



European Monitoring Centre for  
Drugs and Drug Addiction



National Anti-drug Agency



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TO THE EMCDDA by the Reitox National Focal Point**

# **ROMANIA**

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

**REITOX**

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## SUMMARY

The National Report on the Drug Situation 2012 includes data referring to drug demand and drug supply in Romania in 2011, national policy and laws in the field, as well as the trends and developments recorded in the last years.

Chapter 1 – **National context and policies in the field** – shows the amendments brought to the anti-drug policy in Romania, in the reference year. One of the most significant measures of the Executive was the adoption of Government Decision No 461/2011<sup>1</sup> on the organisation and functioning of the National Anti-drug Agency, an institution with legal personality, mandated to ensure the coordination, at national level, of the development and implementation of policies in response to the drug phenomenon. The re-positioning of the Agency in the Ministry of Administration and Interior, a new monitoring concept regarding the drug issue was developed through an efficient institutional system, both structural and legislative, through a modern approach of the current threats in the fields, through the opening towards the civil society and through the continuation of the prevention, assistance and countering programmes, all being included in the provisions of the National Anti-drug Strategy.

The following eight chapters contain data and information related to the drug use and to the response and actions adopted in this field. Hence, Chapter 2 – **Drug use in the general population and among targeted groups** - illustrates the drug use situation in the school population aged 16 years – ESPAD, as well as in the university population. According to the relevant data, for all types of illicit drugs, Romania continues to be below the European average values. The results of the national study within ESPAD 2011 ranks Romania in the last 10 European countries with regard to the level of prevalence of any type of illicit drug use for at least once in their lifetime among 16 years pupils, our country being 8 percent below the European average recorded. The highest increase rates were recorded in the case of the prevalence of cannabis/hashish, inhalants and amphetamines use. The prevalence recorded in the last year and in the last month with regard to the NPS use for once in their lifetime rank these substances among the most used drugs among 16 years old pupils in Romania, along with cannabis/hashish and inhalants. For the first time in the ESPAD studies, there is an early cannabis/hashish use onset among girl pupils of 16 years old in Romania. From the gender distribution point of view, Romania is among the few states included in the study in which case there are no differences recorded between girls and boys both with regard to the lifetime prevalence (along with France) and the last month prevalence of cannabis/hashish use (along with the Russian Federation and Bulgaria).

The first study among the students from eight university centres in Romania shows a lifetime drug use prevalence of 23.2%, all types of illicit drugs being included, but also tranquilisers (administered without medical prescription) and new psychoactive substances traded under the designation of "legal drugs or ethno-botanical plants". According to presented data, the most used of the illicit drugs is the cannabis (20.9 %), followed by ecstasy, hallucinogenic mushrooms, ketamine, cocaine, LSD and amphetamines. The heroin records values below 1 %. NPS have a lifetime use prevalence of 9.5 %, and the use of tranquilisers without medical prescription records the value of 3.6 %.

Chapter 3 – **Prevention** - is dedicated to drug prevention programmes. The change in the institutional status of the National Anti-drug Agency during March 2009 - April 2011 time frame, correlated with the insufficient human, logistics and financial resources had effects on the number and quality of the local, regional and national drug use prevention programmes, especially the selective programmes intended to vulnerable groups and the indicated prevention programmes. Most universal prevention programmes carried out in 2011 were aimed at providing information, educating and raising awareness of the public on the use of alcohol, tobacco, drug and psychoactive substances, as well as developing attitudes and practices in the general population, by focusing on cultural and artistic activities and sports, as an alternative to drug use. The analysis of the results of the local and national drug use prevention programmes intended to family environment prove the poor motivational level of families to participate in such programmes, being necessary a diversification of those which are intended to vulnerable families, with focus on the interventions dedicated to reduce the individual and

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<sup>1</sup> The Government Decision No 461 of 11 May 2011 on the organisation and functioning of the National Anti-drug Agency (issued by: the Government of Romania, published in the Official Gazette, Part 1, No 331 of 12.05.2011)

social risk factors in drug use and on developing the coping skills in on-the-edge situations. Participation of the civil society - non-governmental organisations, religious organisations, employers' associations, trade unions and volunteers - in the implementation of some local and/or national projects for drug use prevention represented one of the key element of the interventions, in full compliance with the EC recommendations in this field and the assumed NAA values.

Chapter 4 – **Problem drug use** – presents indirect estimations of the problem drug use prevalence (number of problem drug users in Bucharest), using the multiplier method. There is a significant increase of the estimated number of problem drug users in Bucharest in 2011, as compared to previous years. The increase of the number of problem drug users is mainly due to the appearance on the Romanian market, of the new psychoactive substances. Initially, they could be traded without any restrictions. Another factor facilitating the increase of the number of problem drug users is due to the completion of some important drug use related risk prevention service programmes which were active in Romania until 2010, funded by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and the UNODC.

Chapter 5 - **Drug related treatment**, another key epidemiologic indicator, reveals information on the treatment system (institutional and procedure framework, drug treatment services chart, criteria and methodology used to authorise centres that provide services for drug users, levels of care and therapeutic system, etc.) and the time evolution of the indicator. In 2011, 3362 people were admitted to treatment in in-patient and out-patient settings, out of whom 2168 for use of illicit drugs and NPS (1742 were admitted to treatment in 2011 and 426 were already under treatment, being admitted in the previous years). The main types of drugs for which treatment was demanded are: *NPS, heroin, hypnotics and sedatives and cannabis*, the NPS representing the most frequently declared also as secondary drug. In 2011, for the first time in the last 10 years, the proportion of treatment admissions for use of opiates registered the second value of the total number of cases, the NPS representing the main drug for which drug users have requested assistance. With regard to the territorial distribution, although the treatment admissions for use of opiates still remain concentrated within the capital area, there is noticed, even if at low values, a *drug use territorial diversification*, the areas of highest risk (as number of cases recorded) are taken shape around *the big university centres or border counties*. Although the majority of people addressing the care services is represented by *male drug users*, starting with 2007, a slight increasing trend in rate of female persons addressing such services can be noticed. Most of them declared a drug use onset between 15 and 19 years old, prevailing *daily use, by injecting*. With regard to the drug use length, for NPS use - most of them demanded treatment after *about one year* of drug use, while for opiates, treatment is demanded after a longer *drug use length* (since 2007, it is found an increase of the "gap" between the onset year and the date of demanding treatment from 4 years to about 8 years). With regard to the economic and educational status of the people admitted to treatment, generally they are people *without own income/economically inactive, with a very low and low education level,*, who live *with the family* (permanent residence) and who demanded care services by own *will* or following referrals of the *health system professionals,*, mainly from emergency units or other departments of the medical units.

Chapter 6 – **Health correlates and consequences** - includes information on the other two key epidemiological indicators: drug related infectious diseases and drug related deaths, as well as data on other health correlates and consequences of drug use: non-fatal drug emergencies and drug related psychiatric pathology.

With regard to the drug related infectious diseases, in 2001 the prevalence for the HVB, HVC and HIV infections among the IDUs recorded upwards trends partially due to the changes at the level of use models (emergence and use of NPS, conversion of injected heroin users to the injection of NPS or to the heroin and NPS combined use). Another explanation of the trend changes recorded for the three types of infections may be the substantial reduction of the interventions to reduce the infection risks due to the lack of financing funds, particularly for the projects executed by specialised non-governmental organisations. Before 2010, most programmes for the reduction of risks related to injected drug use implemented in Romania have been supported by the international funds - the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, UNODC. The new changes in trend recorded by HIV prevalence require a continuous monitoring of HIV/AIDS infection spread among IDUs in Romania, by the Romanian authorities and by the global and European public health authorities.

With regard to the **non-fatal drug emergencies**, though not a key epidemiologic indicator, it reflects the changes of the drug use pattern at national level in real time. The conclusions presented in detail in the chapter show that, in most of the counties, at the level of emergency units, there is a significant issue caused by the use of new psychoactive substances, given the fact that for over half of the emergency cases recorded in 2011, such type of use was reported. Even if the increase of the proportion of emergency cases directly associated with the use of such substances is not significant in the reference year, the correlations between the emergency cases caused by the poly-drug use where NPS are also present, in combination with other psychoactive substances, as well as with those in which the emergency diagnosis is indirectly induced by the effects of their use (other diagnoses self-induced lesions or trauma, accidents and other external causes), determine that the level of the problems caused by the NPS use to be higher in 2011 compared to the previous year. A significant increase of the injecting drug use (simple or combined) is found. The downward trend in the rate of emergency cases (intoxications, overdose, withdrawal) caused by heroin/opiates use is confirmed.

**Drug related psychiatric pathology** (personality disorders, depression, anxiety, emotional disorders etc.) reflects an increase of almost 4 times in the number of cases diagnosed with different psychiatric disorders, though the total number of cases admitted to treatment for drug use downwards compared to the previous year.

The **drug related deaths** indicator shows a significant decrease in the number of deaths directly related to drug use by contrast to the last 4 years (years when the use trend, the use *pattern* was stabilised), eloquent expression of the use pattern shifting (especially the "substitution" of the consecrated drugs - heroin, in particular- with NPS, which have a lower direct thanatogenerator potential. The difference at the case history level is found however in the indirect deaths<sup>2</sup> (much increased number) as an additional confirmation of lesion and consumptive accelerated potential of these new drugs, leading to total mortality, direct and indirect, similar to previous years. Only the causes of death changed, and not their number. The injecting route of administration became exclusive in the direct drug related death case history, while the opiates continue to dominate the general picture of the illegal drugs in Romania, with the predominance of methadone. The number of "indirect deaths" increased significantly - possibly as a consequence of a more strict application of the legal provisions regarding the classification of deaths for which a forensic agreement is required and implicitly, the identification of the cases for the statistical evaluations. It is noticed an accentuated increase of the pathology associated with administration of drugs - infectious acute, sub-acute or chronic, which supports the need of implementation of more efficient harm-reduction and medical education measures among the drug users, especially in the context of the explosion and transfer of the use towards NPS, with the implicit risks of their specific use pattern (very frequent injecting, street doses with quantitative and qualitative uncertain composition, bacterial contamination .

Chapter 7 - **Responses to health correlates and consequences** describes the steps taken in the field. In terms of institutional response to a sharp increase in the number of HIV infection cases in 2011, a consequence of the rapid proliferation of the phenomenon of new psychoactive substances and the significant change in the IDUs injection patterns, completion in 2010 of the internationally funded programmes supporting most interventions to prevent drug-related infectious diseases carried out by specialised NGOs, the year 2011 is characterised by: Mobilisation by the NAA of all institutional actors involved in the implementation of activities aimed at reducing drug-related risks for setting up an inter-institutional framework for consultation and programming of joint interventions to counter the growing dynamics of cases of HIV infection among the injecting drug users, particularly those who have passed from the use of opiates to the use of new psychoactive substances. To this, the following add: Reduction of the community service availability to prevent infectious diseases among IDUs (cessation of the syringe exchange fixed of ALIAT Organisation and consequently reduction of the number of sole users of such services or migration to other existing services; reduction of the average number of syringes/client/year available within the community syringe exchange programmes; maintaining or even increasing the need for specialised services while decreasing the available resources). In this context, the efforts to identify alternative finance

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<sup>2</sup>deaths caused by behaviour disorders and mental disorders related to the drug use and/or caused by diseases due to the practices of use of shared injection equipment or somatic complications caused by the use of psychoactive substances.

resources for the community drug use related risk prevention programmes strengthen in 2011, succeeding a partial compensation of the finance resource deficit caused by the completion of the programmes financed by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and UNODC, by attracting new finance resources from the structural funds area (ARAS Project funded by SOPHDR<sup>3</sup>, the only one still operating at national level) and by the interventions of the public authorities - NAA and MH.

Chapter 8 - **Social correlates and social reintegration** tackles aspects related to the legal framework and policy in the field as well as social exclusion of drug users. In the reference year, both the civil society (with robust representation at NGOs level but also at the level of the private providers) and the State institutions provided social insertion/reinsertion services for drug users. The social reinsertion services intended to drug and alcohol users, unlike other types of services intended to them, are not clustered in Bucharest, having a national spread. The small number of providers of social rehabilitation services for drug users reflects the insufficient development of the services at precursory levels (1st and 2nd level care). At national level, according to the provisions of Order No 1389/513/282 of 4 August 2008 on approving the Criteria and methodology for the authorisation of centres that provide services for drug users and the Compulsory minimum standards of the organisation and operation of the centres that provide services for drug users<sup>4</sup>, the centres providing care services oriented to the reinsertion of the drug users needs to be authorized by the National Anti-drug Agency. In 2011, no centre providing the drug users with social reinsertion services was given clearance.

Chapter 9 – **Drug law crime, drug law crime prevention and the prison system** - focuses on indicators, such as number of offences and investigated/ convicted people, analysed along three stages of the criminal procedure, as well as on information on drug use in prison settings and the interventions in the judicial system. The values recorded in 2011 for the main monitoring indicators of the drug supply frame in the development trends of the last years. The demographic and social-economic indicators of the people trialled at court continue to be valid throughout the comparison time frame, 2001-2011, meaning that usually the drug law offender is a male offender aged 21 to 54, from urban settings, with an average education and no occupation. The illicit drug trafficking and use phenomenon remains clustered in the great urban agglomerations, with the specification that, during the last years, a slight increase of the monitored supply indicators is found in the cities located in the north-east part of the national territory (Iași, Suceava, Bacău). The ratio between the number of trialled people at court for drug law offences and the number of people convicted for these offences continues to be constant since 2008. The cannabis represents the drug the most frequently discovered among the drivers, in testing actions organised by the Road Police in partnership with NAA. Starting with 2010, the treatment admissions for drug users from penitentiaries diversifies, because if until 2009, most of the demands were for heroin use, starting with 2010, more and more numerous are the treatment demands for: cannabis, NPS, amphetamines or cocaine.

Data referring to drug supply (drug availability, drug trafficking routes and seizures, drug prices at street level) are presented in Chapter 10 – **Drug markets**. The trafficking routes and the drug transport methods remain stable between 2001 and 2011, simultaneously with the configuration, during the last years, of a new transport route of the heroin from Afghanistan, through the Russian Federation, Ukraine and subsequently, Romania. Our country preserves its status of non-producing country in the drug trade, even if, during the last two years it is noticed an increase of the number of illicit cannabis cultures, the estimated production not being capable of causing significant transformations on the drug market. The quantities of seized drugs follow the same sinusoidal trend, the cannabis being the most commonly seized drug, followed by heroin and by the amphetamine type products, whilst the opium seizures reflect a constant downward trend. Throughout the entire period between 2001 and 2011, the same disproportion is maintained between the number of seizures and the quantities of seized drugs, which confirms that most of the seizures consist of small quantities seized in the street level trafficking countering. Due to the legal, operative and preventive measures taken, the trade of new psychoactive substances both through "Weed Shops" and Internet was reduced. The wholesale price continued also in 2011 to maintain stable for most of the trafficked drugs, being recorded small fluctuations compared to the previous year. An exception is represented

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<sup>3</sup>Sectoral Operational Programme for Human Resources Development 2007 - 2013, "Investing in People"

<sup>4</sup>published in the Official Gazette of Romania No. 830 of 10 Dec. 2008

by heroin whose wholesale price significantly increases whilst the retail price remains constant. The preservation of the heroin retail price, by contrast to the increasing wholesale price, is explained by the decrease of drug purity at street level.

The last part of the Report contains 2 topics of European interest.

The analysis of the data collected to prepare **Chapter 11 – Residential treatment provided to drug users in Romania**, indicates the fact that the national system of medical, psychological and social care for drug users does is well represented at theoretical level, but it recorded significant gaps in the development of services for the three levels of nurse, which leads to obvious difficulties in its operation in the unit. The small number of providers of services of residential/ therapeutic community treatment reflect the insufficient development of 3rd level services. National Anti-drug Agency, during the year 2011, took steps for operationalization of two therapeutic communities that work in the public system. The vast majority of residential treatment/ therapeutic community services type are provided at this time in Romania, by the representatives of the civil society (private providers, represented through associations and foundations, authorised physical and legal persons in accordance with the legal provisions, international bodies carrying out activities, in accordance with the law).

**Chapter 12 – Local anti-drug policies** is a radiography of the organising structure of the drug demand and supply reduction system in Bucharest, Cluj, Iași, Timișoara and Constanța, of the implemented projects, but also a short description of the local situation, based on the following indicators: treatment admissions following the drug use, non-fatal emergencies caused by drug use, by one side, and drug law offences and illicit drug seizures, by the other side. The analysed data show that, at the level of the main cities in Romania, the basic problem with regard to the drug use and use consequences for people health is represented by the emergence and use of new psychoactive substances which cause most of the non-fatal emergencies due to drug use and the cause of most of the treatment admissions in 2011. By the other side, the analysis reveals that besides the NPS use, in Bucharest are clustered most of the heroin users, whilst in the other four analysed cities, zoning differences are found as it follows: for Cluj and Timișoara, the cannabis use is characteristic, in Iași the use of medicines without prescription and alcohol is characteristics, while in Constanța, all the other drug use types identified are insignificant, except the NPS use. In this context, the development of some unitary coordinated response strategies at local level is required. The unitary coordination will ensure a proper and fast institutional response to the identified issues, as well as an efficient monitoring and assessment, both in drug use prevention field and in integrated care services field.

## PART A. NEW DEVELOPMENTS AND TRENDS

### Chapter 1 – Legislation, strategies and economic analysis

The year 2011 may be considered as representing the peak of the debates on the drug phenomenon. In this sense, in the context of a deep economical crisis with significant effects in all the fields of the social life and of a constant pressure generated by the growth in the use of new psychoactive substances, an increased interest towards the drug issue has been noticed both by Increasing of the legal initiative of the Parliament members and and by the increased concern of of the civil society, as well as by a series of specific measures taken by the Government of Romania.

Thus, one of the most significant measures of the Executive was the adoption of the Government Decision No 61/2011<sup>5</sup> on the organisation and functioning of the National Anti-drug Agency, a legal institution commissioned to ensure the coordination, at national level, of the development and implementation of policies in response to the drug phenomenon.

Besides the interest shown for the institutional reconstruction of the National Anti-drug Agency, the issue of the new psychoactive substances represented, throughout 2011, one of the topics of interest of the political class in Romania. Trying to find a viable solution to stop the trade of new psychoactive substances and, implicitly, to counter the effects of the use of such substances, the Parliament excelled in developing new legal initiatives aiming the amendment and the completion of the existing legislation in the drug field or the development of new regulations. In the same sense, the Government of Romania got involved in stopping the expansion of trading and use of the *ethno-botanical plants*, by a Measure Plan to counter the trade and use of new psychoactive substances/products that are health damaging, as well as by a legal initiative, validated by the Parliament under the form of Law no 194/2011, aiming to counter the operations with substances susceptible to produce psychoactive effects, others than the ones regulated by laws<sup>6</sup>.

#### 1.1 LEGAL FRAMEWORK

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

The year 2011 is noticeable due to the big number of the legal proposals of the Parliament of Romania focusing exclusively on trying to reduce the effect of the phenomenon represented by the new psychoactive substances. Thus, in 2011, the National Anti-drug Agency, by exercising the powers conferred, assumed the role of coordinator and integrator of the legal measures and provided specialised expertise for the issuance of the following documents:

- **Law No 38 of 28 March 2011<sup>7</sup> on the approval of the Government Emergency Ordinance No 20/2009 amending** the article 13 paragraphs (2) and (3) of the Government Emergency Ordinance No 30/2007 laying down rules for the organisation and operation of the Ministry of Administration and Interior and for the re-organisation of some units subordinated to the Romanian Police, this becoming again an autonomous institution, subordinated to the Ministry of Administration and Interior acting as a national coordinator of anti-drug policies. Even if this document re-established the situation previously existing in March 2009 it, however, produced full effects only at normative level for between 2009 and 2011 the Agency's resources have been diminished.

<sup>5</sup> The Government Decision No 461 of 11 May 2011 on the organisation and functioning of the National Anti-drug Agency (issued by: the Government of Romania, published in the Official Gazette, Part 1, No 331, 12.5.2011)

<sup>6</sup> Law No 194/07.10.2011 for countering the operations with substances susceptible to produce psychoactive effects, others than the ones regulated by other laws (issued by: the Parliament of Romania, published in the Official Gazette, Part 1, No 331, 10.10.2011)

<sup>7</sup>Law No 38 of 28 March 2011 on the approval of the Government Emergency Ordinance No 20/2009 amending the article 13 paragraphs (2) and (3) of the Government Emergency Ordinance No 30/2007 laying down rules for the organisation and operation of the Ministry of Administration and Interior and for the re-organization of some units subordinated to the Ministry of Administration and Interior (issued by: the Parliament of Romania, Part 1, published in the Official Gazette No 215, 25.3.2011

- **The Government Decision No 461 of 11.5.2011<sup>8</sup> on the organisation and functioning of the National Anti-drug Agency**, which re-established as main attribution of this institution the role to design, coordinate, assess and monitor, at national level, the policies in the field of prevention and countering the illicit drug trafficking and use, as well as to provide integrated assistance to the users, applied by the relevant institutions in the field.
- **Law No 194 of 11.11.2011<sup>9</sup> on countering the operations with products susceptible of having psychoactive effects.** The Law sets up the legal framework applicable to the preparations, substances, plants, mushrooms and combinations thereof susceptible to have psychoactive effects similar to drugs and establishes measures to prevent, control and counter the use in order to protect the population's health. The term of **substitute** that is defined as any substance or association of natural or synthetic substances, in any physical form, or any product, plant, mushroom or parts thereof whose legal status is not regulated through others legal provisions, that has the capacity to produce psychoactive effects and that, regardless of the content, name, administration mode, presentation or form of advertisement is or may be used to replace a drug or a narcotic preparation or with psychotropic effects or plant or substance nationally controlled or for the same purposes was introduced. The essence of the regulation consists in the fact that all the operations with products susceptible of having psychoactive effects, including the ones developed through electronic means, **are object to the prior authorisation under the law**, even if the purpose for which they have been produced is not the use. The costs for the authorisation, in amount of 11 000 lei<sup>10</sup> are incurred by the recipient. According to the law, a product is considered susceptible of having psychoactive effects if it **may be reasonably appreciated** that it may produce psychoactive effects, even if it is or it may be used for the purpose of producing a product. The appreciation of the *reasonable character* may be done according to: the lack or the inefficiency of the elements to determine the legal status of the products; the product features, mainly its composition, or the lack of their indications; the use, as predictable destination of the product; the presentation of the product; its labelling, warnings or instructions for its use, as well as any other indication or information referring thereof or even the lack of it. The law provides an authorisation procedure that implies both the determination of the chemical composition of the product within an accredited laboratory and the establishment of the product's potential to produce psychoactive effects or other risks for the population, by a commission set up at the level of the Ministry of Health. The significant fact is that the law introduces a series of offences sanctioned with prison sentences from 2 to 8 years, mainly focusing on the development of operations with products without authorisation or dissimulating the fact that these are authorised.

The year 2011 integrated into the tendency of the last 3 years<sup>11</sup>, in terms of increase of the population interest in the use of new psychoactive substances, as well as in terms of increase of the pressure of the civil society (non-governmental organisations, professionals in the medical field, psychologists, media trusts, etc ) regarding the efficient management of this phenomenon. However, unlike 2010, when the only option of the authorities seemed to be the identification and control of the new psychoactive substances<sup>12</sup>, 2011 was characterised through a total change of the direction of action, the unilateral approach being replaced with a new, complex and balanced vision.

In this sense, at the beginning of 2011, the Government of Romania approved the ***Measure Plan to counter the trade and use of new psychoactive substances/ products that are health damaging No 5/1194 of 18.2.2011***, having as objective the *coordination and monitoring the actions carried out at national level to counter the use of new psychoactive substances/ products, health damaging, others than those regulated, as well as to counter their proliferation under any form.*

<sup>8</sup> The Government Decision No 461 of 11 May 2011 on the organisation and functioning of the National Anti-drug Agency (issued by: the Government of Romania, published in the Official Gazette, Part 1, No 331, 12.5.2011)

<sup>9</sup> Law No 194 of 11 November 2011 on countering the operations with products susceptible of having psychoactive effects, others than the ones provided by the documents in force (issued by: the Parliament of Romania, published in the Official Gazette, Part 1, No 796 of 10 November 2011)

<sup>10</sup> Average annual rate in 2011: 1 Euro = 4,23 RON

<sup>11</sup> See the National Report – 2011, page 93

<sup>12</sup> See the National Report – 2011, page 17-18

Structured on three main fields, the Plan includes organisational and legal measures, operative measures as well as prevention measures. Within the organisational and legal measures both the analysis of the existing legal framework and of the legislation of the Member States have been taken into account for the identification of the intervention means and of the legal possibilities to prohibit the advertising, promotion and trading the new substances, through any means, including INTERNET, as well as the application of the legal provisions identified through the mixed control teams.

The operative measures focused on the identification of all the places where new psychoactive substances are traded and used, on the organisation of the control activities at national level, on the identification of the real possibilities of making operational a series of laboratories necessary for the physical- chemical analysis and in addition, the correct media coverage of the activities performed and of the results obtained. A special attention was paid to the preventive measures aiming to develop specific activities to discourage the use of such substances, with students and young people in general as target public, as well as to conduct a study among the general population regarding the attitudes, knowledge and practices related to the use of new substances in order to identify action solutions.

The legal measures included in the above mentioned plan materialized in the development of the *Joint Order of the Minister of Health, Minister of Agriculture and Rural Development, Minister of Administration and Interior, Minister of Public Finances, President of the National Authority for Sanitary Veterinary Care and Food Safety and of the President of the National Authority for Consumers Protection from February 2011*<sup>13</sup> for the set up of mixed teams to carry out controls, according to their competencies, in the places and/ or environments where new psychoactive, health damaging substances and/ or products are being produced, traded, consumed or used, other than those regulated<sup>14</sup>, as well as the adoption by the Parliament of Romania of a new regulation to counter the operations with products susceptible to produce psychoactive effects<sup>15</sup>.

As mentioned at the beginning of this chapter, 2011 represented the peak of the interest of the political class in the drug trafficking and use issue, supported by the pressure of the public opinion regarding the stopping of the trade and use of new psychoactive substances. In fact, the entire Parliamentary activity carried out in the field of drugs throughout 2011 focused exclusively on the issue of the new psychoactive substances, no reference existing to the illicit drugs as specified in the tables enclosed to the international conventions.

In this sense, the Parliamentary control activity of the reaction of the Executive to this phenomenon materialized in a number of 38 questions and interpellations<sup>16</sup> addressed to the Government members on the measures to be taken in order to stop the trading of new psychoactive substances, either through *Weed Shops* or through the INTERNET, as well as to reduce the effect of the use of such substances.

Compared to the two legal initiatives in the field, recorded at the level of 2010, in 2011 the Senators and Deputies developed no less than 8 legal initiatives<sup>17</sup> that had focusing on the initiation of measures against the trade and use of new psychoactive substances. If most of the legal initiatives focused on proposals to amend the Law No 143/ 2000 on preventing and countering the illicit drug

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<sup>13</sup> The Joint Order of the Minister of Health No 121 of 16.2.2011, of the Minister of Agriculture and Rural Development No 43 of 16.2.2011, of the Minister of Administration and Interior No 43 of 17.2.2011, of the Minister of Public Finances No 1.647 of 16 February 2011, of the President of the National Authority for Sanitary Veterinary Care and Food Safety No 8 of 16 February and of the President of the National Authority for Consumers Protection No 1/239 of 16 February 2011 to set up the mixed teams to carry out controls, according to their competencies, in the places and/ or environments where new psychoactive, health damaging substances and/ or products are being produced, traded, consumed or used, other than those regulated (issued by: the Ministry of Health, Ministry of Agriculture and Rural Development, Ministry of Administration and Interior, Ministry of Public Finances, the National Authority for Sanitary Veterinary Care and Food Safety and the National Authority for Consumers Protection, published in the Official Gazette, Part 1, No 123 of 17 February 2011)

<sup>14</sup> See the National Report – 2010, page 18

<sup>15</sup> Law No 194 of 11 November 2011 on countering the operations with products susceptible of having psychoactive effects, others than the ones provided by the documents in force (issued by: the Parliament of Romania, published in the Official Gazette, Part 1, No 796 of 10 November 2011)

<sup>16</sup> the Senate of Romanian – Legal bulletin, February – July session 2011; Chamber of Deputies – Parliamentary activity – Questions and interpellations - 2011

<sup>17</sup> the Senate of Romania – Legal bulletin, September-December session 2011

trafficking and use, further amended and supplemented and the Law No 339/2005 on the legal status of narcotic and psychotropic plants, substances and preparations, existed however also a few/several attempts for a distinctive regulation on marketing narcotic, hallucinogens, psychotropic plants, substances and preparations and their derivatives.

**Table No 1-1: Parliamentary legal initiatives, focusing on the drug phenomenon, 2011**

1.	Legal proposal No PL-x 249 of 9.5.2011 to amend and supplement the Law No 143/2011	The legal proposal was submitted to the Chamber of Deputies. The document laid the groundwork for the amendment of the Law No 143/2000 on preventing and countering the illicit drug use and trafficking further amended and supplemented so as to ban the electronic trade with ethno-botanical plants whose use produces effects similar to those of drugs. The legal proposal was rejected by the plenary session of the Senate on 4.5.2011
2.	Legal proposal No PL-x 265 of 9.5.2011 to amend and supplement the Law No 339/2005	The legal proposal was submitted to the Senate. The document laid the groundwork for banning the shops trading <i>ethno-botanical</i> products or products producing effects similar to drugs under national control, within a less than 5 km away from any locality. This legal proposal was rejected by the plenary session of the Senate on 4.5.2011
3.	Legal proposal No PL-x 266 of 9.5.2011 to amend and supplement the Law No 143/2000	The legal proposal was submitted to the Senate. The document laid the groundwork for the amendment of the Law No 143/2000 on preventing and countering the illicit drug use and trafficking, further amended and supplemented so as to increase sanctions settled for drug trafficking, to ban and enhance the sanctions for any form of drug trafficking and particularly, of the import-export operations with synthetic narcotics or with narcotics obtained from plants, as well as to introduce provisions referring to the establishment of the existence of specialised medical centres for drug users. This legal proposal was permanently rejected by the plenary session of the Chamber of Deputies on 28.2.2012.
4.	Legal proposal No PL-x 321 of 9.5.2011 to amend and supplement the Law No 143/2000	The legal proposal was submitted to the Chamber of Deputies. The document laid the groundwork for the amendment of the Law No 143/2000 on preventing and countering the illicit drug use and trafficking, further amended and supplemented so as to introduce the obligation of endorsement by the Ministry of Agriculture and by the Ministry of Administration and Interior of any import or trade with products susceptible to have a psychoactive effect. This legal proposal was permanently rejected by the plenary session of the Chamber of Deputies on 14.9.2011.
5.	Legal proposal No PL-x 402 of 14.6.2011 to amend and supplement the Law No 339/2005	The legal proposal was submitted to the Chamber of Deputies. The document laid the groundwork for the amendment of the Law No 143/2000 on preventing and countering the illicit drug use and trafficking, further amended and supplemented so as to ban the production, cultivation, fabrication, extraction, etc. of euphoric, sedative, hallucinogenic plants and substances, etc. others than those regulated by the law, as well as to inhibit the incentive through any means to the use of such substances. This legal proposal was permanently rejected by the plenary session of the Chamber of Deputies on 8.6.2011.
6.	Legal proposal No PL-x 475 of 27.6.2011 to amend and supplement the Law No 143/2000	The legal proposal was submitted to the Senate. The document laid the groundwork for the amendment of the Law No 143/2000 on preventing and countering the illicit drug use and trafficking further amended and supplemented so as to ban the functioning of shops trading ethno-botanical plants and substances, as well as of other operations with such products. This legal proposal was permanently rejected by the plenary session of the Senate on 26.6.2011.
7.	Legal proposal No PL-x 475 din 27.6.2011 on the regulation on marketing narcotic, hallucinogens, euphoric, psychotropic plants, substances and preparations and their derivatives.	The legal proposal was submitted to the Senate by a group of 64 senators and deputies. The document provided the authorisation of the products that are subject of the use, authorisation of use of the products in the field of research, authorisation of the manufacturers, traders and distributors of such products, the trading and promotion of the products, the end user, as well as the legal liability. This legal proposal was permanently rejected by the plenary session of the Senate on 26.6.2011.
8.	Legal proposal No E 112 of 31.5.2011 on countering the operations with products susceptible to produce psychoactive effects.	The legal proposal was submitted to the Senate by a group of 64 senators and deputies. The document laid the groundwork for banning any operation with substances susceptible of producing psychoactive effects under the sanction of prison sentence. This legal proposal was permanently rejected by the plenary session of the Senate on 26.6.2011.

## 1.1.2 LAWS IMPLEMENTATION

In 2011 the Executive developed and submitted to the Parliament of Romania for approval, the draft legislation on the application of the Criminal Code and for the amendment of special law with criminal provisions<sup>18</sup> being created the necessary premises for the application, for the first time in Romania, of the therapeutic jurisprudence concept, respectively of the legal provisions referring to the alternative to the prison sentence for drug possession for personal use. The enforcement of the new Criminal Code of Romania<sup>19</sup> would have determined the application of the provisions of Articles 19<sup>1</sup><sup>20</sup> and 19<sup>2</sup><sup>21</sup> of Law No 143/ 2000<sup>22</sup> on preventing and countering the illicit drug use and trafficking, further amended and supplemented that would have offered to the drug users the possibility of being included into an integrated medical, psychological and social program instead of the application of the prison punishment. Moreover, the draft legislation on the application of the Criminal Code and for the modification and for the amendment of special law with criminal provisions includes provisions referring to the modification of quantum of punishments provided in Law No 143/ 2000 on preventing and countering the illicit drug use and trafficking, further amended and supplemented to reduce their duration, in accordance with the new criminal policy introduced through the criminal law. In practical terms, for example, in case of the offence of drug possession for personal use the limits of the punishment have been reduced from 6 to 2 years or fine to as they are at present, to a quantum ranging from 3 months to 1 year or fine. However, even if the draft legislation on the application of the Criminal Code and for the modification of special laws with criminal provisions stipulated that both the law and the Criminal Code would enter into force on 1 October 2011 until the date of drafting the present report, the Parliament of Romania did not reach a decision regarding this draft legislation.

A particularly interesting aspect in the field of law enforcement is represented by the implementation of the *Joint Order of the Minister of Health, Minister of Agriculture and Rural Development, Minister of Administration and Interior, Minister of Public Finances, President of the National Authority for Sanitary Veterinary Care and Food Safety and of the President of the National Authority for Consumers Protection from February 2011*<sup>23</sup> for the set up of the mixed teams to carry out controls, according to their competencies, in the places and/ or environments where new psychoactive substances/ products that are health damaging are being produced, traded, consumed or used, other than those regulated. Without representing the implementation a legal regulations in the drug field however, this Order aimed to stop the trade of new psychoactive substances by applying the existing legal provisions in different fields, such as: the trading companies legislation, legislation referring to documents related to the origin of goods; legislation on the compliance with the storage, maintenance and trade provided by the manufacturer; legislation on labelling the products intended for trading; legislation in the financial-accounting field and of the compliance with the tax regulations in force; legislation referring to the hygienic- sanitary conditions for unit functioning and regarding the personnel state of health. The immediate effect of the application of this order resulted in the significant reduction of the number of shops trading new psychoactive substances, so that, at the end

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<sup>18</sup> [http://www.just.ro/Sections/PrimaPagina\\_MeniuDreapta/LegeAplicareCP/tabid/1438/language/ro-RO/Default.aspx](http://www.just.ro/Sections/PrimaPagina_MeniuDreapta/LegeAplicareCP/tabid/1438/language/ro-RO/Default.aspx)

<sup>19</sup> Law No 286 of 17 July 2009 on the Criminal Code (issued by: the Parliament of Romania, published in the Official Gazette No 510 of 24 July 2009)

<sup>20</sup> article 19<sup>1</sup>(4) provides for "the pursuit of the criminal investigation in all cases according to the Criminal procedure code"

<sup>21</sup> article 19<sup>2</sup> (4) mentions that "For the culprit or defendant who refuses the inclusion in an integrated care programme for drug users, the provisions of the Criminal code and of the Criminal procedure code shall apply"

<sup>22</sup> Law No 143 of 26 July 2000 on preventing and countering the illicit drug use and trafficking (issued by: the Parliament of Romania, published in the Official Gazette No 362 of 3 August 2000)

<sup>23</sup> The Joint Order of the Minister of Health No 121 of 16.2.2011, of the Minister of Agriculture and Rural Development No 43 of 16.02.2011, of the Minister of Administration and Interior No 43 of 17.2.2011, of the Minister of Public Finances No 1.647/239 of 16 February 2011, of the President of the National Authority for Sanitary Veterinary Care and Food Safety No 8 of 16 February 2011 and of the President of the National Authority for Consumers Protection No 1/239 of 16 February 2011 to set up the mixed teams to carry out controls, according to their competencies, in the places and/ or environments where new psychoactive substances/ products that are health damaging are being produced, traded, consumed or used, other than those regulated (issued by: the Ministry of Health, Ministry of Agriculture and Rural Development, Ministry of Administration and Interior, Ministry of Public Finances, the National Authority for Sanitary Veterinary Care and Food Safety and the National Authority for Consumers Protection, published in the Official Gazette, Part 1, No 123 of 17 February 2011)

of December 2011, on the national territory there were only 13 specialised shops (the so-called "Weed Shops" known as "Spice Shop", "Smart Shop" or "Weed Shop"), compared the 158 such units that have been identified in the month of March of the same year.

At the same time, following the activity carried out by the mixed control teams between February and December 2011, the total value of the fines applied was of 4.640.870 lei<sup>24</sup>, 40.301 envelopes containing psychoactive substances being confiscated.

Considering the short time elapsed since the adoption of this order, the impact of its implementation could not have been determined (by measuring the use of new psychoactive substances), but only the short term effects could have been established, namely the closure of the shops trading such substances.

The implementation of national health programmes for 2011<sup>25</sup>, was done based on the technical rules<sup>26</sup> a reduction of the number of physical indicators compared to those provided for 2010 being ascertained. Thus the physical indicator such as the number of people under methadone treatment reduced from 5 000 in 2010 to 4 300 in 2011, the number of people in after-care reduced from 6 000 to 5 400 and the number of people tested in body fluids reduced from 4 000 to 3 400. Regarding the efficiency indicators, namely the doctor/ patient costs and the medical units carrying out Subprogramme to prevent and treat drug addiction bring no modification to the values provided for 2010.

The implementation of the National programme of medical, psychological and social care for drug users – 2009-2012<sup>27</sup> continued also throughout 2011 when a revival of the rhythm of implementation of the prevention and assistance activities by contrast with the previous year<sup>28</sup> was noticed. At the same time, despite numerous approaches during 2011, the situation of the implementation of the National Interest Programme for tobacco, alcohol and drug use prevention 2009-2012<sup>29</sup>, remained unchanged by contrast with the previous year, in the sense that it was not applied because the legal gap generated by inaccuracy between the legal provisions referring to public procurement was not solved<sup>30</sup>.

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

The year 2011 is noticed first due to the re-validation of the *anti-drug policy national coordinator*, concept, in the sense of the re-validation and re-investment of the National Anti-drug Agency with this role. In this sense, the National Anti-drug Agency was designated as institution responsible for the implementation of the strategic development, coordination, evaluation and monitoring concepts, at national level, of the policies in the field of prevention and countering the illicit drug use and trafficking, as well as in the field of the integrated assistance of the users, applied by all the relevant public institutions, as well as by the civil society.

During the period referred to, at national level, no other significant modifications were noticed with regard to the public policies in the field of drugs, so that the strategic documents adopted<sup>31</sup> during the previous years, due in the period between 2012 and 2013, ensured in 2011 the existence at national level of guidelines for the balanced management both of the illicit drug use and trafficking.

<sup>24</sup> Average annual rate in 2011: 1 Euro = 4,23 RON

<sup>25</sup> The Government Decision No 1388, 28.12.2010 approving the National Health Programmes for 2011-2012 (issued by: the Government of Romania, published in the Official Gazette, Part 1, No 893, 30.12.2010)

<sup>26</sup> The Joint Order No 1591/1110 of the Minister of Health and of the President of the National House of Health Insurance of 30 December 2010 approving the technical rules for the national health programmes for 2011-2012 (issued by: the Minister of Health and the President of the National House of Health Insurance, published in the Official Gazette, Part 1, No 53, 21.1.2011)

<sup>27</sup> The Government Decision No 1102/2008 for the approval of the National programme of medical, psychological and social care for drug users 2009-2012 (published in the Official Gazette No 672, 30.9.2008)

<sup>28</sup> See chapter 3, 5 and 7

<sup>29</sup> The Government Decision No 1101/2008 approving the National programme of medical, psychological and social care for drug users 2009-2012 (issued by: the Government of Romania, published in the Official Gazette No 672, 30.9.2008)

<sup>30</sup> See the National Report – 2010, page 20

<sup>31</sup> See the National Report – 2011, page 21

As well, 2011 being a year included in the period of implementation of the existing strategic documents, did not represent a deadline in the report for the quantitative or qualitative, even intermediary, of the study on the performance of the activities envisaged for reaching the established strategic objectives.

### **1.2.1 NATIONAL ACTION PLAN AND/OR STRATEGY**

Throughout 2011, the National Anti-drug Strategy was the main strategic document of the national policy of drug demand and drug supply<sup>32</sup> and the set up of an integrated institutions and public services system to ensure the reduction of the incidence and prevalence of drug use among the general population, the medical, psychological and social care for drug users and the rationalization of the activities aiming to prevent and counter the illicit drug trafficking and use remained the main strategic option.

At the same time, the Action plan for the period between 2010 and 2012<sup>33</sup>, focusing on the implementation of the National Anti-drug Strategy 2005-2012 represented, throughout 2011, the main strategic planning instrument, the activities envisaged, the evaluation and execution set up deadlines, as well as the relevant institutions responsible aiming to ensure the continuation of the approaches starting in 2005 and the achievement of the strategic options set up by the Romanian Executive.

It is to be mentioned the fact that throughout 2011 a series of national strategies in different fields that have either been adopted before the issuance of the present report or are to be adopted, have been developed and submitted to public debates. They are important for they introduce new aspects, ancillary to the drug issue, able to cast a light on the correlation of the policies of response to the different and complex social issues.

In this sense, at the beginning of 2011, the Government of Romania approved the Memorandum of the Ministers of Labour, Family and Social Protection and of the Public Finances on the reform strategy in the field of social assistance<sup>34</sup>, document identifying within the issues related to the degree of coverage and flexibility/ adaptation of the social assistance services and social security, the weak development of fields of public policy and inequities in the level and financing of different programmes and services addressed to beneficiary/ problem categories which also include the drug-addicted.

As well, at the end of 2011, the National Multi-sectoral Strategy for the monitoring, control and prevention of HIV and AIDS infections 2011-2015 drafted<sup>35</sup> by the National Commission to Fight Against AIDS within the Ministry of Health in cooperation with the National Coordination Committee for HIV/AIDS and the Romanian HIV/ AIDS Centre, with financial support from UNODC, UNICEF and UNAIDS, strategic document that will replace the ancient HIV/ AIDS National Strategy 2004-2007. Unlike the previous strategy, the current project sets up as a distinct intervention priority, besides prevention and treatment, the development of the social services integrated at the local community level by developing the access of the seropositive and HIV/ AIDS infected people into social assistance services, education, labour market and by the complying with the rights of the seropositive people.

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

In exercising the role of national anti-drug policy coordination, the National Anti-drug Agency acted towards a balanced approach of the implementation of measures focusing on the reduction of drug demand and drug supply, provided in the Government's Program, the National Strategy of Public Order and Safety or the National Anti-drug Strategy.

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<sup>32</sup> The Government Decision No 73 of 27 January 2005 approving the National Anti-drug Strategy 2005-2012 (issued by: the Government of Romania, published in the Official Gazette, Part 1, No 112 of 3 February 2005)

<sup>33</sup> The Government Decision No 1369 of 23 December 2010 on the approval of the Action plan for the implementation of the National Anti-drug Strategy 2005 – 2012 (issued by: the Government of Romania, Part 1, published in the Official Gazette, Part 1, No 38 of 17 January 2011)

<sup>34</sup> [www.mmuncii.ro](http://www.mmuncii.ro)

<sup>35</sup> [www.ms.ro](http://www.ms.ro)

Thus, throughout 2011, the activities set up in the Action Plan for 2010-2012<sup>36</sup>, have been continued to implement the National Anti-drug Strategy for 2005-2012 ensuring both the continuation of the activities started during 2010 and the framework necessary for the accomplishment of the activities phased for the reference period. Thus, in the Action Plan for 2010-2012 a number of 18 activities with deadline at the end of 2012 have been included simultaneously with the finalization of the current strategic national documents.

Considering the on-coming deadline for the application of the National Anti-drug Strategy, respectively the end of 2012, the evaluation measures for the strategic document have been ordered, fact that assumes, implicitly, the analysis of the activities included in the second Action Plan. The results of the evaluation will be the basis for the substantiation of the strategic document of the national policy in what concerns the reduction of drug demand and drug supply.

At the same time, throughout 2011 the implementation of the National Strategy of Public Order and Safety<sup>37</sup>, as well as of the Strategic Plan of the Ministry of Administration and Interior for 2010-2013<sup>38</sup> continued, being implemented activities envisaged for the reduction of the drug supply and for the reduction of the drug demand, in accordance with the new strategic approach adopted within the two above mentioned documents.

### **1.2.3. COORDINATION ARRANGEMENTS**

As mentioned at the beginning of this chapter, year 2011 was noticed through the re-validation of the role of national coordinator of the National Anti-drug Agency, role conferred to this institution by the articles of incorporation drafted at the end of 2002<sup>39</sup>. In this sense, in Article 2 of the Government Decision on the organisation and functioning of the National Anti-drug Agency it is stipulated that the Agency sets out the conception and coordinates, evaluates, monitors at national level the policies in the field of prevention and countering the drug trafficking and use, as well as the integrated assistance for the users, applied by one of the relevant institutions in the field, the coordination of the activity carried out by the public institutions and non-governmental organisation being on of the main mission of this structure.

The role of coordinator of the National Anti-drug Agency represents an essential condition for the provision of an adequate reaction to the social, economic, health and security answers implied by the drug issue.

Moreover, the National Multi-sectoral Strategy for the monitoring, control and prevention of HIV and AIDS infections 2011-2015 draft<sup>40</sup> includes as communication and coordination mechanism the National Coordination Committee for HIV/ AIDS and Tuberculosis, subordinated to the Ministry of Health and whose Secretary is ensured by the Romanian HIV/ AIDS Centre<sup>41</sup>. The document stipulates that the coordination activity to achieve the objectives will be carried out at the level of the Ministry of Health based on an annual implementation plan that will include both the programmes and the interventions conducted by the Ministry of Health and the National House of Health Insurance and those conducted by important actors in the HIV/ AIDS field. Last but not least, it should be mentioned that the strategy provides also the implication of the local public authorities in the introduction, financing and implementation, directly out/ or by subcontracting, in activities of HIV/ AIDS prevention and psycho-social assistance.

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<sup>36</sup> The Government Decision No 1369 of 23 December 2010 on the approval of the Action plan for the implementation of the National Anti-drug Strategy 2005-2012 (issued by: the Government of Romania, published in the Official Gazette, Part 1, No 38 of 17 January 2011)

<sup>37</sup> See section 16

<sup>38</sup> [www.mai.gov.ro/index15.htm](http://www.mai.gov.ro/index15.htm)

<sup>39</sup> The Government Decision No 1489/2002 on the organisation and functioning of the National Anti-drug Agency further amended and supplemented (issued by: the Government of Romania, published in the Official Gazette, Part 1, No 956 of 27 December 2002).

<sup>40</sup> [www.ms.ro](http://www.ms.ro)

<sup>41</sup> [www.hivromania.ro](http://www.hivromania.ro)

### 1.3 ECONOMIC ANALYSIS - PUBLIC BUDGET AND EXPENDITURES

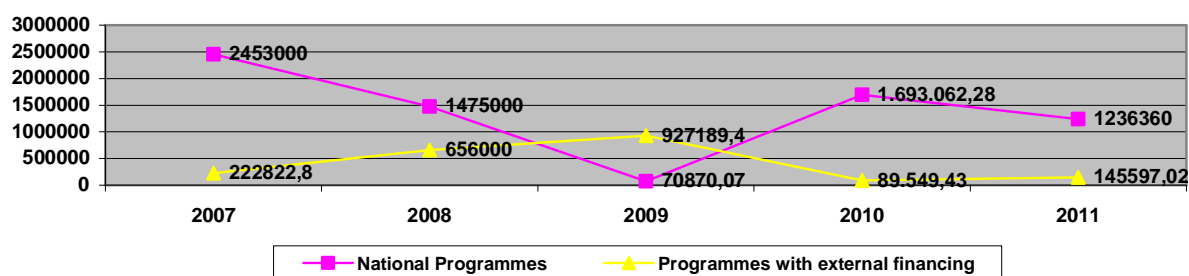
Similar to the previous reports, in drafting this subchapter, the proposed methodology could not be used for public expenditures because the state budget does not comply in structure with the COFOG European standard referred to in the proposal. Moreover, specific expenditures for drug-related activities are not earmarked and cannot be identified separately in the budgets of the institutions that carry out drug related activities. The annual expenditures earmarked for drug specific programmes, initiated or implemented by public authorities or in partnership with civil society bodies, are the only “visible” expenditures in the annual budgets or balances of public authorities. Therefore, the collected data shown in this chapter refer to non-standard public expenditures.

#### 1.3.1 PUBLIC EXPENDITURES, BUDGET AND SOCIAL COSTS

At national level, the funding earmarked to drug policy implementation originated in state budget sources or extra-budgetary sources.

In 2011, the budget earmarked to the NAA followed the same upward trend, as compared to previous year. Starting with 2010 there have been more nationally financed programmes than internationally funded programmes.

**Chart 1-1 Evolution of the budget (RON) earmarked to the National Anti-drug Agency for carrying out specific programmes/ projects between 2007 and 2011**



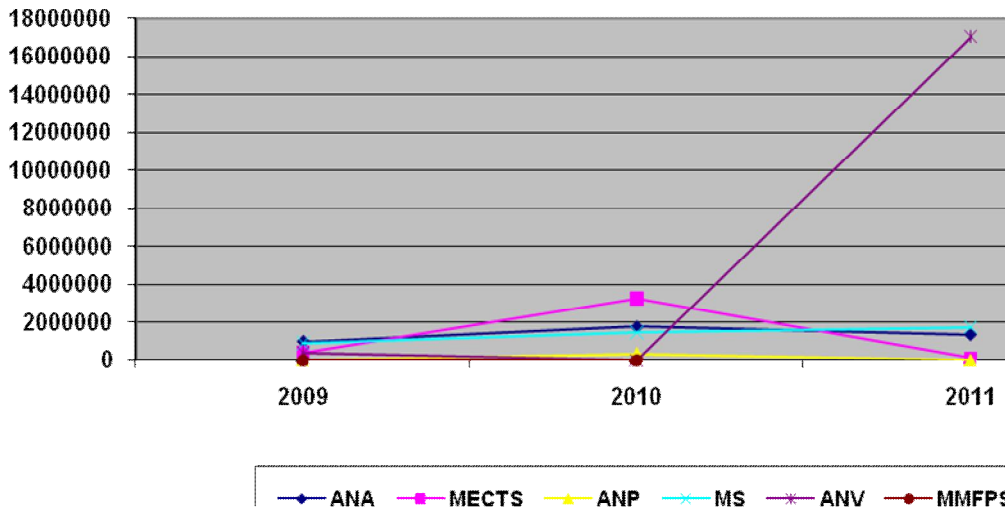
Source: NAA

For the rest of the institutions involved in the implementation of drug demand and drug supply reduction activities, in 2011 it's worth mentioning:

- NAA – 1 236 360 RON<sup>42</sup>
- Ministry of Health (MS) – 1 765 000 RON
- National Customs Authority (ANV) – 17 059 000 RON
- Ministry of Education, Research, Youth and Sports (MECTS) – 132 109 RON
- Ministry of Labour, Family and Social Protection (MMFPS) – 180 000 RON

<sup>42</sup> Average annual rate in 2011: 1 Euro = 4,23 RON

**Chart 1-2 Evolution of budgets earmarked to institutions relevant in the drug demand and drug supply reduction field to carry out specific programs/ projects between 2009 and 2011**



Source: NAA

Note: In 2011, The National Customs Authority earmarked the amount of 17 059 000 lei for programmes regarding the "Equipment of cross border points with specialised equipments for an indestructible customs control" and the "Feasibility study to strengthen the surveillance and customs control activity of the mobile teams".

## CONCLUSIONS

One of the most important measures of the Government was The Government Decision No nr. 461V201143 on the organisation and functioning of the National Anti-drug Agency, an institution with legal personality, mandated to ensure the coordination, at national level, the development and implementation of policy response to the drug phenomenon. With the repositioning of the agency within the Ministry of Administration and Interior has developed a new concept for the monitoring of drug problems, through an effective institutional system, both structural and legislative, through a modern approach to current threats in the area, by opening up to civil society and through programmes of prevention, assistance and combat, all subsumed under the provisions of the National Anti-drug Strategy.

<sup>43</sup> The Government Decision No 461 of 11 May 2011 on the organisation and functioning of the National Anti-drug Agency (issued by: the Government of Romania, published in the Official Gazette, Part 1, No 331, 12.5.2011)

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

### 2.1. DRUG USE IN THE GENERAL POPULATION

The last study regarding the knowledge, attitudes and drug use practices in the general population was conducted in 2010, the results being published in the National Report on drug situation in Romania, 2011<sup>44</sup>.

### 2.2 DRUG USE IN SCHOOLS AND AMONG YOUTH POPULATION

#### 2.2.1. DRUG USE IN SCHOOLS

In 2011, the national component of the ESPAD European study was implemented for the fourth time in Romania (study conducted at international level once every 4 years, starting with 1995).

The research at the national level was achieved through the partnership of the National Anti-drug Agency and National School of Public Health and Sanitary Management (SNSPMS), with support from the Ministry of Education, Research, Youth and Sports (DEPARTMENT of EDUCATION), being carried out under the methodological coordination CAN (Swedish Council for Information on Alcohol and other Drugs, Stockholm/Sweden).

In conducting this study, the National School of Public Health, Management and Professional Development ensured the coordination of the project, according to the international recommendations, and the National Anti-drug Agency ensured the implementation of the field phase and the setting up of the database. The Ministry of Education, Research, Youth and Sports ensured the sampling framework by providing the database comprising the eligible schools and by facilitating the access in schools. The research instrument was represented by the international questionnaire, translated and adapted. The multi-phase sampling procedure was carried out by the National School of Public Health and Sanitary Management.

#### METHODOLOGY

The sample used was representative for the 9th and 10th graders in high schools in Romania, distributed proportionally according to the school type (high school or college, vocational group, school of arts and crafts), residence (commune, municipality, city) and regions of the country. The classes which participated to the study were selected randomly (aleatory).

Adolescents born in 1995 were taken in consideration, the sample being composed of 2770 pupils (of which 1279 boys and 1491 girls), selected from a sample of 149 schools (268 9th and 10th graders). The data collection period was June 2011. The study involved only the pupils for whom the written parental consent to participate to the study was previously obtained. Even in the case of obtained parental consent, the pupils participated voluntarily.

#### RESULTS

##### A. LIFETIME PREVALENCE OF ILLICIT DRUG AND NPS USE

The prevalence of any type of illicit drug use<sup>45</sup> for at least once in their lifetime, among Romanian 16 years old adolescents was of 15.6 %. The gender distribution of the respondents shows a prevalence of the experimental use, for any type of illicit drugs, of 17.8 % among boys and of 13.8 % among girls. The category "any type of illicit drugs" within this analysis includes all the drugs considered illicit according to Romanian laws, based on the respondents' answers to the questions concerning the use

<sup>44</sup> Available at [www.ana.gov.ro](http://www.ana.gov.ro)

<sup>45</sup> ESPAD25a (cannabis/marijuana), ESPAD29a (ecstasy), ESPAD30a (inhalants - glue, gasoline, aerosols from doses of spray, butane gas, etc.), ESPAD31b-e (amphetamines, LSD/ other hallucinogens, crack, cocaine), ESPAD31g-i (heroin, hallucinogenic mushrooms, GHB)

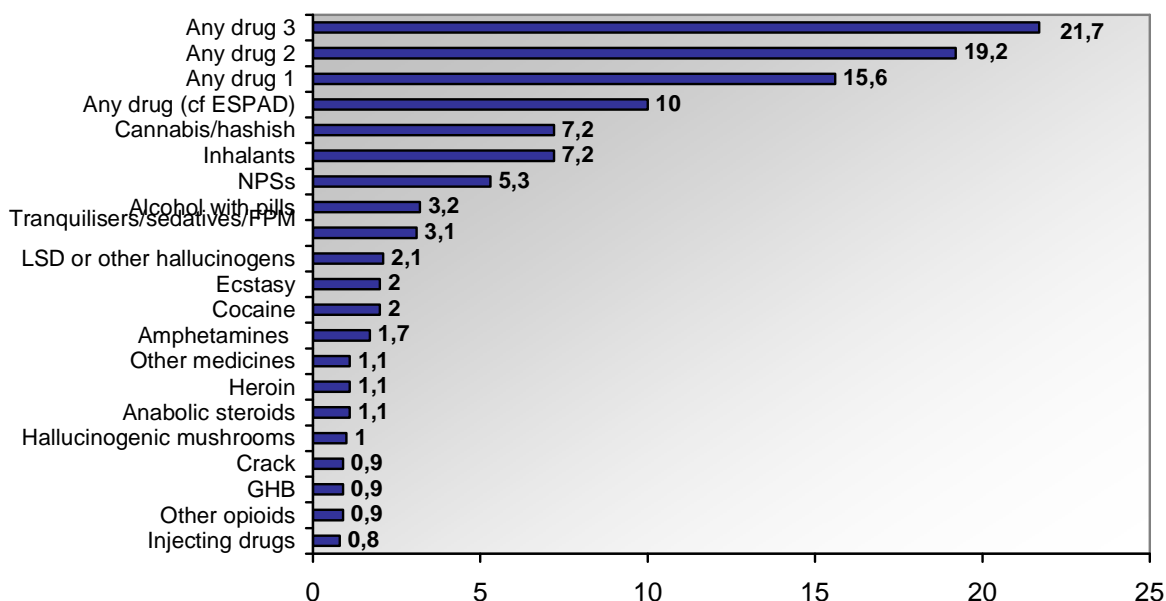
of: cannabis, ecstasy, cocaine, crack, amphetamines, LSD or other hallucinogens, hallucinogenic mushrooms, heroin, GHB and inhalants at least once in their lifetime

Having regard to the fact that the use of new psychoactive substances occurred in Romania since 2009 but increased starting with 2010, specific questions have been included in the international questionnaire of the ESPAD study in order to cover also the magnitude of this type of use, as well as to render a more clear overview on the frequency and characteristics of the NPS use among the 16 years old pupils. These substances have been included in the study under the concept of new psychoactive substances traded under the trade name of "ethno-botanical plants" (e.g. "party pills", "bath salts", plants/powders, etc.)

Including also these substances in the category of "illicit" psychoactive substances used at least once in their lifetime, shows a prevalence of the experimental use of illicit drugs and NPSs of 19.2 %, according to the gender distribution of the respondents, as follows: 22.1 % among boys and of 16.8 % among girls.

The trading names of NPSs most frequently mentioned by the respondents were: BONZAI, CATANA and MAGIC, the first three substances belonging to the category of synthetic cannabinoids, and the last substance belonging to the category of cathinone.

**Chart No 2-1: Lifetime prevalence of drug use, by types of drugs, % (ESPAD 2011)**



**Note:**

\*any drug 1 - cannabis, ecstasy, cocaine, crack, amphetamines, LSD or other hallucinogens, hallucinogenic mushrooms, heroin, GHB, inhalants

\*\*any drug 2 - cannabis, ecstasy, cocaine, crack, amphetamines, LSD or other hallucinogens, hallucinogenic mushrooms, heroin, GHB, inhalants, NPSs

\*\*any drug 3 - cannabis, ecstasy, cocaine, crack, amphetamines, LSD or other hallucinogens, hallucinogenic mushrooms, heroin, GHB, inhalants, NPSs, sedatives and/or tranquilisers, anabolic steroids and other medication (without medical prescription)

\*\*\*any drug (according to ESPAD) - cannabis, ecstasy, cocaine, crack, amphetamines, LSD or other hallucinogens, heroin, GHB

\*\*\*\*other opioids – Codeine/Fortral/Mialgin

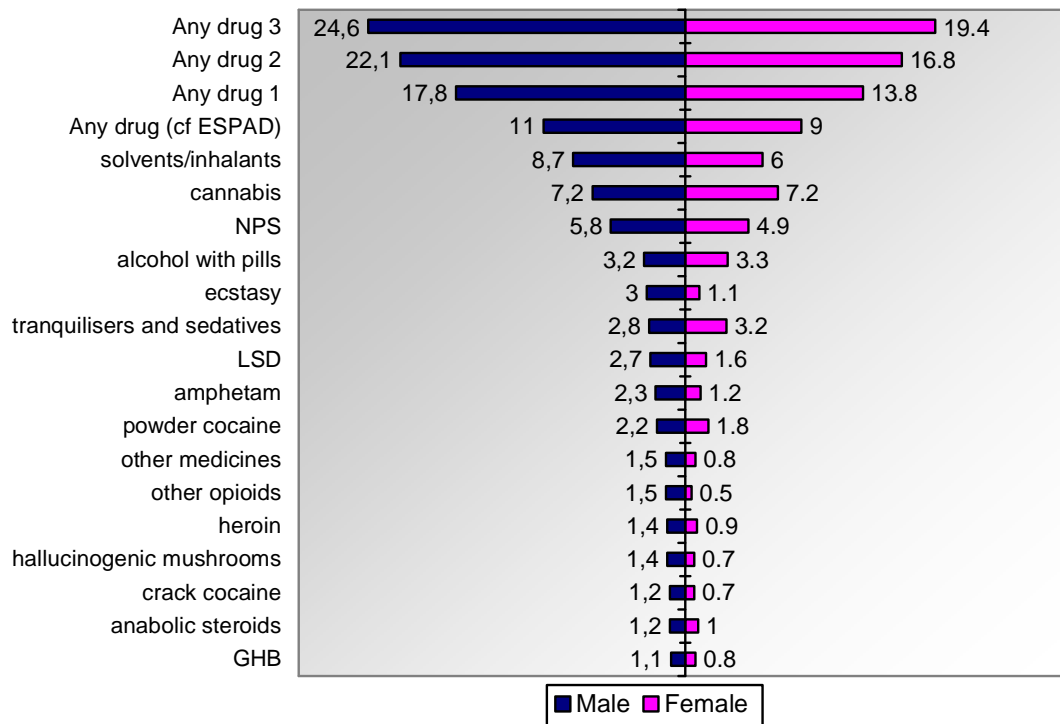
\*\*\*\*\*other medication - Romparkin

Source: NAA

If added to this category (including those of the opioids category), the tranquilisers, sedatives, anabolic steroids and other medication – used without a medical prescription, it results a prevalence of the experimental use of 21.7 %, according to the gender distribution as follows: 24.6 % for boys and 19.4 % for girls.

It is necessary to mention the fact that, according to the methodology of the ESPAD study, in the category „any illicit drug”, in the analysis which was at the base of the research report of the ESPAD study, were included: : cannabis, ecstasy, cocaine, crack, amphetamines, LSD or other hallucinogens, heroin, GHB. According to this classification of the psychoactive substances, Romania is ranked under the European average of 18 %, being among the last 10 European countries, with the lowest lifetime prevalences of any type of illicit drug use (10%), among 16 years old pupils.

**Chart No 2-2: Lifetime prevalence of drug use, by types of drugs and gender % (ESPAD 2011)**



**Note:**

\*any drug 1 - cannabis, ecstasy, cocaine, crack, amphetamines, LSD or other hallucinogens, hallucinogenic mushrooms, heroin, GHB, inhalants

\*\*any drug 2 - cannabis, ecstasy, cocaine, crack, amphetamines, LSD or other hallucinogens, hallucinogenic mushrooms, heroin, GHB, inhalants, NPSs

\*\*\*any drug 3 - cannabis, ecstasy, cocaine, crack, amphetamines, LSD or other hallucinogens, hallucinogenic mushrooms, heroin, GHB , inhalants, NPSs, sedatives and/or tranquilisers, anabolic steroids and other medication (without medical prescription)

\*\*\*\*any drug (according to ESPAD) - cannabis, ecstasy, cocaine, crack, amphetamines, LSD or other hallucinogens, heroin, GHB

\*\*\*\*\*other opioids – Codeine/Fortral/Mialgin

\*\*\*\*\*other medication - Romparkin

Source: NAA

The most experimented drugs among Romanian 16 years old young people are the cannabis and the inhalants, with a prevalence of 7.2 %. These, according to young people's drug-related lifetime preferences, are followed by NPSs – with 5.3 %, tranquilisers and sedatives used without medical prescription – 3.1 %, LSD and other hallucinogens – 2.1 %, ecstasy – 2.0 %, cocaine – 2.0 %, amphetamines – 1.7 %, heroin – 1.1 %, anabolic steroids – 1.1 %, hallucinogenic mushrooms – 1.0 %, crack – 0.9 %, GHB – 0.9 %.

The experimental use of alcohol in combination with pills shows a high prevalence among the 16 years old pupils (3.2 %), being preferred almost equally, both by girls and boys (3.2 % boys, 3.3 % girls), while the injecting drugs are the less experimented by them, recording the lowest lifetime prevalence (0.8 %).

There is a higher prevalence of drug use among boys for most types of analyzed drugs. The exception to the rule is the experimental use of cannabis, in which case there is the same use prevalence, both for girls and boys (7.2 %) and the use of tranquilisers and sedatives used without

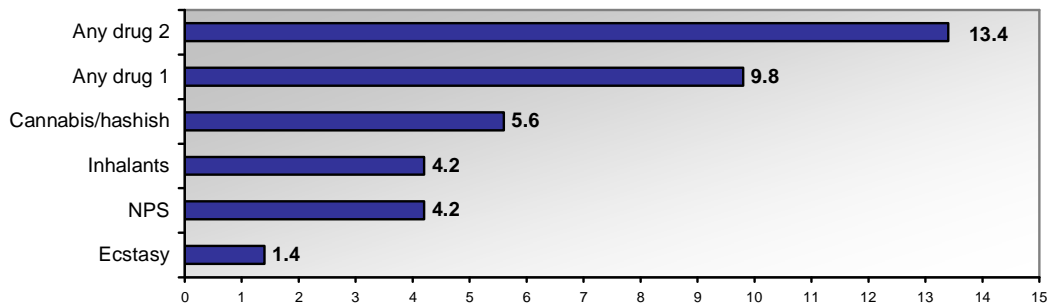
medical prescription, which are experimented in a larger extent among girls - 3.2 % compared to 2.8 % among boys. From this point of view, Romania is the second country (along with France) of those included in the ESPAD study, which does no longer register differences between boys and girls with regard to the lifetime prevalence of cannabis use.

It should be noted that, for all types of illicit drugs, Romania is below the European average values.

## B. ILLICIT DRUG AND NPS USE PREVALENCE IN THE LAST 12 MONTHS

The methodology of the ESPAD study allows knowledge of the recent and current use prevalence only for the following psychoactive substances: cannabis, inhalants, ecstasy and NPSs.

**Chart No 2-3: Prevalence of recent drug use, by types of drugs, % (ESPAD 2011)**



Note:

\*any drug 1 - cannabis, ecstasy, inhalants

\*\*any drug 2 - cannabis, ecstasy, inhalants, NPSs

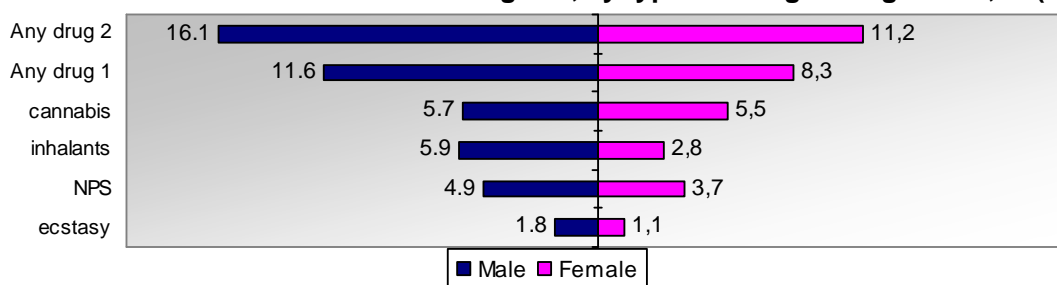
Source: NAA

As at the time of the study, there was a level of uncertainty on the "legal" status of the NPSs, a first analysis on the recent use of any illicit drug was performed, including in this category the cannabis, inhalants and ecstasy, and then another analysis in which to this illicit substances NPSs were added. Thus, a prevalence of 9.8 % of the recent use of any illicit drug (cannabis, inhalants and ecstasy) was obtained. The data analysis by gender distribution of the respondents shows a prevalence of the recent use for any type of illicit drugs of 11.6 % among boys and of 8.3 % among girls.

By adding the NPSs to this category, it results a prevalence of the recent use of cannabis, inhalants and ecstasy, NPSs of 13.4 %, according to the gender distribution as follows: 16.1 % for boys and 11.2 % for girls.

Of the psychoactive substances analyzed, at national level, the cannabis recorded the highest recent use (5.6 %), however being under the European average. Gender distribution of the recent use of cannabis is as follows: 5.7 % among boys and 5.5 % among girls, showing almost similar prevalences of recent cannabis use for the two categories of adolescents.

**Chart No 2-4: Prevalence of recent drug use, by types of drugs and genders, % (ESPAD 2011)**



Note:

\*any drug 1 - cannabis, ecstasy, inhalants

\*\*any drug 2 - cannabis, ecstasy, inhalants, NPSs

Source: NAA

In relation to the inhalants use in the last 12 months, 4.2 % of the adolescents have declared this type of use, value which places Romania under the European average (5 %). The data analysis by gender distribution of the respondents shows a statistically significant difference between boys and girls for the recent use of inhalants ( $\chi^2 = 16,525$ ; DF= 1; significance threshold  $p=0,000$ ) and the fact that there is a negative association, of low level ( $\varphi = -0.77$ ), statistically significant ( $p=0,000$ ), the prevalence of the recent use of inhalants recording the value of 5.9 % among boys and of 2.8 % among girls.

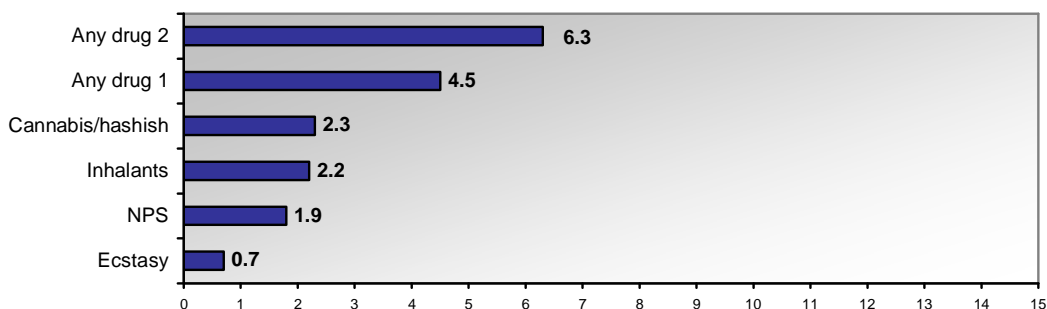
Also, in the last year, 1.4 % of the 16 years old Romanian adolescents have declared they used ecstasy (compared to 2 % the European average) the presence of this type of use being distributed by gender as follows: 1.8% for boys and 1.1% for girls.

In relation to the recent NPSs use, 4.2 % of the adolescents declare having used this type drug (4.9 % among boys and 3.7 % among girls).

### C. ILLICIT DRUG AND NPS USE PREVALENCE IN THE LAST 30 DAYS

As in the case of the recent use, a first analysis on the current use of any illicit drug was performed, including in this concept the cannabis, the inhalants and ecstasy, and then another analysis in which to this illicit substances NPSs were added. Thus, in the first phase a prevalence of the current use of any illicit drug (cannabis, inhalants and ecstasy) among 16 years old Romanian pupils, by gender distribution was obtained, as follows: 5.8% among boys and of 3.4% among girls.

**Chart No 2-5: Prevalence of the current drug use, by types of drugs, % (ESPAD 2011)**



Note:

\*any drug 1 - cannabis, ecstasy, inhalants

\*\*any drug 2 - cannabis, ecstasy, inhalants, NPSs

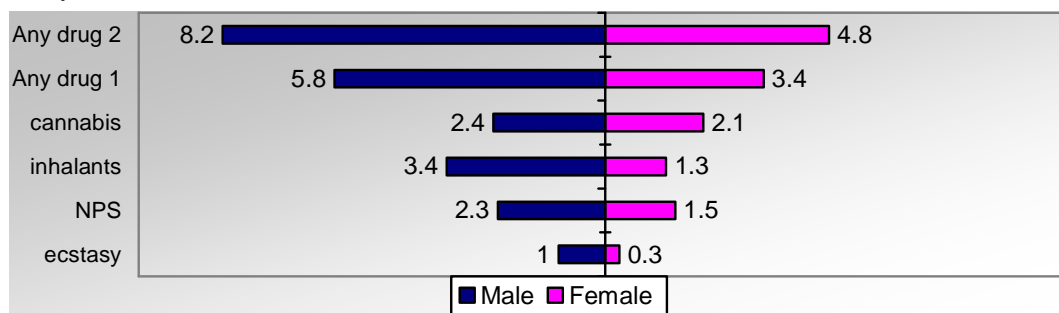
Source: NAA

By adding the data regarding the actual use of NPSs, it results a use of any type of drug in the last 30 days of 6.3 % (cannabis, inhalants and ecstasy, NPSs), by gender distribution as follows: 8.2% among boys and of 4.8% among girls.

The prevalence of the illicit drug use in the last 30 days recorded values below 3 % for all the analyzed substances: cannabis (2.3 %: 2.4 % among boys; 2.1 % among girls), inhalants (2.2 %; 3.4 % among boys and 1.3 % among girls), NPSs (1.9 %; 2.3 % among boys and 1.5 % among girls) and ecstasy (0.7 %: 1.0% among boys and 0.3 % among girls).

As in the case of experimental use of cannabis, Romania is among the countries included in the ESPAD study (along with the Russian Federation and Bulgaria) where there are no differences between boys and girls with regard to the prevalence of this type of use.

**Chart No 2-6: Prevalence of the current drug use, by types of drugs and genders, % (ESPAD 2011)**



Note:

\*any drug 1 - cannabis, ecstasy, inhalants

\*\*any drug 2 - cannabis, ecstasy, inhalants, NPSs

Source: NAA

#### D. DRUG USE ONSET AGE

In order to find the drug use onset age, if the respondent used any of the following substances: cannabis, inhalants, ecstasy or NPSs, the respondent was asked to indicate the onset age of this type of use.

**Table No 2-1: Early onset use (at the age of 13 or earlier) among 16 years old pupils, by respondent gender and by drug, % (ESPAD 2011)**

Used substances	Gender		Total
	Male	Female	
Cannabis	1.0%	0.6%	0.8%
Tranquilisers/sedatives	0.9%	1.2%	1.0%
Ecstasy	0.4%	0.4%	0.4%
Inhalants	2.1%	1.5%	1.8%
Alcohol with pills	0.5%	0.9%	0.7%
Amphetamines	0.6%	0.4%	0.5%
NPSs	1.4%	0.3%	0.8%

Source: NAA

The highest rate of adolescents who started drug use at the age of 13 or earlier is recorded in the case of inhalants use - 1.8 % of the total number of respondents. On the second position are the adolescents who started tranquilisers/sedatives use and on the third position, with an equal rate, is the onset before the age of 13 in the use of cannabis, respectively in the use of NPSs - 0.8 %. There are differences between genders with regard to the NPSs use onset: the rate of boys who started this type of use at the age of 13 or earlier is almost 5 times higher compared to the rate of girls who experimented this type of use – 1.4 % boys, 0.3 % girls.

There is a similar situation with regard to the cannabis use early onset: the number of boys who started this type of use at under 13 years of age is almost 2 times bigger than the number of girls (1.0 % boys, 0.6 % girls). In terms of alcohol with pills use onset, the rate of girls who started this type of use at the age of 13 years or earlier is almost twice higher than the rate of boys who had the same behavior. At the same time, for the first time in the 4 editions of the ESPAD study performed in Romania, is recorded the early use of cannabis/hashish among girl pupils of 16 years (0.6 % girls).

The highest rate of adolescents who started drug use at the age of 13 or earlier is recorded in the case of inhalants use - 54.4% of the adolescents who declared this type of drug use. This is followed by the use of tranquilisers/sedatives, for which 39.2 % of the adolescents having experimented this type of use started it at the age of 13 years or earlier and on the third position is the amphetamines use onset (31.7 %).

Almost a fifth of those who started the use of amphetamines (21.3 %), respectively the use of ecstasy (22.9 %), have started the use at the age of 13 years or earlier.

According to the gender distribution of the respondent, in terms of the onset use at the age of 13 years and earlier, the following differences are recorded:

- in higher rates, the girls, in the tranquilisers/sedatives use (40 % girls, 37.8% boys) and the ecstasy use (28.6% girls, 18.5% boys);
- in comparison, in higher rates, the boys start earlier than the girls the cannabis use (13.7 % boys, 7.6 % girls), the inhalants use (57.8 % boys, 51.1 % girls);
- the amphetamines use is started by girls and boys in similar rates (32.0 % boys, 31.1 % girls).

**Table No 2-2: Early onset use (at the age of 13 or earlier) among declared users, by respondent gender and drug, % (ESPAD 2011)**

Used substances	Youngest onset age		Rate of those who started the use		Total
	Male	Female	Male	Female	
Cannabis	<= 9 years	<= 9 years	13.7	7.6	10.3
Tranquilisers/sedatives	<= 9 years	<= 9 years	37.9	40.0	39.2
Ecstasy	<= 9 years	<= 9 years	18.5	28.6	22.9
Inhalants	10 years	<= 9 years	57.8	51.1	54.4
Alcohol with pills	<= 9 years	<= 9 years	2.9	19.4	21.3
Amphetamines	<= 9 years	<= 9 years	32.0	31.3	31.7
NPSs	<= 9 years	<= 9 years	16.0	12.5	14.3

Source: NAA

## E. RISK PERCEPTION

The risk associated with regular use, regardless of the drug type, is perceived as being high by most of the respondents, their proportions varying between 66 % and 72 %.

The perception of a high risk in the case of experimental use (once/twice) for the cannabis, amphetamines, ecstasy varies between 40 % and 47 % while only 28 % of the respondents assign high risks to the experimental use of NPSs.

**Table No 2-3: Perception of a high risk associated with the drug use, among 16 years old adolescents, by types of drugs, % (ESPAD 2011)**

Used substances	Once/twice use	Occasionally/rarely use	Regular use
NPSs	28.0	34.5	69.8
Cannabis	46.1	45.2	70.6
Ecstasy	39.2		66.3
Amphetamines	44.3		65.0

Source: NAA

## F. THE MOTIVATION BEHIND THE USE

Of those who used drugs as cannabis/ hashish, amphetamines or ecstasy, 69.1 % have indicated curiosity as main motivation, 21.6 % have mentioned as pretext of use the wish to change their mood/state of mind, while 17.0 % declared that "they wanted to forget about their

problems". The same "classification" is recorded also in the case of NPSs use: curiosity – 74.2 %, followed by the intention to modify its mood/state of mind – 23.1 %, respectively the wish to forget about problems – 16.4 %.

**Table No 2-4: Motivation of use in the opinion of adolescent users, by types of drugs, % (ESPAD 2011)**

Motivation of the use of:	cannabis amphetamines or ecstasy	NPSs
I wanted to change my mood/state of mind	21.6	23.1
I didn't want to be different from the group	10.8	7.4
I had nothing else to do	14.2	14.5
I was curious	69.1	74.2
I wanted to forget about my problems	17.0	16.4
Other reason/reasons	9.7	6.7
I don't remember	9.4	23.1

Source: NAA

It should be specified that 32.8 % of the respondents declared that they have friends who use NPSs and 2.9 % declared that they have brothers/sisters who use NSPs. The presence of the use of this type of substances in the group of friends and/or in the family represents risk factors for their own NPSs use onset, especially since it was noticed that this type of use represents a main activity of the group.

### TRENDS

The comparative analysis of the results of ESPAD studies conducted in Romania among 16 years old pupils in the years 1999, 2003, 2007 and 2011 allowed the identification of the following models (patterns):

#### DECREASE

- In comparison to the results of the study conducted in 2007, there is a decrease in the lifetime prevalence of tranquilisers or sedatives use, used without medical prescription, from 4.1 % in 2007 to 3.1 % in 2011.
- Also, there is a decrease in the use of alcohol with pills (from 4.4 % in 2007 to 3.2 % in 2011).

#### INCREASE

- Compared to the previous study, there is an increase in the lifetime prevalence of illicit drugs, tranquilisers and sedatives use - 15.6 % in 2011, as compared to 14.5 % in 2007.

**Table No 2-5: Evolution of lifetime drug use, by types of drugs, % (ESPAD 1999, 2003, 2007, 2011)**

	1999	2003	2007	2011
NPSs				5.3
Injecting drugs		0.3	0.7	0.8
Hallucinogenic mushrooms		0.2	0.2	1
Tranquilisers/sedatives/FPM	5	6	4	3.1
GHB			0.3	0.9
Inhalants	1	2	4	7.2
Cannabis/hashish	1	3	4	7.2
Ecstasy	0	1	1	2
LSD or other hallucinogens		0.3	1	2.1
Crack			0.3	0.9
Cocaine		0.7	1.5	2
Amphetamine		0.4	0.6	1.7
Heroin			0.3	1.1

Source:NAA

- Except for the two cases of decrease previously mentioned, for the other psychoactive substances analyzed the prevalences of experimental use were higher for:
  - cannabis - from 3.5 % in 2007, to 7.2 %, in 2011;
  - inhalants - from 4.1 % in 2007, to 7.2 %, in 2011;
  - ecstasy - from 1.2 % in 2007, to 2.0 % in 2011;
  - cocaine - from 1.5 % in 2007, to 2 % in 2011;
  - amphetamines - from 0.6 % in 2007, to 1.7 %, in 2011;
  - LSD or other hallucinogens - from 1 % in 2007, to 2.1 % in 2011;
  - hallucinogenic mushrooms - from 0.2 % in 2007, to 1 %, in 2011;
  - heroin - from 0.3 % in 2007, to 1.1 %, in 2011;
  - injecting drug - from 0.7 % in 2007, to 0.8 % in 2011.

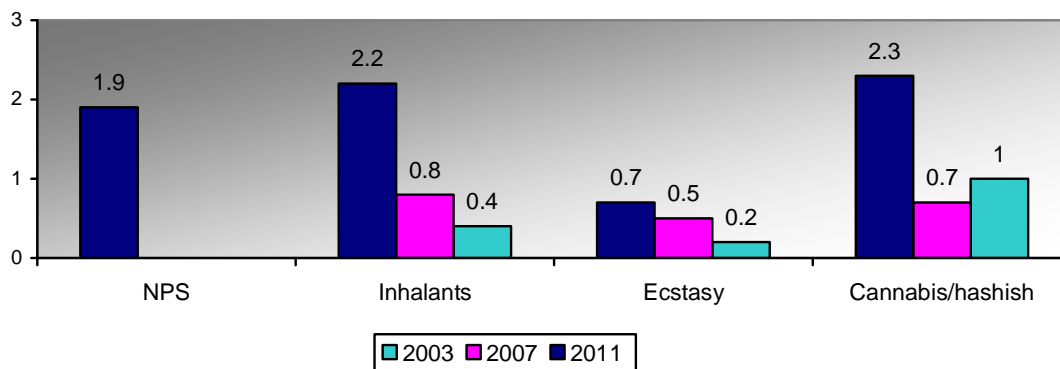
**Table No 2-6: Evolution of recent drug use, by types of drugs, % (ESPAD 2003, 2007, 2011)**

	2003	2007	2011
Cannabis/hashish	1.5	1.9	5.6
Inhalants	0.4	1.8	4.2
Ecstasy	0.2	0.6	1.4
NPSs			4.2

Source: NAA

- At the same time, higher prevalences are recorded for the recent use in the case of all psychoactive substances analyzed, as follows:
  - Any illicit drug<sup>46</sup>: from 3.7 % in 2007, to 9.8 % in 2011;
  - cannabis - from 1.9 % in 2007, to 5.6 %, in 2011;
  - inhalants - from 1.8 % in 2007, to 4.2% in 2011;
  - ecstasy – from 0.6 % in 2007, to 1.4 % in 2011;

**Chart No 2-7: Evolution of current drug use, by types of drugs, % (ESPAD 2003, 2007, 2011)**



Source: NAA

- Regarding the current use, there are also increase of prevalences for all the psychoactive substances, namely:
  - Any illicit drug<sup>47</sup> - 4.5 % in 2011, compared to 1.6 % in the year 2007
  - cannabis/ hashish – 2.3 % in 2011, compared to 0.7 % in the year 2007
  - inhalants – 2.2 % in 2011, compared to 0.8 % in the year 2007
  - ecstasy – 0.7% in 2011, compared 0.5 % in the year 2007.

### CONCLUSIONS:

- For all types of illicit drugs, Romania is below the European average values.
- The results of the national study within ESPAD 2011 ranks Romania in the last 10 European countries with regard to the level of prevalence of any type of illicit drug use for at least once in

<sup>46</sup> In this point, the concept of any illicit drugs includes: cannabis, inhalants and ecstasy

<sup>47</sup> In this point, the concept of any illicit drug include: cannabis, inhalants and ecstasy

their lifetime among 16 years pupils, our country being 8 percent below the European average recorded (18 %).

- The highest increase rates were recorded in the case of the prevalence of cannabis/hashish, inhalants and amphetamines use.
- The prevalences recorded in the last year and in the last month with regard to the NPSs use for once in their lifetime rank these substances among the most used drugs among 16 years old pupils in Romania, along with cannabis/hashish and inhalants. There is a small difference between the lifetime use of NPSs, the current and the recent use.
- 13.6 % of the respondents who declared the drug use initiation at the age of 13 or earlier have started the use with NPSs.
- For the first time in the ESPAD studies, there is an early cannabis/hashish use among girl pupils of 16 years old in Romania.
- From the gender distribution point of view, Romania is among the few states included in the study in which case there are no differences recorded between girls and boys both with regard to the lifetime prevalence (along with France) and the last month prevalence of cannabis/hashish use (along with the Russian Federation and Bulgaria).
- Most of the respondents (66.3 %-70.6 %) consider that a regular use, regardless of the drug type involves a high risk for health. In comparison, the experimental drug use is considered by respondents as having negative effects in smaller percentages, which vary from 28 % (for the use of NPSs) to 46.1 % (cannabis).
- The relatively low percentage of pupils who associate a high risk with the use of NPSs once/twice or occasionally/rarely, compared to the perception on the risks associated with the use of other analyzed drugs within the study (cannabis/hashish, amphetamines and ecstasy), may determine a more permissive behavior among adolescents in experimenting these types of substances.
- The presence of the use of this type of substances in the group of friends and/or in the family represents risk factors for own NPSs use onset, especially since it was noticed that this type of use represents a main activity of the group.

## **2.2.2. DRUG USE IN UNIVERSITIES**

### **2.2.2.1 METHODOLOGY**

The National Anti-drug Agency conducted in 2011 with the purpose of obtaining information on the scope and trends of the use of different drugs among the population in the higher education, the first study among students (*SPS– Students Population Survey*).

The sample was set to 3000 respondents, which was representative for the population of the higher education (daily education), aged over 18, of the 8 larger university towns: Bucharest, Iași, Cluj Napoca, Timișoara, Craiova, Constanța, Pitești and Brașov (one town for each euro-zone/development region of Romania: county capital municipality and university town of the county with the largest population of students/the highest number of faculties in the region). The sample had a maximum deviation of +/-1.8% against a confidence interval of 95 %.

The study was based on a random, stratified and multi-phase sampling procedure, and the stratification variables were:

- daily education – state (public)/ private (individual);
- study profile/ specialization: 1. technical (industry, transport and telecommunication, construction and architecture), 2. agriculture and forestry, 3. medicine + pharmacy, 4. economic sciences, 5. legal sciences, 6. academic and 7. artistic (arts, theater and cinema, music);
- gender.

**Table No 2-7 SPS study sample, by university town, specializations and gender, 2011 (No of persons)**

University town	Structure on specializations														TOTAL
	1. technical		2. agricul. +forestry		3. med. + pharmacy		4. ec. sciences		5. legal sciences		6. academic		7. artistic		
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
Bucharest	141	112	25	20	33	27	316	250	99	78	262	208	13	10	1594
Braşov	17	14	3	2	4	3	39	31	12	10	32	25	2	1	194
Cluj-Napoca	26	21	5	4	6	5	59	47	18	15	48	39	2	2	296
Timișoara	20	16	4	3	5	4	44	35	14	11	36	29	2	1	223
Craiova	13	10	2	2	3	2	28	23	9	7	24	19	1	1	143
Pitești	8	6	1	1	2	2	18	14	6	4	15	12	1	1	91
Constanța	15	12	3	2	4	3	34	27	11	8	28	22	1	1	171
Iași	25	20	5	4	6	5	56	45	18	14	47	37	2	2	286
TOTAL	265	211	48	38	63	51	594	471	186	148	492	391	24	19	3000

Source: NAA

*Questionnaire, data collection and analysis:*

The data collection was performed by a private company of sociological research in Romania<sup>48</sup> and was financed under the Finance Agreement between Observatory for Drugs and Drugs Addiction and NAA.

- A 215 item questionnaire (400 variables) was used that refers to the knowledge, attitudes and drug use patterns. The questionnaire included 5 units (1. social-demographic data, 2. tobacco, 3. alcohol, 4. tranquillisers, barbiturates and anti-depressants, new psychoactive substances (traded under the trading name of "ethno-botanical plants") and illicit drugs, 5. knowledge, attitudes and opinions).
- The data analysis was performed within the National Anti-drug Agency/the Romanian Observatory on Drugs and Drug Addiction.

## 2.2.2.2 RESULTS

### I. Prevalence of legal drug use

#### A. Alcohol

The highest prevalence of psychoactive substances use was recorded, as in the case of other studies, for the use of alcoholic beverages:

- most of the students (96.4%) have experimented the use of alcohol at least once in their life,
- approximately ¾ have declared a current use (in the last 30 days), which confirms the theory that alcohol is a largely accepted social drug.
- 6% have experimented the daily use of alcoholic beverages and
- approximately 2 of 3 respondents (60.9 %) have experimented drunkenness at least once in their life.

**Table No 2-8 Alcohol and excessive use of alcohol prevalence (inducing drunkenness), (SPS, 2011) (%)**

Prevalence	Alcohol use	Excessive alcohol use (inducing drunkenness)
lifetime	96.4	60.9
in the last year	90.6	38.6
in the last month	76.6	17.0
daily use	6.0	1.1

Source: NAA

<sup>48</sup> AB Research Grup

On the first position of the preferences of young people is the beer, followed by wine, beverage with a high level of alcohol and on the last position - champagne/sparkling wine.

**Table No 2-9 Percentage distribution of various alcoholic beverages use, total and by respondent gender, (SPS, 2011)**

	SPS ≥18 years		
	T	M	F
Beer	51.5	62.6	41.5
Wine	25.1	17.8	31.9
Champagne/sparkling wine	1.8	0.2	3.4
Alcohol and strong drinks (brandy, gin, vodka, vermouth, whiskey, tequila, etc.)	21.5	19.5	23.3

Source: NAA

Regarding the drunkenness level<sup>49</sup> reached by the subjects last time they used alcohol, the data show a high level of drunkenness (6-9) or very high (10-very dizzy):

- total: 21.5 %, respectively 2.2 %;
- by gender - male: 29.7 %, respectively 5.2 %; female: 12.1%, respectively 0.5%;
- by the type of beverage most often used, at a high level of drunkenness (6-9) have reached: 45 % of those who use alcohol most often, 24.1 % - beverages with a high level of alcohol and 22.5 % of those who prefer beer.

**Table No 2-9 Distribution of respondents by the self evaluation of the drunkenness level last time reached (SPS -total and by type of alcoholic beverage they use most often) (%)**

What alcoholic beverage do you drink most often?	How dizzy/drank have you been the last time you drank alcoholic beverages?				
	1 – not at all*	2-5	6-9	10 –very dizzy	Total
SPS (≥18 years) beer	23,9	51,3	22,5	2,3	100%
champagne	74,5	21,3	4,3		100%
alcohol	5,0	50,0	45,0		100%
wine	35,0	47,0	17,7	0,3	100%
strong drinks	16,0	55,2	24,1	4,6	100%
Total	25,9	50,5	21,5	2,2	100%

Source: NAA

From the analysis of the alcohol onset age<sup>50</sup> the following are recorded:

- the use of champagne onset occurs the earliest (average – 13.7 years); followed by wine use onset (average – 14.1 years), beer (average – 14.4 years), alcohol (average – 14.8 years) and plum brandy, brandy, cherry brandy (average – 15.3 years);
- in the case of excessive alcohol use onset (inducing drunkenness): the average onset age – 16.3 years, and 18.9 % - have experimented drunkenness before 15 years old.

<sup>49</sup> The research subjects were asked to indicate on a scale from 1 (at all) to 10 (very dizzy) how dizzy/drank they were the last time drank alcoholic beverages.

<sup>50</sup> **THE SELECTIVE INTERACTION AND SOCIALIZATION THEORY-** Denise B. Kandel highlights also a certain evolution (sequentiality) of adopting the behaviour of using drugs, which is performed in four main stages: a) beer and wine use b) cigarets and strong alcohol use; c) marijuana use; d) use of other illicit, more dangerous drugs. In the first stages, the trend of the adolescents is to become different (by drinking beer or wine). The chances of becoming user increase if they become members of adolescents groups which use this type of substances, "the climate of the starting group" strongly influencing adopting its own use behaviour.

**Table No 2-11 Onset use age, by type of alcoholic beverage, SPS – 2011 (years)**

	Onset use age						mean	median	method 51
	<= 5 years	6-10 years	11-14 years	15-18 years	19-22 years	>=23 years			
beer	0.6	11.7	36.2	47.7	3.9		14.38	15	14
champagne	1.5	16.2	37.5	42.3	2.6		13.74	14	14
alcohol	1.4	9.1	27.7	56.3	5.4	0.2	14.78	15	15
wine	2.5	14.5	28.5	49.8	4.5	0.1	14.13	15	16
Plum brandy, brandy, cherry brandy	2.3	10.1	19.5	57.1	10.8	0.2	15.27	16	18
gin tonic	0.3	0.5	12.8	67.8	17.7	0.9	16.90	17	18
vodka	0.1	0.7	9.8	68.7	20.3	0.4	17.11	17	18
cocktail	0.1	0.5	8.5	67.5	22.9	0.5	17.31	17	18
whisky	0.1	0.4	7.9	62.7	27.7	1.3	17.54	18	18
tequila	0.1	0.2	5.3	61.4	31.6	1.5	17.79	18	18
drunkenness	0.3	4.1	14.5	64.1	15.8	1.3	16.33	16	16

Source:NAA

### B. Tobacco

As in the case of general population or young people (15-34 years old) from large towns, smoking tobacco products records the second level of prevalence of psychoactive substances use: more than half of the interviewers (63%) smoked at least once in their lifetime. 41.2 of the respondents declared a current use (in the last 30 days), and one of three (33.4 %) declared they smoke daily.

**Table No 2-12 Prevalence of tobacco use (SPS, 2011) (%)**

Prevalence of tobacco use	SPS ≥ 18 years
Lifetime	62.6
In the last year	49.0
In the last month	41.2
Daily smoking	33.4

Source:NAA

The similar values between the prevalences of tobacco products use in the last year and those for the current use suggest the fact that this type of behavior corresponds to a monthly use pattern, which subsequently tends to become a daily use, being also recorded that more than half of those who initially had an experimental use (62.6 %) have passed to regular use (daily smoking - 33.4 %).

**Table No 2-13 No of smoked cigarettes (SPS, 2011) (%)**

No of smoked cigarettes	SPS (≥18 years)
Prevalence of use in the last month, out of which	41.2
i smoke occasionally (e.g. at parties) or when i have cigarettes	6.8
1-5 cigarettes/week	1.0
<b>daily</b> Total – out of which:	33.4
1-5 cigarettes	8.4
6-10 cigarettes	7.9
11-15 cigarettes	5.1
16-20 cigarettes	9.0
more than 20 cigarettes	3.0

Source: NAA

The data analysis regarding the onset age by the respondent gender shows the same value as the minimum age of smoking the first cigarette, both for male and female, respectively six years old. The period during which smoking the first cigarette may occur is longer in the case of males (up to 29 years, as compared to 24 years), while the behavior of a daily use may occur up to 25 years old for females, as compared to 23 years old in the case of men.

**Table No 2-14 The use onset age, by respondent gender (SPS, 2011) (years)**

	Study	Male				Female			
		min	mean	mod	max	min	mean	mod	max
use (first cigarette)	SPS (≥18 years)	6	15,0	14	29	6	16,1	15	24
daily use	SPS (≥18 years)	10	17,5	16	23	12	17,8	17	25

Source:NAA

**The profile of the current tobacco and alcohol user** - the analysis of the correlations between the use prevalence level and the social-demographic characteristics of the respondents indicate the following profile:

- *of the smoker (current use)*: male, aged above 24 years, coupled (married/in cohabitation); with residence in large urban areas (Bucharest and other towns – county capital municipality) and lives alone in its own dwelling, originating from families with very good economic situation and has occasionally various jobs; follows paid courses of the state faculties, is in the 3rd year, academic/medical specialization and smokes occasionally (e.g. at parties) or maximum 5 cigarettes per day;
- *of the alcohol user (current use)*: male, aged above 25 years, coupled (married/in cohabitation), follows MA/PhD courses in state or private faculties - paid courses, academic specialization, with residence in large urban areas, lives alone in its own dwelling, originating from families with very good economic situation and has occasionally various jobs and most often drinks beer reaching a low level of drunkenness (2-5 on a scale from 1 to 10)
- *of the excessive alcohol user (inducing drunkenness)\_current use*: male, aged under 20 years /over 25 years, coupled (married/cohabitation), follows paid courses of the state faculties, is in the 3rd year, artistic specialization, with residence in rural localities, lives with someone from the entourage (friends), in the family dwelling, originates from families with very good economic situation and has occasionally various jobs.

## **II. Prevalence of medicine use (tranquillisers, sedatives, anti-depressants) without medical prescription, NPSs - new psychoactive substance (traded under the trade name of "ethnobotanical plants") and illicit drugs**

### **A. Lifetime drug use prevalence**

Lifetime of any type of drug use prevalence among students is of 23.2 %, all types of illicit drugs being included, but also tranquilisers (without medical prescription) and new psychoactive substances (NPSs) traded under the trade name of "legal drugs or ethno-botanical plants". According to presented data, the most used of the illicit drugs is the cannabis (20.9 %), followed by ecstasy, hallucinogenic mushrooms, ketamine, cocaine, LSD and amphetamines. The heroin records values below 1 %. NPSs have a lifetime use prevalence of 9.5 %, and the use of tranquilisers without medical prescription records the value of 3.6 %.

**Table No 2- 15 Lifetime prevalence of illicit drugs/psychoactive substances use, (SPS, 2011) (%)**

Psychoactive substance used		SPS ≥18 years
any drug/substance		23.2
Out of which	cannabis	20.9
	NPSs	9.5
	tranquilisers without medical prescription*	3.6
	other hallucinogens (hallucinogenic mushrooms and ketamine)	2.7
	ecstasy	2.5
	LSD	1.6
	cocaine	1.6
	amphetamines	1.4
	heroin	0.3
	others	1.1

Source:NAA

**B. Illicit drug use prevalence in the last 12 months (recent use)**

The prevalence of the recent use among students is of 9 % and as in the case of lifetime use, the highest value, by type of used drug, was recorded for cannabis/ marijuana – 7.9 %, followed by NPSs - 1.4% and tranquilisers used without medical prescription – 1.2 %. Thus, the recent use is focused on recreational drugs, such as cannabis and ecstasy.. There is, however, a diversification of use and the presence of ketamine use among students, which use was reported for the first time in Romania within the GPS 2010 study.

**Table No 2-16 Psychoactive substances recent use prevalence – SPS, 2011 (%)**

Psychoactive substance used		prevalence of use in the last year
any drug/substance		9 %
Out of which	cannabis/marijuana	7.9 %
	NPSs	1.4 %
	tranquilisers without medical prescription	1.2 %
	hallucinogenic mushrooms	0.8 %
	LSD	0.8 %
	ecstasy	0.7 %
	amphetamines	0.6 %
	cocaine	0.5 %
	ketamine	0.4 %
	others	0.2 %

Source: NAA

**C. Illicit drug use prevalence in the last 30 days (current use)**

The prevalence of the recent use is of 5 %, the most used substance being, in this case also, the cannabis – 4.5 %. The use of tranquilisers without medical prescription, hallucinogenic mushrooms, LSD and amphetamines records the same prevalence, 0.2 %, while for the NPSs the use prevalence value is of 0.1 %. Except for the use of cannabis, the values of the drug use prevalence in the last 30 days record lower values.

**Table No 2-17 Psychoactive substances current use prevalence – SPS, 2011 (%)**

Psychoactive substance used		prevalence of use in the last month
any drug/substance		5 %
Out of which	cannabis/marijuana	4.5 %
	tranquilisers without medical prescription	0.2 %
	hallucinogenic mushrooms	0.2 %
	LSD	0.2 %
	amphetamines	0.2 %
	NPSs	0.1 %
	others	0.1 %

Source: NAA

Regarding **the use onset age**:

- the youngest onset age declared is: 14 years – for cannabis use, 15 years - for tranquilisers without medical prescription and ketamine use, 16 years - for ecstasy and NPSs use and 17 years – for amphetamines, LSD, cocaine and hallucinogenic mushrooms use;
- the pattern of use records the lowest value for the use of LSD - 17 years old and the highest value for the NPSs use – 20 years;
- the onset age average: the lowest value of this statistical indicator is of 18.4 years for the use of tranquilisers without medical prescription and the highest value is 23.2 years for the use of amphetamines;
- the highest onset age declared is for amphetamines and cannabis - 29 years.

**Table No 2-18 Drug use onset age - SPS, 2011 (years)**

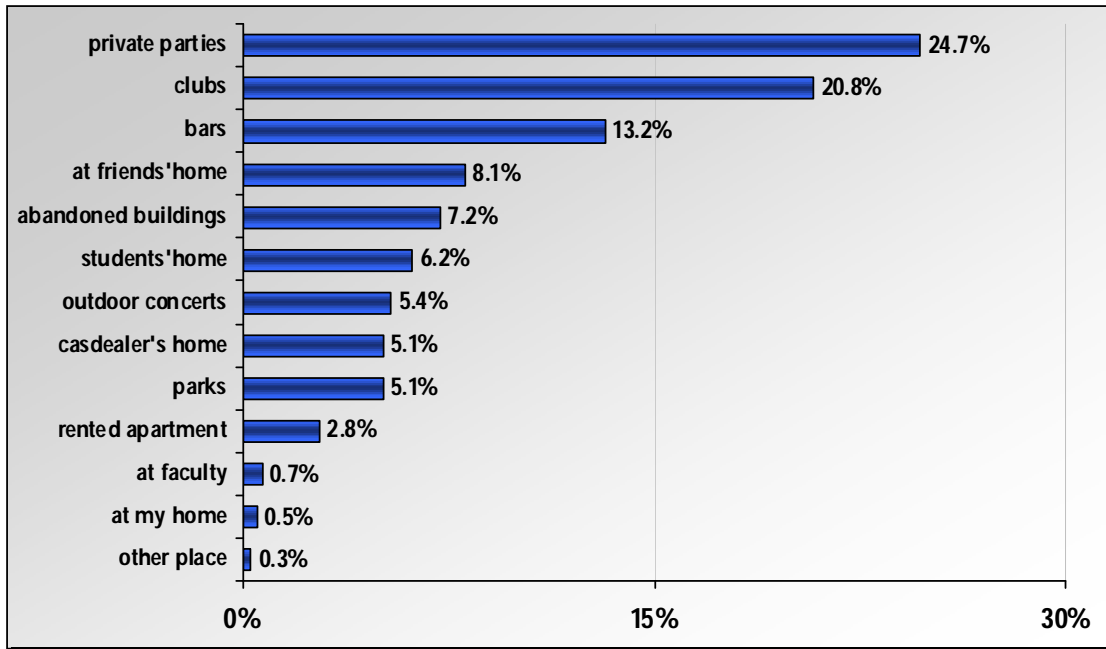
Use substance	Minim	Mean	Mod	Maximum
Cannabis/marijuana	14	1.86	18	29
Tranquilisers without medical prescription	15	18.44	19	22
Ketamine	15	18.65	18	24
Ecstasy	16	19.19	18	22
NPSs	16	19.11	20	23
Amphetamines	17	23.17	19	29
LSD	17	19.53	17	22
Cocaine	17	18.50	18	23
Hallucinogenic mushrooms	17	20.40	23	23

Source: NAA

**Places of drug use** - according to data in the graph below, in the respondent's opinion:

- the places most associated to drug use (64,1%) are those for spending the free time: private parties, clubs, bars and outdoor concerts;
- 17.6 % have indicated their friends residence or their own: at home of friends, students house, rented apartment, at my home;
- 12.3 % opted for abandoned buildings and parks and
- 5.1 % for the *dealer's home*.

**Chart No 2-8 Distribution of respondents by the opinion regarding the places of drug use-SPS, 2011 (%)**



Source:NAA

***Pattern of use and onset use (group/individual use):***

The group represents the most frequent pattern of use mentioned, both for the onset use and for the subsequent use. It consists generally of 5 persons and is characteristic to the use of cannabis, hallucinogenic mushrooms and NPSs. The drug use in two is characteristic to the use of tranquilisers without medical prescription, cocaine and amphetamines. The use by themselves was declared by a single person for the subsequent use of cannabis.

***Motivation of use*** - with regard to the reasons which determine most of the students to start and subsequently use illicit drugs, most of the respondents have indicated:

- On the first position is: the entourage/friends influence,
- The following two reasons are connected to the individual personality: the thrill-seeking and curiosity/temptation,
- The family is mentioned as forth reason: personal/family problems.

**Table No 2-19 Distribution of respondents by the opinion regarding the motivation which determines the use, total and by the lifetime illicit drugs and NPSs use of the respondent - SPS, 2011 (%)**

What do you think it determines most young people <u>TO TRY/TO USE</u> illicit drugs?.....?	total	Lifetime use of:	
		illicit drugs	NPSs
entourage/friends	22.2 %	19.4 %	21.9 %
the thrill-seeking	18.8 %	18.5 %	19.4 %
curiosity, temptation	13.7 %	15.7 %	13.8 %
eccentricity	7.7%	6.4 %	7,7 %
personal/family problems	6.6 %	7.2 %	7.7 %
they want feel good	4.2 %	4.9 %	2.0 %
low educational and cultural level	3.5 %	2.7 %	3.7 %
boredom/loneliness	3.3 %	4.2 %	4.4 %
in order to overcome a stressful situation	3.3 %	4.2 %	2.7 %
irresponsibility	3.4 %	3.7%	4.2 %
having a lot of money	2.9 %	2.2 %	1.6 %
in order to please friends	2.5 %	2.4 %	2,1 %
imitating the movie models	1.7%	2.2 %	1.6 %
family climate (as some of the family members)	1.7 %	1.3 %	1.0 %
lack of information/false information regarding the use effects	1.3 %	1.6 %	1.2 %
increase sports performance	0.8 %	1.4 %	1.7 %
increase sexual performance	0.7 %	0.3 %	0.7 %
increase intellectual performance	0.7 %	0.7%	0.9 %
to avoid being rejected by the partner	0.3 %	0	0
poverty	0.3 %	0	0
to lose weight	0.2 %	0	0
other reason	0.2 %	0.8 %	1.2 %
forced by someone	0.1 %	0.1 %	0.1 %

Source: NAA

Asked what was the motivation for starting to use drugs, it was noticed that none of the respondents who had declared the illicit drugs/NPSs use didn't opt for the answer: „*i had a fight with my family*". Also, the importance of entourage/ friends influence "*I didn't want to be different from the group*" is much smaller, especially in the case of those who used illicit drugs at least once in their lifetime (3 %). For those who used NPSs at least once in their lifetime, the influence of the entourage represents the motivation declared by 10.3 % of them. The first two important reasons are connected to the individual's personality. Thus, of those who used illicit drugs/NPSs at least once in their lifetime, more than half have opted for answer "I was curious" and more than ¼ for the answer "I wanted to feel good".

**Table No 2-20 Distribution of those who experimented the illicit drugs/NPSs use, by the motivation invoked - SPS, 2011**

What was the reason(s) for starting to use drugs?	Lifetime use of:	
	illicit drugs	NPSs
I was curious	55.9 %	58.8 %
I wanted to feel good	27.2 %	29.4 %
other reasons	6.4 %	0
I had nothing else to do	4.5 %	0
I didn't want to be different from the group	3.0 %	10.3 %
I wanted to forget about my problems	3.0 %	1.5 %
Total	100 %	100 %

Source: NAA

According to the data presented in the following table, both in the opinion of non-users and of those who used illicit drugs/NPSs at least once, the most important reasons for which young people didn't

start to use drugs are the following: self respect, awareness of the risk of use for health, fear of addiction and fear of death, and those with the lowest level of influence are: passion for a particular field (*hobby*), availability of drugs and media campaigns.

**Table No 2-21 Distribution of respondents by the opinion regarding the motivation which determines the abstinence, population total and by those who experimented the illicit drugs and NPSs use - SPS, 2011 (%)**

What do you think it determines most young people NOT TO TRY/TO USE illicit drugs?	total	Lifetime use of:	
		illicit drugs	NPSs
consciousness/self respect	15.5 %	11.8 %	13.2 %
awareness of the risk of use for health	14.2 %	13.6 %	16.2 %
fear of addiction, fear of not being able to give up	14.1 %	15.3 %	14.9 %
fear/ angst of death	12.6 %	10.3 %	10.4 %
support from family/friends	6.7 %	8.5 %	8.6 %
cultural and educational level	6.6 %	6.8 %	6.2 %
resistance to entourage influence	6.2 %	7.2 %	8.8 %
price of drugs (they are too expensive)	6.1 %	8.7 %	7.7 %
fear of God	5.6 %	4.5 %	2.7 %
fear of/respect for parents	3.5 %	3.2 %	2.5 %
they have other activities in their leisure time	3.2 %	2.8 %	2.0 %
passion for a particular field (hobby)	2.2 %	2.5 %	2.0 %
availability of drugs (are difficult to obtain)	1.9 %	2.1 %	2.1 %
media campaigns	1.5 %	1.8 %	1.6 %
other reason	0.2 %	0.7 %	1.2 %
Total	100 %	100 %	100 %

Source: NAA

**The profile of the illicit drugs and NPSs user** - the analysis of the correlations between the lifetime use prevalence level and the social-demographic characteristics of the respondents indicate the following profile of the user of:

- *cannabis*: male, aged above 24 years, coupled (married/in cohabitation); with residence in rural or urban small localities and lives with colleagues and with relatives, originates from families with very good economic situation and he is employed for an indefinite period; follows postgraduate paid courses (MA and PhD) at state faculties (budget places), academic specialization;
- NPSs: male, aged over 25 years, not coupled (not married/separated/divorced/widower), follows MA/PhD paid courses at state faculties, artistic specialization, with residence in small urban localities, lives alone in its own dwelling, originates from families with very good economic situation and he is employed for an indefinite period.

At the same time, 8 % of the respondent have declared that they had used at least once in their life both cannabis and NPSs, 13 % have used only cannabis and 1.9 % only NPSs. The association between the 2 variable is statistically significant, the relation between the variable being a moderate one, and the risk that a subject who used cannabis at least at experimental level to use also NPSs is 25.5 higher, in comparison to a subject who has never used cannabis.

## Chapter 3 – Prevention

### INTRODUCTION

Assumed as a priority within the anti-drug public policy documents in Romania, the drug use prevention aims at achieving the following tangible prevention results, in accordance with the provisions of the European Strategy in the field: *"measurable reduction of the use of drugs, of dependence and of drug-related health and social risks through the development and improvement of an effective and integrated comprehensive knowledge-based demand reduction system including prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration measures within the EU Member States. Drug demand reduction measures must take into account the health-related and social problems caused by the use of illegal psychoactive substances and of poly-drug use in association with legal psychoactive substances such as tobacco and alcohol"*.

In line with similar documents of member states, the drug use prevention activities carried out during 2011 have been included in the National Anti-drug Strategy 2005-2012 and in the Action Plan for its implementation and were aimed at strengthening the influence of protection factors and reducing the influence of risk factors, by implementing specific awareness raising interventions and measures in the general population, mainly children and young people, and by involving them in universal, selective and indicated drug use prevention programmes, conducted in line with European and national standards.

Towards a standard drug use prevention activity and for ensuring the sustainability of the project – *"European standards in evidence for drug prevention - Prevention Standards & No 2007304"* a series of technical meetings with professionals in the field were held in 2011 aiming to help the providers of such services to become acquainted with technical issues of these standards and to develop a draft law for their approval which will be subject to a public consultation next year. These standards will be translated and published in Romania during 2012.

The findings of these technical meetings relate to two issues: 1. expected impact of implementation of these standards and 2. their applicability among different socio-professional categories.

**1.** As for the **expected impact of implementation of quality standards** in public policies and practice in the field of drug use prevention programmes, they contribute to:

- Increasing the quality of drug use prevention programmes, projects and interventions and avoiding iatrogenic interventions;
- Increasing opportunities to access EU and extra-community grants.

**2.** As for the **applicability of standards among different socio-professional categories**, they are relevant for all specialists working in the field of drug use prevention and may also provide information to the general public (including families and community members) on expectations for a high quality drug use prevention activity. Thus, there are **four main target groups**:

- **Addiction managers** including all specialists responsible for the management and the coordination of drug use prevention public policies, programmes, projects and activities. Their specific responsibilities include planning, management of financial and human resources, reporting and evaluation. Standards provide guidance on how to plan, manage and evaluate programmes, but they consider also issues insufficiently promoted in Romania such as the need for staff development or their health and safety. Addiction managers may use these standards during their technical team meetings, in assessment and self-assessment and in the development of their communication, lobbying and advocacy activities.
- **Specialised frontline staff**, experts, specialists working in drug use prevention programmes, in direct contact with the target population. The frontline staff may include: social workers, physicians, psychologists, education specialists, teachers, lawyers. Standards will support their work by giving them guidance on how to involve the target population in projects, how to adapt their work to the needs of the target population and how to ensure the high quality of their work.
- **Public policy makers, experts in developing and implementing drug use prevention policies**, all specialists working at strategic level. This category may include: government representatives, donors, national and regional strategic planning teams. Standards provide

guidance on how to conduct needs assessments, coordination procedures for collaborative inter-institutional and multidisciplinary prevention programmes for a sustainable drug use prevention. And **donors** will be able to use these standards as a tool in the decision-making process for funding drug use prevention programmes or other intervention programmes for vulnerable groups.

- **Project managers and professionals who develop projects and funding applications**, all professionals who design and develop drug use prevention programmes and measures. These measures and programmes may be developed independently from organizations with expertise in the field or may be specifically developed for a particular project. Standards provide guidelines for designing measures, stressing also the need to take into account the actual contextual conditions for their implementation.

**In addition, standards:**

1. Provide guidance not only for drug use prevention programmes, projects and ad-hoc interventions but also on organisational and strategic issues of prevention activities.
2. Are the first national and European common framework for planning and delivering an effective scientific-based drug use prevention.
3. Can be used for several other purposes, such as directing, supervision and intervision of professionals in the field, as well as for (self-)assessment of new, ongoing or completed projects and activities.

