

# Romania

## Romania Country Drug Report 2019



This report presents the top-level overview of the drug phenomenon in Romania, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

### THE DRUG PROBLEM IN ROMANIA AT A GLANCE

#### Drug use

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

**Cannabis**

**5.8 %**

Gender	Percentage
Female	3.8 %
Male	7.8 %

**Other drugs**

MDMA	0.2 %
Amphetamines	0.1 %
Cocaine	0.2 %

#### High-risk opioid users

**20 288**

(10 084 - 36 907)

#### All treatment entrants

by primary drug

Drug	Percentage
Cannabis	49 %
Amphetamines	1 %
Cocaine	1 %
Heroin	24 %
Other	24 %

#### Opioid substitution treatment clients

**1 530**

#### Syringes distributed

through specialised programmes

**1 095 284**

#### Overdose deaths

Year	Deaths
2006	21
2007	32
2008	33
2009	32
2010	34
2011	15
2012	28
2013	30
2014	33
2015	21
2016	19
2017	32

#### New HIV diagnoses attributed to injecting

Year	Diagnoses
2006	10
2007	15
2008	10
2009	15
2010	20
2011	150
2012	300
2013	320
2014	180
2015	170
2016	100
2017	86

Source: ECDC

#### Drug law offences

**4 952**

#### Top 5 drugs seized

ranked according to quantities measured in kilograms

- Herbal cannabis
- Cocaine
- Cannabis resin
- Heroin
- Amphetamine

#### Population

(15-64 years)

**13 091 697**

Source: Eurostat Extracted on: 18/03/2019

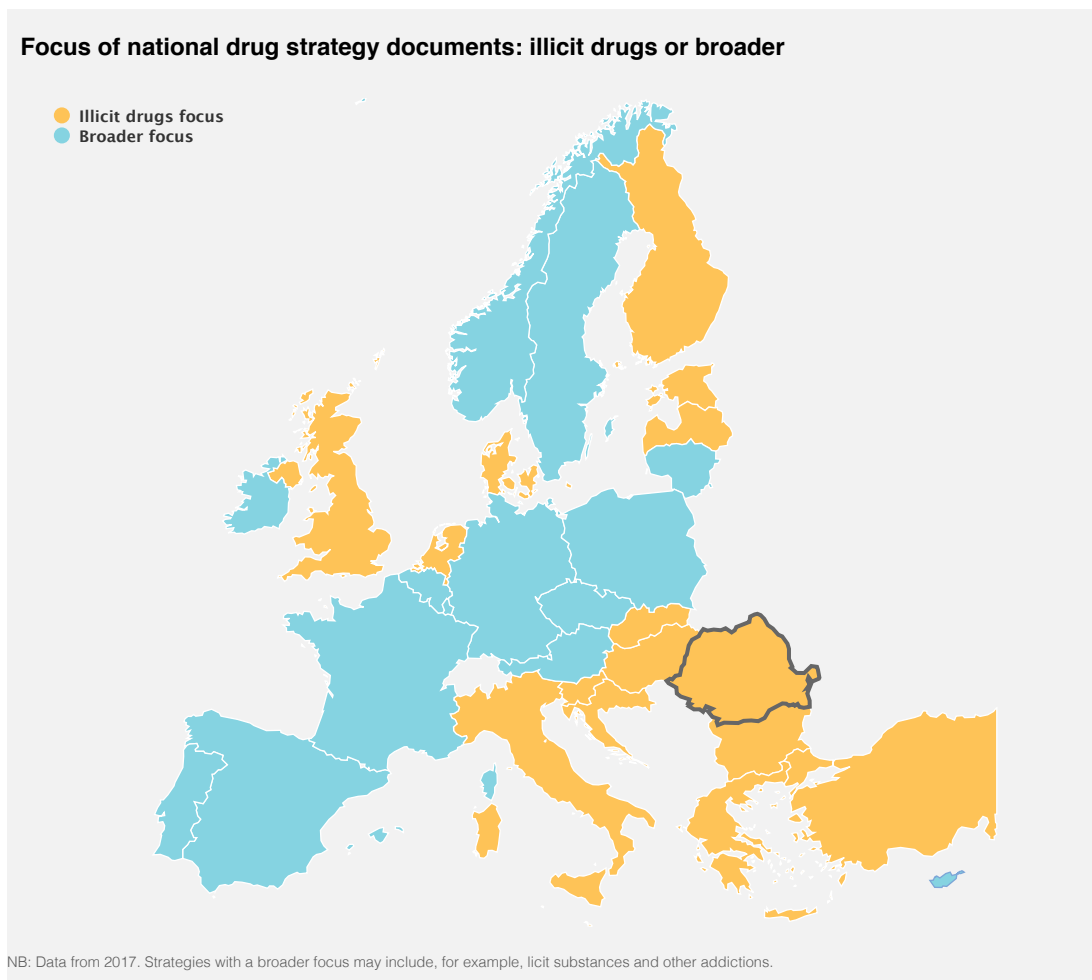
NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations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

## National drug strategy and coordination

### National drug strategy

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

Like other European countries, Romania evaluates its drug policy and strategy through routine indicator monitoring and specific research projects. Implementation progress reports on the activities in the current strategy's action plans are produced by the National Anti-Drug Agency (NAA). To support the development of the 2017-20 Drug Action Plan, the NAA conducted an internal multi-criterion evaluation of the 2013-16 Drug Action Plan. In addition, in 2013, an external final evaluation of the 2005-12 National Anti-Drug Strategy was completed by the Romanian Angel Appeal Foundation with the financial support of the United Nations Children's Fund (UNICEF) office in Romania. The evaluation assessed the actions of the 2005-12 strategy based on several criteria, including relevance, effectiveness, efficiency, sustainability and impact; it also developed recommendations for the 2013-20 strategy.



### National coordination mechanisms

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

## Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

In Romania, the financing of drug-related activities is decided annually by the entities in charge of their implementation. The budget of the National Anti-Drug Agency (NAA) is the only budget item that has consistently been reported over time; however, its value as a proportion of total drug-related expenditure is unknown.

During the period 2009-12, on average, the NAA's budget amounted to about 0.003 % of gross domestic product (GDP). In 2015, to meet the targets of the National Anti-Drug Strategy 2013-20, the NAA implemented programmes financed both from the state budget and from external funds. The state budget provided EUR 700 000 and external funds amounted to EUR 3 787 000. In 2016, the NAA received EUR 171 000 from the state budget and EUR 147 000 from international funds to implement the measures of the National Anti-Drug Strategy 2013-20.

## Drug laws and drug law offences

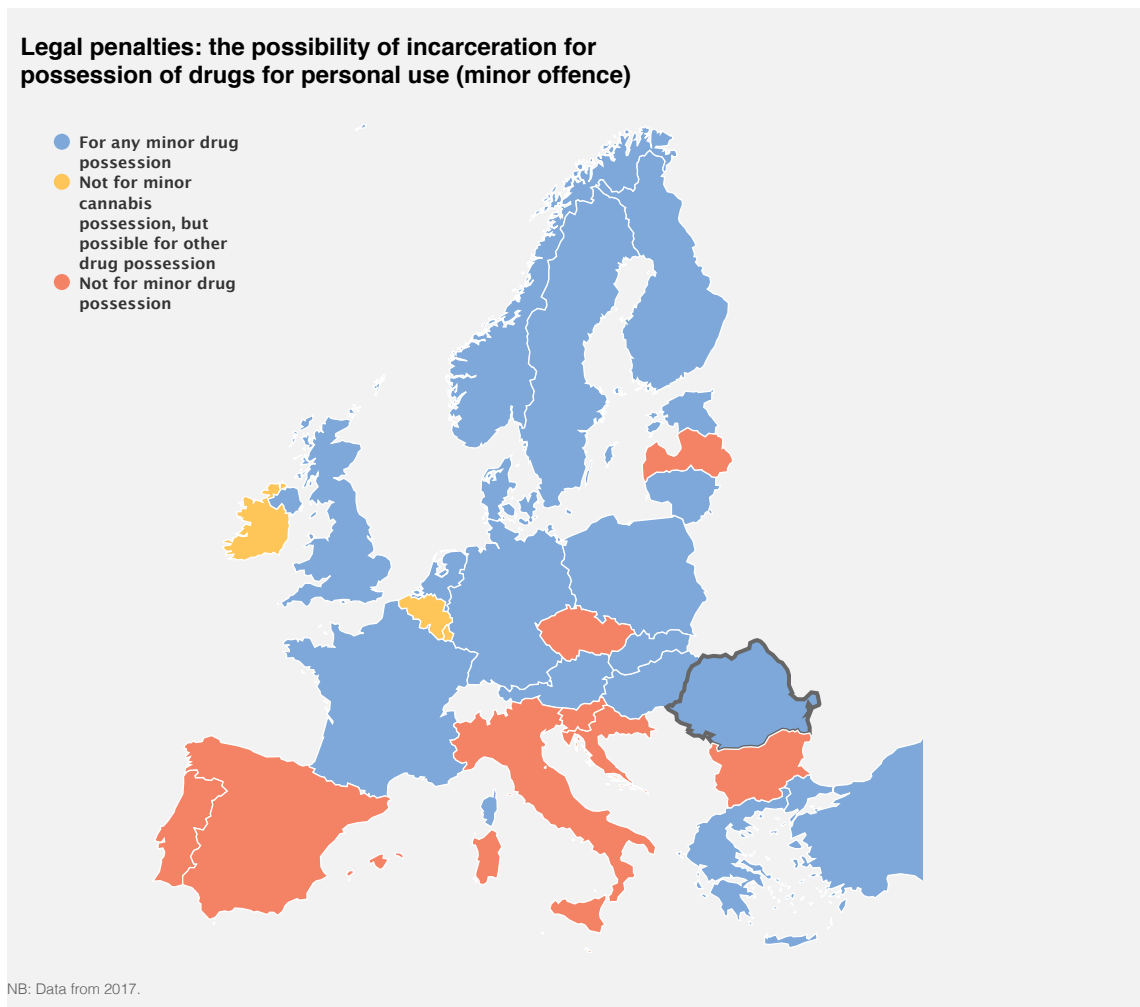
### National drug laws

Since 2014, penalties for drug law offences in Romania have been linked to the type of drug, with higher penalties being imposed for offences related to drugs considered 'high risk'. The legislation also distinguishes being users and addicts, according to diagnosis. Changes to the Criminal Code in 2014 reduced some penalty ranges for supply offences.

