



Republic of Moldova

DRUG SITUATION AND POLICY

by **Ala Iatco and Robert Teltzrow**

November 2013



COUNCIL OF EUROPE



Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs



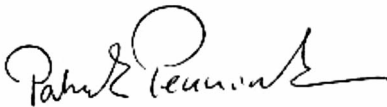
Preface

The Pompidou Group is publishing a new series of 'country profiles' with the objective of describing the drug situation and policy of its member states and states cooperating in its network in the Mediterranean countries, South-East Europe and the Eastern European region. This series of overviews aims to guide policy-makers in implementing national drug strategies and setting up National Drug Observatories.

This country profile examines the state of affairs and policy concerning drugs in the Republic of Moldova, a member state of the Pompidou Group. It starts with a description of the general geographical and socio-demographic situations and presents statistics that show the scope of the drug problem in the country, including prevalence data, types of drugs consumed, public health concerns (such as HIV or Hepatitis), and the situation in special settings such as prisons. Subsequently, the country profile looks at the legal constitution of the country, its history and current developments in the fields of drug legislation, prosecution, and judicial practice, as well as the legal framework of international agreements such as UN drug control treaties. With this given background, national drug strategies are analysed in the context of political and administrative structures, roles and influence of stakeholders, financial resources, and other public policies. The country profile also summarises prevention and treatment services and harm reduction intervention in Moldova. In the final chapter, areas needing special attention for further analysis and research are listed.

Moldova sets a positive example in the field of addiction treatment and harm reduction. The government has launched a programme that includes the detection of HIV infection, monitoring of HIV cases, needle and syringe exchange programmes and opiate substitution treatment (OST) in the community and also in prisons. Medically assisted addiction treatment, such as substitution treatment with methadone (OST) is part of the National Action Plan for 2011-2015 and has been implemented in the Republic of Moldova since 2004 in the civil sector and since 2005 in prisons. Nevertheless, the prevalence of drug use in the general population and the rate of new infections with blood-borne diseases are increasing. Intravenous drug use is widespread, while preventive measures offered by the government are largely confined to a limited number of sites, underfunded and not conducted on a scale commensurate with the target group's requirements.

In 2010, the Pompidou Group began its collaboration with the Republic of Moldova with the implementation of the project 'Treatment and Harm Reduction in Prisons' (2010-2011), intensified its work with the 'Project Preventing Drug Trafficking and Abuse in Prisons' (2012-2013), and continues today with the follow-up project 'Supporting Drug Treatment Systems in Prisons' (2013-2015). All three projects were financed by Luxembourg. The objective of the projects was to support the Republic of Moldova in improving health care and human rights in prisons. The Republic of Moldova joined the Pompidou Group on 12 June 2012.

A handwritten signature in black ink, appearing to read 'Patrick Penninckx', with a stylized flourish at the end.

Mr Patrick PENNINCKX

Executive Secretary of the Pompidou Group

Contents

Preface	3
Contents	5
The Republic of Moldova	7
Country overview	7
General drug situation	9
Drug use	9
Drug Trafficking	13
Drug use in prisons	14
Law Enforcement and legislation	15
National Drug Strategy	20
National Anti-drug Strategy for 2011-2018	20
Institutional Framework	22
Treatment profile	25
Detoxification	25
Rehabilitation	26
Opiate Substitution Treatment	26
Overdoses associated with injectable drug use	29
Drug treatment provided to drug users detained in prisons	30
Risk and Harm Reduction	31
Suggestions for the future	34
Conclusion	35
Bibliography	37



Geographical position of the Republic of Moldova.

The Republic of Moldova

Country overview

The Republic of Moldova is located in South-East Europe. The north, south and east of the country borders Ukraine and the west borders Romania (Figure 1). The Republic of Moldova gained independence on 27 August 1991, prior to which the country was part of the Soviet Union. The Republic of Moldova is a Parliamentary Republic; the President is elected by the Parliament for a four-year term.

The country's total border length is 1,389 km, of which 450 km is shared with Romania and 939 km is shared with Ukraine. Moldova's total surface area is 33,843 km², of which 472 km² is covered by water, especially the Danube and Nistru Rivers, the Prut and Raut Rivers and the Beleu, Bic and Dracele lakes. Although the Republic of Moldova is a landlocked country, Giurgiulesti Port on the Danube ensures access to shipping services. Following the (currently frozen) political conflict of the early 1990s, the territory on the left bank of the Nistru River, named Transnistria, is not fully controlled by the Government of the Republic of Moldova.

According to data provided by the National Bureau of Statistics, for the right bank, the country urban population amounts to 1,481,700, or 41.6% of the total population, and the rural population amounts to 2,078,700, or 58.4%. The population breakdown by gender is 51.9% female and 48.1% male. The majority of the population (93.3%) identify themselves as Orthodox Christians. The country's largest cities located on the right bank of the Nistru River are the capital city, Chisinau (population 789,500), and the city of Balti (148,900). The Transnistria population totals 555,000 and Tiraspol is its largest city (135,700).

**Table 1. Socio-economic situation of the Republic of Moldova
(the right bank of the Nistru River), 2011.**

	Indicator	Source
Population, thousand inhabitants	3 560.4	National Bureau of Statistics ¹
GDP per capita in PPP (purchasing power parity)	3 082 USD	National Bureau of Statistics ²
Income per household or consumption by the percentage share	Lowest 10%: 2.3% Highest 10%: 27.8%	National Bureau of Statistics ³
Unemployment rate as a percentage of the labour force	7.4	National Bureau of Statistics ⁴
Population living below the poverty threshold/line	21.9	National Bureau of Statistics ⁵
Prison population rates (per 100,000 of population)	181.3	Ministry of Justice ⁶

¹ <http://statbank.statistica.md/pxweb/Database/RO/02%20POP/POP01/POP01.asp>

² <http://statbank.statistica.md/pxweb/Database/RO/04%20NIV/NIV05/NIV05.asp>

³ <http://statbank.statistica.md/pxweb/Database/RO/04%20NIV/NIV05/NIV05.asp>

⁴ <http://statbank.statistica.md/pxweb/Database/RO/03%20MUN/MUN02/MUN02.asp>

⁵ <http://statbank.statistica.md/pxweb/Database/RO/04%20NIV/NIV05/NIV05.asp>

⁶ <http://www.penitenciar.gov.md/ro/Statistic.html>

General drug situation

Drug use

At the end of 2012, the database of the public health care facility (PHF) 'The Republican Drug Dispensary' comprised formal records on 9,652 drug users or 271.1 per 100,000 of the population (the right bank of the Nistru River)⁷. Due to the frozen conflict on the Nistru River, the data on newly registered cases and updates on the registered cases in Transnistria are not keyed in the database of the PHF 'The Republican Drug Dispensary'. As a result, the analysis of the presented data refers only to the right bank of the Nistru River.

The Republican Drug Dispensary

Drug use data collection

The data collection system on the formally registered drug users is managed by the public health care facility (PHF) 'The Republican Drug Dispensary' of the Ministry of Health, which enters all the newly officially registered cases into the database and ensures its maintenance. A drug use case is considered to be registered when the notification card/fiche is filled in and conveyed to the PHF 'The Republican Drug Dispensary', where the information is keyed in the database. The main sources for detecting new cases of drug use are the police (which require the drug service to conduct the medical expert review of people arrested) and health care facilities (in case of voluntary request of treatment or accidental detection during prophylactic examinations). Since the individuals who benefit from anonymous treatment are not recorded in the database of the PHF 'The Republican Drug Dispensary', their statistics do not include such patients.

