

Health Promotion for Young Prisoners (HPYP)

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National Literature Review: Romania

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I. EXECUTIVE SUMMARY

The main systems responsible with offender rehabilitation in Romania are the social work system and the criminal justice system. The first targets non-criminally liable under-aged offenders and uses as rehabilitation means a series of special protection measures, which aim at protecting their rights and re-establishing the environment needed for proper development. The criminal justice system targets criminally liable offenders, both under-aged and legally-aged. The organization of the Romanian criminal justice system follows the traditional line of three phases: pre-trial (police and prosecutors' investigations), trial and post-trial (execution of sentences). The Criminal Code in force makes available to the Courts two types of criminal sanctions: punishments and educational measures. These are imposed to guilty offenders depending on their legal age and the offence they committed. The two institutions with the responsibility of organizing sentence execution are the National Administration of Penitentiaries (ANP) for all custodial sanctions, and the Probation Services (SP) for some community sanctions. A new Criminal Code is coming in force in the following period.

Statistical data from ANP shows that currently young prisoners (YP) represent 20% of the total prison population (PP). According to their age structure, 61% are aged between 21-24 years, 31% between 18-21 years and 8% between 14-18 years. Until 2008, the YP population registered a decreasing trend, similar to that of the adult PP. A mild increase was registered after 2008. Most of the criminal offences committed by youth consist in theft and robbery. Drug use in prisons is also common among youth. In 2008, according to the National Anti-drug Agency (ANA), about 29% of the prisoners declaring to have a drug use history were aged up to 24 years. According to the 2009 HIV, HBV and HCV Behavioral Surveillance Survey among injecting drug users (IDUs) in Bucharest implemented under the coordination of the United Nations Office on Drugs and Crime (UNODC), 56% of the IDUs (aged between 18-24 years, ex-prisoners and with a drug use history) declared they injected themselves while in prison. According to the 2009 HIV, HBV and HCV Behavioral Surveillance Survey among prisoners in Romania implemented under the coordination of the Romanian Angel Appeal Foundation (RAA), data on the age group 18-24 years shows that 9% used cocaine; 6% injected with substances; 4% received / had access to free of charge sterile needles / syringes; 49% got tattooed in prison; 22% used condom during their last intercourse; 47% received / had free access to condoms; 53% attended sessions on HIV/AIDS; 33% were tested for HIV in their lifetime.

Medical care in prison is provided by the prison medical network, including 40 primary care offices, 45 dental and other specialty care offices, 10 dental labs, 40 pharmacies and 6 prison-hospitals. The main persistent problem of the Romanian prison medical network is the high deficit of medical staff. ANP's strategic objectives on medical care for the next years include ensuring needed resources, developing programs for the prevention of diseases, education of prisoners and health promotion, and increasing efficiency in the cooperation with the public medical sector. The main areas on which prison medical programs focus are HIV prevention, harm reduction among IDUs, tuberculosis control and mental health. ANP cooperates with different international organisms and with national public institutions and non-governmental organizations in order to improve and promote medical care in the prison setting.

II. NATIONAL BACKGROUND INFORMATION ON THE CRIMINAL JUSTICE SYSTEM¹

The legislation on criminal matters in Romania can be structured according to the age of the offender. Article 99 of the Criminal Code establishes the *limits of criminal liability* as follows:

- Under 14 years of age – no criminal liability;
- Between 14 and 16 years of age – criminal liability dependent on proved discernment while committing the criminal offence;
- Over 16 years of age – full criminal liability.

The main systems which are responsible with offender rehabilitation are the social work system and the criminal justice system. Offenders under 14 years of age (which are non-criminally liable) and those which are under 16 years of age (with no discernment while committing the offence, and thus non-criminally liable) are referred to the social work system. Offenders between 14 and 16 years of age for which discernment while committing the criminal offence was proved, and those over 16 years of age are fully criminally liable and thus are referred to the criminal justice system.

II.1. Social Work System

Law no. 272 / 2004 on the protection and promotion of child rights is the main legislation in force which covers the measures taken for *non-criminally liable offenders*. The law uses the term “child that committed a criminal offence and is non-criminally liable”. For the purpose of this literature review, we will use the term non-criminally liable offenders when referring to this category.

According to articles 55 and 80 of Law no. 272 / 2004, the *special protection measures* that can be taken in these cases are the following:

- Specialized supervision, if the non-criminally liable offender is in the care of his parents;
- Placement in the extended family, with a foster family or within a residential centre, if it is not possible to maintain the non-criminally liable offender within his family or if his family didn't fulfill the obligations established while the minor was under specialized supervision.

According to articles 53 and 54 of the same law, these types of protection measures can be established and applied only after an individualized protection plan is made by a public social work service. Article 80 also stipulates that the decision to apply these measures is taken by a Child Protection Committee if the parents' agreement exists, or by the Court (usually a judge panel specialized in family matters) if the parents' agreement doesn't exist. According to the same article, the decision has to take into account the following:

- Conditions which favored the criminal offence;
- Offence's degree of social danger;
- Environment in which the offender developed;
- Risk of reoffending;
- Any other elements that can characterize the situation of the offender.

Non-criminally liable offenders for which a measure of specialized protection was taken have to comply with certain obligations. Article 81 of Law no. 272 / 2004 stipulates among these obligations school attendance, use of day-care services, medical treatment, counseling or psychotherapy, and ban on attendance in certain places or contact specific persons. If one or more of these obligations are broken, the Child Protection Committee or the Court, depending on the existence or lack of the parents' agreement, can decide to impose the second type of measure – *placement in the extended family or with a foster family*. According to article 82 of the same law, if the offence has a high degree of social danger² or if the non-criminally liable offender is committing another criminal offence, the placement can be made within a *specialized residential centre* administered by the public social work service.

II.2. Criminal Justice System

The criminal justice system is responsible with the rehabilitation of *criminally liable offenders*. According to the Romanian legislation in force (e.g. Criminal Code, Law no. 275 / 2006 for the execution of punishments), criminally liable offenders are divided as follows:

- Minors – between 14 and 18 years of age;
- Youth – between 18 and 21 years of age;
- Adults – over 21 years of age.

For the purpose of the present review, *criminally liable young offenders* are considered to be between 14 and 24 years of age.

II.2.1. Criminal Sanctions

According to article 17 of the Criminal Code “criminal offence is the sole ground for criminal liability” and for an act to be considered criminal offence it has to meet simultaneously three conditions: constituted as social danger, committed with guilt and be stipulated by the criminal law. If these three conditions are met, then a criminal sanction can be imposed.

The Criminal Code stipulates two types of *criminal sanctions*: punishments and educational measures. These are imposed to guilty offenders depending on their legal age (under or over 18 years of age). The following table structures the applicability of criminal sanctions according to the Romanian Criminal Code.