Drug consumption is not allowed, but no punishment is specified. In the case of possession for personal use, the court can impose a fine or a prison sentence of 3 months to 2 years, or 6 months to 3 years, depending on the type of drug. A drug user who is convicted of any of these offences can avoid punishment by agreeing to attend an integrated assistance programme; the consent of the drug user is a prerequisite for inclusion in the programme. This is clearly defined in the Criminal Code from 2014.

All actions related to the production and sale of drugs are punishable by 2-7 years' imprisonment or 5-12 years' imprisonment, depending on the type of drug. Similarly, the import or export of drugs is punishable by 3-10 or 7-15 years' imprisonment.

Following the emergence of new psychoactive substances in Romania in 2009-10, two initiatives were adopted in 2011. A Joint Ministerial Order strengthened the enforcement of various existing laws, such as consumer safety laws and tax laws; the second was a new law penalising the unauthorised supply of any products with potential psychoactive effects, regardless of their intended use. The new law defines the characteristics of such products as well as the procedure for authorising the supply of such products. Violations of the law are crimes punishable by prison sentences of up to 5 years (the sentence is reduced if the psychoactive effects were not known to the seller).



### Drug law offences

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

In 2017, close to 5 000 offences related to drug trafficking were recorded by Romanian police.

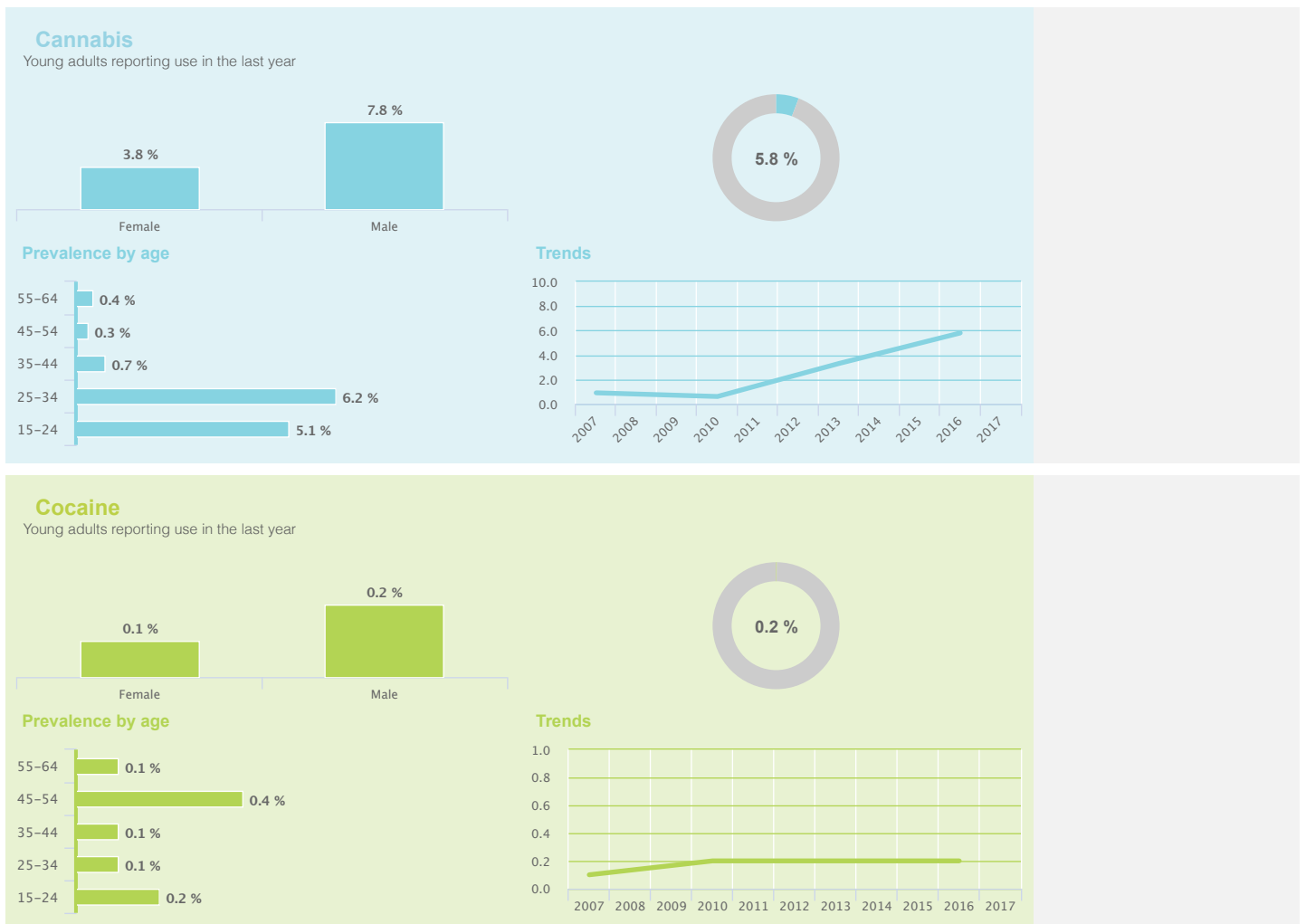
# Drug use

## Prevalence and trends

The prevalence of use of illicit substances among the adult population in Romania, although it remains low when compared with other European countries, increased steadily over the period 2004-16. Cannabis remains the most commonly used drug, and its use is concentrated among young adults aged 15-34 years. In 2016, the number of 15- to 34-year-olds who indicated that they had used cannabis within the last 12 months was twice that in 2013. In general, males report cannabis use more frequently than females.

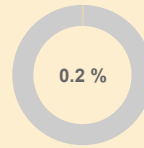
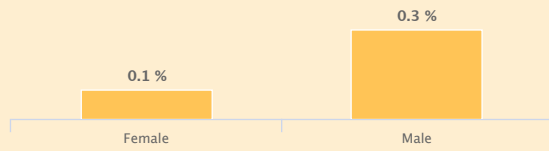
Data from the most recent general population study indicate that about 2.5 % of Romanian adults have tried a new psychoactive substance (NPS) at least once in their lives, although regular use remains rare and is concentrated among young people.

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

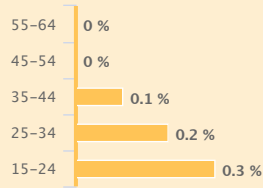


## MDMA

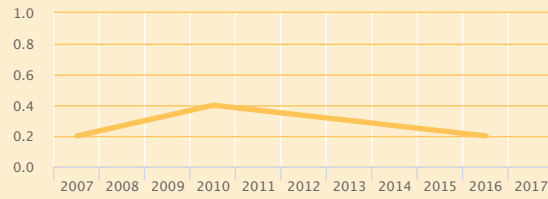
Young adults reporting use in the last year



### Prevalence by age

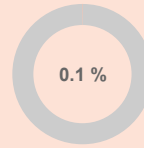


### Trends

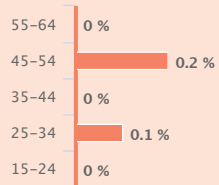


## Amphetamines

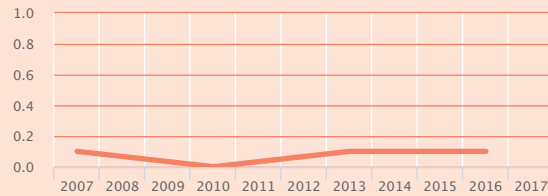
Young adults reporting use in the last year



