



European Monitoring Centre
for Drugs and Drug Addiction



NATIONAL ANTI-DRUG AGENCY

**2007 NATIONAL REPORT (2006 data) TO THE
EMCDDA
by the Reitox National Focal Point**

ROMANIA
**New Development, Trends and in-depth information
on selected issues**

REITOX

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The National Anti-Drug Agency thanks all its partners and collaborators for their contribution to this report.

¹ The name of the ministry was modified by the Parliament Decision no. 18/03.04.2007 on the modification of the government structure and constituents (Official Gazette no. 231/03.04.2007). This names of the ministries mentioned in this report are those in place in the corresponding year 2006.

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INTRODUCTION

It is obvious that Romania has been acting towards the reduction of drug demand and supply to European standards, long before it officially joined the European Union and, furthermore it was perceived as such, due to the long-term collaboration between the National Anti-Drug Agency (NAA) and the European Monitoring Centre for Drug and Drugs Addiction (EMCDDA). Moreover, the data presented in the National Reports were included in the Annual Reports on the State of the Drugs Situation in Europe, based on the data provided by the 25 member states, contributing to the provision of a complete image of the drug use situation and its dynamics, at a European level.

The 2007 National Report on the Drugs Situation is the first Romanian report as member state of the European Union and, implicitly, of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) from Lisbon.

In this report, the National Anti-Drug Agency (NAA) - Romanian Monitoring Centre for Drugs and Drug Addiction (RMCDAA) wishes to present the available data for 2006 regarding the use and drug supply and, also, to provide interpretations and forecasts on the trends in the field. It presents the most important indicators used at the European level (the so-called *key epidemiological indicators*) together with the measures and responses in the field. In some fields – the treatment demand and the drug related mortality, the data collection system registered important progress, both through the efforts of the RMCDAA specialists and due to the access to external financing resources (Phare, Global Fund). In other situations (the problematic drug use, the drug supply reduction indicators), progress was not significant, due to reasons, which were presented and analysed as much as possible in the Report.

Regarding the situation of the drug use in Romania in 2006, one can state that although the trends and use patterns are very similar to those registered at the European level, we are still below the European average of most of the indicators. One important aspect must be emphasized, which must not determine us to neglect the prevention measures against drug trafficking and use, under the pretext of an (apparently) good situation. The experience of other countries has shown us that it was this loose approach precisely, which had led to serious problems, especially regarding public health – the HIV epidemic is just an example.

Undoubtedly, the drug use represents a complex problem and simple conclusions cannot be related to it. Nonetheless, we can clearly draw a conclusion, based on the European experience – we have learnt that collaboration is not only possible, but also indispensable, if we want to develop efficient approaches to the issues, which the illicit drug use causes in our case.

In conclusion, I wish to thank those who have helped us draft this report. Had it not been for the generous effort of our collaborators and partners, our work would not have been the same.

Pavel ABRAHAM, LLD

President of the National Anti-Drug Agency

SUMMARY

This report provides an overview of the Romanian anti-drug policy and of the progress registered in 2006.

The first chapter includes information referring to the legal measures, to the strategic planning documents, to the social context and to the financial resources earmarked for the drug demand and supply reduction. Thus, the legal framework for drugs and precursors was completed and updated in 2006 by passing the bill regarding the legal regime of drug precursors (Emergency Ordinance no. 121/2006²) and that regarding mental health (Order no. 372/2006³). Also in this chapter, are presented attitudes and opinions related to drugs – the echo of this issue in mass media, following a monitoring activity performed within the NAA, together with seminars and round tables where drug-related issues have been discussed.

The following chapters are structured according to logical algorithms: the presentation of the situation vs. the response policy to the respective situation. Thus, the second chapter presents the available data regarding drug use in the general population and groups at risk: school population, youngsters, sex workers, while the third chapter is dedicated to drug use prevention programmes structured in prevention programmes: universal, selective and indicated. In addition, the results of the assessment of some projects initiated in the previous years and continued in 2006 were described and presented (*Health Education, My Anti-Drug Message, Smoke Free Classes*), together with new projects (*I know myself, therefore I can decide*). Moreover, the actions and campaigns launched by the NAA in order to mark various anti-drug events: *International Day against Illicit Drug Abuse and Trafficking, World No Tobacco Day or National No Tobacco Day*.

The following chapters describe the drug use situation from the point of view of some key indicators: problem drug use and treatment demand (chapter 4), national treatment system (chapter 5), drug related deaths and mortality among drug users, drug related infectious diseases and other drug related consequences (chapter 6). The presentation of the indicators is completed by explanations of the data collection methodologies, by figures and by the presentation of the trends and patterns. The data collected through the *drug related infectious diseases* and *drug related deaths* indicators refer only to Bucharest and the bordering areas. Chapter 7 describes the *harm-reduction* programmes associated to drug use and the interventions meant to reduce drug related mortality.

The social consequences of drug use are described in chapter 8: social exclusion, unemployment, school dropout, etc. In addition, here, we have presented the most recent study regarding drug use in prisons, conducted in 2006 by the National Anti-Drug Agency in collaboration with the National Administration of Penitentiaries. The prevention programmes and the social consequences of drug use are described in chapter 9 (social reinsertion, providing shelters, crime prevention), while chapter 10 refers to the drug market (price, purity, drug seizures), also interpreting the trends in the field.

The second part of the report deals with several themes of major interest now, at European level: public expenditures destined for drug demand and supply reduction, drug use among vulnerable groups and drug related research activities.

Finally, the report offers a consistent bibliography, including the list of the national and international websites considered to be of interest, and which have been consulted for the report.

² See Chapter 1.1.1

³ See Chapter 1.1.1

TRENDS AND CHANGES/INTERPRETATION AND ANALYSES OF DATA

The data collected by the National Anti-Drug Agency were improved constantly in time, both from the point of view of the quality and quantity. Of course that there are fields which leave room for speculations, but generally the data available for 2006 and the experience gained in the field of indicator implementation (key and core ones) have allowed for the shaping of some trends, both for drug demand and drug supply.

For certain indicators (the drug seizures or the number of people investigated for drug related offences) there are series of data collected starting with 2000-2001, so that we can notice more clearly the trends, while for other indicators, the data are partial - only for a certain region, usually Bucharest (drug related infectious diseases, drug related deaths) or for certain data sources (admission to treatment).

The main trends noticed during 2006 were:

- Constant level (starting with 2001) of the admission to treatment. The experts believe that the cause is represented by the limited existing therapeutic facilities – some types of services are practically missing (the therapeutic communities, the social reinsertion centres), while others are difficult to reach or are limited (methadone substitution centres).
- The provision, starting with September of 2006, of specialized care for drug users, in outpatient facilities, though the territorial NAA – Drug Prevention, Evaluation and Counselling Centres (DPECC).
- Heroin continues to be the most frequent drug for which medical care is required.
- The concentration of the heroin related care cases in Bucharest - mentioning the fact that the only opiate substitution treatment centres are based in Bucharest.
- The low care demand for cocaine use – 0.1% of the total treatment demands.
- Furthermore, heroin is especially used by young people: almost 70% of the total demands for heroin addiction treatment are registered among people under 29.
- Practically heroin is injected: 98% of those who have demanded treatment for heroin use are injectors.
- The onset of heroin use at a young age: 42% of the cases have been registered for the 15 -19-age group.
- The increase of the number of drug related deaths: 21 cases registered in 2006 as compared to six cases in 2005 and seven cases in 2004 and 2003. We should mention the fact that the data collection methodology was improved and the technical equipment of the Toxicology Laboratory within the National Institute of Legal Medicine (NILM) from Bucharest has been especially improved. Under these circumstances, it is premature to state that we are witnessing a real increase of the number of drug related deaths.
- HIV prevalence in the case of the injecting drug users (IDU) remained at a low level – 1.44% in 2006; 1.1% in 2005. Similarly, the prevalence of hepatitis B is quite low – 8.8% in 2006; 6.9% in 2005 (although due to the used technique only recent infections were reported – respectively Ag HBs). However, viral hepatitis C continues to represent a serious health problem, almost half of the tested users (46.22%) were positive. The tests were performed within some detoxification centres in Bucharest; the personnel, who provided other services - methadone maintenance programmes, syringes exchange, etc. have indicated a much higher prevalence of hepatitis C (the estimations range between 80 – 90%).
- The number of drug law offences has been increasing – 2,695 cases in 2006, as compared to 2,305 in 2005 and 2,169 in 2004. The increasing trend continued at the

level of Bucharest, where 1,301 offences took place in 2006 as compared to 927 in 2005.

- In addition, the number of people investigated by the police for drug law offences increased – 2,446 people investigated in 2006 as compared to 2,008 in 2005.
- The number of people charged/prosecuted for drug and precursor law offences decreased for the second year in a row in 2006 – 2,108, as compared to 2,289 in 2005 and 2,307 in 2004. A similar decrease for two succeeding years should be noticed in relation to the number of people sued at law for drug law offences - 613 people in 2006, as compared to 712 people in 2005 and 864 people in 2004. This decrease was registered following the increase of the number of cases solved by *dismissal for want of prosecution, termination of the prosecution or non-custodial prosecution*. On the other hand, the number of convicted people has been continuously increasing, during 2001–2006 (from 259 in 2001 to 629 in 2006).
- The drug seizures have had a sinuous evolution, with increases and decreases, which make the definition of a trend difficult. For instance, the seized heroin or cocaine amounts in 2006 were almost 10 times smaller as compared to those seized in 2005, while the price of these drugs on the Romanian market increased only slightly – maximum 50%.

PART A. NEW DEVELOPMENTS AND TRENDS

Chapter 1 – National policies and context

OVERVIEW/SUMMARY ON LEGAL, POLICY AND INSTITUTIONAL FRAMEWORK, STRATEGIES AND SOCIAL CONTEXT

In order to fulfill the goals undertaken in the 2005-2012 National Anti-Drug Strategy (NAS), a series of superior, secondary and tertiary normative acts were adopted in 2006, which contributed to the improvement of the legal framework necessary for the regulation of the performed activities both in the field of drug demand and supply reduction.

1.1 LEGAL FRAMEWORK

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

In the context of Romania's accession to the European Union, 2006 was marked from the legislative point of view by the undertaking of some measures meant to establish an appropriate institutional and legal framework for the direct enforcement of the provisions of the regulations issued by EU institutions. Thus, the Romanian Government passed the Emergency Ordinance no. 121/2006⁴, a normative act that regulates the legal regime of the drug precursors, approved by Law no. 186/2007⁵. By this ordinance, the related legislation was updated and the duties of the National Anti-Drug Agency were extended. It became the contact point of the precursor's operators by including a specialized structure, which plays the role of one-stop agency. In addition, the National Anti-Drug Agency is the institution, which monitors and coordinates the activities in the field of precursors, performed by the qualified institutions, and ensures the cooperation between them and the civil society, but also with the international bodies active in the field. The present document regulates also the issuance of the authorizations for possessing, marketing, importing, exporting and performing intermediate activities with scheduled substances, which establish the legal framework of the activities with precursor, as well as the precursor law contraventions and crimes.

In the medical field, the Ministry of Public Health (MPH) issued the Order no. 372/2006⁶, which regulates the promoting and protection measures for mental health, as well as mental decay prevention. In addition, there are provisions referring to strengthening the collaboration between the institutions, which are qualified to take measures in the field of mental health and protection of people with mental disorders, while the responsibilities regarding the enforcement of this order are to be assumed by the: Ministry of Public Health,

⁴ The Emergency Ordinance no. 121/21.12.2006, repealing the Law no. 300/2002, issued by the Government, Official Gazette no. 1039/28.12.2006

⁵ Law no. 186/13.06.2007 for the approval of the Governmental Emergency Ordinance no. 121/2006 regarding the legal regime of the drug precursors, issued by the Parliament, Official Gazette no. 425/26.06.2007

⁶ Order no. 372/10.04.2006 regarding the enforcement rules of the Law on mental health and the protection of mentally disordered people no. 487/2002 as amended and supplemented, issued by the Ministry of Public Health, Official Gazette no. 373/02.05.2006

Ministry of Education and Research (MER), Ministry of Labour, Social Solidarity and Family (MLSSF), Ministry of Justice (MJ), National Agency for Sports, National Authority for the Protection of Children's Rights, Ministry of Administration and Interior (MAI), through the National Anti-Drug Agency. This order regulates the evaluation method for mental health and sets the grounds of the mental health territorial services in geographical areas called psychiatric sectors, which provide the following services: out-patient, mobile assistance, day-care, rehabilitation, hospital services and in-house services. The reorganization of the mental health services is to be performed in order to increase the quality and accessibility of this type of services, as well as to ensure the community psychiatric care for adults, teenagers and children, separately. NAA is one of the institutions qualified to undertake measures for mental health protection and promotion and for the prevention and treatment of psychic disorders.

In order to consolidate the integrated medical, psychological and social care provided for drug users, several regulations were issued to ensure the standardization of the action mode at the level of the service providers: Decision no. 16 of October 2, 2006 for the approval of the Compulsory Minimum Standards regarding the case management in the field of drug users' care⁷ and Decision no. 17 of October 2, 2006 for the approval of the Design, Modification and Implementation Methodology of the customised care plan for drug users⁸.

1.1.2 LAWS IMPLEMENTATION

In 2006, the regulation for the enforcement of the provisions of the Law no. 339/2005 on the legal regime of plants, substances and preparations with narcotic and psychotropic content was approved by the Governmental Decision no. 1915/2006⁹. The regulation details and establishes the enforcement limits of the legal provisions regarding the controlled plants, substances and preparations with narcotic and psychotropic content, which are used in the medical field. For this purpose, the minimum mandatory conditions are provided for carrying on the operations regarding the cultivation of plants, which contain narcotic and psychotropic preparations and substances, but also the control of the observance of the legal regime and the authorisation of all the actions, which imply their use. In addition, the enforcement rules set clear and strict rules regarding the import, export and transit of plants, substances and preparations with narcotic and psychotropic content, their recording and preservation, their authorisation for research purposes, and the performing and monitoring method of the destruction activity, in order to set up a firm control of this type of actions by the institutions working in the field. Regarding the prescription and monitoring of the substitution treatment, they are performed by the attending doctor from the hospitals and outpatient units, as well as from drug-addiction treatment centres. At the same time, the decision lays down the obligation of the institutions working in this field such as the Ministry of Agriculture, Forests and Rural Development and the Ministry of Public Health, to communicate periodically to the National Anti-Drug Agency the operations involving such plants, substances and preparations, allowing such a monitoring of the legal drug circuit.

⁷ Decision no. 16/06.12.2006 for the approval of the Compulsory Minimum Standards regarding the case management in the field of drug users care, issued by the Ministry of Administration and Interior – National Anti-Drug Agency, Official Gazette no. 899/06.11.2006

⁸ Decision no. 16/06.12.2006 for the approval of the Design, Modification and Implementation Methodology of the customised care plan for drug users, issued by the Ministry of Administration and Interior – National Anti-Drug Agency, Official Gazette no. 899/06.11.2006.

⁹ Decision no. 1915/22.12.2006, issued by the Government, Official Gazette no. 18/11.01.2007

1.2 INSTITUTIONAL FRAMEWORK, STRATEGIES AND POLICIES

The creation of the necessary cooperation framework at inter-agency level and the training of the personnel led to important, concrete and measurable results in the field of drug demand and supply reduction. The progress registered by Romania in relation to the management of the drug issue resulted also from strengthening the collaboration with other states. Thus, in 2006, several international agreements were ratified:

- Law no. 60 of March 22, 2006 for the ratification of the Agreement between Romania and the Swiss Confederation regarding the cooperation in the field of terrorism, organized crime, illicit narcotic, psychotropic substances and precursors countering, as well as that of other cross-national crimes, signed in Bucharest on September 19, 2005¹⁰
- Law no. 495 of December 22, 2006 for the ratification of the Agreement between Romania and Spain regarding the cooperation in countering crime, signed in Madrid on March 30, 2006¹¹
- Decision no. 80 of January 19, 2006 regarding the approval of the Agreement of cooperation between the Ministry of Administration and Interior and the Ministry of Public Security from the People's Republic of China for preventing and countering the illicit trafficking and use of narcotic, psychotropic substances and precursors, signed in Beijing on November 14, 2005¹²
- Decision no. 352 of March 16, 2006 for the approval of the Protocol between the Inspectorate General of the Romanian Border Police within the Ministry of Administration and Interior and the Frontier Guard Service of the Republic of Moldavia regarding the information exchange for the purpose of fulfilling specific missions, signed in Kishinev on November 22, 2005¹³.

In the field of mental health, the organizational framework was consolidated by founding the National Centre for Mental Health, within the National School for Public Health and Sanitary Management, by Order no. 373 from May 2, 2006. The centre represents a technical and methodological body for the promotion, monitoring and assessment of the activities performed in the field of mental health. Starting with 2007, its responsibilities also involve the coordination of the Under-programme 2.13 *Treatment of drug addictions*, financed under the budget of the Ministry of Public Health.

¹⁰ Law no. 60/22.03.2006 for the ratification of the Agreement between Romania and the Swiss Confederation regarding the cooperation in the field of terrorism, organized crime, illicit narcotic, psychotropic substances and precursors countering, as well as that of other cross-national crimes, issued by the Parliament, Official Gazette no. 273/27.03.2006

¹¹ Law no. 495/28.12.2006 for the ratification of the Agreement between Romania and Spain regarding the cooperation in countering crime, issued by the Parliament, Official Gazette no. 1051/29.12.2006

¹² Decision no. 80/19.01.2006 regarding the approval of the Agreement of cooperation between the Ministry of Administration and Interior and the Ministry of Public Security from the People's Republic of China for the prevention and countering of the illicit trafficking and use of narcotic, psychotropic substances and precursors, issued by the Government, Official Gazette, no. 106/03.02.2006

¹³ Decision no. 352/16.03.2006 for the approval of the Protocol between the Inspectorate General of the Romanian Border Police within the Ministry of Administration and Interior and the Frontier Guard Service of the Republic of Moldavia regarding the information exchange for the purpose of fulfilling specific missions, issued by the Government, Official Gazette, no. 278/28.03.2006

1.2.1 COORDINATION ARRANGEMENTS

In 2006, the legal framework was amended and completed in order to ensure a more efficient national coordination in the management of the issues referring to the illicit drug trafficking and use, as well as the development of a unitary strategic view at the level of the institutions, working in the drugs field, to the European standards applicable in the field.

Through the Decision no. 1873/2006¹⁴ amending the Decision no. 1489/2002 a better systematization of the duties of the Agency was performed and, therefore, new responsibilities have been outlined, such as: the drafting and implementation of the National Programme for medical, psychological and social care for drug users and of the National Interest Programme for alcohol, tobacco; providing medical, psychological and social services for drug users through the territorial centres; the authorisation and accreditation of the *train the trainers* programmes for drug addicted persons etc. In addition, for the implementation of an efficient and effective communication and coordination system of all the institutions working to enforce the National Anti-Drug Strategy, two distinct structures have been founded: the Advisory Council and the Scientific and Research Council. The Advisory Council consists of the representatives of the institutions having drug demand and supply related duties, and of the representatives of the civil society, and should analyse the common problems related to the enforcement of the National Anti-Drug Strategy in terms of drug demand and supply reduction policy. Through the Scientific and Research Council, which includes personalities from the scientific and academic field, the framework for policy debate, territorial strategies and anti-drug projects and programmes has been ensured.

In order to ensure and integrate the information system for the collection and conveyance of statistic data related to drug demand and supply, used by the National Anti-Drug Agency, under the conditions of an increasing security of the communication systems, the Decision no. 1880/2006¹⁵ was drafted to approve the creation of a specialized secured communication network in collaboration with the Special Telecommunications Service, at a national level.

Special attention was paid to strengthening the cooperation at local level. Thus, the representatives of the Ministry of Public Health, of the Ministry of Labour, Social Solidarity and Family and of the Ministry of Administration and Interior drafted a document referring to the concrete methods and procedures used at local level by the institutions involved in providing drug prevention services. In addition, a working group of specialists of the National Anti-Drug Agency and the Ministry of Public Health drafted the Staff Training Curriculum for the personnel, working in the Drug Prevention, Evaluation and Counselling Centres. Specialists from the Inspectorate General of Romanian Police – Traffic Police Department, the *Mina Minovici* National Institute of Legal Medicine, Ministry of Public Health and National Anti-drug Agency, discussed the general framework for adopting the procedures of road drug testing.

¹⁴ Decision no. 1873/21.12.2006, amending and supplementing the Governmental Decision no. 1489/2002, regarding the setup of the National Anti-Drug Agency, issued by the Government, Official Gazette no. 8/05.01.2007

¹⁵ Decision no. 1880/21.12.2006 approving the setup of an extended area communication network by the Ministry of Administration and Interior, with the help of the National Anti-Drug Agency in partnership with the Special Telecommunications Service, issued by the Government, Official Gazette no. 12/08.01.2007

1.2.2 NATIONAL PLAN AND/OR STRATEGIES

The main documents, which have been the basis of the activities related to the drug demand and supply reduction field, were:

- 2005-2012 National Anti-Drug Strategy and its Action Plan for 2005-2008
- The National Strategy for integrated Management of the Romanian state frontier and the Unique Multi-Annual Investment Plan for frontier security, the Action Plan for 2005–2009 (includes specific objectives related to drug and precursors trafficking countering)
- The implementation strategy for therapeutic programmes in prisons, as well as the Methodology regarding trafficking and drug use in prisons.
- The strategy in the field of Mental Health¹⁶ which includes immediate objectives related to alcohol and drug use prevention, both in school and at home.
- The methodology for the drafting, advising and passing of the local anti-drug strategies. The County Anti-Drug Strategies, which were subsequently drafted, were based on the drafting of the evaluations at a local level (the evaluation of the prevention necessities at a local level, of the legal and illegal drug use situation in the community, of the risk and protection factors particular to each community, etc).

1.2.3 IMPLEMENTATION OF POLICIES AND STRATEGIES

In the Action Plan for the implementation of the National Anti-drug Strategy, 41 activities were foreseen, with the deadline in 2006, of which: 19 activities related to drug demand reduction, 14 activities related to drug supply reduction, 3 activities related to information and evaluation and 5 activities to institutional coordination. Of the previously mentioned activities, 12 were already being performed at the end of 2006, as follows: seven activities of drug demand reduction, three activities of drug supply reduction, one activity related to information and evaluation and one related to institutional coordination.

The analysis of the performed activities emphasizes a professional approach related to drug demand in prisons, so that at the level of the National Administration of Penitentiaries, one could notice an increase of the accessibility of medical, psychological and social care services in the case of prisoners, self-reported as drug users.

However, we should mention that despite the remarkable progress registered in 2006, towards the implementation of the Action Plan, mainly in the field of the integrated care for drug users, they could not be extended on the people convicted for crimes generally called *drug possession for personal use*, as the Romanian Parliament postponed the passing of the new Romanian Penal Code, which provides the enforcement conditions of the derogatory procedure laid out under Law no. 522/2004¹⁷. This results in unwanted effects in terms of the restricted access of these categories of users to the services of the integrated assistance system.

¹⁶ Order no. 374/10.04.2006 approving the Strategy in the field of Mental Health, issued by the Ministry of Public Health, Official Gazette no. 373/02.05.2006

¹⁷ Law no. 522/24.11.2004 amending and supplementing the Law no. 143/2000 on countering the illicit drug trafficking and use, issued by the Parliament, Official Gazette no. 1155/07.12.2004

1.2.4 EVALUATION OF POLICIES AND STRATEGIES

The evaluation of the activities mentioned in the Action Plan of NAS led to the following conclusions, which can be found in the *Evaluation report on the implementation of the national anti-drug strategy in 2006*:

- The Drug Prevention, Evaluation and Counselling Centres, as territorial structures of the National Anti-Drug Agency have assumed the local coordination role in developing and diversifying the illicit drug prevention activities in the school system, in the family, in the communities, and in prisons.
- Despite the important progress, the number of programmes carried on by the institutions involved in the field of medical, psychological and social care is not sufficient, and this situation is mainly due to the limited experience in the rehabilitation and social reinsertion of the former drug users and in the treatment of drug-addicted persons.
- At the level of the National Administration of Penitentiaries, one could notice an increase of the accessibility of medical, psychological and social services in the case of prisoners, who admitted to be drug users
- The delay of the enforcement of the new Romanian Penal Code resulted in the indirect limitation of the access of the users investigated for offences called generally *drug possession for personal use* to the services of the integrated care system
- Drug demand and supply reduction programmes and projects could not be financed with capitalised proceeds derived from drug law offences, under the legal provisions¹⁸, despite of the separate account, as the competent ministry announced no amounts had been collected by 30.11.2006 under the chapter *Collections resulting from the capitalization of proceeds derived from drug and precursor law offences*, code 35.01.06.

1.3 BUDGET AND PUBLIC EXPENDITURE

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

In 2006, at national level, the prevention and fight against the illicit drugs trafficking and use were financed both under the state budget and from external financings.

The budget assigned to the NAA significantly increased as compared to the previous years, but the funds were meant to support mainly the development of the Agency, by making the 47 Drug Prevention, Evaluation and Counselling Centres operational, hiring staff, and less the prevention and care programmes for drug users.

¹⁸ Law no. 381/28.09.2004 regarding some financial measures for the financing of the prevention programmes for illicit drug trafficking and use, issued by the Parliament, Official Gazette, 896/01.10.2004

Budget of the National Anti-Drug Agency

The budget earmarked to the NAA increased significantly as compared to the previous years, while the funds were mostly meant to strengthen the institutional capacity and to train the personnel.

Table no. 1-1: Budget earmarked to the National Anti-Drug Agency, 2004 – 2006

	2004 ¹⁹		2005 ²⁰		2006 ²¹	
	RON	EURO	RON	EURO	RON	EURO
Staff expenses	1,207,339	298,108	2,873,610	793,814	10,408,000	2,956,818
Expenditures for goods and services	510,055	125,939	1,866,230	515,533	1,956,000	555,682
PHARE co-financing and contributions to international organizations	105,000	25,926	1,484,960	410,210	366,000	103,977
Investments	0	0	809,750	223,688	329,000	93,466
Total	1,822,394	449,973	7,034,550	1,943,245	13,059,000	3,709,943

Source: NAA/Finance-Accounting Department

Budgets earmarked through the national health programmes

In 2006, the expenses provided under the budget of the Ministry of Public Health were structured in four programmes, which are:

1. Public Health Community Programme
2. Non-communicable diseases prevention and control programme
3. Health programme from women and children
4. Sanitary administration programme and health policies

Within the first two programmes, respectively, the public health community programme and the non-transmissible diseases prevention and control programme, subprogrammes containing drug addiction prevention or treatment activities were drafted:

¹⁹ Average annual exchange rate: EUR 1 = RON 4,05

²⁰ Average annual exchange rate: EUR 1 = RON 3,62

²¹ Average annual exchange rate: EUR 1 = RON 3,52

Table no. 1-2: Public Health Community Programme , 2006

Subprogramme 1.5	Promoting health and health education
Objectives:	1 st objective: Development of health favourable attitudes and behaviours by health promotion methods and health education
Activities:	Carrying on information and communication campaigns adapted to the public health issues identified at national and local level and to the recommendations of the World Health Organization (Health Calendar) as well as other specific activities for health promotion, as follows: 1. IEC Campaign for World No Tobacco Day* 2. IEC Campaign for National No Tobacco Day* 3. IEC Campaign for the <i>International Day against Illicit Drug Abuse and Trafficking*</i> etc.
Costs/activity:	Average cost/IEC campaign – (RON 7,100/RON 2,017)
	Average cost/specific actions for health promotion (RON 2,500/EUR 710)

Source: Appendix II, Order of Ministry of Public Health no. 86 from 06.02.2006

The costs for the medical care of drug users or addicts were earmarked as follows:

Table no. 1-3: Non-communicable diseases prevention and control programme , 2006

Subprogramme 2.13	Treatment of drug addictions
Objectives:	Information and education of the population on drug use prevention, ensuring methadone substitution treatment for adults, testing the narcotic metabolites, in all related medical units, for adults and children.
Activities:	Information, education and communication campaign Methadone substitution treatment for adults Rehabilitation, social reinsertion therapies (occupational therapy and ergotherapy) Procurement of rapid drug tests
Costs/activity:	Average cost per patient in methadone maintenance treatment - RON 116/ EUR 33
	Average cost per patient in after-care treatment - RON 320/ EUR 91
	Average cost per urine-based rapid drug test - RON 20/ EUR 5,6
	Cost of the information, education and communication campaign: RON 200,000 RON / EUR 56,818

Source: Appendix II, Order of Ministry of Public Health no. 86 of 06.02.2006

The costs were estimated according to the following evaluation indicators:

Table no. 1-4: Subprogramme 2.13 Treatment of drug addictions, evaluation indicators, 2006

Evaluation indicators		
Result indicators	Percentage of recovered patients	90% of the total number of treated drug-addicted people
Physical indicators	No. of patients undergoing methadone substitution treatment	1,500
	No. of patients in the after-care treatment	2,100
	No. of procured tests for urine drug tests	7,000

Source: Appendix II, Order of Ministry of Public Health no. 86 from 06.02.2006

1.3.2 FUNDING ARRANGEMENTS

In 2006, the external funding has represented an important financial resource in developing and strengthening the system for the prevention and fight against the illicit drug trafficking and use.

Resources obtained by accessing PHARE programmes had the most remarkable percentage:

- Within the PHARE 2003/005-551.04.13/C project *Fighting against drugs trafficking and abuse* amounting to EUR 2,340,000, which had as beneficiaries the Inspectorate General of Romanian Police and the National Anti-Drug Agency, procurements related to the investment component reached the figure of EUR 1,645,000.
- The activities included in the PHARE 2004/016-772.03.11 project *Strengthening the institutional capacity of the Romanian agencies in the field of drug demand reduction*, whose beneficiaries are the National Anti-Drug Agency and the Ministry of Public Health, amounting to EUR 2,720,000, of which, in the case of the Component A (beneficiary – the National Anti-Drug Agency) - EUR 1,340,000 and in the case of the Component B (beneficiary – the Ministry of Public Health) - EUR 1,380,000. Component A was structured so that the value of the *twinning* activities represented EUR 800,000, while that of the investment amounted to EUR 540,000.
- The project of the *twinning* PHARE 2005 sheet *The Consolidation of the Integrated System related to Medical, Psychological and Social Assistance for Drug Users from Romania* was revised and submitted to the Management Authority for the Community Support Frame within the Ministry of Public Finances and to the Delegation of the European Commission in Romania, with a view to approval and financing from the non-allotted funds of the PHARE 2005 component. It holds a budget of EUR 1,150,000 (EUR 850,000 representing PHARE funds and EUR 300,000 representing co-financing). The project intends to strengthen the

partnership of the National Anti-Drug Agency with local communities in order to increase their participation in drug demand reduction, and to create a therapeutic community.

- The PHARE 2006 *twinning* project *Increasing Cooperation Effectiveness Between The Institutions Involved In Fighting Against Drugs* was approved by the Delegation, with a budget of EUR 800,000 (EUR 600,000 representing PHARE funds and EUR 200,000 representing co-financing), and an investment component of EUR 750,000 (EUR 550,000 representing PHARE funds and EUR 200,000 representing co-financing).

