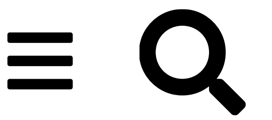

Moldova country overview

Moldova country overview

The National Drug Observatory (NDO) is located within the National Centre of Health Management (http://www.cnms.md/) of the Ministry of Health of the Republic of Moldova. It was established in 2004, following the Order of the Ministry of Health of the Republic of Moldova nr.164 of 18 May 2004. The main functions of the NDO include the development of an annual report on the drug situation in the Republic of Moldova for national and international partners, participation in the implementation of the National Anti-Drug Strategies and associated National Anti-Drug Action Plans, and presentation of informative notes on the use and trafficking of illicit drugs at the request of internal and external partners.

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Disclaimer

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Drug use among the general population and young people

General population surveys were conducted in the Republic of Moldova in 2008 and 2010 to estimate the prevalence of substance use on the basis of a representative sample of the population aged 15–64 living on the right bank of the Dniester River (Scutelniciuc et al., 2009b, 2010), and the European Model Questionnaire was included as part of the survey questionnaire. In 2008 the final sample size was 3 816 respondents, while in 2010 the final sample size was 4 060.

Cannabis is the most commonly used illicit drug in the Republic of Moldova, and overall there were no statistically significant differences in the prevalence of cannabis use between 2008 and 2010. Both surveys confirm that the prevalence rates of cannabis use are higher in males than in females. The highest prevalence rates of cannabis use were registered in the 20–24 and 25–29 age groups. However, an increase in the lifetime prevalence rates of cannabis use among the 30–34 age group in 2010 may relate to respondents moving into an older age group between 2008 and 2010 (Table 1).

Table 1: Prevalence rates (%) of cannabis use in the general population (aged 15–64), 2008 and 2010, right bank of Dniester River, Republic of Moldova

	2008			**2010**		
	LTP	**LYP**	**LMP**	**LTP**	**LYP**	**LMP**
Total	3.4	0.9	0.3	3.9	0.7	0.3
Males	6.6	1.8	0.6	7.3	1.5	0.6
Females	0.5	0.1	0.1	0.8	0.1	0.1
15–19 years	3.4	1.3	0.6	2.7	1.2	1
20–24 years	6.6	2.3	0.8	6.4	1.3	0.2
25–29 years	8	2.4	0.8	6.3	2	1
30–34 years	3.6	1.6	0.2	5.9	0.4	0.4
35–49 years	2.4	0	0	3.7	0.2	0
50–64 years	0.4	0	0	1.2	0.3	0

LTP – lifetime prevalence; LYP – last year prevalence; LMP – last month prevalence.

Source: Scutelniciuc et al., 2009c, 2010.

Ecstasy was the second most prevalent drug reported in both general population studies, with lifetime prevalence (LTP) rates of 0.76 % and 0.6 % in 2008 and 2010 respectively. The LTP rates of ecstasy use among males were approximately four times higher than among females. While the 2008 survey revealed that males more frequently than females reported ecstasy use during the past 12 months, in the 2010 survey the difference between genders was no longer significant.

Disaggregating the data by area of residence, it can be observed that in rural areas the prevalence rates of cannabis and ecstasy use were markedly lower than in urban areas.

The Knowledge, Attitudes and Practices (KAP) study conducted in 2012 among young people aged 15–24 from the right bank of the Dniester River recorded a lifetime prevalence of cannabis at 3.5 %. (Cantariji et al., 2012 (http://www.ucimp.md/images/pdf/RAPORT%202012%20final%207_08_2012.pdf))

The European School Survey Project on Alcohol and Other Drugs (ESPAD) was conducted in the Republic of Moldova in 2008, 2011 and 2015 on the right bank of the Dniester River (Scutelniciuc et al., 2009b; Vacarciuc and Costin, 2012) using the standardised ESPAD self-administered questionnaire. The most recent survey was conducted with financial support from the EMCDDA in a framework of a technical cooperation project funded by the European Commission and the results are available here (http://www.emcdda.europa.eu/about/partners/nc). In 2008 the final sample constituted 3 170 schoolchildren born in 1992, of which 48.7 % were male and 51.3 % female, while in 2011 the final sample size was 3 816 respondents, of which 46.4 % were male and 53.6 % female. Around 5 % of 16-year-old respondents had used cannabis or marihuana in the past. The LTP of cannabis use was almost twice as high among males as females (6 % and 3 % respectively). When compared to 2008 data, it is notable that by 2011 the LTP rates for cannabis use among males had declined by 2 % and among the females it had increased by 1 %. In both surveys, other illegal drug use prevalence rates gave substantially lower values that overlap with the statistical margin error.

