti-drug message* initiated by the National Anti-Drug Agency, in partnership with the Ministry of Education, Research and Youth. Purpose – preventing drug use by involving the pupils and students in nonacademic cultural, artistic and sport activities, promoting anti-drug messages. The main beneficiaries of the project were pupils from secondary schools and high schools, as well as students.
In November 2006, the 4th edition (2006-2007) of the national contest was initiated, with the following sections:

- web page with 3 categories presentation page of an institution, presentation page of a project, information page of the magazine type
- short reel film, digital photography, spot
- literary essay and epigram
- visual arts: drawing, painting, graphics (new section)
- anti-drug hymn (new section)
- sport: handball, volleyball, basketball, football, rugby.

Through this project, there has been provided the promotion framework for a healthy lifestyle for pupils and students. The contest brought together more than 220,000 pupils and students, 4000 secondary schools and 300 high schools, who competed to obtain 81 prizes for the best works.
The evaluation of the works content for each section was based on the following criteria: compliance with the requirements (theme and size); promotion of positive messages; originality of the message and of the chosen subject; style accuracy, language clarity, etc.
The fourth edition of the contest was concluded on October 29th 2007, by the Award Gala organized at the National Children's Palace, where approximately 500 pupils from Bucharest came as spectators. on this occasion, the fifth edition of the contest was launched, the novelty being the addition of a new section – *Ecological Projects*.

The project *I know myself, and thus I decide* – implemented by: the National Anti-Drug Agency in partnership with the Ministry of Education, Research and Youth, the Christian Union from Romania and the drug prevention, evaluation and counseling centers from Cluj, Braila and Bucharest (district no. 2). The project was meant to inform and sensitize pupils aged between 15 and 16, from the high schools which were chosen for the pilot phase (Bucharest - district no. 2 - Spiru Haret National College; Braila – Hariclea Darclee Art School; Cluj – Eugen Pora Theoretical High School), with respect to the effects and consequences of drug use. Another component of the project was focused on forming and developing personal abilities (psychological and social) of the pupils, acting as protection/defense mechanisms against drug use.
The internal evaluation procedures of the process for the development of the activities and of their content have required the following: active and passive observation within the group sessions; pre and post-test questionnaires, the "blitz" technique for each meeting of the self-knowledge group, for the purpose of evaluating the manner in which the meetings were organized, the direct and indirect effects on the beneficiaries, the occurred changes, the feedback from the beneficiaries.
The evaluation of the project was made by a few quality techniques in the Sinaia camp, in July 2007, using the method of the focus-group.

The national contest Together for drug use prevention in the school environment, organized by MECT in partnership with ANA, has continued in the reference year as well; pupils from all the country counties have taken part to this activity.
The purpose of the project was to involve the participants into extracurricular activities on anti-drug themes.
In October 2006-June 2007, the third edition of the contest was organized, by setting up the project implementation teams from all the country counties. The contest was developed at the level of the school communities, the best projects promoting the county phases/the Bucharest phase and the national phase. High school pupils from the 9th and 10th grade have taken part. Teams consisting of five pupils and one coordinating teacher have entered the competition. 308 teams were organized, consisting of 1,600 pupils and 308 from all over the country. In the projects there were involved 500,000 pupils and 20,000 teachers, as well as school counselors, and a significant number of representatives of the civil society and of the local communities, parents, etc. 47 teams were organized, consisting of 1,600 pupils and 308 from all over the country. There have been written CDs with the most successful projects.
For this project, the evaluation was made based on the portfolios drafted by the participating teams, considering the following criteria: project originality, compliance with the approached theme, number of persons involved (project team, volunteers, beneficiaries, etc.), number of partners involved in accomplishing the projects, accuracy of the scientific documentation, impact on the beneficiaries, sustainability of the actions developed within the project, portfolio quality.
In 01-12.09.2007, in the Mures County, the fourth edition was launched, within a preparation camp of the county teams registered for this edition. The National Anti-Drug Agency has participated to the training activity, by activities coordinated by its experts, within the *Drug Prevention* workshop.

The national program *Education for Democratic Citizenship*, implemented by MECT, starting from 2003, by the General Directorate for Extracurricular Activities, in collaboration with UNICEF Romania, continued in the previous school year, being implemented in 348 education units (972 classes), simultaneously with the development of the project *Parents'*

Education implemented in 640 education units (843 classes). There have been trained 800 teachers at the national level, creating trainer centers at the level of each county.

The campaign *Option:* Access to Success!, meant to increase the information and awareness related to the drug use related risks of the pupils in 17 Bucharest high schools was developed between October 2007 and May 2008.
The original element of the campaign was the theatre show *100% drug risk*, focused on the subject of drug use, and created by the group of professional actors *TRANSCENA*, especially to be presented in high schools. Before each show, there have been organized information sessions with the pupils regarding the risks related to drug use. At the end of the show, the pupils have talked and negotiated with the rest of the cast the best solutions for the main character: a young woman who ends up using heroin.
The campaign was accomplished by the National Anti-Drug Agency, the TRANSCENA Association, and the Foundation for Education; the theatre show is a production of the TRANSCENA Association and of ARCUB.
The implementation activities have consisted of 34 information sessions with the pupils, regarding drug use related risks, 17 representatives in high schools with the shoe 100% drug risk, creating an educational material meant for parents. The direct beneficiaries of the campaign were: 2,500 high school pupils, 1,800 parents and 90 grade masters. Indirect beneficiaries: local communities of the high schools involved in the campaign.

Projects oriented exclusively towards the prevention of licit substance use

The national project *Smoke-Free Classes* (sustainable project, at its 3rd edition) was implemented by NAA in partnership with MECT, the Association *Aer Pur Romania*, the Local Office of the International Council on Addictions for Eastern Europe and Central Asia (ICAA), the International Federation of Educational Communities in Romania (FICE).
The project was meant to prevent tobacco use in pupils belonging to the 11-15 years age category, from Bucharest and from the following counties: Arges, Brasov, Bihor, Caras-Severin, Covasna, Cluj, Constanța, Dambovita, Dolj, Galati, Iasi, Ilfov, Prahova, Maramures, Mehedinti, Satu - Mare, Teleorman, Timis, Tulcea by developing personal and social abilities.
Starting from November 2006 and until May 2007, the third edition of this European project was developed (19 states took part, including Romania). The project was extended to the national level (exception: Maramures and Bistrita-Nasaud counties). Furthermore, there has been executed a web page on which, all the project materials and data became accessible to the audience. Within the project, in the reference period, the experts of the Drug Prevention, Evaluation and Counseling Centers, in collaboration with the partners, have organized information-education sessions on tobacco use related risks. 1,940 teachers and approximately 90,000 parents were trained, who disseminated the acquired knowledge and abilities to a number of 45,811 pupils (direct beneficiaries of the project) corresponding to an average of 43 classes from each mentioned county (district from Bucharest). The evaluation of the results, which took into account the number of persons (smokers and non-smokers) who have not smoked during the competition, is currently in the process of being finalized..

The project *Alcohol-free Vigilant – Independent – Powerful,* implemented by ANA in partnership with MECT and ICAA, continued in 2007 as well. At local level, the promotion and implementation activities were performed by CPECA. The purpose of the project was to prevent alcohol use in adolescents belonging to the 15-17 years age group, at national level, by developing personal and social abilities. The beneficiaries of the project were pupils

from the 9th and 10th grade, from 940 classes (41 counties and Bucharest), approximately 23.500 pupils, 940 teachers and 47.000 parents in all.
The result evaluation methodology was based on the filling-in of individual evaluation sheets.

Annually, the National No Tobacco Day, marked in the third week of November (the Thursday of the third week), provides the framework for the information and awareness of the population with respect to the risks generated by tobacco use, the practices of the tobacco companies, the measures taken by the national organizations for the fight against the spread of the diseases related to tobacco use, as well as every person's right to live a healthy life. The theme proposed for the year 2007 by the World Health Organization on the occasion of the World No Tobacco Day (May 31st), which was implicitly the theme of the national No Tobacco Day, was that of *100% smoke free environments.* This campaign was implemented at the national level by the National Anti-Drug Agency, by CPECA. The purpose of the campaign – assuring the awareness of the general population with respect to the observance of the relevant legislation and involving the population in promoting smoke free spaces, observing each person's right to breathe clean air.
The message of the national campaign celebrating the National No Tobacco Day 2007 was *Create and Enjoy Smoke Free Places!*

A. Local Projects

In 2007, the Drug Prevention, Evaluation and Counseling Centers have implemented 58 projects for the prevention of drug use, meant for the school population.
Among the examples of good practices there are: *Be SMART without Tobacco* and *I know, I am informed* – CPECA Bacau; *Let's talk* – CPECA Bucharest (district no. 3); *Together for Life* – CPECA Calarasi; *The future is yours* – CPECA Cluj; *Anti-Drug Clubs, It's up to you, Friends, help the children to say YES to life* – CPECA Constanta; *Choose to be independent* – CPECA Dambovita; *10 for health* – CPECA Timis; *Give life a chance* CPECA Vaslui; *P.A.S. – Anti-Drug partnership in School* - CPECA Tulcea; *Writing for the Anti-Drug Fight* - CPECA Braila; *Tradition and Healthy Lifestyle* - CPECA Arges; *Anti-Drug Cineforum* - CPECA Satu Mare; *Healthy by Sport* - CPECA Gorj; *Together Against Drugs* - CPECA Maramures; *I am learning how to say NO to temptation* - CPECA Galati; *Free without Drugs* - CPECA Mehedinți, etc.

In order to enhance the quality of the drug prevention activity in schools, two aspects were taken into account: training the teaching personnel and recruiting and training pupils and students as volunteers.
Thus, in 2007, there was continued the volunteer training program in the field of drug use prevention in schools, based on the collaboration with the National Anti-Drug Agency, the International Federation of Educational Communities from Romania (FICE Romania) and the School Inspectorate of Bucharest, including theoretical and practical training courses of the pupils, using, among others, as supporting material for the course, the guide elaborated by ANA for the preparation of the volunteers for their specialization in the *peer to peer education* method.
According to the partnership between ANA and FICE Romania, in 2007 there have been organized training sessions for the teachers who are FICE members, from Bucharest and the Satu – Mare, Bihor, Caras-Severin, Alba, Buzau, Iasi, Teleorman and Vaslui counties. Thus, approximately 600 teachers with various specializations were trained. In Bucharest, 140 teachers were trained, based on a course certified by the National Center for Training

and Research on Addictions, including two addiction related modules; the participants are awarded graduation certificates.
Most of the Drug Prevention, Evaluation and Counseling Centers organised training sessions for the teachers and for the volunteering pupils in the field of drug use prevention, some of them being included as separate activities within the national projects, such as the national contest *My anti-drug message*, or the national contest for anti-drug projects *Together*, while others were separate activities within local projects: *Prevention of tobacco, alcohol and drugs use and of the risking sexual behavior in adolescents* - CPECA Covasna; *Anti-drug-Antidoping* - CPECA Timis; *Anti-Drug Teaching* – CPECA Constanta.

3.1.2 FAMILY

A. National Projects

The National Anti-Drug Agency has continued the implementation of the project PROTEGO – *family training in educational abilities to prevent addictions*, in 27 Drug Prevention, Evaluation and Counseling Centers. The project was implemented in 47 schools, where, during the meetings, 4728 parents were informed about the effects of drug use, ant the family risk and protection factors; among them, a number of 399 have joined the project, and after the final evaluation, there were 408 direct beneficiaries and 1506 indirect beneficiaries.

The National Anti-Drug Agency has implemented between 01.09.2006-15.03.2007 the campaign *Alcohol and Drug Use Related Risks in Future Mothers*. The project was addressed to a number of 800 mothers or future mothers in the records of the family planning cabinets, of the family physicians, and of the gynecology departments of the county hospitals. Throughout the development of the campaign at the national level, 921 doctors from the medical network were involved. There have been distributed 2933 brochures containing the summary of the National Convention from Bucharest, between June 2 – June 3 2006, and 18937 fliers on the effects of drug, tobacco and alcohol use on the fetus. The campaign was implemented by 40 Drug Prevention, Evaluation and Counseling Centers and it benefited from 108 appearances in the local media.

The National Anti-Drug Agency in partnership with the ITSY BITZY radio station has developed between March 1 – June 30 2007 a campaign for the prevention of drug tobacco, alcohol and drug use, meant for the parents.
The campaign consisted in promoting healthy lifestyle attitudes by the Agency psychologists and by the CPECA psychologists from Bucharest and Ilfov, within the show *Grown-Ups.*

A. Local Projects

At the local level, 23 CPECA have developed prevention projects for the parents, of which we shall mention a few as examples for the best practices:

> CPECA Vaslui has implemented in the analyzed period two projects: 1. The Project *Your child's health*. 2. The project *For a Healthy Child*, developed in partnership with the Myosotis Association from Barlad - the Myosotis Health Center from Barlad, between September 2006 and October 2007, meant to increase the awareness of young mothers on the risks derived from substance use and on the effect of the substances on the child.

CPECA Vrancea has developed two projects meant for this population segment: 1. *Drugs – a deficiency (disability) of modern times*, a project implemented by the Directorate for the Protection and Promotion of Child's Rights from Vrancea, the Drug Prevention, Evaluation and Counseling Center from Vrancea, the Emergency Intervention Service (Day Center, Maternal Center, Office) between April 2007 and December 2007. 2. *Informed Mothers have Healthy Children* - CPECA Vrancea has organized the obstetrics and gynecology cabinet Dr. *Nadia Maghiaru*, meant to inform young mothers on the risks associated to drug use.

3.1.3 COMMUNITY

National Regional and Local Projects

The National Anti-Drug Agency has developed between July 23 and August 14 2007 the summer drug use information and prevention campaign *Anti-Drug Volunteers in Action.*
The campaign goals were the following:

- to increase the information level of at least 8,000 young people, aged between 14 and 29, about the negative short and long-term effects of drug use, and about the related risks
- the involvement of a number of 50 volunteers in the drug use prevention activities, meant for the young people from the campaign
- organizing sports contests, in order to promote healthy alternatives for spending free time

Selecting and training the volunteers – within the project, there have been trained 33 volunteers, coming in approximately equal numbers from all the project partners, to whom 10 volunteers were added, selected by CPECA from the Timis and Galati counties, and respectively 5 volunteers from the Bulgarian partners, who implemented the campaign in Costinesti. CPECA Constanta, together with its partners, has elaborated the volunteer training course and has accomplished their training by three components:

1. Developing the communication abilities
2. Presenting the campaign and the implementation method
3. Learning information about drugs and drug use effects

The campaign *Anti-Drug Volunteers in Action!* has promoted the international cooperation as well, the common experience serving as basis for the cross-border partnership with the National Center for Addictions from Bulgaria. The actual activities consisted of promoting anti-drug messages, by peer-to-peer discussions related to the information materials, between the volunteers and the young people from the seaside. The young beneficiaries of the campaign have also filled in questionnaires regarding their knowledge on drugs and drug use related risks; the tickets were entered in a raffle organized daily at the work point; 10 questionnaires, chosen by drawing lots, were awarded.
With the help of the representatives of the organization Sport for Everybody, there have been organized volleyball, football and other beach games competitions, and the winners were awarded prizes by the representatives of the National Anti-Drug Agency.
In all, at the work point organized on the Costinesti beach, the following have been distributed:

- 5,000 fliers with information related to the drug use risks;
- 3,047 questionnaires of the post card type;
- 200 posters;
- 309 evaluation questionnaires evaluating the company impact;
- 5,000 flyers.

According to the bilateral agreements between the National Anti-Drug Agency and the National Center for Addictions from Bulgaria, between August 15th – August 22nd, a team of volunteers from CPECA Constanta has taken part in Varna/Bulgaria, have taken part to the implementation of the campaign on the Bulgarian sea shore.

For the third consecutive year, the volunteers from Save the Children, have developed the drug use prevention campaign called *The Sea, our only Addiction*, in the youth resorts from the Black Sea shore (Costinesti, Mangalia, Vama Veche and 2 Mai). In the period between July 20 – August 16 2007, 50 volunteers have informed a number of 12,500 adolescents with respect to the risks that they are exposed to following licit and licit drug abuse, and to the healthy means of spending free time. 1500 young people were involved in sport competitions, as a healthy alternative to spend free time, competitions organized with the support of the sports teacher from the volunteer team. Following the media partnerships with Radio Vox and the CoolGirls magazine, the total number of young people receiving information about the means of spending the free time that do not include types of behaviors at risk, has reached 96,000. Other results:

- 40 partners, local and central authorities, have joined the organization Save the Children to assure the good development of the project.
- Approximately 250 pupils from camps have registered for special schools and have participated to interactive sessions and extracurricular activities for the promotion of a healthy behavior.
- The program shall be continued locally, in most counties, by partnerships with the local authorities.

Within the European project Daidalos (elaborated and initiated by the Social Cooperative Association of the Community Oasi San Francisco Onlus – Trani/Italy in cooperation with nongovernmental organizations and public institutions from Romania, Bulgaria and the Republic of Moldavia), there have been organized sessions for research-training-prevention and fight against substance addiction on July 3rd -5th 2007.

The free line TEL-VERDE within the National Anti-Drug Agency represented a community information service for the public opinion, for the adolescents and the young people with high risk for drug use, as well as for the parents, operating continuously from 2005. In 2007, the operators of the phone line TEL-VERDE had 534 calls, of which 130 calls were related to information regarding injecting heroin use, 44 callers inquired about the alcohol use and abuse, 97 calls were related to tobacco use, and the rest were interested in information about the integrated assistance network, information points and means, information about national legislation on drug use, information on volunteer activities, etc.

In the reference period, the Drug Prevention, Evaluation and Counseling Centers have organized 425 cultural-artistic events in cooperation with local nongovernmental organizations. Simultaneously, 125 nongovernmental organizations were granted specialized assistance and technical counseling.

Religious Cults

The National Anti-Drug Agency and the Drug Prevention, Evaluation and Counseling Centers have granted special attention to one of the most important institutions of the local communities, namely the religious cults, managing in 2007 to develop the collaboration with them within the alcohol, tobacco and drug use prevention activities. The collaboration lead to the development, in 2005-2007, of more than 40 projects related to drug use prevention,

in partnership with the religious institutions and the nongovernmental organizations agreed by the church.

The campaigns launched on the occasion of the days dedicated to the fights against Illicit Trafficking and Use of Drugs – in order to celebrate June 26th - the International Day Against Drug Abuse and Illicit Trafficking, UNODC - United Nations Office on Drugs and Crime have proposed the campaign *Do Drugs Control Your Life? Your Life. Your Community….No place for drugs.* The logo shall be used for three years (2007-2009) and it shall be focused on various aspects: In 2007 – substance abuse, in 2008 – drug cultivation and production, in 2009 – illicit drug trafficking. For this purpose, in compliance with the logo, the United Nations Office on Drugs and Crime and the National Anti-Drug Agency, have made 550 posters and 3200 fliers that were distributed at the territorial level as well.

Throughout June 2007, at the national level, there was implemented the *Anti-Drug Film Campaign* which was meant to inform the community on the psychological, medical and social effects of drug trafficking and use, by the mass-media and in a non-directional, informal and proactive manner. Within this campaign, there were broadcasted audio-video spots, short films and feature films, as well as documentaries including testimonies of former drug users. The campaign was developed in a large range of locations (school camps, cultural organizations, schools, high schools, penitentiaries, theatres, cinemas, malls, libraries, parks, TV stations, placement centers) and with a large range of partners - County Education Inspectorates, City Halls, County Police Inspectorates, Public Health Authority, Placement Centers – General Directorates for Social Aid and Child's Protection, Cultural Organizations, County Youth Directorates, and nongovernmental organizations. Within the campaign, a number of 45 teachers and 2300 pupils from the secondary schools and high schools have watched the campaign films.

Between June 11 -13 2007, the National Anti-Drug Agency has organized the *Anti-Drug Days in Sibiu*. The events, organized under the logo Culture Against Drugs, structured as an extension of the events related to Sibiu – European Cultural Capital, have included cultural, scientific and sport events, with anti-drug message, providing a healthy lifestyle alternative for drug use, engaging a large number of children and young people from Sibiu and the neighboring areas.

Assuring the quality of the prevention activities within the community

Creating and developing anti-drug volunteer networks – the total number of the volunteers certified by the National Anti-Drug Agency was of 1,378, of which: volunteers certified by the National Anti-Drug Agency -137, volunteers certified by the Drug Prevention, Evaluation and Counseling Centers – 1,241. Examples of the best practices within the volunteer activities: The Honor Awards Gala of the National Anti-Drug Agency, involvement in prevention campaigns, International Day against Drug Use, Nongovernmental Organizations Fair, and events related to spending free time.

The project *Partnership against drugs – a partnership for influencing policies for an appropriate provision of services against drug addiction*, financed by World Learning, was implemented between 2006-2007 by NAA, in partnership with the Foundation for Community Care Services (FIC) and the Romanian Anti-Drug Association (ARA). The project was meant to develop a long term partnership between the nongovernmental organizations and the public institutions in order to create a mechanism for planning the intervention policies in the field of addictions, and a functional services network for drug

users. In 2007, within the project, there have been organized two work groups with addiction experts from Bucharest, Iasi and Cluj.

Actavis, the Bucharest City-Hall and the organization European Cities against Drugs (ECAD) have signed on September 19th 2007 the partnership by which the Capital City Hall became an ECAD ember and an active partner within Youth in Europe, a drug use prevention program for young people, meant to compare the drug use prevention strategies and to identify the best practices in the European countries.

3.2 SELECTIVE AND INDICATED PREVENTION

3.2.1 PREVENTION IN RECREATION AREAS

There are no data available.

3.2.2 PREVENTION IN AT RISK GROUPS

According to the first progress report published by the Romanian Angel Appeal Foundation as Management Unit of the Programs financed by the Global Fund for Fighting against HIV/AIDS, Tuberculosis and Malaria (Round 6), in 2007 there were implemented projects addressed to several categories of vulnerable groups[24]. These programs had an important component focused on counseling measures related to the effects of drug use in various categories of at-risk population, and on the social problems related to drug use, although their main purpose was to prevent the spreading of sexual transmitted diseases (STD).

- Number of commercial sex workers who have benefited from HIV/AIDS prevention programs in 2007:

Implemented by: ARAS; covered geographic area: Bucharest

obtained value:	304
planned target:	1200
Indicator accomplished up to:	25%

Source: RAA

- Number of men who have had sexual intercourse with men (MSM) who have benefited from HIV/AIDS prevention programs in 2007:

Implemented by: ACCEPT, PSI; covered geographic area: Bucharest, Cluj, Constanta, Dolj, Timis, Mures, Buzau, Brasov, Galati, Iasi, including online visitors.

obtained value:	9938
planned target:	3500
Indicator accomplished up to:	284%

Source: RAA

[24] The prevention programs have included services, such as: counseling for the purpose of harm reduction, needle exchange, distribution of condoms, basic social and medical services, referral to other services and individual information sessions, education and communication

- Number of Rroma persons who benefited from HIV/AIDS prevention programs in 2007:
Implemented by: Save the Children, ARAS; covered geographic area: Bacau, Neamt, Dolj, Constanta, Iasi, Brasov, Timis, Vrancea, Dambovita

obtained value:	1002
planned target:	1000
Indicator accomplished up to:	100%

Source: RAA

- Number of street children who benefited from HIV/AIDS prevention programs in 2007:
Implemented by: ARAS; covered geographic area: Bucharest.

obtained value:	231
planned target:	200
Indicator accomplished up to:	116%

Source: RAA

3.2.3 INDICATED PREVENTION

In October 2007, ANA, in partnership with the National University of Theatrical and Cinematographic Art, has launched the indicated prevention campaign *ALTERNATIVES*, as an activity within the institutional twinning project RO/04/IB/JH-08 *Enhancing the institutional capacity of the Romanian agencies involved in the reduction of drug demand* (activity 24).
The purpose of the campaign was to increase the addressability of the population who is at high risk for drug use and of the drug users with respect to the integrated assistance services. The general goal of the campaign was the change of the attitudes and of the use behavior of the population at high risk and of the drug users, by informing them and by promoting integrated assistance services (motivational goal). The direct beneficiaries of the campaign were the young drug users or the young people at high risk for drug use, with ages ranging between 16 and 25 years, and the indirect beneficiaries were the parents, the experts from the public health system and from the social care system. The campaign materials were 10,000 posters and a video spot (30 seconds) broadcasted already at 10 central locations from Bucharest, by the multimedia street advertising network of the company Trade Mark. The campaign was implemented between October 10th and December 31st (with the possibility to extend it).
Results:

1. 87 local TV stations have broadcasted the spot daily between October 10th 2007 – January 1st 2008, at prime time (between 08.00 – 21.30), thus obtaining the national coverage, except from Bucharest and the Ilfov county.
2. 5876 broadcasts of the spot between October 10th 2007 – January 1st 2008 in 10 central locations in Bucharest, by the multimedia street advertising network of the company Trade Mark.
3. National preventive network involved in the implementation of the campaign:
    - Hospitals (emergency rooms, neuropsychiatry departments): 270
    - Education institutions: 630
    - Local authorities: 250
    - General Directorates for Social Care: 300
    - Penitentiaries: 22
    - Police stations: 145

- Parishes: 300
- Theatres: 10
- Owner's associations: 780
- Nongovernmental organizations: 60
- Number of appearances in the local mass-media – 180 articles and 50 interviews.

Quality Assurance of the Indirect Prevention Activities

The project *Let's talk about rights* was developed between July 2007-July 2008 by the Integration Foundation. The purpose of the project was to monitor (document) the violation of the drug users' rights and the promotion of the human rights by *advocacy* activities. Main goal – increasing the access of the at-risk population to prevention and treatment services. Secondary goals:

- Identifying and documenting the violation of the injecting drugs users' rights;
- Initiating public debates focused on human rights and especially on drug users' rights.

The project included activities documenting the cases of abuse and human rights violation, and its main players were the drug users from Romania. The main activities were the following:

- Mass-media monitoring
- Advocacy for the rights of the users
- Peer-to-peer training for the trainers
- Debate forum
- Editing and distributing a Newsletter
- Monitoring and evaluation.

Chapter 4 – Problem Drug Use and the Treatment Demand Population

4.1. PREVALENCE AND INCIDENCE ESTIMATES OF PDU

Although there have been attempts to estimate the number of problem drug users in Romania ever since 1998, by the capture-recapture method, the lack of an unique database (in the NFP administration) stocking information on the individual cases from all the data sources, has not allowed their validation in order to fill in the standard table related to this indicator.
Within the activities developed by the projects financed by PHARE and UNODC (with experts from Spain and the Czech Republic) there has been designed a methodology for the estimation of the problem drug user number in Bucharest, by the multiplier method.

The implementation of the Study regarding the prevalence of HIV and/or HCV among injecting drug users from Bucharest in treatment centers and syringe exchange programs[25] has allowed the calculation of a multiplier to be used for the estimation, having as *benchmark* the data regarding drug related treatment demand (methadone substitution program).
Case definition – injecting drug use; age group: 15-49 years; Bucharest located.
The analysis of the study regarding drug related infectious diseases has indicated that 7.5% (0.075; 95% CI: 0.04 – 0.11) of the persons included in the detoxification and syringe exchange programs were included in the last year in a methadone substitution program.
By dividing the number of persons included in the methadone substitution programs in 2007 to the above mentioned percentage, resulted an estimated number of 16,900 problem drug users in Bucharest.

Table no. 4-1: Estimate (in absolute figures and as rate) of the number of problem drug users in Bucharest, 2007, using the multiplier method

	Central	95% CI	
Estimated number of problem drug users	16,867	31,625	11,500
Rate at 1000 persons, aged 15-49 years old	1.74	3.26	1.18

Source: NAA/RMCDDA

Possible biases which may affect the estimate:

- Legislation amendment in 2005, affecting the structure of the assistance services provided for problem drug users; i.e.: opening of new centres providing methadone substitution treatment - increasing the number of new cases within the Treatment Demand Indicator;
- The study on the prevalence of the drug related infectious diseases, used as the basis of the estimate, was applied to injecting drug users accessing the services provided for them, with a higher possibility that they should require the inclusion within a methadone program in the last 12 months than the IDUs which are not integrated in the assistance system.

No estimate of the national problem drug use was made so far.

