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*ROMANIA*  
*NATIONAL REPORT*  
*ON DRUGS*  
*SITUATION*  
*2003*



European Monitoring Centre  
for Drugs and Drug Addiction





There is a long road ahead of us.....

I believe that with motivation, force, strong will and true friends,  
Romania will become a strong link in this international fight for life.

Professor Pavel ABRAHAM  
President of the National Anti-drug Agency



European Monitoring Centre  
for Drugs and Drug Addiction



**REPORT TO THE EMCDDA  
By the RETOX National Focal Point**

# ***ROMANIA DRUG SITUATION 2003***

Romanian Monitoring Center for Drugs and Drug Addiction  
National Anti-drug Agency

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## Introduction

**2003** was the first year of existence for the **National Anti-drug Agency** and for the new structure called **“Romanian Monitoring Center for Drugs and Drug Addiction”**, one of the directorates of this agency. **2003** was also the last year with twelve EU candidate countries, including our country.

Romania is supposed to join EU (and EMCDDA) in **2007**. Until then, we are gradually improving our institutional and legislative frameworks in order to have the necessary tools for strengthening the fight against drugs.

The present report is mirroring the efforts made by all Romanian institutions involved in drugs demand and supply reduction in using the same European evaluation instruments and methods, in order to assess the drug phenomenon in Romania and to provide the Romanian Government and European institutions with the requested standardized data.











Our activity in the fight against drugs would not have been possible without the help of many Romanian and foreign experts, considered by us valuable friends, who have supported the Romanian National Focal Point and the National Anti-drug Agency since its establishment.

We want to express again our sincere gratitude to all of them.

We would also like to address our gratitude to our direct coordinators from the **European Monitoring Centre for Drugs and Drug Addiction** from Lisbon, for the entire assistance given to us and for their understanding.

**Many thanks to the Romanian specialists** working either in drugs demand reduction or in drugs supply reduction, who understood the importance of our work, provided us with the requested data in due time and gave our team all the necessary support in the elaboration of this report:

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*The list of the collaborators who contributed to this report is undoubtedly longer.*

*The English version of this report was checked by 2 remarkable philologists, **Mrs. Victoria STANCU** and **Ms. Paula Stefania FRUSINOIU**, who deserve all our gratitude.*

*We should also thank for the valuable support given to us by our colleagues working in **the Directorate for the Evaluation & Coordination of the anti-drug activity**.*

*They provided us important data covering drugs demand and, respectively, drugs supply reduction fields.*

*These data were published in the “Evaluation Report on Drugs”, issued twice a year by the National Anti-Drug Agency at the request of the Romanian Government.*

**We want to address special thanks to the President of the National Anti-Drug Agency, Professor Pavel ABRAHAM, LLD, who coordinated and supported all our work.**

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## SUMMARY

**2003** could be written in the “Book of honor” of the Romanian fight against illicit traffic and abuse of drugs due to the important events happened in this domain.

Being aware of this threatening phenomenon for the Romanian society, the Romanian Government took action.

Institutional and legislative frameworks were either renewed or created.

Human resources were allocated to support these two important frameworks.

There were three pillars supported Romania's new initiatives: the “Communautaire Acquis on drugs”, the “European Union Strategy on drugs” and the expertise of European and EU Countries' agencies fighting against drugs.

December 2003 meant: a) a valid Anti-drug Agency b) laws harmonized with the European Union legislation provisions c) a National Drug Coordinator- the President of the National Anti-drug Agency.

Having all these instruments, acting as an engine, the drug phenomenon in 2003 was reflected in a new, more accurate image.

### GENERAL DRUG SITUATION IN ROMANIA 2003

- ✚ Due to the political and economical context of 2003, Romania changed its features being considered by traffickers not only a drug transit territory but also a drug storage one. Drugs entered Romania crossing mainly the southern border but also the northwestern and northeastern ones.
- ✚ In 2003 new clandestine laboratories for illegal manufacturing of synthetic drugs were discovered and dismantled by Romanian police, raising the public awareness on the threatening possibility of transforming the Romanian territory in an illicit manufacturer of synthetic drugs.
- ✚ In the reporting year studies were carried out showing the increasing number of drug users.
- ✚ Because of the worsening of drug phenomenon in Romania, at the very beginning of 2003, the National Anti-drug Agency was set up in order to coordinate the fight against drugs.
- ✚ The cooperation between drug law enforcement agencies, civil society and other state institutions involved in drug demand reduction was strengthened due to the improving of the institutional framework by setting up the National Anti-drug Agency.
- ✚ In 2003 important Romanian representatives of all these institutions involved in the fight against drugs were trained by European Union experts.
- ✚ Legislative framework was enhanced: the new anti-drug laws were harmonized, new law regulations were put into force, Romania was signatory party in international conventions.
- ✚ UNODC's National Drugs Controlled System was implemented in 2003 at the national level.
- ✚ The first steps towards the implementation in Romania of the European Union Reporting System used by EMCDDA there were made in 2003.



## MOST RELEVANT DEVELOPMENTS AND TRENDS IN 2003

**2003** was a very important year for the fight against illicit traffic and abuse of drugs in Romania, taking into consideration that, through a Governmental Decision, a new body, namely the **National Anti-drug Agency**, was set up in order to coordinate this fight in compliance with the National Anti-drug Strategy.

The activity of the **National Anti-drug Agency** has been coordinated by the Ministry of Administration and Interior (former Ministry of Interior).

According to the Governmental Decision related to the founding of the Agency, its main tasks are:

- establishing a unitary coordination of the fight against drugs deployed by competent authorities, by other state institutions and by non-governmental institutions, in compliance with a "National Strategy for the fight against illicit traffic and abuse of drugs",
- monitoring and centralizing the results of the cooperation between Romanian and foreign institutions involved in this area".

In order to backup the Agency's activity, in February 2003, the Romanian Government approved by Governmental Decision the "**National Anti-drug Strategy 2003-2004**", consisting of six main chapters (*1. Governing principles; 2. Specific intervention areas; 3. Institutional framework; 4. Informational Systems; 5. Financing and 6. Evaluation*). The Strategy was one of the outcomes of a Phare twinning project RO 001B JH 02 "Fight against drugs" assisted by Spain.

After the setting up of the **National Anti-drug Agency**, the former National Focal Point on Drugs was relocated from the Ministry of Health and became one of the directorates of the Agency, under the name "Romanian Monitoring Centre for Drugs and Drug Addiction" (RMCCDA). The National Anti-drug Agency was founded to support the Romanian Monitoring Centre for Drugs and Drug Addiction, the Romania's interface with European Monitoring Center for Drugs and Drug Addiction in Lisbon.

2003 marked the beginning of the activity of the **Romanian Focal Point on Drugs**, fully supported by the EMCDDA both financially and scientifically. The EMCDDA coordinating team helped Romania in monitoring data and starting the implementation of the epidemiological and core indicators by involving the staff of the newly created Focal Point in training activities at the **REITOX Academy**, and by requesting support for Romania from the European Union bodies.

In 2003 RMCCDA applied to the World Bank for a programme called "**Global Fund to fight AIDS/Tbc/malaria**", in order to implement the treatment demand indicator (TDI), global population survey (GPS) and problem drug use indicator. Within this programme, RMCCDA elaborated a project called "**Implementing a new monitoring system for drug addicts**" which was approved in February 2004.

For the analyses of drug phenomenon trends in 2003 Romanian Monitoring Center for Drugs and Drug Addiction evaluated data received from drug demand and drug supply fields.

? ? In order to obtain data in the field of **drug demand reduction**, RMCCDA collaborated closely with the Ministry of Health, Ministry of Youth, Education and Research and with main NGOs grouped in the **Romanian Harm Reduction Network**.

Most of these data were taken from ESPAD study that was carried out in 2003, for the second time in Romania (after ESPAD 1999), using 4371 students born in 1987,

scattered in 209 schools at national level. The spreading of marijuana/hashish, LSD/hallucinogens, heroin, cocaine, Ecstasy and other pills etc. had been subject to the study. In comparison with the 1999 ESPAD study, the preliminary data obtained through 2003 ESPAD suggested an increase in all types of legal and illegal drug use. It should be mentioned that according to the figures of the new ESPAD, the use of Ecstasy was three time higher and that of marijuana/hashish mixed with alcohol was two-time higher, in comparison with 1999 ESPAD.

The ESPAD study preliminary data showed increased figures related to the number of smokers, age at the first time of smoking, number of pupils smoking on a daily basis, number of pupils that consumed alcohol at least once.

The National Anti-drug Agency in cooperation with UNAIDS Romania and with the most important NGOs working in the field of drug demand reduction, performed from June till November 2003, in Bucharest, a Rapid Assessment for heroin drug users. The results showed an average number of 24,000 heroin users in Bucharest, for a confidence interval of 95%, with extreme numbers varying from 13,700 to 34,300 (Bucharest's total population is about 2 million people), more than 50% of these users were teenagers under 25 years old. The above figures demonstrated a quite recent addiction and the existence of a **heroin addicts` population**, taking into account by comparison the previous Rapid Assessment Evaluation for heroin in Bucharest, which took place in 2002 and had estimated results of about 30,000 addicts.

The Rapid Assessment and the 2003 ESPAD study revealed that the **prevalence of drug abuse increased** (compared with 1998/1999 studies), the main affected age group being 20-24 years old.

Among illicit drugs used by the Romanian addicts, in 2003 **heroin** was considered the most abused drug by analyzing addicts attending medical services. The most common administration route for heroin was by intravenous injection. According to medical staff working in treatment centers and emergency rooms, there was a continuous decrease of the age of the first use, combined with an increase in the number of addicts beginning their "activity" directly with injected heroin. This model suggested either a "wild" drug culture or the lack of information during the reporting year.

**Cocaine abuse** was still unusual in 2003, possibly due to its selling high price.

Among teenagers in highschoools, some cases of **Cannabis and cannabis derivatives abuse** and **illicit synthetic drugs (mostly ecstasy) abuse** had been identified.

The existing data in 2003 indicated that the **abuse of LSD or crack** was not very common.

**Volatile substances** were used almost exclusively by specific groups such as "street children" (according to off the record information).

The use of **barbiturates mixed with alcohol** as "fashionable drug" decreased among users.

Although there were no studies targeting **the recreational drug use**, some data obtained from supply reduction area regarding seizures, number of arrests and so on, suggested **an increase of the recreational drug use** in places like bars, discotheques, entertainment areas or university campuses.

Until the end of reference year 2003 there had been no national studies for population surveys/problems drug use/recreational drug use and that is the reason why it was

difficult to analyze this population. The available data from the demand reduction fields represented mostly the number of addicts seeking medical service, without detailed information (clients' profile/ associated diseases etc), being prone to double counting.

In 2003 because of the low quality of available services involved in the treatment of drug addicts, to the inexistence of a complete therapeutical chain (substitutive and non-substitutive centers/ after-care) and to the lack of social reintegration programmes, there was a tendency among drug addicts to avoid medical services. This tendency was strengthened by some vagueness in 2003 legislation and by the common perception of drug addicts that they are "not-curable" and are rejected by the society because of their addiction.

Drug demand related data indicated the existence of "**a drug users' population**", living in urban areas, differentiated according to the type of drug used and to the economical and social status. Data concerning drug abuse in prisons provided by the Independent Medical Service within the General Directorate of Penitentiaries, Ministry of Justice revealed that **more and more prisoners declared themselves as drug addicts**: 3.25% in 2003 in comparison with 2.25% in 2002.

Referring to **infectious diseases related to drug abuse**, it has to be mentioned that the tests performed on drug addicts seeking therapy in our very few treatment drug centers showed a high and very high prevalence for hepatitis B and C in 2003 (around 40% for VHB and more than 80% for VHC).

Surprisingly, the prevalence for **HIV/AIDS** related to drug use was low in the last years, considering the 11 cases registered in Romania from 1996 to 2002. The trend appeared to be similar in 2003, with only five cases of HIV positive drug related infections, but very high prevalence rate for VHC as shown previously.

Data provided by treatment centers regarding **drug related infectious diseases and drug related death**, plus data concerning other **drug related non infectious diseases** (mental disorders) suggested that most of the addicts attending the centers did have serious problems with VHC, VHB and with various types of mental disorders but very few of them were HIV positive.

Data provided by the National Institute for Legal Medicine "Mina Minovici" in Bucharest concerning **drug related death cases** indicated for 2003 a very low number of such cases, probably due to significant underreporting caused by:

- the lack of technical equipment destined to the analyses of drug metabolites in body fluids,
- the unimproved reporting data system
- drug analyses in body fluids can be carried out only at the National Legal Medicine Institute "Mina Minovici" in Bucharest
- the tendency of some families of the deceased drug users not to declare the real cause of death.

Concerning **overdoses**, a study published on the Romanian Harm Reduction Network website ([www.rhrn.ro](http://www.rhrn.ro)) in May 2003, revealed that about 1/3 of the 105 interviewed injecting drug users witnessed or experimented themselves an overdose.

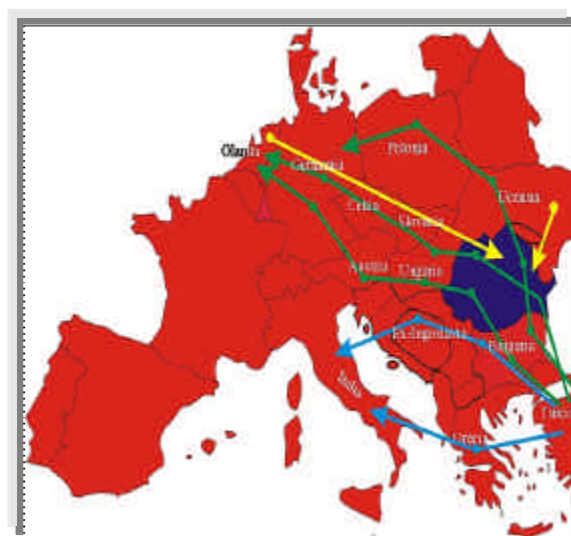
Unfortunately, the data recording system used in 2003 did not allow further analysis of data concerning drug users' population.

? ? In order to be able to elaborate estimates regarding **drug supply reduction**, Romanian Monitoring Center for Drugs and Drug Addiction cooperated with drug law enforcement agencies: the Prosecutor's Office near the Supreme Court of Justice, the General Police Inspectorate - through the General Directorate for Countering the Organized Crime and Anti-drug, the General Border Police Inspectorate and the National Customs Authority.

According to the received data, drug traffic covered almost the entire Romanian territory, although some counties registered a higher number of cases (arrested/convicted persons, seizures etc). On the top of this list there were Bucharest and the border counties, especially the western ones (Bihor, Arad, Timisoara) but also one from the eastern side (Iasi). A few counties (5 out of 41 counties) recorded a low rate of drug problems, yet proving the national dimensions of the drug phenomenon in 2003.



In 2003 law enforcement data showed that the Romanian territory was transited by three out of five itineraries of the Balkan drug transit routes and also by other new developed routes for synthetic drugs, coming both from the West (the Netherlands and Germany) and from the East (Ukraine). Data provided by police headquarters indicated that quantities of transited drugs were sold on the Romanian market on lower prices, in order to "stimulate" the inland market.



