



Directorate-General Justice,
Freedom and Security

LITERATURE REVIEW: ROMANIA

**THROUGH CARE
working in partnership**

National Literature Review: Romania

1.0 Drug use in Romania

1.1 Trends and statistics

Since the beginning of 1990, heroin was available for intravenous drug users on the Romanian market. In 2002, it was estimated that the number of heroin IDUs in Bucharest was between 13 694 and 34 318. In 2004, the National Antidrug Agency together with UNAIDS made a second assessment covering six months and estimated that the number of heroin users in Bucharest was between 15 774 and 32 124.

During the Global Fund Program against AIDS, tuberculosis and malaria, a study was conducted on the general population regarding drug use in 2004. The findings showed a low rate of illegal drug use prevalence during the life time. Only 1,7% of people between 15-64 years old stated that they used cannabis at least once (cannabis use during life time among general population in EU Member States and Norway, vary from around 1,7% up to 36,5%). The prevalence rate for life time use for other illicit drugs (heroin, cocaine, amphetamine, ecstasy and LDS) was less than 1% in Romania.

A second study on the general population was conducted in 2007. The study showed that life time drug use prevalence of different illegal drugs among a range of the population aged between 15-64 years old is about 1,7%; this referred to all kinds of illegal drugs: marijuana, ecstasy, inhalants, cocaine, crack, amphetamine, hallucinogenic, heroin or opiates. This study indicated that about 300,000 people aged between 15-64 years old, used at least once one of the above named drugs during their lives. If other drugs like tranquilizers, sedatives and anti-depressants are taken into account, the percentage figure reaches 8,6% (about 1,300,000 persons).

The illegal drug most commonly used is cannabis with 1,5% followed by ecstasy at 0,4%, heroin at 0,1%, hallucinogenic at 0,1% and cocaine (in both forms – base or crack) at 0,1%.

The drug most experimented with amongst all age groups is cannabis with other drugs used experimentally by those in the age group 15-34 years old. The youngest age of consuming cannabis was 11 years and 14 years for ecstasy. 76.6% of cannabis users said that they started before they were 24 years old and for ecstasy 30 years old.¹

¹ EMCDDA, Country overview: Romania, 2010. Accessed 10/09/10
<http://www.emcdda.europa.eu/publications/country-overviews/ro#gps>

Table 1: Illegal drugs use prevalence during lifetime according to age groups

Drug	Age group					Total 15-64
	15-24	25-34	35-44	45-54	55-64	
Cannabis	3,7%	2,2%	0,8%	0,2%	0,1%	1,5%
Cocaine	0,1%	0,1%				0,1%
Heroin	0,1%	0,2%	0,1%			0,1%
Ecstasy	0,7%	0,6%	0,4%			0,4%
Amphetamine	0,1%	0,1%				0,1%
Inhalants	0,2%	0,1%		0,1%		0,1%
Cocaine or i.v. heroin	0,1%	0,2%	0,1%			0,1%

1.2 Drug use amongst specific groups

Young people and Women

The National Anti-drug Agency Study (2007) of the age group 15-24, showed that cannabis was the most used (3.7%) with ecstasy the next highest drug used (see Table 2).

Table 2: Drug use by age group of 15-24 years old

Drug	%
Cannabis	3,7%
Cocaine	0,1%
Heroin	0,1%
Ecstasy	0,7%
Amphetamine	0,1%
Inhalants	0,2%
Cocaine or injection of heroin	0,1%

In Romania in 1999, 2003 and 2007, National School Surveys were conducted using a representative sample of pupils with aged between 15-16 years (ESPAD Project). The study showed that in comparison to other EU member states the prevalence of illegal drugs was low but the trends in drug use appeared to be increasing in Romania.

Both studies showed that cannabis is in wider use among pupils and that lifetime prevalence has grown from 1% in 1999 to 4% in 2007.

The results of the ESPAD survey in 2007 showed that few Romanian students declare cannabis use (4%), drug use, other than cannabis (3%), tranquilizers and sedatives without prescription (4%) or pills in combination with alcohol (4%).²

Amongst women, experimental use of cannabis was 0.7%, 0.2% ecstasy and 0.1% for inhalants and hallucinogens.

² EMCDDA, Country overview: Romania, 2010. Accessed 10/09/10
<http://www.emcdda.europa.eu/publications/country-overviews/ro#gps>

2. Prison system

2.1 Organization of the prison system

The Romanian National Administration of Penitentiaries is part of the Ministry of Justice. There are 32 prison institutions, two prisons for minors and young offenders, six prison hospitals and three re-education centers. The prison population (including pre-trial detainees/remand prisoners) was 28,188 on 24.8.2010 (World Prison Brief)³. The number of pre-trial detainees/remand prisoners as a percentage of the prison population was 16.5%, 4.6 % female prisoners, 1.7% Juveniles / minors / young prisoners and 0.7% foreign prisoners. Since 2001, the Romanian prison population has been declining as can be seen from Table 3.