⁷ *The Republican Drug Dispensary. Unpublished report.*

In 2012, the number of new cases of drug use registered in the database for the right bank of the Nistru River was 819, or 23.0 per 100,000 of population (Table 2).

Table 2. Incidence and prevalence of drug use in the Republic of Moldova ⁸

	2007	2008	2009	2010	2011	2012
Incidence (abs.)	1 021	1 116	1 333	1 304	1 062	819
Per 100,000 of population	28.5	31.2	37.4	36.6	29.8	23.0
Prevalence (abs.)	7 747	8 251	8 802	9 096	9 449	9 652
Per 100,000 of population	216.6	230.7	246.9	255.4	265.4	271.1

Table 3. Characteristics of the new drug use cases in the Republic of Moldova (the right bank of the Nistru River), 2012 ⁹

	Non-addictive drug use	Addictive drug use
Average age at the time of registration	24.9 years old	27.5 years old
Most used drug at the time of registration	Cannabis – 81.3%	Opiate group – 75.4%
Administration route at the time of registration	Smoking – 92.5%	Injecting – 89.8%
Breakdown by gender	Male – 96.6%	Male – 95.7%

Concerning the number of injecting drug users (IDUs) recorded annually in the database of the Republican Drug Dispensary (RDD) for the right bank of the Nistru River, the following figures have been displayed:

⁸ The Republican Drug Dispensary. Unpublished report.

⁹ The Republican Drug Dispensary. Unpublished report.

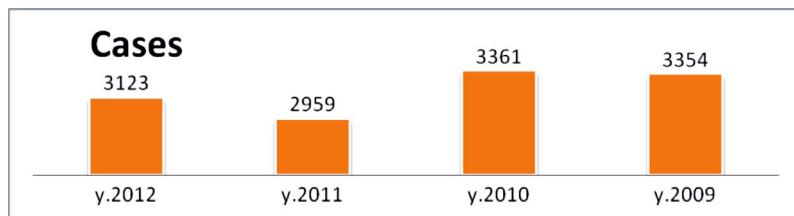


Figure 1. Number of IDUs on the right bank of the Nistru River recorded in the RDD database, 2009-2012.

It is important to note that the estimates are much higher than the official data, which indicate a number of about 3,000 injecting drug users in Moldova.

According to the estimates made in 2011 based on several methods, including the network scale-up and multiplier methods, the number of injecting drug users in the country constituted 31,500 people for both banks of the Nistru River:¹⁰

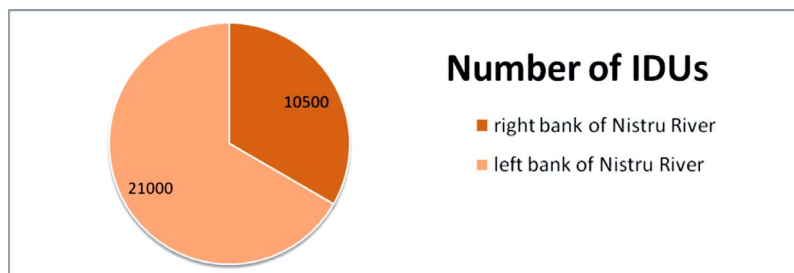


Figure 2. Estimated number of IDUs in the country, 2011.

The number of opioid users (injecting and non-injecting) is estimated at around 17,000 people on the right bank of the Nistru River and 7,000 people on the left bank.¹¹

¹⁰ Ministry of Health of the Republic of Moldova, National Drug Observatory of the National Centre for Health Management. *Narcotic drug use and illicit trafficking in the Republic of Moldova in 2010. Annual Report. Chisinau 2011.*

¹¹ Ministry of Health of the Republic of Moldova, National Drug Observatory of the National Centre for Health Management. *Narcotic drug use and illicit trafficking in the Republic of Moldova in 2010. Annual Report. Chisinau 2011.*

According to the latest survey of the National Drug Observatory ¹² conducted in 2010 regarding drug use practices in the general population, cannabis is the most commonly used narcotic drug. Thus, 3.8% of the population of the Republic of Moldova from the right bank of the Nistru River aged 15-64 years old have ever used marijuana/hashish and 0.7% have used it during the last year. Only 0.3% of respondents used marijuana/hashish during the last month. The prevalence of lifetime cannabis use is nine times higher among the male respondents (7.3%) relative to the female respondents (0.8%). The survey conducted among young people aged 15-24 (ESPAD) in 2010 showed the highest prevalence of lifetime drug use recorded for marijuana and hashish (4.9%), followed by ecstasy (1.2%). The European School Survey Project on Alcohol and other Drugs (ESPAD) survey results (conducted for the first time in Moldova in 2008) among schoolchildren aged 16 years old from the schools located on the right bank of the Nistru River show that the prevalence of lifetime cannabis use is 4.8% ¹³. All the aforementioned surveys stated much lower values for the prevalence of using other illegal narcotic drugs.

The integrated bio-behavioural surveys conducted among the injecting drug users (IDUs) in 2009 and 2012 revealed that the most commonly injected drug is the extract of opium ('shirka'), heroin and homemade or procured methamphetamines ('tina') (Table 4).

Table 4. Types of consumed injectable drugs ¹⁴:

	Drugs	2009 (%)	2012 (%)
Chisinau	Methamphetamine (tina)	15,3	49,1
	Heroin	8,9	25,7
	Poppy (shirka)	69,2	20,4
Balti	Heroin	4,3	28,4
	Poppy (shirka)	92,2	68,4
Tiraspol	Amphetamine	-	16,2
	Crocodil (desomorphin)	-	25,3
	Poppy (shirka)	87,6	37,0
Rîbnita	Poppy (shirka)	-	69,8
	Heroin	-	30,2

Marijuana and cannabis recorded the highest rate of use of non-injectable drugs. Also, the survey showed the HIV prevalence among injecting drug users in Balti Municipality (41.8%), in Chisinau (8.5%), and in Tiraspol (23.3%)¹⁵. 980 HIV tests were carried out amongst the drug users in 2012¹⁶. The actual number of drug-injecting individuals tested for HIV during the corresponding year could be larger since not all the cases are tested following standard procedures.

Drug Trafficking

1 526 drug trafficking offences were recorded on the right bank of the Nistru River in 2012, showing a decline in comparison with 2009 (1,862 offences)¹⁷. The breakdown by gender of the people subject to criminal investigation for drug trafficking during the last two years shows a reduction in the proportion of females and an increase in the proportion of males. As for the breakdown by age for the people involved in drug trafficking offences, the group of individuals aged 30 and older holds the highest proportion of drug trafficking infringements over time.