Table 1 – Structure of criminal sanctions in Romania

Criminal sanction	Title of criminal sanction	Type of Individualization	Place of execution	Legal age (18 years)	Criminal Code	Institution
Punishments	Life imprisonment	Prison enforcement	Custody	Over	art. 54-55 ²	ANP ¹
		Parole	Community	Over	art. 55 ¹	-
	Imprisonment (from 15 days to 30 years)	Prison enforcement	Custody	Both	art. 57	ANP
		Suspended sentence	Community	Both	art. 81-86, art. 110	-
		Suspended sentence with supervision	Community	Over	art. 86 ¹ -86 ⁶	SP ²
		Suspended sentence under supervision or control	Community	Under	art. 110 ¹	SP
		Workplace enforcement	Community	Both	art. 86 ⁷ -86 ¹¹	WP ³
		Parole	Community	Both	art. 59-61	-
	Fine	Payment enforcement	Community	Both	art. 63	-
		Replaced with imprisonment	Custody	Both	art. 63 ¹	ANP
Suspended sentence		Community	Both	art. 81-86, art. 110	-	
Educational measures	Reprimand	Enforcement	Community	Under	art. 102	-
	Supervised liberty	Enforcement	Community	Under	art. 103	SP
	Internment in a rehabilitation center	Enforcement	Custody	Under	art. 104	ANP
	Internment in a medical-educational institute	Enforcement	Custody	Under	art. 105	-

Legend: ¹ National Administration of Penitentiaries, ² Probation Service, ³ Workplace.

Source: Criminal Code, cited in Szabo, A., 2010. Wrong, guilt and punishment: about offender rehabilitation. In: D. Buzducea, ed. *Social Work with Groups at Risk*. Iași: Polirom Publishing, forthcoming. [Revised version]

Criminally liable under-aged offenders (between 14 and 18 years) are sanctioned either with an educational measure or with a punishment, while legally-aged offenders (over 18 years) are sanctioned by punishments. Thus, *criminally liable young offenders* (as defined in the present project between 14 and 24 years of age) can be sanctioned both with punishments and educational measures.

II.2.1.1. *Sanctions for Criminally Liable Under-Aged Offenders*

When choosing the sanction for a criminally liable under-aged offender, article 100 of the Criminal Code stipulates that the Court has to take into account the following:

- Offence's degree of social danger;
- Offender's physical condition;
- Offender's intellectual and moral development;
- Offender's conduct;
- Environment in which the offender developed;
- Any other elements that can characterize the offender as person.

According to the same article, punishments can be enforced only if educational measures are found to be insufficient for the rehabilitation of the criminally liable under-aged offender. Also, article 109 of the Criminal Code stipulates that life imprisonment sentences cannot be imposed and punishments' limits are halved. In general, in what concerns criminally liable under-aged offenders, educational measures have to be considered first, while punishments have to be seen as the last option as they are more coercive and less preventive. Educational measures are imposed in order "to educate and re-educate the under-aged who committed a criminal offence, to ensure a change in his conscience to respect the social values by acquiring educational and professional training to allow full integration into society" (Mitrache, 1994, p.355). The main content of the educational measures available in the Romanian criminal legislation is as follows:

- Reprimand (article 102, Criminal Code) consists in reminding the under-aged the fault in his act by showing its social danger, advising him on the way he should behave in order to prove rehabilitation and pointing to the fact that re-offending will draw the imposition of a more severe educational measure or a punishment.
- Supervised liberty (article 103, Criminal Code) consists in letting the under-aged free for one year, under specialized supervision. The supervision can be made by the natural parents, the foster parents or the tutor. When they cannot provide satisfactory conditions, the Court can decide to entrust supervision with a relative or with the SP. The Court can also impose one or more obligations, such as ban on attendance in certain places, contact specific persons or do between 50 and 200 hours of community service.
- Internment in a rehabilitation centre (article 104, Criminal Code) consists in interning the under-aged in a center (managed by the ANP) in which he/she has the possibility to acquire educational and professional training according to his/her own skills. This measure is taken when the other two are considered insufficient.
- Internment in a medical-educational institute (article 105, Criminal Code) consists in interning the under-aged in an institute that can provide the medical treatment and the educational training needed to improve the physical and psychological state of the under-aged. Presently, this type of institute doesn't exist in Romania and as a consequence, the article is not applicable.

II.2.1.2. *Sanctions for Legally-Aged Offenders*

Punishments are imposed on legally-aged offenders (over 18 years), and as previously mentioned imprisonment and fine can also be imposed on criminally liable under-aged offenders (between 14 and 18 years), sentence limits being halved.

According to article 52 of the Criminal Code, the criminal sanction called *punishment* is "a measure of coercion and a means of rehabilitation of the convicted person. Its purpose is preventing reoffending. The execution of punishment intends to form a correct attitude towards work, the rule of law and the rules of social life". Offenders that executed a punishment are seen as being rehabilitated.

Custodial punishments, such as life imprisonment and imprisonment, are executed in detention units of ANP, according to the progressive and regressive systems. Convicted persons can execute their sentences under specific detention regimes, depending on their punishment and behavior during incarceration. Chapter 2 of Law no. 275 / 2006 for the execution of punishments stipulates four types of custodial regimes, as follows:

- Maximum security regime is applied to persons with a conviction of life imprisonment or imprisonment higher than 15 years, and also to convicted persons considered to be of high risk. This type of regime is not applied to men over 60 years of age and women over 55 years of age, to pregnant women or caring for a child less than one year of age, to criminally liable under-aged offenders and to severe disabled persons. This type of regime can be changed with a less severe one after at least 8 years of the sentence is served.
- Closed regime is applied to persons convicted to imprisonment between 5 and 15 years. These persons can work outside the prison with approval from the prison administration and only under continuous guard. After at least 1/4th of the sentence is served, this regime can be changed to a less severe one.
- Semi-opened regime is applied to persons convicted to imprisonment between 1 and 5 years. These persons can work and do other activities (educational, cultural, therapeutic, etc.) outside the prison under supervision. After at least 1/4th of the sentence is served, this regime can be changed to a less severe one.
- Opened regime is applied to persons convicted to imprisonment less than 1 year. These persons can work and do other activities outside the prison with no supervision.

