

## SOCIO-MEDICAL IMPLICATIONS OF INJECTING DRUG USE IN ROMANIA

Timeea-Erzsebet PAP<sup>1</sup>, Cosmin-Constantin SICREA<sup>2</sup>, Felicia ANDRIONI <sup>3</sup>

<sup>1</sup>Ph.D. Student, Doctoral School of Social Sciences and Humanities, University of Craiova (Romania), E-mail: [paptimeea2017@yahoo.com](mailto:paptimeea2017@yahoo.com)

<sup>2</sup>Ph.D Student, Doctoral School of Social Sciences and Humanities, University of Craiova (Romania), E-mail: [cosmin\\_sicrea2005@yahoo.com](mailto:cosmin_sicrea2005@yahoo.com)

<sup>3</sup> Professor Ph.D. habil. University of Petroșani, Department of Social Sciences and Humanities, (Romania), e-mail: [felicia\\_andrioni@yahoo.com](mailto:felicia_andrioni@yahoo.com)

**Abstract:** *The phenomenon of injecting drug use is becoming more and more present in our country. With a relatively recent history, the socio-medical implications on the communities of injecting drug users in Romania end up being more and more highlighted. The risks of exposure to HIV or hepatitis infection are directly proportional to the lack of sterile disposable syringes in these communities. The lack of legal mechanisms meant to facilitate the access of injecting drug users to prevention services and continuous monitoring, make most of them vulnerable to exposure to risks. Fear of some coercive measures from the authorities pushes more and more drug users not to declare the combinations of substances they inject. Most of the users arrive late at health facilities refusing methadone substitution treatment. The stakeholders in the field are most often represented by non-governmental organizations, which, however, are outnumbered by the phenomenon. The prevention of drug use, although it can represent a solution, is carried out poorly and has a limited character.*

**Keywords:** injecting drugs, vulnerability, HIV infection, disease, stigma, risks

### 1. Conceptual delimitations, general considerations

Conceptually, drug is a term that encompasses all psychotropic substances that may be addictive. A psychotropic substance influences and alters a person's mental state (Romanian Harm Reduction Network). Since 1976, the World Health Organization has defined the concept of drug addiction as a mental and sometimes physical condition resulting from drug use, characterized by behavioural disorders, always including the need for compulsive ingestion to experience the mental effects or to avoid the withdrawal symptoms caused by the lack of the drug (Rus, 2021: 685). At first glance, the specialized literature defines drug use with a simple terminology. Concepts such as drug, addiction, deviance and disease are often used in a general, non-critical context. Such a reification of concepts then implies that they map a reality that is taken out of context and not in relation with the historical evolution of the phenomenon. This epistemological position of naïve realism contrasts with a long tradition in the social sciences that highlights reality as a social construction made up of changing cultural and historical contexts (Klaue, 1999: 47). A brief history of drugs shows that few of them were originally illegal at the time of their discovery. In general, drugs were defined as illegal only when problems arose from their use. Many now-illegal drugs enjoyed a period of legal freedom among the upper and middle classes. Originally, they were used to relieve physical pain, as cough medicine or to improve performance at work. After World War I in the United States, the Harrison Act attempts to change the legal status of drugs to illegal substances. So there is a reduction thereof in medical prescriptions and the middle class ends up not being able to use psychoactive substances anymore. Access to drugs becomes more visible in various "outside" groups such as musicians and minority groups. Since World War II, drug use has become much more widespread. Initially, it was found in the ghettos of the black population in the United States and from there very easily ended up being distributed to

middle class students. Even so in many parts of the world drug use among the middle class of the population was limited by legal sanctions (Robins, 1980: 8).

