DECISION No 860

of 28 July 2005

for the approval of the Regulation for implementing the provisions of Law No 143/2000 concerning the prevention and fight against illicit drug trafficking and use, as subsequently amended and supplemented

ISSUED BY: THE GOVERNMENT
PUBLISHED IN: THE OFFICIAL GAZETTE OF ROMANIA No 749 of 17 August 2005

Pursuant to Article 108 of the Constitution of Romania, as republished, and to Article 31 of Law No 143/2003 concerning the prevention and fight against illicit drug trafficking and use, as subsequently amended and supplemented,

The Government of Romania hereby adopts this Decision.

Article 1

The Regulation for implementing the provisions of Law No 143/2000 concerning the prevention and fight against illicit drug trafficking and use, as subsequently amended and supplemented, provided for in the Annex which is a part of this Decision, is hereby approved.

Article 2

(1) This Decision shall enter into force within 30 days of its publication in the Official Gazette of Romania, Part I.

(2) Upon the entry into force of this Decision, the Government Decision No 1.359/2000 for the approval of the Regulation for implementing the provisions of Law No 143/2000 concerning the prevention and fight against illicit drug trafficking and use, as published in the Official Gazette of Romania, Part I, No 46 of 29 January 2001, as subsequently amended and supplemented, shall be repealed.

THE PRIME MINISTER
CĂLIN POPESCU-TĂRICEANU

Countersigns:

Acting as Minister of Administration and Interior,
Anghel Andreescu,
State Secretary

Minister of Health,
Mircea Cinteză

Minister of Education and Research,
Mircea Miclea

Minister of Labour, Social Solidarity and Family,
Gheorghe Barbu

Minister of Public Finance,
Ionel Popescu

Bucharest, 28 July 2005.

No 860.

ANNEX

REGULATION

for implementing the provisions of Law No 143/2000 concerning the prevention and fight against illicit drug trafficking and use, as subsequently amended and supplemented

CHAPTER I

GENERAL PROVISIONS

Article 1

(1) Pursuant to this Regulation, the terms and expressions below shall have the following meaning:

a) "medical services" means any set of measures and actions carried out in order to meet the medical needs generated by drug use, in view of stopping drug use, eliminating addiction and/or reducing the risks related to drug use;

b) "psychological services" means any set of measures and actions carried out in order to meet the mental needs generated by drug use, in view of eliminating psychic addiction and developing personal skills allowing for the social integration of drug users;

c) "social services" means any complex set of measures and actions meant for social and vocational integration of drug users, as well as for the prevention of illicit drug use;

d) "drug user" means both drug user and addicted drug user, such as defined in Article 1(h) and (h)(1) of Law No 143/2000 concerning the prevention and fight against illicit drug trafficking and use, as subsequently amended and supplemented; "drug addiction" means the imperative or persistent need to continue using drugs in order to obtain a well-being status or to avoid pain as a result of the interruption of drug use;

e) "polydrug use" means the addictive use of at least two different drugs;

f) "emergency" means the medical condition of a user, related or not to drug use, which endangers his/her life;

g) "double diagnosis" means the coexistence of mental disorder and drug use diagnoses;

h) "abstinence syndrome (withdrawal)" means the reaction of the body to the sudden interruption of drug use, upon the administration of the specific antagonist or upon the decrease of the quantity of drugs that induced the addiction;

i) “acute intoxication” means a transitory state occurring shortly after drug administration, which implies the specific effects that can be identified by medical evaluation methods;

j) “overdose” means the use of a large drug quantity, sufficient to produce effects endangering life;

k) “harm reduction” means any set of measures and actions meant to reduce the negative individual and/or social consequences induced by drug use, without having as a main objective the total cease of drug use;

l) “drug related diseases” means the medical condition due to and/or coexisting with drug use;

m) “drug related death” means death resulting either directly, following the use, or indirectly, following the behaviour induced by drug use;

n) “detoxification” means the therapeutic process aiming at interrupting the use of physical addictive substances and preventing or treating the abstinence syndrome;

o) “case manager” means the person within the Drug Prevention, Evaluation and Counselling Centre who coordinates, plans and monitors the medical care, psychological and social services in relation to the individual needs of the drug user;

p) “metabolites” means the substances appearing after drug use, as a result of the processes the drug undergoes in the body, and that can persist for a long time after the use of the last drug dose;

q) “agonist” means the substance that, by its action at the level of the neuronal receptors, triggers similar effects to those of the reference drug (for instance, methadone);

r) “antagonist” means the substance that, by its interaction with the neuronal receptors, reduces or cancels the effects of the reference drug or inhibits its action (for instance, naltrexone);

s) “medical, psychological and social care agreement” means the document based on which the drug user agrees to be included in the integrated care programme, undertaking the rights and obligations included in it;

ş) “single encrypted register regarding drug users” means the database of the National Anti-Drug Agency including all the individual records received from the service providers based on the standard sheets;

t) “drug tests” means the analysis of the body fluids (blood, urine or saliva), of the hair or other tissues in order to identify the presence of one or several psychoactive substances or their metabolites;

ţ) “stabilization with opiate antagonists (methadone, LAAM, buprenorphine and other such substances)” means any set of therapeutic measures aiming at stabilizing the user by replacing the used drug with an appropriate agonist as the case may be, for a long period of time, in order to reduce the drug use and the related risks and to enable the rehabilitation and social reintegration;

u) “maintaining abstinence with an opiate antagonist (such as naltrexone)” means any set of therapeutic measures, which results in blocking the action of the used drug;

v) “syringe exchange” means any set of activities and measures meant for the injecting drug users, with the purpose to prevent diseases that might be transmitted by this way of administration. Distribution and collection of syringes, provision of other materials used for injection – disinfection pads, tourniquets, dissolution substances and others, provision of references and information, counselling for harm reduction, interventions for motivation increase toward behavioural change, pre-testing and post-testing counselling for HIV and viral hepatitis infections, other sexually transmitted infections, HIV testing, B and C type hepatitis, vaccination and distribution of condoms, etc., are particularly taken into account;

x) “rehabilitation and reintegration” means the normalization process of the personal and social situation of drug users, in the following intervention areas:

- personal and social: achieving cohabitation rules, increasing autonomy and individual social value, developing responsibility, re-gaining social skills and promoting the use of Community resources;

- vocational training: improving knowledge, skills, vocational practices and those of searching and finding a job;

- educational and cultural: reaching an educational, cultural and relation level sufficient to understand and participate to social life;

y) “counselling and psychotherapy” means any set of specific methods and techniques meant to facilitate behavioural changes, the elimination of physical addiction and development of personal skills allowing for the social reintegration of the drug user;

z) “*Cannabis sativa* plant, used as a drug” means the floral and fruit inflorescence of the *Cannabis sativa* plant, accompanied or not by leaves or other parts of the inflorescence, from which seeds have been removed;

- “resin of the *Cannabis sativa* plant” means the isolated, gross or purified resin, obtained from the *Cannabis sativa* plant, from its inflorescence or leaves;

- “oil of the *Cannabis sativa* plant” means the oil concentrate, obtained from the *Cannabis sativa* plant or from the resin of the *Cannabis sativa* plant.

(2) The definitions related to the plant products obtained from the *Cannabis sativa* plant, irrespective of its variety, apply only when these plant products have been obtained for illicit drug trafficking and use and were meant for the operations specific to illicit drug trafficking and use.

Article 2

(1) The prescription by doctors, for therapeutic purposes, of the substances subject to national control, as defined in Law No 143/2000, as subsequently amended and supplemented, shall be carried out according to the legal provisions into force and to the medical practice rules established by the Romanian College of Physicians and by the Ministry of Health.

(2) The substances subject to national control shall be delivered only to the units authorized by the Ministry of Health.

(3) The supply, possession and prescription to patients of the substances subject to national control shall be carried out according to the legal provisions into force.

(4) When dispensing medicines, the pharmacists are compelled to draw the attention of the users on the substances subject to national control contained in these medicines.

Article 3

(1) A product resulting from illicit drug trafficking and use shall not be qualified as a drug depending on the concentration of the narcotic drug or psychotropic substance identified in this product.

(2) The medicines containing plants, narcotic drugs and psychotropic substances or mixtures of such plants and substances subject to national control shall not be considered drugs when used within the medical activity, according to the current law.

CHAPTER II

MEASURES FOR THE PREVENTION AND FIGHT AGAINST ILLICIT DRUG TRAFFICKING AND USE

Article 4

(1) The measures for the prevention of illicit drug use represent the total number of activities carried out by the qualified institutions, in order to avoid the onset of drug use, to delay the drug use onset, to avoid the transition to a higher risk use and to promote a healthy lifestyle.

