



Romania

Romania Drug Report 2018



This report presents the top-level overview of the drug phenomenon in Romania, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

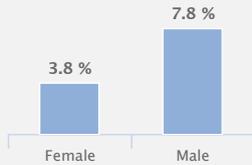
THE DRUG PROBLEM IN ROMANIA AT A GLANCE

Drug use

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

Cannabis

5.8 %



Other drugs

MDMA	0.2 %
Amphetamines	0.1 %
Cocaine	0.2 %

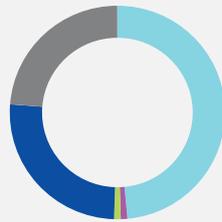
High-risk opioid users

20 937

(16 311 - 27 368)

Treatment entrants

by primary drug



Opioid substitution treatment clients

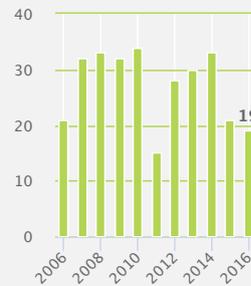
1 480

Syringes distributed

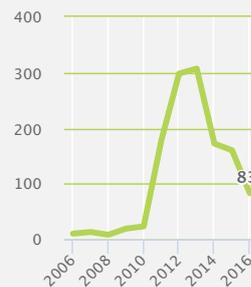
through specialised
programmes

1 495 787

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

7 140

Top 5 drugs seized

ranked according to quantities
measured in kilograms

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

Population

(15-64 years)

13 258 901

Source: EUROSTAT Extracted on:
18/03/2018

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

National drug strategy and coordination

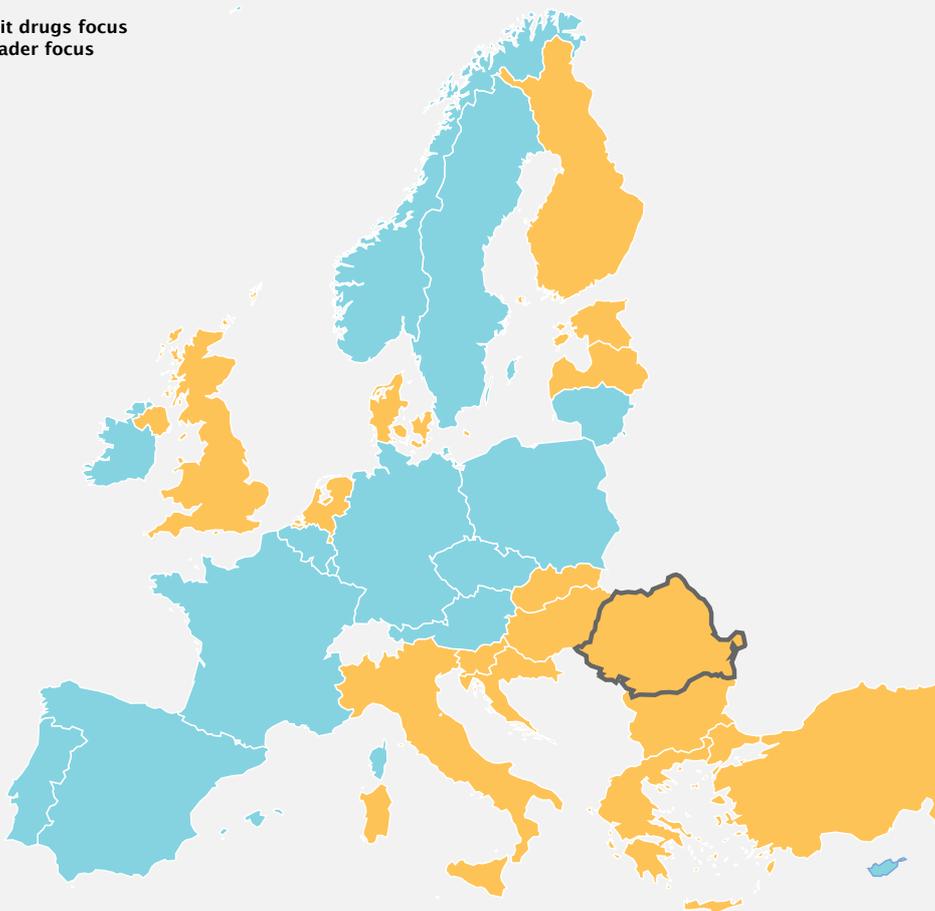
National drug strategy

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

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

Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

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

Public expenditure

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

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

In Romania, the financing of drug-related activities is decided annually by the entities in charge of their implementation. Estimates of labelled drug-related public expenditure go back to 2004, but their completeness varies over time.

The budget of the National Anti-Drug Agency (NAA) is the only budget item that has consistently been reported over time; however, its value as a proportion of total drug-related expenditure is unknown. In the period 2009-12, on average, the NAA's budget represented about 0.003 % of gross domestic product (GDP). In 2015, in order to meet the targets of the National Anti-Drug Strategy 2013-20, the NAA implemented programmes financed both from the state budget and from external funds. The state budget provided EUR 700 000 and external funds amounted to EUR 3 787 000. In 2016, the NAA received EUR 171 000 from the state budget and EUR 147 000 from international funds to implement the measures of the National Anti-Drug Strategy 2013-2020.

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

Drug laws and drug law offences

National drug laws

In Romania, penalties have been linked to the type of drug — 'risk' or 'high risk' — since 2004, and there are separate concepts of user and addict, according to diagnosis. The changes to the Criminal Code from 2014 reduced several penalty ranges for supply offences.

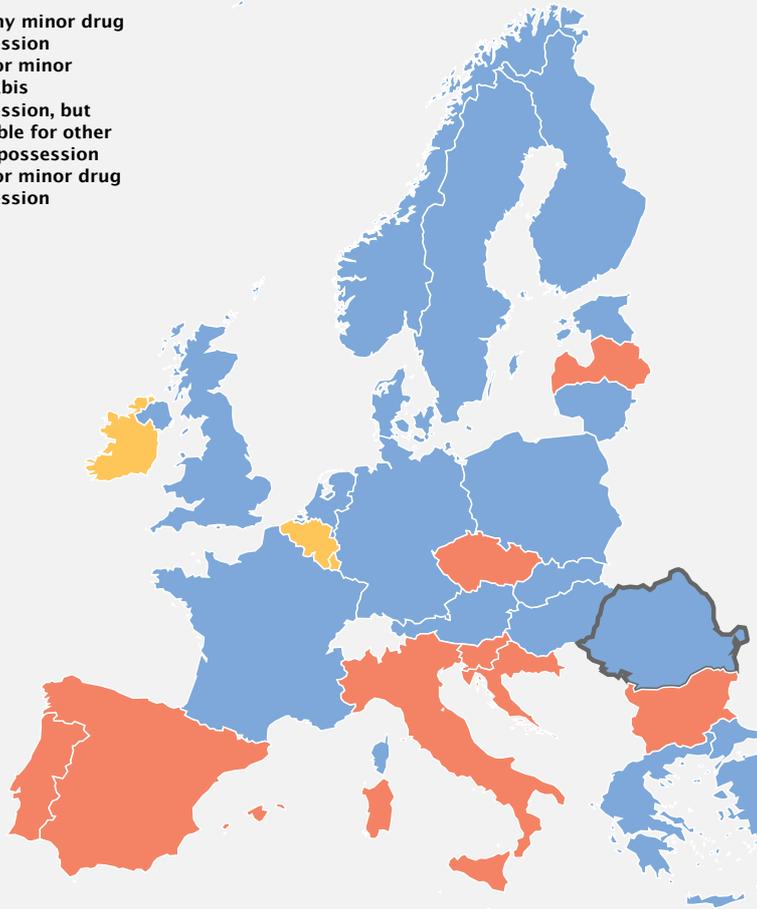
Drug consumption is forbidden, but no punishment is specified. In the case of possession for personal use of 'risk' drugs, the court can impose a fine or a prison sentence of three months to two years, while possession of 'high-risk' drugs attracts a prison sentence of six months to three years. A drug user who is convicted of any of these offences can avoid prison by agreeing to attend an integrated assistance programme; the consent of the drug user is a prerequisite for inclusion in such a programme. This has been enabled by, and is clearly defined in, the new Criminal Code, from 2014 (in line with an overall trend in the EU for such offences).