The drug supply indicators revealed an **increasing trend** for the year 2003, continuing in fact a tendency that began after 1990. Significant examples can be the number of arrested and caught in the act offenders, number of offences, drug seizures etc. Most cases of heroin offences were registered in urban areas (90.4%) proving the fact that drug market and drug traffic networks tend to develop especially in large environments. In 2003 the total quantity of illicit drug seizures was 408.36 kg, of which 320.7 kg of heroin, which still ranks first among seizures.

In 2003 there was a different approach regarding **cannabis seizures** meaning that only the vegetal product obtained from flourishing top of cannabis sativa plant was considered as “cannabis”, as apposed to the way in which “cannabis” was considered in 2001, 2002 (the hemp crops, hole plants even with roots). This new approach led to more accurate data regarding cannabis seizures as compared to the previous procedure that generated overestimates in 2002.

The **prices of drugs** at street level remained mostly unchanged in 2003 and no major fluctuations were observed during the year.

- **DATA CONSISTENCY**

Since none of the five key epidemiological indicators or core indicators were implemented in 2003, **we examined the consistency of partial data** (local studies, incomplete data and in some cases assumptions or opinions).

The data for 2003 showed **an increase in figures** marked by both demand and supply reduction field indicators reflected in the number of drug related offences, number of people arrested /caught in the act, number of discovered and dismantled clandestine laboratories, in the prevalence of drug abuse in penitentiaries, in the increase of prevalence of most of the drugs studied in ESPAD etc. On the other hand, the **illicit drug price at street level was practically constant** during 2003, but, as we mentioned before, this might have been the dealers` attempt to “stimulate” the local market. Despite all this, most people questioned declared they had no problems in finding and/or buying drugs in the streets. It should be mentioned that despite the number of 24,000 heroin users estimated for Bucharest, of which three quarters of the addicts share needles according to the data provided by the Harm Reduction Programmes, **the number of HIV positive drug related cases was small** in 2003. In the same context, with respect to another problematic indicator, namely drug related deaths, it should be emphasized that due to the lack of technical analytical equipment and of the identification kits, to the fact that drug analyses in body fluids can be carried out only at the National Legal Medicine Institute “Mina Minovici” in Bucharest and to the tendency of some families of the deceased drug users not to declare the cause of death, **the number of drug related deaths is underestimated.**

Consistent data were provided by the drug supply reduction field.

The drug quantities seized in 2003 increased. New clandestine laboratories were discovered.

In the **year 2003**, among the crimes uncovered by the police and criminalized by Law no. 143/2000, **53.7%** were related to illegal selling, distributing, buying and possession of drugs, and **37.4%** were related to buying or possessing drugs for personal consumption. Statistic data showed that most of these crimes represented street illicit traffic intended for domestic consumption.

The analysis of data concerning offenders involved in illegal drug transaction operations show that from **723** suspects investigated in the year 2001 for illegal drug trafficking and consumption crimes, the figure increased to **1428** in the year 2002 (**+97.5%** as compared to 2001) and to **1487** in the year 2003 (**+105.6%** as compared to 2001), respectively.

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## **PART A: NEW DEVELOPMENTS AND TRENDS**

### **1. NATIONAL ANTI-DRUG POLICIES AND CONTEXT**

2003 marked the first year of activity for the National Anti-drug Agency, responsible for coordination and monitoring the fight against drug abuse and drug traffic in Romania. Organized as a separate institution under the Ministry of Administration and Interior, the National Anti-drug Agency has four departments:

- Directorate for Prevention of Drug Abuse
  - Evaluation Coordination Directorate
  - Human Resources and Financial Directorate
  - Romanian Monitoring Center for Drugs and Drug Addiction
- (The national focal point on drugs)

A very important step was the approval of the National Strategy on Drugs 2003-2004 by the Romanian Government in 2003.

The competent institution for the implementation of the National Anti-drug Strategy and for the coordination of the sectorial action plans regarding drug demand reduction, drug supply reduction, international cooperation and drug data analysis is the National Anti-drug Agency.

#### **1.1. Legal framework**

The National Anti-drug Strategy is the document at the basis of the national anti-drug politics. In 2003, under the coordination of the National Anti-drug Agency, the law 143/2000 regarding countering of illicit traffic and abuse of drugs and the law 300/2002 regarding the judicial regime of precursors were modified in accordance with the provisions of the European legislation in the field. A draft for a new law regarding the licit circuit of narcotics and psychotropic substances was issued under the coordination of the NAA in accordance with European Union legislation.

New regulations for putting into force these new laws were also drafted under the coordination of NAA. In order to enhance the coordinating role of the National Anti-drug Agency (NAA) by two Governmental decisions approved by the Government in 2003, the organigramme of the above mentioned institutions was enlarged from 40 to 321 employees (number that will be reached gradually in the future) and the president of agency was ranked as state secretary.

According with this new legal framework the National Anti-drug Agency was the institution that has been collecting data from all the institutions involved in the fight against drugs and sending them officially to international bodies and to other similar or homologue institutions. A very important role in this respect has been played by the Romanian Monitoring Center for Drugs and Drug Addiction, which has started using the same instruments for collecting and processing data similarly to the focal points on drugs within the European Union and candidate countries.

#### **I. Drug demand reduction**

In 2003, the legislative framework connected to the drug field was significantly improved. The law no.143/2000 concerning the countering of illicit traffic and abuse of drugs was amended in order to improve medical assistance for drug users, , to introduce and redefine the new concepts of "harm reduction", "drug user", "dependant drug user", to create the framework for therapeutical programmes concerning drug users&addicts supported by medical&psychological and social assistance services.



In this amendment to the law into force 143/2000 it was stipulated that: the user should be evaluated by the prosecutor in order to be included in the integrated medical circuit or in a programme based on his/her consent. The refusal triggers about the provisions of the Criminal Law. On the contrary, if the user/addict obeys the rules of the integrated programme for drug use assistance, the court might not give any sentence.

In 2003, in the social field, the **Framework Regulation for organization and functioning of the public service for social assistance** was approved by Governmental Decision no. 90/2003.

The **Framework Regulation of the Ministry of Education, Research and Youth 4923/2003** regulated the organization and functioning of the psycho-pedagogical assistance centers and established monitoring practices for special situations emerged in high-school education system (risk of drug use, disturbances of behavior).

Drafted in 2003, the **Law no 272/June 2004 on the protection and promotion of children's rights** is targeted on child protection against drug use.

The Order of the Minister of Youth and Sport no. 52/2003 was the legal basis for a programme referring to minimizing risk factors leading to marginalization and social exclusion of young drug users and addicts.

## **II. Drug Supply Reduction**

In 2003 by the Governmental Decision no.154/February 2003 the **National Anti-drug Strategy** was approved.

During 2003 the Governmental decision no.183 modifying the GD 1489/2002 enhanced the decisional power of the president of the National Anti-drug Agency ranked as secretary of state.

In 2004, the GD 1023/June 2004 was issued for the approval of the Action Plan necessary in the implementation of the anti-drug strategy. Another GD no.1093, regarding the setting up of the territorial centers of the National Anti-drug Agency for prevention, evaluation and anti-drug counseling was elaborated in June 2004, also.

The Governmental Decision 764/2003 regarding the organization and functioning of the Customs General Directorate stipulates its role in coordinating the activity of its units in the field of illicit drug prevention and countering.

The Law no 39/2003 on preventing and countering organized criminality was issued by the Parliament following Romania's signing the Palermo Convention on criminality.

### **1.2 Institutional Framework, Strategies and Policies**

**The National Anti-drug Agency**, officially launched in June 26, 2003, settles the general approach and the unitary co-ordination in the fight against drugs based on a national anti-drug strategy, centralizes and monitors the results of the co-operation between the Romanian habilitated institutions and the foreign organizations with attributions in the field.



During 2003 the Governmental decision no.183 modifying the GD 1489/2002 enhanced the decisional power of the president of the National Anti-drug Agency ranked as secretary of state.

In 2004, the GD 1023/June 2004 was issued for the approval of the Action Plan necessary in the implementation of the anti-drug strategy. Another GD no.1093, regarding the setting up of the territorial centers of the National Anti-drug Agency for prevention, evaluation and anti-drug counseling was elaborated in June 2004, also. Through the second governmental decision, the staff of the National Anti-drug Agency was theoretically enlarged to 321 employees (in practice this measure could be applied when budget resources allow it).

**The main attributions of the Agency are the following:**

- a. elaborates the national anti-drugs strategy and its action plan and forwards them to the Government, for approval.
- b. ensures the anti-drug co-ordination between the institutions, the governmental and non-governmental organizations involved in the National Anti-drugs Strategy's activities;
- c. elaborates, monitors, endorses and co-ordinates the national programmes for countering illicit drug production and traffic as well as money laundering resulted from this kind of activities and for preventing illegal drug abuse;
- d. co-ordinates the prevention activity of the anti-drugs prevention and counseling centers at national level;
- e. ensures the connections with the European Monitoring Center for Drugs and Drug Addiction in Lisbon and with other international bodies in the field;
- f. carries out and co-ordinates, at national level, the activities involving collecting, analyzing and disseminating data and information on drugs and drug addiction maintaining legal confidentiality;
- g. establishes the assessment of indicators and the evaluating criteria for the drug phenomenon;
- h. centralizes, analyzes and synthesizes all data provided by the collaborating authorities, institutions and organizations;
- i. elaborates the annual report on the evolution and the level of drug trafficking and abuse, based on the data supplied by the agencies involved in the fight against drugs, report which is submitted to the Romanian Government and to the international competent bodies;
- j. elaborates studies, synthesis, phenomenon analyses in the field of fight against drugs, taking action through disseminated materials in order to prevent and reduce the illicit drug production, traffic and abuse;
- k. makes proposals for the harmonizing of the legislation towards international standards;
- l. initiates, co-ordinates or endorses research activities in the field;
- m. manages the necessary resources for the programmes provided by the Agency and coordinates their implementation;
- n. manages and administrates the human, economical and technical resources of the Agency;
- o. half yearly or whenever necessary, evaluates the stage in which the National Anti-Drugs Strategy has been accomplished;
- p. fulfills every other attributions in the field, according the law.

The above mentioned remarks point out the fact that 2003 meant the enforcement of the legislative and institutional frameworks for the fight against drugs in Romania.

Based on the National Anti-drug Strategy the ministries involved in fighting drugs elaborated their own strategies, action plans and programmes.

In 2003 the Ministry of Health elaborated the **Community Programme for Public Health – Appendix 3 MPH/2003** monitoring the state of health assessment and the risk factors generated by risky behaviors, such as smoking, taking drugs, drinking alcohol etc.

The second 2003's programme of the Ministry of Health is the **Programme for Preventing and Control of Non-transmissible Diseases**, Appendix 2 MPH/2003 that includes objectives for drug addiction therapy.

A programme referring to minimizing risk factors leading to the marginalization and social exclusion of young drug users and addicts was developed by the Ministry of Youth and Sport.

The Ministry of Administration and Interior, through the General Directorate for Countering Organized Crime and Anti-drug launched a very important programme, namely "The fight against white death" covering drug supply and demand reduction.

In 2003 a Public Relations department was set up within the National Anti-drug Agency in order to support mass media in its activity for raising the awareness of the population regarding the harmfulness of drugs.

In October "The 2003 Report on Drugs" was launched in the presence of high representatives of the EMCDDA.

In 2003 the fight against drugs became one of the priorities of the Romanian Government. In this respect, it requested from the Romanian Anti-drug Agency to elaborate half-yearly reports regarding the trends of the drug phenomenon, in order to be used as a basis for the new governmental anti-drug policy.

### 1.3 Budget and Public Expenditure

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

In 2003 two important PHARE projects were developed under the coordination of the National Anti-drug Agency: **PHARE Synthetic Drugs and Precursors Project** and **Drug Law Enforcement Project**. Through this project, important training activities with the participation of important European Union experts were developed for Romanian specialists working in drug law enforcement agencies: Police, Border Police, Prosecutor's Office and Customs.

New PHARE project fiches were drafted in 2003 for the drug supply reduction area. A **PHARE twinning covenant** started in June 2004 having an investment component of 1 million euros.

The draft of another PHARE covenant was initiated in the reference year with the main objective to endow the regional laboratories destined for the analysis of biological fluids and human tissues, as a support for the future collecting data concerning drug related deaths and overdoses.

2003 was important also for the raising of the awareness of the institutions involved in the fight against drugs and drafting a project for a national anti-drug integrated system designed to gather, process and disseminate data at national level, for both drug demand and drug supply reduction. This very ambitious project “The Great Romanian Anti-drug Alliance”, between state institutions and civil society, was created in 2003 and will grow and be completed in the years to come. A very important financial offer consisting of millions of dollars is going to support this integrated system.

The Department of Health Care Assistance Development & Programmes coordinated and managed health care in the treatment of drug addicts as well as national health programs regarding the therapeutic and social reintegration component. As to the financial resources, 2,490,000,000 ROL (~62,250 EURO) were allocated from the state budget in 2003 for the objective “the development of health favorable attitudes and behaviors by methods of health promotion and health education”. A sum of 17,500,000,000 ROL (~437,500 EURO) was allocated for the programme “Diagnosis and treatment of drug addicted persons”. 5,700,000,000 ROL (~142,500 EURO) were used in 2003 for expenses related to specific Anti-Drug therapy medication.

The Order of the Minister of Development and Prognosis no. 39/2003 regarding “**Investments in social services**” had provisions for the endowment of the units which performed social services functioning as centers that took care of drug and alcohol addicted persons.

	2003 programmes
<b>Non reimbursable financial support</b>	164,372,000,000 ROL (~4,109,300 EURO)
<b>Technical Assistance</b>	3,350,000,000 ROL (~83,750 EURO)
<b>Total amount</b>	167,722,000,000 ROL (~4,193,050 EURO)

#### ▪ Funding agreements

- AGREEMENT no. 12906/2003, for the ratification of the treaty/concord concluded between the Ministry of Health and Family and the “Global Fund for Combating Tuberculosis, Malaria and AIDS” with a view to granting two non-reimbursable credits for combating HIV/AIDS and Tuberculosis, signed in Geneva, June 6<sup>th</sup> 2003.

- The Governmental Ordinance 56/2003 for the ratification of the Additional Protocol to the Agreement Letter on drug control and law enforcement, signed July, the 3<sup>rd</sup> 2001 between the Romanian Government and the Government of the United States of America was concluded in Bucharest, August 5<sup>th</sup> 2003.

- Project for the updating of the law no.143/2000. The project was developed with the technical and financial support of the UNAIDS amounting to 10.000 USD.

### 1.4 Social and cultural context

Changes in social and cultural context registered in 2003 reflected in:

- new associations and new NGOs having as objective different segments of the fight against drugs were set up;
- campaigns for raising awareness on drugs and their harmful effects were organized in schools;
- the increasing of the importance of drug abuse prevention, according to the European Strategy on Drugs;

- the improved approach of media towards prevention activities carried out by the National Anti-drug Agency and other institutions involved in drug supply and demand reduction;
- the acceptance of new concepts regarding:
  - the drug abuser, previously considered exclusively drug offender;
  - social reinsertion of drug abusers;
  - treatment of drug addicts as alternative to imprisonment;
- improvement of social and medical assistance for drug abusers;
- in order to increase the educational level regarding drugs and their side effects on health and society many interviews and scientific television programmes were performed while articles in newspapers and magazines and numerous books and leaflets on drug issues were published in 2003.