The drug use activities and projects carried out in 2011 continued to be influenced by the proliferation of new psychoactive substances at the national level. This phenomenon has led to an adequate adaptation of the preventive interventions conducted during the national programmes and projects which became "traditional" in recent years and to an orientation of specific efforts and undertakings towards the implementation mainly of selective prevention projects aiming both at information and develop of skills to reduce the influence of risk factors and increase the protection factors.

### **3.1 ENVIRONMENTAL PREVENTION (GENERAL COMMUNITY-BASED PREVENTION)**

Defined as strategies influencing the cultural, social, physical or economic specificities of the proximal environment where people make choices on drug use, such general prevention interventions aim mostly, both at European and national level, at integrated or ad-hoc strategic measures regulating the use of alcohol and tobacco.

Despite several regulatory attempts initiated by authorities, there are not yet integrated visions or strategic approaches in Romania to reduce the negative consequences of alcohol and tobacco use and abuse. However, there are legislative provisions regarding these substances governing contextually the use of alcohol and tobacco from the economic or social point of view or in terms of punitive legal mechanisms.

Thus, when joining the EU, Romania adopted and adapted the European system of taxes and excise duties levied on alcohol and tobacco products regulated<sup>52</sup> in the reference year 2011 by Government Emergency Ordinance No117/2010.<sup>53</sup>

#### **Alcohol**

Romanian law does not prohibit alcohol use but provides penalties for people under 18 who drink alcoholic beverages in public places, as well as for those who sells such beverages to people under 18<sup>54</sup>.

According to applicable regulations, it is forbidden:

- To promote alcoholic beverages in proximity to learning units and health establishments, at a distance less than 200 meters from their premises.
- To sell alcoholic beverages to people under 18.

<sup>52</sup> <http://codfiscal.realitatea.net/anexa-nr-1-la-titulul-vii-accize-si-alte-taxe-speciale>

<sup>53</sup> Government Emergency Ordinance No 117/2010 of 23 December 2010 amending and supplementing Law No 571/2003 on the Fiscal Code and regulating certain financial-fiscal measures

<sup>54</sup> Law No 61/1991 modified and republished, Official Gazette of Romania No 387/18.08.2000

- To advertise (directly or indirectly) alcoholic beverages in radio or TV programmes from 6:00 a.m. to 22:00 p.m.<sup>55</sup>
- To broadcast advertising spots to alcohol beverages played by people under 18.<sup>56</sup>
- To sell or expose for sale alcoholic beverages inside of any learning units, hostels and accommodations for pupils and students, in the yards of such buildings, as well as on sidewalks or alleys leading to these units<sup>57</sup>
- To serve alcoholic beverages to people under 18 in pubs<sup>58</sup>
- Driving a vehicle on public roads by a person with a blood alcohol concentration over 0.80 g/l or with a breath alcohol concentration over 0.40 mg/l shall be punished with imprisonment from 1 to 5 years.<sup>59</sup>
- A driver, or a driving instructor, during the training process, or a examiner designed by the competent authority, during the practical examination for driving license, shall be punished with imprisonment from 2 to 7 years if he/she refuses, resists or avoids to provide biological samples or to allow his/her breath alcohol concentration testing in order to determine the presence of alcohol or narcotic substances or products or drugs with similar effects in his/her blood.<sup>60</sup>

Also, the Romanian Penal Code criminalizes as aggravating circumstance so-called voluntary intoxication as follows: "a crime committed in a state of voluntary intoxication with alcohol or other psychoactive substances induced to commit that crime"<sup>61</sup>.

### **Tobacco**

According to the General Population Survey<sup>62</sup>, conducted by the National Anti-drug Agency in 2010, smoking tobacco products records the second level of drug use prevalence in the population of Romania: more than half of the interviewers (56.9%) smoked at least once in their lifetime.

By Law No 332/2005, Romania ratified the World Health Organization Framework Convention on Tobacco Control<sup>63</sup>.

Some of the most significant provisions of the Romanian laws in this field are<sup>64</sup>:

- smoking in enclosed public places is prohibited.
- smoking is permitted only in specially designated smoking areas under the following mandatory conditions:
  - a) if they are built so as to serve only smoking and to prevent the penetration of polluted air in enclosed public places;
  - b) if they are adequately ventilated so that the level of noxious substances is below the maximum levels permitted.
- excepting bars, restaurants, discotheques and other public places with similar destination, if they meet the conditions mentioned above.
- the above provisions shall not apply to bars, restaurants, discotheques and other public areas with similar destination, whose owner or manager sets and displays the warning: "No smoking here".

<sup>55</sup> Decision of the National Audiovisual Council of Romania regarding the Regulatory Code of the Audiovisual Content - Official Gazette of Romania No 250/02.03.2006

<sup>56</sup> Idem 4

<sup>57</sup> Idem 3

<sup>58</sup> Idem 3

<sup>59</sup> Article 87 paragraph (1) of Government Emergency Ordinance No 195/2002 regarding the traffic on public roads - as amended and supplemented by Government Emergency Ordinance No 63/2006 published in the Official Gazette of Romania, Part I, No 729/20.09.2006

<sup>60</sup> Article 87 paragraph (5) of Government Emergency Ordinance No 195/2002 regarding the traffic on public roads - as amended and supplemented by Government Emergency Ordinance No 63/2006 published in the Official Gazette of Romania, Part I, No 729/20.09.2006

<sup>61</sup> Article 77 letter (f) - Romanian Penal Code, published in the Official Gazette of Romania, Part I, No 510 of 24/07/ 2009, which came into force on 24 July 2012

<sup>62</sup> <http://www.ana.gov.ro/studii/GPS%2010.pdf>

<sup>63</sup> published in the Official Gazette of Romania No 1088 of 2 December 2005

<sup>64</sup> Article 3 paragraph (1-5) and Article 6 paragraph (1-2) of Law No 349/2002 on prevention and fight against the effects of tobacco product use, published in the Official Gazette of Romania, Part I, No 435/21.06.2002

- the selling at retail of tobacco products and the marketing of cigarette packs containing fewer than 20 cigarettes are prohibited.
- when it is launched onto the market, each pack containing tobacco products must have printed on one side, in Romanian, the quantities of tar, nicotine and carbon monoxide measured in accordance with the legal provisions in force, so that at least 10 % of the corresponding surface is covered.
- each pack containing tobacco products, excepting tobacco for oral use and other non-smoking tobacco products, must have printed, in Romanian, a general warning and an additional one (mandatory warnings are: "Smoking kills/Smoking can kill" or "Smoking seriously harms your health and that of others around you")

Although there is no integrated national strategy regulating this field, the **National Anti-Smoking Programme is significant in terms of results achieved.** The national sub-programme for fighting against tobacco use is part of the National Health and Health Education Promotion Programme. A series of activities are carried out under this programme in order to reduce the number of smokers in Romania.

For instance, physicians and psychologists properly trained provide smoking cessation therapies (counseling, medication, behavioral therapy) under the "Stop Smoking!" programme. The physicians perform an assessment of the smoker in terms of physical dependence and related diseases, an assessment of smokers' needs, problems and desires, a basic behavioral counseling and a determination of CO exhaled. Finally, if the patient wants it and only in the absence of any contraindications, he/she receives one of the 3 drugs recommended by WHO and professional organisations in the field. Psychologists assess the type and the degree of the psychological dependence and, depending on the smoker's needs establish a treatment plan including behavioral and cognitive elements. The smoker decides whether and how often he/she returns to his/her psychologist to learn how to implement this plan. Both drugs and medical and psychological consultations are free of charge and are provided by the Ministry of Health.

## 3.2 UNIVERSAL PREVENTION

Most universal prevention programmes carried out in 2011 were aimed at providing information, educating and raising awareness of the use of alcohol, tobacco, drug and psychoactive substance, as well as developing attitudes and practices in the general population, by focusing on cultural and artistic activities and sports, as an alternative to drug use. At the same time, it should be noted the development of prevention programmes aimed at building and strengthening personal skills which serve as protection factors in drug use prevention (assertive communication skills, emotion management, stress and anger management, problem solving, ability to face the group pressure, to make decisions, etc.).

Information-based programmes continue to play a key role in drug use prevention. On the other hand, the most recent trend, which can be linked back to EU member states experience as having proved highly efficient, was to focus on harm reduction messages in information programmes, being based on the belief that cognitive skills are more important than behavioral approaches in teaching young people on how to make informed life decisions and choices.

In this respect, the interventions made during the year 2011 showed that the best way was to provide young people with the needed cognitive tools by making information available. Thus, healthy lifestyle behaviour, focusing on the drug use risks, is considered a personal, rational choice, although in medical sciences there is large consensus about social factors (entourage, peers, rules) and personal factors (temper, education and emotional conduct) as having greater influence than cognition in shaping healthy lifestyle behaviour in relation to drug use.

### 3.2.1 SCHOOL-BASED PREVENTION

In Romania as well as most member states, schools are considered as the most important setting for universal prevention, and there is increased focus on school-based prevention throughout the implementation and evaluation of policy documents (National Anti-drug Strategy 2005-2012 and

Action Plan to implement the NAS) and on a structured approach in this field. This tendency reflects the extension of school-based demand reduction policy and the development of specific drug prevention module-based programmes, designed for schools and initial and continuous teacher and school counselors training in order to extend the network of specialists in this field.

School-based prevention programmes/projects were carried out in 2011 by the territorial network of the National Anti-drug Agency, consisting of 47 Drug Prevention, Evaluation and Counseling Centers, by the decentralized public services under the Ministry of Education, Research, Youth and Sport, through the county school inspectorates, by the Ministry of Health, through Public Health Authorities, by the Ministry of Administration and Interior, through the county Police Inspectorates, by the Ministry of Labour, Family and Social Protection, through the General Directorates for Social Assistance and Child Protection, by the Ministry of Justice, through penitentiaries and the Probation Directorate, in partnership with civil society.

7 drug and new psychoactive substance use prevention projects were implemented **at national level**:

- *UNPLUGGED project* is a based-school drug use prevention project, implemented by the National Anti-drug Agency in partnership with the Ministry of Education, Research, Youth and Sport, and is part of an EU – DAP programme for drug addiction in Europe, promoted by “Mentor” International Foundation and funded by IKEA Social Initiative.

The specific goals of the project were:

- Building healthy life skills in school population aged 12 to 14 by 12 interactive activities;
- Building general skills in strengthening family relationships, in managing and solving conflicts;
- Practicing family communication and building appropriate attitudes about drug use and particularly alcohol and tobacco use.

800 pupils aged 12 to 13 coming from the 4th District of Bucharest benefited from this project in 2011.

*The efficiency of the 12 project activities was proved by the results of the study conducted by OED Piemonte - Piedmont Centre for Drug Addiction Epidemiology and Public Health School - University of Turin.*

- The project *"FAMILY TRAINING FOR BUILDING EDUCATION SKILLS FOR ALCOHOL AND TOBACCO ABUSE PREVENTION"*– a prevention project focused on family environment and financed by the European Economic Area Financial Mechanism.

The project was implemented from 2009 to 2011 by the National Anti-drug Agency, in partnership with the Ministry of Education, Research, Youth and Sport, through 68 school counsellors – education specialists in education resource and assistance centers in 3 counties (C.J.R.A.E.). 1000 parents of children aged 9 to 13 in 3 counties (Ilfov, Constanța și Bihor) directly benefited from this project.

The results of project implementation were: 68 school counselors trained during the first stage, 75 groups of parents participating in the project (about 1 000 parents), 100 guidebooks for school counselors, 1000 booklets for parents, 8 000 meal tickets printed and distributed to parents to motivate them to participate in activities, 300 good practice guides, 3 000 reprinted booklets for parents, 70 certified trainers of trainers and 120 school counselors trained during the second stage.

It is estimated that the number of resource persons trained under the project will reach 3,000 students and parents beneficiaries of the project.

- The project *"MY MESSAGE AGAINST DRUGS"*, 8th edition, implemented by the National Anti-drug Agency, is a reference drug prevention project due to the involvement of pupils and students in extracurricular leisure activities, in cultural and artistic activities or sports, or in activities involving the development of personal creations that promote an anti-drug message. *About 20 000 pupils, out of which 1 600 pupils participated with their works* in the above sections, have been informed about the risks of drug use across the whole country. 26 individual prizes and 6 team prizes were awarded.
- The project *"HEALTH EDUCATION IN THE ROMANIAN SCHOOL"*, implemented each year by the Ministry of Education, Research, Youth and Sport, aimed at creating a healthy lifestyle

by involving pupils and teachers in extra-school and extra-curricular activities. Over 1 000 000 pupils and teachers have benefited from this project. The partners of the Ministry of Education, Research, Youth and Sport were: the Ministry of Health and the Young for Young Foundation.

- The national anti-drug project competition "*TOGETHER*" is organized each year by the Directorate General of Education and Lifelong Learning within the Ministry of Education, Research, Youth and Sport, in cooperation with the National Children's Palace in Bucharest. The project took place in two stages - a county stage and a national one - with the participation of 9th and 10th graders in high schools. Teams comprising 4 students and a teacher as coordinator have joined the competition. 7 000 pupils, teachers, parents and members of local communities have benefited from this project.
- The project "*CALENDAR OF EDUCATION ACTIVITIES*" was implemented by the Ministry of Education, Research, Youth and Sport in the school year 2010-2011 and was aimed at providing healthy leisure alternatives for a number of 50000 beneficiaries - pupils, teachers and parents. The project budget amounted to 1 100 000 lei<sup>65</sup>.
- The project "*INCLUSIVE EXTRA-CURRICULAR AND EXTRA-SCHOLASTIC EDUCATION OPTIONS FOR A HEALTHY LIFESTYLE AND ACTIVE CITIZENSHIP FOR CHILDREN FROM DISADVANTAGED COMMUNITIES, MAINLY RURAL AND IN PRE-UNIVERSITY SETTINGS IN ROMANIA*" was implemented by the Ministry of Education, Research, Youth and Sport, in the period 2009-2011 in partnership with the Young for Young Foundation, Totem Communication and Centre for Health Policy and Services Foundation. Annual, there were 20 000 pupils, parents, teachers, principals, school inspectors, school counselors who benefited from the project.
- The 47 Drug Prevention, Evaluation and Counselling Centers in partnership with County School Inspectorates held, within the national campaign "*THE ABSENT*" for preventing the use of new psychoactive substances, 47 debates in schools which aimed at post-testing the video spot, these activities benefiting approximately 1,500 direct beneficiaries and 100 indirect beneficiaries.

A *MULTIMEDIA INTERACTIVE THEATRE-BASED PILOT PROJECT* was implemented during this campaign in high schools in Bucharest and Prahova County from November to December 2011. Two different methods were used:

- information - through lessons and teaching printed materials;
- a series of multimedia interactive theater performances in the space specific to the target group, i.e. in high schools.

The interactive theater-based pilot project had the following specific goals:

- Identification of psychosocial vulnerability characteristics for a target group with increased vulnerability, i.e. adolescents (aged 14 to 19) in 7 high schools in Bucharest and Prahova County, through their involvement, over a period of 2 months, in 7 sessions of improvisational theater with exploratory role, in order to develop the design of future preventive interventions.
- Raising awareness among teenagers about the consequences of use of new psychoactive substances through their involvement in leisure activities.

The main activities of this project were:

- To prepare the sessions of improvisational theater with exploratory role in addictive behavior by organizing technical meetings between improvisational theater team and drug use prevention professionals;
- To organise 7 sessions of improvisational theater in 6 high schools in Bucharest and in an unconventional space, namely the Culture House in Vălenii de Munte;
- To develop the interactive process analysis report in order to identify psychosocial vulnerability characteristics as risk factors for the target group;
- To promote the project through a movie produced by TVR Cultural.

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<sup>65</sup> Average anual exchange rate in 2011: 1 euro = 4.23 RON

1 010 high school students from Bucharest and Vălenii de Munte, 20 teachers from Bucharest and 80 parents and community representatives from Vălenii de Munte have benefited from the project. The project was awarded at TVR Cultural Award Ceremony, its impact and innovativeness being thus publicly acknowledged.

### **Local school-based drug use prevention projects**

According to data provided by the Drug Prevention, Evaluation and Counseling Centers of the National Anti-drug Agency and by the decentralized structures subordinated to the Ministry of Education, Research, Youth and Sport, the Ministry of Labour, Family and Social Protection, the Ministry of Justice - Probation Directorate, and by representatives of civil society - Association for Fighting against Drugs, the Roman Catholic Diocese of Satu Mare, the Pastor Bonus Foundation and the International Federation of Educative Communities - 650 drug use prevention projects were implemented, out of which 400 focused on the use of new psychoactive substances.

The 400 projects focused, by sequential interventions and activities, on the development of attitudes and practices in the entire school population through curricula and leisure programmes, in order to adopt a healthy lifestyle without tobacco, alcohol and drugs. 250 of the 600 local projects aimed at increasing protection factor influence at young ages to avoid or at least delay the onset of using alcohol, tobacco and drugs.

200 000 preschoolers, middle school and high school pupils and students and 10 000 teachers and school counselors were the direct beneficiaries of these projects.

Partners in these projects were: the National Agency against Trafficking in Persons, County School Inspectorates, County Councils, the National Children's Palace in Bucharest, County Police Inspectorates, General Directorates for Public Health, General Directorates for Social Assistance and Child Protection, County Education Resource and Assistance Centers, Municipalities, Prefectures, Hospitals, County Gendarmerie Inspectorates, County Directorates for Sports and Youth, Probation Services, the Romanian Red Cross Society, "Start Voluntar" Association in Braşov with the Court of Tulcea, County Libraries, Stretched Hands Association in Tulcea, Catuna & Margin Surgery, Local Police Forces, I-ROMANIA Association, ICAR Organization in Costeşti, Save the Children Organization, the Young for Young Foundation.

Of the local drug and new psychoactive substance use prevention projects, implemented in schools and with significant results, we should mention:

- "*LITTLE AND STRONG*", implemented by the Drug Prevention, Evaluation and Counselling Centre in Constanţa, generally aimed at preventing risk behaviors (use of tobacco, alcohol and drugs, violence associated with their use, etc.) in preadolescence and adolescence, through the development of emotional and social skills of 500 preschoolers in Constanţa County and Chisinau (Republic of Moldova).

The specific goals of the project were:

- Training of 50 resource persons in the preschool education (psychologists, teachers) from Constanţa and Chisinau in the field of addictions and in building of social and emotional skills for preschoolers.
- Implementation by the 50 resource persons in the preschool education from Constanţa County and Chisinau of activities for developing emotional and social skills of preschoolers based on the good practice guide developed during this project.
- Participation of preschoolers included in the project in a series of Aikido trainings, free of charge, organised by YMCA Dobrogea (for preschoolers from Constanţa County) and by YMCA Voievod (for preschoolers in Chisinau).
- An exchange of best practices between Romanian specialists and those from the Republic of Moldova after the completion of the activities with preschoolers.

The direct beneficiaries of this project were: 50 school psychologists from Constanţa and Chisinau, 500 preschoolers from Constanţa and Chisinau, aged 4 to 7 and 500 parents of the preschoolers included in the project.

The indirect beneficiaries were the communities in Constanţa and Chisinau as a whole. The partners of the Drug Prevention, Evaluation and Counselling Centre in project implementation were: The Association of Psychologists and Psychopedagogists in Constanţa (APSIPED), *Young Men's Christian Association* (YMCA) Dobrogea, County Resource and Educational Assistance Centre in Constanţa, Directorate General for Education in Chisinau, YMCA

Voievod (Republic of Moldova) and the Ministry of Internal Affairs of the Republic of Moldova – the General Directorate of Police and Public Order.

- The pilot project "*PREVENTION CARAVAN*", implemented by the Drug Prevention, Evaluation and Counselling Centre in Caras-Severin, was aimed at information and awareness of adolescents and young people about the need to prevent drug use by highlighting the main consequences of drug use for health. Implementation of this pilot project under the Inter-institutional Cooperation Framework Programme in the field of crime prevention in pre-university education aimed to inform successively the 9th and 10th graders in high schools about the negative effects of use of drugs and new psychoactive substances. 24 interactive information sessions on various topics were organised, out of which: violence prevention in schools, prevention of child victimization by strangers, drug, alcohol and tobacco use prevention, prevention of trafficking in persons, etc. This project was implemented in Reșița, Caransebeș, Bocșa, Anina, Bozovici, Băile Herculane, Moldova Nouă and Oravița and had 1 937 pupils and 115 teachers were the direct beneficiaries of the project.
- *THE SCHOOL-BASED DRUG USE PREVENTION PROJECT BY DIRECT TRANSFER OF SKILLS, I KNOW I CAN DO IT!*," implemented by the NGO ALIAT. The programme has been conducted in Bucharest since 2010.  
General goal: school-based drug use prevention by direct transfer of skills  
Specific goal: the transfer of knowledge on drugs and skills to prevent drug use onset among 9th grade classes in 4 high schools in Bucharest.  
Estimated results: increase of the level of information on the consequences of drug use among participants; building individual skills of high school students to deal with peer pressure and invitation to drug use; pilot testing an intervention based on the transfer of skills in order to implement it at national level, in a future project. The project focuses on the transfer of 4 types of skills that will play an important role in increasing the capacity of high school students to make informed decisions related to not starting drug use. The 4 skill transfer sessions were held in each classroom by a team of 2 trainers (1 ALIAT member and the school counsellor). The project was implemented during 2011 in 4 high schools in Bucharest (7 9th grade classes) on a number of 146 direct beneficiaries.
- *THE CAMPAIGN AGAINST DRUGS "TROJAN HORSE"*, part of the project "Addiction prevention and counseling in Cluj community" (January-December 2011), organized by the Preventis Association and the Christian Relief Development Association in Cluj, aimed at preventing the onset and reducing the use of "ethno-botanical plants" among pupils in Cluj transitioning from the middle school to the high school. Conducted from January to June 2011, the campaign was implemented in 3 modules and consisted in the presentation of curricula "Trojan Horse" (3 lessons) to 1 550 pupils, aged 9 to 13, from 60 classes in 9 schools in Cluj-Napoca and supervised meetings with former drug users included in post-treatment programme of the specialized center of the Teen - Challenge Foundation. The analogy with the image of an attractive present that hides a deadly danger - the Trojan Horse - served for raising awareness and combating attractive marketing messages which promote new psychoactive substances.

### 3.2.2. FAMILY-BASED PREVENTION

26 projects have been implemented at regional/local level through the Drug Prevention, Evaluation and Counselling Centers (e.g.: „*Be COOL without ALCOHOL*”, “*Pro-Family*”, “*At Parent School*”, “*60 minutes for you*”, “*Family, the best friend*”, “*Be A Responsible Parent*”) they benefited directly 3 954 parents as direct beneficiaries and 4 930 parents as indirect beneficiaries. 273 information and awareness activities about the consequences of drug use have been carried out within these projects, out of which 254 in urban areas and 19 in rural areas. These information activities/sessions have been coordinated by the Drug Prevention, Evaluation and Counseling Centers of the National Anti-drug Agency, in partnership with County School Inspectorates, County Psychological Assistance Centers, public health authorities, prefectures, local councils and NGOs. Most projects and interventions were aimed at informing parents about the effects, consequences and risks of alcohol, tobacco and drug use and developing parenting skills as protection factors in drug use prevention.

Of the local drug and new psychoactive substance use prevention projects, implemented in family environment, may be mentioned the following:

- The project "*TOGETHER FOR A BETTER FAMILY*", implemented by the Drug Prevention, Evaluation and Counselling Centre in Harghita, in partnership with the General Directorate for Social Assistance and Child Protection, aimed at *creating a local network of support in child protection*, for 65 social workers trained to provide support services and assistance for people caring for children and young people, and for young people in orphanages.
- The project "*BE COOL WITHOUT ALCOHOL!*", implemented by the Drug Prevention, Evaluation and Counselling Centre in Hunedoara, in partnership with the County School Inspectorate and the County Resource and Educational Assistance Centre, aimed at strengthening protection factors and reducing family risk factors, by informing young people and parents, about the risks of alcohol use, developing communication skills, decision making and problem solving for 100 parents.
- The project "*AT PARENT SCHOOL*", implemented by the Drug Prevention, Evaluation and Counselling Centre in Olt, in partnership with the County School Inspectorate, aimed at training 600 parents and 20 teachers on the risks and the consequences of drug use and developing intra-family communication skills by organizing interactive training and awareness sessions.

The partners of the National Anti-drug Agency, namely the Ministry of Labour, Family and Social Protection, through the General Directorates for Social Assistance and Child Protection, the Ministry of Justice, through the Probation Directorate and NGOs such as the International Federation of Educative Communities and the Association for Fighting against Drugs implemented 4 projects and 17 family-based prevention activities, in order to strengthen protection factors and reduce risk factors, by informing parents about the risks of alcohol use through information activities on the consequences of alcohol use, developing communication skills. The intervention strategies were focused on information, education and family and community awareness of the risks of drug use (e.g.: „*Family, the best friend*”, "*School, family and NGOs - their role in the community*", "*Protect your child*").

The inter-institutional partnership and the partnership with civil society in family-based drug use prevention had the following significant results:

- The project "*PROTECT YOUR CHILD!*", implemented by the International Federation of Educative Communities in Romania, aimed at strengthening protection factors and reducing risk factors, by informing 2 000 parents about the risks of drug use.
- The project "*FAMILY, THE BEST FRIEND*", implemented by the General Directorate for Social Assistance and Child Protection in Mehedinți, in partnership with the Drug Prevention, Evaluation and Counselling Centre in Mehedinți, aimed at informing and raising awareness of maternal assistants and social workers about the risks of use of alcohol, tobacco and new psychoactive substances.

### **3.2.3 COMMUNITY-BASED PREVENTION**

The following projects were significant from the point of view of their **national** coverage:

- NATIONAL PROJECT FOR MARKING:

- "*WORLD NO TOBACCO DAY - 31 May 2011*"

The goal set for 2011 by the World Health Organization was the promotion of the "*Framework Convention on Tobacco Control*", adopted on 21 May 2003, in Geneva, signed by Romania in New York on 25 June 2004 and transposed in Romania legislation by Law No 332/2005 ratifying the WHO Framework Convention on Tobacco Control (published in the Official Gazette of Romania No 1088 of 2 December 2005).

The Drug Prevention, Evaluation and Counselling Centers have carried out street information activities (30) and information sessions (in 70 schools, in 71 learning units – high schools, school groups, national colleges, 5 universities and 10 penitentiaries) at national level. Within these activities,

have been informed of the negative effects of tobacco use 18 000 pupils, 270 students 432 teachers and 399 parents were informed during these activities about the negative effects of tobacco use. 10 seminars/round tables, 4 crosses, 10 marches, 9 shows/festivals, 3 anti-smoking competitions and 5 exhibitions have been organised. 25 sports competitions (football games, basketball games, table tennis, chess, judo, karate, cycling) have been also organised. Press conferences have been held in 24 counties and 92 articles in newspapers, 27 radio programmes, 63 TV shows and 15 press releases to promote the campaign have been also monitored.

- *"WORLD NO TOBACCO DAY -17 November 2011"*

The project was launched at the Virgil Madgearu National College in Bucharest, where cultural and artistic and sport personalities took part as volunteers of the National Anti-drug Agency.

The Drug Prevention, Evaluation and Counseling Centers, through their activities marking the *WORLD NO TOBACCO DAY*, had 33 757 as direct beneficiaries and *about 50 000* as indirect beneficiaries at national level.

During the information sessions carried out in 308 secondary schools and high schools and 6 universities 20 500 pupils, 707 students, 1 050 teachers and 1 500 parents were informed about the negative effects of drugs use. 8 seminars/round tables, 4 crosses, 5 marches, 10 contests and 15 sports competitions (football games, basketball games, table tennis, chess, judo, karate, cycling) have been organised. Media coverage was provided in 25 counties, by the publication of 130 articles in newspapers, 32 radio programmes and 43 TV shows.

- *NATIONAL DRUG USE PREVENTION PROJECT "ALTERNATIVES – IN YOUR COMMUNITY, THERE IS NO PLACE FOR DRUGS!" (2-7 MAY 2011)*

This campaign was implemented from 2 to 7 May 2011 by the Drug Prevention, Evaluation and Counselling Centers in the context of the National Youth Day by organizing a series of public events intended to convey a positive message in the general population based on community involvement in alternative programmes to drug use.

The Drug Prevention, Evaluation and Counselling Centers have carried out street information activities (7) and information sessions in 21 schools, in 63 education establishments, 9 universities, 2 penitentiaries across the whole country. 8 037 pupils, 1 720 students 385 teachers 254 parents were informed during these activities about the negative effects of drug use. 4 seminars, 4 crosses, 5 marches, 19 shows/festivals and 3 anti-drug message theatrical performances have been organised. The campaign was promoted in 30 counties through 118 articles in newspapers, 38 radio programmes and 44 TV shows.

The Drug Prevention, Evaluation and Counselling Centers implemented **at regional/local level**, in the reference year 32 community-based universal prevention projects (for example *"Enjoy your spring"*, *"Decisions"*, *"I am also by your side"*, *"No reasons for using psychoactive substances"*, *"Health On Top"*, *"The choice is yours"*, *"Pro-Community"*, *"Alcohol is not a priority"*, *"Anti-drug Club"*, *"Anti-drug Volunteer"*, *"We are by your side"*, *"You make your decision!"*, *"Volunteer 2011"*), having 25 204 direct beneficiaries (young people, people in custodial settings, health and social care professionals, police officers, firefighters, volunteers, priests, etc.) and 1 462 indirect beneficiaries. 193 activities (164 in urban areas and 29 in rural areas) were carried out during these projects, in partnership with county school inspectorates, county psychological assistance centers, public health authorities, prefectures, county councils, probation services and NGOs. Most projects specifically aimed at informing the general population about the consequences of alcohol, tobacco and drug use on short and medium term, developing skills with a role of protection factors in drug use prevention, developing inter-institutional anti-drug networks, training specialists in the field.

Along with the 32 projects, the Drug Prevention, Evaluation and Counseling Centers implemented 1 981 universal community-based prevention activities, out of which 1 777 in urban areas and 272 in rural areas. The total number of beneficiaries of these activities amounted to 182 672.

Of the local drug and new psychoactive substance use universal community-based prevention projects, relevant in terms of their results, we should mention:

- The project *"YOU MAKE YOUR DECISION!"*, implemented by the Drug Prevention, Evaluation and Counselling Centre in 5th District of Bucharest, in partnership with the Bucharest-Rahova Penitentiary, aimed at promoting a healthy lifestyle among the 210 prison inmates during several information sessions on the effects and consequences of drug use, including the use of new psychoactive substances.

- The project "*ANTI-DRUG VOLUNTEER*", implemented by the Drug Prevention, Evaluation and Counselling Centre in Dolj, in partnership with the Romanian Europrotector Association, aimed at developing a local network of volunteers in the field of drug use prevention, strengthening civic education and promoting healthy life alternatives, through the training of two groups - one represented by pupils and students and the other represented by teachers and other professionals who want to become anti-drug volunteers.
- The project "*PRO – COMMUNITY*", implemented by the Drug Prevention, Evaluation and Counselling Centre in Iași, in partnership with the County Resource and Educational Assistance Centre, aimed at stimulating the local public authorities to support, including financially, the initiatives of NGOs carrying out local community-based drug use prevention activities by organising consultative meetings between members of the network and their training in the field of addictions.
- The project "*DRAIN*", implemented by the General Directorate for Social Assistance and Child Protection in Gorj, in partnership with the County School Inspectorate in Gorj, Târgu Jiu City Hall and the Dutch Institute for Alcohol Policy, aimed at changing the traditional mentality as regards the effects of alcohol use. A network of local experts was created during the project, based on the theoretical approach of the EU action system. These experts shall implement local policies in the field.
- The International Centre for Anti-Drug and Human Rights in Romania in partnership with the Regional Drug Prevention, Evaluation and Counselling Centre in Timișoara, organised the event „*ANITI-DRUG SYNCHRONOUS – BETWEEN BLACK AND WHITE*”, aimed at raising awareness of young people about the risks of drug use, but also offering alternatives to drug use. The activities took place in academic centers in Timișoara and Arad with the participation of 7,500 persons.
- The cultural project "*ART AGAINST DRUG 2011*", coordinated by the International Centre for Anti-Drug and Human Rights in Romania was implemented in major academic centers as a project aiming to promote alternatives to drug use.

#### **PARTNERSHIP WITH THE CIVIL SOCIETY**

In order to improve the collaboration with civil society in general and with NGOs charged with the drug demand reduction in particular, *the methodology for partnerships between the National Anti-drug Agency and NGOs and draft framework protocol with NGOs* have been developed to reduce the drug demand at local or national level by carrying out drug use prevention projects or by developing services for drug users.

The Agency aims to create a new national public policy system for fighting against drugs, by aligning with European standards regarding ***the role of civil society***, based on its active involvement in the shaping of future national drug strategy.

Also, *a technical working meeting aimed at strengthening the partnership between the National Anti-drug Agency and the civil society* was held in Sinaia and was attended by 20 NGOs providing prevention programmes and integrated support services for drug users and 35 professionals in the field.

One of the purposes of this meeting was to highlight all aspects, either positive or negative, that each structure with responsibilities in the field faces in combating drug phenomenon and to find together the best solution, consistent and appropriate for current realities in Romania for the successful implementation of all activities and objectives included in the Action Plan to implement the National Anti-drug Strategy 2010-2012. The Agency's experts presented the procedure for concluding framework cooperation protocols between the Agency and NGOs in order to materialise their joint efforts to reduce the drug demand, by signing such cooperation protocols.

Two working groups were set up during this meeting in order to identify concrete proposals for drug use prevention and consumer assistance programmes to be included in future National Interest Programme 2013-2017. The participants also had the opportunity to express their suggestions and proposals for institutional collaboration in order to achieve significant results in this sensitive field. Following these debates it is clear that the civil society plays and will play a crucial role in developing anti-drug public policy documents, especially since the drug trafficking and use is a current challenge for the Romanian society.

In its recommendation on the EU Drugs Strategy (2005-2012), the European Parliament called for a more active involvement of the civil society, NGOs, the voluntary sector and the general public,

including drug users, in the implementation of anti-drug policies. The importance of the active involvement of the civil society was also highlighted in the documents of the European Economic and Social Committee (EESC).

In order to raise awareness and involve the entire population, especially children and young people, in universal, selective and indicated drug use prevention programmes for strengthening the influence of protection factors and reducing the influence of risk factors, the **Methodology for working with NAA volunteers** regulating a number of procedures regarding the volunteers' recruitment, selection and evaluation was updated.



### The European Year of Volunteering 2011

In 2011, declared the **European Year of Volunteering (EYV) by the European Commission**, 635 new volunteers were registered at the Agency and 1 242 volunteers were trained. 4 388 volunteers have been also involved in the prevention activities carried out by the Drug Prevention, Evaluation and Counselling Centers. Also in order to involve civil society in anti-drug policy of the National Anti-drug Agency, the public debate "Injection Rooms - Consumers' lives can be saved in this way?" was

organised in partnership with *the Carusel Association and Faculty of Sociology and Social Assistance within the University of Bucharest*. The debate was based on the Dutch experience in developing injection rooms aiming to reduce the risks associated with drug use, such as HIV infection or overdoses.

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

### 3.3.1 BASED-SCHOOL SELECTIVE PREVENTION

Because the vulnerable groups addressed by selective prevention often have significant experience with drugs, both legal and illicit, most selective prevention interventions consist in the provision of customised information, individual therapy and alternatives based on arts or sports. It should however be mentioned that the techniques used in extensive programmes of social influence characteristic for universal prevention are equally efficient, if not more efficient if applied as selective prevention measures. Normative restructuring (e.g. learning that the majority of the population in the same category disapproves of drug use), training by self assertiveness, motivation and goal setting, as well as demystifying have proved to be highly efficient among vulnerable groups of young people.

#### National Projects

- The project "**FRED GOES NET- EARLY INTERVENTION FOR FIRST TIME NOTICED DRUG USERS**"

The project *FreD goes net- Early Intervention for First Time Noticed Drug Users* continued to be implemented in 2011 by the National Anti-drug Agency with the financial support of UNICEF Representation in Romania, aiming at developing early intervention for young people that were first time noticed as having alcohol/illicit drug issues (mainly by the school) and at reducing the risk of drug addiction. The project was developed simultaneously in 12 European countries: Austria, Belgium, Cyprus, Germany, Ireland, Island, Latvia, Poland, Sweden, Slovenia, Romania and Luxembourg from 2007 to 2010 and was funded by the Public Health Executive Agency.

A training course was organised for 44 specialists from the National Anti-drug Agency and the Prevention, Evaluation and Counseling Centre in order to strengthen their capacity to carry out the FRED sessions.

The Prevention, Evaluation and Counseling Centers carried out 129 FRED sessions during 2011 , having 1 045 participants/beneficiaries.

### 3.3.2. COMMUNITY-BASED SELECTIVE PREVENTION

- The project "**PARTICIPATION OF VULNERABLE GROUPS IN SOCIAL ECONOMY**", implemented by the National Agency for Roma, in partnership with the National Anti-drug Agency, the General Directorate for Family Protection within the Ministry of Labour, Family and Social Protection,

the National Administration of Penitentiaries, the Criminal Justice Reform Foundation, the Romanian Association for Human Rights Protection Group, Foundation for Social Development of Roma - RAMSES and TRANSCENA Association.

The project was approved by the *Sectoral Operational Programme Human Resources Development (SOPHRD)*, priority axis 6. "Promoting social inclusion", key area of intervention 6.1. "Development of social economy" and generally aimed at increasing the capacity to achieve sustainable and inclusive local development at the level of local communities through vocational counseling, training courses and establishment of social economy companies for the following vulnerable groups: Roma, drug users, people in the prison system, victims of domestic violence and young people aged over 18 who have left the residential child care system.

The specific goals of the project were:

- Development of the capacity, competences, knowledge and social support for 20 000 members of vulnerable groups, so as to increase their chances of participating in social economy and becoming integrated on the labour market.
- Vocational training courses for 1 200 of the 20 000 beneficiaries of the employment counseling sessions.
- Training courses for social enterprise managers (for 50 companies) for 50 beneficiaries who have the adequate profile in terms of education, skills and competences for this job.
- Launching, building capacity, maintaining and promoting 50 social economy structures developed by vulnerable groups, as a flexible and sustainable tool of economic development, welfare and the creation of jobs, at local level.

The target groups of the project consisted in economically inactive people, as well as people who are looking for opportunities and support to maintain and develop professional and entrepreneurial skills and education, to become integrated on the labour market and who belong to one or several vulnerable groups at the same time:

- 9 800 Roma people,
- 7 000 prison inmates awaiting release,
- 1 200 former drug users or benefit from a substitution treatment;
- 1 000 victims of family violence,
- 1 000 young people over 18 who leave the institutionalised child protection system.

The total duration of the project was 3 year (2009-2012).

1 200 prison inmates and students benefited from 2 projects implemented **at regional/local level** ("*Information on drug use*", "*No reasons for using psychoactive substances*"). 23 activities have been implemented by the National Anti-drug Agency, the Drug Prevention, Evaluation and Counseling Centers in partnership with the county school inspectorates, probation services and NGOs during these projects. The projects aimed at informing on the risks and the on short, medium and long term effects of drug use.

### 3.4 INDICATED PREVENTION

**At national level**, we should especially mention the *ALCOHELP CARAVAN* - the second stage of the programme developed by ALIAT NGO on the topic of problem alcohol use focuses on raising the awareness of the problematic abuse of alcohol and on increasing accessibility of prevention and treatment interventions against problem alcohol use, by organising community-based actions. In 2011, the campaign included activities implemented in 24 rural and urban communities. 1 030 persons have been evaluated in terms of severity of alcohol use, and 850 persons benefited from the "e-health AlcoHelp" platform. 5 000 booklets on abuse of alcohol and alcohol dependence have been distributed.

**At regional/local level**, 335 persons (people in custodial settings, people within intra-hospital system) have benefited from 4 projects ("*Decisions*", "*Phoenix*", "*You make your decision!*", "*We are by your side*"). These projects were carried out in partnership with the Penitentiary Tulcea, the Probation Service in Tulcea, the Penitentiary in Iași, the Penitentiary in Rahova and the Hospital of Psychiatry and Neurology in Brașov. The projects aimed at maintaining abstinence, by developing refusal and control skills.

### 3.5 NATIONAL AND LOCAL MEDIA CAMPAIGNS

In 2011, the most active provider of specialized information on anti-drug policy to media was the National Anti-drug Agency, which sent data, both at national and local level, reflected in 11 948 media appearances.

A significant proportion of their content (over 50 %) focused on prevention activities (messages, promos of various prevention campaigns, the general public paying a particular attention to the information on the phenomenon of new psychoactive substances, improperly called "ethno-botanical plants" or "legal highs").

Thus, the National Anti-drug Agency's representatives **at national level** gave *35 interviews*, broadcast during several TV and radio news programmes or published in the requesting publications, were invited to and participated in *14 TV live shows* and *2 recorded TV shows*, where they discussed about the drug use in Romania and they gave *16 statements and synchronous* to the press.

The National Anti-drug Agency has also organised at national level *6 press conferences*, has sent *25 press releases* and has deployed *specialized training course for journalists in the field of drug demand and supply reduction*.

**At local level**, the Drug Prevention, Evaluation and Counseling Centers of the National Anti-drug Agency carried out outreach activities of significant events in each county from January to December 2011. *226 press conferences* have been organised, *958 press material* have been distributed to the local media institutions, *54 media partnerships* have been concluded and *8 information sessions for journalists* have been deployed where *75 media representatives* have been trained.

In the context of *marking the International Day against Drug Abuse and Illicit Trafficking -26 June*, the National Anti-drug Agency launched **FIRST NATIONAL PSYCHOACTIVE SUBSTANCE USE PREVENTION CAMPAIGN IN ROMANIA** (improperly called "ethno-botanical plants") among adolescents and young people aged 15 to 24 and in the general population, generically called "**THE ABSENT**".

The campaign was based on the results of the GPS, conducted by the National Anti-drug Agency. Relatively high prevalence of new psychoactive substance use, especially among population aged 15 to 24, determined the need for a prompt implementation of a national campaign focused on the use of such substances and also with a media component.

The campaign was implemented from *26 June to 31 December 2011*, based on 3 components:

- I. national media campaign;
  - II. pilot prevention project through theatrical improvisations, with a theater forum-based component and a multimedia component, for *1 010 pupils from 6 high schools in Bucharest and 1 from Prahova County* (the latter was selected because of the relatively high number of criminal investigation files opened for drug offenses);
  - III. information campaign on the risk of new psychoactive substance use implemented at the seaside.
- 
- I. *The MEDIA CAMPAIGN* benefit from a *video spot broadcast as a social spot, posters and flyers* as support materials for its promotion. The Drug Prevention, Evaluation and Counselling Centers carried out *street information activities (21), information sessions* (in 3 schools, in 2 educational establishments – high schools, school groups, national colleges - in 21 penitentiaries, 4 county libraries, 4 assistance centers, 5 hospitals and 2 sports clubs across the country. *20 seminars/round tables, 2 marches, 3 shows/festivals, 3 contests in 10 parks*, have been organised in 2 swimming pools and in 5 school camps.. *5 sports competitions* (football games, basketball games, table tennis, chess, judo, karate, cycling) and press conferences in 27 counties have been also organised, being monitored *45 articles in written press, participations* in 28 radio programmes and in 75 TV shows and being sent 13 press release for promoting the campaign. The video spot was aired 30 times from 18 to 24 July, and from 8 to 14 August 2011, on TVR 1 and TVR 2, from 7:00 a.m. to 5:00 p.m. (broadcast/day). The video spot was broadcast 30 times (2 broadcasts/day) on TVR 3 from 7:00 a.m. to 24:00 p.m. in the same period. The news channel TVR Info also broadcasted the spot 30 times. The following regional TV channels also broadcasted the spot 30 times: TVR Craiova, TVR Cluj, TVR Iași, TVR Timișoara and TVR Târgu Mureș, from 7:00 a.m. to 17:00 p.m. (a broadcast/day). According to the media

plan, the above-mentioned TV channels have secured 240 broadcasts of campaign spot during this period.

- II. Pilot prevention project through theatrical improvisations, with a theater forum-based component<sup>66</sup>
- III. The information campaign on the risk of new psychoactive substance use implemented at the seaside called "*HOSPITAL BED*", as part of the national campaign "THE ABSENT", was implemented from 26.08.2011 to 28.08.2011 in Costinești. The event was launched during a meeting with media representatives from local level, namely the newspapers "*Cuget Liber*", "*Replica*" and "*Gândul*", by placing a hospital bed on the central beach in Costinești with the following message "*Ethno-botanical plants kills all the fun*", aiming at awareness of young people about the effects of the new psychoactive substances. An Info Point was also established where 10 permanent specialists in prevention from the National Anti-drug Agency provided information materials on effects of the drug use in general and especially on effects of the use of new psychoactive substances. 1 400 leaflets and 400 booklets containing information about the effects of the drug use were distributed. Material distribution was accompanied by interactive discussions with young people on holiday at the seaside and with parents who were very interested in the information provided by the specialists in prevention. About 4 700 people benefited from this activity.

## CONCLUSIONS

- A change in institutional statutes of the National Anti-drug Agency from March 2009 to April 2011, correlated with a lack of financial and logistical resources, had repercussions in terms of number and quality of national, regional and local prevention projects, especially of selective projects for vulnerable groups and indicated prevention projects.
- The impact studies of certain EU countries indicate the need to increase school-based selective interventions, mainly psychological and/or family crisis correlated along with the identification of pupils that show drug use risk factors with the aim to identify comprehensive solutions for school dropout, truancy, abuse, which Romania will try to do in the coming years
- The analysis of the results of national and local family-based prevention projects shows a low motivation of families to participate in such projects, the need for a diversification of these projects targeting vulnerable families, with emphasis on interventions focused on reducing individual and social risk factors for drug use and coping skills during crisis situations.
- Participation of civil society - NGOs, churches, employers, trade unions, volunteers – in the implementation of national and/or local drug prevention projects has been one of the key elements of interventions, in full compliance with EC recommendations and with the principles and the values assumed by the National Anti-drug Agency.

<sup>66</sup> See section "Local school-based drug use prevention projects"

## Chapter 4 - Problem drug use

### 4.1. ESTIMATES OF PREVALENCE AND INCIDENCE OF PROBLEM DRUG USE

The multiplier resulted from the “Behavioural and serologic survey on HIV, hepatitis B and C prevalence among injecting drug users (IDU) in Bucharest - Behavioural Surveillance Survey 2010” carried out in partnership with National Anti-drug Agency and UNODC Romania, was used to estimate the problem drug use prevalence in 2011. A new survey is in progress and the related data will be published in the National Report on Drugs for 2012.

*Benchmark:* the beneficiaries of the care services recorded in 2011

Case definition – use of injecting drugs; age group: 18-49 years old; Bucharest.

The analysis of the data from the "Behavioural and serologic survey on HIV, hepatitis B and C prevalence among injecting drug users (IDU) in Bucharest" indicated 10.21% (0.1021; 95% CI: 0.0756 – 0.1365) of the people included in the survey were beneficiaries of drug addiction treatment (substitution treatment or detoxification treatment) programmes.

Although in the previous years, the number of beneficiaries of the syringe exchange programmes was used as *benchmark*, in 2011, this indicator was affected by closure of such programmes, what made that data reporting in the last 12 months being, for this reason, discontinuous.

On the other hand, data on drug users admitted in care units, as resulted from exhaustive monitoring of sole cases, both in terms of prevalence<sup>67</sup> and in terms of incidence, are for the first time available for 2011.

The division of the number of people included in the treatment programmes in 2011 to the above mentioned percentage, resulted in an estimated number of 19,265 (95% CI: 14,564 – 26,296) problem drug users<sup>68</sup> in Bucharest.

**Table no 4-1: Estimation (in absolute figures and ratio) of the number of problem drug users in Bucharest, using the multiplier method, 2007- 2011**

Year	Estimated number of problem drug users (PDU)	Ratio at 1 000 people, aged 18 to 49 years old
2007	16 867	17.4
2008	17 387	17.5
2009	17 767	18.0
2010	18 316	19.2
2011	19 265	20.1

Source: NAA

There is an increase of the estimated number of problem drug users in Bucharest in 2011, as compared to previous years.

The increase of problematic use is largely explained by the new psychoactive substances that emerged on the market in Romania which were initially commercialized without restrictions. These are mostly synthetic cannabinoids and cathinones.

Additionally, large sources of external funding for HIV prevention from the Global Fund against HIV/AIDS, Tuberculosis and Malaria (GFATM) and the United States Office on Drugs and Crime (UNODC) finished in 2010 and consequently, significant harm reduction programmes were closed.

The availability of services/programmes at national level continues to represent a major obstacle in making national estimations.

<sup>67</sup> The system is described in Chapter 5

<sup>68</sup> (1967 clients of treatment services for intensive use of opioids, new psychoactive substances, cocaine and amphetamines)

## 4.2. DATA ON PROBLEM DRUG USERS COLLECTED FROM SOURCES OTHER THAN THE TREATMENT ADMISSION INDICATOR FOLLOWING THE DRUG USE

During the period 2011-2012, significant aspects are noticed in the drug use behaviour of PDU/IDU.

While the data resulted from researches among this targeted group carried out in previous years<sup>69</sup> indicated that more than 90% of the IDU declared heroin as main drug for use, the preliminary data of the BSS carried out in 2012 by the National Anti-drug Agency in partnership with Romanian Angel Appeal and Carusel Associations show that this percentage decreased to 67%, 31% of the respondents declaring the NPS as main injected drug. The NPS use is associated with a higher injecting frequency and with the increase of the ratio of those using in common the injecting equipment.

In July 2012, ARAS carried out a survey on a small group of 100 subjects selected among the people included in the syringe exchange programmes.

Characteristics of the lot of respondents: 83 of the beneficiaries were male users and 17 were female users. The mean age was of 28 years old (16-46). 42% are more than 30 years old, 9% are under 19 years old, and 3% are between 9 and 14 years old.

Epidemiologic data:

The mean drug use age is 8.1 years old. 43% began to use injecting opioid drugs since more than 10 years ago. 96% daily injected the drug, 87% declared using the injecting equipment in common with other drug users. 82% mentioned the NPS or NPS associated with heroin and methadone, as main drug.

With regard to the adherence rate to any type of drug addiction treatment:

- 64% were never recorded with a care unit;
- only 4% of the IDU under SEP run by ARAS declared they are recorded also with a care unit;
- 48% of those having declared they are not recorded with a care unit mentioned they would like to be included in a treatment programme;
- asked about the reasons for which they are not under treatment, 25% mentioned they do not want to be treated, 13% declared they do not have medical insurance, other reasons specified being: the lack of identity cards, the absence of financial means, the lack of will to give up illicit drugs;
- 79% of the subjects have heard about the substitution treatment
- 42% of the subjects were never tested to detect HVC or HIV presence.

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<sup>69</sup> National Report on Drugs 2010, 2011

## Chapter 5 – Drug related treatment

The collection of data necessary to elaborate this chapter is made based on the Standard European Protocol for monitoring the treatment admissions of drug-addicted (Standard Protocol 2.0). This is transposed in the national legislation in the Joint Order issued by the Ministry of Public Health and Ministry of Interior and Administrative Reform<sup>70</sup>, laying down the legal framework for the collection of data brought forward in this chapter. In the present, procedures to harmonize the legislation and data collection instruments (sheets) with the new Protocol (Standard Protocol 3.0) recommended at European level by EODT, have been initiated.

According to the methodology used for filling in the drug treatment admission personal record, several categories of providers of medical, psychological and social services are included in the data reporting system:

- a) drug prevention, evaluation and counselling centres within the National Anti-drug Agency structure, providing psychosocial care services in out-patient settings and ensuring the case management;
- b) public or private day-time centres, providing care and treatment services in out-patient settings<sup>71</sup>;
- c) therapeutic community, providing in-patient or social housing care services;
- d) centres for integrated care of addictions, providing one or more out-patient medical, psychological and social care services;
- e) detoxification centres, units and departments (in hospital care);
- f) mental health laboratories with a service running in the day-time;
- g) private psychiatry and psychotherapy clinics/cabinets;
- h) specialised units and departments from the penitentiary hospitals.

The following categories of providers of medical, psychological and social services are excluded from the data reporting system:

- a) centres offering only treatment related data;
- b) centres providing only social, legal, administrative or occupational assistance services;
- c) programmes under which only syringe exchange, condom distribution, education for health or other prevention activities are performed;
- d) medical facilities having as activity object, the general medical care and those treating only the drug-related organic complications (overdose, infections, etc).

Each time a patient starts treatment in a reporting centre, it is reported as treatment admission episode, irrespective of his/her previous admissions in the same centre or another, in the same year or a different year. In the event an individual, during a certain year, has several treatment admission episodes, in the same centre or in different centres, to establish the number of sole beneficiaries in the relevant year, only the first admission in the relevant year is taken into account. Avoiding the double numbering and reporting the sole beneficiaries (irrespective he/she benefited of out-patient/in-patient care services of same type or of many types, as, by instance, detoxification and maintenance treatment based on methadone, in many centres) are ensured by assigning an alpha-numerical code<sup>72</sup>, including letters from the name and forename, letter corresponding to the gender and the birth date, to each individual. Although the available information shows that this situation is rare, the alpha-numerical code used can lead to a minor overestimation of the indicator at national level (i.e.: the cases where the change of the code is due to the change of the civil status of the beneficiary, following marriage or divorce, can not be identified).

Individualised care plan change, by changing the type of medication treatment applied to maintain the abstinence or the type of "0 drug" treatment, not involving an interruption period, is considered as being a sole treatment.

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<sup>70</sup> MPH and MIAR Joint Order no 770, respectively no 192/ 2007 approving the Methodology regarding the filling up of standard records and the transmission of data to be included in the personal emergency medical sheet for drug use, personal drug use treatment admission sheet, the recorded HCV and HBV cases among injecting drug users and the prevalence of HIV, HBV and HCV infections among injecting drug users.

<sup>71</sup> Some notifying centres can provide, in addition to the out-patient treatments, also treatments involving hospitalisation or mixed methods of treatment;

<sup>72</sup> Starting with 2009, the aggregate data are no longer used, being used an alpha-numerical code for each patient in order to avoid the double numbering.

One case<sup>73</sup> is represented by an individual who starts drug use treatment in a treatment centre along one calendar year, from 1st to 31st December and it can be a:

- new case - patient seeking treatment for the first time in a reporting centre where a medical consultation sheet or a beneficiary record is opened in the presence of a qualified professional (physician, psychologist, social worker or nurse, etc) so as to start psychoactive substance use/addiction treatment;
- relapse - patient who has previously benefited from one or several treatments, finalised by providing him/her with medical, psychological or social services, but who dropped out the treatment or was excluded from the care programme. According to the methodology, dropout is when for six months, the patient was not in touch with the professional from the care centre.

In the reference year, to the purpose of implementation of the new protocol for monitoring the indicator, a pilot project for collecting data on patients continuing treatments started in the previous years, in the centres belonging to the National Anti-drug Agency, who continued/dropped out/ended such treatment during 2011 (prevailing data), was developed. These data will be presented in this chapter, but considering their following characteristics:

- data are partial<sup>74</sup>, because only data on incidence (new cases and relapses) were fully collected from the centres not belonging to the NAA territorial network;
- ensuring the data consistency with those collected in the previous years;

the analysis of the characteristics of the people admitted to treatment following the drug use (sub-chapter 5.3) will be carried out based on incidence data (people having requested care services for the first time or having restarted treatment subsequently to 01.01.2011).

## 5.1 STRATEGIES/ POLICIES

The programmatic and legislative documents, which providing care services to drug users based on in 2011, are the following:

- The Government Decision No 1102 of 18 September 2008 approving the National Programme of medical, psychological and social care for drug users for 2009-2012 (O.G. no 675/1.10.2008)<sup>75</sup>;
- Order No 1389 din 4 august 2008 approving the Criteria and methodology for the authorisation of the centres that provide services for drug users and the Minimum compulsory standards of the organisation and operation of the centres that provide services for drug users;
- Order No 1216/C of 18 May 2006 on the method to develop integrated medical, psychological and social care programmes for drug users under freedom privative condition, as endorsed by Ministry of Justice under No 1.216/C of 18.5.2006, by Ministry of Administration and Interior under No 1.310 of 19.5.2006 and by Ministry of Health under No 543 of 18.5.2006, O.G. No 471/31.5.2006;
- Decision No 16 of 2 October 2006 approving the Minimum compulsory standards of the case management in drug user care area, issued by the National Anti-drug Agency (O.G. No 899/6.11.2006);
- Decision No 17 of 2 October 2006 approving the Methodology for the approval of the design, modification and implementation of the personalised care plan for drug users – issuer: the National Anti-drug Agency (O.G. No 899/6.11.2006);

<sup>73</sup> The following cases are not reported as treatment admission episodes: contacts, in person or by phone, to ask for information regarding treatment or treatment demands on waiting lists.

<sup>74</sup> The prevailing data include only the beneficiaries who, on 1.1.2011, received care services under out-patient regime and detention regime, provided by the professionals of the National Anti-drug Agency centres (IACC and CDPEC), as well as under in-patient regime, in the centres of the Ministry of Health and partially in centres belonging to the Ministry of Health or in private care centres/cabinets providing long term assistance under out-patient regime.

<sup>75</sup> As amended and supplemented by G.D. No 939/2009 amending the annex to G.D. No 1102/2008 approving the National Programme of medical, psychological and social care for drug users for 2009-2012 (O.G. No 593/27.8.2009) and G.D. No 87/2010 supplementing the annex to G.D. No 1102/2008 approving the National Programme of medical, psychological and social care for drug users for 2009-2012 (O.G. No 99/12.2.2010)

- Order No 383/06.06.2005 of the Ministry of Labour, Social Solidarity and Family for the approval of the general quality standards regarding the professional social services in Romania provided in public system, private system and in public-private partnership and of the way of evaluating their accomplishment by the providers, as well as G.D. no 1024/2004 for verification of the compliance with the quality standards provided for in Order no 383/06.06.2005;
- Government Ordinance no 68/29.08.2003 on social services - Government of Romania (O.G. no 619/30.8.2003);
- Ministry of Health and Family and Ministry of Justice Joint Order no 898/725/2002 on medical and educational actions applied to drug addicted people in penitentiaries;
- Government Ordinance no 92/29.8.2000 on the organisation and operation of social reinsertion services for offenders and monitoring the prison sanctions – Government of Romania (O.G. no 423/1.9.2000).

The National Programme of medical, psychological and social care for drug users - 2009-2012<sup>76</sup> has as general development objective: to develop an integrated set of medical, psychological and social care services for drug users and addicts, mainly oriented to the areas with the highest drug use predominance, as identified following the systematically monitoring of some key-indicators.

The general objectives of the National Programme of medical, psychological and social care for drug users - 2009-2012 aim the development of the national care system intended to drug users and addicts on three intervention levels:

- *The first level* implies providing basic medical, psychological and social services for the reduction of the drug use related risks among the drug users and drug-addicted users (services: ensuring the substitution treatment with agonists; rapid HIV and hepatitis testing; needle exchange programs, condoms distribution; pre- and post-testing counselling; hepatitis A and B vaccination; medium medical care services; ensuring the related medication; harm reduction service campaigns).
- *Second level* - central element of the public system of medical, psychological and social care, it refers to the development and improvement of the out-patient services by institutionally strengthening the 15 Addiction Integrated Care Centres (services: ensuring the substitution treatment with methadone and buprenorphine + naloxone; ensuring the abstinence maintenance treatment (for opioid and alcohol-dependent patients) with naltrexone; ensuring the out-patient detoxification treatment; testing the presence of drugs in the biologic fluids; rapid HIV and hepatitis testing; condoms distribution; pre- and post-testing counselling; hepatitis A and B vaccination; medium medical care services; occupational therapy (ergo-therapy) services; medical psychiatric services; group, family and individual psychotherapy services; ensuring the standardised testing for psychological evaluation (acquiring standardised and validated psychological tests); IACC services promotion campaign).
- *The third level* focuses on the development of the therapeutic communities responsible for the rehabilitation and social reinsertion of drug users and drug addicted users (services: ensuring the abstinence maintenance treatment (for opioid and alcohol-dependent patients) with naltrexone; testing the presence of drugs in the biologic fluids; medium medical care services; occupational therapy (ergo-therapy) services); medical psychiatric services; group, family and individual psychotherapy services; ensuring the standardised testing for psychological evaluation (acquiring standardised and validated psychological tests); psychological, cultural, educational and sport services; food ensuring services; accommodation services; 3rd level services promotion campaign; professional training services for drug users).

Other components of the National Programme of medical, psychological and social care for drug users - 2009-2012 consider:

- the development of social, psychological and medical care and prevention programmes, offering a resource network and guaranteeing the access for freedom deprived people from penitentiary system and arrests, in the risk areas identified (Sub-programme 5);

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<sup>76</sup> This Programme budget is of 15,078 thousand lei (Average annual exchange rate in 2011: 1Euro = 4.23 RON) and is financed from the State Budget, through the budget approved to the Ministry of Interior and Administrative Reform for the National Anti-drug Agency.

- activities of specialised professional training to develop the care services afferent to 1st, 2nd, 3rd levels<sup>77</sup> (Sub-programme 9.1).

In 2011, through the sub-programmes of the **National Programme of medical, psychological and social care for drug users - 2009-2012**, financing was granted to the following care services:

- Sub-programme 6 - 1st level care services: 142,500 syringes (about 75,000 RON) were purchased<sup>78</sup> to be distributed through ARAS and CARUSEL;
- Sub-programme 7 - 2nd level care services: the following services were provided: the substitution treatment with methadone and buprenorphine + naloxone; the abstinence maintenance treatment (for opioid and alcohol-dependent patients) with naltrexone; the out-patient detoxification treatment; testing the presence of drugs in the biologic fluids; rapid HIV and hepatitis testing; pre- and post-testing counselling; medium medical care services; occupational therapy (ergo-therapy) services; medical psychiatric care services; group, family and individual psychotherapy services and IACC services promotion campaign).
- Sub-programme 8 - 3rd level care services: the operation of Pericle Day Centre (10 places) was ensured<sup>79</sup>, activities in order to set up a new Day Centre in Bucharest (30 places) and to ensure the operation of the therapeutic communities in Bălan (30 places), in Mica (50 places) and in Dejani, were performed.

## 5.2 NATIONAL TREATMENT SYSTEM

The institutional and enforcement framework of the drug addiction care system was not amended in 2011 and it was described in detail in the previous national reports.

The National Anti-drug Agency provides the illicit drug and alcohol users and their dependents with the facility to access online the database of the institutions with competence in care services in addiction area (national coverage)<sup>80</sup>. In addition, the professionals providing care services to drug users, quickly and for free, can register online. The website offers the facility of searching the available services by some filters: according to the location (region or county), type of services, type of beneficiary and access facilities, for each institution being possible to view the sheet describing the institution services or competences.

## 5.3 CHARACTERISTICS OF PEOPLE ADMITTED TO TREATMENT FOLLOWING THE DRUG USE

In 2011, 64 centres reported providing care services to the drug users:

- 27 medical units of the Ministry of Health, out of which, 24 provide in-patient care services (2 in Bucharest and the remaining, in the counties: Bacau, Braila, Botosani, Brasov, Cluj, Cars-Severin, Constanta, Gorj, Hunedoara, Iasi, Mehedinti, Mures, Suceava, Timis, Valcea) and 3 provide out-patient care services;
- 32 centres of the National Anti-drug Agency, out of which 3 in Bucharest, where out-patient integrated care services are provided for addictions, including substitution treatment based on methadone/suboxone/naltrexone for opioid addictions;
- 3 private centres/cabinets in Bucharest (Drug Addiction Intervention National Association-ANIT, PSYOTION and D&C Medical)<sup>81</sup> where out-patient integrated care services for addictions (including substitution treatment for opioid addictions) are provided;
- 2 centres managed by the non-governmental organisation ARAS (Arena and Titan) in Bucharest, where out-patient integrated care services for addictions (including substitution treatment for opioid addictions) are provided.

<sup>77</sup> initial and continuous specialised professional (medical, psychological and social) training; supervision and intervention of professionals working with the drug users; development of clinical treatment guidelines

<sup>78</sup> Average annual rate in 2011: 1 Euro = 4,23 RON

<sup>79</sup> Decision of NAA Director no 240/1/08.12.2011 setting up Pericle Day-time Center

<sup>80</sup> <http://www.ana.gov.ro/asistentia/> (The database was developed in November 2009, under the "Consolidation of the integrated medical, psychological and social care services for drug users in Romania" Project, financed by the European Commission, having aimed the development of the care services and the increase of the accessibility to such services).

<sup>81</sup> <http://www.anit.ro/>, <http://www.psymotion.ro> și <http://www.psihomedcom.ro/contact.html>

In the reference year, 3587 people benefited of treatment:

- 1232 people for alcohol and tobacco use (1095 in-patient, 99 out-patient and 38 in detention environment);
- 2355 for illicit drug and NPS (new psychoactive substances traded under the trading name of "ethno-botanical plants") use: 998 - in-patient, 1170 – out-patient and 187 - in detention environment.

According to the year of admission to treatment and the type of care, out of the 3587 people:

- 2997 requested care in 2011 and 590 were admitted to treatment on 01.01.2011;
- 2093 received in-patient care, 1269 - out-patient care and 225 received care services in detention:

**Table No 5-1: Treatment admission following the use of psychoactive substances (tobacco, alcohol, illicit drugs and NPS), according to the admission year and type of centre (no)**

	Treatment Admission		
	in 2011	in the time frame 2007-2010	Total
Total, of which	2997	590	3587
admission	2075	18	2093
out-patient	802	467	1269
penitentiary	120	105	225

Source: NAA

In 2011, prison-based care services were provided for:

- 8 drug users, by the professionals of NPA, under the substitution programmes;
- 217 beneficiaries (179 for use of illicit drugs and NPS and 38 for tobacco and alcohol use), by the professionals of Drug Prevention, Evaluation and Counselling Centres in the National Anti-drug Agency territorial network. The assistance occurs in the place of detention (penitentiaries in the counties: Argeş, Brăila, Dâmbovița, Dolj, Galați, Mureş, Prahova and Tulcea). The assistance of the freedom deprived drug users is accomplished by the teams of professionals of NAA since 2007, but following the improvement of the data collection capacity, starting with 2011, this service could be recorded separately (previously included in the number of people assisted by NAA, without specifying which is the number of people in the community and in state deprivation of liberty.
- care services could be separately recorded (previously, the number of such beneficiaries was included in the number of people supported by NAA, without being possible to specify the number of people living in community and the number of freedom deprived people).

Out of the 187 people having received care services in the reference year for use of illicit drugs and NPS, only 111 were admitted to treatment in 2011 (their description is found in chapter 9).

In the reference year, out-patient and in-patient care was provided to 3362 people:

- by type of drug: alcohol -1172, tobacco -22, illicit drugs -1394 and NPS – 774;
- by type of care services: in-patient - 2093, out-patient – 1269;
- by the treatment admission date: in 2011 – 2877 (out of which, for illicit drugs and NPS – 1742 and for tobacco and alcohol – 1135) and in the time frame 2007-2010 – 485 (out of which, for illicit drugs and NPS – 426 and for tobacco and alcohol – 59).

### **5.3.1. Characteristics of the people admitted to treatment in 2011, following the use of illicit drugs and NPS - new psychoactive substances (traded under the trade name of "ethnobotanical plants")**

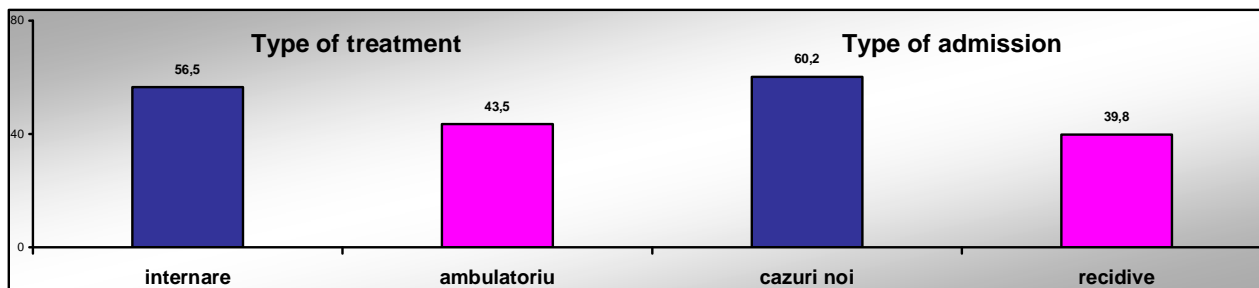
In 2011<sup>82</sup>, for use of illicit drugs and NPS, a number of **1742 people** requested in-patient and out-patient care services, out of which:

<sup>82</sup> In all this analysis, the percentage distribution of cases shall be made by comparison to the total number of cases without non-responses (for which the variable/item response value was specified). The data analysed come from the territorial network of the National Anti-drug Agency (IACC and DPECC), the National Center of

- 984 received in-patient care and 758 received out-patient care;
- 1048 are people who did not receive any care services in the past (new cases), and 694 have been admitted to treatment also previously (relapses)<sup>83</sup>.

Both as number and as proportion, it can be noticed that most of the admissions were in in-patient regime (the in-patient/admission ratio is 1.3) and new cases (new case/relapse ratio is 1.5).

**Chart no 5-1: Distribution of treatment admissions in 2011 according to the type of treatment and type of admission (%)**



Source: NAA

Legend: internare – in-patient, ambulatoriu – out-patient, new cases – cazuri noi, relapses – recidive

The new psychoactive substances (42.5%) and heroin (31.3%) represent **the main types of substances** for which treatment was demanded in 2011<sup>84</sup>, too, with the specification that while relapses re-admitted to treatment show same ratio for NPS - 38.8% as for heroin - 38.9%, for the new cases the ratio of people demanding treatment for NPS (45.5%) was almost twice higher than that of people demanding treatment for heroin (25.2%). Hypnotics and sedatives (8.3%) and cannabis (8.2%) were the following substances for which treatment was provided in 2011:

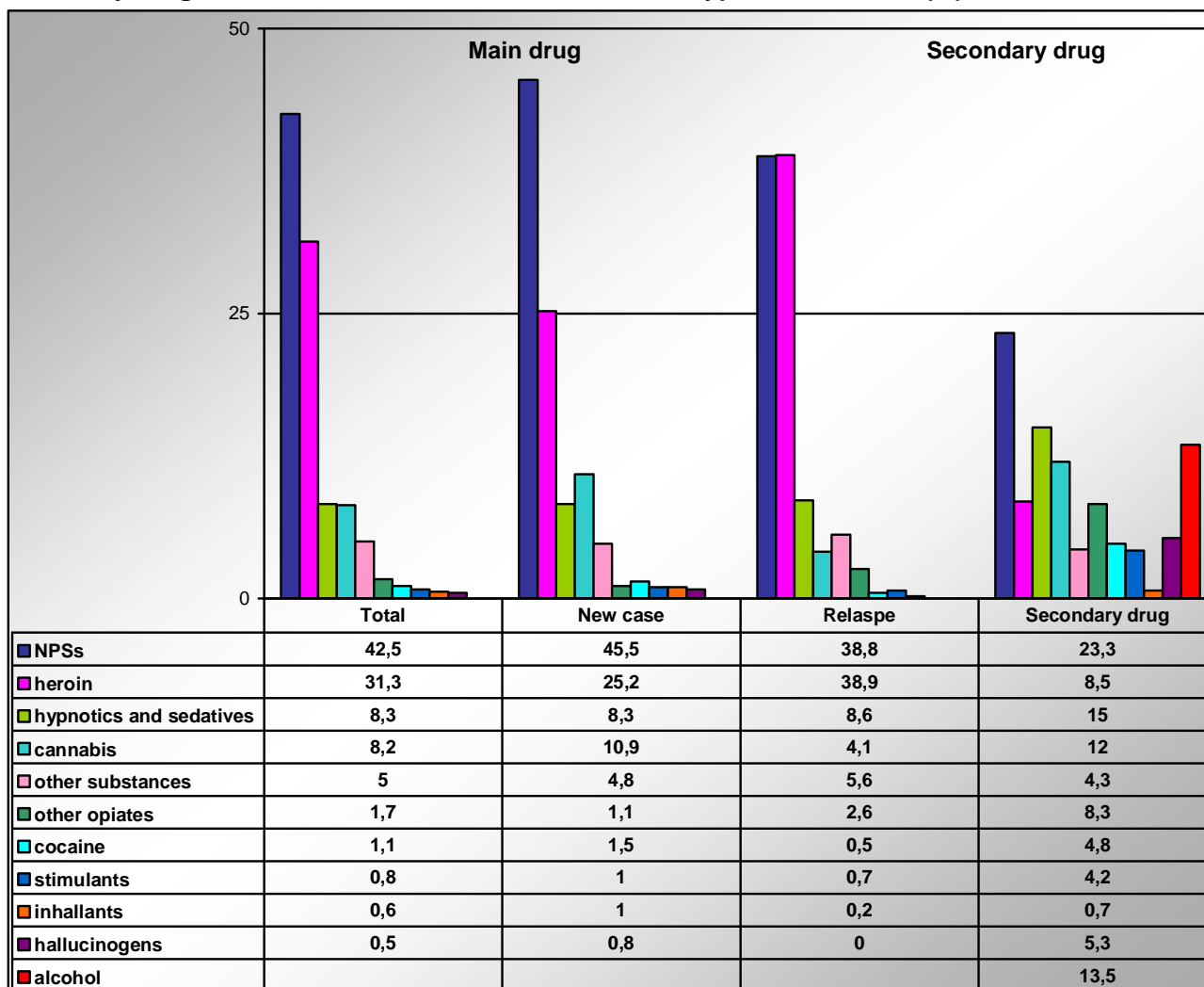
- new cases: cannabis (10.9%), hypnotics and sedatives (8.3%);
- relapses: hypnotics and sedatives (8.6%), other substances (5.6%), cannabis (4.1%), other opiates (2.6%).

452 beneficiaries (26%) declared they use also other drugs (**secondary drug**) than the drug for which they demanded treatment (between 1-4 secondary drugs, 673 mentions). According to the data illustrated in the following graph, the **NPS** recorded the highest rate (23.3%) also as secondary drug, followed by alcohol (13.5%), opiates – 16.8% (heroin - 8.5%, other opiates – 8.3%), hypnotics and sedatives (15%) and cannabis (12%).

<sup>83</sup> See ST no 3 4.1.1

<sup>84</sup> See ST no 11.1.1 and ST. no 34.1.1

**Chart no 5-2: Distribution of treatment admissions in 2011 according to the main drug and the secondary drug for which treatment was demanded and type of admission (%)**



Source: NAA

Taking into consideration **the type of main drug and secondary drug**<sup>85</sup>:

- one third (32.7% - 148) of those who declared that, besides the main drug for which they demanded treatment, they also use another drug, were heroin and NPS (main drug and secondary drug) users;
- the highest rates for a secondary drug use were recorded in case of those who demanded treatment for: NPSs use – 40.7%, heroin– 36.7% and cannabis – 11.5%; used as main drug;
- out of those who demanded treatment for NPS (as main drug), the secondary drug was the alcohol (72), the cannabis (55) and the heroin (53), and 18 beneficiaries declared the use of many types of NPS;
- out of the 166 beneficiaries having demanded treatment for heroin (as main drug), the second drug used was the NPS - 95 and the benzodiazepines – 40.

<sup>85</sup> See ST. no 34.1.1

**Table No 5-2: Distribution of treatment admissions in 2011 for people using also other drugs (secondary drug) than the drug for which treatment was demanded (main drug) according to the type of drug (no, %)**

Secondary drug	Main drug							Total		
	NPS	heroin	cannabis	benzodiazepines	methadone and other opiates	cocaine	other substances	no	% (no of mentions 673 = 100%)	
NPS	18	95	33	0	5	2	4	157	23,3	
alcohol	72	3	11	0	0	2	3	91	13,5	
cannabis	55	15	2	0	1	2	6	81	12,0	
benzodiazepines	16	40	3	6	5	0	3	73	10,8	
heroin	53	0	1	0	1	0	0	55	8,2	
LSD and other hallucinogens	15	8	8	1	0	2	2	36	5,3	
methadone	11	20	1	2	0	1	0	35	5,2	
cocaine	11	15	5	0	0	1	0	32	4,8	
other substances	19	1	4	7	1	0	2	34	5,1	
stimulants	13	6	5	0	1	1	2	28	4,2	
barbiturics, other hypnotics and sedatives	6	4	6	8	2	0	2	28	4,2	
other opiates	6	5	6	1	0	1	4	23	3,4	
total of mentions	no	295	212	85	25	16	12	28	673	100
	%	43,8	31,5	12,6	3,7	2,4	1,8	4,2	100	
total of respondents	no	184	166	52	16	8	8	18	452	
	%	40,7	36,7	11,5	3,5	1,8	1,8	4,0	100	

Source: NAA

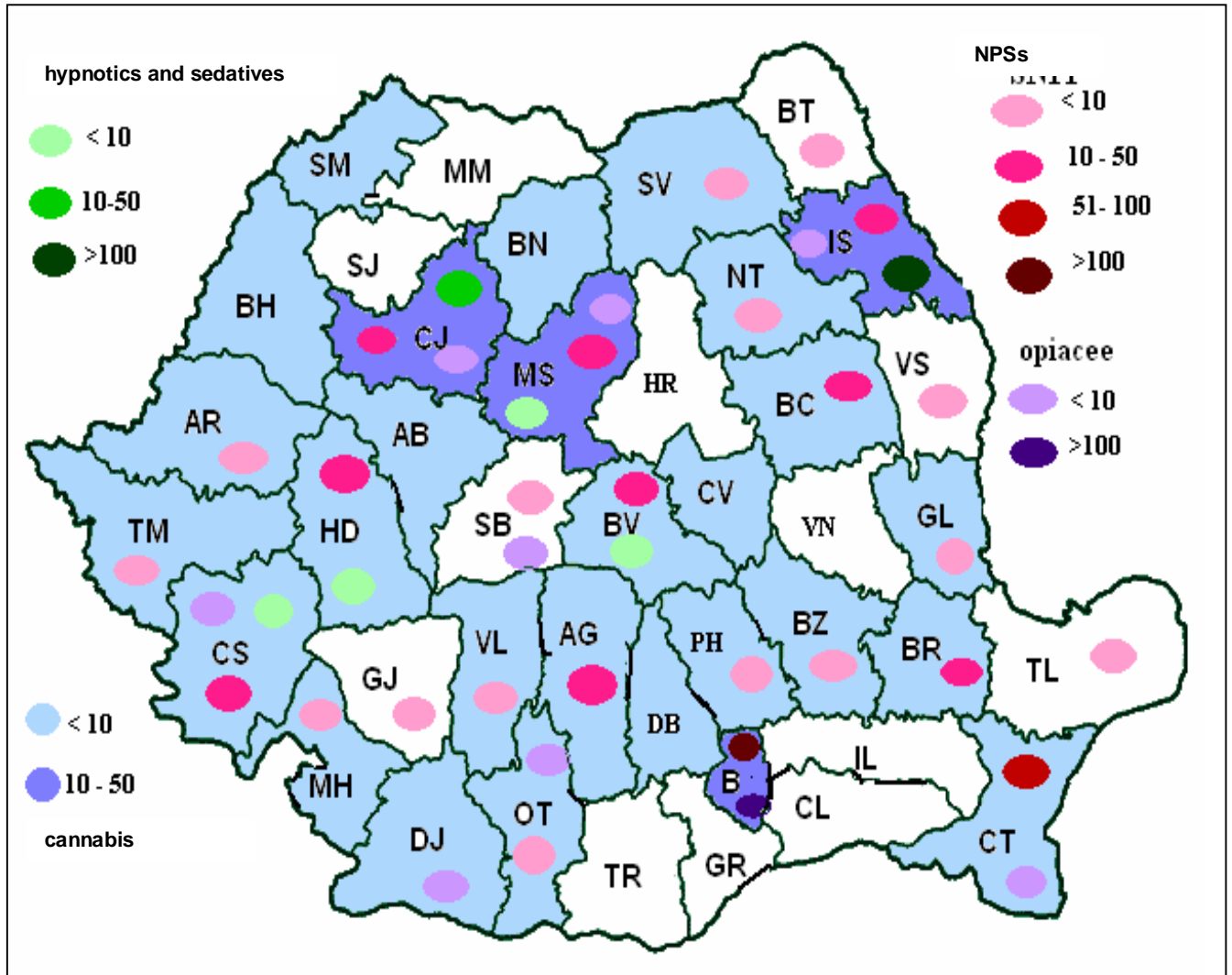
According to the map presented below, **territorial distribution** of the treatment admissions, according to the main drug used, was the following:

- NPS– 26 counties, most of the cases being recorded in Bucharest (459 people) and Constanța (68 people);
- opiates - 9 counties, most of the cases being in Bucharest (551 people);
- cannabis – 28 counties, the highest values being recorded in Cluj, Mureș, Bucharest and Iași;
- hypnotics and sedatives - 6 counties, the highest values being recorded in Iași (102 people).

The analysis also show the following:

- except the hypnotics and sedatives, the highest values were recorded in the capital area, especially for opiates;
- the NPS use is the most extended, affecting most of the counties;
- even if having low values, it can be considered that a diversified use was recorded in some counties, being provided treatment for many types of drugs (Cluj and Iași – NPS, opiates and hypnotics and sedatives);
- except Iași county, the hypnotics and sedatives use characterized the demands for treatment in the central and west area;
- the areas of highest risk (as number of cases recorded) take shape around the big university centres or border counties.

Map No 5-1: Territorial distribution of treatment admissions in 2011 according to the type of main drug (No)



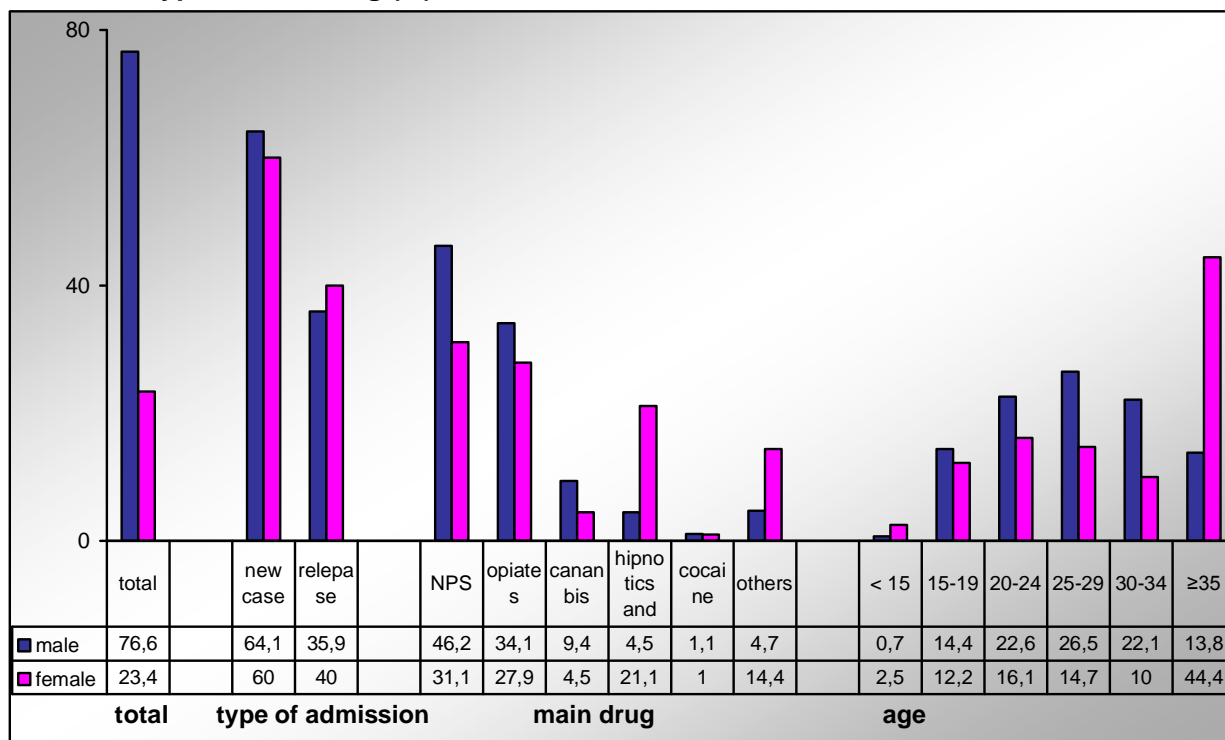
Source: NAA

According to the **respondent gender**<sup>86</sup>, the following are noticed:

- most of the beneficiaries are male users (the M/F ratio is 3.27);
- for male beneficiaries and for people between 15 and 34 years old, the rate of new cases admitted to treatment for use of NPS, opiates and cannabis is bigger (85.6% vs. 63,9%);
- for female beneficiaries and for people over 35 years old, the rate of relapses re-admitted to treatment for use of hypnotics and sedatives is bigger (34.3% vs. 13,8%).

<sup>86</sup> See ST. no 4.1.1

**Chart no 5-3: Distribution of treatment admissions in 2011 by the age of beneficiary, type of admission, type of main drug (%)**



Source: NAA

**Table No 5-3: Age of beneficiary (minimum, mean and most frequent) by gender, type of admission and type of main drug (years)**

	Total	gender		Type of admission		Main drug				
		Male	Female	New case	Relapse	NPS	heroin	cannabis	benzodiazepines	volatile inhalants
Minimum	8	8	12	8	13	12	16	13	16	8
Mean	29.54	28.00	34.63	28.25	31.59	24.81	29.30	22.96	54.14	20.36
Method <sup>87</sup>	30	30	24	25	30	25	30	23	53	15
Valid No <sup>88</sup>	1725	1319	396	1036	601	735	537	141	139	11

Source: NAA

With regard to the **age of beneficiaries**, the following differences have been noticed, according to the gender of the beneficiary, the type of admission and the main drug used:

- the minimum ages are among male users under their first treatment demanded for volatile inhalants use;
- the mean age of people admitted to treatment varies according to the main drug, the lowest being among the volatile inhalant users (20.4 years), and the highest among the beneficiaries having demanded treatment for use of benzodiazepines (54.1 years);
- although the mean age of female users having demanded treatment for drug use was higher than that of male users (34.6 years vs. 28 years), the most frequent age for female beneficiaries was lower than in case of male beneficiaries (24 years vs. 30 years);
- most of the beneficiaries having demanded treatment for volatile inhalants use were of 15 years old, while for heroin users, the most frequent age was 30 years old.

With regard to the **onset age**<sup>89</sup>, the cases admitted to treatment for illicit drug and NPS use in 2011 present the following characteristics:

<sup>87</sup> Most frequent age

<sup>88</sup> No. of cases with valid response

<sup>89</sup> See ST. no 21.1 – 23.1

- the onset age for 68% of the beneficiaries is under 24 years old; the onset age, according to the age specific to education levels, show the following rates: 32.4% of beneficiaries have their onset age between 15 and 19 years old, age characteristic for the high-school education, 27.2% of the beneficiaries have their onset age between 20 and 24 years old, age characteristic for academic education, and 8.5% of the people admitted to treatment declared an early onset age (under 15 years old, age characteristic for secondary education, compulsory by the law in force);
- the onset age was not influenced by the patient gender, the rates being similar, except for the beneficiaries from the age group of over 35 years old, whose rate of male users beginning the drug use over this threshold was almost half of the female users' rate;
- by type of main drug:
  - most of the NPS users declared their onset age between 20 and 24 years old (28%), and 25% mentioned an onset age between 15 and 19 years old, the early onset being declared by 5% of the beneficiaries;
  - in case of opiates the situation reversed, hence, the highest rate is for use onset between 15 and 19 years old (40.3%), followed by the rate of those having declared an onset age between 20 and 24 years old (26.9%), 12.6% of those who demanded treatment in 2011 having their onset in using drugs at ages under 15 years old.
  - the cannabis users present the same characteristics with regard to the onset age as the users of opiates.

**Table No 5-4: Distribution of treatment admissions in 2011, according to the onset age, the beneficiary gender and the type of main drug (no, %)**

		Onset age						Total
		< 15 years	15 -19 years	20 -24 years	25 -29 years	30 -34 years	≥ 35 years	
no	Total	111	424	356	222	117	77	1307
%		8.5	32.4	27.2	17.0	9.0	5.9	100
no	Male	89	345	279	177	98	52	1040
	Female	22	76	75	44	19	24	260
%	Male	8.6	33.2	26.8	17.0	9.4	5.0	100
	Female	8.5	29.2	28.8	16.9	7.3	9.2	100
no	NPS	30	153	169	140	81	31	604
	opiates	61	195	130	67	21	10	484
	cannabis	13	51	35	9	2		110
	hypnotics and sedatives		3	3	2	6	27	41
	others		6	13		6	9	34
	cocaine	3	7	3	2			15
	volatile inhalants	3	4	1		1		9
	stimulants	1	3	2	1			7
	hallucinogens		2		1			3
%	NPS	5.0	25.3	28.0	23.2	13.4	5.1	100
	opiates	12.6	40.3	26.9	13.8	4.3	2.1	100
	cannabis	11.8	46.4	31.8	8.2	1.8		100

Source: NAA

In 2011, per total, 2065 **treatment admission episodes** were recorded for the 1742 beneficiaries having demanded treatment for use of illicit drugs (1.2 admissions per beneficiary as mean). According to the main drug, the highest mean was for the users of volatile inhalants (1.4), and the most numerous treatment admission episodes appeared in case of those who used opiates and NPS (maxim = 6, respectively 5).

**Table No 5-5: Distribution of treatment admissions in 2011, according to the number of treatment admission episodes and the type of main drug (no, mean, maximum)**

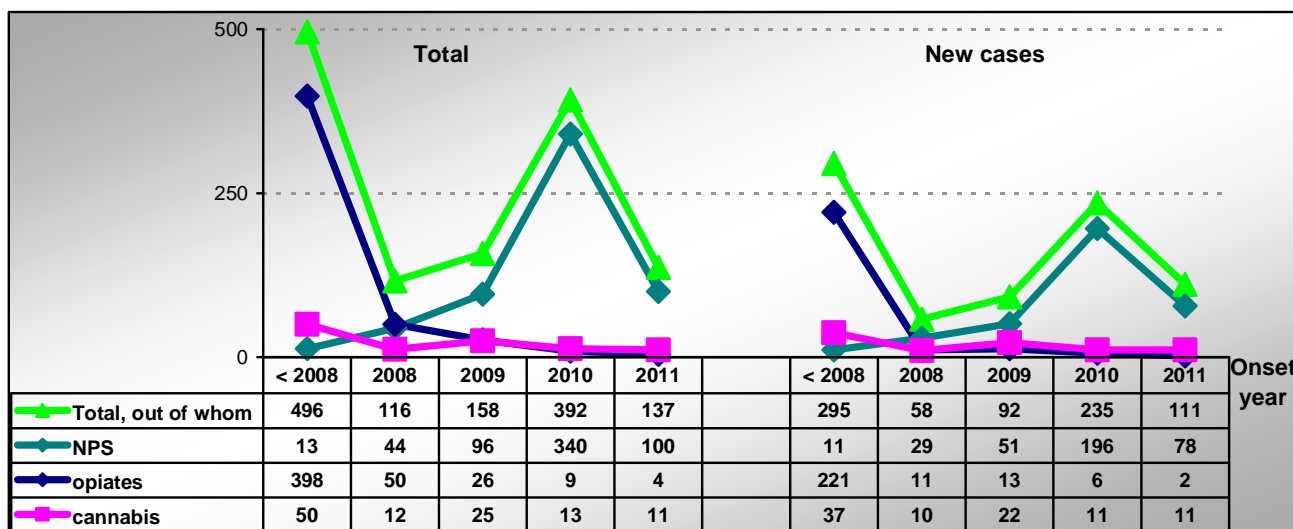
	Valid No	Mean	Maximum	Total no of treatment admission episodes
NPS	741	1.2	5	905
opiates	574	1.2	6	681
hypnotics and sedatives	145	1.2	3	169
cannabis	143	1.1	4	158
cocaine	19	1.1	2	20
volatile inhalants	11	1.4	3	15
stimulants	14	1	1	14
hallucinogens	8	1	1	8
others	87	1.1	3	95
Total	1742	1.2	6	2065

Source: NAA

Total number of cases and the new cases, analysed according the **onset year**<sup>90</sup> and the main drug outline for:

- cannabis – an use exceeding 5 years (50 cases) and, except for 2009 when an increase is recorded (25 cases), a stabilisation trend is noticed;
- NPS - the onset in using these substances presents an increasing trend in the time frame 2008 - 2010, when it reached the maximum value, in 2011 being recorded a decrease (however, the number of new cases is higher in 2011 than in 2009: 78 vs. 51);
- opiates – a long term use (both per total and in the new cases), presenting a constant dropping trend starting with 2008.

**Chart no 5-4: Evolution of treatment admissions in 2011, according to the onset year, the type of main drug - total and by new cases (no of people)**



Source: NAA

With regard to the **use length**, the following are noticed:

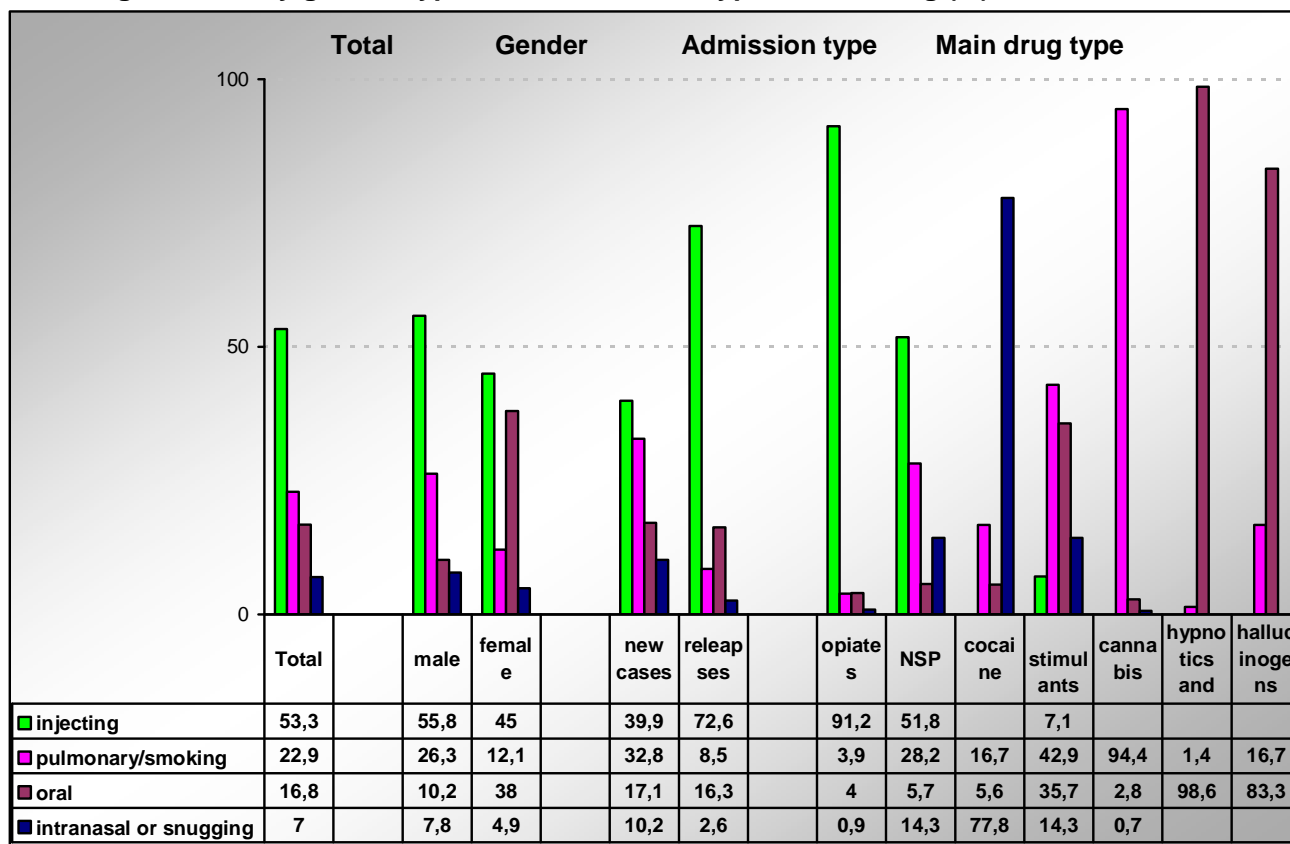
- NPS – most of the beneficiaries demanded treatment after about one year of use (total: 440 of cases out of 593, and for new cases: 274 out of 385).
- opiates - treatment is demanded after a longer use length;
- cannabis – in 40% of the cases, treatment is demanded after a longer use length.

With regard to the **route of administration of the main drug**<sup>91</sup>, in the reference year prevails the use by intravenous route, most frequent in case of male beneficiaries who have been admitted to treatment also in the past, most of them being users of opiates but also of NPS. Comparing the

<sup>90</sup> Valid N = 1299 beneficiaries

beneficiaries who demanded for the first time treatment with those who demanded re-admission to treatment, the rate of use by intravenous route is lower at the category of new cases, this value being influenced also by the type of main drug used: 42.5% - NPS and 31.3% - heroin (compared to 38.8% - NPS and 38.9% - heroin for relapses, see graph 5-2).

**Chart no 5-5: Distribution of treatment admissions in 2011 by route of administration of the main drug, beneficiary gender, type of admission and type of main drug (%)**



Source: NAA

With regard to the rate of beneficiaries with **an injection history**<sup>92</sup>, irrespective of the fact that the injecting drug was the drug for which treatment admission was demanded or another secondary drug, the following are found:

- more than half (55,6%) currently inject the drug and only about one third did not ever inject;
- the current injecting is more frequent among heroin users, people having already received treatment for drug use (relapses), male users (such drug use pattern being encountered also to more than half of the female users - 51,9%), beneficiaries having their onset age between 25 and 34 years old (but also 50% of those declaring an onset age under 15 years have declared they inject drug in the last 30 days) and people with a drug use length of more than 10 years.

<sup>91</sup> See ST. no 17.1.1

<sup>92</sup> See ST. no 25.1.1, 25.1.2, 26.1.1 and 26.1.2

**Table No 5-6: Treatment admission distribution in 2011, for drug users with drug injection history, by type of admission, type of main drug, gender, route of drug administration, onset age and drug use length (no, %)**

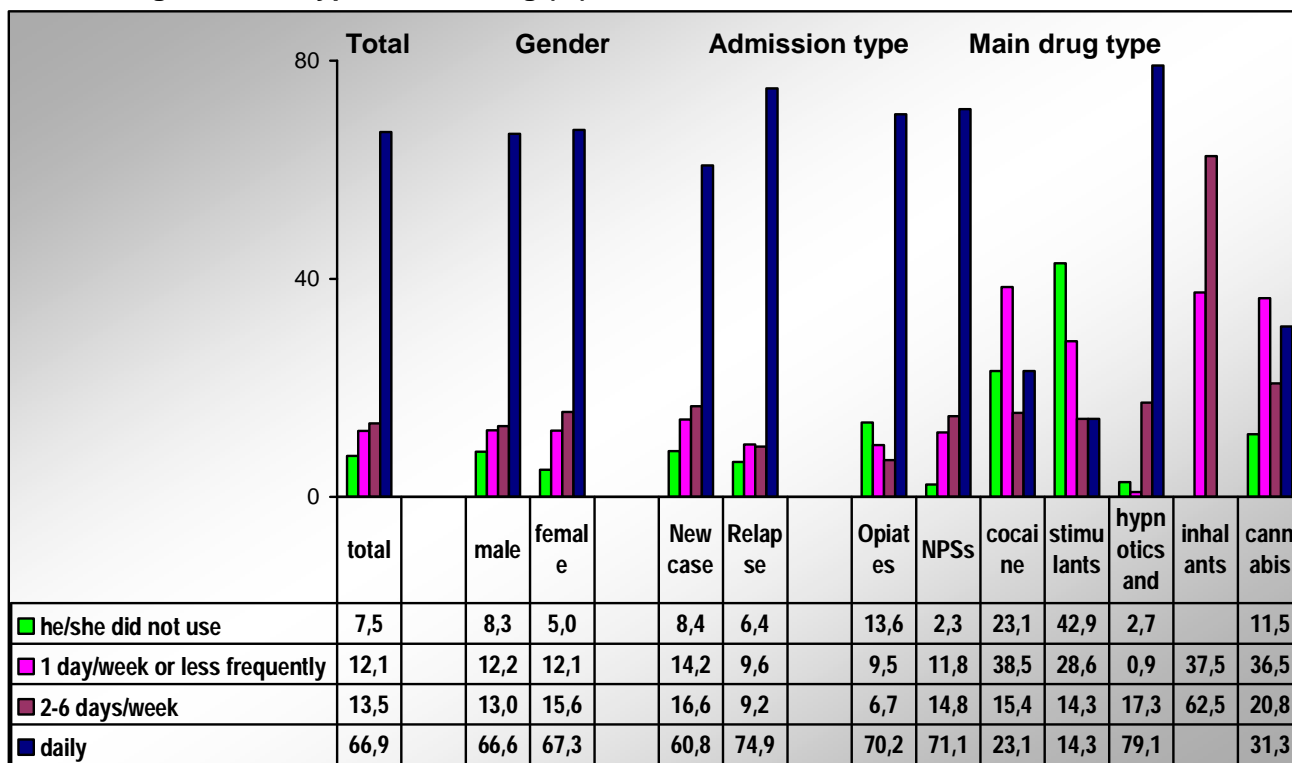
		currently injected (less than 30 days ago)	injected, but not currently	never injected	Total
Total	no	762	114	495	1371
	%	55.6	8.3	36.1	100%
Type of admission	New case	44.3%	8.5%	47.2%	100%
	Relapse	72.3%	8.4%	19.3%	100%
Main drug	heroin and methadone	78.4%	19.5%	2.1%	100%
	NPS	62.4%	2.1%	35.5%	100%
	amphetamines	25.0%		75.0%	100%
	MDMA and derivatives	33.3%		66.7%	100%
gender	Male	56.5%	9.1%	34.4%	100%
	Female	51.9%	5.9%	42.2%	100%
Route of administration	1. injectable	87.7%	12.3%		100%
	2.pulmonary or smoked	9.6%	2.6%	87.9%	100%
	3.oral	12.5%	3.8%	83.7%	100%
	4.intranasal or snuffed	17.8%	2.7%	79.5%	100%
onset age (years)	< 15 years	50.0%	11.8%	38.2%	100%
	15 -19 years	41.9%	11.3%	46.8%	100%
	20 -24 years	64.3%	10.7%	25.1%	100%
	25 -29 years	84.9%	4.7%	10.5%	100%
	30 -34 years	84.9%	5.4%	9.7%	100%
	35 years and more	56.9%		43.1%	100%
use length (years)	< 1 year	42.1%		57.9%	100%
	1 -3 years	58.9%	2.6%	38.6%	100%
	4 -5 years	36.2%	12.8%	51.1%	100%
	5 -10 years	58.5%	21.8%	19.7%	100%
	≥ 10 years	74.9%	20.1%	5.0%	100%

Source: NAA

According to the **frequency of use for the main drug**<sup>93</sup>, out of the total of drug users admitted to treatment in 2011, 66.9% used daily the drug, 13.5% used it 2-6 times per week, 12.1% used the drug maximum once a week and 7.5% did not use the drug in the last 30 days previous to the treatment admission date. There are no big differences according to the user gender (daily use in case of male users - 66.6%, daily use in case of female users - 67.3%). According to the type of drug, most frequently used drugs are NPS and opiates (71.1%, respectively 70.2% of those admitted to treatment in 2011 for NPS and opiates use declared a daily use), as well as hypnotics and sedatives (79.1%), the less frequently used drugs being the stimulants, only 14.3% of the beneficiaries declaring a daily use, while 42.9% of the beneficiaries did not use the drug in the last 30 days previous to the treatment admission date.

<sup>93</sup> See ST. no 20.1.1

Chart no 5-6: Distribution of treatment admissions in 2011 by frequency of use, type of admission, gender and type of main drug (%)



Source: NAA

**Social-demographic characteristics of the people admitted to treatment in 2011 for use of illicit drugs and NPS** (Table 5-6<sup>94</sup>)

In 2011, most of the patients admitted to treatment for illicit drugs and NPS (76.9% of the total number of people admitted to treatment and 77.7% of those admitted for the first time to treatment) were male users. **Mean age** of those admitted to treatment in the reference year was 29.5 years old for all the treatment admissions and 28.3 years old for those who are at their first treatment admission. Mean age in case of male beneficiaries is lower than that of the female users (difference of 6.6 years).

With regard to the **occupational status**, more than one third (39.1%) was represented by people without an income, the rate being higher for male users (40.4%) and relapses (51,6%). The rate of those who followed an education form (high-school or university) at the date of the treatment admission was 17.6%, higher for male users – 18.9%, reaching to 24.7% for those who demanded for the first time treatment admission. About one third (29.9%) is represented by economically inactive people (retired or housewives), the rate being higher for the female beneficiaries (42.4%) or for beneficiaries being at their first treatment admission (30%). The lowest rate was recorded among people with income (12.2%), the ratio male/female employees being 5.7.

<sup>94</sup> For additional information see also the chapter 8..

**Table No 5-7: Distribution of treatment admissions in 2011, according to the social-demographic characteristics of the beneficiaries, per total and by type of admission and gender of the treatment beneficiary (no, %)**

	Total	New case		Beneficiary gender	
		Yes	No	Male	Female
<b>No of beneficiaries</b>	1742	1048	606	1330	402
Treated for the first time for the main drug (%)	60.2			77.7	22.3
Mean age (years)	29.5	28.3	31.6	28.0	34.6
Female (%)	23.1	64.1	35.9		
<b>Occupational status at the date of treatment admission</b>					
- employed under individual employment agreement on limited/unlimited term	12.2	11.5	12.7	13.6	7.6
- high-school/university student	17.6	24.7	8.1	18.9	13.6
- retired/ medically retired/housewife	29.9	30.0	26.5	25.7	42.4
- not employed (unemployed, without occupation, worker without individual employment agreement)	39.1	32.8	51.6	40.4	36.1
- other situation	1.1	1.1	1.0	1.4	0.3
<b>Maximum education level completed at the date of treatment admission</b>					
- he/she did not follow school/did not graduate primary school	7.1	7.5	7.0	6.8	7.9
- secondary education	55.1	57.0	49.3	58.5	44.5
- college/post-college education	30.9	29.4	34.5	28.0	39.8
- university/post-university education	7.0	6.1	9.1	6.7	7.9
<b>Main referral source</b>					
- own will	36.2	36.0	40.1	37.9	29.5
- family/friends	10.2	14.1	5.0	11.2	6.7
- specialised centres for drug users	1.3	1.3	1.5	1.6	0.5
- family physician, primary healthcare	12.2	10.7	14.9	9.6	20.7
- emergency units/other hospital units	33.6	28.5	36.1	32.0	39.8
- social care units	0.1	0	0.3	0.2	0
- court/probation services/arrest/police stations	4.4	6.5	1.3	5.3	1.6
- others (i.e. penitentiaries, employing firm/employer)	2.0	2.9	0.7	2.2	1.3
<b>Housing status (with whom) in the last 30 days previous to the treatment admission date</b>					
- alone	7.7	8.2	7.4	6.7	10.7
- with parents or originating family	70.4	70.2	68.3	74.5	56.8
- only with children	1.9	2.2	1.4	0.8	5.4
- only with partner	7.7	7.0	9.7	6.1	12.9
- with partner and children	7.7	6.8	9.7	6.7	11.0
- with friends	1.7	2.0	1.2	1.8	1.3
- other situations (i.e. with detention inmates)	3.0	3.5	2.2	3.4	1.9
<b>Housing status (where) in the last 30 days previous to the treatment admission date</b>					
- permanent residence	93.2	92.4	94.0	92.7	94.7
- temporary residence	4.3	5.0	3.4	4.3	4.3
- institutions	1.4	1.6	0.9	1.6	0.5
- no residence	1.2	0.9	1.7	1.4	0.5

Source: NAA

With regard to the **highest education level completed** at the date of treatment admission, data show a low or very low level for more than 3 of 5 people admitted to treatment (62.2%, of which 7.1% did not ever go to school or did not graduate the primary education), their rate reaching to 65.3% in case of male drug users. But it must be taken into account the 17,6% rate of those who, at the treatment admission date, attended an education form. 7% of the beneficiaries had a high education level (higher in case of relapses - 9.1% and female drug users – 7.9%).

**The referral source** show that more than one third demanded treatment by their own will – 36,%, while another one third were referred by the professionals from the healthcare system, mainly from emergency units or other medical units – 33,6%, but also from the primary healthcare system (by the

family physicians) - 12.2%, in both situations being higher rates for relapses (40.1%, respectively 36.1% and 14.9%). 10.2% of the beneficiaries were encouraged by members of their families or by friends to demand treatment admission and 4.4% were referred by law enforcement institutions (court, probation institution and police).

With regard to the **housing status** had in the last 30 days previous to the treatment admission date: most of them had a permanent residence (93.2%) and lived together with the family (70.4%) The data analysis shows also the following:

- 5.7% had temporary residence or came from institutions and 1.2% did not have a residence (1.7% in case of relapses);
- 9.6% live together with the children: 1.9% - only with the children as single parents (5.4% - in case of female beneficiaries) and 7.7% - only with partner and children (12.9% - in case of female beneficiaries and 9.7% - in case of relapses);
- 7.7% live alone (10.7% - in case of female beneficiaries).

### 5.3.1. Substitution treatment

Out of the 2355 people who received treatment for use of illicit drugs and NPS in 2011, about one third (30.5%) represented users of opiates, out of whom 369 patients were already under substitution treatment based on methadone or other opiates (buprenorphine, suboxone, naltrexone).

**Table No 5-8: Treatment admissions for use of illicit drugs (opiates) in 2011 and distribution of users being already under substitution treatment, by type of treatment centre and treatment admission date (no of people)**

		Type of centre						Total		
		admission		out-patient		penitentiary				
		Treatment admission date								
		2011	previously to 2011	2011	previously to 2011	2011	previously to 2011	2011	previously to 2011	Total
Treatment Admission	<b>Total</b>	984	14	758	412	111	76	1853	502	2355
	<b>out of which, opiates (Main drug)</b>	87	0	487	30	74	40	648	70	718
	out of which									
	heroin	60	0	485	25	72	40	617	65	682
	methadone	12	0	1	1	1	0	14	1	15
	other opiates	15	0	1	4	1	0	17	4	21
Patient/beneficiary being already under substitution treatment	<b>Total</b>	37	0	221	106	5	0	263	106	369
	out of which									
	methadone	22	0	166	91	4	0	192	91	283
	other opiates*	5	0	19	13	0	0	24	13	37
	not specified	10	0	36	2	1	0	47	2	49

Note\* - other opiates buprenorphine, suboxone, naltrexone

Source: NAA

With regard to the type of treatment administered, in 2011, out of the total services provided:

- 3.8% were pharmaceutical detoxification based on an opiate substitute, in in-patient or out-patient regime. 84 people benefited of such services (1.1% of the patients);
- 33% were abstinence maintenance treatments based on opiate agonist/antagonist substitute. 742 people benefited of such services (9.6% of the patients);
- among other types of services provided, the following is well to be mentioned: assessment - 25.5%, symptomatic detoxification – 11,3%, psychological care – 20.7%, non-pharmacological detoxification – 8% and referral to social services for minors and vocational services – 4.7%.

**Table No 5-9: Distribution of care services for illicit drug and NPS use , provided in 2011 (for all the beneficiaries, regardless of their treatment admission year), by type of treatment centre and type of care provided, 2011 (no of people)**

Type of treatment		Type of centre			Total		
		in-patient	out-patient	penitentiary	no	% services	% patients
Assessment		793	984	180	1957	25.5%	87.1%
Pharmacological detoxification in in-patient settings	Based on opiate substitute	8	69	3	80	1.0%	3.6%
	Symptomatic	777	50	0	827	10.8%	36.8%
	not specified	5	0	0	5	0.1%	0.2%
Pharmacological detoxification in out-patient settings	Based on opiate substitute	0	4	0	4	0.1%	0.2%
	Symptomatic	21	21	0	42	0.5%	1.9%
	not specified	4	4	0	8	.1%	0.4%
Non-pharmacological detoxification		601	11	0	612	8.0%	27.2%
Psychological care		642	843	105	1590	20.7%	70.8%
Treatment of psychiatric co-morbidity		206	31	3	240	3.1%	10.7%
Referral to social services, legal services for underage people, vocational services		98	262	1	361	4.7%	16.1%
Long-term supervision		87	676	163	926	12.1%	41.2%
Abstinence maintenance treatment	Based on opiate agonist	11	660	6	677	8.8%	30.1%
	Based on opiate antagonist	1	63	1	65	0.8%	2.9%
others*		1	232	47	280	3.6%	12.5%
Total - no of patients		998	1170	187	2355		
Total - no of services		3255	3910	509	7674	100.0%	

Note:\* - others – i.e.: counselling the next of kin, inclusion in Fred Goes Net Group/therapeutic community, school/social counselling, testing the urine, counselling for smoking dropout, informing, etc.

Source: NAA

In 2011, out of the 742 opiate users having received abstinence maintenance treatment based on opiate agonist/antagonist substitute:

- about ¾ demanded treatment in the reference year;
- about half of them were already under substitution treatment;
- more than 1/3 demanded treatment by their own will and 27.1% were referred to medical services;
- the majority is represented by male drug-users (aspect influenced also by the fact that the rate of men using opiates is much higher than the rate of women using opiates);
- most of them (68,6%) are young people of 20-34 years old and about half of them have the onset age either under 15 years old (9.9%) or around the high-school age, 15-19 years old (35.5%), while 20-24 years old is the onset age for 26.9% of them;
- more than half of them (59.2%) use opiates for at least 5 years;
- about half of them daily used opiates (51.9%);
- about one third of them are unemployed / no occupation people (35.6%) and only one of ten (11.8%) has a job.