### Prevalence by age



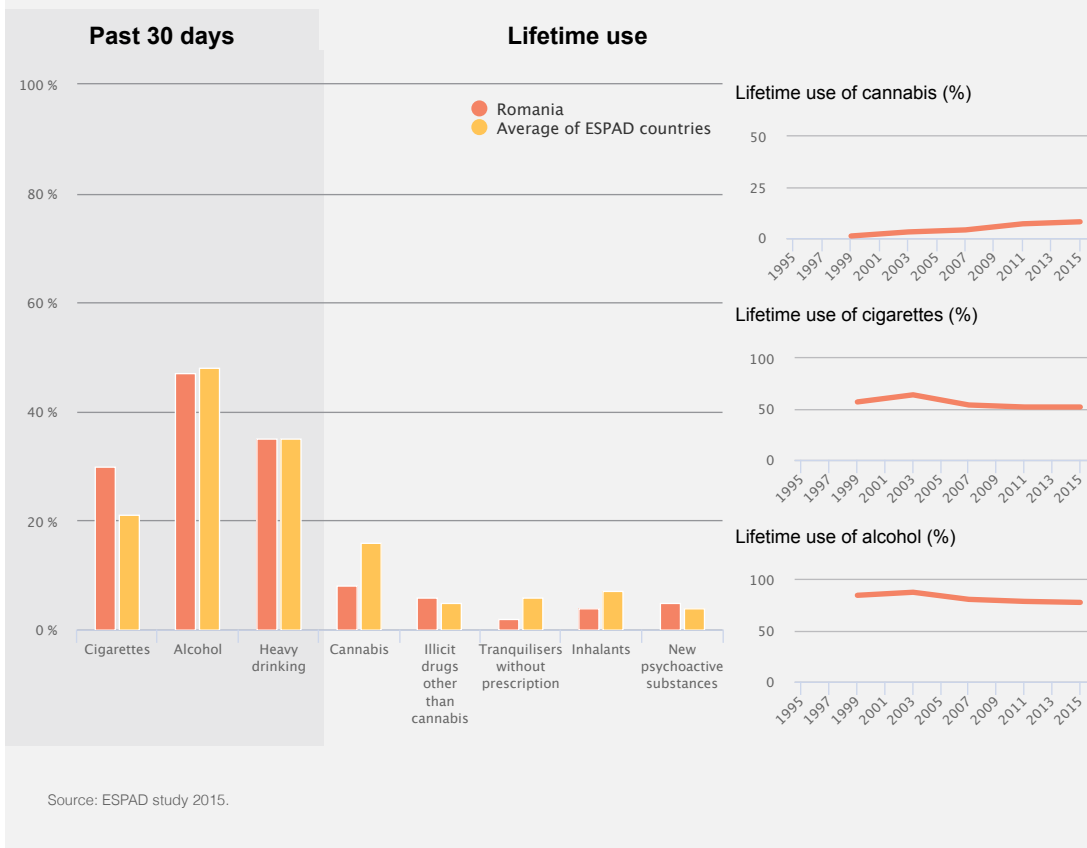
### Trends



NB: Estimated last-year prevalence of drug use in 2016.

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

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



## High-risk drug use and trends

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

In Romania, the prevalence of high-risk opioid use was estimated to range from 0.8 to 2.9 per 1 000 of the adult population in 2017. The number of people who inject drugs (PWID) in Bucharest was estimated to be close to 9 000 in 2017.

Data from specialised treatment facilities suggest that heroin is the main primary drug among PWID, as nearly 9 out of 10 PWID entering treatment report it as a primary substance of use. In the last decade, there has been a change in the patterns of drug use, and a group of NPS has emerged in Romania. Around 5 % PWID entering treatment report NPS as the primary substance of use.

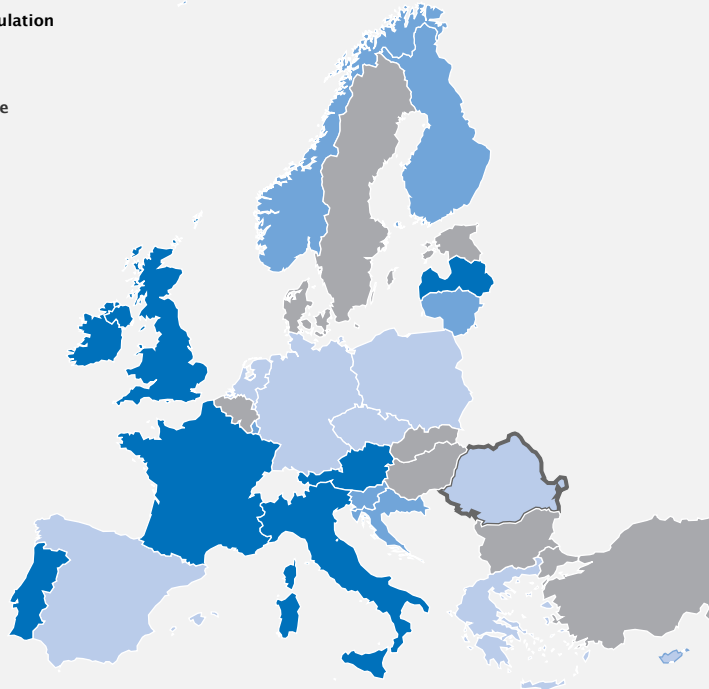
The decrease in the number of first-time treatment entrants for heroin as the primary drug stopped in 2017, as a slight increase was reported during this year. The number of first-time treatment clients for primary use of cannabis has grown since 2013. The increase in cannabis treatment demands may be largely attributable to the treatment offered as an alternative to imprisonment for certain categories of offences.

Approximately 1 out of 10 treatment clients in Romania is female; however, the proportion of females in treatment varies by type of substance used and by programme.

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

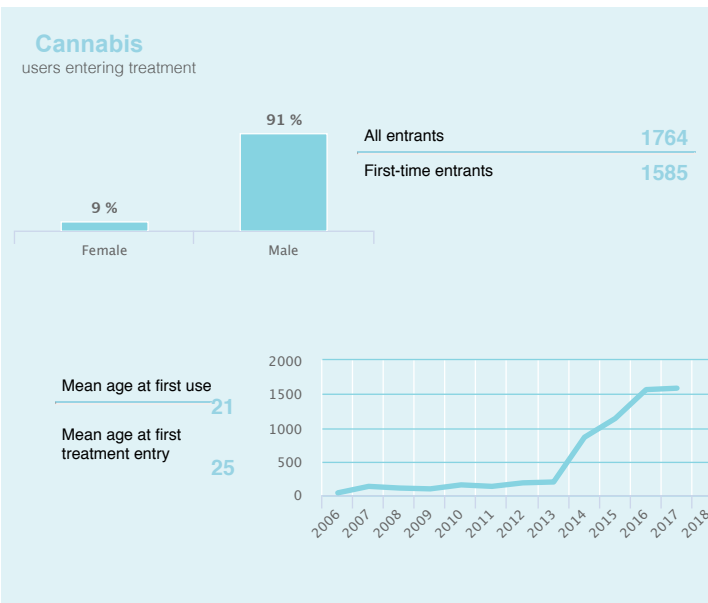
Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available



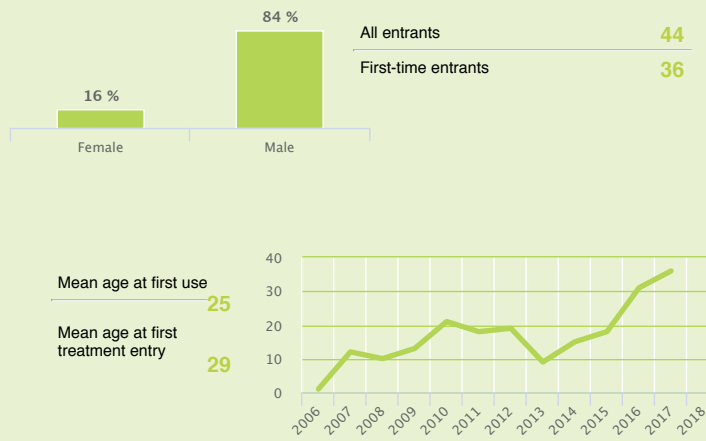
NB: Data from 2017, or the most recent year for which data are available.

