European Monitoring Centre for Drugs and Drug Addiction

General Inspectorate of Romanian Police

NATIONAL ANTI-DRUG AGENCY

# NATIONAL REPORT ON DRUGS SITUATION

# 2009

# ROMANIA

## New Developments, Trends and In-depth Information on Selected Issues

REITOX

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## SUMMARY

The National Report on the Drug Situation 2009 includes the analysis of the data referring to drug treatment demand and drug supply in Romania in 2008, national policy and laws in the field, as well as the trends and developments recorded in the previous years.

The drug strategies and programmes, institutional arrangements and earmarked funding are commented in the *first* chapter.

The following eight chapters consist of data and information related to the drug use and the responses given in the field. Thus, chapter *two* gives an overview of the drug situation among the young population and risk groups, according to the data resulted from seven studies conducted in 2008: young people in recreational setting activities in Bucharest, school population in lower education units (high schools and SAM – Arts and crafts schools) in Buzău, Brăila, Dolj, Vâlcea and Vrancea, and commercial sex workers in Bucharest area. Information is available on the prevalence of the use of psychoactive substances, lifetime, in the last 12 months and last 30 days, social-demographic characteristics or the subjects, poly-drug use, perception of the substances considered fashionable in Bucharest-based recreational context and specificities of ecstasy use. In addition, data are provided on the knowledge and practices related to the use of drugs among commercial sex workers in Bucharest area (e.g. information on the lifetime prevalence of drug use, type of injected drug, risk conduct and sexual behaviours of people in commercial sex in Bucharest area).

Chapter *three* is dedicated to prevention programmes and is organised in three fields: universal, selective and indicated prevention. The main tendencies of prevention in 2008 consisted in the adjustment of the national, regional and local programmes/projects/campaigns to the features of drug use, and the streamlining of the evaluation and monitoring programme system, which resulted in the increase of the programmes that include process evaluation indicators and implementation results.

Chapter *four* gives an overview of the problem drug use epidemiologic indicator and includes data on the estimate (in absolute figures and rate) of the number of problem drug users in Bucharest, by use of the multiplier method.

Chapter *five* focuses on another key epidemiologic indicator: drug treatment admissions and includes descriptive information on the drug users care systems and programmes, survey on assessing the quality and accessibility of the services provided in the national network of the Drug Prevention, Evaluation and Counselling Centres and the progress of the indicators (analysis made on two types of services that provide drug treatment: medical units of the Ministry of Health and Drug Prevention, Evaluation and Counselling Centres within the National Anti-drug Agency) and in chapter *six* other two indicators are presented: drug related infectious diseases and drug related deaths and other data on the health correlates and consequences of drugs: non-fatal drug emergencies and drug related psychiatric pathology.

Chapter *seven* describes the steps taken in response to the consequences of drug use on health.

Chapter *eight* tackles social exclusion aspects among drug users as resulted from the survey *Marginalising and social exclusion phenomena among young people* and the presentation of the two under-programme that focus on the social reinsertion of drug users by developing integrated services for former drug users in order to improve chances of social and professional integration, as well as preventing relapses among former drug users by developing a protected home system and developing local crisis services that might provide medical, psychological and social basic care for the drug users that do not seek the services of the assistance system.

Chapter *nine* includes a presentation of the drug law crime indicators, distributed by number of offences and investigated/convicted people and analysed along the three stages or the criminal process i.e. identification of the offences and of the authors by the police, criminal pursuit phase by the prosecutor's offices and trail conducted by the courts of law. Additionally, information on drug use in prison settings is provided as well as an overview on interventions in the criminal justice system.

Drug supply data are the central point of chapter *ten*: drug availability, trafficking routes and drug seizures, drug prices.

The final part of the report includes an analysis and statistical data on two selected issues: chapter 11 – Cannabis market and production and chapter 12 – Treatment and care for older drug users[1].

[1] People of and over 40 years old.

## TRENDS AND CHANGES/DATA ANALYSIS AND INTERPRETATION

Apart from data and information, the studies and research conducted in 2008 (drug use prevalence in recreational settings in Bucharest, psychoactive use among lower education school population in the counties of Buzău, Dolj, Vâlcea and Vrancea and municipality of Brăila, and drug use among commercial sex workers in Bucharest area; assessing the quality and accessibility of the services provided in the national network of the Drug Prevention, Evaluation and Counselling Centres and social exclusion among drug users) enabled the analyses and comparisons of the tendencies of drug use at local level. Although there are still fields that have not been statistically covered, the data available in 2008 and the experience gained in the implementation of the indicators allowed for extensive analyses and correlations, by comparison to the preceding years.

If for some indicators (drug seizures or people investigated for drug law offences) there are series of data that cover the interval 2000-2001, which without difficulty enable the outline of trends, for other indicators the available data are only partial – either for only one region, usually Bucharest (drug related infectious diseases, drug related deaths) or for only some data sources (drug treatment admissions).

The main tendencies for the main key indicators have been as follows:

- Although an increase has been noticed in the illicit drug use treatment demands in the past two years (in 2008 it reached approximately the level of 2002), the new cases/relapse ratio continues to be sub-unitary, a situation which sustains other evaluations of drug use performed by ANA. Heroin continues to be the main drug for which treatment was demanded, in both the centres of the Ministry of Health (66%) and the DPECC (73.6%). Hypnotics and pain killers are second in terms of treatment demands (centres of the Ministry of Health) and cannabis in case of the DPECC. The percentage of patients for which cocaine is the main drug of abuse continues to be very low (almost 1%);
- An analysis of the trend of treatment demands, in the MH units throughout 2002-2008, as a result of heroin, hypnotics and pain killers and cannabis use (new vs. repeat cases), shows that if the percentage of cannabis treatment demands are higher among first demands, in the case of demands for heroin treatment the rate of first demands in the interval 2002-2006, while in 2007 the percentage increases for repeat heroin treatment demands; the situation changes in the cases of hypnotics and pain killers treatment demand: the percentage of repeat demands is higher throughout 2002-2006 while in 2007 the percentage is higher for new admissions. These data may lead to two hypothesis: either has the treatment availability increased for users of other drugs (than heroin), or we witness a change in the drug use pattern: decrease of the rate of heroin users and increase of the rate of the users of hypnotics and pain killers, cannabis, methadone and other opiates (than heroin), cocaine, hallucinogens etc.
- additionally, the analysis of the treatment demands for the same period, by gender and type of admission shows that by comparison to 2001, there is a decrease of the male/female ratio among the total number of people in treatment and for those that demand treatment for the first time, a situation which might suggest more female illicit drug users sought services. Male drug users generally use heroin, while females use hypnotics, pain killers and other substances (such as: alcaloids, antalgics, antidepressants, Calmogen, Carbamazepine, Depakine, Meprobamat, Rapinirol, Sepoquel, Taver); male users also account for a higher cannabis use;
- most users start using drugs between 15 and 19 years, and the rate of these users has been increasing from 25%- 2004 to 34% - 2008. The following risk group ranges between 20 to 24 yrs, which is the range of onset for almost one in four users. The rate of people that started using psychoactive substances in the age interval 25-34 is relatively stable (between 12 and 15%). The percentage of drug use onset at ages under 15 has reduced to less than half in comparison to the year 2004 (from 12% to 5%), similarly to the rate of those that started using drugs after the age of 35 (from 20% to 9%);
- regarding the administration route the following can be noticed: injection is the main route (in 2008: almost 3 in 5 users), and there is an upward trend among injecting drug users: from 50.9% - 2004 to 72.1% in 2008. Additionally, irrespective of the used drug, the injecting use model has increased from 51.1% in 2004 to 70.7% in 2008 among people with a drug use history. Although, this increase refers both to female and male users, the percentage of people with a drug use history, irrespective of the drug, the injecting use model differs as ratio,

because most of the male drug users use heroin, as opposed to only a third of the female users that use heroin.

- Most users in demand for treatment are unemployed/have no occupation, are economically inactive or work without a legal contract, live with their origin or their own family and demanded care on their own will or at the initiative of the family/friends;
- Heroin use cases continue to cluster in Bucharest, with heroin continuing to be used mainly intravenously. Possible explanations would be: specialised care services clustered in the capital city, short supply of therapeutic services, and, heroin availability on the market (Romania's location on the Balkan Route);
- In a manner similar to preceding years, the standard profile of the heroin user shows an onset age between 15 and 19, previous drug treatment demands and poly-drug use model;
- The multiplier method-based evaluation of the problem drug use in Bucharest showed a slight decrease of heroin use/injecting use in this area in 2007 (as compared to capture-recapture method-based assessments in 2003 and 2004), while no major changes were noticed in 2008 by comparison to 2007;
- Increase of the drug related deaths (33 in 2008 and 32 in 2007, as compared to 21 in 2006 and 6 in 2005) as a result of the use of unitary definition algorithm and detection of death cases, algorithm-based medical-legal management and significant improvement of the detection capacity of the *Mina Minovici* LMNI as well as of the data collection process;
- The prevalence of the infectious diseases among injecting drug users (IDU) did not show significant transformations in 2008, and a stabilisation of the drug related infectious diseases prevalence: lower values for HIV (1.09%) on a slight increase, but continuously under-reported for HBV (11.68%) and as a result relatively acceptable as numeric value but still worrying for HCV (72.59%), which account for more than the European average. HCV prevalence remains as high as in the previous years and the authors conclude that considering the IDU`s tendency towards risk behaviour (needle and syringe exchange, unprotected sexual contacts), an HCV epidemic can emerge among IDUs in Bucharest. The fact that the "critical" level of HIV positive people among the IDU community was not reached can underpin for the low HIV prevalence data, but other reasons can be found (such as IDUs clustering in 3-5 people-groups that share injection paraphernalia);
- In relation to the previous years, the values recorded for the drug supply indicators reached the highest values in terms of offences (3727) and people investigated for offences under the Law no. 143/2000 (2936), offenders caught in the act (2158), pursued offenders (891) and criminal files which resulted in dropping the charges (1261) and the smallest values for the offences under the EGO no.121/2006 (12). In addition, the number of people convicted to imprisonment with suspended sentence is for the first time higher than the offenders for which the sentence was executed under surveillance.
- in the reference year there were increasing levels for offences under the Law no. 143/2000 (35.57%), the detected crime groups (10.75%) and dismantled criminal groups (24.13%), cases conducted by the prosecutor's offices (14.82%), cases solved by suing at law (from 11.62% to 15.34%) as well as the number of criminal cases for which it was decoded to abandon criminal pursuit under art. $18^1$ (from 35.74% to 48.97%). Increases were noticed for offenders prosecuted for illicit drug trafficking and use (21.67%), caught in the act (27.31%), sent to trial for drug law offences (18.95%), convicted and placed under probation (90.18%) or paroled imprisonment sentences (42.27%); decreases were noticed for the criminal cases referring to drug and precursor law offences that have been solved by the prosecutor's offices (13% less) and of the number of prosecuted offenders (3.74%), convicted offenders (12.86%), and that of the prison sentenced offenders to be released on parole (7.69%). It's worth mentioning that compared to the previous year there is an 18.87% decrease of the number of users convicted by the courts of law, and that 2008 was the first year in which methadone substitution programme became available in the prison system.
- Clandestine laboratories for drug manufacture nor narcotic plants cultivations were detected in the reference year, while the total amount of seized drugs dropped by a noticeable 72.46% (from 2,304.041 kg to 634.41 kg). Although the largest heroin seizure from 2001 to 2008 was recorded in the reference year (385.23 kg of heroin) and there were increasing rates for the seized amounts of cannabis resin (from 5.365 kg to 33.42 kg) and amphetamine type stimulants (from 31696 to 52,455 tablets), cocaine seized amounts dropped (from 46.695 kg to 3.915 kg),opium (from 7.041kg to 2,221 kg) and cannabis (from 2,114.720 to 208.66 kg);

- Drug price remained constant at street level for hashish (cannabis resin), cocaine and LSD (blotter), increased for (marijuana) and heroin, and dropped for ecstasy (MDMA). Cocaine continues to be the most expensive drug on the illicit market (almost 100 euro/gram).
- the data provided by the Drug Analysis Central Laboratory within GIRP shows the average purity ranges for heroin from 5 to 63% (21% average purity), for ecstasy is at 40%/pill, for cocaine at 62% and hashish at 8.3% in THC concentration (with limits ranging from 4% and 16%).

# PART A. New Developments and Trends

## Chapter 1 – National context and policies

The measures to implement prevention programmes targeting drug use and drug onset and mainly those assuring integrated treatment services for drug use, including incarcerated drug users continued in 2008[2].

### 1.1 LEGAL FRAMEWORK

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

From the legal point of view, in the analysed time interval, a range of legal documents were adopted regarding the implementation of national public drug policy. Thus, in the field of drug demand reduction the following documents were issued:

- Order no. 356/2008[3] approving the Operation regulation of the Customs Central Laboratory. According to the legal regulations into force, the Customs Central Laboratory *conducts analyses of the evidence suspected to contain drugs, as defined under the Law no. 143/2000 on preventing and countering the illicit drug use and trafficking, as amended and supplemented, withdrawn under the law by the customs authority or other authorities from the goods subject to custom check (art.1, letter c).* The mentioned order regulates all activities related to data management, the analyses conducted in the Customs Laboratory and the analysis certificates.
- Governmental Decision no. 282/2008[4], by which an article completed Schedule I, subtitle *Narcotics* of the Law no. 339/2005 on the regime of plants, narcotic and psychotropic substances and preparations, by including *ORIPAVINA* in schedule field 17.
- Governmental Decision no. 358/ 2008[5], which stipulates measures to develop and strengthen the monitoring tasks carried out by the National Anti-drug Agency (NAA) over the drug precursor operations across the Romanian territory. This regulation includes references to the issuing, suspension and re-issuing procedure of the AUTHORISATION provided for under art. 5 of the GEO no. 121/2006 on the legal regime of drug precursors, amended by the Law no.186/2007, by the NAA within the deadline and under the conditions provided for under art. 7 indent 1) and (2) of the Commission Regulation (CE) no.1.277/2005 enforcing the *Regulation (EC) of the European Parliament and of the Council of 11 February 2004 on drug precursor and the Council Regulation no. 111/2005 laying down rules for the monitoring of trade between the community and third Countries in drug precursors [...]*(art.1, indent 1).
- Law no. 222/2008[6] by which new measures were issued on the judicial cooperation in criminal matters, mainly on the enforcement of the European arrest warrant, extension of the detention

[2] The data used in this chapter were collected by documented analysis of several sources (reports and studies of the public authorities, press clips, etc), questionnaire-based survey applied among institutions involved in the implementation of the National Anti-drug Strategy (NAS) 2005-2012, as well as the analysis of the expert opinion data resulted from a working group made up of experts nominated by the public authorities which participate in the implementation of the Action Plan 2005-2008 for the implementation of the NAS.

[3] Order no. 356 of February 11, 2008 amending the Order of the Vice-president of the National Fiscal Administration Agency (ANAF) no. 9.250/2006 approving the Regulation regarding the operation of the Customs Central Laboratory and conducting analyses (issued by the National Fiscal Administration Agency – National Customs Authority, published in the Official Gazette no. 130/February 19, 2008).

[4] Governmental Decision no. 282 of March 12, 2008 for completing Schedule I of the annex to the Law no. 339/2005 on the legal status of narcotic and psychotropic plants, substances and preparations (issued by the Government, published in the Official Gazette no. 206 of March 18, 2008)

[5] Governmental Decision no. 358 of March 26, 2008 approving the Enforcement regulation of the Governmental Emergency Ordinance no. 121/2006 on the legal regime of drug precursors, and amending the Governmental Decision no. 1489/2002 setting up of the National Anti-drug Agency (issued by the Government, published in the Official Gazette no. 269 of April 4, 2008);

[6] Law no. 222 of October 28, 2008 supplementing and amending the Law no. 302/2004 on the judicial international cooperation in criminal matters (issued by the Parliament, published in the Official Gazette no. 758 of November 10, 2008);

period and provisional arrest with a view to extradition and on the completion of the procedure framework for extradition, which also apply for drug law offences.

NAA and other institutions, responsible for the implementation of the National Anti-drug Strategy (NAS) 2005-2012, initiated/formulated legal proposals in the field of drug demand reduction, which focused on the development of the prevention and integrated care system for drug users. Thus, policy makers approved:

- National interest programme for the prevention of tobacco, alcohol and drug use – 2009-2012, by the Governmental Decision no. 1.101/2008[7]
- National programme for medical, psychological and social care for drug users – 2009-2012, by the Governmental Decision no. 1102 of September 18, 2008[8].

Both programmes imply tangible intervention measures for completing the national system of preventive and care services for drug users, which follow an integrated approach permanently adjusted to the needs of the clients and local communities (outreach services, family and community participation in therapy, as well as supporting the operation of the specialised services developed by the non-governmental structures from public budgets).
The Governmental Decision no. 357/2008[9] approved the national health programmes ran by the Ministry of Health in 2008. One of the objectives of the 2.2 subprogramme – Subprogramme for HIV infection surveillance and control – stipulates: the insurance of access to HIV counselling and testing for risk populations (commercial sex workers, injecting drug users, homeless, homosexuals), and an subprogramme was included in the Mental Health National Programme focusing on drug-addictions treatment and prevention with the aim to „prevent drug use and ensure specific treatment for drug-addicted people". These programmes strengthen the last year's efforts to organise and „ensure continuity and increase accessibility and quality of mental health care".
A regulatory document with an impact on the national system for the enforcement of national drug policy, mainly on its strategic management and inter-agency cooperation component, was adopted in the first half-year of 2009 – *Emergency ordinance no. 20 of March 11, 2009*[10], which stipulates in its art. II, indent 1 and 3 the reorganization of the National Anti-drug Agency within the Inspectorate General of Romanian Police and the transfer of the operational tasks of the Agency to the GIRP.

### 1.1.2 LAWS IMPLEMENTATION

One of the legal drawbacks of 2008 was the impossibility to enforce art. 19^1 and 19^2 of the Law no. 522/ 2004[11] which stipulate the replacement of the imprisonment sentence for drug users with the consented inclusion in a specific integrated medical-psychological-social care programme. Although the Criminal Code[12] was adopted in July 2009, once the Government took responsibility, the mentioned provisions cannot be enforced until the new Criminal Procedure Code is adopted within 12 months time, because art. 19^1(4) stipulates that „In all cases, criminal pursuit shall be continued according to the guidelines of the Criminal procedure code", and article 19^2 (4) mentions that „The defendant or accused who refuses to be included in an integrated care programme for drug users, shall be subject to the Criminal code and Criminal Procedure Code regulations".
In order to enforce the provisions of the GD no. 860/2005 a Joint Order was issued by the ministers of interior and administrative reform, public health and labour and equal opportunities to approve the

[7] Governmental Decision no 1.101 of September 18, 2008 approving the National interest programme for the prevention of tobacco, alcohol and drug use - 2009-2012 (issued by the Government, published in the Official Gazette no. 672 of September 30, 2008);
[8] Governmental Decision no 1.102 of September 18, 2008 approving the National programme for medical, psychological and social care for drug users - 2009-2012 (issued by the Government, published in the Official Gazette no. 675 of October 1, 2008);
[9] Governmental Decision no 357 of March 26, 2008 approving the national health programmes in 2008 (issued by the Government, published in the Official Gazette no.249 of March 31, 2008)
[10] Governmental Emergency Ordinance no. 20 of 11/03/2009 amending the art. 13 indent (2) and (3) of the Governmental Emergency Ordinance no. 30/2007 on the organisation and operation of the Ministry of Administration and Interior (issued by the Government, published in the Official Gazette no.156 of March 12, 2009)
[11] Law no. 522/24.11.2004 amending and supplementing the Law no. 143/2000 on countering the illicit drug use and trafficking, issued by the Parliament, GO no. 1155/07.12.2004
[12] Law no. 286 of July 17, 2009 on the Criminal Code (published in the GO no. 510 of July 24, 2009)

methodology and minimum criteria for the authorisation of the centres that provide care services for drug users, by which NAA is charged with setting up a nationally competent authorising commission.

Additionally, in order to make operational the provisions of the Governmental Decision no. 357/2008 approving the national health programmes in 2008, the Technical regulations for the national health programmes in 2008[13] were approved and later amended by four minister orders[14] within the same year. They amend the national framework for the enforcement of the measures provided for in the mentioned GD and outline the operational implementation mechanisms and resources earmarked for these measures.

## 1.2 NATIONAL ACTION PLAN, STRATEGY, EVALUATION AND COORDINATION

2008 was an important year in terms of analysing and formulating new public drug policy documents, which means that at the end of this year the following should be finalised: Evaluation report for 2008 of the progress towards the implementation of the Action Plan 2005-2008 and the General evaluation report of the mentioned Action Plan (2005-2008) for the entire time interval. The legal and structural changes made in the first half-year of 2009 that affected the NAA lead to significant delays in evaluation, so that the two documents will be made public at the end of 2009.

Additionally, consultation with governmental institutional partners and civil society was hindered, which affected the formulation of the new Action Plan for the implementation of the NAS that was supposed to guide the efforts in the national system for the fight against drugs in the time interval 2009-2012. There will be delays in the finalisation of this essential document, which might be approved at the end of 2009.

### 1.2.1 NATIONAL ACTION PLAN AND/OR STRATEGY

The general or specific objectives in the field of demand and supply reduction were included in the previously adopted key documents:

- National Anti-drug Agency (NAS) 2005 - 2012[15] and Action Plan for the implementation of the NAS in the time interval 2005-2008[16];
- Strategic plan of the Ministry of Interior and Administrative 2007-2009[17], action course II – Order and public safety, objective no. 7 – increasing the efficiency of the fight against drugs.

### 1.2.2. IMPLEMENTATION AND EVALUATION OF NATIONAL ACTION PLAN AND/OR STRATEGY

The evaluation of the Action Plan for the implementation of the NAS for 2008 shows the activities foreseen under the general objective of *reducing the drug demand* were accomplished namely *keeping the prevalence of illicit drugs at a low level by comparison to the present level* and *reducing the prevalence of alcohol and tobacco use in the general population by strengthening preventive measures and developing a public and private system of medical, psychotically and social care*.

In the field of drug users` assistance, grounds were laid for the increase of the access of drug users to assistance services and ensuring the operation of the therapeutic chain, with the development of the assistance network of the NAA starting with 2007:

[13] Order no. 574/269 of March 31, 2008 approving the Technical regulations of the national health programmes in 2008

[14] Order of the minister of public health and of the president of the Health Insurance National House no. 1218/427/2008; Order of the minister of public health and of the president of the Health Insurance National House no 1386/522/2008; Order of the minister of public health and of the president of the Health Insurance National House no. 1612/670/2008; Order of the minister of public health and of the president of the Health Insurance National House no. 2095/890/2008

[15] GD no. 73 of January 27, 2005 approving the National Anti-drug Strategy for 2005 - 2012 (published in the Official Gazette no. 112 of February 3, 2005)

[16] GD no. 323 of April 14, 2005 approving the Action Plan for the implementation of the NAS 2005-2008 (published in the Official Gazette no. 376 of May 4, 2005)

[17] Order of the minister of Interior and Administrative Reform no. 297 din 21.09.2007

- The effectiveness of the case management system triggered about continuous therapeutic interventions;
- Diversification of the types of interventions from the medical, and also the psychological and social point of view, lead to an increased quality of services and a decrease of beneficiary dropout rate.

There is need for the development of the social reinsertion services and for specific professional training for this type of beneficiaries. An important element, that enabled the development of the integrated care services in 2008, was the collaboration with non-governmental organisation in the field of addictions, which partially balanced the lack of staff involved in care activities and allowed for the transfer of good practices in treatment.

Another positive element of the steps taken this year was the increase of the availability and interest of the practitioners that provide care to the incarcerated beneficiaries (arrest, penitentiary). In spite of that, there is noticeable need for streamlining collaboration between state institutions in view of the implementation of the drug demand reduction policy.

We should also mention the technical and financial support of the United Nations Office for Drugs and Crime in Romania, which enabled progress in the provision of care services for drug users.

### 1.2.3. COORDINATION ARRANGEMENTS

As mentioned before, 2008 equalled further efforts to strengthen the legal and institutional framework for the cooperation and coordination in order to ensure the necessary resources for a coherent system of drug policy in Romania, paralleled by the transfer of know-how from the more experienced European countries. But, starting with March 2009, following the adoption of the GEO no. 20/2009, NAA was re-organised from *a governmental legal entity*, acting as strategic coordinator of drug policy in Romania[18], into a *non-legal entity at service level within the Romanian Police*, while its rights and legal obligations have been shifted to the GIRP, with 4 offices at central level and territorial structures (47 DPECC organised in 17 regional offices), whose work has been significantly affected by the migration of staff, trained and specialised over the past 5 years.

As for the other public institutions and bodies involved in the implementation of NAS 2005-2012, the following should be mentioned:

- At the level of the National Penitentiary Administration, anti-drug responsibilities are shared by the Social Reinsertion Directorate and the Medical Directorate;
- Public Ministry – Prosecutor's office with the High Court of Cassation and Justice – Directorate for the Investigation of Organised Crime and Terrorism related Offences is the main unit, which together with the Romanian Police, participates in the implementation of drug supply reduction measures and according to the effective Romanian legislation, each of its prosecutors can manage cases of offences connected to the illicit drug use and trafficking. Within several international projects, there have been partially successful attempts to train prosecutors into having exclusivity over drug cases, as a stage towards the setup of a specialised drug court.
- The Inspectorate General of Border Police (IGBP) transferred its tasks in countering trafficking in forbidden substances to the GIRP, starting with May 2009.
- In the Ministry of Education, Research and Innovation, the Directorate General for Early Education, Schools, and Programme is responsible for drug demand reduction activities through its nominated single worker in charge with the coordination of national information and health programmes carried out in partnership with civil society structures.
- In the first half-year of 2009, the specialised structure of the Romanian Police, Anti-drug Directorate within the Directorate General for Countering Organised Crime was re-organised as services with two offices: one for countering domestic drug trafficking and another for countering cross-border trafficking. Additionally, the Service for Countering Forbidden Substances Trafficking within IGBP was dissolved, and the staff was dislocated and transferred within the Directorate for Countering Organised Crime - Anti-drug Service.

[18] Lead by a president ranked secretary of state with a mandate to issue decisions applicable to all stake holders in the field, organised at the level of General Directorate within the Ministry of Administration and Interior and made up of 5 directorates, and 47 DPECC organised in 17 regional services.

Although lacking a specialised department for anti-drug activities, the Ministry of Youth and Sports carried out or financed several demand reduction projects in 2008, which for the most part aimed at providing information on the risks of drug use.

## 1.3 ECONOMIC ANALYSIS – PUBLIC BUDGET AND EXPENDITURES

The proposed methodology could not be applied in formulating this chapter especially as regards public expenditures, because the structure of the state budget does not observe the COFOG European standard to which reference is made. In addition, the budgets of the institutions involved in anti-drug activities do not include specific costs for these activities for which reason they cannot be separately identified. The only „visible" expenditures in the annual budgets and balances of the public authorities are those earmarked to anti-drug programmes initiated or implemented by these authorities on their own or in partnership with civil society bodies. The collected data included in this chapter focus on the level of non-standardised public expenditures.

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

At national level, the financial resources earmarked to drug policy are generated by budgetary and extra-budgetary sources:

- The budget earmarked by the NAA has increased as compared to previous years while nationally and internationally financed programmes have had a greater share (mainly PHARE supported projects and financial and technical assistances granted by UNODC).

**Table no. 1-1: Budget allocated by the National Anti-drug Agency 2004 – 2008**

| | 2004[19] | | 2005[20] | | 2006[21] | | 2007[22] | | 2008[23] | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **LEI** | **EURO** | **LEI** | **EURO** | **LEI** | **EURO** | **LEI** | **EURO** | **LEI** | **EURO** |
| Staff related expenditures | 1,207,339 | 298,108 | 2,873,610 | 793,814 | 10,408,000 | 2,956,818 | 13,210,000 | 3,966,967 | 14,998,000 | 4,075,543 |
| Goods and services related expenditures | 510,055 | 15,939 | 1,866,230 | 515,533 | 1,956,000 | 555,682 | 1,223,000 | 367,267.3 | 1,393,000 | 378,532.6 |
| PHARE co-financing and contributions to international bodies | 105,000 | 25,926 | 1,484,960 | 410,210 | 366,000 | 103,977 | 742,000 | 222,822.8 | 656,000 | 178,260 |
| National programmes | | | | | | | 2,453,000 | 736,636.6 | 1,475,000 | 400,815 |
| **Total** | **1,822,394** | **449,973** | **6,224,800** | **1,719,557** | **12,730,000** | **3,616,477** | **17,628,000** | **5,293,694** | **18,522,000** | **5,033,150** |

*Source: NAA – Finances-Accountancy Department,*
*IGPR – Budget-Accountancy Directorate*

Budget planning and the high level of use of envisaged funding allowed for the success of most of the actions undertaken by the agency to reach the objectives foreseen in the key documents of the drug policy for 2008.

[19] Annual average exchange rate: 1Euro = 4.05 lei
[20] Annual average exchange rate: 1Euro = 3.62 lei
[21] Annual average exchange rate: 1Euro = 3.52 lei
[22] Annual average exchange rate: 1Euro = 3.33 lei
[23] Annual average exchange rate: 1Euro = 3.68 lei

**Table no. 1-2: Budget foreseen for the National Anti-drug Agency for 2008 for the implementation of drug demand or supply reduction activities:**

| | Envisaged expenditures | | Incurred expenses | |
|---|---|---|---|---|
| | **LEI** | **EURO** | **LEI** | **EURO** |
| Staff related expenditures | 14,998,000 | 4,075,543 | 14,997,870 | 4,075,508 |
| Goods and services related expenditures | 1,393,000 | 378,532 | 1,393,000 | 378,532.6 |
| National Programmes | 1,475,000 | 400,815 | 1,474,678 | 400,727 |
| Externally financed programmes | 4,632,000 | 1,258,695 | 4,632,000 | 1,258,695 |
| PHARE programmes and other non-reimbursable funding programmes | 656,000 | 178,260 | 461,000 | 125,271 |
| **Total** | **23,154,000** | **6,291,845** | **22,958,548** | **6,238,733** |

*Source: Budget-Accountancy Directorate*

Regarding the other institutions managing drug demand or supply reduction activities, we should mention:

- Health National Programmes 2008[24] planned, implemented and coordinated by the Ministry of Health.

In the context of this analysis it would be relevant to mention the Mental health national programme (included in chapter II – Non-communicable diseases national programmes) coordinated by the Mental Health National Centre and aiming to:

- Ensure continuity and increase accessibility and quality of mental health care;
- Drug use prevention and ensuring treatment of drug-addicted people.

Within the subprogramme *Drug-addictions treatment* activities are foreseen as follows:

- Informing and educating the population on the means to prevent drug use;
- Ensuring substitution treatment on opiates agonists for drug-addiction treatment;
- Narcotics metabolites testing in all medical units for adults and children;
- Detoxification treatment for drug-addicted people.

The subprogramme foresees the following efficiency indicators (every six months) in the evaluation indicators field:

- Average cost/ drug urine test – 20 lei.
- Average cost /patient treated in after-care – 320 lei.
- Average cost / patient treated in substitution – 120 lei.

**Table no.1-3. Structure of health national programmes, 2008**

| TITLE OF THE PROGRAMME | State budget | Own incomes | Total budget LEI | Total budget EURO |
|---|---|---|---|---|
| I. National programmes for communicable diseases | 96,660 | 50,440 | 147,100 | 39,973 |
| II National programmes for non-communicable diseases | 182,633 | 711,864 | 894,497 | 243,070 |
| III. National programme for health promotion | 2,517 | 20,000 | 22,517 | 6,119 |
| IV. National programme for the woman and child health | 36,000 | | 36,000 | 9,783 |
| V. National programme for treatment abroad | 8,000 | | 8,000 | 2,174 |
| VI. National programme for community care and health actions | 21,000 | 9,500 | 30,500 | 8,288 |
| VII. Preserve of the Ministry of Public Health | | 30,500 | 30,500 | 8,288 |
| VIII. National programme for the evaluation of the population's health status in primary medical care | | 481,000 | 481,000 | 130,706 |
| **TOTAL HEALTH NATIONAL PROGRAMME** | **346,810** | **1,239,864** | **1,650,114** | **448,401** |

- During 2008, with the technical and financial support UNODC – Romanian Office, the National Administration of Penitentiaries carried out the project *HIV prevention among injecting drug users in penitentiaries*, amounting to 50,000 USD, which included activities such as: developing a pilot centre for starting substitution treatment in the Hospital Penitentiary Rahova and providing HIV prevention means among injecting drug users in Rahova and Jilava penitentiary (syringe exchange pilot projects).

- The Ministry of Youth and Sports carried out in 2008 two drug programmes:
  - *P1-Youth centres*, which included 7 project amounting to 4,788.07 lei;

[24] Foreseen by the GD no. 357 / March 26, 2008

- *P2 – Youth action support programme*, within supported 13 anti-drug projects amounting to 22940.57 lei.

➢ Although not having a dedicated budget for drug action, the Ministry of Education, Research and Innovation carried out anti-drug activities within contests and extra-curricular activities amounting to almost 60,000 lei. Additionally, it continued the implementation of the National programme *Health Education in the Romanian school*, funded by the Global Fund, which amounted to 300,000 USD in 2008.

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

## 2.1. DRUG USE IN THE GENERAL POPULATION

No study on the drug use in the general population was conducted in the reference year, the last one being done in 2007. The results of the analysis of responses related to the illicit drug use, availability on the marker and the perception of psychoactive substance related risks are available on the NAA[25] website and were presented in the National Report for 2008.

## 2.2. DRUG USE IN THE SCHOOL AND YOUTH POPULATION

In order to get information on the scope and trends of the use of different drugs among school population, the National Anti-drug Agency conducted several studies on tobacco, alcohol and illicit drug use in the lower education population during the school-year 2007-2008 through its subordinated structures (DPECC) and in cooperation with structures of the Ministry of Education, Research and Innovation (County School Inspectorate, County Psychological-education Assistance Centre, lower education school units) and the Ministry of Administration and Interior (County Police Inspectorate).

Methodology

The research method was quantitative sociologic survey and the research instrument was a structured questionnaire, simultaneously self-completed by several people. The questionnaires were completed with the help of the heads of the learning institutions or other teachers (school counsellors/psychologists) of the selected school units.

*Questionnaire*
The questionnaire had 53 questions and a maximum application length of 50 minutes (the same as a class). Filter and control questions were included in the questionnaire, organised in 4 sections (socio-demographic data, tobacco, alcohol and illicit drugs) with an aim to gain knowledge on the opinions and attitudes of pupils towards use and users, types of used drugs, onset age, motivation for use, availability of drugs on the market and other risk and protection factors in case of drug use (self esteem, participation in school activities, pastime activities, peer pressure in making decisions, parental authority and involvement in child education, relationship with peers).

*Sampling* – The study is representative for the school population in lower education (high schools and SAM (Arts and crafts schools) in the respective county/municipality[26]. The sampling base (list of school population by learning unit by type and level of education) was provided the County School Inspectorate. More precisely, the used sample was probabilistic, double-staged:

- Stratification for the first stage following these criteria: study year (grades IX/X/XI/XII/XIII) and type (high school/arts and crafts school) and the setting of the learning units (urban/rural) [27] and type of urban settings[28] (municipality/other towns).
- Random in the second stage – randomised selection of towns, learning units and grades.

A sample was established with a maximum error rate of +/-3% and a 95% confidence level. The construction of the sample rendered it representative for all demographic variables taken into account.

- County of Buzău – for a population of 18 093 pupils, a sample of 1007 people was established, and the questionnaire was applied in 13 learning units (4 colleges, 4 school groups, 3 high schools and 2 arts and crafts schools);
- County of Dolj – for a population of 31331 pupils**,** a sample of 1032 people was established, and the questionnaire was applied in 12 learning units (municipality: 4 colleges, 2 school groups and 2 high schools; other towns: 2 school groups and rural: 2 school groups);

[25] http://www.ana.gov.ro/rom/index.php
[26] For Brăila it is representative at the level of Brăila municipality, for Buzău, Vrancea, Dolj, Olt and Vâlcea it is representative at county level.
[27] Excluding Brăila
[28] Only for counties Dolj, Olt and Vâlcea

- County of Olt – for a population of 20911 pupils**,** a sample of 1015 people was established, and the questionnaire was applied in 11 learning units (municipality: 4 colleges; other towns: 3 school groups, 1 high school and 1 college and rural: 2 high schools);
- County of Vâlcea – for a population of 20562 pupils**,** a sample of 1015 people was established, and the questionnaire was applied in 11 learning units (municipality: 3 colleges and 3 school groups; other towns: 3 school groups and 1 high school and rural: 1 high school);
- County of Vrancea – for a population of 13094 pupils**,** a sample of 957 people was established, and the questionnaire was applied in 19 learning units (10 school groups, 3 colleges, 3 highschools and 3 arts and crafts schools);
- Municipality of Brăila – for a population of 12558 pupils**,** a sample of 984 people was established, and the questionnaire was applied in 11 learning units (6 school groups, 4 highschools and 1 college);

**Results**

The sample weighting was done to analyse the data. Data were analysed[29] in SPSS programme and aimed to determine the prevalence of drugs by several social-demographic variables (grade, age, gender, learning type, family environment, peers – groups of friends and colleagues), drug use patterns, perceived risks etc. For each of these correlates statistical significant tests were calculated. By comparison with the results obtained in ESPAD[30] one can notice that Romania is generally a low prevalence country as regards alcohol, tobacco and drug use among 16-year olds.

In terms of illicit drug use, the highest prevalence rates for tobacco use were recorded in the local studies, in Brăila, and for alcohol use and drunkenness in Dolj. As compared to the national study, one can notice higher prevalence rates of tobacco use (except for the counties of Vâlcea and Vrancea), for alcohol use (except for the municipality of Brăila) and alcohol abuse, which are predictable results considering that:

- The ESPAD was conducted among 16 year olds, and the studies conducted at local level were representative for pupils in post-secondary education (14 to or over 19 years of age in case of students in night school);
- Higher values were recorded among elder teenagers: there is a significant statistical correlation between the age of the respondents and the lifetime prevalence of tobacco/alcohol use and drunkenness[31].

As for the illicit drug use, the local studies show prevalence higher that ESPAD for the use of:

- amphetamines in the municipality of Brăila;
- anabolic steroids in the municipality of Brăila and the county of Vâlcea;
- tranquilizers or pain killers without medical prescription in the municipality of Brăila and the county of Dolj;
- alcohol and pills in the counties of Dolj and Vâlcea;
- marijuana/ hashish and ecstasy in the municipality of Brăila and the counties of Dolj and Vâlcea;
- heroin in the municipality of Brăila and the counties of Buzău, Dolj and Vrancea;
- magic mushrooms in the municipality of Brăila and the counties of Buzău, Dolj and Vâlcea;

[29] This study conducted in the county of Buzau is currently finalised (the final report of the study is available on NAA website http://www.ana.gov.ro/rom/index.php), and for those conducted in Brăila, Dolj, Vâlcea and Vrancea preliminary results are available following the analysis of the responses regarding tobacco,alcohol and illicit drug use; the data base is currently being cleansed for the study made in the county of Olt.

[30] European School Project on Alcohol and other Drugs (ESPAD) – is conducted every fourth year in over 30 European countries and focuses on 16 year –old teeagers that attend day classes - învățământ postgimnazial (http://www.espad.org/documents/Espad/ESPADreports/2007/The_2007_ESPAD_Report-.pdf )

[31] For exemple in the study made in the county of Buzău: for the correlation between the age of the respondent and tobacco use: $\lambda$ symmetric =0.56, p=0.015; and for the correlation between underage status (teenagers over 17)/over age (18 year olds and elder) and alcohol use ($\chi^2$ = 5.28; DF= 1; p=0.022; $\varphi$ (phi)= 0.08) and alcohol abuse followed by drunkness ($\chi^2$ = 16.34; DF= 1; p=0.000; $\varphi$ (phi)= 0.13)

**Table no. 2-1 Lifetime prevalence of psychoactive substances in the school population (%)**

| Lifetime use of | 2007 - ESPAD | | 2008 – local studies | | | | |
|---|---|---|---|---|---|---|---|
| | Europe | Romania | Buzău | Brăila | Dolj | Vâlcea | Vrancea |
| cigarettes | 60 | 54 | 56.6 | 61.1 | 60.7 | 47.8 | 51.3 |
| any alcoholic beverage | 89 | 81 | 85 | 77.3 | 86.9 | 85.9 | 83.9 |
| drunkenness | 50 | 34 | 37.5 | 40.9 | 50.9 | 44.4 | 40.6 |
| tranquilizers or pain killers without medical prescription | 6 | 4 | 3.0 | 5.5 | 5.1 | 3.7 | 4.2 |
| alcohol and pills | 6 | 4 | 2.2 | 3.8 | 4.8 | 6.6 | 2.5 |
| marijuana/ hashish | 19 | 4 | 2.3 | 5.7 | 8.2 | 5.4 | 2.0 |
| ecstasy | 3 | 1 | 0.1 | 4.5 | 1.3 | 2.1 | 0.3 |
| heroin | 1 | 0 | 0.2 | 0.5 | 0.7 | 0 | 0.4 |
| cocaine | 3 | 2 | 0.1 | 0.5 | 1.2 | 0.2 | 0.4 |
| anabolic steroids | 1 | 1 | 0.3 | 2.9 | 0.7 | 1.6 | 0.9 |
| amphetamines | 3 | 1 | 0.3 | 3.4 | 0.1 | 0 | 0.4 |
| magic mushrooms | 3 | 0 | 0.1 | 0.7 | 0.1 | 1.3 | 0 |
| LSD /other hallucinogens | 2 | 1 | 0.4 | 0.9 | 0.2 | 0.6 | 0.4 |
| Ketamine | .... | ... | | 0.9 | 0.2 | 0 | 0.1 |
| other drugs | .... | .... | | 0.2 | 0.1 | 0.1 | 0.5 |

*Source: NAA/GIRP*

## 2.3 DRUG USE AMONG TARGETED GROUPS/SETTINGS AT NATIONAL AND LOCAL LEVEL

**A**. The National Anti-drug Agency conducted the fists study on the *Prevalence of drugs in recreational settings* in 2008 as a research project focusing on the lifestyle, attitudes, knowledge and practices referring to the use of licit and illicit substance use among young people in recreational setting activities in Bucharest. The study was carried out from September 20 to December 5, 2008 in partnership with a group of websites and on-line social networks usually involved in promoting recreational events (www.nights.ro, www.afterhours.ro, www.clubbingradio.ro, www.metropotam.ro, www.beatfactor.ro, www.pubbing.ro, www.anyplace.ro) and received funding following the Financing agreement 2008 signed between the ECMDDA and NAA.

Methodology

The target population was made up of Bucharest-based young people aged 15 to 34 who attend recreational settings.

The main research method was sociologic survey, and the applied instruments were two structured questionnaires:

- on-line questionnaire applied in websites and on-line social networks that promote recreational events e.g. afterhours.ro, nights.ro, clubbingradio.ro, metropotam.ro, beatfactor.ro, pubbing.ro, anyplace.ro, hi5.com on a randomised sample of 1511 subjects;
- field questionnaire used in several clubs and bars that are representative for night life in Bucharest of which one *afterhour* (02-10) location and in a *house* concert on a sample of 320 subjects.

Both the on-line portals and the pubs included in the study were chosen by representativeness criteria according to promoted music style, popularity/notoriousness among night life goers in Bucharest. The questionnaire was pre-tested on 30 subjects during a house concert. The application of the questionnaires was preceded by a qualitative component of the research consisting in two focus-groups with key persons in recreational setting (young clubbers, bodyguards, DJ, other people involved in pastime industry).

**Results**

Following data triangulation based on three different collection methods as shown above, the following conclusions were drown:
Bucharest recreational setting is a complex picture, well segmented by criteria such as age, price, and musical/cultural options.

Recreational drug use has become a reality at all levels categories participating in pastime activities, marked by psychotropic content substance use in a large variety: marijuana, ecstasy, amphetamines, cocaine, LSD, magic mushrooms, ketamine, bromomescaline, etc.
Recreational drug use in the on-line sample (the largest sample of the research – 1511 respondents) can be classified in the following categories depending on the time interval:

**Table no. 2-2 Drug use prevalence in recreational settings**

| | lifetime | in the last 12 months | in the last month | regular (several times in a month) |
|---|---|---|---|---|
| Cannabis(Marijuana/Hashish) | 31.8% | 16.2% | 6.8% | 3.5% |
| Tranquillisers/sleeping pills/pain killers | 5.4% | 1.5% | 0.9% | 0.6% |
| Amphetamines | 4.9% | 1.8% | 1.0% | 0.6% |
| Ecstasy | 10.9% | 7.1% | 4.0% | 2.3% |
| LSD | 2.5% | 1.1% | 0.4% | 0.1% |
| Cocaine | 5.7% | 2.4% | 0.4% | 0.2% |
| Heroin | 1.4% | 0.3% | 0.3% | 0.1% |
| Magic mushrooms | 4.2% | 1.5% | 0.2% | 0.1% |

*Source: NAA/GIRP*

The subjects reported the use of several substances not included in the list shown before. The percent rate of these substances is as follows:

- 1% of the respondents reported lifetime ketamine use;
- 0.4% bromomescaline (2cb)-phenethylamine;
- 0.3% salvia divinorum – plant inductive of hallucinogenic effects, usually sold in ethno-botanical plant shops.

Other substances mentioned less frequently: DMT- dimetiltriptamină, DXM- Dextrometorfanul (substance found in the pharmaceutical product *Tusin*), ice – crystal meth, *datura* – garden plant containing very toxic alkaloids for humans, ethnobotanical plants, medicines such as *Regenon*, *Romparkin*.

Reported psychotropic substance use is mainly recreational, with fewer mentions of substances reported for regular use (especially marijuana and ecstasy). This might be due to the difference between prohibitive prices of the drugs in comparison to purchase power or prices in other countries. The following values were recorded for the prevalence of drug use in the last month: 6.8% for cannabis (marijuana/hashish), 0.9% for tranquillisers/sleeping pills/pain killers, 1.0% for amphetamines, 4% for ecstasy, 0.4% for LSD (same as for cocaine), 0.3% for heroine, 0.2% for magic mushrooms. Yet, there is a noticeable tendency towards substances with effects similar to illicit drugs that can be easily and cheaply bought on the illicit market such as ketamine, tranquillisers, salvia divinorum (ethno-botanical plants), etc.

**Matching lifetime drug use prevalence to different social-demographic features**

Based on the studied social-demographic features the following differences in substance use were noticed:
Cannabis is mainly used by people in the age group 25-34 (33.8%), which is similar to cocaine (6.2%) and hallucinogenic mushrooms (6%). Ecstasy is used the most frequently in the age interval 19-24 (10.5%) though the difference is not very significant as compared to the 15-18 years interval (9.4%). The interval 19-24 accounts for the highest prevalence for heroin use (2.1%) and the age interval 15-18 accounts for the highest interval for amphetamine use (6%).

Female subjects reported cannabis use (34.5%) more than male subjects (30.3%). The proportion is reversed in case of the other substances included in the research. The analysis of the association between lifetime drug use prevalence and sex variable from the perspective of the relative risk of use behaviour, results in an odd ratio (OR) for amphetamines of 1.38 more for males[32], in case of ecstasy OR 1.27 higher among males[33], in case of heroin OR 1.47 higher for males[34], in case of cocaine OR 1.30 higher for males[35]. There were not significant differences for the rest of the substances.

[32] CI :1.190 – 1.618 - for Cochran's $\chi^2$ = 9.58, for p = 0.002 df =1 and Mantel-Haenszel $\chi^2$ = 8.65, p = 0.003, df =1
[33] CI :1.114 – 1.467 - for Cochran's $\chi^2$ = 9.36, for p = 0.002 df =1 abd Mantel-Haenszel $\chi^2$=8.71, p = 0.003, df =1

**Table no. 2-3: Association of the lifetime drug use prevalence with the "age group" and "gender" variables**

| | Age group (years) | | | sex | |
|---|---|---|---|---|---|
| Type of drug | 15-18 | 19-24 | 25-34 | Male | Female |
| Cannabis (Marijuana/Hashish) | 25.6 | 31.8 | 33.8 | 30.3 | 34.5 |
| Amphetamines | 6.0 | 4.4 | 5.2 | 6.2 | 2.7 |
| Ecstasy | 9.4 | 10.5 | 3.9 | 12.3 | 8.6 |
| Cocaine | 1.7 | 5.4 | 6.2 | 6.8 | 3.7 |
| Heroin | 1.0 | 2.1 | 0.8 | 1.8 | 0.5 |
| Hallucinogenic mushrooms | 0.9 | 3.6 | 6.0 | 4.3 | 4.0 |
| Tranquillisers | | | | 5.8 | 4.5 |

*Source: NAA/GIRP*

Respondents with a higher education reported the highest prevalence (34%) for cannabis use and hallucinogenic mushrooms (4.4%). Amphetamines (6.5%) and tranquillisers (7.8%) are more used among subjects with primary-secondary education. Ecstasy (13.3%), cocaine (7.9%) and heroin (2.7%) are better known among those with college or professional education.

**Table no. 2-4: Association between lifetime drug use prevalence and "education level" variable**

| Type of drug | Education | | |
|---|---|---|---|
| | Primary/secondary | College/professional school | Higher |
| Cannabis (Marijuana/Hashish) | 16.9 | 31.2 | 34 |
| Tranquillisers | 7.8 | 6.8 | 4.2 |
| Amphetamines | 6.5 | 6.0 | 3.7 |
| Ecstasy | 6.5 | 13.3 | 10.2 |
| Cocaine | 2.6 | 7.9 | 4.8 |
| Heroin | 1.3 | 2.7 | 0.5 |
| Hallucinogenic mushrooms | 1.3 | 4.3 | 4.4 |

*Source: NAA/GIRP*

The average drug use onset age differs depending on the experimented type of drug. Thus, the lowest onset age for heroin is 18.4 years.