## 2. DRUG USE IN THE POPULATION

### 2.1. Drug use in the general population

In 2003 there were no studies or data on drug use in the general population of Romania. The available data used in the evaluation of the drug use in the population was provided by the 2003 ESPAD study.

### 2.2. Drug use in school and youth population

The 2003 ESPAD study was carried out on a pattern of **4371** students (born in 1987), from 209 schools at national level, according to the methodology elaborated and developed by Pompidou Group and CAN. Because the ESPAD Study was performed for the first in Romania in 1999 and it followed the same methodology in 2003, we could compare the results and describe trends after a four years interval.

Comparing the two studies 1999 and 2003, an increase for almost all indicators was noticed: the number/percent of smoking pupils, the number of teenagers who reported alcohol abuse, the number/percent of those using illegal drugs etc.

After an item-by-item comparison with the '99 ESPAD data, the findings of the 2003 ESPAD study are as follows:

- The percent of pupils that smoked increased in 2003 by 11%, reaching a total of 64%;
- 32% of the smokers (11% more than in 1999) smoke their first cigarette before the age of 14;
- 5% of the students smoke cigarettes every day;
- The percentage of teenagers habitually drinking alcohol showed a small increase of 3% in comparison to 1999;
- 55% of the teenagers begin drinking beer before the age of 14 (double compared with 1999); also 50% of them drink wine before the age of 14 and 15% drink "strong" alcohol beverages. The most common places used for drinking alcohol were: at home (38%, three times more than in 1999 ESPAD Study), at the discotheque (18%, three times more than in the previous study), in a friend's house (15%, 2,5 more than in 1999), in the street/park/beach or other public places (13%, ten times higher percentage than in 1999), at the pub or bar (12%, an increase of three percents) or at the restaurant (more than 5%, a nine times increase). Because of the alcohol, about 2-3% of the teenagers had problems with the police or had poor school results.

- The data referring to illegal drug abuse revealed increasing trends for: ecstasy (three times increase, although the prevalence was still less than 1%), amphetamines (an 85% increase but also less than 1% prevalence), injectable drugs (50-60% increase, less than 1% prevalence) and LSD/hallucinogens (40-45% increase, less than 1% prevalence). The highest prevalence was for marijuana/hashish- 3%, double compared with 1999. There was a decrease for the use of alcohol mixed with pills (15% decrease, 3% prevalence) while the abuse of sedatives/ tranquilizers remained stable, with about 5% prevalence. Finally, there was a great increase of 30 times for the percentage of teenagers admitting they had problems with teachers because of drug abuse.
- The main reasons for drug use and abuse were curiosity; the wish to experiment "getting high" and the idea of forgetting about everyday problems.
- Comparing with the average European data about the risk of using legal and illegal drugs, the preliminary results indicated that most of the Romanian teenagers (82%) were aware of the risk of smoking more than a pack a cigarettes a day; regarding alcohol and marijuana abuse, the figures were close to the European average (34% for alcohol and 79% for marijuana).

In order to obtain a future clear picture of the drug abuse in teen population it would be necessary to study thoroughly this subject by corroborating data from future general population surveys and upcoming researches on the use of recreational drugs.

To conclude, the data from ESPAD 2003 indicated that the prevalence of illegal drugs is still low among Romanian teenagers (3% for cannabis and derivatives and less than 1% for other drugs), but compared with 1999 ESPAD data the prevalence increased, especially for synthetic drugs. Synthetic drugs could become the main abused drugs in the future instead of heroin. The lack of data referring to cocaine abuse should be also pointed out.

### **2.3. Drug use among specific groups (conscripts/minorities/sex workers)**

In 2003 there were no studies among specific population groups.

Until the end of 2003 no specific tests were carried out on a regular basis, in order to identify the abuse of drugs among conscripts.

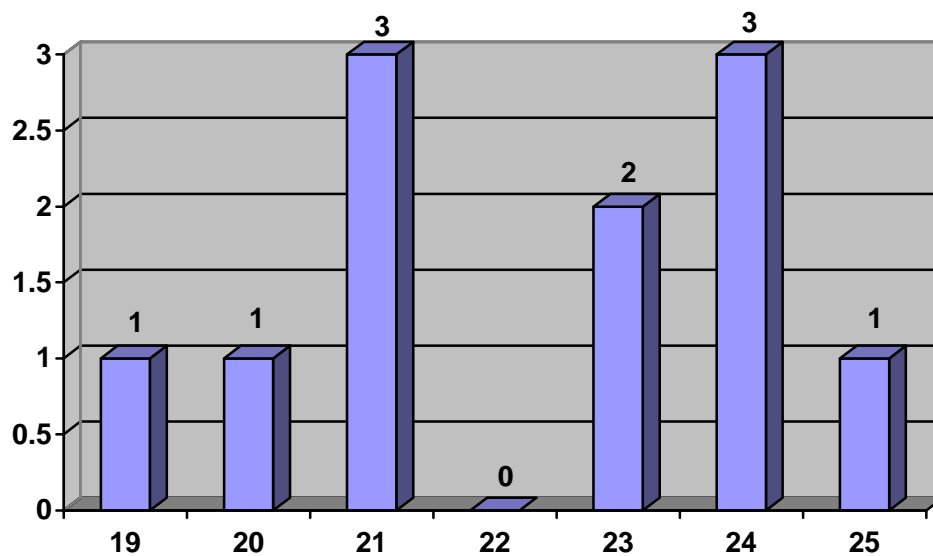
According to official data of the Ministry of Defense, there were no cases of drug abuse among active soldiers in 2003.

There were no data on the prevalence of illegal drug abuse among sex workers or minorities.

### **Drug use among pregnant women**

In 2003, the Bucharest Institute for Mother and Child Healthcare performed a retrospective study for the timeframe 2000 - 2002 on 11 babies born from addicted mothers, with data collected from the medical fiches and toxicological exams done at Bucharest Legal Medicine Institute "Mina Minovici". According to this study, there were 3 cases in 2000 and 8 in 2002; the age of mothers varied from 19 to 25 years and 10 out of 11 cases were not married.

**New-born children of addicted mothers  
2000-2002 evolution**

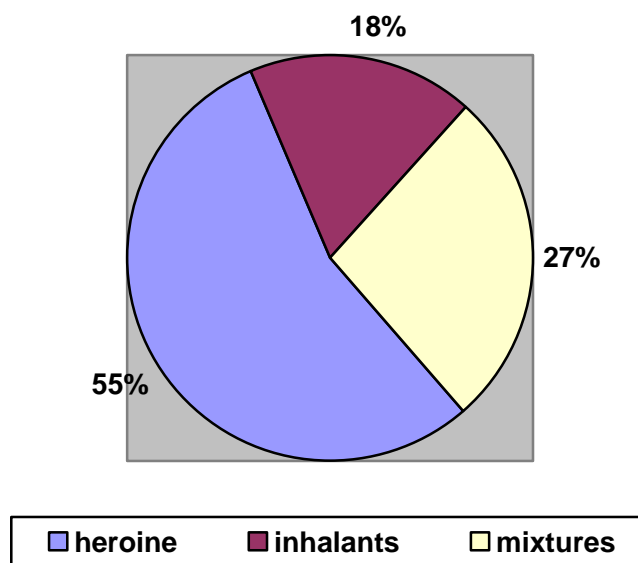


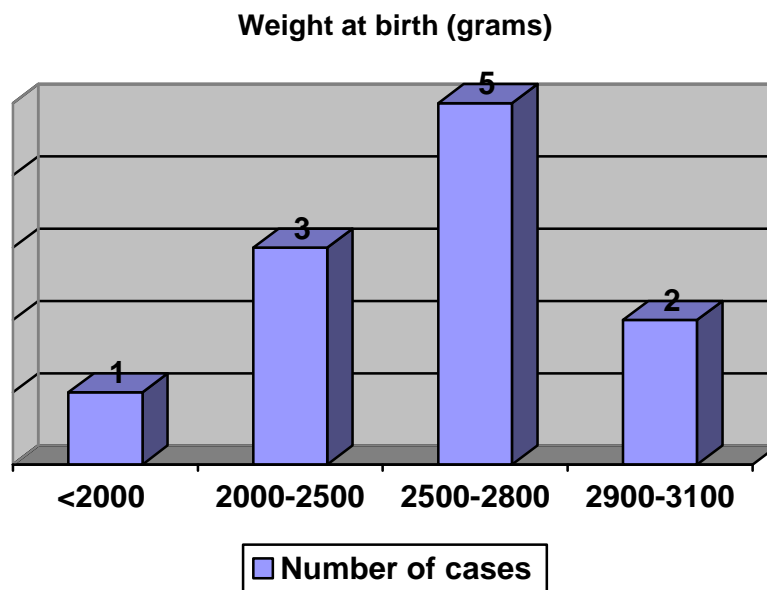
None of the 11 mothers had any occupation; the most common drug used was heroin, alone or mixed with other drugs (72% of the cases).

10 cases were natural births, 1 case was solved with the forceps.

Also, according to the medical fiches, infectious diseases were found in 4 mother cases as such- 3 cases of syphilis (1 with HIV) and 1 case of VHB plus Chlamydia. Somehow surprisingly, 73% of the newborns were delivered in time and only 27% were premature. The weight at birth was also almost normal, from less than 2000 grams (1 case) to 3100 grams (2 cases).

**Drugs used by mothers (study)**





82% of the children survived (9 cases) and 18% died (2 cases- both from internal hemorrhages). All the 11 cases had different health problems associated and they were assessed upon the Finnegan scale.

### 3. PREVENTION

#### 3.1. Universal prevention

The ministries involved in the drugs demand reduction were: Ministry of Health and Family, Ministry of Education, Research and Youth, Ministry of Young and Sports, Ministry of Justice, Ministry of Administration and Interior, Ministry of Labor, Family and Social Solidarity.

The National Anti-drug Agency, set up in 2003, has a special directorate for drug prevention activities. The National Anti-drug Strategy 2002-2004 has a sub-chapter called "*Programmes for preventing drug use and addiction*". This chapter established besides general and specific objectives in drug prevention activities, an action plan for education, health and family, police, youth, community, private organizations, mass media, national and international co-operation areas.

Each ministry involved in drug prevention has its own action plan, for the time interval 2002-2004.

##### ***a. Drugs Prevention General Objectives according to the National Strategy on Drugs:***

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

##### ***b. Specific Objectives according to the National Strategy on Drugs***

- a. Reducing risk factors.
- b. Diversifying the means of preventing drug use.
- c. Promoting education for health among the population.

- d. Diminishing the accessibility of drug availability.
- e. Informing the population about the risks and the damages associated to drug use.
- f. Involving civil society.
- g. Developing co-ordination structures at the local and national level (*National Anti-drug Agency*).
- h. Improving the quality of prevention programmes.
- i. Providing specific training for the specialists.
- j. Creating and promoting alternatives for spending spare time.
- k. Changing the public opinion and creating favorable attitudes for preventing drug use and abuse.
- l. Strengthening and developing the network of centers for preventing drug use and abuse in all counties.
- m. Developing the specific training courses in the universities' curricula.
- n. Creating the opportunities for an active involvement of the private sector in providing prevention and treatment of drug use and abuse.
- o. Periodically assessment of the preventing programmes regarding the drug use and addiction.
- p. Developing and diversifying the co-operation between the national and international agencies having the same goal like drug use prevention.
- q. Developing the criminological studies based on the data regarding the drug users and dealers.

Following some changes of the Romanian Government structure through the Government Emergency Ordinance no. 64/2003, youth-related issues assigned within the National Anti-drug Strategy to the Ministry for Youth and Sports were taken on by the **Ministry for Education, Research and Youth**, while family-related issues, assigned to the **Ministry of Health and Family** were taken on by the **Ministry of Labor, Family and Social Solidarity**.

### **The Ministry for Education, Research and Youth**

Within this Ministry, drug abuse prevention activities were performed by the Youth Programme Department and by the General Department for Evaluation, Prognoses, Strategies and Primary, Secondary and High-school Education Programmes. At local level, these activities were carried out by the county school inspectorates and by the county psycho-pedagogical assistance centers and the teachers' bodies. Allocated budgets have been identified only to achieve the objectives of youth-related activities, the total amount being of ROL 2,682,484,000 (about 68,000 euro).

A number of 40 projects were financed at local level, focusing on prevention of drug abuse among young people, for which the Ministry for Education, Research and Youth allocated the amount of ROL 182,484,000 (4,700 euro). Approximately 525,000 children and young people aged 14 to 29 benefited from these projects.

A network of 21 youth centers operating as institutional bodies was created and developed, focusing on developing and improving young people's ability to establish interpersonal relations. After Government reorganization in June 2003, the youth centers were taken over by the county school inspectorates. In the period October – December 2003, the youth centers were opened again in different locations.

In 2003, the first National Youth Center for education and leisure having 100 accommodation places, a multipurpose conference room, 18 computers connected to the Internet, and video and sound systems was inaugurated in Poiana Pinului, the county of Buzau.



An amount of ROL 2,500,000,000 (about 65,000 euro) was allocated from the budget of the Ministry for Education, Research and Youth (the youth fund) for these above mentioned activities.

*The Health Education in Romanian schools? pilot programme* was implemented in Bucharest and in 15 counties and was carried through in 123 schools, with 120 teachers and 3,500 students as direct beneficiaries.

Local drug abuse prevention campaigns addressing students, teachers and local communities were organized and carried out by the county school inspectorates. On this occasion informational-preventive materials were published and information boards were set up in schools.

Specific leisure activities were developed and carried out within technical application and scientific clubs, cultural-artistic and sports-travel circles of the 42 palaces and 208 children clubs, including the participation of approximately 400,000 children at least 2 hours a week.

Also, festivals, competitions, specialized camps were included in the extra-curricular activities schedule, including the participation of approximately 150,000 students.

An accredited module on drug addiction was developed and introduced within the *School of Sociology and Social Assistance* (Social Assistance Department), starting with the academic year 2003-2004, under the coordination of National Antidrug Agency.

### **The Ministry of Health and Family**

According to the National Anti-drug Strategy, the Ministry of Health carried out drug abuse prevention activities (information- education-communication), included in the subprogramme *Health promotion and health education* as well as activities regarding health care, psychological assistance, rehabilitation and social reintegration activities.

Primary drug abuse prevention activities were carried out within the ministry by the General Public Health Department and at local level by the personnel of the county health promotion offices, within the county public health departments and Bucharest public health department.

The General Health Care and Programme Department within the Ministry of Health coordinated and managed health care in the treatment of drug addicts as well as the national health programmes regarding the therapeutic and social reintegration components.

According to the National Anti-drug Strategy, the Ministry of Health was responsible for a number of operational objectives concerning drug abuse prevention, health care and psychological assistance, rehabilitation and social reintegration of drug consumers, as follows:

Up until now health mediators within Roma communities (gypsy) were trained and employed by the public health departments in 37 counties, in compliance with the Order of the Minister of Family and Health. The training courses were financed by the „Romani Criss” Bucharest organization.