Custodial punishments can also be executed in the community. Persons convicted to life imprisonment can be paroled after 20 years of detention were served, or after 15 years of detention were served if the person is over 60 years for men and 55 years for women, as stipulated by article 55¹ of the Criminal Code. Also, besides actual enforcement, the punishment of imprisonment (between 15 days and 30 years) can be individualized by the Court in ways that imply execution in the community. According to article 72 of the Criminal Code, such individualizations depend on criteria as punishment limits, offence's degree of social danger, offender's behavior and mitigating or aggravating circumstances. The main types of community execution for the imprisonment punishment are as follows:

- Suspended sentence (articles 81-86, Criminal Code) can be imposed if the punishment is imprisonment under 3 years, the offender was not previously convicted with imprisonment higher than 6 months and it is considered that the punishment's purpose can be reached without its enforcement. The sole obligation of the convicted person while under suspended sentence is to not re-offend.
- Suspended sentence with supervision (articles 86¹-86⁶, Criminal Code) can be imposed if the punishment is imprisonment under 4 years, the offender was not previously convicted with imprisonment higher than one year and it is considered that such a sentence constitutes a warning enough to prevent re-offending. The convicted person has to comply with certain measures and obligations, his/her supervision being under the responsibility of the SP. A similar type of individualization available for the imprisonment punishment imposed to criminally liable under-aged offenders is the suspended sentence under supervision or control (article 110¹, Criminal Code) its limits being halved.
- Workplace enforcement (articles 86⁷-86¹¹, Criminal Code) can be imposed if the punishment is imprisonment under 5 years and the offender was not previously convicted with imprisonment higher than one year. This individualization is actually a type of pecuniary sanction: from the income earned by the offender, a quota of 15 to 40 percent, depending on his/her level of the income and caring obligations, is retained and transferred to the state budget. This sanction also imply the following conditions: social insurance rights are established after the quota is retained, the time executed at the workplace is not added to the working years necessary for pension rights, workplace can be changed only with Court approval, promotion and management positions are not available.

- Parole (articles 59-61, Criminal Code) is possible after the person served at least 2/3rds of the sentence in case of imprisonment less than 10 years and at least 3/4ths of the sentence in case of imprisonment higher than 10 years. The sole obligation of the convicted person while under parole is to not re-offend.

The fine is the main non-custodial punishment available in the Romanian criminal legislation in force. Besides its actual enforcement, the fine can be suspended (as with imprisonment, according to articles 81-86 of the Criminal Code) or can be replaced with imprisonment if the convicted person fails to pay it (article 63¹ of the Criminal Code).

II.2.2. Institutional Arrangements

The organization of the Romanian criminal justice system follows the traditional line of three phases:

- Pre-trial phase – divided into two types of investigations, conducted by the police and the prosecution, through which proves are collected on the criminal offence, the offender and his/her criminal liability.
- Trial phase – with the purpose of establishing the truth, the guilt and the suitable sentence. The judicial structure in Romania includes one Supreme Court, 15 Appeal Courts, 41 County Courts, 4 Specialized Courts (for under-aged and family matters and for commercial cases) and 177 Local Courts.
- Post-trial phase – covers the execution of sentences. Two institutions have the responsibility of organizing sentence execution: ANP (for all custodial sanctions) and the PS (for some community sanctions).

ANP is “a public institution of national interest, with legal entity, under the subordination of the Ministry of Justice (...) which contributes to the defense of public order and national security by providing guard, escort, surveillance, applying the custodial regimes and organizing social and educational activities for the reintegration of prisoners” (article 1, Resolution no. 1849 / 2004).

The main legislative framework that regulates the activities of ANP includes:

- Resolution no. 1849 / 2004 on the organization, functioning and attributions of the ANP;
- Order no. 2003 / 2008 on the Regulations for the organization and functioning of the ANP;
- Law no. 293 / 2004 on the statute of public servants within the ANP;
- Law no. 275 / 2006 on the execution of punishments;
- Resolution no. 1897 / 2006 on the Rules for the implementation of Law no. 275 / 2006.

ANP takes into custody persons under preventive detention and with a final and conclusive sentence. Detention regimes are applied only to convicted persons, while those in preventive detention are under a special regime. There are 44 detention units presently in Romania (see the map below):

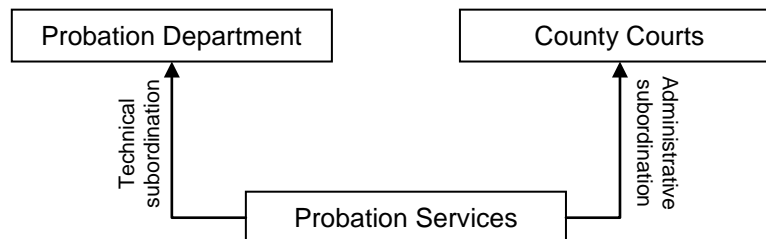
- 32 prisons (Aiud, Arad, Bacău, Baia Mare, Bârcea Mare, Bistrița, Botoșani, Brăila, București-Jilava, București-Rahova, Codlea, Colibași, Craiova, Drobeta-Turnu Severin, Focșani, Galați, Gherla, Giurgiu, Iași, Mărgineni, Miercurea Ciuc, Oradea, Pelendava, Ploiești, Poarta Albă, Satu Mare, Slobozia, Târgu Mureș, Târgu-Jiu, Timișoara, Tulcea, Vaslui);
- One female prison (Târgșor);
- 2 prisons for minors & youth (Craiova, Tichilești);
- 6 hospital prisons (București-Jilava, București-Rahova, Colibași, Dej, Poarta Albă, Târgu-Ocna);
- 3 re-education centers (Buziaș, Găești, Târgu-Ocna).

No halfway houses are available for parolees in Romania at the moment. Newly paroled persons with needs such as housing and employment have the right to apply for the support of the social work public services or non-governmental organizations, if they comply with conditions stipulated in specific social welfare legislation or the programs developed in local communities.

Graphic 1 – Map of detention units in Romania

Source: Website of the National Administration of Penitentiaries: <http://www.anp-just.ro>

SP are specialized bodies with no legal entity under the technical subordination of the Probation Department within the Ministry of Justice and the administrative subordination of County Courts. The Probation Department was established in 2000 by the Minister of Justice's Order no. 2626, is functioning under the subordination of a State Secretary and has as main responsibilities the management, coordination and control of activities in the field of probation. County Courts provide space and financial support to all SP.

Graphic 2 – Subordination of Probation Services in Romania

Source: Szabo, A., 2009. *Development perspectives of the probation institution in Romania. Research report*. Bucharest: University of Bucharest Publishing, p. 12.

The main objective of SP in Romania is the social reintegration of offenders which execute their sentence in the community (article 1, Ordinance no. 92 / 2000 on the organization and functioning of SP). Not all criminal sanctions executed in the community are under the supervision of the SP (see Table 1). The following types of community sanctions are supervised by the SP:

- Suspended sentence with supervision (articles 86¹-86⁶, Criminal Code);
- Suspended sentence under supervision or control (article 110¹, Criminal Code);
- Supervised liberty (article 103, Criminal Code).

Besides supervision in the community, SP also provide, among others (Szabo, 2009, 13):

- Evaluation reports on criminally liable offenders to the Courts and the Prosecution Offices;
- Evaluation reports on non-criminally liable offenders to the Courts and the Child Protection Committees;
- Assistance and counseling to convicted persons under probation supervision;

- Psychological counseling to victims of criminal offences;
- Participation in Parole Boards organized in prisons;
- Participation at hearings of criminally liable under-aged offenders during the pre-trial phase.