(2) The prevention measures are the following: information, education, communication-sensitization, awareness raising, skills development, etc. and shall be usually carried out based on prevention programmes, according to the quality standards.

(3) The quality standards and the methodology for approving the programmes shall be drafted by the National Anti-Drug Agency and shall be approved by joint order of the Minister of Health, the Minister of Labour, Social Solidarity and Family and the Minister of Administration and Interior.

(4) The prevention programmes shall be drafted based on the assessment of needs and having regard to the situation of the target population, the implementation setting and the type of drug taken into account, and shall be authorized by the National Anti-Drug Agency.

Article 5

(1) The assessment of the programmes results shall be carried out by the person implementing them and the report indicating the results of the assessment shall be submitted to the National Anti-Drug Agency.

(2) The National Anti-Drug Agency shall keep the record of the current drug use prevention programmes and shall monitor the current programmes, based on a standard sheet approved by a decision of the President of the National Anti-Drug Agency.

Article 6

The authorities of the local public administration are bound to support the development of the drug use prevention programmes.

Article 7

The measures for fighting against illicit drug trafficking and use represent the total number of activities carried out for this purpose by the public administration bodies and by the legal bodies, according to the provisions of the Criminal Procedure Code and of the special law in the field.

Article 8

(1) The supervision of the cultivation of plants containing drugs is an activity which implies, on one hand, the verification of the authorizations issued by the qualified bodies for the crops meant for illicit processing, and on the other hand, the obligation of those persons who have an authorization for the cultivation and processing of such plants to declare the purpose of the crops, that must be specifically mentioned in the authorization.

(2) The authorization for the cultivation of plants containing drugs and processed for legal purposes, in order to use them in industry and/or food, in the medical, scientific or technical field or for seed production, shall be carried out by the Ministry of Agriculture, Forests and Rural Development, through the Directorates for agriculture and rural development in the counties and in Bucharest. The authorization form is included in Annex 1.

(3) The Directorates for agriculture and rural development in the counties and in Bucharest shall send to the Ministry of Health, the Directorate-General for Pharmaceutics and Medical Equipment, with acknowledgement of receipt, a certified copy of the authorization issued for the cultivation of plants containing drugs and processed for legal purposes, meant for medical use.

(4) The Directorates for agriculture and rural development in the counties and in Bucharest are bound to send, within 7 days of the date on which the authorization is issued, with acknowledgement of receipt, a certified copy of the authorization, in order to be registered by the police inspectorates in the counties and in Bucharest which are to send it, with acknowledgement of receipt, to the central body for the suppression of illicit drug trafficking and use within the General Police Inspectorate.

(5) The economic operators must submit to the Directorates for agriculture and rural development in the counties or in Bucharest an application, whose form is included in Annex 2, in order to be issued the authorization for the cultivation of plants containing drugs and processed for legal purposes, in view of using them in industry and/or food, in the scientific or technical field or for seed production. The application submitted by the economic agents must be accompanied by the following documents, according to the authorization purpose:

a) identification documents:

- for natural persons: a copy of the identity card;

- for legal persons: copies of the incorporation certificate and of the tax registration certificate;

b) a copy of the title deed or possession reports/certificates;

c) a copy of the production capitalization contracts;

d) authorization for seed production, issued according to the legal rules into force;

e) documents certifying that a scientific activity is being conducted in the field of research and education.

(6) Following the registration and verification of the applications by the representatives of the Directorates for agriculture and rural development in the counties and in Bucharest, authorizations shall be issued within 10 days of the registration of applications.

(7) The conditions and documents necessary for issuing the authorization for cultivation of plants containing drugs and processed for legal purposes, meant for medical use, shall be established by order of the Minister of Health.

CHAPTER III

DESTRUCTION OF DRUGS

Article 9

(1) The destruction of drugs shall be carried out under the legal conditions, while the counterproofs shall be kept until the exhaustion of all remedies.

(2) The usable medicines, exempted from destruction, shall be taken over in order to be communicated and capitalized, according to the rules into force.

(3) In the case of the destruction of non-usable medicines, a copy of the destruction report shall be sent to the Ministry of Health.

(4) The value of the expenses for the destruction of drugs shall be borne from the budget of the institution managing the *corpus delicti* chamber, and they shall be subsequently recovered from the owner or from the person that provided them, by including them in the legal expenses.

(5) A copy of the report drafted by the destruction commission, meeting according to the Law, shall be sent to the legal body in order to establish the legal expenses.

Article 10

The way and conditions under which certain drug quantities are exempted from destruction to be used for didactic and scientific research purposes or under which they can be remitted to institutions owning drug dogs and other drug animals, for the purpose of training and continuing practice, shall be established by joint order of the Minister of Administration and Interior, of the Minister of Health and of the Minister of Education and Research.

CHAPTER IV

INTEGRATED CARE PROGRAMMES

Article 11

(1) The integrated care programme for drug users, hereinafter referred to as "the programme", represents a complex set of therapeutic, psychological and social, complementary, simultaneous or sequential programmes, which form a customized care plan.

(2) The customized care plan represents the therapeutic, psychological and social interventions and measures, adjusted to the needs of each consumer.

Article 12

(1) The provision of services within a programme shall be carried out in an integrated and continuous manner, through case management.

(2) The case management means the identification of the user's needs, the planning, coordination and monitoring of the implementation of the measures included in the customized care plan according to the existent available resources.

(3) The case management shall be carried out based on the methodological rules drafted according to the compulsory minimum standards approved by a decision of the President of the National Anti-Drug Agency.

Article 13

(1) The process of providing medical, psychological and social care services implies the following stages:

a) evaluation;

b) establishing the programme and drafting the customized care plan;

c) inclusion into the programme by signing the care agreement;

d) implementation of the measures provided for in the customized care plan;

e) monitoring and evaluation of implementation of the measures provided for in the customized care plan and of their results;

f) end of the programme.

(2) The provision of the medical, psychological and social care services shall be carried out in the following situations:

a) upon the request of the user or his/her legal representative, in the case of underage persons or people with physical impairment;

b) upon the decision of the public prosecutor or, where appropriate, of another legal body;

c) in case of emergency.

(3) The request for the provision of care services shall be addressed to:

a) the Drug Prevention, Evaluation and Counselling Centres within the National Anti-Drug Agency;

b) another provider of care services.

Article 14

(1) The individual features of the user shall be identified through evaluation in order to select the programme and customize the medical, psychological and social services.

(2) The evaluation shall be carried out in the following areas:

a) the personal and drug use history and the specific signs of intoxication and/or of the abstinence syndrome;

b) biomedical conditions and current complications, which, although not related to the abstinence syndrome or to intoxication, require treatment as they can generate risks or complicate the care and rehabilitation process;

c) psychological and/or psychiatric conditions and complications, as well as other conditions that can generate risks or produce complications in the care and rehabilitation process, such as: adherence/refraction to treatment, relapse potential, continuation of use, etc.;

d) social and family conditions that may be sources of individual, family or Community support or may impede/hinder the care and rehabilitation process;

e) the legal situation.

(3) The evaluation shall be coordinated and monitored by the case manager.

(4) The evaluation shall be carried out by the staff of the Drug Prevention, Evaluation and Counselling Centres within the National Anti-Drug Agency, according to their organisation and operation regulation, as well as by other service providers.

(5) The result of the evaluation shall be recorded in an evaluation report. A model thereof is provided for in Annex 3 and shall include the following:

a) data about the user;

b) the results of the evaluation in terms of the fields;

c) the forensic expertise, where appropriate;

d) recommendations where the programme and the customized care plan are established.

Article 15

(1) The programme shall be established according to the guidance criteria specific to the evaluation areas, mentioned in Article 14(2).

(2) The integrated care programmes and the guidance criteria in an integrated treatment programme shall be included in Annexes 6 and 7.

Article 16

(1) The customized care services for a drug user within the programme shall represent the customized care plan.

(2) The methodology for drawing up, amending and implementing the customized care plan shall be approved by a decision of the President of the National Anti-Drug Agency, according to the psychological and social programmes and to the practice protocols drafted by the Ministry of Health and by the Romanian College of Physicians.

Article 17

(1) The evaluation report shall be submitted to the user together with the proposal for inclusion in a programme.

(2) If the user agrees to be included in the programme, he/she shall sign the medical, psychological and social care agreement to which the customized care plan is attached.

(3) The model of the medical, psychological and social care agreement, with the annexes mentioned in paragraph (2), shall be included in Annex 4.

Article 18

(1) The implementation of the measures in the customized care plan shall be carried out in an integrated manner, involving the participation of one or several service providers.