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Prevention

Preventive measures targeting drug use among schoolchildren are stipulated in the Law of the Republic of Moldova No. 713-XV, dated 6 December 2001, ‘On the control and prevention of the abuse of alcohol and use of illegal drugs and other psychotropic substances’, and are further described in the National Anti-Drug Strategy for 2011–18 and the National Anti-Drug Action Plans for 2011–13 and for 2014–16. The Ministry of Education is responsible for the implementation of drug prevention activities targeting young people. Since 1 September 2005 pre-university educational institutions on the right bank of the Dniester River have included in their curricula the obligatory compulsory training course ‘Life skills education’, which includes a section on the prevention of drug use. This optional course starts in the 6th grade, once the pupils are 13 years old, and continues until pupils turn 18 years of age and graduate from high school. In addition, the Ministry of Education organises drug prevention campaigns in cooperation with local youth councils, works towards expanding access to youth-friendly health services and promotes peer education. The National Anti-Drug Action Plan for 2014–16 anticipates further consolidation of prevention activities outside school settings and in the community.

In order to improve the preventive legal framework, in December 2008 the Parliament passed amendments to the Law of the Republic of Moldova No. 713-XV. The law establishes that driving schools will be obliged to provide an eight-hour course in their curricula on anti-alcohol and anti-drug education, in groups of a maximum of 15 people.

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Problem drug use

Until 2012 the EMCDDA defined problem drug use as injecting drug use or long duration/regular drug use of opiates, cocaine and/or amphetamines. However, in 2012 a new concept of ‘high-risk drug use’ was adopted. The new definition includes ‘problem drug use’, but is broader (mainly in its inclusion of high-risk use of more substances). Details are available here (http://www.emcdda.europa.eu/themes/key-indicators/pdu).

The most recent national estimate of the number of people who injecting drugs (PWID) (e.g. people who have injected drugs in the last 12 months) was obtained in 2012–13 using the network scale-up method, the multiplier method and the method of nominal technique, in three cities: Chisinau, Balti (both cities on the right bank region) and Tiraspol (a city on the left bank). The estimate derived from data that were collected in the integrated bio-behavioural study conducted among PWID in 2012, for which participants were recruited using respondent driven sampling, while data analysis was performed using statistical analysis software RDSAT. The estimated number of PWID is about 6 000 people in Chisinau, 3 100 in Balti and 2 500 in Tiraspol. There are an estimated 19 400 PWID on the right bank of the Dniester River and 10 800 on the left bank. The number of opioid users is estimated at 15 500 people on the right bank of the Dniester River and 5 700 people on the left bank (National Center of Health Management, 2014).

With regards to the drug of choice, the same study from 2012 among PWID indicated that the most common recently injected substance in 2012 was an opium extract (69.2 % in Chisinau, 86.7 % in Tirsapol and 92.2 % in Balti), while about 15.3 % of drug users reported injecting methamphetamine.

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Treatment demand

The treatment demand indicator is not implemented in the Republic of Moldova. However, there is a nationwide registration system of drug users.

Once a person is identified as a drug user by a narcologist (usually following the testing of biological liquids for the presence of drugs and/or metabolites), he/she is compulsorily registered in the Narcological Register of the Republican Narcology Dispensary (RND). There are two main routes for registration: if a person has tested positive for the presence of drug metabolites in their saliva or urine in tests conducted at the request of the police; or through accessing the healthcare system (voluntary admission to treatment or accidental detection during preventive check-ups ([1])). Individuals who are placed on the register are subsequently referred to the district-level narcologist for diagnosis and treatment. Treatment is prescribed according to the diagnosis and the willingness of the patient to undergo treatment. In terms of the clinical findings, all registered drug users are divided into two broad categories: drug use without addiction; and drug use with addiction. The regulation on the detection, registration and recording of people who use drugs and other psychotropic substances specifies different pathways for each case type (Ministerul Sanatatii al Republicii Moldova, 2003). By 31 December 2014, on the right bank of the Dniester River 10 483 people had been officially registered as drug users in the Narcological register. During 2014 some 854 newly registered cases of drug users on the right bank of the Dniester River were added into the RND database, in comparison with 715 newly registered cases in 2013. The overwhelming majority of these (70.4 %) involved drug use without addiction; these individuals were, on average, 22.6 years old at the time of registration, 96.3 % were male and 71.7 % were cannabis users. The 310 newly registered cases with an addiction were slightly older at the time of registration (25.1 years), 97.1 % were male and 67.3 % reported using mainly opiates.

([1]) For example, the health status examination for military service.