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

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

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

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

Drug law offences

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

In 2016, a total of 7 140 people were investigated for DLOs in Romania.

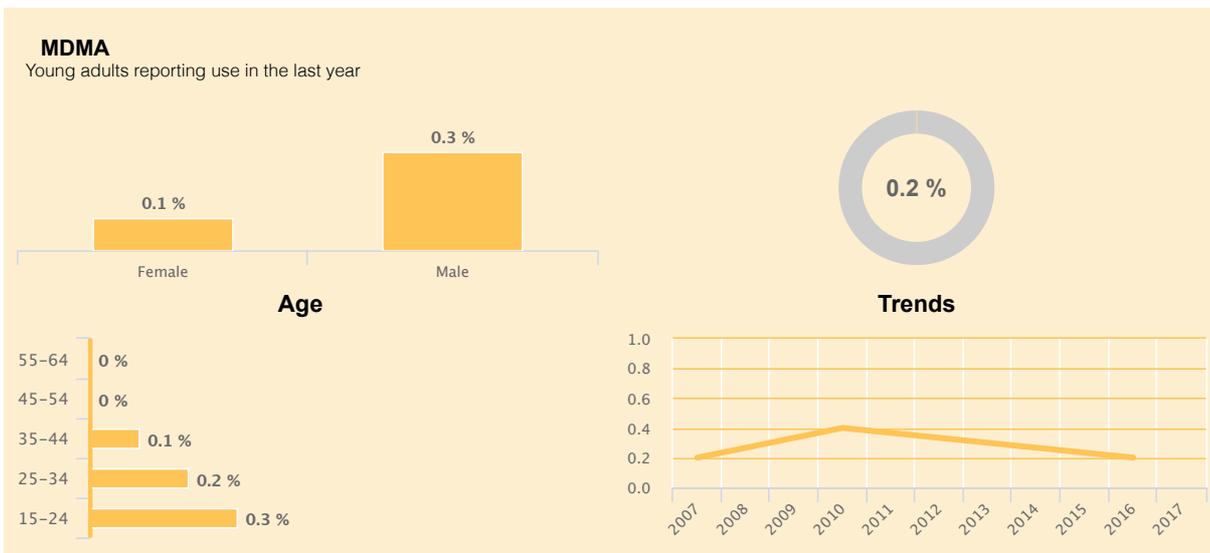
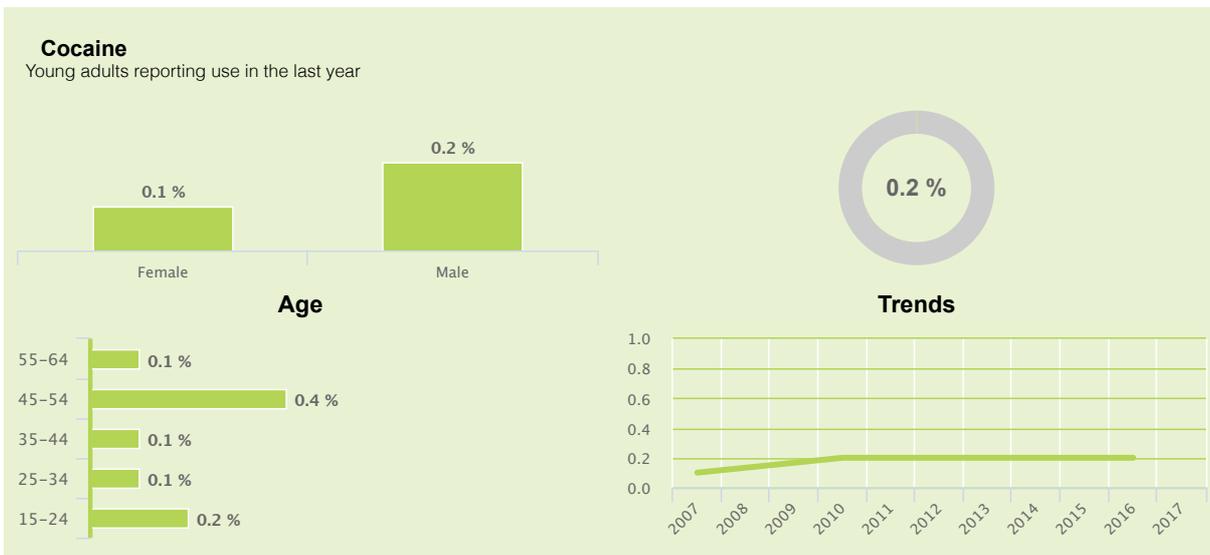
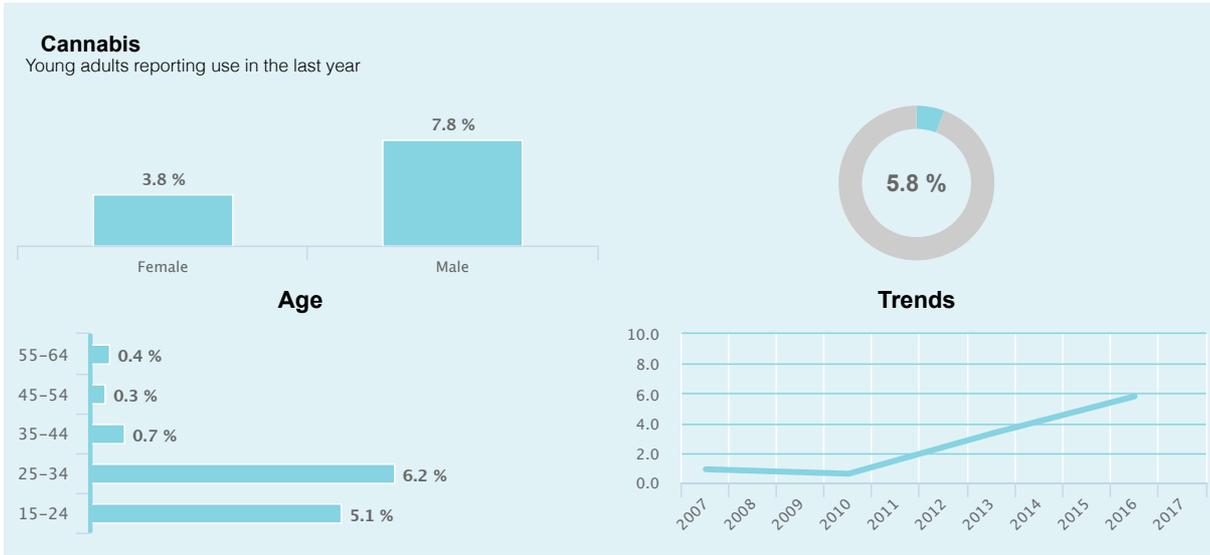
Drug use