Additionally, 30 training workshops for school principals within the school network, physicians within the school network and health mediators were organized through 8 county health promotion departments.

From July 28<sup>th</sup>, to August 2<sup>nd</sup>, 2003, the Ministry for Health, Research and Youth, through the “National Post-Graduate Physicians’ and Pharmacists Training Center, Other Highly Qualified Personnel and Registered Nurses”, organized a training course for trainers.

The health promotion offices within the county public health departments organized information and education actions in 356 schools, in 22 counties, on an average term of one month. These were carried out jointly with the representatives of the county police inspectorates, of the drug prevention and counseling centers and with the representatives of certain non-governmental organizations.

On November 4<sup>th</sup>, 2003 was launched a media campaign for promoting a healthy life style, including activities focused on tobacco, alcohol, illegal drug consumption prevention. The first stage of the campaign included weekly broadcasts of radio programmes called „10 pentru sanatate” (“An A for health”). The programme was broadcast every Tuesday at 11:00 o'clock on the „România Actualitati” radio station. Also, the website [www.viatasanatoasa.ro](http://www.viatasanatoasa.ro) was created, supplying information on health positive behaviors, as well as on health promotion offices.

I.V. drug users received counseling both within the HIV/AIDS counseling centers and from specialists within public health departments. The Order of the Minister of Family and Health no.187/2002 defined the types of health facilities providing health care services to drug addicts as well as the non-governmental organizations carrying out activities to prevent blood transmission of pathogenic microorganisms among injectable drug consumers. The needle exchange programmes were performed only within RHRN (Romanian Harm Reduction Network)

Training in the treatment of drug addiction was designed only for psychiatrists (the Order of the Minister of Family and Health no. 923/2001 approving the Schedule of Medical and Pharmaceutical Specialties), over-qualifications and competences for the health care network, but no effective steps in the field were taken. Rehabilitation and cognitive-behavioral therapy courses were organized to train the personnel jointly with various non-governmental organizations.

### **The Ministry of Administration and Interior**

The objectives related to drug abuse prevention set forth in the National Anti-drug Strategy were assigned to the General Romanian Police Inspectorate– Crime Investigation and Prevention Institute. At local level, this activity were carried out by prevention offices or by sections (one police officer from each of them) within the county police inspectorates.

The following courses were organized within the Ministry's training and qualification institutions:

- The Post –Graduate Education Center in Bucharest organized 1 course for officers in the anti-drug field
- “Avram Iancu” Training School for Border Police Officers in Oradea organized a qualification course in the field of drugs for 20 police officers;
- „Nicolae Golescu” Center for Training and Improvement of Police Officers in Slatina organized qualification courses in the field of illegal drug trafficking and abuse prevention for 81 police officers.

### **The Ministry of Justice**

The activities carried out with a view to accomplishing the objectives set forth in the National Anti-drug Strategy, regarding drug demand reduction in prisons were the responsibility of the General Penitentiary Department, which, by the Independent Health Service, managed all health problems of inmates (822 health care professionals, with a ratio of 16 health care professionals to 1,000 inmates). Within the Rahova Penitentiary Hospital, Bucharest a detoxification ward was created in 2003, including 5 beds, staffed by 1 psychiatrist, 1 psychologist and 1 registered nurse.

To ensure enforcement of the relevant legal provisions and alignment to the international practice, the General Penitentiary Department developed the „*Penitentiary Drug Trafficking and Abuse Prevention and Fighting Programme*” within which mixed teams made up of health care personnel, trainers, sociologists, psychologists, social

workers, security and surveillance personnel were formed to carry out the established activities.

The objectives that this ministry was responsible for, in the drug demand reduction sector, concerned health care and psychological assistance, rehabilitation and social reintegration services within prisons.

Outpatient detoxification activities, within the penitentiary facilities and institutions authorized by the Ministry of Health could not be performed in 2003 since the current legal framework did not allow conduct thereof in ambulatory conditions.

The development within prisons of harm reduction programmes was not fully completed because legal amendments were required. Nevertheless, the development of this type of programmes was initiated in 2002 and continued throughout 2003, by the conduct of the „We care... do you?“ project by the General Penitentiary Department, financed by the International Harm Reduction Development – Open Society Institute, New York. This USD 24,098 worth project focused on harm reduction programmes and peer-to-peer education, with four units selected in this respect. Leaflets and video tapes with health teaching support with respect to HIV transmission and drug consumption associated risks were also developed and distributed within the project.

2003 marked the opening of the first Social Reintegration and Post-criminal Assistance Center, in Pitesti penitentiary, based on a protocol concluded within the Ministry of Justice, between the General Penitentiary Department and the Social Reintegration and Surveillance Department. Services of information, beneficiary status evaluation, psychological and social counseling, vocational counseling and job finding support, family counseling, mediation of the beneficiary's relationship with the institutions that he/she needs, were provided within the center. Under these circumstances, the Center may operate as the final link of the drug addicts' prisons treatment network.

### **PREVENTION ACTIVITIES of the National Antidrug Agency**

On June 26, 2003, on the celebration of the International Day for the Fight Against Drugs, NAA organized:

- a cross race in Bucharest (“Run for your life”);
- a bookstand dedicated to drugs (in cooperation with the main NGOs' working in the field);
- a pop concert with some of the most representative Romanian bands.
- a distribution of posters in transportations means with the message “Drug means pain”.

The prevention department within NAA launched in November 2003 a campaign against alcohol abuse targeting teenagers and youth, in partnership with the Ministry of Health, Ministry of Education and Research and several NGOs.

In the same field of prevention in schools, through the twinning project “**Fight against drugs**”, developed between Romania and Spain, a pilot project named “Barbacana” was implemented in: Bucharest (35 schools), Iasi (20 schools), Cluj (16 schools), Sibiu (13 schools), Timis (16 schools) and Constanta (21 schools).

In this project, based on a Spanish pattern, 500 guides, 5000 videotapes and 20,000 textbooks were distributed for 13-year-old schoolchildren.

Local projects, in partnership with NGOs, were developed in some counties (Botosani/ Timis/ Hunedoara/ Harghita/ Ialomita/ Tulcea/ Galati/ Constanta/ Olt/ Calarasi), aiming to spread leaflets about the fight against drug abuse.

### 3.2. Selective/indicated prevention

Two pilot projects were developed in Harghita and Ilfov counties, aiming to teach parents how to discuss with their children about drugs; in Bucharest and in four other counties local prevention projects focusing on showing the negative effects of drug abuse were developed by the Ministry of Education.

Community programmes – a programme called “Prevention of illicit drug abuse in the young generation” was developed by Bucharest General Directorate of Police, the City Hall of Bucharest and Bucharest School Inspectorate;

## 4. PROBLEM DRUG USE

Since 1990 heroin was by far the most used problematic drug. Because of several factors very often the beginning of drug abuse started directly with injectable heroin. During all this time, the price of heroin was quite stable on the Romanian market (except for a short period in 2001 due to the Yugoslavian war), this drug gained the reputation of an “accessible drug” or a “drug for poor people”.

A Rapid Assessment Evaluation for injectable drugs in Bucharest, carried out from June to November 2003, was based on three different and independent data sources: NGOs' database, data obtained from four Bucharest hospitals and data received from the General Directorate for Countering Organized Crime and Anti-drug within the Romanian Police. The method used was “capture-recapture”, trying to respect the following rules:

- no population movements (migration) in the timeframe of the study (June-November 2003);
- an equal capture possibility for all individuals;
- a unique coding system;
- independent data sources;

The data given by medical sources were joined in a unique database and double counting was eliminated. The result was a database of 1886 cases, intersected with the police database consisting of 228 cases. It resulted in a number of 17 common cases (for medical and police database) and so the estimation was about 24,000 injecting drug users with estimation limits ranging from 13,694 to 34,318, for a confidence interval of 95%.

The age group distribution is presented below:

Age group	Group Code	Valid Percent	Cumulative Percent
<19	1	12.1	12.1
20-24	2	40.5	52.5
25-29	3	29.9	82.4
30-34	4	11.7	94.2
35-39	5	3.6	97.8
40-44	6	1.0	98.8
45-49	7	0.7	99.5
>50	8	0.5	100.0
	<b>Total</b>	<b>100.0</b>	

Both for females and for males, the age group under or equal to 24 years represents over 50% of the total number of cases.

The previous Rapid Assessment Evaluation was carried out in Bucharest in 2002, and revealed a number of about 30,000 injecting drug users.

Apart from Bucharest, there were few available data regarding the use of drugs in the general population. Only the 2002 Rapid Assessment Evaluation studied the phenomenon in three other important Romanian cities (Iasi, Timisoara and Constanta) where the results suggested a low or very low prevalence of heroin drug users.

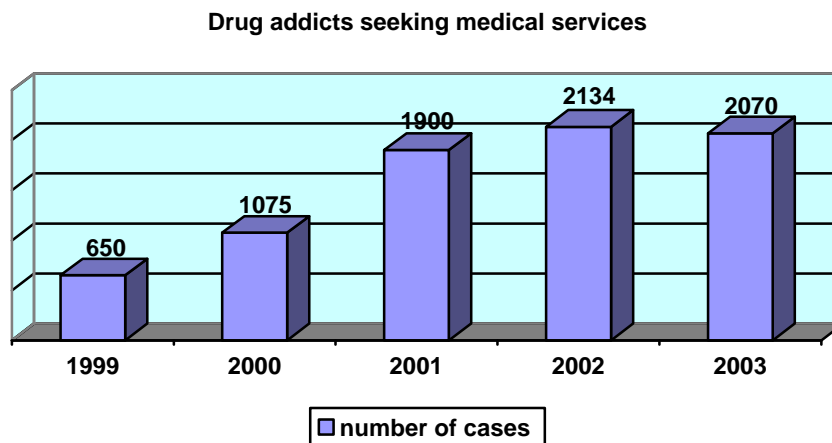
## 5. DRUG RELATED TREATMENT

Data from local studies and estimates, although with some limitations, revealed that the number of addicts was on an upward trend in the last 4-5 years, while the treatment centers reported basically the same numbers of drugs abusers seeking treatment. This situation can have several explanations:

- In 2003, Romania had not **an appropriate** system involving the treatment, after-care and social reinsertion of drugs addicts.
- The quality of services offered to drug addicts did not meet their expectations, one of the reasons concerning these being the lack of a safe coding system as well as of treatment and after care services.
- The lack of funds and qualified personnel in treatment and after care/post cure centers translated into an inefficient approach of drugs addicts that led in most of the cases to relapses.
- There were no clear statistics in 2003 about the real relapse rate and about double counting.
- No unique treatment guide was available for treatment services.
- There were only three methadone-maintaining services in Bucharest, in 2003.
- The implementation of methadone-maintaining programmes was not very clearly specified in the existing legislation (143/2000).

The total number of people seeking medical services for drug addiction in 2003 was 2070. This number included addicts seeking treatment in the three methadone maintenance centers in Bucharest and some cases of addicts registered all over the country in emergency rooms and psychiatric departments.

Patients counting had been done based on their personal data (ID cards). Sometimes the treatment centers accepted patients without IDs based only upon the self-declared identities - except for methadone-maintenance centers, where the admittance into treatment was made exclusively on ID.



All the centers were subordinated to the Ministry of Health and Family which financed these centers, but the indicators for evaluating the programmes are quite unclear and most often the reports are limited (the official data for 2003 indicated a total of 2,700 treated patients, without explanations - aggregated data). The emergency rooms or other hospital departments (like psychiatry units), which treated emergencies, did not always reported the cases as drug addiction so there was a possibility for underreporting right from the data sources. Also, the underage patients (less than 18 years old) were not always reported and the final outcome of all these misunderstandings was that different institutions reported different numbers of addicts.

The civil society through NGOs was involved only in harm-reduction programmes and other activities like studies and estimates, counseling, testing, peer education, mass-media campaigns etc. The treatment centers in all their forms - non-substitution/substitution treatment, post-cure etc. were entirely financed by the state budget.

The table presents the no. of cases that benefited from medical services in 2003, according to data provided by the Ministry of Health:

***Drug addicted cases, addicted substances***

<b>Name of the substance</b>	<b>Total</b>	<b>New cases</b>	<b>Relapses</b>
<b>Total</b>	<b>2070</b>	<b>924</b>	<b>1146</b>
<b>Heroin</b>	<b>1343</b>	<b>715</b>	<b>628</b>
<b>Tenocyclidine (TCP)</b>	<b>1</b>	<b>1</b>	<b>-</b>
<b>Amphetamines</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>Cannabis (THC)</b>	<b>50</b>	<b>39</b>	<b>11</b>
<b>Pentazocine (Fortral)</b>	<b>28</b>	<b>13</b>	<b>15</b>
<b>Hashish</b>	<b>2</b>	<b>2</b>	<b>-</b>
<b>Fasconal (Phenacetine)</b>	<b>11</b>	<b>1</b>	<b>10</b>
<b>Codamin (Codeine)</b>	<b>7</b>	<b>1</b>	<b>6</b>
<b>Pain killers ( medicines with different active substance)</b>	<b>61</b>	<b>9</b>	<b>52</b>
<b>Ecstasy (MDMA)</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Ketamine</b>	<b>2</b>	<b>-</b>	<b>2</b>
<b>Opiates</b>	<b>1</b>	<b>-</b>	<b>1</b>
<b>Caffeine</b>	<b>6</b>	<b>2</b>	<b>4</b>
<b>Cocaine</b>	<b>11</b>	<b>7</b>	<b>4</b>
<b>Codeine</b>	<b>30</b>	<b>3</b>	<b>27</b>
<b>Methamphetamine</b>	<b>2</b>	<b>2</b>	<b>-</b>
<b>Methadone</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>Morphine</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Pethidine (Mialgin)</b>	<b>9</b>	<b>5</b>	<b>4</b>
<b>Glutethimide</b>	<b>9</b>	<b>2</b>	<b>7</b>
<b>Meprobamate</b>	<b>73</b>	<b>15</b>	<b>58</b>
<b>Tramal</b>	<b>3</b>	<b>1</b>	<b>2</b>
<b>Barbiturates, bezodiazepines</b>	<b>361</b>	<b>84</b>	<b>277</b>
<b>Name of Psychoactive substance</b>	<b>Total</b>	<b>New cases</b>	<b>Relapses</b>
<b>Tri hexifenidil</b>	<b>16</b>	<b>3</b>	<b>13</b>
<b>Other hypnotics</b>	<b>1</b>	<b>1</b>	<b>-</b>
<b>Acetone</b>	<b>6</b>	<b>2</b>	<b>4</b>
<b>Ether</b>	<b>2</b>	<b>-</b>	<b>2</b>
<b>Poppers</b>	<b>18</b>	<b>9</b>	<b>9</b>
<b>Alcohol</b>	<b>7</b>	<b>1</b>	<b>6</b>

### 5.1. Treatment systems

The treatment system available for drug addicted in 2003 was not very different from previous years. The therapeutic chain was incomplete, under financed and data collection system was obsolete and difficult to evaluate. We could roughly divide the medical services available in 2003 in:

- Methadone maintenance centers (three, only in Bucharest)
- Non-substitutive centers (only a few in Bucharest, Iasi, Timis)
- After care (Bucharest, Iasi)
- Psychiatric departments of Counties Hospitals
- Emergency rooms of Counties Hospitals.

a) The methadone maintenance centers (outpatient) functioned only in Bucharest, with a total capacity of about 400 persons. Methadone was available only in pills (2,5 mg tablets) and according to the current legislation, it was delivered only on special prescription. According to the law (143/2000) a person has to fulfill at least one of the following criteria in order to be admitted in an methadone outpatient center:

- age over 18 years;
- positive drug addiction (ICD 10);
- positive in biological tests for drug addiction (urine sample);
- a history of at least 2 years of addiction (medically documented);
- 3 non-substitutive cures failed previously;
- associated diseases (HIV/AIDS, VHB/VHC/ cardiac failure etc);
- pregnancy;
- other reasons (established by the programme director)

2003 criteria:

After being admitted in one outpatient center, a person receives a badge, necessary mainly for receiving methadone. A person can continue the methadone treatment even if he/she is prosecuted or is admitted in other medical unit for various reasons. In case a person following substitution treatment is found positive for drugs (3 consecutive tests) or is guilty of different misbehaviors, he/she can be eliminated from the programme. Once excluded, a patient can be re-admitted only after a period of at least 3 months.

