



Phare

Phare Project on Drug
Information Systems
Bridging Phase

National Report
on the drugs situation in
Romania

2000

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FOCAL POINT

National Report on drugs problem in Romania - 2000

Local Contact Person: Adrian Bumbac, Ministry of Interior

National Team: Alexandru Dumitrescu, Ministry of Interior

Angela Pantea, Ministry of Interior

Florin Sologiu, Ministry of Health

Denise Ezechil, Ministry of Health

Mircea Toderici, Ministry of Health

Iulia Constantinescu, Ministry of National Education

Other sources: Ministry of Justice

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National Drug Coordinator and Local Contact Person

Adrian Bumbac

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ABOUT THE NATIONAL REPORT

This National Report you are about to read is the product of the overtime activity of the people mentioned above, who have tried to do their best in order to cover the entire topics laid out in the Guidelines of the EMCDDA for the 1999 National Reports on Drugs.

The data on which the national report is based upon were not complete, and therefore a lot of the statements made rely on indirect indicators mostly.

Still, there were some parts left uncovered, whose titles are included highlighted in yellow. These topics need further clarification and they may be filled in at a later date.

For those familiar with the two previous annual reports we point out that the name of the Hospital Prof. Dr. Gheorghe Marinescu was changed to Prof. Dr. Al. Obregia.

We all considered it was important to make a reference document out of this national report, also aiming to place a reliable tool in the hands of the decision makers from the Interministerial Committee for the Fight Against Drugs, as we all considered that its activity needs all the support it can get. Therefore the editing of the report may show that part or entire content of some chapters was copied in a number of other chapters, so that the person that is interested in a certain particular issue is able to visualize the entire topic at a glance, without having to scan the entire document.

INTRODUCTION

The national policy in the field of drugs, in the last decade, approached by the Romanian society, may be structured on lines of action, on trends of development and future needs. Thus:

- the lining up of Romania to the international policy in the field was accomplished, by the signing and ratifying of the UN conventions concerning the regime of psychotropic substances and the combat of illicit trafficking of narcotic and psychotropic substances;

- bi- and multilateral agreements have been signed with most of the states from the region and from other continents, for the setting up of the co-operation necessary for the prevention and combat of organized crime and illicit drugs trafficking and abuse;

- modifications have been made to the Criminal Code and the Customs Code in order to incriminate some new deeds in the field of illicit drugs trafficking and to increase the quantum of the penalties that can be inflicted on the perpetrators;

- new structures have been created within some institutions of the state (Ministry of the Interior, General Customs Directorate, and others) aiming to increase the efficiency of the prevention and combat of illicit drugs trafficking and abuse;

- there were set the basis of a health policy and of an educational system to ensure concrete prevention activities of the drug abuse and the recovery of the addicts by adequate treatments.

PART I - NATIONAL POLICIES: LEGAL & ORGANISATIONAL FRAMEWORK

1. Trends and New Developments in Drug Policy

1.1. Philosophy, direction, scope, objectives

The reference year is characterized by the continuing of the efforts of the institutions responsible in the field, in view of assimilating the international concepts of fighting against crime, especially of those promoted by the European Union, according to the national realities.

The main targeted objectives were:

- the lining up of Romania to the practices of the European Union regarding the problem of drugs (drug demand and supply reduction);
- the increase of Romania's involvement in the world effort of fighting against drugs phenomenon.

The main directions had in view at national level were:

- drug supply reduction
- drug demand reduction
- the setting up of a national unitary co-ordination and the improvement of the legislative framework;
- the increase of the number of specialized personnel.

The connections with the authorities directly involved in the combat of illicit drugs trafficking and abuse, especially from the Member and the Partner States of the European Union have been developed, but also from other countries with experience, mostly targeting:

- the achievement of an exchange of experience in the field of illicit drugs trafficking and abuse reduction;
- the improvement of the theoretic support required for the carrying on of specific activities in the field of fighting against drugs on basis of best practices from European countries;
- the increase of the awareness of the decision makers, at different levels, regarding the extent of the drugs phenomenon in Romania;
- the accomplishment of actions aiming the minimization of the harmful effect of the drugs phenomenon.

No epidemiological surveys were made until the end of 1999, either at local or national level. Consequently, the prevalence of the drugs phenomenon is still unknown and the only certain data result from indirect indicators (seizures, the development of the illicit market, requests of treatment) as well as from the ESPAD survey (conducted on an 15 years age group) and from the results of restricted qualitative researches.

In the field of drugs demand reduction, the Ministry of Health elaborated and adopted some strategic lines:

- the initiation and adoption of some legislative measures;
- primary prevention activities of drug abuse (data collection, research, evaluation, informing the public, health education and training programmes for the personnel carrying on these activities);
- addiction treatment activities (training of the personnel specialized in addiction treatment within specific programmes, the establishment and setting up of the treatment and post-cure centers).

In the field of drug supply reduction, the responsible institutions have oriented their activity towards:

- the improvement of the legislative framework;
- the intensification of international and interagency co-operation;
- the improvement of the training of the personnel;
- the strengthening of the control activities at the border crossing points (airports, land and sea ports).

1.2. Policy developments on specific issues of particular interest

The focusing of the efforts of the institutions involved towards the accomplishment of a unitary national strategy for the fight against drugs was also not achieved this year.

Yet, every one of the institutions involved has developed sectorial packages of measures according with the concrete situations they faced and with the trends of the phenomenon.

In the field of drug demand reduction, the following were considered action priorities during 1999:

- primary prevention
- the development of all therapeutic links necessary for the treatment of drug addiction (detoxification centers, post-cure centers and therapeutic communities);
- the training of specialized personnel for the treatment of drug addiction;
- the improvement of the enforcing methodology of the reporting and centralizing system of addiction cases;
- the improvement of the monitoring system.

In the field of drug supply reduction the action priorities were:

- the increase of the efficiency of the illicit drugs trafficking combating activities;
- the intensification of the lobby by the decision-makers for the adoption of the proper legislative framework;
- the accomplishment of a unitary informational system at the level of the main institutions and their interconnection;

- the participation in the international actions for fighting the border-crossing drugs trafficking networks;
- the improvement of the technical equipping of the drugs analysis laboratories;

1.3. Developments in public opinion and perceptions of drug issues

The awareness of various segments of the population regarding the risk of drug abuse and the attraction of young people towards drug related illicit activities increased. The link between the intervention factors and mass media for the informing, education and communication activities related to the drugs issue improved.

Thus, within the Phare Project "New Education Techniques for Drug Demand Reduction" that covered three pilot counties: Timis, Dolj and Galati, the purpose of the project was to make a situation analysis regarding the information needs of the population. The attitude of the youth and of the adult population surveyed (parents, teachers, medical personnel, police, local authorities) was also shown. They consider that the drug abuse phenomenon is a public health problem of the community they are a part of, that it is necessary for them to be informed on drugs issues and that they want to co-operate in setting up information, education and communication programmes.

The conclusions of this study have shown:

- among the main causes mentioned as factors that influence the young people to abuse drugs, curiosity is one. Often, curiosity is the result of the lack of information on the phenomenon, so that the obtaining of accurate information may annul new experiments; therefore, in the future, a part of the programme will be oriented towards information. Most of the young people wish to know first of all the effects of drugs on the health, the consequences of the abuse of such substances, the motivations of drug abuse and what the addiction treatment consists of;

- many young people consider the family to be the main consultant in personal matters. It is considered that, in their turn, these families didn't have the possibility to inform themselves on the phenomenon of drug abuse. The school and the family have a special importance in the education of the youth. The lectures with the parents and the informing of the teachers on this topic would be an efficient way to decrease the number of the young people that abuse drugs; it is also considered opportune the creation of some groups of peer-counseling (education through equals) so that the correct information doesn't come only from top down. The creation of these groups may lead both to the increase of the trust of the young people in the correctness of the information, but mostly, by involvement, it may lead to the forming of favorable attitudes of the youth towards avoiding drugs abuse;

- many young people identify as a main area of procurement and abuse of drugs, the high-school environment, discos and bars. The higher percentage of discovering the phenomenon in these areas, is proof of a higher abuse in these environments and consequently, they should be the target of specific actions of dissemination of information material;

- during the interviews with the customs and police personnel (in Timisoara and Galati), it resulted that they possess relatively few information on the issues of drug abuse and addiction; the programmes that are going to be carried on will also include their information related to the above topics.

- the need to inform the public was also highlighted with the occasion of the making the Radio and TV shows opened for public, of the round tables, of the workshops and seminars on this matter. Interviews with specialists were published in the main newspapers.

- although the wish for information in this field of the population increased, the status of drug abuser or addict still has a negative connotation. This fact is reflected in the fear to approach the services that may offer them help and in their hardly co-operative attitude with the mass media.

2. Developments in legislation (new laws, directives, etc)

2.1. Drug laws

The international legal framework Romania is a part of:

- The Opium Convention and Protocol, concluded in Geneva on February 19, 1925, during the Second Opium Conference, promulgated by Romania through the Decree No 1578 of June 5, 1928;

- the Convention for the repression of illicit drug trafficking, signed in Geneva on June 26, 1936, and ratified by Romania through the Law-Decree No 169 of May 27, 1938;

- The Single Convention on narcotic drugs, concluded in New York on March 30, 1961, amended by the Geneva Protocol on March 25, 1972, to which Romania adhered through the Decree No 626/1973, published in the Official Bulletin, Part I, No 213/1973;

- The UN Convention of 1971, concerning psychotropic substances;

- The UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (Vienna 1988)

Romania adhered to the UN Conventions of 1971 and 1988 through the Law 118/1992.

The internal legal framework:

- the Law No 73/1969 concerning the regime of the narcotic substances and products and the Instructions of the minister of health no 103/1970 for putting into practice the provisions of Law No 73/1969. The two acts regulate the fabrication, extraction, conditioning, preparing, storing, administration, distribution and transport of certain narcotic products and substances, provided for in the annex of this law;

- Decree No 466/1980 regarding the regime of the toxic substances, in whose category enter some of the essential chemical substances and precursors (lysergic acid, ephedrine, ergotamine, ergometrine); the annex list of this decree must be up-dated, as certain toxic substances that transit our country lately are not controlled by this decree (the bee venom, snake venom, and others);

- Order 317/1987 issued by the minister of health regarding the list of narcotic products and substances placed under control, given for the enforcement of Law no 73/1969;

- the Government Decision No 75/1991 regarding the establishing and the sanctioning of felonies to the norms concerning the regime of the narcotic substances and products;

- the Order of the minister of industry and commerce no 36C/1999 regarding the issuing of import-export licenses for some chemical substances placed under international control (22 substances are placed under the control of the 1988 Vienna Convention, modified following to the recommendations made during the 35th Session of the Commission on Narcotics, according to Regulation No 3677/1990);

- The Emergency Ordinance No 152/1999 regarding the medical drugs for human use, that has special provisions on the import, export and transport inside the country of the toxic substances, narcotics and medical drugs;

- the Law No 100/1998 concerning the public health care. In the annex no 1 of the law, there are mentioned the national public health programmes, organized and financed by the Ministry of Health; the National Programme for the Prevention and Control of Drug Addiction and the Induced Pathology is included in this law;

- The order of the minister of health no 189/1999 regarding the organizing and the financing of the National Health Programmes, that are revised yearly, complemented by the Order of the minister of health no 669/1999. These Programmes include the National Programme for Prevention and Control of Drug Addiction and Induced Pathology - adults and children.

- The Order of the minister of health no 963/1998, regarding the approval of the general methodological norms of organization and offering of medical assistance, treatment, medical care and hotel services (meals and bed in hospital) to the addicts by abuse of narcotic and psychoactive substances. This order also regulates the information circuit regarding the drug addicts, as the steps of the centralization of the data regarding the number of persons hospitalized for drug addiction as well as of the centers they are coming from (their territorial distribution) are provided for. An annex of this order contains the Reporting fiche of the cases that are fed into the informational system of the Ministry of Health through its Computer Center, Sanitary Statistics and Medical Documentation, where there is a special software financed by the World Bank;

- the Criminal Code of Romania, that represents the basic law through which the criminal deeds related to the regime of drugs are incriminated.

Thus, according to the provisions of Article 312, it represents the crime of narcotic drugs trafficking, the following deeds:

- the production, the possession or any other operation regarding the circulation of the narcotic or toxic substances and products, the cultivation for procreation of plants that contain such substances, or the experimenting of toxic products or substances, all these without right, shall be punished with prison from 3 to 15 years and the forbidding of certain rights;

- the committing of the above deeds in an organized manner, shall be punished with life imprisonment or prison from 15 to 25 years and the forbidding of certain rights;

- the prescription by a physician, without being necessary, of narcotic substances or products shall be punished with prison from 1 to 5 years;

- the organizing or the allowing of consumption of such substances or products in special places, shall be punished with prison from 3 to 15 years and the forbidding of some rights.

The regime of the safety measures of the Criminal Code, Article 113 and Article 114 regulate the obligation to medical treatment and hospitalization of the persons that represent a danger for the society because of drug addiction.

- Law no 21/1999 for the prevention and the sanctioning of money laundering; according to Article 23 it is incriminated as money laundering the deed of changing or transferring values knowing that they are the result of drug trafficking crime; Article 25 provides that in case of the crimes provided for in Article 23, the confiscation of the assets that make the object of the crime, will be ordered according to Article 118 Criminal Code, and if they are not found, the criminal is forced to the payment of their equivalent in money.

- the Customs Code incriminates as smuggling in Article 176, and punishes the crossing of the border, without authorization, of narcotic drugs and psychotropic substances, of precursors and essential chemical substances with prison from 2 to 7 years.

- the Government Decision no 534/1999, regarding the establishment of the Interministerial Committee for Fighting Against Drugs.

- the Order of the minister of health no 9/1999 regarding the nomination of the national coordinators of the Programmes for the Promotion of Health and Health Education; it nominates the National Drug Demand Reduction Coordinator. Also there have been nominated the persons responsible of the National Programme for the Prevention and Control of Drug Addiction and Induced Pathology (adults and children).

- the Order of the minister of health no 332/1999 regarding the establishment of the Resources and Documentation Center for the prevention of drugs abuse in the Institute of Health Services Management Bucharest with Phare support. This order helps to increase the quality of the information regarding the prevention of drug abuse.

2.2. Other relevant laws

The legislation in the field of health education in the educational units:

- the joint Order of the minister of health and minister of national education of 28.01.1999, "for the purpose of health promotion and the increase of the level of education for health according to international standards, starting from the study year 1999/2000 health education classes will be introduced both in the compulsory and optional school curricula. These classes will be held by specially trained teachers, with competency in the health education, so that the pupils and the students are offered information and education programmes for health at international standards". Health education classes include specific for drugs.

- the Order of the minister of national education no 3281/1999 regarding the counseling and orienting activity in pre-university education for the school year 1999/2000; this order defines the content of the counseling and orienting activities, others than the tutor hour, as follows:

- a) psychological and pedagogic counseling of the pupils;
- b) the counseling of the over-gifted pupils;

- c) the counseling of the pupils with disciplinary or learning problems;
- d) school and professional orienting of the pupils;

- the Order of the minister of national education no 3449/1999 regarding the regime of the optional disciplines in the perspective of enforcing the new training plans starting with the school year 1999/2000. It is provided in this order that the optional disciplines are indicated only as orientation by the Ministry of National Education, for all fields; the schools may also propose to the pupils disciplines and optional themes; in the timetable may be included both optional disciplines from the offer of the Ministry of National Education as well as optional ones from the local offer.

2.3. Legislative initiatives

- the law draft regarding the combat of illicit drugs trafficking and abuse;
- the law draft for the modification and completion of the Criminal Procedure Code for the establishment of the juridical institutions regarding the witness protection and the undercover investigator;
- the law draft for the modification and the completion of the Criminal Code regarding the establishment of the juridical institution of the criminal liability of a juridical person.

3. Developments in Organizational Framework

3.1. Key actors, roles and co-ordination structures

The main bodies and their component structures:

A. The Interministerial Committee for Fighting Against Drugs – established by Governmental Decision 534/12.07.1999; it includes: the Ministry of Finance, Ministry of Justice, Ministry of Interior, Ministry of Health, Ministry of National Education, Ministry of Youth and Sports, Ministry of Labor and Social Protection, Ministry of Industry and Commerce, Ministry of National Defense and the Ministry of Foreign Affairs.

B. The National Office for the Prevention and Combat of Money Laundering, a body of interministerial structure established on basis of and for the enforcement of Law no 21/1999; it is formed of representatives from the Ministry of Finance, Ministry of Justice, Ministry of Interior, Prosecutor's Office attached to the Supreme Court of Justice, the National Bank of Romania, the Romanian Association of Banks and the Account Court.