The provisions of article 102 of the new Criminal Code, approved by the Romanian Parliament in 2009 and entering into force in the following year, stipulate that SP will also supervise parolees during their last part of sentence execution in the community. At the present moment, the sole attribution of SP in the prison setting is the participation in the Parole Boards mentioned above.

III. NATIONAL STATISTICAL BACKGROUND INFORMATION ON YOUNG PEOPLE IN PRISONS

According to data provided by ANP (August 2010), there are 5,658 YP aged between 14-24 years in Romanian detention units, 5,465 male (96.59%) and 193 female (3.41%). The total PP is of 28,185 prisoners. This means that YP represent 20% of the total PP.

Table 2 presents the gender and age distribution of YP. Those aged between 21-24 years represent more than half of the total YP population (58.91%). Criminally liable under-aged offenders (aged between 14-18 years) serving custodial sentences represent just 7.9% of the total YP population. This is because most of them are sentenced in the community. Data from the National Statistics Institute shows that in 2008 from a total of 3,624 convicted minors, 2,483 (68.52%) received community sanctions, while 1,141 (31.48%) received custodial sanctions.

Table 2 – Age structure and gender distribution of young prisoners

Age groups / Gender	Male		Female		Total YP	
	n1	%N	n2	%N	N*	%N
14-15 years	10	0.18	0	-	10	0.18
15-16 years	33	0.58	1	0.02	34	0.60
16-17 years	139	2.46	9	0.16	148	2.62
17-18 years	265	4.68	8	0.14	273	4.83
Subtotal 14-18 years	447	7.90	18	0.32	465	8.22
18-19 years	360	6.36	17	0.30	377	6.66
19-20 years	514	9.08	12	0.21	526	9.30
20-21 years	811	14.33	39	0.69	850	15.02
Subtotal 18-21 years	1685	29.78	68	1.20	1753	30.98
21-22 years	1015	17.94	32	0.57	1047	18.50
22-23 years	1089	19.25	30	0.53	1119	19.78
23-24 years	1229	21.72	45	0.80	1274	22.52
Subtotal 21-24 years	3333	58.91	107	1.89	3440	60.80
Total	5465	96.59	193	3.41	5658	100

Legend: *N = n1+n2 = 5,658 = Total YP.

Source: National Administration of Penitentiaries; Data reported on August 24, 2010.

Table 3 presents the distribution of YP in detention units according to the age structure. As it is expected, the majority of prisoners serving their sentence in re-education centers are aged between 14 and 18 years (95.88%). In minors and youth prisons, 72.61% of the YP population is aged between 18 and 21 years. As it is mentioned at the beginning of Section II.2., prisoners are considered youth up to 21 years of age by the Romanian legislation in force. From the total of youth between 14 and 24 years of age serving their sentences in prisons (as defined by the HPYP project), 68.57% are aged between 21 and 24 years. The criminally liable under-aged offenders serving their sentences in minors and youth prisons or in prisons were convicted by imprisonment punishments.

Table 3 – Age structure and detention units distribution

Age groups / Detention Units	RC ¹		MYP ²		P ³	
	n1	%n1	n2	%n2	n3	%n3
14-15 years	1	0.59	1	0.19	8	0.16
15-16 years	16	9.41	3	0.57	15	0.30
16-17 years	63	37.06	22	4.21	63	1.27
17-18 years	83	48.82	82	15.71	108	2.17
Subtotal	163	95.88	108	20.69	194	3.91
18-19 years	7	4.12	82	15.71	288	5.80
19-20 years	0	-	114	21.84	412	8.30
20-21 years	0	-	183	35.06	667	13.43
Subtotal	7	4.12	379	72.61	1367	27.53
21-22 years	0	-	30	5.75	1017	20.48
22-23 years	0	-	5	0.96	1114	22.43
23-24 years	0	-	0	-	1274	25.65
Subtotal	0	0.00	35	6.70	3405	68.57
Total	170	100.00	522	100.00	4966	100.00

Legend: ¹Re-education Centers; ²Minors & Youth Prisons; ³Prisons.

Source: National Administration of Penitentiaries; Data reported on August 24, 2010.

Table 4 presents the evolution of the PP in the last 10 years distributed on age groups. The YP population represented 29% of the total PP in 2000. The percentage decreased to 20% in 2010. The decrease (n2000 / n2010) was of 3.2 for the age group 14-18 years and of 2.4 for the age group 18-24 years. The decrease was continuous until 2008, a mild increase being registered in 2009 and 2010.

Table 4 – Evolution of prison population

Years* / Age groups	14-18 years		18-24 years		14-24 years (YP)		Total PP
	n1	%N	n2	%N	n1+n2	%N	N
2000	1521	3.15	12536	25.97	14057	29.12	48267
2001	1432	2.87	11908	23.89	13340	26.77	49840
2002	1396	2.90	11009	22.90	12405	25.80	48081
2003	895	2.09	8899	20.78	9794	22.88	42815
2004	851	2.18	8155	20.89	9006	23.07	39031
2005	864	2.35	7774	21.18	8638	23.54	36700
2006	756	2.22	6661	19.57	7417	21.79	34038
2007	538	1.83	5558	18.91	6096	20.74	29390
2008	431	1.64	4863	18.55	5294	20.20	26212
2009	470	1.76	5017	18.78	5487	20.54	26716
2010	473	1.68	5179	18.38	5652	20.05	28185

Source: National Administration of Penitentiaries; 2000-2009 data reported on December 31; 2010 data reported on August 16

Data from ANP (August 2010) shows that the average custodial sentence for under-aged offenders (14-18 years of age) is of 4 years and 8 months. The average custodial sentence for the total PP is of 7 years and 6 months. Life imprisonment sentences (totaling 145 sentences) were not taken into account for the calculation for this indicator. ANP didn't provide data on the average custodial sentence for the age group 18-24 years.

Table 5 presents the distribution of criminal offences, ordered by the percentage of YP out of the total PP. The highest percentage was registered for criminal offences against property (28.16%), mainly theft and robbery. The Criminal Code defines theft as taking someone's property without his consent in order to misappropriate it (article 208), while robbery is defined as theft committed by use of violence, threats or by leaving the victim unconscious or defenseless, as well as theft followed by the use of such ways in order to keep the stolen property, to erase the traces of the criminal offence or to ensure the escape (article 211).