In the current situation, of the year-on-year increase in the number of users and the quantities of confiscated drugs, this tends to turn into a social phenomenon towards whose control all the actions of governmental and non-governmental organizations must be directed (Pap, Andriani, 2023). In our country, after the 1989 events, illicit drug use became a social reality. Drug use is currently found in almost all social classes and its effects can be devastating for the drug users, their family and the community they belong to (Manea, 2021). After the fall of the communist regime in 1989, a process of political, economic and socio-cultural changes began in Romania, which led, in 2007, to Romania's accession to the European Union. Along with these socio-economic changes, the health risk behaviours of young Romanians, such as illicit drug use, have also undergone several changes (Lotrean and al. 2015). The transition and political changes contributed to the increase in drug consumption through the elimination of borders, the evolution of tourism and the alternative routes of drug trafficking (Elekes and Kovács, 2002: 166). The segment of the population most exposed to drug use is represented by teenagers, who are in a period of transition due to the age that is characterized by the search for their own identity in relation to society (Mărgineanu, 1999). Of course, we cannot exclude the risk of exposure to drugs for all age groups, especially since the phenomenon is increasingly present among the adult population as well. Although it is known that consumed psychoactive substances have a direct impact on the mind and body, it is important to mention from the outset that substance use does not only affect the person using the substance, but also have a negative impact with social consequences (Aspenridge Recovery Centers). The social consequences of drug use are represented by the progressive deterioration of social relationships, increasing the risk of social exclusion, diminishing the chances of social and professional reintegration, suffering of family and friends, disinterest in relationships with others, involvement in criminal activities, and so on and so forth. The most commonly consumed drugs worldwide remain alcohol and cannabis-marijuana. Although these substances are legal to some extent in the vast majority of countries, they can still lead to a number of negative outcomes and health problems if consumed in an addictive manner. Apart from alcoholic beverages, cannabis is the most cultivated illicit drug in the world (World Population Review, 2023). Although we come to classify substance use disorders on the basis of observable indicators, including the type of substances that have been used, this classification helps more formally, but not sufficiently to describe the overall picture of the problems on experienced by a user of prohibited substances. Another major problem that must be taken into account is that of the differences between substance users who, although they are addicted to the same type of substance, often end up behaving differently (Saber, 2018).

As for injecting drugs, it is estimated that approximately 13.2 million people were injecting drug users at the end of 2021. This estimate is approximately 18% higher than in 2020 when just over 11 million people were addicted to injecting drugs.

In the community of injecting drug users (IDUs), the risk of acquiring HIV infection transmitted parenterally - by direct injection of the drug into a vein, is 35 times higher than in the general population. The joint venture between the United Nations Office of Drugs and Crime (UNODC) and the World Health Organization (WHO) through the United Nations Program on HIV/AIDS (UNAIDS) estimates that approximately 12% of HIV-positive people diagnosed globally use injecting drugs while in the region of Eastern Europe the proportion is approximately 25.4%.

Consequently about a quarter of the HIV-positive population in this region, in addition to drug addiction, is diagnosed with HIV infection (World Drug Report, 2023). Estimates of the number of injecting drug users and seroprevalence rates among them are an essential feature in assessing how HIV-AIDS is spreading. Thus, the predictions of intervention programs and planning of health care resources should be able to ensure social and medical assistance both

now and in the future. Unrealistic estimates of injected drug use and minimizing the impact they have on the individual can hinder the implementation of disease prevention policies within drug-using communities (Turner, 1989). The identification of risk factors associated with drug use (Sicrea, Androni, 2023), as well as their adverse effects could bring immediate benefits in the design, direction and implementation of health education with the aim of preventing the use of psychoactive substances. However, the phrase *easier to prevent than to cure* hides a number of ethical and political issues. This can be applied when there is evidence that the benefits of prevention outweigh the benefits of cure both at the individual level and at the community and political level. For this, the risk factors involved must be highlighted, as well as the way in which they interact together. However, there are voices that question both the ethics and the effectiveness of policies based on the primary prevention of drug use (Rhodes, 2003, p.304). At a global level, attention is drawn to the vulnerability of exposure to HIV infection resulting from injection drug use. Methadone treatment programs remain some of the most effective mechanisms for replacing opioid use and improving the quality of life of people who use injecting drugs. Updating knowledge about HIV infection in drug user communities and promoting risk-free behaviours are key to maximizing the results of drug use risk reduction programs (Nguyen, 2019: 1).

## 2. Methodology

The article has two main components:

**a) The theoretical part and specialized literature** that aims to explain concepts such as drugs, addiction and the risks to the health of the population in a context of the historical evolution of drugs.

**b) The practical, applied part** aims to analyze and interpret the existing statistical data in a context of the effects on health following the consumption of injecting drugs at the level of our country.

## 3. The phenomenon of drug use in Europe and Romania

In Romania, through the 2013-2020 National Anti-Drug Strategy, illicit drugs are specifically addressed. The strategy was designed following stakeholder consultations and takes into account the 2013-2020 European Union (EU) Drugs Strategy. Like in the case of other European countries, Romania evaluates its anti-drug policies and strategies by periodically monitoring specific indicators. In this direction, progress reports on the implementation of the activities of the current strategy are made with the help of the National Antidrug Agency (ANA) (European Monitoring Center for Drugs and Drug Addiction 2019, p.2). However, both nationally and globally we face a growing illegal drug market that generates hundreds of billions of dollars a year for organized crime worldwide. Moreover, overdose deaths and limited access to sterile injection equipment increase exposure risks for HIV or hepatitis infection each year. As part of global efforts, Romania makes its contribution, including through active involvement with the United Nations Office on Drugs and the World Health Organization. At home, Romania has updated its national anti-drug strategy for the period 2022-2026 (United Nations Office of Drugs and Crime, 2023).