**Table no. 2-5: Average onset age for drug use**

| Type of drug | Years |
|---|---|
| Cannabis (Marijuana/Hashish) | 19.8 |
| Tranquillisers | 19.8 |
| Amphetamines | 19.7 |
| Ecstasy | 20.6 |
| LSD | 20.9 |
| Cocaine | 21.6 |
| Heroin | 18.4 |
| Hallucinogenic mushrooms | 22.3 |

*Source: NAA/GIRP*

There are noticeable association between musical/cultural styles and the use of certain types of substances. Thus, synthetic *designer drugs* are mostly used in locations promoting electronic music *house/minimal,* usually in clubs and *afterhours*-type locations, without being an exclusive feature (there are associations of substances with *rock*, *punk*, etc). Lifetime drug use prevalence breakdown by preferred style of music (first option) [36] reveals the following differences:

[34] CI :1.182 -1.848 - for Cochran's $\chi^2$ = 4.34, for p = 0.037 df =1 and Mantel-Haenszel $\chi^2$ =3.27, p = 0.070, df =1, low statistic significance level

[35] CI :1.115 – 1.533 - for Cochran's $\chi^2$ =7.04, for p=0.008 df=1 and Mantel-Haenszel $\chi^2$ =6.31, p =0.012, df=1

[36] In some cases the respondent mentioned several music styles as first option, which were not added for each type.

**Table no. 2-6: Distribution of lifetime prevalence of drug use by preferred music style** (%)

| | House | Pop | Hip/Hop Reggae | Rock | Punk | Disco (commercial) | Latino | Manele |
|---|---|---|---|---|---|---|---|---|
| Cannabis (Marijuana/Hashish) | 30.6 | 24.6 | 21.8 | 45.9 | 31 | 27.6 | 17.4 | 30.2 |
| Tranquillisers | 6.3 | 6.8 | 4.3 | 5.4 | 6.9 | 6.0 | 8.7 | 3.8 |
| Amphetamines | 6.3 | 0 | 3.6 | 3.1 | 6.9 | 3.4 | 0 | 0 |
| Ecstasy | 16.8 | 3.4 | 13.6 | 8.1 | 12.1 | 4.3 | 2.2 | 1.9 |
| LSD | 4.2 | 0.8 | 2.1 | 1.5 | 6.9 | 0 | 0 | 0 |
| Cocaine | 9.6 | 2.5 | 7.9 | 3.9 | 8.6 | 2.6 | 0 | 1.9 |
| Heroin | 1.9 | 0 | 0 | 1.9 | 1.7 | 0.9 | 0 | 0 |
| Hallucinogenic mushrooms | 5.7 | 5.1 | 7.1 | 4.6 | 3.4 | 4.3 | 2.2 | 1.9 |

*Source: NAA/GIRP*

**1. Poly drug use:** most of the respondents that reported psychotropic substance use did not stop at a single type of used substance: the result is polydrug use of - marijuana, alcohol, amphetamines, ecstasy, tranquillisers, and the reason for it is to enhance the effect of used drugs. Thus, 10.1% of the respondents report they use/used to use combinations of psychoactive substances. The most frequent combinations are with alcohol, cannabis and/or ecstasy: alcohol and cannabis, alcohol and ecstasy, alcohol, cannabis and ecstasy, followed by combinations such as alcohol and tranquillisers, alcohol and amphetamines, alcohol and LSD.

**2. Respondents` perception of current trends**. The subjects were asked to mention more than three substances considered trendy in the Bucharest recreational settings. The analysis of the responses showed the following distribution:

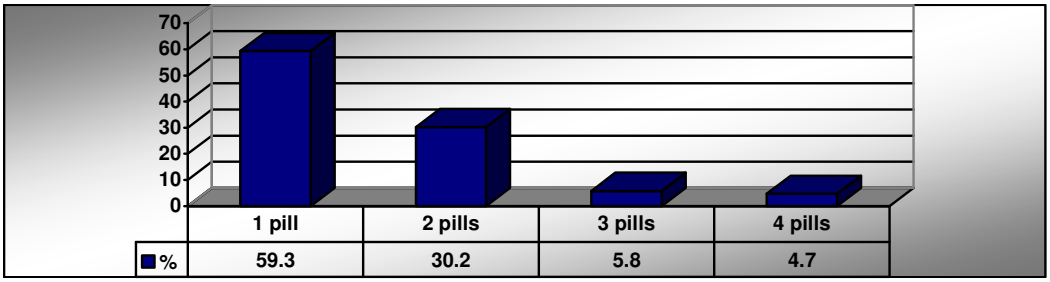
- Cannabis (marijuana/hashish) ranked first by 243 mentions;
- ecstasy was the second trendy drug by 187;
- cocaine was the third by 115;
- heroin was next by 43;
- LSD by 27;
- Ketamine by 25;
- Other drugs were mentioned to a lower extent.

**3. Specificities of ecstasy use**

Respondents were asked to provide details on the commercial names used for ecstasy pills/synthetic drugs on the market. Following data base analysis it was noticed these names are subtypes of pills with different concentration and prescription belonging to the designer drugs category – synthetic drugs (ecstasy/MDMA/ amphetamine or bromomescaline, etc.).

As noticed also within the qualitative component of the research, names come from logos printed on the pills and usually rely on the notoriousness of brands known to young people (for cars, clothing etc). Thus, the following names were mentioned for tablet drugs containing synthetic drugs (especially ecstasy but also other substances): Armani, Versace, Lacoste, Calvin Klein, Louis Vuitton, Channel, Puma, Dollar, Euro, Punds, Porsche, Ferarri, Mitsubishi, Mercedes, Rolex, Marlboro, Smiley, Heart, Dove, Omega, Crown, 007, 7 colours, Butterfly, Motorola, David's star, Flower Power, Mickey Mouse, Tom&Jerry, Playboy, Yacuza, Elephant. The most frequently mentioned names were: Armani, Rolex, Puma, Mitsubishi, Heart, Butterfly, Dollar, and Smiley. Those who reported ecstasy use were asked to provide further details. Thus, according to the statements of those who reported such use and responded to this question, the average ecstasy amount used at a single event/occasion is between 1 and 4 pills.

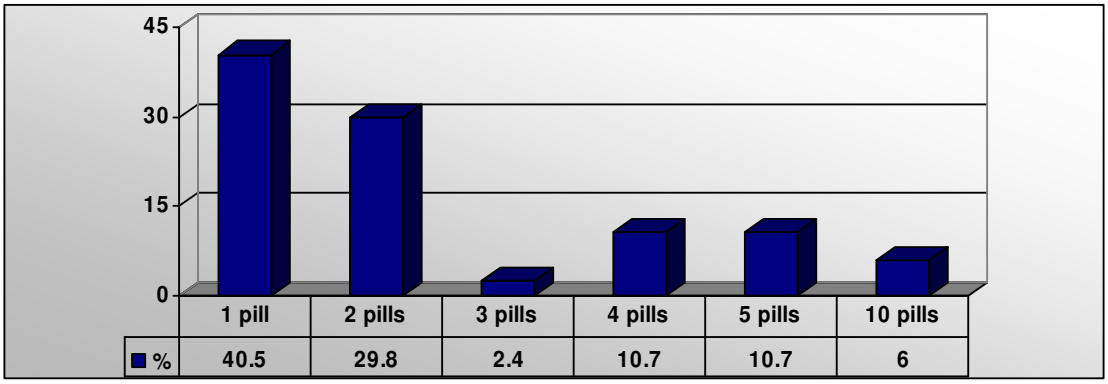
**Figure no.2-1: Average number of pills used on a single occasion**




*Source: NAA/GIRP*

As for purchases, there were no reports of large stocks among users, the average number of pills bought ranging from 1 to 6.

**Figure no. 2-2 Average number of bought pills (on a single purchase)**




*Source: NAA/GIRP*

Further on, there are a few complex synthetic models used in the classification of the features of ecstasy users. They were formulated after testing the relations between ecstasy use prevalence and demographic variables, representing lifestyle, lifetime drug use prevalence respectively, alcohol use several times a week, and alcohol abuse (defined as the use of more than 5 glasses on a single occasion).

**Classification trees –** the above-mentioned variables were included in a classification decisional tree algorithm *Chaid* (*Chi-squared Automatic Interaction Detection*). This statistical model has a prediction probability of 92.8% of the cases, as regards lifetime ecstasy use prevalence (minimum *p. node*=15; minimum *c. node*=10). Based on it a range of sub-groups were identified depending on the factors that present statistical significance for the description of the dependant variable.
Subgroups with a high probability of lifetime ecstasy use, as compared to the average:

- N4 – 88.9% of the subjects whose first option was *house* and used cocaine;
- N7 – 72.7% of the subjects whose 2nd/3rd option was *house* and used amphetamines;
- N11 – 60% of the subjects whose first option was *house* and used cocaine and tranquilisers;
- N14- 27% of the male subjects go often or very often in *afterhours* clubs, but do not prefer *house*;
- N13-20% of the subjects that go often or very often in clubs opted for *house music* as 2$^{nd}$/3$^{rd}$ option and did not use amphetamine.

**Logistic regression** is another type of synthetic classification model for describing the relation between the lifetime prevalence of ecstasy use and the other analysed variables. The use of the LR *forward stepwise* method*,* resulted in an 8-step model (above are the results of the last step, a significant model at step 8 having p=0.736 at the *Hosmer and Lemeshow* Test *Goodness of fit).* The model fits the description of the observed data, step 8 recoding the highest score at the *Nagelkerke R Square test* =0.997 (strong correspondence). The model correctly classifies 96.9% of the subjects (70.5% ecstasy users and 99.4% non-users).

According to the model: - OR (odd ratio) of using ecstasy:

- For those whose first option was *house/minimal/electro/drum&bass* it is 7.39 higher than those that are not fond of this style of music; in the case of those who prefer rock music (first option) OR is 10.43 lower than for those that do not prefer rock music, and 27.02 lower for those who prefer disco music in comparison to those that do not report a preference towards this type of music,
- It is 66.10 higher for those who had used marijuana, 94.04 higher for those who had used amphetamines, 203.98 higher for those who had used LSD, and 25.93 higher for those who had used magic mushrooms.

**Factor analysis model** allowed for the following classification in the case of lifetime prevalence of ecstasy use: the applied method was the analysis of the main components and the rotation

techniques of the varimax variables by use of Kaiser Normalisation in order to simplify the presentation of the factors. The model selected 6 main factors (EV>1) which explains the 73.76% of the variance ratio. The KMO test provides a coefficient of 0.533. The model relatively fits the description of the data, being significant for Bartlett's chi-square= 226.97, df 105, p=0.000. The use of regression method resulted in the calculation of the core for each factor:

- For F1 factor that describes a group of variables explaining 14.15% of the ecstasy use cases, a strong association degree is identified for the variables: frequency of concert participation, frequency of private *underground house/rave* party going, and a moderate degree of association with the variable lifetime use of LSD. Thus, 14.15% of those prone to ecstasy use are very likely to attend often or very often concerts or *underground house/rave parties* and use LSD.
- For F2 factor that describes a group of variables explaining 13.01% of the cases of ecstasy use, a strong association degree is identified for the education and age variables: the higher the education level among the subjects of this subgroup, the higher the age (towards the 25-34 age interval) the better the financial status and the higher likelihood of using ecstasy.
- For F3 factor that describes a group of variables explaining the 12.41% of the cases of ecstasy use, a strong degree of association (>0,6) is identified between variables: alcohol use several times per week, lifetime LSD use, respondent gender and a moderate degree of association for the *after-hours* clubbing frequency >0,4. Thus, 12.41% of the subjects prone to ecstasy use are very likely NOT to use alcohol, be female, present lifetime use of LSD and go often or very often to *after-hours* clubs.
- For the F4 factor describing a group of variables underpinning for 11.91% of the cases of ecstasy use, a high association degree is identified for the variables: lifetime cocaine use, lifetime amphetamine use and gender. Thus, 11.91% of those prone to ecstasy use are very likely to use the above-mentioned substances and be males.
- For the F5 factor describing a group of variables underpinning for 11.15% of the cases of ecstasy use, a strong degree of association is identified for the variables: frequency of clubbing, preference for rock music, and a moderate association degree is identified for the variable: lifetime cannabis use. Thus, 11.15% of the subjects prone to ecstasy use are very likely to go often or very often to clubs, NOT listen to rock music and use cannabis.
- For F6 factor describing a group of variables underpinning for 11.11% of the ecstasy use cases, a strong association degree is identified for the *house/minimal/electro* music predilection variable and a moderate association degree is identified for the variables: number of hours spent in the club, frequency of *after-hours* clubbing. Thus, 11.11% of the subjects prone to ecstasy use are very likely to listen to *house/minimal electro music,* spend more than 8 hours in club on a single night out and go often and very often to after-hours clubs.

**B.** The *Prevalence of drug use among commercial sex workers* is another study conducted by the NAA in Bucharest, October to November 2008.

Methodology

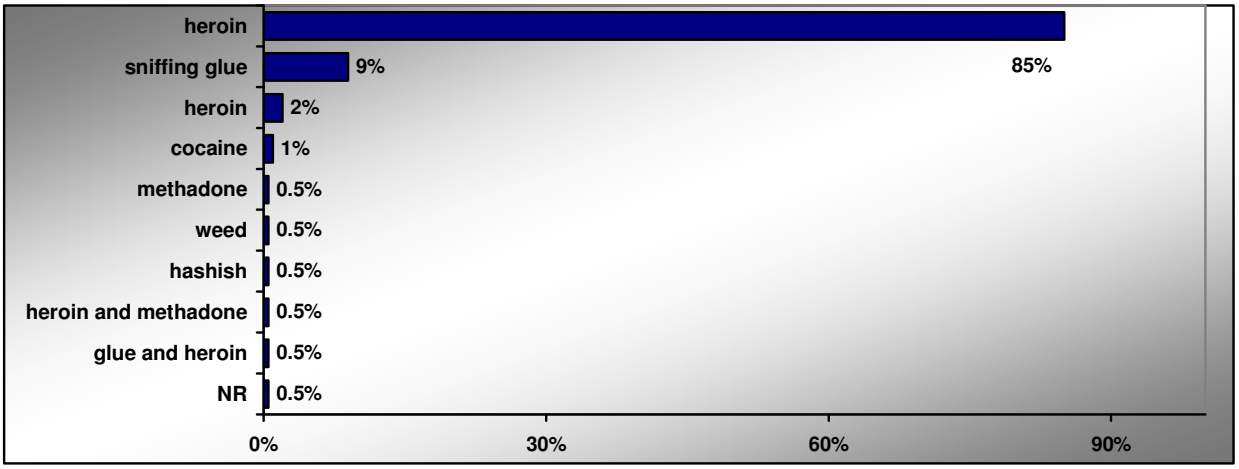
1. *General objective* – studying behaviours related to drug use and infectious diseases among risk groups – commercial sex workers in Bucharest area;
   The specific objectives were as follows:
   - Getting data on the knowledge, attitudes and practices related to drug use among commercial sex workers in Bucharest area;
   - Getting information on risk practices – injecting use, sexual conduct.
2. Sample - 200 commercial sex workers.

**Results**

14.9 years was the average age for the beginning of sex life, as reported by people included in the study.

85% of the female respondents mentioned they usually use heroin, 9% sniffing glue, 2% heroin and cocaine mixture (*speed ball*) and 1% cocaine.

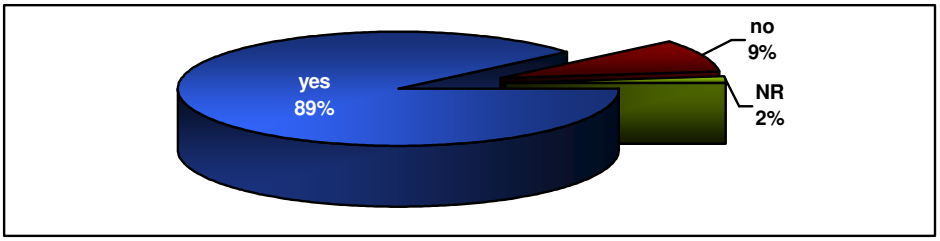
**Figure no. 2-3: Lifetime prevalence of drug use among commercial sex workers**




*Source: NAA/GIRP*

As regards drug administration route, 89% of the subjects mentioned they have used injecting drugs at least once.

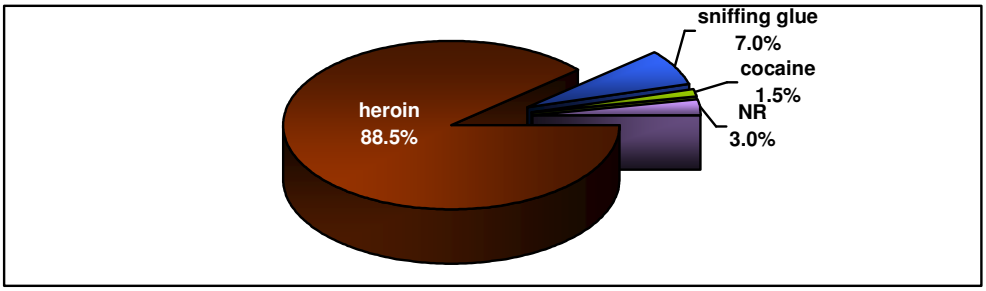
**Figure no. 2-4: Breakdown by responses to question:** *Have you ever injected to use drugs (not for medical purpose)?*




*Source: NAA/GIRP*

Of them, 88.5% have injected heroin.

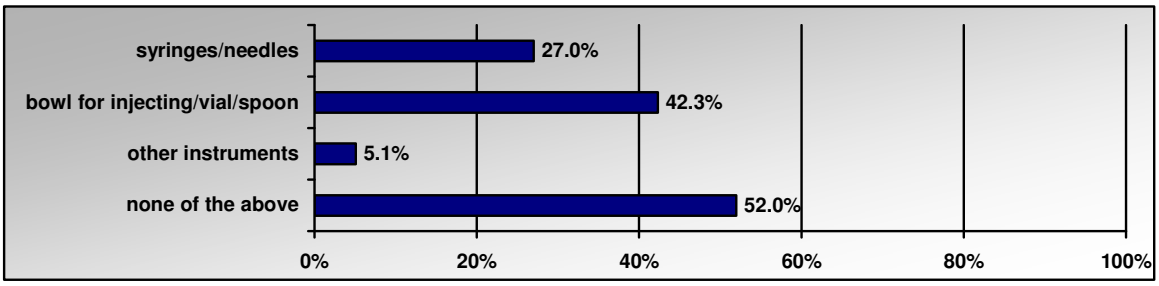
**Figure no. 2-5: Breakdown by type of injecting drug**




*Source: NAA/GIRP*

Injecting behaviour was tested by the questions "*Have you ever shared …in the last week*? 27% of the respondents mentioned they had shared needles/syringes in the last week.

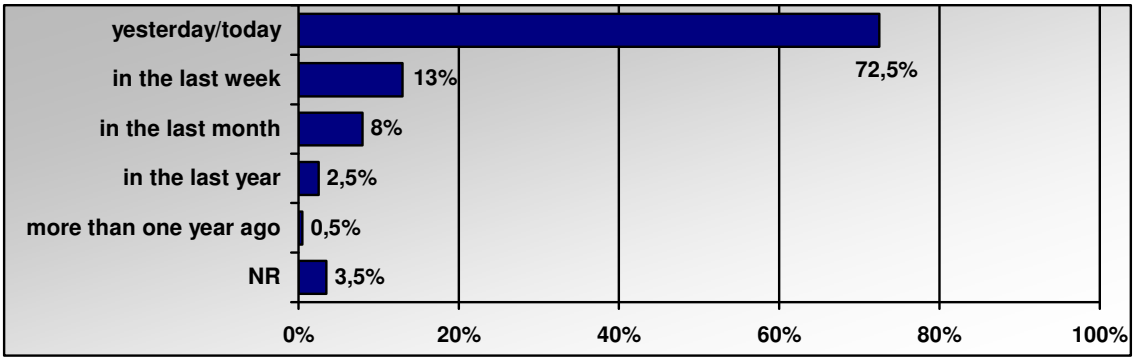
**Figure no. 2-6: Breakdown by responses to question:** *Have you shared … in the last week?*




*Source: NAA/GIRP*

The date of the last injection is very recent with 72.5% of those that reported injecting use having used injecting drugs in the last 24 hours.

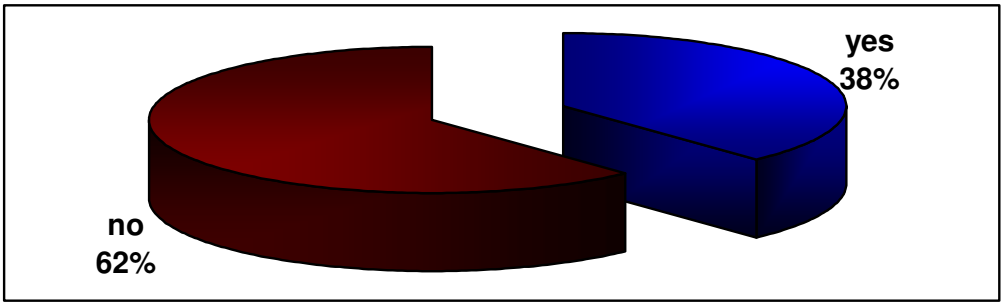
**Figure no. 2-7: Breakdown by injection history**




*Source: NAA/GIRP*

62% of the female respondents mentioned they have sought one of the available medical care services in the last 12 months, and 38% stated they were included in specialised drug assistance services in the last 12 months.

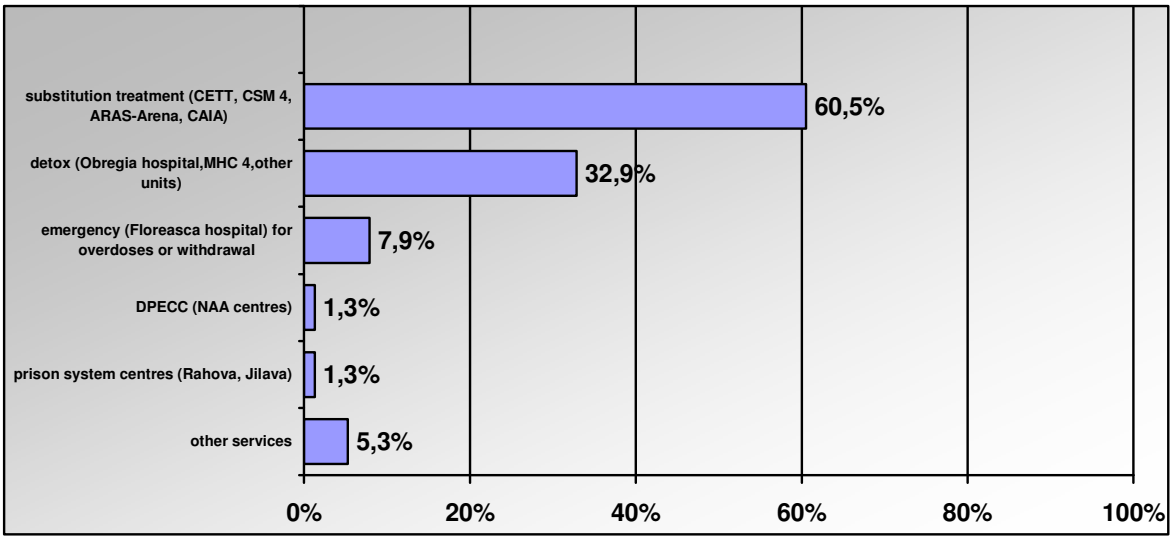
**Figure no. 2-8: Breakdown by responses to question:** *Were in included in a drug use treatment programme within the 12 months prior to the interview***?**




*Source: NAA/GIRP*

Most of the respondents have sought methadone substitution services (60.5%), detoxification (32.9%) and emergency services (7.9%).

**Figure no. 2-9: Breakdown by type of service sought**




*Source: NAA/GIRP*

# Chapter 3 – Prevention

**New developments and trends**

Drug use prevention activities were oriented towards reaching the objectives of the National Anti-drug Strategy (NAS) 2005-2012, and each ministry or non-governmental organisation had specific responsibilities in 2008. Additionally, the Action Plan project for 2009-2012 in the field of drug use prevention and care was formulated with the technical and financial support of the UNODC – Romanian office.

In order to improve the quality of the drug prevention interventions and following the proposal of the NAA, the Governmental Decision (GD) no. *1.101/2008*[37] was passed approving the *National interest programme for tobacco, alcohol and drug use prevention – 2009-2012*. The programme was foreseen with a four year duration (2009-2012) and a budget of 3.944 thousand lei ensured exclusively by the state budget, to the limit of available funding. The GD stipulates the secondary programmes and projects included in the Programme shall be formulated by authorised providers of tobacco, alcohol and drug use prevention. The evaluation and selection of the projects shall be done at the level of the NAA. National monitoring of the projects funded under this programme is ensured by the NAA, and locally by its drug prevention, evaluation and counselling centre (DPECC). Additionally, the use of earmarked funding shall be supervised by the NAA.

*Overall development objective*:
The participation of the civil society in the fight against illicit drugs by co-financing projects and actions supported by the NAA, in compliance with objective no. 4 of Chapter VII of the NAS 2005-2012, approved by DG no. 73/2005.

*Aim*: Development of professional services for tobacco, alcohol and drug prevention:

- Building attitudes and practices in the entire population included in a form of education, through school-based and leisure time programme, in order to gain a healthy lifestyle, tobacco, alcohol and drug free;
- Increase of the influence of protection factors at early ages in order to avoid or at least delay the onset of tobacco, alcohol and drug use;
- Sensitising and educating school population in order to avoid experimental/recreational drug use and transition to regular use.

*General objectives*:

- Developing a permanent information and counselling phone service;
- Preventing tobacco use among teenagers and young people, by developing healthy lifestyle attitudes and practices;
- Preventing alcohol use among teenagers aged 15 to 17 years, by building personal and social attitudes;
- Reducing drug related risks;
- Social-professional rehabilitation and reinsertion of drug users.

I. Subprogramme *Developing an information and counselling phone service for drug users*
*Aim*: strengthening the institutional capacity of the national illicit drug prevention system, by setting up professional prevention services for the entire community, in compliance with the principles of the NAS 2005-2012 (activity I. 1.C1.9 of the Action plan for the implementation of NAS for the interval 2005 - 2008).
*General objective*: developing a permanent information and counselling phone service with the aim of receiving warnings related situations of high risk for drug use, as well as drug use and addiction cases and ensure phone counselling for these cases;

[37] Governmental Decision no. 1.101 of September 18, 2008 approving the National Interest Programme for tobacco, alcohol and drug use prevention 2009 - 2012 (issued by the Government, published in the Official Gazette no. 672 of September 30, 2008);

*Specific objectives*:

- Creation and development of integration-oriented information and counselling services designed for drug users and former drug users in order to provide information, psychological and social support in crisis situations;
- Creation and development of integration-oriented information and counselling services designed for parents of users and former drug users in order to provide information, psychological and social support in crisis situations and increase family protection factors;
- Creation and development of integration-oriented information and counselling services for the local communities, including professional communities interested in the field of addiction, crisis interventions, etc;
- development of an information and counselling phone service competent in case referral to the national drug users` care national system;
- supporting the implementation of the compulsory minimum standards of the phone service by consultation with professionals in similar services.

II. Subprogramme *Tobacco use prevention in the school population*
*Aim*: strengthening the institutional capacity of the national illicit drug prevention system, by setting up professional tobacco use prevention services with a focus on the school environment, in line with the principles of the NAS 2005-2012 (activity I.1.A.1.24 and I.1.C.4.4 of the Action Plan for the implementation of the NAS in the interval 2005-2008).
*General objective*: tobacco use prevention among teenagers and young people by developing healthy life attitudes and practices
*Specific objectives*:

- Creation and development of integration-oriented information services about the risks of tobacco use and advertisement for tobacco products;
- Creation and development of integration-oriented services for building personal and social tobacco refusal skills;
- Creation and development of drug prevention integrated system authorised to refer drug use cases to no-tobacco community services.

III. Subprogramme *Alcohol use prevention in the school population*
*Aim*: strengthening the institutional capacity of the national illicit drug prevention system, by setting up professional alcohol use prevention services with a focus on the school environment, in line with the principles of the NAS 2005-2012 (activity I.1.A.1.5 and I.1.A.2 of the Action Plan for the implementation of the NAS in the interval 2005-2008).
*General objective*: alcohol use prevention among teenagers aged 15 to 17, by developing personal and social attitudes

*Specific objectives*:

- Creation and development of integration-oriented information services about the risks of alcohol and advertisement for alcohol products
- Creation and development of integration-oriented services for building personal and social alcohol refusal skills;
- Creation and development of drug prevention integrated system authorised to refer alcohol abuse cases to integrated care services.

IV. Subprogramme *Selective drug use prevention focusing on parents in order to increase family protection factors and reduce risk factors influence*
*Aim*: strengthening the institutional capacity of the national illicit drug prevention system, by setting up professional alcohol use prevention services with a family focus, in line with the principles of the NAS 2005-2012 (activity I.1.C1.9. of the Action Plan for the implementation of the NAS in the interval 2005-2008).
*General objective*: reducing risk factors and increasing family protection factors in the family by improving parent education skills, strengthening family bonds and clarifying family position towards drug use, in order to prevent drug abuse among 7 grade pre-adolescents at high risk, by implementing the PROTEGO project

*Specific objectives*:

- Development and diversification of intervention means as a part of family-based selective prevention;
- Training 64 main monitors as a stage in the implementation of the PROTEGO programme;
- Training 128 additional monitors among teachers in 64 schools in Bucharest, Constanța, Iaşi, Cluj - Napoca, Timişoara and Braşov;
- Training 1,354 parents in addiction prevention education skills.

The main monitors in the programme will be psychologists, social workers and education specialists working in organisations/foundations that will win the project tender, in order to achieve the best conditions for the implementation of the curriculum content and in line with the features of the programme.

The additional monitors will be selected from within school and education counsellors in the participant schools. They will attract parents and provide monitoring and support in information giving, group discussions, modelling exercises and behaviour testing. The additional monitors will be trained by the main monitor teams during sessions organised at local level, with the support of participant schools.

The occupational standard *Addiction Prevention Monitor* was formulated for highschool level within the Multi-annual Phare Project 2004-2006 *Establishing the National Qualification Authority – NQA*, implemented by the Ministry of Labour, Family and Equal Opportunities, with Dutch technical assistance. The *Addiction Prevention Monitor* works in secondary schools, high-schools, school camps for secondary and/or highschool students and is charged with the formulation and implementation of drug prevention sessions for children and teenagers aged 12 to 18, in line with the minimum quality standards.

Following the methodological recommendation of the EMCDDA, the main trends of drug prevention, as recorded in 2008, consisted in the adjustment of the national, regional and local programmes/projects/campaigns to the features of drug use, and the streamlining of the evaluation and monitoring programme system, which resulted in the increase of the programmes that include process evaluation indicators and implementation results. Prevention projects have built on the results of the *European School Survey Project on Alcohol and Other Drugs (ESPAD)* 2007 and the *General Population Survey (GPS)* 2007.

## 3.1 UNIVERSAL PREVENTION

Most prevention programmes continued to focus mainly on informing on the risks of alcohol, tobacco and drugs, and the short, medium and long-term of drug use; there are also programme focusing on building skills acting as protection factors against drug use (communication skills, emotion expression, stress and aggressiveness management, coping skills in crisis and traumatic situations etc). In the specialised settings in Romania there are indications of a better awareness of the prevention programmes focusing on training and building personal skills that play a protection rol against drugs.

### 3.1.1 SCHOOL-BASED PREVENTION

According to the National Action Plan 2005 – 2008, 10 national projects and almost 300 local projects were formulated in 2008, which accounted for an average of 1-3 projects/county. A characteristic of the inter-agency implementation of the school-based drug prevention projects was the active participation of faith-based organisations. Nine school- and university-based prevention projects were implemented in partnerships with religious organisations, with 3,000 pupils and students and almost 100 religion teachers as direct beneficiaries.

Most school-based national projects and programmes were implemented by the NAA and the Ministry of Education, Research and Innovation (MERI).

In partnership with the Save the Children Organisation, NAA and Young for Young Foundation, MERI continued to implement the National Programme *Health Education in the Romanian School,* that started in 2002 and aimed to build a healthy and responsible lifestyle among pupils: promo materials

were printed out and distributed in schools and school inspectorates together with the bulletin of the national programme, printed out in 20,000 copies, radio ads were broadcast and contests were organised on the topic "*Discover a healthy world*". In addition, the National Education Commission has three meetings to evaluate the results of the programme and plan its future evolution. The meetings resulted in a qualitative methodology for the assessment of the impact of activities. 2,615,930 pupils in grades I – XII participated in school-based and extra-curriculum activities up until now, of which 466,773 attended this type of activities in 2008.

The project Option – Access to Success[38] implemented to build skills acting as protection factors against drug use, aimed at informing and sensitising highschool students and parents in 17 highschools in Bucharest, and developing skills against drug use, through theatre. To this aim, 185 information sessions were organised with the students, 32 editions of the show *100% drug risk*, watched by 1,600 students and 46 prevention sessions attended by 1,190 highschool students. Additionally, information guides were distributed to parents and 400 posters – show programme.

The 5th edition of *My message against drugs* Programme took place in the school year 2007-2008 aiming at drug use prevention by involving pupils and students in extra-curricular activities[39], was meant to send a positive message against drugs, and organised in several sections[40]: web page, digital photography, audio-video ad, short-reel film, music composition, ecological projects. The direct beneficiaries of the project were almost 220,000 high-school and university students, and the indirect beneficiaries were the 20,000 teachers and other professionals in the education system.

**Projects with an exclusive focus on the licit drug use prevention**

The National project *Smoke-free classes* (now at its 5th edition) was implemented by the NAA in partnership with MERI, Aer Pur Association Romania, ICAA Regional Office for Eastern Europe and Central Asia, International Federation of Education Communities in Romania (FICE). The project aimed at tobacco prevention among students aged 11 to 15 in Bucharest and 19 counties in Romania, by developing personal and social skills. The 11,000 pupils in 360 classes were the direct beneficiaries in this school year and almost 400 teachers and education counsellors were the indirect beneficiaries.

Two elements were considered to increase the quality of school-based drug prevention activities: training teachers and recruitment and training volunteers among pupils and students. Thus, based on the cooperation between NAA, FICE Romana and the School Inspectorate of the Municipality of Bucharest, the volunteer training programme[41] continued in the field of school-based drug prevention, and most DPECC organised[42] training sessions for teachers and pupils in the field of drug use prevention.

### 3.1.2. FAMILY- BASED PREVENTION

No family-based national projects were implemented in 2008, but a few such projects were carried out at local level (11 in 47 counties in Romania). Of them, we mention the following:

- *Learn to teach you child! Project* implemented by the DPECC Brăila, focusing on parents and school children in grades V-VIII, aiming at informing of the risk and protection family factors against alcohol, tobacco and drug use, as well as on building efficient communication skills between parents and children by developing efficient education strategies and raising awareness

[38] See National Report 2008
[39] cultural, artistic and sport-oriented
[40] Awards are given for each section: evaluation of the content of the papers for each section based on the following criteria: observation of requirements (topic and size); positive messages; originality of the message and topic; accurate style; clear language etc.
[41] including student theoretical and practical training by using among others the guide formulated by the NAA to be used in volunteer training in order to provide specialise notions of *peer to peer education* training (school-based prevention and peer community)
[42] Some were included as separate activities in national projects, such as the national contest *My message against drugs* or the national project competition *Together*, and others as distinct activities in local project

of parents on the role of the family in alcohol, tobacco and drug prevention among children and adolescents;

- *For a healthy child* project – carried out by DPECC Botoşani, in partnership with MYOSOTIS Association in Bârlad – Health Centre Myosotis. The project aimed to raise awareness of young mothers of the risks of drug use on the child. The specific objectives of the project: promoting a healthy lifestyle among young mothers and society, raising awareness of the risks of drug use, developing family norms regarding tobacco, alcohol and drug use, knowing risk and protection factors, improving quality of mother-child relationship, strengthening relations between child and family. The direct beneficiaries of the project were 60 young mothers recorded in the Health Centre Myosotis, aged 16 to 35 years, and the indirect beneficiaries were the families of the mothers and the local community. The project is implemented in the Myosotis Health Centre in Bârlad.
- *Together for a better family* – implemented by the DPECC Galați aimed to reduce risk factors and increase protection family factors among primary school children in Negrea, county of Galați, by improving parents' education skills, strengthening family bonds and setting a clear family position against drug use as well as by strengthening relation between the family-school-community. The project addressed 24 parents in Negrea, county of Galați, having children aged 7 to 11 years. Seven activities of 80 minutes were carried out in the project, in which parents received informative materials on substance use. Group working methods were: role play, energisers and introduction games, heuristic conversation, group activities, movies, interactive debates on chosen topics, the evaluation being done by participative observation of the project team members.
- *Mother, I am addicted to you!* Project - carried out by the DPECC specialists in Călăraşi, March-December 2008, in partnership with the Directorate General for Social Care and Child Protection (DGASPC) aimed at tobacco, alcohol and drug prevention among mothers and future mothers in the Maternity Centre within the Community Service Complex of the Directorate. A drug information point was set up within the complex and was operation throughout the project. 8 information sessions for 12 hospitalised mothers were carried out with the support of the specialists in the maternity centre (5 specialists/session: 2 medical nurses, 2 social workers, psychologist), with 6 mothers/session. Four project specific topics were presented in each session. 48 evaluation questionnaires were applied after each session and 92 specific topic fliers were distributed.

### 3.1.3. COMMUNITY-BASED PREVENTION

The necessary steps to set up community resources services as part of national and/or local project were outlined based on the eligibility criteria of the funding agencies. Thus, in order to evaluate the local needs for such community services, 94 meetings were organised with representatives of the local public authorities and other organisations involved in funding and implementing community-based prevention programmes.

In 2008, NAA joined Actavis, Bucharest City Hall and European Cities against Drugs Organisation (ECAD) in a partnership making the city hall a member of ECAD and an active partner in the drug use prevention programme among young people *Youth in Europe,* which aims to compare drug prevention strategies and identify good practices in European countries. The first ECAD workshop was held in Bucharest in December. It joined European prevention experts from Reykjavík, Vilnius, Sofia, St. Petersburg, Bucharest, Istanbul, Oslo, Helsinki, Stockholm, Kaunas, Klaipeda and current topics were tackled such as: interventions in recreational setting, substance use testing among young people, etc.

The 47 DPECC carried out 16 projects and 218 drug information-education activities together with the support of different institutions from January to December 2008. 5.266 people, pupils and teachers in several institutions, military staff, gendarmerie staff, community police officers and proximity police officers were the direct beneficiaries, while 600 family members of the participants were the indirect beneficiaries.

The *Programme for tobacco use reduction and encouragement of smoking quitting* coordinated by the *Marius Nasta* Pneumo-physiology Institute and carried out through the no smoking counselling centres aimed to create the Stop smoking phone line, train 75 medical doctors in the treatment of tobacco addiction and making a national tobacco addiction treatment guide.

The activity of the three counselling centres for quitting smoking consisted in the following:

- Assisting 684 people – pupils, students and adults, in quitting smoking
- Continuing the TEL-VERDE activity – a phone service providing information on smoking
- Interpretation of data resulted from public consultation on smoking in closed public spaces
- Providing education materials (posters, stickers) and counselling to several professional categories – medical doctors, teachers, owners etc.
- Training 16 family doctors in providing the minimum guidance into quitting smoking.
- Managing the internet discussion forum *No tobacco*.

The setup of the Anti-drug Inter-agency Network (AIN) – action model for child protection against drug use. It was created within an EU[43] funded project from December 1, 2007 to September 30, 2008, implemented by the Save the children Organisation – Iasi Branch office, together with the NAA – Anti-drug Regional Office in Iasi, and is a volunteer union of 16 governmental and non-governmental[44] structures, and it has been working as a nucleus in the formulation of local strategies aiming to protect local communities against drug use and in the development of joint action plans. During the three consultative meetings organised February to March 2008, the following topics were tackled:

- Having a joint vision on the development of the network, in the interval February-October 2008
- Mutual knowledge of the projects and specific activities implemented by the member institutions of the network in the field of child and young people's protection against drug use.
- Identifying practical means in which each network member can become a source for the development and implementation of joint drug demand reduction project and medical, psychological and social care for drug users in the County of Iasi.
- Identifying the local needs and problems related to alcohol, tobacco and illicit drug use in community, school and family.

## 3.2 SELECTIVE PREVENTION IN AT-RISKS GROUPS AND SETTINGS

Eight local family-based prevention projects were organised during 42 meetings with the local public authorities, aiming to identify vulnerable family groups and areas, depending on demographic and cultural variables.

### 3.2.1. COMMUNITY-BASED PREVENTION

Romania was one of the 9 countries that started as pilot partners the implementation of the project initiated by Germany in 2002 under the name *FreD goes net – Early intervention for first drug users.* Three meetings took place in 2008.

NAA concluded a partnership with Pro Europa and Rroma Party in order to prevent drug use among rroma population, and implemented projects in the counties of Teleorman and Argeş. DPECC Brăila concluded a protocol with the Rroma Alliance – Brăila Branch, and DPECC Harghita is implementing the project *Alcohol, crime factor*, aiming to increase the level of social security in rroma communities and to identify and mediate inter-ethnical tensions generated by alcohol use and abuse.

Another good practice example is the project Anti-drug education among Rroma communities implemented by the DPECC Teleorman over 6 months, in which 600 adult rroma, in the county of Teleorman benefitted from information on the effects of alcohol and tobacco. Additionally, the project aimed at sensitising adult rroma of the need for a healthy environment in which children would grow and develop.

[43] Through the 2005 PHARE programme – *Strengthening Democracy In Romania, Component 2 – Demmocracy, human rights, rule of law, justice independance and fight against corruption*

[44] Prefect`s Institution in the County of Iasi, Community Care Directorate Iaşi, Police Inspectorate of the County of Iasi, School Inspectorate of the County of Iasi, County Youth Directorate in Iasi, Porbation Service with the Tribunal in Iasi, Public Health Authority, Psycho-education Assistance Centre in Iasi, DPECC Iasi, Save the Children Organsiation – Iasi Branch Office, Alături de Voi Foundation, Bethany Social Services Foundation, Solidaritate şi Speranță Foundation and Caritas Centre

### 3.2.2. PREVENTION IN AT-RISK FAMILIES

DPECC Brasov organised meetings with rroma representatives in Carierei area - Brasov (rroma colony) in order to implement information/prevention activities (alcohol, tobacco and illicit drugs). One meeting was held with 30 rroma ethnical parents that have been consulted in relation to the sent messages and provided feed-back on the need for such a project.

DPECC Galați implemented the project *It`s up to me to have a healthy child*, aiming to raise awareness of the risk and protection family factors that play a role in a the onset of alcohol and tobacco use. Beneficiaries: a group of mothers aged 14 to 30, included in the care services provided by NOVA 2002 Association in Galati. 22 weekly working sessions of two hours each were held during the project with people admitted in the services of NOVA 2002 Association. The following methods were used in the activities: role play, energisers and introduction games, heuristic conversation, small group activities, movies, interactive debates on chosen topics. The methods use in the workshops focused on debates, modelling, and identification of one's own capacities to determine behaviour against alcohol, tobacco and drug use.

### 3.2.3. PREVENTION IN RECREATIONAL SETTINGS

NAA made DVD and CD information materials, focusing on drug use prevention in recreational settings. The agency sent to the local DPECC films, documentaries and short-reel movies, ads related to experimental/recreational use (e.g. Film *Once is always!* Made together with ROTARY International Association - District 2241 Romania – Republic of Moldova) to be used as visual materials during activities organised in places attended by children and young people, in weekends (discos, clubs) and during school holidays.

# Chapter 4 – Problem drug use

## 4.1. ESTIMATES OF INCIDENCE OF PROBLEM DRUG USE

The multiplier resulted from the *Study on the prevalence of HIV and/or HCV among injecting drug users in Bucharest undergoing treatment and syringe exchange programmes*[45] (2007) was used for the estimation of problem drug use in 2008.
*Benchmark:* drug treatment admission data (methadone substitution programme)
Case definition – injecting drug use, age group: 15-49 years; Bucharest.
The analysis of the study data on the prevalence of IDU-related infectious disease indicated 7.5% (0.075; 95% CI: 0.04 – 0.11) of the beneficiaries of detoxification services and syringe exchange programmes were included in a methadone substitution programme in the last year. By dividing the number of beneficiaries of methadone substitution programmes in 2008 with the percentage above, an estimated number of 17,400 (17.387; 95% CI: 11.855 – 32.600) problem drug users resulted for Bucharest.

**Table no. 4-1: Estimation (in absolute figures and rate) of the number of problem drug users in Bucharest, by use of the multiplier method (2007, 2008)**

| Year | Estimated number of problem drug users | Rate per 1000 people, age 15-49 years |
|---|---|---|
| 2007 | 16,867 | 1.74 |
| 2008 | 17,387 | 1.75 |

*Source: NAA/GIRP*

No major changes were noticed in the estimated number of problem drug users in Bucharest in 2008, as compared to 2007. The main limitation of a nationally valid estimation is the availability of services/programmes from the rest of the country.

## 4.2. DESCRIPTION OF THE FORMS OF USE FALLING OUTSIDE THE EMCDDA'S PDU DEFINITION (IN VULNERABLE GROUPS)

No available data.

## 4.3. PREVALENCE ESTIMATES OF INTENSIVE, FREQUENT, LONG-TERM AND OTHER PROBLEMATIC FORMS OF USE

No available data.

[45] See standard table 7-8 National report 2008

# Chapter 5 – Drug related treatment

As compared to 2007, no major changes occurred in the organisation of the national treatment system in the year 2008.

## 5.1 STRATEGY/POLICIES

In order to improve the quality of the services targeting drug users, and following the proposal of the National Anti-drug Agency, the GD no. *1.102/2008*[46] approving the *National programme of medical, psychological and social care for drug users - 2009-2012.* The programme was foreseen with a four year duration (2009-2012) and a budget of 15.078 thousand lei ensured exclusively by the state budget, to the limit of available funding. The GD stipulates the secondary programmes and projects included in the Programme shall be formulated, implemented, monitored and evaluated by the National Anti-drug Agency.

*Overall development objective:*

Developing an integrated national care system for users and addicted-drug users, onto three levels, in compliance with the beneficiaries` needs, by creating a national network of specialised prevention and care resources to guarantee general availability of services.

Aim: Drug use prevention in the general population and the attraction and maintenance of users and addicted-drug users in the national integrated system of public assistance services, with a view to medical-psychological rehabilitation.

General objective:

1. Developing universal, selective and indicated prevention services, in order to avoid drug use onset and the transition of occasional use into problem drug use, and to reduce the consequences of drug abuse.
2. Creating an integrated system of medical, psychological and social assistance for users and addicted-drug users, oriented mainly towards the areas with the highest prevalence of drug use, identified at the end of the systematic monitoring of key indicators.
3. Initial and continuous training of professionals in the prevention and care system, in order to increase the quality of services provided to beneficiaries.
4. Conducting qualitative and quantitative studies in order to make legal amendments proposals and adjust them to the dynamics of the drug phenomenon in Romania.

The following secondary programmes are foreseen in order to ensure treatment:

a) "1st Level assistance services" subprogramme.

Specific objective: Reducing drug related risks among users and addicted-drug users by providing basic medical, psychological and social services.

Main services:

- Methadone and buprenorphine + naloxone substitution treatment;
- Rapid HIV and hepatitis rapid testing;
- Condom distribution;
- Pre and post-testing counselling;
- vaccination against Hepatitis A and B;
- average medical care services;
- associated medication.

b) "2nd Level care services – Integrated addiction care centre (CAIA)" subprogramme

Specific objective: Developing and strengthening out-patient services by streamlining the operation of the 15 CAIA.

Main services:

- Methadone and buprenorphine + naloxone substitution treatment;
- Naloxone abstinence maintenance programmes (for opiates and alcohol addicted people);
- Out-patient detoxification treatment;

[46] Governmental Decision no. 1.102 of September 18, 2008 approving the National Programme of medical, psychological and social assistance for drug users 2009-2012 (issued by the Government, published in the Official Gazette no. 675 of October 1, 2008);

- Drug testing in biological fluids;
- HIV and hepatitis rapid testing;
- Condom distribution;
- Pre and post-testing counselling;
- vaccination against Hepatitis A and B;
- average medical care services;
- occupational therapy services (ergo-therapy);
- psychiatric medical care services;
- individual, group and family psychotherapy services;
- standard testing in view of psychological evaluation.

c) "3rd Level assistance services" subprogramme
Specific objectives: Development of 3rd level resources as integral and key element fo the public medical, psychological and social care system, to ensure rehabilitation and social reinsertion of users and drug-addicted users.
Main services: ensuring operation of three Therapeutic Communities and day centres (adults – two units; underage – one unit).

d) "Continuous professional training in addictions – Addiction Training and Research National Centre" subprogramme. The budget for this programme amounts to 528 thousand lei.
Main services:
- initial and continuous specialised training (medical, psychological and social);
- supervision and inter-vision services for professionals working with drug users;
- developing clinical treatment guides.

The mentioned programme shall be carried out through the territorial units of the NAA and is a continuation of the Mental Health National Programme, carried out annually[47] through the medical units of the Ministry of Health.

## 5.2. NATIONAL TREATMENT SYSTEM

In 2008, the following services were available for drug users:

**Table no. 5-1 Type of available services for drug users in 2008**

| Type of programme | No. of units/wards | Charge free/paid services |
|---|---|---|
| Withdrawal and overdose care and treatment | 2<br>underage: 3 | Charge free |
| Detoxification | adults: 14 | Charge free |
| Methadone substitution treatment | 9<br>4 | Charge free<br>Paid services |
| Naltrexone substitution treatment | 5 | Charge free |
| Buprenorphine substitution treatment | 5 | Charge free |
| Counselling | 47 | Charge free |
| After care | 1 | Charge free |
| *Outreach* | 4 | Charge free |
| Social-vocational | 1 | Charge free |

*Source: NAA/GIRP*

The services shown in the table above have been provided in NAA centres, medical units of the Ministry of Health network and private clinics, the target group consisting mainly in heroin users.