**Table No 5-10: Distribution of opiate-users who benefited from abstinence maintenance treatment based on agonist/antagonist medication, by several features, 2011**

		2011 (N=742)
Treatment admission year	2011	75.9%
	2007-2010	24.1%
if already under substitution treatment	yes	18.6%
	no	75.1%
Main referral source	own will	34.8%
	family physician/ primary care	9.7%
	specialised services for drug-users	2.2%
	psychiatric/ psychological care/ social care/ emergency services	27.1%
	court/ prosecutor's office/ arrest/ penitentiary/ legal medicine institute	13.9%
	family/friends	8.8%
Gender	Male	74%
	Female	26%
Age group (years)	15 -19 years	13.2%
	20 -24 years	20.4%
	25 -29 years	26%
	30 -34 years	22.2%
	35 -39 years	6.5%
	40 years and more	11.6%
Onset age (years)	< 15 years	9.9%
	15 -19 years	35.5%
	20 -24 years	26.9%
	25 -29 years	14.9%
	30 -34 years	7.6%
	35 -39 years	2.1%
Drug-use length (years)	40 years and more	3%
	≤ 2 years	40.4%
	3 -5 years	18.8%
	6 -8 years	10.1%
	9 -11 years	11.3%
	12 -14 years	13.1%
Drug-use frequency	≥ 15 years	6.3%
	daily	51.9%
Occupational status	less than 6 days/ week	29.8%
	employed	11.8%
Occupational status	pupil/ student	15%
	retired/ housewife/ invalid	22.8%
	unemployed/unoccupied	35.6%
	worker without contract/ other situation	11.3%

Note: other cases/not specified make up the difference up to 100%

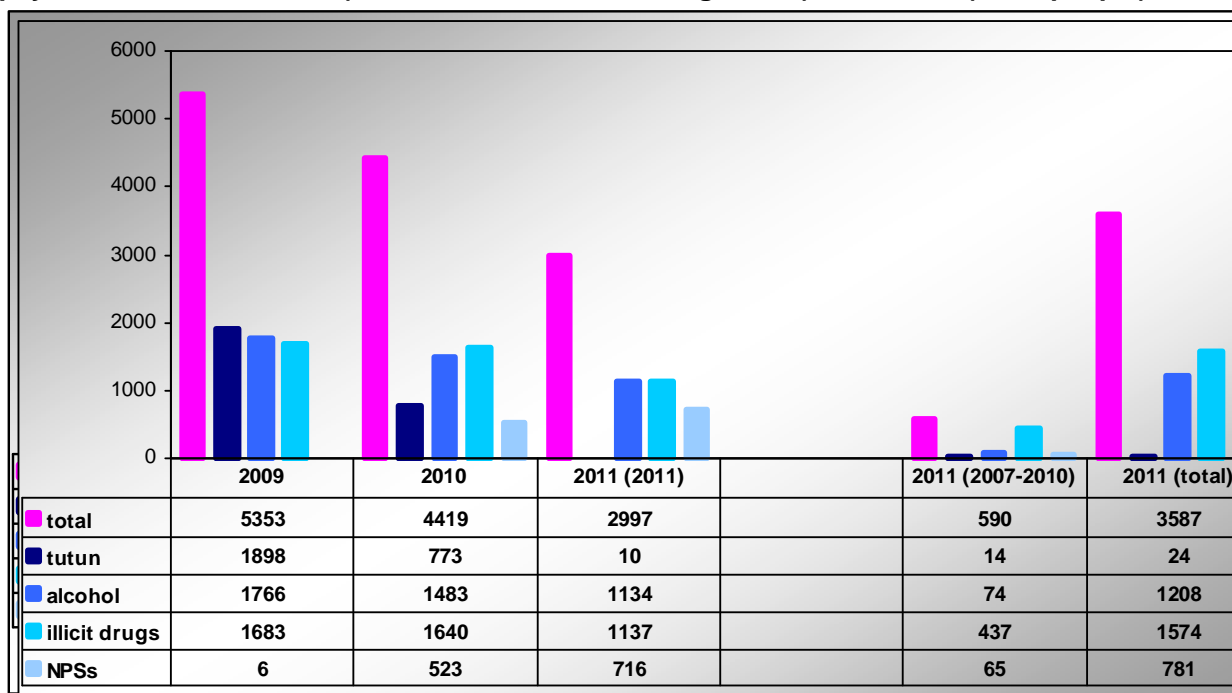
Source: NAA

#### 5.4. TRENDS OF CLIENTS IN TREATMENT

According to the data in the following graph<sup>95</sup>, in 2011, as compared to the past years, there is a decrease trend in the total number of admissions, mainly determined by the decrease of the number of people who received treatment for alcohol and drug use, the number of users of illicit drugs decreasing only by 2.8% (from 1640 to 1574), while the number of NPS users benefiting of treatment presents an increasing trend, both as incidence and as prevalence (from 523 to 716, respectively 781 persons).

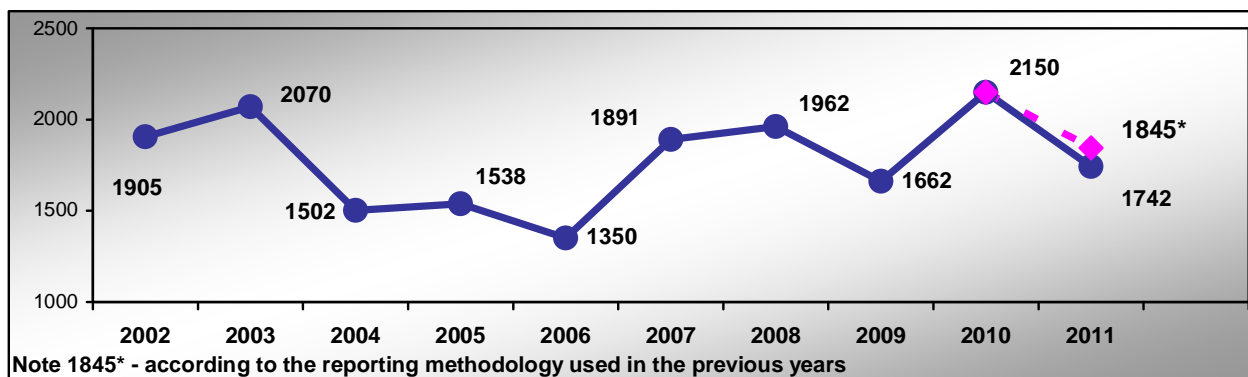
<sup>95</sup> See ST no 4.1.1

**Chart no 5-7: Evolution of number of people admitted to treatment following the use of psychoactive substances (tobacco, alcohol, illicit drugs, NPS), 2009-2011 (no of people)**



Source: NAA

**Chart No 5-8: Evolution of number of people admitted to treatment following the use of illicit drugs and NPS, 2002-2011 (No of people)**

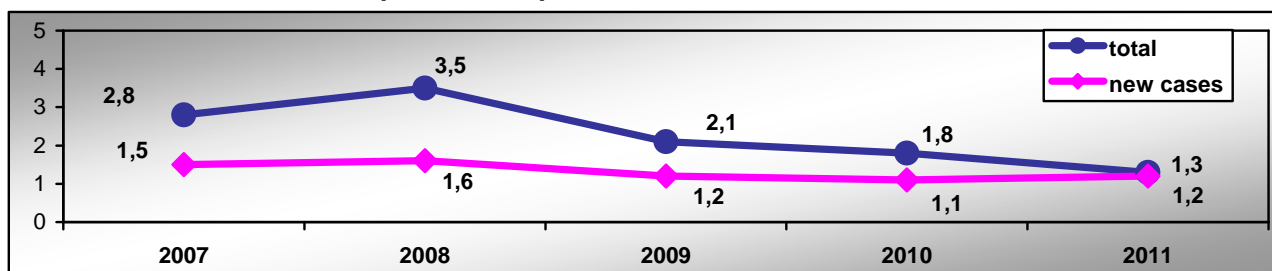


Source: NAA

As determination of the number of sole beneficiaries is made by including only the first admission in the reference year (irrespective whether in in-patient or in out-patient settings), the report based on number of new cases, which, according to the data illustrated below, starting with 2009 (year of inclusion of several out-patient centres in the reporting system, as well as year of collecting data case by case from the units of the Ministry of Health) is very close to 1, was taken into account to compare the weight of the two type of provided treatment (new cases and relapses)<sup>96</sup>. In 2011, the in-patient/ out-patient treatment admissions ratio is 1.3.

<sup>96</sup> See ST no 4.1.1

Chart No 5-9: Evolution of in-patient/ out-patient treatment admission rate, 2007-2011

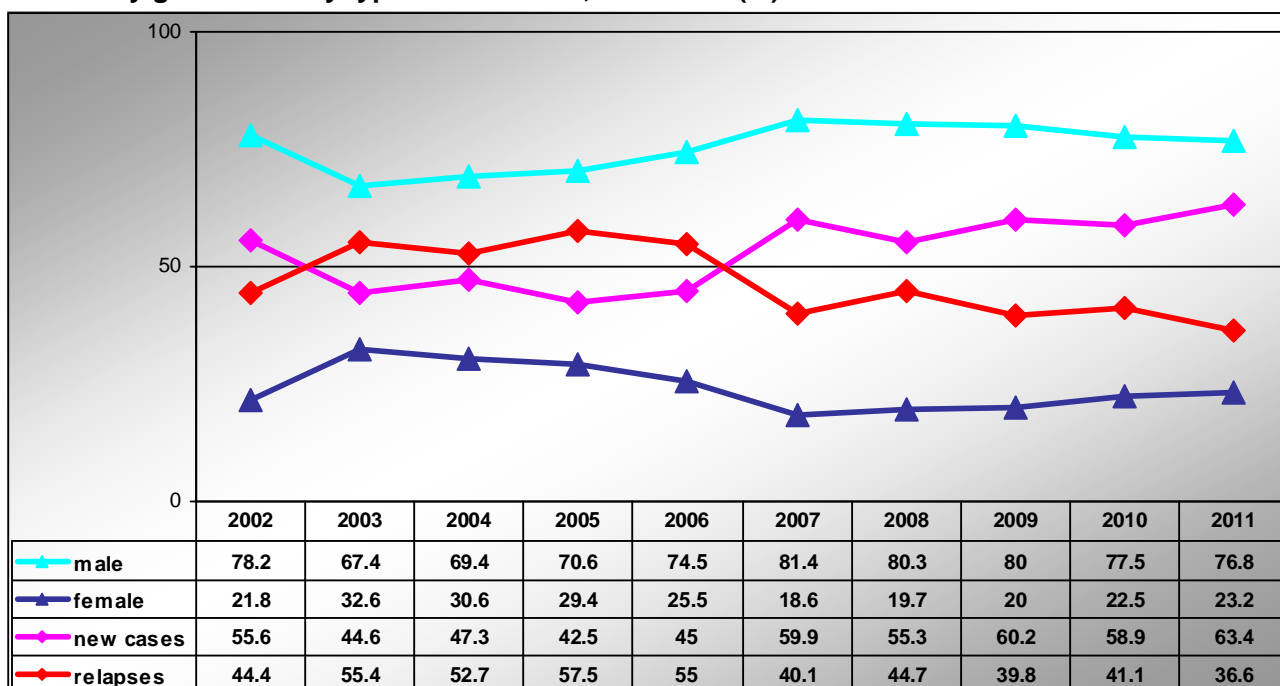


Source: NAA

As compared with the past years, the following are noticed<sup>97</sup>:

- although the **male** beneficiaries are still prevailing, starting with 2007, a trend of slight decrease in the number of accessing the treatment services and, implicitly a trend of increase from 18.6% to 23.2% in the rate of female beneficiaries are noticed. As a result, the M/F ratio remains positive but it is in a decreasing trend from 4.4 in 2007 to 3.3 in 2011 (value close to that for 2002 – 3.6);
- while in 2002 the rate of **new cases** was higher than the rate of relapses, during the time frame 2003-2006, the cases of beneficiaries having already benefited of treatment prevailed, in the last time frame (2007-2011) prevailing again the cases of new beneficiaries.

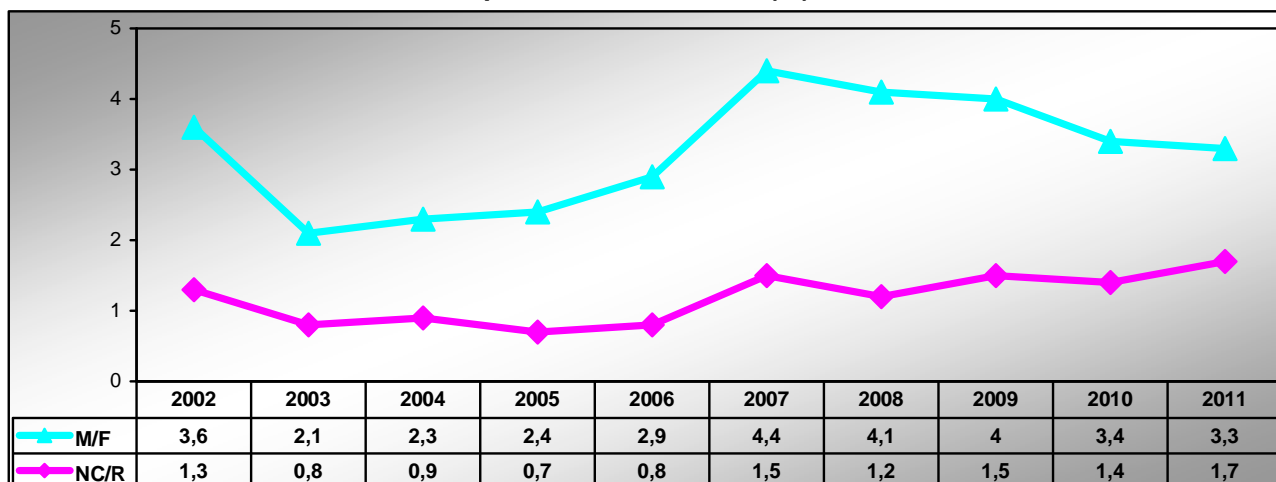
Chart No 5-10: Evolution of treatment admissions following the use of illicit drugs and NPS, by beneficiary gender and by type of admission, 2002-2011 (%)



Source: NAA

<sup>97</sup> See ST no 4.1.1

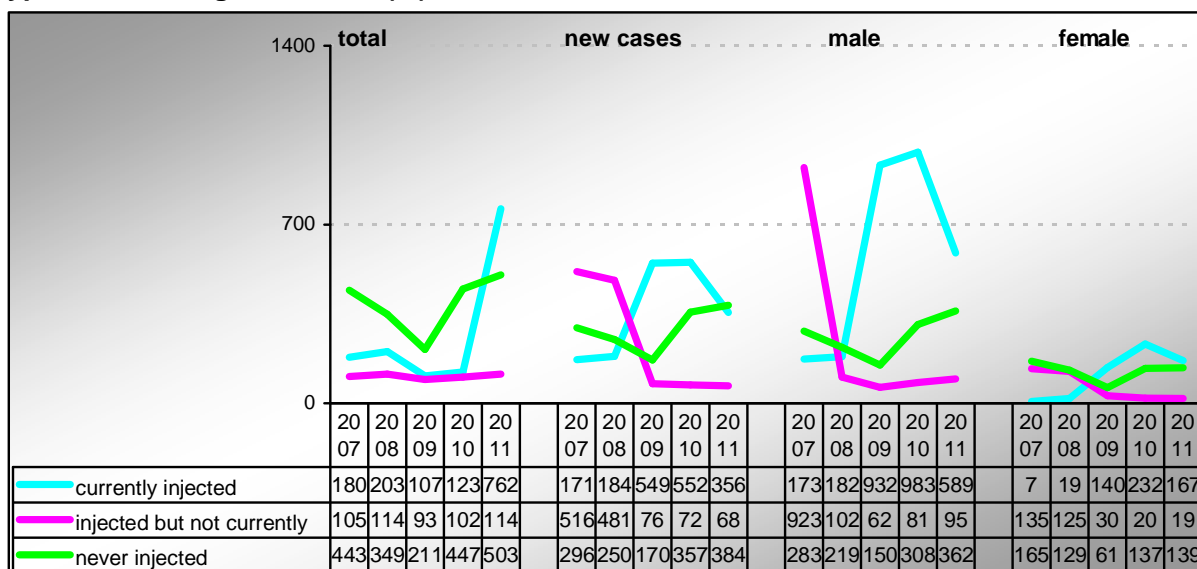
**Chart No 5-11: Evolution of treatment admissions following the use of illicit drugs and NPS, male/female ratio and new cases/relapses ratio, 2002-2011 (%)**



Source: NAA

According to the **main drug**<sup>98</sup>, during the time frame 2002-2010, the most used, with slight oscillations, drugs were the opiates, hypnotics and sedatives, as well as the cannabis. Starting with 2010, a change in treatment admissions was noticed due to the accentuated increase of NPS use, which becomes the second most used drug as rate of the total number of cases. In 2011, for the first time in the last 10 years, the rate of cases admitted to treatment for use of opiates was on second place in the total number of cases, NPS representing the main drug for which users demand treatment.

**Chart No 5-12: Evolution of treatment admissions following use of illicit drugs and NPS, by type of main drug, 2002-2011 (%)**



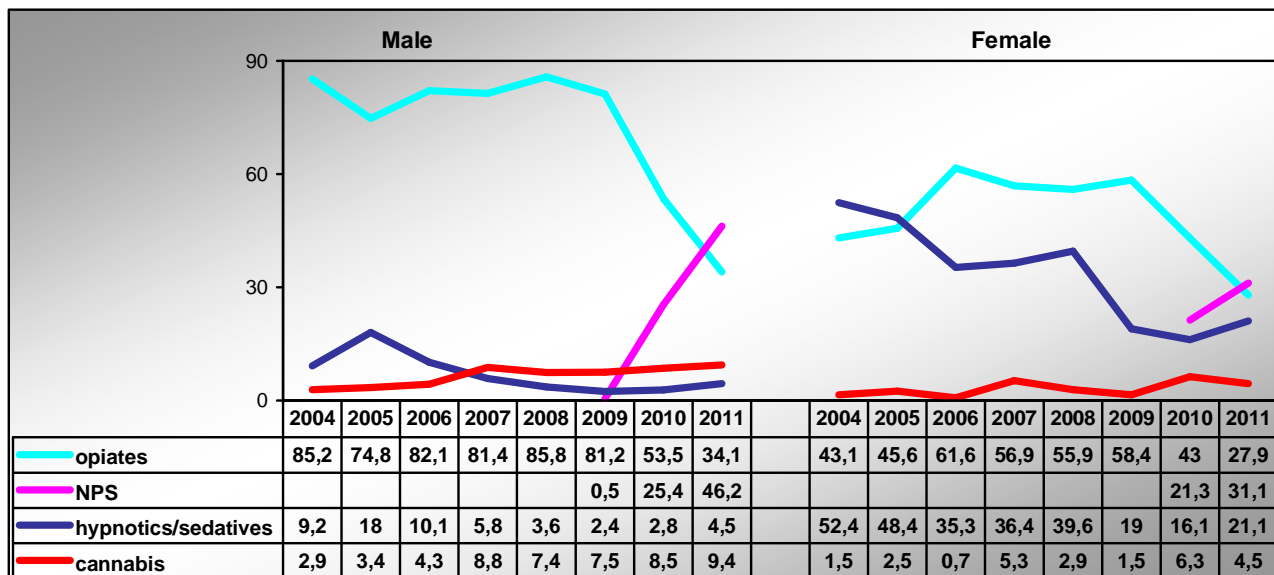
Source: NAA

According to the **beneficiary gender** and **main drug**, the same trend as for the period previous to 2011 is noticed, where the rate of treatment admissions for use of opiates was prevailing both among male users and among female users (starting with 2006), with higher rates among the male beneficiaries than among female beneficiaries. In 2011, the same situation is noticed, but for the use of NPS (both genders, but with higher rates for male beneficiaries: M - 46.2% vs. F - 31.1%). Except the time frame 2010-2011, while up to 2006, the rate of treatment admissions for hypnotics and sedatives in the total number of treatment admissions was on second place both for male and female

<sup>98</sup> See ST no 11.1.

beneficiaries, starting with 2007, cannabis is the second drug used for which male users address to care services.

**Chart No 5-13: Evolution of treatment admissions following use of illicit drugs and NPS, by main drug and beneficiary gender, 2004-2011 (%)**



Differences up to 100% are represented by: cocaine, stimulants, hallucinogens, inhalants and other substances  
Source: NAA

Taking into account the **beneficiary age<sup>99</sup> vs. drug use onset age<sup>100</sup>**, for each reference time frame, the following are noticed:

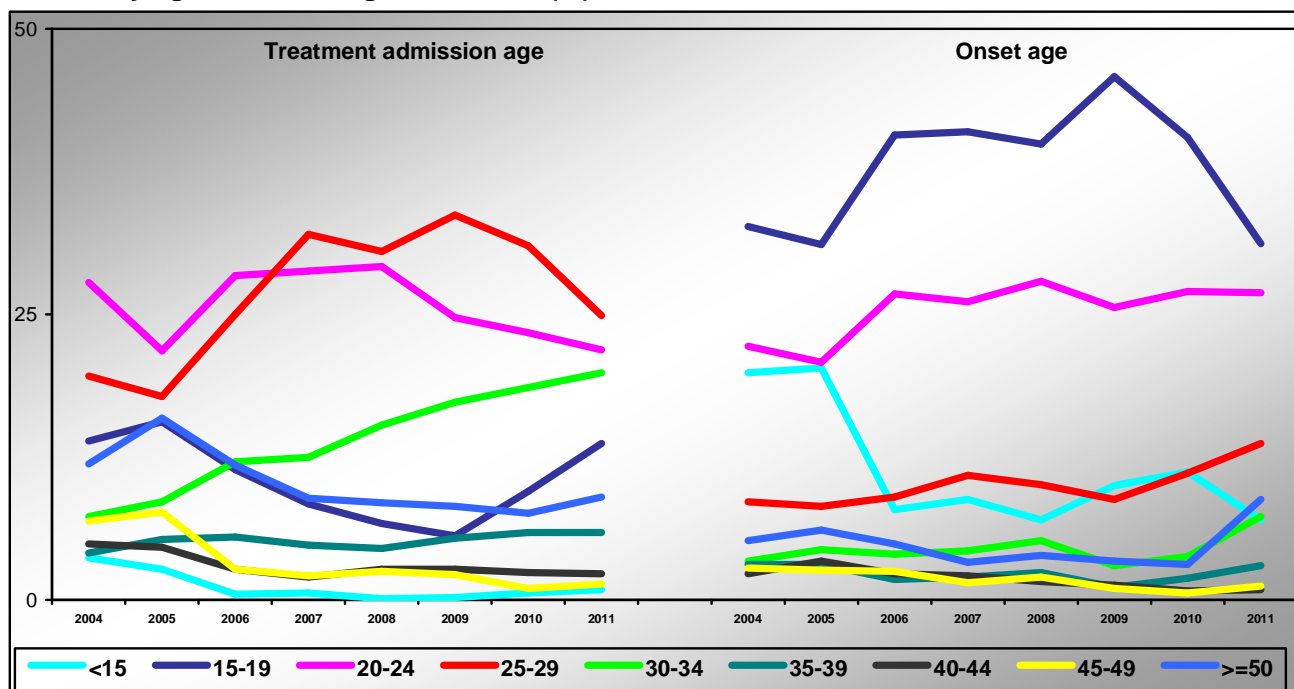
- under 15 years old (early onset) - shows a decreasing trend in rate and as result, the values in 2011 are about three times lower than those in 2004;
- age group 15-19- it is the age group with the highest values for the onset age during the entire reference period, with an increasing trend up to 2009, subsequently presenting a drop during the time frame 2009-2011, in 2011 showing values similar with those recorded at the beginning of the reference time frame (2011 – 31.2%, 2005 - 31.1%); with regard to the treatment admission age, relatively low rates, with similar trend compared to the onset age, are noticed: in first phase, this age rate decreases up to 8.4% (2007), and subsequently, increases up to the end of the reference time frame, when reaches a value (13.7%) similar with that in 2004 (13.9%);
- analysing the age groups with the highest rates, for the onset age are revealed the following: 15-19 years old (between 32.7% and 45.8%) and 20-24 years old (between 20.8% and 27.9%), while for the treatment admission age are revealed the following: 20-24 years old (between 21.8% and 29.2%) and 25-29 years old (between 17.8% and 33.7%); the situation confirms the assumption according to which the period of use previous to the demand for treatment ("gap" between the use onset and the demand for treatment) varies around the value of 4 years; most of those having the onset age between 15 and 19 years old, subsequently are found among those of 20-24 year old, demanding treatment, as well as most of those having the onset age between 20 and 24 years old, subsequently "determine" the high rate of treatment admissions in the age group between 25 and 29 years old;
- starting with 2006, as in the previous period, the age groups 15-19 years old and 20-24 years old present the highest values with regard to the onset age; however, an increasing trend is noticed in the rate treatment admissions for users from the age group 30-34 years old leading to a change in the use period previous to the date of demanding treatment (the "gap" between the onset year and the date of demanding treatment, which reach to 8 years; most of those having the onset age between 15 and 19 years old, subsequently are found among those of 25-29 years old, demanding treatment, as well as most of those having the onset age

<sup>99</sup> See ST no 14.1.1

<sup>100</sup> See ST no 23.1.2

between 20 and 24 years old, subsequently "determine" the high rate of treatment admissions in the age group between 30 and 34 years old.

**Chart No 5-14: Evolution of treatment admissions following the use of illicit drugs and NPS, by beneficiary age and onset age, 2004-2011 (%)**



Source: NAA

**Table No 5-11: Evolution of treatment admissions following the use of illicit drugs and NPS, by beneficiary age and onset age, 2004-2011 (%)**

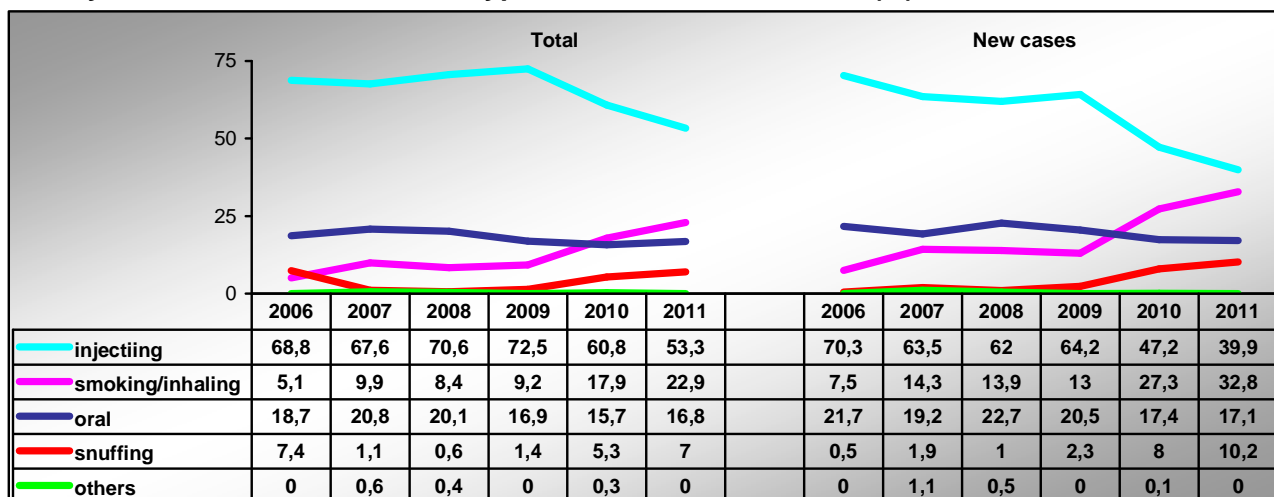
Age Group	Treatment Admission Age								Onset Age							
	2004	2005	2006	2007	2008	2009	2010	2011	2004	2005	2006	2007	2008	2009	2010	2011
<15	3.7	2.7	0.5	0.6	0.1	0.2	0.6	0.9	19.9	20.3	7.9	8.8	7	10	11.2	7
15-19	13.9	15.6	11.4	8.4	6.7	5.6	9.5	13.7	32.7	31.1	40.7	41	39.9	45.8	40.5	31.2
20-24	27.8	21.8	28.4	28.8	29.2	24.7	23.4	21.9	22.2	20.8	26.8	26.1	27.9	25.6	27	26.9
25-29	19.6	17.8	25	32	30.5	33.7	31	24.9	8.6	8.2	9	10.9	10.1	8.8	11.1	13.7
30-34	7.3	8.6	12.1	12.5	15.3	17.3	18.6	19.9	3.4	4.4	4	4.3	5.2	3	3.8	7.3
35-39	4.1	5.3	5.5	4.8	4.5	5.4	5.9	5.9	3.1	3.1	1.8	2	2.4	1.1	1.9	3
40-44	4.9	4.6	2.7	2	2.7	2.7	2.4	2.3	2.3	3.4	2.3	2.1	1.6	1.3	0.8	0.9
45-49	6.9	7.7	2.7	2.1	2.5	2.2	1	1.4	2.8	2.6	2.5	1.5	2	1	0.6	1.2
>=50	11.9	15.9	11.8	8.9	8.5	8.2	7.6	9	5.2	6.1	4.9	3.3	3.9	3.4	3.1	8.8

Source: NAA

With regard to the **route of administration of the main drug**<sup>101</sup>, injecting the drug is, throughout the reference time frame, the most used method of administration, in accordance with the main drug used, namely, the opiates and, starting with 2010, a mix of NPS with opiates.

<sup>101</sup> See ST no 17.1.1 and 17.1.2

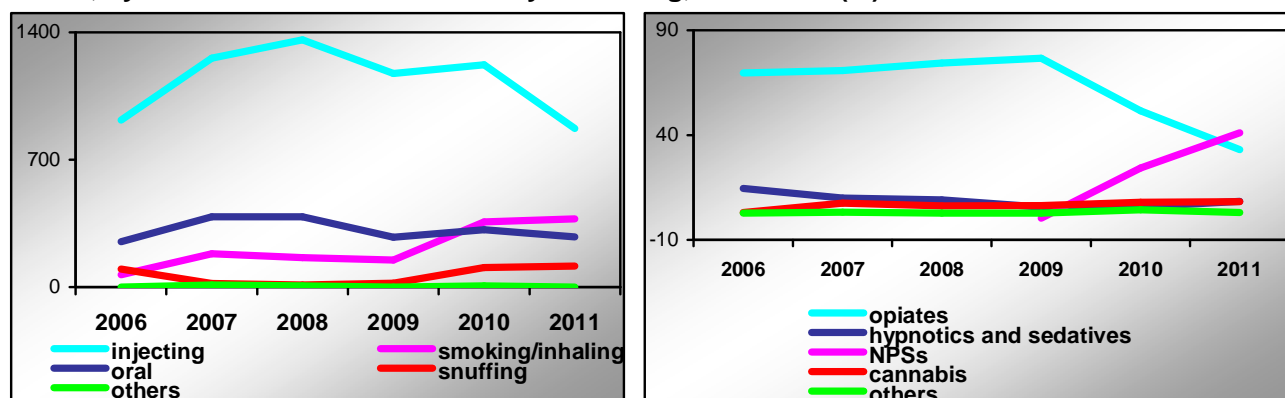
**Chart No 5-15: Evolution of the treatment admissions following the use of illicit drugs and NPS, by route of administration and type of admission, 2006-2011 (%)**



Source: NAA

The NPS use also determined a change in the distribution of the treatment admissions by route of administration, so that during the last years, smoking represents the second route of administration as rate in the total number of cases. Starting with 2010, administration by snuffing, although at low rates, reveals an increasing trend.

**Chart No 5-16: Evolution of the treatment admissions following the use of illicit drugs and NPS, by route of administration and by main drug, 2006-2011 (%)**



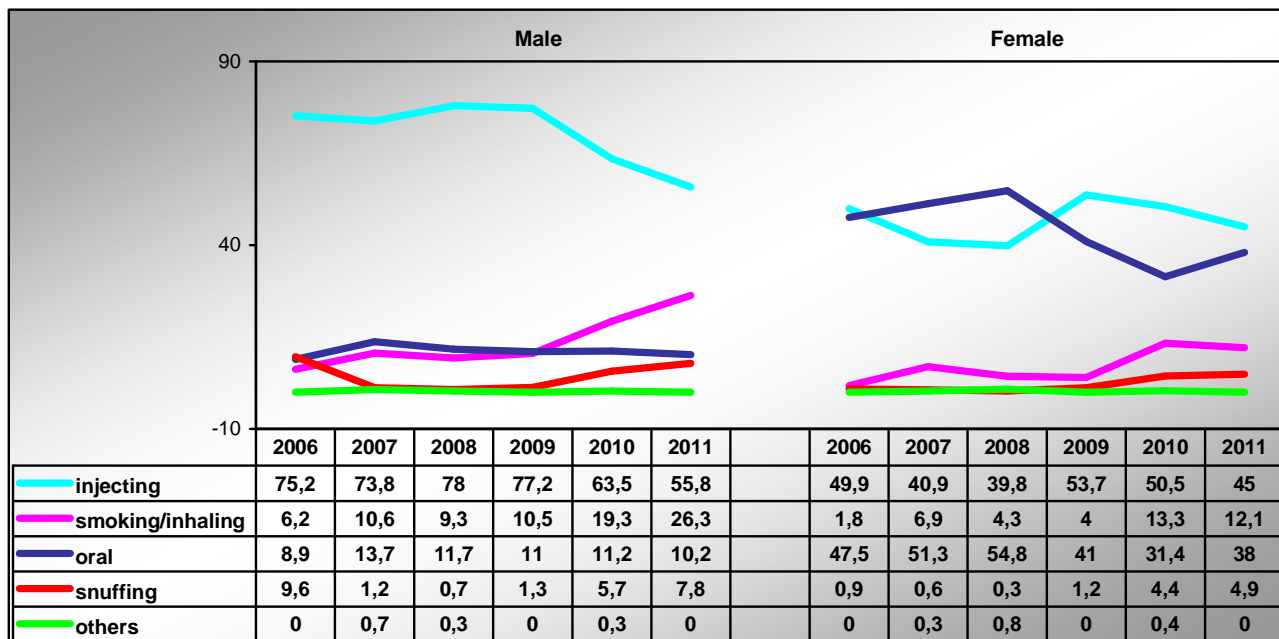
Source: NAA

Evolution of the treatment admissions by the route of administration of the main drug and by the user gender shows the following:

- for male users - although injecting represents the route of administration the most frequently declared by the beneficiaries of care services, a decreasing trend is noticed in the last part of the reference frame time (from 78% to 55.8%), as well as in increasing trend in the rates of those declaring the pulmonary or snuffing route of administration as main route of administration of the drugs (from 9.3% to 26.3%, respectively from 0.7% to 7.8%);
- for female users - the "division" of the time frame takes shape into two sub-periods: 2006-2008 and 2009-2011, during the first sub-period, being noticed a decreasing trend in the administration of drug by injecting as route of administration declared by the beneficiaries of care services, while in 2009, it is noticed a significant increase of the rate of injecting as route of administration of the main drug declared by female (from 39.8 in 2008 to 53.7 in 2009); in 2011 the same "hierarchy" is noticed as in 2006, the beginning of the reference frame time, with regard to the route of administration of the main drug for which female users demanded treatment, but with other rates (injecting: 45%, respectively 49.9%; oral administration: 38%,

respectively 47.5%; smoking/ inhaling: 12.1%, respectively 1.8% and snuffing: 4.9%, respectively 0.9%).

**Chart no 5-17: Evolution of the treatment admissions following the use of illicit drugs and NPS, by route of administration and beneficiary gender, 2006-2011 (%)**



Source: NAA

Analysing the treatment admissions for use of injecting heroin and NPS, by the three specific routes of administrations and by the beneficiary gender, the following are noticed:

With regard to the treatment admissions for heroin use - the number of the care beneficiaries dropped to less than half in the last three years (from 1228 to 543), the highest difference being recorded in case of male users (from 1040 to 432); injecting remains, throughout the reference time frame, the main route of administration for heroin (between 93% and 96%).

Simultaneously with the decrease in case of heroin, the number of treatment admissions for NPS use has an increasing trend throughout the reference time frame (the highest increase being recorded in 2010, to both genders, from 6 to 375 male beneficiaries and from 0 to 95 female beneficiaries). With regard to the route of administration, about half of the beneficiaries who demanded treatment during the time frame 2009-2011 declared injecting as route of administration, between 20% and 30% declared smoking as route of administration and about 14% declared NPS snuffing as route of administration. While the rate of male treatment beneficiaries who declared NPS use by injecting it decreases in 2011 compared to the rate recorded in 2010, in case of female beneficiaries such rate presents an increasing trend. With regard to NPS use by smoking, the trend is reversed.

**Table No 5-12: Evolution of the treatment admissions following the use of heroin and NPS, by route of administration and beneficiary gender, 2009-2011 (%)**

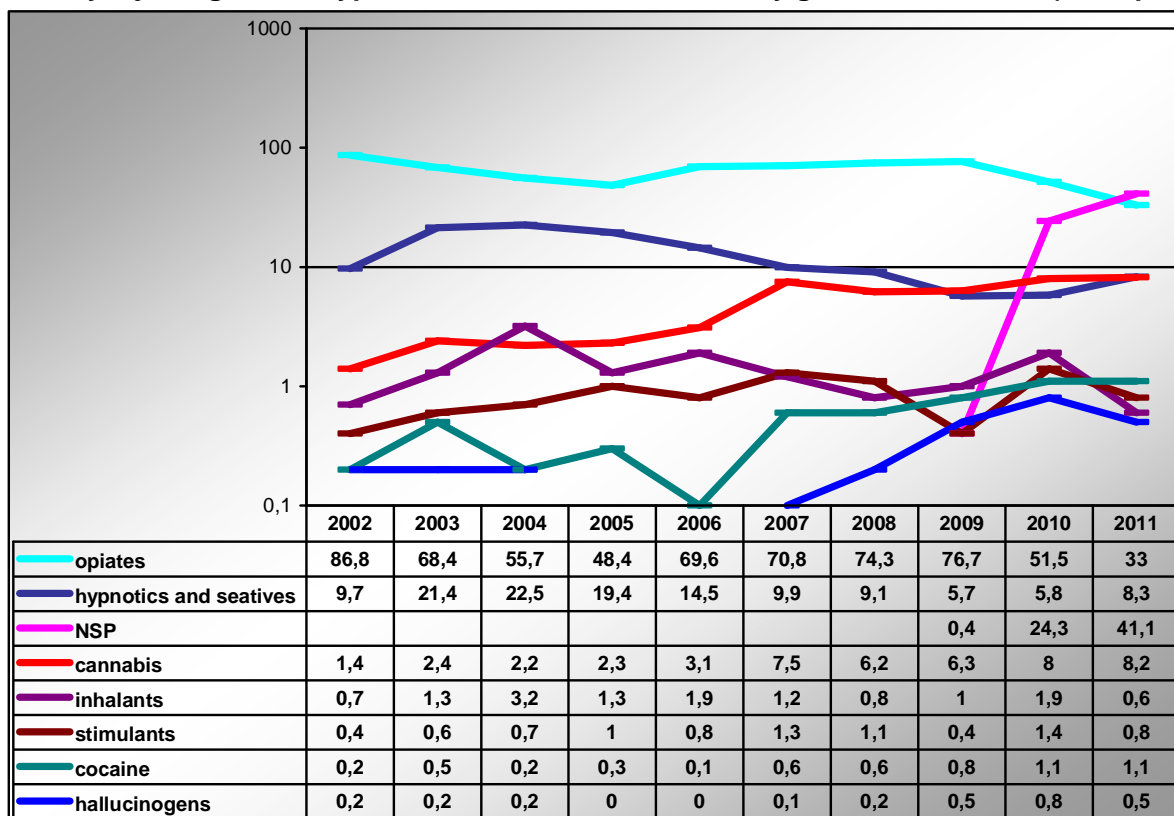
	Main drug	Route of administration	Treatment admission year					
			number			%		
			2009	2010	2011	2009	2010	2011
Total	heroin		1228	998	543			
	out of which	injecting	1144	942	513	93.2	94.4	94.5
	NPS		6	470	645			
	out of which	injecting	1	247	334		52.6	51.8
		pulmonary or smoking	1	90	182		19.1	28.2
		snuffing	0	70	92		14.9	14.3
Male	heroin		1040	795	432			
	out of which	injecting	970	750	407	93.3	94.3	94.2
	NPS		6	375	529			
	out of which	injecting	1	203	272		54.1	51.4
		pulmonary or smoking	1	68	159		18.1	30.1
		snuffing	0	55	77		14.7	14.6
Female	heroin		185	185	104			
	out of which	injecting	172	175	100	93.0	94.6	96.2
	NPS		0	95	115			
	out of which	injecting	0	44	62		46.3	53.9
		pulmonary or smoking	0	22	23		23.2	20.0
		snuffing	0	15	15		15.8	13.0

Source: NAA

With regard to the **use by injecting**<sup>102</sup> pattern, regardless of the administrated drug, in the time frame 2007-2011 it is found that this use is characteristic for the men, most of them being heroin users. The graphic illustration of the evolution of treatment admissions following the use of illicit drugs and NPS, by the injecting status, type of admission and beneficiary gender shows the same pattern for use by injecting for all the types of care beneficiaries. At the middle of the time frame, in 2009, a very high increase of the current use by injecting is noticed, which reaches the highest value in the next year, the pattern presenting a decreasing trend in 2011, slower in case of female users and sharper in case of male users and new cases.

<sup>102</sup> See ST. no 25.1.1 and 25.1.2

**Chart No 5-18: Evolution of the treatment admissions following the use of illicit drugs and NPS, by injecting status, type of admissions and beneficiary gender, 2007-2011 (no of people)**



Source: NAA

**Chart No 5-19: Evolution of the treatment admissions following the use of illicit drugs and NPS, by injecting status, type of admissions and beneficiary gender, 2007-2011 (%)**



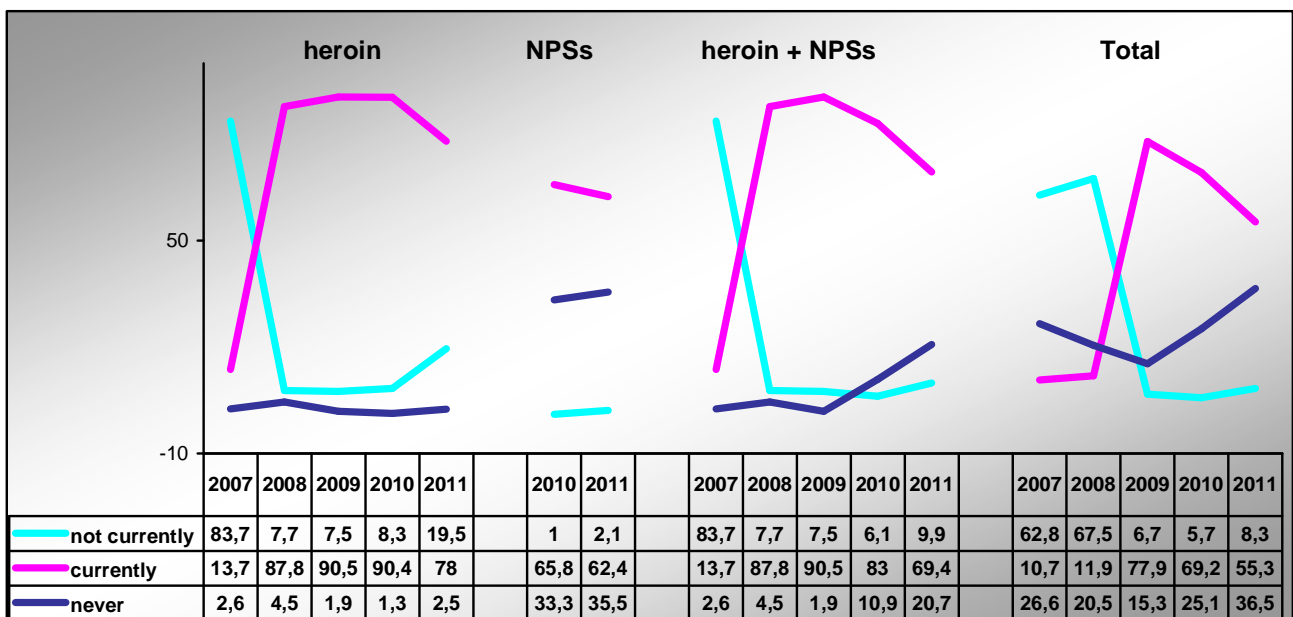
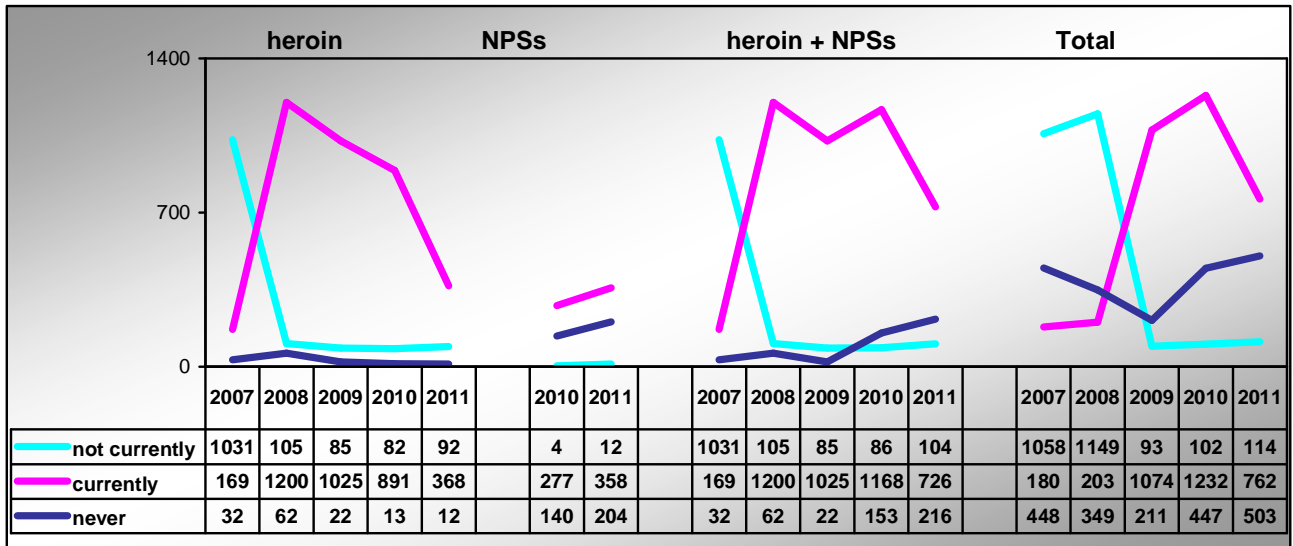
Source: NAA

The analysis of the evolution of treatment admissions during the time frame 2007-2011, for the heroin and<sup>103</sup> NPS use, by injecting status, shows for 2011 an increase of the number of beneficiaries who declared that they administered NPS by injecting themselves (from 281 to 370), but also a slight decrease of the rate of these people in the total number of people who demanded treatment for NPS

<sup>103</sup> See ST. no 26.1.1

use (from 66.8% to 64.5%). Use by the administration of the drug in the last 30 days previous to the treatment admission date (current use) is characteristic for the heroin and NPS users also during the time frame 2009-2011, although the decisive influence of the number of NPS users having a recent injecting history is reflected by the number of users declaring a current use, per total, the corresponding rate keeps the trend determined by the heroin users having a recent injecting history.

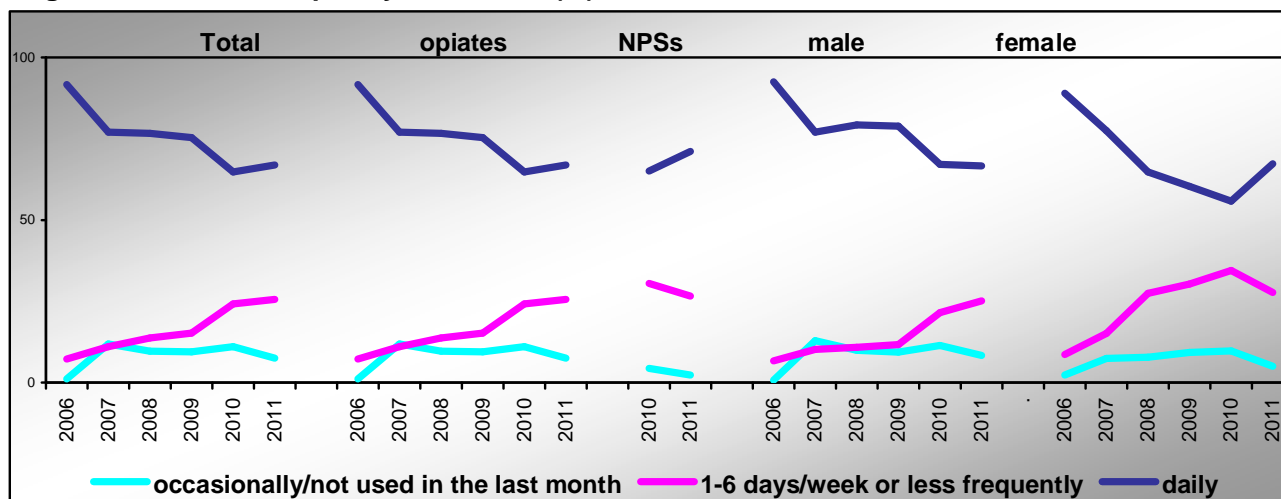
**Chart No 5-20: Evolution of treatment admissions following use of illicit drugs and NPS, by injecting status, 2007-2011 (No and %)**



Source: NAA

The evolution of the treatment admissions during the time frame 2004-2011, by drug use frequency shows the dominance of the daily drug use, the occasional use presenting the lowest rate. The data on the use frequency are consistent with the above mentioned data on the use of main drug and its route of administration, showing a decreasing trend in the rate of injecting heroin users demanding treatment and an increasing trend in the rate of NPS smoking users demanding treatment (Table No 5-11). The variation of M/F ratio during the time frame 2006-2011 between 2.9 and 4.4 (Graph No 5-11), shows that the general trend is mainly determined by the changes in drug-use of the male users. Hence, in 2011, it is found a decrease by 6.8% of the number of female users who declared a frequency of 1-6 days/week in the drug administration, while the rate of male users declaring such use frequency increases by 3.6%.

**Chart No 5-21: Evolution of treatment admissions following use of illicit drugs and NPS, by drug administration frequency, 2004-2011 (%)**



Source: NAA

**Table No 5-13: Treatment admissions following the use of illicit drug and NPS, by drug administration frequency and beneficiary gender, 2004-2011 (%)**

		2006	2007	2008	2009	2010	2011
Total	occasionally/no use in the last month	1.1	11.9	9.6	9.5	11.0	7.5
	1-6 days a week or less	7.2	11.1	13.8	15.2	24.2	25.6
	daily	91.7	77.1	76.6	75.3	64.7	66.9
opiates	occasionally/no use in the last month	0.2	10.9	7.3	7.3	8.1	13.6
	1-6 days a week or less	1.1	5.2	3.5	7.9	15.0	16.2
	daily	98.7	84.0	89.2	84.8	76.8	70.2
NPS	occasionally/no use in the last month					4.4	2.3
	1-6 days a week or less					30.5	26.6
	daily					65.1	71.1
Male	occasionally/no use in the last month	0.7	12.9	9.9	9.4	11.4	8.3
	1-6 days a week or less	6.7	10.2	10.8	11.7	21.5	25.1
	daily	92.5	77.0	79.2	78.9	67.1	66.6
Female	occasionally/no use in the last month	2.3	7.4	7.8	9.3	9.7	5.0
	1-6 days a week or less	8.6	15.1	27.4	30.3	34.5	27.7
	daily	89.0	77.5	64.8	60.3	55.8	67.3

Source: NAA

In the last 3 years it is noticed a decrease in number of people demanding treatment for use of opiates (from 1302 in 2009 to 648 in 2011), fact which explains in a certain extent, also the decrease in 2011 of the number of people previously benefiting of substitution treatment. Comparing the data on the treatment provided to the beneficiaries in 2011 with the similar data in 2010 it is noticed the increase of the number (and rate) of psychological care services and psychiatric co-morbidity treatment provided, as well as of the long term monitoring care (corroborated with the demand for care mainly for NPS use). Also, it is noticed the increase of the rate of beneficiaries assessed and who received opiate substitute-based detoxification treatment in in-patient settings, symptomatic out-patient or non-pharmaceutical treatment, psychological care and psychiatric co-morbidity treatment (from 43.9% to 72.1%), as well as long-term monitoring care (from 8% to 28.4%), but also abstinence maintenance treatment based on agonist opiate.

**Table No 5- 14: Evolution of treatment admissions for use of illicit drugs (opiates) and of number of users having a substitution treatment history, by treatment admission year and type of treatment, in 2009-2011 (No of people admitted to treatment in the reference year)**

Type of centre		in-patient			out-patient			penitentiary			Total		
Treatment Admission Year		2009	2010	2011	2009	2010	2011	2009	2010	2011	2009	2010	2011
Treatment Admission	Total	1126	1389	984	536	761	758	27	13	111	1689	2163	1853
	out of which, opiates (Main drug)	<b>825</b>	<b>578</b>	<b>87</b>	<b>450</b>	<b>529</b>	<b>487</b>	<b>27</b>	<b>11</b>	<b>74</b>	<b>1302</b>	<b>1118</b>	<b>648</b>
	out of which heroin	784	541	60	444	525	485	27	11	72	1255	1077	617
	out of which methadone	25	20	12	3	1	1	0	0	1	28	21	14
	other opiates	16	17	15	3	3	1	0	0	1	19	20	17
out of which, with substitutive treatment history	Total	<b>80</b>	<b>234</b>	<b>37</b>	<b>82</b>	<b>116</b>	<b>221</b>	<b>6</b>	<b>9</b>	<b>5</b>	<b>168</b>	<b>359</b>	<b>263</b>
	out of which methadone	53	177	22	53	103	166	6	9	4	112	289	192
	other opiates*	22	17	5	9	10	19	0	0	0	31	27	24
	not specified	5	40	10	20	3	36	0	0	1	25	43	47

Note: other opiates\* (buprenorphine, suboxone, naltrexone)

Source: NAA

**Table No 5- 15: Evolution of the treatment admissions for the use of illicit drugs, by type of provided care service, in 2009-2011 (No of people admitted to treatment in the reference year)**

Type of treatment		no			% patients			% services		
		Treatment admission year								
		2009	2010	2011	2009	2010	2011	2009	2010	2011
Assessment		1607	1893	1561	95.1	87.5	89.5	33.8	30.8	26.1
Pharmacological detoxification in in-patient settings	Based on opiate substitute	76	89	80	4.5	4.2	4.6	1.6	1.5	1.3
	Symptomatic	932	1103	812	55.2	50.8	46.6	19.6	17.9	13.6
	not specified	4	10	5	0.2	0.5	0.3	0.1	0.2	0.1
Pharmacological detoxification in out-patient settings	Based on opiate substitute	10	5	2	0.6	0.2	0.1	0.2	0.1	0
	Symptomatic	2	10	26	0.1	0.6	1.5	0.0	0.2	0.4
	not specified	0	11	6	0.0	0.5	0.3	0	0.2	0.1
Non-pharmacological detoxification		0	678	595	0.0	31.3	34.1	0	11.0	9.9
Psychological care		834	949	1258	49.4	43.9	72.1	17.5	15.4	21.0
Treatment of psychiatric co-morbidity		286	167	214	16.9	7.7	12.3	6.0	2.7	3.6
Referral to social services, legal services for underage people, vocational services		243	432	304	14.4	20.0	17.4	5.1	7.0	5.1
Long-term supervision		326	172	496	19.3	8.0	28.4	6.9	2.8	8.3
Abstinence maintenance treatment	Based on opiate agonist substitute	323	555	471	19.1	25.7	27.0	6.8	9.0	7.9
	Based on opiate antagonist substitute	97	44	29	5.7	2.0	1.7	2.0	0.7	0.5
	not specified	2	2	0	0.1	0.1	0	0	0	0
others		14	30	129	0.8	1.4	7.4	0.3	0.5	2.2
Total - No of patients		1689	2163	1853	281.4	284.4	343.3	-	-	-
Total - No of services		4756	6150	5988				100	100	100

Source: NAA

Changes in drug use presented by the beneficiaries of the care services determined changes both in the type of provided services, and in the social-demographic profile of the beneficiaries who received in 2011 abstinence maintenance treatment based on antagonist opiate substitute, fact which determines in both cases the impossibility of the delineation of trends for the period 2009-2011

**Table No 5-16: Evolution of the distribution of opiate users who received abstinence maintenance treatment based on agonist/antagonist opiate substitute, by different features, 2009-2011, (compared to incidence: persons admitted to treatment in the reference year, including beneficiaries who received prison-based care services for 2011, N = 1853)**

		Abstinence maintenance treatment based on opioid agonist/antagonist substitute		
		2009	2010	2011
Previous substitutive treatment	yes	29.4%	43.6%	17.4%
	no	68.4%	55.1%	74.2%
Main referral source	own will	44.3%	53.1%	32.9%
	family physician/ primary care	12.6%	19.8%	11.5%
	specialised services for drug-users	7.6%	1.3%	0.7%
	psychiatric services/ psychological care/ emergency units/ other hospital units	5.7%	11.8	32.7%
	court/ prosecutor's office/ arrest/ penitentiary/ legal medicine institute	5.2%	3.8/	10.2%
	family/friends	4.8%	8.7%	8.0%
Gender	Male	84.5%	80.5	71.2%
	Female	15.5%	17.0	28.8%
Age group (years)	15 -19 years	2.9%	1.5%	13.5%
	20 -24 years	26.9%	18.1%	21.0%
	25 -29 years	40.7%	40.3%	23.7%
	30 -34 years	21.7%	30.3%	21.2%
	35 -39 years	4.5%	7.0%	6.7%
	40 years and more	2.8%	1.7%	13.8%
Onset age (years)	< 15 years	11.0%	12.1%	8.5%
	15 -19 years	45.0%	47.9%	32.1%
	20 -24 years	26.0%	26.4%	26.1%
	25 -29 years	5.2%	9.4%	17.4%
	30 years and more	2.6%	4.1	15.7%
Drug-use frequency	daily	61.9%	59.1%	52.2%
	less than 6 days/ week	27.1%	27.2%	29%
Drug-use length (years)	≤ 2 years	8.3%	3.7%	49.2%
	3 -5 years	13.8%	16%	18.5%
	6 -8 years	17.6%	9.2%	7.7%
	9 -11 years	42.1%	17.9%	9.8%
	12 -14 years	13.9%	23.6%	9.7%
	≥ 15 years	3.2%	10.2%	4.9%
Occupational status	employed	27.4%	25.5%	12.2%
	pupil/ student	3.6%	3.8%	13.7%
	retired/ housewife/ invalid	1.2%	0.2%	28.4%
	unemployed/unoccupied	46.2%	61.6%	33.9%
	worker without contract/ other situation	8.6%	7.3%	8.4%

Note: other cases/not specified make up the difference up to 100%

Source: NAA

The changes common for the last two years consist of the increasing trend in the rate of female beneficiaries and, implicitly, the decreasing trend in the rate of male beneficiaries (F: 2009-15.5%, 2010- 17% and 2011- 28.8%), as well as the decreasing trend in the rate of beneficiaries who were admitted to treatment due to daily use of opiates (2009: 61,9%, 2010: 59.1% and 2011 - 52.2%). Hence, out of the opiate users who received abstinence maintenance treatment based on opioid agonist/antagonist substitute <sup>104</sup>:

<sup>104</sup> In 2011, a number of 742 people (out of which, 500 people were admitted to treatment in 2011) received abstinence maintenance treatment based on opioid agonist/antagonist substitute.

- only 17.4% have a substitution treatment history (in decrease compared to 2010 – 43.6%);
- less than one third of them demanded by own will treatment (in decrease compared to 2010 – 53.1%), simultaneously with the increase of the rate of referrals by medical units (especially by emergency units) and law enforcement institutions (from 11.8% to 32.7%, respectively from 3.8% to 10.2%);
- most of them are male users;
- most of them are young people of 25-34 years old, but compared with similar data of the previous year, it is noticed an increasing trend in the rate of those from the other age groups: 15-19 years old, 20-24 years old and  $\geq 40$  years old;
- more than 2 of 5 beneficiaries have their onset age under 19 years old (a decreasing trend compared to 2010: 40.8% compared to 60%), and one third of them have the onset age over 25 years (an increasing trend compared to 2010: 33.1% compared to 13.5%);
- about half of them used daily opiates (52.2%, showing a decreasing trend, by taking into consideration the rate of 59.1% in 2010 and in 2009, the rate of 61,9%);
- more than two thirds (67.7%) use opiates for maximum 5 years (an increasing trend compared to 19.7% in 2010);
- about one third is represented by unemployed/unoccupied people (33.9%, showing a decreasing trend compared with 61.6% in 2010, with regard to the rate of pupils or students benefiting of treatment, it is seen an increasing trend (from 3.8% to 13.7%), similar with the trend for economically inactive beneficiaries (an increase from 0.2% to 28.4%), while with regard to the employees benefiting of treatment, the rate is in decrease (12.2% compared to 25.5% in 2010). 25,5%).

### **Profile of the people admitted to treatment in 2010 and in 2011 following drug use/addiction<sup>105</sup>**

#### ***NPS (new psychoactive substances traded as "ethno-botanical plants")***

*2011* - male, aged from 15 to 39 years old, who started drug use before 29 years old. He is experiencing the first drug treatment admission and is often sent by emergency unit but can also come at his own will. He also use, as secondary drug, especially alcohol, heroin or cannabis. He daily use NPS, mainly by injecting route of administration, but also by pulmonary (smoking/inhaling) or by snuffing route of administration, since maximum 2 years ago. About two third of the users of this profile have a low education level (and one third has average education level) and more than half have no own incomes (1/4 is represented by pupils or students). Most of them live with the parents/originating family, having permanent residences.

*2010* - male, aged from 15 to 29 years old, who started drug use before 24 years old. He is experiencing the first drug treatment admission and is often sent by emergency unit personnel but can also come at his own will. Most of these users declared a drug use length of maximum 2 years. The route of drug administration most frequently used is the injection, but also the pulmonary (smoking/inhaling) or snuffing route of administration are used. The secondary drugs are (mainly heroin) but also cannabis, other NPS or the alcohol. Half of these users have a low education level (secondary education at most), and one third - average education level, half of them are without occupation (while one quarter consists of pupils and students) and most of them live with their parents, having permanent residences.

#### ***Heroin***

*2011* - male, aged from 25 and 29 years old who started the drug use before 19 years old, having a long drug use length and who already demanded treatment for psychoactive substance use (especially heroin, but also methadone or NPS), declaring a daily heroin use, most of such users having injected drug in the last 30 days previous to the treatment admission date. He uses, as secondary drug, especially NPS but also benzodiazepines, methadone, cannabis and cocaine. He often demands treatment by own will but also he is sent by the professionals of the psychiatric units or by the family physician. More than  $\frac{3}{4}$  of the users of such profile have a low education level (secondary education, at most), they have no own income (being housewife/unemployed, unoccupied

<sup>105</sup> For the other types of drugs there is a small number of cases to determine a profile: volatile inhalants – 2.5%, stimulants – 2.5%, cocaine – 1.3%, hallucinogens – 0.9% and hypnotics and sedatives – 0.4%

people or worker without contract) and most of them live with parents or only with the partner and children, having permanent residences.

2010 - male, aged from 20 to 34 years old, who started drug use before 19 years old. He is experienced the first treatment admission and he demands treatment often by own will, but also he is sent by the professionals of the emergency units or by the family physician. Almost half of the users of such profile use heroin for at least 10 years ago and they did not benefit until now of substitution treatment. They daily uses injecting heroin and, as secondary drug, especially NPS but also methadone, benzodiazepines, cannabis, cocaine and other opiates. Half of them have a low education level (secondary education, at most), while one third - an average education level, most of them have no occupation and live with parents, having permanent residences.

### ***Cannabis***

2011 - male, aged from 20 to 24 years old, who started drug use before 20 years old. He is experienced the first treatment admission and addresses the care system, mainly, upon the demand of the family/friends or following the referral by the emergency units or probation service, but also by own will. He uses cannabis since 4 years maximum, daily, by pulmonary (smoking/inhaling) route of administration and most of the users of such profile never injected. He also uses, as secondary drug, especially NPS, but also alcohol. About half of them have an average education level, and the other half have a low education level, almost half of them being pupils/students. Most of them live with the parents, having permanent residences.

2010 - male, aged from 15 to 29 years old, who started drug use before 20 years old. He is experienced the first treatment admission and addresses the care system upon referral by penitentiaries/ halfway houses or prison type in-patient centres for minors/ probation service or upon referrals by the emergency units rather than by own will or at the demand of the family. He uses this type of drug at least since at least 2-3 years, occasionally, by pulmonary (smoking/inhaling) route of administration and he also uses, as secondary drug, especially NPS, cocaine, alcohol or MDMA and derivatives. Most of them never injected. Half of them have an average education level, one third consists of pupils/ students, and another one third of them have no occupation, more of half of them living with parents, in permanent residences.

### ***Hypnotics and sedatives***

2011 - female, aged from over 50 years old, who started drug use after 35 years old. She is experiencing the first drug treatment admission and is often sent by the family physician or psychiatric units, but can also come at her own will. She uses since 4 years maximum, by oral route, most of such users never injected. She also uses, as secondary drug, other benzodiazepines or barbiturics, and seldom, opiates. Most of them have an average education level and are economically inactive (housewives or retired), they live with the partner and children or only with the partner, in permanent residences.

2010 - female, aged from over 40 years old, who started drug use after 35 years old. Most of them are experienced their first treatment admission and they come to care system, most frequently, by own will, but also upon referral by the family physician or the psychiatric units or emergency units. She uses since 4 years maximum, by oral route and most of such users never injected. She also uses, as secondary drug, other benzodiazepines or barbiturics. Almost half of them have an average education level and two thirds are economically inactive (housewives/retired) and have permanent residences.

### **Care services the psychoactive users are provided with in the National Anti-drug Agency territorial network centres (DPEACC/IACC)**

With regard to the services provided by the National Anti-drug Agency territorial centres, additional information on the services can be specified. We mention that the sole beneficiaries who received treatment in the pre-agreement phase for illicit drug and NPS use are included in the above described analysis.

In 2011, 1343 people (single codes) were provided with care services, out of whom:

- 370<sup>106</sup> people are only in the<sup>107</sup> pre-agreement phase<sup>108</sup>;
- 312 drug users were in the pre-agreement phase, they signed the agreement and were admitted to treatment,
- while 661 received care services in pre-agreement phase.

**A. Pre-agreement phase** - according to the type of drug, out of the 682 sole beneficiaries, the demand for treatment was as it follows:

- illicit drugs - 59.7% (407 people: opiates - about 2/3 (265 people); cannabis - about 1/4 (107 people), cocaine – 11 people, stimulants – 8 people, volatile inhalants - 5 people and 11 people for other drugs (out of whom: 4- poly-drugs, 2- hypnotics and sedatives, 2 – hallucinogens and 3 - other substances);
- NPS - 29.3% (200 people);
- alcohol - 8.8% (60 people) and 2.2% - other addictions<sup>109</sup>.

**Pre-agreement care** – The NAA professionals of the National Anti-drug Centres provided a number of **3657 care services**:

- 437 referrals/recommendations to the units of other institutions(out of which: 330 to medical units or departments<sup>110</sup>; 68 to psychological care units; 27 to social care units)
- 469 counselling sessions for next of kin;
- 770 informing sessions;
- 363 – medical assessments;
- 401 – psychological assessments;
- 315 – social assessments;
- 448 – case management;
- 454 – other services (i.e.: assessment report, monitoring, in-patient detox referrals, medical services/counselling/consultation, psychological counselling sessions, short interventions, crisis counselling and relapse prevention, psychiatric assessment, group, family and individual counselling sessions, arrest/penitentiary-based counselling, counselling for raising the motivation to enter in a care programme, initiatives for labour market, family and school inclusion, testing the drug presence, referral to Teen Challenge Therapeutic Community/ Alcoholics Anonymous group/Psychiatric Hospital, Probation Service).

**B. Agreement phase** - a number of **973<sup>111</sup> people - sole beneficiaries** were provided with care services, out of whom:

- about half of them (461) were admitted to treatment in 2011, 52.6% had already been admitted to treatment in the previous years (512, out of whom 332 - since 2010, 83 - since 2009, 65- since 2008 and 32 - since 2006-2007);
- about one third of them (325) received care services in the centres in Bucharest;
- 20.6% (200) are in detention;
- two thirds (647) were provided with care services for use of illicit drugs, one of five (210) for NPS use (traded as "ethno-botanical plants") and one of 10 (94), for the alcohol use.

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<sup>106</sup> 193 of drug users gave up to care services (most of them by dropout: 145 people; withdrawals (due to another reason): selection of another treatment centre, long distance to the domicile, leaving the country, absence of motivation, study finalisation)

<sup>107</sup> drug users and/or their blongings

<sup>108</sup> To be admitted to treatment, according to the legal provisions, a drug user is assessed and upon presentation of the treatment scheme, he/she must sign an agreement between the case manager/ centre coordinator and beneficiary where the rights and obligations of the treatment beneficiary are provided for.

<sup>109</sup> i.e.: computer, games, tobacco use

<sup>110</sup> 65 - internal diseases, 94 - psychiatry, 44 - family physician, 73 - laboratory, 1 - obstetric-gynecology, 53 - others (neurology, reumatology, cardiology, pneumology, EAUs, psychiatry, peditry, IACC, etc, for medical assessment/care)

<sup>111</sup> 990 admissions to treatment (a number of 17 beneficiaries were provided with care services in 2 different centres belonging to NAA)

Out of the 647 sole beneficiaries who were provided with care services for use of illicit drugs:

- two thirds (65.1%), for use of opiates - most of them being heroin users (other types of drugs: 1 - methadone, 3 - codeine and 1 - tramadol),
- ¼ for cannabis use,
- 2.8% for cocaine use and
- 3.3% for use of other illicit drugs (out of whom: 8 beneficiaries – hypnotics and sedatives, 8 beneficiaries - volatile inhalants, 2 beneficiaries - hallucinogens).

During 2011, out of the 973<sup>112</sup> sole beneficiaries, 39.5% leave the care programmes, out of whom: 20.3% (198) dropped out /gave up<sup>113</sup>/were excluded and 11.7% (114) have completed the care programme. Thus,

- out of the total number of those leaving the care programme (384): more than half - 51.6% dropped out/ gave up despite the prescriptions of the therapeutic team professionals/ were excluded due to incompliance with the rules, 29.7% completed the care programme, 12.8% were transferred to other centres<sup>114</sup> and 1.8% were put in arrest/penitentiary<sup>115</sup>;
- by type of drug: most of the beneficiaries, as number (244), are among those who demanded care for use of illicit drugs (opiates -126, cannabis – 90, cocaine -9, hypnotics and sedatives -7, stimulants – 6, volatile inhalants – 4, other substances – 2).

**Table No 5-17: Central trend indicators on number of care days for beneficiaries who left the care programme, by type of drug and admission year**

	Total	Type of drug <sup>116</sup>				Discharge reason	
		illicit	NPS	alcohol	tobacco	completed care programme	dropout
Sum (total no of days)	<b>121343</b>	79096	16075	17947	7570	51243	36176
Mean	<b>313</b>	320	183	472	541	450	257
Method <sup>117</sup>	<b>119</b>	60	7 <sup>a</sup>	119	32 <sup>a</sup>	119	1
Minimum	<b>1</b>	1	1	8	32	7	1
Maximum	<b>1541</b>	1434	885	1541	1537	1541	1434

a – there are more modal values (the lowest is presented)

Source: NAA

**Care services in the agreement phase<sup>118</sup>** - out of the 973 sole beneficiaries:

- 171 are admitted for maintenance treatment based on methadone;
- 63 are admitted for maintenance treatment based on methadone;
- 77 are admitted for treatment based on naltrexone;
- ICP (integrated care programme)<sup>119</sup>: ICP 1 - 404 beneficiaries, ICP 2 - 128 beneficiaries, ICP - 165 beneficiaries, ICP - 289 beneficiaries.

<sup>112</sup> 9 of the beneficiaries who gave up/were excluded, were re-admitted to treatment: for NPS use - 4, cannabis use - 4, for glue use -1 (1-2009, 3-2010, 5-2011)

<sup>113</sup> They declared to the therapeutical/ management case team they want to interrupt the treatment.

<sup>114</sup> Also the prison inmates or those transferred to other detention units are included (11 people)

<sup>115</sup> as "other reasons", 10 people declared leaving the country (to work or by moving/residing in another country), 3 people - leaving the prison, 2 people - forgery in tests and 1 individual - methadone trafficking

<sup>116</sup> Beneficiary provided with care for gamble addiction> no of days: 655

<sup>117</sup> Most frequent value

<sup>118</sup> 5747 treatment admissions (no of months of provided care services in 2011; one beneficiary may have between 1 and 12 admissions, one per month; mean = 5747/990 =5.81)

<sup>119</sup> a) *Low-intensity "0 drug" programme – ICP 1* which offers: basic and specialised medical services; abstinence maintenance treatment based on opiate antagonist substitute; psychological counselling and/or psychotherapy; testing the drug presence; social care; legal counselling; activities for informing, educating and training in view of obtaining an educational, cultural and relational level sufficient to participate at the social life and to access the community supporting services; b) *"0 drug" programme – ICP 2* which offers in addition to the services offered by ICP 1: substitutive and non-substitutive detoxification in in-patient or out-patient settings; c) *"0 drug" with stabilisation programme – ICP 3* which offers in addition, specialised medical/psychological services or psychiatric/social and legal services for drug use co-morbidity and/or for diseases caused by drug use requiring immediate intervention; d) *drug use related risk reduction programme – ICP 4*, with its sub-programmes: substitutive programme based on agonist opiate substitute (prescription and release of

**I. Services provided by other institutions/ private cabinets/ organisations** - a number of 913 services were provided, out of which:

- 677 - *medical care services*: 71 - internal diseases; 232 - psychiatry; 105 - family physician; 164 – laboratory; 10 - dermatology and sexually transmitted diseases; 9 - surgery; 17- obstetrics – gynaecology; 69- others (i.e.: cardiology, neurology, pulmonary-phthisiology, ophthalmology, dental services, urology, paediatrics, psychotropic pharmaceutical treatment);
- 104 - *psychological care services* (assessment/counselling/psychotherapy in: MH hospitals, therapeutic community, ANITP, CJRAE/school psychologist cabinet, penitentiary);
- 108 - *social care services* (assessment/counselling/professional training in: ANOFM, therapeutic community, DGASPC, penitentiary);
- 24 - *other services* (monitoring/counselling by/within "Hope" Alcoholics Association, Probation Service, Prosecutor's Office, penitentiary).

**II. Services provided by the National Anti-drug Agency professionals:**

- 1378 informing activities;
- 2068 assessments: 858 – medical, 604 – psychological and 606- social;
- 4945 – case management;
- 2561 assessment reports;
- 554 - agreements and individualised care plans;
- 11138 – medical services (5034 – medical examinations, 4737 – individual counselling activities, 923 – family counselling activities, 444 - group counselling activities);
- 7067 – psychological services (2488 – short interventions, 3590 – individual counselling activities, 478 – family counselling activities, 511 - group counselling activities);
- 5154 – psychological services (2478 – short interventions, 1950 – individual counselling activities, 443 – family counselling activities, 283 - group counselling activities);
- 1441 – counselling activities for next of kin (separately, without the beneficiary);
- testing the main drug presence: positive -188, negative – 6545 and fully negative - 3438; testing the presence of other drugs: positive – 385 and negative– 3379;
- testing the presence of infectious diseases: HIV – 4 positive and 76 negative; HVB – 22 positive and 68 negative; HVC – 162 positive and 19 negative (the sample tested: 26 saliva, 137 blood, 1- urine);
- 3622 - actions in view of inclusion: 892 - on the labour market; 1250 - in family, 499 - in the education system, 981- social;
- 1804 successful actions to include: 391- on the labour market; 917 - in family, 158 - in the education system, 338- social;
- 32 referrals (at discharge) to other care services for NPS use (i.e. Teen Challenge Therapeutic Community, "Al. Obregia" Hospital, SMC, Arena Centre, similar Italian institution, Probation Service, DPECC of: AB, AR, AG, BR, BV, DJ, GJ, GR, HR, MH, PH, SM).

## CONCLUSIONS

1. In 2011, 9362 people were admitted to treatment in in-patient and out-patient settings, out of whom 2168 for use of illicit drugs and NPS (**1742** were admitted to treatment in 2011 and 426 were in the treatment of previous years).

2. The main types of drugs for which treatment was demanded are: **NPS, heroin, hypnotics and sedatives and cannabis**, the NPS representing the most frequently declared also as secondary drug.

3. With regard to the territorial distribution, although the treatment admissions for use of opiates still remain concentrated within the capital area, there is noticed, even if at low values, a *drug use territorial diversification*, the areas of highest risk (as number of cases recorded) are taken shape around *the big university centres or border counties*.

4. Although the majority of people addressing the care services is represented by *male drug users*, starting with 2007, a slight increasing trend in rate of female drug users addressing such services can be noticed.

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prescription for methadone), programme for syringe exchange and/or other actions to reduce risks, which offers counselling services aiming a free risk drug use, activities of informing on the existing care services; programme for covering the basic needs: food, hygiene, clothing, rest

5. Most of the beneficiaries declared the onset age between 15 and 19 years old; among them prevails the *daily drug use, with injecting route of administration*, with the following drug use length: for NPS - most of them demanded treatment after *about one year* of drug use, while for opiates, treatment is demanded after a longer *drug use length* (since 2007, it is found an increase of the "gap" between the onset year and the date of demanding treatment from 4 years to about 8 years).
6. Generally, the beneficiaries admitted to treatment for drug use are people *without own income/economically inactive*, with a *very low and low education level*, who live *with the family* (permanent residence) and who demanded care services by *own will* or following referrals of the *health system professionals*, mainly from emergency units or other departments of the medical units.

## Chapter 6 – Health correlates and consequences

### 6.1 DRUG RELATED INFECTIOUS DISEASES

#### 6.1.1 HIV/AIDS, VIRAL HEPATITIS, SEXUALLY TRANSMITTED DISEASES, TUBERCULOSIS, OTHER INFECTIOUS MORBIDITY

##### General framework

In 2011, the prevalence of drug related infectious diseases indicate an upward trend<sup>120</sup> for all the monitored diseases:

- slightly increasing values for HVB;
- slightly decreasing values for HVC (the values of the rate exceeding the European average);
- accentuated increase for HIV (above the European average).

The increase recorded appears on the context of the reduction of the *harm reduction* service offer as a result of the completion of external funded programmes, of the increase of the frequency of injections due to the change in the use patterns as well as of the migration towards the use of injected stimulants (NPSs), and on the background of the reduced addressability of the health and social services.

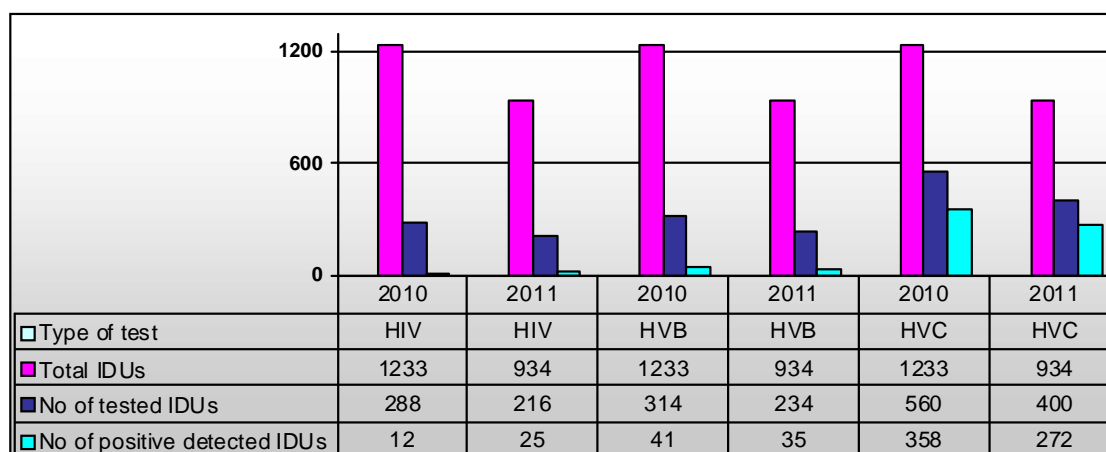
The data were collected through routine monitoring based on the drug treatment admission protocol<sup>121</sup>.

##### Drug related infectious diseases – recorded through routine monitoring

In 2011, in the above mentioned database, 934 of cases of injected drug users (IDUs) were recorded compared to the 1 233 cases recorded in 2010, which means a decrease with 32% of the clients for this type of service. The main drug used by IDUs was heroin (585 compared to 953 in 2010), the rest of cases reporting other substances as main drug, respectively amphetamine-type stimulants called new psychoactive substances (NPSs), traded under the name of "ethno-botanical plants" (332 cases), other substances (15 cases), cocaine (1 case) and stimulants (1 case).

One of the hypotheses of the decrease of the addressability of IDUs is the lack of services specialised in treating the use of NPSs.

**Chart No 6-1: Distribution of the number of IDUs, according to the testing result, 2010- 2011 (No)**



Source: NAA

According to the patient's gender, from the total number of cases analysed, 76.8 % (79.6 % in 2010) were men and 22.6 % (19.0 % in 2010) were women, while for 0.6 % of the corresponding case was

<sup>120</sup> See Standard Tables ST9

<sup>121</sup> See Chapter 5 Drug related treatment

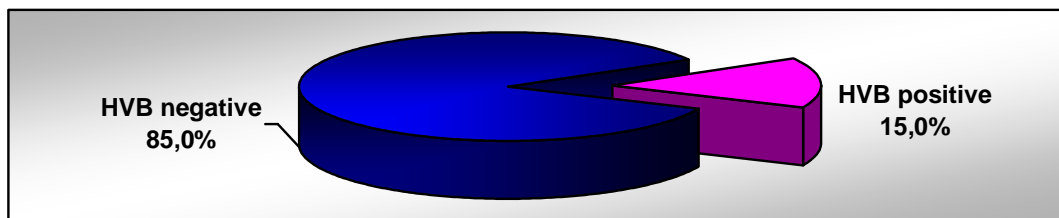
not filled in (1.4 % in 2010). By contrast to the previous year, it shall be noted a slight increase of the proportion of female gender relative to the entire the population analysed (injecting drug users).

Of the 934 people recorded as injecting drug users, based on the treatment admission indicator, 400 (560 in 2010) declared to have been tested in the last 6 months for hepatitis C virus (HVC), 234 (314 in 2010) for hepatitis B virus (HVB) and 216 (288 in 2010) for HIV. No additional data were about the confirmation tests. Though apparently the number of persons tested for all types of infections decreased, the proportion of the population tested of the entire analysed population remains almost the same in the case of the three monitored infections: 23.1 % of persons tested for HIV in 2011 (23.4 % in 2010), 25.1 % of persons tested for HVB in 2011 (25.5 % in 2010) and 42.8 % of persons tested for HVC (45.4 % in 2010).

**a) Infection with hepatitis B virus**

In 2011 for HVB, the infection prevalence was of 15.0 % (13.1 % in 2010) - 234 tests, 35 positive cases, of which 30 of male gender and 5 of female gender.

**Chart No 6-2: HVB prevalence among IDUs, 2011 (%)**



Source: NAA

By contrast to the previous year, it is noticed a slight decrease of the HVB prevalence among males (from 26.1 % to 25.6 %), simultaneously with a significant increase of the HVB prevalence among females (from 0.6 % to 4.4 %)

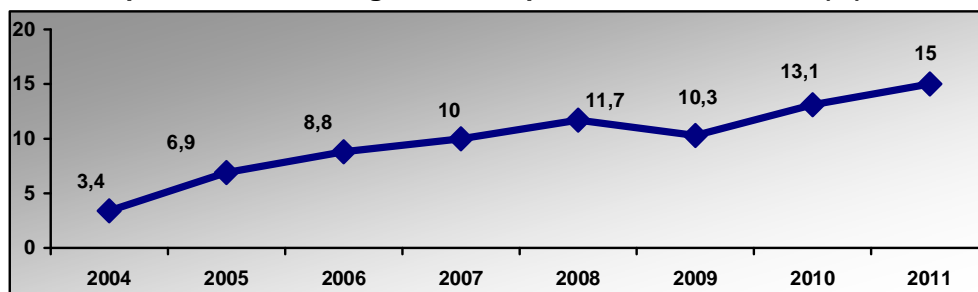
**Table No 6-1: HVB prevalence among IDUs, according to the gender, compared data, 2008-2011 (%)**

Gender	2008	2009	2010	2011
men	13.2	10.9	26.1	25.6
women	3.2	8.1	0.6	4.4

Source: NAA

The analysis of data for the period 2004- 2011 reveals a constant upward trend in the prevalence of HVB among IDUs, except for 2009. It shall be noted that, however, in 2009, monitoring system has been restructured.

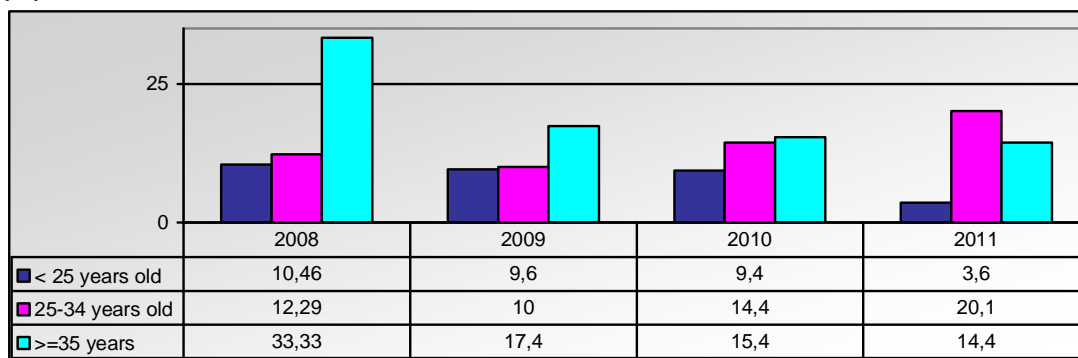
**Chart No 6-3: HVB prevalence among IDUs, compared data, 2004-2011 (%)**



Source: NAA

According to the age group, the highest HVB prevalence among IDUs aged between 25 and 34 years (20.1 %), followed by the group of persons older than 34 years (14.4 %). The lowest HVB prevalence was recorded for IDUs aged less than 25 years (3.6 %).

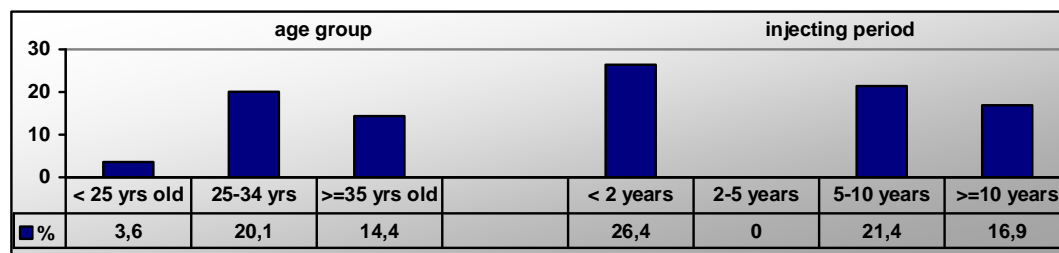
**Chart No 6-4: HVB prevalence among IDUs, according to the age group, compared data, 2008-2011 (%)**



Source: NAA

The data analysis reported in the last 4 years show a continuous decrease of the HVB prevalence among IDUs in age groups situated at the ends of the interval (< 25 years old and 35 years old), simultaneously with a constant increase in case of IDUs in the group of 25-34 years old.

**Chart No 6-5: HVB prevalence among IDUs, according to the age group and injecting period, 2011 (%)**



Source: NAA

In order to identify the tendencies recorded by the HVB prevalence among IDUs, according to injecting record, the highest HVB infection rates were identified among users with an injecting record of less than two years (26.4 %) and among those with an injecting record between 5 and 10 years (21.4 %). The increasing of HVB prevalence among IDUs with an injecting record of less than two years remains a problem, aspect also noticed in the previous years.

**Table No 6-2: HVB prevalence among IDUs, according to the injecting period, % compared data 2008- 2011**

Injecting period	2008	2009	2010	2011
less than 2 years	0.0	15.8	20.8	26.4
2 - 5 years	4.76	12.8	6.6	0.0
5 - 10 years	13	9.7	8.7	21.4
10 years or more	17.64	9.9	20.9	16.9

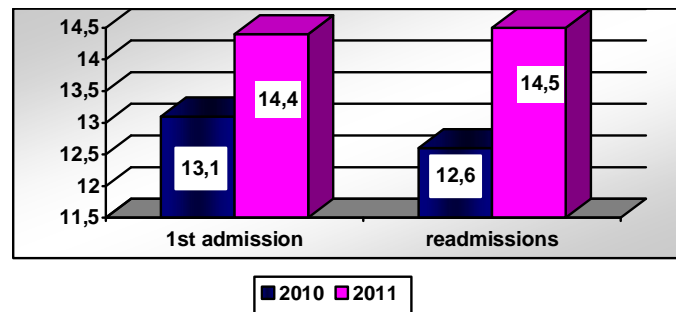
Source: NAA

It shall be noted, at the same time, more than a doubling of the HVB prevalence among those having an injecting record between 5 and 10 years compared to the previous year (21.4 % compared to 8.7 %) as well as the reduction to zero of the HVB prevalence for the group with an injecting record between 2 and 5 years, while the previous years had recorded a reduction to half of this type of prevalence.

According to the type of admission to treatment (new case or relapse) by contrast to the previous year, the HVB prevalence recorded relatively similar values in the group of patients admitted to treatment for the first time (14.4 % compared to 13.1 % in 2010). In exchange, in the case of "relapses", there is a slight increase in the HVB prevalence from 12.6 % in 2010 to 14.5 %. If in the previous year, between the two groups of patients there was an insignificant difference, in the cases

of HVB prevalence recorded (0.5 %), in 2011, the HVB prevalence in the two categories reaches nearly equal values.

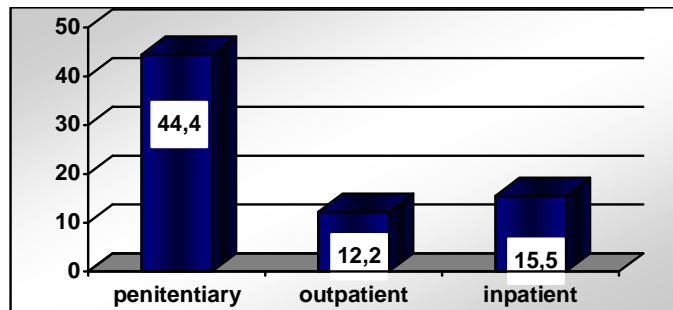
**Chart No 6-6: HVB prevalence among IDUs, according to the type of admission to treatment (new cases/relapses), % compared data 2010-2011**



Source: NAA

In exchange, if we analyse the HVB prevalence according to the type of treatment centre (outpatient, inpatient, penitentiary), it shall be noted a significant difference between the three types of treatment centres: 44.4 % of the HVB prevalence cases in the group of users located in penitentiary treatment centre, 15.5 % of the HVB prevalence cases in the group of patients admitted to inpatient treatment and 12.2 % of the HVB prevalence cases in the group of those admitted to outpatient treatment. The very high level of HVB prevalence among the drug users in penitentiaries may be explained by comparing the HVB incidence with a number of IDUs tested significantly lower than the one existing in other sub-groups analysed (9 tested IDUs in the penitentiary system, 4 positive HVB), but this may also be a warning to authorities managing the problem of drug users in detention.

**Chart No 6-7: HVB prevalence among IDUs, according to the type of treatment centre, % 2011**



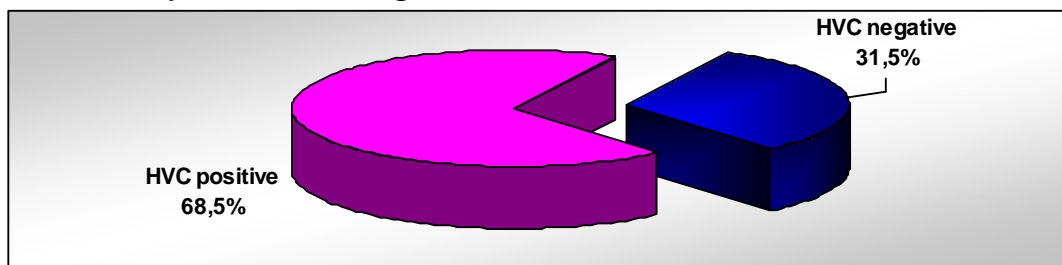
Source: NAA

According to the main drug used, the highest HVB prevalence was identified among the users of NPSs - 17.3 % (compared to 12.1 % in 2010), while, in the case of heroin users the prevalence records a slight increase by contrast to the previous year - from 13.4 % to 14.2 %.

**b) Infection with hepatitis C virus**

Unlike the prevalence of the infection with HVB, the prevalence with HCV among the 400 tested IDUs continues to record very high levels. The data available for 2011 show a prevalence of the infection with of 68.5 % (compared to 63.9 % in 2010), a value which places Romania among the European countries with a highest prevalence for the infection with HVC.

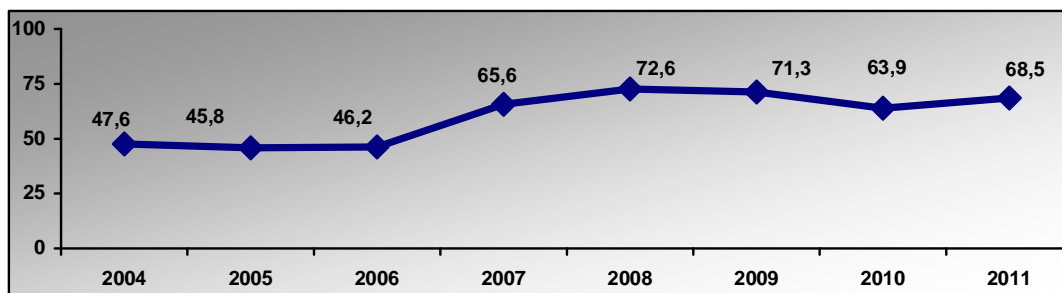
**Chart No 6-8: HVC prevalence among IDUs, % 2011**



Source: NAA

The distribution of the HVC prevalence cases, in a multi-annual perspective, indicate an increase of the HVC prevalence among IDUs, after a period of 2 years of its successive declines. Even if the value recorded in 2011 is under the historical peak of the HVC prevalence recorded in 2008 (72.6 %), the change in trend is part of the general picture of the increases recorded for the three drug-related infectious diseases monitored. The high HVC prevalence among IDUs can have both direct causes, respectively the greater frequency of use of the shared injection equipment and the non-availability of sterile equipment or the lack of information of the users on the risks related to injecting drug use, but also indirect causes determined by greater availability of the HVC testing services.

**Chart No 6-9: HVC prevalence among IDUs, % compared data 2004- 2011**



Source: NAA

The distribution according to gender of the patient, shows that the prevalence of the infection with HVC continues to be significantly higher among men 86.1 % (versus 84.9 % in 2010), relative to 33.3 % for women (compared to 21.1 % in 2010), being recorded a similar trend to that recorded for the HVB prevalence. By contrast to the previous years, it is noted an increase of the proportion of women with HVC positive simultaneously with the increase of the proportion of men with HVC positive. If in case of the male IDU population an upward trend of the HVC prevalence is recorded, in the previous years, in the case of women, there is a change in the downward trend of this type of prevalence.

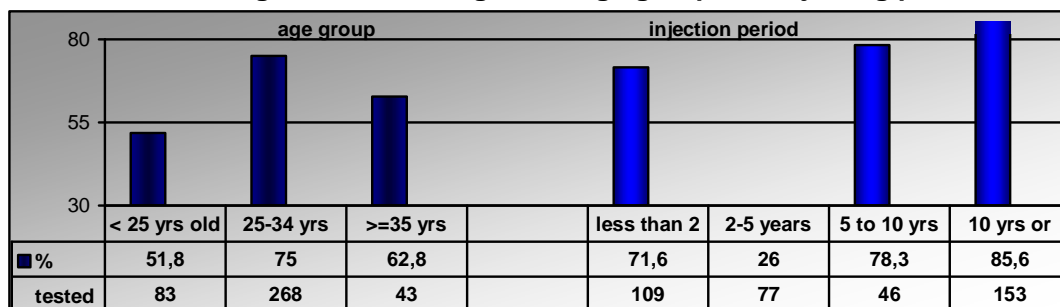
**Table No 6-3: HVC prevalence among IDUs, according to the gender, , 2008- 2011**

Gender	2008	2009	2010	2011
men	74,91	77,5	84,94	86,1%
women	51,5	38,1	21,1	33,3%

Source: NAA

According to the age group, the highest HVC prevalence has been recorded among IDUs aged between 25 and 34 years (75%), followed by the group of those older than 34 years (62.8 %). The lowest HVC prevalence was recorded among IDUs of less than 25 years old (51.8 %).

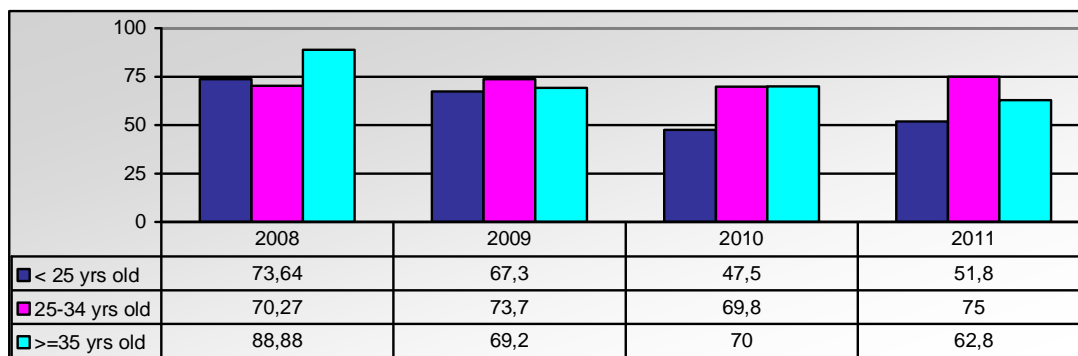
**Chart No 6-10: HVC among IDUs, according to the age group and injecting period, % 2011**



Source: NAA

Compared to the previous period, there is an increase of the prevalence of the infection with HVC among IDUs younger than 35 years (from 47.5 % to 51.8 %, for the age group under 25 years, respectively from 69.8 % to 75 % for those aged between 25 and 34 years), while for the users aged over 34 years, prevalence of the infection with HVC decreased, from 70 % to 62.8 % . It shall be noted that the values observed for the age groups for the prevalence of the infection with HVC does not confirm any of the trends observed in 2010, for this type of infection.

**Chart No 6-11: HVC prevalence among IDUs, according to the age group, compared data, % 2008-2011**



Source: NAA

The highest rates of the infection with HVC occurred in the group of users with an injecting record of more than 10 years (85.6 %), respectively from 5 years to 10 years (78.3 %). Thus, while regarding the HVB infection the highest risk is incurred by the users with a recent injecting record (less than 2 years old), the category incurring the highest risk of infection with HVC is the that of users with a large injecting record (more than 10 years).

**Table No nr. 6-4: HVC among IDUs, according to the injecting period, % 2008- 2011**

Injecting period	2008	2009	2010	2011
less than 2 years	37.5	38.1	83.3	71.6%
2- 5 years	46	57.6	22.8	26.0%
5-10 years	77.35	70.7	52.2	78.3%
10 years or more	84.15	77.1	80.6	85.6%

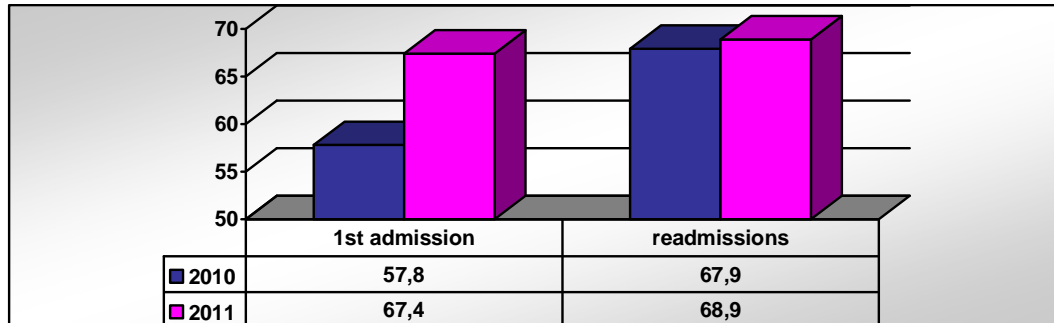
Source: NAA

It is confirmed the upward trend of the HVC prevalence among persons with a large injecting record or (10 years or more), recorded since 2009. In exchange, the high prevalence of HCV among the persons with an injecting record of 5 to 10 years is a new trend for this analysis sub-group (increase from 52.2 % to 78.3 %) compared to the previous year. At the same time, the HVC prevalence slightly decreases among users with a recent injecting record (less than 2 years), from 83.3 % to 71.6%, but the infection rate (identified in the previous year) has still a high level for this type of analysis.

According to the main drug, the highest HVC prevalence remains among that recorded among the users of injecting opioids 75.5% (compared to 65.5% in 2010), while among the users of NPSs, the HVC prevalence is of 61.9 %. (compared to 58.1 % in 2010).

According to the type of treatment admission (new cases or relapsed) compared to the previous year, the HVC prevalence reflected relatively similar values for the groups of patients readmitted to treatment group (68.9 % compared to 67.9% in 2010). In exchange, in case of new admissions to treatment, it is noted a slight increase from 57.8 % in 2010 to 67.4 %, which determines the significant reduction of the differences between the two groups of patients analysed, a trend observed also in the case of infection with HVB.

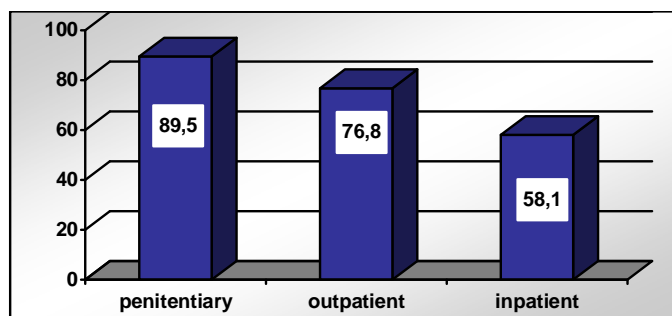
**Chart No 6-12: HVC among IDUs, according to the type of admission to treatment (new cases/relapses), % 2011**



Source: NAA

The analysis of the HVC prevalence according to the type of treatment centre (outpatient, inpatient, penitentiary), reveals a particularly high level of HVC prevalence among IDUs tested in the penitentiary system, aspect that may be explained by the existence of a small number of IDUs tested the penitentiary system and consequently by reporting positive cases identified at this number (19 IDUs tested in penitentiary, of which 17 were positive). At the same time, in contrast to the situation recorded for the infection with HVB, there is a pretty high level of prevalence of the infection with HVC among injecting drug users admitted to outpatient treatment.

**Chart No 6-13: HVC prevalence among IDUs, according to the type of treatment centre, % 2011**

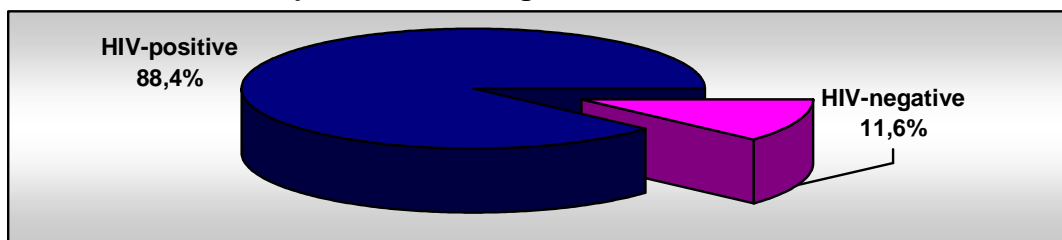


Source: NAA

**c) Infection with HIV**

In 2011, of the 216 cases of injecting drug users who declared to have been tested for HIV in the specialised medical units in the last 6 months at most, 25 cases of seropositive users (11.6 %) were recorded, which represents an increase of almost 3 times for this type of prevalence.

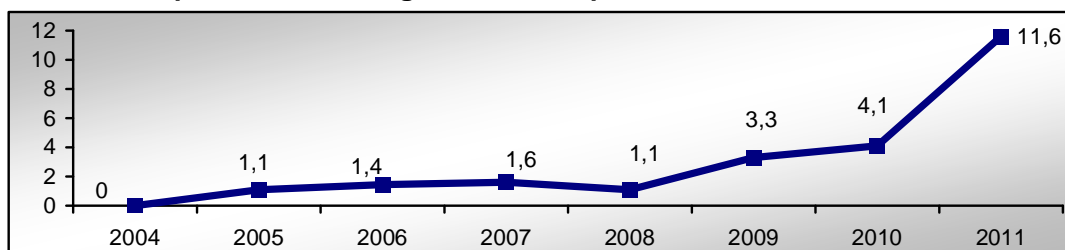
**Chart No 6-14: HIV infection prevalence among IDUs, % 2011**



Source: NAA

It is thus confirmed the trend recorded between 2009 and 2010, being observed an accentuated increase in HIV cases among IDUs and indicating the need to develop rapid interventions to prevent this infection to spread, especially among the vulnerable groups.

**Chart No 6-15: HIV prevalence among IDUs, % compared data 2004-2011**



Source: NAA

The distribution according to gender of the patient, shows that prevalence of the infection with HIV recorded higher values among male IDUs (20.2 %) than among female users (3.6 %). By contrast to the previous year it is noted, for each category of persons analysed, that there was an increase of almost 3 times of the prevalence of the infection with HIV: men - from 7.9 % to 20.2 % and women - from 1.3 % to 3.6 %. If case of the male population, it is confirmed the upward trend noticed in the previous years, while for in case of the female population there is a change in trend from a downward to an upward one, for this category of persons, the prevalence of the infection with HIV regaining level similar to the one recorded two years ago.

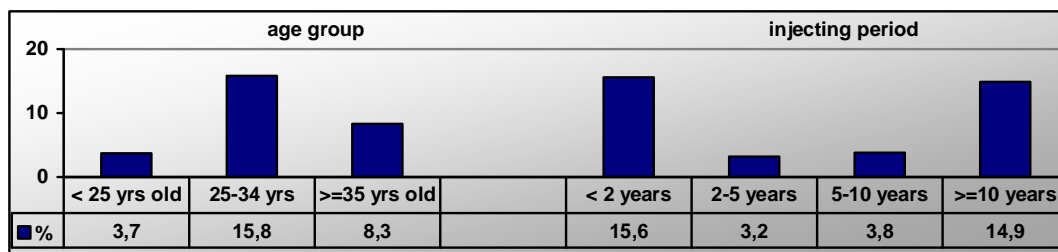
**Table No 6-5: HIV prevalence among IDUs, according to the gender, 2008-2011**

Gender	2008	2009	2010	2011
men	1.3	3.2	7.9	20.2
women	0	3.8	1.3	3.6

Source: NAA

According to the age group, the highest prevalence of the infection with HIV among IDUs has been recorded for the users aged between 25 and 34 years (15.8 %). On second place ranges the group of user older than 34 years (8.3 %), while the lowest prevalence of the infection with HIV was recorded for IDUs under 25 years old (3.7 %). For this type of infection as well is confirmed the distribution according to the age group recorded for the infections with hepatitis B and C viruses.

**Chart No 6-16: HIV prevalence among IDUs, according to the age group and the injecting period,, % 2011**



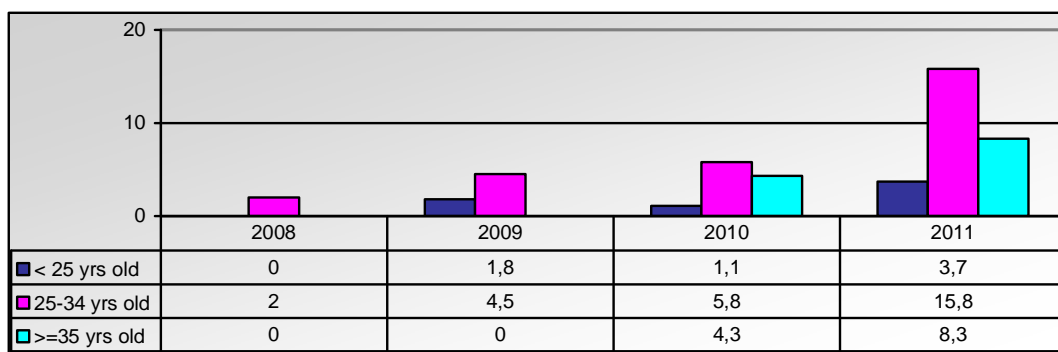
Source: NAA

By contrast to the previous period, it is noticed an increase of the cases of prevalence of the infection with HIV for all age groups:

- from 1.1 % to 3.7 %, for the age group under 25 years;
- from 5,8% to 15.8 %, for the users between 25 and 34 years old;
- from 4.3% to 8.3%, for the users of over 34 years old.

It shall be noted that for the age group of under 25 years old, the highest increase of HIV prevalence (more than 3 times higher compared to the previous year) and at the same time a change in the trend for this type of infection.

**Chart No 6-17: HIV prevalence among IDUs, according to the age group, % compared data 2008-2011**



Source: NAA

According to the injecting record, the highest prevalence rate was recorded in the group of users with a recent injecting record (less than 2 years) compared to the previous year, being record reversal of the situation recorded for this analysis sub-group (0 % HIV prevalence in 2010).

**Table No 6-6: HIV prevalence among IDUs, according to the injecting period, % compared data 2008- 2011**

Injecting period	2008	2009	2010	2011
less than 2 years	0	0	0	15,6
2 - 5 years	0	0	4,7	3,2
5 - 10 years	1,2	1,6	1,5	3,8
10 years or more	2,6	4,8	5,9	14,9

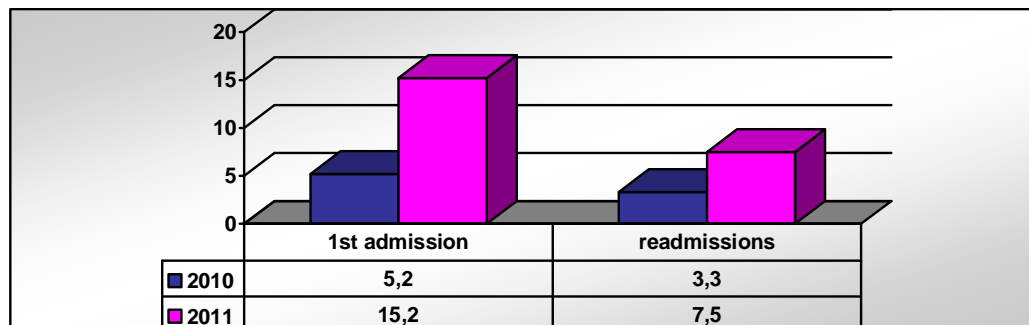
Source: NAA

HIV infection prevalence, for the other analysis sub-groups are confirmed upward trends as regards the HIV prevalence, recorded in the previous years. As well, it shall be signalled the accentuated increase of the HIV infection rate among the persons having an injection record of more than 10 years (from 5.9 % to 14.9 %).

For the IDUs with an injection record of over 10 years, the high level of HIV prevalence may be explained through the existence of a longer period of exposure to risk factors related to such type of use. In exchange, for the persons with a recent injection record (under 2 years), an explanation for the high level of HIV prevalence must be corroborated with other modifications among the use models, especially through the changes determined by the emergence and use of NPSs.

Analysing the HIV infection rate, according to the type of admission to treatment, it is ascertained that HIV prevalence was higher in the case of patients admitted to treatment for the first time following drug use (15.2 %) compared to the case of patients readmitted to treatment (7.5 %) confirming the trend observed during the previous years.

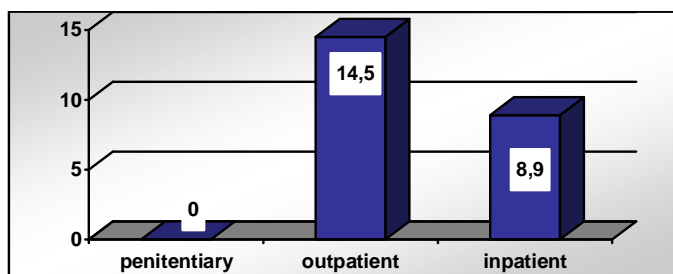
**Chart No 6-18: HIV prevalence among IDUs, according to the type of admission (new cases/relapses), % 2010-2011**



Source: NAA

According to the type of treatment centre (outpatient, inpatient, penitentiary), a higher degree of HIV prevalence is observed among the IDUs tested from the persons using injected drugs, admitted for outpatient treatment. At the same time, among the IDUs admitted to penitentiary treatment, no seropositive person was detected.

**Chart No 6-19: HIV prevalence among IDUs, according to the type of the treatment centre, % 2011**



Source: NAA

According to the mainly used drug, the HIV prevalence among the tested IDUs is of 12.3 % (16 cases) for the heroin users and of 10.8 % (8 cases) among the IDUs using NPSs.

The difference recorded within the detailed analysis of the positive HIV cases among the IDUs<sup>122</sup>, reveals the fact that the most part of the cases recorded for the new treatment admission, for the 25-34 age group, had a recent use history (less than 2 years).

The changes recorded may be partially explained by the extension of the national network of services provided to drug users (during the previous years, existing an under-reporting for this indicator due to the low level of development of the treatment and monitoring network) and partially by the changes at the level of use models (emergence and use of NPSs, conversion of injected heroin users to the injection of NPS or to the heroin and NPS combined use).

<sup>122</sup> It shall be noted to reduced number of cases.

Moreover, in 2011, the HIV/AIDS Monitoring and Evaluation Department within the National Commission to Fight Against AIDS within the Ministry of Health reports for Romania, 3 cases of positive HIV (6.12 %), from a total number of 49 users of injected drugs tested with the specialised medical units. Compared to other risk groups, the situation is presented in Table No 6 -7:

**Table No 6-7: HIV testing among risk groups, 2011**

Risk group	Total	Positive tests	% positive	Risk group	Total	Positive tests	% positive
upon request	118243	1190	1,01	drivers	16	0	0,00
occasional	22270	943	4,23	prison inmates	473	2	0,42
TBC	13875	190	1,37	sailors	7258	3	0,04
pregnant women	120804	95	0,08	work abroad > 6 months	408	1	0,25
HIV contacted	984	85	8,64	holiday abroad > 6 months	133	1	0,75
STD	3803	29	0,76	homosexuals	71	10	14,08
motherhood	592	30	5,07	hemodialysis patients	3168	0	0,00
drug users	49	3	6,12	transfused	245	0	0,00
pre-nuptial check	5942	6	0.10	commercial sex workers	77	5	6,49
				medical staff	8268	0	0,00
				<b>Total</b>	<b>306679</b>	<b>2593</b>	<b>0,85</b>

Source: HIV/AIDS Monitoring and Evaluation Department in Romania – "Matei Balș" Infectious Diseases Institute in Bucharest

Compared to the previous years, it is noted an increase of HIV prevalence for the most risk groups analysed. The most significant increases of the HIV infections are recorded in the case of drug users - from 1.03 % to 6.12 % (prevalence of 5.9 bigger), of the commercial sex workers - from 0 % to 6.49 % and of the homosexuals - from 7.84 % to 14.08 % (prevalence of 1.8 bigger). It shall be noted the reduced number of seropositive cases among the prison inmates.

**Table No 6-8: HIV testing among risk groups, compared data 2010-2011**

Risk group	%	%	%
	positive in 2011	positive in 2010	positive in 2009
upon request	1,01	0,78	0,75
occasional	4,23	4,83	3,08
TBC	1,37	0,95	0,72
pregnant women	0,08	0,11	0,08
HIV contacted	8,64	7,99	7,7
STD	0,76	0,67	0,5
motherhood	5,07	3,25	3,25
drug users	6,12	1,03	2,12
pre-nuptial check	0.10	0,12	0,04
drivers	0	4,35	4,35
prison inmates	0,42	10,77	1
sailors	0,04	0,09	0,06
work abroad > 6 months	0,25	0,85	0,43
holiday abroad > 6 months	0,75	0	0,68
homosexuals	14,08	7,84	0
hemodialysis patients	0	0	0
transfused	0	0	0
commercial sex workers	6,49	0	0
medical staff	0	0	0
<b>Total</b>	<b>0,85</b>	<b>0,66</b>	<b>0,66</b>

Source: HIV/AIDS Monitoring and Evaluation Department in Romania – "Matei Balș" Infectious Diseases Institute in Bucharest

## **Conclusions:**

- The prevalences for the HVB, HVC and HIV infections among the IDUs recorded upwards trends partially due to the changes at the level of use models (emergence and use of NPSs, conversion of injected heroin users to the injection of NPS or to the heroin and NPS combined use);
- Another explanation of the trend changes recorded for the three types of infections, may be the substantial reduction of the interventions to decrease the infection risks due to the lack of financing funds, particularly for the projects executed by specialised non-governmental organisations. Before 2010, most programmes for the reduction of risks related to injected drug use implemented in Romania have been supported by the international funds - the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, UNODC.

## **HVB prevalence**

- The analysis of the data from the last 4 years reflects an uneven increase of the HVB prevalence, being noticed a continuous decrease of the HVB prevalence among the IDUs in age groups < 25 and 35 + years, even there was a constant increase of the HVB prevalence for the 25-34 age group. An increasing trend of the HVB prevalence is highlighted among the IDUs with an injection history of less than 2 years, aspect also mentioned for the previous years. On the other hand, compared to the previous year, it is noticed an increase of more than 2 times of the HVB prevalence among the users with an injection history between 5 and 10 years (21.4 % relative to 8.7 %), while for the IDUs in the group with an injection history between 2 and 5 years, it is noticed a reduction to zero of the HVB prevalence, while in the previous years it was recorded a reduction to half of this type of prevalence.