(2) The coordination, monitoring and evaluation of the care plan shall be carried out by the case manager, upon the established dates and periods.

(3) The monitoring and evaluation of the implementation of measures included in the customized care plan shall be carried out by each service provider.

Article 19

(1) The service providers are bound to communicate in writing to the case manager the following data:

a) the evaluation of the implemented measures;

b) the failure to observe any measure in the customized care plan, within 24 hours of its enunciation;

c) the non-compliance with the conditions related to the inclusion in the programme, to the implementation of the medical, psychological and social care measures.

(2) Following the communication mentioned in paragraph (1), the case manager shall revaluate the customized care plan and shall propose the continuation of the programme by modifying the customized care plan or by changing the programme.

(3) The modification or completion of the customized care plan shall be carried out with the consent of the user, by signing an annex to the medical, psychological and social care agreement.

Article 20

The end of a programme shall occur in the following cases:

a) upon the completion of the programme;

b) upon the request of the user, by signing a document according to the model provided for in Annex 5, following the complete information regarding the consequences;

c) upon the change of the programme, following the evaluation of the implementation of care measures.

Article 21

(1) If the request to be granted medical, psychological and social care services shall be made by the public prosecutor, the forensic institutions are compelled to send to the Drug Prevention, Evaluation and Counselling Centres within the National Anti-Drug Agency a copy of the toxicological expertise report, within 5 days of its ordering by the public prosecutor in order for the evaluation report to be drafted.

(2) The public prosecutor shall submit the evaluation report and the proposed customized care plan to the accused/defendant and shall require his/her consent, according to the Law.

(3) The submittal of the report and the consent of the accused/defendant to enter the programme shall be mentioned in a record.

(4) If the accused/defendant gives his/her consent to be included in the programme, a copy of the record, of the order of the public prosecutor and the signed Agreement shall be sent to the Drug Prevention, Evaluation and Counselling Centre for the implementation of the customized plan.

(5) The observance of the measures included in the customized care plan, attached to the signed Agreement, shall be compulsory.

(6) If the measure of provisional arrest is not revoked or replaced, the accused/defendant shall be included in a programme carried out at the place of detention.

(7) The Drug Prevention, Evaluation and Counselling Centres shall communicate to the legal body, regularly or upon request, the results of the monitoring of the implementation of measures included in the customized care plan.

(8) Any failure to observe the measures in the medical, psychological and social care agreement shall be immediately communicated by the case manager to the legal body acting according to the Law.

Article 22

For a person deprived of liberty, the evaluation shall be carried out by the staff of the Drug Prevention, Evaluation and Counselling Centres at the place of detention, that ensures the necessary conditions for such evaluation.

Article 23

(1) The method for developing the integrated medical, psychological and social care programmes for the persons deprived of liberty shall be established by joint order of the Minister of Health, the Minister of Justice and the Minister of Administration and Interior.

(2) If the persons mentioned in paragraph (1) require immediate treatment, this shall be provided by any competent medical unit included within those assigned by joint order of the Minister of Health, the Minister of Administration and Interior and the Minister of Justice.

Article 24

If the safety measures imposing medical treatment or medical hospitalization were ordered, according to the Law, the service provider implementing them shall have the following duties:

a) to immediately inform the Drug Prevention, Evaluation and Counselling Centre, in order to establish the case management;

b) to carry out the medical, psychological and social care process, provided for in Article 13(1), including the participation of the Drug Prevention, Evaluation and Counselling Centre;

c) to periodically submit the evaluation report of the implementation of the customized care plan, and to formulate recommendations for the continuation of the integrated medical, psychological and social care programme, to the Drug Prevention, Evaluation and Counselling Centre.

Article 25

(1) In emergency situations, the care services shall be immediately provided in the specialized medical units, according to the Law.

(2) Following the cease of the emergency state, the user shall be guided to a Drug Prevention, Evaluation and Counselling Centre in order to ensure the case management, simultaneously with his/her information on the provided services.

(3) The information shall be carried out for each user to whom care has been provided, according to the emergency standard sheet, set out in Annex 8.

Article 26

(1) If the request to be granted care services is addressed to another care services provider than the Drug Prevention, Evaluation and Counselling Centre, that provider shall undertake the following actions:

a) if it has the necessary resources, it shall carry out the medical, psychological and social care services provision process according to Article 13(1), also consulting the Drug Prevention, Evaluation and Counselling Centre;

b) if, following the evaluation of the user, it discovers that it does not have the necessary resources for carrying out the customized care plan, it shall refer the user to a Drug Prevention, Evaluation and Counselling Centre, in order to carry out the appropriate medical, psychological and social care process, according to Article 13(1).

(2) In the case mentioned in paragraph (1)(a), the service provider shall be obliged to send to the Drug Prevention, Evaluation and Counselling Centre, for all the users that have requested services directly, the following documents:

a) the evaluation report provided for in Article 14(5);

b) the medical, psychological and social care agreement;

c) the customized care plan;

d) the progress evaluation report;

e) the recommendations made, upon the completion of the provided services, for the continuation of the programme.

(3) Upon the completion of the services provided according to paragraph (1)(a), the user shall be guided to a Drug Prevention, Evaluation and Counselling Centre, in order to ensure the case management.

CHAPTER V

SERVICE PROVIDERS

Article 27

(1) The medical, psychological and social service providers for drug users are the public, private or joint authorized entities, that provide services according to the quality standards.

(2) The authorization criteria and methodology, as well as the quality standards mentioned in paragraph (1) shall be established by joint order of the Minister of Health, the Minister of Labour, Social Solidarity and Family and the Minister of Administration and Interior.

(3) The public service providers for drug users are the following:

a) the psychosocial care, prevention, evaluation and anti-drug counselling public service;

b) the medical assistance public service (emergency, primary, ambulatory and specialized, etc), according to the current law;

c) the social assistance public service, according to the current law;

d) other public services.

(4) The private service providers can be, according to the law, the following:

a) associations and foundations and any other organized forms of the civil society;

b) authorized natural and legal entities according to the Law;

c) international bodies carrying out activities in the field, according to the Law.

Article 28

(1) The care service providers for drug users can conclude partnership agreements, contracts and framework contracts for medical services.

(2) The partnership agreements represent the cooperation framework established following the negotiations, for the purpose of organizing and developing the services for users and for ensuring a simultaneous medical, psychological and social assistance.

(3) The partnership agreement refers to:

a) the responsibilities of the providers;

b) the services implemented by the providers;

c) the contracts for providing services concluded between various providers;

d) the financing sources and the estimate of their level;

e) human resources involved in providing services;

f) penalties.

(4) The contract for providing services must mention the following: provided services, their nature and costs, rights and obligations of the parties, period and conditions for providing services, by complying with the quality standards, penalties for failure to comply with the quality conditions.

(5) The framework contract for medical services is concluded with the Houses for Health Insurance, under the conditions provided for in the Methodological Rules for implementing the Framework Contract regarding the conditions for providing medical care within the health insurance scheme.

Article 29

(1) The services shall be provided under a close, open or joint regime in the following types of centres:

a) Drug Prevention, Evaluation and Counselling Centre within the National Anti-Drug Agency, providing one or several medical, psychological and social assistance services, in outpatient regime and ensuring the case management;

b) day-care, providing outpatient care services for a period of 12 hours;

c) therapeutic community-like centre, sheltered housing, social housing and other such establishments, providing care services under a hotel regime;

d) integrated care centre of addiction, providing one or several medical, psychological and social care services in outpatient regime;

e) hospital-type detoxification centres, units and departments, providing detoxification medical services in a structure approved by the Ministry of Health;

f) harm reduction centre, providing services for harm reduction in outpatient regime or mobile units;

g) mental health laboratory with a day-care unit;

h) other categories of public or private institutions, provided for in the Law.

(2) The minimum mandatory standards for the organization and functioning of the centres are established and updated, where appropriate, by joint order of the Minister of Health, the Minister of Labour, Social Solidarity and Family and the Minister of Administration and Interior.

Article 30

(1) Care services for the drug user shall be provided individually and in interdisciplinary teams, according to the customized care plan.

(2) The interdisciplinary team shall be established, by mutual consent with the service provider, by the case manager and must include at least one doctor, one psychologist and one social worker.

(3) The team mentioned in paragraph (2) may also include other occupational categories.

Article 31

(1) The staff involved in providing care services for drug users must possess, in addition to the basic training and authorization, according to the Law, an initial and continuing vocational training in the field of drugs.

(2) The training of the professionals working in the field of drugs shall be carried out through vocational training programmes authorized by the National Anti-Drug Agency, in collaboration with other competent institutions in the field.

(3) The authorization criteria and methodology of the programmes shall be established by a decision of the President of the National Anti-Drug Agency.

