European Monitoring Centre for Drugs and Drug Addiction

NATIONAL ANTI-DRUG AGENCY

NATIONAL REPORT ON DRUGS

2014

ROMANIA

New Developments and Trends

REITOX

The National Anti-Drug Agency would like to thank to all its partners and collaborators for their contribution to this report.

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SUMMARY AND TRENDS

The National Report on Drugs 2014 analyzes data regarding the drug demand and supply in Romania in 2013, national policies and legislation in this field, as well as trends and developments recorded throughout the past years.

The first chapter – ***National context and policies in the field*** – presents the changes that took place in the reference year in terms of the anti-drug policy in Romania. In terms of legislation, 2013 sands out through an increased level of coherence regarding the measures taken for decreasing drug supply and demand, stipulated by the main programming documents adopted in this field: the Government's Programme 2013-2016, the National Anti-drug Strategy 2013-2020, the 2013-2016 Action Plan for the implementation of the National Anti-drug Strategy 2013-2020. The adopted legislation, as well as its implementation, has proven their efficiency by closing down all specialised stores for selling new psychoactive substances.

The following nine chapters include data and information related to drug usage and to the response and measures taken in this field. Thus, the second chapter – ***Drug use in the general population and among targeted groups*** – presents the methodology for performing the fourth study on the general population, using the standard methodology recommended by the European Monitoring Centre for Drugs and Drug Addiction which allows data benchmarking at European level. Also, the chapter presents the results of the survey entitled "Status of Teenagers in Romania", delivered by the Urban and Regional Sociology Centre, with the support of the Institute for Educational Sciences, based on UNICEF's initiative.

The third chapter – ***Prevention*** – is dedicated to programmes aimed at preventing drug usage. Among the recommendations resulted from presenting the objectives and the outcomes of projects undertaken at national and local level, we might underline the following: increasing access to alcohol, tobacco and drug use preventive services of beneficiaries, by diversifying the methods and means of providing information and training teachers to provide this type of preventive services; active involvement of young people, parents and community members in preventing the use of alcohol, tobacco and drugs; active involvement of young people, parents and community members in preventing the use of alcohol, tobacco and drugs.; assessing the services provided through a regular questioning of their beneficiaries; information and awareness raising actions for the general public and the media on issues such as human rights, non-discrimination of drug users, informing and empowering the general population on measures that can be taken to help drug users, existing services etc.; Conducting qualitative studies, in partnership with non-governmental organizations in order to identify groups at risk, the behaviour of injectable drug users and their needs, and also the need to allocate financial, logistical and human resources adapted to prevention needs.

Chapter four – ***Problem drug use*** – presents indirect estimates for the prevalence of problematic drug usage (the number of injectable drug users in Bucharest) by using the multipliers method. The decrease in prevalence of injection drug users in Bucharest city, in 2013, is determined by several factors: "ageing of the cohort", in the sense of a long injection history, decrease in injection drug users coming to treatment centres, impact of legal measures on selling NPS, a shift in consumption patterns, a better coverage of the reference population by syringe exchange programmes. The profile of injection drug users at national level developed based on data from monitoring indicators in 2013 is similar, irrespective of the type of care (syringe exchange programme, admission to treatment, emergency medical care): male, average age of 30, living in Bucharest, with a long history of consumption of mainly opiates.

Chapter five – ***Drug related treatment*** represents another key epidemiological indicator, including information on the system of treatment and on the development in time of such issues. Thus, in 2013, **1645** individuals received care for use of psychoactive substances; compared to the previous year, we notice a 17.4% decrease in the number of patients, still circa 10% higher than compared to 2004. In terms of the *main drug type*, we notice that the most used are opiates (heroin and methadone), NPS and

cannabis; we must mention, in this context, the increase in admissions to treatment for cannabis use. In terms of territorial distribution, cannabis and NPS use has the widest spread; while Bucharest-Ilfov registers the highest usage of opiates and NPS, the most requests for hypnotics and sedatives are found in Iasi and Cluj. Furthermore, the most risky areas appear around large university centres or border areas. The majority of beneficiaries of support services are males. Compared to relapses, new cases have smaller values, both for the youngest onset age and for the most frequent age and, implicitly, average age for admission to treatment; the smallest values for average onset age/age for admission to treatment are for inhalants and the highest values for hypnotics and sedatives. The *shortest period of use prior to first request of assistance* is for NPS (2.3 years), followed by inhalants and hypnotics/sedatives (2.9 years), while the highest value is for opiates: average – 7.4 years and the most frequent value – 4 years. Although injection has been since 2006 the most used method of administration, starting with 2010 we notice a decrease in injection drug use and an increase in pulmonary and oral use.

The sixth chapter – ***Health correlates and consequences*** – includes information on the other two key epidemiological indicators: drug related infectious diseases and deaths consequent to drug use, as well as data on other drug related health correlates and consequences: medical emergency cases consequent to drug use and drug related psychiatric pathology.

Regarding ***infectious diseases associated to drug use***, HBV and HIV prevalence among IDUs show significant increasing trends in 2013, while HCV prevalence shows a slight decrease, mainly due to the increased "visibility" of the phenomenon, following the response of national authorities and non-governmental partners after the HIV outbreak in 2011. Another explanation for the trends registered in the three types of infections may be the insufficient resources and interventions to reduce the risks of infectious diseases associated with injecting drug use, especially in terms of projects undertaken by specialised non-governmental organizations. Data for HIV infection show double prevalence among IDUs, compared to the previous year. In terms of the socio-demographic indicators, these define, both for IDUs benefitting from treatment services and for IDUs benefitting from needle exchange programmes, an extremely vulnerable population, in terms of lack of subsistence means, low level of education, ethnical component (high prevalence of Roma sub-population in the needle exchange programmes) and anomic behaviours (commercial sex, drug related crimes etc.). In terms of injecting drug user gender and age group, we see a predominance of male users (with a trend to balance the prevalence in both genders), aged 24-35 years old and more. In 2013, heroin is again the main injecting drug, but we also found significant levels of NPS use (as main drug or in combination with heroin or methadone). The rate of shared use of injecting tools doubled, among a population of mainly drug users with long injecting history, who access treatment services, and this has a significant contribution to the increase in the infection risk.

In terms of ***medical emergencies resulted from drug use***, even if this is not a key epidemiologic indicator, it reflects real-time changes in the consumption pattern at national level. The detailed conclusions of this sub-chapter indicate that Medical emergency cases caused by illicit drug use are still more concentrated within several administrative-territorial units (Bucharest Municipality, Cluj, Iaşi and Galați). Among illicit drugs, new psychoactive substances ("ethno botanicals") are still the most important issue among medical emergencies caused by exclusive or multiple drug use of the total number of medical emergencies caused by illicit drug use. The upward trend in the number of emergency cases caused by multiple drug use was maintained, but it showed a moderated rate of increase, while we may also notice increases of the number of emergency cases caused by exclusive opiates and stimulants use. The report mentions 9 deaths following illicit drug use of persons who made use of emergency medical services. The morbid consequences of NPS use are aggravated by the risks associated with the injecting use pattern preferred by almost one quarter of the patients who accessed emergency units due to problems caused by NPS use, which is confirmed by the higher HIV, HBV and HCV prevalence among cases users than among emergencies caused by the use of other illicit drugs.

The indicator for **drug related deaths** points to a relatively stabilised number of drug related deaths, as the trend for such figures is to reverse to the levels of 2007-2010. However, there is a significant increase in the average death age – indicating the "ageing" of previous drug users with progressive accumulation of

complications. The average indirect deaths age is paradoxical, as it is lower than the average age found in direct deaths, probably a reflection of the accelerated degenerative potential of the new substances in use (with relatively rapid deterioration/decompensation, once chronic consumption is initiated), but also of such substances' lower lethal potential (that seldom leads to lethal overdoses). The opiate category remains the most thanato-generating drug, however frequently associated with medicines. Nevertheless, one may note a re-occurrence of substances in the range of substances seldom identified as associated with direct drug related death in the past years (tramadol, cocaine). However, a certain level of uncertainty remains in terms of having a clear picture on this indicator, as a result of case underreporting due to failure to report in the Special Mortality Registry (managed by the forensic institution) indirect drug related deaths, which is in its own turn due to the particular characteristics of their definition that eludes forensic expertise.

The seventh chapter, ***Responses on the consequences of drug-use on health*** describes the actions initiated especially as a result of identifying the HIV infection epidemics among active IDUs in Bucharest, which called for an expedited enactment of intervention measures, implemented and developed during 2013. The analysis of data demonstrates an increased cooperation between all institutional stakeholders involved, while the governmental stakeholders took actions to support the partners from among the civil society which have developed interventions in order to limit the proliferation of HIV epidemics among IDUs. As a summary, the results of analysing such data for 2013 indicate an almost double prevalence in heroin use compared to new psychoactive substances, still with a rather high value if we also consider the percentage of users of both substances. **The number of distributed syringes doubled compared to the previous year, similar to the peak of 2008-2009 and a historical peak in terms of the average number of distributed syringes/beneficiary/year (almost 400 units) was reached**. The percentage of beneficiaries of specialized additional services related to syringe exchange programmes has increased for all types of services; however, although they received medical care or were screened for infectious disease, there were very few cases (4 in 2012 and in 2013) of referrals/joint visits/transport to upper level services (to confirm screenings or for admission to treatment).

The eighth chapter ***Social correlates and social reintegration*** tackles aspects regarding the legal context and policies in this field and also social exclusion among drug users. In the year of reference, the civil society, as well as state institutions continued to provide social integration/reintegration services for drug users in a fragmented and non-adapted to the needs manner. In what regards the provision of integration / reintegration of drug interventions, one may notice an expansion of interventions from the addicted person to their family, with a focus on providing services to children and adolescents from families in which one parent / both are drug consumers. However, the small number of drug users social rehabilitation services providers reflects an insufficient development of preliminary services (Level 1 and Level 2 support). Data resulted from the analysis of databases on *Admission to treatment as a result of drug use* and *Medical emergencies as a result of drug use* indicate that, in general, the beneficiaries admitted to treatment for drug use in 2013 are unemployed, they have a secondary level of education, stable housing where they live with together with their parents or family of origin. In case of the medical emergencies resulted from illicit drug, reported in 2013, the patients who referred to the medical emergency services were unemployed and they have a secondary level of education.
The ninth chapter – ***Drug-related crime, prevention of drug related crime and prisons*** – addresses indicators regarding the number of crimes and investigated/convicted individuals, analyzed according to the three stages of the criminal trial, and also presents information on the drug usage in prisons and interventions applied within the judicial system. 2013 recorded the highest number of solved cases, indictments, prosecutions and arraignments, while the number of criminals prosecutions increased significantly, maintaining an increasing trend in the number of members of dismantled crime groups, thus relating to the idea that there is a higher level of organization of crimes in this field. Compared to 2012, the number of convictions to imprisonment for drug possession with intention to use for one's one consumption (art.4 Law 143/2000) plummeted and there was an increase in the number of court decisions ordering suspension on probation in such cases.

In terms of ***drug use in prisons***, for the first time in the past four years, one may identify a decrease in the percentage of self-declared drug users, given the increase in the total number of prisoners. Also, inmates

stating to use drugs in the age group of 15-19 years register the highest value in the entire reviewed period. In correlation with the decrease in the percentage of self-declared drug users among inmates who administer their main consumption drug through injections, one may notice a decrease in the percentage of inmates stating that heroin is their main drug.

Data regarding the drug supply (availability of drugs, trafficking routes and drug capturing, market price of drugs) are presented in the tenth chapter – ***Drug markets***. Romania retains its position as an important place of transit for the northern branch of the Balkan route of heroin trafficking, and it is becoming an interesting country for spontaneous illegal activities on harvesting and trafficking cannabis. Moreover, Romania, through Constanta Port, continues to be an alternative to organized crime networks to smuggle into Europe cocaine from the South America, while it also a destination country for most type of drugs, brought in low quantities, mostly heroin, cocaine, cannabis resin, cannabis and synthetic drugs. The increase in the number of seizures and quantities of heroin seized for the second year in a row confirms the forecast for 2013**,** while the local market continues to be under the pressure of evolving opiate poppy crops from Afghanistan which continued to grow significantly in 2013, compared to 2011 and 2012. Cannabis is still the most used drug and, for the first time, an industrial crop of cannabis was identified which was to supply markets in Germany, the Czech Republic and Hungary. In 2013, we notice a decrease in the seized quantities of cannabis and cannabis resin on the drug market in Romania, but the trend continues to increase compared to the reviewed period. Most of the cannabis seized had Romania as a country of origin, which shows an increase in small traffic quantities for own use. The presence of cocaine on the drug market in Romania registered a slight decrease compared to 2012, but it continues to maintain a rather constant level. Regarding new psychoactive substances, 2013 brings a slight invigoration of the demand for this type of new psychoactive substances, as during this year four clandestine laboratories were identified in Romania, of which two were used for redesigning new psychoactive substances, while the other two were used as small-size production facilities with a low output.

Chapter 1 – National context and policies in the field

1.1 LEGAL FRAMEWORK

1.1.1 LAWS, REGULATIONS, DIRECTIVES OR GUIDELINES IN THE FIELD OF DRUG ISSUES

In 2013, the activities related to legal framework harmonisation and development led to the initiation, development and promotion of draft regulatory documents in the anti-drug field, as well as to the substantiation and support of specialist positions and opinions on draft regulatory documents on drugs and other related fields.

Among them, we present the most representative:

- **Draft**[1] **Law supplementing and amending the Annexes to** Law no 143/2000 on preventing and countering the illicit drug use and trafficking **and supplementing the Annexes to** Law no. 339/2005 on the legal regime of plants, substances and drugs preparations with narcotic and psychotropic contents. This regulatory document aims at protecting population health, especially the health of teenagers and young people, by reducing the risk of illness or death caused by the use of such substances, by reducing crime and non-taxed incomes in the Romanian market. Annexes to Law no. 143/2000 added 30 new psychoactive substances. Table I "Banned plants, substances and drugs preparations with narcotic and psychotropic contents, without recognised medical use" of Law no 339/2005 on the legal regime of plants, substances and drugs preparations with narcotic and psychotropic contents was amended to allow for the purchase of samples of substances controlled by the laboratories of the institutions with expertise duties, in order to identify such substances in the analysed tests. Table II of Law 339/2005 adds a new psychoactive substance, Tapentadol, having the properties of an agonist on opiate receptors and additional noradrenaline recapture properties, belonging to the pharmacological class: analgesics; opiates. The substance is registered as medicine by the National Agency for Medicines and Medical Devices, which recommended its introduction in Table II of Law 339/2005 for the purposes of strict monitoring of distribution and safe use of medicines containing this substance.
- **Draft law for amending Law no.194/2011 on counteracting operations with products suspected as having psychoactive effects, other than those stipulated in the regulatory documents in force**. The draft law aims at amending Law no 194/2011 with the purpose of empowering the competent bodies (National Authority for Sanitary Veterinary Care and Food Safety, National Authority for Consumer Protection, Ministry of Communication and Information Society, Ministry of Health), taking into consideration realities in other countries such as Poland, Sweden, Denmark, UK or Germany, which banned a large number of substances identified as psychotropic substances.
- **Draft law on fighting drug driving, and drug use by persons working in fields of high risk for the safety, security and health of third parties**. The draft law aims to protect safety on public roads and to safeguard the life, integrity and health of people engaged in driving or travelling on public roads, to protect the legitimate rights and interests of those persons, of the public and private property and the environment.
- **Draft**[2] **Governmental Decision approving the National Anti-drug Strategy 2013-2020 and the Action plan 2013-2016 for the implementation of the National Anti-drug Strategy 2013-2020**, initiated by the National Anti-Drug Agency with the consultation of stakeholders and civil society;
- Draft **Governmental Decision approving the National programme of prevention and medical, psychological and social care for drug users 2013-2016**. This draft regulatory document focuses on reaching the objectives set in the National Anti-drug Strategy 2013-2020 and in the

[1] Adopted by Law no 51/2014 (issued by: the Parliament of Romania, published in the Official Gazette No 322 of 05 May 2014)

[2] Adopted by GD no 784/2013 (issued by: the Government of Romania, published in the Official Gazette, Part 1, No 702 of 15 November 2013)

Action plan for the implementation of the National Anti-drug Strategy 2013-2016. Thus, according to the programme documents, by the end of the reference period, the national integrated prevention and care system will be strengthened, according to the scientific evidence, to include all programmes, projects and universal, selective and indicated prevention interventions implemented in school, family and community, as well as interventions to identify, attract and motivate drug users in order to supply specialist assistance services aiming at social integration. Prevention programmes and interventions aim at enhancing the influence of the protection factors and at reducing the risk factors, by involving the general population, especially the vulnerable groups, in drug use prevention programmes - universal, selective and indicated, underpinned by scientific evidence and compliant with quality standards. The objective of the prevention programmes is to inform, educate and raise awareness among general and school population and vulnerable groups on the effects of alcohol, tobacco, drug and new psychoactive substances use and to develop new attitudes and practices among these categories of population, by guiding them towards cultural, artistic and sports activities, as an alternative to drug use. At the same time, the draft regulatory document aims to promote scientific research as a fundamental core in defining and developing response actions to the drug phenomenon, by setting up a specialist laboratory for toxicological and medical tests to implement certain medical (clinical) research programmes in the field of addictions, to provide the clinical analysis and risk assessment of newly identified psychoactive substances, as the Council Decision 2005/387/JHA provides for setting up the early warning system for new psychoactive mixtures/substances (NPSs), jointly managed by the European Monitoring Centre for Drugs and Drug Addiction (OEDT) and Europol, using the REITOX Network of National Focal Points as well as other resources – university/specialised laboratories to perform the risk assessment for newly identified substances (system implemented by Romania since 2007, although Romania lacks the real capacity to provide timely, relevant and full data on the possible newly identified substances).

- Draft **Governmental Decision approving the National programme of prevention and medical, psychological and social care for drug users 2013 – 2016**. In compliance with programme documents, namely the National Anti-drug Strategy 2013-2020 and the Action Plan 2013–2016 for the implementation of the National Anti-drug Strategy 2013-2020, by the end of the reference period, the the national integrated prevention and care system will be strengthened, according to the scientific evidence, and a coherent community framework will be developed with a view to reducing drug demand, by enhancing the cooperation with civil society and promoting European and international standards in the field of drug use prevention and drug user care. The National programme of prevention and medical, psychological and social care for drug users 2013 – 2016 includes the cooperation with the civil society and proposes various objectives, action lines and changes (by 2016) aimed at supporting the overall objectives of the institutional strategic vision, in the context of the need for adequate response, adapted to the dynamics of the phenomenon, in the fields of education, health, social inclusion and public order. The National programme of prevention and medical, psychological and social care for drug users 2013 – 2016 aims at piloting and promoting good practice models in the field of reducing drug demand, according to the European and international standards in the field and will contribute to reaching the objectives of the strategic documents – National Anti-drug Strategy 2013-2020 and the Action Plan 2013–2016 for the implementation of the National Anti-drug Strategy 2013-2020, and to all prevention actions implemented to avoid and delay initiation of drug use, to avoid higher risk drug use and to promote a healthy life style, as defined by Art. 4. paragraph (1) of the GD 860/2005 approving the Regulation on the enforcement of Law 143/2000 on preventing and combating illicit drug trafficking and use, with its subsequent amendments, as well as to all programmes and services which are part of the integrated drug user and drug addict care system, as defined by Art.1 letters h2) and h3) of Law no 143/2000. Prevention programmes and interventions focus on enhancing the influence of the protection factors and on reducing the influence of the risk factors, by involving the general population, especially the vulnerable groups, in drug use prevention programmes - universal, selective and indicated, underpinned by scientific evidence and compliant with quality standards. Prevention programmes include twofold actions, namely information, education and raising awareness among general and school population on the effects of drug use, including alcohol,

tobacco and new psychoactive substances, as well as the development of targeted interventions both for the general population and for the drug users, by developing a help-line service. The information/education/raising awareness interventions include the development of attitudes and practices among these categories of population, by guiding them towards cultural, artistic and sports activities, as an alternative to drug use. The actions included in the National programme of prevention and medical, psychological and social care for drug users 2013 – 2016 aim at increasing the availability, accessibility and coverage of services included in the integrated drug user and drug addict care system, by means of developing and implementing adequate and necessary policies. The purpose of completing the network of services aimed at reducing the risks and negative consequences related to drug use, adapted to the needs of drug users who have not accessed the services provided by the care system, is to identify, attract, motivate and refer them to more specialist services, and to provide access to the basic social and medical needs, linked with the existing resources of the integrated care system. This regulatory document also proposes an type of integrative action, based on the specificity of drug use issues, and on the need for an operational integrated care system for drug users from the custody, re-education and detention centres; in order to reach significant outcomes, there is a need for transfer of expertise in the field of reducing drug demand and development of social and medical interventions in environments involving deprivation of liberty, and the most visible outcomes are obtained in partnership with the civil society. The development of services such as drug user shelters, social centres for homeless children, community outreach services, assisted living facilities, as well as the promotion of such services aim at strengthening the capacity of the integrated drug user care system, so that, through the implicit development of methodologies and operation rules they may ensure coherence with the medical and social systems, thus reaching maximum community impact of policies in the field. At the same time, this regulatory document contributes to civil society involvement in reaching the objectives set within the horizontal pillar for reducing drug demand, adding in a coherent and structured manner the medical, psychological and social care services to the integration actions included in the drug use prevention projects and programmes – universal, selective and indicated.

Also, viewpoints on European regulatory documents were analysed and developed upon request of European and international bodies in the field:

- **Proposal for a Directive of the European Parliament and of the Council amending Council Framework Decision 2004/757/JHA of 25.10.2004**[3] laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking, as regards the definition of «drug».
- **Proposal for a Regulation of the European Parliament and of the Council on new psychoactive substances**.

Among the amendments to drug related legislation, we should mention the adoption of ***Order no 1512/12.12.2013***[4] ***approving the Methodological rules on the harvesting, storage and transportation of biological testing material for the purposes of probation by establishing the blood alcohol content or the presence of narcotic substances or products or of medicines with similar effects in the body in case of persons involved in road traffic incidents***, amending Order 376 of 2006[5] approving the Methodological rules on taking biological samples to determine the alcohol intoxication and the influence of narcotic substances or products or of medicines with similar effects on the behaviour of vehicle and tramway drivers. The novelty introduced by this regulatory document is related to the procedure for harvesting biological testing material to be applied in case of persons involved in road traffic events or incidents, to determine the blood alcohol content or the presence of narcotic substances or products or of medicines with similar effects in the body. Thus, according to the methodological rules approved by this Order, in the situations provided for by the legislation, the biological testing material (blood and urine) necessary to determine the presence of narcotic substances or products or of medicines

[3] COM (2013) Proposal
[4] Issued by the Ministry of Health, published in the Official Gazette no 812 of 20 December 2013
[5] Issued by the Ministry of Health, published in the Official Gazette no 363 of 26 April 2006

with similar effects in the body shall be harvested separately from the biological testing material necessary to establish the blood alcohol content, using standard kits (whose prototype was approved by the Superior Council of Forensic Medicine), as follows:

Art. 13

(1) The following testing material shall be harvested to determined drug presence in the body:

a) A blood sample of 20 ml;

b) A urine sample of at least 20 ml.

(2) The blood sample shall be harvested, as a rule, initially and then it shall be immediately distributed equally, in 4 vacuaettes of 5 ml each, two of them without anticoagulant substances and two vacuettes containing an anticoagulant substance.

(3) The urine sample, usually harvested after the blood sample, even after a certain time period necessary for urine accumulation, shall be harvested using the special phial of the standard kit.

(4) The traffic police agent shall be responsible for the supervision of the person involved in road traffic events or incidents until the urine sample or the blood sample has been harvested.

5) The urine sample shall be harvested by the person involved, in an adequate environment ensuring intimacy, without allowing the presence or other persons or animals at the respective location.

(6) Before harvesting the urine sample, the person involved shall be checked by the traffic police agent to identify and remove any substances which might be introduced in the urine sample.

(7) În exceptional cases the urine sample may be harvested by bladder probing.

(8) The biological testing material harvested according to paragraphs (1), (2) and (3) shall be introduced in the respective containers of the standard kit, which shall be secured afterwards.

The following regulatory documents related to reducing drug supply and demand were also approved:

- Law no 252/2013[6] on the organisation and functioning of the probation system, including provisions on the enforcement of the obligation provided by the new Criminal Code, Art. 85 paragraph (2) letter (d) and Art. 93 paragraph (2) letter c), on the measures of control, treatment or medical care, in case of postponing the sentence and suspended sentence on parole, as well as of the obligation to follow programmes which may be ordered in case of drug users registered with probation services. A Governmental Decision on the enforcement of provisions related to probation included in Law no 252/2013 is under development.
- Law no 43 of 4 March 2013[7] approving the Government Emergency Ordinance no. 105/2011 amending art. 1 of Law no 143/2000 on countering the illicit drug trafficking and use, and art. 8 of Law no 339/2005 on the legal status of narcotic and psychotropic plants, substances and preparations.
- Order no 73 of 27 May 2013 on the organisation and functioning of facilities for material evidence[8].
- Decision no 221 of 30 April 2013[9] approving the National Anti-doping Strategy for 2013-2017 and the Action Plan for its implementation.
- Decision no 134 of 7 March 2013[10] on the exception of unconstitutionality of the provisions of Law no 194/ 2011 on countering the operations with products susceptible of having psychoactive effects, other than the ones provided by the regulatory documents in force.

Two legal initiatives[11] were developed on cooperation in preventing and countering illicit drug trafficking, money laundering, organised crime, human trafficking, terrorism and terrorist financing and other major crimes[12], and on amendment of Law no 143/2000 on preventing and countering the illicit drug use and trafficking, with its subsequent amendments and additions and of Law no 339/2005 on the legal status of narcotic and psychotropic plants, substances and preparations.

[6] Published in the Official Gazette no 512/2013

[7] Issued by the Parliament of Romania; published in the Official Gazette no 126 of 7 March 2013

[8] Issued by the Ministry of Internal Affairs; published in the Official Gazette no 315 of 31 May 2013

[9] Issued by the Government of Romania; published in the Official Gazette no 282 of 20 May 2013

[10] Issued by the Constitutional Court; published in the Official Gazette no 220 of 17 April 2013

[11] The Senate of Romania – Legal bulletin, September-December session 2011

[12] Law 330/2013 05.12.2013

Table 1-1: Legal initiatives of the Government of Romania on topics related to the drug phenomenon, 2013

No	Initiative No	Title of draft legislation	Adopted by
1.	PL-x 250/02.09.2013	Draft Law ratifying the Agreement between the Government of Romania and Government of Ireland on cooperation in preventing and countering illicit drug trafficking, money laundering, organised crime, human trafficking, terrorism and terrorist financing and other major crimes, signed at Dublin on 17 January 2013	Law 330/2013 05.12.2013
2.	PL-x 495/12.11.2013	Draft Law amending and supplementing Law no143/2000 on preventing and countering the illicit drug use and trafficking and the Annexes of Law no 339/2005 on the legal status of narcotic and psychotropic plants, substances and preparations	Law 51/2014 17.04.2014

Source: NAA

15 interpellations and questions on drug issues were addressed in 2013 by Members of the Romanian Parliament, as follows:

Table 1-2: Interpellations and questions addressed by Members of the Parliament on drug-related topics, 2013[13]

No	No/date of interpellation/question	Contents of interpellation/question	Answer to interpellation/question
1.	Interpellation no.117B/19-03-2013 Eradication of drug use as a priority of the Ministry of Health	The interpellation was addressed to the Ministry of Health. The document refers to the studies developed by the National Anti-Drug Agency and by the National Administration of Prisons showing a prevalence of drug use of 4.5% in Romanian prisons; at European level, every year about 25% of the total inmates are registered as convicted for drug use or trafficking, while 26% of the total number of inmates use drugs in prisons. The interpellation requested statistics on drug users in 2010, 2011 and 2012, by age group, professional background and county, the actions and studies developed by the Ministry of Health in cooperation with other relevant institutions on the topic of drug use in Romania, as well as the Ministry of Health policy on drug use prevention and countering in Romania.	In Romania, the National Anti-Drug Agency develops the annual national report on the evolution and level of illicit drug use and trafficking, based on the information provided by the organisations and institutions acting in the field. Also, the Ministry of Health has a limited role in the eradication and countering drug use, mainly involvement in the endorsement of legal initiatives. An important role is the provision of medical services to all drug users who come or are brought by ambulance to emergency services for symptoms related to psychoactive substances use and intoxication.
2.	Interpellation no.936B/17-12-2013 Actions taken to end the critical situation caused by the spread of the HIV/AIDS virus	The interpellation was addressed to the Ministry of Health. The document refers to the 2012 reports of the National Anti-Drug Agency describing an alarming reality – an increase by 24.5%, and by 82.4% respectively of the infection with hepatitis B virus B and hepatitis C	According to the National HIV/AIDS Strategy (under inter-ministerial endorsement at interpellation date), the 1st intervention priority – to prevent HIV transmission – focuses on programmes to ensure prevention of vertical transmission, prevention of transmission among young people, prevention of transmission among injection drug users, prevention of transmission

[13] http://www.cdep.ro/pls/parlam/interpelari.home
http://www.senat.ro/EnumGrupuri.aspx

No	No/date of interpellation/question	Contents of interpellation/question	Answer to interpellation/question
	among drug users	virus and the spread of the HIV/AIDS virus by 24.9%. Although the Ministry of Health provides 1 million syringes for drug users, estimates show this is not sufficient, and 4 million syringes are needed to put an end to the epidemiologic urgency. The interpellation requested information on the actions taken by the Ministry of Health to remedy the critical situation caused by the spread of the HIV/AIDS virus among drug users, as a possible HIV/AIDS epidemics might be a real and extremely serious danger for health and national safety.	associated with commercial sex, prevention of transmission among men who have sex with men, prevention of transmission within the prison system, prevention of transmission within disadvantaged communities, prevention of transmission within the health system and at the workplace. Occurrence of "legal" drugs (ethno-botanical drugs) led to an alarming increase in the HIV infection cases among injection drug users, due to the increase in the number of daily injections, to more than 10 per day, compared to "classical" drugs, leading to the urgent implementation of syringe exchange programmes, together with other information and education programmes. Moreover, the Ministry of Health, in cooperation with international bodies, such as the Norwegian Financial Mechanism to grant harm-reduction services, will allocate 329,500 Euro to purchase 1 million syringes and implement an education campaign targeting the general population on the prevention of HIV, hepatitis B and hepatitis C virus transmission, through drug use.
3.	Question no.1319A/05-06-2013 Drug trafficking cases in Braşov County	The question was addressed to the Ministry of Internal Affairs. The document refers to a high risk drug trafficking network which was eliminated after trafficking more than 1 and a half kilograms of drugs; an impressive cannabis crop was also identified. The question requested the number of drug traffickers prosecuted in the past year in Romania, and how many of them originate from Braşov County, how many minors were involved in drug trafficking in the past year, both at national level and in Braşov County, which were the most severe sanctions applied for high risk drug traffickers, which are the main drugs trafficked in Romania and what quantity of drugs was trafficked in Romania in the past year.	According to the data available to the Romanian Police, 1664 defendants were prosecuted in 2012 for illicit drug trafficking crimes, at national level, of which 37 were minors. Also, the Directorate for Investigating Organised Crime and Terrorism – Braşov Territorial Unit initiated criminal proceedings for crimes related to illicit drug trafficking against 33 defendants, of which 1 minor. The most severe penalties applied for persons involved in illicit drug trafficking reached the maximum penalty provided by Law no 143/2000 on preventing and countering the illicit drug use and trafficking, namely 25 years in prison and interdiction of rights. The main types of drugs trafficked on Romanian territory remain: heroin, cocaine, cannabis, synthetic drugs and psychoactive substances (ethnobotanicals). The following quantities of drugs were seized at national level in 2012: heroin – 45.21 kg, cocaine – 54.70 kg, cannabis and derivatives – 678.95 kg, synthetic drugs– 15.20 kg.
4.	Question no.1622A/26-06-2013 Drug use prevention campaigns	The question was addressed to the Ministry of National Education. The document refers to the European Report on Drugs indicating that, at European level about 9.2 million young people aged 15-24 used cannabis daily in 2012, and to the study developed in 2011 by the National Anti-Drug Agency showing that young Romanians use drugs for the first time when they are 16	Information provided by the National Anti-Drug Agency indicated that several campaigns initiated in 2012 continued in 2013, as follows: - National drug use prevention campaign "Too rebel to be driven!" - Project "UNCENSORED"; - Project "MY ANTI-DRUG MESSAGE – 2013", 10th edition; - Celebration of the Wold No Tobacco Day,31 May 2013; - Programme "Know More, Be Better!"

No	No/date of interpellation/question	Contents of interpellation/question	Answer to interpellation/question
		years old. According to the study, 46% of the young people believe that experimental cannabis use endangers their health and only 28% believe the same about ethnobotanicals. The question requested information on the drug use prevention campaigns implemented in the Romanian schools by the Ministry of National Education.	
5.	Question no.1761A/09-09-2013 Drug use among minors	The question was addressed to the Ministry of National Education and the Ministry of Internal Affairs. The document refers to a national survey on tobacco, alcohol and drug use performed in schools; its findings showed that one of two 16 year old students smokes and about 80% of them had alcohol, and one in 10 young people aged 16 used drugs at least once. Among the effects of drug use we mention hepatitis and HIV virus transmission following injection use, as well as death; in Romania, 15 deaths directly associated with drug use and 26 death cases closely related to drug use were reported only in one year. The questions requested data on the student information campaigns on drug use risks initiated by the Ministry of the Internal Affairs, on the verifications performed in high schools in Prahova to identify such cases and on the need to develop a drug use map indicating areas of drug trafficking and drug use.	The Ministry of Internal Affairs indicated that prevention of student drug use is a priority and, through its specialist bodies, the Ministry tried to identify the most efficient means to achieve this. Thus, there were several national campaigns to inform students on the drug use risks; together with other local initiatives they amounted in 2013 for 3,262 prevention activities (of which 2,976 in urban locations and 329 in rural locations) targeting a number of 163,880 students, 6,220 parents and 8,988 teachers). In Prahova County action plans were developed to improve the organisation and functioning of the safety system to ensure protection of school, students and teaching staff, in order to increase school safety, and projects and campaigns were implemented to tackle specific local aspects, including youth awareness activities on the alcohol and drug use risks. The Ministry of National Education reported the implementation of projects and programmes to prevent drug use among school population, undertaken according to the actions provided by the National Anti-Drug Strategy. The overall objective of the campaigns implemented by the Ministry of National Education is to maintain a lower level of illicit drug prevalence, compared to the present level, and to reduce the alcohol and tobacco use prevalence among the general population by strengthening the prevention actions and by developing the public and private medical, psychological and social care system. The most extensive and active programme on preventing harmful behaviours among children and young people implemented by the Ministry of National Education is the “National Programme on education for health in the Romanian school”.
6.	Question no 1837A/11-09-2013 Alarming growth of drug market	The question was addressed to the Ministry of Internal Affairs. The document refers to the alarming growth of the drug market in 2013 in Romania, the most frequently identified drugs being cannabis, hashish and cocaine. Also,	The drug issue, including alcohol and tobacco, continues to pose a challenge with major implications, both for the social and health fields and for the law enforcement field, and recent developments, such as the new psychoactive substances use still generate concerns at all levels. Therefore, the “National Anti-Drug Strategy

No	No/date of interpellation/question	Contents of interpellation/question	Answer to interpellation/question
		according to the data provided by the Brigade for Combating Organised Crime in Constan□a, during the first semester of 2013, the following quantities of drugs were identified: 71,430 grams of cannabis (marijuana), 9,809 grams of cannabis resin (hashish), 299 grams of cocaine, 26 ecstasy pills, 2 grams of ketamine, 26 xanax pills and 3,078 grams of hallucinogen and psychoactive substances. The question requested specifications on the strategy of the Ministry of internal Affairs to counter drug trafficking and prevent drug use.	2013-2020" was developed as a programme document representing the outcome of a transparent consultation process involving governmental authorities and civil society structures and comprising the general action lines assumed by all institutions involved in reducing the drug phenomenon at national level. For the purposes of the implementation of the National Anti-Drug Strategy 2013-2020, the National Anti-Drug Agency developed a medium-term national action plan, for 2013-2016; this option was chosen taking into consideration the necessary flexibility in the implementation of the objectives provided by the strategy, and, based on the social, economic and legal context at the end of 2016 and on the concrete needs identified during the first years of implementation, building on the proposals submitted by the competent institutions in the field, this should be followed by the development of the "Action Plan 2017-2020".
7.	Question no 2422A/23-10-2013 Drug use and trafficking	The question was addressed to the Ministry of National Education and the Ministry of Internal Affairs. The document refers to the statistical indicators on drug use and trafficking in Romania which have indicated increasing trends in the past years, as in only three years the shares increased from 1.7% to 4.3% and in 2012 there were more than 600,000 registered drug users, with drug use onset age decreasing from 16 to 14 years old. The question requested information on the actions undertaken by the structures of the two ministries in Galați County, on their outcomes and on the strategies envisaged for countering drug trafficking and for preventing drug use.	The Ministry of Internal Affairs indicated that, according to the data available to the General Inspectorate of the Romanian Police, during the first 9 months of 2013, the Brigade for Combating Organised Crime in Galați investigated a number of 29 criminal cases involving 35 persons suspected for 32 crimes, of which 15 persons are remanded in custody. Data registered by the National Anti-Drug Agency indicate that during January-October 2013, several anti-drug activities were undertaken in Galați County, targeting the school, family and social environment (10 local projects and 5 drug use prevention campaigns implemented in partnership with other public institutions in the county). The strategies of countering drug trafficking and preventing drug use can be found in the programme documents "National Anti-Drug Strategy 2013-2020" and "Action plan 2013-2016 for the implementation of the National Anti-drug Strategy 2013-2020". The Ministry of National Education reported the implementation of projects and programmes to prevent drug use among school population, undertaken according to the actions provided by the National Anti-Drug Strategy. Also, the Ministry of National Education reported there are regional prevention strategies, at county/Bucharest Municipality level, which are developed and implemented in schools by the school inspectorates, through the education resource centres in partnership with the prevention, assessment and anti-drug counselling centres.
8.	Question no 2450A/23-10-2013 Public	The question targeted the Ministry of Internal Affairs. The document refers to official reports indicating	The draft Governmental Decision approving the National Programme for medical, psychological and social assistance for drug users, and the draft

No	No/date of interpellation/question	Contents of interpellation/question	Answer to interpellation/question
	policies against narcotic substances	that Romania registered the highest increases in prevalence within the EU in the period of 2009-2012, and to the delays in the implementation of the National Anti-Drug Strategy 2013-2020 and of the Action Plan 2013-2016. The question requested information on the deadline to finalise the draft Governmental Decision approving the National Programme, on the legal actions taken by the Ministry of Internal Affairs to eliminate the impossibility to enforce certain legal provisions, as happened with the GD no. 1101/2008 approving the National programme for medical, psychological and social care for drug users 2009-2012, and on the financial allocations granted in 2014 for the institutions involved in the implementation of the National Anti-Drug Strategy 2013-2020, as well as on means to mediate social dialogue with CIADO in order to meet the requirements of this partner.	Governmental Decision approving the National Interest Programme for medical, psychological and social assistance for drug users, respectively, shall be developed after introducing a specific provision in the primary legislation (Law no 143/2000 on countering the illicit drug trafficking and use, with its subsequent amendments and supplements), to provide the legal grounds for issuing these regulatory documents. With regards to the amounts allocated to civil society for the national, regional or local programmes for preventing or countering drug use under the National Interest Programme 2008-2012, the answer was that the provisions of GD no 1101/2008 approving the National interest programme for tobacco, alcohol and drug use prevention – 2009-2012 could not be implemented because of the provisions of art. 2 of the above-mentioned regulatory document, stipulating that the contract award procedure for non-reimbursable funding contracts using public funds shall comply with the provisions of Law no 350/2005 on public funding for not-for-profit activities of general interest based on non-reimbursable financial support, with its subsequent amendments, which could not be enforced as it makes reference to repealed legal provisions (EGD no. 60/2001 on public procurement). With regards to the necessary funding to achieve the specific objectives of the activity field, as provided by the National Anti-Drug Strategy 2013-2020 and the Action Plan 2013-2016 for the implementation of the National Anti-drug Strategy 2013-2020, the answer was that the funding would be provided by each institution/public authority involved, according to the deadlines set and to the available resources of their own budgets, within the limit of funds allocated by the annual legislation on the state budget, according to the legal provisions in force. The answer also indicated that the Ministry of Internal Affairs is open to constructive dialogue with the general public, the media and the institutional community represented by NGOs.
9.	Question no 2534A/30-10-2013 What is the Action Plan for countering drug use of the Ministry of Internal Affairs	The question was addressed to the Ministry of Internal Affairs. The document refers to the data presented during the round table on "Drugs – a calamity of the contemporary world", organised by the Focşani Town hall, indicating clearly that the number of drug users in Romania tripled in the period of 2007-2011. The question requested the Action	Although the results of the last survey performed in 2010 in the general population (15-64 year olds) indicate increases in the drug use prevalence in the various categories of drugs at national level, according to the website of the Observatory on Drugs and Drug Addictions, Romania is among the countries with the lowest prevalence in the lifelong use of cannabis, amphetamines, cocaine, ecstasy, LSD. În this context, aware of the need for fast and efficient action, the Ministry of Internal Affairs,

No	No/date of interpellation/question	Contents of interpellation/question	Answer to interpellation/question
		Plan for countering drug use of the Ministry of Internal Affairs, and information on the successful results of the Ministry of Internal Affairs in 2013 in this field.	through the National Anti-Drug Agency, developed and promoted the strategic documents in the field, and the policies to respond to this phenomenon were influenced in time by the trends in the drug phenomenon, by the findings of the studies, by the practitioners' experience, and by the civil society. Thus, on 09.10.2013, the Government adopted the National Anti-drug Strategy 2013-2020 and the Action Plan 2013-2016 for the implementation of the National Anti-drug Strategy 2013-2020. The answer also indicated that in the period of 01.01.-30.09.2013 the territorial structures of the National Anti-Drug Agency implemented 5235 prevention activities in the pre-school, school, university, family and community environments, 447 campaigns (information, education, awareness on drug use risks reduction, on increasing the protection factors and decreasing the risk factors, on promoting care services) and 391 activities to reduce the drug use related risks. With regards to direct care services, the data provided by the National Anti-Drug Agency indicate the following results: 2,467 people informed; 2,085 medical, psychological and social assessments performed; 7,223 individual interventions, 285 group interventions and 3,394 case management meetings delivered.
10.	Question no.2795A/20-11-2013 Drug use	The question was addressed to the Ministry of Internal Affairs. The document refers to the statistical data indicating that more than 10% of pre-university students are drug users, and 21% of the university students are drug users while, in Western Europe, the average use reached 8% in the past 60 years. As the Government of Romania adopted the National Anti-Drug Strategy 2013-2020 and the Action Plan 2013-2016 for the implementation of the National Anti-drug Strategy 2013-2020, the question involved a request for information on the Action Plan of the Ministry of Internal Affairs to prevent and counter the phenomenon and on the main actions of the plan.	The actions to be implemented by all institutions involved in reducing the drug phenomenon impact are included in the National Anti-Drug Strategy 2013-2020 and in the Action Plan 2013-2016 for the implementation of the National Anti-drug Strategy 2013-2020, as approved by GD no. 784/2013, and the implementation of these actions is prioritised according to the financial and human resources allocated, and to the changes in the specific drug use patterns and prevalence.
11.	**Interpellation no. 451 / b / 22.04.2013**	The interpellation was addressed to the Romanian Prime Minister. The object of interpellation was the funding allocated by the Government of Romania for countering the drug phenomenon and the actions envisaged to	According to GD no 461/2011 on the organisation and functioning of the National Anti-Drug Agency, the mission of this institution, under the subordination of the Ministry of Internal Affairs is to develop, coordinate, assess and monitor national policies in the field of preventing and countering illicit drug use and trafficking, and of

No	No/date of interpellation/question	Contents of interpellation/question	Answer to interpellation/question
		prevent the increase in drug use and to treat drug addicts.	integrated drug user care provided by specialised institutions. Also, the answer mentioned OMH no. 1591/1110/30.12.2010 approving the technical rules for the national health programmes for 2011 and 2012, providing for the Sub-programme for treatment of toxic addictions, and OMH no. 190/29.03.2013 approving the technical rules for the national health programmes for 2013 and 2014, according to which the National House of Health Insurance will implement the National Mental Health Programme.
12.	**Interpellation no. 606/ c/ 21.05.2013**	The interpellation was addressed to the Romanian Prime Minister and to the Minister of Internal Affairs. The object of interpellation was the National Anti-drug Strategy 2013-2020, the National Action Plan 2013-2016 (and budget allocations) and the National Interest Anti-Drug Programme.	The answer indicated that the European legislation in the field of drugs was fully transposed and implemented, so that the national legal framework should be aligned with the European one, and that the entire civil society is an active partner at European level as well, which is why European institutions reiterated their interest in including cooperation with civil society among the main objectives of the new EU Drugs Strategy 2013-2020. Moreover, the answer indicated that the concern of the Romanian authorities for managing the topic on debate is reflected in various strategic planning documents, starting with the Government Programme, the Strategy of Public Order and Safety, the National Defence Strategy, the Strategic Plan of the MIA in the field of public order and safety, the National Anti-Drug Strategy and the action plans for its implementation, as well as in strengthening the role of the civil society, as objective of the national anti-drug policy.
13.	**Interpellation no. 844/a / 25.06.2013**	The interpellation was addressed to the Ministry of Internal Affairs. The object of interpellation was the National Anti-drug Strategy 2013-2020, the National Action Plan 2013-2016 (and budget allocations) and the National Interest Anti-Drug Programme.	The answer indicated that the draft Governmental Decision approving the National Interest Programme is being finalised, including an analysis of issues related to budgeting the activities envisaged by the project to identify the best solution leading to most successful programme implementation. The answer also included the viewpoint on the amendments proposed by the civil society for the draft National Anti-Drug Strategy 2013-2020 and the Action Plan 2013-2016 for the implementation of the National Anti-drug Strategy 2013-2020, either accepted or rejected, as well as the grounds for rejection.
14.	Question no. 1161/a /21.10.2013	The question was addressed to the director of the National Anti-Drug Agency. The object of the question was the proposed funding to be allocated for the implementation of the National Anti-Drug Strategy 2013-2020.	The answer indicated that the necessary funding to achieve the specific objectives of the activity field, as provided by the National Anti-Drug Strategy 2013-2020 and the Action Plan 2013-2016 for the implementation of the National Anti-drug Strategy 2013-2020 would be provided by each institution/public authority involved, according to the deadlines set and to the available resources of their own budgets, within the limit of

No	No/date of interpellation/question	Contents of interpellation/question	Answer to interpellation/question
			funds allocated by the annual legislation on the state budget, according to the legal provisions in force. The answer also specified that the actions to be implemented by all institutions involved in reducing the drug phenomenon impact are included in the National Anti-Drug Strategy 2013-2020 and in the Action Plan 2013-2016 for the implementation of the National Anti-drug Strategy 2013-2020, as approved by GD no. 784/2013, and the implementation of these actions is prioritised according to the financial and human resources allocated, and to the changes in the specific drug use patterns and prevalence.
15.	**Interpellation no. 996/a/ 23.09.2013** New psychoactive substances	The interpellation was addressed to the Ministry of Internal Affairs. European Commission proposal on imposing restrictions and criminal sanctions related to banning the synthetic drug "5-IT".	The answer indicated that the competent structures in the field within the Ministry of Internal Affairs developed the draft law amending and supplementing the Annexes to Law no 143/2000 on preventing and countering the illicit drug use and trafficking and supplementing the Annex to Law no 339/2005 on the juridical regime of plants, substances and preparations with narcotic and psychotropic contents, aiming to protect population health, especially the health of teenagers and adults, by reducing the risk of illness or death caused by the use of new psychoactive substances, by reducing crime and non-taxed incomes in the Romanian market. The draft law also includes the addition of 30 new psychoactive substances, among them 5-(2-aminopropyl)indole known under the name of "5-IT".

1.1.2 LAWS IMPLEMENTATION

The implementation of the ***Action Plan to counter the trade and use of new psychoactive substances/ products that are health damaging No 5/1194 of 18.2.2011*** continued throughout 2013 – in line with its structure focused on three major intervention fields, namely: organisational and legal actions, operational actions and prevention actions.

Without leading explicitly to the implementation of legal regulations in the anti-drug field, the purpose of the controls carried out by the mixed teams[14] was to end the trading of new psychoactive substances by enforcing the existing legal provisions in various fields such as: company law; legislation on documents related to proofs of origin of goods; legislation on compliance with storage, preservation and display

[14] Joint Order of the Minister of Health no 121 of 16.2.2011, of the Minister of Agriculture and Rural Development no 43 of 16.2.2011, of the Minister of Administration and Interior no 43 of 17.2.2011, of the Minister of Public Finances no 1.647 of 16 February 2011, of the President of the National Authority for Sanitary Veterinary Care and Food Safety no 8 of 16 February and of the President of the National Authority for Users Protection no 1/239 of 16 February 2011 on setting up mixed teams to carry out controls, according to their competencies, in the places and/ or environments where new psychoactive, health damaging substances and/ or products are being produced, traded, consumed or used, other than those regulated (issued by: the Ministry of Health, Ministry of Agriculture and Rural Development, Ministry of Administration and Interior, Ministry of Public Finances, the National Authority for Sanitary Veterinary Care and Food Safety and the National Authority for Consumers Protection, published in the Official Gazette, Part 1, No 123 of 17 February 2011)

requirements provided by manufacturers; legislation on product labelling; legislation in the financial-accounting field and compliance with tax regulations in force; legislation on sanitary requirements and personnel health, etc.

The immediate effect of these controls was a significant decrease of the number of stores selling new psychoactive substances so that, by the end of March 2013, no specialised store functioned in Romania (the so-called "dream shops" known as "Spice Shop", "Smart Shop" or "Weed Shop"), as compared to the 158 existing shops identified when the legislation was adopted (March 2011).

The organisational and legal actions aimed both at the analysis of the existing legal framework both in Romania and in other Member States, to identify intervention means and legal possibilities to ban the advertisement, promotion and trade of the new substances by any means, including by internet, and to enforce the legal provisions identified, through the mixed control teams.

The operational actions aimed to identify all locations where new psychoactive substances are sold and used, to organise and carry out control actions at national level, to identify real opportunities to put in place laboratories for physico-chemical testing and, last but not least, to ensure adequate coverage in the media of activities undertaken and outcomes achieved.

Special attention was given to preventive actions aiming at developing specific activities to discourage the use of psychoactive substances, targeting students and young people in general.

The most significant results achieved in 2013 due to the implementation of the above-mentioned actions were as follows:

Legal level:

The Ministry of Internal Affairs, through the National Anti-Drug Agency and the other competent institutions in the field continued the efforts to monitor and permanently adapt responses to the evolution of new psychoactive substances generally called "ethnobotanicals". Thus, in 2013, the draft amendment of Law no 143/2000 on preventing and countering the illicit drug use and trafficking was developed to introduce in the Annexes to the law 30 new psychoactive substances. At the end of 2013, the above-mentioned legal draft was subject to evaluation by the specialist commissions of the Chamber of Deputies[15].

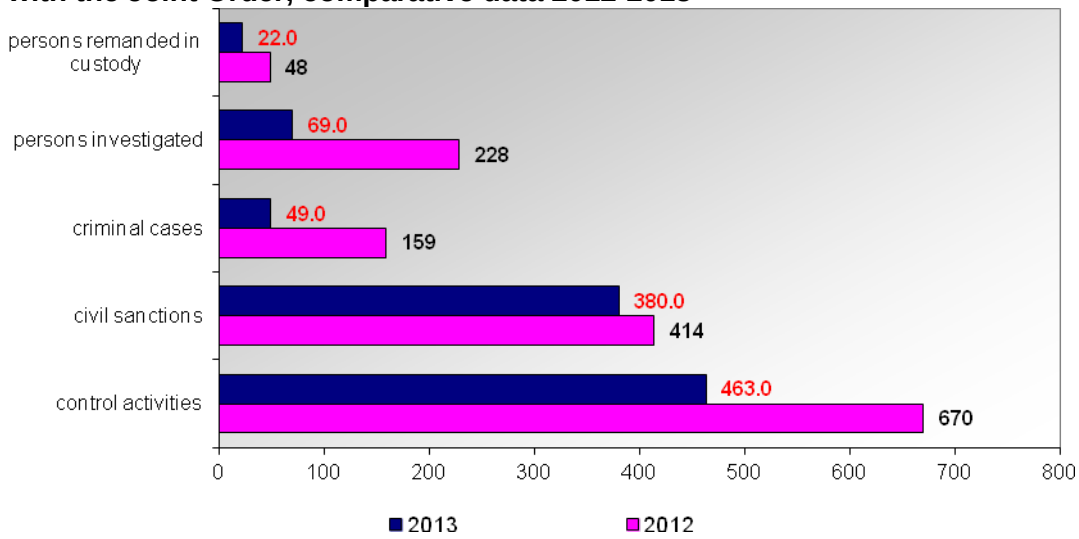
Operational level:

Due to the enforcement of the Joint Order on setting up mixed teams to carry out controls, according to their competencies, in the places and/ or environments where new psychoactive, health damaging substances and/ or products are being produced, traded, consumed or used, other than those regulated, starting with March 2013, no store specialised in the trade of new psychoactive substances (NPSs) operated LEGALLY on the entire national territory.

Nevertheless, according to the operational data provided by the reports submitted to the prefect institution by the competent territorial structures, on the prevention actions and on the specific monitoring activities focused on potentially criminal objectives and locations in terms of illicit NPS trade, there was a number of persons and businesses involved in illegal NPS trafficking, which were sanctioned with coercive measures provided by the legislation in force (both civil and criminal sanctions). Thus, 284 businesses suspected of trading new psychoactive substances were controlled (sex shops, internet-cafes, bars, clubs, flower shops, seed shops, etc) and 463 control activities were undertaken in 2013.

[15] Adopted by Law no 51/17.04.2014

Chart 1-1: Evolution of legal actions enforced following the control activities undertaken in compliance with the Joint Order, comparative data 2012-2013

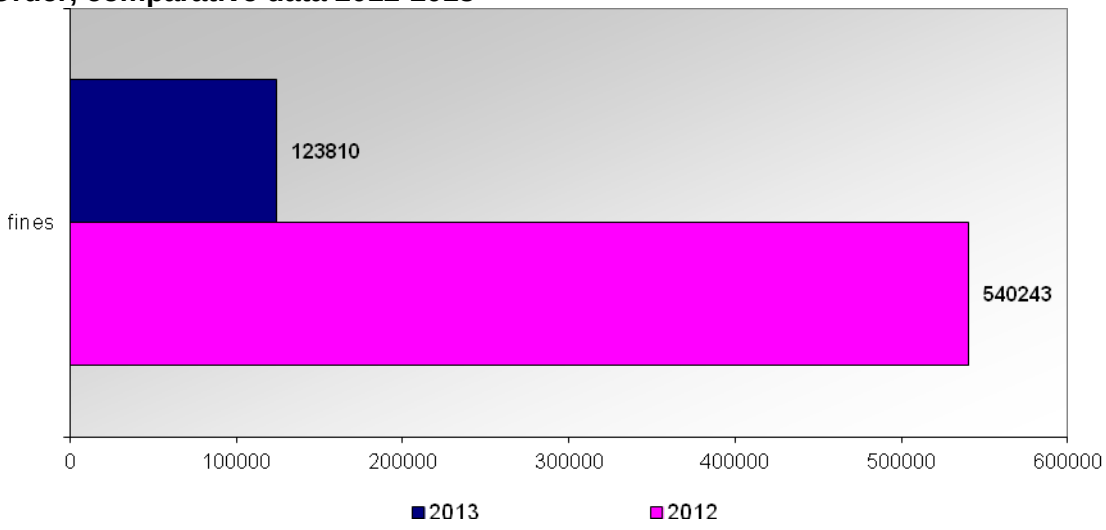


Source: NAA

The results of legal actions enforced following the control activities undertaken in compliance with the Joint Order no 5/1194 of 18.02.2011 in the period of January-December 2013 are as follows:

- 463 control activities carried out.
- 380 civil sanctions and fines in amount of 123,810 RON were enforced.
- 1726 envelopes containing NPSs and 2026 gr. NPSs were confiscated.
- 49 criminal case proceedings were filed.
- 69 persons were investigated.
- 22 persons remanded in custody.

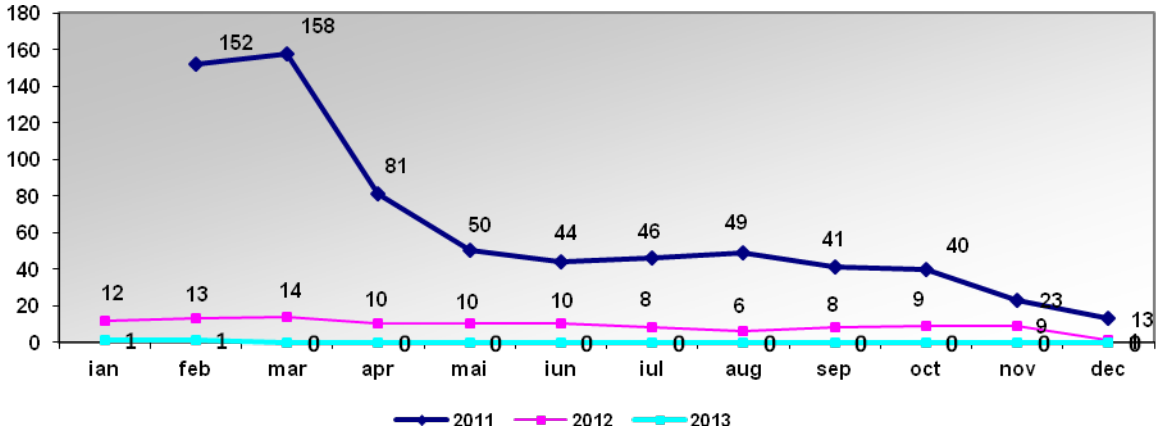
Chart 1-2: Evolution of fines applied following the control activities undertaken in compliance with the Joint Order, comparative data 2012-2013



Source: NAA

A comparative analysis of the implementation of control actions in the past two years shows a decrease in the “visible” trade of new psychoactive substances in Romania.

Chart no 1-3: Dynamics of specialised shops identified, comparative data 2011-2013

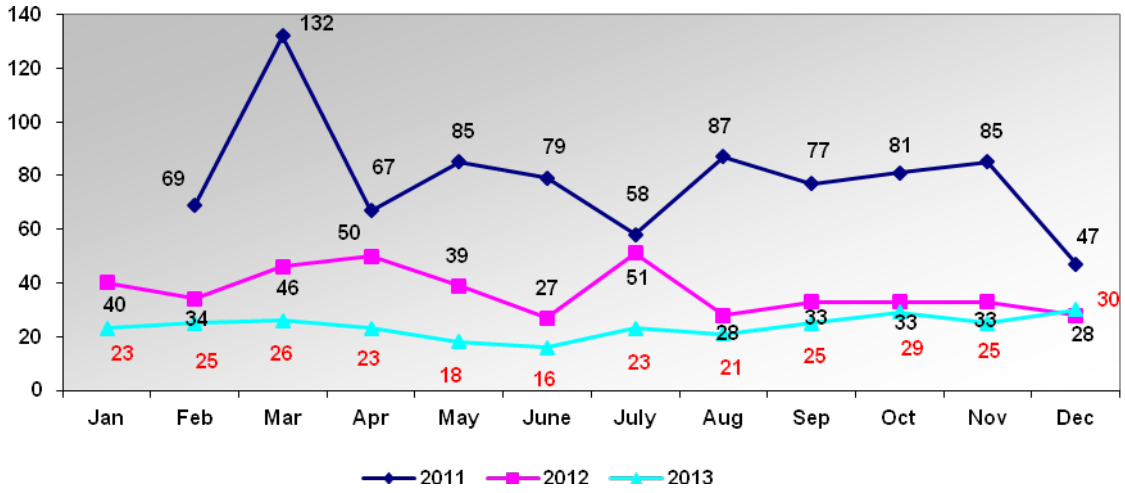


Note: The Joint Order no 121/37/1647/43/8/1/293 of 17.02.2011 was enforced starting with February 2011
Source: NAA

The period of stabilisation in the number of specialised shops identified was maintained, after the adoption of Law no 194/2011. Thus, during the first 2 months 2013, there was only one active shop and in the forthcoming months there was no such shop anywhere in the country.

At the same time, the number of controls, although decreased as compared to the previous year, was maintained constant throughout 2013, following the evolution of the indicator on the number of identified operational shops. The preventive monitoring actions were maintained throughout 2013.

Chart no 1-4: Dynamics of specialised shops controlled, comparative data 2011-2013



Source: NAA

1.2 NATIONAL ACTION PLAN, STRATEGY, EVALUATION AND COORDINATION

1.2.1 NATIONAL ACTION PLANS AND STRATEGIES

Building on the experience accumulated and forecasting the trends in the drugs phenomenon, the National Anti-Drug Agency aimed at continuing to ensure in Romania a coherent, integrated and professional policy-making system.

Pursuant to its role of national coordinator of anti-drug policies, the National Anti-Drug Agency acted for a balanced approach on the implementation of actions in the field of reducing both demand and supply of drug provision, as provided by the:

- Government Programme 2013-2016[16],
- National Strategy of Public Order and Safety 2010-2013[17],
- Strategic Plan of the Ministry of Administration and Interior for 2010-2013[18]
- National Anti-Drug Strategy 2013-2020[19].

Although the aim was to implement actions provided by different strategic documents, we note the internal coherence of the national policies in the field of reducing drug demand and supply and we may reach the conclusion that all state response interventions in this field were fully focused on the fundamental strategic objective, namely "to create an integrated system of public institutions and services to ensure the decrease in drug use incidence and prevalence among the general population, medical, psychological and social care for drug users and more efficient actions to prevent and counter drug production and illicit trafficking".

Thus, the importance given by the state to reducing the drug demand and supply was reflected by the inclusion in the Government Programme 2013-2016 of action lines focused on specific interventions such as:

- Preventing and countering organised crime, illicit trafficking of drugs and other banned substances, development of a strategy crime prevention strategy setting the priorities and the role of the state authorities, school, family and civil society in fighting this phenomenon (Chapter "Internal Affairs");
- Programme to integrate children raised in child homes or correctional schools or exposed to risks posed by highly addictive substances (alcohol, drugs etc.) (Chapter "Youth and Sport")

1.2.2. IMPLEMENTATION AND EVALUATION OF STRATEGIES AND POLICIES

With regards to the implementation of anti-drug policies, the strategic options established by the above-mentioned documents were followed and the competent institutions undertook the planned activities in compliance with the set deadlines. Thus, throughout 2013 activities focused on reducing both the drug supply and the drug demand.

1.2.3. RELEVANT ANTI-DRUG POLICY COORDINATION ASPECTS

The role of coordinator of the National Anti-Drug Agency represents an essential condition for the provision of an adequate reaction to the social, economic, health and safety issues raised by drugs. In 2013 the Agency coordinated the process of development, consultation and endorsement of the previously mentioned programme documents underpinning the implementation of anti-drug policies in Romania.

1.3 ECONOMIC ANALYSIS - PUBLIC BUDGET AND EXPENDITURES

Similar to the previous reports, in drafting this subchapter, the proposed methodology could not be used especially with regards to public expenditure, because the state budget does not follow the structure of the European standards referred to in the proposal (COFOG). Moreover, specific expenditure for drug-related activities is not earmarked and cannot be identified separately in the budgets of the institutions that carry out anti-drug activities. The annual expenditure earmarked for anti-drug specific programmes, initiated or

[16] http://gov.ro/ro/obiective/programul-de-guvernare-2013-2016
[17] Governmental Decision no 1040/13.10.2010 approving the National Strategy of Public Order and Safety 2010-2013
[18] www.mai.gov.ro/index15.htm
[19] GD no 784/09.10.2013 approving the National Anti-Drug Strategy 2013-2020 and the Action Plan de acțiune în perioada 2013-2016 for the implementation of the National Anti-Drug Strategy 2013-**2020** (issued by: the Government of Romania, published in the Official Gagazette of Romania, Part 1, no. 702 bis of 15.11.2013)

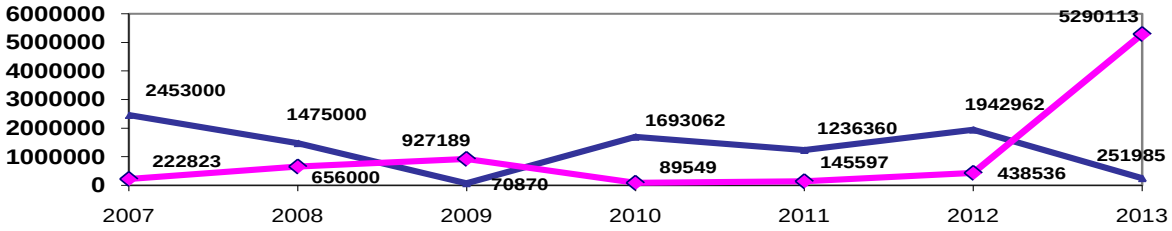
implemented by public authorities or in partnership with civil society bodies, is the only "visible" expenditure in the annual budgets or balances of public authorities. Therefore, the data collected and presented in this chapter refer to non-standard budget allocations and public expenditures.

1.3.1 LAW ENFORCEMENT, MEDICAL AND SOCIAL ASSISTANCE, RESEARCH, INTERNATIONAL ACTIONS, COORDINATION, NATIONAL STRATEGIES

At national level, the financial resources allocated to anti-drug policy implementation originated in state budget sources or extra-budgetary sources.

Due to strengthening its role as a national coordinator in the field, after the succesfull implementation, in 2012, of most of its activities and, implicitly, after spending the largest amount allocated under the National Programme for medical, psychological and social assistance for drug users – 2009-2012[20], in 2013 the National Anti-Drug Agency continued its efforts, through programmes financed by foreign funds. 2013 was a peak for the absorption of non-reimbursable foreign funds allocated for reducing the drug demand and supply.

Chart 1-5: Evolution of the budget (RON) allocated to the National Anti-Drug Agency for the implementation of specific programmes/projects in the 2007-2013 period



Source: NAA

The above-mentioned funds were allocated under the project "Design and development of a management network for anti-drug projects" whose overall objective was to contribute to the improvement of the public policy management cycle in the field of drug fighting in Romania, by creating and operationalising a management network for anti-drug projects. The training courses for project managers included a target group of 229 employees of the National Anti-Drug Agency and of the partner public institutions, thus contributing to the sustainable capacity strengthening of the Romanian public administration. The project aimed at a more efficient management in the funding prioritisation and distribution, according to the needs identified at local and central levels by the anti-drug organisations and institutions.

The project was co-financed by the **EUROPEAN SOCIAL FUND** under the ***Sectoral Operational Programme for Administrative Capacity Development 2007-2013, project SMIS code 1212.***
The total eligible value of the project (VAT excluded) was 4,408,306.80 RON, of which:

- 3,747,060.78 RON – non-reimbursable eligible value from the European Social Fund;
- 661,246.02 RON – eligible co-financing provided by the Beneficiary.

Among the project outcomes, we mention:
- A specific anti-drug project management network created and operational;
- 229 persons trained as "project managers" and able to contribute to the increase in the absorption of development funds;
- An IT anti-drug project management application developed and operational;

[20] Presented in detail in the National Report on drugs situation 2013, page 31

Starting with 2013, the technical rules for the national health programmes are issued by Order[21] of the President of the National House of Health Insurance, and a budget credit of 1,400 thousand RON was allocated for the National Mental Health Programme. The activities and the indicators provided by the Programme are as follows:

Table1-3: Structure of the national mental health programme approved for 2013 and 2014, financed by the budget of the Single National Health Insurance Fund

No	Activities	Physical indicators	Efficiency indicators
1.	Ensuring opiate agonist and antagonist substitution treatment for people suffering from toxic addictions	500 – patients under substitution treatment	2,200 RON - cost of methadone substitution treatment/patient/year
2.	Testing metabolites of intoxicants in the urine to be introduced in the treatment and to monitor treatment	15,000 - tests to identify drug presence in the patients' urine	20 RON – average cost of quick test to identify drugs in urine

Source: National House of Health Insurance[22]

According to the Activity Report for 2013[23] of the Ministry of Health, the Memorandum of Understanding between the Government of Romania and the Kingdom of Norway on the implementation of the Norwegian Financial Mechanism 2009 – 2014 was signed on 21 March 2012 by the representatives of institutions in charge with the management of non-reimbursable financial assistance, based on the Agreement between the European Union and the Kingdom of Norway, signed on 28 July 2010. The Mechanism provides for the allocation, under the Programme RO 19 Public Health Initiatives, of the amount of 9,534,118 EUR (8,104,000 EUR, representing 85% Norwegian grant and 1,430,117 EUR – co-financing provided by the Ministry of Health).

The objective of the Programme is to improve public health and to decrease inequalities in the field of health care.
Expected results:

- Improved prevention and treatment of contagious diseases (including HIV/ AIDS and TB);
- Resource development at all levels in the health care system;
- Prevention or reducing diseases caused by unhealthy life styles.

The programme will focus mainly on:

- Primary medical services, including those for children and elderly;
- The need of minority groups, with a focus on the Roma population;
- Strengthening the quantity and quality of primary health services.

Following the revisions performed in 2013, the Norwegian Ministry of Foreign Affairs approved the programme on 19 November 2013. The programme includes 4 pre-defined projects, one of them of interest for our field of analysis:
Pre-defined project no 2: Strengthening control and prevention of HIV/AIDS, Hepatitis B and Hepatitis C in Romania
Allocated budget: 1,373,470 Eur.
Project objectives:

- To increase the access of vulnerable groups (most of them risk populations) to primary and secondary prevention programmes for HIV, Hepatitis B and C;

[21] Order no 190 of 29 March 2013 approving the technical rules for 2013-2014 (issued by: National House of Health Insurance, published in the Official Gazette no 175 of 29 March 2013)
[22] http://www.cnas.ro/legislatie/noutati-legislative/ordin-nr-190-din-2013-privind-aprobarea-normelor-tehnice-de-realizare-a-programelor-nationale-de-sanatate-curative-pentru-anii-2013-2014
[23] http://www.ms.ro/upload/Raport%20de%20activitate%202013.pdf

- To control HIV, and Hepatitis B and C infections by ending their spread among injection drug users and by enhancing the effectiveness of HIV, and Hepatitis B and C screening for people from high risk groups.
- Project Promoter: National Institute of Infectious Diseases "Prof. Dr. Matei Balş"
- Partner: Consortium including the Romanian Anti-AIDS Association, ALIAT Association, PARADA Association and Romanian Harm Reduction Network (RHRN).

The other institutions involved in the implementation of activities in the field of reducing the drug demand or supply had the following budget allocations for specific projects and programmes in 2013:

- Directorate-General of Customs, Directorate for Customs Supervision and Control - 7070730 RON for 9 canine teams with drug detection dogs and for the maintenance of non-destructive control equipment, CNCAN staff training
- Ministry of Health – National Centre for Mental Health and Fight against Drugs – 1400 thousand RON to implement the National Mental Health Programme – toxic addiction treatment implemented by CNAS
- ANP – 143890 RON, of which 46890 RON granted for the implementation of the methadone substitution treatment programme, the rest of the amount being spent on procurement of goods and services.

CONCLUSIONS

- At legal level, 2013 is noticeable due to the increased coherence of the actions aiming at reducing the drug demand and supply, included in the main programming documents adopted: the Government Programme 2013-2016, the National Anti-Drug Strategy 2013-2020, the Action Plan 2013-2016 for the implementation of the National Anti-Drug Strategy 2013-2020.
- Also noticeable is the increased interest of the legislative decision-makers in the issue of drug use and trafficking, reflected in the large number of Parliamentary interpellations and questions in this field.
- The legal measures adopted, as well as their enforcement proved their efficiency by closing all shops specialised in trading new psychoactive substances.
- Also, 2013 stands alone as the year when the National Anti-Drug Agency registered the highest absorption of foreign funding used to enhance management efficiency in funding prioritisation and allocation, according to the needs identified at local and central levels by the anti-drug organisations and institutions.
- The National House of Health Insurance took over the management of funds allocated for the National Mental Health Programme – treatment of toxic addictions.

Chapter 2 – Drug use in the general population and among targeted groups

2.1. DRUG USE IN THE GENERAL POPULATION

METHODOLOGY

By providing the main information to assess the current status, by monitoring trends, by identifying priorities and by planning and assessing response policies, the General Population Survey is one of the five key epidemiologic indicators used to pencil the drug phenomenon.

As per similar studies carried out in 2003, 2007 and 2010, the National Anti-Drug Agency performed the fourth study, in 2013, on the general population, using the standard methodology recommended by the European Monitoring Centre for Drugs and Drug Addiction which allows data benchmarking at European level.

Continuing this series of investigations highlights the importance of studying a phenomenon in time in order to take decisions. Specialists believe that drug policies benefit from great support, both in opportunity and in efficiency, when they take into account constant transformations and changes, as reflected by such surveys.

For this survey, the research focused on the Romanian population, as per the results of the 2011 Census, with ages between 15 and 64 years.

The sample consisted in 7200 Romanian citizens, with a stable domicile in Romania, out of which 5700 with ages between 15 and 64, selected at national level, and 1500 young adults ageing between 15 and 34, selected from Bucharest. This constitutes as oversampling in this area and for this population category.

The sampling method was probability, layered, multi-phase and systematic, with the following layering variables:

- the 8 development regions in Romania: North-West, North-East, West, Centre, South-West, South, South-East, Bucharest-Ilfov
- the county
- residential area: urban (split into 3 categories: city-seat, cities, towns) and rural
- age group: 15-19 y.o., 20-24 y.o., 25-29 y.o., 30-34 y.o., 35-39 y.o., 40-44 y.o., 45-49 y.o., 50-54 y.o., 55-59 y.o., 60-65 y.o.
- gender: men, women

Nation-wise, the sample had a maximum margin of error of +/-1.2%, with a 95% confidence level. At the level of economic development regions, the smallest sampling error was recorded for Bucharest-Ilfov (+/- 2.1% due mainly to the oversampling) while the largest error was for the West region (+/- 4.2%).

Localities were selected randomly in each layer and the respondents were chosen randomly from each locality, age group and gender, from the list of people meeting the pertaining features in the selected localities.

Table no. 2-1 GPS survey sample, 2013 (no. of people)

Region	Population aged 15 - 64	Sample size	Sampling error
Bucharest-Ilfov	1649277	2187*	0.021
Centre	1610554	671	0.038
North East	2148867	895	0.033
North West	1788569	745	0.036
South	2091222	871	0.033
South East	1716078	715	0.037
South West	1397991	582	0.041
West	1281693	534	0.042
Total	13684251	7200	0.012

Note: The population aged 15-34 in Bucharest was oversampled
Source: NAA

Questionnaire

Data collection was performed by a service provider specialized in surveys and it was funded as per the Financing Agreement signed between the European Monitoring Centre for Drugs and Drug Addition and NAA.

The questionnaire is made of 15 sections (social-demographic features, alcohol, tobacco, medication without prescription – tranquilizers, barbiturates and antidepressants, illegal drugs – cannabis, ecstasy, amphetamines, cocaine, crack, heroin, LSD, solvents and inhalants, hallucinogens, methadone, ketamine, liquid ecstasy, new psychoactive substances).

The questionnaire consisted in 285 questions about knowledge, behaviour and drug use practices. Compared to previous surveys, the questionnaire was improved both in structure and in content. Thus, specific scales were added to measure excessive alcohol consumption (Audit Test - Alcohol Use Disorders Identification Test) and to assess excessive use of cannabis (CAST scale – Cannabis Abuse Screening TesT).

The AUDIT test a scale meant to identity persons exposed to the risk of developing alcohol abuse problems. Designed and implemented by the World Health Organization in 1989, the AUDIT test focuses on identifying alcohol abuse and early types of addiction. The test has 10 multiple answer questions on the quantity and frequency of consuming alcohol, alcohol behaviour as well as medical and psycho-social disorders generated by alcohol abuse. Each item has values between 0 and 4 points, with a minimum score of 0 points and maximum of 40 points. The higher the scores, the higher the consumption and alcohol addiction. The Audit Test is only covering the last year of consumption. Unlike other alcohol tests, the Audit test was proven accurate for various ethnic or gender groups. It is deemed to be one of the most precise alcohol abuse detection tests, with a 92% sensitivity and 94% specificity.

The CAST scale is an instrument developed in 2002 to identify cannabis abuse issues. Designed starting from the main criteria to determine cannabis abuse, as per DSM-IV (4th edition) and ICD-10, the CAST test aims to provide a description and estimate in the problem use among epidemiologic surveys applied to the general population. It is currently one of the most used scales in Europe, mostly among the young population (through the ESPAD survey). It is also one of the most frequently used identification scales by specialists in France, used in “consultations of young consumers”, a specific device set up in 2004 for meet prevention, support and monitoring needs of cannabis consumers, especially the young. The CAST test includes 6 items, each of them describing the consumption behaviour or issues caused by cannabis use. The test measures the items for the past 12 months.

Data collection
The data were collected during November-December 2013.

The methodology for collecting the data was two-fold: a self-administered questionnaire and face-to-face interview. To this end, the survey questionnaire was structured in two separate sections, grouped individually.

A part of the questionnaire, with all questions about use of medication without prescription and illegal drugs (including NPS), was filled in directly by the respondent, except if they were illiterate or suffering from major physical disorders impairing them from filling it in on their own, situation in which questions were asked during the face-to-face interview. During the self-administered questionnaire, the field operators kept their distance so as not to influence the respondent's honesty in answering. At the end, the questionnaire was put in an envelope which was then closed and sealed and inserted into a mobile urn carried by the field operator.

The second part of the questionnaire (with all the other questions) was applied in a face-to-face interview by trained operators.

Individuals that did not use previously took circa 30 minutes to take the questionnaire, while those with a use history took maximum 60 minutes.

2.2. DRUG USE AMONG TARGETED GROUPS

In 2013, at UNICEF initiative, the Urban and Regional Sociology Centre, with the support of the Institute for Education Sciences, developed a survey called "Status of Teenagers in Romania".[24]

The purpose of the research was to determine the programme, structural, legal, social and individual reasons for teenagers not exercising their rights to education, health and protection, focusing on the most vulnerable teenagers, in order to make recommendations for solving identified issues.

Among others, the survey aimed to assess the knowledge of teenagers about communicable infection diseases and effects of drug, tobacco and alcohol use as well as to assess social and cultural norms that influence teenagers in general, but the vulnerable ones, including the reason for taking up drugs.

Methodology
The research methodology included the following:

- A questionnaire-based sociological inquiry;
- Reviewing the legislation, existing reports and databases;
- In-depth individual interviews with representatives of central, county and community level institutions and of NGOs etc.;
- In-depth interviews and focus-groups with teenagers;
- Field visits and observation of current services;
- Clinical interviews with drug using teenagers in Bucharest

The quantitative research relied on a nationally representative sample, with 607 teenagers, with a maximum margin of error of +/- 3.9%, and a 95% confidence level. The two-stage probability sample was layered depending on the development region and on the percentage of teenagers in each county. Households and respondents were selected randomly, all respondents aged between 10 and 18. So as not to exceed the age set in the official child description, the upper age limit was set at 18 years minus one day. Sampled localities were selected randomly at the county level, the random starting point for selecting households being a school in the locality.

[24] http://www.unicef.ro/wp-content/uploads/Studiu-privind-situatia-adolescentilor-din-Romania.pdf

So as to best catch the issue of vulnerable teenagers, 59 drug using teenagers (19 girls and 40 boys) and 67 Roma teenagers (37 girls and 30 boys) were interviewed.

Roma teenagers were selected randomly at national level, while drug using teenagers were selected with the help of NGOs active in this area. The process of selecting drug using teenagers took into account their concentration especially in Bucharest.

The questionnaire had 9 sections, as follows:

- demographics;
- alcohol, tobacco and drug use;
- knowledge about HIV and other sexually communicable diseases;
- knowledge about the risks of alcohol, tobacco and drug use;
- sexual behaviour;
- share capital;
- use of media;
- use of Internet;
- use of social media and leisure activities.

Clinical interviews with drug using teenagers were conducted by psychologists and the interview outline was designed so as to allow for identification of reasons for taking up drugs and a relation between childhood trauma and drug use.

Results

Since the survey focused on several aspects, we hereby present a selection from the survey's research report on the drug use relevance among teenagers in Romania.

