

## Prevention of drug use in Romania - priority of health policies

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**Abstract: Objectives.** In recent decades, legal and illegal drug use has increased and expanded throughout the world, becoming one of the great health problems of the populations concerning the time in which we live and a preoccupation of medical anthropology. The objectives of this study are to observe the participants' level of information on the effects of drug use; to establish the relationship prevention of drug use-public health policy and to propose some effective prevention methods.

**Methods.** The qualitative study was conducted over a period of three months with the participation of a group of 100 people who consumed heroin and underwent methadone substitution treatment, beneficiaries of CAIA-ANIT Bucharest center. The technique used was the interview, semi-structured, of depth, applied face to face. The semi-structured interview guide comprised 40 open questions, of which five answers were selected for this paper.

**Results.** Almost all participants in the study said they had no information about drugs when they started to consume and that, if they knew the effects, they would not have consumed in the long run. They argued that drug prevention is absolutely necessary and must be done by the state, from a very young age, but especially during adolescence. Most of them appreciated that there is not enough done in this direction in our country.

**Conclusion.** The costs of health care for drug users are high, rather difficult to bear by the state budget, which is why prevention of drug use and associated illness (HIV/AIDS, B or C virus hepatitis, tuberculosis) should be the priority.

**Key Words:** effective prevention, public health, drugs, medical anthropology.

### INTRODUCTION

Drugs, called recreational sometimes, have devastating biological, mental and social effects. Due to direct or indirect effects, recreational drug use is a worrying phenomenon, starting even from the Paleolithic. If its continued expansion is able to lead to the disappearance of the human species, reason why it should be a subject of interest for the international cooperation programs [1], more so as the drug affects the existence of hundreds of millions and has become in the last decades one of the main forms of "expression" of organized crime, having unfavorable effects on the economic and social

climate of rich and poor countries [2]. In turn, drug abuse among adolescents leads to school dropout, and the lack of education and the negative influence of the entourage, along with family and community indifference contribute to the development of an environment, contributes to the emergence of juvenile delinquency [3, 4].

The European Drug Report, drafted in 2016, analyzes current trends in illicit drug use in the European Union, starting from 2014 statistical data. Figures show that in the EU a quarter of the population in the target group aged between the ages of 15 and 64, (88 million) tried forbidden substances at some point in their life. Of these, probably because of a more dangerous way to live,

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most are men (54.3 million) compared to women (34.8 million). With regard to the comparability of drug use across the EU, levels vary quite a bit. Thus, the lifetime prevalence of cannabis use ranges from about 4 out of 10 adults in France and 3 out of 9 adults in Denmark and Italy, less than 1 in 10 adults in Bulgaria, Hungary, Malta, Romania and Turkey [5].

Drug consumption and trafficking is a complex phenomenon, characterized by permanent mutations, which require increasingly diverse approaches, including in Romania, where the phenomenon has seen new forms of manifestation [6]. Every year, since the 1970s, legal and illegal drug use has grown and expanded, encompassing the world as a whole, becoming one of the great health problems of the populations of the age in which we live. Drug use is a social problem, due to the "contagious" character and the ability to affect especially young people [1].

Romania was initially a transit country, but soon it became one of the profitable areas of drug trafficking. During the communist regime, illicit drug trafficking did not particularly affect our country, but after 1989 the drugs began to sell and then be consumed in student hostels, bars, discos or even street corners. The report on the drug situation in our country conducted by the National Anti-drug Agency shows that there is a certain stability in drug abuse in Romania. At the same time, our country continues to be part of the EU countries with the lowest consumption of prohibited substances, being, for most drugs, below the European average of consumption. The areas with the highest drug consumption in Romania are Bucharest and the counties of Constanta and Timis [7]. However, there is an increase in drug-related risks in Romania, by increasing the number of cases of drug users infected with HIV, HVC and/or HVB, coupled with the reduction of the assistance services specific to the problem consumers (syringe exchange programs) [6].

Because of these peculiarities and the medical and socio-economic effects of drug use not only on consumers but also on the whole of society, this phenomenon is being studied by a growing number of sociologists, psychologists, physicians and researchers from different domains. This work has started from an attempt to highlight the importance of prevention tools in drug use and the need for this prevention to become a priority for the health system.

For the realization of this study, former heroin users currently undergoing methadone substitution were selected for at least two reasons, namely:

1. they have the experience of illicit drug use,
2. they are in a state that allows them to analyze and report on some aspects, unlike consumers of various other illegal drugs that are generally altered, the communication being difficult, and the information they provide being sometimes erroneous.