The National Anti-Drug Agency drafted the project for the *Improvement of medical assistance provided to drug addicted persons in Romania*, amounting to EUR 55,400, in order to train 20 physicians from the Drug Prevention, Evaluation and Counselling Centres and provide them with a certificate of complementary studies in addictions. The Embassy of France and the Interministerial Mission for Fighting against Drug Addiction (IMFDA) approved the project at the beginning of June 2006.

In addition, the second financing phase of the non-reimbursing assistance from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria through the *HIV/AIDS Countering: a broad, coordinated and multi-sectorial answer in Romania* programme, started in April 2006 and the National Anti-Drug Agency sub-contracted two projects amounting to EUR 238,290.

Within the *Monitoring the psychosomatic variations on the drug addicted patients in substitution therapy, 2005-2007* project, concluded by the Faculty of Pharmacy from the *Carol Davila* University of Medicine and Pharmacy and the NAA, the amount of RON 80,000 was spent (approximately EUR 22,727) for research activities focusing on monitoring the drug-addicted patients during in-patient substitution treatment, by monitoring the psychosomatic state, the evaluation of the influence of the treatment on the bio-chemical, haematological and immunologic parameters and the adjustment of the treatment based on the clinical and laboratory monitoring.

1.4 SOCIAL AND CULTURAL CONTEXT

1.4.1 ATTITUDES TO DRUGS AND DRUG USERS

A meeting called the Prevention of the HIV/AIDS transmission among groups at risk in the context of the formulation of the short and medium term policy and strategies in Romania, was organized under the coordination of UNAIDS Romania, in November 2006. The main objective of the meeting was the debate on the Report regarding the Intermediate Evaluation of the HIV/AIDS 2004-2007 National Strategy and of the HIV/AIDS 2004-2007 National Strategy. The meeting was attended by representatives of the governmental institutions (Ministry of Public Health, Ministry of Defence, Ministry of Justice), and of the non-governmental organizations (Romanian Association Against AIDS, ACCEPT, National Union of Organizations of Persons Infected/Affected by HIV/AIDS in Romania, Romanian Angel Appeal), of the international financiers (UNAIDS, UNICEF, WHO). The HIV situation among injecting drug users was broadly discussed, and the need to develop special services for this special group was emphasized (and in a broader context, for commercial sex workers and those who are engaged in sexual activities with same-gender people). Propositions have been made in reference to staff training in the area of the emergency services, to the development of substitution treatment facilities and the syringes exchange programmes, as well as the need to involve the private sector in the *harm-reduction*

programmes. At the end of the meeting it was established that the participants in work groups will meet in order to determine the structure of the future strategy, which will then be sent for revision to a large group of decision-makers (until the end of December 2006), and the strategy will be submitted to public debate in January 2007.

1.4.2 INITIATIVES IN PARLIAMENT AND CIVIL SOCIETY

In February 2006, at the headquarters of the Institute for Hygiene and Public Health from Bucharest - the National Centre for HIV/AIDS Information and Research, a round table was organized, having as a main topic the HIV/AIDS information and education campaigns. Within this round table, special attention was paid both to the drug use issue (especially to injecting drugs use) and to the transmittance of infectious diseases within this particular group. Among the participants were the representatives of international institutions (UNAIDS, JSI), of the NGOs, which implement *harm-reduction* activities (including representatives of the HIV positive patients and to the LGBT associations) and of the governmental institutions (National Anti-Drug Agency, the Authority of Public Health). During the meeting, an anti-discrimination campaign was presented related to HIV positive persons, a campaign, which is to be carried on at national level, and aspects related to financing of the HIV infection prevention programmes were discussed. The need to implement a common programme, NGOs - Authorities of Public Health, at local level, targeting groups at risk has been particularly emphasised.

In March 2006, RHRN, which was financially supported by the Open Society Institute, organized a round table entitled *Heroin addiction substitution services-social and legal aspects*. The main objective of the meeting was the development of the substitution treatment facilities through *advocacy* activities. The purpose of the round table was to gather decision makers, experts in the field of addiction and active representatives of the civil society working to prevent the HIV/STI transmittance among injecting drug users in order to attain the following objectives:

- The evaluation of the substitution treatment for heroin addicted people in Romania
- The identification of the obstacles in the development of the methadone substitution treatment
- The identification of the methods to accelerate the development process of the substitution treatment

Throughout the meeting, several types of problems were identified, which hinder the development of the substitution treatment, mainly in relation to **legal issues** (according to the effective legislation, the medicines used in the substitution therapy can be stored and distributed for therapeutic purpose only by closed circuit pharmacies within mental hospitals, which makes the opening of new distribution centres in other structures not provided under law impossible), **institutional issues** (within the Ministry of Public Health there is no person responsible with the coordination and development of the services dedicated to drug users; in Romania there is not enough medical personnel specialized in working with drug users, neither specialized doctors nor medium-level personnel) and **financial issues** (the lack of monitoring and registering instruments of the demand for the existing substitution treatment and the lack of scientific studies on this subject, which justifies the official position, according to which the existing services are enough, since there is no request which might exceed current capacity).

Some of the proposed solutions were the following:

- Drafting a clear methodology regarding the steps to be followed in order to open new substitution centres under the current legal conditions (at the level of the year 2005)
- Raising the issue of the insufficient HIV infection prevention activities among drug users (and especially of the substitution treatment) to the administrative power, by the NAA president as Secretary of State.
- *Lobby* with the Ministry of Public Health in favour of assigning a counsellor for problems related to the medical services for drug users.
- Opening new substitution centres under public funding, managed by the local authorities (for instance, the City Hall of the Municipality of Bucharest) or private resources, taking into account the financial state of the medical system.

1.4.3 MASS MEDIA CAMPAIGNS

In 2006, the same as in the previous years, special attention was given to the monitoring of the way in which drug issues are perceived and communicated by the press, including the broadcast press, as well as how these issues are received and interpreted by the mass audience.

From the very beginning, we should mention that, in order not to distort reality in relation to the media impact of the drug issue, the statistics do not include professional publications, quarterly or biannual ones and neither brochures, flyers, behaviour guides or other materials with media impact, which inform the population, prevent and educate it in relation to the damage caused by drugs. In addition, several publications targeted the same subject, which led to higher statistic data, and the monitoring was based exclusively on published or broadcast materials.

Thus, in 2006, the drug issue was presented in 5,498 media materials, of which 1,995 articles in the central press and 3,503 in regional, local publications and in radio and TV shows.²²

Monitored types of publications:

- *Information and opinion dailies*: Adevarul, Cotidianul, Cronica Romana, Curierul National, Curentul, Independent, Jurnalul National, Realitatea Romaneasca, Evenimentul Zilei, Gardianul, Gandul, Romania Libera, Ultima ora, Ziua
- *Political opinion publications and/or party papers*: Azi, Dimineata, Tricolorul
- *Specialized newspapers and magazine on various themes* (sports, culture, economy, health, professional groups): Averea, Kritik, Pentru Patrie, Politia Romana, Viata medicala, Gazeta Sporturilor
- *Tabloids*: Ziarul, Atac, 7 Plus, Libertatea, Compact.

Approached themes:

- Offence, crime rate and serious deviations: *articles on drug seizures, organized crime, trafficking networks dismantled by the police, etc.*
- Youngsters and drugs: *tobacco and drug use among high school students, My Anti-Drug Message, Smoke Free Classes* campaigns
- Drugs and health: *the Drugs-a one-way illusion and Drug Free Seaside*
- Drugs and prevention: *My Anti-Drug Message campaign, questionnaires for students or drivers, anti-drug camps*

²² Source: NAA – Communication and Public Relations Office

- Drugs and political initiatives or governmental actions of the NAA: the launch of the *2006 Evaluation report regarding the implementation of the national anti-drug strategy*, national campaign dedicated to the *World No Tobacco Day*, the national campaign dedicated to the *International Day against Illicit Drug Abuse and Trafficking*, launching projects in the anti-drug field (*PROTEX, INFOMATRIX*).

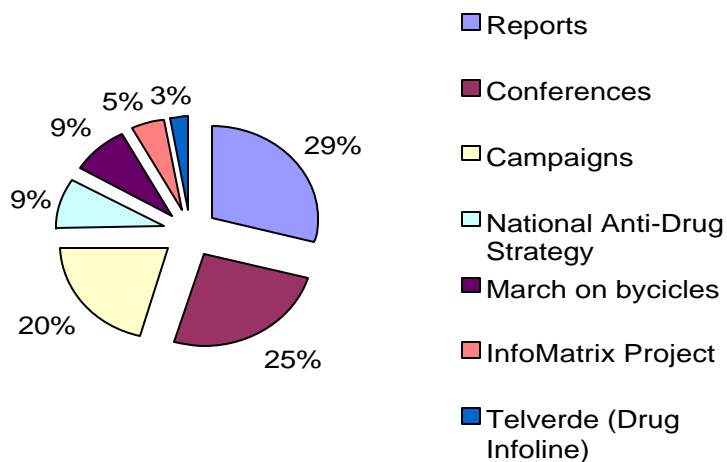
From the point of view of the interest for subjects referring to drug trafficking and use, April (219 articles), May (219 articles), June (184 articles) and August (206 articles) recorded the largest number of materials. A smaller number of materials was registered in March (134 articles) and December (85 articles).²³

The central print press continued to be interested in subjects related mainly to countering drug trafficking and use. For this reason, the term *trafficking* appears 2,026 times, and is most frequently associated to *drugs*, and the *drug trafficking* phrase was used almost 600 times, as compared to the *drug use*, which was used almost 550 times.

Regarding the interest shown by the local and regional media to topics related to drug trafficking or use, May (455 articles), June (488 articles) and November (534 articles) were the months with the highest number of recorded materials. These top moments corresponded with the most important activities of the National Anti-Drug Agency/Drug Prevention, Evaluation Counselling Centres, such as: the campaign dedicated to the *World No Tobacco Day*, the information documentary based campaign *Drugs-a one-way illusion* (which was initiated in May 2006), the campaign dedicated to the *International Day against Illicit Drug Abuse and Trafficking*, the campaign dedicated to the *National No Tobacco Day* (carried on in November).²⁴

Of the mass-media subjects and references made to the NAA central activity, evaluation and monitoring reports of the drug phenomenon come first, together with conferences tackling drug prevention and the protection of the population's health state, especially that of young people, which are the most vulnerable group.

Figure no. 1-1: Media reflection of the anti-drug issues managed by the NAA, 2006



Source: NAA/RMCCDDA

Regarding the interest of the broadcast press for anti-drug issues, the most active media channels were: Radio Romania Actualitati, Radio Romania Cultural (broadcast 10 TV shows), TVR 2 (*Fara limite - Without Limits - TV show*) and TVRM (broadcast several talk

²³ Source: NAA – Communication and Public Relations Office

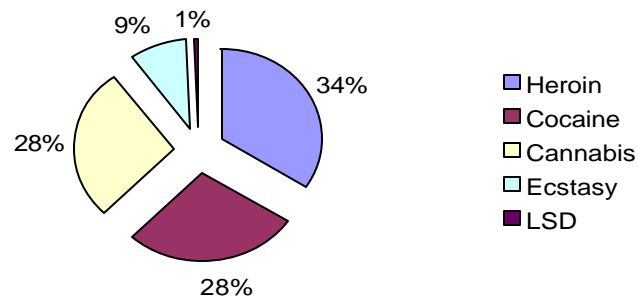
²⁴ Source: www.ana.gov.ro Communication and Public Relations Office 2006 media analysis

shows). Two media reference points disappeared in 2006: *Alege viata* TV show (*Choose Life*) on channel 1 of the National Television and the anti-drug supplement to the *Ziua* newspaper.²⁵

References to drug types

If last year the most frequently used term in the central press was cocaine, in 2006, heroin ranks first in the list of references, with 843 references, followed by cocaine (691 references) and almost equalled by cannabis (687 references).²⁶

Figure no. 1-2: Distribution of the number of references to drugs, by drug type, 2006



Source: NAA/RMCDDA

Elements of informative-preventive character sent by press:

- The drug use is addictive and leads to physical, mental, affective and communication problems, to deflected behaviours, decay, death
- In the case of minors and teenagers, maltreatments and family abandonment are often responsible for the drug use temptation
- Drug use affects family relations, leads to separation between parents and between parents and children, to poor school results and school dropout, causes professional problems, unemployment, social exclusion, marginalization and even crime.
- Prevention campaigns have had a larger impact in 2006
- The space granted by the mass-media to the accounts about the participation of the qualified structures and of the community in the reduction of drug demand was larger
- The financial funding earmarked to the treatment of drug-addicted persons continues to be a differently perceived subject. The public, by readership category, is not opened or is against the idea of spending public money for the assistance of drug users.

²⁵ Source: www.ana.gov.ro Communication and Public Relations Office 2006 media analysis

²⁶ Source: www.ana.gov.ro Communication and Public Relations Office 2006 monitoring

CONCLUSIONS

Although no study has been conducted in this area, one can still notice the constant interest of the press for *drugs*, justified by the reporters' attraction to cases with criminal implications (large seizures, drug money laundry, etc).

If, in the past years, the press attention focused almost exclusively on the larger aspects of drugs related offences, now the reflection in mass media is, obviously, more balanced and extended, and it aims at the social and public health aspect.

The same as during the previous years, the drug issue remains open to debate, and is given attention by the Parliament, the Government and the civil society and, therefore, it is present in the mass media. The new element of 2006 is represented by the press attention to: the treatment of the drug-addicted people, the activity in the methadone substitution centres, the *harm-reduction* activities and the integrated care for drug users (which is still in its pilot phase). Drug use related aspects were more frequently tackled in debates and discussions on medical subjects.

Thus, in 2006, there was a constant interest throughout the entire year in relation to the drugs issue.

Chapter 2 - Drug Use in the General Population and specific sub-groups

2.1. DRUG USE IN GENERAL POPULATION

In 2006, no study on the drug use in the general population was conducted. The second study in the general population on the knowledge, attitudes and practices regarding the drug use is foreseen within the second phase of a project financed by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria through the *HIV/AIDS Countering: a broad, coordinated and multi-sectorial answer in Romania* programme.

Methodological aspects:

- Geographical coverage: national, over-sampling in Bucharest
- Target population: non-institutionalized population, ranging between 15 and 64 years
- Total size of the sample: 7,500 respondents
- Sampling method: probabilistic, stratified and multistage
- Questionnaire: compatible with EMQ (European Model Questionnaire) recommended by the EMCDDA
- Data collection: autumn of 2007.

The results will be communicated in the 2008 National Report.

2.2. DRUG USE IN THE SCHOOLS AND YOUTH POPULATION

In 2006, no study regarding the drug use in the young/school population was conducted, but in the spring of 2007, the National School for Public Health and Sanitary Management and the National Anti-Drug Agency have conducted the study on the drug use among the 16 years old students, ESPAD 2007 (third participation of Romania to this European project initiated by CAN).

Methodological aspects:

- Geographical coverage: national
- Target population: pupils born in 1991
- Size of the sample: 2,719 respondents
- Sampling method: probabilistic, stratified and multistage
- Questionnaire: ESPAD (CAN) questionnaire, except for the *main features* module and the *optional questions*
- Data collection: May-June 2007

The results will be communicated in the 2008 National Report.

2.3 DRUG USE AMONG SPECIFIC GROUPS (CONSCRIPTS, MINORITIES POPULATION)

In the reference period, there was no study regarding the drug use in the specific sub-groups, aiming to obtain drug use related information, but the Research Department of the Population Services International (PSI) conducted in 2005 a study called: *Romania*

(2006): *HIV/AIDS TraC Study among Men having Sex with Men*. The results of the study were published in 2006 and contain drug use related information.

Methodological aspects:

- Geographical covering: 21 cities in Romania
- Target population: men having sex with men between 13 and 78 years old
- Size of the sample: 509 respondents
- Research method: online study – on the Internet
- Research instrument: self-managed questionnaire consisting of 102 questions sorted on various sections: socio-demographical data, sexual orientation in last year, use of condoms, drug use, etc.

Results regarding the use of illegal drugs by men having sex with men:

The PSI researchers have analysed drug use with a view to the risk factors of infection with HIV or other sexually transmitted infections, taking into account the following:

- Heroin use during the last two months
- Use of any injecting drug (heroin, other types of drugs, heroin and other types of drugs) in the last two months
- Injecting use of other drugs, except for heroin, in the last two months.

Results:

- 1.5% of the respondents used heroin in the last two months
- 2.0% of the respondents injected other drugs different than heroin in the last two months
- 2.3% of the respondents injected any other drug in the last two months (heroin, other types of drugs, heroin and other types of drugs).

The authors have conducted the same type of analysis for a group defined as “young men” between 13 and 24 years old.

Results:

- 0.7% of the young men (13-24 year olds) used heroin in the last two months
- 2.6% young men (13-24 year olds) injected other drugs different than heroin in the last two months
- 3.2% of the young men (13-24 year olds) injected any other drug in the last two months (heroin, other types of drugs, heroin and other types of drugs).

Chapter 3 – Prevention

New developments and trends

The same as the last year, the objectives of the National Anti-Drug Strategy were the starting point for the drug prevention activities, each public institution or non-governmental organisation acting according to its specific responsibilities. To this aim, in 2006, in the Action Plan (2005-2008) for the implementation of the NAS, 11 activities related to the drug demand reduction and scheduled to end in 2006 were performed, as follows:

- School-based prevention – 2
- Family-based prevention – 2
- Community-based prevention – 7.

The main developments and trends registered in 2006 consisted in:

- The improvement of the geographical coverage of the prevention projects, by starting to draft and implement them also at local level
- Continuation of the projects, which proved to be effective in the previous years
- Integrated approach of the prevention programmes.

3.1. UNIVERSAL PREVENTION

In 2006, the universal prevention represented the main intervention area, where a series of activities were carried on, and school-based drug prevention represents the field with the largest number of universal prevention activities.

3.1.1 SCHOOL - BASED PREVENTION

The four programmes of school – based prevention initiated in the previous years continued to be implemented at national level in 2006: The national *Educatie pentru sanatate în scoala româneasca (Health Education in the Romanian School)*, *Mesajul meu antidrog (My Anti-Drug Message)*, *Impreuna (Together)*, *Educatie pentru cetatenie democratica (Education for Democratic Citizenship)*. Together with these programmes, other two programmes were initiated in 2006: *Cunoscându-ma, decid (I know myself, therefore I decide)* and *Liceul Pragul Vietii (High School – Threshold of Life)*. The main implementers of these programmes were: The National Anti-Drug Agency, the Ministry of Education and Research, the Ministry of Public Health, the Ministry of Labour, Social Solidarity and Family and the Ministry of Administration and Interior and non-governmental organizations.

The national programme *Health Education in the Romanian School* initiated in 2002 and implemented by the MER and MPH, as partners of the *Save the Children* Organization, NAA and the Foundation *Tineri pentru Tineri (Youth for Youth)*, continued in 2006. Besides the standard curricular activities, in 2006, the programme also included the following extracurricular and additional school activities: the *Discover a Healthy World* campaign; the national contest for secondary schools and high schools students on the same theme; broadcasting a radio ad to promote the programme, the creation of a website having the following address: www.educatiepentrusanatate.ro. In 2006, 5,000 schools participated in the programme, almost 400,000 high school students were

involved in curricular activities, and 1,350,000 high school students were involved in extracurricular and additional school activities.

Another project, which continued in 2006, was *My Anti-Drug Message*²⁷. In November 2005, the third 2005-2006 edition of this contest was initiated and joined 137,151 pupils and students, which competed for the 48 prizes for best works.

In the reference year, the implementation of the *Together*²⁸ national project for drug use prevention in school settings, carried on by the MER, was initiated with the help of the NAA. Students from all counties took part in it. Implementation teams were established in all counties and each team consisted of five students and a coordinating teacher. Thus, at national level, 500,000 pupils and 20,000 teachers, school counsellors and a large number of representatives of the civil society, local community, parents, etc. were involved.

The national programme *Education for Democratic Citizenship*²⁹ implemented by the MER, through the General Division for Extracurricular School Activities, in partnership with UNICEF Romania continued in the 2006 school year, being available in 348 schools (972 classes), where it was implemented as an optional school subject. Eight hundred teachers were trained at national level, which lead to the setup of centres for trainers in each county.

NAA, through the Drug Prevention, Evaluation and Counselling Centres in Bucharest – district 2, Cluj and Braila, as partners of the Ministry of Education and Research and of the Christian Union of Romania, launched in October 2006 a pilot project meant to prevent the illicit drug used among 9th and 10th graders (15-16 years olds) called *I know myself, therefore I can decide*. This project was intended to inform and educate the 15-16 years old pupils in the selected high schools (one high school in each mentioned county/district) of the effects and consequences of drug use. The young people have studied within working groups, through psychodrama, the importance of knowing oneself when making decisions.

In the 2006-2007 school year started the *High School-Threshold of Life* project was initiated, elaborated and implemented by the NAA in Bucharest-based high schools, in collaboration with the Police Directorate General of the Municipality of Bucharest and the School Inspectorate of the Municipality of Bucharest. This project indented to highlight the implications of the drug use among pupils, and the relationship between drug use and offences. In the common activities of this project, carried on to strengthen the protection factors and reduce the risk factors, participated representatives that have tasks related to the prevention of juvenile delinquency and crime, of drug use, as well as students, teachers and parents. In the 2006-2007 school year, over 300 drug prevention activities were organized in Bucharest-based high schools, to which almost 15,000 students participated.

²⁷ See 2006 National Report

²⁸ See 2006 National Report

²⁹ See 2006 National Report

Projects dedicated exclusively to the prevention of the use of illicit substances

In 2006 the national *Smoke Free Classes*³⁰ project was continued. From November 2005 until May 2006, the second edition of this traditional European project took place and joined other 18 states besides Romania. The project was expanded in Bucharest and in 19 counties. 1,237 teachers and approximately 54,000 parents were trained and they disseminated the gained knowledge and skills to 28,685 high school students (direct beneficiaries of the project). The evaluation of the results took into account the number of persons (both smokers and non-smokers), who did not smoke during the competition. Thus, 28,685 5th -7th graders were recorded (as direct beneficiaries of the project), of which 22,948 completed the contest, as compared to 11,960 in the previous year (2005), of which 8,778 reached the end of the competition. The project was nominated within the 2006 *Medic.ro Excellency Awards Gala*, for the social section – *Best Information and Prevention Health Campaign*, together with the *Let us not forget those who forget* - Pfizer (campaign for the prevention of Alzheimer) and *SOS Child Hotline*.

The *Vigilant – Independent – Puternic, fara alcool (Alcohol-free Vigilant – Independent – Powerful)* project was initiated by the NAA in the school year 2005 -2006³¹ and was implemented during February – July 2006 in partnership with the MER and the ICAA. At a local level, the promotion and implementation was performed by the DPECC. In the reference year, the beneficiaries of this project were the high school students in the 9th and 10th grade (41 counties and Bucharest, 10 classes from 3 high schools in each district/county) amounting to 10,952 high school students, 470 teachers and approximately 20,000 parents. The evaluation methodology of the results was based on individual sheets. 78% of the subscribed students concluded the project.

Quality assurance of the school-based prevention activities

In March-April 2006, the NAA drafted a guideline for volunteers in order to train them in *peer to peer education* (schools and community-based peer prevention).

In July 2006, the National Anti-Drug Agency and the National Training Centre for the Pre-University Education Staff signed a collaboration agreement regarding the accreditation of the continuous training programmes for teachers, in the field of drug prevention among children and youth. Upon graduating the training programmes in the field of school-based prevention, the National Anti-Drug Agency can issue *Continuous training certificates for the teachers*.

3.1.2 FAMILY - BASED PREVENTION

In 2005, *Save the Children* Organization initiated a campaign for the prevention of drug use among young people³². In 2006, the message of the *Drugs Kill* media campaign, which was implemented by the *Save the Children* Organization, was developed – *You can quit drugs if you allow yourself to be helped*, which was especially meant for parents.

³⁰ See 2006 National Report

³¹ See 2006 National Report

³² See 2006 National Report

Quality assurance of the family-based prevention activities

In 2006, the criteria were defined and the evaluation instruments were drafted for the information-training needs of parents, as well as for establishing the primary intervention areas at national and local level. The document, which was completed in July 2006, consists of three sections and was intended to create the necessary environment for the programmes addressing parents, which were adapted to the needs evaluated in each intervention area and developed according to the set criteria. The document is useful in the activity of the specialists from the Ministry of Education and Research, from the Ministry of Labour, Social Solidarity and Family and from the Ministry of Administration and Interior – the National Anti-Drug Agency.

3.1.3 COMMUNITY – BASED PREVENTION

In 2006, “*Prevenirea consumului de droguri în rândul tinerilor*” project (*Prevention of Drug Use among Young People*), which was initiated in 2004³³, was continued, financed by the Global Fund to Fight against HIV/AIDS, Tuberculosis and Malaria and was implemented by the *Save the Children* Organization. During July 27 – August 20, 2006, the campaign “*Marea, singura noastră dependentă*” (*The Sea, our only addiction*) was carried on, in view of preventing and reducing drug use among young people, who spend their summer holiday at the seaside, by informing and drawing their attention on the short and long-term effects of drug use. This campaign is based on the *peer to peer education* concept. 50 volunteers aged between 16-25 provided information to a number of approximately 10,000 teenagers and youngsters, in relation to the risks to which they are exposed by using licit and illicit drugs and organized theme based and sports competitions on the beach (football, volley contest, etc). The campaign from 2006 took place in four resorts located on the Black Sea shore.

In addition, between July 24-August 12, 2006, the National Anti-Drug Agency and the Drug Prevention, Evaluation and Counselling Centre from Constanta and the Romanian Association against AIDS- Constanta Branch Office carried on the *Drug Free Seaside harm reduction* campaign among teenagers and young people. By using the *peer to peer education* method, the campaign benefited from the help of 45 young volunteers, trained by experts within the NAA and the RAAIDS, who have distributed over 35,000 flyers and approximately 8,000 postcard questionnaires to tourists. In three weeks, the organizers managed to provide information regarding the effects of drug use and related risks, especially HIV/AIDS, VHB, VHC, to 8,000 young people at the Romanian seaside. The message of the campaign was broadcasted on the most important fashion event of the summer - *Fashion Tv Summer Festival Romania*, and during the motor-cycling contest *Moto Team Tournament - Saturn 2006*, an event which drew over 6,000 fans, most of which were young people. In addition, with the help of the Special Aviation Unit of the Ministry of Administration and Interior, 10,000 flyers containing anti-drug messages were distributed on the beach out of a helicopter.

In 2006, with the help of DPECC, 187 drug prevention projects were carried on, in collaboration with the local non-governmental organizations, while the most representatives were implemented in the Drug Prevention, Evaluation and Counselling Centres from Bucharest (6th district), Iasi, Constanta, Cluj and Timis.

³³ See 2006 National Report

Another campaign carried on during the reference period was the “*Drogurile nu sunt un joc pentru copii*” (*Drugs are not child's play*) campaign proposed by the United Nations Office in order to mark June 26 - the *International Day against Illicit Drug Abuse and Trafficking*. The National Anti-Drug Agency together with Romfilatelia launched the philatelic issue dedicated to June 26, respectively an entire postal, including a stamp, a *First Day* envelope and a seal.

The “*Tutunul - letal în orice forma sau continut*” (*Tobacco - lethal in any shape or content*) campaign, initiated by the National Anti-drug Agency through the DPECC, was prepared in order to mark the *No Tobacco National and World Day*. Over 56,000 pupils, 9,750 students, 11,300 professionals, 3,170 parents and members of the local communities took part to this campaign. The campaign was in line with the objectives proposed by the World Health Organization and included the broadcasting of an ad on the national and local radio stations, in trains and subway stations.

In May 2005, the NAA launched a Drug Info-line³⁴. It supports people, who wish to find out information on drugs, tobacco and alcohol use and their health consequences. The efficiency of this type of intervention is being evaluated based on some standard evaluation sheets, and at the end of 2006, 1,151 calls were received to this phone number.

Quality assurance of the community-based prevention activities

In 2006 the *Partnership against drugs – a partnership for influencing policies for an appropriate provision of services against drug addiction* project was initiated. The purpose of this partnership initiated by the Community Care Foundation, having as partners the National Anti-Drug Agency and the Romanian Anti-Drug Association, was that of supporting the drafting of a set of coherent policies, appropriate for the creation of a full set of services regarding the drug use issue. The project was financed by the *World Learning* organization.

3.2 SELECTIVE AND INDICATED PREVENTION

3.2.1 RECREATIONAL SETTINGS PREVENTION

There are no available data.

3.2.2 PREVENTION IN AT-RISK GROUPS

Within the Institutional Twinning PHARE project between Romania and Spain, “*Lupta împotriva traficului și consumului de droguri*” – *Fighting against drugs trafficking and use*³⁵ - in October 2005 – July 2006, the National Anti-Drug Agency together with the Ministry of Education and Research, the ICAA Regional Office for Eastern European and Asia and the Social Care and Child Protection Directorate – 1st District of Bucharest, have implemented the pilot *PROTEGO*³⁶ project in 64 secondary schools, having as direct beneficiaries 1,000 parents. This project was implemented at a local level by 53 psychologists and social workers from the DPECC and by 53 psychologists and school psychologists.

³⁴ See 2006 National Report

³⁵ See Chapter 1.3.2

³⁶ See 2006 National Report

Starting with May 2006, RHRN initiated the “*Prevenirea HIV în rândul adolescentilor cu risc crescut din România*” (*HIV Prevention among the at High-Risk Teenage Groups from Romania*) project. The project benefits from the technical and financial support of UNICEF and its purpose is to prevent and reduce HIV infection risk among teenagers, who have a risky behaviour (inject drugs and/or act as sex workers) by:

- Developing some policies oriented towards the improvement of life quality among teenagers with a high HIV infection risk
- The increase of the capacity of the local authorities and non-governmental organizations to appropriately respond to the needs of the teenagers with high infection risk and to project, implement and monitor focused interventions..

The project is carried on in Bucharest, Timisoara, Iasi and Constanta and the main activities consist in organizing meetings with local level decision makers – representatives of the local public authorities, public services, non-governmental organizations - in order to draft an intervention plan oriented towards developing new services dedicated to HIV/STI risk groups (injecting drug users, commercial sex workers, same sexually-oriented people).

Quality assurance of the selective and indicated prevention activities

The National Anti-Drug Agency in collaboration with the Ministry of Public Health, the National Authority for the Protection of Children’s Rights and the Ministry of Education and Research created in 2006 an integrated and individual evaluation and monitoring system for the children and young people at risk , which favours the growing up process, social integration, education and professional training with the help of a set of indicators regarding the risk situations in the onset of drug use among children and young people. Starting from the decrease of the drug use onset and the increase of the number of teenage and young drug users, in July 2006, a Work Guideline was drafted, which includes the indicators regarding the risk situations in the onset of drug use among children and young people.