Sample structure

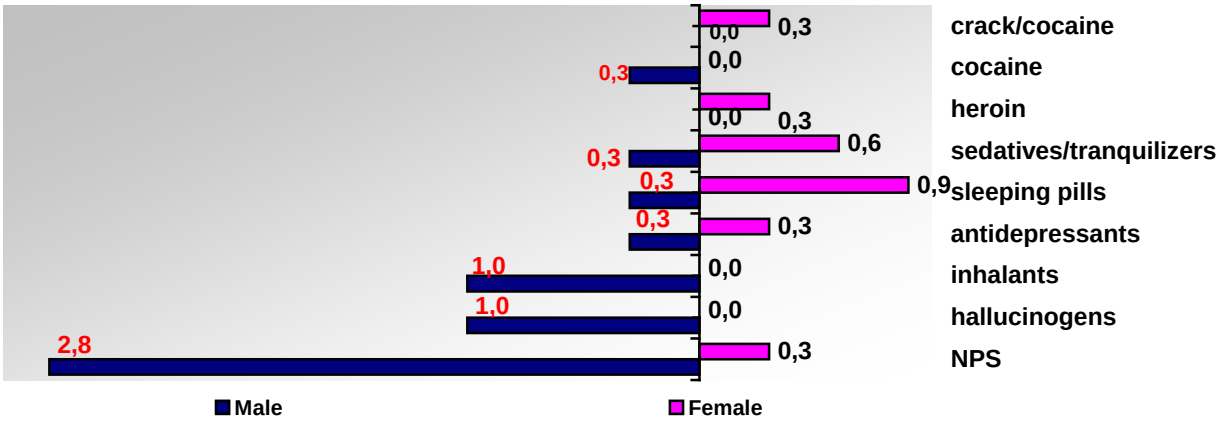
The quantitative sample was representative at national level and consisted in 607 teenagers, out of which:

- 47.1% boys and 52.9% girls;
- 45.6% aged between 10 and 13 and 54.4% aged between 14 and 18;
- 49.1% in the urban area and 50.9% in the rural area.

Drug use

Survey authors believe that 3.8% of the interviewed teenagers experimented at least once in their life with one type of drugs. Moreover, limiting the sample only to teenagers aged 14-18, authors conclude that the prevalence of drug use throughout their life is 5.4% and, with further narrowing to the percentage of 14 year old and above teenagers in the urban area to ever have used drugs, the value is 7.5%.

Chart no. 2-1: Drug use prevalence among teenagers depending on gender and type of drug (%)

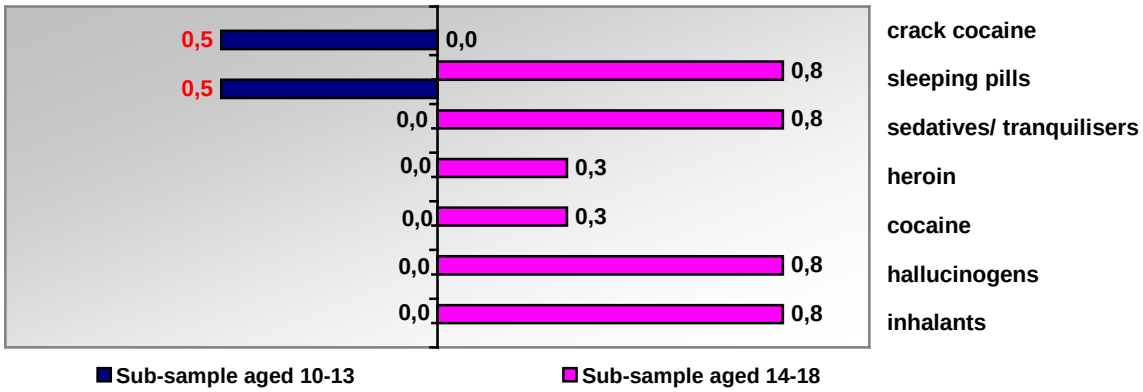


Source: "Status of Teenagers in Romania" - UNICEF

Among the authors' conclusions, we mention:

- 2.3% of the teenagers stated to have used cannabis, 1% ecstasy, 1% new psychoactive substances (also known as "ethnobotanicals"), 1% sleeping pills, 1% sedatives, 1% hallucinogens and 1% inhalants.
- Drug use seems to be more present among boys, while girls prefer sedatives, sleeping pills and antidepressants.
- Drug use is lower among teenagers aged between 10 and 13, compared to the other age category, i.e. 14 to 18, with the highest prevalence for these teenagers for use of inhalants, hallucinogens, sedatives/tranquilisers and respectively sleeping pills (0.8%).
- On the other hand, for teenagers aged between 10 and 13, the highest prevalence is toward crack cocaine and respectively sleeping pills (0.5%).
- None of the interviewed teenagers under 14 used heroin and only 0.3% of the elder category have ever used this drug.

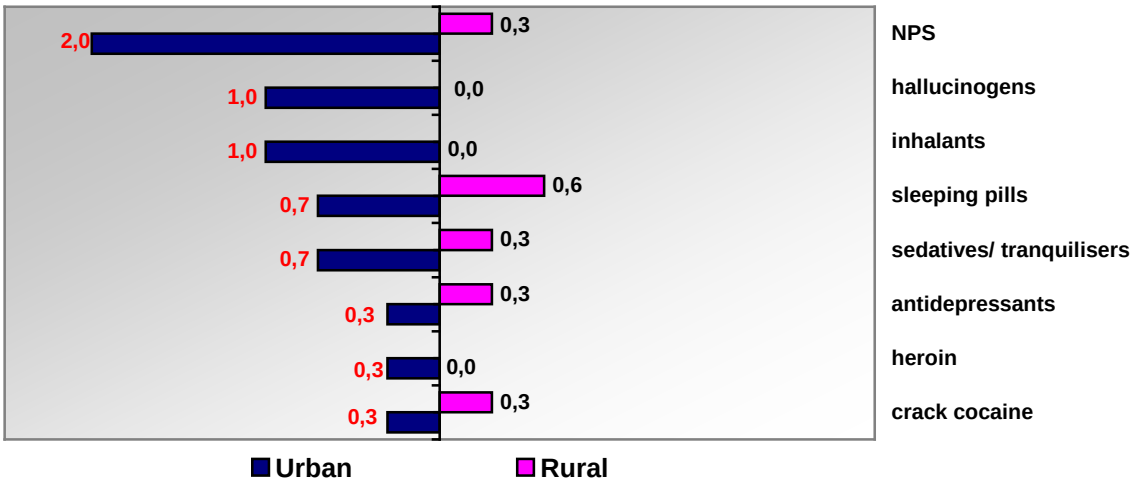
Chart no. 2-2: Drug use prevalence among teenagers depending type of drug and age category (%)



Source: "Status of Teenagers in Romania" - UNICEF

Authors show that according to the analysis, and depending on the residence area, drug use is less frequent among teenagers in the rural area. In addition, no teenager in the rural area has ever used heroin, while only 0.3% of the teenagers in the urban area have used it. In the past 30 days, 2.3% of the teenagers in the urban area have used cannabis maximum three times, unlike those in the rural areas that never used it.

Chart no. 2-3: Drug use prevalence among teenagers depending on residence area and type of drug (%)

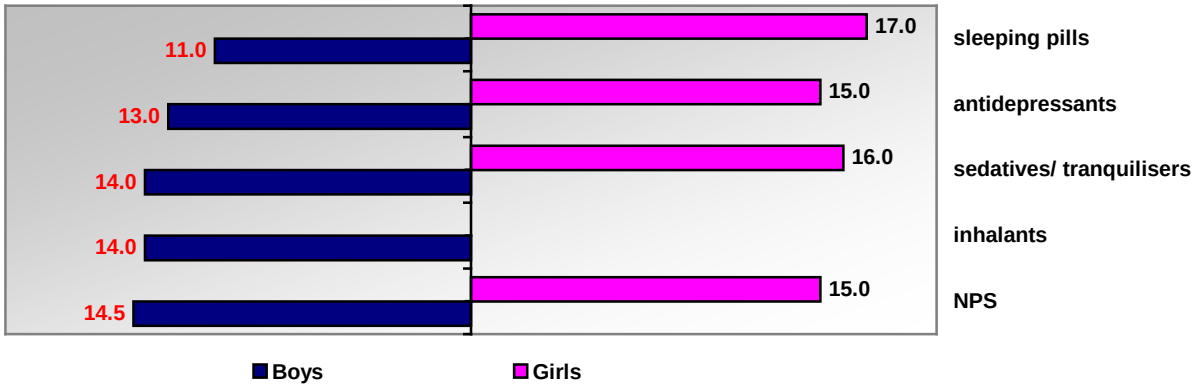


Source: "Status of Teenagers in Romania" - UNICEF

Average onset age

According to the research report, regarding the drug use onset, for all types of analyzed drugs, the lowest onset average ages are among boys, as follows: 11 year old - sleeping pills, 13 year old – antidepressants, 14 year old – sedatives/tranquilisers and inhalants, 14.5 year old – NPS use. Compared to the boys, girls seem to start using drugs at a later age, with the lowest onset average age among girls at 15 and for NPS and antidepressants.

Chart no. 2-4: Average onset age, depending on gender and type of drug



Source: "Status of Teenagers in Romania" - UNICEF

Awareness and level of knowledge about HIV infection and other sexually communicable diseases and about the effects of drug, alcohol and tobacco use

Survey authors show that, in general, teenagers have satisfactory level of knowledge about HIV infection but, in the opinion of the authors, the rather high number of non-responses (between 24 and 39%) raise questions about the level of information among teenagers regarding HIV transmission. HIV risks are better known by teenagers over 14 years and living in the urban area. The level of information does not differ significantly depending on gender. Most teenagers have more accurate information about risks pertaining to alcohol, tobacco and drug use as well as about unprotected sex, but younger teenagers are less informed and less aware of these risks (especially regarding sexual behaviour and alcohol use). A small difference was noticed depending on gender and between teenagers in the urban and rural area.

Chapter 3 – Prevention

INTRODUCTION

Given the fact that the main characteristics of the national context of drugs remained relatively stable over the past year, drug prevention in 2013 is a comprehensive, holistic and emergent response to the dynamics of drug-use in terms of education, health and public order, directly correlated with national public policies embodied in the National Anti-Drug Strategy for 2013 - 2020 and in the Action Plan for the implementation of the National Anti-Drug Strategy 2013 – 2016[25].
Correlated with the scientific approaches in the field, the assumed aim of national preventive policies was the prevention and delay of onset or the reduction of drug use and / or its negative effects in the general population or subpopulation identified as vulnerable / at risk. Thus, all technical actions of programs, projects and activities carried out at national or local level have been included in the overall technical objectives of prevention: delaying the onset of drug use, promoting non-consumption behaviours, reducing the frequency and / or quantity, preventing transition from recreational use to use / abuse / dependence, preventing or reducing negative consequences of drug use.

According to program documents and scientific evidence, the strengthening of national drug prevention programme continued through the development of universal, selective and indicated prevention programs, projects and interventions implemented in schools, family and community.

Most prevention programs were aimed at providing information, education and awareness to the general public, school population and vulnerable groups, on the effects of the use of alcohol, tobacco, drugs and new substances with psychoactive properties, as well as the development of attitudes and practices among these population, by directing these target groups to socially desirable recreational activities as an alternative to drug use. At the same time, during the reference period prevention programs aimed at developing and strengthening personal skills considered protective factors in drug abuse prevention (assertive communication skills, managing emotions, stress and anger management, problem solving ability to cope with peer pressure, decision making etc.) were developed.
Specifically, mainly through strategies for developing and strengthening protective factors, but also through information and awareness on risk factors, beneficiaries of drug-use prevention programs, selected on the basis of scientific studies, have been addressed in a current and consistent manner, in order to adapt them to the current social norms, socio-economic and cultural conditions, as well as to the positive / negative influences of their peers.

3.1 ENVIRONMENTAL PREVENTION

The word-by-word translation of the concept "environmental prevention" should not limit the complex approach of treating drug use and abuse, both in terms of individual as well as the "environment" variables, embodied in social, cultural, physical and economic conditions.
Thus, at community level, intervention strategies were developed in the immediate social environment, with predictive long-term effects in the drug supply and demand dynamics at macro-social level.
As a strategic intervention adapted to international standards on legal drug use, Romania maintained legislative provisions which govern the economic, social or punitive legal context of alcohol and tobacco-use. Thus, in 2013, Romania has implemented the European system of taxation and taxing alcohol and tobacco products regulated in 2011 through Government Emergency Ordinance No. 117/2010[26].
As a novelty, during the reference year, Local / county anti-drug strategies were reinitiated in partnership at local level, in 41 counties, as a concrete way to adapt to the real needs of beneficiaries in relation to the differentiated needs of socio-economic, cultural, and regional variables. This initiative reflects a better

[25]Government Decision no. 784/09.10.2013 approving the National Anti-Drug Strategy 2013-2016 and the Action Plan for the implementation of the National Anti-Drug Strategy 2013-2016
[26] Emergency Government Ordinance no. 117 of 23 December 2010 for the amendment and supplement of Law no. 571/ 2003 on Fiscal Code and regulation of financial-fiscal measures

understanding of the drug-use phenomenon and of the intervention mechanisms at the level of main social local actors as well as an integrated and systemic approach in reducing drug demand as a key tool in improving the quality of life in the general population.

At the same time, we can mention as an important vector in assessing the activity and subsequently in the development of structured and realistic social environment strategies, the improvement of the consultation and involvement process of civil society in the development of main programming documents and legislative changes in the area, which started in 2013 (National Anti-Drug Strategy for 2013 - 2020 and the Action Plan for the implementation of the National Anti-Drug Strategy 2013 – 2016[27])

Prevention interventions in the immediate social environment were **the rapid drug testing of drivers.** In order to prevent drug use among drivers NAA in conjunction with Bucharest Road Police and Brigade for Combating Organized Crime in Bucharest, conducted 27 such testing activities. Compared to 2012, due to budgetary constraints in terms of budget allocation for the acquisition of rapid tests for the identification of drug metabolites in saliva, the number of interventions / testing activities has decreased.

3.2 UNIVERSAL PREVENTION

Universal drug-use prevention strategies is the most known and used form of intervention in the field, both at national and EU level. The frequent use of this type of intervention is due to the increased addressability for the target population, through its easy inclusion criteria. Thus, a universal prevention program addresses the members of a population who are generically exposed to drug-use risk factors, although the degree of risk may vary from an individual to another. The target population is addressed globally, without taking into account the vulnerability potential and the existence of subpopulations, the interventions taking place predominantly within the school environment or in the community, including through awareness-raising / information / education campaigns.
During the reference year, drug-use prevention programs continued to be implemented. They were mainly aimed at preventing drug use, and the use / abuse of legal and / or illegal substances, by informing the target group on the physiological and psychological effects of drug-use, by developing individual mechanisms for building negative attitudes towards drug use, increasing self-confidence, learning the most effective coping strategies and social life skills, as well as encouraging participation of the target population in leisure activities, as an alternative to drug use.

3.2.1 SCHOOL BASED PREVENTION

In 2013, drug-use prevention programs / projects in schools were implemented through the NAA's local network, consisting of 47 Drug Prevention, Evaluation and Counselling Centres, by decentralized public services under the Ministry of Education, Research, Youth and Sports, the county school inspectorates, Ministry of Health, through the National Institute of Public Health, or county Public Health Departments, the Ministry of Interior, the county police inspectorates and District Gendarmerie Inspectorate, Ministry of Labour, Family and Social Protection through the Directorates for Social Assistance and Child Protection, Ministry of Justice, through Prison and Probation Department units, respectively the probation services in partnership with civil society.

LOCAL PROJECTS
In 2013, the National Anti-Drug Agency, through its local network developed through CPECA and local partners, implemented **71 prevention projects in schools**, which had the following activities:
- In the preschool environment:
- o 261prevention activities
- o Beneficiaries: 10,987 children, 842 parents and 764 teachers.

- In schools (primary, secondary and high schools):

[27]Approved through GO no. 784/09.10.2013

- 5,000 Prevention activities (4,453 in urban areas and 547 in rural areas)
- Beneficiaries: 267,007 students, 16,441 parents, 16,516 teachers

- In the university environment:
  - 253 prevention activities
  - Beneficiaries: 13,145 students and 371 teachers)

Here are some local reference projects, as shown by data received from institutions and NGOs with responsibilities in preventing illicit drug use and trafficking:

- **Pilot project "TOGETHER WE CAN STOP CRIMES IN SCHOOLS",** initiated by the Association for Dialogue and Solidarity of Lawyers, in partnership with the NAA, the General Directorate of Bucharest Police - Service for Crime Analysis and Prevention, the Romanian Gendarmerie, local police from sector 4 Bucharest.

The purpose of the project implemented in sector 4 and Ilfov County was the prevention of juvenile crime and violent behaviour in schools by raising students' awareness, both in terms of legal rules in the field as well as on the risks and consequences they face by violating legal norms.

Results:

• 14 information, education and awareness-raising activities on drug-use crimes

• direct beneficiaries: 260 middle school students, 420 high school students and 20 teachers.

- ***"EDUCATION FOR HEALTH"*** **PROGRAMME** was implemented in Bucharest, Braşov, Caraş-Severin, Mureş and Suceava by Save the Children, in partnership with NAA and the Ministry of National Education.

Its **purpose** was to reduce drug use among adolescents (10-18 years old, grades 5-12), by conducting information sessions (peer to peer education) over a period of 10 months (March-December 2013).

The **project budget** was 10,000 lei.

Programme outcomes:

• 3920 students informed

• 78 schools and colleges participating in the program

NATIONAL PROJECTS

- **EDUCATION FOR HEALTH PROGRAM** in Romanian schools was implemented by the Ministry of National Education and the Ministry of Health, the Global Fund and the Foundation Youth for Youth.

The target group of the program included 1.000.000 students and teachers and it aimed at promoting a healthy lifestyle by involving students and teachers in school and extracurricular activities.

- **NATIONAL CONTEST FOR ANTI-DRUG PROJECTS "TOGETHER"**, implemented by the Directorate General for Education and Lifelong Learning within the Ministry of Education in collaboration with the National Children's Palace in Bucharest, CSI and DJST Constanta, aimed at preventing drug use among students in high schools and targeted in total 2.000 high school students and teachers.

The budget for the national phase was 70.000 lei.

- **EDUCATION ACTIVITIES CALENDAR** - project implemented by the Ministry of Education, aimed at providing healthy ways of spending leisure time, as an alternative to drug use, for 50.000 students, teachers, parents.

The project had a budget of 1.100.000 lei.

- **"EVRICA - Education for Life and Individual Responsiveness through Active Citizenship for Young People in Romania",** developed by the Youth for Youth Foundation, in partnership with the Ministry of Education, aimed at developing social skills and promoting a healthy and responsible lifestyle for secondary and high school students.

Project beneficiaries: about 45,000 students, parents, teachers.

- **"EDSANO - Education for Health – Developing optional modular curriculum for secondary education"** PROJECT, coordinated by Youth for Youth Foundation in partnership with the Ministry of Education, aimed at developing healthy life skills through education for health in secondary schools for a number 70,000 students, parents, teachers, inspectors, principals, school counsellors.

- **THE CONTEST ,,MY MESSAGE AGAINST DRUGS", the 10th EDITION,** implemented by the National Anti-Drug Agency, with the support of the Ministry of National Education, had as a theme "Colour your life differently ... without drugs! "

The aim of this long project of NAA was to maintain drug use (and prevalence) at a low level, to reduce the number of new consumers cases (incidence) in the population of students in secondary education (secondary and high school). The project target included a number of 50,000 students.

Results:

- 242 works assessed
- 246 students as finalists in the national phase
- 44 works awarded
- 48 students awarded in the national phase
- a Facebook page created for promoting the awarded works
- an exhibition of paintings and graphics organized in Bucharest - Cora Lujerului shopping centre)

- **The PROJECT "UNCENSORED",** implemented by the National Anti-Drug Agency in partnership with the Ministry of National Education is a drug use prevention project for students, which also aimed at preventing the shift from experimental to regular drug-use. The target group included teenagers aged between 12 and 14, this being the age when students start to experiment drugs (especially tobacco, alcohol, cannabis).

Results:

- 44 counties implementing the project
- 88 classes participating in the project
- 2640 students participating in the project activities
- 22 Teacher Training Centres accrediting the course

- **"KNOW MORE, BE BETTER" PROGRAM,** implemented by the Ministry of Education, aimed at stimulating the participation of students in various talent and skills valuing actions.

The National Anti-Drug Agency organized an anti-drug march at national level, at the same time in all counties, with the theme: "In front of drugs we are not different."

The specific objectives of the program were:

- raising awareness on the drug use risks and consequences young people are exposed to;
- promoting non-discrimination of drug-users;
- involving students in drug-use prevention activities.

Results:

- 25,000 students participating in the march
- 3,000 teachers participating in the event;
- 370 volunteers participating in the event;
- 1 anti-drug written statement;
- 10,000 leaflets printed.

3.2.2. FAMILY-BASED PREVENTION

In 2013, we note an increase in the quality of family-based prevention projects, correlated with the number of activities implemented at national level and an increased number of beneficiaries as compared to the previous years.

LOCAL PROJECTS

In 2013, the National Anti-Drug Agency through its local structures and in partnership with organizations with responsibilities in the field, implemented a total number of **6 family-based prevention projects,** having as common general objectives the awareness raising and education on drug-use effects. The projects included **429 prevention activities (384 in urban areas and 46 in rural areas)** – information and education actions both at school as well as at family level, including foster parenting structures, **109,993 natural parents, foster parents, children and teenagers in foster care, as well as medical staff.**

NATIONAL PROJECTS

- **NATIONAL CAMPAIGN "RISKS OF DRUG-USE TO MOTHER AND CHILD",** implemented by the National Anti-Drug Agency between October 5, 2012-June 26, 2013, aimed at raising the awareness of future mothers on the risks associated with tobacco, alcohol and drugs on the fetus.

The campaign aimed at:

- organizing debates on the consequences of drug-use in mother and child with the participation of medical, psychological, legal specialists,
- organizing information visit in family planning clinics and distribution of information materials;
- organization of round tables with the participation of all stakeholders involved in medical assistance activities of future mothers in each county

During the implementation period, campaign debates on the risks of drug-use to mother and child were organized in 8 cities in the country (Bucharest, Craiova, Brasov, Cluj, Iasi, Constanta, Galati, Ploiesti). The debates included open discussions on the difficult-to-find balance between family life, profession and own wishes, on the rights of mothers and family vulnerability factors. NAA managed to achieve the expected goals for 2013, that is: raising future mothers' awareness on the risks associated with tobacco, alcohol and drugs-use on the fetus and promoting the campaign "Risks of drug-use to the mother and child", through the information of over 13,078 people, the main beneficiaries of this campaign and through collaboration with the local authorities, hospital units and key civil society stakeholders.

3.2.3 COMMUNITY-BASED PREVENTION

In this area of intervention, national projects and interventions were focused on the completion of projects under implementation in 2012 and on the initiation of campaigns to mark national and global holidays on the prevention of tobacco, alcohol and drug-use or respond to emerging phenomena in the drug area at national level.

We consider as an element of added value of community interventions the focus on campaigns with media components and their structuring on two levels, namely the awareness-raising and information of both general population and risk groups on drug-use effects, the role of the healthy ways of spending leisure time as alternatives to drug use, in conjunction with the promotion of free community integrated care services provided to drug users at national level, as a measure to mitigate the effects of these substances on health, public order and public safety.

LOCAL PROJECTS

In 2013, CPECA implemented a number of **33 community-based prevention projects**, which included 1,515 prevention activities (1,273 in urban areas and 257 in rural areas), awareness raising, information, education, skill development activities for beneficiaries, including the involvement of main partners at local level.

The **target group** included 162,219 people aged 15-54 (general population).

As a best practice, we mention the "**PREVENTION OF DRUG ABUSE AND TRAFFICKING IN PRISONS**" funded by the Cooperative group to combat drug consumption and trafficking (POMPIDOU) of the Council of Europe. This project had an important component in the area of community-based prevention, promoted especially within the final conference and in the messages of the works done by the direct beneficiaries of the project.

The project aimed at preventing drug use and trafficking through a contest of messages transmitted by means of drawings / paintings done by the beneficiaries of treatment services in the Addiction Integrated Assistance Centers Obregia and Pericles, and beneficiaries of Therapeutic Communities from Jilava, Rahova and Târgşor Prisons.
The **target group** of community prevention component was represented by approximately **20 professionals** from the participating institutions, trained within the project, as well as representatives of the professional community, about **200 people** participating in the project promotion activities (e.g. In February 2013, at the National Library, the conference "Mental Health and Addiction in prisons" and the exhibition of works done by recipients of three therapeutic communities in prisons were organized.

NATIONAL PROJECTS

- **NATIONAL PROJECT TO MARK THE INTERNATIONAL DAY AGAINST DRUG ABUSE AND ILLICIT TRAFFICKING –** component of the "TOO REBEL TO BE DRIVEN!" campaign aimed at raising the awareness on drug-use risks and promoting services provided by the national social care system, by organizing a national event "*moment of silence for drug-use victims*" as part of the International Day Against Drug Abuse and Illicit Trafficking 2013.

The project had 17,987 direct beneficiaries.

The event was organized in each county, through CPECA representatives and local partners and the involvement of 221 public personalities (local authorities representatives, major persons in the cultural and university area, representatives of local NGOs and youth associations, local and national media) and 17,656 direct beneficiaries of the campaign.
It is also worth mentioning that in some counties the event to mark the International Day Against Drug Abuse and Illicit Trafficking 2013 included 2-day activities, depending on local opportunities and initiatives. The moment of silence for the drug-use victims was supplemented with other special activities, in total 73 public activities. The sites were chosen in consultation and with the approval of local authorities in leisure time areas (parks, public squares, central areas, etc), in order to include a larger number of direct beneficiaries, 17,656 people and 331 public figures, in total 17,987 people. The end of the event resulted in the ignition of floating lanterns by each participant and inviting others to light a candle in the memory of drug abuse victims as an element of solidarity in the fight against drugs.
Anti-drug volunteers from cultural and artistic areas and media representatives also participated in the event organized in Bucharest - Cişmigiu Park. On this occasion, representatives of the NAA and volunteers distributed 1,000 information materials on the drug use adverse consequences on human health. Finally, more than 500 people joining the event organizers have launched 700 lanterns on the lake, in the memories of drug abuse victims. The end of the "Too Rebel to be driven" national campaign was marked across the country with similar activities organized by the territorial structures of the NAA.

- **TOLL-FREE PHONE SERVICE - 0800 8 700 700,** aims at informing and facilitating access to national health services for drug users.

In 2013, there were 23 calls from people requesting information on specialized services and contact data f Drug Prevention, Evaluation and Counselling Centres as well as Integrated Assistance Centres for Addicts at regional and local levels, in order to access specialists in the field.

INTERNATIONAL PARTNERSHIPS

- **NAA-EURONET PARTNERHIP**. In 2014, the NAA officially joined the European Network for Practical Approach in the field of Addiction Prevention (EURONET).

Euronet is a network of drug addiction prevention, implementing specific projects in order to develop European cooperation in preventing addiction. Within this network, there are exchanges of knowledge and experience at local, regional and national organizations and institutions through European influences in drug prevention and active at European level.
Euro net is a European addiction prevention network which, by working on specific projects, aims to develop European cooperation in addiction prevention. Within the framework of the network, knowledge

and experience are exchanged between locally, nationally and regionally active institutions and organisations within the European context.

Euronet objectives are the following:
1. developing and establishing a European network of drug prevention,
2. promoting the exchange of ideas and experience between European professionals,
3. joint development and local implementation of concepts, projects and innovative prevention strategies,
4. promoting strategies for preventing licit and illicit drug dependence, based on knowledge and scientific methods agreed, for example, peer education, joint evaluation of projects and deliverables, etc.

3.3 SELECTIVE PREVENTION IN AT RISK GROUPS AND SETTINGS

Selective prevention implies interventions targeted to specific groups or communities that, due to increased cultural, social or economic vulnerabilities are at risk of developing drug-use behaviours. These vulnerable groups are identified based on scientific evidence and risk social, demographic and environmental factors, correlated with drug-use trends. The targeted subgroups can be identified by areas of residence or family situation (high crime incidence areas, low economic situation, punitive environments etc).

LOCAL PROJECTS
Because of the difficulty in accurately assessing the needs in certain risk areas and communities, linked to insufficient allocation of financial, logistical and human resources at local level, the development of selective prevention projects is limited to the implementation of specific measures, whose design does not meet scientific standards in the field.

Considering the socio-cultural characteristics of the vulnerable groups, most selective prevention interventions are limited to the provision of customised information, individual therapy and alternatives based on arts or sports. It should however be mentioned that the techniques used in extensive programmes of social influence characteristic for universal prevention are equally efficient, if not more efficient if applied as selective prevention measures. Normative restructuring (e.g. learning that the majority of the population in the same category disapproves of drug use), training by self assertiveness, motivation and goal setting, as well as demystifying have proved to be highly efficient among vulnerable groups of young people.

NATIONAL PROJECTS

- **THE PROJECT „FRED GOES NET – EARLY INTERVENTIONS FOR FIRST TIME DETECTED DRUG USERS”** was implemented starting January 2013, when the third national edition of the project was launched, aiming at strengthening local partnerships in order to ensure a referral system to CPECA, promote Fred Courses among managers, school counsellors, principals and parents etc and support at least 5 FRED courses at local level, according to the FRED GOES NET Manual.

Results:

- 90 FRED Courses
- 822 participants benefitting from the project interventions.

3.4 INDICATED PREVENTION

Indicated prevention targets people who use drugs or who present predictive psychological and behavioural aspects in terms of drug-use or escalation of consumption, specific interventions, including early interventions being required. The purpose of indicated prevention projects and programs is not to prevent drug use in general, but to prevent rapid installation of dependence, decrease the frequency of consumption and prevent abuse or addiction.

LOCAL PROJECTS

- "**PREVENTION OF DRUG ABUSE AND TRAFFICKING IN PRISONS**" **PROJECT** funded by the Cooperative group to combat drug consumption and trafficking (POMPIDOU) of the Council of Europe. The project **aimed** at preventing drug use and trafficking through a contest of messages transmitted by means of drawings / paintings done by the beneficiaries of treatment services in the Addiction Integrated Assistance Centres Obregia and Pericles, and beneficiaries of Therapeutic Communities from Jilava, Rahova and Târgşor Prisons.

Project activities included training staff in therapy techniques through art, counselling, information and training of beneficiaries (100 people) within the above mentioned services.
The **target group** included 350 beneficiaries of integrated assistance in Bucharest and prisoners in Jilava, Rahova and Târgşor Prisons.

NATIONAL PROJECTS

Due to limited financial resources in the reference period, no representative prevention projects were implemented.
The only relevant national selective prevention project, which included a component of indicated prevention is **FRED GOES NET – EARLY INTERVENTION FOR DRUG USERS IDENTIFIED/DETECTED FOR THE FIRST TIME ", presented in section 3.4.**

- "Marius Nasta" Pneumology Institute implemented, as part of the **national subprogram for preventing and combating tobacco consumption, financed by the Ministry of Health**, **an indicated prevention project** addressed to smokers and their entourage, with the following objectives:
  - Encouraging smoking cessation by providing medical treatment to persons who want to quit smoking **("Stop Smoking" Program**, with a **budget** of 500,000 lei)
  - Encouraging smoking cessation by providing telephone support **("Stop Smoking" toll-free phone line**, with a **budget** of 124,870 lei).

The main activities were:

- Medical examination and counselling to treat tobacco addiction
- Pproviding general information, counselling, monitoring through phone calls, online forum on the www.stopfumat.eu website, Facebook page.

Project Methodology:

- People who wanted to quit smoking received free medical treatment (within the first 3 months of 2013) and subsequently a medical prescription and monitoring during treatment. At the same time, all beneficiaries were monitored through the telephone 3 months after the start of the treatment;
- People who wanted information about smoking cessation were provided specialized answers by psychologists specialized in this area, and those who were in the process of quitting were offered psychological support. Opening hours: 5/7, 8.00 a.m.-8.00 p.m.

Results achieved:

- **3884** people (smokers) who received counselling in order to quit smoking
- **3374** people (smokers) received medical treatment for nicotine dependence
- **9996** phone calls received.

3.5 NATIONAL AND LOCAL MEDIA CAMPAIGNS

- **NATIONAL CAMPAIGN TO MARK THE "WORLD NO TOBACCO DAY" (31 MAI 2013)** had as a theme / slogan “Ban tobacco advertising, promotion and sponsorship”.

The campaign was implemented through **349** information, education, awareness-raising activities, having as beneficiaries a number of **2059 pre-school children, 6825 secondary school students, 6,128 high school students, 1615 students and 542 teachers and school psychologists** and also through **103** community information activities, having as beneficiaries a number of **2059 preschool children, 6825 secondary school students, 6,128 high school students, 1615 students and 542 teachers and school psychologists**.

263 partner NGOs and institutions and 81 volunteers were involved in the implementation of the campaign.

- **NATIONAL CAMPAIGN TO MARK THE "INTERNATIONAL DAY AGAINST DRUG USE AND ILLICIT TRAFFICKING" (26 June 2013)** having as a slogan *"Health is a priority in life, not drugs!" - "Drug victims have no priorities, only lighted candles. What are your priorities?"*

The campaign message was: "*Choose health as a priority in life, not drugs!*", and the overall objective was to commemorate drug-se victims by lighting the lanterns in public spaces.
73 public information and promotion activities were implemented at national level.
Activities were implemented in each county by CPECA and local partners, involving a total of **331 public figures** (local authorities, leading figures in the cultural and academic environment, representatives of local NGOs and youth associations, national and local media) and **17,656 direct** beneficiaries of the campaign.
The locations were chosen through consultation and opinion of local authorities in recreational areas (parks, public squares, central areas, etc), in order to include a larger number of direct beneficiaries, **17,656 people and 331 public figures**, in total **17,987 people**.

The event benefited from a large media coverage through **74 press releases**,119 articles in the newspapres and 72 radio/tv materials broadcasted at local and national level.

- **NATIONAL CAMPAIGN TO MARK THE "NATIONAL NO TOBACCO DAY" (21 November 2013) had the following results in Bucharest:**
  - A public information activity in CORA Lujerului hypermarket, with the support of Cora Lujerului Shopping Gallery and "Marius Nasta" Institute of Pneumology
  - 60 people were tested with lung capacity measuring device
  - 900 information leaflets were distributed to beneficiaries
  - 300 balloons distributed to beneficiaries
  - Approximately 1,000 people watched broadcast spots.

At local level, the network of Drug Prevention, Evaluation and Counselling Centres achieved the following results:

- *at school level*:
  - 457 secondary schools (10,864 students)
  - 337 high schools (9755 students)
  - 18 kindergartens (835 preschool beneficiaries)
  - 7 universities (544 students)
  - 1075 teachers directly involved in these activities
- *at community level*:
  - 52 public information activities in parks, coffee shops, shopping centres, social care shelters, foster care centres, libraries etc. (11,300 beneficiaries)
  - 8 activities in prisons (796 beneficiaries)
- *at family level*:
  - 24 family activities (580 parents as beneficiaries).

- **NATIONAL CAMPAIGN-"TOO REBEL TO BE DRIVEN!" – 2013 -** aimed primarily at raising the awareness of the population at-risk, aged 15-24 years and also of the general population on the risks of drug use, as well as the information of the population at risk on the integrated assistance services.

The following types of informative materials have been used: posters, flyers, brochures, movie addressed to professionals in the field and a 30 seconds video spot.
The implementation of the campaign continued from 2012 until 26 June 2013.

Campaign results:

a**) in social environments, ie bars, clubs, discos**:

- Materials to promote the campaign were distributed in **121** clubs, bars and discos
- **19,161** youngsters benefited from the „safe nights" program
- **39** press releases on „safe nights" program activities
- **95** articles in the written media
- **47** radio/TV materials.

b) through media channels, according to the planning, during September 2012 – July 2013:

- **Spot**: **121.150** broadcasts on **71** local and national TV stations, **67,567** indoor/outdoor and **14** broadcasts on local radio stations between 06.00 a.m– 12.00 p.m., **1,450,050 beneficiaries**
- **Documentary**: **471** broadcasts on **51** local and national TV stations between 12.00 a.m.– 10.00.p.m. and **31** indoor/outdoor – (round tables – school units, public institutions), in total **29,914 beneficiaries.**

c) in the online environment, via „Facebook", during March – July 2013:

- **398 people/day** raising questions, comments, discussions on campaign activities
- **2,012 campaign-related comments-discussions/day**
- **201 people** subscribed to the campaign Facebook page
- **7,310,462 people –** friends of those subscribing to the campaign FB page
- **11,160 people/day** having seen any campaign-related content
- **2,126 people/day** visited the page**,** without making any judgement about the campaign.
- **17,667 impressions of friends posted/day** on the materials and pictures on the campaign page
- **26,827 impressions posted/day** on the materials and pictures on the campaign page
- **13,010 hits/day** for the content of any material posted on the campaign page

d) Promote messages through **debates on anti-drug issues**

- **196 public debates** on anti-drug issues, in representative locations for the local community (prestigious universities, county and local councils, school inspectorates, county libraries, cultural centres etc), which involved **5,996** people

e) Marking the "International day against drug use and illicit trafficking" 2013 by organizing a "moment of silence for drug victims" and having as a slogan ***"Health is a priority in life, not drugs!" - "Drug victims have no priorities, only lighted candles. What are your priorities?"***

Beneficiaries: 331 public people, promoters of the messages, 17,656 people from the general population.

The event was publicized in the media - 74 releases, 119 print and 72radio/TV materials at local and national level.

- **THE CAMPAIGN „DRUGS CHANGE YOUR DESTINATION"**, implemented by the Ministry of Foreign Affairs, in partnership with the National Anti-Drug Agency, on a 15 month period, aimed at informing population aged 15-40 on the risks and consequences of drugs, with a focus on issues of recruitment of Romanian citizens as carriers of psychotropic substances in various countries around the world, especially in 32 states where drug transportation and possession is punished with the death sentence.

The instruments of the campaign (posters, leaflets, video spot, audio spot) were distribuited to all Romanian embassies and consulates, as well as in all cities in the country.

- **AWARENESS RAISING AND INFORMATION CAMPAIGN** on the drug phenomenon and the existing services at community level generically called **„DEPENDENT ON HOPE – PRISON IS NOT THE END OF THE ROAD"** implemented by the National Anti-drug Agency in partnership with the National Administration of Prison, over two months (October-November 2013), in 38 prisons.

The **overall objective** of the campaign was raising the awareness of the general population in prison on drug-use effects and information provision on the social reintegration of former drug-users preparing for release through intensive implementation, on a 2 months period, of a national media campaign to inform and promote integrated care and social reintegration community services.

The secondary target group was made up of people of former drug users enrolled in release programs.

The **instruments used** in the implementation of the campaign were the following:

- documentary with interviews of people convicted for drug trafficking or drug-related offenses;
- anti-drug TV spot: **"Dependent on hope. Prison is not the end of the road. "**

Results:

- **36** technical meetings to coordinate the implementation, organized out at local level
- **380** information / promotion sessions as follows:
  - direct information session on the effects of drug use, mainly of the general prison population, followed by a debate session on the campaign spot and movie: **190 sessions**
  - direct information on the network of integrated support services for drug users and other community services that can be accessed after release: **190 sessions**
- **7,516** direct beneficiaries participating in information and promotion sessions
- **approximately 32,000 people** from prison who watched at least once the campaign spot
- **149 broadcasts of the film**, followed by discussion with the priorly prepared topic
- **265 broadcasts of the spot** as campaign material in information sessions
- **24** press releases at local level
- **169** articles in the local media

➢ **CAMPAIGN TO REDUCE DRUG RELATED RISKS "NO FURTHER RISKS" AUGUST 1-27 2013 in Vama Veche** had, as every year, the following objectives:

- reducing the drug use related risks among young people spending their holidays at the seaside;
- promoting drug addiction treatment services;
- promoting the concept of drug use related risks reduction, as public health approach and de-stigmatization of drug users.

Results:

- 5165 young people were informed about the activities of the campaign; the drug use associated risks and the medical, psychological and social services available
- 93 individual, psychological and social interventions
- 4845 flyers, 82 posters, 150 T-shirts, 150 hats, 150 bags, 5,396 condoms distributed
- 380 syringes, 312 disinfectant wipes and 122 sterile compresses distributed
- 329 positive feedback to the campaign Facebook page
- 50 articles in the written media, online and radio

CONCLUSIONS

Given that, even if both locally and nationally, a relevant number of projects and activities to prevent drug use are implemented, particularly in schools and in the community, an insufficient number of unitary reports to reveal the type of projects, the number of users and age groups participating, we consider necessary an optimization and computerization of collection, monitoring and data analysis on drug-use prevention. At the same time, it is necessary that social actors involved understand the importance of a full National Report to reflect the overview of this phenomenon.

RECOMMENDATIONS

- Increasing access to alcohol, tobacco and drug use preventive services of parents, children and community members, by diversifying the methods and means of providing information and training teachers to provide this type of preventive services.
- Active involvement of young people, parents and community members in preventing the use of alcohol, tobacco and drugs.
- Adapting the specific preventive services to the specificity of the beneficiaries: age, gender, type of consumer, education level, ethnicity etc.
- Assessing the services provided through a regular questioning of their beneficiaries (e.g. Questionnaires for measuring satisfaction of the beneficiaries).

- Information and awareness raising actions for the general public and the media on issues such as human rights, non-discrimination of drug users, informing and empowering the general population on measures that can be taken to help drug users, existing services etc.
- Conducting qualitative studies, in partnership with NGOs, to identify groups at risk, the behaviour of drug users and their needs.
- Financial, logistical and human resources adapted to the prevention needs.

Chapter 4 – High risk drug use

4.1. ESTIMATES OF AND TRENDS IN HDRU

The multiplier resulted from the "Behavioural and serologic survey on HIV, hepatitis B and C prevalence among injecting drug users (IDU) in Bucharest – *Behavioural Surveillance Survey 2010", carried out in 2012 by the National Anti-drug Agency and UNODC Romania, was used to estimate prevalence of problem drug use for 2013.*

Considering the following matters:

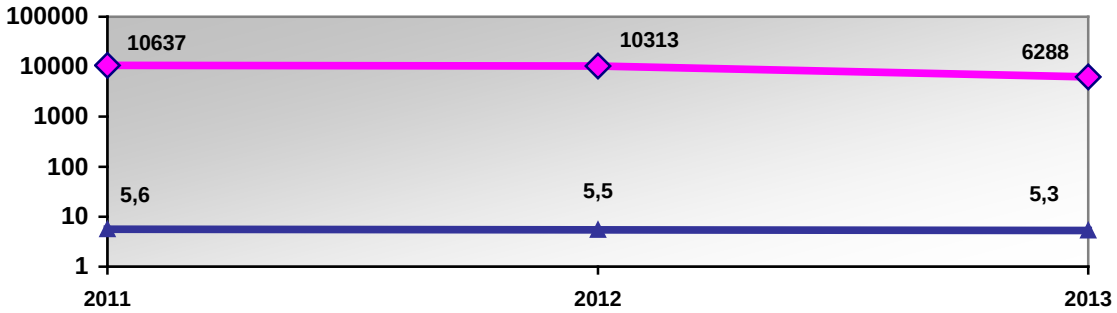
- The *respondent driven* sampling used in the BSS-2012 survey was influenced by the selection based largely on "seeds" confiscated from treatment beneficiaries.
- The comparative analysis of multipliers in the past two BSS inquiries (2010, 2012)[28] showed greater data consistency for 2010
- The market for available services for drug users did not change significantly during 2010-2012, being characterized by a typology of constant assistance programmes and a rather stable number of centres,

the multiplier in the BSS survey – 2010 was deemed to portray a more accurate estimate of the prevalence of injecting drug users in the capital, therefore the numbers of this survey were used in this report.

Benchmark: injection drug users admitted for treatment in 2013, in Bucharest.
Case definition - use of injecting drugs; age group: 18-49 years old; Bucharest.
The analysis of data from the "Behavioural and serologic survey on HIV, hepatitis B and C prevalence among injecting drug users (IDU) – *Behavioural Surveillance Survey 2010" indicated that a percentage of* 10.21% (95% trust interval: 0.0756 – 0.1365) of the individuals included in this survey were beneficiaries from drug addiction treatment programmes.

By dividing the number of injection drug users included in treatment programmes[29] in 2013 to the abovementioned multiplier, we have an estimated number of 6288 (95% CI:4703 – 8492) injection drug users in Bucharest.

Chart no. 4-1: Estimate of the rate (number/1000 individuals[30]) and number of injection drug users in Bucharest, using the multiplier method, 2011-2013



Source: NAA

[28] The compared results of the three *Behavioural and serologic survey on infectious diseases prevalence among injecting drug users in Bucharest* surveys were presented in the National Drug Report – 2013, pages 105-107
[29] 642 injection drug users admitted for treatment in 2013
[30] 1192425, according to the 2011 Census results

The decrease in the estimated number of **injection drug users in Bucharest** can be a result of the following:

- "dependence" of the estimation indicator on other phenomenon assessment indicators (beneficiaries of treatment, drug-related infectious diseases):
  - halvening of the number of injection drug users seeking out care in 2013 (from 1053 in 2012 to 642 in 2013); starting with 2009, when the proportion of injection drug users among treatment beneficiaries peaked, we notice a decrease in their tendency to address such centres;
  - the accuracy of the multiplier, respectively of the identification of injection drug users, which do not appear in any of the care services;
- including a larger number of injection drug users into specialized programmes of syringe exchange;
- "ageing" of the injection drug users cohort (resulting from correlating the various indicators in this report);
- change of use patterns
- the impact of legal measures regarding closing down shops specialized in selling NPS.

Most injection drug users admitted for treatment in Bucharest in 2013 were men, with an average age of 31, with a long injection history (over 10 years), using heroin and that received previous assistance.

Chart no. 4-2: Features of injection drug users in Bucharest, receiving treatment in 2013

	Men	Women	Total
	 81,4%	 18,6%	642
Age			
Average age:	31,25	29,71	30,96
Minimum age:	18	16	16
Injection period			
Less than 2 years:	4.1%	2.9%	7.0%
2- 5 years:	11.3%	2.9%	14.2%
5- 10 years	24.2%	5.8%	30%
≥ 10 years	41.8%	7%	48.8%
Drug used			
Heroin	69.7%	17.8%	87.5%
Methadone	1.3%	0%	1.3%
Other opiates	1.8%	0%	1.8%
NPS	8.6%	0.8%	9.4%
Type of admission			
New case	23.2%	7.1%	30.3%
Relapse	56.4%	11.4%	67.8%
Unmentioned	1.8%	0.1%	1.9%

Source: NAA

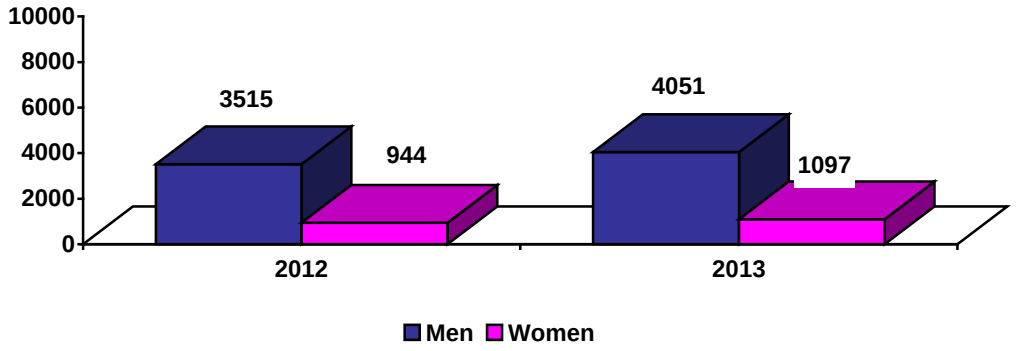
4.2. CHARACTERISTICS OF HIGH RISK DRUG USERS

A. BENEFICIARIES OF SYRINGE EXCHANGE PROGRAMMES

The following aspects have been identified regarding the **socio-demographic features** of the beneficiaries of syringe exchange programmes[31],:

The percentage of beneficiaries, depending on gender, has been constant for 2 reporting years given an increasing number in injection drug users accessing the syringe programmes in 2013.

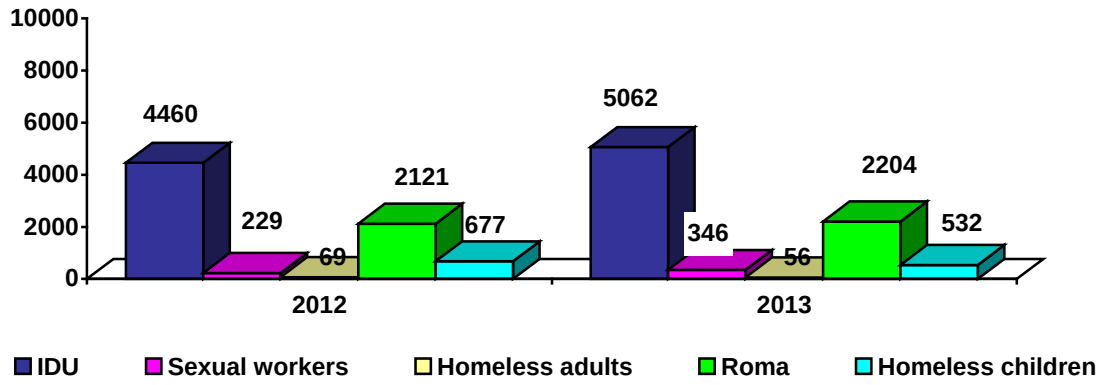
Chart no. 4-3: Gender distribution of beneficiaries of syringe exchange programmes, compared data 2012-2013



Source: NAA

The injection drug users included in syringe exchange programmes are also part of other vulnerable or risk categories such as sexual workers, homeless children or adults, Roma.

Chart 4-4: Risk/Vulnerable category distribution of beneficiaries of syringe exchange programmes, compared data 2012-2013 (%)



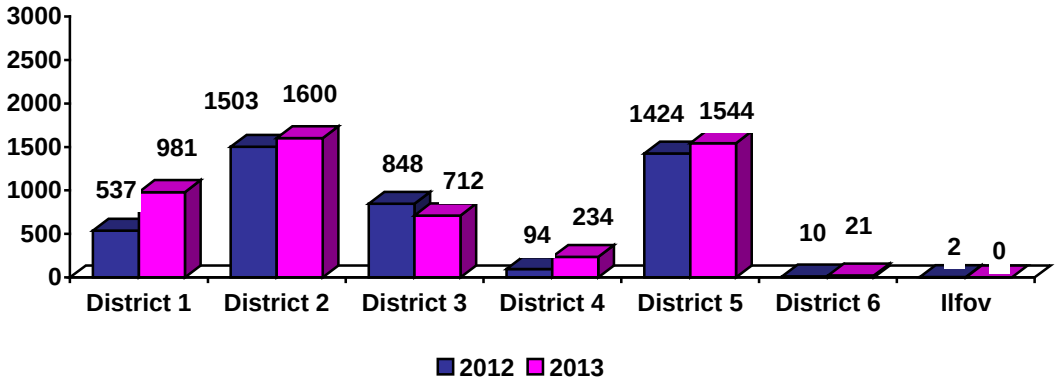
Source: NAA

Data analysis shows that, from a social vulnerability point of view, the population profile has not changed significantly throughout the two years of reporting.

[31] Data are presented in Chapter 7

Regarding the geographical distribution of injection drug users accessing syringe exchange programmes developed by nongovernmental organizations, 99% of all beneficiaries are in Bucharest.

Chart no. 4-5: Distribution of injection drug users in syringe exchange programmes per Bucharest districts, comparative data 2012-2013



Source: NAA

As noticed, most beneficiaries of syringe exchange programmes come from district 2 and respectively 5, without significant changes in the two years. Unlike the previous year, in 2013, beneficiaries in district 1 exceed the number in district 3.

Table no. 4-1: Main drug distribution of beneficiaries of syringe exchange programmes, compared data 2012-2013 (no.)

Drug	2012	2013
Heroin	630	2687
NPS	734	1437
Poly drug use	65	751
Unstated	3031	256
Other drugs		16
Methadone	0	1
Total	4460	5148

Source: NAA

Data analysis for 2012-2013, depending on the main drug used, shows greater accuracy of the date registered in the past year. Unlike 2012, with a significant percentage of the beneficiaries not stating the main drug used (68.0%) and prevalence in use of new psychoactive substances (16.5%), followed by heroin (14.1%), in 2013 the percentage of those that refused to state their drug of use has decreased significantly (5%) and we see a reversed use pattern compared to the previous year. Thus, there is an almost double prevalence in heroin use (52.5%) compared to new psychoactive substances (27.9%).

B. EMERGENCY MEDICAL CARE BENEFICIARIES

At national level, in 2013, emergency wards recorded 388 injection drug users. Of the said, 237 resided in Bucharest, 150 in 15 counties in the country and 1 individual in Hungary, but almost all (97%) were treated in medical units in Bucharest. As for other types of care, three quarters of injection drug users coming to the emergency ward were men. Diagnostics indicate a long history of drug use for most patients (withdrawal, dependence, abuse). 46% of the individuals used several drugs and circa one third injected opiates.

Chart no. 4-6: Features of injection drug users in emergency wards for illegal drug use related medical problems, 2013

	Men	Women	Total
	 74.5%	 25.5%	388
Age			
Average age:	29.27	28.58	29.09
Minimum age:	15	18	15
Emergency diagnosis			
Intoxication	8.0%	8.1%	8.0%
Abuse	17.0%	34.3%	21.4%
Dependence	36.7%	26.3%	34.0%
Withdrawal	23.2%	21.2%	22.7%
Mental and behaviour disorders	4.5%	2.0%	3.9%
Other diagnoses	10.7%	8.1%	10.1%
Type of drug used			
Multiple drug use	46.7%	43.4%	45.9%
Cocaine	0.3%		0.3%
NPS	20.8%	31.3%	23.5%
Hallucinogens	0.7%		0.5%
Opiates	31.5%	24.2%	29.6%
Generic drugs		1.0%	0.3%
Territorial- administrative units recording the medical emergency			
Bucharest	97.2%	99.0%	97.7%
Botosani	0.3%		0.3%
Iasi	0.3%		0.3%
Mures	1.0%		0.8%
Timis	1.0%	1.0%	1.0%

Source: NAA

Conclusions

- The decrease in prevalence of injection drug users in Bucharest is determined by several factors : "ageing of the cohort", in the sense of a long injection history, decrease in injection drug users coming to treatment centres, impact of legal measures on selling NPS, shift in consumption patterns, better coverage of the reference population by syringe exchange programmes;
- The profile of injection drug users **at national level** developed based on data from monitoring indicators in 2013 is similar, irrespective of the type of care (syringe exchange programme, admission to treatment, emergency medical care): male, average age of 30, living in Bucharest, with a long history of consumption of mainly opiates.

Chapter 5 – Drug-related treatment – treatment demand and treatmend availability

Starting with 2011, the data necessary to elaborate this chapter are collected based on the new Standard European Protocol for monitoring the drug related treatment recommended by EMCDDA (Standard Protocol 3.0). The analysis of features of drug related treatment beneficiaries (subchapter 5.3) includes the reported cases (individuals requesting assistance for the first time or re-entering treatment during the reference year).

5.1 STRATEGIES/POLICIES

The institutional and enforcement framework of the drug user care system was not amended in 2013 and it was described in detail in the previous national reports.

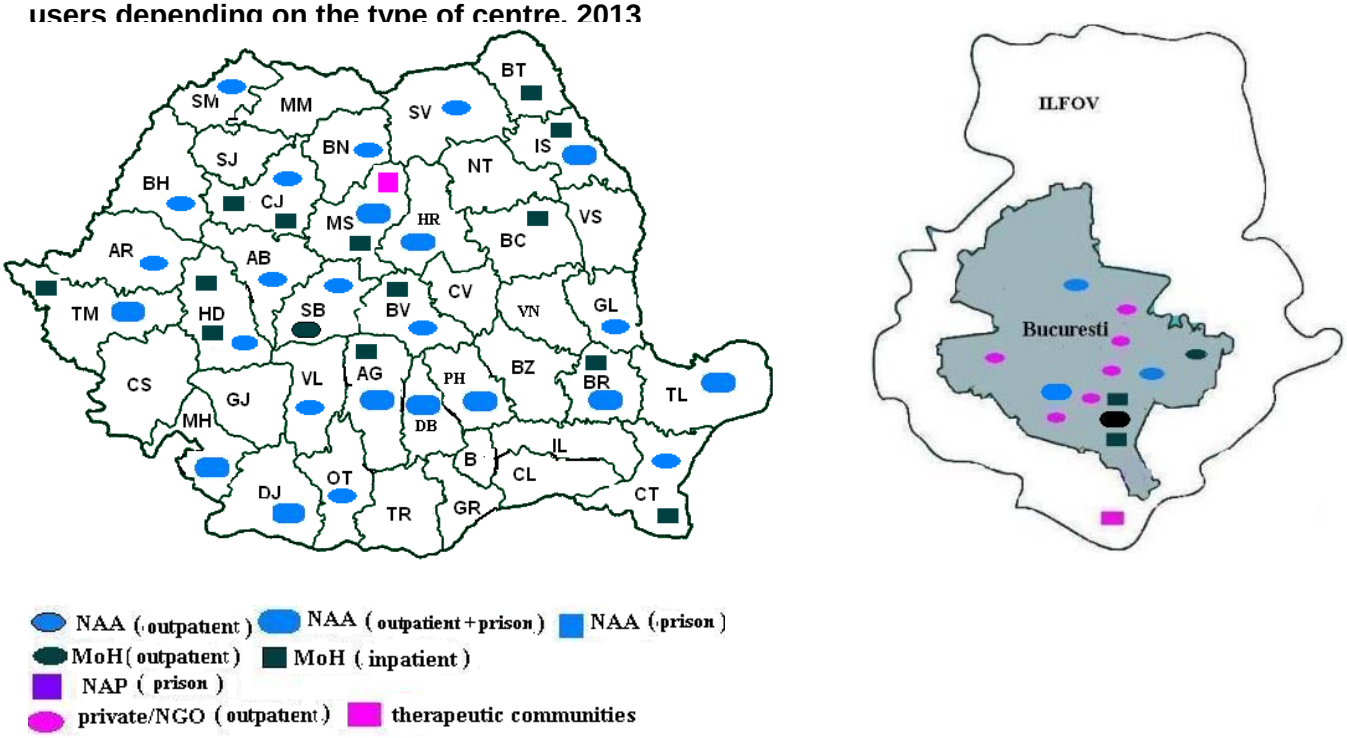
5.2 NATIONAL TREATMENT SYSTEM

In 2013, 54 centres reported granting care to illegal drug and NPS users:

- 18 medical units of the Ministry of Health, out of which, 15 provide rehab services and in-patient medical and psychological care (3 in Bucharest and the rest in: Arges, Bacau, Braila, Botosani, Brasov, Constansa, Hunedoara, Iasi, Mures, Sibiu, Timis), one (in Bucharest) provides out-patient care – medical, psychological and social care and substitute treatment with methadone/ suboxone/ naltrexone for opiate addiction and 2 (in Cluj-Napoca) provide both out-patient and in-patient care; 2 medical units (1 - Bucharest and 1 - Sibiu) provided care to imprisoned drug users;
- 28 centres of the National Anti-Drug Agency – granting out-patient medical, psychological and social care, out of which 3 in Bucharest – integrated care for addictions, including substitute treatment with methadone/suboxone/naltrexone for opiate addiction; out of the 28 centres, 12 centres provided care to detainees (arrest/prison);
- 3 centres/ private practices in Bucharest (ANIT – National Association for Drug Addiction Intervention, PSYMOTION and D&C Medical)[32] - providing integrated care for addictions (including substitute treatment for opiate addiction), for out-patients;
- 3 centres managed by the ARAS nongovernmental organization (Arena, Titan and Centrul de Sanatate (translation – Health Centre)) in Bucharest, providing integrated care for addictions (including substitute treatment for opiate addiction), for out-patients;
- 2 centres for post-cure treatment (Bonus Pastor Foundation and Teen Challenge Romania).

[32] http://www.anit.ro/, http://www.psymotion.ro şi http://www.psihomedcom.ro/contact.html

Map no. 5-1: Territorial distribution of centres reporting provision of care to illegal drug and NPS users depending on the type of centre, 2013



Source: NAA

According to general population surveys (GPS 2007, 2010), there has been an increase lately in illegal drug use from 1.7% to 4.3%. Looking back both on the number of illegal drug and NPS related treatment beneficiaries and on the number of care centres, we notice a slight "adaptation" of care in the past 10 years. From significant changes occurring during this period, a special impact came from:

- developing out-patient integrated care due to the National Anti-Drug Agency's setting up a territorial network of 47 centres;
- initiating care services (including substitute treatment with methadone) for imprisoned individuals;
- diversification of types of care providers by setting up private centres or centres patroned by nongovernmental organizations.

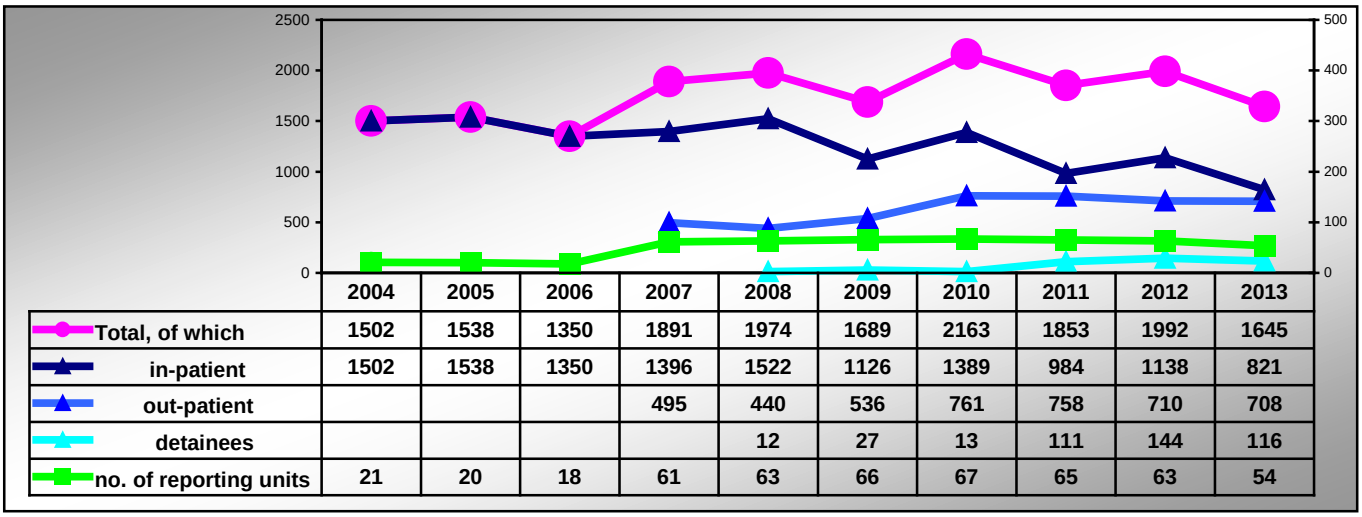
Although currently the situation has improved significantly[33] by reinstating the National Anti-Drug Agency as national coordinator of anti-drug policies in Romania, the effects of 2009 continue to be visible when there was a significant reduction in interventions and in the role[34] of this institution in the field.
Thus, during 2011-2013, we notice a decreasing trend in the number of centres reporting care provided to illegal drug/NPS users. Possible explanations could be:

- a stable phenomenon in the context of a decreasing use of NPS;
- a decrease in available resources, given the general economic crisis.

Regarding the number of illegal drug and NPS related treatment beneficiaries, in 2013, we notice a decrease by 17.4% compared to the previous year. Despite this decrease, the value registered in 2013 for this indicator continues to exceed 2004 by 9.5%.

[33] Government Decision no. 461/May 11, 2011 regarding the organization and functioning of the National Anti-Drug Agency (issuer: Government of Romania, published in the Official Gazette of Romania, Part I, no. 331 dated May 12, 2011)
[34] www.state.gov – Department of State – Bureau of International Narcotics and Law Enforcement Affairs - International Narcotics Control Strategy Report – March 2010, vol. I, page 527

Chart no. 5-1: Evolution of the number of illegal drug and NPS related treatment beneficiaries, depending on number and type of the reporting unit, comparative data 2004-2013 (no.)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total, of which	1502	1538	1350	1891	1974	1689	2163	1853	1992	1645
in-patient	1502	1538	1350	1396	1522	1126	1389	984	1138	821
out-patient				495	440	536	761	758	710	708
detainees					12	27	13	111	144	116
no. of reporting units	21	20	18	61	63	66	67	65	63	54

Source: NAA

In addition, we see a difference for 2013 in the decrease of in-patient treatments, compared to the previous year, and an equal value to the number of out-patient beneficiaries (without taking into account detainees receiving treatment). This matter can be explained by:

- care units adopting strategies to cut down care costs, in the context of the economic crisis,
- the impact of new changes in the national legislation regarding public health and financial allocations for national health programmes,
- increased care efficiency and progress in reaching treatment objectives regarding the social-professional reintegration of drug users.

5.3 CHARACTERISTICS OF TREATED CLIENTS

In 2013, **1529 individuals** requested care as in- and out-patients, for illegal drug and NPS use, out of which:

- 821 were in-patients and 708 were out-patients[35];
- 632 individuals had never received care before (new cases), while 825 had been admitted to treatment before (relapse)[36].

Chart no. 5-2: Distribution of admissions to treatment in 2013, depending on the type of care and type of admission (%)

Source: NAA

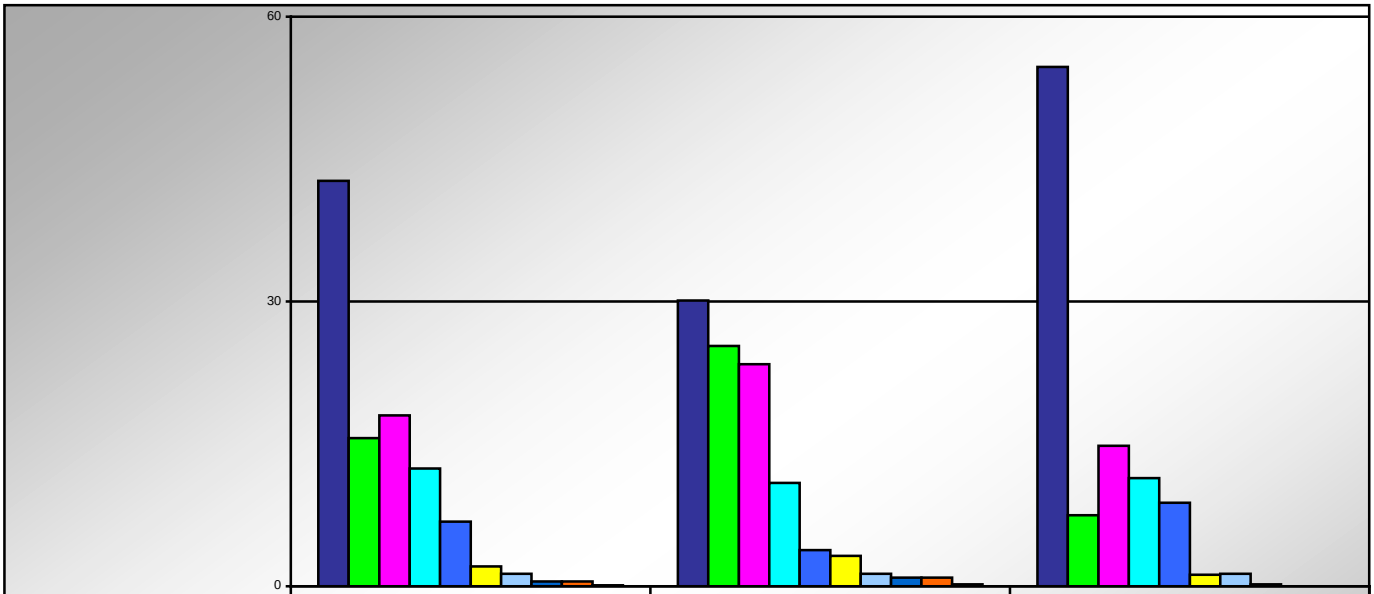
Heroin (42.7%), ***new psychoactive substances - NPS*** (18%) and ***cannabis*** (15.6%) are the main drugs for which care was requested in 2013, with the comment that although heroin is the main drug with the

[35] determining the number of separate beneficiaries is achieved by including only the first admission during the reference year (irrespective of in-patient or out-patient care)
[36] For 72 beneficiaries the situation was not stated.

highest number of treatment requests, there are significant differences[37] between relapses and new cases, thus indicating a possible change in the consumption pattern. Thus, compared cu relapses, for more than half of care requests for heroin (54.7%), followed by NPS (14.8%) and hypnotics and sedatives (11.4%), for new cases we see an increased range of drug use and depending on the main drug we notice:

- larger numbers for cannabis (a difference of 17.8 percentage points) and NPS (difference of 8.6 percentage points) and
- smaller numbers for opiates (heroin – 24.6 percentage points, other opiates - 5 percentage points).

Chart no. 5-3: Distribution of admissions to treatment in 2013, depending on main drug and type of admission (%)



	Total	new case	relapse
heroin	42.7	30.1	54.7
cannabis	15.6	25.3	7.5
NPS	18	23.4	14.8
hypnotics and sedatives	12.4	10.9	11.4
other opiates	6.8	3.8	8.8
inhalants	2.1	3.2	1.2
other substances	1.3	1.3	1.3
cocaine	0.5	0.9	0.2
stimulants	0.5	0.9	
hallucinogens	0.1	0.2	

Source: NAA

In total, there were 1934 ***admissions to treatment*** for the 1529 beneficiaries requesting care for illegal drug and NPS use in 2013 (in average, 1.3 admissions per beneficiary). Depending on the main drug, most treatment episodes and the highest average was recorded for opiate users (7 and respectively 1.4).

[37] P = 0.000, Cramer's V coefficient – 0.34

Table no. 5-1: Distribution of admissions to treatment in 2013, depending on the number of treatment episodes and main drug (no., average, maximum)

	Number of beneficiaries	Average	Maximum	Total no. Of treatment sessions
opiates	757	1.4	7	1029
NPS	275	1.2	3	319
cannabis	238	1.1	5	273
hypnotics and sedatives	190	1.2	5	233
volatile inhalants	32	1.2	4	37
cocaine	8	1.2	3	10
stimulants	7	1.0	1	7
other	22	1.2	3	26
total	1529	1.3	7	1934

Source: NAA

Of the 1529 beneficiaries, 378 stated to have used other illegal drugs (secondary drugs) than those for which they received care (main drug). According to the data in table 5-2:

- most of those stating to use one or several secondary drugs sought out treatment (main drug) for heroin (62.2%), NPS (19.6%), cannabis (9.3%) and other opiates (5.3);
- the most used, as secondary drugs, are: methadone – 34.8%, NPS (12%), cannabis (11.8%), hypnotics and sedatives (11.1%) and alcohol (10.5%).

Table no. 5-2: Distribution of admissions to treatment in 2013 for addicts also using other drugs (secondary drug) than the one for which they requested care (main drug), depending on the type of drug (no., %)

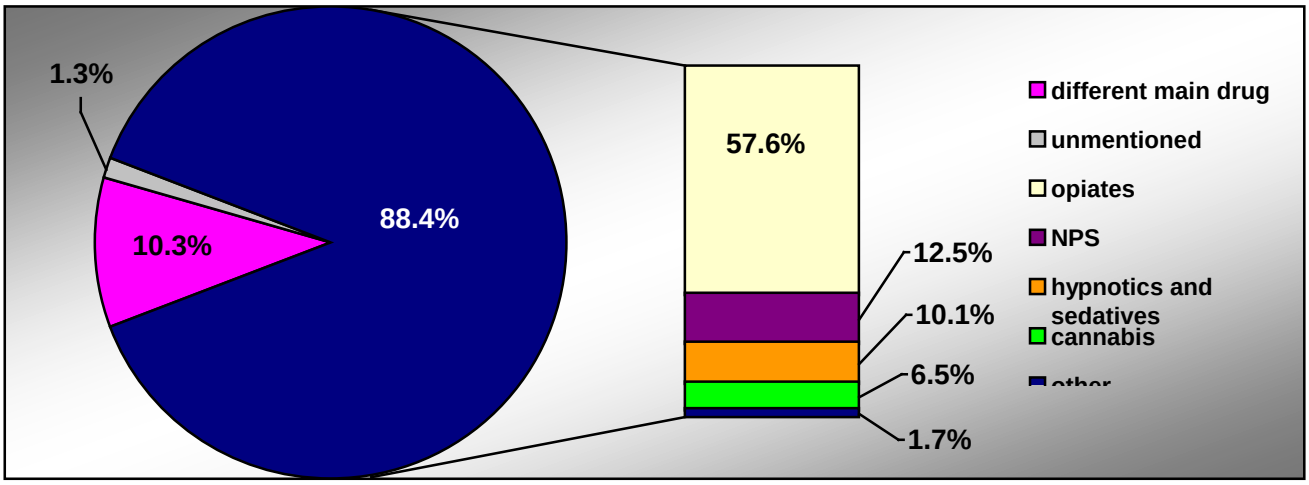
		Main drug					Total	
secondary drug		**heroin**	**NPS**	**cannabis**	**other opiates**	**other substances**	no.	% (532 =100%)
Methadone		175	9	1	0	0	185	34.8
NPS		41	1	15	3	4	64	12.0
cannabis		20	28	2	9	4	63	11.8
hypnotics and sedatives		45	2	2	9	1	59	11.1
alcohol		5	26	16	4	5	56	10.5
heroin		0	25	0	5	0	30	5.6
Other opiates		16	2	2	5	1	26	4.9
cocaine		12	1	4	2	1	20	3.8
Other		7	4	9	3	6	29	5.5
total answers	no.	321	98	51	40	22	532	100%
	%	60.3	18.4	9.6	7.5	4.2	100	
total individuals	no.	235	74	35	20	14	378	
	%	62.2	19.6	9.3	5.3	3.7	100	

Source: NAA

Considering only relapses, for treatment beneficiaries in 2013 we notice stability in the type of drug used. Thus, out of the 825 previous beneficiaries of treatment for illegal drug or NPS use:

- 88.4% - asked care for the same main drug;
- 10.3% - during the reference year, asked care for a different main drug; most of them, in the reference year, asked care either for methadone or NPS (and previously for heroin) or for heroin/other opiate (and previously for NPS).

Chart no. 5-4: Distribution of admission to treatment in 2013, for previous beneficiaries of treatment (relapses), depending on the main drug (%)



Source: NAA

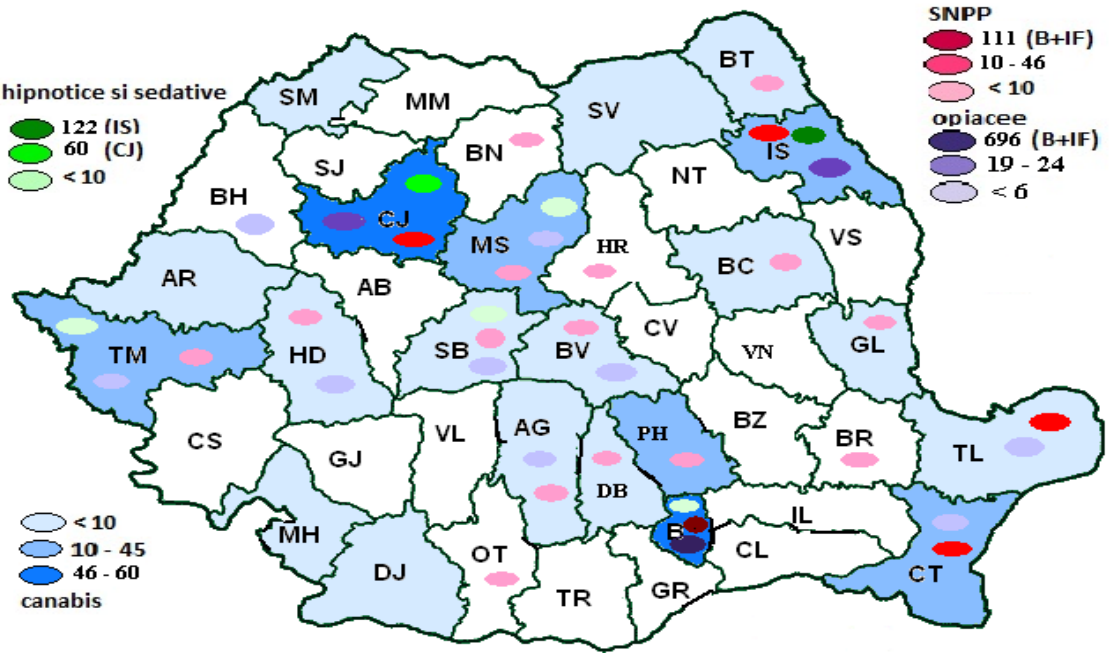
According to the presented map, ***the territorial distribution*** of admissions to treatment depending on the main drug use was the following:

- cannabis – 21 counties, highest values in the counties: Cluj (60 individuals), Bucharest-Ilfov (46 individuals), Mures (33 individuals), Iasi (24 individuals), Prahova (16 individuals) and Constanta (10 individuals);
- NPS – 20 counties, most cases being registered in Bucharest-Ilfov (111 individuals), Cluj (46 individuals) and Constanta (29 individuals);
- opiates – 12 counties, the most being registered in Bucharest-Ilfov (696 individuals);
- hypnotics and sedatives – 8 counties, the highest values being registered in Iasi (122 individuals) and Cluj (60 individuals).

Data analysis indicates the following:

- as in the previous years, cannabis use has the widest spread, from a demographic point of view (21 counties), but with small values; in addition, similar to cannabis, but problematic in spread, we still notice NPS (20 counties);
- the Bucharest-Ilfov area continues to register the highest use of opiates and NPS;
- Iasi has the highest number of cases of hypnotics and sedatives and an average number of opiate and NPS use, while Cluj has an average number of admissions for cannabis use; although at smaller values, one can state that there is a diverse use also in counties such as Mures, Sibiu and Timis where there are admissions to treatment for several types of drugs: hypnotics and sedatives, opiates and NPS;
- as in the previous years, the areas with the highest risk (as number of registered cases) is penciled around large university centres or border counties: Bucharest, Iasi, Cluj-Napoca, Sibiu, Targu-Mures, Timisoara and Constanta.

Map no. 5-2: Territorial distribution of admissions to treatment in 2013, depending on the main drug and the county providing care (no.)



Source: NAA

Regarding age, we notice the following differences, depending on:

- **type of admission –** compared to relapses, new cases register a smaller value, both for smallest onset age (8 compared to 10) and for most frequent age and, implicitly, average age for care admission (25 compared to 29 years old, respectively 28.7 compare to 33.2 years old);
- **type of main drug –** although the smallest values for minimum onset age as well as admission to care are registered for NPS and opiates (8 and 12 respectively), similar to previous years, for inhalants we notice the smallest values both for *average onset age,* and for admission to care (18.5 and 22.2 years respectively) or for *most frequent value* (mode: 14 and 20 years respectively); while highest values are registered for hypnotics and sedatives.

Table no. 5-3: Onset age and time of admission to care (minimum, average and most frequent value) depending on the type of admission and main drug (years)

		Total	Type of admission		Main drug				
			new case	relapse	opiates	NPS	cannabis	hypnotics and sedatives	Inhalants
Onset age	Minimum	8	8	10	8	8	10	15	12
	Average	20.5	20.5	20.5	20.1	21.1	19.4	39.7	18.5
	Mode[38]	17	17	17	17	15	16	29	14
	Valid N[39]	1082	460	605	661	207	161	18	21
Age at admission to treatment	Minimum	12	12	14	15	12	14	16	14
	Average	31.6	28.7	33.2	31.2	25.0	23.9	53.7	22.2
	Mode	27	25	29	32	22	21	54	20
	Valid N	1529	632	825	757	275	238	190	32

Source: NAA

[38] The most frequent age
[39] Nr. of cases with valid answer

On ***period of use***, we notice that, although there are beneficiaries requesting treatment after using drugs for less than one year, there is a slight increase in the period prior to asking for specialized care: most beneficiaries, that were never admitted to treatment before, asked for care 3 years after their started using drugs, compared to relapses with most of them asking for care 2 years after starting to use; the period for requesting care differs depending on main drug: the smallest value is for NPS (2,3 years), while the highest value is for opiates: average – 7.4 years and the most frequent value – 4 years.

