2009 NATIONAL REPORT (2008 data) TO THE EMCDDA
by the Reitox National Focal Point

BULGARIA
New Development, Trends and in-depth information on selected issues

REITOX
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Part A: New Developments and Trends
1. Drug policy: legislation, strategies and economic analysis

This Section shall consider the following main topics:

- Legislative framework;
- National action plan, strategy, evaluation and coordination;
- Economic analysis.

Legislative framework

Laws, ordinances, directives or guidelines in the area of narcotics (demand and supply)

The analysis of the compliance of the Bulgarian criminal law in respect of the minimum provisions comprising elements of criminal acts and penalties in the area of illegal trafficking of narcotics, formulated in EU Council Framework Decision No 2004/757/JHA was made in 2006 taking into account the implementation of the measures under the Action Plan to the National Anti-Drug Strategy. The conclusion of this analysis, which is up to date at present as well, is that no subsequent amendments are required in the domestic legislation.

No amendments and supplementations have been made in 2008 in the Penal Code and the Penal Procedure Code related to liability for drug-related crimes. A new draft Law on Execution of Punishments has been drawn up by the Ministry of Justice, which explicitly provides that imprisoned addicts, including drug addicts, are subject to monitoring and reporting by the psychiatrist and the inspector - psychologist.

Amendments and supplementations have been made in 2007 in the Law on Control over Narcotic Substances and Precursors (SG, issue 55 of 6 July 2007). They fully transport into the national legislation Regulation /EC/ No 111 /2005 laying down rules for the monitoring of trade between the Community and third countries in drug precursors and Regulation /EC/ No 1277 /2005 laying down implementing rules for Regulation /EC/ No 273 /2004 and /EC/ No 111 /2005. No new amendments and supplementations were required in 2008. ¹

Three amendments and supplementations have been made in 2008 to the Law on Control over Narcotic Substances and Precursors (LCONSP, promulgated SG, issue 36 of 04 April 2008, issue 43 of 29 April 2008 and 69 of 05 August 2008). These amendments are in relation to changed titles of institutions, amendment and supplementation of the Law on the Ministry of Interior, as well as inclusion of the State Agency National Security within the National Drug Council. ²

² Source: Law on the Control over Narcotic Substances and Precursors (http://www.econ.bg/law86416/enactments/article155270/zakon_za_kontrol_vurhu_narkotichnite_veshtestva_i_prekursorite)
Application of the law

The specialised police structures carry out monthly inspections at gathering points, public places visited by minors, they check the school areas, computer clubs, games clubs, and entertainment establishments.

Narcotic substance dealers include 813, 332 of them dealing cannabis, 207 heroin, 50 cocaine and 224 synthetic drugs.

Users and dealers of narcotic substances include 741 people, of which 219 are minors and underage.

The number of people caught with narcotic substances is 2847. 3

As per data from the National and District Investigation Services in 2008 the total number investigated preliminary procedures for smuggling and trafficking of narcotics is 171 – of which 132 have been closed, and of them 52 have been transferred to the court. 88 people were defendants, three of them – foreigners. 6 of them have been arrested. 82 are major Bulgarian citizens, and 3 - underage. A trend for decrease of the investigated preliminary procedures is noted during the past 3 years (from 947 in 2006 to 171 in 2008), the closed investigations and the people charged under them. (see Table 1-1)

Table 1-1

INVESTIGATION CASES AT THE NATIONAL AND DISTRICT INVESTIGATION SERVICES IN RELATION TO SMUGGLING AND TRAFFICKING OF NARCOTIC SUBSTANCES (2006-2008)

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
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<tbody>
<tr>
<td>1. Total preliminary procedures investigated</td>
<td>947</td>
<td>500</td>
<td>171</td>
</tr>
<tr>
<td>2. Total closed</td>
<td>875</td>
<td>421</td>
<td>132</td>
</tr>
<tr>
<td>including to court</td>
<td>493</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>3. Defendants,</td>
<td>643</td>
<td>206</td>
<td>88</td>
</tr>
<tr>
<td>including:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- under arrest</td>
<td>42</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>- foreigners</td>
<td>10</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>- underage (only Bulgarian) citizens</td>
<td>124</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>- major Bulgarian citizens</td>
<td>457</td>
<td>201</td>
<td>82</td>
</tr>
</tbody>
</table>

Source: The National Investigation Service

Combating illegal trafficking of drugs as an integral part of the fight against organised crime continues to be one of the priorities of the prosecution also in 2008.

Drug and precursor-related crimes are regulated in Section III of the Specific Part of the Penal Code Offences Against the National Health and the Environment of Chapter XI Generally Dangerous Crime, expressed in production, acquisition, holding, persuasion to use, planting and growing of plants containing narcotic substances – art. 354a -354c of the PC.