C. Ministry of Interior:

- The General Inspectorate of Police, through:

- the Squad for the Countering of Organized Crime and Corruption – Focal Point, that has an Antidrug Service in its structure and 41 similar units in the territory, under subordination, with responsibilities both in combating the illicit drugs trafficking, as well as for the prevention of the street trafficking and of illicit abuse of drugs;

- the Weapons, Explosives and Toxic Substances Directorate, with responsibilities in coordination at central and territorial level of the actions to ensure the obeying of the legal circuit of narcotics, psychotropic substances, essential chemical substances and precursors;

- the Institute for Research and Crime Prevention, that employs officers specialized in conducting preventive actions to combat crime and coordinate the activity of the territorial services for crime prevention.

- The General Inspectorate of the Border Police – is responsible with the safety of the state border and the discovery of felonies and crimes related to it.

D. Ministry of Finance

The General Customs Directorate, through:

- the Department for Customs Surveillance and Control - control body specialized in the prevention, combat and sanctioning of any fraud in the customs field, that is monitoring the way the legislation regarding the import, export and transiting made by the natural and juridical persons, Romanian and foreigner, is enforced and obeyed all over Romania. It has under orders, the following:

- the Anti-drug Service and Illicit Trafficking of Goods with Special Regime, that conducts activities in view of preventing and combating the illicit drugs trafficking phenomenon, essential chemical substances and precursors and other goods with special regime;

- the Drug Analysis Office (at central level) that organizes and conducts the analysis activity of the substances suspected to be drugs;

- the Surveillance and Customs Control Squads (with territorial anti-drug offices) for the combat of illicit trafficking of goods with special regime;

- Customs officers with special duties in drug control at the level of customs units.

E. The Minister of Health

- The Department for Health Promotion and Community Health from the General Directorate for Public Health, with its 42 county departments; it coordinates and supervises the National Network for Health Promotion and monitors and evaluates all activities related to drugs demand reduction including those related to treatment;

- The General Medical Care Department –responsible with the technical assistance for the Psychiatric Hospitals that offer treatment for drug addiction and for the Intensive Therapy Sections that ensure the treatment for drugs overdose as well as for the two detoxification centers (Bucharest and Iasi) and for the post-cure treatment center (Balaceanca Hospital);

- The Pharmaceutical Department, that deals with the legal circuit of psychoactive substances (narcotics) and of the products containing such substances;

- The Institute of Health Services Management – covers the technical assistance for the Ministry of Health in the field of medical reform including in the field of drugs demand reduction;

F. The Health Insurance National House: covers the payment for the medical services and the treatment.

G. The Ministry of National Education

- The General Directorate for Pre-university Education, through:
 - Inspector responsible with the evaluation of the state of health of the pupils and the health education in the pre-university education;
 - Inspector responsible with educational and tutorial problems;
- The General Directorate for University Education through:
 - Inspector responsible with the evaluation of the state of health of the students and health education in the university education;
- The County School Inspectorates through:
 - Inspectors dealing with educational problems;
 - Psycho pedagogic assistance centers
 - The houses and children's clubs;
 - The house of the teachers;
 - The educational units, that may develop curricula upon school decision.
 - The National Agency of Camps and School Tourism with the territorial branches.

H. The Public Ministry

Without having a specialized structure in the combat of drugs trafficking, it supervises the criminal investigation activity, by substantiating the criminal cases in which people that have committed crimes are investigated. It has a functional structure that covers the entire territory of Romania.

I. The Ministry of Justice

The act of justice is done in the courthouses, law court, appeal courts and the Supreme Court of Justice.

All these institutions cooperate with the Romanian Intelligence Service, the Foreign Intelligence Service and with ministries such as: the Ministry of Industry and Commerce, the Ministry of National Defense, the Ministry of Youth and Sports, the Ministry of Labor and Social Protection, and others.

The cooperation is done on multiple levels, according with the specific regulations of each institution, both at national and at local level, yet without setting up all the necessary issues for a coherent policy in the field of drug demand and supply reduction.

Besides the state institutions with activities in the field, in certain actions also participate NGOs, youth organizations, mass media, and others.

3.2. *Budgets and funding arrangements*

The funding of the activities in the field of drug supply reduction was done from budgetary sources without having a special attention being given to the issue.

From external funding there have been received 2,345,000 Euros within the Joint UNDCP Phare Programme for strengthening the drug law enforcement capacities in South Eastern Europe.

Within the Phare Multi-country Programme for fighting against drugs, we have benefited of technical assistance (seminaries, working visits).

In the field of drug demand reduction the funding came mostly from the state budget. In 1999, the primary prevention activities of the drug abuse were done through health education activities that have included specific topics for drugs. These activities were funded from the state budget of the National Programme no 26, "Education for Health" in a total value of 300 million lei (approx. 20,000USD).

Also within the Programme for Prevention and Control of Drug Addiction and Induced Pathology, the treatment conditions in the two detoxification centers were improved, and a post-cure center was established in Balaceanca Hospital. In 1999, the proposed budget for the programme was of approx. 2 billion lei, out of which there have been spent 900 million lei (approx. 60,000 USD).

So the funding of the activities in the drug demand reduction field was done in 1999 from the state budget and from the budget of a project conducted with foreign support, the Phare Project "New methods for education in drug demand reduction", approx. 14,000 Euros.

3.3. International activities and co-operation

Romania continued an active policy of international cooperation, targeting to increase the involvement of the internal institutions in the efforts of the international community to identify new ways of working for stopping the proliferation of illicit drugs trafficking and abuse.

The cooperation was based both on the conventions of the United Nations in the field, on the Agreement of Association of Romania to the European Communities and their Member States, and on the bi and multilateral agreements with various states of the world.

The fields the international cooperation focused on were:

- the combat of illicit drugs trafficking;
- the carrying on of activities in the field of drug abuse reduction;
- the training and upgrading of personnel;
- technical assistance.

The neutralization activities of the trafficking networks have required sustained activities among the national institutions (Ministry of Interior, General Customs Directorate, Romanian Intelligence Service, Foreign Intelligence Service, the General Prosecutor's Office attached to the Supreme Court of Justice, and others) and similar agencies from other states, benefiting of the support given by OIPC-Interpol, the World Customs Organization and other international bodies.

The direct meetings with specialists from the field of combating organized crime and illicit drugs trafficking from other states have ensured the operational framework that has allowed the carrying out of joint actions.

The General Customs Directorate, as member of the World Customs Organization and founding member of the Regional Liaison Office for Information

Exchange in Warsaw, cooperated with the customs administrations of the European Union Member States, Czech Rep., Slovak Rep., Slovenia, Hungary, Bulgaria, Turkey.

Law enforcement agencies in Romania (the Ministry of Interior and the General Customs Directorate) are involved starting with 1999 in the Joint Phare-UNDCP Programme for Strengthening of Drug Law Enforcement Capacities in South-Eastern Europe, next to the corresponding agencies from Bulgaria and FYROM.

This programme, that is also covering the next years, is targeting:

- the strengthening of the border control (airports, ports and terrestrial);
- the development of intelligence analysis capacities for police and customs;
- the improvement of the specific equipment;
- the increase of the interagency cooperation

The officers involved in combating drug supply reduction, attended international courses and seminars organized by the Council of Europe, DEA, the Phare Programme, BKA Wiesbaden, the police forces from Spain, France, and others.

In the field of drug demand reduction the involvement in activities at European level, was:

EMCDDA

- the participation in the drafting and finishing of the national report on drugs, 1998.

European Commission Programmes

- the Phare Project "Technical Assistance for Drug Demand Reduction"; the sub-regional project "New Education Methods for Drug Demand Reduction" started in 1998 and concluded in September 1999.

- The Phare Project "Networks and Informational Systems in the field of Drugs"

Other: Pompidou Group, WHO, UNDCP, ICAA, etc;

- the Pompidou Group project "Guide for Drug Addiction Treatment", started in 1999, is unfolding.

4. Developments in Information Requirements for Drug Policy

Currently, Romania doesn't have a proper unitary system for the collection of information, which should allow the assessment of the real situation of the drugs phenomenon and should forward to the decision makers the key elements for the establishment of the policy in this field.

Nonetheless, in 1999 also, each institution directly involved in combating the phenomenon acted for the monitoring of the existing national situation in his line of work, using the means at its disposal.

The information and statistics on which the analysis of this phenomenon are based are still incomplete, because of the nonexistence of a national reporting system, based on an appropriate infrastructure to allow the collection and the automated processing of data.

The quality of the data obtained at the level of the Ministry of Health, regarding the drug addicts that have requested medical services, may be improved through:

- the appropriate equipping with computers according to the international standards imposed (ICD – 10) for the completion of forms similar to those existing in European Union Member States;
- the increase of the knowledge on specific legislation (especially of Order 963/December 1998) for easier enforcement and obeying;
- the briefing of the people that are going to fill in the reporting forms of the cases, in view of obtaining good qualitative data;
- the improvement of the structure of the reporting form contained in the annex of the Order 963/December 1998 in order to obtain more complete information to meet the requirements of the reporting tables of EMCDDA;

For the increase of the quality of the data regarding the drug supply reduction activity, the following are necessary:

- the improvement of the judicial statistics that currently doesn't make a distinction between the modalities crimes provided for in Article 312 of the Criminal Code are committed and their object (toxic substances or narcotics);
- the interconnection of the main institutions involved in the fight against drugs by creating a joint interface to facilitate the interagency cooperation;
- the setting up of a unitary informational system at the level of the Ministry of Interior;
- the equipping with computing technique and software for the collection, storing and processing of data.

PART II – DRUG MONITORING SYSTEMS AND SOURCES OF INFORMATION

5. Developments and Changing Priorities in National Monitoring Systems, Information Sources and Research

5.1. Epidemiology

Until 1999, no epidemiological survey was conducted in Romania at national level.

- The ESPAD Survey (European Survey Programme for Alcohol and Drugs) was made in 1999. The ESPAD Survey represents a research made at national level regarding the alcohol, tobacco and drug abuse among 9th grade pupils.

- The Phare project “Technical Assistance for Drug Demand Reduction” in which Romania participated next to Hungary and Slovakia in the project “Inovative Techniques for Drug Demand Reduction” in three pilot counties (Galati, Dolj, Timisoara), ended in 1999.

5.2. Demand reduction

In the field of drug demand reduction, the main obtained data are those regarding the drug addicts that have required medical services.

The information sources are:

- the two detoxification centers from Bucharest and Iasi and the post-cure treatment center in Balaceanca, Ilfov county, established in 1999;

- the Clinic Central Children’s Hospital “Grigore Alexandrescu”;

- other medical units that hospitalize the drug addicts are the Psychiatry Clinics of the hospitals spread in the country and the Intensive Therapy Clinics that treat the emergencies like the drug overdoses.

The real number of the drug addicts that have required medical services is however bigger from the registered one, because of:

- the lack of proper analysis equipment in the above mentioned hospital clinics (psychiatry and intensive therapy), that should confirm the use of the substance the person has declared (the abused substance is mentioned in the diagnostic only on basis of the statement of the patient);

- the recording under different diagnostics.

The monitoring of the addicts that have required medical services is done according to the Order of the minister of health no 963/1999 (containing the reporting fiche) which provides the steps of the centralization process of the data regarding the number of persons hospitalized for drug addiction and of the centers they are coming from (their territorial distribution).

5.3. Drug policy and legislation

There is no global national strategy on drugs.

There are also no strategies at sectorial level, but only strategic lines meant to approach the problem of drugs in the respective field of activity.

The establishment of the Interministerial Committee for the Fight Against Drugs, on 12.07.1999, didn't make any improvement, yet, in this respect. Due to the lack of experience in drug field and to the short time that has passed since its establishment, the Committee was not able to involve itself in the elaboration of an overall national strategy.

All the legislative issues, including the last law and legal regulations are presented unitary in chapter 2.2.

5.4. Documentation centers

Within the Focal Point, there is a documentary point that supplies information regarding:

- the organized crime and illicit drugs trafficking at national and global level;
- the drug abuse;
- documents received from the United Nations, the European Union, the European Council and other international bodies with activity in this statistics field and documents issued by other states.

The National Resource Center for the prevention of drug abuse was established within the Institute for Health Services Management, Bucharest, with support from the Phare Project Technical Assistance to Drug Demand Reduction. This Center contributes to the increase of the quality of the information regarding the prevention of drug abuse.

At the level of the General Customs Directorate, the Antidrug and Illicit Trafficking of Special Regime Goods Service also plays the role of information-documentation point.

It gives to the specialists, documenting materials, it monitors the main activities in the field of illicit drugs trafficking and assists the cooperation in the field.

The documentary basis contains informative materials of the World Customs Organization (WCO), the Regional Liaison Office for the exchange of Information – Warsaw, the customs administrations of the states it cooperates with, the Balkan –Info and Cargo-Info Systems administrated by the Investigation Service of the German Custom, ZKA Koln, the UNDCP, the Phare Programme for the Fight Against Drugs, and others.

6. Developments at the national Focal Point

6.1. Organisation, legal basis, operation, staffing, financing

To monitor at national level the main issues risen by the illicit drugs trafficking and abuse, within the General Inspectorate of Police functions since 1993, the Squad for the Countering of the Organized Crime and Corruption, center for the collection, processing and dissemination of the drug information.

Starting from 1994, the Squad took over the role of Focal Point and actively participated in the unfolding of the Phare Project “Drug Information Systems” within the Phare Programme for Fighting Against Drugs.

With the support of this project, the setting up of the Focal Point was started, modernizing the existing computer center of the Squad by equipping it with computing technique. There were thus accomplished the premises of creating the databases regarding the people involved in illicit drugs trafficking and possession.

Starting from 1996, with the assistance of the Dutch firm EESV-MSDP, was set up the Romanian project “The documentation of the drugs phenomenon”. This project led to the implementing, together with experts from EMCDDA, of a new standard procedure for the writing of the Annual National Report on Drugs.

In fulfilling its tasks, the Focal Point cooperates with the other units of the Ministry of Interior, with other ministries and institutions with responsibilities in the field of drugs, does the cooperation with similar centers from other countries within the European Information System Project on Drugs (REITOX), exchanging information of general interest.

The Focal Point functions on basis of the approval of the minister of interior, without having an own structure and budget. Its functioning is ensured starting from July 1997 by the Analysis, Informatics and International Relations Service of the Squad.

The activity of the Focal Point was deficient due to the lack of the own personnel, the specialists that have done it also had other duties to perform.

At the writing of the Annual National Reports, next to this personnel have also worked specialists from the Ministry of Health, General Customs Directorate and others.

For the setting up of the Focal Point and the conducting of certain specific activities, Romania benefited of the funding from the Phare Programme Multi-beneficiary, of approx. 160,000 ECU.

Indirectly, the Focal Point was also the beneficiary of the logistic support offered to the Squad by the BKA Wiesbaden.

Although during 1998 steps have been taken to improve the existing logistics by purchasing new computing equipment and other specific devices, on basis of a double funding (EU and Ministry of Interior), no achievements were made during 1999.

6.2. Network of partners of the Focal Point

To accomplish its tasks, the Focal Point has permanent connections with contact persons from the main institutions responsible in the field, thus:

a) Contact points in the Ministry of Health

- the Department for Health Promotion and Community Health that coordinates and supervises the national network for health promotion, monitors and evaluates the drug demand reduction activities including the treatment ones;

- the Institute of Health Services Management, that includes in its structure the National Resource Center that has responsibilities in the prevention of drug abuse. Its main objective is to offer logistic and informational support in the field of drug demand reduction and prevention. The center represents a database and information base at national and European level;

- the Computer Center, Sanitary Statistics and Medical Documentation processes the collected data and makes national statistics according ICD-10. It supplies upon request, data and information structured on basis of this classification.

b) the Antidrug and Illicit Trafficking of Special Regime Goods Service from the General Customs Directorate is also an information-documentation point;

It gives information material to the interested parties, monitors the main activities in the field of illicit drugs trafficking and covers the cooperation in the field.

The documentary base contains informative materials edited by: the World Customs Organization (WCO), the Regional Liaison Office for the Exchange of Information, Warsaw, the Customs Administrations of other states, the UNDCP, the Phare Programme for fighting against drugs, and others.

It prints yearly a bulletin regarding the results obtained in the fight against illicit drugs trafficking, bulletin that is distributed to the organizations it has cooperation relations with.