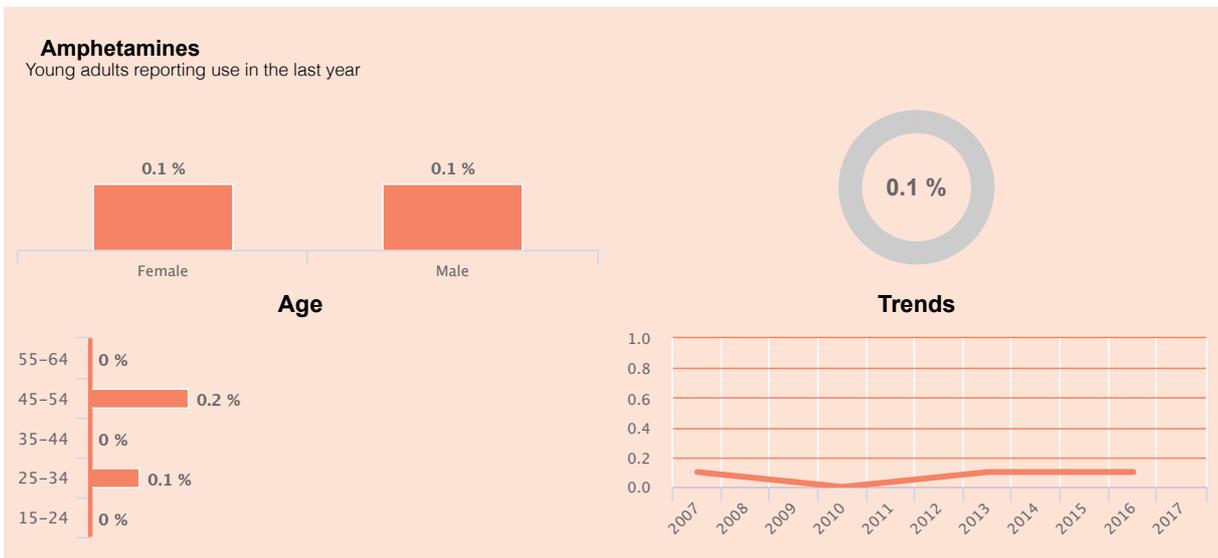
Prevalence and trends

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

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

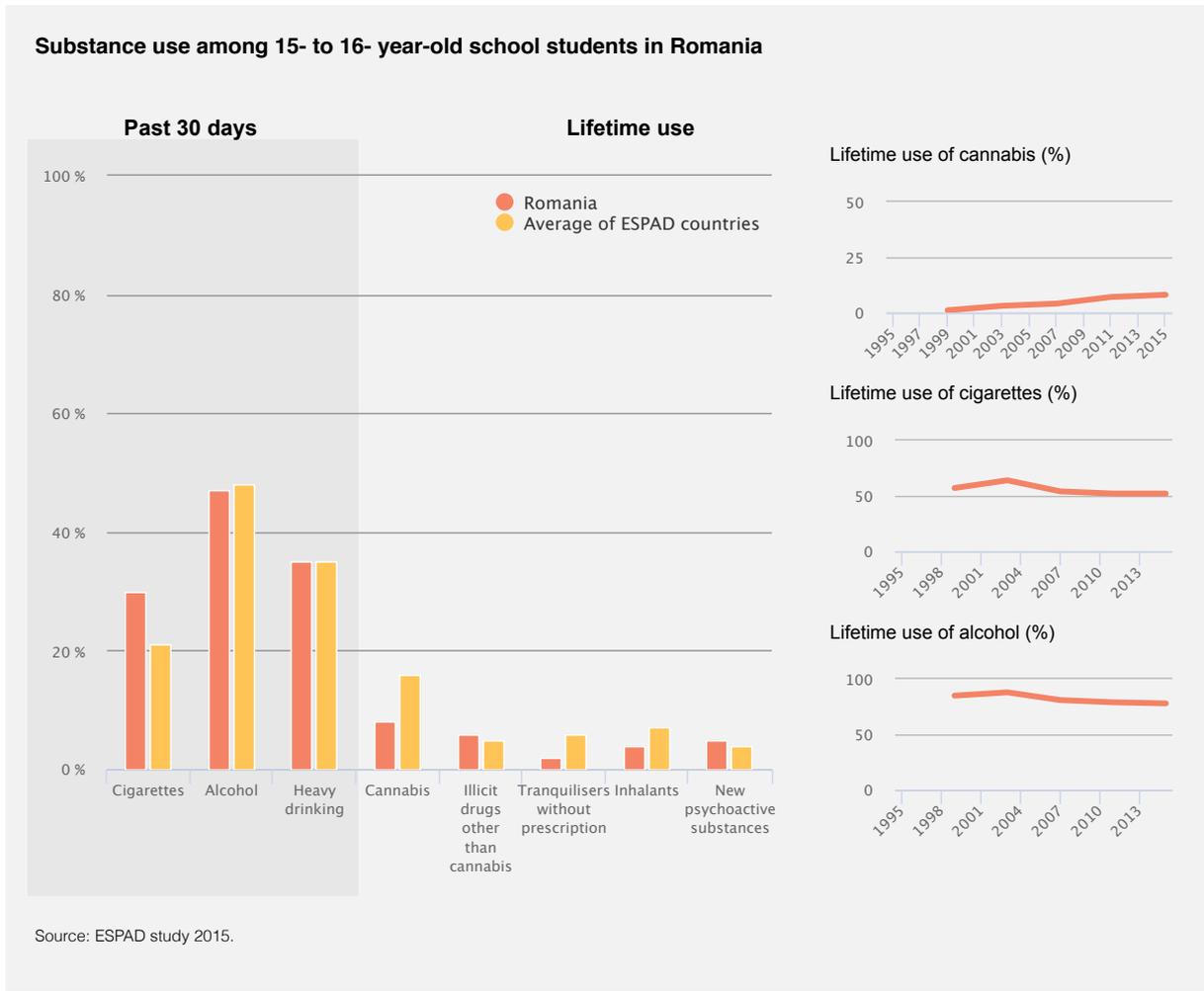
Estimates of last-year drug use among young adults (15-34 years) in Romania





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

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



High-risk drug use and trends

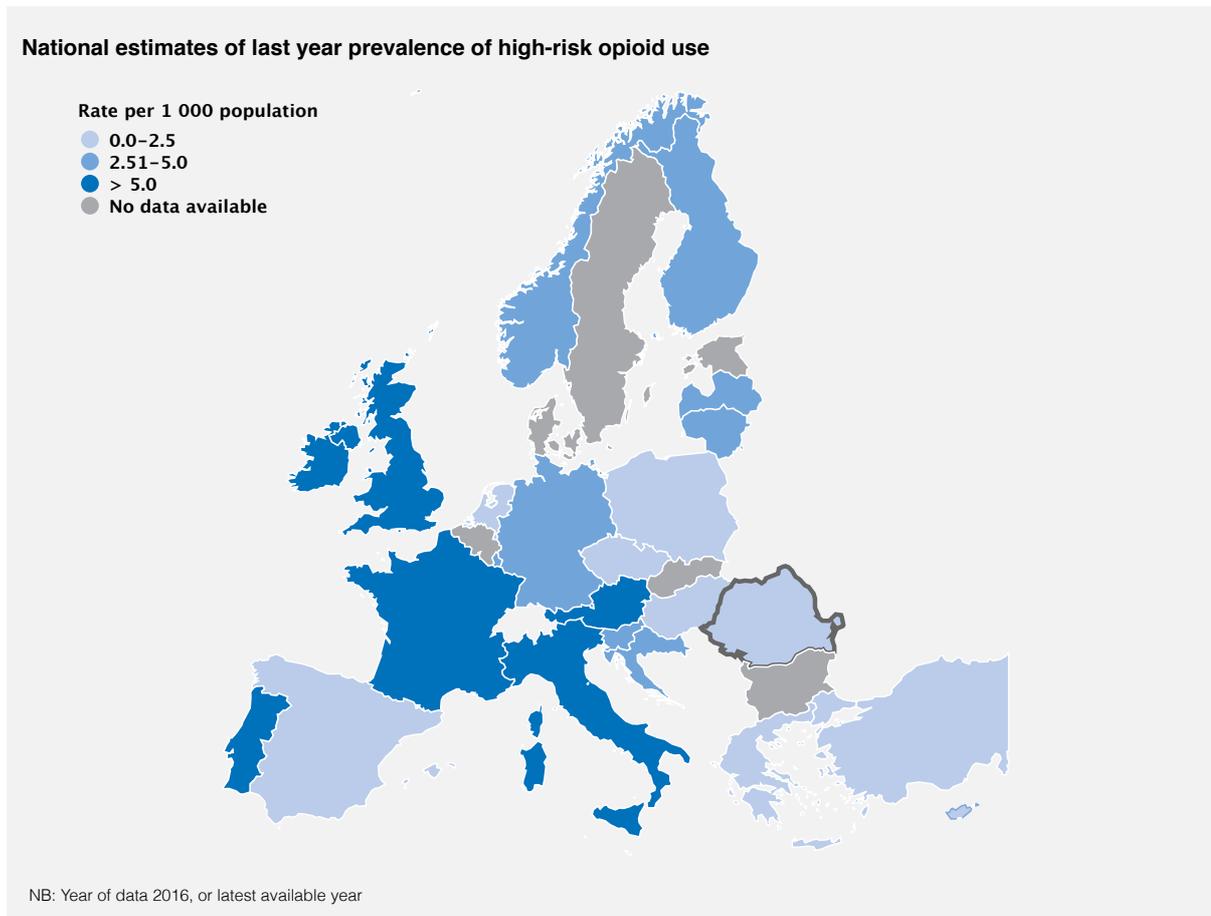
Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk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