[25] See chapter 6.2.1

4.2. TREATMENT DEMAND INDICATOR

Geographical distribution of the treatment admissions in medical units of the Ministry of Public Health

At the national level, in 2007, according to the data supplied by the National Centre for the Organization and Assurance of the Health Information System within the Ministry of Public Health there have been reported 1,396 cases of drug related treatment demand[26]. The cases were reported by 14 medical units from Bucharest and from the country.

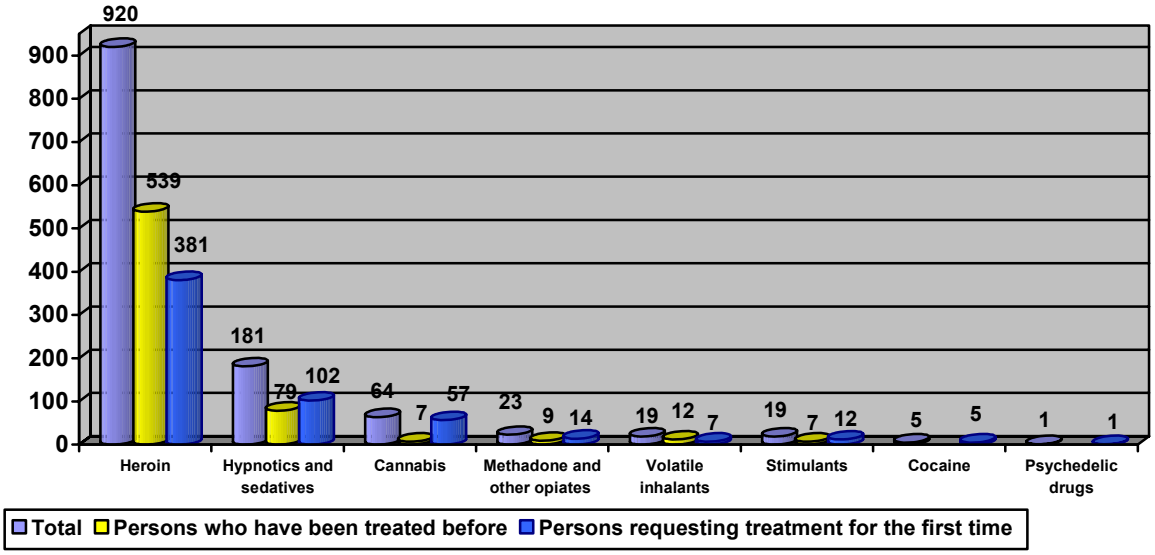
Similarly to the information collected in the last years with regard to the territorial distribution of the persons benefiting from treatment for psychoactive substance use, in 2007 the users continued to be concentrated mostly in Bucharest.

Analyzing the evolution of the number of psychoactive drug users benefiting from treatment in 2006 and 2007, we may find that there were no significant differences between the two reporting moments.

Regarding the incidence of the admissions for treatment in the reference year, of all the 1,396 admissions to treatment, 47% were at the first hospitalization for drug addiction, while 53% had been treated before as well.

According to the main drug, in 66% of the cases it was heroin, followed by hypnotic or sedative medication - 13%, 11,5% other substances, 4.6% cannabis, 1.7% methadone and other opiates, 1.36% volatile inhalants, stimulants 1.36%, cocaine 0.4%, psychedelic drugs 0,07%.

Figure no. 4-1: Total and new admission to treatment by the main drug, 2007



Source: National Centre for the Organization and Assurance of the Health Information System, MSP

Distribution by gender for treatment admission indicates that 78% of the requests for treatment came from males and 22% came from females. As compared to the previous years, there is an increase in the disproportion of the male/female rate, with a higher rate of male users asking for services.

[26] The medical units of the Ministry of Public Health have reported both alcohol and tobacco, so that the number of illicit and licit drug users is of 1,893. Alcohol and tobacco are not the subject of the analysis here

Table no. 4-2: Sex ratio, 2001- 2007

men/women ratio	2001	2002	2003	2004	2005	2006	2007
Persons requesting treatment for the first time	4,6:1	3,9:1	2,9:1	3,5:1	2,3:1	2,4:1	3:1
Total of persons in treatment	5:1	3,5:1	2:1	2,2:1	2,4:1	2,8:1	3,5:1

Source: National Centre for the Organization and Assurance of the Health Information System, MSP

By main drug and by age group, the distribution of the admission to treatment indicates that 41% of all the admissions to treatment for heroin use were registered for the age group of 25 – 29 years, 36% were registered for the age group of 20 – 24 years, 13% for the age group of 30-34 years. Furthermore, 37% of the stimulant users and 39% of the cannabis users were from the age group of 20 – 24 years. 42% of the volatile substances users are ranging between the ages of 15 and 19, while 24% of the admissions to treatment for hypnotics and sedatives use were registered for persons with ages ranging between 50 and 54 years.

Analyzing the category of male drug users, 41% of the heroin users have ages ranging between 25 and 29 years, while 41% of the stimulants users have ages ranging between 20 and 24 years. Furthermore, 38% of the cannabis users have ages ranging between 25 and 29 years. Of all the males treated for heroin use, 41% were new cases. As compared to the previous year, we shall find that, although the number of male heroin users who asked for the first time to the assistance services was relatively constant, the number of relapsed for heroin use has increased to 6% (from 81% in 2006 to 87% in 2007).

With regard to the female drug users, 39% have declared heroin to be the main drug. In the heroin user category, 38% have ages ranging between 25 and 29 years, and 34% belonged to the age group of 20-24 years. 35% of the females using hypnotics and sedatives have ages ranging between 50 and 54 years. This category has a low preference for cannabis use; only 9% of the cannabis users are females.

Of all the admission to treatment in the reference year, the highest represented age group among drug users is 25-29 years- with 30%, followed by the 20-24 years age group, with 27% of the users.

By education level, 5% have finished secondary school, 77% have high school level studies, 12% have finished academic studies and there are no data relating to the rest of 6%.

According to the occupational status at the moment of the admission to treatment, 16% have permanent jobs, 3% are pupils or students, 7% are retired, 1% is unemployed, 58% are without occupation and there are no data regarding 15%.

The distribution of the cases according to the reference source indicates that 65% of the drug users have required assistance at their own initiative, while 28% were referred to treatment by the healthcare system (another treatment centre, generalists, hospital, social services), approximately 4% by the legal system or they were brought by the police, 2% by other types of institutions, 1% unknown.

With regard to the housing conditions, 6% of the drug users live alone, 65% live with their parents, 21% with the life partner, 1% with the partner and the children, 3% at other locations and the housing situation of 4% is unknown.

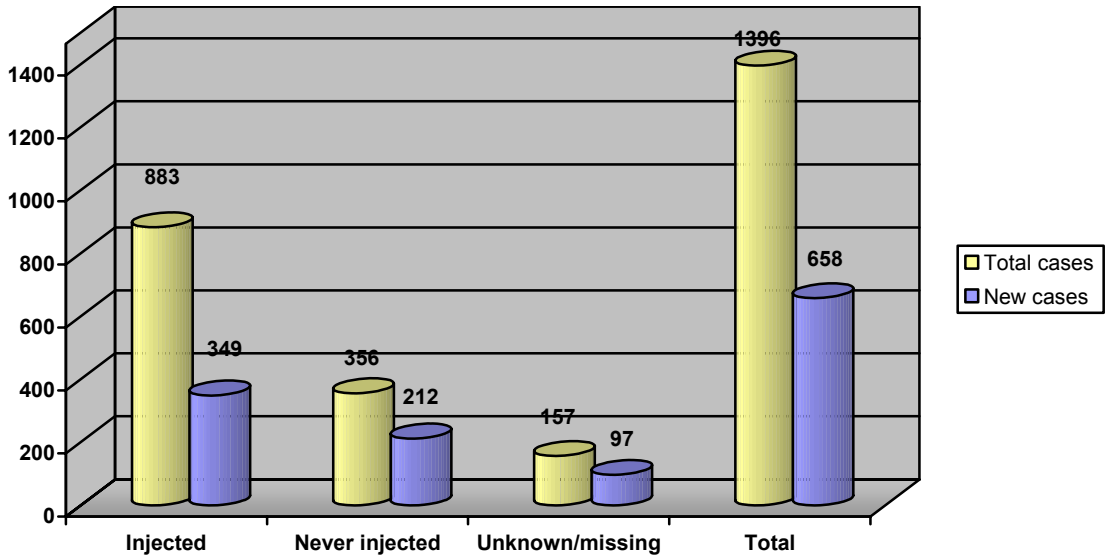
According to the frequency of use for main drug, 80% use the drug daily. 95% of the heroin users take it daily, just like 53% of the hypnotics and sedatives users.

The analysis of the cases according to the drug use onset age showed that for 35% of the drug users the onset age ranges between 15 and 19 years, and for 26% the onset age ranges between 20 and 24 years. Regarding heroin users, the drug use onset started at the age of 15-19 for 47% of them, it started under the age of 15 for 8%, and at 20-24 for 34%.

Polydrug use is detected in 185 cases admitted to treatment in the reference year. The secondary drug among drug users is alcohol for 34% of the cases, followed by hypnotics and sedatives 28%, cannabis 7,5% and opiates 6%.

Regarding the administration route of the main drug, 99% of the heroin users admitted to treatment have used injecting drugs, the trend of injecting heroin being constant.

Figure no. 4-2: Distribution of drug users with injecting drug history (all types of drugs), 2007



Source: National Centre for the Organization and Assurance of the Health Information System, MSP

Profile of the persons admitted to treatment following drug use/addiction in MSP medical units

According to the type of substance, the statistics reveal that in 2007, the persons admitted to treatment had the following profile:

Heroin - male, aged between 25 and 29 years, using heroin daily by injection. He also uses small amounts of other drugs, especially cannabis, other opiates, volatile inhalants and cocaine. Drug use onset was between the age of 15 and 19 years. He is a high school graduate, has no occupation and comes to treatment on his own will or that of the family and has been treated before for drug use.

Hypnotics and sedatives - female, aged between 50 and 54 years old, who uses daily small quantities of other drugs: opiates, volatile inhalants. Drug use onset was between 45 and 49 years old. She is currently employed, with elementary level studies, came to treatment out on her own will or at the initiative of the family and had been treated before.

Cannabis - male, aged between 20 and 24 years, using small quantities of other drugs, especially opiates, stimulants and psychedelic drugs. Drug use onset was between the age of 15 and 19 years. Student, he is using the drug weekly, and comes to treatment on his own will or sent by family.

Volatile inhalants - male, aged between 15 and 19 years, using small quantities of other drugs, such as alcohol. Onset was under the age of 15 years, using the main drug a few times a week; had been treated before.

Stimulants - male, aged between 20 and 24 years, using small quantities of other drugs, especially cannabis but also hypnotics and sedatives. The onset age ranges between 15 and 19 years, he uses stimulants weekly and comes to treatment for the first time.

Cocaine [38] - male, aged between 20 and 24 years, using small quantities of other drugs, especially cannabis. High school graduate, employed, and self-referred to treatment.

Cocaine [27] - male, aged between 20 and 24 years, using the drug weekly, but also using small quantities of other psychoactive substances, such as cannabis and stimulants.

Geographical distribution of the admissions to treatment following drug use in the Drug Prevention, Evaluation and Counseling Centres

In the Drug Prevention, Evaluation and Counseling Centres there have been registered, in 2007, 495 illicit drug users, who have required admission to treatment[28]. At the national level, there are 47 drug prevention, evaluation and counseling centres; these are NAAs' decentralized centres providing medical and psycho-social care services to drug users.

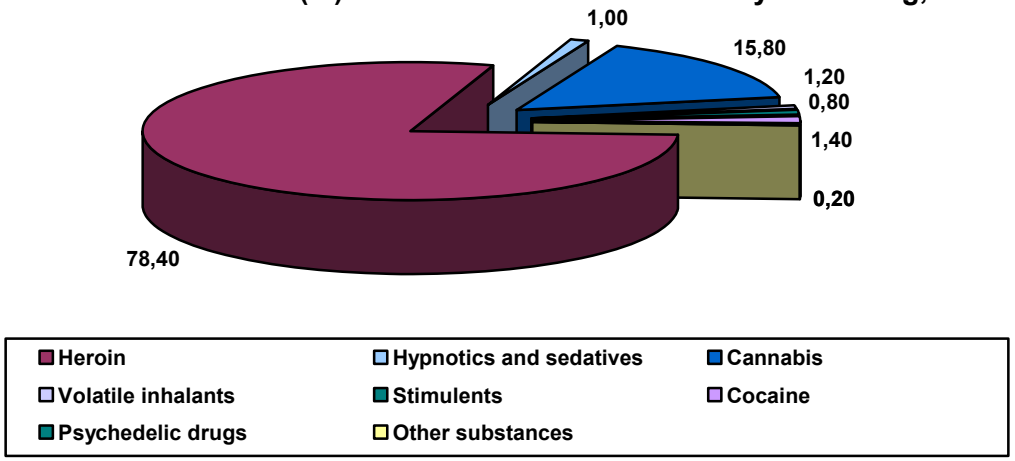
With regard to the territorial distribution of the persons benefiting from drug related treatment, similarly to the MSP centres, most patients came from Bucharest – 41% of the requests for treatment.

Analyzing the incidence of the admissions to treatment in the reference year, of all the 495 persons admitted to treatment, 95% are at the first hospitalization for drug addiction, while only 5% have been treated before.

Regarding the distribution by gender of the persons admitted to treatment, a percentage of 91% of the request for treatment came from male users, and only 9% from female users.

With respect to the main drug, it was heroin in 78,4% of the cases, followed by cannabis – 15,8%, cocaine 1,4%, stimulants 1,2%, hypnotics or sedatives - 1%, 1% other opiates, 0,8% volatile inhalants, psychedelic drugs- 0,2% and 0,2% - other substances.

Figure no. 4-3: Distribution (%) of admissions to treatment by main drug, CPECA, 2007



Source: NAA/RMCDDA

[27] The data analysis was made for a small number of cases
[28] At the national level, there have been reported 527 cases, including alcohol and tobacco users

According to the age group, the distribution of the admission to treatment indicate that a percentage of 37% of all the admissions to treatment was registered for the age group of 25 – 29 years, 33% were registered for the age group 20 – 24 years, and 14% for the age group 30-34 years. At this level, the percentage of age groups with the highest frequency among drug users is relatively similar to those indicated by the MSP centres, where the age category of 25-29 years was most representative.

38% of the male drug users are aged between 25 and 29 years, 79% are heroin users, 90% take the man drug by injection, while 82% have injected the drug at least once. Of all the males treated for drug use, 96% were new cases.

As regards the female drug users, 80% are admitted to treatment for the first time, 33% belong to the 25-29 years age group, 21% to the 20-24 years age group, 68% are using heroin, 20% are using cannabis, 7% are using hypnotics and sedatives. Among the heroin users, approximately 67% take injecting heroin, and 54% have injected the drug at least once.

According to the education level, 12% have not graduated elementary school, 38% have finished secondary school, 32% have high school studies, 6% have academic studies and no data are available for 12%.

Analyzing the admission to treatment according to the occupation, 13% are permanent employees, 12% are pupils or students, 44% are unemployed, 25% have no occupation, and no data are available for 6%.

According to the referral source, 23% of the drug users have required assistance of their own will, while 10% were referred to treatment by the health system (treatment centres, generalists, hospitals, social care services), 6% were referred by the family or friends, 6% by the legal system or they were brought by the police, 54% were in other situations and no data are available for 1%.

Regarding the housing conditions, 3% of the drug users live alone, 42% of them live with their parents, 4% live with the life partner, 3% with the partner and the children, 3% with friends, 38% at other locations (penitentiary) and no data are available for 7%.

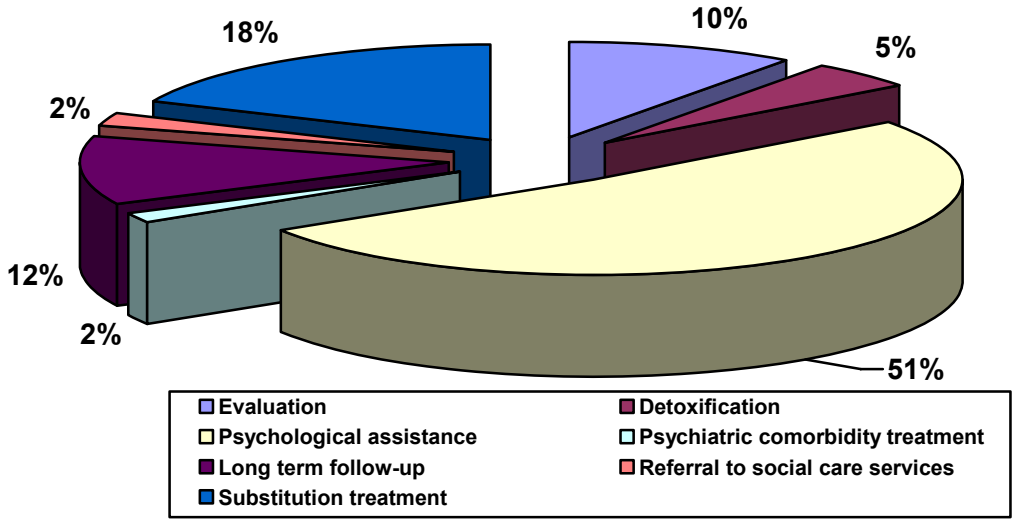
The case distribution according to the frequency of use indicates that a percentage of 44% of the drug users take the drug daily, 36% are occasional users, 6% use once a week. As compared to the data from the MSP centres, within the CPECA only 52% of the heroin users use the drug daily. A significant percentage of the occasional users come from the penitentiaries, where CPECA also provided services to drug users but the prevalence of drug use is lower.

The drug use onset age for 42% of the drug users is between 15-19 years old, and for 25% the onset age is ranging between 20 and 24 years old. As regards heroin users, the onset age for 42% was between 15-19 years old, as well as for 44% of the cannabis users. The onset age of 11% of the psychoactive substances users was under 15 years old.

Of all the users admitted to treatment, 21% cases were polydrug users of psychoactive substances. The secondary drugs with the highest frequency among the users are methadone, ecstasy and cannabis with the same proportion 16% followed by alcohol with 15%.

Of the range of services provided by CPECA to drug users in 2007, a percentage of 55% was represented by the evaluation of the users, 26% benefited from psychological assistance, 9% from substitution treatment, 6% from long term follow-up, 2% from out-patient detoxification services, 1% from psychiatric comorbidity treatment, and 1% were referred to other social care services.

Figure no. 4-4: Types of services provided by CPECA, 2007



Source: NAA/RMCDDA

The profile of the persons admitted to treatment for drug use/addiction in the CPECA

According to the type of substance, the statistics reveal that in 2007, the persons admitted to treatment in CPECA had the following profile:

Heroin - male, aged between 25 and 29 years, using heroin daily by injection. He also uses small amounts of other drugs, especially cannabis, stimulants and cocaine. Drug use onset was between 15 and 19 years old. He is admitted to drug related treatment for the first time.

Hypnotics and sedatives[29] - female, aged between 30 and 34 years old, who uses daily the substance daily and who is admitted to treatment for the fist time for hypnotics and sedatives use.

Cannabis - male, aged between 25 and 29 years, using small quantities of other drugs, especially alcohol and stimulants. Drug use onset was between 15 and 19 years old. He is a student and he is using the drug occasionally.

Volatile inhalants[30] – male, aged between 15 and 19 years, using small quantities of other drugs: alcohol, hypnotics and sedatives. The age of onset was between 15 and 19 years old; he uses the main drug a few times a week and is admitted to treatment for the first time.

Stimulants[31] - male, aged between 25 and 29 years, using small quantities of other drugs, especially alcohol and cocaine. The age of onset was between 25 and 29 years, he uses stimulants a few times a week and comes to treatment for the first time.

Cocaine [32] - male, aged between 30 and 34 years, using the drug weekly, with drug onset age between 15 and 19 years old.

[29] The data analysis was made for a small number of cases
[30] The data analysis was made for a small number of cases
[31] The data analysis was made for a small number of cases
[32] The data analysis was made for a small number of cases

Chapter 5 – Drug Related Treatment

In 2007, besides the existing care services offered to the drug users through the medical units of the Ministry of Public Health, other integrated care services were provided through the Drug Prevention, Evaluation and Counselling Centres within the National Anti-drug Agency. While in the year 2006 CPECA provided a relatively limited range of services, the methodological framework in the field of integrated care for drug users being under development, in the year 2007 these centres worked with complete teams made up of a medical doctor, psychologist and social worker. All 47 centres ensured national coverage – 6 of them are set up and functioning in the capital. By setting up and supporting the work of these centres, it was aiming to improve the medical and psycho-social services and to increase the access of the drug users to services.

5.1 TREATMENT SYSTEM

In order to render the data collection method nationally homogenous, during 2007 a Joint Order of the Minister of Public Health and Minister of Interior and Administrative Reform[33] was passed, establishing the methodology for filling in the individual drug treatment admission record, the emergency individual record and the HIV, HBV and HCV among injecting drug users (based on RMCDDA initiative). Thus, the methodology for filling in the data, for the inclusion and exclusion criteria of the providers of services in the data collection and reporting was laid down and the content of each item in the mentioned records was established, detailed and explained.

The emergency individual record shall be filled in for medical emergencies generated by the use of illicit drugs, excluding emergencies for alcohol and tobacco use. The following categories of medical services suppliers are included in the data reporting system:
a) Public general hospitals including a unit for emergency intake of any type;
b) Psychiatric hospitals that receive emergencies.

Maternities and other specialised hospitals are excluded from the data reporting system.
The individual treatment admission record is requested for cases of tobacco use, alcohol use, medicine use as well as for illicit drug use.
The following categories of medical, psychological and social suppliers are included in the data reporting system for drug users:
a) drug prevention, evaluation and counselling centres within the NAA, which provide out-patient psycho-social care services and case management;
b) day care centres providing in-patient care service;
c) therapeutic community-type centre, which provide residential or in-patient care services;
d) integrated addiction care centres that provide one or several out-patient medical, psychological and social care services;
e) inpatient detoxification centres, units and departments;
f) day-care mental health laboratories;
g) specialised units of departments in penitentiary hospitals.

The following categories of providers of medical, psychological and social services are excluded from the data reporting requirement:
a) centres that do not possess clinical documentation referring to patient-oriented services;
b) centres that provide treatment information only;
c) centres that provide social, legal, administrative and occupational assistance only;

[33] Common Order MSP and MIRA no. 770 and no. 192 of 2007 approving the Methodology for filling in the standard records and for the transmission of the data included in individual emergency record for drug use, individual record for drug treatment admission, registered cases of VHC and VHB among injecting drug users and prevalence of HIV, VHC and VHB among injecting drug users. Issued by the Ministry of Interior and Administrative Reform no. 192 and Ministry of Public Health no. 770, OG no. 344/21.05.2007

d) programs including only syringe exchange, condom distribution, health education and other prevention activities;
e) medical units that provide general medical care and that only tackle organic complications generated by drugs (overdoses, infections).

The treatment admission episode and the first treatment admission were defined. It should be mentioned that the provisions of this joint order are fully compatible and completely cover the standard data collection protocol of the EMCDDA/Pompidou Group 1999 on drug treatment admission. According to this joint order, a treatment admission episode is defined as every time a patient begins a treatment in a data reporting centre, irrespective of whether the patient has undergone other treatment in the same or other centre, the same year or in another time interval.

It should be reported as a treatment admission episode the request made by a drug user in the following cases:
a) first treatment admission in a centre
b) re-admission in the same centre
c) resumption of a treatment initiated in a non-reporting centre;
d) treatment admissions will be reported for drug use and addiction, first admission, re-admission and resumption of a treatment initiated in another centre if the person is the subject of a court order on suspended sentence under probation, with compulsory specialised treatment, provision of specialised care in a treatment centre for people under provisional arrest, treatment admission of a prison inmate.
e) Treatment admission of patents referred by another care centre.

The following situations are not reported as treatment admission episodes:
a) simple personal or phone contacts or treatment requests included on the waiting list;
b) contacts made only to seek social help or services;
c) treatments that are solely addressing drug related organic complications;
d) interventions that include only syringe or other injecting equipment exchange, condom distribution;
e) treatment admissions in which variables such as admission date or main drug of use are not known.

Additionally, to provide data confidentiality, an alpha-numeric code was formulated to be utilized in order to avoid double reporting and to distinguish between re-admissions and new treatment episodes.
Appendix no. 2 of the joint order includes a list of psychoactive substances, licit and illicit, divided in groups and subgroups and codified.

One of the main objectives of the Romanian Monitoring Centre for Drugs and Drug Addiction in 2008 is to make an on-line data base, in order to simplify the data reporting and data collection system.

5.2. DRUG-FREE TREATMENT

In 2007, drug-free treatment was provided to drug users in the following centres:
a) drug prevention, evaluation and counselling centres within the National Anti-drug Agency that provide out-patient psychological and social care services;
b) day-care centres: provide out-patient treatment services;
c) therapeutic communities that provide in-patient services;
d) integrated addiction care centres: provide one or several out-patient psychological and social care services;
e) in-patient detoxification units in the Ministry of Public Health: provide in-patient detoxification services.
f) harm reduction services: provide harm reduction services in out-patient or mobile units.
g) day-care mental health centers.

In the reference year NAA set up two day centres for drug users, one of which having a social-vocational orientation purpose. In order to meet the needs of the beneficiaries, the day social-vocational centre provides:

a) evaluation services: psychological, social and vocational;

b) psychological services: workshops for preventing relapses, emotion managements, problem solving, communication and decision-making.

c) education, personal and social development services.

d) social-professional guidance services: enabling social-professional orientation and reinsertion.

e) related services such as: parent support workshop, leisure services, etc.

In 2007, the professional training in the field of integrated addiction care, organised by NAA, enabled the training of addiction specialists in several courses carried out within the project financed by the Global Fund to fight against HIV/AIDS, Tuberculosis and Malaria and the Institutional Twinning Project *Strengthening the institutional capacity of the agencies involved in drug demand reductio*n.

The initial training project which included the *Basic addiction course* aimed to deliver fundamental concepts in the field of integrated care and was attended by CPECA specialists: doctors, psychologists, social workers.

The courses *Relapse prevention* and *Introduction in the theory and practice of the Motivational Interview* addressed the two target groups: social workers and psychologists within the CPECA.

The relapse prevention course is included among the activities foreseen in the Institutional Twinning Project RO*// 04/IB-JH-08 Strengthening the institutional capacity of the agencies involved in drug demand reduction*, financed by the European Commission.

This course was attended by 37 psychologists and social workers in the Integrated Addiction Care Centres (CAIA). At the end of the activity, the participants gained knowledge on:

a) identification of problem behaviours that may lead to relapses;
b) cognitive-behavioural strategies enabling abstinence;
c) implementation of plans to minimise consequences in case of relapse;
d) compliance to the treatment;
e) creating and starting a healthy lifestyle.

Medical doctors were trained in the course *Continuous medical education course in addictions* along three modules held in cooperation with the National training centre in the health field within the MSP.

A working group joining specialists from the Ministry of Education and Research, Ministry of Labour, Social Solidarity and Family, Romanian Police General Inspectorate, Ministry of Justice and representatives of the civil society was created in order to develop information-education-communication strategies aiming to prevent hepatitis and HIV virus transmission. This group benefited from professional training in the following fields: epidemiology, advocacy, assistance centre development. Professional development was supported by the project *Assistance in the development and diversification of HIV/AIDS prevention and treatment services for injecting drug users in South-East Europe*. The seminars tackled the following topics:

a) building skills to create and preserve care networks;

b) behaviour changing communication;

c) development of outreach programmes in order to prevent HIV transmission among injecting drug users.

5.3 PHARMACOLOGICALLY ASSISTED TREATMENT

In order to implement, evaluate and finance national health programmes, the Order no. 570/116[34] of 2007 was formulated by the Ministry of Public Health to lay down the technical regulations on monitoring and controlling these programmes, sub-programmes and specific activities as well as the health care units that should carry out these activities.
In the National Mental Health Programme, drug addictions treatment sub-programme 2.2., activities were financed regarding addiction diagnose and treatment in 12 medical units, at national level.