The body of the crime trafficking (smuggling) of drugs and precursors has been regulated in Chapter VI, Section III of the Penal Code Offences against the customs regime – art. 242 para 2, 3, 4 and 9 of the PC.

By virtue of the amendments in the PC in effect as of 13 October 2006 (SG, issue 75 of 12 September 2006), the legislator has distinguished the illegal activities (without due permit) related to the production, processing, and holding of narcotic substances and similar substances for the purpose of distribution, as well as the distribution itself from the activity related to the acquisition and holding in the absence (non-establishment) of this objective.

Qualified bodies of the offences subject to harder punishment corresponding to the higher level of public danger have been envisaged for the acts; when the nature of the offence is particularly severe and of particularly significant magnitude; it refers to precursors, facilities or production materials. The respective systematic place is regulated – Chapter XI of the PC (art. 354а, para 2, item 1 and art. 354с, para 2, item 3 of the PC), the illegal activity of a person working under commission or in fulfilment of a decision of an organised criminal group.

Differentiation is made also in respect of the type of the narcotic substances and their analogues – highly risky and risky with different penal sanctions.

In unimportant cases related to the acquisition and holding of narcotic substances (in the absence of data regarding distribution) and in case of violation of the rules related to the production of narcotic substances, safeguarding, reporting, etc. the penalty envisaged is a fine of up to one thousand Bulgarian levs.

Through the legislative amendment and given a proper application of the law it is expected that the sanction policy of the court would correspond to the level of public danger of the committed drug-related acts, and it is not necessary to apply, as until recently artificially, other legal forms, in order to achieve the principle of justice of punishment. The differentiation of the criminal activities related to drugs and their analogues and the distinction of the penal sanction will naturally bring to the foreground the particularly severe cases of such crimes and at the same time will reduce the number of acquittals (at present most of them against drug addicts).

In 2008 crimes having as subject narcotic substances and precursors (against national health and trafficking / smuggling through the customs of drugs) have been identified as a total as follows 4332 pre-court proceedings (PCP), compared to 4609 pre court proceedings in 2007 and 4920 in 2006. A permanent trend for a decrease of the lawsuits for this type of offences is noted, by 6% compared to 2007 and by 12 % compared to 2006. ⁴ (see Figure 1-1)

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Figure 1-1

<table>
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<tr>
<th>Year</th>
<th>Monitored PCP</th>
<th>Solved PCP</th>
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<tbody>
<tr>
<td>2006</td>
<td>4920</td>
<td>3126</td>
</tr>
<tr>
<td>2007</td>
<td>4609</td>
<td>3066</td>
</tr>
<tr>
<td>2008</td>
<td>4332</td>
<td>4002</td>
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Source: Supreme Prosecutor’s Office of Cassation

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⁴ Report on the implementation of the law and the activity of the Prosecutors Office and the investigation authorities in 2008
The relative share of drug-related lawsuits monitored within the total number of pre-court proceedings, including all types of crimes remains the same as in 2007, namely 1%.

The lawsuits monitored under art. 354 a-c PC for generally dangerous offences against public health are 4194 in 2008 compared to 4431 in 2007, 4767 in 2006 and 4303 in 2005.

The monitored cases for smuggling narcotic substances under art. 242 of the PC are a total of 138 PCP, compared to 178 in 2007, 153 in 2006 and 63 in 2005.

In 2008 the newly initiated pre-court proceedings for offences having as a subject drugs – against the national health and smuggling are 2932 (3346 in 2007).

In 2008, as well as in the prior periods acts under art. 354a of the PC prevail – 2849 PCP, followed by offences under art. 354a, para 3 of PC – 1843 lawsuits, and art. 354c, para 1–5 of PC – 75 and offences under art. 242 of PC – 67.

The legislative amendment carried out at the end of 2006, the reporting for 2006 distinguished the activities of the persons who use drugs from those who produce and distribute narcotic substances, which used to be regulated in one text – art. 354a of the PC with different hypotheses.

There are 6 lawsuits initiated during the year in respect of production / processing of narcotic substances. There are 2849 for acquisition, holding and storage (3277 in 2007), and 258 (215 in 2007) – for distribution.

Out of the cases for such offences monitored in 2008 the prosecutors have resolved 3126 or 72 %, while in 2007 3066 have been resolved (67 %).

A total of 1690 prosecutor's acts have been filed with court against 1926 persons, 30 of whom foreigners. (see Figure 1-2)

The duration of the pre-court phase from the opening of the pre-court proceedings until the final resolution with a prosecutors' act is good, while within 7 months 2224 PCP have been resolved, and within 1 year - 215 and over 1 year - 121 PCP. Deterioration of the indicators is noted in the suspension and termination of pre-court proceedings. Suspended cases compared to the monitored ones have increased by 1,1 % compared to 2007, and the percentage of terminated cases has increased by 6,6 % given a decrease in the total number of pre-court proceedings.