6.3. Role of the NFP in the national monitoring and information systems

The Focal Point of the Squad for the Countering of Organized Crime and Corruption had no system or network for the data collection. Thus, in the field of drugs trafficking, the operational data of the Squad were used and with the other points for data collection, mainly the Minister of Health and the General Customs Directorate, there was no direct informational link; each of them monitored its own field of responsibility with its own material possibilities, sending data on request.

This way of working, owed to the limited budgetary resources and to the lack of a unitary point of view of the main institutions, created serious problems in the learning and monitoring of the drug phenomenon.

The existing situation made the role of the Focal Point reduced, in many occasions, only to the activities of the National Drugs Coordinator that also assumed the position of Local Contact Person of the Phare Project Drugs Information Systems, Bridging Phase.

There was thus collected and processed, upon request, the data obtained from various fields. The analyses conducted have revealed the necessity for the Focal Point to have its own monitoring and connection system and to have an own structure, with the direct participation of the representatives of the other responsible institutions and to conduct collection and data processing activities.

6.4. Other roles and activities of NFP within the state

Through the person of the National Phare Drugs Coordinator, the Focal Point developed cooperation with contact persons from the institutions involved, for the carrying on at national level of actions such as:

- organizing of training courses and seminars;
- the writing of the National Report on Drugs for 1998;
- answering to various questionnaires in the field of drugs received from international organizations, EMCDDA, UNDCP, and others.

7. Developments in Reporting to other International Organizations

All the institutions involved in the fight against drugs participated in the answering to the questionnaires requested by UNDCP and to the writing of the annual national reports for EMCDDA.

In its turn, each institution supplied upon request sectorial data requested by the European Commission within the pre-accession process to the European Union.

PART III EPIDEMIOLOGICAL SITUATION

The epidemiological situation in 1999 is based on data supplied by:

- the national ESPAD survey, made over a population of 15 years of age and the conclusions of the Phare Project “New Techniques for education of the Drug Demand Reduction”;
- the number of people that required medical services for detoxification and emergency medical services;
- indirect indicators: drug seizures (quantities and types of drugs), data regarding the illicit markets, number and categories of people investigated for trafficking and illegal possession of drugs, medical reports, other data supplied by various institutions and NGOs;

8. New Information on Historical Development of Drug Use

Due to the fact that the data regarding the hospitalization of the drug addicts at national level were collected and processed for the first time in 1999, and also due to the statistic and legislative gaps, as well as to the lack of a collecting and analysis system of the data resulted from indirect indicators, a comparison between these data and the ones from the previous years cannot be made.

9. Trends and New Developments in Drug Use

9.1. Drug consumption in the general population

No prevalence surveys were made in 1999 that could offer data regarding the drug abuse in the general population.

The ESPAD Survey (European Survey Programme for Alcohol and Drugs) was made in 1999. The ESPAD Survey represents a research made at national level regarding the alcohol, tobacco and drug abuse among 9th grade pupils. The research is based on questionnaires given to a national echelon of 3,500 subjects, pupils in the 9th grade from all over the country. The choosing of the subjects was random and was done by the computer, thus choosing both urban and rural high-schools, allowing for the extrapolation of data. This type of research and the working methodology are similar to those made in European Union countries in the same period of time. The results of the research will allow us to evaluate the importance of the phenomenon of alcohol, tobacco and drug abuse among the young people in Romania. The analysis and the processing of data was finalized in this stage, and their sending to the programme coordinators that are going to publish them, setting in the same time a hierarchy of the countries in the abuse of alcohol and other drugs.

This survey was made by the Institute of Health Services Management and the County Departments for Health Promotion and Health Education.

The survey has shown the following:

- 95.2% of the male population and 96.5% of the female population that answered, declared that they have never used any drug;

- out of those that have declared the use, the drug used by boys were marijuana and hashish and by the girls – tranquilizers and sedatives;

- the main source to obtain drugs is the group of friends (entourage) that offer or sell these substances; 1.2% of the boys have shared the drug when first using it;

- the main reason for the young people (both girls and boys) to want to use drugs is the curiosity; 0.9% of the boys that have used drugs, have declared their reason to have been “to feel high” and the girls said “the wish to forget their problems”;

- the most part of the young people evaluated themselves that they have good and medium school results;

- in respect to the relation with their parents, most of the young people said (80% of the boys and 75% of the girls) that they are content and very content;

- most of the young people declared that they didn't have an aggressive behavior towards other persons; generally they complain of the uncertainty of the future and do not pay much attention to the generally accepted social rules.

The total of non-respondents is under 7% from the entire sample. There is not a systematic lack of data and there is no core or question module to be constantly ignored by the pupils.

The values of reliability do not differ on gender, ethnic and type of the schools. The sincerity degree of the answers of the pupils regarding the declaring of the use of drugs is considered to be acceptable. There is an important difference between the percentage of girls declaring the use of marijuana/hashish and the prevalence values; this is not the case for the heroine users. The design of the sample was randomized. Before their actual use, the questionnaires were pre-tested on a qualitative group of 30 children, and afterwards some of the questions were adapted without changing their meaning and objective

The main indicators used were:

1. the frequency of use during the lifetime – for the entire sample

- for boys

- for girls

The frequency of use during the lifetime for all students:

	Number of occasions of use during the lifetime						
	0	1-2	3-5	6-9	10-19	20-39	over 40
TOBACCO							
Cigarettes	42,8	19,5	9,2	5,4	4,4	3,2	15,4
ALCOHOL							
Any alcoholic beverage	15,0	15,2	13,6	13,0	15,2	10,4	17,6
Been drunk	57,5	27,6	8,2	3,2	1,5	0,9	1,0
OTHER DRUGS USED							
Any illicit drug used	86,2	6,2	1,6	0,8	0,5	0,6	1,2
Any illicit drug used other than marijuana or hashish	99,2	5,3	1,4	0,8	0,4	0,5	1,2
Any drug by injection	99,8	0,1	-	-	-	-	-
Marijuana or hashish	98,55	1,0	0,2	0,05	0,1	0,05	0,05
Amphetamines	99,8	0,1	0,1	-	-	-	-
LSD or other hallucinogens	99,9	0,05	0,025	0,025	-	-	-
Crack	99,8	0,2	-	-	-	-	-
Cocaine	99,2	0,6	0,1	-	-	0,025	0,075
Ecstasy	99,8	0,1	0,1	-	-	-	-
Heroin by smoking	91,7	4,5	1,1	0,7	0,4	0,5	1,0
Heroin (other than by smoking)	99,0	0,5	0,2	0,075	-	0,025	0,2
Relevin	99,4	0,4	0,1	-	0,05	-	0,05
Tranquillizers or sedatives	94,6	3,7	0,8	0,2	0,4	0,1	0,1
Magic mushrooms	99,9	0,1	-	-	-	-	-
Inhalants	99,7	0,25	-	0,05	-	-	-
Anabolic steroids	99,6	0,2	-	-	0,2	0,9	0,9
Alcohol together with pills	96,2	3,4	0,3	0,025	0,075	-	-
Alcohol and marijuana/hashish in the same time	99,3	0,6	-	0,05	0,05	-	-
Medically supervised use							
	Never		Under 3 weeks	3	3 Weeks		
Tranquillizers or sedatives	90,3		9		0,7		

2. The frequency of abstinence during lifetime (%)

	Boys	Girls	All students
Cigarettes	33,3	49,1	42,9
Alcohol	11,1	17,7	15,0
Illicit drugs	87,0	86,3	86,6
Tranquillizers or sedatives	96,6	93,3	94,6
Inhalants	99,6	99,9	99,8
Cigarettes and alcohol	8,2	14,1	11,8
Cigarettes, alcohol and illicit drugs	7,7	12,1	10,4
Cigarettes, alcohol, illicit drugs and tranquillizers and sedatives	7,7	12,1	10,4
Cigarettes, alcohol, illicit drugs, tranquillizers, sedatives and inhalants	7,7	12,0	10,3

3. The age of the first use – for the entire sample

- boys
- girls

The age of the first use for the entire sample

	All students					
	Under 11 years	12 years	13 years	14 years	15 years	over 16 years
Cigarettes						
First cigarette	13,3	6,4	9,4	14,5	10,4	1,6
Daily smoking	1,2	0,8	2,1	4,5	6,6	1,8
Alcohol						
Beer (at least one glass)	13,1	7,5	8,5	16,7	14,3	3,3
Wine (at least one glass)	24,0	10,9	11,8	15,6	13,4	4,0
Spirits (at least one glass)	5,7	4,2	4,6	8,9	9,3	3,2
Been drunk	9,1	4,8	7,7	13,8	12,1	2,9
Other drugs						
Marijuana or hashish	0,1	0,1	-	0,3	0,5	0,1
Amphetamines	0,1	0,1	-	-	0,3	-
LSD or hallucinogens	-	0,1	-	-	0,1	-
Crack	-	0,1	-	-	-	-
Cocaine	0,2	0,1	0,1	0,1	0,1	-
Relevin	0,1	-	-	-	-	0,1
Ecstasy	0,1	-	-	-	0,1	0,1
Heroin	0,2	0,1	0,1	0,1	0,1	0,2
Magic Mushrooms	0,1	-	-	-	0,1	-
Alcohol together with pills	0,4	0,2	0,3	0,9	1,1	0,3
Tranquillizers or sedatives	0,3	0,1	0,3	0,8	0,7	0,3
Inhalants	0,1	0,1	0,1	-	0,1	0,1
Anabolic steroids	-	0,1	-	-	0,2	-

The Phare project “Technical Assistance for Drug Demand Reduction” in which Romania participated next to Hungary and Slovakia in the project “Inovative Techniques for Drug Demand Reduction” in three pilot counties (Galati, Dolj, Timisoara), ended in 1999. This is the first project that sets for it as goals, the analysis of the situation regarding the information needs of the population on the issue of drugs. The study made showed that the age group most exposed to the risk of using drugs is 15-24. Although different through geographical particularities, the percentage of those declaring to have used drugs is pretty much the same in Galati and Timisoara, 3,5% in average. Both the young people and the rest of the community (parents, teachers, police, local authorities) consider necessary to be informed on the drugs issue and wish to cooperate for the enforcement of information-education-communication programmes on drugs. The ways they want to receive this information are yet different depending on the county and the target group. These general conclusions have been the base for the formulation of the programme strategies that are to be used in the future in the three pilot counties. The strategies mean the orienting of the actions in three main directions:

- towards young people and their families;
- towards teachers;
- towards the community

9.2. Problematic drug use prevalence

We have no data regarding the prevalence of problematic drug use (hard drugs) as no such studies were made. The only available data are those regarding the addicts that have required medical services and those regarding the population segment of 15 years of age (ESPAD).

9.3. Patterns and modes of drug use, characteristics of users (for drug consumption and prevalence described in 9.1 and 9.2)

As no prevalence studies were made in the reference year, no patterns or specific modes of drug use can be described.

9.4. New user groups, new drugs, new drug use patterns

The lack of prevalence studies made in the previous years for the ascertainment of the abuser groups, does not allow the highlighting of the new user groups (according to their occupation, ethnic minority, sex, sexual minorities, social disfavored groups, etc.)

9.5. Health consequences and risk behavior

From the ESPAD survey made on the young population of 15 years of age, it results that they consider that the risk regarding health increases with the quantity of the used drugs. It is admitted that marijuana and hashish are the less harmful drugs next to inhalants, amphetamines and occasional used cocaine. The young people consider the regulate use to be more dangerous, and the most frequent regulate used drugs are the synthetic drugs, inhalants, amphetamines and cannabis.

The Phare Project “Inovative Techniques for Drug Demand Reduction”, was carried on in three pilot counties: Timis, Dolj and Galati. The purpose of the project was to make an situation analysis regarding the information needs of the population. The interview questionnaires and guides used with the young people and the other target groups (parents, teachers, local authorities, police officers) have shown that they want to receive more information on the problem of drugs. They wish to be informed on the drug effects upon health, what are the social effects of the drug abuse and associated risk components. In Timisoara, the questionnaires used with the young people have shown that they consider less dangerous for health the sniffing of drugs, the smoking of pipe with drugs or the smoking of cigarettes with drugs. They are aware of the risk of jointly using the needles and syringes, next to their reuse and the associated alcohol use with drugs.

9.6. Legal consequences

During the reference year the competent courts from Romania have ruled final sentences for the imprisonment of 256 persons (3 less than last year) found guilty for the crime of trafficking of narcotic drugs (Article 312 of the Criminal Code). A number of 11 persons were sentenced for the possession of narcotic substances (9 persons less than last year).

Out of the total of 267 persons (256+11):

- 250 (240+10) were male and 17 (16+1) female
- 33 (31+2) were young people between 18 and 20, 14 (12+2) were underage;
- 140 (136+4) had no job, and one minor was coming out of a disorganized family;
- 19 (17+2) of the total convicted persons had previous criminal sentences
- 10 minors (8+2) were sentenced to prison;
- the courts ruled educational measures for 4 underage persons (Article 101 Criminal Code) which represent an alternative to prison;
- 203 persons were sentenced to prison in a penitentiary, for terms between 1 and 10 years;
- 22 persons have been sentenced to prison with the conditioned suspension of the punishment or the suspension of the punishment under surveillance.

The areas in which most of the drug trafficking cases were recorded in during 1999, were:

- Bucharest – 75 persons
- Arad – 20 persons
- Maramures – 16 persons
- Cluj – 13 persons
- Timis – 4 persons

Most of the cases of drug possession (drug possession/abuse according to the law text) were discovered in the counties of Satu-Mare (7persons), Giurgiu (2 persons), Sibiu (1 person). In Bucharest and in the other counties no person was sentenced during 1999 for drug possession.

During 1999, in the Bucharest Penitentiary Hospital 43 convicts were hospitalized because of heroine use; they didn't receive a methadone substitution treatment, the therapy used being tranquilizers, neuroleptics and vitamins treatment.

No cases of drug trafficking and abuse were recorded in the penitentiary system.

9.7. Drug markets (supply and availability, market indicators)

- university campuses
- the vicinity of the big "en-gros" shops;
- bars and discos, especially those close to or inside the student complexes;
- in the places of dispatching or hosting of prostitutes;
- parties organized by young people;
- the gypsy (rom) neighborhood (districts, streets).

Market indicators:

- types of drugs found on the illicit market:
 - cannabis
 - heroine
 - opium
 - cocaine
 - benzodiazepines
 - amphetamines
 - barbiturates
 - medical drugs
- ways of abuse
 - by smoking
 - by inhaling
 - by injection
 - by sniffing
 - by oral administration
- Ways of concealment
 - On and in the body
 - In the luggage
 - In engines and spareparts
 - In alcoholic beverages
 - In post parcels
 - Others: shampoos, fabric,
- Prices:

- 200,000 lei/heroine dose (10\$)
- 300,000 lei/cocaine dose (15\$)
- 20,000 lei/home made cannabis cigarette (1\$)
- 300,000 lei/tablet ecstasy (15\$)

The Situation of Drugs Seizures in Romania
at 31.12.1999

YEAR	1991	1992	1993	1994	1995	1996	1997	1998	1999	Total
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MADE BY:

Police forces	4	19	29	31	43	119	100	115	199	659
The customs authorities	7	19	17	13	1	3	7	3	2	72
Total	11	38	46	44	44	122	107	118	201	731

DRUGS :

Hashish + Cannabis (kilos)	0.28	2.13	11180.65	1579.49	40.36	4851.53	1351.93	370.56	43.53	19420.46
Opium (kilos)	10.00	3.99	1.00	0.19	0.50	1.44	2.49	0.73	2.47	22.81
Heroin (kilos)	12.37	6.73	93.53	348.97	54.48	103.35	117.92	412.33	63.63	1213.32
Cocaine (kilos)	13.17	17.67	105.66		15.79	712.61	69.56	1.20	9.67	945.33
Morphine (vials)				283	25	74	71	17	132	602
Amphetamine (pills)					14	11420	3288	4203	10546	29471
LSD (doses)					13				1	14
Methadone (pills)								33	26	59
Total (kilos)	35.82	30.52	11380.84	1928.65	111.14	5668.93	1541.89	784.82	119.30	21601.92

CONCEALED IN:

Means of transport	3	7	8	8	9	12	12	25	29	113
Containers	4		4	1		3	1		2	15
Postal packages						3		3	3	9
Luggage		4	8	9	6	18	7	16	25	93
Clothes	2	14	12	8	12	46	18	14	83	209
In/on body	1	8	3	5	3	9	22	29	21	101
Houses		4	7	6	12	22	34	24	28	137
Objects of art			1							1
Electronic apparatus	1		1							2
Crops						1	1			2
Abandoned		1	2	7	2	8	12	7	10	49
Total	11	38	46	44	44	122	107	118	201	731

AREA OF THE PERSONS INVOLVED:

Romania	1	1	18	53	28	68	50	93	168	480
Europe	2	26	24	10	17	41	28	14	26	188
Asia	2	25	28	25	28	62	50	28	30	278
Africa	5	5	2	1	6	14	2	4	3	42
North and South America	4		2	1	1	3	2	1		14
Australia				1						1
Unknown			3	6	4			2	2	17
Total	14	57	77	97	84	188	132	142	229	1020

9.8. Social problems linked to drugs

There are no data regarding these implications.