The objectives of the drug addiction treatment sub-programme were:
a) educating the population on the drug use prevention means;
b) providing opiate agonists substitution treatment;
c) testing for narcotics metabolites;
d) detoxification treatment for drug-addicted people.

In 2007 it was elaborated the National program for prevention and integrated assistance in addictions and there were approved the decisions[35] of NAA's president that set the basis for five Integrated Addiction Care Centers, offering substitution treatment (buprenorphine, naltrexone) for drug users. In order to increase the accessibility of services from these Centers, it was elaborated the legal framework[36] establishing and managing the waiting list for the integrated assistance services of NAA. A close circuit pharmacy was also established, authorized by the Ministry of Public Health, providing drug distribution for the Centers.

Additionally, within the UNODC financed project *HIV/AIDS prevention and care among injecting drug users and in prison settings in Romania*, a methadone substitution treatment centre was set up by ARAS and the Matei Bals Infectious Diseases Institute.

The National Anti-drug Agency supported the steps initiated the previous year to establish harm reduction centres at penitentiary level in order to implement methadone and buprenorphine substitution treatment. An inter-disciplinary working group was also created in 2007 to find solutions to enable the access of opiate using inmates to substitution treatment.

[34] Order no. 570/116 of March 29, 2007 on the approval of the Technical regulations for the implementation, evaluation and financing of national health programmes, laying down the responsabilities in monitoring and control of the same, the division in sub-programmes and activities, the specific indicators as well as the health-care units charged to carry out these programmes in 2007. Issued by the Ministry of Public Health no. 570 and the National Health Insurance House no. 116, OG no. 255/02.04.2007

[35] NAA's President decision No 4/2007 approving the working of CAIA Pantelimon; NAA's President decision No 9/2007 approving the working of CAIA Pericle; NAA's President decision No 11/2007 approving the working of CAIA Obregia

[36] NAA's President decision No 13/2007 approving the working and management of waiting list for entering the services for the integrated assistance

Chapter 6 – Health Correlates and Consequences

6.1 Drug related deaths and mortality of drug users

6.1.1 Direct overdoses (and substances involved) and (differentiated) indirect drug related deaths

The data collected within this indicator are compatible with the case definition and with reporting and processing criteria recommended by the European Monitoring Centre for Drugs and Drug Addiction.

According to the data supplied by the National Forensic Institute *Mina Minovici* from Bucharest, 2,106 autopsies were performed between January 1st and December 31st 2007. The reports mentions 29 cases suspected of intoxication with psychoactive products, suspicions resulted from the on-site research reports of the General Police Department of Bucharest – the Homicide Department or from the clinical observation sheets of persons deceased in hospitals. After the conclusion of the forensic report, based on the registration criteria of drug related deaths, INML *Mina Minovici* reported, for the year 2007, 32 psychotics substance related deaths. In 23 cases, the toxicological analyses confirmed the presence of psychotic substances, due to the exams performed at the Toxicology Laboratory of INML Bucharest and/or, where possible, at the hospitals where the deaths occurred (there were 3 such cases with positive toxicological analyses, one of which was fundamental for the conclusion of the case). In 9 cases, the toxicological analyses were negative and the deaths were classified as drug related, using the diagnostic algorithm - inclusion criteria and association of circumstances, as well as a necropsy, highly suggestive, as follows:

- In 5 cases, due to the advanced state of decay of the bodies, the results of the toxicological analyses were expected to be negative. Due to technical reasons, hairs tests, the only viable biological test for the toxicological analysis in this case, were not performed;
- In one case death intervened after the administration of injecting drugs, being the result of the administration (once with the drug dose) of a chemically inert excipient substance
- In one case death intervened after the administration of injecting drugs, being the result of the administration (once with the drug dose) of a chemically inert excipient substance which lead to granulomatose -thrombosis modifications which caused the death;
- In another case with a negative toxicological analysis, the survival in hospital conditions (profound coma following anoxic brain death, post dose administration) was long term, which lead to the elimination of the substance from the organism;
- In another case death intervened following the withdrawal from the psychoactive substances, which explains the negative toxicological analysis.

Despite this, the deaths were classified as acute drug related deaths, taking into consideration the highly suggestive combination of inclusion criteria, as well as the absence of the exclusion criteria, such as previously demonstrated. There also existed two drug related deaths classified as due to indirect causes, the death being caused either by severe sepsis, with a pathology specific to chronic drug use, either mechanical asphyxiation by hanging, associated to elements of drug use (chronic drug use history, the presence of paraphernalia at the place of death, old and recent marks of intravenous punctures, positive toxicological analysis - morphine), but which cannot be considered direct deaths.

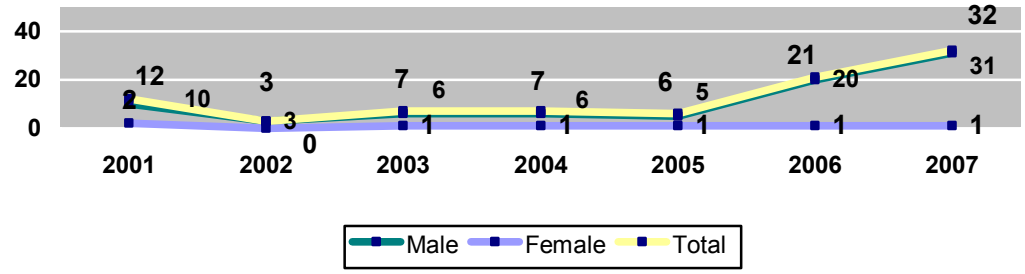
Table no. 6-1: Distribution of direct drug related deaths by toxicological analyses and by gender, 2007

	Male	Female	Total
Number of cases with known toxicological analysis results, out of:	22	1	23
Opiate (+ other drugs)	17		17
Any drugs except opiates	5	1	6
Other substances/ mix of substances/ not specified	9		9

Source: INML Mina Minovici, Bucharest

In comparison with past years, the quality of the data reported by the main source institutions for the drug related deaths indicator was highly improved, which lead to the increase of the number of reported deaths, more likely associated with the increase of *visibility* for such deaths. Applying the unitary algorithm for case definition and recognition for drug related deaths, forensic management, data collection and reporting in accordance with the protocol signed with NAA, together with the significant improvement in toxicology capacities from National Forensic Institute Bucharest are the main reasons that caused an improvement in evaluating drug related deaths. The two PHARE projects (Twinning projects RO 2004/016-772.03.11 *Strengthening the institutional capacities of the Romanian agencies in the field of dug demand reduction,* PHARE RO 2006/IB/OT/04TL *Supporting the national legal medicine network of drug of abuse and metabolites analyze laboratories)* aiming to improve the equipment in three toxicology laboratories, resulted in endowing the laboratories from Bucharest, Iasi and Timisoara with high technology equipment in the first phase, following by training the staff from the three laboratories in partnership with a team of German experts recognized at European level.

Figure no. 6-1: Evolution of direct drug related deaths, 2001 - 2007



Source: INML Mina Minovici, Bucharest

The average age of the 32 persons deceased due to drug use was 21.2 years old, the distribution of the cases according to the age group and sex being represented in the table below.

Table no. 6-2: Distribution of direct drug related deaths according to the age groups and gender, 2007

Gender	Age group						Total
	15-19	20-24	25-29	30-34	35-39	40-44	
Male	0	11	13	7	0	0	31
Female	1	0	0	0	0	0	1
Total	1	11	13	7	0	0	32

Source: INML Mina Minovici, Bucharest

In 17 cases the determined cause of death was intoxication with opiates or with opiates in combination with other medicine, and in 6 cases with other narcotics (not in combination with opiates): 2 cases of benzodiazepine, 1 case of barbiturates, 2 cases of polydrug intoxication, 1 case of MDMA in combination with other psychoactive substances. The toxicological analyses performed at the INML *Mina Minovici* in Bucharest revealed the presence of opiates in 17 cases out of 26 detections[37] (8 tested positive for methadone, 7 for morphine, 1 for heroin, 2 for 6-MAM, 2 for meconine, 3 for codeine), MDMA – one detection, benzodiazepine – 12 detections, Carbamazepine – 3 detections, barbiturates – one detection, antipsychotics – 4 detections[38]. Alcohol was detected in 9 cases.

Table no. 6-3: Distribution of the number of positive test results according to the substance detected by toxicological analyses, 2007[39]

Detected substance	No. of positive analyses	Detected opiates	No. of positive analyses
Opiates	26	Heroine	1
MDMA	1	6-MAM	2
Benzodiazepine	12	Meconine	2
Carbamazepine	3	Morphine	7
Barbiturates	1	Codeine	3
Other antipsychotic	4	Methadone	8
Total	47	Total	23

Source: INML Mina Minovici, Bucharest

As regards the cases of death in the hospital, the toxicological analyses performed at the hospital unit have revealed: opiates - 5 cases, barbiturates - 1 detection, steroids - 1 detection, antipsychotics - 1 detection.
In the cases with a negative toxicological analysis, the cause of death was: in one case, complex withdrawal (probably heroine and barbiturates according to the criminal file), in one case a heart attack coronary post-thrombosis with prothrombin-embolic excipient, and in all other 7 cases multiple narcotics intoxication (not specified).

It was concluded that the drugs were injected in 30 cases, one was administered *via oral route*, while the route of administration in another case is unknown (possibly nasal). In 24 cases suspicious elements related to drug use were detected, some with marker value: 18 cases – the presence of tattoos, 5 cases – vascular sclerosis, 3 cases – old intravenous punctures, 11 cases – drug use related scares, 3 cases – miosis, 2 cases – cachexia (in variable combinations). In 26 cases recent intravenous punctures were noticed.[40]

By location where the death has occurred, the most frequent is the place of residence of the person: 14 deaths at home, 2 deaths in the street, 2 deaths in a stairwell, 1 death in an alley, 4 deaths in other places of residence, one death in an abandoned house, 1 death at the work place, 7 deaths in the hospital. In 19 cases a known history of drug use existed, and in 2 cases the persons were known to have a substitution treatment history.

[37] In 3 typical cases for the drug related death indicator (highly suggestive for old and recent injecting drugs use) the presence of tramadol was revealed, an analgesic opiate which cannot be found on the List of plants, substances and narcotics under control - Law no. 339/ 29.05.2005
[38] These substances have appeared in variable combinations, in seven cases a single substance was revealed; furthermore, they are frequently associated with non-steroidal anti-inflammatory drugs
[39] The following were positive: 8 of the blood samples, 15 of the urine samples, 8 of the gastric content samples, 2 of the visceral samples, 1 of the gallbladder samples (in various associations in each case)
[40] In the rest of the cases, the long survival in hospital conditions or the advanced degree of decomposition lead to the erasure of the intravenous puncture signs

In 28 cases serological tests were not made in order to determine the presence of serological markers of chronic infectious particular to drug use. In the cases with serological determinations, one case was negative, while 3 cases were positive for HCV (the determinations were performed strictly in the cases where the medical history or the pathological exam were suggestive).

In 15 cases elements of paraphernalia were discovered on site (15 syringes, 7 sachets of citric acid, 2 foils, 6 broken vials, one dose of heroine, one spoon, one bottle cap, one tourniquet). Only in 11 cases these evidences were placed at the disposal of the forensic doctors. The toxicological analyses were positive in every case (heroine – 9 detections, codeine – 5 detections, meconine – 5 detections, caffeine - 1 detection, morphine - 3 detections, methadone - 3 detections, amitriptyline – 1 detection, papaverine – 3 detections, noscapine - 2 detections, 6-MAM – 5 detections; these were relevant in various combinations). In 5 out of the 11 cases, the toxicological analyses from the biological evidence collected from the bodies were in concordance with those on the inventory, while in the other cases either the advanced state of decomposition did not allow the performance of a conclusive toxicological analysis, or the biological evidence collected from the body highlighted another spectrum of chemical substances.

6.1.2 MORTALITY AND CAUSE OF DEATH AMONG DRUG USERS

No new data are available.

6.2 DRUG RELATED INFECTIOUS DISEASES

6.2.1 HIV/AIDS, VIRAL HEPATITIS, STIs, TUBERCULOSIS, OTHER INFECTIOUS MORBIDITY

General framework

As regards the drug related infectious disease (especially HIV and viral hepatitis B and C), more information was available for the year 2007, mainly due to two factors:

- the existence (for the majority of the treatment centers) of a database for Bucharest Municipality which contains unique cases, registered by means of an alpha-numeric code, a database which also contains information concerning drug related infectious diseases. The standard collection form of this data was officially adopted in 2007, through the common order of the Ministry of Interior and Administration Reform and the Ministry of Public Health[41].
- implementation of several studies regarding infectious diseases among injecting drug users in Bucharest (Bucharest and Ilfov county).

Thus, the available data allowed the performance of more elaborate analyses and interpretation both in relation to prevalence of these diseases (HIV and viral hepatitis B and C), as well as in relation to the risk behaviors - sharing needles and syringes, the practice of unprotected sex, etc. The cases analyzed within these studies are drug users who came in contact with service providers – detoxification centers, substitution treatment programs, NGOs implementing risk reduction programs or who injected themselves at least once during the past year.

In all, we consider that in 2007 far more data regarding drug related infectious diseases were available, but from the geographical point of view it only encompasses Bucharest and Ilfov county. It is true that most injecting drug use cases come from this geographical area, just as here are the only syringe exchange programs[42] but the national situation regarding the drug related infectious diseases continues to be hard to grasp.

[41] The Order of the Minister of Interior and Administration Reform no. 192/17.04.2007 and the Order of the Minister of Public Health no. 770/04.05.2007, issued by the Ministry of Interior and Administration Reform and the Ministry of Public Health, OG no. 344/21.05.2007

[42] At 2007 level

As for the available date, the trends for drug related infectious diseases can be described as stable and at low values for HIV, under reported for HBV[43] and thus relatively acceptable from the numerical point of view and alarming for HCV, with values over the European average. The trends highlighted in 2007 are similar to those from previous years and fall under the tendencies existing at regional level – low prevalence of HIV and high prevalence of HCV, the common use of the injecting equipment at a high percentage, reduced addressability to the medical and social services. Besides these three diseases, there are no available data - for diseases such as syphilis, tuberculosis, various sexually transmitted infections, etc., diseases related in Romania especially to social and economic aspects (economically disadvantaged populations, practice of commercial sex, low level of sanitary education) and less to the injecting drug use.

Drug Related Infectious Diseases

Between May-October 2007 NAA, by RMCDDA has developed the *Study regarding the prevalence of HIV and/or HCV infections among IDUs from Bucharest*, among patients accessing treatment centers and syringe exchange programs, financed by the PHARE-EMCDDA program *Romania's and Bulgaria's participation to the activities of the EMCDDA* and by the PHARE 2004/016-772.03.11 project, *Increasing the institutional capacity of Romanian agencies in the field of drug demand reduction.*
The study was meant to provide detailed knowledge on the characteristics of the injecting drugs users from Bucharest that ask for treatment (detoxification centres, substitution treatment programs) and for syringe exchange programs (fixed centre), to shape up a profile of these users and to evaluate the level of use for these services.
The centres participating to the study were the following:

- Detoxification department XVI, clinical psychiatric hospital *Prof. dr. Alexandru Obregia*, the Mental Health Centre (CSM) from district 4, clinical psychiatric hospital *Prof. dr. Alexandru Obregia*
- The syringe exchange centre within the hospital *Prof. dr. Matei Balş* – developed in partnership with the Romanian Anti-AIDS Association (ARAS) and the National Anti-Drug Agency (NAA)
- The syringe exchange centre *Minimum Risk* belonging to ALIAT
- The Integrated Assistance Centre for Addiction Pantelimon, belonging to NAA

All the patients who came for assistance to the selected centres were included in the study, if they fulfilled the inclusion criteria and if no exclusion criteria were present, and if they provided their written consent to participate to the research. The following cases have been considered as refusals of the patient/beneficiary to take part to the study:
a) Firm refusal to be interviewed;
b) Failure to appear for three consecutive invitations to the interview;
c) Initiating an interview with premature ending of the interview and impossibility to resume it or to set another meeting.
There have been collected 333 questionnaires (327 were considered to be valid), 202 within the syringe exchange programs (ARAS and ALIAT) and 125 in the treatment centres. There were 13 refusals to give the blood sample and to make the test, the main reason being that the tests have already been made on other occasions.

Criteria for inclusion in the test group[44]:

- Injecting drug user for the last 12 months prior to the interview
- Age between 18-49 years (both included)
- Mental and physical ability to understand the questions and instructions
- Written consent to participate in the study, including giving blood sample

[43] Only the data related to the presence of Ag HBs (recent infection) are collected and there are no data about older cases or chronic infections.
[44] All the inclusion criteria must be fulfilled simultaneously.

- Resident in Bucharest for at least 6 months of the 12 months previous to the interview date (Ilfov county was included).

Criteria for exclusion from the sample[45]:

- The person already answered the questionnaire within this study (at the same centre or at another one)
- Metal or physical incapacity to cooperate to the questionnaire or to the test
    - Good understanding of the Romanian language
    - Not to suffer from physical illnesses hindering the understanding and performance of the interview
    - Not to be under the influence of alcohol or other drugs so as to prevent the performance of the interview, etc.

The data were collected by a semi-structured questionnaire, applied by the field operators (face-to-face interview). The questionnaires contained modules regarding the socio-demographic data, HIV and hepatitis C information, sexual habits and injecting behavior, etc., presented as closed or semi-open questions. The average duration of a questionnaire was estimated to be 45 minutes.

Each questionnaire was accompanied by testing the patient/beneficiary for the quality detection of the antibodies of the human immunodeficiency virus (HIV) type 1 and/or 2, and of the hepatitis C virus (HCV) in the whole blood, with a rapid test kit, exclusive for in vitro diagnosis. Each test was accompanied by pre- and post-test counseling.

By this study, no personal data allowing the identification of the participants after the interview were taken, and the information were not correlated to those from the clinical records or from any other documents. The avoidance of the double numbering of the cases was assured by assigning an anonymous alpha-numeric code to each person recruited for the study. The inclusion into the study was made by signing an information and informed consent sheet, by all the participants, and on this occasion they were notified about the purpose and goals of the study, the manner of performing the study, the development of the interview and of the test, as well as the possibility to abandon the interview unconditionally at any time.

General data about the studied IDU population

Of all the 327 cases which were analyzed, 273 were represented by males (83.5%) and only 53 by females (16.5%), which is why the gender variable may not be considered to be a powerful predictor, due to the low representation of the female population (sex ratio 5:1)[46]. The distribution of the sample group according to the age, by 5-year intervals, provides the highest values for the age segment of 18-24.

Table no. 6-4: Subject distribution by age groups

Age Group	Number of Cases	Percentages
18-24	137	41.9
25-29	123	37.6
30-34	54	16.5
35-39	11	3.4
40-44	2	0.6
45-49	0	0
Total	327	100.0

Source: NAA/RMCDDA

Regarding the distribution according to the education level, most of the participants declared that they have finished secondary school studies (41.3%) and high school (27.5%); there

[45] It was sufficient to fulfill a single exclusion criterion for the patient not to be recruited

[46] For the persons admitted to treatment following drug use, in the medical units of the Ministry of Public Health (2001-2006), the sex ratio is of 3:1

was a low percentage of participants with higher education, respectively academic studies (4.3%) or post-graduate studies (0.6%).

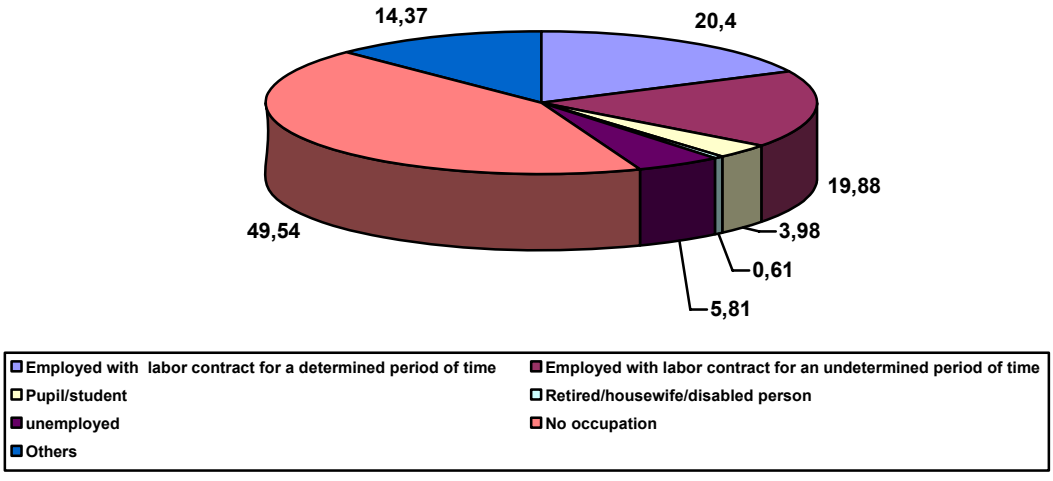
Table no. 6-5: Distribution of the participants according to the education level

Maximum level of completed studies (finished studies)	Number of cases	Percentage
I have never went to school/I have never graduated elementary school	22	6.7
Elementary school	51	15.6
Secondary school	135	41.3
High school	90	27.5
Post-high school studies	11	3.4
Academic studies	14	4.3
Postgraduate studies	2	0.6
Total	325	99.4
NR	2	0.6
Total	327	100.0

Source: NAA/RMCDDA

Regarding the housing conditions for the last 12 months, most of the participant IDUs stated that they resided in an apartment/house owned by a third party – 72.2%, a percentage of 22.9% owned their own home, 2.8% lived on the street, 1.2% resided at a temporary location (motel, boarding house), and 0.9% had other situations.
From the point of view of the social-professional condition, approximately 50% of the interviewed persons were unemployed, only 20% being employed based on a labor contract, for an undetermined or determined period of time, while 14% worked without legal documents and 16% were in other types of situations.

Figure no. 6-2: Distribution (%) of the interviewed IDU according to the socio-professional status

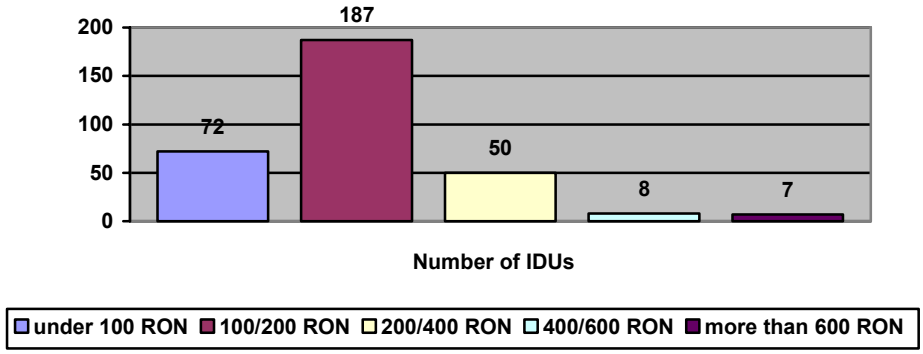


Source: NAA/RMCDDA

The main source of income in the last 12 months, within the injecting drug users, was by labor – 46.5%, followed by a percentage of 32.1% representing money obtained from the parents or from other relatives, 6.7% money obtained from the partner, 1.8% by practicing commercial sex, 1.5% by selling stolen goods, 11.4% other means etc.

On a regular day of use, an IDU spends approximately 172 RON (approx. 52 EUR in 2007[47]) to purchase drugs (excluding alcohol and tobacco).

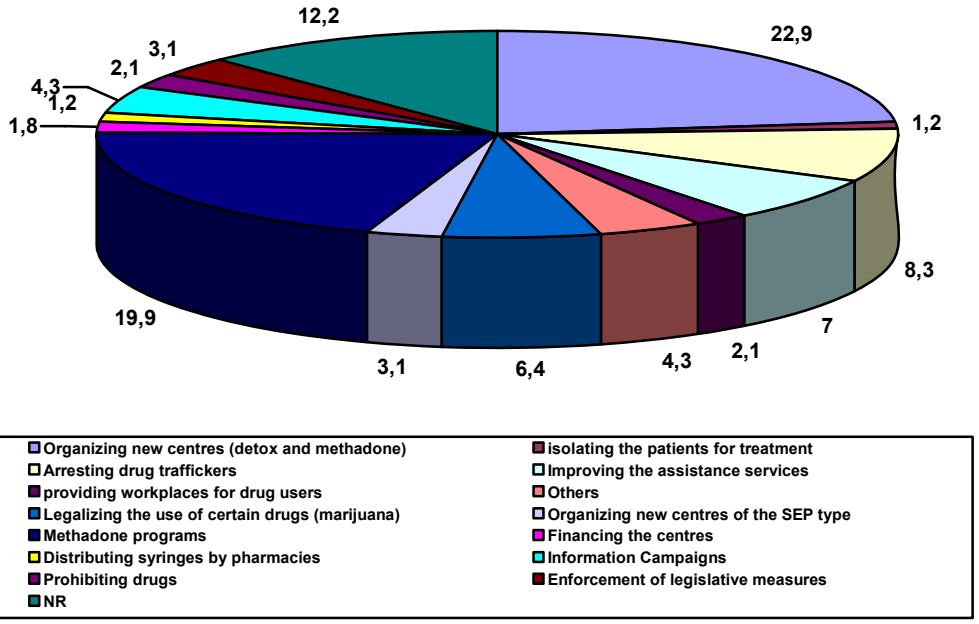
Figure no. 6-3: The distribution of the amounts spent to purchase drugs on a regular day of use



Source: NAA/RMCDDA

To identify the needs from the perspective of the IDU benefiting from treatment programs or of the syringe exchange programs, the questionnaire also included an open question about the measures that each person included in the study would take to improve the current services system. The most frequent answers were: organizing new centres (detoxification and methadone substitution treatment, at the level of each district from Bucharest) 22.9% and more substitution treatment programs 19.9% (free treatment, flexible program etc.).

Figure no. 6-4: Distribution of the answers to the question „If you were a politician, what would you do to improve the services for drug users?"



Source: NAA/RMCDDA

The prevalence of the HIV infection in the tested IDUs (treatment programs and syringe exchange programs) was 1.6%, while the prevalence of the HCV infection was 65.6% (no co-infection cases were present).

[47] Average annual rate of exchange: 1 EUR = 3.33 RON

Figure no. 6-5: Results of the HIV test

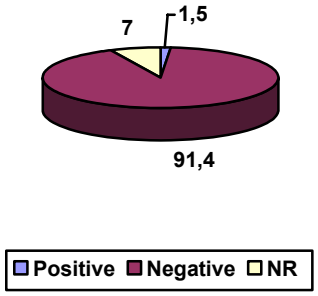
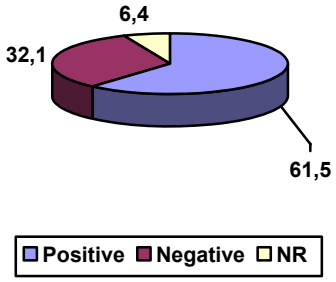


Figure no. 6-6: Results of the HCV test



Source: NAA/RMCDDA

The highest percentage of HCV infections were found in the persons with a history of injecting drugs use longer than 5 years (71.2%), followed by the persons with a history of injection of 3-5 years (17.2%) and those with a history of 1-2 years.
The probability of the HCV infection is of 0.7 times higher in the IDU registered for the syringe exchange programs as compared to the IDU from the treatment programs (p = 0.05).

Table no. 6-6: Prevalence of the HCV infection according to the assistance centre type

			Assistance type		
			Syringe exchange programs	**Treatment programs**	**Total**
HCV status	Positive	Number of cases	116	85	201
		%	57.7%	42.3%	100.0%
	Negative	Number of cases	71	34	105
		%	67.6%	32.4%	100.0%
Total		Number of cases	187	119	306
		%	61.1%	38.9%	100.0%

Source: NAA/RMCDDA

Among the risk factors of the HCV infection, the injecting behavior must be taken into account, since significant variations from the statistic point of view appear in case of the following variables:

- type of intake of the main drug – injecting drug users who have taken most frequently the main drug (heroin in 93.9% of the cases) by injection 12 months before the interview, have an approximately 6 times higher risk of being infected with the virus (IC = 95%) as compared to those who have taken the main drug by other means (inhaling, smoking etc). The association between the two variables (intake and infection status at the time of the test) is statistically significant (p = 0.001);
- Sharing syringes (69.9% of the IDU) or needles (61.8% of the IDU) which have already been used by another person – 88.7% of the IDU have used in common both the syringe and the needle – increase the HCV infection risk approximately 2 times more as compared to ($RR_{syringes}$ = 1.791, $RR_{needles}$ = 1.755) the IDU subgroup with a different behavior, the probabilities being statistically significant ($p_{syringes}$ = 0.025, $p_{needles}$ = 0.026).