**Assessing the quality and accessibility of services**
The survey *Assessing the quality and accessibility of the services provided in the national network of the Drug Prevention, Evaluation and Counselling Centres* was conducted in 2007. The methodology was established by working groups made up of NAA specialist, Spanish experts of the Public Health School in Andalusia and the local level implementation team, made up of 47 specialists, representing the team of the DPECC, that provide drug assistance, counselling and evaluation for drug users.

[47] See National Report for 2008

The overall objective of the survey was a broad analysis of the quality and accessibility of the services provided in the DPECC network and the identification of the best solutions for improving the activity, which would allow the adjustment of intervention programmes to this population's specific needs.
Because the DPECC network also provides services for licit drugs (alcohol and tobacco), and the illicit drug use clusters mainly in a few big cities in Romania, data were collected in all territorial centres regarding alcohol services and the needs identified for this category, in order to achieve good comparative date. Where necessary, the analysis extended to illicit drugs (mainly heroin).
Target population:

- Beneficiaries of the DPECC service: clients that seek services, most frequently heroin, cannabis, alcohol problem users.
- Potential beneficiaries of the DPECC services: heroin and other illicit drug users and alcohol addicted people who, for several reasons, did not reach the DPECC services.

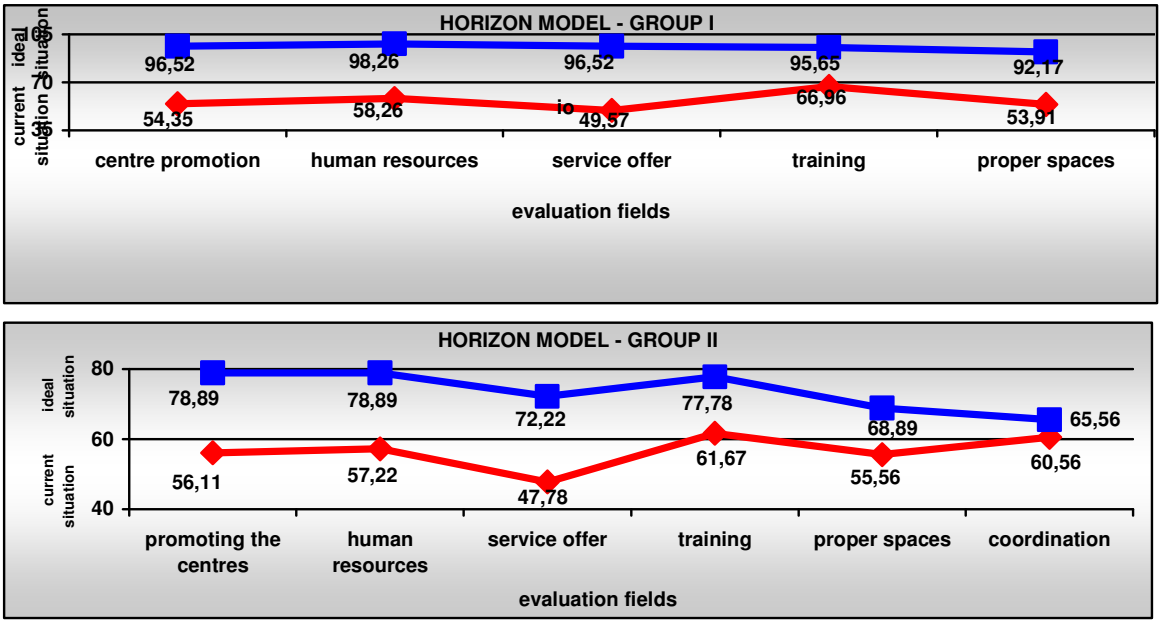
Used techniques:
Objectives were reached by using the *panel* and *horizon model* technique, instruments that enable consensus among experts and that were considered useful for the project, while different types of qualitative research were used in data collection (interview, focus group).

*Sample:* a total of 85 focus groups were organised (470 people participated) with drug users that did not reach the DPECC services and 57 interviews (60 people participated) with users of the treatment services provided by the DPECC. Additionally, 50 DPECC specialists contributed to the consensus techniques mentioned above.
*Categories of specific services sought the most frequently by respondents:*
Most alcohol-addicted people benefitted from medical services in psychiatric hospitals and partly from psycho-social services in AA groups, NGO-s or state institutions (charged with social issues) that deal with the assistance of homeless people (usually alcoholism is associated with home loss). Many are not aware of other services that can reach besides in-patient detox. Illicit drug-addicted people are mainly present in Bucharest and benefitted from information, psychological counselling, medical treatment (detox and methadone substitution in hospital detoxification units respectively MHL), counselling and medical assistance in penitentiaries (especially in Rahova Maximum security penitentiary and Jilava penitentiary), psychological and social-vocational guidance counselling services in the DPECC.

*Assessment of the services provided by the DPECC:*
The interviewed clients appreciate the efficiency of the services provided by the DPECC, justifying it by the psychological support which is less encounters among services provided by other medical units. This can be one of the strengths of the quality of DPECC services that can be promoted, improved and completed in other fields identified in this assessment. Additionally, the presence of well trained staff that most of the times has manifest *respect and understanding* for the requests of the services was also mentioned. Methadone substitution programmes enjoy the appreciation of illicit drug-addicted people who recommend that they be extended at national level and in harder to reach areas where drug use is present (e.g. arrest, penitentiary).
The comparison of the respondent's opinion, taking into account the degree of addiction, a significant difference was noticed between the reasons behind seeking services of different state institutions. According to the statements of the subjects, the alcohol addicted people come rarely on their own will, usually being sent by their family doctor (in case of association with liver cirrhosis or alcohol associated behaviour disorder). There is noticeable prejudice surrounding the social acceptance of alcohol abuse. On the other hand, people addicted to heroin or other illicit drugs stated they have sought services on their own will, especially medical services (detoxification or methadone substitution), which faces us with a reversed phenomenon: people become aware of their situation and the need for help as a result of social marginalisation, of the rejection of drugs by the society and, moreover of the incapacity to financially support their addictive behaviour.
In Bucharest and large cities the presence of the illicit drug users hinders the access of alcohol-addicted people to the DPECC services, because they are often perceived as "second hand" clients for which proper programmes and services are not too often made. Problem drug users that did not reach DPECC services usually failed to do so because of the same main reason: not knowing the tasks of the centre and the services provided. The idea of a weakness in the marketing strategy of these services was emphasised.
Identified needs (considered not to be covered by provided services, irrespective of their origin) refer to improvement of information, psychological counselling, medical treatment, social work and

infrastructure (in case of services that imply hospitalisation). Most respondents required better hospitalisation conditions and consider they need help in the following fields: therapy, counselling family members, hospitalisation, care, medication, charge free services, relapse support.
Assessment of the addiction specialists: the two work groups identified independently several evaluation dimensions of the DPECC, as well as the degree of compliance to current needs:

**Figure no. 5-1 Assessment and analysis of the compliance of the services provided by DPECC according to the two specialist groups (Horizon model)**




*Source: NAA/GIRP*

According to the conclusions of the research, **the priority intervention areas** within the DPECC in the field of treatment and integrated care for drug users[48] must be the following:

a. Training the staff by continuing the specific training programmes and ensuring a complete team of specialist where necessary (full team – specialists of the medical, psychology and social work).
b. Placing the centres in proper spaces from the point of view of location and facilities needed for specific activities (e.g. avoiding the operation in locations shared with other administrative offices that require identification upon entry).
c. Extending the service offer of the centres for addicted people in a holistic approach of the person seeking care and adjusting services to the type of addiction, typology of the personality and the different background the client might have.
d. It was proposed that the DPECC should work as a package of services of housing, meeting (group therapy), counselling, medical supervision and social reinsertion.
e. Earmarking extended resources for the services provided to alcohol-addicted people.
f. Carrying out specific treatment services and programmes (e.g. methadone and sterile injection paraphernalia distribution)
g. Knowing the local service offer and providing complementariness of the services supplied by DPECC with the other institutions and NGOs` services in that field.
h. Continuous specialised training.
i. Service marketing through media campaigns, TV shows including clients` confessions, posters, flyers, organising pastime-education activities, improving client attraction strategies/drug user's attraction programmes.
j. Changing the centre work hours so that services would become available to those that work or go to classes.

[48] Although the DPECC cover drug use prevention at local level, this research does not deal with this type of intervention.

k. Follow up on the cases and ensuring continuity of the services provided to problem drug users in police custody/detention and including them in an integrated care programme.
l. Improving collaboration with specialised local institutions in order to attract their clients into complementary services (e.g. although alcohol use is present in all counties, there are counties for which no requests for the services provided by the DPECC were filed, even if such requests have been made in the Ministry of Health's units).

## 5.3 CHARACTERISTICS OF TREATED CLIENTS

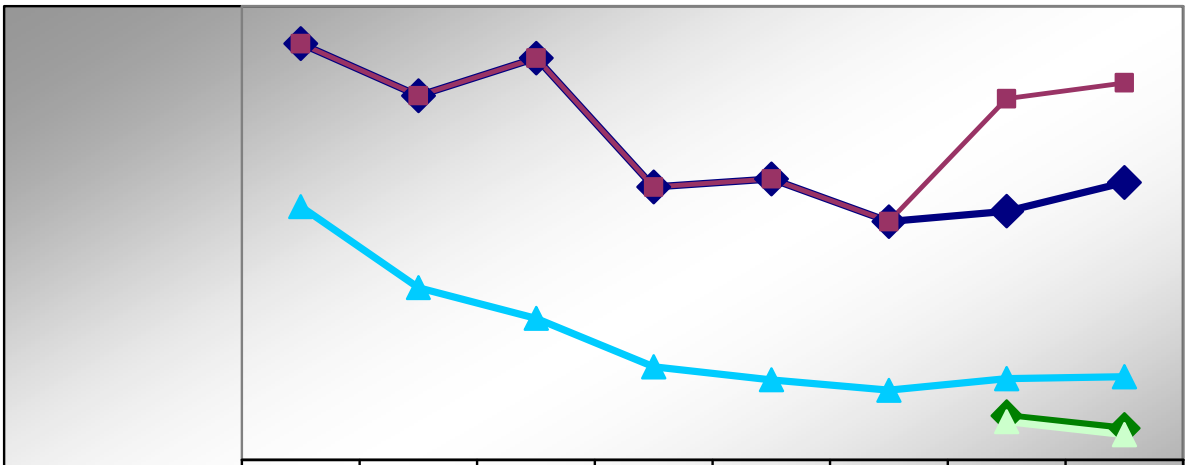
In order to increase the access to drug assistance services, the integrated addiction care services provided through the drug prevention, evaluation and counselling centres[49] of the National Anti-drug Agency added to the assistance services provided to drug users through the medical units of the Ministry of Health in 2007.

3637 people benefitted from treatment in 2008 of which 53.9% (1962 people) for illicit drug use:

- In the medical units of the Ministry of Health, 3165 people (of which 1643 for alcohol and tobacco use and 1522 for illicit drugs);
- In the DPECC, 472 people of which 32 for alcohol and tobacco use.

As compared to 2007, although there was a noticeable increase of 3% of illicit drug treatment demand around 2002, the rate of new cases decreased from 59.5% in 2007 to 54.9% in 2008, which confirms other evaluations made by the National Anti-drug Agency among drug users[50].

**Figure no. 5.2: Treatment admission for psychoactive substance use, in the time interval 2001-2008 (number of persons)**



| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|
| Total_MS | 2134 | 1905 | 2070 | 1502 | 1538 | 1350 | 1396 | 1522 |
| new cases_MH | 1416 | 1059 | 924 | 710 | 653 | 607 | 658 | 666 |
| Total_NAA | | | | | | | 495 | 440 |
| new cases_NAA | | | | | | | 468 | 412 |
| total_MH+NAA | 2134 | 1905 | 2070 | 1502 | 1538 | 1350 | 1891 | 1962 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

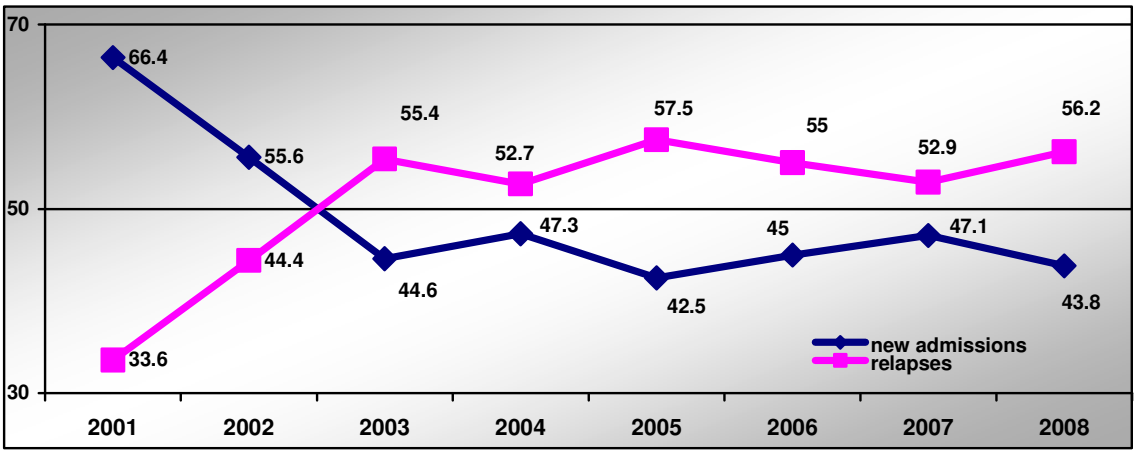
[49] The Centers have national coverage (47 DPECC – there is one centre in each county and each district of the capital), the provision of care started in 2006, when the methodological framework was developed in the field of integrated care for drug users, although the range of services provided is relatively low.

[50] According to the general population survey (GPS) conducted in 2007 in Romania, the lifetime prevalence for the use of different illicit drugs in the population aged 15 to 64 is around 1.7%, which includes all types of illicit drugs: marijuana, inhalants, cocaine, crack, amphetamines, hallucinogens, heroin or opiates. The comparison to 2004 GPS indicates a national stabilisation of the lifetime prevalence of the use of all substances: cannabis, although continuously the most used drug at national level decreases from 1.7% to 1.5%; ecstasy from 0.4% to 0.1%; cocaine from 0.4% to 0.1%; heroin from 0.2% to 0.1%. Additionally, the estimated level of injecting heroin use in 2007 shows a decrease in the number of injecting heroin users in Bucharest from 23.949 (year 2004) to 16900 (year 2007).

### A. Illicit drug treatment admission in the medical units of the Ministry of Health[51]

According to the data provided by the National Centre for the Organisation and Provision of the IT and Information System in the Health Field within the Ministry of Health, 3,165 cases of treatment admissions[52] were reported in 2008, of which 48% (1522 people) for psychoactive substance use. As compared to 2007, in the assistance centres of the Ministry of Health there was a 9% increase of illicit drug treatment demand in 2008. Additionally, out of the total 1522 treatment admissions for other drugs than alcohol and tobacco, 56.3% are repeat cases and only 43.7% are new cases in the reference year (lower value in comparison to the previous year, when the level of the first admission was 47% of the total number of new cases for that year).

**Figure no. 5.3: Trend in the number of new admissions and relapses against the total treatment admissions for psychoactive substances, 2001-2008 (%)**




*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The analysis of the trend of new cases compared to relapses shows the level of first treatment admissions was bigger only in the time interval 2001-2002 (2001- 1.9 new cases per one relapse case, and in 2002 – 1.2 new cases per one relapse case). In 2003, the proportion is changed and the level of repeat treatment admissions becomes higher than the level of first treatment admissions.

**Table no. 5-2: New admissions vs. relapses in 2001- 2008**

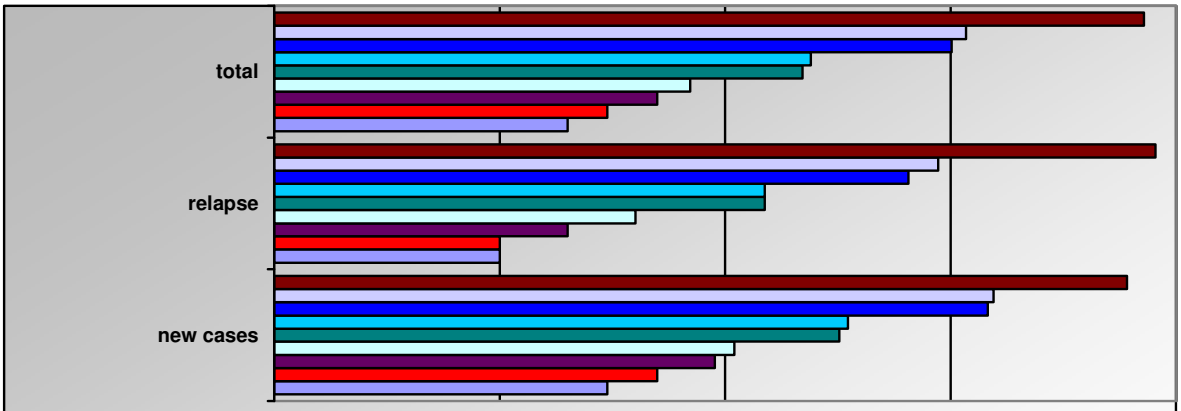
| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|
| New admissions/relapse ratio | 1.9:1 | 1.2:1 | 0.8:1 | 0.9:1 | 0.7:1 | 0.8:1 | 0.9:1 | 0.8:1 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

According to the main drug, in 2008 72% of the cases were registered for heroin use, 11.7% for hypnotic or sedative medication, 10.1% - other substances, 2,4% - cannabis, 2,2%-methadone and other opiates and less than 1% for all other drugs (volatile inhalants, stimulants, cocaine and hallucinogens).

[51] Alcohol and tobacco were not subject to this analysis.
[52] These cases were reported in 14 medical units in Bucharest and in the country. The number of medical units that report data continues to be low (20 medical units in 2005).

**Figure no. 5-4: Distribution (%) of treatment admissions for psychoactive substance use, according to the main drug for which assistance was demanded, and type of admission, 2008**




| | new cases | relapse | total |
|---|---|---|---|
| heroine | 60,7 | 80,8 | 72 |
| hypnotic drugs and sedatives | 15,5 | 8,8 | 11,7 |
| other substances | 14,6 | 6,5 | 10,1 |
| cannabis | 3,5 | 1,5 | 2,4 |
| other opiates | 3,2 | 1,5 | 2,2 |
| volatile inhalants | 1,1 | 0,4 | 0,7 |
| stimulants | 0,9 | 0,2 | 0,5 |
| cocaine | 0,5 | 0,1 | 0,3 |
| hallucinogens | 0,3 | 0,1 | 0,2 |

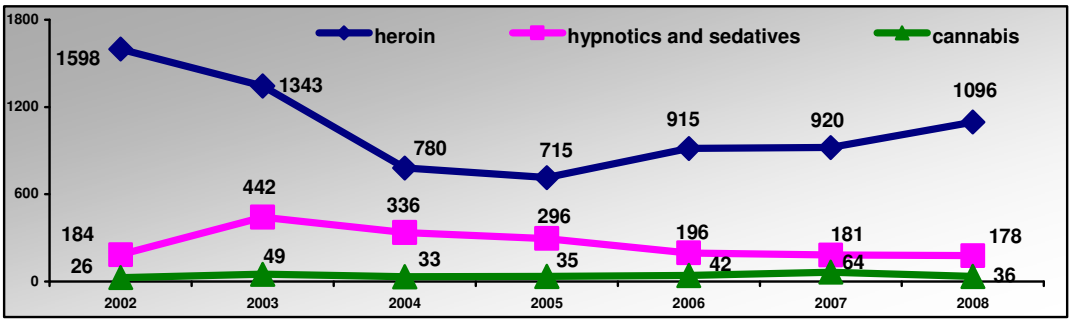
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The analysis of the treatment admission distribution in 2008, according to the main drug for which assistance was demanded, indicates that the heroin user ratio drops to 61%, while the ratio of other drug users doubles (from 19.2% to 39.3%) among the first treatment admissions, as compared to the persons readmitted to treatment (relapse cases) who have mainly demanded care for heroin use (81%).

The evolution of the number of treatment admissions in the period of 2002-2008 for heroin, hypnotics and sedatives (type of drugs accounting for the highest number of treatment admissions) and cannabis (the drug with the highest prevalence according to the general population survey in 2007) indicates:

- heroin – the number of first treatment admissions has constantly dropped, so that in 2005 there were by over 50% fewer cases as compared to 2002. Subsequently there has been a constant increase, without however reaching the level of 2003;
- hypnotics and sedatives – in 2003 there is a sudden increase of 2.5 as compared to the previous year, and afterwards the ratio dropped constantly, so that in 2008 the number of treatment admissions for this type of drugs was lower than in 2002;
- cannabis – the number of the persons requesting treatment for this drug is low throughout the reference period (the maximum ratio reached 64 persons in 2007).

**Figure no. 5-5: Evolution of treatment admissions for heroin, hypnotics, sedatives and cannabis use in 2002-2008 (number of persons)**

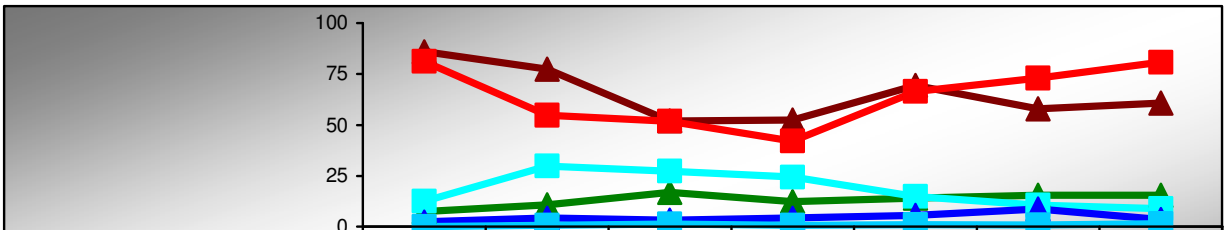



*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

According to the evolution of treatment admissions in 2002-2008 for heroin, hypnotics, sedatives and cannabis (new cases versus relapses), the following data have been determined:

- heroin – in 2002-2006 the ratio of the persons demanding treatment for this type of drug was higher first treatment demands, and starting from 2007 it became higher for relapses;
- hypnotics and sedatives– for the same period, 2002-2006 the ratio of the persons demanding treatment for this type of drug was higher in case of relapses, and starting from 2007 it became higher for new admissions;
- cannabis – the ratio of the persons demanding treatment for this type of drug is higher in case first treatment demands than in case of relapses, throughout the entire period.

**Figure no. 5-6: Evolution of admissions to treatment for heroin, hypnotics, sedatives and cannabis use by type of admission, in 2002-2008 (%)**




| | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|
| heroine_new cases | 85.9 | 77.4 | 52 | 52.4 | 69.4 | 57.9 | 60.7 |
| heroine_relapses | 81.3 | 54.8 | 51.9 | 42.1 | 66.5 | 73 | 80.8 |
| hypnotics and sedatives_new cases | 7.4 | 10.8 | 16.8 | 12.4 | 14 | 15.5 | 15.5 |
| hypnotics and sedatives_relapses | 12.5 | 29.8 | 27.4 | 24.3 | 14.9 | 10.7 | 8.8 |
| cannabis_new cases | 2.3 | 4.3 | 3.2 | 4.3 | 5.6 | 8.7 | 3.5 |
| cannabis_relapses | 0.2 | 0.8 | 1.3 | 0.8 | 1.1 | 0.9 | 1.5 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The presented data lead to two premises:

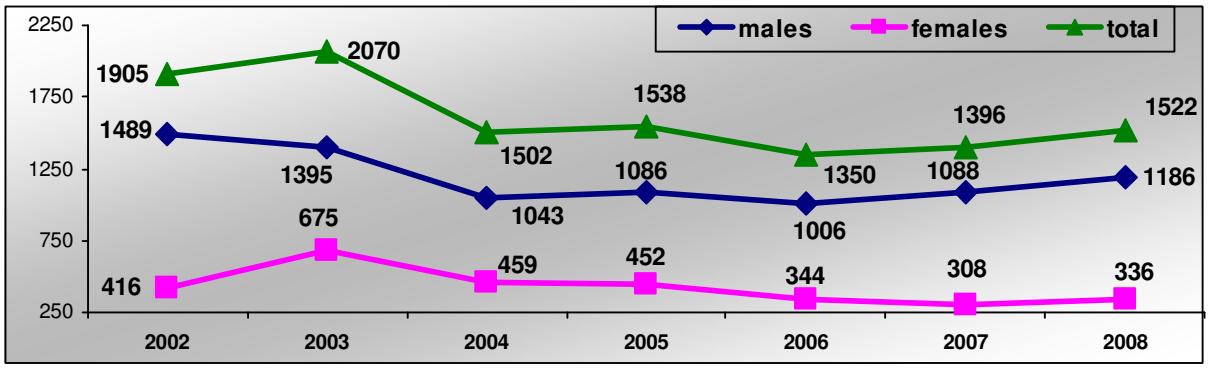
- either the accessibility to treatment has increased for users of other drugs than heroin;
- or we are dealing with a change in the drug use pattern: the heroin user ratio drops and the hypnotics, sedatives, cannabis, methadone and other opiates (other than heroin), cocaine, hallucinogens users ratio increases.

Similar to the information collected in the previous years on the territorial distribution of the persons benefiting from psychoactive substance use treatment, in 2008 it was determined that they continue to be concentrated in Bucharest (72.54%).

The gender distribution of the cases in 2008 is the same for the previous year and it indicates a higher rate for men – 78% (1186 persons) as compared to women – 22% (336 persons). Among male drug users, a percentage of 40.3% are new cases (478 persons) and 59.7% are cases which had received such treatment before. A reverse proportion is encountered in case of female users: the ratio of the persons demanding illicit drugs treatment is higher for the first time– 56% (188 persons) than in case of the persons readmitted to treatment– 44%.
The evolution of the treatment admissions in 2002-2008, by gender, indicates that:

- the total number of users admitted to treatment had two decreasing thresholds in 2004 (by 27.4% as compared to the previous year) and in 2006 (12% as compared to 2005); however in the last two years, there has been a slightly increasing evolution, up to the level of the years 2004-2005;
- the total number of male users admitted to treatment, after a decrease for two consecutive years (by 30% less in 2004 as compared to 2002), since 2004 it has had a fluctuating evolution of ± 4-9% from one year to another. For the last 2 years, although there is a slight increase, the number of men demanding treatment in 2008 is lower by 15% as compared to the year 2003 and by 20% as compared to the year 2002;
- the total number of females admitted to treatment after the increase by 62.2% from 2003 as compared to 2002, there has been a constant drop until 2007; in 2008, although there is a sight increase (28 persons) as to the previous year, the number of female drug users admitted to treatment is half the value from 2003.

**Figure no. 5-7: Gender distribution of psychoactive substance users admitted to treatment, 2002-2008 (number of persons)**

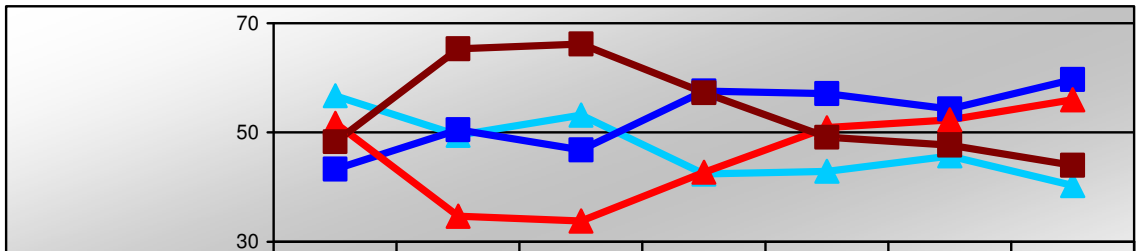



*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

Analyzing the evolution of the treatment admissions for the same period, according to the sex of the user and the type of admission, there was determined that:

- for males, starting from 2005, the ratio of the persons admitted to treatment for the first time is smaller than the relapse ratio, the largest difference being registered in 2008 – 19.4%;
- for females, after a higher ratio of relapses than new cases in 2003-2005 (e.g. in 2004 there was a relapse: new cases ratio of 1.96:1), starting from 2006 the situation has reversed, and the ration became of 1.3 new admissions to 1 re-admission.

**Figure no. 5-8: Evolution of the admissions to treatment for psychoactive substance use according to the gender and to the type of admission, in 2002-2008 (%)**




| | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|
| males - new cases | 56.7 | 49.5 | 53.2 | 42.4 | 42.9 | 45.7 | 40.3 |
| males - relapses | 43.3 | 50.5 | 46.8 | 57.6 | 57.1 | 54.3 | 59.7 |
| females - new cases | 51.7 | 34.7 | 33.8 | 42.7 | 50.9 | 52.3 | 56 |
| females - relapses | 48.3 | 65.3 | 66.2 | 57.3 | 49.1 | 47.7 | 44 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

To conclude, although for treatment admissions the ratio of 3.5 males to 1 female is maintained, the ratio of the persons demanding treatment for the first time has changed, and a decrease has been determined for male/female imparity, suggesting the possible increase of the services accessibility for female illicit drug users.

**Table no. 5-3: Ratio of men/women admitted to treatment in 2001- 2008**

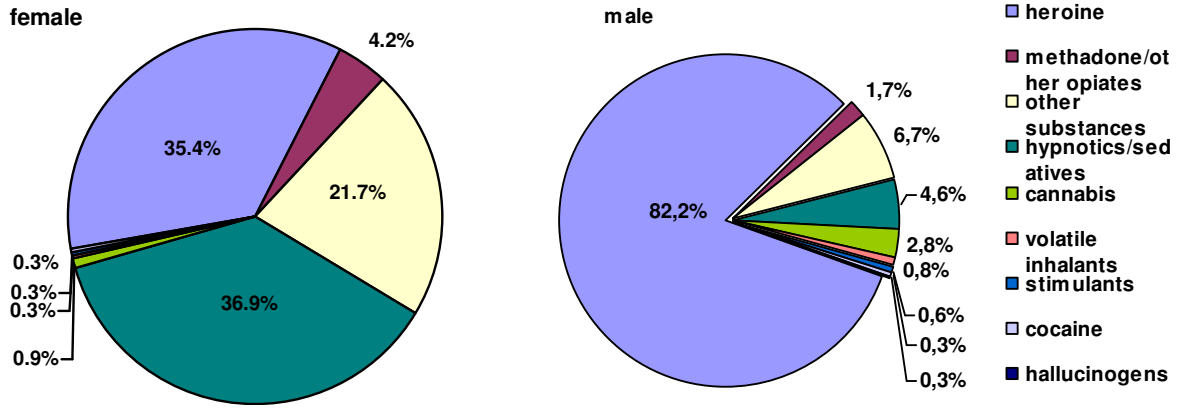
| Men/women ratio | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|
| Persons requesting treatment for the first time | 4.6:1 | 3.9:1 | 2.9:1 | 3.5:1 | 2.3:1 | 2.4:1 | 3:1 | 2.5:1 |
| Total persons undergoing treatment | 5:1 | 3.5:1 | 2:1 | 2.2:1 | 2.4:1 | 2.8:1 | 3.5:1 | 3.5:1 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

In 2008, according to the main drug and gender, it was determined that, while 4 out of 5 men have demanded opiate treatment (84.1% of which 82.4% - heroin and 1.7% methadone and other opiates), 2 out of 5 women have demanded opiate treatment (39.6% of which 35.4% - heroin and 4.2% methadone and other opiates), more than a third (36.9%) for hypnotics or sedatives, and one of 5

(21.7%) for other substances[53]. During the reference year, no females have demanded treatment for hallucinogenic substances, as compared to 0.3% of the males. The admissions to treatment for cannabis represent 2.8% of all the males and 0.9% for the females, and the cocaine, stimulants, and the volatile inhalants have been both below 1% of the grand total, both for men and women.

**Figure no. 5-9: Distribution of the treatment admissions according to the main drug for which assistance has been demanded and gender, 2008**

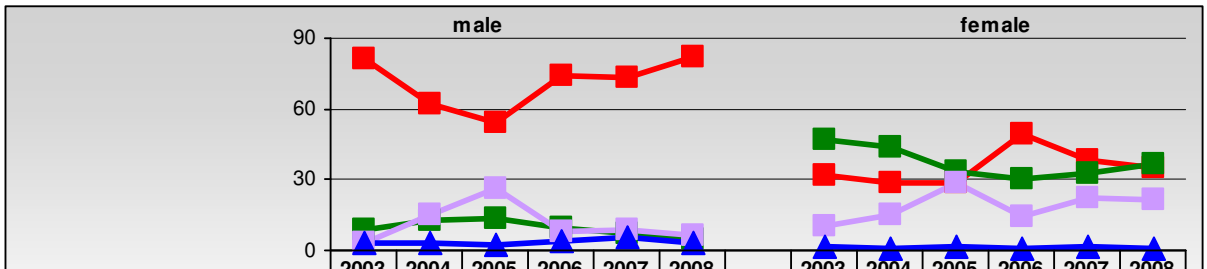



*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The evolution of the treatment admissions for heroin, hypnotics and sedatives, other substances (e.g.: alkaloids, analgesics, antidepressants, Calmogen, Carbamazepine, Depakine, Meprobamat, Rapinirol, Sepoquel, Taver) and cannabis from 2002 to 2008, according to the gender of the users, indicates the following:

- male users: mainly use heroin; the highest percentage was registered in 2008 (82.4% as compared to 80.9% in 2003 or 53.9% in 2005);
- female users: until 2005, the highest use was that of hypnotics and sedatives, and in 2006 and 2007 of heroin, while in 2008 the ratios for the 2 types of drugs were relatively equal;
- the use of other substances is higher for women as compared to men, who account for a higher use of cannabis.

**Figure no. 5-10: Gender distribution of heroin, hypnotics, sedatives, other substances and cannabis users admitted to treatment, in 2003-2008**




| | male | | | | | | | female | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
| heroin | 80.9 | 62.1 | 53.9 | 74.2 | 73.6 | 82.4 | | 31.9 | 28.8 | 28.8 | 49.1 | 38.6 | 35.4 |
| hypnotics and sedatives | 9 | 12.9 | 13.2 | 9.2 | 7.4 | 4.6 | | 47 | 43.8 | 33.8 | 29.9 | 32.5 | 36.9 |
| other substances | 2.8 | 15.1 | 26.6 | 8.3 | 8.5 | 6.7 | | 10.4 | 15.3 | 28.8 | 14.5 | 22.1 | 21.7 |
| cannabis | 2.9 | 2.8 | 2.5 | 4 | 5.3 | 2.8 | | 1.3 | 0.9 | 1.8 | 0.6 | 1.9 | 0.9 |

*Note –the rest up to 100% represents the treatment admissions for cocaine, stimulants, hallucinogens, volatile inhalants and other opiates*
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

Comparing the new cases to the relapses, by main drug, the following data have been determined:

- for male uses, while 87.7 of the relapses were for heroin, the ratio of new requests for heroin treatment demands has dropped to 74.5% but it has increased of all other drug categories;

[53] e.g: alkaloids, analgesics, antidepressants, Calmogen, Carbamazepine, Depakine, Meprobamat, Rapinirol, Sepoquel, Taver

- for female users, the ratio of heroin treatment demands has increased, as well as for hypnotics and other substances, with occurrences of treatment demands in case of cannabis, volatile inhalants, stimulants and cocaine use.

**Table no. 5-4: Distribution of treatment admissions according to the main drug for which assistance was demanded, by gender and the type of admission, 2008 (%)**

| | Men | | Women | |
|---|---|---|---|---|
| | New cases | Relapses | New cases | Relapses |
| Heroin | 74.5 | 87.7 | 25.5 | 48.0 |
| Other substances | 9.4 | 4.9 | 27.7 | 14.2 |
| Hypnotics and sedatives | 6.3 | 3.4 | 38.8 | 34.5 |
| Cannabis | 4.2 | 1.8 | 1.6 | |
| Methadone and other opiates | 2.5 | 1.1 | 4.8 | 3.4 |
| Volatile inhalants | 1.3 | 0.4 | 0.5 | |
| Stimulants | 1.0 | 0.3 | 0.5 | |
| Hallucinogens | 0.4 | 0.1 | | |
| Cocaine | 0.4 | 0.1 | 0.5 | |
| **Total** | **100** | **100** | **100** | **100** |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

Analyzing the cases of the persons admitted to treatment according to age, the distribution of the treatment admissions indicates:

- approximately 1/3 (35.3%) of all treatment admissions in the reference year are persons with the maximum age of 24, a third (30%) are persons aged between 25 and 29, and the rest of 34.5% are users above 30 years old.
- For male users, the ratio of treatment admissions is higher in the age group of 20-24 (32.2% as compared to 14.3% - women) and 25-29 (33.9% as compared to 16.4% - women);
- For female users, the ratio of treatment admissions is higher for persons with a maximum age of 20 (7.7% as compared to 6.9% men) and above 29 (61.6% as compared to 26.8%-men).

**Table no. 5-5 Distribution of admissions to treatment according to age and gender, 2008 (%)**

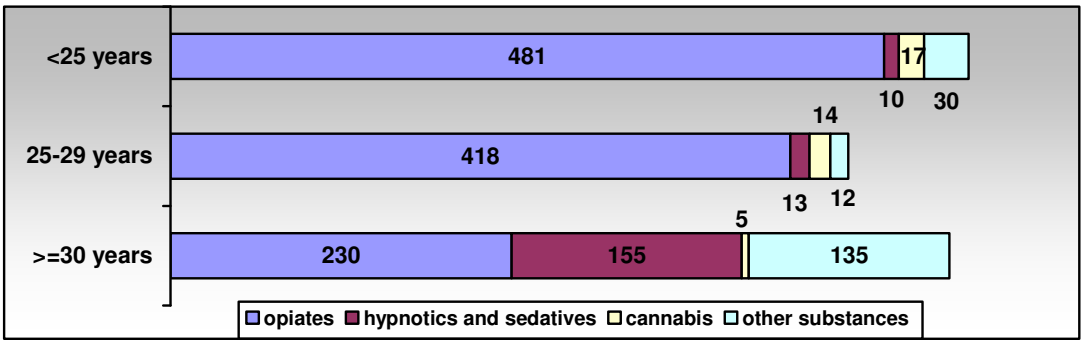
| | Age group (years) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **<15** | **15-19** | **20-24** | **25-29** | **30-34** | **35-39** | **40-44** | **45-49** | **50-54** | **55-59** | **60-64** | **>=65** |
| Total | 0.1 | 7.0 | 28.3 | 30.0 | 14.1 | 3.6 | 2.9 | 3.2 | 3.4 | 2.6 | 1.8 | 3.1 |
| Males | 0.1 | 6.8 | 32.2 | 33.9 | 14.8 | 3.6 | 2.2 | 0.8 | 1.7 | 1.7 | 0.4 | 1.5 |
| Females | 0.3 | 7.4 | 14.3 | 16.4 | 11.3 | 3.6 | 5.4 | 11.3 | 9.2 | 5.7 | 6.5 | 8.6 |

*Note: difference up to 100% - not specified

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

According to the main drug and the age group, 9 out of 10 users younger than 30 have sought care following opiates use (89.4% for those up to 25 years old and 91.5% - for the age group 25-29), and for users older than 29, the distribution of the treatment admissions is the following: 43.8% - opiates, 29.5% hypnotics and sedatives, 25.7%- other drugs and 1% - cannabis.

**Figure no. 5-11: Distribution of treatment admissions according to the age group and to the main drug for which care was required, 2008 (number of persons)**




*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

Analyzing separately the 1095 cases of heroin treatment admission in 2008: 43.6% of the requests came from users younger than 25, 37% for those from the age group of 25-29, and the rest of– 19.4% from persons who were at least 30 years old.
Regarding the onset age (for the main drug) the following data have been determined:

- More than one third of the drug users seeking care in 2008 have started using between 15-19 (34,4%), and the following age group at high risk is that of 20-24 (24.3%); the situation is the same as in the previous year: 35% of the drug users with an onset age raging between 15-19 and 26% with an onset age ranging between 20-24 years;
- It must be specified that in the reference year, 4.7% of the users have started using drugs before they were 15 years old (this ratio is dropping as compared to the previous year – 6.9%);
- According to the type of drug, in the reference year, approximately half of the opiate users (44.1%) have started to use between 15-19, and one out of two (50.6%) users have started to use hypnotics and sedatives after the age of 34; for cannabis, although the highest ratio is registered for the range of 25-29 years, relatively high percentages have been determined for other age groups as well. It is hard to provide a conclusion with respect to the other drugs, since there is a large number of cases for which the onset age was not specified;
- According to gender, in 2008: 2 out of 5 (40.6%) male users have started to use at ages ranging between 15 and 19, more than ¼ (27.6%) between 20 and 24, and for early onset (persons younger than 15) a percentage of 5.4% was registered; for women, considering that there is a higher number of cases for which the onset age was not specified, the highest percentage is registered for drug use onset after the age of 34.

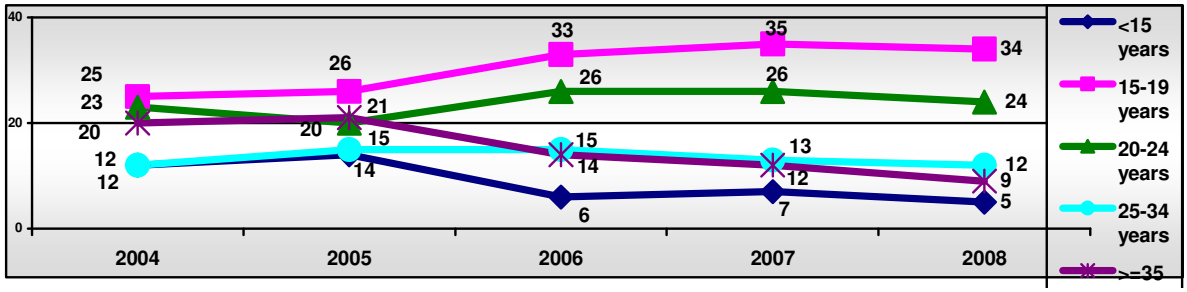
**Table no. 5-6: Distribution of treatment admissions by onset age, main drug for which assistance was demanded and gender, 2008 (%)**

| | | Onset age | | | | | |
|---|---|---|---|---|---|---|---|
| | | <15 years | 15-19 years | 20-24 years | 25-29 years | 30-34 years | >=35 years |
| **Total** | | 4.7 | 34.4 | 24.3 | 8.1 | 4.0 | 9.1 |
| **Drug type** | opiates (total) | 6.2 | 44.1 | 31.3 | 9.2 | 3.6 | 1.9 |
| | Just heroin | 6.4 | 45.2 | 31.6 | 8.8 | 3.6 | 1.2 |
| | Hypnotics and sedatives | 0.0 | 2.8 | 2.8 | 3.4 | 4.5 | 50.6 |
| | Cannabis | 2.8 | 16.7 | 13.9 | 22.2 | 8.3 | 0.0 |
| | Other drugs | 0.0 | 8.4 | 3.4 | 3.4 | 5.1 | 15.2 |
| **Sex** | Men | 5.4 | 40.6 | 27.6 | 8.1 | 3.7 | 4.3 |
| | Women | 2.1 | 12.8 | 12.8 | 8.3 | 5.1 | 26.2 |

*Note: difference up to 100% - not specified
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The evolution of treatment admissions according to onset age, between 2004-2008[54], has indicated that most persons start using drugs at ages ranging from 15 to 19, the ratio thereof having and ascending trend, from 25% to 34%. The following risk group is that of 20-24, age at which approximately one of four users have started to use drugs. The ratio of persons who have started to use psychoactive substances between 25-34 years is relatively stable (between 12 and 15%). As compared to 2004, there was determined a decrease to less than half of the ratio of persons starting to use drugs under the age of 15 (from 12% to 5%) and of the persons who have started to use drugs after the age of 35 (from 20% to 9%).

**Figure no. 5-12: Evolution of treatment admissions according to the onset age, in 2004-2008 (%)**

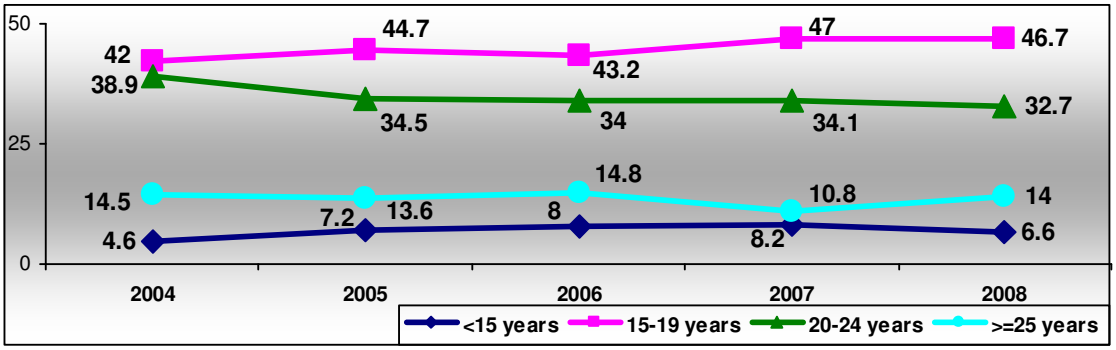



*Note: The rest up to 100% are the cases for which the onset age was not specified upon data collection (2004-8%, 2005-5%, 2006-6%, 2007-7% and 2008-15%)*
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

[54] since these are aggregate data, a cohort analysis could not be performed

Analyzing only heroin treatment admissions, it was determined that most users started using drugs when their age was between 15 and 24: almost half of them between 15 and 19 (the ratio is slightly increasing from 42% to 46.7%), and a third between 20-24 (the ratio thereof is slightly decreasing from 38.9% to 32.7%). One out of 10 heroin users has started to use at an age above 24, and this ratio maintained relatively stable – 14%. The early onset, at an age under 15, has an increasing trend: it varies between 4.6% and 8.2%.

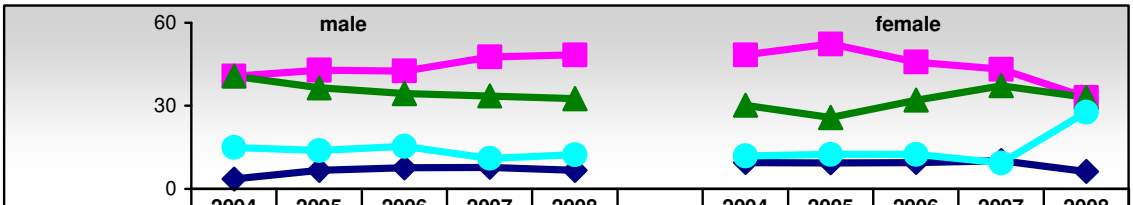
**Figure no. 5-13: Evolution of heroin treatment admissions by onset age, in 2004-2008 (%)**




Note: % of all the cases with the specified onset age (2004 -758, 2005 -667, 2006 – 891, 2007- 919, 2008 – 1059)
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

According to gender, it was determined that the ratio of women starting to use heroin between 15 and 19 years of age, of all the treatment admissions for females, is higher than the similar ratio for men; in the first situation, there is a downward trend (from 48.4% to 33%), while the ratio of men starting to use heroin between 15-19 years of age is increasing: from 40.7% to 48.4%. The situation is reversed for the age group of 20-24: in case of men, the ratio is higher but dropping (from 40.7% to 32.6%), and in case of women the ratio is smaller, but it has an upwards trend (30.2% to 33%). For persons who have started to use heroin after 24 years of age, the ratio is higher for male users, except for the year 2008, when the female ratio increases by approximately 3 times as compared to the previous year. In case of drug use onset at ages below 15, the ratio of the female users is higher as compared to males, except for the year 2008, when the percentages were approximately equal: 6.7% - men and 6.3% - women.

**Figure no. 5-14: Evolution of the heroin treatment admissions, according to the onset age, for both genders, in 2004-2008** (% of all cases with the specified onset age)



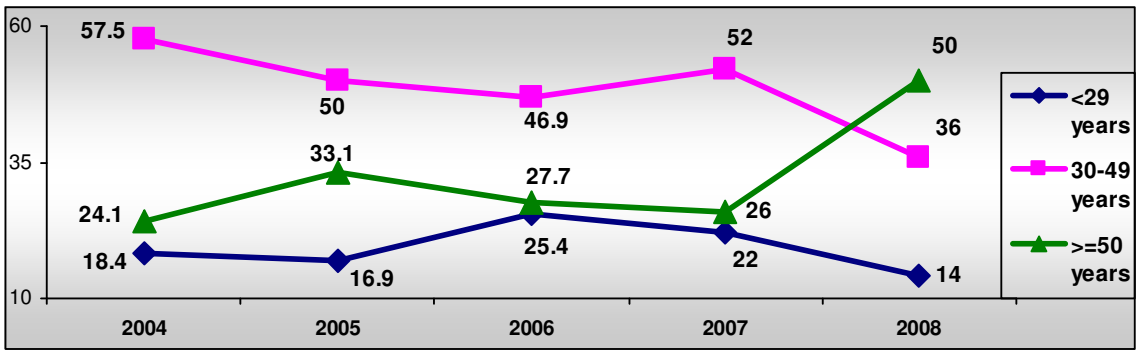

| | male | | | | | | female | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2004 | 2005 | 2006 | 2007 | 2008 | | 2004 | 2005 | 2006 | 2007 | 2008 |
| <15 years | 3,6 | 6,7 | 7,6 | 7,8 | 6,7 | | 9,5 | 9,4 | 9,5 | 10,2 | 6,3 |
| 15-19 years | 40,7 | 42,9 | 42,6 | 47,6 | 48,4 | | 48,4 | 52,3 | 45,8 | 43,2 | 33 |
| 20-24 years | 40,7 | 36,5 | 34,4 | 33,6 | 32,6 | | 30,2 | 25,8 | 32,1 | 37,3 | 33 |
| >=25 years | 15 | 13,9 | 15,4 | 11 | 12,3 | | 11,9 | 12,5 | 12,5 | 9,3 | 27,7 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The evolution of hypnotics and sedatives treatment admissions, according to the onset age, indicates that approximately half of the persons admitted to treatment for this type of drugs have started to use at ages ranging between 30 and 49, approximately one third at above 50 and the smallest ratio was for persons under 29 (age characterized by the onset of heroin use, as stated above). In 2008 the situation has changed radically as compared to the previous years: the percentage of persons starting to use hypnotics and sedatives at ages over 50 has doubled, reaching up to 50%, and the percentage of persons starting to use at 49 at the most has dropped almost to half: 36% for the group of 30-49 years and 14% for the group of under 29 years.