Chapter 4 – Problem Drug Use and the Treatment Demand Population

4.1. PREVALENCE AND INCIDENCE ESTIMATES OF PROBLEM DRUG USE

In the reference period, there are no available data referring to problem drug use, but a methodology for the estimation of the number of problem drug users in Bucharest was drafted, by using the multiplier method,

Case definition – long-term heroin use; age group: 15-49 years; Bucharest

Benchmark – data regarding treatment demand

Multiplier – determined through a study referring to the prevalence of the HIV infections and/or VHC among IDU in Bucharest, which are in treatment and in the syringes exchange programmes.

Methodological aspects of the study:

- Geographical coverage: Bucharest
- Target population: IDU in treatment and in syringes exchange programmes
- Size of the sample: 300 respondents
- Sampling method: exhaustive research
- Questionnaire: semi-structured
- Data collection: May-October 2007

The results will be communicated in the 2008 National Report.

4.2. TREATMENT DEMAND INDICATOR

Geographical distribution of the drug treatment admissions

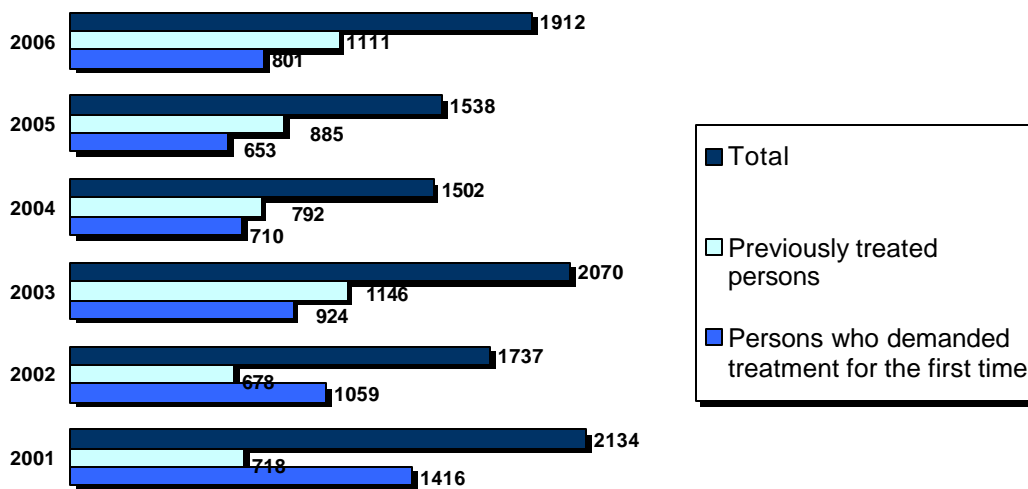
According to the data provided to the Ministry of Public Health, in 2006, at national level, 18 medical units reported cases of drug treatment, including medicine, alcohol and tobacco abuse.

Referring to the territorial distribution of the persons, who benefited from treatment following the use of psychoactive substances, 2006 was defined by the constant concentrations mainly in Bucharest, with 46% of the total treatment admission registered in Bucharest.

In 2006, a total number of 1,912 treatment admissions was registered, 374 cases more as in 2005, although the number of medical units included in the national reporting system was reduced from 20 medical units in 2005, to 18 medical units in the reference year.

The evolution of the number of psychoactive substances users, who demanded treatment during 2001-2006 is inconsistent. In 2006, a significant increase of the number of treatment demands was registered, as compared to 2005, but approximately 200 persons less than in 2001.

Figure no. 4-1: Incidence of admissions to treatment (number of persons), during 2001-2006



Source: Ministry of Public Health, National Centre for the Organization and Assurance of the Health Information System

Out of the 1,912 people admitted to treatment in the reference year, 42% were hospitalized for the first time due to drug use, while 58% had been previously treated.

The main drug reported in 48% of the cases was heroin, followed by alcohol - 18%, hypnotics and sedatives - 10%, tobacco - 11%, cannabis 2%, volatile inhalants - 1%, methadone and other opiates 1%, stimulants 0.5%, cocaine 0.1%, and 8.4% other substances.

According to the gender distribution of the persons admitted to treatment, 74% of the registered treatment demands came from males and 26% from females.

Table no. 4-1: Male/female ratio during 2001-2006

Male/Female ratio	2001	2002	2003	2004	2005	2006
People demanding treatment for the first time	4.6:1	3.9:1	2.9:1	3.5:1	2.3:1	2.4:1
Total number of people under treatment	5:1	3,5:1	2:1	2.2:1	2.4:1	2.8:1

Source: Ministry of Public Health, National Centre for the Organization and Assurance of the Health Information System

The distribution of the treatment demands according to the main used drug and to the age groups, reveals that 37% of the total number of treatment demands for heroin use were registered for the 20-24 years age group, 32% were registered for the 25-29 years age group. In addition, 36% of the stimulants use was registered for the 15-19 years age group. 20% of the treatment admissions for hypnotics and sedatives use was registered for people aged between 50-54 years old.

In the case of males, 85% aged between 20 and 24, use opiates, while 30% of the males aged between 55 and 59, use hypnotics and sedatives. From the total numbers of males treated for heroin use 45% were new cases.

The analysis of the female drug users treated in 2006 by the same criteria revealed that 98% of the females aged between 20 and 24 had reported opiates as the main drug and 49% of those aged between 50 and 54 years reported hypnotics and sedatives as the main drugs. 51% the female heroin users were new cases. The onset of the nicotine use decreased below the age of 14 (79% of the cases).

According to the education level, of the total admissions to treatment, 36% finished secondary school, 45% high school and 6% graduated from university.

Of the persons admitted to treatment, 12% were permanently employed, 13% were pupils or students, approximately 6% were economically inactive (retired, unemployed persons), 51% had no occupation, 18% others.

According to the source of referral, it was noticed that 53% of the drug users were self-referred, while 32% were referred to treatment by the health system (another treatment centre, general practitioners, hospitals), approximately 6% by the legal system or brought by the police, 1% by social service, 8% by other types of institutions.

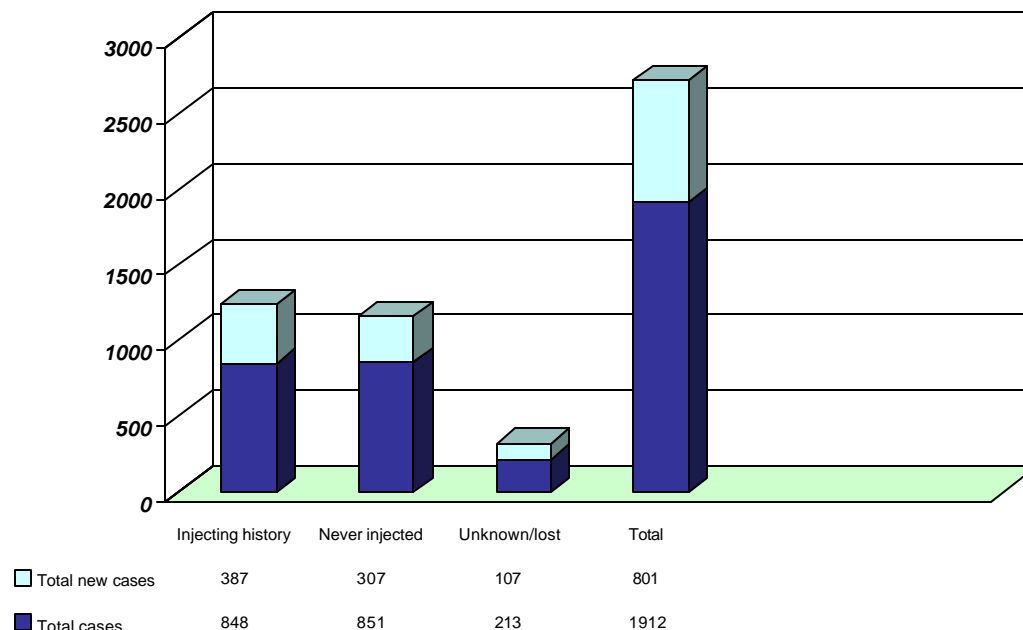
Referring to the living standards, approximately 58% of them lived with their parents, 23% with their partner and 7% alone.

It should be mentioned that more than half of those admitted to treatment in 2006 had been previously treated, as follows: approximately 54% of those admitted to treatment had been treated for heroin, 56% of those admitted to treatment had been treated for hypnotics and sedative use, but the number is much smaller in the case of cannabis use (19%).

Out of the 187 people who have reported the use of a secondary drug, 25% reported alcohol, of which 74% were aged between 15 and 19. In addition, of the total persons admitted to treatment in 2006, 7% reported cannabis as secondary drug and 5% cocaine. Regarding the new cases, 5% of the drug users reported cannabis as secondary drug, 5% cocaine and 1% ketamine.

In relation to the route of administration of the main drug, 98% of the heroin users admitted to treatment had injected this substance. Of the total number of heroin users admitted to treatment, 98% used this substance daily and for 42% of them the onset took place between 15 and 19, while for 33% the onset took place between 20-24 years old.

Figure no. 4-2: Number of people in treatment, with an injecting drug use history (all types of drugs), 2006



Source: Ministry of Public Health, National Centre of the Organization and Assurance of the Health Information System

The profile of the people admitted to treatment

According to the type of substance, the statistics reveal that in 2006, the persons admitted to treatment had the following profile:

Heroin - male, aged between 20 and 24, using heroin daily by injection. He also uses small amounts of other drugs, especially cocaine, stimulants and cannabis. Drug use onset was between the age of 15 and 19. He is a high school graduate, has no occupation and comes to treatment on his own will or that of the family and has been treated before for drug use.

Hypnotics and sedatives - female, aged between 50 and 54 years old, who uses daily small quantities of other drugs, especially opiates. Drug use onset was between 45 and 49 years old. She is a high school graduate, currently employed, came to treatment out on her own will or at the initiative of the family and had been treated before.

Alcohol - male, aged between 50 and 54, using small quantities of other drugs, especially stimulants, hypnotic and sedative substances. Frequency of use is daily and the onset took place between 20-24 years old. High school graduate currently employed. Was referred to treatment by the hospital and was previously treated.

Tobacco - male, aged between 15 and 19, uses small quantities of other drugs, especially stimulants and volatile inhalants. Daily use and the onset took place before the age of 14. He is a student and came to treatment at the recommendation of the general practitioner.

Cannabis - male, aged between 20 and 24, using small quantities of other drugs, especially cocaine, opiates and stimulants. Drug use onset between the age of 15 and 19. Student, self-referred to treatment.

Volatile inhalants - male, aged between 15 and 19, using small quantities of other drugs, especially opiates and stimulants. Onset between the age of 15 and 19 and these substances are used daily.

*Stimulants*³⁷ - female, aged between 15 and 19, using small quantities of other drugs, especially cannabis. Pupil, who came to treatment out of her own will or that of the family, and had been previously treated.

*Cocaine*³⁸ - male, aged between 20 and 24, using small quantities of other drugs, especially cannabis. High school graduate, employed, and self-referred to treatment.

*Drug treatment provided through DPECC of NAA (outpatient centres*³⁹)

Starting with September 2006 all territorial units of NAA-DPECC became operational and the the number of people who asked for treatment between 1st of October and 31st was about 165. The characteristics of drug users are following:

- Referring to territorial distribution of the drug users who benefited from treatment, in the mentioned period, it is spotted the maintenance of concentration, particularly in some areas (Bucharest, Brasov county, Timis county).
- The primary reported drug was heroin for 43% of all cases, followed by cannabis 38%, alcohol in 5% of the cases, ecstasy 3%, LSD 1%, cocaine 1%, opiates (fortral) 0,6%, others 8,4%. In Drug Prevention, Evaluation and Counselling Centres from Brasov and Prahova the number of heroin users prevails while in Bihor, Brasov and Timis prevails the number of cannabis users
- By gender, it was noticed that 88% from all demands for treatment was made by men and 12% by women

Table no. 4-2: Distribution of treatment demands (no. of cases) by main drug, DPECC, October-December 2006

	Alcohol	Cannabis	Heroin	Ecstasy	LSD	Opiates (Fortral)	Cocaine	Others
Oct.	2	19	27	-	-	-	-	1
Nov.	2	21	33	2	1	-	-	5
Dec.	5	23	12	3	1	1	2	5

Source: NAA/Drug Demand Directorate

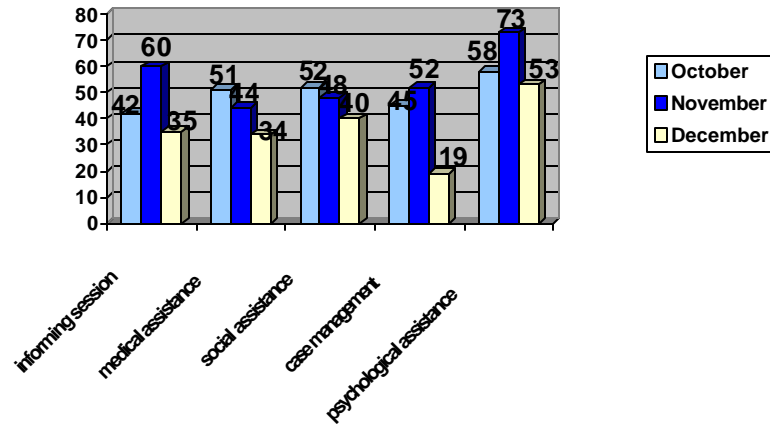
- According to the source of referral it was noticed that 41% of drug users were self-referred, while 43% were referred to treatment through justice system or was brought by the police, and 16% others
- Among all the services offered by the Drug Prevention, Evaluation and Counselling Centres, 26% are represented by psychological assistance, 20% by informing session, 20% by social assistance, 18% by medical assistance and 16% by case management.

³⁷ The analysis of the data was performed on a smaller number of cases

³⁸ The analysis of the data was performed on a smaller number of cases

³⁹ All the data collected from DPECC in 2007 will be reported in *TDI data* ST as outpatient units

Figure no. 4-3: Types of services offered by DPECC, October-December 2006



Source: NAA/Drug Demand Directorate

Chapter 5 – Drug Related Treatment

Regarding the structure of the drug related treatment services provided through the Ministry of Public Health' network in 2006, there haven't been any significant changes as compared to the previous years.

At organizational level, the main progress occurred in the legal field was the adoption of the enforcement regulation of the Law no. 339/2005⁴⁰. The instructions of the new enforcement regulation certify as outpatient or inpatient substitution treatment providers the treatment centres mentioned by the legislation for prevention of illicit drug use and traffic, respectively the Law no. 143/2000, with further updates. Furthermore, the prescription and supervision of the substitution treatment is ensured by the attending physician from the hospitals or outpatient units, as well as from the treatment centres mentioned above, including Drug Prevention, Evaluation and Counseling Centres, under the NAA. As in 2006, based on the in force regulations, the methodological framework in the area of integrated treatment provided to drug users has been developed, the services provided by Drug Prevention, Evaluation and Counseling Centres have been relatively poor. During this period of time, each centre has created its own local treatment network, in order to ensure the case management. Local agreements have been concluded in order to diversify the psychological services provided to drug users, by experts from the field of clinical psychology, psycho-pedagogy and psychotherapy in county hospitals, mental health laboratories, social and child care services, educational inspectorates. Drug Prevention, Evaluation and Counseling Centres have also concluded protocols with the local social services providers, as well as with the decentralized authorities of the Ministry of Labour, Social Solidarity and Family.

Throughout the reference year, Ministry of Labor, Social Solidarity and Family has certified 41 Drug Prevention, Evaluation and Counseling Centres within the National Anti-Drug Agency, as social services providers.

5.1 TREATMENT SYSTEM

During 2006, the legislative and methodological framework in the field of integrated treatment services provided to drug users has been elaborated and developed, which is the responsibility of the Drug Prevention, Evaluation and Counseling Centres, through the Decision no. 16/2006, for the approval of the minimum mandatory Standards regarding case management in the area of drug user treatment⁴¹ and the Decision no. 17/2006 for the approval of the elaborating, amending and implementing methodology of the individualized treatment plan for drug users⁴². Thus, the provision of services in the domain of drug user treatment is ensured by a complex of integrated services: medical, psychological and social treatment; all the provided services are coordinated through the case management. Case management is a service provided continuously, during the treatment process, by the case manager, an expert from Drug Prevention, Evaluation and Counseling Centres. Through this method, the following services provided to drug users are coordinated:

- Drug user evaluation
- Establishing the integrated treatment programme
- Elaboration of the individualized treatment plan and implementation of plan measures
- Monitoring and evaluation of the implemented measures within the individualized treatment plan, the re-evaluation, if necessary, the continuation of the plan by its modification or by the modification of the integrated treatment plan.
- Collaboration between the providers, advocacy activities.

⁴⁰ See Chapter 1.1.2

⁴¹ Decision no. 16/02.10.2006, issued by the Ministry of Administration and Interior – National Anti-Drug Agency, Official Gazette no. 899/06.11.2006

⁴² Decision no. 17/02.10.2006, issued by the Ministry of Administration and Interior – National Anti-Drug Agency, Official Gazette no. 899/06.11.2006

The evaluation is the main phase of the medical, psychological and social treatment programme, and it is multidimensional. Through the evaluation, the guiding criteria for the selection of the treatment programme allowing the organization of services are determined, guaranteeing their integrated and continuous character. In the evaluation phase, the methods used by the case manager include the following: motivational interview, basic education regarding addiction and recovery, information related to drug use consequences, development of the case manager-beneficiary relationship. The measures of the individualized treatment plan are implemented by any of the centres providing services for drug users, under the coordination of the case manager. In this phase, the methods consist of the following: prevention of relapses, process evaluations, techniques for gaining and evaluating abilities, techniques of acquiring self-control. By monitoring and re-evaluation there is determined the extent to which the goals of the drug user individualized treatment plan are fulfilled, as well as the progress of the drug user throughout the therapeutic process or the changes which have occurred. The treatment process ends in the following situations: at the end of the programme, at the user's request, in case of dropping out of the programme. In the first situation, this phase is planned by the case manager and it is meant to acquire the independence of the drug user, by means of various techniques: the technique of increasing the confidence, of self-efficiency, using personal and community resources, process evaluations, ability consolidation.

By the Decision no. 17/2006 there has been determined the methodology of elaborating, modifying and implementing the drug user individualized treatment plan. The individualized treatment plan is an assembly of interventions and therapeutic, psychological and social measures adapted to the necessities of each drug user. In order to make a connection between the available resources and the user needs, the interventions within the integrated treatment programme are adapted. The individualized drug user treatment plan includes the following: general data related to the applicant, the purpose of the programme, a presentation of the problems and their prioritization, strengths/weaknesses, the goals and the date by which they should be achieved, the measures to be taken and their schedule, the personnel in charge, etc. The determination of the individualized drug user treatment plan is meant to achieve the following four goals: to determine the treatment method, the types of services, the measures and the appropriate and available structure. The treatment methods are differentiated by the intensity of the measures which, by their features, are the most appropriate for the necessities of the drug users, and there several types of such methods: emergency care, low intensity or increased intensity outpatient care, home care, inpatient care. Furthermore, the characteristics of each treatment method are determined, and clear indications are provided for the selection of a certain type of care from the ones mentioned above. The types of services provided and the treatment methods are medical, psychological and social, and the appropriate structure available for drug users is directly related to the treatment centres.

5.2. DRUG FREE TREATMENT

In order to improve the fundamental professional training framework of the experts working in the drug user treatment area, the National Anti-Drug Agency, together with the Public Health Institute from Bucharest and the National Penitentiary Administration, have implemented projects under the first Objective: *Consolidation of the national medical care and psycho-social support system, in order to reduce the impact of HIV/AIDS on infected, affected and vulnerable persons*, Activity 14: *Development and consolidation of the medical care and psycho-social system related to drug addiction*, of the project financed by the Global Fund to Fight Against HIV/AIDS, Tuberculosis and Malaria.

The objectives of this activity were the following:

- Improving the knowledge of the experts working in the prevention and treatment of drug addiction by training activities (objective 1); training the trainers, respecting their knowledge and abilities (objective 2); training sessions for the personnel in charge of prevention and treatment of drug use (objective 3)
- Development of the national drug user treatment standards

- Improving the management of national sub-programmes for drug use treatment
- Drug use prevention in penitentiaries

Results:

- Training 101 experts working in the medical field
- Distributing a drug related study curriculum to the medical staff at the national level
- Developing treatment services in penitentiaries – elaborating an addiction management guide, inaugurating a detoxification centre within the Rahova Penitentiary
- Elaborating the training curriculum of the experts from Drug Prevention, Evaluation and Counseling Centres, within a workgroup to which 12 experts from National Anti-Drug Agency and Ministry of Public Health have participated, and organizing the basic addiction related course, to which 43 experts, psychologists and social workers from Drug Prevention, Evaluation and Counseling Centre have participated.

The training of the staff from Drug Prevention, Evaluation and Counseling Centres by various projects, such as: the Initial Professional Training Project, organised for 112 experts, medical doctors, social workers and psychologists, for the purpose of acquiring the basic knowledge in the process of integrated treatment for drug users. The training course for the application of the instrument evaluating the severity of the addiction, Europasi, organised by the National Anti-Drug Agency by the National Centre for Training and Research on Addiction, in collaboration with the Oviedo University from Spain, financed by state budget funds, granted by the Ministry of Education and Research/National Authority for Scientific Research through the Programme of Research Excellence/the Project *Monitoring Psychosomatic Variations in Drug Addicted Patients during the Substitution Therapy*.

The experts trained within the Europasi course have acquired the following abilities:

- Enumerating the problems of the Europasi questionnaire and their content
- Reformulating the questions, without modifying the content
- Requiring supplementary information when necessary, in order to understand better the patients' problems
- Outlining correctly the information included in the questionnaire
- Assuring the logical consistency of the interview by the *cross-checking* items
- Elaborating a feasible severity scale
- Interpreting the data.

Participants: medical doctors, psychologists, social workers from the specialized centres under the Ministry of Public Health, from the Drug Prevention, Evaluation and Counseling Centres, and from the non-governmental organizations.

The National Anti-Drug Agency, in partnership with the De Hoop Foundation from Netherlands and the Bridge of Hope Foundation has organised a seminar related to the problem of drug addiction, which has had the following objectives:

- Acquiring knowledge related to the manner of approaching the users, with a view to provide integrated services, to acquire professional abilities in the relationship to drug users
- Improving the quality of the treatment services provided to drug users.

Participants: experts from the non-governmental organizations ARAS, ALIAT, from DPECC (Bucharest, Ilfov, Teleorman) and from the religious institutions.

Results: 35 experts have acquired knowledge related to drug addiction and they have equally acquired skills and attitudes related to the means of approaching and implementing drug use prevention programmes.

In this context, the professional training activity performed by the National Centre for Training and Research on Addictions has to be mentioned. In 2006, the Management Board of the Psychologists' College in Romania has approved the curriculum and the content of the professional training course on addictions, organised by the National Anti-Drug Agency, by the National Centre for Training and Research on Addictions, and it was decided to grant 15 credits to the psychologists with licenses for free practice, following the continuous training courses in this field. Furthermore, based on the agreement between the National Anti-Drug

Agency and the National Council for the Professional Training of Adults, the Agency, by the National Centre for Training and Research on Addictions, has become a member of the Committee for Health, Hygiene and Social Services, whose main role is to develop, update and validate the qualifications at each level. Last but not least, the National Anti-Drug Agency was certified as a provider of Continuing Medical Education by the Romanian College of Physicians.

Furthermore, measures have been taken to obtain the certificate for addiction related complementary studies for physicians and for the registration of the addiction advisor profession in the Classification of Occupations in Romania (COR)⁴³ and for the certification of certain training programmes, as follows: Basic Addiction Related Knowledge, organised by the Bridge of Hope Foundation; Drug Use Prevention – Intervention Strategies and Models and Motivational Interview, organised by the Community Care Foundation.

5.2. PHARMACOLOGICALLY ASSISTED TREATMENT

In the reference year, the National Anti-Drug Agency, coordinator of the drug related activity, together with the institutions involved in achieving the National Anti-Drug Strategy goals, has continued the activity of elaborating the secondary legislation in the field of integrated treatment for users who are detained. Thus, there has been elaborated and adopted the Order no. 1216/C from 2006 of the Ministry of Administration and Interior, Ministry of Justice and Ministry of Public Health⁴⁴. An import fact is that the measures and programmes provided for adult users are also applicable for underage users, whose cases are notified to the General Directorates for Social Assistance and Child Protection. For the users who are detained, under arrest or in the penitentiary, emergency measures are to be applied, as well as integrated care programmes and prevention measures. This order stipulates that the measures and programmes granted to the users in this category should be provided in circumstances which should be as similar as possible to the standards existing for the persons at liberty, and prevention measures are to be determined for illicit drug use by: information, education, communication, acquirement of skills. In this context, measures have been taken by the Ministry of Public Health in order to identify the financial resources in the penitentiary system for harm reduction centres having as main object of activity the methadone substitution programmes and the financing of the activities designed to treat drug addicts who are detained in penitentiaries, by the Subprogramme 2.13, *Treatment of Drug Addictions*. Furthermore, measures have been taken to include the units from the medical network of the National Administration of Penitentiaries on the list of medical units participating to the above mentioned programme, and two pilot units have been established, for the evaluation and treatment of the drug users detained in penitentiaries, namely in the Rahova Penitentiary Hospital and in the Craiova Penitentiary. In 2006, at the detoxification unit of the Rahova Penitentiary Hospital, 93 drug addicted inmates have been treated.

At the national level, the collaboration between the National Anti-Drug Agency and the Probation Department from the Ministry of Justice⁴⁵ has been initiated, with the general goal of granting integrated medical, psychological and social treatment to the users included in the probation system.

⁴³ The National Anti-Drug Agency has received the approval of the Ministry of Labour, Social Solidarity and Family with respect to the registration of the profession of addiction advisor in the COR; it was included in the basic group of “social work experts”.

⁴⁴ Order no. 1216/C/18.05.2006 regarding the development of the integrated medical, psychological and social care, for detained drug users, issued by the Ministry of Justice, the Ministry of Administration and Interior and by the Ministry of Health, published in the Official Gazette no. 471/31.05.2006

⁴⁵ Collaboration protocol no. 1873384/16.11.2006

Chapter 6 – Health Correlates and Consequences

6.1 DRUG RELATED DEATHS AND MORTALITY OF DRUG USERS

6.1.1 DIRECT OVERDOSES (AND SUBSTANCES INVOLVED) AND (DIFFERENTIATED) INDIRECT DRUG RELATED DEATHS

In Romania, the selection of cases for the drug related deaths indicator is done according to the EMCDDA criteria (EMCDDA definition and data extraction according to the Selection B of the European Protocol) and refers strictly to direct deaths, usually produced shortly after the administration of the substance, being caused by the action of the substance (acute reaction or “overdose”). However, references have been made to indirect deaths, where the connection to drug uses is proven. Reports are available only for Bucharest, the other forensic institutes in the country still couldn’t report those deaths.

Regarding Bucharest, there is an increase of the data quality in respect to the main source-institutions for drug related deaths indicator – the National Forensic Institute *Mina Minovici* and Bucharest Public Health Authority. However, with respect to this situation, we may not state that the number of deaths related directly or indirectly to drug use has increased, but rather that these data are now “much more visible”.

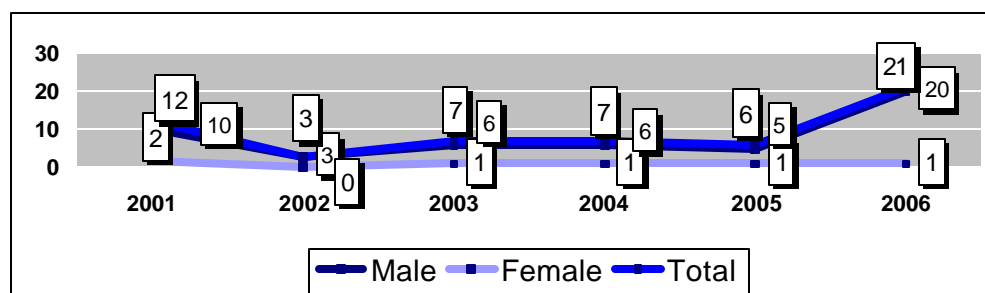
Table no. 6-1: Distribution of direct deaths according to the gender and age groups, 2006

Gender	AGE GROUP						TOTAL
	15-19	20-24	25-29	30-34	35-39	40-44	
Male	2	10	5	1	1	1	20
Female	0	1	0	0	0	0	1
Total	2	11	5	1	1	1	21

Source: NAA/ RMCDDA

According to the data reported by the National Legal Medicine Institute and Bucharest Public Health Directorate, in 2006, there have been registered 25 drug related deaths, of which 21 were direct drug related deaths, caused by the direct activity of the substance in the body, and 4 of them were indirect.

Figure no. 6-1: Evolution of direct drug related deaths in 2001 – 2006



Source: NFI *Mina Minovici* in Bucharest

In the reference year, the NFI *Mina Minovici* from Bucharest performed 2,083 autopsies. Among them, 35 cases were initially registered as suspicions of drug related deaths, according to the report of the forensic pathologist on duty and to the documents issued by the representative of the police or of the prosecutor’s office, who have preformed the investigation at the scene, taking into account the presence of paraphernalia or other drug use related circumstances. After the forensic file is closed, in 21 of the 35 initially suspicious

cases, there has been issued a final forensic resolution of drug related death. In 18 of the cases, the toxicological analyses have confirmed the presence of psychoactive products. In 3 cases, there have been obtained negative toxicological results, conditioned by the technical limits of detection, the advanced decaying stage of the bodies, and respectively the extended survival in a hospital, with a long agonic period before the actual death. However, the deaths have been classified as “acute direct drug related deaths”, considering the highly suggestive combination of inclusion criteria for the drug related death category, as well as the absence of the exclusion criteria.

The toxicological analyses have revealed the presence of opiates – detected in 20 analyzed samples⁴⁶, MDMA – one positive test, benzodiazepine - 4 positive tests, Carbamazepine - 7 positive tests, cocaine – one positive test (the toxicological analyses performed in hospitals have revealed the presence of opiates - 3 detections, benzodiazepines – one detection, barbiturates – 2 detections)⁴⁷. Thus, there were 18 cases with positive test results, but with different combinations of the above mentioned substances.

Table no. 62: Distribution of the number of positive test results according to the substance detected by the toxicological analyses, 2006

Detected Substance	No. of positive analyses	Detected opiates	No. of positive analyses
Opiates	20	Heroin	4
MDMA	1	Tramadol	1
Benzodiazepine	7	Meconine	2
Carbamazepine	7	Morphine	3
Cocaine	1	Codeine	4
Barbiturates	2	Methadone	6
Other antipsychotic drugs	3	Total	20

Source: NFI Mina Minovici in Bucharest

We must state that, due to the technical limits of detection (with respect to the year 2006), the toxicological detection of the psychoactive products have been reduced for the biological products with a complex composition (blood, organs, vitreous humors, bile, hair), which has lowered the possibility to detect the products with short half-life or being in small quantities. Also, is to be mentioned the frequent associations of psychoactive products belonging to different classes.

Furthermore, the presence of these combinations of multiple psychoactive products within the same dose frequently causes death, the medical cause of death being many times related to their enhancing synergistic action. This is a supplementary explanation for the deaths caused by the intake of street doses with a low narcotic concentration.