In order to accomplish this work we have chosen

the questions in the interview guide which referred to the prevention methods and their importance in ensuring the health of the population, because we considered that the experience of the former heroin consumers entitles them to express their opinion on the efficiency of the existing methods, which may or may not be expressed in the literature, and propose new ones.

The objectives of this study are:

- to observe the level of information of the participants in the study on the effects of drug use;
- to establish the relationship between prevention of drug use and public health policy;
- to identify and propose several effective prevention methods to reduce the number of consumers, as well as negative medical and psycho-social effects.

The assumptions from which this qualitative study is conducted are as follows:

1. if effective prevention is provided and young people receive sufficient information about the effects of drug use at an early age, the risk of using drugs would be lower;
2. if there were more European partnerships in drug research projects, following these European experiences, some local and national policies for effective drug prevention could be adopted and developed.

## METHODS

### *Study-design*

In order to be able to achieve the objectives and to verify the assumptions, the chosen approach was a qualitative, descriptive one because it is intended to analyze in depth the subject matter so that the data gathered would be relevant to the study.

### *Instrument*

As a research method, we used the sociological survey based on the interview technique in order to learn and interpret in depth the data necessary for the research. The technique used was the interview, semi-structured, of depth, applied face to face. The semi-structured interview guide contained 40 open questions. The interview time ranged from 6.24 minutes to 63 minutes. The responses were written in the presence of the participants or the audio was recorded with their consent. They were then transcribed electronically. If the answers were written to interviewees, the interview time was longer than in the case of audio recording. Based on data analysis, some theories were formulated.

### *Participants*

This study was conducted in Bucharest for a period of three months (April-June 2017), with a consortium consisting of 100 consumers, 76 male and 24 females who consumed heroin and underwent methadone substitution treatment. The 100 interviewees

were beneficiaries of CAIA-ANIT Bucharest center.

The unit of analysis was the individual, each drug user participating in the study and it was noted the age, gender, level of schooling, height, weight, family, friends, work, self-perception, prevention, reintegration, consequences of methadone treatment. The age of the study participants ranged from 27 years to 44 years. Their level of education was different, from 2 primary classes followed during the period of detention to higher education. The sampling was random, on a voluntary basis. The interview was held face to face.

The inclusion of the participants in the study was done randomly, on a voluntary basis, following written, informed and freely expressed consent. The study complied with the ethical norms of scientific research, always respecting the principles of anonymity and confidentiality, subjects being able to withdraw at any time in the study. The study was conducted by the Ethics Commission of the Institute of Anthropology "Fr. I. Rainer", Romanian Academy, number 176/23.03.2017.

## RESULTS

To accomplish this work we synthesized the answers to the following questions in the interview guide:

- After your experience, what do you think about the prevention of drug use?

- Do you think you can prevent real drug use? How do you think it should be done? By whom and at what age?

- What did you know about drug use when you started taking it? Where did you get the information?

- What information do you need and which would have prompted you not to use drugs?

- Please propose an effective prevention method from your point of view.

Below are some interview fragments describing issues related to the prevention of drug use and the information needed to educate young people to understand the disastrous effects of drugs.

A former user, a 40-year-old high school graduate, said that there were no prevention campaigns at the time she started taking drugs (1996) and that she did not know anything about drugs then. "I took it because I thought I they were going to help me lose weight, I did not care that he (author's note: the husband who gave her the first heroin cigarette) told me I could become addicted or something else."

She appreciated that prevention should start from high school or even earlier. She does not think the brochures or information received by young people on the street are effective. It would be best to talk to a consumer or a former consumer so that they can see with their eyes the devastating effects of drug use. She thought it was important to know what effects the drugs had and how they can destroy a person.

"It would be best to involve former consumers who are rehabilitated, but also those who still consume and" are severely affected" in prevention campaigns. It would be good to see how these persons became and how they were affected."

A former user, a 28-year-old high school graduate, said that "there must be more prevention campaigns because drug prevention is not really happening. I do not remember anything from high school, so I don't know to have ever heard about such campaigns! I started taking at 14-15 years and I did not have much information about drugs except that they were strong. "

He said that the information he needed and which would have caused him not to use drugs would have been: "What happens when you consume in the long run?"