Table no. 6-7: The status of the HCV infection in persons who shared syringes or needles in the 12 months prior to the interview

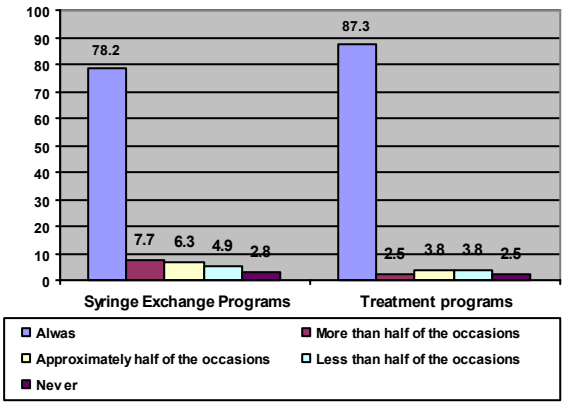
			HCV status		Total
			Positive	Negative	
In the 12 months prior to the interview have you ever injected yourself using a syringe which had already been used by another person?	Yes	Number of cases	149	62	211
		%	70.6	29.4	100.0
	No	Number of cases	51	38	89
		%	57.3	42.7	100.0
Total		Number of cases	200	100	300
		%	66.7	33.3	100.0
In the 12 months prior to the interview have you ever injected yourself using a needle which had already been used by another person?	Yes	Number of cases	136	55	191
		%	71.2	28.8	100.0
	No	Number of cases	62	44	106
		%	58.5	41.5	100.0
Total		Number of cases	198	99	297
		%	66.7	33.3	100.0

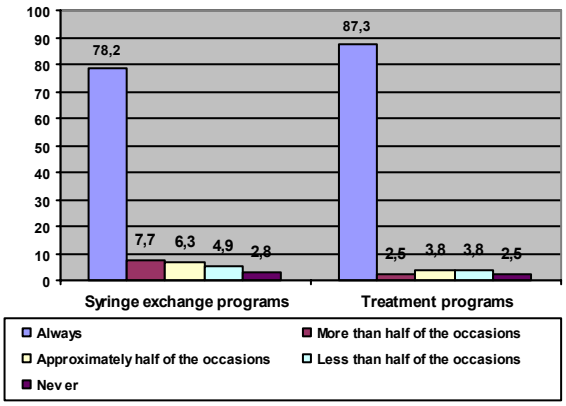
Source: NAA/RMCDDA

- 66.4% of the IDUs have shared in the last 12 months the recipient for cleaning the syringes before the use – 71.1% being infected with HCV, 55% filters/cotton – of which 74% HCV positive, 45.3% syringes ready filled with the injecting substance – 68.6% HCV infected, 36.1% have experimented all the three situations – 72.7% HCV infected

The HIV and/or HCV infection risk is perceived as being high in case of injecting the drug with a needle used by others as well, and in case of common use of the syringes of approximately 90% of the two IDU sub-populations, without significant statistic variations, while the perception related to the common use of the mixture in the syringes is different: 76.1% of the IDUs benefiting from syringe exchange programs believe this behavior to be a high risk behavior, as compared to just 55.3% of the beneficiaries of the treatment programs ($p = 0.002$).
Regarding the injecting behavior, the injecting drug users attending treatment programs have adopted to a larger extent a protective behavior as to the two infections, 87.3% of them stating that they always clean the syringe and 83.8% clean the needle before use, as compared to 78.2% and respectively 76% of the IDUs attending syringe exchange programs adopting this behavior.

Figure no. 6-7: Distribution of the answers (%) to the question „In the last 12 months before the interview, when you have injected yourself with a syringe/needle used by another person, how many times have you cleaned it before using?"





Source: NAA/RMCDDA

Most of the subjects declared that they have heard about HIV, respectively about the disease caused by this virus - AIDS: 96.9% have heard about HIV and 95.1% have heard about AIDS, while with respect to viral hepatitis, 92% of the IDUs have heard about HIV, and 90.8% about HBV and respectively HCV.
Regarding the knowledge about the transmission of the two infections, 92.7% of the participants have considered the statement "using the condom protects against HIV" to be true, and more than 90% have agreed that "an apparently healthy person may be HIV or HCV infected".

Table no. 6-8: Distribution of the answers for the statement "An apparently healthy person may be HIV or respectively HCV infected"

Statement	HIV		Statement	HCV	
	No. of cases	Percentage		No. of cases	Percentage
True	304	93,0	True	309	94,5
False	9	2,8	False	8	2,4
Total	313	95,7	Total	317	96,6
NR	14	4,3	NR	10	3,1
Total	327	100	Total	327	100

Source: NAA/RMCDDA

Furthermore, almost all participants agreed that HIV and/or HCV may be transmitted by needles and syringes which have been used in advance by an HIV positive person.

Table no. 6-9: Distribution of the answers for the question „Is it possible to be HIV and/or HCV infected using the same needle/syringe used in advance by an infected person?"

Statement	HIV				Statement	HCV			
	No. of cases	%	No. of cases	%		No. of cases	%	No. of cases	%
True	312	95,4	311	95,1	True	317	96,9	317	96,9
False	2	0,6	3	0,9	False	1	0,3	2	0,6
Total	314	96	314	96	Total	318	97,2	319	97,6
NR	13	4	13	4	NR	13	2,8	8	2,4
Total	327	100	327	100	Total	327	100	327	100

Source: NAA/RMCDDA

51.4% of the subjects believed that they have high or moderate HIV infection risk (45.3% believed that they have low or absent infection risk and there were 3.4% non-responses), as compared to 69.7% of the subjects who believed that they have high or moderate HCV infection risk (29.9% believed that they had low or absent infection risk, and there were 1.2% non-responses). Among the IDUs who considered that they had high or moderate HIV infection risk, 77.4% had shared syringes in the last 12 months, and among those who considered that they had low or absent infection risk, 59.7% stated that they had shared syringes in the last 12 months; there were statistically significant differences between the two groups (p = 0.001, RR = 2.315). Similarly, among the injecting drug users who considered that they had a high or moderate HCV infection risk, 74.2% have shared syringes in the last 12 months, and among those who believed that they had a low or absent infection risk, 57.1% stated that they had shared syringes in the last 12 months, with statistically significant differences between the two groups (p = 0.003, RR = 2.156).

Figure no. 6-8: Perception of the HIV and HCV infection risk in the IDUs

Source: NAA/ RMCDDA

Less than half the subjects (48%) had been tested before for the presence of the HIV virus (52,9% of the IDUs included in the treatment programs and 47,1% of those included in the syringe exchange programs), while 52% were tested for the identification of the presence of the HCV virus (54,1% of the IDUs included in the treatment programs and 45,9% of those included in the syringe exchange programs). A third of those who have provided the year when they had been tested stated that the test had been made in 2007 – 36,6% for HIV and 37,9% for HCV, the rest being tested in prior years.

Figure no. 6-9: The last year for HIV testing, prior to the interview

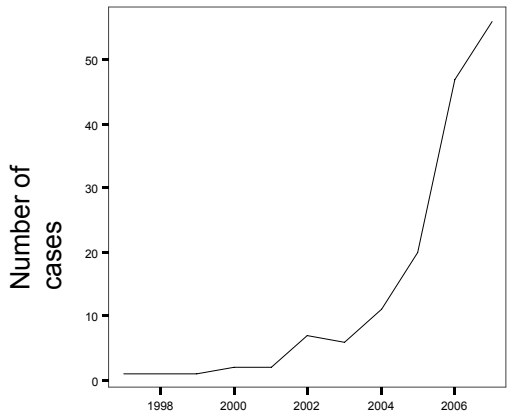
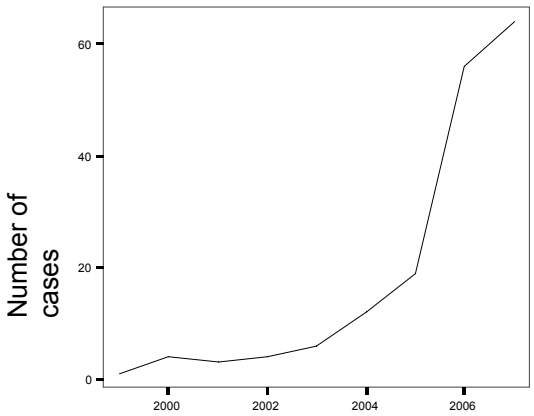


Figure no. 6-10: The last year for HCV testing, prior to the interview



Source: NAA/RMCDDA

The group of injecting drug users accessing the syringe exchange programs

Of all the 327 cases of injecting drug users analyzed within the study, 202 cases were represented by the beneficiaries of the syringe exchange programs, respectively 61.8%.
From the social-demographic point of view, this study subgroup had the following characteristics:

- 75.7% were men and 24.3% women
- 43.1% had ages ranging between 18-24 years, the average age being of 25.98 years
- Most of them - 35.1% had finished secondary school studies, while 25.2% had finished high school, 18.8% had finished elementary school, 10.4% had not finished elementary school, 6.9% had finished academic studies, 2.5% had finished post-high school studies and just 1% had finished postgraduate studies
- 59.9% had a stable residence, but didn't own a home, 32.2% owned their own home, 4.5% lived in the street, 2% didn't have a stable residence, living in a motel/boarding house, 1% were in other situations
- 56.9% had no occupation, 21.3% were employed with a labor contract (determined or undetermined period of time), 7.9% were unemployed, 5% pupils/students, and the rest were in other situations (for instance: work without legal documents)
- The main sources of income were: 41.6% by work, 35.6% money from parents or other relatives, 8.9% money from their partner, 3% by practicing commercial sex, 2% by street commerce (with stands, vans, etc), 1.5% wash windshields at crossroads, 0.5% from the sale of stolen goods and respectively social aid, 5.4% were in other situations (gambling, drug selling, etc)
- The average amount spent on a regular day of use in order to purchase drugs was of 166.88 RON (approximately 50 EUR)

The main drug used in the last 12 months was heroin (93.1% of the cases), followed by heroin mixed with other substances (2.5%), heroin and cocaine mixtures (2%), cocaine (0.5%), other substances (1.5%), the most frequent intake type of the main drug being by injection (93.1% of the cases).
In this IDU subgroup, the average age for the onset of injecting drug use was of 18.5 years, for 45% of them the onset of injecting drug use was in the age interval of 15-19 years.
For 76.2% of the IDUs, the frequency of main drug intake in the last 30 days was daily, 10.4% took the drug with a frequency of 1-3 days per week, 6.9% less than a day per week, 3.5% 4 to 6 days per week, while 2% have not taken the main drug in the last 30 days.
All 188 persons who declared heroin to be the main drug used in the last 12 months have reported in proportion of 100% that the drug was injected in the last 30 days of use. The drugs (one or more) administered by injection in the last 30 days were the following: heroin 97.5%, heroin and cocaine mixture 5.4%, cocaine 5.4%, methadone 13.9%, amphetamines 4.5%, ecstasy 2%, antidepressants 7.4% (multiple answers).
Most of the participants preferred to inject the drug at home – 54%, at their friends' residence – 23.3%, 10.9% on the street, 6.9% in the hallway of their block, 1% - at concerts, in clubs, other situations - 3% (in the car, at the dealer's residence, etc.)
Regarding the injecting behavior (identification of the risk and protection factors determining the HIV/HCV infection), 70.8% of the IDUs benefiting from syringe exchange programs stated that they had used a syringe used by another person as well in the last 12 months, 55% of them stating that they had cleaned it before use, while 61.9% stated that they had used a needle used by another person as well in the last 12 months, 46.5% of them stating that they had cleaned it before use.
With regard to sharing the injecting equipment, 72.8% participants stated that they had shared the recipient for cleaning the syringes before injecting the drug (they have also shared the filters/cotton 98.3%, the syringes filled with the injecting substance 1.7%, 3.5% others), 60.4% - the cotton filters, 47% - the syringes filled with the injecting substance (multiple answer).

The highest proportion of IDUs in the syringe exchange programs have purchased the injecting equipment from pharmacies 54.5%, 17.8% from a fixed syringe exchange centre,

12.4% from friends/acquaintances, 11.9% by outreach syringe exchange programs, 1.5% received together with the drug, 1% other situations.

Table no. 6-10: Distribution of the answers to the question „In most cases, in the last 12 months, what have you been doing with the used syringes and needles?", among IDU from SEP

	Number of cases	Percentage
You have returned them to the syringe exchange program	44	21.8
You have thrown them in the waste bin	130	64.4
You have thrown them in the street	8	4.0
You have thrown them in the block staircase	2	1.0
You have given them to another user	2	1.0
You have kept them in order to inject yourself again later	3	1.5
Others	11	5.4
Total	200	99.0
NR	2	1.0
Total	202	100.0

Source: NAA/RMCDDA

Two thirds (65%) of the participants stated that they throw away the used needles and syringes in the waste bin.
28.7% participants (N=58) were included in the 12 months prior to the interview in a treatment program, 96.6% of them being accepted for treatment following heroin use (3.4% non-responses). Of the 58 persons who benefited from one or more types of medical treatment in the last 12 months, 77.6% have accessed an in-hospital detoxification service, 29.3% have accessed a substitution treatment program, 5.2% were treated in medical units/private cabinets, 34.5% were hospitalized in an emergency care unit for problems related to drug use. 8.5% of the IDUs also appealed to the medical services offered by the nongovernmental organizations and no medical treatment supplied in detention was specified (multiple answer). IDUs also benefited from the medical services provided by the nongovernmental organizations, and no medical treatment supplied in detention was specified (multiple answer).

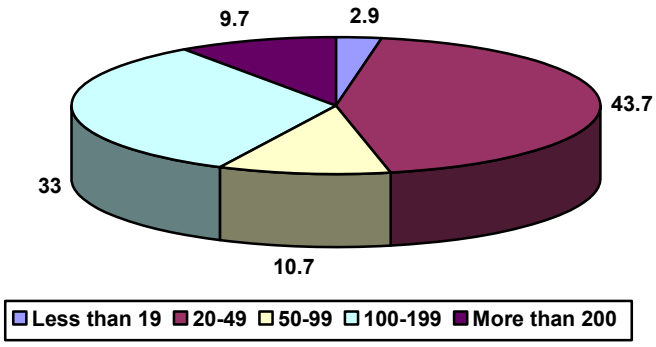
Table no. 6-11: Types of medical units accessed in the last 12 months by the IDU population included in the syringe exchange programs

		Number of cases	Percentage
Have you benefited from the treatment in a hospital detoxification unit?	Yes	45	77.6
	No	8	13.8
	Total	53	91.4
	No	5	8.6
	Total	58	100.0
Have you benefited from the treatment in a mental health - methadone laboratory?	Yes	17	29.3
	No	29	50.0
	Total	46	79.3
	No	12	20.7
	Total	58	100.0
Have you benefited from the treatment in private medical or psychological centres?	Yes	3	5.2
	No	39	67.2
	Total	42	72.4
	No	16	27.6
	Total	58	100.0

Source: NAA/RMCDDA

With regard to the satisfaction level of the participants regarding the accessed medical services, 51.1% of the beneficiaries of the services of the in-patient detoxification units have declared themselves to be rather satisfied or very satisfied, as well as 41.1% of the beneficiaries of the methadone substitution programs and 55% of the IDUs hospitalized in emergency departments (satisfaction level related to the last hospitalization).
52% of the IDUs in this subgroup were the beneficiaries of a syringe exchange program in the last 12 months as well. In the last 30 days, 37.1% of them have obtained once a week syringes/needles from a syringe exchange program (every day when it was available 19%, 3 days a week 10.5%, les than once a week 3.8%, three times a month 5.7%, twice a month 6.7%, once a month 13.3%, never 1%), with an average of 79.62 syringes for one visit.

Figure no. 6-11: Distribution of the syringe number received for one visit, in the last 30 days, for the IDU group participating to the syringe exchange program



Source: NAA/RMCDDA

Group of injecting drug users included in the treatment programs (detoxification, substitution treatment)

The IDU group undergoing treatment, respectively 38.2% of the subjects, has had the following socio-demographic characteristics:

- 96% were men and 4% women (the detoxification unit included in the study was primary for male patients, thus the distribution by gender is only relevant for data analysis, but not for the actual distribution by gender of the patients undergoing treatment)
- 40 % had ages ranging between 18-24 years, the average age being 25.7 years
- Most of them, respectively 51.2%, had finished secondary school, while 31.2% had finished high school, 10.4% had finished elementary school, 0.8% had not finished elementary school, 4.8% had finished post-high school studies, without finishing academic or postgraduates studies, 1.6% non-responses
- 92% had a stable place of residence but it was not their own property, while 8% owned their own home; other housing conditions were not mentioned
- 37.6% were without occupation, 32.8% were employed with labor contract (for a determined or undetermined period of time), 2.4% were unemployed, 2.4% were pupils/students, and the rest up to 100% were in other situations (i.e.: work without legal formalities)
- The main sources of income were: 54.4% by work, 26.4% obtained the money from their parents or relatives, 3.2% obtained the money from their partner, 0.8% by street commerce (with stands, vans, etc), 3.2% from the sale of stolen goods, 12% were in other situations (gambling, drug sale, etc)
- The average amount of money spent per day in a regular day of drug use in order to purchase the drugs is of 181.69 RON

The main drug used in the last 12 months was heroin (95.2% of the cases), followed by heroin mixed with other substances (0.8%), other substances (4%), the most frequent type of drug adminsitration being by injection (95.2% of the cases). From this point of view, the two

subgroups (IDUs registered in the syringe exchange programs and the IDUs accessing treatment) are similar.
In this IDU subgroup, the average age for the onset of injecting drug use is of 18.74 years, for 50.4% of them the inset of injecting drug use occurring between 15-1 9 years.
For 53.6% of the IDUs, the administration of the main drug in the last 30 days was daily, 8.8% took the drug at a rate of 1-3 days a week, while 20.8% had not taken the main drug in the last 30 days, and 4% were non-responses. As compared to the IDUs accessing syringe exchange programs, the figures are smaller, especially with regard to the intake frequency of the main drug.

All 119 persons who have declared heroin to be the main drug used in the last 12 months, have reported at a rate of 89.6% the use of drug by injection in the last 30 days of use. The drugs injected (one or more) in the last 30 days were the following: heroin 89.6%, heroin and cocaine mixture 1.6%, sleep inducing medication care 1.6% (multiple answers).
Most of the respondents preferred to inject the drug at home – 39.2%, at their friends' house – 16%, in the street 13.6%, in the block staircase 17.6%, other situations 7.2% (in the car, at the dealer's residence, etc), 6.4% non-responses. These data are similar to those from the IDU group undergoing syringe exchange programs.
With regard to the injecting behavior (identification of the risk and protection factors determining the HIV/HCV infection) 63.2% of the IDUs benefiting from the treatment programs have stated that they shared syringes in the last 12 months, 55.2% of them stated that they had cleaned the syringe before using it, while 61.6% stated that they had used in the last 12 months needles used by others as well, 52% of them stating that they had cleaned it before use. As regards sharing of the injection equipment, 56% of the participants stated that they had shared the recipient for cleaning the syringes before the injection (they had also shared the filters/cotton 94.1%, the syringes filled with the injecting substance 5.9%), 46.4% the cotton filters, 38.4% the syringes filled with the injecting substance (multiple answer).
The highest rate of IDUs accessing treatment programs purchased the injecting equipment from pharmacies 61.6%, 4.8% from a fixed syringe exchange centre, 6.4% from friends/acquaintances, 5.6% from outreach programs, 10.4% received it together with the drug , 6.4% other situations, 4.8% non-responses. Again, the figures are very similar to those related to the IDU group undergoing syringe exchange programs.

Most of the IDUs benefiting from treatment programs used to throw away the injecting equipment (syringe, needle) to the waste bin after the use – similarly to the IDU group undergoing syringe exchange programs, but paradoxically, the rate of the users throwing away the syringes in the garbage bin is smaller. If we compare however the percentage of those throwing away the syringes in the street (4% in the IDU group undergoing syringe exchange programs and 25.6% in the IDU group undergoing treatment programs) there results a total percentage of IDUs throwing away the syringes in the street or in the waste bin of 69% in the first case and of 70% in the second one – the situations are practically identical. In fact, we consider that it is the same type of behavior, with high risks for the public health.

Table no. 6-12: Distribution of the answers to the question „In most cases, in the last 12 months, what have you done with the used syringes and needles?", among IDU from treatment centers

	Number of cases	Percentages
You have returned them to the syringe exchange program	3	2.4
You have thrown them away in the waste bin	66	52.8
You have thrown them in the street	31	24.8
You have thrown them in the block staircase	0	0
You have given them to another user	2	1.6
You have kept them to inject yourself later	14	11.2
Others	5	4.0
Total	121	96.8
NR	4	3.2
Total	125	100.0

Source: NAA/RMCDDA

63.2% of the participants (N=79) were included in the last 12 months before the interview in a treatment program for heroin addiction.

Table no. 6-13: Types of medical units accessed in the last 12 months by the IDU population included in the treatment programs

		Number of cases	Percentages
You have benefited from this treatment within an in-patient detoxification hospital unit	Yes	49	62.0
	No	5	5.1
	Total	53	67.1
	No	26	32.9
	Total	79	100.0
You have benefited from this treatment in a mental health-methadone laboratory	Yes	49	62.0
	No	10	12.7
	Total	59	74.7
	No	20	25.3
	Total	79	100.0
You have benefited from this treatment in private medical or psychological centres	Yes	2	2.5
	No	18	22.8
	Total	20	25.3
	No	59	74.7
	Total	79	100.0

Source: NAA/RMCDDA

Of the 79 persons benefiting from various types of medical treatment in the last 12 months, 62% have accessed an in-hospital detoxification program, 62% have accessed a substitution treatment, 2.5% were treated in private medical units/cabinets, and 12.7% were hospitalized in an emergency department for drug related problems. 12.7% of the IDUs have also

accessed medical services provided by the NGOs but no medical treatment supplied in detention was mentioned (multiple answer). Regarding the satisfaction level of the respondents as to the provided medical services, 36.7% of the beneficiaries of the in-hospital detoxification services declared to be rather satisfied or very satisfied, as well as 53.1% of the beneficiaries of the methadone substitution programs and 8.8% of the IDUs hospitalized in emergency departments (satisfaction level at the last hospitalization, 87.3% non-responses).
26.4% of the IDUs belonging to this subgroup were the beneficiaries of a syringe exchange program in the last 12 months. In the last 30 days, 12.1% of them have obtained once a week syringes/needles within a syringe exchange program, with an average number of 81.23 syringes for one visit.

Comments and conclusions

- The study provided above has managed, in addition to the data regarding the HIV and HCV prevalence, to provide a series of information regarding the practices and attitudes of the drug users from Bucharest and Ilfov. Furthermore, the data obtained within the study have been used to evaluate the number of problem drug users in Bucharest-Ilfov using the multiplier method (see chapter 4, Problem Drug Use).
- Regarding the infectious diseases (HIV and HCV), we may state that there are no surprising results, the figures being similar to those from other researches and studies[48]. The HIV prevalence continues to be at the same low level.

Another research performed in the reference period belonged to the ALIAT NGO, and it was focused on executing a Rapid Assessment among Injecting Drug Users. The assessment was executed by applying a questionnaire to the injecting drug users accessing the syringe exchange program. The centre is the only source of free injecting equipment for the 4th district of Bucharest. Except from the centre (fixed syringe exchange unit), there are mobile syringe exchange units as well, within the ALIAT outreach programs.
The data collection was made by trained operators, using “face to face” interviews. A number of 103 IDUs were interviewed in all, between March-July 2007.
Within the studied lot, 83.5% of the subjects were men and only 16.5% were women. The age of the respondents varied between 18 and 36 years; 50% of the respondents had ages included between 18 and 26 years, and 50% of them were between 26 and 36 years old. The modal age which occurred most frequently was 27, with 21 such cases (20.4%) at this age.

The most frequent age group was 25-29 years, representing 56.3% of the injecting drug users’ lot, followed by the 20-24 years group, with 27.2%. The 18-19 group and the 35 or older group were poorly represented, with 1.9% and 12.6% of the respondents had ages ranging between 30 and 34 years.

Almost a third (30.4%) of the studied IDUs had an employment contract concluded for a limited period of time (10.8%) or for an unlimited period of time (19.6%), more than two fifths (43.1%) were without occupation, 16.7% worked as day-laborers, and 1% as volunteers, 8.7% were unemployed.
Regarding the education level, almost two thirds (63.2%) had secondary studies, one fifth (21.1%) had high school studies and only 6.3% had higher studies, respectively 2.1% post-high school and 4.2% academic and postgraduate studies. Less than one tenth of the subjects (9.5%) had elementary education.
In the last 7 days, only 1% of the respondents did not inject drugs, the rest took drugs between 1 to 35 times, usually 19 times, which indicates an average use of two-three times per day. 50% of the respondents injected drugs between 14 to 22 times in the last week. In the last 7 days, a fifth of the respondents (20%) injected drugs 21 times; this is the value occurring with the highest frequency (the module is 21). As compared to the other

[48] See the National Reports from the previous years, the chapter 6.2

frequencies declared for one week, the frequency of 3 times per day (20 to 21 times in a week), is the best represented within the lot, reaching 35% (20% of them 21 times 15% of them 20 times).

Table no. 6-14: The structure of the respondent lot according to the frequency of administration of drugs in the last 7 days (descendant sequence)

Frequency of administration	Absolute frequency	Percentage frequency	Valid percentage frequency	Cumulated percentage frequency
more than 29 intakes	10	9.7	10.0	10.0
22-28 intakes	18	17.5	18.0	28.0
15-21 intakes	43	41.7	43.0	71.0
8-14 intakes	18	17.5	18.0	89.0
1-7 intakes	10	9.7	10.0	99.0
0 intakes	1	1.0	1.0	100.0
Total	100	97.1	100.0	
Non-responses	3	2.9		
Total	103	100.0		

Source: ALIAT

The respondents within the lot used injecting drugs for at least 6 months (180 days) and up to 12 years (4,380 days). Generally, the respondents had been using injecting drugs for approximately 5 years (1,733 days).
A quarter of the users were using injecting drugs for 7 years or more. The proportion of the users with a drug use history of 10 years or more is rather low, of 4.9%. 1.9%, had been using for 9 years, and an equal percentage of 8.7% were using for 7 and respectively 8 years in both cases. More than half of the users (55.9%) had a drug use history of 3-7 years, and 10.7% of the interviewed persons were classified in the 5-6 years drug use history interval. 18.4% and respectively 16.5% had a history of drug use of 3.4 years. 14.6% users had a history of 2 years, and 1.9% had a history of one year. 2.9% of the IDUs had started to use injecting drugs in the last year. Converting the history in years into the chronological onset of injecting drug use, we may assess a slow increasing trend in the injecting drug behavior between1995-1996, a constant increase in 1997-1998, sustained in 1999-2000, and pronounced in 2001-2002, especially between 2003-2004 (of 16.5% and respectively 18.4%), and a slight decrease starting with 2005 up to 14.6% and a significant decrease in 2006 and 2007 (up to 1.9% and 2.9%).
Based on the (declared) use history and taking into account the respondent's age, there was calculated the approximate age of onset for injecting drug use. The age of onset for injecting drug use ranges between 13 and 31 years; 50% have started using at ages between 19 and 24 years. Within the lot, the earliest onset age for injecting drug use was 13 years, in a single person. For almost half the respondents (44.7%) the onset age occurred at 20-24 years; this was followed by the 18-19 years age group (18.4%) and by the 25-29 years age group (16.5%), as well as by the 16-17 years age group (9.7%).
One of the risk behaviors related to injecting drug use was sharing the syringes in the last 30 days, which was investigated by an open question „In the last 30 days, how often have you shared syringes?" The non-response rate was of 6.8%. Two thirds of the respondents (66.7%) had not shared syringes in the last 30 days, and one third of the respondents had shared syringes at various frequencies - 8.3% had used the syringes in common 8 times, while a quarter (25.1%) had used the syringes in common 1-5 times.
According to the data reported by the IDUs included in the study, almost two thirds of the respondents (62.6%) were tested for hepatitis B with approximately one tenth (9.9%) tested 5 to 12 times, 17.6% 2 to 4 times, while more than one third (35.2%) were tested a single time. 37.4% were never tested.
More than one third of the respondents, respectively 67.4%, were tested at least once for

hepatitis C. 8.75 of the respondents were tested 5 to 12 times, 18.5% were tested 2-4 times and 40.2% of the respondents were tested once. Less than a third, respectively 32.6%, were never tested.
The HIV test was made at least once for more than half of the respondents (56.7%), 30% were tested only once, 17.7% were tested 2-4 times. 8.9% were tested 5-12 times and 43.3% of the respondents were never tested.
Three quarters of the respondents (72.5%) were never tested for syphilis, 13.8% were tested only once, 7.6% were tested 2-4 times, and 6.3% were tested 5-12 times. 83.5% of the respondents were never tested for gonorrhea. One sixth of the respondents (16.5%) were tested at least once, 7.6% were tested only once, 5.1% were tested 2-4 times and 3.8% were tested 10-12 times.
Risk behaviors related to drug use were analyzed by a question including 9 sub-questions, referring to a 5-step scale (never/rarely/sometimes/often/always). Of all the respondents, 48.9% shared needles often, sometimes or rarely, and 51.1% never shared needles in order to inject themselves. The exposure intensity was higher for 7.4% of the IDUs often sharing the needles. More than one quarter (26.6%) rarely shared the needles. The syringes were not shared by 46.3% (the rate is slightly smaller than in the case of the needles). We consider that more than half of the injecting drug users, respectively 53.7%, are exposed to risks deriving from the common use of the syringes. Most of the IDUs (90.2%) had never purchased ready filled syringes, while 2.9% had sometimes purchased such items and 6.9% had rarely purchased such items.

