



Romania

Country Drug Report 2017



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THE DRUG PROBLEM IN ROMANIA AT A GLANCE

Drug use

in young adults (15-34 years) in the last year

Cannabis

3.3 %



2.7 % 4 %

Other drugs

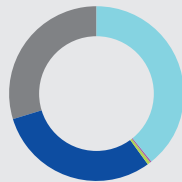
MDMA	0.3 %
Cocaine	0.2 %
Amphetamines	0.1 %

High-risk opioid users

No data

Treatment entrants

by primary drug



Cannabis, 39 %
Amphetamines, 0 %
Cocaine, 1 %
Heroin, 30 %
Other, 30 %

Opioid substitution treatment clients

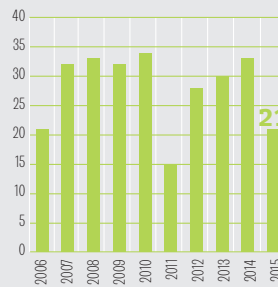
547

Syringes distributed

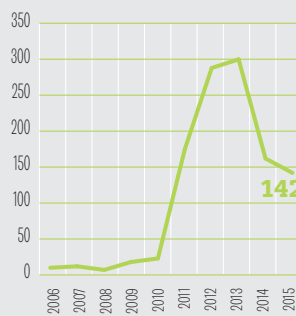
through specialised programmes

1 425 592

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

10 053

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Heroin
2. Herbal cannabis
3. Cocaine
4. Cannabis resin
5. Amphetamine

Population

(15-64 years)

13 414 063

Source: EUROSTAT
Extracted on: 26/03/2017

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

About this report

This report presents the top-level overview of the drug phenomenon in Romania, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

National drug strategy and coordination

National drug strategy

In Romania, the National Anti-Drug Strategy 2013-20 addresses illicit drugs (Figure 1). It was designed following consultations with stakeholders and takes into account the EU Drugs Strategy 2013-20. Reflecting a balanced approach, the National Anti-Drug Strategy is structured around the two pillars of drug demand reduction and drug supply reduction. It also contains three cross-cutting themes: (i) coordination; (ii) international cooperation; and (iii) research, evaluation and information. The National Strategy has five overarching objectives and is being implemented through two action plans, which address the periods 2013-16 and 2017-20.

Like other European countries, Romania evaluates its drug policy and strategy via routine indicator monitoring and specific research projects. Implementation progress reports on the activities in the current strategy's action plans are produced by the National Anti-Drug Agency

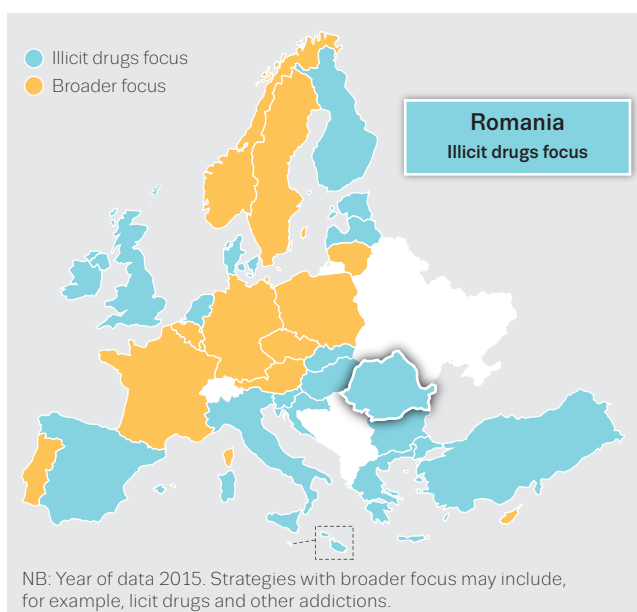
(NAA). Additionally, in 2013, an external final evaluation of the 2005-12 National Anti-Drug Strategy was completed by the Romanian Angel Appeal (RAA) Foundation, with the financial support of United Nations Children's Fund (UNICEF) office in Romania. The evaluation assessed the actions of the 2005-12 strategy based on several criteria, including their relevance, effectiveness, efficiency, sustainability and impact; it also developed recommendations for the 2013-20 strategy.

National coordination mechanisms

The NAA is a specialised legal entity under the coordination of the Ministry of Internal Affairs; it coordinates Romania's Anti-Drug Strategy and the relevant implementing authorities. Supply reduction issues are coordinated by the Directorate for Investigation of Organised Crime and Terrorism. The NAA is also responsible for international cooperation between Romanian institutions and foreign organisations, and it hosts the Romanian Monitoring Centre for Drugs and Drug as one of its four units. The NAA is supported by a scientific committee and has 47 Drug Prevention, Evaluation and Counselling Centres at the local level, six of which are in Bucharest.

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy.

Some of the funds allocated by governments to expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, the majority of drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

In Romania, the financing of drug-related activities is decided annually by the entities in charge of their implementation. Estimates on labelled drug-related public expenditure go back to 2004, but their completeness varies over time. Therefore, it is not possible to provide an estimate of Romanian drug-related public expenditure.

The budget of the NAA is the only budget item that has consistently been reported over time; however, its value as a proportion of total drug-related expenditure is unknown. In the period 2009-12, on average, the NAA's budget represented about 0.003 % of gross domestic product (GDP). In 2015, in order to meet the targets of the National Anti-Drug Strategy 2013-20, the NAA ran programmes financed both from the state budget and from external funds. The state budget provided EUR 700 000 and external funds amounted to EUR 3 787 000.

The available information does not allow the total size and trends in drug-related public expenditure in Romania to be reported.

Drug laws and drug law offences

National drug laws

In Romania, penalties have been linked to the type of drug — ‘risk’ or ‘high risk’ — since 2004 and there are separate concepts of user and addict, according to diagnosis. The latest changes to the Criminal Code, which entered into force on 1 February 2014 reduced several penalty ranges for supply offences.

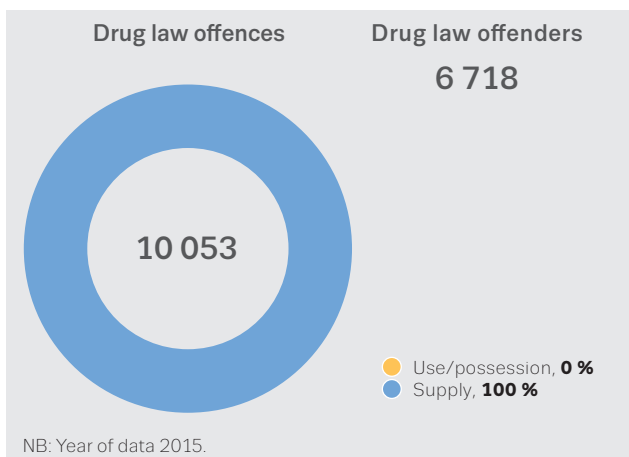
Drug consumption is forbidden, but no punishment is specified. In the case of possession for personal use of ‘risk’ drugs, the court can impose a fine or a prison sentence of three months to two years’, while possession of high-risk’ drugs attracts a prison sentence of six months to three years (Figure 2). A drug user who is convicted of any of these offences can avoid prison by agreeing to attend an integrated assistance programme; the consent of the drug user is a prerequisite for inclusion in such a programme. This has been enabled by, and is clearly defined in, the new Criminal Code (in line with an overall trend in the EU for such offences).

All actions related to the production and sale of ‘risk’ drugs are punishable by two to seven years’ imprisonment, while the range is 5-12 years for ‘high-risk’ drugs. Import or export of ‘risk’ drugs is punishable by 3-10 years’ imprisonment, which in the case of ‘high-risk’ drugs increases to 7-15 years.

Following the emergence of new psychoactive substances (NPS) in Romania in 2009-10, two initiatives were adopted in 2011. The first strengthened the enforcement of various existing laws, such as consumer safety laws and tax

FIGURE 3

Reported drug law offences and offenders in Romania



laws; the second was a new law penalising unauthorised supply of any products with potential psychoactive effects, regardless of their intended use. The new law defines the characteristics as well as the procedure for how the supply of such products is to be authorised. Violations of the law are crimes punishable by prison sentences of six months to three years (the sentence is reduced if the psychoactive effects were not actually known to the seller).