## **HVC prevalence**

- After a 2-year period in which successive decreases of the HVC prevalence were recorded among the IDUs, the distribution of the HVC prevalence in a multi-annual perspective, indicate its increase.
- It is confirmed the upward trend of the HVC prevalence among the persons with a large injection history (10 years or more), recorded since 2009.
- Compared to the previous period, increases of the prevalence of the HVC infection among IDUs under 35 years old (from 47.5 % to 51.8 % for the users under 25 years old, respectively from 69.8 % to 75 % for the users aged between 25 and 34 years old), while for the users of more than 34 years old, the value of the prevalence of the HVC infection records a decrease, from 70 % to 62.8 %.
- Unlike the HVB infection, the category running the biggest risk of HVC infection is the category of users with a large injection record (more than 10 years), while for the HVB infection, the greatest risk is incurred by the category of users with a recent injection history (less than 2 years).

## **HIV prevalence**

- Excepting the IDU sub-group with an injection history of 2-5years, that records a slight decrease of the HIV infection prevalence, for the other analysis sub-groups established according to the injection history, are confirmed upward trends as regards the HIV prevalence, recorded in the previous years. As well, it shall be signalled the accentuated increase of the HIV infection rate among the users having an injection history of more than 10 years (from 5.9 % to 14.9 %).
- Compared to the previous period, increases of the prevalence of HIV infections are noticed for all age categories.
- For the age category under 25 years old, there is a change in the HIV prevalence tendency, for this type of infection being recorded the most accentuated increase (more than 3 times the one recorded in 2010).
- By contrast to the previous year, the highest rate of the prevalence was recorded for the users of injected drugs having a recent injection history (less than 2 years), the analysis sub-group that recorded between 2008 and 2010 a HIV prevalence of 0 %.

## 6.1.2 STUDIES ON THE PREVALENCE OF INFECTIOUS DISEASES RELATED TO DRUG USE

### 6.1.2.1 Evaluation of risks related to the use of new psychoactive substances among children and young people in Romania<sup>123</sup>

Between 15 January and 30 April 2011, the National Anti-drug Agency, in partnership with Romanian Harm Reduction Network (RHRN) and with financial support from UNICEF Romania, developed a research project called *"Risks Assessment of the use of new psychoactive substances among children and young people in Romania"*, focusing mainly on the intensive users of new psychoactive substances, traded under the label of "legal drugs".

As the objectives and the methodology of the study were presented in the National Report on the Drug Situation in Romania 2011, Chapter 4, we shall mention below the risks for the individual and public health identified by the authors of the above mentioned study.

From the point of view of the form of presentation, the new psychoactive substances, traded under the "ethno-botanical plants" (NPSs) label, they are classified in two big categories:

- mixtures of plants and chemical substances intended for smoking - "Spice" type products;
- mixtures of chemical powders that can be sniffed or injected – synthetic psychoactive substances that have energising or hallucinogen effects, and are traded under different names and mixed with known energisers: caffeine, creatine, etc.

The products traded under the name of "ethno-botanical plants" are obtained based on mixtures and chemical and pharmaceutical concentrations produced by unauthorised units. In this sense, according to the authors of the study, the Romanian specialists have to face the lack of information regarding their content and their effects on the human use. Moreover, in Romania there is no information on the reactions caused by these substances when combined with other substances such as alcohol, medicines or illicit drugs.

The experts' interviews outlined the fact that there is a high epidemiological risk due to the spread of NPS use for the persons using them are highly educated with regards to the use of new communication media (forums, blogs, chats, etc.) where they can share their experience, where they can order such substances that are promoted through online marketing to be "home delivered".

The data provided by the National Institute of Legal Medicine "Mina Minovici" Bucharest, but also by the Central Laboratory for Analysis and Profile of Drugs within the General Inspectorate of Romanian Police revealed the fact that several categories of psychoactive stimulants (mephedrone, MDPV, etc.) traded in the "weed shops" have been present in the evidences retained from the known users of injected heroin. Thus, a risk factor regarding the use of these substances is determined by the possibility for them to be injected, which may shortly lead to an increased incidence of infectious diseases, according to the experiences related to the other injected drugs.

Simultaneously, according to the data presented, it is likely that the use of injected drugs (particularly heroin) for a long period of time may incur the risk of death because of the use of the mixture of the classical drugs and the new ones. The experts interviewed mentioned cases of users of injected drugs that died after "shifting from" the heroin to the "legal drugs". The cases have not been confirmed by the National Institute of Legal Medicine "Mina Minovici" Bucharest. However, the INML specialists stress upon the fact that it is particularly difficult to assess the presence of such substances in the biological tests because of the degree of novelty of the substances, and subsequently because of the lack of technical means for detection as well as because of their quick volatilisation in the human body.

#### **Risk behaviour of subjects who use injecting NPSs**

These risks were documented based on the information gathered following the application of questionnaires among people who use new psychoactive substances. Because of the low number of subjects, results will not be described by percentages.

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<sup>123</sup> The study "Evaluarea riscurilor asociate consumului de substanțe noi cu proprietăți psihoactive în rândul copiilor și tinerilor din România", UNICEF, ANA, RHRN

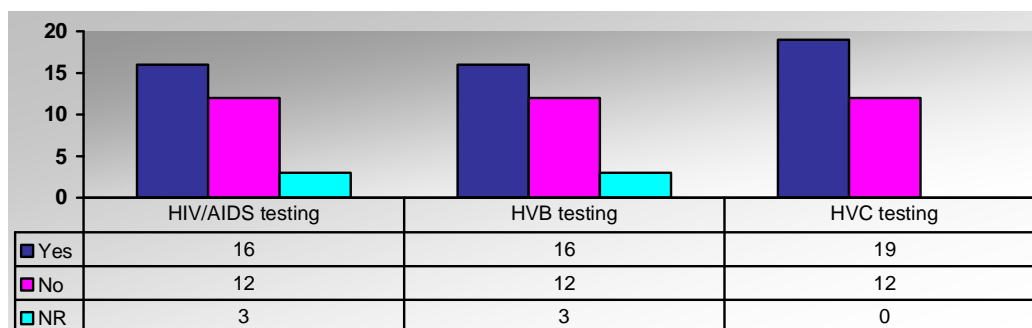
Of the 31 users of "legal drugs" who reported having used these substances by intravenous route:

- 30 lived in Bucharest (30 respondents) and 1 in Ploiesti;
- 24 reported "Pure" as the most frequently used drug; one respondent used "Pure" combined with heroin, 5 reported they use "Magic" the most frequently, and one "3Dvision";
- almost 1 in 3 reported not knowing the health risks related to injecting drug use;
- 8 in 10 respondents report having used needles, syringes in sharing "legal drugs" or other drugs and even one in 4 of the injectors reported having used syringes frequently.

Half of SNPP injecting users reported having used condoms occasionally during sexual contact, and 2 in 5 reported not having used any while 1 in 6 respondents reported no sexual contact in the last 12 months, and 2 in 3 injecting drug users reported having had sexual intercourse with more than one partner (in the last 12 months).

As shown in the graph below, more than 1 in 3 injected "legal drug" users were not tested for HIV, HBV and HCV in the last 12 months. 10 (1 of 3) respondents – legal drug injectors reported having demanded medical care following the use of NPSs.

**Chart No 6-20: Users of injected drugs tested for infectious diseases, last 12 months (No) 2011**

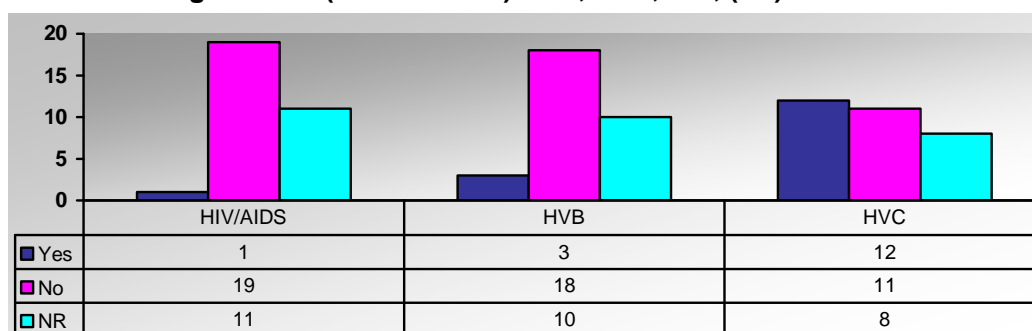


Source: NAA-UNICEF Study

Note: NR – No answer/I don't know

As to the self-reported serologic status of blood-borne HIV, HBV and HCV, 1 in 3 injecting drug users of the tested persons were positive for C hepatitis, 3 for B hepatitis and 1 for HIV.

**Chart No 6-21: Serologic status (self-declared) HVB, HVC, HIV, (No) 2011**



Source: NAA-UNICEF Study

Note: NR – No answer/I don't know

Almost half of the injecting users reported having had complications (acute infections, gangrene) because of the injecting use of NPSs.

For a more accurate delimitation of the specific of the health risks that by the users of NPSs assume when using this type of substances, a classification of the individual risks most frequently related to the use of NPSs was drafted.

The classification was done with the help of the interviewed specialists, taking into consideration the effects at psychological and medical level:

**a. Psychological effects:**

- memory disorders, psychomotor and attention disorders, logoneurosis (battarism);
- psychopathological disorders (paranoia, accentuation of state of depression, hallucinations);
- detachment from reality;
- exacerbation of suicide attempts and increased aggression;
- behavioral changes;
- panic;
- self-esteem decrease;
- disorders of the sleeping - awakening rhythm affecting the cognitive functions;
- psychological dependence.

**b. Physical effects:**

- dehydration;
- cardiac problems (for example, vegetations on the mitral valve, favouring heart failure);
- occurrence of staphylococcus aureus in case of intensive use (15 times/day);
- pulse fluctuations;
- cardiopulmonary arrest;
- abundant perspiration;
- decrease of immunity (for example, increase of the number of abscesses, especially in case of intensive use);
- poor personal hygiene;
- symptom worsening in case of poly-drug use;
- decrease adherence to methadone substitution treatment and increase of risk behaviors;
- gastritis;
- respiratory diseases;
- nausea, headaches, dizziness.

**6.1.2.2 Rapid ECDC risk assessment, subsequent to the reporting by Romania and Greece of an increased number of HIV infections among injecting drug users<sup>124</sup>**

**Situation in Romania**

At the end of 2011, NAA and the Ministry of Health of Romania notified the detection of an accentuated increase of new HIV infections among IDUs, reported by HIV/AIDS Monitoring and Evaluation Department within the National Commission to Fight Against AIDS. While between 2007 and 2009, were reported annually, 3-5 cases of HIV infection among IDUs ii in 2010 their number increased to 12 cases, and in the first 9 months of 2011 62 cases were recorded<sup>125</sup>. On the other hand, if in 2009 only 1 % (5 of 428) of new cases of HIV infections were detected among IDUs, and in 2010 only 3 % (12 of 440) of such cases, in 2011 (the first 9 months), 15 % (62 of 405) of the reported new HIV infections were detected among IDUs.

The cases recorded in 2011 were mainly reported in Bucharest and in its surrounding area (56 of 62), represented predominantly men (55 of 62), aged less than 34 years old (55 of 62). Half of the cases were diagnosed with HIV infection during hospitalization in the specialized units (infectious diseases). The other cases were diagnosed throughout the routine monitoring conducted during substitution treatment, provided to drug users. In 87 % of the 62 cases was detected also the presence of the hepatitis C virus.. Thirteen of the newly diagnosed with HIV were classified as AIDS cases,

<sup>124</sup> *Joint ECDC and EMCDDA rapid risk assessment: HIV in injecting drug users in the EU/ EEA, following a reported increase of cases in Greece and Romania. (2012).* Available at: [http://ecdc.europa.eu/en/publications/Publications/120112\\_TER\\_Joint-EMCDDA-and-ECDC-rapid-risk-assessment-HIV-IDU.pdf](http://ecdc.europa.eu/en/publications/Publications/120112_TER_Joint-EMCDDA-and-ECDC-rapid-risk-assessment-HIV-IDU.pdf)

<sup>125</sup> *A Pharris, L Wiessing, O Sfetcu, D Hedrich, A Botescu, A Fotiou, G K Nikolopoulos, M. Malliori, M Salminen, J E Suk, P Griffiths, M J van de Laar, Human immunodeficiency virus in injecting drug users in Europe following a reported increase of cases in Greece and Romania, December 2011.* Available at: <http://www.eurosurveillance.org/images/dynamic/EE/V16N48/art20032.pdf>

suggesting the fact that at least this proportion was infected in a longer period of time. Of the rest of the 49 cases, 29 had a number of CD4 cells that was greater than 500 cells/mm<sup>3</sup>, suggesting more recent infections.

Other data obtained from the routine monitoring of drug users admitted for treatment reveal an upward trend of 1 % (2 of 182) in 2008 to 3 % (11 of 329) in 2009, reaching in 2010 the value of 4 % (12 of 288) of the HIV-positive among the tested IDUs.

### **Evaluation of the outbreak in Romania**

The low level of the provision of substitution treatment for opiates and the recent decrease of the number of sterile equipments distributed through the syringe exchange programmes as well as a recent increase of the poly-drug use of opiates and amphetamine-like stimulants that led implicitly to a bigger frequency of injecting contributed to the increase of the HIV transmission rate. The HIV outbreak among the IDUs in Romania was not considered an immediate threat by the other UE countries. However, the circumstances of the Romanian outbreak have been considered relevant in the development of the interventions for prevention and control of the infectious diseases among the injecting drug users.

### **Recommendations of EMCCDA**

- Despite the spread of the increases reported may be partially related to a consolidation of case surveillance and control system the evidences show a real increase of number of cases of infection with HIV in Romania.
- There is a temporary association between low levels (or the reduction) of the provision of services specialised for the prevention of injecting drug risk in Romania and such increases. However, any causality of any association is difficult to prove.
- In order to prevent new cases of HIV among the IDUs in Romania it is vital to stress upon the prevention interventions such as the exchange programmes and opiate substitution treatment.
- Epidemiological survey of these outbreaks would facilitate a better understanding of the current situation.

### **CONCLUSIONS**

The monitoring constant of the spread of HIV/AIDS among IDUs in Romania, by the Romanian authorities and the European and international for a in the field of public health is required.

Both the programmes funded by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and by UNODC had a vital role in the establishment in Romania of a national service network for the reduction of risks associated with the injecting drug use, concentrated especially at the level of Bucharest Municipality, the city with the most problematic drug use.

At the same time, the National Anti-drug Agency and the Ministry of Health built a treatment network for the drug users which is competitive, but more financial resources are needed.

However, these efforts were not sufficient to protect the IDU population from the exposure to the infection with HIV/AIDS and with other infectious diseases, such as HCV and HBV.

Starting with 2011, the cases of HIV/AIDS among IDUs have been constantly increasing, but the peak of this trend can hardly be envisaged. This situation can soon cause a public health problem because it is very dangerous as the infection with HIV to be spread quickly to other categories of the population in risk areas as well (such as commercial sex workers or people homosexuals), and to the friends/relatives of infected people.

The Romanian authorities together with the European and international for and the public health structures need to intensify their efforts to prevent the spread of this epidemic. Moreover, the financing and training of the available risk mitigation structures are necessary.

A clearer picture of the situation will be available when the final results of the two ongoing studies will be published: BSS 2012 conducted by NAA, along with RAA and Carusel and the study on genotype

and resistance conducted by the of Molecular Epidemiology within the Institute for Infectious Diseases "Matei Balș", Bucharest.

To understand the demographic and behavioural characteristics of the IDUs and the dimension of the infection with HIV among it is necessary to conduct more survbeys in order to adapt the prevention measures to the new situation.

## **6.2 OTHER CORRELATIONS AND CONSEQUENCES OF THE DRUG USE UPON HEALTH**

### **6.2.1 NON-FATAL MEDICAL EMERGENCIES CAUSED BY THE DRUG USE**

In 2011, the National Ant-drug Agency improved the process of collection of data on the medical emergencies caused by the used of psychoactive substances, by the upgrading and dissemination at national level the Methodology for monitoring of the non-fatal emergencies caused by the use of psychoactive substances. In this sense, in early 2011, it was updated the list of the reporting units which has been sent to all the medical units including emergency units, accompanied by the above mentioned Methodology. At the same time, the data on the emergency cases caused by the use of psychoactive substances have been collected through the standard emergency sheet, fact which allowed the identification of the unique cases as well as the correlation with the cases admitted to treatment following the use of drugs.

The modifications brought in early 2011 to the Methodology for monitoring of the non-fatal emergencies caused by the use of psychoactive substances was not very significant, focusing only on the improvement of the standard emergency sheet, by the introduction of new fields such as: "Type of performed toxicological testing", "Used biological samples" and in case of the poly-drug use, the possibility to specify the administration route for each substance used was introduced.

For the data collection methodology was presented in the National Report on the situation of drugs in Romania 2011, Chapter 6, below will be described the analysis results of the non-fatal emergency cases caused by the drug use, monitored throughout 2011.

At present, at the level of the sanitary units in Romania, their exact identification and clarification is very difficult, for the most part of the cases, not existing corresponding technicala equipments., On the other hand, even if the hospitals would dispose of a correspondingly equipped toxicological laboratory, both the substances bookshops, the analysis methods and the knowledge of the toxicological experts need permanent updates, which are generally very expensive.

## **Results**

### **National context**

Given the recrudescence of the new psychoactive substances (the so-called "ethno-botanical plants") recorded in 2010, as well as the consequences and correlations of this type of use for the population's health, aspects illustrated also by the analysis performed on the non-fatal emergencies in the previous year, before analysing the case history of 2011, the main governmental interventions of 2011 with a decisive role in the determination of the dimension of this case history will be presented.

Among the first measures taken by the Romanian authorities in 2011 to reduce this phenomenon, is the adoption in Febrary of the Joint Order No 121/ 37/ 1647/ 43/ 8/ 239/ 2011 for the set up of the mixed team to carry out controls, according to their competencies, in the places and/or environments where new substances/products that are health damaging are being produced, traded, consumed or used, other than those regulated.

To this first intervention adds the most important legal measure in the field of anti-drug policies in 2011 that is the adoption in June of the Government Decision No 461/ 2011, by which the National Anti-drug Agency gains its quality of national coordinator in the filed of drugs. This led to a normalization of the drug phenomenon at national level, focused on a new approach regarding the drug threats, in the current national and international context.

Following these structural and functional modifications, based on the OMAI No 77/ 18.04.2011, starting with June, the National Anti-drug Agency, was appointed integrator of the reporting referring to the activities of the mixed teams carrying out controls according to their competencies, in the places and/or environments where new substances/products that are health damaging are being produced, traded, consumed or used, other than those regulated. On this occasions, the National Anti-drug Agency set up a methodology based on which it centralised and analysed monthly the evolution of the phenomenon determined by the emergence and use of new psychoactive substances presenting to the decision makers the results of the measures taken at territorial level and formulating recommendations in the field.

The reestablishment of the NAA status as national coordinator in the field of anti-drug policies led implicitly to the consolidation, in terms of functionality, of its network of Drug Prevention, Evaluation and Counselling Centres which allowed the involvement of such structures in the process of collection of data on the non-fatal emergency cases caused by the use of psychoactive substances, starting with October 2011, determining thus an improvement of this process..

As well, a special importance in the management of the phenomenon determined also by the emergence of new psychoactive substances had another legal regulation in the field of new psychoactive substances, materialized through Law 194/ 2011 on countering the operations with products susceptible of having psychoactive effects, other than those regulated, document adopted in November.

Given these new contextual aspects specific for 2011, the analysis of the non-fatal medical emergencies will focus on the evolution of this case history with the temporal moment invoked.

### **Reporting system**

In 2011, data were requested from 73 emergency hospitals at the level Romania's administrative-territorial units, of which 41 county emergency hospitals, 12 emergency hospitals in Bucharest and 20 municipal emergency hospitals, emergency child or psychiatry hospitals. Following the centralization of data, for 2011 were reported nationwide in 2 609 medical emergencies cases caused by psychoactive substance use, of which 34 cases were excluded (for 31 of these cases not being specified for emergency diagnosis, and 3 cases were caused exclusively by nicotine use), finally **2 578** cases being validated.

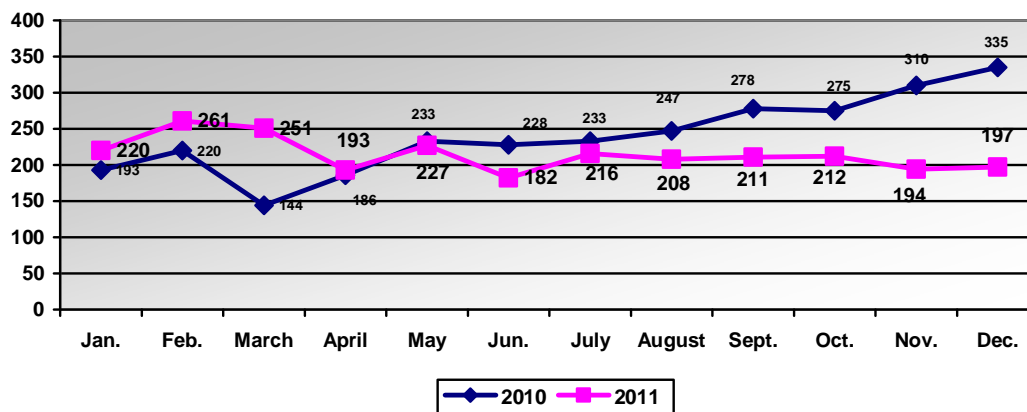
Of the 73 medical units surveyed, 68 hospitals answered (compared to 65 units in 2010). By contrast to the previous year, although not significantly widened area medical facilities reporting (73 to 70 units in 2010), the data collection capacity improved, the reports being submitted under standardized form according to the emergency sheet.

Unlike 2010, there were 2 935 medical emergency cases caused by the use of psychoactive substance, in 2011 there has been decrease with 12 % of their number.

Relating to the months of 2011, the issue of medical emergencies caused by use of psychoactive substances in Romania presents in the first part of the year (January-March), a slightly upward trend, followed by a trend, which although is sinusoidal (increase-decrease), stabilizes in the range (182, 227). The highest number of emergency was recorded in February (261 cases), while the minimum number of emergency cases can be attributed to June (182 cases).

The analysis of the monthly evolution of the number of non-fatal emergencies recorded, it is noted starting with February, the number of non-fatal emergencies enters a process of relative decline, reaching a minimum in June, after which, although it records a slight increase in July, its value stabilizes at around 200 cases/month.

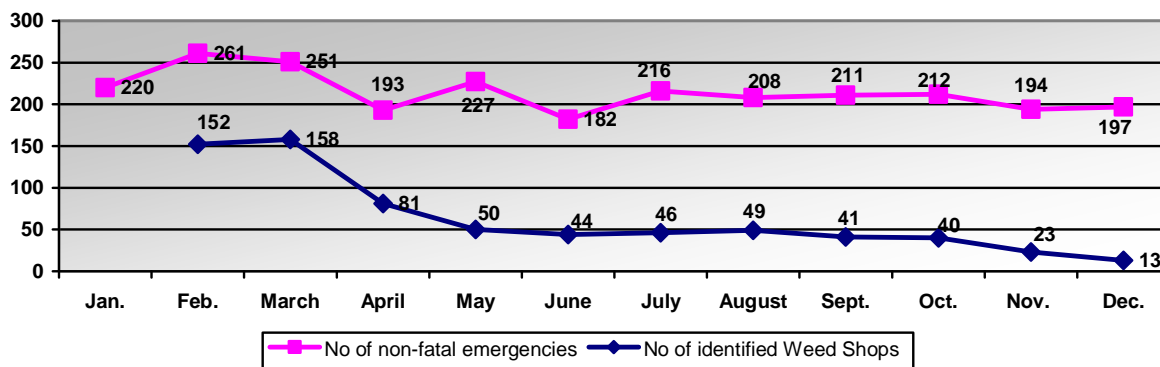
**Chart No 6-22: Evolution of non-fatal emergencies caused by the use of psychoactive substances, per months, compared data 2010- 2011 (No of cases)**



Note: the difference up to 100 % represents: unspecified  
 Source: NAA

A comparative analysis on the evolution of medical emergencies due to the use of psychoactive substances and of the activities of the Joint Committee established on the basis of Joint Order No 121/37/1647/43/8/239/2011 reveals a similarity between the two phenomena studied. Thus, the decrease of the number of Weed Shops identified/controlled, which results in a reduction in the availability on the market of new psychoactive substances is accompanied by a similar trend of the number of medical emergencies recorded at the emergency units, which indicates a correlation between the use of such new substances and the health problems of persons who use them.

**Chart No 6-23: Evolution of non-fatal medical emergencies caused by the use of psychoactive substances, per months, compared to the number of the identified/controlled Weed Shops 2011 (No of cases)**



Note: the difference up to the total number represent the cases for which the date at which the medical emergency was not recorded .  
 Source: NAA

**Characteristics of the population examined in the emergency medical units as a consequence of psychoactive substances**

A study by gender and age of the characteristics of the analysed population can be made according to the data from the reporting medical units.

Similar to the previous years, according to the sex, the distribution of the non-fatal emergencies present the same unequal repartition between men and women, showing a male predominance – 73,4% men (1 892 persons), by comparison to 25,4% women (656 persons). On the whole there is a ratio of 2,88 in favour of men who presented to emergency intake units for the use of psychoactive substances to a woman, in comparison to 2,57 in 2010.

According to the sex of the patient, the evolution of emergency cases caused by the use of psychoactive substances between 2010-2011 outlines the following aspects:

- the total of male patients examined in the emergency units has an decreasing trend, 211, being recorded 11% less male persons accusing emergency medical problems cause by the use of psychoactive substances (1 892 compared to 2 114 persons);
- in the case of women, the decreasing trend of the number of medical emergencies caused by the use of psychoactive substances is more visible, being recorded 20% less women that presented in the emergency medical units for such problems (656 compared to 820 persons).

**Table No 6-9: Distribution of drug related medical emergencies, by sex and age, 2011 (number of cases)**

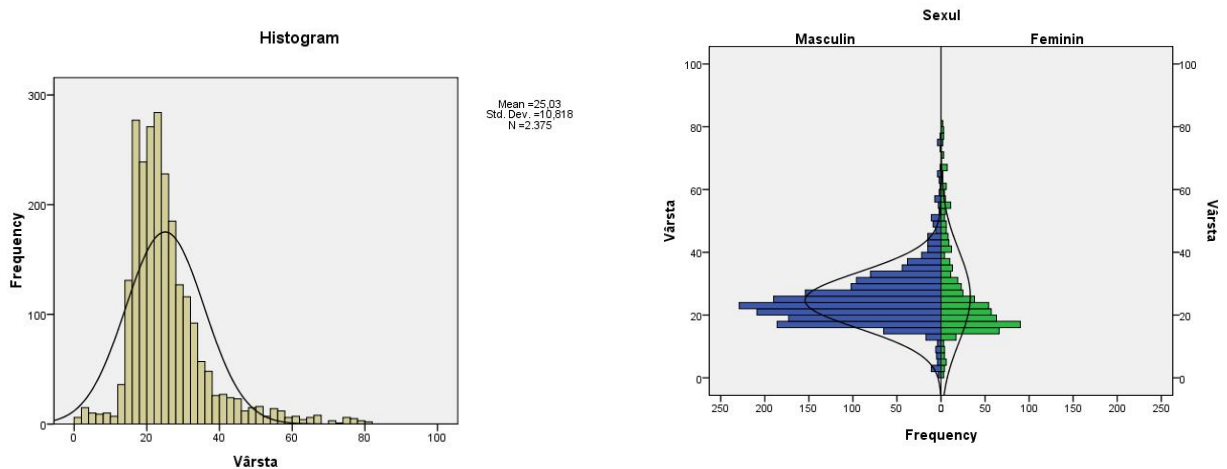
Age group (yrs old)	2011			
	M	F	Unspecified	Total
under 14 yrs old	79	63	0	144
15-19 years old	395	197	4	596
20-24 yrs old	538	133	6	677
25-29 yrs old	346	64	8	418
30-34 yrs old	200	37	2	239
35-39 yrs old	80	20	0	100
40-44 yrs old	38	26	0	64
<45 yrs old	61	74	2	137
Unspecified	155	42	6	203
<b>Total</b>	<b>1892</b>	<b>656</b>	<b>30</b>	<b>2578</b>

Source: NAA

The analysis of the cases according to the age of the person examined shows the following distribution of the medical emergencies caused by the use of psychoactive substances in 2011:

- more than the half (55%) of the total number of patients are under 24 years old, almost a quarter (25,5%) are between 25 and 34 years old and the rest of 11.7% are over 35 years old (the difference up to 100% represent the persons whose age was not reported);
- the average age is of 25.03 years old, being slightly higher in the case of female patients: 25.91 years old compared to 24.69 years old, in the case of male patients;
- the modal age value is of 22 years old, the mean age is 23 years old and the standard deviation is of 10.81 years old, which indicates a great dispersion of the values around the average and the concentration of a very big segment of the studied population in the 15-35 age category;
- in case of men, the highest rate is represented by the persons in the group of age 20-24 (31.0% compared to 21.7% women);
- in case of women, the highest rate is represented by the persons in the group of age 15-19 (32.1% compared to 22.7% men).

**Chart No 6-24: Distribution of non-fatal medical emergencies caused by the use of psychoactive substances, according to the age, overall and by gender in 2011 (No of cases)**



Source: NAA

Legend: Historiogram – Historiogramme; Vasta = Age; Sex = Gender

For the further characterization of the studied population according to the distribution according to its age, the skewness and kurtosis indicators, for which the following results have been obtained:

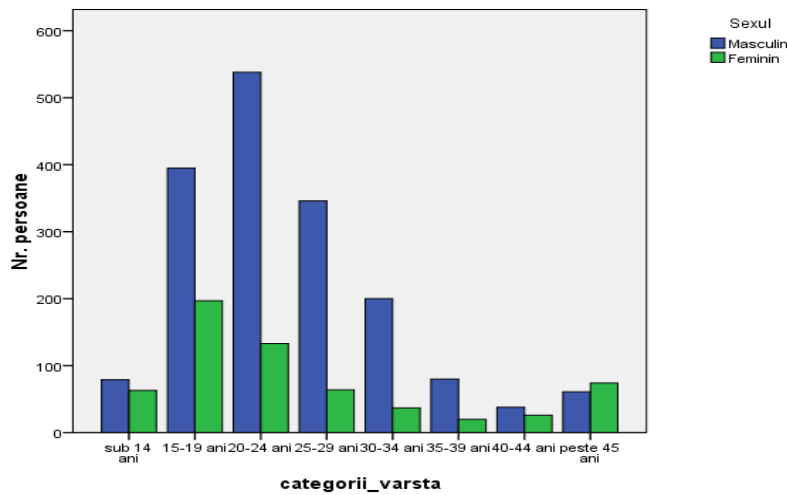
- for both genders, the skewness indicator that reveals a frequency distributions representing an asymmetric "tale" towards right, which is explained by the presence among the studied population of more persons younger than the average age: in case of men - the skewness indicator takes the value of 1.602, while in case of women, the skewness indicators takes the value of 1.553;
- for men, the asymmetry of the frequency distribution according to the age is stronger than in the case of women, which means that the persons that are younger than the average are present in the studied population in a greater proportion among men, than among women;
- in the case of the kurtosis indicator, this is of 5.378 for men (>3, indicating a distribution with a "peak" sharper than the normal distribution), while for women is pf 2.219 (<3, indicating a distribution with a "peak" sharper than the normal distribution);
- the distribution of the studied population, according to the established age groups, shows even more the differences between men and women: while in case of men, the dominant group is represented by men aged 20-24, in case of women predominate those in the 15-19 age group.

By contrast to the previous year, it is noticed that:

- the decrease of the average age (from 25.56 years old to 25.03 years old) and the increase of the modal value (from 20 years old to 22 years old);
- the reduction of the differences between the two genders with regard to the average age of the persons that presented to the emergency units with problems caused by the use of psychoactive substances (from a differences between the average ages of 2.18 years old to 1.22 years old), explained by the increased of the rate of young women among the studied population.
- there is a significant difference between the modal value recorded for men (22 years old) and the one recorder for women (16 years old). This means that, while for women, the most significant frequency was in case of girls of 16 years old, for men, the most common typology among those who called the emergency services is the one of the 22-year-old man.

With regard to the distribution according to age groups, among the persons that presented to the emergency units, a decrease of the rate of persons aged under 35 years old is noticed: 80.4% in 2011, compared to 87% in 2010. At the same time, a more significant rate of men under 34 years old (89.5%) is noticed, compared to that of women in he same category (80.5%).

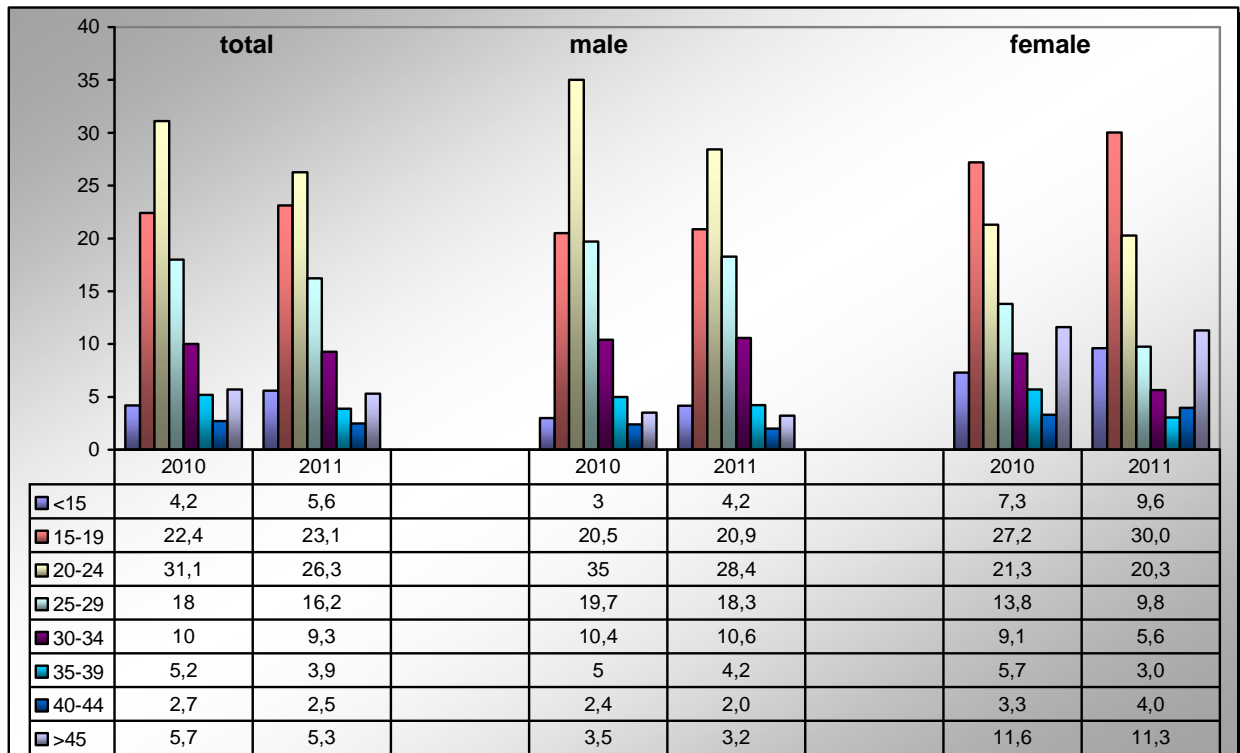
**Chart No 6-25: Distribution of non-fatal medical emergencies caused by the use of psychoactive substances, according to the age category, and by gender in 2011 (number of cases)**



Source: NAA

All this suggests a population with a higher heterogeneity degree among women (the values are very scattered compared to the average), while in case of male population, the data are well grouped and close to the average, from this perspective, the men subgroup having a higher homogeneity degree.

**Chart No 6-26: Distribution of drug related medical emergencies, according to the gender and age, compared data 2010-2011 (%)**



Note: the difference up to 100% represents: unspecified

Source: NAA

According to the age group, the men/women ration is clearly in the favour of men for the persons under 39 years old (reaching a maximum of 5.4:1 for the 20-34 age group). In exchange, for the persons over 45 years old, the ratio is in favour of women, being of 1.20 women to 1 man. Note that,

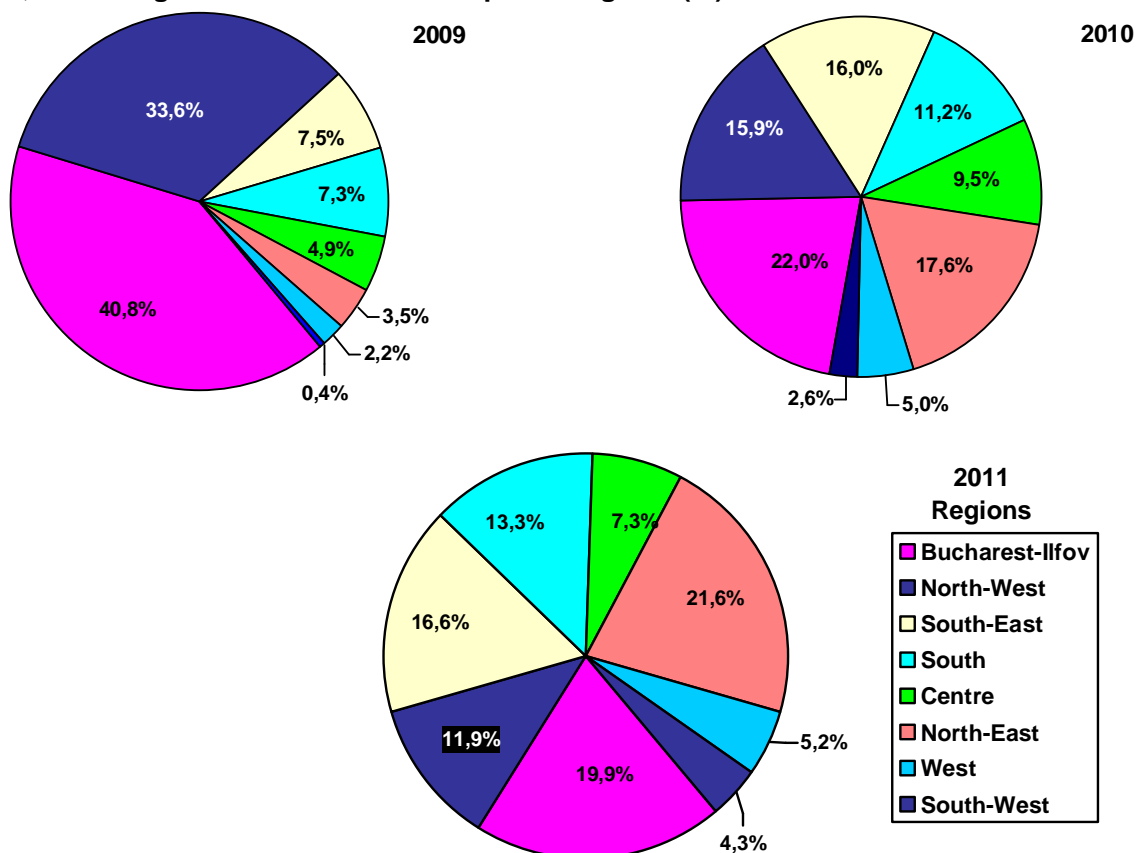
for the category of over 40 years old, the men/women ratio tends towards 1, which indicates a levelling between the two genders.

### Distribution according to the economic development regions

According to the economic development region of Romania in which the medical emergencies caused by the use of psychoactive substances have been recorded, in 2011 (taking into consideration the number of medical units that have submitted data), the situation is the following:

- **North-West** (Counties: Bihor, Bistrița Năsăud, Cluj, Maramureș, Sălaj, Satu Mare) - 9 reporting medical units;
- **West** (Counties: Arad, Caraș Severin, Hunedoara, Timiș) - 7 reporting medical units;
- **North-East** (Counties: Botoșani, Suceava, Iași, Neamț, Bacău, Vaslui) - 12 reporting medical units;
- **South-East** (Counties: Vrancea, Galați, Buzău, Brăila, Constanța, Tulcea) - 8 reporting medical units;
- **Centre** (Counties: Mureș, Harghita, Alba, Sibiu, Brașov, Covasna) - 6 reporting medical units;
- **South-West** (Counties: Gorj, Vâlcea, Olt, Mehedinți, Dolj) - 5 reporting medical units;
- **South** (Counties: Argeș, Dâmbovița, Prahova, Ialomița, Călărași, Giurgiu, Teleorman) - 9 reporting medical units;
- **Bucharest-Ilfov** (Bucharest Municipality and Ilfov County) – 12 reporting medical units.

**Chart No 6-27: Distribution of the medical emergencies caused by the use of psychoactive substances, recorded in the sanitary units providing emergency services, between 2009 and 2011, according to the economic development regions (%)**

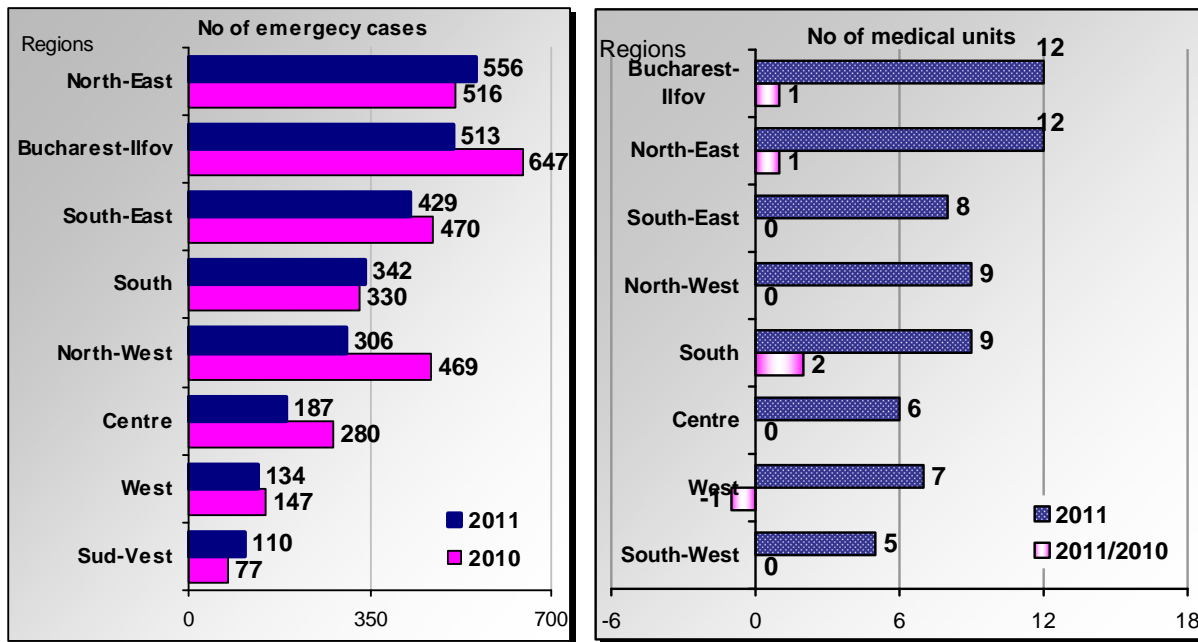


Source: NAA

Similar to the previous year, the levelling tendency of the distribution of emergency cases caused by the use of psychoactive substances at the level of the economic development regions is conformed, as follows: 21.6% - the North-East region (compared to 17.6% in 2010), 19.9% - the Bucharest-Ilfov region (compared to 22.0%), 16.6% - the South-East region (compared to 16.0%), 13.3% - the South region (compared to 11.2%), 11.9% - the North-West region (compared to 15.9%), 7.3% - the Centre

region (compared to 9.5%), 5.2% - the West region (compared to 5.0%), 4.3% - the South-West region (compared to 2.6%).

**Chart No 6-28: Distribution of the medical emergencies caused by the use of psychoactive substances and of the reporting medical units, between 2009 and 2011, according to the economic development regions (number of cases/number of units)**



Source: NAA

Thus, while at the level of the South-West, North-East and South regions, the number of medical emergencies caused by the use of psychoactive substances continues to grow, in the case of the other regions this number registers an increase. As mentioned at the beginning of this chapter, in 2011, the number of reporting medical units no significant variations were recorded (4 reporting units appeared and one disappeared), thus, even in the most regions the number of the reporting medical units from the previous year was preserved, there are regions where significant fluctuations of the number of emergency cases have been noticed. The situation of the number of emergency cases related to the number of units, at the level of the economic development regions is the following:

- the same number of reporting units:
  - the South-West region - 5 reporting medical units and decrease with 43 % of the number of emergency cases (from 77 to 110);
  - the North-West region - 9 reporting medical units and decrease with 35 % of the number of emergency cases (from 468 to 306);
  - the Centre region - 6 reporting medical units and decrease with 33 % of the number of emergency cases (from 280 to 187);
  - the South-East region - 8 reporting medical units and decrease with 9 % of the number of emergency cases (from 470 to 429);
- increase of the number of reporting units with one unit:
  - the Bucharest-Ilfov region - 12 reporting medical units and decrease with 21 % of the number of emergency cases (from 647 to 513);
  - the North-East region - 12 reporting medical units and decrease with 8 % of the number of emergency cases (from 556 to 516);
- increase of the number of reporting units with 2 units:
  - the South region - 9 reporting medical units and increase with 4 % of the number of emergency cases (from 330 to 342);
- decrease of the number of reporting units with one unit:
  - the West region - 7 reporting medical units and decrease with 9 % of the number of emergency cases (from 147 to 134);

In conclusion:

- If during the previous year, a partial explanation of these increases could have been attributed to the fact that the data collecting area widened and the collection system improved, in 2011, the differences notices may be explained only through the amplification or the even diffusion process of the use of psychoactive substances, and particularly of the NPSs, at national level.
- This year also records significant increases for some regions (the South-West region), but there are also regions where a massive decrease of the number of cases is recorded (the North-West region, the Centre region, the Bucharest-Ilfov region).
- There is a change of the "leader" (the regions with the most emergency cases recorded) in 2011 is the North-East region that shifted places with the Bucharest-Ilfov region. Moreover, within the "classification" the 4th and the 5th classified shift places, i.e. the South region taking over the place of the North-West region and the vice-versa. The other regions preserve the positions held in the previous year.

The analysis of the medical emergency distribution, at the level of the country's territorial-administrative units, according to the risk areas determined according to the weight of case number, leads to the following county delimitation:

**Table No 6-10: Delimitation of risk areas at county level, according to the number of non-fatal medical emergency cases recorded in 2011**

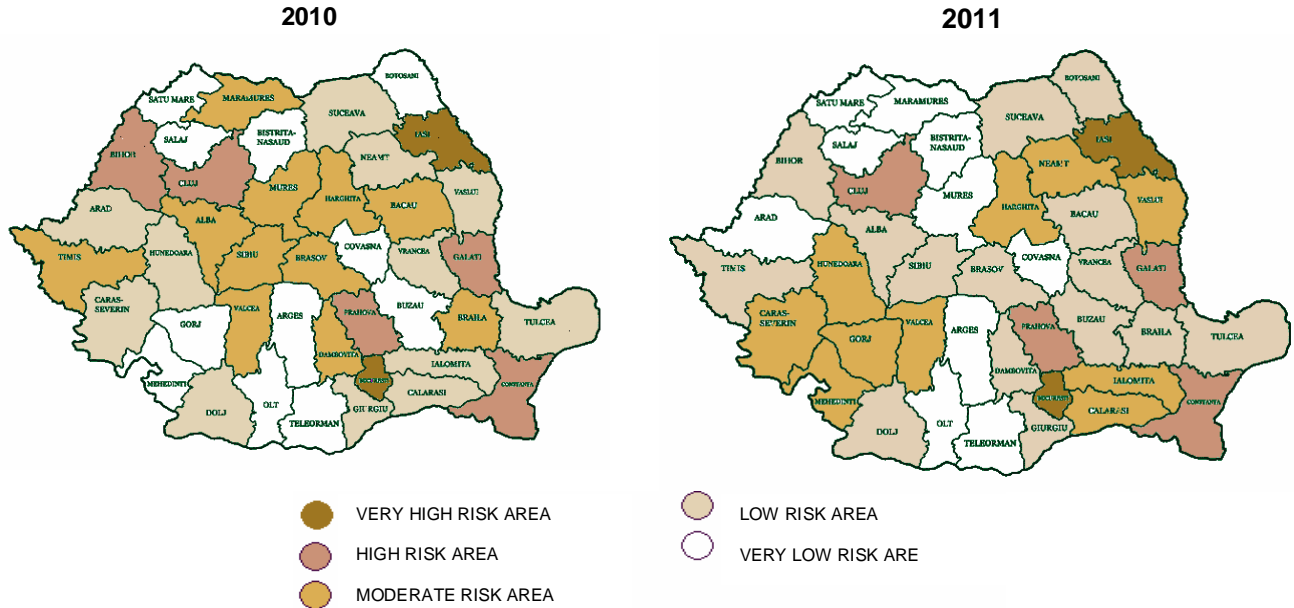
County	Area
Bucharest, Iași	<b>VERY HIGH RISK AREA</b> (proportions of over 10 %)
Cluj, Prahova, Constanța, Galați	<b>HIGH RISK AREA</b> (proportions between 5 % and 10 %)
Bihor, Timiș, Bacău, Brașov, Dolj, Sibiu, Tulcea, Brăila, Dâmbovița, Botoșani, Suceava, Giurgiu, Alba, Buzău, Vrancea	<b>MODERATE RISK AREA</b> (proportions between 1% and 5%)
Neamț, Caraș-Severin, Harghita, Vâlcea, Călărași, Vaslui, Hunedoara, Mehedinți, Gorj, Ialomița	<b>LOW RISK AREA</b> (proportions between 0.5 % and 1 %)
Arad, Maramureș, Mureș, Ilfov, Olt, Argeș, Covasna, Satu Mare, Sălaj, Teleorman, Bistrița Năsăud, Teleorman	<b>VERY LOW RISK AREA</b> (proportions below 0.5 %)

Source: NAA

As in 2010, it shall be noted that only in a small part of the country (only 2 counties - Bucharest and Iași) medical emergency cases caused by the use of psychoactive substances have been recorded (proportion of over 10 %), this territorial segment including a third (33.3 %) of the total number of cases.

At the same time, other 4 counties (Cluj, Prahova, Constanța and Galați), in the high risk areas (proportions between 5 % and 10 %) include a quarter of the total number of cases (27.2 %), while the moderate risk area (proportions between 1 % and 5 %) is consolidated in 2011, including 15 counties (relative to only 11 counties in 2010), cumulating thus a third of the total number of emergency case (30.2 % compared to 23.5 % in 2010). On the other hand, the low risk areas, counting 10 counties, include only 6.6 % of the number of emergencies (compared to the 8.8 % in 2010), whilst the very low risk areas, counting 12 counties include, as in the previous year, only 2.1 % of the medical emergencies caused by the use of psychoactive substances recorded in 2011.

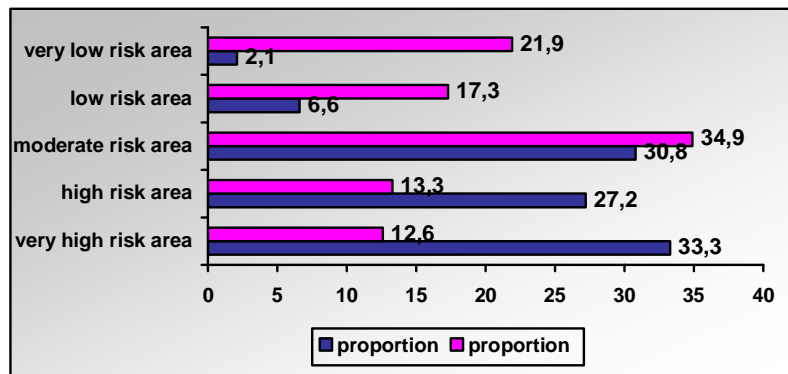
**Map No 6-1: Risk areas, according to the proportion of the medical emergencies caused by the use of psychoactive substances, by territorial-administrative units (counties), compared data, 2010-2011**



Source: NAA

It shall be noticed the "migration" of a county (Bihor) from the high risk areas to the moderate risk area, but also the advancement of other 3 counties from inferior areas in the moderate risk areas, reflecting thus a sort of amplification of the issue of the non-fatal emergencies caused by the use of psychoactive substances at the level of several of the country.

**Chart No 6-29: Medical emergency distribution, by comparison to the population distribution over the five risk areas, 2011 (%)**



Source: NAA

A possible explanation of the concentration of the number of medical emergencies caused by the psychoactive use in the counties included in the high and very high risk area may be that these territorial segments host university centres with tradition (Bucharest, Iași, Cluj, Constanța, Galați) and, at the same time, there are here significant urban agglomerations (Bucharest Municipality – 1 677 985 million inhabitants, Iași – with 258 059 inhabitants, Cluj – with 301 534 inhabitants, Constanța – with 249 034 inhabitants, Galați – with 225 881 inhabitants, Ploiești – with 193 462 inhabitants). Moreover, three of these counties (Iași, Constanța, Galați) are border counties, situated in highly transited areas, whilst in Constanța and Prahova. Counties there are the resorts the most frequented by young people for spending their leisure time.

Compared to the distribution of the populations in these territorial areas, as in the previous year, it shall be noticed that the areas considered of high and very high risk comprise almost a quarter of the

population of Romania (25.9 %)<sup>126</sup>, the moderate risk area comprises 34.9 % of the population, whilst the low and very low risk areas comprise 39.1 % of the population.

This situation highlights the existence in each economic development region of "problem nuclei" which induce an apparently uniform use of psychoactive substances at country level whilst the problem is concentrated only in several counties.

### Typology of medical diagnosis

In relation to reported emergency diagnosis, of the 2 578 cases, 88.4 % (2 279 cases) were caused by acute intoxication with different substances (alcohol and medicines included), 3.3 % presented withdrawal syndrome – 85 cases, 0.6 % were caused by overdose – 15 cases, 3.1 % presented symptoms of coma – 79 cases, and 4.6 % presented other diagnoses determined by use of psychoactive substances (among which: 3.4% self-induced lesions or trauma, accidents and other external causes) – 88 persons, and 1.2 % harvest of biological testing material for toxicological studies - 32 cases.

By contract to 2010, the following changes shall be noted:

- the very high level maintained of the number of cases of acute intoxication (88.4 % in 2011, 89.3 % in 2010);
- the significant decrease of the proportion of the number of withdrawal cases, and implicitly of number of such cases (from 5.7 % in 2010 to 3.3 % in 2011, respectively from 168 cases to 85 cases);
- the decrease with about 3 times the proportion of the number of overdose cases, from 1.6 % in 2010 to 0.6 % in 2011;
- the significant increase of the proportion of the cases of coma, from 1.4 % in 2010 to 3.1 % in 2011, reaching again the value recorded in 2009;
- the progressive amplification of the proportion of cases of diagnoses induced or caused by the use of psychoactive substances (self-induced lesions or trauma, accidents and other external causes, harvest of biological testing material), from 0.2 % in 2009 to 1.9 % in 2010 till 4.6 % in 2011.

Analysing the distribution of the emergency cases by groups of diagnostic, the following shall be noted:

- **Acute intoxications:** of the 2 279 cases of acute intoxication, the acute intoxications with new psychoactive substances ("ethno-botanical plants") have the highest preponderance – 46.5 % (compared to 42.6 % in 2010), followed by the acute intoxications due to poly-drug use – 18.7 % (compared to 8.8 % in 2010), the acute intoxications with medicines – 9.8 % (compared to 17.5% in 2010), the acute intoxications with unknown substances – 5.7 % (compared to 12.0 % in 2010), the acute intoxications with ethanol (acute alcoholism) – 4.0 % (compared to 1.9 % in 2010), the acute intoxications due to poly-medicines – 3.5 % (compared to 2.2 % in 2010), the acute intoxications with cannabis – 3.2% (compared to 3.3 % in 2010), the acute intoxications with hallucinogens – 2.9 %, the acute intoxications with drugs (unspecified active substance) – 2.1 % (compared to 3.1 % in 2010), the acute intoxications with heroin/opiates – 2.0 % (compared to 6.1 % in 2010). The other types of acute intoxication (with amphetamines, cocaine, methamphetamine, volatile chemical solvents, ecstasy, toxic substances) are below 1 %.
- **Withdrawal:** in relation to the cases of withdrawal recorded, out of the 85 cases, the highest number are the cases of medicine withdrawal – 30.6 % (compared to 17.3 % in 2010), followed in a similar proportion of 18.8 % by the cases of opiates withdrawal – compared to 32.7 % in 2010, the so-called „ethno-botanical” withdrawal – compared to 11.3 % in 2010, the the so-called „ethno-botanical” withdrawal - compared to 15.5 % in 2010. Based on the importance of the proportion held in this sub-group, follow the cases of the unknown psychoactive substance withdrawal – 5.9 % (compared to 16.7 % in 2010), the cannabis withdrawal – 3.5 % (compared to 4.8 % in 2010), the cocaine withdrawal 2.4 % (compared to 1.2 % in 2010) and the inhalants withdrawal 1.2 %.
- **Overdose:** out of the 15 recorded cases of overdose, 10 have been reported as medicine overdose and 5 opiate overdose.

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<sup>126</sup> The preliminary results of the Population and Housing Census of 20 October 2011, National Institute of Statistics

- **Coma** - in 2011, out of the 79 coma cases, 59 cases were caused by the use of a single psychoactive substance, the rest of 20 cases being attributed to the poly-drug use. For the 59 coma cases attributed to the use of a single psychoactive substance, 25 cases have been caused by the use of medicines, 18 have been attributed to the excessive use of alcohol, 6 cases have been caused by the use of opiates, respectively of unknown substances, and 2 cases have been caused by the use of NPSs, respectively of drugs (without the specification of the active substance). Out of the 20 coma cases caused by the poly-drug use, in 15 cases alcohol was mixed with different substances, as follows: alcohol in combination with NPSs – 5 cases, alcohol in combination with unknown substances – 4 cases, and for the rest of 6 cases, combination of alcohol and 2-3 of the following substances have been recorded: benzodiazepines, barbiturics, cannabis, anti-depressants, methadone, phencyclidine, oxycodone, unknown substances.
- **Other diagnoses:** out of the 120 cases that presented other diagnoses induced or determined by the use of psychoactive substances, 32 persons presented for the harvest of biological testing material for toxicological studies and 88 persons presented self-induced lesions or trauma, accidents and other external causes, as follows: trauma and poly-trauma caused by self-induced lesions, road accidents, involvement in altercations or precipitation from heights, consequences of injections (phlebitis post puncture, deep vein thrombosis, edema after the injection, HIV or hepatitis C, septicemia, manifested tetanie, leg paraesthesia after injection, extensive infection after paravenous injection). It shall be noted that, of the 88 such cases, 36 were caused by the use of NPSs, 13 by the alcohol use, respectively by the poly-drug use, 9 by the opiate use, 8 by the use of unknown substances, 3 by cannabis use, respectively to drug use (without the specification of the active substance) and 1 case by cocaine, medicine, respectively methamphetamine use.

The analysis differentiated by type of diagnosis and used substance, compared to the situation recorded in 2010, reveals:

#### **Increases:**

- the confirmation of the upward trend in the proportion of intoxication with ethno-botanical plants, recorded in the previous year: from 8.6 % in 2009 to 38.9 % in 2010, respectively to 41.1 % in 2011;
- the doubling of the proportions of intoxication caused by the poly-drug use: from 8.2 % in 2010 to 16.6 % in 2011, as well as of the proportions of emergency case whose symptoms were characteristic to coma cases - from 1.4 % in 2010 to 3.1 % in 2011;
- the significant increase of the proportion of cases that have reported other self-induced diagnoses or diagnoses caused by the use of psychoactive substances (self-induced lesions or trauma, accidents and other external causes), from 0.6 % in 2010 to 3.4 % in 2011;
- the 4 time increased of the medicine overdose cases - from 0.1 % in 2010 to 0.4 % in 2011;
- the doubling the proportion of emergency cases caused by the excessive use of alcohol, from 1.7 % in 2010 to 3.6 % in 2011;
- the recurrence of acute intoxication with LSD or with other hallucinogens with a proportion of 2.6%, while in 2009 the proportion of the cases recorded with this diagnosis was only of 0.1 %.

#### **Decreases:**

- reduction by half of the proportion of acute medicine intoxication - from 15.6 % in 2010 to 8.7 % in 2011;
- the confirmation of downward trend of the proportion of the emergency cases caused by the use of heroin/opiates (intoxications, overdose, withdrawal), from 25.8 % in 2009 to 6.7 % in 2010, respectively to 2.5 % in 2011;
- the continuous downward trend of the proportion of the cases caused by the use of cannabis (intoxications, overdose, withdrawal), from 4.8 % in 2009 to 3.2 % in 2010, respectively to 2.9 % in 2011;
- the significant decrease of the cases diagnosed with intoxications with unknown substances, from 33.1 % in 2009 to 11.5 % in 2010, respectively to 5.0 % in 2011;
- the reduction with 50% of proportion of the cases of acute methamphetamine intoxication - from 0.4 % in 2010 to 0.2 % in 2011, although considering the whole background, these are insignificant situations;

- the decrease of the proportion of cases diagnosed with acute intoxications with ecstasy - from 0.3 % in 2010 to 0.1 % in 2011.

**Table No 6-11: Distribution of non-fatal emergencies caused by the use of drugs, according to the emergency diagnosis, compared data, 2009-2011 (%)**

Emergency diagnosis	2009	2010	2011
Acute intoxication with ethno-botanical substances	8.6	38.9	41.1
Acute poly-drug intoxication	6.2	8.2	16.6
Acute pharmaceutical intoxication	8.3	15.6	8.7
Acute intoxication with unknown substances	33.1	11.5	5.0
Acute alcoholism	0.6	1.7	3.6
Others	0.2	0.6	3.4
Acute poly-pharmaceutical intoxication	3.9	2.0	3.1
Coma	3.1	1.4	3.1
Acute cannabis intoxication	4.6	3.0	2.8
Acute intoxication with LSD or with other hallucinogens	0.1	0.0	2.6
Acute intoxication with illegal drugs (unspecified active substance)	1.4	2.7	1.9
Acute heroin/opiate intoxication	9.4	3.5	1.7
Harvesting of biologic material	0.0	1.3	1.2
Withdrawal following medicine use	1.2	1.0	1.0
Withdrawal following opiate use	3.8	1.9	0.6
Withdrawal following poly-drug use	0.2	1.0	0.6
Withdrawal following ethno-botanical substance use	0.0	0.7	0.6
Acute intoxication with volatile chemical dilution agents (glue)	0.6	0.5	0.5
Acute cocaine intoxication	0.2	0.5	0.5
Pharmaceutical overdose	0.0	0.1	0.4
Acute methamphetamine intoxication	0.3	0.4	0.2
Withdrawal following psychoactive substance use	0.0	1.0	0.2
Opiate overdose	12.6	1.4	0.2
Acute ecstasy intoxication	0.0	0.3	0.1
Withdrawal following cannabis use	0.0	0.2	0.1
Acute intoxication with toxic substances	0.0	0.2	0.1
Withdrawal following cocaine use	0.0	0.1	0.1
Withdrawal following inhalant use	0.0	0.0	0.0
Acute amphetamine intoxication	0.2	0.2	0.0
Acute ketamine intoxication	0.3	0.1	0.0
Withdrawal following amphetamine use	0.1	0.0	0.0
Cocaine overdose	0.4	0.0	0.0
Cannabis overdose	0.2	0.0	0.0
Poly-drug overdose	0.3	0.0	0.0

Source: NAA

However, the analysis of the distribution of cases according to the substances mentioned in the antecedent history, leads to the hypothesis of a significant problem caused by the use of new psychoactive substances ("ethno-botanical plants"), given the fact that for over half (54.1 %) of the emergency cases recorded in 2011, such type of use was reported.

Thus, even if the increase of the proportion of emergency cases directly associated with the use of such substances is not significant, the correlations between the emergency cases caused by the poly-drug use where NPSs are also present and in combination with other psychoactive substances, as well as with those in which the emergency diagnosis is indirectly induced by the effects of NPS use (other diagnoses - self-induced lesions or trauma, accidents and other external causes), determine that the level of the problems caused by the NPS use to be higher in 2011 compared to the previous

year: 1 279 emergency cases where the NPS use was reported in 2010 compared to 1 395 such cases in 2011. Associating this finding with the 12 % decrease in the total number of emergency cases recorded in 2011 noted at the beginning of this chapter, it results as conclusion a significant amplification of the health consequences caused by the use of NPSs.

On the other hand, the case book of the analyzed medical emergencies identified 72 cases where the emergency diagnosis noted also the suicide attempt (11 of which were attributed to the effects of NPS use), 24 cases reported aggression or self-mutilation (in 14 of such cases being declared the NPS use), 3 precipitates from height (in one case, the action taking place under the effects of NPSs) and 3 road accidents.

The analysis of the medical emergency distribution by type of diagnosis, at the level of the economic development regions, reveals the following aspects:

- As regards the acute intoxications with **new psychoactive substances** ("ethno-botanical" plants), they are present in all the regions of the country, being evenly distributed at the level of three such regions – South-East (23.9 %), Bucharest-Ilfov (23.1 %) and North-East (17.9 %). At the level of the other regions, the proportion of such cases vary between 9.4 % (the West regions) and 5.1 % (the South-West region). By contrast to the previous year, it shall be noted the significant increase of the proportion of such cases in the North-West region (from 21.7 % to 5.7 %).
- Less present as in the previous year, the acute intoxications with **amphetamines** are restricted as territorial distribution, the only case of this type being recorded in the South region.
- As regards the non-fatal medical emergencies diagnosed with acute intoxications with **cannabis**, even if they may be found in all the economic development regions, they are predominant in the North-West (32.9 % of the total number of such intoxications) and Bucharest-Ilfov (15.1 %) regions. Compared to the previous year, it shall be noted the increase of the proportion of such emergency cases in the North-West region (from 10.3 % in 2010 to 32.9 % in 2011) and the decrease of their proportion in Bucharest-Ilfov (from 25.3 % in 2010 to 15.1 % in 2011) and South (from 20.7 % in 2010 to 13.7 % in 2011) regions.
- As regards the acute intoxications with **cocaine**, changes occur both in terms of territorial distribution, by restricting their presence in only 4 regions (compared to 7 in the previous year) and in terms of distribution of cases between regions: increases of the proportions of this type of cases in Bucharest-Ilfov (from 18.8 % to 50 %), the North-West (from 25 % to 33.3 %), West (from 6.3 % to 8.3 %) region as well as the disappearance of this type of cases in the North-East regions, which cumulated in the previous year 25 % of the emergency cases diagnosed with acute cocaine intoxication.
- A similar situation is also noted in the case of acute intoxications with **ecstasy**, which are less spread than in the previous year, this type of cases being recorded only in Bucharest-Ilfov (66.7 %) and South (33.3 %) regions. By contrast to the previous year, when such cases have been recorded in almost all regions (except for the South-West region), their number is significantly reduced as well as their dispersal at territorial level.
- As regards the acute intoxications with **heroin/opiates**, in their case the territorial area recording their presence is also significantly reduced, from all regions in 2010, to 5 regions in 2011, but at the same time, it shall be noted their concentration, to a much greater extent, in the Bucharest-Ilfov region where almost three quarters of the total number of such cases (71.1%) are recorded.
- The emergencies caused by the withdrawal following the use of **psychoactive substances (without the specification of the active substance)** or following the **poly-drug** use, even if their are in very small number, they are particularly characteristic for Bucharest-Ilfov region – 56.3 % of the total number of cases diagnosed as withdrawal following the poly-drug use, respectively 60 % of the cases recorded as withdrawal following the psychoactive substance use.
- The acute intoxications with **toxic substances** even if they are in very small number, they are particularly characteristic for the North-East and South-East regions (each recording 50 % of such cases), whilst the acute intoxications with **inhalants/volatile substances** are more specific for the North-West region (50 %), here being also recorded the emergency cases diagnosed as withdrawal following the such use.
- Except for the West region, the acute intoxications with **hallucinogens** are present in every region of economic development, mainly in the North-East (37.9 %) and South-East (36.4 %) regions, in the other regions being recorded proportions below 10 %.

- While in the other regions it was recorded a massive reduction of the cases for which the substance used that caused the medical emergency could not be established, the acute intoxications with **unknown substances** remain concentrated in 3 regions - the Centre region (37.2 % of cases with this diagnosis), the South-West region (19.4 %) and the North-West region (18.6 %). A similar situation may also be found in the case of emergencies for which the used drug is not specified, that are predominantly cumulated in the Bucharest-Ilfov region (43.8 % of the total number of such cases) and in the North-East region (20.8 %).
- Even if little numerous, the acute intoxications with **methamphetamines** seem to be a characteristic for the North-West and South-East regions (33.3 % each of the total number of these types of intoxication), even if in the previous year no such cases have been recorded in these regions. The rest of cases of acute methamphetamine intoxication may be found in the North-East and South regions, each of them recording the same evolution of this diagnosis (16.7 % in 2011, compared to 28.6 % in 2010) and South (28.6 %). In exchange, such emergency cases are no longer present in 2011 at the Centre region, even if in this region were the biggest number of cases has been recorded in the previous year - 35.7 % of the total number of cases.
- By contrast to the previous year, the medical emergencies caused by the intoxications with **alcohol** is particularly characteristic for the North-East region where 85.9 % of the total number of cases may be found, whilst the South-East region (predominant in the previous year as regards this diagnosis with 62.7 %) records only 4.3 % of the total number of such cases.
- In exchange, only two regions – South-West and West – do not record medical problems caused by abuse of **medicines**, such case are most predominant in the South region (46.6 % of the total number of the medicine intoxications and 49.4 % of the total number of poly-medicine intoxications) and in the North-East region (27.4 % of the total number of medicine intoxications, 22.8 % of the total number of poly-medicine intoxications, respectively 60 % of the total number of medicine overdoses). On the other hand, the problems caused by the withdrawal following the medicine use are recorded only in 3 regions, their most part being concentrated in the North-West region (84.6 %).

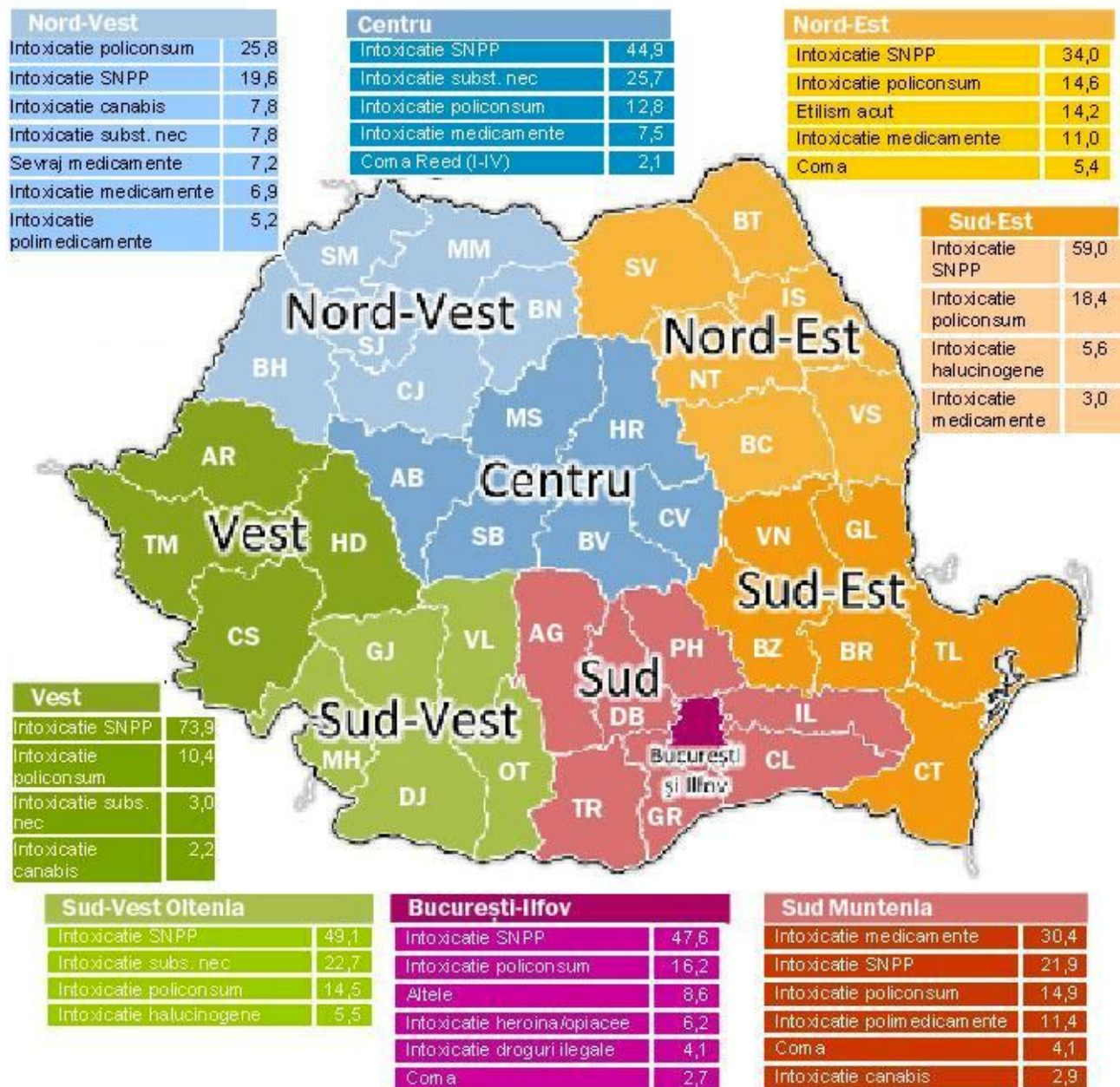
At the level of each economic development region, the distribution of the emergency cases by type of diagnosis, is as follows:

- **The Bucharest-Ilfov region:** remains, also in 2011, the downward trend of the proportion of emergency cases caused by the opiate use (acute intoxications with heroin/opiates, opiate overdose, withdrawal cases) recorded in the previous years - from 33 % in 2010, to 9 % in 2011. At the same time, it shall be noted the upward trend of the proportion of the number of emergency cases caused by the use of new psychoactive substances ("ethno-botanical plants"), from 7 % in 2009 to 33 % in 2010, respectively to 47.6 % in 2011 and the amplification of the medical emergencies caused by poly-drug use - from 1 % in 2010 to 16.2 % in 2011, as well as those indirectly induced by the use of psychoactive substances - from 1.2 % in 2010 to 8.6 % in 2011;
- If in the previous year, characteristic for the **North-West region** used to be the medicine intoxications (over 41 %), in 2011, specific for this region are the medical emergencies caused by the poly-drug use which confirms thus the upward trend of the proportion of this type of diagnosis in the case book of the medical emergencies in this region - from 8 % in 2009, to 15 % in 2010, to 25.8 % in 2011. In exchange, after in 2010 the proportion of cases of acute cannabis intoxication recorded a significant reduction from 5 % in 2009 to 1 % in 2010, in 2011, the proportion of this type of diagnosis increases to 7.8 %. Similar to the previous year, even in a much lower rhythm, the proportion of the segment of "acute intoxications with unknown substances" continues to decrease (from 58 % in 2009 to 9 % in 2010, respectively to 7.8 % in 2011). The category of emergency cases diagnosed as acute intoxications with new psychoactive substances ("ethno-botanical plants") keeps its proportion at about the same value as in the previous year - 19 % in 2010, respectively 19.6 % in 2011.
- In the **South-East region**, the distribution of the non-fatal emergencies caused by the drug use, according to the type of emergency diagnosis, indicated an upward trend of the intoxications with new psychoactive substances ("ethno-botanical plants") – from 24 % in 2009 to 30 % in 2010, respectively to 59.1 % in 2011, simultaneously with the significant decrease of the acute intoxications with unknown substances (from 76 % in 2009 to 26 % in 2010, respectively from 2.6 % in 2011 but also with the occurrence in a big proportion of the acute intoxications caused by the poly-drug use – from 5.5 % in 2010 to 18.5 % in 2011. At the same time, it shall be noted the significant decrease of the emergency cases caused by the medicine use after the previous year

when a significant proportion of the acute medicine intoxications had been signalled at the level of this region – from 0 % in 2009 to 20.6 % in 2010 reaching 3 % in 2011;

- In the **West region**, the tendencies identified during the previous year are preserved: the significant reduction of the proportion of the segment of acute intoxications with unknown substances (from 27 % of the total number of cases recorded in this region, to 8 % in 2010 reaching 3 % in 2011), correlated with the accentuated increase of the proportion of cases of acute intoxications with new psychoactive substances ("ethno-botanical plants") - from 0 % in 2009 to 66 % in 2010, respectively to 73.9 % in 2011.
- In the **Centre region**, the proportion of cases diagnosed with intoxications with unknown substances (from 55 % of the total cases recorded in this region in 2009 to 37 % in 2010, reaching 25.7 % in 2011), consistently with the increase of the number of cases of acute intoxications with new psychoactive substances ("ethno-botanical plants") – from 18 % in 2010 to 44.9 % in 2011. At the same time, relative to the previous year, it shall be noted the amplification of the number of medical emergencies caused by the poly-drug use – from 6.1 % in 2010 to 12.8 % in 2011, as well as the spectacular decrease of the proportion of the emergency cases caused by the alcohol use – from 16 % in 2010 to 0.5 % in 2011. A possible explanation for this change, may be the presence in the region of a poly-use in combination with alcohol.
- In the **South region**, the medical emergencies caused by the medicine abuse continues to be the main problem of this region (from 40.9 % in 2010, respectively to 41.7 % in 2011). On the other hand, after the signalling in the previous year of a significant increase of the proportion of acute intoxications with new psychoactive substances ("ethno-botanical plants") (from 4 % in 2009 to 26 % in 2010), in 2011, it is noted a slight decrease of the proportion of this type of diagnosis to 21.9 %, due to the increase of the proportion of cases of intoxication caused by the poly-drug use – from 10 % in 2010 to 14.9 % in 2011. As regards the emergencies caused by the cannabis use, the downward trend recorded during the previous year is preserved, even if at much lower shares - from 25 % in 2009 to 4 % in 2010, respectively to 2.9 % in 2011,
- Even if less predominantly than in the previous year, the **South-West region** continues to be characterised by medical emergencies caused by the use of new psychoactive substances ("ethno-botanical plants") whose proportion in the total number of the cases of emergency of this region although recorded a significant decrease in 2011 is situated still at a high levels - from 25 % in 2009 to 71 % in 2010, respectively to 49.1 %, in 2011. In exchange, after the decrease noticed in the previous year in the cases of acute intoxications with illegal drugs for which the active substance are not mentioned (from 25 % in 2009 to 1 % in 2010), in 2011 they recorded in 2011 a slight increase reaching the value of 3.6 %. The increased proportion is still preserved for the cases diagnosed as intoxications with unknown substances – 22.7 % in 2011, compared to 18 % in 2010, whilst the downward trend of the emergency cases caused by the heroin/opiate use noticed in the previous year is preserved – from 25 % in 2009 to 1 % in 2010, respectively to 0 % in 2011. On the other hand, the proportion of the emergency cases caused by the poly-drug use records a significant increase, even if in the previous year the disappearance of this type of diagnosis was noticed at the level of this region - from 25 % in 2009 to 0 % in 2010, respectively 14.5 % in 2011.
- The **North-East region** is further characterised by the acute intoxications with new psychoactive substances ("ethno-botanical plants" that despite the accentuated decrease (from 75 % of the total number of emergency cases recorded in 2010 to 34 % in 2011), are, along the cases caused by the poly-drug use (14.5 % in 2011 compared to 5.4 % in 2010), those caused by the excessive alcohol use (14.2 % compared to 0 %) and those caused by the medicine use (14.2 % in 2011 compared to 6.2 % in 2010), characteristic for this region, covering 77 % of the emergency situations recorded. It shall be noted at the same time the significant increase of the comatose states caused by the use of psychoactive substances – from 0.8 % in 2010 to 5.4 % in 2011, as well as the occurrence of the emergency cases indirectly induced by the use of psychoactive substances – from 0 % in 2010 to 2.9 % in 2011.

**Map No 6-2: Distribution of the emergency case following the use of psychoactive substances, recorded in 2011, at the level of each economic development region, according to the diagnosis**



Source: NAA

### Toxicological findings and identified substances

In view of determine the presence in the human body of the substances used by the patient, the testing was made only for 1 238 patients (48 %), for whom the accountability of drug use for the emergency case could be shown. In 741 of these cases (59.9 % of the total of cases toxicologically tested and 28.7 % of the whole total), the tests were positive, showing the presence of substances such as: amphetamines, methamphetamines, cocaine, cannabis/tetrahydrocannabinol, ethanol, ecstasy, heroin, methadone, morphine, opium, phencyclidine, oxycodone, other opioids, benzodiazepine, barbiturics, tricyclic anti-depressants, pseudophedrine, mephrodone, other pharmaceutical substances.

**Table No 6-12: Situation of the toxicological findings related to medical emergencies associated with drug use, compared data, 2009-2011 (No of cases, %)**

	2009		2010		2011	
	No	%	No	%	No	%
No of cases	999	100	2935	100	2 578	100
No of cases for which toxicological (quantitative or qualitative) results were determined	275	27,5	1023	34.9	1 238	48.0
<b>No of cases with positive results</b>	<b>191</b>	<b>19.1</b>	<b>512</b>	<b>17.4</b>	<b>741</b>	<b>28.7</b>

Source: NAA

Of the 741 case that were submitted to toxicological tests, in 512 cases was identified the presence of a single substance, in 137 cases the presence of two substances was determined, in 49 cases 3 substances were determined and in 20 cases 4 substances were determined. The rest of the cases showed the presence in the human body of 5-10 substances.

**Table No 6-13: Situation of the toxicological findings related to medical emergencies associated with drug use, based on the number of identified substances, 2011 (No of cases, %)**

No of substances identified	No of cases	Proportion
1	512	69.1
2	137	18.5
3	49	6.6
4	20	2.7
5	8	1.1
6	7	0.9
7	3	0.4
8	3	0.4
10	2	0.3
<b>Total</b>	<b>741</b>	<b>100.0</b>

Source: NAA

Compared to the previous years, despite the increased in the number of cases that undergone toxicological testing (from 275 in 2009 to 1 023 in 2010, respectively to 1 238 in 2011) and implicitly of the number of cases showing different substances (from 191 in 2009 to 512 in 2010, respectively 741 in 2011), the proportion of the cases undergoing such testing hardly cover half of the number of cases which reflects that for the most part of the situations, the doctor on duty is put in the position to set a medical diagnosis based only on the antecedent history and on the symptomatology.

On the other hand, the most part of the cases submitted to toxicological testing, the tests were qualitative (sometimes the tests used having a limited range of the control substances) which explains why the emergency diagnosis is not always consistent with the identified substances, being known the fact that the qualitative determination methods imply a higher uncertainty degree as concerns the measurements. It shall be added the fact that, generally, the new psychoactive substances ("ethnobotanical plants") provide false positive reactions, indicating the presence in the human body of substances such as: cannabinoids, amphetamines, methamphetamines, benzodiazepines, mephedrone etc. Thus, in the 158 emergency cases caused exclusively by the use of NPSs and that were submitted to toxicological tests, 56 cases showed the presence of benzodiazepines, 39 showed the presence of tetrahydrocannabinol, 38 cases showed the presence of methamphetamines, while 12 cases showed the presence of amphetamines. It shall also be noted that 106 cases showed the presence of a single substance, while the other 53 cases showed the presence of more than 2 active substances.

### Administration route

According to the route of administration of the psychoactive substances that caused medical emergencies, despite the fact that in 19.1 % cases such information is unspecified, it is noted that, specific for the case history of 2011, are the oral and the inhalation routes - 32.2 %, respectively 29.2 % of the cases. By contrast to 2010, there is a significant increase of the injecting route (simple or combined) - from 3.1 % in 2010 to 8.6 % in 2011, correlated with a better data reporting, materialized in the decrease of the proportion of cases for which the administration route was specified - from 31.6 % in 2010 to 19.1 % in 2011. At the same time, it shall be noted the increase of the proportion of the cases of sniffed substances - from 1.5 % to 5.5 %.

**Table No 6-14: Distribution of patients with non-fatal emergencies caused by the drug use, according to the drug administration route , 2009-2011 (No of cases)**

Administration route	2009	2010	2011
oral	335	839	831
inhaled	136	983	754
unspecified	266	928	509
injected	255	91	185
sniffed	1	44	143
inhaled, oral	2	17	74
inhaled, sniffed		8	25
injected, oral	3	3	24
oral, sniffed		1	10
oral, inhaled, sniffed	0	0	10
inhaled, injected	1	20	9
injected, sniffed			2
oral, inhaled, sniffed, injected	0	0	1
oral, inhaled, injected	0	1	1
Total	999	2 935	2 578

Source: NAA

As regards the administration route use in the emergency cases caused by the use of NPSs, it shall be noted that almost a third of the patients that presented in the emergency units for problems caused by this type of use, chose the oral administration route (31.2 %), respectively the inhaling route (28.2 %). On the other hand, almost 10 % of these patients declared to have injected NPSs (simple or combined).

**Table No 6-15: Distribution of patients with non-fatal emergencies caused by the use of NPSs, according to the administration route, (No of cases, %)**

NPS administration route	No of cases	Proportion
oral	435	31.2 %
inhaled	270	28.2 %
intranasal or sniffed	88	6.3 %
parenteral or intravenous	114	8.2 %
inhaled	124	8.9 %
combined, but non-injected	94	6.7 %
combined, including injected	24	1.7 %
unknown/unspecified	246	17.6 %
Total	1 395	100.0%

Source: NAA

## Conclusions:

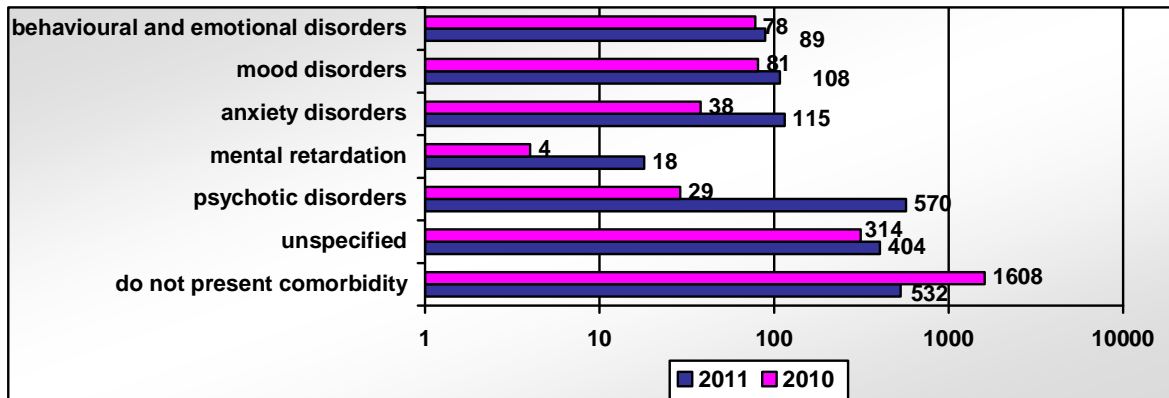
- For most of the counties, at the level of emergency units, there is a significant issue caused by the use of new psychoactive substances ("ethno-botanical plants"), given the fact that for over half (54.1 %) of the emergency cases recorded in 2011, such type of use was reported.
- Even if the increase of the proportion of emergency cases directly associated with the use of such substances is not significant in the reference year, the correlations between the emergency cases caused by the poly-drug use where NPSs are also present, in combination with other psychoactive substances, as well as with those in which the emergency diagnosis is indirectly induced by the effects of their use (other diagnoses - self-induced lesions or trauma, accidents and other external causes), determine that the level of the problems caused by the NPS use to be higher in 2011 compared to the previous year: 1 279 emergency cases where the NPS use was mentioned in 2010 compared to 1 395 such cases in 2011.
- At the same time, it shall be noted the decrease at half of the number of withdrawal cases and the reduction with about 3 times of the proportion of the number of cases of overdose. Correlated to these decreases, the proportion of the number of coma cases has significantly increased from 1.4 % in 2010 to 3.1 % in 2011 simultaneously with the progressive amplification of the number of cases revealing other diagnoses induced or determined by the use of psychoactive substances (self-induced lesions or trauma, accidents and other external causes, harvest of biological testing material), from 0.2 % in 2009 to 1.9 % in 2010, reaching to 4.6 % in 2011.
- At the level of the economic development regions, continues the uniform distribution of the emergency medical case history caused by the drug use, particularly of those caused by the use of new psychoactive substances. In exchange, at county level, a few areas are defined where the number of such cases is higher, concentrating more than 60 % of the total number of the emergency cases. Generally, these areas comprise big urban agglomeration, university centres, areas to spend the leisure time or transit areas. The correlation of this data with the data referring to the age of the persons appealing in 2011 to the emergency services due to problems caused by the use of psychoactive substances (the average ages is of 25.03 years old, 55 % being under 24 years old), suggest the existence of a recreational drug use, predominant among the young people.
- There is a significant increase of the injecting route (simple or combined) - from 3.1 % in 2010 to 8.6 % in 2011, correlated with a better data reporting, materialized in the decrease of the proportion of cases for which the administration route was specified - from 31.6 % in 2010 to 19.1 % in 2011. At the same time, it shall be noted the increase of the proportion of the cases of sniffed substances - from 1.5 % to 5.5 %.
- It is thus confirmed the downward trend of the proportion of the emergency cases caused by the use of heroin/opiates (intoxications, overdose, withdrawal), from 25.8 % in 2009 to 6.7 % in 2010, respectively to 2.5 % in 2011.
- On the other hand, it shall be noted to reduction to half of the proportion of acute medicine intoxications - from 15.6 % in 2010 to 8.7 % in 2011, the continuous downward trend of the proportion of the cases caused by the cannabis use (intoxications, overdose, withdrawal) from 4.8 % in 2009 to 3.2 % in 2010, respectively to 2.9 % in 2011.
- Even if, considering the whole background (the reduced number of cases in general), these are insignificant situations, the proportion of the cases of acute intoxications with methamphetamines is reduced with 50 % - from 0.4 % in 2010 to 0.2 % in 2011 and the proportion of cased diagnosed with acute intoxications with ecstasy is also reduced - from 0.3 % in 2010 to 0.1 % in 2011.
- In the context of a better diagnosis, it shall be noted the significant decrease of the cases diagnosed with intoxications with unknown substances, from 33.1 % in 2009 to 11.5 % in 2010, respectively to 5.0 % in 2011.

## 6.2.2 PERSONALITY DISORDERS, DEPRESSION, ANXIETY, EMOTIONS DISORDERS, ETC.

For this sub-chapter 1 845 unique cases were analysed and extracted from the database on the Drug Treatment Demand Indicator as reported by the 47 Anti-drug Prevention, Evaluation and Counselling Centres/5 Addiction Integrated Care Centres, 14 specialised units within network of the Ministry of Health and of the National Administration of Penitentiaries and 3 outpatient private centres.

The analysis of the data showed that 900 people (49 % of the cases) were diagnosed with different psychiatric disorders. Out of these, the most frequent were *psychotic disorders* in 570 cases (30.9 %), followed at a significant distance by *anxiety disorders* in 115 cases (6.2 %), *mood disorders* in 108 cases (5.9 %), respectively *behaviour and emotional disorders* in 89 cases (4.8 %) and *retardation* in 18 cases (1.0 %).

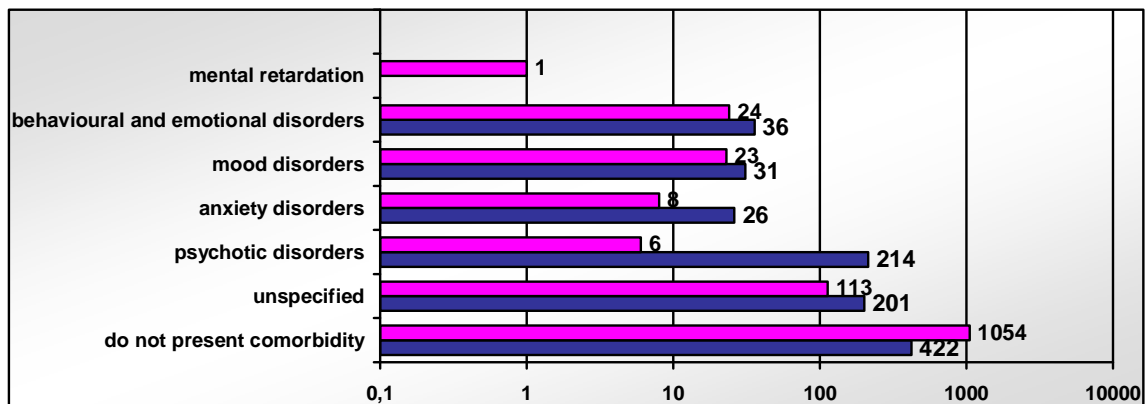
**Chart No 6-30: Distribution of the drug users, according to the psychiatric pathology related to the drug use, compared data, 2010-2011 (No of persons)**



Source: NAA

Out of the 1 845 recorded persons, 934 were injecting drug users (IDUs), and the analysis of these cases according to the associated psychiatric pathology indicate a number of 307 persons who had used injected drugs and had several psychiatric disorders (33.0 %). Of these, the most frequent were *psychotic disorders* 214 cases (22.9 %), followed at a significant distance by *behaviour and emotional disorders* - 36 cases (3.9 %), *mood disorders*- 31 cases (3.3 %) and by *anxiety disorders* - 26 cases (2.8 %).

**Chart No 6-31: Distribution of IDU cases, according to the psychiatric pathology related to drug use, 2011**



Source: NAA

By contrast to the previous year, it is noticed:

- the increase with almost 4 times of the number of cases diagnosed with different psychiatric disorders - from 230 persons in 2010 (10.6 % of the cases), 900 people in 2011 (49 % of the cases), although the total number of cases admitted to treatment for drug use is decreasing compared to the previous year (from 2 163 people in 2010 to 1 845 people in 2011);
- the decrease of the number of cases that do not reveal psychiatric comorbidity related to drug use- from 1 608 cases in 2010 to 532 in 2011;
- the explosive increase of cases diagnosed with psychotic disorders (4 times almost) - from 29 cases in 2010 to 570 cases in 2011;
- increased with almost 4 times of the number of cases diagnosed with mental retardation - from 4 cases in 2010 to 18 cases in 2011;

- as regards the injecting drug users, even if the number of cases reveals a downward trend (from 1 233 IDUs in 2010 to 934 IDUs in 2011), it shall be noted the same accentuated increase of the number of cases diagnosed with various psychiatric disorders (307 IDUs in 2011, compared to 62 IDUs in 2010);
- similar to the entire population admitted to treatment for drug use in the case of the IDU sub-group as well, the same predominance of cases diagnosed with psychotic disorders is recorded (214 cases in 2011, compared to only 29 cases in 2010).

### 6.3 DRUG RELATED DEATH AND MORTALITY OF DRUG USERS

#### 6.3.1. DRUG-INDUCED DEATHS BY OVERDOSE AND (DIFFERENTIATED) DEATHS INDIRECTLY RELATED TO DRUG USE

The monitoring of deaths among drug users gives a concrete image of the impact of the drug use and of its consequences. Objective measurements of some indicators which are evaluating the trends (the consequences associated with the use of certain drugs, population risk groups) as well as the type of substances use and of the use doses applied, allows the immediate announce of the elements that may indicate the problematic drug use, contributing thus to the quick and adapted intervention in the field of anti-drug policies.

Drug related deaths are of violent cause, in which a role is played (directly or conditionally), by a chemical traumatic factor (respectively, used substances) or the act of administering it and its consequences. The direct death as a consequence of the use of psychoactive substances is part of the group of suspected and/or violent deaths and leads to the legal inquiry, which compulsory entail to perform the autopsy<sup>127</sup> in order to establish the conditions in which the death has occur.

These provisions, clear and unambiguous, of the Romanian legislation start to be better known and applied particularly by the health professionals, but also by the research bodies (especially by those providing preliminary investigation on the spot and take the classification decision as indicated above), fact that is reflected in the deployment of the judicial and forensic analysis of deaths correlated to drug use. This is a salutary change enabling the reduction of underreporting due the forensic and judicial non-investigation of cases that may be related to drug use, and particularly, of those that may be classified as "indirect causality".

The mortality correlated to the drug use covers a larger analysis panel than the "simple nomina" (simple denomination) of the indicator may imply, as follows:

- The deaths directly correlated to the pharmaceutical affection of the drug - the "overdoses" in lay language, are included in the syntagm "drug related deaths" - DRD and refer to the *"death that occurs shortly after the use of one or more psychoactive substances, legal or illegal and which is correlated - directly - to the drug use"*;
- The deaths indirectly correlated to the drug use - consequence of circumstances associated with the drug administration (infections, cronic infections - HIV, hepatitis - foreign body embolism, etc.), to the specific life style (including criminality), to the accidents under intoxication. This category rises real difficulties in sorting and classifying the case, in the absence of knowledge of the classification criteria and of the legislation. The identification of the presence in the human body of substances that may classified as drugs in cases of death caused by situations defines as independent of the drug use - infections, accidents, suicide occurred in the case of the patients receiving substitution treatment - demands professionalism and experience in the accurate sorting of cases.
- The mortality among the drug users - category that is based on the progressive accumulation of accelerated and specific degenerative pathology, having an incidence higher than among the general population, including even the suicide in the absence of intoxication. The monitoring is possible only through cohort studies temporarily extended.

The national network of legal medicine is formed of 53 forensic units:

<sup>127</sup> Ordinance 1/2000 on the organization and functioning of forensic institutions, as amended and supplemented

- National Institute of Legal Medicine "Mina Minovici" Bucharest;
- 5 institutes of legal medicine in: Iași, Cluj-Napoca, Craiova, Târgu-Mureș, Timișoara;
- 36 Legal Medicine County Services (SJML) in each county municipality (except for the university centres holding institutes of legal medicine and for Bucharest);
- 11 Forensic Clinics subordinated to the corresponding county services, located in towns or municipalities: Lugoj, Câmpulung-Argeș, Comănești, Făgăraș, Petroșani, Sighetul Marmăției, Mediaș, Câmpulung Moldovenesc, Rădăuți, Bârlad, Onești.

The Special Mortality Record contains data that reflect the case experience of the legal medicine network in the whole country, mainly of the National Institute of Legal Medicine "Mina Minovici" Bucharest, of the institutes of legal medicine and of all county institutes of legal medicine.

As the *drug related and the induced deaths* resulted from drug use are cases that include a "traumatic" component (chemical, mechanical or biological aggression associated with the drug administration act), as suggested at the beginning of the chapter, according to law, all such cases impose of a compulsory manner, the forensic autopsy. The base of the extraction of data is represented by the entire forensic case history from which the files corresponding to this indicator are exported. Data centralising is done based on internal protocols of the national forensic network, involving also standard reporting files with data processing at the level of the National Institute of Legal Medicine "Mina Minovici". For each case also involves the judicial analysis and the corresponding probation, in the process of data processing corroborating also the results of the toxicological test results - performed in such cases (mandatory involving the immune-analyser *screening* - and GC, HPLC detection - confirmation, GC\_MS, quantitative determination) - with the medical, serological, thanato-chemical and histo-pathological investigation results, including the adjustment of the final conclusions after the complete documentation of the case, it is avoided the (non-)classification of the case only on the basis of immediate available information at the moment of death (sometimes inconclusive and incomplete - considering the relative lack of specificity of the general pictures of lesions that only through integrative and corroborated analysis, including exclusion, support the final judgment of the case).

Given the current malfunctioning of the cooperation between different institutions (INS, DSP) and the lack of interconnected IT systems, the advantage of using the Special Mortality Record is evident and particularly strongly supported by a legislation that transforms the forensic case history into a viable and functional reporting source under the exhaustive case analysis and of a even methodology for all forensic institutions covering the whole country.

The data presented in this sub-chapter are taken from the forensic case history, the institutions of legal medicine being the only entities authorised to manage such cases. All forensic cases, once established as legal cases, shall be tested toxicologically (except for the carefully selected cases – of post-intoxication long term survival, with medically documented investigation). The forensic autopsy files – around 20 000 annually nationwide – represent the selection basis for the Special Mortality Record corresponding to drug related deaths.

For 2011, the analysis is based on the case history of the network of legal medicine of Romania. This year, for the third consecutive year, besides the National Institute of Legal Medicine "Mina Minovici" Bucharest, other institutions of legal medicine have provided information as well, the case reporting being performed across 28 counties and Bucharest Municipality (only 13 institutions did not send data, including here also a regional institute of legal medicine). This time also, there were reports of drug-related deaths also from outside Bucharest (one direct and one indirect case of mortality, both from Timișoara), the specific case history specific to this indicator being signalled at the level of two territorial-administrative units of the country (Bucharest and Timișoara).

The territorial distribution of the case history is completely non-sustainable and moreover, it does not correlate with other information on the incidence of drug use on the territory of the country (the data from the prevalence studies - GPS 2010, the data on the medical emergencies caused by drug use, etc.). The benchmark with other key indicators from other areas of the country - of which the emergency treatment provided in the emergency rooms would represent a solid landmark - sustain the above mentioned discrepancy.

On the other hand, to a population of nearly 3 million inhabitants that Bucharest and its surroundings count are present, almost 40 deaths are recorded in (direct or indirect) relation with the drug use, while in the rest of the country, counting almost 17 million inhabitants, only 2 cases of indirect deaths are reported.

The explanation of the phenomenon still has the same basis, constantly mentioned since 2006 by experts in this field, but which, in spite of constant efforts, and could not be completely eliminated:

- not understanding the criteria and the definition of the term *drug related death* – not only by the medical personnel but also by the forensic physicians and the personnel of inquiry teams, which translates by not recording the cases as cases falling under the forensic competence and, implicitly, under-reporting;
- the inflexible and conservative approach of presumptive casuistic for drug related deaths (the failure triage based on medical history data, the stigma of drug use, the exclusion of other potential causes of death, the recovery of only certain relevant toxicological values *per se*, etc.) also lead to involuntary masking of real death cause. The emergence and the use of new psychoactive substances (NPSs) - the so-called "legal drugs" - as a dominant of drug use, with the implicit difficulties related to their toxicological identification, outlined even more this erroneous dogma of correlating the cause of death with intoxication only in the unquestionable and toxicologically attested presence of a potentially fatal dose;
- another explanation emerges from the lack of staff, which translates by absence of a forensic doctor in the scene research team, and it does not allow a selection on objective medical criteria of possible cases at scene research time, this being dependent to subjective interpretation (an empathy that is wrongly interpreted as "social convention" intended to prevent the *public stigmatisation* and not understanding forensic implications of a possible drug related death.

Although during the last years there is a clear improvement of reporting hospital deaths, which have failed to be reported as forensic cases for a long time – especially in cases of comorbidity that occurred in hospital or non-toxicological evolution complications, this fact is strictly characteristic for Bucharest.

If a toxicological test is not required in causes of trauma death (road accidents, suicide, crimes), possibly due to intoxication, or even in suspect cases of drug related death – mostly for money reasons -, a sample of possible cases disappears. We also find here the refusal of the investigation or survey body to officially issue an ordinance for the forensic autopsy and/or to establish the objectives specific to toxicological testing, because this would lead to the increase of the total costs of the forensic investigation.

Moreover, the degree of under-reporting of drug-related deaths is significant, being a consequence of the lack of experience in managing these cases and of the forensic and legal knowledge, as well as of the financial limitations.

The main impediment in identifying drug related death, signalled before 2006, respectively the lack of performance toxicological laboratories, at this moment has been surpassed, but the under-reporting level seems unchanged at national level, with the exception of Bucharest.

In conclusion, in 2011 at national level 15 deaths directly related to drug use have been reported (14 in Bucharest, 1 in Timișoara County).

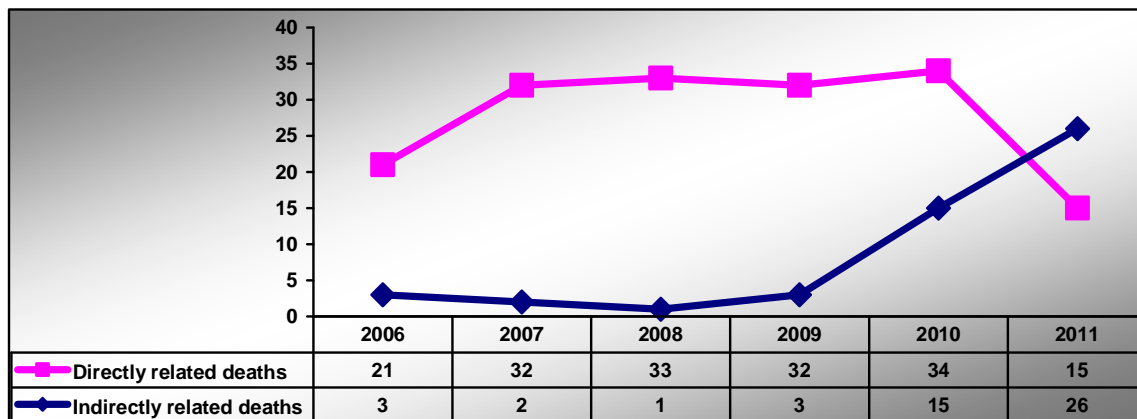
All the 15 cases have confirmed by the toxicological testing the presence of psychoactive products, the tests have been conducted by the Toxicology Laboratory of the National Institute of Legal Medicine "Mina Minovici" Bucharest and by the Toxicology Laboratory of the Institute of Legal Medicine Timișoara. Practically, at present, the reporting of a drug related death is based on viable toxicological tests, as an objective evidence element, thus limiting the importance of subjective circumstantial selection factors. For 16 of the analysed cases, the relevant toxicological examinations have been conducted in the laboratories of the hospital in which the patients had been admitted over a long period of time. This fact did not allow relevant toxicological examinations upon autopsy, for a negative result was expected considering that hair examinations, on account of technical difficulties,

the only biological test relevant in toxicological examinations performed later than the time of the initial intoxication, were not performed following the application of the complex medical treatment measures and support of vital functions. It shall be noted the improvement of the technical resources of the emergency medical units in Bucharest, capable to carry out viable, performant toxicological examinations.

There were 26 drug related deaths that were also recorded of known drug users (with elements of clinical examination – autopsy – eloquent medical history data and investigation), but whose cause of death was related to associate pathology or consecutive to chronic – acute drug use, and not to intoxication (cases of so-called *indirect causality*<sup>128</sup>).

There is thus a radical change in terms of numbers, compared to trends of the last years:

**Chart No 6-32: Distribution of the cases of drug related deaths, according to the type of death (direct, indirect), compared data, 2006-2011**



Source: National Institute of Legal Medicine "Mina Minovici" Bucharest

Compared to the previous years, besides the explosive increase of the case history indirectly related to the drug use, it was also recorded a decrease (with more than 50 %) of the cases of direct death associated with the drug use.

A very plausible explanation, correlated with the numerous data provided by other drug use indicators (the infectious diseases related to the drug use, the medical emergencies caused by drug use, the admission for treatment following the drug use) is provided by the radical change in terms of pattern of the abuse substances used (and implicitly of the administration practices) along with the accentuated orientation towards the new synthetic drugs, the so-called "legal drugs" on the ground of:

- their easy availability;
- their legal status in terms of trade and possession;
- low price;
- their perception as "low risk" drugs;
- the relative judicial security provided by the toxicological testing limits for these new categories of substances.

Considering however the relatively limited potency of these substances (with the implicit risk of immediate and directly fatal overdoses decreased compared to the consecrated drugs) and the times of decrease by half by also the high addictive potential of this type of substances, the modification of the use pattern is identified being characterised through a very frequent administration of the drug - up to 6-8 times per day, particularly for the injectors. At the same time, for this type of drugs, the passage from ingestion or smoke to the parenteral one that represents a more potent form of administration, was much quicker.

<sup>128</sup> *Indirect deaths* caused by the psychoactive use - deaths caused by behaviour disorders and mental disorders related to the drug use and/or caused by diseases due to the practices of use of shared injection equipment or somatic complications caused by the use of psychoactive substances.

On the other hand, given the significant reduction of the information campaigns and of the specific services focusing on *harm-reduction* (especially of the syringe exchange programmes), the consequences associated to the drug administration, generated by unknown qualitative and quantitative compositions, uncertain excipients, high contaminations of the street doses, especially for the vegetal products with atypical, rare pathogen flora – fungi, microparasites and the shared use of *paraphernalia*, led to a quick accumulation of pathology, particularly infectious, with fulminant or acute developments in the context of immunological depression specific to cathinone-like and synthetic cocaine (dimethocaine) incentives.

An empiric, almost colloquial aspect showed by the immediate family of the deceased persons, but with arguments that might call for future in-depth study, is the frequent accounting of a very rapid deterioration and progressively accelerated of old users' health, once they supplemented the main drug of abuse with products from the group of *NPSs*. Thus, either their origin, sometimes plants, that is also a source of bacteria or fungi, or by their *methamphetamine-like* act, this type of use contributes to the accelerated consumptive aspect of the dependency.

Another explanation - the "aging" of users, reflected by the progressive increase of the average age of deceased users - is represented by the attainment of the average age of use until death (10-15 years - values reported by the countries with "tradition" in drug use) for the problematic drug users, with the accelerated accumulation of a specific pathology and its natural decompensation or to the change of the use *patterns*. The chronic pathology, corroborated with the continuously growing number of cases, reflect the aging of the users, with antecedents of lasting use, abuse or dependency that allowed the accumulation of complications and progressive deterioration.

The high number of *indirect deaths* – comparative to the previous years – most probably represents the expression of the medical and investigation staff understanding the necessity to classify these cases as forensic cases (considering the role that drug use has in the cause ration of death). These cases have been declared forensic cases, not being eluded any longer then pre-existing legal requirement that used to lead to the prosecutor autopsy - with its limits - and implicitly, to the loss of the cases for reporting – a part of this increase being the result of the increase of the *visibility* of these cases for the statistics.

From this perspective of the increase of the number of cases identified by the forensic network of the indirect deaths related to the drug use, there is an unavoidable analogy with the pure case history of the deaths directly associated to the drug use.

If, in the previous year, around a third of the cases of drug related deaths (death which is a direct consequence of the action of the psychoactive substances) element of severe pathology have been identified, similar to that of indirect case<sup>129</sup>, but the which the cause of death was clearly established as a result of the pharmaceutical action of the psychoactive substances, this year, only for a fifth part of the cases was identified a significant pathology in the cases of deaths directly related to drug use, which reveals also the limited potential of the new usable drugs, that do not have a significant implicit thanatogeneration capacity (only 2 cases of deaths directly related to the drug use was attributed to the *NPSs "legal drugs"*), but with the induction of an accelerated and significant pathology leading to death as a result of the complications, not as a result of the *overdose*. At the same time, the pathology identified in these cases reveals also the administration without minimum sepsis/antiseptis or the administration of highly contaminated doses. A comparative example it is the hot volatilization of heroin for the parenteral administration that destroys the most part of the microbial flora of the street dose, while new abuse drugs are highly soluble at room temperature, which leads to the direct

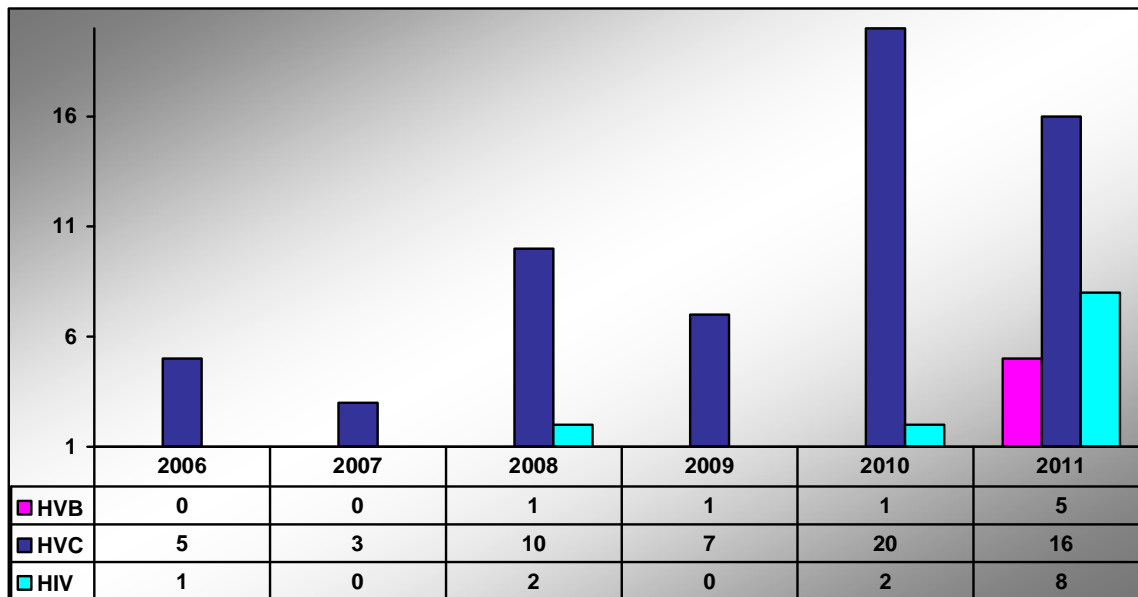
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<sup>129</sup> the most part of the affections are the septic complications (pneumonia, bronchopneumonia, cellulitis a the injection site, furunculosis, meningitis, severe chronic hepatitis) as well as the complications of injection drug act - thrombophlebitis - or generated by the injected dose (street dose is a mix of substances with or without psychoactive potential, the compound are able to generate complications independent of the drug it *dilutes* – pulmonary granulomatosis, tromboemboli generated by the insoluble products – talcum; a special attention must be given to the increase in the incidence of infectious endocarditis with drug users in Romania: about 10% of the cases in 2010, both direct drug related deaths, and indirect mortality – the worldwide statistic data presents a percentage varying from 10 % to 25 % of the injected drug users.

administration into the bloodstream of rich bacterial loads - aspect supported also by the finding of 3 sepsis cases without primary outbreak declared and two cases of necrotizing fasciitis, respectively cellulitis at the injection site.

Of the 26 deaths indirectly related to drug use in 14 cases the infectious endocarditis was found, which has seen a percent "explosion": from 0-1 % in the previous years to 10 % last year, to 54 % this year. Of greater relevance (for the severity and fulminant evolution of the disease in these cases) is the lack of specificity for the present lot, in terms of semio-pathogenic "dogma" known in medical practice, that associates the right cord valve damage with the addiction. Thus, in 2011, being recorded in 70 % of the cases damages of the mitral cell and of the aortic valve (the damage of the left cord valves; in 70 % of the cases multiple valvular damages, mural damage or cardiac inflammation - eloquent expression of the severity of the damage and by the immunodepression degree, generated by the pharmaceutical action of the drug on the immunity mechanisms, the multi-organic deterioration, the lifestyle, etc. and in 2 cases by the immune depression due to pregnancy).

**Chart No 6-33: Evolution of HVB, HVC and HIV infection incidence in the drug related deaths, compared data, 2002-2011**



Source: National Institute of Legal Medicine "Mina Minovici" Bucharest

The acute aspects of some of the above mentioned pathologies (other than the lethal intoxication) support the poor quality of street doses, the injection in unsafe and unsanitary conditions, the non-compliance with or lack of knowledge of the minimum *harm-reduction* measures.

In the cases of deaths directly related to the drug use for which virological testing were run<sup>130</sup> 17 positive cases have been identified for viruses, as follows: 16 positive to HVC infection, 5 positive to HVB infection and 8 positive to HIV infection. In 8 cases was identified the presence of only one type of infection among these, the association of two of them being found in 6 cases, while 3 of the tested cases revealed the presences of thee types of infections (HVB, HVC and HIV), in one of them being identified also the syphilis. Only in one case, the medical case of death was estimated to be the HIV infection in AIDS stage, the rest of the cases revealing, besides this infection, also a related infectious pathology, the intoxication being the cause of the death.