Table no. 6-15: Purchasing of ready filled syringes for injecting drugs, ALIAT 2007

Purchase of ready filled syringes	Absolute frequency	Percentage frequency	Valid percentage frequency	Cumulated percentage frequency
sometimes	3	2.9	2.9	2.9
rarely	7	6.8	6.9	9.8
never	92	89.3	90.2	100
Total	102	99	100	
Non-responses	1	1		
Total	103	100		

Source: ALIAT

37.9% of the respondents had never shared the solutions, while 62.1% have done it as follows: 3.2% always, one fifth (20%) often, 16.8% sometimes and 22.1% rarely.

Table no. 6-16: Common use of solutions, ALIAT 2007

Common use of solutions	Absolute frequency	Percentage frequency	Valid percentage frequency	Cumulated percentage frequency
always	3	2.9	3.2	3.2
often	19	18.4	20.0	23.2
sometimes	16	15.5	16.8	40.0
rarely	21	20.4	22.1	62.1
never	36	35	37.9	100
Total	95	92.2	100	
Non-response	8	7.8		
Total	103	100		

Source: ALIAT

The risk behavior for injecting drug use was analyzed by a question including 6 sub-questions, with a 5-step scale (never, rarely, sometimes, often, always). Thus, almost two

thirds of the respondents (64.1%) have never used more than one drug. More than one third (35.9%) have used several drugs, as follows: more than one tenth (12.6%) have sometimes used more drugs and almost a quarter (23.3%) has rarely done that. One tenth of the IDUs have never used drugs alone, while 90.5% have done it as follows: 3.6% always, 41.7% often, 9.7% sometimes, and a fifth (19.4%), rarely.
An interesting piece of information was related to drug testing. Less than a fifth (17.6%) has tested the drugs before using, more than one fifth (21.6%) have never tested them, while 60.8% have tested them with a variable frequency: 46.1% rarely or sometimes and 14.7% often.
Among the respondents, 42.7% have never used injecting drugs together with alcohol, while more than half (57.3%) have used alcohol with drugs, as follows: 1% always, 8.7% often, and 48.6% sometimes and rarely.

Table no. 6-17: Injecting drug use combined with alcohol, ALIAT 2007

Alcohol combined with injecting drugs	Absolute frequency	Percentage frequency	Valid percentage frequency	Cumulated percentage frequency
always	1	1.0	1.0	1.0
often	8	7.8	7.8	8.7
sometimes	4	3.9	3.9	12.6
rarely	46	44.7	44.7	57.3
never	44	42.7	42.7	100.0
Total	103	100.0	100.0	

Source: ALIAT

More than half of the respondents (55.3%) have never used sedatives, wile almost half (44.7%) have used them as follows: 2% always or sometimes and 42.8% sometimes or rarely.

Table no. 6-18: Injecting drug use together with sedatives, ALIAT 2007

Use of injecting drugs combined with sedatives	Absolute frequency	Percentage frequency	Valid percentage frequency	Cumulated percentage frequency
always	1	1.0	1.0	1.0
often	1	1.0	1.0	1.9
sometimes	8	7.8	7.8	9.7
rarely	36	35.0	35.0	44.7
never	57	55.3	55.3	100.0
Total	103	100.0	100.0	

Source: ALIAT

Conclusions:

- The evaluation indicates the fact that at the level of the injecting drug users, there continues to be an important exposure to the risk factors related to injection practices and sexual activity; the protective behaviors, such as testing the purity before administration, or having a single constant partner are adopted to a low extent, and tests for hepatitis B and C, HIV, syphilis, gonorrhea and Chlamydia are infrequent. IDUs have stated the intention of abandoning injecting drug use, but such attempts fail to a large extent; the interruption reasons are related to will, family, while the community support seems to be absent;
- The injecting drug use onset occurs at an early age, during the school years; the precarious education level may be both a cause and a consequence of the drug related problems;

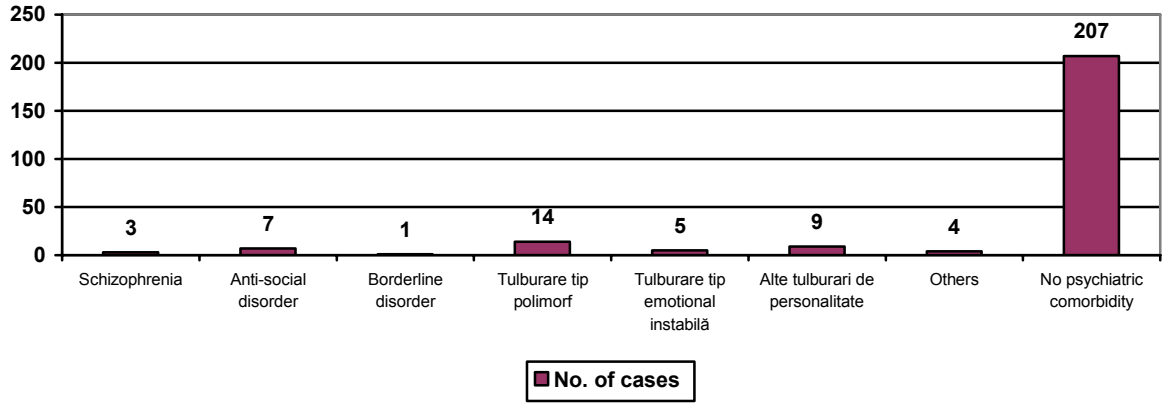
- The injecting drug users continue to be an at risk group, with health issues, social integration issues, with low accessibility and addressability of the specific services

6.3 PSYCHIATRIC CO-MORBIDITY (DUAL DIAGNOSIS)

6.3.1 PERSONALITY DISORDERS, DEPRESSION, ANXIETY, AFFECTIVE DISORDERS, ETC.

The cases analysed regarding drug related psychiatric comorbidity were selected from the database associated to the drug treatment indicator. The treatment admission cases in the detoxification units 16 and 17 of the *Prof. Dr. Al. Obregia hospital* in Bucharest will be described separately from those in the drug prevention, evaluation and counseling centres. 250 heroin users were reported by the detoxification units in the *Prof. Al. Obregia* hospital in 2007. Of them, 1.2% was diagnosed with schizophrenia, while personality disorders were the most frequent (14.4%) as shown further on: 2.8% were diagnosed with anti-social personality disorder, 0.4% with borderline-type personality disorder, 5.6% with polymorph personality disorder and 2% showed clinical symptoms characteristic for emotionally unstable personality disorder. Polymorph personality disorder continues to be this year as well the most frequent drug related psychical disorder.

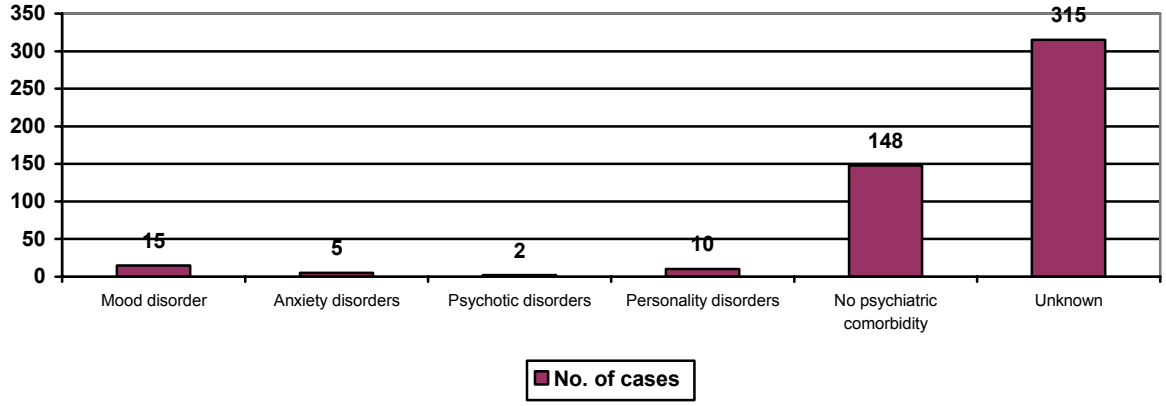
Figure no. 6-12: Distribution of the cases according to heroin related psychiatric pathologies, Bucharest 2007



Source: NAA/RMCDDA

The analysis of the patients admitted to treatment in the drug prevention, evaluation and counseling centres shows the following: 3% of the total number of users (N=495) had emotional disorders, 1% anxiety disorders, 0.4% psychotic disorders, 2% personality disorders (polymorph or anti-social). 78% of the dual-diagnosed drug users are men and 22% are women, 88% are at their first drug treatment, 53% are heroin users and 16% are cannabis users and 15% were admitted to treatment for the use of hypnotic substances and pain killers.

Figure no. 6-13: Case distribution by drug related psychiatric pathology, CPECA 2007



Source: NAA/RMCDDA

6.4 OTHER DRUG RELATED HEALTH CORRELATES AND CONSEQUENCES

6.4.1 NON-FATAL DRUG EMERGENCIES

Drug emergencies were treated in the Toxicology Unit of Floreasca Emergency Hospital in Bucharest. In 2007, 126 people were brought to the toxicological unit of this hospital, 2 of which came twice – adding to a total of 128 emergency admissions - with one emergency caused by an opiate overdose being fatal.

Table no. 6-19: Patient distribution, by gender and age, comparative data 2005-2007

	2005		2006			2007	
Age group (years)	**M**	**F**	**M**	**F**	**Not known**	**M**	**F**
<15	0	0	0	2	0	0	0
15-19	6	2	3	5	0	5	7
20-24	17	9	27	6	0	27	10
25-29	24	1	33	4	0	36	14
30-34	9	1	11	0	0	11	3
35-39	6	1	7	0	0	4	1
40-44	0	0	1	0	0	1	0
45-49	1	0	2	1	0	2	0
Not known	1	0	1	2	1	3	2
Total	64	14	85	20	1	89	37

Source: Floreasca Emergency Clinical Hospital, Bucharest

According to the referral source, the situation for the time interval 2005-2007 is the following:

Table no. 6-20: Case distribution by referral source, comparative data 2005-2007

Referral source	2005	2006	2007
Hospital	19	18	16
Ambulance	1	21	0
Street/taxi	9	14	0
Friends/relatives	16	30	0
Penitentiary	3	5	7
Police unit	0	3	0
Working place	0	1	0
Residence	2	2	0
Other case	0	2	0
Not specified	28	13	103
Total	78	109	126

Source: Floreasca Emergency Clinical Hospital, Bucharest

Of the 126 patients, 9 were infected with hepatitis C virus and one was infected with both HCV and HBV viruses. Of the 9 HCV infected patients, 8 are male, aged under 30 years, 1 was hospitalised with Reed Coma, 2 had poly-pharmaceutical intoxication, 2 had pharmaceutical intoxication, 2 were diagnosed with withdrawal, 1 with heroin overdose and 1 with injecting heroin related thrombophlebitis. There was one female case of HBV and HCV infection, which was diagnosed with first degree coma and poly-pharmaceutical acute intoxication.

The analysis of non-fatal emergencies by main diagnosis upon hospitalisation showed the following patient distribution: 12 patients with first degree coma, 11 with second degree coma, 3 with third degree coma, 8 with fourth degree coma, 31 had acute pharmaceutical intoxication (opiate, benzodiazepine, cocaine, ecstasy), 27 a poly-pharmaceutical acute intoxication, 7 opiate withdrawal syndrome, 3 with heroin post-injection status, 16 with cardio-respiratory arrest, 6 overdoses, 2 others (acute pulmonary edema, thrombophlebitis). Patient distributions by main diagnose, 72 hours from admission, is shown in the table below:

Table no. 6-21: Frequency of patient diagnosis after 72 hours

Diagnose after 72 hours	No. of diagnoses
Coma Reed (I-IV)	4
Acute heroin intoxication/opiates	15
Psycho-motor agitation	1
Acute respiratory insufficiency	28
Acute alcoholic intoxication	2
Poly-pharmaceutical acute intoxication	26
Pharmaceutical acute intoxication	14
Opiate overdose	3
Confusion syndrome	19
Opiate withdrawal syndrome	9
Post-methadone injecting thrombophlebitis	1
Unknown	4
Total	126

Source: Floreasca Emergency Clinical Hospital, Bucharest

For drug intoxication cases recorded in the Emergency Clinical Hospital toxicological analyses were made to determine the presence of licit or illicit substances in the body. The following table shows the results of these analyses, with most patients having at least one substance in their body:

Table no. 6-22: Distribution of toxicological test results

Substance	Number of positive results
Heroin	15
Methadone	13
Other opiates	44
Cocaine	1
Barbiturates	22
Benzodiazepines	45
Cannabis	1
Ecstasy	1
Other hypnotics and pain killers	18
Other hallucinogens	1
Other substances	68
Negative/zero	1
Total	230

Source: Floreasca Emergency Clinical Hospital, Bucharest

Chapter 7 – Responses to Health Correlates and Consequences

7.1 Prevention of drug related deaths

7.1.1 Overdose prevention (safe use training, first aid training, consumption rooms, antagonists, etc.)

No new data are available.

7.2 Prevention and treatment of drug-related infectious diseases

The syringes exchange centre opened by NAA in collaboration with ARAS in 2007 by UNODC financing, provided assistance for a number of 583 persons (1,744 contacts). Services offered were:

- Syringes distribution and collection
  - 125,196 insulin syringes distributed
  - 2,586 2 ml syringes distributed
  - 36,007 syringes collected
- HIV, HCV, HBV testing
  - 208 HIV tests
  - 208 HCV tests
  - 15 HBV tests
- 86 anti-Hepatitis immunizations
- Pre- and post-testing counseling: 208 sessions
- Informational sessions: 1,835
- Condoms distribution: 15,901 condoms distributed
- Psychological counseling : 653 beneficiaries
- Medical care: 764 beneficiaries
- 2,033 informational materials have been distributed.

Within the syringe exchange program implemented by ALIAT, program named *Minimal Risk*, for the year 2007, a number of 2,180 unique clients have been registered (in almost 6,500 contacts), which received 538,000 single use syringes, 250,000 syringes being returned (the syringes return rate of over 50%). Other services provided within this program were the distribution of informational materials (almost 8,700 materials), condoms (21,650), different sanitary items (tampons, distilled water), referrals to other services (985 clients) and counseling[49].

The syringe exchange program implemented by ARAS – named *Health options* had as beneficiaries a number of 538 clients (unique codes), the estimated number of contacts for the period January – September 2007 being almost 1,750. Within this program over 200 HIV and HCV tests have also been performed, immunizations against A and B Hepatitis, pre- and post- testing counseling, condoms have been distributed (almost 16,000) and a number of 1,073 beneficiaries have been referred towards other services[50].
On the whole, the two NGO's offered services to a number of 4,100 IDUs (almost 16,000 contacts in the fixed centres and through the programs on field), providing more than 1,200,000 syringes. Other services provided included referral to other services, psychological counseling, immunization for viral Hepatitis A and B (ARAS), HIV testing and viral Hepatitis B and C testing.

[49] Source: ALIAT
[50] Source: ARAS

Summarising, it may be estimated that, during 2007, at Bucharest level, *harm-reduction* activity improved significantly comparing to the previous years. Nevertheless, the services coverage remains a problem, especially in the areas considered problematic for the injecting drug use. According to the NGOs' specialists' working in harm reduction programs, a percentage of approximately 15% of the IDUs is covered by these programs.
Apart for financial limitations (starting with the high cost of certain laboratory analyses, vaccinations or medications), for IDUs there is also the problem of lacking identity documents (in most cases) or health insurance contribution payment.

7.3 INTERVENTIONS RELATED TO OTHER HEALTH CORRELATES AND CONSEQUENCES

7.3.1 PREVENTION AND REDUCTION OF DRIVING ACCIDENTS RELATED TO DRUG USE

Launched in 2006, the regional project *Peer Drive Clean* was meant to inform, educate and raise the awareness of the young people attending driving courses, with respect to the risks involved by drug use when driving. The project was initiated by the Mistel Institute (Germany), in partnership with governmental and non-governmental institutions in Europe (Portugal, the Netherlands, Belgium, Spain, Austria, Estonia, Romania, Slovenia and Italy), in 2007 being supported by the peer to peer trainers, informational – training sessions within the driving schools and auto high-schools in Bucharest Municipality.

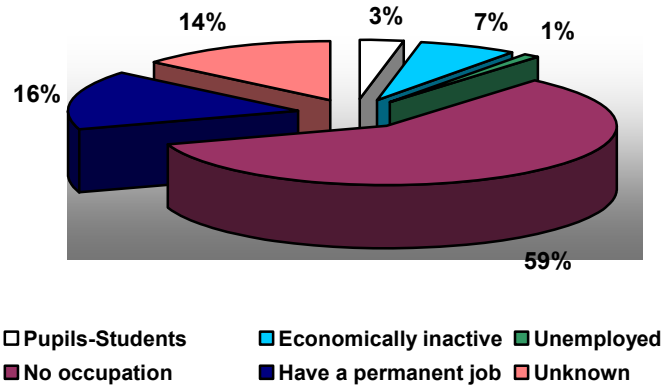
Chapter 8 – Social Correlates and Consequences

8.1 SOCIAL EXCLUSION

8.1.1 UNEMPLOYMENT

The data reported by the assistance centres from Ministry of Public Health within the *Treatment Demand Indicator* for the year 2007 provided information relating to the unemployment rate among the drug users. Thus, among the persons admitted to the treatment services within the assistance centres, 59% have no occupation, 1% are unemployed, 7% are economically inactive (retired/homemakers, invalid persons), 3% are students or pupils, 16% of the subjects have a stable job and for 14% their situation is unknown.

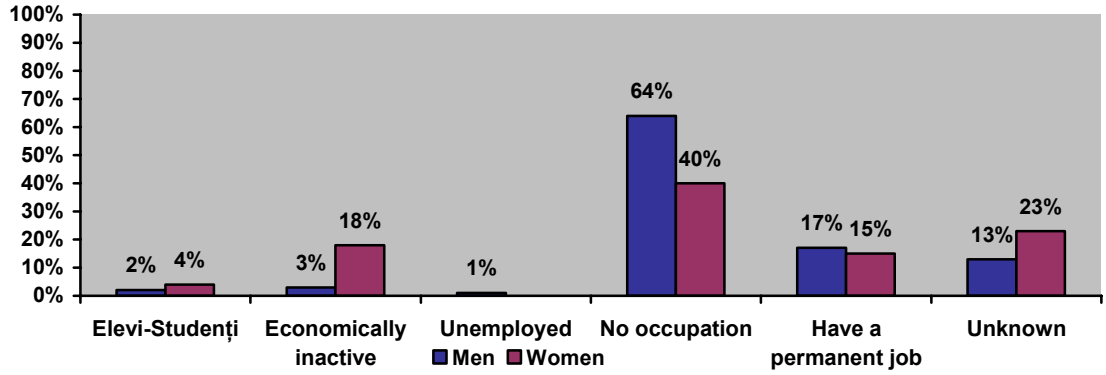
Figure no. 8-1: Distribution of persons admitted for treatment in the MSP centers, by occupational status, 2007



Source: NAA/RMCDDA

As compared to the previous year, one may notice a slight increase of the number of drug users with no occupation upon admittance to treatment, a decrease of the number of unemployed persons, a significant decrease from 16% to 3% of the number of pupils/students and a slight increase of the number of users with a stable job.

Figure no. 8-2: Distribution of the persons admitted to treatment in the MSP centres by gender and occupational status, 2007

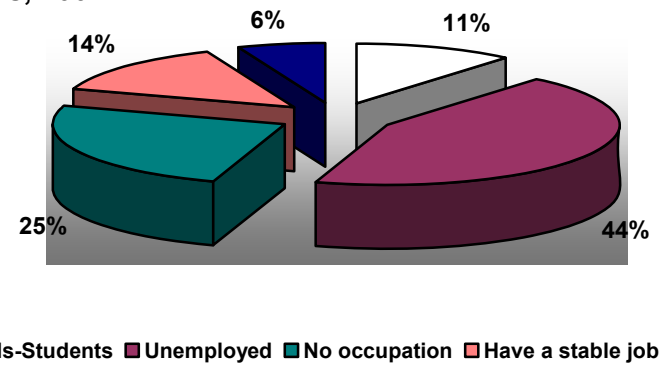


Source: NAA/RMCDDA

According to the gender variable and to the occupational status it resulted that 64% of the men had no occupation, 17% had a stable job, 3% were economically inactive, 2% were pupils or students, 1 % were unemployed. Likewise, the data indicated that 40% of the

women had no occupation, while only 15% had a stable job, 18% were inactive from an economic point of view, 4% were pupils or students while for 23% the situation was unknown.
Analyzing the drug use consequences at social level by gender, comparing the year 2007 with 2006, one may notice the following: the unemployed percentage decreased for both categories (male and female), the percentage of male persons with no occupation increased and the percentage of female persons with no occupation decreased.
Within NAA's drug prevention, evaluation and counseling centers, the situation regarding the occupational status is different, thus: 44% of the consumers are unemployed, 25% have no occupation, only 14% have a stable job, 11% are pupils and students and for over 6% the occupational status is unknown. A major discrepancy may be noticed in relation to the percentage of unemployed drug users as well as to the percentage of pupils/students which is much higher in the drug prevention, evaluation and counseling centers.

Figure no. 8-3: Distribution of persons admitted to treatment in CPECA by occupational status, 2007



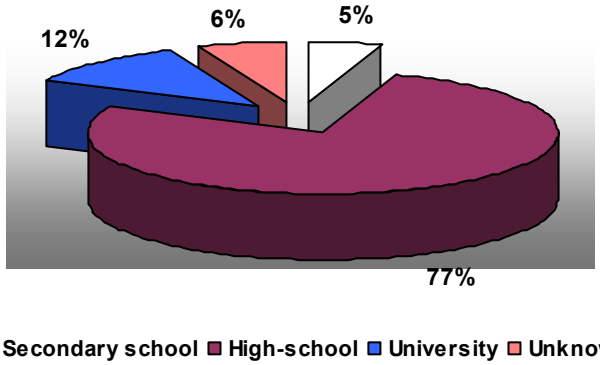
Source: NAA/ RMCDDA

By gender and occupational status, one may notice that 95% of the unemployed illicit substances users are men and only 5% are women, 88% of the ones with a stable job are male, as well as that 92% of the persons that were admitted for treatment had no occupation. Out of the persons with no occupation, 90% are injecting heroin users, 6% are cannabis users and the rest are represented mainly by hypnotic and sedative substances users. Regarding the ones with a stable job 73% are heroin users and 19% are cannabis users.

8.1.2 SCHOOL DROP OUT

Out of the 1,396 persons admitted to treatment during 2007 in the treatment centres of the Ministry of Public Health, 5% finished secondary school, 77% high-school, 12% graduated from university while for 6% the school situation was unknown. According to the educational level and gender variable, among the category of users that graduated from university 51% are men 49% are women, among the category that finished high-school 83% are men and 17% are women.

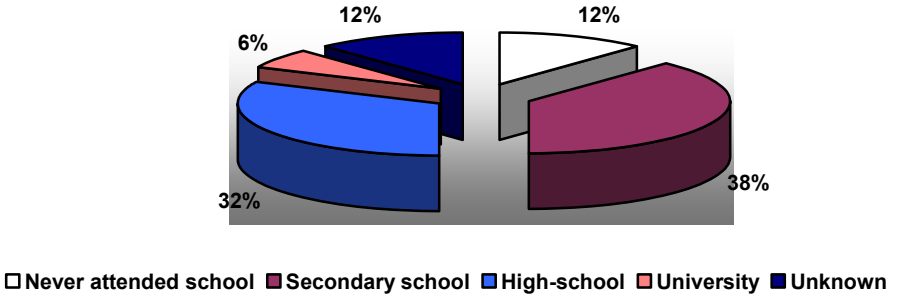
Figure no. 8-4: Distribution of persons admitted to treatment in the MSP centres, by educational level, 2007



Source: NAA/ RMCDDA

The data collected through the *Treatment Demand Indicator* in the drug prevention, evaluation and counseling centers provide the following information regarding the educational level and respectively, the school drop-out: out of the 495 admissions to treatment in 2007, 12% never attended school / did not finish primary school, 38% finished secondary school, 32% finished high-school and only a small percentage of 6% graduated university.

Figure no. 8-5: Distribution of persons admitted to treatment in the drug prevention, evaluation and counseling centers, by educational level, 2007



Source: NAA/RMCDDA

In the category of persons that never attended school or did not graduated primary school, 98% are male persons and only 2% are female persons, among the ones that graduated from university, 67% are male persons and 33% are female persons. By educational level and main drug of abuse, 98% of the persons that never attended school or did not finalized primary school are injecting heroin users, 50% of the persons that graduated from university are cannabis users and 38% are heroin users.

8.2 DRUG-RELATED CRIME

8.2.1 DRUG OFFENCES (ARRESTS/ CRIMINAL REPORTS FOR DRUG USE TRAFFICKING/ PRODUCTION/ CULTIVATION ETC.)

The indicators presented in this section are structured according to the number of offences and investigated/convicted persons, analyzed according to the three phases of the criminal trial, namely - report of the offence and identification of the perpetrator, performed by the police, criminal prosecution, performed by the prosecutor's offices, and trial performed by courts.

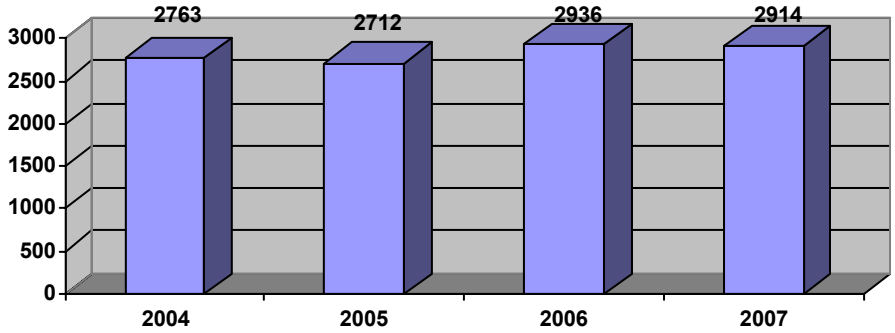
A. The situation of drug and precursors traffic related offences

During 2007, the total number of drug related offences detected by the specialized bodies within the General Inspectorate of the Romanian Police and the General Inspectorate of the Border Police was 2,914, out of which:

- 2,749 offences incriminated by Law no. 143/2000 on preventing and countering illicit drug trafficking and use, as subsequently amended and updated,
- 29 offences which represent violations of the EO no. 121/2006 on the regime of precursors used for the illicit drug production through Law no. 186/2007 (Law no. 300/2003),
- 68 offences under the Law no. 39/2003 on preventing and countering organized crime,
- 68 offences representing violations of Criminal Code provisions (illicit drug trafficking and use related offences).