Phenomenon such as school or family dropping have shown frequently by the media.

9.9. Geographical/regional differences in trends in indicators

The information regarding the geographical/regional differences in trends and indicators are based on indirect qualitative data resulted from the drug seizures, highlighting the development of the phenomenon in areas that do not correspond to the "classical" patterns of the drug trafficking and abuse areas.

9.10. Risk and protective factors (individual and population level)

In the Phare Study “Inovative Techniques for Drug Demand Reduction” the targeted groups (young people, parents, teachers, authorities, police officers) consider that the main factors that expose the young people to drug abuse are:

- curiosity
- the pressure of the group
- the desire to show off
- lack of communication and family conflicts

The reasons for the young people not to use drugs, are:

- good information regarding the consequences of abuse
- health damages
- the loss of the group of friends
- social rejection

As it resulted from the study, curiosity is one of the main causes mentioned as influencing factors for the young people to use drugs. Curiosity is many times the result of the lack of information on the phenomenon in question, so that the acquiring of correct information may annul attempting new experiences. So, a good informing of the young people on the problem of drugs, represents a protective factor.

9.11. Social processes and cultural context (possible impact on trends)

The general population does not agree the use of drugs.

9.12. Attitudes and public opinion

The awareness of various segments of the population on the risk of drug abuse increased, and also did the attraction of the young people in the illicit drugs related activities. The connection between the intervention factors and the media for the setting up of the information, education and communication activities on drugs improved.

Thus, within the Phare Project “Inovative Techniques for the Drug Demand Reduction”, conducted in three pilot counties: Timis, Dolj and Galati, although the purpose of the project was to make a situation analysis regarding the needs of information of the population, the attitude of the youth and the adult population surveyed (parents, teachers, medical personnel, police, local authorities) was highlighted. They consider the drug abuse phenomenon to be a public health problem of the community they are a part of, and that they need to be informed on this matter and they wish to cooperate in view of setting up information, education and communication programmes.

10. Trends per Drug

From the study of the data obtained from the institutions directly involved in the drug supply and demand reduction (Ministry of Interior, Ministry of Health, General Customs Directorate, Ministry of National Education) it can be stated that, during 1999, Romania became a transiting, storing and drug abuse country.

The growth of the seized drugs quantities by the police represents a clue of the aggravation of the phenomenon. The cannabis, the hashish, the heroine, the opium and the synthetic drugs (amphetamines, MDMA, benzodiazepines, barbiturates) are the type of drugs that were frequently captured by the Romanian Police. Cases of methadone on the illicit market were also reported.

The data supplied by the police prove the existence of the distributors and consumers of drugs all over the country (Moldova, Transilvania, Banat, Muntenia). An increase of the number of Romanian drug possessors and traffickers was witnessed during 1999. From the police statistics it results an aggravation of the drug use among Romanian young people coming from various environments (students, pupils, people without occupation, business people). If till the end of 1998 the number of possessors was higher in the border counties (Bihor, Timis, Constanta), in 1999 their number was reported to be increased in the counties from the center and South (Cluj, Dolj, Dâmbovita).

The essential chemical substances and the precursors have become lately priority objectives in the preoccupation sphere of the Romanian and foreign traffickers from Romania. The analysis of some aspects related to the chemical profile of the trafficked drugs, seized and used in the country and the range of some commercial activities conducted by foreign citizens with respect to certain chemical substances, made the object of analysis activities at the level of the institutions responsible with the combating of the phenomenon.

10.1. Cannabis

The trafficking and the use of cannabis, obtained by the processing of the hemp grown for this purpose in special areas of Romania or other countries, represented a problem of 1999 with multiple causes:

- the growing of the plant cannabis is obtained of (*cannabis sativa*) without special authorization;
- the legislative gaps – Law 73/1969 was not amended following to the adhering of Romania to the 1971 and 1998 international conventions;
- the accessible price of the distributed forms of cannabis;
- the insufficient knowing of the harmful effects of the drug by the users;
- the placing of this drug in the “light drugs” category in some western countries.

10.2. Synthetic drugs (amphetamine, ecstasy, LSD)

The amphetamines and their derivates are synthetic drugs more frequently encountered on the illicit market and among the users of 1999 comparatively with the previous years. The police made seizures of amphetamines and amphetamine derivates (Ecstasy, Adam) and have reported the increase of the use of these drugs in a number of areas of the country. This phenomenon developed due to certain causes:

- the amphetamine derivatives were not included in the tables attached to the national law regarding the regime of the products and narcotic substances;
- the lack of knowledge among the young people regarding the harmful effects of these drugs.

10.3. Heroin/Opiates

In the reference year, the trafficking and abuse of heroine had an ascending evolution. Coming from different routes of trafficking, the heroine was seized by the Romanian Police in different areas of the country, near the border or not. Its purity varied very much, between 0.2% and 60%. Most of the heroine seized in 1999 was characterized by an incomplete synthesizing; the active substance, diacetylmorphine (heroine), represented a small percentage in the final product next to the other reaction products and impurities. The dilution of the trafficked heroine with various substances with own pharmaceutical properties (paracetamol, caffeine, phenobarbital, diazepam, lactose, manitol) was another specific feature.

Heroine abuse had an ascending evolution in 1999. The most used way of administering it was by injection, increasing thus the risk of spreading some diseases (AIDS, hepatitis).

The lack of a complete therapeutic chain in the treatment of heroine addiction led to an increased number of relapses, their recovery being most of the times impossible. The methadone substitution treatment and the alternative therapy to this, was done aleatory according to the experience and own criteria of the psychiatrists as there is not yet specialized personnel in this field (only three specialized medical doctors all over the country).

There have also been reported cases of diversion of medical drugs with narcotic content from the legal circuit (petidine, hidromorphon, piritramide).

10.4. Cocaine

The trafficking and abuse of cocaine was relatively small last year. The high purity of the cocaine seized from the illicit trafficking (70%) and the high price of the doses distributed for abuse are reasons enough to keep a low profile in the abuse of this drug.

10.5. Medicines

The incomplete legislation of the current pharmaceutical system makes possible the release of certain medicines containing psychotropic active principles or acting on the body through mechanisms similar to those the drugs do, without medical prescription.

No measures have been taken to reduce the access of the population to certain medicines that, in over dosage may induce serious intoxications and even death. Subsequently, the number of the people that use, without medical motivation, medicines that may induce the psychical addiction (benzodiazepines, barbiturates), may endanger the functioning of some vital organs, may put the life at risk.

According to data supplied by the toxicology section of the Central Clinic Hospital for Children "Grigore Alexandrescu" for young people less than 18 years of age, it was ascertained:

- 246 cases of intoxication with benzodiazepines (out of which 210 cases of intoxication with the use of one substance and 36 cases of intoxication in association with other medicines).
- 45 cases of intoxications with barbiturates.

10.6. Multiple use (including alcohol)

In certain moments, in a group or in solitude, occasional, recreational users or addicts use more substances that, by synergic action or not, may induce addiction. From the samples picked up from the illegal possessors, it was ascertained:

- the administering of the heroine together with large doses of codeine;
- the administering of the trihexifenidil (Romparkin) mixed with alcohol;
- the administering of ephedrine mixed with alcohol;
- the administering of heroine diluted with diazepam, phenobarbital and caffeine;
- the mixing of cocaine distributed for use with caffeine;
- the administering of amphetamines with alcohol.

10.7. Solvents

A serious problem of the society is represented by the inhaling of the solvents existing in the composition of many products distributed unrestrictedly in Romania (paints, varnishes) by certain users, mostly underage. These volatile solvents (the major component is toluene) induce after inhaling, reversible psychic addiction. The number of users is increasing continuously without being really known. The highest risk is their possible turning towards certain abuse drugs after the inhaling of solvents, drugs that produce sometimes, irreversible forms of addiction.

10.8. Doping.

The anabolisant substances are not subjected to a special control in Romania. Among the performance sportsmen there have been reported cases of doping with anabolisant substances, sanctioned by the sports federations they were belonging to. The possession of such substances in view of distribution or abuse is not punished according to the Romanian legislation in force, because the substances used for doping are not part of the narcotic and psychotropic substances group.

11. Conclusions

11.1. Main trends and new developments in drug use and consequences

In the reference year the drug abuse extended in the entire country, comprising various segments of the population; the used drugs were covering a large range: cannabis, amphetamines, heroine, opium and cocaine. The way drugs were administered differed according to the drug and to the targeted effect by the abuser. It resulted from indirect indicators that the number of the possessors and of the abusers increased in 1999, and sometimes, even from the first dose the users directly injected the drugs. The use of certain medicines with psychotropic content, benzodiazepines and barbiturates administered or not with alcohol extended. It resulted from the drug supply reduction data that the smoking of cigarettes containing cannabis or marijuana extended among the pupils. It was reported a case of overdose use of ephedrine obtained from drug stores in large quantities without medical prescription.

The incipient coordination at national level of the entire multidisciplinary activity of fighting against drugs didn't allow so far the elaboration of a national strategy for the drug demand and supply reduction; also, it was not set up a unitary methodology for the collection and procession of data referring to drug abuse in Romania. Furthermore, the information and the statistics that have stayed at the basis of this phenomenon are still incomplete, following to:

- the relatively low degree of knowing the legislation in the field;
- the lack of specific training of the people involved in filling the reporting fiches of the cases;
- some deficiencies in filling in the reporting fiche contained in the annex of the Order of the minister of health no 963/1998;
- the lack of performance of the centralizing and data processing computer system;
- the inexistence of a national reporting system, based on an appropriate infrastructure to allow a collection and automated procession of data.

The consequence of the above is even worrying. Extended on multiple coordinates, the drugs phenomenon aggravated during 1999; the dimensions of this aggravation are not exactly known due to the inexistence of a real national system for reporting and statistic data procession.

11.2. Possible reasons or hypotheses for major trends observed

The extending of drug abuse on the territory of Romania in the last period of time is based on multiple causes, the most important of which were:

- the lack of knowledge of the harmful effects of drugs by certain segments of the population (young people, parents, teachers);
- relatively low impact of the messages expressed in some educational campaigns;
- some legislative gaps regarding the abuse and possession of drugs;
- the inexistence of a complete therapeutic system appropriate for the treatment of addicts;
- the insufficient number of specialized personnel at national level.

In Romania there is not yet a monitoring system of the addicts. In 1999 it started to operate a system for the monitoring of drug addicts that have required medical services.

The level of requiring assistance from the medical institutions meant to do their treatment did not increase, either by lack of trust in the treatment they would have received or from fear of the police. In our country the treatment of addiction is done in one of the following cases:

- out of the person's own initiative;
- in the emergency given by withdrawal because of the missing of the narcotic or psychotropic substance;
- compulsory hospitalization set by a medical commission or ordered by prosecutor's ordinance or ruled by court ruling;

11.3. Methodological limitations and evaluation of data quality

The data related to the number of abusers were obtained only by:

- interpretation of the medical records of the people that required medical services.
- interpretation of the number of the seizures made by the police and the customs;
- the results of the laboratory analysis of the samples;
- the conclusions of the ESPAD and of the Project “Innovative Techniques for Drug Demand Reduction”.

The limiting of the sources of data only to those mentioned above made that also their evaluation was limited and incomplete.

11.4. Relationship between indicators (consistencies and inconsistencies)

11.5. Relevance of data to policy issues or interventions

On basis of the data previously described some strategic measures may be drawn up but, to elaborate a national strategy, an epidemiological study covering the general population must be made.

The partial assessment of the drugs use led to the adoption of some measures within the National Programme for the Prevention and Control of Drug Addiction for year 2000, such as:

- the carrying on of information-education-communication campaigns in all 42 counties;
- the establishment of new “hot lines” on drugs;
- the setting up of new post cure centers;
- the establishment of counseling centers.

11.6. New information needs, gaps, and priorities for future work.

New information needs:

- the knowing of the real dimension of the drugs phenomenon in Romania
- the knowing of the international research methodology in the field;
- specific intervention ways for the reduction of drug supply and demand.

Gaps:

- the discontinue inter-institutional cooperation;
- inappropriate equipping according to current collection, analysis and procession of data requirements;
- insufficient number of specialized personnel;
- deficient allocation of funds destined to the carrying out of the specific activities.

Priorities:

- the elaboration of a National Strategy within which to develop a legislative framework harmonized with the European existing one;
- the creation of an international operational system connected to the European information circuit;
- increasing the efficiency of the Interministerial Committee for the Fight Against Drugs by institutionalizing it within the Government;

PART IV – DEMAND REDUCTION INTERVENTIONS

12. New developments and Information Needs

12.1. New developments during the reporting year

12.1.1. Strategy developments

At national level there is no drugs strategy formulated yet. In the year 2000 Romania is going to participate in the Phare Drugs Programme with the theme: Development of a National Strategy for the Fight Against Drugs. Also within this project there will be elaborated a strategy in the field of drug demand reduction according to the European standards.

The activities conducted in the field of drug demand reduction were done according to the priorities identified for the current stage, that is:

1. Primary prevention
2. The development of all therapeutic links necessary for the treatment of drug addiction (including of therapeutic communities);
3. The training of specialized personnel for the treatment of drug addiction;
4. The improvement of the methodology of enforcing the reporting and centralizing system of addiction cases;
5. The improvement of the monitoring system.

Certain lines of actions have been elaborated both in the field of primary prevention and in the secondary, tertiary prevention and of the treatment, that may be found in the activities that are to be developed in 2000 in the National Prevention and Control Programme of Drug Addiction and of the Induced Pathology – children and adults:

- campaigns for information-education-communication in all 42 counties;
- training programmes for the personnel involved in the treatment of drug addicts (psychiatrist, psychologist, nurses, social workers);
- conducting of epidemiological surveys and researches and qualitative studies of the phenomenon (trends, attitudes, behavior);
- setting up of counseling centers;
- the establishment of other post-cure and detoxification centers in the main cities, university centers;
- the setting up of telephone lines “Hot-Line”;
- the drafting and printing of a manual for drug abuse prevention.

12.1.2. Organizational developments

In the field of treatment system it was established the Post-cure Center in Balaceanca Hospital (approx. 25 km from Bucharest), the first center of this kind in the country.

The treatment conditions of the Detoxification Centers from Bucharest-Hospital "Prof. Dr. Al. Obregia" and from Iasi improved during 1999.

By Order of the minister of health no 332/1999 it was established the National Resource Center for the prevention of drug abuse within the Institute of Health Services Management Bucharest with Phare support.

By Order of the minister of health no 9/1999 regarding the nomination of the national coordinators of the programmes for Health Promotion and Health Education, was nominated the National Drug Demand Reduction Coordinator. There have also been nominated the persons responsible of the National Programme for Prevention and Control of Drug Addiction and Induced Pathology -adults and children.

12.1.3. Innovative strategies and approaches for interventions

The Phare project "Technical Assistance for Drug Demand Reduction" ended in 1999; in this project Romania participated next to Hungary and Slovakia in conducting the project "Inovative Techniques for Drug Demand Reduction" in three pilot counties: Galati, Dolj and Timisoara. This is the first project that targeted the situation analysis regarding the information needs of the population on the topics of drugs, knowing the important role the proper, realist knowledge of the phenomenon inside each community has within the preventive strategies. An implementation of programmes for information-education-communication well adapted to the territorial needs and particularities is wanted on basis of this situation analysis.

The survey highlighted that the most exposed age group to the drug abuse risk at national level is 15-24. Both the young people as well as the rest of the community (parents, teachers, police, local authorities) consider their informing on the topics of drugs to be necessary and wish to cooperate in view of enforcing some information, education and communication programmes on drugs. Most of them consider necessary and wish to receive information on the topics of drugs through a counseling center.

Due to the importance of the methodology introduced by this programme, it is wished to extend it to other counties as well. Further to some well-defined criteria (port areas, border areas, university centers) and to the competencies of the personnel from the Service for the Health Promotion and Programmes for Health Education, the following counties have been selected for the running of this programme: Iasi, Cluj, Sibiu, Constanta, Teleorman, Calarasi and Bucharest.