Table no. 5-4: Period of use prior to first admission to care (minimum, average and most frequent value) depending on the type of admission and main drug (years)

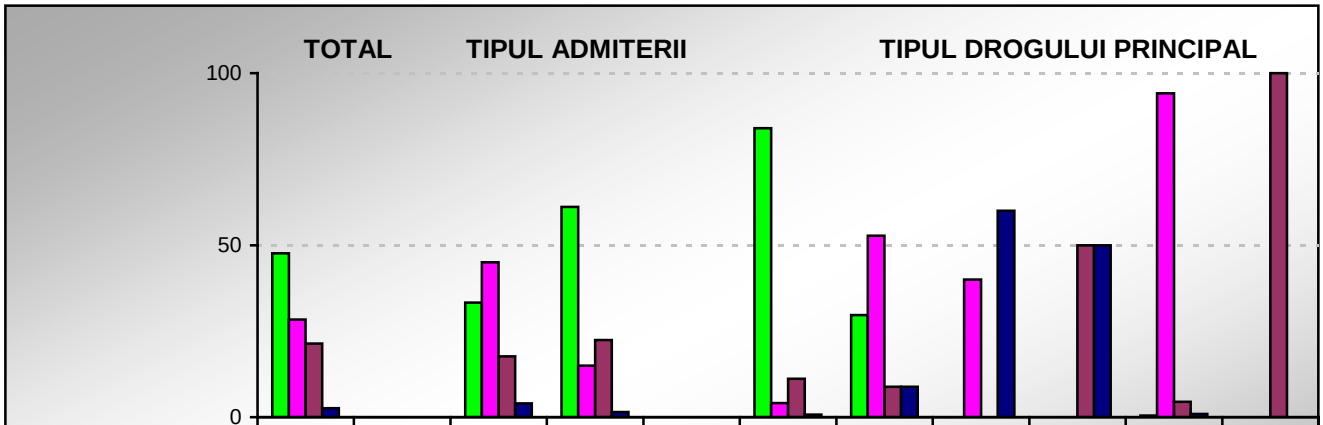
		Total [a]	Type of admission		Main drug				
			new case	relapse[a]	opiates	NPS	Cannabis	hypnotics and sedatives	Inhalants
Latent period [b]	Minimum	0	0	0	0	0	0	0	0
	Average	5.7	5.9	5.6	7.4	2.3	4.2	2.9	2.9
	Mode	1	3	2	4	1	1	0	0
	Valid N	998	460	538	615	185	154	16	15

Note: [a] *– for relapses, only beneficiaries requesting treatment for the same drug,*
[b] – difference between year of first request for care and year of onset
Source: NAA

Regarding the ***administration of the main drug***, in the reference year[40] we notice a **predominant** use of **injection** drugs, being most frequent for previous beneficiaries of treatment, most being opiate users. Comparing beneficiaries requesting care for the first time and previous beneficiaries, we notice that:

- for new cases – smaller percentage for injection drug users, also influenced by the main drug: 25.3% - cannabis and 23.4% - NPS and only 30.1% - heroin (compared to 7.5% - cannabis; 14.8% - NPS and 54.7% - heroin for relapses, see chart no. 5-3).
- for relapses – main drug is cannabis for 7.5% of the cases; 14.8% - NPS and 54.7% - heroin.

Chart no. 5-5: Distribution of admissions to treatment in 2013, depending on administration of main drug and type of admission (%)



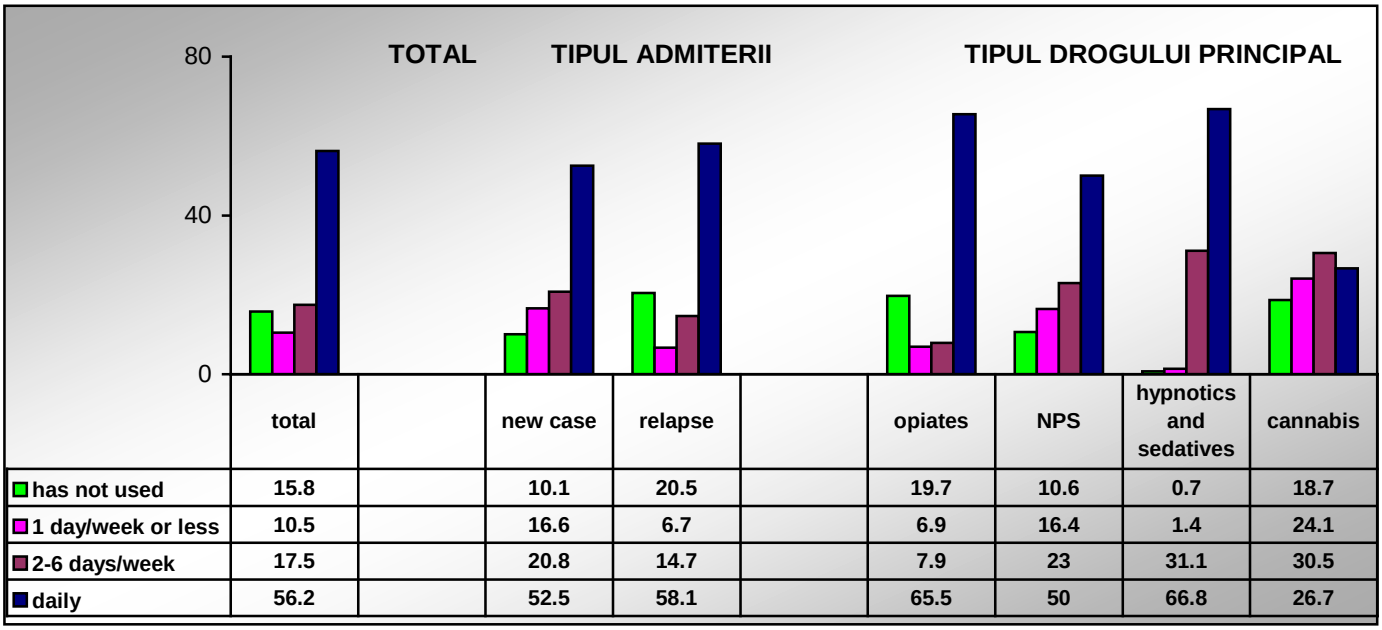
	Total		new cases	relapse		opiates	NPS	cocaine	stimulants	cannabis	hypn. and sedat.
injection	47.6		33.3	61.1		84	29.7			0.5	
lungs/ smoking	28.4		45	15		4.1	52.7	40		94.1	
oral	21.4		17.7	22.4		11.2	8.8		50	4.5	100
intranasal or snorted	2.6		4	1.5		0.7	8.8	60	50	0.9	

Source: NAA

[40] Valid N – 1511 cases

Depending on the ***frequency of use of main drug*****,** out of the total of drug users admitted for treatment, in 2013[41], more than half used daily, 17.5% used 2-6 times a week and 10.5% used at most once a week . Depending on the type of drug, the most frequently used are hypnotics, sedatives and opiates (circa 2/3 of individuals receiving treatment in 2013 stated a daily drug use), with still high percentages for NPS (50%); on the other hand, daily users of cannabis reach a smaller percentage - 26.7%.

Chart no. 5-6: Distribution of admissions to treatment in 2013, depending on the frequency of main drug and type of admission (%)



	total		new case	relapse		opiates	NPS	hypnotics and sedatives	cannabis
has not used	15.8		10.1	20.5		19.7	10.6	0.7	18.7
1 day/week or less	10.5		16.6	6.7		6.9	16.4	1.4	24.1
2-6 days/week	17.5		20.8	14.7		7.9	23	31.1	30.5
daily	56.2		52.5	58.1		65.5	50	66.8	26.7

Source: NAA

Depending on the ***gender of the respondent***, we notice the following:

- most treatment beneficiaries are men (M/W ratio is 3,2); both categories registered a higher percentage and care requests for opiate use are dominant;
- male beneficiaries of treatment registered the following values : a higher diversity for main drug, a higher percentage of care for NPS and cannabis and a younger onset age (8 years) and treatment admission age (12 years); most beneficiaries started using at 17 and have requested care, on average, after circa 6 years of use; injection and daily use are predominant;
- for women, we see a higher percentage of admission for treatment for hypnotics and sedatives; most started using at 15 and have requested care, on average, after 5 years of use; oral and daily use are predominant.

[41] Valid N – 1414 cases

Table no. 5-5: Features of admissions to treatment in 2013, per gender (%)

	Men	Women
Total admissions (1529)	 **76.5% (N=1162)**	 **23.5% (N=367)**
Type of admission	• new cases – 44.5% • relapses – 55.5%	• new cases – 39.8% • relapses – 60.2%
Main drug	• opiates – 52.3% • NPS – 20.4% • cannabis – 17.6% • hypnotics and sedatives – 4.6% • solvents and inhalants – 2.6% • other substances – 1.2% • stimulants - 0.6% • cocaine – 0.5% • hallucinogens - 0.1%	• opiates – 40.6% • hypnotics and sedatives – 37.1% • NPS – 10.4% • cannabis – 9% • other substances – 1.9% • solvents and inhalants – 0.5% • cocaine – 0.5%
Onset age	• minimum – 8 years • average – 20.5 years • most frequent – 17 years • Valid N - 913	• minimum – 10 years • average – 20.4 years • most frequent – 15 years • Valid N - 169
Age at admission to care	• minimum – 12 years • average – 29.3 years • most frequent – 27 years • Valid N - 1162	• minimum – 13 years • average – 38.8 years • most frequent – 29 years • Valid N - 367
Period of use prior to first treatment	• minimum – 0 years • average – 5.8 years • most frequent – 1 year • Valid N - 842	• minimum – 0 years • average – 5.2 years • most frequent – 1 year • Valid N - 156
Administration of main drug	• injection – 51.2% • smoking/inhaling – 32.1% • oral – 13.4% • intranasal/ snorted – 3.3%	• oral – 46.9% • injection – 36.1% • smoking/inhaling – 16.4% • intranasal/ snorted – 0.6%
Frequency of use	• daily – 56% • 2-6 days/week – 15.6% • maximum 1 day/week – 12.1% • has not used – 17.3%	• daily – 56.7% • 2-6 days/week – 26.7% • maximum 1 day/week – 9.1% • has not used – 10.5%

Source: NAA

5.3.1. SUBSTITUTE TREATMENT[42]

Out of the 1529 individuals receiving care in 2013 for illegal drug and NPS use, almost half were opiate users, out of which 328 patients were already on substitute treatment with methadone or other opiates.

[42] This subchapter also includes the beneficiaries receiving care while imprisoned

Table no. 5-6: Admission to treatment for illegal drug use (opiates) in 2013 and the distribution of users with previous substitute treatment, depending on the type of treatment centre (no. of people)

			Type of centre		
			in-patient	out-patient	**Total**
Admission to treatment	**Total**		821	708	1529
	out of which opiates (main drug)		**214**	**543**	**757**
	out of which	heroin	125	528	653
		methadone	33	10	43
		other opiates	56	5	61
Patient/beneficiary of previous substitute treatment	Total		**53**	**313**	**366**
	out of which	methadone	43	285	328
		other opiates*	7	28	35
		unmentioned	3	0	3

Note* - other opiates: suboxone, naltrexone
Source: NAA

Regarding the type of care provided, out of the total services provided in 2013:

- 1.3% were for medication with opiate substitute, for in- or out-patients (4.6% of the patients received this care);
- 8.5% were opiate agonist/antagonist treatment for maintaining abstinence (30.2% of the patients received this care);
- other types of services provided are: assessment – 25.1%, psychological care – 20.6%, symptomatic rehabilitation – 11.2%, treatment of psychiatric comorbidity – 12.1%, guidance to social, legal services for providing care to minors, vocational – 7.8% and non-medicine based rehabilitation – 4.7%.

Table no. 5-7: Distribution of illegal drug and NPS types of treatment, depending on treatment centre and type of care, 2013 (no., %)

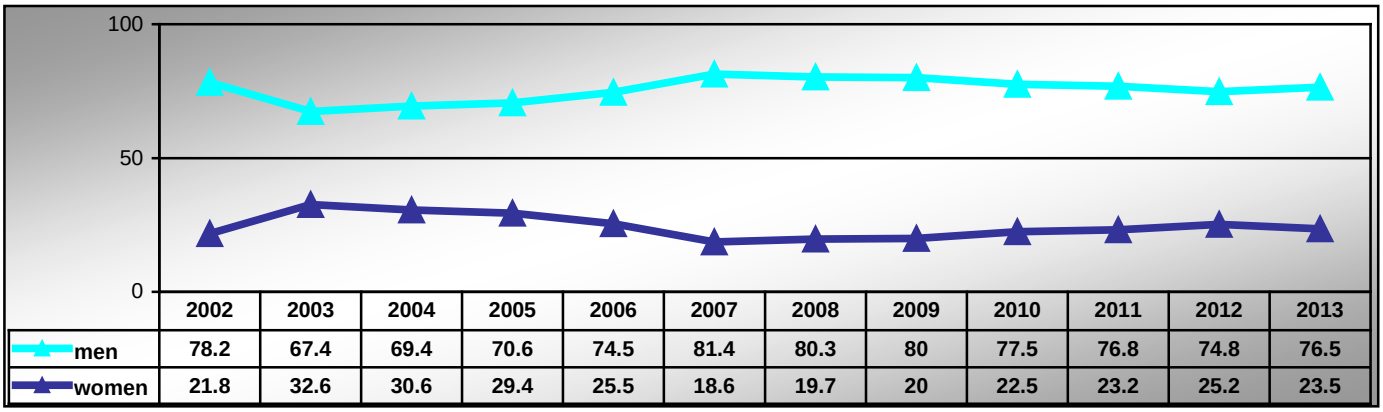
		Type of centre		Total		
Type of care granted		in-patient	out-patient	No.	% services	% patients
Assessment		736	356	1092	25.1%	89.1%
medicine-based rehab for in-patients	with opiate substitute	52	0	52	1.2%	4.2%
	symptomatic	452	15	467	10.7%	38.1%
	unmentioned	80	1	81	1.9%	6.6%
medicine-based rehab for out-patients	with opiate substitute	2	3	5	0.1%	0.4%
	symptomatic	21	0	21	0.5%	1.7%
	unmentioned	1	0	1	.0%	.1%
non-medicine rehab		190	13	203	4.7%	16.6%
psychological care		642	253	895	20.6%	73.0%
treatment of psychiatric comorbidity		510	15	525	12.1%	42.8%
guidance to social, legal child care services, vocational		186	152	338	7.8%	27.6%
long-term follow-up		167	85	252	5.8%	20.6%
treatment for maintaining abstinence	with methadone	41	297	338	7.8%	27.6%
	with naltrexone	2	1	3	0.1%	0.2%
	with suboxone	11	17	28	0.6%	2.3%
	unmentioned	2	0	2	0%	0.1%
Other*		20	27	47	1.1%	3.8%
Total no. of services provided		3115	1235	4350	100%	
Total no. of patients		802	424	1226		

*Note: * - other – e.g.: counselling for next of kin, integration in therapy communities, information, ergotherapy, group therapy, prevention of relapses, counselling/social integration, urine testing (checks), symptomatic treatment*
Source: NAA

5.4. TRENDS OF TREATED POPULATION AND TREATMENT PROVISION

Compared to the previous years, we notice that most beneficiaries are men; during 2007-2012, we noticed a slight decrease for men in accessing treatment and, thus, an increase in women percentages, from 18.6% to 25.2%.

Chart no. 5-7: Evolution of admissions to illegal drug and NPS related treatment, depending on the gender of the beneficiary, compared data 2002-2013 (%)

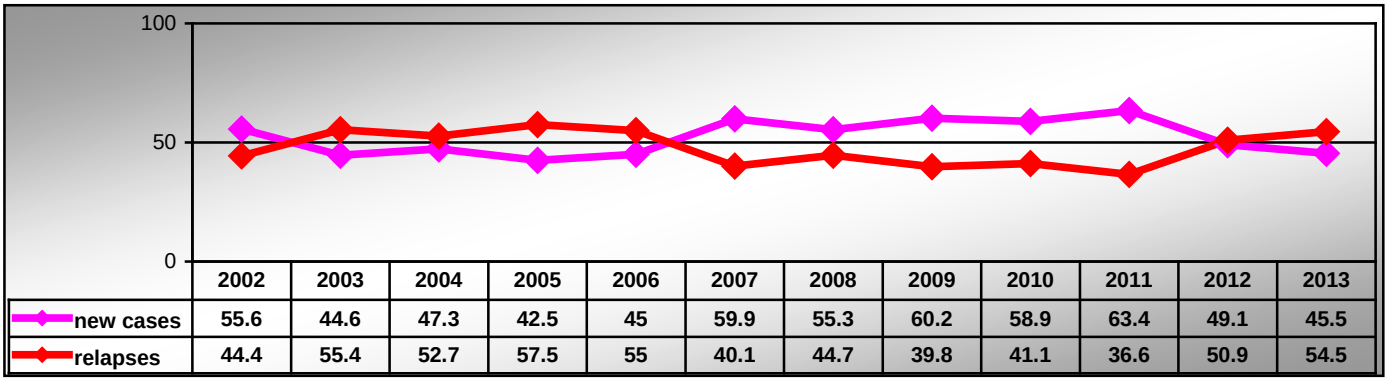


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
men	78.2	67.4	69.4	70.6	74.5	81.4	80.3	80	77.5	76.8	74.8	76.5
women	21.8	32.6	30.6	29.4	25.5	18.6	19.7	20	22.5	23.2	25.2	23.5

Source: NAA

Moreover, if in 2002 the percentage of new cases was higher than relapses, and during 2003-2006 there was a dominance in cases of beneficiaries with previous treatment; in the following period (2007-2011) the new cases dominated again, while in the past 2 years the relapse percentage increased so that the new cases/relapse ratio returned to a subunitary value, as during 2003-2006.

Chart no. 5-8: Evolution of admissions to illegal drug and NPS related treatment, depending on the type of admission, compared data 2002-2013 (%)

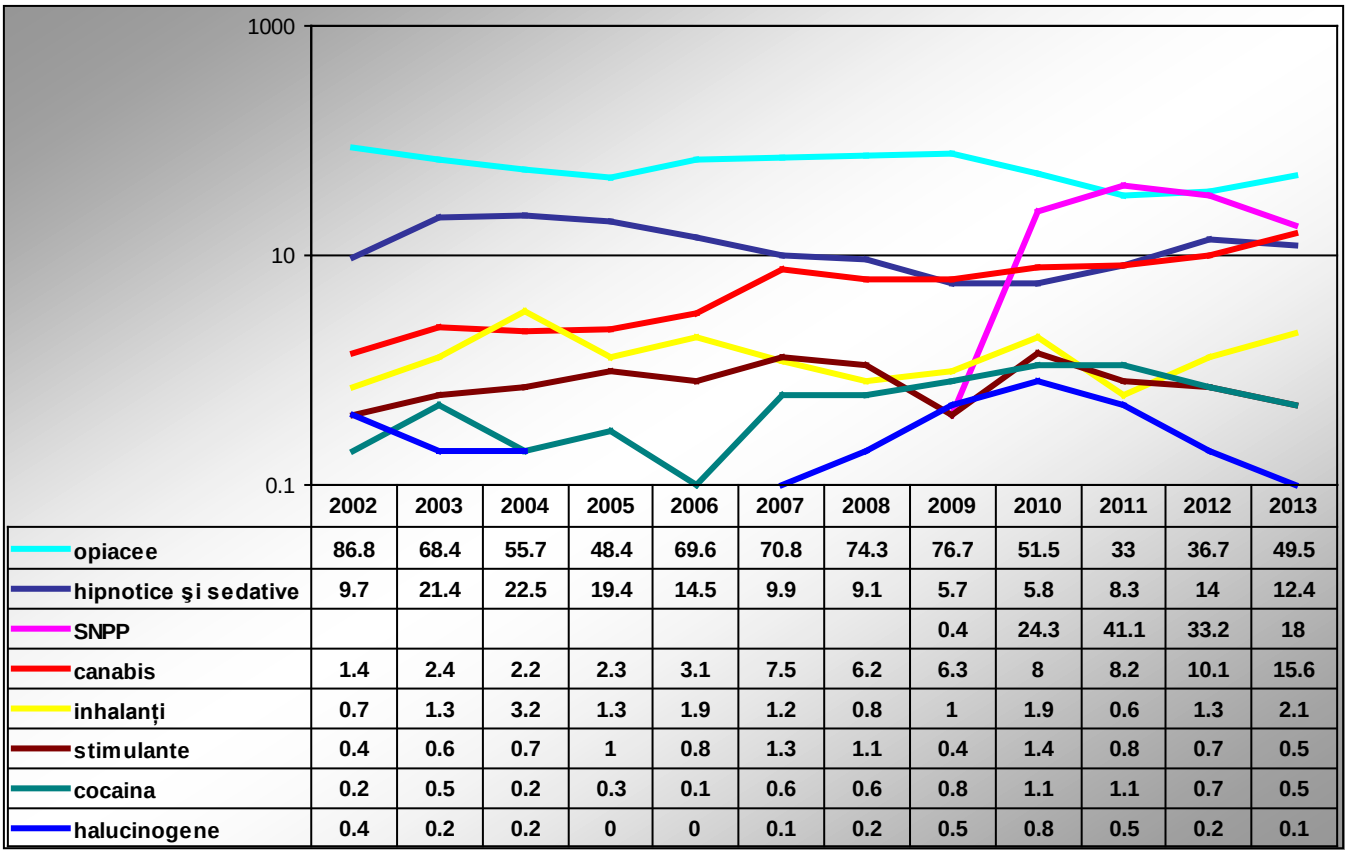


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
new cases	55.6	44.6	47.3	42.5	45	59.9	55.3	60.2	58.9	63.4	49.1	45.5
relapses	44.4	55.4	52.7	57.5	55	40.1	44.7	39.8	41.1	36.6	50.9	54.5

Source: NAA

Depending on the ***main drug***, during 2002-2009, with small variations, most drugs used were opiates, hypnotics and sedatives as well as cannabis. In 2010-2011, we see a shooting increase in NPS use, but in the past 2 years it decreased and returned to the situation in 2010: opiates rank first (almost half: 49.5% compared to 51.5%). Cannabis use kept the increasing trend registered in 2008 (2008 - 6.2%, 2013 - 15.6%).

Chart no. 5-9: Evolution of admissions to illegal drug and NPS related treatment, depending on the main drug, compared data 2002-2013 (%)



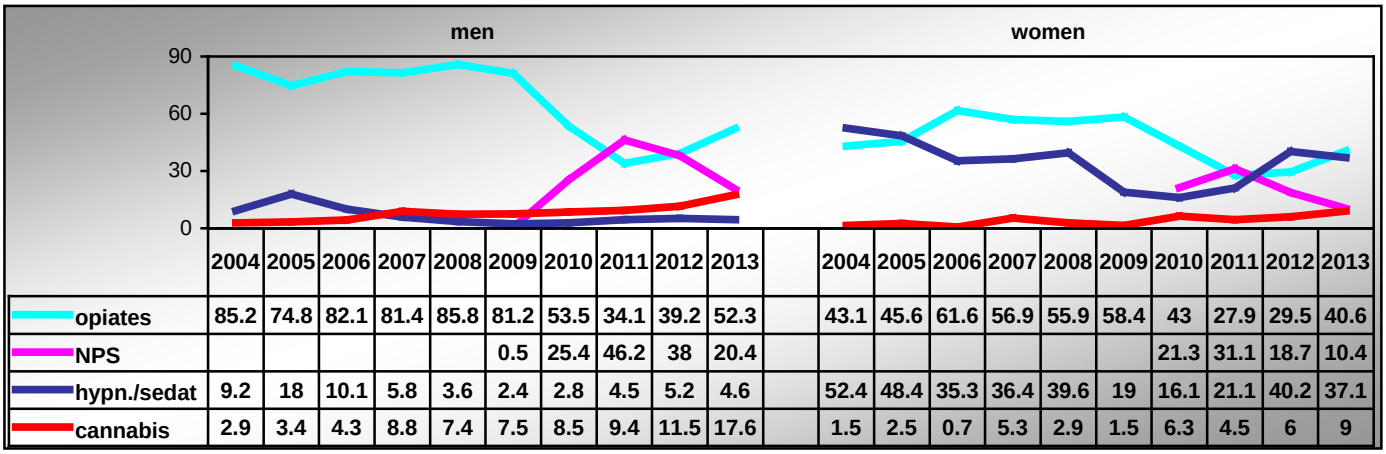
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
opiacee	86.8	68.4	55.7	48.4	69.6	70.8	74.3	76.7	51.5	33	36.7	49.5
hipnotice şi sedative	9.7	21.4	22.5	19.4	14.5	9.9	9.1	5.7	5.8	8.3	14	12.4
SNPP								0.4	24.3	41.1	33.2	18
canabis	1.4	2.4	2.2	2.3	3.1	7.5	6.2	6.3	8	8.2	10.1	15.6
inhalanți	0.7	1.3	3.2	1.3	1.9	1.2	0.8	1	1.9	0.6	1.3	2.1
stimulante	0.4	0.6	0.7	1	0.8	1.3	1.1	0.4	1.4	0.8	0.7	0.5
cocaina	0.2	0.5	0.2	0.3	0.1	0.6	0.6	0.8	1.1	1.1	0.7	0.5
halucinogene	0.4	0.2	0.2	0	0	0.1	0.2	0.5	0.8	0.5	0.2	0.1

Source: NAA

Depending on the ***gender of the beneficiary*** and on the ***main drug***, we notice the following:

- for men beneficiaries – the values returned to those in 2010: opiates rank first, followed by NPS, cannabis and hypnotics and sedatives, with a continuous increasing trend for cannabis;
- for women beneficiaries – values are similar to the 2006-2009 period: opiates rank first, followed by hypnotics and sedatives.

Chart no. 5-10: Evolution of admissions to illegal drug and NPS related treatment, depending on main drug and gender of the beneficiary, compared data 2004-2012 (%)

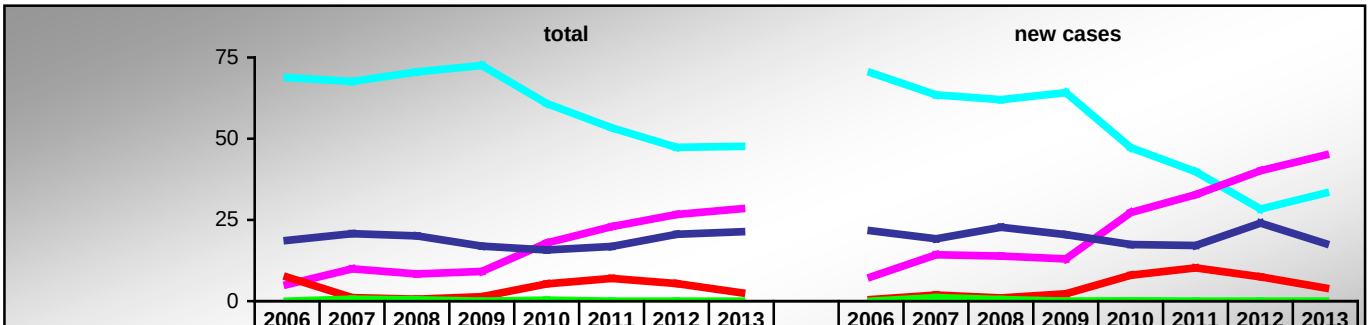


	men										women									
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
opiates	85.2	74.8	82.1	81.4	85.8	81.2	53.5	34.1	39.2	52.3	43.1	45.6	61.6	56.9	55.9	58.4	43	27.9	29.5	40.6
NPS						0.5	25.4	46.2	38	20.4							21.3	31.1	18.7	10.4
hypn./sedat	9.2	18	10.1	5.8	3.6	2.4	2.8	4.5	5.2	4.6	52.4	48.4	35.3	36.4	39.6	19	16.1	21.1	40.2	37.1
cannabis	2.9	3.4	4.3	8.8	7.4	7.5	8.5	9.4	11.5	17.6	1.5	2.5	0.7	5.3	2.9	1.5	6.3	4.5	6	9

The rest up to 100% consists in: cocaine, stimulants, hallucinogens, inhalants and other substances
Source: NAA

Regarding the ***administration of the main drug***, injection is the most used method of administration, for the entire reference period, in correlation with the main drug used, opiates, and respectively NPS combined with opiates. The trend also shows that NPS is not mainly used in injections and NPS use is decreasing. Thus, starting with 2010, we notice a decrease in injection use and an increase for pulmonary and oral used drugs. The increasing trend for cannabis use (2008 – 6.3%, 2013 - 15.6%) is visible in the increasing percentage of pulmonary administration, especially for new cases.

Chart no. 5-11: Evolution of admissions to illegal drug and NPS related treatment, depending on administration and on the type of admission, compared data 2006-2013 (%)



	2006	2007	2008	2009	2010	2011	2012	2013		2006	2007	2008	2009	2010	2011	2012	2013
injection	68.8	67.6	70.6	72.5	60.8	53.3	47.3	47.6		70.3	63.5	62	64.2	47.2	39.9	28.3	33.3
smoking/inhaled	5.1	9.9	8.4	9.2	17.9	22.9	26.7	28.4		7.5	14.3	13.9	13	27.3	32.8	40.2	45
oral	18.7	20.8	20.1	16.9	15.7	16.8	20.6	21.4		21.7	19.2	22.7	20.5	17.4	17.1	24	17.7
snorted	7.4	1.1	0.6	1.4	5.3	7	5.4	2.6		0.5	1.9	1	2.3	8	10.2	7.5	4
other	0	0.6	0.4	0	0.3	0	0	0		0	1.1	0.5	0	0.1	0	0	0

Source: NAA

CONCLUSIONS

- in 2013, **1645** individuals received care for use of psychoactive substances; compared to the previous year, we notice a 17.4% decrease in the number of patients, still circa 10% higher than compared to 2004.
- out of the 1645 beneficiaries, 1529 requested care as in- and out-patients (most admissions for in-patients and relapses) and 116 detainees.
- considering the ***main and secondary drug,*** we notice that the most used are **opiates (heroin and methadone), NPS and cannabis**; we must mention, in this context, the increase in admissions to treatment for cannabis use.
- as territorial distribution: **cannabis and NPS** use has the widest spread; **Bucharest-Ilfov** registers the most use of opiates and NPS, while most requests for hypnotics and sedatives are found in **Iasi and Cluj**; furthermore, most risky areas appear **around large university centres or border areas**;
- the majority beneficiaries of treatment are **men**;
- compared to relapses, new cases have smaller values, both for the youngest onset age and for the most frequent age and, implicitly, average age for admission to treatment; the smallest values for average **onset age/age for admission to treatment** are for **inhalants** and the highest values for **hypnotics and sedatives**;
- the ***shortest period of use prior to first request of care is for*** NPS (2.3 years), followed by inhalants and hypnotics/sedatives (2.9 years), while the highest value is for opiates: average – 7.4 years and the most frequent value – 4 years;
- although injection has been since 2006 the most used method of administration, starting with 2010 we notice a decrease in injection drug use and an **increase in pulmonary and oral use**.

Chapter 6 - Health correlates and consequences

6.1 DRUG RELATED INFECTIOUS DISEASES

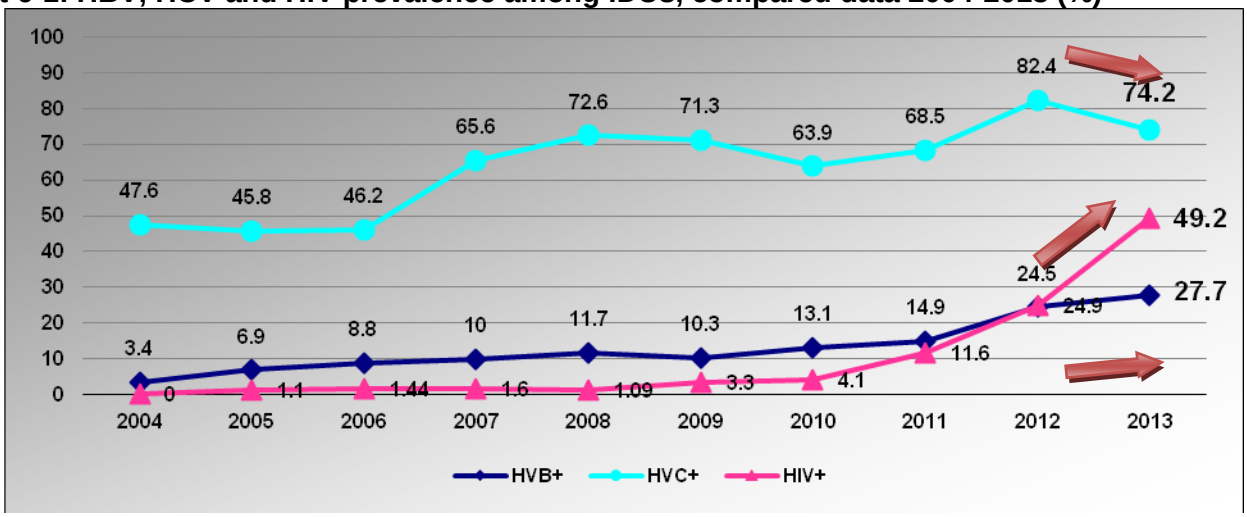
6.1.1 HIV/AIDS AND VIRAL HEPATITIS

General background

In 2012, the prevalence of drug related infectious diseases, according to the self-reported serologic status on admission to the specialised injecting drug user services, at national level, indicates the following trends:

- Continued increasing trend for HBV registered in 2012;
- Significant decrease of HCV compared to previous year;
- Alarming increase of HIV (double rate, compared to previous year).

Chart 6-1: HBV, HCV and HIV prevalence among IDUs, compared data 2004-2013 (%)



Source: NAA

HBV: In 2013, the prevalence of HBV infection was 27.7% (as compared to 24.5% in 2012). 423 tests were performed, 117 positive results, of which 98 male cases and 19 female cases. The analysis of data for 2004 - 2013, indicates an upward trend in the prevalence of HBV among IDUs (except for 2009).
HCV: The data available for 2013 indicate a HCV prevalence of 74.2%, which maintains Romania among the European countries with high HCV prevalence. Data on HCV prevalence in a multi-annual perspective show, beyond the "peak" of over 80% in 2012, a slight decrease in 2013, to a threshold of over 70%, similar to the records for 2009-2010.
HIV: In 2013, of the 809 injecting drug users who declared to have been tested for HIV in the specialised medical units, there were 398 cases (49.2%) of seropositive IDUs, indicating that the previous year's prevalence doubled. The trend recorded in 2009-2011 is thus confirmed, and there is an alarming increase of HIV cases among IDUs which calls for fast intervention to limit the spread of this infection, especially among vulnerable groups.

The increases reported occurred:

a. Due to the growing gap between the need for specialist services to reduce injecting drug use risks and the availability of such services, gradually lowered, due to the decrease in the available financial resources at national level,

b. Due to the increase in HIV testing and monitoring among IDUs, which were performed at a higher rate than during previous years, once the HIV infection outburst among IDUs in Bucharest was identified (which implicitly led to the increased "visibility" of this phenomenon),
c. Due to the insufficient availability of sterile injecting materials and to the double rate of joint use of injecting materials (from 24% in 2012, to 41% in 2013), among a relatively stable population of current injecting drug users (long term use history) who access treatment services, which leads to a significant increase in the infection risks,
d. As a consequence of the low addressability of medical and social services, limited both by the low volume and effectiveness of the information services on injection drug use risks, monitoring and referrals or accompaniment to other specialist care services, and by administrative barriers, as the NGOs staff reported there were beneficiaries who did not have identity documents or medical insurance, which blocks their access to such services).

Data were collected through routine monitoring, based on the protocol on the implementation of the indicator **Admission to treatment as a result of drug use.**

The case definition for the data analysed includes: drug users **admitted to treatment in 2013** (and those who continue treatment from previous year) who stated they were **current injecting drug users** (stated to have injected the main drug in the past 30 days).

A. Drug related infectious diseases – registered by routine monitoring

In 2013, the database indicated above registered 1054 cases of injecting drug users (IDUs), maintaining relatively similar figures as during previous years (1110 cases registered in 2012 and 934 cases registered in 2011).

From a geographical distribution perspective on the analysed cases, we note they are mainly grouped in Bucharest-Ilfov (90.1%), followed by Prahova (4.3%), Iaşi (1.6%) and Argeş (1.5%).

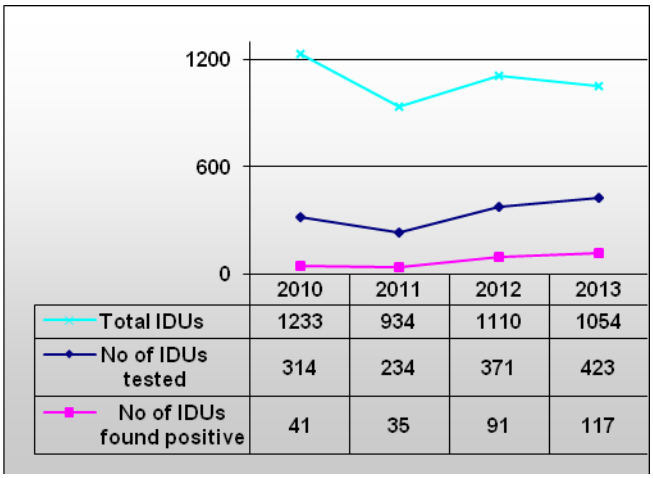
From the perspective of certain social indicators, such as occupation and educational level, we note that 59% of the persons analysed are unemployed, 11.4% are employed with a labour contract with indefinite duration, 8.1% are working without a contract, and 4.6% are medically retired, while most of the analysed population graduated secondary education and vocational education – 41.9%, 24.4% graduated high school, 15.7% graduated primary education and 9.4% have not graduated any type of education. As noted, most cases are facing major labour market exclusion risks, do not have stable financial means available and, from an educational perspective, do not meet employment requirements – a highly vulnerable population which needs urgent specialist care.

Of the total number of persons registered as injecting drug users and admitted to treatment in 2013, 414 declared they had been tested for the Hepatitis C virus (HCV), 423 for the Hepatitis B virus (HBV) and 809 for HIV[43]. No additional data on confirmation tests were reported. **The share of persons tested for all infections with HBV and HIV** increased, and HCV testing slightly decreased as compared to previous years, as indicated by Chart 6-2.

[43] HIV+ - 398 HIV+ cases identified in 2013 (5 cases of the 415 beneficiaries tested in the past 12 months and 393 cases of the 394 tested, but not during the past 12 months)

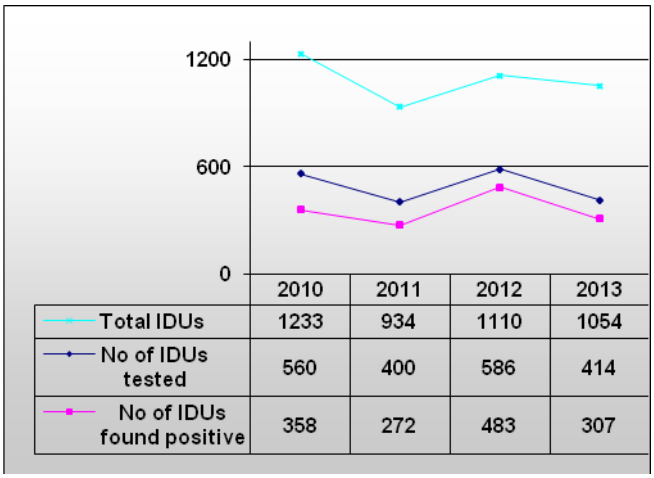
Chart 6-2: IDUs distribution, by testing results, 2010-2013 (no.)

HBV



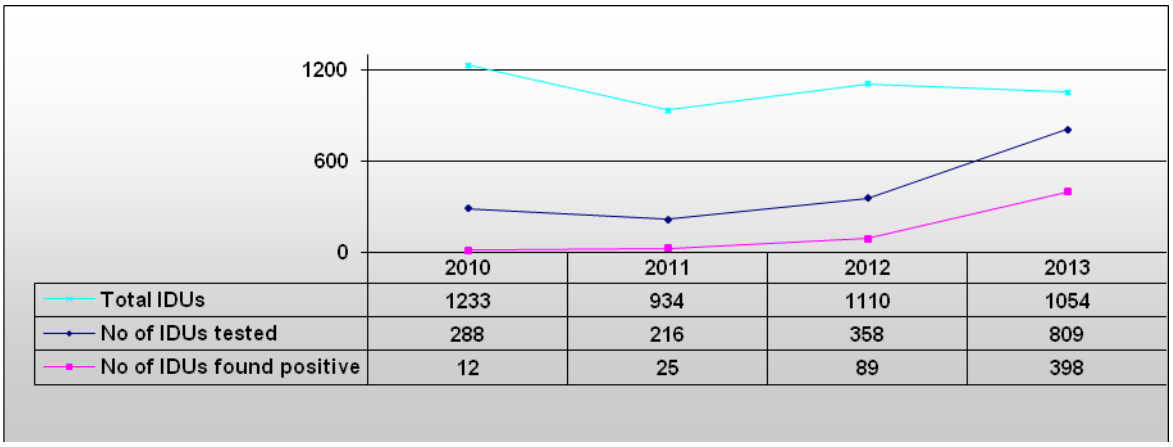
	2010	2011	2012	2013
Total IDUs	1233	934	1110	1054
No of IDUs tested	314	234	371	423
No of IDUs found positive	41	35	91	117

HCV



	2010	2011	2012	2013
Total IDUs	1233	934	1110	1054
No of IDUs tested	560	400	586	414
No of IDUs found positive	358	272	483	307

HIV

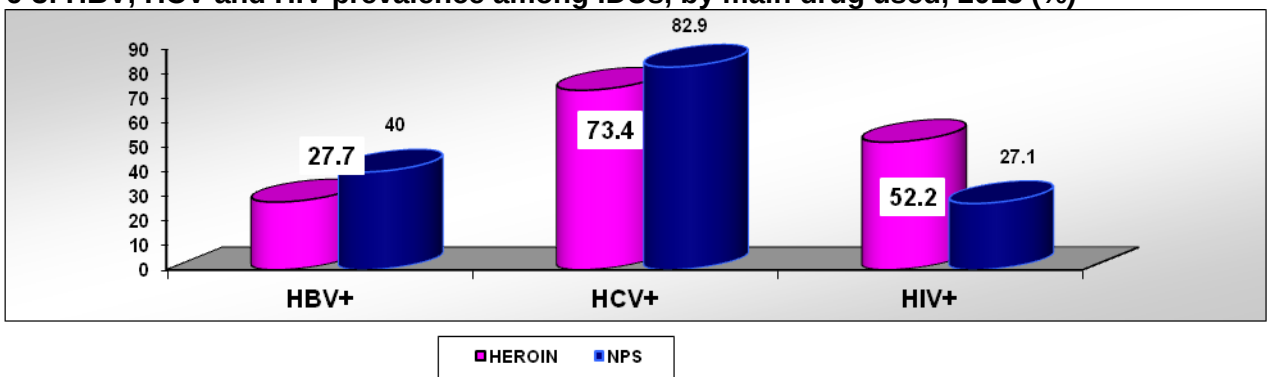


	2010	2011	2012	2013
Total IDUs	1233	934	1110	1054
No of IDUs tested	288	216	358	809
No of IDUs found positive	12	25	89	398

Source: NAA

The main drug used by IDUs in 2013 was heroin (924 cases, compared to 823 in 2012), while the rest of the cases reported other substances as main drug - NPSs (90 cases), methadone (16 cases) and cocaine (1 case).

Chart 6-3: HBV, HCV and HIV prevalence among IDUs, by main drug used, 2013 (%)



Source: NAA

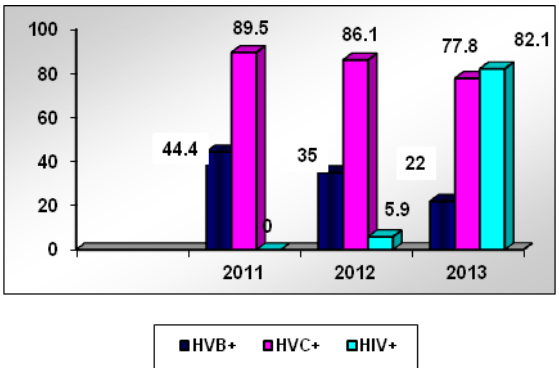
HBV: Among the IDUs tested CDI, the highest HBV prevalence was identified with NPS users (40%), while HBV prevalence was 27.7% among heroin users. Data indicate a reverse trend, as compared to previous years.

HCV: The highest HCV prevalence in 2013 was found among injecting NPS users – 82.9% (slight decrease, compared to 84.4% in 2012), while HCV prevalence was 73.4% among heroin users (compared to 82.2% in 2012).
HIV: In 2013, HIV prevalence among NSP IDUs was 27.1%, while HIV prevalence among heroin users was 52.2%, compared to the previous year when the prevalence was double for NSPs as compared to heroin users.

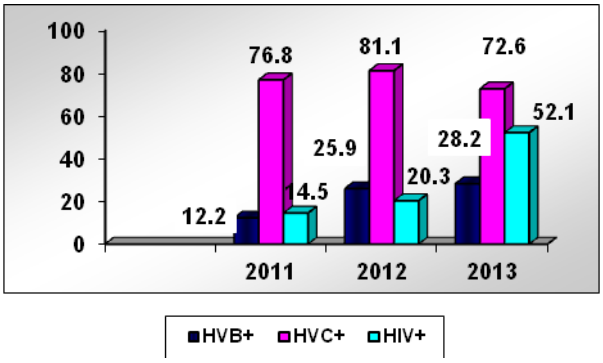
When we analyse the HBV, HCV and HIV prevalence by **type of treatment centre** (outpatient, inpatient, prison, therapeutic community), we note significant differences between the four types of treatment centres.

Chart 6-4: HBV, HCV and HIV prevalence among IDUs, by type of treatment centre, 2011-2013 (%)

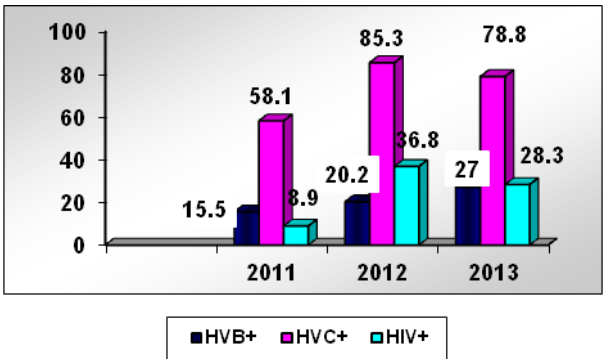
PRISON



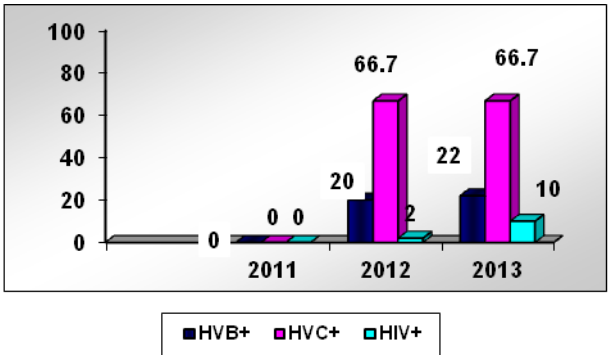
OUTPATIENT



INPATIENT



THERAPEUTIC COMMUNITY



Source: NAA

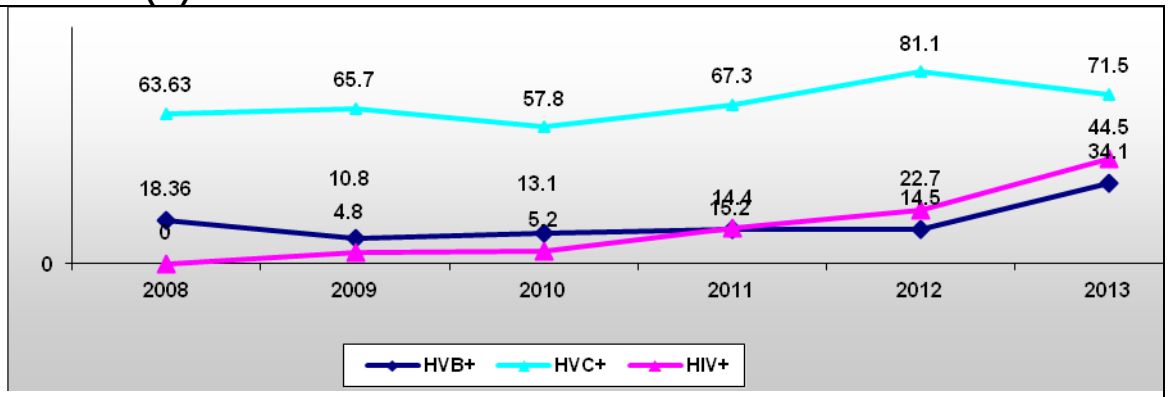
HBV: As opposed to previous years, when the highest HBV prevalence was registered in the group of users located in prison treatment centre (35% in 2012), in 2013, the highest prevalence was registered among outpatients.
HCV: Similarly with HBV, when we analyse HCV prevalence by type of treatment centre, in 2013, we note a very high HCV prevalence among IDUs tested in the prison system. Moreover, as opposed to data registered for HBV infections, we note a rather high HCV prevalence among inpatient IDUs.
HIV: By type of treatment centre, in 2013, we note the highest HIV prevalence among IDUs admitted for treatment in prisons, followed by outpatient IDUs. This is a change in the previous year's trend, when the highest prevalence was among inpatient IDUs. The very high level of HIV prevalence among drug users from prisons may be explained by the significantly lower number of IDUs tested as compared to other sub-groups analysed.

With regards to the **beneficiary status in terms of care services**, of the 1054 IDUs analysed 66.5% are persons re-admitted to treatment ("relapses") and 31.6% were newly admitted cases.

Chart 6-5: HBV, HCV and HIV prevalence among IDUs, by admission type (new case/ relapse), compared data 2008-2013 (%)

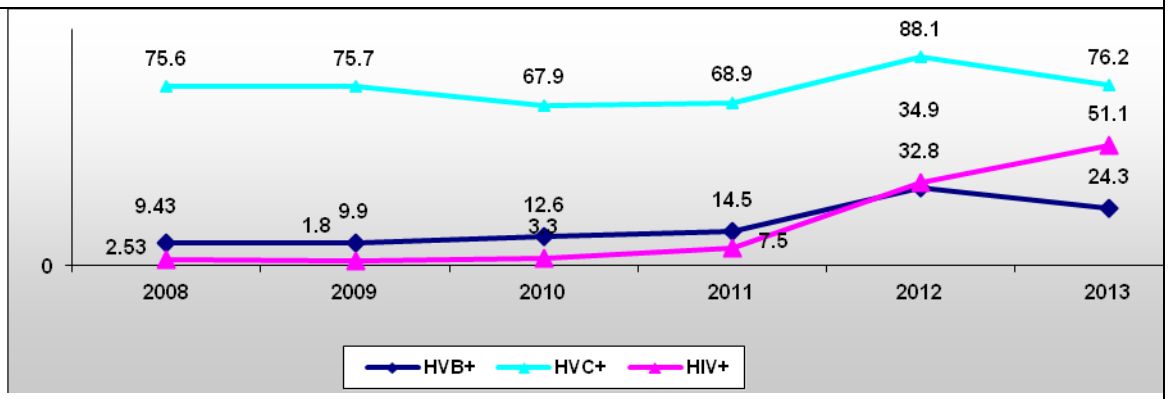
first treatment

66.5%



re-admissions

31.6%

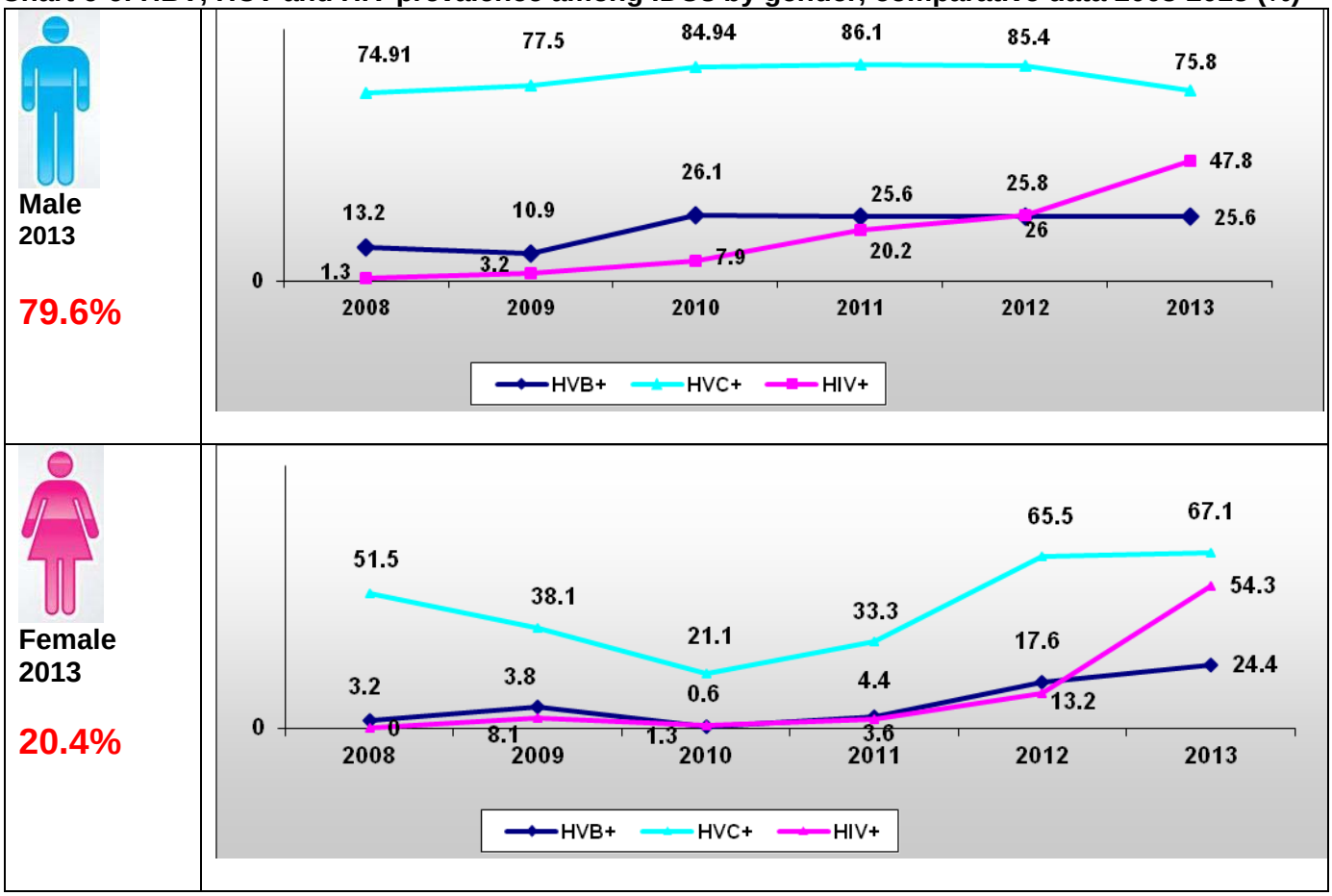


Source: NAA

HBV: According to the type of admission to treatment (new case or relapse), as compared to the previous year, HBV prevalence registered in 2013 higher values among the patients admitted to treatment for the first time (34.1%, compared to14.5%, in 2012), and a decrease in case of relapses – from 32.8% in 2012 to 24.3% in 2013. Although there is an increase in the prevalence of newly admitted cases and a decrease in the number of relapses, we should note that the prevalence is increasing in both populations.
HCV: Although the prevalence for both user populations are decreasing compared to the previous year, they still show rather high values, with a relapse value slightly higher than the newly admitted cases, actually following the trend of the past 5 years.
HIV: When we analyse the HIV infection rate by type of admission to treatment, we note that HIV prevalence was higher among patients re-admitted to treatment following drug use (51.1%), compared to patients admitted to treatment for the first time (44.5%), which validates the new trend initiated in 2012, reversing the situation reported during previous years.

The distribution **by patient gender** shows that of the total cases analysed in 2013, 79.6% were male and 20.4% were female. As compared to the previous year, we note a slight increase in the share of female patients in the total population analysed.

Chart 6-6: HBV, HCV and HIV prevalence among IDUs by gender, comparative data 2008-2013 (%)

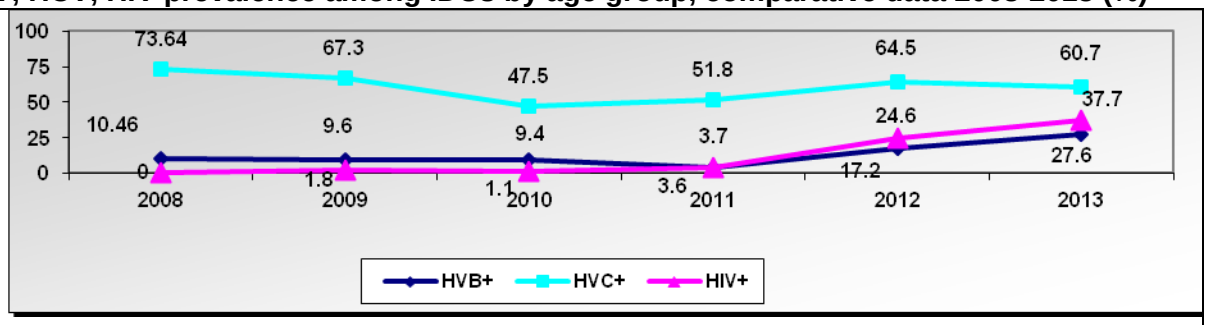
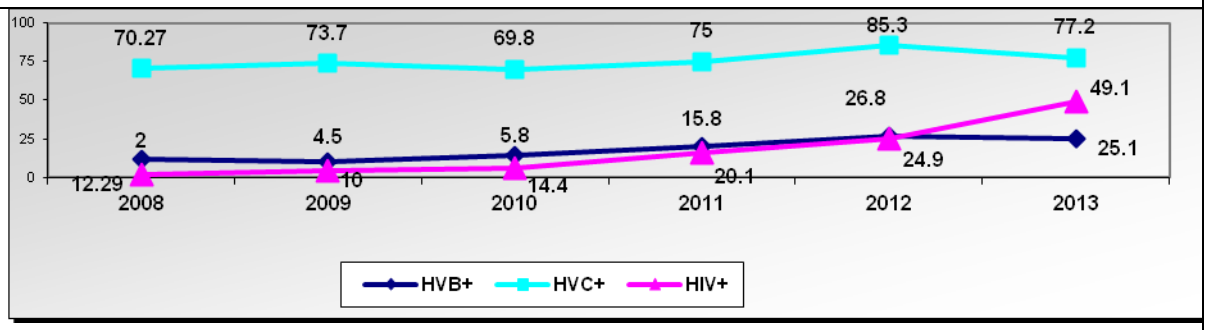
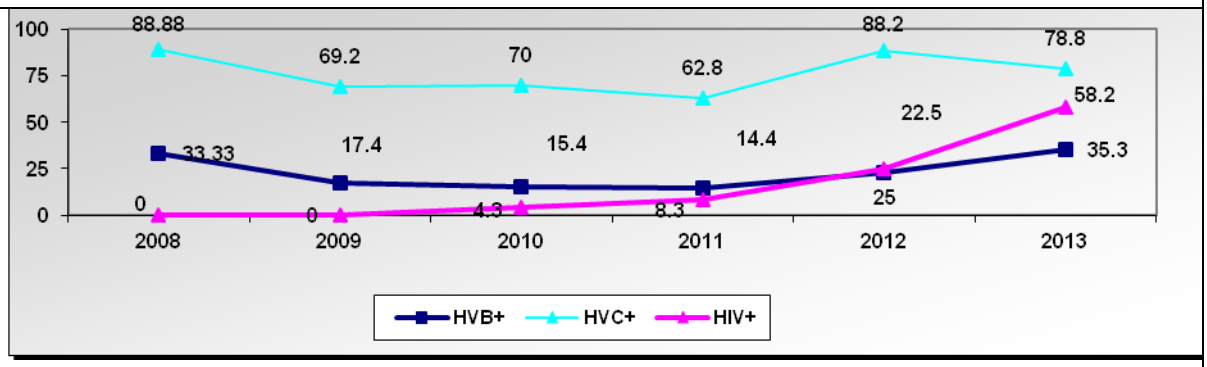


Source: NAA

HBV: As compared to the previous year, we note a slight decrease in the HBV prevalence among males (from 25.8% to 25.6%), together with a significant increase in HBV prevalence among females (from 17.6% to 24.4%).
HCV: Distribution by patient gender shows that HCV prevalence is still visibly higher among male patients – 75.8%, compared to female patients – 67.1%. Comparison with previous years shows an increase in the share of HCV positive women, and a substantial decrease in the share of HCV positive men, which actually shapes the overall HCV prevalence.
HIV: HIV prevalence showed higher rates among female IDUs (54.3%), compared to male IDUs (47.8%), but in both cases the rates were higher than during the previous year. If 2011 reported significant increase among men and 2012 highlighted an increasing trend among women, 2013 confirmed this trend with a higher prevalence among female IDUs infected.

Shares of active IDUs under treatment in 2013, by **age group**: 18.3% for those under 25; 58.3% for those in the age group of 25-34 years old and 23.3% for those aged 35 or older.

Chart 6-7: HBV, HCV, HIV prevalence among IDUs by age group, comparative data 2008-2013 (%)

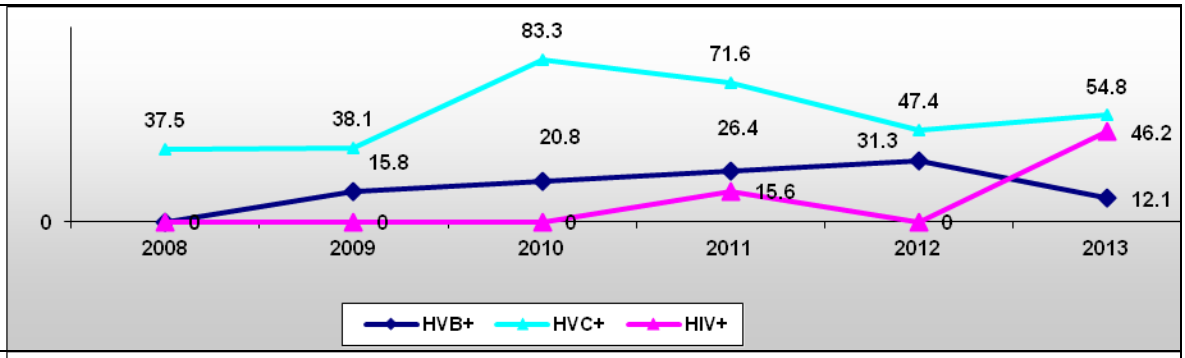
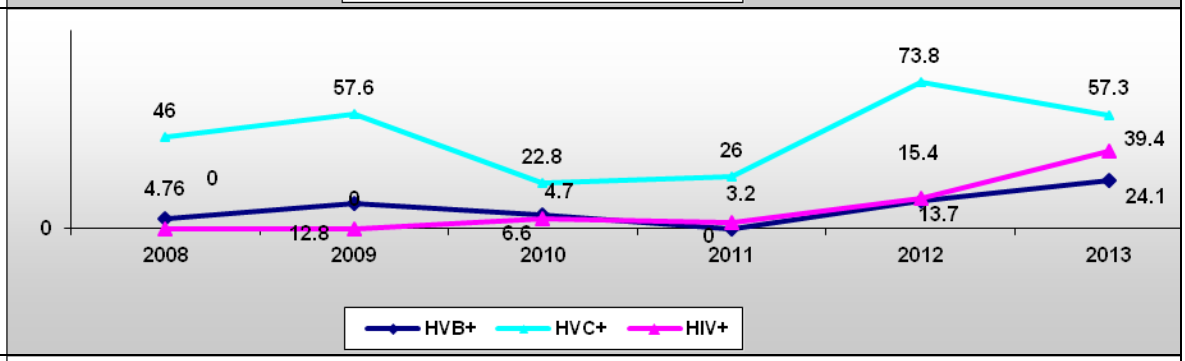
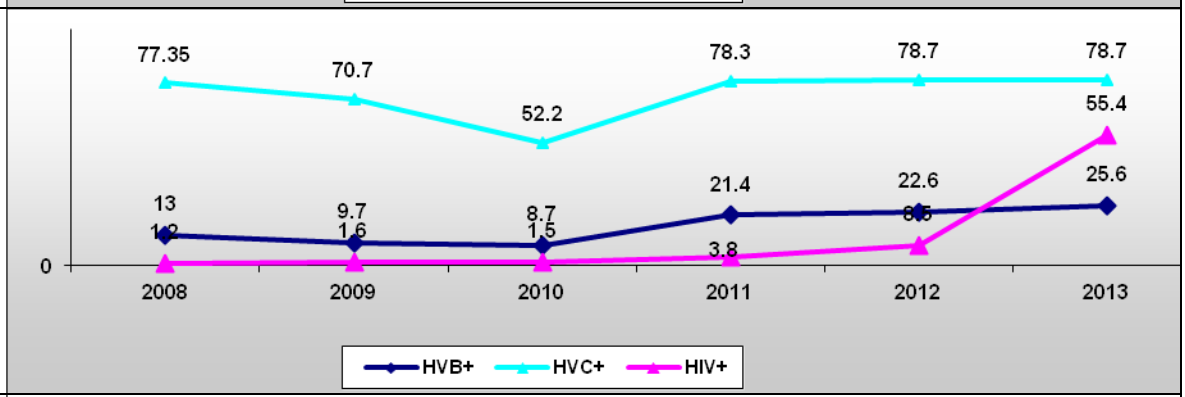
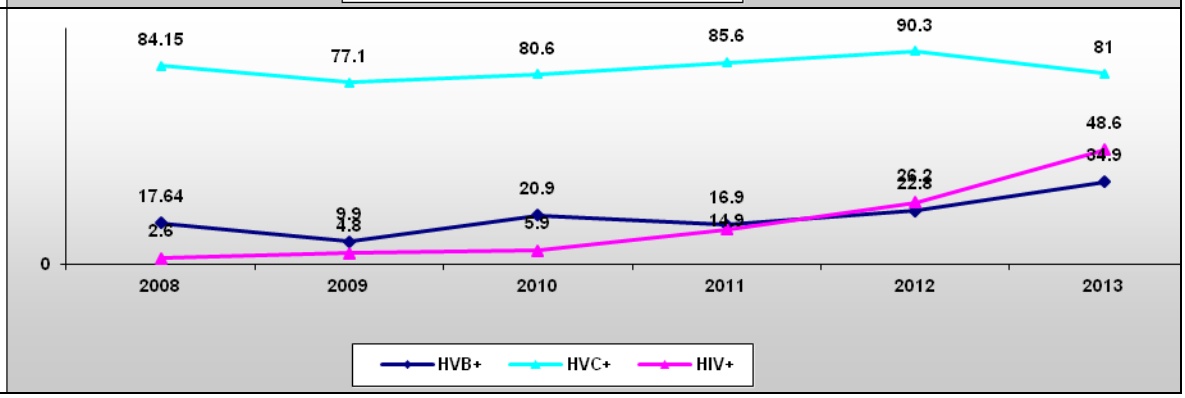
<25 years old **18.3%**	
25-34 years old **58.3%**	
=>35 years old **23.3%**	

Source: NAA

HBV: The analysis by age group shows that highest HBV prevalence among IDUs older than 35 (35.3%). Compared to the previous year, we note a relevant increase in the HBV prevalence for all age groups.
HCV: The analysis by age group shows that highest HCV prevalence among IDUs older than 34 (78.8%), followed by IDUs in the age group 25-34 years old (77.2%). Compared to the previous year, we note relevant decreases of HCV infection prevalence among IDUs in all age groups.
HIV: The analysis by age group shows that highest HIV prevalence among IDUs older than 34 (58.2%). Ranking second as HIV prevalence we note IDUs in the age group 25-34 years old (49.1%). Just like with HCV, starting with 2010 we note increases in the HIV infection prevalence for all age groups. Mention should be made that for those older than 35 we registered the highest increase in the HIV prevalence, more than twice the values registered during the previous year.

Shares of clients of drug user care services, by **injecting history**: 8.5% - subgroup “less than 2 years injecting history”, 16% - “2-5 years”, 33.7% - “5-10 years” and 38.9% for the subgroup “10 or more years”.

Chart 6-8: HBV, HCV, HIV prevalence among IDUs by injecting history, comparative data 2008-2013 (%)

< 2 years 8.5%	
2 - 5 years 16%	
5 - 10 years 33.7%	
10 or more years 38.9%	

Source: NAA

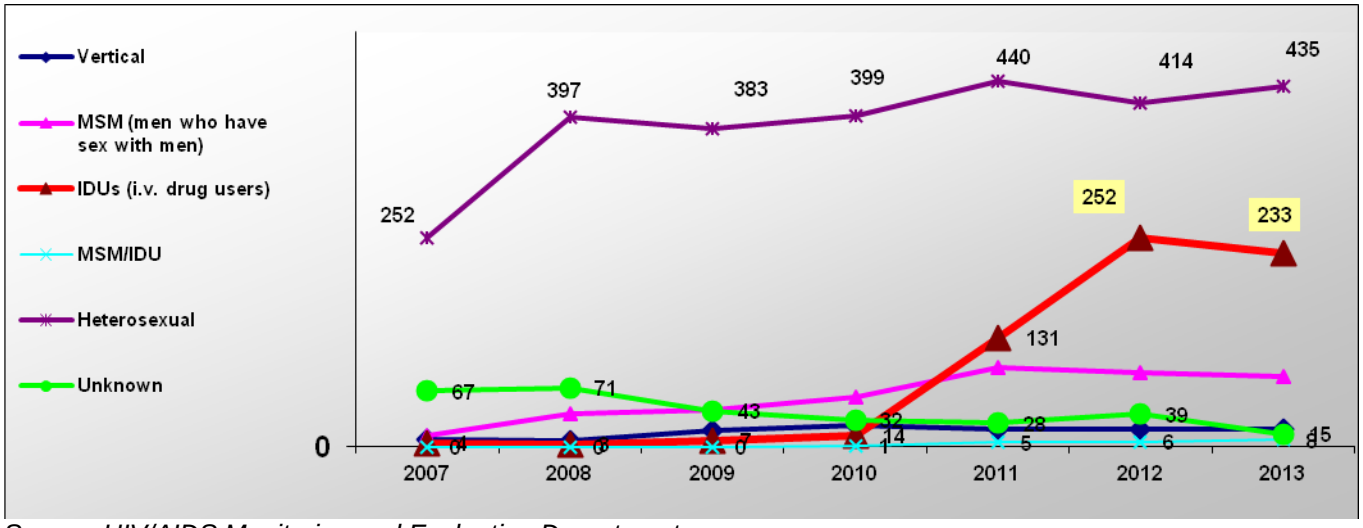
HBV: The multi-annual analysis shows an increase in the HBV prevalence for most groups injecting history. For those with injecting history of less than 2 years we note a constant evolution from 2008 until 2012 and a decrease in 2013.

HCV: The highest rates of HCV prevalence were registered among long injecting history users: more than 10 years (81%), and 5-10 years (78.7%). For all IDUs benefitting from with injecting history longer than 2 years we note an increase in the HCV prevalence starting with 2010.

HIV: According to the injecting history, the highest prevalence was found in the group of long injecting history users (5 - 10 or more years), similar to the previous year. Compared to 2012, when there was 0% HIV prevalence among IDUs with less than 2 years injecting history, 2013 confirmed the increasing trends in HIV prevalence registered during previous years for all subgroups. We should note the steep increase in the HIV infection rate, both among users with 5-10 years of injecting history (from 8.5% in 2012 to 55.4% in 2013), and in the subgroup of IDUs with less than 2 years injecting history (from 0% in 2012 to 46.2% in 2013).
For IDUs with 10 or more years injecting history, the high HIV prevalence is explained by the by the longer exposure to risk factors related to this type of drug use.
The assumption made based on data reported in the previous year – concerning the possible limitation of the HIV outbreak to those with longer injecting history was refuted by the 2013 data, showing a balance of the values of prevalences registered for all subgroups. *Nevertheless, the changes might be explained by the fact that HIV testing and monitoring among IDUs were extended even more than during the previous years, after the HIV outbreak among IDUs in Bucharest.*

In 2013, the HIV/AIDS Monitoring and Evaluation Department of the National Commission for Fight against AIDS within the Ministry of Health reported for Romania 233 new HIV+ cases identified among injecting drug users (29.23% of the total new HIV cases at national level, for all risk groups). The trend is still upward, highlighting the HIV infection outburst among IDUs mentioned earlier.

Chart 6-9: Trends in HIV transmission in Romania 2007-2013



Source: HIV/AIDS Monitoring and Evaluation Department

As compared to previous years, we noticed increased HIV prevalence in drug users, from 6.93% to 20.75%. We also notice a significant increase of HIV infection among homosexuals, from 1.72% in 2012 to 13.04% in 2013.

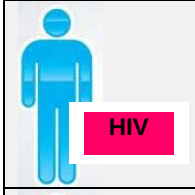
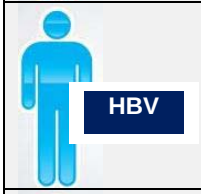
Table 6-1: HIV testing by risk group, compared data 2010-2013

	positive in 2013	positive in 2012	positive in 2011	positive in 2010	positive in 2009
on demand	**0.99**	**0.97**	**1.01**	**0.78**	**0.75**
occasional	**3.19**	**2.89**	**4.23**	**4.83**	**3.08**
TBC	**0.81**	**1.01**	**1.37**	**0.95**	**0.72**
pregnant	**0.10**	**0.06**	**0.08**	**0.11**	**0.08**
HIV contacts	**10.24**	**10.25**	**8.64**	**7.99**	**7.7**
STD	**2.71**	**1.48**	**0.76**	**0.67**	**0.5**
motherhood	**2.45**	**0.85**	**5.07**	**3.25**	**3.25**
drug users	**20.75**	**6.93**	**6.12**	**1.03**	**2.12**
prenuptial check	**0.00**	**0.06**	**0.10**	**0.12**	**0.04**
drivers	**2.17**	**0**	**0**	**4.35**	**4.35**
detainees	1.47	0.43	0.42	10.77	1
sailors	0.02	0.05	0.04	0.09	0.06
working abroad > 6 months	0.58	0.67	0.25	0.85	0.43
holiday abroad > 6 months	0.00	0.79	0.75	0	0.68
homosexuals	13.04	1.72	14.08	7.84	0
haemodialysis patients	0.00	0	0	0	0
transfused	0.00	0	0	0	0
commercial sex workers	6.86	1.12	6.49	0	0
medical staff	0.00	0	0	0	0
Total	**0.74**		**0.85**	**0.66**	**0.66**

Source: HIV/AIDS Monitoring and Evaluation Department in Romania – "Matei Balş" Infectious Disease Institute of Bucharest

To conclude, following the prevalence analysis against the above mentioned criteria, the typology of cases facing highest HIV, HBV or HCV infection risks registered in 2013 may be summarised as follows:

Table 6-2: Profile of drug users facing the highest HIV, HBV or HCV infection risk in 2013

	- Heroin (main drug) user; - Outpatient; - Re-admitted to treatment; - Mainly with long drug use history; - Aged over 35; - Female.
	- NPS user (NPS - main drug); - Outpatient; - First admission to treatment; - Long injecting/use history (more than 10 years); - Aged over 35; - Prevalence distribution balanced for both genders.
	- NPS user (NPS - main drug); - Inpatient; - Re-admitted to treatment; - Long drug use history (5-10 years and more); - Aged between 25-34; - Mainly male.

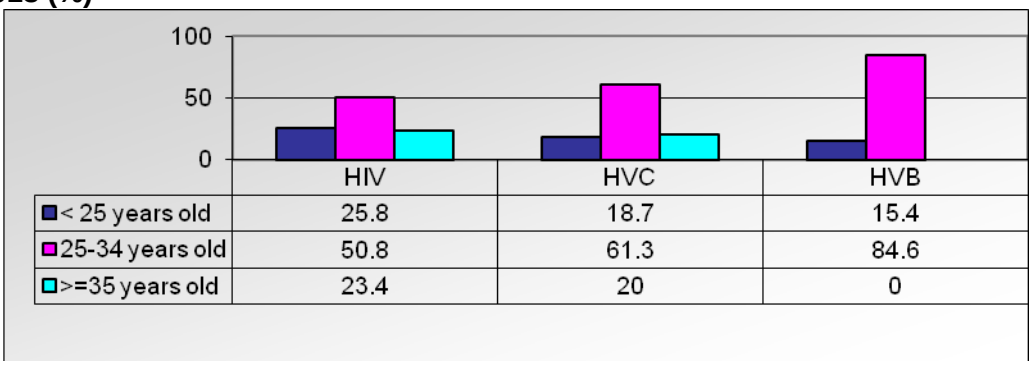
Source: NAA

B. Drug related infectious diseases – registered by other indicators

B.1. Drug related infectious diseases among medical emergencies caused by drug use

With regards to risks associated to drug use, in 2013, we note an increase in the incidence of infectious diseases among persons who access emergency medical services due to health problems caused by illicit drug use. Thus, the reports on medical emergencies caused by illicit drug use in 2013 show the presence of HIV or HBV and HCV infections in 220 cases (compared to 238, in 2012), as follows: 53.6% of these cases were persons who declared exclusive use of illicit drugs, while 46.4% reported multiple drug use. Almost a quarter (24.5%) had both HIV and HCV infections. Most emergency cases reporting the presence of HIV, HBV, HCV infections are under 34 years old (78.2%).

Chart 6-10: Distribution of emergency cases reporting presence of HIV, HBV, HCV infections, by age group 2013 (%)



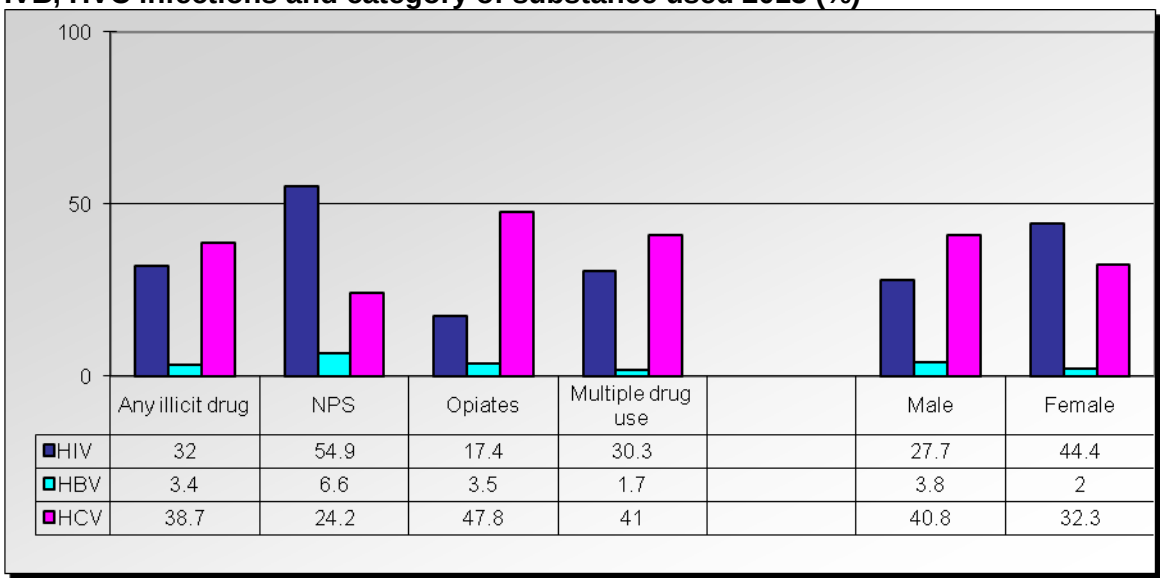
	HIV	HVC	HVB
< 25 years old	25.8	18.7	15.4
25-34 years old	50.8	61.3	84.6
>=35 years old	23.4	20	0

Source: NAA

Bearing in mind that we do not have information whether HIV, HCV, HBV tests were performed to identify the infection in all emergency cases registered, in terms of medical emergencies caused by illicit drug use where injecting use was reported the prevalence of HIV, HCV, HBV infections among persons who accessed the emergency services due to illicit drug use shows the following data:

- **HIV infection:** 32% HIV prevalence (compared to 21%, for the previous year) among persons who accessed emergency medical services due to illicit drug use and who reported exclusive injecting drug use, regardless the type of drug. The highest HIV prevalence was registered among users who reported exclusive injecting NPS use (54.9% compared to 25.8% in 2012). The HIV prevalence among users who reported injecting opiate use is 17.4% (compared to 3.2%), including exclusive injecting heroin users. High HIV prevalence was found among users who reported multiple drug use (30.3% compared to 19.9%). In HIV cases we noted that the prevalence is almost twice as high among female injecting drug users: 44.7% women as compared to 27.7% men;
- **HCV infection**: 38.7% HCV prevalence (compared to 29.8%) was reported among medical emergencies caused by injecting illicit drug use. The highest HCV prevalence was registered among users who reported multiple drug use (41%). The HCV prevalence among users who reported exclusive injecting opiates use was 47,8%. The HCV prevalence among users reaching emergency health care units due to problems caused by injecting NPS use was 24,2%. The gender differences are insignificant for HCV prevalence: 40,8% among men, 32,3% among women.
- **HBV infection**: 3.4% HBV prevalence was reported among medical emergencies caused by injecting illicit drug use. The highest HBV prevalence was registered among users who reported exclusive injecting NPS use (6.6%). HBV prevalence among users reaching emergency health care units due to problems caused by injecting multiple drug use was 1.7% (compared to 7.5%), while HBV prevalence among users who reported injecting opiates use was 3.5%. In terms of gender differentiation, the HBV prevalence is 2 times higher among men: 3.8% compared to 2% among women.