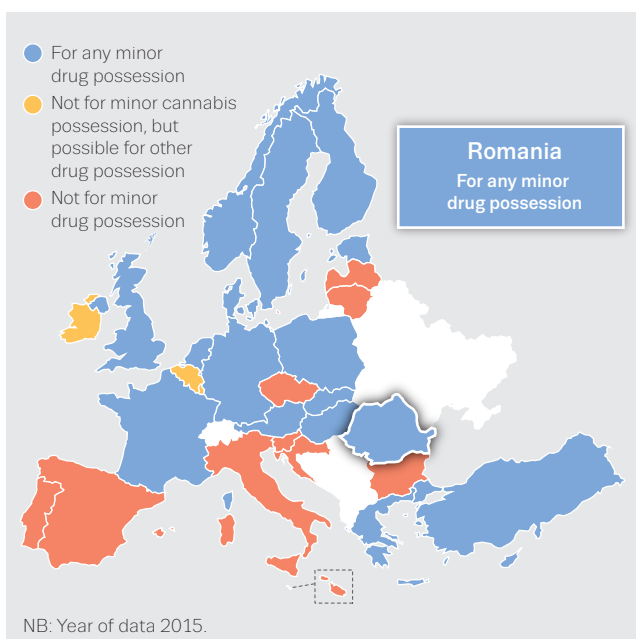
Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies.

In 2015, a total of 6 718 people were investigated for drug offences in Romania, which is more than in 2014 (Figure 3).

FIGURE 2

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



Drug use

Prevalence and trends

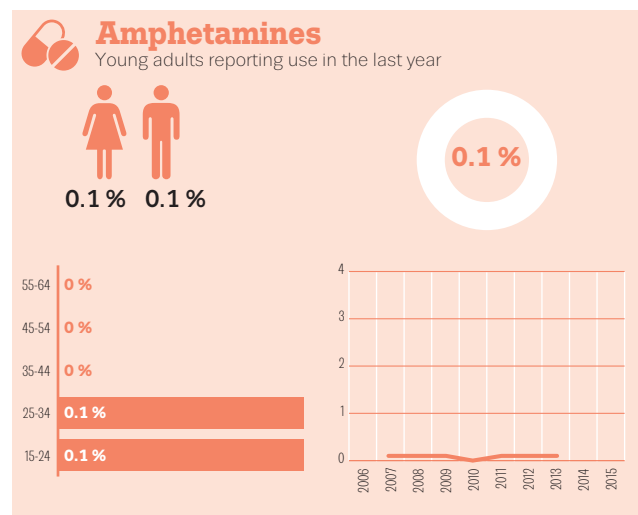
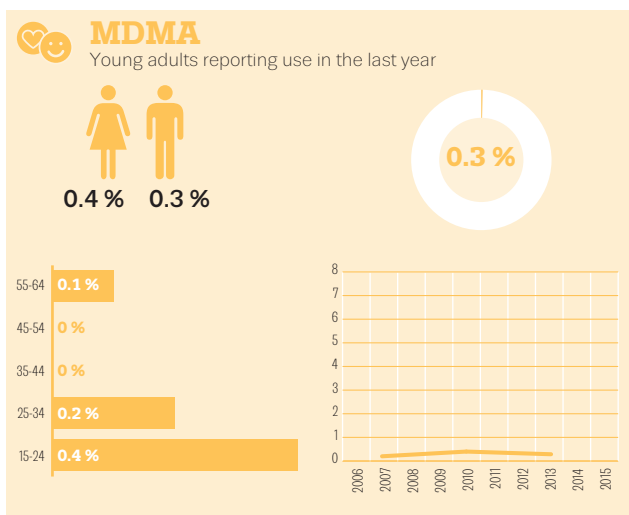
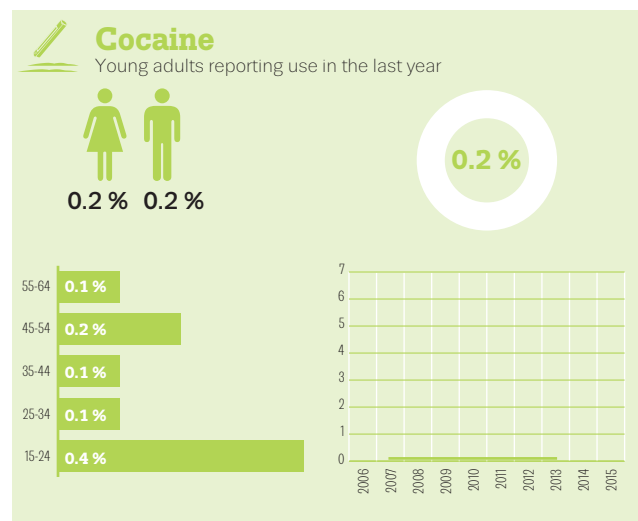
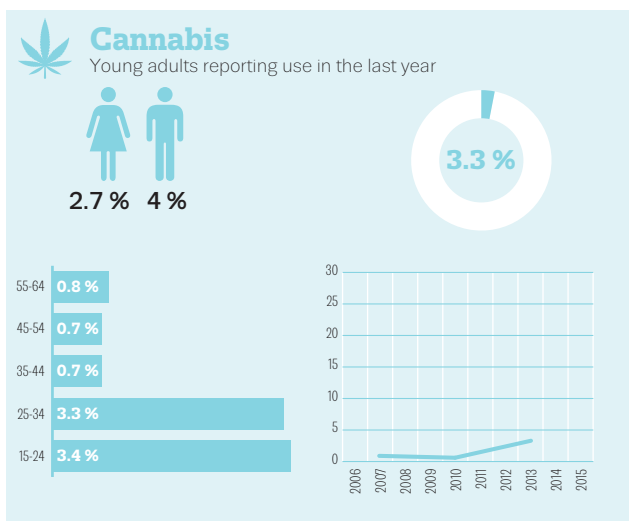
The prevalence of use of illicit drugs among the adult population in Romania increased steadily over the period 2004-13. However, it remained low in comparison with other European countries, with cannabis being the most commonly used drug although its use is concentrated among young adults aged 15-34 years. A substantial increase in the prevalence of cannabis use compared with previous years was observed in 2013 (Figure 4). In general, males report cannabis use more frequently than females.

Data from general population studies indicate that about 2 % of the Romanian adult population have experimented with NPS, although regular use remains rare and is concentrated among young people. Nevertheless, NPS use is linked to about one fifth of all treatment entries and to most emergencies due to the use of illicit drugs in Romania.

All other illicit drugs are used less frequently among the general population.

FIGURE 4

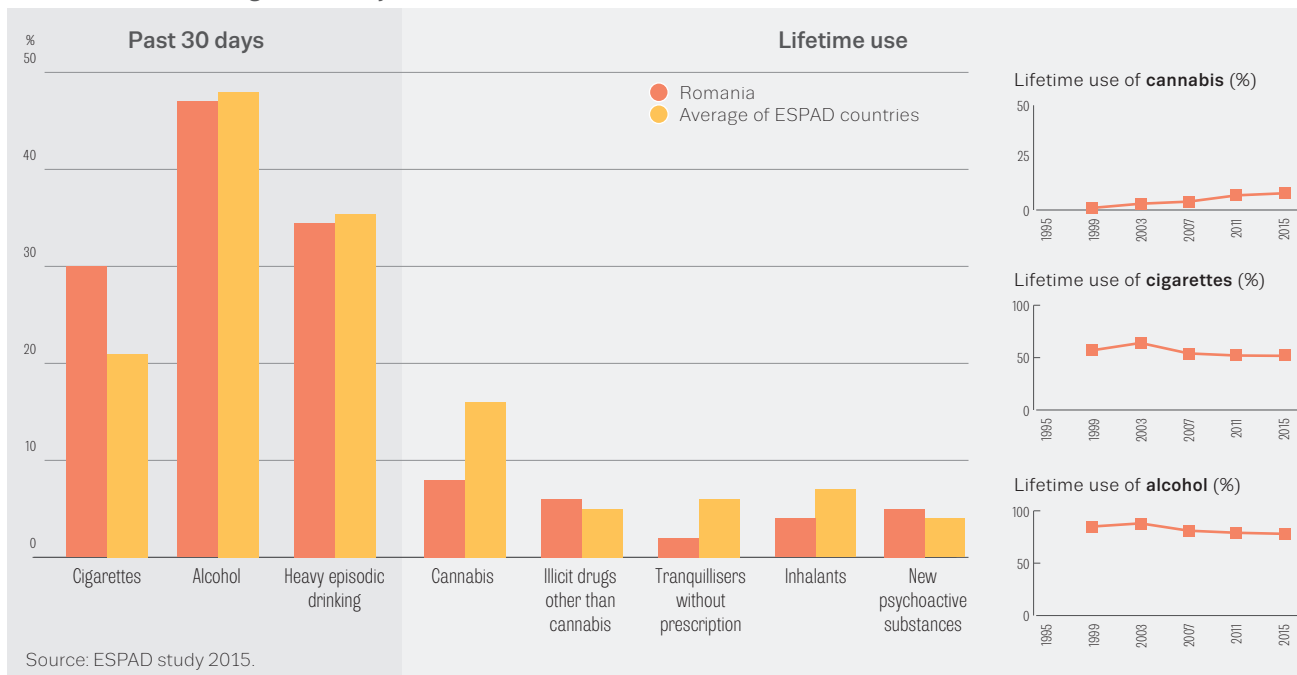
Estimates of last-year drug use among young adults (15-34 years) in Romania



NB: Estimated last-year prevalence of drug use in 2013.