According to the information provided by the Ministry of Internal Affairs, the demand for narcotic drugs is covered by the local production of opium poppy and hemp plants, which is concentrated principally in the northern and northeastern regions of the country. Cultivation of plants with narcotic content is a source of income for the local population, in particular, for the rural population from this region.¹⁸

Due to the small area of the country, transportation of narcotic drugs is not expensive. It facilitates domestic distribution, which meets the demand for illegal narcotic drugs. According to the available data, locally produced narcotic drugs are used primarily to satisfy local needs; only a part is exported illegally to some regional countries (mainly

¹² Ministry of Health of the Republic of Moldova, National Drug Observatory of the National Centre for Health Management. Narcotic drug use and illicit trafficking in the Republic of Moldova in 2010. Annual Report. Chisinau 2011.

¹³ http://www.observator.mednet.md/documente/pub_nationale/Raport_anual_2011_OND.pdf

¹⁴ Tatiana Cotelnic, National Centre of Health Management

¹⁵ Shulga L. Iațco A, Evaluation of Harm Reduction Programmes implemented in the Republic of Moldova, 2013

¹⁶ Shulga L. Iațco A, Evaluation of Harm Reduction Programmes implemented in the Republic of Moldova, 2013, page 26

¹⁷ Ministry of Internal Affairs , 2012

¹⁸ Ministry of Internal Affairs , 2012

to Ukraine and the Russian Federation).¹⁹ Synthetic narcotic drugs, such as ecstasy, are imported from the EU Member States. The Republic of Moldova is ranked as one of the poorest countries in the region, this being the frequently cited explanation why imports of expensive narcotic drugs (such as heroin and cocaine) are seldom detected. Except for transit captures, such drugs are normally only seized in small amounts.²⁰ A decline in the seized quantity of poppy straws and extract of opium was recorded in 2012 on the right bank of the Nistru River. Overall, a downward trend has been noticed in the quantity of locally manufactured narcotic drugs seized. The volume of imported narcotic drugs, such as heroin and cocaine, increased significantly.²¹

Drug use in prisons

The health care service of the Department of Penitentiary Institutions (DPI) from the right bank of the Nistru River supervises the prisoners convicted for drug-related offences and the prisoners who were identified as drug users based on medical examinations while serving their sentences/terms in prison. In order to identify the drug users during their sentence, the Written Order No. 134 of the Department of Penitentiary Institutions (DPI) on the Conditions for Carrying out the Medical Expertise to Detect the Intoxication Level was approved on 2 September 2004. The Order comprised the criteria for clinical and paraclinical assessment of the intoxication level, including drug intoxication. The suspected prisoner is subject to medical examination upon the request of the safety, regime and surveillance service representatives submitted to the prison health care unit.²² Due to the lack of paraclinical tests to detect the drugs in bio-liquids, the ascertainment of drug intoxication is performed on the basis of clinical signs; therefore, it is difficult to get an objective assessment of the situation and apply the sanctions.

The number of officially registered drug using prisoners in the Republic of Moldova (the right bank of the Nistru River) is 411 individuals (6.3 % of the total number of prisoners)²³ in 2012. There are currently no estimates on the actual number of drug-using prisoners, which is probably much higher than the official number.

¹⁹ Ministry of Health of the Republic of Moldova, National Drug Observatory of the National Centre for Health Management. *Narcotic drug use and illicit trafficking in the Republic of Moldova in 2010. Annual Report. Chisinau 2011.*

²⁰ Ministry of Internal Affairs, 2009

²¹ Ministry of Internal Affairs, 2012

²² Ministry of Justice, 2004.

²³ Ministry of Justice 2011, Department of Penitentiary Institutions, Healthcare Unit.

Law Enforcement and legislation

It has been reported that since 1986 the spread of drug addiction in the Republic of Moldova has become epidemic in nature. However, the first anti-drug Law (No.382-XIV on the circulation of narcotic drugs, psychotropic substances, and precursors) was adopted only on 6 May 1999. Until then the two pieces of legislation used as reference included the Decree of the Supreme Council of the Republic on fighting drunkenness (1961) and the Government Decision No. 211 dated 9 June 1972 on additional measures to combat drunkenness and alcoholism.²⁴

So far, Law No.382-XIV dated 6 May 1999 On the Circulation of Narcotic Drugs, Psychotropic Substances, and Precursors is the only legislative act promoting state policy in the area of narcotic drugs. It aims at upholding the state policy relating to the narcotic drug circulation issue, as well as to the circulation of psychotropic substances and precursors, protecting human health, ensuring social and state security. According to the amendments proposed in 2011, this Law sets the institutional framework through the creation of the National Anti-drug Committee and its competences.²⁵

The Law On Controlling and Preventing Alcohol Abuse and the Use of Illegal Drugs and Other Psychotropic Substances (No.713-XV) was adopted on 6 December 2001. The Law outlines state policy on the control and prevention of alcohol abuse, consumption of illegal narcotic drugs and other psychotropic substances, curbing and eliminating such consumption, education of the population in the spirit of healthy lifestyle and abstinence, and removing the consequences of physical and/or psychological dependence on them.²⁶

²⁴ <http://www.imsdpm.md/ro/index.php?sec=4&p=legi>

²⁵ <http://lex.justice.md/md/334547/>

²⁶ <http://lex.justice.md/md/330607/>

In order to improve the legal framework on prevention measures, the Parliament adopted amendments to the aforementioned law in December 2008. Those amendments improved the terminology used by the law with the aim to avoid gaps and eliminate erroneous interpretations. Hence, the law stipulates that the consumption of narcotic drugs with no medical prescription is to be determined based on medical examination outcomes and on testing the biological liquids. Other amendments relate to the procedure of rendering healthcare services (healthcare professionals in charge, rules to be complied with, the appealing procedure, dispute resolution, etc.) and the narcological healthcare (types, professionals in charge, cases when such emerges, cessation of narcological healthcare, etc.).

Other Drug Laws

- Law No.23-XVI dated 16.02.2007 on HIV/AIDS prophylaxis;
- Government Decision No.886dated 6.08.2007 on the approval of the National Health Policy;
- Government Decision No.1143 dated 16.12.2010 on the approval of the National Programme for HIV/AIDS and STIs Prevention and Control for 2011-2015;
- Government Decision No.1208 dated 27.12.2010 on the approval of the National Anti-drug Strategy for 2011-2018 and the National Anti-drug Action Plan for 2011-2013;
- Written Order of the Ministry of Health No.283 dated 12.07.2007 on improving the types and ways of using the substitutive therapy in narcotic drug addiction patients;
- Contravention Code of the Republic of Moldova;
- Criminal Code of the Republic of Moldova;
- List of narcotic and psychotropic substances and plants that contain such substances, tracked in illicit trafficking and their quantities.