Chart 6-11: Distribution of emergency cases reporting illicit drug use in 2013, by gender, presence of HIV, HVB, HVC infections and category of substance used 2013 (%)



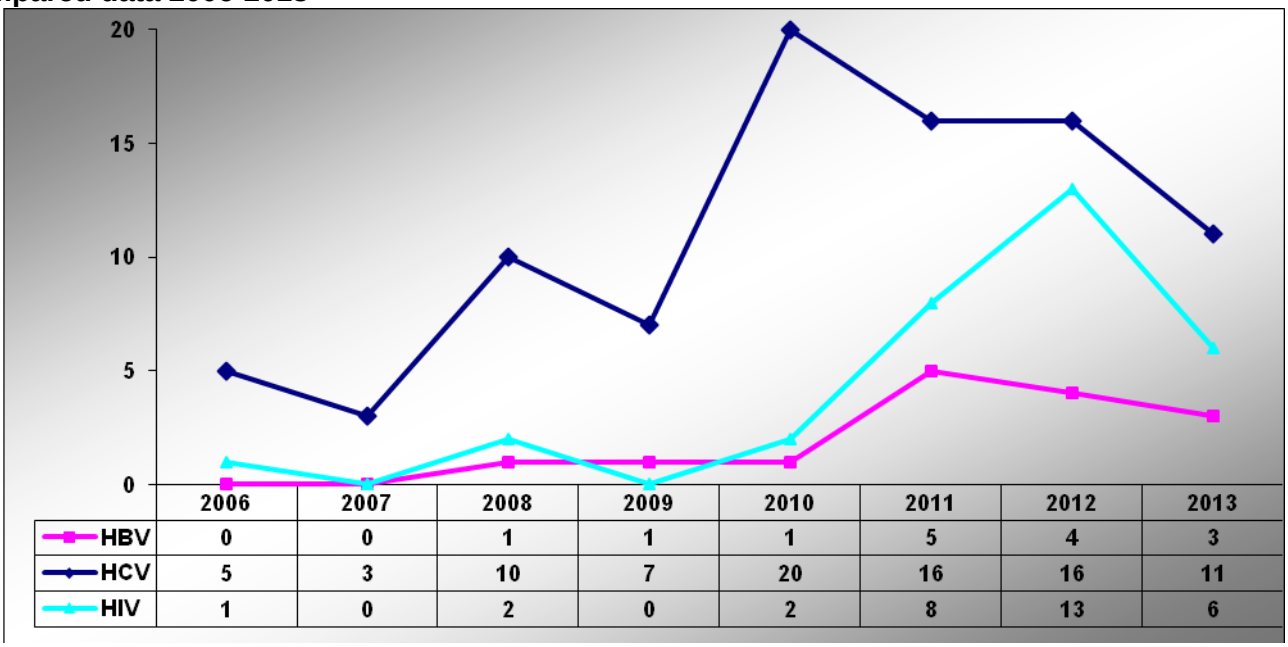
	Any illicit drug	NPS	Opiates	Multiple drug use		Male	Female
HIV	32	54.9	17.4	30.3		27.7	44.4
HBV	3.4	6.6	3.5	1.7		3.8	2
HCV	38.7	24.2	47.8	41		40.8	32.3

Source: NAA

B.2. Drug related infectious diseases among drug related deaths

In cases of drug related deaths where virus determinations were performed (non-standard, sporadic practice which is not part of the systematic investigation) they targeted cases where the medical history or the anatomic-pathological examinations were indicative. The results were: 13 positive cases for viruses, as follows: 11 type C hepatic, 3 HVB infections and 6 HIV infections. In 4 cases the medical cause of death was deemed to be HIV infection in AIDS stage. Alongside this infection, the remaining cases presented associated infectious pathology or were typical drug related deaths, where the intoxication was the cause of death.

Chart 6-12: Evolution in the incidence of HVB, HVC and HIV infections in drug related deaths, compared data 2006-2013



	2006	2007	2008	2009	2010	2011	2012	2013
HBV	0	0	1	1	1	5	4	3
HCV	5	3	10	7	20	16	16	11
HIV	1	0	2	0	2	8	13	6

Source: INML Bucharest

Undoubtedly, had all cases been tested, the figures would have been even higher (even so they are extremely eloquent in terms of absolute figures, but most of all in trends), but the financial constraints did not allow for this approach to be extended.

High incidence of HVC infection among drug users in Romania is confirmed, consistent with the data provided by the drug related infectious diseases indicator. The recurrence of HIV infection among direct drug related deaths is an important alarm signal - **if 5 cases were identified in the first 5 years of monitoring (2006-2011), 27 cases were identified over the past 3 years**. The explanation is similar with the one given above, and is related to the more frequent injection alongside the shared use of *paraphernalia* and the reduction in the syringe provision – due to the economic crisis – but also very probably caused by the spreading of commercial sex in drug users' communities for procuring a new dose (in the forensics case history, on the occasion of the investigation of prostitution/human trafficking, building the person's *loyalty* to the network by, initially forced, administration of drugs was mentioned).

Even in the context of sporadic testing, revealing such an increase in the incidence of HIV is, perhaps, one of the most important warnings about public health and the need for rapid interventions.

As seen in previous years, the practice of injecting methadone – originating in dissolving the pills – as well as injecting a wide range of pill or tablet prescription drugs – is an important source of insoluble substances introduced in the body through the veins (the excipients of these medicines constantly including talcum) and generating accelerated and cumulative granulomatose or micro embolic pathologies that are frequently revealed in the necropsy and histopathologically.

6.1.2 STUDIES ON THE DRUG RELATED INFECTIOUS DISEASE PREVALENCE

Evaluation of drug related infectious disease based on data from multiple sources

We present below an analysis based on data available in 2013 provided by monitoring the indicator "*Admission to treatment as a result of drug use*" (including prevalences showed by screening tests performed during treatment provision) and data provided by monitoring the needle exchange programmes (which included screening tests).

HIV infection

Table 6-3: HIV infection among IDUs in Romania, according to data from multiple sources to determine the IDU positive serology, comparative data 2012-2013

	TREATMENT SERVICES						NEEDLE EXCHANGE PROGRAMMES		
HIV	Self-declared			Screening test during treatment			Screening tests under needle exchange programmes		
	Tested	HIV+	HIV+ prevalence (%)	Tested	HIV+	HIV+ prevalence (%)	Tested	HIV+	HIV+ prevalence (%)
2012	358	89	**24.9**	133	23	**17.3**	187	43	**22.9**
2013	809	398	**49.2**	147	27	**18.4**	320	33	**10.3**

Source: NAA

An analysis of IDU population under HIV infection risk for which there are data available in 2013 shows the following:

- HIV infection prevalence among IDUs under treatment is double than the previous year, considering the self-declared serology upon admission to treatment. Nevertheless, a more in-depth analysis of such data is recommended, to consider more potentially influencing factors: both the increase in the testing/monitoring capacity, consequently more "visibility" of cases, but also the inherent limitations of an analysis relying on self-declared data. Mention should be made that there

should be some caution in evaluating the declaration of positive HIV serology, as there is a lack of efficient referral services to specialist testing units to confirm diagnosis and the concrete field conditions used for rapid tests allow for rather large margins of error.

- The analysis of the data sets provided by testing beneficiaries in the specialist IDU care centres shows in 2013 the most stable image of HIV prevalence among assisted IDUs, indicating a slight increase in the number of HIV+ declared clients, compared to 2012 (even though there are still some uncertainties regarding the possibility to extrapolate results to the entire population analysed, given the limited number of tests applied in the total number of treatment beneficiaries).
- Data provided by needle exchange programmes managed by NGOs, based on screening tests, indicate a decrease in the HIV infection risk among active injecting users. Here, there are also limited possibilities to generalise conclusions, due to the testing capacity available under *low-threshold* programmes (a rather low number of cases could be tested, compared to the total number of beneficiaries who accessed this type of services in 2012 and 2013), and to the actual test performance conditions in the field.

HBV infection

Considering all methodological limitations explained above, the situation is similar for HBV infection risks. Thus, self-declared serology cases show a slight increase in prevalence compared to the previous year, while both the screening tests during treatment and the testing of IDU population benefitting from needle exchange programmes show significant decreases (though they are associated with a decrease in the number of tests applied, compared to the previous year).

Table 6-4: HBV infection among IDUs in Romania, according to data from multiple sources to determine the IDU positive serology, comparative data 2012-2013

	TREATMENT SERVICES						**NEEDLE EXCHANGE PROGRAMMES**		
HBV	Self-declared			Screening test during treatment			Screening tests under needle exchange programmes		
	Tested	HBV+	HBV+ prevalence (%)	Tested	HBV+	HBV+ prevalence (%)	Tested	HBV+	HBV+ prevalence (%)
2012	371	91	**24.5**	132	14	**10.6**	146	10	**6.8**
2013	423	107	**27.7**	80	3	**3.8**	120	3	**2.5**

Source: NAA

HCV infection

Although there is a slight decrease compared to 2012, all data sets indicate a stabilisation in the HCV infection, both in the population under treatment and in the population under needle exchange programmes.

Table 6-5: HCV infection among IDUs in Romania, according to data from multiple sources to determine the IDU positive serology, comparative data 2012-2013

	TREATMENT SERVICES						**NEEDLE EXCHANGE PROGRAMMES**		
HCV	Self-declared			Screening test during treatment			Screening tests under needle exchange programmes		
	Tested	HCV+	HCV+ prevalence (%)	Tested	HCV+	HCV+ prevalence (%)	Tested	HCV+	HCV+ prevalence (%)
2012	586	483	**82.4**	144	98	**68.1**	106	54	**50.9**
2013	414	307	**74.2**	141	89	**63.1**	120	55	**45.8**

Source: NAA

Conclusions:

- HBV and HIV prevalence among IDUs show significant increasing trends in 2013, while HCV prevalence shows a slight decrease, mainly due to the increased "visibility" of the phenomenon, following the response of national authorities and non-governmental partners after the HIV outbreak in 2011;
- We maintain the warning on drug related infectious diseases (HIV, HCV, HBV), especially among NPS users, supported by the high levels of HIV and HCV prevalence reported among persons who accessed emergency care services for medical problems caused by injecting NPS use;
- Another explanation for the trends registered in the three types of infections may be the insufficient resources and interventions to reduce the risks of infectious diseases associated with injecting drug use;
- Data for HIV infection show double prevalence among IDUs, compared to the previous year, and the injecting NPS use, in parallel with heroin (either as main drug or as multiple use) continues to increase the infection risks. The high HIV prevalence both among IDUs with long history of use and among young IDUs at the onset of injecting use (less than 2 years) may be explained by a diffusion of the phenomenon within the entire IDU population due to an intensification of contacts among groups of users, or by the higher number of tests and by the intensification of HIV monitoring among IDUs, following the identification of the HIV outbreak among IDUs in Bucharest;
- Sociodemographic indicators define, both for IDUs benefitting from treatment services and for IDUs benefitting from needle exchange programmes, an extremely vulnerable population, in terms of lack of subsistence means, low level of education, ethnical component (high prevalence of Roma sub-population in the needle exchange programmes) and anomic behaviours (commercial sex, conviction and prison sentences served for drug related crimes etc.);
- In terms of injecting drug user gender and age group, we see a predominance of male users (with a trend to balance the prevalence in both genders), aged 24-35 years old and more;
- In 2013, heroin is again the main injecting drug (924 cases in 2013 compared to 823 in 2012), but we also found significant levels of NPS use (as main drug or in combination with heroin or methadone);
- The rate of shared use of injecting tools doubled (from 24% in 2012 to 41% in 2013), among a population of mainly drug users with long injecting history, who access treatment services, and this has a significant contribution to the increase in the infection risk.

Recommendations:

- In order to contain the spread of the epidemiologic HIV/AIDS infection among IDUs at national level, there is a need for urgent development of preventive interventions– **testing** (strengthen capacity and improve accuracy of testing services in all level 1 and level 2 drug user care units, together with the development of efficient beneficiary monitoring-referral-accompaniment mechanisms for diagnosis confirmation and inclusion in specific antiretroviral therapy programmes), **needle exchange programmes** (with development of medical-psychological-social care services provided free of charge and extensively upon contact with *low-threshold* programmes and units aimed at preventing risks associated with injecting drug use, in order to solve minor medical emergencies or find support for obtaining identity documents) and **substitution treatment** (fast increase in the IDU access to general medical services and especially, capacity development for HCV treatment at national level);
- There is a need for coordinated implementation of a joint intervention plan by governmental bodies and civil society, to ensure adequate use of resources available at national level and to attract new partners and resources, and develop cooperation, monitoring and information and best practice exchange mechanisms.

6.2 OTHER DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES

NON FATAL OVERDOSES AND DRUG RELATED EMERGENCIES

A. Medical emergencies caused by psychoactive substance use (alcohol, medicines, illicit drugs, other psychoactive substances)

Monitoring of non-fatal consequences of psychoactive substance use is difficult, but it provides important information on the emergent characteristics and trends in drug use, therefore it is very useful in the rapid adoption of intervention actions. One of the indicators used for this purpose is monitoring the medical emergencies among psychoactive substances users. In Romania, this indicator has been implemented at national level since 2010.

In 2013, building on the process of collecting data on medical emergencies caused by psychoactive substance use, the National Anti-Drug Agency developed a bi-directional information flow, involving regular submission of information on the statistical outcomes of data analysis to data providers. Similarly to the previous year, the analysis included emergency cases reporting exclusive alcohol use, and records indicate **5254 medical emergencies** caused by psychoactive substance use.

With regards to the type of use generating the medical emergency, the emergency cases reported may be grouped as follows: 51,0% were generated exclusively by alcohol use, 16,4% were registered following health problems induced by illicit drug use, 15,4% of the medical emergencies caused by psychoactive substance use were due to the exclusive and excessive use of medicines, 14,4% of the cases reported multiple drug use, 2,3% of the cases the medical emergency was caused by the use of unknown substances, and in 0,4% of the cases there were requests to harvest biological testing material for toxicological tests.

Table 6-6: Distribution of medical emergencies caused by psychoactive substance use, by use patterns; comparative data 2011-2013

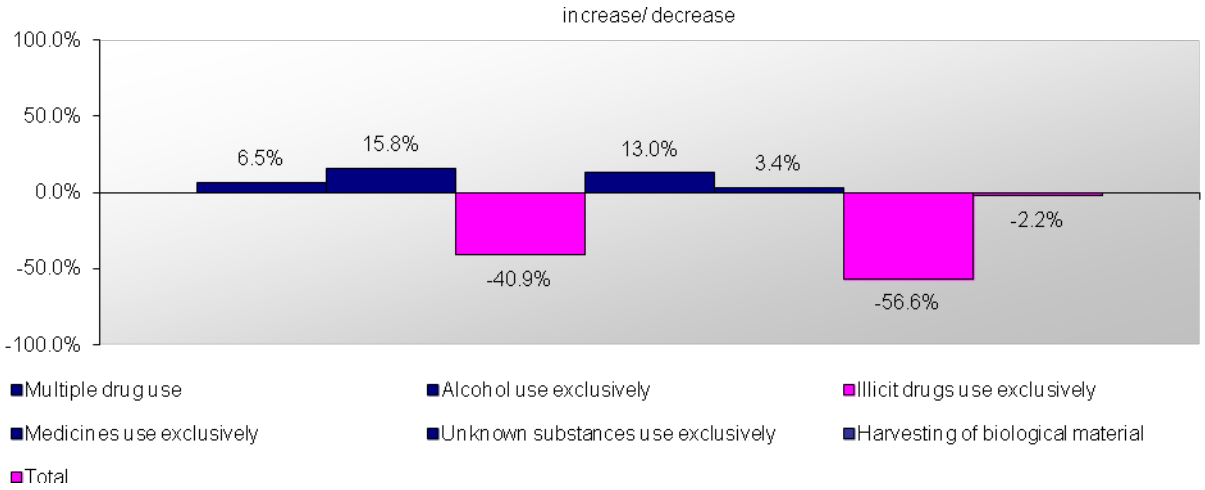
Type of use generating the medical emergency	2011	2012	2013
Multiple drug use	476	709	755
Alcohol use exclusively	123	2316	2681
Illicit drugs use exclusively	1455	1461	864
Medicines use exclusively	365	715	808
Unknown substances use exclusively	148	119	123
Harvesting of biological material	11	53	23
Total	**2578**	**5373**	**5254**

Source: NAA

In comparison with the previous year, we note the following:

- An increase by 6.5% of the number of medical emergency cases reporting multiple drug use;
- A decrease by 40.9% of the number of medical emergency cases reporting exclusive illicit drug use;
- An increase by 13.0% of the number of medical emergency cases reporting exclusively medicine used without prescription;
- A decrease by almost two times in the number of people referred to the emergency units to have biological testing material harvested for toxicological tests;
- An increase by 3.4% of the number of medical emergency cases reporting exclusively the use of unknown substances.

Chart 6-13: Evolution of medical emergency cases caused exclusively by illicit drug use, by type of drug, 2013 compared to 2012

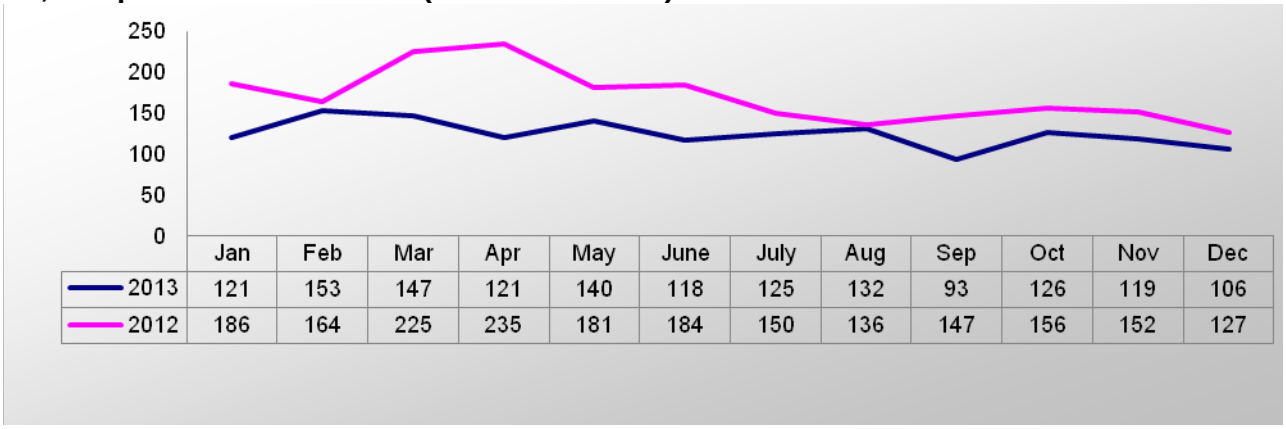


Source: NAA

B. Medical emergencies caused by illicit drug use (including NPS)

At national level, 1501 medical emergencies reporting at least one illicit drug use were registered, compared to 2043 reported in the previous year, indicating a decrease by **26.5%** of the number of cases registered, as compared to the previous year. The most significant decrease was registered in April, when the number of cases registered was almost twice lower as compared to the same month of the previous year. Unlike the previous year, the dynamics of medical emergencies caused by illicit drug use showed a relatively constant evolution, with much lower differences from one month to another.

Chart 6-14: Evolution of medical emergencies caused exclusively by the use of illicit drugs, by month, compared data 2012-2013 (number of cases)



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
2013	121	153	147	121	140	118	125	132	93	126	119	106
2012	186	164	225	235	181	184	150	136	147	156	152	127

Note: the chart does not include the cases where the medical emergency registration month was not specified
Source: NAA

In order to conduct an analysis of the medical emergencies caused by the use of illicit drugs, according to the category of substances used, we used a classification of such substances, as follows:

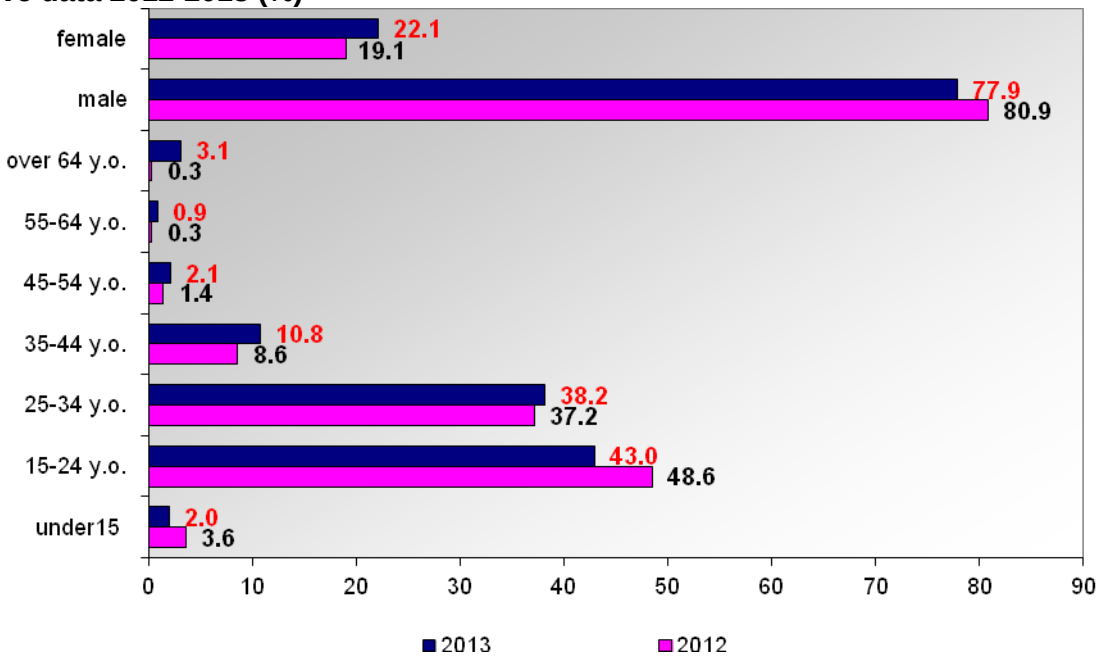
- The “cannabis” category includes: cannabis, hashish, THC;
- The “opiate” category includes: heroin, methadone, opium, tramadol, morphine, codeine, naloxone or other substances generally called “opiate” or “opioid”;
- The hallucinogens category includes: ketamine, LSD, PCP, or other substances generally called “hallucinogens”;
- The stimulants category includes: amphetamines, metamphetamines, ecstasy/ MDMA;

- The substances considered "illicit drugs", "psychotropic substances", "psychoactive substances", were included in the "generic drugs" category.

Sociodemographic characteristics

The distribution of medical emergencies caused by illicit drug use reported in 2013 still shows an unbalanced gender distribution – 77.9% male (compared to 80.9% in 2012), as compared with 22,1% female (compared to 19.1% in 2012).

Chart 6-15: Distribution of emergency cases reporting illicit drug use, by gender and age group, comparative data 2012-2013 (%)



Source: NAA

In terms of age and gender, the cases registered in 2013 by the emergency units of reporting hospitals had the following characteristics:

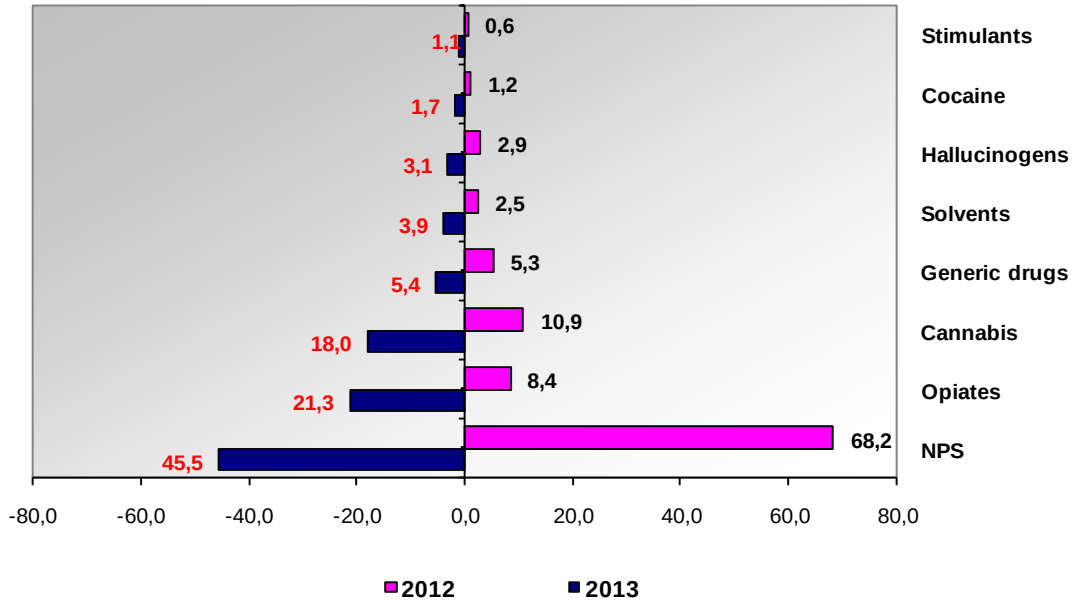
- Most cases (83.2%) %) are under 34 years old, 12.8% are aged 35-54, and the others (4%) are over 54 (the analysis excluded cases where age was reported);
- The average age is 26.47 years old (compared to 25.07 reported for the previous year), relatively similar for both genders: 26.32 for males, compared to 26.99 reported for females;
- Similar to the previous year, both for male and female, the age group registering most cases is 15-24 y.o. (41.5% men, and 48.0% women, respectively).

There are no significant statistical differences in the number of medical emergencies caused by drug use in any of the drug categories mentioned, in terms of gender distribution. Nevertheless, we note higher numbers of emergency cases among male patients for problems caused by use of: NPS, heroin, volatile solvents, methadone and stimulants.

Drug categories

Of the total number of cases reporting exclusive illicit drug use, 45.5% reported new psychoactive substances use ("ethnobotanicals"), 21.3% reported opiate use (heroin, methadone or generic opiates), and 18% reported cannabis use. Also, 3.1% of the registered cases also reported hallucinogens use, and a similar rate reported volatile solvent use, 1.7% reported cocaine use, and 1.1% of the cases reported exclusive stimulants use. Also, 5.4% of the cases reported generic drug use, without mentioning the substance.

Chart 6-16: Distribution of emergency cases reporting illicit drug use in 2013, by category of substances (exclusive use), comparative data 2012-2013 (%)

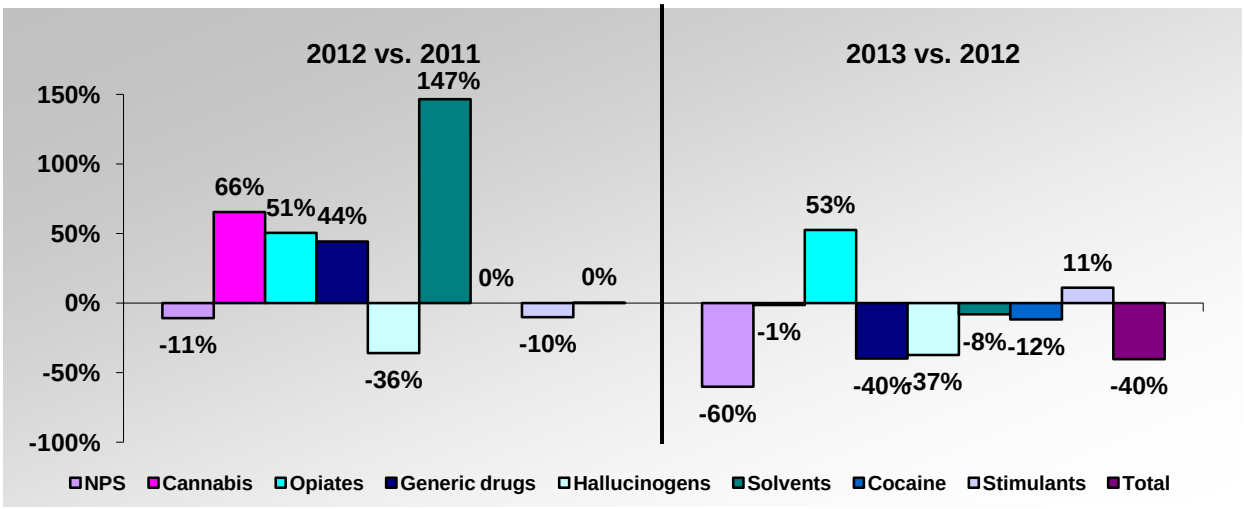


Source: NAA

An analysis of medical emergencies caused by exclusive illicit drug use shows the following:

- **An increase:**
  - By 53% of the number of emergency cases caused by exclusive opiate use;
  - By 11% of the number of emergency cases caused by exclusive stimulant use;
- **A decrease:**
  - By 60% of the number of emergency cases caused by exclusive NPS use;
  - By 37% of the number of emergency cases caused by exclusive hallucinogen use;
  - By 40% of the number of emergency cases caused by exclusive generic drug use.
  - By 1% of the number of emergency cases caused by exclusive cannabis use;
  - By 12% of the number of emergency cases caused by exclusive volatile solvent use.

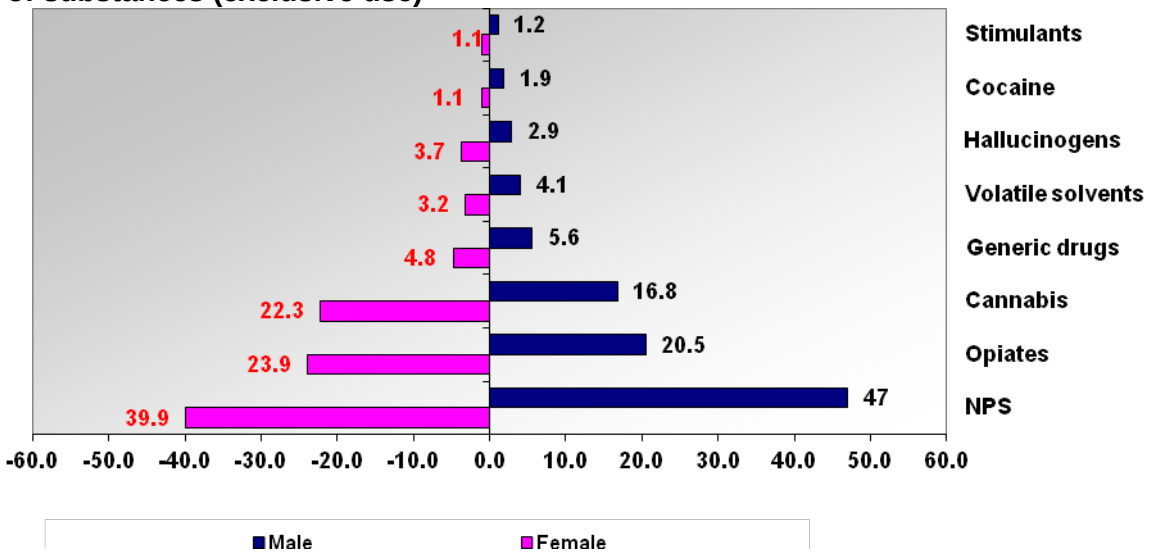
Chart 6-17: Evolution of medical emergencies caused exclusively by the use of illicit drugs, by type of drug, comparative data (%)



Source: NAA

Compared to the previous year, we note the decreasing trend for the emergency cases caused by NPS and hallucinogens use is maintained. We also note the increasing trend for the emergency cases caused by opiate use.

Chart 6-18: Distribution of emergency cases reporting illicit drug use in 2013, by gender and by category of substances (exclusive use)



Source: NAA

In terms of age distribution, we note the decreasing trend for users under 35 who accessed the emergency care units is maintained: 83.2% in 2013, compared to 89.4% in 2012, and 92.2% in 2011, respectively.

Although in case of the youngest patients admitted to the emergency units for illicit drug use there were cases of accidental intake, the cases registered are worth mentioning:

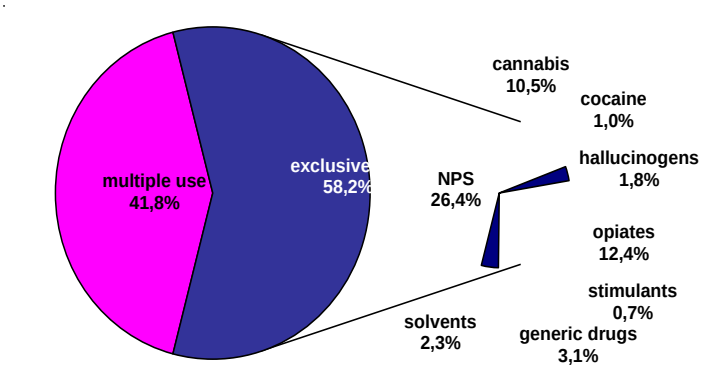
- Patient aged 3 months - accidental methadone intake;
- Patient aged 2 y.o. - accidental methadone intake;
- Patient aged 4 y.o. - accidental opiate intake (no mentioning of substance ingested).

If we exclude the medical emergency cases mentioned above, as accidental intake of illicit drugs, the overall image of drug use, by gender, among the youngest patients is as follows: the youngest male patient to be admitted to an emergency unit following illicit drug intake had consumed and was 6 years old, while the youngest female patients were 13 years old and 8 requested emergency help for intake of: medicine, methadone, NPS or cannabis.

Pattern of use

With regards to the use pattern, more than half of the emergency cases reported exclusive use of psychoactive substances (58%), while 42% of the cases reported multiple drug use.

Chart 6-19: Use pattern reported for medical emergencies caused by illicit drug use, by category of substance, 2013 (%)



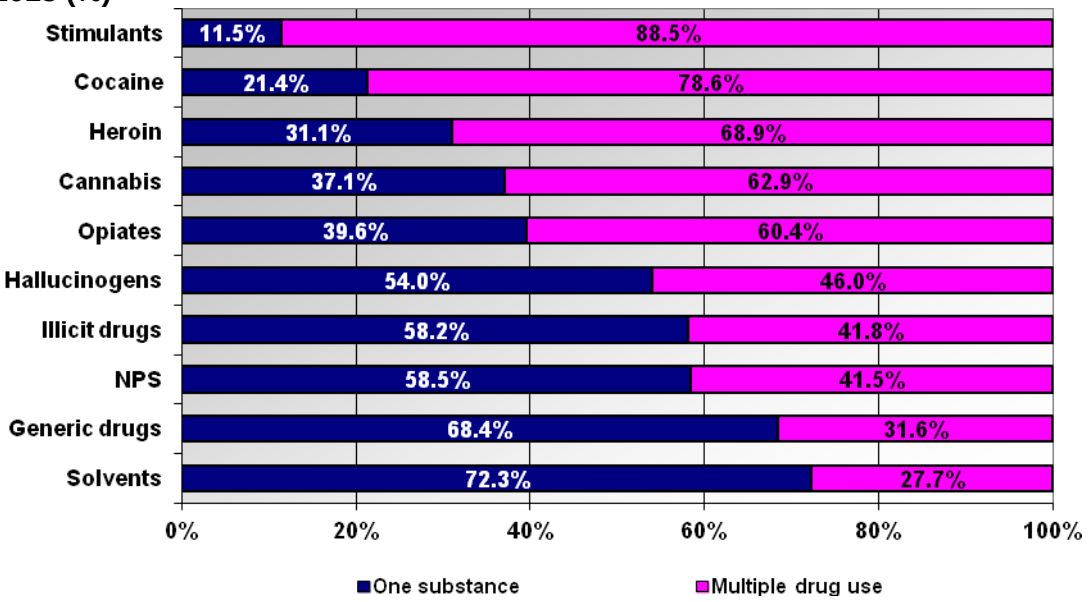
Source: NAA

There are no significant gender differences in terms of patterns of use: 58.4% (compared to 71.2% in the previous year) of the men admitted to emergency units for illicit drug use reported one substance use, while 56.8% (compared to 72.7%) of the women had also used only one type of illicit substance.

We note an increase in the number of emergency cases reporting multiple drug use – from 28.5% to 41.8%, which confirms the trend in the pattern proliferation indicated during previous years.

Simultaneous use of several psychoactive substances was reported especially in cases of medical emergencies caused by stimulant use (88.5% of the cases reported multiple drug use), cocaine(78.6%), heroin (68.9%), cannabis (62.9%) and opiates (60.4%).

Chart 6-20: Use pattern reported for medical emergencies caused by illicit drug use, by substance category, 2013 (%)



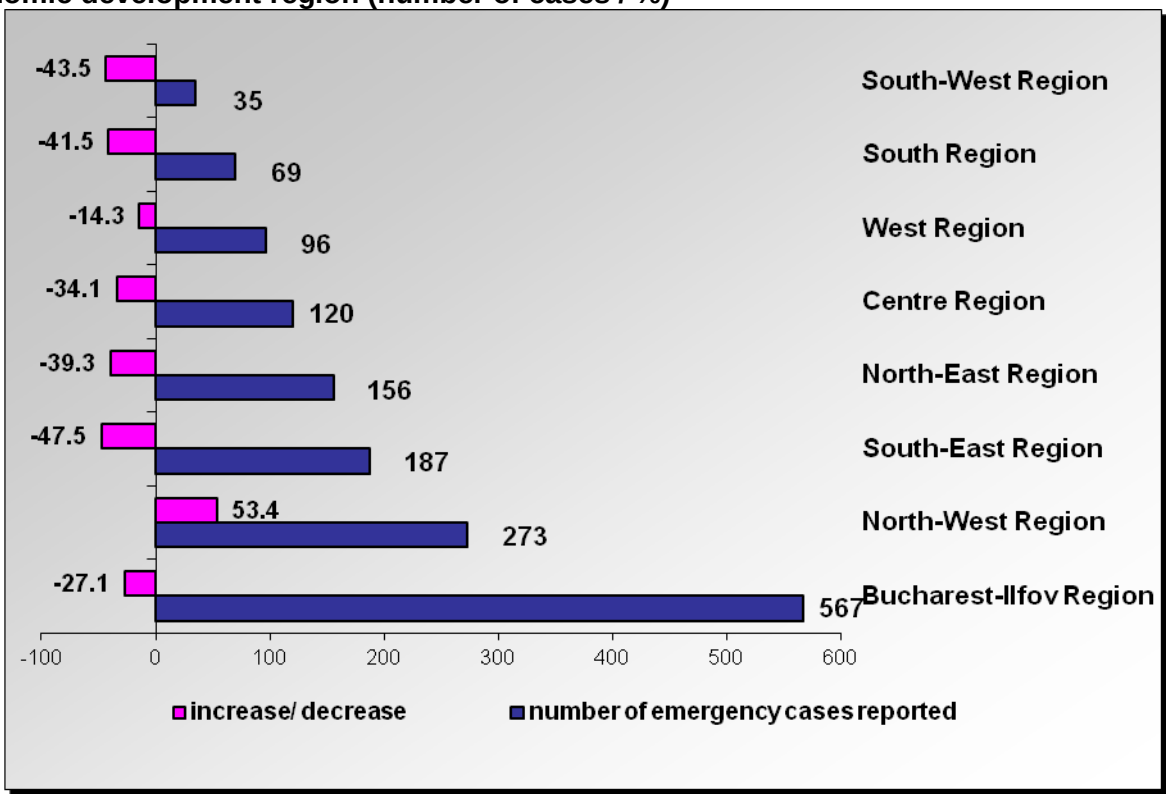
Source: NAA

Geographic distribution of cases

According to the economic development region reporting the medical emergency caused by exclusive use of illicit drugs, the situation in 2013 is as follows:

- North-West (Bihor, Bistrița Năsăud, Cluj, Maramureş, Sălaj, Satu Mare) - 273 cases;
- West (Arad, Caraş Severin, Hunedoara, Timiş) – 96 cases;
- North-East (Botoşani, Suceava, Iaşi, Neamț, Bacău, Vaslui) – 156 cases;
- South-East (Vrancea, Galați, Buzău, Brăila, Constanța, Tulcea) – 187 cases;
- Centre (Mureş, Harghita, Alba, Sibiu, Braşov, Covasna) – 120 cases;
- South-West (Gorj, Vâlcea, Olt, Mehedinți, Dolj) – 35 cases;
- South (Argeş, Dâmbovița, Prahova, Ialomița, Călăraşi, Giurgiu, Teleorman) – 69 cases;
- Bucharest-Ilfov (Bucharest Municipality and Ilfov County) – 567 cases.

Chart 6-21: Distribution of medical emergencies caused by psychoactive substance use, in 2013, by economic development region (number of cases / %)



Source: NAA

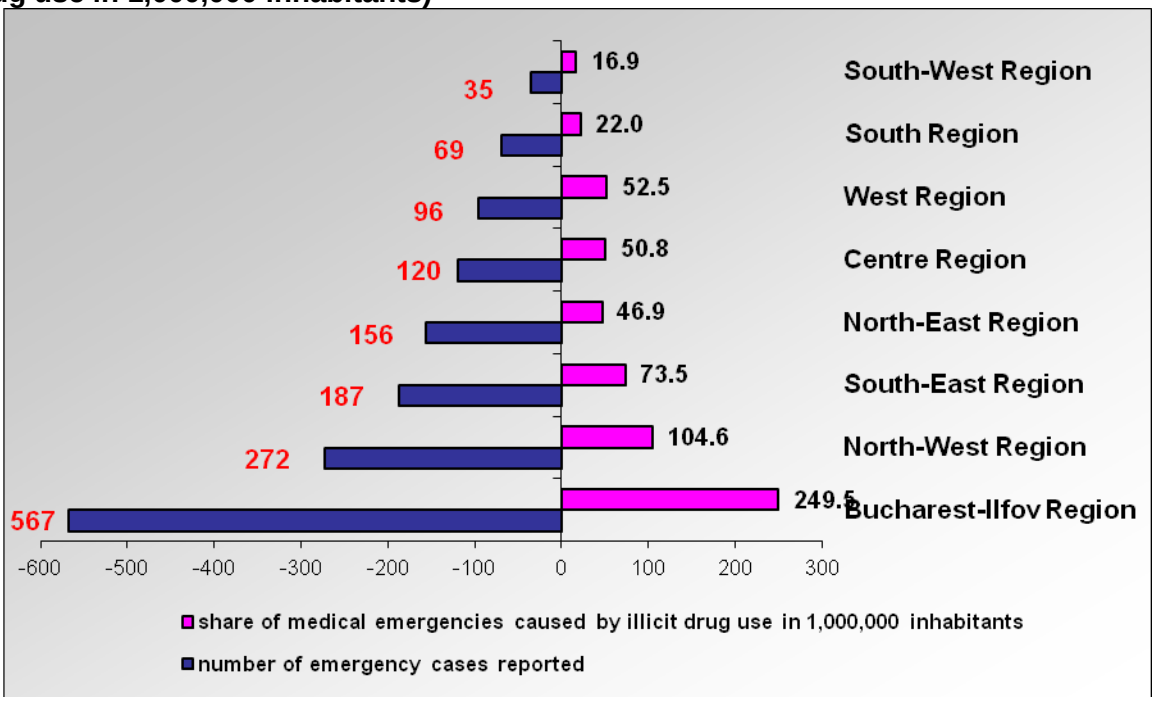
Although the number of reporting units was maintained constant in 2013, we note the following evolution in the emergency cases caused by illicit drug use, by economic development region:

- **Bucharest-Ilfov Region:** decrease by 27,1% of the number of cases (return to the decreasing trend in the emergency cases caused by illicit drug use, first reported in 2011)
- **Centre Region:** decrease by 34,1% of the number of cases (also return to the above mentioned trend)
- **North-East Region:** decrease by 39,3% of the number of cases (reversal of the increasing trend in the emergency cases caused by illicit drug use, starting with 2011)
- **North-West Region:** increase by 53,4% of the number of cases (confirms previous years' increasing trend)
- **South Region:** decrease by 41,5% of the number of cases (reversal of the increasing trend in the emergency cases caused by illicit drug use, first reported in 2011)

- **South-East Region:** decrease by 47,1% of the number of cases (return to the decreasing trend in the emergency cases caused by illicit drug use, first reported in 2011)
- **South-West Region:** decrease by 43,5% of the number of cases (confirms decreasing trend reported last year)
- **West Region:** decrease by 14,3% of the number of cases (confirms decreasing trend in the emergency cases caused by illicit drug use, first reported in 2011)

Of the 8 economic development regions, only one (North-West) reported an increase in the number of medical emergencies caused by illicit drug use, thus indicating a significant reduction of territorial areas reporting such issues. In terms of number of inhabitants, the highest rate of medical emergencies caused by illicit drug use in 1,000,000 inhabitants was reported for Bucharest-Ilfov (249.5 medical emergencies in 1,000,000 inhabitants); at the opposite end of the spectrum, South-West Region reported 16.9 medical emergencies in 1,000,000 inhabitants.

Chart 6-22: Distribution of medical emergencies caused by psychoactive substance use, by economic development region (number of cases / incidence of medical emergencies caused by illicit drug use in 1,000,000 inhabitants)

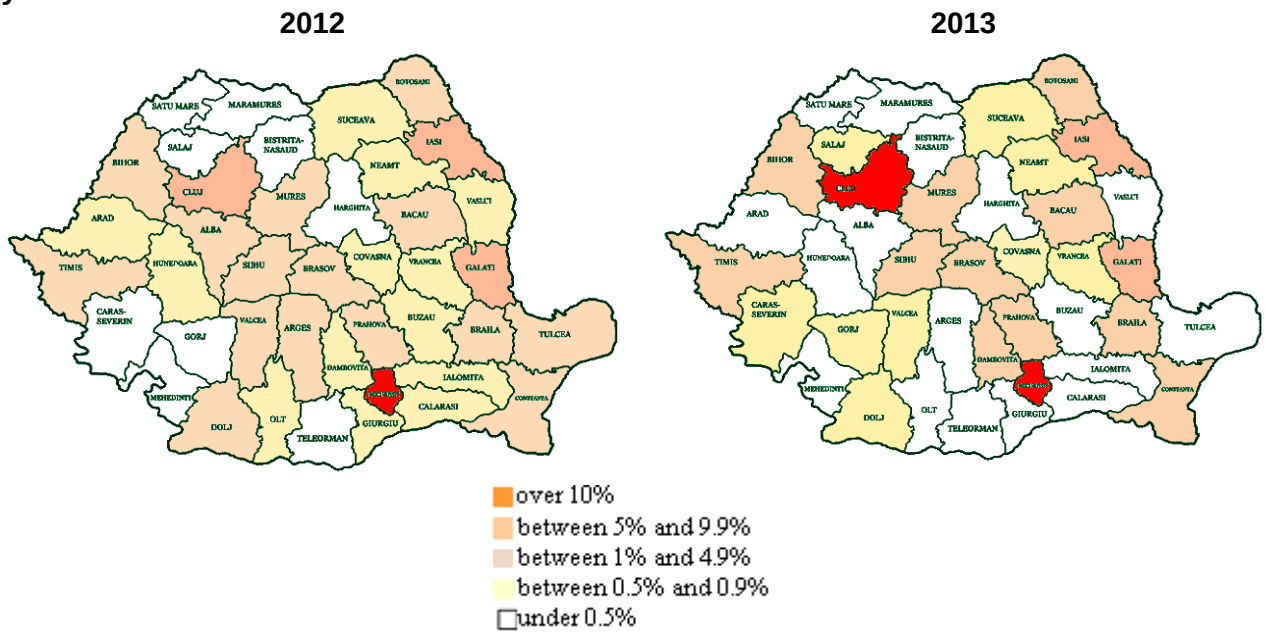


Source: NAA

The analysis of medical emergency distribution in the territorial-administrative units of the country, according to the share of emergency cases reported, leads to the classification of counties and to the delimitation of risk areas, as follows:

- **Very high risk area (more than 10%):** Bucharest, Cluj
- **High risk area (5% to 9.9%):** Galați, Iaşi
- **Moderate risk area (shares between 1% and 4.9%):** Timiş, Mureş, Bihor, Constanța, Sibiu, Botoşani, Dâmbovița, Prahova, Braşov, Brăila, Bacău
- **Low risk area (0.5% to 0.9%):** Dolj, Gorj, Caraş-Severin, Covasna, Neamț, Suceava, Sălaj, Vâlcea, Vrancea
- **Very low risk area (below 0.5%):** Mehedinți, Satu-Mare, Teleorman, Harghita, Maramureş, Bistrița Năsăud, Ilfov, Hunedoara, Giurgiu, Ialomița, Călăraşi, Vaslui, Arad, Olt, Buzău, Tulcea, Argeş, Alba

Map 6-1: Geographical distribution of emergency cases caused by illicit drug use, comparative analysis 2012-2013



Source: NAA

Only in Bucharest Municipality the percentage of medical emergencies caused by illicit drug use exceeds one third (37.8%), while in Cluj County it reached 14.1%, therefore this county was included in a different risk category. On the other hand, Galați and Iaşi counties reported rates between 5% - 9.9%, thus, the territorial segment made of only 4 territorial-administrative units accumulated two thirds (63,4%) of the total number of medical emergencies caused by illicit drug use.
At the same time, other 11 counties (Timiş, Mureş, Bihor, Constanța, Sibiu, Botoşani, Dâmbovița, Prahova, Braşov, Brăila, Bacău) grouped in the moderate risk area (1% to 4.9%) cumulate more than a quarter of the total number of cases (25.2%), while the low risk area (0.5% to 0.9%) included 9 counties in 2013 and cumulated only 6.7% of the total number of medical emergencies. The very low risk area consisting of the other 18 counties accounts for only 4.7% of the number of medical emergencies caused by illicit drug use registered in 2013.

As compared to the previous year, the number of territorial units included in the very high risk category increased, with Cluj reporting, next to Bucharest, the most severe problems in terms of medical emergencies caused by illicit drug use. On the other hand, we note a decrease in the number of counties included in the high risk category (from 3 to 2 counties) and in the moderate risk category (from 15 to 11 counties), together with an increase in the number of counties included in the low risk category (from 22 to 27 counties). This change suggests a limitation of the territorial area to 19 counties where the casuistry of medical emergencies caused by illegal drug use is significant (more than 5%), from 19 counties to only 4 administrative-territorial units (Bucharest Municipality, Cluj, Iaşi şi Galați). If most counties reported decreases in the number of emergency cases caused by illicit drug use and were implicitly included in a lower risk category (Dolj, Vâlcea, Hunedoara, Giurgiu, Ialomița, Călăraşi, Vaslui, Arad, Olt, Buzău, Tulcea, Argeş, Alba), there are also counties reporting increases in the number of cases, thus taking the “leap” to a higher risk category (Cluj, Dâmbovița, Sălaj, Gorj, Caraş-Severin).

Typology of medical diagnosis

In order to perform an analysis of the casuistry of medical emergencies caused by illegal drug use, according to the emergency diagnosis, we grouped the emergency diagnoses according to the ICD 10 classification recommended by WHO (International Statistical Classification of Diseases and Related Health Problems 10th Revision.

Starting from these considerations, the diagnoses reported by doctors in the standard form for medical emergency caused by psychoactive substance use were classified as follows:

- **Acute intoxication**: may include trauma, inhalation of vomitus, delirium, coma, convulsions, and other medical complications. The nature of these complications depends on the pharmacological class of substance and mode of administration.
- **Harmful use**: cases of hepatitis, HIV infection from the self-administration of injected psychoactive substances or episodes of depressive disorder secondary to alcohol use.
- **Dependence syndrome**: A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take psychoactive substances, difficulties in controlling use, persisting in use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance to the psychoactive substance used, and sometimes a physical withdrawal state.
- **Withdrawal state**: A group of severe symptoms occurring on absolute or relative withdrawal of a psychoactive substance, after persistent use of that substance. The withdrawal state may be complicated by convulsions or by withdrawal state with delirium.
- **Psychotic and behaviour disorders:** A cluster of psychotic phenomena that occur during or following psychoactive substance use but that are not explained on the basis of acute intoxication alone and do not form part of a withdrawal state. The disorder is characterized by hallucinations, perceptual distortions, delusions, psychomotor disturbances and an abnormal affect, which may range from intense fear to ecstasy. Here are included personality or behavioural disorders persisting beyond the effect of the psychoactive substance used.
- **Other diagnoses**: A class of diagnoses induced or determined by psychoactive substance use, such as: self-inflicted wound or trauma, accidents and other external causes.
- **Harvesting of biological material:** cases that come to emergency health care units for harvest of biological testing material for toxicological studies.

With regards to the symptoms of the emergency cases reported we note that of the 1503 cases, 46.7% (compared to 58.1% the previous year) were due to acute intoxications with illicit drugs, 10.9% were caused by the harmful use of various illicit substances, 14.0% were registered as dependence syndrome, 9.4% (compared to 3.3%) were withdrawal state, 12.6% were psychotic and behavioural disorders, and 5.6% (compared to 2.3%) had other diagnoses but were induced or determined by psychoactive substance use (self-inflicted wound or trauma, accidents and other external causes). In 0.8% (compared to 0.05%) of the emergency cases reported for illicit drug use there was a request to harvest biological testing material for toxicological studies.

We note the increase in the share of cases diagnosed as “withdrawal” or “harmful use”, as well as those registered as “other diagnoses” - from 39.1% to 46.9%. As the emergency diagnoses in the above mentioned categories indicated regular illicit drug use (they involved conditions which become manifest after a longer period of use - Hepatitis B and C, HIV infection, dependence, withdrawal, psychotic and behavioural disorders), in this cases the emergency occurred due to addiction, not just mere substance abuse.

Route of administration

With regards to the route of administration of illicit drugs causing the medical emergency, we note that in 2013 dominated pulmonary administration or smoking, indicated 37.8% of the cases (compared to 46.1%

in 2012), followed by the parenteral or intravenous administration, used in 21.9% of the emergency cases analysed (compared to 23.4%). 4% (compared to 5.6%) of the cases used the intranasal administration or sniffing, while 0.2% (compared to 2.6% of the cases) of the patients indicated sniffing as route of administration. Only 10.1% (compared to 1%) of the cases administered the psychoactive substance using mixed non-injectable routes and 12.1% (compared to 6.6%) declared mixed, including injecting use.

We note an increase in the share of cases with multiple drug administration routes (mixed non-injectable, mixed injectable), which is consistent with the increase in the number of cases reporting multiple drug use.

Table 6-7: Characteristics of persons accessing emergency care units for medical problems caused by illicit drug use

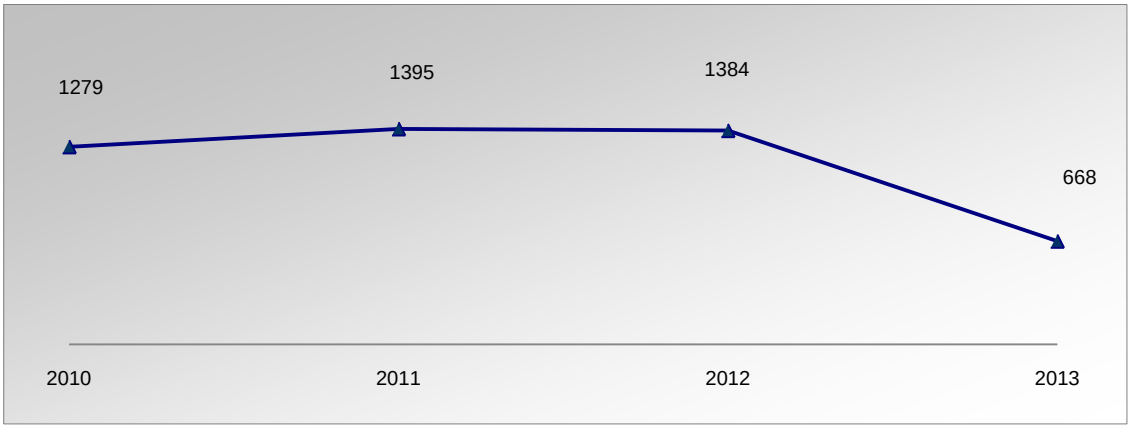
	Male	Female	Total
	 77.9%	 22.1%	1503
Age			
Average age:	26.32	26.98	26.46
Minimum age:	6	13	6
Most frequent age:	26	22	26
Pattern of use			
One substance:	58.4%	56.8%	58.0%
Multiple drug use:	41.6%	43.2%	42.0%
Emergency diagnosis			
Intoxication	46.7%	46.8%	46.7%
Harmful use	9.7%	15.1%	10.9%
Addiction	14.2%	13.3%	14.0%
Withdrawal	9.3%	9.7%	9.4%
Psychotic and behavioural disorders	13.4%	9.7%	12.6%
Other diagnoses	5.9%	4.5%	5.6%
Harvesting	0.8%	0.9%	0.8%
Route of administration			
Oral	12.2%	19.9%	13.9%
Pulmonary or smoking	39.9%	30.3%	37.8%
Intranasal or sniffing	4.6%	2.0%	4.0%
Parenteral or intravenous	20.4%	27.5%	21.9%
Inhalation	0.2%		0.2%
Mixed but non-injecting	10.6%	8.4%	10.1%
Mixed, including injecting	12.2%	12.0%	12.1%

Source: NAA

B.1 Medical emergencies caused by new psychoactive substance use (NPS)

Although we may note a decreasing trend (decrease by 51.7% of the number of cases), emergency cases caused by new psychoactive substance, due to their consequences on health, caused either by exclusive use or by multiple use in combination with other psychoactive substances, NPS still have a core role in emergency cases caused by illicit drug use at national level 2013.

Chart 6-23: Evolution of medical emergencies caused by NPS use (exclusive or multiple use), compared data 2010-2013 (number of cases)



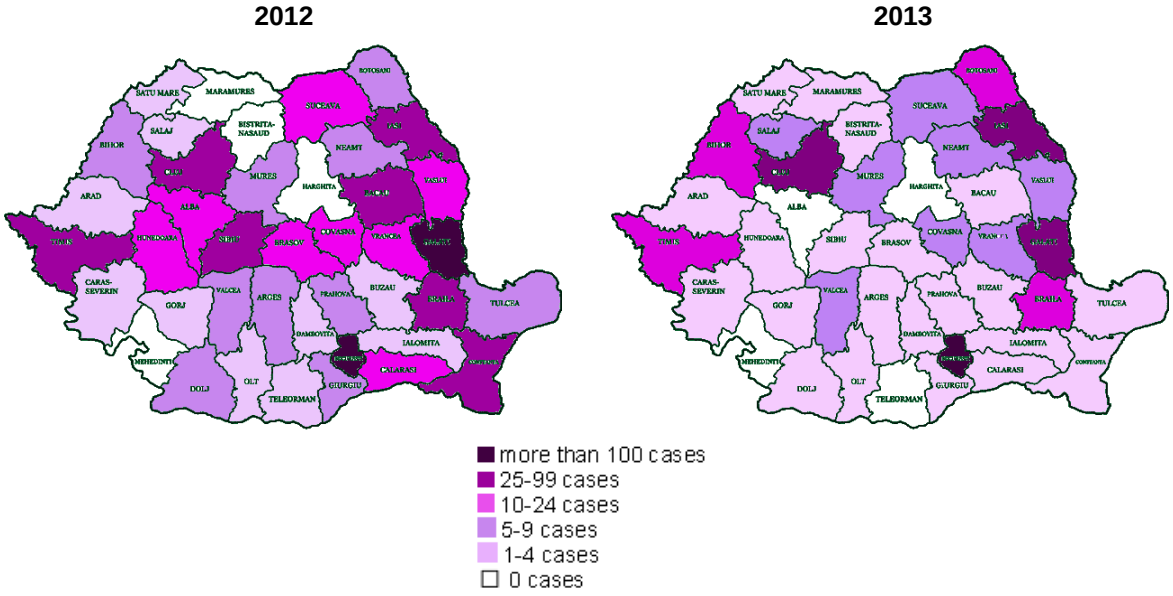
Source: NAA

Thus, 45.5% (compared to 68.2% in 2012) of the emergency cases caused by illicit drug use reported exclusive NPS use. One the other hand, 43.8% (compared to 66.7%) of the total emergency cases caused by multiple drug use reported such use in combination with other psychoactive substances.

At national level, we note a limitation of the territorial area reporting significant shares or emergency cases caused by NPS use, which remain significant in only 4 territorial units (Bucharest Municipality, Iaşi, Cluj, Galați), cumulating almost two thirds (61.2%) of all cases registered at national level.

Most of the emergency cases reporting NPS use (one substance or multiple use) were diagnosed as "intoxication" (55.0% compared to 60.3%, previous year). Second come cases diagnosed as "harmful use" (14.4% compared to 11.2%), followed by cases diagnosed "psychotic and behavioural disorders" (11.5% compared to 12.1%), "addiction" (10.0% compared to 12.2%), or "other diagnoses" (5.1% compared to 2%) and "withdrawal" (3.3% compared to 2.2%). We note an increase in the share of cases diagnosed as "harmful use", "withdrawal", "other diagnoses", compared to cases diagnosed as "intoxication", indicating the presence of severe health problems caused by long term NPS use.

Map 6-2: Geographic distribution of emergency cases caused by exclusive NPS use, compared data 2012-2013 (number of cases)



Source: NAA

Almost half of the emergency cases reporting NPS use chose pulmonary administration or smoking (45.0%), while 22.2% chose parenteral or intravenous administration. Mention should be made of the significant statistical differences[44] in terms of gender, as higher percentages of women chose parenteral or intravenous administration of NPS.

86.8% of the persons who accessed emergency care units due to health problems caused by excessive NPS use were under 34 y.o.

Table 6-8: Characteristics of persons accessing emergency care units for medical problems caused by NPS use

	Male	Female	Total
	 81.7%	 18.3%	668
Age			
Average age:	25	25.26	25.05
Minimum age:	10	13	10
Most frequent age:	17	18	17
Pattern of use			
One substance:	57.8%	61.5%	58.5%
Multiple drug use:	42.2%	38.5%	41.5%
Emergency diagnosis			
Intoxication	56.1%	50.0%	55.0%
Harmful use	12.1%	24.6%	14.4%
Addiction	10.5%	8.2%	10.0%
Withdrawal	3.1%	4.1%	3.3%
Psychotic and behavioural disorders	12.3%	8.2%	11.5%
Other diagnoses	5.3%	4.1%	5.1%
Harvesting	0.6%	0.8%	0.6%
Route of administration			
Oral	6.2%	7.1%	6.4%
Pulmonary or smoking	48.0%	31.6%	45.0%
Intranasal or sniffing	6.7%	3.1%	6.0%
Parenteral or intravenous	18.7%	37.8%	22.2%
Inhalation	0.2%		0.2%
Mixed but non-injecting	11.5%	9.2%	11.1%
Mixed, including injecting	8.5%	11.2%	9.0%

Source: NAA

B.2 Medical emergencies caused by opiate use

Most (76.4%) of the medical emergencies reporting opiate use (exclusive or multiple use) included persons under 34 y.o. – of which approximately one quarter (25.4%) were under 24 y.o., and approximately half (51%) were between 25-34 y.o., while 20% were between 35 - 54 y.o.;

44

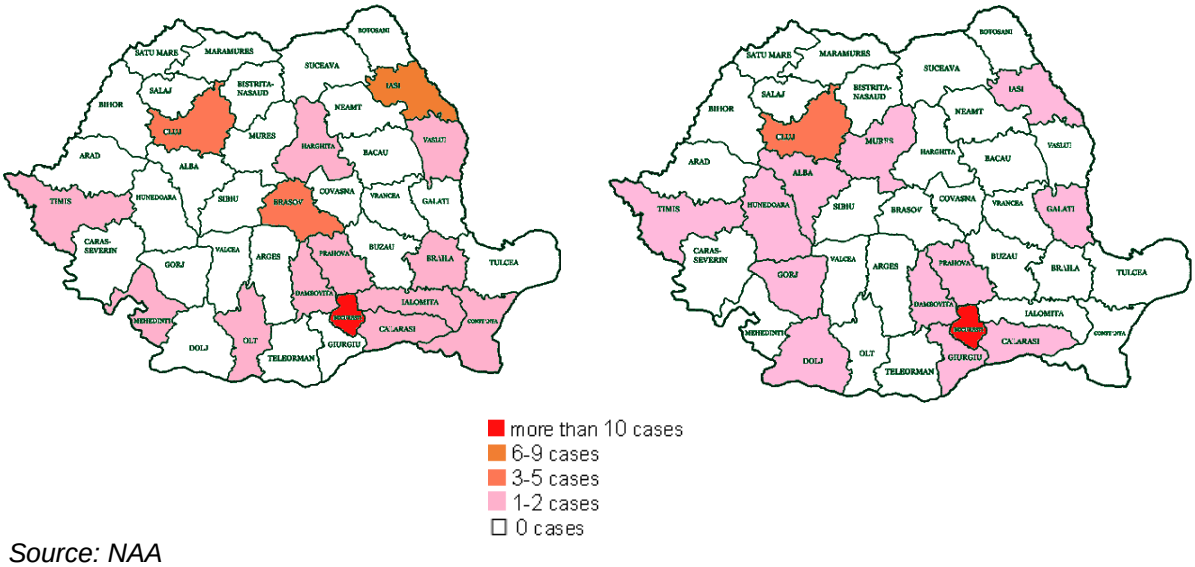
Opiates were mentioned in multiple drug use by 60.5% (compared to 63.3% in 2012) of the emergency cases caused by opiate use. Most frequently they were used in combination with various medicines – 34.4% of the total multiple drug use cases, with NPS – 23.1%, and with cannabis – 20.3%.

The most common diagnostic for emergency cases reporting opiate use (exclusive or multiple use) was "addiction" (30.4% compared to 24.6%). Second come cases diagnosed as "withdrawal" (25.4% compared to 18.9%), followed by cases diagnosed as "intoxication" (16.5% compared to 18.9%) and "harmful use" (10.5% compared to 27.9%), "psychotic and behavioural disorders" (9.4% compared to 6.6%) and "other diagnoses" (7.6% compared to 5%).

Most emergency cases reporting exclusive opiate use chose injecting use (58.8%).

Map 6-3: Geographic distribution of emergency cases caused by exclusive opiate use

2012 **2013**



Source: NAA

Table 6-9: Characteristics of persons accessing emergency care units for medical problems caused by opiate use

	Male	Female	Total
	 74.1%	 25.9%	449
Age			
Average age:	29.73	31.15	30.07
Minimum age:	12	14	12-4
Most frequent age:	30	24	30
Pattern of use			
One substance:	40.4%	37.1%	39.5%
Multiple drug use:	59.6%	62.9%	60.5%
Emergency diagnosis			
Intoxication	15.4%	19.8%	16.5%
Harmful use	9.0%	14.7%	10.5%
Addiction	31.9%	25.9%	30.4%
Withdrawal	26.2%	23.3%	25.4%
Psychotic and behavioural disorders	9.6%	8.6%	9.4%
Other diagnoses	7.5%	7.8%	7.6%
Harvesting	0.3%		0.2%
Route of administration			
Oral	17.8%	27.4%	20.2%
Pulmonary or smoking	2.8%	3.2%	2.9%
Intranasal or sniffing	1.0%		0.8%
Parenteral or intravenous	38.5%	38.9%	38.6%
Inhalation	5.6%	4.2%	5.2%
Mixed but non-injecting	34.3%	26.3%	32.3%
Mixed, including injecting	17.8%	27.4%	20.2%

Source: NAA

B.3 Medical emergencies caused by cannabis use

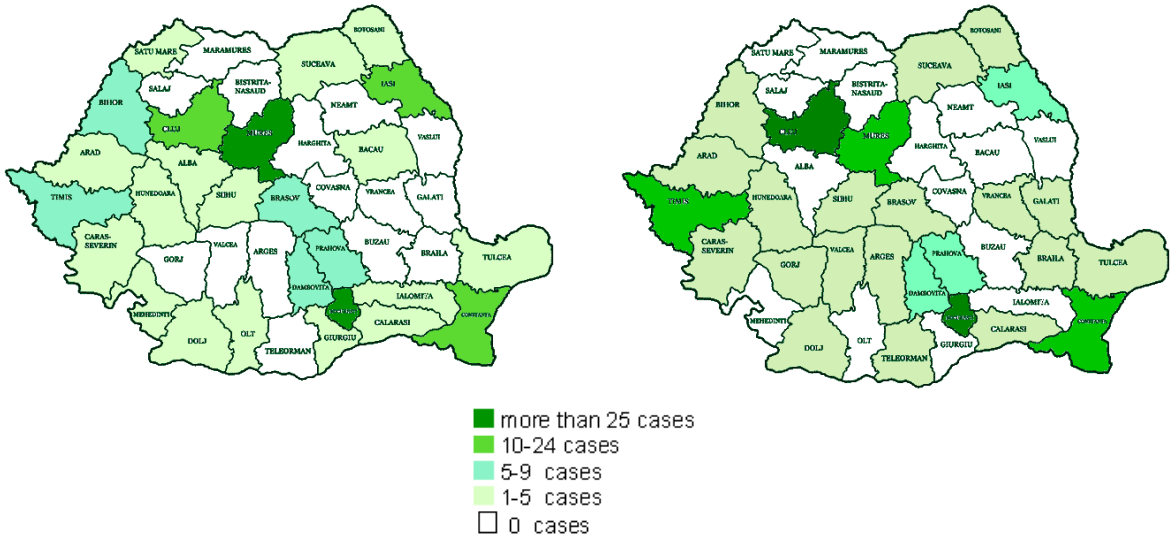
Most of the medical emergencies reporting cannabis use (exclusive or multiple use) were diagnosed as “intoxication” (42.6%). Second come cases diagnosed as “psychotic and behavioural disorders” (22.2%), followed by cases diagnosed as “addiction” (11.6%), then “harmful use” (11.1%) and “other diagnoses” (4.3%).

53.4% of the medical emergencies reporting cannabis use included persons under 24 y.o., 36.2% were between 25-34 y.o., while în 7.3% were between 35 - 54 y.o..

Cannabis was mentioned in multiple drug use by 62.9% of the users. Most frequent combinations included NPSs– 29% of the total multiple drug use cases, medicines – 16.9% and opiates – 16.4%. Most emergency cases reporting cannabis preferred pulmonary administration or smoking (55.6%).

Map 6-4: Geographic distribution of emergency cases caused by exclusive cannabis use, compared data 2012-2013 (number of cases)

2012 2013



Source: NAA

Table 6-10: Characteristics of emergency cases caused by cannabis use

	Male	Female	Total
	78.5%	21.5%	423
Age			
Average age:	25.45	24.29	25.02
Minimum age:	13	13	13
Most frequent age:	26	24	21
Pattern of use			
One substance:	34.6%	46.2%	37.1%
Multiple drug use:	65.4%	53.8%	62.9%
Emergency diagnosis			
Intoxication	39.5%	53.8%	42.6%
Harmful use	11.7%	8.8%	11.1%
Addiction	12.0%	9.9%	11.6%
Withdrawal	6.9%	3.3%	6.1%
Psychotic and behavioural disorders	23.2%	18.7%	22.2%
Other diagnoses	4.5%	3.3%	4.3%
Harvesting	2.1%	2.2%	2.1%
Route of administration			
Oral	6.3%	9.5%	7.0%
Pulmonary or smoking	54.4%	60.3%	55.6%
Intranasal or sniffing	0.4%		0.3%
Parenteral or intravenous			
Inhalation			
Mixed but non-injecting	26.2%	20.6%	25.1%
Mixed, including injecting	12.7%	9.5%	12.1%

Source: NAA

Conclusions:

- Although the number of reporting health care units was maintained constant in 2013, we note a decrease by 26.4% in the number of medical emergencies caused by illicit drug use (one substance or multiple drug use), as compared to the previous year; it is the first time such an evolution is reported, since the indicator has been monitored at national level.
- Medical emergency cases caused by illicit drug use are still more concentrated within several administrative-territorial units (Bucharest Municipality, Cluj, Iaşi and Galați), which cumulate almost two thirds (63.4%) of the total number of medical emergencies caused by illicit drug use reported.
- Among illicit drugs, new psychoactive substances ("ethnobotanicals") are still the most important issue among medical emergencies caused by exclusive or multiple drug use – 44.4% of the total number of medical emergencies caused by illicit drug use. Similar to the number of emergency cases caused by any illicit drug, the territorial area reporting significant number of emergency cases caused by such substances is more limited, and remains important only in the 4 territorial units mentioned above. This similarity in evolution indicates a correlation between the two categories analysed;
- 45.5% of the emergency cases caused by illicit drug use reported exclusive NPS use, while 43.8% of the total emergency cases caused by multiple drug use reported such use in combination with other psychoactive substances;
- The upward trend in the number of emergency cases caused by multiple drug use was maintained, but it showed a decrease;
- We note increases of the number of emergency cases caused by exclusive opiates and stimulants use;
- There is an increase in the share of emergency cases diagnosed as "withdrawal", "harmful use", and "other diagnoses", where the emergency occurred due to psychoactive substances addiction, not just mere substance abuse;
- 9 deaths following illicit drug use were reported, of which 5 mentioned NPS use. Among the emergency diagnoses involving drug use, there were 19 autolytic attempts, 9 of them reporting NPS use;
- The morbid consequences of NPS use are aggravated by the risks associated with the injecting use pattern preferred by almost one quarter of the patients who accessed emergency units due to problems caused by NPS use, which is confirmed by the higher HIV, HBV and HCV prevalence among cases users than among emergencies caused by the use of other illicit drugs.

6.3 DRUG RELATED DEATH AND MORTALITY OF DRUG USERS

DRUG RELATED DEATH AND MORTALITY AMONG DRUG USERS

Monitoring drugs users' deaths provides a specific picture on the impact of drug use and its consequences. Thus, objectively measuring a number of indicators to evaluate usage trends (consequences of using particular drugs, groups at risk), as well as the type of substances consumed and the dosage allows to promptly identify the problem drug use elements, thus contributing to rapid and adapted reactions in the making of anti-drug policies.

It should be reminded that drug related deaths are of violent cause where a particular role (direct or conditional) is played by a chemical traumatic factor (substances consumed) or the act of its delivery and effects thereof. Direct deaths resulting from the use of psychoactive substances is included in the category of suspect and/or violent deaths and implicitly leads to the initiation of a police investigation. This in turn requires a forensic autopsy[45] to be carried out in order to ascertain the context and conditions of the death.

Once these legal provision were implemented and disseminated among medical staff, especially, but also among investigators (mostly by those that carry out the preliminary on-site investigation and decide how to deal with the case), we note a gradual increase in the number of forensic and judicial investigations in deaths linked to drug use (leading to a reduction in underreporting caused by lack of forensic and judicial investigation of drug use related cases), but lately we've seen new difficulties related to the criteria used to define „*drug related deaths*".

Drug related mortality covers wider analysis range than the mere name of the indicator may indicate, thus:

- Deaths directly related to the pharmacological action of the drug – commonly known as „overdoses" are covered by the phrase "*drug related deaths*" meaning "*death occurring shortly after the intake of one or several legal or illegal psychoactive substances and that is directly correlated with the use of narcotics".*
- Deaths indirectly related to drug use – consequence of specific intake circumstances (infections, chronic infections – HIV, hepatitis – foreign body embolism etc.), specific lifestyle (including criminality), and accidents occurred during intoxication. This category poses real difficulties in sorting and classifying the cases when the classification criteria and applicable regulations are not known. Identification in the body of certain of substances that may be classified as drugs in deaths caused by situations that are defined as being independent from the drug use – infections, accidents, and suicide or in patients under substitution treatment – requires professionalism and experience for appropriate case triage.
- Mortality among drug users – a category that is caused by the progressive accumulation of accelerated and specific pathology, with a much higher incidence than in the overall population, even when including suicide in the absence of intoxication. Monitoring is possible only by cohort studies over time.

Thus, these "indirect" cases, the limits of forensic causation (impossibility to prove beyond doubt a causal link between the drug use and the medical cause of death, most often of a pathologic and not violent nature) are those which do not meet the definition of the *forensic case,* according to the Romanian legislation. Objectively, we note confusion and, implicitly, inappropriate reporting (or rather incomplete reporting) on such cases. As they are not object of forensic expertise, such cases cannot be collected in the Special Mortality Registry of the forensic institution. The nationwide Special Mortality Registry includes data from the National Forensic Medicine "Mina Minovici" of Bucharest, from the regional forensic medicine institutes and from all the County forensic medicine units.

[45] Based on Ordinance no. 1/2000 on the organisation and operation of forensic medicine institutes, as subsequently amended and supplemented

Given that *drug related and induced deaths* are cases that include in the death underlying chain of events a “trauma” component (chemical, mechanical or biological aggression associated with the intake of drugs), as pointed out at the beginning of the section, all such cases require a mandatory forensic autopsy, as required by law. The source of the data is the entire body of forensic cases wherefrom files for this indicator are extracted. The data is centralised based on internal protocols of the national forensics network, using standard reporting templates, and the data is processed at INML “Mina Minovici”. By carrying out a judicial review and related provision of evidence, as well as processing the data in corroboration with the results of the toxicological tests – quasi carried out in such cases (including as a mandatory requirement the *screening* - immuno-analyser and GC, detection and confirmation of HPLC, GC_MS, quantitative determination) and with the investigation data (medical, serologic, thanato-chemical and histopathological, including adjusting the final findings after having fully documented the case, the risk is avoided of classifying the case only on the basis of the information immediately available at the time when the death was recorded (data that is sometimes inconclusive and incomplete given the relative lack of specificity of the trauma tables that only support the final rationale for classifying the case if an integrative and corroborative analysis, including exclusion, is carried out).

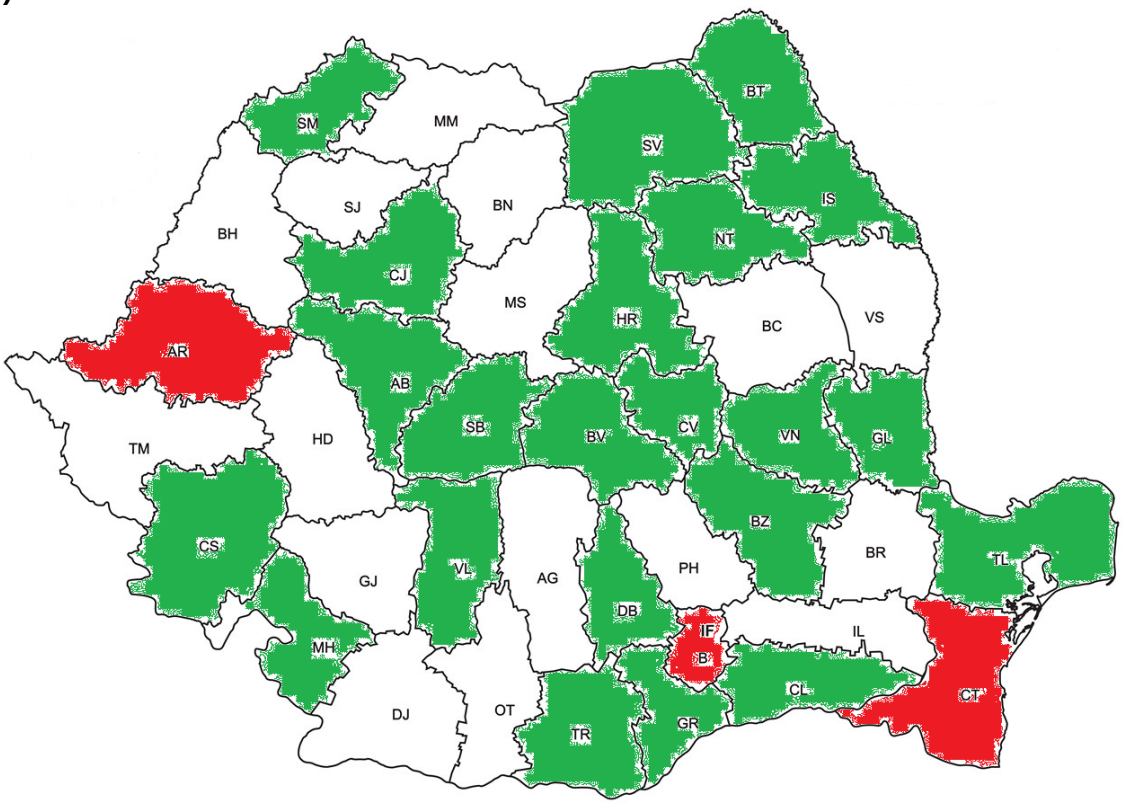
Under the circumstances of the current shortcomings in the cooperation between various agencies (INS, DSP) and the lack of interconnected IT systems, the advantages of using the Special Mortality Registry become obvious and, moreover, its use is strongly supported by a body of regulations that transforms the forensic cases into a viable and functional source for reporting, in the context whereby exhaustive tests are carried out and a consistent methodology applied by all the forensic entities in the country.