Certainly, the testing of all cases would have further increased these numbers (however, extremely eloquent both in absolute numbers and, especially, as a trend), but the financial limitations did not allow the extension of the practice.

The marked incidence of the HVC infection among drug users in Romania is confirmed, in accordance with the data provided by the drug related infectious disease indicator. An important

<sup>130</sup> non-standard practice, rare, not a part of the systematic investigations; the testing focused on the cases where the medical case history or the anatomopathological examination were suggestive.

warning sign is the resurgence of HIV infection in case of direct deaths associated with drug use (after the epidemic of HIV infections in the 1990s, generated by the use, in the communist era, of medical instruments contaminated or by contaminated blood transfusions): if the last 5 years of monitoring were identified 5 cases, only last year 8 cases were reported. The explanation is similar to that shown above, associated with the much more frequent injection (of "legal drugs" with short time of decrease by half ), under the conditions of sharing *paraphernalia* and of the reduction of syringe supply - on the background of the economic crisis - and also, very likely under the conditions of the expansion in the drug user communities of practice of commercial sex in order to purchase a new dose (in the forensic case history, on the occasion of examinations of particular cases of prostitution/human trafficking was mentioned also the *development of loyalty* of the persons to the network, by the administration of drugs, initially forced).

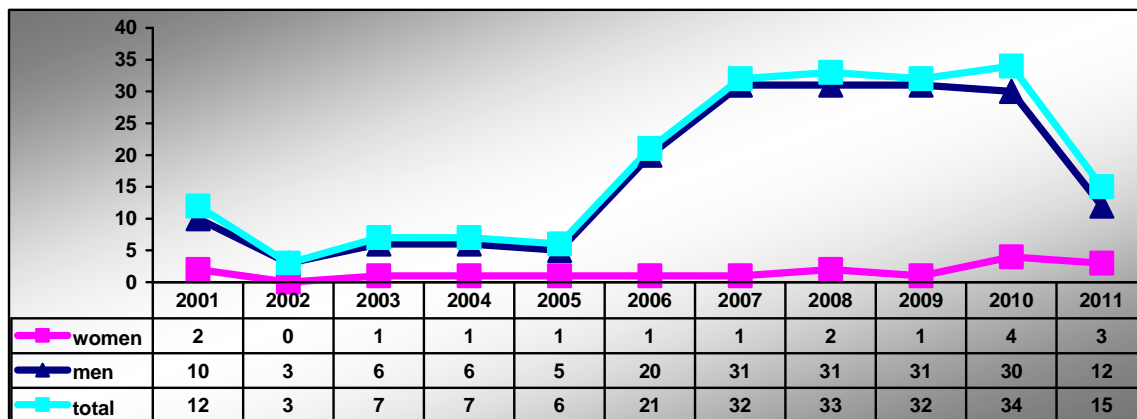
Even under the conditions of sporadic testing, the revealing of such a rise in HIV incidence, which is probably just the tip "of the iceberg", is perhaps one of the most important public health alerts regarding the need for immediate intervention actions.

As has been shown also in previous years, the practice of injecting methadone, originated in the pill dissolution - as well as of the injection of a wide range of pharmaceutically conditioned drugs such as tablets/pills - are an important source of insoluble intravenous products, excipients of these medicines constantly including talc, with the generation of a glaucomatoses or accelerated cumulative microembolie pathology, frequently revealed by necropsy and histo-pathologically.

In conclusion, in 2011, the following were recorded:

- 15 cases reported as deaths directly related to drug use at national level (except for 13 counties that did not report data) - 14 in Bucharest and one in Timisoara - all with positive toxicological examination.
- 26 cases of deaths indirectly related to drug use: 25 in Bucharest, 1 in Timișoara.

**Chart No 6-34: Distribution of cases of death related to drug use, according to the age of the deceased persons, compared data, 2001-2011**



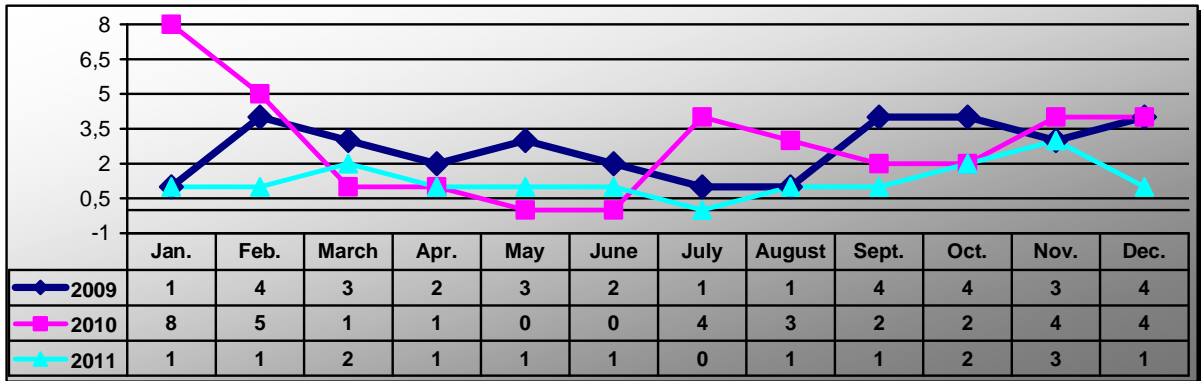
Source: National Institute of Legal Medicine "Mina Minovici" Bucharest

It shall be noted a fluctuating trend during 2001-2005 (subject to technical limitations of laboratory equipment from that did not allow detailed toxicological identifications and to the lack of definition of direct death directly associated with the drug use and with the algorithmic case management) with a relative stabilization in the period 2007-2010, with much bigger numbers relative to 2001-2005, as an expression of the continuously increasing of the identification possibilities - selection - forensic management - toxicological detection (super imposable over the period of implementation of the algorithms of the indicator drug related deaths, but especially over the period of equipping the toxicology laboratory and personnel training)<sup>131</sup>. The decrease by half, compared to the last 4 years, of the cases of deaths directly related to drug use is most likely the expression of the extensive use of legal drugs, including by the population of drug users priory using heroin (easy purchase, price low, relative legality, perception of a lower medical risk) that do not lead directly to death through the

<sup>131</sup> See Standard Table ST6

pharmacological action of the substance (not generating the death directly related the drug use in the sense defined), but that preserves the mortality among drug users at numbers relatively equal to the previous years, through indirect causality.

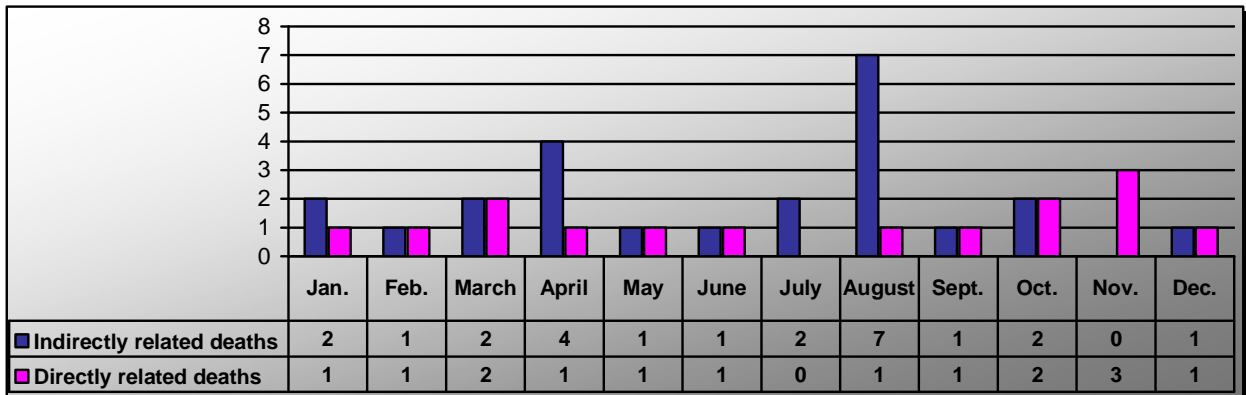
**Chart No 6-35: Monthly distribution of deaths related to drug use, compared data 2009-2011**



Source: National Institute of Legal Medicine "Mina Minovici" Bucharest

It shall be noted the appearance of incidence peaks - August 2011 - on the ground of a relatively balanced calendaristic distribution. Such incidence peaks of incidence, however, likely to draw the attention of the relevant bodies to the appearance on the illegal drug market of dangerous street doses, either due to their composition/concentration/association/excipients (*adulterants*), either by their possible bacterial contamination.

**Chart No 6-36: Monthly distribution of drug related deaths, according to the type of deaths (direct, indirect), compared data, 2011-2011 (No of cases)**

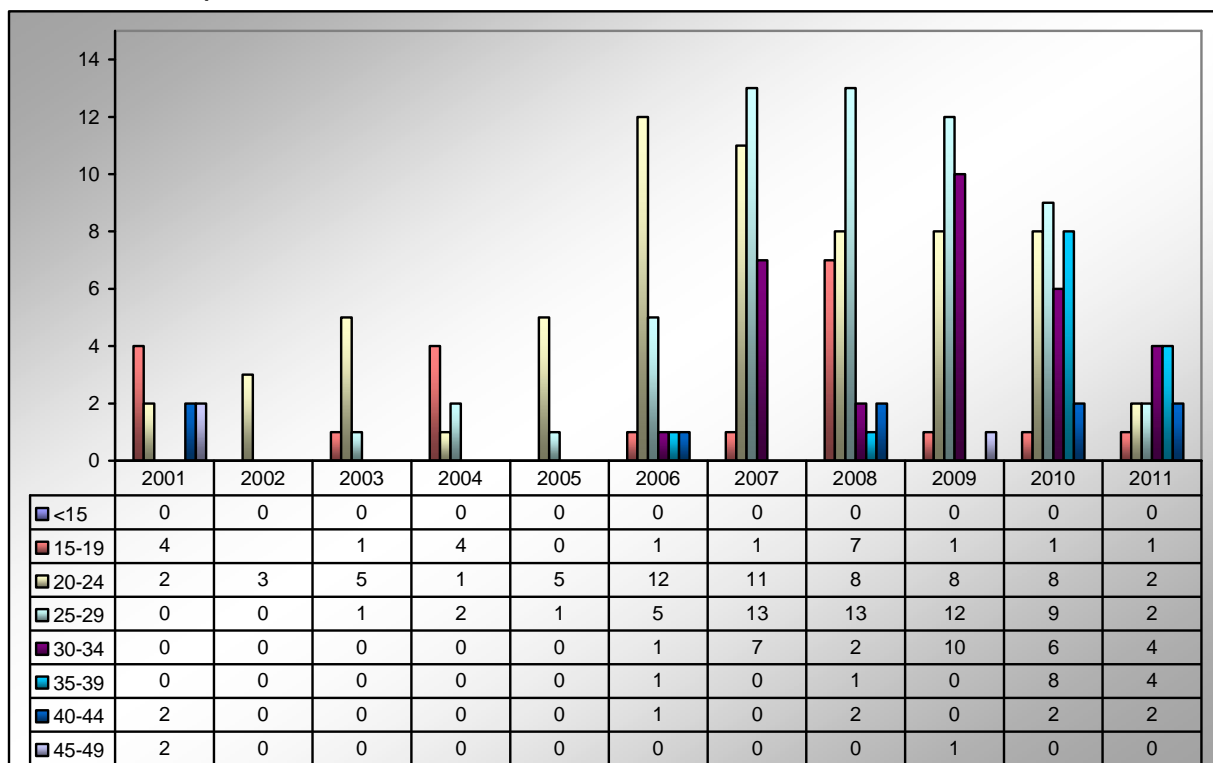


Source: National Institute of Legal Medicine "Mina Minovici" Bucharest

As regards the age of the persons deceased following the drug use, it is noticed that all cases of drug related deaths recorded in 2011 occurred in case of people aged between 15 and 49 years old, most of them belonging to the 30-39 years old segment.

In 2008 it shall be noted a massive recruitment of drug users among the very young people, and in 2009, accentuated in 2010, it is noticed a significant increase of the number of deaths directly related to the drug use, of those in the 30-34 years old segment and 35-39 years - the "old wave" of users, which shows the "aging" of users, meaning that they have a long use history, with progressive accumulation of pathology and risks. It is possible that also the drug experimentation, characteristic for the young ages, to take place later, as it is likely for the extension on long term of the use (shifting from the drug initiation drug to other drugs more powerful in terms of the effect that they will have much later), through the accessibility of NPSs with a potentially lower thanatogenerator, and the deaths to occur still only in case of the use of the consecrated psychoactive substances, which is the prerogative of the previous generations.

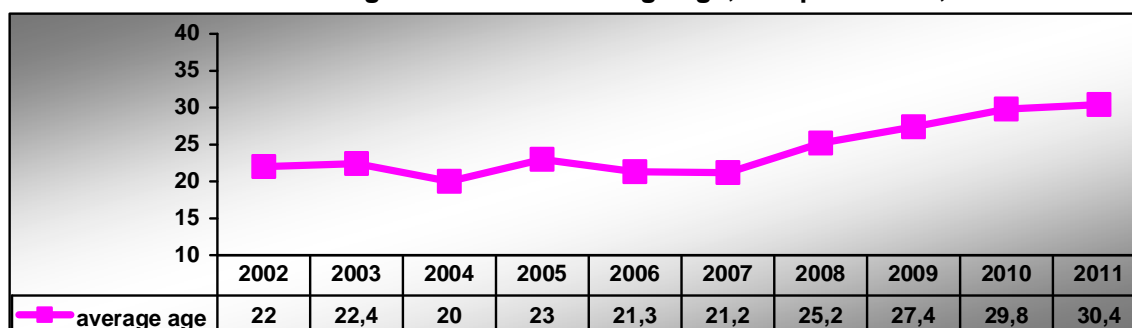
**Chart No 6-37: Distribution of drug related deaths, according to the age category, compared data 2000-2011 (No of cases)**



Source: National Institute of Legal Medicine "Mina Minovici" Bucharest

Also, the average age of death records a continuous increase in 2011, reaching 30.4 years old - 30 years old for men, 31.7 years old for women (compared to 28.7 years old, the average age of death in cases of indirect deaths), possibly also by the prevention the death upon the first doses - onset - through a better information.

**Chart No 6-38: Evolution of drug related death average age, compared data, 2002-2011**



Source: National Institute of Legal Medicine "Mina Minovici" Bucharest

In 2010, the place of death shows that:

- 7 persons died at home;
- 1 person died in public places (street);
- 2 persons died in other residencies;
- 5 persons died in hospital units - similarly to the previous years.

The data is similar to the data of previous years, so it can be stated that there is no major change in the places where drugs are used, drug users drug users, in general, the privacy of their home or of other withdrawn locations. It shall be noted, however, the increase of the addressability to medical units in the terminal phases, the user being often brought into hospitals by his/her family or entourage, possibly also as an expression of the increase of the confidence in medical services and

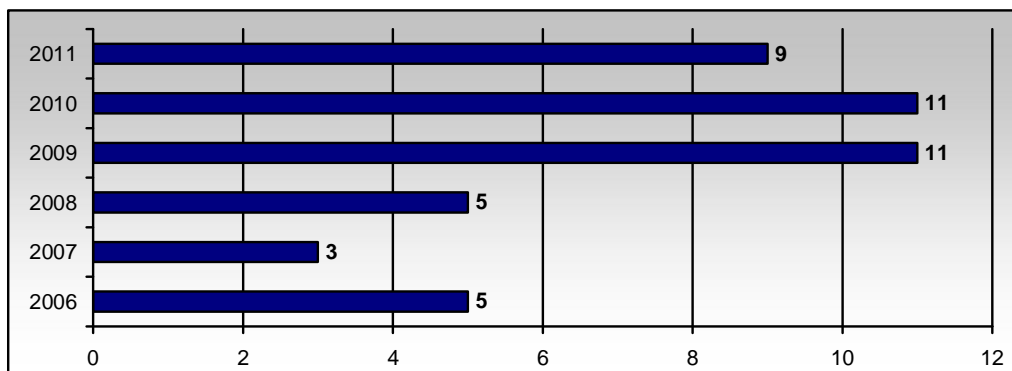
of the reduction of the fears related to the potential legal consequences, possibly also due to medical education measures taken among the populations at risk, policies partially proving their efficiency.

In all the 15 cases of deaths directly related to drug use there have been elements highlighting the chronic drug use. The aspect (deaths occurred only among chronic users) supports the possible role of the information and prevention campaigns aiming to disseminate the *harm-reduction* policies and the compensation for the lack of information among drug users on issues related to the use techniques with the decrease of the risk of death upon the first doses (mimetic dose administration in the entourage, its concentration and frequency or the possible recruitment by *dealers* by offering high quality first doses, which increase the risk of death at onset use or after periods of abstinence with the loss of the previously gained tolerance). Thus, it is worth mentioning the fact that in all these cases there were elements that betrayed the chronic drug use - the necropsy examination revealed elements susceptible of suggesting the drug use, some with *marker value* -stigma) - superficial peripheral vascular sclerosis or granuloma after repetitive injections, dermal post-infection scars at the injection site or self-mutilations, tattoos, cachexia, *piercings*. This confirms the fact that death occurs less and less upon the first doses (possibly also due to the low concentration of street doses - 7-9 % in Romania in case of heroin), but especially among the chronic users with a long use history, the associates abuse generated stigmas.

In all cases of deaths directly related to drug use were involved IDUs - only intravenously, with no case history subsequent to ingestion, sniffing, inhalation, smoking or to other routes of administration (100 % in 2011, 95.12 % in 2010 of cases of drug related deaths compared to 87.5 % in 2009). This also correlates with the high incidence of the associated pathology (generically called "syringe pathology"), especially of infectious type - chronic (regarding especially the Hepatitis C and HIV infection) or acute-subacute (endocarditis, sepsis).

The cases of death that involved substitution medication - methadone (detected in 9 cases - upward trend compared to the previous years, when have been recorded: 5 cases in 2008, 3 cases in 2007, 5 cases in 2006) - supports the need of the administration of this treatment under liquid form.

**Chart No 6-39: Evolution of methadone detections in cases of drug related deaths, compared data, 2006-2011**



Source: National Institute of Legal Medicine "Mina Minovici" Bucharest

Only 4 cases revealed elements of *paraphernalia* discovered on the site - 4 syringes, a vial, two "street doses", 2 drug recipients. This finding suggests either the death subsequent to the slow decompensation of the vital functions under intoxication (providing time for the user to hide the "instruments" necessary for the administration) or the fear of possessors/witnesses of the possible legal consequences which leads to the concealment by these of the *paraphernalia* elements. Not always these corpus delicti have been made available to the forensic physicians. The toxicology examination was positive in all cases and, as well, in all cases where *paraphernalia* was also available, the toxicology results from the biological samples taken from a body were consistent with those on the instruments. This aspect reinforces the need for the forensic doctors to benefit from data provided by the the forensic and toxicological investigation of the *paraphernalia* elements.

The range of substances detected in the cases of death directly related to drug use continues to be dominated by opiates - mainly heroin and methadone (12 cases out of 15), tramadol (medicine placed on the list of pharmaceutical substances with special release regime, which lead to the decrease of the possibilities of diversion to the black market from the pharmaceutical circuit) has disappeared, ketamine (possibly a result of the consecutive measures to introduce it on the list of substances with special regime) was no longer found, while methamphetamine is still present. Furthermore, as a national particularity, in contrast with the European trends, the cocaine does not contribute to the cases of death directly related with drug use.

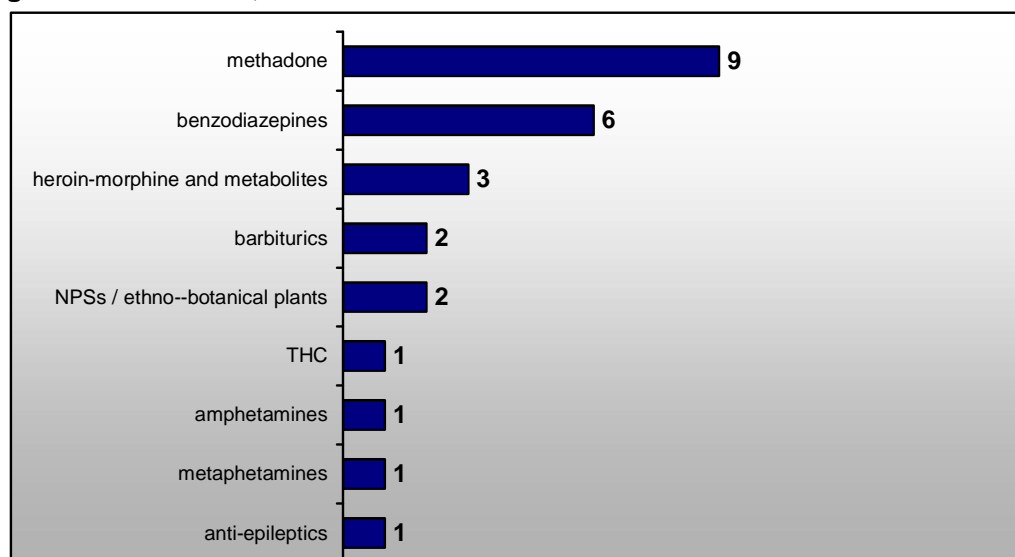
Absolutely dominant are the opiate intoxications - 80 %, numbers close to those recorded in 2010 (76.47 %) and relatively constant compared with the previous years, when were recorded the values of 81 % in 2009, 79 % in 2008, 73 % in 2007.

There are significant changes in the range of the detected substances, compared to the previous years, by the disappearance of some substances and the decrease of the incidents of additive medicines (phenobarbital - 2 cases, benzodiazepines - 6 cases, mianserin - 1 case, carbamazepine - 1 case and zopiclone -1 case - all these in various combinations), several times only as excipient or enhancer of the primary substance in the dose. Also, there is a tendency of association with alcohol in case of opiate use, except one single case.

The cause of death was attributed in 4 cases solely to opioid intoxication (3 methadone, one heroin), while in other poly-drug associations leading to death - opiates with alcohol or with other psychoactive medication substances; the substances intended for medical use diverted to drug use generated death in other 2 cases also where no other illegal drug was identified; 2 cases were declared as deaths caused by intoxication with NPSs and one with methamphetamine associated with medicines.

The incidence of sedative substances, anxiolytics and antipsychotics decreased significantly (possibly due to increased pharmacovigilance and control regarding their sale in the pharmacies), with the relatively constant preservation of the presence of diazepines. As well, despite the media coverage, often completely uninformed and alarmist, new psychoactive substances have been mentioned only in three specific cases of death directly related to the drug use, but each time in combination with other substances<sup>132</sup>

**Chart No 6-40: Distribution of cases of death, according to the substance revealed by the toxicological examinations, 2011**



Source: National Institute of Legal Medicine "Mina Minovici" Bucharest

<sup>132</sup> The difficulties in toxicological evidence of drug use represent the main worldwide impediment of forensic objectification. On the other hand, according to the limited studies available in the scientific community, taking into account the infinitesimal doses and the clinical action mechanisms associated to these substances, it is difficult to prove that death are as a direct result of these substances.

In only 8 cases toxin concentrations were situated in the lethal-toxic range, which continues to consolidate the non-linear augmentative potential of the medicine combinations, but also the need of toxicological flexibility when assessing the thanatogenesis (found again, for example, in the integrative appreciation of the cause of death in the cases of intoxication with NPSs, taking into consideration the worldwide scientific limits regarding their toxicological identification). The toxicological quantitative testing, another important progress of the Romanian forensic toxicology, allowed nuanced and smooth detections and interpretations.

The toxicological examinations performed only at the National Institute of Legal Medicine "Mina Minovici" Bucharest and at the Institute of Legal Medicine Timișoara (other laboratories in the country, including the newly created ones, had no reports on deaths directly related to drug use for 2011) revealed the presence of opiates in 12 cases (9 methadone, 3 heroin/morphine and metabolites), benzodiazepines - 6 detections, antiepileptics - 1 detection, barbiturates - 2 detections, antipsychotic/anti-anxiety/sedatives - 2 detections. These substances appeared in various combinations. In 3 cases of death directly related to the drug use were identified more than 3 classes of drugs, and 6 cases was identified a single class, which confirms the above stated, respectively the poly-drug reduction by the actual decrease of the incidence of medicine with abuse potential. Alcohol was present in only one case, with a value of 1.3 g ‰.

The substances identified for the first time in the previous year ("major" hallucinogens - mescaline, phencyclidine), were no longer found in 2011 in the toxicological range of the cases of death directly related to drug use. In a case of indirect death (suicide by falling from heights) was identified THC.

### Conclusions:

- The demographic drug related case distribution – showing cases in Bucharest and Timișoara – is not statistically sustainable and indicates, comparatively, a high level of under-reporting;
- The under-reporting may be the result of the lack of experience in the forensic management of cases of drug related deaths, the lack of staff in the forensic staff within the site investigation team, the lack of knowledge, in terms of legislation, among the medical staff, the lack of funds necessary to deepen the toxicological analyses, the lack of regulation on the need of the investigation of traumatic death cases, possibly under intoxication (suicide, accidents) as well as the incomplete implementation of identification algorithms - selection - the forensic management of these cases, leading to a partial detection of the case history;
- Compared to the previous years, the quality of data reported by the main institutions representing the source for the indicator of deaths related to drug use was much more improved, which led to the increase of the number of reported deaths associated rather with the increase of the *visibility* of these deaths (especially in the case of the indirect ones). The application of the even algorithm for the definition and recognition of the cases of death directly related to the drug use, algorithmic forensic management, the data collection and reporting, according to the protocol initiated in partnership with the National Anti-drug Agency along with the significant improvement of the toxicological detection capabilities represent the main reasons that led to the improvement of the evaluation of mortality directly related to the drug use;
- The *training* sessions, the repeated scientific presentations, the experiences exchanges begin to prove useful in the identification of an increasing number of cases, even in the absence of suggestive survey data;
- The low number of cases outside Bucharest leaves, however, another question mark referring to the possibility of recognition - the correct management of cases of death directly related to the drug use at national level;
- The number of cases of death directly related to the drug use is significantly decreasing by contrast to the last 4 years - (years when the use trend, the use *pattern* was stabilised), eloquent expression of the use pattern shifting (especially the "substitution" of the consecrated drugs - heroin, in particular- with NPSs, which have a lower direct thanatogenerator potential). The difference at the case history level is found however in the indirect deaths (much increased number) as an additional confirmation of lesion and consumptive accelerated potential of these new drugs, leading to total mortality, direct and indirect, similar to previous years. **Only the causes of death changed, not also their number;**

- The injecting route of administration became exclusive in the direct drug related death case history, while the opiates continue to dominate the general picture of the illegal drugs in Romania, with the predominance of methadone;
- The number of "indirect deaths" increased significantly - possibly as a consequence of a more strict application of the legal provisions regarding the classification of deaths for which a forensic agreement is required and implicitly, the identification of the cases for the statistical evaluations;
- It is noticed an accentuated increase of the pathology associated with administration of drugs - infectious acute, subacute or chronic, which supports the need of implementation of more efficient *harm-reduction* and medical education measures among the drug users, especially in the context of the explosion and transfer of the use towards NPSs, with the implicit risks of their specific use *pattern* (very frequent injecting, street doses with quantitative and qualitative uncertain composition, bacterial contamination);
- It is noticed the persistence of the pathology subsequent to the injection of insoluble produced having as a possible source the tablets or pills diverted from the pharmaceutical or therapeutic circuit;
- The emergence of peak incidence during one month last year draws the attention to possible fluctuations in terms of quality of the street doses or to special circumstances regarding their extensive bacterial contamination;
- The average age of death increased significantly - expression of "aging" of user population, of prolonged retention in the initial stages of "soft drugs" (possible through the the accessibility of NPSs with a lower inherent thanatogenerator risk) or of initiation at older ages compared with previous years;
- The most thanatogenerator drug remains in the category of opiates, but frequently in association with the medicine products;
- It is noticed the disappearance of some substances in the deaths directly related to the drug use observed in the previous years (fortral, major hallucinogens, ketamine, PCP) as well as the decrease of the incidence of medicines in the case history - a possible expression of a more efficient control of the medicine circuits, of the extension of the list with prohibited substances, of their easier replacement with NPSs;
- Cocaine is not present in the case history, contrary to European trends of the last years;
- The extensive use NPSs lead to much more numerous indirect deaths compared to the previous years - the toxicological detection difficulties, the legality of the sale and possession, the perception of a "low" *overdose* risk, the low price, the sufficient potential, led to their extensive use, substituting drugs/medicines frequently used in the previous years, but increasing the multisystem pathology, acceleratingly installed and quickly decompensated specific for the IDUs, and especially the infectious pathology - HVC and HIV.

### **Recommendations:**

1. Supporting the medical-legal network in attracting governmental and European funding to improve the equipment of the toxicology laboratories across the country, and extend the identification reporting area.
2. Immediate initiation of equipment and research programmes for the development of the NPS identification in biological samples.
3. Acceleration of the approaches aiming the implementation of legislative proposals for the creation of a single methodology for reporting the deaths directly related to the drug use.
4. Establishment of a single basis of forensic set of criteria to define drug related deaths.
5. Implementation of an IT system to collect data corresponding the the indicators of deaths directly related to the drug use.
6. Dissemination at domestic and international level of the case management capacity related to drug related deaths in the medical-legal network. In order to unify, across the whole country, of the quality of toxicological detections, methodological notes have been issued by the county forensic services by which toxicological safety rules and safety obligations that must be complied with have been set up, in accordance with the academic procurements won following the intensive training within projects, as well as with the recommendations regarding the transfer of the samples to these performant laboratories in the selected cases.
7. Facilitation of the access of forensic physicians to scientific reunions, *workshops*, experience exchange aiming the unification of the methodology for the cases of death directly related to the drug use.

8. Implementation of procedure amendments for the application of measures that proved their efficiency – data collection and reporting circuit.
9. Large-scale toxicological analysis of traumatic deaths.
10. Familiarisation of the medical and investigation staff with the legal investigation/survey procedures of the obligativity of the forensic approach in the drug related death cases.
11. Implementation of more efficient *harm-reduction* and medical education measures.
12. Introduction of early therapeutic interventions among the problematic drug users HIV detected to prevent the epidemics spread.

## Chapter 7 - Responses to health correlates and consequences

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

In the context of participation of NAA specialists at the annual meeting of assessment of problem drug use indicator, organised at the end of last year in Lisbon by EMCDDA, they notified for the first time the European specialized body, based on data from studies and routine monitoring, about the imminent occurrence of alarming developments of HIV/AIDS infection among the injecting drug population in Romania (official data identified in the first nine months of the year, **62 new cases of HIV infection**).

*"On 31 December 2011, the National Institute for Infectious Diseases 'Prof. Dr. Matei Bals' recorded 114 new cases of HIV infection among drug users, an increase of over 10 times compared with 2010. This increase is explained by a decrease of impacts of specialized HIV prevention services among at-risk groups and a reorientation of injecting drug users from heroin to the new psychoactive substances known as 'ethno-botanical plants'"*<sup>133</sup>, specified a press release of the Romanian Harm Reduction Network (RHRN), a national umbrella organisation which brings together the most important and experienced NGOs in the field.

Items reported:

- *"explosion" in the number of cases of HIV infection,*
- *a consequence of the rapid proliferation of new psychoactive substances (which reached a prevalence of 1.9 % in the general population in only 3 years) and of the significant change in the injection patterns of injecting drug users (IDUs) (injection rate increased from 3 to 5-10 injections per day),*
- *plus the completion, in 2010, of the international funding programmes (Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, UNODC) supporting most preventive interventions of drug-related infectious diseases, implemented by specialised NGOs,*
- *and in connection with the lack of rapid governmental measures,*

shape in 2011 the challenges and the key assumptions of national policies on prevention and treatment of drug-related infectious diseases.

#### 7.1.1 INTERINSTITUTIONAL RESPONSIVENESS

The major social actors, with a significant presence in terms of this issue in Romania, which have over time developed specialised public policy interventions to prevent and treat infectious diseases among IDUs were in 2011: National Anti-drug Agency, Ministry of Health (especially *National Institute for Infectious Diseases 'Prof. Dr. Matei Bals'*) and National Administration of Penitentiaries.

Also, the steps - interventions and projects - made for reducing the drug-related risks by NGOs with extensive experience, especially in the implementation of community programmes for syringe exchange among IDUs - ARAS, ALIAT, INTEGRATION, Sens Pozitiv Association, members of RHRN organisation.

The country report on "Cost estimation of anti-drug policies in Romania", published in 2012 by RHRN<sup>134</sup> states the following: *„Following a change in eligibility criteria for funding; the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM)<sup>135</sup>, Romania was not eligible anymore for another application once the 6th round of GFATM funding for HIV ended in June 2010. UNICEF supported risk reduction-related projects (estimates of service capacity, trainings, consultations, conferences, studies, and support for most-at-risk adolescents) between 2004 and 2011; UNICEF will continue its work in Romania until 2017, but the financial support for programmes focused on HIV has decreased considerably. UNODC has developed a harm reduction programme between 2007 and 2011, supporting programmes involving syringe exchange and substitution treatment for opiate dependence implemented by the National Administration of Penitentiaries, the National Anti-drug Agency and*

<sup>133</sup> <http://rhrnnews.blogspot.ro/2012/06/comunicat-de-presa.html>.

<sup>134</sup> <http://rhrn.ro/public/uploads/file/214/costurile-politicilor-antidrog.pdf>, page 34

<sup>135</sup> Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria

NGOs. Therefore, the National Administration of Penitentiaries has developed services involving syringe exchange and substitution treatment for opiate dependence in penitentiaries, the NAA included in its annual budget the substitution treatment for opiate dependence, and the NGOs could support syringe exchange services following the conclusion of the GFATM 6th round. The UNODC programme ended in 2011, with no possibility of extension. As a result of the withdrawal of international donors, the coverage of syringe exchange services halved in 2011 compared to 2010 and the incidence of HIV infection for IDUs multiplied 12 times compared to 2009”.

As the first public authority responsible for national anti-drug policies, the **National Anti-drug Agency** acted immediately, based on its resources and within its legal powers (partially restored after its re-organisation under the direct subordination to the Ministry of Administration and Interior in April 2011, when it regained the status of national coordinator of the fight against drugs in Romania) to compensate for shortage of *harm-reduction* services recorded after the withdrawal of main international donors of such interventions from Romania. Thus:

- Concerned with continuing services for injecting drug users and with controlling any HIV epidemic among them, in consultation with civil society representatives, the National Anti-drug Agency decided to procure, within the *sub-programme 6 of the National programme of medical, psychological and social care of drug users – 2009-2012*<sup>136</sup> 142 500 syringes amounting to 74 214 RON<sup>137</sup>, to be distributed to partner NGOs in order to reduce the injecting drug use-related negative consequences as a public health approach.

- **Campaign "OPEN YOUR EYES! NO MORE RISKS!"**

The National Anti-drug Agency, with the technical and financial support of the UNODC Office in Romania, implemented between August - September 2011 in Vama Veche<sup>138</sup> the campaign generically named "OPEN YOUR EYES! NO MORE RISKS!". The campaign was implemented in partnership with key NGOs working in the field of drug harm reduction - RHRN, ALIAT, ARAS, *Integration and Carusel*, having as sponsor *Population Services International (Love Plus)*.

The purpose was to reduce the drug use-related risks and to promote the services rendered by NAA and NGOs, by achieving the following goals:

1. to reduce the drug use-related risks (alcohol, cannabis, cocaine, ecstasy, ketamine, heroin and NPSs) among young people on the beach, by providing them information;
2. to promote the drug addiction treatment services.

#### Results:

- 6465 young people who benefited from the direct information and counselling interventions of the specialists of the campaign on the drug use-related risks. 37 psychological counselling sessions, 58 social counselling sessions and 23 medical consultations were organised. The confidentiality of these interventions was also ensured.

- 2086 people who benefited from the general information "face to face" sessions from the team members.

- Approximately 15 000 people were informed about the activities of this campaign.

- 45 000 booklets (9 different models x 5000 pieces), 200 posters, 9000 condoms, 217 syringes, 206 cleansing swabs and 40 vials with distilled water were distributed during this campaign. 500 T-shirts, 500 caps, 400 beach balls, 500 beach bags and 500 wallets, all marked with the logo and the slogan of the campaign were also distributed during the contests which have been organised.

#### Conclusions:

- The campaign achieved its main goal in the sense that its services were accessed by drug users, including IDUs. Activities were assessed as effective in terms of contact with many people, both users and former users, but also with non-drug users who wanted to be informed.

<sup>136</sup> The Government Decision No 1102/ 2008 approving the National programme of medical, psychological and social care of drug users - 2009 – 2012.

<sup>137</sup> Average annual rate in 2011: 1 Euro = 4.23 RON

<sup>138</sup> Small village on the shore of the Black Sea favored by young people for leisure during their summer holiday

- The campaign extended its main objective in the sense that its services were accessed by drug users, including IDUs. The activities were assessed as effective in terms of contact with many people, both users and former users, and non-drug users who just wanted to be informed.
- According to the assessments of the team members, an increased prevalence of used substances was recorded in case of alcohol, cannabis, new psychoactive substances (including injecting use) and heroin (injecting use).
- The campaign was well received and appreciated by young people as it focused on the support provided to the users and on the present drug use trends. However, a lack of information was noticed in the general population as regards the concept of harm reduction, which is often understood as an intervention to encourage the use or as an abandonment of the fight against drugs by the authorities.

As ***national coordinator*** of anti-drug policies in Romania the National Anti-drug Agency made, during 2011, efforts to set up an ***institutional framework for consultation and planning joint interventions***, in partnership with civil society bodies to counteract, through a public-private partnership, a sharp increase in cases of HIV infection among IDUs, especially those who passed from opiates to new psychoactive substances. Thus:

- *A first coordination partnership meeting between the management team of the National Anti-drug Agency and the representatives of RHRN, ALIAT, ARAS and INTEGRATION took place in June 2011, where the following topics were discussed:*
  - importance of data exchange between the National Anti-drug Agency and NGOs members of RHRN;
  - difficulties faced by civil society as regards its partnership with NAA and other state institutions;
  - the profile and the situation of injecting drug users in Bucharest, as a result of direct practical experience of organisations that are part of RHRN - issues, trends, needs, suggestions;
  - cooperation for carrying out activities of the to implement the Action Plan to implement the National Anti-drug Strategy 2010-2012;
  - authorising the centres that provide services for drug users of the RHRN member organisations, according to the provisions of Order No 1 389 of 4 August 4 2008 approving the Criteria and methodology used to authorise centres that provide services for drug users and the Compulsory minimum standards of the organisation and operation of the centres that provide services for drug users.

The management team of NAA invited the participants to open discussions on drug use trends in Romania, based on the results of the studies carried out by the institution, highlighting the role of the civil society in response policy analysis.

- *A technical meeting with representatives of NGOs working in the field of drug-related risk reduction, with the main founders of harm reduction programmes - UNODC and UNICEF - took place at the initiative of the National Anti-drug Agency in November 2011, aiming to establish risk reduction measures undertaken by all organisations in response to official data which showed trends of increasing HIV incidence among the injecting drug users.*

The meeting addressed the NAA project, funded by Sub-programme 6 - "Level 1 Support Services" of the National Programme of medical, social and psychological care for drug users - 2009-2012, approved by Government Decision No 1102/2008. The NAA proposals for the project activities, i.e. supporting the work of NGOs operating in the field of harm reduction (*drop in* and *outreach*), carrying out a campaign to educate drug users about harm reduction and to promote the services in Bucharest among them, continuing campaign in Vama Veche and extending the work of NAA and NGOs to festivals, music concerts or other events that may predispose young people to a risky drug use, were considered to be useful, effective and necessary.

- The National Anti-drug Agency, in partnership with the *Carousel Association and the Faculty of Sociology and Social Work within the University of Bucharest*, organised in December 2011 a *public debate on the topic of injecting rooms*.
- In the context of increasing HIV incidence among injecting drug users, the National Anti-drug Agency took steps to *involve pharmacists in drug use-related risk reduction*. The initiative aimed at formulating a coherent and rapid response to emerging needs of the community, by engaging pharmacies, fast and without additional costs, as viable partners in programmes involving syringe exchange.

**The Ministry of Health**, as institutional player, significant as presence and responsibilities in the prevention and the treatment of infectious diseases among IDUs, acts under **Order No 1591/1110 of 30 December 2010 approving the technical rules for the national health programmes for 2011-2012**<sup>139</sup>. This order provides for, under Chapter I - National programs on communicable diseases (funded with 104 059 thousand lei), implementation of a national programme of surveillance and control of communicable diseases (priority communicable diseases, HIV infection, tuberculosis, sexually transmitted infections), with four sub-programmes (from 2.1 to 2.4). Sub-programme 2.2. for surveillance and control of HIV infection is under the technical coordination of the National Institute of Public Health and the National Institute for Infectious Diseases 'Prof. Dr. Matei Bals' in Bucharest and has as goals: „*To maintain HIV incidence in adults at the level of the year 2008*”, and “*To reduce the vertical transmission of HIV*”. One of the physical outcome indicators provides a “*number of HIV tests conducted at risk groups of: 100 000*”.

Also, the Section B of the above-mentioned Order – “*Evaluation, preventive and curative national health programmes, funded by the National Unique Health Insurance Fund*” provides for, under I.1. the National programme for communicable diseases (funded with 215 003 thousand lei<sup>140</sup>), implementation of 1.1. a Sub-programme for treatment of HIV/AIDS-infected people and post-exposure prophylaxis (with a budget of 200 000 thousand lei). The main activity provided thereof is “*to provide hospital and outpatient-based antiretroviral drugs and drugs for associated infections required for the treatment of HIV/AIDS-infected patients and for the (occupational and vertical) post-exposure prophylaxis*”. The sub-programme provides resources to treat 8 000 HIV/AIDS-infected people (with an average cost/patient/year of 24 965 lei) and 350 people after exposure (with an average cost/patient/year of 800 lei).

Another institutional actor in the field of public authorities which carried out activities to prevent and treat infectious diseases among IDUs in prison environment is the **National Administration of Penitentiaries**.<sup>141</sup>

Although fewer than in previous years due to a lack of international donor support and limited government resources, the efforts undertaken by **NGOs with expertise in the field of fight against drugs**, especially in the syringe exchange community services (*outreach* or *drop in centres*) were recognized, encouraged and partially supported by the authorities (within available resources) as viable and effective interventions to prevent and treat infectious diseases among IDUs.

Thus, the most significant projects and interventions implemented by NGOs in the field of harm and drug use-related consequence reduction for 2011 we should mention:

- The **SATG (Safe Area & Trip Guidance) Project carried out by the Carousel ORGANISATION** ((established in June 2011), when participating in the “*One Love*” Festival, in September 2011. *The project objective* was to reduce the consequences of the drug use by creating a protected area (*safe area*), where people having used alcohol or different types of drugs could come to be supported in use effect management, to discussions with a professional (*trip guidance*), to drink water, to obtain references to other services available in the areas they originate from. 40 people benefited of such interventions.

<sup>139</sup> Published in the Official Gazette of Romania, Part I, No 53 bis/21.01.2011

<sup>140</sup> Average annual rate in 2011: 1 Euro = 4.23 RON

<sup>141</sup> Data on programmes involving syringe exchange of the National Administration of Penitentiaries are presented in Sub-chapter 9.7

▪ The **“SECOND CHANCE” Project**, co-financed by the European Social Fund through the Sectoral Operational Programme for Human Resources Development 2007 - 2013, "Investing in People" is implemented by ARAS in partnership with the *Integration and Sens Pozitiv* Associations, as well as with the *National Institute for Infectious Disease' Prof. Dr. Matei Bals'*, from 1 July 2010 to 30 June 2013. The project provides *harm reduction* services and substitution treatment, but its ultimate goal is to facilitate the employment for drug users in Bucharest, Ilfov, Timișoara and Constanța, for a total of 3 500 beneficiaries, with a budget of 20 812 555 lei<sup>142</sup>.

In 2011, a part of this project involved services of sterile syringe distribution and used syringe recovery and provision of methadone substitution treatment:

▪ The **Harm reduction centres for drug users** provide free and confidential services of: syringe exchange, HIV/HBV/HCV voluntary counselling and testing, HAV and HBV vaccination, support, information and education, counselling in harm reduction, notifications to other services.

▪ **Outreach services** consist of: informing and educating beneficiaries on HIV/AIDS/other STDs, testing procedures, meaning of HIV test, universal rules of safety and hygiene, information and counselling on the injecting drug use-related risks, condom distribution, syringe exchange and distribution of other sterile injection equipment; notification to HIV voluntary counselling and testing centres, notifications to specialised medical detoxification facilities, substitution or post-treatment, distribution of informative materials.

The most significant results achieved in the implementation of the project in 2011 were:

**Table No 7-1. Number and type of existing/functional syringe exchange programmes/services**

NSP type	No	Location-City
Fixed centres	4	Constanța Timișoara Bucharest (ARENA Centre) Bucharest (TITAN Centre)
Mobile facilities – <i>outreach</i> teams	4	Constanța Timișoara Bucharest (ARENA Team) Bucharest (TITAN Team)

Source: ARAS

Compared to previous years, the community syringe exchange services were provided almost exclusively in Bucharest (where it was in fact estimated the highest prevalence of this phenomenon), this project develops also services in two big cities located in the east and west extremities of the country. In terms of intervention strategy, the situation is somewhat similar to that of 2003-2004, when, based on quite empirical criteria, pilot services were implemented in Bucharest, Constanța, Timișoara and Iași<sup>143</sup>. Subsequently, due to a lack of resources or issues, these services have been abandoned.

**Table No 7-2. Number of locations served by the project<sup>144</sup>**

Interventions in:	No	Location-City	Remarks
Locations served by outreach workers	2	Constanța	All outreach workers work in multi-disciplinary teams in the same locations.
	2	Timișoara	
	41	Bucharest (ARENA Team)	
	23	Bucharest (TITAN Team)	
	Total: 68		
Locations served by auto mobile units (minibuses, etc.).	2	Constanța	Multidisciplinary teams reach ground locations using mobile units
	2	Timișoara	
	41	Bucharest (ARENA Team)	
	23	Bucharest (TITAN Team)	
	Total: 68		

Source: ARAS

<sup>142</sup> Average annual rate in 2011: 1 Euro = 4.23 RON

<sup>143</sup> See the National Report on Drug Situation in Romania, 2004

<sup>144</sup> See Standard Table No 10

The data presented indicate a significant increase compared to previous years, in the number of locations served by mobile *outreach* units (for example, in 2006 ARAS covered 10 areas in Bucharest by 2 *outreach* programmes)<sup>145</sup>.

**Table No 7-3. Direct beneficiaries of the project**

Interventions in:	Total number of beneficiaries	Number of sole beneficiaries	Number of new beneficiaries in 2011
Fixed centres	7.356 (cumulative 2007-2011)	3.135 (sole beneficiaries in 2011)	2.119
Mobile facilities – <i>outreach</i>	12.275 (cumulative 2004-2011)	2.040 (sole beneficiaries in 2011)	1.255
General total	17.646 <sup>146</sup> (cumulative 2004-2011)	4.832 (sole beneficiaries in 2011)	3.030

Source: ARAS

Number of sole beneficiaries served by the project exceeded in 2011 the target proposed (3 500 beneficiaries). The Project or the partner organisations in the implementation consortium have not explicitly developed policies of using direct beneficiaries as secondary distributors of sterile injection equipment.

**Table No 7-4. Situation of injecting equipment distributed**

	No
Syringe distributed	895.110
Syringes recovered	316.033
Condoms distributed	204.099

Source: ARAS

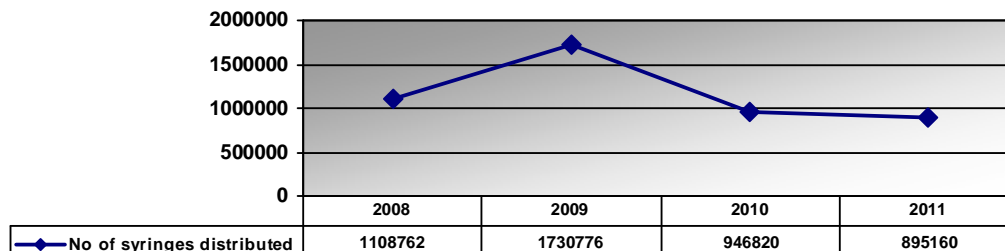
Except for the two existing syringe exchange programmes in the prison environment, reduced in scope and, in 2011, still co-funded by the UNODC programme, this is the only project which provided to the injecting drug users sterile injection equipment and services specialised in hepatitis and HIV infection prevention. As regards the return of used syringes, a rate of 35.3 % was recorded, comparable to that achieved within the programmes financed by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (36.8 % in 2010).

The authors of the above mentioned RHRN report on "Cost estimation of anti-drug policies in Romania", analyzing multiple sources of data (*UNGASS Report, Romania, 2010*; *Country Progress Report on AIDS, January 2010 – December 2011* and NAA, the National Report on Drug Situation, 2011) centralised the key outcome indicators of syringe exchange programmes implemented at community level in Romania, from 2008 to 2011, as follows.

<sup>145</sup> See the National Report on Drug Situation in Romania, 2007

<sup>146</sup> Some beneficiaries participating in syringe exchange programmes both in the ARAS centers and in *outreach* center

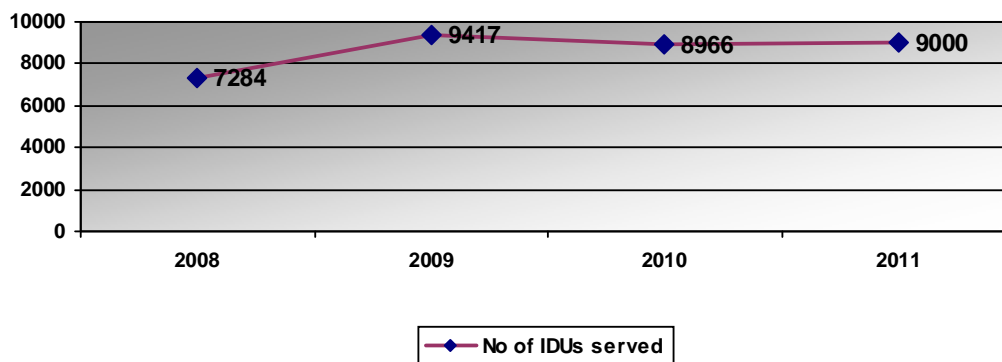
**Chart No 7-1. Evolution of the number of syringes distributed to IDUs in Romania during 2008-2011 (estimation)**



Source: RHRN

After a "peak" recorded in 2009, the number of syringes distributed to IDUs within different syringe exchange programmes managed by specialised NGOs dropped sharply (almost half) during the following year and continued to drop in a more attenuated manner in 2011. In 2011 the deficit of financial resources due to withdrawal of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria from Romania was partially offset by attracting new financial resources from the Structural Funds (SOP HRD-ARAS) and by limited interventions of the public authorities, NAA and Ministry of Health.

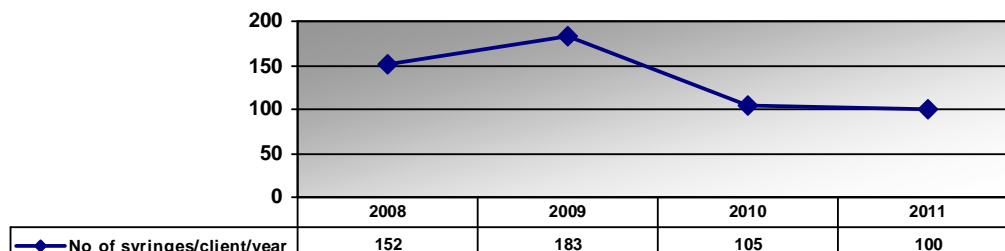
**Chart No 7-2. Evolution of number of IDUs served by syringe exchange programmes during 2008-2011 (estimation)**



Source: RHRN

According to the graph presented above the number of IDUs served by the syringe exchange programmes has increased significantly in 2009, after which it has stabilized over the next two years (with a slight increase in 2011). Linking the two indicators - the number of syringes distributed and the number of IDUs served - shows for 2011 values similar to those recorded during the previous year.

**Chart No 7-3. Evolution of average number of syringes/client/year within the syringe exchange programmes during 2008-2011 (estimation)**



Source: RHRN

The decrease in the average number of syringes/client/year provided in the syringe exchange programmes in recent years compared to the "peak" recorded in 2009 or even to the value recorded in 2008 directly influences the IDUs infection risk increase. Community services had a low capacity as they could provide only a limited number of syringes and the user was thus forced to use several times the same injection equipment.

With small variations in amplitude, the estimated number of IDUs in Bucharest remained the same over the last 4 years. But compared with the years 2009 and 2010, when syringe exchange services had an estimated rate of IDUs serving of approximately 50 % of the total of IDUs accessing community syringe exchange services, it decreased by about 20 % in 2011.

## TRAINING IN DRUG-RELATED HARM REDUCTION

All training courses conducted in 2011 by RHRN<sup>147</sup> in reducing drug-related harm aimed at improving communication skills, attitudes toward drug users, by understanding the context in which the drug use appears and manifests. The most significant such steps have been the following:

### ▪ **Training in new psychoactive substances-related harm reduction**

Training activities in working with NPS users been a priority for RHRN, in the context of a rapid increase of use *Special Gold/Pure by Magic* products – mephedrone, piperazines and synthetic cathinones and thus of the emergence of a new category of beneficiaries for specialised services in Romania. The training programme aimed at hiring specialists in 4 cities considered, in particular, affected by such use: Iași, Bucharest, Timișoara and Cluj-Napoca. The training courses were provided under the *Harm Reduction training on new drugs for Romanian public and private services professionals* project, with a value of 25 000 euros, funded by Sidaction. 138 specialists were trained, of whom 13 were trained as trainers, some of them carrying courses in Bucharest, Cluj-Napoca, Timișoara and Iași.

### ▪ **Summer School "Groups at risk and social support services" (3rd edition) and scholarship programmes for Roma students**

The activities were conducted within the project *Roma Harm Reduction Summer School and Scholarship Program*, with a value of 28 500 euros, funded by the Open Society Institute.

▪ *The Summer School* organized by the Faculty of Sociology and Social Work and RHRN aimed at promoting the concept of *harm reduction* attracting students and MA students towards human right issues in conjunction with harm reduction and at-risk groups (drug users, commercial sex workers, people who have sex with people of the same gender, marginalised minorities, homeless people, etc.). The one-week training courses held at the Faculty of Sociology and Social Work are added by visits to the services and discussions with their clients in a coordination effort between academic environment, public services and services developed by NGOs. In 2011, 25 students have completed, during one week, a comprehensive *curriculum* addressing harm reduction interventions from a technical, legal and administrative perspective. This information was supplemented by presentations aimed at providing the theoretical framework and the context in which the *harm reduction* strategies work. Collaboration relationships with the National Council for Combating Discrimination (NCCD) Sastipen Association, Erste Foundation and Concordia Foundation (Ploiești) were developed during this edition (the third one).

▪ *Scholarship Program* was initiated in 2010 to continue the Summer School, aiming at Roma youth involvement in the activities of member organizations in order to achieve a mutually beneficial development process. The Scholarship Program was coordinated by RHRN, responsible for selecting the fellows and supervising their activities while the organisations participating to the program benefited from an internal officer operating in the same way as employees. In 2011, 5 grant agreements were signed between RHRN and the 5 candidates resulting from the selection process, and then trained in project management and training of trainers.

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<sup>147</sup> In 2011, RHRN was founded by UNICEF, UNODC, and the Sidaction and Open Society Foundations

## Conclusions

1. In terms of institutional response to a sharp increase in the number of HIV infection cases in 2011, a consequence of the rapid proliferation of the phenomenon of new psychoactive substances and the significant change in the IDUs injection *patterns*, completion in 2010 of the international funding programmes supporting most interventions to prevent drug-related infectious diseases carried out by NGOs, the year 2011 is characterised by:

- Mobilisation by the NAA of all institutional actors involved in the implementation of activities aimed at reducing drug-related risks for setting up an inter-institutional framework for consultation and programming of joint interventions to counter the growing dynamics of cases of HIV infection among the injecting drug users, particularly those who have passed from the use of opiates to the use of new psychoactive substances.

- Reduction of the community service availability to prevent infectious diseases among IDUs (cessation of the syringe exchange fixed of ALIAT Organisation and consequently reduction of the number of sole users of such services or migration to other existing services; reduction of the average number of syringes/client/year available within the community syringe exchange programmes; maintaining or even increasing the need for specialised services while decreasing the available resources).

- Intensification of efforts to identify alternative funding sources for community programmes to reduce drug-related harm. In 2011 the deficit of financial resources due to completion of programmes funded by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and UNODC was partially offset by attracting new financial resources from the Structural Funds (the ARAS project funded by SOP HRD<sup>148</sup> was the only project which still operates at national level) and by interventions of the public authorities - NAA and the Ministry of Health.

- Training activities conducted in 2011 by RHRN focused on transfer of knowledge, skills in working with new psychoactive substance users and on the promotion of the concept of *harm reduction* among students of Humanities faculties to attract new specialists in the field and to extend the support base for the activities of the member organisations.

2. The methodological analysis of the current situation on the monitoring of interventions for the prevention and treatment of infectious diseases among IDUs shows the following:

- Currently, in Romania the standardized monitoring system of *harm-reduction* services (primary prevention and support tool for communicable infection diseases of IDUs) which include public authorities or non-governmental organisations is not sufficiently developed, particularly because of the sequential application of specific interventions, of fluctuating availability of financial resources and social prejudices encountered in public opinion (stigmatisation and discrimination tendency of IDUs). Therefore there is often inadequacies and differences between data collected in the field, being taken often into consideration the estimated values rather than the systematic records, but lately, the data collection system in this field has been improved.

- The assessments of the implementation of such services are usually carried out in the context of a request to this effect from the part of the funding bodies.

- Qualitative assessments were recorded so far in the context of two *Behavioural Surveillance Surveys (BSS) among the injecting drug users in Bucharest*, carried out in partnership with the National Anti-drug Agency, UNODC and the Romanian Angel Appeal Foundation from 2008 to 2010.<sup>149</sup> The study "*Risks Assessment of the use of new psychoactive substances among children and young people in Romania*"<sup>150</sup> is also significant for the year 2011.

Considering the issues mentioned, the National Anti-drug Agency launched in the first half of 2012, under the new framework of cooperation with NGOs working in the field of drug-related harm reduction, established in 2011 (which includes the purchase and the distribution to civil society partners of 142 500 syringes amounting to 74 214 lei in 2011 and continued this work also in 2012), a pilot system for collecting and analyzing data on syringe exchange services implemented at national level.

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<sup>148</sup> Sectoral Operational Programme for Human Resources Development 2007 - 2013, "Investing in People"

<sup>149</sup> The third such study will be conducted in the last quarter of 2012, under the project "*EMPOWERING CIVIL SOCIETY AND PUBLIC HEALTH SYSTEMS TO FIGHT TUBERCULOSIS EPIDEMIC AMONG VULNERABLE GROUPS*", implemented by the Romanian Angel Appeal Foundation

<sup>150</sup> RHRN, UNICEF, NAA, Bucharest, 2011

## Chapter 8 - Social correlates and social reintegration

### 8.1 SOCIAL EXCLUSION AND DRUG USE

#### 8.1.1 SOCIAL EXCLUSION AMONG DRUG USERS

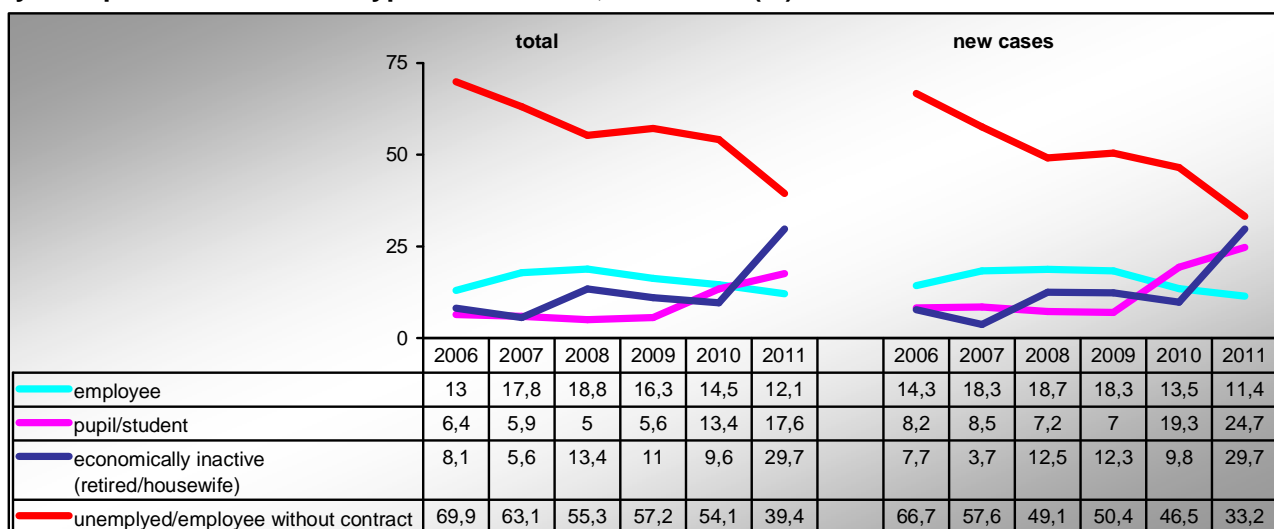
Often, drug and alcohol users experience social and personal vulnerability circumstances caused by the relevant use. Besides the personal health risk they expose themselves, the stigmatisation, the major difficulties in managing normal relations with the life partner, family, public authorities and the quasi-impossibility to keep a stable social and occupational framework, the marginalisation and even social exclusion are the coordinates substantially marking the statute of drug user in Romania and anywhere else. Hence, the social reintegration of those beneficiaries is a long term process needing specialised interventions consolidated with general interventions. Although this care level, capital element in the national integrated care system for drug users, continued the ascending trend in the previous years also in 2011, obviously it is found the need to continually develop social reinsertion services and to multiply the examples of best practices in this area.

##### 8.1.1.1 TREATMENT ADMISSION INDICATOR DATA

**Occupational status** - according to data collected in the period 2006-2011, for the the treatment admission indicator as a result of drug use, occupational status of drug users, at the time of admission to treatment, present the following characteristics:

- throughout the reference time frame, the highest rate, including for new cases, is represented by the people without own income or working without contract; but starting with 2008, it is found a decreasing trend so that in 2011, these beneficiaries represent about half of the corresponding rate recorded in 2006;
- correlatively, the rate of people having a job under individual labour employment on limited/unlimited term presents an ascending trend during the first 3 years of the reference time frame, reaching to 18.8% in 2011;
- per total, throughout the reference time frame, the decrease of the rate of unemployed people and the increase of the rate of beneficiaries having a job are noticed during the first part of the time frame, while, starting with 2009, an increasing trend in the rate of beneficiaries who, at the treatment admission date, followed an education form (pupil/student) or were economically inactive (retired or housewife), can be seen.

**Chart no 8-1: Evolution of the treatment admissions following the use of illicit drugs and NPS, by occupational status and type of admission, 2006-2011 (%)**



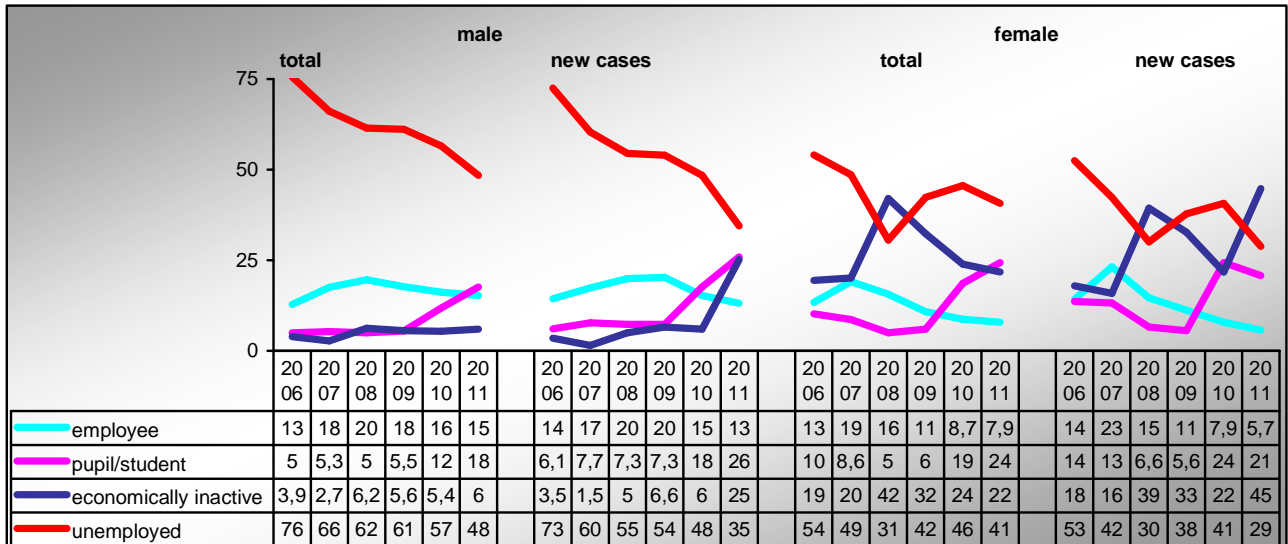
Note: other cases make up the difference up to 100%

Source: NAA

Comparatively, by gender:

- in case of male beneficiaries, a higher rate of unemployed/unoccupied /without contract people and, generally, a lower rate of people who, at the treatment admission date, followed an education form (pupil/student), can be noticed;
- in case of female beneficiaries, a higher rate of economically inactive (retired or housewives) people and, generally, a lower rate of employed people under individual employment agreement on limited or unlimited term can be noticed.

**Chart no 8-2: Evolution of the treatment admissions following the use of illicit drugs and NPS, according to their occupational status and gender, per total and by type of admission, 2006-2011 (%)**



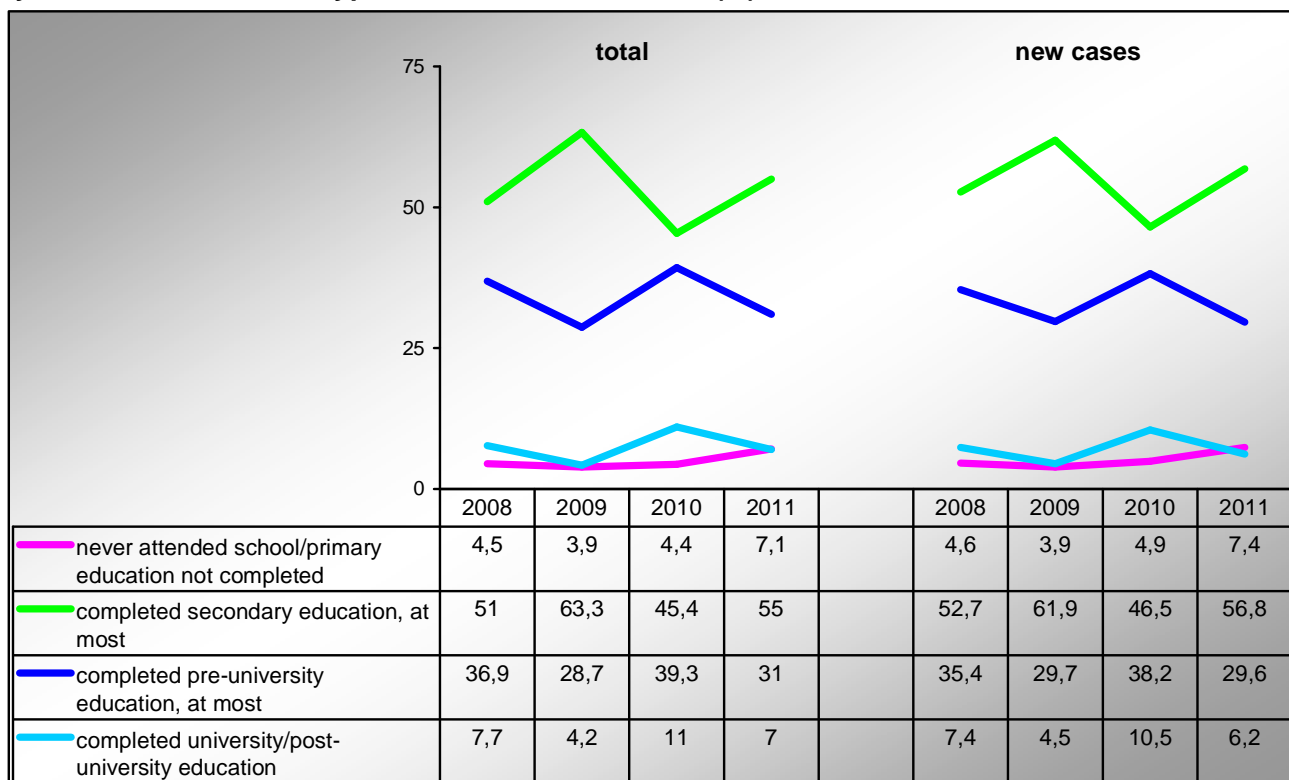
Note: other cases make up the difference up to 100%

Source: NAA

**Educational level** - the data analysis shows a low educational level among the drug users having addressed the care services in 2011 (with higher rates among drug users who demanded medical care for the first time):

- about 2/3 have a low education level: they never attended school/they did not complete the primary education (7.1%, respectively 7.4% of new cases) or completed the secondary education, at most (55%, respectively 56.8%);
- about one third of them, at most, have higher education (pre-university education, at most): 31%, respectively 29.6%;
- less than 10% have an academic education level (university/post-university studies): 7%, respectively 6.2%;

**Chart no 8-3: Evolution of the treatment admissions following the use of illicit drugs and NPS, by educational level and type of admission, 2008-2011 (%)**

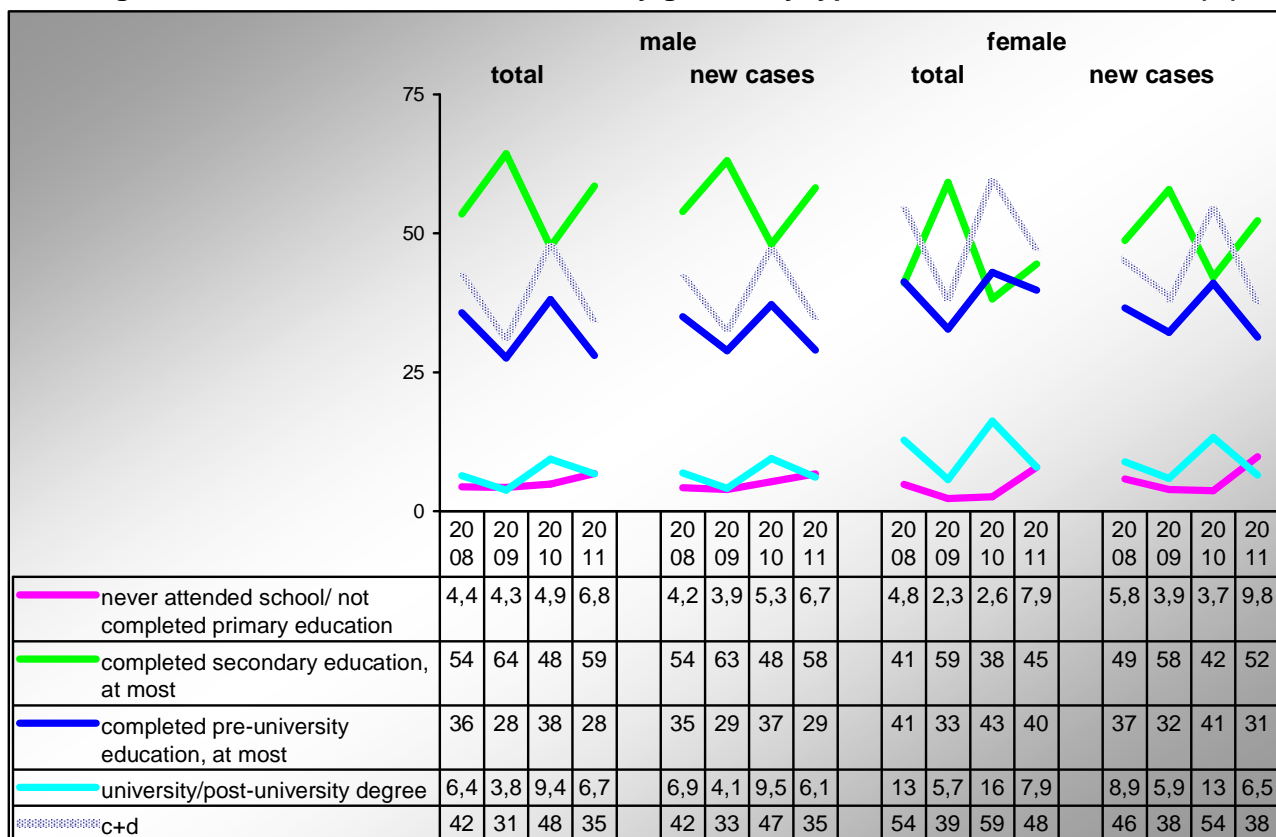


Source: NAA

In 2011, the situation with regard to the educational level of the people admitted to treatment for drug use is similar with that recorded during 2008-2011 time frame, with the mention that an increasing trend from 4.5% in 2008 to 7.1% in 2011 is noticed in the rate of those having a very low education level (people who never attended school/did not completed primary education). Similarly, the situation by beneficiary gender does not change compared to previous period, with the following observations:

- for female beneficiaries - the rate of those having a very low educational level (7.9% of the total number of cases and 9.8% of the number of new cases, at most, are female beneficiaries never attended school or who did not complete primary education compared with 6.8% of the total number of cases and 6.7% of the number of new cases, at most, representing male beneficiaries having similar educational level) is higher than the rate of those having average or high educational level (59% of the total number of cases and 54% of the number of new cases are female beneficiaries having university/post-university or pre/university education level, at most, compared to 48% of the total number of cases and 47% of the number of new cases, at most, representing male beneficiaries with similar education level);
- for male beneficiaries - the rate of people with a low educational level (having completed the secondary education, at most) of 64% of the total number of cases and 63% of the number of new cases, is higher than that for female beneficiaries, of which highest value is 59% of the total number of cases and 58% of the number of new cases).

**Chart no 8-4: Evolution of the treatment admissions following the use of illicit drugs and NPS, according to the educational level and beneficiary gender, by type of admission, 2008-2011 (%)**

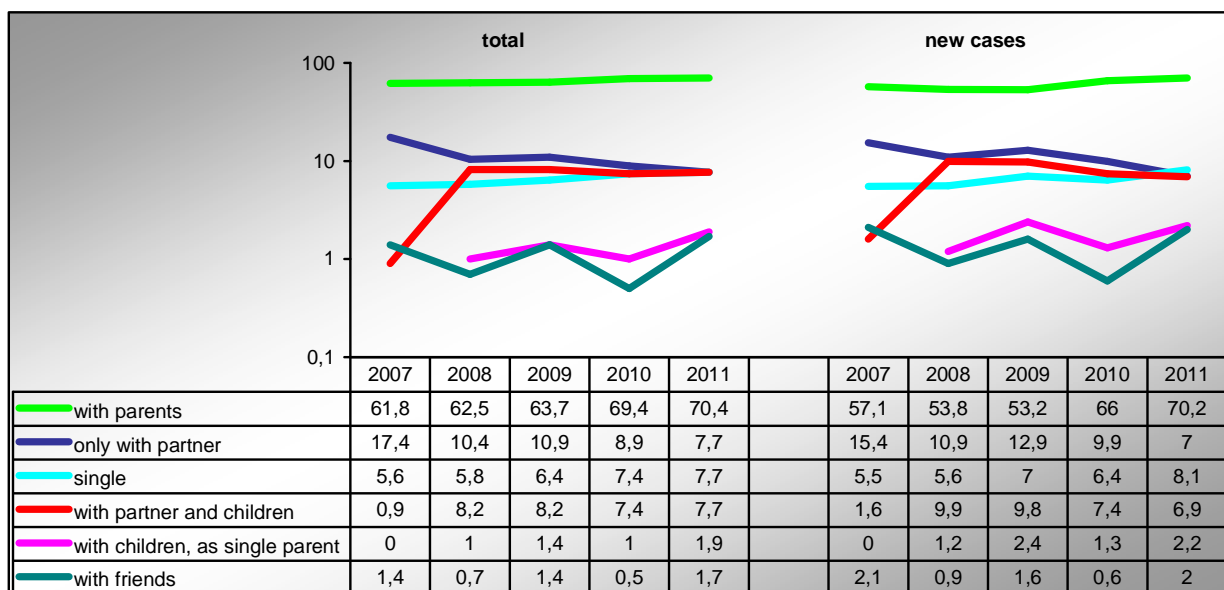


Source: NAA

**Housing condition** - according to the existing data, housing conditions of drug users admitted to treatment during 2007 - 2011 illustrate the following characteristics:

- most of the drug users having addressed the care services live with parents/originate family or own family (life partner), but among the beneficiaries demanding treatment admission for the first time, the rates of those living with the family are lower; it is noticed an increasing trend in the rate of people living with parents and a decreasing trend in the rate of those living with partner;
- less than 10% live alone or with friends;
- about 10% live (as single parent or with the partner) together with children; an increasing trend is noticed with regard to those living as single parents, only with children, as rate of the number of new cases.

**Chart no 8-5: Evolution of the treatment admissions following the use of illicit drugs and NPS, by housing conditions (whom they live with) and type of admission, 2007-2011 (%)**

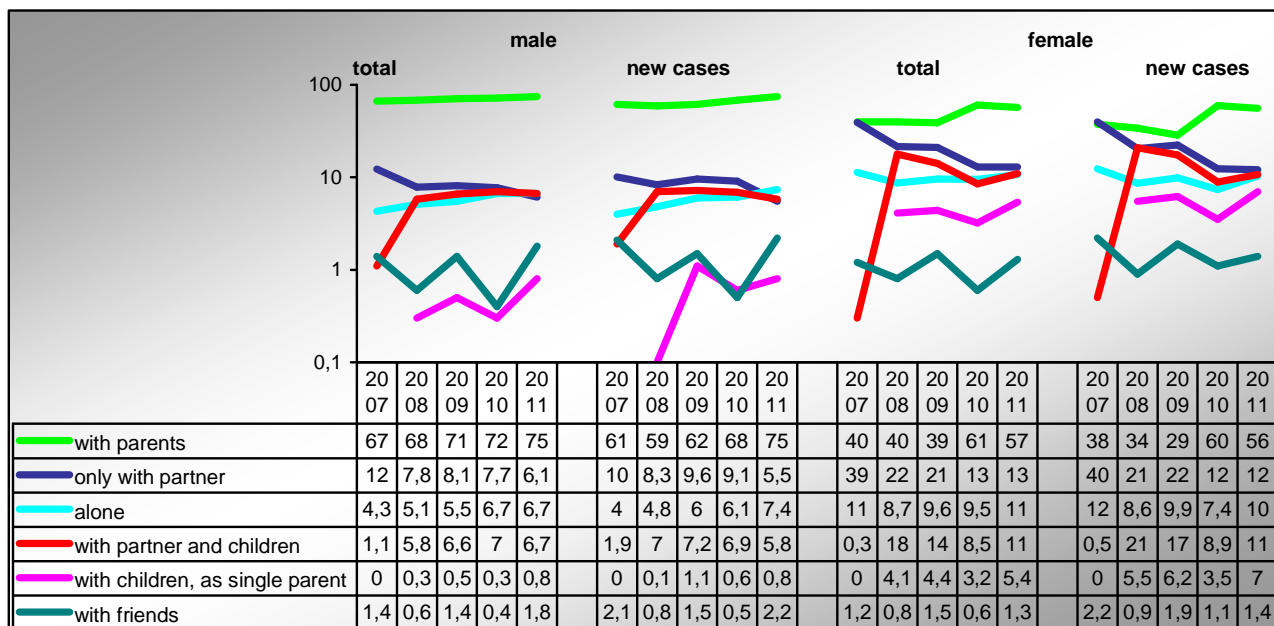


Note: other cases make up the difference up to 100%

Source: NAA

Comparatively by gender, for the period 2007-2011, it is noticed that the rate of female beneficiaries living with parents is lower, while the rate of those living with partner, alone or with children (both as single parents and with partner) is higher.

**Chart no 8-6: Evolution of the treatment admissions following the use of illicit drugs and NPS, by housing conditions (with whom they live), beneficiary gender and type of admission, 2007-2011 (%)**



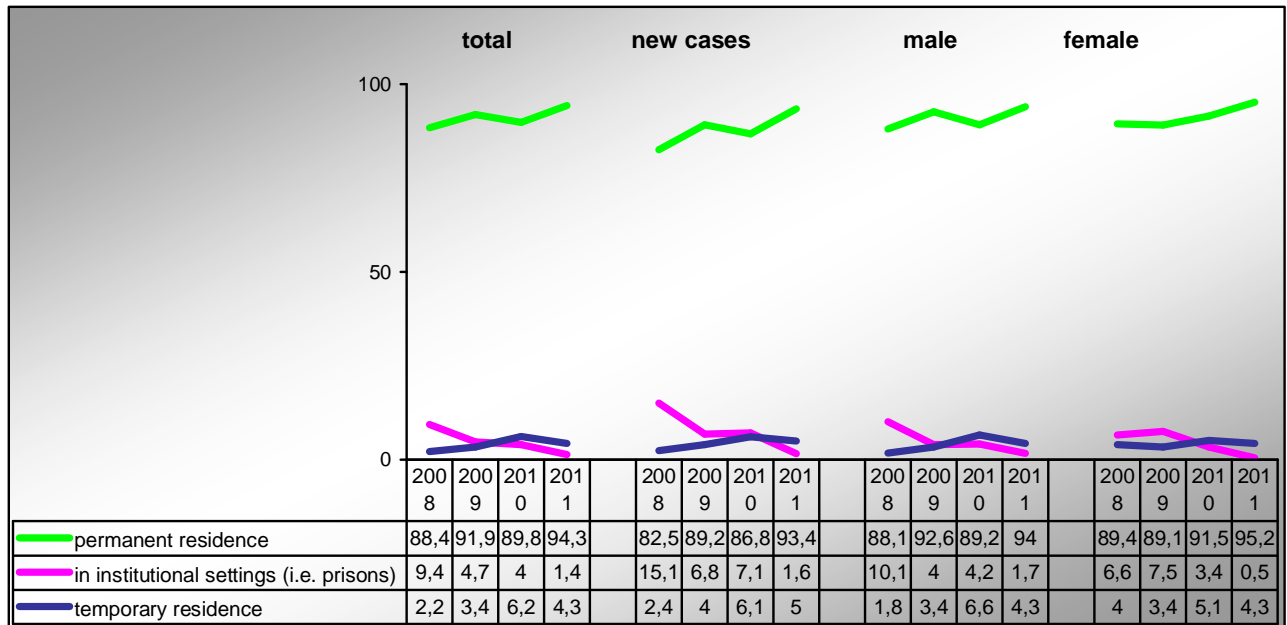
Note: other cases make up the difference up to 100%

Source: NAA

With regard to the **type of housing conditions**, the following are noticed:

- most of these beneficiaries have permanent residence, being noticed an increasing trend in this rate during the reference time frame (from 88% in 2008 to 94% in 2011);
- if at the beginning of the period (2008), about 10% lived, at the treatment admission date, in institutional settings, at the end of the time frame (2011) only 1.4% of the beneficiaries were in such condition;
- only few of the beneficiaries have temporary residence.

**Chart no 8-7: Evolution of the treatment admissions following the use of the illicit use and NPS, by housing conditions (where), type of admission and beneficiary gender, 2008-2011 (%)**

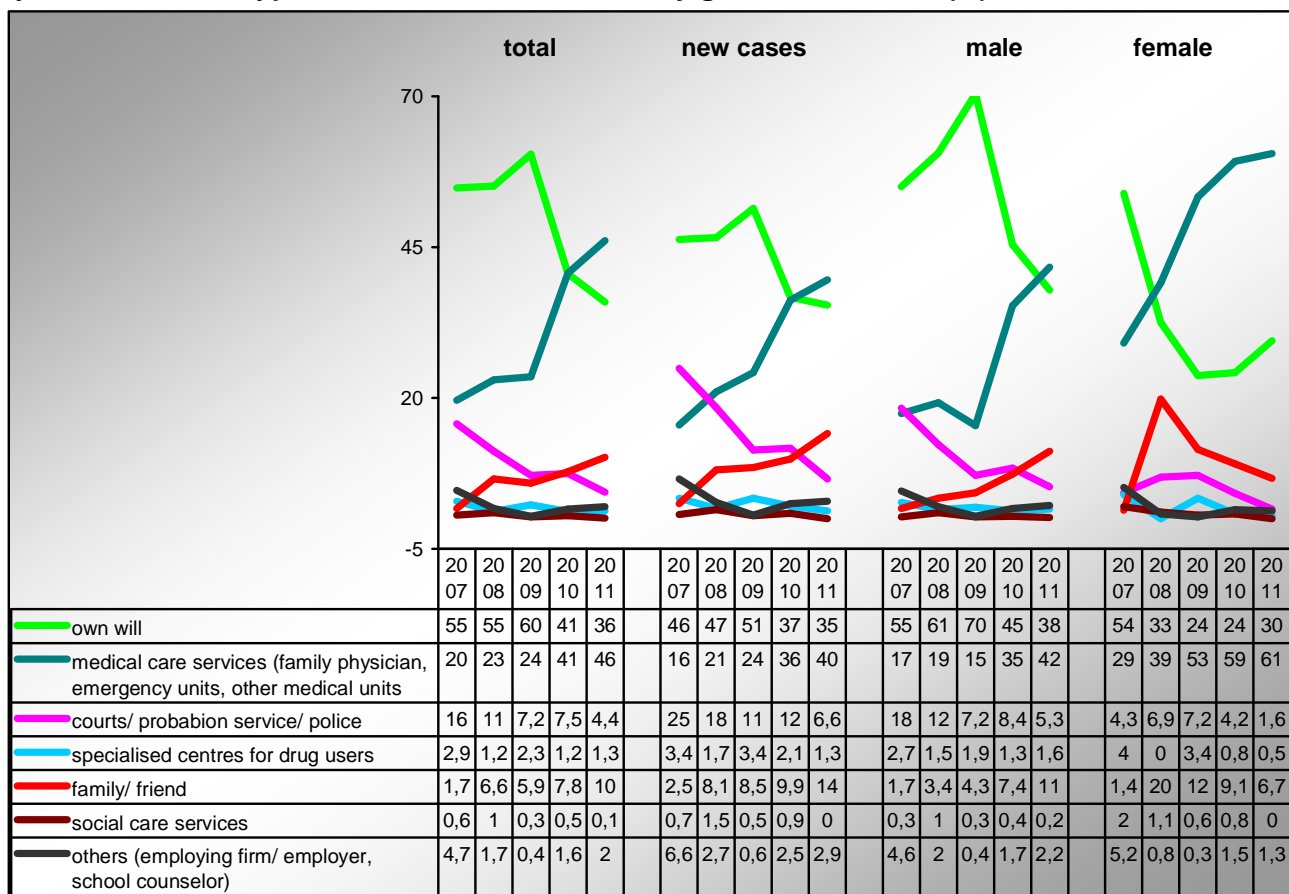


Source: NAA

**Referral source** - according to the data, the following aspects are noticed:

- most of the drug users, except the female drug users, demand treatment by their own will; however, for the last three reference years (2008-2011) it is noticed a decreasing trend in the rates of people attending treatment sessions by their own will;
- the professionals of the public health system (mainly the emergency units) represent (as rate) the second referral source sending the drug users to specialised care services, this situation having stronger increasing trend among the female beneficiaries;
- about one fifth of the beneficiaries are referred by specific law enforcement institutions (courts, probation service and police), the rates among female beneficiaries being lower than for male users, and generally, showing a decreasing trend in the last two years;
- about 1/10 are encouraged to demand treatment admission by the members of their families or by friends, with higher rates among new beneficiaries and female beneficiaries, showing meanwhile an increasing trend in the rates among new cases and male beneficiaries (in case of female beneficiaries being recorded, in 2008, a very strong increase of rate, from 1.4% to 19.8%, followed by a decrease of rate in the next 4 years);
- other referral sources have a poor importance in referring the drug users to the care services.

**Chart no 8-8: Evolution of the treatment admissions following the use of illicit drugs and NPS, by referral source, type of admission and beneficiary gender, 2007-2011 (%)**



Source: NAA

### 8.1.1.2 Survey outcomes

#### Drug Use<sup>151</sup> Associated Social Risks

Information on "legal drug" use-associated social risks is limited.

The good performance of professional activity and/or education process may be affected by the regular use of such substances. The experts performing on-site research, by individual or focus-group interviews, most frequently highlight the following "legal drug" use-associated social risk categories:

#### Medium and short term risks:

The risk most frequently mentioned by respondents (over 2/3 of the respondents) is *the danger for drug users to turn into drug dealers*. The following comment made by one of the interviewed expert is eloquent:

„I dealt with drug users coming from all social categories. Thus, it does not matter that the drug user comes from a family with higher or lower social status. Almost all of them ended up using drugs or becoming *dealers*. They became dealers firstly because in such manner their use is for free, and latter, they reached higher position, building their own dealing network. They ended up, as compromises, prostituting or pawning objects from their house (watches, jewelleryes), for substances. But the most severe case was when the responded ended up prostituting for a dose of ethno-botanical substances.“(Expert’s comment)

However, the delinquent conducts become visible as the addiction increases. We may assume that such conducts can be developed due to the high costs required to feed the addiction.

<sup>151</sup> The „Evaluation of new psychoactive substance use-associated risk among children and teenagers in Romania” Survey, RHRN, UNICEF, NAA, Bucharest, 2011

„The addiction level does also matter because an individual, using drugs once or twice, sets up a limit. The more addicted, the more prone to make absolutely anything, up to becoming a delinquent, is the individual.” (Expert’s comment)

On the <http://forumromedic.ro><sup>152</sup> forum, we meet the following relevant comment, displayed by a "legal drugs" user:

“about "pure magic": the most sh\*\*\*\* powder I have ever inhaled in my life.....when you inhale, it gives you, only for 1:30-2 hours, an excellent feeling and need to speak all the time, without interruption, to make all the time something, 1,000 of thoughts crossing your mind, but after the aforementioned time frame, you weaken, beginning to see all kind of things and to experience a paranoid condition... for 2 hours of happiness, 22 hours of pains follow; you can no longer sleep, you feel the need to inhale all the time. In the past, I inhale only when I went out but after a while, I felt the need to inhale more and more frequently and **when I had no substance I continuously thought how to get money to buy the powder. I began to borrow money from everybody, not having the capacity to return the relevant amounts** and, step by step, I lost my friends in this manner, in the present no one noticing me. Do not make the same error as me; give up to powders as long as you can, because otherwise, step by step, you will turf out your life for nothing...”

The following short term risks identified are: the school drop risk, the illicit methods of getting money, the prostitution, the peace disturbance especially in weekends, the car driving under the influence of such plants, the violence against colleagues, the good destruction, own or family goods pawning.

„... I can tell you that concrete case. He began to take money from the wallet of parents, friends, then he sold the gold held in the house; everything valuable in the house was sold.” (Expert’s comment)

### Long Term Risks:

The long term risks the most frequently mentioned are: social exclusion and self-marginalisation, adverse impact on the career and education level, as well as on the expressed moral values.

70 (58.3%) interviewed regular users of "legal drugs" reveal having difficulties with the **family / partners / school / friends / community / authorities**, following the use of "legal drugs".

- The "disputes/scandals" with family members, due to drug use and issues caused by such use, but also home runaway or expulsion, are most frequently stated.
- In the relation with the partner, violent disputes triggered by paranoia, strong jealousy, violence, are also stated.
- In the relation with school, problems begin with lack of attention, memory difficulties, many absences, lowering of the conduct grade, up to school drop. In the relation with friends, neighbours, community, disputes and marginalisation have been mentioned.
- In the relation with the police, violence, fine application or even calling in trial by authorities is claimed.

More than 1 of 4 drug users (31) declares that they felt being socially marginalised. Most frequently (in 19 cases), the marginalisation is imputed to friends, followed by family (in 16 of mentions).

Out of the regulated "ethno-botanical" substances, users declare they most frequently used the "Special Gold" (mephedrone, 24 mentions). It is not clear whether this drug was used when not regulated or subsequently. 19 of the drug users declare that they were involved in violent actions following the "legal drugs" use. The most frequently specified violent conducts are aggressions/fights with drug use partners or life partner, thefts and rapes.

### 8.1.2 LEGAL CONTEXT AND POLICY IN THE AREA

The reform strategy 2011 – 2013 in the field of social care, approved by Memorandum, in the Meeting of the Government of Romania of 28 February 2011, is mainly targeted on the increase of the efficiency of the social benefit system, managed by the Ministry of Labour, Family and Social Protection. A set of issues have been identified in this document, for whose settlement, appropriate actions have been proposed. Among the main issues of the social care system, as identified in point

<sup>152</sup>[http://forum.romedic.ro/prod/Cocaina\\_legala\\_de\\_la\\_weedshopuri\\_?\\_034416.html/36](http://forum.romedic.ro/prod/Cocaina_legala_de_la_weedshopuri_?_034416.html/36)

V - Issues related to coverage and flexibility/adaptability level of social care services and benefits, two aspects affecting some categories of beneficiaries, among which the category of people addicted to drugs, alcohol or new psychoactive substances, are mentioned, namely:

- *Poor development of some fields of the social policy and inequities in the level and financing of different programmes, benefits and services intended to some categories of beneficiaries/issues;*
- *Low capacity to adapt and react (by programmes) to the new type of social issues or categories of beneficiaries;*

For these issues, the identified solutions are:

- *Social inclusion of all the socially excluded categories;*
- *Flexibility of the social care system to expeditiously respond to the new social issues/risks.*

The Action Plan for the implementation of the reform Strategy of the social care system 2011 – 2013, adopted by Order no 1313/2011, contains concrete activities intended to reach the objectives established in the Strategy.

Law No 292/2011 of social assistance „regulates the general framework for organising, functioning and financing the national social assistance system in Romania". In defining the wording *vulnerable group*, the drug addiction is mentioned among the circumstances "leading to social and economic vulnerability". Also, the classification of the social services according to the categories of beneficiaries and the type of provided treatment refers to the people being drug and alcohol users/addicted users. As a result, according to the first classification criterion, the social services intended to "alcohol, drugs, other toxic substances" users are delimited, while, according to the type of provided treatment, the drug or alcohol addicted users are included in the category of beneficiaries who can access the special services provided. Special services provided have "extended accessibility and eligibility" and they „imply the preventive actions offered under law bureaucracy regime as well as a set of social services which will be accessed by the beneficiaries only by keeping the anonymity”.

## **8.2 SOCIAL REINTEGRATION OF DRUG USERS<sup>153</sup>**

The social reinsertion of the drug users is a long term process, requiring intervention in multiple development areas, through the social, psychological, medical and legal services.

At functional level, the social reinsertion services have the role to normalise the social and personal condition of the persons with addiction problems. The social reinsertion involves: to ensure the living means (shelter, food, clothing), to include the relevant person in an education system and to reinsert him/her on the labour market.

The services for social reinsertion of the drug users identified in Romania are:

- *Specific social reinsertion services* (providing services adjusted to the needs of such type of beneficiaries): day-time centres, centres for drug prevention, evaluation and counselling, therapeutic communities, vocational centres, social inclusion centres and other entities, which do not fall under the concept of "centre", as the support groups (Alcoholics Anonymous, Narcotics Anonymous).
- *Non-specific drug user reinsertion services*, playing a significant role in their social normalisation, are provided by State institutions (National Administration of Penitentiaries, Probation Service, Public Social Care Service).

At national level, the social reinsertion services are classified in two categories: services intended to underage addicted people and services intended to adult addicted people.

The providers of services intended to drug users at national level who reported in 2011 activities developed to the purpose of social reinsertion of such people, are:

<sup>153</sup> See the structured questionnaire SQ28

**Table No 8.1: Distribution of providers of social reinsertion services intended to drug users**

Organisation	Locality
RAFA - Bonus Pastor	Iași
BONUS PASTOR Foundation	Ozd
The Blue Cross Association	Sibiu
"Identity" Association	Beclean
Open Hand Association	Câmpina
The Preventis Association	Cluj-Napoca
St. Dimitrie Programme	Cluj-Napoca
Teen Challenge Foundation	Bucharest
Romanian Anti-AIDS Association (ARAS)	Bucharest
Alliance for the Struggle Against Alcoholism and Drug Addiction (ALIAT)	Bucharest
Alcoholics Anonymous	Spread at national level - 52 self-help groups
Romanian Patriarchy through Archbishops and Bishops	National

Source: NAA

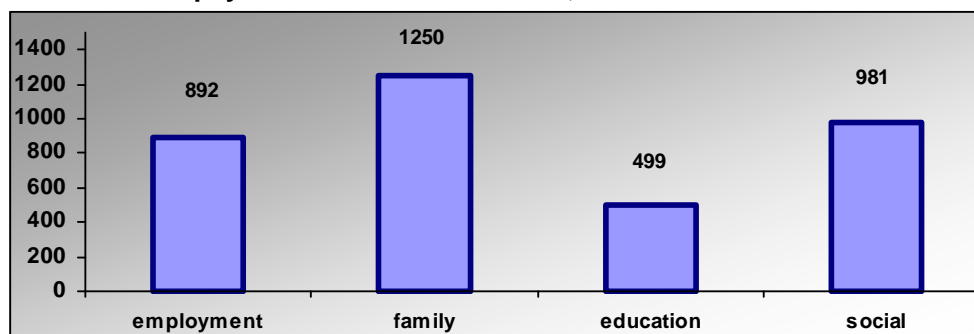
### Services and projects of the National Anti-drug Agency

The National Anti-drug Agency, through the 47 Drug Prevention, Evaluation and Counselling Centres, as well as through the 5 Addiction Integrated Care Centres, continued to provide social care session to support the social reinsertion of drug users in treatment.

As a result, during 2011, the professionals of the National Anti-drug Agency have initiated 3,622 projects for the insertion/reinsertion of the beneficiaries of the integrated treatment programmes, namely:

- inclusion on the labour market - 892 projects;
- family integration - 1,250 projects;
- insertion in school environment - 499 projects;
- social integration - 981 projects.

**Chart no 8-4: Insertion projects provided by NAA professionals to the beneficiaries having received social care for psychoactive substance use, in 2011**



Source: NAA

During the reference year, the National Anti-drug Agency has also set up, within the Regional Drug Prevention, Evaluation and Counselling Centre Bucharest 3, a Day-time Centre having a capacity of 10 places for adult drug users. The funds necessary to ensure the functionality of the Day-time Centre were allocated from the National Social, Psychological and Medical Care Programme 2009-2012 for drug users, Sub-programme 8. A number of 17 single beneficiaries have been enrolled in the programmes of the Day-time Centre. In the Day-time Centre, within the melotherapy workshops, social-psychological care services have been provided aiming education for health, social and communication accountability, dispute management and settlement of issues, parental ability development, training to obtain necessary skills for employment, training in computer use, budget

management and spare time management. Within the Day-time Centre was also set up the "African Band", a percussion band which participated to artistic events as guest. The Day-time Centre developed collaborations with other social partners as the Association "Institute for Social Policies", 12 beneficiaries of the Centre enrolled to different occupational training courses offered under the "Social Inclusion Centres - opportunity for facilitating participation of the vulnerable groups in the labour market" Project.

In April 2011, NAA ended the "**Democracy, cities and drugs - II**" Project, of which overall objective was to support the European cities to develop coordinated, participative and focused approaches in addressing the issues generated by the drug use, by developing local partnerships based on policies and best practice exchanges. In Romania, the project had as outcome, making a *Methodology for the integrated care of underage drug users*. In 2011, took place a „Working Meeting with decision-makers from ministries” corresponding to objective „O5 Preparation of joint order establishing the national legal framework for specific care interventions intended to underage drug users”, to which representatives of the Ministry of Labour, Family and Social Protection, the National Authority for the Protection of the Family and Child Rights, the Ministry of Health, the Romanian HIV/AIDS Centre, the Ministry of Justice, the Ministry of Education, Research and Youth, The Ministry of Administration and the Interior, the Chancellery of the President of the Chamber of Deputies, as well as representatives of the civil society within UNICEF Romania National Office, UNODC Romania and Romanian Harm Reduction Network, have participated. The representatives of the public institutions having competences in the area of care services for underage drug users did not agree with the Draft Joint Order, subject of technical discussions, correlated with the *Methodology for the integrated care of underage drug users*, so that these documents could be promoted at inter-ministerial level in order to be signed by the decision-makers.

#### **Civil society projects and services**

An important social actor, which developed social reinsertion and care programmes and provided social reinsertion and care services for drug users, was the Romanian Patriarchy, through Archiepiscopacies and Episcopacies. In 2011, it executed the following:

- 5 social reinsertion programmes for drug users in Sălaj, Bacău, Roman, Iași, Vaslui, Galați, Botoșani, Arad Counties and in Republic of Moldova (i.e. St. Nicholas Counselling Centre Zalău, the "Izvorul Tămăduirii" Centre of Prevention, Evaluation, Counselling and Information for People Addicted to Alcohol and Other Types of Drugs in Bacau, the "Sf. Nicolae" Centre for Counselling and Rehabilitation of People Addicted to Alcohol and Other Types of Drugs ), whose services benefited 262 people exposed to the social exclusion risk due to use of drugs, including alcohol, by specialised interventions of counselling, home care, financial and material aid, intended to the social insertion/reinsertion of the drug users. Implementing Partners: Roman and Bacău Archiepiscopacy, Sălaj Episcopacy, "Filantropia Porolissum" Association, Arad Archiepiscopacy, Arad Micălaca Veche Congregation, Iași Archiepiscopacy, "Solidarity and Hope" Foundation, Metropolis of Bessarabia, Iași Penitentiary of Maximum Safety;
- 10 Archiepiscopacies and Episcopacies (Covasna and Harghita Episcopacy, Suceava Archiepiscopacy, Bucharest Archiepiscopacy, Giurgiu Episcopacy, Oradea Archiepiscopacy, Buzău and Vrancea Archiepiscopacy, Lower Danube Archiepiscopacy, Slatina Episcopacy, Huși Episcopacy, Timișoara Archiepiscopacy) provided counselling and support within some parochial activities, to 1593 people addicted to alcohol or other types of drugs, besides other disadvantaged categories.
- By providing home care services under "Be close to your peer" Project developed by Arad Archiepiscopacy and Arad Micălaca Veche Congregation in 2011, a novelty element was brought in the assembly of services intended to alcohol and drug users. The project aimed the social reinsertion of people addicted to alcohol and drugs, under this project being also provided counselling as well as financial and material support services to 18 direct beneficiaries.

The "**Cross-border cooperation for a life without drugs**" Project, financed by the Ministry of Regional Development and Tourism, implemented in 2011 by the Iași Archiepiscopacy, the Metropolis of Bessarabia, the "Solidarity and Hope" Foundation, the Iași Penitentiary of Maximum Safety, aimed to prevent the drug use and to ensure the social reinsertion of the drug users.

The activities performed under this Project consisted of:

- training, education by courses, seminars, conferences and training sessions of which benefited 15 volunteers (drug trafficking and use issues) and 75 professionals from Romania and Republic of Moldova (priests, medical doctors, social workers);
- sessions of psychological evaluation, individual counselling and group therapy for 40 people addicted to drugs, 35 people with co-addiction, 24 people addicted to alcohol and other types of drugs from Iași Penitentiary of Maximum Safety;
- the members of the team from "Sf. Nicolae" Centre participated to seminars, round tables and conferences, media promoting activities (2 radio broadcasts, 3 reportages in "Lumina" Newspaper, project promotion through Facebook Social Network, dissemination of booklets, fliers, brochures, posters, banners).

During July 2010 – July 2013, the Romanian Anti-AIDS Association (ARAS) in partnership with Integration Association, Sens Pozitiv Association and the "Prof. Matei Bals" Infectious Diseases Institute implemented the „**Second chance**” programme, for a number of 3500 beneficiaries, with a budget of 20 812 555 RON. The programme mainly aims to improve access to labour market for 3500 people with double vulnerability: Roma ethnicity, women, former prison-inmates, victims of human trafficking, who are also injecting drug users in Bucharest, county of Ilfov, and counties of Timis and Constanta, through increase of social-professional reinsertion level, enhancing self-esteem, promotion of a healthy setting and raising public and employers' awareness on the problems and needs of drug users.

Under this programme, "I AM NOT A "NOBODY"" Campaign was launched. This campaign aimed to raise the public awareness and education on social reinsertion of the drug users, being developed also a website – [www.un-nimeni.ro](http://www.un-nimeni.ro). On this website homepage, 5 case studies about drug users were displayed to raise the employers' awareness on the issues related to the drug users' marginalisation and exclusion from the labour market.

In terms of alcohol use, in 2011, a development of the services intended to alcohol users is noticed.

- With regard to the social reinsertion of them, during the time frame January 2011 - December 2012, the Alliance for the Struggle Against Alcoholism and Drug Addiction (ALIAT) in partnership with Dâmbovița Unemployed Support Association (ASSD) and National Centre for Family Medicine Studies (CNSMF), develop the "Social Inclusion Centres for people addicted to alcohol use" Project ([www.alcocentru.ro](http://www.alcocentru.ro)) – under SOPHRD Programme, with a budget of 420,000 euro. The Project has as overall objective facilitating the access on the labour market of the people addicted to alcohol. The specific goals of the project consisted of: setting up two integrated care centres for people abusing of alcohol use in Bucharest and Târgoviște, training 750 family physicians from the rural and urban environments in Bucharest - Ilfov and South-Muntenia to provide people abusing of alcohol use with specific interventions and setting up of a virtual resource centre for professionals in alcohol addiction area and for non-professionals. To reach the Project objectives, the implementation of the following activities has been taken into consideration: healthcare (addiction treatment, prevention of returns to drug use), personal development (consolidation of the motivation to make positive changes in their lives), support, psychical education and information sessions for the members of the family, including psychical-pedagogical interventions for the children of the beneficiaries, professional training, vocational and Labour Law counselling and mediation for obtaining or keeping a job), training courses for 750 family physicians in early detection and short interventions in disorders in connection to alcohol use. In 2011, 157 of people with disorders in connection to the alcohol use, 45 members of their families (including children) benefited of the specialised interventions under this Project. A number of 146 family physicians were trained and 40 people were qualified in view of their employability.
- At national level, the Alcoholics Anonymous Community is represented by 52 self-help groups. These self-help groups develop the Alcoholics Anonymous programme titled "Twelve-Step Program". The objective is to keep the abstinence and to help the ill alcoholics. In the meetings of the supporting groups, available with daily, permanent and unlimited frequency, a number of about 800 - 1000 of beneficiaries have been supported to keep the sober condition and to actively participate in family environment and in society. Financing of Alcoholics Anonymous groups is made by self-supporting, according to the AA philosophy.

## Map no 8-1: AA Groups in Romania



Source: [www.alcooliciianonimi.ro](http://www.alcooliciianonimi.ro)

*The NGO CARUSEL* was set up in June 2011, when it developed the **SATG (Safe Area & Trip Guidance)** Project, under the participation to the "One Love" Festival, during the time frame 23-25 September 2011. *The project objective* was to reduce the consequences of the drug use by creating a protected area (*safe area*), where people having used alcohol or different types of drugs could come to be supported in use effect management, to discussions with a professional (*trip guidance*), to drink water, to obtain referrals to other services available in the areas they originate from. 40 people benefited of such interventions.

## CONCLUSIONS

1. In the reference year, both the civil society (with robust representation at NGOs level but also at the level of the private providers) and the State institutions provided social insertion/reinsertion services for drug users;

2. The social reinsertion services intended to drug and alcohol users, unlike other types of services intended to them, are not clustered in Bucharest, having a national spread.

3. The small number of providers of social rehabilitation services for drug users reflects the insufficient development of the services at precursory levels (1st and 2nd level care).

4. At national level, according to the provisions of Order no 1389/513/282 of 4 August 2008 on approving the Criteria and methodology for the authorisation of centres that provide services for drug users and the Compulsory minimum standards of the organisation and operation of the centres that provide services for drug users<sup>154</sup>, the centres providing care services oriented to the reinsertion of the drug users needs to be authorized by the National Anti-drug Agency. In 2011, no centre providing the drug users with social reinsertion services was given clearance.

5. The information reported by the services providers differs as form from a provider to other, according to the specific of the activities performed, as well as the manner of understanding and classifying the types of provided services in the classification of all types of services described at legislative level (MLSFP, MH and MAI). Hence, it becomes difficult to follow up and quantify the number of people socially reinserted.

<sup>154</sup> published in Official Gazette no 830 of 10 December 2008

## Chapter 9 – Crime in the drug regime, crime prevention in drug regime and in the prison system

As it was mentioned before in this report, the year 2011 was marked by the reaction of public authorities and the civil society for fighting the new psychoactive substances trade transactions and use and for offering medical assistance to the consumers of such substances.

However, taking into consideration that only at the end of 2011 the new legal regulation relative to the sanctioning regime of the operations with substances susceptible to produce psychoactive effects, other than those stipulated by the laws in force <sup>155</sup> was adopted, no considerable fluctuations were registered with regard to the crime level in the drug regime and precursors which continued to remain at the level of the past years.

Moreover, in the reference period, no legislative or structural modifications were made that were to cause changes at the data providers level, i.e. at the collection system level as a whole. Thus, the indicators relative to crime in the drugs legal status that have been presented and analysed in this section of the report continue to be structured on the basis of the number of criminal cases and investigated and convicted persons respectively, analysed depending on the three phases of the criminal trial, in accordance with the criminal process legislation of Romania, namely: the criminal investigation phase carried out by the prosecution departments, the trial phase carried out by the courts and the punishments execution carried out within the prison system.

### 9.1 CRIME IN THE DRUG REGIME

During 2011, the crime registered at the drugs regime level continued to be the one generated by the application by the Public Ministry, by means of the Directorate for Investigating Organized Crime and Terrorism, and by the Ministry of Administration and Interior, by means of the General Inspectorate of Romanian Police, of the legal provisions stipulated in Law no 143/2000 on preventing and countering the illicit drug use and trafficking, breaches related to the legal status of the drugs precursors <sup>156</sup> or the legal provisions on the fight against psychoactive substances operations, other than those stipulated by the laws in force, not being registered <sup>157</sup>.

#### 9.1.1. CRIMES IN THE DRUGS REGIME ("ARRESTS"/TRAFFICKING/PRODUCTION/CULTIVATION ETC. STATEMENT OF FACTS)

##### A. NUMBER OF CRIMINAL FILES SOLVED BY THE PROSECUTION DEPARTMENTS FOR COMMITTING CRIMES IN THE DRUGS AND DRUG PRECURSORS REGIME

During 2011, the law enforcement bodies have continued their activity of crime investigation and fight at the drugs legal status level, including the drugs precursors, focusing especially on the fight against cross-border drug trafficking and the petty street trafficking specific to the Bucharest municipality and other big urban agglomerations. Moreover, a constant priority of the prosecution units' activity was represented as well by the investigation of the trafficking and consumption of new psychoactive substances, other than those stipulated by the laws in force, assimilated both medically and legally to the dangerous drugs and highly dangerous drugs.

The total number of solved cases during 2011 by the Directorate for Investigating Organized Crime and Terrorism (DIICOT) (the central unit and the 15 territorial departments) was **4 087 cases** which represents **an increase of 21.64% in relation to 2010**, when only 3 360 cases were registered.

<sup>155</sup> Law No194/7.10.2011 for countering the operations with substances susceptible to produce psychoactive effects, others than the ones regulated by other laws (issued by: the Parliament of Romania, published in the Official Gazette of Romania, Part 1, No 796 of 10/10/2011)

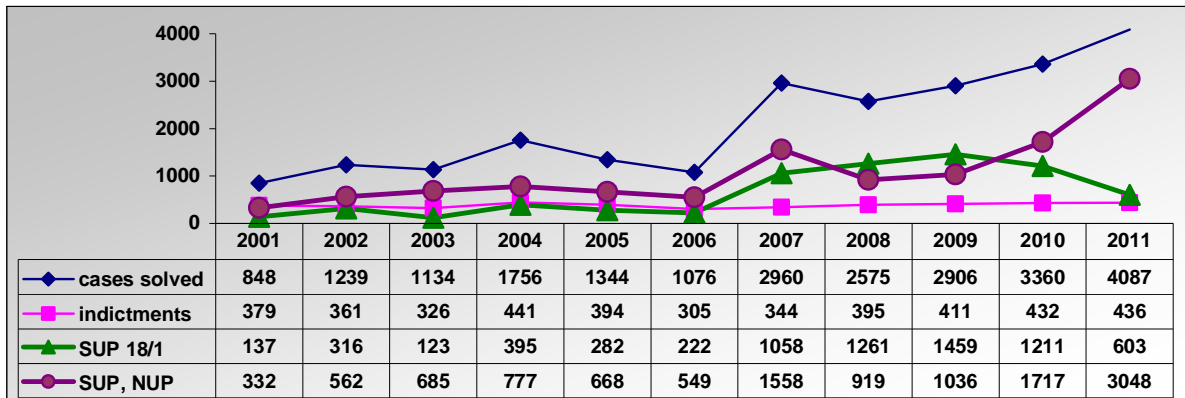
<sup>156</sup> Government Emergency Ordinance no 121/2006 relative to the legal status of the drug precursors (issued by: the Government of Romania, published in the Official Gazette of Romania, Part 1, No 1039, of 28 December 2006)

<sup>157</sup> Law No. 194/7.10.2011 for countering the operations with substances susceptible to produce psychoactive effects, others than the ones regulated by other laws (issued by: the Parliament of Romania, published in the Official Gazette of Romania, Part 1, No. 796 of 10.10.2011)

To this effect, in the reference year, **436 cases** were sent before the court for continuing the criminal trial, the slightly increasing tendency registered beginning with 2006 being maintained.

Out of the 4 087 criminal files solved during 2011 by DIICOT, 3 048 files were solved with proposal of non continuation of the criminal action on various grounds stipulated by law, while the number of files concluded with the same proposal of non continuation of the criminal action, in accordance with article 18<sup>1</sup> of the Criminal code, was of only 603 cases.

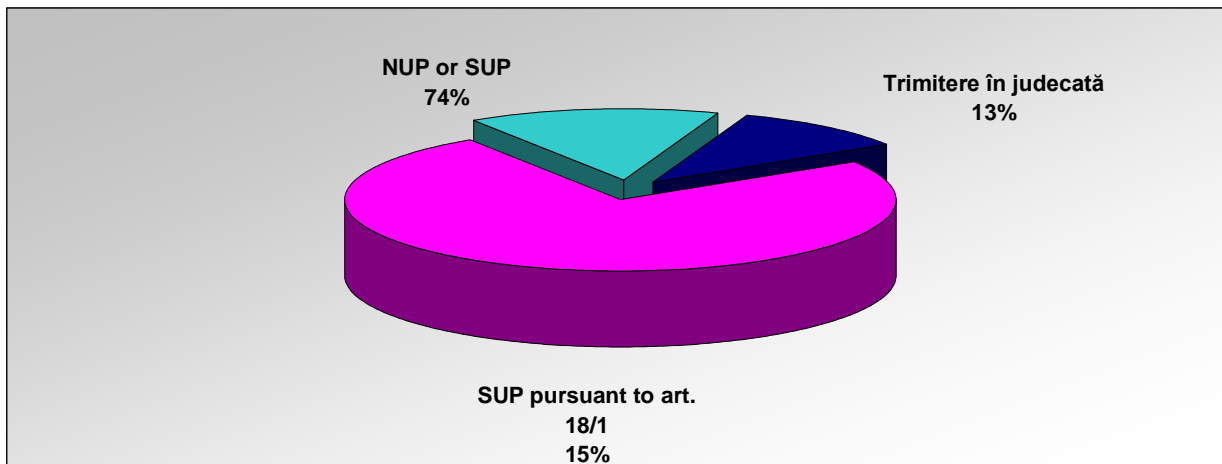
**Chart no. 9-1: Dynamics of the criminal cases investigated by prosecution departments in the period 2001 - 2011 (no.)**



Source: Prosecutor's Office attached to the High Court of Cassation and Justice, DIICOT

In comparison with 2010, the reference year, a decrease by half of the percentage of criminal cases with decision of closing the investigation is observed, in accordance with article 18<sup>1</sup> (from 36.04% to 14.75%), together with an increase of the percentage of criminal files with decision of non-opening the criminal investigation proceedings or closing the criminal investigation proceedings from the total of solved criminal files (from 51.10% to 74.58%).