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



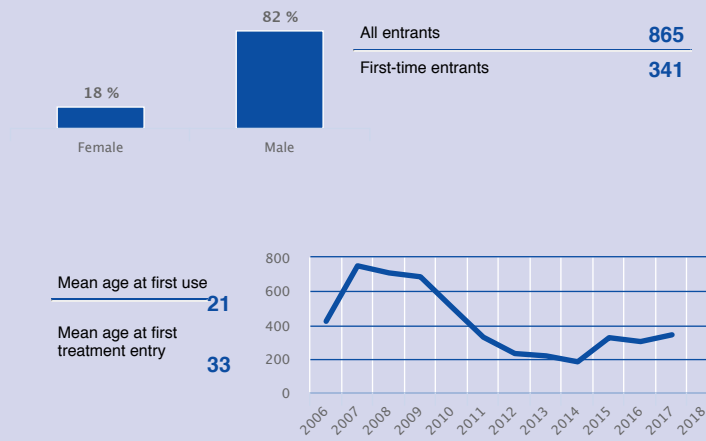
## Cocaine

users entering treatment



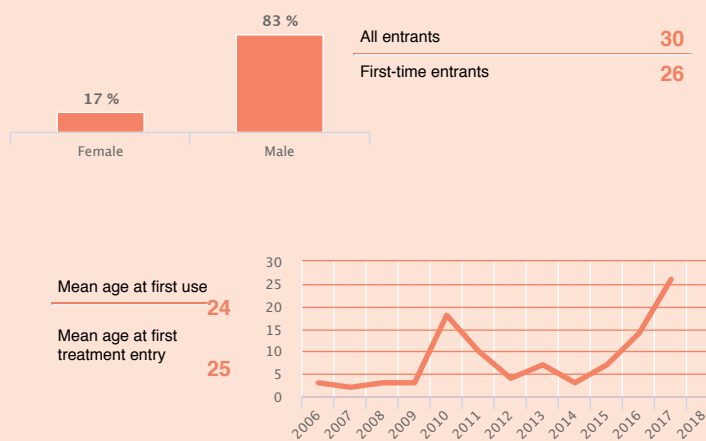
## Heroin

users entering treatment



## Amphetamines

users entering treatment



NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

## Drug-related infectious diseases

In Romania, an increase in the notification of human immunodeficiency virus (HIV) infections among people who inject drugs (PWID) was reported between 2011 and 2013; however, this decreased over the period 2014-17. Recent data based on self-reported HIV status among drug treatment clients suggest that around 16 % reported to be HIV positive. However, self-reported prevalence is likely an underestimate, as some drug users might not know their status. The 2017 seroprevalence study in Bucharest found that 30 % of injectors were HIV positive.

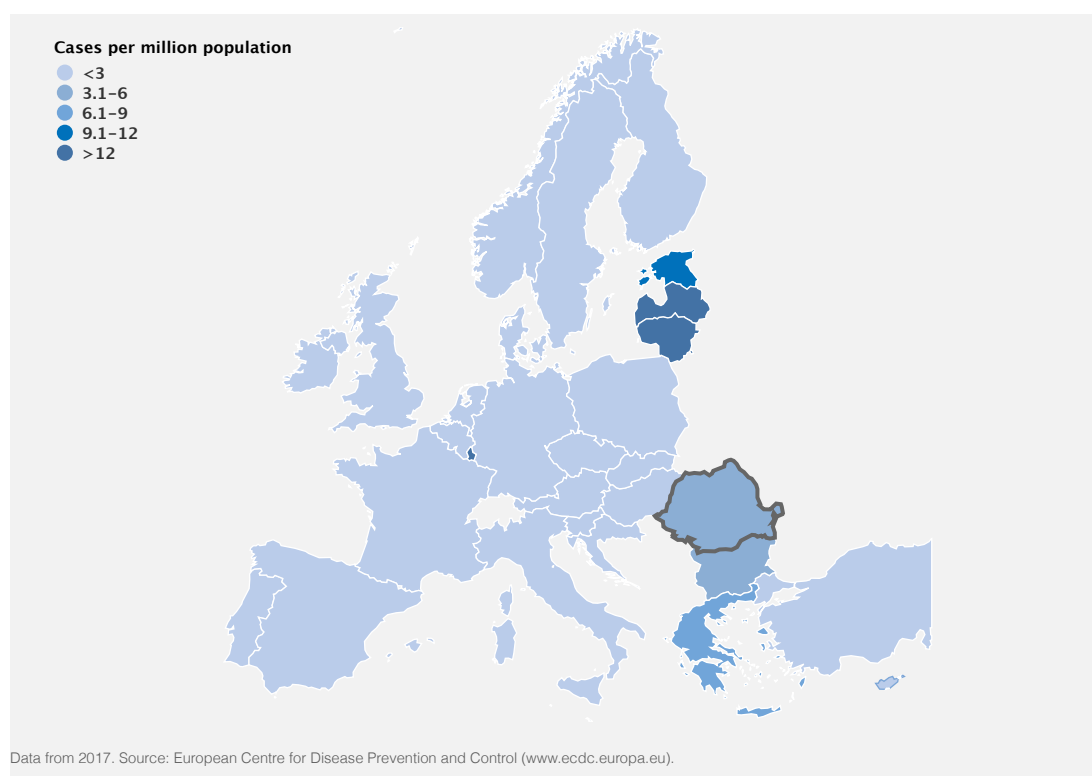
**Prevalence of HIV and HCV antibodies among people who inject drugs in Romania (%)**

Region	HCV	HIV
National	:	15.9
Sub-national	75.7	:

Data from 2017 (HIV) and from 2015 (HCV).

Hepatitis C virus (HCV) infection is common among Romanian drug users. The seroprevalence study conducted in 2017 among PWID in Bucharest indicated that more than three quarters tested positive for HCV antibodies and that fewer than 1 in 10 were infected with hepatitis B virus. HIV and HCV co-infections are frequent among PWID in Romania.

### Newly diagnosed HIV cases attributed to injecting drug use



## Drug-related emergencies

In Romania, drug-related emergencies have been monitored nationwide since 2010. In 2017, over 3 000 emergencies caused by illicit psychoactive substances were reported, a stable figure compared with 2016. More than one third of the cases were linked primarily to the use of new psychoactive substances (NPS), followed by cannabis (reported for one fifth of the cases) and opioids (reported for fewer than 1 out of 10 cases). In about one fifth of the reported emergencies, more than one illicit substance or alcohol was involved. Young males were the group most likely to seek emergency help as a result of illicit substance use.

## Drug-induced deaths and mortality

Drug-induced deaths are deaths that can be directly attributed to the use of illicit drugs (i.e. poisonings or overdose).

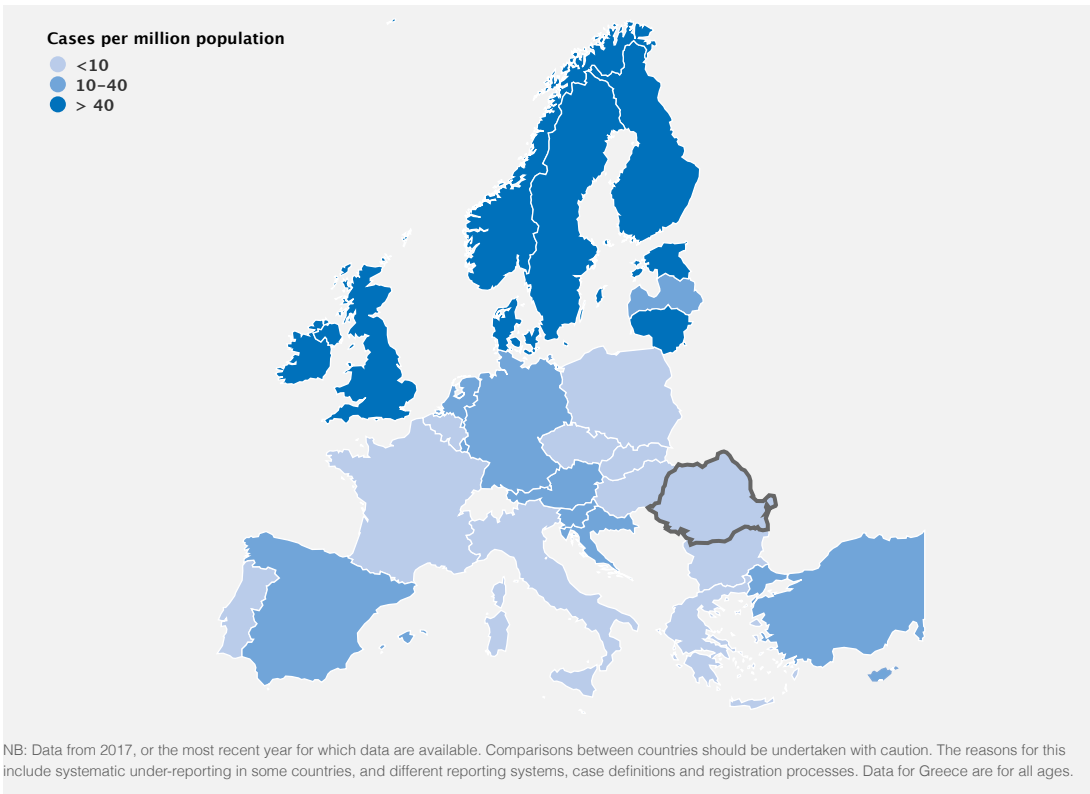
Similar to previous years, in 2017, the number of reported drug-induced deaths was based on deaths examined in Bucharest alone. There were no data reported from 30 counties, and therefore the 32 deaths reported are an underestimate of the number of drug-induced deaths for the country as a whole. Data suggest that the deaths occurred among people with a long

history of drug use and those who had mainly used illicit substances by injection.

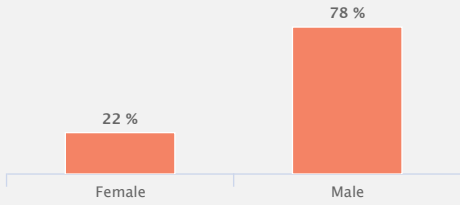
According to the toxicological results, in 2017, opioids — mainly methadone in combination with benzodiazepines and heroin — were the principal drugs involved in drug-induced deaths. NPS were detected in four deaths and cocaine in one. All deaths in 2017 occurred among people aged 20-44 years.