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Drug-related infectious diseases

In the Republic of Moldova, the legal framework recommends human immunodeficiency virus (HIV) testing of registered people who inject drugs twice per year. The person may voluntarily access the HIV testing service or he/she may be recommended to undergo the testing by a physician. The HIV diagnosis is established following two ELISA tests and a confirmative Western Blot test. There is an indication of a declining trend in newly registered HIV cases among PWID from 2007 onwards on both banks of the Dniester River. In 2014 there were 59 newly registered cases of PWID with HIV compared to 224 in 2007. However, this decline should be interpreted with caution, mainly because of delays in a confirmative Western Blot testing for blood samples from the left bank of the Dniester River, as the only laboratory in the country performing a confirmative test is located on the right bank (in the municipality of Chisinau).

According to the regulation, the code 102 is assigned to a testing sample if the reason for the testing is the client's injecting drug use behaviour. However, a PWID can also be tested for HIV for other reasons, such as clinical indications, sexually transmitted infections, pregnancy, blood donation, etc., in which the person will not necessarily be registered as a PWID. Code 102 is assigned mainly to persons referred by a narcologist. During 2014, from a total of 23 000 HIV tests, only 1 927 (8.4 %) were coded as performed due to injecting drug use. To ensure a better recording of PWID testing for HIV, the referral form for blood samples sent for HIV testing will be changed so that it indicates the risk factors in addition to the reason for testing, including injecting drug use.

Additional information on the prevalence of HIV among high-risk groups is gathered through HIV seroprevalence studies. These were conducted in 2001, 2003/04, 2007, 2009/10 and 2012/13. The studies in 2001 and 2003/04 used time-location sampling by testing the lavage of syringes, the 2007 study was carried out by a probability sampling of clients attending harm reduction programmes, while in 2009/10 and 2012/13 a respondent-driven sampling method was used, and therefore comparison of the results from the studies should be made with caution.

According to the results of the HIV prevalence study conducted in 2012/13 the prevalence of HIV among PWID was 8.5 % in Chisinau (16.4 % in 2009/10), 41.8 % in Balti (39.8 % in 2009/10) and 23.9 % in Tiraspol (12.1 % in 2009/10). Previous studies, which covered five sites in 2001, nine sites in 2003/04 and 11 sites in 2007, found a disparity in HIV prevalence between sentinel sites, with the municipality of Balti being the region with the highest HIV prevalence rates among PWID (60.3 % in 2001; 36.5 % in 2003/04; 44.8 % in 2007; 39.8 % in 2009/10) in comparison with other sentinel sites throughout all studies (Scutelniciuc et al., 2008; Bivol, 2004; CIVIS, 2001; Centrul Naţional de Management Sanitar,2010 (http://aids.md/aids/files/1205/Persoanele_care_injecteaza_droguri_01_05_2012.docx) and National Centre of Health Management, 2014). The differences between the applied methods can affect the data comparability; Table 2 outlines the general situation.

Table 2: HIV prevalence in PWID, Moldova, 2001, 2003/04, 2007, 09/10 and 2012/13

Data collection site	2001		2003/04		2007		2009/10		2012/13	
	Sample	HIV prevalence (%)	Sample	HIV prevalence (%)	Sample	HIV prevalence	Sample	HIV prevalence (%)	Sample	HIV prevalence (%)
Chisinau	209	15.8	306	14.4	183	17.5	301	16.4	339	8.5
Balti	184	60.3	230	36.5	145	44.8	362	39.8	362	41.8
Causeni	n/d	n/d	10	40.0	11	27.3	n/d	n/d	n/d	n/d
Donduseni	n/d	n/d	n/d	n/d	10	10.0	n/d	n/d	n/d	n/d
Edineț	n/d	n/d	7	14.3	20	15.0	n/d	n/d	n/d	n/d
Falesti	50	22.0	67	11.9	28	10.7	n/d	n/d	n/d	n/d
Orhei	13	23.1	44	2.3	21	0.0	n/d	n/d	n/d	n/d
Rezina	n/d	n/d	43	11.6	30	16.7	n/d	n/d	n/d	n/d
Soroca	87	1.15	116	0.0	41	0.0	n/d	n/d	n/d	n/d
Tiraspol	n/d	n/d	n/d	n/d	68	20.7	281	12.1	297	23.9
Ribnita	n/d	n/d	n/d	n/d	n/d	n/d	n/d	n/d	97	43.7
Ungheni	n/d	n/d	47	2.3	63	6.3	n/d	n/d	n/d	n/d
Total	543	29.3	517	17.0	620	21.0	n/d	n/d	n/d	n/d

n/d – no data.