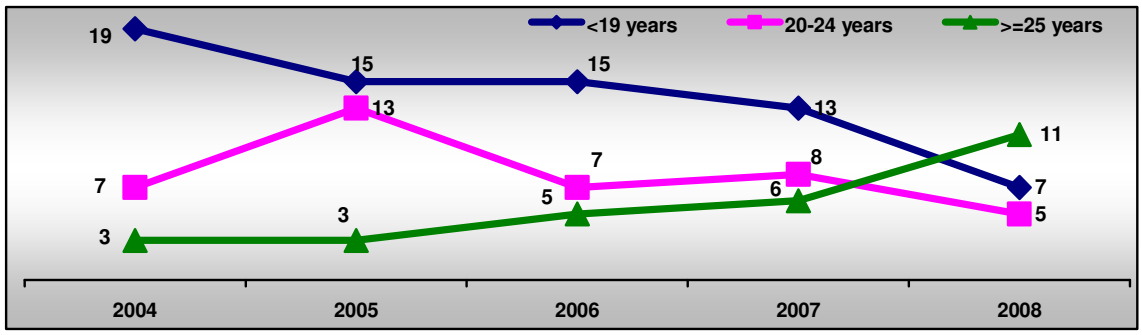
The analysis[55] of the number of cannabis treatment admissions indicates that, although most users have started to use when they were under 25 years of age, the number thereof is dropping, with an increase trend for those who have started to use when they were at least 24 years old.

**Figure no. 5-15: Evolution of hypnotics and sedatives treatment admissions, according to the onset age, in 2004-2008 (%)**




Note: % of all cases with specified onset age (2004 -315, 2005 -284, 2006 – 177, 2007- 150, 2008 – 114)
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

**Figure no. 5-16: Evolution of cannabis treatment admissions according to the onset age, in 2004-2008 (number of cases with specified onset age *)**




** - 2004 -29 (of all 33), 2005 – 31(total-35), 2006 – 27 (total -42), 2007- 27 (total-64), 2008 – 23 (total-36)*
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

According to the use frequency for the main drug in 2008, of all drug users: 80.8% used drugs daily, 10.2%, used several times a week, 2.1%, used once a week at the most, and 1.8%, used occasionally. Men use more frequently than women (e.g. for daily use: 86.3% as compared to 61.3%). According to the type of drug: all the persons admitted to treatment for methadone use have declared a daily use, like 96.4% of the heroin users, 43.8% of the hypnotic and sedatives users, 33% of the hallucinogen users and 25% of the cannabis users.

**Table no. 5-7: Distribution of admissions to treatment according to drug use frequency, 2008 (%)**

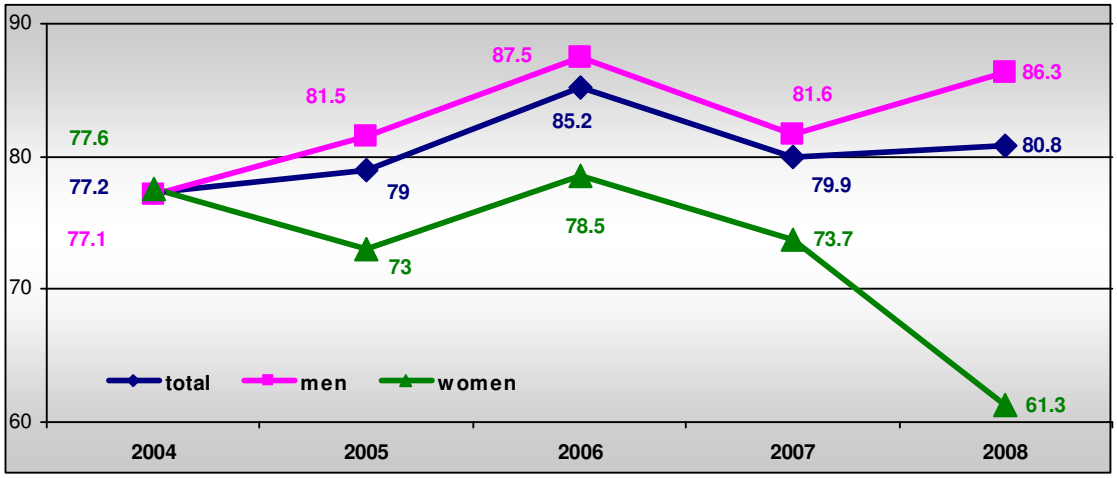
| | Daily | 2-6 days/ week | Once a week or less | Hasn't used during the last month/ occasional | N/A | total |
|---|---|---|---|---|---|---|
| **Total** | **80.8** | **10.2** | **2.1** | **1.8** | **5.0** | **100** |
| Men | 86.3 | 7.3 | 1.9 | 1.1 | 3.5 | 100 |
| Women | 61.3 | 20.8 | 3.0 | 4.5 | 10.4 | 100 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The evolution of the daily use ratio of the grand total of users has a fluctuating evolution in 2004-2008, ranging between 77.2% and 85.2%. Variations have been determined in the frequency of use according to the gender of people admitted to treatment. Thus, while in 2004 the percentage of daily users was by 0.5% higher in case of female users, subsequently the ratio of male daily users became much higher, the difference between the two sexes reaching 25%.

[55] The analysis is meant for guidance only, it doesn't necessarily reflect the real situation, due to the fact that the number of cannabis treatment admissions is small (for many of the cases the onset age is not specified)

**Figure no. 5-17: Evolution of the drug user ratio with daily use, by gender, 2004-2008 (%)**




*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

As to the previous years, the daily user percentage has the following features:

- It has dropped for hypnotics, sedatives and other substances;
- It registers the same high values for methadone and heroin;
- It has increased for cocaine, hallucinogens and cannabis;
- It has had a fluctuating trend for volatile stimulants and stimulants.

**Table no. 5-8: Evolution of the daily drug user ratio, by types of drugs, in 2004-2008 (%)**

| Type of drug | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|
| Methadone | 87.5 | 100 | 100 | 75 | 100 |
| Heroin | 88.6 | 90.6 | 98.7 | 95.3 | 96.4 |
| Cocaine | 33.3 | 20 | 0 | 0 | 50 |
| Hypnotics and sedatives | 74.4 | 52.3 | 62.8 | 53.0 | 43.8 |
| Other substances | 63.3 | 88.7 | 70.1 | 73.3 | 34.0 |
| Hallucinogens | 0 | 0 | 0 | 0 | 33.3 |
| Volatile inhalants | 29.2 | 55 | 46.2 | 21.1 | 30 |
| Cannabis | 21.2 | 8.6 | 14.3 | 14.1 | 25 |
| Stimulants | 20 | 31.25 | 8.3 | 10.5 | 12.5 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

Polydrug use, in the reference year, was detected in 597 cases (39.2% of treatment admissions). Secondary drugs with the highest frequency in 2008 were opiates (37.5%), hypnotics and sedatives (35.8%), alcohol (6.7%), cocaine and cannabis (each with 5.7%).

As compared to the previous years, the ratio of persons using a secondary drug has increased in 2008 (to 39.2% as compared to 23.8% in 2005), the highest increase being registered for opiates: from 3.3 % to 37.5% (among which methadone, from 0.3% to 27.1%). Furthermore, the percentage of persons using hypnotics and sedatives as secondary drugs has increased. The use of cocaine, cannabis, stimulants and hallucinogens as secondary drugs has had a fluctuating evolution, with high values in 2008 as compared to 2005. Polydrug use together with the use of alcohol, other substances and volatile inhalants, as secondary drug, has dropped in 2008.

**Table no. 5-9: Evolution of the polydrug users, total and by types of drugs, in 2005-2008 (%)**

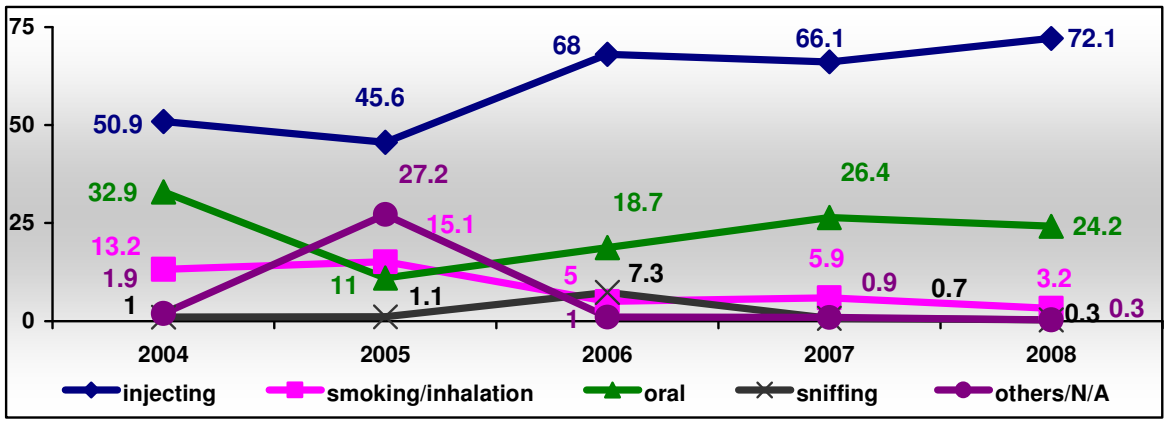
| | | | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|
| No. of users with secondary drugs | | | 366 | 176 | 185 | 597 |
| % users with secondary drugs from the total of admissions | | | 23.8 | 13.0 | 13.3 | 39.2 |
| Secondary drug type | Opiates (total) | | 3.3 | 9.1 | 6.5 | **37.5** |
| | Of which | Methadone | 0.3 | 4.5 | 2.2 | 27.1 |
| | | Other opiates | 2.7 | 3.4 | 2.7 | 8.9 |
| | | Heroin | 0.3 | 1.1 | 1.6 | 1.3 |
| | Hypnotics and sedatives | | 32.0 | 29.0 | 28.1 | 35.8 |
| | Alcohol | | 0.0 | 21.0 | 33.5 | 6.7 |
| | Other substances | | 57.9 | 17.0 | 9.2 | 6.0 |
| | Cocaine | | 0.8 | 5.1 | 0.5 | 5.7 |
| | Cannabis | | 3.0 | 6.8 | 7.6 | 5.7 |
| | Stimulants | | 0.5 | 5.7 | 8.1 | 1.2 |
| | Hallucinogens | | 0.0 | 0.6 | 1.6 | 0.7 |
| | Volatile inhalants | | 2.2 | 5.7 | 4.3 | 0.7 |
| | N/A | | 0.3 | 0.0 | 0.5 | 0.0 |
| | | Total | 100 | 100 | 100 | 100 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

Considering the route of administration of the main drug, it was determined that:

- Injecting drug use is dominant (for 2008: approximately 3 out of 5 users), with a growing trend of the injecting drug users: from 50.9%-2004 to 72.1% in 2008;
- The following route, from the point of view of the dominance ratio, is oral administration and smoking/inhalation (for 2008: 24.2%, respectively 3.2%), both having however much smaller percentages as compared to 2004.

**Figure no. 5-18: Evolution of treatment admissions by route of administration of the main drug, in 2004-2008 (%)**

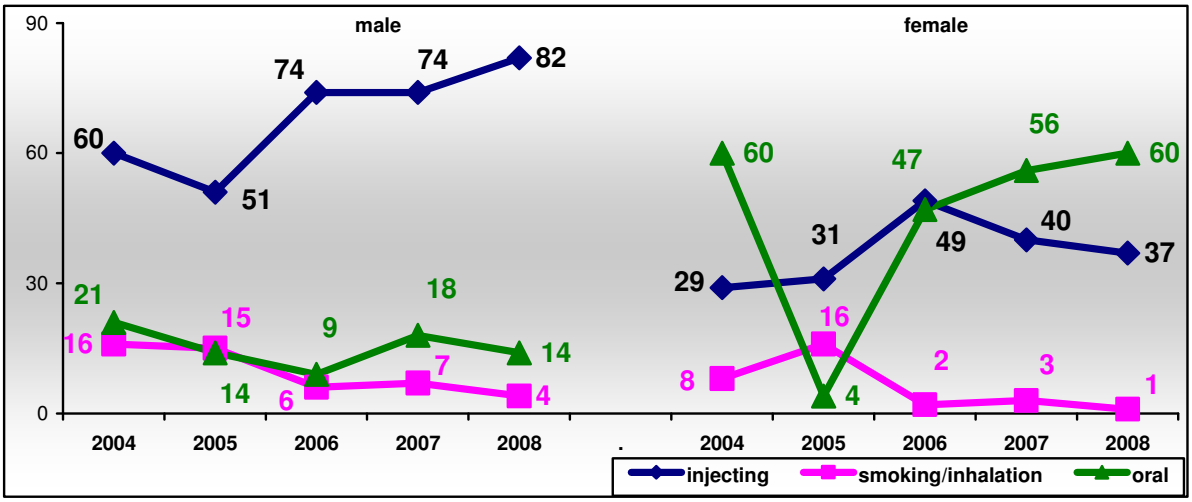



*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The evolution of treatment admissions according to the type of drug (men – opiates up to 80%, and women – opiates up to 40% and hypnotics or sedatives up to 40%), the route of administration of the main drug and the user sex indicates the following data:

- For male drug users, the dominant route is by injection, with an increasing trend in the reference period (from 51% to 82%); for female drug users, there are high values both for oral administration and for administration by injection;
- Administration by inhalation is dropping down for both sexes, being used in a higher proportion by men, as compared to women.

**Figure no. 5-19: Evolution of admissions to treatment according to the route of administration of the main drug and gender of the user, in 2004-2008 (%)**




Note: the difference up to 100% is caused by inhalation/others/N/A
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

Regarding the proportion of drug users with a past record of injecting drug use, notwithstanding the type of used drug, for the injecting drug use pattern it was determined that the percentage of persons using injecting drugs has increased in 2008: from 51.1% to 70.7%, as compared to 2004. The increase is mainly influenced by the evolution of heroin treatment admissions, which is mainly injected.

**Table no. 5-10: Evolution of treatment admissions for drug users with a past record of injecting drug use (all drugs) and of those using heroin (notwithstanding the route of administration), in 2004- 2008 (no. of persons and %)**

| | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|
| Injecting history (notwithstanding the drug) – no. of persons | 768 | 667 | 848 | 883 | 1076 |
| Admissions for heroin (notwithstanding the route of administration) – no. of persons | 780 | 715 | 915 | 920 | 1096 |
| Injecting history (notwithstanding the drug) - % of all admissions | 51.1 | 43.4 | 62.8 | 63.3 | 70.7 |
| Admissions for heroin (notwithstanding the route of administration)- % of all admissions | 51.9 | 46.5 | 67.8 | 65.9 | 72.0 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

Although it is increasing both for female and male drug users, the proportion of drug users with a past record of drug use, notwithstanding the type of drug, the pattern of injection use is different, as ratio, for the two sexes, being influenced by the fact that male drug users are mostly heroin users, unlike women where only a third use heroin.

**Table no. 5-11: Evolution of treatment admissions for drug users with a record of injection use (all drugs) and of heroin users (notwithstanding the route of administration), by gender, in 2004 and 2008 (no. of persons and %)**

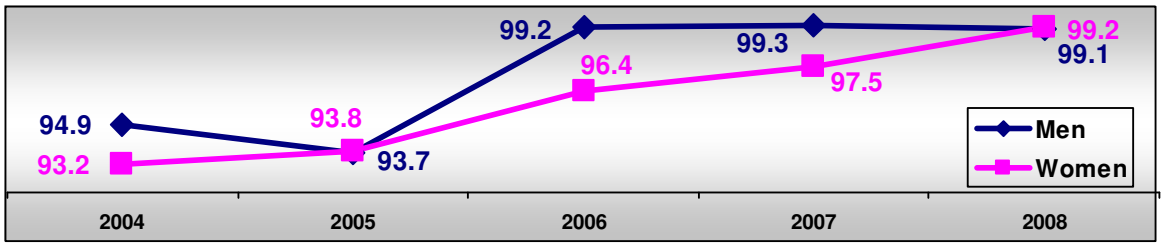
| | Men | | Women | |
|---|---|---|---|---|
| | 2004 | 2008 | 2004 | 2008 |
| Injecting history (notwithstanding the drug) – no. of persons | 636 | 952 | 132 | 124 |
| Admissions for heroin (notwithstanding the route of administration)- no. of persons | 648 | 977 | 132 | 119 |
| Injecting history (notwithstanding the drug) - % of all admissions | 61.0 | 80.3 | 28.8 | 36.9 |
| Admissions for heroin (notwithstanding the route of administration)- % of all admissions | 62.1 | 82.4 | 28.8 | 35.4 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

Analyzing separately the heroin users admitted to treatment, there was determined that in 2008, 99% of them have used this substance by injection, the trend of using injecting heroin being upwards:

2004-94.6%, 2005-93.7%, 2006-98.7%, 2007-99%, 2008-99,1%, both for male and female heroin users.

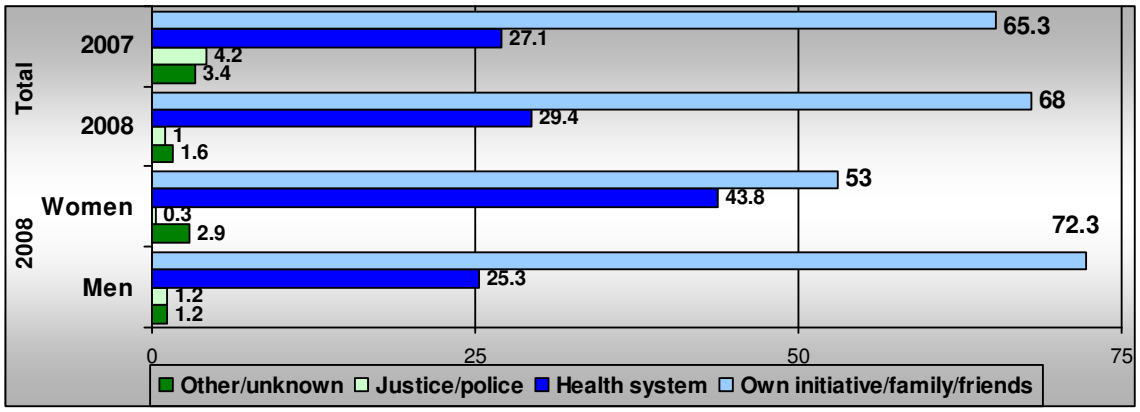
**Figure no. 5-20: Evolution of heroin treatment admissions according to the route of administration (injection) and gender, in 2004-2008 (%)**




*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The distribution of cases in 2008, according to the source of reference, indicates that 60.6% of the drug users have required assistance at their own initiative, while 7.4% at the initiative of their family or friends, while 29.4% were referred to treatment by the health system (another treatment centre, specialized physicians, hospital), 1% by the justice department or brought in by the police, 2.6% by other types of institutions, 0.9% unknown. As compared to the prior year, the ratio of persons requesting assistance at their own initiative, or brought in by the family or friends has increased (from 65.3% to 68%) and of those referred to treatment by the health system (from 27.1% to 29.4%).

**Figure no. 5-21 Distribution of treatment admissions by referral source, 2007 and 2008 (%)**




*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

According to the referral source and gender, in 2008, the case distribution indicates that 72.3% of the male drug users and 53% of the female drug users have required assistance at their own initiative or at the initiative of their family and friends, while approximately half of the female users and only ¼ of the male users were referred by the health system (43.8%, respectively 25.3%).

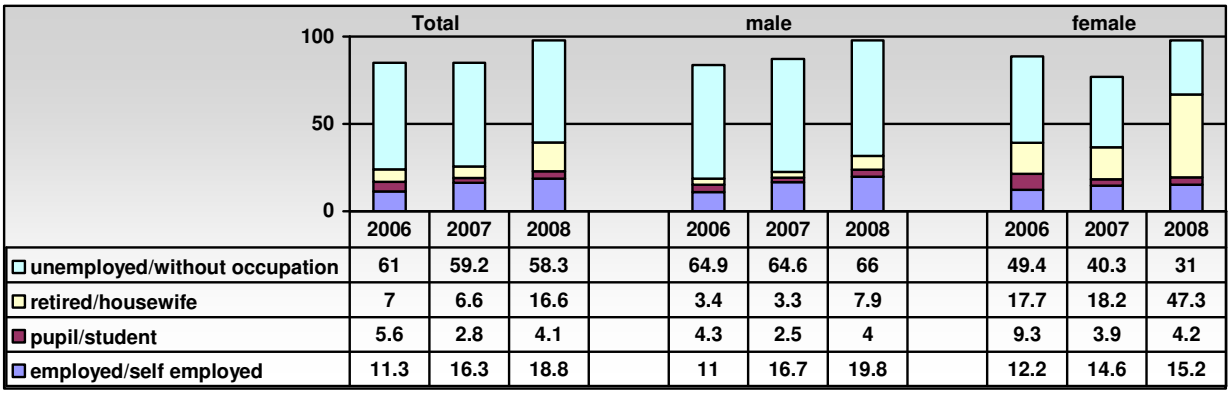
The data reported by the care centres of the Ministry of Health, for the indicator *Drug Treatment Admission* for 2008, have provided information about the unemployment rate within drug users. Thus, in 2008, according to the employment status at the time of admission, it was determined that:

- 4% were pupils or students;
- 19% had a job (employment agreement for a limited or unlimited period of time),
- and 75% were unemployed/without occupation (54%), economically inactive (17% - retired or housewives) or working without having signed an employment agreement[56] (4%)[57].

As compared to the previous years, in the reference year there was an increase in the ratio of persons employed based on an employment agreement or owning their own business (from 11.3% to 18.8%) and of the economically inactive persons (from 7% to 16.6%) while the percentage of those attending an education institution and of the unemployed has dropped (from 61% to 58.3%).

[56] which causes the lack of social or health insurance
[57] The difference of 2% stands for other situations/ N/A

**Figure no. 5-22: Distribution of treatment admissions in the MH, according to the employment status and gender, in 2006- 2008 (%)**




| | Total | | | | male | | | | female | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2006 | 2007 | 2008 | | 2006 | 2007 | 2008 | | 2006 | 2007 | 2008 |
| unemployed/without occupation | 61 | 59.2 | 58.3 | | 64.9 | 64.6 | 66 | | 49.4 | 40.3 | 31 |
| retired/housewife | 7 | 6.6 | 16.6 | | 3.4 | 3.3 | 7.9 | | 17.7 | 18.2 | 47.3 |
| pupil/student | 5.6 | 2.8 | 4.1 | | 4.3 | 2.5 | 4 | | 9.3 | 3.9 | 4.2 |
| employed/self employed | 11.3 | 16.3 | 18.8 | | 11 | 16.7 | 19.8 | | 12.2 | 14.6 | 15.2 |

*Note: the difference up to 100% stands for other situations/ N/A*
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

According to the sex variable and the employment status, it has resulted that in 2008:

- 66% of the men are without occupation, 19.8% have a regular job, 7.9% are economically inactive and 4% are pupils or students;
- 31% of the women are without occupation, and 47.3% are economically inactive, while only 15.2% have a job and 4.2% are pupils or students.

Analyzing the social consequences of drug use, in 2008, as compared to the previous years, according to the sex variable, it was determined that: both the ratio of persons with a job (employment agreement for a determined/undetermined period of time or without employment agreement), and of the persons who are unemployed/without occupation is higher in males as compared to women, for whom there is a higher ratio of economically inactive persons and of pupils/students.
Of all the 1,522 de persons admitted to treatment in 2008, in the treatment centre of the Ministry of Health, 3.7% (57 persons) of all drug users who have received treatment in 2008 have never went to school or have not graduated elementary school, half (48.8%) have completed 8 secondary school at the most, 23.5% have medium level studies and 8% have completed higher studies. By comparison, women have a higher level of education as compared to men: there have finished secondary school 41.1%-girls and 55.7%- boys, high school and higher education: 39% - girls and 29.3%- boys, of all 57 persons: 30 (2 girls and 28 bots) have never attended school, and the rest of 27 (6 girls and 21 boys) have not finished elementary school.

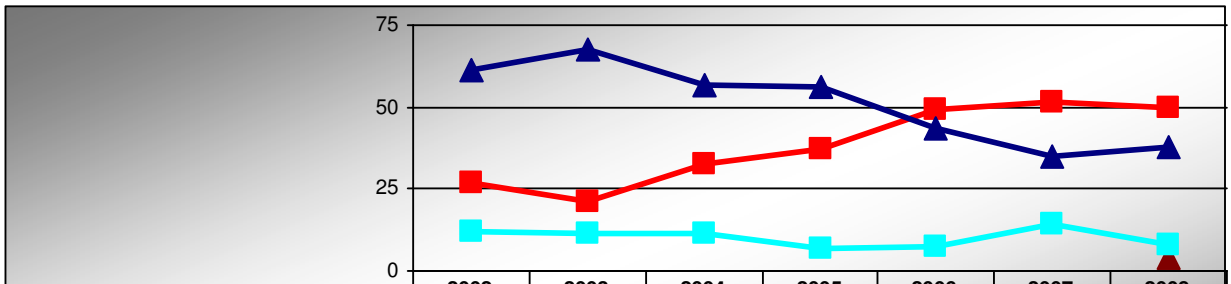
**Table no. 5-12: Distribution of treatment admissions in the treatment units of MH according to education level and gender, in 2008 (%)**

| | Men | Women | Total |
|---|---|---|---|
| Has never attended school/Hasn't graduated elementary school | 4.1 | 2.4 | 3.7 |
| Elementary school | 14.6 | 12.8 | 14.2 |
| Secondary school | 37.0 | 25.9 | 34.6 |
| Arts and crafts school/vocational school | 12.2 | 17.9 | 13.5 |
| High school | 22.9 | 25.3 | 23.5 |
| Higher studies | 6.4 | 13.7 | 8.0 |
| N/A | 2.7 | 2.1 | 2.6 |
| **Total** | 100 | 100 | 100 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The evolution of admissions to treatment in 2002-2008, according to the education level of the persons admitted to treatment, indicates that while at the beginning of the reference period 3 out of 5 users had a medium education level, and only ¼ had a low education level (maximum secondary school), from 2006 the situation has changed, so that at the end of 2008 only a third (38%) had a medium education level and more than half (53.8%) had a low education level. It must be specified that in 2008, for the first time, there has been registered such as stated above a percentage of 3.8% persons who have never attended school or haven't graduated elementary school. The ratio of the higher studies persons ranges between 6.8% and 14.1%.

**Figure no. 5-23: Evolution (%) of admissions to treatment in the health care units of the Ministry of Health, according to the education level, in 2002-2008** (% of all cases with the specified education level*)



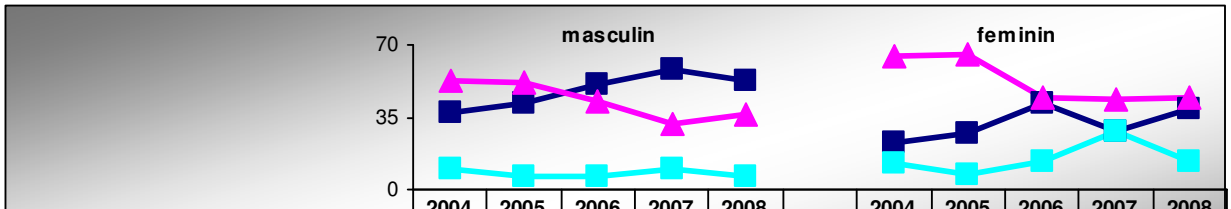

| | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|
| has never attended school/hasn't graduated elementary school | | | | | | | 3.8 |
| studii primare/gimnaziale | 26.7 | 21.1 | 32.4 | 37 | 49 | 51.8 | 50 |
| arts and crafts school/vocational school/high school | 61.1 | 67.6 | 56.4 | 56.1 | 43.3 | 35.1 | 37.9 |

** - 2002 -1107, 2003 -1456, 2004 -1169, 2005 -1320, 2006 – 1129, 2007- 1326, 2008 – 1483*
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The gender distribution of the users admitted to treatment shows that women have a higher level of education, as follows:

- although there is a downward trend for both sexes, the ratio of the persons with a medium education level varies for women between 43.7 – 65.8% and only between 32.2 – 52.5% for men;
- the percentage of the persons with higher studies ranges between 6.9 – 28.1% for women, as compared to 6 -10% for men;
- the percentage of persons who have studied more than secondary school varies for women between 22.8 – 41.9%, and for men between 37.1 – 57.9%;
- of the 30 persons who have never attended school, only 2 are girls and, among the 27 who haven't graduated elementary school there are 6 girls and 21 boys.

**Figure no. 5-24: Evolution of admissions to treatment according to the education level and gender, in 2004-2008** (% of all cases with the specified education level*)




| | 2004 | 2005 | 2006 | 2007 | 2008 | | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| elementary/secondary school | 37.1 | 41.4 | 51.2 | 57.9 | 53 | | 22.8 | 27.2 | 41.9 | 28.1 | 39.5 |
| arts and crafts school/vocational school/high school | 52.5 | 51.9 | 42.8 | 32.2 | 36.1 | | 64.3 | 65.8 | 44.9 | 43.7 | 44.1 |
| higher studies | 10.4 | 6.8 | 6 | 9.9 | 6.6 | | 12.9 | 6.9 | 13.2 | 28.1 | 14 |

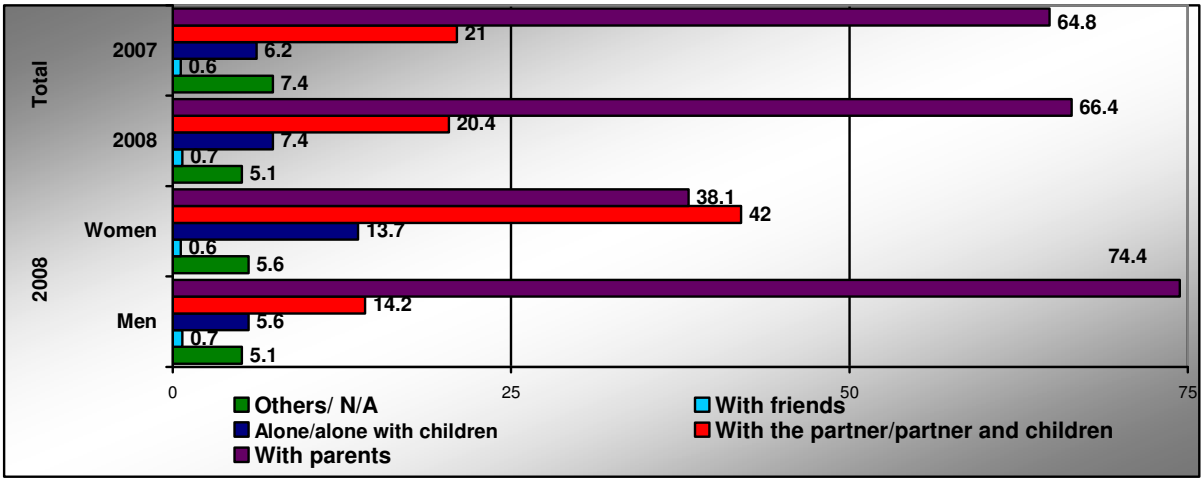
*Note –for the year 2008, the difference up to 100% represents the ratio of the persons who have never attended school/have never graduated elementary school (M- 4.2% and F-2.4%); * - 2004: M - 788 and F- 381, 2005: M-916 and F-404, 2006: M – 864 and F - 265, 2007: M – 1031 and F - 295, 2008: M – 1154 and F - 329*
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

Considering housing conditions in 2008, 7.4% of the drug users live alone or with their children, 66.4% live together with their parents, 20.4% live with their life partner/life partner and children, 0.7% with friends, and 5.2% at other locations or the housing status is not available.
As compared to the previous year, although the changes are small from the point of view of the value, there has increased the percentage of persons living with their parents, alone with children or friends, and there has decreased the ratio of persons living with their partner or with the partner and children.

In the reference year, the housing situation of the persons admitted to treatment, according to the sex, was different:

- approximately 3 out of 4 (74.4%) male users and only 2 out of 5 females lived with their parents (38.1%);
- approximately 1 of 10 males (14.2%) and almost half the women (425) lived with their partner or with their partner and children;
- 5.6% of the males and 13.7% of the females lived alone or together with their children.

**Figure no. 5-25: Distribution of treatment admissions according to the housing situation (%)**




*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

**Profile of the persons admitted to treatment following drug use/addiction in MPH care centres**

According to the main drug which has been used[58], the statistic data for 2008 indicate the following profile of the persons admitted to treatment following addiction to:

*Heroin* - male, aged between 20 and 29 (for new cases 20-24), using injecting heroin daily. Also uses, as a secondary drug, other substances, especially hypnotics and sedatives (mostly benzodiazepine) or methadone and other opiates, and cocaine, cannabis and alcohol in small percentages. The onset age ranges for half of them between 15 and 19, and for a third it ranges between 20 and 24. Most have demanded treatment at their own initiative (77%) or have been referred to by the family physician (19%) and they had been treated before for drug use (63%). They have a low education level (41% secondary school studies and 20% elementary school at the most) and they live with their family, being generally without occupation (68%) and a smaller ratio are employed under an employment agreement (20%).

*Hypnotics and sedatives* - female, aged over 45, with daily oral use of drugs, especially benzodiazepine (e.g.: Diazepam, Alprazolam, Nitrazepam, Bromazepan, Xanax) who requires treatment at her own initiative, or following referral by the family physician, and who comes for treatment for the first time. She has a medium education level, is retired and lives together with the partner/partner and children.

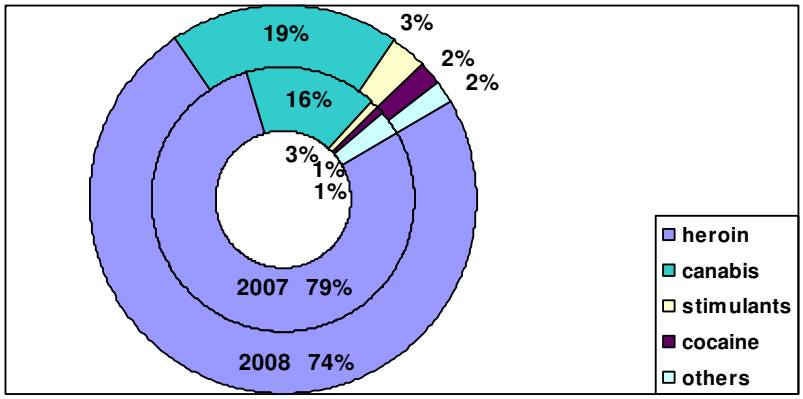
*Cannabis* - male, aged between 20 and 29, also using other drugs in small quantities, especially MDMA and derivatives thereof. He has graduated vocational school or high school, he is a pupil/student or he has no occupation, and lives with his parents. The onset age is under 24. He smokes/inhales marijuana weekly and comes for the first time to treatment, referred by the police authorities or by the medical care services, and in a smaller percentage, at his own initiative or sent by the family.

[58] For the other types of drugs, there has been registered a small number of cases: volatile substances - 10, stimulants – 8 and cocaine -4

**B. Distribution of admission to treatment following illicit drug use in the network of the drug prevention, evaluation and counselling**

In the Drug Prevention, Evaluation and Counselling Centres in 2008 440 illicit drug users have been cared for, who have demanded drug treatment admission[59]. As regards the territorial distribution of the persons benefiting from drug treatment, similarly to the MH centres, one may notice that they are mostly concentrated in Bucharest – 43.6% of the treatment requests (increasing as compared to the previous year - 41%).
Analyzing the incidence of treatment admissions in the reference year (93.6%), it was determined that, as compared to 2007 (95%), the ratio of persons admitted to drug addiction treatment for the first time has decreased.
According to the main drug, in 2008, 74.3% of the drug users have demanded treatment for opiate addiction (73.6% for heroin, 07% for methadone and other opiates), 19.3% for cannabis, 3.2% for stimulants, 1.6% for cocaine, 1.1% for volatile inhalants and 1.2% for other substances (hallucinogens, other opiates and other substances). As compared to the previous year, the admissions to treatment for heroin have decreased (2007-78.4%, 2008-73.6%) and for hypnotics and sedatives (2007-1%, 2008-0%) while increases have been noticed for cannabis (2007-15.8%, 2008-19.3%), volatile inhalants (2007-0.8%, 2008-1.1%), cocaine (2007-1.4%, 2008-1.6%) and stimulants (2007-1.2%, 2008-3.2%).

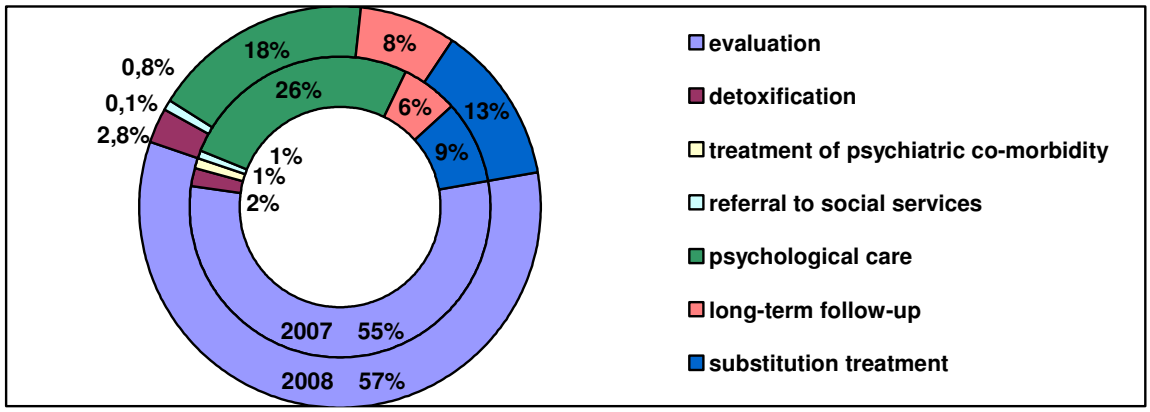
**Figure no. 5-26: Distribution of (%) treatment admissions according to the main drug, DPECC, 2008**




*Source: NAA/GIRP*

Of the complex of services provided by DPECC to drug users in 2008, a percentage of 58% was represented by the evaluation of the users, 17.7% psychological care, 12.9% substitution treatment, 7.6% long-term follow-up, 2.8% detoxification, 0.1% treatment for associated psychiatric co-morbidity, 0.8% referral to other social services. As compared to the previous year, there has increased the ratio of persons for whom DPECC has assured evaluation, detoxification, long-term follow-up and substitution treatment.

**Figure no. 5-27: Types of services provided by DPECC, 2007 and 2008**




*Source: NAA/GIRP*

[59] 472 cases have been reported at a national level, including alcohol and tobacco users.

According to the gender distribution of the persons admitted to treatment in the reference year, there was noticed that 88% of the requests for treatment have been registered for males and 11% for females[60].
According to the age group, most admissions to treatment in 2008 were for persons aged 20 to 34: approximately a third (31.8%) of the persons range between 20 and 24, another third (31.6%) between 25 and 29, and 19.3% between 30 and 34. As compared to the previous year, a decrease was noticed in the share of persons under 30 years of age (2007-78.2%, and 2008 – 69.15%) and an increase of those above 30 years of age: from 19.8% in 2007 to 29.5% in 2008.
As in the prior year, there was determined that the percentage of the age groups with the highest drug user frequency is relatively similar to the percentage provided by the MS centres, where the age category of 25-29 was most representative.

**Table no. 5-13: Distribution of treatment admissions in DPECC, according to the age group, 2008 (%)**

| Year | Age group years) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <15 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | >=45 | N/A | total |
| 2007 | 0.4 | 8.9 | 32.3 | 36.6 | 13.5 | 4.2 | 1.8 | 0.2 | 2.0 | 100 |
| 2008 | 0.0 | 5.7 | 31.8 | 31.6 | 19.3 | 7.5 | 2.0 | 0.7 | 1.4 | 100 |

*Source: NAA/GIRP*

The distribution of the cases according to drug use frequency indicates that 43.2% of all users use are daily drug users[61], 34.1% use drugs occasionally, and 7.3% use once a week, the situation being similar to that from the previous year.
Of all treatment admissions, polydrug use of psychoactive substances was registered for 17% cases. The most frequent secondary drugs are: opiates (85%) and cannabis (11%). As compared to the previous year, a decrease of the ratio of persons using a secondary drug (21%) was determined, as well as of the respective drug type (in 2007: opiates, ecstasy and cannabis all equal at a rate of 16%, followed by alcohol with 15%).
According to the drug use onset age, an increase was noticed in the ratio of the onset at a young age:

- 11.1% for persons under 15 years old (2007-10.5%);
- approximately half ranging between 15 and 19 years old: 2008-43%, 2007-42%;
- 25% ranging between 20 and 24 years old (2007-25.3%);
- and 10.5% ranging between 25 and 29 (2007-7.7%).

As regards heroin users, 44.8% (2007-42%) the onset of drug use occurred between the ages of 15 and 19, as well as for 42.3% (44%-2007) of the cannabis users.
The highest risk age group is 15-19 for persons who have undergone treatment in DPECC, similarly to treatment admissions in the MH care centres.
In 2008, according to the referral source, 37.7% of the drug users have sought treatment at their own initiative or at the initiative of their family/friends (34.3%, respectively 3.4%), while 46.4% have been referred to treatment by the justice department or they were brought in by the police, 8.4% by the health system (treatment centre, generalists, hospital, social services), 7% other sources, and 1% N/A. As compared to the previous year, there was noticed an increase of the ratio of persons requesting assistance at their own initiative (from 23% to 34.3%).

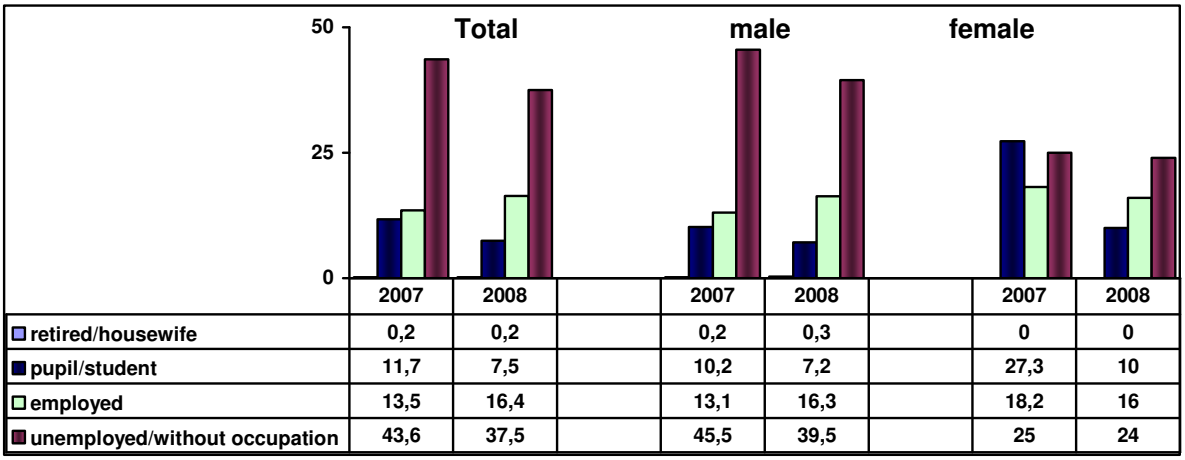
Analyzing the 440 cases of treatment admittance in the Drug Prevention, Evaluation and Counselling Centres, in the reference year, according to the vocational status, the distribution was the following: 37.5% were without occupation/unemployed, 26.1% - under arrest/detained/undergoing parole imprisonment at the work place, 16.4% - employed, 7.5% - pupils/students, 0.2% -economically inactive, and 12.3% - other situations/N/A.

As compared to the previous year, a decrease was detected in the share of persons without occupation/unemployed (2007 – 43.6%) and of the pupils/students (2007-11.7%) and an increase of the percentage of employed persons (2007-13.5%).

[60] For 3 cases, the user sex was not specified.
[61] Smaller ratio as compared to the data provided by the MS network centers (80.8% for daily use) since a considerable part of the users assisted by DPECC are committed in the penitentiary system (37.3%), where there is a lower rate of drug use.

Furthermore, a major discrepancy was detected in the percentage of unemployed or economically inactive drug users, which is much higher in the MPH centres, as well as of the percentage of pupils/students which is much higher in DPECC.

**Figure no. 5-28: Distribution of persons admitted to treatment in DPECC, according to the occupational status and gender, 2007 and 2008**




| | Total 2007 | Total 2008 | male 2007 | male 2008 | female 2007 | female 2008 |
|---|---|---|---|---|---|---|
| retired/housewife | 0,2 | 0,2 | 0,2 | 0,3 | 0 | 0 |
| pupil/student | 11,7 | 7,5 | 10,2 | 7,2 | 27,3 | 10 |
| employed | 13,5 | 16,4 | 13,1 | 16,3 | 18,2 | 16 |
| unemployed/without occupation | 43,6 | 37,5 | 45,5 | 39,5 | 25 | 24 |

*Note: the difference up to 100% stands for other situations/N/A*
*Source: NAA/GIRP*

According to gender and occupational status, the ratio of unemployed/persons without occupation is higher in case of male users as compared to females, where there is a higher rate of employed persons or persons attending an education institution.

In the category of heroin users: 40.7% are unemployed/without occupation, 16% have a job based on an employment agreement for a determined/undetermined period of time, and 1.5% are pupils/students, and among the cannabis users: 30.6% are unemployed /without occupation, 16.5% are employed and 25.9% pupils/students.

The data collected in 2008, according to the indicator *Drug treatment admission* in DPECC provides the following information related to the educational level, and respectively school dropout: of all 440 admissions to treatment, more than half (51.5%) of the users have a low education level (5.9% have never attended school/haven't graduated elementary school, 12% have completed elementary school, 33.6% have completed secondary school), 27.5% have a medium level and only 4.5% have higher studies. There are indications of a decrease in education level, as compared to 2007: 12% have not graduated elementary school, 38% have completed secondary school, 32% of them have attended high school, and 6% have completed higher studies[62].
The gender comparison shows female users have a lower level of education than male users. Thus, 20% of women and only 4.1% of men have never attended school, and 4% of women and 4.7% of men have graduated a higher institution of education. According to the main drug and the education level, the following are detected:

- among heroin users: 7.4% have never attended school or haven't completed elementary school, 49% have finished secondary school at the most, 21% have graduated high school, and 4.6% have completed post-high school studies/ long term university studies/post-graduate;
- among cannabis users: 1.2% have never attended school or have not completed elementary studies, 36.5% have graduated secondary school at he most, 36.5% have graduated high school and 13% have completed post high-school studies/long term university studies/post-graduate studies.

As regards housing conditions, in 2008, 42% of the assisted persons have declared that they lived with their parents, 40.9% - at other locations (penitentiary), 10.1% together with their partner/partner and children, 3.9% alone, 0.7% with friends and 2.3% N/A. In 2007, 42% of the drug users lived with

[62] The difference up to 100% represents the cases for which the education level was not recorded: 2008-16.4%, and 2007 – 12%

their parents, 38% lived at other locations (penitentiary), 4% with the life partner, 3% alone, 3% with the life partner and children, 3% with friends and 7% N/A.

**Profile of the persons admitted to treatment in 2008, following drug use/addiction in DPECC[63]**
*Heroin* – male, aged between 25 to 29, using injecting heroin daily. Also uses other substances, as a secondary drug, especially methadone, cannabis and cocaine. The onset age ranges between 15 and 19, he has no occupation and lives with his parents. He is admitted to treatment for the first time for drug use.
*Cannabis* - male, aged between 20 and 24 (in 2007 between 25 and 29). The onset age ranges from 15 to 19. He is a student or has no occupation, and lives with his parents. Uses this type of drug occasionally and is admitted for the first time for drug use.