The above mentioned aspects, generated by the new criteria used for classification and reporting (enlarging the pool of cases collection outside the forensic field) need, again, the re-design and implementation of an extended collection system, which is able to report drug user mortality which was not caused by violence. It is necessary to extend data collection for the General Mortality Registry, and to educate doctors to adequately fill in the death certificates, so as to allow for the primary selection of cases of interest at the level of reporting institutions – Public Health Directorates, Local Civil Register Offices.

The data presented in this section are taken over from the body of forensics cases, the forensic medicine institutions being the only ones empowered to manage the direct and possibly the “indirect” drug related deaths (when there are grounded suspicions that the drug user status may be a cause of death). Once defined as such, for all the forensic cases toxicological investigations are carried out (except carefully selected cases, when the subject has survived the intoxication for a long period of time and when the case is reconstituted based on medical documentation). The forensics autopsy files – some 18942 cases per annum nationwide – form the selection basis for the Special Mortality Register where drug related deaths are recorded.

For 2013, the current reporting is based on the case history of INML “Mina Minovici” Bucharest. Only 29 forensic medicine institutions from around the country have provided information for 2013. Despite the efforts to collect data from the entire forensic medicine network, it was not possible to obtain information ensuring geographical coverage of the entire territory. The lack of legal regulation requiring mandatory reporting may be one possible explanation. Neither IML Timişoara (which has one of the 3 best laboratories in the country) nor all forensic institutes collected data which might have provided an overall picture of the phenomenon at national level.

Map 6-5: Distribution of drug related deaths by territorial-administrative units (counties), 2013 (no. of cases)



Source: INML Bucharest

Compared to previous years, underreporting for Bucharest is much reduced and the former shortcomings represented by lack of experience in the management of drug related deaths, lack of forensic medicine and legal knowledge among the medical personnel and of related public services workers, lack of good toxicology laboratories, financial limitations are less present. Therefore, the current figures for Bucharest provide an adequate picture of the actual situation.

The national distribution of cases (with the reserve of sporadic and inconsistent reporting) is totally unsustainable statistically, mainly when compared with other sources of information on the incidence of drug use at the national level. A comparison with other findings of monitoring other key drug use indicators across the country (e.g.: emergency treatment given in emergency units) supports the above-mentioned discrepancy.

For the 2 million population of Bucharest and its suburbs, 36 deaths are recorded (direct and indirect) and only 3 other deaths for the remaining 18 million inhabitants of the country (one in Ilfov, one in Constanța and one in Arad).

The explanation continues to be rooted in the same causes that have constantly been pointed out since 2006, but that are not yet be fully updateable – amendable, despite sustained efforts to such effect.

Furthermore, the clinical medical staff and even forensic doctors and investigation team members do not quite understand the criteria for determination and the definition of *drug related deaths*, resulting in suspect deaths not being classified in the category of those requiring forensic medicine expertise and, therefore, in underreporting.

The difficulties in approaching the presumptive case history of drug related deaths (failure of case triage based on medical history, drug use markers, exclusion of other potential death causes, using only

particular relevant *per se* toxicological figures etc.) also lead to involuntary masking the real cause of death. The emergence of "legal drugs" as the main type of drugs used – with all the implicit difficulties in their toxicological identification – has further strengthened this invalid dogma hereby the cause of death is correlated with intoxication only in the undoubtful and toxicologically proven presence of a potentially lethal dose.

Yet another explanation is the lack of personnel that also results in the absence of a forensic doctor from the on-site investigation team thus preventing the selection based on objective forensics criteria of potential cases in the on-site investigation stage, the selection remaining dependant on subjective judgement (a wrongly understood "social convention" type empathy aimed at preventing the *public stigmatisation* of a drug user) and influenced by the lack of understanding of the forensic implications of a possible drug related death.

Although a definite improvement is noticeable in the reporting of hospital deaths (that for a long time have not been reported for forensic examination, particularly in comorbidity cases or with non-toxicological evolutive complications), this remains strictly limited to Bucharest.

A potential sample group for selecting cases is eliminated given that toxicological tests are not systematically – most often for financial reasons – required in traumatic deaths (road accidents, suicide, and murder) possibly occurred under intoxication and not even in suspected drug related deaths. Sometimes, this is further supplemented by the investigator's refusal to issue an order for the forensic necropsy and/or to establish the specific toxicological objectives (that would increase the overall forensic investigation costs).

For these reasons the underreporting at a national level is significant, it being a consequence of the lack of experience of drug related deaths management, forensic and legal knowledge, and existing financial limitations.

The main historic constraint – lack of good toxicology laboratories – has now been overcome, but underreporting seems to remain unchanged at a national level, with the exception of Bucharest.

In conclusion (taking into account that 13 County forensic institutions did not report at all), 30 directly drug related deaths and 9 indirect ones were reported in 2012 nationwide. To these we add 5 drug related cases resulted after a cross-check of the database on medical emergencies caused by drug use and the database on drug related deaths (of the 9 deaths reported by emergency units, only 4 are included in the Special Mortality Registry managed by INML Bucharest).

Toxicological tests were performed for all the 30 direct deaths aimed at identifying psychoactive substances. The tests were carried out at the toxicology laboratory of INML Bucharest and one at IML Timişoara[46] (currently, declaring a direct drug related death is based on viable toxicological test as an objective proof, thus limiting the importance of circumstantial and subjective triage factors). In 2013, the forensic network reported 513 toxicological tests performed to identify presence of narcotics in biologic materials harvested from corpses, and 966 tests harvested from living patients.

Also, a further 9 deaths of known drug users were recorded (with tale tell elements from clinical and necropsy examinations, medical history and investigation data), but whose cause of death was related to pathologies associated or resulting from the chronic use of drugs or to violence. These deaths occurred under the influence of narcotics, not under intoxication (cases with the so called *indirect causality*[47]) (a

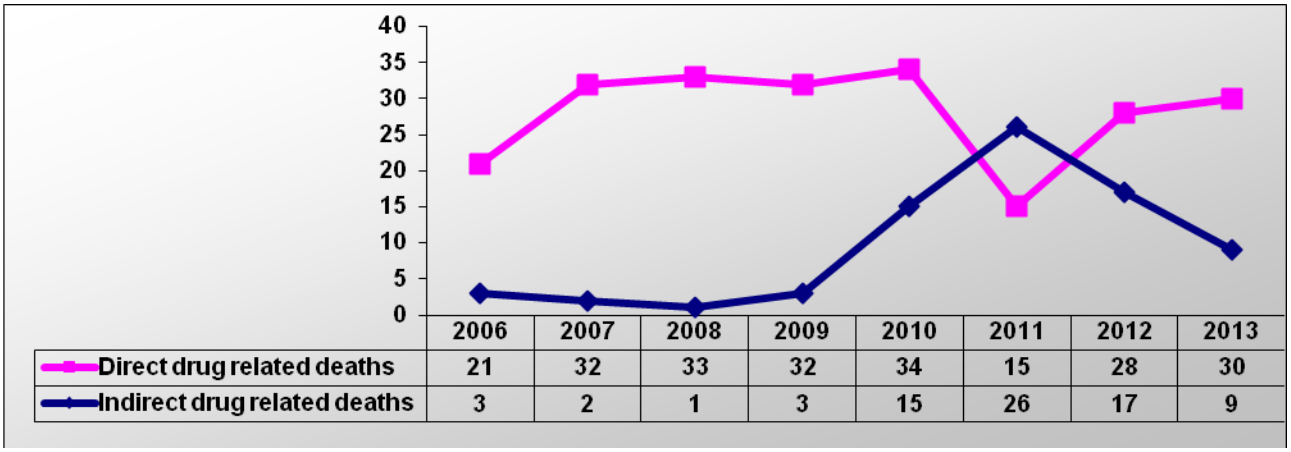
[46] For the case registered in Arad county.

[47] *Indirect deaths* following the use of psychoactive substances – deaths occurred as a result of use-related behaviour and mental disorders and/or contracting diseases following the shared use of injecting equipment and, respectively, the somatic complications caused by the use of psychoactive substances.

case of self-aggression followed by death, a case of polytrauma occurred during intoxication and 7 cases of pathology associated to chronic drug use).

The cases reported in Bucharest, just like during previous years, account for most of the drug related death cases. We note limited fluctuation of figures compared to the past years' trends.

Chart 6-24: Distribution of drug related deaths, by type of death (direct, indirect), comparative data 2006-2013



	2006	2007	2008	2009	2010	2011	2012	2013
Direct drug related deaths	21	32	33	32	34	15	28	30
Indirect drug related deaths	3	2	1	3	15	26	17	9

Source: INML Bucharest

Compared with the previous years, the sine curve of deaths directly associated to drug use seems to reach a plateau stage again, showing comparable levels with the 2007-2010 period. In 2013, the figures for lethal intoxication cases tend to return to the earlier average, due to the increase in the number of drug related deaths, mainly caused by the consumption of opiates.

The constantly high number of deaths as a consequence of complications induced by chronic consumption – *indirect deaths* – finds a plausible explanation that is also correlated with the numerous data supplied by other indicators of drug use (drug related infectious diseases, medical emergencies caused by drug use, admission to treatment following drug use). Also, such explanation is provided by the radical change in the pattern of abuse substances used lately (and implicitly in the intake practices), with a considerable turn towards the new synthesis drugs – new psychoactive substances, the so-called "ethno-botanical drugs", on the background of:

- Easy availability,
- Low price,
- Being perceived as "low risk drugs",
- Relative legal safety provided by the toxicological evidence limits for this new class of substances.

Furthermore, the large number of these *indirect deaths* is most likely also a result of the medical and investigation personnel understanding the need to classify them as forensic cases (given the role played by the drug use in the causality relation determining the death). These were declared to be forensic cases and the pre-existent legal requirements were no longer avoided (avoidance that used to result in morgue autopsy at the best – with its limitations – and implicitly, to cases not being reported), thus increasing the number of cases reported and cases becoming more *visible* for statistics. However, given the lack of availability of potential data provided by the general mortality registry, it is very likely that indirect death should be higher.

The acute aspects of some of the pathologies identified (other than lethal intoxication) confirm the poor quality of street doses, injecting in unsafe, insalubrious conditions, failure to comply with or lack of knowledge about minimum *harm-reduction actions*.

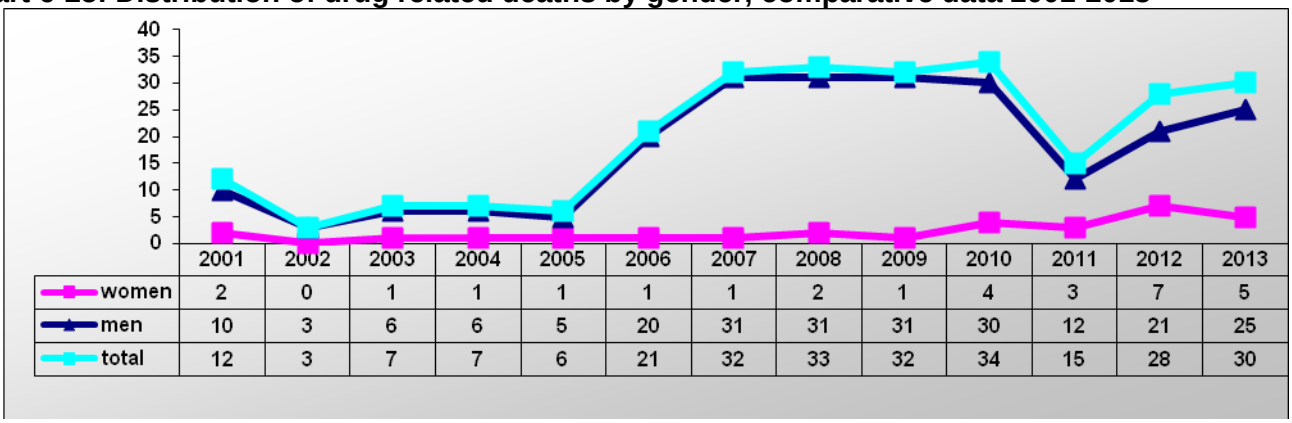
As noted during previous years, the practice of injecting methadone – originating in dissolving the pills – as well as injecting a wide range of pill or tablet prescription drugs – is an important source of insoluble substances introduced in the body through the veins (the excipients of these medicines constantly including talcum) and generating accelerated and cumulative granulomatose or micro embolic pathologies that are frequently revealed in the necropsy and histopathologically.

In conclusion, in 2013, were recorded:

- 30 declared direct drug related deaths nationwide, 28 in Bucharest, one in Arad and one Ilfov, all with positive toxicological tests;
- 9 indirect drug related deaths, one in Constanța, and the others in Bucharest.

By gender, these cases are distributed as follows: 32 males and 7 females.
Direct drug related deaths by gender distribution: 25 among males and 5 among females. A major increase in the number of female deaths over the past years is noticeable.

Chart 6-25: Distribution of drug related deaths by gender, comparative data 2001-2013

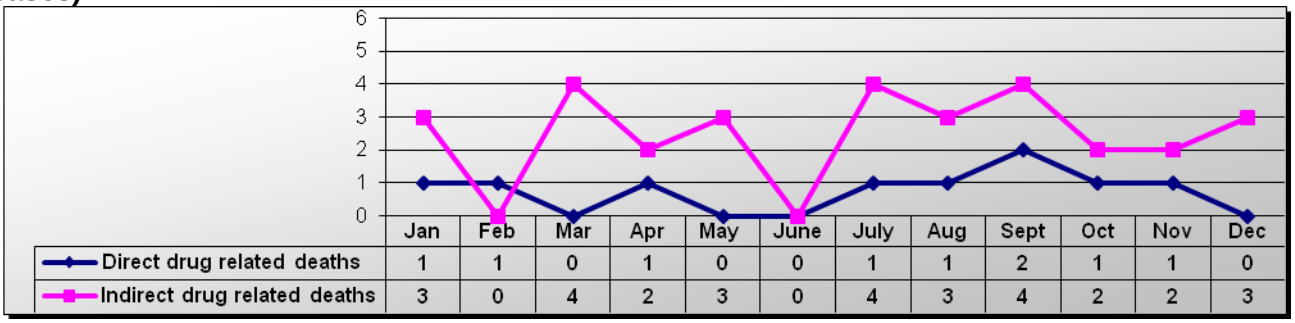


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
women	2	0	1	1	1	1	1	2	1	4	3	7	5
men	10	3	6	6	5	20	31	31	31	30	12	21	25
total	12	3	7	7	6	21	32	33	32	34	15	28	30

Source: INML Bucharest

Looking at the monthly distribution of cases, we note a lack of peak incidence (as potential indication of circumstances related to dosage distribution, availability, quality etc. – such incidence peaks should draw the attention of the authorities as to the emergence on the illegal drug market of street doses that are dangerous either by their composition/concentration/associations/excipients (*adulterants*), or by their possible microbial contamination) – in a relatively balanced monthly distribution. Nevertheless, the concentration of 40% of the cases in the period of July-September, matching the summer holidays period, might indicate a need to implement alternative leisure time programmes.

Chart 6-26: Monthly distribution of drug related deaths by type of death (direct, indirect), 2013 (no of cases)

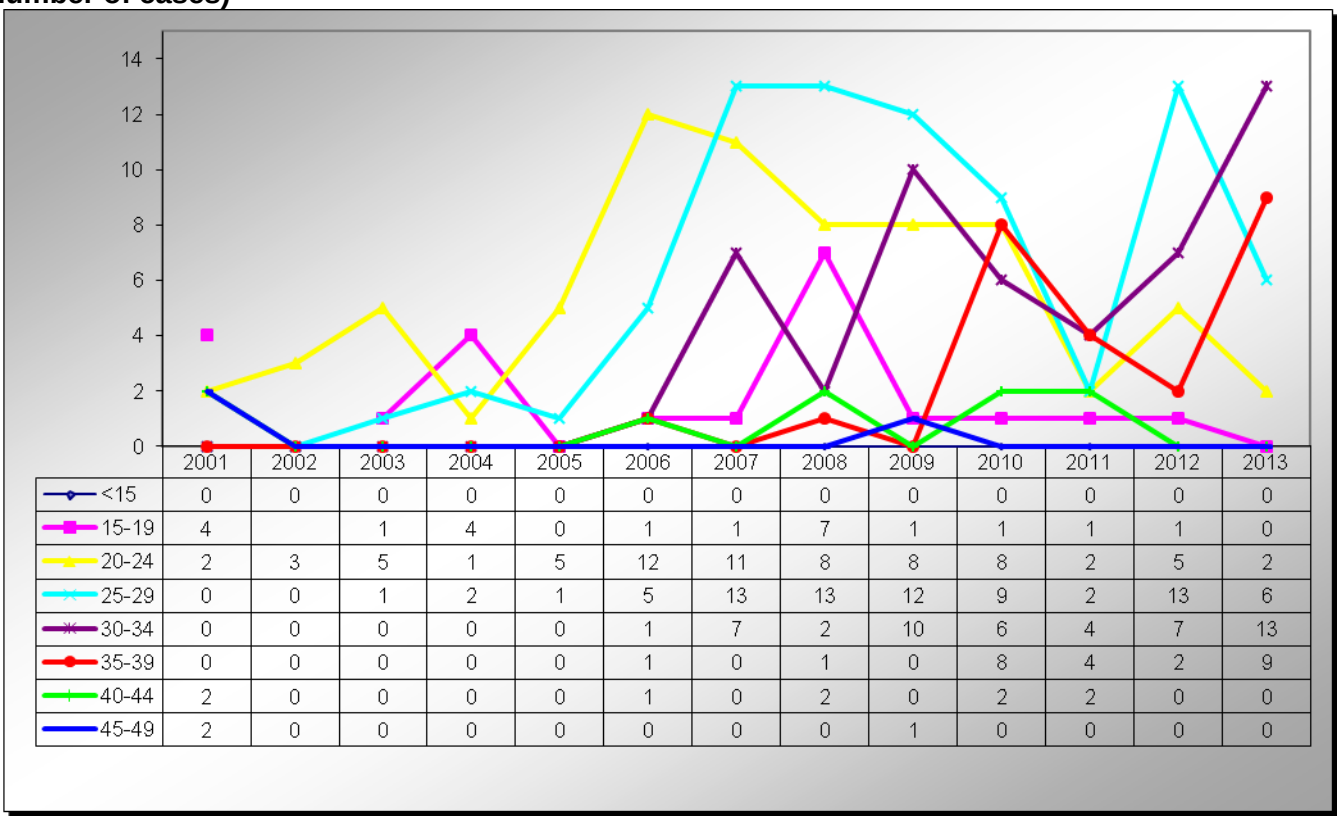


	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Direct drug related deaths	1	1	0	1	0	0	1	1	2	1	1	0
Indirect drug related deaths	3	0	4	2	3	0	4	3	4	2	2	3

Source: INML Bucharest

Concerning the age of the dead persons, we note that all drug related deaths in 2013 were of persons aged between 20 to 39, most of them in the 20-34 y.o. age group (43.3% of the total drug related deaths).

Chart 6-27: Distribution of drug related deaths by age groups, comparative data for 2000 - 2013 (number of cases)



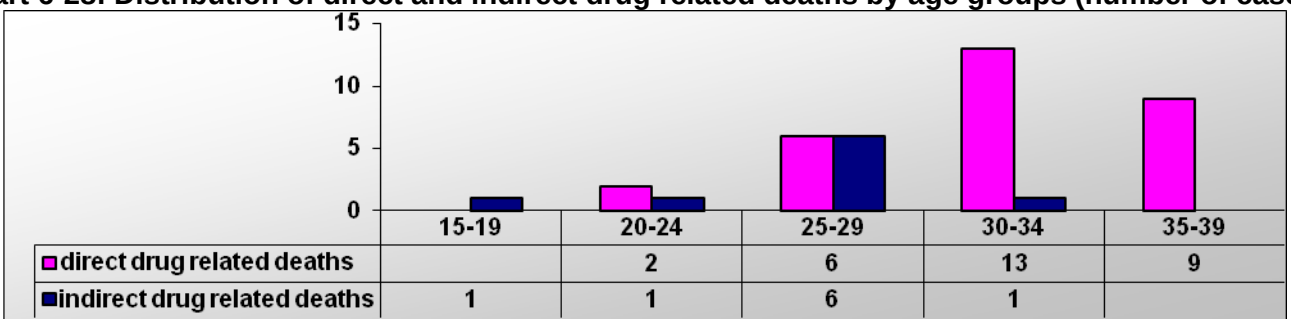
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<15	0	0	0	0	0	0	0	0	0	0	0	0	0
15-19	4		1	4	0	1	1	7	1	1	1	1	0
20-24	2	3	5	1	5	12	11	8	8	8	2	5	2
25-29	0	0	1	2	1	5	13	13	12	9	2	13	6
30-34	0	0	0	0	0	1	7	2	10	6	4	7	13
35-39	0	0	0	0	0	1	0	1	0	8	4	2	9
40-44	2	0	0	0	0	1	0	2	0	2	2	0	0
45-49	2	0	0	0	0	0	0	0	1	0	0	0	0

Source: INML Bucharest

In 2013, the average age at the time of death was 26.3 for indirect drug related deaths, and 31.3 for the direct ones. In case of direct drug related deaths we note a return to the increasing trend indicated starting with 2007, with the 2013 values representing the oldest average death age registered throughout the monitoring period. About three quarters of the cases older than 30, and 30% were older than 35. The values indicate the "natural" aging trend in the drug user population, with death occurring after longer drug use history.

Apparently, comparing the two average death ages seems paradoxical. In general, the indirect cause deaths reflect the progressive-accumulative pathology of the life style, chronic consumption, accident risk etc, that are all specific elements of drug addiction, with the subjects' slow decompensation occurring long time after starting the use, which translates in death at older ages. Surprisingly however, in the drug use case history, the average age of death for indirectly related deaths is lower than that for directly drug related deaths (reflecting overdoses).

Chart 6-28: Distribution of direct and indirect drug related deaths by age groups (number of cases)

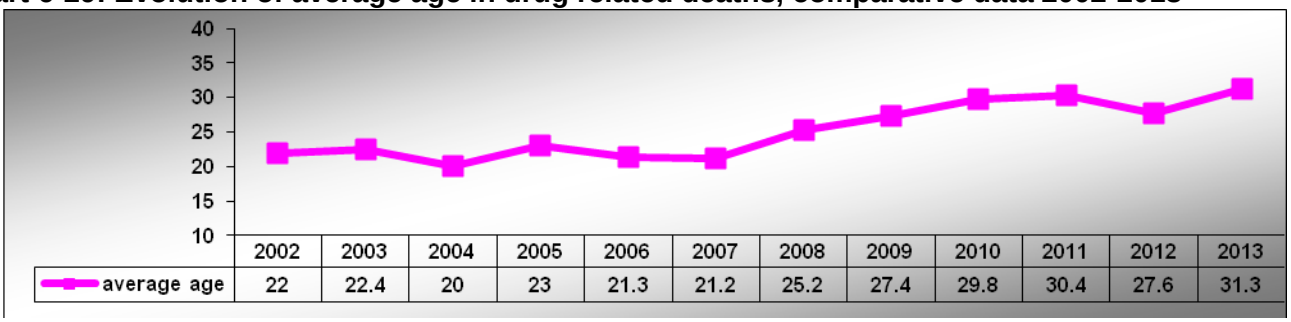


	15-19	20-24	25-29	30-34	35-39
direct drug related deaths		2	6	13	9
indirect drug related deaths	1	1	6	1	

Source: INML Bucharest

The most plausible explanation for this apparently illogical discrepancy is given by the significant change in the range of abused substances from established drugs – especially heroin, which almost disappeared from reported cases – to low lethal potential drugs - *per se* (NPSs) or only in high doses (methadone) – which nevertheless induce consumptive and infectious pathology at an exceptional rate over a short period of time, due mainly to the very high delivery rates – 6-8 injections per day (NPSs), each intake having significant infectious potential - but also due to the *amphetamine-like* effects of some of these substances, *shunting* the *average life span* of the user until death (10-15 years being the reported time by countries with "traditions" in the use of drugs) for *problem drug users* (PDU), with the progressive accumulation of specific pathology and natural decompensation or changes in the use *patterns*.

Chart 6-29: Evolution of average age in drug related deaths, comparative data 2002-2013



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
average age	22	22.4	20	23	21.3	21.2	25.2	27.4	29.8	30.4	27.6	31.3

Source: INML Bucharest

By the place of death, the figures for 2013 show the following:

- 21 deaths at home,
- 3 in public places (street),
- 2 deaths in other persons' dwellings,
- 13 deaths in hospitals.

The data is similar to that of previous years, so that it may be said that no major change in the places of use has occurred. However, an increase is noted in the number of cases referred for medical assistance in terminal phases, the user being frequently brought to hospital by family or friends, possibly as a result of the increased trust in medical services and the reduction of fears of possible legal consequences, and also possibly on the background of medical education measures taken among the populations at risk, these policies thus partially proving their efficiency.

In all the 30 cases of direct drug-use related deaths elements existed indicating chronic drug use. This fact (deaths among chronic users only) supports the possible role of information and prevention campaigns, by the popularisation of *harm-reduction* policies and filling up the consumption technique information gap among problem drug users. These actions result in the decrease of first doses death risk (mimetic dose, concentration and frequency of intake influenced by the entourage or possible recruitment by *dealers* who provide high-quality first doses that increase the risk of death at the beginning of use or after periods of abstinence when the previously built up tolerance is lost). Thus, it must be noted that in all such cases elements existed that indicated chronic drug use (elements susceptible of indicating drug use were identified in the necropsy, some of them being *markers*) – superficial peripheral vascular scleroses or post-repetitive injection granuloma, post-infection skin scars on the places of injection or self-mutilation, tattoos or cachexia. This confirms the fact that death does not occur much at the first doses (possibly also due to the low concentration of street doses) but mainly among chronic users, with a long use history that associates abuse-generated markers.

Table 6-21: Characteristics of drug related drugs reported in 2013

	Male	Female	Total
			
	32	7	39
Age[48]			
Average age:	30.68	27.57	31.33
Minimum age:	22	17	17
Type of death			
Direct drug related death	25	5	30
Indirect drug related death	7	2	9
Type of drug[49],[50]			
Opiates	22	5	27
Methadone	21	4	25
Heroin/morphine or metabolites	2	1	3
Cocaine	2		2
Amphetamine type stimulants	1		1
Cannabis/ THC	4		4
Others	25	6	31
Territorial-administrative unit reporting death			
Bucharest	29	7	36
Constanța	1		1
Arad	1		1
Ilfov	1		1

Source: INML Bucharest

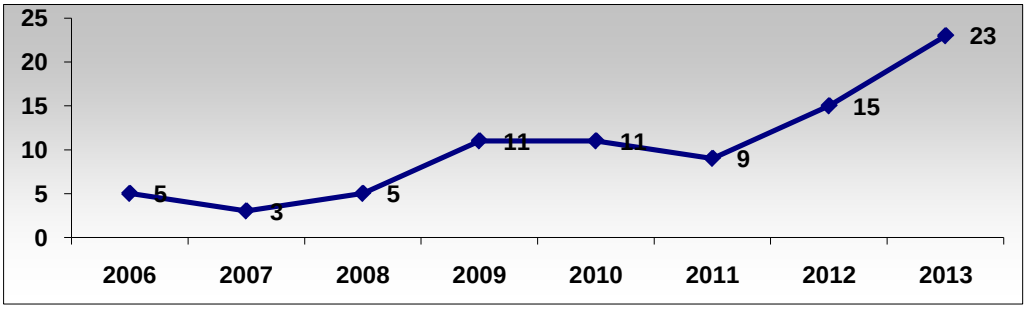
IDUs were involved in most direct drug related deaths – only by intravenous delivery - while only in two cases the drugs were delivered to bone (cocaine), associated in 4 cases with smoking cannabis derivatives. This shows that in drug related deaths the delivery is mainly by injection, associated by the type of drug, namely opiates (*Chart 6-31*). This fact also correlates with the increased incidence of associated pathology (generically dubbed "syringe pathology"), mainly of the infectious-chronic type (in particular infection with type C hepatitis and HIV) or acute/sub-acute (endocarditis, sepsis).

The number of deaths involving substitute medication (methadone – identified in 25 cases – 23 of the direct deaths – 76.7% of drug related deaths) shows an alarming increase compared to 2007 (3 cases).

The incidence of heroin use – identified in only 2 cases – confirms the trend noted in the past years, namely the switch from heroin use to other substances, easier to procure, as the selling price is by no means a minor issue.

[48] Analysis includes all indirect and direct deaths
[49] Toxicologic tests indicated variable substance combinations; current figures include full presentation of the real number of detections
[50] Analysis includes toxicologic or history data related to indirect death cases, where available

Chart 6-30: Evolution of methadone detected in direct drug related deaths, comparative data 2006-2013



Source: INML Bucharest

Despite the annual warnings on the high presence of methadone (medicine requiring special prescription, even special administration) in drug related deaths, in 2013, methadone was responsible for three quarters of deaths. The trend and especially its current level require urgent review of methadone flows, as its availability in the market is reflected by the very high number of consecutive deaths. Such data indicate a need for urgent implementation of actions to prevent unlawful use of methadone and monitor prescriptions.

The range of substances detected in direct drug related deaths continues to be dominated by opiates (18 cases in total) – mainly methadone (25 out of 30 cases - in 23 direct drug related deaths and in 2 indirect drug related deaths); incidentally, there was another opiate identified (tramadol, as associated, not death-causing substance), but we may note the disappearance of drugs included on the list of special release pharmaceutical substances; ketamine also disappeared (fluctuating number of cases in the past years, possibly a result of its being listed as special release substance); also, amphetamine/methamphetamine disappeared from the range of identified substances (only one case associated the presence of ephedrine, in a poly-drug combination of the toxicological range detected).

Relatively consistent with the European trends of the past years, after a long absence, we note the re-occurrence of cocaine as a cause of direct drug related death (2 cases – one of a foreign citizen studying in Romania).

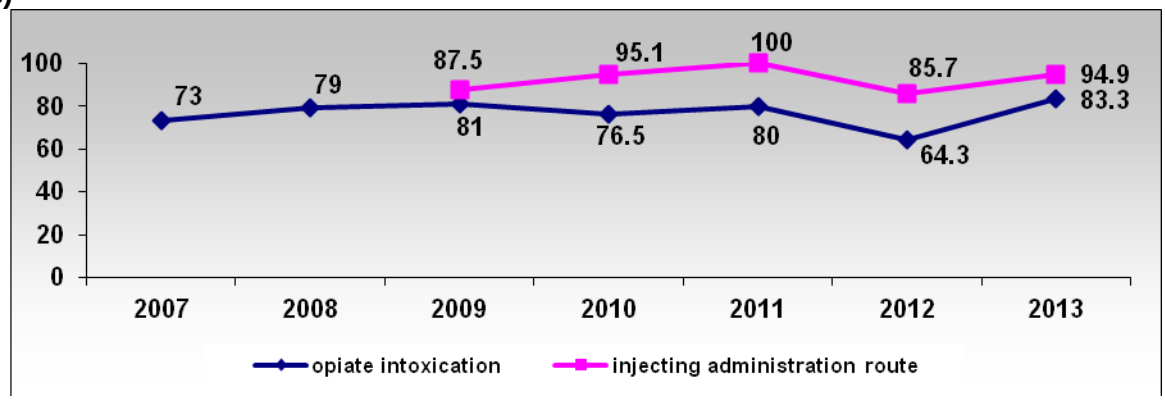
In only one case, the death was caused by acute intoxication with NPS type substances, their presence being suspected in another indirect death case, the death was caused by acute intoxication with NPS type substances, their presence being suspected in [51].

In 3 cases, the death was caused by acute intoxication with psycholeptics (carbamazepine, barbiturates and benzodiazepine), but the presence of such substances was detected in a total number of 24 cases, often only as excipient or enhancer of the primary substance of the dose (a value which indicates a return to the pattern reported during the first years of monitoring drug related deaths in Romania, dominated by the combination of opiates and sedatives).

Intoxications with opiates categorically dominate - 83.3%. The highest percentage of opiate incidence among drug related deaths in the past 7 years, also in the context of the limited diversification of the range of substances found in various cases: heroin, cocaine, cannabinoids – in the category of non-medicine substances, and other 8 medicines, including methadone (for comparison, in 2012, toxicological investigations in direct drug related deaths identified no less than 26 categories of psychoactive substances).

[51] Worldwide, providing toxicological evidence of use is the main obstacle to obtaining objective forensic proof. On the other hand, according to the limited research available to the scientific community, given the infinitesimal doses and the clinical action mechanisms of these substances, it is difficult to prove that death is direct related to them.

Chart 6-31: Evolution of intoxication with opiates in drug related deaths, comparative data 2007-2013 (%)



Source: INML Bucharest

To conclude, in 2013, the statistics indicate most that drug related deaths in Romania are an obvious consequence of methadone use (76.7%), where methadone is combined with benzodiazepines and other sedatives – zolpidem, citalopram, topiramate (21 of the 23 cases of drug related death where methadone was identified), such combinations adding sometimes alcohol, cannabinoid (4 cases).

Only 3 death cases involved just one substance, the other cases including combinations of substances, either medicines used for augmenting the main doses or as excipients, either for enhancing/nuancing the effects envisaged.

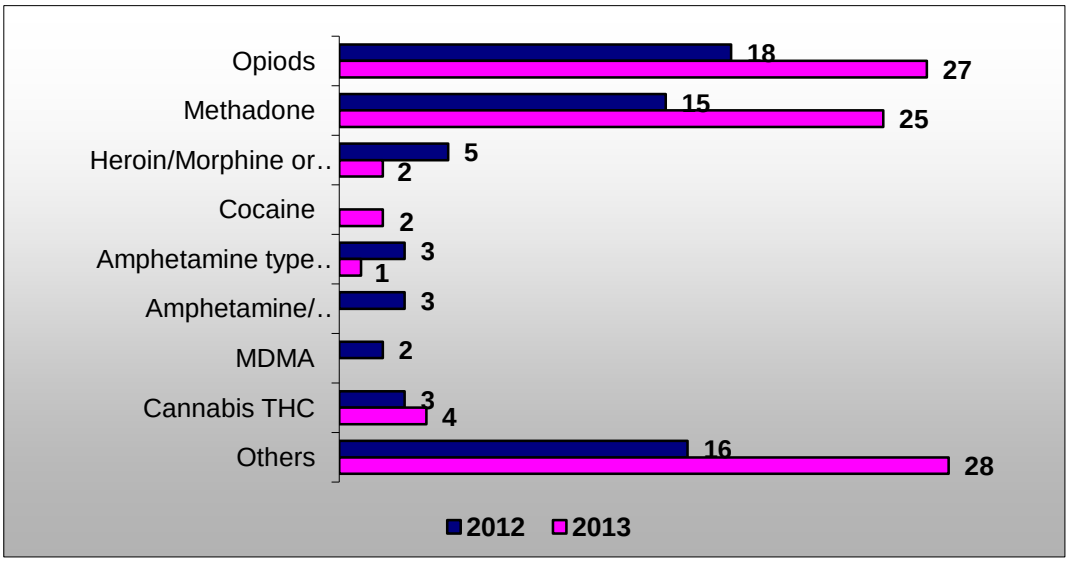
Also, as a new element, we note in 2013 a trend to associate narcotics and alcohol - 8 cases (values of up to 1.7g‰), compared to only 2 cases in 2012.

Only in 3 cases the cause of death was attributed to intoxication with opiates only and in the others the association use leading to death – opiates with alcohol or other psychoactive medical drug type substances. Medicinal drugs used as narcotics also lead to death in 3 other cases where no illegal drug was identified; two death cases were found to be the result of intoxication with cocaine.

The incidence of sedative, anxiolytic or anti-psychotic substances has increased (possibly due to the reduced pharmacovigilance and control of sales from pharmacies), whilst diazepines remain relative constant, with a limitation of the general range of medicines identified in the cases reported.

In 24 cases the toxic substance concentrations were in the toxic-lethal range, consistent with identifying methadone as the cause of death: against the background of increased tolerance and decrease effects it requires higher concentrations to cause death. Some cases reported concentrations 3-4 times higher than the toxic-lethal limits quoted by the specialist literature, with 2 cases reporting 10 times higher concentrations.

Chart 6-32: Distribution of death causes by substance detected in toxicological tests, 2012-2013



Source: INML Bucharest

The large number of cases with complex toxicological ranges continues to strengthen the non-linear augmentative potential of associations of medical drugs in the other cases, but also the need for flexibility in toxicological thinking when evaluating thanatogenesis. The quantitative toxicological determinations – another important progress made by the Romanian forensic toxicology – allowed nuanced and refined detection and interpretations.

The toxicological examinations evidenced the presence of opiates in 27 cases (in combination which included even a combination of two opiates) (25 methadone, 2 heroin, 1 tramadol), benzodiazepine – 20 detections, anti-epileptics – 2 detections, barbiturates – 1 detection, anti-psychotics/ anxiolytics / sedatives - 5 detections, ephedrine - 1 case, cannabinoides - 4 cases. These substances were identified in variable combinations. In 6 direct drug related deaths more than 3 classes of narcotics were identified, while only in 6 cases one class only was identified, this confirming the above statements, namely the proliferation of poly-consumption by the noticeable re-apparition in the doses of medicinal drugs with potential for abuse.

No hallucinogenic substances were identified such as LSD, mescaline, phencyclidine.

Data on drug related deaths provided by the indicator on medical emergencies

In terms of other consequences of psychoactive use, medical emergency cases reported ***9 deaths*** (as compared to 6 in 2012).

Table 6-12: Distribution of emergency cases reporting death, by type of drug use generating medical emergency

Type of drug use the generating medical emergency		Death
Poly-use		1
Exclusive illicit drug use		8
of which:	NPS	5
	Generic drugs	1
	Opiates	2
	Solvents	0
Total		**9**

Source: NAA

Of the 9 death cases reported by medical emergency cases caused by illicit drug use, 5 cases reported exclusive NPS use, 2 cases reported exclusive opiate use, one case reported exclusive (generic) drug use, and one case reported multiple drug use.

The emergency diagnoses for the 6 drug users who died were: nonresuscitable cardiac arrest, acute myocardial infarction, interstitial pneumonia, bilateral pleural effusion, GCS coma, acute respiratory distress, tricuspid valve, acute tricuspid and aortic valve endocarditis, and pneumocystosis. In 4 of the death cases HIV infection was reported, in 3 cases HCV infection was reported, and in one case HBV infection was reported. All 9 dead drug users were between 18-35 years old.

Table 6-13: Distribution of emergency cases reporting death, by type of drug use and age group

Death	Age group			Total
	15-24 years old	25-34 years old	35-44 years old	
Poly-use	0	1	0	1
Illicit drugs	3	4	1	8
of which:				
NPS	2	3	0	5
Generic drugs	1	0	0	1
Opiates	0	1	1	2
of which:				
Heroin	0	1	0	1
Methadone	0	0	1	1
Total	3	5	1	9

Source: NAA

CONCLUSIONS

- The number of drug related deaths is relatively stabilised, the tendency being for the figures to go back to the levels of 2007-2010 (years when the consumption trend and patterns were stabilised), fact that clearly demonstrates the change in the drug use patterns seen in 2010-2011 (by the "substitution" of established drugs – mainly heroin – with NPS that have a lower direct thanato-generating potential).
- Case underreporting due to failure to report in the Special Mortality Registry (managed by the forensic institution) indirect drug related deaths, due to the particular characteristics of their definition which eludes forensic expertise is highly probable.
- Injection remains the rule in the drug related deaths and the opiates continue to dominate the illegal drug picture in Romania, with the methadone being predominant and on an alarming growing trend (although it is a medicine under strict pharmaceutical control).
- We note that the pathologies consequent to the injection of insoluble substances persist, probably their source being the pills or tablets taken from the pharmacies or treatments (consistent with the major percentage represented by methadone as a cause of death).
- The emergence of peaks of incidence during summer months last year points out to the need to implement alternative programmes.
- There is a significant increase in the average death age – indicating the "ageing" of previous drug users with progressive accumulation of complications. The average indirect deaths age is paradoxical, as it is lower than the average age found in direct deaths, probably a reflection of the accelerated degenerative potential of the new substances in use (with relatively rapid deterioration/decompensation, once chronic consumption is initiated), but also of such substances' lower lethal potential (that seldom leads to lethal overdoses).
- The administration route is still mainly injectable.
- The opiate category remains the most thanato-generating drug, however frequently associated with medicines. We note a re-occurrence of substances in the range of substances seldom identified as associated with direct drug related death in the past years (tramadol, cocaine).

- The tendency to decrease the use of NPS, frequently reported during previous years, which led to a much higher number of indirect deaths – toxicological identification difficulties, sale and possession legality, the perceived "low" overdose risk, the low price, the sufficient potency have all lead to the extensive use of NPS, thus substituting drugs/medicines widely found in previous years, yet increasing the multi-systemic, quickly installed and rapidly decompensated pathology specific to the injectable drug users and more so the infectious pathology – HVC, HIV.
- The alarming outburst of HIV among the drug users, that has seen an ascending trend during the past three years, requires rapid and energetic intervention.
- 9 deaths were reported among persons who accessed the emergency care services due to problems caused by illicit drug use, 5 reporting NPS use. Among the emergency diagnoses attributed to illicit drug use we found 19 autolytic attempts, 9 of them reporting NPS use. Of the 9 deaths reported by the emergency care units, only 4 are recorded in the Special Mortality Registry, indicating a need to improve the data collection system.

RECOMMENDATIONS

1. Support the forensic medicine network to access Government and European financial support for equipping the toxicology labs all around the country, in order to widen the identification and reporting area.
2. Rapid initiation of equipping and research programmes aimed at developing the means for identification of NPS in biological samples.
3. Accelerating the efforts to implement the legislative proposals in view of unifying the methodology for reporting directly drug related deaths.
4. Unifying the forensics criteria for defining direct drug related deaths.
5. Implementing a computer based data collection system for the direct drug related deaths.
6. National and international dissemination of direct drug related deaths management capabilities of the forensic medicine network. For the purpose of ensuring consistency of toxicological detection all around the country, methodological standards were issued to the County Forensic Services establishing toxicological safety rules and obligations that must be complied with, based on the academic knowledge base acquired from the intensive training programmes, as well as on the recommendations to transfer the samples to good performance labs in selected cases.
7. Facilitate access of forensic doctors to scientific meetings, workshops, exchanges of experience, in view of ensuring consistency of method in direct drug related death cases. Introducing changes in procedures in view of implementing the measures that proved efficient – data collection and reporting flow.
8. Establishing the custody of material evidence and/or information flow concerning the results of criminal and toxicological investigations etc.
9. Large scale toxicological testing of traumatic deaths.
10. Raising awareness among medical and investigation/examination staff on the legal provisions concerning the requirement to apply a forensic approach in drug related deaths.
11. Implementing more efficient harm-reduction and medical education measures.
12. Maintaining and strengthening the legal provisions on the sale/use of NPS and amending them with strict definitions of substances and their classes, as well as incrimination of sales methods.
13. Introducing early therapy interventions for HIV infected problem drug users, in view of preventing the spread of the epidemics.
14. Adoption of national reference guides on substitutive methadone treatment and identification of possibilities to introduce liquid methadone on the market.

Chapter 7 - Responses to health correlates and consequences

Responses on the prevention of consequences of drug-use on health

The risk assessment carried out jointly in November 2011 by ECDC (European Centre for Disease Prevention and Control) and EMCDDA (European Monitoring Centre on Drugs and Drug Addiction) showed a significant increase in new cases of HIV infection among injection drug users in Romania and Greece.
Consequent to an updated risk assessment performed in 2013, the two institutions organized a meeting in Bucharest on November 19, 2013 mainly about the situation in Romania. The event aimed to: increase the level of understanding how the HIV infected cases react, facilitate the dialogue between international experts and authorities and nongovernmental organizations active in this field at national level, as well as to identify new ways of strengthening HIV prevention measures among injection drug users in Romania.
Taking a look at the current situation (increase in new HIV confirmed cases among IDU from 9 in 2010 to 255 in 2012; identifying the phenomenon in Bucharest, among IDU men aged under 34 years; high co-infection rates of viral hepatitis and tuberculosis, as well as a change in injection behaviours with an increased injection rate given the broad use of NPS and measures implemented to counteract HIV infections (low testing rates among IDU; low coverage rate of risk mitigation services - especially syringe exchange programmes; low financial support for NGOs that carry out such programmes after the finalization of the Global Fund programme in Romania; low access to opiate substitute treatment – only 1100 seats available and mostly in Bucharest, for an estimated IDU population of 11,000 people) the following conclusions were taken: a. The need of an *expedited spread of prevention measures for IDU – testing, syringe exchange programmes and substitute treatment;* b. The need to *identify and access new sources of funding for these types of services* which requires a coordinated effort between public authorities and nongovernmental organizations; c. *Strengthening cooperation between nongovernmental organizations and the civil society to develop a joint intervention plan, coordinated implementation of the said and a constant share of information and best practices.*

Compared to 2012, 2013 continued to show the worrisome trends in HIV transmission in Romania, along with an insufficient number of services for injection drug users.

7.1 PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES [52]

Strategies, policies, institution stakeholders – specific programmes and measures

In 2013, there were no significant changes regarding the social actors implementing specialized measures to prevent and treat infectious diseases among IDU compared to 2012. The only exception worth mentioning is the introduction of risk mitigation programmes among financers at the Bucharest level, i.e. of the General Directorate for Social Assistance in Bucharest (GDSAB), representing the General Council of Bucharest.
The main institutions competent in the field continue to be the National Anti-Drug Agency, the national coordinator of policies against narcotics, Ministry of Health (especially *National Institute for Infectious Diseases* "*Prof. Dr. Matei Bals" and the National Commission on Aids)* and the National Administration of Prisons.
Regarding the civil society sector, in 2013, the Romanian Harm Reduction Network (RHRN), as umbrella organization, and some NGOs traditionally supporting this area were a little more active - Asociatia Romana Anti-SIDA (translation: Romanian Association Against Aids) and the CARUSEL Association.

Given its tasks to draft and promote public policy programme documents to counter narcotics at national level, the **National Anti-Drug Agency** submitted to the Government of Romania the new National

[52] See standard table ST10

Strategy on Narcotics 2013-2020 and the Action Plan to implement it during 2013-2016, documents approved by GD no.784/2013[53] and which include provisions regarding specific measures to mitigate drug use related risks.

Table no. 7-1: Provisions of programming documents approved by GD no. 784/2013 on mitigating drug use related risks

NSN 2013-2020	AP 2013-2016/NSN 2013-2020
VII.1 REDUCTION OF DRUG DEMAND **B. Treatment for drug users** *B.1 Identification, attraction and motivation of drug users to be included in specialized treatment services – Specific Objectives:* 1. Diversification of substitute programmes and syringe exchange programmes within the community and in prisons so as to mitigate risks and negative consequences of drug use; 2. Increasing level of information, education and awareness of drug users as well as developing proper measures to prevent drug related deaths or infectious diseases. 3. Improving access to injection drug users for prevention, counselling, treatment, HIV, VHB, VHC, TB and related diseases testing and vaccination services, within the community and in prisons;	***I. REDUCTION OF DRUG DEMAND*** **B. Treatment for drug users** *B.1. Identification, attraction and motivation of drug users to be included in specialized treatment services* 1.1. Developing low threshold admission substitute programmes, within the community and in prisons 1.2. Developing risk mitigation centres in risk areas 1.3. Developing syringe exchange programmes in prisons 1.4. Promoting syringe exchange programmes in pharmacies in areas most affected by injection drug use 1.5. Developing street services for syringe distribution in areas most affected by injection drug use 1.6. Assessing the efficiency of risk mitigation services and drug related negatives consequences and of services to meet the needs of the beneficiaries

Source NAA

Without human and financial resources to implement own services, NAA partnered, in 2013, with the Romanian Association for AIDS (2 centres and 1 outreach centre in Bucharest) and the CARUSEL Association (1 centre in Bucharest)[54]. in order to provide level I care.

Locally, **Anti-Drug Prevention, Assessment and Counselling Centres** performed 631 prevention activities to mitigate drug-related risks, targeted mostly on consumption of tobacco, alcohol, new psychoactive substances, high risk drugs and have included 4,070 beneficiaries (students, youth and inmates).

NAA – Campaigns and Projects Implemented in 2013

The project "**NO EXTRA RISKS**!" implemented in August in Vama Veche (seaside), with the following objectives: a. mitigation of drug-related risks among youth at the seaside; b. promoting treatment services for drug addiction and c. promoting the drug-related risk mitigation concept as a public health approach and destigmatization of drug users. The project had the following results: 5165 teens were informed; 93 individual, psychological and social interventions; 4845 brochures, 82 posters, 150 inscription T-shirts, 150 hats, 150 bags, 5396 distributed condoms; 380 syringes, 312 sterile pads and 122 sterile dressings; 329 likes on the campaign's Facebook page; 50 covers in the press, online and radio.

[53] MOF no. 702 bis/November 15, 2013 - Annexes 1 and 2 to GD no. 784/2013 on approving the National Strategy on Narcotics 2013-2020 and the Action Plan during 2013-2016 for the implementation of the National Strategy on Narcotics 2013-2020

[54] NAA purchased and distributed the following materials within the partnership with the two NGOs: disposable insulin syringes (800,000 pcs), sterile pads (700 packs x 200 pcs), protection masks (200 boxes), bio-waste disposal bins (400 pcs), medical examination gloves (140 boxes), iodine (240 pcs), Rivanol (340 pcs), sterile dressing (40,000 packs), gauze (300 packs), band-aids (14 packs x 100 pcs), adhesive bandage (300 packs).

NAA – Activities with NGOs for risk mitigation care

ROMANIAN HARM REDUCTION NETWORK (RHRN) - In 2013, the cooperation with RHRN was more limited compared to previous years consequent to the fewer number of projects. Main NAA – RHRN activities consisted in a series of thematic work meetings and cooperation to draft a financing proposal within the *NGO Fund Romania – EEA Grants, Component 4 - Welfare and Basic Services*

ASOCIATIA ROMANA ANTI-SIDA (ARAS) – The cooperation with ARAS consisted in providing medical materials for injection drug-related risk mitigation activities and institutional support from NAA to the association by taking over beneficiaries under substitute treatment and including them in NAA integrated care centres for addictions.

CARUSEL ASSOCIATION - The cooperation consisted in providing medical materials for injection drug-related risk mitigation activities within the Caracuda Risk Mitigation Centre and assistance for implementing, in partnerships, all projects initiated by the association in 2013 focusing on drug users.

MERCK SHARP & DOHME ROMANIA SRL (MSD) – an agreement was concluded on running a VHC antibody testing campaign, to be implemented in 2014, focusing on drug users from care centres as well as on facilitating access to infected individuals into specialized care centres.

Ministry of Health took measures in this area throughout 2013 as per **GD no. 124/2013 on approving national health programmes for 2013 and 2014[55],** as follows:

A. National Public Health Programmes financed by Ministry of Health:

- National programme for HIV prevention, monitoring and control
- National programme for TB prevention, monitoring and control

B. National Treatment Programmes financed from the National Health Insurance Fund

- National Mental Health Programme

The implementation of national health programmes during 2013-2014 is also regulated by Order of the Minister of Health[56] no.422 dated March 29, 2013 and Order no.190/March 29, 2013 of the Chairperson of the National Health Insurance Agency[57] (amended by Order no. 599 – September 11, 2013[58] of the same issuer) which also regulate the financial allocations of these programmes, as follows:

[55] Official Gazette, Part 1, no. 172 dated March 29, 2013 – Decision no. 124/2013 on approving national health programmes for 2013 and 2014

[56] The Official Gazette no. 173 dated June 29, 2013 - ORDER no. 422 dated March 29, 2013 on approving the Technical Guidelines for implementing public health national programmes for 2013 and 2014

[57] http://www.cnas.ro/legislatie/noutati-legislative/ordin-nr-190-din-2013-privind-aprobarea-normelor-tehnice-de-realizare-a-programelor-nationale-de-sanatate-curative-pentru-anii-2013-2014

[58] http://www.cnas.ro/legislatie/noutati-legislative/ordin-nr-599-11-09-2013-privind-modificarea-si-completarea-normelor-tehnice-de-realizare-a-programelor-nationale-de-sanatate-curative

Table no. 7-2: National health programmes impacting the prevention of injection drug-related infectious diseases[59]

Programme	Objectives	Allocated budget for 2013 - (thousands RON)-	Implementation Unit	Assessment Indicators
3. National programme for HIV prevention, monitoring and control	a) reducing HIV related morbidity; a) reducing vertical transmission of HIV infection; c) reducing sexually transmitted HIV from seropositive patients to non-infected individuals by using antiretroviral treatment; d) treatment of HIV/AIDS infected patients and post-exposure care; e) improving survival rates of HIV infected individuals.	73934	National Institute for Infectious Diseases "Matei Bals" National Institute for Public Health, through the National Centre for Monitoring and Control of Communicable Diseases	TESTING a) Physical indicators: a.1. Number of HIV testing per test category : i. quick HIV test (total and positive tests): 150,000 ii. ELISA HIV 1+2 test (total and positive tests): 100.000 a.2. Number of tests per risk category (total and positive tests): pregnant women, TB, ITS, injection drug users. b) efficiency indicators: b.1. average cost/quick HIV test: RON 3.78; b.2. average cost/ELISA HIV test: RON 4.77; b.3. number of ELISA HIV tests for pregnant women: 57,406; b.4. number of quick HIV tests for pregnant women in maternities: 80.580 (positive tests shall also be reported); b.5. HIV tests applied to risk groups : 61.069 (positive tests shall also be reported); b.6. number of HIV tests applied to other categories: 46,149 (voluntary testing, TB patient testing, positive tests shall also be reported). c) Result indicators : c.1. percentage of pregnant women HIV tested in maternities from the total number of pregnant women in the county: min 70%; c.2. percentage of positive tests from total tests, min. 5%, per types of tests and risk categories. TREATMENT a) Physical indicators: a.1. number of treated HIV/AIDS infected patients – 8,900 a.2. number of postexposure treated individuals - 387 b) efficiency indicators: b.1. treatment average cost/ HIV/AIDS patient/ year - RON 28,168 b.2. average cost per postexposure treated individual/year – RON 735
4. National programme for TB prevention, monitoring and control	a) reducing TB prevalence and mortality; b) maintaining the detection rate of new cases of	7160	National Institute for Pneumophtisiology “Marius Nasta”, Bucharest	a) Physical indicators: a.1. – no. of individuals examined for TB - 200,000 a.2. – no. of individuals receiving chemical prophylaxis – 10,000 b) efficiency indicators:

[59] http://lege5.ro/Gratuit/gm2dqnjqgi/hotararea-nr-124-2013-privind-aprobarea-programelor-nationale-de-sanatate-pentru-anii-2013-si-2014/2

	microscopy-positive pulmonary TB; c) treatment of TB patients; d) maintaining the treatment success rate for new cases of positive pulmonary TB.			b.1. – average cost IDR to PPD test – RON 20 b.2. - average cost – chemical prophylaxis treatment/month – 10 lei c) Result indicators : c.1. – percentage of new cases with epidemiological investigation out of total new cases registered - 90% c.2. – percentage of individuals with chemical prophylaxis of the total with chemical prophylaxis indication – 90%
Mental Health [60]n National Programme	a) providing opiate agonists and antagonists substitute treatment for drug addicts; b) urine tests for metabolites and narcotics in view of admission to treatment and monitoring	1400	- Socola Psychiatrics Clinical Hospital; - Jebel Psychiatrics and Safety Measures Hospital; - Emergency Clinical County Hospital in Cluj-Napoca – Psychiatrics Ward III Severe – Drug Addiiction; - Children Emergency Clinical Hospital in Cluj-Napoca – Drug Addicted Children Ward; - Emergency Clinical Hospital Floreasca, Bucharest - ICU II Drug Addiction Ward; - Children Clinical Hospital "Grigore Alexandrescu' in Bucarest - Drug Addiction Ward; - Psychiatrics Clinical Hospital “Al. Obregia", Bucharest; - Assessment and Treatment Centre for Young Drug Addicts “Sf. Stelian”, Bucharest.	1) Physical indicators: a) number of patients with substitute treatment: 500 b) number of urine drug tests for patients: 15,000; 2) efficiency indicators: a) cost of methadone substitute treatment/patient/year: RON 2,200; b) average cost per quick urine drug test: RON 20;

Source: MoH

National Institute for Infectious Diseases “Matei Bals” is the body appointed by Ministry of Health to provide the technical and methodological coordination for HIV/AIDS regional centres within infectious disease hospitals regarding prevention and testing services and provides the methodological implementation of the National programme for HIV prevention, monitoring and control.
In addition, it is also the appointed Promoter for the project “**Improved Prevention and Control of HIV/AIDS and Hepatitis B and C in Romania”** submitted for financing in the Programme RO 19 “Public Health Initiatives” through the Norwegian Financing Mechanism 2009-2014[61].

In 2013, the **National Administration of Prisons** continued to implement opiate substitute treatment services (in two of the prison units) and it developed the psycho-social care programme for drug users (in all subordinated prison units), without requests registered for syringe exchange programmes.

[60] http://www.cnas.ro/despre-noi/comunicat-fonduri-alocate-in-valoare-de-3-4-miliarde-lei-pentru-programele-nationale-curative - In a public release of the National Health Insurance Agency, issued on May 7, 2014, the chapter on results achieved in 2013 pertaining to the Implementation of the Mental Health National Programme includes: **1,100 patients receiving substitute treatment** amounting to RON 943,000.
[61] Described in chapter I.

Although fewer that in previous years, due to the lack of support from international donors and limited governmental resources, the activities carried out by nongovernmental organizations with anti-drug expertise, in partnership with public institutions, are the flagship for 2013. We mention the following from the most significant:

ASOCIATIA ROMANA ANTI-SIDA (ROMANIAN ASSOCIATION ANTI-AIDS - ARAS)

In 2013, ARAS continued[62] to provide risk mitigation services by outreach services and through 4 centres in Bucharest-Ilfov (2 risk mitigation centres), Constanta and Timisoara (in the latter two locations, until June 30, 2013).

2013 registered two premieres for risk mitigation services supported by the national and local authorities: Ministry of Health introduced the syringe exchange into the National programme for HIV prevention, monitoring and control (and funded the purchase of 210,000 syringes), while the General Council of Bucharest approved the financial support of a project for drug users, covering all necessary costs for risk mitigation services.

In providing risk mitigation services, ARAS collaborated with NIIF *"Prof. Dr. Matei Bals"*.

The risk mitigation services provided by ARAS were co-funded through a project[63] from structural instruments within SOP HRD and through a protocol with the General Council of Bucharest. ARAS management deems the financial coverage of harm reduction services provided by the association in 2013 as "insufficient, unstable and uncertain".

Main issues for 2013:

- Increasing number of HIV positive results and difficulty in easier test confirmation in specialized medical units, possible hospitalization and initiating treatment as a result of lack of identity documents and health insurance.
- Difficult access for drug users to risk mitigation services by imposing monitoring based on name and Personal Identification Code (within the project co-funded by the General Council of Bucharest).

CARUSEL ASSOCIATION

CARUSEL Association continued and developed in 2013, in partnerships with NAA, injection drug-related risk mitigation activities in Bucharest within a centre and was a partner in the "No Extra Risks!" risk mitigation campaign mentioned above.

In addition, it implemented the project "*HORIZON – Mobile Integrated Services for Vulnerable and Marginalized Groups"* for which non-refundable financing was requested from the *NGO FUN Romania – EEA Grants, Component 4 – Welfare and Basic Services* and implemented a survey[64] aiming to assess attitudes, behaviour and knowledge of Roma drug-injecting women, beneficiaries of Integrated Care Services for Addictions.

RHRN (Romanian Harm Reduction Network)

- Given the increasing number of new HIV cases among injection drug users and the stop in international funding for risk mitigation projects, RHRN initiated several actions aiming to improve national and international visibility of this issue[65].
- In 2013, RHRN implemented the first project in partnership with an institution subordinated to the Ministry of Health, the National Institute for Infectious Diseases "Prof Dr. Matei Bals", in the context of a **Framework Protocol to mitigate drug-related risks at local or national level.** The project, implemented during July 2013 – November 2013, had a budget of RON 125,408.64 (covering the purchase of 210,700 syringes) and aimed to distribute syringes to drug users through organizations in the network providing syringe exchange services (ARAS, Carusel, Parada Foundation,

[62] ARAS opened its first syringe exchange programme in 2000, with the support of UNAIDS and it has been securing the continuation of this service for 14 years.

[63] The "*Second Chance*" Project (until June 30, 2013).

[64] "Reproductive Health Survey among Low-income Roma drug injecting women in Bucharest, Romania"

[65] Government Must Stop HIV in Romania - TAKE ACTION! http://drogriporter.hu/en/romania;
24 hours in Bucharest: http://www.huffingtonpost.co.uk/michel-kazatchkine/bucharest-hiv-aids_b_4095619.html

Samusocial in Romania). During July 24, 2013 – November 20, 2013, 210,700 syringes were distributed to injection drug users in Bucharest, reaching 1,256 users.

- In 2013, the project **Developing Local Answers to an Increasing HIV Infection Risk among Users of New Psychoactive Substances in Romania"[66],** was implemented, with a budget of EUR 31,000, focused on providing information/training services and it targeted professionals of public and private medical-psychological-social services, police officers specialized in reducing the drug offer. Partners in implementing the project activities were Asociatia Inima de Copil (translation: A Child's Heart Association), Crucea Albastra (translation: Blue Cross), ARAS (Timisoara, Constanta, Brasov), Fundatia Alaturi de Voi Romania (translation: By Your Side Association in Romania). The project was implemented in eight cities: Bucharest, Iasi, Timisoara, Cluj-Napoca, Galati, Constanta, Brasov and Sibiu. Trainings in these cities aimed to increase the outreach capacity, to increase knowledge and working with drug users; 192 professionals were trained on working with users of new psychoactive substances.
- During the reference year, RHRN also implemented the campaign *Stop HIV in Romania* in order to attract the population and decision-makers in Romania and in Europe on the unprecedented increase of HIV infection among drug users in Romania, aiming to "determine the decision to stop this epidemic with public health measures taken as per human rights".[67] The action was part of the global campaign *Support. Don't punish[68].*

Specialized services for infectious disease prevention and treatment among IDU available at national level – dynamics of relevant indicators for 2013

Types of services available nationally and their geographical distribution

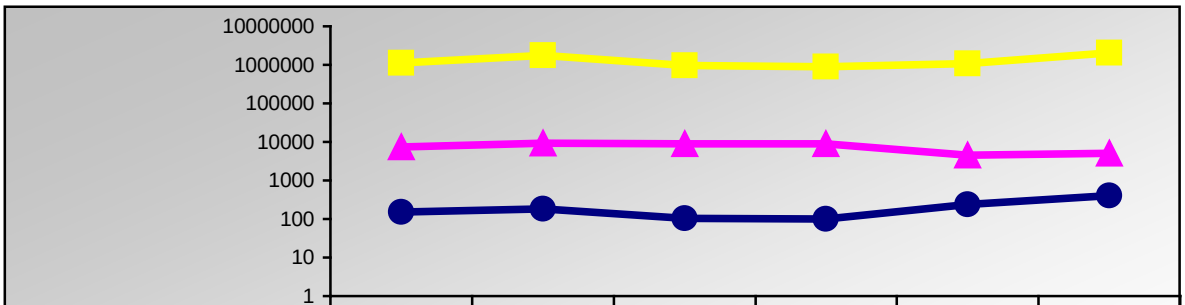
The Guideline drafted by ECDC and EMCDDA on *"Prevention and control of infectious diseases among people who inject drugs*"[69] recommends the simultaneous implementation of 7 key interventions: *injection equipment, vaccination, drug dependence treatment, testing, infectious disease treatment, health promotion and targeted delivery of services.*
In 2013, all these types of interventions were available in Romania, implemented to limit the HIV epidemics identified among IDU in Bucharest and to prevent the spread of vital hepatitis infection among these types of beneficiaries; the implementation was possible through several service provision centres/programmes for drug users.
Similar to the previous 3 years, in 2013 as well most risk mitigation preventive interventions related to injection drug use focused mostly on Bucharest. However some services had a broader geographical scope (especially medical services provided in the network of Ministry of Health).

Dynamics of relevant indicators

From the analysis of data reported to the National Anti-Drug Agency by the two service providers, we notice an increase in 2012 in the number of distributed syringes, compared to the past two years and an almost double value in 2013 compared to the previous year, similar to the 2008-2009 period.

[66] http://rhrnnews.blogspot.ro/2014/01/raportul-proiectului-de-formare-in.html
[67] (http://rhrnnews.blogspot.ro/2013/06/protest.html).
[68] http://supportdontpunish.org/videos/
[69] http://www.emcdda.europa.eu/attachements.cfm/att_142052_EN_ECDC-EMCDDA%20IDU%20guidance%20-%20web%20version.pdf

Chart no. 7-1: Evolution of the number of syringes distributed, beneficiaries and average number of syringes/beneficiary/year in Romania during 2008-2013 (estimate) [70]



	2008	2009	2010	2011	2012	2013
number of distributed syringes	1108762	1730776	946820	895160	1074394	2051770
number of IDU	7284	9417	8966	9000	4460	5148
number of syringes/client/year	152	183	105	100	240	399

Source: RHRN & NAA

If in 2012 syringe exchange programmes were funded partially from central public authorities (NAA and Ministry of Health), plus new financial resources from structural funds (SOP HRD), in 2013 the previous sources of funding were preserved, with additional sources from the General Council of Bucharest.

Compared to 2012 that had the lowest number of beneficiaries of sterile injection equipment, 2013 registered a significant growth (circa 13% more) in the number of beneficiaries accessing syringe exchange programmes. This increase may be explained by taking into account the returning trend of injection opiate use registered starting with 2012, along with a high levels of injection NPS use and a significant increase in the combined use of the two abovementioned substances. In addition, one must also consider the increased capacity of service coverage.

The decrease in the average number of syringes/client/year distributed within syringe exchange programmes during 2010-2011, compared to the "peak" in 2009, was one of the direct reasons associated directly to the increased infection risk of IDU and even one of the factors to partially explain the HIV infection epidemics among IDUs in Bucharest. If in 2012, the average number of syringes/IDU exceeded the estimated numbers for the entire reviewed timeframe (2008-2012), in 2013 we notice a historical peak (399 syringes/beneficiaries). The increase in the level of awareness and increased concern of authorities and specialists in the nongovernmental sector toward the HIV epidemics threat noticed in 2011 among IDU in Bucharest determined the distribution of a higher number of syringes to each beneficiary as well as an intense use of secondary distributors (an average of 108 syringes/contact with the risk-mitigation service).

Beneficiaries of syringe exchange programmes – features and specific behaviours in relation to risk reduction services

In 2013, most IDUs in syringe programmes were in the age group of 25-34 years (53.3%). Depending on main drug, the same group registers the highest percentages both for heroin and for NPS. The remaining IDUs in the analysis fall predominantly in the categories around this age group, i.e. 15-24 years and 35-44 years.

[70] http://rhrn.ro/public/uploads/file/214/costurile-politicilor-antidrog.pdf

Table no. 7-3: Distribution of beneficiaries per age groups, depending on main drug, 2013

		Age groups							Total
		< 15 years	15-24	25-34	35-44	45-54	55-64	≥ 65	
Main drug used in the last 30 days	Unmentioned	0	42	139	66	6	2	1	256
	Heroin	2	470	1429	657	98	20	11	2687
	NPS	2	285	768	331	36	6	9	1437
	Poly drug use	1	153	398	177	16	2	4	751
	Other drugs	0	3	11	2	0	0	0	16
	Methadone	0	0	0	1	0	0	0	1
Total		5	953	2745	1234	156	30	25	5148

Source: NAA

The pilot system for monitoring syringe exchange programmes that NAA introduced in 2012 was extended in 2013 and it covered all such programmes available at national level. Among the most significant results of analyses based on monitored data, we state the following:

Service Performance Indicators

If in 2012 ARAS provided drug-related risk-mitigation services to circa 90% of the 4,460 registered beneficiaries, Carusel covering the remaining 10%, in 2012 the ratio had a slight change (85% ARAS and 15% Carusel).

Table no. 7-4: Distribution of visits/contacts with services and number of beneficiary per service provider, comparative data 2012-2013

	Number of visits/Contacts		Number of separate beneficiaries	
	2012	**2013**	**2012**	**2013**
ARAS	21777	15651	4012	4397
CARUSEL	1595	3394	448	751
Total	23372	19045	**4460**	**5148**

Source: NAA

In 2013, the 4,460 beneficiaries generated 23,371 visits to syringe services. 65.9% of the visits were in centres and only 34.1% in the outreach services. 54.2% of the beneficiaries contacted service centres (an average of 6.3 contacts/beneficiary) and 45.8% were contacted by outreach teams (an average of 3.9 contacts/beneficiary). This suggests a stable behaviour among IDU in the relation with the service provider (strengthening trust in service centres), but it also highlights the limitations regarding available resources for systematic and constant outreach activities.

Table no. 7-5: Distribution of visits/contacts with services and number of beneficiary per types of services, comparative data 2012-2013

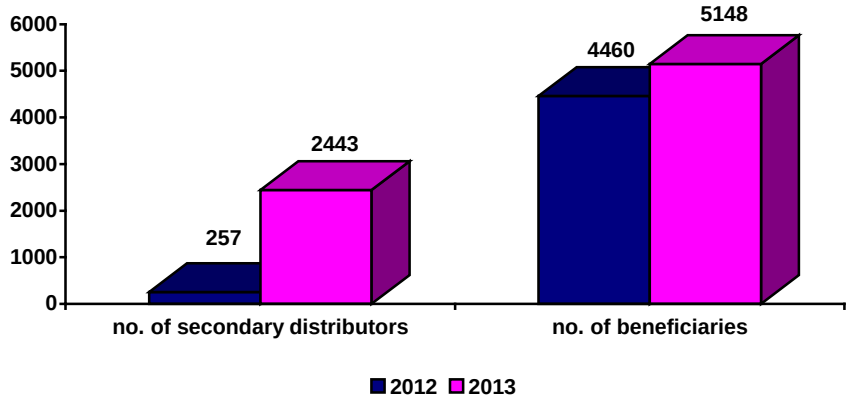
		Number of contacts		Number of beneficiaries	
		2012	**2013**	**2012**	**2013**
Type of service	**Outreach**	7979	5745	2041	2357
	Centre	15392	13300	2419	2791
Total		23371	19045	4460	5148

Source: NAA

Although we notice a significant decrease in contacts with syringe exchange services (by 18.5%), IDU behaviour did not change significantly in 2013 compared to 2012. Regarding the distribution of beneficiaries per types of services (outreach, centres), the data show a balanced distribution of the beneficiaries, thus proving the need to continue the two types of services.

Another important detail is the average number of visits/type of service which decreased from 5.2 visits/beneficiary in 2013 to just 3.7 visits/beneficiary in 2013, given the increasing number of beneficiaries.

Chart no. 7-2: Distribution of beneficiaries also acting as secondary syringe distributors, compared data 2012-2013



Source: NAA

A relevant detail in the context of this review consists in the significant increase in the percentage of secondary distributors of injection equipment among beneficiaries, from 5.7% in 2012 to 47.5% in 2013 given the improved performance of monitoring systems or awareness of target population on the role of each beneficiary to promote interventions to reduce health risks among users.

Sterile injection equipment and other materials

Table no. 7-6: Distribution of syringes per provider, comparative data 2012-2013

No. of distributed syringes	2012	2013
ARAS	1015834	1896441
CARUSEL	58560	155329
Total	1,074,394	2,051,770

Source: NAA

Looking at the number of distributed syringes during the two years in review, we notice that in 2013 the number of sterile injection equipment made available to IDU is almost double compared to the previous year.

Table no. 7-7: Statistical indicators of the central tendency in the number of distributed syringes (average/ median/ mode)

	2012		2013	
	ARAS	**CARUSEL**	**ARAS**	**CARUSEL**
Average	62.35	37.69	132.97	47.90
Median	50.00	30.00	150.00	30.00
Mode	50	30	200	30

Source: NAA

If we compared the number of distributed syringes, we notice that, compared to 2012 when the two providers distributed most often 50 syringes - by ARAS and 30 syringes - by Carusel per beneficiary contact with risk mitigation services and recorded an average of 62 syringes/contact - ARAS and 38 syringes/contact - Carusel, in 2013 ARAS distributed most often 200 syringes/contact and Carusel 30

syringes/contact. Moreover, averages/ contact increased significantly – to 48 distributed syringes - by Carusel and to 133 distributed syringes – by ARAS (doubled compared to the previous year). These values are explained both by the increased number of total syringes distributed and by spreading this method to secondary users.
In addition, the compared analysis of results of the two types of services shows that in 2013 centres distributed in most cases a smaller number of syringes (50) compared to the outreach (150).

Table no. 7-8: Statistical indicators of the central tendency in the number of distributed collected (average/ median/ mode)

	2012		2013	
	ARAS	**CARUSEL**	**ARAS**	**CARUSEL**
Average	145.00	46.13	157.37	165.17
Median	120.00	30.00	150.00	150.00
Mode	200	2	150	200
No.	371785	5997	673690	48560

Source: NAA

Compared to the number of collected syringes, 2013 keeps the same syringe recovery rate (35%), with the most often collection of 150 syringes/contact.

Table no. 7-9: Distribution of auxiliary materials depending on the number of beneficiaries, comparative data 2012-2013

	2012			2013		
	ARAS	**CARUSEL**	**Total**	**ARAS**	**CARUSEL**	**Total**
distributed condoms	1189¤	402¤¤¤	1591	1026*	685*	1711
sterile water	-	-		-	285**	285
dry swabs	-	-		-	641***	641
informative materials	1666¤¤	-	1666	-	-	-
¤ 41,358 condoms were distributed to 1,189 beneficiaries ¤¤ 6,358 units were distributed to 1,666 beneficiaries ¤¤ 6945 condoms were distributed to 402 beneficiaries			* 26,655 condoms were distributed to 1,026 beneficiaries ** 11,182 condoms were distributed to 685 beneficiaries *** 293 units were distributed to 285 beneficiaries *** **7,750 units were distributed to 641 beneficiaries			

Source: NAA

Compared to the increasing number of beneficiaries, the level of available resources to purchase auxiliary materials for assistance to IDU included in syringe programmes does not show significant increases in the last two years.

Other services provided to injection drug users

Table no. 7-10: Distribution of the number of specialized interventions depending on the number of beneficiaries, comparative data 2012-2013

	2012			2013		
	ARAS	**CARUSEL**	**Total**	**ARAS**	**CARUSEL**	**Total**
information services	3091	4	3095	4081	751	4832
transport	4	-	4	2	-	2
referrals/ joint visit to other services	4	-	4	0	-	0
medical care	203	1	204	338	9	347
social assistance	-	-		-	-	
psychological counselling	22	-	22	6	-	6
support group	3	-	3	1	-	1
infectious disease testing	75	2	77	163	-	163

Source: NAA

Compared to the previous year, in 2013 the segment of beneficiaries of additional specialized services related to syringe exchange programmes increased for all types of services. Nevertheless, although some of the beneficiaries received medical care or were tested for infectious diseases, we see very few cases (4 in 2012) of referrals/joint visits/transport to upper level services (to confirm screenings or admission for treatment) and absolutely no cases for 2013.

Reviewed from the perspective of an integrated and coherent case management process, monitoring services met their objectives to reduce health risks related to injection drug use, but it is obvious that they function independently, without a continuous relation with specific upper level services for drug users available in Romania. The structural and functional strengthening as well as the active integration of these services in the specific treatment process are fundamental components of any action plan focused on limiting HIV infection epidemics identified in 2011 among IDUs in Bucharest.

Table no. 7-11: Distribution of screenings for infectious disease of syringe programme beneficiaries, comparative data 2012-2013

	2012			2013		
	ARAS	**CARUSEL**	**Total**	**ARAS**	**CARUSEL**	**Total**
No. of screening tests applied	232	9	241	440	-	440
No. of HIV + tests	53	0	53	137	-	137
No. of VHC + tests	62	0	62	169	-	169
No. of VHB + tests	16	0	16	9	-	9
No. of tested beneficiaries	75	2	77	163	-	163
No. of HIV + beneficiaries	11	0	11	33	-	33
No. of VHC + beneficiaries	14	0	14	55	-	55
No. of VHB + beneficiaries	2	0	2	3		3

Source: NAA

The data regarding IDU screening activities for HIV antigens or antibodies or for viral hepatitis B and C, from syringe exchange services, indicate an increase in the testing capacity of these services and an increasing number of seropositive beneficiaries.

From monitoring reports drafted by organizations that manager risk-mitigation activities and programmes we conclude the following:

- drug use continues to be predominant in the Bucharest-Ilfov region;
- the trend on using the so-called "legal" drugs has reached a balance compared to heroin use, with an increased rate of poly drug use;
- there is a constant increase in HIV prevalence among drug users;
- beneficiaries without identity documents continue to face difficulties in accessing medical services;
- in the past months of 2013, we notice a false reduction in number of beneficiaries of risk-mitigation services, especially in certain areas in Bucharest where the number of users was quite significant (e.g.: the Ferentari area). The North Train Station area groups a large number of beneficiaries with multiple vulnerabilities that are temporarily relocated toward other areas consequent to Police or local authority actions.
- the number of syringes is insufficient;
- the social workers noticed an increase in overdose cases;
- syringe exchange programmes should reinforced by other services (health centres accessible to this type of beneficiary, entertainment and hygiene/cleaning areas - laundry/showers etc.)

Conclusions

Noticing the HIV infection epidemics among IDUs in Bucharest during 2011 and the increasing number of new cases the following year demanded an expedited enactment of intervention measures, implemented and developed during 2013. Thus:

- We see an increased cooperation between all institutional stakeholders involved in activities for drug-related risk mitigation, for programming and implementing joint measures and interventions meant to limit the increasing dynamics of HIV infections among injection drug users (consultations and transfer of international best practices, sharing information, training medical and law enforcement professionals etc.).
- Measures to identify alternate financing sources continued to develop so as to cover community programmes for drug-related risk mitigation (these activities were funded for the first time in a national health programme of the Ministry of Health; NAA continued to be financially involved by purchasing and distributing to specialized NGOs several immediate medical use equipment and materials and the General Council of Bucharest was also brought in as partner and sponsor).
- Although with scarce resources and decreasing staff numbers and limited tasks in certain areas, the risk mitigation programmes managed by experienced NGOs in this field continued to be effective and distributed to an increasing number of IDU beneficiaries a record number of syringes (using largely second distributors of injection equipment, thus trying to reach users that do not come in direct contact with the services).
- NAA tried to support all government and civil society partners involved in limiting the spread of HIV epidemics around IDU, posted on the agency's official website the list of social care providers available at national level for IDU and continued to monitor these interventions and took to the national level the case-by-case collection pilot system of beneficiaries of syringe exchange programmes. To conclude, the results of this data review for 2013 indicate the following:
  - o there is an almost double prevalence in heroin use (52.2%) compared to new psychoactive substances (27.9%) still with a rather high value if we also consider the percentage of users of both substances (14.6%);
  - o the number of distributed syringes doubled compared to the previous year, similar to the peak of 2008-2009;
  - o the number of separate beneficiaries increased by 13% and we see a historical maximum of the average number of distributed syringes/separate beneficiary/year (almost 400 units).
  - o the average number of visits to each provider/type of service decreased from 5.2 in 2012 to only 3.7 in 2013;
  - o 65.9% of the beneficiary visits were in centres and only 34.1% in the outreach services;
  - o the number of secondary distributors of injection equipment increased from 5.7% in 2012 to 47.5% in 2013;
  - o during 2012-2013 we see a balanced percentage of men and women, most of the beneficiaries being men (78.7%), aged between 25-34 years (42.2%); only a fifth of injection drug users are women, with a high prevalence for the same age group;
  - o 99% of separate beneficiaries received care in Bucharest both in 2012 and in 2013, from districts 2 and 5, without significant differences between the two years;
  - o the average of distributed syringes/contact increased significantly – to 48% for Carusel and it more than doubled for ARAS (132.97%), while in most centres the number of distributed syringes was by far smaller than the outreaches;
  - o the syringe recovery rate is constant, 35.2% as in 2012, most often recovering 150 syringes/contact;
  - o the percentage of beneficiaries of specialized additional services related to syringe exchange programmes has increased for all types of services; however, although they received medical care or were screened for infectious disease, there were very few cases (4 in 2012 and in 2013) of referrals/joint visits/transport to upper level services (to confirm screenings or for admission to treatment).