The Republic of Moldova is considered an epidemic region for hepatitis B virus (HBV) and hepatitis C virus (HCV). General immunisation of newborns against HBV began in 1995. Figures for acute HBV and HCV cases are based on clinical diagnosis without using a standard algorithm of etiological diagnosis. Moreover, Moldovan laboratories involved in testing hepatitis markers are not subjected to external quality control, which affects the data quality. The figures should therefore be interpreted with caution. The Centres for Public Health data indicate a decline in the number of HCV and HBV cases linked to injecting drug use, from 54 in 2001 to seven in 2008; data for 2009–13 are not available .

The prevalence of HCV and HBV among PWID has been calculated based on bio-behavioural studies in 2007 among clients of the harm reduction programmes, in 2009 and in 2012/13 in Chisinau, Balti and Tiraspol and Ribnita. In the latest study (2012/13) the highest prevalence of HCV was recorded in Chisinau at 65.4 %, while the highest prevalence of HBV was in Balti at 12.4 % (Table 3).

Table 3: HCV and HBV prevalence among PWID in 2007, 2009 and 2012/13, in selected cities of the Republic of Moldova

Data collection site	**2007**				**2009**				**2012/2013**		
	HCV prevalence		**HBV prevalence**		**HCV prevalence**		**HBV prevalence**		**HCV prevalence**		**HBV prevalenc**
	Positive/tested	%	Positive/tested	%	Positive/tested	%	Positive/tested	%	Positive/tested	%	Positive/tested
Chisinau	67/183	36.6	12/183	6.6	225/301	72.8	34/301	10.9	231/339	65.4	25/339
Balti	97/145	66.9	5/145	3.4	249/362	70.2	41/362	14.2	164/362	38.5	36/362
Tiraspol	13/68	19.1	7/68	10.3	84/281	20.5	25/281	7.5	110/293	35.3	14/295
Ribnita	–	–	–	–	–	–	–	–	51/97	61.4	0/97

The bio-behavioural studies also examined prevalence of syphilis among PWID. In 2012/13 study the prevalence of syphilis in Chisinau was the highest at 12.7 %, followed by 8.5 % in Tiraspol and 8.2 % in Ribnita. The latest study indicates a considerable increase in syphilis prevalence among PWID when compared to 2007 and 2009 (range: 1.7–2.5 % in 2007 and 1.3–4.2 % in 2009). The latest data indicate that syphilis is more common among females, who inject drugs and those aged 25 and over (National Center of Health Management, 2014).

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Drug-induced deaths and mortality

The Republic of Moldova, specifically the territory on the right bank of the Dniester River, has not yet standardised the definition of drug-related death (DRD), and therefore does not have data to report in accordance with the standard DRD definition. Nevertheless, data for drug-related mortality are available from following Ministry of Health sources: the Forensic Medicine Centre (FMC); the general mortality database of the National Centre of Health Management; and the Republican Narcology Dispensary (RND).

In general, the forensic examination of a deceased person is performed according to the 'Regulations for the forensic examination of a corpse', approved on 24 February 1999 by the Ministry of Health. In compliance with these regulations, in the event of a DRD or if there is any suspicion of one and at the request of the prosecuting body, an expert performing the autopsy must sample the biological material required for toxicological investigations (blood, urine, portions of the viscera); however, this procedure may result in under-reporting of DRDs. The FMC is the only institution specialised in forensic and toxicological expertise on the right bank of the Dniester River. The FMC includes 34 regional offices and a specialised laboratory with four departments located nationwide, which analyses all biological samples from the entire territory.

The FMC is currently able to carry out a qualitative analysis of the main groups of illicit drugs. It therefore does not provide adequate supporting data to enable a forensic doctor to make an accurate diagnosis. The long period of time between the sampling of biopsies and the receipt of the final toxicology results (3–4 months after the death) may result in the death being registered as due to a cause other than that ultimately ascertained by the forensic doctor. The social stigma and the complexity of the legal procedures encourage relatives of deceased individuals to actively hide the real cause of death in cases of drug-related deaths.

In 2014 some 234 unnatural deaths were subject to toxicological investigations for the presence of illicit drugs, and in 99 cases the results were positive, representing 0.9 % of the total number of cases investigated (7 565 cases) and 3 % of the total number of suspected unnatural deaths (3 229 cases).

The highest number of DRDs was recorded by the FMC in 2013, when 109 cases with positive toxicological results were reported; the lowest number was recorded in 2008, when 10 cases were reported.

The general mortality register (GMR) records all deaths based on a death certificate issued by a medical doctor immediately after the death. DRDs are extracted using one of the codes F11.0–F19.9, X62.0, X42.0 and T40.0–T40.9 according to the 10th revision of the International Classification of Diseases (ICD-10). In 2014 only five DRDs were added to the GMR, with their causes attributed to code X42.0 ('Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified'). The discrepancy between the number of possible DRDs reported by the FMC and the GMR is mainly linked to the procedure the GMR uses to record death cases, as the results of toxicological analyses may become available later and are not further coordinated with the GMR data.