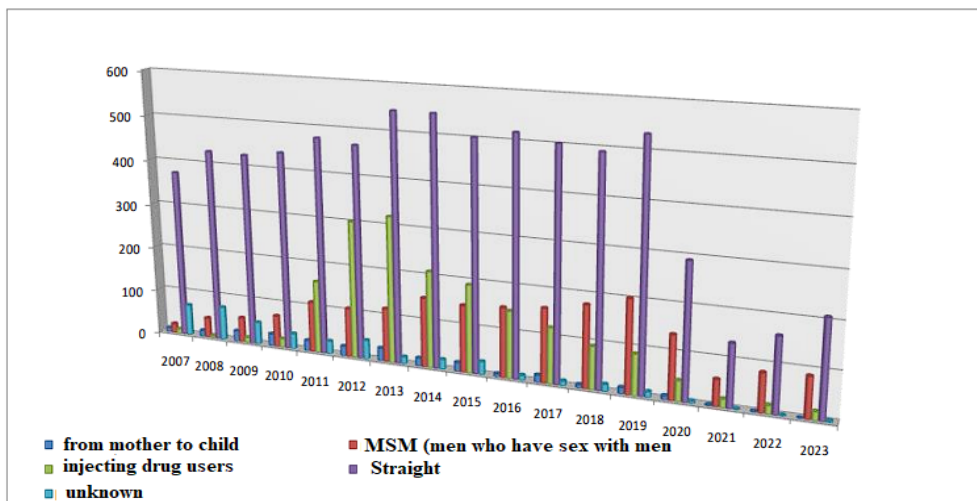
The new National Anti-Drug Strategy for the 2022-2026 period was approved by the Government of Romania in 2022 and aims to ensure the continuity of previous activities in this field, being aligned with the objectives established in the resolution adopted during the 30th Special Session of the European Union through the 2016 UN General Assembly on the world drug problem and the objectives set out in the 2021-2025 EU Drug Strategy. Romania's new strategy was developed, involving and establishing responsibilities for all relevant sectors and stakeholders, including the National Anti-Drug Agency, police, Ministry of Health, Ministry of Education, Ministry of Family, Youth. and Equal Opportunities, local authorities and civil society (Scîntee, Vlădescu, 2023).

Romania is generally targeted by international networks specialized in drug trafficking due to its geographical position, the size of the population and the political developments that have undergone changes also reflected in the growth of the criminal environment. All the more so since Bucharest has become an important business center **with** international airports that can create loopholes for organized criminal activities. As a European capital with approximately 3 million inhabitants, usually described as a cultural mix of foreign investment and nightlife, Bucharest has contributed to the development of drug user communities both inside Romania and outside its borders (Maftai, 2012: 192).

According to the reports of the Romanian National Anti-Drug Agency (ANA), over 10% of the population aged between 15-64 have experienced the consumption of narcotics at least once in their life, and 6% of the mentioned population have consumed prohibited substances in the last year. The young population between the ages of 15-34 is the most exposed to drug use. The period of adolescence in particular exhibits an increased vulnerability to drugs with onset ages under 13 (Teodorescu, 2023). These data come to support the existing indicators at the European level regarding the availability in the drug market for all types of substances. Market that is currently characterized by the availability of a wider range of prohibited substances. Thus, large seizures of drugs have continued to be detected being trafficked into Europe in sea containers, with commercial supply chains a key target for infiltration by organized crime groups. Europe also remains an important production area for some substances, particularly synthetic drugs and cannabis. Illicit drug use causes a number of chronic health disorders that contribute to a global burden of drug-related diseases. Despite the decline in injecting drug users over the last decade in Europe, this behaviour is still responsible for particularly negative health effects. It is estimated that half a million Europeans have used injecting drugs in the last year, a figure that underlines both the extent of the challenges that still exist in this area and the harms associated with injecting drug use (European Monitoring Center for Drugs and Drug Addiction, 2023).