Although there were many debates about the maximum dose of methadone, the legislation does not mention a threshold in this field. Only the Romanian Pharmacopoeia specifies a quantity of 100 mg of methadone as the maximum daily dose, but the lack of a clear guide for substitution treatment edited by the Ministry of Health contributed more to an abnormal situation.

b) The non-substitutive centers were usually called "detoxification centers". They were responsible for treating the physical addiction of the patient. The patients were not allowed to get out of the center (only if they quit the treatment), they can possess only a limited amount of money (around 3-4 euro) and they are not allowed to possess any other medicines than those established by the physician. The entire area was guarded and closely monitored by special personal. The main therapeutical methods were: the abrupt stop of the drug/ non-substitutive treatment/psychotherapy. According to the law, the entire cure cannot extend more than 30 days, according to the patients' condition. Because a vast majority of the patients came only to achieve a "temporary" detoxification the rate of relapses is very high; also, the average period of treatment is about 8 days. More often, there is no connection between the patients admitted and treated in these non-substitutive centers and other medical facilities, especially after-care units.

c) After-care units- this type of medical service was poorly developed in 2003. The Ministry of Health statistics often quoted some centers as after-care services although in

fact they only dealt with alcohol addiction. If we refer strictly to after care units, in 2003 were available only Balaceanca (near Bucharest) and Socola (near Iasi) centers. In addition, there were available two community centers at Vurpar and Sura Mare (Sibiu county) managed by religious groups, dealing with both alcohol and drug addiction. These centers were small ones (around 8 places) and were not very well known among drug users and even in the medical community. The after care services were in fact not very well integrated in the therapeutical link and suffered from lack of personal, funds and facilities. More comments and data can be found in the previous 2002 report.

## 6. HEALTH CORRELATES AND CONSEQUENCES

The absence of some major links in the therapeutically system (after care, social reintegration etc) and the unclear legislation resulted in a blur picture of the situation regarding different drug related indicators (like drug related death/ drug related infectious diseases/ drug related co-morbidity/ drug related petty crimes/ social reintegration and social costs etc).

### 6.1. Drug related death and mortality among drug users

According to the Romanian legislation, all violent or unclear deaths have to be examined by a legal medicine specialist. The biggest and most difficult problem is the lack of a network of appropriate legal medicine laboratories, able to analyze drugs and drugs' metabolites in body fluids. Only the "Mina Minovici" Legal Medicine Institute's laboratory had the necessary analytical equipment to perform such analyses. The lack of metabolite standards and "identification kits" was another problem, resulting in underreporting of drug related death cases; finally, there was insufficiently trained superior and medium staff (physicians, chemists, pharmacists etc), therefore in some cases the results were influenced by errors in analysis.

Apart from the Legal Medicine Institute, there are five other important legal medicine institutes (Timisoara, Cluj, Targu-Mures, Craiova and Iasi) within a de-centralized system. The Ministry of Health only coordinates all the legal medicine institutes and few efforts were made to endow those institutes with equipment at European level and to set up a data collection network (case definition/ reporting fiche/ IT equipment and trained staff etc).

Direct overdoses and (differentiated) drug related deaths

**Source A: National Institute of Statistics, Bucharest (NIS)**

Year	2001	2002	2003
Number of drug related deaths	12	3	7

Table - Drug related death cases in Romania by age, 2003 (NIS)

	BUCHAREST	AGE					
		17	21	22	23	24	28
TOTAL	7	1	1	1	1	2	1
MALES	6	1	1		1	2	1
FEMALES	1			1			



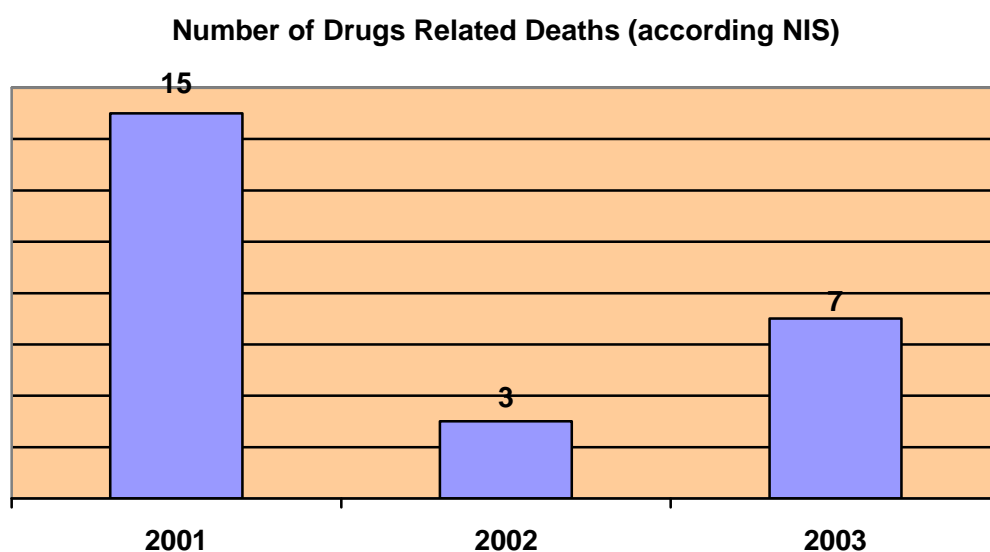


Table - Drug related death cases in Romania by gender, 2003 (NIS)

Reporting year:		2003		
		Male	Female	Total
Number of cases		6	1	7
Mean age		22.8	22	22.4
Age distribution (number)				
	<15			
	15-19	1		
	20-24	4	1	
	25-29	1		
	30-34			
	35-39			
	40-44			
	45-49			
	50-54			
	55-59			
	60-64			
	>=65			
	Not known			
Toxicology				
% of cases with known toxicology		100%	100%	
of which				
(1)				
a) total % with opiates (+any drug)		100%	100%	
b) total % any drug without opiates				

The ICD-10 codes transmitted to the RMCDDA were as follows:

- 5 cases T40.1 with X62.0
- 2 cases T40.1 with X62.9

**Source B. "Mina Minovici" Legal Medicine Institute, Bucharest**

The data regarding drugs related death between 2001-2003, in Bucharest, were as it follows:

	2001	2002	2003
<b>MALES</b>	15	9	12
<b>FEMALES</b>	13	13	11
<b>TOTAL</b>	<b>28</b>	<b>22</b>	<b>23</b>

The figure obtained from "Mina Minovici" Legal Medicine Institute in Bucharest was communicated after the complete analyses of samples, while the second represented only preliminary data (communicated to City Halls after the first autopsy).

Besides, because technical equipment was missing at national level (except for Bucharest and Sibiu where there are laboratories with specialized analytical equipment-GC/MS), the total number of Drug related death was for sure bigger than 23.

The distribution of DRDs cases taking into consideration the age and gender:

<b>GROUPS OF AGE</b> (years)	2001		2002		2003	
	males	females	males	females	males	females
15-20	1	1	1	1	1	0
21-25	6	0	2	0	3	2
26-30	2	1	1	0	2	0
31-35	1	1	0	1	2	0
36-40	0	1	1	1	0	0
41-45	1	1	2	2	0	1
46-50	0	2	0	2	1	3
51-60	1	0	1	2	2	0
61-70	0	3	0	2	1	0
71-80	2	2	0	0	0	2
81-90	1	1	1	2	0	3
<b>TOTAL</b>	<b>15</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>12</b>	<b>11</b>

SUBSTANCE	2001			2002			2003		
	No. of cases	males/females		No. of cases	males/females		No. of cases	males/females	
Heroin, amphetamine	2	2	-	1	1	-	1	-	1
Heroin	-	-	-	-	-	-	2	2	-
Amobarbital	1	-	1	4	2	2	3	2	1
Codeine, Phenobarbital	3	2	1	-	-	-	1	-	1
Heroin, diazepam, carbamazepine	1	1	-	-	-	-	1	1	-
Codeine, diazepam	1	1	-	-	-	-	-	-	-
Codeine	1	1	-	-	-	-	1	-	1
Meconine, codeine	3	2	1	-	-	-	-	-	-
Oxazepam	1	1	-	-	-	-	-	-	-
Diazepam, carbamazepine, levomepromazine	4	2	2	2	-	2	-	-	-
Ketamine	1	-	1	-	-	-	-	-	-
Pentobarbital, thiopental	1	1	-	-	-	-	-	-	-
Morphine, amital	1	1	-	-	-	-	-	-	-
Phenobarbital	3	2	1	4	3	1	4	1	3
Morphine / Opium derivatives	1	1	-	-	-	-	-	-	-
Morphine + glutethimide	-	-	-	1	1	-	-	-	-
Diazepam/oxazepam	3	3	-	3	2	1	4	3	1
Bezodiazepines + barbiturates	5	3	2	3	1	2	3	1	2
Amobarbital, diazepam, ergotamine	1	-	1	-	-	-	-	-	-
Opium derivatives, codeine, barbiturates, benzodiazepine, oxazepam	1	1	-	1	-	1	-	-	-
Heroin, codeine, papaverine	1	1	-	-	-	-	-	-	-
Heroin + codeine	1	1	-	-	-	-	-	-	-
Trihexifenidil, imipramine, amobarbital, diazepam	1	-	1	-	-	-	-	-	-
Hiridoxizine, imipramine, amobarbital, diazepam	1	-	-	-	-	-	-	-	-
Phenobarbital + amitriptyline	-	-	-	2	-	2	-	-	-
Diazepam + glutethimide + tramadol	-	-	-	1	1	-	1	1	-
Petidine (mialgin)	-	-	-	1	1	-	-	-	-
Glutethimide/codeine	-	-	-	-	-	-	1	1	-

The mortality rate was 0.311 at 100,000 inhabitants, according to the National Institute of Statistics.

## 6.2. Drug related infectious diseases

In Romania, drug related infectious diseases are considered viral hepatitis B and C (VHB/VHC) and HIV/AIDS. The sexual transmitted diseases (STD) were – at least until now, on an yearly ascending trend since 1990. The explanation is quite simple: the increasing number of people (especially women) involved in commercial sex together with the illegal character of this activity made inevitably the explosion of STD after 1990 (it is estimated that syphilis incidence for example increased ten times). Due to this, it is of little importance for the moment to implement STD as drug related infectious diseases in Romania. As for tuberculosis, (TBC) Romania is one of the European countries with very high prevalence of this disease and this might be connected with the low socio-economic status rather than with the use of drugs.

The available data came from **two main sources**: treatment centers and NGOs involved in harm reduction programmes.

- a) **Drug Addicts treatment centers** covered less than 10% of the addicts' population in 2003. Not all the patients were tested for VHB/VHC or HIV because of limited resources. According to the opinion of specialists working in the centers and of social workers from NGOs, the majority of their clients were interested in being tested, but the limited resources available make this option impossible. Only the data about HIV/AIDS infection are routinely collected at national level, through a well-organized network (National Commission to Fight Against AIDS) but unfortunately there were few information about the use of drugs among the enlisted cases. Again, we have to strengthen that commercial sex is illegal in Romania and so is the possession of drugs (any quantity), therefore most of the people are reluctant to declare their "background" in these fields. Besides, the existing legislation protects the identity of HIV/AIDS positive persons, so there is no possibility to link the database from National HIV/AIDS Commission with other databases available (NGOs', police, treatment centers etc). We have only the self-declared cases in the HIV/AIDS drug related field.
- b) **NGOs** implementing harm reduction programmes offered counseling and addresses of treatment centers and infectious diseases departments. Unfortunately, their resources were limited and so was their coverage (at national and local level). According to some estimation (RHRN members), less than 10% of the Bucharest's addicts received in 2003 services through NGOs' programmes. NGOs' databases were also based on clients' self-declarations about VHB/VHC and HIV status.

For 2003, the number of new HIV drug related cases reported by Bucharest Public Health Directorate was five. Other sources – UNAIDS Romania, suggested a different number (less than five) but there was a consensus about the very small number of HIV/AIDS cases among the drug users since 1996 until 2003 (included). There were no clear explanations for this situation, but a 2003 qualitative research done by a NGO revealed that most of the IDU in Bucharest tend to gather in small, stable groups of 3-5 users, sharing sometimes their injecting equipment. This "cluster" structure of IDU community can be a possible explanation for the "zero" prevalence of HIV/AIDS among them.

As a conclusion, the number of HIV/AIDS cases among IDU reported by the National HIV/AIDS Commission of Ministry of Health was 11 from 1996 to 2002.

Hepatitis B is somehow a particular situation: beginning with mid 90s' all the new born babies in Romania were vaccinated through a national programme against VHB (free of charge). Also, the vaccine was available on a large scale, although its cost was sometimes high for people at risk (mainly IDU). Some NGOs' offered free vaccination for

VHB for IDU but this was in direct link with the available resources ("Open Doors" Bucharest reported 498 vaccination in 2003). The data from treatment centers in Bucharest 2003 suggested a prevalence of about 40% VHB positive among IDU tested. By contrast, VHC had a very high prevalence among IDU in Romania (or at least among those tested). Some estimates (methadone maintenance center "Sf. Stelian" Bucharest) suggested even a 90% VHC prevalence among IDU. It was generally accepted that the prevalence for VHC is around 70%, with limits due to small number of tested people and double counting.

The average price for a HIV/AIDS test is 3-5 euros, but for the positive cases, it became free of charge (ELISA Test). The test and its results are anonymous and can be performed in every city in Romania. Western Blot confirmation test was more expensive and was usually performed only in several specialized laboratories.

At National Institute "Prof. dr. Ioan Cantacuzino" Bucharest, the current prices for analyses were, at end of 2003:

- from 5 to 10 euro for VHB screening and about 25 euro for confirming
- about 8 euro for VHC screening and about 90 euro for confirmation
- about 15 euro for HIV screening, 7-8 euro for HIV antibodies and 50 euro for confirmation.

### 6.3. Psychiatric co-morbidity (dual diagnosis)

In 2003 there were no official data available for this chapter. Still, unofficial data from specialist working in Bucharest treatment centers indicated a quite high prevalence for psychiatric diseases related with drug abuse, but there were no routine data collection about this subject.