The data provided by the RND are gathered by district narcologists on the basis of lists of officially registered drug users, once information is received about their death. These data are illustrative of the overall mortality of registered drug users in the Republic of Moldova. Despite the fact that in previous years the register of the RND provided almost the same figures as the others two sources, in 2014 no deaths linked to an overdose were reported. Given the lack of information about the completeness of the reports at the national level, these data should be interpreted with caution.

Apart from the partial monitoring mechanisms reported above, no research studies on DRDs were performed in the country prior to 2015.

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Treatment responses

The drug treatment system in the Republic of Moldova is coordinated by the RND. All public and private treatment centres registered in the country are obliged to provide regular reports to the RND, while non-governmental organisations (NGOs) and therapeutic communities are exempt from the mandatory reporting system.

The RND, located in Chisinau, provides a wide range of outpatient and inpatient treatment, including rehabilitation. The rehabilitation and socialisation centre within the RND has 60 places (30 for outpatient care and 30 for inpatient care). The outpatient treatment services are provided without charge for people who are insured. The average length of the rehabilitation programme is 2.5 months.

Detoxification remains the main service offered to drug users in Moldova There are seven national public centres (including RND) and one private medical institution offering it. Detoxification may also be provided by the emergency and intensive care units of general hospitals. Detoxification is usually provided in inpatient units, and is covered by the mandatory medical insurance fund for those who are eligible for it, regardless of which institution provides the service. In some cases, other public funding may be used to cover treatment for people from socially vulnerable groups. If a client wants to remain anonymous and avoid registration in the Narcological Register, he/she must pay for the service.

There are also 37 outpatient narcological offices of the National Narcology Service in each region and in each municipality.

Comprehensive treatment for addiction following detoxification in residential institutions is not routinely available in the Republic of Moldova. Apart from the RND, rehabilitation services are provided in regional opioid substitution treatment (OST) centres (Balti Psychiatric Hospital and a private medical institution). Five NGOs provide rehabilitation services in a form of therapeutic community, based on 8- and 12-step programmes, work therapy and individual psychological counselling, but the number of treatment places in those programmes is limited. At the end of 2013 a total of 19 peer support groups in ten administrative territories of Moldova offered psychosocial support to drug users in outpatient settings.

In 2004 OST with methadone was introduced in the Republic of Moldova, and OST has also been available since 2005 in penitentiary institutions of the Ministry of Justice. At the end of 2014 OST was offered in three units of the RND in Chisinau, in the municipal hospital of Balti and in 11 treatment units in the penitentiary system (out of 18 potentially eligible institutions).

The number of people receiving substitution treatment was quite low until 2006 (73 covered at any point in time) because of the restrictive admission criteria. These criteria were revised in 2007, which led to an increase in the number of new clients enrolled in methadone maintenance treatment (MMT). In 2011 the Ministry of Health adopted a new national standard of treatment, care and support for drug users. By the end of 2014 a total of 1 313 drug users had been enrolled in MMT.

In addition to OST services, prisoners can also receive addiction care services in 'Pruncul' Penitentiary Hospital.

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Harm reduction responses

The first harm reduction programme was introduced in the Republic of Moldova in 1997, and since then provision has continued to expand due to cooperation between the Ministry of Health and NGOs and/or public organisations, and support from the Soros Foundation in Moldova. Until now, all activities in this area have been funded through external resources.

The basic components of the harm reduction strategy for PWID in the Republic of Moldova comprise the following main components:

- information/education/outreach about HIV and ways of preventing it in the context of high-risk practices (distribution of informational material and condoms, workshops) in public settings, and in penitentiary settings of the Ministry of Justice;
- provision of MMT in public settings, and in penitentiary settings of the Ministry of Justice;
- provision of clean needles and syringes to people who inject drugs in public settings, and in penitentiary setting of the Ministry of Justice;
- referral of drug users in public settings to medical and social services (offering medical counselling, usually for sexually transmitted infections, psychological counselling, pre- and post-HIV test counselling).

By the end of 2014 five projects in public settings were providing harm reduction services to prevent the spread of HIV among PWID, providing in particular information/education/outreach, needle exchange and referral to medical and social services in 24 administrative territories. These services were implemented by the NGO sector, and funded by a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The annual number of PWID registered with harm reduction programmes in the public sector increased from 5 571 in 2004 to 14 815 in 2011. However, funding for the services was reduced in 2010–11. In 2014 the number of beneficiaries who received at least one harm reduction service during the year was 9 310.