CHAPTER VI

THE FINANCING OF THE CARE SERVICES FOR DRUG USERS

Article 32

The care services for drug users shall be financed from the following sources:

a) the state budget, through the Ministry of Administration and Interior – the National Anti-Drug Agency;

b) the budget of the single National Health Insurance Fund;

c) the state budget, through the health programmes of the Ministry of Health;

d) donations, sponsorships, other contributions from natural or legal persons from within the country or abroad;

e) external reimbursable or non-reimbursable funds;

f) own resources of the National Anti-Drug Agency resulting following the collection of the equivalent value of the provided services, according to the Law.

Article 33

The medical care services provided based on the framework contract concluded by the service provider with the Houses for Health Insurance under the conditions provided for in the Methodological Rules for implementing the Framework Contract regarding the conditions of providing medical care within the health insurance scheme shall be financed from the budget of the single National Health Insurance Fund.

Article 34

(1) The data on the prevention and fight against illicit trafficking and use of drugs, essential chemical substances, toxic chemical precursors and inhalants, as well as data on the authorized crops of plants containing drugs and processed for legal purposes, with a view to using them in industry and/or food, in the medical, scientific or technical field or for seed production, shall be sent to the National Anti-Drug Agency, according to indicators specific for each institution, by the institutions and bodies mentioned in Article 26(1) and (2) of Law No 143/2000, as subsequently amended and supplemented.

(2) The indicators mentioned in paragraph (1) and the methodology of data transmission shall be established by joint order of the Minister of Health and the Minister of Administration and Interior to be published in the Official Gazette of Romania, Part I.

Article 35

(1) The centralized record of the data regarding the users shall be carried out taking into account the following specific indicators: treatment application following drug use, drug use related infectious diseases, death as a result of drug use and mortality of drug users, according to the standard sheets included in Annexes 8 and 9, by observing the confidentiality, according to the Law.

(2) The methodology of completing the standard sheets and of transmitting the data provided for in paragraph (1) shall be approved by joint order of the Minister of Health and the Minister of Administration and Interior to be published in the Official Gazette of Romania, Part I.

Article 36

(1) The “Treatment application following drug use” indicator has the purpose of obtaining comparable and relevant information referring to the number and features of drug users having requested care services.

(2) The data referring to the users included in the therapeutic chain, obtained according to paragraph (1), shall be centralized by the Romanian Monitoring Centre for Drugs and Drug Addiction within the National Anti-Drug Agency, in the Single Codified Register on drug users.

(3) For establishing the register mentioned in paragraph (2), the case manager shall send the data electronically or on paper, upon inclusion, cancelling and modification, to the Romanian Monitoring Centre for Drugs and Drug Addiction.

(4) In order to send the data, the case manager shall complete the standard sheet for treatment inclusion.

(5) The user included in the integrated assistance circuit shall receive an electronic encrypted card, issued by the case manager. A model thereof is provided for in Annex 10.

(6) The card mentioned in paragraph (5) shall be used when accessing every care service and shall allow for the periodical monitoring and evaluation of the implementation of measures in the customized care plan.

(7) The cost of the card shall be borne from the budget of the National Anti-Drug Agency. In case of loss or damage, the card can be replaced and its cost shall be covered by the user.

Article 37

(1) The “Drug use related infectious diseases” indicator has the purpose of obtaining comparable and relevant information referring to the infection level of drug users having HIV virus and/or hepatitis B and C, as well as other diseases.

(2) The data mentioned in paragraph (1), collected by the Ministry of Health, shall be transmitted on a quarterly basis or upon request to the National Anti-Drug Agency.

(3) The data regarding the indicator mentioned in paragraph (1) shall be transmitted, upon the request of the National Anti-Drug Agency, by the care service providers for drug users, by the public and private institutions carrying out programmes addressed to users and testing them according to the Law, based on the standard sheets for the “Drug use related infectious diseases” indicator provided for in Article 35.

(4) The data mentioned in paragraph (3) shall also be transmitted by the forensic institutions, upon the request of the National Anti-Drug Agency.

(5) In view of obtaining the data mentioned in paragraph (1), the National Anti-Drug Agency, in collaboration with the Ministry of Health, can conduct studies or scientific research.

Article 38

(1) The “Death as a result of drug use and mortality of drug users” indicator has the purpose of obtaining comparable and relevant information referring to the number and features related to death.

(2) The data regarding the indicator mentioned in paragraph (1) shall be collected from:

a) the General Mortality Register, from the records of the National Institute of Statistics;

b) the Special Mortality Register, from the records of the Romanian Monitoring Centre for Drugs and Drug Addiction.

(3) The Special Mortality Register mentioned in paragraph (2)(b) shall be drafted based on the data sent by:

a) the case manager, that immediately reports any death occurred in relation to the users included in care programmes;

b) the forensic institutions, that immediately report any death caused by drug use or related to it;

c) the penitentiary system, that immediately reports any death occurred in relation to the users included in care programmes in the penitentiary system;

d) the private care services providers, that immediately report any death occurred in relation to the users included in care programmes.

(4) The data related to the indicator mentioned in paragraph (1) shall be transmitted according to the standard sheet for the "Death as a result of drug use and mortality of drug users" indicator, provided for in Article 35.

(5) The codification of death causes in the registers mentioned in paragraph (2) shall be carried out according to the International Classification of Diseases, last edition, and the selection criteria of decease, according to the indicator provided for in paragraph (1), shall be established by joint order of the Minister of Health, the Minister of Justice, the General Public Prosecutor and of the Minister of Administration and Interior.

Article 39

In order to monitor the data regarding drug use and drug users, the public and private institutions shall send to the National Anti-Drug Agency, upon its request, the results of the studies and research in the field.

CHAPTER VII

PENALTIES

Article 40

(1) Providing care services for drug users, without holding the authorization provided for in Article 27, shall be considered an offence and is punishable by a fine ranging between RON 10.000 and RON 15.000.

(2) The establishment of the offence and application of penalties shall be carried out by the authorized persons within the Ministry of Health, the Ministry of Labour, Social Solidarity and Family and the National Anti-Drug Agency.

(3) The provisions referring to the offence, mentioned in paragraphs (1) and (2), shall be completed by the provisions of Government Ordinance No 2/2001 regarding the legal regime of offences, as approved with its subsequent amendments and completions by Law No 180/2002, as subsequently amended and supplemented.

CHAPTER VIII

TRANSITIONAL AND FINAL PROVISIONS

Article 41

Until the date when the user is evaluated by the case manager, the cards shall be issued by the medical units providing specialized services to users.

Article 42

(1) The users who are included, upon the enforcement date of this Regulation, in a care programme, shall continue to receive services according to the existent care plans.

(2) For the users mentioned in paragraph (1), the service providers shall fulfil the obligations provided for in Article 26(2) and (3), within a year from the date of entry into force of this Regulation.

Article 43

(1) Until the date when the user is evaluated by the case manager, for drafting the register provided for in Article 36(2), the service providers shall send the data, electronically or on paper, monthly or whenever necessary, to the Romanian Monitoring Centre for Drugs and Drug Addiction.

(2) In order to send the data according to paragraph (1), the service providers are obliged to use the standard treatment inclusion sheet for the registration of each case, which is provided, based on a written request, by the National Anti-Drug Agency.

Article 44

Within 30 days from the entry into force of this Regulation, the Ministry of Health, the Ministry of Labour, Social Solidarity and Family, the Ministry of Administration and Interior, together with the ministries and the other bodies of the central public administration, are bound to adopt the rules provided for in this Regulation.

Article 45

(1) Within 60 days from the entry into force of this Regulation, the resort ministries, as well as the other authorities of the competent public administration in the field, according to the Law, are bound to update the adopted rules pursuant to Government Decision No 1359/2000 for the approval of the Regulation for implementing the provisions of Law No 143/2000 concerning the fight against illicit drug trafficking and use, as subsequently amended and supplemented.

(2) Upon the expiry of the delay mentioned in paragraph (1), the orders issued pursuant to Government Decision No 1359/2000, as subsequently amended and supplemented, shall be repealed.

Article 46

The Annexes 1-10 are part of this Regulation.

Article 47

This Regulation shall enter into force within 30 days of its publication.

Article 48

The provisions of Article 14(5)(c), of Articles 21 and 22 and of point III of Annex 3 shall take effect upon the entry into force of the provisions of Articles 19(1) and (2) of Law No 143/2000 concerning the prevention and fight against illicit drug trafficking, as subsequently amended and supplemented.

ANNEX 1
to the Regulation

ROMANIA
MINISTRY OF AGRICULTURE, FORESTS AND RURAL DEVELOPMENT
Directorate for Agriculture and Rural Development of the County of .....