It was concluded that the drugs were injected in 18 cases, they were administrated by oral route in one case and in another case the administration was mixed, both nasal and oral. For one case, the route of administration is unknown. 18 cases belong to the category of chronic users, and the rest are persons without chronic use history or stigmata.

From the point of view of the location where the death has occurred, the distribution indicates the habit of solitary use at home, defined within the surveys based on the questionnaires

⁴⁶ In a typical case for the “Death...” indicator (highly suggestive both for old and recent use of injecting drugs) there was revealed the presence of the Tramadol, an analgesic opiate substance, which is not mentioned on the list of controlled plants, substances and narcotic products – Law no. 339/29.05.2005 on the legal status of plants, substances and narcotic and psychoactive products, issued by the Parliament, the Official Gazette no. 1095/05.12.2005

⁴⁷ These substances have appeared in variable combinations, in two cases a single substance was revealed; furthermore, they are frequently associated with non-steroidal anti-inflammatory drugs.

applied to the users, but also in public places, as an expression of the withdrawal reactions in case of the chronic users, imposing emergency administration of the drug, immediately after the procurement (7 deceased at home, one in the street, one in a stairwell, one in the courtyard of a building, one in a store, one in an elevator, one in the basement of a building, one in a hotel room and 7 deceased in hospitals).

In 6 cases, serological tests were made in order to determine the presence of serological markers of the chronic infections particular to drug use: 5 positive tests for the hepatitis C, one positive test for HIV, one positive test for syphilis and 2 negative tests (5 positive cases for at least one marker).

In 5 cases (out of the 11 which were found - 10 syringes, 5 sachets of citric acid, 2 foils and a spoon, 4 broken vials, 5 street doses of heroin), there have been provided to the forensic pathologists elements of *paraphernalia* discovered on the scene. The toxicological investigation results were positive in all 5 cases (heroin - 3, codeine - 2, meconine - 3, morphine - 2; they were revealed in various combinations. In one situation, only the presence of diazepam was revealed). In 4 of the 5 cases where *paraphernalia* have been found, the toxicological results from the biological assays taken from the body were similar to those from the instrumentation.

According to the underlying cause of death, determined in compliance with the International Classification of Diseases, version 10 (ICD 10), the age group and the sex of the deceased persons, the cases are distributed as follows:

Table no. 6-3: Distribution of direct deaths according to the underlying cause of death, by gender and age group, 2006

Underlying cause of death	Male						Female		
	15-19	20-24	25-29	30-34	35-39	40-44	20-24	25-29	40-44
Cocaine intoxication	1								
Heroin intoxication		4					1		
Benzodiazepine intoxication		2	2						
Intoxication with other synthetic narcotics		1							
Psycho-dysleptic drug intoxication		2		1					
Methadone intoxication		2	1		1	1			
Septal ventricular failure/drug addiction			1						
Others			1						
TOTAL	1	11	5	1	1	1	1		

Source: Bucharest Public Health Authority

In case of death of the person diagnosed with the ventricular septal defect, there have been debates related to the real underlying cause of death, because the respective patient was a long term heroin user, and the toxicological analysis has revealed the presence of Phenobarbital and methadone. Both the heart condition and the presence of drugs in the body could have caused the death. Finally, it was considered to be a death caused directly

by drug use, taking into account the fact that the respective person was brought in with toxic shock and it was registered as such⁴⁸.

The development of the network for implementation of *Drug Related Deaths* indicator:

At the end of the year 2006, benefiting from the support of the European Union, the National Anti-Drug Agency through the Romanian Monitoring Centre for Drugs and Drug Addiction has organized a meeting to which have attend both experts from the forensic system and from the other institutions involved in the drug related deaths data flow. This meeting was extremely beneficial, facilitating the collaboration between the representatives of various institutions entitled to analyze and classify deaths in general, and especially related to the drug use, and also facilitating a better understanding of the phenomenon.

On this occasion, there have been discussed the problems that each institution is confronted with, some of them seeming insurmountable, at least for the moment. Among them, the important ones are the following: providing the forensic institutes with cutting-edge equipments, assuring the post-guarantee maintenance of the equipments, making the payments to the person requiring the services offered by the forensic institutes in due time, assuring a sufficient number of qualified staff members. In parallel, the insufficient technical and material equipment of most forensic laboratories at the country level, and even the lack of the specialized personnel⁴⁹ is influencing the accuracy of the official data, constantly underestimated for several years. Another problem is the lack of the academic curricula in this field and also of the on-going training of the personnel, taking into account the complexity and novelty that they are confronted with in case of the drug related deaths. Last but not least, the salaries are very low, both for the personnel working in special labor conditions in laboratories, and for those in the statistics field.

Furthermore, other malfunctions at the inter-institutional level have been discussed, such as the international coding of the death cases, as the basis of the mortality statistics in Romania, and which leads to a significant bias if we take into account the fact that the coding have been made only according to the macroscopic diagnosis of the death, in most cases being impossible to define the exact cause of death within a limited time interval. This is possible because the death certificate according to which the coding is made is issued only based on the macroscopic elements provided by the autopsy, immediately after it is finished, while the completing of the necropsy file requires a longer time interval.

In order to solve this problems at least partially, the inter-disciplinary workgroup has found it appropriate to modify the data collection flow, based on a unitary methodology at the national level, fully coherent with the one applied for many years in the older member states of the European Union. Thus, NAA through the RMCDDA shall establish and manage the Special Mortality Registry (in fully compliance with the setup of the NAA act), while the General Mortality Register is the responsibility of the National Statistics Institute. Furthermore, a new reporting system including the revision of the initial death causes stipulated on the death establishing certificate after the completion of the necropsy file is currently on-going.

In 2006, at the level of the entire forensic system have been made 81,028 toxicological investigations including alcohol tests in live and dead persons, complex toxicological investigations for identifying and dosage of certain toxic substances, other than alcohol or drugs (6,978), toxicological investigations in order to detect the drug presence and the dosage (1,187), representing toxicological tests performed on biological assays both in live and dead persons, as well as hospital emergencies in case of acute intoxications⁵⁰. We must

⁴⁸ See Chapter 6.4.1.

⁴⁹ According to the Report on the activity of the forensic medicine network in 2006; The population data referred to are taken from the Romanian Statistical Yearbook for 2003. Statistic analysis and graphic presentation. Dan Dermengiu, PhD. The material of the report may be read as a pdf. file on the official site of the national Legal Medicine Institute. <http://www.legmed.ro>

⁵⁰ According to the report on the legal medicine activity in the year 2006

emphasize the fact that these figures also include the tests performed in certain counties by simple methods, of the *immuno-assay* type, with the support of quick detection kits, which should be doubled by toxicological detection methods with high specificity and sensitivity, not performed in most cases because of the lack of technical equipment.

In order to solve these problems, important steps have been taken in 2006 within a PHARE Project (RO 2004/016-772.03.11) meant to provide equipments for three forensic institutes (Bucharest, Iasi and Timisoara). They shall benefit from equipments and training in order to increase the detection capacity and the quantitative determination of the drugs and metabolites. It is to be mentioned the fact that in the area of the forensic toxicology, the lack of specialized personnel is most acute. By the PHARE project 2006/018-147.05.01, we want to implement a training program for the personnel of the three above mentioned centers.

6.1.2 MORTALITY AND CAUSES OF DEATHS AMONG DRUG USERS

No new data are available.

6.2 DRUG RELATED INFECTIOUS DISEASES

6.2.1 HIV/AIDS, VIRAL HEPATITIS, STIs, TUBERCULOSIS, OTHER INFECTIOUS MORBIDITY

The data collection system on drug related treatment demand, implemented from 2005 in the treatment centres from Bucharest, has provided the data used for the analysis of drug related infectious diseases indicator⁵¹. Within this system, the data were collected and coding based on a unique code, which has allowed the avoidance of double counting and case by case data analysis, based on the information from the data collection fiche: HIV status, viral hepatitis B and C, other related diseases (syphilis, mental disorders, etc.), socio-demographic data (age, studies, living conditions, etc.).

In 2006, two treatment units from the hospital *Prof. Dr. Al. Obregia* from Bucharest – units 16 and 17, have had 300 separate cases of heroin users (treatment demand). The unit no. 16 has reported 174 cases, all male patients. The unit no. 17 has had 126 cases, of which 40 male patients and 86 female patients. Of the total 300 patients from the analysed lot, there were 214 male patients (71.33%) and 86 female patients (28.66%). Heroin was the main drug for all 300 cases registered as treatment demands. Injecting was the most frequent route of administration in the last 30 days and it was reported by 276 patients out of 300 cases (92%). This fact supports the idea that most heroin users in Romania use the drug by injection. The remaining 24 cases have used the oral route of administration – 8 cases (2.66%), inhalation – 8 cases (2.66%) and very few by smoking (3 cases) or other unspecified methods (remaining 5 cases).

Infectious diseases for which tests have been performed and data have been reported are the viral hepatitis B and C and the HIV/AIDS infection.

a) Viral Hepatitis B and C

Among the 300 persons registered as injecting drug users, 136 were tested for hepatitis B (representing 45.33% of the total number of persons admitted to treatment) and 106 (35.33%) were tested for hepatitis C. There are several causes for which the percentage of the tested persons is low, as follows:

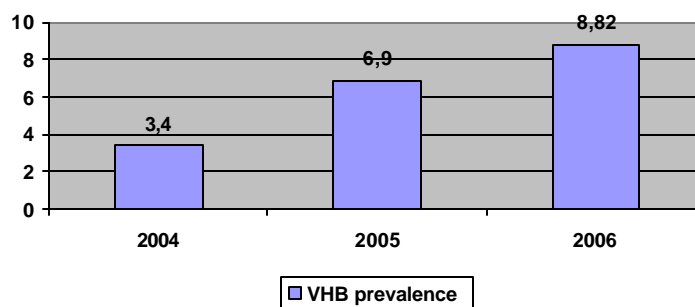
- The persons hospitalized for short periods of time, usually 1-2 days, and released voluntarily or upon request (more than 80% of the untested cases)
- The persons who are known to be positive from the previous hospitalisations (for hepatitis C)
- Lack of funds / tests

⁵¹ The system was described in the National Report 2006

- Errors in data transmission or in filling in the fiche.

The prevalence of viral hepatitis B (VHB) among the analysed lot was 8.82% (12 positive cases out of 136 tested cases) for Ag HBs. As compared to the previous years, no significant changes of the VHB prevalence have been registered, Romania being situated from this point of view among the countries with a low VHB prevalence rate.

Figure no. 6-2: VHB prevalence among IDUs (%) from Bucharest; compared data for 2004-2006

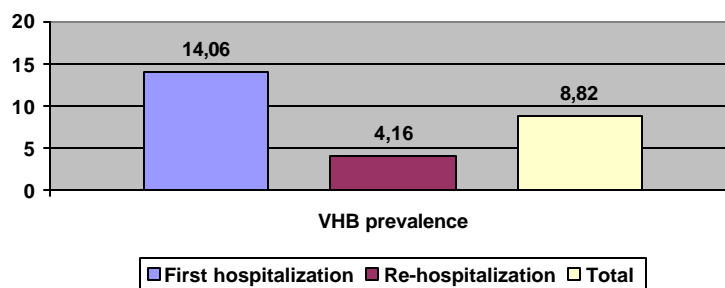


Source: NAA/RMCDDA

Although the total number of persons was relatively low, the following observations may be made:

- The VHB prevalence was higher among women - 12.5% as compared to men – 7.69%
- The VHB prevalence was higher among young people under 25 years old (age between 18 and 24) as compared to 25-34 age group: 10.6% as compared to 7.69%
- The VHB prevalence was higher among patients who were admitted to treatment for the first time, as compared with the patients who were readmitted: 14.06% as compared to 4.16%.

Figure no. 6-3: VHB prevalence among IDUs (%), first hospitalization versus re-hospitalization, Bucharest, 2006

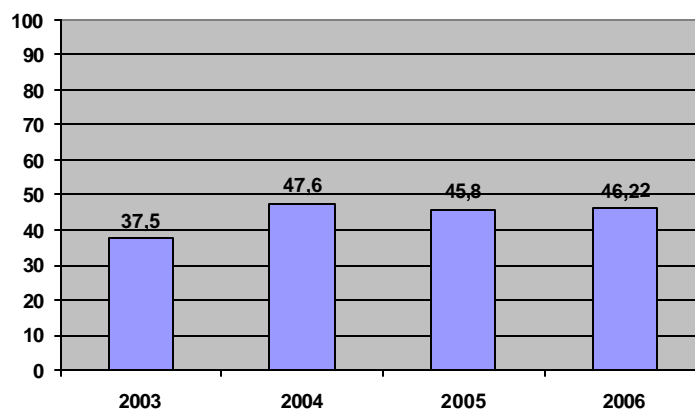


Source: NAA/RMCDDA

Just like in the past years, the prevalence of viral hepatitis C (VHC) among injecting drug users was higher than the prevalence of hepatitis B. Among the 300 analysed cases, 106 were tested for VHC – respectively Ac VHC, of which 49 cases were identified as being positive (46.22%).

As compared to the previous years, the prevalence of VHC was constant, at an average level comparing to the values in other EU countries, with the specification that the experts from the treatment centres appreciate the real values as being higher than the reported ones.

Figure no. 6-4: VHC prevalence among IDUs (%), Bucharest, 2003 - 2006

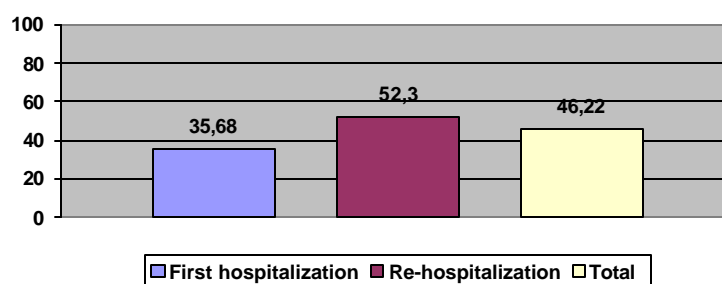


Source: NAA/RMCDDA

Gender distribution indicates VHC infection prevalence among female patients – 53.33% as compared to male patients - 45%. The same situation was noticed in 2005 (62.5% vs. 45%). With respect to the VHC prevalence by age groups, the highest prevalence was the one registered among young people under 25 (age group 18-24 years old) – 52.08%, probably suggesting it is necessary to promote *harm-reduction* measures and prevention programmes focusing on this IDUs group. VHC prevalence among people aged between 25 and 34 years old was 41.5% similar value being registered among patients over 35 years old - 40% (but only two cases were tested).

Furthermore, unlike the data from the year 2005, the hospitalization type has influenced the VHC prevalence: for the patients hospitalized for the first time, the prevalence was of 36.58% as compared to the patients who were re-hospitalized – prevalence of 52.3%.

Figure no. 6-5: VHC prevalence among IDU (%), first hospitalization vs. re-hospitalization, Bucharest 2006



Source: ANA/RMCDDA

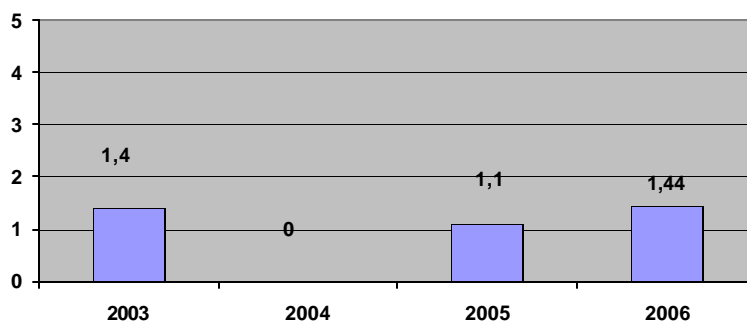
b) HIV Infection

In 2006, the available data suggest that the prevalence of the HIV infection among IDUs is low, similarly to the previous years.

According to the National Commission to Fight against AIDS from Ministry of Public Health, 715 tests were done among injecting drug users in 2006, and a single test was positive. During 1996-2006 the Commission reported 13 HIV positive cases among IDUs and 10 persons have developed AIDS.

The cases analysed within the RMCDDA have indicated for 2006 a total of two positive cases from the 136 IDU tested for HIV (prevalence - 1.44%).

Figure no. 6-6: Prevalence of the HIV infection among IDUs (%) from Bucharest, compared data for 2003-2006



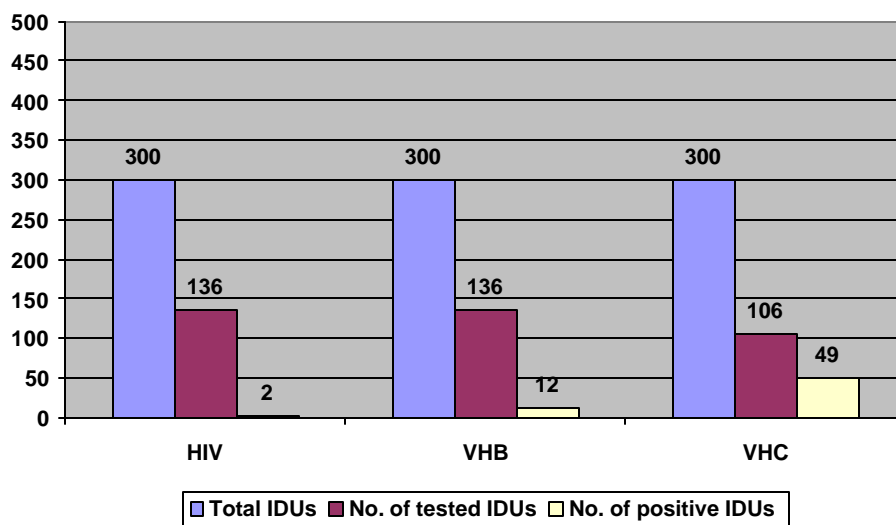
Source: NAA/RMCDDA

Due to the low number of positive cases, no statistical analyses could be performed regarding following variables: period of time which has passed since the first injection, age group or hospitalization type.

Conclusions:

- In case of hepatitis B and C and of HIV, the prevalence of the infections among IDUs from Bucharest were practically unchanged in 2006 as compared to the previous years (2003-2005), but starting from 2005, the data were collected case by case
- Similarly to the situation from 2005, the assay has only covered the cases of hospitalization for treatment from Bucharest. The treatment centres from rest of the country which have reported data have not had injecting drug users for treatment.
- VHC continues to be a major public health problem , VHC prevalence being high
- The absence of a unique national database for viral hepatitis has made it impossible to asses the following: the incidence of the disease, the trends, the risk factors, other socio-demographic data, etc.
- There were no technical and especially financial means necessary in order to make the tests for the detailed investigation of viral infections: AgHBc and HBe for VHB, RNA for VHC. In addition, the results of the confirmation tests were not available, since frequently they were not performed. Among the analysed cases, most frequently the patients were released upon request and they have not required other specialized medical services for the treatment of infectious diseases.

Figure no. 6-7: Tested sample, according to the test result, Bucharest 2006



Source: NAA/RMCDDA

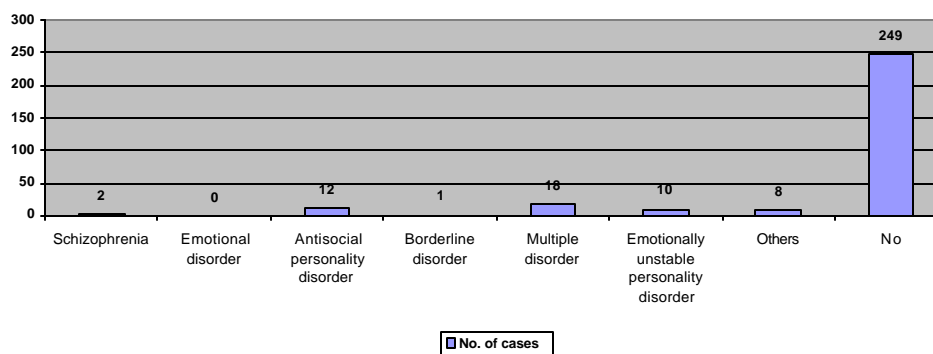
6.3 PSYCHIATRIC CO-MORBIDITY (DUAL DIAGNOSIS)

6.3.1 PERSONALITY DISORDERS, DEPRESSION, ANXIETY, AFFECTIVE DISORDERS, ETC.

Data used for the drafting of this chapter were selected from the database regarding drug related treatment demand. The selected cases were provided by 16 and 17 units of the hospital *Prof. Dr. Al. Obregia* from Bucharest. There were analyzed 300 distinct cases, all being hospitalised for heroin use.

A number of 51 persons were diagnosed with various mental disorders (17% of the studied assay). Among the mental disorders, the most frequent ones were the multiple personality disorders (18 cases, representing 6% of all the cases) and the antisocial ones (12 cases, representing 4% of all the cases). The rest of the cases were represented by emotionally unstable personality disorders (10 cases – 3.3%), other types of disorders (8 cases – 2.6%) and to a very small extent, the *borderline* disorders (1 case) and schizophrenia (2 cases).

Figure no. 68: Case distribution according to heroin related psychiatric pathology, Bucharest 2006



Source: NAA/RMCDDA

A supplementary survey was performed by using the data collected from the Emergency Hospital *Floreasca* from Bucharest. 15 cases (9 males and 6 females) of the 109⁵² hospitalized in a critical condition at the Floreasca Emergency Hospital from Bucharest, the diagnosis in 72 hours has revealed mental and behaviour disorders. Thus, the 9 hospitalized males have had depressive episodes of psychopathoid nature, and 4 of them have had suicide attempts. This was confirmed by the respective patients after the discussion with the psychiatrist, after the remission from the coma or from the acute episode. They were hospitalised while in a coma or with acute intoxication with heroin or other opiates. In some cases, the toxicology investigation has revealed the presence of other substances, indicating a polydrug intoxication (diazepam, carbamazepine, codeine, ibuprofen, methadone). They all had the heroin/opiate addiction syndrome.

Out of the 6 women with mental disorders, 4 were hospitalised with acute heroin intoxication, and 2 with polydrug intoxication (tramadol, lidocaine, caffeine, pentazocine, phenobarbital, codeine, diazepam, etc.). 3 of them have had suicide attempts caused by a major depressive episode, and the rest were reactive depressions, adaptation disorder or mixed personality disorder.

Table no. 6-4: Distribution the non-fatal emergency cases with mental disorders, by gender and age group, of, 2006

Age Group	Males			Females			
	20-24	25-29	30-34	15-19	20-24	25-29	45-49
	2	4	3	1	3	1	1

Source: Emergency Hospital from Bucharest

6.4 OTHER DRUG RELATED HEALTH CORRELATES AND CONSEQUENCES

6.4.1 NON-FATAL DRUG EMERGENCIES

The emergency cases are mostly treated at the Toxicology Unit from *Floreasca* Emergency Hospital. There are, however, situations when persons in a critical condition (acute intoxication or abstinence syndrome) are transported by the ambulance or by the family to the emergency rooms of the hospitals having jurisdiction in the area where they live in the capital, or to the emergency rooms of the county hospitals in the rest of the country.

In the year 2006, at the intensive care unit of the hospital, 106 persons were brought, 3 of which were brought twice, so there were 109 emergency hospitalizations - 4 were fatal.

⁵² 106 persons were hospitalized, 3 were hospitalized twice, and thus there are considered to be 109 cases in total.

Table no. 65: Patient structure by gender and age group; compared data for 2005-2006

Age group (years)	2005		2006		
	M	F	M	F	Unknown
<15	0	0	0	2	0
15-19	6	2	3	5	0
20-24	17	9	27	6	0
25-29	24	1	33	4	0
30-34	9	1	11	0	0
35-39	6	1	7	0	0
40-44	1	0	1	0	0
45-49	1	0	2	1	0
Unknown ⁵³	1	0	1	2	1
TOTAL	64	14	85	20	1

Source: Emergency Hospital from Bucharest

Regarding the source of referral, the following situation was registered, comparatively for 2005 and 2006:

Table no. 6-6: Distribution of the cases by source of referral; compared data for 2005-2006

Source of referral	2005	2006
Hospital	19	18
Ambulance	1	21
Street/cab	9	14
Friends/relatives	16	30
Penitentiary	3	5
Police department	0	3
Work place	0	1
Home	2	2
Other	0	2
Not specified	28	13
TOTAL	78	109

Source: Emergency Hospital from Bucharest

Among the 106 patients treated in 2006 at the Emergency Hospital, 4 were foreign citizens, according to the table below.

Table no. 6-7: Distribution of the cases by nationality and gender, 2006

Gender		Country					TOTAL
		ROMANIA	GREECE	IRAQ	FYROM ⁵⁴	TURKEY	
M		82	1	1	1	1	86
	F	20	0	0	0	0	20
TOTAL		102	1	1	1	1	106

Source: Emergency Hospital from Bucharest

⁵³ There is one more case in which the age is not known and the gender was not specified.

⁵⁴ Former Yugoslav Republic of Macedonia

According to the diagnosis upon hospitalisation, the 106 patients were brought with acute intoxication with opiates (15 cases), heroin overdose (29), polydrug intoxication, with or without heroin combinations (57), heroine abstinence syndrome (7), drug intoxication with other substances than heroin/opiates (diazepam, carbamazepine, levomepromazine, mianserine, phenobarbital etc.). There has also been a case of acute cocaine intoxication. The analysis is presented with respect to the number of cases, not of patients, and thus there must be taken into account the fact that each patient has had several diagnosis upon hospitalisation. The diagnosis within 72 hours from the hospitalisation is presented in the table hereunder:

Table no. 6-8: Non-fatal emergencies – distribution of the frequency of diagnosis in 72 hours⁵⁵, 2006

Diagnosis in 72 hours	Number of diagnosis	(%)
Coma (I-IV)	28	9.3
Heroin /opiate addiction syndrome	95	31.5
Acute intoxication with heroin/opiates	48	15.9
Heroin/opiates withdrawal	9	3.0
Cardiopulmonary arrest/ acute respiratory distress	15	5.0
Acute alcoholism	13	4.3
Acute polydrug intoxication	47	15.6
Acute drug intoxication	1	0.3
Acute cocaine intoxication	1	0.3
Depressive episode of psychopathoid nature	3	1.0
Attempted suicide	7	2.3
Delirium	19	6.3
Reactive depression	2	0.7
Personality disorder	2	0.7
Pregnancy (abortion)	1	0.3
VHC	9	3.0
VHB	1	0.3
TOTAL	301	100%

Source: Emergency Hospital from Bucharest

According to the gender, the frequency of the diagnosis of acute heroin intoxication or of heroin withdrawal was increased among female patients (19% as compared to 15.2%).

⁵⁵ A patient has had several diagnostics

Table no. 6-9: Distribution of the frequency of diagnosis in 72 hours, for emergency cases, by gender, 2006

Diagnosis within 72 hours	Males	(%)	Females	(%)
Coma (I-IV)	25	10.3	3	5.1
Heroin /opiate addiction syndrome	79	32.5	16	27.6
Acute intoxication with heroin/opiates	37	15.2	11	19.0
Heroin/opiates withdrawal	7	2.9	2	3.3
Cardiopulmonary arrest/ acute respiratory distress	12	5.0	3	5.1
Acute alcoholism	12	5.0	1	1.8
Acute polydrug intoxication	39	16.1	8	13.8
Acute drug intoxication	-	-	1	1.8
Acute cocaine intoxication	-	-	1	1.8
Depressive episode of psychopathoid nature	3	1.2	-	-
Attempted suicide	4	1.6	3	5.1
Delirium	13	5.4	6	10.3
Reactive depression	1	0.4	1	1.8
Personality disorder	1	0.4	1	1.8
Pregnancy (abortion)	-	-	1	1.8
VHC	9	3.7	-	-
VHB	1	0.4	-	-
TOTAL	243	100	58	100

Source: Emergency Hospital from Bucharest

The Emergency Hospital from Bucharest has the necessary equipment to perform the toxicology tests for all cases. However, in certain situations, although the patients had the symptoms of recent acute intoxication, the toxicological tests were negative. In most cases with positive toxicological tests, several substances were present. In 2006, the toxicology of the emergency cases has had the following situation, according to the table below:

Table no. 610: Distribution of toxicological measurements according to the result, 2006

Substance	Number of positive tests	Percentage of positive tests (%)	Percentage of positive tests of the total patients (106) (%)
Heroin	9	3.7	8.4
Methadone	21	8.7	19.6
Other opiates	26	10.7	24.3
Cocaine	1	0.4	0.9
Barbiturates	14	5.8	13.1
Benzodiazepine	35	14.5	32.7
Other sleep inductive drugs and sedatives	11	4.5	10.3
Other psychedelic drugs	1	0.4	0.9
Other substances	98	40.5	91.6
Negative/absent	22	9.1	20.6
Unknown/lost	4	1.7	3.7
TOTAL	242	100%	

Source: Emergency Hospital from Bucharest

Of all the patients hospitalised in 2006, 9 were registered with viral hepatitis C (one of the 9 cases is only a carrier of the C virus). They – all men – were hospitalised with acute drug intoxication or polydrug intoxication (6 persons), respectively with a heroin abstinence syndrome (3 persons). According to the diagnosis within 72 hours, all VHC patients had a heroin/opiate addiction syndrome. By age group was the following: 2 people in the 20-24 age group, 3 in the 25-29 age group, 3 in the 30-34 age groups and 1 in the 35-39 age groups. One of the VHC patients died. There has also been a case of VHB infection (male, age group of 20-24).

The 4 persons (of the total 106) who died in 2006 were males of which 3 in the 25-29 age group and one in the 40-44 age group. All the 4 men had the heroin addiction syndrome and they were in critical condition (cardiac arrest). One of the 4 cases has caused debates among the legal doctors, because there were different opinions on the underlying cause of death. Since it was a voluntary acute opiate and barbiturate intoxication accompanied by heroin addiction in a person with septal ventricular failure, it was rather difficult to detect the real underlying cause of death (heroin user with a long history of drug use; the toxicology test revealed the presence of phenobarbital and methadone). Both the cardiac failure and the presence of drugs in the body could have caused death. Finally, it was considered to be a direct death by overdose, taking into account the fact that the patient was brought in toxic shock and was registered as such.

Table no. 6-11: Toxicology of death cases (exitus), 2006

Substances	Number of positive test s	Percentage of positive tests (%)	Percentage of positive tests of the total of patients (106) (%)
Methadone	4	36.4	100
Barbiturates	1	9.1	25
Benzodiazepine	1	9.1	25
Other sleep inductive drugs and sedatives	1	9.1	25
Other substances	4	36.4	100
TOTAL	11	100%	

Source: Emergency Hospital from Bucharest

6.4.2 PREGNANCY AND CHILDREN BORN TO DRUG USERS

In October 2006, a woman aged between 20 and 24, in the second trimester of her pregnancy, with an attempted abortion, was transported to the Toxicology Unit of the Emergency Hospital from Bucharest. She was in a coma due to an acute intoxication with tramadol. According to the diagnosis given within 72 hours, the patient had an opiate addiction syndrome (heroin). She was stabilized and transported to the Detoxification Centre. This was the only such case reported by a hospital.