## 5.4. TRENDS OF CLIENTS IN TREATMENT (INCLUDING NUMBERS)

The main trends of the key epidemiological indicator for treatment admission were the following:

- Although an increase has been noticed in the illicit drug use treatment demands in the past two years (in 2008 it reached approximately the level of 2002), the new cases/relapse ratio continues to be sub-unitary, a situation which sustains other evaluations of drug use performed by ANA.
- The main drug for which assistance services are required is heroin. On the second place are hypnotics and sedatives (centres of the Ministry of Health) and cannabis in DPECC. The patient percentage for which cocaine is the main use drug is very small (approximately 1%);
- Following the evolution of treatment admissions in the MS units, the following data were determined for heroin, hypnotics and cannabis use (new cases versus relapses) in 2002-2008: in case of cannabis, throughout the entire period, the ratio of persons demanding treatment is higher in case of users demanding treatment for the first time, as compared to relapses; in case of heroin, the ratio of the persons requesting treatment for this type of drug was higher for users requesting treatment for the first time in 2002-2006, and starting from 2007 the ratio increased for relapses; in case of hypnotics and sedatives treatment admissions, the situation is reversed: for the same period, namely 2002-2006, the ratio of persons requesting treatment for this type of drug was higher in case of relapses, and from 2007 it increased for new admissions. The collected data lead to two premises: either the accessibility to treatment has increased for users using other drugs than heroin, or we are dealing with a change of the use pattern: the heroin user ratio is decreasing and the ratio of hypnotics, sedatives, cannabis, and methadone and other opiates (other than heroin), cocaine, hallucinogens etc. is increasing.
- Analyzing the evolution of the treatment admissions for the same period, according to the sex of the user and the type of admissions, it was determined that the male/female ratio for the total number of persons undergoing treatment has decreased in 2001-2003 (from 5:1 to 2:1) and subsequently it had a constant increasing trend (from 2:1 to 3.5:1), and for the new cases, the indicator ranges between 2.3:1 and 4.6:1, with smaller values in 2005-2008 as compared to 2001-2004 (see table 5-3), suggesting a possible increase of the accessibility to the services for female illicit drug users;
- Male users mainly use heroin, while the use of hypnotics, sedatives and other substances (e.g.: alkaloids, analgesics, antidepressants, Calmogen, Carbamazepine, Depakine, Meprobamat, Rapinirol, Sepoquel, Taver) is higher for females; men account for higher cannabis use;
- Most persons start using drugs when aged between 15-19, the ratio thereof undergoing an increasing trend from 25%- 2004 to 35% - 2007. The following risk group is that of 20-24, when approximately one out of four users has started using drugs. The ratio of persons who have started to use psychoactive substances between 25-34 continues to be relatively stable (ranging between 12-15%). As compared to 2004, a decrease was detected to less than half of the percentage of persons with drug use onset before the age 15 (from 12% to 5%), and of those who have started to use drugs over the age of 35 (from 20% to 9%);
- The daily users percentage varies in 2004-2008 between 77.2% and 85.2%, and according to the used drug, it was noticed that the use of hypnotics, sedatives and other substances has

[63] For the other types of drugs, there is a smaller number of cases: stimulants – 14, cocaine-7, volatile substances - 5 , hypnotics and sedatives – 0

dropped as compared to the previous years, the use of methadone and heroin continues to have the same high values; the level of use has increased for cocaine, hallucinogens and cannabis and it has an oscillating evolution for volatile inhalants and stimulants;

- As regards the route of administration of the main drug, it was determined that: injecting drug use is dominant (in 2008: approximately 3 out of 5 users), with an increasing trend of the injecting drug users: from 50.9%-2004 to 72.7% in 2008. Furthermore, the drug user ratio with a history of injecting drug use has increased from 51.1% in 2004 to 70.7% in 2008. Although the increase is registered both for female users and for male users, the drug user ratio with a history of injecting drug use, irrespective of the type of drug, differs for the two sexes, being influenced by the fact that heroin users are mostly men, unlike, women, where only a third use heroin;
- The education level of the persons admitted to treatment: if at the beginning of the reference period 3 out of 5 users had a medium education level and only ¼ had a low education level (maximum secondary school), in 2006 the situation has changed so that at the end of 2008 approximately a third (38%) had a medium education level, and more than half (53.8%) a low education level. In 2008, a percentage of 3.8 persons who have never attended school or haven't graduated elementary school was registered for the first time;
- Most persons seeking treatment are unemployed/without occupation, economically inactive or working without employment agreement, they are living with provenance family or with their own family, and they have demanded care at their own initiative or at the initiative of their friends/family;
- the heroin use cases continue to be mostly concentrated in Bucharest, and heroin continues to be used mainly as an injecting drug. The standard profile of the heroin user indicates the existence of other prior treatments and a pattern of polydrug use. Almost half of the heroin users started using drugs when aged between 15-19 (the ratio increasing slightly from 42% to 47%), and the early onset, under the age of 15, has an upward trend: it ranges between 4.6% and 8.2%. From the gender point of view, it was determined that, while in 2004-2005 the ratio of women starting to use heroin under 19 against all admissions to treatment for females was higher than the similar ratio for men, in 2006 the situation was reversed, because in the first case, there has been a downward trend (from 61.7%-2005 to 39.3%-2008), while the ratio of male users with heroin use onset under 19 was increasing : from 44.3%-2004 to 55.4%-2007 and 55.1-2008.

# Chapter 6 - Health Correlates and Consequences

## 6.1 DRUG RELATED INFECTIOUS DISEASES

### 6.1.1 HIV/AIDS, VIRAL HEPATITIS, STIs, TUBERCULOSIS, OTHER INFECTIOUS MORBIDITY

**General framework**

There is a noticeable stabilisation tendency for the prevalence of drug related of infectious disease in 2008:

- low HIV levels;
- slight increase in HBV but continuing to be under-reported (explanations were given in the previous national report) and thus, relatively acceptable from the numeric point of view and
- disturbing as regards HCV, which level is beyond the European average.

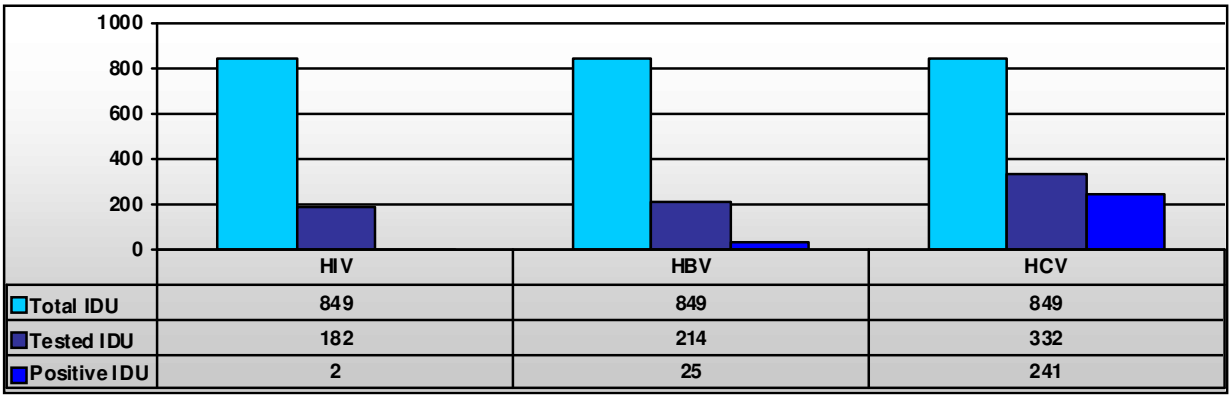
Recorded values are in line with the regional trends: low HIV prevalence and high HCV prevalence, extensive sharing of injection paraphernalia, limited addressability of the medical-social services. Apart from these three diseases, there are no available data on other diseases such as syphilis, tuberculosis, STIs, which are mainly connected to the Romanian social-economic conditions (economically disadvantaged populations, commercial sex, reduced hygiene level) and less to the intravenous use.

Data were collected through the collection system put in place by the RMCDDA and which, based on the drug treatment admission record, was used to collect data from the 47 DPECC, 5 Integrated Addiction Care Centres and the 14 specialised units of the Ministry of Health. Although not covering the entire range of drug medical care units, the data indicates constant trends in the drug related infectious diseases.

*Drug related infectious diseases*

Thus, 849 injecting drug use cases (IDU) were recorded in 2008, as shown by the mentioned collection source. Heroin was the main drug used by the IDU (842), while the rest reported other substances as main drug of abuse: tramadol, oxiconon, ketamine, fortral, morphine, and other opiates. The gender examination of the total cases shows 89.3% are male and 10.7% female users. Of the 849 people recorded as IDUs, 332 reported having been tested for HCV, 214 for HBV and 182 for HIV. No additional data were reported as a result of confirmation tests.

**Figure no. 6-1: Distribution of IDU, by test results, 2008**



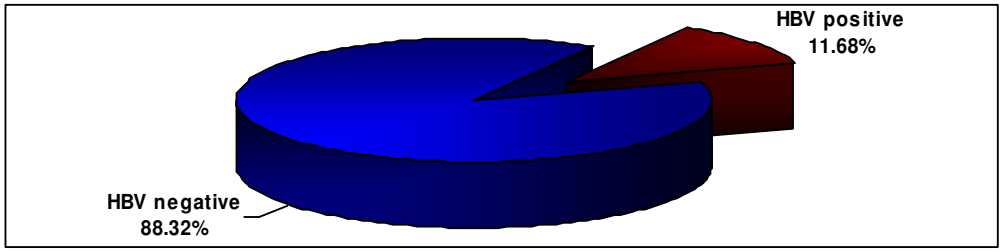

| | HIV | HBV | HCV |
|---|---|---|---|
| Total IDU | 849 | 849 | 849 |
| Tested IDU | 182 | 214 | 332 |
| Positive IDU | 2 | 25 | 241 |

*Source: NAA/GIRP*

a) B and C virus hepatitis infections

The HBV prevalence in 2008 reached the percentage of 11.68 (25 positive cases of 214 tested cases, 24 male and 1 female).

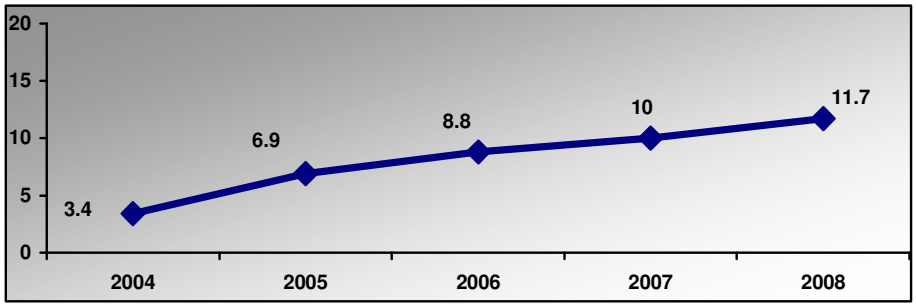
**Figure no. 6-2: HBV prevalence among IDU in detoxification centres, 2008 (%)**




*Source: NAA/GIRP*

The analysed data referring to the 2004-2008 interval shows a continuously increasing tendency of the HBV prevalence (almost 1% annually), which might be related to the improved availability of HBV testing services and improved reporting. As explained in previous reports, HBV prevalence among IDU is likely to be under-reported because of the loss of patients in public records and the lack of technical and financial means supporting detailed examinations of AgHBc şi HBe viral infections for HBV[64].

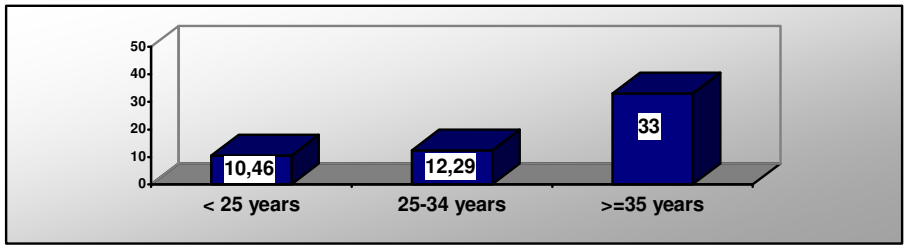
**Figure no. 6-3: HBV prevalence among IDU, data comparison 2004-2008 (%)**




*Source: NAA/GIRP*

The age distribution indicates the highest prevalence was recorded among IDU aged over 34 (33%), followed by those aged 25 to 34 (12.29%), while the lowest HBV prevalence was noticed among IDU under 25 (10.46%).

**Figure no. 6-4: HBV prevalence among IDU, by age group, 2008 (%)**




*Source: NAA/GIRP*

HBV prevalence doubled among first drug treatment patients (18.36%), as compared to re-admissions (9.42%). This considerable distinction can be partially explained by the notably lower number of patients tested for HBV among the first drug treatment patients (41 as compared to 159).

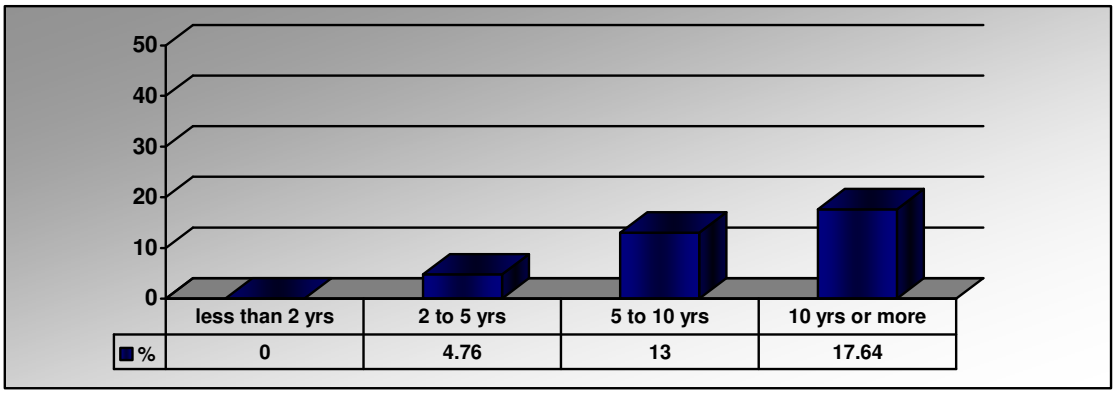
[64] See National Report 2008

**Figure no. 6-5: HBV prevalence among IDU, by type of admission (first/repeat cases), 2008 (%)**


*Source: NAA/GIRP*

For an in-depth analysis to this difference, the HBV distribution among IDUs was analysed by injection record. Thus, among the tested users, the ones with an injecting drug history over 10 years accounted for the highest prevalence (17.64%). The data shown below confirm the assumption that the increasing HBV prevalence among IDU in the last years has been caused by the underreported presence of this virus in the reference group and not a recent issue, while, although contradictory, the increase of the prevalence of the new treatment admissions can be caused by: loss of patients from the records of the services, low number of HBV-tested clients among first admissions or expansion of IDU`s services and of the DPECC network, namely CAIA, which resulted in bringing to surface users with a long history of drug use.

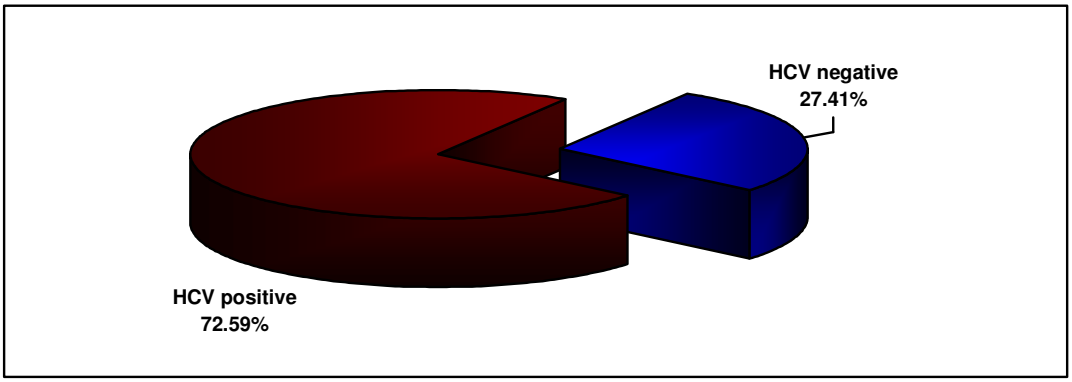
**Figure no. 6-6: HBV prevalence among IDU, by injection period, 2008 (%)**




*Source: NAA/GIRP*

Unlike HBV infection prevalence, HCV prevalence reached higher values among the 322 tested IDU. Available data in 2008 show an HCV prevalence of 72.59% (241 tested people), which places Romania among the countries with an increased HCV infection prevalence.

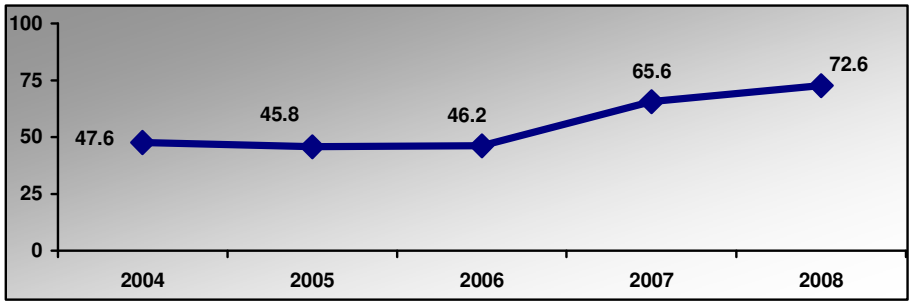
**Figure no. 6-7: HCV prevalence among IDU, 2008**




*Source: NAA/GIRP*

The geographical distribution of HCV stretching on several years shows an increasing trend in HCV-infected people among the IDU. This data confirms the results of several previous surveys[65], which indicate the phenomenon may have direct causes, such as the extensive and frequent injecting equipment sharing behaviour and the lack of sterile equipment or the lack of information on the risks of injecting drug use and other indirect causes triggered by a higher availability of HCV testing services.

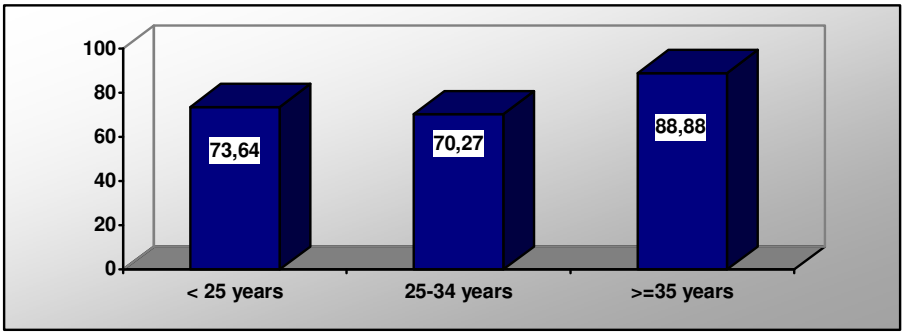
**Figure no. 6-8: HCV prevalence among IDU (%), data comparison 2004-2008**




*Source: NAA/GIRP*

The gender distribution shows HCV prevalence was significantly higher among male users (74.91%) than female users (51.51%). The HCV prevalence recorded for all studied age groups (<25 years; 25-34 years; >34 years) accounted for more than 70%, namely 73.64%, 70.27% and 88.8%.

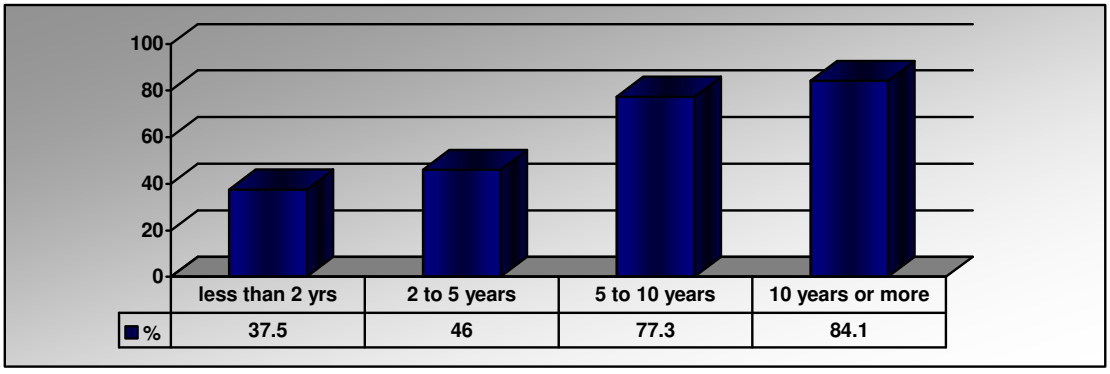
**Figure no. 6-9: HCV prevalence, by age group, 2008 (%)**




*Source: NAA/GIRP*

The highest prevalence rate was recorded among users with a history of drug use over 10 years (84.1%), which is similar to HBV.

**Figure no. 6-10: HCV prevalence (%) among IDU, by injection history, 2008**

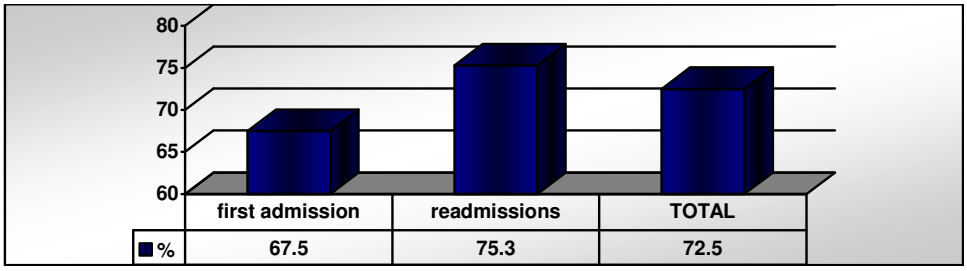



*Source: NAA/GIRP*

[65] See National Report 2008

In addition, HCV prevalence was higher among re-admitted patients (75.6%) than among first drug admissions (63.6%). There is a noticeable difference (almost 8%) in the HCV infection rate among prevalent IDU cases (67.5%) and incident IDU cases (75.3%).

**Figure no. 6-11: HCV prevalence among IDU, by type of admission (new/re-admissions), 2008 (%)**

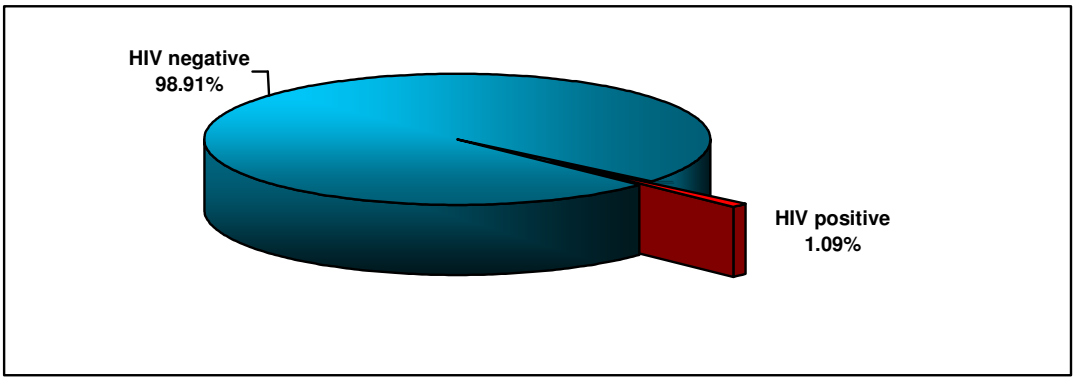



*Source: NAA/GIRP*

b) HIV infection

As compared to preceding years, available data on HIV/AIDS infection and injecting drug use suggest a change of the 2008 trend. Only two HIV positive cases were recorded in 2008 out of 182 IDU`s that have reported being HIV tested in specialised medical units. The low number of cases did not allow for the proper statistical analyses according to the variables: time elapsed since the last injection, age group and time of treatment admission.

**Figure no. 6-12: HIV prevalence among IDU**




*Source: NAA/GIRP*

The HIV/AIDS Monitoring and Evaluation Department within the National Commission to Fight against AIDS in the Ministry of Health reported 3 HIV positive cases in 2008 out of a total of 383 injecting drug users that had been tested in specialised medical units.
Due to the technical and financial assistance of UNODC – Romanian Office and of the Global Fund to Fight HIV, Tuberculosis and Malaria, four NGO`s and two penitentiaries in Bucharest (Aliat, Samu Social, Aras, Integration, Rahova and Jilava penitentiaries) carried out syringe exchange programmes, while one NGO (ARAS) and one penitentiary (Rahova) in Bucharest provided substitution treatment. Thus, 7081 IDU were assisted in syringe exchange programmes, and 222 drug users benefited from methadone substitution treatment. For the 251 clients that have been tested for HIV/AIDS out of a total of 7081, no positive results were found. Of the 222 substitution treatment clients, 48 IDU have undergone HIV testing and 4 were found positive.

**Conclusions:**

- HBV and HCV prevalences among IDU reached increasing values in 2008 as compared to previous year; the high prevalence of HVC confirms the fact that HCV is a major public health issue;
- HIV prevalence continued along the same levels in 2008 (1%);
- Patient have been known to be lost from the records of the services and there has been a lack of technical and especially financial means that prevented proper analyses, which underpin for

the in-depth examination of viral infections: AgHBc and HBe for HBV, ARN for HCV. In addition, the confirmation test results were not available or often the tests have not been taken.

## 6.2 OTHER DRUG RELATED HEALTH CORRELATES AND CONSEQUENCES

6.2.1 Non fatal overdoses and drug related emergencies

Drug emergencies have been treated in the Toxicology Unit of the Floreasca Emergency Hospital in Bucharest. 98 people have been brought to these toxicology units in 2008.

**Table no. 6-1: Patient distribution by gender and age, data comparison 2005-2007**

| Age group (years) | 2005 | | 2006 | | 2007 | | 2008 | |
|---|---|---|---|---|---|---|---|---|
| | M | F | M | F | M | F | M | F |
| <15 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| 15-19 | 6 | 2 | 3 | 5 | 5 | 7 | 7 | 3 |
| 20-24 | 17 | 9 | 27 | 6 | 27 | 10 | 24 | 4 |
| 25-29 | 24 | 1 | 33 | 4 | 36 | 14 | 33 | 4 |
| 30-34 | 9 | 1 | 11 | 0 | 11 | 3 | 12 | 4 |
| 35-39 | 6 | 1 | 7 | 0 | 4 | 1 | 1 | 0 |
| 40-44 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| 45-49 | 1 | 0 | 2 | 1 | 2 | 0 | 1 | 0 |
| **Total** | **64** | **14** | **85** | **20** | **89** | **37** | **79** | **15** |

*Source: Floreasca Emergency Clinical Hospital, Bucharest*

The cause of the emergency has been linked directly to drug use for 75 of the 98 patients. The breakdown of the main diagnosis of the patients after 72 hours is indicated below:

**Table no. 6-2: Patient distribution by diagnosis after 72 hours (no. of people)**

| Diagnosis after 72 hours | Diagnosis (no.) |
|---|---|
| Reed Coma (I-IV) | 15 |
| Acute heroin/opiate intoxication | 30 |
| Psychomotor agitation | 1 |
| Acute respiratory insufficiency | 8 |
| acute alcohol intoxication | 3 |
| Acute poly-drug intoxication | 8 |
| Acute drug intoxication | 7 |
| Opiate overdose | 8 |
| Confusion syndrome | 1 |
| Opiate withdrawal | 9 |
| Others | 8 |
| **Total** | **98** |

*Source: Floreasca Emergency Clinical Hospital, Bucharest*

For the mentioned 75 patients toxicological analyses were conducted in order to establish the presence of licit or illicit drug use in the body. The following table shows the substance findings, considering that for most patients at least one substance was found in the body of the ones mentioned below:

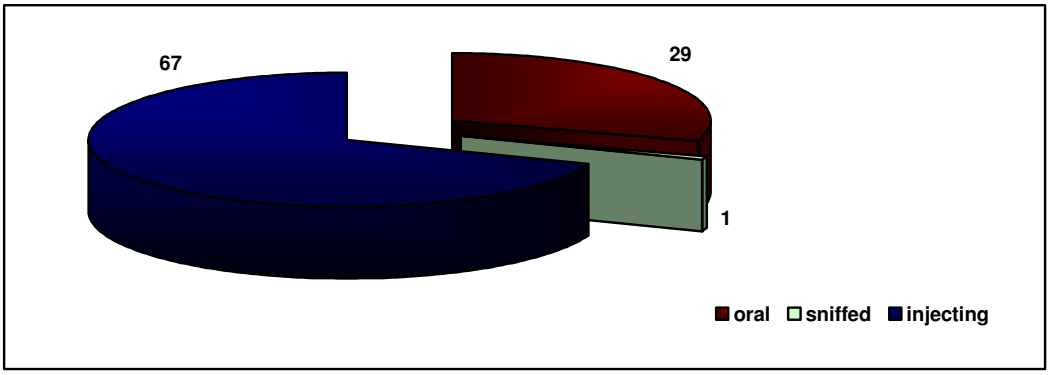
**Table no. 6- 3: Distribution of toxicological findings by results of analysis**

| Substance | Number of positive tests | Substance | Number of positive tests |
|---|---|---|---|
| amphetamine | 1 | lexotanil | 1 |
| amobarbital | 1 | methadone | 8 |
| calmaforte | 1 | metorfan | 1 |
| carbamazepine | 4 | mianserin | 1 |
| cocaine | 1 | paracetamol | 1 |
| codeine | 1 | rivotril | 1 |
| diazepam | 3 | tramadol | 2 |
| fasconal | 1 | tusin | 1 |
| heroin | 66 | venlafaxin | 1 |
| ketamine | 2 | Total | 98 |

*Source: Floreasca Emergency Clinical Hospital, Bucharest*

The administration route distribution shows injecting use is the most prevalent among the reported non-fatal emergencies.

**Figure no. 6-14: Distribution of patients for which drug use and the emergency cause have been directly linked, by drug administration route**




*Source: Floreasca Emergency Clinical Hospital, Bucharest*

*Grigore Alexandrescu* underage patient hospital is a data source on non-fatal emergencies caused by the ingestion of psychoactive substances, among the underaged. This hospital data shows 16 such emergencies were recorded in 2008 for patients aged 12 to 17, of which 8 patients were less than 15 years old. Dextrometorfan was used in 6 cases, Fenobarbital in 2 cases, diazepam 2 cases and codeine, carmabazepine, haloperidol and heroin in one case each.

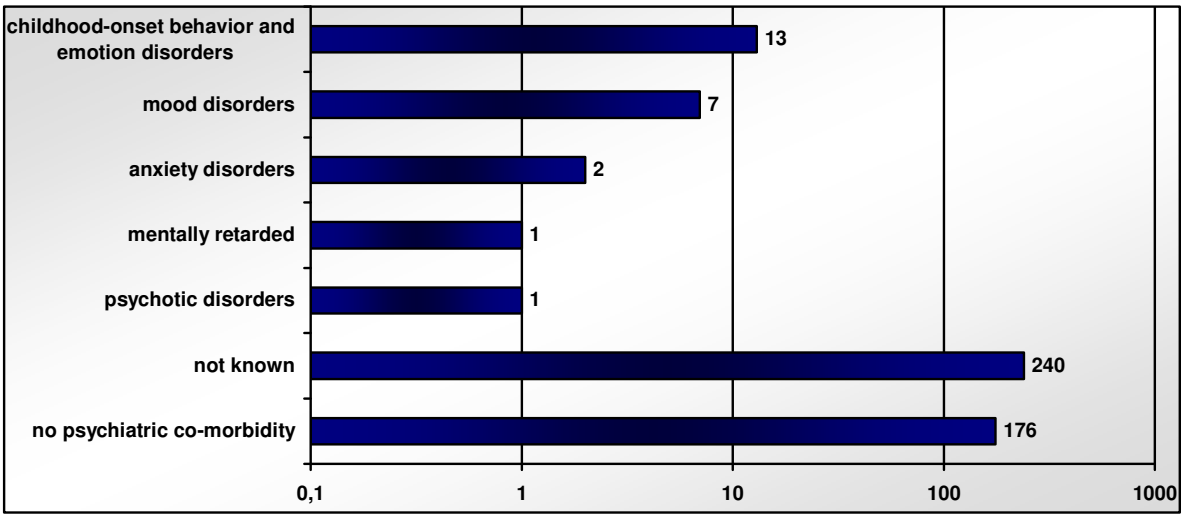
Conclusions: Heroin and opiates generally are the most frequent cause of the reported non-fatal emergencies in 2008. There is however a large number of underage patients diagnosed with acute psychoactive substance intoxication.

### 6.2.2 Personality disorders, depression, anxiety, affective disorders etc

440 unique cases were analysed of this chapter, all generated by the 47 national level DPECC and the 5 CAIA respectively.

The analysis indicated 19 people were diagnosed with several psychiatric disorders, of which the most frequent were *childhood-onset behaviour and emotional disorders*, namely 13 cases (2.9%), followed by *mood disorders* – 7 cases (1.57%).

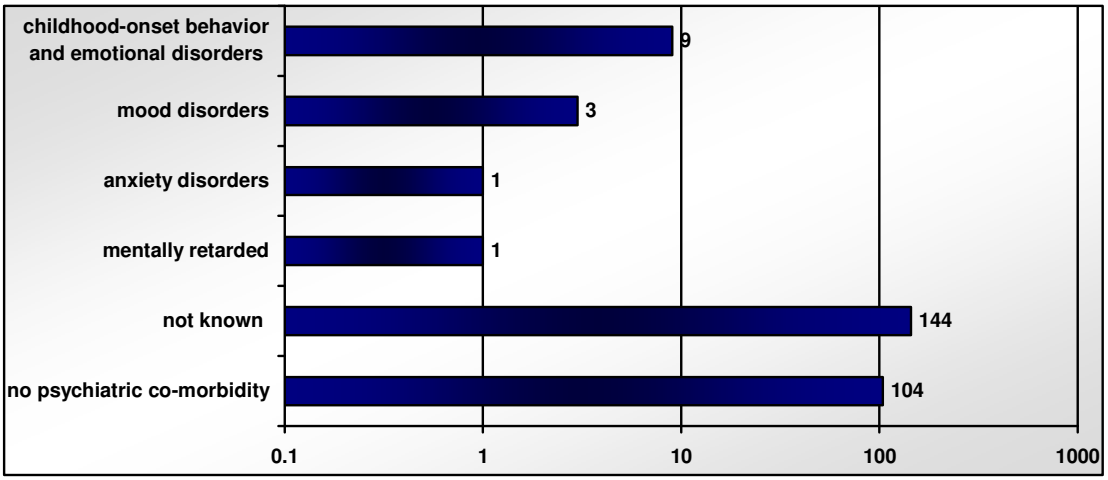
**Figure no. 6-15: Case distribution by drug related psychiatric pathology, 2008 (DPECC)**




*Source: NAA/GIRP*

262 of the 460 cases were injecting drug users, mainly heroin users. Of them, 14 were diagnosed with drug related psychiatric pathology (5.34%). *Childhood-onset behaviour and emotional disorders* were the most frequent - 9 cases (3.43%).

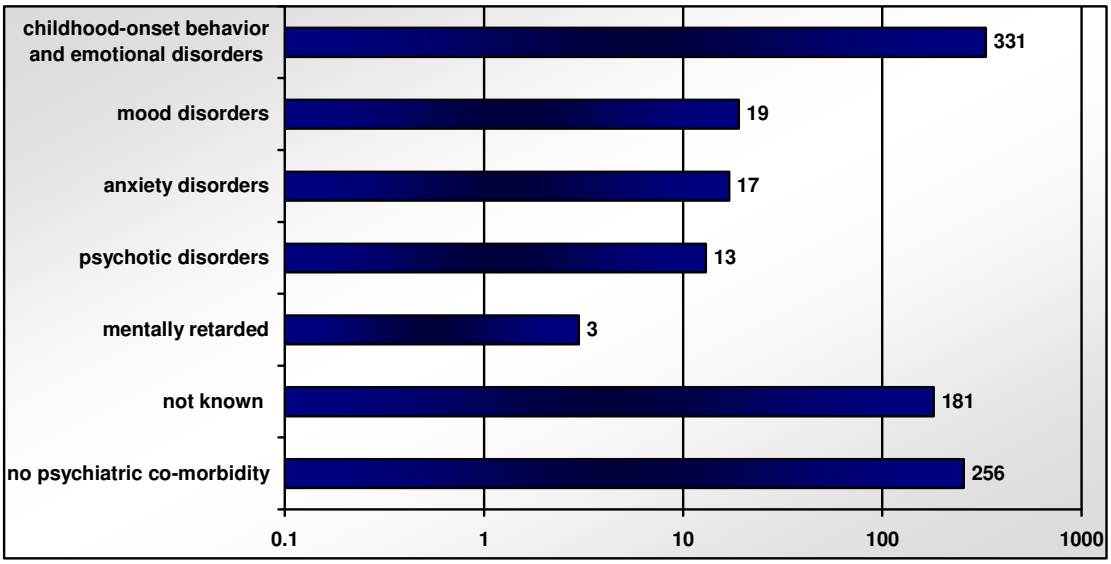
**Figure no. 6-16: Case distribution by injecting drug related psychiatric pathology, 2008 (DPECC)**




*Source: NAA/GIRP*

The Ministry of Health's units that reported cases to the RMCDDA indicated the following distribution for 820 clients of their services: 40.4 % childhood-onset behaviour and emotional disorders with, 2.3% mood disorders, 2.1% anxiety disorders, 1.6% psychotic disorders and 0.4% mentally retarded.

**Figure no. 6-17: Case distribution by drug related psychiatric pathology, 2008, (MH)**




*Source: NAA/GIRP*

## 6.3 DRUG RELATED DEATHS AND MORTALITY OF DRUG USERS

### 6.3.1. Direct overdoses (and substances involved) and (differentiated) indirect drug related deaths

In reference to the „Drug related death" indicator, a Phare programme RO 2004/016-772.03.01 B1 Strengthening the institutional capacity of the Romanian agencies in the field of drug demand reduction, B component, was implemented thanks to an efficient collaboration between the NAA, Ministry of Health, Ministry of Public Finances, EC Delegation to Bucharest and beneficiary institutions (Mina Minovici LMNI Bucharest, LMI Timişoara, LMI Iaşi). The programme included tow other under programmes, each one of them of significant importance for Romania:

- *Twinning Light* RO2004/IB/JH-11 TL2 with Germany, our country benefiting from the support of a group of German specialists and experts coordinated by 5 teachers in as many well-known university centres in Germany and Europe, including the President of the German Legal Medicine Toxicology Society, that conducted extensive training across the country for the Romanian specialists, including in Germany.
- Component B of this Phare project implemented by the Ministry of Health benefited from funding amounting to almost 1.2 million euro of which 400,000 euro granted by the Romanian state as co-financing. Today thanks to this joint effort there are 3 laboratories equipped with state-of-the-art technology in three institutes in the country (LMNI Bucharest, LMI Timişoara, LMI Iaşi) in which narcotics drugs can be identified, being the only ones of this technologic level in the country.

A new PHARE project *Supporting the national legal medicine network of drug of abuse and metabolites analyze laboratories* - RO06-IB-OT-04, with a European budget of 250,000 euro (and a co-financing provided by the Romanian party of 40,000 euro) was conducted in 2008 as a logic follow up of the previous projects, in response to the need to put to best use the bought equipment and, for the first time to the need for highly precise identification techniques.
Continuity was ensured by the participation of the same team of German experts in a project aiming to improve and specialise the activity of the toxicology laboratories in the field of psychoactive substances identification. The main progress was achieved in the theoretical field related to quantitative analyses through GC-MS and quantitative identification and determination of the toxic elements through HPLC. The legal-medical toxicology has the equipment and qualified staff needed to perform high level toxicological findings, including quantitative, at comparable level to any European laboratory, with authorised validation and certification, for almost all substances under national and international control, for metabolites, precursors (the entire range of narcotics and medicines currently used in the trafficking and use psychoactive products), in different body fluids or material evidence.

A group of legal medical doctors – one in each institute – attended an experience exchange with colleagues from the Czech Republic in November 9 - 13, 2008, within the Institutional twinning project *Increasing the efficiency of the cooperation between the institutions involved in the fight against drugs* RO/06/IB-JH-04, Activity 3.14, developed by the NAA. The activity was meant to enable information and experience exchange in the field of case management and reporting on injecting drug users in order to tailor the methodology and procedures to the one used by the EMCDDA.

Considering the new possibilities of substance detection, unattained through old methods, and the continuous reporting of new deaths cases in the last two years as caused by substances that were not listed, a proposal was made to update the schedules of substances under control – e.g. Tramadol (amendment proposal under consideration). As compared to previous years, the quality of the data reported by the main source institutions for the *drug related deaths indicator* was much improved, which lead to an increase in the reported drug related death cases, more likely in relation to an increase in the „visibility" of these deaths. Applying the unique algorithm for injecting drug users case definition and recognition of drug related deaths, the algorithm-based forensic management, data collection and reporting according to the protocol initiated in partnership with the NAA, as well as the significant improvement of the toxicological detection capacity of *Mina Minovici LMNI* are the main reasons for the improved evaluation of mortality among injecting drug users.

The following data were generated by the cases handled in the *Mina Minovici LMNI* in Bucharest; and the other Legal Medicine Institutes provided data for 2008, while there were no drug related cases reported in the coverage area of the LMI Iaşi, Timişoara, Cluj, Mures and Craiova.

The nigh shift reports showed 30 suspicious cases of intoxication with psychoactive products – revealed by the on-site investigation proceeds of the DGPMB – Homicide Service – Suspicious Deaths or by the clinical observation sheets of hospital deaths (to these cases can add other cases recorded after necropsy and laboratory examinations, because in this year, there was an increase of detected cases with no investigation data suggesting drug use – a reflection of the increased screening capacity of the laboratory).

33 cases were declared drug related cases according to the definition of the *drug demand indicator* definition – of them 31 have been toxicologically confirmed showing psychoactive substances following the examinations made in the toxicology laboratory LMNI in Bucharest. Practically, drug related deaths are ascertained based on valid toxicological examinations, as objective evidence, limiting the importance of the subjective selection factors). In a negative toxicological examination advanced decomposition limited the detection possibilities of the toxicological test – case in which the negative result of the toxicological tests was expected to be negative, if no hair tests have been performed - the only valid biological evidence for toxicological tests performed in these cases.
The other case with a negative toxicological examination in body fluids (but positive paraphernalia) was caused by intoxication with volatile products that need head-space GC for which the working method was not yet implemented in the *Mina Minovici LMNI*. One of the cases recorded previously as drug related death falls into an inclusion criteria in the respective category. The suicide cases in which death is directly caused by acute reaction to psychoactive substance will be recorded as a case of fall from heights of a person with lethal values of cocaine in the body.
Another case was registered of a known drug user with clear indications of recent intravenous use, which cause of death was related to AIDS, not intoxication (a case of *indirect cause* as defined by the drug related death indicator).

To conclude, the following were recorded in 2008:

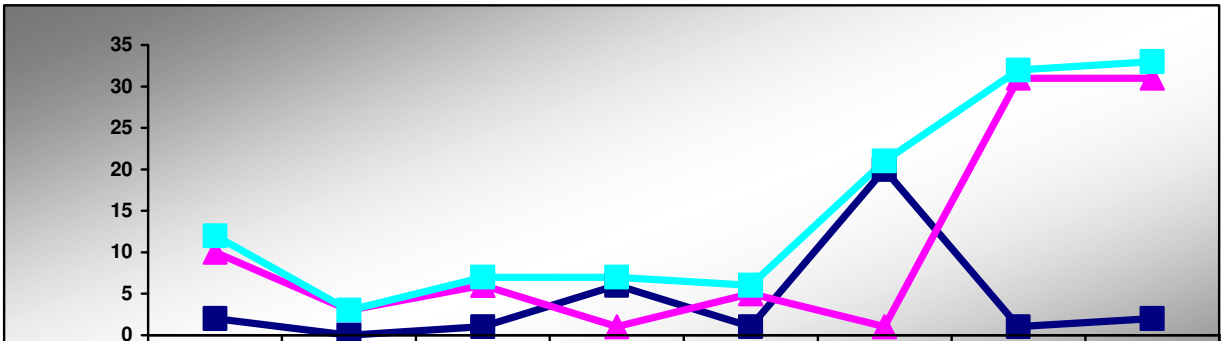
- 30 cases initially tackled as suspicious drug related death;
- 33 declared drug related deaths - 31 with positive toxicological test, 1 negative (decay), 1 negative case (technical limits in detection – volatile substance needs GC analysis – head space – working method still under implementation), but both with indicator criteria range and a legal-medical solution.

Thus, a larger than initially suspected number of accurately ascertained cases reveals the identification capacity – case management in the absence of initial indicators or suggestive investigative data.

The cases included as drug related deaths showed the following features:

- 31 men and 2 women;

**Figure no. 6-18: Distribution of drug related deaths by gender, 2001-2008**




| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|
| women | 2 | 0 | 1 | 6 | 1 | 20 | 1 | 2 |
| men | 10 | 3 | 6 | 1 | 5 | 1 | 31 | 31 |
| total | 12 | 3 | 7 | 7 | 6 | 21 | 32 | 33 |

*Source: LMNI*

There is slightly upward trend in the last years (22 cases in 2006, 32 in 2007, 33 in 2008) showing figures higher than in the interval 2001-2005 as an evidence of increased detection capacities – selection – legal-medical management – toxicological detection.

- Age between 16 and 40 yrs : 15- 19 yrs – 7, 20-24 yrs - 8, 25- 29 yrs – 13, 30-34 yrs – 2, 35-39 yrs - 1, 40-44 yrs – 2 (mean age 25, 26 yrs – higher than in 2007 when it reached 21.2 years).

**Table no. 6-4: Drug related deaths by gender, 2007-2008 comparison**

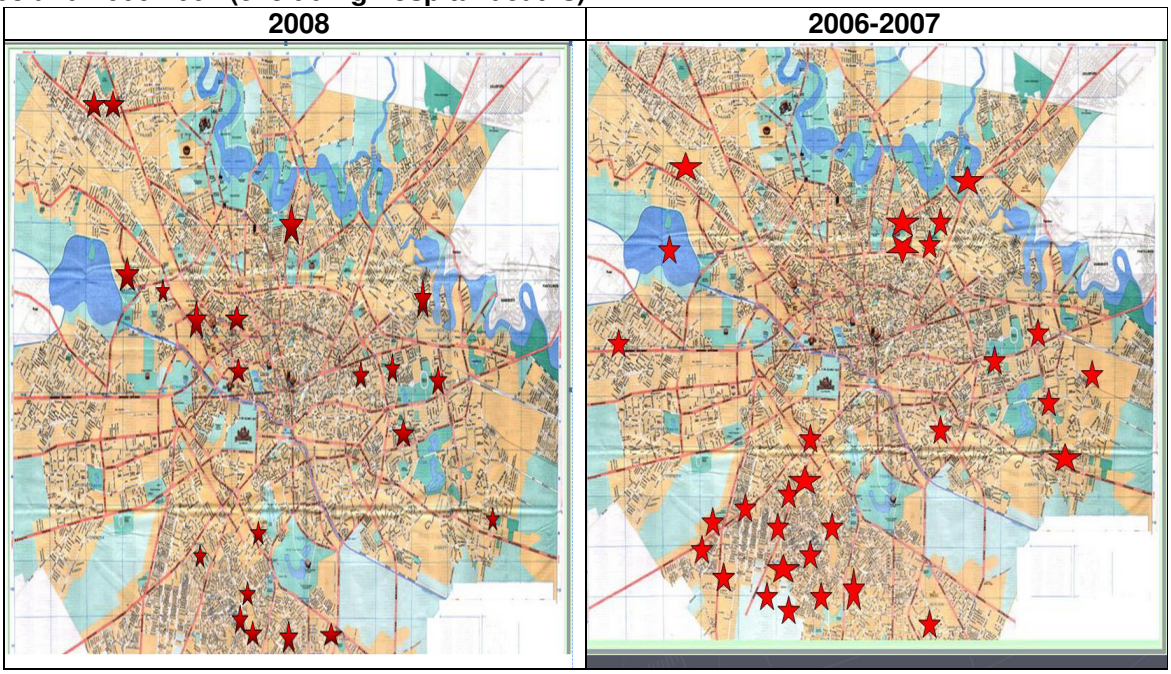
| Year / Age group | 2007 | | | 2008 | | |
|---|---|---|---|---|---|---|
| | male | female | total | male | female | total |
| 15-19 years | 0 | 1 | 1 | 6 | 1 | 7 |
| 20-24 years | 11 | 0 | 11 | 7 | 1 | 8 |
| 25-29 years | 13 | 0 | 13 | 13 | 0 | 13 |
| 30-34 years | 7 | 0 | 7 | 2 | 0 | 2 |
| 35-39 years | 0 | 0 | 0 | 1 | 0 | 1 |
| 40-44 years | 0 | 0 | 0 | 2 | 0 | 2 |
| **Total** | **31** | **1** | **32** | **31** | **2** | **33** |

*Source: LMNI*

There is a noticeable increase of drug related deaths among people under 19 in comparison to last year – new wave of users, and an increase of the average which shows the aging process of users, showing a long drug use history.

- 15 house deaths, 4 in public places (street, elevator, bridges), 5 deaths in other houses, 1 workplace death, 8 hospital deaths – similarly to previous years; drug users` preferences have not changed - the drug user prefers the intimacy of his/her own house or secluded areas.

**Map no. 6-1. Geographic distribution of drug related death places recorded in Bucharest – 2008 and 2006-2007 (excluding hospital deaths)**



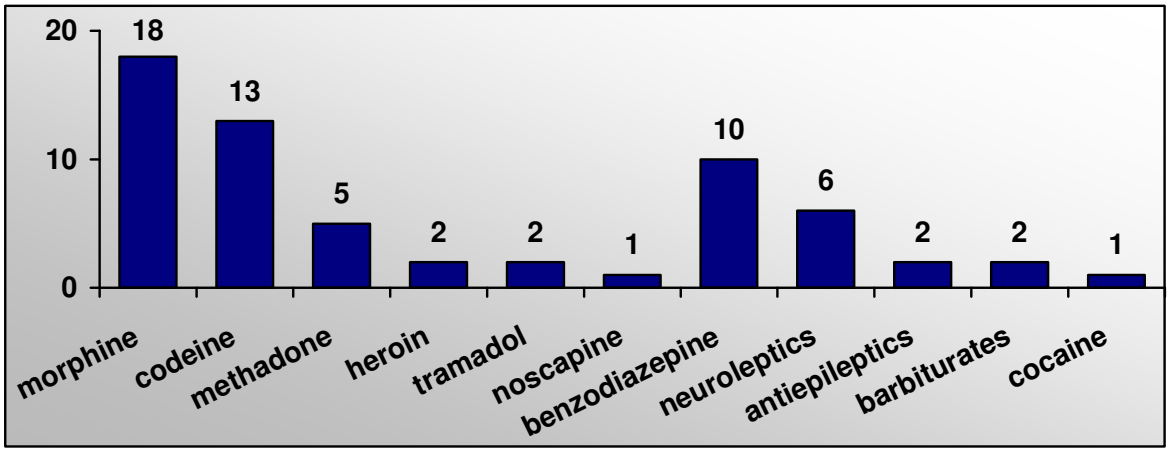

*Source: LMNI*

There is a more homogenous distribution in comparison to previous years when more than half od the cases would cluster in Rahova-Ferentari area:

- 22 cases had a drug use record, previously known relapses obtained during investigation data, 4 cases of substitution treatment patient.
- The cases which implied substitution medication – methadone – show the need for a better control of treatment administration – under direct control or as liquid methadone (hard to sell on the black market).
- In 26 cases, elements were drown that might point to drug use, some with marker-stigma value: 12 cases indicated the presence of tattoos, 12 – vascular sclerosis, 12 – scars that can be correlated to drug use, 4 - miosis (variable combinations). This confirms the less occurrence of the death at first doses (possibly due to low concentration of street doses – 7 – 9% for heroin in Romania), and mainly among chronic users, with a long drug use history.