LICENCE No .....
for the cultivation of plants containing drugs and processed for legal purposes, to be used for*): .....

Pursuant to Article 8(2) of the Regulation for implementing the provisions of Law No 143/2000 concerning the prevention and fight against illicit drug trafficking and use, as subsequently amended and supplemented, the authorization shall be granted to the following economic agent:
A. The natural entity ....., residing in the city of ....., at No ....., …..... Street, county/district ....., holder of the Identity Card series..... No ....., issued by ..... on ....…..., National Identity Registration Number |_|_|_|_|_|_|_|_|_|_|_|_|_|
B. The legal entity ....., with the registered office in the city of ....., at No ....., ...…….. Street, county/district ....., with the single registration number ....., represented by ....., as legal representative, holder of the Identity Card series..... No ....., issued by ..... on ....., National Identity Registration Number |_|_|_|_|_|_|_|_|_|_|_|_|_|, for the activity of cultivation of plants containing drugs and processed for legal purposes, meant to be used for *): .....
The authorized economic agent is hereby bound to notify the issuer of this authorization of any change related to the documentation submitted for approval, within 15 days from the occurrence of the respective change.

Date .....…… Manager,
……

*) To be filled in, where appropriate, by the following: “to be used in the field of industry and/or food”, “in the medical, scientific or technical field” or “for seed production”.

ANNEX 2
to the Regulation

APPLICATION
for issuing the licence for the cultivation of plants containing drugs and processed for legal purposes, to be used for *): .....

1. A. The natural entity ....., residing in the city ....., at No ....., ...……. Street, county/district ....., holder of the Identity Card series.... No ....., issued by ..... on....., National Identity Registration Number |_|_|_|_|_|_|_|_|_|_|_|_|_|, I hereby require the issue of the licence for the cultivation of plants containing drugs and processed for legal purposes, meant to be used for *): .....
2. B. The legal entity ....., with the registered office in the city of ....., at No ....., ...…….. Street, county/district ....., with the single registration number....., represented by ....., as legal representative, holder of the Identity Card series..... No ....., issued by ..... on ....., National Identity Registration Number |_|_|_|_|_|_|_|_|_|_|_|_|_|, I hereby require the issue of the licence for the cultivation of plants containing drugs and processed for legal purposes, meant to be used for *): .....
3. I own the land with a surface of..... ha, situated in the city of ....., according to the data registered in the Agricultural Registry under the heading .....
4. Crop destination: capitalization of the crop subject to the Contract No ....., concluded with ....., for*): .....

Date	Signature
.....……	.....……..

*) To be filled in, where appropriate, by the following: “to be used in the field of industry and/or food”, “in the medical, scientific or technical field” or “for seed production”.

ANNEX 3
to the Regulation

NATIONAL ANTI-DRUG AGENCY
Drug Prevention, Evaluation and Counselling Centre
or the name of the service provider

EVALUATION REPORT

No .....
Date .....

I. Data about the user:
First name/last name: ..... son/daughter of ..... and of ....., residing in ....., holder of the Identity Card series ..... No .....
Legal representative (to be filled in, where appropriate) .....
User code .....

Summary/abstract:
.....
.....
.....
.....
II. Result of the area evaluation according to Article 14(2) of the Regulation for implementing the provisions of Law No 143/2000 concerning the prevention and fight against illicit drug trafficking and use, as subsequently amended and supplemented:
1. ..... Expert .....
.....
2. ..... Expert .....
.....
3. ..... Expert .....
.....
4. ..... Expert .....
.....
5. ..... Expert .....
.....

(Expert's signature and, where appropriate, stamp)

III. Forensic expertise
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IV. Recommendations
1. List of problems by areas
1.
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2. Proposed integrated care programme
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3. Means/Interventions recommended for the active problems:
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4. Criteria:
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5. Planning:
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6. Available and/or necessary providers:
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V. Other data
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Coordinator of the Drug Prevention, Evaluation and Counselling Centre
or the service provider:
…….....

Case Manager or Service Provider Coordinator:
.....

ANNEX 4
to the Regulation

MEDICAL, PSYCHOLOGICAL AND SOCIAL CARE AGREEMENT

Between:
the Drug Prevention, Evaluation and Counselling Centre or the service provider .....
Case Manager or Centre Coordinator .....…
and
User:
First name/last name: .....
ID Card/Passport No .....
Code: .....

Date of inclusion: .....
Date of release: .....

1. Subject matter of the Agreement:

Article 1

The subject matter of the Agreement is to establish a framework of relationships between the user and the Drug Prevention, Evaluation and Counselling Centre, following the inclusion of the user in the integrated care circuit.

2. Rights and obligations:

Article 2

The user has the following rights:

a) right to information on the various existing services and resources;

b) right to information on the therapeutic process that he/she is undergoing, in any of its phases;

c) right to assistance within the care network, appropriate for the customized plan, and the right to inclusion on the waiting list if one of the selected services is unavailable for that moment;

d) right to choose one of the various recommendations proposed by the case manager, based on the evaluation and information about its results, or the right to refuse, which is the equivalent of the deliberate expressed consent to leave the programme;

e) right to respect to his/her personality, dignity and intimacy;

f) right to confidentiality as to all the information on the treatment process, in compliance with the legal provisions regarding the protection of personal data;

g) right to the issue of a free card certifying the inclusion into the programme;

h) right to the participation of the family or of a person that he/she considers to be useful in the therapeutic process, in compliance with the regulation of the respective centre;

i) right to the voluntary interruption in any of the phases of the care programme, if the consent is expressed in full awareness. In case of the incriminated person or of the defendant, the voluntary interruption equals the failure to comply with the programme, according to the provisions of Article 19^2(6) of Law No 143/2000 concerning the prevention and fight against illicit drug trafficking and use, as subsequently amended and supplemented;

j) right to information if one of the services received within the programme is part of a research project;

k) right to information on the organization and operation regulations of the service providers that he/she accesses.

Article 3

The user has the following obligations:

a) to observe the care measures in the customized plan, attached to the Agreement;

b) to apply all the recommendations received throughout the programme;

c) to observe the provider's rules of procedure and the assistance regime thereof;

d) to undergo the required drug tests and the examinations recommended for establishing the diagnosis or necessary throughout the treatment;

e) not to mislead by refusing to provide or by replacing urine samples;

f) to participate to the care measures under the conditions provided for in the customized treatment plan;

g) to sign an informed consent stating that he/she is aware of the consequences of renouncing to assistance of his/her own free will, according to Annex 5;

h) to answer the questions that he/she is asked during the treatment and to provide in full honesty all the data and documents necessary for a better development of the therapeutic process;

i) not to manifest aggressive physical or verbal behaviour, not to hold any type of weapons, not to falsify prescriptions or any other type of document, not to use drugs within the centres where he/she is being provided with assistance, not to instigate to drug use or trafficking within the abovementioned centres, to cooperate as to ensure the proper operation of the provider and to preserve the material resources and the environment;

j) to engage in a proper use of the goods that he/she has access to within the care service;

k) to have a behaviour based on respect, tolerance, collaboration and good habitation;

l) to announce that he/she is undergoing a treatment based on opiate antagonist when requiring other medical services;

m) to announce the case manager and the service providers within the programme if he/she was prescribed medication by another doctor.

Article 4

The case manager has the rights and obligations provided for in the Regulation for implementing the provisions of Law No 143/2000 concerning the prevention and fight against illicit drug trafficking, as subsequently amended and supplemented, as well as the following duties:

a) to treat with respect the personality, dignity and intimacy of the user;

b) to inform the user with respect to the various existing services and resources;

c) to keep the information related to the treatment process confidential, in compliance with the legal provisions.

3. Duration

Article 5

The duration of the Agreement shall be adjusted depending on the duration of the care plan and shall be extended in case of its change or modification.

4. Modification and termination of the Agreement

Article 6

The Agreement shall be amended upon changing the customized care plan, by attaching an annex to it.

Article 7

The Agreement shall be terminated upon the release from the programme.

5. Penalties

Article 8

The failure to comply with the obligations included in this Agreement shall generate the change of the care programme, of the service provider or the assistance plan, and, where appropriate, the administrative, civil or criminal responsibility, subject to the Law.

Case Manager/Centre Coordinator,	User,
.....……	.....…….