Chapter 8 - **Social correlates and social reintegration**

8.1 SOCIAL EXCLUSION AND DRUG USE

8.1.1 SOCIAL EXCLUSION AMONG DRUG USERS

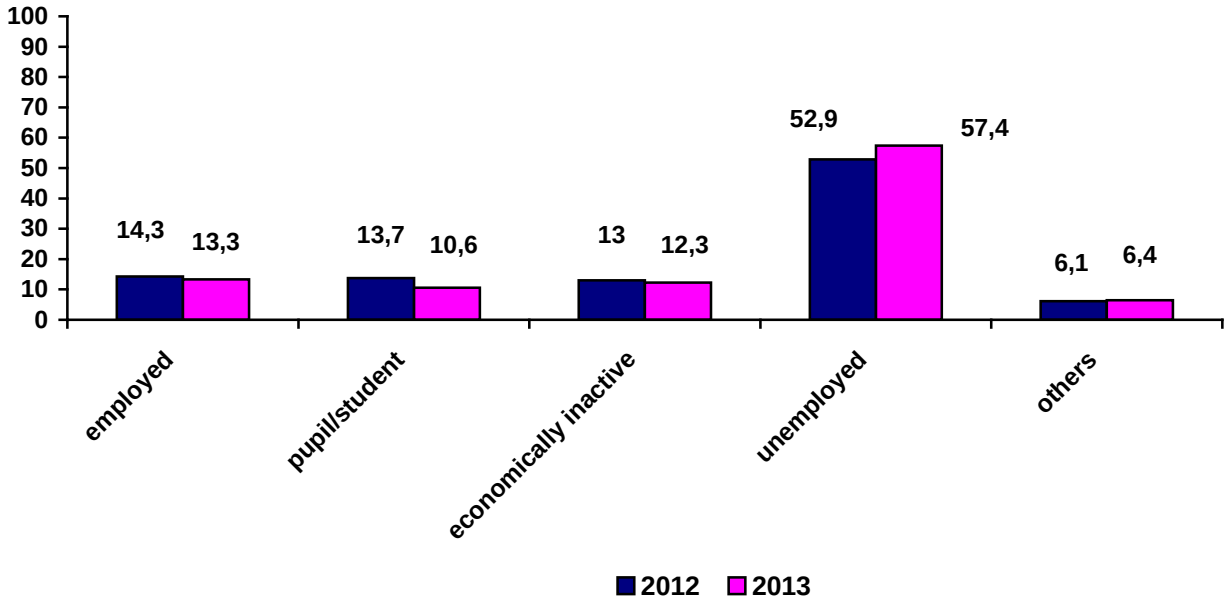
Similarly to the 2013 report, the present presents data collected through routine monitoring of the indicator *Admission to treatment as a result of drug use – Treatment admission indicator*, as well as data from the monitoring of the indicator *Medical emergencies as a result of drug use.*

8.1.1.1 Treatment admission indicator data[71]

Occupational status

In what regards the occupational status of people who were referred to treatment services in 2013, we notice that more than a half (57.4%) are unemployed; whereas the employed and economically inactive people[72] show a similar ratio (13.3% and 12.3%).

Chart no. 8-1: Occupational status of people admitted for treatment in 2013, following drug use (%), comparative data for 2012-2013



Source: NAA

Compared to 2012, a slight increase in the number of unemployed beneficiaries admitted for treatment, from 52.9% in 2012 to 57.4% in 2013, as well as a decrease in the number of pupils/students, from 13.7% in 2012 to 10.6% in 2013.

By the types of drugs used before being admitted to treatment, drug users in 2013 have the following characteristics in terms of occupational status:

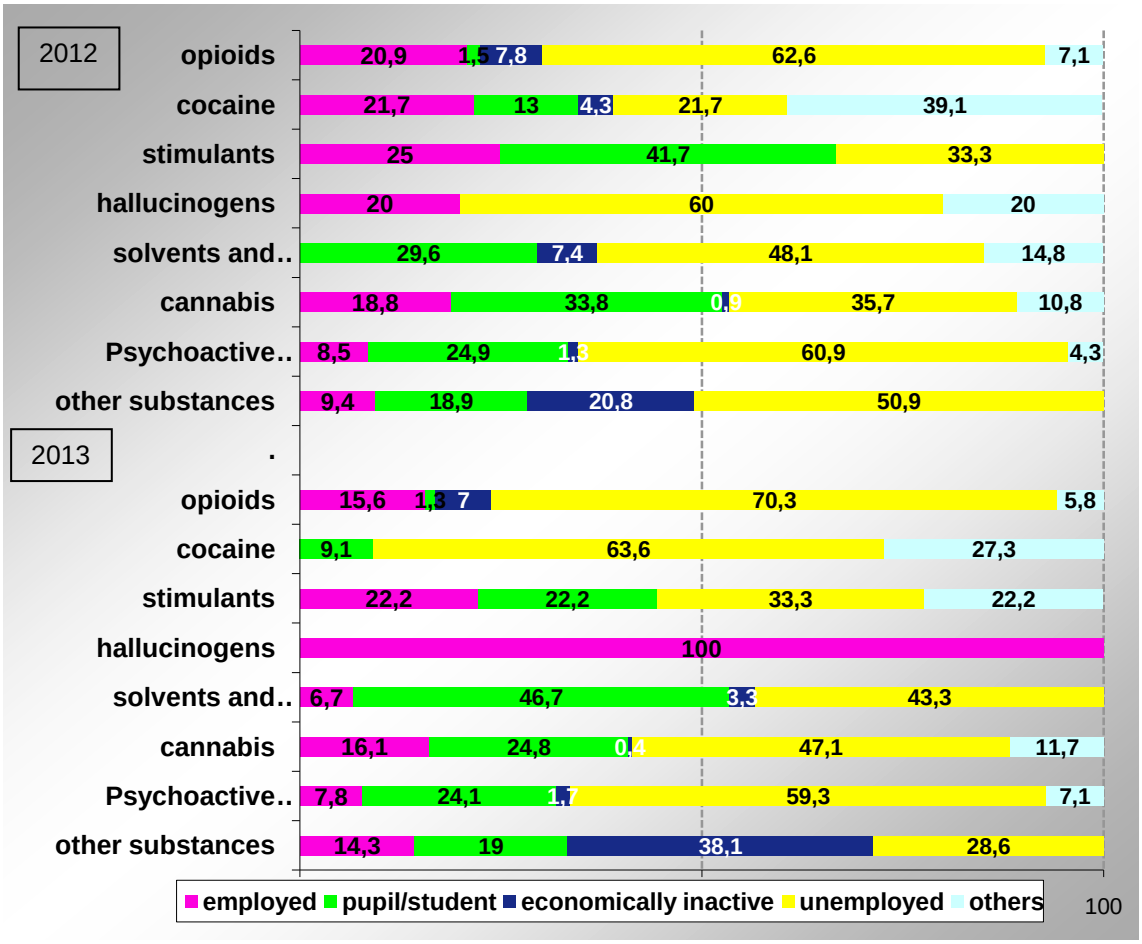
- opiate (70.3%), cocaine (63.3%) and NPS (59,3%) users are, mainly, people who are not employed on the labour market

[71] *Note: the cases for which the variables: gender, occupational status, educational level, type of housing, housing conditions were not presented were excluded from the analysis*

[72] retired/homeworker/ medically retired

- almost half of the solvents and inhalant users (46.7%), a quarter of cannabis users (24.8%) and NPS users (24.1%) are pupils/students;

Chart no. 8-2: Distribution of treatment admissions in 2012, by occupational status and types of drugs used (%), comparative data for 2012 and 2013



Source: NAA

A compared analysis of the data from 2012 and 2013 shows the following:

- no employed people are among cocaine users, unlike 2012, when this occupational category had a representativity of 21.7%;
- 50% decrease of the number of pupils / students among drug stimulants (from 41.7% in 2012 to 22.2% in 2013);
- In 2013, hallucinogens users admitted for treatment are exclusively employed, unlike 2012 when only 20% of them were employed;
- Increase in the proportion of pupils / students among solvents and inhalants consumers (from 29.6% in 2012 to 46.7% in 2013).

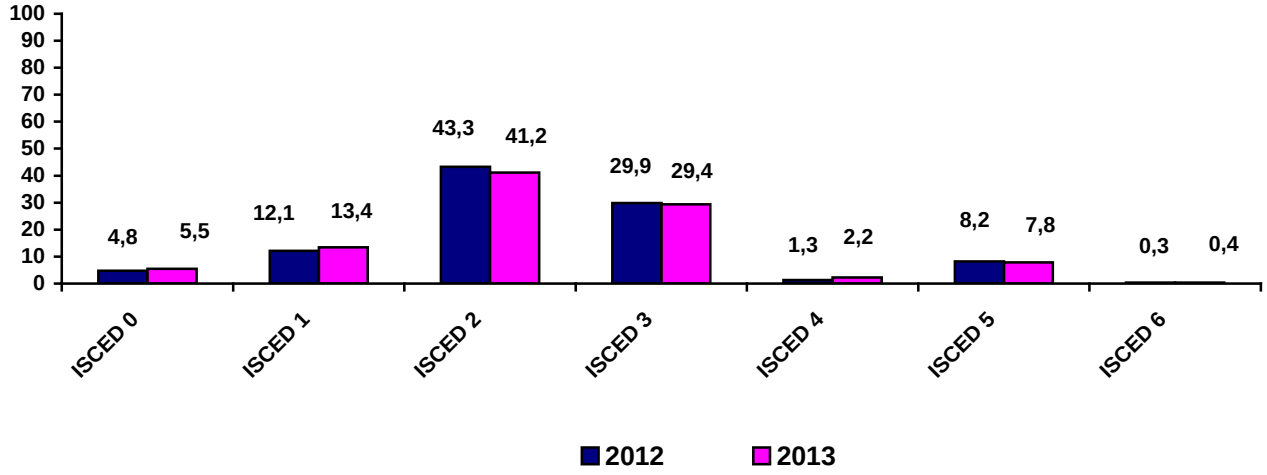
Educational level[73]

- In terms of educational level of people who addressed to treatment services in 2013, most beneficiaries have graduated secondary education (ISCED 2) – 41.2%, followed by those

[73] according to the international standard classification of education
ISCED 0 (has never been to school + has not graduated primary education; ISCED 1 (primary education); ISCED 2 (secondary education + TVET school +10th grade+ SAT+ special school; ISCED 3 (high school); ISCED 4 (post-secondary education); ISCED 5 (long-term and short-term university education); ISCED 6 (post-university education).

graduating tertiary education (ISCED 3) – 29.4%, these data being similar to those registered in the previous year (43.3% and respectively 29.9%);

Chart no. 8-3: Educational level of people admitted for treatment for drug use in 2013 (%), compared to 2012

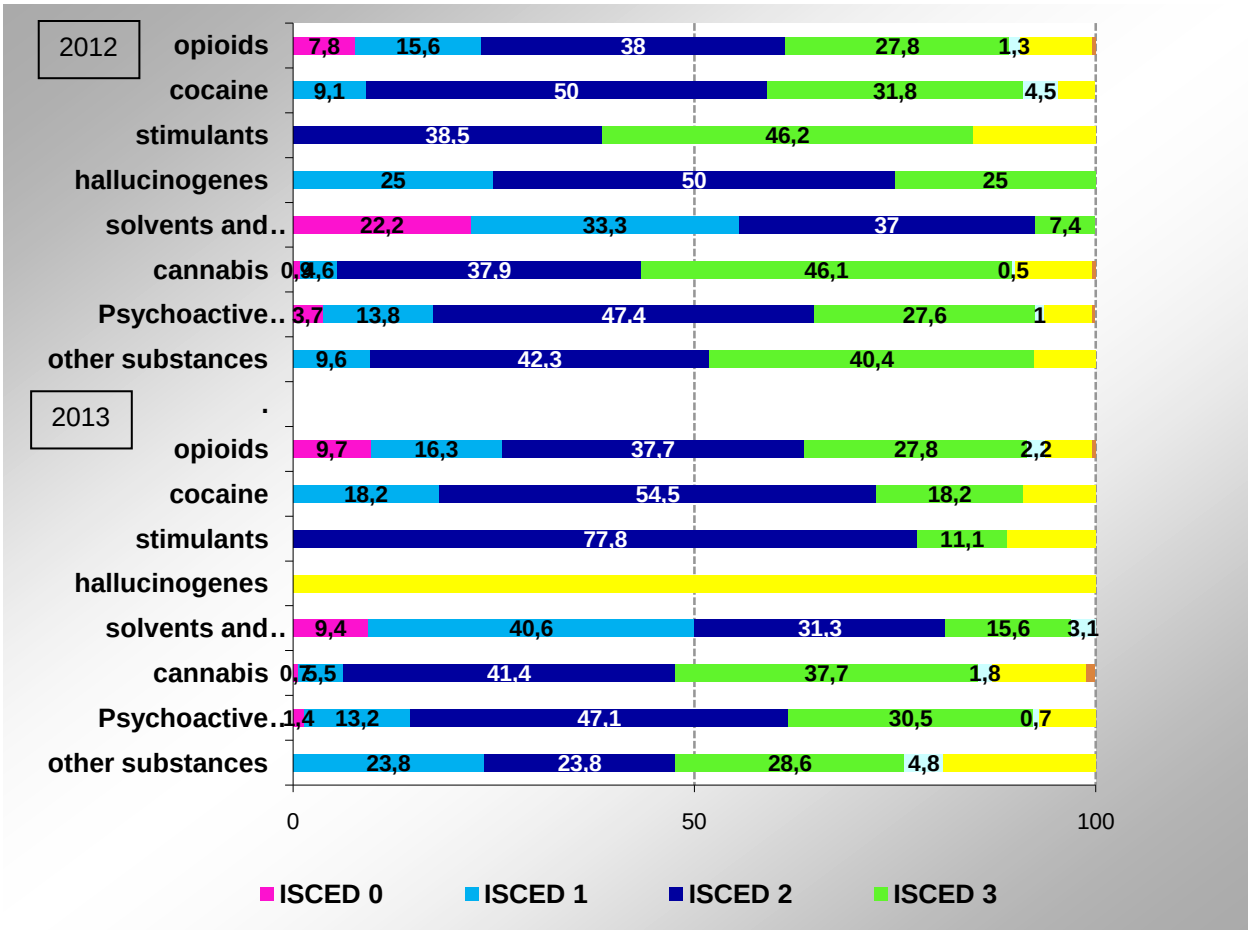


Source: NAA

By the types of drugs used, compared to the previous year there are some important differences:

- the proportion of people with secondary education (ISCED 2) within the stimulant user has doubled (38.5% in 2012, 77.8% in 2013);
- hallucinogens users are only people with higher education (ISCED 5), unlike the previous year when there a wider distribution was registered;
- among solvents and inhalants consumers the proportion of people without education (ISCED 0) has decreased, from 22.2% in 2012 to 9.4% in 2013; while the proportion of those with secondary education (ISCED 3) has doubled, from 7.4% in 2012 to 15.6% in 2013.

Table no. 8-4: Distribution of treatment admissions, by educational level and type of drug used (%), comparative data for 2012 and 2013

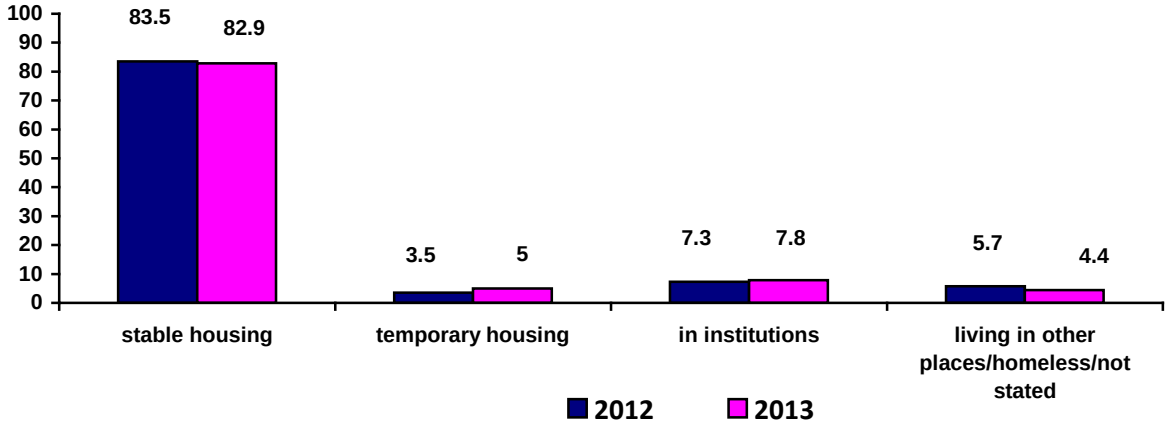


Source NAA

Living conditions: type of housing and housing condition

A very high rate of the drug users (82.9%) who referred to treatment services in 2013 stated they had a fixed abode.

Chart no. 8-5: Distribution of treatment admissions of drug users, by type of housing (%), 2013 compared to 2012

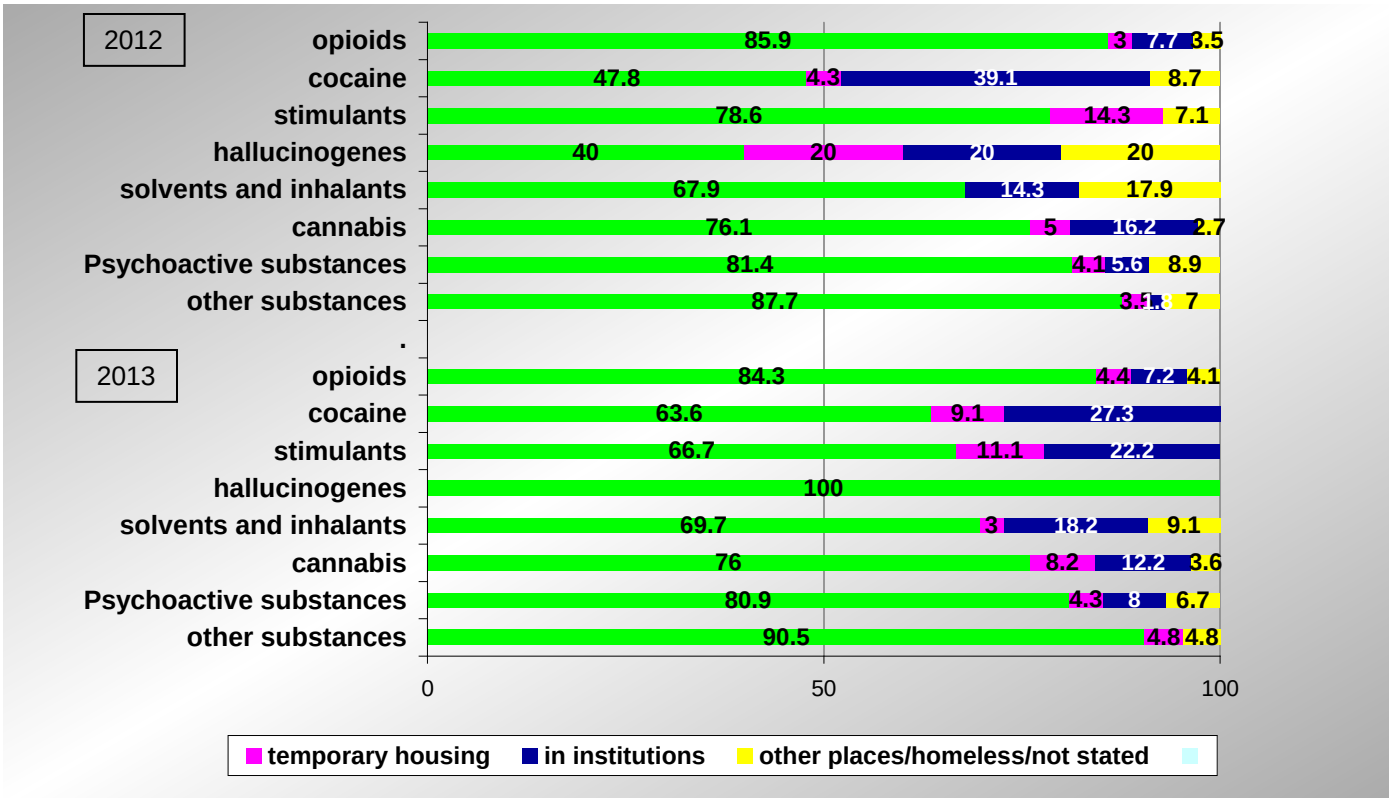


Source NAA

Compared to the previous year, depending on the main drug used the following differences are can be seen:

- Among cocaine users, an increase of the proportion of people with stable housing (from 47.8% in 2012 to 63.6% in 2013) and those with temporary housing (from 4.3% in 2012 to 9 1% in 2013), and a decrease in the proportion of people living in social institutions (from 39.1% in 2012 to 27.3% in 2013);
- among stimulant consumers, a decrease in the proportion of beneficiaries who have a stable housing (from 78.6% in 2012 to 66.7% in 2013), along with the increase of those living in social institutions, 22.2% in 2013;
- All hallucinogens users have stable housing (compared to 40% in 2012).

Table no. 8-6: Distribution of treatments admissions, by type of housing and type of drug used (%), 2013 compared to 2012.

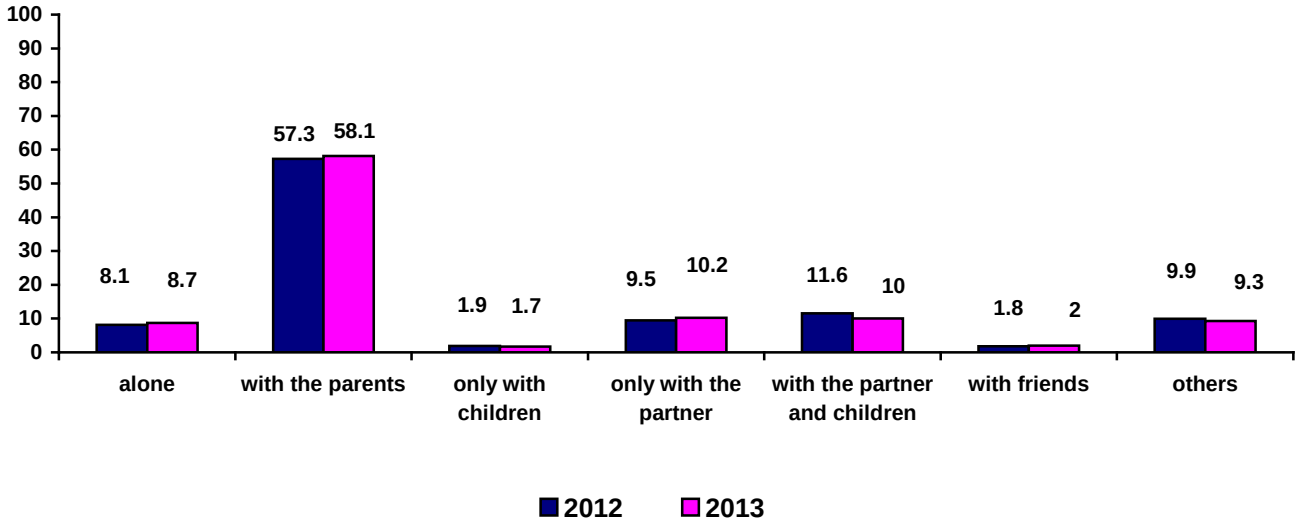


Source NAA

Housing situation

As regards the **housing situation** of people admitted to treatment for drug use in 2013, we found that more than a half of those admitted to treatment live with their parents or with their families (58.1%), whereas 1.7 of those admitted to treatment live only with their children, and 2% live with their friends.

Chart no. 8-7: Housing condition of people admitted to treatment as a result of drug use (%), 2013 compared to 2012

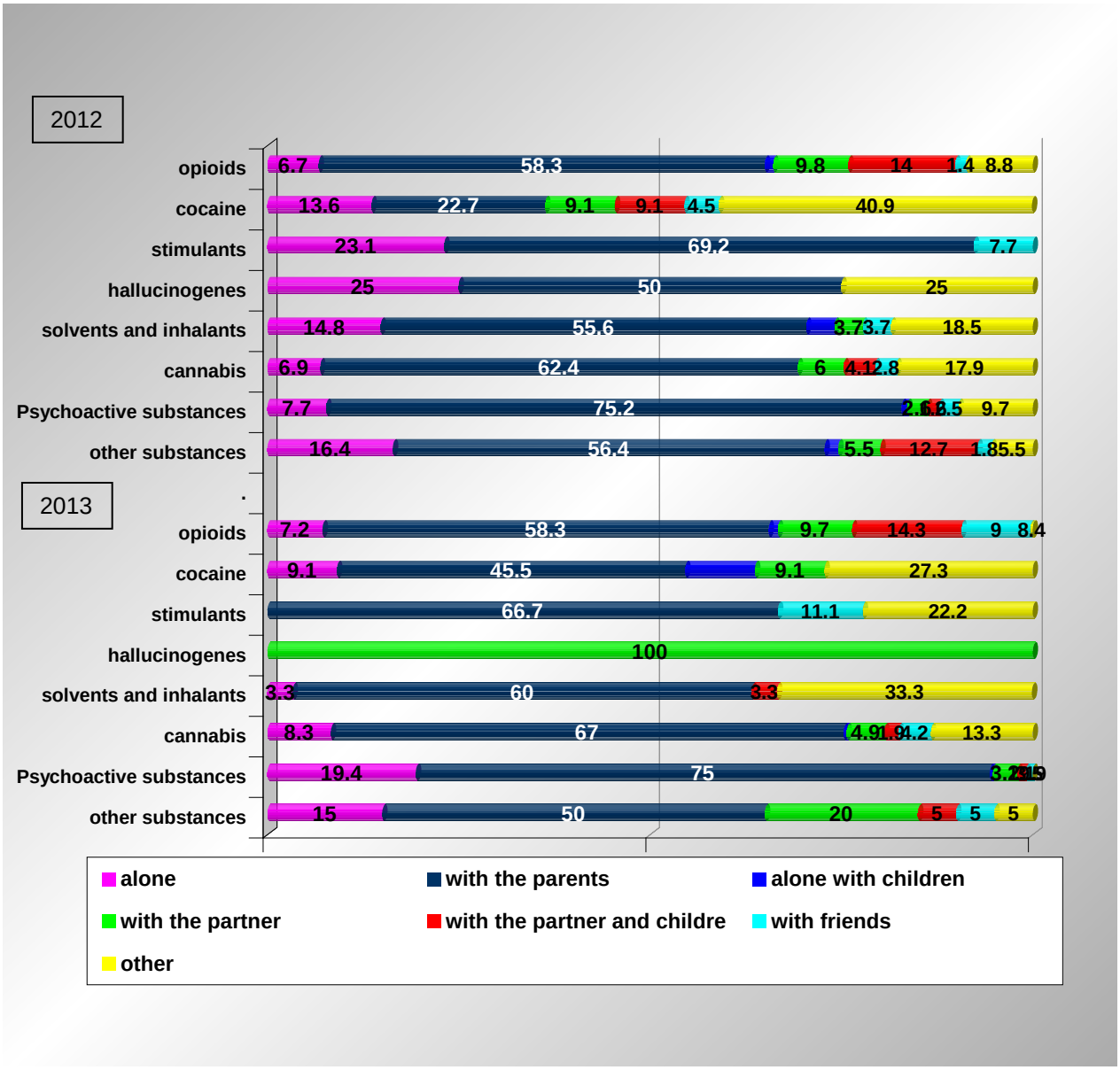


Source NAA

Depending on the type of substance used by those who referred to treatment services in 2013 compared to the previous year, following differences can be noticed in terms of housing situation:

- a doubling of the proportion of cocaine users living with parents or family, from 22.7% in 2012 to 45.5% in 2013, together with the presence, in the proportion of 9.1%, of those living only with their children;
- among stimulants consumers, there is an increase in the proportion of people who are in a different housing situation - other places / homeless / unspecified (0% in 2012 to 22.2% in 2013) due to the decrease of the number of those living alone (from 23.1% in 2012 to 0% in 2013);
- an increase in the proportion of hallucinogens consumers living with a partner (0% in 2012 to 100% in 2013), a total decrease in the proportions of those who lived with their parents or family of origin (from 50% in 2012 to 0%), or those living alone - from 25% to 0% or in other situations (other places / homeless / undefined) - from 25% to 0%;
- the solvents and inhalants users category shows a decrease of the proportion of people living alone, from 14.8% in 2012 to 3.3% in 2013, and also a decrease in the proportion of those living with friends - from 7.7% in 2012 to 0.0% in 2013 and an increase in the proportion of those living with a partner and children (from 0.0% to 3.3% in 2013).

Table no. 8-8: Distribution of treatment admissions, by housing condition and type of drug used (%), 2013 compared to 2012



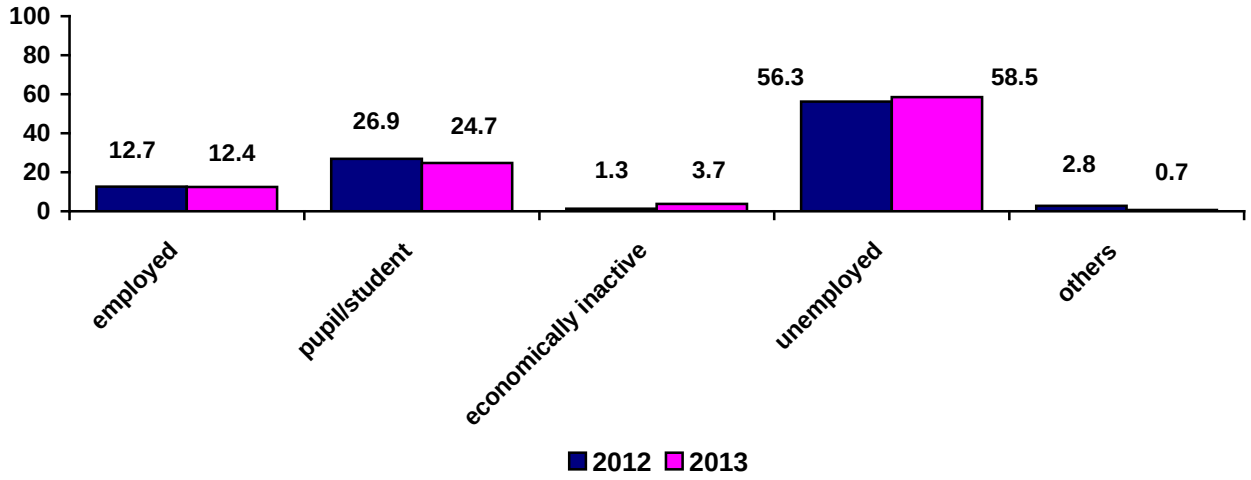
Source NAA

8.1.1.2 Data from the indicator on medical emergencies as a result of psychoactive substances use

Occupational status

- In what regards the **occupational status** of people who referred to emergency services as a results of psychoactive substances use in 2013, we notice that more than a half are unemployed (58.5%), approximately half of them being pupils/students (24.7%).

Table no. 8-9: Distribution of people who referred to emergency services as a result of psychoactive substances use (%), 2013 compared to 2012



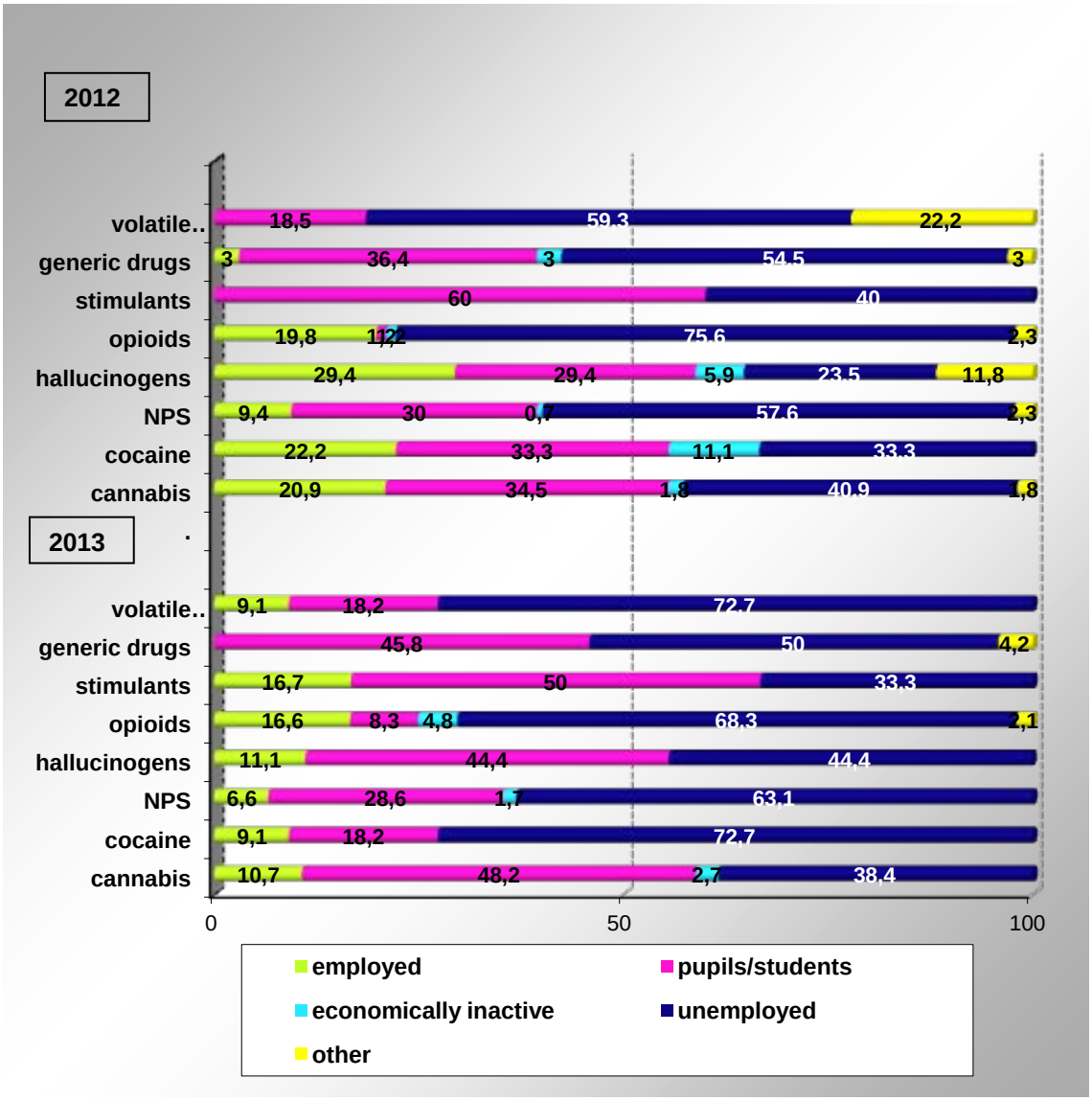
Source: NAA

As a difference compared to the previous year, an increase in the number of inactive population (from 1.3% in 2012 to 3.7% in 2013), as well as a decrease of people in the "others" category (from 2.8% in 2012 to 0.7% in 2013).

Compared to the previous year, depending on the type of substance used, 2013 shows the following differences in terms of occupational status:

- among cannabis consumers, the proportion of people employed decreased by half (from 20.9% in 2012 to 10.7% in 2013) while the proportion of pupils / students increased, from 34.5% in 2012 to 48 2% in 2013;
- among cocaine users, there is an increase of about 2.2 times of the proportion of unemployed persons, from 33.3% in 2012 to 72.7% in 2013, while the proportion of employed (from 22.2 % in 2012 to 9.1% in 2013) and pupils / students decreased (from 33.3% in 2012 to 18.2% in 2013);
- among hallucinogens users, an increase of the proportion of pupils / students can be noticed (from 29.4% in 2012 to 44.4% in 2013) and also of those who are not employed in the labour market (from 23.5% in 2012 to 44.4% in 2013), as well as a decrease of the proportion of employees (from 29.4% in 2012 to 11.1% in 2013);
- the proportion of pupils / students among opiate users increased, from 1.2% in 2012 to 8.3% in 2013;
- among volatile solvents consumers, there is increase in the proportion of people employed, from 0% in 2012 to 9.1% in 2013, unlike the previous year when this occupational category was not represented.

Table no. 8-10: Distribution of people who referred to medical emergency services in 2013 as a result of psychoactive substances use, by occupational status and type of drugs used (%), compared to 2012



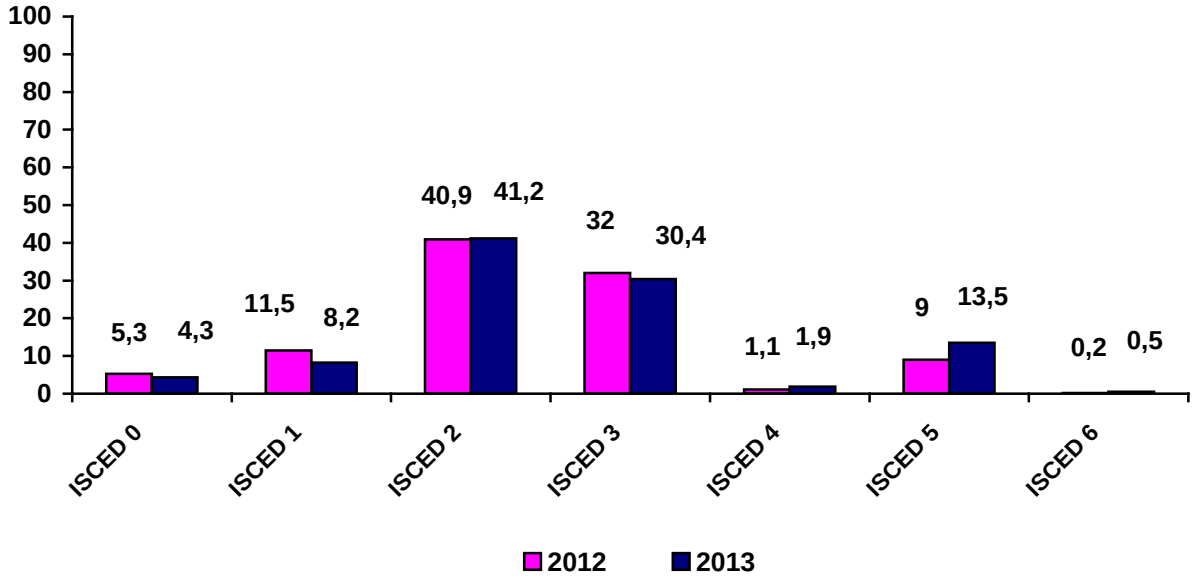
Source: NAA

Educational level[74]

In terms of **educational level,** the distribution of people who referred to medical emergency services as a result of drug use in 2013 is as follows: most of the patients have a secondary level of education (ISCED 2) – 41.2%, or tertiary education (ISCED 3) – 30.4%.

[74] according to the international standard classification of education
ISCED 0 (has never been to school + has not graduated primary education; ISCED 1 (primary education); ISCED 2 (secondary education + TVET school +10th grade+ SAT+ special school; ISCED 3 (high school); ISCED 4 (post-secondary education); ISCED 5 (long-term and short-term university education); ISCED 6 (post-university education).

Table no. 8-11: Educational level of people who referred to medical emergency services in 2013 as a result of psychoactive substances use (%), compared to 2012



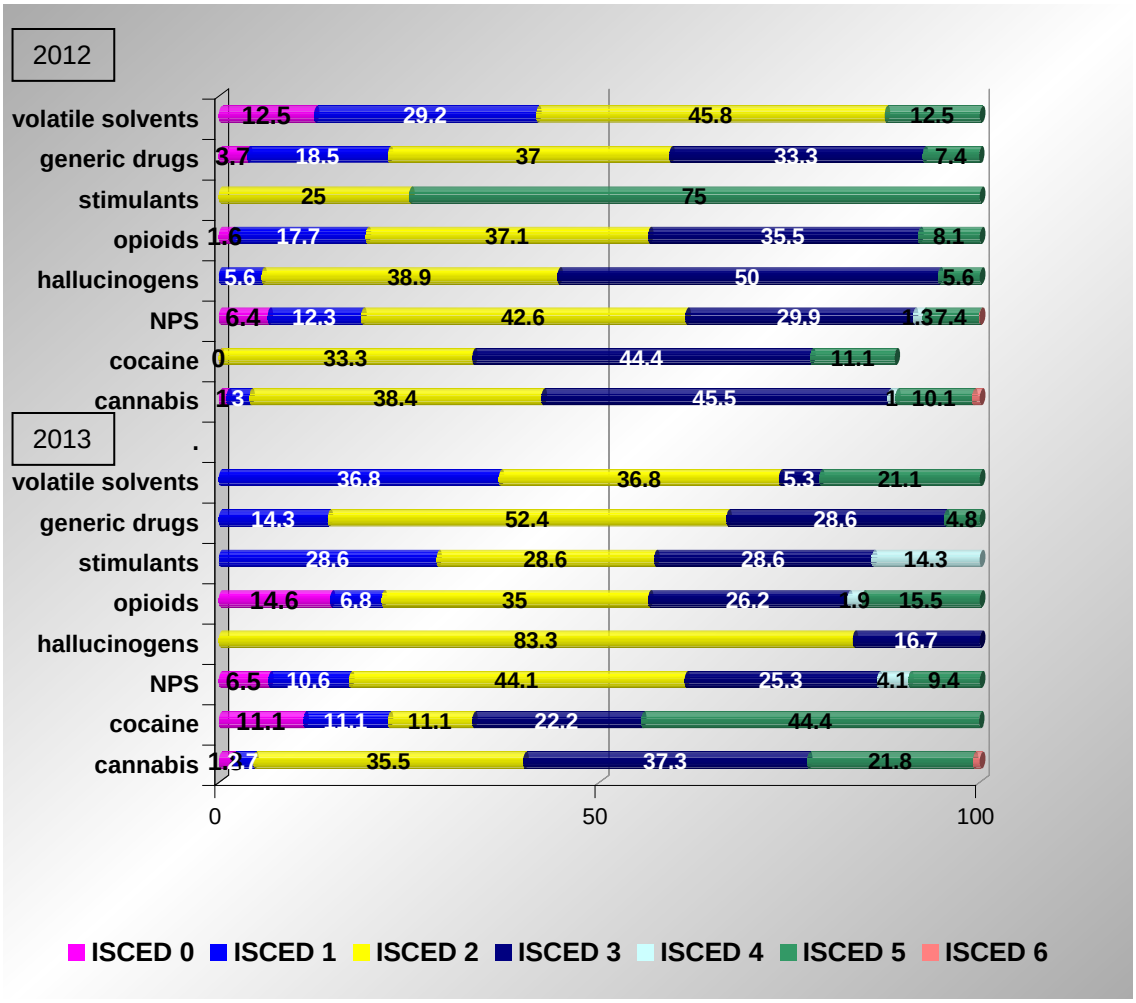
Source: NAA

In 2013 we notice a decrease in the proportion of people with primary education (ISCED 1), from 11.5% in 2012 to 8.2% in 2013, and an increase in the proportion of people with university education (ISCED 5), from 9% in 2012 to 13.5% in 2013.

Depending on the substance used, compared to the previous year, we notice the following differences:

- among cannabis users - the proportion of people with university education (ISCED 5) has doubled, from 10.1% in 2012 to 21.8% in 2013, and a decrease in the proportion of those with secondary education (ISCED 3) - from 45, 5% in 2012 to 37.3% in 2013;
- among cocaine consumers - the proportion of people with secondary education (ISCED 3) has decreased by half, from 44.4% in 2012 to 22.2% in 2013, while the proportion of people with secondary education (ISCED 2) decreased, from 33.3% in 2012 to 11.1% in 2013). There is also an increase in the proportion of university graduates (ISCED 5), from 11.1% in 2012 to 44.4% in 2013;
- among hallucinogens users - the proportion of people with secondary education (ISCED 2) has doubled, from 38.9% in 2012 to 83.35 in 2013;
- among opiate users - the proportion of people with university education (ISCED 5) has doubled, from 8.1% in 2012 to 15.5% in 2013.

Table no. 8-12: Distribution of people who referred to medical emergency services in 2013 as a result of psychoactive substances use, by educational level and type of drugs used (%), compared to 2012



Source: NAA

8.1.2 LEGAL CONTEXT AND POLICY IN THE AREA

Providing assistance to drug users represents one of the directions included in the National Anti-Drug Strategy 2013-2020, and also in the Action plan for 2013-2016 in the implementation of the National Anti-Drug Strategy 2013-2020[75].

Thus, in terms of specialized assistance for the social integration of drug users, the following specific objectives are targeted:

1. Develop quality standards appropriate policies in order to provide drug addicts access to the integrated assistance system;
2. Adapting services within the integrated assistance system to the individual needs of of consumers and consumption patterns, focusing on poly-consumption, combined substances consumption, non-prescription drugs consumption, non-opioids use, as well as use of new psychoactive substances;
3. Development of appropriate policies to the needs and characteristics of children of drug users in order to early identify and ensure access to the integrated assistance system;

[75] Government Decision no. 784/09.10.2013 approving the National Anti-Drug Strategy 2013-2016 and the Action Plan for the implementation of the National Anti-Drug Strategy 2013-2016[75]

4. Strengthening and diversification of the integrated assistance system to drug users in prisons;
5. Develop integrated institutional services for drug users who commit low social risk offenses and for drug users in the records of probation services, in order to include them in the integrated assistance system.

In order to achieve the specific objective "*Adapting services within the integrated assistance system to the individual needs of of consumers and consumption patterns, focusing on poly-consumption, combined substances consumption, non-prescription drugs consumption, non-opioids use, as well as use of new psychoactive substances*", the following activities were established:

- strengthen integrated support system through the development of public and private support resource / centres, tailored to the needs identified through annual assessments;
- authorization of centres providing services for drug users in accordance with national regulations and standards;
- establishment of centres providing occupational and psychosocial occupational therapy services, guidance and training for drug users in the integrated support system, in order to develop knowledge, skills and abilities that facilitate inclusion in the labour market;
- Implementation of alternative information, education, recreation, training skills, motivation and social responsibility services, in order to increase social inclusion of drug users;
- development of residential centres (therapeutic communities and others) aimed at removing the consumer from the social environment with a high risk of drug-use, increasing protective psychosocial factors, personal reconfiguring towards the maintenance of abstinence and social functioning;
- building protected housing for drug users in the process of maintaining abstinence and socio-professional reintegration.

We also mention the Operational Programme for Human Resource Development (SOP HRD) which defines a development strategy, the intervention of the European Social Fund supporting the achievement of objectives in the human resource development area.
One of the thematic priority axis is “Promoting social inclusion”, having as main areas of interventions:

- Developing social economy;
- Improving the access and participation of vulnerable groups to the labour market,
- Promoting equal opportunities on the labour market,
- Trans-national initiatives for an inclusive labour market.

One of the priorities in this area will be to create a network of Social Inclusion Centres, which would, among others, carry out activities like: development of skills which will allow people belonging to vulnerable groups to play social roles, acquisition of vocational skills and vocational training for employment, re-qualification and further training.

8.2 SOCIAL REINTEGRATION

The final objectives of the assistance provided to drug users are an improvement in the quality of life and their social reintegration. The assistance of drug-addiction is developed and applied taking into account the problems identified during the assessment process, and continued or terminated, as appropriate, depending on the results.
As regards the social reintegration, when drug-related social and family conditions are often characterized by marginalization, isolation, lack of material, social, professional or educational resources, or situations that interfere with the recovery process, the therapeutic solution will consider the need to provide support adapted to the needs of the beneficiary, by providing residential treatment services or intensive psychosocial interventions /measures and, where appropriate, readily available. Also, whenever possible, the social reintegration of drug users is a process built on social and individual supportive elements aimed at increasing resilience and coping mechanisms of the beneficiaries, depending on the intensity of psychosocial conditions identified.

Thus, through level III care centers, beneficiaries are provided with a safe environment that can lead them to recovery and social reintegration, in continuous relationship with community support intervention services.

SERVICES AND PROJECTS OF THE NATIONAL ANTI-DRUG AGENCY

In 2013, in terms of operational steps or ensuring functionality of level III assistance centres of NAA (day care center "with a capacity of 30 seats, day care center for juvenile drug users and therapeutic communities Dejani and Balan funded by the National Assistance Program 2013-2016), there was a blockage in the operationalization and ensuring their functioning, due to a lack of funding as a result of a failure to approve the new National Program to support medical, psychological and social assistance 2013-2016.

However, in 2013, the NAA has provided level III assistance services through **Pericle Day Care Centre (10 seats) established by the Decision 240/1/ 08.12.2011of the NAA Managing Director under the national program for medical, psychological and social assistance of drug users - 2008-2012, approved by Government Decision No. 1102/2008.** Thus, between 01.01 and 31.03.2013, understanding that psychotherapeutic and occupational interventions and resuming them after a period of time, have a negative psychosocial impact on the evolution of beneficiaries. In order to ensure continuity of operations, specialists within the "Family and Child Protection" Foundation provided, each week, music therapy and individual psychological counseling for crisis situation within the day care centre.

During the period January 1 to March 1, 2013, **12 beneficiaries** have continued the activities in the PericleDay Center, as follows:

- music therapy workshop 5 beneficiaries;
- individual psychological counseling for crisis situations 3 beneficiaries;
- social responsibility workshop 5 beneficiaries.

Starting the 1st of March 2013, due to insufficient financial and human resources in the Day Center, no services could be provided.

Considering that the social support is a tool of social inclusion specific for day center services, lack of psychotherapy and occupational services, combined with the insufficient specialized human resources (only one specialist), during the reference period a decrease in the number of beneficiaries has been registered.

Lack of financial resources is a direct consequence of the completion of the National Program for medical, psychological and social assistance provided to drug-users 2009-2012, mechanism which ensures the functionality of PericleDay Center.

PROJECTS:

„CREATING 3 THERAPEUTIC COMMUNITIES IN RAHOVA, JILAVA AND TÂRGŞOR PRISONS" - RO-0034

The project was finalized in 2012 and has a 5 year sustainability period - 2012-2017 (according to the partnership agreement).

In 2013, the 3 therapeutic communities continued their activity. Thus, 106 people followed the programme of the three therapeutic communities. Out of them, 5 former residents have continued the rehabilitation and social reintegration process within CPECA/CASA after release and 9 former residents have monthly participated between June and November 2013 in the support groups organized by the Probation Service in Bucharest.

Also, throughout the year, two meetings were held to monitor the activities of the three therapeutic communities in Rahova, Jilava and Târgşor prisons. Also, two supervision sessions (March and June

2013) addressed to the specialists of Romanian partner institutions in the project - Agency NAA, ANP and the National Probation Directorate. They were delivered by the representatives of Norwegian partners who contributed to the implementation of therapeutic communities in the three prisons.

SERVICES AND PROJECTS INITIATED BY THE CIVIL SOCIETY

Level III or social reintegration services centres for drug users are developed by NGOs in Romania.
NGOs which reported social reintegration activities implemented in 2013 are: "Open Hand" Association (Campina), the "Blue Cross of Romania" (Sibiu), "Bonus Pastor" Foundation (Targu Mures) and the "Solidarity and Hope" Foundation (Iasi).

Since 2009, the **Open Hand Association - Campina** developed a residential centre for female drug-addicted people, with a capacity of 16 seats and a residential social rehabilitation centre with a capacity of 8 seats. The treatment program in the two centres, implemented with support from DeHoop Foundation in the Netherlands is adapted to the Minnesota Model, a model structured in 3 stages and 9 steps. The duration of treatment is at least 28 days /each step. Beneficiaries are charged 600 lei / month for the residential centre services and 350 lei / month for the social rehabilitation centre services.
In 2013, 10 females have completed the therapeutic program for heroin cannabis and alcohol addicts provided by the Association.

"Blue Cross" Association in Sibiu is an ecumenical humanitarian association based on Christian values working in the tradition of international movement of the Blue Cross. In 1996, the Association has established one of the first therapeutic community type centres in Romania - "The Nazareth settlement in Sura Mica, Sibiu county, a service addressing male drug-addicts with a capacity of 22 seats. In 1997, the Association launched "The Isle of Hope settlement " in the Şelimbăr, Sibiu county, a service for female drug-addicts having a capacity of 12 seats.
The residential treatment program offered by the two centres is based on the method of the International Blue Cross, the Minnesota model and DeHoop model. The treatment has a 2 to 6 months duration. For completing this program, beneficiaries are charged 1,800 euro / month.
In 2013, **132 male beneficiaries** have completed the program, 91 of them seeking treatment for drug use / alcohol addiction, 15 for new substances with psychoactive properties (SNPP), 11 for poly-consumption, 9 for games addiction and 6 for drugs.
In program provided by the Island of Hope was followed by **28 females**. Out of these, 24 were seeking treatment for drug use / abuse of alcohol, 2 for drugs, one for us new substances with psychoactive properties (SNPP) and one for use / dependence on other drugs.
10-15% of drug users registered in the two centres live in Sibiu and 90-85% of them come from the other regions of the country.
The Blue Cross Romania Association is accredited as a social services provider of by the Ministry of Labour, Family, Social Protection and the Elderly. The activities provided by the association are funded from the contributions of beneficiaries, grants provided by the Ministry of Labour, donations, sponsorship and income from economic activities carried out by the Company of the association.

Since 1996, the **"Pastor Bonus" Foundation in Targu Mures** provides level III support programs and services to drug users (men and women) and their families. Through its Centre in Ozd (Mures County), in 2013, the Foundation has assisted 38 people in the "*Long-term Therapy Residential Program*" (3-6 months) and 50 people in the "*Short term intensive therapy Program*" (12 days). The short-term therapeutic program is preceded and / or followed by individual counselling. To implement these programs, the Foundation has received financial support from the County Social Services Agency and the County Council. At the same time, the Foundation has also developed *post-therapeutic programs* such as the "*Regional post treatment conferences*" aimed at informing and motivating new beneficiaries, and maintain contact with former residents. In 2013, **3 post-therapeutic conferences** were organized, involving **282 beneficiaries**.
During summer, the Foundation organized *therapeutic camps* for the former residents, but also therapeutic camps for children and young people consuming drugs and / alcohol. They also organized: **one camp for former residents** involving **104 people**, **a camp** for the children of drug and / or alcohol

users involving **42 children aged 8 to 12 years** and two camps targeting teenagers aged 13 to 16 years who come from families with drug-user parents with 56 beneficiaries.
The foundation programs are addressed to beneficiaries from Mures county, as well as those residing in other counties in Romania.

Within its "counselling and rehabilitation services to alcohol / drug addicts center", **"Solidarity and Hope" Foundation in Iasi** provides programs / nonresidential services for persons consuming drugs / dependent on alcohol, and their families. The programs and services are based on the Minnesota model (12 steps).
The centre has been developed starting 2004 in partnership with the Community Assistance Department in Iasi.
In 2013, the centre provided individual counselling services for addicts and their families, spiritual counselling, but also group psychotherapy services. At the same time, the centre provided occupational and game therapy for the children coming from drug-addicted families. In 2013, **142 people** benefited from the services provided by the centre in Iasi and North East region (70 drug and alcohol addicts and 72codependent people, family members of consumers).
In addition, the centre has supported the development of support groups for addicts and their families - Alcoholics Anonymous, Players Anonymous, Smokers Anonymous and Al-Anon.

Conclusions:

1. Based on the data collected through routine monitoring of the indicator *Admission to treatment as a result of drug use – Treatment admission indicator*, as well as data from the monitoring of the indicator *Medical emergencies as a result of drug use,* in what regards the social exclusion of drug users in Romania we can say that:
   - in general, the beneficiaries admitted to treatment for drug use in 2013 are unemployed (57.4%), have a secondary level of education (ISCED 2) – 41.2%, stable housing (82.9%) and live with their parents or families (58.1%)
   - regarding the medical emergencies as a result of illicit drug use in 2013, the patients who referred to the medical emergency services are: unemployed 58,5%, have at most a secondary level of education (ISCED 2 – 41.2%);
   - the number of unemployed among cocaine users who referred to emergency services has doubled
   - the proportion of pupils/students both among opioids and cannabis users referring to medical emergency services has doubled.
   - the proportion of people with a higher level of education among cannabis and opioids user has doubled.
2. In what regards the provision of integration / reintegration of drug interventions an increase of interventions from the addicted person to their family, with a focus on providing services to children and adolescents from families in which one parent / both are drug consumers.
3. In the reference year, no data were reported on the initiation / development of projects aimed at social reintegration of drug users.
4. The small number of drug users social rehabilitation services providers reflects an insufficient development of prior levels services (Level 1 and 2 support).
5. At national level, according to the provisions of Order no. 1389/513/282 of 4 August 2008 approving the criteria and methodology for authorization of centres providing services for drug users and the compulsory minimum standards for the organization and operation of centres providing services for drug users, centres offering support services to reintegrate drug users should be authorized by the NAA. In 2013 no centre offering social reintegration for drug users has requested authorization.
6. The budgetary constraints (the lack of approval of a new national medical, psychological and social care program 2013-2016) decreased NAA ability to ensure the continuity of operation of Pericles Day Centre throughout 2013, as well as the possibility to develop other level III services needed to ensure the continuum of services.

7. The lack of stable financial resources to ensure the strengthening of social reintegration services for drug users restrict accessibility of these services and prevents the development of new services to meet the demand.
8. Insufficient development of level III centres in the national integrated care system for drug users result in the impossibility to provide these services to a greater number of eligible beneficiaries who, at the time, are exclusively been provided services to reduce drug-use related risks, maintenance or replacement services or support psychological and social interventions.

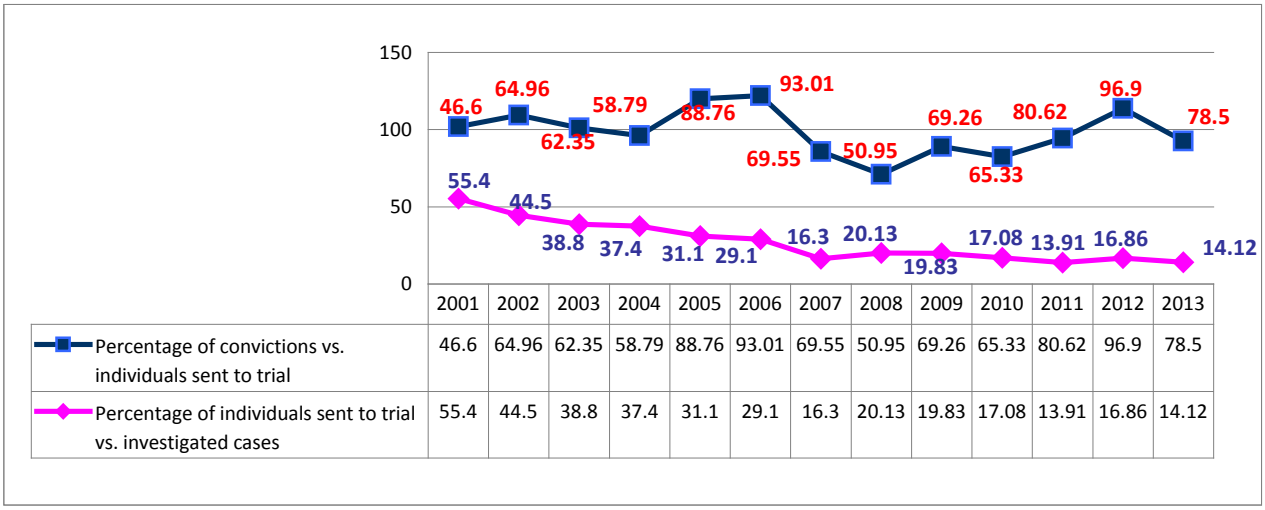
Chapter 9 – Drug-related crime, prevention of drug related crime and prisons

9.1 DRUG RELATED CRIMINALITY

9.1.1 DRUG-RELATED CRIME

As far as drug-related crimes go, 2013 shows increases in the number of cases solved by prosecutors, criminally prosecuted individuals and a decrease in the number of convictions, below the number of 2011. In this context, in 2013 the number of convictions decreased compared to the number of prosecutions, from 96.9% to 78.5%[76]. One must also notice that during 2005-2006 and 2011-2012 this variable reached peak values. At the same time, we also notice a constantly decreasing trend in the individuals sent to trial out of the total of investigated cases.

Chart no. 9-1: Evolution of convictions vs. evolution of cases sent to trial during 2001-2013



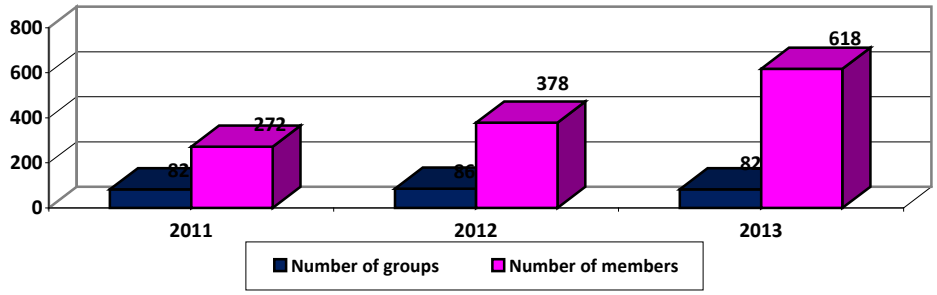
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Percentage of convictions vs. individuals sent to trial	46.6	64.96	62.35	58.79	88.76	93.01	69.55	50.95	69.26	65.33	80.62	96.9	78.5
Percentage of individuals sent to trial vs. investigated cases	55.4	44.5	38.8	37.4	31.1	29.1	16.3	20.13	19.83	17.08	13.91	16.86	14.12

Source: Superiour Council of Magistracy, Prosecutor's Office attached to the High Court of Cassation and Justice, DIICOT

Given the decrease in the number of dismantled criminal groups, in 2013 **the number of members in criminal groups has increased** and almost doubled compared to the previous year (from 272 in 2011 to 378 in 2012 and 618 in 2013).

[76] During 2013, consequent to the decision no. 46/2011 of the SCM Plenary Meeting, county courts switched to a full statistics collection system (ECRIS) that clerks need time adjusting to, reason for which some of the data might not be included in the final statistic consolidation prior to the adapting fully to the new requirements.

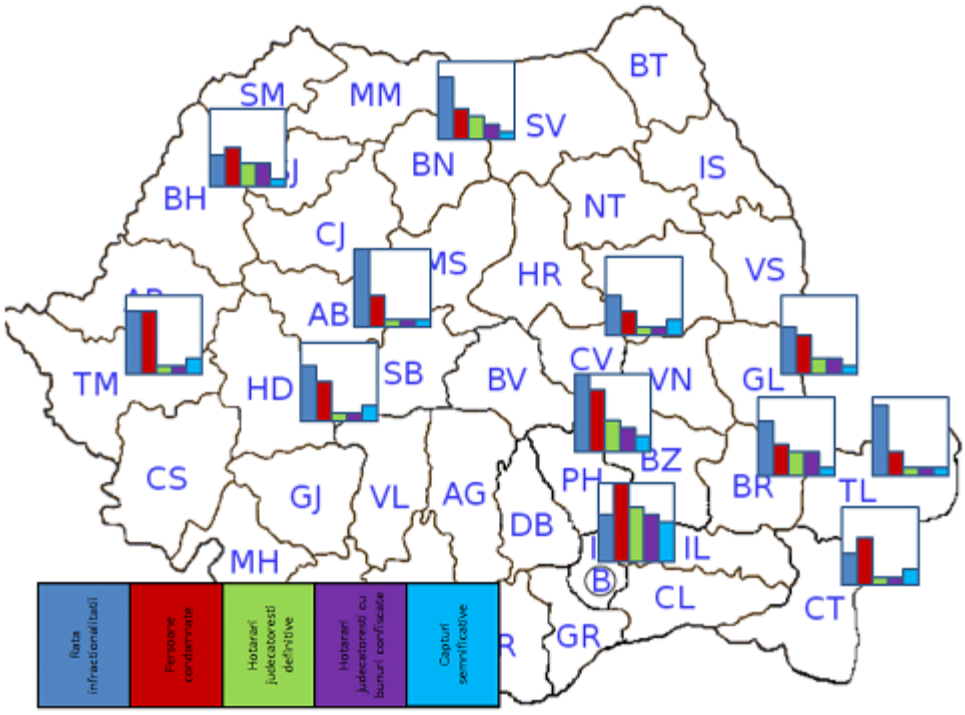
Chart no. 9-2: Evolution of identified groups compared to the number of group members:



Source: Anti-Drug Directorate – IGPR - DCCO

The analysis of drug-related convictions at national level shows **Bucharest, Prahova, Timis, Cluj and Galati** as the cities with **the largest number of convictions**. Compared to the total number of the population the area, **the highest drug-related crime rates** are registered in **Alba, Tulcea, Prahova, Bistrita Nasaud and Timis counties.** Although it has the highest number of drug-related convictions, Bucharest ranks tenth after Braila, Hunedoara, Galati and Cluj counties.

Map no. 9-1: Map of cities with a high criminality rate, compared to the number of convictions, final judgements, confiscated goods and material seizures



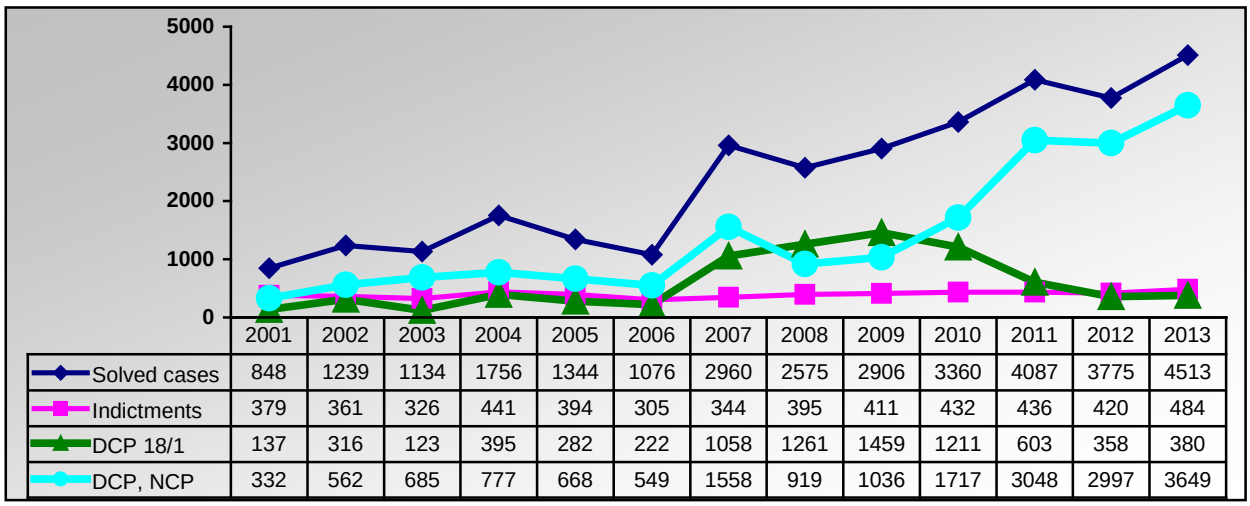
Source: Superior Council of Magistracy, Prosecutor's Office attached to the High Court of Cassation and Justice - DIICOT, Anti-Drug Department and the Central Laboratory for Drug Analysis and Profile - IGPR- DCCO

A. NUMBER OF CRIMINAL FILES SOLVED BY PROSECUTOR'S OFFICES FOR DRUG AND DRUG PRECURSOR RELATED CRIMES

According to the data provided by the Directorate for Investigating Organized Crime and Terrorism (central office and the 15 territorial offices), during 2013 a total number of **4.513 cases** were solved, which constitutes the highest number of cases since 2001 and **an increase by 19.5% compared to 2012**.

As regards judgments, during the reference year, out of the **4,513** criminal cases solved, **484 cases** (increasing by **15.24%** compared to 2012) were sent to trial to continue criminal proceedings, **3,649** cases were solved without **continuing the criminal proceedings**[77]**,** for various reasons as per the law, while the **380** cases ending in **dropping the criminal charges as per art.18**[1] **in the Criminal Code**.

Chart no. 9-3: Evolution of criminal cases prosecuted by the prosecutor's offices during 2001 – 2013 (no.)

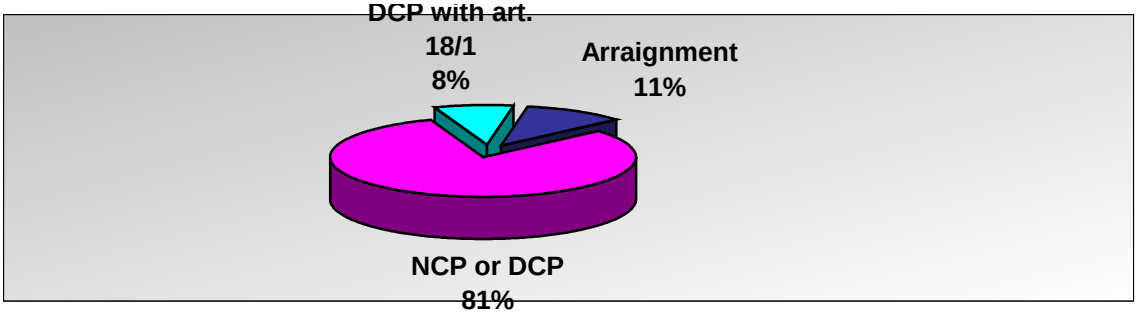


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Solved cases	848	1239	1134	1756	1344	1076	2960	2575	2906	3360	4087	3775	4513
Indictments	379	361	326	441	394	305	344	395	411	432	436	420	484
DCP 18/1	137	316	123	395	282	222	1058	1261	1459	1211	603	358	380
DCP, NCP	332	562	685	777	668	549	1558	919	1036	1717	3048	2997	3649

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

2013, compared to the percentages registered in **2012**, stands out through **slight decreases of the percentage** of committal cases (from **11.13%** to **10.72 %**), as well as with the percentage of criminal cases ending in **dropping criminal prosecution as per art.18**[1](from **9.48%** to **8.42%**).

Chart no. 9-4: Distribution of cases solved in 2013, per type of judgment (%)

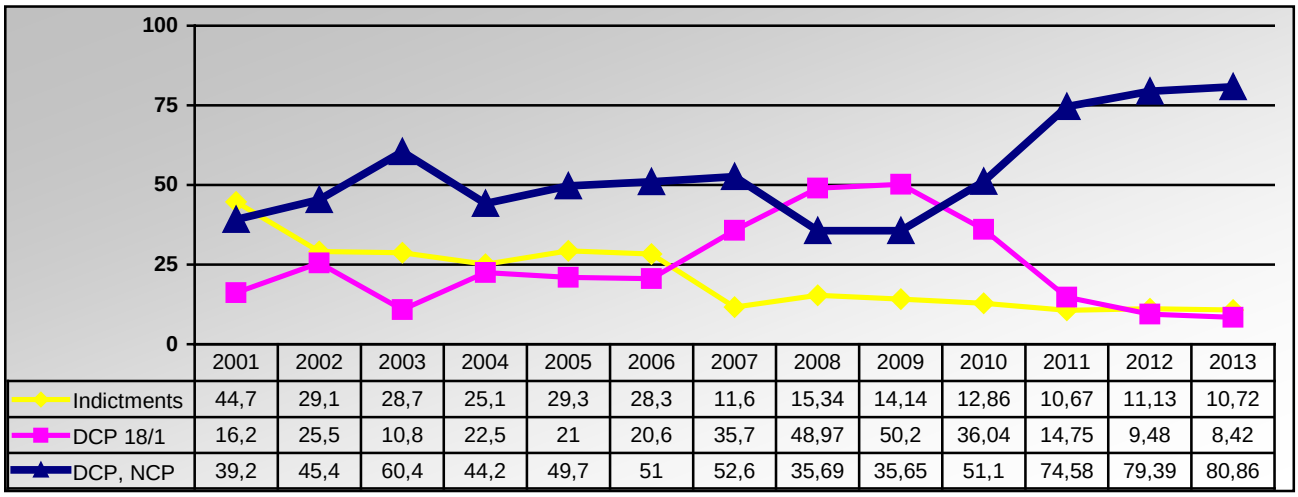


Source: Prosecutor's Office attached to the High Court of Cassation and Justice, DIICOT

Criminal cases ending in **no criminal prosecution or discontinuing criminal prosecution** have seen a slight increase (from **79.39%** to **80.86%**)

[77] Discontinuing prosecution, decision not to prosecute or cease of criminal prosecution

Chart no. 9-5: Evolution of the percentage of solved cases depending on type of judgment (arraignment, DCP as per art. 18[1], NCP or DCP), 2013 *(%)*



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Indictments	44,7	29,1	28,7	25,1	29,3	28,3	11,6	15,34	14,14	12,86	10,67	11,13	10,72
DCP 18/1	16,2	25,5	10,8	22,5	21	20,6	35,7	48,97	50,2	36,04	14,75	9,48	8,42
DCP, NCP	39,2	45,4	60,4	44,2	49,7	51	52,6	35,69	35,65	51,1	74,58	79,39	80,86

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

The big urban agglomerations as well the cross-border areas have continued to be in 2013 the areas with high potential in drug-related criminality.

This conclusion is also supported by the statistics registered at the level of territorial offices of DIICOT. Thus, of the total cases solved at national level, **Bucharest** continues to rank first with **67.38%,** followed by **Constanta (5.69%), Ploiesti (3.7%)** and **Cluj (3.5%).**

Structures with **visible increases in the number of cases prosecuted in 2013** are the following: **Iasi** (from 64 in 2012, to 123 in 2013), **Timisoara** (from 96 in 2012, to 113 in 2013) and **Alba Iulia** (58 cases in 2012, compared to 73 in 2013).

One must notice that, compared to 2012, there is also a decrease in the number of criminal cases solved by certain territorial offices of DIICOT, i.e.: **Galati** (from 79 in 2012, to 66 in 2013), **Pitesti** (from 50 in 2012, to 37 in 2013) and **Craiova** (127 cases in 2012, compared to 116 in 2013).

Most **indictments** were registered by territorial offices in **Bucharest** (26%), **Constanta** (11%), **Cluj and Timisoara** (6.8%), **Ploiesti and Headquarters** (6%) which, compared to the previous year, this is a decease for Cluj and Timisoara and an increase for Bucharest, Constanta, Ploiesti and Headquarters.

Table no. 9-1: Territorial distribution of solved cases depending on type of judgement – comparative data 2010-2013

Territorial Office	Solved cases											
	2011				2012				2013			
	Indictments	DCP18[1]	DCP/NCP	**Total**	Indictments	DCP18[1]	DCP/NCP	**Total**	Indictments	DCP18[1]	DCP/NCP	**Total**
Alba Iulia	13	10	48	**71**	17	16	25	**58**	25	6	42	**73**
Bacau	8	8	99	**115**	12	4	51	**67**	15	8	37	**60**
Brasov	13	2	32	**47**	12	4	39	**55**	18	4	37	**59**
Bucharest	**120**	379	2025	**2524**	**104**	204	2182	**2490**	**126**	242	2673	**3041**
Cluj	**47**	48	97	**192**	**36**	32	86	**154**	**33**	21	104	**158**
Constanta	**44**	18	124	**186**	**44**	15	113	**172**	**53**	4	200	**257**
Craiova	26	16	106	**148**	23	18	86	**127**	25	17	74	**116**
Galati	14	9	63	**86**	28	5	46	**79**	15	4	47	**66**
Iasi	19	47	57	**123**	8	19	37	**64**	21	31	71	**123**
Oradea	17	2	15	**34**	20	5	16	**41**	19	9	28	**56**
Pitesti	12	11	46	**69**	14	2	34	**50**	14	2	21	**37**
Ploiesti	**25**	9	120	**154**	**26**	7	101	**134**	**29**	12	126	**167**
Suceava	13	7	51	**71**	8	6	27	**41**	15	1	34	**50**
Tg. Mures	10	10	29	**49**	13	11	39	**63**	14	5	34	**53**
Timisoara	**28**	26	57	**111**	**36**	10	50	**96**	**33**	12	68	**113**
Headquarters	**27**	1	79	**107**	**19**	0	65	**84**	**29**	2	53	**84**
Total	**436**	603	3048	**4087**	**420**	358	2997	**3775**	**484**	380	3649	**4513**

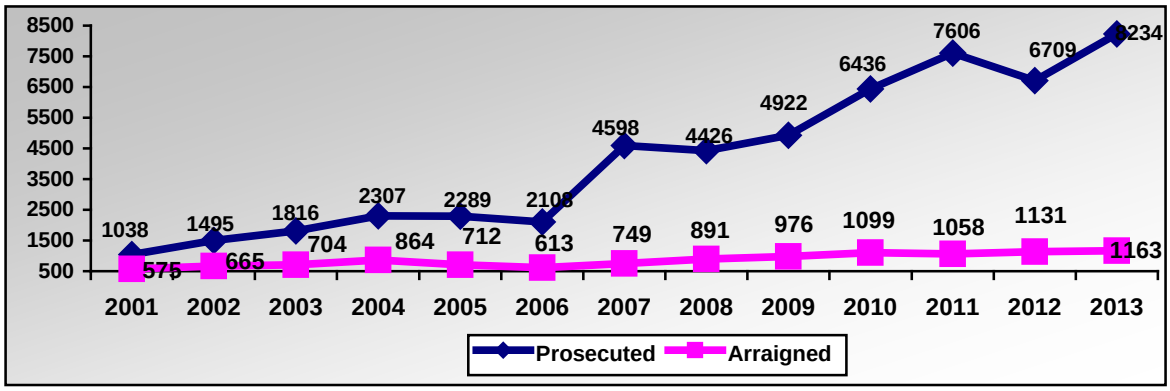
Source: Prosecutor's Office attached to the High Court of Cassation and Justice, DIICOT

B. INDIVIDUALS PROSECUTED AND ARRAIGNED BY THE PROSECUTOR'S OFFICES

2013 also brings an increase in the number of individuals prosecuted for drug related crimes. Thus, in the **4,513 criminal cases** solved by the prosecutor's offices, **8,234 individuals** were prosecuted (**22.73%** more than in 2012), out of which **circa 47%** - i.e. **3,863 individuals** – were prosecuted by the **Bucharest Territorial Office**.

The number of individuals arraigned during the reference period has increased compared to 2012. Thus, in **2013**, out of a total of **8,234** individuals prosecuted for drug related crimes, **1,163 individuals (14.12%) were arraigned** for the next phase of the criminal proceedings**,** while the remaining **7,071** received other procedural measures.

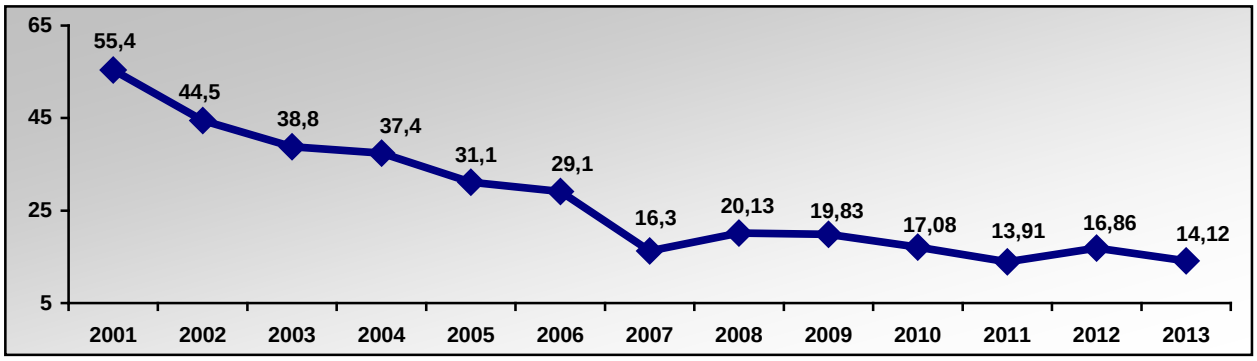
Chart no. 9-6: Evolution of the number of individuals prosecuted and arraigned for drug- and precursor-related crimes by the prosecutor's offices during 2001-2013



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

By correlating the two indicators, i.e. the number of individuals prosecuted for drug related crimes and the number of arraigned individuals, one can notice a slightly decreasing trend in the percentage of arraigned individuals from the total number (from **16.86**% in 2012 to **14.12% in 2013**), determined by an increasing number of prosecuted individuals (from 6,709 individuals in 2012 to 8,234 individuals in 2013).