Another innovative primary prevention approach was the elaboration, editing and distribution of info-cards containing information on the harmful effects of drugs. They have been distributed in 3 of the most visited discos in Bucharest with the occasion of The International Day for Fighting Against Drugs, June 26 and in the week that has followed, in the university campus from Bucharest.

12.1.4. *New research findings*

12.2. *Specific events or programmes during the reporting year*

12.2.1. *Meetings and conferences*

National meetings and conferences:

- meetings within the Phare Project “Innovative Techniques for Drug Demand Reduction”;
- press conferences organized in some counties with the occasion of the anniversary of the International Day for the Fight Against Drugs, June 26;
- meeting with representatives of the NGO “Save the children” in view of conducting the project “Support Services for the Drug Addiction Prevention in Youth”;
- Preparing and participation in the seminary organized by the NGO “Save the Children” in partnership with UNICEF Office in Romania, for the training of the school counselors; the theme of the seminar was “Knowledge and attitudes regarding HIV/AIDS, sexually transmitted diseases and drug abuse”, and took place between 25-26 September;
- Participation at the first meeting of the Interministerial Committee for the Fight Against Drugs;
- The first national meeting within the project for the elaboration of a treatment guide for drug addiction in cooperation with experts of the European Union, project unfolded with the assistance of the Pompidou Group attached to the Council of Europe;
- Meeting with representatives of the Foundation for an Open Society in connection with the future “Harm Reduction” programmes financed by this institution in Romania;
- Meeting within the Phare Project “Drug Information Systems” organized in Bucharest between November 28-29, 1999;

International meetings and conferences

- participation in the Summer School on the topics “New Synthetic Drugs” within the Phare Project “Technical Assistance in Drug Demand Reduction” that took place in Prague between June 15-19;
- study visit in Amsterdam in January 1999 within the Phare Project “Innovative Techniques for Drug Demand Reduction”
- participation in the works of the Subcommittee No 8 of the European Union – Romania: “Customs, financial control, drugs and money laundering” that took place in Brussels between July 14-18;
- participation at the meeting of the Management Committee of the Group for the Combat of Illicit Drugs Trafficking and Abuse (Pompidou Group) that took place in Strasbourg on July 16 and of the National Project Coordinators, Budapest, June 20-21;

- participation at the meetings in the Phare Project “Technical Assistance in Drug Demand Reduction” that took place in Bucharest, Bratislava and Ljubljana;

12.2.2. Mass media events

With the occasion of the anniversary of the International Day for the Fight Against Drugs, all over the country, at county level there were organized mass media events: radio and TV shows, editorial events on specific items, advertising, making and/or distribution of video-clips, press conferences.

12.2.3. Publications

Drug related press articles were published.

12.3. Main issues and future information needs

12.3.1. Suggestions, critics and trends that have to be had in view in the future

In the field of Demand Reduction the priorities that stay at the basis of the improvement of the information system are:

- the increase of the level of knowledge of the legislation in the field (especially of the Order 963/1998) for a easier enforcement and obeying;
- the training of the persons that will fill the reporting fiches of the cases in view of better quality data acquiring;
- the improvement of the structure of the reporting fiche from the annex of Order 963/1998 to allow the obtaining of more complete data according to the reporting requirements of the EMCDDA;
- the improvement of the computerized system for the centralization and processing of data.

The information and statistics that have stayed at the basis of the analysis of this phenomenon for 1999 are still incomplete, as a consequence of the inexistence of a national reporting system, based on an appropriate infrastructure to allow an automated collection and procession of data.

12.3.2. The most important perspective of the following year/years

With the support of the Phare Project 2000 for the Fight Against Drugs, the following activities will be carried on:

- the Focal Point will be:
 - relocated at the National Resource Center existing in the Management Institute for Medical Services, that belongs to the Ministry of Health;
 - properly equipped
 - staffed with proper personnel;
- the establishment of a national global strategy for the fight against drugs

- the improvement of the interministerial cooperation at national and European level.

13. Organization, Structures and Responsibilities related to Drug Demand Reduction Activities

13.1. Changes in national structure

13.1.1. Legislation

The National Coordinator of Drug Demand Reduction was appointed by order of the minister of health 9/1999 regarding the appointing of the national coordinators of the Health and Health Education Promotion Programmes. Also, there were nominated the responsible persons of the National Programme for Prevention and Control of Drugs Addiction and Induced Pathology - adults and children.

The Order of the minister of health no 332/1999 regarding the establishment of the National Resource Center for the prevention of drugs abuse within the Institute for Health Services Management, Bucharest, with Phare support.

The Interministerial Committee for the Fight Against Drugs was established by Government Decision no 534/July, 1999, comprising the Minister of Health through the two departments: Health Promotion and Community Health Department and General Medical Care Department.

13.1.2. Budget, funding

The primary prevention activities on drug abuse during 1999 have been done through health education activities that have included specific topics for drugs. These activities have been funded from the state budget of the National Programme "Education for Health" representing an approximate value of 300 million lei (approx. 20,000 USD).

During 1999, the proposed budget (from the state budget) for the National Programme for Prevention and Control of Drug Addiction and of Induced Pathology was of approximately 2 billion lei, out of which 900 million (approx. 60,000 USD) were used.

Phare Project "Innovative Techniques for Drug Demand Reduction" supplemented the allocated state budget with approx. 14,000 Euros.

13.1.3. National responsibilities

The following need to be provided at national level:

- the elaboration of a drug demand reduction strategy;
- the ensuring of the organizational framework for the carrying on of the activities;
- the development of the infrastructure;
- the supplying of the personnel that is conducting the activities in the field and their training;

13.1.4. National institutions

- The Ministry of Health through:
 - The Health Promotion and Community Health Department from the General Public Health Department: coordinates and supervises the National Network for Health Promotion and monitors and assesses all the activities connected to drug demand reduction including the treatment ones;
 - The General Department for Medical Care supplies technical assistance for:
 - the Psychiatric Hospitals that hospitalize drug addicted persons
 - the intensive therapy clinics of the emergency and county hospitals in which the overdoses are hospitalized and treated
 - the detoxification and the post-cure centers;
 - The Pharmaceutical Department that deals with the legal circuit of the narcotic and psychotropic substances and of the products containing these substances;
 - The Institute for Health Services Management: offers technical assistance to the Ministry of Health in the field of health reform including drug demand reduction;
 - The National House for Health Insurances: covers the payment of the medical services and of treatment;
- The Ministry of National Education through:
 - The Pre-university Education General Department through:
 - Inspector responsible with the assessment of the health of the pupils and with the health education in the pre-university educational units;
 - Inspector responsible with educational issues and tutorial classes;
 - The University Education General Department through:
 - Inspector responsible with the assessment of the health of the students and with the health education in universities;
 - The national agency of campuses and school tourism with its county branches

13.1.5. Regional responsibilities

At the level of the territorial administrative units the national level strategic lines are being enforced.

13.1.6. Local institutions

- the County Public Health Departments coordinated by the Ministry of Health:

- offer technical assistance to the Psychiatric Hospitals that hospitalize and treat drug addicts and to the Emergency Rooms of the County Hospitals that hospitalize and treat drug overdoses;
- include the Health Promotion Service that conducts primary prevention activities; the personnel of these county departments is generally formed of medical doctors, sociologists, psychiatrists, medical nurses, many of them being trained in public health and health promotion.
- The County House for Health Insurance – insures the payment of the medical services and treatment;
- The County School Inspectorates from the structure of the Ministry of National Education, through:
 - Inspectors dealing with educational problems;
 - Psycho pedagogic Assistance Centers;
 - Children’s houses and clubs;
 - The Teacher’s House;
 - Educational units that may develop their own curricula upon school decision;

13.1.7. The role of the NGOs at national, regional and local levels

There is no significant involvement of the NGOs in Romania at this time.

Locally, the NGOs run programmes independently or in partnership with other governmental bodies.

During 1999 in Bucharest there were two NGOs that were involved especially in drug demand reduction:

- the foundation “The Children of Romania” that participated in the unfolding of the Phare Project “New Education Techniques for the Drug Demand Reduction”;
- the foundation “Save the Children” that has elaborated the establishment project of a counseling center for children and teenagers on the issue of drugs. The foundation “Save the Children” has also participated next to the UNICEF representatives in Romania in organizing the training seminary for the school counselors, seminary on the theme: “Knowledge and attitudes regarding the HIV/AIDS infection, sexually transmitted diseases and drug abuse” that took place in Bucharest on 25-26 September 1999.

13.2. Involvement in European activities during the year

13.2.1. EMCDDA

- participation in the drafting of the national report on drugs matters for the year 1998;

13.2.2. European Commission Programmes

- Part I of the Phare Project “Technical Assistance for Drug Demand Reduction” – the sub-regional project “Innovative Techniques for Drug Demand Reduction” – started in 1998 and concluded in September 1999.
- The Phare project “Networks and Informational Systems in the field of drugs”

13.2.3. Others: the Pompidou Group, WHO, UNDCP, ICAA, etc

- the project of the Pompidou Group “Elaboration of a guide for the treatment of addictions” – started in august 1999 and is underway;

14. Demand Reduction Approaches in their Socio-cultural Context

There were no drug demand activities in socio-cultural context

15. Major strategies and Activities in Demand Reduction

15.1. Basic strategies

The main strategic lines formulated in 1999 were:

- the adoption of legislative measures
- primary prevention activities of the abuse:
 - collection of data, study of the attitude of the young people towards drugs, assessment of information needs of the public
 - information of the public
 - health education
 - training programmes for the personnel that carries on health education activities
- treatment activities of addictions:
 - specializing the personnel in the treatment of addictions
 - training programmes
 - the establishment and setting up of the treatment and post-cure centers;
 - the establishment and development of the counseling centers and of the “Hot-Line” type telephone lines

15.2. Objectives

- the development of primary, secondary and tertiary prevention;
- the development of the epidemiological situation
- the correct assessment of the number of drug addicts and their monitoring;
- the limiting of the number of drug addicts;

- the creation of specific medical services according with those of the European Union countries
- the harmonization of the legislation with the one in the European Union

15.3. Target groups

- the personnel that conducts education activities for health;
- all categories of specialists involved in drug addiction treatment;
- the drug addicts;
- young people at risk of using drugs.

15.4. Settings

The prevention programmes for youth are implemented in educational units (see chapter 16.3).

The Phare Project “Innovative Education Techniques on Drug Demand Reduction” made an situation analysis regarding the informational needs of the population targeting the whole community (both the young and the adult population: parents, teachers, medical staff, police, local authorities).

16. Specific Intervention Areas

16.1. First Childhood intervention

There have been no programmes in Romania during 1999, to comprise interventions in the period of the little childhood.

16.2. Prevention in the family

Currently there are no specific programmes to approach drugs prevention in family.

Within the Phare Project “Innovative Techniques for Drug Demand Reduction” that covered three pilot counties: Timis, Dolj, Galati, although the purpose of the project was to make a situation analysis regarding the information needs of the population, one of the target groups taken in study is the parents group. They consider that the drug abuse phenomenon is a public health problem of the community they are a part of. They also consider necessary that they are informed on the drug problem and want to cooperate in view of developing information, education and communication programmes.

16.3. School programmes

The Ministry of National Education, having a proper legislation at hand (see the legislation chapter), both on its own account and in cooperation with the Ministry of Health and the Ministry of Interior has conducted the following actions:

School curricula:

The compulsory school curricula have approached themes related to drug abuse prevention within the following disciplines: Biology, Chemistry, Civic Culture, Tutorial Hour.

The optional school curricula (at the choice of the school) have approached themes related to drug abuse prevention during the tutorial hours, school-counseling hours, Biology, Chemistry, Civic Culture.

Within the tutorial and school-counseling hours, the class teachers or others have trained medical doctors, medical nurses, psychologists, lawyers, representatives of the Ministry of Interior, to present, well documented, conclusive issues related to drug abuse (themes: "The main drugs types and their effects", "Causes for which the young people get to use drugs", etc.)

The training materials:

The main materials used for the training are: leaflets, posters and video tapes supplied by the Public Health County Departments through the Health Promotion Services, the National Center for Health Promotion and Programmes within the Institute for Health Services Management, the County Police Inspectorates and NGOs.

The guidelines for the school strategy:

- the running of training courses for teachers at national level with the obtaining of competency in the field of health education;
- the elaboration of the curricula for health education classes;
- the elaboration of manuals for health education;
- the maintaining and development of the partnerships with other Governmental and Nongovernmental bodies for the development of programmes and activities in the field.

The training of the teachers:

Although there were no updating training courses at national level in an institutionalized framework, locally (county level), such activities were organized by County School Inspectorates together with Governmental or Nongovernmental structures.

Briefing meetings took place between teachers and various specialists in the field (medical doctors, lawyers, psychologists, officers, etc).

Lectures with parents:

Most schools have organized lectures with the parents, within which the teachers have approached a topics related to drugs abuse (the influence over health, addiction, social issues, legal issues).

School partners

The schools cooperated with:

- County Public Health Departments, especially through the County Services for Health Promotion and Health Education Programmes (that supply educational materials, organize county seminars on drug abuse), also involving the school medical facilities, hospitals, family planning offices.

- The County Police Inspectorates that supply informational materials and organize workshops with pupils and teachers;
- The County Departments for Youth and Sports;
- The County Departments for Child Protection
- Local TV and Radio stations
- The Church
- The Office for the Protection of the Consumer

The school and implicitly the county school inspectorates have developed partnerships with various Nongovernmental organizations for various actions connected with the topics of discussion (obtaining of informational materials, organizing of workshops with pupils, training courses for teachers). Some of the involved NGOs are:

- the "Red Cross" Society (in the counties Teleorman, Tulcea)
- UNICEF (in the county of Arges)
- Save the Children (in the counties of Arges, Mures)
- Young people for young people (in the counties of Botosani, Maramures, Mehedinti, Mures, Sibiu)
- GRADO (in the counties of Arges, Botosani)
- The Trust (in the county of Bihor)
- Catharsis (in the county of Brasov)
- The Romanian Association for the Fight Against Drugs (in the county of Brasov)
- The Romanian Association for Health Education (in the county of Cluj)
- The Ecological Foundation "New Alliance" (in the county of Giurgiu)
- The Society for Contraceptive and Sexual Education (SECS) (in the counties of Mehedinti and Mures)
- OASIS (in the county of Mures)
- SOROS Foundation (in the county of Satu Mare)
- The International Federation of Educational Communities – Romanian Section (in Bucharest and a number of counties)

The Institute for Crime Research and Prevention within the General Inspectorate of Police initiated or was invited to participate in the development of drug abuse prevention programmes in educational institutions.

Yet, lacking minimum funds absolutely necessary for the accomplishment of concerted prevention activities at national level made that the number and quality of the programmes to be seriously affected.

Thus, there have been used the same materials as in the previous years and the expenses (trips, accommodation, transport, printing of materials, office materials, etc.) have been covered by partners. Unfortunately they, being either governmental or non-governmental institutions or organizations, are less and less willing to bear the entire financial responsibilities of the programmes.

One of the programmes that is being carried on for 2 years and that will be continued in the future is “The Prevention Caravan”. This programme is the result of the partnership between the Institute for Crime Research and Prevention from the General Inspectorate of Police and INFOTIN and is applied at national level.

The activities carried on were mainly interactive meetings with pupils, teachers, parents and youth NGOs. The discussions wanted to emphasize the involvement of the pupils in the criminal phenomenon and the major risks of drug abuse. There have been thus presented the general causes of drug abuse, different types of narcotic substances and their effects as well as ways to prevent the abuse. The main idea was to offer as correct and complete as possible information to the young people, in order to adopt a rejection attitude when they are confronted with the temptation of using such substances.

Another programme was “The Drug- a highly paid illusion”, that has organized activities in the Cantemir Voda National College, Spiru Haret High School, General Schools no.23 and 26 from Bucharest.

Within the interactive meetings with target groups of pupils or with pupils, teachers and parents there has been presented information regarding the danger of drug abuse, prevention means and recommendations for parents and teachers in the case they are confronted with drug abuse among children.

These programmes targeted to stimulate the dialogue between the addressees and the specialists as well as to increase the awareness of the teachers on their role in drug abuse prevention.