In the Contravention Code²⁷ contexts, the new approaches introduced in the latest version approved in 2008 relate to the legal entity accountability and the use of

²⁷ <http://lex.justice.md/md/330333/>

unpaid community work as sanctions for drug-related administrative contraventions. Pursuant to the provisions of the aforementioned Law: Article (85), personal use is treated as an administrative contravention, not as an offence. Thus, illegally procured or kept narcotic substances and other psychotropic substances in small amounts and consumed without a doctor's prescription, with no intention to distribute such substances, shall be sanctioned by a fine of 3 to 10 conventional units or with unpaid community service of up to 40 hours. At the same time, liability shall be eliminated for acts stipulated in this article for an individual who voluntarily turns in narcotic substances or other psychotropic substances illegally held, or who voluntarily goes or wishes to go to a health care facility to get the necessary assistance in connection with illegal consumption of narcotic substances and/or psychotropic substances. Article (86) of the Contravention Code comprises provisions on sanctioning the individuals in charge by a fine of 70 to 150 conventional units and the legal entities by a fine of 200 to 300 conventional units for the failure to adopt measures, stipulated in the legislation to ensure the established regime of protection for the crops of opium poppies, hemp, coca bushes and other plants and of places for storing and processing the harvest of such crops; for the failure to adopt measures to destroy the residues left after harvesting and the production waste containing narcotic substances or other psychotropic substances.²⁸ The illegal cultivation of plants containing narcotic substances, even in small amounts, without the intention to distribute them, shall be sanctioned by a fine of 30 to 50 conventional units for individuals, and by a fine of 100 to 300 conventional units for individuals holding responsible positions, and by a fine of 300 to 400 conventional units applied to legal entities, with or without revoking, in all cases, the right to carry out certain activities for a period of six months to one year.

The Criminal Code of the Republic of Moldova²⁹ includes a separate chapter titled 'Crimes against public health and social life' comprising articles covering the punishment by fines, unpaid community work, imprisonment, and imprisonment with the revocation of holding certain functions or to carry out certain activities for a term established by courts.

Due to potential threats posed to society, personal and public health, the drug-dependent persons who committed offences may be referred to compulsory detoxification based on a court decision. Concerning the Criminal Code provisions,

²⁸ In Moldova some crops such as opium poppies are used in food production. The law regulates the legal production of otherwise illegal drugs.

²⁹ <http://lex.justice.md/index.php?action=view&view=doc&id=331268>

essential amendments to the norms regulating the punishments for drug-related offences were developed in 2008 and 2009. Thus, imprisonment was abolished and (or) the punishment through unpaid community work was promoted. This was significant progress, since the new provisions match international norms in terms of humanisation of criminal offences, promotion of alternative punishments to imprisonment, and making relevant adjustments to national criminal law. This statement was made based on the expert's opinion conducted by independent experts.³⁰

The List of narcotic and psychotropic substances and plants containing such substances detected in illegal trafficking, as well as their quantities³¹ defines the small, large and extremely large quantities for each narcotic and psychotropic substance and plant containing such substances. The illegal actions/inactions with small quantities of narcotic and psychotropic substances and plants containing such substances are subject to liability as per the Contravention Code. The same actions/inactions with large and extremely large quantities are subject to liability as per the Criminal Code. This list is subject to continuous amendments and addenda, comprising new titles and revised quantities. The list with the amendments and addenda operated in 2010 displays the following amendments in quantities relative to 2004 (Table 5).

Table 5. Comparison of large quantities of narcotic drugs stipulated in tables and the lists of narcotic and psychotropic substances and precursors subject to inspection, 2004 and 2010, in the Republic of Moldova (the right bank of the Nistru River).³²

Title	Large quantities 2004	Large quantities 2010
Heroin	0.01-1 g	0.01-2.5 g
Opium (raw opium)	0.1-1 g	0.1-25 g
Cocaine	0.15-1.5 g	0.15-5 g
LSD	0.0003-0.003	2-10 doses
Poppy plants	51-150 plants	151-500 plants
Hemp plants	3-30 plants	6-50 plants

³⁰ <http://lex.justice.md/md/330333/>

³¹ <http://lex.justice.md/md/330333/>

³² <http://lex.justice.md/md/330333/>

The list is derived from the Tables and lists of narcotic and psychotropic substances and precursors subject to inspection of the UN Convention on Narcotic Drugs, and is approved by the Moldovan Government.³³ The list is used by law enforcement bodies when assigning a drug-related action/inaction related to the offence category or to administrative contravention depending on the identified quantity of substances subject to inspection.

In the context of applying these legal provisions, a drug user who is not involved in the manufacturing or dissemination of narcotic substances fairly frequently becomes the victim of erroneous assignment of drug-related action as offence or administrative contravention due to the identified quantity of substances subject to inspection. Often the quantity of drugs for personal use exceeds the small quantity stated by the List of narcotic and psychotropic substances and precursors detected in illicit trafficking, and their quantity, and the individual in question is punished as per the provision of the Criminal Code rather than of the Contravention Code. In this particular situation, not only the drug quantity is of great importance, but also the drug concentration in the substance possessed. From this standpoint, the drug user, punished as an offender, is subject to an erroneous treatment, although apparently in line with the legislation in force. This situation creates premises for inappropriate use of the legislation by law enforcement officers. Concurrently, the options available for the drug users in terms of servicing the term as a voluntary treatment are limited.³⁴

³³ *Government of the Republic of Moldova, 2004.*

³⁴ *Union for HIV prevention and Harm Reduction, Moldova 2013. Unpublished report.*

National Drug Strategy

National Anti-drug Strategy for 2011-2018³⁵

In order to implement Law No. 382-XIV dated 6 May 1999 On the Circulation of Narcotic Drugs, Psychotropic Substances, and Precursors and to fulfil the commitments assumed by the Republic of Moldova with respect to combating drug addiction and drug trafficking, the Government approved (by its Decision No. 1208 dated 27.12.2010) the National Anti-drug strategy for 2011-2018³⁶ and the National Action Plan for 2011-2013, which is an integral part of the strategy. As a key document of the Government, the Strategy describes the current situation in the field, defines the objectives and the necessary actions and measures and determines clear duties for all the actors involved in activities aimed at preventing and suppressing any illegal drug use and/or trafficking. This document defines the initial points and ways to follow in addressing the drug use issue, and also the basic framework recommended for the development and implementation of the drug policy. The Strategy has been developed in compliance with the EU Drug Strategy, based on the Single Convention on Narcotic Drugs adopted in New York on 30 March 1961 and amended by the Protocol amending the Single Convention on Narcotic Drugs adopted at Geneva on 25 March 1972, Convention on Psychotropic Substances, adopted at Vienna on 21 February 1971, Convention Against the Illicit traffic in narcotic drugs and psychotropic substances, adopted at Vienna on 20 December 1988, Political Declaration on the Guiding Principles of Drug Demand Reduction, adopted by the UN General Assembly at its Special Session on Drugs held in 1988, considered as the major legal tools in tackling drug issues.

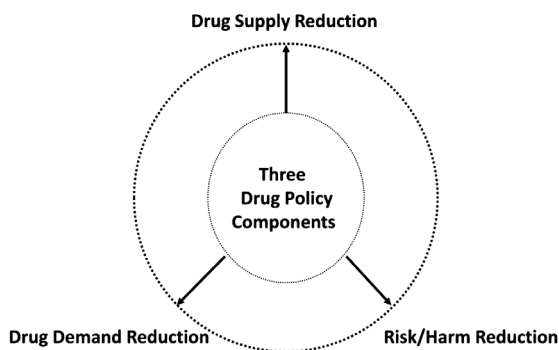
In addressing the drug issue, the Republic of Moldova relies on the WHO Concept titled 'Health for All in the 21st Century', according to which drug use is an issue endangering public health that may jeopardise the healthy development of a country's citizens and society in the broader context. This strategy aims at addressing drug use issues in a comprehensive, multidisciplinary and balanced way, based on

³⁵ http://www.gov.md/public/files/ordinea_de_zi/14.12.2010/Intr06.pdf

³⁶ <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=337243>

advanced interdepartmental, interdisciplinary, and cross-cooperation at all levels, with three modern drug policy components that complement each other:

Figure 3: Supply, demand and risk/harm reduction



In the context of balanced use of the aforementioned components, the National Anti-drug Strategy aims to reach the following objectives:

- reducing drug trafficking to and through the Republic of Moldova;
- reducing drug supply and accessibility of all types of drugs;
- reducing the number of crimes;
- increasing involvement/activism to detect the primary drug traffickers rather than the drug users;
- reducing and preventing the use of all types of drugs and related consequences.