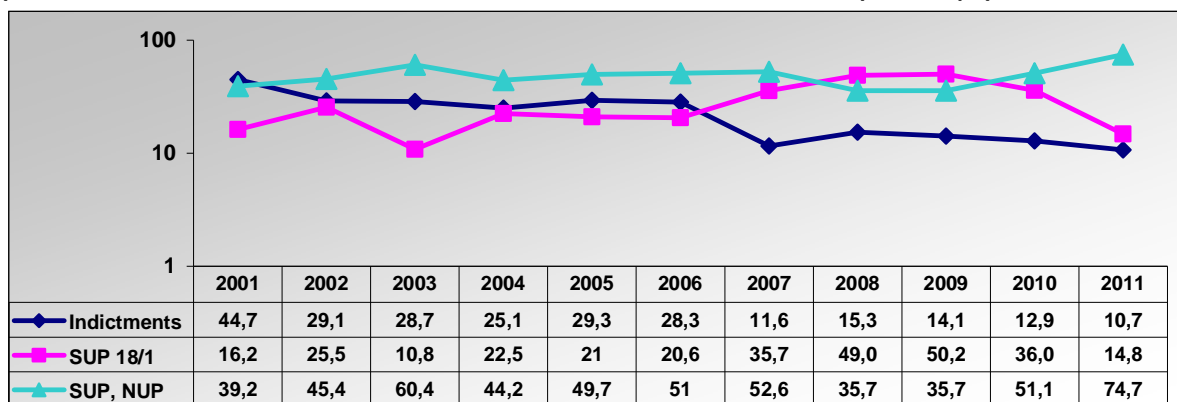
**Chart no. 9- 2: Distribution of the solved files, in 2011, depending on the decision type (%)**



Source: Prosecutor's Office attached to the High Court of Cassation and Justice, DIICOT

Moreover, the reversal of the ratio between the number of files solved by decision of the public prosecutor of non-continuation of the criminal action (CCCP and NCCCP decisions) and the files concluded with the same decision, motivated exclusively by gravity lack of the offence (in accordance with article 18<sup>1</sup> of the Criminal code), observed in 2010, continues to be maintained during 2011.

**Chart no. 9-3: Evolution of the percentage of cases solved depending on the decision type (indictment, CCCP in accordance with article 18<sup>1</sup>, NCCCP or CCCP), 2011 (%)**



Source: Prosecutor's Office attached to the High Court of Cassation and Justice, DIICOT

Inherently, the big urban agglomerations and as well the cross-border areas have continued to remain during 2011 the areas with high potential level of criminality in the crimes related to the drugs legal status field. This conclusion is supported by the situation highlighted by the data registered at the level of territorial departments of DIICOT. Thus, at the Bucharest municipality level a percentage of 61.76% (2 524 cases), out of the total of cases solved at national level, were solved. Although with lower values, the next places are occupied by the Cluj municipality - 4.7% (192 criminal cases), Constanța - 4.55% (186 criminal cases) and Ploiești - 3.77% (154 criminal cases). One important aspect to be observed is that, in relation to 2010, important increases, even with percentages over 50%, of the number of criminal cases solved by the territorial departments of DIICOT in the districts situated in the north-east part of the country, situated at the border with the Republic of Moldova and Ukraine, respectively the departments from Bacău (from 45 in 2010, to 115 in 2011), Iași (from 96 in 2010, to 123 in 2011) and Suceava (71 cases in 2011, compared to 8 in 2010).

**Table No. 9-1: Distribution, at territorial level, of the solved files, depending on the decision type - compared data 2009 - 2011**

Territorial department	Solved cases											
	2009				2010				2011			
	Accusations	CCCP 18 <sup>1</sup>	CCCP/NCCCP	Total	Accusations	CCCP 18 <sup>1</sup>	CCCP/NCCCP	Total	Accusations	CCCP 18 <sup>1</sup>	CCCP/NCCCP	Total
Alba Iulia	12	17	25	54	15	20	36	71	13	10	48	71
Bacău	10	10	10	30	8	8	29	45	8	8	99	115
Brașov	17	6	22	45	17	7	24	48	13	2	32	47
București	184	1258	699	2141	151	974	1092	2217	120	379	2025	2524
Cluj	25	21	29	75	25	31	33	89	47	48	97	192
Constanța	24	56	46	126	23	34	81	138	44	18	124	186
Craiova	18	18	43	79	18	24	68	110	26	16	106	148
Galați	14	0	20	34	24	3	67	94	14	9	63	86
Iași	12	18	17	47	11	40	45	96	19	47	57	123
Oradea	13	6	11	30	17	9	13	39	17	2	15	34
Pitești	10	3	12	25	6	9	15	30	12	11	46	69
Ploiești	9	9	32	50	29	13	86	128	25	9	120	154
Suceava	10	6	5	21	2	1	5	8	13	7	51	71
Tg. Mureș	8	6	10	24	10	3	18	31	10	10	29	49
Timișoara	25	23	15	63	30	27	33	90	28	26	57	111
Central unit	20	2	40	62	46	8	72	126	27	1	79	107

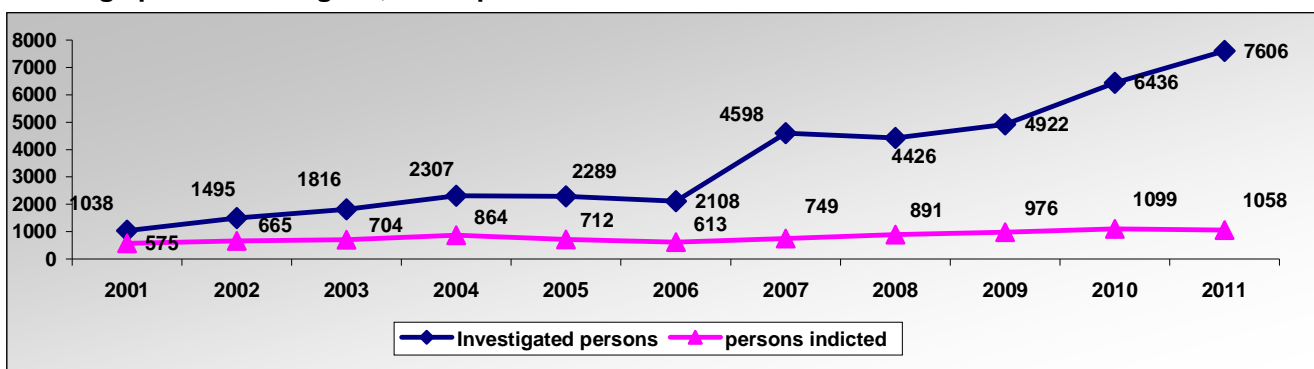
Source: Prosecutor's Office attached to the High Court of Cassation and Justice, DIICOT

## B. SITUATION OF THE PERSONS INVESTIGATED AND INDICTED BY THE PROSECUTION DEPARTMENTS

The increase, in 2011, of the criminal cases number inferentially meant the increase of the number of persons investigated for committing crimes related to the drug regime. Thus, in the 4 078 criminal cases solved by the prosecutions units, a number of **7 606 persons** were investigated (with 18% more in relation to 2010), out of which 40%, respectively 3 064 persons were investigated by the prosecution unit created at the Bucharest municipality level.

While the number of persons investigated for committing crimes related to the drug regime continued the ascending path observed beginning with 2006 both for this indicator and for the one related to the number of persons sued, accused of committing offences related to the drugs regime, the latter indicator registered a slight decrease. Thus, in 2011, out of the total of 7 606 of persons investigated for committing crimes related to the drugs regime, a number of **1 058 persons (13.91%) were sent before the courts** for the continuation of the criminal action, while for the difference of 6 548 persons, measures for closing the criminal court proceedings were taken.

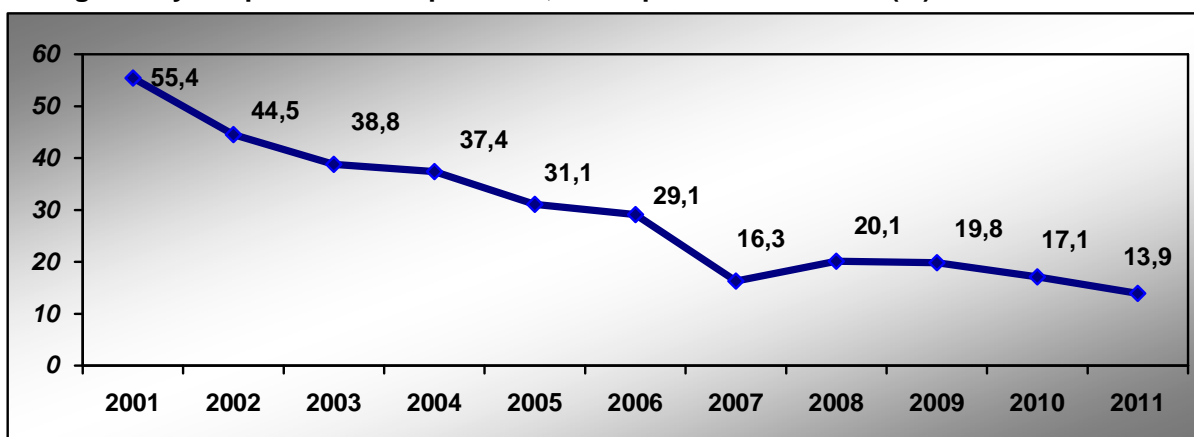
**Chart no. 9 – 4: Evolution of the number of persons investigated by the prosecution departments and the number of persons indicted for committing crimes related to the drugs and drugs precursors regime, in the period 2001-2011**



Source: Prosecutor's Office attached to the High Court of Cassation and Justice, DIICOT

At the same time, the ratio between the number of persons investigated for committing crimes related to the drug regime and the number of persons indicted underlines the same decreasing tendency registered along the period 2001-2011, in the reference year having the lowest value from the entire interval, 13.91% respectively. This decrease it is determined by the increase in the number of persons investigated.

**Chart no. 9-5: Evolution of the percentage of indicted persons out of the total of persons investigated by the prosecutor department, in the period 2001 - 2011 (%)**



Source: Prosecutor's Office attached to the High Court of Cassation and Justice, DIICOT

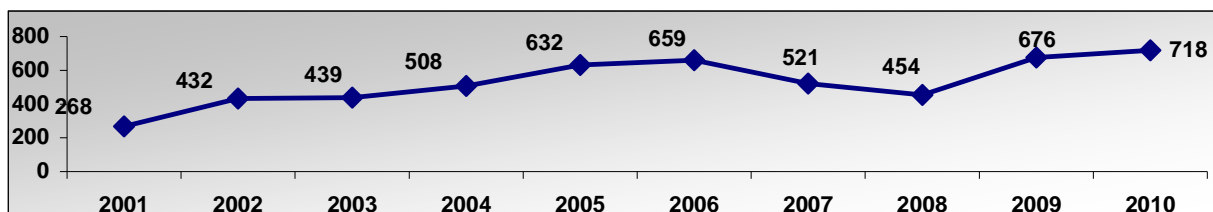
The analysis of the demographic and socio-economic indicators related to the indicted persons in 2011 for breaching the legal provisions related to the drugs regime indicates that the characteristics of the profile outlined in the previous years are the same, so that the persons indicted for committing crimes related to the drug regime is, as a rule, a man (90.74%), 21-54 years old (91.68%), from the urban environment (89.79%), with intermediate education (54.35%) and unemployed (73.35%).

### C. SITUATION OF THE PERSONS CONVICTED BY THE TRIAL COURTS

During 2011, the trial courts have established as being guilty of committing crimes related to the legal status of drugs a number of **853 persons** (737 men and 116 women), out of which **832 adults** (732 men and 100 women) and **21 minor children** (5 males and 16 females). And the evolution of this indicator is maintained in the period's tendency, its value in 2011 being with **18.8%** greater than the one registered in the previous year.

**The percentage of second offenders**, and as well **of the persons with criminal past record** out of the total of convicted persons, registers insignificant increases (from 13.5% in 2010 to 14.07% in 2011 and from 6.1% to 7.27% respectively) .

**Chart no. 9-6: Evolution of the number of persons convicted for crimes related to the drugs regime, in the period 2001 - 2011**



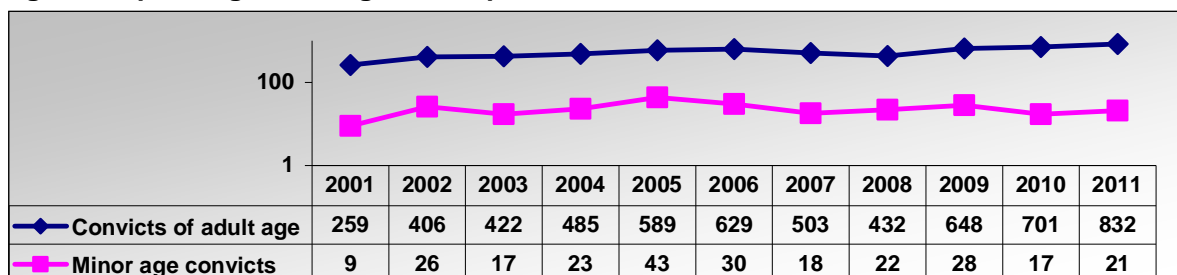
Source: Superior Council of Magistracy

In 2011, most (**59.32%**) of the persons convicted for crimes related to the drugs regime continued to be represented by the **number of persons convicted for the drugs trafficking crime**, so that a number of 506 persons were convicted pursuant to article 2 of the Law no 143/2000 on preventing and countering the illicit drug trafficking and use, with subsequent amendments and additions. Moreover, in the reference year, **the number of persons convicted by the trial courts for the crime of drugs possession for personal use dropped to only 6.92% out of the total of persons convicted** (59 persons convicted pursuant to article 4 of Law no 143/2000).

On the basis of the values registered in 2011, it can be concluded that the evolution tendencies in the past years related to the number of persons convicted depending on the type of crime committed is maintained, which highlights a decrease of the trial courts` interest to sanction the crime of drug possession for personal use with imprisonment, in favour of punishments with conditional adjournment of punishment execution.

The involvement level of the minor children in committing crimes related to the drugs regime continues to be maintained to low values, less than 3%, most of the convictions being for drugs trafficking crimes.

**Chart no. 9-7: Evolution of the number of persons convicted for crimes related to the drugs regime, depending on the age, in the period 2001 – 2011**

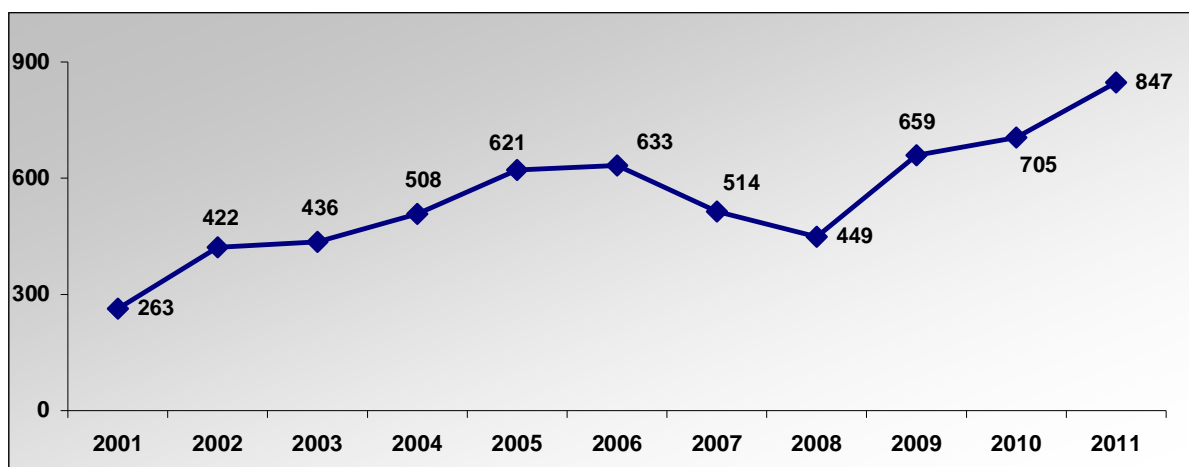


Source: Superior Council of Magistracy

### Situation of the persons convicted for crimes related to the drugs regime depending on the type of punishment applied

Taking into consideration the social danger of crimes related to the drugs regime, during 2011, and as well in the previous years, the trial courts have applied for the most part the imprisonment punishment and only in a few cases the other types of sanctions stipulated by the Romanian criminal legislation. Thus, out of the total of 853 persons convicted in 2011 for crimes related to the drugs regime, a number of 847 persons was given the imprisonment punishment, while the amercement<sup>158</sup> was applied only to a number of 5 persons, and the instructional measure of probation of the minor children was applied only in one case.

**Chart no. 9-8: Evolution of the number of persons convicted to imprisonment, in the period 2001 – 2011**



Source: Superior Council of Magistracy

As well, out of the total of 847 persons convicted to imprisonment, 426 persons (50.35%) were convicted to imprisonment with execution of the punishment in prison, 171 persons (20.21%) were convicted to imprisonment with conditional adjournment of punishment execution, and 249 persons (29.43%) were convicted to imprisonment with suspension on probation.

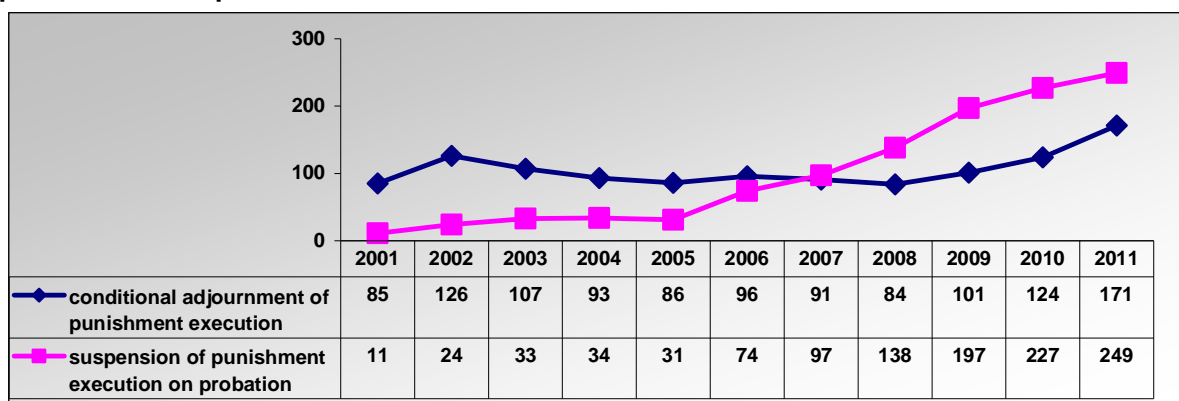
Thus, although the total number of persons convicted to imprisonment registers an increase, however, beginning with 2006, evolutions that lead to a parity between the imprisonment punishments with execution in the prison (50.35%) and the imprisonment punishments with suspension of execution (49,64%).

It can be concluded that, the values registered for 2011 remain in the tendencies of the last years both with regard to the evolution of the ratio between the number of persons convicted to imprisonment with punishment execution in prison and the one related to the persons convicted with suspension of punishment execution and with regard to the ratio evolution between the number of

<sup>158</sup> See the National report 2011, Chapter IX, pag.172

persons convicted to imprisonment with conditional adjournment of punishment execution and the number of persons convicted with adjournment of punishment execution on probation <sup>159</sup>.

**Chart no. 9-9: Comparative evolution of the number of persons convicted to imprisonment with conditional adjournment of execution and the number with execution adjournment on probation in the period 2001 – 2011**



Source: Superior Council of Magistracy

No significant modifications were registered neither related to the quantum of punishments applied to persons of adult age (418 persons), so that the imprisonment punishment from 1 to 5 years remains the most frequent applied, being encountered to a proportion of **56.46%** (236 persons) out of the total of persons convicted with imprisonment with execution in prison. As well, for a percentage of **26.32%** (110 persons) out of the persons of legal age convicted, the imprisonment punishment varied between 5 and 10 years.

At the same time, the constant increase of the number of non-custodial sentences applied by the trial courts in Romania is retrieved in the correlative increase of the number of persons on the registry of the probation services, responsible by law with monitoring the observance of the obligations imposed to convicts by the trial courts.

Thus, in 2011, in accordance with the statistic data related to the persons convicted for crimes related to the drugs regime on the registry of the probation services, it is noticed an increase of 53.4% of the number of persons convicted to imprisonment with suspension of punishment execution to whom the trial courts imposed the observance of the conditions stipulated in article 86<sup>3</sup>, paragraph 1, letters a – d of the Criminal Code<sup>160</sup>, and as well an increase of 59.69% of the number of persons to whom the trial courts imposed the observance of the obligations stipulated in article 86<sup>3</sup>, paragraph 3, letters a - f of the Criminal code<sup>161</sup>.

## 9.4 OTHER CRIMES COMMITTED RELATED TO DRUGS CONSUMPTION

### CRIMES RELATED TO THE LEGAL STATUS OF CIRCULATION ON PUBLIC ROADS

During 2011, traffic police found in traffic **26 persons who drove vehicles on public roads** under the influence of narcotic substances or products<sup>162</sup>, **with 35% less** in relation to 2010. Thus, out of the

<sup>159</sup> See the National report – 2011, Chapter IX, pag.173

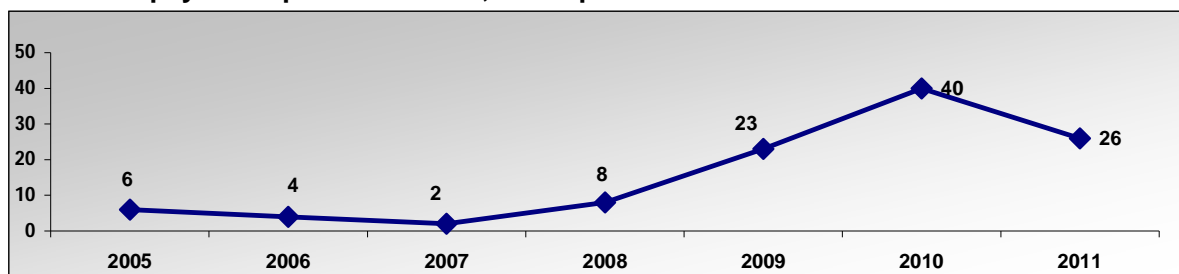
<sup>160</sup> article 86<sup>3</sup>, paragraph 1, letters a – d of the Criminal Code stipulates that *during the punishment the convict must comply with the probation measures, such as: to present himself/herself on the indicated deadline at the probation court or the probation service, to announce beforehand any domicile change, and as well any leave that exceeds 8 days, to communicate and to justify the change of job, and to communicate all the information by means of which the means of subsistence can be controlled.*

<sup>161</sup> article 86<sup>3</sup>, paragraph 3, letters a – f of the Criminal code stipulates that *during the punishment the convict must comply with one or more obligations, namely: to carry out an activity or to undergo a training course, to change his/her domicile only with the approval of the court, not to go to certain places, not to speak to certain persons, not to drive a vehicle or certain vehicles and to conform to the control, care or treatment measures, especially for detoxication.*

<sup>162</sup> The source of the data originates exclusively from the spot controls carried out in traffic by the Traffic Police, anti-drug tests not being carried out in the case of traffic accidents.

26 car drivers, 4 persons were found in traffic on the territory of each of the counties Covasna and Timiș, 3 on the territory of each of the counties Alba, Ilfov and București, 2 on the territory of each of the counties Bacău, Dâmbovița, Dolj and Vaslui and one car driver on the territory of the Maramureș county.

**Chart no. 9–10: Evolution of the number of car drivers found in traffic under the influence of narcotic or psychotropic substances, in the period 2005 – 2011**



Source: Traffic Directorate, the General Inspectorate of Romanian Police

In the context of implementing the *Measure Plan to counter the trade and use of new psychoactive substances/products, health damaging, no 5/1194 of 18.02.2011*<sup>163</sup>, having as objective the coordination and monitoring the actions carried out at national level to counter the use of new psychoactive substances/products, health damaging, others than those regulated, and as well to counter their proliferation under any form, the National Anti-drug Agency carried out in the first half year of 2011, in Bucharest, **the implementation of a Project for informing, educating and awareness rising of car drivers** with regard to the risks of drug consumption (focusing on the new psychoactive substances), and as well to train the policemen within the traffic departments. The project consisted in **information, education and awareness raising activities of car drivers** with regard to the risk of drug consumption, within which mixed teams of specialists of the National Anti-drug Agency and the Traffic Police Brigade, within the General Directorate of the Police of Bucharest Municipality, have applied to the car drivers stopped in traffic short-term tests for detecting drug metabolites in biological products (in this case saliva), registering the following results:

**Table No. 9-2: Situation of the testing in traffic of car drivers in July - December 2011**

Month	Carried out tests	Positive results of tests	Active agent	Negative results of tests	Invalid result of tests
July	25	4	THC, AMP	21	0
September	10	2	THC	8	0
October	12	3	THC, AMP	9	0
October	7	1	THC	6	0
November	5	1	AMP	4	0
November	14	0		12	2
December	9	0		9	0
Total	82	11		69	2

Source: NAA

Out of a total of 82 tests carried out, 11 car drivers were tested positive to cannabis and amphetamines.

The problem of being under the influence of drugs while driving was analysed as well within the *Study*<sup>164</sup> *on the prevalence of drug consumption among students in the university environment in Romania (SPS - Students Population Survey)*. Thus, at the questions related to driving cars under the influence of narcotic substances, **22.4% of the respondents admitted having driven cars on public roads, although they were under the influence of drugs** (the deed being considered a crime and punished accordingly by the Romanian traffic legislation).

<sup>163</sup> See Chapter 1

<sup>164</sup> Presented in detail in Chapter 2

## OTHER CRIMES RELATED TO DRUG CONSUMPTION

During 2011, the crimes against the property continue to remain on the first place for crimes committed by persons under the influence of narcotic or psychotropic substances. Thus, out of the **524 persons** who committed crimes while under the influence of these substances (385 men, 139 women), to whom the preventive custody measure was applied, registered in the 12 detention centres of the Independent Department for Preventive Restraint and Custody, within the General Directorate of the Police of Bucharest Municipality, over **80% have committed crimes against property** (319 theft offence and 102 robbery offence).

The percentage of minor children among the persons arrested for committing crimes under the influence of drugs continues to be within reduced limits of about 2.1% (11 minor children - 7 boys and 4 girls).

**Table No. 9-3: Situation of the persons arrested depending on the type of crime committed in the period 2006 - 2011**

Type of crime	Law	Number of persons					
		2006	2007	2008	2009	2010	2011
Petty larceny and grand larceny	art. 208,209 CC62	278	323	378	221	414	319
Robbery	art. 211 CC	47	112	125	100	119	102
Murder	art. 174-178 CC	6	2	1	0	0	0
Bodily injury	art. 181 CC	1	0	3	0	0	0
Proxenetism	art. 329 CC	2	2	2	30	0	0
Spoilation	art. 217 CC	1	0	4	0	0	0
Fraud	art. 215 CC	1	3	13	42	0	0
Illegal restraint	art. 189 CC	1	0	3	0	0	0

Source: The Department for Preventive Restraint and Custody, the General Directorate of the Police of Bucharest Municipality

## 9.5 PREVENTION OF CRIMINALITY RELATED TO DRUGS

In accordance with the results of the *Study on the prevalence of drug consumption among students in the university environment in Romania (SPS - Students Population Survey - 2011)*, the places of spending the free time are the most "unsafe" places in terms of drugs trafficking and consumption. Moreover, the community (the neighbourhood) was the area identified by the respondent students as presenting the highest risks related to injection devices throwing-over, with consequences on children and adolescents.

**Table No. 9-4 Distribution of respondents depending on the discomfort created by drugs consumption - SPS, 2011 (%)**

Were you confronted, in the area where you live, you study (faculty) or spend your free time with the situations below?	in the area where		
	you leave	you study (faculty)	you spend you free time
Have you seen persons under the influence of drugs?	41,5	19,3	43,6
Have you seen injection devices (e.g. syringes, needles)?	16,1	6,6	10,5
Have you seen someone selling drugs?	10,9	6,5	15,0
Did someone try to sell drugs to you?	8,0	5,5	12,1
Have you been bothered (e.g. attacked/injured/foul speaking) by persons under the influence of drugs?	6,1	3,0	7,1

Source: NAA

At the same time, the results of the research have showed that, most respondents (50% of the interviewed students) support the custodial punishment which should be reinforced, while only 36.9% plead for the *legalization of light drugs*.

**Table No. 9-5 Distribution of respondents depending on the attitude towards drugs consumption - SPS, 2011 (% - total + partial approval)**

Percentage of those persons who approve the following affirmations on illegal drugs	% - approval
<b>The sanctions for persons who drive vehicles under the influence of alcohol or drugs must be increased</b>	<b>85,3</b>
<b>The sanctions for persons who consume alcohol or drugs at work should be increased</b>	<b>84</b>
There should be more presentations on the real dangers to which the persons consuming drugs expose themselves	82
A young person should not under any circumstance take drugs	73,3
<b>The laws that restrict drugs consumption and trafficking should be more restrictive</b>	<b>72,3</b>
Drugs consumption is one of the most worst damages that happen in our country (a negative social phenomenon)	59,5
You can become dependent even if you have consumed once or twice	58,2
Many activities are more dangerous than drugs consumption	51,3
<b>Drugs consumption must be punished with restraint</b>	<b>50</b>
Smoking marijuana does not lead to psychic dependency	39,1
<b>The state should legalize the consumption of "light" drugs (e.g. marijuana)</b>	<b>36,9</b>
Drugs consumption is a way of having fun with friends	34,4
Drugs consumption is an escape from personal problems	31,2
<b>The police should not chase the young people who experiment drugs consumption</b>	<b>26,6</b>
Drugs consumption is fun	24,2
Drugs consumption is a way of spending alone the free time	23,6
Drugs help people live life at its height	18,3

Source: NAA

The participants to the study were asked to choose, from a set with 15 multiple choice answers, 3 measures they would apply to stop most young people from consuming drugs. Thus, the most important would be, in the opinion of all the respondents, the decrease of the availability by means of harsh punishment of the persons selling drugs and enhancement of police actions of fighting against drugs trafficking, the increase of communication with parents and harsh punishment of consumers. The same measures are considered as being a priority as well by the students who declared that they consume illicit drugs or new psychoactive substances, the latter (from the natural perspective of personal experience) being replaced with the necessity of communicating with psychologists during adolescence. The most efficient measures, in the students' opinion, are: more communication or understating from teachers of the young people, organization of more activities of spending free time and consolidation of border control.

**Table No. 9-6 Distribution of respondents depending on the opinion on the measures that should be taken to prevent drug consumption, in total, and depending on the consumption during the entire lifetime of illicit drugs - SPS, 2011 (%)**

What measures would you implement TO STOP most young people to consume drugs?	Total	Consumption during the entire lifetime	
		illicit drugs	SNPP
harsh punishment of the persons selling drugs	19,9 %	18,2%	21,1 %
enhancement of police actions of fighting against drugs trafficking	10,1 %	10,1%	9,9%
more communication between parents and young people	8,5%	6,1%	5,6%
harsh punishment of the persons consuming drugs	8,4%	5,5%	6,4%
existence of some psychologists with whom the adolescences can speak	7,7%	8,7%	9,6%
more information campaigns to inform young people with regard to the detrimental effects of drugs	7,1%	6,5%	6,2%
intensive information by mass-media on the drugs effects	5,9%	6,4%	7,7%
promotion in mass-media of the detoxification and rehabilitation centres where young people consuming drugs can ask for help	5,8%	6,4%	5,2%
public policies for improving living conditions of young people	5,5%	6,2%	4,7%
offering medical and therapy services for drugs consumers	5,3%	5,9%	4,3%
offering support and training to overloaded persons to cope with stress (stress management)	4,7%	6,7%	5,8%
border control consolidation	4,0%	3,5%	3,3%
organizing more activities of spending free time	3,9%	5,1%	4,8%
more communication/understanding from teachers of young people	2,6%	3,8%	3,5%
other	0,6%	1,0%	1,9%
Total	100%	100%	100%

## 9.6 INTERVENTIONS IN THE JUDICIAL SYSTEM

In 2011, the National Anti-drug Agency continued the project “**Creation of the national integrated system on the rehabilitation of drugs consumers who committed crimes**”, project started in 2010, with financing amounting to 340.000 euro, by means of the Projects program MATRA MPAP 2009, reference number MAT09/RM/9/1, having as external partner the Dutch Probation Service.

The main activities of the project implemented in 2011 aimed to put into operation two pilot services, attached to trial courts, adapted to the needs of socio-professional reintegration of consumers who committed crimes in the 3 and 5 districts of the Bucharest municipality. To this effect, workshops, staff training sessions and project follow-up sessions were organized and the internal partners and project collaborators attended them: National Institute of Magistracy, Prosecutor’s Office attached to the Court of Appeal of Bucharest, National Administration of Penitentiaries, and the Probation Directorate, respectively the Judicature of district 3, Judicature of district 5, Prosecutor’s Offices attached to the judicatures of districts 3 and 5, the Independent Department for Preventive Restraint and Custody, Arrests Medical Service, the Directorates of Social Assistance and Child Protection of districts 3 and 5, the Psychiatric Hospital Alexandru Obregia and the Penitentiary Hospital Rahova.

The results of the project consisted in:

- Drawing up and printing the manual “*Interconnection of the institutions in the legal system with those in the medical system for the rehabilitation of drugs consumers who committed criminal offences*” containing a set of practical work methods;
- The creation of 2 pilot Inter-sectorial offices (ISO), in the districts 3 and 5 of the Bucharest municipality, in the framework of which bimonthly meetings were organized with the participation of teams made up of 6 professionals, representatives of the Centres of Integrated Assistance for Addictions Pericle and Obregia, the Prosecutor’s Office, the Probation Service, the Independent Department for Preventive Restraint and Custody, the Rahova Penitentiary, the public services of social assistance in the districts 3 and 5 and the *Alexandru Obregia* Hospital. The purpose of the meetings was to identify new cases of drugs consumers who committed thefts, grand larceny or robbery, to identify treatment possibilities, to communicate or to refer cases in view of a complex multidisciplinary evaluation and of identifying the inclusion possibilities in an integrated assistance program, and as well the follow-up of fulfilling

the obligations imposed by the trial court in the cases already under the supervision of the probation assessors. The activities focused on a number of 34 persons consuming drugs who committed crimes against property.

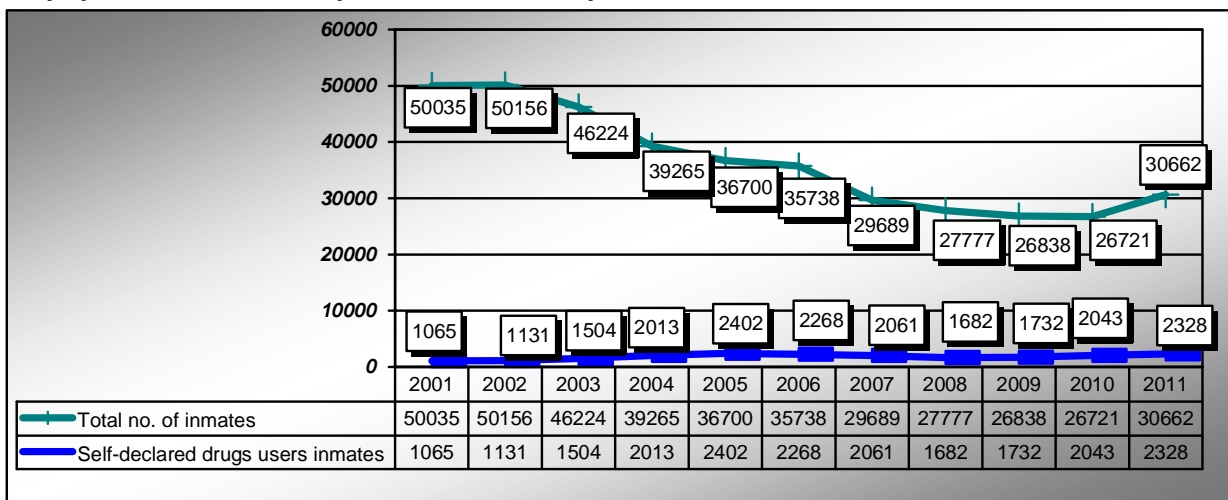
Moreover, the evaluation of the projects results registered in 2011 highlighted:

- The increase, in districts 3 and 5, of the number of punishment on probation and the number of court decisions that include the treatment obligation;
- Communication improvement with the penitentiaries with regard to former consumers who were released in view of being taken over in the case management;
- Improvement of operation periods in supplying information to the Drug Prevention, Evaluation and Counselling Centres from the General Directorate of the Police of Bucharest Municipality related to the persons retained weekly and identified as drugs consumers at the Preventive Restraint and Custody no. 1 and, as well, in cooperation with the Probation Service;
- Increase of reliability of public prosecutors in the evaluations carried out by the experts of the Drug Prevention, Evaluation and Counselling Centres and the Probation Service, as professional information source with regard to the accusations drawing up.

## 9.7 DRUGS CONSUMPTION AND THE PROBLEMATIC DRUGS CONSUMPTION IN PRISON

In accordance with the data supplied by the National Administration of Penitentiaries (NAP), in 2011, out of a number of 30 662 inmates, 2 328 persons declared, when imprisoned, to be drugs consumers. In comparison with the previous year, a slight increase of the number of self-declared drugs consumers inmates when imprisoned is observed in correlation with the increase of the general number of persons deprived of liberty in the prison system at the end of 2011.

**Chart no. 9-11: Evolution of the number of self-declared drugs consumers by comparison with the population number in penitentiaries, compared data 2001-2011**



Source: NAP

With regard to the demographic characteristics of the self-declared drugs consumers inmates, when imprisoned in the penitentiary, 2011 does not bring considerable modifications in relation to the previous periods, a male predominance of 81.70% being maintained. With regard to the age group distribution of the self-declared drugs consumers inmates, slight fluctuations are registered around average values for the groups in the 15-29 years old interval, but a slight increase is registered with regard to the subjects percents aged over 30 years old – from 34.16% in 2010 to 40.16% in 2011.

**Table No. 9-7: Distribution of the self-declared drugs consumers' number, on the basis of gender and group age, compared data 2007-2011**

		2007	2008	2009	2010	2011
Gender	Male	88	78,3	84,9	82,9	81,7
	Female	12	21,7	15,1	17,03	18,2
Group age	15-19	6,11	4,39	4,27	3,27	3,9
	20-24	27,46	24,67	32,9	29,22	25,12
	25-29	40,61	36,26	39,26	33,43	31,96
	>= 30	25,81	34,66	23,55	34,16	40,16

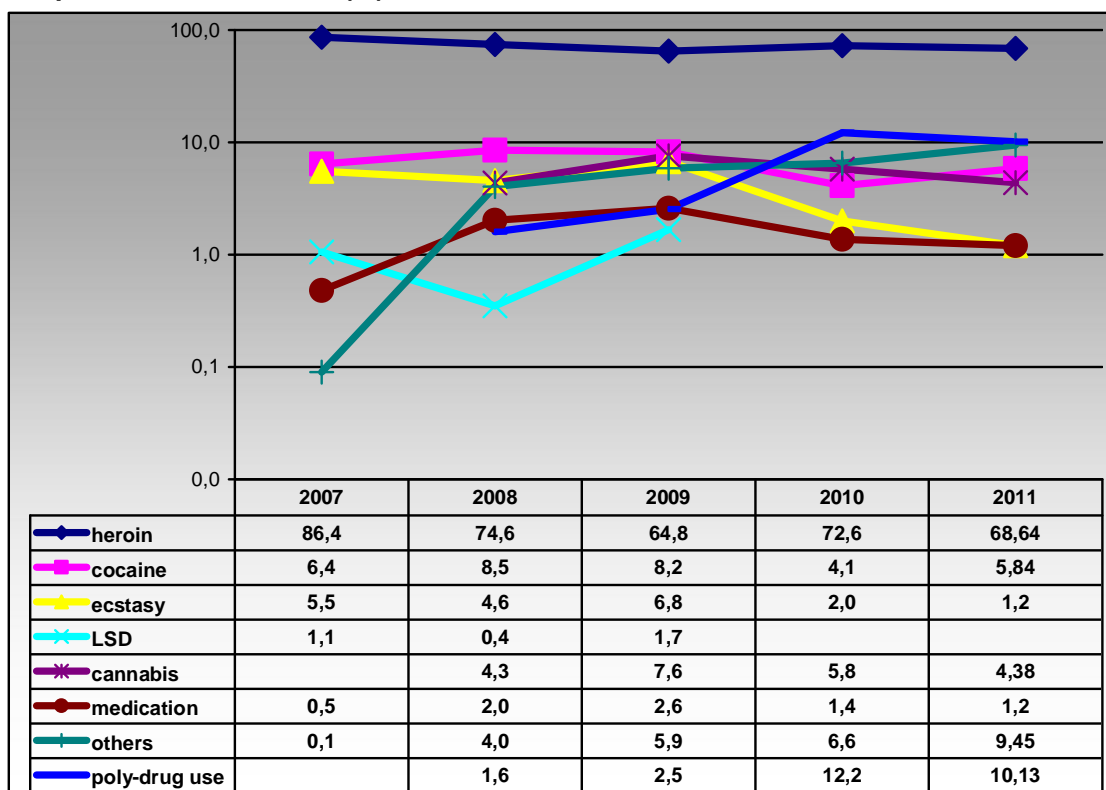
Source: NAP

Depending on the self-declared substance as being used before imprisonment, it is observed that, similar to the period 2007-2010, in 2011 heroin continues to occupy the first place in the consuming preferences, with an average of 68.7%, changes being registered however in the order the next ranked drugs – cocaine (5.8%) and cannabis (4.4%).

In correlation with the substance declared as being consumed upon imprisonment, most respondents **(70.96%) mentioned injection as being the most frequent way of administration of the main drug.**

A significant fact for 2011 is represented by the maintenance at a high level (10.13%) of the declarations related to poly-drug use. This type of use registered a 4 times increase in 2010 (12.2%) in comparison with 2009 (2.5%), when the difference registered in 2009 in relation to 2008 was irrelevant (from 1.6% to 2.5%).

**Chart no. 9-12: Distribution of self-declared consumers depending on the used substance, compared data 2007-2011 (%)**



Source: NAP

Moreover, during 2011, The National Anti-drug Agency in partnership with the National Agency of Penitentiaries within the Ministry of Justice carried out the second study on the dimension and tendencies registered in the illicit use of drugs, alcohol and other substances among inmates, and as well of the implications of the addictive behaviour on the health status of persons in the prison system

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<sup>165</sup> See the National report – 2011, Chapter IX, pag.178 - 185

## 9.8 ANSWERS TO THE HEALTH PROBLEMS OF DRUGS USE IN PENITENTIARIES

### 9.8.1. ASSISTANCE OFFERED TO DRUGS CONSUMERS IN PENITENTIARIES

In 2011, the implementation of the ***Specific program of psycho-social assistance addressed to the drugs consuming persons or with consuming history persons detained in prison*** (program that implies the multidisciplinary approach – teacher, psychologist, social worker and physician), being registered **772 beneficiaries, persons deprived of liberty**.

At the same time, within the project “Creation of three therapeutic communities in the Jilava, Rahova and Târgșor penitentiaries”, implemented by the National Administration of Penitentiaries, in partnership with the Probation Directorate within the Ministry of Justice, the National Anti-drug Agency along with its entire territorial structure, respectively the Drug Prevention, Evaluation and Counselling Centres, the Phoenix Foundation of Haga and the Ministry of Justice of Norway, in 2011, the putting into operation of the therapeutic communities was succeeded. Until the end of the reference year, a number of 154 inmates were medically, psychologically and socially tested, out of which 102 went through the therapeutic community program (66 persons in the Bucharest - Jilava Penitentiary, 22 of the Bucharest - Rahova Penitentiary and 14 from the Târgșor Penitentiary)<sup>166</sup>.

In a manner similar to the previous year, during 2011, a number of 60 persons deprived of liberty were included within the methadone substitution program, carried out within the project “**Access increase of the persons deprived of liberty to programs of decreasing risks related to drugs consumption**”. As mentioned in the previous report, 2011 was the last year when the methadone substitution program carried out in the prison system was financed by the United Nations Office on Drugs and Crime, and beginning with 2012 the National Administration of Penitentiaries started to ensure the methadone purchase of its own funds, following the non-inclusion of the prison-hospital units on the list of units that can perform the toxico-dependencies treatment subprogram, within the National Program of Mental Health, financed by the Ministry of Health.

Moreover, in 2011, 8 users (in 2010 – 13 users, in 2009 - 27 users and in 2008 - 12 users), who requested treatment services subsequent to psychoactive substances use, were assisted, while restrained, within the substitution programs, by experts within NAP<sup>167</sup>. With regard to their territorial distribution, similar to the treatment admission within the community, it can be observed that, as in the previous years, the maintenance of their clustering especially in the Bucharest Municipality.

At the same time, the experts within the Drug Prevention, Evaluation and Counselling Centres, territorial network of the National Anti-drug Agency, have offered assistance to a number of 179 persons imprisoned in the penitentiaries from the counties: Argeș, Brăila, Dâmbovița, Dolj, Galați, Mureș, Prahova and Tulcea. The assistance offered to persons deprived of liberty by the NAA experts teams (the assistance is offered within the penitentiary) started in 2007, but these can be reported separately only since 2011<sup>168</sup> due to the improvement of the data collection capacity.

Thus, in 2011, out of the 187 persons imprisoned (8 helped by NAP and 179 helped by CPECA), a number of 111 persons were admitted to treatment.

<sup>166</sup> See the National report – 2011, Chapter IX, pag.186

<sup>167</sup> In the Romanian prison system there are 32 penitentiaries (out of which 2 in Bucharest), 2 penitentiaries for young people and minor children, a penitentiary for women, 3 re-education centres and 6 hospital penitentiaries (out of which 2 in Bucharest). The methadone substitution program started to be implemented beginning with 2008, being financed by the United Nations Office on Drugs and Crime, and is carried out in five penitentiary units: the Bucharest – Rahova Hospital Penitentiary, Bucharest – Jilava Hospital Penitentiary, the Bucharest – Rahova Penitentiary, the Bucharest – Jilava Penitentiary and the Giurgiu Penitentiary

<sup>168</sup> Previously they were included in the number of persons assisted by NAA, without indicating how many persons are deprived of liberty

**Table No. 9-8: Distribution of admissions to treatment in the prison system, compared data 2008-2011 (no. of persons)**

	Reporting year								
	2008		2009		2010		2011		
	M	F	M	F	M	F	T	M	F
Total number of persons							187	120	67
Out of which admitted to treatment in 2011 (incidence)	11	1	27	0	12	1	111	68	43
Out of which admitted to treatment for the first time	5	1	11	0	4	0	98	61	37

Source: NAP and NAA

**Analysing the incidence of treatment admissions, it results that, in the reference year:**

- **88.8% of the total of those admitted to treatment represent persons who were admitted for the first time in treatment for drug dependency;**
- 61.3% are male, the M/F ration being 1.6.

Depending on the main drug, if in the previous years most treatment admissions were for heroin (in 2010, out of the 13 cases 2 were for new psychoactive substances - SNPP and 11 for heroin; in 2008 and 2009 all admissions were for heroin), the distribution of the 111 persons admitted to treatment in 2011 is the following:

- 74 opiates (out of which 72-heroin, 1-methadone, 1-other opiates),
- 17 cannabis,
- 9 new psychoactive substances,
- 7 amphetamines,
- 3 cocaine.

Depending on the age group, most admissions to treatment in 2011 were, as in the previous years, for 25-34 years old persons. Compared to the 2009 - 2010 period, an increase tendency of the age average is observed (from 28.5 to 31 years old - 2010 and 30.5 years old - 2009). With regard to the beginning age, in comparison with the previous year, an increase for the early use beginning (≥ 15), but also for beginning at ages older than 25 years, is registered.

**Table No. 9-9: Distribution of admissions to treatment in the prison system, depending on the group age, compared data 2008-2011 (no. of persons)<sup>169</sup>**

Age	Reporting year	Group age (years)									Total	Age average
		<15	15-19	20-24	25-29	30-34	35-39	40-44	>=45	unspecified		
when admitted to treatment	2008	0	0	2	5	4	1	0	0	0	12	28,9
	2009	0	0	4	9	9	2	0	3	0	27	30,5
	2010	0	0	2	4	6	0	0	1	0	13	31,0
	2011	0	9	22	32	24	18	5	0	1	110	28,5
use beginning age	2008	2	2	6	1	1	0	0	0	0	12	20,3
	2009	1	15	6	4	0	1	0	0	0	27	19,6
	2010	0	5	7	0	0	0	1	0	0	13	21,8
	2011	14	40	33	17	3	2	0	0	2	111	20,28

Source: NAP and NAA

Most people admitted to treatment in 2011 used injectable heroine<sup>170</sup> (2008 - 11 persons, 2009 - 25 persons, 2010 - 11 persons, 2011 – 72 persons). In the reference year, for 56 cases, poly-psychoactive substances use was registered<sup>171</sup>, the new psychoactive substances being most used

<sup>169</sup> See ST 6.11 and ST 23.1.1

<sup>170</sup> See ST 17.1.1

<sup>171</sup> See ST 24.1.1

as secondary drugs (21 cases). However, among the secondary drugs cannabis (12 cases), cocaine (10 cases), alcohol, opiates, stimulants, hypnotics, sedatives and hallucinogens<sup>172</sup>.

*Depending on the education level<sup>173</sup>, out of the total of 111 treatment admissions, most of the persons had a low education level (14 persons never attended school/did not graduate primary education and 64 graduated the grammar school at the most), 23 persons graduated high school and 5 persons completed higher education. The situation is similar to that of the previous years:*

- in 2010 - 2 persons did not attend school/did not graduate primary education, 8 completed primary education/grammar school and 5 persons finished high school,
- in 2009 - 2 never attended school/did not graduate primary education, 18 persons graduated primary education/grammar school, 4 persons finished high school and only one completed higher education<sup>174</sup>,
- and in 2008 - 6 persons graduated primary education/grammar school, 4 persons finished high school and only one completed higher education<sup>175</sup>.

### 9.8.2 PREVENTION AND REDUCTION OF RISKS RELATED TO DRUGS USE

The National Administration of Penitentiaries continued as well in 2011 the information activities related to the drugs use risks, a number of 2.240 of persons in the detention units of the penitentiary national system being the beneficiaries of training sessions<sup>176</sup>.

As well, within the project *Access increase of the persons deprived of liberty to programs of decreasing risks related to drugs consumption*, financed by the United Nations Office on Drugs and Crime, a change of syringes programs was implemented, along with the methadone substitution program. This program was carried out, during 2011, in two penitentiary units: Bucharest - Rahova and Bucharest - Jilava with 350 unique beneficiaries, drug users who were deprived of liberty (out of which 14 new beneficiaries), who were distributed 6.300 syringes. The collection level of the syringes used was under 10% of the total number of distributed syringes. Moreover, the two units indicated did not have secondary distributing beneficiaries of injection equipments.

In the period October 2011 - February 2012, the National Anti-drug Agency by means of the Drug Prevention, Evaluation and Counselling Centre - District 5 implemented the project ***“Tu decizi!” (It is up to you!)***, by means of which a number of 210 persons deprived of liberty and 20 experts within the Bucharest – Rahova Penitentiary benefited from information sessions related to the consequences of the drugs use and the effects and consequences of the new psychoactive substances use. Moreover, the National Anti-drug Agency, by means of the Drug Prevention, Evaluation and Counselling Centre in Botoşani, in partnership with the Probation Service Botoşani, ***“Information related to the drugs use problematic”***, within which 200 inmates from the Botoşani Penitentiary were informed with regard to the effects of the tobacco, alcohol and drugs use.

### 9.8.3. ASSISTANCE OFFERED TO THE DRUGS USERS WHO COMMITTED CRIMES AND ARE ON THE REGISTRY OF THE PROBATION SERVICES

*During 2011, at the initiative of the Probation Directorate, the evaluation of the local level cooperation between the Drug Prevention, Evaluation and Counselling Centres (DPECC) of the National Anti-drug Agency (NAA) and the probation services was evaluated. The evaluation period of the inter-institutional cooperation was January 2009 - September 2010. On the basis of the results of this evaluation, in 2011, work groups were created with the purpose of modifying the cooperation protocol between NAA and the Probation Directorate, pursuant to the real needs of the experts of the Regional Drug Prevention, Evaluation and Counselling Centres (RDPECC - NAA) with regard to the evaluation*

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<sup>172</sup> In 2010 – 3 cases (1-amphetamines, 2- benzodiazepine), in 2009- 9 cases (hypnotics and sedatives - 6 cases and other opiates, amphetamines and hallucinogens – one case for each); and in 2008– 5 cases (amphetamines - 2 cases and cocaine, benzodiazepine and hallucinogens, one case for each of them)

<sup>173</sup> See ST 10.1.1

<sup>174</sup> For 2 persons, the level of the graduated studies was not indicated

<sup>175</sup> For 1 person, the level of the graduated studies was not indicated

<sup>176</sup> Evaluation report of the National Administration of Penitentiaries' activity - 2011

and the assistance of the drugs users who committed crimes, but also with regard to the joint performance of drugs use prevention projects or activities.

An example of inter-institutional cooperation was the project “Non-addictions and reintegration”, carried out by DPECC Iași, whose objective was to train 12 probation assessor and 5 volunteers within the Iași Probation Service in the drugs use prevention field.

**Table No. 9-10: Situation of the drugs users on the registry of the probation services on 31.12.2011**

Group age	Drugs users under the surveillance of the probation services		Drugs users under the surveillance of the probation services who were referred to assistance services for drugs use		Drugs users under the surveillance of the probation services who were imposed mandatory treatment measures for drugs use	
	M	F	M	F	M	F
Under 18 years	15	2	0	0	1	0
18-24 years	192	11	8	2	24	1
25-35 years	271	32	6	0	56	2
36-65 years	34	2	1	1	4	0

Source: Probation Directorate

#### 9.8.4. PREVENTION OF OVERDOSE RISK UPON PENITENTIARY RELEASE

At present there are no special educative programs for risk overdose prevention upon penitentiary release. This type of programs/interventions are carried out exclusively for persons deprived of liberty who participate, as beneficiaries to the opiates substitution treatment programs/services, in the penitentiaries where they are available. Thus, within the program “**Recidivism risk reduction after imprisonment**”, experts of the probation services and the drug prevention, evaluation and counselling centres carried out drugs use prevention activities addressed to the inmates in the Bacău, Galați, Ialomița and Focșani penitentiaries.

### 9.9 REINTEGRATION OF THE DRUGS USERS UPON PENITENTIARY RELEASE

Upon the penitentiary release, the persons deprived of liberty, included in the *Methadone substitution program*, have the possibility to continue, wilfully, the treatment in the Centres of Integrated Assistance for Addictions within the National Anti-drug Agency.

In 2011, experts of the National Anti-drug Agency participated to the work groups launched by the National Agency of Penitentiaries with the purpose of drawing up and promoting the final version of the **National Strategy of Social Reintegration of Persons Deprived of Liberty**. The vision of the National Agency of Penitentiaries is that the services within the prison system must acquire the status of social partner that the community needs. Taking into consideration that the persons deprived of liberty belong to the community, the detention institution offers an essential service to society. The National Agency of Penitentiaries states that the cooperation with the institutions, the public authorities, the non-government organisations with responsibilities in carrying out the release preparation steps and with potential role in post-detention assistance is priority. The strategic document mentioned, which focuses on the coordination and partnership principle, is meant to create the institutional framework necessary to the social reintegration of the persons deprived of liberty, underlying the active role that the institutional and community factors must acquire, by means of a consistent action, in relation to the challenge of social reintegration of persons with criminal past record. This strategic document was the result of a foundation process of the future inter-institutional action directions, in correlation with the provisions of the *Strategy of the Penitentiary Agency System* for the period 2010-2013 which, related to the social reintegration field, includes the specific objective “*Creation, promotion and implementation, together with specific structures and institutions (Ministry of Labour, Probation Directorate, NGOs, etc.) of a national strategy for social inclusion of the persons deprived of liberty*”.

In June 2011, the information and awareness raising campaign “Învață să trăiești din nou!” (Learn to live again!) within the project “Consolidation of the functional capacity in the field of integrated services offered to drugs addicts and formers drugs addicts for integration on the labour market by instruments developing actions and innovating working methods and training programs creation”, co-financed from the European Social Fund by means of the Sectoral Operational Programme Human Resources Development 2007 – 2013 “Invest in people!”.

This project is implemented by the University of Bucharest in partnership with the Right to Health Promotion Association (offering expert services in the social assistance and addictions counselling field), Siveco Romania (performance of vocational training online platform for the target group), and Go Business Solutions (involved in the management of the entire training process at which the target group participates).

The objectives of the project are to offer medical and psychosocial counselling to drug addicts and counselling for labour market integration for former drugs addicts. The aim of the project is that, by September 2012, expert counselling to be offered to over 1.200 drugs addicts and to offer vocational training for 400 of them.

### 9.8.1. ASSISTANCE OFFERED TO THE DRUGS USERS WHO COMMITTED CRIMES AND ARE ON THE REGISTRY OF THE PROBATION SERVICES

During 2011, at the initiative of the Probation Directorate, the evaluation of the local level cooperation between the Drug Prevention, Evaluation and Counselling Centres (DPECC) of the National Anti-drug Agency (NAA) and the probation services was evaluated. The evaluation period of the inter-institutional cooperation was January 2009 - September 2010. On the basis of the results of this evaluation, in 2011, work groups were created with the purpose of modifying the cooperation protocol between NAA and the Probation Directorate, pursuant to the real needs of the experts of the Regional Drug Prevention, Evaluation and Counselling Centres (RDPECC - NAA) with regard to the evaluation and the assistance of the drugs users who committed crimes, but also with regard to the joint performance of drugs use prevention projects or activities.

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Under 18 years	15	2	0	0	1	0
18-24 years	192	11	8	2	24	1
25-35 years	271	32	6	0	56	2
36-65 years	34	2	1	1	4	0

Source: Probation Directorate

## CONCLUSIONS

1. The values registered in 2011 for the main indicators of the drugs offer surveillance are within the evolution tendencies of the last years.
2. The socio-demographic indicators of the persons accused of crimes related to the drugs regime are maintained for the entire analysis period, respectively 2001 - 2011, so that the indicted person for committing crimes related to the drugs regime is, as a rule, a man, 21-54 years old, from the urban environment, with intermediate education level and unemployed.

3. The involvement level of the minor children in committing crimes related to the drugs regimes continues to be maintained to low values, being 3% of the total of the investigated persons.
4. The trafficking and illicit drug use phenomenon remains concentrated in the big urban agglomerations, with the important mention that, in the last years, slight increases of the monitored offer indicators are registered in the cities situated in the north-east part of the national territory (Iași, Suceava, Bacău).
5. Most imprisonment punishments, with punishment execution within prison, relate to drugs trafficking crimes, while for most drugs possession crimes for persons use, the imprisonment punishment applied by the trial courts are with conditional adjournment of punishment execution or adjournment on probation.
6. The reduction, until the minimum value registered in the last 8 years (14.7%), of the decisions of closing the investigation on the ground that the offence is not a social danger (article 18<sup>1</sup> Criminal code) can be interpreted as a reconsideration of the public prosecutors position with regard to the social danger represented by drugs for the Romanian society.
7. The ratio between the indicted persons for committing crimes related to drugs regime and that of the persons indicted for these crimes is constant beginning with 2008.
8. Cannabis represents the most frequent detected drug by applying short-term tests to car drivers in the several testing actions organized by the Traffic Police in partnership with NAA.
9. Starting with 2010, the treatment admissions for drugs users in the prison system for imprisonment punishment execution is diversified so that, if until 2009, most requests were for heroin consumption, starting with 2010, the treatment requests for the following drugs increase: cannabis, new psychoactive substances, amphetamines or cocaine.

## Chapter 10 - Drug market

### INTRODUCTION

By contrast to the previous year, during 2011, no structural or skill-related changes occurred, therefore the main institutions that provided data and information on drug seizures and captures in Romania have been, for the reference year: the Anti-drug Service within the General Inspectorate of Romanian Police, the Anti-drug Department within the National Customs Authority, the National Administration of Penitentiaries within the Ministry of Justice for the prison units, as well as the DIICOT prosecutors that have the sole authority over the criminal prosecution of cases involving drug-related crimes.

The Central Laboratory for Analysis and Profile of Drugs within the General Inspectorate of Romanian Police is the only structure authorized to provide official data on the quantities of seized drugs, their purity and composition using the sampling and analysis methods accredited and recognised at international level (the Guides for Best Practices of the United Nations).

The Anti-drug Service within the General Inspectorate of Romanian Police continues to be the main provider of data on drug origin, trafficking routes or drug price, through strategic and tactic analyses built on the outcomes of the investigations carried out.

Last but not least, the data on drug availability and price is obtained also from the surveys performed among the general population or from other specific studies.

According to the internal analyses and to the specific documents drafted at European, regional and international level<sup>177</sup>, Romania continues to be, in 2011 as well, an integrant part of the Balkan route of illicit drug trafficking towards and from Western Europe, only a small amount of the quantity of drugs in transit remaining on the national territory for the internal use. At the same time, the Black Sea coast and Constanța port represent the second entry point of cocaine in Europe<sup>178</sup>. Moreover, even if, on the national territory cannabis cultures and several illicit laboratories have been identified, the production, which is rather small-sized, leads to the conclusion that Romania does not represent a major source of illegal drugs.

The characteristic features of the street level drug market in 2011 are the preservation of prices at the same level with the one presented for the previous year and a low purity, increases being recorded only for the heroin wholesale prices.

Similar to the previous year, in 2011, the new psychoactive substances represented a serious competitor for the illicit drugs both in terms of their availability on the market and in terms of their prices. Moreover, the high level reached in terms of trading and use in early 2011 (established by various monitoring indicators) determined the reaction of the public authorities<sup>179</sup> and civil society.

### 10.1 AVAILABILITY AND SUPPLY

#### 10.1.1. DRUG ORIGIN<sup>180</sup>

Being placed on the main gateway to **heroin** in Europe, Romania turned into a storage and a marketing area as reflected by the quantity of drugs identified and seized by the legal authorities during the last years. As regards the **heroin** trafficking routes used by the organised crime networks during 2011, the traditional Balkan route remains in the foreground, involving the transit through the following states: Afghanistan – Pakistan – Iran – Turkey – Greece – the former Yugoslav states – the Western Europe states. It is also reflected the integration of Romania, along with Bulgaria and Hungary, in the northern branch of the Balkan route. At the same time, the information on the inclusion of Romania on a new heroin transit route from Afghanistan to the Western countries, along with Turkmenistan, Uzbekistan, Kazakhstan, the Russian Federation and Ukraine is further consolidated. Thus, the heroin stored on the Ukrainian territory is trafficked to Western Europe through Poland, Hungary or Romania.

<sup>177</sup> *Organised Crime Threat Assessment - 2011*

<sup>178</sup> [www.state.gov](http://www.state.gov) – Department of State - Bureau of International Narcotics and Law Enforcement Affairs – International Narcotics Control Strategy Report – March 2011;

<sup>179</sup> See Chapter 1

<sup>180</sup> Developed on the basis of the material provided by the Anti-drug Service within the Directorate for Countering Organized crime, General Inspectorate of Romanian Police

Similarly to the previous years, the **cocaine** is still a drug which is representative for the big cities (Bucharest, Constanța, Timișoara, Cluj-Napoca, Râmnicu-Vâlcea, Deva, Sibiu and Brașov), being found on the routes of the main national territory gateways (particularly Constanța port). Moreover, during the reference year, no modifications have occurred with regard to the transport modalities or to the routes used to introduce cocaine on the national territory, its origin being established in Bolivia.

At the same time, the cannabis coming from Spain is still the main substances used on the national territory. However, in 2011 the traffickers have been noticed to have focused on the organisation, on the Romanian territory, of small-sized cannabis cultures aiming to avoid the risks caused by the possible international transport as well as the entry of the local traffickers on the market. Thus, in 2011, the illicit cannabis cultures identified on the Romanian territory recorded a significant growth compared to 2010, from 6 cultures totalling 78 cannabis plants to 15 illicit cultures in 2011, totalling 897 cannabis plants.

As in 2010, the synthetic drugs (amphetamines, ecstasy) came from the western European states, particularly from the Netherlands, being introduced on the national territory through the air or terrestrial parcel system, in the latter case being used the personal cars of the Romanian citizens returning from the West.

The data on the origin of these new psychoactive substances has not brought, throughout 2011, any new information on the origin of these substances traded in Romania.

## **10.2 CAPTURES**

### **10.2.1 QUANTITIES OF CAPTURED DRUGS AND NUMBER OF DRUG CAPTURES**

#### **1. ILLEGAL DRUGS**

In 2011, the law enforcement authorities discovered and retained 496.5 kg, 21 084 tables, 0.6544 litres and 65 doses of which:

- high risk drugs: 204.1 kg, 18 843 tables, 0.307 litres and 65 doses and
- risk drugs: 292.4 kg, 2 241 tablets and 0.347 litres<sup>181</sup>.

The value of the seized drugs, compared to their marketing price at street level, was estimated at EUR 15 million<sup>182</sup>.

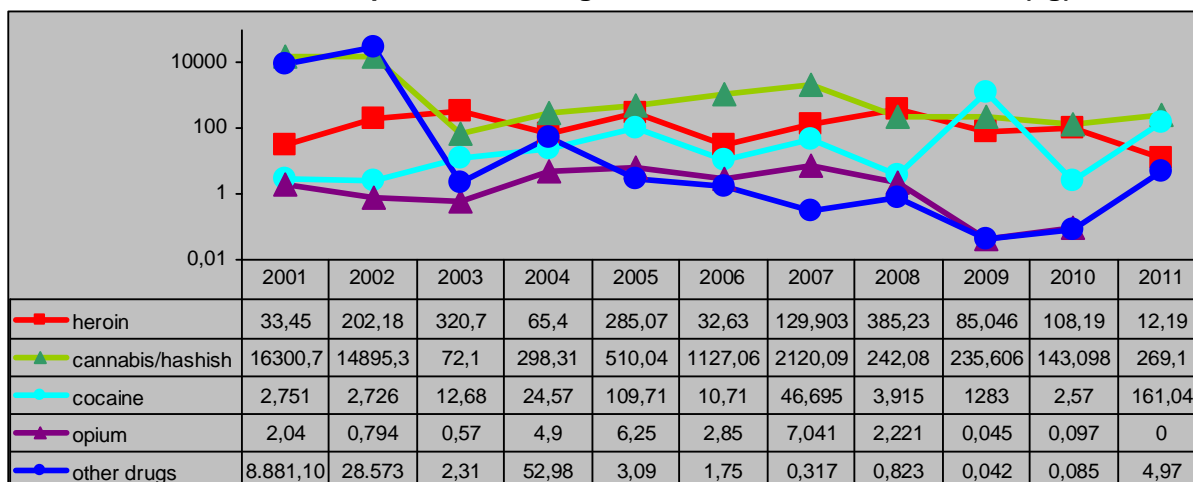
By contrast to 2010, in 2011 the total quantity of drugs seized increased with merely 2.37 %, remaining therefore in the general average of the quantities seized during the last 5 years.

Moreover, the cannabis (herb/marijuana) represents still the most frequently seized drug on the national territory so that from the total of 496.5 kilograms of seized drugs, the most part, 83.2 %, is represented by the quantities of cannabis (269.01 kg).

<sup>181</sup> [www.mpublic.ro](http://www.mpublic.ro) - Activity Report of the Public Ministry - 2011

<sup>182</sup> Idem, point 4

**Chart No 10-1: Evolution of quantities of drugs seized between 2001 and 2011 (kg)**



Source: The Central Laboratory for Analysis and Profile of Drugs - General Inspectorate of Romanian Police

The quantities of drugs seized at national level in 2011 according to the type of drugs are:

- **Heroin:** 12.191 kg heroin from 314 captures (311 - Bucharest, 2 - Timișoara, 1 - Iași). By contrast to 2010, during the reference year, there was a decrease of 88.73 % with regard to the quantity of the heroin seized;
- **Cannabis/hashish:** 269.099 kg cannabis of which 251.527 kg cannabis herb/marijuana and 17.572 kg cannabis resin from 1 693 captures (920 - Bucharest, 313 - Cluj, 152 - Constanța, 162 - Timișoara, 146 - Iași);
- **Cocaine:** 161.039 kg cocaine from 73 captures (39 - Bucharest, 22 - Cluj, 9 - Constanța, 2 - Timișoara, 1 - Iași), compared to the 72 in 2010. Note that in 2011 the quantity of 157.54 kg was the result of a single capture in Constanța port;
- **Amphetamine type stimulants and derivatives:** there is a significant increase of about 4 times the quantity of the amphetamine type stimulants and derivatives seized by the authorities, from 3 709 tablets in 2010 to 14 916 tablets in 2011. Moreover, in 2011, 65 LSD doses have also been seized, that is 3.4 times more than in 2010 with 19 doses seized. During the reference year, a quantity of 24.348 kg methamphetamine has also been seized (in 2010 no methamphetamine seizure was recorded).

Similarly to the previous year, the quantity of drugs seized in 2011 is maintained in the average of the period 2001-2010, being preserved the fluctuating nature of heroin, cocaine and cannabis seizures, as well as the downward trend in opium seizures, no opium seizure being recorded during the reference year. Moreover, the upward trend in the synthetic drug seizures noticed since 2009 is also maintained in 2011 when a substantial increase in amphetamine type stimulants and methamphetamine seizures is recorded.

As regards the **number of captures by the type of drug seized**, according to the data centralized by the Central Laboratory for Analysis and Profile of Drugs, in 2011, the most part of the captures have been recorded in case of cannabis (**1 365**), cannabis resin - hashish (**328**), followed by heroin (**314**) and cathinone.

**Table No 10-1: Evolution of the number of captures and quantities seized, by type of drug, 2006-2011**

Drugs	2006		2007		2008		2009		2010		2011	
	Capt	Qty	Cap t	Qty	Capt	Qty	Capt	Qty	Cap t	Qty	Capt	Qty
Heroin (kg)	642	32.636	984	129.9	1.055	385.23	1.038	85.046	962	108.19	314	12.191
Cocaine	36	10.714	62	46.695	91	3.91	103	1 282.99	72	2.57	73	161.039
Marijuana	276	1 116.96	412	6.31	596	208.66	777	198.59	986	80.82	1 365	252.527
Hashish	145	10.097	338	2 114.72	506	33.42	594	37.1	321	62.278	328	17.572
Synthetic drugs (tablets)	94	17 314	168	29 280	225	55.455	58	12.73	80	3.709	156	14 916
LSD (doses)	5	59	3	9	n.d.	71	18	308	3	19	12	65
LSD (ml)											1	6.4

Source: The Central Laboratory for Analysis and Profile of Drugs - General Inspectorate of Romanian Police

The analysis of the number of captures during the last five years shows a larger availability of cannabis on the Romanian drug market in competition with the heroin, while the cocaine shows a much lower availability. Moreover, there is an increase, in terms of availability on the market, of the amphetamine type stimulants and their derivatives.

The data collected during the reference year does not have a significant influence on the inversely proportional report between the number of captures and the quantity of drugs seized by each type of drug recorded between 2001 and 2011 which is maintained below 0, showing that most captures represent the seizure of small drug quantities from street trafficking.

In December 2011, in accordance with the legal provisions, the following categories of drugs have been destroyed in Romania<sup>183</sup>: 214.159 kg cannabis, 22.332 kg cannabis resin, 26.577 kg cocaine, 165.869 kg heroin, 12.097 kg amphetamine, 1.324 kg opium, 1.476 kg and 23.193 pills.

The quantity of drugs submitted to the "Corpus Delicti" Room between 1 January and 31 December 2011 for which final legal sentences have been pronounced with regard to their seizure and destruction have been: 177.945 kg cocaine, 1.4066 kg heroin, 3.941 kg cannabis resin, 47.378 kg cannabis, 8.029 kg new psychoactive substances and 1.003 pills. Moreover, between 1 January and 31 December 2011, the following quantities of drugs have also been submitted to the "Corpus Delicti" Room within the General Inspectorate of Romanian Police: 3.9367 kg cocaine, 9.4816 kg heroin, 13.694 kg cannabis resin, 171.125 kg cannabis, 24.776 kg methamphetamine, 212.336 kg new psychoactive substances, 535 g and 13.921 pills, for which final legal sentences are expected, allowing their destruction.

## 2. NEW PSYCHOACTIVE SUBSTANCES

In 2011, Romania continued to face problems related to the trading and use of new psychoactive substances.

However, subsequently to the activities carried out, at national level, based on the **Measure Plan to counter the trade and use of new psychoactive substances/products that are health damaging No 5/1194 of 18.2.2011**, approved by the Government of Romania, having as objective the *coordination and monitoring the actions carried out at national level to counter the use of new psychoactive substances/products, health damaging, others than those regulated, as well as to counter their proliferation under any form*<sup>184</sup> and since November, to the adoption of **Law No 194/2011 on countering the operations with products susceptible of having psychoactive effects, others than the ones provided by the documents in force**, there was a significant decrease in the quantity of seized NPSs, from about 125 kg in 2010 to only 5 kg in the reference year.

<sup>183</sup> The quantities of drugs destroyed have been submitted to the "Corpus Delicti" Room within the General Inspectorate of Romanian Police, between 1997 and 2011.

<sup>184</sup> See Chapter 1

**Table No 10-2: Quantities of new psychoactive substances seized (kg) between 2010 and 2011**

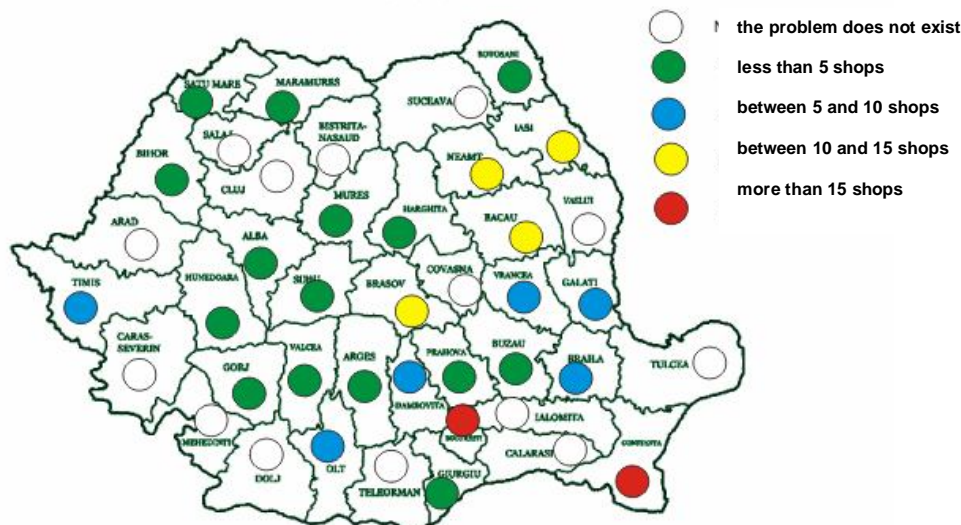
NPSs	Captured qty				No of captures	
	kilograms		tablets		2010	2011
	2010	2011	2010	2011		
Synthetic cannabinoids	57.024	2.865	0	0	379	115
Cathinones	50.091	1.863	324	4	480	235
Piperazines	6.506	0.023	15.094	1.050	74	19
Pyrovalerone	1.800	0.0048	6	0	54	6
Tryptamines	8.932	0.015	0	0	2	1
Mitragin	0.139	0.192	0	0	4	1
Salvinorin	0.648	0.0033	0	0	15	1

Source: The Central Laboratory for Analysis and Profile of Drugs - General Inspectorate of Romanian Police

Thus, at the end of 2011, on the national territory there were only 13 specialised shops (the so-called "Weed Shops" known as "Spice Shop", "Smart Shop" or "Weed Shop"), compared to the 158 such units that have been identified in the month of March, when the measure plan was adopted.

**Map no. 10-1: Geographic distribution of the NPS shops**

Figure No 1 – Geographic distribution of the NPS shops  
- March 2011 -  
-Martie 2011-

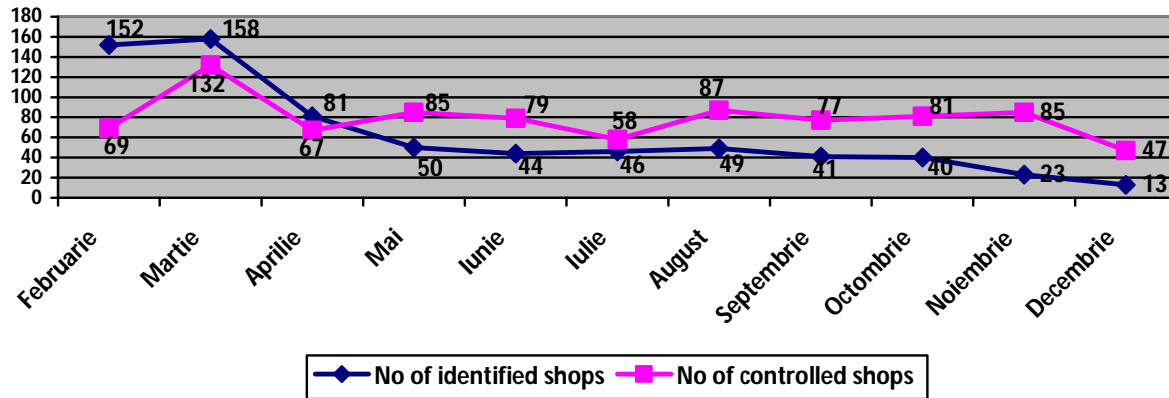


Source: NAA

Following the analysis of the dynamics of the number of shops identified between February and December, it shall be noted:

- a slight increase during the first month, March (with only 4 %);
- a significant decrease until June, when the number of such shop dropped with 71 % relative to February;
- a slight increase during June-August (with 11 % higher in August relative to June), but the number of shops remains well below the level reached in February;
- a slight downward trend between August and October;
- an accentuated decrease between October and December, i.e. the number of shops identified in November is half the value recorded in August, while at the end of the reference time range, respectively in December, the number of specialised shops decreased with 92 %, which reflects a reduction of over 12 times their number, compared to March.

**Chart No 10-2 Dynamics of the number of profile shops identified/controlled between February and December 2011**



Source: NAA

As regards the legal measures adopted by the authorities, following the activity carried out by the mixed control teams between February and December 2011, the total value of the fines applied was of 4 640 870 lei, 40 301 envelopes containing psychoactive substances, whose estimated value was of 908.991 lei, being confiscated.

At the same time, due to the activity of closing the shops trading new psychoactive substances, estimating the transfer of the trading activities to online trading, the NAA specialists developed an indicator to monitor the interest for "ethno-botanical plants", the most common term used to designate the new psychoactive substances. This indicator describes the global interest for the "legal drugs" based on the researches/queries done through the online "search engines" and focuses on: knowledge on the phenomenon, effects, but also online shops through which such substances are traded.

### Graph No 10-3: Interest for Web search: maraciuca, spice gold, spice diamond<sup>185</sup>

Comparați după	Termeni de căutare	Filtru
<input checked="" type="radio"/> Termeni de căutare <input type="radio"/> Locații <input type="radio"/> Intervale de timp	Sfat: utilizați o virgulă pentru a adăuga elemente de comparat. (tenis, fotbal) <input type="text" value="etnobotanice"/> <a href="#">+ Adăugați un termen de căutare</a>	Căutare Web România feb. 2011 - dec. 2011 <a href="#">Resetați</a> Toate categoriile

#### Interes pentru Căutare Web: etnobotanice

România, feb.-dec. 2011

Clasificarea taxonomică pentru Statistici de căutare a fost actualizată în cursul lunii decembrie 2011. [Aflați mai multe](#)

A fost aplicată retroactiv o îmbunătățire a funcției de atribuire geografică, începând cu data de 01.01.2011. [Aflați mai multe](#)

**Totaluri**  
 etnobotanice 25

#### Nivelul de interes pentru o perioadă de timp

previziune  Titluri de știri



EN

Compare after

Search terms

Locations

Time ranges

Search terms

Advice: Use comma to add comparative items (tennis, football)

Ethno-botanical plants

+ Add a search term

Filter

Web search

Romania

February 2011

All categories

All sub-regions

December 2011

[Reset](#)

[Search](#)

Interest for Web search

Romania, February-December 2011

The taxonomic classification for Search Statistics was updated during December 2011

An improvement of the geographic allocation function was retroactively applied, starting with 1.1.2011

Interest level for a time range

[Extend display](#)

[Extend display](#)

**Totals**

Ethno-botanical plants 25

forecast

News titles

Find out what this data means

<sup>185</sup> The number on the graph reflect the number of searches that have been done for a particular term, relative to the total number of searches done on Google over time. They do not represent the absolute search volume numbers, because the data is normalised and presented on a scale from 0 to 100. Each point on the graph is divided by the highest point or 100. When we do not have enough data, 0 is shown. The numbers next to the search terms above the graph are summaries or totals.



Thus, the analysis performed between February and December 2011 regarding the interest for the "ethno-botanical plants" highlighted the following:

- a downward trend between February and May 2011, similar to the one identified in case of the specialised shops identified on street level;
- a relatively constant interest between June and September;
- its slight increase starting with October, trend that was accentuated in November;
- a slight amplification in early December, followed by a decrease at the end of the month.
- As reflected in the term map previously presented, the highest degree of interest is shown in Bacău, Sibiu, Suceava, Constanța, Argeș, Prahova, Iași, Galați, Cluj and Dolj Counties.
- We may conclude that, following the measures taken, the online trading of the new psychoactive substances reflected a downward trend throughout 2011, even if a slight interest "peak" was noticed in November, determined probably also by the promulgation of the new law regulating this aspect.

### **10.2.2. PRECURSORS AND ESSENTIAL CHEMICAL SUBSTANCES**

According to the data existing in the records of the Central Laboratory for Analysis and Profile of Drugs, the year 2011 is the second consecutive year where there no captures of drug precursors and essential chemical substances have been recorded.

### **10.2.3. ILLICIT LABORATORIES**

Throughout 2011, no illicit drug manufacturing laboratories have been identified on the Romanian territory.

## **10.3 PRICE/ PURITY**

### **10.3.1. PRICE OF DRUGS AT STREET LEVEL**

The comparative analysis of data regarding the drug trading prices between 2010 and 2011 reflects the fact that they have remained constant, the differences presented in the tables below (the slight decrease of all prices for wholesale traded drugs and of the retail price paid for ecstasy) being determined on the basis of the average exchange rate for euro<sup>186</sup> set up by the National Bank of Romania in 2011.

More significant differences in terms of prices have been recorded in the case of heroin - wholesale trading. The minimum price for 1 kg increased from 12 000 Euro in 2010 to 20 000 in 2011, while the maximum price increase from 20 000 in 2010 to 27 000 in 2011.

As regards the other drugs, the trading prices are similar to those in 2010, varying according to the tendency manifested at the level of demand on the illicit market, thus:

- hashish (cannabis resin) – both the wholesale (en gros) price and the retail price had, in 2010 and 2011, about the same values as those recorded in 2009;
- cannabis herb (marijuana) – the price of this drug has not undergone noticeable changes at wholesale or retail level; the values are similar to those recorded in 2010;
- cocaine – in 2011 the same values for the wholesale (en gros) and the retail price were registered; the retail price ranges in the same variation range recorded since 2007;
- ecstasy (MDMA) – the wholesale (en gros) price continues to slightly decrease, the minimum amount offered being with 3.78 % smaller than in 2009, and the maximum with 4.93 % smaller than the value recorded in the previous year; the wholesale (en gros) price remains relative in the range prefigured in 2009;
- LSD - the retail price remained relatively stable between 2004 and 2011.

<sup>186</sup> The exchange rate in 2010 was of 4.2099 Ron and in 2011 was of 4.2379 Ron.

**Table No 10-2: Minimum and maximum values of the prices for the most frequently trafficked drugs on the illicit market in Romania between 2004 and 2010**

**A. Wholesale price (in euro/kg, litre or 1 000 doses)**

Type of drug	2004	2005	2006	2007	2008	2009	2010	2011
Hashish (cannabis resin)	600-800	1 600-2 500	1 600-2 500	2 200-2 400	3 000-10 000	4 000-7 000	4 000-7 000	4 000-7 000
Cannabis herb (marijuana)	1 600-2 500	600-800	1 300-1 500	1 300-1 500	-	2 000-5 000	2 000-5 000	2 000-5 000
Cocaine	35 000-50 000	35 000-50 000	35 000-50 000	42 000-44 000	35.000-55.000	40 000-60 000	45 000-90.000	45 000-90 000
Heroin	10 000-15 000	13 000-17 000	15 000-20 000	12 000-15 000	15.000-16.000	12 000-20 000	12 000-20 000	20 000-27 000
Amphetamine	3 000-4 000	3 000-4 000	3 000-5 000	5 000	5.000	-	-	-
Ecstasy (MDMA)	3 000-4 000	3 000-4 000	8 000-10 000	-	-	3 700-7 500	3 560-7 130	3 539-7 078

**B. Retail price (in euro/g or per dose)**

Type of drug	2004	2005	2006	2007	2008	2009	2010	2011
Hashish (cannabis resin)	4-6	4-6	4-6	7-9	7-9	15-20	14.25-19	14.1-18.8
Cannabis herb (marijuana)	2-4	5-7	2-4	6-7	8-14	10-20	9,5-19	9.4-18.8
Cocaine	60-120	80-120	80-150	80-120	80-120	80-120	80-120	80-120
Heroin	15-25	25-40	25-60	30-35	46-55	37-49	35.63-47.51	35.3-47.1
Amphetamine	5-10	7-13	7-13	10	-	-	-	-
Ecstasy (MDMA)	5-10	13-15	10-15	7-12	5-8	10-20	9.5-19	9.4-18.8
LSD (blotter)	20-30	20-30	30-35	33	33	20-37	19-35,63	18.8 - 35.3

Source: Anti-drug Service, the General Inspectorate of Romanian Police

We may conclude that, in 2011, **the wholesale (en-gros) price** continues to remain stable for the most commonly trafficked drugs, with small, insignificant fluctuations, while the heroin price records a significant increase.

Similarly, **the retail price** remains constant, the variations being almost inexistent.

**10.3.2. PURITY AND COMPOSITION OF DRUGS/TABLETS**

In 2011, the concentration in **heroin** at street level ranged between 0.38 % and 47.86 %. Laboratory analyses showed, in case of the large quantities captured by the operative structures, a heroin concentration ranging between 0.49 % and 51.1 %. The average purity of the heroin samples (on wholesale and retail market) analysed throughout 2011 was of 18.24 %. The most frequent diluents and added agents/adulterants present in the heroin samples continued to be: oxycodone, caffeine, paracetamol, dextromethorphan, griseofulvin and sugars (glucose and lactose).

In 2011, the concentration in **MDMA** was determined for a sample (crystalline substance) weighting 44.22 grams at 94.63 %. In the MDMA tablets' composition other substances are evidenced as well, the most frequent being the PMMA (paramethoxymethamphetamine).

Moreover, in 2011, an amphetamine sample (7 non-pressed tablets) was quantitatively analysed, the active substance concentration being of 4.00 %.

The concentration in the **cocaine** from the large captures analysed by the analysis laboratory specialists varied between 29.99 % and 98.65 %, while for the cocaine traded at street level, the concentration varied between 5.93 % and 99.2 %. Throughout 2011, the average purity of the analysed cocaine samples (from the wholesale and retail market) was of 51.86 %. The substances

identified in the analysed cocaine samples usually are: phenacetin, lidocaine, tetracaine, levamisole, caffeine, aminopyrine and piracetam.

The concentration in THC of the **cannabis herb (marijuana)** traded at street level ranged between 0.4 % and 20.74 %, while for the one on the wholesale market ranged between 1.02 % and 11.81 %. The average concentration for the cannabis herb (marijuana) analysed at national level in 2011 was of 6.9 %.

As regards the **cannabis resin** traded at street level, the laboratory analyses showed a THC concentration ranging between 1.11 % and 6.01 %, while for the one on the wholesale market ranged between 3.9 5% and 12.18 %. The average concentration for the **cannabis resin** analysed at national level in 2011 was of 5.32 %.

**Table No 10-3: Purity of drugs at street level (%)**

Concentration in	Heroin	Cocaine <sup>187</sup>	Cannabis herb (marijuana)	Cannabis resin (hashish)
Min. value	0.38	5.93	0.4	1.11
Max. value	47.86	99.2	20.74	6.01
Average value	18.24	51.86	6.9	5.32

Source: *The Central Laboratory for Analysis and Profile of Drugs - General Inspectorate of Romanian Police*

#### 10.4 ANNUAL REPORT FOR THE EUROPEAN EARLY WARNING SYSTEM

The National Early Warning System continued to develop its network and consolidate its collaboration with its partners and data providers as well as its monitoring and research capacity. The main advantages of the National Early Warning System are determined by the fact that it is based on a multidisciplinary network of professionals involved in the reduction of drug demand and drug supply. As the data on the potential risk of some substances is identified in isolated cases and placed, often ignored, the presence of a specialised early identification network proved to be an efficient system as regards the integration of disparate information based on scientific evidences and their dissemination towards the factors responsible for the response strategies. The network is built so that it may provide information as quickly as possible. Thus, the communication within the network is done by e-mail, telephone and frequent meetings of the network's experts.

The inconveniences of the National Early Warning System are closely related to the economic background. The main issues identified throughout 2011 have been those related to the infrastructure dedicated to the toxicological testing of the substances in the biological samples at the level of the specialised departments within the emergency hospitals, the lack of the analysis documentation for the new substances entering the market (substance bookshops) for all the institutions involved in the NPS toxicological testing (including the Central Laboratory for Analysis and Profile of Drugs within the General Inspectorate of Romanian Police and the National Institute of Legal Medicine). Moreover, information sessions have been requested aiming to collect quality data from the emergency medical centres in all the counties of the country.

The new psychoactive synthetic substances identified by the Central Laboratory for Analysis and Profile of Drugs within the General Inspectorate of Romanian Police in 2011 and the seized quantities have been:

<sup>187</sup> Concentration in cocaine from the large captures

**Table No 10-4: New psychoactive synthetic substances identified by the Central Laboratory for Analysis and Profile of Drugs within the General Inspectorate of Romanian Police in 2011 and the seized quantities**

Substance	Physical description	Type of sample	No of cases	weight
4 MMC	powder	S	27	943.6g
4 MMC	tablets	S	2	5
Beta-ceto-MBDB (butylone)	powder	S	3	2.15
Metedrone	powder	S	3	15.36
Fluorometicathinone/flephedrone	powder	S	10	89.51
Ethcathinone	powder	S	188	820.40
Ethcathinone	Liquid (ml)	S	4	30.9
bk - PMMA	powder	S	7	27.17
Beta-ceto-MBDB (butylone)	cp	S	1	2
FMC	powder	S	1	0.2
BZP + TFMPP	powder	S	2	21.34
BZP + TFMPP	tablets	S	5	140
CPP chlorynephylpiperazine	tablets	S	3	807
TFMPP	tablets	S	5	21
CPP + TFMPP	tablets	S	1	6
BZP	tablets	S	2	8
MBZP	tablets	S	1	50
MBZP + TFMPP(cp)	tablets	S	1	12
paramethoxymethamphetamine (PMMA)	powder	S	8	623.45
PMMA + MDMA	tablets	S	1	5
Beta-ceto-MDMA	powder	S	1	1.48
Methylone	powder	S	1	0.8
JWH-018	Herbal mix	S	43	1 330.89
JWH-018	cigarettes	S	7	266
JWH-250	Herbal mix	S	45	213.47
JWH-073	Herbal mix	S	26	117.22
CP 47, 497-C8	Herbal mix	S	2	3.1
MDPV - pyrovalerone	powder	S	7	5.29
5 MeO-Dalt - tryptamine	powder	S	2	21.46
Tryptamine - DMT	powder	S	1	2.23

Source: The Central Laboratory for Analysis and Profile of Drugs - General Inspectorate of Romanian Police

Based on the European model, the methods described above are used within the National Early Warning System for the quick identification and triangulation of data regarding the threats caused by the presence and spread of the use of new psychoactive substances and, respectively, of the risks associated with this category of use.

## CONCLUSIONS

1. The traffic routes and the modalities of transport of drugs remain stable between 2001 and 2011, simultaneously with the configuration, during the last years, of a new transport route of the heroin from Afghanistan, through the Russian Federation, Ukraine and subsequently, Romania;
2. Romania preserves its status of non-producing country in the drug trade, even if, during the last two years it is noticed an increase of the number of illicit cannabis cultures, the estimated production is not capable of causing significant transformations on the market;
3. The quantities of seized drugs follow the same sinusoidal trend, the cannabis being the most commonly seized drug, followed by heroin and by the amphetamine type products, whilst the opium seizures reflect a constant downward trend;
4. Throughout the entire period between 2001 and 2011, the same disproportion is maintained between the number of seizures and the quantities of seized drugs, which confirms that the

most part of the drugs seized derive from small quantities from the street level traffic countering;

5. Due to the legal, operative and preventive measures taken, the trading of new psychoactive substances both through "Weed Shops" and Internet was reduced;
6. For the most part of the trafficked drugs the wholesale (en-gros) price remained stable, in 2011 as well, only small fluctuations being recorded by contrast to the previous year; however the heroin price was an exception for it recorded a significant increase; at the same time, the retail price remained constant;
7. The preservation of the heroin retail price, by contrast to the increasing wholesale price, is explained by the decrease of drug purity at street level. Thus, if in 2010 the minimum value of heroin purity at street level was of 3.25 %, in 2011 it decreased to 0.38 %.

## PART B. SELECTED ISSUES

### Chapter 11- Residential treatment offered to drug users in Europe

#### 11.1. OVERVIEW

The offer of care services for drug users had an inconsistent evolution between 1990 and 1998, not being regulated. Only during the following year, respectively in 1999, subsequently to increase in treatment demands, the Drug Addiction Pilot-Centre within Gheorghe Marinescu Hospital in Bucharest (with a capacity of 31 beds) and the Treatment Section dedicated to the drug-addicted people within Socola Psychiatric Hospital in Iași have been established.

In 1999 there was only one post-cure centre in Bălăceanca Commune, Ilfov County (near Bucharest Municipality), the care services for drug users being covered at that time by 2 detoxification centres (in Bucharest and in Iași) and 1 counselling centre – the Crisis Centre for Children and Adolescents within the Bucharest Mental Health Laboratory, 4th District. Thus, due to the fact that the therapeutic chain was incomplete, important links such as therapeutic communities, residential-type centres or vocational centres missing, the addicted people presented several relapses/recurrences.

During the following period, the treatment system for drug users was not very different from the one in place during the previous years. The therapeutic chain was incomplete and improperly funded whilst the data collection system was weak, hindering the evaluations.

In 2003, the medical service provided in the post-cure units was very little developed. The statistics of the Ministry of Health reported certain centres as post-cure units where only the alcohol addiction was being treated. If we refer only to the post-cure units, in 2003, only Bălăceanca and Socola Centres were available, but they did not have enough staff, plus they had limited funds and inadequate premises. Moreover, two community centres existed at Vurpăr and Șura Mare (Sibiu County), coordinated by the religious communities, oriented towards the alcohol and the drug addiction. They had a small capacity (almost 8 places), not being very well-known by the drug users or by the medical community.

Also at present, at national level, the centres providing residential treatment to drug users are not very numerous and they function, independently of the state, under the form of associations or NGOs, their activity being detailed within this chapter.

#### 11.2. ORGANISATION OF THE MEDICAL, PSYCHOLOGICAL AND SOCIAL CARE SYSTEM FOR DRUG USERS IN ROMANIA

The institutional and procedural framework of the system of medical, psychological and social care for drug users at national level is defined by the following regulations:

- **Legal framework:** Law No 143/2000 on preventing and countering the illicit drug use and trafficking; Law No 522/2004 supplementing Law No 143/2000 on preventing and countering the illicit drug use and trafficking; the Government Decision No 860/2005 approving the Enforcement regulation of the provisions of Law 143/2000 on preventing and countering the illicit drug use and trafficking, further amended and supplemented.
- **Methodological framework:** The Standards of the national system of medical, psychological and social care for drug users<sup>188</sup>.

According to the Standards of the national system of medical, psychological and social care for drug users, the centres providing residential treatment, respectively the therapeutic communities, are situated on level III, ensuring the social re-insertion through specific interventions and through services with a highly specialised level. Thus,

- 1<sup>st</sup> level involves the identification, attraction, motivation and referral of the drug users to specialised services, the approach of the basic social and medical needs of the drug users and the necessary coordination with the resources from the 2nd and 3rd level. It represents the core level of the entire care system.

<sup>188</sup> [http://www.ana.gov.ro/tratament\\_standardele-sistemului-național-de\\_asistență-medicală-psihologică-și-socială-a-consumatorilorde-droguri-pdf](http://www.ana.gov.ro/tratament_standardele-sistemului-național-de_asistență-medicală-psihologică-și-socială-a-consumatorilorde-droguri-pdf)

- 2<sup>nd</sup> level, the core level of the system, is made up of specialised units of the public health system and of the Anti-drug Prevention, Evaluation and Counselling Centres; it provides specialised care and ensures the monitoring and coordination between all levels of intervention and the referral to the 3<sup>rd</sup> level.
- 3<sup>rd</sup> level ensures the social re-insertion through specific interventions and through highly specialised services (detoxification, therapeutic communities, day-running centres, etc.) that support the 2<sup>nd</sup> level.

**Table 11-1: Care levels, functions and resources thereof**

Levels	Functions	Resources
<b>1st Level ( the main access pathway to the care system)</b>	Identification, attraction, motivation and referral Basic medical and social needs care Coordination with the 2nd level resources	Primary medical care General social services Resources developing risk-reduction programmes Emergency services Other medical and social resources providing basic services Public, private, mixed or non-governmental system
<b>2nd Level</b>	Planning and implementation of the multi-disciplinary (biological-psychological-social) evaluation Design and development of individualized care programmes within the integrated care programmes. Ensuring specialised care, services concomitance and continuity and the referral to services from the 3rd level.	General specialised resources (primary medical care, specialised care or mental health - psychiatry). Specific resources Public system
<b>3rd Level</b>	Specific and highly specialised care Access: only by referral to resources from the 2nd level	Intra-hospital detoxification resources Residential resources, therapeutic communities, etc. Public, private, mixed or non-governmental system

Source: *The Standards of the national system of medical, psychological and social care for drug users, Chap. 1- The integrated care system for drug users pages 21- 22.*

### 11.3 OBJECTIVES REGARDING THE DRUG USERS BENEFITING FROM RESIDENTIAL TREATMENT IN ROMANIA

The main policy documents including objectives regarding the residential treatment provided to drug users are the following:

**1. The National Anti-drug Strategy 2005-2012**, approved by the Government Decision No 73 of 2005<sup>189</sup> with the two consecutive Action Plans<sup>190</sup>, that operationalizes through activities its strategic objectives regarding the care services provided to drug users undergoing/from residential treatment/therapeutic communities.

<sup>189</sup> Chapter II.2. Medical, psychological and social care, risk-reduction and social re-insertion, B- Medical, psychological and social care and social re-insertion, specific objectives: 1. "The development of the integrated care circuit for drug users and drug-addicted people on at least three levels to ensure a resource network (starting from the pattern created in the excellence centres), to guarantee .... for the access of the drug users and the general availability of these services, 2. "The increase of the availability of the services both in terms of diversity and multi-disciplinary degree and in terms of territorial spread and their adaptation to the individual needs of the drug users and to the type of use (single or poly-drug use)", 6. "The ensuring and implementation of the legal framework for the development and definition of the specific and specialised roles of the third level resources as integrant and critical part of the public system of medical, psychological and social care for the rehabilitation and social re-insertion of drug users from the outpatient care centres", 10. "The development and improvement of the basic ongoing and continuous professional training of the professionals working in the field of medical, psychological and social care for drug users".

<sup>190</sup> The Action Plan implementing the National Anti-drug Strategy 2005-2008, approved by the Government Decision No 323/2005, respectively the Action Plan implementing the National Anti-drug Strategy 2010-2012, approved by the Government Decision No 1369/ 2005.

**2. The National Programme for Addiction Prevention and Integrated Care - pilot-stage 2007**<sup>191</sup> – The general objective "*The development of the integrated care circuit for drug users and drug-addicted people on three levels to ensure a national network of specialised resources and to guarantee the access of the beneficiaries and the general availability of these services, in accordance with the National Anti-drug Strategy ( Chap. II.2.B)*", based on which the rehabilitation and equipment works of the Bălan Therapeutic Community have been executed<sup>192</sup>.

**3. The National Programme of Medical, Psychological and Social Care for Drug Users - 2009-2012**<sup>193</sup> - in **Subprogramme 8 – "3rd level care services"**, with the specific objective: "The development of the 3rd level resources as integrant and critical part of the public system of medical, psychological and social care for the rehabilitation and the social re-insertion of the drug users and of the drug-addicted people" reference in made to projects regarding the therapeutic communities, respectively:

- **ensuring the functioning of BĂLAN therapeutic community (30 places)**

- a. ensuring the treatment for achieving abstinence (for the opiate and alcohol addicted people) with naltrexone
- b. testing the presence of drugs in the body fluids
- c. average medical care services
- d. vocational therapy services (ergo-therapy)
- e. medical care services for psychiatric disorders
- f. individual, group and family psychotherapy services
- g. ensuring the standardized testing for the psychological evaluation (purchase of standardized and validated psychological tests)
- h. cultural, educative and sports services
- i. food ensuring services
- j. accommodation services
- k. 3rd level marketing services (activities for the promotion of the services provided by Bălan Therapeutic Community)

- **partial arrangement of MICA Therapeutic Community (50 places)**

- a. design and arrangement/building services

**4. The Government Decision No 939/ 2009** for the amendment of the Government Decision No 1102/ 2008 approving the National Programme of medical, social and psychological care for drug users – 2009-2012, where references are made to <sup>194</sup> the project regarding the "ensuring of the functioning of *Dejani Therapeutic Community*, with a capacity of 30 places:

- a. ensuring the treatment for achieving abstinence (for opiate and alcohol-addicted people) with naltrexone;
- b. testing the presence of drugs in the body fluids;
- c. vocational therapy services (ergo-therapy);
- d. average medical care services;
- e. medical care services for psychiatric disorders;
- f. ensuring the standardized testing for the psychological evaluation;
- g. cultural, educative and sports services;
- h. food ensuring services;
- i. accommodation services;
- j. 3rd level marketing services (promotion activities)"

## 11.4 RESIDENTIAL TREATMENT IN ROMANIA

### 11.4.1. PROJECTS

**The institutional twinning project RO/2006/IB-JH-04 "Increase of the efficiency of the cooperation between the institutions involved in the fight against drugs"**, carried out with German technical assistance, whose purpose was to enhance the development of the integrated

<sup>191</sup> Approved by the Decision of the President of the National Anti-drug Agency

<sup>192</sup> with a capacity of 28 places in residential regime

<sup>193</sup> The Government Decision No 1102 of 18 September 2008 approving the National Programme of medical, social and psychological care for drug users – 2009-2012

<sup>194</sup> Subprogramme 8 - "3rd level care services", subtitle "Main services", at section 3

management system within the extension of the network of partners involved in the enforcement of the anti-drug policies in Romania. Within this project, on the 2nd component "**Development of county strategies and regional coordination of the services provided**", a workshop was organised for the development of the specific work protocols within the therapeutic communities attended by 10 professionals from the National Anti-drug Agency, 5 representatives of the non-government organisations from our country, 1 professional from Germany and 1 professional from the Czech Republic that subsequently lead to the development of a "Working procedures guide for a therapeutic community" that represents a highly significant element, if we are to consider the importance of such a facility in the re-establishment of the connection between the rehabilitated users and the community.

- **The institutional twinning project RO/2006/IB-JH-07 "Consolidation of the integrated system of medical, psychological and social care for drug users in Romania"** - carried out in cooperation with the National Research and Development Centre for Welfare and Health from Finland (STAKES), funded by the European Union, implemented over a 12-month period. The project contributed to the consolidation of the protection, welfare and social cohesion health through the prevention and reduction of the drug use, of the drug addiction and drug effects on health and society, in accordance with the European Drug Strategy 2005-2012. Within the 1<sup>st</sup> component "**Therapeutic Community - organisation and operationalization**" several activities have been carried out<sup>195</sup>, materialized in 2 items: "Methodological guide for the therapeutic community functioning", respectively the "Feasibility Study".

#### 11.4.2. PROVIDERS OF RESIDENTIAL

In Romania, the providers of medical, psychological and social services for drug users may be public, private or mixed physical or legal persons. Thus, the drug users may benefit from residential treatment provided by public providers, respectively by the public service for psycho-social care, anti-drug prevention, evaluation and and counselling, the public medical care service ( emergency, primary, outpatient, specialised, etc.), the public social care service, other services or by private providers, represented through associations, foundations and through any other forms of organisation of the civil society, physical or legal persons authorised in accordance with the law, international bodies carrying out activities in the field, according to the law.<sup>196</sup>

The activity of these service providers is regulated by **Order No 1389 of 4 August 2008** approving the Criteria and methodology for the authorisation of the centres that provide services for drug users and the Minimum compulsory standards form the organisation and functioning of the centres that provide services for drug users. The fulfilment of these standards is verified by the authorisation commission within the National Anti-drug Agency.

For the therapeutic community centre, the following standards are provided:

- **Standards for the authorisation of functioning from sanitary point of view** – 9 minimum criteria regarding to the spaces
- **Standard referring to the service coverage** - 10 criteria regarding the minimum services provided<sup>197</sup>

<sup>195</sup> 1. Analysis of the current therapeutic community models in EU/Work visit – participants: 8 NAA professionals, respectively 2 professionals from Finland; 2. Development of the model adopted by the therapeutic community – participants: 8 NAA professionals, 2 professionals from Finland; 3. Preparation of the curriculum, course strategy and course activities for the staff members that will work within the therapeutic community in Romania – participants: 8 NAA professionals and 3 professionals from Finland; 4. Training sessions for students – participants: 20 Romanian students (medicine, psychology, social care) and 1 professional from Finland; 5. Training of the professionals within NAA and other ministries for the identification of the funding sources necessary to ensure the sustainability of the activities carried out in therapeutic communities – participants: 11 NAA professionals, 5 NGO professionals, 2 professionals from Finland; 6. Training of the professionals for the establishment and implementation of the therapeutic community development plan – participants: 20 NAA professionals, 6 professionals from Finland.

<sup>196</sup> The Standards of the national system of medical, psychological and social care for drug users, pages 25- 26

<sup>197</sup> a- accommodation for the period indicated in the contract or the agreement signed with the beneficiary; b- psycho-diagnosis and clinical evaluation, including general clinical examination and examination on medical devices to detect infectious evolving diseases that may represent a danger for other persons in the centre; c- 200

- **Standard regarding the organisation and functioning-** 6 minimum common organisation and functioning criteria:
- **Standard referring to the staff structure**, providing a series of minimum criteria regulating the staff structure and professional skills.<sup>198</sup>

Up to the present, in order to facilitate the social insertion/re-insertion of the alcohol and drug users, the National Anti-drug Agency took the necessary steps for the operationalization of Bălan, Mica and Dejani Therapeutic Communities.

Thus, subsequent to the evaluation of the implementation of the "**National Programme of medical, social and psychological care for drug users 2009-2012**", the status of the activities carried out with regard to the therapeutic communities is the following:

- **BĂLAN Therapeutic Community**<sup>199</sup>:
  - Arranged and equipped building;
  - Documents for the operationalization and functioning of the administrative and care services have been drafted.
- **Mica Therapeutic Community**<sup>200</sup>:
  - Activities to delimit the exterior space, respectively fencing activities have been executed.
- **Dejani Therapeutic Community**<sup>201</sup>:
  - Arranged and equipped building.
  - Documents for the operationalization and functioning of the administrative and care services have been drafted.

As well, services for residential treatment/therapeutic community have been developed by Christian organisations of different denominations: the Bonus Pastor Foundation, the Blue Cross Association in Romania, the Open Hand Association, the Teen Challenge Foundation in Romania.

They are part of the **Romanian Substance Abuse and Addiction Coalition**<sup>202</sup> (ROSAAC), the organisation having as an objective the rehabilitation of people with different addictions (alcohol, drugs, new psychoactive substances, tranquilisers, sleeping pills,, nicotine, gambling addiction, co-addiction, etc.).

Their activity<sup>203</sup> is described below, considering the following aspects:

1. *overview-description of the services provided*

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psychological interventions; d-social care services; e- counselling for the development of the abilities to lead an independent life; f- vocational guiding, for example support for employment, training, guidance and work integration; g-functional and recreational ergo-therapy. Within the recreational and functional ergo-therapy activities the work protection standards are applied for the specific activities carried out. The beneficiary is informed before on the specific activity development conditions; h-medical care of general medicine with a frequency of minimum once/month/beneficiary, psychiatric consultation with a frequency of minimum once/month/beneficiary; i-emergency medical care if needed; j-permanent services 24 h/24 h.

<sup>198</sup> The centre ensures with full time: 1 psychologist for 4 to 6 beneficiaries, a social worker for 6 to 8 beneficiaries, an ergo-therapy instructor for 6 to 8 beneficiaries, 1 administrative staff member. The centre ensures 1 full or half time general/family medicine physician and 1 psychiatry specialised physician or, by contract, for general/family medicine or psychiatry services.

a) The psychologist has graduated a higher education institution and is licensed in psychology or equivalent, has an individual practice certification for one of the professional specialisations: psychology, psychological counselling and psychotherapy, in line with regulations in force.

b) The social worker has graduated a higher education institution and is licensed in social work and a member of the Romanian College of Social Workers. c) The ergo-therapy instructor has graduated high school or has post-secondary studies and carries out his/her activity in line with his/her professional training, according to the law.

d) Administrative staff, according to the needs.

<sup>199</sup> Subprogramme 8. 1-Ensuring the functioning of Bălan Therapeutic Community (capacity - 30 places), budget 2 100 thousand lei ≈ 488 000 EUR

<sup>200</sup> Subprogramme 8. 2-Ensuring the functioning of Mica Therapeutic Community (capacity - 50 places), budget 4 000 thousand lei ≈ 930 000 EUR

<sup>201</sup> Subprogramme 8.3- Ensuring the functioning of Dejani Therapeutic Community, budget 2 800 thousand lei ≈ 650 000 EUR

<sup>202</sup> <http://www.rosaac.ro/>

<sup>203</sup> based on the data sent by ROSAAC

2. *applied therapeutic approaches/models, target-group*
3. *funding source*
4. *quality standards*
5. *personal staff*
6. *costs incurred by the beneficiaries*
7. *number of beneficiaries*
8. *admission criteria/referral pathways*
9. *partners*
10. *studies, research activities in the field.*

#### 1. Overview-description of the services provided:

- **Bonus Pastor Foundation**<sup>204</sup> - set up in 1996, with the premises in Târgu Mureş; has a *Therapeutic Centre* at Ozd (Mureş county), opened in 2005, with a capacity of 24 places where it provides residential therapy of long duration (from 3 to 9 months), focusing on obtaining the skills necessary to lead a normal life and to have normal relationships, without addictions.
- **BLUE CROSS Association in Romania** established the first two rehabilitation centres under the form of therapeutic community in Romania:
  - *"Nazaret" Settlement in Şura Mică*<sup>205</sup> (Sibiu County) – the first rehabilitation centre for men addicted to alcohol or to other drugs in the country, officially inaugurated in 1996, with a capacity of 22 places (25 with reservation).
  - *„Insula Speranței” Settlement of Şelimbăr*<sup>206</sup> (Sibiu County) – rehabilitation centre for women, inaugurated in 1997, with a capacity of 12 places (15 with reservation).
- **OPEN HAND Association**<sup>207</sup> - with its premises in Câmpina, set up in 2000, provides services for drug users since 2009 and it disposes of 16 places in the *Therapeutic Centre* and 8 places in the Rehabilitation Centres (24 places totally).
- **TEEN CHALLENGE Foundation in Romania** - set up in 2001, operational since 2003; it disposes of the post-cure Teen Challenge Residential Centre for men, located in Grădiştea Locality, Ilfov County, with a capacity of 16 places.

#### 2. With regard to the *applied therapeutic approaches/models and with regard to the target group*, it is noticed:

- **BONUS PASTOR Foundation**- complies with Portage therapeutic model (adopted according to the original version of Canada), offering 2 types of programmes:
  - *residential therapy of short duration* (a 12-day programme) - intensive group therapy, with a success rate of 25-30%; *target group* : addicted people and co-addicted people, men and women, of minimum 18 years old;
  - *residential therapy of long duration* (2 to 9-month programme) within the Therapeutic Centre in Ozd; *target group*: addicted men, between 18 and 50 years old

The Foundation also provides post-therapy care through *post-therapy conferences and an annual post-therapy summer 10-day programme* for former addicted people and their families.

- **BLUE CROSS Association in Romania** - combines the Blue Cross Model, Hoop Model and Minnesota Model etc.; it provides psychological counselling, group and individual psychotherapy, medical and social care, spiritual assistance, ergo-therapy, family and community re-integration (occasionally also prevention and training activities) within rehabilitation cures with a duration of 2 to 4 months, sometimes even of 6 months. *The target group* is represented by men and women, according to the specific of each centre, a distinction being made between two categories of persons under care: alcohol-addicted persons of 35 to 45 years old, respectively drug-addicted people of 20 to 25 years old (exceptionally, there are beneficiaries of 15 to 16 years old).
- **OPEN HAND Association** offers a 14-stage programme, resulted from several models, with a minimum duration of one year. The programme is intended to women and young mothers, the services being provided to those having an addiction behaviour (related to tobacco, drugs, alcohol, gambling, pornography, etc.) or to those suffering from depressions, physical, emotional and sexual abuse or experiencing other emotional problems.

<sup>204</sup> <http://www.bonuspastor.ro/index.php?lang=RO>

<sup>205</sup> <http://www.asezamantulnazaret.cabanova.ro/>

<sup>206</sup> <http://www.insula-sperantei.net/>

<sup>207</sup> <http://www.manadeschisa.ro/Contact.html>

- **TEEN CHALLENGE Foundation in Romania** - offers a residential programme of 1 year, *the target group* being represented by men of 18 to 40 years old that went through the detoxification stage.

3. With regard to the **funding sources**, the following aspects are highlighted:

- the most part of the organisations receive financial support from physical persons, companies, organisations, churches, predominantly from other countries, but also from Romania.
- The Ministry of Labour, Family and Social Protection, offers support under the form of subsidies, existing also exceptions (the OPEN HAND Association not receiving support from the Government of Romania).

4. **The quality standards** envisaged are those requested by the Ministry of Labour, Family and Social Protection which its own standards are added to.<sup>208</sup>

5. Generally, **the staff members** of the organisation is made up of employees and volunteers, trained in the addiction field, thus:

- **The BONUS PASTOR Foundation**- 13 employees, of whom 10 work with the customers (2 social workers, 3 psychologists and 3 pastors).
- **The BLUE CROSS Association in Romania:**
  - *"Nazaret" Settlement in Șura Mică* (for men) - 5 employees (1 psychotherapist/ physician - director, 2 psychotherapists/ psychologists, 1 ergo-therapy instructor/consultant in addictions, 1 administrator/ paramedic) and 2 volunteers (1 spiritual consultant, 1 cook).
  - *"Insula Speranței" Settlement in Șelimbăr* (for women) - 3 employees (1 psychotherapist/psychologist, 1 ergo-therapy instructor, 1 addiction consultant) and 2 volunteers, one being a spiritual consultant.
- **The OPEN HAND Association** - 8 employees, 4 volunteers, 2 workers under collaboration contract, of different professions (social workers, medical care assistant, psychologist, physician).
- **The Teen Challenge Foundation in Romania** - 3 employees, 8 volunteers, psychology, theology graduated or workers with other profiles.