SPECIFIC PROVISIONS
for the substitution with opiate agonists

(the Agreement shall be supplemented with the following provisions)

User's rights and obligations:

a) to submit, upon each administration, the ID Card, the passport and/or the electronic card;

b) to undergo the administration of the agonist in the presence of the staff;

c) to observe the schedule established for the administration of the agonist; otherwise, the medication shall not be provided to him/her;

d) to be provided with the agonist, for administration at home, if the therapeutic team considers this measure to be advisable;

e) to inform the medical service providers about his/her current opiate agonist treatment, when requiring such services;

f) to announce the case manager and the service providers in the programme if another doctor has prescribed medication to him/her;

g) to support with documents all the absences from the agonist administration or from another measure of the customized care plan;

h) not to use other psychoactive substances without medical recommendation;

i) if he/she requires the suspension of this treatment at any moment, he/she must be informed about the consequences of this decision and must be submitted to detoxification under medical supervision;

j) to sign the informed consent for the inclusion in the maintenance programme based on opiate agonists. The failure to appear for the administration of methadone, without justification, for 7 consecutive days or 10 alternative days, within a period of 30 days, may be considered as programme dropping out.

CUSTOMIZED TREATMENT PLAN

1. User data: First name/last name ..... code .....
2. Inclusion date: (signature of the Agreement) ..... Integrated care programme: .....
3. Date of starting the plan: .....
4. Presentation of the problems by areas:
No 1 (personal and drug use history, intoxication/withdrawal signs)
No 2 (medical)
No 3. (psychological/motivation)
No 4 (social/family)
No 5 (legal)

STRENGTHS WEAKNESSES

5. Purpose: .....

6. Objectives: Date on which the objectives are expected to be reached:
1. ....
2. ....
3. ....
4. ....
5. ....

Number of the objective	Date	Methods (Services)	Quantity	Frequency	Duration
1.					
2.					
3.					
4.					
5.					

ANNEX 5
to the Regulation

AGREEMENT
for release upon request, contrary to the expert's recommendation

INFORMED CONSENT

First name/last name: ..... ID Card....., residing in ....., the customized care plan .....….
Service/Provider .....
Date .....

The document herein certifies the fact that the undersigned, ..., I am abandoning the treatment on ....., on my request and contrary to the experts' recommendations .....(provider's name).... .
I have been informed about the risks generated by abandoning the treatment at the present moment. I take full responsibility for any negative consequences that might occur following the premature dropping out of the treatment.
I am aware that any subsequent requirement for readmission to ..... (name of the programme) ..... will imply the evaluation and decision of the treatment team.
By signing this document, the responsibility of the decision is mine and, thus, the multidisciplinary team/the expert ..... shall be exempted from any liability.

Signature: .....

Witness .....

Date .....

ANNEX 6
to the Regulation

INTEGRATED CARE PROGRAMMES (ITP)

Integrated care programme 1: Low intensity drug free programme

Objectives:

1. acquiring and/or maintaining the abstinence;

2. improving the family, social and occupational integration;

3. improving the psycho-emotional and behaviour problems and optimizing personal development;

4. developing or recovering social skills;

5. stimulating the participation to occupational, sports and cultural activities

Services:

1. basic and specialized medical services; vaccination;

2. maintaining the abstinence with opiate antagonists;

3. psychological counselling and/or psychotherapy services in order to develop motivation, to decrease refraction to treatment or to increase adherence to treatment;

4. psychological counselling services on pre- and post- HIV testing, hepatitis B and C testing and safe sex;

5. drug testing;

6. psychological counselling services and/or psychotherapy in order to improve the psycho-emotional and behaviour problems and to optimize personal development;

7. social assistance services;

8. legal counselling;

9. information activities, educational and vocational therapy, in order to increase autonomy and individual social value, develop responsibility and recover social skills;

10. education and training in order to acquire habitation rules, vocational training: improving knowledge, habits and professional techniques;

11. counselling in order to develop the skills for searching and finding a job;

12. education and training to obtain an educational, cultural and relational level sufficient as to raise the awareness and participate to social life, and to access community support services.

Integrated care programme 2: Drug free programme

Objectives:

1. ceasing drug use under medical supervision and maintaining the abstinence;

2. improving the family, social and occupational integration;

3. improving the psycho-emotional and behaviour problems and optimizing personal development;

4. developing or recovering social skills;

5. stimulating the participation to occupational, sports and cultural activities.

Services:

In addition to the services provided by ITP 1, the following services may be provided:

- substitution or non-substitution detoxification, within outpatient or inpatient care programmes.

Integrated care programme 3: Drug free programme for stabilization

Objectives:

1. preparing for abstinence. Biomedical, psychological, social, legal stabilization, in order to reach abstinence;

2. creating the fundamental conditions to improve the quality of life;

3. ceasing drug use under medical supervision and maintaining the abstinence;

4. improving the family, social and occupational integration;

5. stimulating the participation to occupational, sports and cultural activities.

Services:

In addition to the services provided by ITP 1, the following services may be provided:

1. specialized medical services for coexisting diseases and/or diseases caused by drug use, requiring immediate intervention;

2. specialized psychological or psychiatric services for coexisting disorders and/or disorders caused by drug use, requiring immediate intervention;

3. specialized social and legal services for coexisting conditions and/or conditions caused by drug use, requiring immediate intervention.

Integrated care programme 4: Harm reduction programme

a) Substitution programme with opiate agonists

Objectives:

1. replacing the used drug with an opiate substitute under medical supervision;

2. improving the quality of life;

3. improving the family, social and occupational integration;

4. reducing the risk of infection with HIV, hepatitis B and C, tuberculosis, STDs, etc.;

5. reducing the use of other substances.

Services:

In addition to the services provided by ITP 1(except for point 2), the following services may be provided:

1. prescription and distribution of methadone;

2. psychological counselling services, in order to practice risk free use.

b) Syringe exchange programme and/or other harm reduction measures

Objectives:

1. contacting and involving the population from outside the treatment network;

2. ensuring epidemiological supervision; lowering the rate of blood or sexually transmitted diseases (HIV, hepatitis B and C, STD, tuberculosis);

3. reducing the negative impact and consequences resulted from drug use;

4. reducing the social conflicts and the legal incidents;

5. facilitating safe injection practices;

6. facilitating the change of the route of administration, in order to lower the risk of transmitting infections by blood;

7. facilitating the stabilization and/or increasing the motivation to change, for the purpose of initiating an appropriate treatment.

Services:

In addition to the services provided by ITP 1, the following services may be provided:

1. sterile injecting equipment and syringe exchange;

2. condoms;

3. interventions in crisis situations; basic medical, psychological and social care; vaccination;

4. detecting related pathologies and facilitating the referral to specialized services;

5. information and/or psychological counselling services, for the purpose of practising safe sex and risk free use;

6. information activities related to the existing medical, psychological and social care services;

7. covering the basic needs: food, hygiene, clothing, rest.

ANNEX 7
to the Regulation

GUIDANCE CRITERIA
within an integrated treatment programme

One or several criteria listed for each area shall be necessary for the inclusion in one of the four programmes. They are guidelines for the selection of the programme appropriate for each user's profile. When the criteria are similar or opposite, the area appropriate to the case shall be taken into account and the guidance shall be made based on the accumulation of the user's particular criteria in all areas.

Integrated treatment programme 1 – Guidance criteria

Description: Minimum risk in all areas

Area 1: Personal and drug use history, intoxication signs and/or abstinence syndrome:

1. brief drug use history;

2. single drug use;

3. recent history of intravenous administration;

4. absence of drug use for the last two weeks, yet with relapse potential and requiring relapse prevention care;

5. drug use with low potential of addiction;

6. absence of withdrawal risk;

7. a medical management for drug use is not necessary;

8. detoxification is not necessary.

Area 2: Biomedical conditions and complications:

1. without chronic medical conditions;

2. the health status has not been affected by drug use;

3. existence of biomedical conditions that may be cured or that do not interfere with the recovery process;

4. there are medical conditions for which medical supervision is necessary, while daily monitoring is not.

Area 3: Psychological or psychiatric conditions and complications. Adherence/refraction to treatment. Relapse potential, continued use, other problems:

1. without psychological or psychiatric conditions and complications;

2. there are emotional and/or cognitive disorders, but they do not interfere with the recovery process;

3. no risk or low risk to oneself or others;

4. there are psychological or psychiatric conditions that may be approached efficiently in ITP 1;

5. there are psychological conditions requiring careful monitoring within inpatient care programme;

6. problem awareness and desire to undergo treatment;

7. awareness and/or motivation level, requiring structured care, of average or high intensity;

8. low relapse risk;

9. relapse potential requiring inpatient care.

Area 4: Social and family conditions:

1. supportive environment;

2. the environment is not interfering with the process of providing assistance or that of recovery;

3. the environment is not supportive, but the assistance may increase the ability to resist the urge of using drugs;

4. unsupportive environment or environment interfering with the recovery process, requiring provision of inpatient care.