The Romanian estimate for the prevalence of high-risk opioid use ranged from 1.05 to 1.77 per 1 000 of the adult population in 2016. The number of people who inject drugs (PWID) in Bucharest was estimated to be close to 10 000 in 2016.

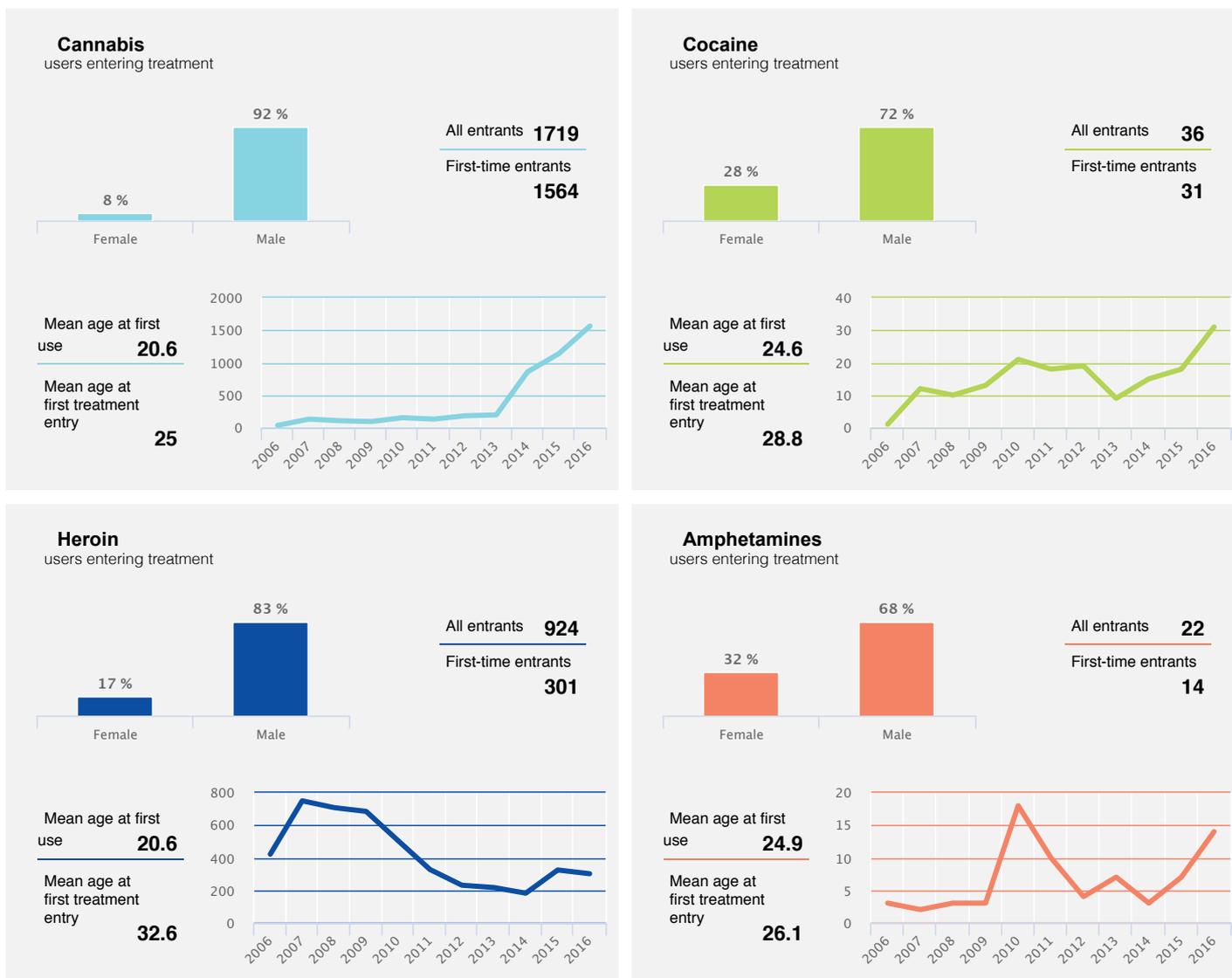
Data from specialised treatment facilities suggest that heroin is the main drug of choice among PWID, as nearly 9 out of 10 PWID entering treatment report it as a primary substance, while around 1 in 20 report a new psychoactive substance as a primary substance of use.

A long-term analysis suggests that the number of heroin users entering treatment in Romania has been decreasing since 2007, while the number of cannabis users has grown since 2013. The increase in cannabis treatment demands might be largely attributable to treatment offered as an alternative to imprisonment for certain categories of offenders.

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



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



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Romania, an increase in the notification of human immunodeficiency virus (HIV) infections among people who inject drugs (PWID) was reported between 2011 and 2013; however, in 2014-16, the number of new HIV infection notifications among PWID decreased. Data based on HIV testing results among drug users seeking treatment or attending harm reduction services also indicate an increase in HIV prevalence between 2010 and 2013, but more recent data suggest some stabilisation in the prevalence rates among these groups since then.

Hepatitis C virus (HCV) infection is the most common drug-related infection among Romanian drug users. Since 2013, when a peak of HCV prevalence among PWID was reported, HCV prevalence among this population fell slightly. Furthermore, data from people in treatment indicate a downward trend in HCV and hepatitis B virus (HBV) infections in recent years, following the peaks observed in 2011 (for HCV) and 2013 (for HBV). HIV and HCV and/or HBV co-infections are frequent among PWID in Romania.