"Prevention of drug use does not really exist, as far as other countries, here it does not really exist. I have not heard of too many prevention campaigns. You need to talk to teenagers about drugs and where they take you. It would be good for a former user to talk to them because they know from experience. I did not know anything about drugs when I was a child. If I knew where it will end, what was happening to you, I probably would not have used, I do not know ...". These are the words about drug use prevention of a 28-year-old study participant.

A former user, a 39-year-old high school graduate, reported the following about drug prevention:

"I think there is still too little prevention, I am talking about every drug, not just heroin. Only one spot is not enough. It should be implemented from the general school. Now I see things differently, now that I have a relaxed mind and I don't have problems anymore. Parents do not have time for children, they are busy from morning till night, they do not know their child, they do not know their entourage, and the drugs are at hand, anyone can buy from any corner of the street, even near IGP (author's note: police). I would assemble an association, hire some people to go to general schools, high schools, and even college twice a week. Every week to gather them in a bigger (sports) room and have an hour to talk about drugs. I would say to them that when they hear the word "drug", they should run away as hard as they can and leave behind any curiosity. I would talk about the consequences of consumption and bring some consumers and show them what such a consumer looks like. I would talk about AIDS, hepatitis ..."

He did not know anything about drugs when she started using. "I first used at 21 years out of curiosity, then became addicted, not knowing the danger and misfortune that heroin can produce in the human body." The information he needed not to take drugs was the following: "If I would have known what could happen to me if I used."

A former user, a 32-year-old high-school graduate, had this opinion:

"I do not think there is a factor that prevents drug use. Discussions in schools do not seem to help, curiosity is greater. Doctors and teachers have little knowledge. Their role would be to get involved more. I did not know anything about drugs when I started taking, just what I saw on the street. I wanted to do what everyone else did. I do not think any information would have mattered. I was too young and I do not think I had the necessary knowledge to think logically. I do not think it's an effective method. Everything depends on each one, on the mentality of each and his entourage, on their problems."

"There is no prevention at all. On the contrary. There are a lot of kids dumped into drug use without realizing it. Abroad there are courses for children, we are not informing our children. Prevention of drug use must be done by the state and the kindergarten. Yes, prevention can be done - there is need of a great deal of information if not curiosity appears and you try. "These were the beliefs of a former user, a 27-year-old with years of education, who started using in 2003 at 13. He knew from friends that drugs were good, but he did not know how bad they could cause. He was not informed, and curiosity pushed him to use. He considered that "there should be more projects. We're in 2017! The state should prepare small children, inform them enough. Teachers and doctors are not sufficiently informed to prevent. We, former consumers, have the best perspective to inform others about drug use."

Another study participant, a 33-year-old, with years of education, believed that real-time drug prevention can be done with much involvement from the state. Doctors, teachers do not know, they have no idea about it. Prevention should be done in school, at puberty or shortly before, to give them examples, to show them. At puberty, adolescents are a little bit embarrassed, and then they are lost. "When he started using, he knew nothing about drugs and thought that if he knew the fact that drugs destroy lives, "he would not have taking it". He said that an effective prevention method, from his point of view, is posters. "Drugs change everything, they take your friends from you, change you, turn you into another person. It also helps you because I know how to fool people and can convince people to do what I want. I'm working in a car service and I'm tricking them into doing what I want and this way I'm making a lot of money."

A former user, a 44-year-old high school graduate, said related to drug prevention, "I think nothing interesting". He considered that prevention must be done by the state and that doctors, teachers are not helped to do so. The moment he started to use he did not know anything about drugs. "I was saying it's the biggest invention. We had a strength, an energy, we were talking continually - at first. I wanted to quit because of my family and then I did not feel good anymore. I wish I knew what kids today know. Consumers die all the time, they have hepatitis C, HIV." As an effective prevention

method for Bucharest, he proposed to "form 10 centers for consumers, like the Spaniards. I'm no in the street anymore. Let's make special headquarters because there are very many consumers in Bucharest, between 15 and 55 years old. The government should rent large buildings in each sector with a free zone - to have their own area, not to be disturbed by anyone, not to be examples for others."

A 40-year high school graduate participant in the study believed that a drug user in Romania is not helped: "We must pay for methadone ourselves. It's different in other countries where I was. They're all kinds of campaigns, they're on the street, take you out of the street and they give you methadone. You're hurting, you know in the street corner there is a car that gives you methadone all the time, or it comes at 11 in the morning. I was in Italy, in Spain in France..."