Area 5: Legal situation

Integrated treatment programme 2 – Guidance criteria

Description: Minimal risk of acute severe intoxication, abstinence syndrome that may be subject to immediate medical treatment and minimal risk in the biomedical area, yet with moderate risks in any other area

Area 1: Personal and drug use history, intoxication signs and/or abstinence syndrome:

1. brief or average drug use history;

2. single drug use;

3. significant abstinence period (60 days) in the history;

4. drug use in the last two weeks;

5. recent relapse;

6. minimal risk of severe withdrawal; there are external sources for the administration of the medication and for outpatient monitoring;

7. current signs of the mild-severe abstinence syndrome, requiring medication and inpatient monitoring.

Area 2: Biomedical conditions and complications:

1. absence of medical history or stable biomedical conditions;

2. the health status is not seriously affected by drug use;

3. existence of biomedical conditions that may be cured or that do not interfere with the recovery process;

4. there are medical conditions requiring medical supervision, but not daily monitoring.

Area 3: Psychological or psychiatric conditions and complications. Adherence/refraction to treatment. Relapse potential, continued drug use, other problems:

1. there are psychological or psychiatric conditions that may be efficiently approached within ITP 2, during the detoxification;

2. there are psychological conditions requiring close monitoring within an inpatient care programme following detoxification;

3. unstable psychological conditions, requiring structured monitoring, but that do not influence detoxification;

4. absent or low risk to oneself or others;

5. there are emotional and/or cognitive disorders, that do not interfere however with the recovery process;

6. without psychological or psychiatric conditions and complications;

7. motivation increase potential, if supplementary interventions are provided;

8. history of non-compliance with outpatient detoxification programmes, requiring inpatient care;

9. problem awareness and the desire to undergo treatment;

10. care necessary in order to prevent relapses;

11. low-average relapse risk; relapse potential requiring inpatient care.

Area 4: Social and family conditions:

1. environment where the care services may increase the ability to resist the urge of using drugs;

2. unsupportive environment or interfering with the recovery process; inpatient care is necessary and the measures may provide the conditions necessary for recovery;

3. the environment is not interfering with the process of providing care or with that of recovery;

4. supportive environment, allowing the administration of the medication and the monitoring of outpatient detoxification.

Area 5: Legal situation

Integrated treatment programme 3 – Guidance criteria

Description: average-high risk of acute severe intoxication, moderate/high abstinence syndrome that may not be subject to immediate medical treatment, or moderate risk in the biomedical or psycho-emotional area, together with high risk in any other area.

Area 1: Personal and drug use history, intoxication signs and/or abstinence syndrome:

1. average or brief drug use history;

2. single drug use/polydrug use that may be stabilized;

3. history of using other drugs/medicines;

4. significant compulsive use periods;

5. moderate-severe withdrawal risk;

6. current signs of the abstinence syndrome requiring medication and monitoring following stabilization;

7. long-term drug use history allowing detoxification following stabilization.

Area 2: Biomedical conditions and complications:

1. the health status is seriously affected by drug use and it requires stabilization;

2. existence of biomedical conditions, that may be cured/stabilized before and/or during the recovery process, so as not to interfere with it;

3. there are medical conditions requiring medical supervision, but not daily monitoring;

4. medical disorders under treatment that might interfere with the detoxification medication and requiring interdisciplinary examination;

5. absence of biomedical conditions.

Area 3: Psychological or psychiatric conditions and complications.

Adherence/refraction to treatment. Relapse potential, continued drug use, other problems:

1. there are emotional and/or cognitive disorders interfering with the recovery process and requiring stabilization before detoxification;

2. there are psychological or psychiatric conditions requiring close monitoring within an inpatient care programme before detoxification;

3. psychiatric or psychological conditions requiring stabilization before detoxification;

4. there are psychological or psychiatric conditions that may be efficiently approached within ITP 3;

5. there are emotional and/or cognitive disorders, that do not interfere however with the recovery process;

6. risk to oneself or others requiring stabilization before detoxification;

7. without psychological or psychiatric conditions and complications;

8. refraction to treatment; requiring assistance to increase motivation before the admission to drug treatment;

9. low or no degree of awareness and/or motivation; requiring structured care, of average or high intensity, in order to be admitted for drug treatment;

10. history of non-compliance requiring inpatient care;

11. problem awareness and the desire to undergo treatment;

12. relapse potential requiring inpatient care;

13. relapse history at a lower intensity of the interventions;

14. requiring assistance in order to prevent relapses;

15. low relapse risk.

Area 4: Social and family conditions:

1. the environment is not supportive, but the assistance may increase the ability to resist the urge of using drugs;

2. unsupportive environment or interfering with the recovery process and requiring provision of inpatient care;

3. requiring minimal social support before adhering to treatment;

4. the environment is not interfering with the process of providing assistance or that of recovery;

5. supportive environment, allowing the administration of medication and the monitoring of outpatient detoxification.

Area 5: Legal situation

Integrated treatment programme 4 – Guidance criteria

Description: Severe risk due to intoxication/withdrawal or to biomedical or emotional/behavioural signs/symptoms

Area 1: Personal and drug use history, intoxication signs and/or abstinence syndrome:

1. above 18 years old;

2. heroin use;

3. positive tests to heroin or methadone;

4. long-term history of drug use in large quantities;

5. polydrug use;

6. intravenous opiate use in the past year;

7. risk of severe withdrawal;

8. repeated failures in drug free programmes;

9. significant periods of compulsive use;

10. multiple relapse episodes.

Area 2: Biomedical conditions and complications:

1. the health status is seriously affected by drug use and it requires maintenance;

2. there are certain biomedical conditions, but these may be cured before and/or during the recovery process and they do not interfere with the maintenance;

3. there are severe medical conditions related or unrelated to heroin use, whose stabilization require the adherence to an opiate agonist maintenance programme;

4. pregnancy in a female heroin user.

Area 3: Psychological or psychiatric conditions and complications.

Adherence/refraction to treatment. Relapse potential, continued drug use, other problems:

1. there are emotional and/or cognitive disorders interfering with the recovery process and requiring maintenance with agonists;

2. psychiatric or psychological conditions requiring adherence to a maintenance programme based on opiate agonists;

3. risk to oneself or others requiring agonist based maintenance;

4. there are important psychological or psychiatric conditions;

5. there are psychological or psychiatric conditions that may be approached within ITP 4;

6. there are emotional and/or cognitive disorders, that do not interfere however with the recovery process;

7. without psychological or psychiatric conditions and complications;

8. refraction to treatment; requiring assistance to increase motivation before and during the treatment;

9. low or no level of awareness and/or motivation; requiring structured assistance of average or high intensity;

10. history of non-compliance requiring inpatient care;

11. problem awareness and the desire to adhere to a maintenance treatment;

12. high relapse risk;

13. relapse potential requiring inpatient care;

14. relapse history at a lower intensity of the interventions.

Area 4: Social and family conditions:

1. unsupportive environment or interfering with the recovery process, requiring provision of inpatient care;

2. requiring social support;

3. the environment is not supportive, but care services may increase the ability to resist the urge of using drugs;

4. the environment is not interfering with the process of providing assistance or that of recovery;

5. supportive environment allowing the administration of the medication and the monitoring of outpatient maintenance.

Area 5: Legal situation

ANNEX 8
to the Regulation

EMERGENCY MEDICAL RECORD
for drug use

1. Number of the emergency medical record
2. Hospital identification number
3. Date of admission in the emergency room
4. Code
5. Sex
    1. Male
    2. Female
    3. Not identified
6. Date of birth
7. Place of birth
    1. Born in Romania
    2. Born in another country

8. Nationality
9. Ethnicity
10. County of residence
11. Municipality of residence
12. Patient's legal situation
    1. Inmate
    2. Not an inmate or there are no references as to the legal situation
    3. N/A
13. Emergency diagnosis
    13a)
    13b)
    13c)
14. Name of the drugs mentioned in the medical record
    14a)
    14b)
    14c)
    14d)
    14e)
    14f)
15. Route of administration
    1. Oral
    2. Inhalation
    3. Intranasal
    4. Parenteral
    5. Intravenous
    6. Others
    7. N/A
16. Evidence of the direct relation between drug use and the emergency mentioned by the doctor
    1. Yes
    2. No
17. Name of the drugs that the doctor has connected to the emergency in the medical record
    17a)
    17b)
    17c)
    17d)

ANNEX 9a)
to the Regulation

INDIVIDUAL MEDICAL RECORD
related to the admission to treatment for drug use

1. Number of the medical record
2. Date of admission to treatment
3. Release date
4. Centre identification number
5. Code
6. Sex
    1. Male
    2. Female
    9. Not identified