### 6.4. Other drug related health correlates and consequences

- a) Somatic co-morbidity: there were no data available on this topic in 2003. Most IDU had indeed problems like abscesses or fungi infections, but the data were not routinely collected. The qualitative research done by RHRN and "Operational Research" on 105 IDU in Bucharest revealed that about 1/3 of them witnessed or saw an overdose. Very often, the Emergency Rooms do not count these cases as overdoses due to different factors (pressure from the family, unawareness- especially in small cities, fear of legal consequences etc).
- b) Driving and other accidents: not available data. The Police did not have appropriate means (identification kits) to perform drug test on routine checks or in case of traffic accidents. The consequence was a complete lack of data on this subject; the legislation in 2003 was unclear when it referred to drugs and driving.

## 7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

Taking into account the extinction of drug use and abuse in the last years and the socio-economical implications of the phenomenon, the National Anti-drug Strategy 2002-2004 had a chapter called "*Medical and psychological assistance, rehabilitation and social reintegration*" with general and specific objectives:

### A. General objectives:

- Ensure adequate medical assistance for the drug addicts, as part of the public health services system, including for those being in penitentiaries.
- Establish a health network compliant with the present needs.
- Help the social reintegration of the drug addicts.
- Develop and strengthen the data systems.
- Support the introduction of risk-reducing strategies.

- Make Romanian legislation compliant with the EU standards

**B. Specific objectives:**

1. Guarantee the universal, public, free, professional and specialized characteristics of the medical and psychosocial assistance for the drug addicts.
2. Set up a widespread, diversified and professional network offering adequate assistance and embedding all the specific therapeutic structures, and establish their competences.
3. Coordinate and cooperate with other medical centers/services handling the treatment of the associated disorders.
4. Define the therapeutic circuit of the medical assistance system and the social reintegration system of the drug addicts.
5. Promote and support the social and work reintegration
6. Develop and consolidate the data systems.
7. Stimulate the drug addicts' access to the programmes for the reduction of the drug use negative consequences.
8. Objectives to be followed: reducing the incidence of infectious diseases, reducing the use of illegal products, raising the quality of life.
9. Asserting the ambulatory treatment programmes for methadone addicts as a national priority in the action plan.
10. Include the ambulatory therapy for drug addicts in the detention centers: provide free and universal medical assistance.
11. Professional training and research

Those objectives have been backed up by an action plan 2002-2004, involving several ministries (Ministry of Administration and Interior, Ministry of Labor, Ministry of Justice) besides Ministry of Health and Family. Among the most important provisions, there are the attitude towards drug users, seeing as ill persons and not as criminals and the explicit mention of harm reduction programmes in the National Antidrug Strategy.

### **7.1. Prevention of drug related deaths**

There were no specific programmes on this topic in 2003, although most of the NGOs' involved in harm reduction programmes offered counseling and psychological support. The opiates antagonist (Naltrexone) was used by ambulance services or in emergency rooms, but there was little information about this and not all emergency medical services had this antagonist.

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

These types of programmes were developed by NGOs, mostly in Bucharest but also in some major cities - Timisoara, Iasi, Constanta etc.

In Bucharest there were 3 exchange syringes programmes in 2003, implemented by NGOs - ARAS (Romanian Alliance Against AIDS)/ALIAT (Alliance to Fight Against Alcoholism and Addiction) and "Open Doors". The programmes received financial support from "Open Society Institute" and Global Fund/World Bank.

Apart from financial problems and insufficient coverage, major complains coming from NGOs' and from addicted people, were related to the lack of adequate medical tools, mainly methadone (or other substitutes) centers and after-care facilities. From this point of view, 2003 did not differ much from the previous years- the medical treatment system remained incomplete and underfinanced.

In order to have a clear picture at least at local level, in 2003 the NGOs' began to implement a common database using a common coding system (letters for the first name and from mother's name).

ARAS described a programme called “Seara de seara” (Evening by evening) aimed to reduce the risks associated with commercial sex and injecting drug use and to facilitate the access to medical and social services for an increasing number of people. The budget reported was 60,000 USD, with some 800 beneficiaries in 2003. Apart from injecting instruments, the programme also distributed condoms and hygienic materials and encourages their clients to adopt a health safe behavior and to address health centers. At least in theory, the ratio between used and distributed syringes is 1:1.

ALIAT implemented a programme called “Risc minim” (“Minimal risk”) with a total budget of about 80 000 USD and some 5,000 beneficiaries. The syringes were distributed in a ten-pack form and the exchange ratio reported was about 0,66 (in 2003, 90,000 syringes were returned from 135,000 syringes distributed). The programme also counted a number of more than 14,000 contacts, 1,300 counseling sessions and some 11,000 referrals to other services.

“Open Doors” has been a NGO working on a cooperation agreement with Bucharest “Matei Bals” Infectious Institute. It developed harm-reduction programmes since 2001- syringe exchange programmes, VHB/VHC/ HIV/AIDS testing and counseling, VHB vaccines etc. The number of reported clients was 1284, with 87,255 syringes distributed and 49,285 syringes returned; the exchange rates of the syringes were 7,5%- 52%- 75% (2001-2002-2003). Also, from 274 tested clients resulted a percent of 15% VHB positives, 40% VHC positives and 0% HIV positive; a total number of 498 VHB vaccines were offered.

### **7.3. Interventions related to psychiatric co-morbidity**

Counseling and psychotherapy sessions were implemented by professionals working with treatment centers and by NGOs’. In 2003 data from “Open Doors” NGO showed a number of 122 counseling sessions and 344 psychotherapy sessions and another NGO called ALIAT (that worked closely with a Psychiatry Hospital in Bucharest), reported 1300 counseling sessions.

## **8. SOCIAL CORRELATES AND CONSEQUENCES**

There were a few data in the demand reduction field for this chapter; the supply reduction data were better collected and organized, but they were biased by the lack of difference between common crimes and drug related crimes.

The National Anti-drug Strategy 2002-2004 has a few provisions about drug use and social correlates. In the future Anti-drug Strategy 2005-2012 and in its action plans this matter will be more approached in order to involve the social sector in the antidrug fight.

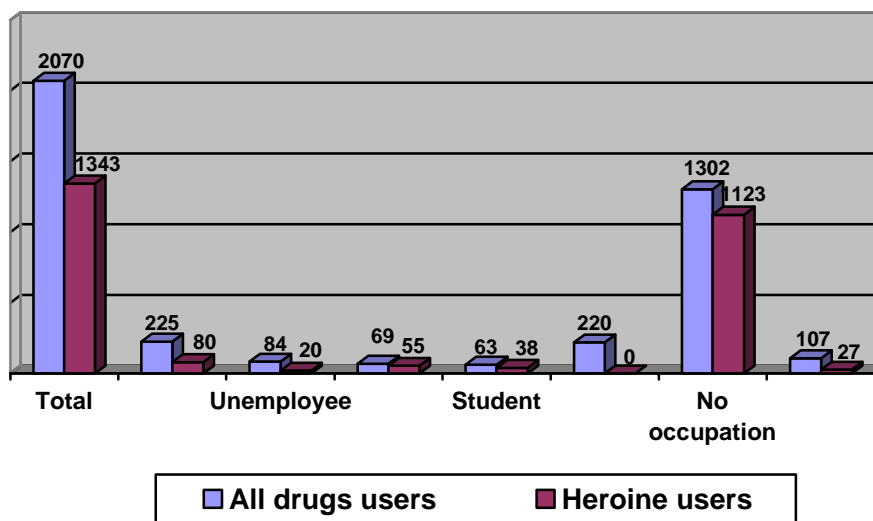
### **8.1. Social exclusion**

The 2003 data from treatment centers revealed that 63% of the patients had no occupation and more than 4% were unemployed. For the heroin users, the statistics mentioned that 84% of them had no occupation, suggesting (together with 3% unemployed) not only a medical but also a social dimension of the heroin addiction. It was unclear how did those people gain money to pay for the drugs, but very probably they were either involved in drug traffic or in different type of offences (steeling, burglaries etc).

### Occupation of drugs users (2003, treatment centers data)

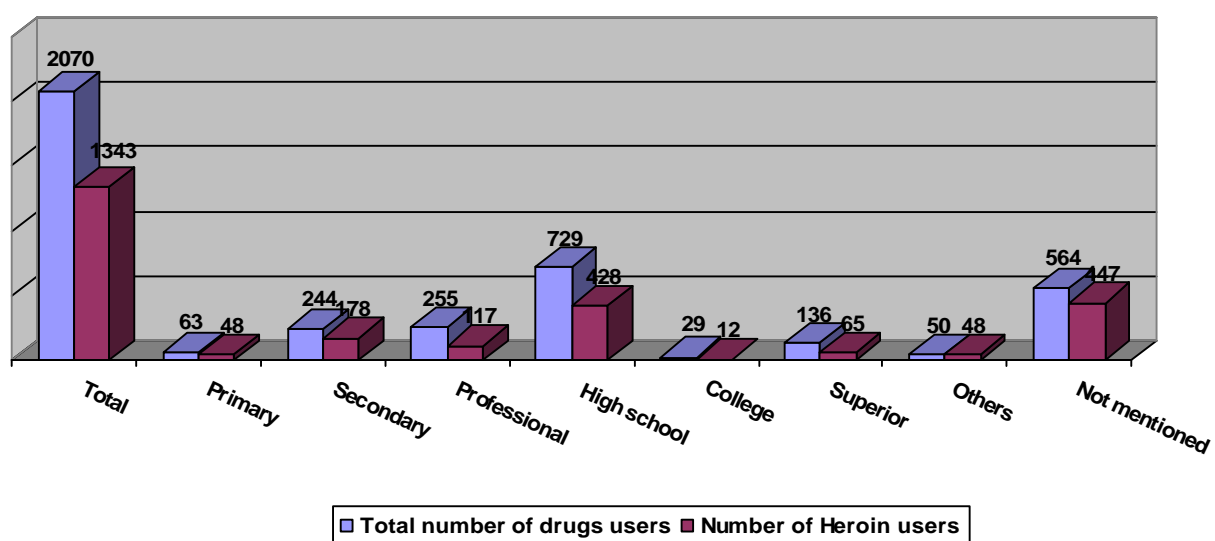
	Total	Employee	Unemployed	Pupil	Student	Retired	No occupation	Not mentioned
No. of Heroin users	1343	80	20	55	38		1123	27
No. of all drugs users	2070	225	84	69	63	220	1302	107

Distribution by occupations among heroine users, 2003



The level of education varies also from primary school to university, but the official data for 2003 contained a high percentage of unspecified data (about 25%)

Distribution of educational level among heroine users





The relative high percentage of heroin users between the high school and university population suggested a possible area of intervention for prevention programmes; it is also important to make further efforts to identify and describe the clients' profile and patterns of use.

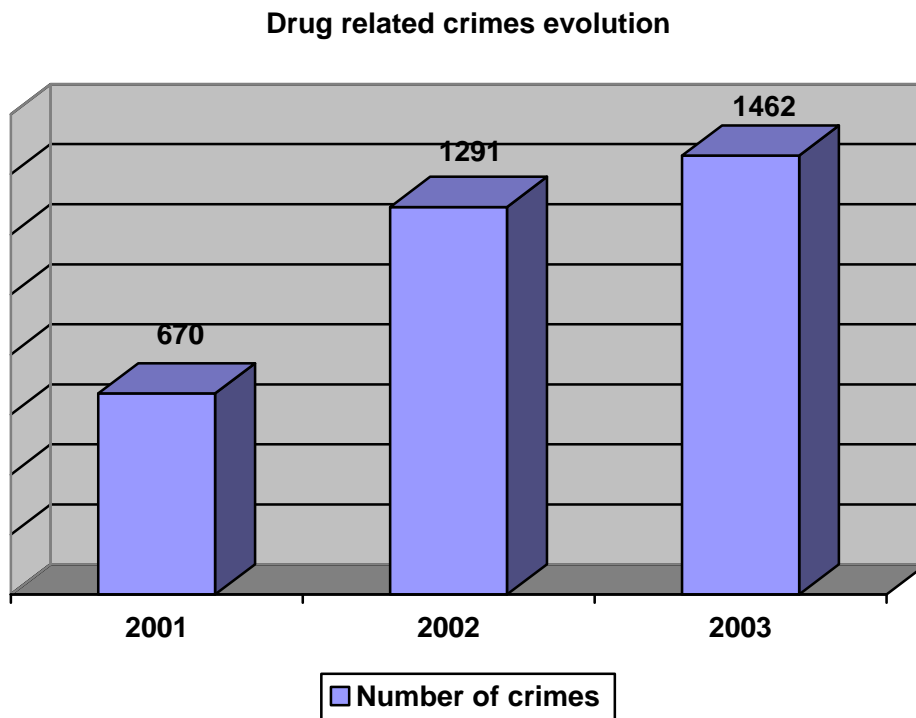
## 8.2. Drug related crime

As we mentioned in the first chapter of the report, most of the indicators regarding supply reduction field registered an increasing in 2003, part of an ascending trend since the end of 90's.

The main institutions involved in the law enforcement field in Romania were:

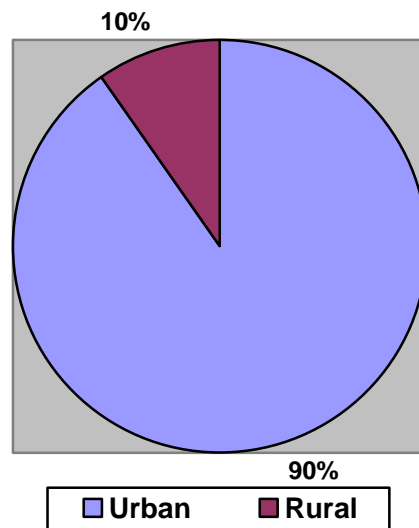
- Department for the Fight against Organized Crime and Antidrug from the Prosecutor's Office near the Supreme Court of Justice
- General Directorate for Countering the Organized Crime and Antidrug, General Inspectorate of Police
- The General Inspectorate of Border Police, Directorate for Countering Trans-border Criminality
- Customs General Directorate, Anti-drug unit

Concerning drug related crimes, there were a 13,2% increase in 2003 compared with 2002, and a 118% increase compared with 2001.