Chapter 7 – Responses to health correlates and consequences

7.1 PREVENTION OF DRUG RELATED DEATHS

7.1.1 OVERDOSE PREVENTION (SAFER USE TRAINING, FIRST AID TRAINING, CONSUMPTION ROOMS, ANTAGONISTS, ETC.)

No new data are available.

7.2 PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

In 2006, the prevention activities targeting the injecting drug related infectious diseases were financed mainly under the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, and were implemented in Bucharest by the NGOs ARAS and ALIAT. The syringe exchange services were implemented only in Bucharest – because Bucharest was considered to be the city with the most serious problems related to injecting drug use, and for financial reasons.

Thus, ARAS carried on two *outreach* programmes, addressing injecting drug users and the commercial sex workers, and ALIAT developed an *outreach* program and a syringe exchange programme on a fixed location. The coverage of the programmes in the IDU population from Bucharest is estimated at 10-15% in 2006.

The main problems occurred in the implementation and enlargement of the harm-reduction programmes were related to under-financing (the budget of the programmes was covered entirely by external sources) and, to a smaller extent, to some legislative ambiguities.

Within the programmes implemented by ARAS (*Seara de seara - Night by Night* -, and *Optiuni pentru Sanatate – Health Options*) approximately 144,000 syringes were distributed (out of which 1,459 were returned – a rate estimated to be extremely low, of around 1%) to 879 IDUs (unique codes), other 851 persons benefiting as well from these services. Apart from the syringes, condoms were also distributed (more than 40,000), distilled water and sanitary materials, as well as more than 2,000 informative materials.

The programmes were carried on in 10 areas in Bucharest; 87 outreach sessions and more than 1,200 informative sessions were organised. Within these sessions information and materials were provided about injecting drugs (safe use, re-use of the injecting equipment, other possibilities of infection such as unsafe sex or tattoos), harm reduction (40 counselling sessions), HIV transmission and other sexually transmitted diseases (including the transplacental transmission), HIV testing and testing for the detection of other infectious diseases (486 persons were referred to the test centres), overdose (causes, signs and prevention), and the services in place (detoxification, substitution and others).

The syringe exchange programme implemented by ALIAT (a programme called *Risc minim – Minimal Risk*) provided care services to 375 IDUs, distributing 149,000 syringes. 654 informative sessions and 63 psychological counselling sessions were organised, 635 clients being referred to the specialised services.

In total, the two non-governmental organisations provided services to 1,254 IDUs, distributing approximately 300,000 syringes and referring more than 1,100 other clients to other care units.

Furthermore, ARAS performed 278 immunizations for hepatitis A and B, mostly among the persons involved in commercial sex.

As compared to the previous years, the *harm-reduction* activities (especially the distribution of syringes and *paraphernalia*) was highly diminished, especially because of the financial problems – for instance, in the year 2005, more than a million syringes was distributed in Bucharest, as compared to 300,000 syringes in 2006.

The treatment of drug related infectious diseases may be estimated as being relatively accessible in case of HIV infections (including triple therapy) and difficult in case of hepatitis C.

Except for financial constraints (starting with the high cost of laboratory tests or of medicines), for most IDUs there is also the problem of lack of identity documents (in most cases) or of the failure to pay the contribution to the health insurances.

7.3 INTERVENTIONS RELATED TO OTHER HEALTH CORRELATES AND CONSEQUENCES

7.3.1 PREVENTION AND REDUCTION OF DRIVING ACCIDENTS RELATED TO DRUG USE

Initiated in 2005 by the Mistel Institute (Germany), in partnership with European governmental and nongovernmental institutions⁵⁶, the regional Project *Peer Drive Clean!*⁵⁷ was meant to inform, educate and raise the awareness of the young people attending driving courses, with respect to the risks involved by drug use when driving.

Within the regional project, the Romanian party, through the National Anti-Drug Agency⁵⁸, has been developing the local project *Peer to Peer Education for the Prevention of Driving Accidents related to Illegal and Legal Drug Use*, with a 3-year term of implementation.

The activities are to be performed in driving schools, within the legislation courses, for the purpose of informing, educating and raising the awareness of the youth with respect to the risks mentioned above.

During the year 2006 the following activities were performed:

- 26 driving schools were identified and selected
- Peer to peer trainers were identified and recruited (14 volunteers from the Romanian Angel Appeal Foundation – RAA, who had been involved in similar projects)
- A questionnaire for determining the motivation was made
- Two accommodation sessions were organised (familiarization with the trainers and with the project)
- Two work meetings were organised with representatives of the Traffic Police Squad, in order to involve this unit in the project, as partner.

⁵⁶ Portugal, the Netherlands, Belgium, Spain, Austria, Estonia, Romania, Slovenia and Italy (see the National Report for 2006)

⁵⁷ The project has been developing for three years, and the subcontracting value for the National Anti-Drug Agency for the entire period is EUR 42,235. The amount related to the year 2006 was EUR 26,396 euro, of which EUR 15,868 was the contribution of the European Commission (through the Directorate General of Health and Consumer Protection)

⁵⁸ See the 2006 National Report

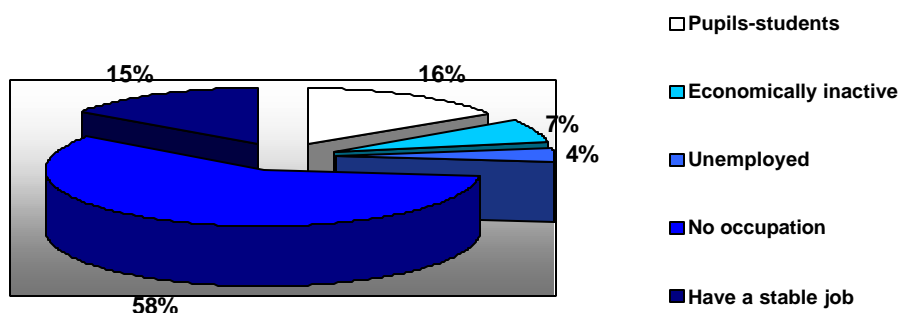
Chapter 8 – Social correlates and consequences

8.1 SOCIAL EXCLUSION (AMONG DRUG USERS AND DRUG USE AMONG SOCIALLY EXCLUDED GROUPS)

8.1.1 UNEMPLOYMENT

In 2006, the data collected within the *Drug related treatment demand* indicator provided information referring to the unemployed drug users. In the reference year, of the persons admitted to treatment⁵⁹, 58% had no occupation (and never had a job), 4% were unemployed, 7% were economically inactive (retired, invalid persons), 16% were pupils or students and only 15% of the subjects had a stable job.

Figure no. 8-1: Distribution of the persons admitted to treatment, by occupational status, 2006



Source: NAA/RMCDDA

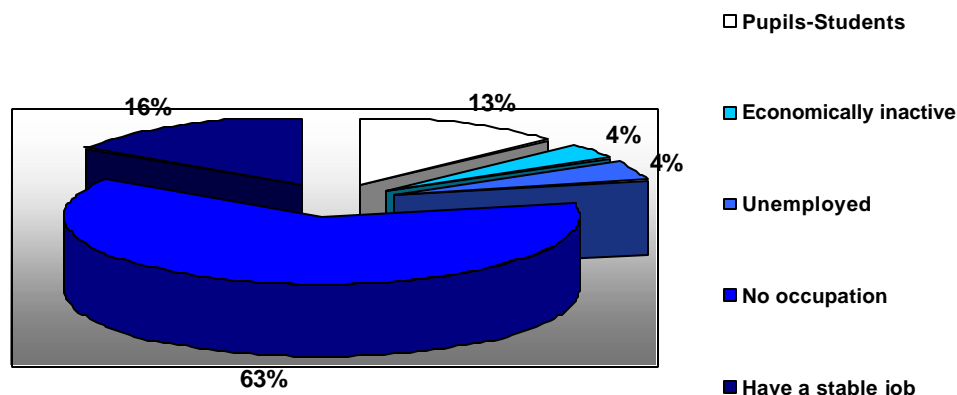
As compared to the 2005 data, one can notice a change in the distribution of the persons admitted to drug treatment in 2006, according to their occupational status. Thus, the number of users who did not have a permanent job (from 10% to 15%) increased following the diminishing of the percentage of users who had no occupation (from 65% to 58%). In addition, one can notice an increase of the number of students/pupils who use drugs (from 10% to 16%), a drop of the percentage of economically inactive persons and an increase of the percentage of unemployed people (from 3% to 4%).

According to the occupation and to the main drug, the distribution of the cases in 2006 reveals the fact that 81% of the persons without occupation use heroin, a drug, which is also used by 40% of the people with a stable job. The nicotine use is characteristic for 74% of the students/pupils, while 39% of the unemployed and 35% of the employed use alcohol.

According to the gender variable, men (16%) succeed in a larger extent to have a permanent job as compared to women (13%). Nevertheless, one can notice a major discrepancy between the percentage of women (46%) and men (63%) without any occupation.

⁵⁹ These percentages do not take into account the number of non-responses

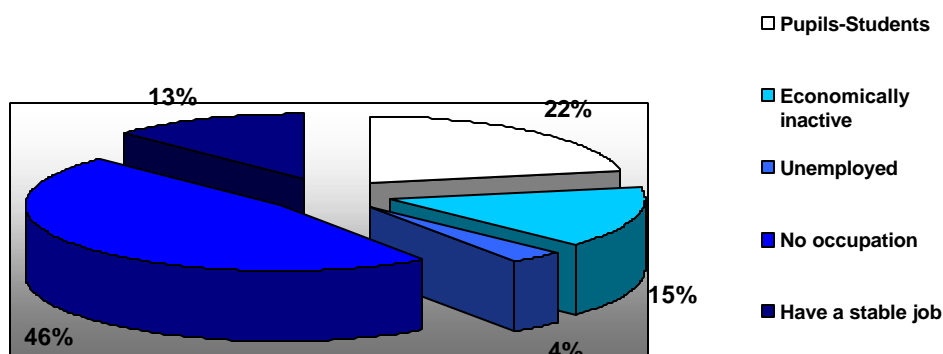
Figure no. 8-2: Distribution of males admitted to treatment, by occupation, 2006



Source: NAA/RMCDDA

Unemployment is equally present in the case of women and men (4%). There is a major difference between the percentage of female pupils and students (22%) and males (13%). The same holds true for the economically inactive persons: 15% are women, while 4% are men.

Figure no. 8-3: Distribution of females admitted to treatment, by occupation, 2006



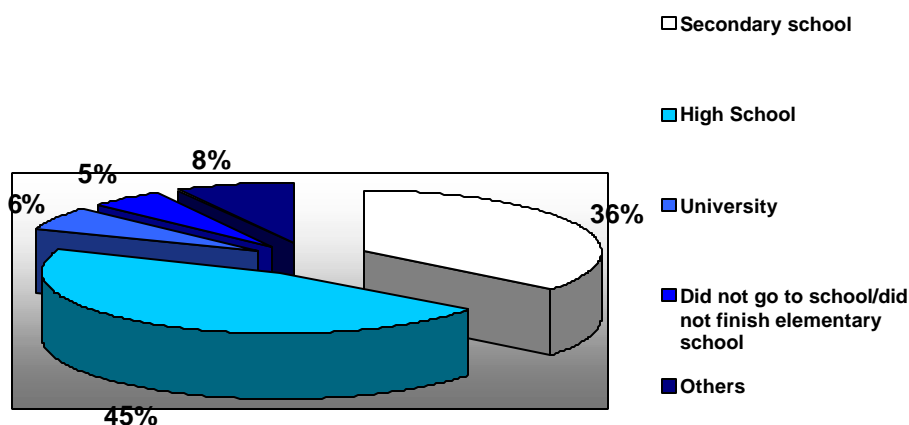
Source: NAA/RMCDDA

Analysing the social consequences of the drug use in 2006 as compared to the year 2005, according to the gender variable, following developments could be noticed: the percentage of unemployed in both population categories (males and females) increased from 2% in the case of women and 3% in the case of men to 4% for both categories; the percentage of males, who have no occupation, decreased (from 68% to 63%), while the percentage of females with no occupation increased (from 42% to 46%). In addition, an increase (from 13% to 16%) in the case of men, who have a job, and a significant decrease of the percentage of women, who have a permanent job (from 27% in 2005 to 13% in 2006), were noticed. As compared to the year 2005 the percentage of women admitted to treatment, which attend any type of learning form – pupil or student, doubled from 11% to 22%;

8.1.2 SCHOOL DROP-OUT

In 2006, according to the data collected within the *Drug related treatment demand* indicator, of the total number of 1,912 persons, which were admitted to the treatment, 36% finished secondary school, 45% high school and 8% graduated from university. In addition, it can be noticed that 5% of the drug users did not go to school and did not finish secondary school.

Figure no. 8-4: Distribution of persons admitted to treatment, by level of education, 2006



Source: NAA/RMCDDA

8.2 DRUG RELATED CRIME

8.2.1 DRUG OFFENCES (ARRESTS/CRIMINAL REPORTS FOR DRUG USE TRAFFICKING/PRODUCTION/ CULTIVATION, ETC.)

The indicators presented in this section are structured according to the number of offences and investigated/convicted persons, analysed according to the three phases of the trial, which are the detection of the offence and the perpetrator identification phase, performed by the police, the prosecution phase performed by the public prosecutor's office, and the trials performed by courts.

In 2006, the institutions involved in drug supply reduction, i.e. the National Anti-Drug Agency, the Public Ministry, the Inspectorate General of the Romanian Police, the Inspectorate General of the Border Police, the Inspectorate General of the Romanian Gendarmerie and the National Customs Authority took tangible steps for their own institutional building, for the harmonization of the specific national legislation with European Union law, for training the specialists and ensuring the necessary resources, for instance the increase of the internal and international cooperation, according to the objectives of the 2005-2012 National Anti-Drug Strategy.

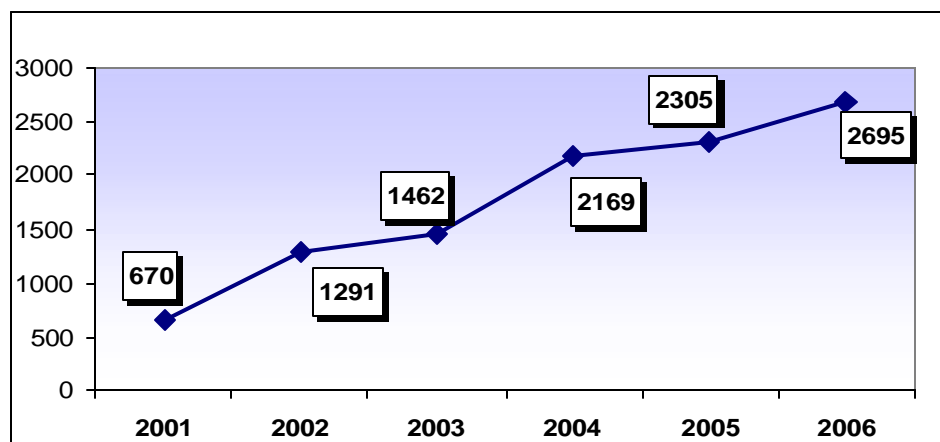
At the same time, these institutions were meant to monitor the improvement of the activities performed in view of countering the trafficking and illicit use of drugs.

1. Offences related to trafficking and illicit drug use

In 2006, law enforcement agencies detected 2,936 drug and precursor law offences, out of which 2,695 offences referred to the provisions of the Law no. 143/2000 on preventing and countering the illicit drug trafficking and use, as further amended and supplemented. They represent 91.8% of the total perpetrated drug and precursors law offences.

One can notice an increasing trend of the number of offences detected throughout the entire reference period.

Figure no. 8-5: Evolution of the number of drug law offences committed in the 2001 – 2006 period



Source: General Inspectorate of the Romanian Police (GIRP)

The statistics show that the urban environment continues to be most affected by illicit drug trafficking and use offences. Thus, in 2006, the percentage of the offences perpetrated in the urban areas equalled 93.3% (2,514 offences) as compared to the rural environment, which only registered 6.7% (178 offences).

Out of the 2,695 committed offences, the highest percentage, of 53.76%, refers to the purchase and possession of drugs for personal use (art.4), while 41.78% refer to the cultivation, production, sale, distribution, purchase and unlawful possession of drugs (art. 2). The difference of 3.6% is related to the taking drugs in or out of the country, as well as the import and export of risk drugs and high-risk drugs, while 0.86% represents criminal acts provided by law.

In 2006, the criminal phenomenon regarding the trafficking and illicit drug use was present in all counties, while the number of offences related to Law no. 143/2000 varied according to the changes of the trafficking route and of the drug demand on the illicit market, but also to the ability and quality of the countering measures undertaken by the anti-drug units, both at the national border and within the country, mainly in large urban centres. Thus, the Municipality of Bucharest is the top of the list, with 1,301 offences, followed by the counties of Ilfov – 130 offences, Iasi – 122 offences, Timis – 96 offences, Arad – 64 offences, Alba – 63 offences, Prahova – 62 offences, Satu Mare – 59 offences, Constanta – 59 offences, Brasov – 52 offences and Mehedinti – 51 offences.

Regarding the factors favouring the crime phenomenon in the above-mentioned areas, we must mention the large concentration of young people in the university centres, the opportunities offered to traffickers by ports, the seaside of the Black Sea or the districts of the large cities with high crime risk.

In Bucharest, the evolution of the phenomenon on the analysed static indicator presents a dynamically accelerated increase, as in 2006, there were 374 more offences as compared to 2005 and 898 more offences as compared to the reference year 2001 (222.8%).

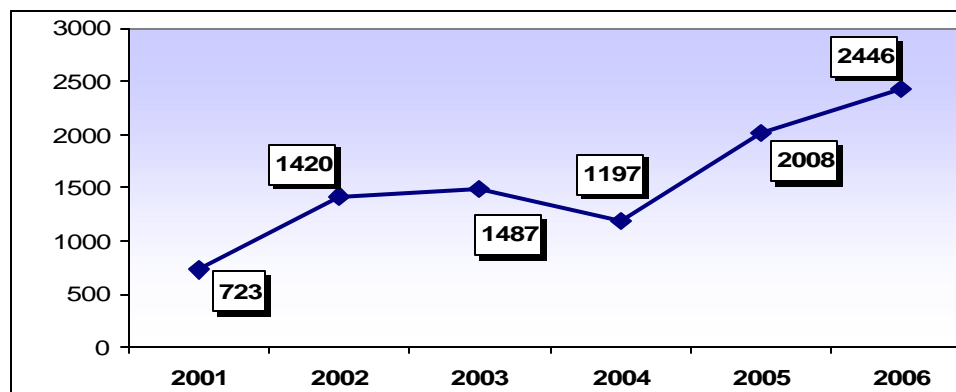
Besides the illicit drug law offences, 96 precursor law offences (Law no. 300/2002), 57 offences related to Law no. 39/2003 on preventing and countering the organized crime, 15 money laundry offences and 73 offences related to the Criminal Code (offences related to the illicit drug trafficking and use)⁶⁰ were committed in 2006.

⁶⁰ It refers to concealment offences, respectively the favouring of the offender, aspects that cannot be found in the special drug law.

2. Situation of the persons investigated by the police for illicit drug law offences

For the 2,695 offences provided under the Law no. 143/2000, as last amended and supplemented, in 2006, 2,446 persons were investigated (89.9% of the total number of 2,720 persons investigated for drug and precursor law offences), 21.8% more than in 2005. The evolution of this indicator registered a continuous increase during 2001–2006 (from 723 to 2,446 people). Furthermore, we are to present the dynamics of the persons who have perpetrated offences sanctioned under all previously mentioned laws, irrespective of the legal context of the offences, but a separate analysis of people pursued at law for drug related offences is not available.

Figure no. 8-6: Dynamics of the persons investigated by the police for violations of the Law no. 143/2000, during 2001-2006



Source: Criminal Records, Statistics and Operational Records Directorate from IGRP

3. Situation of the persons investigated by the police for drug and precursor law offences

There is no analysis of the dynamics of the drug law offences. The following analysis refers to the total number of people who have committed offences sanctioned by all penal laws previously mentioned.

Thus, in 2006, 2,720 people (84.3% men and 15.7% women) were investigated for the perpetration of the 2,936 offences referring both to drugs and to precursors.

Following the analysis of the *age* variable, one may notice large proportion of young people, aged between 18 – 30, representing 66.14% (1,799 investigated people) from the total number of investigated people, followed by the 30 – 50 years group age (662 people), with a percentage of 24.34%. The lowest percentage is that of the people over 50 (108 people) – 3.97%.

The percentage of underage people, who are legally liable for their acts, (two minors under 14 and 149 aged between 14–18 years) investigated for such cases, is also relatively high, representing 5.55% of the total number of investigated persons.

According to the *education level*, one may highlight the fact that the people with lower education are more likely to participate in this type of offences – 43.5% (secondary school graduates), followed by the high school graduates (35.7%). University graduates (5.5%) have the same percentage as the people with no education (4.3%).

People with a criminal record, investigated for drugs and precursors law crimes, represent a special category, which is highlighted through a high percentage participation of 22.24%.

According to the *occupational status* variable, one may notice that the people without occupation represent the category, which is most likely to participate in illicit drugs and

precursors trafficking and use offences, up to 63.5%, while the rest of 36.5% have various jobs (workers, farmers, public administration clerks, commercial workers, trade companies' managers and owners, employees of private companies, etc).

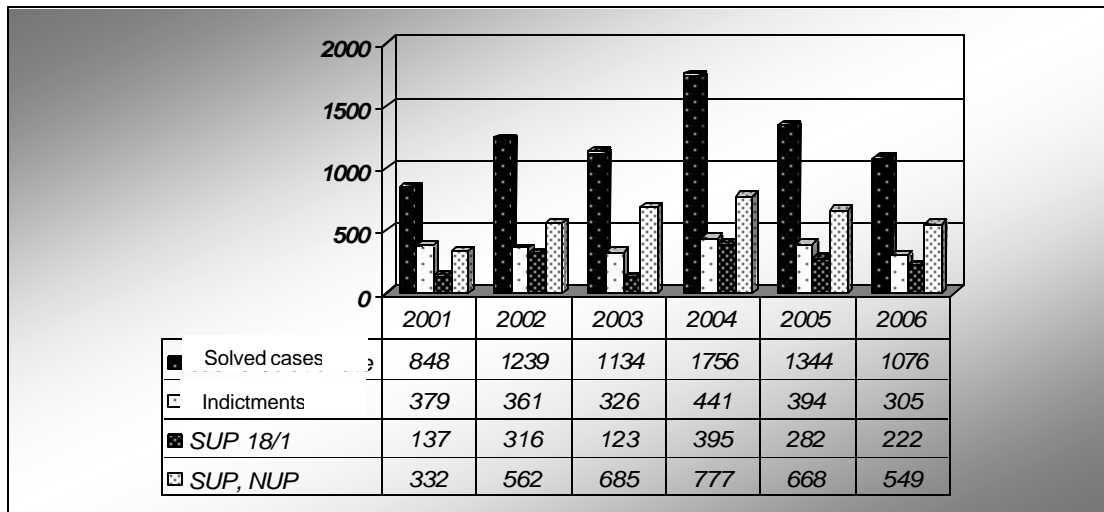
4. Situation of the criminal cases solved by the prosecutor's offices

In 2006, the representative of the Prosecutor's Office with the High Court of Justice and Cassation and of the prosecutor's offices with the 15 courts of appeal conducted 1,076 criminal cases related to drugs and precursors.

As compared to 2005, when 1,344 criminal case files had been solved, one can notice a decrease of 19.9%, while as compared to 2004 the decrease equals 38.7%.

Of the total 1,076 cases, 305 (28.3%) were referred to court, while in 549 cases (51%) the provided solution was want of prosecution or drop the charges, and for 222 criminal case files (20.6%), the criminal proceedings ceased by dropping the charges according to art. 18¹ of the Penal Code (the act is not a social hazard).

Figure no. 87: Situation of the criminal cases conducted by the prosecutor's offices during 2001 - 2006



Source: The prosecutor's office with the High Court of Justice and Cassation

By statistically analysing the solved criminal cases referred to court, during 2001 – 2006, one may notice an inconsistent trend, with a drop from 379 case files in 2001, to 361 case files in 2002 and 326 case files in 2003, followed by an increase to 441 files in 2004 and again a decrease to 394 case files in 2005. The smallest number of criminal cases referred to court, to trial the accused persons or the defendants for drug law offences, was registered in 2006.

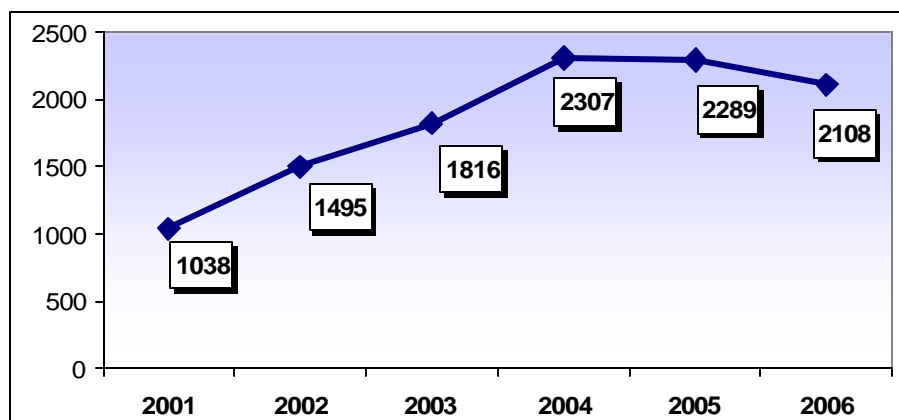
One may notice the fact that, starting with 2002, the average percentage of the criminal case files solved by court referral remained low (28.1%), while the lowest percentages were registered in 2004 and 2006.

This situation highlights a poor quality of the acts before the criminal proceedings or the initiation of the criminal proceedings, which, lacking the soundness required by the law in terms of providing evidence indicating an offence has been committed, lead to the cessation of the criminal proceedings.

5. Situation of the accused people/defendants, referred to court

In 2006, 2,108 people were accused by the prosecutor's offices of having committed drug and precursor trafficking law offences, as well as for drug possession in view of illicit use⁶¹, 7.9% less than in 2005.

Figure no. 8-8: Evolution of the number of people accused of having committed drugs and precursors law offences, 2001-2006



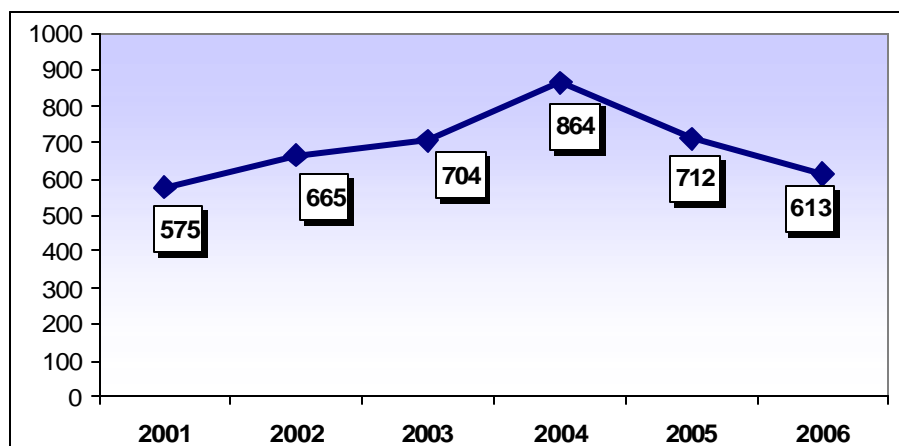
Source: The prosecutor's office with the High Court of Justice and Cassation

This indicator registered an upward trend through the entire 2001 – 2004 interval, so that from 1,038, it reached 2,307 in 2004. After this maximum level, in 2005 the number of accused persons decreased to 2,289, and in 2006, it reached 2,108. Of the 2,108 accused people, 613 were referred to court, which represents 13.9% less than in 2005.

The evolution of the *number of people referred to court of the total number of accused people* increased continuously during 2001 – 2004, and it decreased significantly during 2005 and 2006, 17.6%, respectively 29% less than in 2004.

⁶¹ The number of people accused by the prosecutor's office may be larger in some of the years in between 2001-2006 than the number of people investigated by the police during the same years. This can be explained by the fact that the duration of the criminal proceeding sometimes exceeds one year and the people in question are included in the statistics of the following year.

Figure no. 8-9: Evolution of the number of people referred to court for drug law offences, 2001-2006



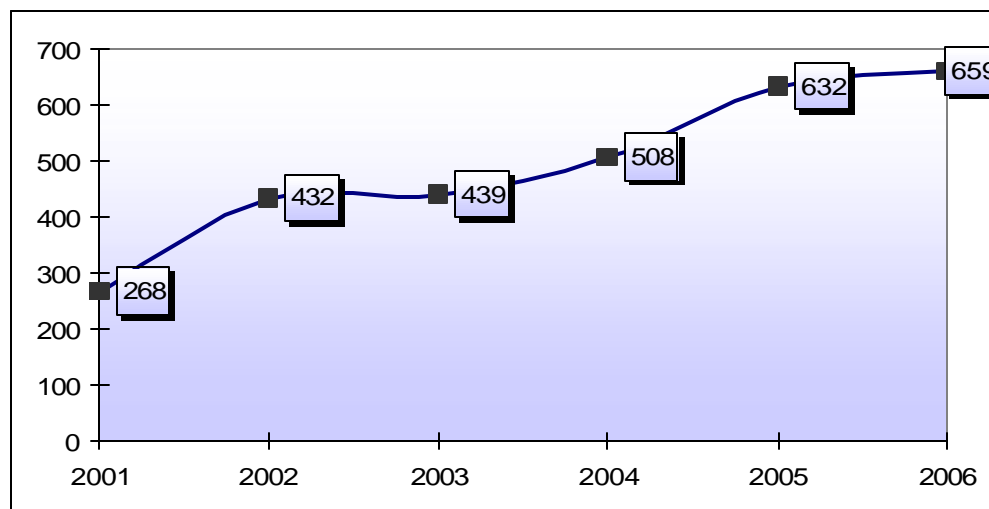
Source: The prosecutor's office with the High Court of Justice and Cassation

6. Situation of the people convicted by the courts

In 2006, the courts have convicted 659 people for the perpetration of offences provided and sanctioned by Law no. 143/2000 on preventing and countering the illicit drug trafficking and use, as amended and supplemented (629 adults and 30 underage persons), 4.3% more as compared to the previous year. Throughout the entire analysed period, the indicator registered a continuous increase from 268 people with mandatory sentences in 2001 to 659 in 2006 (145.9%), the average increase rate through the entire time interval being of 21.4%. Of the 659 persons convicted during last year, 574 were traffickers (502 men and 72 women) and 85 were users (81 men and 4 women), 98 of them were repeat offenders, while 43 of them had a criminal record history.

In 2006, the courts did not solve any criminal cases referring to precursor law offences.