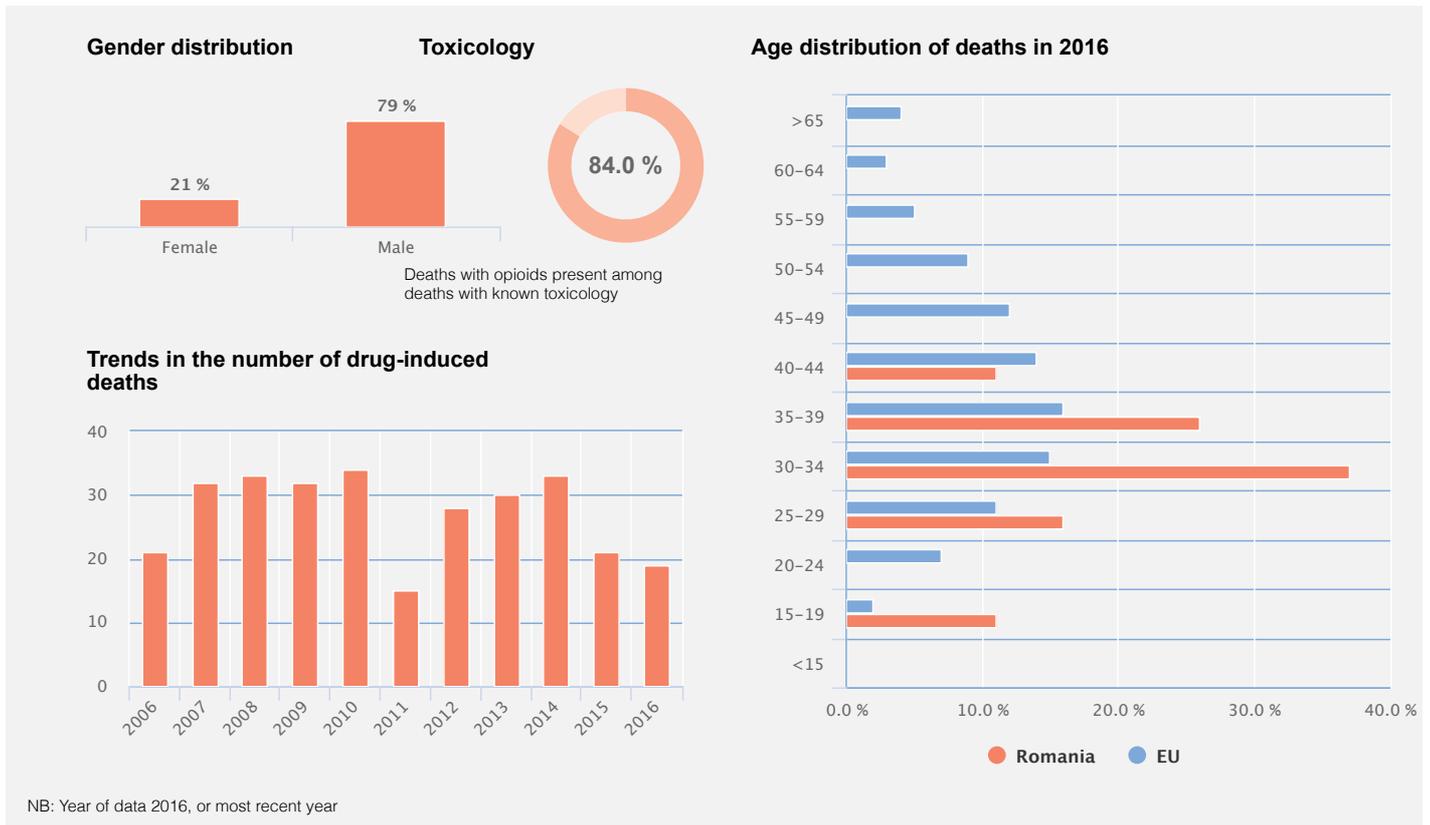
Prevalence of HIV and HCV antibodies among people who inject drugs in Romania (%)

region	HCV	HIV
National	:	11.6
Sub-national	75.7	:

Year of data: HIV 2016, HCV 2015

In the last decade, there has been a change in patterns of drug use and a group of new psychoactive substances (NPS) has emerged in Romania.

Characteristics of and trends in drug-induced deaths in Romania



Drug-related emergencies

In Romania, drug-related emergencies have been monitored nationwide since 2010. In 2016, a total of 3 060 emergencies caused by illicit psychoactive substances were reported, which is a decrease from 2015. Around one third of the cases were linked primarily to the use of NPS, followed by cannabis and opioids; however, the prevalence of the latter is on the decline. In about one fifth of the reported emergencies, more than one illicit substance or alcohol was involved. Young males are the group most likely to seek emergency help as a result of illicit substance use.

Drug-induced deaths and mortality

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

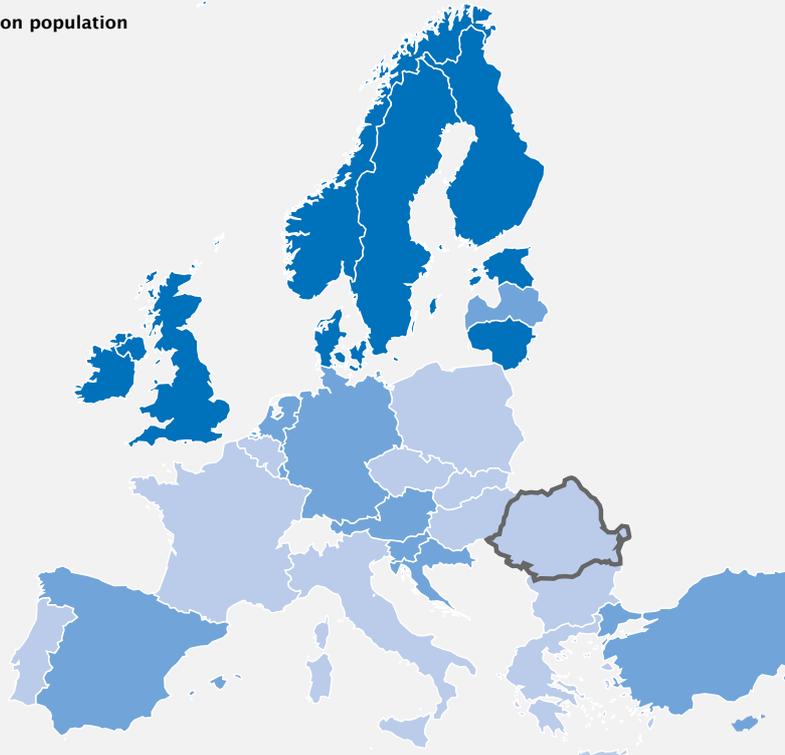
In 2016, as in previous years, the number of reported drug-induced deaths was mainly based on deaths examined in Bucharest, and is likely to be an underestimate of the number of drug-induced deaths for the country as a whole. The analysis indicates that victims had a long-term drug use history and that they had mainly used illicit substances by injection.

According to the toxicological results, opioids — mainly methadone — were most frequently the principal drugs involved in drug-induced deaths. NPS were detected in four deaths and cocaine in one death in 2016. Two or more psychoactive substances were present in three quarters of deaths. With regard to distribution by gender and age in 2016, the majority of victims were male and the mean age of victims was around 32 years, with the long-term trend indicating a steady increase in the age of victims over the years.

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

Cases per million population

- <10
- 10-40
- > 40



NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes.

The drug-induced mortality rate among adults (aged 15-64 years) was reportedly 1.43 deaths per million in 2016. This is much lower than the latest European average of 21.8 deaths per million, although this is most likely underestimated.

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

Prevention

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

Prevention interventions

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

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

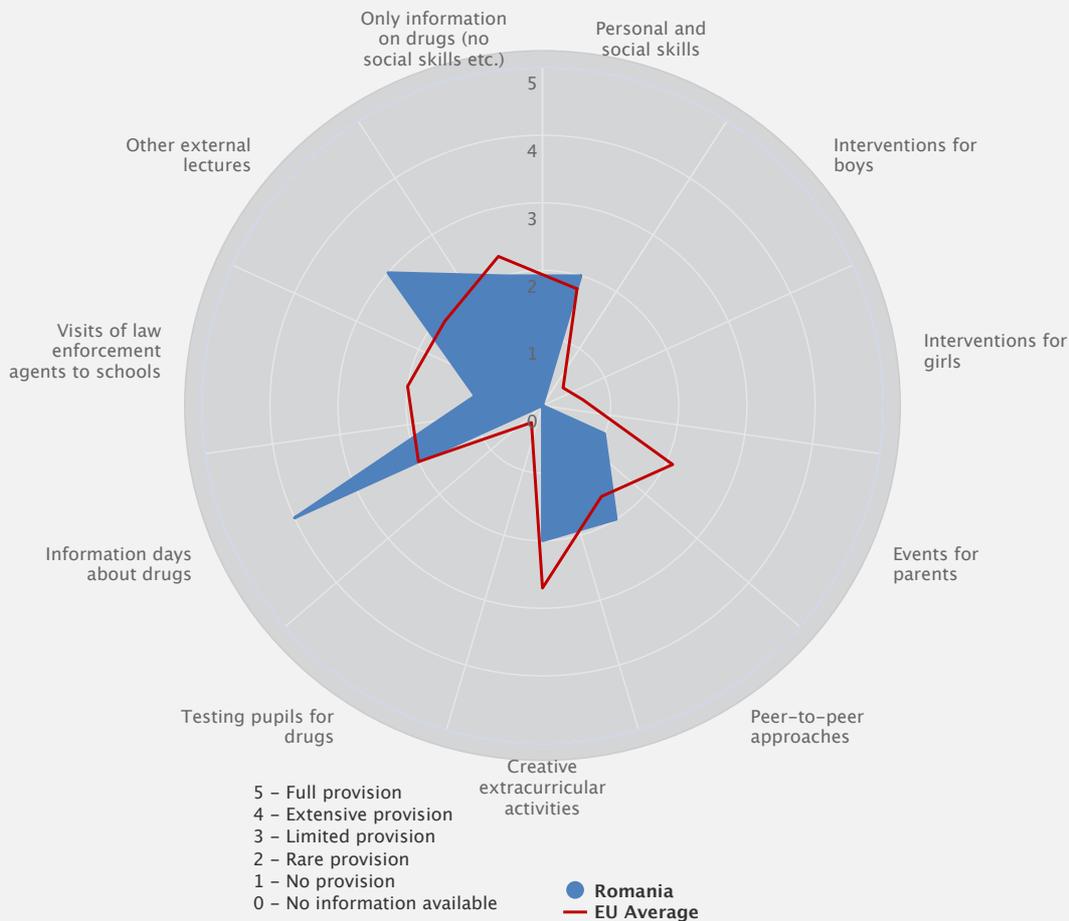
Family prevention initiatives have mainly been implemented at the local level and aim to increase parents' awareness of substance use risks and to strengthen the protective role of the family; however, although the number of projects in this field shows a constant increase, participation in these activities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