Table3: Recent prison population trend

Year	Prison population total
2001	49,840
2004	39,031
2007	29,390

Each prison has a medical department with at least one medical doctor and nurses, a dental room and pharmacy. Some prisons have technical dental laboratories. In cases of serious illness, prisoners will be sent to one of the prison hospitals. During 2009, prisoners at their request can be tested for HIV, HBV and HCV within a program funded by UNODC. The number of medical staff may vary according to the economical and political situation of the country. Though the network's infrastructure, the main persistent problem of the Romanian prison medical network is "the high deficit of medical staff (...) in almost all detention units", according to the institution's Annual Report (ANP, 2009a, 28)

2.2 Problematic drug users in prison

In December 31, 2008 there 1,682 persons with a history of drug use were in custody (63,97‰ prevalence) of which 1,317 were men (78,29%) and 365 were women (21,7%) (data from the National Administration of Penitentiaries - cited in National Anti-drug Agency, 2009, 95-97).

The distribution amongst this group can be seen in Table 4:

Table 4: Distribution by age:

Years of age	Number	%
15-19	74	4.39
20-24	415	24.67
25-29	610	32.26
Over 30	583	34.66

³ World Prison Brief accessed on 10/09/10 http://www.kcl.ac.uk/depsta/law/research/icps/worldbrief/wpb_country.php?country=161

Table 5: Distribution by substance used:

Drug	Number	%
Heroin	1254	74.55
Cocaine	143	8.5
Ecstasy	77	4.57
LSD	6	0.35
Cannabis	73	4.34
Others (volatile)	68	4.04
Drugs combinations	27	1.6
Pills	34	2.02

In this study 1,201 prisoners (71.4%) administered drugs intravenously and 481 prisoners (28.59%) took it orally. The use of drugs in prison has been steadily rising since 2001 (see Table: 6)

Table 6: Prevalence of drugs in prison by year

Year	%
2001	21.29
2002	22.55
2003	32.54
2004	51.26
2005	65.45
2006	63.48
2007	69.41
2008	63.97

The figures above indicate that most drug users in prison come from the age group 20-29 years, accounting for approximately 60% of the drug use in prisons. The majority of drug users in Romanian prisons are male (over 78%) and the main way of using drugs is intravenously. In addition, the number of prisoners with a history of drug addiction has increased threefold since 2001 (29%) to almost 64% in 2008.

In prisons, drug users may benefit from detoxification programs within Rahova Prison Hospital. Here, drug users receive specialized assistance from psychiatrics and psychological staff trained to provide detoxification by Global Fund projects, a twinning project that enabled an experience exchange with prisons from Spain.

As a way of reducing the HIV and other blood-borne infections such as viral hepatitis among prisoner injecting drug users (IDUs), the Romanian prison health authorities have decided that it is important to provide IDUs with access to opiate substitution treatment and needle exchanges in prison. In 2007, UNODC were asked to assess the situation regarding current and existing policies to identify barriers to the implementation of substitution treatment and needle exchanges in Romanian prisons. As a result of this assessment, the Romanian Prison Authorities has initiated training and capacity building and piloted a needle exchange in two prisons and opiate substitution in three other prisons. This development in the Romanian Prison Administration has resulted in:

a steady increase in the access of injecting drug users to HIV prevention services, an increased number of prison units ready to provide the services and a network of prison staff and peer educators trained to deliver the services. Prison NSPs and OST services engaged since its very beginning the inmates and beneficiaries in many aspects of planning and developing the interventions. More than 160 inmates IDUs benefited of NSPs in 2009, and more than 50 prison inmates are in OST (Ungass Country Progress Report, 2010)

Since 2005, prisoners who were on a methadone maintenance programme in the community could continue their treatment in three prisons (Jilava, Rahova and Colibasi) where there are special departments. For prisoners who were not on methadone treatment outside the prison but wish to start methadone treatment inside prison, there are selection criteria according to the standards of the Ministry of Public Health. Integrated programs (PIT) are delivered according to Resolution no. 860 / 2005, which generally regulates drug therapy in Romania. The same PIT are also detailed in the Standards for medical, psychological and social assistance of drug users developed by ANA. According to these standards, PIT are “a comprehensive set of therapeutic, psychological and social programs, complementary, simultaneous or sequential, materialized in an intervention plan” (ANA, 2005, 64).

2.3 Infectious diseases in prison

The National Prison Administration in 2008 recorded:

- 240 new cases of TB (8,6‰),
- 179 new cases of Lues (6,61‰),
- 16 new cases of HAV (0,59‰),
- 12 new cases of HBV (0,44‰),
- 4 new cases of HCV (0,14‰)
- 2 new cases of AIDS (0,07‰).