FIGURE 5

Substance use among 15- to 16-year-old school students in Romania



Drug use among students is reported in the European School Survey Project on Alcohol and Other Drugs (ESPAD), which was conducted in Romania for the fifth time in 2015. These surveys confirm that cannabis is the most prevalent illicit drug among students and indicate an increase in the lifetime prevalence of cannabis use among 15- to 16-year-old students since 1999. Nevertheless, the prevalence of lifetime use of cannabis among Romanian students is only half the ESPAD average (based on data from 35 countries). Lifetime use of illicit drugs other than cannabis and lifetime use of NPS among Romanian students in 2015 were similar to the ESPAD averages. Non-prescribed use of tranquilisers or sedatives and lifetime use of inhalants were lower than the ESPAD averages (Figure 5).

High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 7).

There are no national estimates of high-risk drug use in Romania (Figure 6).

Data from specialised treatment facilities suggest that about 94 % of PWID entering treatment use heroin as a primary substance, while around 5 % report use of NPS (including synthetic cathinones).

Data from specialised treatment facilities suggest that about 94.5 % of PWID entering treatment use heroin as a primary substance

The long-term analysis suggests that the number of opioid users entering treatment in Romania has been decreasing since 2007, while the number of cannabis users has grown since 2013 (Figure 7). The increase in cannabis treatment demands might be largely attributable to the initiation of the procedure that allows treatment to be offered as an alternative to imprisonment for certain categories of offenders. In addition, the number of emergency cases involving cannabis use is on the rise.

Approximately 1 out of 8 treatment clients in Romania is female; however, the proportion of females in treatment varies by type of substances used and by programme.

FIGURE 6

National estimates of last year prevalence of high-risk opioid use

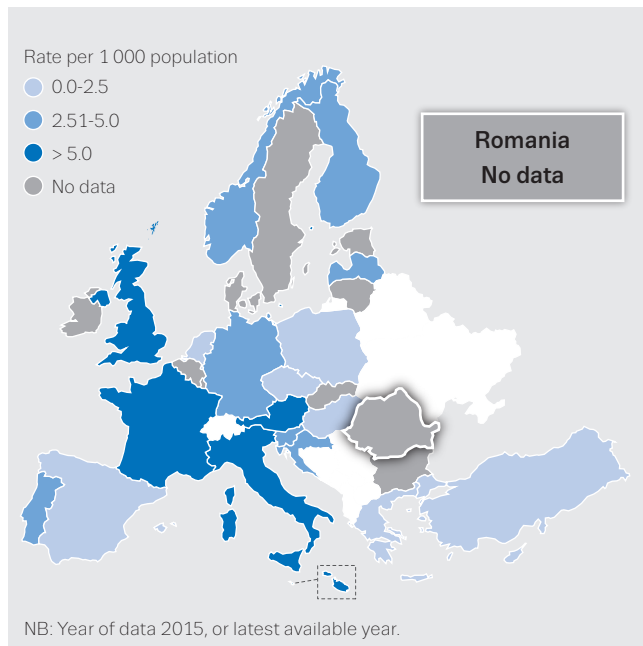
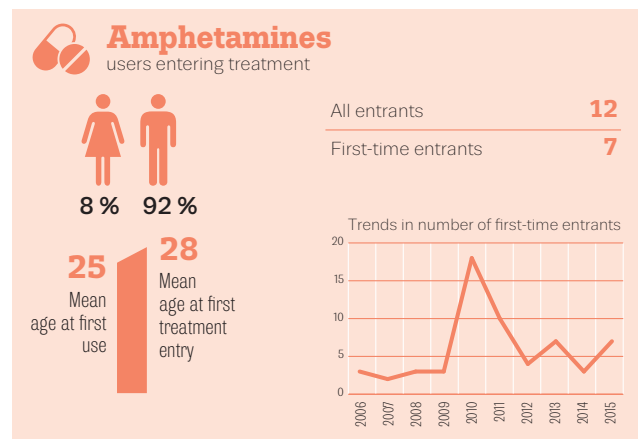
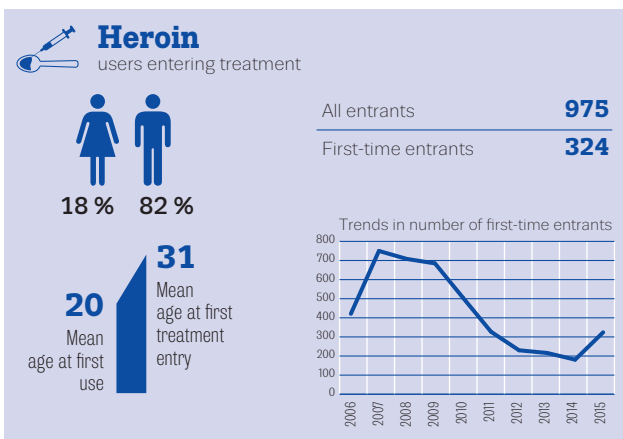
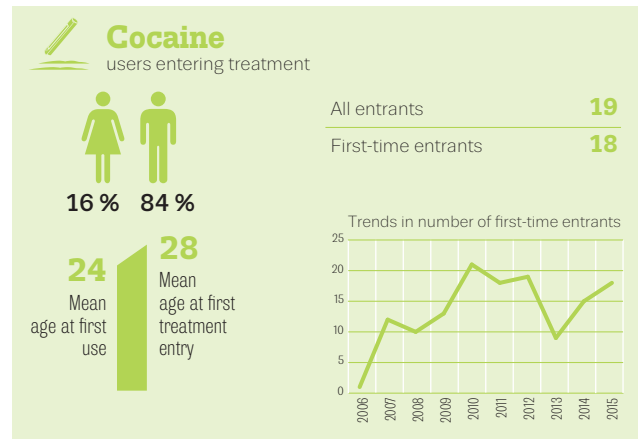
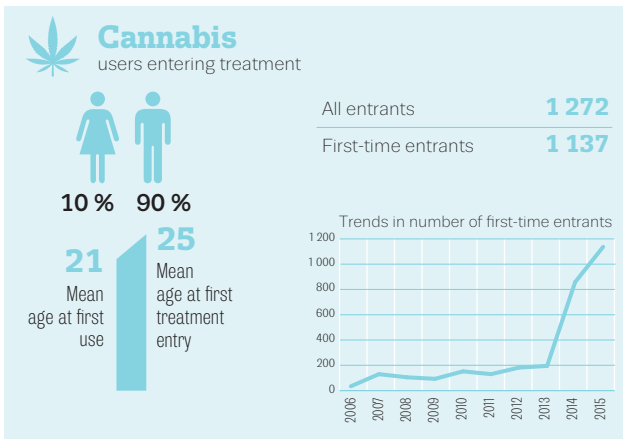


FIGURE 7

Characteristics and trends of drug users entering specialised drug treatment centres in Romania



NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Romania, an alarming increase in the notification of human immunodeficiency virus (HIV) infections among PWID was reported between 2011 and 2013; however, in 2014-15, the number of new HIV notifications among PWID decreased (Figure 8). Data based on HIV testing results among drug users seeking treatment or attending harm reduction services also indicated an increase in HIV prevalence between 2010 and 2013, but more recent data suggest some decrease in the prevalence rates among these groups.

Hepatitis C virus (HCV) infection is the most common drug-related infectious disease among Romanian drug users. An increasing trend in HCV prevalence among drug users admitted to treatment over the period 2008-12 was reported, while in the period 2013-15, HCV prevalence among this population fell slightly (Figure 9). Furthermore, data from those seeking drug treatment indicated a constant upwards trend in hepatitis B virus (HBV) infection prevalence rates between 2009 and 2013. HIV and HCV and/or HBV co-infections are frequent among Romanian PWID.

In the last decade, there has been a change in patterns of drug use and a high-risk group of NPS users has emerged in Romania, which could explain the changes in the prevalence of drug-related infectious diseases among PWID. The limited availability of adequate prevention measures might have contributed to the trend, while intensified testing of PWID might have led to higher detection rates in the most recent years.