A comparative analysis regarding the total number of drug and precursor law offences between 2004-2007, highlighted an oscillating evolution of the indicator, but on the whole, there was an increasing trend.

Figure no. 8-6: Trends regarding drugs and precursors law offences, 2004-2007

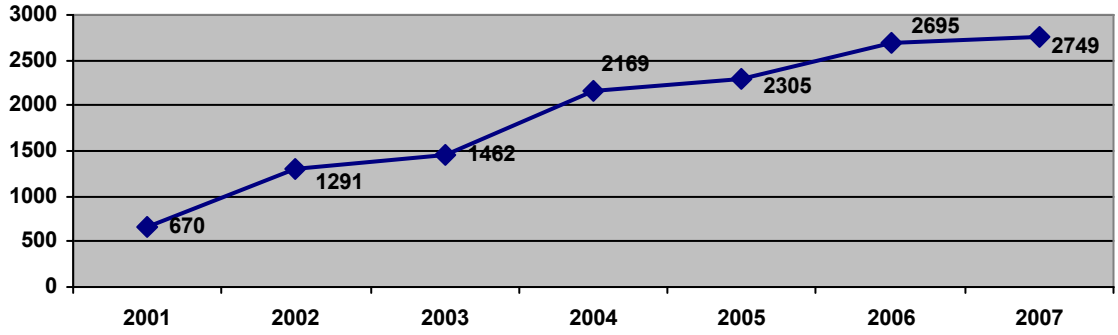


Source: Criminal Records, Statistics and Operational Records Directorate, IGPR and IGPF

1 Offences under the Law no. 143/2000 on preventing and countering illicit drug trafficking and use, as subsequently amended and updated

Out of the total number of 2,914 offences at drug and precursor law detected during 2007, 94.33% (2,749 offences), were under the Law no. 143/2000 on preventing and countering illicit drug trafficking and use, as subsequently amended and updated, continuing the increasing trend in the 2001-2006 period. Thus, one may notice a 2% increase of the drug related criminality comparing to 2006, respectively with 19.26% comparing to 2005.

Figure no. 8-7: Trends regarding the offences committed under the Law no. 143/2000, 2001-2007



Source: Criminal Records, Statistics and Operational Records Directorate, IGPR and IGPF

The acts incriminated by Law no.143/2000 consisted in:

- 57.99% infringements of the provisions regarding the purchase and possession of drugs for personal use (art. 4)
- the remaining 42.01%, included mostly activities related to the cultivation, production, sale, distribution, purchase and unlawful possession of drugs (art.2)

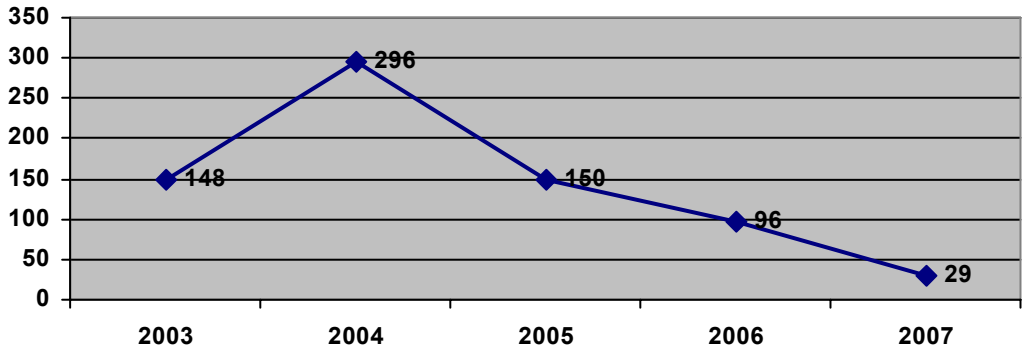
Regarding the criminality map by place, one may notice stable „high rates" in the urban environment, with a percentage of 94.07% (2,586 offences), the rural environment registering a percentage of 5.85% (161 offences) out of the total number of offences recorded during 2007[51].

The average number of offences per county was in 2007 of 35.31, the phenomenon being noticed in all counties, even if the distribution had not been homogeneous. Thus, the counties: Ilfov (202 offences), Timis (115 offences), Alba (98 offences), Iasi (83 offences), Constanta (81 offences), Prahova (78 offences), Arges (68 offences), Galati (66 offences), Harghita (59 offences), Cluj (46 offences), Arad (43 offences), Bihor (43 offences), Dolj (42 offences), Giurgiu (42 offences) and Mehedinti (41 offences) registered values higher than the national mean. At the opposite place were the counties: Vaslui (2 offences), Maramures (3 offences), Salaj (3 offences), Teleorman (3 offences), Braila (5 offences), Caras-Severin (5 offences), Buzau (6 offences), Botosani (7 offences), Hunedoara (9 offences) and Vrancea (9 offences).
At capital level, according to the data provided by the law enforcement institutions, during 2007 it was registered a decrease with 3.53% of the number of detected offences representing violations of the provisions of the Law no. 143/2000 with respect to the previous year, from 1,301 to 1,255 offences. Among these, a number of 991 offences (a percentage of 78.96% of the total number registered in Bucharest) were associated with illegal drug activities for personal use (Art.4).

2 Offences representing violations under to EO no. 121/2006 on the legal regime of precursors used for illicit drug production approved through Law no. 186/2007

During 2007, of the 2,914 offences regarding drugs and precursors laws, 29 offences (0.99% of the total offences at drugs and precursors laws) were related to the provisions of EO no. 121/2006 about the legal regime of precursors used for illicit drug production approved by Law no. 186/2007.
The decreasing trend of the last few years was also maintained in 2007, the registered value being with 69.79% smaller than in 2006 (96 offences) and with 80.66% smaller than in 2005 (150 offences).

Figure no. 8-8: Trends regarding the offences committed under EO no. 121/2006, 2003-2007



Source: Criminal Records, Statistics and Operational Records Directorate, IGPF

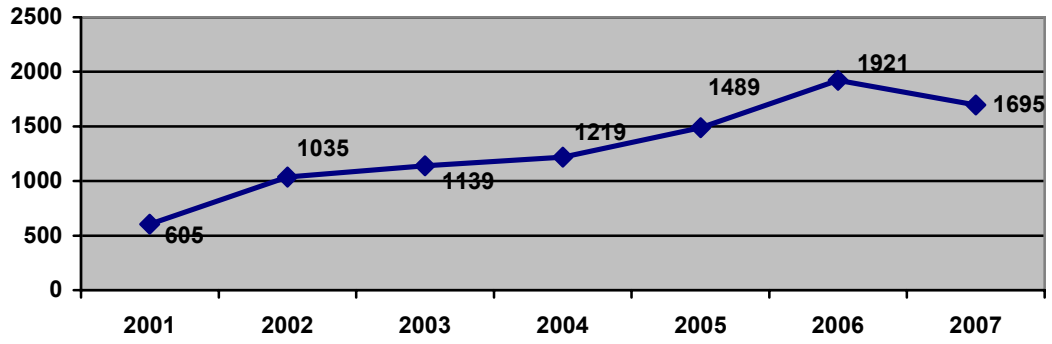
[51] 2 offences committed abroad

The territorial distribution of the criminality regarding the legal regime of precursors highlighted a high frequency in the urban environment – with a percentage of 79.31% (23 offences), the remaining 6 offences (20.69%) being registered in the rural environment.

B. The situation of the persons investigated for offences in the field of drugs and precursors

Within the reference year, 2,580 persons were investigated for committing 2,914 drugs and precursors law offences, out of which 2,413 persons for the infringement of the provisions of the Law no. 143/2000 on preventing and countering illicit drug use, as subsequently amended and updated, 20 persons for offences provided in the EO no. 121/2006 regarding legal regime of precursors used for illicit drug production approved through Law no. 186/2007 (Law no. 300/2002), 132 persons for offences at Law no. 39/2003 on preventing and combating organized crime, and 15 persons investigated for criminal acts sanctioned by the Criminal Code (offences associated to illicit drug trafficking and use).
Compared with previous year, in 2007 it was a 5.15% decrease in the number of investigated persons, from 2,720 to 2,580 persons.
Among the investigated persons, the majority were Romanian citizens (96.59%), the remaining 3.41% (88 persons) being foreign citizens. The majority of persons involved in 2007 in drug trafficking and use activities were aged 18 to 30 years (65.69%) even if compared with previous year, a 5.78% decrease was registered, from 1,799 to 1,695 persons. With respect to the number of minors investigated for acts incriminated by the drug and precursor law, a 41.06% decrease was registered comparing to the previous year, from 151 to 89 minors (2 aged under 14 years and 87 in the age group 14 – 18 years), their percentage being of 3.45% of the total number of investigated persons.
In 2007, there were identified 93 criminal groups with drug-related activities, involving 562 persons, out of which 36 foreign persons. Comparing to 2006, when 104 such groups were identified, their number decreased with 10.57% in 2007. During the same interval, 58 criminal groups were annihilated - 9.43% more than in 2006, their activities involving 383 persons out of which 6 foreign persons. Regarding precursors trafficking, no criminal groups were identified or annihilated. Comparing to 2006, in 2007 was registered a decrease with 11.76% of the number of persons caught in the act, from 1,921 to 1,695 persons.

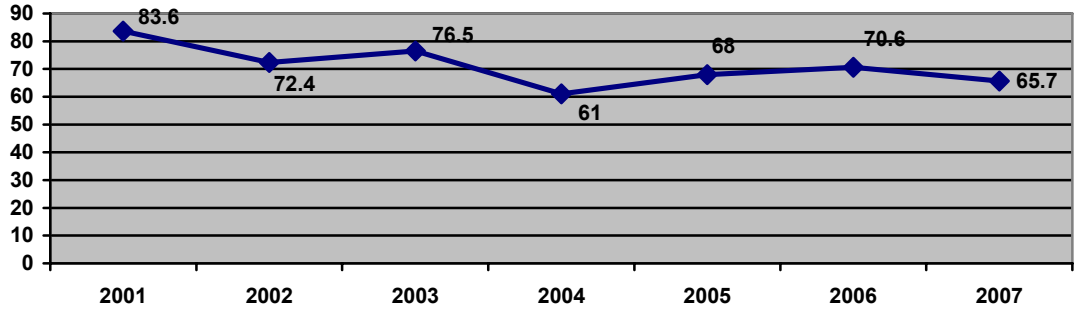
Figure no. 8-9: Trends regarding the number of persons caught in the act, 2001-2007



Source: Criminal Records, Statistics and Operational Records Directorate, IGPR and IGPF

In 2007, the percentage of persons caught in the act out of the total number of persons investigated for illegal operations under the drug and precursor law decreased comparing to the previous year (65.69% comparing to 70.6%), with the indicator keeping its oscillating evolution.

Figure no. 8-10: Persons caught in the act out of the total number of investigated persons (%), 2001-2007



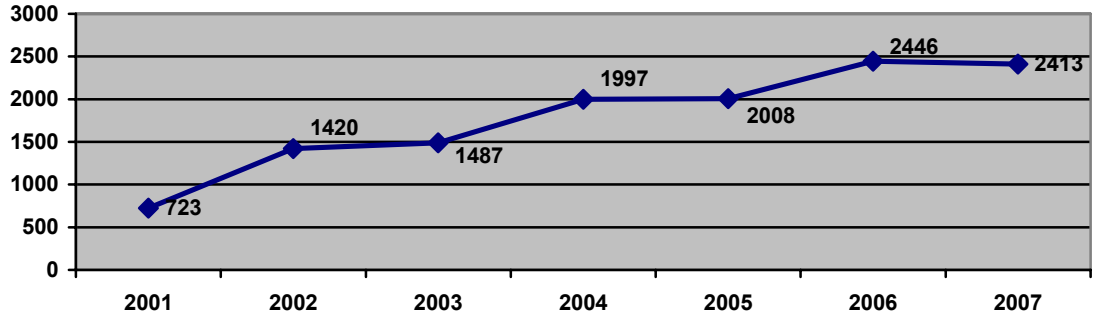
Source: Criminal Records, Statistics and Operational Records Directorate, IGPR and IGPF

Out of the 1,695 persons, 1,692 were caught in the act for offences incriminated by Law no. 143/2000 on preventing and countering the illicit drug trafficking and use, as subsequently amended and supplemented, the remaining 3 persons (0.17%) being identified while running illegal precursors activities.

1. *The situation of the persons investigated for offences under the Law no. 143/2000 on preventing and countering the illicit drug trafficking and use, as subsequently amended and supplemented*

A total of 2,413 persons were investigated for the 2,749 offences committed during 2007 to the Law no. 143/2000, representing 93.52% of the total number of 2,580 persons investigated for offences under the drugs and precursors law. This indicator, on an increasing trend for the period 2001-2006 (from 723 to 2,446 persons), registered a slight decrease during the reference year– 1.35 % comparing to the previous year. Of the 2,413 persons, a percentage of 59.26% (1,430 persons) committed offences regarding illegal drug for personal use, sanctioned by Art. 4.

Figure no. 8-11: Trends regarding the number of investigated persons for offences under the Law no. 143/2000, 2001-2007



Source: Criminal Records, Statistics and Operational Records Directorate, IGPR and IGPF

According to the data provided by the Interpol National Bureau, during 2007, 109 Romanian citizens were investigated abroad for drug law offences, figure being with 70.31% higher than in 2006. Also, the number of Romanian citizens extradited / handed over by Romania to other states, based on the European warrant for the perpetration, on their territory, of drug criminal acts is of 4 persons. Previous to 2007, no such cases having been recorded. For the perpetration of such offences on the national territory, 7 Romanian citizens were extradited/handed over in Romania, one person less comparing to 2006. With respect to the situation of the Romanian citizens transferred from Romania abroad for the continuation of

the sentence, in 2007, 7 persons were also registered (for the previous years there is no registered data).

Table no. 8-1: Statistics regarding Romanian citizens investigated abroad, those extradited/handed over to/from Romania and those transferred to Romania, 2005-2007

	2005	2006	2007
Romanian citizens investigated abroad	91	64	109
Romanian citizens extradited/handed over in Romania	4	8	7
Romanian citizens extradited/handed over from Romania			4
Romanian citizens transferred to Romania			7

Source: Interpol National Bureau

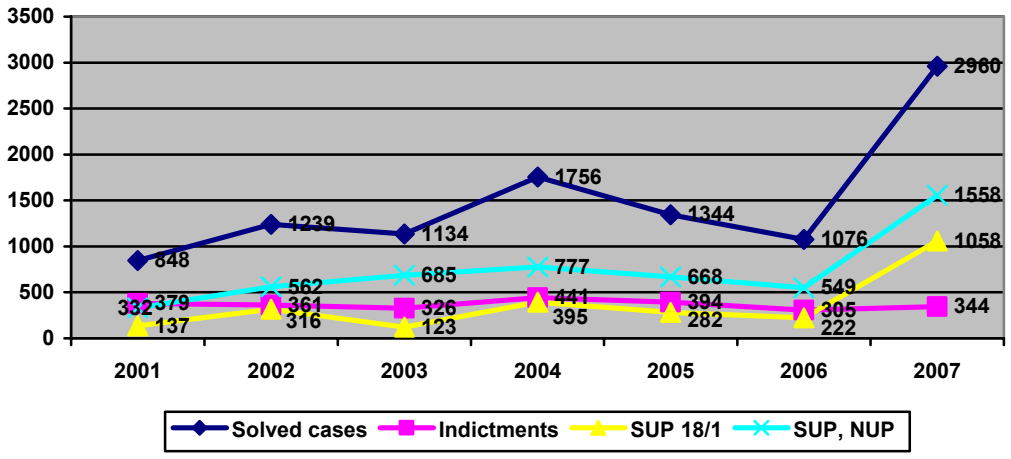
2 Situation of the persons investigated for offences to Emergency Ordinance no. 121/2006 on the legal status of precursors used for the illicit production of drugs, approved by the Law no. 186/2007

In 2007, 20 persons were investigated for the 29 precursor law offences, representing 0.77% of the 2,580 persons investigated for drug and precursor law crimes. A significant decrease of the number of persons investigated for illicit precursor activities of 84.49% as to 2006 (129 persons) was detected, the indicator having in 2007 the smallest value since 2003.

C. SITUATION OF THE PENAL CASES SOLVED BY THE PROSECUTOR'S OFFICES

The specialized units within the Prosecutor's Office with the High Court of Justice and Cassation and the prosecutor's offices within 15 courts of appeal have settled, in 2007, a number of 2,960 penal cases (of which 344 were indictments) on drug and precursor law offences, meaning an increase with 175.09% as compared with 2006 (when 1,076 penal cases were settled, of which 305 were indictments).

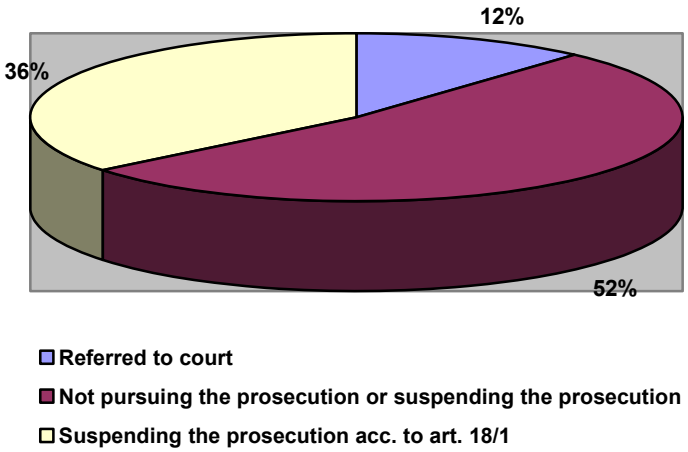
Figure no. 8-12: Trends regarding the penal cases handled by the prosecutor's offices, 2001-2007



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

In 2007, of all the 2,960 solved cases, 11.62% were solved by court referral, 52.63% were settled by a decision of not pursuing the prosecution or of suspending the prosecution (NUP/SUP), and for 35.74% of the files it was decided to suspend the penal investigation according to art. 18^1 of the Penal Code (the perpetrator does not represent a social threat).

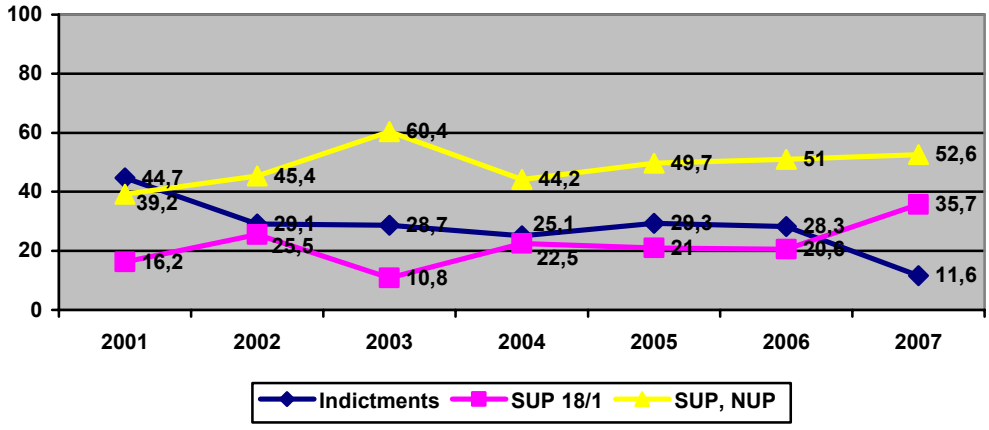
Figure no. 8-13: Distribution of the solved files, in 2007, according to the type of solution



Source: Prosecutor's Office with the High Court of Justice and Cassation, DIICOT

The analysis of the percentage of cases solved with proposal to be referred to court from all the cases solved outlines the same descending trend in 2007, as in 2006. The similar analysis for the other types of solutions highlights an increase of the proportions, both for the cases solved by not pursuing the prosecution and for those solved by suspending the prosecution (from 51.02% - 2006 to 52.63% - 2007), and for those solved by proposal of suspending the prosecution according to art. 18¹ (from 20.63% -2006 to 35.74% -2007).

Figure no. 8-14: Trends regarding the percentage of solved cases according to the type of solution (referred to court, suspension of the prosecution according to art. 18¹, not pursuing the prosecution or suspension of the prosecution)

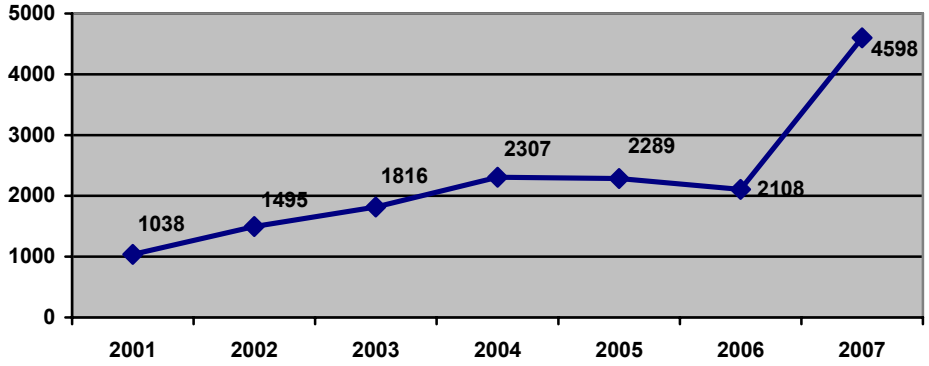


Source: Prosecutor's Office with the High Court of Justice and Cassation, DIICOT

D. Situation of the persons investigated and referred to court by the prosecutor's offices

In 2007, the number of persons investigated by the prosecutor's offices for committing drug trafficking and precursor law crimes, as well as for possession of drugs for personal use, has increased by 118.12% as to the previous year, from 2,108 to 4,598 persons. An analysis of this indicator's evolution shows a continuous increase until 2004, followed by a slight decrease in 2005 and 2006, while in 2007 there was the highest value so far: 4,598 persons.

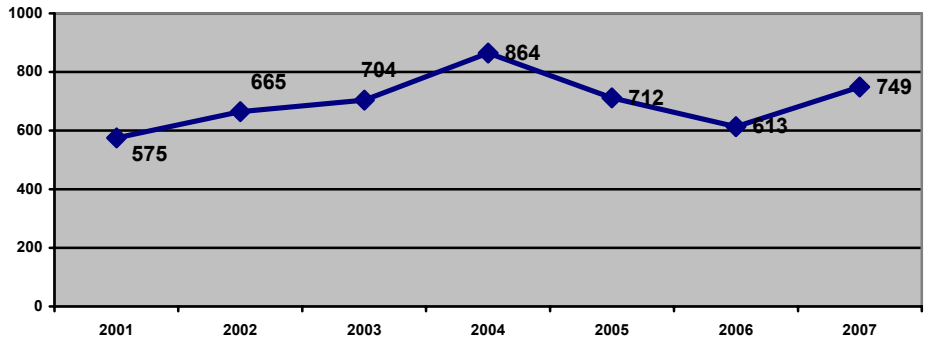
Figure no. 8-15: Trends regarding the number of persons incriminated/indicted by the prosecutor's offices for committing drug and precursor law crimes, 2001-2007



Source: Prosecutor's Office with the High Court of Justice and Cassation, DIICOT

Most persons investigated for committing drug and precursor law offences came from the great urban centres: Bucharest (2,833), Timisoara (193) and Iasi (190).
Out of the 4,598 investigated persons, 749 were referred to court (of which 460 persons were under temporary arrest). As compared to 2006, in the reference year there was a 22.18% increase from 613 to 749 persons referred to court.

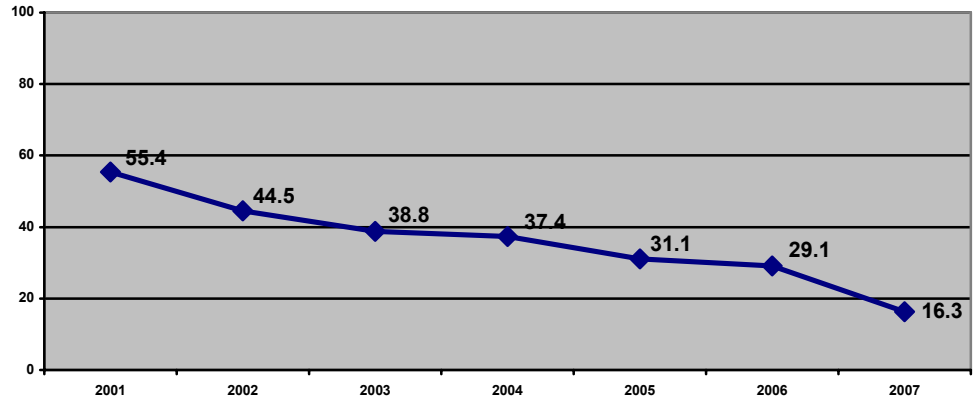
Figure no. 8-16: Trends regarding the number of persons referred to court for committing drug law offences, 2001-2007



Source: Prosecutor's Office with the High Court of Justice and Cassation, DIICOT

Percentage of persons referred to court out of all persons investigated by the prosecutor's office in 2007 was of 16.29%, with 12.78% less than in 2006. This indicator has a decreasing trend ever since 2001.

Figure no. 8-17: Trends regarding the proportion of persons referred to court out of the whole number of persons investigated by the prosecutor's office, 2001-2007



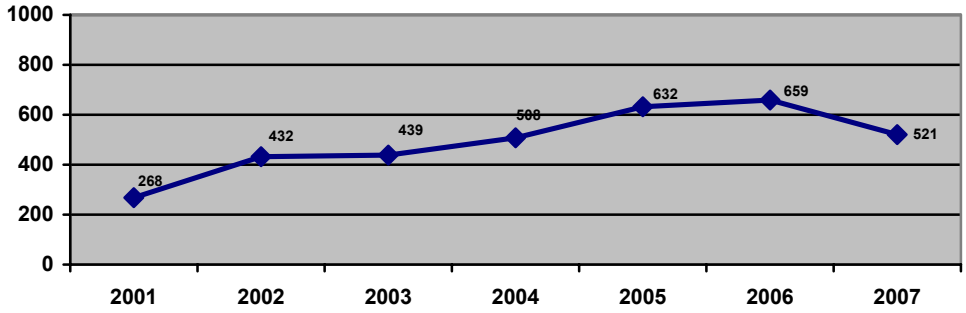
Source: Prosecutor's Office with the High Court of Justice and Cassation, DIICOT

An ascending trend is noticed in case of persons under temporary arrest referred to court: from 439 to 460 persons. According to the data supplied by the Penal Investigations Directorate within the General Police Directorate, 620 persons (510 men and 110 women) were in 2007 under temporary arrest for offences to the Law no. 143/2000 on combating illicit drug use and trafficking, as last amended and supplemented, of which 293 of them were in Bucharest.

E. Situation of the persons convicted by the courts

In 2007, the courts convicted 521 persons (469 men and 52 women) for committing drug and precursor law offences, the figure being lower by 20.94% as compared to 2006.