The drug-induced mortality rate among adults (aged 15-64 years) was reportedly 2.44 deaths per million in 2017. It should be emphasised that, similar to the previous year, this mortality rate is an underestimation, as drug-induced cases have been notified from the Bucharest region only. No studies on mortality among drug users have been conducted in Romania in recent years.

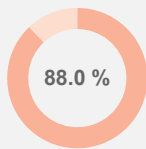
## Drug-induced mortality rates among adults (15-64 years)



Gender distribution

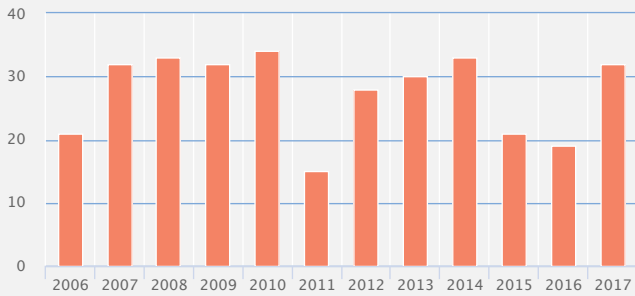


Toxicology

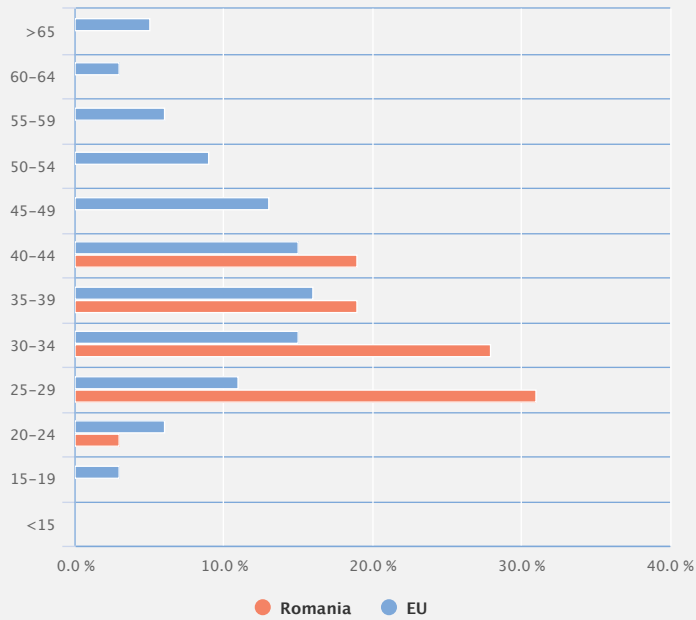


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017

## Prevention

In Romania, prevention activities are based on the guiding principles outlined in the National Anti-Drug Strategy 2013-20 and the corresponding Action Plans for 2013-16 and 2017-20. Activities in this field are coordinated by the National Anti-Drug Agency (NAA) and are primarily implemented by the Ministry of Education and Scientific Research and the NAA's territorial network of 47 drug prevention, evaluation and counselling centres, in cooperation with other governmental bodies. Non-governmental organisations are key partners in the implementation of projects at the local level.

### Prevention interventions

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

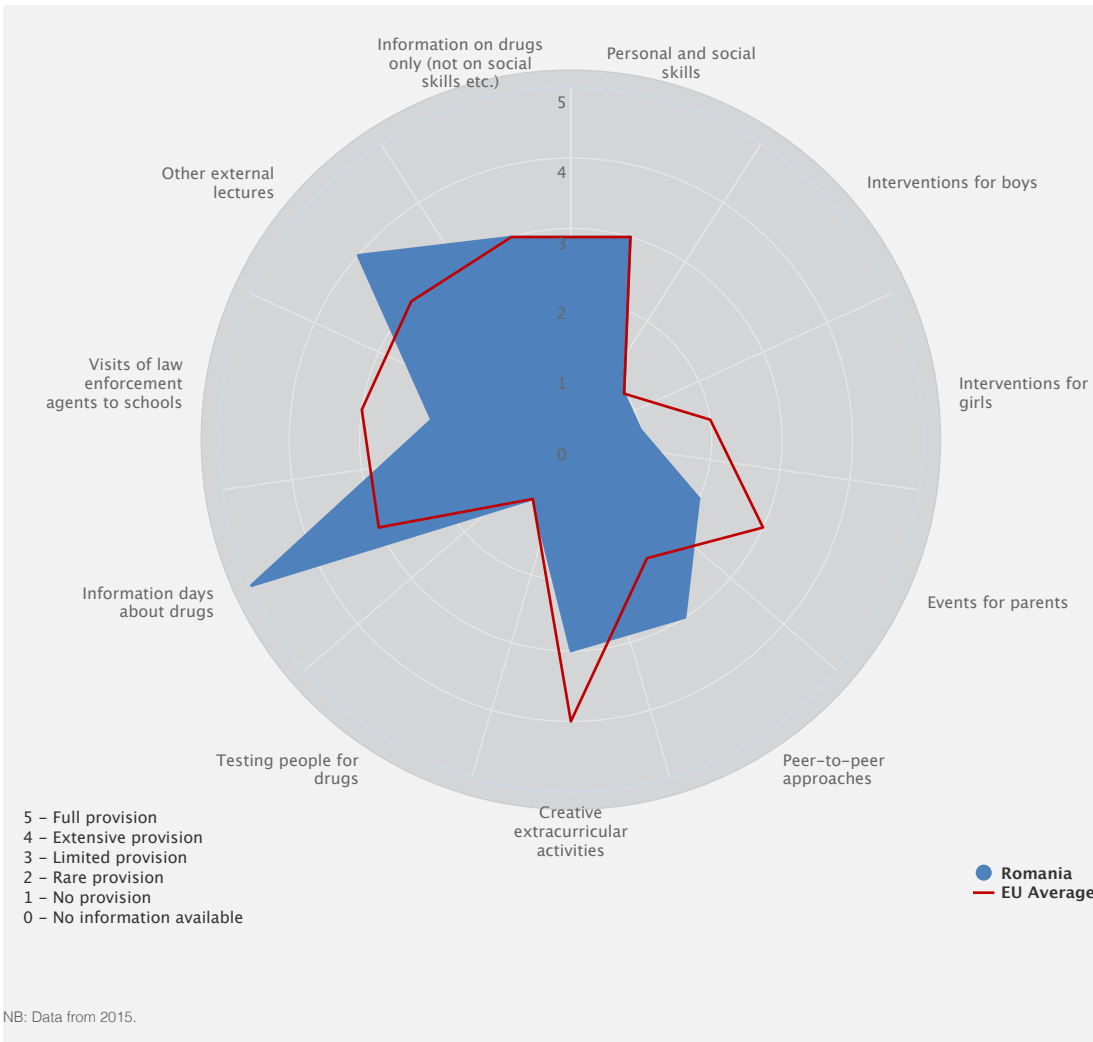
The objective of prevention programmes, projects and interventions in Romania is to inform, educate and raise awareness among the general population, the school population and vulnerable groups on the effects of alcohol, tobacco, drugs and new psychoactive substances. In addition, prevention in Romania seeks to develop attitudes and practices among these segments of the population by directing them to recreational activities that are socially desirable, as an alternative to drug use. Some evidence-based programmes are emerging.

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

Selective prevention is targeted at young people in recreational and festival settings, Roma groups, the prison population, people who have used drugs in the past, victims of family violence and young adults leaving care. The EU-wide project 'FreD goes net' — an 'early intervention' project aimed at young people who have come to the attention of the police, their work or their school because of drug use — has been rolled out nationwide in collaboration with drug prevention, evaluation and counselling centres. During the school year 2017-18, the project covered an estimated 2 500 students (aged 14-19 years).

Indicated prevention interventions are unusual in Romania, but there are some brief intervention offers.

## Provision of interventions in schools in Romania (expert ratings)



## Harm reduction

The National Anti-Drug Strategy 2013-20 contains the strategic objectives and describes practical measures to be taken to prevent infectious diseases and reduce drug-related deaths among people who use drugs. The accompanying action plans provide the necessary policy support to expand harm reduction activities in Romania, and their implementation is monitored by the National Anti-Drug Agency annually. The Agency is also in charge of implementing the National Programme for Prevention and Medical, Psychological and Social Support for Drug Users 2015-18, which provides funding for clean injecting equipment and other paraphernalia, rapid tests for human immunodeficiency virus (HIV) and hepatitis C virus (HCV) infections, and information materials. In 2017, harm reduction services in Romania still benefited from some co-funding by external donors, including the Global Fund, but this has now ended.

### Harm reduction interventions

The non-governmental organisations (NGOs) ARAS and Carusel provide harm reduction services to people who inject drugs, such as needle and syringe programmes (NSPs) both in fixed locations and via street outreach workers and mobile teams. These services cover the capital, Bucharest, and the adjacent Ilfov County. In 2017, these two NGOs distributed approximately 1 million syringes — mostly through their outreach teams. This represents an ongoing and significant decrease in provision compared with 2013 and 2014, during which about 2 million syringes were given out. The number of clients reached by the NGOs decreased from over 5 000 in 2013 to less than 3 000 in 2017.

