



**Case Study Series:**  
**Drug policy, harm reduction  
and young people**

**ROMANIA**

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## Introduction

Romania is a country located at the intersection of Central and South East Europe, bordering the Black Sea, finding itself along one of the main trafficking routes for heroin destined for Western Europe from Afghanistan. Consequently, heroin has been the illicit drug associated with the highest level of drug-related problems in Romania, with injection being the most common method of use. While cocaine (shipped from South America), ecstasy and amphetamines (from Western Europe) and cannabis are also commonly used, new psychoactive substances (NPS) have become increasingly popular in the country, with the proportion of those who inject NPS substantially increasing. Recent estimates suggest that these substances were being used by a third of all people dependent on drugs in 2010-2011. However, following the enforcement of Law 194/2011, the availability on NPS was substantially reduced among occasional people who use drugs, as the costs of these substances dramatically increased.<sup>1</sup>

The information presented in this paper is drawn from the experiences of local service providers, young people who use drugs and a review of the available literature. This case study is designed to offer a snapshot of the drug policy and harm reduction landscape in Romania in relation to young people. Based on the findings of this case study, we offer a series of key recommendations for effective policy reform that can improve the health of, and reduce stigma towards, young people who use drugs in Romania.<sup>2</sup>

## Drug use prevalence amongst young people

Recent official statistics<sup>3</sup> show that lifetime drug use prevalence is on the rise among young people in Romania. Figures from the National Anti-drug Agency show that:

- ▶ **The number of 16 year olds who have injected drugs rose from 0.3 per cent in 2003 to 0.8 per cent in 2011**
- ▶ **The number of 16 year olds who use inhalants rose from 1 per cent in 1999 to 7.2 per cent in 2011**
- ▶ **In 2003 the numbers for cocaine rose from 0.7 per cent to 2 per cent in 2011**
- ▶ **The number of 16 year olds who have used amphetamines rose from 0.4 per cent in 2003 to 1.7 per cent in 2011**

- ▶ **5.3 per cent of 16 year olds have also reported to have used NPS**
- ▶ **The number of 16 year olds who have used cannabis has also risen from 0.3 per cent in 2003 to 7.2 per cent in 2011.**

Research carried out by the European School Survey Project on Alcohol and Other Drugs (ESPAD), surveying drug use among 15-16 year olds, has shown an increasing use of illicit drugs, tranquilizers and sedatives, rising to 15.6 per cent in 2011 from 14.5 per cent in 2007.<sup>4</sup>

Outreach workers from ARAS (an NGO based in Bucharest) have also highlighted<sup>5</sup> that those who begin to inject at a very young age usually have parents with a history of injecting drug use, or start dealing/trafficking drugs at a very young age. This gives them easy access to drugs; most of them start by snorting or smoking heroin, but tend to switch to injecting after only six to 12 months.

Youth RISE and the Joint United Nations Programme on HIV and AIDS (UNAIDS) recently conducted a community consultation project among young Romanians who inject drugs that aimed to understand the context of injecting drug use amongst young people in the country. The consultation among 10 young people who inject drugs took place in Bucharest and gathered youth perspectives and experiences around the different harm reduction interventions in order to ensure the interventions that make up the comprehensive package of interventions of the prevention, treatment and care of HIV among people who inject drugs are youth-friendly.

During the consultation, the participants explained how young people started injecting drugs at an increasingly younger age. Their experience showed that the typical starting age for using drugs is between 14 and 15 years old, and the injecting starting age is around 15 to 16 years old. This is supported by data from a recent survey of young people who use drugs carried out across 4 Eastern European countries, in which 26.7 per cent of respondents in Romania reported initiating injecting under the age of 15.<sup>6</sup> However, some participants stated that they knew many people that started using drugs between the ages of 9 and 11, and had moved on to injecting by the time they were 11 years old. The youngest age reported for smoking heroin was 7 years old.

In 2008-2009, the number of young people using NPS started to increase. By the end of 2009, the use of

*“ I didn’t want to smoke, I didn’t want (to use a) pipe, I didn’t want (to do) anything else (except) injecting. I was 9 ½ years old. This is the age that I realised I didn’t need to buy half a gram to get high, I could inject less and get much higher than if I was using a pipe. I could inject 5 times and stay collapsed all day long. This is all that matters. ”*

NPS had skyrocketed, with many heroin users moving towards using these substances due to their lower cost, greater availability and the poor quality of the more traditionally used street drugs. Young people were particularly attracted to these substances (including synthetic cannabinoids) because of their low cost, their “legal” status, and the belief that if these substances were available legally, they would somehow be safer than “illegal” substances. The increasing prevalence of drug use has come hand in hand with some especially worrying changes in the patterns of use. Heavily dependent heroin users in Romania, who were typically injecting between 3 and 6 times a day, were reported to be injecting NPS up to 10 times a day.<sup>7</sup>

Furthermore, the efficiency of harm reduction services in Romania (see below) has been on the decline, with needles becoming less and less available for an increasing demand. In addition, the harm reduction and treatment services that do currently exist have traditionally been tailored to the needs of people who use opiate, making the treatment of NPS users challenging as substitution options are inadequate to the needs of dependent users.