Drug-related emergencies

In Romania, drug-related emergencies have been monitored nationwide since 2010. In 2015, a total of 4 060 emergencies caused by illicit psychoactive substances were reported, which is an increase compared with 2014. The majority of the cases were linked to the use of NPS, followed by cannabis and opioids; however, the prevalence of the latter is on the decline. In about one fifth of the reported emergencies, more than one illicit substance or alcohol was involved. Young males are the most common group likely to seek emergency help as a result of illicit substance use.

FIGURE 8

Newly diagnosed HIV cases attributed to injecting drug use

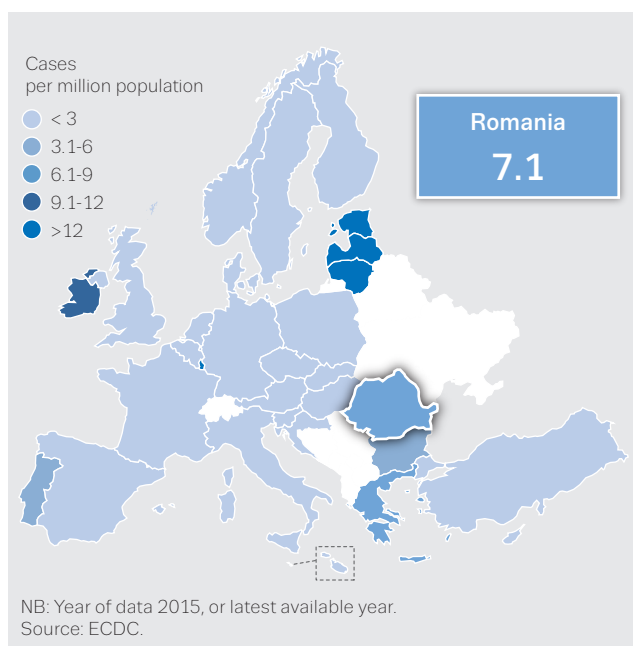
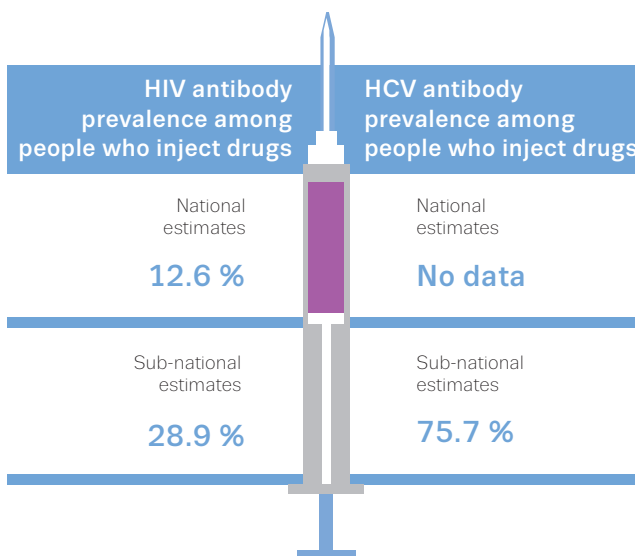


FIGURE 9

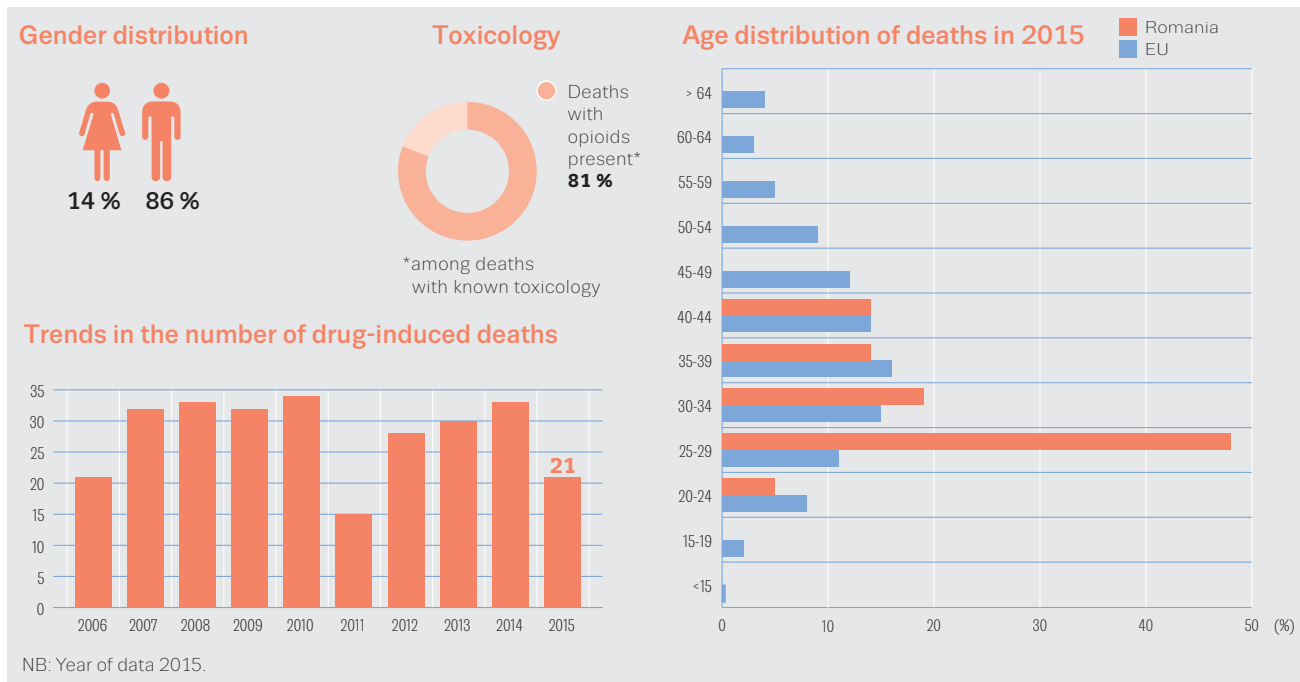
Prevalence of HIV and HCV antibodies among people who inject drugs in Romania



NB: Year of data 2015.

FIGURE 10

Characteristics of and trends in drug-induced deaths in Romania



Drug-induced deaths and mortality

Drug-induced deaths are deaths directly attributable to the use of illicit drugs (i.e. poisonings or overdose). In 2015, as in previous years, reported drug-induced deaths were mainly based on examined deaths in Bucharest, and, as such, were likely to be underestimated for the country as a whole (four drug-induced deaths were reported in the rest of Romania). The analysis indicates that victims had a long-term drug use history and that they had mainly used illicit drugs by injection.

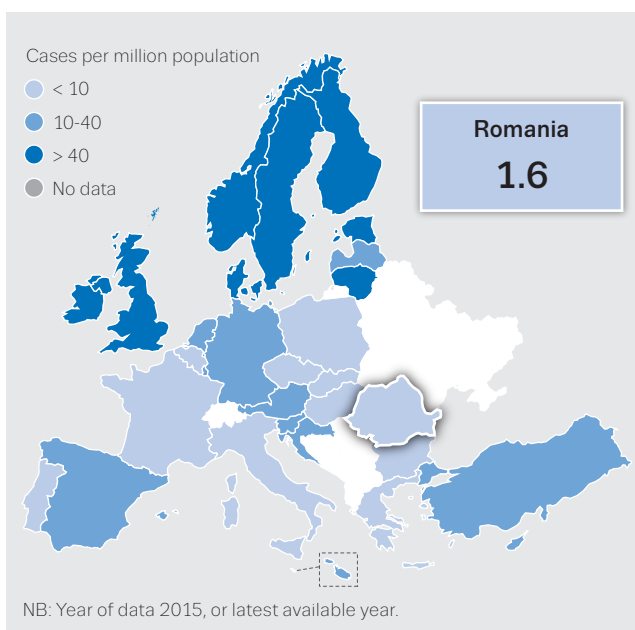
According to the toxicological results, opioids — mainly methadone — were most frequently the principal drugs involved in drug-induced deaths, and the proportion of drug-induced deaths that involved opioids was higher than in 2014. NPS were detected in two deaths and cocaine in one death in 2015. Two or more psychoactive substances were present in half of deaths. With regard to distribution by gender and age in 2015, the majority of victims were male and the mean age of victims was around 32 years (Figure 10).