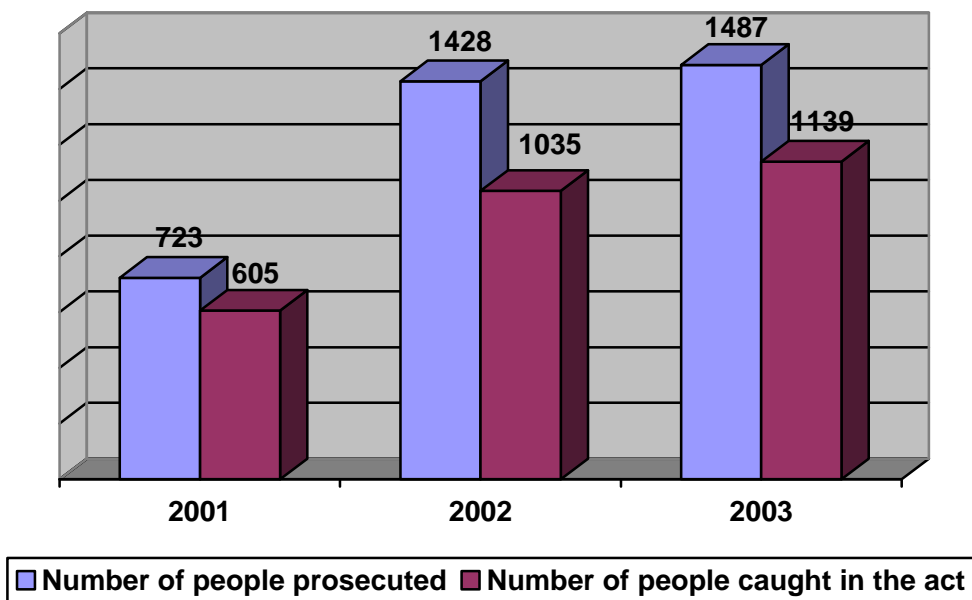
The distribution urban/rural showed an overwhelming report “in favor” of urban crimes: 90,4% in 2003

**Urban/rural distribution of drug related crimes in 2003**



The number of persons prosecuted/caught in the act for drug related crimes from 2001 to 2003 was also on an ascending trend.

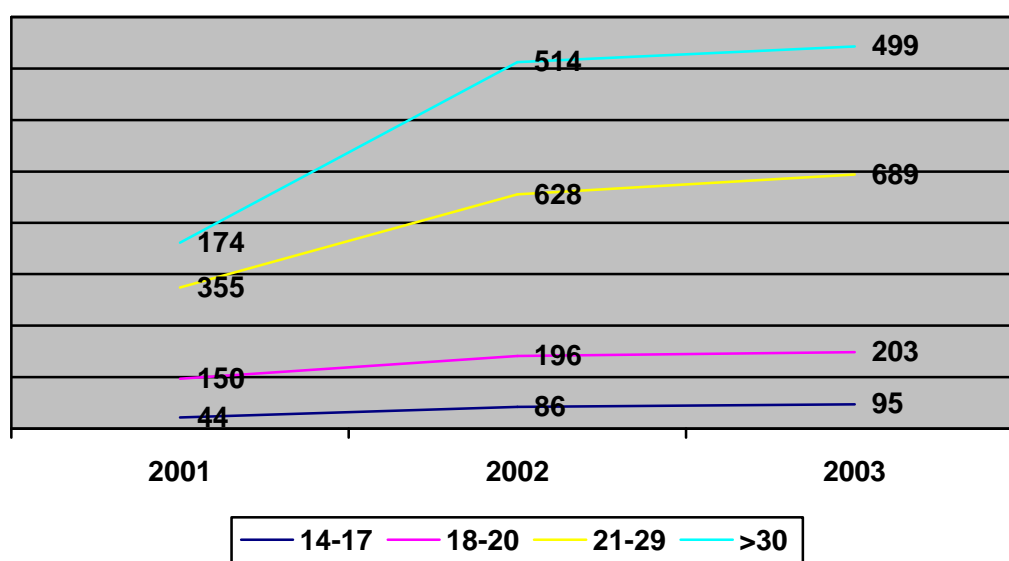
**2001-2003**



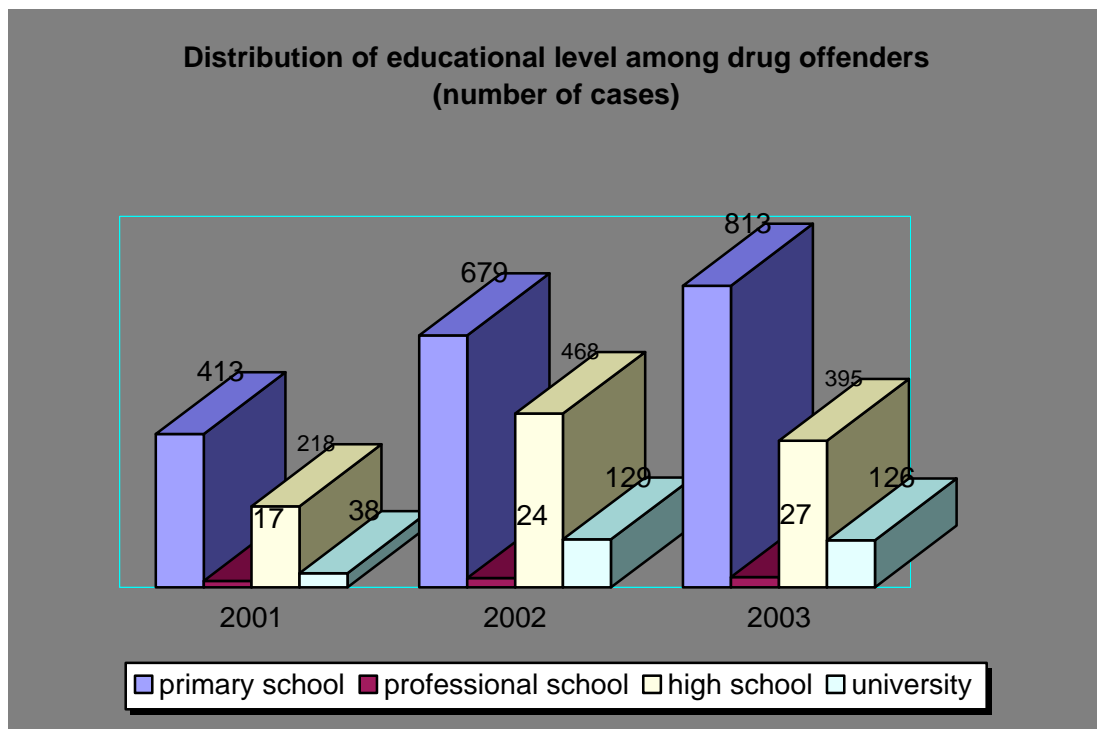
Age distribution for people prosecuted/caught in the act  
for drug related crimes

Age group	22001	2002	2003
14-17 years	44	86	95
18-20 years	150	196	203
21-29 years	355	628	689
Over 30 years	174	514	499

Drug offenders, age distribution 2001-2003



The following graphic presents the drugs offenders' level of education (2001 to 2003):



The data comparing employment/ unemployment status of drug addicts, since 2001 till 2003, revealed a great percentage of persons with no occupation, most of them young persons, proving once more the necessity of a correlated action between Ministry of Health - Ministry of Justice - Ministry of Labor and Social Solidarity- Ministry of Administration and Interior for the improvement of the social status of drugs addicts.



There was a little involvement of foreign citizens- at least according to available data, the percentage of these citizens varying around 6% since 2001 (6,2% in 2003).

### 8.3. Drug use in prisons

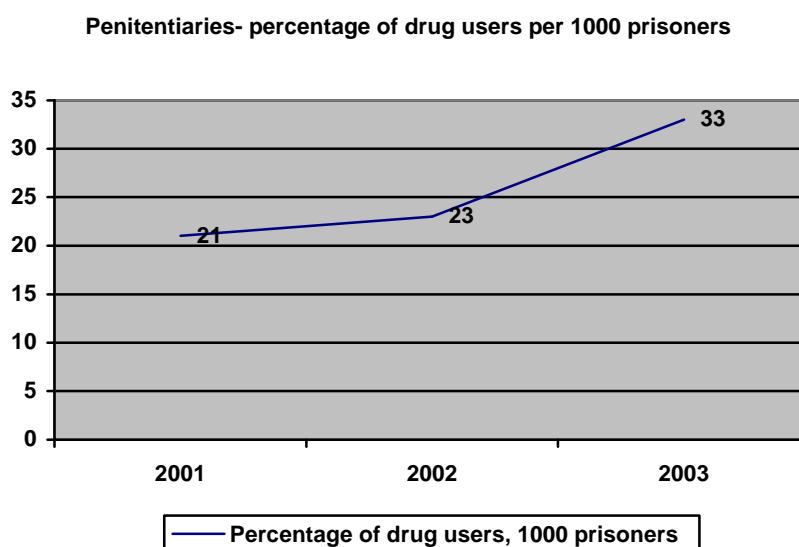
The Ministry of Justice (in charge with administration of the penitentiary units, including the medical services) issued a common order with the Ministry of Health and Family that established the regulations for addicted prisoners' treatment, for informing and educating them. The order came as a response to the increasing number of addicted prisoners- with the mention that the data were self-declared. According to the 2001-2003 data from the General Directorate of Penitentiaries, there were 1065 cases of prisoners admitting the use of drugs in 2001, 1131 cases in 2002 and 1504 cases in 2003. The percentage of users was accordingly **21, 2 0/00** in 2001, **22, 5 0/00** in 2002 and **32, 5 0/00** in 2003.

During 2003, the General Directorate of Penitentiaries elaborated a programme aimed to prevent and fight against drug use and abuse in penitentiaries. This programme suggested a multidisciplinary approach, with staff composed of physicians, educators, sociologists, psychologists, social workers etc.

The medical treatment for prisoners was performed accordingly to the common order issued by the Ministry of Justice and the ministry of Health and Family.

Since 2003, the "Rahova Penitentiary" (near Bucharest) had a detoxification center with five beds, but because of the lack of an appropriate legislation, this center did not function in 2003. The General Directorate of Penitentiaries intended to lobby for the updating of the current legislation and regulations in order to allow detoxification and substitution treatment in the penitentiaries, and to extend the treatment network for addicts by including an after-care penitentiary center in it. All the treatment centers would have identification kits for qualitative analyses for drugs, in urine and blood samples. In 2003 was drafted and approved a PHARE twinning project fiche regarding "Assistance for penitentiaries' reform", having as partners Romania/Spain that will offer possibilities to train Romanian specialists working in prevention and treatment drugs addict in penitentiary system.

The General Directorate of Penitentiaries - Medical Service was member of the Romanian Harm Reduction Network and intended to make further efforts to introduce harm reduction programmes (including syringe exchange) in penitentiaries.



The main programmes developed by the General Directorate of Penitentiaries- Medical Service during 2003 were the following:

- “Preventing HIV/AIDS in penitentiaries” in cooperation with ARAS NGO, funded with: 44 000 euro from PHARE, 2700 euro from ARAS and 4600 euro from General Directorate of Penitentiaries (GDP), total more than 51000 euro.
- “Preventing HIV among prisoners”, since October 2003, also in cooperation with ARAS NGO, financed by “John Snow Institute” with 38000 USD, GDP with 26000 USD, total more than 63000USD.

In 2003 GDP applied for a grant in the Global Fund to Fight AIDS/ Tbc/malaria, for the following projects: *“Peer educators among prisoners/ Counseling and voluntary testing services/ Preventing drug use in penitentiaries”*

During 2003, there were distributed different posters, booklets and video tapes about HIV and its risks in penitentiaries.

In 2003, 866 people were imprisoned for drug related crimes.

#### **8.4. Social costs**

In 2003, there were few data about the social costs, either in drug demand or supply reduction. Perhaps the most serious problem was the lack of a modern evaluation system for correlating costs with benefits. For example, in the health system, the amount of money received in 2003 for drug prevention and treatment programmes were not related to the health indicators for 2003.

Furthermore, even in the same ministry, the figures registered for 2003 did not correspond (1,775 patients reported by the General Department for Public Health in 2003, 1,913 by the Center for Medical Statistics and Calculus and around 2,700 according to the data provided by the Official Bulletin).

The Ministry of Education, Research and Youth reported a total amount of money of about 70,000 euro for prevention activities in 2003.

The Ministry of Health had three main budgetary lines in 2003:

- one for *Health promotion and education* financed from the public budget with about 70,000 euro in 2003;
- other for *Treating drug addiction* with about 150,000 euro received from the Nation Health Insurance House for specific anti-drug treatment;
- the third for *Drug related diagnose and treatment*, paid from the state budget, about 460,000 euro in 2003.

The indicators in the health field were difficult to evaluate and analyze and sometimes contradictory. For 2003, the General Public Health Inspectorate reported a cost of about 80 euro for each treated patient and about 3,100 euro for each unit treating addicted patients.

### **9. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES**

The National Anti-drug Strategy 2002-2004 considers “rehabilitation and social reintegration” as a key issue in the drug demand reduction chapter. The general and specific objectives were presented in chapter 7 of this report: “RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES”. Speaking strictly about social correlates, the main objectives were (according to the National Anti-drug Strategy 2002-2004):

- Establishing cooperation agreements with the Ministry of Labor and Social Solidarity to encourage the professional reorientation and professional reintegration programmes.

- Developing specific partnership programmes for the social reinsertion of convicts.

The appointed body responsible for these two objectives was the Ministry of Labor and Social Protection, in cooperation with the Ministry of Health and Family (for the first objective). In addition, the Ministry of Health and Family had as objectives the establishment and development of programmes for patients with a history of relapses and programmes for social reinsertion of drug addicts.

At the end of 2003, an evaluation report made by the National Anti-drug Agency showed that in this area (social reinsertion) none of the objectives was fulfilled, for various reasons. Most often, the problems were related to financial and human resources. Besides, due to the lack of some important links in the therapeutical chain (after care centers) it was difficult to speak about social reinsertion. Usually, after a short period (2-3 weeks) of detoxification, an addict either was sent to an out patient center (only in Bucharest and with limited coverage) or went back to his former entourage and habits. There were stories about addicts who went abroad for after care and rehabilitation treatments but no official data were available in this respect.

### **9.1. Prevention of drug related crime**

These programmes are extensively presented in chapter 8.3.: **“Drug use in prisons”**. We can add that consequently to a protocol between the General Directorate of Penitentiary and the Social Reinsertion Directorate from the Ministry of Justice, a Social Reinsertion and After-penal Assistance Center opened in 2003 in Pitesti. This center was an experimental one and offered services such as information/psychological and social counseling/evaluation/help in finding jobs/family counseling/assistance. Depending on the results of this experimental center, this type of centers could be included in the future treatment network, as a final link.

## **10. DRUG MARKETS**

Law enforcement agencies agreed on the fact that Romania was transited in 2003 by three main drug traffic routes, all part of the so-called “Balkan route”:

- Turkey-Bulgaria- Romania-Hungary- Austria-Germany-Netherlands
- Turkey-Romania (by sea)- Hungary-Slovakia-The Czech Republic- Germany-Netherlands
- Turkey-Bulgaria- Romania-Ukraine- Poland-Germany

Some data suggested that a fourth route (coming mainly from North) began to develop for synthetic drugs (Netherlands-Germany-Poland-Romania).

The data for 2003 revealed an increase for all drug supply indicators, beginning with seizures and ending with prosecuted or convicted persons.

In the field of drug supply reduction the National Anti-drug Strategy 2002-2004 had the following objectives:

### **A. General objectives**

- Diminishing drug supply by 30% in the next two years;
- Diminishing drug supply through permanent control of the drug supply;
- Controlling the illegal production and trafficking by means of co-operation between state authorities responsible in this field, as well as by means of co-operation at international level;

- Participating in international programmes in the field;
- Diagnosing and monitoring drug supply.