Moreover, with shops selling NPS under various brand names, the chemical composition of the substances young people are using is often impossible to verify. Substances are often being mixed with other chemicals before being sold, making it almost impossible to discover the contents of these products. In order to address the increasing demand for NPS, the Romanian government eventually decided to ban these substances in 2010,<sup>8</sup> followed by another law in 2011 ([Law 194/2011](#))<sup>9</sup> banning the sale of any products with psychoactive properties.<sup>10</sup> Shops and Romanian websites selling NPS were also rendered illegal, which has considerably reduced availability for occasional users as costs and risks of being caught increased, with the NPS trade being taken over by the criminal market.

There are very few educational campaigns<sup>11</sup> in the public domain about drugs in Romania, and consequently there are very strong negative societal

attitudes towards people who use drugs. This has resulted in the extreme stigmatisation of people who use drugs, their social marginalisation and their alienation from the community. This also includes antagonism towards harm reduction NGOs from other NGOs, such as those working in the HIV sector. Today, solidarity with people who use drugs and are living with HIV is almost non-existent in Romania. In the country, one of the largest communities to be impacted by injecting drug use is Roma,<sup>12</sup> who are already isolated from mainstream society. The stigma attached to drug use renders this community all the more marginalised.

## Drug policy framework

Law 143 2000 on the prevention and control of illicit drug traffic and consumption<sup>13</sup> differentiates between the possession of drugs for personal use and possession for selling. The law gives the police discretion<sup>14</sup> in deciding whether the person they have caught is a user or a dealer. Under Romanian law, unlawful drug possession, cultivation or production for personal use is punishable by six months to two years’ imprisonment for lower-risk drugs<sup>15</sup> such as cannabis, GHB and buprenorphine, and from two to five years in prison for high-risk drugs<sup>16</sup> such as cocaine, heroin and methamphetamine. The penalties for trafficking offences are even more severe, with terms ranging from three to 15 years’ imprisonment for lower-risk drugs, and 10 to 20 years in prison for high-risk drugs.

Romanian drug policy is overseen by the National Anti-drugs Agency which coordinates the National Anti-Drugs Strategy<sup>17</sup> and has full powers to coordinate drug policy, undertake monitoring and evaluation activities, data collection, and so on. Working with various other institutions and stakeholders, the National Anti-drugs Agency implements its activities and strategy at both national and local level.

Young people are not specifically mentioned in any drug policy documents or statements. However, current drug policies have severe consequences on them. For instance, criminal records can have a long-term impact on young people’s future, limiting employment and education opportunities. A young person with a drug conviction has the possibility of making a special request to have a conviction removed from their criminal record after three years from the end of a sentence, but it is up to the judge whether to grant the request. Drug dependence treatment based on abstinence detoxification is also available as an alternative to incarceration, but only via a decision by a judge.

If a young person under the age of 18 is found in possession of drugs, child support services will be advised about their situation, and those under 16 years old will not be convicted. If a young person who is over 17 wants to access opioid substitution treatment (OST), he/she can do so, but must be accompanied by a legal guardian.

## HIV/AIDS and hepatitis C

Romania is experiencing a worrying growth in the prevalence of HIV/AIDS among young people<sup>18</sup>. The age cohort with the fastest rise in new cases of HIV/AIDS through injecting drug use are 25-29 year olds, with 64 new cases being reported in 2012 alone. That year, there were 51 new HIV cases among 20-24 year olds and 24 new cases among 15-19 year olds. This also represents an overall rise in HIV/AIDS among all people who inject drugs, with only 1 per cent of new cases (three cases) in 2008 occurring among people who inject drugs, 3 per cent in 2010 (10 cases), and a figure that skyrocketed at 31 per cent (252 cases) in 2012.<sup>19</sup> Age restrictions and parental consent requirements act as a barrier to HIV testing and counselling, as those under the age of 18 cannot get tested without parental consent.

While the development of needle and syringe programmes (NSPs) has helped to control the spread of HIV (see below), their introduction came too late to control the spread of hepatitis C. Estimates<sup>20</sup> suggest that around 90 per cent of people who inject drugs are now infected by hepatitis C.

## Harm reduction services

Romania has had established harm reduction programmes catering for adult drug users for a number of years, including drop-in centres, social ambulances for NSPs and OST. NSPs and OST used to be available, both in the community and in prisons. However, after a change in the Prison Administration management, NSPs that were operating within prisons have now closed down after officials claimed there was “no demand” for it.<sup>21</sup>

When they do exist, these services are not designed or tailored to young people’s needs and there are a number of barriers that prevent their easy access to these services. For example, legal restrictions on access to services are maintained by strict age limits on a range of different services. Furthermore, the police are entitled to take legal measures<sup>22</sup> against harm reduction service providers who are found to be offering services to people younger than 18 years

old. In addition, findings from the Youth RISE/UNAIDS consultation showed that many young people who use drugs simply did not know that harm reduction services like NSP and OST were available in Romania. And even when they did know, many claimed that they would be too afraid of being arrested to access them, or would not want to tell their parents about their drug use.

## Needle and syringe programmes

The first outreach programmes started in 1999 followed by the first drop-in centre providing NSP services in 2000. These services were scaled up from 2004 to 2010, with the support of international donors including the Global Fund and the United Nations Office on Drugs and Crime (UNODC).

The scaling back of funding for harm reduction services has had a serious impact upon the level of service provision available. Up until 2010, harm reduction services were almost entirely funded by the Global Fund and were implemented by a number of leading NGOs. NSPs started being funded by a UNODC programme in 2007. However, these programmes came to an end in 2010-2011 and the supply of clean needles and syringes was taken over by the National Anti-Drugs Agency who procured 142,500 good quality syringes in 2012, and tried to distribute 800,000 syringes in 2013. However, out of these 800,000 syringes, less than 10 per cent were distributed to people who inject drugs – the others were rejected by NSP clients for being of too poor quality.

NSPs are largely located in Bucharest, mainly because most people who inject drugs are concentrated in the city. These services are run by a few NGOs (including Carusel and ARAS), regrouped under the umbrella of the Romanian Harm Reduction Network (RHRN), which coordinates outreach programmes for people who inject drugs and provides NSPs, both in fixed locations and via street workers. By the end of 2013, almost all funding from international donors for harm reduction services in Romania came to an end (the Global Fund have scaled back their funding since Romania joined the European Union (EU)).<sup>23</sup> However, some national and regional funding has been secured, with ARAS starting a EUR 600,000 project supported by the Bucharest City Hall (the project should reach 5,000 people who inject drugs) and a grant by the European Economic Area (EEA – which includes Norway, Iceland and Lichtenstein) which should reach 2,000 people who inject drugs. However, there is currently very limited funding for NSPs. By the end of 2013, there was only one

## Andrei's story

Andrei was only 11 when he started using drugs. In Romania, around the year 2000, the only drug available was heroin – and this is what Andrei started using. At this time, many of the police didn't really know what heroin was or looked like, so Andrei was able to avoid prosecution after being caught on a few occasions. However, in 2001 there was a heroin drought in Romania and it became almost impossible to get heroin or access an OST programme. The only treatment available was abstinence-based detoxification. For underage people like Andrei, a parent or legal guardian would have to stay with them in the hospital for the entirety of detox treatment programme – that is, a full 21 days. In Andrei's case, the OST programme was not a possibility, since he was less than 18. Because of the rising price of heroin,

many people using drugs, including Andrei, started to inject.

He tried to get into a detox treatment programme but was not able to, as nobody from his family was able to stay in the hospital with him for the required 21 days of treatment. After three years of drug use, the police caught him with a small amount of heroin and he was sentenced to 2 to 5 years' imprisonment for drug possession. After his release from prison, he and his friend went to buy heroin from a dealer and they were subsequently stopped and searched by the police. Andrei was arrested and charged with drug trafficking – and his friend with drug possession. Andrei was given a trafficking charge as he was going to share the heroin in his possession with his friend. He was sentenced to five years in prison.

funded drop-in centre in Bucharest. While Romania's "middle income" country status has ruled it ineligible to receive Global Fund money,<sup>24</sup> it is clear that the gap in service provision to people who inject drugs cannot be met solely by the civil society sector.

A recent report,<sup>25</sup> developed by RHRN, shows a decrease in the number of syringes being distributed free of charge by NGOs. In 2008, there were 1,108,762 syringes distributed to 7,285 people who inject drugs in Bucharest, while in 2011 there were 895,160 syringes distributed to 9,000 people who inject drugs. On average, a person who injects drugs has currently access to one sterile syringe every four days, although evidence shows that many of Romania's users will be injecting three times a day on average, or even more if they are using NPS.

Drugs services do exist for street children. There are also drugs services tailored at other groups such as Roma, but these are not targeted at young people in general. Youth drop-in centres generally do not cater for young people who inject drugs. Trainings to young people on safer injection practices and overdose prevention are very rare and there are no major outreach services that target non-injectors.

Young people (under the age of 18) cannot access NSPs without parental consent. Although some NGOs have reported that they did in fact provide syringes to people under 18.<sup>26</sup> However, many young people over the age of 18 actually refuse to go to NSPs, citing the fear of arrest as one of the main reasons for not accessing services.



*There is one (NSP) in the Unirii neighbourhood and if you go there is no way that you will escape from undercover police officers. They are always staying there, they talk with the pharmacists and the pharmacist will call the police officers when a drug user is buying syringes and he will be arrested (woman who injects drugs)*

*First of all they will not go to NSPs because they are minors and they need to come with someone from the family, the majority don't want their family to know (woman who injects drugs)*

*On my street, the mass majority started using drugs because of the poverty. They see their parents [...] using drugs, and the problem does not affect them. And by seeing that and also going through rough times they will start using drugs (man who injects drugs)*



## Opioid substitution therapy

Methadone maintenance treatment is only provided to those over the age of 17. However, if a young person is between 17 and 18 and wishes to start OST, they must provide parental consent before any treatment can begin. Once they reach 18, parental consent is no longer required. However, with the relatively high cost of OST, many young people cannot afford to undertake treatment programmes.

## Conclusions and Recommendations

Romania's approach to young people who use drugs is largely under-developed, both in terms of policies specifically targeted at this vulnerable group, and of ensuring their access to life-saving harm reduction services. Indeed, there is a lack of clarity from government agencies around how society can best ensure the health, and support the long-term development, of young people who use drugs. Traditionally, very little focus has been placed on young people in the provision of harm reduction services in Romania, despite the expanding HIV and hepatitis C epidemics among young people who use drugs. And today, in the context of the economic crisis, proven effective harm reduction are being scaled back. Consequently, we propose the following recommendations:

- ▶ **Romania lacks an adequate, established legislative framework around how to tackle the issue of children and young people who use drugs. With children and young people using drugs often being “invisible” in the healthcare system, there needs to be a clear approach around engaging children and young people into the public health system based on a rights-based approach, without fear of arrest and incarceration.**
- ▶ **The age of initiation into drug use continues to decrease in Romania. Many of the youngest people whose drug use will develop into serious and often problematic dependencies usually come from difficult social backgrounds where their family life is unstable. As such, the parental consent requirement to access HIV testing, NSP and OST is extremely problematic and constitutes a crucial barrier to young people's access to healthcare.**
- ▶ **The high costs of existing drug dependence treatment services – and the long waiting list for accessing free methadone maintenance treatment – are also a significant barrier to young people, leading them to buy methadone and syringes on the black market. Steps need to be undertaken to reduce the costs of available treatment options for young people.**
- ▶ **With the changes in the types of drugs being used, with young people moving from heroin to NPS – which often entails a far greater frequency of injecting – far more sterile needles need to be made available across the country. Both the national government and international donors**

**need to fill the gap in delivering these life-saving harm reduction services to avoid a crisis in HIV and hepatitis C infections.**

- ▶ **Criminal sanctions towards young people caught for drug use or in possession of drugs for personal use should be removed, and steps should be undertaken to facilitate their access into harm reduction services voluntary evidence-based drug dependence treatment programmes, where appropriate.**

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## Notes

1. Operations Coordinator, Youth RISE
2. Reported by the Romanian Harm Reduction Network, December 2013
3. National Anti-Drug Agency (2012), Romania - New developments, trends and in-depth information on selected issues (National Anti-Drug Agency), pp. 25
4. NIȚĂ, N. (2013), 'The dimensions of the illicit consumption of drugs in Romania compared with EU countries', *Juridica*, pp. 10
5. Eurasian Harm Reduction Network (2009). "Young people & injecting drug use in selected countries of Central and Eastern Europe. Vilnius". p.29
6. Busza, J. et al (2013), 'Injecting behaviour and service use among young injectors in Albania, Moldova, Romania and Serbia', *International Journal of Drug Policy*, 25(5): 423–31
7. Simionov, V. (2013), Count the costs – Romania – Country report (Romanian Harm Reduction Network, Open Society Foundations & Count the Costs), <http://rhrn.ro/public/uploads/file/222/count-the-costs-romania.pdf>; Botescu, A. (2012), Risk assessment of new psychoactive substances consumption among children and youth in Romania (Bucharest: Ministry of Administration and Interior, Romanian Harm Reduction Network & UNICEF), <http://rhrn.ro/public/uploads/file/227/risk-assessment-of-new-psychoactive-substances-consumption-among-children-and-youth-in-romania.pdf>
8. Simionov, V. (2012), 'Romania introduces new legislation banning legal highs', *Drug Reporter*
9. Available at: [http://www.dreptonline.ro/legislatie/legea\\_194\\_2011\\_combaterea\\_operatiunilor\\_produce\\_susceptibile\\_efecte\\_psihoactive.php](http://www.dreptonline.ro/legislatie/legea_194_2011_combaterea_operatiunilor_produce_susceptibile_efecte_psihoactive.php)
10. United Nations Office on Drugs and Crime (2011), Legal situation and responses to the challenge of New Psychoactive Substances, <https://www.unodc.org/LSS/Page/NPS/LegalResponses>
11. This is an example of existing education campaigns, which tend to be very stigmatising against people who use drugs. This one says "The difference between a user of legal highs and a cow is that the cow knows which weed to chew. Legal highs kill": <http://jurnalul.ro/stiri/observator/ministerul-de-interne-ne-face-vaci-prefectura-ne-pune-iarba-in-gura-vezi-cum-arata-afisele-campaniei-impotriva-etnobotanicelor-592519.html#>
12. UNICEF, Romania – A new epidemic, [http://www.unicef.org/romania/media\\_20603.html](http://www.unicef.org/romania/media_20603.html)
13. Law 143 2000 – On the prevention and control of illicit drug traffic and consumption, [http://www.diicot.ro/images/documents/legi/en/law\\_143\\_2000.pdf](http://www.diicot.ro/images/documents/legi/en/law_143_2000.pdf)
14. Běláčková, V. & Simionov, V. (2012), 'Comparing drug policies in the Czech Republic and Romania', *Drug Reporter*, <http://drogriporter.hu/en/node/2101>

15. Law 143 2000 – On the prevention and control of illicit drug traffic and consumption, [http://www.diicot.ro/images/documents/legi/en/law\\_143\\_2000.pdf](http://www.diicot.ro/images/documents/legi/en/law_143_2000.pdf), p.12-14
16. Law 143 2000 – On the prevention and control of illicit drug traffic and consumption, [http://www.diicot.ro/images/documents/legi/en/law\\_143\\_2000.pdf](http://www.diicot.ro/images/documents/legi/en/law_143_2000.pdf), p. 7-12
17. National Anti-Drug Agency (2005), National Anti-Drug Strategy, Romania 2005-2012, [http://www.unicef.org/romania/Srategia\\_nationala\\_anti\\_drog\\_engl.pdf](http://www.unicef.org/romania/Srategia_nationala_anti_drog_engl.pdf)
18. For more information, see: Streinu-Cercel, A. (2013), Specific challenges of the HIV epidemic in Romania (National Institute for Infectious Diseases “Matei Bals” & University of Medicine and Pharmacy “Carol Davila”), [http://cnlas.ro/images/doc/spec\\_chall\\_HIV.pdf](http://cnlas.ro/images/doc/spec_chall_HIV.pdf)
19. Drug Reporter (2013) “A City of Lost Children – Stop the HIV epidemic among drug users in Romania.” <http://drogriporter.hu/en/romania>
20. Běláčková, V. & Simionov, V. (2012), ‘Comparing drug policies in the Czech Republic and Romania’, Drug Reporter, <http://drogriporter.hu/en/node/2101>; Eurasian Harm Reduction Network webpage on hepatitis C, <http://www.harm-reduction.org/issues/hepatitis-c>
21. Reported by the Romanian Harm Reduction Network, December 2013
22. Information retrieved from Iona Tomus’ presentation at the 23rd International Conference on Harm Reduction 2013
23. Drug Reporter (2013), A City of Lost Children- Stop the HIV epidemic among drug users in Romania, <http://www.youtube.com/watch?v=Tvl7Ddfa8OE>
24. Simionov, V. (2013), Count the costs – Romania – Country report (Romanian Harm Reduction Network, Open Society Foundations & Count the Costs), <http://rhrn.ro/public/uploads/file/222/count-the-costs-romania.pdf>, p. 23
25. Ibid
26. Reported by the Romanian Harm Reduction Network, December 2013.

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