The drug-induced mortality rate among adults (aged 15-64 years) was reportedly 1.6 deaths per million in 2015 (Figure 11). This is much lower than the latest European average of 20.3 deaths per million, although this is most likely underestimated.

No studies on mortality among drug users have been conducted in Romania in recent years.

FIGURE 11

Drug-induced mortality rates among adults (15-64 years)



Prevention

In Romania, prevention activities are developed based on guiding principles outlined in the National Anti-Drug Strategy 2013-20 and the corresponding Action Plan for 2013-16, and are coordinated by the NAA. Activities in this field are primarily implemented by the Ministry of Education and Scientific Research and the NAA's territorial network of 47 Drug Prevention, Evaluation and Counselling Centres, in cooperation with other governmental bodies. Non-governmental organisations (NGOs) are key partners in the implementation of projects at the local level.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing drug use problems, and indicated prevention focuses on at-risk individuals.

In Romania, schools are the primary setting for universal prevention activities. Standard information activities continue to play a significant part in drug use prevention; however, personal skills development and peer-based training modalities are increasingly being incorporated in universal prevention activities. For example, the project 'Unplugged', which focuses on the attitudes and skills of 12- to 14-year-old schoolchildren, was implemented in a district of Bucharest, and it was scaled up to the national level in 2012. In addition, numerous local school-based projects have been implemented; some provide information and are designed to raise awareness about the consequences of drug use while others promote alternative leisure activities for pupils (Figure 12).

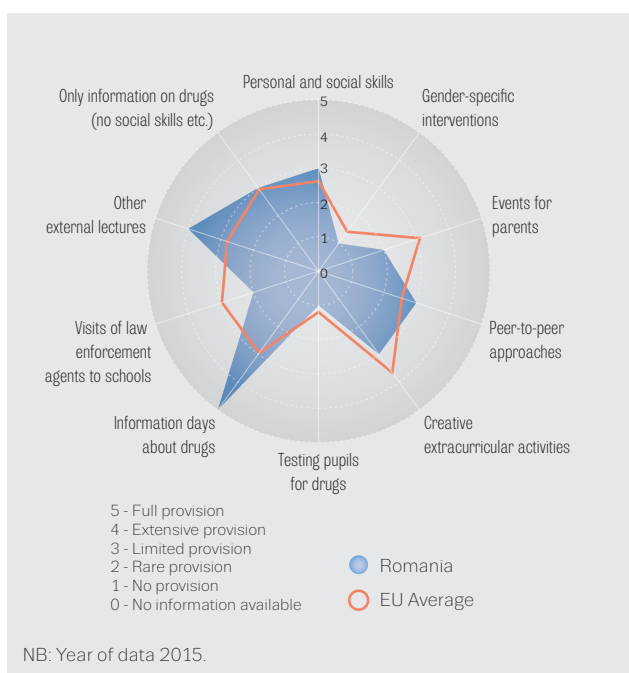
Family prevention initiatives have mainly been implemented at the local level and aim to increase parents' awareness of substance use risks and to strengthen the protective role of the family; however, although the number of projects in this field shows a constant increase, participation in these activities remains low. Community-based prevention is mainly oriented towards information provision about licit and illicit substances through different campaigns.

Selective prevention is mostly targeted at youngsters in recreational and festival settings, Roma groups, the prison population, former drug users, victims of family violence and young adults leaving care.

Following a successful pilot of the EU-wide project FreD goes net an 'early intervention' project with young people who have come to the attention of police, work or school because of drug use — the initiative is now carried out nationwide in collaboration with the local Drug Prevention, Evaluation and Counselling Centres. Indicated prevention interventions remain isolated and rare.

FIGURE 12

Provision of interventions in schools in Romania (expert ratings)



Harm reduction

Historically, prevention activities targeting drug-related infectious diseases related to injecting in Romania were mainly financed by multilateral technical support programmes involving external donors, which ended in 2010-11. In the following years, the NAA took emergency measures to provide clean needles and syringes and to close the funding gap for the services. Meanwhile, the National Anti-Drug Strategy 2013-20 and its first Action Plan for 2013-16 were adopted by the government, providing necessary policy support to step up and expand harm reduction activities in Romania. In 2015, the National Programme for Prevention and Medical, Psychological and Social Support for Drug Users 2015-18 was adopted; it provides funding for clean injecting equipment and other paraphernalia, rapid tests for HIV and HCV, and information materials. The NAA is in charge of the implementation of the programme.

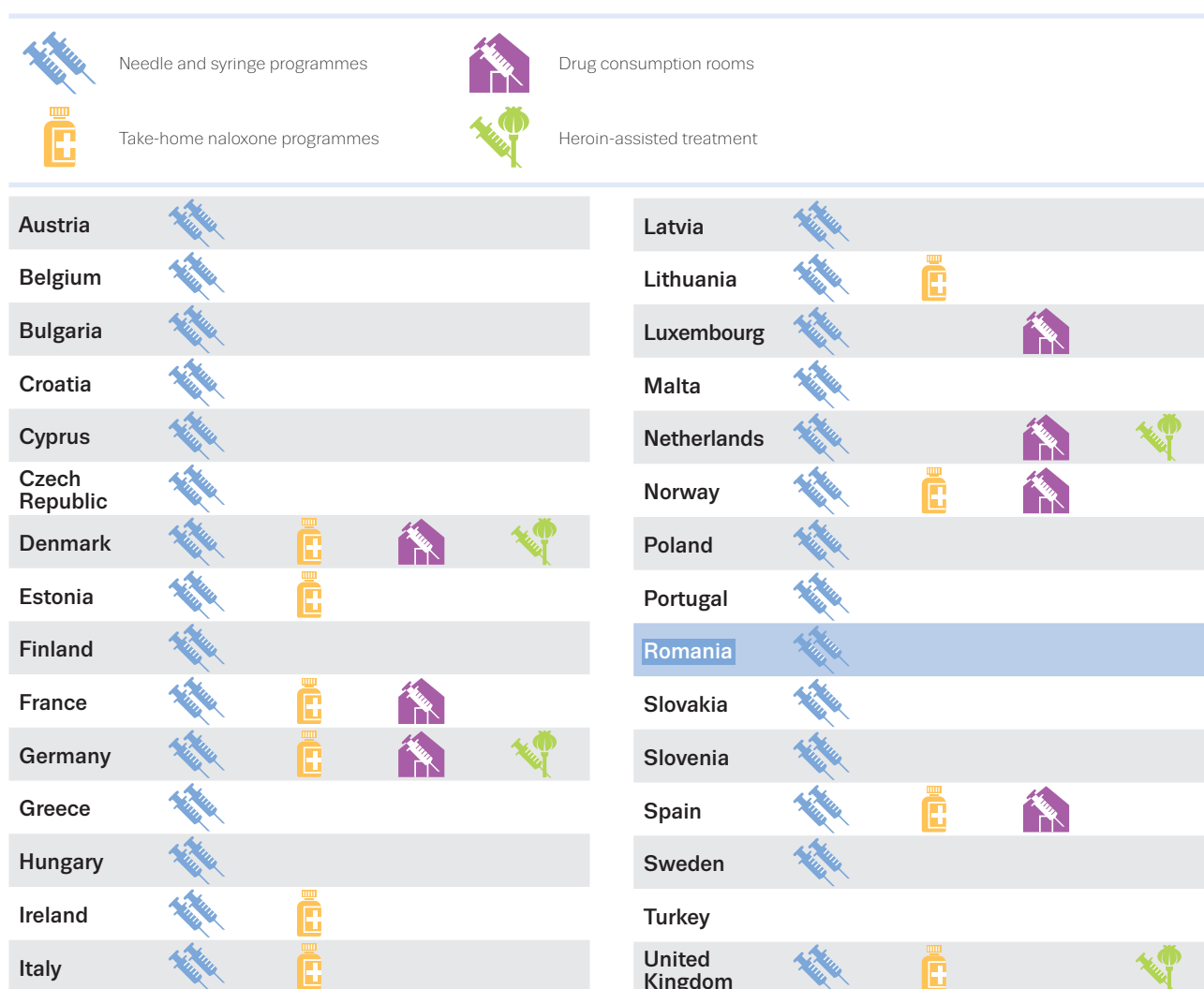
Harm reduction interventions

Two NGOs have implemented outreach programmes for PWID by providing needle and syringe programmes in fixed locations and via street workers and a mobile team. These services cover the capital, Bucharest, and two adjacent counties.

The known demand for such services outside the capital remains low. In 2015, the NGOs distributed approximately 1.5 million syringes, slightly fewer than in 2013 and 2014.