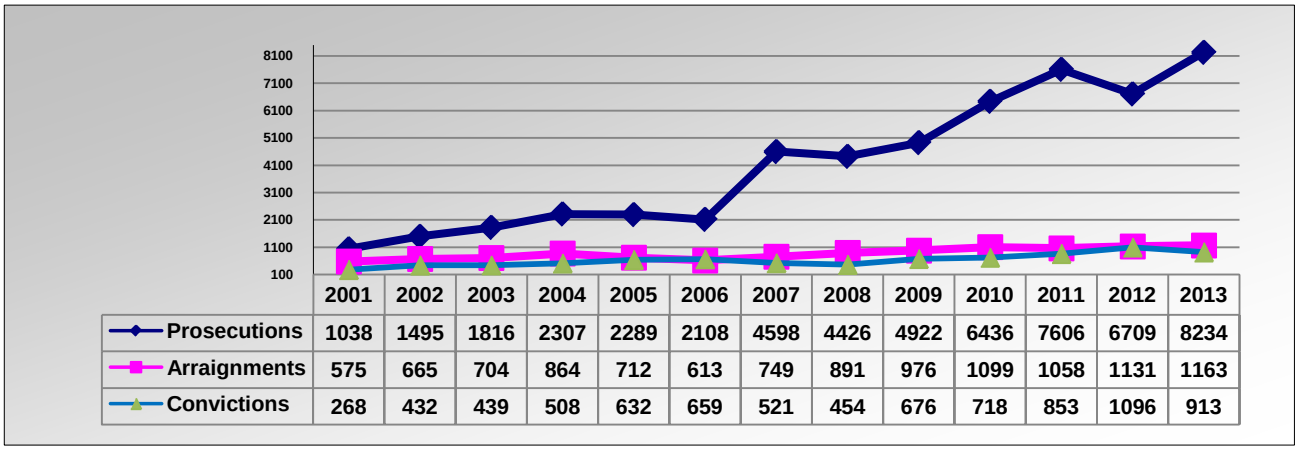
Chart no. 9-7: Evolution of the percentage of arraigned individuals from the total number of individuals prosecuted by the prosecutor's office during 2001 – 2013 (%)



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

The analysis of prosecutions compared to arraignments and convictions shows an increasing trend of this first indicator, while indicator values for arraignments and convictions are rather similar.

Chart no. 9-8: Compared evolution of prosecutions, arraignments and convictions during 2001-2013



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Prosecutions	1038	1495	1816	2307	2289	2108	4598	4426	4922	6436	7606	6709	8234
Arraignments	575	665	704	864	712	613	749	891	976	1099	1058	1131	1163
Convictions	268	432	439	508	632	659	521	454	676	718	853	1096	913

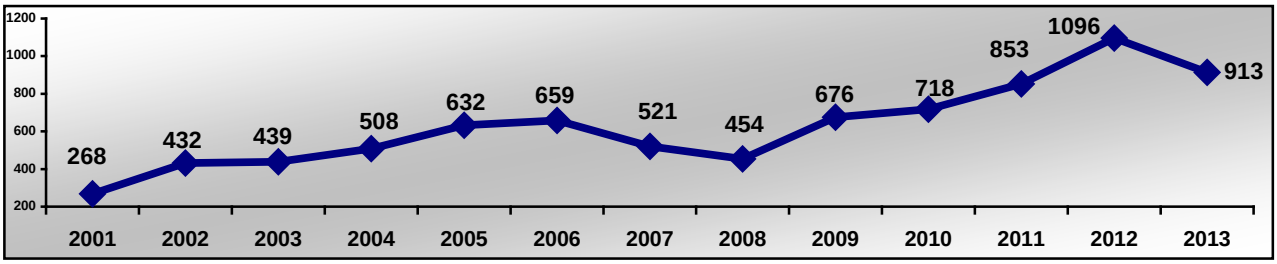
Source: Prosecutor's Office attached to the High Court of Cassation and Justice, DIICOT

The profile of **demographic and social-economic indicators concerning individuals arraigned** for breach of drug-related legal provisions continues in the reference year. Thus, the individual arraigned drug-related crimes is, in general, **male (90.2%),** between **21-54 years of age (89.6%)**, from the **urban** area **(87.88%)**, with an **average education level (59.93%)** and **unemployed (75.92%)**.

C. INDIVIDUALS CONVICTED BY COURTS

According to statistics provided by the Superior Council of Magistracy, in 2013 the number of convictions for drug-related crimes decreased by **16.7%** compared to 2012, when this indicator peaked. Nevertheless, the number exceeded values for 2001-2010. Thus, courts have found guilty **913 individuals** (836 men and 77 women), of which **891 of legal age** (817 men and 74 women) and **22 minors** (19 boys and 3 girls). The highest number of convictions was in Bucharest (132), which is 14.46% of total convictions.

Chart no. 9-9: Evolution of individuals convicted for drug related crimes during 2001-2013



Source: Superior Council of Magistracy

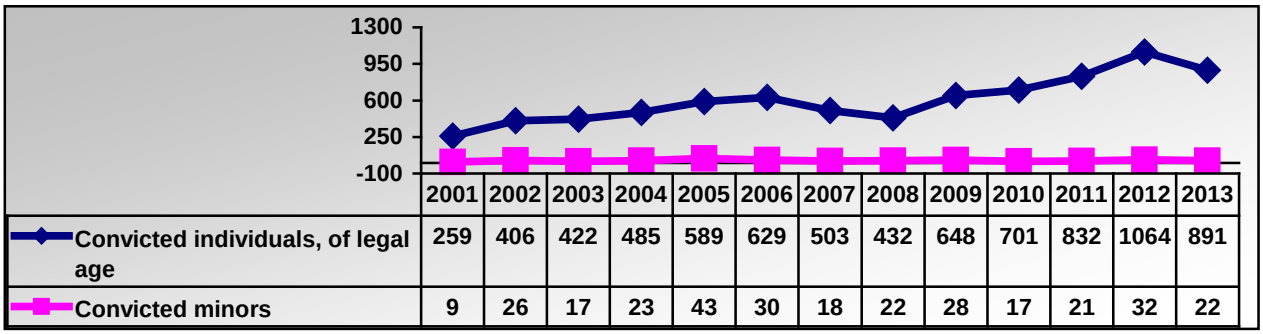
In 2013 as well, we see a constant percentage of **convictions for drug trafficking** of total conviction for drug related crimes, with an increase from 74.82% in 2012 to 84.78% in 2013). To this end, **774** individuals were convicted as per **art.2** in **Law no. 143/2000** on preventing and counteracting illegal drug trafficking and use, as amended and completed, out of which **18 were minors.**

With respect to the **number of convictions** by courts for **drug possession with intent to use** (**art. 4 in Law no. 143/2000**), although it decreased compared to 2012 (from 61 to 58), the weight of this category in all convictions increased **to 6.4%** compared to 5.6% in 2012.

In 2013, we noticed a constant decrease in the number of convictions base don **art.3 in Law no. 143/2000** on preventing and counteracting illegal drug trafficking and use, as amended and completed. Thus, out of total convictions, **65 individuals (7.12%)** compared to 188 (17.15%) in 2012 were punished for illegal import and export of risk drugs.

The **minors'** level of involvement in drug related crimes continues to be low, **circa 2.4%**, most convictions being for drug traffic.

Chart no. 9-10: Evolution of individuals convicted for drug related crimes depending on the age, during 2001-2013

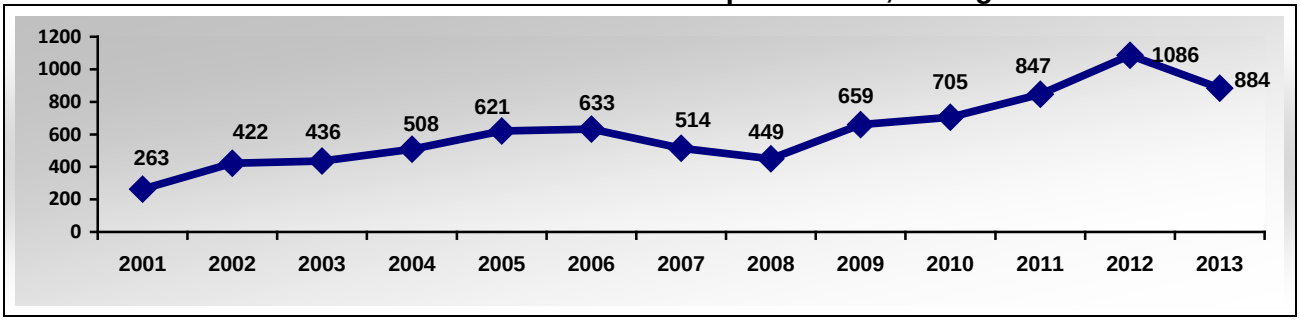


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Convicted individuals, of legal age	259	406	422	485	589	629	503	432	648	701	832	1064	891
Convicted minors	9	26	17	23	43	30	18	22	28	17	21	32	22

Source: The Superior Council of Magistracy

As far as the time of the punishment is concerned, during 2013 just as in previous years, courts ruled mostly on imprisonment. Thus, **884** individuals of the total **913** convictions were convicted by courts to **imprisonment,** while **29 individuals** received **criminal fines.**

Chart no. 9-11: Evolution of individuals convicted to imprisonment, during 2001 - 2013

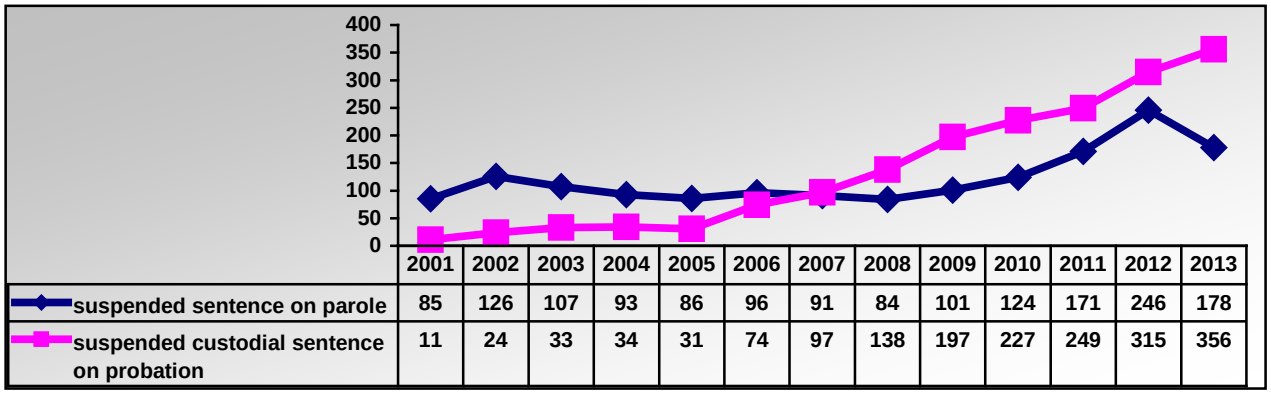


Source: Superior Council of Magistracy

Moreover, from the total **884** individuals convicted to imprisonment, **349** (**39.48%**) individuals were convicted to **carry out their punishment in prison**, **356** individuals (**40.27%**) received a **suspended custodial sentence on probation**, **178** (**20.14%**) individuals received a **suspended sentence on parole** and **1** (**0.11%**) individuals were sentenced to **serve their punishment on the job.**

We notice that the total number of imprisonments is decreasing by 18.6% compared to 2012.

Chart no. 9-12: Compared analysis of the number of individuals convicted with a suspended sentence on parole and those with a suspended custodial sentence on probation, during 2001-2013



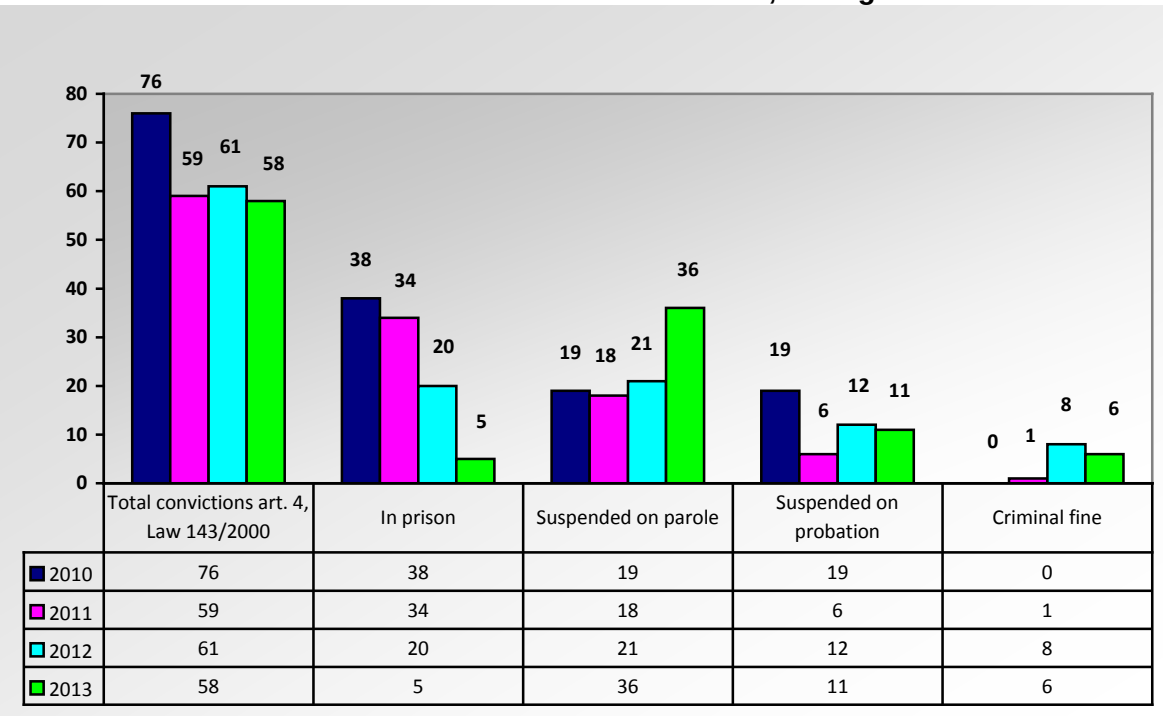
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
suspended sentence on parole	85	126	107	93	86	96	91	84	101	124	171	246	178
suspended custodial sentence on probation	11	24	33	34	31	74	97	138	197	227	249	315	356

Source: Superior Council of Magistracy

From the data provided by the Superior Council of Magistracy, one can notice that for **5** of the 58 individuals convicted for drug possession with intention to use (**art. 4 Law 143/2000**), the courts passed the **sentence of imprisonment**, which is a **significant decrease compared to the previous year** when 20 such cases were registered out of a total of 61 individuals. **47 individuals** received **suspended sentences** as follows: **36** received a suspended sentence on parole and **11** received a suspended custodial sentence on probation.

Moreover, for this category of individuals, we also notice a decrease in the number of **applied criminal fines**, from 8 fines in 2012 to **6** in the reference year.

Chart no. 9-13: Convictions based on art. 4 in Law no. 143/2000, during 2010-2013



	Total convictions art. 4, Law 143/2000	In prison	Suspended on parole	Suspended on probation	Criminal fine
2010	76	38	19	19	0
2011	59	34	18	6	1
2012	61	20	21	12	8
2013	58	5	36	11	6

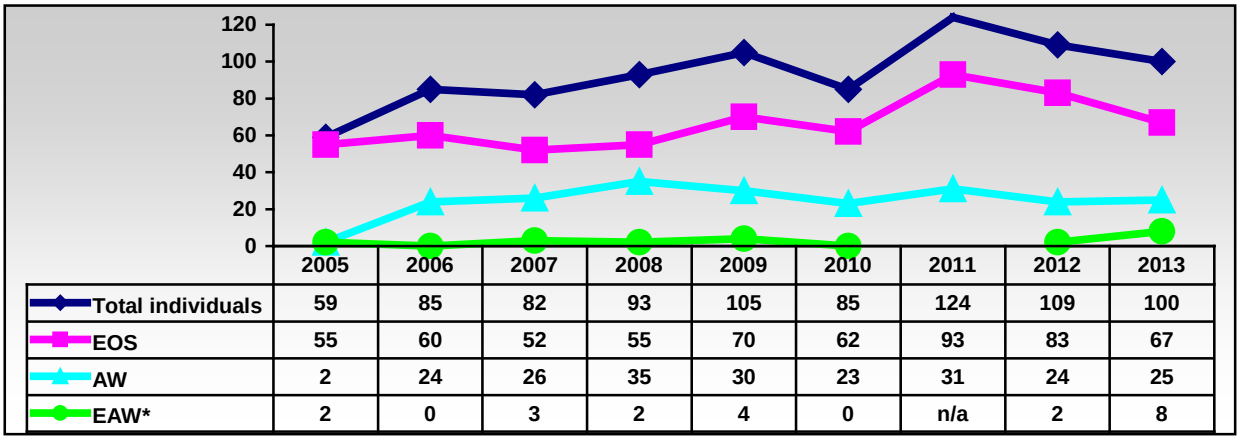
Source: Superior Council of Magistracy

Most **convictions based on art. 4 in Law 143/2000** came from **Constanta** (13 individuals, of which 1 minor), Galati (7 individuals, of which 1 minor), Alba (6 individuals) and Bihor and Tmis (5 individuals each).

With respect to **convictions for drug trafficking (art. 2)**, the highest number of cases in 2013 continues to be registered in **Bucharest** - **121 individuals of age**, Prahova - 68 individuals, TImis – 54 individuals (of which 1 minor), Cluj – 50 individuals, Galati – 33 individuals (of which 1 minor) and 30 individuals in Hunedoara, unlike 2012 when the highest number was in Bucharest (381), Hunedoara (89), Cluj and Bihor (47 each) and Constanta (44). As noticed, Bucharest continues to be the city with the highest percentage of convictions for drug traffic (46.5% in 2012 and circa 15.6% in 2013).

Unlike 2012, in 2013, as per statistics from the **Directorate for Criminal Investigation** within the General Inspectorate of the Romanian Police on individuals trying to escape imprisonment and detention pending trial, number of prosecutions registered a slight decrease. Thus, less execution of sentences (**EOS**) and more European arrest warrants (**EAW**) were issued.

Chart no. 9-14: Evolution of prosecutions during 2005 - 2013



	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total individuals	59	85	82	93	105	85	124	109	100
EOS	55	60	52	55	70	62	93	83	67
AW	2	24	26	35	30	23	31	24	25
EAW*	2	0	3	2	4	0	n/a	2	8

** MEA = European Arrest Warrant*
Source: Directorate for Criminal Investigation, IGPR

D. INDIVIDUALS IN PRISONS

In detention units of the **National Administration of Prisons,** on December 31, 2013, **1,215 individuals** received final convictions for crimes as per Law no.143/2000 on preventing and counteracting illegal drug trafficking and use, as amended and completed. Compared to December 31, 2012 when there were **1,781 individuals** in detention, the number of inmates has **decreased by 31.78%** on December 31, 2013.

Throughout 2013, **347 individuals were released conditionally** from imprisonment for crimes as per Law no. 143/2000, **17.77% (422 individuals) less** compared to the previous year. Moreover, **16 arrested individuals** were released, after serving a full sentence, from crimes perpetrated under Law no. 143/2000, almost double compared to the previous year, when 7 individuals were released after serving a full sentence.

In addition, on December 31, 2013, detention units subordinated to the **National Administration of Prisons** included **12 individuals** with final conviction for crimes in Law no.194/2011 on counteracting operations with products with possible psychoactive effects, other than stated in laws in force.

E. INDIVIDUALS REGISTERED IN PROBATION SERVICES

The data provided by the **Probation Directorate** within Ministry of Justice through assessment reports from probation services show for 2013 **an increase in the number of assessment reports**, drafted by courts, mostly on drug trafficking related crimes, as follows:

- Under **drug traffic** (art. 2 in Law no. 143/2000), **the criminal prosecution bodies** requested assessment reports for **11 individuals** compared to 3 individuals registered the previous year, while **courts** requested reports for **201 individuals** compared to 194 in 2012;
- Under **possession with intent to use**, crime stipulated in art. 4 in Law 143/2000, **the criminal prosecution bodies** requested assessment reports for **2 individuals** compared to 3 individuals in 2012**)**, while **courts** requested reports for **102** individuals compared to 76 in 2012.

Moreover, in 2013, assessment reports were drafted also for individuals prosecuted and tried as per articles 16 and 17 in Law 194/2011[78] on counteracting operations with products with possible psychoactive effects, other than in laws in force, as follows:

- For unlawful and unauthorized operations with products knowing that they could have psychoactive effects (art.16) **criminal prosecution bodies** requested assessment reports for **one individual**, while **courts** requested assessment reports for **16** individuals;
- For purposefully performing unlawful operations with products that could have psychoactive effects, claiming or faking that they are authorized as per the law, or whose trading is allowed by law (art.17), **courts** have requested assessment reports for 7 individuals.

For convictions in 2013 with a suspended custodial sentence on probation, for crimes as per **Law no.143/2000** on preventing and counteracting illegal drug trafficking and use, as amended and completed, dealt with by the probation services, we find that:

- probation measures in art.86^3(1) letters a – d in the Criminal Code were applied to **1,579 individuals** for crimes provided in **art.2 in Law 143/2000** and to **609 individuals** for crimes provided in **art.4** of the same law;
- observance of requirements in art.86^3(3) letters a – f in the Criminal Code were applied to **567 individuals** for crimes provided in **art.2 in Law 143/2000** and to **237 individuals** for crimes provided in **art.4** of the same law;
- probation measures in art. 103(3), letters a-c in the Criminal Code were applied to **2 convicted minors** for crimes provided **in art.2 in Law 143/2000** and for **1 convicted minor** for crimes provided in **art.4 in Law no.143/2000;**
- **104 convicted individuals** received **individual counselling sessions.**

[78] Unlawful and unauthorized operations with products knowing that they could have psychoactive effects.

During 2013, with respect to individuals convicted for crimes in **Law no.194/2011** on counteracting operations with products with possible psychological effects, other than in laws in force, with suspended custodial sentence on probation, dealt with by probation services, we notice the following:

- probation measures in art.86³(1) letters a – d in the Criminal Code were applied to **72 individuals** for crimes provided in **art.16 in Law 194/2011**, to **6 individuals** for crimes provided in **art.17** and to **3 individuals** for crimes provided in **art.19** of the same law;
- observance of requirements in art.86³(3) letters a – f in the Criminal Code were applied to **24 individuals** for crimes provided in **art.16** in Law 194/2011, to **1 individual** for crimes provided in **art.17** of the same law;
- **One individual** received individual counselling sessions.

F. INDIVIDUALS HANDED OVER/TRANSFERRED FOR DRUG RELATED CRIMES

Review of the data from the International Centre for Police Cooperation within the General Inspectorate of the Romanian Police shows that in 2013, for drug- and precursor-related crimes, **56 Romanian citizens** were the object of international judiciary cooperation proceedings for criminal matters, as follows: European arrest warrant (42), transfer (11), extradition (3). Of them, 33 were taken over from EU Member States based on European arrest warrants, 9 were handed over to foreign authorities in Spain (5), Hungary (2), Italy and Germany (1 each). Most arrest warrants were registered for Spain (9), Germany (7) and Italy (5).

Unlike 2012, during the reference year, 3 Romanian citizens were extradited to Romania (Ecuador – 2, Switzerland -1) and there were no extraditions of Romanian citizens to other states for drug- and precursor-related crimes. At the same time, there were 16 transfers to continue incarceration sentences for drug- and precursor-related crimes to and from Romania, of which 11 Romanian citizens and 4 foreign citizens. Regarding foreign citizens, they were transferred to Turkey, Poland, Great Britain and Republic of Moldova.

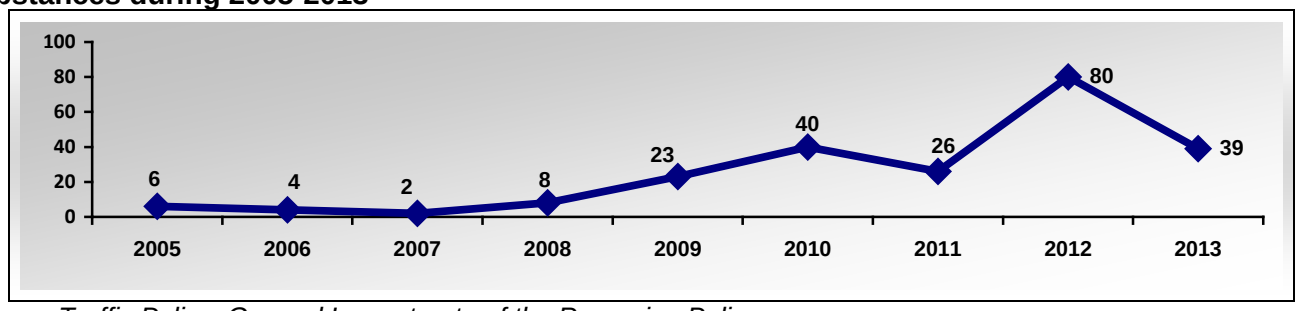
9.2 OTHER DRUG-RELATED CRIME

9.2.1. ROAD TRAFFIC RELATED CRIMES

During 2013, the traffic police identified **39 individuals driving** under the influence of narcotics[79], which is an almost two-time decrease compared to 2012.

The largest number of drivers was in **Bucharest (8)** and in **Constanta (7).** In addition, there were cases in Timis (5), Iasi and Maramures (4 each), Vrances (3), Dambovita and Neamt (2), Alba, Braila, Caras-Severin and Suceava (1 each).

Chart no. 9-15: Trends in the number of drivers found under the influence of drugs or psychotropic substances during 2005-2013



Source: Traffic Police, General Inspectorate of the Romanian Police

[79] The data come from unannounced traffic checks carried out by the Traffic Police, without drug tests applied for crashes.

9.2.2. OTHER DRUG USE RELATED CRIMES

During **2013**, in the 12 detention centres of the Independent Office of Detention and Detention Pending Trial within the Bucharest Police General Directorate, **634 individuals (576 men, 58 women)** were detained for crimes under the influence of drugs or psychotropic substances.

We see also in 2013 that **property-related crimes** continue to rank first among crimes under the influence of drugs or psychoactive substances, amounting to **66%** (341 cases of theft and aggravated theft and 78 robberies). Unlike 2012, we see an increase in the number of cases of theft, drug trafficking, robbery and murder.

Table no. 9-2: Individuals arrested depending on crime, during 2006 - 2013

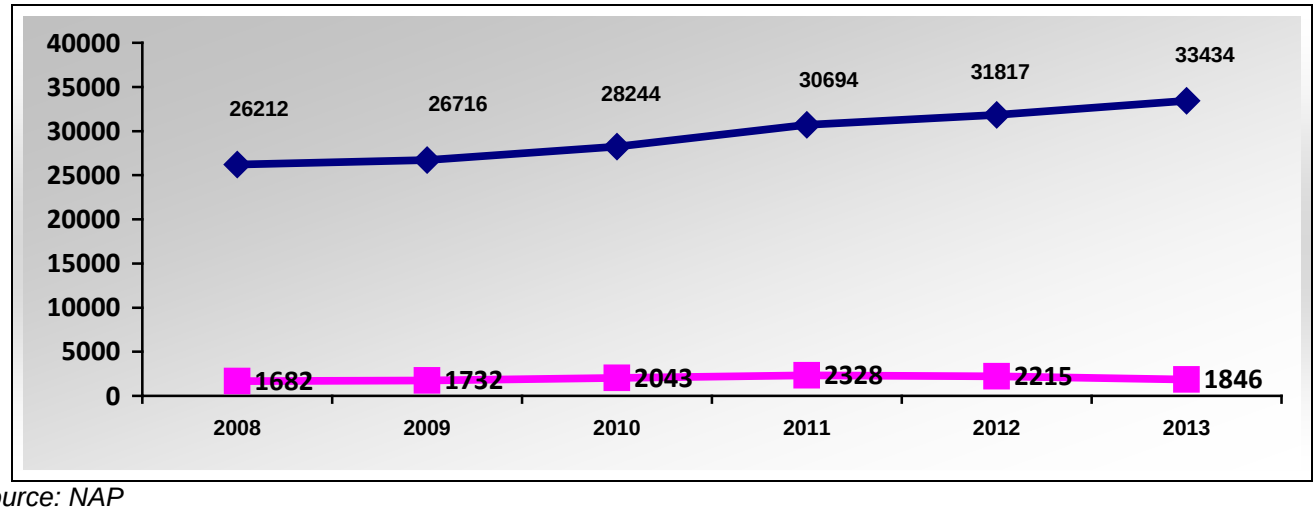
Type of crime	Legal classification	Number of individuals							
		2006	2007	2008	2009	2010	2011	2012	2013
Theft and aggravated theft	Art. 208,209 CC62	278	323	378	221	414	319	160	341
Drug trafficking	Law 143/2000	224	217	183	264	303	103	85	143
Robbery	Art. 211 CC	47	112	125	100	119	102	66	78
Murder	Art. 174–178 CC	6	2	1	0	0	0	2	4
Injury	Art. 181 CC	1	0	3	0	0	0	n/a.	n/a
Procuring	Art. 329 CC	2	2	2	30	0	0	n/a.	n/a
Destruction of property	Art. 217 CC	1	0	4	0	0	0	n/a.	n/a
Fraud	Art. 215 CC	1	3	13	42	0	0	n/a.	n/a
Illegal deprivation of liberty	Art. 189 CC	1	0	3	0	0	0	n/a.	n/a
Other crimes		n/a.	n/a.	n/a.	n/a.	n/a.	n/a.	150	68

Source: Independent Office for Detention and Detention Pending Trial, Bucharest Police General Directorate

9.3 DRUG USE AND PROBLEM DRUG USE IN PRISONS

In 2013, the National Administration of Prisons had 33,434 detainees. Of these, 5.52% stated to use drugs, decreasing by 16% compared to the previous year.

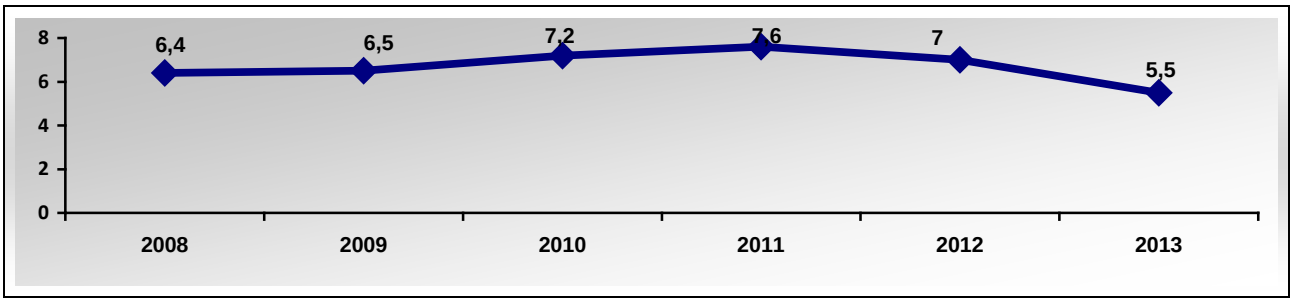
Chart no. 9-16: Evolution of the number of self-declared drug users vs. population, comparative data 2008-2013



Source: NAP

Given the increasing number of detainees, we notice that the number of self-declared drug users is decreasing.

Chart no. 9-17: Evolution of the percentage of self-declared drug users vs. population, comparative data 2008-2013



Source: NAP

In 2013, depending on the demographics of the detainees who stated to use drugs, we notice an increase in the percentage of men (by circa 11% compared to the previous year), as well as an increase in the percentage of teens in the 15-19 years age group. Thus, with regard to the age group distribution of the self-declared drug using detainees in 2013, the age group of 15-19 y.o. has the highest value in the analyzed period (2007-2013), being of 8.8% of the reference population.

Table no. 9-3: Distribution of frequency of use among self-declared drug users depending on gender and age group, comparative data 2007 – 2013 (%)

		2007	2008	2009	2010	2011	2012	2013
Gender	Men	88	78.3	84.9	82.9	81.7	80.5	91.06
	Women	12	21.7	15.1	17.03	18.2	19.5	8.94
Age group	15-19	6.11	4.39	4.27	3.27	3.9	0.49	8.77
	20-24	27.46	24.67	32.9	29.22	25.12	28.39	24.86
	25-29	40.61	36.26	39.26	33.43	31.96	31.15	31.47
	>= 30	25.81	34.66	23.55	34.16	40.16	35.3	34.88

Source: NAP

Depending on the drug used, in 2013 we notice a decrease in individuals using heroin as main drug and an increase in the number of those using cocaine, cannabis and other drugs. In addition, we notice an increase in the number of individuals using several drugs.

Table no. 9-4: Features of self-declared drug users, compared data 2012-2013(%)

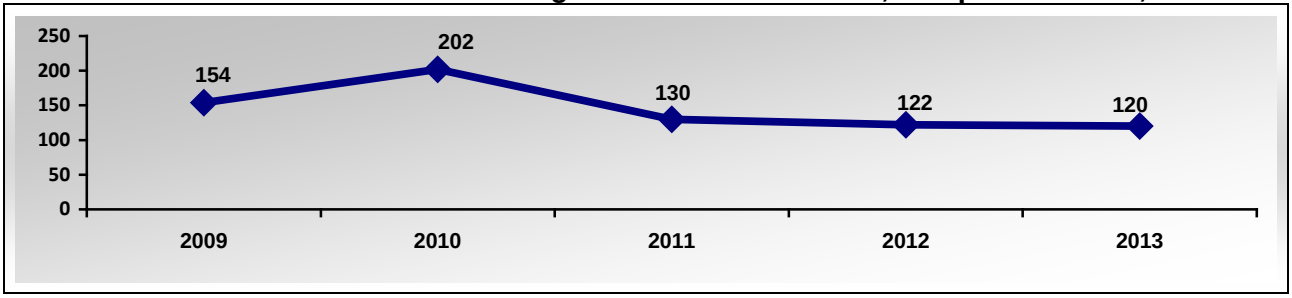
	2012	2013
Self-declared drug users	2215	1846
Type of main drug		
cocaine	5.37%	6.17%
heroin	61.71%	51.89%
ecstasy	2.07%	2.65%
LSD	0.63%	0.43%
cannabis	4.33%	6.39%
medication	1.12%	2.16%
other drugs	16.47%	19.28%
drug combinations	8.96%	10.99%
Method of use		
oral	38.11%	48.33%
injectable	61.89%	51.67%

Source: NAP

9.3.1. DRUG MARKET IN PRISONS

Throughout 2013, the improved security and monitoring system with specialized canine units in tracing drugs and the more intense measures to find mobile telephones led to identifying 120 cases, slightly decreasing compared to 2012.

Chart no. 9-18: Evolution of cases of tracing forbidden substances, comparative data, 2009-2013



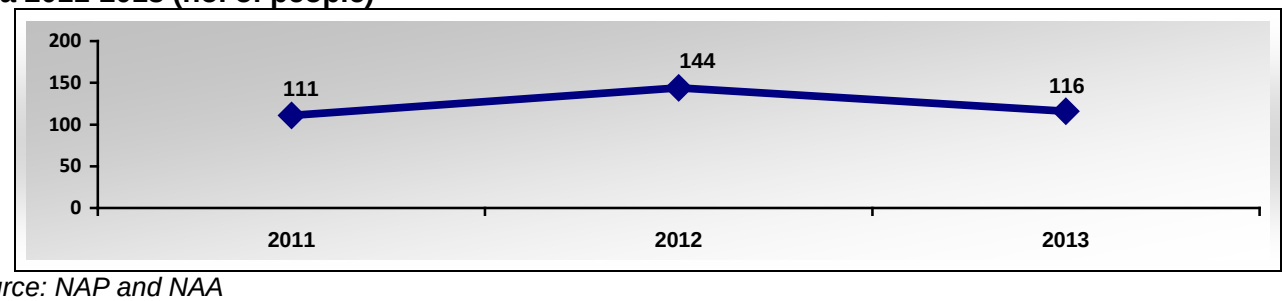
Source: NAP

In order to reduce risk factors and to portray a real image of the phenomenon about prison violence, the *Survey on prevalent aggressive behaviours among inmates* continued, from a cross-cut perspective, in order to eliminate reasons that trouble the normal detention environment. Moreover, the compared review for 2010-2012 was finalized, the *Strategy on reducing aggressive behaviours* was promoted in order implement it at the system level.

9.3.2. ASSISTANCE FOR DRUG USERS IN PRISONS

In 2013, 116 inmates received care. Compared to the previous year, we notice a decrease by 19.4% in the number of care beneficiaries.

Chart no. 9-19: Distribution of inmate admission to treatment, illegal drug and NPS use, compared data 2011-2013 (no. of people)



Source: NAP and NAA

Looking into the casuistry of admissions to treatment in the reference year, we notice the following:

- 71.5% of total treatment beneficiaries are individuals who received care for the first time for drug use (with a constant trend noticed starting with 2011);
- 83.6% are men, the M/W ratio being 5.1 (both values similar to the previous year).

Table no. 9-5: Distribution of inmate admission to treatment, for illegal drug and NPS use, depending on the type of accession and gender, compared data 2011-2013 (no. of people)

		Reporting year								
		2011			2012			2013		
		T	M	W	T	M	W	T	M	W
Total number of individuals admitted to treatment during the reporting year		111	68	43	144	119	25	116	97	19
Of which	admitted for treatment for the first time (new cases) – no.	98	61	37	122	97	25	83	69	14

Source: NAP and NAA

Depending on the main drug, in 2013 as well most admissions to treatment among inmates were for heroin use (38.8%). Compared to the previous years, during the reference year we notice a still decreasing trend in the percentage of admissions for heroin use (2011 - 64.9%, 2012 - 43.1%) as well as a still increasing trend in the percentage of admissions for cannabis use (from 15.3% in 2011, to 25% in 2012 and 35.5% in 2013 respectively).

Table no. 9-6: Distribution of inmate admission to treatment in the reference year, for illegal drug and NPS use, depending on main drug, compared data 2011-2013 (no. of people, %)

		Reporting year					
		2011		2012		2013	
Main drug		no.	%	no.	%	no.	%
Opiates		74	66.7	66	45.8	45	38.8
out of which	heroin	72	64.9	62	43.1	45	38,8
	methadone	1	0.9	4	2.8		
	other opiates	1	0.9				
Cannabis		17	15.3	36	25.0	41	35.3
NPS		9	8.1	26	18.1	24	20.7
Cocaine		3	2.7	10	6.9	3	2.6
Solvents and inhalants				4	2.8	1	.9
Amphetamines		7	6.3	1	0.7	2	1.7
Hallucinogens			0.9	1	0.7		
Total		111	100	144	100	116	100

Source: NAP and NAA

Depending on the age group, most admissions to treatment in 2013, as previous years, included individuals aged 20 -34. Compared to the previous year, we notice an increase in the average age of admission to treatment, which is still smaller than in 2011. With respect to the onset age, compared to the previous years, we notice a decreasing trend in percentages of individuals starting to use drugs over 24 years of age - 11.2% compared to 19.8% (in 2011) respectively 13.9% (in 2012) and implicitly of the average onset age – from 20.3 years in 2011 and 2012, to 19.3 in 2013.

Table no. 9-7: Distribution of inmate admission to treatment depending on age group, comparative data 2011-2013 (no. of people)

		Age group (years)									Total	Age average
Age	Year	<15	15-19	20-24	25-29	30-34	35-39	40-44	>=45	unmentioned		
Admissions to treatment	2011	0	9	22	32	24	18	5	0	1	110	28.5
	2012	0	21	41	39	26	11	6	0	0	144	26.5
	2013	0	12	31	32	23	12	2	4	0	116	27.7
Start of use	2011	14	40	33	17	3	2	0	0	2	111	20.28
	2012	26	59	37	11	6	3	0	0	2	144	20.26
	2013	14	52	34	6	5	1	1	0	3	116	19.3

Source: NAP and NAA

As regards **method of use**, we notice a decreasing trend in the percentage of injection drug users along with an increase in the percentage of those smoking/inhaling the drug, correlated with the evolution of the main drug mentioned above (decrease in the percentage of admissions for heroin and increase for cannabis).

Table no. 9-8: Distribution of inmate admissions to treatment, depending on method of use of the main drug, comparative data 2011-2013 (%)

	Reporting year		
	2011	**2012**	**2013**
smoked/inhaled	26.1	43.1	52.6
injectable	63.1	41.0	31.9
intranasal or snorted	9.0	13.2	7.8
oral	1.8	0	0.9
unmentioned	0	2.8	6.9
total	100	100	100

Source: NAP and NAA

In the reference year, we notice 9 cases of multiple use of psychoactive substances, decreasing from previous years (a possible consequence of the improved data reporting and analysis system): 58 cases in 2012 and 56 cases in 2011 respectively. The most used secondary drugs were cannabis (6 cases) and cocaine (4 cases), while in 2012 the most used secondary drugs were: alcohol (27 cases), NPS (26 cases) and cocaine (20 cases).

Depending on the **level of education**[80], the situation in 2013 is similar to previous years: most have a low education level (did not go to school/did not graduate primary education or have completed lower secondary education at most): 2013 – 73.1%, 2012 – 70.9%, 2011 – 77.4%) and only circa ¼ graduated upper secondary/tertiary education (2013 - 19%, 2012 – 26.4%, 2011 – 18%).

Table no. 9-9: Distribution of inmate admission to treatment depending on level of education, comparative data 2011-2013 (%)

		2011	**2012**	**2013**
ISCED 0	has never attended school	2.7	6.9	1.7
	has not graduated primary education	9.9	4.2	6.0
ISCED 1	primary education	27.9	23.6	17.2
ISCED 2	lower secondary/vocational studies/10th grade	36.9	36.2	48.2
ISCED 3	high school education	13.5	25.0	15.5
ISCED 4	post high school education	0.9	0.7	0.9
ISCED 5	university education	3.6	0.7	2.6
	unknown/unmentioned	4.5	2.8	7.8
	Total	100.0	100.0	100.0

Source: NAP and NAA

SUBSTITUTION TREATMENT

Out of the 116 individuals receiving care in 2013 for illegal drug and NPS use, more than one third were opiate users (38.8%), out of which 16 were previously on substitute treatment with methadone or other opiates.

Regarding the type of care provided, out of the total services provided in 2013 to inmates using drugs:

- 7.7% were opiate agonist/antagonist treatment for maintaining abstinence (16 patients received this care);
- other types of services provided are: assessment – 36.4%, psychological care – 20.1% and long term follow-up – 20.6%.

[80] See ST 10.1.1

9.3.3 PREVENTION AND REDUCTION OF DRUG-RELATED HARM

In 2013, in order to prevent and reduce drug-related risks, the National Administration of Prisons developed and implemented the following types of services:

- HIV testing
- Hepatitis C and B testing
- Syringe exchange
- Distribution of condoms
- Methadone treatment to maintain abstinence

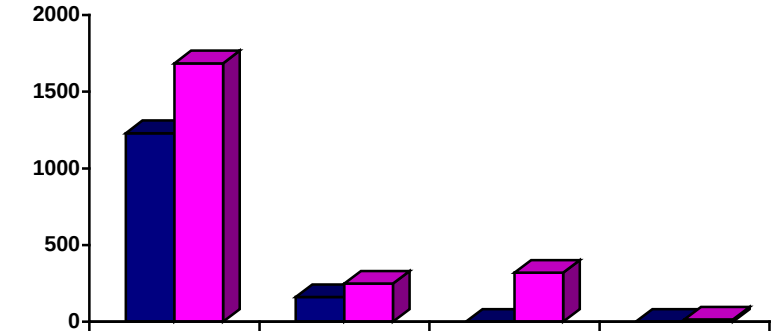
In addition, educational programmes were implemented – "*Health Education*" (2 modules for adults and minors respectively) as well as thematic activities on prevention of tuberculosis among inmates.

As a result of activities carried out within projects financed by the Global Fund, alongside other programmes supported by NAP, the incidence of TB in prisons (number of TB cases per 100,000 inmates) decreased from 2967‰ in 2002, to 465‰ in 2012.

Moreover, the National Administration of Prisons continued to implement projects on preventing transmission of infectious-contagious disease, focusing on medical tests and examinations of new inmates, Bucharest-Prahova Prison being appointed pilot centre.

Projects "*HIV Prevention and Treatment of Injection Drug Users in Romanian Prisons"* and "*Hepatitis May Be Anywhere"* aimed to early trace HIV and viral hepatitis B and C so as to initiate immediate treatment to sick individuals. On average, 80% of individuals diagnosed with HIV/AIDS were aware of this disease prior to their arrest, and from testing 1,686 inmates for hepatitis C, 249 were identified as virus carriers.

Chart no. 9-20 : Dynamics of hepatitis testing in Bucharest Rahova Prison, comparative data 2012-2013



	VHC tested	HVC+	VHB tested	HVB+
2012	1230	160	0	0
2013	1686	249	319	14

Source: NAP

9.4. REINTEGRATON OF DRUG USERS AFTER RELEASE FROM PRISON

Reintegrating and reinserting[81] drug users constitutes the process of returning to a normal personal and social situation for drug users, on the following areas of intervention:

[81] as per GD no. 860 dated July 28, 2005 for approving the Regulation to implement the provisions for Law no. 143/2000 for preventing and counteracting traffic and illegal drug use, as amended and completed.

- personal and social: acquiring certain cohabitation guidelines, more autonomy and individual social value, developing responsibility, regaining social skills and promoting the use of community resources;
- professional training : increasing the level of knowledge, skills and professional practices as well as job search and employment;
- education and cultural: acquiring a sufficient level of education, culture and interaction to understand and partake in the social life.

Drug users released from prison can start and continue medical, psychological and social integrated care programmes within Drug Prevention, Assessment and Counselling Centres.

In order to assure continuity of the methadone substitute treatment in Rahova and Jilava Prisons for drug users released from prison, the National Anti-Drug Agency, through Integrated Centres for Addiction Care, provides seats to methadone treatment to maintain abstinence as well as psycho-social interventions necessary for reintegration and reinsertion.

To this end, in 2013, the National Anti-Drug Agency and the National Administration of Prisons implemented the campaign "*Hope Addict – Prison Is Not the End of the Road".* This awareness raising and information campaign on drug use and services in the community network was implemented in 38 prisons within the NAP network. Its main objective was to raise awareness among the general population in prisons on effects of drug use and to educate on social reintegration former drug using inmates that are to be released, with an intense implementation throughout 2 months of a national campaign on media information and promoting integrated care and social reintegration community services.

Through this campaign, in order to facilitate the social reintegration process after release from prison, 190 direct information sessions were organized on integrated care service network for drug users and other community services, which may be accessed after release from prison. Moreover, direct information sessions were organized on drug use effects, mainly for the general population in prisons. They included viewing the campaign spot and video, followed by specific debates.

7,516 inmates were part in these sessions, and circa 32,000 inmates from the general population viewed the campaign spot at least once.

From the perspective of social reintegration, throughout 2013, inmates with previous drug and alcohol use received specialized care, as follows:

- *psycho-social care programme for inmates with drug use* – 456 inmates.
- *drug use information and prevention programme* – 589 inmates.
- *psycho-social care programmes for inmates with previous alcohol use* – 151 inmates.
- *psychological counselling for inmates with previous drug addiction* – 772 inmates.
- *psychological counselling for inmates with previous alcohol use* – 211 inmates.

These measures were implemented throughout the entire year, with the following purpose and objectives:

- prevention of drug use.
- raising awareness on reasons leading to drug use.
- information on types of drugs, drug use consequences and associated risks.

In 2013, the *Therapy Community* programme continued to be implemented, in Bucharest-Jilava, Bucharest-Rahova and Targsor Prisons, with 108 inmates finishing the programme, compared to 117 in 2012.

CONCLUSIONS

- 2013 had the **highest number of solved cases, indictments, prosecutions and arraignments**
- **The number of criminals prosecutions increased significantly,** maintaining **an increasing trend in the number of members of dismantled crime groups**, thus relating to the idea that there is a **higher level of organization of crimes** in this field.
- Most solved cases, indictments, prosecutions and convictions are found in Bucharest. Although **Bucharest continues to be the city with the largest number of drug trafficking related convictions,** in 2013 this indicator decreased in value by over 50%.
- The highest drug-related crimes are found in **Alba, Tulcea, Prahova, Bistrata Nasaud** and **Timis.**
- The number of convictions for drug-related crimes decreased by **16.7%** compared to 2012, when this indicator peaked in value.
- The percentage of **convictions for drug trafficking** of total conviction for drug related crimes is steady, with an **increase** (from 74.82% in 2012 to 84.78% in 2013). In this respect, Bucharest ranks first.
- The percentage of **convictions for drug possession with intention to use** of total convictions has **increased** (6.4% compared to 5.6%). Most convictions as per art. 4 in Law 143/2000 were registered in Constanta.
- Compared to 2012, the **number of convictions to imprisonment for drug possession with intention to use** (art.4 Law 143/2000) **plummeted** and we notice an increase in the number of judgments with conditioned suspension.
- As regards punishments ruled by courts, we notice an increase in convictions to imprisonment with a suspended custodial sentence on probation.
- The number of assessment report increased, being drafted especially by courts, mostly for drug-related crimes.
- Given the increase in the number of detainees, for the first time in the past four years, we notice a decrease in the percentage of self-declared drug users.
- Inmates stating to use drugs in the age group of 15-19 years register the highest value in the entire reviewed period (2007-2013), reaching 8.77% of the reference population.
- We notice a decrease in the percentage of inmates stating that heroin is the main drug, correlated with the decreased percentage of injection drug users.

Capitolul 10 – Drug Markets

10.1 SUPPLY TO AND WITHIN THE COUNTRY

Drug trafficking continues to be one of the most serious threats to public health and security, both worldwide and at national level. Thus, the globalization tendency, the racing technological development, the diverse commercial connections and the elimination of border controls are tapped into fully by criminal organizations to supply and control the illegal drug market.

Romanian citizens continue to be a category targeted by criminal groups, being used as mules at international level. To this end, in 2013 there were several cases in which Romanian citizens were involved in carrying hashish in their stomachs, from Morocco to Spain.

10.1.1. DRUGS ORIGIN

During 2013, the drug origin and smuggling routes did not change materially, with minor variations of these indicators continuing the normal status of this drug market created and developing constantly both as demand and as supply.

Heroin traffic routes used by organized crime groups are stable, from Afghanistan on the route Pakistan – Iran – Turkey – Greece – former Yugoslav states and Western Europe states, which is the traditional Balkan route, with destinations in Romania, England and Netherlands. Romania is continues to be an important hub of the northern segment of the Balkan route, alongside Bulgaria and Hungary.

As regards **cocaine**, it comes from Columbia, Bolivia, Peru and Venezuela and follows, in general, the route Spain – France – Austria – Hungary to Romania or South America – West and Central Africa – Romania – toward Central and Western Europe. Being a luxury drug, this type of drug is accessible to a category of high-end users, thus found mostly in large cities – Bucharest, Timisoara, Constanta.

Cannabis comes from Spain, Greece, Bulgaria, Italy, the Czech Republic or Albany, transits Serbia and Bulgaria, depending on the followed route, and enters Romania through Hungary or Bulgaria. **Local cannabis crops continue to expand,** the number of seizures and volumes seized constitute into an indicator of a reorientation in traffickers' activities, aiming to avoid risks from possible international transports.

Synthetic drugs (amphetamines, amphetamine derivative products, metamphetamines and ecstasy) continue to come from Western Europe, reaching Romania through air or land packages. In 2013, there were attempts to smuggle chemical substances which can be easily turned into drug precursors, generically referred to as pre-precursors, especially by citizens of states with a history in producing synthetic drugs (Netherlands, Belgium).

10.2 SEIZURES

10.2.1 Quantities of drugs seized and number of seizures

A. ILLICIT DRUGS

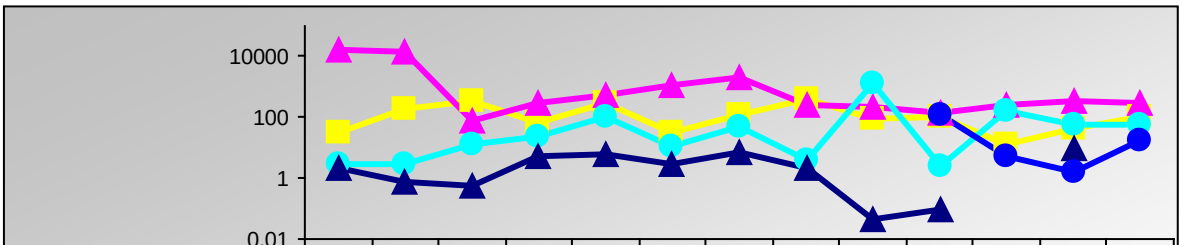
In 2013, law enforcement bodies have discovered and seized **568.773 kg, 33,328 pills, 0.248 liters and 2 doses of drugs**, out of which:

- **high risk drugs:** 167.108 kg, 14,471 pills, 0.182 litres and 2 doses and
- **risk drugs:** 401.665 kg, 736 pills, 0.066 litres.

Compared to 2012, when 794.328 kg of drugs, in **2013**, we notice a **decrease of circa 30% of the total quantity** of seized drugs. To the same extent, we notice a **significant increase in high risk drug seizures – over 45%** (167.108 kg seized in 2013 compared to 115.117 kg seized in 2012). **Weed cannabis** (marijuana) continues to be the most seized type of drug at national level, with a weight of **44.07% (250.715 kg)** of the total quantity of seized drugs, followed by **19.61% (111.108 kg)** in **heroin** and **plant cannabis -** 19.4% (110.386 kg).

In 2013, anti-drug bodies also seized **material quantities of** drug **precursors**: **112.253 kg piperonal** and **21.650 kg APAAN**.

Chart no. 10-1: Dynamics of drugs seized during 2001-2013 (kg)[82]

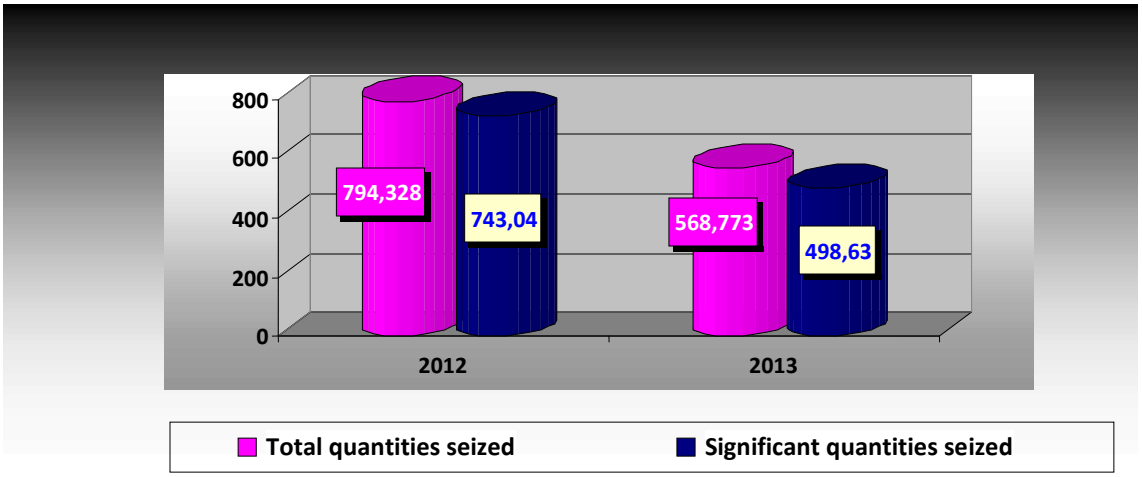


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
heroină	33.5	202	321	65.4	285	32.6	130	385	85	108	12.2	45.2	112
canabis/rez.canabis	1630	1489	72.1	298	510	1127	2120	242	236	143	269	362	276
cocaină	2.75	2.73	12.7	24.6	110	10.7	46.7	3.92	1283	2.57	161	54.7	53.3
opiu	2.04	0.79	0.57	4.9	6.25	2.85	7.04	2.22	0.05	0.1	0	9.79	0
SNPP		-	-	-	-	-	-	-	-	125	4.97	1.52	16.4

Source: The Central Laboratory for Drug Analysis and Profile – General Inspectorate of the Romanian Police

One must also mention that from the total mentioned above, **498.63 kg and 30,688 pills are significant seizures**[83]**.**

Chart no. 10-2: Significant quantities of drugs seized during 2012-2013



Source: Central Laboratory for Drug Analysis and Profile – IGPR - DCCO

With respect to the **number of drug seizures,** according to the data taken from the registries of the Central Laboratory for Drug Analysis and Profile, most seizures in 2013 consisted in cannabis (**1,907**), cannabis resin – hashish (**284**), followed by heroin (**273**) and MDMA (**142**).

[82] NPS include seizures of: synthetic cannabis products, cathinones, piperazine, benzodiazepine, barbiturics, pyrovalerone, tryptamine, ketamine and dimetocaine in 2013.

[83] According to the instructions of the United Nations Office for Drugs and Criminality, significant seizure refers to the following:

- opium, weed cannabis, res. cannabis (hashish), plant cannabis etc. **1 kg** and more
- heroin, morphine, cocaine, oil cannabis, coca leaf etc. **100 g** and more
- ecstasy, lorazepam, amphetamine, diazepam etc. **250 pills**
- psychotropic substances **100 g** and more
- seizures from mail traffic **all quantities**

Table no. 10-1: Number of seizures and seized quantity per types of drugs

Drugs	2008		2009		2010		2011		2012		2013	
	Seiz.	Quant.	Seiz.	Quant.	Seiz.	Quant.	Seiz.	Quant.	Seiz.	Quant.	Seiz.	Quant.
(kg)	1,055	385.23	1.038	85.046	962	108.19	314	12.191	215	45.217	273	111.558
Cocaine	91	3.91	103	1.282.99	72	2.57	73	161.039	85	54.703	75	53.339
Marijuana	596	208.66	777	198.59	986	80.82	1.365	252.527	1.492	335.086	1.907	250.715
Hashish	506	33.42	594	37.01	321	62.278	328	17.572	262	27.263	284	24.86
Synthetic drugs (tablets)	225	55,455	58	12,73	80	3,709	156	14,916	131	12,903	190	27,596
LSD (doses)	n/a.	71	18	308	3	19	12	65	2	104	2	2

Source: The Central Laboratory for Drug Analysis and Profile – General Inspectorate of the Romanian Police

During 2011-2013, we notice a **significant increase in amounts of heroin and MDMA seized,** as well as a rather constant level of cocaine seizures, which could be an indication on the demand of this type of drugs on the illegal market.

Table no. 10-2: Comparative situation of seizures from during 2012-2013

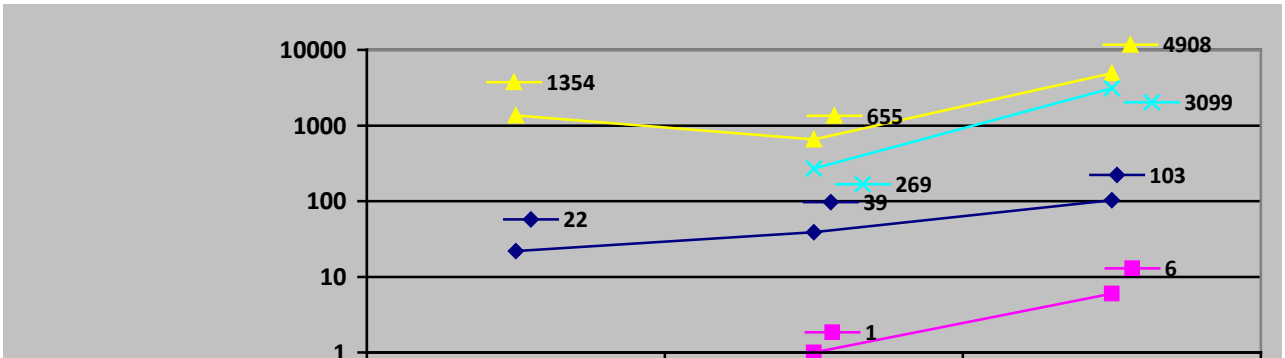
DRUGS	2012						2013					
	Total seizures			Significant seizure			Total seizures			Significant seizure		
	No.	Quant.	Trend vs 2011	No.	Quant.	Trend vs 2011	No.	Quant.	Trend vs 2012	No.	Quant.	Trend vs 2012
Heroin	215	45.217	↗	3	44.8	↗	273	111.558	↗	12	110.947	↗
Cannabis, cannabis plants, res. cannabis	1754	678.09	↗	43	629.59	↗	2270	385.961	↘	66	306.955	↘
Cocaine	85	54.703	↘	12	53.88	↘	75	53.339	↘	7	53.06	↘
Synthetic drugs (pills)	131	12903	↘	7	9372	↗	192	27,596	↗	8	26,086	↗

Source: The Central Laboratory for Drug Analysis and Profile – General Inspectorate of the Romanian Police

Conclusions of the 2013 National Report (with data from 2012) on drugs in Romania are confirmed with respect to heroin traffic and use. Thus, both the number and seized heroin amounts increased significantly in 2013 compared to the same period of the previous year.

Also, there were **significant increases both in the number of seizures and in the amounts of MDMA** (ecstasy) and **methadone** seized, which could indicate an increase in this type of drugs on the constantly developing local market. Thus, MDMA quantities seized doubled compared to the previous year, while methadone seizures increased from **655 pills** in 2012, to **4,908 in 2013,** being the third most seized drug. With respect to the number of methadone seizures, it increased from 39 in 2012 to 103 seizures in the reference year.

Chart no. 10-3: Evolution of methadone seizures vs. significant methadone seizures during 2011 – 2013 (pills)

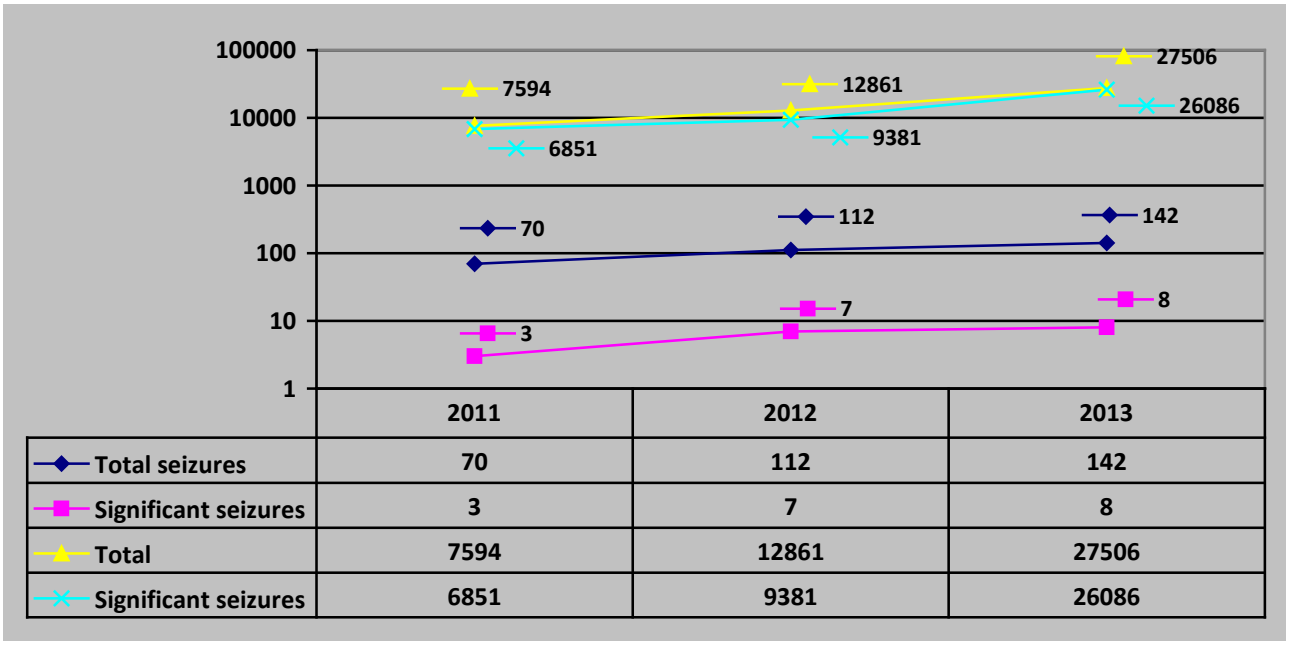


	2011	2012	2013
Total seizures (no)	22	39	103
Significant seizures (no)	0	1	6
Total (quantities)	1354	655	4908
Significant seizures (quantities)	0	269	3099

Source: Central Laboratory for Drug Analysis and Profile – IGPR - DCCO

Significant methadone seizures are increasing (from 3 in 2010 and 0 in 2011, to 1 in 2012 and 6 seizures in 2013, adding up a maximum of 3,099 pills).

Chart no. 10-4: Evolution of MDMA seizures vs. significant MDMA seizures during 2011 – 2013 (pills)



	2011	2012	2013
Total seizures	70	112	142
Significant seizures	3	7	8
Total	7594	12861	27506
Significant seizures	6851	9381	26086

Source: Central Laboratory for Drug Analysis and Profile – IGPR - DCCO

In addition, we notice a rather constant presence on the market of cocaine and cannabis resin, without significant variations in seized quantities, the exclusive circle of the first drug users as well as a constant increase for the second, thus indicating a steady available amounts.

Furthermore, we notice a decrease in total amounts of cannabis seizures along with an increase in the number of cannabis seizures. To this end, the compared analysis of cannabis seizures for 2012 and 2013 (total seizures compared to significant seizures) shows, for 2013, an increase in small traffic amounts (79 kg from 2204 seizures in 2013, compared to 48 kg from 1711 seizures in 2012). This could indicate, on the one hand, a high availability of this drug on the illegal market, but also intensification in the activity of law enforcement bodies.

At national level, we notice an even distribution of significant cannabis seizures/cannabis plants as well grouping on main types of drugs seized in Bucharest, Prahova, Dambovita region – *directly related to the economic-financial potential of the area*, Bucharest and entry and exit points in Romania. Giurgiu and Iasi have monopolized the focus of drug traffickers - *constant indicator that Romanian continues to be a drug transit state for drugs to Western Europe.*

Map no. 10-1: Distribution of significant seizures on the Romanian territory, per type of drug

Source: NAA

Depending on the **type of seized drug**, 2013 has the following characteristics:

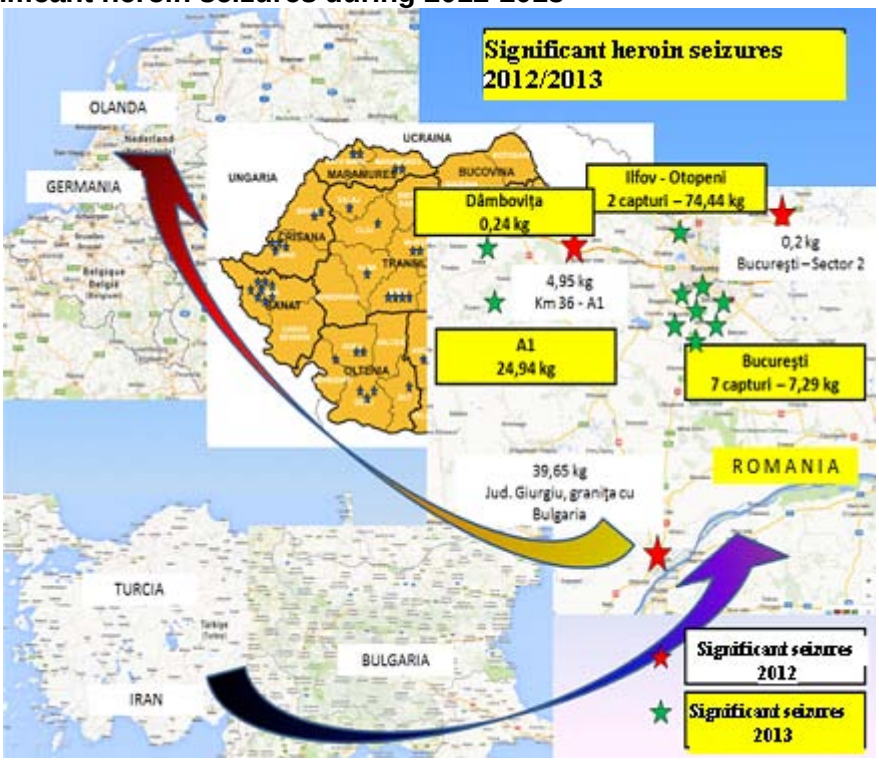
- ***Heroin***

Heroin traffic on the Romanian territory is rather constant in time, as a result of our country's geographical position on the Balkan Route used by criminal groups to transport heroin from production areas in Afghanistan to selling markets in Western Europe, especially the Netherlands and Great Britain. The internal market is polarized by users in Bucharest, supplied by local criminal groups connected to the

Turkish community on the import segment and with the Roma community on the street distribution segment. We must mention that for **7.32% (8.168 kg) of the total amount of heroin seized the destination was Romania,** the rest being sent to Belgium (66.72% of the total seized heroin – 74.44 kg), the Netherlands, Germany and France.

In 2013, **111.558 kg** of heroin were seized from **273 seizures** (269 analyzed by the Central Laboratory in Bucharest and 4 by the Regional Laboratory in Iasi). Of these, 12 are significant seizures amounting to 110.95 kg (99.45%). Compared to 2012, the reference year registered a 2.5 times increase of the quantity of seized heroin (45.22 kg seized in 2012). The increasing trend of heroin seizures is steady also in 2013, for the second year in a row, coming close to the level of 2007 when 129.9 kg were seized, but below 2008 when the total of heroin seizures was 385.23 kg. This repeats conclusions of the reports drafted by UNODC on successive increases during 2011-2013 of opiate poppy crop areas in Afghanistan. Hence, the forecast that high heroin seizures will soon reach Romania is still applicable, which could influence the price of heroin on the black market that may decrease as a result of the reanimation of illegal opiate production.

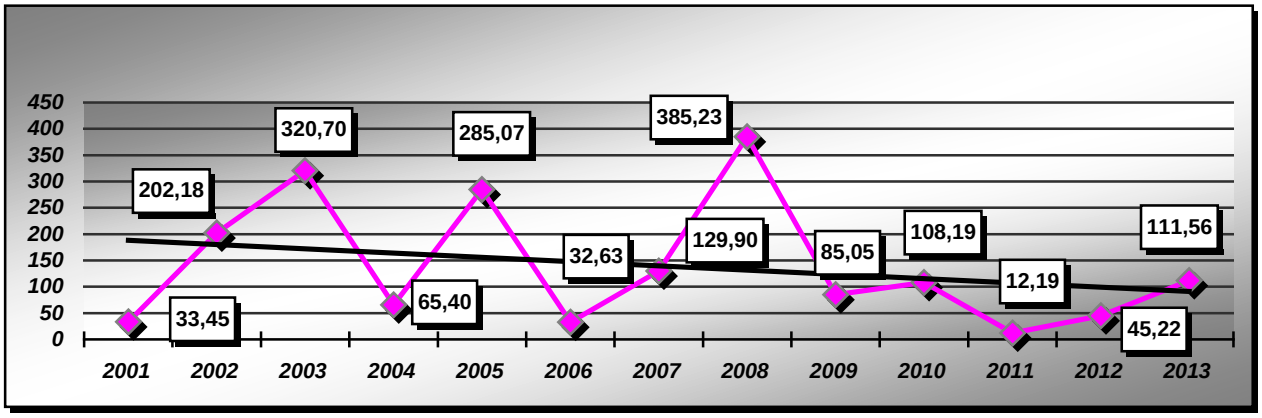
Map no. 10-2: Significant heroin seizures during 2012-2013



Source: NAA

As regards the evolution of heroin seizures, as well as their evolution compared to the number of heroin seizures, the situation is as follows:

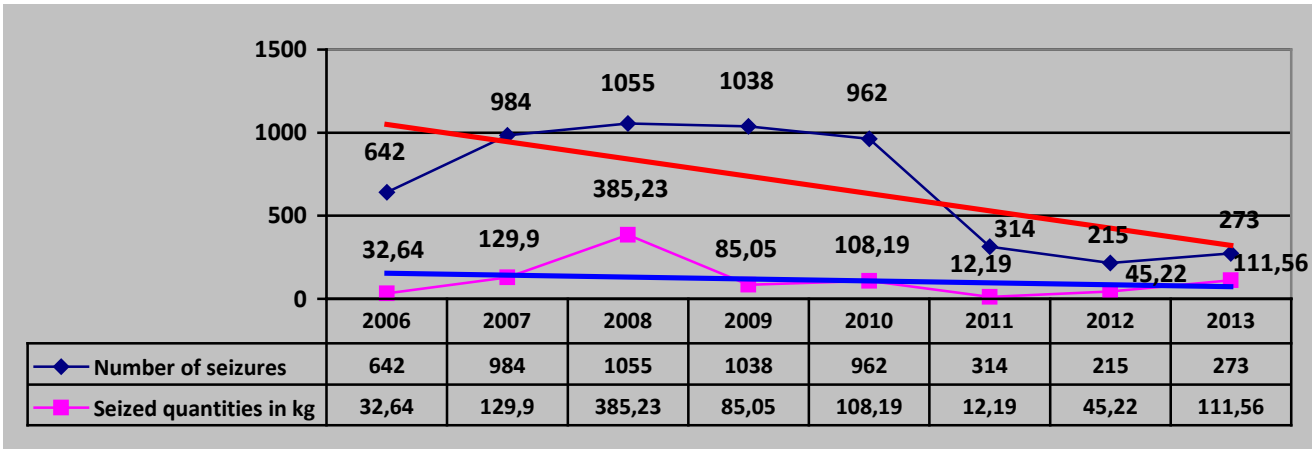
Chart no. 10-5: Evolution of heroin seizures during 2011-2013



Source: NAA

With respect to quantities of heroin seizures, during 2006-2013, we notice a rather constant trend, increasing in 2013 compared to the past two years, along with a decrease in the number of seizures from the same period.

Chart no. 10-6: Evolution of heroin seizures compared to the number of heroin seizures during 2006-2013



	2006	2007	2008	2009	2010	2011	2012	2013
Number of seizures	642	984	1055	1038	962	314	215	273
Seized quantities in kg	32,64	129,9	385,23	85,05	108,19	12,19	45,22	111,56

Source: NAA

- ***Cannabis/cannabis resin:***

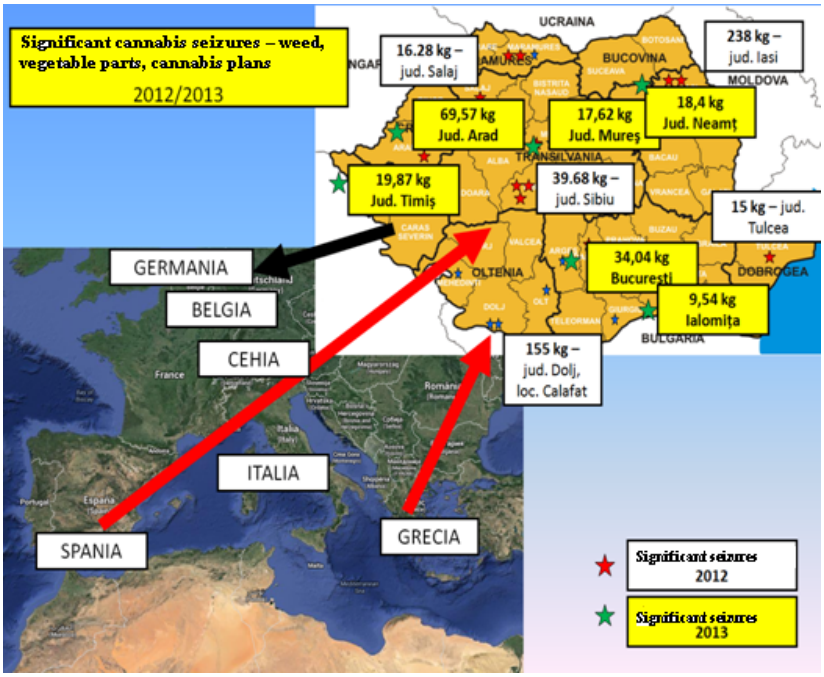
Rather low price, increased availability as well as its "recreational" nature have turned this type of drug into the most seized drug on the Romanian territory. The constant increase of cannabis stems, on the one hand, from the decreased availability of new psychoactive substances on the drug market and, on the other hand, from the user's false belief that the drug is not addictive or dangerous[84]. This situation led to 2013 registering a significant increase in indoor and outdoor cannabis crops on the Romanian territory, discovering crops in apartments, houses, industrial halls, but also open air cannabis plantations, hidden between farming crops. Thus, **8,835 cannabis plants** were seized (compared to 3,125 in 2012) and **69 illegal cannabis crops** were identified (compared to 48 the previous year). Moreover, the **first cannabis industrial crop** was discovered in the Arad county area, aiming to supply markets in Germany, the Czech Republic and Hungary.

In 2013, **385.961 kg** were seized, of which **164.76 kg weed cannabis, 89.955 vegetable fragments with THC, 110.386 kg cannabis plants** and **24.86 kg cannabis resin** (hashish), from **2,270 seizures** (1,353

[84] As per surveys of EMCDDA, in 2012, cannabis was the main drug leading to treatment requests among clients that first started treatment for drug use.

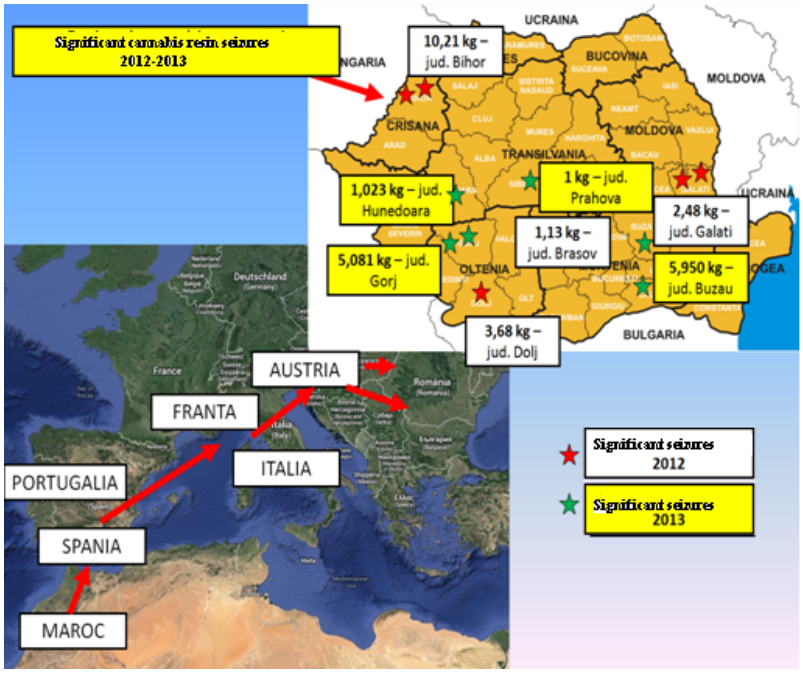
tested by the Bucharest Central Laboratory, 353 by the Cluj-Napoca Regional Laboratory, 147 by the Constanta Regional Laboratory, 170 by the Timisoara Regional Laboratory, 247 by the Iasi Reginal Laboratory). Of total number of seizures, 66 are significant seizures amounting to 306.955 kg. **48% of the quantity of seized cannabis (133.94 kg) originated from Romania.** The green harvested mass (cannabis plants) is 28% of the total quantities of cannabis seized.