Figure no. 8-18: Trends regarding the number of persons convicted for drug law offences, 2001-2007

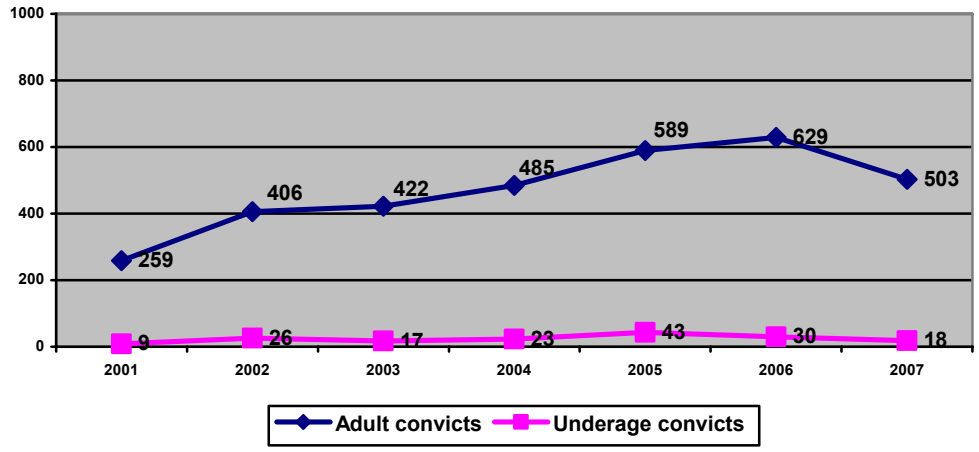


Source: Superior Council of Magistracy

Regarding the number of persons involved in drug trafficking, it was noticed an 18.46% decrease compared to previous year, from 574 to 468 dealers, of which 420 men and 48 women. The number of drug users sentenced by the courts was of 53 persons (49 men and 4 women), with 37.64% less than in 2006. In case of recurring offenders, there was a decrease of 12.24% as to the previous year: from 98 to 86 recurring offenders (83 in trafficking activities, 3 for personal use), the same trend being valid in case of persons with criminal record: from 43 to 22 persons (20 in trafficking activities, 2 for personal use).
Of the 521 convicted persons, in the reference year, for committing drug and precursor law offences, 503 were adults and 18 were underage (representing 3.45% of all the persons convicted in 2007). As compared to 2006, when the percentage of underage convicts was of 4.55%, in 2007 a decrease of 1.1 % is noticeable. Among the underage convicts, 14 have

committed offences incriminated under art. 2 (trafficking) of the Law no. 143/2000 for preventing and combating illicit drug trafficking, as last amended and supplemented, and the rest of 4 minors were engaged in illicit drug activities for personal use (art. 4 of the Law no. 143/2000). The number of minors involved in illicit drug and precursor law offences continued to decrease (from 43 in 2005 to 30 in 2006, respectively 18 in 2007).

Figure no. 8-19: Trends regarding the number of persons convicted for drug law crimes by age group, 2001-2007



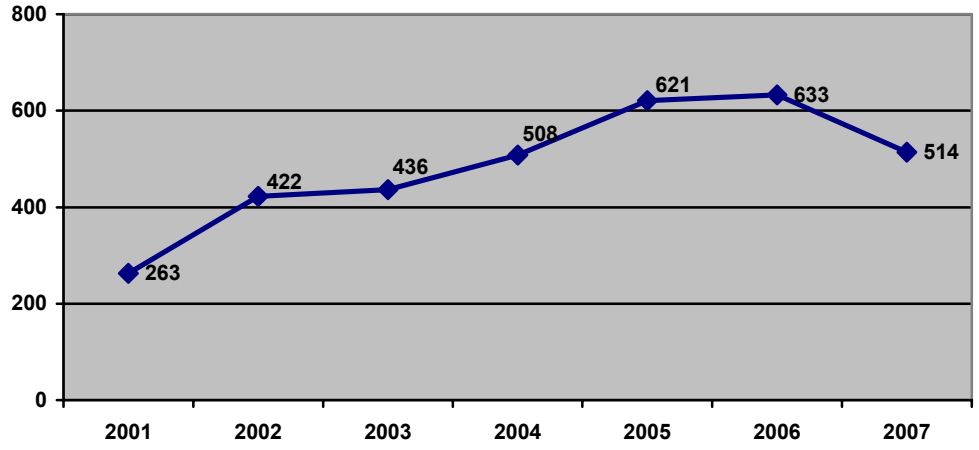
Source: Superior Council of Magistracy

In 2007, the courts did not have penal cases related to precursor law crimes.

- Situation of the persons sentenced to prison

Of all the persons convicted during the reference interval, the courts have sentenced to imprisonment 514 persons, of which 497 adults and 17 underage persons and have imposed fines for a number for 7 persons, among which 6 adults and 1 underage person. If until 2006 there was a constant increase of the number of persons sentenced to imprisonment for drug law crimes, in 2007 there was a shift in the trend, respectively it decreased by 18.79% from 633 to 514 persons.

Figure no. 8-20: Trends regarding the number of persons sentenced to imprisonment, 2001-2007

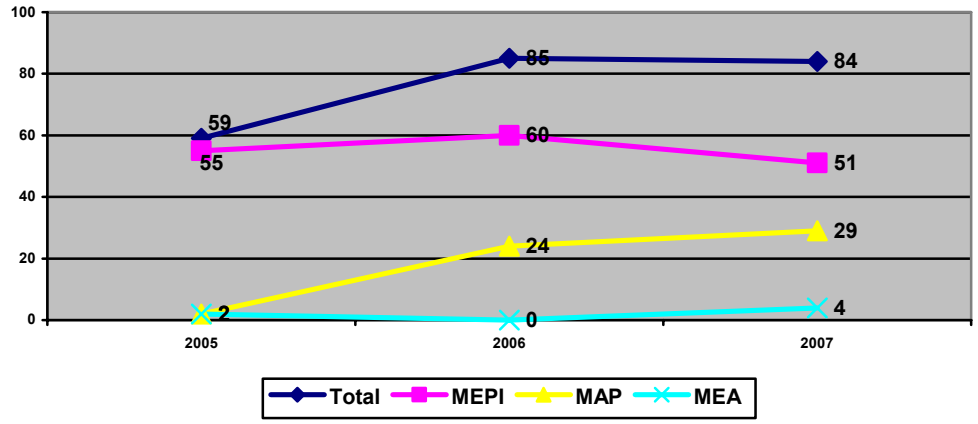


Source: Superior Council of Magistracy

According to the data supplied by the Criminal Investigation Directorate within the General Romanian Police Directorate regarding the persons evading the imprisonment sentences

and the temporary arrest, in 2007, there was required the prosecution of 84 persons, among which 74 Romanian citizens (55 men and 19 women) and 10 foreign citizens (10 men and 0 women).

Figure no. 8-21: Trends regarding the number of prosecuted persons, 2005-2007[52]



Source: Criminal Investigations Directorate, IGPR

For 60.71% (51 persons) of the 84 persons, a warrant for the execution of the sentence to imprisonment was issued (MEPI), for 34.52% (29 persons) a temporary arrest warrant was issued (MAP), and 4.76% (4 persons) evaded the execution of European arrest warrants (MEA) or are prosecuted by the Interpol. A comparative analysis for the last three years is provided in the table hereunder.

Table no. 8-2: Statistics regarding the number of persons for which there have been issued warrants for the execution of the imprisonment sentence (MEPI), warrants for temporary arrest (MAP) or European arrest warrants (MEA), 2005-2007

Calendar Year	**2005**				**2006**				**2007**			
Citizenship	Romanian		Foreign		Romanian		Foreign		Romanian		Foreign	
Gender	M	F	M	F	M	F	M	F	M	F	M	F
There have been prosecuted												
MEPI	35	5	13	2	41	8	9	2	39	7	5	0
MAP	2	0	0	0	20	2	2	0	14	12	3	0
MEA	0	0	2	0	n/a	n/a	n/a	n/a	2	0	2	0
The prosecution was cancelled												
MEPI	16	2	6	0	36	7	10	2	33	6	7	1
MAP	1	1	1	0	17	1	1	0	11	12	4	0
MEA	1	1	1	0	n/a	n/a	n/a	n/a	2	0	2	0

Source: Criminal Investigations Directorate, IGPR

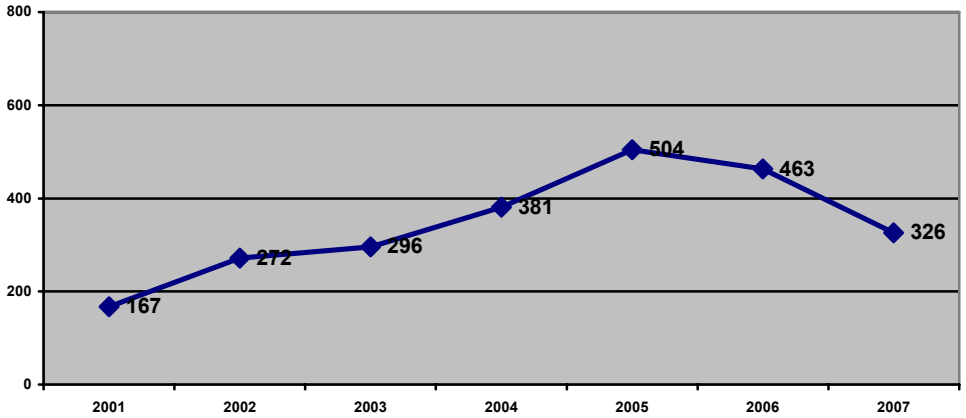
- Situation of the persons convicted to imprisonment, fulfilling the sentence in a penitentiary

In 2007, of the 514 persons convicted to imprisonment, 326 persons (63.42%) were convicted to imprisonment with execution of the sentence in the penitentiary, of which 322 adults and 4 underage, 29.59% less than in 2006 when there were 463 persons (457 adults and 6 underage persons) convicted to imprisonment. With regard to the applied sentence, most persons (52.76%) were sentenced to imprisonment from 5 to 10 years.

[52] In 2006 of the 85 persons, there is a case for evading the execution of a penal sentence of hospitalization

In the last two years, there was a decreasing trend regarding the persons sentenced to imprisonment, from 504 persons (2005) to 463 (2006), respectively 326 persons (2007).

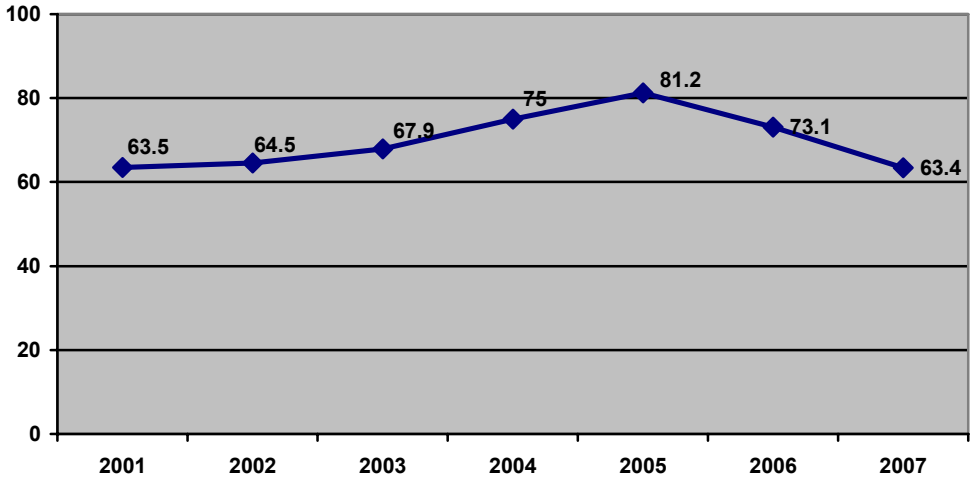
Figure no. 8-22: Trends regarding the number of persons sentenced to prison, 2001 - 2007



Source: Superior Council of Magistracy

As a result, in the last two years, there was a decrease of the percentage of persons convicted to imprisonment with the execution of the sentence in the penitentiary, out of all persons sentenced to prison. Thus, if between 2001 – 2005, the percentage of sentenced persons grew constantly from 63.5% to 81.1%, in 2006 the percentage ended up at 73.1% and in 2007 at 63.42%.

Figure no. 8-23: Trends regarding the rate of incarceration out of the total prison sentences, 2001-2007



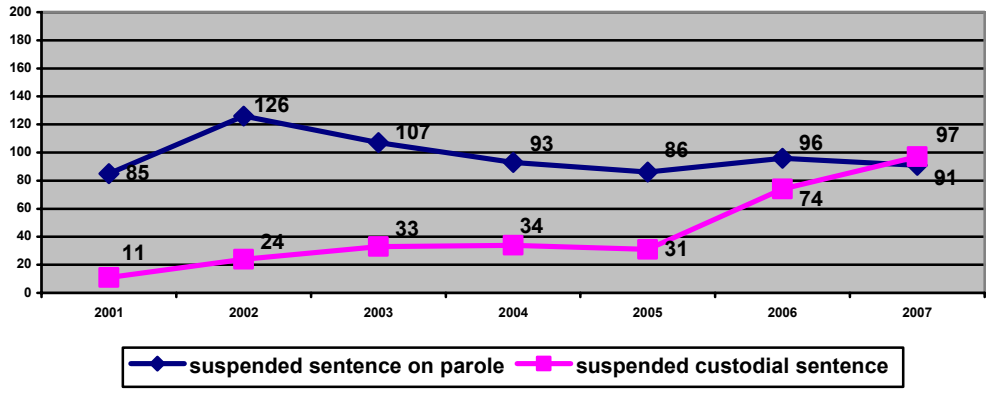
Source: Superior Magistracy Council

On December 31, 2007, in the detention units subordinated to the National Penitentiary Administration there were 1,083 offenders sentenced for drug related offences under the Law no. 143/2000 on preventing and countering the illicit drug trafficking and use, as amended and supplemented. Overall, between January – December 2007, 348 offenders under the Law no. 143/2000 have been placed under custody. Additionally, one offender sentenced under the mentioned law was released after serving the sentence.

- Situation of drug offenders on parole or under custodial sentence

Of the total 521 drug offenders sentenced to prison in 2007, 91 (85 adults and 6 underage offenders) had their sentence suspended on parole, and 97 offenders (90 adults and 7 underage) entered into custody. In comparison to 2006, in 2007 the number of offenders on parole decreased by 5.21% (from 96 to 91 offenders). It should be mentioned that underage convicts paroled are also on a decreasing trend, with their number dropping with 62.55% in reference to the previous year. The number of drug offenders placed into custody increased by 31.08% in comparison to the last year, i.e. from 74 to 97 offenders. Among these offenders, 7.21% were underage, which is 3.16% more than in 2006 when the rate of underage offenders out of the total number of offenders under custodial sentence reached 4.05%.

Figure no. 8-24: Trends regarding the number of drug offenders on parole vs. offenders under custodial sentence, 2001-2007



Source: Superior Magistracy Council

- Situation of people under probation

The number of people evaluated by reports increased with 30.56% in 2007 in comparison to the previous year, i.e. from 229 to 299 people. Evaluation reports have been made for 68 people (22.74%) upon request from penal institutions and for 231 people (77.25%) upon request from courts. In 2007, there was an increase with 11.47% in the number of people for which reports were made at the request of the criminal investigation bodies, in comparison to 2006 and a 37.5% increase in the reports made at the request of the courts.
Of the 68 people whose evaluation were requested by criminal investigation bodies, 44 were criminally investigated under the provisions of the art.2 of the Law no. 143/2000, and 24 people under the art. 4 of the same law. Furthermore, of the 231 people whose evaluation was requested by the courts, 153 people were judged for offences under art. 2, and 78 for offences under art. 4, of the same law.
As for the number of offenders convicted under the Law no. 143/2000, placed under the supervision of the probation services, one should notice an increase of 8.85% in reference to the previous interval, from 113 to 123 people. In addition, the number of convicted offenders under court obligation to attend treatment recorded an increase of 81.81% (from 22 to 40 people) in relation to the previous year. It should be stated that 15 offenders under the Law no. 143/2000, with sentences suspended, benefited from individual care and counselling.

8.2.2 OTHER DRUG RELATED CRIMES (E.G. PROPERTY CRIMES, ILLEGAL PROSTITUTION, PRESCRIPTION OFFENCES, VIOLENCE UNDER THE INFLUENCE; DRIVING OFFENCES, ETC.)

According to the data provided by the Traffic Police Directorate within the General Inspectorate of the Romanian Police eleven drivers were detected under the influence of

narcotics or medicines with similar effects through the 2005 - 2007 interval. Of these drivers, 4 were in the county of Iasi, 3 in Bucharest and the rest in the counties of Bacău, Buzău, Cluj and Satu Mare.
Since April 2006, the arrest unit of the Police station no.12 has been destined for arrested males reported under the influence of drugs. In 2006, 561 people under the influence of drugs were detained in this arrest unit, of which 545 adults and 16 underage, while in 2007, the number of detainees increased to 659 people, of which 643 adults and 16 underage.

Table no. 8-3: Arrests by committed offence, 2006 vs. 2007

Type of offence	Legal classification	No. of people	
		2006	2007
Theft and aggravated theft	Art. 208,209 PC 62	278	323
High risk drug trafficking	Law 143/2000	224	217
Robbery	Art. 211 PC	47	112
Manslaughter	Art. 174–178 PC	6	2
Assault	Art. 181 PC	1	0
Procuring	Art. 329 PC	2	2
Damage	Art. 217 PC	1	0
Fraud	Art. 215 PC	1	3
Illegal confinement	Art. 189 PC	1	0

Source: Directorate General of Police of the Municipality of Bucharest, Police Unit no.12

The 16 underage arrestees in 2007 committed the offence of aggravated theft provided for in the art. 29 in the Penal Code in 12 cases with other four arrested for theft, as stipulated and sanctioned under art. 211 of the Penal Code. The detainees reported under the influence of drugs benefit from specialised medical care provided by the Medical Service of the General Directorate of Bucharest Police.

8.3 DRUG USE IN PRISION

8.3.1 DRUG USE AND PROBLEM DRUG USE AMONGST INMATES

Starting with May 1 2007, National Penitentiary Administration initiated a study on the prevalence of drug related infectious diseases - HIV, hepatitis B and C in prison settings. The study will be used as a baseline for future strategies regarding drug-addicted inmates. At the end of 2007, there were 2061 prison inmates with a history of drug use.

Table no. 8-4: Evolution of the number of prison inmates with a drug use history out of total prison population, 2001-2007

	2001	2002	2003	2004	2005	2006	2007
Prison population	50,035	50,156	46,224	39,265	36,700	35,728	29,689
Prison inmates with a drug use history	1,065	1,131	1,504	2,013	2,402	2,268	2,061
Percentage	21.29	22.55	32.54	51.26	65.45	63.48	69.41

Source: ANP

The distribution of the 2,061 prison inmates by age and gender:
- 126 (6.11%) are aged 15 to 19 years, 566 (27.46%) are aged 20 to 24 years, 837 (40.61%) 25 to 29 years, 532 (25.81%) over 30 years;
- 1820 (88.3%) male and 241 female (11.7%).

In terms of substance of abuse: 1781 prison inmates (86.41%) used heroin, 132 cocaine (6.40%), 114 ecstasy (5.53%), 22 LSD (1.06%), 10 medicines (0.48%), and 2 (0.09%) other types of drugs (cannabis, volatile substances). The main route was intravenous for 1424 prison inmates (69.09%), 637 (30.91%) having used drugs orally.

Chapter 9 – Responses to Social Correlates and Consequences

9.1 SOCIAL REINTEGRATION

In the reference year NAA set up two day centres for drug users, one of which having a social-vocational orientation purpose. In order to meet the needs of the beneficiaries, the day social-vocational centre provides:

a) evaluation services: psychological, social and vocational;

b) psychological services: workshops for relapse prevention, emotion managements, problem solving, communication and decision-making.

c) education, personal and social development services;

d) social-professional guidance services: enabling social-professional orientation and reinsertion.

e) related services such as: parent support workshop, leisure services, etc.

9.2 PREVENTION OF DRUG RELATED CRIME

9.2.1 ASSISTANCE TO DRUG USERS IN PRISONS (PREVENTION, HARM REDUCTION, TREATMENT, SOCIAL REINTEGRATION, COMMUNITY LINKS, ETC.)

According to the statistics of National Anti-drug Agency, at the end of 2007, the number of employees in the field of education and psychological assistance within the penitentiary system was 615, out of which 365 specialized officers (117 psychologists, 80 social assistants, 168 trainers), following that during the next few years, their number shall increase in accordance with the National Standards in the field of education and psychological assistance for the inmates. In every penitentiary at least one psychological consulting room was arranged in order to ensure the quality standards necessary for psychological counseling activities for all the categories of imprisoned persons, including the inmates with a drug addiction history.

In 2007, at penitentiary system level, psychotherapeutic programs were included, implemented by specialized personnel within the psychological assistance services (psychologists, social assistants), in collaboration with the representatives of the medical services, but also with representatives of the local Drug Prevention, Evaluation and Counseling Centers, for a number of 2,559 imprisoned persons with drug abuse history. The activities implied initial psychological and social evaluation, individual and group psychological counseling, psychotherapeutic intervention and social assistance. In these activities, apart from the former (self-declared) drug users, inmates with a history in different addictive behaviors (alcohol, tobacco, medication) that required support were also included. In order to perform therapeutic interventions and to provide assistance services to former users, the penitentiaries benefited from significant support on behalf of the local communities - Local Public Health Authorities, Alcoholics Anonymous Associations, Social Assistance and Child Protection Regional Divisions, Probation Services etc.

41% of the total number of beneficiaries of the Drug Prevention, Evaluation and Counseling Centers within the National Anti-drug Agency were assisted in penitentiaries or under police arrest.

Table no. 9-1: Distribution of the number of beneficiaries assisted in penitentiary/reeducation centre, during 2007, by the CPECA

CPECA	Number of beneficiaries assisted in the penitentiary /reeducation centre	Unit
Alba	4	Aiud Penitentiary
Bacau	1	Tg. Ocna Penitentiary Hospital
Botosani	3	Botosani MSRP
Brasov	1	Codlea Penitentiary
Bucharest, district 3	1	Bucharest Jilava PRMS
Bucharest, district 6	2	Rahova PRMS
Dambovita	15	Gaesti Reeducation Center
Giurgiu	9	Giurgiu PRMS
Iasi	17	Iasi PRMS
Ilfov	151	Bucharest Jilava PRMS
Prahova	15	Targsor Penitentiary
Timis	6	Timisoara Penitentiary
Tulcea	6	Tulcea Penitentiary
Vaslui	1	Vaslui PRI
Total	**232 beneficiaries**	

Source: ANA/DRCD

Within the Bucharest – Jilava Maximum Security Penitentiary (where there are 800 former drug users), NAA, through CPECA Ilfov, performed at the beginning of 2007 a program for prevention of drug use, named *Drugs kill!* that had as general objective information and awareness of the inmates with respect to the consequences of the drug, tobacco and alcohol use and the risks of drug use-related diseases, aiming to promote a healthy life style.
The drug use prevention programs, relapse prevention programs as well as assistance programs were supported in collaboration with the team of the Psycho-Social Intervention Service within the Bucharest – Jilava Maximum Security Penitentiary. The prevention courses were supported especially with help of audio-video materials that best describe the risks of the use-related behavior. Approximately 300 inmates participated.

Following a project elaborated by the National Anti-drug Agency, between March 8th–9th, in Bucharest, TAIEX Bureau within the European Commission organized and financed the seminar *Social Reinsertion of the Former Drug Users that Executed Imprisonment Sentences*. At this seminar participated experts from Great Britain, Sweden, Portugal, Holland and France, specialists within NAA and CPECA and specialists within Romanian governmental institutions and non-governmental organizations operating in this field.

9.2.2 URBAN SECURITY POLICIES IN THE PREVENTION OF DRUG RELATED CRIME (I.E. CITIZEN PARTICIPATION, MULTI-AGENCY COLLABORATION, VICTIM SUPPORT INTERVENTIONS)

No new data are available.

Chapter 10 – Drug Markets

GENERAL PRESENTATION OF THE DRUG MARKET

Romania in 2007 continued to be a transit area for high risk drugs coming from Turkey and Middle East, due to geographic location at the crossroads of drug trafficking routes and along the Balkan Route, as well as the active relations existing between the members of the domestic criminal groups and the external cross-border organised criminality gangs (mainly Turkish but also from the Western Europe – Germany, Great Britain, the Netherlands).

10.1 AVAILABILITY AND SUPPLY

10.1.1 AVAILABILITY OF DRUGS (PERCEIVED AVAILABILITY/ACCESS IN POPULATION, OTHER INDICATORS)

As shown by the general population survey[53], conducted by the National Anti-drug Agency in 2007, in terms of drug availability on the market, over 2% of the general population aged 15 to 64 stated it was easy to get different drugs in 24 hours.

Table no. 10-1: Difficulty to obtain illicit drugs in 24 hours, 2007

	Difficult	Easy
Hashish/Marijuana	73.3%	26.7%
Cocaine	77.4%	22.6%
Heroin	77.1%	22.9%
Ecstasy or other drugs	75.2%	24.8%
LSD, acids	77.4%	22.6%

Source: NAA/RMCDDA

Among 15-24-year olds these rates amount to 30%, which means almost 1/3 of the young population can easily get hold of the mentioned drugs in 24 hours.
The easiest access was reported by Bucharest citizens (32%-42% rate of "easy to get in 24 h" responses, as compared to the other regions in which rates reached only 15-34%.

Table no. 10-2: Difficulty to obtain illicit drugs in 24 hours, by region, 2007 (the answer "easy to get in 24 h")

	Cannabis	Ecstasy	Cocaine	LSD	Heroin
Bucharest	42%	37.9%	33%	32.1%	35.2%
Dobrogea	34.8%	31.7%	28.2%	29.5%	29.5%
Muntenia	29%	27.7%	26.2%	26.5%	25.8%
Oltenia	28.2%	25%	22.8%	23.2%	23.3%
Banat-Crişana-Maramureş	26.7	24.7%	22.5%	21.2%	22.2%
Transilvania	25.5%	23.8%	21.1%	21.8%	21.3%
Moldova	16%	15.3%	14.7%	14.2%	14.8%

Source: NAA/RMCDDA

These perceptions of the availability of different drugs on the market relatively build on how aware the population is of drug issue, as more than 50% of the respondents stated that drug use in is an "important/very important" issue their neighborhood.

[53] *See chapter 2.1*

10.1.2 PRODUCTION, SOURCES OF SUPPLY AND TRAFFICKING PATTERNS, WITHIN COUNTRY AS WELL AS FROM AND TOWARDS OTHER COUNTRIES

In 2007, there were no illicit laboratories for drug manufacture discovered on the national territory. Moreover, as compared to 2006 when anti-drug bodies discovered 8 illicit narcotic plants cultivations, in 2007 no such discovery was made.
In 2007 Romania continued to be a high risk drug transit area, similarly to the previous years. In order to transfer drugs, the infrastructure of the private international merchandise transportation companies is used (trade companies owned by Turkish or domestic citizens) or drugs are concealed as legal trade operations (for example the export of petroleum products in tanks or export of fresh food products). Additionally, small amounts of narcotics are shipped in parcels with the participation of international person's transporting companies or in cars owned by domestic members of organised crime groups.
Generally, Romanian citizens participate in drug trafficking related offences (forging documents), in placing small amounts of drugs on the internal market, or in smuggling drugs abroad through their own companies and handing them over to a local distributor.
The amounts of drugs entering Romania for distribution purposes were still at a low level, due to several factors:

- low number of high risk drug users
- low purchasing power (which generates a retail price lower that in west European countries and a low quality of the drugs)
- relatively time-consuming period needed to recover illicit drug related investments.

Monitoring the precursors circuit in 2007 did not reveal cases of precursor diversion, showing cases of mere disregard of the legal provisions. Yet, the staff of the Anti-drug Directorate participated in a controlled delivery of almost 12 tons of acetic anhydride on the route Slovenia-Hungary-Romania-Bulgaria-Turkey. This operation ended in Turkey with the arrest of 4 perpetrators and the seizure of the entire quantity. Additionally, specialised bodies of the Anti-drug Directorate participated to the identification of an organised precursors trafficking network, made up of Turkish and Iranian citizens that were illegally operating on the Romanian-Turkish route. This police case resulted in 1,180l kg of acetic anhydride uncovered that could have lead to the manufacture of 600 kg of heroin representing 18 million euro value on the illicit market.