FIGURE 13

Availability of selected harm reduction responses



NB: Year of data 2016.

In addition to clean needles and syringes, the programmes also provide free voluntary counselling and testing, free hepatitis A virus and HBV vaccinations, support and information, risk reduction counselling, condoms and referrals to other services. Recently, initiatives directed at improving overdose prevention through take-home naloxone programmes and the opening of safe consumption facilities have been promoted in Romania; however, these measures are not yet available (Figure 13).

In Romania, access to the treatment of drug-related infectious diseases is considered relatively easy in the case of HIV infection, but remains difficult for those with chronic HCV infection.

In 2015, the NGOs distributed approximately 1.5 million syringes, slightly fewer than in 2013 and 2014

Treatment

The treatment system

Treatment-related objectives in the National Drugs Strategy 2013-20 and the related Action Plan place an emphasis on diversification of treatment access points and treatment programmes in Romania. In general, drug treatment is funded from the public budget, and, as such, is free of charge for clients.

In Romania, outpatient drug treatment is provided through a network of Drug Prevention, Evaluation and Counselling Centres. In some regions of the country they are complemented by Addiction Integrated Care Centres (private or NGO based) and Mental Health Centres under the Ministry of Health (MoH). The inpatient treatment system network consists of detoxification units in MoH hospitals and therapeutic communities run by NGOs.

The outpatient system provides integrated care services, psychosocial treatment and case management, while specialised medical, psychological and social services for psychosocial reintegration of drug users is available

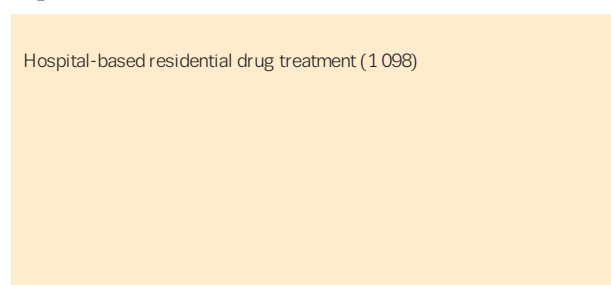
FIGURE 14

Drug treatment in Romania: settings and number treated

Outpatient



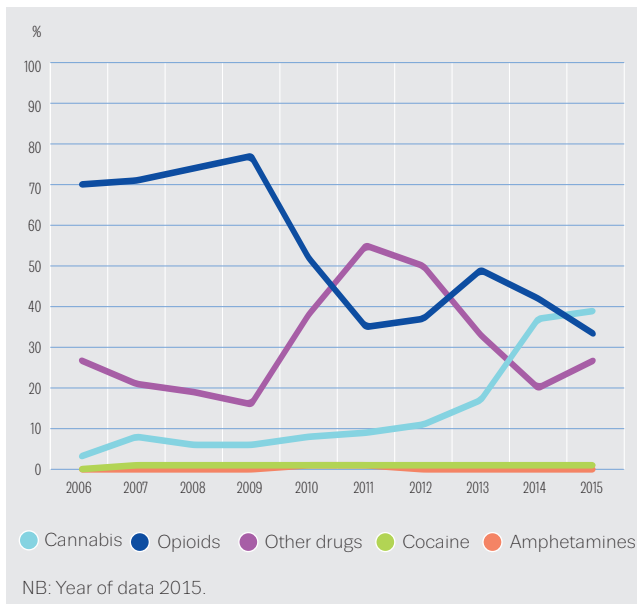
Inpatient



NB: Year of data 2015.

FIGURE 15

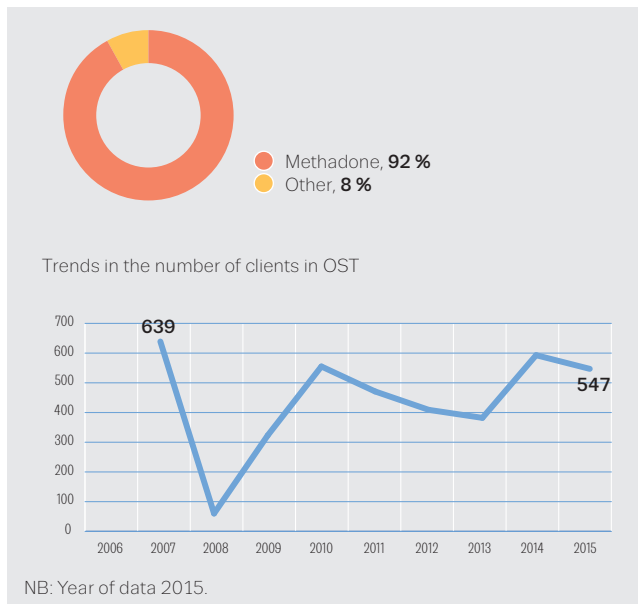
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Romania



through an inpatient network. Aftercare services are not as readily available, with only one day-care centre near Bucharest, and several foundations and NGOs offering assistance in other Romanian cities. Opioid substitution treatment (OST) is provided in nine MoH hospitals and three Drug Prevention, Evaluation and Counselling Centres in Bucharest, as well as in prisons. In addition, three private providers and one NGO provide OST.

FIGURE 16

Opioid substitution treatment in Romania: proportions of clients in OST by medication and trends of the total number of clients



Treatment provision

In 2015, a total of 3 240 people entered specialised drug treatment services, more than in 2014. Most clients were treated in outpatient settings; fewer than one third received treatment in inpatient units (Figure 14). Cannabis was the primary substance used by treatment clients in Romania — especially among those entering treatment for the first time. It is important to note that these entries usually followed a referral by a law enforcement agency as part of the procedure that allows treatment as an alternative to imprisonment for certain categories of offenders. In general, police referrals account for around half of all treatment demands in Romania. Previously treated clients mainly requested treatment for heroin use (Figure 15). In recent years, an increasing proportion of clients who entered treatment for NPS use has been reported; in 2015, 4 out of 10 clients entered inpatient treatment as a result of their use of NPS.

In Romania, methadone maintenance treatment was introduced in 1998, buprenorphine in 2007 and the combination buprenorphine/naloxone in 2008. OST coverage in Romania is estimated to be poor (Figure 16).

Drug use and responses in prison

Drug use in prison remains a priority for policy-makers in Romania and is reflected in the current National Anti-Drug Strategy and the National Programme for Prevention and Medical, Psychological and Social Care for Drug Users. The prison system in Romania is coordinated by the Directorate of Prisons under the Ministry of Justice.

No survey on drug use among prisoners has been conducted since 2006. Available data on drug use refer to assessments at prison entry, which are not conducted systematically, and the available information on drug use is based on self-reporting. In 2015, approximately 1 % of prison entrants declared that they were former drug users, which is six times lower than the figure reported in 2014. In 2015, the number of self-declared drug users was the lowest it had been since 2008, which is partly attributed to the application of the new Criminal Code.

Information on patterns of drug use was reported in a study of infectious diseases in people who had been in prison at some point in their life. According to the study, heroin, methadone (misused) and NPS are the substances most commonly used in prison; many of those who had been in prison at some point in their life had injected drugs while in detention.

The provisions of the National Health Programme for 2015 and 2016 also aimed to limit the spread of infectious diseases associated with drug use in Romanian prisons. Therefore, the National Programme of Surveillance and Control of Communicable Diseases provides a range of activities that fall under the responsibility of the existing medical units in prisons as providers of primary healthcare services. Measures include the distribution of information materials, reporting of communicable disease cases identified in the detention unit, and the provision of vaccination, testing and treatment.

Interventions for reducing drug demand in Romanian prisons have three lines of action: prevention, treatment and social reintegration. Services for drug users include psychosocial support, education and counselling, therapeutic communities and OST. OST can be initiated in prison for prisoners with a history of drug use. Programmes for post-release relapse prevention are available for those receiving OST. The National Strategy for the Social Reintegration of Prisoners 2014-18 includes measures to ensure continuity of care after prisoners' release.

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Quality assurance

In Romania, the National Anti-Drug Strategy 2013-20 and Action Plan (2013-16) endorse scientific evidence as a basis for the development of the integrated prevention and support system. In order to standardise the activities of drug use prevention, Romania has implemented the European Drug Prevention Quality Standards, as part of the final evaluation of the prevention programmes conducted at national level.

The 2008 Common Order of Ministry of Public Health, Ministry of Labor, Family and Equal Opportunities and the Ministry of Interior and Administrative Reform provides a framework of minimum standards for dependence-related services delivered through the national system of medical, psychological and social care. This document defines the criteria and methodology for opening treatment centres and includes compulsory minimum standards for their organisation and operation.