- In 24 cases the administration route was certainly intravenous, in one sniffing, and in the others *per os* and/or uncertain (possibly sniffing). This confirms the data resulted in other studies which indicate the main drug use route is intravenous.
- In 10 case, paraphernalia elements were identified on the site – 7 syringes, 2 bags of lemon salt, 3 foils, 3 doses, 2 spoons, 1 bottle cap, medicines 3, gluing bag -1. This evidence was not always provided to the forensic doctors. The toxicology test gave positive results in all cases. In all cases in which the forensic doctors were presented with paraphernalia, the toxicology results in corpse body fluids were correlated to the ones on the injecting tools. This strengthens the need for data provided to the forensic doctor by the forensic and toxicology investigation of paraphernalia elements.
- In 10 cases the cause of intoxication was caused by opiates, in 6 cases by the combination of opiates and alcohol, 4 cases of opiates and benzodiazepines, 1 case of opiates, benzodiazepines and alcohol, 1 case of opiates and barbiturates, 1 case of opiates, barbiturates and alcohol, 3 cases of opiates and several medicines, 4 cases of benzodiazepines combined with other medicines (tricyclic anti-depressants, anti-psychotic drugs, antiepileptics), 1 case of carbamazepine intoxication, 1 case of euphoric substances (clorophorm), 1 case of cocaine intoxication. Opiate intoxication are definitely prevalent (79%), an upward trend in comparison with past years, when the percentage amounted to 73% in 2007, and 53% in 2006. At the same time, the rate of medicines diverted from pharmacologic use and used as drugs decreases.
- The toxicological examinations conducted by the LMNI in Bucharest indicated the presence opiates - 41 findings[66] (in 26 cases) (5 methadone, 18 morphine, 2 heroin, 13 codeine, 2 tramadol, 1 noscapine), benzodiazepines – 10 results, antiepileptics – 2 results, barbiturates – 2 cases, psychotic drugs – 6 cases, cocaine - 1 case. These substances were revealed in variable combinations, in three of the cases a single substance was revealed (methadone – one case, carbamazepine – one case, cocaine – one case); additionally related products (anti-inflammatory non-steroid) would frequently be revealed.

**Figure no. 6-19: Case distribution by substance detected in toxicological examinations, 2008**




*Source: LMNI*

- Alcohol was detected in eight cases, ranging between 0.15 and 1.6g‰;
- The samples that have shown positive results were 25 of the blood samples, 18 of the urine samples, 5 gastric content, 1 viscera, 1 pericardial liquid, 1 vitreous humor, 1 nose secretion (in different combinations in each case), as compared to the year 2007 when positive results showed 8 of the blood samples, 15 of the urine samples, 8 gastric content, 2 intestines, 1 bile liquid) – blood tests results showing a constant and significant improvement of the body fluids sampling procedures with complex matrix, which ensures the accuracy of the toxicological analysis conducted shortly after death.
- while in 22 cases no virus testing has been performed, in the rest of the cases one was negative, 10 were HCV positive, one was HBV positive and 2 HIV positive – in various combinations (analysis were made especially when the medical record or pathologic-anatomical examinations were indicative). The incidence of HCV infection among drug users

in Romania indicated by screenings of some NGO or NAA in several other projects is hereby confirmed.

**Conclusions**:

- the number of drug related deaths is slightly increasing – more likely as a result of the better laboratory detection capacity of and implementation of the algorithms identification-selection-legal-medical management of these cases and not necessarily because of the actual increase of the number of users or use changes, correlated with the possible increase of the concentration of street doses, especially since the mixtures of medicines has decreased in relation to previous years.
- The quality of data reported by the main source institutions for the drug related death indicator has increased in comparison to previous years. The unique definition algorithm and the recognition of drug related cases, the algorithm-based legal-medical management, data collection and reporting according to the protocol initiated jointly with the NAA, as well as the significant improvement of the toxicological detection abilities of the *Mina Minovici* LMNI, are the major reasons behind the improvement of the mortality evaluation through the *drug related death* indicator.
- Trainings, frequent scientific presentations, experience connections start to prove their utility which translates into a larger number of identified cases, in spite of the lack of indicative investigation data.
- Reporting continues to be limited to Bucharest only, although the laboratories in Timisoara and Iasi have similar analysis possibilities and prevalence surveys indicate a level of drug use in these areas (possibly, cases not known to the legal medicine system).

### 6.3.2. MORTALITY AND CAUSES OF DEATHS AMONG DRUG USERS (MORTALITY COHORT STUDIES)

No new data.

### 6.3.3. SPECIFIC CAUSES OF MORTALITY INDIRECTLY RELATED TO DRUG USE

No new data.

# Chapter 7 - Responses to Health Correlates and Consequences

## 7.1 PREVENTION OF DRUG RELATED EMERGENCIES AND REDUCTION OF DRUG-RELATED DEATHS

No new data.

## 7.2 PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

The GD no. 1101/2008[67] stipulates:
Sub-programme *Development of the harm reduction services*
Aim: providing access of drug users to harm reduction services by developing appropriate interventions.
General objective: development of community-based actions allowing for harm reduction by developing specialised services.
Specific objectives:

a) setting up a *drop in* centre (fixed centre) providing harm reduction services for 400 injecting drug users for over a year, by enabling access to sterile injection equipment, vaccines against hepatitis, hepatitis and HIV testing, anti-tetanus vaccination, pregnancy testing, pre and post-testing counselling etc;
b) developing an *outreach service* working as a *metabus* (mobile dispensation service for opiate substitution medication) for carrying out harm reduction actions among 800 injecting drug users, for over one year;
c) developing a *drop in services* (fixed centre) providing harm reduction services for 100 alcohol-using beneficiaries, for one year, by ensuring interventions (individual and group) to increase treatment motivation and relapse prevention.

The budget of this sub-programme amounts to 429 thousand lei.
The programme *Towards Universal Access to Prevention, HIV/AIDS Treatment and Social Care for Vulnerable People and Disadvantaged Populations* started in the second half-year of 2007, within the 6th financing round of the Global Fund to Fight against HIV/AIDS, Tuberculosis and Malaria.
One of the three objectives of the Programme is to extend prevention interventions among vulnerable groups and to provide services that can reduce the risk of HIV infection. According to the Annual Report formulated by the *Romanian Angel Appeal Foundation* (as main funding beneficiary), the prevention projects targeting vulnerable groups (IDU, SWs, MSM, rroma, street children), aim to improve the health state of these groups by adopting healthy sexual behaviours and increasing access to appropriate medical and social services which would lead to a decrease of HIV spread.
The injecting drug using beneficiaries come from 4 counties in Romania (Bucharest, Ilfov, Iaşi, and Timiş), are aged 16 to 28, often of poor health and school dropouts, which explains for the low education level, are unemployed and repeat offenders.
Services and activities:

- syringe exchange – through outreach activities and fixed centres (*low threshold clinics)*
- psychological-social counselling – provided in fixed centres;
- training peer-educators from within IDU;
- referral to medical and psychological-social services;
- condom distribution during *outreach* sessions and in fixed centres;
- informative materials distribution in *outreach* sessions;
- HIV counselling and testing during *outreach* sessions and in fixed centres; clients whose tests yielded positive results are referred for confirmation in specialised centres;
- HBV/HCV vaccination during *outreach* sessions and in fixed centres;
- *lobby* and *advocacy* (in conferences, workshops, press releases) to increase access of IDU to prevention services: HIV/HBV/HCV prevention, accessible sterile injection equipment.

Main results:

- 3124 IDU included in HIV/AIDS prevention programmes
- 712631 distributed syringes.

Implementing units: ARAS, ALIAT, Integration.

## 7.3 RESPONSES TO OTHER HEALTH CORRELATES AMONG DRUG USERS

No available new data.

[67] See chapter 3

# Chapter 8 - Social correlates and social reintegration

## 8.1 SOCIAL EXCLUSION AND DRUG USE

### 8.1.1 SOCIAL EXCLUSION AMONG DRUG USERS

National Agency for Youth Initiatives Support (ANSIT) conducted a study called *Marginalising and social exclusion phenomena among young people* from September – November 2007. The general objectives of the study were to analyse marginal situations young drug users might experience at present and identify possible interventions for meliorating this phenomenon.
Target population: young drug users (18-35 years of age) exposed to marginalisation. Three categories of population were investigated showing features specific for the topic of the research: 50 young users (imprisoned for drug use), 12 young non-users, 15 drug specialists (experienced and competent).
Focus groups and two structured questionnaires were used to collect data. The findings of the study showed drug use and the subsequent lifestyle reduce access to normal social roles and positions. Research shows in many cases once aware of this vulnerability, these young people's actions lead to self-exclusion and a marginal position. This tendency is supported by the apathy and intolerance of the community and sometimes even the lack of an adequate institutional response. Causes are present for a tendency towards marginal positions and deviating carriers (criminality).
The most visible indirect influences of marginalisation upon drug-addicted young people translated into:

- Negative branding of former or current young drug users, who are considered *totally bad or ignorant people*. In response, they tend to consider community as intolerant and unsympathetic. Negative branding is manifested in the first instance by the usual use of derogatory, offensive vocabulary ("Junky!", "Damned junky', "They should be shot", "Let them be taken and locked up far away!" etc) with a negative impact on them. Hearing this names and branding is a confirmation of how people tend to identify them by a single aspect of their life (drug use), and ignoring their individuality. To this add the worsening inter-personal relations with all these categories (family members, non-using friends, co-workers, neighbours, acquaintances). There is an emerging *mutual distancing between the other social categories and young drug users*. It is not directly commensurate with the negative impact of drug use but with the propensity of the mentioned categories to understand drug users and support them into quitting drugs and making a life change.
- Reducing access of young current or former drug users to resources and opportunities which are normal for young people of the same age, such as: appropriate professional education and training, getting a work place in compliance with abilities and professional training, etc.

According to the study, the consequence of social marginalisation and exclusion is the increased vulnerability of this category of young drug users (a lot more substantial among former prison inmates). Increased vulnerability sharpens the social handicap of the young (former or current) drug-addicted people.

## 8.2 SOCIAL REINTEGRATION OF DRUG USERS

The G.D. 1101/2008[68] stipulates:
Under-programme *Development of half-way house type services (3rd level of assistance) for former drug users.*
Aim: development of specific and specialised services at the level of the counties in which annual evaluations showed drug use related issued.
General objective: creation and development of integrating services for former drug users in order to raise chances of social and professional integration, as well as preventing relapses among former drug users by developing the *half-way house* system.
Specific objectives:

a) Developing 6 social services organised as protected homes, equipped in line with the minimum compulsory standards, located in drug risk areas: Bucharest, Iaşi, Cluj-Napoca, Constanța;

[68] See chapter 3

b) Social-professional re-insertion of 40 former drug users, beneficiaries of integrated care services;
c) Formulating a set of specific procedures for the care of former drug users in a protected home.

The budget of this under-programme amounts to 700 thousand lei.

Under-programme *Developing shelter-type services for drug users*

Aim: developing local crisis services providing medical, psychological and social basic care for the drug users that do not seek the services of the assistance system.

General objective: create and develop integrating services in order to increase access to social reinsertion-oriented services for homeless drug users and prevent drug risks and social exclusion and providing social security for homeless drug users.

Specific objectives:

a) Developing two social services organised as shelter, equipped in line with the minimum compulsory standards, located in drug risk areas i.e. Bucharest and Constanța, which will ensure mainly housing, care, medical, psychological and social basic care;
b) Provision of housing, care, medical, psychological and social basic care services for 40 drug users, beneficiaries of integrated care services;
c) Formulating a set of specific procedures for the care of former drug users in shelters.

The budget of this under-programme amounts to 1.000 thousand lei.

**EDUCATION**

The marginal position of young drug users (current or former) is an issue of concern for the civil society. This is the context which has allowed for the almost a decade's participation of different social categories (mere citizens, specialists and even former or current drug users) in different prevention or harm reduction programmes.

National prevention campaigns were organised against marginalisation and social exclusion for the young categories considered vulnerable. Governmental institutions can be mentioned such as the National Anti-drug Agency, the Ministry of Administration and Interior (MAI) and subordinated units, Ministry of Education, Innovation and Research (MEIR), and the learning network together with non-governmental organisations (NGOs) such as: INTEGRATION Foundation, ARAS, Alături de Voi Foundation.

The international cooperation programme INTEGRATION SAFER - IDU's carried out in partnership with Ngo-s in România (ARAS), RHRN (Romanian Harm Reduction Network), in Estonia (ADSi Tugikeskus), Franța (AIDES) and Finlanda (AIDS Finnish Council) is a good practice example in the field of expert training and identification of resources needed for the social reinsertion of drug users.

*General objective*: extending medical-social services for injecting drug users and improving their quality in order to reduce consequences associated with drug injection.

INTEGRATION SAFER-IDU's focuses on experience exchange between professionals working in harm reduction, decision-makers and social and health programmes administrators, at central and local level, researching and evidence-seeking for the HIV vulnerability of the injecting drug users, as well as access to harm reduction services and other medical-social services, promoting harm reduction and enhancing the development of the services located in communities affected by drug use.

*Another aim* of the project is to generate and enable public debate regarding injecting drug use and related risks. RHRN organises meeting which bring together network members and representatives of the Ministry of Health (MH), NAA, district halls in Bucharest, Pharmaceutical Board etc., in order to unlock the development process of the treatment and social-medical care services focusing on drug users and supported by the local budget of the Municipality in Bucharest and the MH, and to raise the quality of current services.

In this context, the contribution of the services provided by the INTEGRATION Association should be mentioned, as the only NGO in Bucharest made up of former and current drug users. The main aim of the association is *to observe human rights in the context of the increase of the number of drug users in Romania and of their need for medical-care services (treatment and insertion).* The association had three objectives in 2008:

1. Harm reduction activities
2. Advocacy activities
3. Support groups for current and former drug users through a functional support (weekly meetings) providing psychological counselling together with a social programme. Emphasis was laid mainly on providing alternatives consisting in social activities, admitting the problem and identifying solutions together with the user.

# Chapter 9 – Drug law crime, drug law crime prevention and the prison system

NAA organised a range of meetings with professionals in law enforcement agencies (police officers, prosecutors, judges) on the topic of the prosecution of drug users caught while in possession of small amounts of drugs. The Representatives of the Supreme Court of Justice, Public Ministry and Inspectorate General of Romanian Police formulated a series of conclusions and recommendations to enforce the provisions of the legislation into force in a homogenous manner and to improve drug legislation so as to gain a more European approach.
The indicators included in this section are structured by number of offences and investigated/convicted people, analysed in the three stages of the criminal procedures i.e. identification of the offences and of the authors by the police, criminal pursuit phase by the Prosecutor's office and trail conducted by the courts of law.

## 9.1 DRUG RELATED CRIME

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

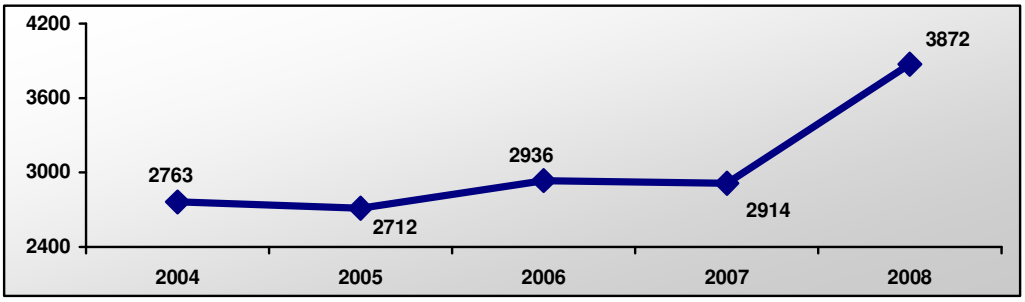
*A. THE SITUATION OF DRUG AND PRECURSOR TRAFFICKING RELATED OFFENCES*

The total number of offences identified by the specialised units within the Inspectorate General of Romanian Police and the Inspectorate General of Border Police amounted to 3,872 in 2008, of which:

- 3,727 offences incriminated by the Law no. 143/2000 on preventing and countering the illicit drug trafficking and use, as amended and supplemented;
- 12 acts incriminated by the provisions of the EGO no. 121/2006 on the legal regime of precursors used in the illicit manufacture of drugs approved by the Law no. 186/2007 (Law no. 300/2003);
- 100 offences incriminated by Law no. 39/2003 on preventing and countering organised crime;
- 33 offences representing violations of the Criminal Code (related to illicit drug use and trafficking).

A comparative analysis of the total number of identified drug and precursor offences i.e. 3,872 shows an increase of 32.87% in comparison to the previous year, which is the highest value recorded in the interval 2005-2008.

**Figure no. 9-1: Breakdown of drug and precursor offences, 2004-2008 (no. of offences)**

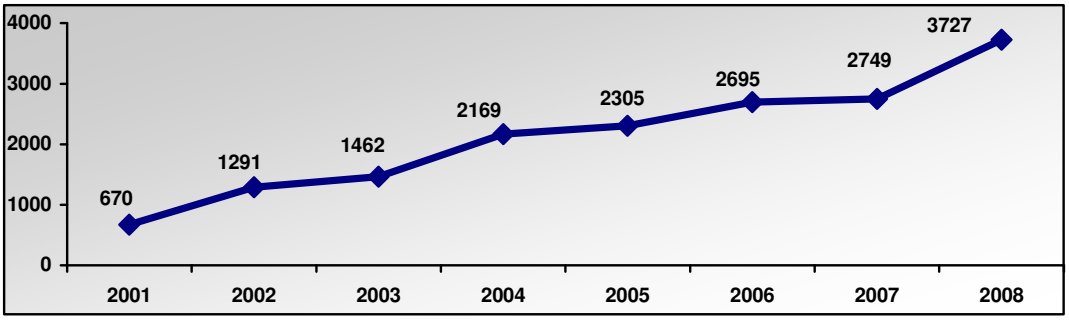



*Source: Directorate for Statistics, Judicial and Operative Records, GIRP*

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

In a manner similar to previous years the rate of offences under the Law no. 143/2000 account for the 96.25% of the total 3,872 identified drug and precursor offences. Thus, 3,727 offences under the Law no. 143/2000 were identified in 2008, which is 35.57% more than in 2007, 38.29% more than in 2006, and 61.69% more than in 2005. It can be concluded that in the last 8 years this indicator had a constant increase up to reaching a value of 5.6 times higher in 2008 than in 2001.

**Figure no. 9-2: Dynamics of offences under the Law no. 143/2000, 2001-2008 (no. of offences)**




*Source: Directorate for Statistics, Judicial and Operative Records, GIRP*

The acts incriminated under the Law no.143/2000:

- 59.37% (2,213 offences) represent offences under the provisions related to the purchase and possession of drugs for personal use (art. 4);
- The majority of the rest of 40.63% refers to activities such as unlawful cultivation, production, sale, distribution, purchase, possession of drugs (art. 2).

As for the breakdown by the place of crime, the majority of offences were committed in the urban area, up to 94.69% (3,529 offences) of the total number of offences in 2008, only 4.88%[69] of the offences (182) being committed in the rural area.
The offences under the Law no.143/2000 have a heterogeneous distribution across counties in Romania, in 2008. In a manner similar to the last year, the county of Ilfov ranks first with 240 offences, followed by Constanța (144 offences), Iaşi (125 offences), Timiş (122 offences), Prahova (113 offences), Arad (105 offences), Harghita (103 offences) and Alba (100 offences). At extremes are the counties of Vâlcea (2 offences), Vaslui (3 offences), Buzău (5 offences), Botoşani (6 offences), Brăila (7 offences), Vrancea (9 offences) and Sibiu (10 offences)

A comparative analysis to 2007 shows increases of over 50% in counties such as Arad, Bistrița-Năsăud, Caraş-Severin, Călăraşi, Constanța, Harghita, Hunedoara, Iaşi, Maramureş, Mehedinți, Mureş, Sălaj, Suceava, Teleorman, Tulcea. The county of Maramures recorded an increase of the drug law offences from 3 offences (recorded in 2007) to 97 offences. A reverse trend of decreased drug law crimes is noticed at the level of Argeş, Bacău, Bihor, Botoşani, Braşov, Buzău, Dâmbovița, Galați, Olt, Satu Mare, Sibiu and Vâlcea. In counties such as Botoşani, Sibiu and Vâlcea the level of offences decreased by over 50% than in the previous year.

The municipality of Bucharest follows an ascending trend, with 1,679 offences under the Law no. 143/2000, with 33.78% more than in 2007 when 1,255 such offences were identified. Most of the offences (76.17%) were violations of the provisions of art. 4 of the mentioned law which forbids the purchase and possession of drugs for personal use.

[69] Of the total 3,727 offences, notified by the *Directorate for Statistics, Judicial and Operative Records within I.G.R.P.,* 16 offences (0.43%) were committed abroad.

**Table no. 9-1: County representation of offences under the Law no. 143/2000, 2005-2008 (no.of offences)**

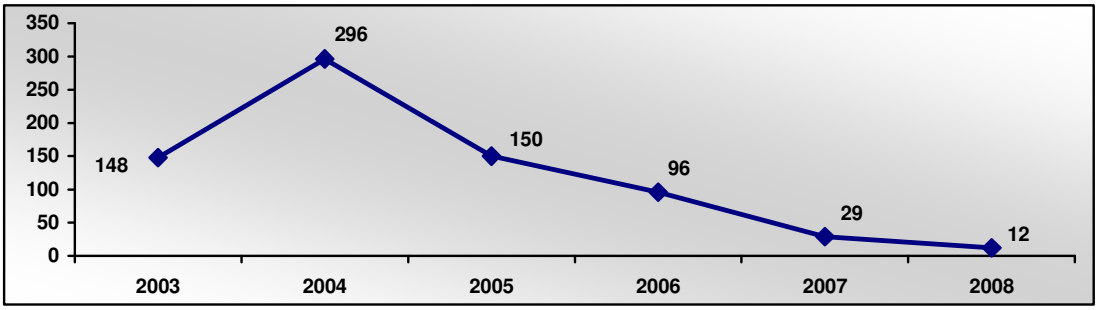
| County | 2005 | 2006 | 2007 | 2008 | County | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|---|
| Alba | 48 | 63 | 98 | 100 | Hunedoara | 7 | 10 | 9 | 51 |
| Arad | 32 | 64 | 43 | 105 | Ialomița | 18 | 13 | 14 | 15 |
| Argeş | 23 | 38 | 68 | 58 | Iaşi | 111 | 122 | 83 | 125 |
| Bacău | 22 | 35 | 29 | 28 | Ilfov | 68 | 130 | 202 | 240 |
| Bihor | 141 | 37 | 43 | 42 | Maramureş | 77 | 25 | 3 | 97 |
| Bistrița-Năsăud | 49 | 20 | 7 | 14 | Mehedinți | 27 | 51 | 38 | 60 |
| Botoşani | 38 | 13 | 16 | 6 | Mureş | 35 | 15 | 16 | 59 |
| Braşov | 49 | 52 | 30 | 17 | Neamț | 25 | 75 | 18 | 22 |
| Brăila | 15 | 9 | 5 | 7 | Olt | 3 | 4 | 11 | 10 |
| Buzău | 11 | 12 | 6 | 5 | Prahova | 48 | 62 | 78 | 113 |
| Caraş-Severin | 21 | 2 | 5 | 18 | Satu Mare | 40 | 59 | 20 | 15 |
| Călăraşi | 3 | 4 | 11 | 19 | Sălaj | 12 | 4 | 3 | 14 |
| Cluj | 22 | 25 | 46 | 56 | Sibiu | 40 | 11 | 24 | 10 |
| Constanța | 48 | 59 | 81 | 144 | Suceava | 14 | 29 | 16 | 28 |
| Covasna | 22 | 28 | 12 | 22 | Teleorman | 9 | 22 | 3 | 17 |
| Dâmbovița | 29 | 31 | 30 | 22 | Timiş | 78 | 96 | 115 | 122 |
| Dolj | 42 | 25 | 42 | 49 | Tulcea | 6 | 10 | 12 | 32 |
| Galați | 84 | 34 | 66 | 64 | Vaslui | 3 | 16 | 2 | 3 |
| Giurgiu | 22 | 24 | 42 | 59 | Vâlcea | 5 | 2 | 13 | 2 |
| Gorj | 4 | 9 | 17 | 22 | Vrancea | 15 | 8 | 9 | 9 |
| Harghita | 12 | 46 | 59 | 103 | Bucharest | 927 | 1.301 | 1255 | 1679 |

*Source: Directorate for Statistics, Judicial and Operative Records, GIRP*

*2 Offences under the EGO no. 121/2006 on the legal regime of precursors used in the illicit manufacture of drugs approved by the Law no. 186/2007*

Of the 3,872 offences under the drug and precursor laws, 12 offences (0.13% of the total number of drug and precursor offences) were violations of the provisions of the EGO no. 121/2006 on the regime of precursors used in the illicit manufacture of drugs approved by the Law no. 186/2007.
Lately these values followed a downward trend up to reaching values such as 12 identified offences, 92% less than in 2005 and 58.62% less than in 2007.

**Figure no. 9-3: Dynamics of the offences under EGO no. 121/2006, 2003-2008 (number)**




*Source: Directorate for Statistics, Judicial and Operative Records, GIRP*

Half of the 12 precursor offences were committed in the urban area, and half in the rural area.

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

For the 3,872 offences under drug and precursor laws committed in the reference year, 3,147 people were investigated, of which:

- 2,936 people for breaking the provisions for the preventing and countering the illicit drug use and trafficking[70],

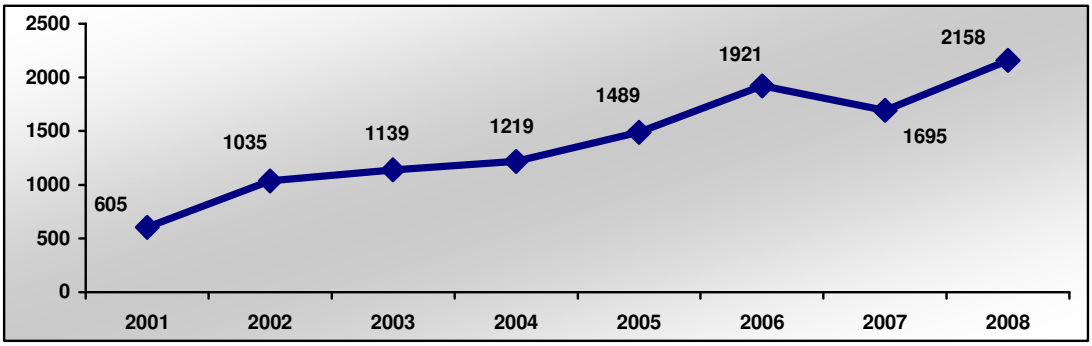
[70] Law no. 143/2000, as amended and supplemented

- 3 people for offences under the legal regime of precursors used in the illicit drug manufacture[71],
- 186 people for breaking the provisions on preventing and countering organised crime[72],
- 22 people for offences related to the illicit drug trafficking and use[73].

There is a noticeable increase of 21.97% of the number of investigated people than in 2007 (2,580 people). The majority of the investigated people were Romanian citizens (98.31%), while 53 were foreign citizens. At the same time, existing evidence at the level of counter-organised crime units, shows the age of most of the participants in illegal drug use trafficking and use (68.19%) continues to range between 18 and 30, while the number of such offenders reaches 2,146, 26.60% more than in 2007.

The number of underage offenders increased from 89 to 120, which accounts for a 34.83% increase in comparison to the previous year. Following the investigative operations, 103 drug crime groups were identified by the counter-organised crime units, 10.75% more than in 2007, in which 614 people participated of which 5 foreign citizens. 72 such groups made up of 436 people, out of whom 7 were foreign citizens, were dismantled in 2008. As compared to the previous year there is an increase by 24.13% in the number of dismantled groups from 58 to 72 such crime groups.

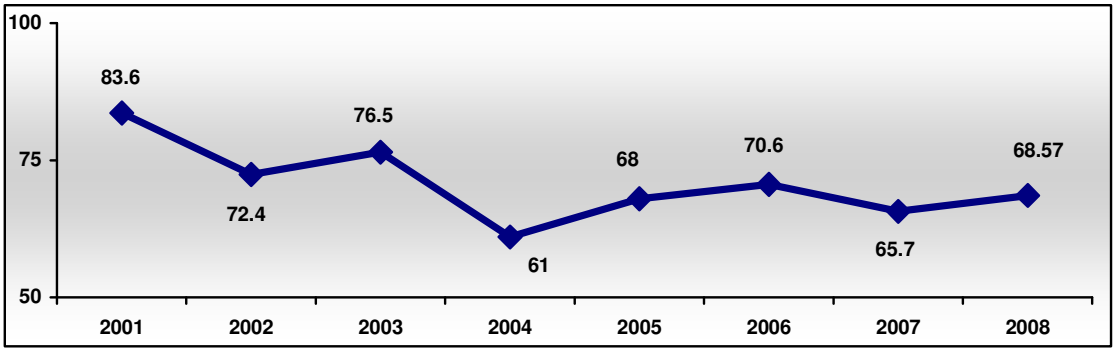
**Figure no. 9-4: Dynamics of offenders caught in the act, 2001-2008**




*Source: Directorate for Statistics, Judicial and Operative Records, GIRP*

The percentage of offenders caught in the act out of the total number of people investigated for drug and precursor offences increased in 2008 as compared to the previous year by 27.31%, from 1,695 to 2,158 people.

**Figure no. 9-5: Dynamics of people caught in the act out of the total number of investigated persons, 2001-2008**



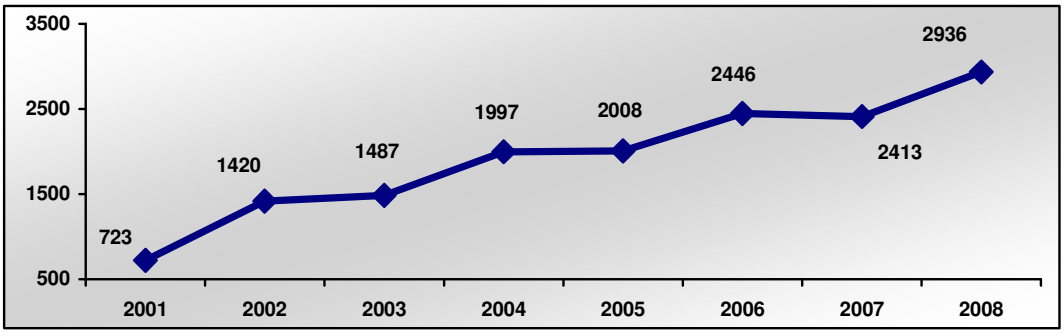

*Source: Directorate for Statistics, Judicial and Operative Records, GIRP, IGBP*

[71] Provided in EGO no. 121/2006 approved in Law no. 186/2007 (Law no. 300/2003)
[72] Law no. 39/2003
[73] Acts incriminated under the Criminal Code

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

For the 3,727 offences under the Law no. 143/2000 identified in 2008, 2,936 people were investigated, which is 93.29% of the total number of people investigated for acts under the drug and precursor laws. The indicator recorded an increase of 21.67% in 2008 than in the previous year (2,413 people) and is 4 times higher than in 2001. Of the 2,936 offenders, 63.2% (1,865 persons) committed illegal drug activities for personal use, as sanctioned by art. 4.

**Figure no. 9-6: Dynamics of the people investigated for offences under the Law no. 143/2000, 2001-2008**




*Source: Directorate for Statistics, Judicial and Operative Records, GIRP*

Most of the investigated drug offenders come from the urban area – 93.35% (2,741people of which 1,780 under art.4). 147 people were investigated in the rural area, which accounts for 5% of the total number of similar offences. The rest of 1.63% is made up of foreign drug offenders of which 11 under the provisions of art. 4 (drug purchase and possession for personal use).

Additionally, according to the data provided by the International Police Cooperation Centre, 11 offenders were transferred based on a European arrest warrant, of which one was a foreign citizen, arrested for drug trafficking. A Romanian citizen was extradited from Italy and other three were handed over from Italy, Poland and Sweden to serve sentence in Romania. On the other hand, 12 offenders, of whom 5 foreign citizens, were extradited from Romania, one Lebanese citizen was transferred to the USA and other 7 were handed over from Romania to serve sentence in their origin country.

**Table no. 9-2: Statistical situation of the number of Romanian citizens investigated abroad, of the extradited/handed over in/from Romania and transferred in Romania, 2005-2008**

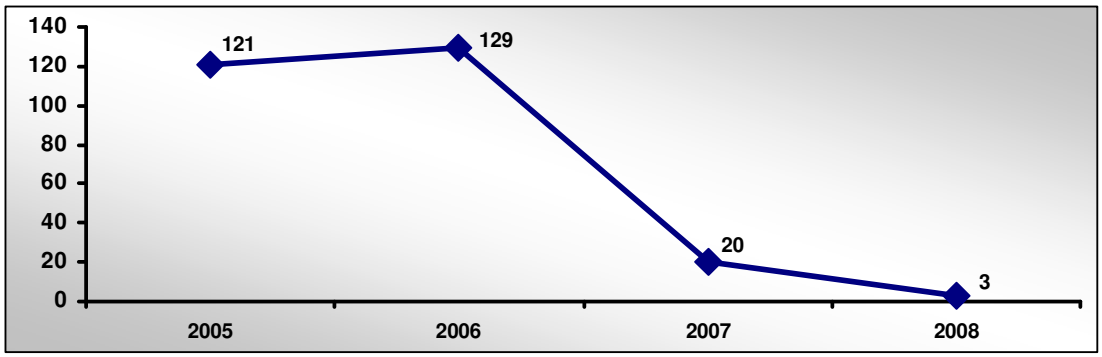
| | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|
| Romanian citizens investigated abroad | 91 | 64 | 109 | - |
| Romanian citizens extradited//handed over in Romania | 4 | 8 | 7 | 11 |
| Romanian citizens extradited/handed over from Romania | | | 4 | 7 |
| Romanian citizens transferred to Romania | | | 7 | 3 |

*Source: Interpol National Office*

2 *Situation of the people investigated for offences under the EGO no. 121/2006 on the legal regime of precursors used in the illicit manufacture of drugs approved by the Law no. 186/2007*

The downward trend outlined in 2007 continues in 2008, with a decrease in the number of people investigated for illicit precursor operations i.e. from 20 to 3 people. Thus, these offenders level out of the total 3,147 people investigated for drug and precursor law offences is 0.1%. This indicator's tendency is shown in the figure below:

**Figure no. 9-7: Dynamics of the people investigated for offences under the EGO no. 121/2006, 2005-2008**

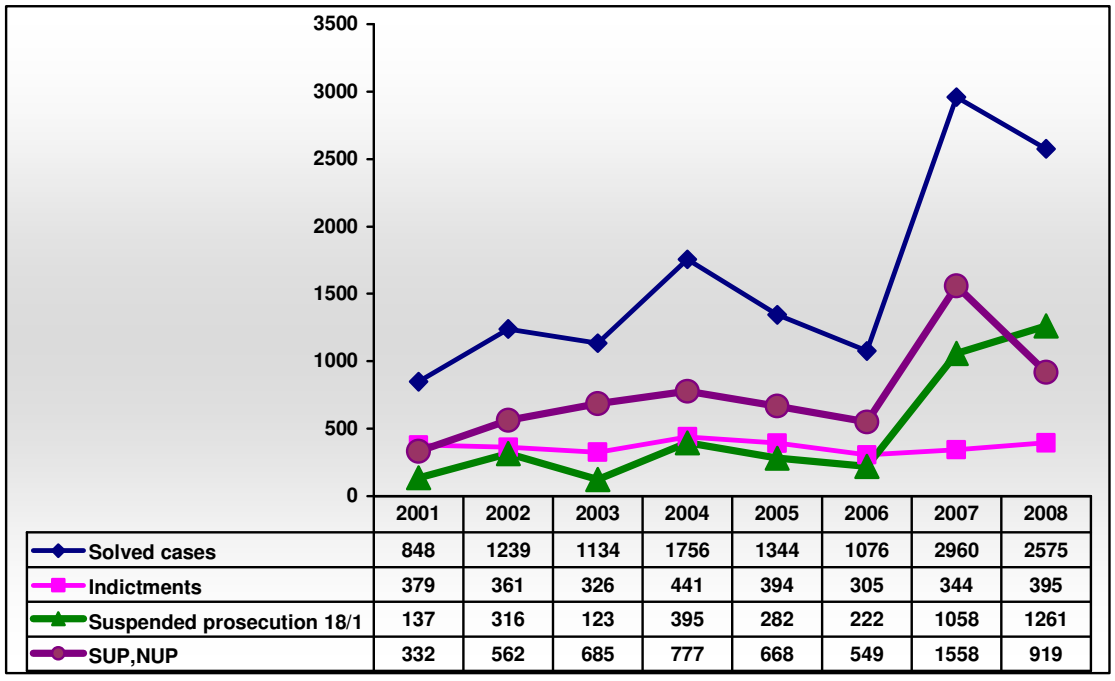



*Source: Directorate for Statistics, Judicial and Operative Records, GIRP*

### *C. SITUATION OF CRIMINAL RECORDS SOLVED BY THE PROSECUTOR'S OFFICES*

Specialised units within the Prosecutor's Office with the High Court of Cassation and Justice and of the offices with the 15 courts of appeal solves 2,575 criminal cases of drug and precursor offences in 2008, 13% more than in 2007, when 2,960 criminal cases were solved. Although there are less solved cases than in the previous year, an increase is noticeable 14.82% increase in the number of indictments from 344 to 395.

**Figure no. 9-8: Dynamics of the criminal cases conducted by the prosecutor's offices, 2001-2008 (no.)**



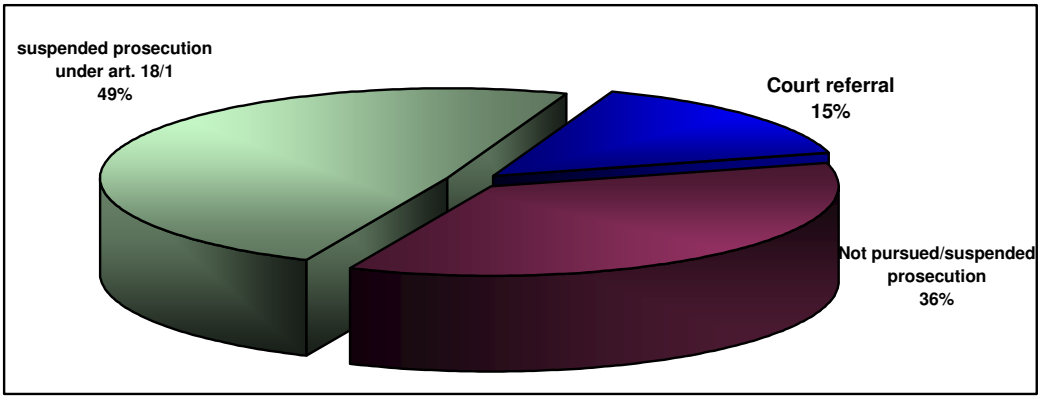

| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|
| Solved cases | 848 | 1239 | 1134 | 1756 | 1344 | 1076 | 2960 | 2575 |
| Indictments | 379 | 361 | 326 | 441 | 394 | 305 | 344 | 395 |
| Suspended prosecution 18/1 | 137 | 316 | 123 | 395 | 282 | 222 | 1058 | 1261 |
| SUP,NUP | 332 | 562 | 685 | 777 | 668 | 549 | 1558 | 919 |

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

Regarding the solutions imposed in 2008, the highest rate of 48.97% of the total 2,575 solved cases were imposed in criminal cases for which charges were dropped/criminal pursuit abandoned[74], in 35.69% of the cases were settled by a decision of not pursuing the prosecution or of suspending the prosecution (NUP/SUP) and for 15.34% were solved by court referral.

[74] According to art. 18[1] criminal code – the act does not imply the social threat of a a crime (SUP art.18[1])

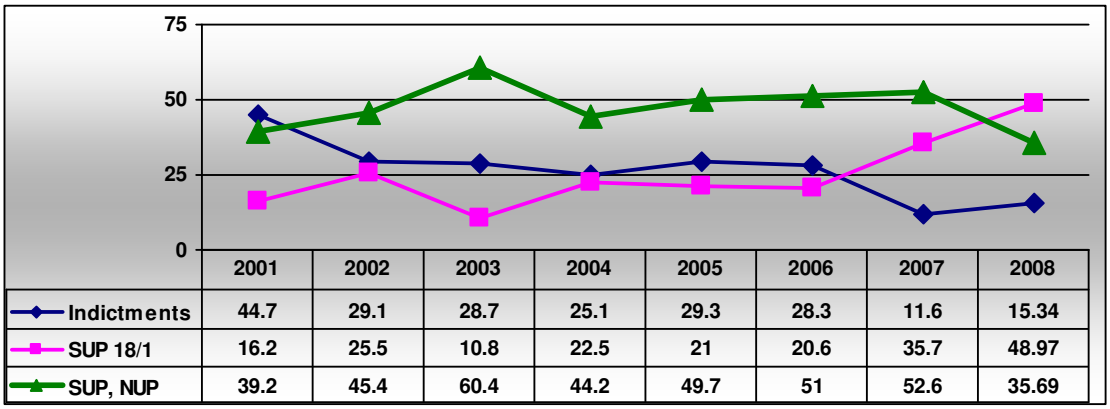
**Figure no. 9- 9: Breakdown of solved cases in 2008, by type of solution**




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

As compared to the previous year, there is an increase of the level of solved cases for which court procedures were decided (from 11.62% to 15.34%) as well as of the level of criminal cases for which criminal pursuit was abandoned according to art. 18[1] (from 35.74% to 48.97%). The same does not hold true for the criminal cases for which it was decided not to start criminal pursuit or drop charges; they decrease from 52.63% to 35.69%.

**Figure no. 9-10: Evolution of the rate of solved cases by type of solution (court referral, SUP in line with art. 18[1], NUP or SUP)**



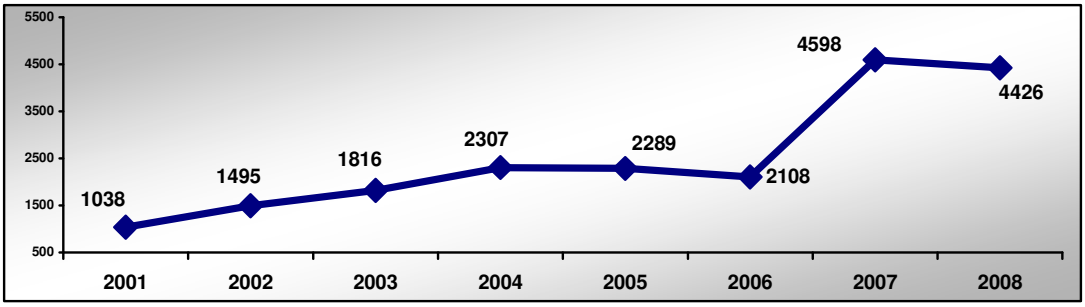

| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|
| Indictments | 44.7 | 29.1 | 28.7 | 25.1 | 29.3 | 28.3 | 11.6 | 15.34 |
| SUP 18/1 | 16.2 | 25.5 | 10.8 | 22.5 | 21 | 20.6 | 35.7 | 48.97 |
| SUP, NUP | 39.2 | 45.4 | 60.4 | 44.2 | 49.7 | 51 | 52.6 | 35.69 |

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

### *D. SITUATION OF THE OFFENDERS INVESTIGATED AND REFERRED TO COURT BY THE PROSECUTOR'S OFFICE*

The number of offenders investigated by the prosecutor's office for drug and precursor trafficking crimes and drug possession for personal use recorded a decrease in 2008 with 3.74% than in the previous year, from 4,426 to 4,598, but with 400% more than in 2001, when 1,038 offenders were investigated.

**Figure no. 9-11: Trend in the investigated/charged offenders by the prosecutor's offices for drug and precursor law offences, 2001-2008**

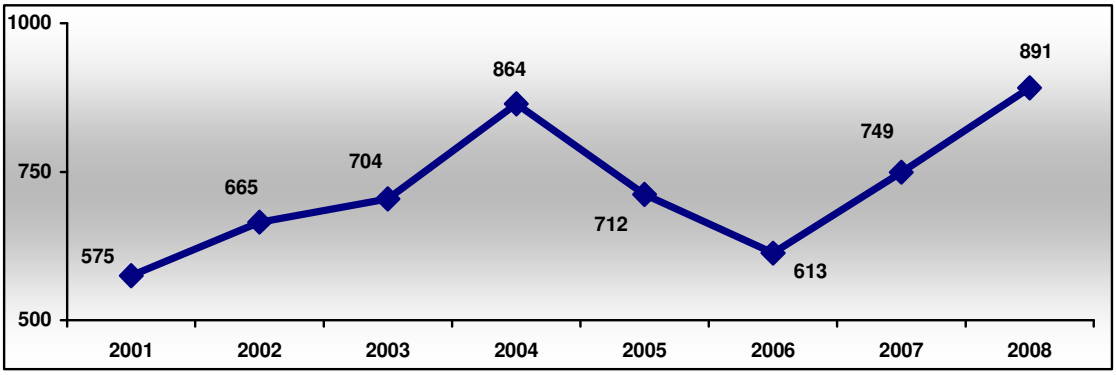



*Source: Prosecutor's Office with the High Court of Cassation and Justice, DIICOT*

The analysis of the territorial breakdown of the people investigated in the solved cases shows a concentration in the large urban centres, the Municipality of Bucharest in leading position with 55.81% investigated offenders (2,470 people) out of a total of 4,426 people in 2008. The territorial service in Cluj ranks second with 288 people investigated, followed by the Territorial Service of Craiova (187 people), Territorial Service of Alba (186 people), Territorial service of Constanta (179 people) and the Territorial service of Timisoara (145 people).

Of the 4,426 investigated people in solved cases, 891 offenders (20.13%) were sent to trail. The rate of the people in provisional arrest is 64.53% (575 people) of the total offenders sent to trail. Of the 891 people sent to trail, 21 were underage offenders. Although the greatest number of offenders sent to trial was recorded in 2008, an analysis of the data recorded in the last 9 years shows the variations of the indicator. An increase of 18.95% was recorded in comparison to 2007, and a 55% increase against 2001.

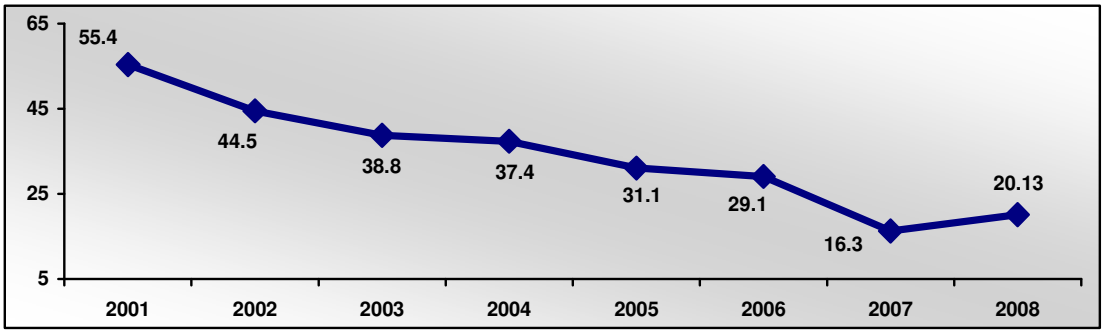
**Figure no. 9-12: Trend in the number of people sent to trial for drug law offences, 2001-2008**




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

The rate of people sent to trial out of the total investigated offenders in 2008 reached 20.13%, which is 3.84% more than in 2007. Thus, although the indicator had a constant decreasing tendency, in 2008 the indicator showed an upward trend.

**Figure no. 9-13: Trend in the rate of people referred to court against the total investigated offenders, 2001-2008 (%)**




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

According to the data provided by the Directorate for Statistics, Judicial and Operative Records within the Inspectorate General al Romanian Police, 520 offenders were under temporary arrest for violations of the law on preventing and countering the illicit drug trafficking and use[75] in 2008:

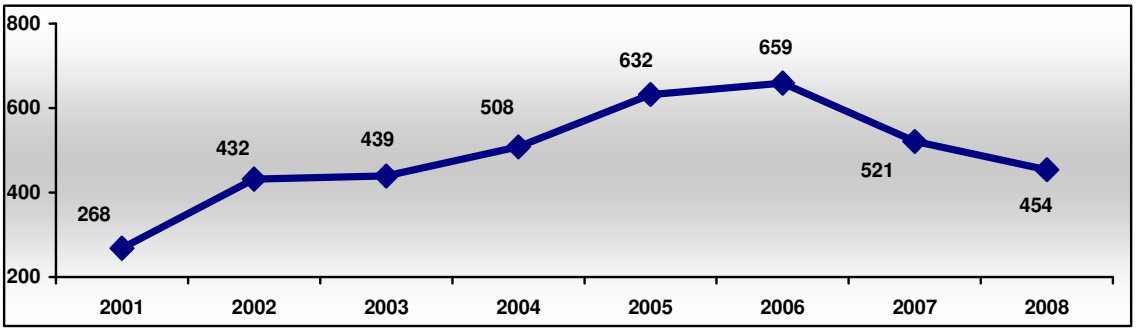
- 441 people (367 men and 74 women) for activities such as unlawful drug cultivation, manufacture, sale, distribution, purchase and possession[76] and
- 79 people (60 men and 19 women) for illegal operations such as drug buying and possession for personal use[77].