The primary prevention programme initiated by the Ministry of Youth and Sports and by the Foundation ALIAT, named IN-DEPENDENT, is also worth mentioning. The Institute for Crime Research and Prevention was invited to participate as partner in the activities of this programme. The first stage was to select the participant students to “training for trainers” type training course, at Izvoru Muresului that consisted in the training of the students to be able carry on educational preventive activities in educational institutions. In the third stage the trainers will carry on activities in three high schools from Bucharest. A counseling center on drugs will be also established in Sala Polivalenta from Bucharest, which will be served by the students, medical doctors and psychologists, on weekly basis, part of the time being reserved for the officers from the Institute for Crime Research and Prevention.

16.4. Youth programmes outside schools

There were organized meetings between pupils, medical doctors, psychologists, lawyers, representatives of the Ministry of Interior, during which informational materials were presented (leaflets, movies) and discussions related to drug abuse prevention were held.

The school and its partners have organized seminaries, lectures, round tables (e.g. “The crafty sanitary workers”), exhibitions with thematic drawings, thematic campuses.

16.5. Mass media campaigns

A national mass media campaign was run with the occasion of the International Day for Fighting Against Drugs. These campaigns were organized by the County Services for Health Promotion in cooperation with the local authorities, NGOs.

The messages contained in the media campaigns have the role of increasing the awareness of the population on the risks raised by drug abuse.

At local level (county), the cooperation with the local TV and radio stations as well as with the local press is good, in most of the cases the mass media offered free printing and broadcasting space.

The media presented in a number of times articles or shows on drugs. The press had in mind the phenomenon in its totality, its harmful effects on the life of the young and of their families but also some events or manifestations determined by the days nationally or internationally dedicated to the informing and prevention.

The TV and Radio stations held constantly shows on health, in which references were made to the problem of drug abuse and especially of alcohol and tobacco.

The Institute for Crime Research and Prevention participated in many radio broadcasts (Radio Romania News, Radio Romania for Youth, Radio Romania Cultural, Radio Voice of the Evangely) and in TV shows (Antena 1, Tele 7 abc, TVR) some of which were done periodically. Officers from all county prevention compartments were involved in the effort of informing about and preventing the drug abuse coordinated by the Institute; the result was a sustained media campaign, materialized in 300 articles in newspapers and magazines, central or local, 200 radio broadcasts, approximately 100 TV shows and many leaflets, brochures and posters made with the assistance of the partners from community.

16.6. Telephone help lines

There were three telephone services in Bucharest of Hot-Line type, but they were not specific on drugs.

- TOXAPEL is an emergency telephone service set up by the toxicology department of the Central Children's Clinic Hospital "Grigore Alexandrescu", Bucharest, and is destined to the informing of the population on how first aid should be given to a child that suffers an intoxication until the ambulance arrives or until he/she is brought to the hospital. "TOXAPEL" is working around the clock and covers the entire territory of our country and may be contacted from home, or any other public or mobile telephone.
- The second Hot-Line type telephone service functions within the Mental Health Laboratory, Sector 4, in the Crisis Center for Teenagers and Young People. This one also is not destined exclusively to drugs and it works only between 9-18 hours and offers counseling including on drug issues to persons that wish to be informed, abusers or persons that already have been hospitalized for addiction.
- The ARAS Association (Romanian Anti-AIDS Association) set up a Hot-Line telephone service in Bucharest, Constanta and Iasi on AIDS related issues, that also approaches ways to prevent drug abuse, as it is well known that one of the most frequent risk behavior associated to drug abuse is unprotected sex.

16.7. Community programmes

An attempt of an intersectorial approach existed at local level, by the participation or involvement in such activities of the local police units, of the health promotion ones, of actors from the educational system and from the local authorities.

The community programmes, run in partnership by the local authorities and NGO's had among other objectives the prevention of drug abuse, being oriented towards health promotion by means of self protection and the encouragement for the adoption of a healthy life style.

Out of these actions we mention those organized by the territorial structures of the Institute for Crime Research and Prevention together with local authorities or NGOs in the following counties:

Suceava

- Partnership programme for the prevention of drug and alcohol abuse among children and young people, conducted in partnership with the Suceava Sanitary Department and the Suceava Public Health Inspectorate.

Iasi

- Programme for the prevention of juvenile delinquency and of drug abuse, 1999-2000 conducted by the School Inspectorate of Iasi.

- "Anti-drug, alcohol, tobacco", a programme conducted in partnership with the School Inspectorate, the County Directorate for Youth and Sport, the Sanitary Department, the Antidrug Foundation and "Alexandru Ioan Cuza" University.

Vilcea

- "Death is watching at the corners, drugs", programme conducted in partnership by the School Inspectorate Vilcea, "Mihai Viteazul" Foundation, FLOREXIM Foundation, Public Health Inspectorate Vilcea.

Olt

- Programme for behavioral molding for the prevention of drug abuse, conducted in partnership with the Public Health Inspectorate Olt and the Women Association Olt.

Bucharest

- Programme for the prevention and combat of drug abuse in specialized high schools of the Minister of Transports, conducted in partnership with the Preventive Medicine Center of the Minister of Transports.

16.8. Outreach work

No outreach type services were offered in Romania during the reference year.

16.9. Low threshold services

No such services existed in Romania in the reference year.

16.10. Substitution and maintenance programmes

16.10.1. Legislation

The persons that are hospitalized in detoxification centers as well as in the Psychiatric Clinics may undertake a substitution treatment in view of detoxification according to the requirements of the Order of the minister of health 963/1999. Thus:

- addicts may be hospitalized for the detoxification cure in the following situations:
 - at his/her own initiative;
 - in emergency given by the withdrawal of the psychoactive substance or the narcotic used;
 - compulsory hospitalization set out by a medical commission or ordered by prosecutor's ordinance or by court ruling.

The same order specifies what the treatment of the drug addicts consists of:

- detoxification cure;
- the post cure.

The detoxification cure is done through:

- the substitution treatment by replacing the psychoactive substances or narcotics used by the drug addict with agonistic products of methadone type, LAAM (Levo-alfa-acetil-methadone).
- The sudden stop of the administration of the psychoactive substance or narcotic;
- The use of antagonistic products of nalorfine type (naltrexonei).

The of the Order of the minister of health no 189/1999 regarding the organizing and funding of the national health programmes includes the National Programme for the Prevention and Control of Drug Addiction and Induced Pathology – adults and children, modified and completed by the Order of the minister of health no 669/1999. This order appoints:

- that the coordinator institutions and those with responsibilities in fulfilling the programme;
- as well as the centers that carry on detoxification treatment (Bucharest and Iasi);
- the post-cure center – at the Balaceanca Hospital, Ilfov county (approx. 25 km from Bucharest). The National Programme for Prevention and Control of Drug Addiction and Induced Pathology is revised yearly.

The Joint Order of the minister of health no 789/16.11.1999 and of the National House for Health Insurance no 189/1999 regarding the approval of the list with illnesses for which the insured persons benefit, in home treatment, of free of charge medicines. This list comprises also the psychic illnesses, addiction to narcotics and psychoactive substances being also listed.

16.10.2. Criteria of admission

The criteria of admission for detoxification treatment and the initiation of the substitution treatment is done as presented previously

In Romania there were no treatment guide specific for drug addicts. There were also no specialized personnel for the treatment of drug addicts and, usually, a therapeutic team formed only of a psychiatrist and a nurse did the treatment.

The principles of the treatment of the addicts is done according to the knowledge included in the training curricula of the psychiatrist doctors.

The curricula contains general information regarding this chapter focused only on the biologic approach (it doesn't contain psychotherapeutic and social reinsertion approaches). Also in the field of other superior trained personnel categories, that should be part of the therapeutic team – psychologists, social workers – the knowledge regarding the treatment of the drug addicts is insufficient, being enclosed only under the form of optional modules and contain general notions.

Although there was no programme to carry on activities of maintaining people in a prolonged methadone treatment, still, due to the lack of a totally accepted guide at national level regarding the specific treatment, it was done, at the decision and based on the experience and personal criteria of some psychiatric doctors.

16.10.3. Organization and delivery of the substitution drugs

The only substitution drug used in Romania is methadone, tablets, sold under the name of SINTALGON that is in the same time the only form of methadone registered in our country.

According to the domestic and international legislation, SINTALGON tablets containing 2.5 mg methadone/tablet, is part of the narcotic substances category.

Law 73/1969 regarding the narcotic substances and with narcotic content, together with the Instructions of the minister of health no 103/1970 that represent the norms for the enforcement of the law above, regulate the legal circuit of the product SINTALGON.

Manufacturer is the firm "SICOMED" SA that delivers the product to the pharmaceutical units – public and hospital pharmacies, on basis of the authorization for activity with narcotics shown by the respective unit.

The storing of the product in pharmacies is done in the specific cabinet for narcotics, sealed, (labeled VENENA) and a quantitative record of these substances is held according to the law.

The procedure necessary for the registering of another form of conditioning of methadone under the form of an internal solution were started at the end of 1999, through the National Agency of Medicines.

16.10.4. Mode of prescription

The prescribing of the product is done on basis of a specially stamped form, in 3 copies, on basis of the authorization issued to the respective patient by the County Directorate for Public Health and of Bucharest.

The hospital pharmacy releases the product on basis of a special record book for narcotics signed by the chief of clinic.

The release of the product from the public pharmacy is done keeping a copy of the specially stamped form on basis of the authorization for narcotic possession.

The patient or the belonging of such have the duty to return the left over tablets after the completion of the treatment or its exchange to the releasing pharmacy, on basis of a statement.

16.10.5. Objective (gradual detoxification, maintenance)

The substitution treatment is done in view of detoxification (physical addiction treatment) and is carried out by decreasingly administering the substitution substance until the total stop.

During 1999 there were only 2 detoxification centers (Bucharest and Iasi) and only one post-cure center in Balaceanca. Because of the insufficiency of the treatment system, there have been many re-hospitalizations for detoxification.

16.10.6. Substitution drugs, mode of application

Methadone tablets, traded under the name of SINTALGON was the drug used for the substitution treatment during 1999.

Other drugs used in the detoxification treatment were: clonidine, classical neuroleptics and atypical, tranquilizers, carbamazepine (see 16.10.3).

16.10.7. Psycho-social counseling (requirements and practice)

The order of the minister of health no 963/1998 provides that the methadone therapeutic programme also includes specific psychotherapeutic practices, the occupational therapy and recovery treatments (physiotherapy, medical gymnastics, etc.).

This provision could not be applied (to offer counseling in the same time with the substitution treatment) as there was no personnel specialized in the psychosocial treatment of the drug addicts.

There functioned only one counseling center in Bucharest during 1999 "The Crisis Center for Children and Teenagers" from the Mental Health Laboratory Sector 4. This is not destined exclusively to the drug issue, but includes the counseling on drugs related matters both for those requesting information as well as for those that have started to use drugs or have already been hospitalized for drug addiction.

16.10.8. Drug testing

The beginning of the methadone treatment is done after finding out the identity of the psychoactive substance or the narcotics used by the addict and is continued under periodic control through specific identification methods (according to the provisions of the Order of the minister of health no 963/1998).

This provision is respected only at the level of the detoxification Center from Bucharest and of the post-cure center from Balaceanca Hospital as well as at the level of the toxicology section of the Emergency Hospital Floreasca, Bucharest and of the toxicology

department of the Central Children's Clinic Hospital "Grigore Alexandrescu". These centers are equipped with drug and metabolites analyzers in blood and urine.

Such equipment is missing from the psychiatric sections and the intensive therapy sections from the territory, where drug addictions and the overdoses are hospitalized, breaking thus the provision above.

16.10.9. Diversion of substitution drugs

The Ministry of Health doesn't have data regarding the diversion of the substitution drugs.

However, among the seizures the police made, methadone was also found.

16.10.10. Statistics (measure point)

Out of the 448 persons that have been hospitalized for heroine addiction, only 189 persons are recorded in the reporting fiches to have undertaken substitution treatment with methadone. These data may be explained by the fact that the rest of the persons have undertaken different treatments, with other substances than methadone or the treatment employed was not mentioned in the reporting fiches.

16.10.11. Training

In Romania, during 1999, there were only four persons trained in the treatment of drug addiction (2 psychiatrists, 1 ATI medical doctor, 1 pharmacist).

According with the Order of the minister of health no 916/1999, regarding the approval of the medical and pharmaceutical specialties index, over-specialization and competencies for the medical care network, an over-specialization on the drug addiction treatment destined to the psychiatrist medical doctors was included.

16.10.12. Evaluation and results

Due to the lack of all the therapeutic links as well as of the specialized personnel, it can be said that during 1999, no complete and appropriate treatment was offered to addicted persons. The results of the treatment employed were not satisfactory as a great number of relapses was recorded and some therapeutic mistakes were made.

Prolonged methadone treatment was done at the decision and according to the experience and own criteria of some psychiatric doctors, because, as already mentioned, in Romania there is no generally accepted treatment guide and a corresponding programme for this therapy.

16.11. Prevention of infectious diseases (HIV, Hepatitis, Tuberculosis)

16.11.1. Legislation

- The Order of the minister of health no 189/1999 regarding the organization and the funding of the national health programmes completed and modified by the Order of the minister of health no 669/ 1999;

- the National Programme for the Surveillance and Control of the Infectious Diseases that comprises the prevention of Hepatitis;
- the National Programme for the Surveillance and Control of Tuberculosis
- the National Programme for the Surveillance and Control of HIV/AIDS

16.11.2. Organisation and strategies

The activities are accomplished by:

- the Ministry of Health through:
 - the General Department for Public Health with departments in the 42 counties;
 - the General Department for Medical Care.
- The National House of Health Insurances;

In the strategies to approach the preventing infectious diseases associated to drug abuse, it is foreseen:

- the promotion of the reproduction health (to prevent HIV and B Hepatitis) and of a healthy life style in which an important role play the health education; this includes information-education-communication activities for the population;
- the epidemiological survey of the existing cases and the identification of new cases;
- in case of HIV infection, avoiding to transmit the infection.

The identification of new cases of TBC is done by running the IDR tests and scans (MRF) in the following situations:

- at employment;
- pupils and drafted soldiers (free of charge)
- for the issuing of the prenuptial certificate (before marriage);
- the periodical check of the personnel that do certain services in the production and food distribution units;
- the periodical check of the personnel that works in small children collectivities (nurseries, kindergartens, hosting homes) and in schools;
- the periodical check of the personnel that works in TBC treating facilities (hospitals, sanatoriums) – free of charge;

The identification of new HIV infection cases is done by running tests in the following situations (according to the Order of the minister of health no 889/1998):

- upon request
- to the at risk population groups:
 - medical personnel (free of charge)
 - people that spend more than 6 months abroad;
 - sailors;

- long ride drivers;
- when recording pregnant women (free of charge);
- sexual minorities (homosexuals, prostitutes);
- institutionalized children when entering the institution (free of charge);
- blood donors (free of charge).

16.11.3. Health education

These activities are conducted in a planned manner within the National Programme of Education for Health, the National Programme for Surveillance and Control of the Infectious Diseases (that includes the prevention of hepatitis), the National Programme of Surveillance and Control of Tuberculosis and the National Programme of Surveillance and Control of HIV/AIDS. They are financed mostly from the state budget and by some NGOs in this field.

This is done through:

- information-education-communication campaigns;
- the elaboration and distribution of counseling guides regarding the prevention of HIV infection;
- the establishment of counseling centers on the HIV/AIDS topics;
- the elaboration and distribution of informational materials: handouts, brochures, posters, notes, etc.

Health education classes are organized in schools that include special topics regarding the prevention of infectious diseases.

The foundation "Save the Children" has also participated next to the UNICEF representation in Romania in the organizing of the seminary for the training of school counselors, with the theme: "Knowledge and attitudes regarding the HIV/AIDS infection, sexually transmitted diseases drug abuse". It took place in Bucharest between 25-26.09.1999.

16.11.4. Providing equipment (needles and syringes, bleach etc.)

Unique use needles and syringes are used in the hospitals and all medical units; disinfectant materials are provided in any therapeutic act that involves injecting.

Unique use syringes and needles may also be bought in Romania from the drug stores, without medical prescription, at relatively low costs.

16.11.5. Substitution

Some persons, addicted to opiate drugs by injection, have received methadone tablets for a long period of time in the outpatient psychiatric system. This was done aleatory according to the experience of each psychiatrist.