6. **The costs**<sup>209</sup> incurred by beneficiaries are between 350 RON and 1 800 RON/monthly.

- **The BONUS PASTOR Foundation**
  - residential programme of short duration: 600 RON/month
  - residential programme of long duration: 800 RON / month
- **The BLUE CROSS Association in Romania**
  - *"Nazaret" Settlement in Șura Mică* (for men) - 1 700 RON /month
  - *"Insula Speranței" Settlement in Șelimbăr* (for women) - 1 800 RON /month

In some cases reductions are negotiated, taking into account the beneficiaries' possibilities, respectively those of the association.

- **The OPEN HAND Association** - 600 lei/ month for the customers in the Therapeutic Centre and 350 lei/month for the customers in the rehabilitation centres which 400 lei are added to as tax for programme admission .
- **The TEEN CHALLENGE Foundation in Romania** - 500 lei/month (more than 70% of the beneficiaries incur no charges, due to the precarious financial situation).

<sup>208</sup> For example, the Blue Cross Association in Romania - sets up and applies very clear indicators for: the evaluation of (human, material and financial) resources used in the service provision process, the measurement of the financial results, the organisational performance evaluation, it uses a reporting and publishing system for the results obtained and ensures their dissemination among its own staff members, beneficiaries, funding bodies, social partners and other decision-making factors, it monitors and assesses systematically the objective achievement and the implementation of its own policies and strategies, its staff members being involved in the analysis and evaluation of the results.

<sup>209</sup> Average annual rate in 2011: 1 Euro = 4,23 RON

## 7. Number of beneficiaries

**Table No 11- 2: Distribution of the number of beneficiaries<sup>210</sup> between 2002 and 2011**

Organisation	Drug type	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
<b>BONUS PASTOR Foundation</b>	Drugs				1 PSD <sup>211</sup> 1 PLD <sup>212</sup>					3 PLD	2 PSD 10 PLD
<b>The Blue Cross Association- "Nazaret" Settlement of Şura Mică (for men)</b>	Heroin	9	10	4	6	8	5	8	3	5	
	Cocaine									1	3
	Cannabis			1	2	1				2	2
	Volatile substances <sup>213</sup>					1	4 <sup>214</sup>	3	3		
	SNPP <sup>215</sup>								1	24	23
<b>The Blue Cross Association- "Insula Speranței" Settlement in Şelimbăr (for women)</b>	Drugs	1	2	1	1	2	2	2	2	1	1
	Polyuse				1	2	2	2	1	2	2
<b>Open Hand Association</b>	-								1	10	17
<b>Teen Challenge</b>	Heroin						18	27			
	SNPP								28	37	41

Source: ROSAAC

**8. The admission criteria** are those provided by the Standards of the national system of medical, psychological and social care of the drug users<sup>216</sup>, and criteria of the therapeutic community.<sup>217</sup> Generally the customers are referred by psychiatrists, family physicians, pastors of the churches, former customers, partner organisations within ROSAAC or mass-media .

**9. The "partnership" principle** may be found within the policies of these organisations. In this sense a special attention is paid to the cooperation with the state authorities on central and local level, with other sanitary and social care units, with other non-governmental organisations and with the Christian cults, and last but not least with foreign partners working in the same field.

<sup>210</sup> The data refer only to the drug users, despite the fact that the organisations concerned provide also services for alcohol users

<sup>211</sup> Residential programme of short duration

<sup>212</sup> Residential programme of long duration

<sup>213</sup> Glue

<sup>214</sup> It represents the number of users of volatile substances, which alcohol and medicaments users are added to.

<sup>215</sup> New psychoactive substances

<sup>216</sup> <http://www.ana.gov.ro/vechi/rom/standarde.pdf>

<sup>217</sup> In the case of the OPEN HAND Association - the availability of the beneficiary to contribute to a part of the therapy costs; recommendation that beneficiary should be accompanied by another person to assist and help him/her during the treatment .

**Table No 11- 3: Organisations' partners**

	<b>NATIONAL PARTNERS</b>	<b>INTERNATIONAL PARTNERS</b>
<b>The BONUS PASTOR Foundation</b>	<ul style="list-style-type: none"> <li>• Blythswood Cluj,</li> <li>• The Blue Cross Association ,</li> <li>• The Open Hand Association,</li> <li>• The Preventis Association,</li> <li>• The "Identitatea" Association,</li> <li>• Teen Challenge,</li> <li>• Tha Ministry of Justice – the Probation Service nearby the Mure; Court of Justice</li> <li>• Caritas Alba Iulia</li> </ul>	<ul style="list-style-type: none"> <li>• De Hoop Foundation, Netherlands</li> <li>• The Therapeutic Centre in Zsibrik, Hungary</li> <li>• The Portage Foundation, Canada</li> </ul>
<b>The BLUE CROSS Association</b>	<ul style="list-style-type: none"> <li>• The ROSAAC Foundation, of which are part</li> <li>• The National Anti-drug Agency ,</li> <li>• The Ministry of Labour, Family and Social Protection</li> <li>• The Psychiatry Hospitals (in Sibiu, Bucharest, etc.),</li> <li>• The Probation Service,</li> <li>• The Anonymous Alcoholic Movement,</li> <li>• The "Bonus Pastor" Foundation of the Reformed Church,</li> <li>• The Project "Casa Bună" for homeless (Fortotschka Foundation, Sibiu),</li> <li>• Direction for Public Health from Sibiu.</li> </ul>	<ul style="list-style-type: none"> <li>• The International Blue Cross Federation (with headquarters in Berne), the association being its affiliate.</li> <li>• De Hoop Foundation of Netherlands .</li> </ul>
<b>OPEN HAND Association</b>	<ul style="list-style-type: none"> <li>• ROSAAC- of which are part</li> </ul>	<ul style="list-style-type: none"> <li>• De Hoop Foundation, Netherlands,</li> <li>• The OPEN HAND Association, Indianapolis USA</li> <li>• "Europa I Focus" Foundation, Norway</li> </ul>
<b>The TEEN CHALLENGE Foundation</b>	<ul style="list-style-type: none"> <li>• ROSAAC- of which are part</li> </ul>	<ul style="list-style-type: none"> <li>• The International Teen Challenge Foundation</li> </ul>

Source: ROSAAC

## **CONCLUSIONS**

The therapeutic community is considered a costly method of treatment, oriented towards a limited segment represented by users motivated to give up the use, that have already gone through the detoxification stage.

After collecting the data on the services of residential/therapeutic community treatment for drug users at national level, the following conclusions may be drawn:

1. The national system of medical, psychological and social care for drug users does is well represented at theoretical level, but it recorded significant gaps in the development of services for the three levels of nurse, which leads to obvious difficulties in its operation in the unit.
2. The small number of providers of services of residential/therapeutic community treatment reflects the insufficient development of 3rd level services.
3. National Anti-drug Agency, during the year 2011, took steps for operationalization of two therapeutic communities that work in the public system. The vast majority of residential treatment / therapeutic community services type are provided at this time in Romania, by the representatives of the civil society (private providers, represented through associations and foundations, authorised physical and legal persons in accordance with the legal provisions, international bodies carrying out activities, in accordance with the law).

## Chapter 12 – Drug local policies

### 12.1 LOCAL ANTI-DRUG STRATEGIES IN ROMANIA

#### 12.1.1 GENERAL CONTEXT

Starting from the challenges formulated through the Anti-drugs National Strategy, the local drugs strategies are based on the specific needs identified at the level of each community, respecting at the same time the liberty of all social actors, willing to involve in the fight against the drug crime, choosing the approach and action methods.

The formulation of local strategies concern the promotion *of the participation of all social actors involved in the identification of solutions adjusted to the local communities' needs*, so that the prevention of drug traffic and use, as well as the mitigation of their consequences, imply coordination, involvement and, mainly, contact with the local community.

Although, starting from 2007, based on a methodology drawn up by the National Anti-Drugs Agency, local anti-drugs strategies were approved in most of the country's counties, the structural changes occurred in March 2009<sup>218</sup> led in most of the counties to the „collapse” of the institutional network built at local level and tacitly to the „abandonment” of the implementation or updating of these documents.

The adoption in June of Government Decision no 461/ 2011, through which the National Anti-Drugs Agency regains the quality of drugs national coordinator, tacitly led to the consolidation, under a functional aspect, of its territorial structure, made of Anti-Drugs Prevention, Assessment and Counseling Centers, which enabled the involvement of these structures in the formulation and implementation of anti-drugs local policies, establishing in this way the re-creation of the anti-drugs institutional network at local level, but also a revival of the local interventions in the prevention and fighting against drug use and traffic.

#### 12.1.2 ORGANIZATION AND FUNCTIONING OF THE LOCAL PUBLIC ADMINISTRATION IN ROMANIA

At the level of municipalities, the administration structure is represented by the Town hall of the Municipality. This one functions based on Law no 215 of 23 April 2001 and on further amendments regarding the local public administration which governs the general framework of the local autonomy as well as the organization and functioning of the local public administration. Based on this normative document, the local administration is organized and functions under the principles of decentralization, local autonomy, devolution of public services, eligibility of local public administration authorities, lawfulness and consulting citizens for the resolution of special interest local problems. The local administration authorities exercise, according to law, exclusive, shared and assigned competences.

Communication between local public administration authorities at the level of a municipality and those at county level are based on the principles of autonomy, lawfulness, responsibility, cooperation and solidarity in solving the problems of the entire county. In the relationship between local public administration authorities and the county council, on one hand, as well as between the local council and the mayor, on the other hand, there are no subordination relations.

Together with the mayor, the local council functions as local public authority, which consists of local councilmen, elect by universal, equal, direct, secret and free vote, under the conditions set by law for the election of local public administration authorities. The mayor's and local councilmen mandate is for a period of 4 years. The members' number of a local council is set by order of the prefect, according to the number of the municipality's inhabitants, reported by the National Institute of Statistics on 1st of January of the current year or, as appropriate, on 1st of July of the year which precedes the elections.

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<sup>218</sup> The transfer of the National Anti-Drug Agency under the command of the General Inspectorate of the Romanian Police.

According to law 215/2001, article 38, the Local Council initiates and decides, under the law, in all local problems, except for those assigned by law under the competence of other local or central public administration authorities. The local council exercises the following attributions:

- a) attributions regarding the organization and functioning of the expert staff of the mayor, of the public local institutions and services and of the trading companies and local autonomous utility companies;
- b) attributions regarding the socio-economic and environmental development of the municipality;
- c) attributions regarding the administration of public and private area of the municipality;
- d) attributions regarding the administration of the services provided by citizens;
- e) attributions regarding the inter-institutional cooperation at interior and exterior level.

The Local Council gathers in monthly ordinary sessions, at the request of the mayor. The local council may gather also in extraordinary sessions, at the request of the mayor or at least of a third from the number of the council's members.

In the county units *public services organized at national level* are established (designated as decentralized services of some ministries, national agencies/authorities or central departments) and *public services organized at national and/or county level*.

Thus, at the level of each county, the following decentralized services of the institutions are involved in the fight against drugs:

- **The Anti-drug prevention, assessment and counseling Center**- territorial structure of the Anti-drugs National Agency with a role in the coordination of the activities for mitigating the drug demand at local level. At community level, the Center provides services for preventing the drug use in schools, family and community, as well as integrated assistance services for people who use drugs.
- **The County Prefect Institution** - has the mission of ensuring the implementation and compliance with law and the public order as a representative of the Government at local level, by carrying out the attributions regarding: checking the lawfulness of the administrative acts adopted or issued by the authorities of the local public administration, the legal department, handling the emergency situations and the defense measures of non-military nature, drawing up the national and European policies, for the benefit of the county's community.
- **The County Council** - authority of the local public administration, established at county level for the coordination of the communal, town and municipality's councils activity, in order to provide the county's public services. It comprised the county councilmen elect by universal, equal, direct, secret and free vote, the number of the members being set by order of the prefect, according to the number of the municipality's inhabitants, reported by the National Institute of Statistics.
- **The County Police Inspectorate** is established and functions according to the provisions of Law no 218/2002 on the organization and functioning of the Romanian Police, based on the organization state approved by the Minister of Administration and Interior by Order I/0551 of 01.06.2004. According to the law, the Inspectorate is a unit designed to organize, lead and coordinate specific activities in order to carry out the attributions of the Romanian Police in the competent area. The entire activity within the Inspectorate is carried out exclusively according to law, under the authority and control of the Ministry of Administration and Interior and of the General Inspectorate of the Romanian Police. The Inspectorate organizes, coordinates and controls the activity of ensuring the respect of public policy, of defending the citizens rights and liberties, of the public and private property, of preventing and discovering the crimes, according to law, within the territory of the county from the relevant territorial area. In order to prevent the drug use, within the Inspectorate of the County Police operates the Crime Prevention and Analysis Department, which is a part of the County Commission on the drug use prevention.
- **The Brigade of Countering Organized Criminality (BCCO)**, is a territorial structure hierarchically subordinated to the General Inspectorate of the Romanian Police, which carries out its activity based on the competences granted by law and the interior orders, oriented towards countering the acts within the scope of organized criminality, illegal drug trafficking and use. At the level of BCCO, the activity in the anti-drugs field is carried out by the workers

of the Anti-drug service, while at the level of each county within its scope of territorial competence, a specialized department is established. Within some brigades there is also a laboratory for the drugs and precursors analysis. At the level of the brigade, the main responsibility is the mitigation of the phenomenon of illegal drugs trafficking, respectively of reducing the offer, without tasks in the field of prevention.

- **The Territorial Service for the Investigation of Organized Crime and Terrorism** – territorial structure of the Directorate for Investigating Organized Crime and Terrorism (DIICOT), the sole structure within the public ministry, specialized in the countering and investigation of the organized crime and terrorism. STIICOT carries out investigations in the field of serious crimes, as defined by Law no 39/2003 on the countering of organized crime. In the scope of its competences there is also the investigation of crimes provided by Law no 143/2000 on preventing and countering the illicit drug trafficking and use.
- **Territorial Authority of Public Order (ATOP)** - independent body with advisory role, without legal personality, established and operating along the county council and which carries out its activity according to the provisions of Law no 218/2002, on the organization and functioning of the Romanian Police, in order to ensure the good operation and the increase of the police service efficiency of the county unit in which it functions. The purpose of the Territorial Authority of Public Order is to ensure, through its activity, the representation and promotion of the community interests in order to ensure a climate of public safety and security.
- **The County School Inspectorate** - public institution subordinated to the Ministry of Education, Research, Youth and Sports, which ensures guiding, coordination and control activities for the education and professional training institutions, in order to contribute to the increase of the educational services quality, to the improvement and continuous efficiency of the national educational system and its compatibilization with the European systems.
- **The Public Health Directorate** - public institution subordinated to the Ministry of Health, established through the reorganization of the Public Health Authority based on the Government Emergency Ordinance no 227/2008. Within the Directorate there is also a prevention department, by means of which specific actions of drug use prevention are undertaken.
- **The County Gendarmerie Inspectorate** carries out its activity in the citizens' interest, of the community and supporting the state institutions, exclusively based on and through the enforcement of the law. Guarding and protection are activities carried out through specific forces and means, in order to ensure the safety of objectives, goods and values against any legal actions which bring prejudice to the property right, their physical existence, as well as protecting the people against any hostile acts which could endanger their life, physical integrity or health. It collaborates with the relevant institutions in order to reduce the drug demand and offer.
- **The General Directorate of Social Security and Child Protection** - starting with the year of its establishment, respectively 2008, it represents the expert department of the county council which ensures at the level of the county the implementation of the social and medical security policies. This institution encourages the development of certain beneficial partnerships with non-governmental organizations and with other representatives of the civil society, collaborating also with the public decentralized services of the ministries, depending on the community needs, in order to grant and diversify the social and medical services provided.
- **The County Directorate of Sports and Youth** – public institution subordinated to the Ministry of Education, Research, Youth and Sports which organizes and undertakes actions for activities concerning youth, culture, art, education, internal and international tourism, sports and leisure, for young people in youth camps or centers. Through these actions healthy alternatives are provided to young people for spending their spare time, representing protection factors against the drug use.
- **Probation Service** - territorial structure of the Probation Directorate, institution subordinated to the Ministry of Justice. This structure ensures the services for the supervision of the way in which minors, respectively convicts respect and put into practice the actions and obligations

imposed to them by the Court. Also, the probation service provides individual and group assistance to the people under the supervision of the probation service and to those in the prison/reform centre for minors, as well as to the victims of certain crimes.

- **County Center for Educational Resources and Assistance** - public institution, subordinated to the Ministry of Education, Research, Youth and Sports, whose purpose refers to the personal development of pupils, parents and teachers, by carrying out activities for the development of abilities representing protection factors in the adoption of a drug use behavior.

All these territorial structures have their office in the municipalities which are the county's capital. At the same time, at the level of municipalities and towns, there are local structures, subordinated to the above-mentioned decentralized structures, such as:

- **The Municipality Police** - is the structure subordinated to the Inspectorate of the County Police, which carries out the attributions of the police on the municipality's territory, having in their structure the following sections: Criminal Investigations Police - The Criminal Investigation Office; Public Safety Police - Rural Police Office.
- **Local Police** - Represents a directorate directly subordinated to the Mayor, established by the Law no 155/2010. The local police carries out its activity in the interest of the local community, exclusively based on and through the enforcement of the law, as well as the acts of the deliberative authority and the executive authority of the local public administration and in compliance with the regulations specific for each field of activity, established by administrative acts of the central and local administration authorities.
- **Public Service of Social Security** – local structure of the General Directorate for Social Security and Child Protection.

Also, at the level of a municipality, depending on the socio-economic and cultural development of the area, as well as the existent problematic state at local level, the following structures may function:

- **Hospitals** – sanitary units subordinated to the Ministry of Health and of the County Council
- **Courts** (appeal courts, tribunals, judges) – units subordinated to the Ministry of Justice
- **Prisons** – territorial structures of the National Administration of Prisons (central institution subordinated to the Ministry of Justice)
- **Kindergartens, schools, high schools, universities** - educational units subordinated to the County School Inspectorate.

## 12.2 LOCAL ANTI-DRUG POLICIES IN THE GREAT ROMANIANS TOWNS

### 12.2.1 Anti-drug policies in the Municipality of Bucharest

Bucharest is the capital of Romania and in the same time counting the largest number of population in the country. With a population of 1677985 inhabitants, Bucharest is actually<sup>219</sup> the sixth largest city in the European Union. In fact, however, Bucharest gathers over three million people daily. The settlements surrounding the city, which will be part of the future Metropolitan Area, totalling a population of approximately 430 000 inhabitants are added to these figures.

Called "Little Paris" (due to its architectural resemblance to the French capital), Bucharest is a mixture of old and new, traditional and modern, oriental and occidental, which gives it the appearance of a disordered eclectic metropolis on one hand, and originality and charm on the other hand. Today, Bucharest is the main cultural and socio-economic centre of Romania.

**Table No 12-1: Population distribution at country, region, county and city levels**

Romania's Population	Population of Bucharest-Ilfov Region	Population of Bucharest Bucharest
19043767	1833024	1677985

Source: NIS

In terms of administration, Bucharest has a special status as the only city that does not belong to any county, but it has the administrative status of a county.

Bucharest is divided into 6 administrative districts, each of which is driven by its own municipality. The districts are arranged radially (and numbered clockwise) so that each of them has a part of the centre of Bucharest in its administration.

#### 12.2.1.1. Anti-drug institutional system

The Bucharest General City Hall is run by a general mayor and comprises 6 directorates. The general mayor is supported in its work by a General Council composed of 52 city councillors, elected by universal, equal, direct, secret and freely expressed vote, in accordance with the law on local elections.

A district municipality, headed by an elected mayor, operated at district level. A Local Council (25-27 members) operates within each municipality, composed of councillors elected, as is the case of the Bucharest General Council, by universal, equal, direct, secret and freely expressed vote, in accordance with the law on local elections. The Local Council initiative and act according to law, in all the matters of local interest, except those which are provided by law to other public, local or central authorities.

The district mayors, as executive authority, and their Local Councils, as deliberative authority, do not especially carry out specific anti-drug tasks, but in accordance with Art. 83 paragraph 1 and Art. 63 paragraph 5 letter c of Law no 215/2001 on local public administration, as further amended and supplemented "Bucharest district mayors shall provide, according to their skills, the conditions necessary for proper functioning of public educational, cultural and youth services, and contribute and take measures to organise the implementation of and implement activities in the educational, scientific and cultural fields".

Several divisions, services or specialized departments operate within the Bucharest General City Hall and the district municipalities, which have among their duties to carry out programmes and projects in the field of drug use prevention.

All the deconcentrated services operating in all capital cities and municipalities mentioned at the

<sup>219</sup> According to preliminary results of 2011 Census, available at [www.recensamantromania.ro](http://www.recensamantromania.ro)

beginning of this chapter can be found in Bucharest.

In addition, three Addiction Integrated Care Centres (Pantelimon, Pericle and Obregia) and the Day Care Centre Pericle operate within the medical, psychological and social support system for drug users and the district Drug Prevention, Evaluation and Counselling Centres.

The Addiction Integrated Care Centres are structures specialized in providing addiction integrated care operating within the Drug Prevention, Evaluation and Counselling Centres and providing the following outpatient medical, psychological and social services:

- specialized treatment with opiate agonists/antagonists;
- outpatient detoxification;
- information and education to prevent sexually transmitted infections and blood-borne infections, such as HIV, hepatitis B and C, and for a healthy lifestyle;
- toxicological testing;
- additional medical treatments;
- psychological counselling and psychotherapy;
- pre- and post-test counselling for HIV and hepatitis;
- rapid testing for HIV and hepatitis.

### **Local non-governmental organisations involved in the fight against drugs**

Being the country's capital, civil society activity is more effervescent in Bucharest than in any other municipality in the country. Among the many NGOs operating in the capital the most active in drug use prevention are presented below:

- **Romanian Harm Reduction Network (RHRN)** - an association that brings together organisations and professionals in the field of *harm reduction*. RHRN mission is to promote the reduction of drug use-related risk behaviours by increasing communication between partner organisations and by improving the quality of services for drug users at national level. RHRN initiates and facilitates changes designed to support the implementation of effective social policies and programmes for drug users and other marginalised social groups. Among the NGOs, members of RHRN, we should mention the following: ALIAT, ARAS and INTEGRATION.
- **The Alliance for Fighting Against Alcoholism and Addictions (ALIAT)** - an association of mental health professionals, one of the first professional organisations working in the addiction field in Romania. ALIAT operates in the field of prevention and treatment of substance use-related problems (alcohol and drugs) in 1999. The programmes initiated by the ALIAT over time were all pioneering acts in the field of psychoactive substance use.
- **INTEGRATION Association** - the only NGO in Bucharest made up of former or active drug users. At first, in mid-2004, it operated as a support group in the ARAS (Romanian Association against AIDS). The association addresses large populations, since every person is a potential drug user, but especially active drug users and people recovering from drug addiction, and those who are interested in this phenomenon.
- **The Romanian Association against AIDS (ARAS)** – founded in 1992 as a non-governmental organisation, ARAS was founded by a group of young volunteers who proposed as mission to inform and educate all segments of population on the dangers of AIDS and the means to prevent HIV infection. The organisation also advocates for promoting attitudes of support, tolerance and compassion towards people already infected or diseased, for defending their rights and interests. It provides material, moral and psychological support for infected or diseased people and their families within its programmes.
- **Carousel Association**- a young NGO that aims to improve the quality of life of drug and alcohol users, of commercial sex workers or people having multiple sex partners, homeless persons or socio-economically disadvantaged people and of all those who are at risk of disease, marginalisation and social exclusion. The Carousel Association's mission is to create an active, proactive and responsive social environment in order to promote and defend the human rights and freedoms.
- **Roma Centre for Health Policies – SASTIPEN** aims at the development, implementation, monitoring and evaluation of policies for improving the situation of disadvantaged groups and for protecting the human rights based on the principle of non-discrimination and equality between citizens. SASTIPEN aims also at: promotion of social dialogue, community

participation and involvement in decision-making structures on public policies for Roma and non-Roma citizens by improving communication between the administrative structures of authorities and communities at local, national and international level, as well as notification to the competent bodies about the violation of human rights.

- **Parada Foundation** - an apolitical and non-profit organisation, member of the Federation of NGOs Active in Child Protection (FONPC) since 2002. Its statutory purpose is to support children, young people and homeless families through integrated social work, educational and formative and socio-professional integration services. The Parade Foundation's mission is full and stable social (re)integration of persons at risk of social exclusion, using a participatory approach whereby service beneficiaries are at the beginning the Foundation's partners, and then the actors of their own personal development and their own lives. The Parade Foundation is not a place for social recovery, but a place where service beneficiaries acquire the tools necessary for building a valued personal life journey.
- **Samusocial Romania** (Social Emergency Mobil Aid Service), a Romanian law association, is an emergency response device that meets the most dissocialized people who have been reduced to the status of mere survival for they have become "victims" who cannot or do not know anymore how to benefit from the common aids. The Association's goal is to meet the most deprived persons to provide to them help and support, while respecting their dignity. This support aims: to rescue the persons in critical social situation through medical and social emergency procedures, to assist these people to regain their autonomy and capacity for self-determination and to provide minimum of dignified existence conditions for people who cannot manage anymore their own resources.
- **Save the Children Romania** - a public interest non-profit NGO since 1990 actively advocates for child rights and child protection in Romania. Currently, the organisation carries out programmes in 39 localities, has offices in 12 counties and in Bucharest, over 6 000 members and more than 1 800 volunteers, mostly young people. Save the Children Romania is a member of Save the Children International, the world's largest independent organisation that promotes child rights and child protection. The purpose of health education programmes is to reduce the incidence of sexually transmitted infections and drug use among adolescents and young people by forming responsible healthy behaviours. Save the Children Romania's active role in this field is reflected in research, education, counselling and therapy activities.
- **Romanian Angel Appeal Foundation (RAA)**, whose purpose is the development of charitable programmes for children and young people with disabilities, including those with chronic diseases, HIV/AIDS, etc., by providing medical, psychological, social and material support and by developing networks, training courses, research, *advocacy* campaigns and programmes in collaboration with government authorities, companies, NGOs and individuals whenever necessary.
- **International Centre for Anti-Drug and Human Rights (CIADO)** - a governmental organisation that promotes policies to combat drug trafficking and use through projects and programmes. CIADO purpose is to carry out programmes or projects in the field of drug trafficking and use prevention, in the field of treatment, rehabilitation and social reintegration of drug, alcohol, tobacco etc. addicts, in the field of prevention of HIV/AIDS, of human trafficking, terrorism, organised crime, corruption and other fields affecting human rights and fundamental freedoms and international cooperation, general and/or community interest in the country or abroad.
- **International Federation of Educational Communities (IFEC)** - an NGO with consultative role within the UNESCO Commission in Romania. IFEC works for children's rights, regardless of nationality, race or religion. IFEC works in the professional development of all forms of extra-family education such as: international seminars and congresses; exchanges of experience between professionals in the field, publications addressing current issues in extra - family education; advising public courts; initiating studies, research; stimulating and promoting exchanges of ideas.
- **Association for Fighting against Drugs (AMA)** - a NGO that runs programmes or projects in the field of drug use and trafficking prevention, in the treatment, rehabilitation and social reintegration of drug, alcohol, tobacco addicts, and other addictions, in preventing HIV/AIDS, human trafficking, terrorism, organised crime and corruption and in the protection of human rights. The drug-related harm reduction and promoting the drug dependence treatment services are also priority objectives of the Association for Fighting against Drugs (AMA).

- **Association for Women with Addictions in Romania (ApFAR)** aims at preventing the use of psychoactive substances among women and assisting biopsychosocially and spiritually the female users of such substances.
- **Foundation for Family and Child Protection (FOC)** - a NGO active in the area of child protection, and is dedicated to improving the level of education and well-being of children and their families. The mission of the Foundation is to offer protection to children in need or at risk, especially through family based intervention, by helping the family keep their children, through foster care or adoptive family.

#### **12.2.1.2. The Main Characteristics of Anti-drug Strategies and Programmes in Bucharest**

At the local level, the role of national coordinator of the National Anti-drug Agency in the field of anti-drug policies is played by the Drug Prevention, Evaluation and Counselling Centres, through:

- coordination of drug demand reduction activities at the local level;
- development, monitoring and coordination, as appropriate, of local prevention projects;
- monitoring and coordination of the activities of local institutions with expertise in the field, of non-governmental organisations and other social partners involved in the local implementation of the Action Plan;
- the data collection regarding the indicators Admission to treatment and non-fatal emergencies, provided by the data suppliers contained into the reporting system

The Drug Prevention, Evaluation and Counselling Centres in the 6 districts provide drug use prevention and addiction integrated support services to the local community. These structures also monitor and coordinate the activities of local institutions with expertise in the field, of non-governmental organisations and other social partners involved in the local implementation of the Action Plan.

After the reorganisation of the National Anti-drug Agency in June 2011, in line with the National Anti-drug Strategy, the Drug Prevention, Evaluation and Counselling Centres in districts 3, 4 and 5 and district municipalities have developed and approved local anti-drug strategies. For the other districts, the process is ongoing.

Also, the Crime Prevention Strategy in Bucharest was approved at the end of 2011 under the coordination of the Bucharest Prefecture. This includes three sectoral strategies as follows: the sectoral Strategy for Juvenile Delinquency Prevention, managed by the School Inspectorate of Bucharest, the sectoral Strategy for Domestic Violence Prevention, managed by the General Directorate of Social Assistance of Bucharest and the sectoral Strategy for Street Crime Prevention, managed by the General Directorate of Bucharest Police. The three areas often interfere with drug trafficking and use.

In the absence of their own budgets, the prevention projects/campaigns initiated locally by the Drug Prevention, Evaluation and Counselling Centres are financially and logistically supported through partnerships with other institutions/NGOs. However, for the national projects/campaigns initiated by the National Anti-drug Agency and implemented locally by the Drug Prevention, Evaluation and Counselling Centres, the funds are provided under the National Programme of Medical, Psychological and Social Care for Drug Users - 2009-2012 (Government Decision No 1102/2008), financed from the state budget, from the budget approved by the Ministry of Administration and Interior for the National Anti-drug Agency.

The funds necessary to provide support services through the Addiction Integrated Care Centres are provided by the same national programme. During 2011-2012, the following services were provided for the Addiction Integrated Care Centres in Bucharest:

- providing substitution treatment with methadone and buprenorphine + naloxone;
- providing the treatment for achieving abstinence (for the opiate and alcohol addicted people) with naltrexone;
- providing out-patient detoxification treatment;
- testing the presence of drugs in the body fluids;
- average medical care services;
- psychiatric medical care services.

Also, in the context of institutional reorganisation in 2011, the National Anti-drug Agency developed new procedures on the conclusion of the collaboration protocols at local level. They are based on the *development methodology* for the framework protocols between the National Anti-drug Agency and associations or foundations who want to work in the field of drug demand reduction. During 2011-2012, several cooperation protocols with governmental and non-governmental partners were signed in all districts of Bucharest.

In general, the funds allocated from the local budget of the district municipalities and of the Bucharest General City Hall targeted ad-hoc projects or programmes as the budgets of these institutions did not provide a budget chapter for drug use prevention programmes/projects.

### 12.2.1.3. Scope of local anti-drug policies

#### 12.2.1.3.1. Drug demand reduction

- **Prevention services**

In Bucharest, the prevention services are provided by public institutions and NGOs. In general, the illicit drug use prevention services consist in: information, education, communication, advocacy, awareness, skills development etc. and were carried out as part of prevention programmes developed according to quality standards for the drug use prevention programmes. Drug use prevention projects, campaigns and activities are carried out within this category of services in: schools (at the preschool, elementary and secondary levels); in universities (10 public universities and 10 private universities operate in Bucharest); at the family and community levels.

Also, in the context of the local implementation of the national anti-drug policy, the Drug Prevention, Evaluation and Counselling Centres in the 6 districts participated in project implementation and national campaigns developed by the National Anti-drug Agency. Depending to the locally identified needs and the demands from institutions/partner organisations several local projects have been also developed.

In 2011, in Bucharest, the territorial structures of the National Anti-drug Agency (the Drug Prevention, Evaluation and Counselling Centres in the 6 districts) conducted 724 prevention activities, including 606 in school, 16 in family and 102 in community. These activities have attended several social groups, from children, pupils, students, teachers, parents to prisoners, each activity being appropriate for the corresponding target group. The total number of the beneficiaries of prevention activities conducted by the Drug Prevention, Evaluation and Counselling Centres in Bucharest in 2011 was about 19 000 persons.

**Table No 12-2: Situation of prevention activities conducted by the Drug Prevention, Evaluation and Counselling Centres in Bucharest in 2011, depending on the environment where has been carried out to the prevention has been carried out**

Environment where the prevention activity has been carried out	No of activities	No of beneficiaries	Type of beneficiaries
in school	606	18762	children/pupils/students, teachers, parents
in family	16	1323	parents
in community	102	10686	general public

Source: NAA

Of the 606 prevention activities conducted in schools, most were conducted in schools and high schools. (571).

**Table No 12-3: Situation of prevention activities conducted by the Drug Prevention, Evaluation and Counselling Centres in schools in Bucharest in 2011**

School environment where the prevention activity has been carried out	No of activities	No of children/pupils/students	No of parents	No of teachers
preschool environment	1	9	4	3
elementary and secondary environment	571	15231	97	937
academic environment	34	2350	0	131
Total	606	17590	101	1071

Source: NAA

As regards the information campaigns conducted by the Drug Prevention, Evaluation and Counselling Centres in Bucharest, out of the 103 campaigns conducted in 2011, 13 had also a media component. Most of these campaigns were conducted in schools (86), in recreational settings (9), in community (26) and in prison environment.

- **Healthcare, psychological and social care services**

The drug users receiving functional support services on 3 levels according to the standards of the National Healthcare, Psychological and Social Care System of Drug Users, as presented in Chapter 5. By carrying out the case management, the 6 Drug Prevention, Evaluation and Counselling Centres ensure the coordination between other intervention levels, representing the core of an integrated addiction care system in Bucharest. In Bucharest specific services are available for all three levels of care system.

In this regard, the level 1 care services, such as identifying, attracting, motivating and sending to users to specialised services and addressing basic social and health needs of drug users are offered in Bucharest by the governmental and non-governmental partners of the Drug Prevention, Evaluation and Counselling Centres.

The level 2 care services are offered in Bucharest by:

- 6 Drug Prevention, Evaluation and Counselling Centres which provide medical, psychological and social evaluation of drugs consumers, as well the case management.
- 3 centres of the National Anti-drug Agency, where out-patient addiction integrated care services are provided, including substitution treatment based on methadone/suboxone/naltrexone for opioid addictions: Addiction Integrated Care Centre "Pericle", Addiction Integrated Care Centre "Pantelimon", Addiction Integrated Care Centre "Obregia".
- 2 health facilities in the public health network of the Ministry of Health, which provide inpatient - Clinical Hospital of Psychiatry "Prof. Dr. Alex. Obregia" - Sections 16 and 17 and ş 3 health units in the same network, which provide out-patient care services: Hospital of Psychiatry Titan "Dr. Constantin Gorgos", CETTT Sf. Stelian and the Adult Mental Health Center no. 4.
- 2 centres managed by the non-governmental organisation ARAS in Bucharest, where out-patient addiction integrated care services (including substitution treatment for opioid addictions) are provided: Arena Centre and Titan Centre.
- 3 private centres/surgeries in Bucharest where out-patient addiction integrated care services (including substitution treatment for opioid addictions) are provided: Drug Addiction Intervention National Association (ANIT), PSYMOTION and D&C Medical.
- A medical facility located in prison system: Rahova Penitentiary Hospital.

The level 3 care services are offered in Bucharest by:

- Daycare Centre Pericle
- The therapeutic community within the Rahova Penitentiary.

Also, level 3 care services are provided in Bucharest-Ilfov region by:

- TEEN CHALLENGE Foundation in Romania, which owns the the post-treatment Teen Challenge Residential Centre for men, located in the Grădiştea, Ilfov County, with a capacity of 16 places.

- The therapeutic community within the Jilava Penitentiary.

#### **Other services (*harm-reduction, social reinsertion*)**

Since most NGOs in Romania specialised in *harm-reduction* and social reintegration of drug user programmes operate in Bucharest, naturally most projects of this type have been carried out in Bucharest. They were presented in Chapters 7 and 8.

Several organisations providing services for minorities operate also in Bucharest, such as: SASTIPEN Center, CARUSEL Association, PARADA Foundation, ACCEPT Association, ApFAR Association.

#### **12.2.1.3.2. Drug supply reduction**

The policy for fighting against drugs emerges from the national policy in this area, and from the policy laid down by the General Directorate of Bucharest Police and the General Inspectorate of Romanian Police.

In Bucharest, the structures with responsibilities in fighting against illicit trafficking and use drugs are: Squad for Countering the Organised Crime Bucharest, General Directorate of Bucharest Police, Bucharest Police Department, Bucharest City Hall Local Police Department and the district local police departments.

The Anti-drug Service operates within the Squad for Countering the Organised Crime Bucharest a structure that has specific responsibilities in fighting drug illicit trafficking and use. Four offices are organised within this Squad as follows: Regional Office 1 (having as territorial area of competence districts 1 and 6), Regional Office 2 (having as territorial area of competence districts 2 and 3), Regional Office 3 (having as territorial area of competence districts 4 and 5) and the Drug Substitutes Office. The main tasks of the Anti-drug Service are, on the one hand, the collection and exploitation of information, and, on the other hand, the execution of procedural activities in preventing and fighting the drug, precursors and substitutes trafficking and use. All these activities are carried out under delegation orders issued by DIICOT prosecutors. The mode of action, developed in Bucharest, is based on the principle of territoriality, but also on the typology of substances under national control (drugs, substitutes/prosecutors).

**Table No 12-4: Number of drug-related offenses recorded in 2011-2012 in Bucharest**

Type of offenses	Total			
	People under 18		People over 18	
	Male	Female	Male	Female
Drug possession for personal use	28	10	1364	420
Drug trafficking	3	-	108	18

Source: Squad for Countering the Organised Crime Bucharest

In Bucharest, several criminal potential areas have been identified, where measures have been taken to prevent crimes.

During 2011, 1826 criminal cases were registered in Bucharest, out of which 1279 cases were solved.

As for the criminal groups, 27 groups were identified in 2011 in Bucharest, out of which 23 were dissolved.

As for the drug seizures made in Bucharest, the most important were the cannabis seizures (571 seizures totaling over 2.5 kg).

**Table No 12-5: Number of illicit drug seizures recorded in 2011-2012 in Bucharest**

Drug name	2011	
	Seizures (no)	Quantity (g.)
Heroin	71	662
Cocaine	19	303
Cannabis	571	2624
Hashish	42	402
LSD	2	95

Source: Squad for Countering the Organised Crime Bucharest

The Bucharest Traffic Police Squad within the General Directorate Bucharest Police played an important role in the fight against drugs in 2011. Thus, the Traffic Police Squad developed policies for fighting against drugs according to attributions of the General Directorate of Bucharest Police by organising joint actions in the field, together with representatives of NAA and the Squad for Countering the Organised Crime Bucharest Bucharest.

Also, in 2012, the Traffic Police Squad, a member of TISPOL (European Traffic Police Organisation), acted in accordance with TISPOL schedule in the "DRUGS" action to achieve the goal of reducing the number of road events resulting in personal injury or injury to road users and their consequences, in this case the use of drugs and medicines with similar effects thereof was an aggravating factor in their occurrence.

**Table No 12-6: Number of road events where the drug use was an aggravating factor in their occurrence, recorded in 2011 in Bucharest**

TYPE OF CRIME FORM OF CRIME	2011 TOTAL = 930 People over 18		2012 TOTAL = 234 People over 18	
	Male	Female	Male	Female
	Traffic accident resulting in personal injury	1	-	-
Traffic accident resulting in death	-	-	-	-
Traffic accident resulting in material damage	1	-	-	-
Drivers under the influence of psychoactive substances	9	-	3	-
Other – Drivers under the influence of alcohol	787	132	197	34

Source: Bucharest Traffic Police Squad

#### 12.2.1.4. Local interventions to reduce drug demand and supply in recreational settings

During 2011, the Drug Prevention, Evaluation and Counselling Centres in Bucharest conducted 9 drug use prevention campaigns in recreational settings.

Also, anti-drug workers in the Squad for Countering the Organised Crime Bucharest were concerned for obtaining information on drug/substitutes trafficking in recreational settings (clubs, terraces, parks, concerts, festivals, etc.), completing several operations following which several people were detained or arrested.

#### 12.2.1.5 Local measures regarding the existence and functioning of the "Weed" shops

During 2009-2010, the development trade of new psychoactive substances at the level of Bucharest Municipality, both through the street and online shops, corroborated with the emergence of the phenomenon related to the use of these substances, led to an increased issue regarding the drug related medical emergencies recorded at the level of the emergency units in Bucharest Municipality. To this adds the increased prevalence of the use of other types of substances as results from the studies carried out at the level of the population residing in the capital and of the number of drug related treatment request recorded in this period for the units included in the medical care system of Bucharest Municipality.

Thus, upon the issuance of the Joint Order No 123 of 17.2.2011, for the set up of the mixed teams to carry out controls, according to their competencies, in the places and/or environments where new

substances/ products that are health damaging are being produced, traded, consumed or used, other than those regulated, in Bucharest Municipality, in February 2011, 42 "Spice" shops of which 40 were operational. By August 2011, despite the measures taken by the local authorities the number of the existing shops remained constant, while the number of the operational ones varied, reaching July a number of 9 such shops. At the end of 2011, 3 shops existed and were operational.

Until the enforcement of Law No 194/2011, the activity of countering the trade of psychoactive substances and plants was carried out in accordance with the Joint Order 123 of 17.2.2011 under the coordination of the Institution of the Prefect of Bucharest Municipality in cooperation with partner institutions, being organised 159 actions and controls (the Financial Guard, the Agricultural Direction, the Consumers Protection Office). During such controls, 62 sanctions, of the 917 sanctions applied in 2011 at national level, have been applied to shops trading psychoactive substances in Bucharest Municipality. At the same time, following the activities carried out by the mixed control teams, between February 2011 and December 2011, the total value of the fines applied amounted to 619 200 lei<sup>220</sup>, representing 13 % of the total value of the fines applied in this period at national level (4 640 870 lei).

Moreover, at Bucharest Municipality level, have been conducted, among the young people, projects aiming to prevent the use of new psychoactive substances (NPSs), among which are worth mentioning:

- **"THE ABSENT" Project**, launched by the National Anti-drug Agency whose **purpose** was the prevention of the use of new psychoactive substances by adolescents and young people aged 15 to 24 and by the general population. *Within this project, at the level of the high schools in Bucharest Municipality, was implemented between November and December 2011 a pilot intervention of multimedia theatre type.*
- **"LIFE BEATS WEED"** – initiated and developed by the Crime Analysis and Prevention Service aiming to train the adolescents into developing a rejection attitude towards drugs, especially towards the *spice* type products. Within this project, among the high schools in Bucharest a drawing competition was launched on the anti-drug theme. The best 21 drawings have been transformed in *layouts* being exposed in mobile exhibitions (on train and subways wagons), but also in fixed exhibitions (in Nottara Theatre foyer and in the Amphitheatre hall of the National Theatre). Moreover, 40 information activities have been carried out in 24 high schools and 14 general schools that 83 teachers and 1 237 pupils have benefited from. On this occasion, information booklets and promotional materials imprinted with "LIFE BEATS WEED" have been distributed.
- **"FREEDOM-ADDICTED"**- regional project aiming to prevent the use of new psychoactive substances, carried out between February and June 2011. The purpose of this project was to inform the secondary and high school pupils, their families and the community about the effects of the new psychoactive substance aiming to change the false perception promoted by the traders of such products, as regards their harmlessness. The direct beneficiaries of this project have been 1 556 young people aged 13 to 23, 85 teachers from 33 pre-university education units and one higher education unit.
- **"Say ethNO-botanicals!" ... "Stay awake, NOT addicted!"** – cultural, educational and social project carried out in the high schools of the 1st District of Bucharest Municipality in October 2011. Within this project, specialists in the field conducted, for the direct beneficiaries, information-education sessions under the form of interactive dialogues with the pupils, aiming to raise their awareness as regards the real effects of these drugs and of NPSs. Within the three modules of the project, the participants have been informed about the types of drugs and new psychoactive substances, as well as about the physiological and psychological risks and effects implied by the use of such substances. Moreover, in order to highlight the risk and the protective factors in the use of such substances, the participants were presented positive behaviour patterns. The project has been organised by the 1st District City Hall, with the support of the 1st District School Inspectorate in Bucharest.
- Also, between February 2011 and May 2012, the non-governmental organisation Save the Children Romania organized a campaign of information, awareness and prevention regarding the use of new psychoactive substances, funded from their own funds. Among the activities we should mention: the setting up of focus groups among young people, their parents and their

<sup>220</sup> Average annual rate in 2011: 1 Euro = 4.23 RON

teachers on the use of NPSs, the organization of a trainer training course for 40 volunteers to support the interactive sessions for the promotion of a healthy lifestyle (with emphasis on the information, awareness and prevention regarding the use of new psychoactive substances).

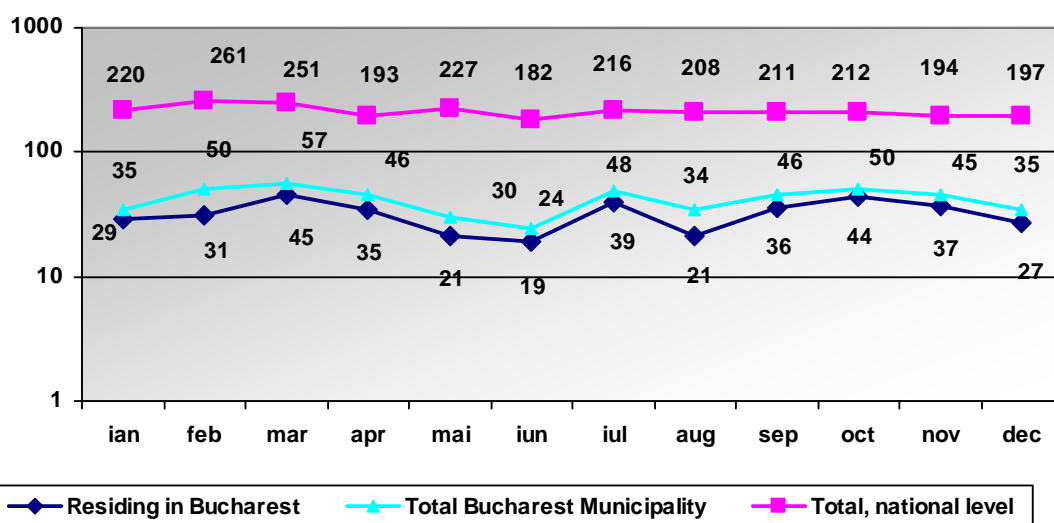
### 12.2.1.6 Current difficulties in managing the drug phenomenon

#### 12.2.1.6.1 Data resulted from the monitoring activity of drug related medical emergencies

Starting with 2011, the Drug Prevention, Evaluation and Counselling Centres in Bucharest have collected, centralized and reported monthly to NAA the non-fatal emergencies caused by the drug use, recorded in the health facilities across Bucharest Municipality.

In the drug related emergency reporting system have been included 12 health facilities in Bucharest Municipality with emergency units: Clinical Emergency Hospital Floreasca - Department of Toxicology, Clinical Emergency Hospital for Children M.Curie, Clinical Emergency Hospital Sf. Ioan, Clinical Emergency Hospital Bagdasar Arseni, Clinical Emergency Hospital Sf. Pantelimon, Bucharest Emergency University Hospital, Clinical Emergency Hospital for Children Grigore Alexandrescu - Department of Toxicology, Sf. Stelian Evaluation and Treatment Centre for Young Drug-addicted People Emergency Hospital Prof. Dr. Agrippa Ionescu, Emergency Hospital Prof. dr. D. Gerota, Emergency University Hospital Elias, Central Military Emergency Hospital. Of these, in 2011, only 8 have reported emergency medical cases caused by the use of psychoactive emergencies.

**Chart No 12-1: Evolution of non-fatal emergencies caused by the use of psychoactive substances, per months, compared data: Total number of emergencies involving persons residing in Bucharest Municipality, Total number of emergencies recorded at the level of Bucharest Municipality, Total number of emergencies recorded at national level (No of cases)**



Source: NAA

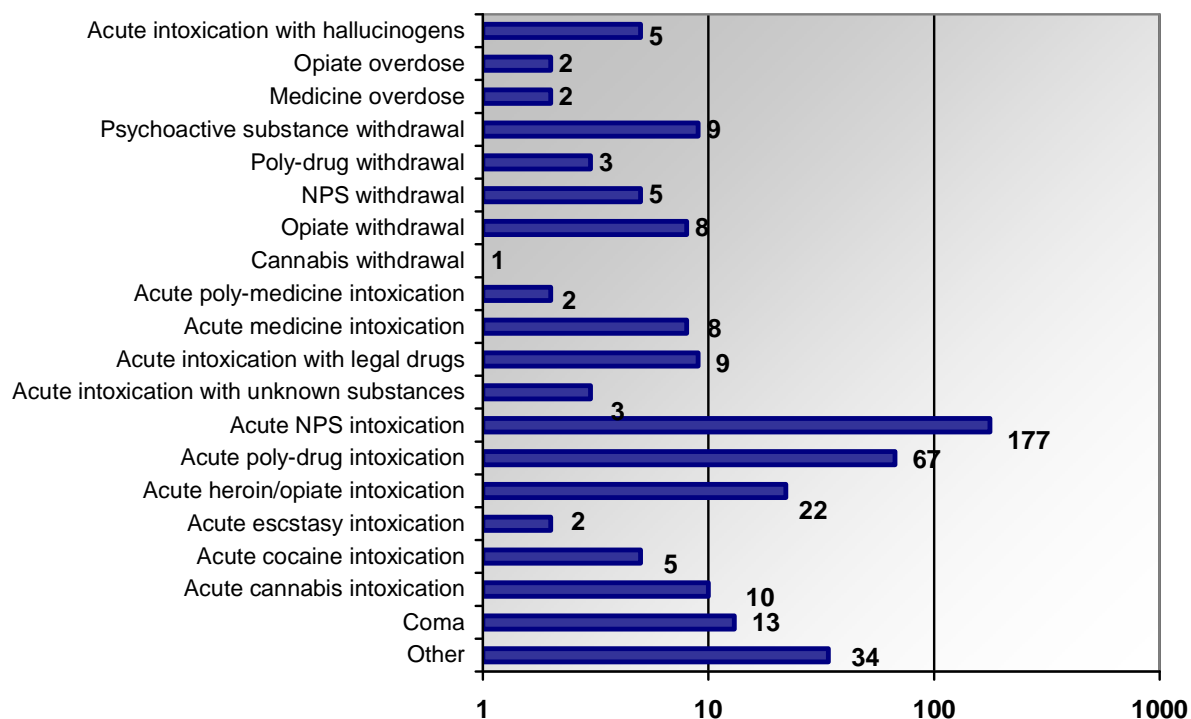
The analysis of the data collected after the monitoring of the emergency cases recorded at Bucharest Municipality level, reveals the following aspects:

- During 2011, of the 504 persons that went to the reporting units in Bucharest Municipality with medical problems caused by the use of new psychoactive substances, 387 resided in Bucharest Municipality, i.e. 76.8 % of the total number of cases recorded at the municipality level.
- The most part of these persons are young and very young (44.4. % under 24 years old and 39 % are aged from 25 to 35), while only 7.8 % are over 35 years old (of whom only 1.1 % are over 45 years old); the difference till 100 % represents the persons whose age has not been reported (34 persons); by contrast to the situation recorded at national level, it shall be noted a bigger concentration of this population segment in the 25 to 34 age category (30 % at Bucharest Municipality level, compared to 25 % at national level), to the expense of the

- category of under 24 years old (44 % at Bucharest Municipality level, compared to the 55 % at national level) and of those of over 35 years old (7.8 % compared to 11.7 % at national level).
- The average age is 25.4 years old (being similar to the one recorded at national level – 25.03), the youngest person treated for emergency problems caused by the use of new psychoactive substances was 9 years old, and the oldest - 67 years old. The most common age recorded (modal value) is 24, while the median is of 25, both being situated over the values recorded at national level (modal value) – 22 year, median – 23 years).
  - The most part of the persons to have accused problems caused by the use of psychoactive substances were of male gender (79.6 %), while 19.6 % were of female gender. Compared to the distribution according to the gender, recorded at national record, it shall be noted that women are more poorly represented in this population segment (the proportion of women at national level was of almost 25 %).
  - As regards the monthly evolution of the number of drug related medical emergencies reported for persons residing in Bucharest Municipality, this follows the same trend as the medical emergencies recorded at the Bucharest Municipality level. In exchange, by contrast to the monthly distribution of emergencies recorded at national level, it shall be noted a less rectilinear evolution of the monthly distribution of medical emergencies reported for persons residing in Bucharest Municipality, which was marked by the existence of three distinctive periods of evolution (January-June, June-August, August-December), the first and the last being being, however, analogue.
  - The highest number of cases of medical emergencies caused by the use of psychoactive substances involving the persons residing in Bucharest Municipality have been recorded by Bucharest Emergency University Hospital (210 persons), Clinical Emergency Hospital Floreasca - Department of Toxicology (61 persons) and Clinical Emergency Hospital for Children Grigore Alexandrescu - Department of Toxicology (45 persons).

As regards the psychoactive substance-related reported pathology, the biggest part of the emergency cases for the persons residing in Bucharest Municipality showed a symptomatology specific for the acute intoxications with different psychoactive substances (80.1 %) – 310 cases, 6.7% showed withdrawal symptoms following the use of different substances (withdrawal) – 26 cases, 8.8 % showed other diagnoses induced or determined however by the use of psychoactive substances – 34 cases, 3.4 % showed coma symptomatology – 13 cases (compared to 3.1 % at national level), and 1 % (4 persons) of the cases have been reported as overdoses (compared to 0.6 % at national level). By contrast to the situation recorded at national level, it shall be noted the presence of an almost complete picture of the emergency pathology related to the use of psychoactive substance and reported at national level. At the same time, it is noticed a significantly bigger proportion of the withdrawal cases (6.7 % compared to 3.3 % at national level), of those induced or determined, however, by the use of psychoactive substances (self-induced lesions or trauma, accidents and other external causes) – 8.8 %, compared to 3.4 % at national level, as well as a slightly increased one for the cases diagnosed as overdoses (1 % compared to 0.6 % at national level) and coma (3.4 compared to 3.1 % at national level). In exchange, the acute intoxications with different psychoactive substances record smaller proportions compared to the national average (80.1 %, compared to 88.4 % at national level).

**Chart No 12-2: Distribution of non-fatal emergencies caused by the use of psychoactive substances, reported by persons residing in Bucharest Municipality, according to the emergency diagnosis (No of cases)**



Source: NAA

According to the diagnosis and the substance used, by contrast to the situation recorded at national level, the following shall be noted:

- the NPS intoxications are ranked on the first position in the typology of emergency diagnoses - 45.7 % (177 cases) (compared to 41.1 % at national level), while the poly-drug intoxications are ranked on the second position, with a proportion of 17.3 % (67 cases) (compared to 16.6 % at national level). The two types of diagnoses are similarly represented in the case history of Bucharest Municipality compared to the national one;
- on the other hand, 67.2 % (260 persons) among the persons residing in Bucharest Municipality that appealed to the emergency services declared to have used new psychoactive substances (NPSs);
- moreover, the emergency cases caused by the heroin/opiate used (intoxications, withdrawal and overdoses), record among the persons residing in Bucharest Municipality a proportion of 8.3 % (32 cases), being 3 times bigger than the one recorded at national level (of 2.5 %);
- in exchange, the proportion of the emergency cases caused by the cannabis use (both acute intoxication and withdrawal) record a value of 2.8 % (11 cases), being ranked on a similar position as the one recorded at national level (respectively 2.9 %);
- the medical problems caused by the medicine abuse (only intoxications and overdoses) have been signalled for 3.1 % (12 causes) of the persons residing in Bucharest Municipality that went in the emergency units within the Bucharest hospitals, while at national level such problems have been signalled for 13.2 % of the total proportion of the emergency cases;
- on the other hand, the medical emergencies caused by illegal drugs (without the specification of the active substance) are, according to the case history of Bucharest Municipality, a proportion of 3.1 % (12 persons).

### Conclusions

- at the Bucharest Municipality level, no emergency cases have been reported with regard to the use of amphetamines, methamphetamine, inhalants and alcohol;

- the biggest part of the emergency case history reported involving the persons residing in Bucharest Municipality was caused by the use of new psychoactive substances;
- the medical problems caused by the heroin/opiat use have, at Bucharest Municipality level, a bigger proportion than the one recorded at the national level for this type of use;
- in the emergency case history referring to the persons residing in Bucharest, are noted increased proportions among more serious emergency diagnoses: withdrawal, self-induced lesions or trauma, accidents and other external causes, comas, overdoses.

#### 12.2.1.6.2 Data resulted from the routine monitoring of the admissions to treatment following the drug use

As regard the monitoring of the admissions to treatment following the drug use, in 2011, at Bucharest Municipality level, their reporting system included the following reporting units, presented in chapter 12.2.1.3.1.

Based on the data collected through the treatment admission Sheet following the drug use, the following characteristics of the beneficiaries residing in Bucharest Municipality may be highlighted:

- At the level of the 12 reporting units of the medical care system of Bucharest Municipality, in 2011, were registered 1 312 persons of which 1 050 were cases admitted to treatment in 2011 and 262 had already been admitted to treatment in the previous years.
- Out of the 1312 persons included in the treatment services in Bucharest Municipality, 1 185 persons residing in Bucharest Municipality (that is 90.3 % of the total number of persons under treatment at the level of the capital), distributed according to gender thus: 947 men and 229 women (for 9 persons the gender was not specified).
- Out of the 1 185 cases of persons residing in the capital and included in the medical care system for drug use, 942 (79.5 %) of the cases requested treatment in 2011, while 243 (20.5 %) had been included in these services in the previous years.
- The most part of persons receiving specialised medical case services in 2011 that resided in Bucharest Municipality have received outpatient treatment (746 persons - 63 %), while only 431 persons (36.4 %) have received inpatient treatment and 9 have received penitentiary treatment.

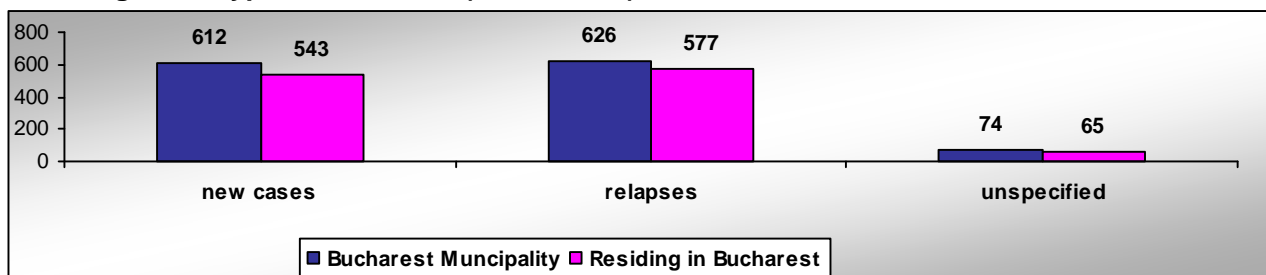
**Table No 12-7: Situation of the cases admitted to treatment following the use of psychoactive substance, compared data, total cases of persons residing in Bucharest Municipality, total number of cases recorded at Bucharest Municipality level**

	Treatment admission	
	residing in Bucharest Municipality	recorded at Bucharest Municipality level
<b>Total, of which</b>	<b>1185</b>	<b>1312</b>
inpatient	431	486
outpatient	746	817
penitentiary	8	9

Source: NAA

The two categories of patients (new case or relapse), residing in Bucharest that benefited from treatment services in 2011 are relatively similar in terms of numbers: 543 new cases and 577 relapses.

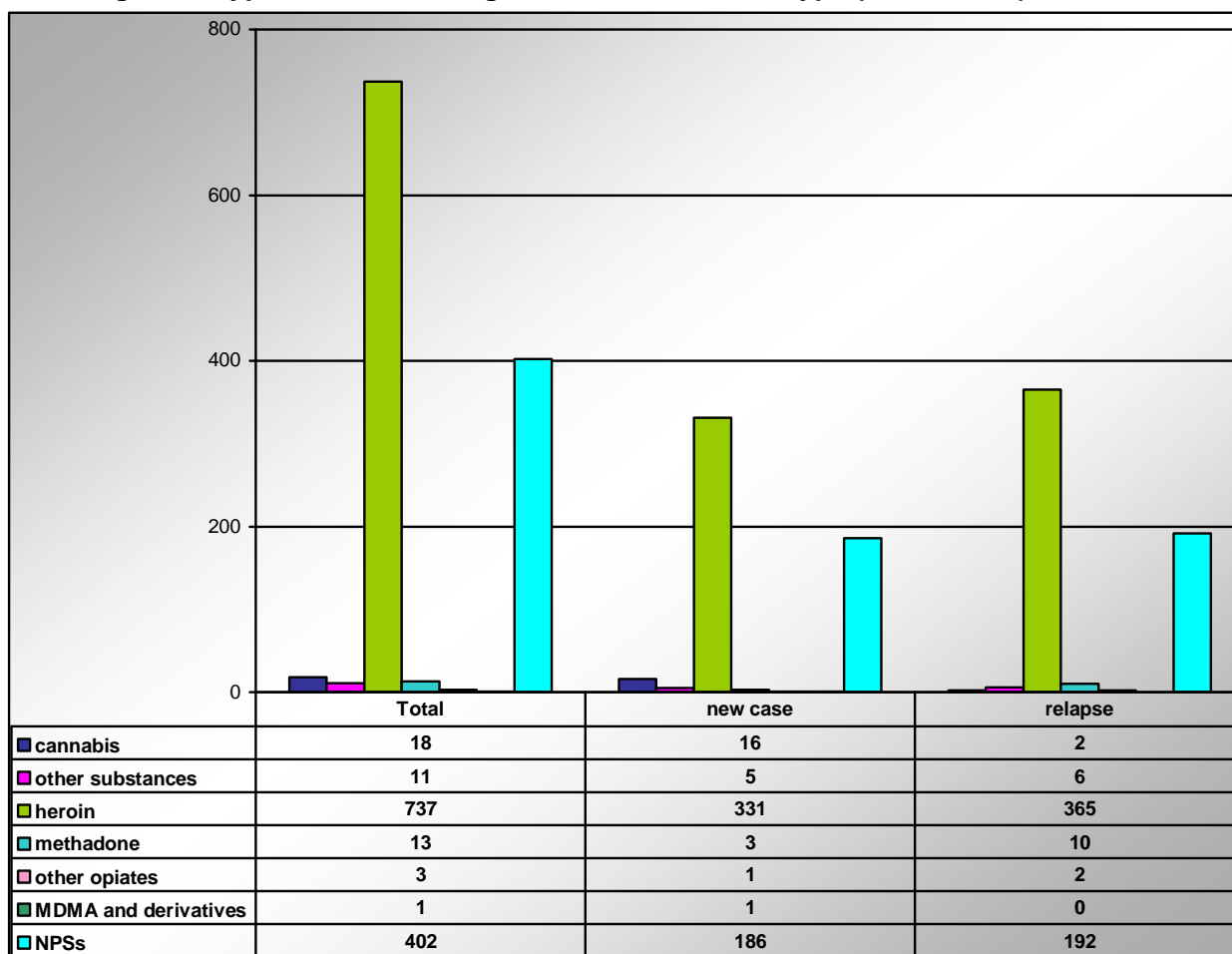
**Chart No 12-3: Distribution of cases under treatment at Bucharest Municipality level, according to the type of admission (No of cases)**



Source: NAA

According to the main drug for which treatment was applied, out of 1 185 persons admitted to treatment in 2011 with the residence in Bucharest Municipality, 772 persons requested treatment following the use of illicit drugs (cannabis, heroin, methadone, other opiates, MDMA), 402 following the use of new psychoactive substances and 11 for the use of other substances. Out of the 772 persons under care for illicit drugs, 737 persons had requested such services following the heroin use, 331 being accessing these services for the first time (new cases), 331 being accessing these services for the first time (new cases), 331 being accessing these services for the first time (new cases).

**Chart No 12-4: Distribution of treatment admissions in 2011 at Bucharest Municipality level, according to the type of the main drug and to the admission type (No of cases)**



Source: NAA

Of the total number of persons at Bucharest Municipality level under care following the drug use in 2011, 57.4 % were aged 15 to 29, 42.3 % were aged 30 to 49, while only 0.3 % were aged over 50.

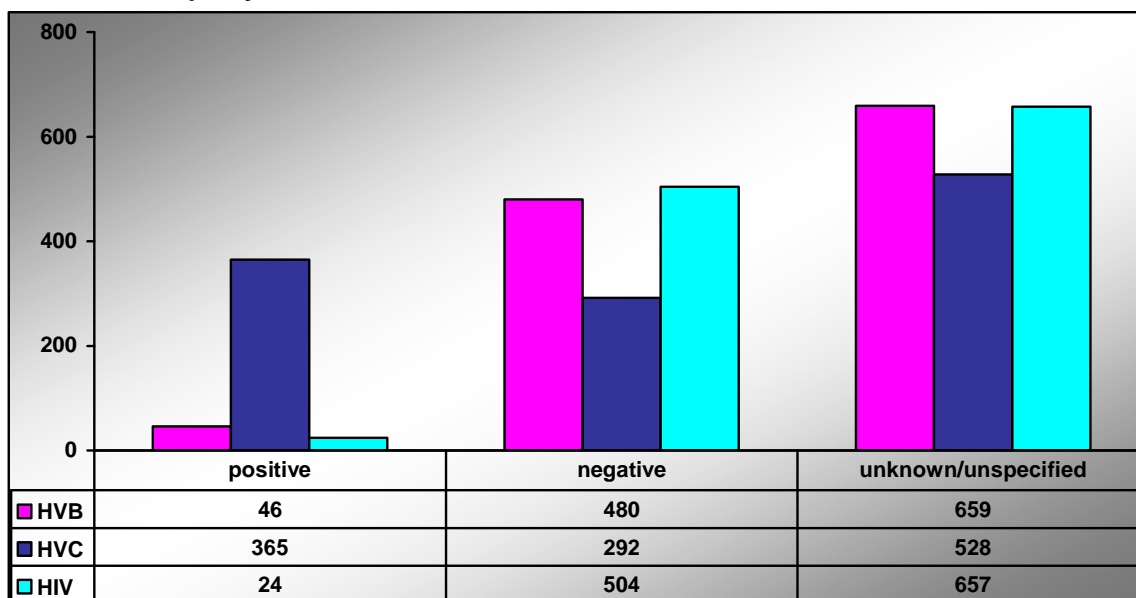
According to the type of admission, 63.7 % of the persons representing new cases were aged under 30, while among the beneficiaries that had requested another treatment (relapses) the persons aged 25 to 34 (75 % of the total number of relapses) predominated. The most part of the new cases were recorded for the use of heroin (331 persons), being followed by the treatment requests following the use of NPS (186 cases).

In similar proportions, the persons under treatment following the heroin use, respectively following the use of NPSs were aged 20 to 34: 86 % of the persons under treatment of heroin use, respectively 87 % of the persons under care of NPS use.

As regards the route of administration of the main drug, the most part of the persons under treatment for drug use at Bucharest Municipality level in 2011, injected the drugs (1 012 persons), while 32 used the pulmonary route, 30 the oral one and 21 the intranasal one. Only 15 persons declared to have inhaled the drugs.

Among the 1 185 cases under treatment have been signalled cases of infection with all the three types of viruses (HIV, hepatitis B virus, respectively hepatitis C virus): 365 persons infected with HVC, 46 persons infected with HVB and 24 persons infected with HIV.

**Chart No 12-5: Incidence of infections with HVB, HVC and HIV among the persons residing in Bucharest Municipality that received medical care services in 2011**



Source: NAA

**Conclusions:**

- The most part of the psychoactive users under treatment in 2011 at Bucharest Municipality level, requested treatment following heroin use (62.2 %). These are followed, as proportion, by the NPS users (33.9 %), and by the users of cannabis, methadone, other opiates and MDMA, in proportion of 3 %.
- The biggest number of new cases has been recorded for the use of heroin (331 cases) and of NPS (186 cases), followed by the use of cannabis (16 cases).
- The most persons under treatment for the use of NPS and heroin were young and very young (34 years old at most).
- Among the persons residing in Bucharest under treatment in 2011 have been signalled cases of infection with all the three types of viruses (HIV, hepatitis B virus, respectively hepatitis C virus).

### 12.2.1.6.3 Data from studies in the drug field

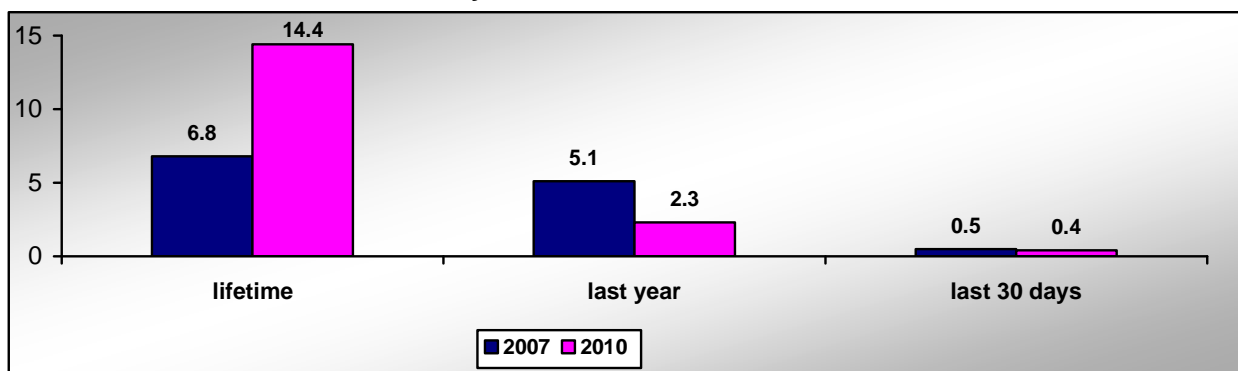
#### Study among the general population – GPS 2010

Generally the data recorded for all the epidemiological key indicators have greater values in Bucharest by contrast to the rest of the country. For this reason, within the Study among the general population – GPS 2010 carried out by the National Anti-drug Agency on a national sample including 5 100 subjects, an oversampling on the Bucharest-Ilfov region of 1 000 subjects was used. Thus, a separate analysis was realised to determine the use behaviours among the population aged 15 to 64 residing in Bucharest-Ilfov region, the results of which being presented below.

The prevalence of any illegal drug in Bucharest-Ilfov region recorded the following values, according to the reference period: 14.4 % lifetime (compared to 6.8 % in 2007) and 5.1 % for the use in the last year (compared to 2.3 % in 2007).

We should mention that, unlike the rest of the country, in Bucharest-Ilfov region, the respondents declared to have used all the types of illegal drugs that have been previously mentioned in the questionnaire.

**Chart No 12-6: Evolution of lifetime, last year and last 30 days use prevalence for any type of drug, among the 15-64 years old population in Bucharest-Ilfov region, compared data GPS 2007, 2010 - would also be necessary data from 2004**



Source: NAA

#### **Cannabis**

The lifetime prevalence of cannabis use is of 6 % (compared to 5.6 % in 2007 and 3.8 % in 2004), the prevalence in the last year is of 1.3 % (compared to 2 % in 2007), and the prevalence in the last month of, 0.4 % (compared to 0.5 % in 2007).

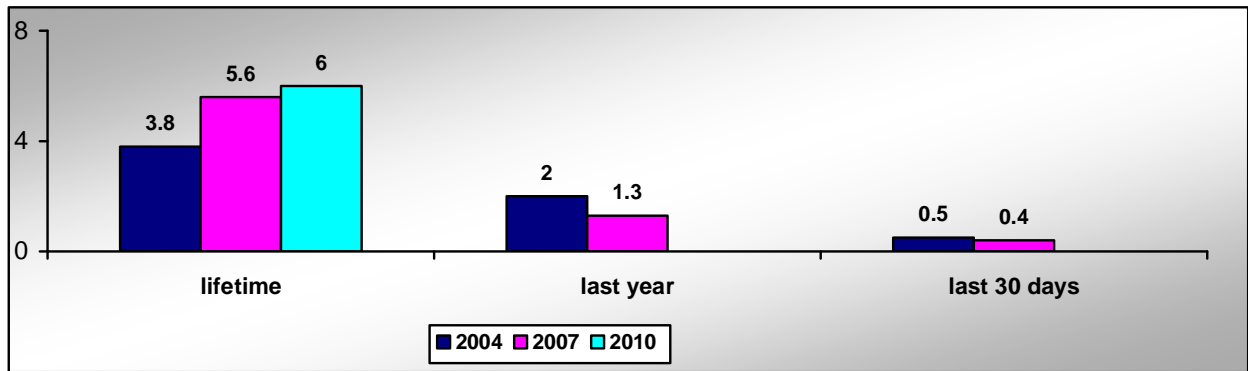
#### **Lifetime use of cannabis:**

This type of behavior appears most frequently at the age group of 15-24 years – 14.3 %, followed by the age group of 25-34 years – 10.3 % and 35-44 years with 2.0 % and 45-54 with 2.3 %.

#### **The use of cannabis in the last 12 months:**

By analyzing the use prevalence in the last 12 months, it results that the respondents aged between 15 and 24 years declared in a rate of 2.6 % that they had recently used cannabis compared to those in the age group 25-34 years for whom the rate was of 1.8 %, respectively to those in the 45-54 age group with 2.3 %.

**Chart No 12-7: Evolution of lifetime, last year and last 30 days cannabis use prevalence among the 15-64 years old population in Bucharest-Ilfov region, compared data GPS 2004, 2007, 2010**

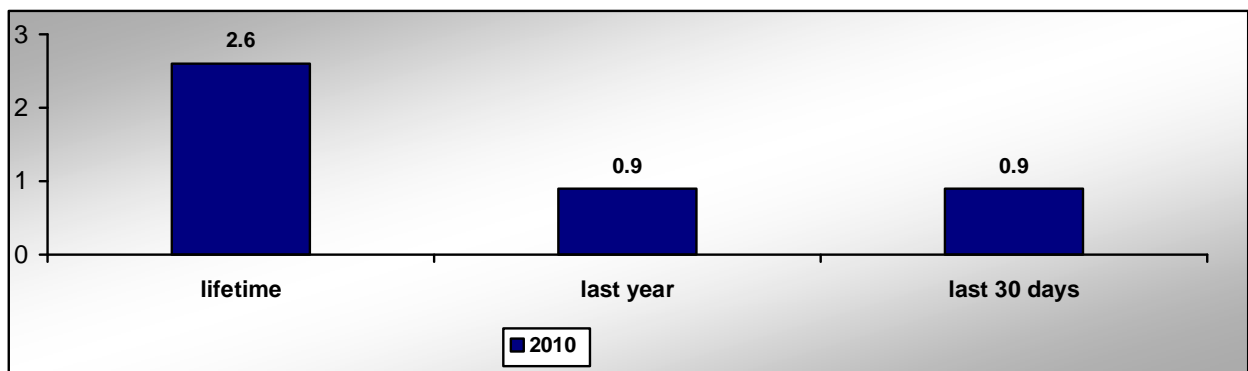


Source: NAA

**The use of cannabis in the last 30 days:**

- The persons who declared they had used cannabis in the last 30 days were located exclusively in Bucharest/Ilfov area where a prevalence of 0.4 % among respondents was recorded.
- 1.5 % of young people aged 15-24 years have used cannabis in the last 30 days and 0.9 % of those aged 25-34 have used cannabis in the last month.
- In comparison to women, men have declared a higher use of cannabis, regardless of the reference period for determining the prevalences. Thus, 8. % of men have experimented the use of cannabis, compared to 4.1 % of women, 5.3 % have declared having maintained this behavior in the past year (compared to 1.6 % of women) and 1 % have mentioned a current use of cannabis (0.9 % for women).
- The youngest onset age in the use of cannabis declared by respondents from Bucharest was 14 years old, and the oldest age was 34 years, the average being 23 years.

**Chart No 12-8: Lifetime, last year and last 30 days prevalence for the use of ecstasy among the 15-64 years old population in Bucharest-Ilfov region, GPS 2010**

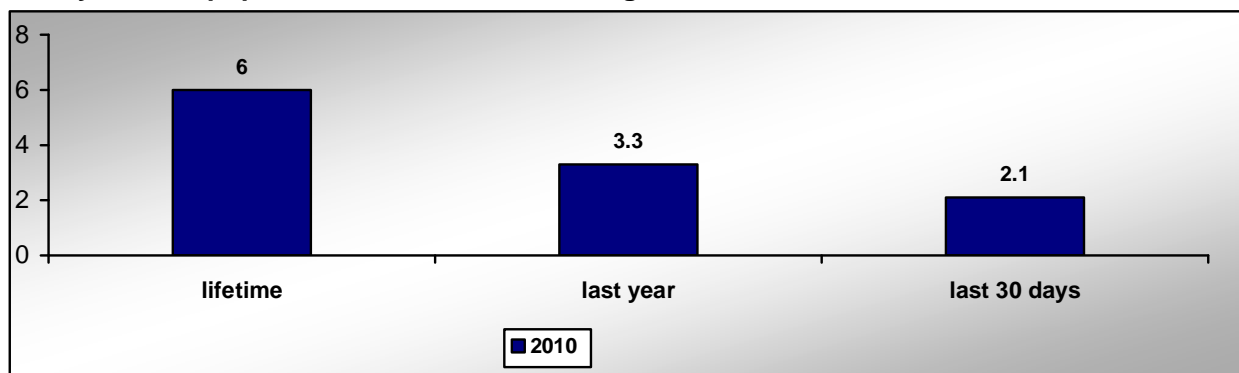


Source: NAA

**Ecstasy**

- The lifetime prevalence of ecstasy use was of 2.6 %, the last year prevalence - 0.9 % and the last 30 days prevalence - 0.9 %
- For the lifetime prevalence of ecstasy use, the male/female ratio was of 5.5 (4.4 % men compared to 0.8 % women). Men were the only to declare having used ecstasy in the last 12 month and in the last 30 days (for each there was recorded a rate of 1.8 %).
- Respondents aged between 15 and 24 years old declared in a rate of 2.4 % that they used ecstasy in the last 30 days, in comparison to those of the age group 25-34 years for which the rate was of 1.7 %. This rate is similar to that recorded for the prevalence of use in the last 12 months.

**Chart No 12-9: Lifetime, last year and last 30 days prevalence for the use of NPSSs among the 15-64 years old population in Bucharest-Ilfov region, GPS 2010**



Source: NAA

#### ***New psychoactive substances (NPSs) use***

- Lifetime NPSs use prevalence was of 6 % in Bucharest region. In the last 12 months was recorded a prevalence of 3.3 % and in the last 30 days a prevalence of 2.1 %.
- For the lifetime prevalence of NPSs use, the male/female ratio was of 2.66 (8.8% men compared to 3.3% women).
- According to the respondent gender, the analysis determined a NPSs use in the last 12 months of: 5.3 % among men and of 1.6 % in the case of women, thus having a ratio of 3.3/1 men/women.
- The prevalence in the last 30 days is of 2.7% among men, and of 1.6 % in the case of women, thus having a ratio of 1.68/1 men/women.
- In Bucharest-Ilfov, was recorded a lifetime use of NPSs of 11.9 % for the age groups 15-524 years and 25-34 years and of 1.9 % for the age group 35-44 years.
- In the last 12 months, the NPSs have been used by a rate of 9.5 % of the respondents aged between 15 and 24 years, respectively 6.8 % aged between 25 and 24 years.
- Respondents aged between 15 and 24 years old declared in a rate of 7.1 % that they used NPSs (in the last 30 days), in comparison to those of the age group 25-34 years for which the rate was of 3.4 %.
- Analyzed separately, the NPSs use by the 2 categories identified, respectively *spice* and other mixtures, it is recorded that, in Bucharest-Ilfov there was a lifetime declared use of 1.1 % *spice* and of 5.3 % other mixtures.

#### ***Other drugs***

- **Inhalants** - Lifetime inhalants use prevalence – 0.3 % (similar to the year 2007).
- **Cocaine/crack** - Lifetime cocaine/crack use prevalence – 0.9 % (compared to 0.5 % in 2007 and 1.9 % in 2004), and the last year prevalence – 0.5 %.
- **Amphetamines** - Lifetime amphetamines use prevalence – 0.4 % (compared to 0.3 % in 2007 and in 2004).
- **Hallucinogens** - Lifetime hallucinogens use prevalence – 0.3 % (compared to 0.4 % in 2007).
- **Heroin** - Lifetime heroin use prevalence – 1.7 % (compared to 0.2 % in 2007 and 1 % in 2004), and the last year prevalence – 0.8 %.

During 2011-2012, at the level of Bucharest Municipality there were local studies conducted, but questionnaires were applied for two national studies conducted by the National Anti-drug Agency (ESPAD 2011 and the Survey on psychoactive substances use in prisons).

## 12.2.2 Local anti-drug policies in the Municipality of Cluj-Napoca

Cluj-Napoca, a centre of Romanian culture and spirituality, is placed into the central area of Transylvania, it spreads over a surface of 179,5 square km. looking like a real borough. The municipality is placed within the centre of Cluj County, being its residence.

Having a population of 301 534<sup>221</sup> inhabitants (representing almost a half of the Cluj county population - 47%), it stands on the second place in the hierarchy of the Romanian cities, following Bucharest.

Cluj County is known as the most active counties in the cultural sphere. Having a valuable patrimony, an old reputation in the field of education and culture, as well as prestigious institutions, the Municipality of Cluj-Napoca has currently, as well, a complex cultural and college life. One of the most known universities in this region is "Babeş - Bolyai" University, where the teaching is being performed in three languages: Romanian, German and Hungarian.

**Table no. 12-8 Population distribution at national, regional, county and municipality level**

The population of Romania	Population in the north-western region	Population in Cluj County	The population in the Municipality of Cluj-Napoca
19043767	2495247	641451	301534

Source: INS

### 12.2.2.1. Anti-drug institutional system

The Municipality of Cluj-Napoca is divided in over 15 districts, some of them having their own district town hall (7 of them), arranged circularly, around the centre. The plans of the Cluj-Napoca town hall include the development of district town halls in most districts in Cluj.

The town hall of the Municipality of Cluj-Napoca supports financially the NGOs that carry on anti-drug programmes, by:

- The Local Council (the local counsellors adopt the Council's decisions by which they approve all the actions in the scope of reducing the demand and supply of drugs, supported by the mayor)
- 2 subordinated specialized directorates, which have responsibilities regarding the prevention and fight against the drug trafficking, respectively:
  - **General Directorate for Social and Medical Assistance** - starting with the year of its foundation, respectively 2008, represents the specialized department of the local council in Cluj-Napoca municipality which provides at municipality level the implementation of the policies on social and medical care. This institution encourages the development of partnerships with non-governmental organisations and with other representatives of the civil society, by cooperating with the public decentralized services of the ministries, according to the community needs, in order to provide and diversify the supplied social and medical services.
  - **Local Police Directorate** - represents a directorate in direct subordination of the mayor, in compliance with HCL 85/22.03.2011, including 179 employees and being organised in seven services, one of them being the Commercial Inspection Service. According to their competence, the employees of this service perform inspection actions at the "weed" stores, applying penalties to all the companies that trade new substances with psychoactive characteristics, known as "ethno-botanical plants". They perform their activity for the local community, exclusively based on and for the execution of law, as well as the documents of the deliberative and executive authority of the local public administration and according to the specific rules of each field of activity, set by the administrative documents of the central and local public administration authority.

Being a county residence, there are all the decentralized services in the Municipality of Cluj-Napoca, which work at the level of all the county residence municipalities and which were mentioned in the beginning of this chapter.

<sup>221</sup> According to the preliminary results of the Census in 2011, available data at [www.recensamantromania.ro](http://www.recensamantromania.ro)

Among the non-government organisations involved in the anti-drug fight, which are active at the level of the Municipality of Cluj-Napoca, we mention the following:

- Caritas Eparhial Greco-Catholic - Drug Prevention, Evaluation and Counselling Office Caritas Association is a non-profit, non-political organisation which applies the social doctrine of the Catholic Church. The association involves in supporting the needy persons, regardless their religious or ethnic membership, by providing a material, medical, educational help and social, psychological or legal advice. The purpose of the Drug Prevention, Evaluation and Counselling Office is to organise and promote the prevention programs against drug use in schools and public locations. The main objective is the personal and skills development of the groups subject to risk, respectively by providing information and psychological advice to the drug users.
- Preventis Association is a non-profit organization, founded in 2005, which develops mainly activities of universal and selective prevention of drug use by children and young people but also out-patient advice in drug addictions, having also expertise in the prevention of the virtual addiction (associated to internet) and in the sexually transmitted diseases or unwanted pregnancy.
- "Christiana" Philanthropic Medical-Christian Association, created in 1991 as a branch of the "Christiana" Philanthropic Medical-Christian Association in Bucharest. It carries on its activity under the patronage of Archdiocese of Vad, Feleac and Cluj with the blessing of His Eminence Bartolomeu Anania. The activity of the association is divided in two departments, children and adults, each area including specific projects. Thus, for adults there is the program "St. Dimitrie Basarabov", which provides information and advice in drug addictions.

#### **12.2.2.2. The main features of the anti-drug strategies and programs in the Municipality of Cluj-Napoca**

At the level of Cluj-Napoca municipality, the institution which provides the coordination and the implementation of the anti-drug policies is the Drug Prevention, Evaluation and Counselling Centre in Cluj, regional structure of the National Anti-drug Agency. It implements local anti-drug policies based on the National Anti-drug Strategy, of the National Action Plan and of the Local Action Plan.

During the period 2006-2008 there was a Local Anti-drug Strategy, being developed following the model of National Anti-drug Strategy 2005-2012. At the time the chapter was drafted, there was no Local Anti-drug Strategy in the field of drug demand and supply, CPECA Cluj working according to the provisions of the National Anti-drug Strategy.

CPECA Cluj has cooperation protocols with all the institutions and local NGOs, concluded during the period 2006-2008, with indefinite duration.

During the period 2011-2012, most of the implemented local projects were performed on voluntary basis or by auto-financing. The only financing that was acquired, at the municipality level, for this kind of projects, were given by the Town Hall of Cluj Municipality to the NGOs in compliance with the Law nr. 350/2005 on the on public funding for not-for-profit activities of general interest based on nonreimbursable financial support.

#### **12.2.2.3. The fields of application of the anti-drug local policies**

##### **12.2.2.3.1. The field drug demand reduction**

- **Prevention services**

In the Municipality of Cluj-Napoca, the prevention services are provided by the public institutions and the non-governmental organizations. Prevention services consist in: information and formation of the vulnerable target groups (children, young people, ethnic minorities, adults subject to risk, professional categories, etc.) on the problematic aspects determined by the drug use, programs for the development of life abilities in order to face the consumption situations and for the prevention of drug use, programs for the parental skills development, the promotion of a healthy life style. There are performed projects, campaigns and activities for the prevention of drug use in: school (primary school, gymnasium and high school level); in universities (in Cluj-Napoca there are 5 public and 7 private

universities <sup>222</sup>); in family and in community. Mainly, there were provided universal prevention services.

The public institutions which provide prevention services are: The Drug Prevention, Evaluation and Counselling Centre in Cluj, the schools, the high schools and the school groups in Cluj-Napoca municipality, County School Inspectorate in Cluj, County Police Inspectorate in Cluj, County

Gendarmerie Inspectorate, Local Police in Cluj-Napoca, Direction for Public Health in Cluj, County Resource and Educational Assistance Centre in Cluj, "Iuliu Hașeganu" University of Medicine and Pharmaceutics and "Babeș- Bolyai" University .

Among the representatives of the civil society involved in providing prevention services, we mention: Caritas Eparchial Greco-Catholic, Preventis Association and "Christiana" Philanthropic Medical-Christian Association.

In 2011, CPECA Cluj realised 127 prevention activities, out of which 93 in schools, 29 in the community and 5 in family. Several social categories took part to these activities, starting with children, pupils, students, teachers, parents and up to convicts, each activity being adequate to the target group for which it was intended. Furthermore, there were activities with general addressability, whose purpose was the sensitization and the awareness of the population on the consequences of drug use. The total number of persons benefiting by the prevention activities performed by CPECA Cluj in 2011 was about 5000 persons.

**Table no. 12-9: The situation of the prevention activities performed by CPECA Cluj in 2011, according to the environment in which the prevention took place**

The environment in which the prevention activity took place	number of activities	number of beneficiaries	Type of beneficiaries
in school	93	2982	children/ pupils/ students, teachers, parents
in family	5	180	parents
in community	29	1650	general public, convicts

Source: NAA

Out of the 93 prevention activities carried out in schools, most of them were performed in common schools and high schools.

**Table no. 12-10: The situation of the prevention activities performed by CPECA Cluj in schools, in 2011**

The school environment in which the prevention activity took place	Number of activities	no of children/ pupils/ students	no of parents	No. of teachers
pre-school environment	0	0	0	0
elementary school, gymnasium, high school	92	2813	0	127
in university environment	1	45	-	2
Total	93	2858	0	129

Source: NAA

Concerning the information campaigns performed carried out by CPECA Cluj, out of the 9 campaigns performed in 2011, 5 had also a mass-media component, on this line CPECA Cluj developing several

<sup>222</sup> <http://clujnapoca.ro/universitati/>

cooperation partnerships with the local mass-media representatives. The 9 campaigns were carried out in schools, in recreative areas, in community and in penitentiaries.

- **Medical, psychological and social care services**

Out of the 3 levels of the care system<sup>223</sup>, specific care services can be accessed for level 1, respectively level 2 in Cluj-Napoca municipality.

Drug Prevention, Evaluation and Counselling Centre in Cluj, by the performance of case management, provides the coordination among the other intervention levels, representing the central core of the county system for care services. Therewith, at the level of CPECA Cluj, there is the possibility to provide specific care and prevention services in minorities' languages.

The specific services for care level 1, including the identification, implication, motivation and direction of the consumers towards the specialised services and the approach of the social and medical basic needs of drug users, are provided at the level of Cluj-Napoca municipality by: General Directorate for Social Assistance and Child Protection in Cluj, Caritas Eparchial Greco-Catholic Association in Cluj, Preventis Association and "Christiana" Philanthropic Medical-Christian Association and emergency units.

CPECA Cluj collects monthly data on the medical emergencies and treatment admission provided by the medical units in Cluj-Napoca municipality area.

**Other types of services (harm-reduction, social reinsertion)**

During the period 2011-2012, at the level of Cluj-Napoca municipality, there were no syringe exchange programmes, day centres or shelters for drug users.

**12.2.2.3.2. The field of drug supply reduction**

In the Municipality of Cluj, the structures in charge of fighting against illegal drug trafficking and use are: Directorate for Investigation of Organised Crime and Terrorist Offences, Unit for Countering Organised Crime in Cluj-Napoca, Municipal Police in Cluj-Napoca Local Police in Cluj.

In the field of supply and use of new psychoactive substances (NPS), the Unit for Countering Organised Crime in Cluj-Napoca started in 2011, at the level of Cluj-Napoca municipality, a pilot project having as partners the Local Council of Cluj-Napoca, Cluj-Napoca municipality town hall, Babeş-Bolyai University – Chemistry Faculty, University of Medicine and Pharmaceutics in Cluj-Napoca. This project has two components: a component for the identification of substances suspect to be psychoactive, obtained during the current activity of anti-drug police and which cannot be identified within their own laboratory, and the second component consists in determining the effects of the substances identified this way. Regarding the financing, there was assigned an annual amount of 40 000 RON from the local budget for the component of suspect substances identification.<sup>224</sup>

Furthermore, during the period 2011- 2012, Criminal Investigation Department representatives performed a series of activities related to the fight against drug trafficking and use, by inspections in places and environments where information indicated there was drug use or drug trade. In the same time, using specific means and methods, there is permanent surveillance on the persons, places and environments about which there is information or suspicions that they are involved or used to commit drug trafficking offences. In this line, there is cooperation with the County Police Inspectorate in Cluj, with the County Gendarmerie Inspectorate and with the Local Police.

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<sup>223</sup> See chapter 5 of the presentation of the national care system.

<sup>224</sup> Average annual rate in 2011: 1 Euro = 4,23 RON

**Table no. 12-11: Situation of drug related offences, recorded in 2011, at the level of the Municipality of Cluj-Napoca**

Type of offences/ form of crime	Total			
	Minors		Adults	
	Male	Female	Male	Female
Drug possession for personal use	5	0	344	0
Drug trafficking	3	0	87	0

Source: BCCO Cluj- Napoca

At the level of the Municipality of Cluj-Napoca, several areas with criminal “hot-spot” potential were identified, in which measures were taken to prevent the crime occurrence.

In 2011, 49 files were recorded and solved and in 2012<sup>225</sup> 36 files were recorded, out of which 34 were solved.

Regarding the criminal groups, in Cluj-Napoca municipality, during 2011, 7 new groups were identified. Therewith, this year there were disintegrated 11 such criminal groups.

**Table 12-12: Situation of illegal drugs capture, recorded in 2011, at the level of the Municipality of Cluj-Napoca**

Drug name	2011		
	Captures (number)	Quantity (grams)	Quantity (pills)
Heroin	0	0	0
Cocaine	1	0,29	0
Marijuana	6	55120	0
Hashish	2	843	0
Synthetic drugs (pills)	3	0	1002
LSD	1	18 doses	

Source: BCCO Cluj- Napoca

In the composition of new psychoactive substances (NPS) captured recorded in 2011, the following substances were identified: MEC, JWH-203, cathinones, synthetic cannabinoides, cathinones+ caffeine, AM 2201, AM 2201+ JWH-020, a-PVP, 4-MEC.

#### **12.2.2.4. Local interventions for the reduction of drug demand and supply in recreative areas**

During the year 2011, CPECA Cluj performed 4 prevention activities against the drug use in recreative areas.

Therewith, on 26 June 2012, CPECA Cluj started at the level of Cluj County, the National Campaign for the New Psychoactive Substance Prevention named “TOO REBEL TO BE MANIPULATED!” initiated by the National Anti-drug Agency, which intends to perform activities in clubs and recreative areaa,

#### **12.2.2.5 Local measures against the existence and functioning of “weed” stores**

The emergence of new psychoactive substances represented a major problem at the level of Cluj-Napoca municipality too, during the last years, several “weed stores” have been opened in the municipality area, with opening hours especially during the night.

On mayor's initiative, there were carried out several thematic inspection actions and there participated representatives of the Local Police - Commercial Inspection Service, County Office for Consumers Protection in Cluj, the Financial Guard, Directorate for Public Health in Cluj County, Unit for Countering Organised Criminality in Cluj, Directorate for Agriculture in Cluj county and Romanian County Gendarmerie Inspectorate. Sanctions were applied as a result of these inspections, being taken samples for the laboratory by the qualified institutions.

Therewith, on the initiative of the mayor of Cluj-Napoca municipality, the Decision no 467/ 30.11.2010 was subject to the approval of the Local Council and adopted, by which, it was forbidden to trade, possess and distribute the “ethno-botanical” products made of plants, extracts or plant combinations

<sup>225</sup> Until the date this report is drawn up.

with hallucinogen or euphoria effect, within Cluj-Napoca municipality area, on a surface of 2 000 m away from the education institutions, halidoms and other religious institutions.

On 18 January 2011, on the initiative of the municipality town hall, in cooperation with representatives of the County Office for Consumers Protection in Cluj, the Financial Guard, Directorate for Public Health in Cluj county, the Unit for Countering Organised Criminality in Cluj, Directorate for Agriculture in Cluj county, and of Gendarmerie, it was performed a simultaneous action, using combined teams, to all the four “weed stores”, the only ones that were still working in this field, on Cluj-Napoca municipality area. Following the control, the Local Police applied sanctions in compliance with the provisions of G.O. no 99/ 2000 republished and all the 4 locations have been sealed by the County Office for Consumers Protection in Cluj, for non-compliance with the measures set previously. None of the 4 locations was reopened until now.

In 2011, 39 contravention reports were concluded for the operation of “weed stores” without having an operating permit and an approval for the daily program issued by the town hall of Cluj-Napoca municipality (G.O. no 99/ 2000 republished and HCL no 467/ 30.11.2010).

Until Law no 194/2011 shall come into force, the activity of fighting against the trade with new psychoactive substances was carried out according to the Joint Order no 123 of 17 February 2011 of the Ministry of Administration and Interior, under the coordination of the Prefecture in Cluj County.

Among the measures taken at the level of Cluj-Napoca municipality, in order to fight against the occurrence and use of the new psychoactive substances, there is also a pilot-project having as partners the Unit for Countering Organised Criminality in Cluj, the Faculty of Chemistry within “Babeş-Bolyai” University and the Town Hall of Cluj-Napoca municipality - Local Police Directorate. The purpose of this project is preventing and countering the illicit drug and psychoactive substances use and trafficking, by analysing the nature and chemical structure of these substances, as well as by determining the effect of their use on the human body. Cluj-Napoca town hall assigned financial resources for the operation of the laboratory designed for the analysis performed within “Babeş-Bolyai” University - Faculty of Chemistry and Chemical Engineering (approved by the Decision of the Local Council no 265 on the assignation of certain amounts from the local budget for the operation of the pilot laboratory designed for the performance of laboratory analysis for the products susceptible of having psychoactive effects).

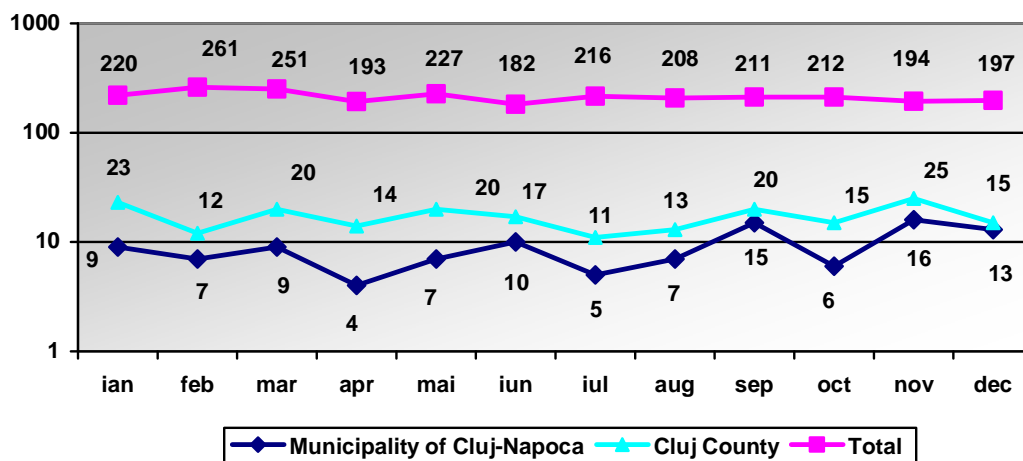
In the same time with the occurrence of the problems involved by the use of new psychoactive substances, the Drug Prevention, Evaluation and Counselling Centre in Cluj (CPECA Cluj) carried out actions for population information and awareness on the new psychoactive substances occurrence and the promotion of prevention about use by radio-TV presentations, announcements of the situation, addressed to the Town Hall of Cluj-Napoca municipality, as well as during the partnership meetings with public institutions in charge of reducing the drug demand and supply.

#### **12.2.2.6 Current problems in drug occurrence management**

##### **12.2.2.6.1 Data resulting from monitoring the medical emergencies caused by drug use**

Four medical units have been included into the reporting system of drug use emergencies, at the level of Cluj County: Emergency Clinical County Hospital Cluj-Napoca, Emergency Clinical Hospital for Children Cluj-Napoca - Pediatric Psychiatry and Drug Addiction Section, Clinical County Hospital Cluj-Napoca - Psychiatry Section III and Emergency Clinical Hospital “Prof. Dr. Octavian Fodor”. All these medical units carry out their activity within the area Cluj-Napoca municipality. Among them, in 2011, only 3 units reported emergency situations caused by drug use:

**Chart no. 12-10: The evolution of the non-fatal emergencies caused by psychoactive substances use, per months, compared dates in Cluj-Napoca municipality, Cluj County, Total Romania (number of cases)**



Source: NAA

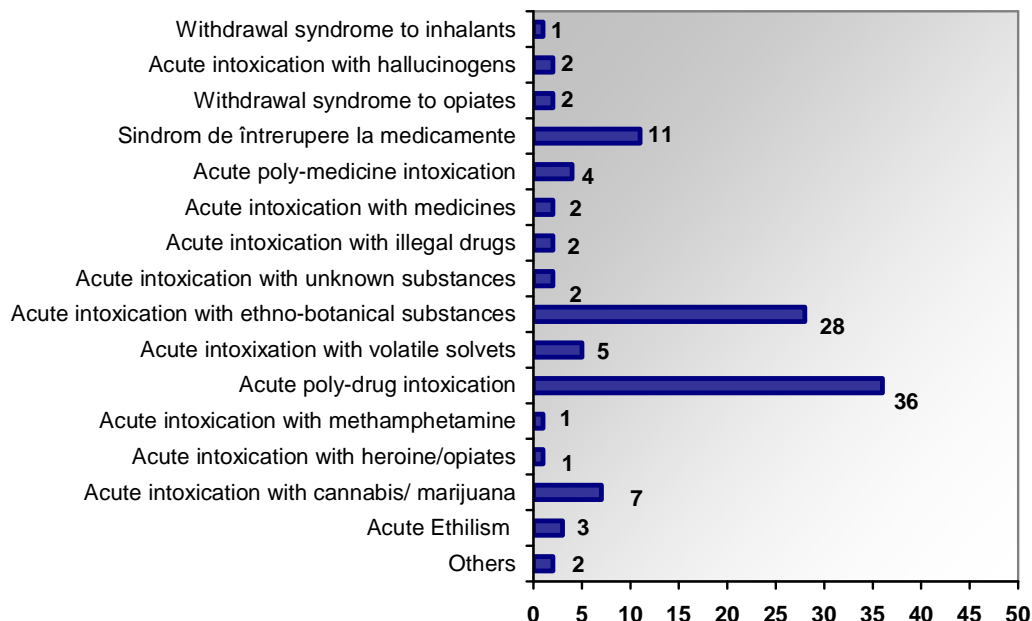
Note: difference up to 100% represents the unspecified cases

Based on data collected after the monitoring of the emergency cases recorded at the level of medical units in Cluj County, the following are noticed:

- For the medical issues caused by the psychoactive substances use, in 2011, out of the 206 persons who came at the level of the reporting units in Cluj county, 109 were living in Cluj-Napoca municipality, which represents 52,9% of the total number of emergency cases recorded at county level.
- Among the persons who used the emergency services in 2011, who were living in Cluj-Napoca municipality, most of them were young and very young (63% aged below 24 , and 13% aged between 25 - 35), while 24% are 35 years (out of which 22% are persons aged over 45 years). Compared to the situation recorded at national level, it is noticed an increased share of the persons aged under 24 (63% at the level of Cluj-Napoca municipality, compared to 55% at national level), but also of the category aged over 35 (24% at the level of Cluj-Napoca municipality, compared to 12% at national level), in the detriment of the category 25-34 (13% at the level of Cluj-Napoca municipality, compared to 25% at national level).
- The mean age is 29 years (being higher than that recorded at national level), the persons with the lowest age who came to emergency section for problems caused by the psychoactive substances use were 15 years. The most frequent ages recorded (modal value) were 19 and 20 years, while the mean is 22 years, both indicators being in the proximity of the values recorded at the national level. (mean 23 years, modal value 22 years).
- Among the persons who came to the emergency sections for problems caused by the psychoactive substances use, most of them were men (76%), while 24% were women, being similar to the sex distribution recorded nationally (respectively 73% men, 25% women).
- Although the monthly evolution of the medical emergency cases caused by the drug use, recorded for the persons having residence in Cluj-Napoca municipality, follow approximately the same trend as that of the emergencies at Cluj county level, respectively of those recorded nationally, there is noticed a more increased inflexion for the emergency cases at municipality level, as well as the framing of two cycles during the months March-June and June-September, of the type one month decrease- two consecutive months increase.

Most of the emergency cases recorded for the persons with residence in the Municipality of Cluj-Napoca accused symptoms specific to acute intoxications with different psychoactive substances (85,3%) – 93 cases 12,8% presented a withdrawal syndrome to different substances– 14 cases, and 1,8% have shown other diagnoses induced or determined by the psychoactive substances - 2 cases. Compared to the situation recorded at national level, there is noticed the absence of cases diagnosed as overdoses and comas, in exchange, there is noticed a higher share of withdrawal cases (12,8% as compared to 3,3% at national level).

**Chart no. 12-11: The distribution of the non-fatal emergencies caused by psychoactive substances use, with residence in Cluj-Napoca municipality, according to the emergency diagnosis (number of cases)**



Source: NAA

Based on data collected after the monitoring of the emergency cases recorded at the level of medical units in Cluj County, the following are noticed:

- For the medical issues caused by the psychoactive substances use, in 2011, out of the 206 persons who came at the level of the reporting units in Cluj county, 109 were living in Cluj-Napoca municipality, which represents 52,9% of the total number of emergency cases recorded at county level.

Among the persons who used the emergency services in 2011, who were living in Cluj-Napoca municipality, Compared to the situation recorded at national level, per types of diagnosis and used substance, there are noticed the following aspects:

- The share of intoxications with new psychoactive substances (NPS) is of 25,7% (28 cases) (as compared to 41,1% at national level), whereas for the intoxications caused by poly-drug use there is recorded a share of 33% (36 cases) (as compared to 16,6% at national level). At the level of Cluj-Napoca municipality, although the share of intoxications with new psychoactive substances (NPS) is much lower than the one recorded at national level, there is observed, instead, the predominance of the intoxication cases caused by the poly-drug use, their share at municipality level being almost two times higher than the one recorded at national level. Out of the more detailed analysis of the intoxication cases caused by poly-drug use, it results that, out of the 36 reported cases 16 were as a consequence of a poly-drug use having in its combination new psychoactive substances (SNPP).
- The cases due to cannabis use (only acute intoxications) records a share of 6,4% (7 cases), as compared to 2,9% at national level; whereas the cases diagnosed as acute intoxications with hallucinogen substances have at the level of Cluj-Napoca municipality a share of 1,8% (2 cases), as compared to 2,6% at national level.
- The emergency cases determined by the use of heroin/ opiates (intoxications and withdrawal), records among the persons with the residence in Cluj-Napoca municipality a share of 2,8% (3 cases), similar to the one obtained at national level (respectively of 2,5%).
- The medical emergencies caused by the medicine use (both medicine intoxications, poly-medicine intoxications and withdrawal syndrome), have been reported for 15,6% (17 cases) of the persons with the residence in Cluj-Napoca municipality, who came to the emergency sections, whereas at national level such problems have been for 13,2% of the total emergency cases.
- On the other hand, out of the persons with the residence in Cluj-Napoca municipality, who benefited by the emergency services for different problems caused by the psychoactive

substances use, 40,4% mentioned the use of SNPP (only SNPP or SNPP in combination with other substances).

- There is being observed a diversification of the types of emergency diagnoses recorded at the level of Cluj-Napoca municipality, even if many of them are numerically restricted. Thus, beside the types mentioned above, at the level of Cluj-Napoca municipality emergencies were reported caused by the use of inhalant substances (6 cases), alcohol (3 cases, illegal unspecified drugs (2 cases), methamphetamine (1 case).

### **Conclusions**

- No emergency cases were reported caused by the ecstasy, amphetamine, cocaine use, at the level of Cluj-Napoca municipality;
- Poly-drug use has the greatest share of the medical emergency cases of Cluj-Napoca municipality;
- the medical issues caused by the cannabis use have at the level of Cluj-Napoca municipality, a share of almost two times higher than that recorded at national level for this type of use;
- there is noticed the absence of major problems involved by the psychoactive substances use (overdoses and coma);
- the greatest part of the medical emergencies, recorded among the persons with residence in Cluj-Napoca municipality, was determined by the use of new psychoactive substances (SNPP).

#### **12.2.2.6.2 Data resulting from routine monitoring of the treatment admissions as a result of drug use**

In 2011, at the level of Cluj county, the reporting system for monitoring the treatment admissions as a result of drug use, included two reporting units: Emergency Clinical Hospital for Children Cluj-Napoca - Paediatric Psychiatry and Drug Addiction Section și Clinical County Hospital Cluj-Napoca - Psychiatry Section III, both units offering treatment in hospitalization conditions.

Based on the data collected by means of the treatment admission sheet as a result of drug use, at the level of the Cluj-Napoca municipality, there may be stated the following characteristics of the persons under treatment as a result of drug use in 2011

- At the level of the two reporting units of the care system in Cluj County in 2011, there were recorded 103 persons, out of which 101 were cases admitted to treatment in 2011, and 2 were under treatment during the previous years.
- Out of the 103 persons, 50 had residence in Cluj-Napoca municipality (48,5% of the total persons under treatment at the county level), distributed according to sex criteria as it follows: 38 men and 12 women.
- Out of the 50 cases with residence in Cluj-Napoca municipality and included in 2011 into the care system for drug use, 49 asked for treatment in 2011, whereas a person is recorded into these services from the previous years.
- All persons with the residence in Cluj-Napoca municipality and who were included into the specialised care services in 2011, have received in-patient treatment.
- According to the care unit which offered treatment to drug users, having the residence in Cluj-Napoca municipality, the 50 persons are distributed as it follows: 33 of them were reported by the Clinical County Hospital Cluj-Napoca - Psychiatry Section III and 17 Emergency Clinical Hospital for Children Cluj-Napoca - Paediatric Psychiatry and Drug Addiction Section. Most of them were young and very young (63% aged below 24, and 13% aged 25 - 35), while 24% are 35 years (out of which 22% are persons aged over 45 years). Compared to the situation recorded at national level, it is noticed an increased share of the persons aged under 24 (63% at the level of Cluj-Napoca municipality, compared to 55% at national level), but also of the category aged over 35 (24% at the level of Cluj-Napoca municipality, compared to 12% at national level), in the detriment of the category 25-34 (13% at the level of Cluj-Napoca municipality, compared to 25% at national level).
- The mean age is 29 years (being higher than that recorded at national level), the persons with the lowest age who came to emergency section for problems caused by the psychoactive substances use were 15 years. The most frequent age recorded (modal value) was of 19 and 20 years, while the mean is 22 years, both indicators being in the proximity of the values recorded at the national level. (mean 23 years, modal value 22 years).

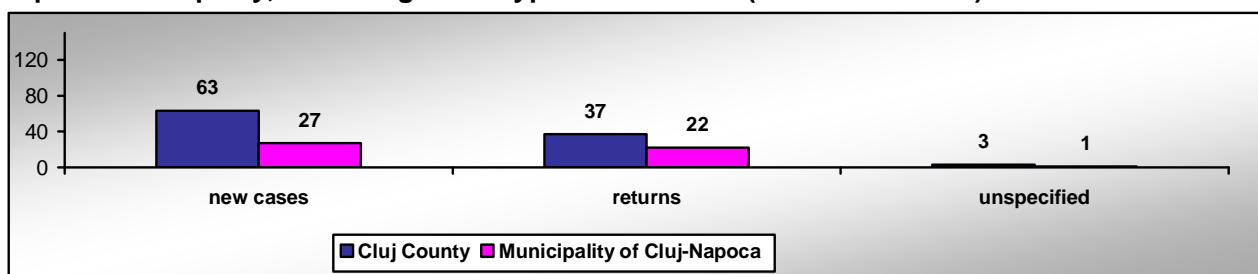
**Table No 12-13: The treatment admission situation caused by psychoactive substances use, compared data in Cluj-Napoca municipality, Cluj county (number of cases)**

	Treatment Admission	
	with residence in Cluj-Napoca municipality	recorded at the level of Cluj county
<b>Total, out of which</b>	<b>50</b>	<b>103</b>
in-patient	50	103
out-patient	0	0
penitentiary	0	0

Source: NAA

Over a half of the number of persons with the residence in Cluj-Napoca municipality, who benefited by treatment services in 2011, performed for the first time such a request (27 cases), while the rest (22 cases) represented recidivations.

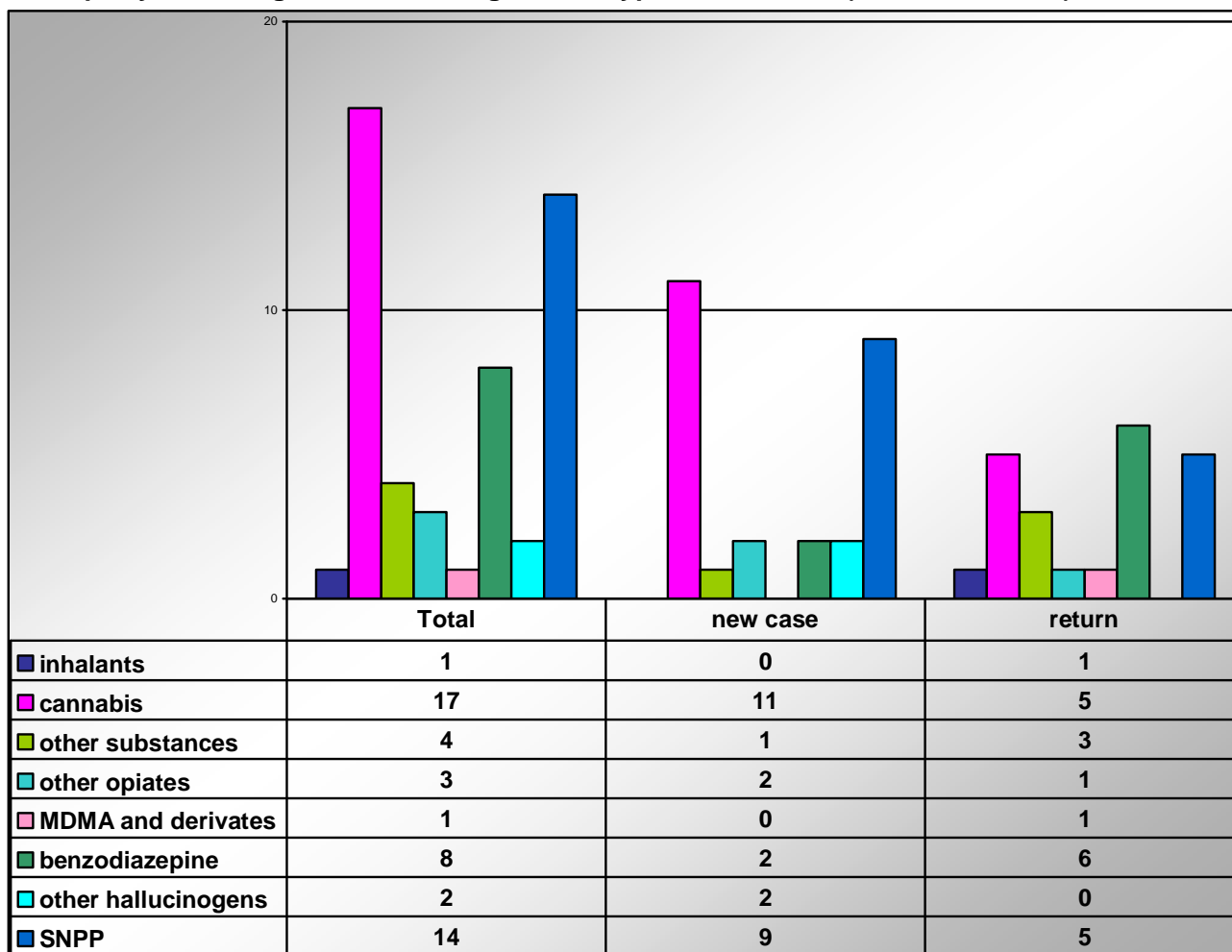
**Chart no 12-12: Distribution of treatment cases at the level of Cluj County, respectively Cluj-Napoca municipality, according to the type of admission (number of cases)**



Source: NAA

According to the main drug for which treatment was requested, out of the 50 persons admitted to treatment in 2011 and who had the residence in Cluj-Napoca municipality, 24 persons requested treatment for illicit drugs (cannabis, inhalants, other opiates, MDMA, other hallucinogens), 14 for the use of new psychoactive substances, 8 for medicine addiction (only diazepam), and 4 for the use of other substances (tobacco, alcohol etc.). Out of the 24 persons who are under care for illicit drug use, 17 had come to these services as a consequence of cannabis use, 11 of them being at the first request of care system (new cases).