Figure no. 8-10: Evolution of the number of drug law convicted offenders, 2001-2006



Source: Superior Council of Magistracy

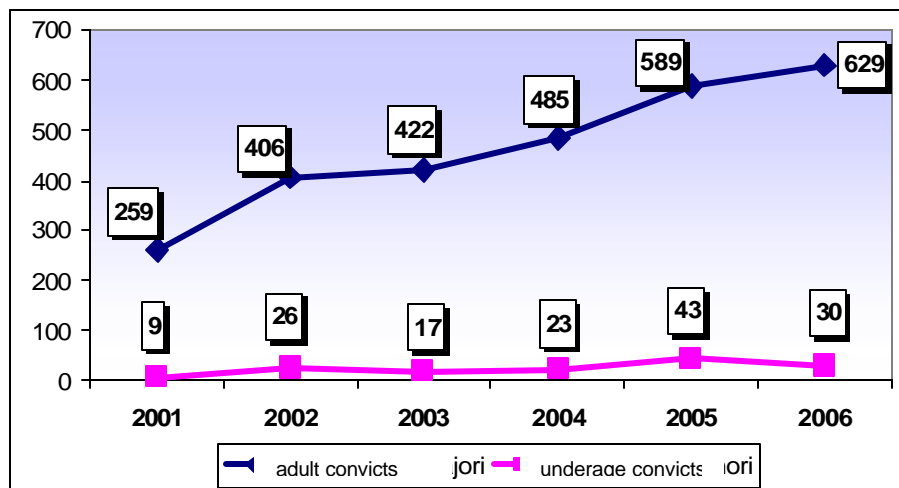
Following the analysis of the age variable, one may notice that during 2001 – 2006, underage offenders represented a small percentage of the total number of convicted people. Nevertheless, considering how serious drug law offences are, one may state that the number

of underage persons involved in the perpetration of such offences is quite high and their increasing number is a reason for concern.

If in 2001, the number of underage convicted drug law offenders represented only 3.3% of the total number of such convicted offenders, in 2002 the percentage reached 6%, and in 2003 4%, increasing in 2004 to 4.5% and to 6.8% in 2005, while in 2006 the percentage equalled 4.55%.

In addition, one may notice the large number of women under mandatory sentences (76 people) for drug law offences, which represents 11.5% of the total number of people under mandatory sentences.

Figure no. 8-11: Evolution of the number of adult and underage convicted people, 2001-2006



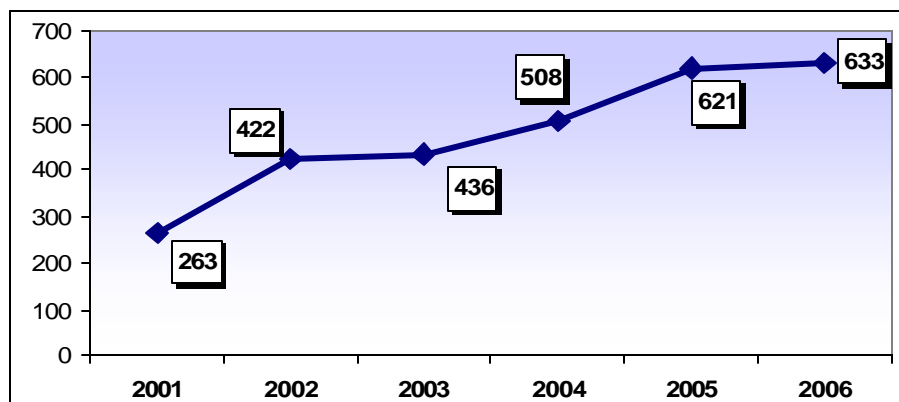
Source: Superior Council of Magistracy

THE SITUATION OF THE PEOPLE SENTENCED TO PRISON

In 2006, of the 659 people under mandatory sentences, 633 were sentenced to prison (698 adults and 25 underage persons), while 24 people (of which 21 adults and 3 underage persons) were sanctioned by fines and educational measures were passed on two underage people.

Between 2001–2006, the evolution of this indicator registered an upward dynamics from 263 people in 2001 to 422 people in 2002, to 436 people in 2003, to 508 people in 2004, to 621 people in 2005, respectively, to 633 people in 2006.

Figure no. 8-12: Evolution of the number of persons sentenced to prison, 2001-2006



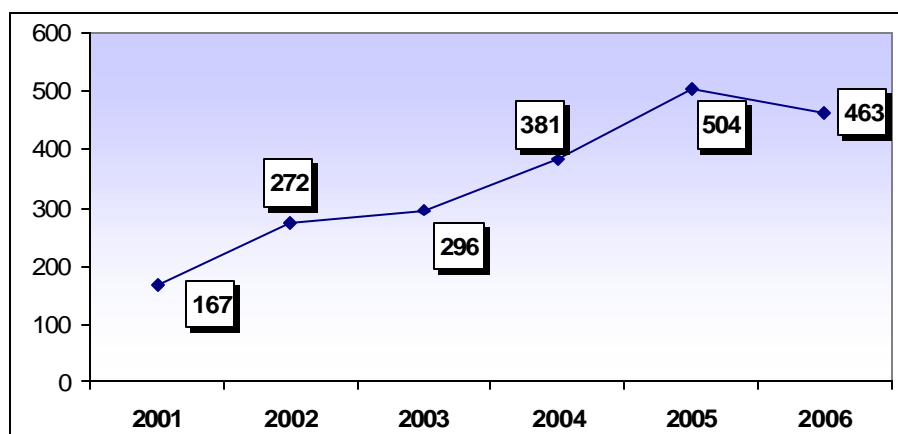
Source: Superior Council of Magistracy

SITUATION OF THE PERSONS UNDER CUSTODIAL SENTENCE

In 2006, of the 633 people sentenced to prison, 463 people (73.1%) were under custodial sentence, of which 457 adults and 6 underage persons.

The evolution of this indicator during 2001 – 2006, registered a continuous increase, from 167 people in 2001, to 504 people in 2005, except for the year 2006, when the figures decreased with 8.1% as compared to last year.

Figure no. 8-13: Evolution of the number of people under custodial sentence, 2001-2006



Source: Superior Council of Magistracy

Out of the total number of persons sentenced to prison, the percentage of people under custodial sentence registered also a continuous increase between 2001 – 2005, equalling 63.4% in 2001, 64.4% in 2002, 67.8% in 2003, 75% in 2004, reaching a value of 81.1% in 2005, following which this indicator registered a drop of 73.1% in 2006.

SITUATION OF THE PEOPLE WITH SUSPENDED SENTENCES ON PAROLE AND SUSPENDED SENTENCES ON PROBATION

In 2006, of the 633 people sentenced to prison, 96 people (80 adults and 16 underage persons), were sentenced to prison and were released on parole, while 74 people were released on probation.

During 2001 – 2006, the evolution of the number of people sentenced to prison and released on parole, registered, starting with 2002 a down-ward trend, from 126 people this year, to 107 people in 2003, to 93 in 2004, reaching a number of 86 people in 2005, following which in 2006, the number of people upon which the courts have passed this measure increased by 10.

Regarding the evolution of the number of people with suspended sentences on probation, an increase was been registered from 2001 – 2006, from 11 people in 2001, to 24 in 2002, to 33 in 2003, to 34 in 2004, except for 2005, when the number decreased to 31 people.

The largest number of people with suspended sentences on probation i.e. 74 people (71 adults and 3 underage persons), was recorded in 2006, which represents an increase of 572.7% as compared to 2001 and of 138.7% as compared to 2005.

Table no. 8-1: The distribution of the people with suspended prison sentence, 2001-2006

	The total number of people sentenced to prison	The total number of people sentenced to prison with conditional discharge sentence	The total number of people with suspended sentences on probation
2001	263	85	11
2002	422	126	24
2003	436	107	33
2004	508	93	34
2005	621	86	31
2006	463	96	74

Source: Superior Council of Magistracy

8.2.2 OTHER DRUG RELATED CRIME (I.E. PROPERTY CRIMES, ILLEGAL PROSTITUTION, PRESCRIPTION OFFENCES, VIOLENCE UNDER THE INFLUENCE, DRIVING OFFENCES, ETC.)

From April 2006, the arrest unit of the Police Department no. 12 has been operating as a detention unit for people under the influence of drugs.

In 2006, 561 persons under the influence of drugs were imprisoned there, of which 545 were adults and 16 were minors.

Table no. 8-2: Situation of the arrested persons, by type of offence, 2006

Offence	Legal classification	Number of persons
Theft and aggravated theft	Art. 208,209 PC ⁶²	278
High risk drug trafficking	Law 143/2000	224
Robbery	Art. 211 PC	47
Manslaughter	Art. 174–178 PC	6
Assault	Art. 181 PC	1
Procuring	Art. 329 PC	2
Damage	Art. 217 PC	1
Fraud	Art. 215 PC	1
Illegal confinement	Art. 189 PC	1
TOTAL		561⁶³

Source: Inspectorate General of Bucharest Police

⁶² Penal Code

⁶³ The difference is caused by the fact that some of the arrested persons perpetrated several offences, and the report was drawn up based on the type of offence

The 16 arrested minors committed the offence of aggravated theft provided and punished by the article 209 of the Penal Code.

The imprisoned persons, declared to be under the influence of drugs, benefit from medical care provided by the Medical Unit within the Inspectorate General of Police of the Municipality of Bucharest.

8.3 DRUG USE IN PRISON

8.3.1 DRUG USE AND PROBLEM DRUG USE AMONGST PRISON INMATES

In 2006, the National Anti-Drug Agency conducted the first survey on drug use amongst prison inmates.

Methodological aspects:

- Geographic coverage: national (27 locations of a total of 38 penitentiaries at national level)
- Target population: prison inmates aged between 15 and 60
- Total size of the lot:
 - Prison inmates – 3,218 subjects (Bucharest: 867 – considering that drug use is higher in the capital city, the over-sampling procedure was used for Bucharest)
 - Prison staff – 1,088 subjects
- Sampling method: probability, stratified, multistage; for Bucharest, the resulted sample was increased by 396 persons (finally, for Bucharest a representative sample with a 95% confidence level and a 3% accuracy level)
- Quantitative research methods: two questionnaires, one for the detainees, applied by interview operators, and one for the prison staff, self-applied
- Data collection: May –June 2006
- Financial resources: internal resources.

Results of the study on drug use amongst prison inmates:

Medicine use without the doctor's prescription – The use prevalence, in prison, amounts to 13.7%. Only half of the prison inmates who declared having used drugs in the penitentiary, had also used before the detention period, which means that a percentage of 6% of the subjects had started using in the penitentiary. 4.1% of the inmates were using mixtures/combinations of medicines and/or other substances. The "ingredients" used most frequently in the mixtures are toothpaste, shaving cream/aftershave, cigarette ashes, alcohol, coffee, and amongst the medicines, diazepam, phenobarbital, carbamazepine and levopromazine.

Alcohol use – 6.8 % of the prison inmates reported they had alcohol while in detention. Since alcohol may be used as a currency, just like cigarettes, the inmates were asked how the other inmates managed to obtain alcoholic beverages (including the inmates who had declared that they had not had alcohol in the penitentiary):

- Amongst those who confirmed they had alcohol in the penitentiary, 36% stated they received it from other persons, 24% that they prepared it themselves, and 14% that they got it through the prison staff
- Among those who declared that they had not used in the penitentiary, 18% prepared it themselves, 14% took it from other inmates, 7% obtained it from somebody outside the prison (visitation/by parcel), and 6% - from the prison staff.

Illicit drug use – 18.5% of all prison inmates used an illicit drug at least once in their life, and amongst those from Bucharest, the percentage reaches - 38.5%.

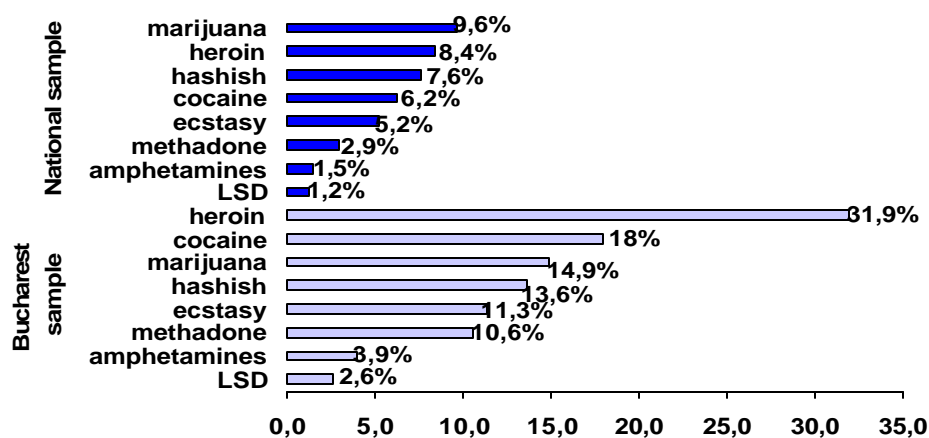
Table no. 8-3: Illegal drug use prevalence amongst prison inmates, 2006

		Life-time use	Outside the penitentiary	In the penitentiary
Total sample	Life-time	18.5%	16.3%	2%
	In the last 12 months		10.3%	1.5%
	In the last 30 days		6.9%	0.9%
Bucharest sample	Life-time	38.5%	37.5%	5.7%
	In the last 12 months		27.1%	4.7%
	In the last 30 days		22.4%	3.2%

Source: NAA/RMCDDA

The analysis for the national lot life time prevalence of drug use, by type of illicit drug, indicated the most popular drug amongst the inmates was marijuana (9.6%), closely followed by heroin (8.4%), hashish (7.6%), cocaine (6.2%), ecstasy (5.2%) and methadone (2.9%). The analysis of the Bucharest sample indicated a different hierarchy of the drug use preferences: heroin (31.9%), cocaine (18%) and cannabis – 28.5% (marijuana-14.9% and hashish -13.6%).

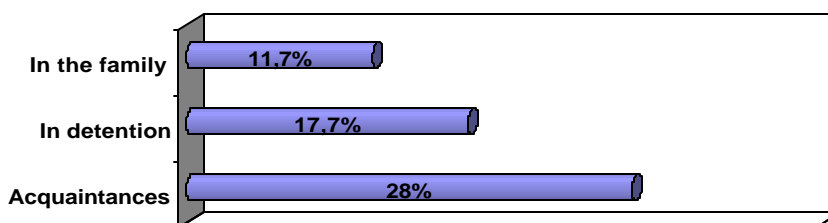
Figure no. 8-14: Lifetime prevalence of the illicit drug use, by drug type, amongst prison inmates, 2006



Source: NAA/RMCDDA

37.3% of the inmates declared that they knew persons who used drugs. 17.7% of the inmates declared they knew drug users within the prison (persons who were detained at the time of the interview), 11.7% that they had drug users in the family, and 28% of the inmates reported that they had close acquaintances outside the prison who use drugs.

Figure no. 8-15: Illicit drug use according to the inmates' estimates, 2006



Source: NAA /RMCDDA

Among those who reported knowing other drug users within the prison, 68.2% indicated the used drug was heroin, 25% - cocaine , 21% - marijuana, 15.4% - hashish, 11.1% / ecstasy, 2.2% - amphetamines, 1.4% - LSD, 2.8% - methadone, other drug types 5.1%.

Knowledge related to transmissible infectious diseases in the context of drug-related risk behaviours

Following the test of the inmates' knowledge related to the transmission of HIV/AIDS, it was noticed that, although a significant part of the inmates were well aware of the transmission route of the HIV virus, more than 30% believed that it might be transmitted by touching the toilet seat, respectively by using a glass, which had been used by an infected person, and more than half of the inmates believed they might become HIV infected by the contact with the saliva of an infected person (expectoration, kissing, etc.). Not knowing the real routes of transmission of the HIV virus generates discriminating and isolating behaviours towards the infected persons.

Table no. 8-4: Inmates' knowledge regarding the HIV routes of transmission (%), 2006

Do you believe that HIV may be transmitted in the following ways?	Inmates			Penitentiary staff		
	Yes	No	I don't know	Yes	No	I don't know
By touching the toilet seat	30.9	47.8	21.3	3.4	89.7	6.8
By using a glass that an infected person has used before	34.0	52.2	13.8	10.5	83.5	6.1
By the contact with the saliva of an infected person (expectoration, kissing, etc.)	53.5	31.7	14.7	38.9	53.4	7.8
By mosquito bites	56.9	26.3	16.7	30.4	55.9	13.7
By shaking hands with an infected person	12.9	75.2	11.9	2.5	94.5	3
By unprotected sexual intercourse	91.4	1.9	6.6	97.9	0.6	1.5
By injection (with equipments used in common, non-sterile, etc.)	92.2	2.1	5.6	98.0	0.6	1.4
By getting tattoos	87.4	4.1	8.5	91.4	4.8	3.7
By shaving with a razor blade, which has been used by an infected person	84.6	6.0	9.3	87.7	7.8	4.6
By exchanging blood / "blood brother" rituals	92	1.8	6.2	98.2	0.4	1.4

Source: NAA/RMCDDA

The prison staff was asked the same set of questions, and the results indicated a higher proportion of correct knowledge about the HIV routes of transmission. However, a third of them believe that HIV may be transmitted by the contact with the saliva of an infected person (expectoration, kissing, etc.), respectively by a mosquito bite, and 7.8% believe that they may not be contaminated by using a razor blade used by an infected person.

Although they declared themselves familiar with the HIV routes of transmission and neither of those mentioned below is a means of infection, very few prison inmates would agree to perform activities together with HIV positive inmates. .

Table no. 85: Percentage of respondent inmates who would be willing to perform activities together with the infected ones, 2006

If you knew that someone was HIV positive would you...? / Yes	Inmates	Prison staff
Work with him/her	52.9	79.9
Eat with him/her	37.3	49.7
Continue dating him/her	55.8	64.8
Use the same cutlery	20.2	18.5
Live in the same cell ⁶⁴	43.4	

Source: NAA /RMCDDA

The prison staff seemed to be more open to the HIV/AIDS positive persons, as compared to the inmates. However, approximately half of them (50.3%) would not eat together with the respective person, one out of three (35.2%) would no longer date him/her, and 4 out of 5 (81.5%) would not use the same cutlery. This attitude has much more serious consequences, since the staff members have operating/decision making responsibilities in the relation to the inmates, and they may encourage and perpetuate discrimination within the penitentiary against the HIV/AIDS positive persons.

Table no. 8-6: Percentage of respondents (prison staff) who agree to the carrying out in the penitentiary programmes/measures to lower the risk of contracting transmissible infectious diseases and to prevent drug use among prison inmates

	Yes
Providing sterile syringes and needles for injecting drug users	8.8%
Providing sterile tattooing needles	19.3%
Providing the inmates with information, educational materials (magazines, brochures) about the effects and implications of drug use	92.8%
Providing the inmates with information, educational materials (magazines, brochures) about transmissible infectious diseases, behaviours at risk, sexual hygiene. etc.	93.3%
Organization of seminar for the inmates by public health experts	90.4%
Systematic HIV/AIDS testing of the inmates	89.3%
Systematic hepatitis B/C testing of the inmates	90.9%
Systematic drug testing of the inmates	88%
Training the prison staff with respect to the prevention of transmissible infectious diseases, and to the prevention of drug use	92.6%
Immunization of the inmates for hepatitis B	90.4%
Immunization of the staff members for hepatitis B	91.7%

Source: NAA /RMCDDA

The prison staff members generally agreed (approximately 90%) to the measures requiring theoretical training/preparation, to drug tests and HIV or B/C hepatitis test, but they don't agree to the same extent with the distribution of sterile injecting equipments for drug users or those who want to get tattoos.

Connection between substance use and crime

The research subjects were asked if they were under the influence of a substance (among those investigated within the study: alcohol, medication, drugs) when they committed the offence for which they had been imprisoned. 45.8% of the inmates gave affirmative answers to this question, confirming at a high statistical level the hypothesis of the correlation

⁶⁴ Only inmates were asked this question

between licit and illicit substance use and crime. The most frequent association to the criminal behaviour was alcohol – 86.3% of the cases. Heroin came second, with 9.7% of the cases, the other substances having a much lower proportion.

Table no. 8-7: Rate of drug, alcohol and medicine use when committing the offence for which a prison sentence was passed, 2006

Drugs	%
Medicines	1.7
Alcohol	86.3
Heroin	9.7
Cocaine	1
Cannabis	1.4
Hashish	1.6
Ecstasy	0.1
Amphetamines	0.1
Other types of drugs	0.6
Other types of substances	0.5

Source: NAA /RMCDDA

Chapter 9 – Responses to Social Correlates and Consequences

9.1 SOCIAL REINTEGRATION OF DRUG USERS

9.1.1 HOUSING

No new data are available.

9.1.2 BASIC SOCIAL ASSISTANCE

The campaign *Îmi pasa, ma implic (I care, I get involved)*, within the project *Împreuna Pentru Viitor (Together for the Future)*, has been developed between June 2005 - June 2006, by the Foundation *Alături de Voi (Close to You)*, with the technical and financial support of the UNICEF. The project goal was to involve the local authorities in preventing the social exclusion of HIV positive persons, the HIV transmission and drug use. The campaign was designed to provide information on the negative consequences of drug use, by presenting two documentaries related to HIV/AIDS: *The Blood Lines* –produced in USA and *Hotarât sa Învat cu Voi (Determined to Learn with You)* – produced by ADV, UNICEF and TVR which have presented interviews with experts in the domain from the organizations and institutions involved in the project: the Ministry of Education and Research, the National Anti-Drug Agency – Iasi Drug Prevention, Evaluation and Counselling Centre, Iasi and Neamt County Scholar Inspectorates and the Clinical Psychiatry Hospital from Iasi. Media partners: TVR Iasi, Evenimentul, Ziarul de Iasi, Radio Iasi.

Furthermore, in 2006, NAA, in collaboration with the Ministry of Labour, Social Solidarity and Family, and with the Ministry of Public Health, have drafted the *Minimum Mandatory Standards* for the organization and operation of the centres providing care services for drug users, as well as the methodology for licensing the said centres. By adopting the Government Decision no. 1873/2006 amending and supplementing the Decision no. 1489/2002 on establishing the National Anti-Drug Agency, there was provided the legal framework for NAA to have subordinated units, fully financed by the state budget, organised as public institutions, such as the centres providing care services for drug users⁶⁵.

9.2 PREVENTION OF DRUG RELATED CRIME

9.2.1 ASSISTANCE TO DRUG USERS IN PRISONS (PREVENTION, ASSOCIATED HARM REDUCTION, SOCIAL REINTEGRATION, COMMUNITY LINKS, ETC.)

Prevention

Within the strategic objective *Extending the education programmes for the promotion of a healthy life style and for the prevention of drug use in penitentiary inmates*, the Drug Prevention, Evaluation and Counselling Centres from the territorial structure of the Agency signed in 2006, 40 collaboration protocols with the penitentiaries at national level, and they have subsequently developed prevention activities in most penitentiaries (36 projects).

Simultaneously, through the RO 03/IB/JH-10 *Assistance for the development of the Romanian prison system* twinning project, concluded by the Romanian Prison Administration together with the General Division of the Prisons from Spain, carried on during August 16, 2004 – June 30, 2006, with a budget of EUR 1,000,000, the sanitary programs carried on so far in prisons were evaluated and it was drafted a strategy for development and implementation of prevention and intervention program for former users convicts.

⁶⁵ See Chapter 1.2.1

In November 2006, at the National Institute of Magistracy, the new RO 04/IB/JH-03 *Continuation of the improvement of the penitentiary system* twining project was initiated. The current PHARE twining project, set up on June 30, 2006, benefiting from the same EUR 1,000,000 budget, has as a main objective the *Improvement of the penalties execution, according to the European standards and to the requirements of the European Court for Human Rights*, and as specific objectives: the *Improvement of the penitentiary administration* and the *Strengthening of the prison system capacity to manage a larger number of at risk inmates*.

Within the activity no 2.3 of the 2005 – 2008 Action Plan related to drugs: *Organizing periodical meetings for information exchange with all the institutions involved in drug demand and drug supply reduction*, National Administration of Penitentiaries and the Foundation of the *Carol Davila* University of Medicine and Pharmacy from Bucharest organized, in May 2006, at the Rahova Maximum Safety Prison in Bucharest, a symposium on the *Human Rights and Medical Assistance in the Prison System* subject. For the same purpose, the Romanian Harm Reduction Network (RHRN), the Romanian Association Against AIDS and the Romanian Prison Administration, benefiting from the participation of specialists from the National Anti-Drug Agency organized a round table having *Methadone Substitution in Prisons* as subject.

Also, throughout 2006, the territorial centres of the Agency supported by some competent organisations and institutions performed information and prevention activities in prisons, such as anti-alcohol and anti-tobacco programs and various cultural-education activities. On occasion of the *International Day against Illicit Drug Abuse and Trafficking*, of the *World No Tobacco Day* and of the *National No Tobacco Day*, at a national level, information, education and communication activities meant for the population in prisons were performed.

Treatment and Harm-reduction

The harm reduction activities were mentioned in a legislative framework for the first time in Romania in 2004, and the responsible institutions for the creation of a legal context were the National Anti-Drug Agency and the Ministry of Public Health. Thus, the two entities were responsible for ensuring the effective functionality of the system for prescribing and providing substitution treatment (methadone, buprenorphine, etc.) in the priority highly risky areas and with supporting the syringe exchange programs carried on by non-governmental organizations.

Regarding the implementation of a substitution treatment in the penitentiary system, during 2006, the normative context was created through the signing of the Common Order by the Minister of Justice, the Minister of Public Health and the Minister of Administration and Interior no. 1216/C/1310/543⁶⁶ regarding the carrying on of integrated medical, psychological and social assistance programs for inmates.

During the HIV/AIDS infection prevention projects in prisons, financed by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, the inmates benefited, upon request, from evaluation, treatment, pre- and post- HIV counselling, knowledge, attitudes, practices and behaviours evaluation activities, peer education for health training.

Another activity assumed in the Action Plan (through Objective 1.3.) aimed at *Creating psychological and social functioning conditions (internal or outsourced) in order to reduce the risks associated to drug use*.

Thus, in all prisons, pluridisciplinary assistance teams for drugs users were created, consisting of doctors, psychologists, social workers, teachers, surveillance personnel, having as main objective the implementing of therapeutic programs for inmates. The members of the

⁶⁶ Order no. 1216/C/18.05.2006 regarding the carrying on method of integrated medical, psychological and social assistance programs for confined drug users, issued by the Ministry of Justice no. 1216/C/18.05.2006, by the Ministry of Administration and Interior no. 1310/19.05.2006, by the Ministry of Public Health no. 543/18.05.2006, Official Gazette no. 471/31.05.2006

teams benefited from specific training programs within the RO03/IB/JH-10 twinning program. They also collaborated with the experts from the Prevention, Evaluation and Anti-drug Counselling Centres within the National Anti-Drug Agency, for the performing of the evaluation of the former drug users and for the establishing of the individual assistance plan. Also, at the level of the National Administration of Penitentiaries, the Central Commission for Addiction was created in view of organizing, planning and coordinating the implementation of the therapeutic programs in the penitentiary system. In the same time, an implementation strategy for therapeutic programs in penitentiaries, as well as the Methodology regarding trafficking and drug use in prisons, was drafted. In the case of the Rahova and Craiova hospital prisons, the first two pilot evaluation and treatment cabinets were founded for drug users in prisons. In the detoxification section of the Rahova Hospital Prison from Bucharest, in 2006, 93 drug addict inmates benefited from the treatment.

Probation and social reintegration

In 2005, the Probation Service near the Court of the Bucharest Municipality had to supervise 100 sentenced former drug users (of a total number of 511 supervisions). Among them, 67% were injecting heroine users; 67% were sentenced for aggravated theft, while 25% were sentenced for drug related offences. Also, in 2005, for 97 people who have stated to be drug users, evaluation reports were required.

In 2006, 113 people sentenced for the perpetration of drug related offences were under the supervision of the probation services, and as compared to the case of other 22 persons, in relation to which the courts have imposed the obligation to observe the treatment or care taking measures for the purpose of detoxification according to the effective legislation. At the end of 2006, the National Anti-Drug Agency and the Probation Division within the Ministry of Justice signed a Collaboration Protocol regarding the regulation of the probation services for drug users, for the purpose of granting integrated medical, psychological and social assistance by correlating the duties of the integrated assistance centres in the field of drug addictions and probation services. Furthermore, such protocols are to be signed at a territorial level.

9.2.2 URBAN SECURITY POLICIES IN THE PREVENTION OF DRUG RELATED CRIME (I.E. CITIZEN PARTICIPATION, MULTI-AGENCY COLLABORATION, VICTIMS SUPPORT INTERVENTIONS)

No new data are available.

Chapter 10 – Drug markets

OVERVIEW ON DRUG MARKET

In 2006, the internal drug market was determined by the same coordinates assigned by the international trafficking routes as during the previous years. But, as compared to last year, one can notice a decrease of the quantities seized for the main drugs trafficked on the Romanian market, such as heroin, cocaine, synthetic drugs. Nevertheless, the cannabis herbal seizures increased approximately 3 times as compared to 2005.

10.1 AVAILABILITY AND SUPPLY

10.1.1 AVAILABILITY OF DRUGS (PERCEIVED AVAILABILITY, ACCESS IN POPULATION, OTHER INDICATORS)

Currently there are no precise available data at a national level, based on which an analysis of the drugs availability on the market and of the accessibility perceived by various population groups can be performed.

10.1.2 PRODUCTION, SOURCES OF SUPPLY AND TRAFFICKING PATTERNS, WITHIN THE COUNTRY AS WELL AS FROM AND TOWARDS OTHER COUNTRIES

Based on the cases solved in 2006, corroborated with the data registered during the previous periods, the anti-drug police units managed to identify a few of the routes of the most important drugs, which transit our country, but for which an important local market is available at the same time.

Thus, following the analysis of the trafficking route, it was established that the heroin seized in Romania was mainly manufactured in Afghanistan and, on a smaller scale, in Turkey and Iran. Germany, Great Britain and Netherlands were established as final destination countries.

70% of the marijuana seized in Romania proceeds from the territory of our country, while 30% from Moldavia. From the available data, this drug was exclusively meant for internal use and no other destination countries, except from Romania, were registered. On the other hand, the entire hashish quantity confiscated in Romania mainly proceeds from Morocco, Spain and Portugal. France, Germany and Hungary are mentioned as transit countries, while Romania is the final destination.

In the case of cocaine, the analysis of the seizures from the national territory highlighted the fact that, in most of the cases, they were intended for trading on the illicit market from the Central and Western Europe (Hungary, Spain, Italy, The Netherlands), while Romania only represents a transit country.

Thus, cocaine is shipped both from Southern America (mainly proceeding the Medellin and Cali drug cartels in Columbia), but also from Mexico, Bolivia and Venezuela, through our country.

For instance, during the “CHILE” operation, which lasted over three months, an international network of cocaine traffickers was annihilated. It consisted of seven members, from which possession a quantity of 10 kg of cocaine was confiscated, which proceeded from Southern America and was meant for the Western Europe illicit market.

The ecstasy and amphetamine group enters Romania by transiting Germany and Hungary, originating from The Netherlands and from Belgium.

The opium confiscations, registered during 2001-2006 are being maintained at a low level. The gross opium proceeds from Iran, transits Syria, Turkey and Bulgaria and its main destination countries are Romania and Germany.

With regard to the transport method used, almost all cases involved the use of terrestrial routes, except for cocaine, which was transported on aerial, terrestrial and maritime routes.