### **B. Specific objectives**

- Reducing risk factors;
- Counter-balancing international drug trafficking by criminal organizations specialized in drug production, transport and selling, and with structures in two or more countries;
- Intensifying the control activities at border crossing points;
- Preventing and fighting drug distribution by final consumers – micro traffic;
- Strengthening institutional co-operation at national and international level;
- Diminishing the number of drug-related crimes;
- Significantly reducing money-laundering techniques;
- Diminishing drug accessibility and availability;
- Involving civil society in the fight against drugs;
- Developing and improving co-ordination structures at national and international level;
- Training of specialists in the field;
- Permanent evaluation of the accomplished activities;
- Providing appropriate financial resources for the application of the drug supply reduction strategy.
- Developing and diversifying the co-operation between the Ministry of Justice and other national and international institutions that have the fight against drugs trafficking as a main objective.

## **10.1. Availability and supply**

A significant percentage of addicts declared that it was easy or very easy to obtain drugs. According to mass media reports, there were some neighborhoods in Bucharest, known as “hot spots” on the drug map, but little research was done on this topic. It seems very probable that heroin is the most common drug on street level, synthetic drugs and cocaine in bars and discotheques.

Beginning with 2001 clandestine new laboratories were discovered and dismantled on the Romanian territory (five laboratories, all manufacturing synthetic drugs). Some reports suggested that this might have been a new immigration trend as organized crime networks were trying to relocate the laboratories from West Europe in countries like Romania and Bulgaria. It is true that Romania has quite a long tradition in chemistry and chemical industry, with large numbers of well-trained specialists, but for the moment, this remains only an assumption. Police data showed that both Romanian and Turk citizens were involved in this type of activities, under the coat of import-export societies. There was no available data indicating the destination of the manufactured drugs (be it local or foreign market).

A new law (300/2002) concerning the judicial regime of precursors, approved in 2002, intensified significantly the activity of law enforcement agencies.

To conclude, the most important sources of drug supply were found in large urban areas, either in poor neighborhoods or in bars and discotheques. The ESPAD study revealed that the use of drugs in schools and high schools is increasing. Because most addicts had problems with finding money for daily doses, they became involved themselves in small traffic activities and police reports indicated a growing involvement of under age children in such actions.

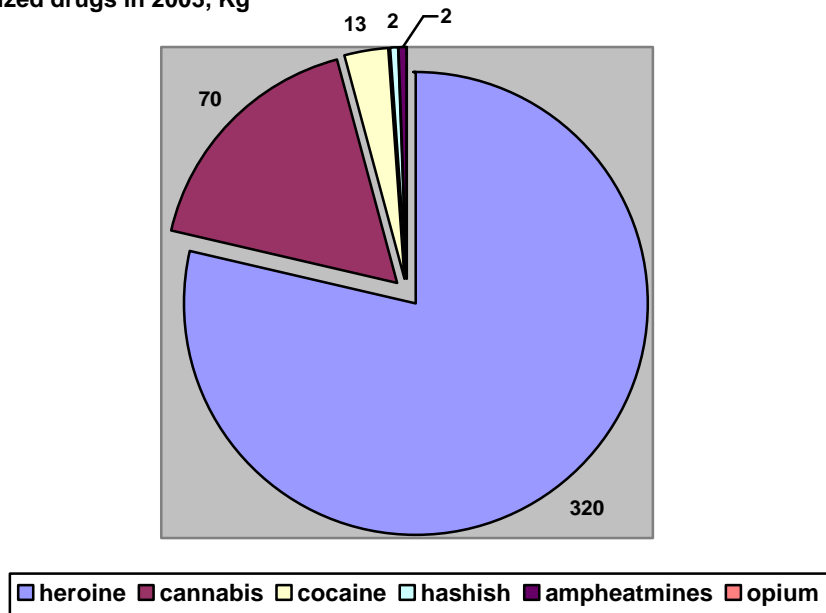


## 10.2. Seizures

At a first glance, 2003 seizures data were significantly lower than 2001 and 2002 data. In fact, this was mainly because of the new interpretation of data regarding cannabis crops. Previously (2001-2002) some cannabis crops had been enlisted as seized drugs, while in fact they were only unauthorized cannabis crops.

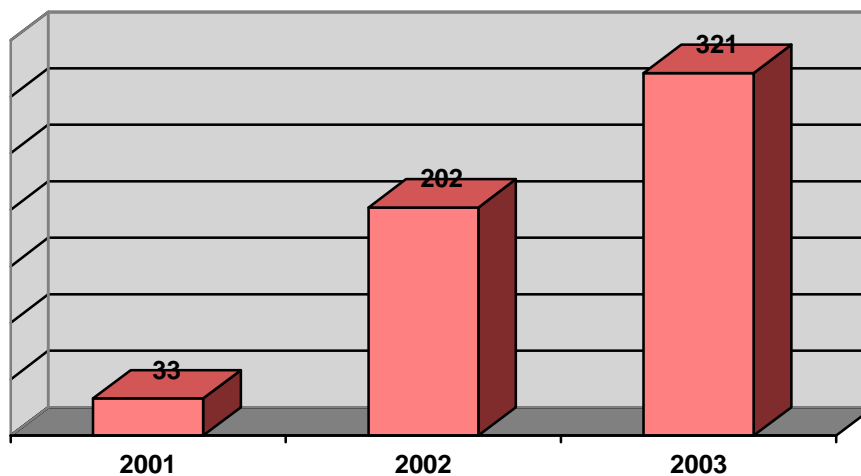
According to the new data collecting system, in 2003, seizures registered the following numbers: 408.36 kg drugs of which 320 kg heroin/ 70 kg cannabis/ 2 kg hashish/ 12.7 kg cocaine/ 0.6 kg opium/ 1.90 kg amphetamines and derivatives etc, plus 81.939 pills.

Seized drugs in 2003, Kg



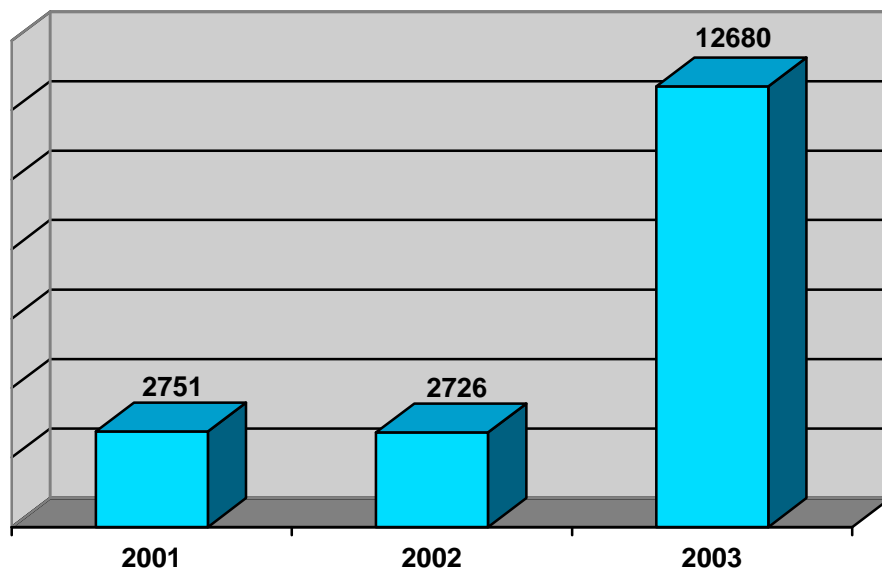
The main drug seized - heroin, was on an ascending trend for three years in a row, suggesting a stable local market:

Evolution of seized heroin, kg



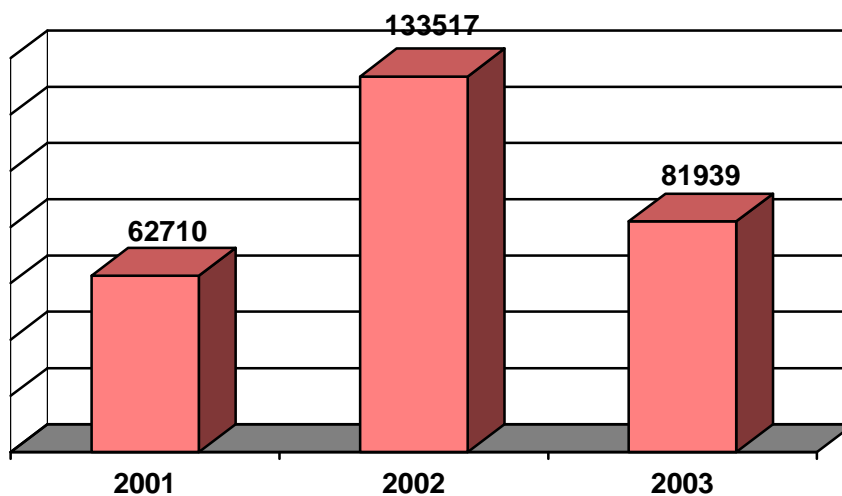
The main traffic route for heroin was via Bulgaria, from Turkey and Middle East. Often buses and trucks driven by Turkish or Iran citizens concealed it. Cannabis was the second seized drug with 70 kg but because of the above-mentioned situation in 2002, it was impossible to display a trend in 2003. Cocaine came third, and even if the total amount seized was quite low in 2003, it was significantly higher compared to previous years.

**Evolution of seized cocaine in GRAMS**



The amphetamines and their derivatives were among the few drugs that did not display an ascending trend, but it was difficult to predict a clear trend based on only three years` data. Anyway, the data provided by the demand reduction area indicated an ascending trend for the number of amphetamine users in 2003.

**Evolution of amphetamine seizures  
(number of pills)**



The data regarding amphetamine, precursors, essential chemicals seizures for 2003 were as follows: 12.5 kg amphetamine/ 120 liters acetic anhydride/ 30 liters phenyl 2-propanone/ 47 liters acetone/ 11 liters ethylic ether/ 1,4 liters sulfuric acid/ 4 liters chlorhidric acid etc. Apart from that, 29 unauthorized cannabis crops were discovered and monitored in 2003, in comparison with 28 similar cultures in 2002.

Some important actions accomplished by the National Anti-drug Agency in the field of drug supply reduction in 2003 were:

- drafting a new law about confiscated goods, regarding illicit drugs and precursors
- drafting a new law for psychotropic and narcotics (the applicable law in 2002 dated back to 1969)
- issuing a collaboration agreement with the National Office for the Prevention and Fight against Money Laundering
- issuing a cooperation agreement with EUROPOL
- organizing training sessions for people working within the General Police Inspectorate/ Border Police/ National Customs Authority etc.

### 10.3. Price and purity

The prices of drugs during 2003 were very close to those in 2002, with little differences mainly for LSD and brown heroin. According to the data provided by the General Directorate for Countering Organized Crime and Anti-drug, drug prices were the following:

DRUG	2002 average price (euro)	Average price 2003 (euro)	Minimum price 2003 (euro)	Maximum price 2003 (euro)
Cannabis resin- gram	18,75	15,5	12	19
Cannabis leaves- gram	9,3	9,1	3,6	14,6
Heroin brown- gram	37,5	54	48	80
Cocaine powder- gram	80	90	80	100
Crack –rock g	80	50		
Amphetamine powder- gram				
Ecstasy- tablet	4	10	5	15
LSD- blotter	33,75	60,5	48	73

Regarding drug purity, the only analyses performed in 2003 were for seizures (not at street level) and only for heroin or heroin related mixtures ("balls").

Data concerning the purity of seized drugs according to the National Anti-drug Laboratory within the General Directorate for Countering Organized Crime and Anti-drug varied according to the type of drug. The range for heroin purity was 0.1%-30%-80%. For amphetamine and amphetamine type stimulants (ATS) our national laboratory did not perform quantitative analyses because of the fact that the prosecutor's office did not request such kind of analyses. Thus for some drugs: amphetamines and ATS tablets, LSD blotters qualitative analyses are not performed in Romania because punishments are not applied depending on the purity of the drug.

In 2003, a PHARE project was approved having two important objectives regarding the training of Romanian specialists working in drugs chemical analyses:

- establishing the chemical profile of seized drugs in order to establish the drugs country of origin;
- the study of precursors used in the illegal manufacturing of drugs in order to be able to foresee the new intermediate compounds or new illegal drugs in the illegal drug market.

The National Drug Analyses Laboratory received new analytical equipment through governmental and PHARE funds.

There was a correlation between price and purity of drugs. Cocaine has been usually sold on the drug market without cutting-agents, having a higher price in comparison with heroin mixed with different substances (caffeine, Phenobarbital, diazepam, lactose, griseofulvine, milk powder, paracetamol). The price of heroin was also different according with the concentration of pure heroin in the above mixtures.

## **PART B: SELECTED ISSUES**

### **11. BUPRENORPHINE, TREATMENT, MISUSE, AND PRESCRIPTION PRACTICES**

According to the existing legislation (law 143/2000), buprenorphine could be used in substitution treatment in medical centres but in fact there wasn't any such treatment reported in 2003.

This situation could be explained by several reasons, one of the most important being:

1. The relatively high price of buprenorphine (especially in comparison to methadone pills)
2. The bureaucracy- although buprenorphine was mentioned in the legislation, in fact this substance was not officially approved by the National Medicine Agency. As a consequence, it was impossible to import this substance and also to distribute or transport it all over the country.

### **12. ALTERNATIVES TO PRISON TARGETING DRUG USING OFFENDERS**

According to the existing legislation in 2003, there were no alternatives for drug using offenders (other than prison). The National Anti-drug Agency admitted the situation was abnormal and began (towards the end of 2003) a series of meetings with the most important institutions and NGOs involved in drug demand and supply reduction, in order to update the law no. 143/2000. Among other topics, the idea of offering an alternative for drug offenders (drug use/ drug possession- small quantities etc.) was a key topic. This came almost in the same time with other important updates of the legislation, such as establishing probation procedures and the institution of "probation officer".

The objective behind the new law was to offer an alternative (either medical or social) for drug users and for those users involved in small traffic- mainly people who sold drugs in the streets to get money for their daily doses.

### **13. PUBLIC NUISANCE: DEFINITIONS, TRENDS IN POLICIES, LEGAL ISSUES AND INTERVENTION STRATEGIES**

There are few data available for this chapter, because in most cases the enlisted offence was not linked with drug abuse- this indicator did not exist in Romania in 2003 (accordingly, the reported cases were robberies/car thefts/public nuisance etc. without any mention of drugs). The available data on public nuisance are off the record data.

### **14. CONCLUSIONS**

2003 National Report on drug situation evaluates the drug issue in the year in which the fight against drugs became one of the highest priorities of the Romanian Government being coordinated by a national drug coordinator, the president of the National Anti-drug Agency, professor Pavel Abraham. In the context of a new and improved legislative and institutional framework the fight against drugs was more accurately monitored by the Romanian society, as has been reflected in the present report.

Romanian National Focal Point staff has motivation, strong will and good guiding teachers. This report is one step forward towards good reporting tools reflecting the progress of the fight against drugs, that we want to have in the near future.

## Part D

### Standard Tables and Structured Questionnaires

- Standard table 03: Characteristics of persons starting treatment for drugs
- Standard table 04: Evolution of treatment demands
- Standard table 05: Acute/direct drug-related deaths
- Standard table 06: Evolution of acute/direct drug-related deaths figures
- Standard table 11: Arrests for drug law offences
- Standard table 12: Drug use among prison population
- Standard table 13: Quantity and number of illicit drugs
- Standard table 16: Price in Euros at street level of some illegal substances