Selective prevention is mostly targeted at young people in recreational and festival settings, Roma groups, the prison population, people who have used drugs in the past, victims of family violence and young adults leaving care.

Following a successful pilot of the EU-wide project 'FreD goes net' — an 'early intervention' project aimed at young people who have come to the attention of police, work or school because of drug use — the initiative is now being carried out nationwide in collaboration with drug prevention, evaluation and counselling centres.

Indicated prevention interventions are rare in the country.

Provision of interventions in schools in Romania



NB: Year of data 2015

Harm reduction

Harm reduction measures are included in several policy documents in Romania covering the fields of drugs, public health, poverty and tuberculosis. The National Anti-Drug Strategy 2013-20 contains the strategic objectives and describes practical measures to be taken to prevent infectious diseases and reduce drug-related deaths among people who use drugs. The accompanying action plans provide the necessary policy support to step up and expand harm reduction activities in Romania, and their implementation is monitored by the National Anti-Drug Agency annually. The agency is also in charge of implementing the National Programme for Prevention and Medical, Psychological and Social Support for Drug Users 2015-18, which provides funding for clean injecting equipment and other paraphernalia, rapid tests for human immunodeficiency virus (HIV) and hepatitis C virus (HCV) infections, and information materials.

Harm reduction interventions

The non-governmental organisations (NGOs) ARAS and Carousel provide harm reduction services for people who inject drugs (PWID), such as needle and syringe programmes in fixed locations and via street outreach workers and mobile teams. These services only cover the capital, Bucharest, and the adjacent Ilfov County. In 2016, these NGOs distributed approximately 1.5 million syringes — mostly through their outreach teams. This corresponds to the number of syringes distributed last year, but is slightly fewer than in 2013 and 2014.

In addition to clean needles and syringes, the programmes also provide opioid substitution treatment, free voluntary counselling and testing, free hepatitis A virus and hepatitis B virus (HBV) vaccinations, support and information, risk reduction counselling, condoms and referrals to other services.

Testing for HIV, HBV and HCV infection are mainly carried out at specialised units of the Ministry of Health, while NGOs are involved in screening their clients using rapid testing methods. HIV testing is free for everyone, while the costs of screening for the HBV surface antigen (HBsAg) and anti-HCV tests (which tests for antibodies to HCV) are only covered for people with health insurance and a limited group of non-insured people. In Romania, the treatment of tuberculosis and HIV infection is universally provided for anyone infected, but levels of access to treatment for chronic HCV infection remain low.

Availability of selected harm reduction responses in Europe

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

The treatment system

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

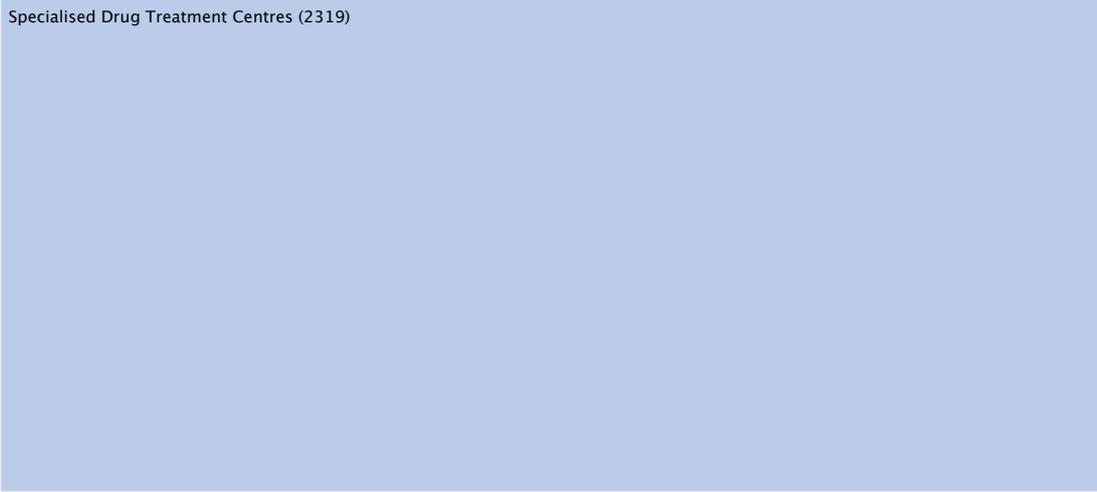
In Romania, outpatient drug treatment is provided through a network of drug prevention, evaluation and counselling centres. In some regions of the country these centres are complemented by addiction integrated care centres (private or non-governmental organisation (NGO) based) and mental health centres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

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

Drug treatment in Romania: settings and number treated

Outpatient

Specialised Drug Treatment Centres (2319)



Inpatient

"Hospital-based residential drug treatment" (1163)

Therapeutic communities (3)



Prison

Prison (59)



NB: Year of data 2016

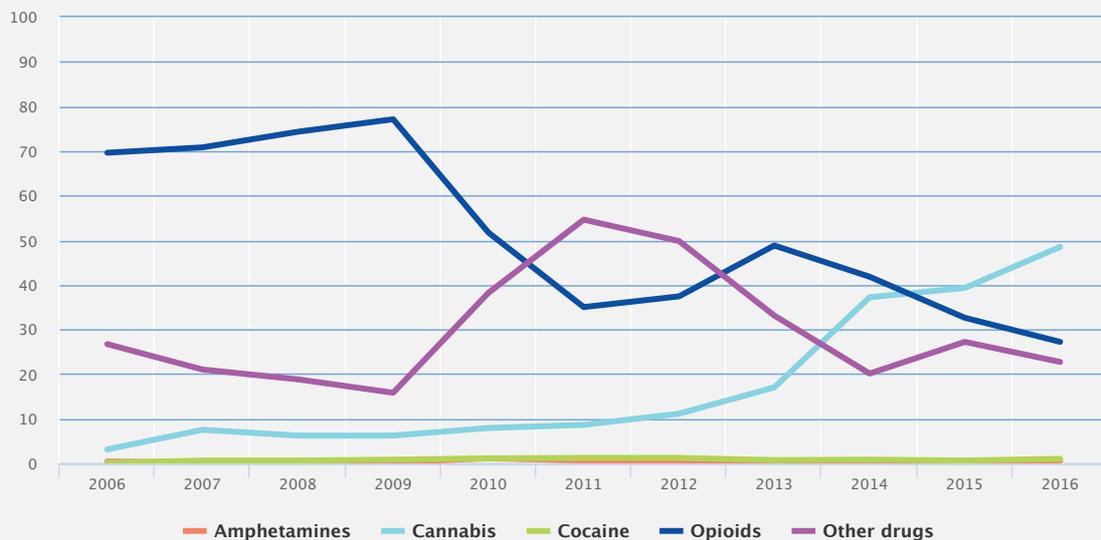
Treatment provision

In 2016, a total of 4 690 people received drug treatment, of whom 3 544 people entered specialised drug treatment services during the year, more than in 2015. Most clients were treated in outpatient settings; fewer than one third received treatment in inpatient units. Cannabis was the primary substance for which people sought treatment in Romania — especially among those entering treatment for the first time. It is important to note that people entering treatment usually did so as a result of a referral by a law enforcement agency as part of a procedure that allows treatment as an alternative to imprisonment for certain categories of offenders. In general, police referrals account for around half of all treatment demands in Romania. Previously treated clients mainly requested treatment for heroin use.