16.11.6. Actors

The institutions involved in carrying out of the preventive activities of the infectious diseases are:

- the Ministry of Health through:
 - the General Department for Public Health with its 2 directorates:
 - County Directorates for Public Health;
 - The Institute of Health Services Management and the National Center for the Promotion of Health and Programmes;
- Other institutions involved in the prevention of infectious diseases are:
 - The National Programme for the Surveillance and Control of Infectious Diseases – PN1;
 - Coordination institutions:
 - The Preventive Medical Science Department from the Ministry of Health;
 - The Institute for Infectious Diseases “Matei Bals”
 - The Public Health Institute, Bucharest
 - Institutions with responsibilities in carrying out the programme:
 - The County Directorates for Public Health and of Bucharest;
 - The Public Health Institutes and the Public Health Centers;
- The National Programme for the Surveillance and Control of the TBC:
 - Coordination institutions:
 - The Department for Preventive Medical Science from the Ministry of Health
 - The Pneumoftiziologie Institute “Prof. Dr. Marius Nasta”
 - The Institute of Health Services Management through the National Center for Health Promotion and Programmes;
 - Institutions with responsibilities in carrying out the programme:
 - The Pneumoftiziologie Institute “Prof. Dr. Marius Nasta”
 - The pneumoftiziologie network (TBC hospitals, TBC clinics, TBC sanatoriums)
- The National Programme for Surveillance and control of HIV/AIDS infection
 - Coordinating institutions:
 - The General Department for Public Health from the Minister of Health
 - Institutions responsible in accomplishing the programme:
 - The Institute for Health Services Management through the National Center for the Promotion of Health Programmes
 - The county directorates for Public Health and of Bucharest.

16.11.7. Special services

16.11.8. Statistics

In Romania there is no obligation for the persons addicted to injecting drugs to be tested for HIV/AIDS. Therefore, their discovery is aleatory. From the medical data existing so far, only 2 persons addicted to injecting drugs have been recorded HIV positive.

16.11.9. Training

There is no special training module for the prevention of the drug related infectious diseases both at the level of the university training of the medical doctors, as well as at the level of medium training for medical nurses.

School counselors have started to be formed since 1999 (psycho pedagogic counseling) through the training system master in psycho pedagogic counseling. Basically they are psychologists, psycho pedagogy specialists or social workers. Within the psycho pedagogic counseling master training there are discussed specific themes for the prevention of the drug related infectious diseases.

16.11.10. Evaluation and results

16.12. Treatment systems

16.12.1. Organization and structure of treatment systems

1. The creation and the setting up of the post cure and treatment centers

Two detoxification centers functioned in Bucharest and Iasi during 1999 (for the treatment of physical addiction) for the drug addict, while at the level of the other counties the treatment was done within the psychiatric sections.

A post cure center was established in Balaceanca Hospital in 1999 and 4 more post cure centers will be set up in Timisoara, Cluj, Iasi and Constanta.

No therapeutic community is established as yet.

Besides the post cure centers from Bucharest and Iasi, the detoxification treatment is done in the territory in the psychiatric hospitals.

The treatment of the emergencies given by the overdoses is done in the intensive therapy clinics of the hospitals from the territory.

At national level both the detoxification centers and the post cure ones are coordinated by the Ministry of Health through the two departments: the General Department for Public Health and the General Department for Medical Care.

The National House and the County Houses for Health Insurances cover the payment of the treatment services.

Both the detoxification and the post cure centers will become efficient when they will be staffed with a sufficient number of specialized personnel in the treatment of addiction. Currently their number is very small.

16.12.2. Public service/voluntary organizations

In this stage the treatment of drug addicts is done only within the public services.

16.12.3. Financing of treatment

The National House and the County Houses of Health Insurances pay all medical services related to the treatment, from their own budget.

16.12.4. Inter programmes links (e.g. non-residential/residential treatment)

16.12.5. Therapeutic emphasis

1. The treatment of the drug addicts comprised mostly the biologic approach, because:
 - there was not enough specialized personnel in the treatment of addictions, neither with university degree (psychiatrists, psychologists, social workers), nor with medium training (medical nurses); also, many categories of the necessary specialties have missed from the therapeutic team (operational therapist);
 - although the Order of the minister of health no 963/1998 provides for specific therapeutic practices – occupational therapy and recovery treatment (physiotherapy, medical gymnastics, etc.) to be included in the methadone therapeutic programme, still, this provision could not be enforced (simultaneous counseling and substitution therapy) because presently, there is no specialized personnel for the psycho-social treatment of the drug addicts in Romania.

Usually, the treatment was done by a therapeutic team formed only of one psychiatrist and a medical nurse, lacking all the other categories of specialists that should have been in this team: psychologists, social workers, occupation therapists; that was also due to the lack of specialized personnel.

Until 1999, the addicts presented many relapses in the stage of detoxification due to the lack of therapeutic links (post cure centers, therapeutic communities) that would increase the curing possibility.

The methadone substitution treatment was done with methadone tablets.

16.12.6. Services offered

In the units that hospitalize drug addicts (detoxification centers, psychiatric sections, intensive therapy sections, emergency rooms, post cure centers), the following services are offered:

- biological treatment (with medicines) for the detoxification cure;
- medical care (medical surveillance and constant monitoring of the physical health);
- hospitalization: full board and hotel type services.

16.12.7. Duration

For the detoxification stage, the average duration is of approximately 14 days, but it can vary according to the physical shape of the person, type of abused drug, daily abused quantity, the administering way, the period of abuse of the drug.

For the post cure stage the average duration is 2-3 months, but it can vary. We do not have a large enough experience to allow us to appreciate what the average post cure duration is in our country (the only post cure center was just opened in November 1999).

16.12.8. Staff

As already mentioned, the therapeutic team was formed during 1999 of a psychiatrist and a medical nurse, and in the year 2000 specialized personnel will be trained in drug addiction treatment, including all categories of personnel that form the therapeutic team specific to each treatment stage.

16.12.9. Special services

16.12.10. Compulsory/voluntary

The detoxification treatment and the applying of the substitution treatment are done in the following conditions provided for in the Order of the minister of health no 963/December 1998. The drug addicts may be hospitalized in one of the following situations:

- of own initiative;
- in emergency given by withdrawal from the lack of the psychoactive substance of the narcotics abused;
- compulsory hospitalization set by a medical commission or ordered by prosecutor's ordinance or by court ruling.

16.12.11. Statistics

The statistics presented in the epidemiological chapter are based on the records of the persons that have required medical services (treatment).

16.12.12. Training

There were only four trained people in the field of drug addiction treatment in 1999.

The treatment was done by a therapeutic team formed of a psychiatrist and a medical nurse.

The treatment of the drug addicts is done according to the knowledge included in the training curricula of the psychiatrists that contains general information regarding this chapter, focused only on the biologic approach. Also, in the field of other categories of personnel with university training that should be part of the therapeutic team, psychologists, social workers, the knowledge regarding the treatment of the drug addicts are included as optional modules and contain general notions.

According to the Order of the minister of health no 916/23.12.1999 regarding the approval of the medical and pharmaceutical specialties index, overspecializations and competencies for the medical care network, the overspecialization in drug addiction treatment, destined to the psychiatrists, was defined.

Simultaneously with the organizing of the specific treatment centers, training activities of the personnel are being conducted.

- Activities for the training of the specialists in the treatment of drug addiction.
 - Romania was invited to participate as member in the Managerial Committee of the Project for the Training of Trainers in the field of Drug Demand Reduction – part II (Drug Reduction Staff Training Project DRSTP II); this project has been carried on with the support of the Pompidou Group attached to the Council of Europe. In cooperation with experts of the European Union, with the support of the Pompidou Group begun a project for the elaboration of a treatment guide for addictions.
 - Within the policy for European integration, starting from 1999, the Ministry of Health participated in the carrying on of community programmes in the field of public health, according to the Additional Protocol to the Agreement for the Accession of Romania to the European Community, of the decisions of the Parliament and of the Council of Europe no 645/96/EC, 646/96/EC and 102/97/EC. One of the themes of these programmes is that regarding the training of Romanian specialists: “Training programme for Romanian specialists in the field of post cure treatment of drug addictions”.
 - A programme is being set up with support from the Dutch Government, through MATRA programme, for the training of the specialists in the field of drug addiction treatment. A project draft was made containing the training needs assessment, the institutions with responsibilities in carrying on of the project (Minister of Health through the General Department of Public Health and the General Department for Medical Care, the Institute for Post-university Training of the Medical Doctors and Pharmacists, The College of the Medical Doctors from Romania, the Institute for Health Services Management, the Medical University “Carol Davila”).

16.12.13. Evaluation and results

Due to the missing of the therapeutic links as well as of the specialized personnel and of a nationally accepted treatment guide, we cannot say that a proper and complete treatment was given to the drug addicts during 1999. The results of the treatment undertaken were not satisfactory as a significant number of relapses were recorded and some therapeutic mistakes were done.

16.13. After-care

A counseling center functions in Bucharest since 1999, that is not dedicated only to the drugs topics, but that includes the counseling on drug related issues both for the people requesting information and for those that have already begun using drugs or are

hospitalized for drug addiction. The personnel working in this center has no specific training for the treatment of drug addiction.

16.14. Self-help groups

No such groups existed in Romania during 1999.

16.15. General health care

The detoxification and the post cure centers, the psychiatric hospitals and the intensive therapy sections where drug addicts are hospitalized are coordinated by the County Departments for Public Health and of Bucharest.

According to the provisions of the Order of the minister of health no 963/1998, the drug addicts experiencing various physiological stages, with somatic disabilities or infectious-contagious diseases (TBC, syphilis, A, B and C hepatitis, AIDS, etc.) are treated in the specialized units, and for the detoxification cure a specialized check from a psychiatrist or a detoxification center is required.

Currently, in Romania, the family doctor doesn't take any part in the treatment of drug addicts.

16.16. Criminal justice system

16.16.1. Preventive activities conducted by the police:

In the reference year the Squad for the Countering of Organized Crime and Corruption, as Focal Point, involved actively in the preventive actions for drug demand reduction by having its specialists participate in Radio and TV shows on drugs topics. The most important newspapers have published editorials based on the casuistry supplied by the police or on the general issues of interest. A documentary film was done by the Ministry of Interior on illicit drugs trafficking and abuse, destined for the training of policemen. Police officers have participated in debates on the issue of illicit drugs trafficking and abuse organized in schools, high schools or universities.

16.16.2. Arrest

The cases in which the preventive arrest measure can be taken are provided for in Article 148 of the Criminal Procedure Code. This regulation is general and it may be taken against all persons that commit crimes, no matter what their nature is.

16.16.3. Referral to drug services

We don't have such a system in Romania.

16.16.4. Court

There are no special measures ordered by the judicial bodies with respect to the drug dealers and possessors.

16.16.4.1. Alternatives to prosecution

There are no legal provisions in this respect

16.16.4.2. Condition of the court

In the Criminal Code, the Chapter “Regime of the Safety Measures” provides for the obligation of the medical treatment (Article 113) and for the medical hospitalization (Article 114) as measures that may be ordered by the judiciary bodies (prosecutor’s offices and courts) for addicts.

16.16.4.3. Alternatives to prison

There are no legal provisions in this respect.

16.16.4.4. Statistics

No such specific statistics were conducted during the analyzed period.

16.16.5. Prison

No specific measures were taken in the Romanian prisons in respect to drug addicts and abusers. There are no data regarding drug possession and abuse inside prisons.

16.16.5.1. Detoxification

A number of 43 heroine abusers have been hospitalized during 1999 in the Penitentiary Hospital Jilava (close to Bucharest). Their treatment was done with tranquilizers, sedatives and vitamins.

16.16.5.2. Drug substitution

In the Romanian prisons there was no methadone substitution treatment used.

16.16.5.3. Drug-free programmes

No such programmes were carried out in the Romanian Penitentiary system.

16.16.5.4. Self-help groups

No such systems exist yet in Romania.

16.16.5.5. Relapse prevention

The general medical treatment system in prisons did not include the treatment of relapses. No preventive system (including its links) functions in prisons.

16.16.5.6. HIV/Hepatitis prevention

Any medical treatment involving injecting in the penitentiary hospital is done by employing unique use equipment.

16.16.5.7. Needles and syringe exchange

16.16.5.8. Drug testing

The prisons do not have yet drug analyzers to find out the drug metabolites in the blood of certain convicts assumed to have used drugs.

16.16.5.9. Statistics

Statistically, there are no records of drug abuse in the prisons.

16.16.6. Release

The release of the persons that have been imprisoned for illicit drug possession is done according to the general procedures for the serving of a sentence, without specific regulations for this type of criminals.

16.16.6.1. Referral to treatment

There is no such system specific to the penitentiary system in Romania.

16.16.6.2. Aftercare

Is not used in our country.

16.16.6.3. Probation

The Romanian legislation does not provide for a special regime for the investigation, research and prosecution of the deeds that are incriminated as drug related crimes apply the general rules of the Criminal Procedure Code; thus the job of probation officer that should watch over the conduct of a freed convict was not established.

16.16.7. Training

No training system of the people dealing with the addicts in prisons was set up.

16.16.8. Evaluation and results

As there is no specific approach of this problem, no statistic or evaluation of the data could be done.

16.17. Gender-specific issues

There was no specific approach of the drugs topics related to gender

From the study of the indirect indicators it results an increase of the number of female abusers.

16.18. Children of drug users

We have no data regarding the consequences of drug abuse upon the children of drug addicts.

16.19. Parents of drug users

The attitude of the parents of the drug abusers couldn't have been monitored in the last year but only seldom; there were situations in which some parents have asked the assistance of the police in order to get their children hospitalized in detoxification centers or to isolate them from a certain group, following to certain modifications in the children's behavior. Wanting to protect their children some parents have even requested discretion when hospitalizing them in psychiatric clinics, even asking for their hospitalization under different diagnostics. Sometimes, the parents of certain drug addicts have arranged psychiatric treatment at home or in private clinics, to keep their children permanently under surveillance and avoid them being stigmatized as drug abusers.

16.20. Drug use at the workplace

No reports of drug use at the workplace were recorded.

16.21. Ethnic minorities

No statistics were made regarding the specific involvement of the members of different ethnic minorities in drug trafficking and abuse.

There was no specific approach of drug topics in respect to ethnic belonging.

17. Quality Assurance

17.1. Research

17.2. Evaluation

17.3. Training

PART V – SPECIAL TOPICS

18. Heroin, Methadone and Substitution Treatment

18.1. Criteria and target groups for substitution treatment

The addicts that get hospitalized in the detoxification centers as well as in the psychiatric sections may begin the substitution treatment for detoxification.

The Order of the minister of health no 963/1998 provides for the conditions in which hospitalization of the drug addicts may be done:

- out of their own initiative;
- in emergency given by withdrawal from the lack of the psychoactive substance or the narcotic used;
- compulsory hospitalization set out by a medical commission or ordered by a prosecutor's ordinance or by court ruling.

The same order specifies what the treatment of the addicts consists of:

- detoxification cure;
- post cure.

The post cure is done by:

- substitution treatment by replacing the psychoactive substance or the narcotic used by the addict with methadone type antagonist products, LAAM (Levo-alfa acetyl methadone).
- The sudden stop of the psychoactive substance or narcotic;
- The use of naltrexone type antagonist substances

There was no programme of maintenance on methadone during 1999.

18.2. Legal basis for substitution

The substitution treatment is done on basis of the following legal provisions:

- the Order of the minister of health no 963/1998 regarding the approval of the general methodological norms of organization and of offering medical assistance, treatment, medical care and hotel services to the addicts of psychoactive abuse substances (narcotics).
- The joint Order of the minister of health no 789/1999 and of the National House for Health Insurances no 189/1999 for the approval of the list comprising the illnesses for which the insured people benefit, during a home treatment, of free medicine. This list also comprises the psychic illnesses among which narcotic and psychoactive substances addiction is one;
- Law no 73/1969 regarding the narcotic products and with narcotic content, corroborated with the instructions of the minister of health no 103/1979 that comprise the enforcement norms of the above law, regulates the legal circuit

of the narcotic substances that include the products SINTALGON tablets containing methadone.

18.3. Organization, regulation and monitoring of delivery systems

The only form of methadone registered in Romania in 1999 was SINTALGON, 2.5. mg/tablet.

The producer is SC SICOMED SA that delivers the product to the pharmacies, public and hospital, on basis of an authorization for dealing with narcotic substances shown by the respective unit.

The product is stored in pharmacies inside the special cabinet for narcotic substances, sealed (labeled "VENENA") and a quantitative record is kept according to the current legislation (see 16.10.3).

18.4. Choice of drugs for substitution

The main substances used for the substitution treatment have been: methadone tablets, clonidine, classical and atypical neuroleptics, tranquilizers, carbamazepine.