In addition to clean needles and syringes, the programmes also provide opioid substitution treatment, support and information, risk reduction counselling, condoms, and referrals to other services.

Testing for HIV, hepatitis B virus (HBV) and HCV infection is mainly carried out at specialised units of the Ministry of Health, while NGOs are involved in screening their clients using rapid testing methods. HIV testing is free for everyone, while the costs of screening for the HBV surface antigen (HBsAg) and HCV-antibody tests are covered only for people with health insurance and a limited group of non-insured people. During the 2017 European Testing Week, the NGO Carusel provided free voluntary counselling and rapid testing for HIV, HBV and HCV to 100 people in Bucharest, and accompanied those who tested positive to confirmatory testing at a local hospital. In Romania, the treatment of tuberculosis and HIV infection is universally provided for anyone infected, but levels of access to treatment for chronic HCV infection remain low.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

# Treatment

## The treatment system

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

In Romania, outpatient drug treatment is provided through the National Anti-Drug Agency (NAA), a network of drug prevention, evaluation and counselling centres. In some regions of the country, these centres are complemented by addiction integrated care centres (private or non-governmental organisation (NGO) based) and mental health centres under the Ministry of Health (MoH). The inpatient treatment system network consists of detoxification units in MoH hospitals and therapeutic communities run by NGOs.

The outpatient system provides integrated care services, psychosocial treatment and case management, while specialised medical, psychological and social services for the psychosocial reintegration of people who use drugs are available through an inpatient network. Aftercare services are not as readily available. Opioid substitution treatment (OST) is provided in nine MoH hospitals and three drug prevention, evaluation and counselling centres in Bucharest (NAA), as well as in prisons. In addition, three private providers and one NGO provide OST.

### Drug treatment in Romania: settings and number treated

#### Outpatient

Specialised drug treatment centres (2095)

#### Inpatient

Hospital-based residential drug treatment (1179)

#### Prison

Prison (301)

NB: Data from 2017.

## Treatment provision

In 2017, close to 5 000 people received drug treatment, of whom over 3 500 entered specialised drug treatment services during the year. Most clients were treated in outpatient settings.

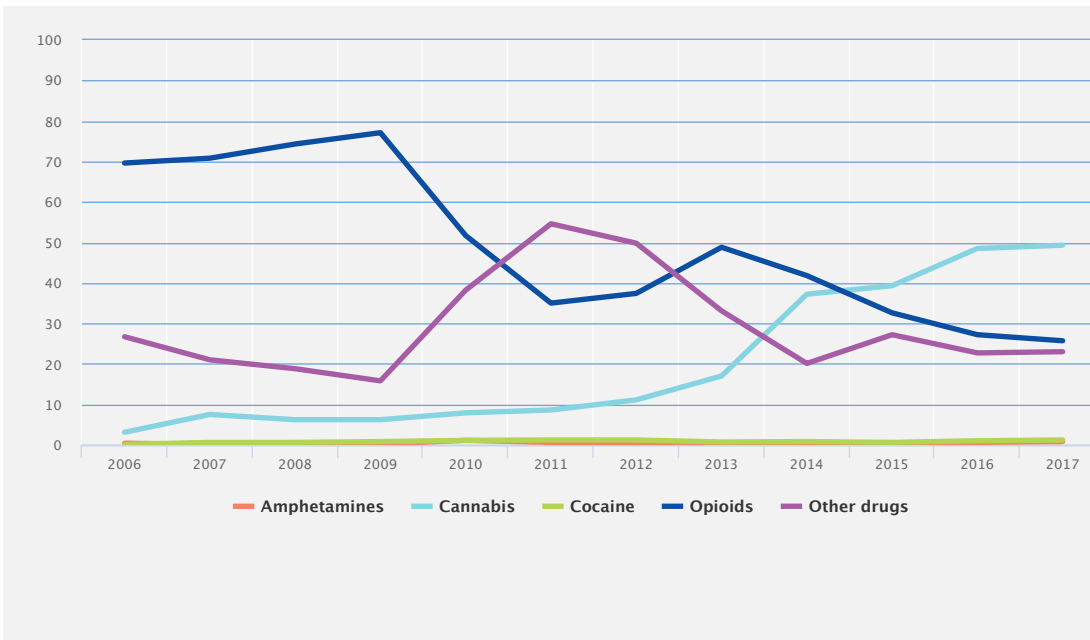
Cannabis was the primary substance for which people sought treatment in Romania — especially among those entering treatment for the first time. It is important to note that, since the entry into force of the New Criminal Procedure Code in 2014,

people often enter treatment as a result of a referral by a law enforcement agency as part of a procedure that allows treatment as an alternative to imprisonment for certain categories of offences. In general, police referrals account for around half of all treatment demands in Romania.

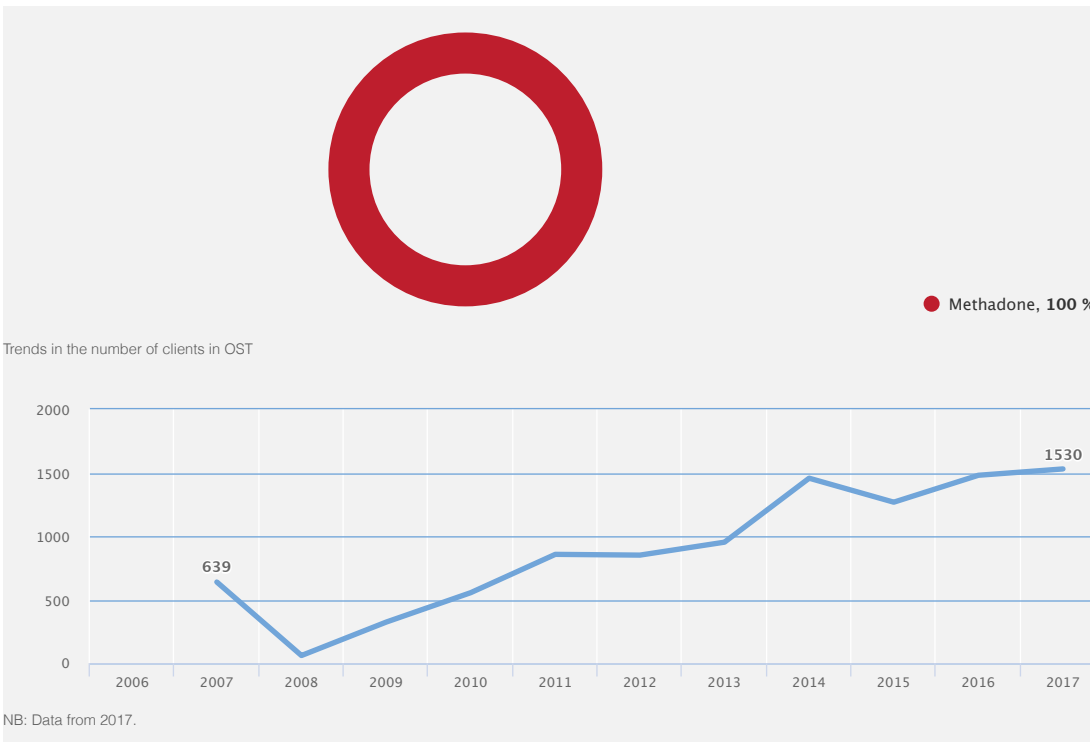
Previously treated clients mainly requested treatment for heroin use. After some years of increase, the trend in the proportion of cannabis treatment demands has now stabilised. In recent years, around one in four drug treatment clients have entered treatment for the use of new psychoactive substances; a figure which has now stabilised.

In Romania, methadone maintenance treatment was introduced in 1998, buprenorphine in 2007, and the combination of buprenorphine and naloxone in 2008.

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



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



## Drug use and responses in prison

The prison system in Romania is coordinated by the National Administration of Penitentiary under the Ministry of Justice.

Available data on drug use among prisoners are taken from assessments carried out at the time of prison entry based on self-reporting. In 2017, fewer than 1 in 10 detainees declared, at admission, that they used drugs. Heroin was the most commonly used drug prior to imprisonment, although reported use has decreased since 2010. According to self-reports, injection is the most common route of administration of illicit substances prior to imprisonment. Around 1 % of prisoners declared using drugs in prison. Heroin is the most frequently reported drug used in prison, followed by new psychoactive substances, mainly synthetic cannabinoids. Among prisoners who have injected drugs, more than half are reported to be positive for hepatitis C virus (HCV). Increases in HCV and hepatitis B virus (HBV) infections among people who inject drugs in prison were reported in 2017, while the number of notifications of human immunodeficiency virus (HIV) infections remained stable, and the number of reported cases of tuberculosis decreased. A new survey on drug use among prisoners was conducted in 2017, and data will be available for publication in 2019.

National programme documents establish the framework for implementing drug-related health responses in prison in Romania. The implementation of the provisions of the National Strategy for Social Reintegration of Inmates 2015-19 is ongoing. According to the National Mental Health Program 2017-18, treatment to maintain abstinence with opioid agonists and antagonists can be offered to people under criminal prosecution and in remand custody. Opioid substitution treatment (OST), mainly with methadone, can be initiated in prison. In 2017, a total of 68 prisoners received OST.