➤ Illicit hemp cultures

In 2006, the anti-drug structures discovered 8 illicit plant cultures, which included narcotic substances, with a total surface of 625 sqm.

It is important that the number of the illicit cultures discovered by the anti-drug units is continuously decreasing, from 34 cultures in 2004 to 15 cultures in 2005, respectively 8 cultures in 2006. However, taking into account the fact that there are not enough available data regarding the illicitly cultivated surface, or regarding the productivity per hectare, no comparison regarding the illicit cultures located on the national territory can be performed.

The performed analysis regarding the illicit nature of the hemp cultures revealed the fact that it is mainly due to the lack of preoccupation for the obtaining of the authorizations required by the law and not to the intention to prepare drugs, except for a few discovered crimes.

10.2 SEIZURES

10.2.1 QUANTITIES AND NUMBER OF SEIZURES

The central laboratory for the analysis and profile of drugs and precursors within the Romanian Police performs physical-chemical analyses for the drugs seized on Romanian territory and coordinates the activity of two territorial laboratories in the field (Cluj, Iasi).

HEROINE

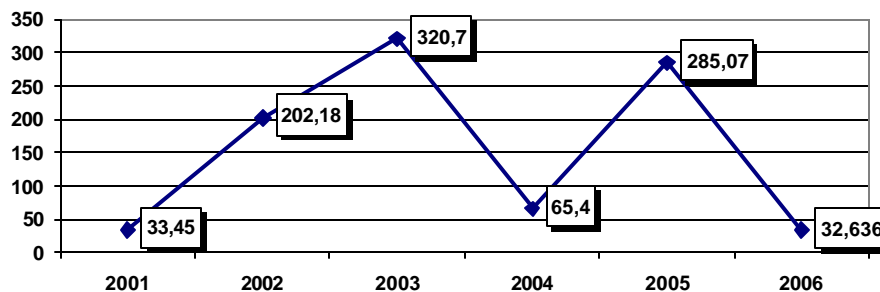
In 2005, one of the largest heroine quantities (285.07 kg) ever confiscated in Romania was registered, in 2006 one of the smallest heroine seizures was registered, respectively 32.636 kg, 88.55% smaller than the one seized the previous year. Mainly, this heroine quantity results from the seizures performed within the street trafficking countering actions.

The statistic data during 2001-2006 confirms the fluctuant nature of the heroine seizures through the entire interval.

The 32.636 kg of heroine were seized in 642 actions and no seizures involving significant quantities were registered.

The heroine available on the Romanian illicit market is still of poor quality, and it is trafficked as such or, most of the time, it is mixed with dilution powders (acetaminophen, griseofulvin, caffeine).

Figure no. 10-1: Distribution of the heroine quantities seized by the law enforcement institutions, 2001 – 2006 (kg)



Source: GDCOC/CLDAPP

CANNABIS

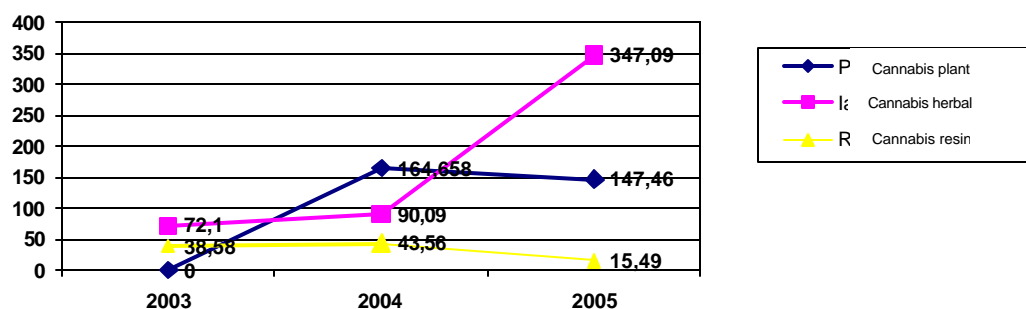
Regarding the cannabis confiscations performed on Romanian territory during 2006, they have amounted to 15.49 kg of cannabis resin (hashish) and 1116.96 kg of „cannabis herbal” (marijuana). These quantities were seized following 276 actions in the case of marijuana and respectively 145 in the case of hashish.

During 2003-2006, a constant and significant increase of the cannabis type drug seizures was registered. This tendency was initiated in 2003, when following the infringement of legal provisions the real registration of the confiscated cannabis quantities started to be used. This measure was taken following the National Anti-drug Agency intervention, which involved the strict observance of the classification of the narcotic substances obtained from the illicit processing of the Cannabis Sativa plant, according to the Single Convention on Narcotic Drugs from 1961. One must remind the fact that during 2001-2002 the hemp vegetal mass, resulting from the harvesting of the illicit cultures, was recorded as cannabis seizure.

During the following years, only the cannabis type drugs (cannabis herbal - marijuana, cannabis resin – hashish, cannabis oil, cannabis plant) confiscated from trafficking were registered as seizures, while illicit cultures and cannabis plants harvested from the respective surfaces were registered separately.

Thus, the evolution of the cannabis drugs type registered an ascendant curve, as one can observe from the following figure.

Figure no. 10-2: Distribution of the seized cannabis quantities (kg), 2003-2006



Source: GDCOC/CLDAPP

Table no. 10-1: Distribution of the number of seizures and of the seized cannabis quantities, 2003–2006

Presentation form	2003		2004		2005		2006	
	Number of seizures	Seized quantity (kg)	Number of seizures	Seized quantity (kg)	Number of seizures	Seized quantity (kg)	Number of seizures	Seized quantity (kg)
Cannabis resin (hashish)	N/A	38.580	101	43.56	N/A	15.490	145	15.49
Cannabis herbal (marijuana)	N/A	72.1	384	90.097	N/A	347.09	276	1116.96

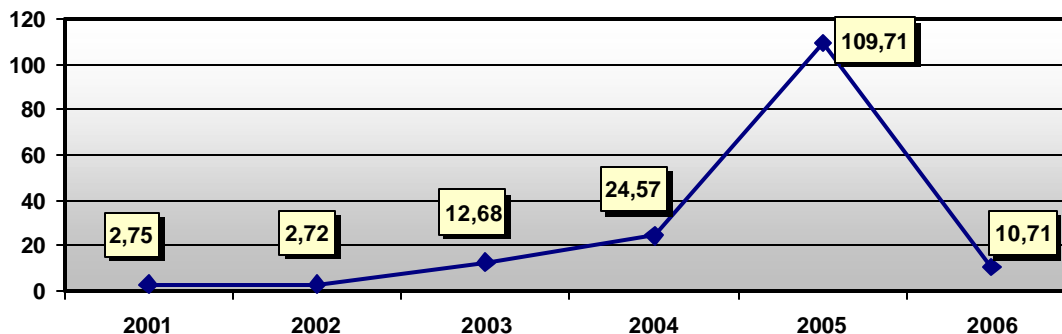
Source: GDCOC/CLDAPP

Within the “SERA” operation, initiated at the beginning of August 2006, an international network of drug traffickers was discovered, consisting of Romanian and Swiss citizens, who had built two modern greenhouses on a surface of 400 sqm, where cannabis plants were taken care of until reaching maturity, and a quantity amounting to 249 kg marijuana was confiscated from the three arrested people.

COCAINE

The quantity of cocaine confiscated in 2006 equalled 10.714 kg, 98.995 kg (90.24%) smaller in comparison to the previous year.

Figure no. 10-3: Distribution of the seized cocaine quantities (kg), 2001-2006



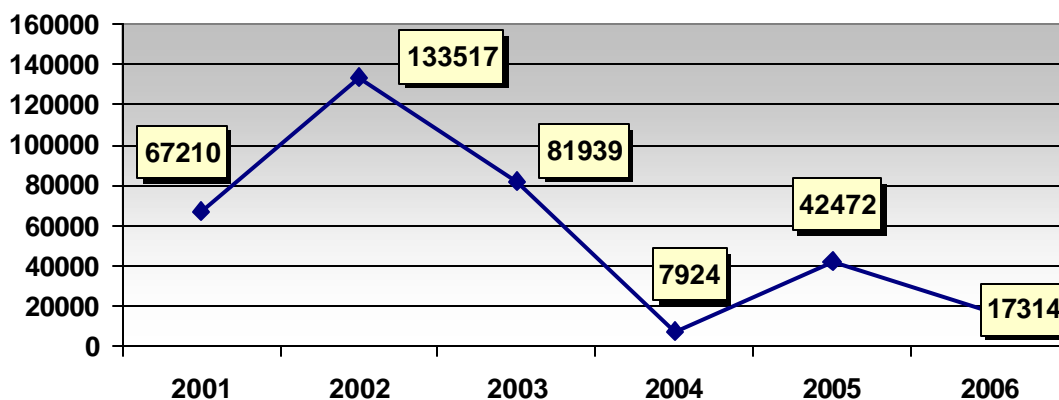
Source: GDCOC/CLDAPP

SYNTHETIC DRUGS

In the case of the synthetic drugs, during 2006, amphetamine powder (1.59 kg, representing 7 seizures), as well as MDMA (ecstasy) and derived under the form of tablets (17,314 tablets, resulting from 94 actions) were seized.

In the ecstasy group, the following substances were identified: MDMA, MDEA, MDA, mixed with codeine and amphetamine.

Figure no. 10-4: Distribution of the number of seized amphetamine tablets and of derivatives, 2001-2006



Source: GDCOC/CLDAPP

5 more seizures, equalling 59 LSD doses, were reported.

10.3 PRICE/PURITY

10.3.1 PRICE OF DRUGS AT STREET LEVEL

The Anti-drug Directorate from the Romanian National Police collected and processed the data referring to the price of drugs in the illicit market, both in the case of wholesale and retail sale. The price of the main drugs is obtained by the anti-drug police officers, based on the reports of the informers, of the instrumented cases for drug sale/trafficking operations based

on the personal observations, within the operations under cover authorized by the prosecutor.

The price of the cannabis herbal equalled approximately EUR 4/gram, decreasing to almost half of the price last year, a value similar to the one in 2004. The intensively prepared cannabis (skunk) was sold for the same price. The price of the hashish gram was maintained at a constant level. In the case of heroine, a gram was sold in 2006 with EUR 60, as compared to EUR 40, which was the price of the gram in 2005, respectively EUR 25, which was the maximum value in 2004. The amphetamine powder registered in 2006 the same value per gram as the one in the previous year, which equalled EUR 13/gram. The MDMA substances were sold with EUR 15/tablet, at the same level as last year. LSD was sold with EUR 35 per dose (blotter), exceeding the level from 2005 by EUR 5.

Table no. 10-2: Minimum, average (mode) and maximum price of the most frequently trafficking drugs on the illicit Romanian market, in 2006

Drug type	Wholesale (Euro/kg)			Retail (EUR/gram or dose)		
	min	max	average (mode)	min	max	average (mode)
Hashish	1600	2500	2500	4	6	6
Marijuana	600	800	800	2	4	4
Intensively prepared marijuana (skunk)	1300	1500	1500	2	4	4
Heroine	15000	20000	20000	25	60	60
Cocaine	35000	50000	50000	80	150	150
Amphetamine	-	-	5000	7	13	13
Ecstasy	8000	10000	10000	10	15	15
LSD (doses)	-	-	-	30	35	35
Opium	2500	3500	3500	6	12	12
Amphetamine (tablets)	3000	5000	5000	7	13	13

Source: GDCOC

Furthermore, one can notice that the maximum price was most frequently present on the market, and therefore one prefers the reporting of the mode and of the arithmetical mean of the drug sale value.

Table no. 10-3: Evolution of the minimum, average and maximum price of the main drugs trafficked in Romania, during 2004-2006⁶⁷

Substance type	2004 EUR/gram			2005 EUR/gram			2006 EUR/gram		
	min	average	max	min	average	max	min	average	max
Cannabis resin	4	5	6	4	6	6	5	6	6
Marijuana	2	3	4	5	7	7	2	4	4
Skunk (intensively prepared cannabis)	-	-	-	-	-	-	2	4	4
Heroin	15	20	25	25	40	40	25	60	60
Cocaine	60	90	120	80	120	120	80	150	150
Amphetamine powder	5	7	10	7	13	13	7	13	13
Ecstasy - tablets	5	7	10	13	15	15	10	15	15
LSD - dose	20	25	30	-	30	-	30	35	35

Source: GDCOC

10.3.2 PURITY AT STREET LEVEL AND COMPOSITION OF DRUGS/TABLETS

There are no new available data.

⁶⁷ In 2004, the average price of the drugs was thought to be the arithmetical mean of the two limits - minimum and maximum. Starting with 2005, following an attentive analysis of the dynamics of the illicit market, one could notice that the most frequent sale price of the drugs is, in fact, the maximum price. Therefore, the average value equalling the maximum value is to be taken into account, as it appears most of the times.

PART B. SELECTED ISSUES

Chapter 11 – Public expenditures

11.1 NATIONAL ESTIMATES OF LABELLED DRUG-RELATED EXPENDITURES

Quantification of the overall financing of the activities dedicated exclusively to drug demand and supply reduction activities, carried out by public institutions, can be a difficult task, as public institution traditionally run programmes and projects in an integrated manner including drug related components. As a general practice, only those expenses planned at the beginning of each calendar year are reported and not those included in the annual balance sheet.

National Anti-drug Agency

1. Name of the directorate responsible for the implementation of drug demand reduction activities: National Anti-drug Agency and the territorial units (Drug Prevention, Evaluation and Counselling Centres)
2. Organisation of the directorate responsible for the implementation of the drug demand reduction activities: full-time staff - 95 at central level and 219 in the Drug Prevention, Evaluation and Counselling Centres.
3. Budget forecast vs. actual expenditure in 2006 for the implementation of drug demand reduction activities have been earmarked as follows:

Table no. 11-1: Budget forecast vs. actual expenditure, NAA, 2006

	Budget forecast 2006		Actual expenditure 2006	
Personnel-related expenses	10,408,000 RON	2,956,818 Euro	13,113,496 RON	3,725,425 Euro
Goods and services	1,956,000 RON	555,682 Euro	1,956,000 RON	555,682 Euro
PHARE co-financing	366,000 RON	103,977 Euro	366,00 RON	103,977 Euro
Investment	329,000 RON	93,466 Euro	327,348 RON	92,997 Euro
Total	13,059,000 RON	3,709,943 Euro	15,762,844 RON	4,478,081 Euro

Source: NAA/Finances-Accountancy Department

4. External funding: see chapter 1.3.1

Ministry of Education and Research

1. Name of the directorate responsible for the implementation of drug demand reduction activities: Directia Generala Management Învatamânt Preuniversitar (General Directorate for Lower Education Management)
2. Organisation of the directorate responsible for the implementation of the drug demand reduction activities: full-time staff – in the mentioned directorate there are two inspectors responsible for drug prevention projects and programmes
3. The budget forecasting for 2006 for the implementation of the drug demand reduction activities included the following:

Programmes of national interest

Health Education in the Romanian School National Programme (payment for almost 12,000 teachers participating in the implementation of the programme in schools, in the school year 2006 – 2007: borne by the local administration)

Education for democratic citizenship National Programme (payment for almost 1,500 teachers that implemented the programme in schools, in the school year 2006 – 2007: borne by the local administration)

Information-education-communication programmes

Together - National programme for anti-drug projects: almost **40,000 RON (11,364 Euro)**
Education Activities Calendar **110,000 RON (31,250 Euro)**, cca 10% of the total budget of 1,100,000 lei (**312,500 Euro**), commensurate with the prevention component.

4. External funding

Name of the project: *Health Education in the Romanian School* National Programme (HERSNP)

Financer: Ministry of Health – Project Management Unit for the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria.

Goal: To educate children and youth into adopting a healthy lifestyle

Activities carried out in 2006: classroom-based programme implementation; *Discover a healthy world*, webpage campaign and contest.

Engaged external funding in 2006 for the HERSNP: cca **50,000 USD (40,000 Euro)**.

Ministry of Public Health
Non-communicable diseases prevention and control programme , Sub-programme 2.13
Treatment of drug-addictions

Medical unit	Department	Staff expenses		Budget 2006 (expenditures for goods and services)			
		Full-time staff	Part-time staff	Budget forecast		Real expenditures	
				Lei	Euro	Lei	Euro
Clinical Emergency Hospital for Children <i>Grigore Alexandrescu</i>	Pediatric clinical toxicology department	4	1	110,000	31,250	56.771	16,128
Psychiatric Hospital <i>Alexandru Obregia</i>	Drug addicts departments	87 (including doctors, nurses, psychologists, social workers, administrative staff)	0	263,000	74,716	467.521	132,818
Clinical Emergency Hospital <i>Floreasca</i>	Toxicology department	22	1	87,000	24,716	94.448	26,832
Psychiatric Hospital <i>Dr. Constantin Gorgos Titan</i>	Office for testing and treatment	2		80,000	22,727	n.a	n.a
Center for Evaluation and Treatment of Young Addicts <i>Sfântul Stelian</i>	Drug addicts department	23		230,000	65,341	229.994	65,339
Clinical Psychiatric Hospital Brasov	Drug addicts department	2	2	60,000	17,045	35.644	10,126
Psychiatric Hospital Botosani	Aftercare department	28	0	60,000	17,045	60.000	17,045
Clinical Emergency Hospital Constanta				7,000	1,989	6.950	1,974
County Clinical Hospital Cluj-Napoca	Psychiatric clinic III – department for drug addicts	6		100,000	28,409	100.000	28,409
Children's Clinical Hospital Cluj – Children's Psych. Clinic	Detox department	11		40,000	11,364	40.000	11,364
Psychiatric Hospital <i>Socola Iasi</i>	Departement for drug addicts, Aftercare department	43		160,000	45,455	160.000	45,455
Psychiatric Hospital Jebel	Department VI for drug addicts	12		160,000	45,455	132.435	37,624
Total				1,357,000	385,512	1.383.763	393,114

Source: Ministry of Public Health.

Ministry of Administration and Interior – General Inspectorate of the Romanian Police

1. Name of the directorate responsible for the implementation of drug demand or drug supply reduction activities: General Directorate for Countering Organised Crime/Anti-drug Directorate

2. Organisation of the directorate responsible for the implementation of the drug demand or drug supply reduction activities: full-time staff - 333

3. Actual expenses (balance sheet 2006) of the implementation of drug demand or drug supply reduction activities:

Table no. 11-2: Budget forecast vs. actual expenses, Anti-drug Directorate and territorial structures, 2006

	Budget forecast 2006		Actual expenses 2006	
Personnel-related expenses	3,280,750 RON	932,031 Euro	3,280,750 RON	932,031 Euro
Goods and services	652,500 RON	185,369 Euro	652,500 RON	185,369 Euro
Total	3,933,250 RON	1,117,400 Euro	3,933,250 RON	1,117,400 Euro

4. External funding (PHARE, World Bank, UNDP, research funding under state budget etc)

Name of project: MAT04/R M/9/1 *Fight against Drug Trafficking*

Financer: Ministry of Foreign Affairs in the Netherlands

Goals: Strengthening the inter-agency cooperation, the operative competence and the capacity to coordinate the law enforcement structures responsible for combating drug trafficking

Activities carried out in 2006:

- Courses in different fields: cooperation between law enforcement structures, good practices, management of the drug trafficking counter-activities, extension of joint operative teams.
- Working sessions.

Total project budget (length 24 months): **350,000 Euro.**

Name of the project: PHARE 2003 RO/2003/IB-JH-05 *Fight against drug trafficking and use*

Financer: European Commission

Goals: Streamlining the institutional and operative capacity of the Romanian Police according to the EU standards and the best practices in the field of police cooperation and fight against organised crime.

Activities carried out in 2006: lab equipment training activities

Total project budget: **0.65 mil Euro.**

Ministry of Justice – National Penitentiary Administration

1. Name of the directorate responsible for the implementation of drug demand or drug supply reduction activities:

At the level of the National Administration of Penitentiaries the general areas of action in the drugs field included, on one hand, the drug supply reduction interventions, and, on the other hand, programmes addressing the prison population or drug demand reduction intervention.

Drug supply reduction interventions focused mainly on surveying how toxic substances entered and were distributed in penitentiaries, by using means to trace persons likely to be involved in traffic activities, and by trying to dismantle distribution networks.

The Detention and Penitentiary Regime Directorate is directly working in and is responsible for the organisation/management of the drug supply reduction programmes in prison units.

The drug demand reduction intervention focuses on three courses of action: prevention, treatment and social reinsertion. The Psychosocial Intervention Directorate and Medical Directorate are competent in these fields.

2. Name of the directorate responsible for the implementation of drug demand or drug supply reduction activities: full-time staff - 3

3. Actual expenses (balance sheet 2006) earmarked to drug demand or supply reduction activities:

Budget resources, amounting to **1,737,915 lei/493,726 Euro**, were spent within the PHARE programmes 2003/005-551.04.17 *Support for the improvement of the activity in the penitentiary system*, under title VII, *Other transfers*.

4. External funds (PHARE, World Bank, UNDP, research funding under state budget etc)

Name of project: *Support for the improvement of the activity in the penitentiary system*

Financer: European Commission

Goals: Improving the capacity of the penitentiary system to fight against drug related issues

Activities carried out in 2006: purchase of blood and urine drug detection kits (drug analysis kits, rapid tests etc.), for drug detection upon admission and inside the prison unit and for the overdose crisis management (first aid kits)

Budget spent in 2006: **5,213,745.42 lei/1,481,178 Euro**.

Name of the project: *Drug Use Prevention in Penitentiaries*

Financer: Global Fund

Goals: - Strengthening the national healthcare and psychological-social care system to reduce the impact of HIV/AIDS on infected, affected and vulnerable people.
- Developing drug addiction treatment services in penitentiary units.

Activities carried out in 2006:

- Development, extension and coordination of treatment services for substance-addicted people within the penitentiary system
- Coordination, monitoring and evaluation of the activities within the prison system.

Engaged resources in 2006: **1,026 lei/292 Euro**

11.2 ATTRIBUTABLE PROPORTIONS DEFINITION AND ESTIMATION OF NON-LABELLED DRUG RELATED EXPENDITURES

No available data.

11.3 NATIONAL STUDIES ON DRUG-RELATED PUBLIC EXPENDITURES: METHODS AND RESULTS AND NETWORK OF EU EXPERTS

National studies on drug-related public expenditures

In 2007, the National Anti-drug Agency has carried out a national study on the drug treatment services costs in the financial year 2007. The study is based on a financial data collection tool (DATCAP⁶⁸) determined by a group of teachers in the University of Miami (Florida) and is used in over 100 similar analyses in USA and Europe. The main objective is to provide a detailed estimation of the actual budgets, by category of services provided to drug users, whether treatment or psycho-social services (detoxification centres, methadone substitution programmes, psychiatry units and emergency units in clinical hospitals, social care services with the city halls etc.). Apart from the actual treatment cost, staff-related expenses,

⁶⁸ Drug Abuse Treatment Cost Analysis Program (DATCAP)

administrative expenses and building and equipment maintenance costs, relevant to the programme in question, are also included.

The collection tool (questionnaire) is applied in Romania by the territorial structure of the Agency (DPECC) and addressed to all medical and psychosocial service providers in the competence area of the DPECC.

The findings of the study will be made public in the 2008 report.

Chapter 12 – Vulnerable groups

12.1 EPIDEMIOLOGY RELATED TO VULNERABLE GROUPS: PREVALENCE AND PATTERNS OF DRUG USE; RISKS, CORRELATES AND CONSEQUENCES

12.1.1 PROFILE OF MAIN VULNERABLE GROUPS

Early school leavers

School drop out is an issue of the Romanian school and society that can be found both in the urban and the rural setting. The Ministry of Education and Research considers the youth at high risk for school dropping out as “a marginalised social group unable to develop and promote its own interest in an organised manner that is excluded from social participation and use of one’s own rights”. The report on the education situation made by the Ministry of Education and Research for 2000-2005 shows an image on the school-drop out rate. The report indicates that school-drop out at the level of primary and secondary education, including the two cycles of the secondary school, during 2000-2005, calculated by the input-output method, showed an increase from 0.6% in 2000-2001 to 1.2% in 2001-2002 and 2002-2003, to 1.5 in 2003-2004 and 1.7% in 2004-2005. The school-drop out rate was significantly larger in grades V to VIII than in I to IV as follows: from 0.6% in 2000-2001 to 1.3% in 2004-2005 in primary schools; from 0.6% in 2000-2001 to 2% in 2004-2005 in secondary schools. If in primary schools, the school-drop out rate is generally slightly greater than in the urban area, the ratio changes in secondary schools, where the rate is higher than in the rural area. The same report shows young people aged 15 to 24, with a lower education level, are more affected by unemployment, as the highest number of unemployed in this age group falls in the category of people with no education or at least four or eight grade graduates. Although in 2005 the number of young employed aged 15 to 24 decreased almost 20%, this category continues to face difficulties in getting a job. They represent in fact 30% of the total number of unemployed. Still the unemployment rate is higher in the urban area than in the rural area, where most young people work in agriculture.

Street children

Street children – defined as those who live permanently in the streets and don’t keep any connection with the family⁶⁹. Estimations show⁷⁰ that the number of homeless people at country level ranges between 10,000 and 11,000, of which almost 5,000 are in Bucharest.

Institutionalised children

National Authority for Children’s Rights Protection estimates there were 73,976 children in institutions in 2006, less than in 2005, when 76,509 children have been protected in substitute families and state or private substitute institutions, and less than in 2003, when 86,477 children were recorded. As for the level of education, 4.57% of the children and young people admitted in the social care system have finished or are currently attending primary school, 50.5% - secondary school, 26.8% - vocational schools, 13.17% - high school, 5.38% do not have any education, 0.27% have dropped out of school and 0.02% attend higher education. From the point of view of qualification, most young people included in the protection system, aged 14 to 18, and are mainly interested in textile works, woodcraft, mechanics, constructions and food industry.

These young people are a vulnerable category, running the risk of social exclusion and marginalisation, because they don’t have neither a home nor the resources to buy one, they often have problems in getting a job, may become unemployed, don’t have any survival resources and are often victims of crime.

⁶⁹ Order no. 100/15.03.2006 approving the Framework action plan for the social reinsertion of street children, issued by the National Agency for Children’s Rights Protection, Official Gazette no. 297/03.04.2006

⁷⁰The study *Diagnosis of housing: houseless and precarious housing* was conducted in September 2003 - February 2004, by the Institute for Quality of Life Research in cooperation with the National Statistics Institute, financed under the Ministry of Education and Research

Families at risk

The Directorate General for Children's Social Care and Protection defines families at risk by the following criteria: families with children/youth at risk for school-drop out or institutionalisation; families at risk for decline/breach of family bond; single parent families; families with children with special education needs (deficiencies, handicap, disorders and specific difficulties); families demanding counselling in children education; family whose child has been abandoned/ institutionalised/ in placement centres (including emergency admission); children at risk for school-drop out; physically, emotionally or educationally abused/neglected children. There is no estimation for families at risk.

Ethnic minorities

A national minority represents any community of Romanian citizens that has been living on the Romanian territory since the establishment of the modern state, numerically inferior to the main population, with its own ethnical identity residing in culture, language and religion, which it desires to keep, express and develop. In Romania, there are different other ethnic communities living next to the communities of Romanians, having specific cultural, linguistic and religious traditions. Transylvania, Banat, Bucovina and Dobrogea are Romania's most ethnically diverse regions. In Oltenia and Moldova, areas with less ethnic diversity, there is less openness to ethnic and political pluralism. The 2002 census showed 10.5% of Romania's population to be different ethnically from the Romanians, and 9% of the population to have a different language than Romanian. The "Székely" (translator's note: Hungarian speaking ethnic group) account for 6.6% of the Romanian population (1,431,807 of which almost 670,000 are Székely), and roma for 2.46% (535,140).

12.1.2 DRUG USE AND PROBLEMATIC DRUG USE AMONG VULNERABLE GROUPS (FROM SPECIAL STUDIES)

Save the Children NGO provided statistic data related to the use of licit and illicit drugs among homeless children based on a survey named *Drug use among street children and youth*, conducted in Bucharest in 2002 and published in 2003.⁷¹

The main results of the study indicate:

- 90% of the participants smoke, the onset age being 9-10 years
- 95% reported to have used or to be using alcohol, the onset age being around 11-12 years
- 70% of the children and young people reported daily use of volatile inhalants, starting with early ages (7-10 years)
- Heroin injecting behaviours starts at 11-13 years, and the life-time prevalence of heroin use is 31.4%. 11.5% of the respondents stated they no longer use heroin, 19.8% were still using and 13% have been evaluated as being drug-addicted.

The mentioned 13% representing drug-addicted people among homeless people, is alarming, in comparison to the "hard" drug use situation among street children indicated by a survey conducted in 1998-1999 by "Save the Children" and UNICEF Romania, at a point at which the "hard"⁷² drug use situation was not considered noteworthy.

ARAS - Asociatia Româna Anti-SIDA (Romanian Association against AIDS) conducted a study among female sex workers⁷³ in 2005. The main results of the survey indicate:

- 11% of the female sex workers (participants in the survey) reported they have used injecting heroin in 2004, mainly in Bucharest, and one in Cluj. Additionally, the data presented by the authors by geographic area indicate 33.3% of the respondents in Bucharest, are using injecting heroin.
- Almost 40% of the females, who reported drug use, admitted they have been using heroin in the last 12 months and have been sharing injection equipment.

⁷¹ For methodology, see National Report 2005, Chapter 8.1

⁷² The survey does not clarify the meaning of this term

⁷³ For methodology, see National Report, Chapter 2.3

- 89% of the female sex workers who declared they have used heroin in 2004 or 2005 know HIV/AIDS is transmitted by injection route, and 30.4% know correctly the other ways of transmission; the level of knowledge about HIV/AIDS among drug-using female sex workers is 10% higher than the average for the entire sample⁷⁴
- The rate of condom use among injecting heroin female users involved in commercial sex is almost 20% higher than the rate determined for the rest of the sample.

The 2003 ESPAD provided the following data on drug use by siblings, the parental supervision, truancy and single parents:

1. Drug use by siblings:

- 1.9% stated their siblings had used cannabis
- 1.8% stated they have siblings who had used tranquillisers/ pain killers
- 1.7% mentioned ecstasy.

2. Regarding parental supervision, the study revealed that:

- 4.3% of the young people reported their mother would agree to their using cannabis, 4.4% stated the same for ecstasy, and 9.7% stated their mother would allow them to use alcohol to the point of being intoxicated.
- Father's approval recorded rates which are slightly higher i.e. 6.0% of the respondents mentioned their father would agree to their smoking cannabis, 6.1% would agree to their using ecstasy and 10.1% considered their father would agree to their using alcohol to the point of being intoxicated.

3. Non-attendance (unfounded - *truancy*) has been reported by 66.8% of the pupils who reported ever using any illicit drug.