In recent years, an increasing proportion of clients who entered treatment for the use of new psychoactive substances (NPS) has been reported; in 2016, 2 out of 10 clients entered inpatient treatment as a result of their use of NPS.

In Romania, methadone maintenance treatment was introduced in 1998, buprenorphine in 2007, and the combination of buprenorphine and naloxone in 2008. In 2016, a total of 1 480 people were prescribed OST.

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



NB: Year of data 2016.

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



● Methadone, 100 %

Trends in the number of clients in OST



NB: Year of data 2016.

Drug use and responses in prison

The prison system in Romania is coordinated by the Directorate of Prisons under the Ministry of Justice.

Available data on drug use among prisoners relate to assessments carried out at prison entry based on self-reporting. In 2016, less than 1 in 10 detainees declared at admission that they used drugs. Heroin was the most consumed drug prior to imprisonment.

According to self-reports, injection is the most common route of administration of illicit substances prior to imprisonment. A new survey on drug use among prisoners was conducted in 2017 and data will be available in 2018.

National programme documents establish the framework for implementing drug-related health responses in prison in Romania. In 2016, a new legislative act foresees the possibility for detainees to engage in educational interventions that target drug use and associated negative consequences and to prevent drug offences.

Interventions for reducing drug demand in Romanian prisons have three lines of action: prevention, treatment and social reintegration. Three prevention projects were implemented in Romanian prisons in 2016. Services for drug users include psychosocial support, education and counselling, therapeutic communities and opioid substitution treatment (OST). Three therapeutic communities are available in prisons in Romania, and OST, mainly with methadone, can be initiated in prison for prisoners according to the indications. In 2016, a total of 29 prisoners received OST.

The prevention of drug-related infectious diseases falls under the responsibility of the existing medical units in prisons as providers of primary healthcare services to this population. Measures include the distribution of information materials, the reporting of communicable disease cases identified in the detention unit, and the provision of vaccinations, testing and treatments. A programme for needle and syringe exchange in prisons has been available since 2009, but in 2016 it did not register any clients.

The National Strategy for the Social Reintegration of Prisoners 2014-18 includes measures to ensure continuity of care after prisoners' release, and programmes for post-release relapse prevention are available for those receiving OST.

Quality assurance

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

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

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

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

Drug-related research

One of the objectives of the current National Anti-Drug Strategy is to promote scientific research as the fundamental basis for defining and developing response measures in the drugs field. This objective was put into action by developing specific studies of the National Anti-Drug Agency, under the guidance of its scientific committee. The National Programme for Prevention and Medical, Psychological and Social Care for Drug Users (2015-18) was approved by the Romanian government, which contains a sub-programme on research in the drugs field. The specific objective of this programme is to promote scientific research as a core element for defining and developing responses to the drug phenomenon.

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

Drug markets

As a result of its geographical location, Romania forms part of the Balkan route for heroin smuggling. Heroin originates in Afghanistan and is trafficked mainly through Turkey and other Balkan countries into Romania, and then towards Central and Western Europe. Cocaine is shipped from South America in large quantities through the ports of the Black Sea, or by road and air from other EU Member States, and is mainly intended for markets outside the country. While the importation of cannabis products persists (mainly from the Iberian Peninsula, western Balkan countries and Morocco), analysis of significant seizures reveals that more than 90 % of cannabis product seizures were linked to domestic production. In 2016, a total of 83 cannabis plantations were seized, which is more

than reported in previous years. MDMA/ecstasy and amphetamines seized in Romania originate in Western European countries (mainly Spain and the Netherlands). New psychoactive substances (NPS) mainly originate in Asian countries, and usually arrive in Romania via postal courier. In 2015, three laboratories that mixed and packaged NPS were discovered in the country.

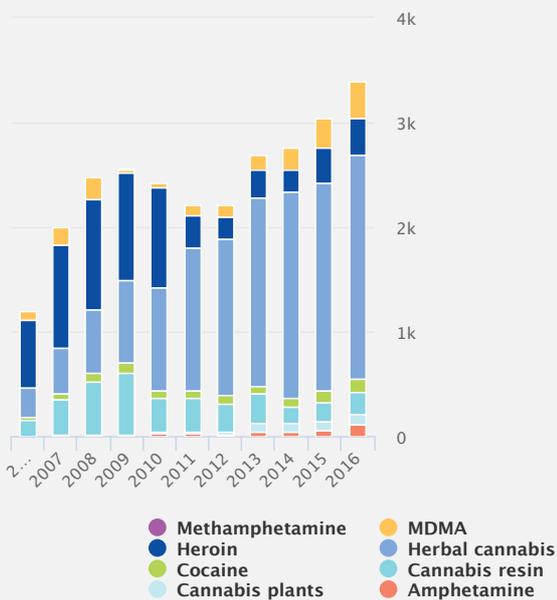
Romanian law enforcement agencies reported a significant increase in the total number of seizures and the quantity of illicit substances seized in recent years. Most are retail-level seizures, with less than 2 % of all seizures being larger than 1 kg. However, wholesale seizures, which are less frequent, constitute almost 98 % of the quantity of drugs seized in the country.

Cannabis products remain the primary drugs seized in Romania, although total quantities seized have declined. In 2016, Romania reported seizures of increased quantities of cocaine, khat and synthetic stimulants (MDMA and amphetamines), while the quantity of heroin seized was the lowest ever reported. In 2016, the number of seizures of NPS was lower than the number of seizures made in the period 2012-2015.

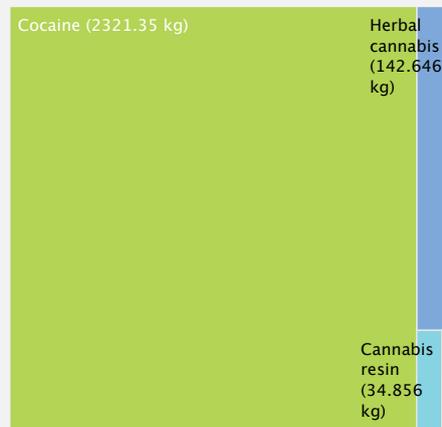
Taking into account the nature of the illicit drug market in Romania and its proximity to the main trafficking routes between east and west, one of the main priorities of Romanian law enforcement agencies is to monitor the cross-border smuggling of illicit substances and counteract the efforts of organised criminal groups involved in international drug trafficking.