The National Training and Documentation Centre on Drugs implements programmes of continuing education for its staff and other professionals (physicians, psychologists, social workers, teachers, police, etc.), coordinates and monitors the information sessions and training in the field of drugs, and accredits training programmes proposed by other training providers under the Framework Program of Training on Drugs Field. The University of Bucharest has introduced a masters programme in the field of harm reduction entitled 'Prevention of trafficking and illicit drug use'.

The 2008 Common Order provides a framework of minimum standards for dependence-related services delivered through the national system of medical, psychological and social care

Drug-related research

One of the objectives of the current National Anti-Drug Strategy is to promote scientific research as the fundamental basis for defining and developing response measures in the drug field. The 2012-16 National Action Plan set out actions to implement this objective by developing studies for different categories of the population (general population, schoolchildren, young people and vulnerable groups) and by developing regional and local studies. This was mainly done on the basis of the methodologies developed by the NAA, under the guidance of its Scientific Committee.

Following a proposal from the NAA, a National Programme for Prevention and Medical, Psychological and Social Care for Drug Users (2015-18) was approved by the Romanian Government. This document also contains a sub-programme addressing research in the drug field; a specific objective of the National Programme for prevention and medical, psychological and social care for drug users (2015-18) is to promote scientific research as the core element for defining and developing responses to the drug phenomenon, proposing the implementation of studies and research at national, regional and local levels and targeting different population groups including the population of drug users.

In Romania, drug-related research is mainly conducted by public bodies and NGOs. The National Authority of Scientific Research finances research projects in governmental institutions and NGOs through the Excellence Research Programme. Institutional bodies and NGOs may also benefit from external funds, for example from the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Open Society Institute, UNICEF and the United Nations Office on Drugs and Crime (UNODC). Recent drug-related studies have mainly focused on aspects related to prevalence and the consequences of drug use and the findings are disseminated through websites and national scientific journals.

A specific objective of the National Programme for prevention and medical, psychological and social care for drug users (2015-18) is to promote scientific research as the core element for defining and developing responses to the drug phenomenon

Drug markets

As a result of its geographical location, Romania forms part of the Balkan route for heroin smuggling. The available data indicate that heroin originates in Afghanistan and is trafficked mainly through Turkey and other Balkan countries into Romania, and then towards Central and Western Europe. However, in 2015, two large seizures of heroin from Ukraine were reported, indicating possible activity in the northern route passing through Central Asia and Russia.

Cocaine is shipped from South America in large quantities through the ports of the Black Sea, or by road and air from other EU Member States, and is mainly intended for markets outside the country.

Cannabis comes mainly from Spain, the Netherlands and the Czech Republic, and enters Romania by road. The domestic production of cannabis has increased since 2010. In 2015, a total of 76 cannabis plantations were seized, which is more than was reported in the previous years. However, small-scale domestic cultivation of cannabis predominates.

MDMA/ecstasy and amphetamines originate in Western European countries (Belgium and the Netherlands) and are trafficked to Romania. NPS mainly originate in Asian countries, and usually arrive in Romania via postal courier. In 2015, three laboratories that mixed and packaged NPS were discovered in the country.

In 2015, Romanian law enforcement agencies reported a significant increase in the total quantity of illicit substances seized. Cannabis products remain the primary drugs seized in Romania, although total quantities seized have declined. In 2015, Romania reported seizure of increased quantities of heroin, cocaine and khat, while the quantities of synthetic stimulants (MDMA and amphetamines) seized were lower than in 2014 (Figure 17).

Retail price and purity data of the main illicit substances seized are shown in Figure 18.

FIGURE 17

Drug seizures in Romania: trends in number of seizures (left) and quantities seized (right)

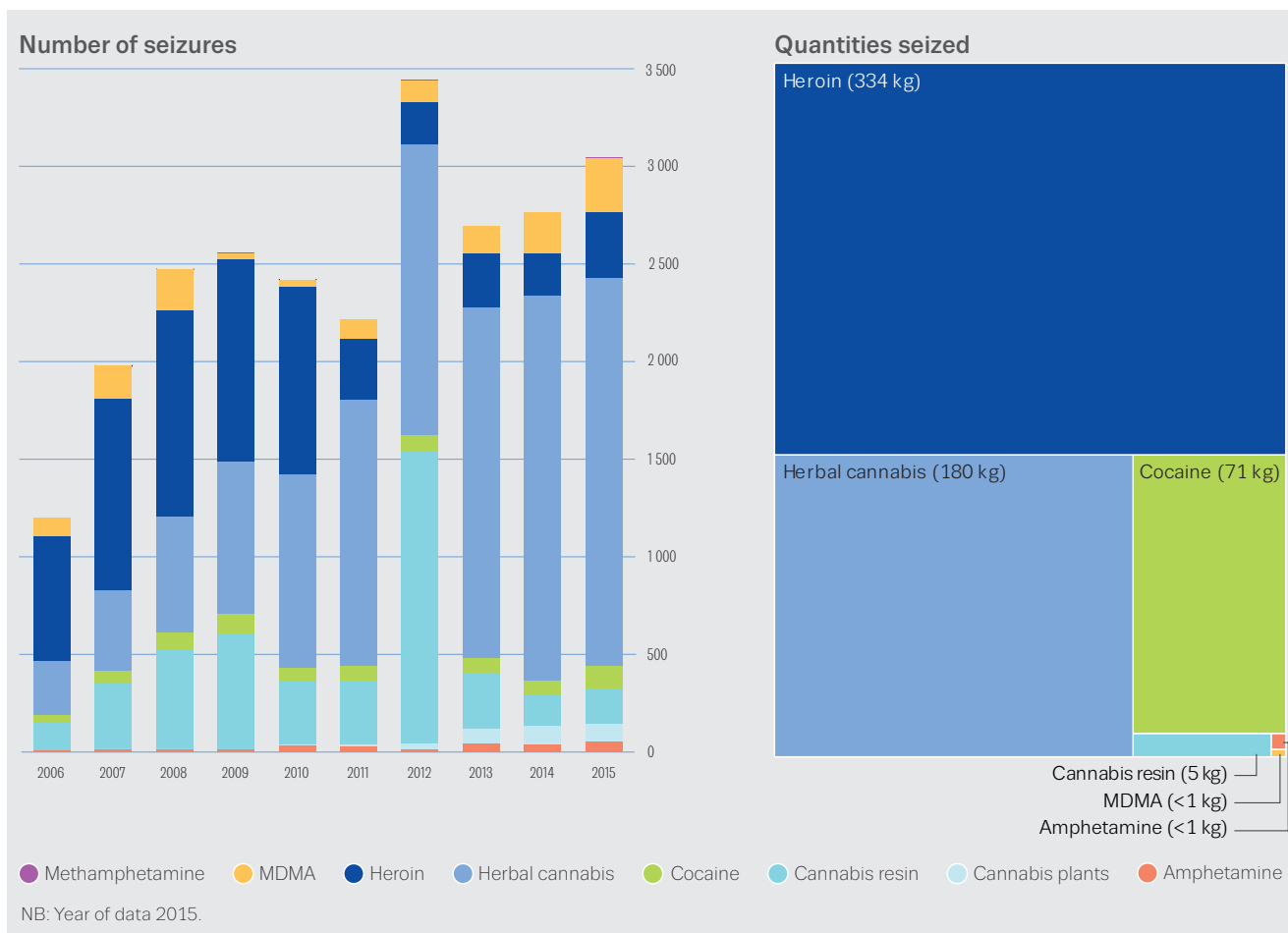


FIGURE 18

Price and potency/purity ranges of illicit drugs reported in Romania



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum. Year of data 2015.