In our country, the most widely used drugs administered by injection are heroin, along with methamphetamine, ketamine or drugs such as Vicodin or Adderall. (National Center for Mental Health and Anti-Drug Fight). In addition, drug use plays an important role in the spread of HIV infection in addition to injecting and by adopting a disorganized lifestyle characterized by high-risk sexual behaviours with partners already infected with HIV. The psychotropic effects of drugs can alter both judgment and inhibition and cause people to engage in activities under impulse pressure. Moreover, people addicted to drugs can end up having sexual behaviours in the risk zone to get drugs or money to buy them (NIDA, 2021).

**Figure 1 Trends in HIV transmission by route of transmission 2007-2023**

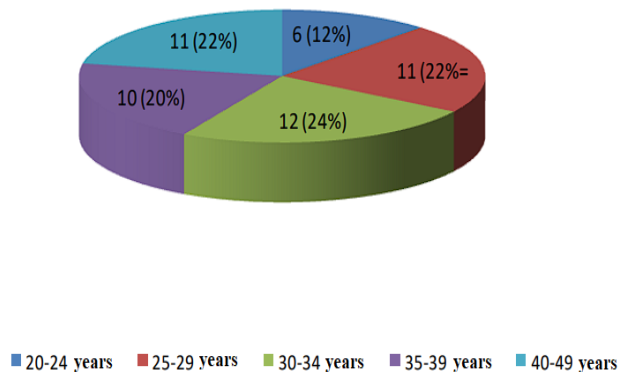


Source: Ministry of Health, National Institute of Infectious Diseases "Matei Balș" Bucharest, 2023

Although the transmission of HIV infection was noted in Romania in the 1990s through the explosion of pediatric AIDS cases detected in orphanages and hospitals in our country, parenteral transmission resulting from medical practice is not the only way of spreading the disease. Currently, 3 main ways of HIV transmission are known: parenterally (injecting) or the shared use of insufficiently sterilized instruments, vertically (from mother to fetus), sexually without a condom (anal, vaginal, oral).

Even if the main way of transmission of the disease in these past 16 years is represented by sexual contacts with heterosexual partners, we cannot ignore the increased risk of illness through injecting drugs. The transmission of HIV through the use of injecting drugs represents a complex challenge, but through adequate prevention and treatment efforts, it is possible to reduce the risk associated with this way of transmitting the virus. It must be stated that the drug itself does not cause the disease and does not increase the risk of infection. The mechanism of infection consists in the fact that an injecting drug user (IDU) ends up using the injection equipment (needles, syringes) together, even if they come from unknown people in the entourage and have already been used. Since 2011, there has been an increase in cases of HIV infection among IDUs. This trend is maintained until the end of 2014 when we witness a slight decrease in the number of HIV-AIDS cases detected in IDU communities in Romania. The lack of disposable syringes and their recovery after injection continues to be a challenge for injecting drug users. In this direction, the only ones who try to remedy this situation are a few profile NGOs who end up having a limited range of coverage in general in the Bucharest-Ilfov area. Nationwide coverage has so far not been able to be implemented by the authorities. According to the data in figure 1, we can see that in recent years we have witnessed a decreasing number of people infected with HIV following the use of injecting drugs. This was mainly due to the stakeholders in the field but also to the NGOs who often made a common front with civil society to educate the general population about drug use.

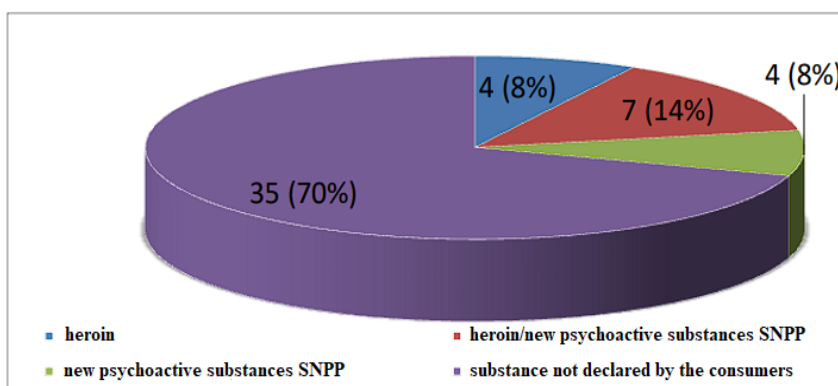
**Figure 2 New cases diagnosed with HIV-AIDS recorded in 2022 among injecting drug users by age group**



Source: Ministry of Health, National Institute of Infectious Diseases "Matei Balș" Bucharest , 2022