In 2014 harm reduction programmes distributed 2 039 750 syringes and 520 664 condoms (Table 4).

Table 4: Number of condoms and syringes distributed to people at a high risk of HIV infection (PWID, female sex workers, and men who have sex with men), 2006–14

	2006	2007	2008	2009	2010	2011	2012	2013	2014
Condoms (total)	845 593	700 085	855 294	964 044	862 136	767 487	998 147	778 791	520 664
Syringes (total)	2 278 592	1 983 941	1 976 144	1 779 443	1 644 262	1 827 859	1 887 578	1 963 500	2 039 750

Harm reduction activities in prisons are carried out by outreach workers recruited from among the inmates and these activities take place within the medical services of the penitentiary institutions. In 2014, in all 18 penitentiary institutions, the distribution of informational materials and workshops on HIV/acquired immune deficiency syndrome (AIDS) prevention were organised within the framework of the Harm Reduction Strategy. The needle exchange points were open on a 24-hour basis, seven days a week in 11 penitentiary institutions.

There is no specific HBV immunisation programme for high-risk groups; however, the nationwide immunisation of newborns started in 1995.

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Drug markets and drug-law offences

The Republic of Moldova is perceived as a country that produces plant-based narcotic substances, although this production is limited to local needs and some decline in production was noted in 2014. Plant-based drugs are still being produced, mainly in the north and north-east areas of Moldova, and then transported to other parts of the country and, to a very limited extent, to the neighbouring countries of Ukraine and Russia. Synthetic drugs such as ecstasy are imported from the European Union, while the production of methamphetamine (pervitin) has been registered in the country since the late 1990s. Cocaine and heroin are primarily transported through Moldova, with very small amounts diverted for consumption within the country.

The reporting of the statistical data on crimes from the left bank of the Dniester River ceased in the early 1990s, following the trans-Dniestrian conflict, currently frozen, that divided the country into territories on the right and left banks of the river. There is also no exchange of data on drug-law offences. The data below therefore refer only to drug-law offences registered on the right bank of the Dniester River.

At the end of 2005 new modifications to the Penal Code were approved. The main modifications were made to the criminal qualification for the cultivation of plants containing drugs, which had previously qualified as an administrative offence but is now considered to be subject to penal punishment. In the list of substances approved at the end of January 2006 no new substances were added to those for which penal sanctions are applied.

A slight downward trend is noticeable in the reported number of drug-law offences, from 2 377 in 2003 to 1 248 in 2014. In terms of geographical distribution, most drug-law offences are registered in the north of the country where the plants are cultivated. The majority of drug-law offenders are over the age of 30. Although there was an increase in the proportion of drug-law offenders in this age group from 2007 to 2008 (48.2 % in 2007; 60.3 % in 2008), in the following years the share of these offenders declined to 51.4 % in 2014, while the proportion of those aged 25–29 and 16–17 increased. In 2014 the proportion of females arrested for drug-law offences was 15.6 %, which is higher than in previous

years (13.2 % in 2012; 11.0 % in 2013). The data on the amount of drugs seized in the territory of the right bank of the Dniester River during 2009–14 are presented in Table 5. Reporting of drug seizures is mainly paper-based, and there have been difficulties with entering the data into an electronic database for further processing. This fact reduces the quality of the data and of the inferences to be drawn from them.

Cannabis remains the main substance seized in the Republic of Moldova, followed by opiates and synthetic stimulants. A significant decrease in the amounts of poppy straw and acetylated opium seized was registered between 2009 and 2014.

Table 5: Amount of drugs seized, right bank of the Dniester River, 2009–14

Illicit substance	**Seized**					
	2009	**2010**	**2011**	**2012**	**2013**	**2014**
Herbal cannabis (kg)	658.607	53.817	213.214	224.442	197.632	149
Cannabis resin (kg)	25.130	35.367	15.036	89.720	82.448	163.880
Cannabis plants (number of plants)	59 699 000	44 383 000	87 961	152 961	156 553	200 548
Poppy straw (kg)	73.600	73.884	21.465	11.960	7.487	45.075
Poppy plants (number of plants)	47 749	64 993	32 413	11 255	19 790	49 000
Heroin (kg)	1.642	4.157	1.486	1.445	336.263	1.955
Acetylated opium (l)	27.142	3.033	6.860	2.452	2.912	5.430
Cocaine (kg)	5.958	0.004	0.052	0.115	0.010	0.025
Amphetamine (kg)	0.026	2.11	0.286	0.135	0.262	1.790
Methamphetamine (kg)	0.619	0.025	0.871	0.077	101.848	0.090
Ecstasy (pills)	1 854	1 172	1 097	3 221	347	6 428

Source: Ministerul Afacerilor Interne al Republicii Moldova, 2015.