KEY DRUG STATISTICS FOR ROMANIA

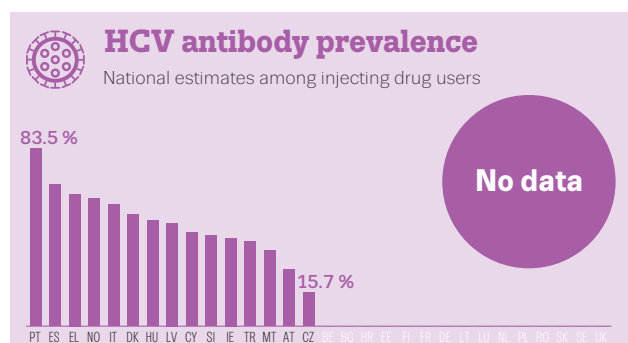
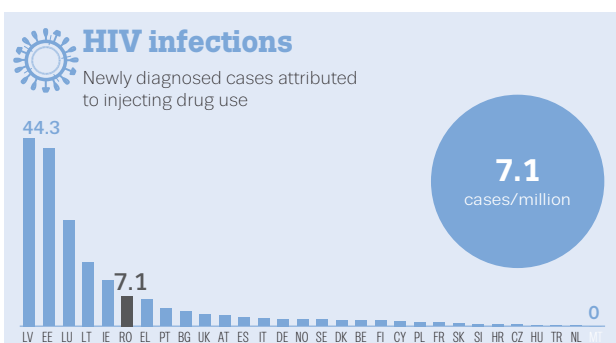
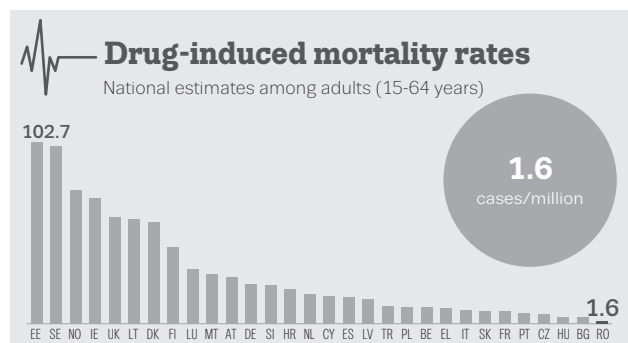
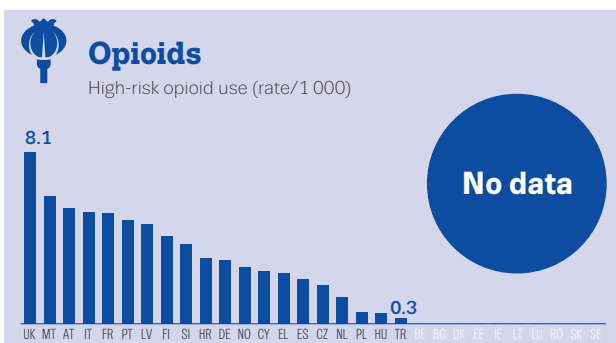
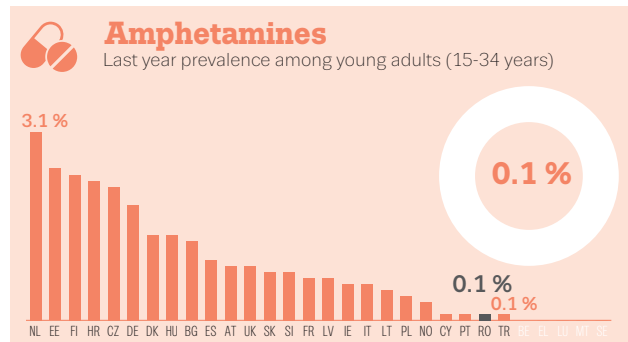
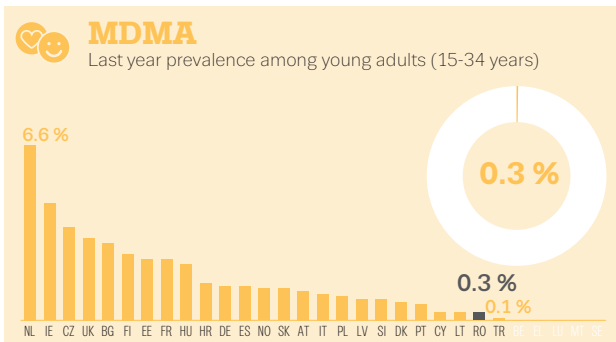
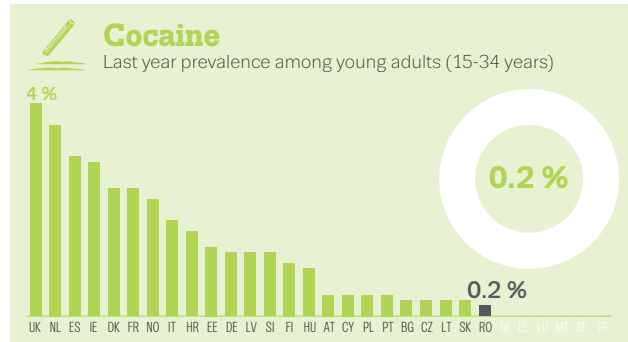
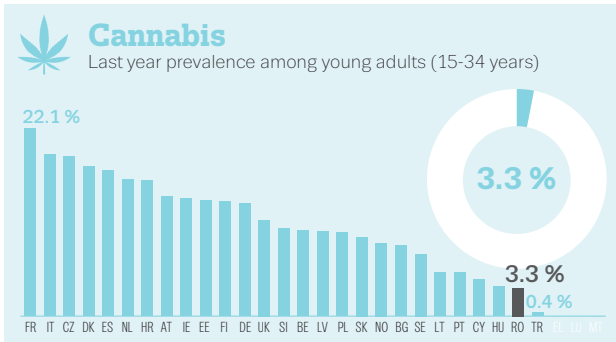
Most recent estimates and data reported

	Year	Country data	EU range	
			Minimum	Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	8.1	6.5	36.8
Last year prevalence of use — young adults (%)	2013	3.3	0.4	22.1
Last year prevalence of drug use — all adults (%)	2013	2	0.3	11.1
All treatment entrants (%)	2015	39	3	71
First-time treatment entrants (%)	2015	55	8	79
Quantity of herbal cannabis seized (kg)	2015	179.8	4	45 816
Number of herbal cannabis seizures	2015	1 987	106	156 984
Quantity of cannabis resin seized (kg)	2015	5.2	1	380 361
Number of cannabis resin seizures	2015	178	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	2015	0.5-24.7	0	46
Potency — resin (% THC) (minimum and maximum values registered)	2015	5-5	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	9-18	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	2015	13.5-18	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.3	0.9	4.9
Last year prevalence of use — young adults (%)	2013	0.2	0.2	4
Last year prevalence of drug use — all adults (%)	2013	0.2	0.1	2.3
All treatment entrants (%)	2015	1	0	37
First-time treatment entrants (%)	2015	1	0	40
Quantity of cocaine seized (kg)	2015	71.3	2	21 621
Number of cocaine seizures	2015	119	16	38 273
Purity (%) (minimum and maximum values registered)	2015	< 1-87	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	80-120	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.1	0.8	6.5
Last year prevalence of use — young adults (%)	2013	0.1	0.1	3.1
Last year prevalence of drug use — all adults (%)	2013	0.1	0	1.6
All treatment entrants (%)	2015	0	0	70
First-time treatment entrants (%)	2015	0	0	75
Quantity of amphetamine seized (kg)	2015	0	0	3 796
Number of amphetamine seizures	2015	54	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	5.9-59.2	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	No data	No data	1	139.8

	Year	Country data	EU range	
			Minimum	Maximum
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.1	0.5	5.2
Last year prevalence of use — young adults (%)	2013	0.3	0.1	6.6
Last year prevalence of drug use — all adults (%)	2013	0.2	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	1	0	2
Quantity of MDMA seized (tablets)	2015	13 852	54	5 673 901
Number of MDMA seizures	2015	280	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	2015	21.6-57.8	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	9-18	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	No data	No data	0.3	8.1
All treatment entrants (%)	2015	33	4	93
First-time treatment entrants (%)	2015	17	2	87
Quantity of heroin seized (kg)	2015	334	0	8 294
Number of heroin seizures	2015	335	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	10.4-48	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	45-49.5	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	7.1	0	44
HIV prevalence among PWID* (%)	2015	12.6	0	30.9
HCV prevalence among PWID* (%)	No data	No data	15.7	83.5
Injecting drug use (cases rate/1 000 population)	No data	No data	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	1.6	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	2015	1 425 592	164	12 314 781
Clients in substitution treatment	2015	547	252	168 840
Treatment demand				
All clients	2015	3 240	282	124 234
First-time clients	2015	2 076	24	40 390
Drug law offences				
Number of reports of offences	2015	10 053	472	411 157
Offences for use/possession	No data	No data	359	390 843

* PWID — People who inject drugs.

EU Dashboard



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.



About our partner in Romania

The Romanian national focal point is a unit within the National Anti-Drug Agency under the remit of the Ministry of Internal Affairs. The director of the Agency acts as the national coordinator on drugs in Romania. The director is responsible for coordinating the drafting of the national drugs strategy and related action plans and acts for their application. The director also has the responsibility of ensuring compliance with the international conventions and agreements to which Romania is party and proposes to the Government, through the Ministry of Internal Affairs, measures regarding the fulfilment of the obligations arising from these international documents.

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