Map no. 10-3 : Significant cannabis seizures – weed, vegetable parts, cannabis plans – during 2012-2013



Source: NAA

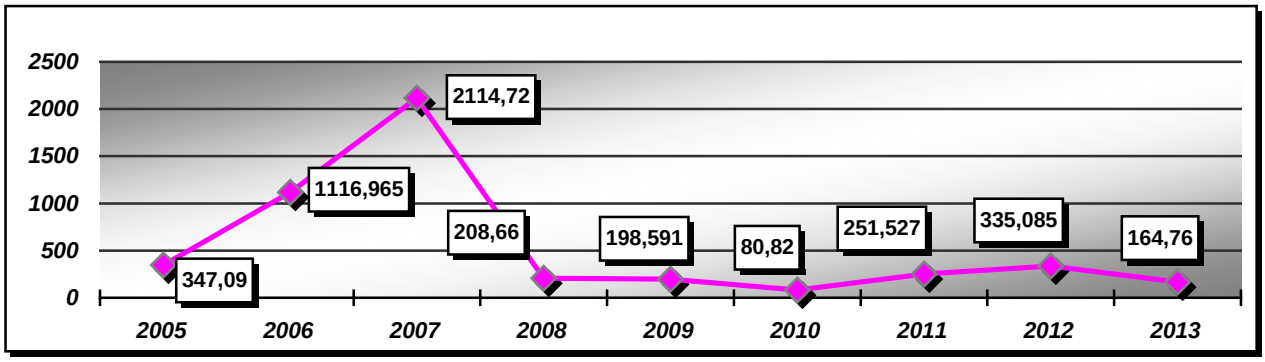
Map no. 10-4: Significant cannabis resin seizures during 2012-2013



Source: NAA

As regards the evolution of cannabis weed seizures, as well as their evolution compared to the number of seizures, the situation is as follows:

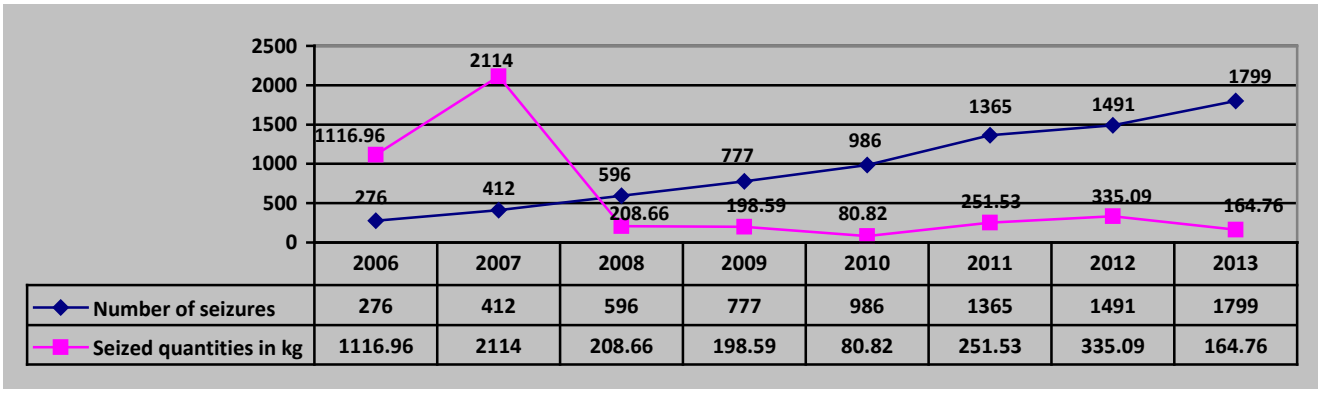
Chart no. 10-7: Evolution of cannabis weed seizures during 2005-2013



Source: NAA

Starting with 2006, the number of cannabis weed seizures has been increasing every year, although during 2008-2013 total quantities of cannabis weed seized have had positive and negative fluctuations, but have kept a minimum of 164 kg/year (2013), except for 2010 (80.82 kg seized).

Chart no. 10-8: Evolution of cannabis weed seizures compared to the number of cannabis weed seizures during 2006-2013

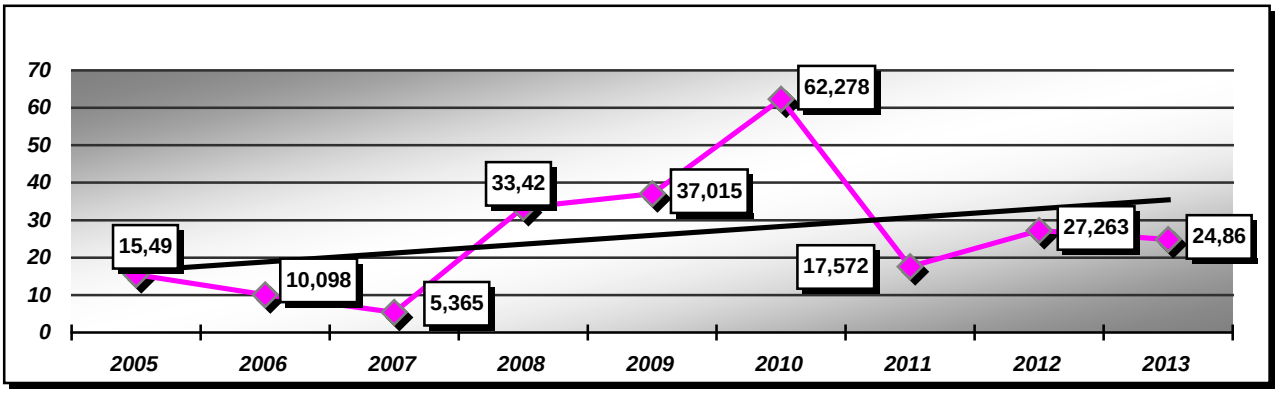


	2006	2007	2008	2009	2010	2011	2012	2013
Number of seizures	276	412	596	777	986	1365	1491	1799
Seized quantities in kg	1116.96	2114	208.66	198.59	80.82	251.53	335.09	164.76

Source: NAA

As regards the evolution of cannabis resin seizures, as well as their evolution compared to the number of seizures for this drug, the situation is as follows:

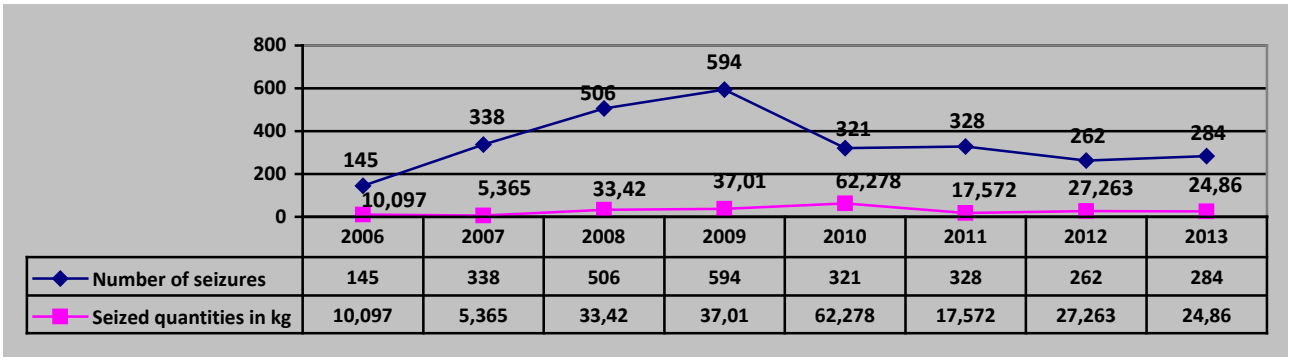
Chart no. 10-9: Evolution of cannabis resin seizures during 2005-2013



Source: NAA

Both the evolution of seized quantities of cannabis resin and the number of seizures for this drug during 2006-2013 are constant, the consumption market of this drug appearing to be mature, of low proportions, but stable.

Chart no. 10-10: Evolution of cannabis resin seizures compared to the number of cannabis resin seizures during 2006-2013



	2006	2007	2008	2009	2010	2011	2012	2013
Number of seizures	145	338	506	594	321	328	262	284
Seized quantities in kg	10,097	5,365	33,42	37,01	62,278	17,572	27,263	24,86

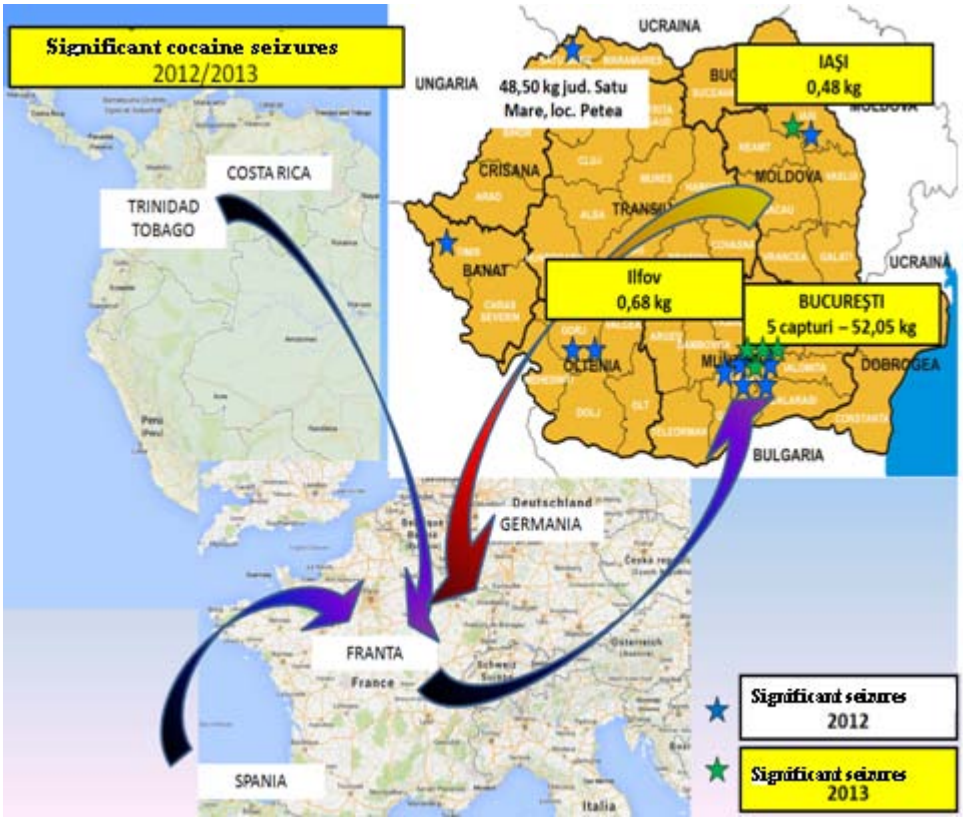
Source: NAA

- ***Cocaine***

The domestic retail market for cocaine continues to appear as a separate segment in the context of drug traffic and use in Romania. Trans-national criminal groups are constantly focused on bringing cocaine from South America to Europe, using various routes and highly sophisticated hiding methods, making it impossible to find the drugs even when the shipment is seized. In this context, Romania continues to be an alternative to bringing this drug to Europe, Constanta Port being the main entry point for large quantities of cocaine targeting countries in Europe. As hiding methods, cocaine enters the country by water, in various legal cargos (wood, construction materials) and exits the country by land, through small size vehicles or trucks.

In 2013, **53.339 kg** of cocaine were seized stemming from **75 seizures** (60 tested by the Bucharest Central Laboratory, 4 by the Cluj Regional Laboratory, 3 by the Constanta Regional Laboratory, 3 by the Timisoara Regional Laboratory, 7 by the Iasi Regional Laboratory), compared to 85 in 2012 (11.79% less). In the reference year, the cocaine amount seized by competent authorities decreased slightly compared to 2012 (54.703 kg). Of the 75 seizures, 7 were significant cocaine seizures, amounting to 53.06 kg. One must mention that over 96% **of the total amount of cocaine seized was targeting illegal markets outside Romania.**

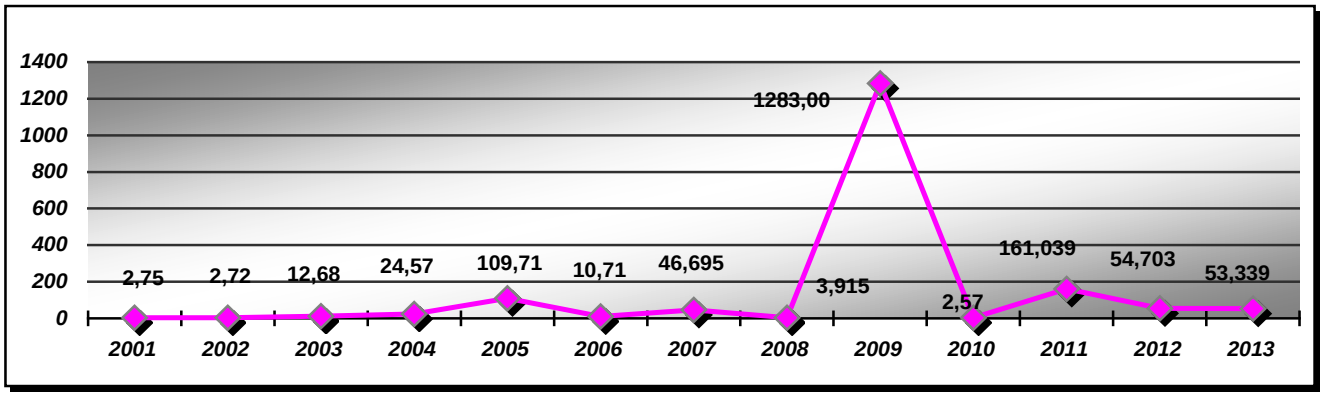
Map no. 10-5 : Significant cocaine seizures during 2012-2013



Source: NAA

As regards the evolution of cocaine seizures, compared to the number of seizures, the situation is as follows:

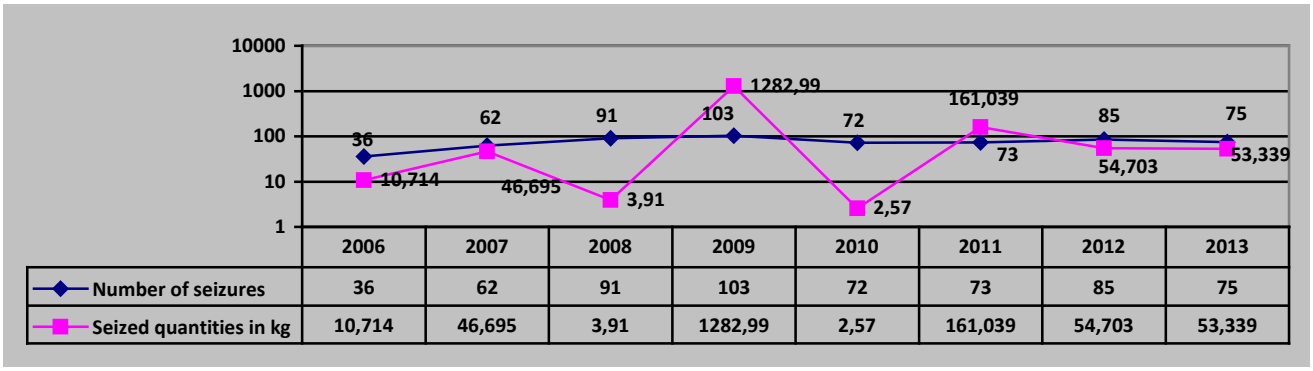
Chart no. 10-11: Evolution of cocaine seizures during 2001-2013



Source: NAA

Cocaine amounts seized during 2001-2013 show a slight increase every year, 2009 alone standing out with its 1,282.99 kg seized. Constant values are also registered for the number of cocaine seizures in 2013, decreasing compared to 1012, but within the rather constant trend of the period.

Chart no. 10-12: Evolution of cocaine seizures compared to the number of cocaine seizures during 2006-2013



	2006	2007	2008	2009	2010	2011	2012	2013
Number of seizures	36	62	91	103	72	73	85	75
Seized quantities in kg	10,714	46,695	3,91	1282,99	2,57	161,039	54,703	53,339

Source: NAA

- ***Synthetic drugs***[85]***:***

Worldwide, we notice an unprecedented expansion of the synthetic drugs market[86]. At European level[87], metamphetamine seizures increased in the past decade, suggesting an increased availability of this type of drug. Moreover, there is a concern on the availability of strong products with MDMA (ecstasy). In the past two years, synthetic drugs (ATS) have also spread materially on the Romanian market.

In 2013, we notice a **significant increase** compared to 2012 in the amount of synthetic drugs seized by the authorities, from **12,903 pills** to **27,596 pills** as well as a decrease in **LSD doses** from 104 seized in 2012 to 2 in **2013.**

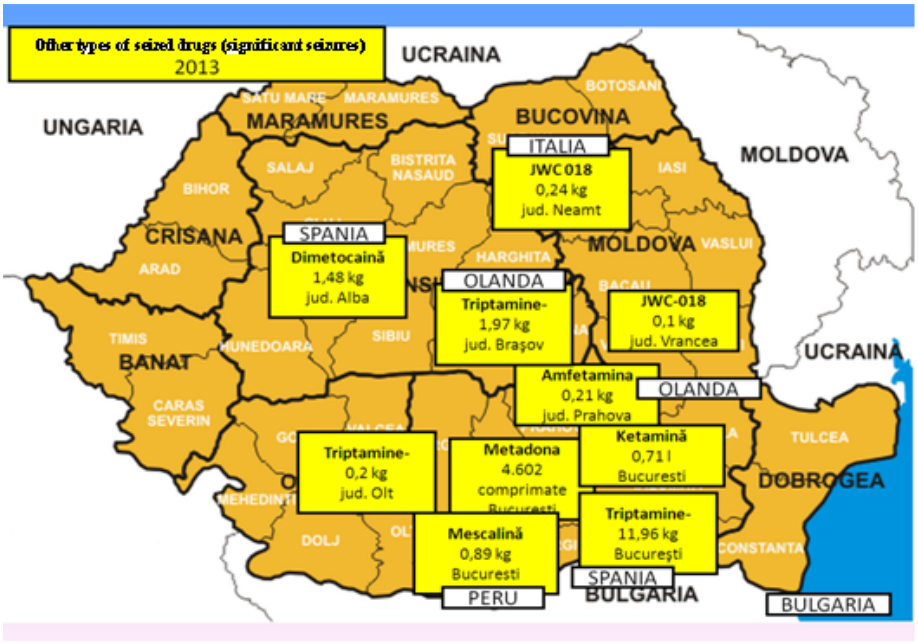
The quantities of synthetic drugs seized in 2013 come from **192 seizures** (131 tested by the Bucharest Central Laboratory, 25 by the Cluj-Napoca Regional Laboratory, 9 by the Constanta Regional Laboratory, 16 by the Iasi Regional Laboratory and 9 by the Timisoara Regional Laboratory), out of which **9** are **significant seizures** amounting to 26,086 pills and 0.212 kg.

Map no. 10-6: Significant ecstasy (MDMA) seizures during 2012-2013

Source: NAA

[85] The following categories of substances were taken into account when computing the number of seizures of synthetic drugs: amphetamine, methamphetamine, amphetamine derivatives, MDMA and LSD.
[86] UNODC, 2014 Global Synthetic Drugs Assessment
[87] European Report on Drugs 2014: Trends and Evolution

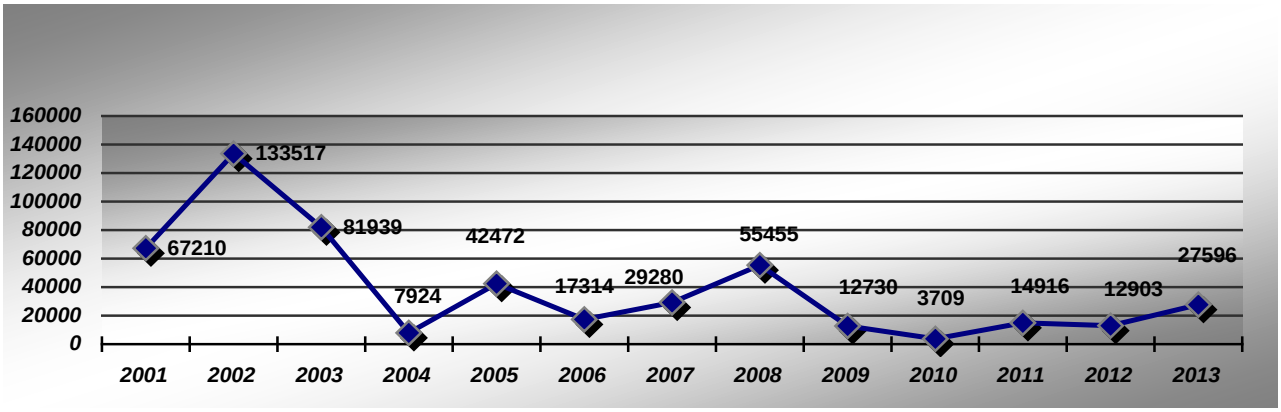
Map no. 10-7: Other types of seized drugs (significant seizures) during 2013



Source: NAA

As regards the evolution of synthetic drug seizures (pills), as well as their evolution compared to the number of seizures, the situation is as follows:

Chart no. 10-13: Evolution of synthetic drug seizures (pills) during 2001-2013

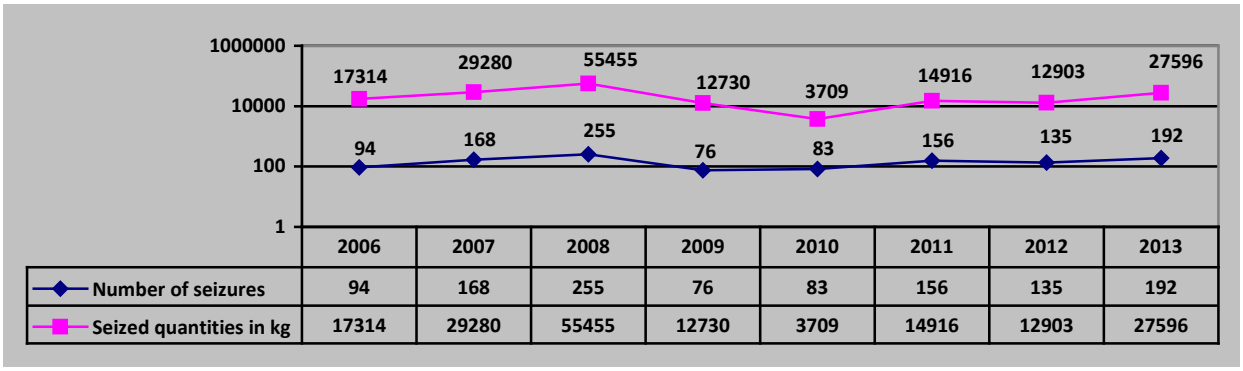


Source: NAA

Volumes of pills seized have increased significantly, the value for 2013 being the third ranking value registered so far, below 2007 and 2008, when the largest amounts of pills were seized (29,280 pills and 55,455 pills respectively).

As regards the number of synthetic drug seizures, except for 2006, 2009 and 2010, their values are rather constant in total, without major fluctuations.

Chart no. 10-14: Evolution of synthetic drug seizures (pills) compared to the number of synthetic drug seizures during 2006-2013



	2006	2007	2008	2009	2010	2011	2012	2013
Number of seizures	94	168	255	76	83	156	135	192
Seized quantities in kg	17314	29280	55455	12730	3709	14916	12903	27596

Source: NAA

Throughout 2013, the following amounts of illegal drugs deposited during 2001-2012 in the Material Evidence Room within the General Inspectorate of the Romanian Police were disposed of as per the legal provisions: 3.171 kg of cocaine, 89.47 kg heroin, 184.857 kg cannabis, 22.392 kg cannabis resin, 0.95 kg opium, 407.543 kg new psychoactive substances, 124.105 kg methamphetamine, 4.523 kg MDMA, and 2456 pieces of medication.

Drug amounts seized, existing in the Material Evidence Room until December 31, 2012 with final confiscation and disposal court judgments include: 11.022 kg cocaine, 74.414 kg heroin, 89.938 kg cannabis, 37.7 kg cannabis resin, 16.776 kg new psychoactive substances, 2.533 kg and 3.478 pills MDMA; 12.4 kg opium, 2.947 kg precursors, 0.8 kg, 280 vials and 19.365 pills of medication and other combinations 7.395 kg.

Furthermore, during January 1 – December 31, 2013, the following amounts of drug were stored to the Material Evidence Room, pending a final confiscation and disposal decision: 3.571 kg cocaine, 162.045 kg heroin, 375.252 kg cannabis, 20.15 kg cannabis resin, 2.116 kg new psychoactive substances, 1.072 kg, 26.058 pills, 94 vials and 710 ml MDMA, 14.356 kg and 12 ml precursors, 0.693 kg, 94 vials, 710 ml and 3,180 pills of medications and other combinations 10.946 kg.

B. NEW PSYCHOACTIVE SUBSTANCES

The downward trend in trading these types of drugs recorded during 2011-2012 is also seen in 2013, although the total amount seized has increased. Thus, the 16.431 kg seized are below the value of 2010, but significantly above values registered for 2011 and 2012. This increase is due to the quantity of tryptamine seized.

To this end, in 2013, the most traded new psychoactive substances continue to be **tryptamines** (68 seizures – 14.19 kg compared to 73 seizures – 0.07 kg in 2012) and **synthetic cannabis products** with 23 seizures (0.531 kg) compared to 21 seizures (1.079 kg) in 2012. One must also notice that, for tryptamines, the largest amount seized stems from a smaller number of seizures, which could indicate that these are the most often met substances on the illegal market compared to new drugs.

Table no. 10-3: Seizures of new psychoactive substances (kg) during 2010 - 2013

NPS	Seized quantity								Number of seizures			
	kilograms				pills				2010	2011	2012	2013
	2010	2011	2012	2013	2010	2011	2012	2013				
Synthetic cannabinoids	57.024	2.865	1.079	0,531	0	0	0	0	379	115	21	23
Cathinones	50.091	1.863	0.19	0,204	324	4	577	4	480	235	44	26
Piperazines	6.506	0.023	0.0001	0,00001	15,094	1,050	89	39	74	19	19	4
Pyrovalerone	1.8	0.0048	0.03	0,025	6	0	2	13	54	6	10	12
Tryptamine	8.932	0.015	0.078	14,19	0	0	0	0	2	1	73	68
Mitragin	0.139	0.192	0	0	0	0	0	0	4	1	0	0
Salvinorin	0.648	0.003	0	0	0	0	0	0	15	1	0	0
Dimetocaine	0	0	0.131	1,481	0	0	0	0	0	0	7	1

Source: The Central Laboratory for Drug Analysis and Profile, General Inspectorate of the Romanian Police

10.2.2. PRECURSORS AND ESSENTIAL CHEMICAL SUBSTANCES

In 2013, **133.903 kg of precursors** were seized, of which **112.253 kg piperonal** and **21.65 kg APAAN.** Of the total quantity of precursors seized, 132.02 kg (over 99%) are the result of 7 significant seizures and targeting the Netherlands and Austria, Romania being currently only a transit and temporary storage territory.

10.2.3. ILLEGAL LABORATORIES

Throughout 2013, **four clandestine laboratories** were identified on the Romanian territory, as follows: two for new psychoactive substances[88] (Arad and Bihor counties) and two small sale production, with limited production, one for new psychoactive substances (Hunedoara county) and one for amphetamines and PMA (Timisoara county).

10.3. AVAILABILITY

10.3.1. Drug price on the streets

Drug selling prices have followed the trend of previous years, with constant values and slight decreases. Differences are determined mostly by the average Exchange rate [89] set by NBR for 2013, but also by the demand and availability of drugs on the market.

As regards the selling prices for wholesale drugs, they are similar to 2012, as follows:

- cannabis resin (hashish) – wholesale prices are at the level of 2009 – 2012, while **retail prices** at street level are **decreasing** (13.58 – 18.1 Euros/gram in 2013 compared to 15-20 Euros/gram in 2012);
- weed cannabis (marijuana) – wholesale prices keep constant in 2013 as well, with changes only at **retail prices** in the sense of a **slight reduction** compared to previous years, - decrease to 9.05 – 18.1 Euros/gram in 2013 compared to 10-20 Euros/gram in 2012;

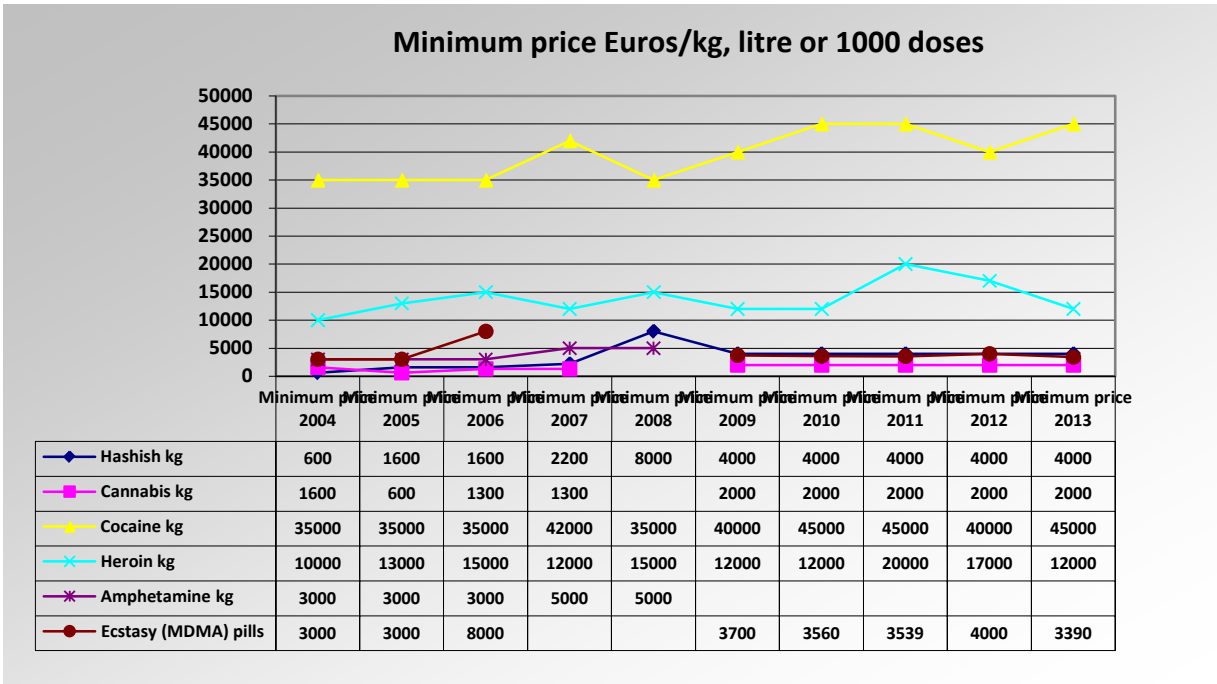
[88] These substances fall under the incidence of **Law no. 194/2011** on counteracting operations with products susceptible of having psychoactive effects, other than those stipulated in the laws in force.
[89] According to the data in the National Bank of Romania, the average exchange rate for Euro during 2012 was RON 4.4559, while in 2013 it was RON 4.419;

- heroin – **wholesale price decreased** the second year in a row, while retail prices reached the level of 2007, decreasing to values of 33.94 – 45.26 Euros/gram;
- cocaine – **wholesale price increased** in 2013 compared to 2012, while the retail price is constant at 80-120 Euros/gram;
- ecstasy (MDMA) – prices are **slightly decreasing** compared to previous years, the wholesale price varying from 3390 to 6790 Euros/1000 pills, compared to 4000 – 7000 Euros/1000 pills in 2012, while the MDMA pill price varies from 9.05 and 18.1 Euros.
- LSD – retail prices were stable during 2004 – 2012, but decreased to 18.1 – 33.94 Euros/dose in 2013;

Moreover, one must mention that the price of wholesale heroin was also influenced by the total traded quantity or by the quality of the merchandise, while the price of retail cannabis also varied depending on its local or foreign origin.

A. Wholesale price (Euro/kg, litre or 1000 doses)

Chart no. 10-15: Evolution of the minimum price of wholesale drugs, during 2004-2013

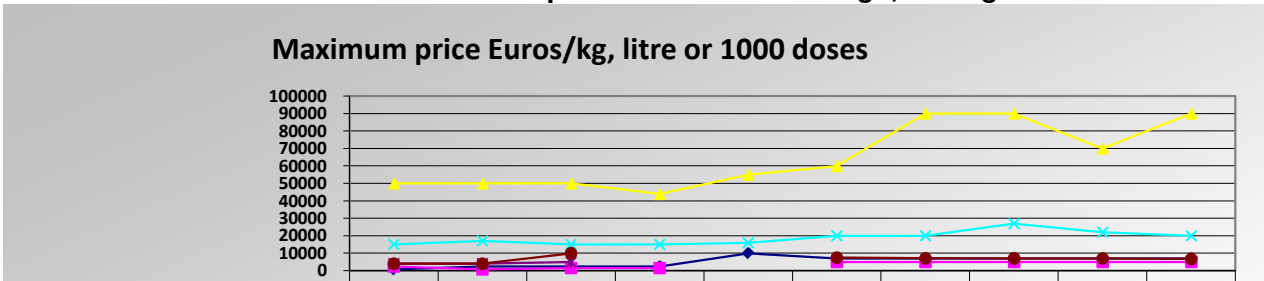


	Minimum price 2004	Minimum price 2005	Minimum price 2006	Minimum price 2007	Minimum price 2008	Minimum price 2009	Minimum price 2010	Minimum price 2011	Minimum price 2012	Minimum price 2013
Hashish kg	600	1600	1600	2200	8000	4000	4000	4000	4000	4000
Cannabis kg	1600	600	1300	1300		2000	2000	2000	2000	2000
Cocaine kg	35000	35000	35000	42000	35000	40000	45000	45000	40000	45000
Heroin kg	10000	13000	15000	12000	15000	12000	12000	20000	17000	12000
Amphetamine kg	3000	3000	3000	5000	5000					
Ecstasy (MDMA) pills	3000	3000	8000			3700	3560	3539	4000	3390

Source: Anti-Drug Service, General Inspectorate of the Romanian Police

For wholesale prices, except for prices for cannabis and cannabis resin that are constant, **cocaine keeps the highest level on the drug market** (90,000 Euros/kg), with an increasing trend. Heroin prices (12,000 – 20,000 Euros/kg) and MDMA (3,390 – 6,790 Euros/1000 pills) are decreasing, similar to values of 2009 - 2010.

Chart no. 10-16: Evolution of the maximum price of wholesale drugs, during 2004-2013

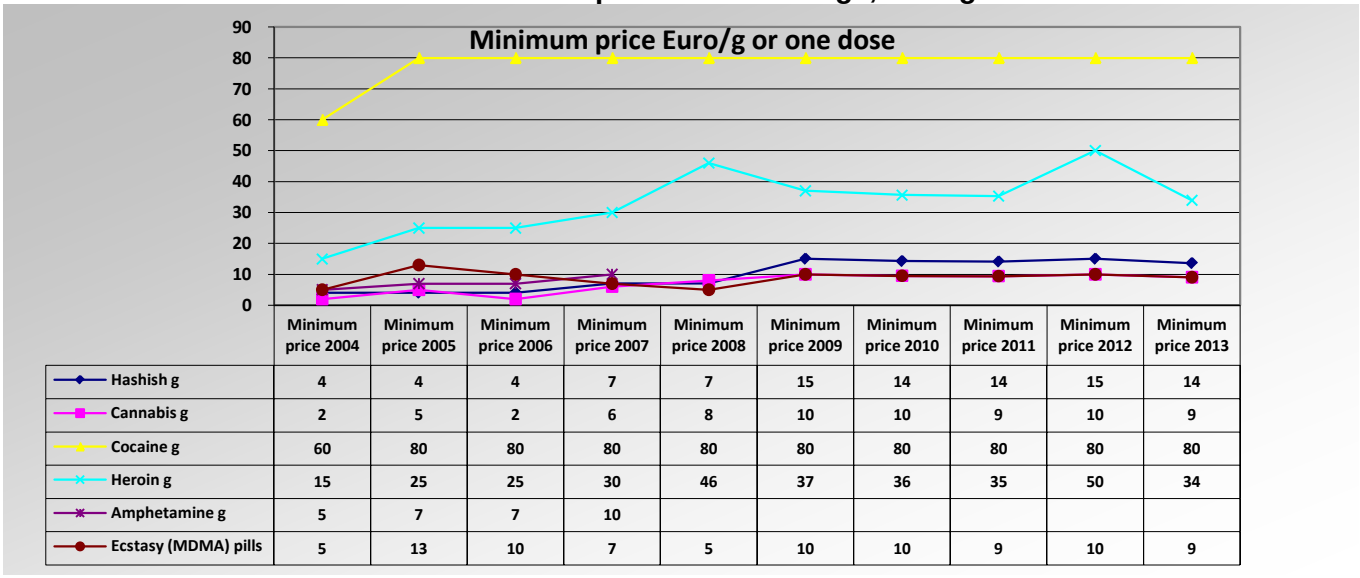


	Maximum price 2004	Maximum price 2005	Maximum price 2006	Maximum price 2007	Pret maxim 2008	Pret maxim 2009	Pret maxim 2010	Pret maxim 2011	Pret maxim 2012	Pret maxim 2013
Hashish kg	800	2500	2500	2400	10000	7000	7000	7000	7000	7000
Cannabis kg	2500	800	1500	1500		5000	5000	5000	5000	5000
Cocaine kg	50000	50000	50000	44000	55000	60000	90000	90000	70000	90000
Heroin	15000	17000	15000	15000	16000	20000	20000	27000	22000	20000
Amphetamine kg	4000	4000	5000							
Ecstasy (MDMA) pills	4000	4000	10000			7500	7130	7078	7000	6790

Source: Anti-Drug Service, General Inspectorate of the Romanian Police

B. Retail prices (in Euros/g or per dose)

Chart no. 10-17 : Evolution of the minimum price of retail drugs, during 2004-2013

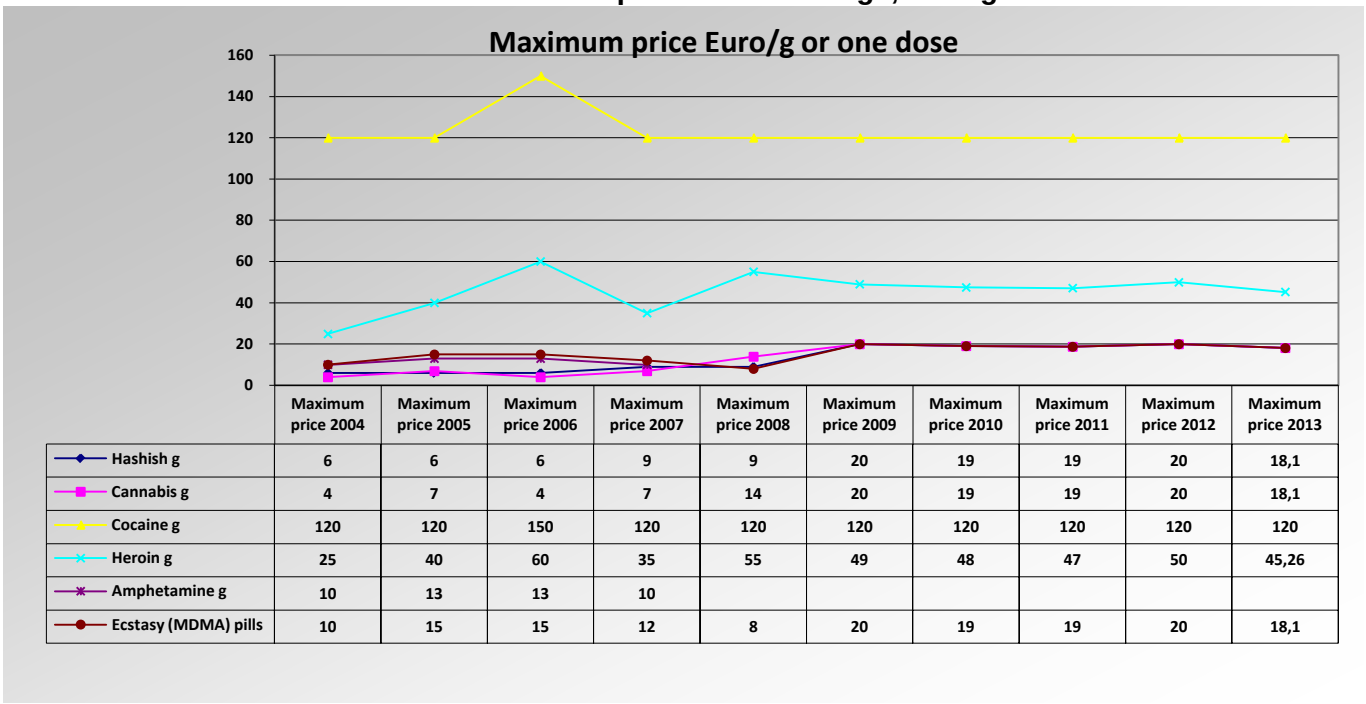


	Minimum price 2004	Minimum price 2005	Minimum price 2006	Minimum price 2007	Minimum price 2008	Minimum price 2009	Minimum price 2010	Minimum price 2011	Minimum price 2012	Minimum price 2013
Hashish g	4	4	4	7	7	15	14	14	15	14
Cannabis g	2	5	2	6	8	10	10	9	10	9
Cocaine g	60	80	80	80	80	80	80	80	80	80
Heroin g	15	25	25	30	46	37	36	35	50	34
Amphetamine g	5	7	7	10						
Ecstasy (MDMA) pills	5	13	10	7	5	10	10	9	10	9

Source: Anti-Drug Service, General Inspectorate of the Romanian Police

Except for cocaine price which is constant, prices of other types of drugs are decreasing by 5 - 36% compared to 2012, indicating availability and demand of these drugs on the drug market.

Chart no. 10-18 : Evolution of the maximum price of retail drugs, during 2004-2013



	Maximum price 2004	Maximum price 2005	Maximum price 2006	Maximum price 2007	Maximum price 2008	Maximum price 2009	Maximum price 2010	Maximum price 2011	Maximum price 2012	Maximum price 2013
Hashish g	6	6	6	9	9	20	19	19	20	18,1
Cannabis g	4	7	4	7	14	20	19	19	20	18,1
Cocaine g	120	120	150	120	120	120	120	120	120	120
Heroin g	25	40	60	35	55	49	48	47	50	45,26
Amphetamine g	10	13	13	10						
Ecstasy (MDMA) pills	10	15	15	12	8	20	19	19	20	18,1

Source: Anti-Drug Service, General Inspectorate of the Romanian Police

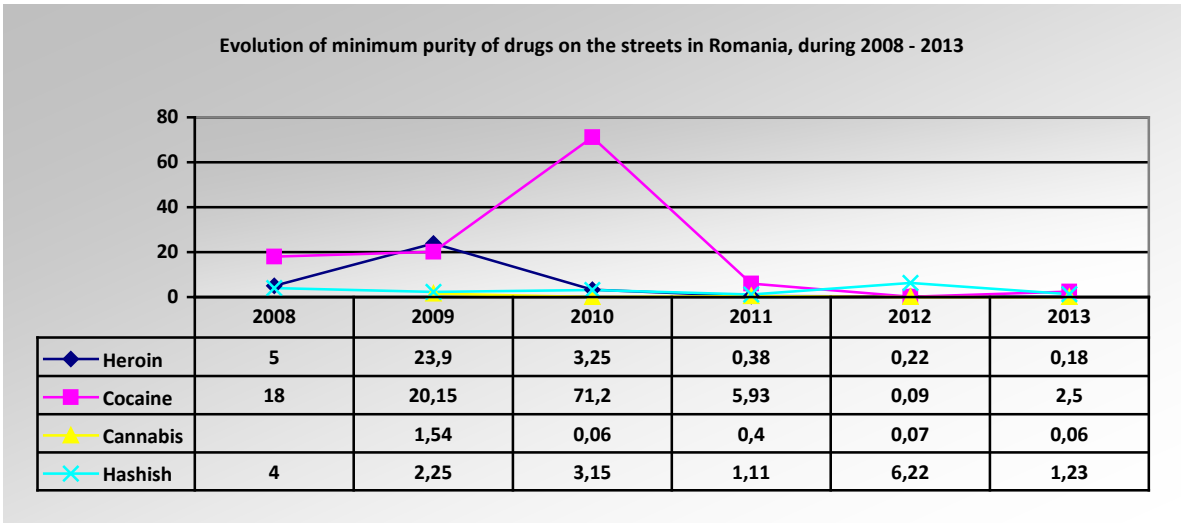
10.3.2. Drug purity

The concentration of **heroin** sold on the streets varied between 0.18% and 51.61%. In case of large quantities seized by the agents (over 100 grams), laboratory tests showed a concentration between 14.27% and 50.43%. The average purity of the heroin samples (retail sale) tested during 2013 was 23.4%. The dilution agents and adjuvants/adulterants used most often in heroin samples are: caffeine, acetaminophen, dextrometorphane, diazepam, griseofulvin, piracetam, MDPV, 4-MEC and MDPBP

During 2013, the 11 samples of **MDMA** (sold on the street) tested had a concentration between 32.64% and 76.44%. Purity sample of MDMA sold in large quantities (over 200 pills) varied between 31.13% and 63.15%.

The **cocaine** concentration in large seizures, tested by specialists of analysis laboratories, varied between 23.81% and 65.30%, while for the cocaine sold on the streets the concentration varied between 2.5% and 90.46%. During 2013, the average purity of the tested cocaine samples (retail sale) was of 41.23%. The substances identified in cocaine samples tested during 2013 were as follows: benzocaine, diltiazem, phenacetin, lidocaine, tetracaine, levamisole, caffeine, procaine and metamizol.

Chart no. 10-19: Evolution of minimum purity of drugs on the streets (%) in Romania, during 2008 - 2013



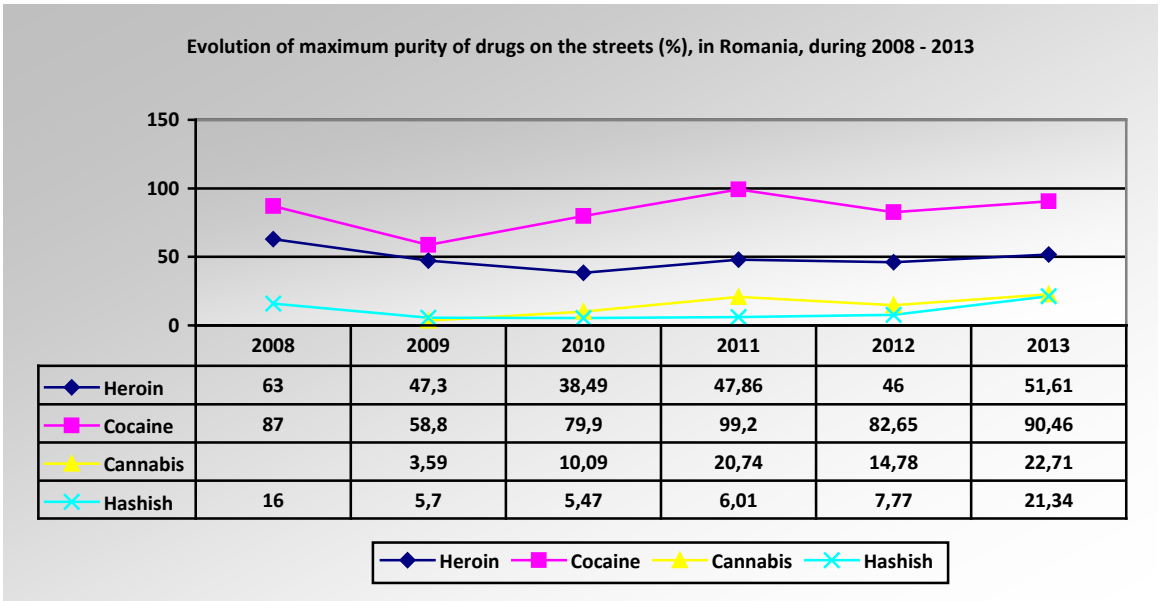
	2008	2009	2010	2011	2012	2013
Heroin	5	23,9	3,25	0,38	0,22	0,18
Cocaine	18	20,15	71,2	5,93	0,09	2,5
Cannabis		1,54	0,06	0,4	0,07	0,06
Hashish	4	2,25	3,15	1,11	6,22	1,23

Source: Central Laboratory for Drug Analysis and Profile, IGPR

The THC concentration of **weed cannabis (marijuana)** sold on the streets was between 0.06% and 22.71%, while for wholesale the concentration was between 2.1% and 20.87%. The average concentration for the samples of weed cannabis/ marijuana (sold on the streets) tested at national level in 2013 was 9.45%.

With respect to **cannabis resin** sold on the streets, the laboratory tests highlighted a concentration in THC between 1.23% and 21.34%. The average concentration for the **cannabis resin** samples (sold on the streets) tested at national level in 201e was 8.93%.

Chart no. 10-20: Evolution of maximum purity of drugs on the streets (%) in Romania, during 2008 - 2013



	2008	2009	2010	2011	2012	2013
Heroin	63	47,3	38,49	47,86	46	51,61
Cocaine	87	58,8	79,9	99,2	82,65	90,46
Cannabis		3,59	10,09	20,74	14,78	22,71
Hashish	16	5,7	5,47	6,01	7,77	21,34

Source: Central Laboratory for Drug Analysis and Profile, IGPR

CONFISCATED GOODS AND VALUES

Public authorities competent in reducing the drug supply have identified and seized for confiscated from individuals involved in illegal activities with drugs and precursors EUR 346,810, USD 6,479, EUR 12,096

from converting other currency, RON 143,763.60, 63 cards, 7 apartments/houses and other goods and movable and immovable commodity amounting to RON 15,843.83.

As per provisions of Law no. 381/2004 on certain financial measures on preventing and counteracting illegal drug use, the National Anti-Drug Agency was informed on 226 judgments for 2013, increasing by 4.18% compared to 2012 with 215 judgments. 55.30% of judgments ordered confiscation measures, 13.6% more compared to 2012 (125 in 2013 compared to 110 in 2012). Thus, among others, 5 vehicles and 7.642 kg in gold jewellery were confiscated. Moreover, the confiscated amounts increased compared to 2012, as follows: EUR 515,460 (compared to EUR 49,461 in 2012), USD 4,125 (compared to USD 2,985 in 2012), RON 698,812 (compared to RON 403,075 in 2012).

10.4 ANNUAL REPORT TO THE EUROPEAN EARLY WARNING SYSTEM

37 new psychoactive substances controlled at national level were identified in 2013, the largest quantity being from category 5 MEO-DALT.

Table no. 10-4: New psychoactive substances controlled at national level, identified in 2013

No.	Substance	Physical description	Number of cases	Total weight (g)
1	Amfepramone	Pills	1	1
2	para-metoxiamfetamine (PMA)	Powder	1	0,03
3	PMMA + Metamphetamine	Pills	2	7
4	2.5-Dimetoxi-4-Cloroamphetamine (DOC)	Dose \ Stamp	1	1
5	Fenetylline	Powder	1	0.7
6	Amobarbital	Pills	1	70
7	Phenobarbital	Powder	21	1.5
8	Diazepam	Pills	20	263
9	Diazepam	Powder	1	0.17
10	Alprazolam	Pills	11	203
11	Nitrazepam	Pills	5	59
12	Clonazepam	Pills	3	96
13	Lorazepam	Pills	2	20
14	JWH-018	Vegetal fragments	22	491.64
15	JWH-250	Vegetal fragments (cigarette)	1	1
16	JWH-073	Vegetal fragments	1	20.7
17	CP 47, 497-C8	Vegetal fragments	1	18.78
18	Mephedrone (4-metilmetcatinone / MMC)	Powder	15	116.85
19	Mephedrone (4-metilmetcatinone / MMC)	Pills	1	2
20	Butilone (beta-ceto-MBDB)	Powder	1	0.54
21	Butilone (beta-ceto-MBDB)	Pills	1	1
22	Methylone (beta-ceto-MDMA)	Powder	3	76.14
23	Methylone (beta-ceto-MDMA)	Pills	1	1
24	Fluorometcatinone (flefedrone)	Powder	3	5.08
25	Etcatinone	Powder	1	6.2
26	TFMPP	Pills	1	3
27	BZP + TFMPP	Pills	1	1
28	Clorophenilpiperazine (CPP)	Pills	2	35
29	Clorophenilpiperazinăe(CPP)	Powder	1	0.1
30	5 MEO-DALT	Powder	65	12215.83
31	5 MEO-DALT + tobacco	Powder (cigarettes)	4	22
32	DMT	Powder	3	1974.22
33	Pyrovalerone (MDPV)	Powder	10	25.32
34	Pyrovalerone (MDPV)	Pills	2	13
37	Dimetocaine	Powder	1481.7	2

Source: Central Laboratory for Drug Analysis and Profile, IGPR

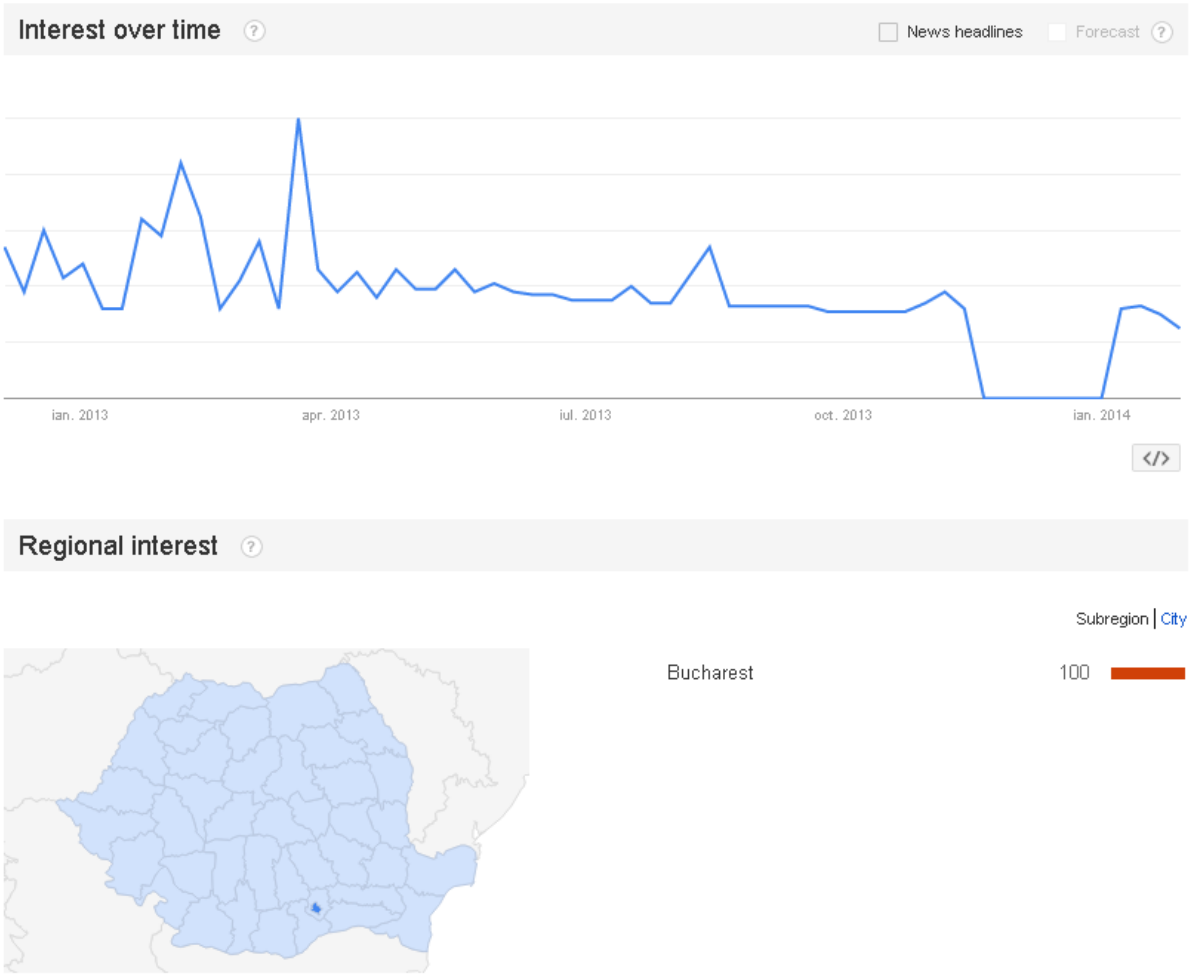
Moreover, during 2013, 9 new possibly psychoactive substances were identified and tested which were not controlled at national level, grouped as follows:

- ✓ 5F-AB-PINACA
- ✓ 5F-PB-22
- ✓ 25I-NBOME
- ✓ AKB-48
- ✓ AKB-48F
- ✓ AM-2233
- ✓ MPPP
- ✓ PB-22
- ✓ a-PEP

Online interest for "ethnobotanicals"

As noticed in the chart below, the online interest for the NPS phenomenon continues to decrease after enacting the legislation requiring a permit prior to selling such products (Law no. 194/2011[90]).

Chart no. 10- 9: Online interest for "ethnobotanicals" for 2013



Source: NAA

[90] Law 194/2011 on counteracting operations with products with possible psychoactive, other than those mentioned in the laws in force.

CONCLUSIONS:

- **Romania** is not a drug manufacturing country, it is an important **transit point** on the north part of the Balkan route for trafficking heroin and it is becoming an interest country for illegal activities on harvesting and trafficking cannabis. Moreover, Romania, through Constanta Port, continues to be an alternative to organized crime networks to smuggle into Europe cocaine from Columbia, Bolivia and Venezuela. It is also **a destination country for most type of drugs,** mostly heroin cocaine, cannabis resin, cannabis and synthetic drugs, indicator confirmed by significant seizures between 2011-2013 at national level;
- In 2013, we notice a **decrease of circa 28.4% of the total amount of seized drugs,** with **increase** compared to the previous year both in the number of seizures and in amounts of **heroin (2.5 times more), MDMA (2 times more) and methadone (7 times more).** The total quantity of drugs from significant seizures throughout 2013 is 87.66% of all drugs seized, compared to 2012 when it was 93.54%;
- From the perspective of area of seizures, in 2013 the most seizures occurred in Ilfov county (175.65 kg, of which 74.45 kg of heroin and 100.5 kg piperonal), Bucharest (109.64 kg and 19,166 pills of which 52 kg of cocaine, 14,564 MDMA pills and 3,099 methadone pills) and Arad (69.57 kg cannabis);
- **The increase in the number of seizures and quantities of heroin seized for the second year in a row confirms the forecast for 2013,** and the local market continues to be under the pressure of evolving **opiate poppy crops from Afghanistan** which continued to grow significantly in 2013 [91] (36%) compared to 2011 and 2012;
- **Cannabis** is still the most used drug and, for the first time, an industrial crop of cannabis was identified which was to supply markets in Germany, the Czech Republic and Hungary. In 2013, we notice a **decrease in the seized quantities of cannabis and cannabis resin** on the drug market in Romania (2010 - 143.1 kg, 2011 - 269.1 kg, 2012 - 678.1 kg, 2013 385.961 kg), but the trend continues to increase compared to the reviewed period. **More than half (54%) of the cannabis quantity seized (209,5 kg) was targeting Romania,** which shows an increase in small traffic quantities for own use. Moreover, 110.386 kg of this quantity (28%) is harvested green mass (cannabis plants);
- **Cocaine** on the drug market in Romania registered a slight decrease compared to 2012, but it continues to **maintain a rather constant level;**
- Regarding new psychoactive substances, after the peak in 2010 when 125.14 kg were seized and after successive decreased in 2011 and 2012, 2013 brings a slight reanimation of the demand for this type of new psychoactive substances and reached 16.431 kg of which 14.19 kg tryptamine (the largest quantity seized so far). 2013 brought the **first significant seizure of dimetocaine** (1.48 kg) coming from Spain;
- Depending on the **country of origin of the seized drugs** the following was found:
    - Cocaine comes from Costa Rica, Trinidad Tobago, Spain;
    - Heroin comes from Turkey and Iran;
    - Cannabis comes from Greece, Belgium, the Czech Republic, Italy and Spain;
    - Cannabis resin comes from Spain, Portugal and Italy ;
    - Synthetic drugs come from the Netherlands, Spain and Bulgaria;
    - Methadone comes from Romania;
    - Mescaline comes from Peru;
    - Tryptamines come from the Netherlands;
    - JWC 018 comes from Italy.
- Transiting Romania, the following drugs had as **destination** the countries below:
    - Cocaine – Western Europe and Turkey ;
    - Heroin – Netherlands, Germany, France;
    - Cannabis – Germany.

[91] Afghanistan Opium Survey 2012, Afganistan Opium Survey 2011, World Drug Report – www.unodc.org.

- Throughout 2013, **four clandestine laboratories** were identified in Romania, of whic two for redesigning new psychoactive substances [92];
- As regards drug markets, 2013 provides a series of variations, as follows:
    - **Regarding wholesale prices,** except for prices paid for cannabis and cannabis resin - which are constant-, **cocaine continues to be the most expensive** on the drug market (90,000 Euros/kg), with an increasing trend, while **heroin** (12,000 - 20,000 Euros/kg) and **MDMA** prices (3,390 – 6,790 Euros/ 1000 pills) **are decreasing** and wall at the level of 2009-2010;
    - As regards **retail prices,** drug prices are **decreasing** by 5-36% compared to 2012, which could be an indication of availability and demand of this type of drugs on the consumption market. **Cocaine** is still an exception and **mantains a constant value**.

[92]These substances fall under the incidence of **Law no. 194/2011** on counteracting operations with products susceptible of having psychoactive effects, other than those stipulated in the laws in force.

REFERENCES AND ANNEXES

REFERENCES

REPORTS, STUDIES, RESEARCH AND METHODOLOGY

1. NAA (National Anti-drug Agency) (2005) – Standards of the medical, psychological and social care national system for drug users
2. NAA (Agenția Națională Antidrog) (2006) - National report on drug situation, 2005
3. NAA (Agenția Națională Antidrog) (2007 - National report on drug situation, 2006
4. NAA (Agenția Națională Antidrog) (2008) - National report on drug situation - 2007
5. NAA (Agenția Națională Antidrog) (2009) - National report on drug situation – 2008
6. NAA (Agenția Națională Antidrog) (2010) - National report on drug situation – 2009
7. NAA (Agenția Națională Antidrog) (2011) - National report on drug situation – 2010
8. NAA (Agenția Națională Antidrog) (2011) - National report on drug situation – 2010
9. INML (National Institute for Forensics Medicine) (2014) - Report on the activity of the Forensics Medicine network for 2013

LEGISLATION

1	Government Decision no. 461/ 11.05.2011 laying down the groundwork for the organisation and functioning of the National Anti-drug Agency (issued by the Government of Romania published in Official Gazette of Romania, Part 1, no. 331 of 12.05.2011)
2	Law No 194/07.10.2011 for countering the operations with substances susceptible to produce psychoactive effects, others than the ones regulated by other laws (issued by: the Parliament of Romania, published in the Official Gazette, Part 1, No 331, 10.10.2011)
3	Order no 103 of 26 April 2012 approving the Procedure for the authorization of operations with products susceptible of having psychoactive effects, others than the ones provided by the documents in force, and of the authorisation and evaluation fees, issued by the Minister of Health, the Minister of Administration and Interior, and the President of the National Authority for Sanitary Veterinary Care and Food Safety
4	Order of the Minister of Administration and Interior and of the Minister of Health no 97 of 17.04.2012 and 252 of 16.03.2012, respectively, appointing the members of the evaluation commission provided by art. 7 paragraph (1) of Law no 194/2011 on countering the operations with products susceptible of having psychoactive effects, other than the ones provided by the documents in force.
5	Law no 187/2012 on the enforcement of Law no 286/2009 on the Criminal Code, published in the Official Gazette, Part I, no 757, of 12 November 2012
6	Joint order of the Minister of Justice and of the Minister of Health no 429/C/125/2012 on ensuring health care to persons deprived of liberty in the custody of the National Administration of Prisons, comprising provisions on the medical, psychological and social assistance provided to drug users deprived of liberty, published in the Official Gazette of Romania no. 124 of 21. 02. 2012
7	Law no. 332/2005 ratifying WHO framework Convention on tobacco control, adopted in Geneva, Switzerland, on May 21, 2003 published in the Official Gazette no. 1088 of December 2, 2005 (M. Of. 1088/2005)
8	Joint order of the Minister of Health no. 121 of 16.02.2011, of the Minister of Agriculture and Rural Development no. 43 of 16.02.2011, of the Minister of Administration and Interior no. 43 of 17.02.2011, of the Minister of Public Finance no. 1.647 of February 16, 2011, the president of the National Authority for Food Safety no. 8 of February 16, 2011, of the president of the National Authority for Consumer Protection no.1/239 of February 16, 2011 for the setup of joint team that will perform controls, according to competences, in locations and/or settings where new psychoactive substances and/or products that are health threatening are manufactures, traded, used, other than the ones regulated by law (issued by the Ministry of health, Ministry of Agriculture and Rural Development, Ministry of Administration and Interior, Ministry of Public Finance, National Authority for Food Safety and National Authority for Consumer Protection, published in the Official Gazette, Part 1, no.123 of February 17, 2011)
9	The Senate of Romania – Legal Bulletin, September-December session 2011
10	Law no. 286 of 17 July 2009 on the Criminal Code (issued by: the Romanian Parliament, published in te Official Gazette of Romania, no. 510 of 24 July 2009)
11	Law No 143 of 26 July 2000 on preventing and countering the illicit drug use and trafficking (issued by: the Parliament of Romania, published in the Official Gazette No 362 of 3 August 2000)
12	Government Decision no. 1388 of 21.12.2010 approving Health National Programmes for 2011 and 2012 (issued by the Government of Romania, published in the Official Gazette, Part 1, no.893 of 31.01.2011)
13	The Joint Order No 1591/1110 of the Minister of Health and of the President of the National House of Health Insurance of 30 December 2010 approving the technical rules for the national health programmes for 2011-2012 (issued by: the Minister of Health and the President of the National House of Health Insurance, published in the Official Gazette, Part 1, No 53, 21.1.2011)
14	Order no. 1389/ 513/ 282 of August 4, 2008 establishes the specific organisation and functioning criteria of a detoxification centre and the specific organisation and functioning criteria of opiate-based substitution treatment. Issued by: MPH (No. 1.389 of August 4, 2008), Ministry of labour, social solidarity and family (no. 513 of August 15, 2008) and Ministry of Interior and Administrative Reform (No. 282 of August 24, 2007), published in the OG no. 830 of December 10, 2008
15	Government Decision No 1102/2008 for the approval of the National programme of medical, psychological and social care for drug users 2009-2012 (published in the Official Gazette No 672, 30.9.2008) as amended and supplemented by G.D. No 87/2010 supplementing the annex to G.D. No 1102/2008 approving the National Programme of medical, psychological and social care for drug users for 2009-2012

	(O.G. No 99/12.2.2010)
16	Government Decision No 1101/2008 approving the National programme of medical, psychological and social care for drug users 2009-2012 (issued by: the Government of Romania, published in the Official Gazette No 672, 30.9.2008), as amended and supplemented by G.D. No 939/2009 amending the annex to G.D. No 1102/2008 approving the National Programme of medical, psychological and social care for drug users for 2009-2012 (O.G. No 593/27.8.2009)
17	Government Decision No 73 of 27 January 2005 approving the National Anti-drug Strategy 2005-2012 (issued by: the Government of Romania, published in the Official Gazette, Part 1, No 112 of 3 February 2005)
18	Government Decision No 1369 of 23 December 2010 on the approval of the Action plan for the implementation of the National Anti-drug Strategy 2005 – 2012 (issued by: the Government of Romania, Part 1, published in the Official Gazette, Part 1, No 38 of 17 January 2011)
19	National Audiovisual Council Decision on Regulatory Code audiovisual content Official Gazette no. 250/02.03.2006
20	Government Decision No 1489/2002 on the organisation and functioning of the National Anti-drug Agency further amended and supplemented (issued by: the Government of Romania, published in the Official Gazette, Part 1, No 956 of 27 December 2002).
21	Government Emergency Ordinance no. 117 of 23 December 2010 amending and supplementing Law no. 571/2003 regarding the Fiscal Code and the regulation of financial and fiscal measures
22	Law no. 61/1991 for sanctioning the violation of social standards, public order and public peace, modified and republished, Official Gazette no. 387/18.08.2000
23	Government Emergency Ordinance no.195 / 2002 on public roads - amended by Ordinance nr.63/2006 published in the Official Gazette of Romania, Part I, nr.729/20.09.2006
24	Order of the Minister of Administration and Interior no. 34/ 17.02.2011, for setting-up mixed teams to perform control actions, according to their legal competence in houses / environments where harmful psychoactive substances other than those stipulated by law are produced / sold / consumed, published in the Official Gazette no.123/17.02.2011
25	Ordinance 1/2000 on the organization and functioning of forensic institutions, as amended and supplemented
26	Criminal Code of Romania, published in the Official Gazette of Romania, Part I no. 510 of 24/07/2009, which entered into force on 24 July 2012
27	Law No. 349/2002 on preventing and combating the effects of tobacco products, published in the Official Gazette Part no. 435/21.06.2002
28	GD. 323/2005 regarding the approval of the Action Plan for National Anti-Drug Strategy in the period 2005-2008.
29	Joint order no. 1216/C / 18.05.2006 on providing integrated programmes of medical, psychological and social care to prison inmates, who use drugs – Ministry of Justice no. 1.216/C of 18.05.2006, Ministry of Adminstration and Interior no. 1.310 of 19.05.2006, Ministry of Health no. 543 of 18.05.2006, Offical Gazette of Romania no. 471/31.05.2006
30	Decision No 17 of 2 October 2006 approving the Methodology for the approval of the design, modification and implementation of the personalised care plan for drug users – issuer: the National Anti-drug Agency (O.G. No 899/6.11.2006);
31	Order No 383/06.06.2005 of the Ministry of Labour, Social Solidarity and Family for the approval of the general quality standards regarding the professional social services in Romania provided in public system, private system and in public-private partnership and of the way of evaluating their accomplishment by the providers, as well as G.D. no 1024/2004 for verification of the compliance with the quality standards provided for in Order no 383/ 06.06.2005;
32	Government Ordinance no 92/29.8.2000 on the organisation and operation of social reinsertion services for offenders and monitoring the prison sanctions – Government of Romania (O.G. no 423/1.9.2000).
33	Emergency Ordinance no. 121/21.12.2006, regarding the legal regime of the drug precursors, which repeals the Law no. 300/2002, issued by Government, Official Gazette no. 1039/28.12.2006
34	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, Official Gazette no. 425/26.06.2007
35	Law no. 39/2003 on preventing and fighting organized crime, published in the Official Gazette of Romania no. 50 of 29 January 2003 (Official Gazette no. 50/2003)

36	Law no. 218/2002 (revised by Law 60/2009) on the organization and functioning of the Romanian Police, to ensure the proper operation and efficiency for the police services provided within the corresponding administrative-territorial unit
37	Decision of the NAA Head no. 240/1/08.12.2011 on the establishment of the Pericle Day Centre
38	Joint Order no 770/192/ 2007 approving the Methodology regarding the filling up of standard records and the transmission of data to be included in the personal emergency medical sheet for drug use, personal drug use treatment admission sheet, the recorded HCV and HBV cases among injecting drug users and the prevalence of HIV, HBV and HCV infections among injecting drug users.
39	Law no. 292/2011 of welfare 'framework governing the organization, operation and financing of national social assistance system in Romania
40	Order no. 1313/2011 adopting the Strategy Action Plan on welfare reform, 2011 - 2013
41	Emergency governmental ordinance no. 6 of February 10, 2010 amending and supplementing the Law no. 143/2000 on countering the illicit drug trafficking and use and supplementing the Law no. 339/ 2005 on the juridical regime of plants, substances and preparations with narcotic and psychotropic contents (issued by the Romanian Government, published in the Official Gazette no. February 15, 2010)
42	Law no. 339/2005 on the legal status of narcotic and psychotropic plants, substances and preparations
43	Government Decision no. 1915 of 22.12.2006 approving Methodological Norms for implementing the Law no. 339/2005 on the on the legal status of narcotic and psychotropic plants, substances and preparations; Emitent Guvernul, MO nr. 18/11.01.2007
44	Law no. 522 of November 24, 2004 amending and supplementing the Law no. 143/ 2000 on preventing and countering the illicit drug use and trafficking (Issued by the Parliament of Romania, published in the Official Gazette no. 1155 of December 7, 2004)
45	Government Decision no. 860 of 28 July 2005 on the approval of the application of Law no. 143/2000 on preventing and combating illicit drug trafficking and use (OJ. 749 of 17 august 2005)
46	Order of the Minister of Health and Family no. 187/2002 defining the types of medical units that can be authorised to provide medical care for drug-addicted people, as well as for non-governmental organisations that can be authorised to carry out prevention activities related to blood communicable diseases among injecting drug users
47	Decision no. 452 of 04.07.2008 of the NAP General Manager approving the Procedural Handbook of the Prisons system
48	Government 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, Official Gazette no. 269/04.04.2008
49	Decision of NAA President no. 13/2007 for setting-up and management of the waiting list for the integrated assistance services for addictions within NAA
50	Order on providing medical care to prison inmates in custody of the National Administration of Prisons no. 1016/2007
51	Decision of the Supreme Defense Council no. 62 of 17.04.2006 aproving the National Security Strategy of Romania
52	Government Decision no. 1873/21.12.2006 amending and supplementing the GD no. 1489/2002 on the setup of the National Anti-drug Agency, issued by Government, Official Gazette no. 8/05.01.2007
53	Government Decision no. 196 of 17.05.2006 approving the Strategy of the Ministry of Administration and the Interior for ensuring public order and safety, for increasing citizens' safety and for preventing street crimes (published in the Official Gazette no. 243 of 23.05.2006)
54	Minister of Public Health (MPH) Order no. 372/2006 which lays down measures for the promotion and protection of mental health and for the prevention of psychiatric diseases.
55	Order no. 374/10.04.2006 approving the Mental Health Strategy, issued by the Ministry of Public Health, OG no. 373/02.05.2006
56	Emergency Government Ordinance no. 34 of 19.04.2006 on awarding public procurement contracts, public works lease, service lease, as amended and supplemented (published in the Official Gazette no. 418 of 15.05.2006)
57	EU Council Decision no. 11 (art. 5.1, Decision 2005-387-JHA)
58	Commission Regulation (CE) no. 1.277/2005 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)
59	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)
60	Governmental 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, Official Gazette no. 865/22.09.2004
61	Government Decision no. 1434/2004 laying down the tasks and the Framework regulation for the organisation and operation of Directorate General of Child Social Care and Protection, issued by the Government, OG no. 869/23.09.2004
62	Law no. 239 on the status of public servants in the National Administration of Prisons, June 28, 2004.
63	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),
64	European Council recommendation of June 18, 2003 on the prevention and reduction and drug addiction harm and on the priorities in the EU Action plan on drugs 2009-2012
65	Law no. 350/2005 on public funding for not-for-profit activities of general interest based on non-reimbursable financial support (published in the Official Gazette no. 1128 of 14.12.2005)
66	Order of the Minister of Health no. 963/1998 approving the methodological rules for the organisation and provision of medical care, treatment and services to addicted people
67	Government Decision no. 575 of June 16, 2010 which amended and supplemented the Law no. 339/2005 on the legal status of narcotic and psychotropic plants, substances and preparations and the Law no. 143/2000 on preventing and countering the illicit drug use and trafficking (issued by the Government of Romania, published in the Official Gazette, Part 1, no.509 of 22.07.2010)

RELEVANT SITES CONSULTED

- ✓ http://www.ana.gov.ro
- ✓ http://www.ana.gov.ro/asistenta
- ✓ http://www.ana.gov.ro/studii/Raport%20de%20cercetare%20excludere%202013%20final%20OK.pdf
- ✓ http://www.anp.gov.ro/documents/10180/18750/Annual+report+2012.pdf/09f536d9-21d5-4a26-9eae-2a0863df22a7
- ✓ http://www.ana.gov.ro/doc_strategice/proiecte/strategie%20reintegrare%20ANP.pdf
- ✓ http://www.ana.gov.ro/studii/GPS%2010.pdf
- ✓ http://www.anit.ro/
- ✓ http://codfiscal.realitatea.net/anexa-nr-1-la-titlul-vii-accize-si-alte-taxe-speciale
- ✓ http://www.emcdda.europa.eu
- ✓ http://europa.eu.int/servlet/
- ✓ http://www.just.ro/Sections/PrimaPagina_MeniuDreapta/LegeAplicareCP/tabid/1438/language/ro-RO/Default.aspx
- ✓ http://www.legmed.ro
- ✓ www.mai.gov.ro/index15.htm
- ✓ http://www.ms.gov.ro/upload/Raport%20activitate%20Ministerul%20Sanatatii%202012.pdf
- ✓ http://www.psihomedcom.ro/contact.html
- ✓ http://www.psymotion.ro
- ✓ http://www.reitox.emcdda.eu.int
- ✓ http://rhrn.ro/public/uploads/file/214/costurile-politicilor-antidrog.pdf
- ✓ http://www.sanatateatv.ro/stiri-medicale/11399-de-romani-sunt-infectati-cu-hivsida
- ✓ www.unodc.org.

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[93] 1192425, according to the 2011 Census results

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LIST OF ABBREVIATIONS USED IN THIS DOCUMENT

ALIAT	Asociația de Luptă Împotriva Alcoolismului şi Toxicomaniei (Association for fighting against Alcohool and Drugs)
ANA	Agenția Națională Antidrog (National Anti-drug Agency)
ANIT	Asociația Națională de Intervenții în Toxicomanii (National Association for Drug Addiction Interventions)
ANP	Administrația Națională a Penitenciarelor (National Administration of Prisons)
ARAS	Asociația Română Anti SIDA (National Romanian Anti AIDS Association
BSS	Behavioural Surveillance Survey
BTS	Boli cu Transmitere Sexuală (sexually transmitted diseases)
CAIA	Centrul de Asistență Integrată în Adicții (Center for Integrated Assistance fo Addictions)
CDI	Consumatori de Droguri Injectabile (Injectable Drug Users)
CP	Codul Penal (Criminal Code)
CPD	Consum Problematic de Droguri (Problem Drug Consumption)
CPECA	Centrul de Prevenire, Evaluare şi Consiliere Antidrog (Centre for Anti-drug Prevention, Assessment and Counselling)
DGPMB	Direcția Generală de Poliție a Municipiului Bucureşti (Bucharest City General Police Department)
DGASPC	Direcția Generală de Asistență Socială şi Protecția Copilului (Social Care and Child Protection General Directorate)
DIICOT	Direcția de Investigare a Infracțiunilor de Criminalitate Organizată şi Terorism (Directorate for Investigation of Organized Crime and Terrorism)
DRD	Drug-related deaths
DSM	Diagnostic and Statistical Manual of Mental Disorders
ERP	Enterprise Resources Planning
FICE	Federatia Internațională a Comunităților Educative (International Federation of Educational Communities)
GPS	General Population Survey
HG	Hotărâre de Guvern (Government Decision)
HIV	Human Immunodefficiency Virus
HVB	B-type Viral Hepatitis
HVC	C-type Viral Hepatitis
IGPR	Inspectoratul General al Poliției Române (Romanian Police General Inspectorate)
IML	Institutul de Medicină Legală (Institute for Forensics Medicine)
INML	Institutul Național de Medicină Legală „Mina Minovici" Bucureşti ("Mina Minovici" National Institute for Forensics Medicine)
INS	Institutul Național de Statistică (National Institute for Statistics)
LSD	Lysergsäure-diethylamid, German
MAI	Ministerul Administrației şi Internelor (Ministry of Adminstration and Interior)
MEC	Ministerul Educației şi Cercetării (Ministry of Education and Research)
MDMA	Methylenedioxymethamphetamine
MDPV	MMethylenedioxypyrovalerone
MIRA	Ministerul Internelor şi Reformei Administrative (Ministry of Internal Affairs and Administrative Reform)
MMFPS	Ministerul Muncii, Familiei şi Protecției Sociale (Ministry of Labour, Family and Social Care)
MO	Monitorul Oficial (Official Gazette)
MS	Ministerul Sănătății (Ministry of Health)
NUP	Non-initiation of Criminal Investigation

OEDT/ EMCDDA	Observatorul European de Droguri şi Toxicomanii/ Centrul European de Monitorizare a Drogurilor şi Dependenței de Droguri (European Monitoring Centre for Drugs and Drug Addiction)
ONG	Non-Governmental Organization
ORDT	Observatorul Român de Droguri şi Toxicomanii (Romanian Monitoring Centre for Drugs and Drug-Addictions)
OUG	Ordonanță de Urgență a Guvernului (Government Emergency Ordinance)
PDU	Consum Problematic de Droguri (Problem Drug Use)
PSS	Program de schimb de seringi (Syringe Exchange Programme)
RAA	Fundația Romanian Angel Appeal (Romania Angel Appeal Foundation)
RDS	Respondent Driven Sampling
RHRN	Romanian Harm Reduction Network
SIDA	Sindromul Imunodeficienței Dobândite (Acquired Immuno-Defficiency Syndrome)
SNA	Strategia Națională Antidrog (National Anti-Drug Strategy)
SNPP	New substances with psycho-active properties, sold as “ethnobotanical” substances
SORDT	Serviciul Observatorul Român pentru Droguri şi Toxicomanie (Romanian Monitoring Centre for Drugs and Drug-Addictions Unit)
SRCD	Serviciul Reducerea Cererii de Droguri (Drug Demand Decrease Unit)
SMROD	Serviciul Reducerea Ofertei de Droguri (Drug Supply Decrease Unit)
SUP	Suspendarea urmăririi penale (Suspension of criminal investigation)
TDI	Treatment Demand Indicator
THC	Tetrahydrocanabinol
UNAIDS	United Nations Joint Programme for AIDS
UNICEF	United Nations Children’s Emergency Fund
UNODC	United Nations Office on Drugs and Crimes
VHB	Hepatitis Virus Type B
VHC	Hepatitis Virus Type C

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