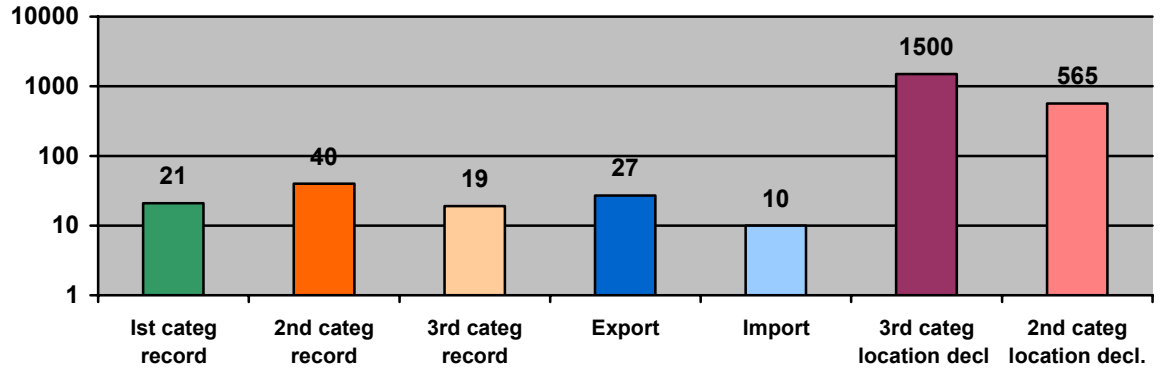
- Monitoring the licit precursor circuit

Authorisation of the precursor operators – an important element in the field of precursors – represents an important stage in defining the role monitoring plays in precursor operations, which implies the development of important cooperative relations with institutions and authorities competent in the field, especially the Inspectorate General of the Romanian Police. Given the novelty of the system, both for operators and authorities, in the analysed interval, the activity focused on the improvement of the legal framework and on solving the requirements of the operators. 2000 requests for authorisation were recorded in 2007, most of which being for the approval or the recording of operations, under the new legal provisions.
Thus, 21 authorisations were issued to companies dealing with 1st[54] category precursors, 40 „records" were made for substances listed in the 2nd category (these companies generally trade in chemical substances across the country), and 19 „recordings" were made for substances listed in the 3rd category.
The import-export monitoring revealed that 27 export authorisations were requested by 7 operators, dealing with 3rd category precursors. Import was authorised for 1st category scheduled substances with 10 such import authorisations issued.

[54] 1st category authorisations issued by the Ministry of Public Health are valid by the expiry date of the same

The issuance of the „Location declaration" for 2nd and 3rd category substances represented the largest workload in 2007.
In this field, 1,500 such declarations were issued for the 3rd category, and 565 for the second.

Figure no. 10-1: Authorisations and documents issued in 2007



Source:NAA/Precursors service

- **Monitoring the poppy and hemp industrial cultivations**

Under art.12, indent 1 and 2 of the Law no. 339/2005 on the legal regime of narcotic and psychotropic plants, substances and preparations, in 2007 the Ministry of Agriculture and Rural Development issued 63 authorisations for the cultivation of hemp and poppy for industrial purposes, of which 39 (61.9%) were for poppy and 24 (38.1%) for hemp.
22 authorisations were issued for hemp cultivations for industrial manufacture: 16 for hemp oil and 6 for fiber, while 2 authorisations were issued for scientific purposes.
All the 39 authorisations for poppy cultivations were issued for pharmaceutical purposes.

The total hemp cultivations amount to 364 ha, 89.96% less year than in the previous year when the surface reached 3,626 ha. Thus, in 2007 there is a decrease from 9 to 6 in the number of counties with this type of cultivation. Hemp cultivating counties in 2007 are Arad (35 ha), Bihor (245 ha), Brasov (35 ha), Neamt (6 ha), Satu Mare (38 ha) and Timis (5 ha).
The total hemp production for fiber manufacture is estimated to 503 tons, with an average production of 4,650 kg/ha, and for hemp oil the total production is estimated to 122.5 tons, with an average production of 500kg/ha.
The total poppy cultivated area includes 248.1ha, which is 8.27 fold larger that in 2006, when 30 ha were recorded for this purpose. This type of cultivation is present in Arad (40 ha), Alba (5 ha), Brasov (0.1 ha) and Timis (203 ha).
The estimated total poppy production in 2007 amounts to 18.5 tons, with an average production of 89kg/ha.

Map no. 10-1: Hemp and poppy cultivating counties

Source: Ministry of Agriculture and Rural Development

10.2 SEIZURES

10.2.1 QUANTITIES AND NUMBER OF SEIZURES OF ALL ILLICIT DRUGS

1. DRUGS

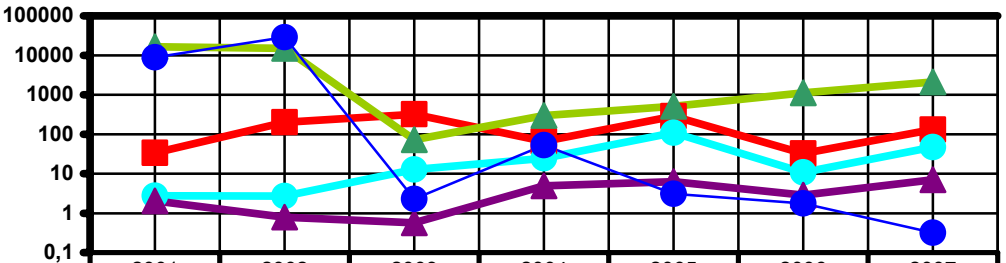
In 2007, 2,304.041 kg, 42,507 pills, 9 blotters and 213 vials of drugs were discovered and impounded in order to be seized, of which:

- high risk drugs were 183.890 kg, 40,424 pills, 203 vials and 9 blotters and
- risk drugs 2,120.151 kg, 2,083 pills and 10 vials

As compared to the previous year, an increase of 81.68% was noticed in the total amount of seized drugs, from 1,268.147 kg to 2,304.041 kg. High risk drugs represent 7.98% (183.890 kg) of the total recorded quantity, while risk drugs have the largest rate of 92.02% of the seized amount.

The opposite situation is noticeable for pills, where high risk drugs reach 95.10% and for vials impounded in order to be seized, in which high risk drugs represent 95.30% of the total 213 recorded vials.

Figure no. 10-2: Trends in seized drugs 2001-2007 (kg)



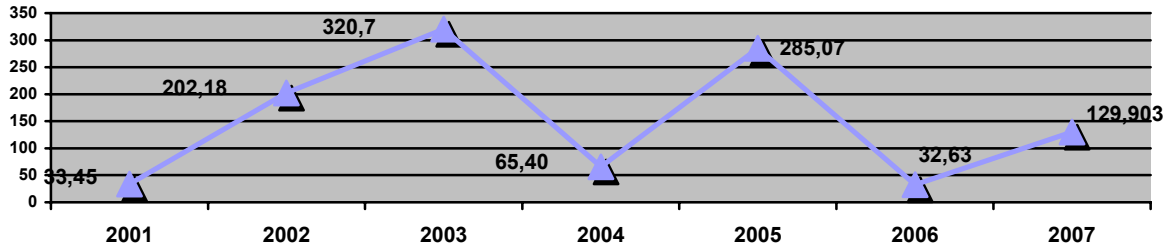
	2001	2002	2003	2004	2005	2006	2007
heroin	33,45	202,18	320,7	65,4	285,07	32,63	129,903
cannabis/hashish	16300,698	14895,3	72,1	298,31	510,04	1127,06	2120,085
cocaine	2,751	2,726	12,68	24,57	109,71	10,71	46,695
opium	2,04	0,794	0,57	4,9	6,25	2,85	7,041
other drugs	8.881,10	28.573	2,31	52,98	3,09	1,75	0,317

Source: General Directorate for Countering Organised Crime, IGPR

HEROIN

In the reference period, 129.903 kg of heroin were seized, which is 298.11% more that in 2006 and 54.43% less than in 2005.
An analysis of the following figure shows the variable dynamics of heroin seizures over the period 2001-2007.

Figure no. 10-3: Trends in heroin seizures (kg) 2001-2007



Source: General Directorate for Countering Organised Crime, IGPR

According to the data provided by the Central laboratory for drug and precursor analysis and profiling within the Inspectorate General of Romanian Police, in 2007, the number of heroin seizures amounted to 984 of which 983 were recorded with the Central Laboratory in Bucharest.

Table no. 10-3: Heroin seizures at central and regional level in 2007

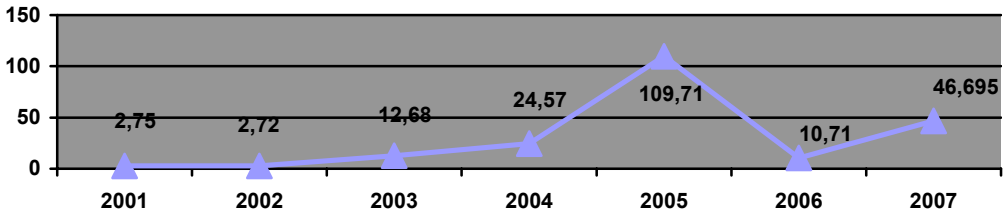
	LABORATORY			
	Central laboratory Bucharest	Regional laboratory Cluj	Regional laboratory Iaşi	**TOTAL**
Number of seizures	983	1	0	**984**

Source: Central laboratory for drug and precursor analysis and profiling, IGPR

COCAINE

The cocaine seized in 2007 amounted to 46.695 kg in 2007, 4.35 more than in 2006 when 10.71 kg of drugs were seized and 2.35 less than in 2005.

Figure no. 10-4: Trends in cocaine seizures (kg) 2001-2007



Source: Central laboratory for drug and precursor analysis and profiling, IGPR

62 cocaine seizures were made in 2007 of which 45 were recorded by the Central Laboratory in Bucharest and 17 by the Regional Laboratory in Cluj.

Table no. 10-4: Cocaine seizures at central and regional level in 2007

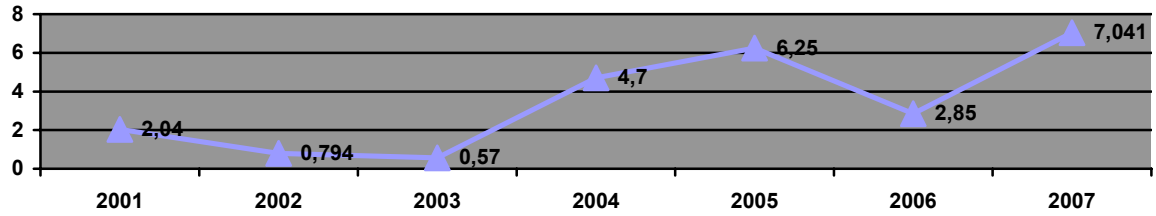
	LABORATORY			
	Central laboratory Bucharest	Regional laboratory Cluj	Regional laboratory Iasi	**TOTAL**
Number of seizures	45	17	0	**62**

Source: Central laboratory for drug and precursor analysis and profiling, IGPR

OPIUM

According to the data provided by the General Directorate of Organised Crime, opium seizures amounted to 7.041 kg, which is the largest quantity recorded in the time frame 2001-2007. Thus, in 2007 there is a 2.45 increase as compared to 2006 and 1.12 increase than in 2005.

Figure no. 10-5: Trends in opium seizures (kg) 2001-2007



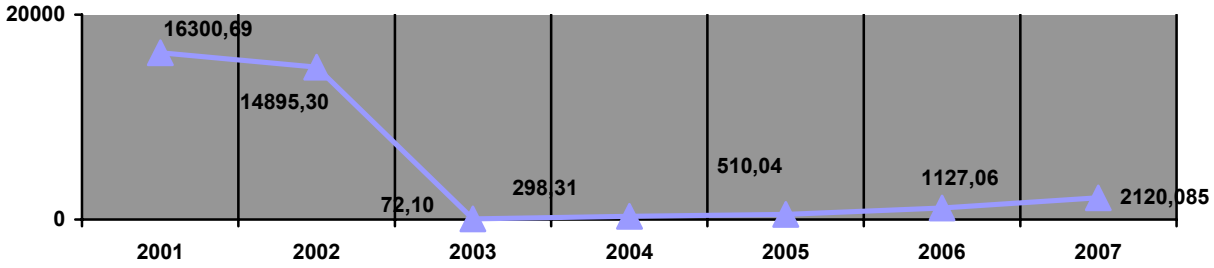
Source: General Directorate for Countering Organised Crime, IGPR

All the 6 opium seizures were recorded by the Central laboratory in Bucharest.

CANNABIS

In the reference period, 2,120.085 kg of cannabis type drugs were seized, out of which 5.365 (0.25%) kg of cannabis resin and 2,114.720 kg of cannabis.
The analysis of the following figure shows a continuous increase of the seized amounts of drugs from 2004 to 2007, when the recorded seized drug quantities were 88.10% higher than in the previous year, when 1,127.06 kg of cannabis-type drugs was recorded.
There is decrease of 46.87% in the seized cannabis resin, from 5.365 kg and an increase of cannabis herbal seizures of 89.33%, from 1,116.965 to 2,114.720 kg.

Figure no. 10-6: Trends in cannabis seizures (kg) 2001-2007



Source: General Directorate for Countering Organised Crime, IGPR

There were 765 seizures of cannabis-type products of which 427 were cannabis herbal seizures and 338 cannabis resin. The largest number of seizures were recorded by the Central Laboratory in Bucharest (177 cannabis seizures and 159 cannabis resin seizures) followed by the Regional Laboratory in Cluj (172 cannabis seizures and 103 cannabis resin seizures). 154 seizures were recorded by the regional laboratory in Iasi of which 78 were for marijuana and 76 for hashish.

Table no.10-5: Cannabis seizures at central and regional level, 2007

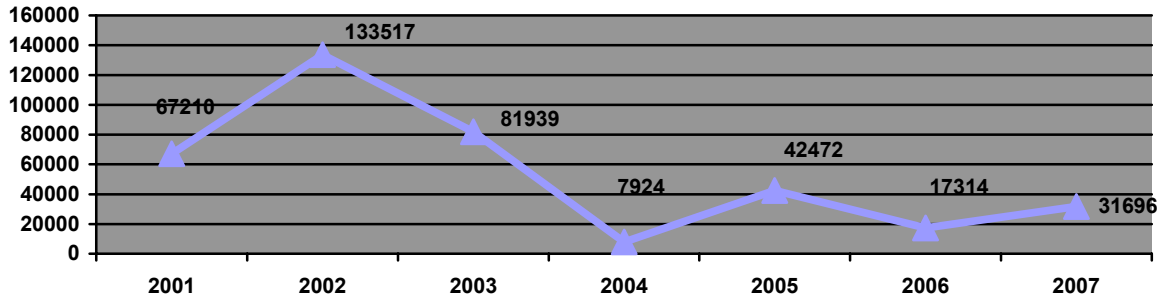
		LABORATORY			
		Central Laboratory in Bucharest	Regional Laboratory in Cluj	Regional Laboratory in Iaşi	**TOTAL**
Number of seizures	**Cannabis herbal marijuana**	177	172	78	**427**
	Cannabis resine	159	103	76	**338**

Source: Central laboratory for drug and precursor analysis and profiling, IGPR

SYNTHETIC DRUGS

The seized amphetamine-type stimulants in 2007 amounted to 31,696 pills, which is 83.06% more than in 2006. In the same interval, 9 LSD doses (blotters) were seized. A fluctuant trend of synthetic drugs seizures has been noticed since 2004, which prevents the outline of a clear trend of the phenomenon.

Figure no.10-7: Trends in amphetamine and derivates pills seizures 2001-2007



Source: General Directorate for Countering Organised Crime, IGPR

185 seizures of amphetamine-type stimulants were made in 2007, of which 129 (69.73%) were recorded by the Central Laboratory in Bucharest, 31 in Cluj and 25 in Iasi.

Table no. 10-6: Synthetic drugs seizures at central and regional level, 2007

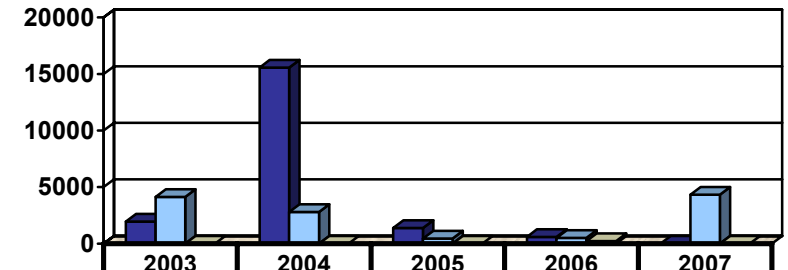
	LABORATORY			
	Central Laboratory in Bucharest	Regional Laboratory in Cluj	Regional Laboratory in Iaşi	**TOTAL**
Number of seizures	129	31	25	**185**

Source: Central laboratory for drug and precursor analysis and profiling, IGPR

2. QUANTITIES AND NUMBERS OF SEIZURES OF PRECURSORS OF ILLICIT DRUGS

In the reference period of time, 9.850 kg, 4,319.405 litres and 14 pills of precursors and essential chemical substances were seized. As compared to the previous year there is a significant decrease of 98.36% of the seized amounts of solid precursors from 602.09 kg to 9.850 kg. However, there is a significant increase by 3,812.35 litres of substances in liquid form, from 507.05 to 4,319.405 litres, which is contrary to the trend in seized pills in 2007 when a decrease of 93.42% was recorded as compared to 2006, from 213 to 14 pills.

Figure no. 10-8: Seizures of precursors and essential chemical substances, 2003-2007



	2003	2004	2005	2006	2007
kg	1936,67	15575,28	1378,35	602,09	9,85
litres	4133,94	2788,95	456,4	507,05	4319,4
pills	0	0	0	213	14

Source: General Directorate for Countering Organized Crime, IGPR

Seized assets and proceeds

Law enforcement institutions ascertained and impounded in order to confiscate 218,253 EURO (75,450 in 2006), 11,078 US dollars (7,813 in 2006), 22,995.97 Romanian RON (10,638.137 in 2006), 4.24 kg of gold, jewelry and gold objects (4.7 in 2006), 1 real estate (3 in 2006), 17 cars (11 in 2006), assets and other valuables amounting to 66.73 RON (1,057 in 2006), from perpetrators acting in illicit drug and precursor-related illegal activities.
In line with the provisions of the Law no. 381/2004, the National Anti-drug Agency received notifications regarding 228 criminal sentences in 2007, which is 14.57% more than in 2006 when 199 final court decisions were received. Through these mentioned decisions, the courts passed solutions regarding the seizure of 8,716,481.61 lei, 104,775.02 EURO, 67,617 US dollars, 2,000 Swiss francs, 20 Turkish pounds, 40 pound, 3,400 bolivares, 2 leva as well as 10 cell phones and one car.
Additionally, in a separate account constituted in the state budget, sub-chapter *Incomes resulted by capitalisation of seized proceeds of drug and precursor related offences*, code 35.01.06, there were 110,075 lei on December 12, 2007. It should be mentioned that 2007 was the first year in which the money resulted from the capitalised seized assets were transferred in this account.

10.3 PRICE/PURITY

10.3.1 PRICE OF DRUGS AT STREET LEVEL

In the reference time interval, cannabis prices varied according to the demand on the illicit market. Thus, the wholesale price for cannabis resin dropped slightly in comparison to the previous year (2500 – 3500 euro/kg), ranging from 2,200 – 2,400 Euro/kg, while the retail price has gone slightly upward, from 5 - 6 Euro/gram to 7-9 Euro/gram (or dose).
The price for cannabis herbal ranges from 1,300 – 1,500 Euro/kg and 6-7 Euro/kg, while the retail price increased by 700 euro.
The wholesale price for amphetamines remained at 2006`s value i.e. 5000 Euro/kg, while a significant downfall was noticed for the retail price: from 40-50 Euro/g to 10 Euro/g in 2007.
The price for a MDMA pills at street level ranged from 7 to 12 Euro, which is similar to 2006.
The wholesale price for cocaine ranges from 42,000 and 44,000 Euro/kg and the retail from 80 - 120 Euro/kg. This stimulant continues to be the most expensive trafficking drug in Romania.
The wholesale heroin price dropped from 15,000-20,000 Euro/kg to 12,000-15,000 Euro/kg. The same trend is noticeable for the retail price, at 2007 level being between 30-35 Euro/g in 2007.

Table no. 10-7: Minimum and maximum limits of the prices of most frequently trafficked drugs on the illicit market in Romania, in 2007

Type of drug	Wholesale price (in Euro/kg, litre or 1000 dose)	Retail price (in Euro/g or for one dose)
Hashish (cannabis resin)	2.200 – 2.400 Euro	7- 9
Cannabis herbal (marijuana)	1300 - 1500	6 - 7
Cocaine	42.000 – 44.000	80 - 120
Heroin	12.000 – 15.000	30 - 35
Amphetamine	5.000	10
Ecstasy(MDMA)	-	7 – 12 /pill
LSD	-	33 /timbru

Source: General Directorate for Countering Organized Crime, IGPR

10.3.2 PURITY/POTENCY AT STREET LEVEL AND THE COMPOSITION OF DRUG/TABLETS

There are no new available data.

PART B. SELECTED ISSUES

Chapter 11 – Sentencing statistics

According to the legal system in Romania, the competences of the police bodies, the prosecutor's office and of the court of law in drug offence matters are clearly stipulated in the law.
Thus, in the case of drug trafficking offences or drug possession offences for personal use, the police can decide to seize substances and ascertain the type of drug, appealing to prosecuting bodies in order to start prosecution procedures, detainment of suspects and to propose to the prosecuting bodies the temporary custody of the suspect. Additionally, the police can impound, make unavailable or make proposals to seize money, goods, objects and valuables, as well as cars and other transportation means if these were used or are proceeds of drug trafficking.

In case of driving a car under the influence of drugs, the police can ask the driver to subject to biological testing at the legal medicine institutes and can request the prosecutor's office to place under pursuit and proceed to the arrest.
Additionally, the police can withhold the driving license until the case is solved by the prosecutor's office or court of law, if legal action is taken. This is the only sanction imposed by the police.

The prosecutor's office is the body, which, under the Romanian law, conducts the criminal investigation in cases of drug law offences, whether related to trafficking or drug use/possession. Thus, at the end of the investigation, the prosecutor's office has the power to dismiss the case or to drop the charges and close the case. These solutions are provided for in the criminal procedure code. Moreover, the prosecutor's office can choose to appeal to the court of law at the end of the investigation. According to the law no. 522/2005[55] in case of drug use/possession offences the prosecutor can decide and impose that a medical, psychological and social evaluation should be made of the drug users in one of the drug prevention, evaluation and counselling centres of the NAA and that he/she should be included, upon one's consent, in a treatment program. This measure does not prevent the continuation of the criminal pursuit, moreover the pursuit continues until one of the mentioned modules is finished. In a relatively similar manner, the prosecutor can decide upon the medical admission of the drug using offender, if the drug intoxication may pose a threat to society.

The cases solved by dismissal or dropping the charges are not evidenced in an informatics archived system, which might enable the resumption of the pursuit in certain cases provided for under the law. One of the reasons for the solutions above can be the age of the offender, if under 14, or if a legal medicine institute established the person was mentally aware when committing the crime and the age of the offender ranges from 14 to 16.
The court of law can choose one or two legal punishment, namely fine or imprisonment. After establishing the type of sentence, the court of law establishes the term of sentence within legal limits for each offence (e.g. imprisonment of 1 year and 6 months for the offence of drug possession/use for which a fine can be given or imprisonment for 6 months to 2 years).
Additionally, after establishing the imprisonment sanction and its term, the court of law can choose suspended sentence within the criminal law restrictions (provided no other offence should be committed – n.n.) or suspended prison sentence, case in which the court can impose such measures as treatment.
The Probation Directorate within the Ministry of Justice is responsible for the surveillance of the convicted offender.
Additionally, the court can decide upon the seizure of drugs, money, goods and of other proceeds of drug law offences.

[55] See chapter 1.1.1

Even if there is no unique collection system or inter-related system enabling data collection, each institution (police, prosecutor's office, court of law) has its own case recording system.
Thus, the police records all offences committed in Romania, including drug law offences or drug traffic offences in numbers and by total committed offences of trafficking, possession/use. The following are used as variables:

- place of offence (county),
- residence area (urban/rural),
- time of offence (day/night).

The data collection system does not include information referring to the type of offence (trafficking or possession/use) by drug category or type of crime i.e. cultivation, production, distribution etc. Moreover, the police keeps record of data such the number of people investigated for drug trafficking related offences, by type of crime (trafficking, possession/use etc), but not necessarily by type of drug.
For the *persons* indicator, the following variables are recorded:

- age,
- gender and
- nationality.

Data on money, assets and valuables made unavailable by the police in order to be seized are also kept. Using the same criteria as those mentioned above, starting with 2008, police will keep separate records of the offences committed by people under the influence of drugs when perpetrating the offence.
At the same time, the police register the total seized quantities of drugs, but only by type of drug and by number of seizures.

The prosecutor's office keeps only evidence regarding the total number of people investigated and of those for whom charges were dropped or prosecution dismissed, as well as the total number of people for which the court of law was called upon to initiate proceedings.

The courts submit aggregated statistical data to the Superior Magistracy Council regarding the number of absolved people, sentenced to imprisonment, under parole or probation, using as variables:

- gender,
- age over or under 18, as well as
- length of sentence.

Additionally, the court of law submits the court decisions on convicted offenders directly to the Romanian Police, in order to enter them in the criminal history data base. To this aim, data are collected by offence, type and duration. The fact that the criminal history also includes the decisions of the courts of law regarding the arrest of people accused of offences such as drug law or drug traffic, is worth mentioning.

PART C. BIBLIOGRAPHY AND APPENDICES

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LIST OF TABLES, FIGURES AND MAPS USED IN TEXT

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LIST OF ABBREVIATIONS USED IN THE TEXT

AP	Action Plan
ALIAT	Association for the Fight against Alcohol and Drugs
ANP	National Administration of Penitentiaries
ANPDC	National Authority for Children Rights Protection
ARAS	Romanian Association against AIDS
CAIA	Integrated Addiction Care Centres
CAN	Swedish Council for Information on Alcohol and other Drugs
CNLAS	National Commission for Fight against AIDS
CPECA	Drug Prevention, Evaluation and Counseling Centre
CSM	Center for Mental Health
CURS	Center for Urban and Regional Sociology
DIICOT	Directorate for Investigation of Organized Crime and Terrorism
DRCD	Drug Demand Reduction Directorate
DGCCO	General Directorate for Countering Organized Crime
EMCDDA	European Monitoring Center for Drugs and Drug Addiction
EMQ	European Model Questionnaire
EO	Emergency Ordinance
ERP	Enterprise Resource Planning
ESPAD	European School Project on Alcohol and other Drugs
FIC	Community Care Foundation
FICE	International Foundation of Educative Communities
GD	Governmental Decision
GPS	General Population Survey
HIV	Human Immune deficiency Virus
ICCA	Regional Office of the International Council for Alcohol and Addiction for Eastern Europe and Central Asia
IDU	Injecting Drug Users
IEC	Information-Education-Communication
IGPF	General Inspectorate of the Border Police
IGPR	General Inspectorate of the Romanian Police
INML	National Forensic Institute

INS	National Statistics Institute
LCAPDP	Central Laboratory, Drug Profiling and Precursors Laboratory
MECT	Ministry of Education, Research and Youth
MIRA	Ministry of Interior and Administrative Reform
MJ	Ministry of Justice
MMSSF	Ministry of Labour, Social Solidarity and Family
MSP	Ministry of Public Health
NAA	National Antidrug Agency
NGO	Nongouvernamental Organization
OG	Official Gazette
PDU	Problem Drug Use
PNESSR	Health Education in the Romanian School National Programme
RAA	Romanian Angel Appeal
REITOX	European Information Network on Drugs and Drug Addiction
RHRN	Romanian Harm Reduction Network
RMCDDA	Romanian Monitoring Center for Drugs and Drug Addiction
SEP	Syringes Exchange Program
SNA	National Antidrug Agency
SNSPMS	National School for Public Health and Sanitary Management
STD	Sexual Transmitted Diseaeses
TVR	Romanian Television
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNOPA	National Union of Organizations of Persons Infected/Affected by HIV/AIDS in Romania
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
WHO	World Health Organization

STANDARD TABLES AND STRUCTURED QUESTIONNAIRES

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2	***Online* Standard Table 02**	Methodology and results of school surveys on drug use
3	**Standard Table 03**	Characteristics of persons starting treatment for drugs
5	**Standard Table 05**	Acute/direct related deaths
6	**Standard Table 06**	Evolution of acute/direct related deaths
7	**Standard Table 07**	National prevalence estimates on problem drug use
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9	**Standard Table 09**	Prevalence of hepatitis B/C and HIV infection among injecting drug users
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