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National drug laws

Drug use is not a criminal offence, but remains an administrative offence in the Republic of Moldova according to Article 85 of the Administrative Offences Code passed in 2008. The innovation of the new Administrative Offences Code is the introduction of a legal entity's liability and the application of community service as a sanction for a drug-related administrative offence. At the same time, this new code excludes the application of arrest for personal drug use. Thus, the illegal purchase or possession of narcotic drugs or psychotropic substances in small amounts ([2]) without the purpose of distribution, as well as their consumption without a medical prescription, are sanctioned with a fine of up to three conventional units ([3]) or with community service of up to 40 hours.

Law No. 277-XVI dated 4 November 2005 on the amendment of the Administrative Contraventions Code, of the Penal Code of the Republic of Moldova and of the Penal Procedure Code of the Republic, increased the fines for:

- the illegal (unauthorised) cultivation of plants that contain drugs or psychotropic substances, in small amounts and without the purpose of distribution;
- the unauthorised production, preparation, processing, experimenting, purchasing, storing, delivery, transportation, distribution, or carrying out of any other operations with precursors.

It also defined the penal sanctions for the large-scale illegal (unauthorised) cultivation of plants that contain drugs or psychotropic substances, the illegal circulation of precursors with the purpose of producing or processing drugs, psychotropic substances or their analogues, and the illegal circulation of materials and equipment designed for the production or processing of drugs, psychotropic substances or their analogues.

According to the amendments made to the Penal Code in 2008, the punishments for drug-related crimes were reduced, with (depending on the case) the application of alternatives to imprisonment, such as community service, being promoted and their use increased.

Following the Law of the Republic of Moldova No. 277-XVI, dated 4 November 2005, the amount of every type of drug that serves as a basis for its possession being considered a crime or an administrative offence has been defined by the Resolution of the Government of the Republic of Moldova No. 79, dated 23 January 2006, 'On the approval of the list of drugs, psychotropic substances, and plants that contain these substances, identified in trafficking, and their amounts'. The 2008 amendments to the list are characterised by an increase in the minimum amounts of drugs rendering the possessor liable to penal sanctions. Aprophen ([4]) and phenazepam ([5]) were added in this list in 2008.

Law No. 382-XIV, of 6 May 1999, 'On the circulation of narcotic drugs, psychotropic substances, and precursors', is the main piece of legislation promoting the state drug policy. This law sets up the institutional framework for the promotion of the state policy on drugs and psychotropic substances; it regulates the circulation (import, export, transit, use, deposit, destruction, etc.) of narcotic drugs, psychotropic substances and precursors, and regulates the authorisation of the circulation of these substances. New amendments to the law were passed in 2008 and 2011. The latest amendment provides a legal base for establishing the National Anti-Drug Commission and defines its competences.

([2]) In compliance with the Resolution of the Government of the Republic of Moldova No. 79, dated 23 January 2006, 'On the approval of the list of drugs, psychotropic substances, and plants that contain these substances, identified in the trafficking, and their amounts'.

([3]) One conventional unit is equal to MDL 20 or EUR 1.07 (the medium exchange rate in 2014 was EUR 1 = MDL 18.6321 (http://bnm.md/md/medium_exchange_rates)).

([4]) Muscarinic antagonist.

([5]) Benzodiazepine drug.

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National drug strategy

On 27 December 2010 the Government adopted the National Anti-Drug Strategy for 2011–18 and the National Anti-Drug Action Plan for 2011–13, which is an integral part of the Strategy. The Strategy describes the current drug situation in the country and defines objectives, actions and measures, and also clarifies the roles and responsibilities of different actors involved in the fight against drugs at the national level. This is a second national drug strategy and, similar to the first one, it continues to support a balanced approach to address drugs and drug-use related problems. The Strategy is built on the four pillars of: (1) primary prevention; (2) treatment and rehabilitation; (3) harm reduction; and (4) drug supply reduction.

It is envisaged that the strategy will: contribute to the stabilisation and reduction of drug use at the population level, and especially among young people, by limiting accessibility to illicit substances; minimise the economic, health, social, criminal and security risks related to drugs; increase the quality of life of people using drugs through the provision of comprehensive harm reduction, treatment and rehabilitation services; and decrease or eliminate the domestic production of plants containing narcotics.