The action plan serves as a basic leverage for practical implementation of the Strategy and defines concrete goals in the identified areas, as well as activities aimed at their accomplishment, expected outcomes/benefits, deadlines, responsible institutions and indicators to monitor the implementation process. In the context of the action plan, the following implementation targets have been set:

1. Stabilising and reducing drug use in society, especially among minors;
2. Reducing the risks associated with the use of all types of drugs and of economic, health, social, criminal and safety impacts on citizens and society;
3. Improving the quality of life for the users of all types of drugs, for their families, and other close peers by having provided them with a wide range of high-quality services aimed at risk reduction, treatment, rehabilitation and resocialisation;

4. Reducing access to drugs, particularly for minors, having applied appropriate legal and institutional tools;
5. Preventing and cutting down the domestic cultivation of crops containing narcotic substances for the manufacturing of drugs in the Republic of Moldova.

Institutional Framework

Until 2010, the Interdepartmental Commission for Drug Abuse and Drug Trafficking was the national anti-drug policy coordinating body. Once the new Strategy was approved, the Interdepartmental Commission for Drug Abuse and Drug Trafficking has been reorganised into the National Anti-drug Committee, which is an interdepartmental body set by the Government with the aim of promoting state policy in the field of narcotic and psychotropic substances and precursors trafficking.

The National Anti-drug Committee responsibilities are as follows:

- to implement the requirements stipulated by the UN International Conventions such as: Single Convention on Narcotic Drugs (1961), Convention on Psychotropic Substances (1971) and Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), to which the Republic of Moldova is a party;
- to set up a platform for continuous communication with the central and local public administration authorities, with entities contributing to the implementation of the state drug policy aimed at carrying out the actions foreseen by the National Anti-drug Action Plan approved by the Government;
- to develop proposals aimed at improving field-related legislation;
- to ensure coordination of activities undertaken by specialist institutions and non-commercial organisations with the aim of reducing drug demand and supply;
- to implement the actions foreseen by the National Anti-drug Action Plan;
- to work with non-commercial organisations, foreign partners, and other bodies in order to get the technical and financial assistance necessary for attaining the objectives stipulated by the National Anti-drug Strategy and by the National Anti-drug Action Plan, along with the Ministry of Health and the Ministry of Labour, Social Protection and Family;
- to develop national programmes for organising integrated health care and social assistance (health care, social, rehabilitation, risk reduction, etc.) for drug users; jointly with the relevant stakeholders;
- to organise research on the drug use phenomenon; to develop jointly with representatives of central and local public administration, non-commercial organisations, and anti-drug programmes for staff training;

- to ensure continuous collaboration with media representatives in order to promote a healthy lifestyle and raise public awareness on the accomplishments of the central and local public administration, non-commercial organisations with the aim of reducing drug demand and supply;
- to set mechanisms for implementing projects and programmes against illicit traffic in narcotic drugs, having developed new methods in this area based on international experience.

Composition of the National Anti-drug Committee

Government decision No.481 dated 04.07.2011

- Deputy Prime Minister, Chairperson of the National Anti-drug Committee;
- Minister of Internal Affairs, Deputy Chairperson of the National Anti-drug Committee;
- Minister of Health, Deputy Chairperson of the National Anti-drug Committee;
- General Director of the PHF 'The Republican Drug Dispensary' by the Ministry of Health, Secretary of the National Anti-drug Committee;
- Minister of Justice;
- Minister of Defence;
- Minister of Education;
- Minister of Youth and Sports;
- Minister of Labour, Social Protection and Family;
- Deputy Minister of Foreign Affairs and European Integration;
- General Director of the Border Guard Service;
- General Director of the Customs Service of the Ministry of Finance;
- Director of Security and Intelligence Service;
- Prime Deputy Director of the Agency 'Medicamentul' by the Ministry of Health;
- Chairperson of the Permanent Committee on Drug Control by the Ministry of Health;
- Head of Anti-drug Division of the General Task Force Division, Police Department of the Ministry of Internal Affairs;
- National Drug Observatory of the National Centre for Health Management;
- Representative of Soros-Moldova Foundation;
- Representative of the UNDOC in the Republic of Moldova.

The drug strategy's chapter on international cooperation specifies that the Republic of Moldova will actively participate in joint initiatives launched internationally and ensure effective coordination of its activities with those implemented or supported by foreign partners. An indicator of target achievement is the international recognition of the Republic of Moldova as a reliable partner in the global endeavour to reduce drug demand and supply in the frame of its relations with the European Union and other international organisations. The international cooperation objective is to be achieved through:

- developing relations with the EU, taking and ensuring proper implementation of the *acquis communautaire*, the development of partnership relations of the national institutions involved in reducing the demand/supply of drugs with similar structures of the EU and Member States to ensure the transfer of data, information, experiences and conducting joint actions, active participation in activities carried out by the EU in preventing and combating drug trafficking and drug use;
- strengthening relations with other states and international structures involved in the fight against drugs through Moldova's participation in international fora aimed at combating drug trafficking and drug use, increasing bilateral and multilateral cooperation with origin countries of drugs or those located on illicit drug trafficking routes, development of partnership relations with countries that have relevant experience in reducing drug demand and supply in order to ensure the transfer of experience;
- participating in international programmes to reduce drug demand and supply, preventing and combating illicit drug trafficking and drug use, harm reduction, treatment and rehabilitation of drug addicts, participation in programmes against drugs launched by international organisations or governmental agencies or NGOs from other states, active involvement of local communities in international projects.

To fulfil the measures foreseen by the National Anti-drug Strategy, each authority responsible for their enforcement shall provide financial resources in its annual budget for this purpose. Each ministry involved in the development and implementation of the present strategy shall allocate, from their own budgets, the necessary resources to fund all the planned measures and specific interventions to be completed as per the National Anti-drug Action Plan.

Treatment profile

Detoxification

Detoxification is the main service available for drug users within the national health care system. Thus, in the Republic of Moldova detoxification is provided by seven public health care facilities and by one private health care institution, located in five regions of the country. In a emergency, health care can be provided by the emergency health care units and by intensive therapy and reanimation units of health care facilities.

Detoxification treatment is provided free of charge for insured people who require such services at the public healthcare facilities provided they disclose their name and other personal data recorded in the database of the PHF 'The Republican Drug Dispensary'³⁷. When the patient requires anonymous treatment, detoxification is provided for payment.

The Law on the patient's rights and responsibilities³⁸ stipulates that a patient is not checked-in unless he/she gives his/her consent, except for cases of advanced degradation of personality or when an individual poses a threat to the public. Thus, the individual may voluntarily require specialised aid from either public or private institutions. The private health care institutions render services similar to the ones provided by the public health care system; they render mainly detoxification services. Also, detoxification is provided to inpatients, as well as symptomatic treatment in case of abstinence syndrome, and psychological support. Detoxification provided to individuals from socially vulnerable groups may be covered from public money.