Her message to young people: "I'm not sorry for what I did, even if I went through what I've been through. I also have a 15-year-old girl and you realize I would not agree. Besides, I have a sister and a brother, I am the biggest. The moment I was shooting I showed them at home what happened to me. I want to tell you they did not use drugs, never. I do not know if it was so because of what I said, but I said if they are curious to see what it is, I can give them, not to go, who knows where to get them. They have never had the curiosity to use."

A study participant, a 39-year-old high school graduate, said:

"People have an aversion towards drug users. They are the ones who steal, sell drugs ... Consumers are not regarded as sick people. There is not enough prevention, people are told to do this to buy their drugs. People are reluctant to do so and generally do not give a second chance. Nothing is done. The state generally does not give anything. The drug users should be shot according to them. I know that methadone is available for free in the European Union. They are also included in prisons. In our country, nothing. There are people who may not have money to pay methadone per month. What do we do with them, kill them? The state should offer them at least minimal support. We do not want this, we like to bury ourselves in papers..."

## DISCUSSION

Data analysis and interpretation were based on the responses of the 50 interviewees to the questions in the interview guide. Analyzing the answers, it can be concluded that all participants in the study considered that prevention of drug use is absolutely necessary and should be done by the state, from a very young age, but especially during adolescence. Most of them appreciated that there is not enough done in this direction in our country. Some considered posters as an effective prevention method, but most considered it was not enough. Most consumers have

said that the best way to prevent can be done with the help of users and former users who can demonstrate with their own experience the drug-related disaster. Nearly everyone said they had no information about drugs when they started taking it and, if they knew the consequences, they would not have consumed in the long run. Some of them have proposed various prevention methods that they considered effective from the point of view of former heroin consumers, namely from projects, information campaigns in schools with the participation of consumers or former drug users, to the arrangement of some special headquarters, for consumers only, as in other countries.

Most of the participants in the study said that the consumption experience was followed only by health problems, some of them saying they had HIV/AIDS or hepatitis C virus. All participants in the study addressed to young people not to have this curiosity, not to try to use drugs because they will become addicted, that drugs destroy people's lives.

The negative effects of drug use occur biologically causing irreversible damage to various organs, alterations of mental and especially social functions, because the user is no longer able to have a job, becoming a burden to society, a person which society and family reject [1].

Knowing the social context and, above all, the negative effects that drug use has on society as a whole is particularly important in the prevention process. Thus, the development and implementation of educational programs tailored to each targeted social category, containing clear information are most necessary.

Drugs are quite easily accessible, including to children, which is why education needs to augment in order to decrease demand. Although education is expensive, making these investments, society could save more by reducing staff costs, criminal means costs, and prison costs [8]. It has been noticed that in schools and prisons the programs which are aimed at educating young people in order to reduce the risks caused by drug use are essential [9].

In Romania, in order to achieve the best results in the health and social reintegration of drug users, a local coordination network has developed, which establishes special connections between the different segments of the necessary assistance to these people: primary and specialty medical services, psychological counseling services, social services, the justice system etc. The complex coordination of this network is done through the CEPCA, which is responsible for coordinating, monitoring and planning, at local level, a specific assistance to drug users [10].

As a result of the implementation of the National Drug Program of Medical, Psychological and Social Assistance (PNAMPS) of drug users, 15 Centers for Integrated Assistance in Addictions (CAIA) were set up in 2005, providing Level 2 and 3 assistance services (ambulatory detox and substitution treatment with methadone, suboxone and naltrexone). It is the year that

defines the types of services that drug users can benefit from, and an ever more individualized social assistance structure is being built, tailored to the needs of each individual.

Promoting and protecting health is a matter of health and social care, with an important role in the development of a society. In many countries of the world, important financial resources are spent on medical policy development. In Romania, public health assistance is a component of the public health system and is guaranteed by the state and financed from the state budget, local budgets, the budget of the National Health Insurance Fund or other sources. This study shows that although several prevention centers or integrated drug addiction centers have been set up, drug users in our country need greater support from the state. The National Mental Health Program provides for substitution treatment with opioid agonists and antagonists for people with toxic dependence, as well as the testing of drug metabolites in urine for starting the treatment and monitoring of treatment. Spendings on substitution treatment with opioid agonists and antagonists for people with toxic dependence and tests for the presence of drugs in patients' urine is quite high. The average cost for a sick person with substitution treatment per year is 1,180 lei (about 250 euros), and the average cost per rapid urine drug screening test is 9.53 lei (approximately 2 euros) [11]. The specialized structures within the National Institute of Public Health have the role of methodological coordination of the early warning and rapid response system in collaboration with the Office of the International Sanitary Regulation (RSI) and toxicological information [12].