In 2013 development and implementation of the anti-drug activities under the Action Plan for 2011–13 of the National Anti-Drug Strategy for 2011–18 was limited because of lack of qualified human resources, financial resources, equipment, etc. In 2013 Decision No. 2 of the National Anti-Drug Commission of 24 September 2013 was approved. According to this decision, a nominal membership of the working group under the National Anti-Drug Commission Secretariat for the development of the National Anti-Drug Action Plan for 2014–16 was approved, who were in charge of coordinating the proposals with the relevant persons in the ministries to propose a draft National Action Plan for 2014–16 by the end of 2013. The Anti-Drugs Action Plan was developed in compliance with the comprehensive form of the drug policy according to the National Anti-Drugs Strategy for 2011–18 of the Republic of Moldova, covering the following areas: drug demand reduction, harm reduction, drug supply reduction coordination, funding, training of officials, monitoring and reporting, education and public awareness, international cooperation, evaluation of activities. It includes general and specific objectives and concrete actions to be implemented by all institutions involved in reducing the impact of the drug phenomenon at the national level.

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Coordination mechanism in the field of drugs

With the adoption of the new National Anti-Drug Strategy for 2011–18 and further amendments to Law No. 382-XIV 'On the circulation of narcotic and psychotropic substances and their precursors', the Interdepartmental Commission for Drug Abuse and Drug Trafficking Control, established in 2000, was replaced by the National Anti-Drug Commission. The National Anti-Drug Commission is an interdepartmental Government body. The nominal composition of the Commission was adopted by Government Decision No. 481 of 4 July 2011. It consists of 19 members representing different line ministries and central authorities whose activity is related to the prevention and tackling of illicit drug use and trafficking. Membership of the central-level institutional part of the Commission in 2011 is as follows: Prime Minister's Office; Ministry of Internal

Affairs; Ministry of Health; Ministry of Justice; Ministry of Defence; Ministry of Education; Ministry of Youth and Sports; Ministry of Labour, Social Protection and Family; Ministry of Foreign Affairs and European Integration; Border Service; Customs Service; Intelligence and Security Service, Medicines Agency; the Soros Foundation — Moldova; and the United Nations Office on Drugs and Crime (UNODC).

The main tasks of the Commission are to stipulate the implementation of the UN Conventions at the national level, oversee the implementation of the national drug policy, including the National Anti-Drugs Strategy and the relevant Action Plans, and coordinate the activities of different actors involved in the implementation of the Strategy. The Commission is chaired by the Deputy Prime Minister. The Commission held two meetings in first half of 2014. However, in the second part of the year the National Anti-Drug Commission's work was stopped as the new regulations for its operation needed to be developed and the pre-election period began. The procedure for amending the new rules of activity and change of structure of the National Anti-Drug Commission were proposed.

In 2015, following the approval of the new Anti-Drug Action Plan, the new rules of activity, the National Anti-Drug Commission resumed its operations.

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Key national figures and statistics

	Year	Moldova	Source
Population ([1])	2014	3 557 634	Eurostat (http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00001&plugin=1)
Population by age classes			
15–24	2013	16.2 %	Eurostat (http://ec.europa.eu/eurostat/tgm/refreshTableAction.do?tab=table&plugin=1&pcode=tps00010&language=en)
25–49	2013	38.1 %	Eurostat (http://ec.europa.eu/eurostat/tgm/refreshTableAction.do?tab=table&plugin=1&pcode=tps00010&language=en)
50–64	2013	19.7 %	Eurostat (http://ec.europa.eu/eurostat/tgm/refreshTableAction.do?tab=table&plugin=1&pcode=tps00010&language=en)
GDP per capita	2014	2 238.9 USD	World Development Indicators (http://databank.worldbank.org/data/reports.aspx?Code=NY.GDP.PCAP.CD&id=af3ce82b&report_name=Popular_indicators&populartype=series&ispopular=y)
Unemployment rate ([2])	2013	5.1 %	National Bureau of Statistics (http://www.statistica.md/index.php?l=en)
Unemployment rate of population aged under 25 years ([3])	2013	14.5 %	National Bureau of Statistics (http://www.statistica.md/index.php?l=en)
Prison population rate (per 100 000 of national population) ([4])	2014	201.3	Council of Europe, SPACE I-2014.1 (http://wp.unil.ch/space/files/2016/05/SPACE-I-2014-Report_final.1.pdf)

([1]) As of 1 January 2014.

([2]) Unemployment rates represent unemployed persons as a percentage of the labour force. Unemployed persons comprise those aged 15–74 who were: (a) without work during the reference week; (b) currently available for work; (c) actively seeking work. Information is presented without the data on districts from the left side of the Dniester River and the municipality of Bender.

([3]) Information is presented without the data on districts from the left side of the Dniester River and the municipality of Bender.

([4]) Situation of penal institutions on 1 September 2014.

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