[75] Law no. 143/2000 as amended and supplemented
[76] Provided in Art.2
[77] Mentioned in Art.4

### *E. SITUATION OF OFFENDERS CONVICTED BY THE COURTS OF LAW*

In 2008, the court of law passed conviction sentences for 454 offenders (395 men and 59 women) of which 432 of age and 22 underage drug and precursor law offenders. The indicator showed a decrease of 12.86% in comparison to the last year, up to the value recorded in 2003.

**Figure no. 9-14: Trend in the number of offenders convicted for drug law offences, 2001-2008**

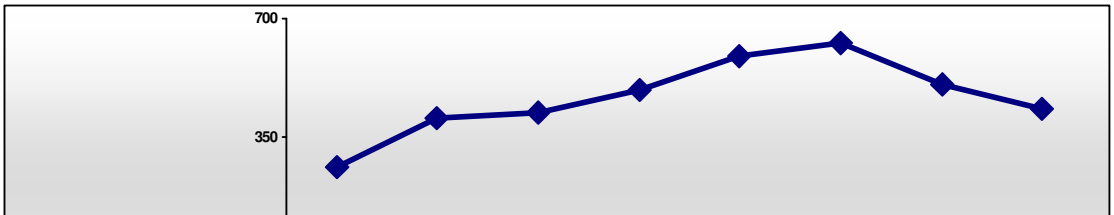



*Source: High Council of Magistracy*

The number of drug trafficking offenders decreased by 12.18% in comparison to the last year, from 468 to 411 traffickers (359 men and 52 women). The number of drug users convicted by the courts of law accounted for 43 people (36 men and 7 women), which is 18.87% less than in 2007. Additionally, there is a 38.37% decrease of the number of repeat offenders from 86 to 53 (51 drug trafficking offenders).

Although, statistical data for 2005-2007 indicated a decrease of the number of convicted offenders for illicit activities such as drug trafficking and use, in 2008 a slight increase is evident in comparison to the last year (from 18 to 22 underage offenders). Out of the total, the proportion of underage convicted offenders accounts for 4.85%. It should be mentioned that of the total number of convicted underage offenders in 2008, 20 had participated in illicit drug trafficking, and 2 had participated in illicit activities for personal use.

**Figure no. 9-15: Evolution of the number of offenders convicted for drug law offences, by age, 2001-2008**




| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|
| Adult offenders | 259 | 406 | 422 | 485 | 589 | 629 | 503 | 432 |
| Underage offenders | 9 | 26 | 17 | 23 | 43 | 30 | 18 | 22 |

*Source: High Council of Magistracy*

The courts of law did not pass solutions for any criminal cases representing violations of the precursor law in 2008.

- Situation of offenders sentenced to prison

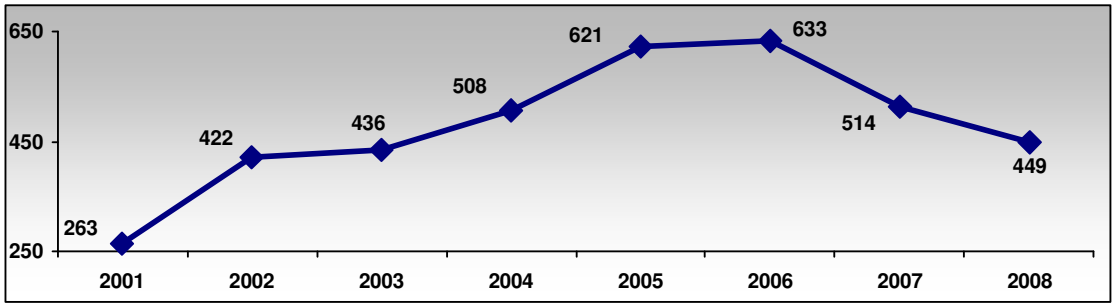
For the total number of offenders on which a final sentence was imposed in 2008, the courts of law's ruling was that:

- a prison sentence be applicable to 449 people, of which 424 adult and 20 underage offenders;
- a criminal fine be applicable to 5 people of which 3 adult and 2 underage offenders.

The decreasing trend outlined in 2007 continues during 2008, with 13.62% less offenders convicted to imprisonment than in the previous year.

It should me mentioned that of the 449 offenders convicted to prison sentence, 222 people (49.44%) were convicted to incarceration, 138 offenders (30.73%) to prison sentence with the possibility of parole, 84 offenders (18.71%) to prison sentence with the possibility of probation, while 5 offenders (1.11%) were convicted to prison sentence with the possibility of serving sentence of workplace.

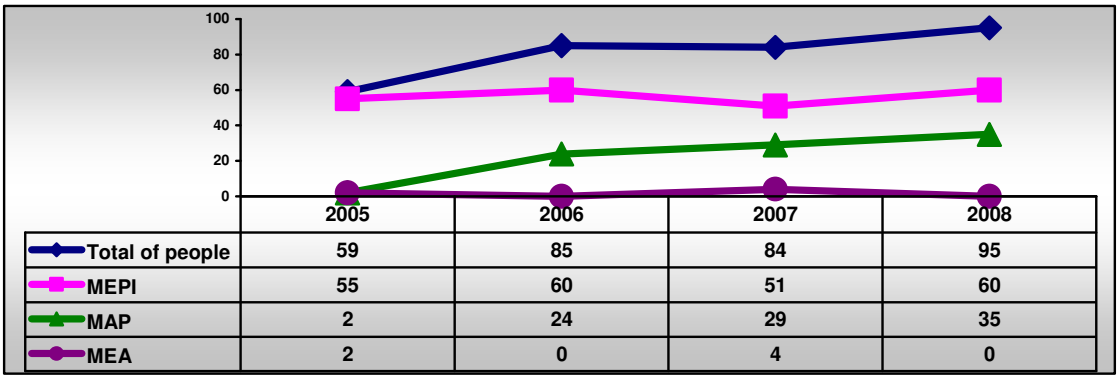
**Figure no. 9-16: Progress of the number of offenders with a prison sentence, 2005-2008**




*Source: High Council of Magistracy*

According to the statistical data for 2008 provided by the Criminal Investigation Directorate within the Inspectorate General of Romanian Police on the offenders that do not comply with serving the imprisonment sentences and preventive arrest, the measure of pursuit was taken for 95 people.

**Figure no. 9-17: Progress of the number of prosecuted people, 2005-2008**




**MEA = European arrest warrant*
*Source: Criminal Investigation Directorate, GIRP*

It's worth mentioning that of a total of 95 a prison sentence warrant (MEPI) was issued for 60 people (63.16%), a temporary arrest warrant (MAP) was issued for 29 people (34.52%), while the rest of 35

**Table no. 8-2: Statistical overview of the people for which a prison sentence warrant (MEPI), temporary arrest warrant (MAP) or European arrest warrant (MAE), was issues from 2005 to 2007**

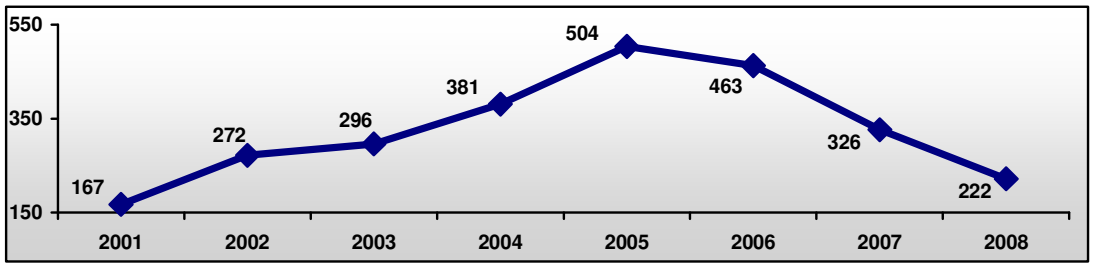
| Calendar year | 2005 | | | | 2006 | | | | 2007 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Citizenship | Romanian | | Foreign | | Romanian | | Foreign | | Romanian | | Foreign | |
| Gender | M | F | M | F | M | F | M | F | M | F | M | F |
| Prosecuted offenders | | | | | | | | | | | | |
| MEPI | 35 | 5 | 13 | 2 | 41 | 8 | 9 | 2 | 39 | 7 | 5 | 0 |
| MAP | 2 | 0 | 0 | 0 | 20 | 2 | 2 | 0 | 14 | 12 | 3 | 0 |
| MEA | 0 | 0 | 2 | 0 | n/a | n/a | n/a | n/a | 2 | 0 | 2 | 0 |
| Prosecution was cancelled | | | | | | | | | | | | |
| MEPI | 16 | 2 | 6 | 0 | 36 | 7 | 10 | 2 | 33 | 6 | 7 | 1 |
| MAP | 1 | 1 | 1 | 0 | 17 | 1 | 1 | 0 | 11 | 12 | 4 | 0 |
| MEA | 1 | 1 | 1 | 0 | n/a | n/a | n/a | n/a | 2 | 0 | 2 | 0 |

*Source: Criminal Investigation Directorate, GIRP*

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

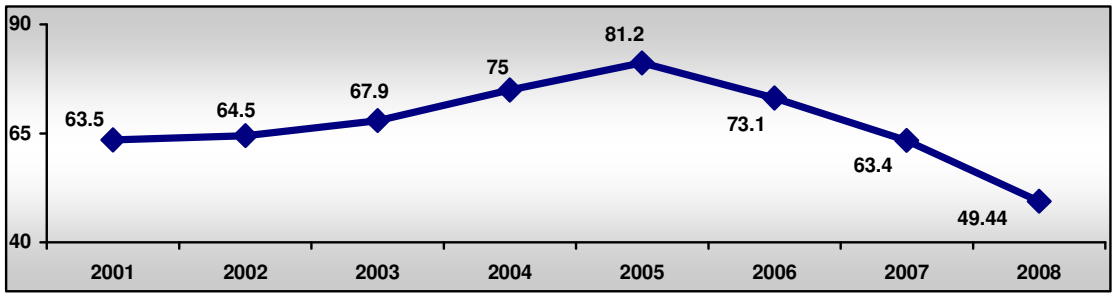
222 people were convicted to imprisonment and served the sentence in a penitentiary. Of them 219 were adult and 3 underage offenders, which is 31.90% less than in 2007 when 326 people (322 adult offenders and 4 underage) were sentenced to prison. By type of sentence, most of the offenders (51.35%) were punished by a sentence ranging from 1 to 5 prison years, and 40.54% were punished by 5 to 10 prison years. In the last four years, there has been a downward trend of the offenders serving the sentence in penitentiary.

**Figure no. 9-18: Progress of the people convicted to imprisonment with sentence served in the penitentiary, 2005-2008**




*Source: High Council of Magistracy*

**Figure no. 9-19: Trends of the imprisonment rate with sentence served in penitentiary out of the total prison sentences, 2001-2008 (%)**




*Source: High Council of Magistracy*

935 people with a final conviction for offences under the law[78] on preventing and countering the illicit drug use and trafficking were in the custody of the units subordinated to the National Penitentiary Administration on December 31, 2008. 431 people serving sentences for violations of the Law no. 143/2000 were released on probation in 2008 and 3 were released upon deadline after having served sentence for criminal acts under the same law.

- Situation of offenders convicted to prison sentence on parole or suspended custodial sentence

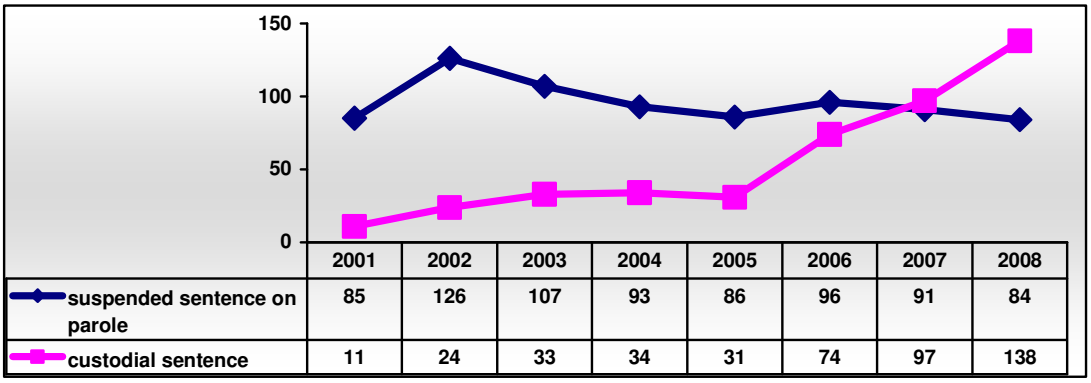
Out of a total of 449 imprisonment-convicted people in 2008:

- 84 people (71 of age and 13 underage offenders) were convicted to prison sentence with the possibility of parole. As for the nature of the criminal act, 71 people (84.52%), of which 60 adult offenders and 11 underage, participated in illicit drug trafficking and 13 people (15.48%), of which 11 of age and 2 underage offenders, committed illicit drug activities for personal use.
- And 138 people (134 of age and 4 underage) were convicted to custodial sentence. From the point of view of the type of committed offence, 122 people (88.41%) of which 118 of age and 4 underage, committed activities related to the illicit drug trafficking, and the rest of 16 of age offenders (11.59%) in illicit activities for personal use.

[78] Law no.143/2000 as amended and supplemented

In relation to the previous year, the number of parole convicted offenders decreased by 7.69%, while an increase of 42.27% was recorded for people convicted to custodial sentence in comparison to 2007.

**Figure no. 9-20: Trends of the number of drug offenders on parole vs. offenders under custodial sentence, 2001-2007**




| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|
| suspended sentence on parole | 85 | 126 | 107 | 93 | 86 | 96 | 91 | 84 |
| custodial sentence | 11 | 24 | 33 | 34 | 31 | 74 | 97 | 138 |

*Source: High Council of Magistracy*

- Situation of people under probation

Evaluation reports have been done for 18 people investigated for trafficking[79] in 2008 (59.09% less than in 2007) and for 8 people investigated for personal use offences[80] (66.66% less than in 2007).
In 2008, the courts of law requested evaluation reports for:

- 135 people investigated for trafficking, which is 11.76% less than in 2007;
- and 60 people investigated for drug use, which is 23.08% less than in 2007.

The number of drug law convicted offenders, under the supervision of the probation services, increased noticeably by 90.18% than in 2007, i.e. from 163 to 310 people. For 201 people of the total of 310 recorded in 2008, supervision measures have been taken in line with art. $86^3$, indent 1, letter a-d of the Criminal Code, which accounts for 63.41% more than in 2007. The number of convicted offenders for which compulsory measure of detoxification treatment and care has been passed (provided by art. $86^3$, indent 3, letter. a-f of the Criminal Code), continued on the same upward trend, showing an decrease of 63.41% as compared to 2007, i.e. from 40 to 101 people. The fact that supervision measures were taken in 2008 for 8 under-age convicted offenders, in line with art. 103, indent 3, letter a-c of the Criminal Code is worth mentioning.

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

According to the data provided by the Traffic Police Directorate within the Inspectorate General of Romanian Police for the time interval 2005-2007, 11 drivers were caught in traffic under the influence of narcotic substances or products or medication with similar effects, of which 4 in Iasi, 3 in the Municipality of Bucharest and the rest in Bacau, Buzau, Cluj and Satu Mare.
The Police arrest unit no.12 has been destined keep in custody male offenders reported under the influence of drugs since April 2006. 842 people under the influence of drugs were incarcerated in this police arrest unit in 2008, of which 825 adults and 17 underage offenders. Of the underage arrestees, 5 committed aggravated theft, an offence stipulated and punishable under art. 209 of the Criminal Code, and 10 committed burglaries, as provided for and punishable under art. 211 of the Criminal Code.

[79] under art.2 of the Law no. 143/2000
[80] incriminated by art.4 of the Law no. 143/2000

**Table no. 9-3: Situation of arrestees by type of offence, 2006-2008**

| Type of offence | Legal classification | Number of people | | |
|---|---|---|---|---|
| | | 2006 | 2007 | 2008 |
| Theft and aggravated theft | Art. 208,209 CC62 | 278 | 323 | 378 |
| High risk drug trafficking | Law no.143/2000 | 224 | 217 | 183 |
| Robbery | Art. 211 CC | 47 | 112 | 125 |
| Manslaughter | Art. 174–178 CC | 6 | 2 | 1 |
| Assault | Art. 181 CC | 1 | 0 | 3 |
| Procuring | Art. 329 CC | 2 | 2 | 2 |
| Damage | Art. 217 CC | 1 | 0 | 4 |
| Fraud | Art. 215 CC | 1 | 3 | 13 |
| Illegal confinement | Art. 189 CC | 1 | 0 | 3 |

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

The incarcerated people self-reported under the influence of drugs benefit from specialised medical care provided by the Medical service of the Directorate General of the Municipality of Bucharest.

## 9.2 PREVENTION OF DRUG RELATED CRIME

The project "Highschool – threshold of life" was implemented in Bucharest high schools in the school year 2007-2008 by the NAA in cooperation with the Directorate General of the Police of the Municipality of Bucharest and the School Inspectorate of the Municipality of Bucharest. The general objective of the project was to reduce delinquency and juvenile criminality rate and to keep drug use in the Bucharest school environment at a low level. Raising the awareness and participation of the key stakeholders in the field of delinquency and juvenile crime prevention as well as drug use prevention were the focus of the project as well as motivating highschool students, teachers and parents into joint projects and activities, aimed at strengthening the influence of protection risks and reduce the influence of risk factors. The activities included:

- creating prevention groups in each high school in which NAA specialists, proximity police officers, education counsellors, representatives of students and parents would participate;
- organising delinquency, crime and drug use prevention activities in each high school by: informing of the drug related risks, partly-guided debates, brainstorming and role play.

## 9.3 INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM

### 9.3.1 ALTERNATIVES TO IMPRISONMENT

One of the legal drawbacks of 2008 was the impossibility to enforce art. 19^1 and 19^2 of the Law no. 522/ 2004[81] which stipulate the replacement of the imprisonment sentence for drug users with the consented inclusion in a specific integrated medical-psychological-social care programme. Although the Criminal Code[82] was adopted in July 2009, once the Government took responsibility, the mentioned provisions cannot be enforced until the new Criminal Procedure Code is adopted within 12 months time, because art. 19^1(4) stipulates that „In all cases, criminal pursuit shall be continued according to the guidelines of the Criminal procedures code", and article 19^2 (4) mentions that „The defendant or accused who refuses to be included in an integrated care programme for drug users, shall be subject to the Criminal code and Criminal Procedure Code regulations".

### 9.3.2. OTHER ALTERNATIVES IN THE CRIMINAL JUSTICE SYSTEM

No available new data.

## 9.4 DRUG USE AND PROBLEM DRUG USE IN PRISONS

According to the data provided by the NAP, there were 1682 people with a drug use record were incarcerated (prevalence – 63.97‰). Of them, considering age and sex criteria:

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

[82] Law no. 286 of July 17, 2009 on the Criminal Code (published in the OG no. 510 of July 24, 2009)

- 74 ( 4.39%) were aged 15 to 19 yrs,
- 415 ( 24.67%) were aged 20 to 24,
- 610 (36.26%) were aged 25 to 29 and
- 583 (34.66%) were 30 years old and over 30.
- 1317 (78.29%) were men, and 365 women (21.7%).

Considering the used substances:

- 1254(74.55%) had used heroin,
- 143 cocaine (8.5%), 77 ecstasy (4.57%),
- 6 LSD (0.35%), 34 medicines (2.02%),
- 73 (4.34%) cannabis
- 68 (4.04%) other types of drugs (volatile substances etc.)
- and 27 (1.6%) drug combinations.

The main administration route was intravenous (1201 – 74.4%), while 481 (28.59%) used drugs orally.

**Table no. 9-5: Trend in people with a history of drug use against the total prison inmates, over the time interval 2001- 01.12.2008**

| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 01.12.2008 |
|---|---|---|---|---|---|---|---|---|
| Inmate population | 50,035 | 50,156 | 46,224 | 39,265 | 36,700 | 35,728 | 29,689 | 26,291 |
| Inmates with a drug use history | 1065 | 1131 | 1504 | 2013 | 2402 | 2268 | 2061 | 1682 |
| Drug use prevalence (per 1000 inmates) | 21.29‰ | 22.55‰ | 32.54‰ | 51.26‰ | 65.45‰ | 63.48‰ | 69.41‰ | 63.97‰ |

*Source: NAP*

## 9.5 RESPONSES TO DRUG RELATED ISSUES IN PRISONS (AND OTHER CUSTODIAL SETTINGS)

### 9.5.1 DRUG TREATMENT (incl. number of prisoners receiving opioid substitution treatment)

Romania initiated a working group on detention care units and a working mechanism was convened and formulated to ensure treatment access of IDU in police custody within the project *HIV/AIDS prevention and care among injecting drug users in community and prisons in Romania,* carried out with the financial and technical support of the United Nations Office for Drugs and Crime.

In 2008, NAP continued the steps started in 2006 with the Ministry of Health toward the creation of harm reduction centres within the penitentiary system, mainly methadone substitution treatment and funding the drug-addicted offender's treatment activities provided in the health under-programme 2.2. "Drug addiction treatment". Additionally, these steps continued to include the health network units of the NAP on the list of health units this under-programme focuses on, but none of these initiatives were successful in 2008.

The first methadone substitution pilot centre became operational in Rahova Hospital Penitentiary as a result of the project *HIV/AIDS prevention and care among injecting drug users in prisons in Romania*, carried out with the financial and technical support of the United Nations Office for Drugs and Crime, Romania, in 2008. Necessary steps were taken in 2008 to extend this programme, by launching a new methadone substitution centre in Bucharest-Jilava Hospital Penitentiary, and a new syringe exchange programme in Giurgiu Penitentiary.

- 306 drug-addicted inmates benefitted from evaluation, psychological counselling and treatment in the detoxification unit of Rahova Hospital Penitentiary;
- 18 prison inmates were included in the methadone substitution treatment.

The data provided by the NAP for 2008 shows 3258 prison inmates with a drug use history were included in psycho-therapy programmes of the prison system, which were carried out by staff specialised in psycho-social care (educators, psychologists, social workers) in cooperation with representatives of the medical units, of the local Drug Prevention, Evaluation and Counselling Centres and of organisations and foundations.

Although existing, the noteworthy difference between the number of self-declared users recorded by medical staff and the number of those recorded by psychological staff can be explained by the fact that not all prison inmates report drug use history upon prison admission, but admit to it later (mainly to psychologists) and request specialised care.
The activities performed with this category imply education-information, basic psychological and social evaluation, individual and group psychological counselling, crisis intervention, psycho-therapy intervention and social support:

**Table no. 9-6 Activities carried out for self-declared former users, 2008**

| Activity | Beneficiaries – prison inmates with a drug use history | (%) iof the total number of self-declared drug users |
|---|---|---|
| Education programmes for self-declared former drug users | 724 | 20.52% |
| Education programmes carried out in cooperation with DPECC representatives focusing on self-declared former drug users | 650 | 18.42% |
| Education programmes carried out in cooperation with NGO and GO representatives focusing on self-declared former drug users | 1063 | 30.13% |
| Psychological and social counselling and evaluation | 3528 | 100.00 % |
| Psychotherapy and psychosocial care programmes for self-declared former drug users | 773 | 21.91% |
| Psychosocial care activities and programmes for self-declared former drug users, carried out in cooperation with DPECC representatives | 1006 | 28.51% |
| Psycho-social care activities and programmes for self-declared former drug users preformed in collaboration with NGO and GO representatives | 201 | 5.70% |

*Source: NAP*

NAP report mentions that apart from the former drug users (self-declared), prison inmates with a history of addictive behaviours (alcohol, tobacco, medicines) also benefitted from specialised care, following their specific request for support.

**Drug treatment admission – cases referred by the Police**
According to the referral source, of the 1522 treatment admissions in the Ministry of Health's care units in 2008, in 60.6% of the cases drug users requested care on their own, 7.4% at the initiative of the family and friends, while 29.4% were referred by the health system (another treatment centre, general practitioners, hospital), 1% by the police, 2.6% by other institutions and 0.9% by an unknown source.
The breakdown of the 16 cases indicates:

- arrest - 2 men (of whom one had previously received drug treatment);
- police – 11 people: 1 woman who had previously received heroin treatment and 10 men of which none had sought treatment before for psychoactive use;
- police and emergency services – 3 men (all three had benefitted from drug treatment before).

By type of used drugs: half of the users used cannabis/hashish/marijuana, three used opiates, one barbiturates, and two used caffeine.

**Table no. 9-7: Treatment admissions in MH units following Police referral, by type of drug, type of admission and gender of the user, 2008 (%)**

| | cannabis/hashish/marijuana | heroin | methadone | barbiturates | caffeine | total |
|---|---|---|---|---|---|---|
| Female-relapse | 0 | 1 | 0 | 0 | 0 | 1 |
| male-new case | 6 | 1 | 1 | 1 | 2 | 11 |
| Male - relapse | 2 | 2 | 0 | 0 | 0 | 4 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

Of the 440 illicit drug users assisted in the DPECC in 2008, 46.4% had been referred by the justice system or brought in by the police:

- 164 people through the justice system (penitentiaries/re-education centre for underage offenders)

- 40 people through the court/prosecutor's office/probation services and one by the lawyer;
- 5 through the criminal investigation and prosecution system.

Distribution of the 210 people:

- 183 male and 26 female;
- 8 people were aged between 15 and 19, 59 between 20 and 24, 62 between 25 and 29, 49 between 30-34, 22 between 35-39, 7 over 40, and for 3 the age was not stated;
- 126 used heroin, 64 cannabis, 11 stimulants, 6 cocaine and by one methadone, hallucinogens and inhalants.

### 9.5.2 PREVENTION AND REDUCTION OF DRUG RELATED HARM

Within the project *HIV/AIDS prevention and care among injecting drug users in prisons in Romania*, carried out with the financial and technical support of the United Nations Office for Drugs and Crime - Romania, the internal rules were revised in order to formulate and adopt proper working protocols needed for the implementation of syringe exchange programmes in the prison system which resulted into two syringe exchange programmes available in Rahova and Jilava penitentiaries, with 62 prison inmates as beneficiaries.

In order to prevent drug use among the prison population, the DPECC and the inter-disciplinary teams created in penitentiaries across the country conducted from January-December 2008 activities focusing on information-education, healthy lifestyle promotion, relapse prevention among inmates who had reported having used drugs. In addition, several programmes and cultural-education activities against alcohol and tobacco were carried out with the support of organisation and institutions working in the field. Thus, 56 information-education activities related to drug use risks with 4,408 beneficiaries (of which 3,890 adult male inmates, 39 women, 346 underage, 83 staff members, 50 volunteers) and 49 cultural-education activities (contests, exhibitions, theatre plays, documentaries, music and dance shows) were organised in 44 locations (penitentiaries, hospital-penitentiaries, re-education centres).

### 9.5.3. PREVENTION, TREATMENT AND CARE OF INFECTIOUS DISEASES

The NAP in partnership with the Romanian Harm Reduction Network launched a project called *Initiative 38*, funded by the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria in 2008, to prevent HIV/AIDS among prison inmates in all prison units, by organising information, education and communication interventions.

The project *HIV/AIDS prevention among prison inmates in all penitentiaries in Romania by increasing access to HIV counselling and voluntary testing* was launched as part of the same programmes funded by the Global Fund, and the first two sessions of the multidisciplinary teams of the three structures involved NAP, NAA and ARAS have been organised.

Supported by the Romanian Angel Appeal foundation, NAP conducted the *Estimation study of HIV and B and C hepatitis infection prevalence among prison population*, funded by the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria. The objectives of the research were as follows:

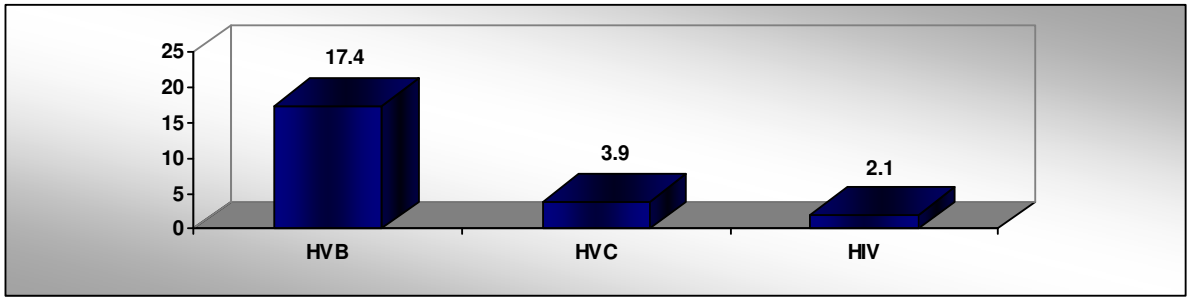
- knowing diseases with intravenous transmission route;
- knowing the risk factor associated with these diseases;
- defining health strategies for the prison system regarding intravenous transmission diseases.

The study was conducted on a representative study for the prison population (N=1391) and consisted in:

- blood analysis to determine HIV, hepatitis C and B infection anti-bodies
- questionnaire to determine risk factors for HIV, HCV and HBV transmission.

**Results**: 5.7% inmates reported injecting drugs use (13% of the inmates declared they know people who use injecting drugs) and 3.7% shared needles/syringes with other people. According to the study, the injecting drug use and sharing syringes are more frequent among women and inmates over 30. Blood tests performed to determine HIV, hepatitis C and B anti-bodies among inmates indicated the following:

**Figure no. 9-21: HIV, hepatitis C and B infection prevalence in the prison population, 2008**




*Source: Estimation study of HIV and B and C hepatitis infection prevalence among prison population 2007*

- The findings of the study showed IDU is significantly associated with positive results for HBV and HCV, and
- Sharing needles and syringes is significantly related to positive results for HCV.

### 9.5.4. PREVENTION OF OVERDOSE RISK UPON PRISON RELEASE

No available new data.

## 9.6 REINTEGRATION OF DRUG USERS UPON RELEASE FROM PRISON

No available new data.

# Chapter 10 - Drug market

**Overview of drug markets**

Romanian continued to be a transit area for high risk drugs originating in Turkey and Middle East in 2008, because of its geographical position at the crossroads of the drug trafficking corridors and along the Balkan route, and of the connections between members of domestic crime groups and foreign cross-border criminal organisations (mainly Turkish, and also in Western Europe _ Germany, Great Britain, the Netherlands).

## 10.1 AVAILABILITY AND SUPPLY

### 10.1.1. DRUG ORIGIN: NATIONAL PRODUCTION VS. IMPORTED

No clandestine laboratories for drug manufacture were discovered on the national territory in 2008. Additionally, as compared to 2006 when anti-drug units discovered 8 illicit cultivations with narcotic plants, such cultivations were not discovered in 2007 or in 2008. In 2008 as in the previous year Romanian continued to be a transit area for high risk drugs. The means used in drug transiting are the infrastructure of the private companies specialised in international goods transportation (trade companies run by Turkish or domestic citizens) and dissimulation as legal trade operations (e.g. export of oil products in tanks or perishable food). Additionally, small amounts of narcotics are shipped in parcels through international passenger transporters or cars belonging to domestic members of organised crime groups.
Romanian citizens usually participate in trafficking related activities (forging documents), in placing small drug amounts on the domestic market, transporting drugs abroad through their own companies and delivering them to people in charge of local distribution.
The law enforcement representatives state the continuous low amounts of drugs that enter the Romanian territory destined for domestic distribution is influenced by the following factors:

- limited number of high risk drug users;
- low purchase power (which generates a lower retail price than in west-European countries and low drug quality);
- extended time-span needed to recuperate drug-invested capitals.

## 10.2 SEIZURES

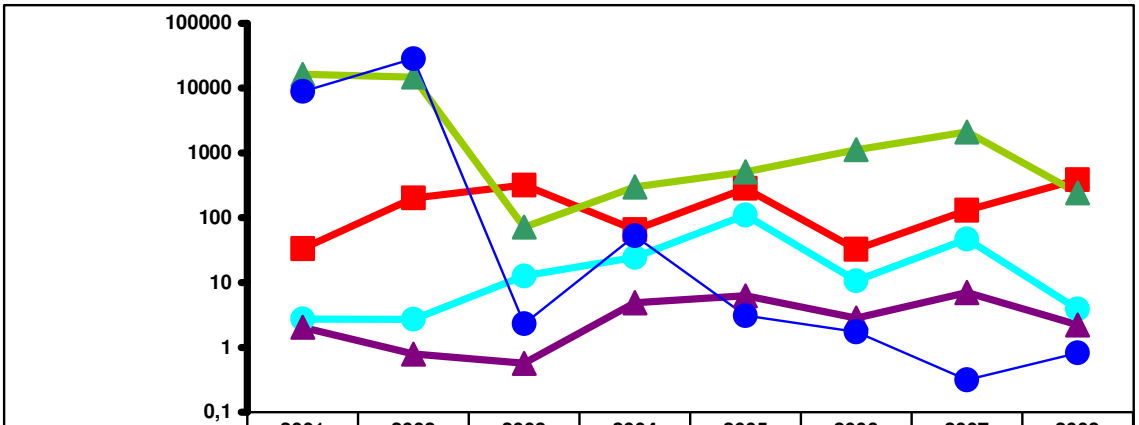
### 10.2.1 Quantities and number of seizures of all illicit drugs

**1. DRUGS**

634.41 kg, 60,010 pills, 71 blotters and 213 drug vials were detected and impounded in order to be confiscated in 2008, of which:
- high risk drugs – 392.316 kg, 57,831 tablets, 71 blotters and 213 vials;
- risk drugs: 242.097 kg, 2,179 tablets.

There is a 72.46% increase of the total amount of seized drugs than in the previous year (from 2,304.041 kg to 634.41 kg), while an increase of 41.18% is recorded for pill drugs that had been impounded in order to be placed under police custody, from 42,507 to 60,010 tablets. An almost 8-fold increase can be noticed for LSD blotters of, from 9 to 17 blotters. As regards liquid drugs, in the reference year the same number of vials impounded equals the one of the last year i.e. 213 vials. The content of the vials marks difference as in 2007 of the total 213 vials, 203 contained high risk drugs and 10 risk drugs, while in 2008, all the vials contained high risk drugs.

**Figure no. 10-1: Dynamics of the seized drugs in the time interval 2001-2008 (kg)**



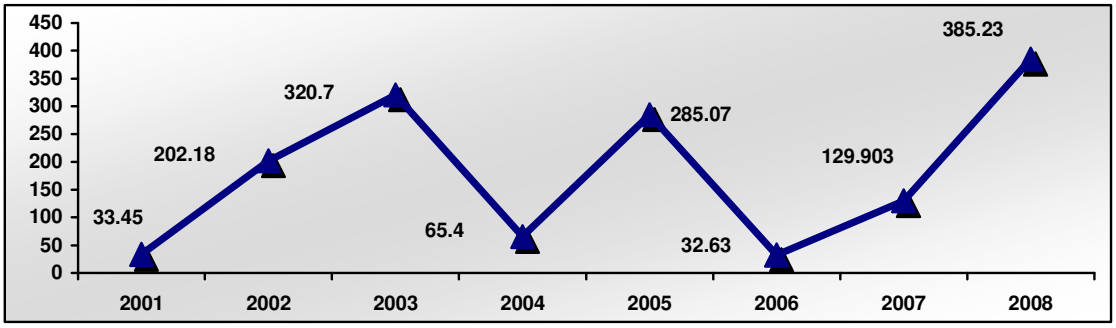

| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|
| heroin | 33,45 | 202,18 | 320,7 | 65,4 | 285,07 | 32,63 | 129,903 | 385,23 |
| cannabis/hashish | 16300,698 | 14895,3 | 72,1 | 298,31 | 510,04 | 1127,06 | 2120,085 | 242,08 |
| cocaine | 2,751 | 2,726 | 12,68 | 24,57 | 109,71 | 10,71 | 46,695 | 3,915 |
| opium | 2,04 | 0,794 | 0,57 | 4,9 | 6,25 | 2,85 | 7,041 | 2,221 |
| other drugs | 8.881,10 | 28.573 | 2,31 | 52,98 | 3,09 | 1,75 | 0,317 | 0,823 |

*Source: Counter-Organised Crime Directorate, GIRP*

## HEROIN

385.23 kg of heroin were impounded to be confiscated in the reference year, which is 196.55% more than in 2007. A data analysis shows the variation in the situation of heroin seizures in the time interval 2001-2008.

**Figure no. 10-2: Dynamics of the heroin seizures (kg) in the interval 2001-2008**




*Source: Counter-Organised Crime Directorate, GIRP*

According to the available data of the Drug and Precursor Analysis and Profiling Central Laboratory within the Inspectorate General of Romanian Police, 1,055 heroin seizures were recorded in 2008, of which 1040 at the level of the Central Laboratory in Bucharest, 7 in the Regional Laboratory in Cluj, 4 in the Regional Laboratory in Iaşi, 2 in the Regional Laboratory in Constanța and 2 in the Regional Laboratory in Timişoara. It should be mentioned that the Regional Laboratories in Constanța and Timişoara became operational June 1, 2008 and September 1, 2008 respectively.

**Table no. 10-1: Distribution of heroin seizures at central and regional level in 2008**

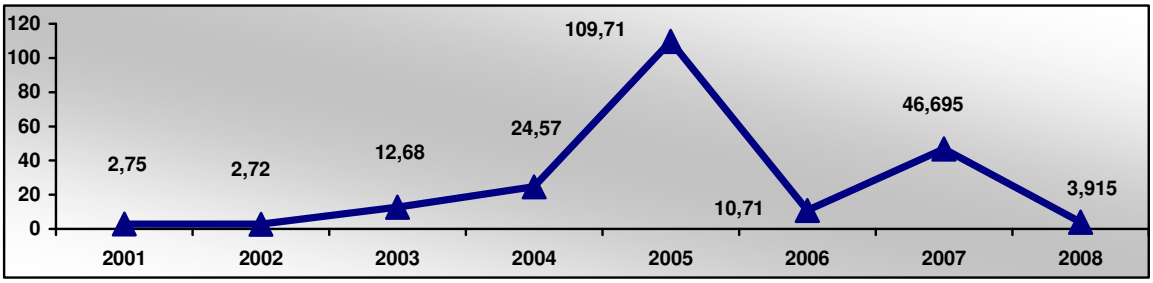
| | LABORATORY | | | | | |
|---|---|---|---|---|---|---|
| | Central Laboratory Bucharest | Regional Laboratory Cluj | Regional Laboratory Iaşi | Regional Laboratory Constanța | Regional Laboratory Timişoara | TOTAL |
| **Number of seizures** | 1040 | 7 | 4 | 2 | 2 | 1055 |

*Source: Drug and Precursor Analysis and Profiling Central Laboratory, GIRP*

## COCAINE

The seized cocaine amounted to 3.915 kg in 2008, which is 12 times less than in 2007, when 46.695 kg of the drug were seized.

**Figure no. 10-3: Dynamics of the cocaine seizures (kg), 2001 - 2007**




*Source: Counter-Organised Crime Directorate, GIRP*

91 cocaine seizures were conducted in 2008, of which 44 were recorded by the Central Laboratory in Bucharest, 25 by the Regional Laboratory in Cluj, one by the Regional Laboratory in Iaşi, 19 by the Regional Laboratory in Constanța and 2 by the Regional Laboratory in Timişoara.

**Table no. 10-2: Distribution of cocaine seizures, at central and regional level, 2008**

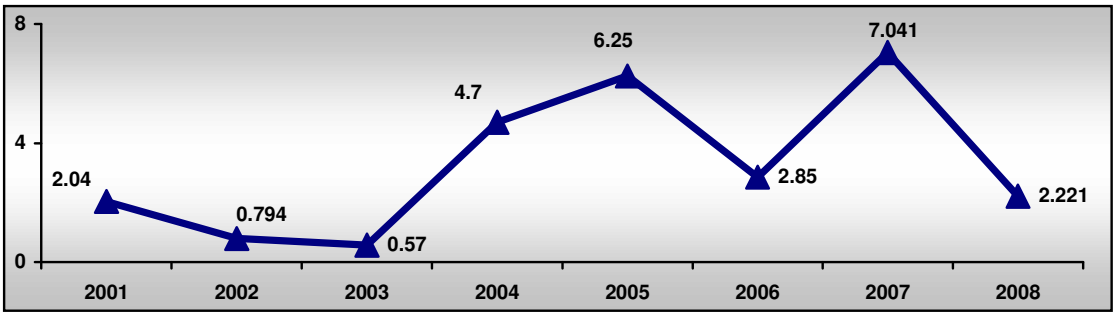
| | LABORATORY | | | | | |
|---|---|---|---|---|---|---|
| | Central Laboratory Bucharest | Regional Laboratory Cluj | Regional Laboratory Iaşi | Regional Laboratory Constanța | Regional Laboratory Timişoara | **TOTAL** |
| **Number of seizures** | 44 | 25 | 1 | 19 | 2 | 91 |

*Source: Drug and Precursor Analysis and Profiling Central Laboratory, GIRP*

## OPIUM

According to the data provided by the Directorate General for Countering Organised Crime, there is a decreasing tendency in opium seizures of 68.45% than in 2007, from 7.041 to 2.221 kg.

**Figure no. 10-4: Opium seizures (kg) in the interval 2001-2008**




*Source: Counter-Organised Crime Directorate, GIRP*

5 opium seizures were conducted, of which 4 had been recorded in the Central Laboratory in Bucharest and one in the Regional Laboratory in Constanța.

**Table no. 10-3: Opium seizure distribution at central and regional level, 2008**

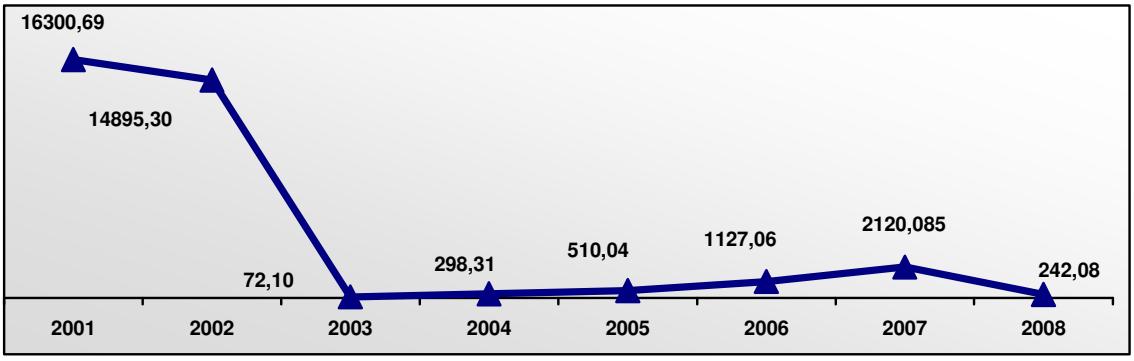
| | LABORATORY | | | | | |
|---|---|---|---|---|---|---|
| | Central Laboratory Bucharest | Regional Laboratory Cluj | Regional Laboratory Iaşi | Regional Laboratory Constanța | Regional Laboratory Timişoara | **TOTAL** |
| **Number of seizures** | 4 | 0 | 0 | 1 | 0 | 5 |

*Source: Drug and Precursor Analysis and Profiling Central Laboratory, GIRP*

**CANNABIS**

242.08 kg of cannabis were seized in the reference interval, of which 33.42 kg are cannabis resin and 208.66 kg cannabis. As compared to the preceding year, there is an almost 6-fold increase of the cannabis resin in 2008, from 5.365 kg to 33.42 kg. As for the cannabis amount, it has decreased almost 10 times in comparison to 2007, from 2,114.720 to 208.66 kg.

**Figure no. 10-5: Cannabis/hashish seizures (kg), 2001-2008**




*Source: Counter-Organised Crime Directorate, GIRP*

There were 1202 cannabis-type product seizures of which 596 are cannabis plant seizures and 506 cannabis resin. Most of the seizures were recorded by the Central Laboratory in Bucharest (274 seizures of cannabis and 261 seizures of cannabis resin), followed by the Regional Laboratory in Cluj (155 cannabis seizures and 131 cannabis resin seizures). 170 seizures were recorded by the Regional Laboratory in Iaşi, of which 105 marijuana and 65 hashish seizures.

**Table no. 10-4: Cannabis seizures at central and regional level, 2008**

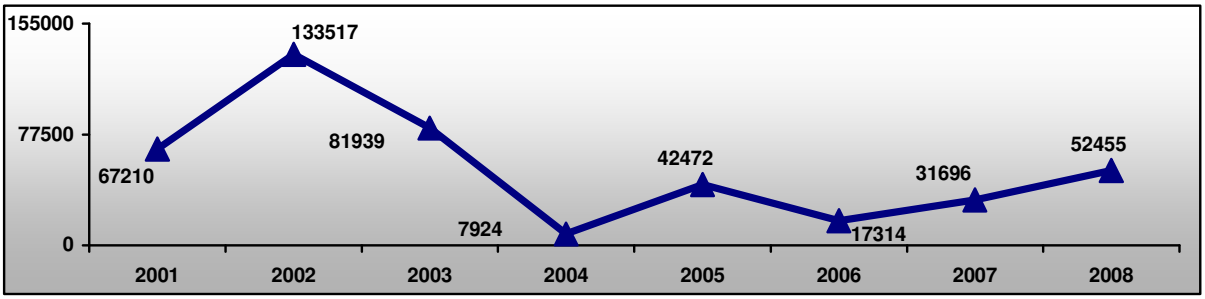
| | | LABORATORY | | | | | |
|---|---|---|---|---|---|---|---|
| | | Central Laboratory Bucharest | Regional Laboratory Cluj | Regional Laboratory Iaşi | Regional Laboratory Constanţa | Regional Laboratory Timişoara | TOTAL |
| **Number of seizures** | **Cannabis** | 274 | 155 | 105 | 41 | 21 | 596 |
| | **Cannabis resin** | 261 | 131 | 65 | 36 | 13 | 506 |

*Source: Drug and Precursor Analysis and Profiling Central Laboratory, GIRP*

**SYNTHETIC DRUGS**

The seized amphetamine-type stimulants reached 52,455 pills in 2008, which is 65.49% more than in 2007. It should be mentioned that 71 doses (blotters) of LSD were seized over the same time interval. An oscillating trend of synthetic drug seizures has been noticed since 2004, which prevents the outline of a clear tendency of the phenomenon.

**Figure no. 10-6: Number of seized amphetamines and derivatives, 2001-2008**




*Source: Counter-Organised Crime Directorate, GIRP*

Seven LSD capsules and 225 amphetamine-type stimulants were seized in 2008, of which 123 recorded by the Central Laboratory in Bucharest, 60 by the Regional Laboratory in Cluj and 20 by the Regional Laboratory in Iaşi, 27 in Constanta and 2 in Timisoara.

**Table no. 10-5: Synthetic drug seizures distribution at central and regional level, 2008**

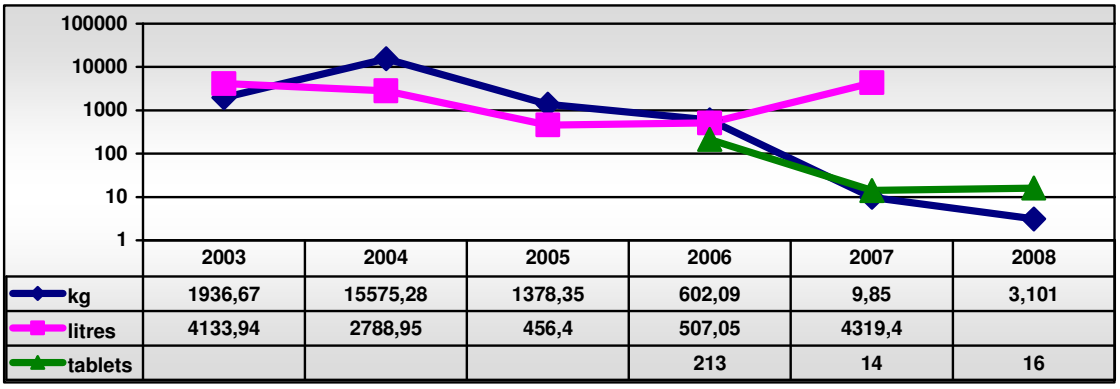
| | LABORATORY | | | | | |
|---|---|---|---|---|---|---|
| | Central Laboratory Bucharest | Regional Laboratory Cluj | Regional Laboratory Iaşi | Regional Laboratory Constanţa | Regional Laboratory Timişoara | TOTAL |
| **Number of seizures** | 123 | 60 | 20 | 27 | 2 | 232 |

*Source: Drug and Precursor Analysis and Profiling Central Laboratory, GIRP*

### 10.2. 2. QUANTITIES AND NUMBERS OF SEIZURES OF PRECURSOR CHEMICALS USED IN THE MANUFACTURE OF ILLICIT DRUGS

3.101 kg and 16 pills of essential chemical substances were impounded and confiscated in the analysed period. As compared to the previous year, there is a decrease in the seized solid precursors from 9.85 kg to 3.101 kg. As for liquid substances, no seizures of such substances were conducted in 2008, which is different from the seized tablets, for which an increase from 14 to 16 was recorded in comparison to 2007.

**Figure no. 10-7: Precursor and essential chemical substances seizures, 2003 – 2008**




| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|
| kg | 1936,67 | 15575,28 | 1378,35 | 602,09 | 9,85 | 3,101 |
| litres | 4133,94 | 2788,95 | 456,4 | 507,05 | 4319,4 | |
| tablets | | | | 213 | 14 | 16 |

*Source: Counter-Organised Crime Directorate, GIRP*

**Seized goods and valuables**

The state authorities with responsibilities in the drug supply reduction field identified and impounded from people involved in drug and precursor illicit activities 61,380 Euro (218,253 Euro in 2007), 957 US dollars (11,078 in 2007), 28,026 RON (22,995,970 in 2007), 1.40 kg of gold, jewellery and other golden objects (4.24 kg in 2007), 17 cars (17 cars in 2007), goods and assets amounting to 6,045 RON (66,730 RON in 2007).