³⁷ <http://www.imsdpm.md>

³⁸ <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=313060>

Rehabilitation

According to the written Order of the Ministry of Health No. 365 dated 26.09.2007³⁹, the Centre for Rehabilitation and Resocialisation of Drug Addicted Individuals was created within the PHF 'The Republican Drug Dispensary'. The Centre provides for treatment continuation of drug-addicted individuals after detoxification. All the services rendered by the Centre to outpatients are free of charge. The patient's consent is an important clause in treatment initiation. Social and health rehabilitation represents one of the tasks carried out upon the patient's checking-in. The health staff assesses the patient's personality, physical and psychical status, and social and family status as factors in determining the individual's eligibility to enrol in the treatment. In the Republic of Moldova there are formally registered non-governmental organisations that implement residential reintegration and resocialisation activities for the drug addicts, including Viața nouă (established in 1999), Eliberare (established in 2005), Lumina vieții (established in 2003), Teen challenge – Moldova (established in 2004), New Life (established in 2004), and Rescue (established in 2003). The average duration of the rehabilitation programmes is six months. The treatment methods used by the NGOs from the Republic of Moldova are as follows: the '8 steps' programme, the '12 steps' programme, work therapy, and individual psychological counselling. The number of places available for residential treatment provided by the local NGOs is very small and does not meet the demand.

Thanks to a grant offered to the country by the Global Fund to Fight AIDS, Tuberculosis, and Malaria, four centres for psychological and social assistance to drug addicts were established in Chisinau, Balti, Cahul, and Tiraspol in February 2010. The goal pursued by these Centres is to expand the access of drug addicts and beneficiaries of opioid substitution treatment to psychosocial support services aimed at improving their life quality and prevent new cases of HIV infection. By the end of 2010, 19 mutual help groups provided outpatient psychosocial support services to drug-dependent persons in 10 administrative territories.

Opiate Substitution Treatment

The opioid substitution treatment programme was approved by the written Order of the Ministry of Health No. 159 dated 20 May 2003⁴⁰.

³⁹ <http://old.ms.md/public/legal/ordinele/>

⁴⁰ Ministry of Health of the Republic of Moldova, 2003.

The opioid methadone treatment programme is part of the National HIV/AIDS Prevention and Control Programme for 2011-2015⁴¹, which has been implemented in the Republic of Moldova since 2004 in the civil sector and since 2005 in prisons through three units located at the PHF 'The Republican Drug Dispensary' (DRN), at the Department of Penitentiary Institutions and at the Municipal Clinical Hospital in Balti. The opioid substitution treatment programme was approved by the written Order of the Ministry of Health No. 159 dated 20 May 2003⁴². Today opiate substitution treatment is provided to opiate drug addicts in the cities Chisinau and Balti, and in seven prisons. It covered 880 patients at the beginning of 2012, but participation in the programme has recently been decreasing slightly.

The criteria based on which an individual may enter the substitution treatment are as follows:

- opiate drug user;
- pathologies associated with injectable drug use (HIV, viral hepatitis B and C, venous pathology);
- concurrent pathologies such as diabetes, psychiatric disorders, trophic disorders;
- repeated detoxification treatment with no success;
- willingness to change the drug injecting behaviour;
- permanent contact with the health care staff involved in such activities;
- cessation of drug use.

Independent assessments of the methadone treatment programme were conducted in 2007, 2008, 2009, and 2012, which identified a series of constraints related to the IDUs' service coverage. The programme only covers 1% of the estimated number of injecting drug users (304 patients enrolled in methadone treatment programme in 2012 out of the estimated number of more than 31,000 IDUs). Its coverage is especially low in the civil sector and in rural areas.⁴³

Another problem is the high dropout rate of patients, despite the psychosocial support services provided to methadone treatment patients since 2010, which aimed at improving adherence to the programme. Approximately 50% of the individuals who started this treatment managed to get over the six-month term

⁴¹ <http://aids.md/aids/index.php?cmd=item&id=120>

⁴² Ministry of Health of the Republic of Moldova, 2003.

⁴³ Subata E. Evaluation of opioid substitution therapy in the Republic of Moldova, 2012, Vilnius.

of continuous treatment. It is recommended that methadone treatment be applied for at least six months without interruption.⁴⁴

It has also been criticised that the daily average dose of methadone given to patients in Moldova is too low. Patients in Chisinau normally received about 42 mg, and 47.4 mg⁴⁵ in Balti, i.e. much less than the daily dose recommended by the WHO (60-120 mg of methadone), necessary to avoid any withdrawal syndrome. Higher doses (64.4 mg) were administered in prison hospitals. The dosing below the recommended level could be one of the reasons why many methadone patients continue to use street drugs in order to compensate for the withdrawal symptoms.

According to a survey on the attitudes of IDUs towards the methadone programme in Balti, out of 152 IDUs who participated in the general harm reduction programme, only 23% would like to enrol in methadone treatment programmes, 13% were not sure, and 64% did not want to enter the programme. The main reasons mentioned by them were the belief that methadone was even worse than street drugs (36%), the intention to give up through other methods (30%) and diverse inconveniences related to the programme (8%).⁴⁶

For these reasons the methadone treatment programme has not reached the levels necessary to impact the HIV incidence within the population. The methadone treatment geographical accessibility in the country remains low since such programmes are available in urban areas only (Chisinau and Balti) and in prisons. A reason may also be vertical structure of the health care system that undermines the provision of integrated services and reduces the effectiveness of individual medical interventions.⁴⁷

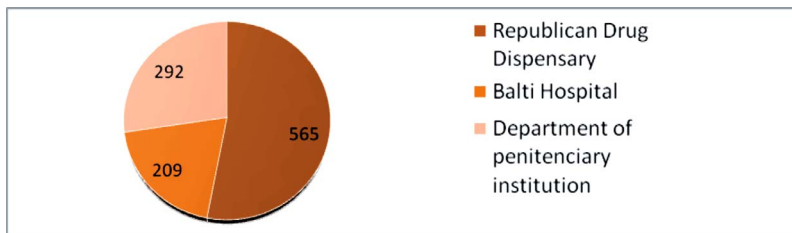


Figure 4. Cumulative number of beneficiaries of substitutive treatment with methadone, civil and penitentiary sectors, the Republic of Moldova (the right bank of the Nistru River), 2004-2012.

⁴⁴ Centre for Policy and Analysis in Health, Unpublished report

⁴⁵ The Republican Drug Dispensary. Annual Activity Report, 2009. Unpublished.

⁴⁶ Association Youth for the Right to Live, Balti affiliation. Unpublished report.

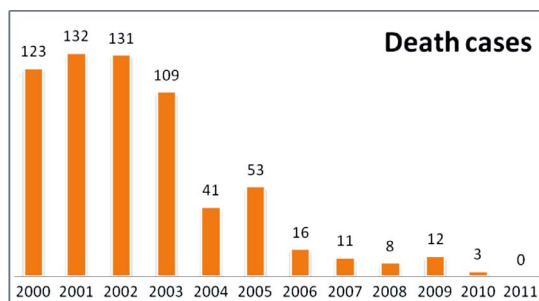
⁴⁷ Subata E. Evaluation of opioid substitution therapy in the Republic of Moldova, 2012, Vilnius.