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

Number of seizures



Quantities seized



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	8.14	6.5	36.8
Last year prevalence of use - young adults (%)	2016	5.8	0.4	21.5
Last year prevalence of drug use - all adults (%)	2016	3.2	0.3	11.1
All treatment entrants (%)	2016	48.5	1.0	69.6
First-time treatment entrants (%)	2016	64.6	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	142.6	12	110855
Number of herbal cannabis seizures	2016	2140	62	158810
Quantity of cannabis resin seized (kg)	2016	34.79	0	324379
Number of cannabis resin seizures	2016	212	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	7.48 - 17.37	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	n.a.	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	8.91 - 17.81	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	13.36 - 17.81	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	3.2	0.9	4.9
Last year prevalence of use - young adults (%)	2016	0.2	0.2	4.0
Last year prevalence of drug use - all adults (%)	2016	0.2	0.1	2.3
All treatment entrants (%)	2016	1.0	0.0	36.6
First-time treatment entrants (%)	2016	1.3	0.0	35.5
Quantity of cocaine seized (kg)	2016	2321.30	1.00	30295
Number of cocaine seizures	2016	138	19	41531
Purity (%) (minimum and maximum values registered)	2016	24.3 - 71.19	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	80 - 120	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.1	0.8	6.5
Last year prevalence of use - young adults (%)	2016	0.1	0.0	3.6
Last year prevalence of drug use - all adults (%)	2016	0.1	0.0	1.7
All treatment entrants (%)	2016	0.62	0.2	69.7
First-time treatment entrants (%)	2016	0.6	0.3	75.1
Quantity of amphetamine seized (kg)	2016	1.8	0	3380
Number of amphetamine seizures	2016	108	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	n.a.	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	n.a.	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2	0.5	5.2
Last year prevalence of use - young adults (%)	2016	0.2	0.1	7.4
Last year prevalence of drug use - all adults (%)	2016	0.1	0.0	3.6
All treatment entrants (%)	2016	0.6	0.0	1.8
First-time treatment entrants (%)	2016	0.8	0.0	1.8
Quantity of MDMA seized (tablets)	2016	14871	0	3783737
Number of MDMA seizures	2016	355	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	n.a.	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	27.77 - 42.04	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	8.91 - 17.81	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	2016	1.3	0.3	8.1
All treatment entrants (%)	2016	27.2	4.8	93.4
First-time treatment entrants (%)	2016	12.9	1.6	87.4
Quantity of heroin seized (kg)	2016	3.7	0	5585

Number of heroin seizures	2016	342	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	17.74 - 55.09	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	44.54 - 48.99	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	4.2	0.0	33.0
HIV prevalence among PWID* (%)	2016	11.6	0.0	31.5
HCV prevalence among PWID* (%)	n.a.	n.a.	14.6	82.2
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	n.a.	n.a.	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	1.43	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	2016	1495787	22	6469441
Clients in substitution treatment	2016	1480	229	169750
Treatment demand				
All entrants	2016	3544	265	119973
First-time entrants	2016	2421	47	39059
All clients in treatment	2016	3544	1286	243000
Drug law offences				
Number of reports of offences	2016	7140	775	405348
Offences for use/possession	n.a.	n.a.	354	392900

* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

Cannabis

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



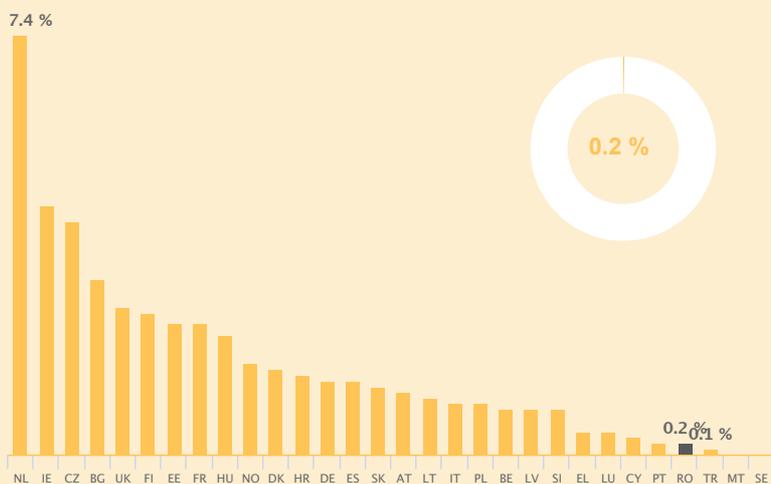
Cocaine

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



MDMA

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



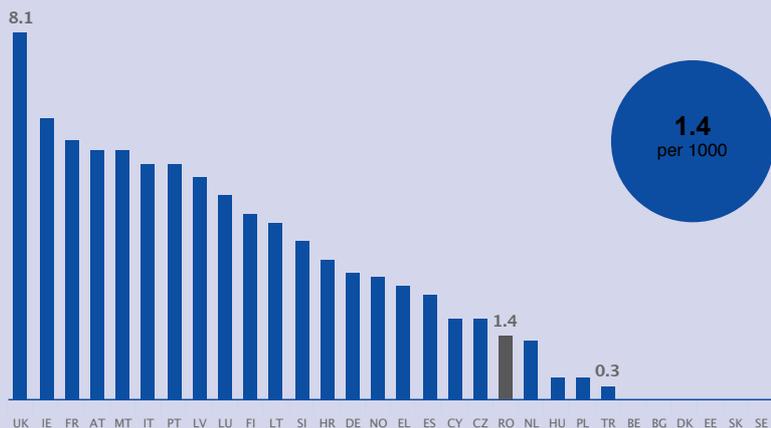
Amphetamines

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



Opioids

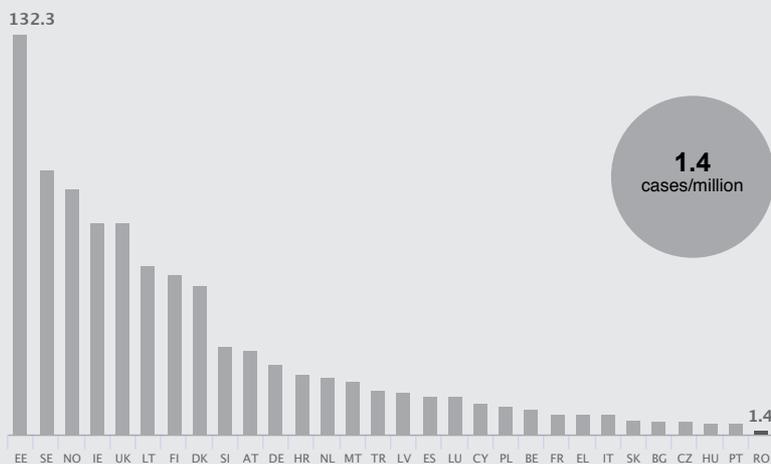
High-risk opioid use (rate/1 000)



1.4
per 1000

Drug-induced mortality rates

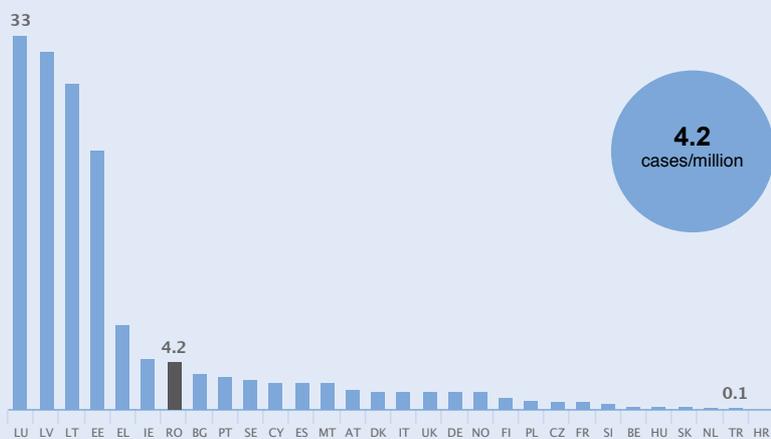
National estimates among adults (15-64 years)



1.4
cases/million

HIV infections

Newly diagnosed cases attributed to injecting drug use



4.2
cases/million

HCV antibody prevalence

National estimates among injecting drug users



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

About our partner in Romania

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

National Anti-Drug Agency



37th Unirii

Boulevard, Bl. A4
3rd District
RO-Bucharest
Romania
Tel. +40 213164797
Fax +40 213164797
Head of national focal point: Ms Ruxanda Iliescu