7. Date of birth
8. Place of birth
    8a) Born in Romania: county
    8b) Born in another country
9. Nationality
10. Ethnicity
11. County of residence
12. Municipality of residence
13. Contract type
    1. New patient
    2. Old patient
    9. Not specified
14. Undergoing treatment within another unit
    1. Yes
    2. No
    9. Not specified
15. The main drug that he/she is undergoing treatment for
16. Frequency of the main drug use in the last 30 days prior to the admission to treatment
    1. Every day
    2. 4-6 days/week
    3. 2-3 days/week
    4. One day/week
    5. Less than one day/week
    6. Hasn't been using
    9. N/A
17. Year when the drug use started
18. Prior treatment for the same drug that he/she is to be treated at the present time
    1. Yes
    2. No
    9. N/A
19. The most frequent route of administration of the main drug in the last 30 days of drug use
    1. Oral
    2. Inhalation (gas or vapours)
    3. Intranasal
    4. Parenteral
    5. Intravenous
    6. Others
    7. Smoking
    9. N/A
20. Other drugs used in the last 30 days prior to the admission to treatment
    20a)
    20b)
    20c)
    20d)
21. The period of time since the last injection with any type of drug
    01. Less than an hour
    02. Less than 12 hours
    03. Les than 24 hours
    04. Last week
    05. Last month
    06. Last 3 months
    07. Last 6 months

08. Last year
09. Last 2 years
10. More than two years
11. Never injected
99. N/A

22. HIV, HB, HC condition
    1. Yes
    2. No
    9. Not specified
    22a) HIV tested
    22b) HIV positive
    22c) HB tested
    22d) HB positive
    22e) HC tested
    22f) HC positive
23. Somatic pathology directly related to drug use
    1. Hepatitis B
    2. Hepatitis C
    3. HIV/AIDS
    4. Syphilis
    5. Others
24. Psychiatric pathology related to drug use
    1. Schizophrenia
    2. Affective disorder
    3. Antisocial personality disorder
    4. Borderline personality disorder
    5. Polymorphic personality disorder
    6. Emotionally unstable personality disorder
    7. Schizophrenia and other psychotic disorders
    8. Other types of personality disorders
    9. Others
    10. No
25. Health insurance
    1. Yes
    2. No
26. The main professional status at the moment of the admission to treatment
    01. Open-ended contract or freelancer (even if on vacation)
    02. Fixed-term contract (even if on vacation)
    03. Working for the family without being paid a wage
    04. Unemployed; has never worked before
    05. Unemployed; has worked before
    06. Permanently disabled person; pensioner
    07. Pupil
    08. Student or person included in other types of initial or continuing training
    09. Performing exclusively household activities
    10. No occupation
    11. Other situation
    99. N/A
27. Maximum level of completed studies
    01. Cannot read or write
    02. Incomplete elementary school
    03. Fully completed elementary school

04. Lower secondary school
05. High school
06. Vocational school
07. Short-term university studies
08. University studies
09. Others
99. N/A

28. Age when leaving school
29. Sent by
    01. Another treatment service for drug addiction
    02. Family doctor, primary medical care system
    03. Hospital or other health services
    04. Social services
    05. Penitentiary, detention centre for underage persons
    06. Legal services
    07. Company or employer
    08. Family or friends
    09. Own initiative
    10. Others
    99. N/A
30. Who he/she has been living with for the last 30 days before the admission to treatment
    01. Alone
    02. With the life partner
    03. Just with the children
    04. With the life partner and children
    05. With the parents or family of origin
    06. With friends
    07. With other users
    08. Others
    9. N/A
31. Where he/she has been living for the last 30 days before the admission to treatment
    01. House, apartment
    02. Penitentiary, detention centre for underage persons
    03. Other institutions
    04. Boarding houses, hotels, chalets
    05. Unstable/precarious residence
    06. Other locations
    9. N/A
32. Applied treatment
    01. Detoxification
    02. No medication
    03. Counselling, support
    04. Referral to another centre
    05. Treatment not started
    06. Substitution
    9. N/A
33. Solution of the case
    01. Voluntary release
    02. Undergoing RTS treatment
    03. Undergoing day-care treatment
    04. Release upon request
    05. Exclusion from the programme

06. Release

ANNEX 9b)
to the Regulation

Town .....
County .....
Unit ..... unit code .....
Number of medical record .....

REGISTERED CASES
of HVC/HVB among injecting drug users

Patient code .....
Date of admission .....
Date of release .....
Sex:
Female
Male
Date of birth .....
Diagnosis upon admission:
HVB
HVC
Both
Case type:
Acute
Chronic
Both
Means of contamination:
Blood
Sexual
Vertical
N/A
Diagnosis also confirmed by laboratory tests:
YES ..... for HVC-RNA
YES..... Hbe Ag
YES..... both
NO
Use of injecting drugs:
Ever
Regularly (in the last 12 months) No
Form filled in by .....

ANNEX 9c)
to the Regulation

Town .....
County .....
Unit ..... unit code .....
Number of medical record .....

PREVALENCE
of HIV, HVB/HVC infections among injecting drug users

Patient code .....
Date of admission .....
Date of release .....
Sex:
Female
Male
Date of birth .....
Use of injecting drugs:
Ever
Regularly (in the last 12 months)
N/A
Injected drug type:
Heroin
Other opiates (except for heroin) ..... to be specified
Non opiates (to be specified) .....
For how long he/she has been injecting him/herself:
More than 2 years
Less than 2 years
I don't know/N/A
The test was carried out:
With the person's consent
Without the person's consent
Tested for:
HBs Ag
Anti-HBs
Anti-HBc
Ac HVC
Ac HIV
Positive for:
HBs Ag
Anti-HBs
Anti-HBc
Ac HVC
Ac HIV
Confirmed for:
HVB
HVC
HIV
Tested product:
Saliva
Blood Urine
Others (to be specified) .....
Testing date .....
Form filled in by .....

ANNEX 9d)
to the Regulation

FORM

for the individual registration of death following the acute reaction to psychoactive substances (death by ARPS)

1. First name and last name of the deceased
2. Identity card of the deceased
3. Number of the forensic report or of the autopsy
4. Number of the toxicological chart
5. Registration number
6. Institution where the data is to be collected
7. Court forwarding the case:
    7.a) County
    7.b) Municipality
8. Town where the death has occurred
9. Municipality where the death has occurred
10. Date of death
11. Code
12. Sex
13. Date of birth
14. Age
15. Place of birth:
    15.a) Born in Romania
    15.b) Born in another country
16. Nationality
17. Town of residence
18. Municipality/county of residence
19. Marital status (1. single; 2. married; 3. separated/divorced; 4. widower/widow)
20. Place of origin of the body (1. residence; 2. hotel/boarding house; 3. street; 4. public establishment; 5. hospital; 6. penitentiary; 7. other)
21. Fulfilled clinical criteria related to death by acute reaction due to drug use:
    21.a) Evidence of recent drug use
    1. Yes 2. No

    - Documented clinical evidence of acute pathology due to drug use, immediately before death

    - Physical signs of recent (intravenous) administration of psychoactive substances or presence of psychoactive substances in the oral cavity, nasal cavities, stomach, etc.

    - Presence of psychoactive substances or equipments (syringes, aluminium foil, pill recipients, etc.) at the death scene

    - History of recent use, mentioned by the family, friends or acquaintances, or by the forensic physician in previous forensic expertise

    21.b) Autopsy signs compatible with death by acute reaction to drugs (ARD)
    1. Yes 2. No
    21.c) Forensic diagnosis of death by ARD
    1. Yes 2. No
22. Evidence of suicide
    1. Yes 2. No
23. Recent signs of IV injection (less than a week before death)
    1. Yes 2. No

24. Death whose fundamental cause is a previous pathology, worsened by drug use
    1. Yes 2. No
25. Anti-HIV antibodies 1. Positive 2. Negative
26. Psychoactive substances or metabolites detected by toxicological tests:
    26.a) Psychoactive substances or metabolites detected by toxicological tests
    26.b) Type of the biological sample (0. hair; 1. blood; 2. urine; 3. bile; 4. gastric; 5. cerebrospinal fluid (CSF); 6. viscera; 7. vitreous humour; 8. others; 9. N/A)
    26.c) Quantitative result (in micrograms/ml, except for alcohol in grams/litre)

Name of the institution carrying out the respective toxicological tests

Name of the drugs used immediately before death

ANNEX 10
to the Regulation

ROMANIAN COAT OF ARMS	The holder of this card has access to medical care, psychological and social services, according to the legal provisions into force. The card is not transferable	LOGO