Overdoses associated with injectable drug use

None of the state-owned health care programmes for drug users include interventions to prevent overdoses. Only the risk reduction programme provides limited services to prevent overdoses through prevention campaigns and training for the beneficiaries on first aid measures in case of overdoses. The Republic of Moldova does not systematically collect data on overdose cases in line with the standard definition⁴⁸.

In the Republic of Moldova, toxicological investigations aimed at identifying illegal narcotic drugs make up a very low proportion in the samples examined by the Forensic Medical Centre. Thus, during 2011, 73 corpses out of 3,083 suspected to be killed in violent acts were investigated to determine the presence of illegal drugs. This accounted for 2.3% in suspected violent deaths or 0.9% in the total number of corpses (7,820) examined by the Forensic Medical Centre (FMC). In 20 cases the results were positive, making up 27.4% of the total number of investigated cases.

Most likely, the small number of DAD (deaths associated with drug use) was caused by the fact that a death certificate is issued prior to burying the corpse, while the toxicological investigation results are made available much later (in 3-4 months). In addition, physicians often failed to amend the cause of death in the death certificate, probably due to lack of professional resources.



The Republican Drug Dispensary displays the following data regarding the drug users' death cases caused by overdoses (Figure 4).

Figure 5. Number of deaths caused by overdoses out of the formally recorded cases of drug users, RM (right bank of the Nistru River); RDD⁴⁹.

⁴⁸ The broad definition of deaths associated with drug use (DAD) includes the cases of fatal overdoses of illegal narcotic drugs, disease due to somatic illnesses associated with drug use (HIV, viral hepatitis, endocarditis, embolism, etc.), suicide and other violent deaths and fatal accidents produced under the influence of narcotic drugs (EMCDDA 2001). The standard drug-related death (hereinafter DAD) gives a shorter definition: drug-related deaths and mortality among drug users refer to those deaths caused directly by drug use; as a rule, overdose deaths occur shortly after the use of substance(s) (EMCDDA 2002b).

⁴⁹ Republican Drug Dispensary.

The inconsistency of field-related data confirms that the actual situation concerning the DAD and fatal overdoses of narcotic and other psychotropic substances remains less known in the Republic of Moldova. The deficiencies of the current system of investigation and registration of death cases associated with injectable drug use and overdoses might be the cause of this. Toxicological investigations to detect illegal narcotic drugs in the biological samples of the examined corpses are not mandatory. The fact that this kind of expertise is normally carried out in case of suspicions, such as corporal injuries (injecting sites), syringes, powders found in situ, etc., exclude the cases of deaths with no external signs of drug administration. Fear of social stigmatisation of drug users prevents them from asking for help in case of an overdose, and also deters relatives from reporting the real cause of death (drug use overdose).

Drug treatment provided to drug users detained in prisons

The Health Care Service of the Department of Penitentiary Institutions (DPI) can offer detoxification treatment in case of withdrawal syndrome. The withdrawal syndrome severity determines the location where detoxification is provided (in the prison or at the Republican Clinical Hospital of the Department of Penitentiary Institutions 'Pruncul').

According to the DPI data, the number of people detained in the penitentiary system enrolled in substitutive treatment with methadone increased significantly since 2008. The admittance criteria of drug-addicted detainees are similar to those used in the civil sector.

Upon the initiation of the methadone treatment, the daily dose for the selected patients is adjusted individually, and may vary from 30 mg to 80 mg of methadone. The treatment duration depends on the agreement concluded with the individual willing to enter the methadone programme. From the very beginning, the agreement sets a six-month treatment duration (standard for all), and the treatment can be prolonged if needed.

Starting with 2009, upon release from prison, the patients enrolled in the methadone treatment programme are issued a signed document that states the duration of participation in the programme, the daily dose of methadone, and the date when the last dose was administered. Upon receipt of this document, the patient will also be enrolled in the programme in the civil sector provided that he/she lives in Chisinau or Balti municipality. After release this is a disadvantage for those patients who live outside these two municipalities.

Risk and Harm Reduction

Taking into account the concentrated HIV epidemics in the groups of populations with high risk of HIV infection from the Republic of Moldova, namely injecting drug users, sex workers (SWs), and men having sex with men (MSMs), the National HIV/AIDS and STIs Prevention and Control Programme for 2011-2015 covers HIV prophylactic activities for these groups. Those activities are based on the harm reduction philosophy.

The first harm reduction programmes were launched in the Republic of Moldova in 1997. The services are rendered by a network of NGOs and public institutions, which implement measures aimed at preventing the spread of HIV within the groups with high risk of HIV infection from both the civil and penitentiary sectors, including those in the eastern districts (Transnistria). Such activities were carried out mainly in urban areas until 2004 inclusive, with gradual expansion into rural areas since then. The programmes are implemented by the NGOs in collaboration with public health care facilities.

At present, Harm Reduction Programmes cover more than 24 localities for injecting drug users, including 12 prisons where needle and syringe exchange programmes are provided for the detainees. The total number of beneficiaries of the Harm Reduction Programmes makes up more than 17,500 injecting drug users.

The Harm Reduction Programmes implemented in the Republic of Moldova contributed to the reduction of new HIV cases from 73% (in 2001), to <10% (in 2012). These activities have been financed at the expense of foreign funds only, particularly out of the grants provided to the Republic of Moldova by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFFATM). The package of services of the Harm Reduction Programmes for IDUs from the civil sector of the Republic of Moldova comprises:

- exchange of syringes, dissemination of condoms and disinfectants;
- specialised (medical, social, psychological, legal) counselling;
- information on health care and social services, such as Opioid Substitution Treatment (OST), rehabilitation programmes, voluntary counselling and testing (VCT).
- increasing awareness, and educating the target group and their partners;
- working with the community.

The main components of the Harm Reduction Programmes for the IDUs from the penitentiary sector of the Republic of Moldova are as follows:

- raising awareness/education/outreach on HIV/AIDS and preventing methods/ways in the context of high risk practices (distribution of information materials and condoms, conducting education and awareness raising seminars);
- exchange of syringes/needles.

The activities targeting prisoners are implemented by prison healthcare services with the support of peer-to-peer outreach workers, who are detainees themselves.

The Harm Reduction Programmes achieved the following results:

- Lower rates of HIV transmission have been reported among IDUs, in contrast to a slight upward trend of transmissions due to heterosexual contact;
- Knowledge about HIV/AIDS, prevention methods and ways of transmission increased among high risk groups;
- The number of cases of needle-sharing declined;
- Condom use by commercial and occasional partners remains high despite a slight downward trend.

Despite the quick expansion of these programmes, they failed to keep pace with the HIV epidemic's scope and intensiveness. In particular, the programme's geographical coverage remains low, while the involvement of specific groups of the population in these programmes is still unbalanced and insufficient.

The financial contribution of the Government and involvement in prophylactic measures of the most vulnerable groups of the population to HIV infection do not fully meet the country's needs.⁵⁰ It is necessary to enhance coordination of services rendered by governmental and non-governmental organisations in order to ensure sustainability for the whole prevention programme, financed mainly at the expense of the Global Fund contributions.