There is an increase by 7,7 % of sentenced perpetrators of such offences in 2008. In 2008 they are 1576, compared to 1463 in 2007. The sentences have entered into legal force in respect of 1403 persons (1393 in 2007). (see Figure 1-2)
The territorial allocation of crime, related to illegal trafficking and distribution of drugs in 2008 indicates that the most lawsuits having narcotic substances as a subject are noted in the region of Sofia Prosecutor's Office of Appeal, with the biggest dispersion level in the capital and in the District in the region of Blagoevgrad DPO. The total number of pre-court proceedings for POA Sofia is 2544, compared to 2741 in 2007. 1764 PCP have been resolved, compared to 1659 in 2007. 778 have been filed with the court (953 in 2007), 574 persons have been sentenced compared to 504 in 2007, with a court act entered into force are 379 (339 in 2007) (see Figure 1-3). In the region of Sofia POA during the reporting 2008 there is an increase of 9% of the relative share of resolved pre-court proceedings out of the total number of monitored ones.

Next is the region of Plovdiv POA. The data is as follows: total number of monitored cases during the reporting period 724, compared to 758 in 2007, closed 577 (599 in 2007). Increase is noted in the prosecutor's acts filed with the court, which are 444, in 2007 they were 410. The number of sentenced persons is higher as well – 530, compared to 465 in 2007, and those in respect of whom the sentence has entered into force – 511 (385 in 2007).

In the region of Varna POA a total of 448 lawsuits have been monitored, compared to 468 PCP in 2007, 294 have been closed (283 in 2007). 104 have been terminated, 31 have been suspended. The lawsuits filed with the court are 148, compared to 179 in 2007. At first instance there are 155 persons sentenced (174 in 2007), and people with a court act entered into force are 126 (136 in 2007).

In the region of Bourgas POA a total of 315 lawsuits have been monitored, compared to 301 PCP in 2007. 236 have been closed (202 in 2007). 44 have been terminated, 22 have been suspended. There is an increase in the number of lawsuits filed with the court, which are 162, compared to 123 in 2007. The number has increased of both people sentenced at first instance – 181 (138 in 2007) and those with a court act entered into force 178, compared to 139 in 2007.

In the region of Veliko Tarnovo POA the total number of monitored cases for this type of offences is 289 (306 in 2007). The sentenced people are 124 and for 116 of them the sentence has entered into force.

The lowest is the share (for understandable reasons, in view of the limited number of offence subjects) of the proceedings initiated by the Military Court Region: 12 PCP have been monitored of which 10 resoled.

**Figure 1-3**

** Trafficking of narcotic substances and smuggling in 2008 **

Source: Supreme Prosecutor's Office of Cassation
Under art. 354a, para 2, item 1 of the PC for offence by a person, acting **by commission or in fulfilment of a decision of an organised criminal group** in 2008 8 pre-court proceedings have been initiated, one of them filed with the court (in 2007 2 lawsuits have been initiated and one indictment has been filed with the court). Sentencing judgements have been pronounced in respect of 9 people. For five of them the sentence has entered into force.

Under the amended art. 354c, para 2 of the PC (for organisation, leadership and financing of an organised criminal group growing plants containing narcotic substances, and for their harvesting, production and processing) in 2008 there is one initiated pre-court proceeding, and in 2007 there is not pre-court proceeding under this text.

Useful **international cooperation** is implemented as well as interaction in the area of international legal aid for offences committed abroad, related to drugs – production, trafficking and possession of narcotics and participation of organised criminal groups, smuggling and trade with narcotic substances: heroin, cocaine, production of narcotic substances and synthetic drugs – captagon, amphetamine, and intoxicating substances, where foreigners and Bulgarians are involved.

The National Investigation Office has been assigned with 26 requests for legal assistance through the Supreme Prosecutor’s Office of Cassation. These are related to investigation of offences related to narcotic substances in Turkey, Netherlands, Belgium, Germany, England, Argentina, Norway, Czech Republic, Italy, Ukraine and Peru.

The NIO has drawn up and sent abroad 13 requests for legal assistance as follows: Italy - 2; Turkey - 8; Venezuela - 2; Spain - 1.  

In relation to fulfilment of the Strategy Task from the National Anti-Drug Strategy to improve the efficiency of control over the legal production and trade with chemical substances – precursors to prevent their deviation into illegal production of drugs over the past years active dialogue has been in place with the operators dealing with precursors. At present 35 companies from the sector representing a large portion of operators of precursors to narcotic substances in Bulgaria have joint the Memorandum of Cooperation between the Interdepartmental Commission for Control over Precursors and the operators from the chemical, pharmaceutical and metallurgy industry.