As a result of the Law no**.** 381/2004, the National Anti-drug Agency received notifications regarding 174 criminal sentences, which is 23.68% less than in 2007, when 228 final court decisions were received, which resulted in the seizure of 114,657 RON, 147,490€, 385$, 20 Turkish pounds, 2 leva, 32 cell phones and several other goods (100 temporary car registration licences, 71 car identity , 30 temporary diving licences, 3 car registrations, 7 international insurances – green card, 100 standard car documents, 1 copy machine, 84 car licence plates, electronic weighing machine, metal frame).

### 10.2.3. Number of illicit laboratories and other production sites dismantled; and precise type of illicit drugs manufactured there

No clandestine laboratories for drug manufacture were detected across the national territory in 2008.

## 10.3 PRICE/PURITY

### 10.3.1. Price of illicit drugs at retail level

Trade prices for drugs varied depending on the trend recorded on the illicit market in the reference interval.

- hashish (cannabis resin) – the wholesale price increased four times than in 2007, and approximately 13-times higher than in 2004; retail price similar to that of the previous year and only by 2-times higher than in 2004;
- cannabis herbal (marijuana) – the retail price increased as compared to 2007 and almost two-fold increase than in 2004;
- cocaine – lower wholesale price than in the previous year up to reaching the value recorded from 2004 to 2006; retail price relatively stable throughout the entire period;
- heroin - wholesale price higher than in the previous year; moreover a decreasing trend has been noticed since 2006 in the difference between the highest and the lowest price; retail price increased as compared to 2007 and become almost three times higher than in 2004;
- amphetamine – the wholesale price increased in 2006 and stabilised afterwards at maximum value;
- ecstasy (MDMA) – the retail price doubled in 2005 as compared to the previous year, and decreased afterwards, reaching in 2008 the level recorded in 2004;
- LSD - retail price relatively stable throughout 2004-2008.

**Table no. 10-6: Lowest and highest values of the most frequently trafficked drugs on the illicit market in Romania, 2004-2008**

| Type of drug | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|
| | **Wholesale price** (in Euro/kg, litre or 1000 doses) | | | | |
| Hashish (cannabis resin) | 600-800 | 1600-2500 | 1600-2500 | 2,200 – 2,400 | 8,000 – 10,000 |
| Cannabis plant (marijuana) | 1600-2500 | 600-800 | 1300 - 1500 | 1300 - 1500 | - |
| Cocaine | 35,000-50,000 | 35,000-50,000 | 35,000-50,000 | 42,000 – 44,000 | 35,000 – 55,000 |
| Heroin | 10,000-15,000 | 13,000-17,000 | 15,000-20,000 | 12,000 – 15,000 | 15,000 – 16,000 |
| Amphetamine | 3,000-4,000 | 3,000-4,000 | 3,000-5,000 | 5,000 | 5,000 |
| Ecstasy (MDMA) | 3,000-4,000 | 3,000-4,000 | 8,000-10,000 | - | - |
| | **Retail price** (in Euro/g or one dose) | | | | |
| Hashish (cannabis resin) | 4-6 | 4-6 | 4-6 | 7-9 | 7-9 |
| Cannabis plant (marijuana) | 2-4 | 5-7 | 2-4 | 6-7 | 8-14 |
| Cocaine | 60-120 | 80-120 | 80-150 | 80-120 | 80-120 |
| Heroin | 15-25 | 25-40 | 25-60 | 30-35 | 46-55 |
| Amphetamine | 5-10 | 7-13 | 7-13 | 10 | - |
| Ecstasy (MDMA) | 5-10 | 13-15 | 10-15 | 7-12 | 5-8 |
| LSD (blotter) | 20-30 | 20-30 | 30-35 | 33 | 33 |

*Source: Counter-Organised Crime Directorate, GIRP*

### 10.3.2. PURITY AND COMPOSITION OF ILLICIT DRUGS AND DRUG TABLETS/PILLS

The purity of heroin at street level ranges between 5 and 63%, the mean purity reaching 21%. On the Romanian market, heroin is usually mixed with very many substances for which, if injected, the medium and long term body health effects are unknown: psychotic drugs, pain killers, barbiturates (glutethimide, carmabazepine, benzodiazepine), codeine, talc, starch, ness, cappuccino, caffeine, coffee and also uneatable substances such as brick powder, paint powder etc.
Specialists within the Drug and Precursor Analysis and Profiling Central Laboratory in GIRP state the same merchandise provided by the same intermediaries may significantly vary in purity, for which reason users that usually inject a certain amount would often overdose.

**Ecstasy** has an average purity of 40 mg/tablet. The most frequent combination: MDMA+ caffeine, MDEA/MDA+ caffeine, MCPP+ caffeine (non-controlled substance), BZP/TFMPP. They can be found under different logos that change very frequently. The study „Drug use in recreational settings" conducted in 2008 in the Bucharest recreational area identified the following names/logos (most recurrent mentions) *Armani, Rolex, Puma, Mitsubishi, Heart, Butterfly, Dollar, Smiley.* Yet, the composition and manufacturers behind these *logos* often vary, which means that even though drug users think the pills branded with a certain *logo* are stronger, the association between the *logo* and purity/certain chemical compound is just a myth.

**Cocaine.** The average purity of cocaine reaches 62%, but there have been samples with 18%. Low potency cocaine is usually brought from Spain. 10% of the samples analysed in the Central Drug Analysis Laboratory within the GIRP have been diluted with Levamisol (20%). While the combination between cocaine and heroin, *speed ball*, has emerged on the Bucharest market, *crack cocaine* has not been identified in the Laboratory.

**Cannabis.** According to the analyses performed in the Analysis Central Laboratory within the GIRP, hashish had a mean THC potency of 8.3%, with limits between 4% and 16%. The laboratory does not conduct analyses of THC content in marijuana, a case in which the law allows for the incrimination of traffickers without proving the dangerousness of the plant. Cannabis categories with a high THC potency, *skunk*, or those sold in hydroponic glass houses, are less common in Romania, although "waves" of marijuana with high THC potency have been mentioned. The existence of batch of marijuana splashed with cannabinoids or synthetic opiates has been notified lately.

**Amphetamine** is frequently sold under the name of *speed*. The information received from the Central Analysis Laboratory within the GIRP the amphetamine sulphate is the content that has been the most frequently detected. No qualitative analyses were conducted in 2008 to establish the purity of amphetamine. Another amphetamine type medicine, existing on the Romanian pharmaceutical market, is Regenon. It contains amphepramone, a derivative of amphetamine, which combined in large amounts (10-20 pills) and in combination with alcohol or coffee is appreciated by drug users seeking low-cost drug alternatives.

**Table no.10-7 Street level purity and composition of drugs/tablets**

| Heroin | Cocaine | Amphetamine | Ecstasy | Cannabis Resin | Cannabis Marijuana |
|---|---|---|---|---|---|
| Average 21%<br>Max 63%<br>Min 5% | Average 62%<br>Max 87%<br>Min 18% | amphetamine sulphate (qualitative analysis) | 40mg/tablet | average 8,3%<br>Max 16%<br>Min 4% | No quantitative analysis was conducted on marijuana samples |

*Source: Drug and Precursor Analysis and Profiling Central Laboratory, GIRP*

# PART B. SELECTED ISSUES

## Chapter 11 – Cannabis markets and production

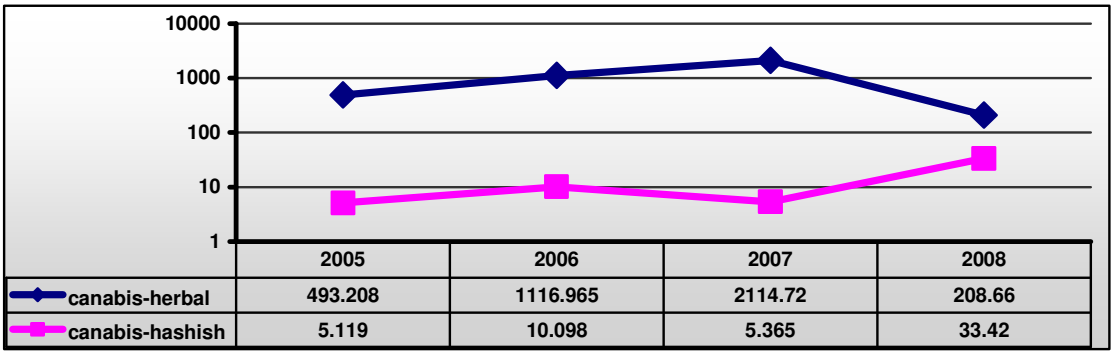
### NATIONAL PRODUCTION AND SEIZURES OF ILLICIT CANNABIS CULTIVATIONS

A few local cannabis cultivations have been identified in Romania in the last years. Thus, as the data provided by the Anti-drug Directorate within the Inspectorate General of Romanian Police show, no illicit narcotic plants were identified in 2007 and 2008. Yet, illicit cannabis/hemp cultivations were discovered by control authorities in 2008 – 8 cultivations of which two hydroponic glass houses (on a 400 $m^2$ area) and in 2005 - 16 illicit hemp cultivations, on several areas, in a total of 12.18 ha. The analysis of the illicit character of the hemp cultivations showed it was given by the lack of interest towards getting the authorisations provided by the law and less by the intention to manufacture drugs. No *grow shops* have been detected to supply the ingredients and instruction necessary for home grown cannabis.

### SEIZURES

The data provided by the Anti-drug Directorate within the Directorate General for Countering Organised Crime shows 33.42 kg of cannabis resin (hashish) and 208.66 kg cannabis plant were seized in 2008. As compared to the preceding year, there is an almost six-fold increase of the cannabis resin recorded in 2008, from 5.365 kg to 33.42 kg. As for the amount of cannabis, it has decreased almost 10 times in comparison to 2007, from 2,114.720 to 208.66 kg. These features are emphasised below:

**Figure no. 11-1: Cannabis/hashish seizures in 2005-2208 (kg)**




| | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|
| canabis-herbal | 493.208 | 1116.965 | 2114.72 | 208.66 |
| canabis-hashish | 5.119 | 10.098 | 5.365 | 33.42 |

*Source: Directorate for Countering Organised Crime, GIRP*

The *number of seizures* indicator shows a trend which is slightly different from the one outlined by the *seized amounts* indicator i.e. there is an upward trend for cannabis-plant, not only for cannabis resin. Thus, as compared to 2007, there was a remarkable increase of 39.58% in the number of cannabis seizures in 2008, from 427 to 596 seizures, and a 49.70% increase of the seizures of cannabis resin, from 338 to 506.

**Cannabis routes**

According to the last five years` seizures, a few prevalent routes can be outlined for cannabis entering Romania:

- for cannabis resin: MOROCCO-SPAIN-ITALY-AUSTRIA-HUNGARY-ROMANIA for almost 85% seized cannabis resin amount. The rest of 15% reaches Romania from the Republic of Moldova.
- for cannabis herbal: 80% of the seized amounts follows the route AFGHANISTAN-PAKISTAN-GEORGIA-MOLDOVA, and the rest of 20% comes from the Republic of Moldova and Turkey.

**Policy/Laws regarding cannabis production and use**

The law no. 143/2000 amended by the Law no. 522/2004 stipulates the following in art. 4: *Unlawful cultivation, production, manufacture, experimenting, extraction, preparation, transformation, sale,*

*possession of risk drugs for personal use are punishable by imprisonment ranging from 6 months to 2 years or a fine.*
Cannabis is considered a risk drug, being listed in Schedule II in the appendices of the law no. 143/2000, but this law does not provide for an active substance concentration (THC), so that the person that illegally *cultivates, produces, manufactures, experiments, extracts, prepares, transforms, buys or possesses…etc* cannabis under any form (resin, plant or buds) is subject to the punitive measures provided for in this law, without the need for an analysis of the chemical composition of the product for which he/she is incriminated.
At the same time, in line with the law 339/2005[83], the use of cannabis for medical purposes can be done after authorisation is given by the expert bodies.

**Indicators of the level of cannabis use**
There are no in-depth studies regarding the use of different types of cannabis products, but if we generally refer to cannabis, the general population survey (GPS) in 2007 showed lifetime prevalence of cannabis use is 1.5%, declining as compared to 2004 when a lifetime prevalence of 1.7% was recorded. This is the highest prevalence rate for an illicit drug in the general population in Romania. The regional distribution of cannabis use shows cannabis is present in all the main regions of the country. The highest prevalence rate is recorded in the capital city (5.6%), and in Dobrogea (0.9%) is the only used drug. In the rest of the regions, the prevalence level shows the following values: 1.3% in Transilvania, 1.1% in Muntenia, Moldova, Banat-Crişana-Maramureş and 0.6% in Oltenia.

**Map no. 11-1 Lifetime prevalence of different drugs in the general population, by region, 2007**

*Source: NAA/GIPR*

As showed in the table below, cannabis is experimented by the population of all ages, but mainly by the young population, 15-34 yrs.

**Table no.11-1: Lifetime prevalence cannabis use, by age group, 2007**

| | Age group | | | | | Total |
|---|---|---|---|---|---|---|
| | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 15-64 |
| Cannabis | 3.7% | 2.2% | 0.8% | 0.2% | 0.1% | 1.5% |

*Source: NAA/GIRP*

Data on cannabis use among the young people (15-16 years) resulted also from the 2007 ESPAD (the third such survey conducted in Romania) and indicated a prevalence of cannabis use of 3%, which represents and increase in comparison to the year 2003 (2.6%) and 1999 (1.3%). The gender distribution shows young male used account for a higher cannabis use prevalence: 5% as opposed to 2% among female users. The table below shows comparative national and European overall data. These data place Romania below the European mean level of self declared cannabis use.

[83] which regulates the legal status of plants, substances and preparations with narcotic and psychotropic content, of interest for medicine, under strict control

**Table no.11-2: Lifetime use of marijuana or hashish in Romania and Europe, (ESPAD 1999, 2003, 2007)**

| Romania | 1999 | 2003 | 2007 | | Europe | 1999 | 2003 | 2007 |
|---|---|---|---|---|---|---|---|---|
| Total | 1 | 3 | 4 | | Total | 17 | 22 | 19 |
| Men | 2 | 4 | 5 | | Men | 20 | 25 | 22 |
| Women | 1 | 2 | 2 | | Women | 14 | 19 | 16 |

*Source: NAA/GIRP*

The correlation between the data presented and the drug seizures data (in 2008, 14% of the seizures were of cannabis resin, the rest being cannabis herbal, and in the preceding year these levels have been relatively steady) can lead to the conclusion that the cannabis use market is mainly a cannabis herbal market in Romania.

**Price**

The data provided by the *Directorate for Countering Organised Crime*, GIRP, shows the wholesale price for cannabis resin was on an upward trend in 2008 (ranging between 8.000 – 10.000 Euro/kg). This does not apply for the retail price, which ranged between 7 and 9 euro/g, the same as in 2007. The street level price for a gram of cannabis plant varied between 8 – 14 Euro/g, in a slight increase than in 2007, when the variation interval was 6 -7 Euro/g. As shown in the table below, there is a constant increasing tendency of the price for cannabis resin a well as marijuana (cannabis herbal) in the previous 4 years. The tendency is noticeable for the street prices and confirmed by the wholesale prices.

**Table no.11-3: Lowest and highest price values for cannabis, 2005-2008**

| | Hashish (cannabis resin) | | | | Marijuana (cannabis herbal) | | | |
|---|---|---|---|---|---|---|---|---|
| | 2005 | 2006 | 2007 | 2008 | 2005 | 2006 | 2007 | 2008 |
| **Wholesale price (in Euro/kg)** | 1600-2500 | 2500-3500 | 2200-2400 | 8.000 – 10.000 | 600-800 | 800 | 1,300 – 1,500 | |
| **Retail price (in Euro/g)** | 6 | 5 – 6 | 7 - 9 | 7 – 9 | 7 | 4 | 6-7 | 8-14 |

*Source: Directorate for Countering Organised Crime, GIRP*

**Supply of cannabis on the market (as perceived by the population)**

The general population survey[84], conducted by the National Anti-drug Agency in 2007, on the supply of the drugs on the market, more than 20% of the general population aged 15 to 64 years declared it was easy to get hold of drugs in 24 hours:

**Table no.11-4: Difficulty in getting hold of illegal drugs in 24 hours, 2007**

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

*Source: NAA/GIRP*

As noticed, cannabis is considered to be the "most easily" to get, at national level and in each main region.

**Table no.11-5: Difficulty in getting illegal drugs in 24 hours, by region, 2007 (for the answer "easy to get")**

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

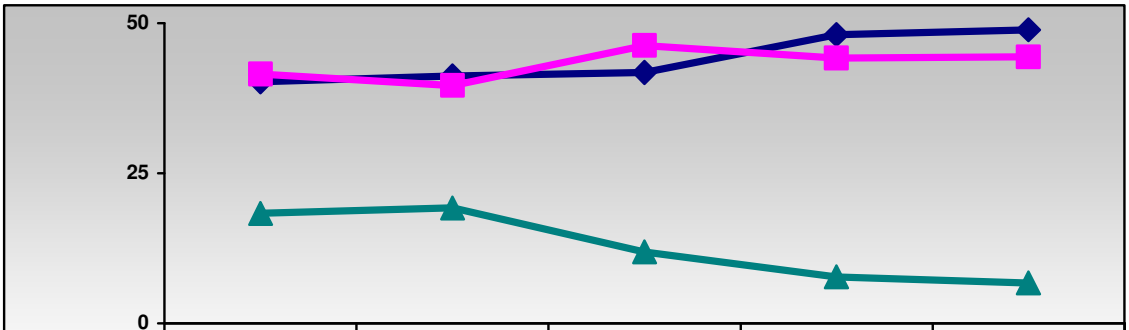
*Source: NAA/ GIRP*

[84] See National Report 2008

# Chapter 12 – Treatment and care for older drug users

The drug phenomenon in Romania became a problem only after the social-political changes in the `90s, with the "opening of the borders" leading to an increase in drug supply. Initially a drug transit country, Romania became in time a drug use country. Available data show a low incidence of drugs use among people over 40 and that the young are the main population exposed to drug use, because of the openness to the new, propensity to new, even risky experiences, unlike the mature population. Additionally, people who are now over 40 were at least 20 years old in 1989, and the analysis of drug treatment admissions, by onset age, indicates a high risk among young people of up to 20 years old.

**Figure no. 12-1: Progress of the treatment admissions for psychoactive substance use, by onset age, 2004-2008**




| | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|
| <20 yrs | 40.2 | 41.2 | 41.8 | 48.1 | 48.9 |
| 20-39 yrs | 41.5 | 39.6 | 46.3 | 44.2 | 44.4 |
| >= 40 yrs | 18.3 | 19.2 | 11.9 | 7.7 | 6.7 |

Note: % of the cases in which the onset age has been mentioned (2004 -1384, 2005 -1460, 2006 – 1269, 2007- 1746, 2008 – 1698)

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

### A. Drug treatment admissions in the medical units of the Ministry of Health[85]

256 people aged over 40 benefited from treatment in the care centres of the Ministry of Health in 2008, of which:

- 41% are repeat cases and 59% are new cases;
- 38.7% are men and 61.3% are women;
- 17.2% are between 40 and 44 years old, 18.8% between 45-49 yrs, 19.9% between 50-54 yrs, 15.2% between 55-59 yrs, 10.5% between 60 and 64 yrs, and 18.4% over 65 yrs.

The evolution of treatment admissions in the medical units of the Ministry of Health by age, in the time interval 2002-2008, showed the rate of people over 40 that sought psychoactive substance use treatment tripled in the interval 2002-2005, and later decreased and relatively stabilised at approx. 17%.

**Table no. 12-1: Evolution of the psychoactive substance use treatment in the MH units, by age, 2002-2008**

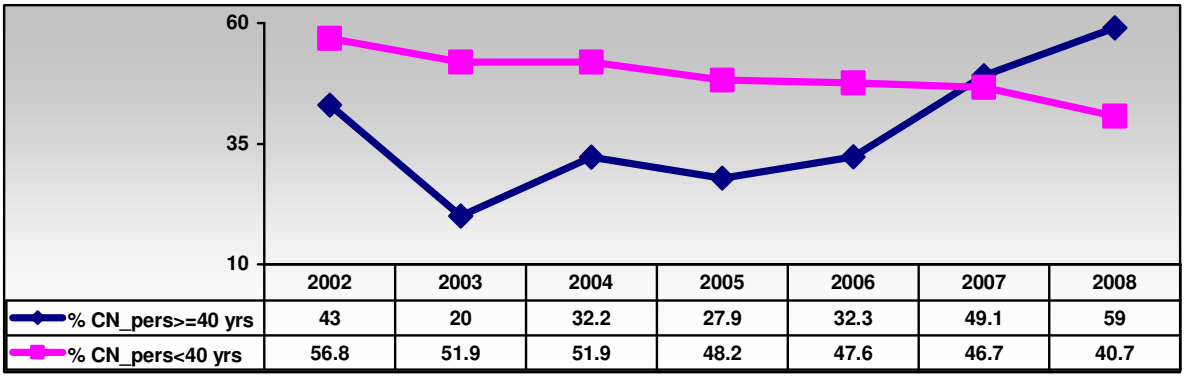
| | | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|
| Total no. of people | | 1905 | 2070 | 1502 | 1538 | 1350 | 1396 | 1522 |
| Of which | < 40 yrs | 1733 | 1596 | 1148 | 1105 | 1118 | 1162 | 1266 |
| | > 40 yrs | 172 | 474 | 354 | 433 | 232 | 234 | 256 |
| % pers.> 40 yrs of the total | | 9.0 | 22.9 | 23.6 | 28.2 | 17.2 | 16.8 | 16.8 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

It can be noticed that for people under 40, the rate of new cases is constantly decreasing, while for people over 40 there has been an oscillating trend up until 2005, after which it constantly increased, leading to a rate of first treatment demands higher than relapse rate in 2008.

[85] Alcohol and tobacco are not included in this analysis

**Figure no. 12- 2: Evolution of new cases out of the total psychoactive substance use treatment, by age, 2002-2008 (%)**



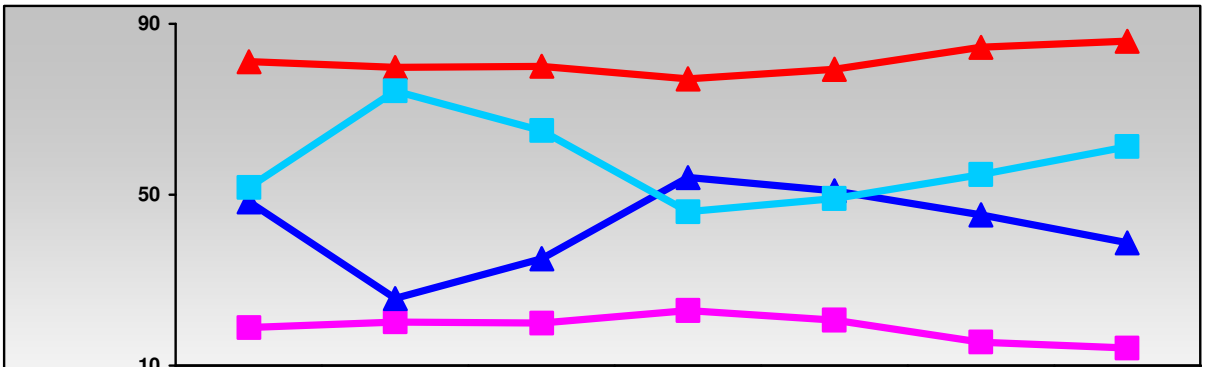

| | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|
| % CN_pers>=40 yrs | 43 | 20 | 32.2 | 27.9 | 32.3 | 49.1 | 59 |
| % CN_pers<40 yrs | 56.8 | 51.9 | 51.9 | 48.2 | 47.6 | 46.7 | 40.7 |

*Note: readmissions account for the rest of up to 100%*
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The analysis of the treatment admissions in the same period, by age and gender of the drug users, shows:

- most of the young people under 40 are men and their level has been increasing up to reaching a ratio of 6 men to 1 women in 2008;
- for people of 40 years of age and over 40 the situation is more balanced. Thus, except for 2005 and 2006, the share of women surpasses that of the men, the female/male ratio is 1.6 to 1 in 2008 (the highest ratios were recorded in 2003 – 2.9 and 2004 – 1.9).

**Figure no.12-3: Evolution of treatment admissions by age and gender of the user, 2002-2008**



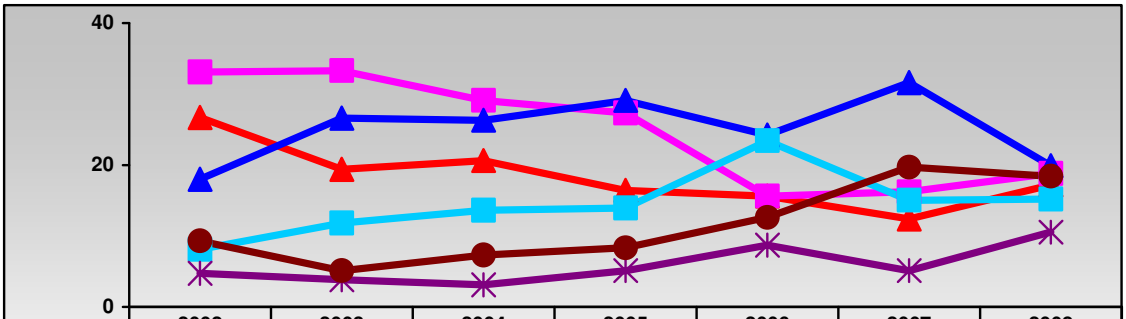

| | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|
| M<40 yrs | 81.1 | 79.8 | 80.1 | 77.1 | 79.4 | 84.5 | 85.9 |
| F< 40 yrs | 18.9 | 20.2 | 19.9 | 22.9 | 20.6 | 15.5 | 14.1 |
| M>=40 yrs | 48.3 | 25.7 | 35 | 54 | 50.9 | 45.3 | 38.7 |
| F>=40 yrs | 51.7 | 74.3 | 65 | 46 | 49.1 | 54.7 | 61.3 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The age distribution of the same in the interval 2002-2008 illustrates:

- a decrease in the treatment admissions for people aged 40 to 44 (from 26.7% to 17.2%) and for those aged 45 to 49 (from 33.1 % to 18.8%);
- the doubling-up of the treatment admissions for people over 55: from 8.1% to 15.2% for people aged 55 to 59, from 4.7% to 10.5% for people aged 60 to 64 and from 9.3% to 18.4% for people over 64.

**Figure no. 12-4: Evolution of the treatment admissions for people over 40, in the MH centres, by age group, 2002-2008**



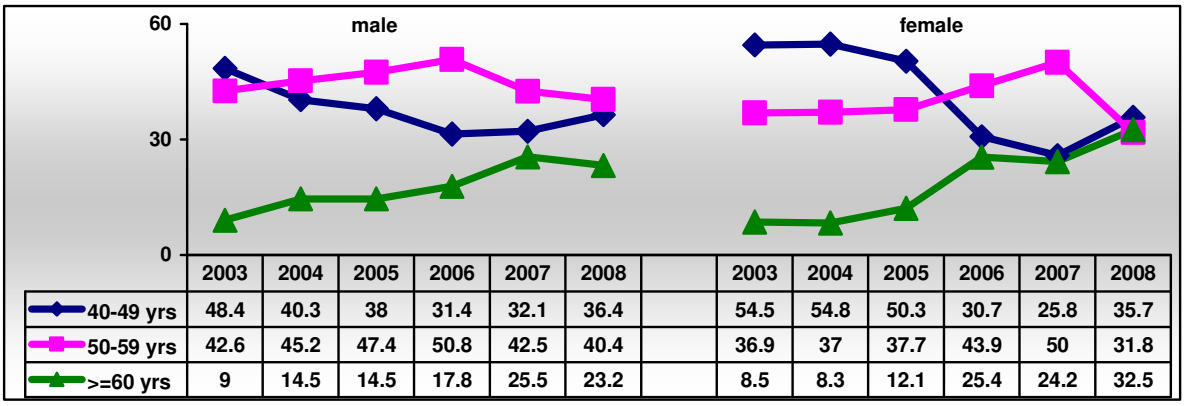

| | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|
| 40-44 | 26.7 | 19.4 | 20.6 | 16.4 | 15.6 | 12.4 | 17.2 |
| 45-49 | 33.1 | 33.3 | 29.1 | 27.3 | 15.6 | 16.2 | 18.8 |
| 50-54 | 18 | 26.6 | 26.3 | 29.1 | 24.2 | 31.6 | 19.9 |
| 55-59 | 8.1 | 11.8 | 13.6 | 13.9 | 23.4 | 15 | 15.2 |
| 60-64 | 4.7 | 3.8 | 3.1 | 5.1 | 8.7 | 5.1 | 10.5 |
| >=65 | 9.3 | 5.1 | 7.3 | 8.3 | 12.6 | 19.7 | 18.4 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The age-group and gender analysis shows:

- for men – most of the treatment admissions were for people aged 50 to 59, for which a downward trend has been recorded in the previous years, while the admissions for people aged 60 are on an upward trend, though accounting for the smallest share of the admissions;
- for women – if in 2003 over a half of the treatment admissions were for people aged between 40 and 49, an almost equal distribution was noticed for the three age groups in 2008.

**Figure no. 12- 5: Evolution of treatment admissions for users over 40, in the MH centres, by age and gender, 2003-2008**




| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 40-49 yrs | 48.4 | 40.3 | 38 | 31.4 | 32.1 | 36.4 | | 54.5 | 54.8 | 50.3 | 30.7 | 25.8 | 35.7 |
| 50-59 yrs | 42.6 | 45.2 | 47.4 | 50.8 | 42.5 | 40.4 | | 36.9 | 37 | 37.7 | 43.9 | 50 | 31.8 |
| >=60 yrs | 9 | 14.5 | 14.5 | 17.8 | 25.5 | 23.2 | | 8.5 | 8.3 | 12.1 | 25.4 | 24.2 | 32.5 |

*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

The 2008 breakdown of treatment admissions for people over 40, by type of drug, indicates the following:

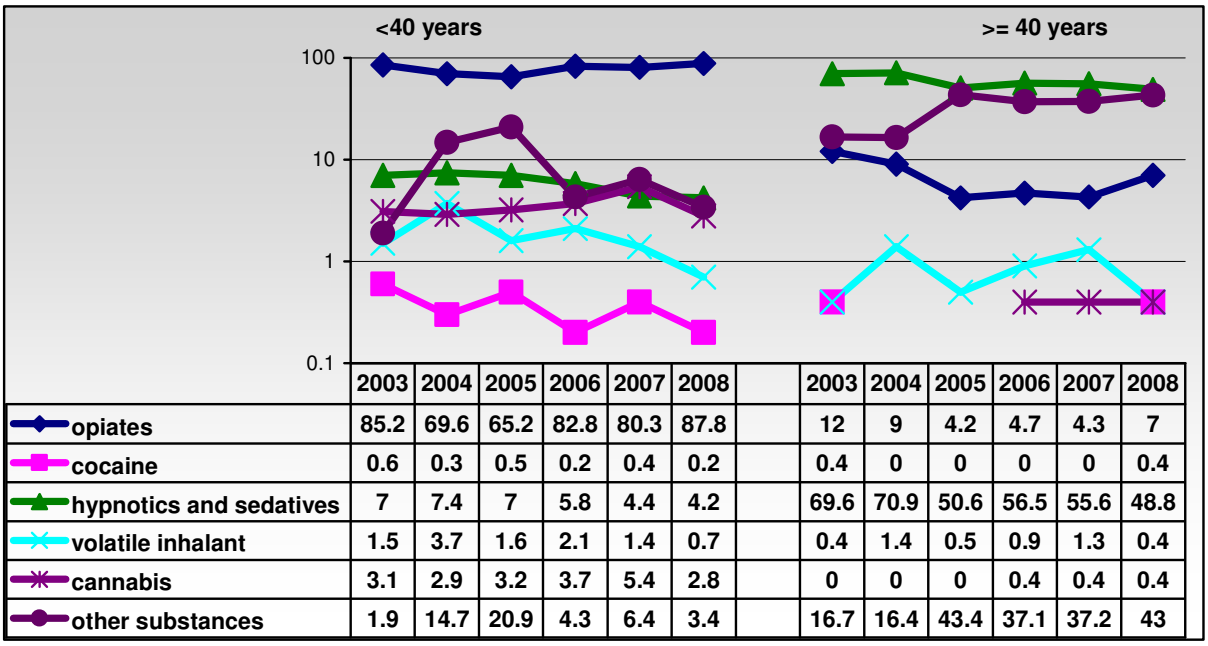
- almost half (48.8%) were for hypnotics and pain killers: 44.1%- benzodiazepine, 1.2% - barbiturates and 3.5% for other hypnotics and pain killers;
- 43% were for other substances (e.g. antalgics, antidepressants, anxiety medication, Distonocalm, Fasconal, Meprobamat, Romparkin etc.)
- 7% for opiates of which 2.7% for heroin;
- and 0.4% for each of the following: cocaine, cannabis and volatile inhalant substances.

As opposed to people under 40, there were no treatment admissions for stimulants and hallucinogens.

As compared to users under 40, there is difference in the type of drugs for which treatment was sought:

- most teen-agers and young people demanded treatment in case of opiate use;
- adults over 40 demanded treatment following the use of hypnotics and pain killers and other substances and to a lower extent of opiates and other drugs.

**Figure no. 12-6: Evolution of treatment demands, in MH centres, by age, gender of the user and type of drug, 2003-2008**




| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| opiates | 85.2 | 69.6 | 65.2 | 82.8 | 80.3 | 87.8 | | 12 | 9 | 4.2 | 4.7 | 4.3 | 7 |
| cocaine | 0.6 | 0.3 | 0.5 | 0.2 | 0.4 | 0.2 | | 0.4 | 0 | 0 | 0 | 0 | 0.4 |
| hypnotics and sedatives | 7 | 7.4 | 7 | 5.8 | 4.4 | 4.2 | | 69.6 | 70.9 | 50.6 | 56.5 | 55.6 | 48.8 |
| volatile inhalant | 1.5 | 3.7 | 1.6 | 2.1 | 1.4 | 0.7 | | 0.4 | 1.4 | 0.5 | 0.9 | 1.3 | 0.4 |
| cannabis | 3.1 | 2.9 | 3.2 | 3.7 | 5.4 | 2.8 | | 0 | 0 | 0 | 0.4 | 0.4 | 0.4 |
| other substances | 1.9 | 14.7 | 20.9 | 4.3 | 6.4 | 3.4 | | 16.7 | 16.4 | 43.4 | 37.1 | 37.2 | 43 |

The difference up to 100% is represented by hallucinogens and stimulants
*Source: National Centre for the Organisation and Provision of the IT and Information System in the Health Field*

### B. Illicit drug treatment admissions in the network of the Drug Prevention, Evaluation and Counselling Centres

895 illicit drug users[86] were assisted in the Drug Prevention, Evaluation and Counselling Centres in 2007-2008, and of them 22 people were aged over 39 years.

**Table no. 12-2: Evolution of psychoactive substances treatment admissions, in NAA centres (DPECC), by age, 2007-2008**

| | Total <40 yrs | Total >=40 yrs | Of which | | | | | | Not mentioned | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | >=65 | | |
| 2007 | 475 | 10 | 9 | 1 | 0 | 0 | 0 | 0 | 10 | 495 |
| 2008 | 422 | 12 | 9 | 1 | 1 | 1 | 0 | 0 | 6 | 440 |

*Source: NAA/GIRP*

[86] Alcohol and tobacco were not included in this analysis

# PART C. BIBLIOGRAPHY and ANNEXES

## BIBLIOGRAPHY


1. ANA (Agentia Nationala Antidrog). Botescu., A. (coord.). (2009) - Prevalența consumului de droguri în spații recreaționale. Raport studiu. (*Drug use prevalence in recreational settings. Study report.*)
2. ANA (Agentia Nationala Antidrog). Lefter., A. (coord.). (2009). Prevalența consumului de droguri în rândul elevilor din învățământul preuniversitar din județul Buzău. Raport studiu. (*Drug use prevalence among lower education students in the county of Buzau. Study report.*) Available at: (http://www.ana.gov.ro/rom/index.php)
3. ANA (Agenția Națională Antidrog). (2008). Anchetă referitoare la prevalența infecțiilor HIV şi/sau VHC în rândul consumatorilor de droguri injectabile din Bucureşti aflați în tratament şi programele de schimb de seringi. Raport studiu. (*Study regarding the prevalence of HIV and/or HCV infections among IDUs in Bucharest in treatment or syringe exchange programmes. Study Report.*)
4. ANA (Agenția Națională Antidrog). (2008). Prevalența consumului de droguri în România – Studiu în populația generală 2007. Raport studiu. (*Drug Abuse Prevalence in Romania – General Population Survey 2007. Study Report*)
5. ANA (Agenția Națională Antidrog). (2008) - Prevalența consumului de droguri în rândul persoanelor care practică sexul comercial. Raport studiu. (*Drug use prevalence among commercial sex workers. Study report*).
6. ANA (Agenția Națională Antidrog). Lefter., A. (2008). Evaluarea serviciilor oferite consumatorilor de droguri în Centrele de Prevenire, Evaluare si Consiliere Antidrog. (*Assessing the quality and accessibility of the services provided in the national network of the Drug Prevention, Evaluation and Counselling Centres)* in Mitulescu, Sorin (coord.) - Studii în domeniul tineretului – traiectorii şi stiluri de viață (Youth Studies- Trends and Lifestyle), Ed. Didactică şi Pedagogică, Bucureşti
7. Criminal Code/Criminal Procedure Code, 2nd edition revised (2001), Rosetti Publishing House.
8. Governmental Decision no. 1.102 of September 18, 2008 approving the National programme of medical, psychological and social care for drug users - 2009-2012 (issued by Government, published in the Official Gazette no. 675 of October 1, 2008)
9. Emergency ordinance no. 121/21.12.2006, regarding the legal regime of the drug precursors, which repeals the Law no. 300/2002, issued by Government, Official Gazette no. 1039/28.12.2006
10. Governmental Decision no. 1.101 of September 18, 2008 approving the National Interest Programme for tobacco, alcohol and drug use prevention 2009 - 2012 (issued by the Government, published in the Official Gazette no. 672 of September 30, 2008);
11. Governmental Decision no. 358/26.03.2008 approving the Enforcement regulation of the Emergency ordinance of the Government no. 121/2006 on the juridical regime of drug precursors, and amending the Governmental Decision no. 1.489/2002 on the setup of the National Anti-drug Agency, issued by Government, Official Gazette no. 269/04.04.2008
12. Governmental Decision no 357 of March 26, 2008 approving the national health programmes in 2008 (issued by the Government, published in the Official Gazette no.249 of March 31, 2008)
13. Governmental Decision no. 282 of March 12, 2008 for completing Schedule I of the annex to the Law no. 339/2005 on the legal status of narcotic and psychotropic plants, substances and preparations (issued by the Government, published in the Official Gazette no. 206 of March 18, 2008)
14. Governmental Decision no. 324/28.03.2007 approving the National Strategy for Romania's State Border Integrated Management 2007-2010, issued by Government, Official Gazette no. 249/13.04.2007
15. Governmental Decision no. 1873/21.12.2006 amending and supplementing the GD no. 1489/2002 on the setup of the National Anti-drug Agency, issued by Government, Official Gazette no. 8/05.01.2007
16. Governmental Decision nr. 1915/22.12.2006 approving the Methodological enforcement regulations of the provisions of the Law no. 339/2005 on the juridical regime of plants, substances and preparations with narcotic and psychotropic contents, issued by Government, Official Gazette no. 18/11.01.2007
17. Governmental Decision no. 323 of April 14, 2005 approving the Action Plan for the implementation of the NAS 2005-2008 (published in the Official Gazette no. 376 of May 4, 2005)
18. Governmental Decision no. 73/2005 on the adoption of the National Anti-drug Strategy 2005-2012, Issued by: Government; Official Gazette no. 112/03 February 2005
19. Governmental Decision no. 1342/22.09.2004 approving the National strategy for the monitoring, control and prevention of HIV/AIDS infection cases in the period 2004-2007, issued by Government, Official Gazette no. 865/22.09.2004
20. Governmental Emergency Ordinance no. 20 of 11/03/2009 amending the art. 13 indent (2) and (3) of the Governmental Emergency Ordinance no. 30/2007 on the organisation and operation of the Ministry of Administration and Interior (issued by the Government, published in the Official Gazette no.156 of March 12, 2009)

21. Governmental ordinance no. 92/29.08.2000 on the organisation and operation of social reinsertion services for offenders and monitoring the prison sanctions, issued by Government, OG no. 423/01.09.2000
22. INML (Institutul Național de Medicină Legală). (2009). Raportul asupra activității rețelei de Medicină Legală în anul 2008. (*Report on the activity of the Legal Medicine network in 2008*).
23. Labăr., A.V. (2008). SPSS pentru stiintele educatiei (SPSS for Education Sciences). Polirom Publishing House. Iaşi.
24. Law nr. 286 of July 17, 2009 on the Criminal Code (issued by the Parliament, published in the Official Gazette no. 510 of July 24, 2009)
25. Law no. 222 of October 28, 2008 supplementing and amending the Law no. 302/2004 on the judicial international cooperation in criminal matters (issued by the Parliament, published in the Official Gazette no. 758 of November 10, 2008);
26. Law no. 186/13.06.2007 on the approval of the Emergency ordinance of the Government no. 121/2006 on the juridical regime of drug precursors, issued by the Parliament, Official Gazette no. 425/26.06.2007
27. Law no. 317/13.11.2007 for the ratification of the Additional Protocol, signed in Bucharest, September 29, 2006, to the Letter between the Government of Romania and the Government of the United States of America on drug control and law enforcement, signed in Bucharest, July 3, 2001, issued by Parliament, Official Gazette no. 791/21.11.2007
28. Law no. 339/2005 on the regime of plants, narcotic and psychotropic substances and preparations which are of interest for medicine and under strict control
29. Law no. 522/24.11.2004 amending and supplementing the Law no. 143/2000 on countering the illicit drug trafficking and use, issued by Parliament, Official Gazette no. 1155/07.12.2004
30. Mitulescu, Sorin (coord.). Studii în domeniul tineretului – traiectorii şi stiluri de viață. (*Youth Studies – tendencies and lifestyles*). Didactică şi Pedagogică Publising House. Bucharest.
31. Order of the minister of public health and of the president of the Health Insurance National House no. 1218/427/2008; Order of the minister of public health and of the president of the Health Insurance National House no 1386/522/2008; Order of the minister of public health and of the president of the Health Insurance National House no. 1612/670/2008; Order of the minister of public health and of the president of the Health Insurance National House no. 2095/890/2008
32. Order no. 574/269 of March 31, 2008 approving the Technical regulations of the national health programmes in 2008
33. Order no. 356 of February 11, 2008 amending the Order of the Vice-president of the National Fiscal Administration Agency (ANAF) no. 9.250/2006 approving the Regulation regarding the operation of the Customs Central Laboratory and conducting analyses (issued by the National Fiscal Administration Agency – National Customs Authority, published in the Official Gazette no. 130/February 19, 2008).
34. Order of the minister of interior and administrative reform no. 192/17.04.2007 and order of the minister of public health no. 770/04.05.2007, issued by the Ministry of Interior and Administrative Reform and Ministry of Public Health, Official Gazette no. 344/21.05.2007
35. Order no. 374/10.04.2006 approving the Mental health strategy, issued by the Ministry of Public Health, OG no. 373/02.05.2006
36. Regulation (CE) no. 273/2004 of the European Parliament and Council of February 11, 2004 on drug precursors (published in the Official Journal of the European Union no. L 47 of February 18, 2004), Council Regulation no. 111/2005 of December 22, 2004 on the monitoring of the trade in drug precursors between Community and third states (published in the Official Journal of the European Union no. L 22 of January 26, 2005), Commission Regulation (CE) no. 1.277/2005 of July 27, 2005 on the enforcement of the Regulation 273/2004 and Regulation 111/2005 (published in the Official Journal of the European Union no. L 202 of August 3, 2005)

**RELEVANT SITE CONSULTED**

- ✓ http://www.ana.gov.ro , National Anti-drug Agency's website
- ✓ http://www.aliatong.ro, website of ALIAT NGO
- ✓ http://www.afladec.ro, website addressing Viral Hepatitis C
- ✓ http://www.ccmromania-gfatm.com, website of the Coordination Council of the Global Fund
- ✓ http://www.cdep.ro, website of the Representatives` Chamber
- ✓ http://www.cnlas.ro, website of the National Commission to Fight Against AIDS
- ✓ http://www.copii.ro, official website of the NACRP
- ✓ http://www.educatiepentrusanatate.ro
- ✓ http://www.emcdda.europa.eu, website of the European Monitoring Centre for Drugs and Drug Addiction
- ✓ http://europa.eu.int/servlet/, EurLex: European legislative news
- ✓ http://www.incb.org/ - website of the International Office for Narcotic Control
- ✓ http://www.indaco.ro/resurse_pr7.html - legislative news

- ✓ www.just.ro, site of the Ministry of Justice
- ✓ http://www.legmed.ro , website of the National Forensic Network in Romania
- ✓ http://www.mtc.ro, web page of the Ministry of Education and Research
- ✓ www.mfinanțe.ro, website of the Ministry of Finances
- ✓ http://www.ms.ro , web page of the Ministry of Health and Family
- ✓ http://www.pmu-wb-gf.ro, site of the Programme of the Global Fund for Romania
- ✓ http://www.presspro-medic.ro/ Online magazine Medic.ro
- ✓ http://www.raa.ro , web page of the Romanian Angel Appeal NGO
- ✓ http://www.reitox.emcdda.eu.int, extranet of the European Information Network on Drugs and Drug Addiction of the National Focal Points
- ✓ www.rhrn.ro, website of the Romanian Harm Reduction Network
- ✓ http://www.salvaticopiii.ro, website of Save the Children Romania
- ✓ http://www.un.ro/unaids.html, website of the United Nations Office Romania
- ✓ http://www.unaids.org, website of the Joint United Nations Programme on HIV/AIDS
- ✓ http:www.en.wikipedia.org - on-line encyclopaedia

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### LIST OF TABLES USED IN TEXT

**LIST OF FIGURES USED IN TEXT**

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## LIST OF ABBREVIATIONS USED IN THE TEXT

| | |
|---|---|
| **AP** | Action Plan |
| **ALIAT** | Association for the Fight against Alcohol and Drugs |
| **ANAF** | National Fiscal Administration Agency |
| **ANP** | National Administration of Penitentiaries |
| **ANPDC** | National Authority for Children Rights Protection |
| **ANSIT** | National Agency for Youth Initiative Support |
| **ARAS** | Romanian Association against AIDS |
| **CAIA** | Integrated Addiction Care Centres |
| **CAN** | Swedish Council for Information on Alcohol and other Drugs |
| **CETT** | Evaluation and Treatment Centre for the Young Drug-addicted People |
| **CNLAS** | National Commission for Fight against AIDS |
| **CSM** | Centre for Mental Health |
| **CURS** | Centre for Urban and Regional Sociology |
| **DIICOT** | Directorate for Investigation of Organized Crime and Terrorism |
| **DRCD** | Drug Demand Reduction Directorate |
| **DGCCO** | General Directorate for Countering Organized Crime |
| **DPECC** | Drug Prevention, Evaluation and Counselling Centre |
| **ECAD** | European Cities against Drugs Organisation |
| **EMCDDA** | European Monitoring Centre for Drugs and Drug Addiction |
| **EMQ** | European Model Questionnaire |
| **EGO** | Emergency Governmental Ordinance |

| | |
|---|---|
| **ERP** | Enterprise Resource Planning |
| **ESPAD** | European School Project on Alcohol and other Drugs |
| **FIC** | Community Care Foundation |
| **FICE** | International Foundation of Educative Communities |
| **GD** | Governmental Decision |
| **GPS** | General Population Survey |
| **HIV** | Human Immune deficiency Virus |
| **HPLC** | High performance liquid chromatography |
| **ICCA** | Regional Office of the International Council for Alcohol and Addiction for Eastern Europe and Central Asia |
| **IDU** | Injecting Drug Users |
| **IEC** | Information-Education-Communication |
| **GIBP** | General Inspectorate of the Border Police |
| **GIRP** | General Inspectorate of the Romanian Police |
| **LMNI** | Legal-medicine National Institute |
| **INS** | National Statistics Institute |
| **LCAPDP** | Drug and Precursor Analysis and Profiling Central Laboratory |
| **MAP** | emporary arrest warrant |
| **MEA** | European arrest warrant |
| **MEIR** | Ministry of Education, Innovation and Research |
| **MEPI** | prison sentence warrant |
| **MAI** | Ministry of Administration and Interior |
| **MJ** | Ministry of Justice |
| **MMSSF** | Ministry of Labour, Social Solidarity and Family |
| **MH** | Ministry of Public Health |
| **MSM** | Men who have sex with men |
| **NAA** | National Antidrug Agency |
| **NAP** | National Administration of Penitentiaries |
| **NGO** | Non-governmental Organization |
| **NUP** | Prosecution not pursued |
| **OG** | Official Gazette |
| **PDU** | Problem Drug Use |
| **PNESSR** | Health Education in the Romanian School National Programme |
| **RAA** | Romanian Angel Appeal |
| **REITOX** | European Information Network on Drugs and Drug Addiction |
| **RHRN** | Romanian Harm Reduction Network |
| **RMCDDA** | Romanian Monitoring Centre for Drugs and Drug Addiction |
| **SEP** | Syringes Exchange Program |
| **NAS)** | National Antidrug Agency |
| **SNSPMS** | National School for Public Health and Sanitary Management |
| **STD** | Sexual Transmitted Diseases |
| **SUP** | Suspended prosecution |
| **SW/CMS** | Sex workers/commercial sex workers |
| **TVR** | Romanian Television |
| **UNAIDS** | United Nations Joint Programme on HIV/AIDS |
| **UNDP** | United Nations Development Program |
| **UNICEF** | United Nations Children's Fund |
| **UNODC** | United Nations Office on Drugs and Crime |
| **UNOPA** | National Union of Organizations of Persons Infected/Affected by HIV/AIDS in Romania |
| **HBV** | Hepatitis B Virus |
| **HCV** | Hepatitis C Virus |
| **WHO** | World Health Organization |

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