Table 5 – Criminal offences and age distribution

Criminal offences / Age groups	14-18 years		18-24 years		14-24 years (YP)		Total PP
	n1	%N	n2	%N	n1+n2	%N	N
Against property	390	2.66	3743	25.50	4133	28.16	14678
Against social life	1	0.21	59	12.42	60	12.63	475
Drug use and trafficking ¹	0	-	179	11.88	179	11.88	1507
Against persons	80	0.87	1012	11.00	1092	11.87	9199
Forgeries	0	-	7	11.11	7	11.11	63
Organized crime ²	0	-	37	10.66	37	10.66	347
Against authority	0	-	8	10.39	8	10.39	77
Driving offences ³	1	0.12	70	8.40	71	8.52	833
Human trafficking ⁴	1	0.22	29	6.47	30	6.70	448
Against public interest	0	0.00	11	5.05	11	5.05	218
Subtotal	473	1.70	5155	18.51	5628	20.21	27845
Other offences	0	-	24	7.06	24	7.06	340
Total	473	1.70	5179	25.57	5652	27.27	28185

Legend: ¹Law 143/2000; ²Law 678/2001; ³Decree 195/2002; ⁴Law 678/2001; Data reported on August 16, 2010.

Source: National Administration of Penitentiaries.

ANP reported zero mortality among YP in 2010, first semester. Other data available on YP's health, risk behaviors and services:

- ANP (cited in ANA, 2005, 95) reports in December 2008 that 1,682 prisoners had a drug use history (prevalence of 63.97%), from which 74 (4.39%) were aged between 15 and 19 years, 415 (24.67%) between 20 and 24 years, 610 (32.26%) between 25 and 29 years and 583 (21.7%) over 30 years.
- ANA (2009, 97) reports that its subordinated centers for the drug prevention, evaluation and counseling delivered services in 2008 to 209 persons referred by the criminal justice system (either by detention units, courts, prosecutors, probation services and police) and with the following age structure: 8 (15-19 years), 59 (20-24 years), 62 (25-29 years), 49 (30-34 years), 22 (35-39 years), 7 (over 40 years) and 3 (no age specification).
- UNDOC (2010, 12) reports according to its 2009 HIV, HBV and HCV Behavioral Surveillance Survey among IDUs in Bucharest that "15% IDUs injected drugs while in prison. More than half IDUs (56%) aged 18-24 years, with imprisonment history and reported drug use, declared injecting while in prison as compared to 34% of those aged over 25".
- The HIV, HBV, HCV Behavioral Surveillance Survey among prisoners in Romania (RAA, 2010a), made in the period June-July 2009, reports within the sub-sample aged between 18 and 24 years the following data: 18% consumed cannabis at least once in their life; 9% used cocaine; 6% injected themselves with combinations of medication, alcohol and other substances; 4% received or had access to free sterile needles or syringes; 49% got a tattoo during detention; 19% got pierced; 23% intentionally cut their body; 16% used razor blades in common with others; 70% used trimmer scissors in common with others; 22% used condom during their last intercourse; 47% received or had free access to condoms; 53% attended information sessions on HIV/AIDS; 64% had access to leaflets or documentary films on HIV/AIDS; 14% attended training courses for HIV/AIDS peer-educator; 58% received or had access to free information on HIV testing; 33% were tested for HIV in their lifetime; 26% were tested for HIV during the last 12 months and 23% of then were tested for HIV in the prison setting.

IV. POLICIES, PRACTICES AND INITIATIVES ON HEALTH PROMOTION FOR YOUNG PRISONERS

ANP has a common policy for all health related issues, without differentiating between young and adult prisoners. Thus, the subsequent description is applicable to prisoners of all ages.

IV.1. Organization of Prison Medical Care

ANP is centrally organized on departments, among which functions a Medical Department. According to article 80 of the Order no. 2003 / 2008, ANP's central Medical Department is structured into two services:

- Medical Care Service (article 81, Order no. 2003 / 2008): its main attribution is to organize, direct, evaluate, coordinate and monitor how medical care services are provided in all detention units;
- Programs and Preventive Care Service (article 83, Order no. 2003 / 2008): its main attributions are to coordinate, evaluate and monitor public health activities which take place in the prison system and to elaborate, coordinate, implement and monitor programs of health promotion for prisoners. This Service also coordinates and implements the strategies for the prevention and fight against HIV, tuberculosis (TB), drug use, STD and for the preservation of mental health; monitors health indicators and the efficiency of medical care activities; evaluates prisoners' health needs; coordinates educational programs for the promotion of health and the activity of prevention, supervision and control of transmitted and non-transmitted diseases.

The main legislative framework that regulates medical care within detention units in Romania is the Order no. 1361/C/1016 / 2007. This framework provides specific stipulations regarding all types of medical care (e.g. primary care, emergencies, ambulatory care, dental care, hospitalization, pregnancy, medication, equipment, forensics, etc.), prophylactic and anti-epidemiological activities (e.g. prevention and fight against diseases, infections' supervision and control, assistance in case of drug abuse, vaccinations, etc.) and prisoners' rights and obligations as patients of the prison medical network.

IV.2. Prison Medical Network

Direct medical care is provided to prisoners within facilities of the prison medical network, as regulated by article 24 of Resolution no. 1897 / 2006. The same article stipulates that the medical network within detention units must include equipment and facilities such as infirmaries, chambers for respiratory isolation and sputum collection, medical and dental offices, treatment rooms, pharmacies, dental labs and medical transportation. The latest ANP Annual Report (2009a, 26) informs that the Romanian prison medical network includes 40 primary care offices, 45 dental and other specialty care offices, 10 dental labs, 40 pharmacies and 6 prison-hospitals. The same report shows that during the 2009 calendar year a number of 27,000 prisoners received medical care services within this network.

Though the network's infrastructure exists, the main persistent problem of the Romanian prison medical network is "the high deficit of medical staff (...) in almost all detention units", according the institution's Annual Report (ANP, 2009a, 28). According to ANP doctor positions are vacant in Brăila and Târgu-Jiu prisons (nurses positions are occupied and doctors from other units cover the medical services), there is no neurologist in Jilava prison hospital, post-surgical intensive care is provided with difficulty in Rahova prison-hospital because of staff shortage (there are only 3 doctors) and in some cases dentists provide services in 2-3 detention units. Medical staff deficit is a national problem in Romania, affecting the medical system as a whole, not only the prison medical network. Vasile Astărăstoae, President of the Romanian Doctors' College, in a recent interview for *Evenimentul Zilei* daily said that in Romania there are "1.9 doctors per 1,000 inhabitants, while the European average is 3.9 doctors per 1,000 inhabitants" (Anghel, 2010). Besides the risks involved by the carceral environment, two serious factors maintaining staff shortage within the prison medical network are "the lack of financial attractiveness", as mentioned in a *Diagnosis-Analysis on the Romanian prison system* (ANP, 2009b, 24) and "the impossibility to announce job vacancies due to budgetary restrictions", as mentioned by the cited Annual Report (ANP, 2009a, 29). Lack of financial motivation from part of medical professionals and institutional budgetary constraints are also factors that affect the public medical sector as a whole.