**Chart no 12-13: Distribution of treatment admissions in 2011 at the level of Cluj-Napoca municipality according to the main drug and the type of admission (number of cases)**



Source: NAA

Out of the total assisted persons at the level of Cluj-Napoca municipality for drug use in 2011, 67,4% were aged between 15-24 years, 13% between 25-49 years, and 19,6% were aged over 50 years.

According to the type of admission, over three quarters of the persons representing new cases were aged under 25 years, whereas regarding the returns, this age category represents over a half of the total number of these cases. Most of the new cases were recorded for the cannabis use (11 cases) and SNPP (9 cases). In case of returns, most cases were caused by the diazepam use (6 cases), they being followed by the use of cannabis and by SNPP (5 cases for each one).

Out of the 14 persons under treatment for the use of SNPP, 11 were aged less than 25 years, whereas all the other 17 assisted persons for the use of cannabis were aged less than 30 years.

Regarding the means of administration of the main drug, most part of the persons under treatment for drug use at the level of Cluj-Napoca municipality in 2011, administered the drug using the pulmonary means (25 persons), whereas 15 have used the oral means, and 5 have used the intranasal means. One single person declared the drug administration by inhalation.

Among the 50 persons under treatment at the level of Cluj-Napoca municipality, there were no cases of infections with HIV, HBV, respectively HCV.

#### Conclusions:

- Most part of the psychoactive substances users under treatment in 2011, at the level of Cluj-Napoca municipality, requested treatment for the use of cannabis (34%). They were followed,

as share, by the users of SNPP (28%), and then by the users of diazepam without medical prescription, in proportion of 16%.

- Most of the new cases were recorded for the cannabis use (11 cases) and SNPP (9 cases).
- Most persons that were under treatment for the use of SNPP and cannabis were young and very young (at most 29 years).

#### **12.2.2.6.3 Data from studies in the field of drugs**

During the period 2011-2012, at the level of Cluj-Napoca municipality, there were no local studies, but there were applied questionnaires for 2 national studies carried out by the National Anti-drug Agency (ESPAD 2011 and the Study on the use of psychoactive substances in the penitentiary environment).

Therewith, in 2011, the Faculty of Sociology and Social Work within the "Babeş-Bolyai" University in Cluj-Napoca, in cooperation with Caritas Confederation Romania, has initiated a study on 4 regions in Romania.

### 12.2.3 Local anti-drug policies in the Municipality of Iași

Residence of one of the largest counties in Romania (having a population of 723,6 thousands, the county Iași is one the most populate county from Roumania)<sup>226</sup>. The Municipality of Iași is the main urban centre in the North-West of Romania. In its turn, the municipality of Iași, having a population of 263 410 inhabitants (representing over a third of the population of Iași County - 36,4%), is being situated on the third place in the hierarchy of Romanian cities, after Bucharest and Cluj-Napoca

**Table no. 12-14: Population distribution at national, regional, county and municipality level**

The population of Romania	Population in the north-eastern region	Population of Iași County	Population in the Municipality of Iași
19043767	3148577	723553	263410

Source: INS

The Municipality of Iași is in the same time an important economic and cultural centre of Romania, where is working one of the most prestigious academic institutions in the country ("Alexandru Ioan Cuza" University, first university in Romania), as well as other four public universities and seven private universities. From this point of view, the Municipality of Iași is known as a veritable "university town" with an annual average of more than 60.000 students.

#### 12.2.3.1. Anti-drug institutional system

The own Hall in Municipality of Iași has 5 subdivisions called **District Centres**, playing a role of interface between the local public administration and the citizens, as well as the role to promote its projects. In his activity, the mayor is supported by the Local Council made of 27 local councillors.

According to the Decision No 268/2008 of the Local Council in the Municipality of Iași, as further amended and completed, 20 commissions specialised on the main fields of activity are working within the Local Council in Iași.

Being a county residence, there are all the decentralized services in the Municipality of Iași, which work at the level of all the county residence municipalities and which were mentioned in the beginning of this chapter.

Among the non-government organizations involved in the field of reducing the drug demand, the following are to be noticed:

- **Alcoholic Rehabilitation Clubs Association (ACAR)** – non-political, non-profit, non-governmental organization, with independent character, which works for charitable, social and cultural-educational purposes and which provides services of psycho-social rehabilitation, post-treatment to the persons having alcohol related and mixed problems and to their families, using the Social Ecological Approach (Hudolin Method), in partnership with "Don Orione" Congregation in Iași, under the scientific patronage of the European School of Alcohol Addiction and Ecological Psychiatry Italy
- **Diocesan Caritas Centre in Iași** - centre for the coordination and the resources of the diocese in Iași, which promotes charity, provides social services to disfavoured persons, answers to the needs that society faces by contributing to its education, helping and development. Diocesan Caritas Centre in Iași owes an anti-drug service by means of which it implements activities for the prevention of drug abuse for young people aged between 12 and 26 years and it provides psycho-social services for this segment of population.
- **"St. Nicolae" Centre for the Counselling and Rehabilitation of Persons Addicted to Alcohol and Other Drugs in Iași** works within the **Foundation "Solidarity and Hope" (FSS)**, under the high patronage of the Metropolitan Church of Moldavia and Bucovina. . The purpose of the centre is focused on providing help to affected persons, directly by alcohol and other drugs, to recover physical, mental, emotional and spiritual health. The centre uses international recovery methods like Minnesota and De Hoop which proved their efficiency along the time.

<sup>226</sup> According to the preliminary results of the Census in 2011, available data at [www.recensamantromania.ro](http://www.recensamantromania.ro)

- **"Save the Children" Association in Iași**- non-governmental, democratic, independent, non-profit organization, unconditioned politically or religiously, founded in 1991. Since the beginning, it acceded to the movement of promotion and defence of the Children Rights in Romania, in compliance with the UN Convention on the Rights of Children. Save the Children Association in Iași is accredited from 2003 by the Directorate for Labour, Social Solidarity and Family in Iași to provide the following services: services of promotion and advice on the rights of the child; psycho-social advice, social and medical, social and educational rehabilitation and support for children; psycho-social counselling and rehabilitation for the abused and subject to trafficking child.
- **The Association for the Development of Social Programs (ADSP)** – onon-governmental, democratic, legal, non-profit organization, created for the promotion, support and representation of the interests of the vulnerable and disfavoured population by developing social programs, organizing training programs and specialized publications. Services provided by ADPS: psychological advice by individual and group counselling for the persons at risk, information activities, the development of life abilities of the young people who leave the system of child protection, periodical meetings for the information of the experts in the centres of placement and of the teachers.

#### **12.2.3.2. The main features of the anti-drug strategies and programs in the Municipality of Iași**

At the level of the Municipality of Iași, the institution which provides the coordination and the implementation of the anti-drug policies is the Drug Prevention, Evaluation and Counselling Centre in Iași, regional structure of the National Anti-drug Agency. It implements local anti-drug policies based on the National Anti-drug Strategy, of the National Action Plan and of the Local Action Plan.

The Local Anti-drug Action Plan was drawn up by the Drug Prevention, Evaluation and Counselling Centre in Iași, in 2011. Having the support of the prefect of Iași County, this plan is adapted to the local context and to the demographical and geographical features of the county, being implemented, both at municipality level and at county level.

At the same time, at the end of 2011, through the implementation of the project "Cohesion for community action and integrated approach of the use of new psychoactive substances" carried out by the Save the Children Association in Iași, in cooperation with the Drug Prevention, Evaluation and Counselling Centre in Iași and the County Centre for Resources and Educational Assistance in Iași, with the financial support of the Town Hall in the Municipality of Iași, 20 representatives of the local authorities, of the local public institutions and of the civil society recomposed the Inter-institutional Anti-drug Network (IIAN), with the purpose to elaborate local anti-drug policies.

The purpose of the Inter-institutional Anti-drug Network is to act as a core for the elaboration of the strategies and the policies at local and regional level and for the performance of the common action plans for their implementation, in order to provide protection to the children against drug use. Within this inter-institutional public and private partnership, the members intended to perform strategies and plans for common actions, accompanied by the increase of the level of information of the community regarding the drug phenomenon and its consequences on children/young people and the elaboration of a model of good practices, of sustained and coherent partnership in this field. Also, one objective is the improvement of the theoretical and practical skills of its members to implement actions of *advocacy* at the level of the decision makers and of their ability to implement projects for the protection of the child's rights, as well as against the drug use in the community.

IIAN was created within the project "Inter-institutional Anti-drug Network – an action pattern for the child's protection against drug use" implemented by the Save the Children Organization Iași, together with the National Anti-drug Agency – Drug Prevention, Evaluation and Counselling Centre in Iași, during the period 1 December 2007 – 30 September 2008 and funded by the European Union by the programme PHARE 2005 – Consolidation of Democracy in Romania, Component 2 – Democracy, Human Rights, Rule of Law, Independence of Justice and Fight against Corruption.

During 2012, members of IIAN had four working meetings for the elaboration and drafting of an action plan for the period 2012 – 2014, which shall be subject to debate and approval of the decision makers

In order to insure the functionality of the Inter-institutional Anti-drug Network at local level, there were signed partnerships with institutions which work directly on the vulnerable target groups at local level and which, by their specific duties, may include anti-drug actions.

In relation to this institutional network, there is also the Anti-drug Psychologist Network in Iași, created based on an online discussions group, dedicated to psychologists in Iași, having as purpose the treatment of the addictions, in order to develop the local therapeutic network. The discussions are pointed to: services of psychology existing in the community, case studies, personal development, continuous training dedicated to psychologists, workshops, symposiums and conferences, cases reference, legal advice.

In order to provide for the legal framework of cooperation with different institutions, associations, schools, hospitals and non-governmental organizations at the end of 2011, CPECA Iași had concluded 46 protocols.

During the period 2011-2012, most of the implemented local projects were performed on voluntary basis or by auto-financing. The only financing that was acquired, at the municipality level, for this kind of projects, were given by the Town Hall of the Municipality Iași to the non-governmental organizations, in compliance with the Law no. 350/2005 on public funding for not-for-profit activities of general interest based on non-reimbursable financial support.

### **12.2.3.3. Fields of application of the anti-drug local policies**

#### **12.2.3.3.1. The field of drug demand reduction**

- **Prevention services**

In Iași, the prevention services are provided by the public institutions and the non-governmental organizations. Prevention services consist in: information and training of the vulnerable targeted groups (children, young people, ethnic minorities, adults subject to risk, professional categories, etc.) on the problematic aspects determined by drug use, programs for the development of life skills in order to face the use situations and for the prevention of drug use, programs for the parental skills development, the promotion of a healthy life style. There are performed projects, campaigns and activities for the prevention of drug use in: school (primary school, gymnasium and high school level); in universities (in Iași there are 7 public and private universities); in family and in community. Mainly, universal prevention services were provided but punctual activities of selective prevention were also carried out.

The public institutions which provide prevention services are: The Drug Prevention, Evaluation and Counselling Centre in Iași, the schools, the high schools and the school groups in the Municipality of Iași, County School Inspectorate in Iași, County Police Inspectorate in Iași, County Gendarmerie Inspectorate, Local Police in Iași, Direction for Public Health in Iași, Regional Centre for Public Health in Iași, General Directorate for Social Assistance and Child Protection in Iași, Iași Penitentiary, County Resource and Educational Assistance Centre in Iași, Directorate for Community Assistance in Iași, the Probation Service.

Among the representatives of the civil society involved in providing prevention services, we mention: "Solidarity and Hope" Foundation in Iași, Alcoholic Rehabilitation Clubs Association in Iași, Diocesan Caritas Centre in Iași, Save the Children Organization in Iași, the Association for the Development of Social Programs, Moldavia Cultural Association.

In 2011, CPECA Iași performed 680 prevention activities, out of which 434 activities in schools, 223 in the community and 23 in family. Several social categories took part to these activities, starting from children, pupils, students, teachers, parents and up to convicts, each activity being adequate to the target group for which it was intended. Furthermore, there were activities with general addressability, whose purpose was the sensitization and the awareness of the population on the consequences of drug abuse. The total number of persons benefiting by the prevention activities performed by CPECA Iași in 2011 was about 39000.

**Table no. 12-15: The situation of the prevention activities performed by CPECA Iași in 2011, according to the environment in which the prevention took place**

The environment in which the prevention activity was performed	number of activities	Number of beneficiaries	Type of beneficiaries
in school	434	24157	children/ pupils/ students, teachers, parents
in family	23	603	teachers, parents
in community	223	14269	general public, convicts

Source: NAA

Out of the 434 prevention activities carried out in schools, most of them were performed in schools and high schools (401 activities), in universities - 20 activities and in nursery schools - 13 activities.

**Table no. 12-16: The situation of the prevention activities performed by CPECA Iași in schools, in 2011**

The school environment in which the prevention activity took place	Number of activities	no of children/ pupils/ students	Number of parents	Number of teachers
pre-school environment	13	960	22	28
elementary school, gymnasium, high school environment	401	16976	1447	1921
in university environment	20	2794	-	9
Total	434	20730	1469	1958

Source: NAA

Concerning the information campaigns performed by CPECA Iași, out of the 29 campaigns performed in 2011, 20 had also a mass-media component, on this line CPECA Iași developing several cooperation partnerships with the local mass-media representatives. The 29 campaigns were carried out in schools (9 activities), in recreative areas (12), in community (21) and in penitentiaries (7).

- **Medical, psychological and social care services**

Drug users benefit by functional care services on 3 levels, according to the Standards of the national system of medical, psychological and social care for drug users, Drug Prevention, as it was mentioned at Chapter 5. The Evaluation and Counselling Centre in Iași, by the performance of case management, provides the coordination among the other intervention levels, representing the central core of the county system for care services.

Thus, the specific services for care level 1, respectively the identification, implication, motivation and direction of the consumers towards the specialised services and the approach of the social and medical basic needs of drug users, are provided at the level of the Municipality of Iași by: General Directorate for Social Assistance and Child Protection in Iași, Directorate for Community Assistance in Iași, County Centre for Resources and Educational Assistance in Iași, ANITP Iași, family doctors, individual psychological offices, emergency medical services, Diocesan Caritas Centre in Iași, Save the Children Organization in Iași, the Association for the Development of Social Programs in Iași, Cote Foundation, "Solidarity and Hope" Foundation in Iași.

The specific services for care levels 2 and 3 are provided at the level of the Municipality of Iași by: the Addiction Integrated Care Centre Iași and “Socola” Psychiatric Hospital in Iași. “Socola” Clinical Psychiatric Hospital in Iași is the medical unit under the subordination of the Ministry of Health, which includes 15 clinics, among which the Drug Addiction Clinic which provides treatment to drug users for a period of 3 weeks and the Post-cure Clinic which provides post-cure treatment to drug users for the associated diseases. Thus, the Drug Addiction Section provides in-patient treatments for medicamental or symptomatic detoxification (substitutive), and the Post-cure Section provides a programme for the prevention of returns. On the same level, but in out-patient conditions, the Addiction Integrated Care Centre at the level of CPECA Iași, provides integrated care services [medical and psychological assessment towards the inclusion in a treatment integrated program, medical services such as: pharmacological treatment for achieving abstinence (methadone, suboxone, naltrexone), rapid drug tests in urine, services of psychological and social counselling to achieve psycho-social reinsertion and rehabilitation, case management].

This services are better developed for the alcohol users, apart from the public institutions mentioned above, there are a series of NGOs specialised for this issues (Solidarity and Hope Foundation in Iași, Alcoholic Rehabilitation Clubs Association in Iași, Blue Cross Association, Alcoholics Anonymous Association in Iași).

#### **Other providers of assistance services**

- **Solidarity and Hope Foundation in Iași** carries out activities of psychological assessment, individual counselling and group therapy for alcohol and other drugs addicted persons and for their families. In 2011, 30 persons addicted to alcohol/ tobacco/ gambling etc. benefited by psychological assessment, individual counselling and group therapy, 35 co-addicted persons (family) benefited by psychological assessment, individual counselling and group therapy, 24 persons addicted to alcohol and other drugs who were in custody in the Maximum Safety Iași Penitentiary benefited by psychological assessment, individual and group counselling and therapy.
- **Alcoholic Rehabilitation Clubs Association** which provides services of psychological and social assistance, therapeutic community services, residential assistance centre, training of the experts and the beneficiaries, use prevention services, as well as auto-support groups within the Alcoholic Rehabilitation Clubs. During the period 2011-2012, 23 families recorded in services for the prevention of returns, were assisted, within the Rehabilitation Post-cure Centre.

#### **Other types of services (harm-reduction, social reinsertion)**

During the period 2011-2012, at the level of the Municipality of Iași, there were no syringe exchange programmes, day centres or shelters for drug users, this segment of assistance was not developed at the municipality level.

Also, though in Iași, there are carried out programmes of vocational, social, professional training counselling for all the vulnerable categories, by the institutions and organizations specialized in educational, social and occupational reinsertion, no specific programmes were carried out at the level of the municipality of Iași, intended for drug users belonging to ethnical minorities or other kind of users.

#### **12.2.3.3.2. The field of drug supply reduction**

In the municipality of Iași, the structures in charge of fighting against illegal drug trafficking and use are: the regional service of the Directorate for Investigation of Organised Crime and Terrorist Offences, Unit for Countering Organised Crime in Iași, Municipal Police in Iași and Local Police in Iași.

For the “drug market control” the specialized policemen of the Unit for Countering Organised Crime in Iași organised actions having as purpose the fight against drug trafficking in the preset places and environment, after the information of the DIICOT Regional Service, in case certain offences are observed and the continuation of criminal suit under the coordination of prosecutors within this structure.

The Municipal Police in Iași and the Local Police in Iași took action for the prevention of the breach of the public order caused by drug use, by performing prevention actions in schools, high schools, school groups, as well as by the formation of mixed teams which acted based on the Decision no. 443/ 2010 on the regulation of the conditions of placement on the market of certain plants, products and substances associated to plants, substances and narcotic or psychotropic products on the territory of Municipality of Iași, issued by the Town Hall of the Municipality of Iași.

#### **12.2.3.4. Local interventions for the drug demand and supply reduction in recreative areas**

The interventions concerning drug demand and drug supply reduction in the recreative spaces in Iași are provided by public and private institutions, respectively NGOs, which act in compliance with their fields of activity, plans for local and national measures.

Among the campaigns and projects carried out by the Drug Prevention, Evaluation and Counselling Centre in Iași in the recreative spaces, during the period 2011-2012, we mention:

- SMART project – Sport Music Art (2010 - 2011) whose purpose was the prevention of licit and illicit drugs among the students in the Municipality of Iași. The project was implemented in partnership with the Police Office for University Centre in Iași - Proximity Police.
- Starting with June 2012, CPECA Iași started the National Campaign for the new psychoactive substances prevention named “TOO REBEL TO BE MANIPULATED!” initiated by the National Anti-drug Agency, which intends to perform activities in clubs and recreative areas.
- The campaign „60 MINUTES FOR YOU” - an *advocacy* campaign having as purpose the promotion of a proactive attitude of the population regarding the problem of new psychoactive substances use

#### **12.2.3.5 Local measures against the existence and functioning of “weed” stores**

In the beginning of 2011, the presence of a number of 14 “weed” stores (out of the total of 158 identified at national level in March 2011), which were operating on the area of the Municipality of Iași, represented a real problem. As a result of the actions carried out by the local authorities at the end of April 2011, there was no more such store on its competence area.

Until the coming into force of Law no 194/2011, the activity of fighting against the trade with new psychoactive substances and plants (“ethno-botanical plants”) was carried out according to the Joint Order no 123 of 17.02.2011 of the Ministry of Administration and Interior, under the coordination of the Prefecture in Iași county and in cooperation with the partner institutions, being organised 73 actions and inspections (Financial Guard, the Agricultural Directorate, the Consumers Protection Office), out of the total of 1703 carried out at national level.

Based on the Decision no. 443/ 2010 on the regulation of the conditions of placement on the market of certain plants, products and substances associated to plants, substances and narcotic or psychotropic products on the administrative territory of Municipality of Iași, issued by the Town Hall of the Municipality of Iași., in 2011, 37 sanctions were applied to the stores which trade psychoactive substances on the area of the Municipality of Iași, out of the 817 sanctions applied at the national level in 2011. As a result of the activities carried out by the mixed control teams between February and December 2011, the total value of the fines applied was of 92 000 lei<sup>227</sup>, representing 2% of the total value of the fines applied during this period at national level (4 640 870 lei)

Th the level of the County School Inspectorate in Iași, as a consequence of the problems identified among students, a Commission of action was constituted, formed of 5 members, having as purpose the implementation of the institution policies for the prevention of drug use in schools and the monitoring of these actions.

The Drug Prevention, Evaluation and Counselling Centre in Iași (CPECA Iași ) carried out actions for the information and awareness of population on the new psychoactive substances phenomenon and the promotion of prevention about use by radio-TV presentations, announcements of the situation, addressed to the Town Hall of the Municipality in Iași, as well as during the partnership meetings with public institutions in charge of drug demand and supply reduction.

Due to the information regarding a high number of underage pupils using drugs, within the prevention and assistance activities performed by CPECA Iași, there was initiated a standard procedure on the prevention programmes in schools and the inclusion of the pupils using drugs in a form of specialized assistance, in cooperation with ISJ Iași and CJRAE Iași. This procedure was completed and

<sup>227</sup> Average annual rate in 2011: 1 Euro = 4,23 RON

implemented by ISJ Iași at the level of all the schools in the Municipality of Iași. Within the SMART project regarding the prevention of drug use among the students, CPECA Iași supported the initiative of the student leagues to launch an online petition for the forbiddance of trade and import of *weedshop* products.

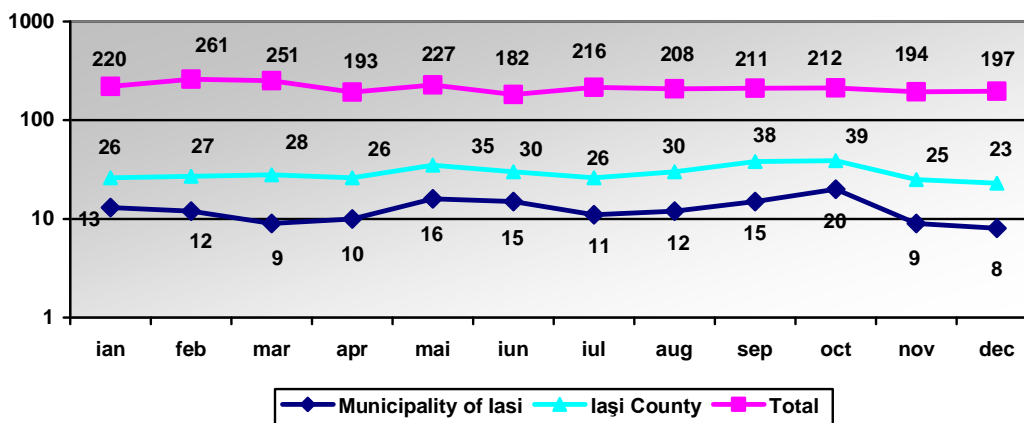
### 12.2.3.6 Current problems in drug occurrence management

#### 12.2.3.6.1 Data resulting from monitoring the medical emergencies caused by drug use

Starting with 2011, Drug Prevention, Evaluation and Counselling Centre Iași collected, centralized and reported monthly to the National Anti-drug Agency, the cases of non-fatal emergencies as a result of drug use, recorded at the emergency medical services in Iași County.

Four medical units were included into the drug use reporting system in Iași County (Clinical County Emergency Hospital St. Spiridon Iași, "Prof. dr. N. Oblu" Clinical Emergency Hospital, Clinical Emergency Hospital for Children St. Maria, "St. Ioan" Clinical Emergency Hospital which have emergency sections. It is to be noticed that all these 4 reporting medical units in Iași County carry out their activity within the area of the Municipality in Iași. Among them, in 2011, only 3 medical units reported emergency cases caused by drug use:

**Chart no. 12-14: The evolution of the non-fatal emergencies caused by psychoactive substances use, per months, compared dates in Iași municipality, Iași county, Total Romania (number of cases)**



Source: NAA

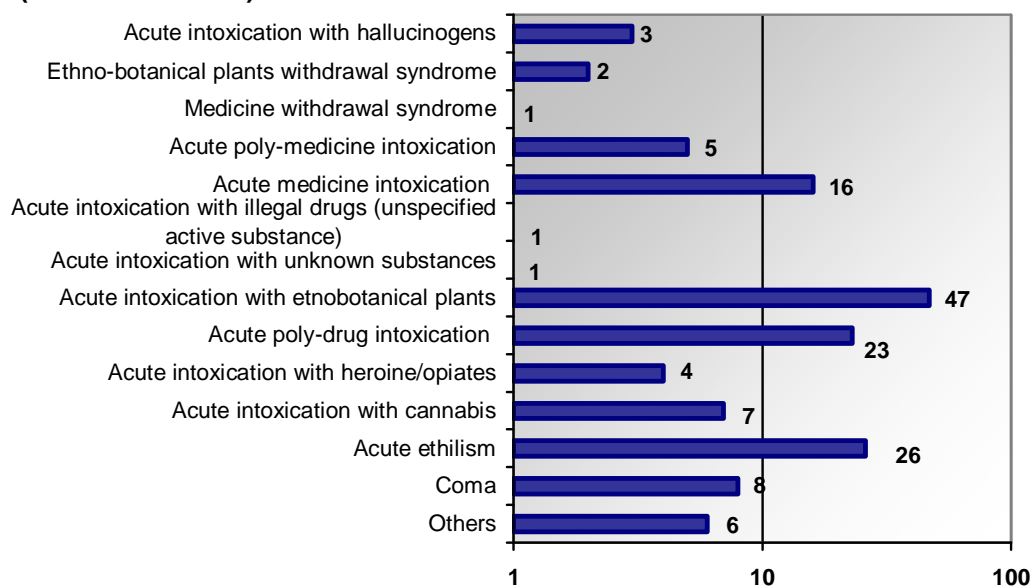
The analysis of data collected after the monitoring of the emergency cases recorded at the level of medical units in the Municipality of Iași, shows the following aspects:

- During 2011, out of the 353 persons who came at the level of the reporting units in Iași county for medical problems caused by the use of psychoactive substances, 150 were living in the Municipality of Iași, which represents 42,5% of the total number of emergency cases recorded at county level.
- Most of these persons were young and very young (41 % were aged under 24 years, and 46 % aged between 25 and 35 years), while only 11 % are aged over 35 years (out of which only 1,4 % over 45 years); as compared to the situation recorded at national level, there is noticed a higher concentration of this segment of population aged between 25 to 34. (46 % at the level of the Municipality of Iași, as opposed to 25 % at national level), in the detriment of the category aged less than 24 years (41 % at the level of the Municipality of Iași, as opposed to 55 % at national level).
- The mean age is 26 years (being higher than that recorded at national level), the youngest person who came to emergency section for problems caused by the psychoactive substances use was 9 years old and the oldest one was 50 years. The most frequent age recorded (modal value) is 23 while the mean is 26 years, both values being in the proximity of the values recorded at the national level.
- Most persons, who complained about problems caused by the use of psychoactive substances, were men (64 %), whereas only 36 % were women. As opposed to gender distribution of emergency cases recorded at national level, it is noticed a better representation of women within this segment of population (the share of women at national level was of about 25%).

- The monthly evolution of the medical emergency cases caused by the drug use, recorded for the persons having residence in the Municipality of Iași, follow the same trend as that of the emergencies at Iași County level, respectively of those recorded at national level.

Most of the emergency cases recorded for the persons with residence in the Municipality of Iași, presented symptoms specific to acute intoxications with different psychoactive substances (88,7 %) – 133 cases 2 % presented a withdrawal syndrome after ceasing the use of different substances – 3 cases, and 5,3 % presented symptoms of coma - 8 cases, and 4% presented other diagnoses induced or determined by use of psychoactive substances – 6 cases. As compared to the situation recorded at national level, there is noticed the absence of cases diagnosed as overdoses, in exchange, there is noticed a higher share of coma cases (5,3% as compared to 3,1% at national level).

**Chart no. 12-15: The distribution of the non-fatal emergencies caused by psychoactive substances use, with residence in the municipality of Iași, according to the emergency diagnosis (number of cases)**



Source: NAA

per types of diagnosis and used substance as compared to the situation recorded at national level, there are noticed the following aspects:

- The intoxications with ethno-botanical substances owe a share of 31.3% (47 cases) (as compared to 41,1% at national level), whereas the intoxications caused by poly-drug use reach a share of 15,3% (23 cases) (as compared to 16,6% at national level), the two types of diagnoses being similarly represented into the cases analysis of the Municipality of Iași and the national one;
- the share of the emergency cases caused by alcohol abuse reaches a value of 17,3% (26 cases), being almost 6 times higher than the one recorded at national level (respectively 3,6%);
- The cases diagnosed as acute intoxications with hallucinogen substances record at the level of the Municipality of Iași a share of 2% (3 cases), as compared to 2,6% at national level; whereas the cases caused by cannabis use (only acute intoxications) record a share of 4,7% (7 cases), as compared to 2,9% at national level;
- the emergency cases determined by the use of heroin/ opiates (only intoxications), records among the persons with the residence in the municipality of Iași a share of 2.7% (4 cases), similar to the one reached at national level (respectively of 2,5%).
- the medical emergencies caused by the medicine abuse (both medicine intoxications and withdrawal syndrome), have been reported for 14,7% (22 cases) of the persons with the residence in the Municipality of Iași, who came to the emergency sections, whereas at national level such problems have been for 13,2% of the total emergency cases;
- on the other hand, 44,7% of the persons residing in the Municipality of Iași, who have requested emergency services, have declared the use of new psychoactive substances (SNPP).

## Conclusions

- no emergency cases were reported caused by the use of ecstasy, amphetamine, methamphetamine, cocaine, inhalant substances, at the level of the Municipality of Iași;
- the alcohol abuse determines a significant share among the emergency medical cases in the Municipality of Iași;
- medical issues caused by the cannabis use have at the level of the Municipality of Iași, a higher share than the one recorded at national level for this type of use;
- for the persons with residence in the Municipality of Iași, the use of new psychoactive substances (SNPP) has determined the greatest part of the medical emergencies, recorded in 2011.

### 12.2.3.6.2 Data resulting from routine monitoring of the treatment admissions as a result of drug use

In 2011, at the level of Iași County, the reporting system for monitoring the treatment admissions as a result of drug use, included two reporting units: Addiction Integrated Care Centre in Iași and Socola University Psychiatric Hospital - Section VIII Acute patients, Toxicomania, first providing out-patient care, and the second providing in-patient care.

Based on the data collected by means of the Treatment Admission Sheet as a result of drug use, it results the following situation of the number of cases recorded in 2011, at the level of the Municipality of Iași, for treatment as a result of drug use:

- At the level of the two reporting units of the care system in Iași county, in 2011, there were recorded 209 persons, out of which 197 were cases admitted to treatment in 2011, and 12 were under treatment since the previous years.
- Out of the 209 persons recorded in the treatment services at the level of Iași County, 94 persons had residence in the Municipality of Iași (meaning 43% of the total persons under treatment at the county level), distributed according to gender criteria as it follows: 58 men and 36 women.
- Out of the 94 cases with residence in the Municipality of Iași and included into the care system for drug use, 85 asked for treatment in 2011, whereas 9 persons were registered into these services since the previous years.
- Most persons who were included in specialized care services in 2011 and who had the residence in the Municipality of Iași, have received in-patient treatment (64 persons), whereas only 17 persons received out-patient assistance, and 4 in the penitentiary.
- According to the care unit which offered treatment to drug users, having the residence in the Municipality of Iași, the 94 cases are distributed as it follows: 65 of them have been reported by the Socola University Psychiatric Hospital - Section VIII Acute patients, Toxicomania, and 29 by the Addiction Integrated Care Centre in Iași.

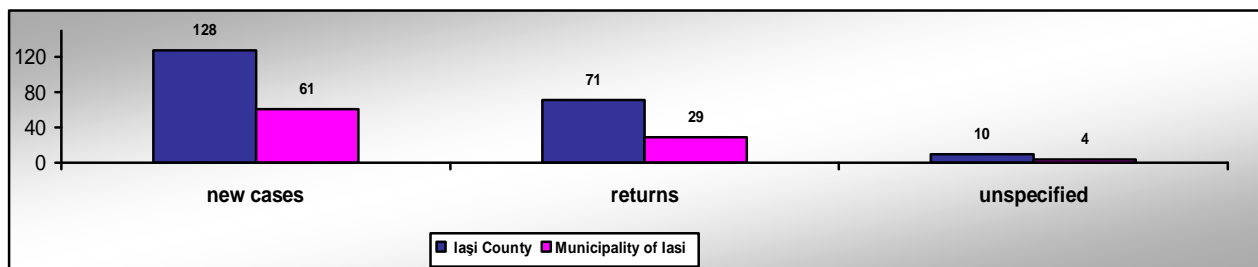
**Table no. 12-17: The treatment admission situation as a result of psychoactive substances use, compared data in the Municipality of Iași, Iași County (number of cases)**

	Treatment Admission	
	with residence in the Municipality of Iași	recorded at the level of Iași county
<b>Total, out of which</b>	<b>94</b>	<b>209</b>
in-patient	65	163
out-patient	24	38
penitentiary	5	8

Source: NAA

Most part of the persons with the residence in the Municipality of Iași, who benefited by treatment services in 2011, performed for the first time such a request (61 cases), whereas only a third (29 cases) represented returns.

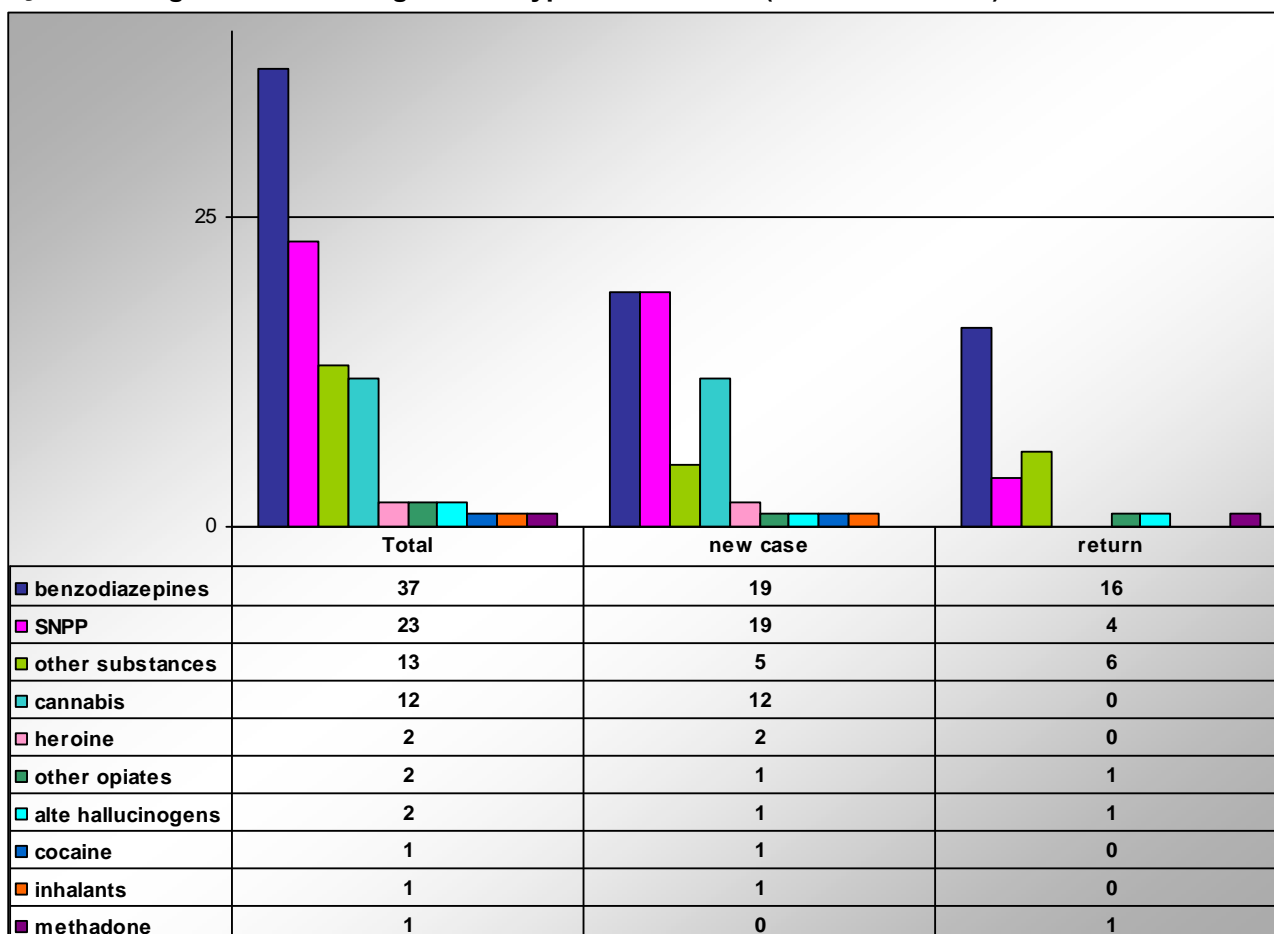
**Chart no. 12-16: Distribution of treatment cases at the level of Iași County, respectively Municipality of Iași, according to the type of admission (number of cases)**



Source: NAA

According to the main drug for which treatment was requested, out of the 94 persons admitted to treatment in 2011 and who had the residence in the Municipality of Iași, 19 persons requested treatment for illicit drugs use (cannabis, heroine, cocaine, methadone, inhalants other opiates), 39 for medicine addiction (especially benzodiazepines – 37 persons), 23 for the use of new psychoactive substances (“ethno botanics”), and 13 for the use of other substances (tobacco , alcohol etc.). Out of the 19 persons who are under care for illicit drug abuse, 12 had come to these services as a consequence of cannabis use, all of them being at the first request of care services (new cases).

**Chart no. 12-17: Distribution of treatment admissions in 2011 at the level of the Municipality of Iași according to the main drug and the type of admission (number of cases)**



Source: NAA

Out of the total assisted persons for drug use at the level of the Municipality of Iași, in 2011, 40% were aged between 15 to 24 years, 12% between 30 to 49 years, and 48% were aged over 50 years.

According to the type of admission, over a half (61%) of the persons representing new cases were aged under 35 years, whereas regarding the persons who benefited from a previous treatment (returns), the persons aged over 45 years were predominant (72% of the total returns). Most of the new cases were recorded for the use of SNPP and benzodiazepines (19 cases for each), followed by the cannabis use (12 cases).

Out of the 23 persons under treatment for the use of SNPP, 21 were aged under 25 years, whereas all the other 12 assisted persons for the use of cannabis were aged under 35 years.

Regarding the administration of the main drug, most part of the persons under treatment for drug use at the level of the Municipality of Iași in 2011, administered the drug orally (56 persons), whereas 25 used the pulmonary route, and 10 the intranasal route. One single person declared the drug administration by injection.

Among the 94 persons under treatment, was reported a case of infection with B hepatitis virus, one case of C hepatitis virus, no case of HIV infection was reported.

### **Conclusions:**

- Most part of the psychoactive substances users under treatment in 2011, at the level of the Municipality of Iași, requested treatment for the use of medicines without medical prescription (41%). They were followed, as share, by the users of SNPP (24%), and then by the users of illicit drugs (cannabis, heroine, cocaine, methadonă, inhalants, other opiates), in a rate of 20%.
- Most of the new cases were recorded for the use of SNPP and benzodiazepines (19 cases for each), followed by the cannabis use (12 cases).
- The persons aged less than 35 years are predominant in what concerns the cases recently recorded (new cases), whereas the persons aged over 45 years prevail in what concerns the returns.
- Most persons that were under treatment for the use of SNPP and cannabis were young and very young (at most 35 years).

### **12.2.3.6.3 Data from studies in the field of drugs**

In 2010, 2 studies were performed regarding the prevalence of drug use in different population groups (one in the college environment and the other among the high school students of the Municipality of Iași), while a third study focused on the medical emergency cases recorded at “St. Maria” Emergency Municipal Hospital in Iași.

- The study regarding the drug use in the college campuses in Iași, performed by the Municipal Police in Iași - The Police Office for the University Centre, in cooperation with the Anti-drug Prevention, Evaluation and Counselling Regional Centre in Iași, “Al. I. Cuza” University and “Petre Andrei” University in Iași was applied on an experimental group of 890 students, accommodated during the academic year 2009-2010 in 36 student accommodations of “Al. I. Cuza” University, University of Medicine, University of Agronomy, University of Arts and Polytechnical University. The collected data show also following: 24.6% have declared that they have used at least once in life a substance in the category of drugs, distributed as it follows: cannabis/ hashish – 42.9%; new psychoactive substances – 28.4%; medicines with alcohol- 8.4%; cocaine – 5.2% ; ecstasy – 3.9%; amphetamine – 1.6%; ketamine – 1.3 %; LSD – 1.3%; Heroine - 1%.
- In compliance with the results of this study, are the results achieved after the research on an experimental group of high school students, performed by “Al. I. Cuza” University in Iași - Faculty of Social Assistance, out of which it resulted that 26,3% of the total experimental group of high school students have used a drug at least once in their life, the distribution on categories of substances being almost similar to the one in the previous study.
- The cases in the third study were collected during the period 1 January 2009 – 28 February 2010, forming an experimental group of 121 persons who came at the Emergency Section of St. Maria Emergency Municipal Hospital in Iași, with different symptoms induced by the use of new psychoactive substances. In the opinion of the study<sup>228</sup>, the situation of the analysed persons is

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<sup>228</sup> Ciuhodaru Tudor – head doctor, Head of the Emergency Section of the St. Maria Municipal Emergency Hospital in Iași  
250

the following: 90.48 % are men in urban environment (in 83.33% of the cases), out of which 66.67% do not have a job, and over 30% are pupils and students; over 20 % are aged under 18 years, and 45.23% are aged less than 20 years. In what concerns the clinical forms presented, , it is noticed the increase of cases characterized by behaviorur disorders (suicide, aggression).Though 20% of the cases associate phenomenon of pulmonary insufficiency. There were no cases of acute lung edema. The digestive disorders manifest as a dyspeptic syndrome, but there was no case of digestive loss of blood

During the period 2011-2012, there were no local studies performed, but there were applied questionnaires for 2 national studies carried out by the National Anti-drug Agency (ESPAD 2011 and the Study on the use of psychoactive substances in the penitentiary environment) and for one carried out by the Faculty of Social Assistance and Sociology in "Babeş-Bolyai" University in Cluj-Napoca, in cooperation with Caritas Confederation Romania, on 4 regions in Romania, the Municipality of Iaşi being among them.

## 12.2.4 Local anti-drug policies in the Municipality of Timișoara

The municipality of Timișoara, residence of Timiș County, is the fourth largest city in Romania, being at the same time an important historical, economic, social and cultural centre. Its population, amounting to approximately 294 469<sup>229</sup> inhabitants, encompasses, alongside Romanians (majority population), several ethnic groups formed of: Hungarians, Germans, Serbians, Roma, Greeks, Italians, Chinese, Arabs and Africans.

**Table No 12-18: Distribution of population, at the level of country, region, county, municipality**

Population of Romania	Population of West Region	Population of Timiș county	Population of the Municipality of Timișoara
19043767	1730146	629938	294469

Source: *The National Institute of Statistics*

Timișoara is a place reuniting the touches of numerous cultures and civilizations, due to its placement at the meeting point of some of the most important trade routes linking the West and the East, and to the fact that it is a university city having more than 40 000 students in its 7 large universities.

Together with Romania's opening towards a Western Europe, Timișoara became a symbol city for the current social-political changes, heading towards a western, European economy and democracy, also developing, on the down side, the phenomenon of demand and supply of drugs.

### 12.2.4.1. Anti-drug institutional system

The geographical positioning of the Municipality of Timișoara (influx point of the main traditional routes also used by the international drug dealers), as well as Romania's accession to the European Community, together with the increase of the flux of immigrants to our country and to other EU member states and the cessation of customs checks at the border, have contributed to an increased complexity of the drug phenomenon in this area, characterised by difficulties in the monitoring and control of the criminal groups involved in the international drug trafficking, but also by the increase of drug use, and, especially, of that of synthetic drugs and that of new substances with psychoactive properties. In this context, in order to efficiently reunite the efforts of all the active social actors in the life of the local community, it was possible to involve them in the development of local antidrug policies at the level of the Municipality of Timișoara.

At the level of the Municipality of Timișoara, the mayor is supported in his activity by the Local Council consisting of *27 local councillors*.

The Local Council is organized in 5 commissions, 2 of these holding responsibilities in which regards public order, human rights, and health and social protection, respectively, domains which also include responsibilities in countering the illicit drug trafficking and use.

As the county capital, the Municipality of Timișoara contains all the decentralized services functioning at the level of all county capitals, services which were mentioned at the beginning of this chapter.

Besides those, the Municipality of Timișoara also houses:

- **The Mobile Gendarmes Group "Glad Voievod" Timișoara**, within the Timiș County Gendarmerie Inspectorate, including such attributions as the performance of certain public order enforcement on the occasion of meetings, marches, picketing actions, promotional and commercial actions, cultural and artistic, sportive, religious, commemorative manifestations, as well as other such activities being carried out in public spaces, involving crowds. In this context they have the opportunity to identify drug users and traffickers, whom they hand over to the appropriate institutions.

<sup>229</sup> As per the preliminary results of the 2011 Census, data available at [www.recensamantromania.ro](http://www.recensamantromania.ro)

- **The Timișoara Penitentiary**, which also has among its strategic objectives the one referring to providing adapted education and psychosocial assistance for its detainees relative to the demands of society, but also providing quality medical care for these persons (including drug users).
- **The Buziaș Young Offender Institution** is carrying out activities regarding the schooling, training, accumulation of knowledge, development of social abilities, experimenting of non-conflictual methods to solve life issues, as the specialists in this institution have the task of increasing the influence of protection factors for the institutionalized young people, in order to prevent their starting to use drugs.

Among the NGO institutions active in the field of reducing drug demand, there are Save the Children Timișoara, SCOP Timișoara, The Bethany Association of Timișoara, The EU-Romania Association, the Sine Ira Association, initiating, in a public-private partnership, a series of actions for the protection of their own communities. Thus, representatives of the civil society are carrying out activities for the consolidation of the civic, cultural and spiritual education, resulting in healthy life choices, promoting abstinence from drug use, as well as activities for increasing public awareness regarding the obtaining of a tolerant attitude towards drug users.

#### **12.2.4.2. The main characteristics of anti-drug strategies and programs in the Municipality of Timișoara**

At the level of the Municipality of Timișoara, the institution providing the coordination and implementation of antidrug policies is the Drug Prevention, Evaluation and Counselling Centre Timișoara – a territorial structure of the National Antidrug Agency. It implements local antidrug policies based on the National Antidrug Strategy, on the National Action Plan and on the Local Action Plan.

The Drug Prevention, Evaluation and Counselling Centre Timișoara, in order to provide the legal collaboration framework, has concluded protocols with local authorities, public institutions and NGOs holding attributions in the field of reducing drug demand and supply. Taking into account that most of these were concluded at the moment when DPECC Timișoara was created (2005), as well as the fact that during this time interval there were some changes regarding the issues and also the existing institutional framework in this field, the mentioned protocols are now undergoing revision, as per the methodology of the National Antidrug Agency.

Also, for a better monitoring and fight against the phenomenon of illicit drug trafficking and use, at the level of the Antidrug Service of the Brigade for the Countering of Organized Criminality Timișoara, the 2012 Action Strategy of the Antidrug Structure was issued. This was based on the 2005-2012 National Antidrug Strategy and it provisions the main and specific strategic objectives related to the decrease of drug demand and supply in the brigade's jurisdiction.

The Timișoara City Hall and the Timișoara City Council are supporting the actions of preventing drug use, organized in the municipality of Timișoara. Even though no financial resources were allocated, all the events requiring support from the Timișoara City Hall had logistic and administrative support (permits to free use of the public domain, free concert halls, free rental of technical installations and specialized personnel, promotion and visibility by including the events in the city halls' actions, etc.)

#### **12.2.4.3. Applicability of local antidrug policies**

##### **12.2.4.3.1. The field of drug demand reduction**

- **Prevention services**

At the level of the municipality of Timișoara, the three domains provisioned in the 2005-2012 National Antidrug Strategy in the field of drug demand reduction, are applicable and functional: prevention in schools, prevention in the family, and prevention in the community.

Prevention services consist of: preventive measures, aimed at the individual or social community, in order to prevent deviant conduct, the causes, conditions and circumstances generating them. To this extent, there are projects, campaigns, drug use prevention campaigns, being organized in: school, universities, recreational spaces and in the community.

The prevention activities are carried out by the DPECC Timisoara with the support of county and local authorities (Timiș County Prefect's Office, Timiș County Council, Timișoara City Hall, Timișoara City Council), by public institutions (The Timiș County Police Inspectorate, The Mobile Gendarmes Group "Glad Voievod" Timișoara, the Timișoara Local Police, The Timișoara Penitentiary, The Buziaș Young Offender Institution, The Timiș County School Board, The Timiș County Psychological Assistance Centre, The Timiș County Division for Youth and Sports), as well as by the civil society (Save the Children Timișoara, SCOP Timișoara, The Bethany Association of Timișoara, The EU Romania Association, The Sine Ira Association, etc.).

DPECC Timisoara has created a prevention network, including public institutions and NGOs, whose members are summoned on a monthly basis, in workgroups. Within it, the main preventive activities which are to be carried in the following month are set, as well as the means of collaborating.

In 2011, DPECC Timiș has performed 148 prevention activities, of which 79 in the school environment, 69 in the community and one in the family. The total number of beneficiaries for the prevention activities carried out by DPECC Timiș in 2011 was of approximately 20 000 people, including children, pupils, students, educators, parents and inmates.

**Table No 12-19: The situation of prevention activities carried out by DPECC Timiș in 2011, function of the environment where prevention was carried out.**

Environment where prevention was carried out	No of activities	No of beneficiaries	Type of beneficiaries
in school	79	2 869	children/ pupils/ students, educators, parents
in the family	1	34	educators, parents
in the community	68	16 887	general public, inmates

Source: NAA

Of the 79 prevention activities carried out in schools, most were carried out in primary schools, secondary schools and high schools.

**Table No 12-20: The situation of prevention activities carried out in schools by DPECC Timiș in 2011**

School environment where prevention was carried out	No of activities	No of children/ pupils/ students	No of parents	No of educators
pre-school environment	0	0	0	0
primary, secondary, high school environment	63	2 317	8	221
university environment	16	302	-	21
Total	79	2 619	8	242

Source: NAA

In which regards the information campaigns carried out by DPECC Timiș, of the 27 campaigns carried out in 2011, 7 also had a media component. The 27 campaigns were carried out in the school environment (15 activities), in recreational spaces (15) and in the community (16).

- **Medical, psychological and social assistance services**

In which regards the assistance for drug users, at the level of DPECC Timișoara there are psychological services active, while the other types of services (medical and social) are offered through the collaboration with partners of DPECC Timișoara, included in the local network. To this extent, DPECC Timișoara has created a network of suppliers of medical, psychological and social services from the Timiș county: The Timișoara County Hospital, the Timișoara Municipal Hospital, the "Louis Ţurcanu" Children's Hospital of Timișoara, the Psychiatric Hospital of Jebel, the Psychiatric Hospital of Gătaia, the Timiș County Health Division, the Regional Centre for Public Health of

Timișoara, the General Timiș County Directorate of Social Assistance and Child Protection, the Save the Children Organization, the ARAS Association. The members of this network have periodic meetings.

At the same time, at the level of the municipality of Timișoara there are services offered for Roma ethnics (the National Agency for Roma People – West Regional Office, the “Pro Europa” Party of the Roma, Timiș branch), as well as for religious minorities (The Serbian Orthodox Vicarage of Timișoara, the Mosaic Community of Timișoara, the Evangelistic and Charity Association “Jesus Hope of Romania”, the Caritas Foundation of the Diocese of Timișoara, the Ecumenical Foundation of Timișoara).

#### **Other types of services (harm reduction, social reinsertion)**

During 2010-2013, the Romanian Anti-AIDS Association (ARAS) is carrying in Timișoara the project “A SECOND HOPE”, a project of social reintegration for drug users, co-financed through the European Social Fund, the Sectoral Operational Program Human Resources Development 2007-2013, priority axis 6 “Promoting social inclusion”, key area of intervention 6.2. “Improving the access and participation for vulnerable groups on the labour market”

The general objective of the project is to improve access to labour market for doubly vulnerable people: Roma ethnicity, women, former prison-inmates, victims of human trafficking, who are also injecting drug users, in Bucharest, county of Ilfov, and counties of Timis and Constanta, through increase of social-professional reinsertion level, enhancing self-esteem, promotion of a healthy setting and raising public and employers' awareness on the problems and needs of drug users.

The integrated centre of medical, psychological and social services as well as job counselling has, at the time of drafting this report, 20 beneficiaries, injecting drug users („legal” drugs, ketamine, etc.) Integrated assistance services and job counselling for users are carried out both on field and at the main offices. Health educators from the field teams contact the users within the information and counselling activities for the prevention of HIV/ Hepatitis/ STD, the distribution of condoms and sterile injecting material, collection of used syringes, the presentation of other available services and reference to these. Besides the support for the labour market integration, the centre offers social assistance services (obtaining ID, social benefits etc.), psychological counselling, occupational counselling, prevention of blood and sexually transmitted infections, referral to other services (especially training services).

#### **12.2.4.3.2. The field of drug offer reduction**

At the level of the Municipality of Timișoara, the structures having attributions in the line of fighting illicit drug trafficking and use are: The Brigade for the Countering of Organized Criminality Timișoara, the Timiș County Police Inspectorate, and the Local Police of Timișoara.

During the last year, there has been an increase in the variety of drugs on the market, the trend going for synthetic drugs, especially ecstasy.

This tendency is also reflected in the seizures made by antidrug workers: over 8000 ecstasy pills seized in 2005, approximately 5000 ecstasy pills, in 2007.

In 2008 there was a decrease in the ecstasy seizures to approximately 500 pills, however, there was an increase in CPP - clorophenilpiperazine seizures (similar in effect to methamphetamine), over 2000 pills being seized over this year.

Following the modification and completion of Law 143/2000 and of Law 339/2005 through Government Emergency Ordinance No 6/2010, introducing and submitting to observation 43 new plants and substances, the number of monitoring and control actions has increased for “SPICE”-type stores, to this effect, in 2010 there were approximately 45 kg of such products confiscated for expertise.

For the purposes of preventing and fighting the illicit trafficking and use of drugs on the street, of preventing breaches of the peace on the background of drug use, but also for identifying people driving under the influence of narcotic substances or products, antidrug officers of the Brigade for the Countering of Organized Criminality Timișoara, together with employees of the Timișoara Traffic

Police within the Timiș County Police Inspectorate, have organized 19 joined actions on the territory of the Municipality of Timișoara, identifying in traffic 13 young people driving under the influence of drugs. The antidrug police officers have also had the support of the employees of traffic police in 8 other control actions, targeting the checking of some international persons transport and vehicles which may have carried drugs or other goods, objects or values illegal to hold, as there was an increase in the trafficking of drugs, especially hashish and marijuana, by using couriers or courier services related to person transportation companies on the route Romania-Spain-France-Holland or Portugal and Italy.

Another interesting aspect is the identification, monitoring and elimination of groups involved in the cultivation, both indoors and outdoors, of cannabis, especially in the rural area, as 6 such crops were identified in 2011, leading to the seizure of approximately 63 kg cannabis – dry mass.

In which regards the statistics referring to aspects related to drug trafficking, the data provided by relevant institutions are as follows: 138 people were involved in drug trafficking activities, of which 135 were men, 80 were questioned for holding drugs for their own use, while 15 were questioned for the growing or manufacturing drugs from precursors.

**Table No 12-21: Drug law crimes, recorded in 2011-2012 at the level of the Municipality of Timișoara**

Type of crime	Total adults	
	Male	Female
Owning drugs for personal use	75	5
Drug trafficking	135	3
Growing, producing or manufacturing drugs from precursors	15	0

Source: *The Brigade for the Countering of Organized Criminality Timișoara*

At the level of the Municipality of Timișoara, several areas with criminal potential were identified, where there were steps taken to prevent the criminal phenomenon.

In 2011, at the level of the Municipality of Timișoara, there were 76 criminal records, of which 55 were solved.

In which regards criminal groups, at the level of the municipality of Timișoara, during 2011 there were identified 4 groups, of which 2 were taken out.

In which regards the drug seizures at the level of the Municipality of Timișoara, the most important were cannabis seizures (75 seizures, totalling over 62 kg).

**Table No 12-22: Illicit drug seizures, recorded in 2011, at the level of the Municipality of Timișoara.**

Name of drug	2011		
	Seizures (No)	Quantity (grams)	Quantity (pills)
Heroin	3	1	-
Cocaine	7	356	-
Cannabis	75	62530	-
Hashish	1	40	-
Synthetic drugs Pills	5	-	76
LSD	-	-	-

Source: *The Brigade for the Countering of Organized Criminality Timișoara*

At the same time, at the level of the Municipality of Timișoara, in 2011, there were 6 adults found driving under the influence of psychoactive substances, while during the first half of 2012 their number had reached 7. There were also 2 traffic accidents reported, one in 2011 and one in 2012, one of them resulting in 1 dead.

**Table No 12-23: Drug-related traffic offences in 2011, at the level of the Municipality of Timișoara.**

Crimes	2011	2012
	Adults / Male	Adults / Male
Car accident resulting in bodily injury	-	1
Car accident resulting in death	1	
Driving under the influence of psychoactive substances	6	7

Source: Timiș County Police Inspectorate

The Local Police of Timișoara has participated in the integration in specialized social services of 29 minors, users of inhaling substances (glue).

#### **12.2.4.4 Local measures regarding the existence and functioning of “dream-selling” shops.**

On 15<sup>th</sup> December 2010, on the initiative of the Local Council of Timișoara there was organized a public debate on the issue of selling stupefying, hallucinogen, euphoric and psychotropic plants, substances and mixtures, resulting in the issuing of Decision No 446/2010 on the location of sales points for stupefying, hallucinogen, euphoric and psychotropic plants, substances and mixtures.

During 2011, following the dispositions regarding the monitoring and control of the phenomenon of selling and using so-called “ethno botanical plants”, as well as the creation of joined teams envisaging the places and environments where “Spice”-type new substances having psycho-active effects are sold, within the jurisdiction, there were organized and carried out actions with increased personnel, with the participation of IGRP, police members of the Brigade for the Countering of Organized Criminality Timișoara and police members of the Timiș County Police Inspectorate – Fraud Investigation Service.

As per the Joined Inter-Ministry Order and Order of the Timis County prefect No 119 of 18.02.2011, the joined control team was created, and on the grounds of Plan of Measures No 27282 of 22.02.2011, created by the Timiș County Police Inspectorate it was ordered that, as of 24.02.2011, there should be started control activities with the specialized shops in the Timis County.

In the Municipality of Timișoara, in February 2011, there were identified a number of 7 „spite”-type shops, belonging to 6 companies, 4 of them having registered offices in other counties.

Before the coming into force of Law No 194/2011, the activity of fighting the sale of substances and plants having psychoactive effects („ethnobotanicals”) was carried out as per Joined Order 123 of 17.02.2011 by the Ministry of Administration and Internal Affairs, under the coordination of the Prefect’s Institution of the County of Timiș, in collaboration with partner institutions, organizing 21 actions and controls (Financial Guard, Agricultural Division, Office for Customer Protection), out of the total 1 703 carried out nationwide. During these controls, there were applied 23 civil sanctions to shops selling substances having psychoactive proprieties on the territory of the Municipality of Timișoara, out of the 817 civil sanctions nationwide in 2011. Also, following the activities carried out by joined control teams, between February 2011 – December 2011 the total value of fines amounted to 172 500 lei<sup>230</sup>, representing 4% of the total value of fines during the same period nationwide (4 640 870 lei).

Together with the issuing of the new provisions of Law 194/2011 regarding the fight against operations with products susceptible of having psychoactive effects, other than those provisioned by the legislation in force, in the Municipality of Timisoara no more dream-selling shops were functioning, but the phenomenon continues to be present in an illegal framework, identical to that of classic drugs. To this extent, there were taken measures to monitor the phenomenon, identifying several people involved in this type of crimes, for whom 5 files of criminal charges were issued, for crimes provisioned by Law 194/2011.

<sup>230</sup> Average annual rate in 2011: 1 Euro = 4,23 RON

#### 12.2.4.5. Local interventions regarding the reduction of drug demand and offer in recreational spaces

To this extent there were carried out activities of preventing the use of drugs in recreational spaces, activities consisting of broadcasting antidrug video materials, promoting preventive messages by DJs and distribution of information materials, as well as the carrying out of contests by antidrug volunteers.

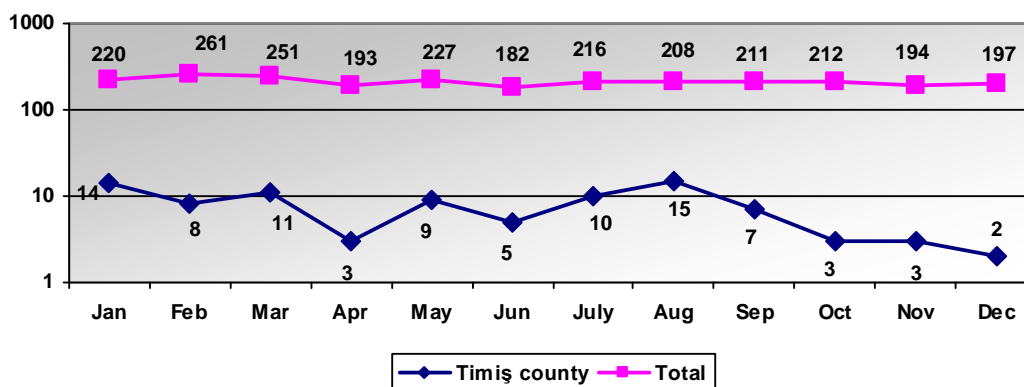
Also, the representatives of DPECC Timisoara have carried out information, education and communication activities within the various music festivals and concerts organized in the Municipality of Timișoara.

#### 12.2.2.6 Current issues related to the management of the drug phenomenon

##### 12.2.2.6.1 Data resulting from the monitoring of medical emergencies due to drug use

In the system of reporting drug-related emergencies, at the level of the Cluj county, 3 health institutions were included: The Timișoara County Emergency Hospital, the Timișoara Municipal Emergency Hospital and the “Louis Țurcanu” Children’s Hospital of Timișoara. All these medical institutions are carrying out their activity on the territory of the Municipality of Timișoara. For 2011, all 3 health institutions have reported drug-related emergencies: As the reported data were not complete, missing the information referring to the locality of residence of the persons requiring emergency assistance, in which follows we will refer to all the emergency cases recorded in 2011, at the level of the county of Timis.

**Chart no 12-18: Evolution of non-fatal emergencies due to the use of psychoactive substances, by months, comparative data the Timis County, Total Romania (number of cases)**



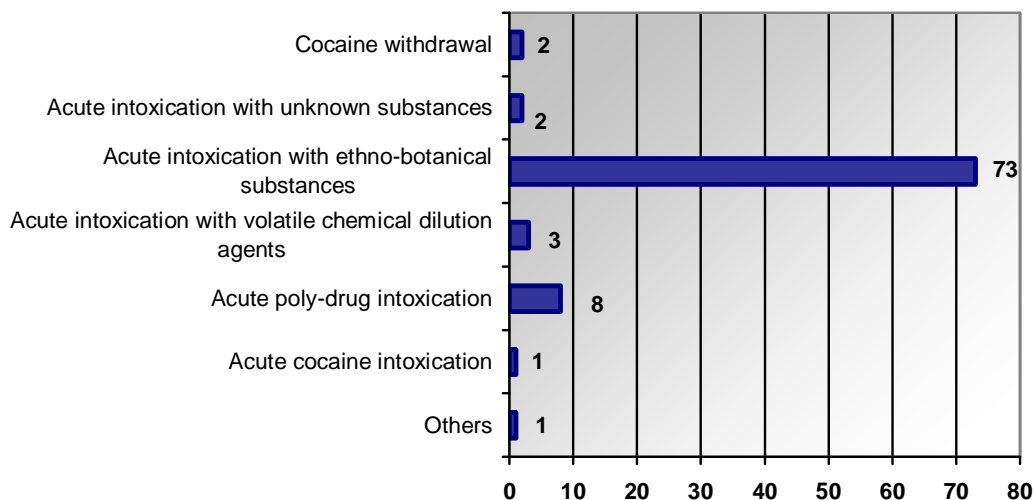
Source: NAA

On the basis of data collected following the monitoring of emergency cases recorded at the level of medical institutions in the Timis County, one can notice the following:

- For medical issues caused by the use of psychoactive substances, in 2011, at the level of reporting units in the county of Timis, 90 persons were received.
- Only for 53 of them there were reports regarding age. The faulty data, which may generate errors, show that most of the persons calling the emergency services in 2011 for use of psychoactive substances were very young (48 people out of 53 were less than 24 years old), including 7 people aged under 7.
- The average age is 20 years old (lower than the national one), the youngest person calling the emergency services was 12, while the oldest was 46. The most frequent age (modal value) was 24, while the median is 21, both indicators being placed around the national values (median of 23, modal of 22).
- From the people coming to the emergency rooms for issues related to the use of psychoactive substances, most were male (71%), while 27% were female, similar to the gender repartition on a national level (73% male and 25% female, respectively).
- One can notice a more accented inflexion for the monthly emergency cases at the level of the Timis County, their monthly evolution being dissimilar in all the months to the one recorded nationwide.

Most emergency cases recorded for persons residing in Timiș have claimed specific symptoms for acute intoxications with various psychoactive substances (96.7%) – 87 cases, 2.2% have shown a withdrawal symptom from the use of various substances – 2 cases, and 1.1% have shown other diagnoses which were nonetheless induced or determined by the use of psychoactive substances – 1 case. As compared to the national records, one notices the absence of cases diagnosed as overdoses and comas, a very small percentage of withdrawal (2.2% as compared to 3.3% at a national level) and of other diagnoses which were nonetheless induced or determined by the use of psychoactive substances (1.1% as compared to 3.1% nationwide). However, in the casuistry of emergencies recorded at the level of the Timis county one notices the extremely high percentage of intoxications (96.7% versus 88.4% nationwide), generated by the presence of a very large number of acute SNPP intoxications (73 cases out of 90).

**Chart no 12-19: Distribution of non-fatal emergencies due to the consumption of psychoactive substances, at the level of Timis County, function of the emergency diagnosis (number of cases).**



Source: NAA

The comparative analysis of the data recorded at the level of Timis County by type of diagnosis and substance used, against the national data, shows the following:

- The percentage of intoxications with new psychoactive substances (SNPP) is of 81.1% (73 cases) (against 41.1% nationwide). However one may note the decreased amount of cases of intoxications due to poly-drug use (8 cases representing 8.8% as compared to 16.6% nationwide), as well as the absence of those caused by the use of heroin/opiates, cannabis, ecstasy, hallucinogens, amphetamines or methamphetamines.
- Cases following the use of cocaine (both acute intoxications and withdrawal) hold a percentage of 3.3% (3 cases) as compared to 0.6% nationwide.
- The same percentage belongs to medical emergencies due to the use of inhaling substances (3 cases representing 3.3% as compared to 0.5% nationwide).
- Medical emergencies due to medicine abuse (both medicine and poly-medicine intoxications, and withdrawal syndrome) were not reported at the level of Timis County.
- On the other hand, from the people calling the emergency lines in 2011 for various issues related to the use of psychoactive substances, 87.8% have mentioned the use of SNPP (simple or together with other substances), way over the national average.

### Conclusions

- At the level of Timis County there were no reported cases of emergencies related to the use of heroin/opiates, cannabis, ecstasy, hallucinogens, amphetamines or methamphetamines. Emergencies due to alcohol abuse are also missing.
- Medical issues related to the use of SNPP are the largest number of the medical emergencies casuistic from the Municipality of Timișoara. As percentage, emergencies related to poly-drug use come next (their largest number being the combination of SNPP and other substances).

- One notices the lack of major issues related to the abuse of psychoactive substances (overdoses and coma).

#### 12.2.2.6.2 Data resulting from the routine monitoring of admissions to treatment following drug use

In 2011, at the level of Timis County, the reporting system for the monitoring of admissions to treatment following the use of drugs has included two reporting units: The Drug Prevention, Evaluation and Counselling Centre Timis and the Timișoara County Emergency Hospital, the former providing ambulatory care, and the latter providing inpatient care.

According to collected data, at the level of the Municipality of Timisoara, in 2011, 8 people were registered in the care system for drug users. Given their low number, the analysis of admissions to treatment following drug use shall be only limited to the relevant aspects:

- At the level of the two reporting units, in 2011, of the 8 people under treatment, 7 were cases admitted for treatment in 2011, and one was under treatment from the previous years. Most cases benefited from the care services provided by DPECC Timis (7 people, of which 6 were domiciled in the Municipality of Timisoara), as outpatients, while one case was reported by the Timișoara County Emergency Hospital, as being provided inpatient care for drug use.
- Of 8 persons in the treatment system at the level of Timis County, 7 were residents of Timisoara (5 men and 2 women).
- Of the 7 cases with residence in the Municipality of Timisoara and included in the care system for drug use, 6 requested treatment in 2011, while one was already on the list of these services from the previous years.

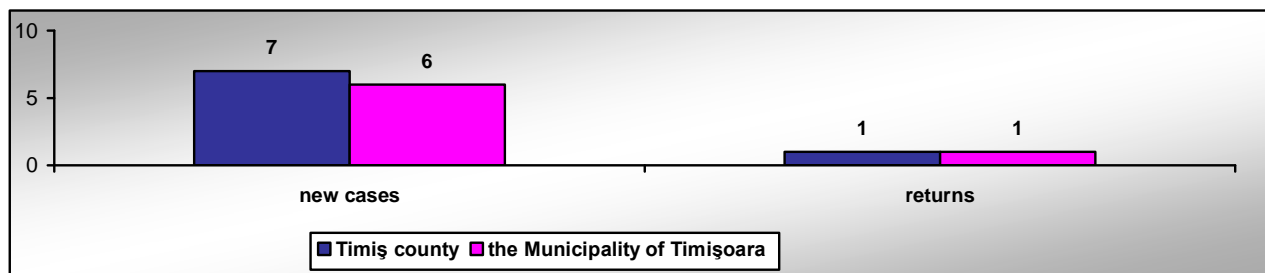
**Table No 12-24: Care admissions following the use of psychoactive substances, comparative data the Municipality of Timisoara, Timis County (number of cases)**

	Treatment Admission	
	having residence in the Municipality of Timisoara	recorded at the level of Timis county
<b>Total, of which</b>	<b>7</b>	<b>8</b>
in-patient	1	1
out-patient	6	7
penitentiary	0	0

Source: NAA

Most of the people residing in the Municipality of Timisoara, beneficiaries of the care services in 2011, had their first such request (6 cases), while only one person had been medically assisted before for drug use-related issues.

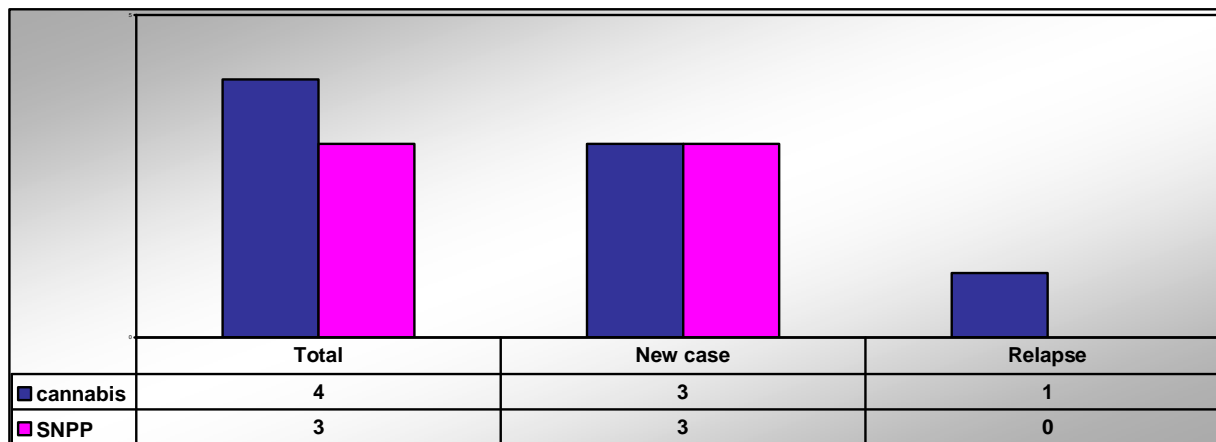
**Chart no 12-20: The distribution of cases under treatment at the level of Timis County and of the Municipality of Timisoara, respectively, function of admission type (number of cases)**



Source: NAA

Function of the main drug for which treatment was requested, of the 8 people treated in 2011 domiciled in Timisoara, 4 people requested treatment for cannabis use and 3 for the use of new psychoactive substances. Of the 4 people treated for cannabis use, 3 were at their first request to the assistance system (new cases), while all 3 cases included in the SNPP use assistance system, and were new cases.

**Chart no 12-21: Distribution of treatment admissions in 2011, at the level of the Municipality of Timisoara, function of the main drug type and type of admission (number of cases).**



Source: NAA

All the people assisted in the Municipality of Timisoara for drug use in 2011 were aged 15-31.

In which regards the administration method for the main drug, all the people treated for drug use at the level of the Municipality of Timisoara had administered their drug by pulmonary route.

Among the 8 people treated at the level of the Municipality of Timisoara, there were no infections with HIV, HVB or HVC viruses.

**Conclusions:**

- At the level of the Municipality of Timisoara, in 2011 there was requested treatment for drug use by cannabis users (4 cases) and SNPP users (3 cases).
- All the people treated for SNPP and cannabis use were young and very young (up to 31 years old),

**12.2.4.6.3 Data from drug studies**

In 2012, DPECC Timisoara, together with the Timis county school board, has performed the research called “A Teenager’s Perception of the Relationship Between Drug Use and School Violence”.

The purpose of the study was that of identifying the relationship between drug use and school violence. As a research instrument there was used a survey with 25 items, which was filled in by 10<sup>th</sup>-graders from the 31 school institutions in the Municipality of Timisoara.

The result interpretation was based on the outlining of the relationship between aggressiveness and legal or illegal drug use, from the perspective of aggressiveness as a risk factor in the start of drug usage or as a consequence of usage behaviour.

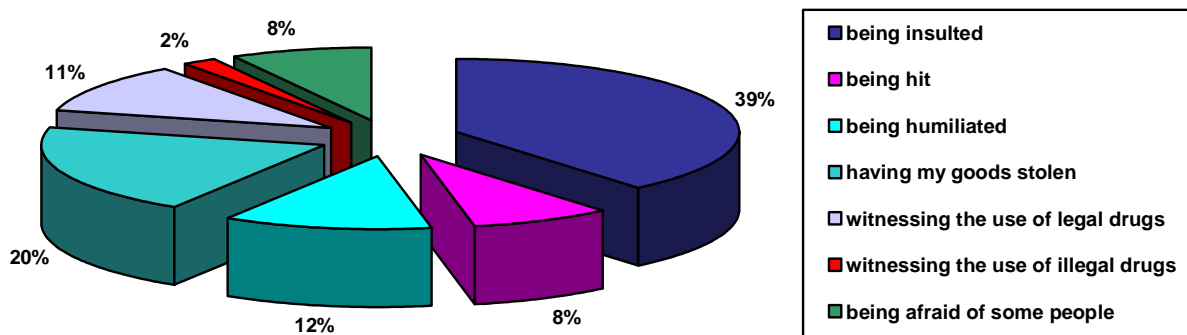
While given the possibility to choose several answers, only 7.3% of surveyed pupils consider that aggressiveness implies the use of legal drugs (tobacco and alcohol), and 7.3% associate aggressiveness with illegal drugs. Most perceive aggressiveness as a form of bullying/ intimidation (71.8%) but also of hitting (88.6%).

Function of the respondent's gender, there were no significant statistical differences in which regards the definition of the concept of “aggressiveness”. Respondents do not regard drug use as a side of aggressiveness, but rather as a way to have fun. Prevention interventions should be oriented towards raising the teenagers’ awareness regarding the relationship between substance abuse and the social issues found at a community level.

There are differences in perception between the respondents regarding the risks associated with the notion of aggressiveness: 39% react aggressively when insulted, 20% to protect their goods, 20%

when they are humiliated. At the same time, the risk of aggressive manifestations is of 11% for those witnessing legal drug use (alcohol and tobacco), while only 2% have such reactions if witnessing the use of illegal drugs.

**Chart no 12-22: Perception of risks associated with the notion of aggressiveness (%)**



Source: DPECC Timișoara

In this context, the issue of school safety is raised, which is perceived and experienced differently by the respondents. A percentage of 22.51% of the questioned pupils do not feel safe at school, and 33.6% of the boys questioned, and 30% of the girls questioned, have said that they had been victims of aggressive behaviour.

**Table no 12-25: Perception of school safety for the respondents, by gender (%)**

Indicators	Boys	Girls
Lack of safety feeling within school	22,51%	22,51%
I personally was a victim of aggression at school	33,62%	30,00%

Source: DPECC Timișoara

It is considered that there is the risk or a large number of pupils to take up a usage behaviour as, according to their answers, they know teenagers (classmates or schoolmates, friends, etc.) who use various substances: 31% - alcohol, 39% - tobacco, 13% - substances known generically as “ethno-botanicals”, 12% - illegal drugs, 5% - illicit prescription drugs. Being part of such an entourage, the use risk is high.

The complexity of issues generated by the aggressiveness and drug use in pupils has a decisive impact on the development of the personalities of a new generation of citizens. In order to decrease delinquent behaviours in the young generation, an especially important role falls on the prevention activities, activities which assume an anticipated answer to an event considered to be harmful.

## 12.2.5 Local anti-drug policies in the Municipality of Constanța

The Municipality of Constanța is placed in the south-eastern extremity of Romania, next to the shore of Black Sea, being the only city in Romania served by all means of transportation, respectively road, railway, marine, fluvial and aerial transportation. Constanța harbor is the main harbor of Romania at the Black Sea and the fourth as importance in Europe.

Its population, of about 254 693<sup>231</sup> inhabitants, represents more than a quarter of the population of Constanța County and unites, together with Romanians (majority population), more ethnic groups formed of: Turks, Russians, Tartars, Bulgarians, Greeks, Jewry, Roma.

**Table no. 12-26: Population distribution at national, regional, county and municipality level**

The population of Romania	Population in the south-eastern region	Population in Constanța County	The population in the Municipality of Constanța
19 043 767	2399604	630679	254693

Source: INS

Having a pre-university education network formed of 500 school units and 8 institutions of higher education (Ovidius University, "Mircea cel Bătrân" Naval Academy, Institute of Civil Marine, adding 5 private universities to these ones), the Municipality of Constanța became during the last 2 decennia one of the most important towns in the country.

### 12.2.5.1. Anti-drug institutional system

The Municipality of Constanța is divided in 44 quarters. During his activity, the mayor is being helped by the Local Council formed of 27 local counselors.

According to the Regulation on organization and operation of the specialized staff of the mayor of the Municipality of Constanța, adopted by the Decision of the Local Council no. 59 of 31 March 2011, within the Local Council of the Municipality of Constanța, there are working 5 specialized commissions on the main fields of activity.<sup>232</sup>

Being a county residence, there are all the decentralized services in the Municipality of Constanța, which work at the level of all the county residence municipalities and which were mentioned in the beginning of this chapter.

Among the non-government organizations involved in the anti-drug fight, which are active at the level of Constanța municipality, we mention:

- **World Vision** – active in the Municipality of Constanța, since 1990, by means of a project dedicated to children infected with HIV and AIDS, carried out at the Preventorium Section of the Municipal Hospital. World Vision continued its activity based on the mission to support children and needy families, by services which should cover and answer to all their needs, until the moment the crisis situation ends. Furthermore, World Vision cooperates with the competent institutions for drug demand and drug supply reduction.
- **Association of Psychologists and Psycho-pedagogues in Constanța (APSIPED)** – , a professional association without patrimonial object, with open character, recently founded, made of 86 active members, psychologists și psycho-pedagogues in Constanța County. It initiates and promotes different programs and actions on health education, social integration, non-discrimination, social protection, equal opportunities. It also carries out programs for disadvantaged groups, by promoting the educational and social insertion and civic activities (summer schools, camps for young people, information campaigns, etc.) by means of several educational factors: parents, civil society).
- **Association of the Volunteer Students and Doctors in Constanța<sup>233</sup> (ASMV)** - non-profit organization, founded in 2007, on the initiative of several young doctors and students who intended to develop locally a group who should promote the health and to help to improve on

<sup>231</sup> According to the preliminary results of the Census in 2011, available data at [www.recensamantromania.ro](http://www.recensamantromania.ro)

<sup>232</sup> <http://www.primaria-constanta.ro>

<sup>233</sup> <http://www.asmv.go.ro>

the medicine students. It organizes national and international scientific manifestations, symposiums, conferences, information, education, communication campaigns (the information of young people regarding the injectable drugs and their associated risks, especially the transmission of infectious diseases such as HIV/ AIDS, C, B hepatitis, as a consequence of using in common the injection equipment and the promotion of a tolerance and acceptance attitude towards the infected ones), as well as other events in the medical field.

#### **12.2.5.2. The main features of the anti-drug strategies and programs in the Municipality of Constanța**

At the level of the Municipality of Constanța, the institution which provides the coordination and the implementation of the anti-drug policies is the Drug Prevention, Evaluation and Counselling Centre in Constanța, regional structure of the National Anti-drug Agency. It implements local anti-drug policies based on the National Anti-drug Strategy, of the National Action Plan and of the Local Action Plan.

At the local level, there are covered all the intervention areas provided into the program documents regarding the implementation of measures in the field of drug demand and supply reduction. In the current context, CPECA Constanța initiated and coordinated, at local level, the activities of drug use prevention and provided services of integrated assistance for drug users, by cooperating also with other services suppliers. The activities for reducing the demand have been coordinated by the specialized structures.

During the period 2011-2012, at the level of CPECA Constanța have been concluded 138 agreements and 4 cooperation protocols with public institutions (IPJ Constanța, DGASPC Constanța, CJRAE Constanța and Ovidius University Constanța).

#### **12.2.5.3. The fields of application of the anti-drug local policies**

##### **12.2.5.3.1. The field of drug demand reduction**

- **Prevention services**

At the level of the Municipality of Constanța, the prevention services are being provided by CPECA Constanța, County School Inspectorate in Constanța, County Police Inspectorate in Constanța, County Gendarmerie Inspectorate, Public Health Directorate in Constanța, General Directorate for Social Assistance and Child Protection in Constanța, County Resource and Educational Assistance Centre in Constanța, Probation Service nearby the Constanța Court of Justice.

In 2011, CPECA Constanța realized 158 prevention activities, out of which 139 in schools, and 19 in the community. Several social categories took part to these activities, starting with children, pupils, students, teachers, parents and up to convicts, each activity being adequate to the target group for which it was intended. The total number of persons benefiting by the prevention activities performed by CPECA Constanța in 2011 was about 10 000 persons.

**Table no. 12-27: The situation of the prevention activities performed by CPECA Constanța in 2011, according to the environment in which the prevention was performed**

The environment in which the prevention activity was performed	Number of activities	Number of beneficiaries	Type of beneficiaries
in school	139	7849	children/ pupils/ students, teachers, parents
in community	19	2004	general public, convicts

Source: NAA

Out of the 139 prevention activities carried out in schools, most of them were performed in common schools and high schools.

**Table no. 12-28: The situation of the prevention activities performed by CPECA Constanța in schools in 2011**

The school environment in which the prevention activity took place	Number of activities	no of children/ pupils/ students	no of parents	No of teachers
pre-school environment	3	268	254	17
elementary school, gymnasium, high school environment	124	6866	117	765
in university environment	12	715	-	12
Total	139	7849	371	794

Source: NAA

Concerning the information campaigns carried out by CPECA Constanța, out of the 8 campaigns performed in 2011, all had a mass-media component, on this line CPECA Constanța developing several cooperation partnerships with the local mass-media representatives. The 8 campaigns were carried out in schools, in recreative areas, in community and in penitentiaries.

At the level of Constanța municipality, there were no specific programs dedicated to drug users belonging to minorities, the users benefit equally, without discrimination by the existing services.

In order to increase the involvement of the community members into the prevention projects, CPECA developed the volunteer local network, one of the activities performed by them being the celebration of the Volunteer Day in partnership with Town Hall of Constanța municipality, Children's Palace, DJST Constanța, CENTRAS by the Volunteering Department.

Furthermore, based on the measures plan no. 244735/06.09.2010 issued by I.G.P.R. concerning the insurance of public safety environment, within the enclosure and the adjacent area of the pre-university education units CPECA Constanța carried out in 2011, 53 activities.

During the period 2011-2012, there were no funds assigned by the public local authority for the performance of anti-drug programs.

- **Medical, psychological and social care services**

Regarding the assistance provided to drug users, at the level of CPECA Constanța, the psychological services are functional, whereas the other types of services (medical and social) are provided by means of a partnership between CPECA Constanța and the other suppliers of assistance services, included into the local network. In this sense, CPECA Constanța created a network made of suppliers of medical, psychological and social services in Constanța county, including among them: Resource and Educational Assistance Centre in Constanța, Clinical County Hospital Constanța - Emergency Section County School Inspectorate in Constanța, and Palazu Mare Psychiatry Hospital, Mental Health Centre for Children and Adults in Constanța, Probation Service, Poarta Albă Penitentiary,

General Directorate for Social Assistance and Child Protection in Constanța, family doctors, individual psychological offices.

In Constanța municipality, care services of the level 2 are granted, they being provided especially by CPECA Constanța, Palazu Mare Psychiatry Hospital, Mental Health Centre for Children and Adults in Constanța.

CPECA Constanța collects monthly data on the medical emergencies and treatment admission provided by the medical units in the Municipality of Constanța area.

#### **Other types of services (harm-reduction, social reinsertion)**

At the level of the Municipality of Constanța, there were no syringe exchange programmes, day centre or sheltering programs for drug users, during the period 2011-2012.

#### **12.2.5.3.2. The field of drug supply reduction**

In the Municipality of Constanța the structures in charge of fighting against illegal drug trafficking and abuse are: The Unit for Countering Organized Crime in Constanța, Police in Constanța Municipality and Local police in Constanța.

In the field of drug supply reduction, the Anti-drug Service within the Unit for Countering Organized Crime in Constanța organized specific actions for fighting against the illicit drug trafficking and use, completed by direct observation of certain offences (having as purpose the prevention of the drug use in public or during certain public events), as well as by delegation of certain criminal proceeding documents (having as purpose the suppression of drug trafficking) in the ongoing criminal cases. Among these, an important share was represented by the local action strategy included into the measures plan named "Estival", which regarded, among others, the involvement of the specialized staff during the summer season, in particular, into the recreative activities, such as the musical events.

Also, the policemen organized actions having as purpose the fight against drug trafficking in the probable places and environment, the information of the DIICOT Regional Service, in case certain offences are observed and the continuation of criminal suit under the coordination of prosecutors within this structure.

**Table no. 12-29: Situation regarding drug related offences, recorded in 2011, at the level of the Municipality of Constanța**

<i>Type of offences/ form of crime</i>	<i>Number of offences</i>
Drugs trafficking ( including growing, production, manufacturing, placement on the market)	124
drug possession for personal use	84

Source: BCCO Constanța<sup>234</sup>

At the level of the Municipality of Constanța, several areas with criminal hot-spot potential were identified, in which measures were taken to prevent the crime occurrence.,

In 2011, at the level of the Municipality of Constanța there were recorded 155 criminal files, being identified one single criminal group.

Regarding the drug captures performed at the level of the Municipality of Constanța, the most important were the cannabis captures (over 28 kg).

<sup>234</sup> Data limiting to the area of the Municipality of Constanța

**Table 12-30: Situation of illegal drugs capture, recorded in 2011, at the level of Constanța Municipality**

Type of drug	Quantity captured
Heroin	-
Cocaine	71 grams
Cannabis	28789 grams
Cannabis resine	72,5 grams
Synthetic drugs	794 Ecstasy pills 1530 Xanax pills
LSD	-

Source: BCCO Constanța<sup>235</sup>

#### **12.2.5.4. Local interventions for drug demand and supply reduction in recreative areas**

During the year 2011, CPECA Constanța performed 2 prevention activities against drug use in recreative areas.

Starting with June 2012, CPECA Constanța started the National Campaign for the New Psychoactive Substance Prevention named "TOO REBEL TO BE MANIPULATED!" initiated by the National Anti-drug Agency, which intends to perform activities in clubs and recreative area, One of the activities consisted of organizing in Mamaia resort, a volleyball sport competition on the beach, activity supported by the Municipal Volleyball Club Constanța. There were 16 teams who registered for the competition and 20 CPECA Constanța volunteers participated. On this occasion, the campaign materials have been disseminated and information was provided to present tourists regarding the consequences of drug use.

#### **12.2.5.5 Local measures against the existence and functioning of "weed" stores**

The emergence of new psychoactive substances represented a major problem at the level of the Municipality of Constanța.

As a consequence of numerous reports on cases of new psychoactive substance use at the level of the Municipality of Constanța, as well as of the presence of 27 "weed stores" on its territory, on 10 February 2011, the Local Council issued the Decision no 48 on the regulation of the conditions regarding the placement on the market of certain plants, products and substances associated to plants, substances and narcotic or psychotropic products on the territory of the Municipality of Constanța.

Until the coming into force of Law no. 194/2011, the activity of fighting against the trade with new psychoactive substances and plants was carried out according to the Joint Order of the Ministry of Administration and Interior, no 37/ 17.02.2011, under the coordination of the Prefecture in Constanța County and in cooperation with the partner institutions being organized 47 actions. During these inspections, 132 contraventions were applied to the stores which sold psychoactive substances on the territory of the Municipality of Constanța, out of the 817 contraventions applied at national level in 2011. Also, as a result of the activities carried out by the combined inspection teams, during the period February-December 2011, the total value of the applied fines amounted 781 700 lei.<sup>236</sup>, representing 17% of the total value of the fines applied at national level during this period (4 640 870 lei)

In the beginning of 2011, on the territory of the Municipality of Constanța 27 profile stores were open but until the coming into force of Law no 194/ 2011 all of them could be closed. After the coming into force of the special law, under the cover of the trade activity named *sex- shop*, *sex- shop*, 3 such "weed stores" have been open.

During the period January-June 2012, the policemen within the Anti-drug Service carried out an ample operation, having as purpose to annihilate the organized crime group which coordinated the illicit trade with substances susceptible of having psychoactive effects in the Municipality of Constanța, but also by means of the Internet in other counties of Romania. Also, in order to prove the

<sup>235</sup> Data limiting to the area of the Municipality of Constanța

<sup>236</sup> Average annual rate in 2011: 1 Euro = 4,23 RON

continuity of the criminal deeds, the policemen of the Anti-drug Service performed during this period, 23 inspections (controls) to the stores with *sex-shop* characteristics placed in Constanța, from which, a total amount of 3354 envelopes with vegetal fragments and substances was taken. In March 2012, 9 perquisitions were carried out at the homes and offices rented by the perpetrators, where it was discovered a pseudo-laboratory for packaging the psychoactive products, 22 222 envelopes with such substances, packaging and labelling devices, as well as more scales and packages. In June 2012, 8 members of the group were arrested for the commission of crimes related to trafficking of risk and high risk drugs, as well as for selling products susceptible of having psychoactive effects, by dissimulating the illegal character of the products, for which Constanța Court ordered the suspicion detention for a period of 29 days for 7 of the defendants..

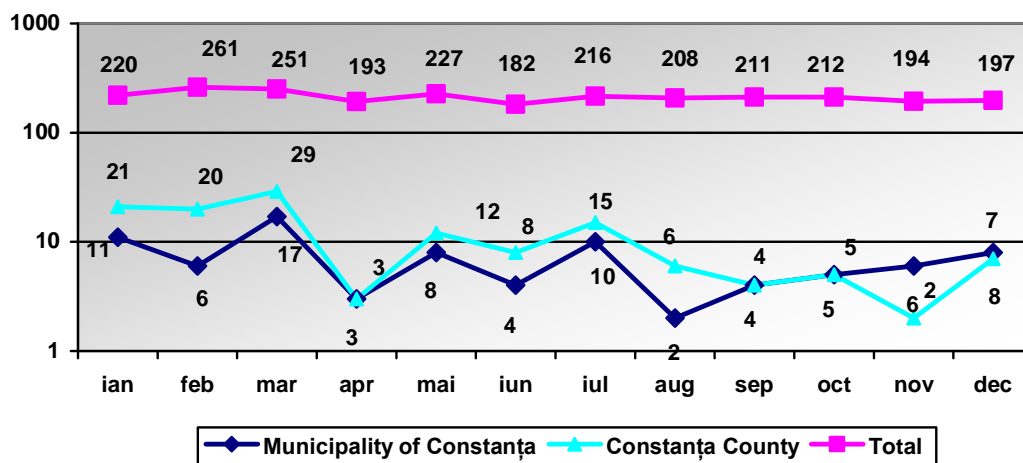
### 12.2.5.6 Current problems in drug phenomenon management

Regarding the dynamics of the drug use occurrence at the level of the Municipality of Constanța, it is observed the increased prevalence for the use of new psychoactive substances, which requires the efficient monitoring and assessment of the interventions, both in the field of drug use prevention and in the field of care services.

#### 12.2.3.6.1 Data resulting from monitoring the medical emergencies caused by drug use

Starting with 2011, Drug Prevention, Evaluation and Counselling Centre in Constanța collected, centralized and reported, monthly, to the National Anti-drug Agency the emergency, non-fatal cases resulted from drug use, recorded at the emergency medical services in Constanța County. Two medical units were included into the reporting system in Constanța County: Clinical County Hospital Constanța - Emergency Section and Palazu Mare Psychiatry Hospital. It should be mentioned that both units included into the emergencies reporting system carry out their activity on the territory of the Municipality of Constanța. In 2011, emergency cases were reported caused by drug use in both units.

**Chart no. 12-23: The evolution of the non-fatal emergencies caused by psychoactive substances use, per months, compared dates in the Municipality of Constanța, Constanța county, Total Romania (number of cases)**



Source: NAA

The analysis of data collected after the monitoring of the emergency cases recorded at the level of medical units in Constanța County, shows the following aspects:

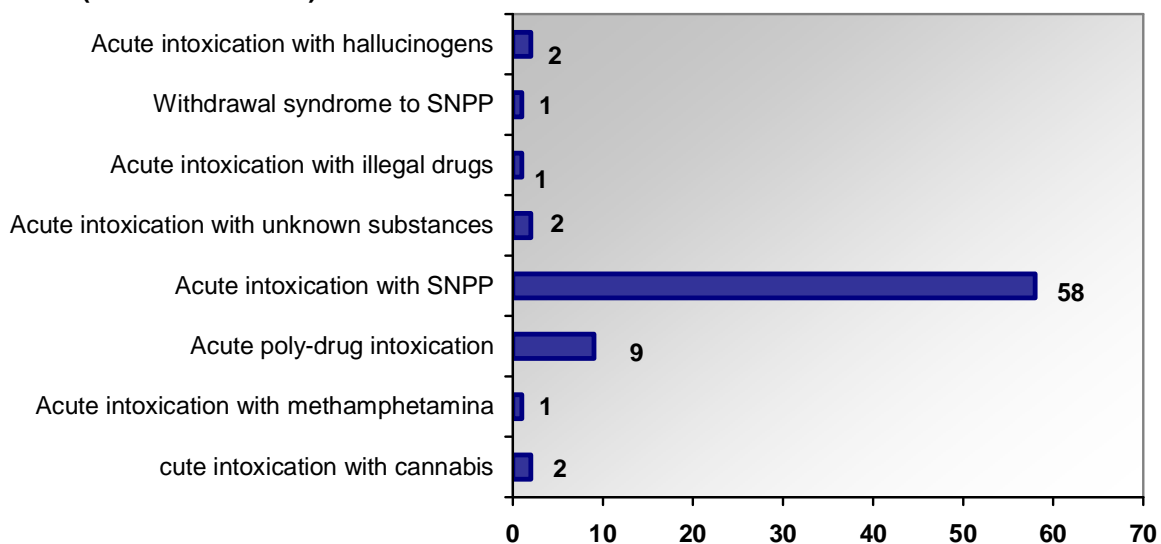
- In 2011, out of the 132 persons who came at the level of the reporting units in Constanța County for medical problems caused by the use of psychoactive substances, 76 were living in Constanța municipality, which represents 57.6% of the total number of emergency cases recorded at county level.
- Most of them were young and very young (57% aged under 24 years, and 36% aged between 25 and 35 years), while only 8% are aged over 35 years (out of which only 1,3% over 45 years); as compared to the situation recorded at national level, there is noticed a higher concentration of this segment of population aged between 25 to 34 (36% at the level of the

Municipality of Constanța, as opposed to 25% at national level), in the detriment of the other two categories.

- The mean age is 24 years (being higher than that recorded at national level), the youngest person who came to emergency section for problems caused by the psychoactive substances use was 13 years and the oldest one was 46 years. The most frequent age recorded (modal value) was 19 while the mean is 22 years, both values being in the proximity of the values recorded at the national level.
- Most persons, who complained about problems caused by the use of psychoactive substances, were men (92%), whereas only 8% were women. The comparative analysis regarding the gender distribution of the emergency cases recorded at national level, indicates an increased share of the male population within this segment of population (the share of men at national level was of about 75%);
- Whereas the group of persons with residence in the Municipality of Constanța who benefited from emergency services is numerically dominant in the cases analysis in Constanța County, and the monthly evolutions in the number of the medical emergencies caused by drug use, recorded at municipality level, respectively county level, follow approximately the same trend. Instead, there is noticed a more increased inflexion for the emergency cases at municipality level, compared to their evolution at national level.

The greatest part of the medical emergencies, recorded for the persons with residence in the municipality of Constanța, presented symptoms specific to the acute intoxications with different psychoactive substances (98.7%) – 72 cases, whereas one case presented the withdrawal syndrome to SNPP. As compared to the situation recorded at national level, there is noticed the absence of cases diagnosed as overdoses, comas, and other diagnoses induced or determined by the use of psychoactive substances, as well as the extremely low share of the cases diagnosed as withdrawals. Instead, the emergency cases recorded at the level of the Municipality of Constanța, it is notices the extremely high share of intoxications (98.7% as opposed to 88.4% at national level), this being caused by the presence of a great number of acute intoxications with SNPP (58 cases out of 73).

**Chart no. 12-24: The distribution of the non-fatal emergencies caused by psychoactive substances use, with residence in the Municipality of Constanța according to the emergency diagnosis (number of cases)**



Source: NAA

Depending on the substance used and the pathology associated to the use, as compared to the situation recorded at national level, the following are noticed:

- The greatest share of medical emergency cases caused by the use of psychoactive substances, recorded for the persons with residence in the Municipality of Constanța is represented by the intoxications with SNPP- 76.3% (58 cases) (as opposed to 41.1% at national level).

- Instead, it is noticed the relatively low share of intoxication cases caused by poly-drug use (9 cases representing 11.8%, as opposed to 16.6% at national level), as well as the absence of those caused by heroin/ opiates, cocaine, ecstasy, amphetamine, inhalant substances.
- Medical emergencies caused by the use of medicines (both medicine, poly-medicine use intoxications and withdrawal syndrome), as well as the alcohol use, were not reported at the level of the Municipality of Constanța.
- The cases diagnosed as acute intoxications with hallucinogen substances represent at the level of the Municipality of Constanța a share of 2.6% (2 cases), similar to the share recorded at national level 2.6%.
- The same share is noticed in case of intoxications caused by the use of cannabis (only acute intoxications) – 2.6% (2 cases), the value being also around the one at national level (2.9%).
- It should be noticed that, 88.2% of the persons with residence in the Municipality of Constanța, who requested emergency services, have declared the use of new psychoactive substances, simple or in combination with other psychoactive substances.

### **Conclusions**

- No emergency cases were reported caused by heroin/ opiates, cocaine, ecstasy, amphetamines, inhalant substances, medicines, alcohol, at the level of the Municipality of Constanța;
- for the persons with residence in the Municipality of Constanța, the use of new psychoactive substances has determined the greatest part of the medical emergencies recorded;
- although, numerically insignificant, there have been more reported medical emergencies caused by the use of cannabis, methamphetamine, illegal drugs (without specifying their name), substances hallucinogen and unknown substance.

#### **12.2.3.6.2 Data resulting from routine monitoring of the treatment admissions as a result of drug use**

In 2011, at the level of Constanța County, the reporting system for monitoring the treatment admissions as a result of drug use, included two reporting units: Prevention, Evaluation and Counselling Centre in Constanța Mental Health Centre for Children and Adults in Constanța, both units providing treatment in out-patient conditions.

Based on the data collected by means of the treatment admission sheet as a result of drug use, at the level of the Municipality of Constanța, there may be stated the following characteristics of the persons who are under treatment as a result of drug use in 2011:

- At the level of the two reporting units of the care system in Constanța County, there were recorded 88 persons, out of which 82 were cases admitted to treatment in 2011, and 6 were under treatment from the previous years.
- Out of the 88 persons, 59 had residence in Municipality of Constanța (67% of the total persons under treatment at the county level), distributed according to gender criteria as it follows: 49 men and 10 women. 49 men and 10 women.
- Out of the 59 cases with residence in the Municipality of Constanța, 56 asked for treatment in 2011, whereas 3 were recorded into these services from the previous years
- All persons who were included into the specialized care services in 2011 and with the residence in the Municipality of Constanța have received treatment in out-patient conditions.
- Depending on the care unit which offered treatment to drug users, having the residence in the Municipality of Constanța, the 59 cases are distributed as it follows: 42 of them were reported by County Hospital Constanța – Mental Health Centre, and 17 by the Drug Prevention, Evaluation and Counselling Centre.

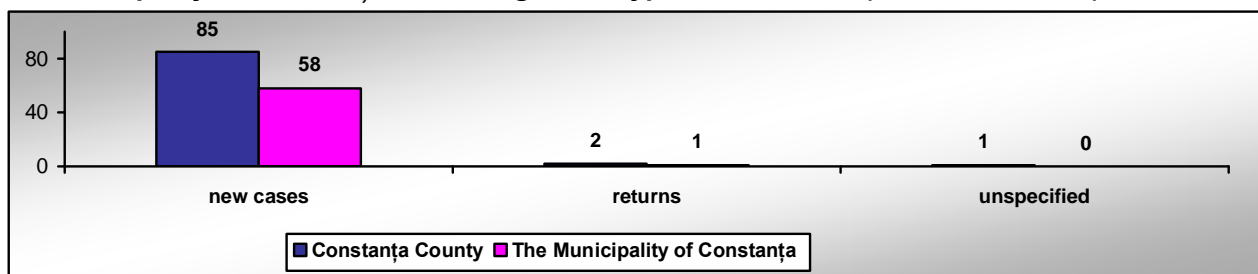
**Table no. 12-31: The treatment admission situation caused by psychoactive substances use, compared data in the Municipality of Constanța, Constanța County (number of cases)**

	Treatment Admission	
	with residence in the Municipality of Constanța	recorded at the level of Constanța County
<b>Total, out of which</b>	<b>59</b>	<b>88</b>
in-patient	0	0
out-patient	59	88
penitentiary	0	0

Source: NAA

Most persons with the residence in the Municipality of Constanța who benefited by treatment services in 2011 performed for the first time such a request (58 cases), whereas, only one case was a return.

**Chart no. 12-25: Distribution of treatment cases at the level of Constanța County, respectively the Municipality of Constanța, according to the type of admission (number of cases)**



Source: NAA

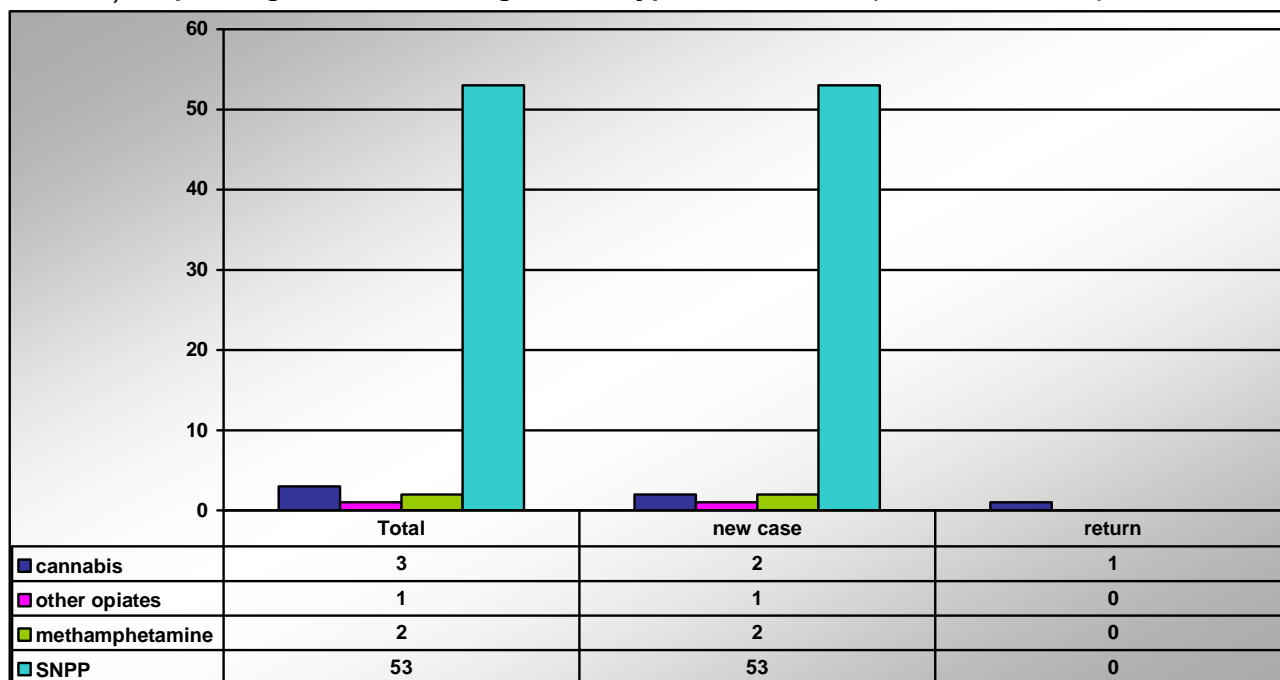
Depending on the main drug for which treatment was requested, out of the 59 persons admitted to treatment in 2011 and who had the residence in the Municipality of Constanța, 6 persons requested treatment for illicit drugs (cannabis, other opiates, methamphetamines), 53 for the use of new psychoactive substances. Out of the 6 persons who are under care for illicit drug use, 3 had come to these services as a consequence of cannabis use, 2 of them being at the first request of care system (new cases). The other 3 persons recorded in the care services for the use of illicit drugs, benefited by treatment specific to the problems caused by the use of methamphetamines (2 persons) and other opiates (1 person – oxycodone).

Out of the total assisted persons at the level of the Municipality of Constanța for drug use in 2011, 81% were aged under 25 years and 18,9% were aged between 25 to 34 years. The youngest person admitted to treatment for drug use was 14 years, and the oldest one was 34 years.

Most cases were recorded for the use of SNPP (52 cases), and over a half of the persons who requested for the first time treatment services for drug use, were aged under 20 years.

Out of the 53 who were under treatment for the use of SNPP, 42 were aged under 25 years, whereas the persons assisted for the use of cannabis (3 persons), were aged under 30 years.

**Chart no. 12-26: Distribution of treatment admissions in 2011 at the level of the Municipality of Constanța depending on the main drug and the type of admission (number of cases)**



Source: NAA

Regarding the means of administration of the main drug, most part of the persons under treatment for drug use at the level of the Municipality of Constanța in 2011, administered the drug by sniffing (26 persons), whereas 25 by pulmonary means, and 6 inhaled the used substances. Only two persons chose the oral administration of drugs.

For the 59 persons living in Constanța who were under treatment for drug use, there were no cases of infections with HIV, HBV, respectively HCV

**Conclusions:**

- Most part of the psychoactive substances users under treatment in 2011, at the level of the Municipality of Constanța, requested treatment for the use of SNPP (90%).
- Most of the new cases were recorded for the use of SNPP (52 cases).
- All persons that were under treatment for the use of drugs were young and very young (at most 29 years).

**12.2.3.6.3 Data from studies in the field of drugs**

During the period 2011-2012, at the level of the Municipality of Constanța, there were performed no local studies, but there were applied questionnaires for 2 national studies carried out by the National Anti-drug Agency (ESPAD 2011 and the Study on the use of psychoactive substances in the penitentiary environment).

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**LIST OF ABBREVIATIONS USED IN THE TEXT**

<b>AICC</b>	<b>Addiction Integrated Care Centres</b>
<b>AA</b>	Alcoholics Anonymous
<b>AEV</b>	Anul European al Voluntariatului
<b>AIDS</b>	Acquired immune deficiency syndrome
<b>ALIAT</b>	Association for the Fight against Alcohol and Drugs
<b>ANITP</b>	Agentia Nationala Impotriva Traficului de Persoane(National Agency Against Trafficking in Persons)
<b>ANOFM</b>	Agentia Natinala pentru Ocuparea Fortei de Munca(Natinala Agency for Employment)
<b>ANP</b>	National Administration of Penitentiaries
<b>ANV</b>	National Customs Authority
<b>ANIT</b>	Drug Addition Intervention National Association
<b>ApFAR</b>	Asociația pentru Femeile cu Adicții din România( Association for Women with Addictions in Romania)
<b>ANV</b>	Autoritatea Națională a Vănilor(National Customs Authority)
<b>ARAS</b>	Romanian Association against AIDS
<b>ASSD</b>	Dambovita Unemployed Support Association
<b>ATOP</b>	Autoritatea Teritorială de Ordine Publică erritorial Authority Public Order ( )
<b>BSS</b>	Behavioral Surveillance Survey
<b>CNOASIIDS</b>	National Centre for the Organisation and Provision of the IT and Information System in the Health Field
<b>CNSMF</b>	National Center for Family Medicine Studies
<b>CJRAE</b>	Centrul Județean de Resurse și Asistența Educaționala(County Resource Center and Educational Assistance)
<b>COFOG</b>	Classification of The Functions of Government
<b>CC</b>	Criminal Code
<b>CPI</b>	County Police Inspectorate
<b>CSOP</b>	Centre for Market and Opinion Polls
<b>DIICOT</b>	Directorate for Investigation of Organized Crime and Terrorism
<b>DGASPC</b>	Direcția Generală de Asistență Socială și Protecția Copilului (General Directorate of Social Assistance and Child Protection)
<b>DGPMB</b>	Directorate General of Police of the Municipality of Bucharest
<b>DSM</b>	Diagnostic and Statistical Manual of Mental Disorders
<b>DPPDC</b>	Directorate for Child Care and Protection
<b>EESC</b>	EuropeanEconomic and Social Comunithee
<b>ELDD</b>	European Legal Database on Drugs
<b>ENDIPP</b>	European Network on Drugs and Infections Prevention in Prison
<b>EGO</b>	Emergency Governmetal Ordinance
<b>EYV</b>	European Year of Volunteering
<b>FESU</b>	European forum for Urban Security
<b>FOC</b>	Fundația Familia și Ocrotirea Copilului (Child and Family Care Foundation)
<b>GPS</b>	General Population Survey
<b>GRADO</b>	Romanian Group for Human Rights Protection
<b>HIV</b>	Human Immune deficiency Virus
<b>HBV</b>	Hepatitis B virus
<b>HCV</b>	Hepatitis C virus
<b>ICCA</b>	Regional Office of the International Council for Alcohol and Addiction for Eastern Europe and Central Asia
<b>ICD</b>	International Classification of Diseases
<b>IDU</b>	Injecting Drug Users
<b>IGRP</b>	Inspectorate General of the Romanian Police
<b>INML (LMNI)</b>	Legal-medicine National Institute
<b>IPC</b>	Individualised plan of care

<b>IREFREA</b>	European Institute of Studies on Prevention
<b>LSD</b>	Lysergic acid diethylamide
<b>MECTS</b>	Ministry of Education, Research, Youth and Sports
<b>MDMA</b>	Methylenedioxymethamphetamine
<b>MDPV</b>	Metilendioxioprovalerona
<b>MAI</b>	Ministry of Administration and Interior
<b>MMFPS</b>	Ministry of Labour, Family and Social Protection
<b>MS</b>	Ministry Health
<b>MSM</b>	Men who have sex with men
<b>NAA</b>	National Anti-drug Agency
<b>NIAAA</b>	National Institute on Alcohol Abuse and Alcoholism
<b>NIDA</b>	National Institute on Drug Abuse
<b>NAP</b>	National Administration of Penitentiaries
<b>NGO</b>	Non-governmental Organization
<b>NPS</b>	New Psychoactive Substances Traded as "ethno-botanical plants"
<b>NUP</b>	Prosecution not pursued
<b>OG</b>	Official Gazette
<b>OEDT/EMCDDA</b>	European Monitoring Centre for Drugs and Addiction
<b>OSI</b>	Open Society Institute
<b>OST</b>	Opiate substitution treatment
<b>RDS</b>	<b>Respondent Driven Sampling</b>
<b>PHEA</b>	Public Health Executive Agency
<b>PNESSR</b>	Health Education in the Romanian School National Programme
<b>RAA</b>	Romanian Angel Appeal
<b>REITOX</b>	European Information Network on Drugs and Drug Addiction
<b>ROP</b>	regional operational programme
<b>ROSAAC</b>	Romanian Substance Abuse and Addiction Coalition
<b>RHRN</b>	Romanian Harm Reduction Network
<b>RMCDDA</b>	Romanian Monitoring Centre for Drugs and Drug Addiction
<b>SATG</b>	Safe Area Trip Guidance
<b>SEP</b>	Syringes Exchange Program
<b>SOP HRD</b>	Sectoral Operational Programme Human Resources Development
<b>SNA (NAS)</b>	National Anti-drug Agency
<b>SNPP</b>	new psychoactive substances (sold as "ethno-botanical plants")
<b>SSF</b>	Sociology and Social Work Faculty
<b>STD</b>	Sexual Transmitted Diseases
<b>SUP</b>	Suspended prosecution
<b>SW/CMS</b>	Sex workers/commercial sex workers
<b>SJML</b>	legal medicine county services
<b>TDI</b>	Treatment Demand Indicator
<b>THC</b>	Tetrahydrocannabinol
<b>TIP</b>	Treatment integrated programme
<b>UNAIDS</b>	United Nations Joint Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>WHO</b>	World Health Organization
<b>YMCA</b>	Young Men's Christian Association

## STANDARD TABLES AND STRUCTURED QUESTIONNAIRES

#	Standard Table	Title
1	Standard Table 01	Standardised results and methodology of adult national population survey on drug use
2	Standard Table 02	Methods and results of school surveys on drug use
5	Standard Table 05	Direct drug-related deaths/Drug -induced deaths
6	Standard Table 06	Evolution of direct drug-related deaths/Drug induced deaths
7	Standard Table 07/8	National/local prevalence estimates on problem drug use
9	Standard Table 09-1	Prevalence of hepatitis B/C and HIV infection among injecting drug users: methods
9	Standard Table 09-2	Prevalence of hepatitis B/C and HIV infection among injecting drug users
9	Standard Table 09-3	Voluntary results for Behavioural Surveillance and Protective Factors
9	Standard Table 09-4	Notified cases of hepatitis C and B in injecting drug users
10	Standard Table 10	Syringe availability
11	Standard Table 11	Reports of drug law offences
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13	Standard Table 13	Number and quantity of seizures of illicit drugs
14	Standard Table 14	Purity/ Potency at street level of some illicit substances
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