Compared to the years 2010-2014, when more than 300 people from among the IDUs were diagnosed with HIV-AIDS every year, injecting drug use became a major public health problem when it comes to HIV transmission in Romania from 1.5% of newly diagnosed cases before 2010 to 31% in 2013 (Temereanca, 2017). Currently, at the end of 2022, we have only 50 reported cases of HIV infection or AIDS. So that after more than 10 years, in 2022 almost a quarter of IDUs diagnosed with HIV-AIDS are in the 30-34 age group, closely followed by the 25-29 age segment. We are therefore talking about the young adult population that could benefit from counseling, health education or social reintegration programs. We should mention that the Romanian National Anti-Drug Agency is a structure of the Ministry of Internal Affairs (MAI) which by its nature has a coercive force over the population. So that all data on the age of drug users or the age of onset of substance use often ends up not being declared in health facilities for fear of sanctions. In the present situation we can have a picture that partially tells us the reality.

**Figure 3 Types of drugs used by IDUs diagnosed as HIV positive in 2022**



Source: Ministry of Health, National Institute of Infectious Diseases "Matei Balș" Bucharest, 2022

Most of the IDUs diagnosed with HIV-AIDS in 2022, namely 70% of them refused to officially declare the combination of psychoactive substances used for consumption, while 14% end up using combinations that contain both heroin and other psychoactive substances to intensify the effect of the administered drug. For 8% of IDUs diagnosed with HIV-AIDS in 2022, heroin was the main drug they consumed. Illicit drug use can generate stigma, which ends up being associated with serious health damage, with socio-economic implications for the users or their family. Within health care services in general there is a low rate of disclosure of substances used by IDUs for fear of reporting them to the police or due to stigmatizing experiences and stereotypes that may be present within health care systems. Thus, through this practice, the screening of the substances used and their associated risks become difficult to map at the level of the health units that come into contact with the IDUs. Addiction to the injected substance causes most to resume this habit of injecting once they leave the health facilities. Most end up refusing the help offered by the National Antidrug Agency, being a structure of the MAI. The fear of coercive measures makes most people refuse specialized help. The only effective way to stop the spread of HIV-AIDS and other infectious diseases is to use sterile syringes. In this direction, the main stakeholders involved remain those from the specialized non-governmental organizations. The Romanian Anti-AIDS Association (ARAS) has been developing a mobile unit since 2008 as a social street intervention service for drug addicts, sex workers or other vulnerable categories offering psycho-social counseling services, distribution of sterile syringes and their recovery after use, primary medical care, rapid testing for HIV, hepatitis B and C or syphilis. An alternative in the

direction of disease prevention in IDU communities would be for our country to adopt legislation that would allow the establishment of sterile injection rooms. Illicit injection drug use is associated with high rates of HIV infection and fatal overdose, as well as community concerns about public drug use. Thus, the existence of supervised injection rooms could provide injecting drug users with sterile injection equipment, overdose intervention, primary health care and referral to other health and social services (Kerr, 2006).

#### 4. Conclusions

Intravenous drug use has many negative social implications. This type of drug use can affect both the individuals who engage in this practice and the communities in which they live. The health risks are primarily due to injecting the substances directly into the bloodstream, which can significantly increase the risk of transmission of infectious diseases such as HIV, B hepatitis and C hepatitis. This may lead to epidemics of infectious diseases in communities of origin. Another risk is that of combining several substances at the same time or of excesses that can lead to death or significant damage to the health of the IDUs. Thus, intravenous drug use causes rapid physical deterioration that requires significant costs for medical care and treatment. Most people who inject drugs end up denying or actually not reporting their use of psychotropic substances for fear of legal enforcement. So they end up requesting help late in the health facilities. This makes it even more difficult to initiate substitution treatment. The lack of supervised injection rooms in our country negatively influences the health of IDU communities. We must not ignore the behavioural changes of IDU especially in terms of the tendency to engage in illegal activities such as theft or prostitution to support their addiction. This can lead to significant legal and social problems.

The social implications on the family and social stigma are often felt by IDUs which can make it more difficult for them to integrate into society and access essential services such as health care or housing. Intravenous drug use generates significant costs to society, including costs to health services, criminal justice systems and social services.

These costs can be significant and affect the entire community. Addressing these problems often involves integrated social, medical and governmental efforts to provide support and treatment for people affected by intravenous drug addiction, as well as to prevent the spread of infectious diseases associated with this type of drug use.

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