Often, the drug user is the victim of an entourage, curiosity, family neglect, and lack of information. In order to reduce the risk of increasing the number of consumers, it is necessary to intervene on all these components, especially during adolescence. After becoming addicted, the consumer is the victim of his addictive behavior and almost everyone around does not understand him, much less support him and give him the chance to rehabilitate. For these reasons, as the respondents' answers show, it is necessary to involve the Ministry of Health in drug prevention activities, not just in the treatment of drug addicts and in the prevention of HIV infections, through the distribution of syringes to drug addicts. This would also reduce the high costs of assistance to a drug user who often has other illnesses associated with consumption and has no job. The same phenomenon was also observed in Ukraine [13].

Some scientific research into drug prevention has attempted to explain the relationship between drug use and interaction with various risk factors (personal, family, and social). The results showed that the development of consumption patterns is not directly proportional to the force of these factors [14]. Frisher *et al.* have shown in an article that the most extensive and

consistent data on drug use among young people was related to family relationships, namely family size and the relatively young age of parents, to family cohesion, but mostly to parental monitoring and strict discipline rules imposed by parents [15]. There are studies that report the fact that a large percentage of students using psychoactive substances have been victims of various types of aggression [16]. Among the addict population, personality and impulsivity disorders play an important role in identifying distinct profiles to which treatment strategies should be adapted [17, 18]. After analyzing the interviewees' answers, these theories in the literature have been confirmed, most of them claiming that they come from alcohol-consuming families, that they have been physically or verbally assaulted, that there have been certain family regiments. Compliance with substitution has been different, and personalized treatment tailored to the personality of the consumer leads to better results. Study limitations: the group of study consists of a small number of subjects because their willingness to participate in the proposed research is rather low. The results obtained by the participation of a small number of consumers do not allow generalization for the whole population of our country who consumed heroin and is being treated with methadone. In order to be able to monitor the effectiveness of drug prevention methods and their importance in establishing priority public health policies, extensive studies on a larger number of subjects across the country are needed.

**In conclusion**, this study has once again demonstrated the need for effective drug prevention and greater involvement of the state in these actions. Study participants did not have information about drugs when they started to consume. Thus, the hypothesis formulated was confirmed in the sense that the distribution of drug information at an early age would reduce the risk of drug use.

In this regard, we propose the following effective drug prevention measures:

- school meetings, General Directorates for Social Assistance and Child Protection, non-governmental organizations attended by both young non-consumers, because they are offered as a model, it can be both drug-free and young who have managed to heal of this addiction, being the ones that can lead others to give up this type of behavior, who can tell their own experience and problems;

- increase in controls to detect the use of psychoactive substances;

- leaflets, flyers that do not just say "No to drugs",

but with information to explain why it is not good to be a drug user, not even to try, what medium- and long-term effects of the drug use are;

- counseling families with adolescents to prevent using (information on how parents can recognize adolescent drug users and what precautions they can take);

- informative campaigns to explain to adolescents about the harmful effects of drugs in the media (radio, TV), art/documentary films about drug use attended by celebrities/public figures, possibly former drug users, both in the country and in other countries.

This research has strengthened the idea that for both consumers and former drug users too little is done in Romania, that they want to integrate but are not supported by the members of society and that the prevention and intervention patterns of other countries should also be applied in Romania. This confirms the hypothesis from which we started this study, namely that if there were more European partnerships in drug research projects, some local and national policies could be adopted and developed or effective prevention of drug use.

Drug addiction is a medical problem with major psycho-social implications that affects the health of millions of people around the world. Increasing healthcare costs by drug users exerts pressure on the level of healthcare budget, thus requiring diversification and accentuation of socio-professional prevention, reintegration and rehabilitation measures. Therefore, this complex issue requires an integrated, multidisciplinary, medical-psycho-social, and anthropological approach as well as a closer coordination between governmental and non-governmental structures involved in the fight against drugs, as well as between European countries, in order to implement effective programs of prevention and consumer integration.

Drug use is a topic of interest for medical anthropology through consumer, traffic, evolution, and adaptation of health systems to meet the needs of drug users.

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