As there is no national generally accepted guide regarding the specific treatment of addictions, the choosing of the substances used for the substitution treatment (detoxification) was done aleatory according to the experience and own criteria of the psychiatrists.

18.5. Extent and characteristics of substitution programmes

Out of the 448 persons that have been hospitalized for heroine addiction, in the reporting fiches have been recorded only 189 persons that have received methadone substitution treatment. These data are explained by the fact that the rest of the persons have received substitution treatment with other substances than methadone or the substitution treatment employed was not mentioned in the reporting fiche.

During 1999, 43 convicts, heroine abusers, have been hospitalized in the Penitentiary Hospital Bucharest; they were not subjected to a substitution treatment with methadone, but with tranquilizers, neuroleptics, and vitamins.

18.6. Number and profile of clients

See above.

18.7. Evidence on impact of substitution (community & individual level)

No surveys were made regarding the impact of treatment at the community and individual levels.

18.8. Research results on substitution, e.g. in prison or during pregnancy, attitudes of policy makers, professionals, public.

No surveys were made regarding the substitution treatment during pregnancy.

In the Bucharest Penitentiary Hospital there were hospitalized 43 heroine abusers, but they didn't receive a methadone treatment, but one with tranquilizers, neuroleptics and vitamins.

19. Law Enforcement, Diversion to Treatment, Alternatives to Prison

19.1. Use/possession for personal use of cannabis/heroine/cocaine

There is no regulation to entirely cover this issue.

In this respect the Law doesn't make a distinction between possession for use or for trafficking.

The judicial practice constantly focused on the investigation and the inquiry of the persons that possess drugs against the legal provisions (Article 312 of the Criminal Code).

The new anti-drug law draft provides for the forbidding of the abuse of drugs placed under control, besides medical purposes, as well as for the fact that the persons discovered to be abusers are recorded and taken under medical surveillance and subjected to a detoxification cure.

19.2. Property crime related to drug use

There is no specific legislation only for drugs related crimes.

In the cases such crimes have been committed, the general law provisions are applied. According to Article 118 Criminal Code "there are subject to a special seizing:

- a) the goods resulted as a product of deeds provided for by the criminal law;
- b) the goods that have served or have been destined to serve in the committing of a crime, if they belong to the perpetrator;
- c) the goods that have been given to determine the committing of a crime or to award a criminal;
- d) the goods obviously acquired by committing a crime, if they are not given back to the victimized person, and if they are not used to indemnify them;
- e) the goods possessed against the law.

In respect to the international legislation in the field, Romania signed but didn't ratify the "Convention of the Counsel of Europe regarding the laundering, discovery, seizing and confiscating the proceeds of a crime" (Strasbourg 1991).

19.3. Retail distribution of drugs

The persons involved in illicit activities of distributing drugs (street trafficking) are also punishable according to Article 312 Criminal Code, Paragraph 1, above.

There is no specific legislation.

In enforcing the penal sanctions, the general criminal provisions are taken into account, provided for in the general part of the Criminal Code, respectively:

- attenuating circumstances that may lead to a lighter sentence;

- aggravating circumstances, that may lead, according to the circumstances of committing the deeds, to a heavier criminal sanction

It is worth mentioning that in the case of the analyzed crimes, the attraction in committing crimes is also an aggravating circumstance.

In what regards the minors involved in committing crimes, the general provisions apply, with derogations.

The national legislation also has provisions that may be applied in special situations such as those related to the involvement of an addict in drug possession or trafficking activities.

Safety measures may be taken in these cases, respectively:

- the obligation to undertake medical treatment (Article 113 of the Criminal Code);
- medical hospitalization provided for in Article 112 Criminal Code.

These measures only target the removal of a dangerous situation and the person's health.

In this context it is worth mentioning the provisions of Article 113 of the Criminal Code "the obligation to medical treatment. If the doer, due to an illness or a chronic intoxication with alcohol, narcotics or other such substances, poses a danger for society, may be forced to undertake medical treatment on regulate basis, until he/she will be get well.

When the person, against which such a measure was taken, doesn't undertake regulate medical treatment, his hospitalization may by ordered.

If the person forced to undertake treatment is sentenced to prison, the treatment is also done during the serving of the sentence.

The measure to obligate to medical treatment may be also taken temporary during the criminal prosecution or trial."

20. Women, Children and Drug Use

From the statistic of one of the day centers in Bucharest it is revealed that the average age of the addicts has decreased and the number of female abusers increased.

CONCLUSIONS

21. Main issues and Future Information Needs

21.1. Summary of main points, key trends and new developments

Drugs trafficking and abuse developed to new dimensions, with ascendant trends.

The complexity of the phenomenon in all its forms increased. The trafficking networks are more developed, having correspondents in all spheres of the Romanian social life and connections all over the globe.

From a former transit country, Romania became a trafficking and abuse one, facing lately problems related to the purchase and process of essential chemical substances and precursors.

The number of drug abusers is not known.

In comparison with 1998, the number of drug addicts that have required medical services increased, but it represents only a part of the real number of drug addicts.

The number of Romanian citizens, abusers or addicts of drugs, increased.

The preoccupations of the Ministry of Health for the establishment of the complete therapeutic system for the treatment of addictions increased. Thus, it was established the first post cure center in Romania, and steps have been taken to establish new detoxification centers in different areas of our country. For the treatment of addictions, clinics of hospitals have been equipped with specialized analyzers for the discovery of drug metabolites in blood and urine, in view of prescribing a proper detoxification treatment.

Heroin is the drug that posed most of the problems both in the field of drug demand and supply reduction. The use of heroin by injection spread largely among addicts.

Cannabis, hashish, cocaine and opium are other drugs trafficked and abused in Romania. The mixtures of heroin, cocaine, amphetamines and other substances with own pharmacological action (heroin-caffeine-phenobarbital-diazepam, amphetamine-caffeine, heroin-paracetamol, etc) have been frequently encountered on the illicit market in Romania during 1999, increasing the harmful effect of these drugs on abusers. The abuse of amphetamines among young people increased.

The use of medicines with psychotropic content (tricyclic antidepressives, benzodiazepines, barbiturates) is not monitored in the current Romanian pharmaceutical system.

There have been reported cases of diversion of medicines with narcotic content from the legal circuit in the illicit one (petidines, pentazocines, methadone).

The growing of hemp, in some parts of our country, and its processing in view of obtaining products destined for the illicit drugs trafficking and abuse extended in 1999 following to the lack of certain legislative provisions that should place these operations under control.

No surveys of the prevalence of drug abuse were made at national level, except for the ESPAD.

The primary prevention was done in a number of areas of our country, with the assistance of some specialists from different ministries (the Ministry of National Education, the Ministry of Health, the Ministry of Interior); however, no actions in the field of secondary or tertiary prevention were taken.

New developments will be made in:

- the legislative system (new laws in the field of drugs, precursors and essential chemical substances, evidences, etc.);
- drug supply reduction by increasing the interagency cooperation, nationally and internationally, by improving the specific equipping, by training the personnel, etc.
- the curative system (the setting up of new links in the therapeutic chain of addictions);
- the preventive system (primary, secondary or tertiary prevention);
- the system for the collection and procession of data regarding the drug phenomenon;
- the development of international cooperation in the field.

21.2. New information needs and priorities for the future

Because Romania doesn't currently have a unitary system appropriate for the necessity of gathering information, system that should allow an assessment of the real situation of the drug phenomenon and should place at the disposal of the decision makers the key elements on whose basis they should establish a national strategy in the field, it is necessary in the future to set up a reporting system, based on an appropriate infrastructure to allow the automated data collection and processing.

The quality of the data coming from the structures involved in drug demand and supply reduction must be improved by equipping them with an appropriate computing technique and an appropriate informational system targeting the updating of the statistics to the international standards (ICD-10).

A correct collection of the data necessary making a real statistics regarding the drugs phenomenon must be based in the future on the increase of accessibility to the specific national legislation, on the training of the persons that are to fill in the case reporting fiches, on improving the reporting fiche (according to the requirements of the reporting tables of EMCDDA).

For the increase of the quality of the data in the field of drug supply reduction it is going to be necessary to improve the judicial statistics, to set up a unitary informatics system at the level of the Ministry of Interior, to network the main institutions involved in the fight against drugs by creating a commune interface to facilitate the interagency cooperation, to equip them completely with computers and software for the collection, storing and procession of data.

The information system in Romania will have to benefit of: access to the collection and procession of data at international level; training of the personnel that deals at national level with the processing of these data; last generation computing technique; the support of some international bodies in view of making proper programmes in this sphere of action.

STATISTICS***Table on age groups***

Age group (years)	No of cases	Percentage
11-12	3	0,5%
13-14	11	1,7%
15-16	21	3,2%
17-18	52	8,0%
19-24	296	45,5%
25-34	187	28,8%
35-44	49	7,5%
45-54	23	3,5%
55-64	4	0,6%
Over 65 years	4	0,6%
Total	650	100,0%

The structure of the abusers according to the geographic environment

Environment	No of cases	Percentage
Urban	614	94,9%
Rural	19	2,9%
Unspecified	17	2,2%
Total	650	100,0%

The abuse on age groups and sex***A. Age group 11-12 years***

The substance (the drug)	Female	Male	Total
Amphetamine			
Cannabis			
Cocaine			
Codeine			
Diazepam			
Phenobarbital			
Fortral (Pentazocina)			
Heroine			
Ketamina			
Marijuana			
Medazepam (Rudotel)			
Meprobamat			
Methadone			
Mialgin (Petidina)			
Morphine			
Opium			
Piafen (metamizol)			
Romparkin (trihexifenidil)			
Solvents		3	
Tramadol			
TOTAL		3	

B. Age group 13-14 years

The substance (the drug)	Female	Male	Total
Amphetamine			
Cannabis			
Cocaine	1		1
Codeine			
Diazepam			
Phenobarbital			
Fortral (Pentazocina)			
Heroine	1	1	2
Ketamine			
Marijuana			
Medazepam (Rudotel)			
Meprobamat			
Methadona			
Mialgin (Petidina)			
Morphine			
Opium			
Piafen (metamizol)			
Romparkin (trihexifenidil)			
Solvents		8	
Tramadol			
TOTAL	2	9	11

C. Age group 15-16 years

The substance (the drug)	Female	Male	Total
Amphetamine	1		1
Cannabis			
Cocaine			
Codeine			
Diazepam			
Phenobarbital			
Fortral (Pentazocina)			
Heroin	4	5	9
Ketamina			
Marijuana			
Medazepam (Rudotel)			
Meprobamat			
Methadone			
Mialgin (Petidina)			
Morphin			
Opium			
Piafen (metamizol)			
Romparkin (trihexifenidil)		2	2
Solvents	1	8	9
Tramadol			
TOTAL	6	15	21

D. Age group 17-18 years

The substance (the drug)	Female	Male	Total
Amphetamine			
Cannabis			
Cocaine		1	1
Codeine	1		1
Diazepam			
Phenobarbital			
Fortral (Pentazocina)		1	1
Heroin	3	38	41
Ketamine			
Marijuana		2	2
Medazepam (Rudotel)			
Meprobamat			
Methadone			
Mialgin (Petidina)			
Morphine			
Opium			
Piafen (metamizol)			
Romparkin (trihexifenidil)		1	1
Solvents		4	4
Tramadol			
TOTAL	4	48	52

For the age group under 18 years may be added the data supplied by the toxicology section of the Central Children Clinic Hospital "Grigore Alexandrescu", Bucharest that recorded:

- 246 cases of intoxications with benzodiazepine (out of which 210 cases of mono intoxications and 36 cases of association with other medicines)
 - 45 cases of intoxications with barbiturates.
- These cases were not reported on age groups and gender.

E. Age group 19-24 years

The substance (the drug)	Female	Male	Total
Amphetamine			
Cannabis	1	1	2
Cocaine	1	2	3
Codeine	7	18	25
Diazepam	2		2
Phenobarbital	1		1
Fortral (Pentazocina)	1	11	12
Heroin	25	209	234
Ketamine		1	1
Marijuana		4	4
Medazepam (Rudotel)			
Meprobamat	2		2
Methadone	1	2	3
Mialgin (Petidina)			
Morphine		1	1
Opium		1	1
Piafen (metamizol)			
Romparkin (trihexifenidil)			
Solvents		1	1
Tramadol		3	3
TOTAL	41	254	295

F. Age group 25-34 years

The substance (the drug)	Female	Male	Total
Amphetamine			
Cannabis			
Cocaine			
Codeine	3	10	13
Diazepam		1	1
Phenobarbital			
Fortral (Pentazocina)	2	7	9
Heroine	17	136	153
Ketamine			
Marijuana		2	2
Medazepam (Rudotel)			
Meprobamat	2	1	3
Methadone			
Mialgin (Petidina)		1	1
Morphine			
Opium			
Piafen (metamizol)	1		1
Romparkin (trihexifenidil)		1	1
Solvents		2	2
Tramadol			
TOTAL	25	162	187

G. Age group 35-44 years

The substance (the drug)	Female	Male	Total
Amphetamine			
Cannabis			
Cocaine			
Codeine	3	3	6
Diazepam	2	2	4
Phenobarbital		1	1
Fortral (Pentazocina)	3	8	11
Heroine	3	6	9
Ketamine			
Marijuana			
Medazepam (Rudotel)		2	2
Meprobamat	4	7	11
Methadone			
Mialgin (Petidina)	1	1	2
Morphine			
Opium			
Piafen (metamizol)			
Romparkin (trihexifenidil)		1	1
Solvents		2	2
Tramadol			
TOTAL	16	33	49

H. Age group 45-54 years

The substance (the drug)	Female	Male	Total
Amphetamine			
Cannabis			
Cocaine			
Codeine	1		1
Diazepam	2	3	5
Phenobarbital	2	2	4
Fortral (Pentazocina)	2	3	5
Heroine			
Ketamine			
Marijuana			
Medazepam (Rudotel)			
Meprobamat	5	3	8
Methadone			
Mialgin (Petidina)			
Morphine			
Opium			
Piafen (metamizol)			
Romparkin (trihexifenidil)			
Solvents			
Tramadol			
TOTAL	12	11	23

I. Age group 55-64 years

The substance (the drug)	Female	Male	Total
Amphetamine			
Cannabis			
Cocaine			
Codeine			
Diazepam	1		1
Phenobarbital			
Fortral (Pentazocina)	1		1
Heroine			
Ketamine			
Marijuana			
Medazepam (Rudotel)			
Meprobamat	1		1
Methadone			
Mialgin (Petidina)	1		1
Morphine			
Opium			
Piafen (metamizol)			
Romparkin (trihexifenidil)			
Solvents			
Tramadol			
TOTAL	4		4

J. Age group over 65 years

The substance (the drug)	Female	Male	Total
Amphetamine			
Cannabis			
Cocaine			
Codeine			
Diazepam	1	1	2
Phenobarbital			
Fortral (Pentazocina)			
Heroine			
Ketamine			
Marijuana			
Medazepam (Rudotel)			
Meprobamat	1		1
Methadone			
Mialgin (Petidina)		1	1
Morphine			
Opium			
Piafen (metamizol)			
Romparkin (trihexifenidil)			
Solven i			
Tramadol			
TOTAL	2	2	4

Table of abused drug and gender

The substance (the drug)	Female	Male	Total
Amphetamine	1	0	1
Cannabis	1	1	2
Cocaine	2	3	5
Codeine	15	31	46
Diazepam	8	7	15
Phenobarbital	3	3	6
Fortral (Pentazocina)	9	31	40
Heroine	53	395	448
Ketamine	0	1	1
Marijuana	0	8	8
Medazepam (Rudotel)	0	2	2
Meprobamat	15	11	26
Methadone	1	2	3
Mialgin (Petidina)	2	3	5
Morphine	0	1	1
Opium	0	1	1
Piafen (metamizol)	1	0	1
Romparkin (trihexifenidil)	0	5	5
Solvents	1	29	30
Tramadol	0	4	4
TOTAL	112	537	650

Type of treatment received

Gender	1	2	3	4	5	6	9	TOTAL
M	18	44	0	3	4	29	15	113
F	148	192	1	20	37	113	26	537
Total	166	236	1	23	41	142	41	650

Treatment encoding

1. methadone substitution treatment
2. substitution treatment with other substances than methadone
3. psychotherapy
4. methadone substitution treatment combined with other treatments
5. substitution treatment with other substances than methadone in association with other treatments (anxiolytic, anti-depressive, etc).
6. other
7. unspecified

Type of patient

Type of patient	Number	Percentage
New	339	52,2%
Old	291	44,8%
Unspecified	20	2,9%
Total	650	100,0%