Interventions for reducing drug demand in Romanian prisons have three lines of action: prevention, treatment and social reintegration. Three prevention projects were implemented in Romanian prisons in 2017. Services for drug users include psychosocial support, education and counselling, therapeutic communities and OST. Three therapeutic communities are available in prisons in Romania, and over 600 prisoners completed the Therapeutic Community Program in 2017. A substantial increase in the provision of drug-related interventions was reported compared with 2017, both OST and therapeutic communities.

The prevention of drug-related infectious diseases falls under the responsibility of the existing medical units in prisons as providers of primary healthcare services to this population. Measures include the distribution of information materials, the reporting of communicable disease cases identified in the detention unit, and the provision of vaccinations, testing and treatments. The National Strategy for the Social Reintegration of Prisoners 2014-18 includes measures to ensure continuity of care after prisoners' release, and programmes for post-release relapse prevention are available for those receiving OST.

## Quality assurance

In Romania, the National Anti-Drug Strategy 2013-20 and Action Plans for 2013-16 and 2017-20 endorse scientific evidence as a basis for the development of the integrated prevention and support system. To standardise prevention activities, Romania has implemented the European Drug Prevention Quality Standards, as part of the final evaluation of prevention programmes conducted at the national level.

The 2012 government decision on quality assurance in the field of social services provides the Ministry of Labour and Social Justice and the Ministry of Interior and Administrative Reform with a framework of minimum standards for social care services. This document defines the criteria and methodology for operating social services and includes compulsory minimum standards for their organisation and operation. The assessment procedure for the accreditation of social services concerns the submission of applications and the granting of a temporary license for a period of 1 year, based on an administrative review.

In the area of treatment, a 2006 law set the minimum standards for assistance services for people who use opiates, while the Joint Order of the Ministry of Public Health, the Ministry of Labour, Family and Equal Opportunities, and the Ministry of Interior and Administrative Reform of 2008 provided the framework of minimum standards for the organisation and functioning of services delivered through the national system of medical, psychological and social care.

The National Training and Documentation Centre on Drugs implements programmes of continued education for its staff and other professionals, coordinates and monitors information sessions and training in the field of drugs, and accredits training programmes under the Framework Program of Training on Drugs Field. The University of Bucharest has introduced a master's programme entitled 'Prevention of trafficking and illicit drug use'.

## Drug-related research

One of the objectives of the current National Anti-Drug Strategy is to promote scientific research as the fundamental basis for defining and developing responses in the drugs field. The National Anti-Drug Agency implements this objective by supporting concrete studies, under the guidance of its Scientific Council. This body has an advisory role in the development of scientific activity and brings together researchers from medicine, toxicology, sociology, psychology, criminology and legal science. The National Programme for Prevention and Medical, Psychological and Social Care for Drug Users (2015-18) contains a sub-programme on research in the drugs field.

The National Authority of Scientific Research finances research projects in both governmental institutions and non-governmental organisations. Recent drug-related studies have focused on the prevalence and consequences of drug use. Findings have been disseminated through websites and national scientific journals.

## Drug markets

As a result of its geographical location, Romania forms part of the Balkan route used for heroin smuggling. Given this, heroin produced mainly in Afghanistan or neighbouring countries is trafficked via Turkey, Greece and Bulgaria into Romania, either for local consumption or in transit towards Central and Western Europe. In 2017, cocaine was smuggled into Romania overland or by air from Spain, Italy and Brazil and was intended mainly for local consumption or was in transit to Turkey.

While the importation of herbal cannabis still occurs (mainly from Spain, Greece and Albania), an analysis of significant seizures revealed that more than 90 % of the cannabis seized in Romania was domestically produced. In 2017, a total of 78 cannabis plantations were dismantled in the country, along with seizures of more than 1.5 tonnes of cannabis plants and 275 kg of cannabis herb.

MDMA/ecstasy seized in Romania is trafficked from Western European countries (mainly Germany and the Netherlands), while amphetamine is usually trafficked from Germany, Belgium or Bulgaria. New psychoactive substances (NPS) mainly originate in Asian countries and usually arrive in Romania via postal services.

Romanian law enforcement agencies reported a significant increase in the number of illicit substances seized in recent years. Most are cannabis retail-level seizures; however, an important increase in the number of seizures of MDMA was noted in 2017. The larger, wholesale, seizures, which are less frequent, constitute more than 96 % of the quantity of drugs seized in the country. Although the quantities of seized drugs decreased in Romania between 2016 and 2017, mainly as a result of a significant drop in quantities of cocaine seized, they remained higher than in previous years. At the same time, the number of MDMA tablets seized during the reported period increased by over 25 % when compared with 2016. The oscillating trend in the quantities of drugs seized in Romania suggests that the interception of large shipments of drugs, mainly in transit, has a large effect on annual seizures data.

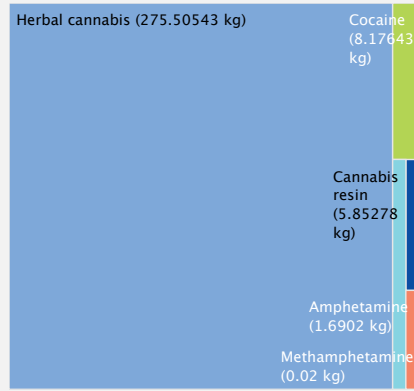
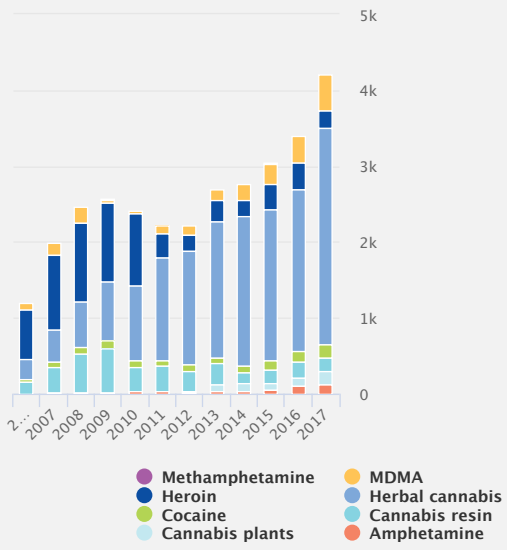
Taking into account the nature of the illicit drug market in Romania and the country's geographical position on the main trafficking routes between east and west, one of the main priorities of Romanian law enforcement agencies is to monitor the cross-border smuggling of illicit substances and counteract the activities of organised criminal groups involved in international drug trafficking along these routes.

Data on the retail price and purity of the main substances seized are shown in the 'Key statistics' section.

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

**Number of seizures**

**Quantities seized**



NB: Data from 2017.

## Key statistics

### Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
<b>Cannabis</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	8.14	6.51	36.79
Last year prevalence of use — young adults (%)	2016	5.8	1.8	21.8
Last year prevalence of drug use — all adults (%)	2016	3.2	0.9	11
All treatment entrants (%)	2017	49.3	1.03	62.98
First-time treatment entrants (%)	2017	62.4	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	275.5	11.98	94 378.74
Number of herbal cannabis seizures	2017	2 861	57	151 968
Quantity of cannabis resin seized (kg)	2017	5.9	0.16	334 919
Number of cannabis resin seizures	2017	185	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	7.98 - 20.57	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	1.32 - 23.26	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	8.76 - 17.51	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	13.13 - 17.51	0.15	35
<b>Cocaine</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.28	0.85	4.85
Last year prevalence of use — young adults (%)	2016	0.2	0.1	4.7
Last year prevalence of drug use — all adults (%)	2016	0.2	0.1	2.7
All treatment entrants (%)	2017	1.2	0.14	39.2
First-time treatment entrants (%)	2017	1.4	0	41.81
Quantity of cocaine seized (kg)	2017	8.2	0.32	44 751.85
Number of cocaine seizures	2017	169	9	42 206
Purity (%) (minimum and maximum values registered)	2017	6.69 - 62.67	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	80 - 120	2.11	350
<b>Amphetamines</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.12	0.84	6.46
Last year prevalence of use — young adults (%)	2016	0.1	0	3.9
Last year prevalence of drug use — all adults (%)	2016	0.1	0	1.8
All treatment entrants (%)	2017	0.8	0	49.61
First-time treatment entrants (%)	2017	1	0	52.83
Quantity of amphetamine seized (kg)	2017	1.7	0	1 669.42
Number of amphetamine seizures	2017	115	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	n.a.	n.a.	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	n.a.	n.a.	3	156.25
<b>MDMA</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.09	0.54	5.17
Last year prevalence of use — young adults (%)	2016	0.2	0.2	7.1
Last year prevalence of drug use — all adults (%)	2016	0.1	0.1	3.3
All treatment entrants (%)	2017	0.9	0	2.31
First-time treatment entrants (%)	2017	1.2	0	2.85
Quantity of MDMA seized (tablets)	2017	18 810	159	8 606 765
Number of MDMA seizures	2017	477	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	n.a.	n.a.	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	8.76 - 17.51	1	40
<b>Opioids</b>				
High-risk opioid use (rate/1 000)	2017	1.57	0.48	8.42
All treatment entrants (%)	2017	25.7	3.99	93.45
First-time treatment entrants (%)	2017	14.1	1.8	87.36
Quantity of heroin seized (kg)	2017	3.5	0.01	17 385.18
Number of heroin seizures	2017	222	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	n.a.	n.a.	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	43.78 - 48.16	5	200
<b>Drug-related infectious diseases/injecting/death</b>				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	4.4	0	47.8
HIV prevalence among PWID* (%)	2017	15.9	0	31.1
HCV prevalence among PWID* (%)	2015	n.a.	14.7	81.5
Injecting drug use (cases rate/1 000 population)	n.a.	n.a.	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	2.44	2.44	129.79
<b>Health and social responses</b>				
Syringes distributed through specialised programmes	2017	1 095 284	245	11 907 416