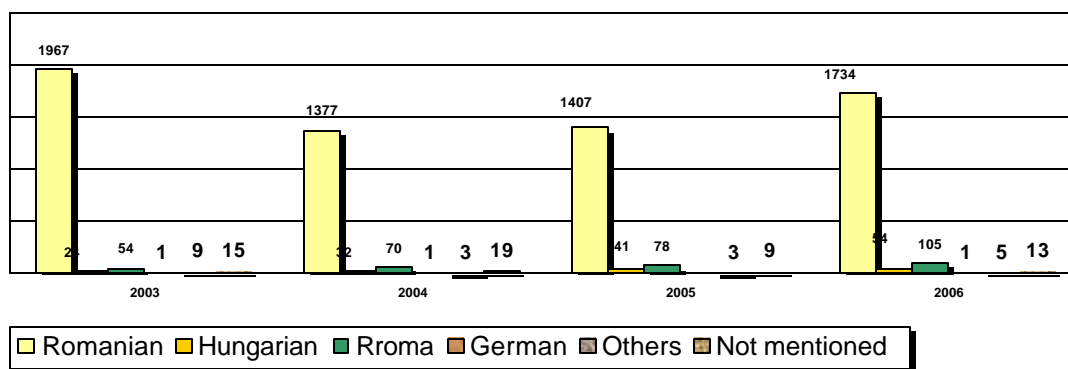
4. The study revealed that drug use prevalence among 16 year-olds living with one of the parents varied depending on the parent's gender. 0.7% respondents living with the father reported the use of any illicit drug as compared to 3.4% of those who were living with their mother.

12.1.3 VULNERABLE GROUPS AMONG THE TREATED POPULATION

The indicator Drug related treatment demand enabled the collection of information on the drug users demanding treatment, by nationality. 1,912 treatment admissions were recorded in 2006 due to psychoactive substance use, of which 91% are Romanian nationals, 5% roma, 3% Hungarians and 1% other nationality.

Treatment demand distribution by main drug and ethnic affiliation in the reference year shows 92% of the total heroin treatment demands have been made by Romanians, while 7% have been made by roma, 1% remaining unspecified.

Figure no. 12-1: Drug users by ethnic affiliation, 2003-2006



Source: NAA/ RMCDDA

⁷⁴ According to the authors, this may be due to interventions developed in syringe exchange programmes.

The ethnical distribution shows the percent of drug users of Romanian nationality, who demanded treatment in 2003-2006, was relatively constant with 95% in 2003, 92% in 2004 and 91% in 2005 and 2006. The temporal rate of roma users was 3% in 2003, 4.6% in 2004, 5% in 2005 and 5.5% in 2006. Heroin was reported as the main drug by most Romanian citizens, in 2003-2006, irrespective of ethnic affiliation.

There were insignificant differences during this period of time (for Romanians – from 94% in 2003 to 92% in 2006; for roma – from 4% in 2003 to 7% in 2006). The higher limit in this recorded data consists in the self-report of the ethnic affiliation.

The evolution of the number of Hungarian drug users who demanded treatment shows a slight increase in the reference time interval, from 1% in 2003 to 2.8% in 2006.

12.1.4 CORRELATES AND CONSEQUENCES OF SUBSTANCE USE AMONG VULNERABLE GROUPS

Drug related offences

The arrest unit of the Police Department no. 12⁷⁵ operates as a detention unit for people under the influence of drugs, since April 2006. In the reference year, in this arrest unit 561 drug intoxicated people have been detained, of which 545 of age and 16 minors⁷⁶.

Table no. 12-1: Distribution of arrestees by type of offence

Offence	Legal classification	Number of offenders
Common theft and aggravated theft	208,209 PC ⁷⁷	278
Trafficking in high risk drugs	Law no. 143/2000	224
Robbery	211 PC	47
Homicide	174–178 PC	6
Assault	181 PC	1
Procuring	329 PC	2
Destruction	217 PC	1
Fraud	215 PC	1
Illegal confinement	189 PC	1
TOTAL		561⁷⁸

Source: General Police Directorate of Bucharest

The 16 arrested minors have committed the offence of qualified theft, laid down and sanctioned under the art 208 and 209 of the Penal Code.

Detainees reported to have been under the influence of drugs benefit from specialised medical care provided by the Medical Service of the Police Directorate General of the Municipality of Bucharest.

12.2 RESPONSES TO DRUG PROBLEMS AMONG VULNERABLE GROUPS

12.2.1 POLICY AND LEGAL DEVELOPMENT

The law on children's rights protection and promotion⁷⁹, with a section called *Child protection against drug use* is one of the laws laying down social impact measures for the protection of groups at risk against substance use/abuse. The law establishes the right of every child to

⁷⁵ There are 25 police departments in the Municipality of Bucharest, organized in each of the 6 districts of the capital city

⁷⁶ This classification is based on the criminal liability principle, as laid down in the Penal Code: minors under 14 are not legally liable, young people aged 14-16 can be held liable for an offence, which is proven to have been committed deliberately, all minors are liable starting with the age of 16.

⁷⁷ Penal Code

⁷⁸ The difference is generated by the large number of offences committed by some arrestees, the distribution being made by type of offence

⁷⁹ Law no. 272/2004 on the protection and promotion of children rights, issued by the Parliament, OG no. 557/23.06.2004

health and information on the effects of smoking, alcohol and drug use, and on hepatitis and HIV/AIDS infection. Child protection measures against drug use⁸⁰ are an essential part of this law as well as the activities that should be carried out by the NAA and NACRP, by cooperation with other organisations of the central public administration. The measures provided for by law address the prevention of the use of children in the illicit drug manufacture and trafficking, by providing care and counselling to children and their families, as well as banning the sale of solvents to children, without parent's consent or of other legal representative. The need to set up efficient data collection system related to the onset of drug use among children and their participation in illicit trafficking of drugs is also specified. The same fundamental children's rights underpinned for the Minimum compulsory standards for the organisation of the *Emergency in-care centre for abused, neglected and exploited children*⁸¹.

The Law no. 125/2001⁸² forbids the sale of alcohol and tobacco products to minors, the sale of tobacco products in machines, by piece, or charge-free provision to youth under 18.

In most cases the sanction passed by courts in view of the social reinsertion of drug users who commit drug related offences, consisted in suspending the serving of the sanction under surveillance, which has been carried out by the Probation Service (as provided by the Penal Code, enforced by GD no. 92/2000⁵ amended by Law no. 211/2004⁶).

However, a drop of the sanction by which the sanction is suspended under surveillance has been noticed since 2004, as courts of law established prison sentences. The provisions of the new Criminal code referring to the institutions of the sanction deferral and sanction abandonment corroborated with the provisions of the Law no. 522/2004 defined the specific legal framework regarding the assistance of drug users who commit the offence of drug possession for personal use, by including them in the integrated care programme and enabling the intervention of the Probation service in the social reinsertion process of drug users prosecuted for another offence (drug related).

The Joint order of the minister of health, minister of justice and minister of administration and interior on the means to implement the integrated medical, psychological and social care programmes for prison inmates was drafted in December 2005.

The document sets the legal framework for the provision of bio-psycho-social care services to drug using prison inmates, under conditions similar to the standards in place for people at liberty.

The measures and programmes provided for in this order for drug users of age hold true for underage drug users, including those in Minors` Re-education Centres (under the Law no. 272/2004), depending on the biologic and psychological age features.

The cases of underage drug users are immediately notified to the Directorate General of Children's Social Care and Protection. The measures applied to the users are either the inclusion in the integrated care programmes, by a customised care plan or relapse prevention actions.

The Government of Romania drafted the National Strategy for the social inclusion of the youth leaving the children's protection system⁸³. The document mentions family decline caused of or followed by poverty, as well the insufficient development of the community social services had generated a range of risks to which children and young people are exposed: family and community violence, school drop out, beggary, drug and alcohol use, human trafficking. Institutionalised children need special attention, as they are deprived of

⁸⁰ Article 88 of the Law no. 272/2004 on the protection and promotion of children rights, issued by the Parliament, OG no. 557/23.06.2004

⁸¹ Issued by the National Authority for Child Protection and Adoption, 27 July 2004

⁸² Law no. 125/2000 amending and supplementing the art.1 of the EGD 55/1999 forbidding the use of tobacco products in theatre halls and the sale of tobacco products to children, issued by Parliament, OG no. 170/04 April 2004

⁸³ Decision no.669/24.05.2006 approving the National Strategy for the social integration of young people leaving the child protection system, issued by the Government of Romania, OG nr.479/02.06.2006

the natural family support. At the age of 18, if education is interrupted, the obligations of the child legal protection system are suspended, as the young person is supposed to take responsibility for his life as an adult. Around 5000 young people leave annually the protection system and are integrated in the social and professional life.

The strategy aims at defining the legal and institutional framework meant to support the social and professional integration of the young people that leave the child protection system and at the implementation of the social care policy and programmes meant to ensure their right to an independent and dignified life.

The target group of the strategies consists in young people from the child protection system; young people admitted in a re-education centre or penitentiary for minors at the age of 18; homeless young people at the age of 18.

The Department for Inter-ethnic Relations was set up in 2004 by the EGD no. 11⁸⁴ to enable the dialogue between ethnic communities and fight against ethnic discrimination. The Department for Inter-ethnic Relations works in close cooperation with the ministries, other specialised bodies of the central and local public administration, and international governmental and non-governmental organisations and takes part in programmes meant to reduce drug use among minorities at risk. Of the ethnic minorities, roma is the most visible minority in the context of the national strategies.

12.2.2 PREVENTION AND TREATMENT

The National Authority for Children's Rights Protection took steps to implement the project *Street children initiative*⁸⁵ in 2004, and in 2006 the law which ratified the Financing Agreement was approved. The objectives of this project were to reduce the number of illicit drug and alcohol using street children, on one hand, and to reduce the risks they are exposed to until they reach family insertion/reinsertion, on the other hand. In tangible terms, almost 20 centres should be created for 300 children, as day-care or night-care facilities (shelters, day-care centres, family-type homes, emergency in-care centres etc.).

In 2005-2006, FCCS in partnership with the NAA carried out two projects including complementary actions in the field of drug prevention, funded under Access PHARE Programme of the European Union and the Embassy of Canada. A pilot project was created based on these projects to promote a model of social, medical and psychological integrated services for young people exposed or directly affected by drug use. The project aims to *Develop the standards of medical, psychological and social care for drug users* by organising working groups made up of social care specialists and to provide specialised services to young drug users and users exposed to drug use.

The target group of these service consists of young drug users, aged 14 to 35, that have undergone a detoxification programme and are motivated to give up drug use.

Results:

- Creating inter-disciplinary teams of specialists (physicians, psychologists, social workers) in order to build the skills needed in the work with drug-addicted people
- Opening of a day-care centre in Bucharest
- Provision, in the pilot centre, of specialised services to almost 100 heroin-addicted young people and to the people who have supported them during recovery (family, friends etc.)
- Working guideline *Heroin addiction. After-care – key element in a drug free life*, in order to provide some working instruments to those who are working in the field.

In partnership with the NAA, several drug use prevention activities were organised in high schools and university centres and informative sessions were held in Cluj, Timisoara, Iasi, Constanta and the county of Ilfov, to create foundation for future similar prevention,

⁸⁴ EO no. 11/23.03.2004 establishing reorganization measures within the central public administration, issued by the Government of Romania, OG no. 266/25.03.2004

⁸⁵ See National Report 2005

treatment, psychological care and social reinsertion programmes for young drug users and people exposed to drug use.

The Medical, Psychological and Social Care National Programme was approved in 2005, and implemented by the NAA by setting up 15 Integrated Addiction Care Centres within 15 DPECC. The general objective of the programme is increased accessibility by developing the medical, psychological and social integrated services and measures, in terms of both quality and quantity, in order to seize drug use, kick off addiction, reduce drug related harm, and finally socially reinsert drug users. Quality assurance of the social care activities targeting drug-addicted people has been supported by the Framework organisation and operation regulation of the social care institutions⁸⁶, and by the methodological enforcement rules of the legal provisions on social services⁸⁷, by including the social rehabilitation centres for drug users and the DPECC in the category of social care institutions.

In partnership with NAA and the National Authority for the Children's Rights Protection and with the financial support of the International Labour Organisation, IFCF drafted the project *The Development of the Monitoring System of the Child Labour in Romania*, aimed at the implementation of the monitoring system of children labour exploitation.

The project took place August 2005 – October 2006.

Under the national law, one of the four serious forms of labour exploitation of children is "using children in narcotic trafficking and production".

Having regard to the risk of drug use under the given circumstances, the project marked the beginning of inter-agency partnership between the DPECC and the community inter-sectorial teams competent in the field of child protection.

The specific objectives of the project were:

- Information/ sensitizing addressing vulnerable groups of children in order to prevent their participation in the most serious forms of labour exploitation (including the use of children in drug trafficking and production)
- Implementing the monitoring mechanism of child labour
- Drafting an informative brochure for professionals on the topic of the monitoring system of child labour
- Professional training of the members of local inter-sectorial teams in Bucharest, Iasi, Botosani and Giurgiu, which should notify and monitor the cases of child labour exploitation
- Initial training of the responsible persons in the Community Advisory Councils in the counties in question.

Results:

- Setting up and implementation of a national system for monitoring child labour
- Training 30 professionals, members of the multi-sectorial teams, in implementing the system
- Distribution of 10,000 brochures to all child protection social services
- Inclusion of 30 children victims of labour exploitation in specialised child protection programmes (use in drug production and trafficking).

Regarding selective prevention among families at risk, NAA initiated the PROTEGO⁸⁸ project in 2005 and continued it in the school year 2006-2007.

⁸⁶ GD no. 1434/2004 regarding the responsibilities and Framework organization and operation regulation of the Directorate General for Children's Social Care and Protection, issued by Government, OG no. 869/23.09.2004

⁸⁷ GO no. 68/2003 regarding the social services, issued by the Government of Romania, OG no. 619/30.08.2003

⁸⁸ See Chapter 3.1.2

Chapter 13 – Drug-related research

13.1 RESEARCH STRUCTURES

13.1.1 DRUG-RELATED RESEARCH IN NATIONAL POLICY

In the Action Plan 2003-2004 for the enforcement of the National Anti-drug Strategy 2003-2004 and the Action Plan 2005-2008 for the implementation of the National Anti-drug Strategy 2005-2012, specific mention is made to only two researches *General population survey on knowledge, attitudes, practices regarding drug use (GPS)* and *European School Project on Alcohol and other Drugs (ESPAD)* – sociologic researches aimed at obtaining information on drug use among the general population and school population.

The GD no. 1873/2006 amending and supplementing the GD no. 1489 establishing the National Anti-drug Agency⁸⁹ provided for the setup of a Scientific Council intended to coordinate the research activity, authorise the made research from the point of view of methodology, and provide support in determining the priority research domains and topics so as to have a complete and objective overview of the drugs phenomenon.

Research in this area has been limited by these main factors:

- inexistence/rejection, until 1990, of drug use on the Romanian territory
- priority approach of drug supply reduction in 1990-2002, by carrying out activities specific for combating drugs trafficking
- priority approach of drug demand reduction in 2003-2006 by taking the needed steps to amend legislation, create and develop services for drug users at national/local level, organise prevention programmes at national/local level, create and extend the drug use monitoring system by implementing the key epidemiologic indicators, recommended by the EMCDDA.
- and, most importantly, limited financial resources.

13.1.2 RELATIONSHIP RESEARCH-POLICY

Although limited in number and coverage, the research conducted by the governmental institutions and NGOs, such as ESPAD (1999), the estimates of the problem drug use made by the Management Institute of Health Services, National Commission for the Fight against AIDS, ROMTENS Foundation, with the support of UNAIDS and UNICEF (1998, 2002) underpinned for the National Anti-drug Strategy 2003-2004 and its subsequent action plan, the first programmatic documents in the field of drugs in Romania. Moreover, the results of ESPAD (2003) and GPS (2004), the estimation of the number of problem drug users in Bucharest in 2004 gave substance to the National Anti-drug Strategy 2005-2012 and its subsequent action plan 2005-2008.

The first national campaign for the prevention of drug use related risks *Open Your Eyes* was also based in the findings of the ESPAD (2003) and GPS (2004). The campaign addressed people aged 14-25, and included awareness messages on the risks of the use of alcohol, cannabis, heroin, ecstasy, as these drugs have the highest prevalence in the two mentioned surveys.

The results revealed other drugs were being used in Romania except for heroine, therefore services were put in place to provide specialised care (bio-psycho-social) and for other categories of users (although the *Drug related treatment demand* continued to indicate heroin was the main drugs for which treatment was demanded).

The two estimated made by the NAA and UNAIDS in 2003 and 2004 on problem drug use in Bucharest indicated the network of the Ministry of Public Health was under-dimensioned as compared to the estimated number of users, for which reason in the treatment system has been extended in the following years by:

⁸⁹ See chapter 1.2.1

- creating a legislative framework allowing the public or private institutions to provide services to heroin users in methadone or syringe exchange programmes
- increasing the number of methadone and syringe distribution centres for heroin users.

13.1.3 MAIN NATIONAL STRUCTURES FOR DRUG-RELATED RESEARCH

The National Anti-drug Agency is the main institution involved in the inception, performance and coordination of the research in the field. Its role is nationally recognised and the Agency is invited as partner in research projects conducted by other institutions or NGOs, so that the results could be recognised and promoted and drug demand reduction policy, drafted and updated by the Agency, would be adjusted. GPS, *Prevalence of drug use among prison population*, *Study on the prevalence of drug use among pupils*, several other estimations of the dimension of problem drug use are some of the projects conducted by the NAA by specialised staff.

The National School for Public Health and Sanitary Management is another institution with an important role in drug research. It has conducted two ESPAD studies, in 1999 and 2003, under Ministry of Health funding.

The Ministry of Education and Research finances research projects for governmental institutions and NGOs, by the National Authority for Scientific Research/Excellence Research Programme. In 2004, the Faculty of Pharmacy within the University of Medicine and Pharmacy Carol Davila in Bucharest and four other partners (NAA, Evaluation and Treatment Centre for Young Drug-addicted People *Sf. Stelian*, National Research-Development Institute *Victor Babes*, CMMSR) applied for and received a 150,000 RON grant (almost 42,250 euro) for the project *Monitoring the psychosomatic variations in drug-addicted patients under substitution therapy, 2005-2007*.

The project aims to make a monitoring study of the hospitalised drug-addicted patients under substitution treatment, by keeping the psychosomatic evolution, the evaluation of treatment on biochemical, hematologic and immunologic parameters under supervision and adjusting treatment based on the clinical and paraclinical monitoring.

Moreover, NGOs such as RAAIDS, Save the Children, IFEC, CCF and others have conducted research projects to estimate the prevalence of drugs among groups at risk and to identify the needs of injecting users. The projects have been funded by international organisations: UNAIDS, UNICEF, UNODC, Global Fund to Fight against HIV/AIDS, Tuberculosis and Malaria. The National Strategy for the Monitoring, Control and Prevention of HIV/AIDS Infections in 2004-2007, as approved by GD no. 1342/2004⁹⁰ resulted from these studies.

It can be concluded that financial resources for drug related research might be ensured in Romania under both state budget and external sources, but the available resources are far from responding to the need, that has been often indicated by the professionals.

13.2. MAIN RECENT STUDIES AND PUBLICATIONS

13.2.1. MAIN RECENT STUDIES SINCE 2000

The most important studies on drug use among different population categories that have provided an overview of the phenomenon in 2000-2006 were: ESPAD (2003), GPS (2004), *Drug use: Injecting behaviour and sexual conduct* (2004), *Drug use among young people in Romania* (2005), *Prevalence of drug use in the prison system in Romania* (2006). All studies have been presented in the National Reports made in the year the results were published, and the standards tables referring to ESPAD and GPS were filled in and sent.

Since 1999, Romania has joined the countries that conduct the ESPAD study to determine the knowledge, attitudes and practices of high school students (15-16 years) regarding drug

⁹⁰ GD no. 1342/2004 for the approval of the National Strategy for the monitoring, control and prevention of HIV/AIDS infections, in 2004-2007, issued by Government, OG no. 865/22.09.2004

use, a project initiated by the Swedish Council for Information on Alcohol and other Drugs (CAN). The aim of this project (conducted at European level) was to get comparable data on drug use among 15-16 year old high school students in as many countries as possible, so as to define some trends of the characteristics of drug use in this age group, in different states. In Romania, the study was conducted by the same body in 1999 and 2003 – Institute for the Management of Health Services, subsequently called in 2003 the National Institute for Health Research-Development – under the budget of the Ministry of Health. In 2003, 1,299 schools represented the sampling basis, 209 schools represented the sample and 4,371 high school students were included in the database. The self-administered questionnaire was the data collection instrument. The studied drug categories were: tobacco, alcohol, tranquillisers/pain killers, heroin, cocaine, marijuana/hashish, inhalants, amphetamines, steroids, LSD, magic mushrooms, ecstasy. The results indicated alcohol mixed with prescribed drugs (1.3%) recorded the highest prevalence for drug use onset for pupils under 16, followed by tranquillisers or pain killers (1.1%) and inhalants (0.5%). Illicit drugs recorded 0.2% (for heroin, cocaine, ecstasy, and marijuana/hashish) or 0.1% (amphetamines or LSD). Life-time prevalence of any illicit drug among 16 year olds reached 3.4% (4.8% for boys and 2.4% for girls). 3.9% of the boys experimented with cannabis, as compared to 1.6% of the girls. 3.1% of the respondents reported they mix alcohol and cannabis (boys: 2.3%, girls: 3.8%). Prevalence over 1% was recorded by the experimental use of inhalants (1.5%) and by the use of tranquillisers or pain killers without medical prescription (5.6%). 0.8% of the respondents (1.1% boys and 0.6% girls) reported cocaine use. Illicit use of cannabis and tranquillisers or pain killers (without medical prescription) recorded last year prevalence of over 1% (1.5% for cannabis and 1.3% for tranquillisers or pain killers). 16 year old high school students who participated in the study stated they had used the following drugs in the last 12 months: alcohol mixed with medicines (0.4%); crack, injecting drugs, alcohol with marijuana/hashish (0.3%); ecstasy, steroids (0.2%) and amphetamines (0.1%). Except for cannabis and inhalants, the last 30 days prevalence was similar to the last 12 month prevalence for the rest of the drugs.

In 2004, the National Anti-drug Agency conducted the first study on drug use in the general population. The final results were published in 2005. This 28,000 USD worth study (22,580 Euro) was conducted with the integral financial support of the Global Fund to Fight against AIDS, Tuberculosis and Malaria through the programme *Countering HIV/AIDS: a comprehensive, coordinated and multisectorial response in Romania*. The study sought to get information on the scope and trends of the use of different drugs in the general population in Romania, by determining the prevalence and the drug use patterns. The methodology used in the study was based on the methodology recommended by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA – based in Lisbon), the questionnaire being comparable to EMQ. The sample consisted in 3,500 respondents and was nationally representative for the target population – people aged 15 to 64, non-institutionalised. The results indicated illicit drug use is frequent among the young population, the lifetime prevalence of different types of illicit drugs rating highest for people aged 25 to 34 (cannabis – 3%, cocaine – 1%, heroin 0.5%, amphetamine – 0.6%), except for the prevalence of ecstasy use, which was reported mainly by young people aged 15-24 (0.8% as compared to 0.3% for people aged 25 to 34). No experimenting with illicit drugs was reported by people over 55. Lifetime prevalence was 3-4 times lower among men than women (male:female ratio - ecstasy 0.4% as compared to 0.1%, heroin 0.3% opposed to 0.1%, amphetamines 0.4% opposed to 0.1%), except for cocaine, for which the same value was recorded for both genders (0.4%) and cannabis, with a 1.6 male:female ratio.

The Romanian Harm Reduction Network (RHRN) conducted a study among injecting users in 2004, called: *Drug use: Injecting behaviour and sexual conduct*. The study was financed by UNICEF Romania and intended to describe the sexual conduct and the injecting behaviour of the clients of the organisations involved in syringe exchanges in Bucharest, members of RHRN (ALIAT, ARAS, Open Doors). The target population of the study was made up of injecting drug users who sought syringe exchange services in Bucharest, the sample amounting to 501 respondents. The used questionnaire had been adjusted to the

Behavioural Surveillance Surveys handbook and the questionnaire on *Knowledge, attitudes and practices regarding sexual conduct*.

The data resulted from this study indicated heroin was the most frequently encountered drug among the beneficiaries of the syringe exchange services in Bucharest, which are provided by the three NGOs in the RHRN network. The average length of use, calculated for the 501 injecting drug users included in the sample, reached 51 months, with an average injecting length of 38 months, the difference between drug use onset and intravenous use onset reaching 13 months. The average age on the first intravenous use was 19.5 years. Regarding the injecting frequency, 90% of the respondents reported daily use. 72.5% of the respondents stated they have used unsterile needle and syringe on the last injection. One in four respondents declared the syringe or needle had been used by another person, on the last injection. 1% of the IDU participating in the study stated they had “always” shared the needle or the syringe. Another aspect addressed by the study was the access to hygienic injection equipment. Although 64% of the respondents consider they can easily or very easily get sterile (new) syringes, as mentioned above, 55% of the respondents stated that had shared the needle and the syringe in the last month.

In order to formulate and implement prevention programmes for young people, Save the Children conducted a study called *Drug use among young people in Romania*, in the last quarter of 2004 and the first quarter of 2005. The target population included young people aged 11 to 22, the entire sample ranging up to 2,500 respondents. The authors described the research method as a combination of qualitative methods (interview, *focus-group*) with quantitative methods (questionnaire). The data collection for the qualitative research took place from July 2004 to January 2005, and the quantitative research from November-December 2004. Financing was granted under the Programme of the Global Fund to Fight against HIV/AIDS, Tuberculosis and Malaria. The results indicated 4% of the sample has ever used an illicit drug. Lifetime prevalence of drug use by age category⁹¹ was 1.1% for children aged 11 to 14, 3.3% for youth aged 15 to 18 and 10.8% for youth aged 19-22. Regarding experimental use, marijuana was the most frequently mentioned drug (2.5% of the respondents) followed by pan killers (0.5%) and heroin (0.4%). Drug use prevalence in the last 12 months by used drug was 0.7% for marijuana, 0.4% for cocaine and 0.2% for ecstasy. The authors organised focus-groups to determine what the young people thought about drug use and drug users. Most answers (e.g. “They are sick”, “They are junkies”) indicated young people consider drug users as sick people.

A detailed presentation of the fifth study – Drug use prevalence in the penitentiary system in Romania (2006) – mentioned at the beginning of these comments, is provided in chapter 8.3.1.

13.2.2 PEER-REVIEWED SCIENTIFIC JOURNALS

No available data.

13.2.3 INFORMATION FLOW S

A study department operates within the Romanian Monitoring Centre for Drugs and Drug Addiction working mainly to conduct specialised studies at national level and provide support to the staff of the Drugs Prevention, Evaluation and Counselling Centres that are carrying out studies at local level. One specialist of each DPECC was trained within 2004 PHARE project *Strengthening the institutional capacity of the public institutions in Romania in the field of drug demand reduction*, in view of the implementation of sociologic studies, research addressing drug use and the evaluation of prevention and treatment programmes carried out

⁹¹ The authors selected this age groups by education cycles in place in Romania: 11-14 years – secondary school, 15-18 years – high school, 19-22 years – higher education (this last group also includes young people not attending a higher education institution)

at local and national level. This network is coordinated by specialists of the study department/RMCDDA.

RMCDDA specialists implement the two key epidemiologic indicators GPS and PDU based on sociologic/medical research.

Non-governmental institutions and organisations generally organise press conference to launch the research results and to disseminate the information referring to conducted studies, to which RMCDDA specialists, the National Report being the main dissemination means for these studies at national and international level.

In addition, as mentioned above, the Agency is a strategic partner for the nongovernmental institutions and organisations that are carrying out drug related research activities, the results of the projects/studies being the evaluation means of the response policy the NAA drafts and coordinates.

The organisation and participation in working groups focusing on the evaluation of drug demand reduction activities is another means by which RMCDDA members collect information on existing research.

13.2.4 NATIONAL SCIENTIFIC JOURNALS

Romania lacks scientific publications focusing on drug use, yet, different magazines are edited tackling topics of interest for public health –*Viata Medicala (Medical Life)*, *Medical Update*, for sociology - *Sociologie Româneasca (Romanian Sociology)*, *Calitatea Vietii (Quality of Life)*, psychology - *Revista de Psihologie (Magazine of Psychology)*, *Revista psihologia (Psychology Magazine)*, social care - *Revista de asistenta sociala (Social care magazine)*, medical management – *Management în sanatate (Health Management)*, which include articles based on research projects conducted in the field of drug demand reduction.

13.2.5 OTHER MEANS OF DISSEMINATION

There is a wide range of alternative notorious communication means for drug use topics such as conferences organised on the *International Day of the Fight against Drugs*, *International and National No Tobacco Day* etc., but also unconventional means such as anti-drug websites: NAA website www.ana.gov.ro, www.dependenta.ro (addressing parents) and other websites of non-governmental organisations: www.aras.ro, www.salvaticopiii.ro, www.fic-droguri.ro .

PART C. BIBLIOGRAPHY AND APPENDICES

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LIST OF ABBREVIATIONS USED IN THE TEXT

ADV	Close to You Foundation
ALIAT	Alliance for the Fight against Alcohol and Drugs
CAN	Swedish Council for Information on Alcohol and other Drugs
CLAPDP	Central Laboratory for Drugs Analyses and Profiling, Precursors
CMMSR	Centre for Medical-Military Scientific Research
COR	Classification of Occupations in Romania
DATCAP	Drug Abuse Treatment Cost Analysis Programme
DPECC	Drug Prevention, Evaluation and Counselling Centre
EGD	Emergency Governmental Decision
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMQ	European Monitoring Questionnaire
ESPAD	European School Survey Project on Alcohol and Other Drugs
FCCS	Foundation for Community Care Services
GD	Governmental Decision
GDCOC	General Directorate for Countering Organized Crime
GIRP	General Inspectorate of the Romanian Police
GPS	General Population Survey
HERSNP	Health Education in the Romanian School National Programme
HIV	Human Immune deficiency Virus
ICAA	Regional Office of the International Council for Alcohol and Addiction for Eastern Europe and Central Asia
ICD	International Classification of Diseases
IDU	Injecting Drug Users
IEC	Information-Education-Communication
IFCF	International Foundation for the Child and Family
IFEC	International Foundation of Educative Communities
JSI	John Snow Research and Training Institute
LGBT	Lesbian Gay Bisexual Transgender
MAI	Ministry of Administration and Interior
MER	Ministry of Education and Research
MJ	Ministry of Justice
MLSSF	Ministry of Labour, Social Solidarity and Family
MPH	Ministry of Public Health
NAA	National Anti-drug Agency
NACRP	National Authority for Children's Rights Protection
NAS	National Anti-Drug Strategy
NFI	National Forensic Institute
NGO	Non-governmental Organization
OG	Official Gazette
PDU	Problem Drug Use
PSI	Population Services International
RAA	Romanian Angel Appeal
RAAIDS	Romanian Association against AIDS
REITOX	European Information Network on Drugs and Drug Addiction
RHRN	Romanian Harm Reduction Network
RMCDDA	Romanian Monitoring Center for Drugs and Drug Addiction
STI	Sexually Transmitted Infections
TVR	Romanian Television
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Program
UNODC	United Nations Office on Drugs and Crime
VHC	Viral Hepatitis C
VHB	Viral Hepatitis B
WHO	World Health Organisation

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