The ANP Annual Report (2009a, 28-29) also mentions other deficiencies of the Romanian prison medical network: two prison-hospitals (Rahova and Colibași) didn't have pharmacists; outsourcing primary medical care resulted in the poor access of prisoners to these services; difficult cooperation with the public medical units under the subordination of the Ministry of Public Health. Besides these, the abovementioned Diagnosis-Analysis (2009b, 24-25) also identified as deficiencies of the prison medical network during last year: insufficient funds for the proper equipment of medical facilities; lack of continuous training programs for the medical staff; insufficient medication for the treatment of prisoners. As it can be seen, all these deficiencies are structural in nature and mostly with exogenous determinants.

IV.3. ANP Strategic Objectives on Medical Care

The ANP Strategy for the period 2010-2013 is currently awaiting approval by the Government. The draft project, still opened for public debate, reiterates the problems facing the prison system as a whole and considers medical care "one of the four priority fields" (ANP, 2010a, 10) along with institutional management, social reintegration of prisoners and safety, security and escort in the prison setting. The main strategic objectives on medical care stipulated by the 2010 draft project include:

- Ensuring the resources needed for medical activities;
- Developing programs for the prevention of diseases, education of prisoners and health promotion;
- Increasing the efficiency in the cooperation with the public medical sector.

According to the ANP's Annual Plan of Activities (2010b), the Medical Department is undertaking this year a large series of actions to reach the projected objectives mentioned above, and thus respond to the deficiencies identified during the previous year:

- Alignment of prison medical care regulations and procedures with the Ministry of Public Health's rules;
- Coverage of medical staff shortage within detention units;
- Development of a policy to attract qualified medical staff within the prison medical network;
- Professional training of the medical staff;
- Evaluation of medical equipment and facilities within detention units;
- Expansion of program implementation for the prevention of HIV and risks associated with drug use;
- Development and implementation of programs for the promotion of prisoners' health (such as programs against smoking, promotion of healthy diets, prevention and early diagnosis of cardiovascular illnesses);
- Establishment of partnerships with local public health institutions.

IV.4. Health Policies and Programs in Prisons

Although the ANP Diagnosis-Analysis (2009b, 27) mentions that the prison medical system "doesn't have a policy in the field which is explicit, on medium term and accompanied by systemic indicators that measure results and fundaments appropriate interventions", we have identified a number of programs aimed at preserving and promoting prisoners' health, which can be structured on the following areas:

- HIV prevention;
- Harm reduction among IDUs;
- Tuberculosis control;
- Mental health.

As the subsequent description will show, the areas that cover HIV prevention, harm reduction among IDUs in prison and mental health have a series of common activities and programs which overlap. The organization of the subsequent literature review follows the logic of specific national regulations in force.

IV.4.1. HIV Prevention

The Romanian legislative framework regarding medical care in prison, meaning the Order no. 1361 / 2007, stipulates specific measures for the prevention of HIV among prisoners. Section V of the above-mentioned Order stipulates actions such as dissemination of information materials, development of educational programs, distribution of condoms, provision of access to HIV testing and pre-/post-testing counseling, taking universal precautions in medical facilities, proper sterilization of medical instruments, appropriate collection of septic waste, etc. Prisoners that are HIV positive are entitled to a special diet and antiretroviral treatment (according to the national HIV/AIDS treatment guideline). The framework also provides stipulations for the prevention of hepatitis. Section VII of the Order regulates actions such as sanitary supervision of the prison environment, supervision of prisoners' personal hygiene, correct sterilization of dental and surgical instruments, universal precautions in medical facilities, use of disposable syringes for medical treatment, development of educational programs. Prisoners with a hepatic virus are admitted to prison-hospitals or to hospitals within the public medical sector. After hospital discharge, the prison doctor is responsible with ensuring the correct administration of treatment and diet. Prisoners with a hepatic virus are exempted from work.

These regulations are in accordance with the Law no. 584 / 2002 on AIDS prevention measures, as well as with the *National Strategy for the surveillance, control and prevention of HIV cases for the period 2004-2007* elaborated by the National Commission with the same name, an inter-ministerial body without juridical registration, presently under the Ministry of Public Health. The National Strategy for the period 2008-2013 was elaborated by the National Commission but was not yet officially endorsed by the Government.

Until present time, a series of HIV prevention programs took place in the Romanian prison system:

- Since 2000, ANP developed several HIV/STDs prevention programs involving delivery of condoms to paroled prisoners, as it is mentioned by an evaluation on the implementation of the 2004-2007 National Strategy for the surveillance, control and prevention of HIV cases (RAA, 2006, 38).
- In the period 2004-2007, ANP implemented the first HIV/AIDS prevention program financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Round 2. According to RAA (2010b), the program provided prisoners with key information on HIV/AIDS and trained peer educators.
- In the period 2008-2010, the previous program continued with financing from the GFATM, Round 6 through the RAA as principal recipient and was implemented by a consortium of non-governmental organizations called "Initiative 38 – HIV Prevention Project in Prison Settings", in partnership with ANP. Led by the Romanian Harm Reduction Network (RHRN), the consortium included Close to You Foundation (ADV), Alliance to Fight against Alcoholism and Addictions (ALIAT), Romanian Association Against AIDS (ARAS) and Integration Association. The project covered 38 Romanian prisons, hence its name. According to RHRN (2010a, 4), the project delivered HIV prevention services to prisoners, including informative sessions, alternative information materials dissemination, condoms and lubricants distribution and peer educators training. The fifth progress report of the HIV/AIDS Program Round 6 (see the GFATM in Romania through RAA website) shows that by end of December 2009 a number of 1,151 prisoners were trained as peer-educators, 17,687 prisoners participated in group IEC sessions conducted by health educators, 9,052 prisoners were tested for HIV, and other 55 prisoners were tested for HVC. Peer-educators are an important resource in the prison setting, as other prisoners invest them with more trust compared to the prison staff and they are themselves highly motivated to participate in this type of program.

IV.4.2. Harm Reduction among IDUs

The medical, psychological and social measures to be taken for prisoners using drugs are regulated by the Orders no. 1216 / 2006 and 1361 / 2007. According to article 1 of the Order no. 1216 / 2007, prisoners using

drugs can receive three types of interventions, depending on their specific needs: emergency care, integrated assistance programs and prevention measures.

In case of emergencies (complicated withdrawal, overdose, complicated associated affections), medical care is provided by the public medical sector, while measures for withdrawal symptoms are primarily provided by the prison medical doctor and if stabilization doesn't occur the case is transferred to public facilities, as stipulated by articles 118-119 of the Order no. 1361 / 2007.

Integrated programs (PIT) are delivered according to Resolution no. 860 / 2005, which generally regulates drug therapy in Romania. The same PIT are also detailed in the Standards for medical, psychological and social assistance of drug users developed by ANA. According to these standards, PIT are "a comprehensive set of therapeutic, psychological and social programs, complementary, simultaneous or sequential, materialized in an intervention plan" (ANA, 2005, 64).