Clients in substitution treatment	2017	1 530	209	178 665
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#### Treatment demand

All entrants	2017	3 577	179	118 342
First-time entrants	2017	2 539	48	37 577
All clients in treatment	2017	3 577	1 294	254 000

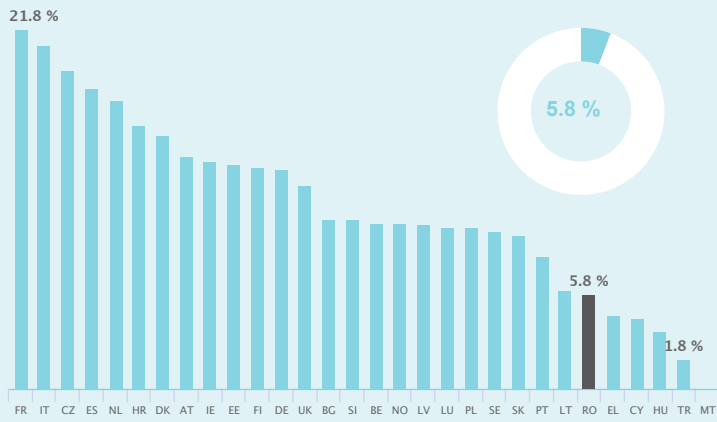
#### Drug law offences

Number of reports of offences	2017	4 952	739	389 229
Offences for use/possession	n.a.	n.a.	130	376 282

EU Dashboard

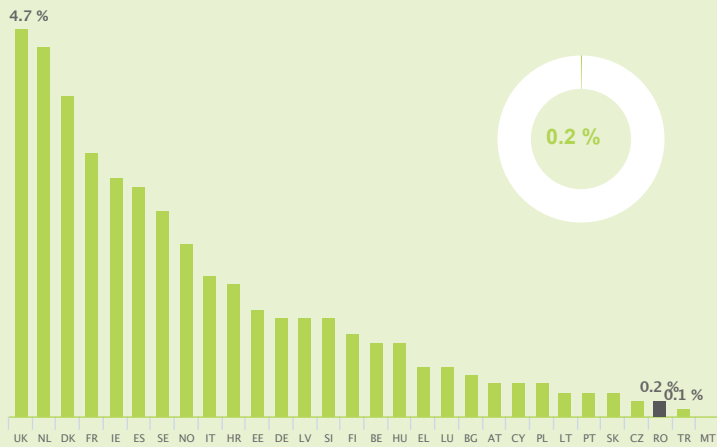
Cannabis

Last year prevalence among young adults (15-34 years)



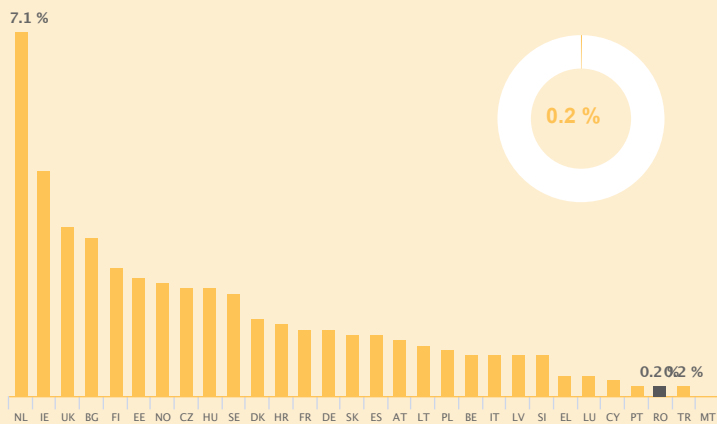
Cocaine

Last year prevalence among young adults (15-34 years)



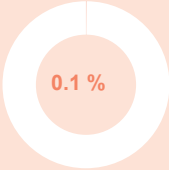
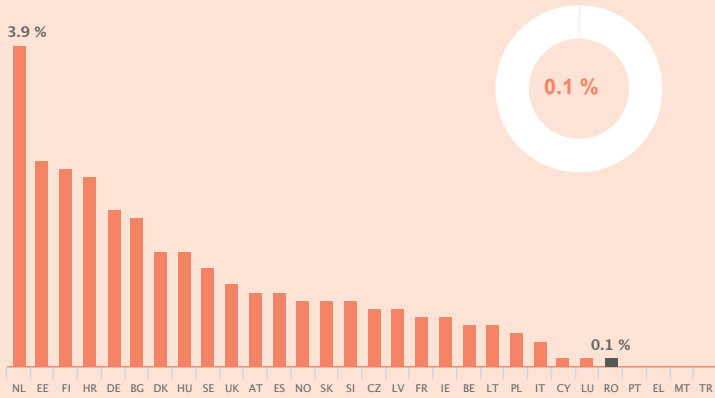
MDMA

Last year prevalence among young adults (15-34 years)



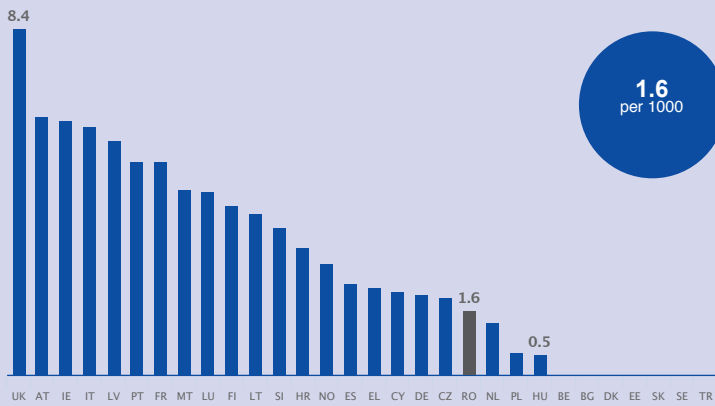
## Amphetamines

Last year prevalence among young adults (15-34 years)



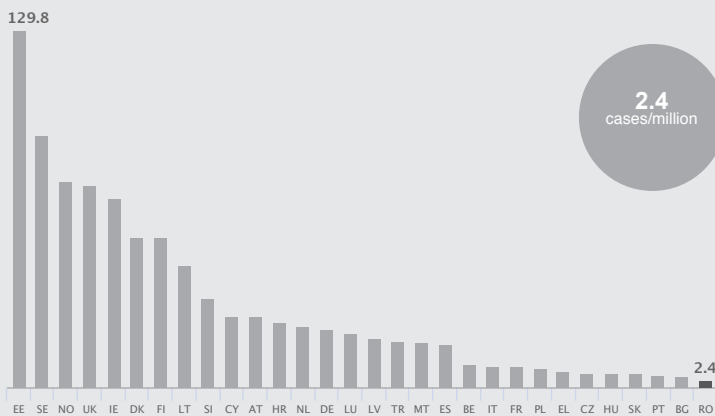
## Opioids

High-risk opioid use (rate/1 000)



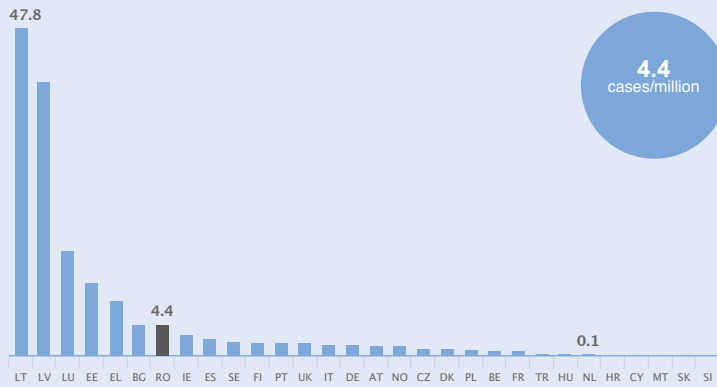
## Drug-induced mortality rates

National estimates among adults (15-64 years)



## HIV infections

Newly diagnosed cases attributed to injecting drug use



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

## About our partner in Romania

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

[Click here to learn more about our partner in Romania.](#)

## **Romanian national focal point**



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Tel. +40 21 316 47 97

Head of national focal point: Ms [Ruxanda Iliescu](#)

**Methodological note:** Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the [EMCDDA Statistical Bulletin](#).

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