The majority of HIV prevention services rendered at present do not reach the most hidden groups of the population (such as teenagers; female drug users; sexual partners). The programme proved its efficiency in curbing the risk of HIV infection amongst the drug users; however, it had a limited impact on the level of condom use among the vulnerable groups. Hence, only one-third of drug users mentioned condom use in 2009 and 2012⁵¹.

The HIV/AIDS prevention programmes intended for the most vulnerable groups of the population managed to render such services as syringe exchange, dissemination of information materials and setting up the work performed by the drug users. Nevertheless, the Programme has gaps in rendering more resource-consuming services, such as psychological, social and legal support, escorting the patient to get health care, and implementing structural changes, which would make the risk reduction programmes more attractive for the end users.

⁵⁰ Shulga L. Iațco A, *Evaluation of Risk Reduction Programmes implemented in the Republic of Moldova, 2013*

⁵¹ Shulga L. Iațco A, *Evaluation of Risk Reduction Programmes implemented in the Republic of Moldova, 2013*

Suggestions for the future

Following a thorough analysis of the situation on narcotic drug use in the Republic of Moldova, the following areas require further improvement:

- strengthening the role of the National ANTI-DRUG Committee in implementing the national policy and monitoring the attainment of the Action Plan, in compliance with the National Anti-drug Strategy for 2011-2018, and including the involvement of a greater number of representatives of civil society;
- expanding the OST programmes and improving their quality by observing the WHO recommendations and the ones developed in the assessment carried out at the end of 2012⁵²;
- enhancing the effectiveness of the harm reduction programmes for IDUs and increasing the programme's quality and comprehensiveness;
- strengthening the role of the state in implementing the Risk Reduction Programmes through the allocation of domestic financial resources;
- instituting and implementing psychosocial assistance and rehabilitation programmes for drug-addicted people within the addiction services in place;
- improving the investigation, registration and reporting mechanism of overdose cases among drug users. Ensuring access to naloxone both at the emergency service units and within the Risk Reduction Programmes;
- revising the list of narcotic and psychotropic substances and of plants comprising such substances detected in illegal trafficking, and their quantity in order to avoid the criminalisation of drug use and possession of personal use.

⁵² Subata E. *Evaluation of opioid substitution therapy in the Republic of Moldova, 2012*, Vilnius.



Conclusion

Problematic drug use and drug trafficking in the Republic of Moldova has a negative impact on both the criminal situation and public health. Taking into account Moldova's high number of drug users and a very high number of injecting drug users it is necessary that Moldova extends and improves its preventive services. This is particularly important in consideration of the fact that Eastern Europe and Central Asia are the only regions in the world where the HIV prevalence clearly remains on the rise mainly due to injecting drug use. Today, treatment and harm reduction services for drug depended people in Moldova comprise: detoxification services provided by the National Drug Dispensary, psycho-social support provided by NGOs mainly through outreach services and therapeutic communities, Opioid Substitution Treatment with methadone (OST) as well as Needle and Syringe Exchange Programmes both available in the community and in prisons.



An important step for the Republic of Moldova towards a more integrated approach towards the drugs problem was the approval of the National Anti-drug Strategy for 2011-2018 and the National Action Plan for 2011-2013 in 2010, although these documents have no impact on the left bank of the Nistru River. Thanks to this Strategy, the Government of the Republic of Moldova has prioritised its activity during the last three years. The Ministry of Internal Affairs decided to focus more on combating larger drug distribution and drug trafficking networks as well as drug manufacturers, rather than on detaining and persecuting drug users. The Ministry of Health (in the National HIV/AIDS Preventing and Control Programme from 2011-2015) defines as its priority the programmes aimed at reducing the risks associated with the use of injectable drugs. It is expected that these new priorities will positively influence both endeavours: the reduction of drug supply and the efforts aimed at organising comprehensive and efficient support programmes for drug users. Here, it is worth mentioning that although the Risk Reduction Programmes are supported at the level of state policy and programmes, they lack the necessary financial support from the state, as they are currently implemented exclusively thanks to the resources provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Lacking an advanced data collection information system is a well-known gap typical for the anti-drug field in the Republic of Moldova. For instance, the current registration, investigation and monitoring system dealing with the cases of death caused by drug use leaves its imprint on the whole picture and often present the situation superficially.

It is to be hoped that the development of the new polices within the National Anti-drug Strategy will enhance the efforts of all field-related stakeholders and focus on implementing more coherent and efficient drug policies in the future.

Bibliography



1. National Bureau of Statistics of the RM. Stable Population by Gender as of 01 January 2011
<http://www.statistica.md/newsview.php?l=ro&idc=168&id=3393>.
 2. Forensic Medical Centre. Informative Note for 2008, 2009, 2011 and 2012.
 3. Republican Drug Dispensary. Informative Note for 2008, 2009, and 2011.
 4. Government of the Republic of Moldova. Decision No. 79 dated 23.01.2006 on the approval of the List of narcotic and psychotropic substances and plants that contain such substances, tracked in illicit trafficking and their quantities
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=315150> . 27-1-2007d.
 5. Ministry of Health of the Republic of Moldova, National Drug Observatory of the National Centre for Health Management. Narcotic drug use and illicit trafficking in the Republic of Moldova in 2010. Annual Report. Chisinau 2011.
 6. Ministry of Internal Affairs of the Republic of Moldova, D. A. Situation concerning the offences through narcotic drug trafficking in 2008, 2009, 2011 and 2012.
 7. Ministry of Health of the Republic of Moldova. Written Order No. 235 dated 09.06.2008 on implementing of healthcare standards for drug diagnostics and treatment in the healthcare practice.
http://www.ms.gov.md/_files/2301-C_Users_vpistru_i_AppData_Roaming_Opera_Opera%25209_profile_cache4_opr001BU.pdf . 9-6-2008a. 7-12-2009a.
 8. Ministry of Health of the Republic of Moldova. Written Order No. 283 dated 18.07.2008 on the approval of the National Clinical Protocol 'Mental and behavioural disorders related to opiate consumption'.
http://www.ms.gov.md/_files/2339-Tulburari%2520mentale.pdf . 18-7-2008b. 7-12-2009b. 76
- 
- 

9. Parliament of the Republic of Moldova. Law No. 382 din 06.05.1999 on the circulation of narcotic drugs, psychotropic substances, and precursors.
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=311660> . 15-7-1999.
10. Parliament of the Republic of Moldova. Law No. 713 din 06.12.2001 on controlling and preventing alcohol abuse and the use of illegal drugs and other psychotropic substances.
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=312864> . 14-3-2002b.
11. Parliament of the Republic of Moldova. Law No. 218 dated 24.10.2008, The Contravention Code of the Republic of Moldova.
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=330333> . 24-10-2008a.
12. Parliament of the Republic of Moldova. Law No. 985 dated 18.04.2002, The Criminal Code of the Republic of Moldova.
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=331268> . 14-4-2009a.
13. Shulga L. Iațco A, Evaluation of Harm Reduction Programmes implemented in the Republic of Moldova, 2013.
14. National Anti-drug Strategy for 2011-2018, 2010.
15. <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=337243>
16. Subata E. Evaluation of opioid substitution therapy in the Republic of Moldova, 2012, Vilnius.