There are four types of PIT (idem, 66-71):

- Drug zero of low intensity programs (PIT 1) are aiming at acquiring or maintaining drug abstinence, improving family, social and professional integration, redressing psycho-emotional and behavioral problems, developing or regaining social skills and stimulating professional, sports and cultural inclusion;
- Drug zero programs (PIT 2) follow almost the same objectives as the previous one, the difference being that they firstly aim at interrupting drug use under medical care;
- Drug zero with stabilization programs (PIT 3) prepare drug users for abstinence, create basic conditions to improve the quality of life, interrupt drug use under medical care and maintains abstinence, improve family, social and professional integration, stimulate professional, sports and cultural inclusion;
- Harm reduction programs (PIT 4) aim at reducing the impact and consequences of drug use, by using two types of strategies: opioid substitution therapy (OST) and needle and syringe programs (NSP). OST services aim at substituting the drug used with an opiate under medical control, reducing the risk of HIV, HBV, HCV, TB, STDs, reducing the consumption of other substances, improving the quality of life and improving family, social and professional integration. NSPs aim at contacting drug users and drawing them in the treatment network, ensuring epidemiology vigilance, reducing the harms of using drugs, facilitating safe injecting practices, increasing or stabilizing motivation to change.

Specific stipulations on the prison setting are found in the Order no. 1216 / 2006. For example, article 6 of this Order regulates that drug users under preventive detention receive medical and psychological care, while those convicted and serving their sentence in detention units receive, besides medical and psychological care, also social services. OST services are provided in prison-hospitals during the stabilization phase and by the prison medical doctor during the maintaining phase, as stipulated by article 13 of the same Order.

Besides treatment, article 19 of the Order no. 1216 / 2006 regulates measures for the prevention of drug use in the prison setting, such as dissemination of information materials, organization of sessions to inform, educate and communicate the risks drug use involves, cooperation with institutions from the community on developing prison prevention programs and organization of special programs for prisoners with a history of drug use.

Since 2007, UNODC has provided assistance and support to the ANP to establish the first HIV prevention services among prisoners using drugs. An assessment of needs and barriers for developing such services was made jointly by UNODC and ANP in 2007 and a collaboration agreement was concluded between the two organizations (see reports from ANP & UNODC, 2010; RHRN, 2010b; UNGASS, 2010). The agreement, which is still underway, focuses on the initiation and provision of OST and NSP services, the development and endorsement of technical protocols and the enhancement of the capacity to deliver services.

An ECDC (2010, 25) special report on the implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia shows that of the 49 countries included in the research, 18% provide NSPs, 36% provide OST, 77% provide reproductive health programs including STD prevention and treatment, 79% promote the use of condoms and 90% include HIV testing and counseling. By benefiting of the UNODC support, ANP has provided NSP in two prisons and OST services in five prisons. ANP also plans are to expand NSPs in 4 more detention units and OST services in another 5, as mentioned by ANP & UNODC (2010). The latest ANP Annual Report (2009a, 28) shows that “during 2008-2009, 65 prisoners were included in methadone substitution programs and 150 in needle and syringe programs”.

ANP has also available a Psycho-social assistance program for prisoners with a history using drugs, piloted in Ploiești, Jilava and Poarta Albă prisons (Corduneanu & Petrescu, 2009). The program was developed within a Penal Reform Foundation (RJP) project (see description in Section IV.4.4.) and contains an educational module, addressing the needs of current and former drug users, and a therapeutic module, which targets only prisoners abstinent for at least 3 years. Each module lasts 12 weeks.

IV.4.3. Tuberculosis Control

General tuberculosis control measures are implemented according to the following national regulations:

- National Program for Tuberculosis Control 2007-2011 (PNCT);
- Order no. 1577 / 2008 on Methodological standards to implement PNCT;
- Information-Education-Communication (IEC) National Strategy for Tuberculosis Control.

These are completed by the Order no. 1361 / 2007 which generally regulates medical care in the prison setting and by a *Guideline for the epidemiological surveillance of tuberculosis and monitoring of PNCT* elaborated within the program “Fighting tuberculosis: a comprehensive, coordinated, multisectorial response in Romania” implemented by the Romanian Government with financing from GFATM (Cîlț, et. al., 2005).

The responsibility for TB control in the prison setting is attributed to ANP’s Medical Department. The PP is considered vulnerable group and intensive screening measures are recommended. The above-mentioned 2005 Guideline recommends early TB screenings before placing any offender into detention units, irrespective of his/her status of convicted or non-convicted person. If the offender placed under arrest is presenting TB symptoms, a medical examination is to be made. Offenders diagnosed with TB are not to be placed in prisons, but admitted to special TB wings within prison-hospitals. If the convicted person, during the execution of the custodial sentence, is presenting symptoms and was diagnosed with TB either passively or actively, he/she is to be immediately admitted to a prison-hospital TB wing. Labs for TB bacteriological diagnosis are found in Colibași and Târgu-Ocna prison-hospitals, while TB dispensaries and wings are in Colibași, Târgu-Ocna and Jilava prison-hospitals. Due to the fact that there are only three prison-hospitals with special TB wings (one in the Eastern and two in the Southern parts of the country), in case of emergencies, when transportation to these facilities would jeopardize the offender’s life, admission to the nearest public hospital with special TB wing is to be made. Parolees with a TB diagnosis that are still under treatment are transferred to the nearest dispensary to their residence.

The Romanian prison system is benefiting from GFATM funds (Round 2 and 6) to implement TB control projects since 2004 (see the GFATM in Romania through RAA website):

- During the GFATM Round 2 financing (2004-2008), ANP established a Unit for the Implementation of TB Control Projects (UIP-TB) aiming at reducing the incidence of TB by “aligning prison medical practices with the PNCT and field international recommendations, organizing and equipping respiratory isolation chambers and sputum collection rooms, and increasing by 15% the number of prisoners with correct information on TB transmission and symptoms after the delivery of information sessions”. The main

results of these projects include: establishment of 115 respiratory isolation chambers and 45 sputum collection rooms in all Romanian detention units, including prison-hospitals; training of educator teams for TB control consisting of nurses, supervisors and social workers / psychologists / educators; training 507 TB Infection Control supervisors; distribution of IEC materials to prisoners and staff and educating over 25,000 prisoners. Before the GFATM Round 2 financing, the global TB incidence in prisons was of 2967 registered cases per 100,000 prisoners. In 2007, after projects implementation, the global TB incidence in prison was of 650 registered cases per 100,000 prisoners.

- In 2006, GFATM approved the Round 6 funding on TB control programs for the period 2007-2012. Presently, two projects are underway: "Education Sessions for Prisoners", aiming at changing the prisoners' behavior towards TB and increasing their knowledge on this disease, and "Implementation of PNCT in Prisons" aiming at creating a supporting environment for TB control by improving staff training. The fifth progress report for the TB Control Program Round 6 (see the GFATM in Romania through RAA website) shows that by the end of December 2009 a number of 11,921 prisoners participated in TB health education sessions.

IV.4.4. Mental Health

The legislative framework that covers general regulations on mental health in Romania and endorses the protection of persons with mental problems consists of Law no. 487 / 2002 on mental health, Order no. 372 / 2006 for its implementation and the National Strategy on mental health for the period 2006-2010 approved by the Ministry of Public Health's Order no. 374 / 2006.

These regulations do not include specific stipulations on how mental health services should be provided in the prison setting, stating that the general legislation on mental health are applicable to prisoners diagnosed with mental problems which are executing a sentence or are under preventive detention, as well to persons admitted into psychiatric wards according to safety measures imposed by the Court (article 39, Law no. 487 / 2002). Article 84 of the Order 1361 / 2007 on the provision of medical care in the prison settings reiterates this by stipulating that prisoners with mental problems are to receive treatment and care according to the methodological standards issued by the Ministry of Public Health.

On the other hand, the legislative framework covering the prison setting provides regulations regarding the cell distribution of prisoners with special needs, including those with mental problems (article 80, Resolution 1897 / 2006) and the safety measures that should be taken in cases of prisoners with severe mental disorders (article 139 of the same Resolution). The safety measures allowed in these later cases include hospitalization for medical treatment and psychosocial assistance, the use of restraints during crises to avoid self-harm, harm to others and destruction of property and the constant assessment of the suicide risk. Article 63 of the Order no. 2003 / 2008 on the organization of ANP stipulates that the Departments for social-psychological assistance within detention units are responsible for the development, assessment and improvement of intervention programs specific for prisoners with special needs. This category includes prisoners convicted for violent criminal offences and sexual offences, prisoners with a history using drugs, with a mental disorder or chronically ill, with high suicide risk, prisoners serving life imprisonment sentences, elderly, vulnerable.

In the period 2008-2009, the project "Developing community support for prisoners' mental health" was organized by RJP with PHARE financing and in cooperation with ANP (see the RJP website). The project aimed at elaborating a set of case management procedures in the field of mental health within prisons, stimulating the mobility of local community resources where prisons exist and providing relevant information to prisoners, prison staff and specialists from the community. A number of information materials were produced and disseminated and a series of specific psychosocial assistance programs were developed for:

- Prisoners with mental problems (Pripp & Zamoşteanu, 2009): provides psychotherapeutic interventions to support and care for the prisoners diagnosed with severe psychiatric and medical pathology and with a long time after onset and to psycho-behaviorally compensate and balance them. The first module is addressed to prisoners with mild and medium mental retardation, pronounced cognitive impairment, schizophrenia in remission, significant social anxiety, predominant negative symptoms, poor motivation for therapy and with a long time after onset. The second module addresses prisoners with personality disorders, affective disorders, neuroses, difficulties in social networking, under 35 years of age and with motivated communication impairments for psychotherapy.
- Prisoners with aggressive behavior (Corduneanu, 2009): contains group and individual sessions aimed at reducing the weight of negative consequences of individual risk behaviors and the number of aggressions in the prison setting. The program targets convicted persons under closed or maximum security detention regimes, over 21 years of age, with aggressive behavior and with records of prison disciplinary sanctions.
- Prisoners with suicide risk (Pripp, 2009): divided into two modules (psychotherapeutic and educational), it generally aims at reducing prisoners' suicide risk behavior by reducing depression. The psychotherapeutic module targets prisoners vulnerable for developing depression, with increased suicide potential and for which individual risk factors are found. The educational module addresses the general PP and constitutes a means for the selection and training of prisoners with interpersonal skills as trusting-peers which will further identify suicide risk situations.
- Prisoners with sexual offences (Decsei-Radu & Pripp, 2009): its philosophy is based on the well-known program called "Sex Offender Treatment Program" (SOTP), has a cognitive-behavioral approach and borrows from the rehabilitation models RNR, Good-Life, ABC and Irvin Yalom's group therapy. The objective is to reduce the risk of general and sexual re-offending and targets sexual offenders, irrespectively of their age, but are male, have a medium level of literacy, agree with the program's terms, have at least a medium re-offending risk and at least 2 more year to execute. Group participants have to have similar offences.

NOTES

¹ Section 2 contains revised information published in Szabo (2009, 2010).

² The degree of social danger is established according to article 18¹, Criminal Code, stipulating that the Court should take into account the way and the means used to commit the criminal offence, the purpose, the circumstances in which the criminal offence was committed, the result produced or that would have been produced, and the offender's conduct.

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RESOURCE WEBSITES

GFATM in Romania through RAA: <http://www.fondulglobal.ro>

Ministry of Publish Health: <http://www.ms.ro>

National Committee for HIV/AIDS & TB Programs Coordination: <http://www.ccmromania-gfatm.com>

National Institute for Statistics, TEMPO-Online Database: <http://statistici.insse.ro>

National Administration of Penitentiaries: <http://www.anp-just.ro>

Penal Reform Foundation: <http://www.penalreform.ro>

Romanian HIV/AIDS Center: <http://www.hivromania.ro>

Superior Council of Magistracy: <http://www.csm1909.ro>

PAPER REVIEWS

The paper was reviewed by experts from the National Administration of Penitentiaries (ANP), National Anti-drug Agency (ANA), United Nations Office on Drugs and Crime (UNODC) – National Project Office in Romania, Romanian Angel Appeal Foundation (RAA), Romanian Harm Reduction Network (RHRN), Penal Reform Foundation (RJP) and Promoting the Right to Health Association (APDS).

ABBREVIATIONS

ADV	Fundația Alături de Voi (Close to You Foundation)
AIDS	Acquired Immune Deficiency Syndrome
ALIAT	Alianța pentru Lupta Împotriva Alcoolismului și Toxicomaniilor (Alliance for the Fight against Alcoholism and Addictions)
ANA	Agenția Națională Antidrog (National Anti-drug Agency)
ANP	Administrația Națională a Penitenciarelor (National Administration of Penitentiaries)
APDS	Asociația Promovarea Dreptului la Sănătate (Promoting the Right to Health Association)
ARAS	Asociația Română Anti-SIDA (Romanian Association Against AIDS)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HPYP	Health Promotion for Young Prisoners
IDU	Injecting Drug User
IEC	Information-Education-Communication
NSP	Needle and Syringe Program
OST	Opioid Substitution Therapy
PIT	Program Integrat (Integrated Program)
PNCT	Programul Național de Control al Tuberculozei (National Program for Tuberculosis Control)
PP	Prison Population
RAA	Romanian Angel Appeal Foundation
RHRN	Romanian Harm Reduction Network
RJP	Fundația Reforma Justiției Penale (Penal Reform Foundation)
SP	Serviciu de Probațiune (Probation Service)
STD	Sexual Transmitted Disease
TB	Tuberculosis
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
YP	Young Prisoner