In Central Europe there were 1,762 HIV diagnoses (2008) a slight increase on the 2000 figures. Patterns of infection vary across the regions; in Romania heterosexual sex accounts for the majority of new infections.⁴ The figures for Romania are shown in Table7 below.

Table 7: Patterns of HIV Infection

Country	People living with HIV/AIDS 2007	Adult prevalence % 2007	Women with HIV/AIDS 2007	AIDS deaths 2007
Romania	15000	0.1	7000	0

⁴ Avert, European AIDS Statistics, Regional Summary), accessed on 10/09.10 at <http://www.avert.org/hiv-aids-europe.htm>

2.4 Alternatives to prison for problematic drug users

The Law no. 522 from 24/11/2004 completes and modifies the Law no. 143/2000 regarding the defense against traffic and illegal drug use. According to this law, drug use is not punished, but the possession of drugs is punished. Also, the law allows that drug users can, at their request, be accepted into rehabilitation programs.

The probation system in Romania (SP) was implemented for the first time in 2000 by the Minister of Justice's Order no. 2626. The Romanian probation service mission statement does not make any reference to the role of probation in the pre-trial phase, or to other substantial probation activities, such as early help, prevention and aftercare. This is mainly due to the fact that the probation service in Romania, as in many other countries, is created in order to reduce prison overcrowding (Council of Europe, 2005).

The following types of community sanctions are supervised by the SP:

- Suspended sentence with supervision (articles 86¹-86⁶, Criminal Code);
- Suspended sentence under supervision or control (article 110¹, Criminal Code);
- Supervised liberty (article 103, Criminal Code).

Besides supervision in the community, SP also provide, among others:

- Evaluation reports on criminally liable offenders to the Courts and the Prosecution Offices;
- Evaluation reports on non-criminally liable offenders to the Courts and the Child Protection Committees;
- Assistance and counseling to convicted persons under probation supervision;
- Psychological counseling to victims of criminal offences;
- Participation in Parole Boards organized in prisons;
- Participation at hearings of criminally liable under-aged offenders during the pre-trial phase.

The provisions of article 102 of the new Criminal Code, approved by the Romanian Parliament in 2009 and entering into force in the following year, stipulates that SP will also supervise parolees during the last part of their sentence execution in the community. At the present time, the sole attribution of SP in the prison setting is the participation in the Parole Boards mentioned above (Szabo, 2009, 13).

3. Throughcare services

3.1 Existing throughcare provision

Drug users among prisoners are included in current rehabilitation programs according to their health status, and with their consent, before they are released from prison. Within the rehabilitation programs, psychological support through a specialized department is provided. When released from prison, ex-prisoners are not referred to specialized units.

In the community, specialized medical assistance, detoxification treatment and substitution treatment are provided by psychiatric hospitals. NGOs are running a syringe exchange program (Romanian Association Against AIDS – ARAS and ALIAT in co-operation with Obregia psychiatric hospital etc).

3.2 Specific needs

It is difficult to talk about the specific needs of different groups of prisoners as long as throughcare services are not available.

3.3 Cooperation

The National Anti-drug Agency was involved in the provision of throughcare but, at the moment, it is undergoing re-organization; treatment and reduce demand are covered by Ministry of Public Health; offer reduction is under the Ministry of Interior. The most active NGOs involved in delivery of throughcare are ARAS and ALIAT.

3.3.2 Joint approaches in the CJS

Both in general society and in prisons programs are running that offer psychological support and medical assistance for drug users; these programs are not joined up however. Collaboration between different structures, governmental and non-governmental, involved in providing support for drug users is still not a sustained and permanent one.

In recent years, the National Prison Administration has collaborated with the Romanian Association against AIDS (ARAS), which has been involved only in developing HIV prevention programmes. The Ministry of Interior has little involvement in developing throughcare for prisoners.

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ALIAT	Alianța pentru Lupta Împotriva Alcoolismului și Toxicomaniilor (Alliance for the Fight against Alcoholism and Addictions)
ANA	Agenția Națională Antidrog (National Anti-drug Agency)
ANP	Administrația Națională a Penitenciarelor (National Administration of Penitentiaries)
APDS	Asociația Promovarea Dreptului la Sănătate (Promoting the Right to Health Association)
ARAS	Asociația Română Anti-SIDA (Romanian Association Against AIDS)
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
NSP	Needle and Syringe Program
OST	Opioid Substitution Therapy
PIT	Program Integrat (Integrated Program)
PNCT	Programul Național de Control al Tuberculozei (National Program for Tuberculosis Control)

RHRN	Romanian Harm Reduction Network
RJP	Fundația Reforma Justiției Penale (Penal Reform Foundation)
SP	Serviciu de Probațiune (Probation Service)
STD	Sexual Transmitted Disease
TB	Tuberculosis
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime