

# The dimensions of the illicit consumption of drugs in Romania compared with EU countries

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**Abstract:** *Drug use is one of the great challenges of humanity, within the ample process of globalization, given that its direct and indirect effects reveal it as a highly disturbing phenomenon. It is known that in the present world over 220 million people are drug addicts as that an addicted person affects other five people, so it is considered that one of the six inhabitants of the planet is affected by the scourge of drugs. After 1990, Romania began to primarily represent a transit country, meaning that only a part of the quantity of drugs remained in Romania for consumption. At the same time, Romania has become a storage area in which drugs, introduced mainly through the southern border, were stored in different time periods, and finally directed towards the high consuming countries in the Western Europe. As a result of the transit and the temporary storage of drugs, the accelerated growth pace of crime in Romania, in connection with the drug phenomenon began to be apparent after the 1990s and increasingly more troubling after 2001.*

**Keywords:** *drugs; new substances with psychoactive properties; drug trafficking; illicit drug consumption; prevention; the national anti-drug strategy.*

## Introduction

Drugs, under their various looks, have constantly been a companion of human spirituality since ancient times. Thus, they constituted a transcendental phenomenon whose origin is lost in the mists of time, their appearance being shrouded, even to nowadays, in a true halo of legends and superstitions. In this respect, Jean-Marie Pelt, a famous French botanist and ecologist, appreciates that *"outside the community of life and language, the peoples express through their own traditions, rituals and beliefs, so the use of the drugs is an essential element of ancestral cultures, as well as the verse or magic formula that gives a mysterious and sacred meaning to the diverse cultures"* [1]. Although little information pertaining to the first historical contact between human and drugs exists, it is considered to have happened around 7000 BC, since the Paleolithic [2]. At the European level, however, the first clear evidence of the use of opium *"is found in the Neolithic period, in the lake dwellings at Neuchâtel in Switzerland"*. This situation is also accepted as being valid for the ancient Carpathian-Danubian-pontic space, the historic cradle of contemporary Romanian civilization [3]. During the meeting of the human with drug, the universe has fed, fascinated and aroused the interest of man as a result of its properties at the same time spoiled and evil, seductive and terrifying but also disruptive to the human psyche.

The expansion of the roman world, with its precise laws and its secured and safeguarded commercial roads, politically, economically and culturally linked the State entities with varying degrees of development, assuring them at the same time the access to the traditional folk medicine of the Empire, which included a deeper knowledge of the drugs specific for the medicine practiced.

The findings on drug use during the middle ages, in the territories inhabited by Romanians, highlight that during this period of extreme eastern influence, *"the drug use was limited to therapeutic requirements, abuses were rare and toxicomania did not have the character of a phenomenon"* which says a lot about the health of the Romanian people at that time [3].

In the 18th century and 19th century, in order to keep under control the drug phenomenon in the Romanian territories of then, Transylvania, Moldavia and Walachia, their rulers have regulated the rules of preparation and release of drugs and toxic substances from “apothecary shops”, by severely sanctioning their noncompliance. However, the dimensions of trafficking and illicit drug consumption in that period are not known in all their complexity.

In the 20th century, during the period of Communist domination until 1989, the existing information is likely to confirm that the State authorities kept under strict control the drug traffic and illegal drugs consumption in Romania.

After the 90s, as a result of misunderstood freedom and democracy in Romania, as well as the erosion of the Romanian State, institutions in the fields such as: visas granting policy, border controls, immigration policy, asylum issues, personal data protection, police cooperation and fight against organized crime, the fight against fraud and corruption, fight against drugs, combating money laundering, customs cooperation, judicial cooperation, etc., were established in points of interests for what was later to emerge as the new national legal orders in relation to the European legal order [4]. Moreover, as it is also stated by Delia Magherescu, along with the fight against trafficking and illicit consumption of drugs, all of these fields have had a significant role in the process of Romania’s accession to the European Union [4].

## **1. The concept of drugs and the consequences of their illicit consumption**

Etymologically, the name drug comes from the Dutch term "droog" [3] and it represents *"that substance of vegetal, animal or mineral origin, which is mainly used in the preparation of drugs or as narcotics"* [5]. Pharmacologically, the drug is that substance used in medicine and whose improper administration or consumption can create physical and/or mental dependency or serious disturbances of mental activity, knowledge, perception and human behavior.

According to the definition given by the World Health Organization, *"the drug is that substance that, once absorbed by a living organism, can alter one or more of its functions"* and, according to some international documents the drugs are *"narcotics subjected to international control through the Single Convention on Narcotic Drugs, of 1961 (the paintings I and II)"* as well as *"psychotropic substances whose international control is referred to in the Convention on Psychotropic Substances, completed in 1971 (the paintings I, II, III and IV)"* [6].

In doctrine and in the practice of anti-drug institutions, there are numerous classifications of drugs, which are based on different criteria. The best known ones are:

a. depending on the effect they have on the central nervous system (CNS), drugs are classified into: *stimulant substances, depressor substances and disruptive substances (hallucinogens)*;

b. depending on their origin, drugs are: *natural, semi-synthesis and synthesis (synthetic)*;

c. depending on the degree of dependence generated, drugs are: drugs that create physical dependency, drugs that create psychiatric addiction and drugs that create mixt dependency; most of the narcotic drugs fit in the latter case;

d. depending on the legal regime of the substances contained, drugs are: *substances whose production and administration is subject to control*, these being morphine and barbiturates, that are used in medical treatments and *substances totally prohibited*, these being Lyserg-Saure Damoury (LSD), heroin, ecstasy, cocaine, etc.;

e. depending on their placing in the paintings of the Unique Convention on Narcotic Drugs of 1961, the drugs are: narcotic substances and psychotropic substances;

f. depending on the way of administration and consumption, drugs are classified into: injecting, ingesting, sniffing, masticating, smoking and inhalation;

g. depending on the power of drugs, they are categorized under: soft drugs: hashish, hallucinogenic, etc., and hard drugs: cocaine and heroin, etc. I believe that this distinction made between drugs is flawed and arbitrary and is made only to subjectively motivate the starting of the drug use because light drugs are always the "entry gate" of the hard drugs, and the effects of long term consumption and overdose on light drugs are also devastating on human health;

Drugs that create physical and psychological dependence are considered drugs of risk and high risk, in accordance with the provisions of Law No. 143/2000 on trafficking and illicit consumption of drugs which are:

a. risk drugs: cannabis, cannabis resin, cannabis oil, diazepam, meprobamate, etc.;

b. high risk drugs: heroin, mescaline, morphine, amphetamine, cocaine, codeine, opium, phencyclidine, etc.;

The effects of drug consumption on the individual are related to physical and psychological dependence and overdose in consumption. **Physical dependence** is given by the human body's reaction to the drug consumption. Thus, the chemical substances from the drug are integrated in the body, even though they are toxic, and when the human body feels the need for these substances and does not receive them in time, the body enters into a violent alert, expressed by an altered general state, nausea, vomiting, diarrhea, sweating, tachycardia, headaches, spasms, tremors, etc. **Psychological dependence** is manifested by the irresistible urge of people consuming drugs to use drugs in order to influence, change or control the disposition of mind, feelings or even their self awareness. **Overdose** is an excessive consumption of drugs, which dangerously affects the physical and mental health and can lead to coma or death. In terms of drug overdose, drugs act on the brain, thus controlling the other body parts and their functions.

**The main consequences of physical and psychological dependence and of drug overdose** are of a medical, psychological and social order [7], as follows:

a. *the medical consequences of drug use* refer to the major health problems such as: hepatitis, tuberculosis, syphilis, cardio-respiratory diseases, endocrine disturbances, renal disorders, infections and skin disorders, AIDS, psychiatric complications consisting of illusions, terrifying hallucinations, altered perception of time and distance, etc., as well as death in the case of prolonged consumption or drug overdose;

b. *the psychological consequences of drug use*, lead to toxicomania through the regularly and necessary absorption of drugs and consist of: panic, anxiety, depression, suspiciousness and paranoid tendencies, aggression, emotional liability, behavioral disorders, alienation from his own person and damage to self-image, personality changes that can lead to suicide or murder, decreased intellectual performance, etc. In this sense, I agree with the experts who say that "*toxicomania appears to be the cancer who suppresses not only the body of the consumer drugs, but also its psyche through the tragic disruption of human personality*" [8]. Thus, nothing can be more convincingly, more relevant and worrying at the same time, than the case the May 28, 2013 Mehedinti County, when on the outskirts of Meris, in a marshy and hard to break, been found a car fire, which charred corpses were two people, a man of 28 years, ethnobotanical substance trafficker, and a woman of 25 years. Research conducted up to this moment have led to the identification and arrest of the four suspects, young people aged between 17 and 22 years. In fact, the cause of this horrible crime it is the trafficking and drug consumption. Thus, murder and arson victims found charred car, it was established that occurred as a result of spontaneous conflict between one of the victims, trafficked ethnobotanical and the four young men consumers of these substances, each party not being satisfied, as appropriate, the quantity and

transaction price ethnobotanical substances. Investigators have not ruled out in this case, the possibility that the victims may have been under the influence of drugs;

c. *social consequences of drug use*, are represented by: progressive deterioration of social relations, increasing the risk of social exclusion, diminish the chances of social and professional reintegration, the suffering of family and true friends, disinterest in dealing with others, involvement in criminal activity when they are under the influence of drugs, including to provide a dose of drugs, etc. Furthermore, in my opinion, it is certain that the effects of trafficking and abusive consumption of drugs are known and felt by everyone, because huge sums of money are "invested" in them and the benefits are targeted, most of the time, towards dealing with offences of organized crime and terrorist acts. Also, the traffic and consumption of drugs generates and reinforces corruption, poverty and the worst social problems. Nowadays specialists consider that traffic and illicit drug consumption have exceeded any imaginable boundaries a few years ago [9]. Because we agree with this finding, we consider that nowadays, along with corruption and organized crime, trafficking and drug consumption is at the same time a true enemy of democracy and of the rule of law, because the people who are actively involved and draw benefits from this scourge, fall in the high spheres of political and public power whom they influence and control to a large extent, in relation to the personal and group interests of the moment.

Toxicomania is defined by the Committee of experts of the World Health Organization as "*a psychological and sometimes physical state that results from an interaction between a living organism and a psycho-affective product, characterized by changes in behavior, through other reactions that always contain an invincible desire to use the drug on a permanent or periodically basis, in order to feel the psychological effects and get rid of isolation*".

The drug addict, the person dependent on the consumption of drugs, is clearly a victim of society, who has serious problems in his relationship with family, society and even his own life, so that socialization, integration in society and at work is extremely difficult, if not impossible to achieve over time, even with huge costs. In circumstances where such a person gets to commit offences, depending on their social danger, society treats him, as it is normal, as an offender who must be held under liability in accordance with the law for the acts committed, risking social exclusion and definitive isolation.

The conduct of an addict, for seeking pleasure and avoiding pain, through regular and intensified absorption of drugs, involves a scheme in the evolution of drug consumption, which comprises several phases that I believe they must be known and avoided by any person when taking into account the effects of the adverse consequences of drug use. Also, I consider that it is appropriate that these phases to be known and taken into account by the authorities and persons who have to keep under control the potential drug users, depending on the risks associated with different age groups, in order to definitively prevent the onset of drug use. The most important phases in the evolution of drug consumption, to which the specialists in the matter often refer to, are as follows:

a. *the stage when the person searches for a "good mood"*, called euphoria, through which he is looking for new sensations, by imitating the people who ensure them that "it is worth trying";

b. The "recreational use" phase, consisting of the consumption of drugs in order to obtain the expected emotions, as they were described by people who invited to try the onset in the consumption of various kinds of narcotic substances;

c. *The phase when different risks*, personal and social, *are entrained* due to the constant administration of the drug, from those considered to be mild to the hard ones, or in quantitative overdose;

d. *the phase when the body is adapting to the drugs*, because of the quantities of toxic substances consumed or administered, which requires the consumption of a larger quantity of drugs, to get the similar expected effects;

e. *drug addiction phase*, consisting of the inability of the person consuming drugs to discontinue the drug use, his own will being annihilated by the imperative need of the organism to receive on time the quantity of drugs he needs;

f. *"withdrawal" phase*, accompanied by great physical and mental suffering, if the administration of the drug is suddenly interrupted;

**The causes of drug use** are extremely numerous and related to a multitude of factors, of which in the opinion of specialists [10], agree with, the most important ones relate to **socio-cultural factors**, such as: seeking an unusual pleasure through the transgression of prohibition the taste of risk, belonging to a group who is in favor of using drugs, searching for spirituality in retirement from the society, searching for a way to protest, precariousness, social isolation, non-integration, living exclusively in the present, etc., and **individual factors**, such as: intolerance to frustration, urgent need for satisfaction, pathological aggression, inadequacy which can go up to the most deviant behaviors, parent-child relations disturbed extremely precocious, psychopathological disorders of variable severity related to adolescent crises, psychopathy and schizophrenia, etc.

I also consider that it is extremely important to take into account the fact that the pressure of the social group in which a person participates, as well as the availability and ease of purchasing drugs, are determinant factors of initiating and maintaining drug use.

Among the many victims of drug consumption, adolescents in the age group of 10 to 20 years, which is the age of maximum risk, form a different particular group due to the vulnerabilities they manifest in the face of drugs. The extremely important issues of drug consumption, as well as the serious prospects mentioned above, involve the necessity of a complex approach of the prevention activities and those of keeping under control this phenomenon, as well as the constant concern of the authorities to monitor the traffic and consumption of drugs. It is necessary to identify the most effective and efficient preventative solutions, from multiple perspectives, such as: legal, economic, social, educational, etc.

The prevention of drug use should be an integral part of the policies implemented in order to concomitantly combat trafficking and the use of drugs. Thus, the process of prevention pursued by the state authorities in cooperation with various social partners should first include any activity aimed at modifying, reducing or delaying the initiation of drug use, in a specific period of time.

In Romania, specialists in drug prevention also operate with regard to the traffic and consumption of drugs, from a theoretical and practical point of view, with the three levels of prevention, namely: *primary prevention*, *secondary prevention* and *tertiary prevention* [11]. **Primary prevention** has as its main objectives: reducing accessibility to drugs, dampening the initiation consumption in adolescents and young adults, the dissemination towards the public opinion of the most relevant information regarding the devastating consequences of drug consumption, promoting healthy non-drug alternatives, etc. **Secondary prevention** aims at reducing novice drug use and the social integration of drug users. **Tertiary prevention** is closely linked to therapeutic interventions and involves preventing the resumption of drug consumption by the persons treated in this regard, as well as limiting the novice effects of drug use in an early phase, when the person can more easily give up the consumption of drugs, before causing serious consequences.

Considering the extreme gravity of the drug use consequences, according to the Reports of the European Monitoring Centre for drugs and drug addiction (EMCDDA) [12], in order to prevent it, at the

European level, the authorities operate with other levels of prevention, these being: *general prevention, selective prevention and indicated prevention*. **General prevention** addresses to all persons of different social backgrounds and especially those with high risk of consuming drugs, vulnerable people and those with material and financial difficulties, especially at the level of schools and communities. The purpose of this type of prevention is to reduce risky behaviors associated with the consumption of substances, providing young people with the skills necessary to avoid or delay starting to consume various novice substances. **Selective prevention** is focused on social and demographic indicators relating to unemployment, crime, absenteeism, etc., and consists in the early intervention against drug use centered on certain vulnerable groups with high risk of consumption. This type of prevention intervenes in the cases of groups, families or specific communities who, as a result of social relations and low resources, may be more likely exposed to drug abuse or instauration of drug addiction. **Indicated prevention**, targets the special intervention on persons identified with different behavioral or psychological problems, such as those relating to school absenteeism, mental disorders, different antisocial behaviors, the early signs of drug use, etc., issues that may as well have a predictive role on the emergence of problematic consumption of drugs as well.

## **2. The evolution of the illicit drug consumption in Romania**

**2.1. The evolution in the drug consumption during the period 1990-2004.** According to the National Drug Strategy for the period 2005-2012 [13] since 1990, factors such as geographical location, opening of the state border and, last but not least, the military conflicts in Iraq, Afghanistan and the former Yugoslavia, have made Romania to become an active part of the "Balkan Route" of trafficking of narcotic and precursors, and in recent years as well as a market for drugs. Romania represented the main section of the second "Balkan Route" of drugs towards Western Europe, which starts from Turkey crosses Romania, Bulgaria, Hungary, Slovakia, and the Czech Republic towards Germany and the Netherlands [19].

From the assessments made until the end of 2004, it resulted that Romania was mainly a transit zone, in which conditions only a part of the quantity of the drugs remained in Romania for its consumption. At the same time, Romania also became up to that time a storage territory, where drugs, mainly introduced through the southern border, were stored for different time periods, and finally were directed towards countries with high level of consumption in the Western Europe. As a result of transit and temporary storage of drugs, the accelerated rate of increasing crime in Romania, in connection with the drug phenomenon began to be apparent after the 1990s and more alarmingly after 2001. The year 2003 is characterized by an increase of 13,2% of the prosecuted offences in the area of drugs, compared to 2002, with an increase of 11,8% compared to 2001.

The main trends concerning the evolution of the phenomenon of crime in the area of drugs in Romania, during the period of 1990-2004, were those relating to: the enhancement and diversification of the criminal cross-border phenomenon, the continuous change of the routes used and the types of drugs trafficked depending on the illicit market requirements, the extension of the criminal phenomenon in this area throughout Romania, amplification and diversification of drug-related crime [19], the diversification of methods of money laundering resulting from illicit drug operations, through the recruitment of specialists in the field of banking and finance and the corruption of civil servants as well as the increase in the number of drug users and, in particular, of those who preferred amphetamines and cannabis.

According to a study carried out in 2004 in Romania [14], the prevalence of illegal drug use throughout life, depending on the type of drug, was 1.7% for cannabis, 0.4% for cocaine, 0.3% for ecstasy and 0.2% for heroin. Depending on the regions of the country, the consumption of different drugs records the

following percentages: *cannabis* was consumed in all regions of the country, the highest percentage was registered in Bucharest (3.8%), Transylvania (2.8%) and Oltenia (2.1%). The consumption of *ecstasy* was present in Bucharest (1.3%), Oltenia (0.6%), Transylvania (0.2%). *Amphetamines* were consumed only by the inhabitants of Transylvania (0.9%) and Bucharest (0.3%). The prevalence of *cocaine* consumption, depending on the region, records the values of 1.9 percent in Bucharest, 0.7% in Muntenia, 0.3% in Oltenia and 0.2% in Transylvania. The population of Bucharest presents prevalence for *heroin* of 1%, followed by Moldova 0.3% and Muntenia with 0.1%. The only region in which LSD was consumed was Transylvania (0.8%).

Depending on the age group, according to the same study, illegal drugs were consumed predominantly by the young population. Thus, the population aged over 55 years did not report experiencing any of the illegal drugs, the prevalence of use of various drugs throughout life registered the highest percentage among the population aged between 25 and 34 years old, and the population of 15-24 years preferred the consumption of cannabis and ecstasy.

The onset of the drug use up to the age of 16 years, in Romania, at the level of 2004, registered the highest prevalence for alcohol together with pills (1.3%), followed by tranquilizers or sedatives (1.1%) and inhalant substances (0.5%). Illegal drugs registered a percentage of 0.2 percent for heroin, cocaine, ecstasy, marijuana/hashish, and 0.1% for amphetamines or LSD. In 2004, compared to 1999, a decline in the prevalence of early onset of cocaine, heroin, amphetamines, marijuana and hashish was highlighted, while ecstasy, inhalant substances, anabolic steroid or alcohol recorded increases in prevalence of premature debut up to the age of 16 years.

## **2.2. The action plans for the prevention of illicit drug consumption in the period 2005-2012**

In the general context of the international community's focus on organized crime in connection with drugs, the Romanian Government has taken the fight against trafficking and illicit consumption of drugs as a priority by adopting a coordinated and multisectoral approach, materialized in the National anti-drug strategy during the period 2005-2012 [13]. This strategy has been drawn up in accordance with the provisions of the European strategy in this field and established the general and specific objectives for reducing drug demand and supply, for strengthening international cooperation and the development of a global integrated information system, evaluation and coordination concerning drugs.

The national anti-drug strategy's vision lies in the fact that, at the end of the period 2005-2012, in Romania it should be operative an integrated system of institutions and public services, that will ensure reducing the incidence and prevalence of drug use among the general population, medical, psychological and social care of the consumer of drugs as well as streamline the activities of preventing and combating the production and trafficking of drugs and precursors. The aim of this strategy was to maintain at a low level the drug use among the population of Romania, to reduce the cases of new consumers as well as to reduce organized crime in connection with drugs.

*The main lines of action in the prevention of illicit drug consumption*, mentioned in the National anti-drug strategy are: *reducing drug demand, reducing supply and reducing the negative consequences of drug use.*

a. **Reducing drug demand.** The overall objective of the strategy in the field of reducing the drug demand, is represented by the maintenance at a low level, compared to the one at the date of adoption of the strategy, of the prevalence of illicit drug consumption and reduction in a correlated way, of the prevalence of alcohol and tobacco consumption among the general population, by strengthening the prevention measures and by developing the public and private system of medical, psychological and social assistance. Of the measures

established for reducing drug demand I mention: carrying out projects of local interest in public-private partnership to protect communities against drugs, the development and implementation of programs financed from the public budget, differentiated according to the local parameters, the stimulation of mass-media participation in supporting the anti-drug projects, carrying out programs to develop inside the population an attitude of responsibility in the prevention of drug consumption and avoidance in stigmatizing the consumers, the development of a favorable attitude among youth towards healthy lifestyle choices, without alcohol, tobacco and drugs, raising awareness and educating the school population to avoid experimental drug consumption, development of training programs for parents to sensitize, motivate and involve them in the activities of prevention.

b. **Reducing the drug supply.** Of the measures provided for the reduction of drug supply, we mention: documenting the criminal activity of traffickers' groups, of links and routes used by them in committing criminal acts, as well as the methods and means used for this purpose, the collection of data in a computer system, the development of their operative analysis forms, streamlining the exchange of online information domestically and internationally, ensuring the borders at European standards including the anti-drug field, improving the quality of customs control, the extensive use of modern means of investigation, identification and annihilation of international traffic networks operating in Romania, through operative actions of international cooperation and through the cooptation of Romanian experts in international teams which are acting for the annihilation of networks of traffickers.

c. **Reducing the negative consequences of drug use.** To reduce the consequences of drug consumption the "Substitution program in the ambulatory" was established. According to this program, substitution in the ambulatory is the replacement of the drugs consumed by addicts with methadone or other appropriate specific substances on a case by case basis, for a long period, in order to reduce the consequences associated with drug use.

One of the most important measures of this period was the adoption of the Government Decision no. 461/2011 concerning the organization and functioning of the National Anti-drug Agency (A.N.A.), an institution with legal personality, mandated to ensure the coordination, at national level, of the development and implementation of policy responses to the drug phenomenon. With the repositioning of the Anti-Drug National Agency within the Ministry of Internal Affairs, a new concept for monitoring drug problems was developed. This was achieved through an effective institutional system, both structurally and legislatively, through a modern approach to the current threat in the area, by opening up towards civil society and by continuing programs to prevent, support and combat, all subsumed to the provisions of the National Anti-Drug Strategy.

**2.3. The evolution of drug consumption in the period 2005-2012 in Romania.** According to the National Report on the drug situation in 2012 [15], the latest study on the assessment of knowledge, attitudes, practices of drug use in the general population, was carried out on the basis of the ESPAD methodology in the year 2010 and the results were published in the national report on the situation of drug use in Romania.

Annual national reports on the drug situation highlight that during 2009-2011, *the main trends manifested point out an increase in the interests of the population towards the consumption of new substances with psychoactive properties (SNPP), so-called "ethnobotanical"*.

The study conducted in 2010 [16] shows that the prevalence of drug use among the population aged 15-64 was of 4.3%, for all types of illegal drugs as well as psychoactive substances marketed under the name "legal drugs or ethnobotanical", growing from 2007 when prevalence of life-long among the population aged

15-64 was 1.7%. If it will also be taken into account the medicines (tranquilizers, sedatives, antidepressants) administered without medical indication that percentage reaches 8.3%, compared with 8.6% in 2007. The most consumed illegal drug was cannabis, at a rate of 1.6%, followed by ecstasy - 0.7%, heroin - 0.3% and cocaine - 0.3%.

**The psychoactive substances**, marketed under the name of "legal drugs" or "ethnobotanical" were consumed in all regions of the country. The region Bucharest/Ilfov came first with 6.0%, followed by the Southern region with 2.5%, Central with 1.6%, West with 1.5%, North-East with 1.4%, South-East with 1.4%, South-West - 0.9 % and Northwest with 0.7%. **Cannabis** was consumed in all regions of the country, with the following percentages: 6% in Bucharest/Ilfov, 2% in the Central, 1.5% in the West region, 1.4% in the South-East, 0.9% in the Southwest, 0.8 percent in the Northeast, 0.6% in the South and 0.4% in the Northwest. **Ecstasy** was also consumed, in most regions of the country, with the exception of Southwest, Southeast and Northwest. In Bucharest/Ilfov and West region a 2.6% consumption is registered, 0.4% in the Centre and 0.3% in the Northeast and in the South. **Heroin** was consumed more frequently in Bucharest-Ilfov (1.7%), followed by West (0.5%) and Central (0.4%), and the **cocaine** was present in several regions of the country: Romania/Ilfov (0.9%); West (0.5%), Central and respectively North-West 0.4% and in the Northeast 0.3%.

The lowest age declared by a respondent for the onset of cannabis consumption was 14 years old and the average age of onset was 22 years old. In the case of ecstasy, the lowest declared age of onset was sixteen years old, and the average age of onset is 23 years old.

In 2011, it was deployed for the fourth time in Romania the national component of the European ESPAD study, study carried out at an international level from 4 to 4 years, starting in 1995 [14]. According to this study, the prevalence of consumption of any illicit drug at least once in your lifetime among the adolescents of 16 years of age in Romania was of 15.6%. Depending on the sex of the respondent, we notice a prevalence of experimental consumption, for any type of illegal drug, of 17.8% for boys and 13.8% for girls. Moreover, by including in the framework of the study the new substances with psychoactive properties (SNPP) consumed at least once in your lifetime, it has achieved a prevalence of experimental illicit drugs consumption and SNPP of 19.2%, differentiated according to the sex of the respondent: 22.1% among boys and 16.8% among girls. By adding to these categories of substances the tranquilizers, sedatives, anabolic steroids or other drugs, including opioids, consumed without a prescription, an experimental consumption prevalence of 21.7% is achieved (24.6% for boys and 19.4% for girls). The most experienced drugs used among young people of 16 years of age from Romania are cannabis and inhalant substances with a prevalence of 7.2%. In regards to consumption throughout life, in the young people's preferences are SNPP with 5.3%, tranquilizers and sedatives administered without prescription with 3.1%, LSD and other hallucinogens with 2.1%, ecstasy with 2.0%, cocaine with 2.0%, amphetamines with 1.7% heroin with 1.1%, etc.

The highest percentage of teenagers, who have started using drugs at age 13 or earlier, was recorded to have used inhalant substances (1.8% of the total respondents). In the second place was the debut of tranquilizers/sedatives, and thirdly the onset before the age of 13 years of cannabis consumption as well as SNPP, 0.8%.

Among those who consumed drugs like cannabis/hashish, amphetamines, ecstasy 69.1% indicated as the main motivation, **curiosity**, 21.6% mentioned the pretext of **wanting to change the mood/disposition**, while 17.0% said they **wanted to forget their problems**". The same "rank" is also highlighted in the case of SNPP consumption: curiosity (74.2%), followed by the intention to change the mood/disposition (23.1%), respectively the desire to forget problems (16.4%).

Favorite places for drug consumption, are: *places of leisure*, (64.1%), respectively: private parties, discos, bars and outdoor concerts, *friends' home, or their own home*, (17.6%) respectively: friends' home, student hostels, rented apartment, their own home also *deserted buildings and parks* (12.3%) and the *dealer's House* (5.1%).

The comparative analysis of the results of ESPAD surveys carried out in Romania among students of 16 years, in the years 1999, 2003, 2007 and 2011, has identified the following patterns: **Decreasing trends**: in comparison with the results of the study conducted in 2007, we can observe a decrease in the prevalence of lifelong consumption of tranquilizers or sedatives administered without prescription, from 4.1% in 2007 to 3.1% in 2011. Also the consumption of alcohol with pills decreases from 4.4% in 2007 to 3.2% in 2011. **Increasing trends**: In comparison to the previous study, there is an increased prevalence of consumption of illicit drugs, tranquilizers and sedatives throughout life, respectively 15.6% in 2011, compared to 14.5% in 2007.

According to the same study, the prevalence for the consumption of any type of drug throughout life, among students in Romania was of 23.2%. This number includes all types of illegal drugs as well as tranquilizers administered without a prescription, and new substances with psychoactive properties (SNPP) marketed under the name "legal drugs or ethnobotanic plants". According to the data presented, the most consumed illegal drug was cannabis (20.9%), followed by ecstasy, hallucinogenic mushrooms, ketamine, cocaine, LSD and amphetamines. Heroin has recorded values of less than 1%. SNPP had prevalence for the consumption throughout life of 9.5%, while consumption of tranquilizers without a prescription recorded values of 3.6%.

By analyzing the treatment admissions for heroin consumption using injections and for SNPP from Romania during 2009-2011, I find out that the number of treatment admissions for heroin consumption has dropped to less than half during these years, from 1228 to 543. The largest decrease was registered in the case of male consumers, from 1040 to 432. Also, it has been found that the injections were maintained throughout this period as the main route of administration of heroin, in between 93% and 96% of the cases. At the same time it was highlighted the fact that, along with the decrease presented in the heroin case, increases the number of admissions to treatment for consumption by the SNPP in Romania. The highest increase was registered in the year 2010, for both sexes, from 6 to 375 in the case of males and from 0 to 95 in the case of women admitted to treatment. In terms of route of administration, about half of those who have requested assistance in the period 2009-2011 have declared as consumption path injection, between 20% and 30% had smoked, and almost 14% snuffed SNPP.

### **3. Considerations on achievements and failures of the National Anti-Drug Strategy**

The National Anti-drugs Strategy 2005-2012, have been the main coordination instrument of the activities preventing trafficking and the consumption of drugs in Romania. The necessary measures to comply with the objectives that are to be achieved are contained in the action plan for the period 2005-2008.

In line with similar documents of the Member States, the activities in the field of prevention of drug use, subsumed to the National Anti-drug Strategy 2005-2012 and the Plan of Action for its implementation, aimed at strengthening the influence of the protective factors and reducing the influence of risk factors by implementing interventions and specific measures for the awareness of the general population, especially children and young people, and to involve them in general, selective and indicated programs of drug

consumption prevention, programs developed in accordance with the national and European standards in this field.

Most general prevention programs have had as objective the information, education and awareness of the population regarding the consumption of alcohol, tobacco, drugs and new substances with psychoactive properties, as well as the development of attitudes and practices among the entire population, by targeting the cultural, artistic and sport activities as an alternative to drug use. Also, it is distinguished the development of preventive programs directed towards the formation and strengthening of personal skills, which have the role of protective factors in preventing drug consumption (assertive communication skills, managing emotions, managing stress and aggressiveness, problem solving, ability to cope with the pressure in a group, decision-making, etc.). The information programs continued to play a central role in the prevention of drug consumption.

On the other hand, the latest trend in line with that of the EU Member States, proven as having a higher efficiency than that of the information programs has been centered on reducing the negative consequences of drug use, based on the belief that cognitive skills are more important than behavioral approaches, in order to teach young people to make decisions and informed choices in life. The selective prevention is limited, however, to the provision of personalized information, giving individual advice and the provision of alternatives based on creativity and sport.

The activities and projects developed under the National Anti-drug Strategy in the domain of prevention of drug consumption were negatively affected during the period 2005-2012 by the proliferation, at the national level, of the phenomenon of new substances with psychoactive properties (SNPP). This phenomenon has led to delays in the adoption of preventive interventions, undertaken within the framework of programs and projects, in guiding the efforts and specific approaches towards the implementation of selective prevention projects that have pursued both the information component and the development of skills in order to reduce the influence of risk factors and increase the protective factors.

#### **4. The dimensions of drug consumption in Romania compared to EU countries**

The annual report of 2012, on the situation of drug use in Europe [17], presents estimates about the adult population in Europe, between the ages of 15-64 years, based on surveys conducted between 2004-2011. In this report, it appears that the lifetime prevalence regarding the *cannabis consumption* is of 80.5 million people, respectively 23.7% of the adults in Europe. The European average cannabis consumption is of 23.7%. Romania is among the countries with the lowest prevalence, respectively 1.6%. The highest prevalence of cannabis consumption is between 30% and 32.5% in Denmark, Spain, France, Italy and the United Kingdom. Lifetime prevalence of *cocaine consumption* in Europe is of 15.5 million people, respectively 4.6% of the adults in Europe. The European average cocaine consumption is of 4.6%. Romania is among the countries with the lowest prevalence, respective of 0.3%. The highest cocaine prevalence is between 6.8% and 10.2% in Spain, UK, Italy and Ireland. European lifetime prevalence regarding *ecstasy consumption* is of 11.5 million people respectively 3.4% and the *amphetamines consumption* is of 13 million people, respectively 3.8%. The European average consumption of ecstasy is 3.4%, Romania being the lowest prevalence (0.4%). The highest prevalence of amphetamine consumption is between 4.9% and 8.3% in the United Kingdom, Ireland, the Netherlands and Spain. The European average consumption of amphetamines is 3.8%, Romania having the lowest prevalence, respectively 0.1%. The highest prevalence of amphetamine consumption is between 4.5% and 11.6% in the United Kingdom, Denmark, Sweden and Ireland. Drug-induced deaths account for about 4%

of all deaths among Europeans aged between 15 and 39 years old. The presence of opiates in about three-quarters of the cases has been observed.

According to the ESPAD study of 2011 [18], the average proportion of pupils who have tried illegal drugs in the countries of Europe, has increased from 11% in 1995, to 17% in 1999, to 20% in 2003 and has experienced a slight decrease to 18% in 2007 and 2011, when the level remained the same. Elevated levels in the prevalence of drug use among pupils and students were reported in the Czech Republic, France, Monaco, the Slovak Republic, Belgium, Bulgaria, Slovenia, Estonia, Italy, Germany, etc. In Romania significant levels of prevalence in drug use were not reported. On the contrary, Romania is located below the average consumption prevalence of the different types of drugs, compared to the average for all countries. The general impression is that Romania is a country with "low prevalence" in terms of drug use and narcotic substances.

The results of the national study of the ESPAD 2011, places Romania between the last 10 European countries, when taking into account the level of consumption prevalence of any type of illicit drug at least once in a lifetime among the students of 16 years. This country is 8 percent below the European average. The highest increases were recorded in the prevalence of consumption of cannabis/hashish, inhalant substances and amphetamines. Prevalence of SNPP consumption at least once in a lifetime, in the last year and in the last month places these substances among the most consumed drugs among students of 16 years in Romania, alongside cannabis/hashish and inhalant substances. For the first time within the ESPAD surveys, Romania records the early onset of cannabis/hashish consumption amongst the 16 year old student. In terms of distribution by gender, Romania is among the few countries included in the study that does not record the differences between girls and boys in terms of prevalence of cannabis/hashish, throughout life as well as in the last month, alongside France and Bulgaria.

## **Conclusion**

From the analysis of the studies carried out, it appears that national information systems differ in Europe, especially in relation to reporting and recording practices [17]. For this reason it is difficult to make valid comparisons between countries. The best method practically consists in comparing the gravity of different crime situations and trends without including absolute numbers.

As regards Romania, until the year 1989 drug use was limited to therapeutic requirements, abuses were rare and toxicomania did not have the character of a phenomenon, all of which were under the strict control of authoritarian institutions of the Romanian State. After 1990, Romania has become a segment of the Balkan Route for smuggling drugs and precursors, and in recent years it has become a market for drugs. From the assessments made it results that Romania is mainly a transit area for drugs, only part of the transited drugs quantity remains in Romania for consumption. At the same time, Romania has become a storage territory, where drugs, introduced mainly through the southern border, are stored in different time periods, and finally are directed towards countries with high consumption in Western Europe [19]. As a result of transit and temporary storage of drugs, the accelerated rate of increasing crime in Romania, in connection with the drug phenomenon, began to be apparent after the 1990s and increasingly more alarming after 2001.

Although it highlights an increase in drug consumption in the period 2005-2012, over the period 1990-2004, which would mean that the National Anti-drug Strategy did not carry out its role, it must be stressed, however, the most important fact, which is that for all types of illicit drugs, Romania is below the European average values. From this point of view the National Anti-drug Strategy has reached its intended purpose. Thus, the results of the national study of the ESPAD 2011, places Romania between the last 10 European countries, when taking into account the level of consumption prevalence of any type of illicit drug at least once

in a lifetime among the students of 16 years. This country is 8 percent below the European average (18%). The highest and evident increases were recorded in the prevalence of consumption of cannabis/hashish, inhalant substances and amphetamines. Prevalence of SNPP consumption at least once in a lifetime, in the last year and in the last month places these substances among the most consumed drugs among students of 16 years in Romania, alongside cannabis/hashish and inhalant substances. There is a very small difference between the SNPP consumption throughout life, the present and the recent one.

Although in Romania the prevalence of drug and ethnobotanical is among the lowest in Europe, as trend, in my view, particularly serious of crime offenses, such as the horrific murder of Mehedinti County may still be committed in Romania. This requires high responsibility and consistent action, perseverance and the large scale of the state institutions, on the three levels of operational prevention in Europe: *universal prevention, selective prevention and indicated prevention*.

The meaning of the above is important to note that studies of the impact concerning the illicit drugs use in Romania and other countries of the European Community area, indicate the need for intensifying the selective interventions in the school environment. Are envisaged, in particularly, interventions in crisis situations of psychological and/or family status, in relation to identifying students with major risk factors for drug use, in order to identify and implement the most optimal comprehensive solutions for preventing dropouts, absenteeism and abuse, which Romania has set out to do in the coming years. Under these circumstances, taken as a priority in the programmatic documents for public policy in Romania, prevention of drug use should aim, as a concrete result, according to the provisions of the European strategy in this area, at *"the measurable reduction in all Member States of the European Union, of the drug use, addiction and medical and social risks through the development and improvement of a system of reducing the drug demand which should be effective and integrated, based on scientific results that include prevention, quick intervention, treatment, risk prevention and social reintegration of those affected"*.

It is extremely important at the same time that the measures of reducing the drugs demand and the SNPP in Romania, to take into consideration all social and medical problems produced by the consumption and drug abuse, accompanied by the polydrug use of some "legal", psychoactive substances such as alcohol and tobacco.

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