The Registration, Licensing and Control Directorate at the MoEE maintains and updates a database of manufacturers, traders, importers and exporters of precursors as well as traders manufacturing chemical equipment.

The implementation of specialised software to summarise the information from the databases maintained, as well as automation of the issuance of licenses, permits for import and export is upcoming.

The work on the drawing up of the Ordinance on the control of precursors of narcotic substances to the LCONSP is about to be finalised.  

In fulfilment of art. 91, 92 and 95 of the Law on the Control over Narcotic Substances and Precursors Customs Agency has built a specialised warehouse accepting, storing and destroying narcotic substances representing material evidence under criminal proceedings. In 2008 material evidence – narcotics related to 2260 criminal proceedings have been accepted for storage.

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The organisation required has been put in place and four procedures for destruction of narcotic substances have been carried out where a total of 2173 kg of narcotic substances have been destroyed.

During the same period, representatives of the Customs Agency jointly with officers of the Ministry of Economy and Energy, have carried out an operation for the destruction of 2,853 tons anthranilic acid – precursor of synthetic drugs. A successful experiment for the incineration of 50 kg of precursor – phenylacetic acid has also been carried out.

32 cross border drug channels in total have been eliminated (compared to 26 in 2007) and 362 people have been detained of whom 310 for distribution, 49 for trafficking and 3 for production of synthetic drugs.  

**National action plan, strategy, evaluation and coordination**

**National action plan and / or strategy**

Prior to the expiry of the term of validity of the National Anti-Drug Strategy 2003-2008 a decision was made at a meeting of the National Anti-Drug Council (NADC) held on 20 December 2007 to develop a new National Strategy.

By virtue of Order No RD-09-130 of 19 March 2007 of the Minister of Health and Chairperson of the NADC an interdepartmental working group was created. Its task was to develop a draft of the new National Anti-Drug Strategy (2009-2013.) and Action Plan thereto.

The strategy has been developed in accordance with the EU Anti-Drug Strategy (2005-2012) and is based on assessment of the narcotics situation and the results from the implementation of the National Anti-Drug Strategy (2003-2008) and the Action Plan thereto. It is based on an integrated and balanced approach to the issues related to the decrease in demand and supply of narcotics. This approach is supported by the Special Session on Drugs of the General Assembly of UN in 1998.

The strategy takes into account other national strategies and programmes: the National Health Strategy, Prevention and Control over HIV/AIDS Programme, Transparent Management Strategy and Prevention and Combating Corruption, the National Anti-Crime Strategy, etc.

The National Anti-Drug Strategy includes two major areas of action – decrease in demand and decrease in supply and three cross-areas – public information system and scientific research, national coordination and international cooperation and improvement of the legislation.

A coordinating body for the implementation of the strategy is the NCNS, institutions at national and local level are responsible for its implementation. The mastering of the problem with narcotics requires the joint efforts of the state institutions and civil society. The media and the non-government organisations are also partners in the implementation of the strategy.

An Action Plan containing specific measures to decrease demand and supply of drugs, deadlines for implementation and institutions in charge has been developed for the implementation of the National Anti-Drug Strategy (2009-2013). The plan is a key organisational and management tool for the implementation of the strategy and forms an integral part thereto. The action plan takes into account the national experience, as well as the assessments and recommendations of the European Union in the area of combating drugs. It has been developed in accordance with the effective Action Plan of

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7 Same as above
the European Anti-Drug Strategy 2005-2012. The Action Plan is subject to annual reporting and update if deemed necessary. The report is to be presented at a meeting of the National Council on Narcotic Substances.

The implementation of the Action Plan to the National Anti-Drug Strategy is financed from the Republican budget, within the budgets of the institutions, from the municipal budgets, against local revenue and from various programmes.

Financial justification for the funds required for the implementation of the Action Plan to the National Anti-Drug Strategy has been developed. 8


The activities underlying the Updated Action Plan took into account the Strategic Goals and Objectives, set out in the National Anti-Drug Strategy 2003-2008 and the major priorities of the European Anti-Drug Strategy (2005-2012) and the Action Plan thereto. The Updated Action Plan for the period 2006 - 2008 sets out tasks which are continuation and expansion of already launched specific activities in the field of decrease in demand and supply of drugs, with specific deadlines, responsible institutions and partners in the implementation of the strategic tasks. 9

**Implementation and evaluation of a national action plan and / or strategy**

By virtue of a decision of the NCNS made at the third regular meeting held on 22 October 2008 the National Anti-Drug Strategy (2009-2013 r.) and the Action Plan thereto have been passed.

At meetings of the NCNS reports on the implementation of the Action Plan for the National Anti-Drug Strategy 2003-2008 for 2007 and 2008 have been approved. The annual report of the Republic of Bulgaria for 2007 on the issues related to the use of narcotic substances and drug addicts has been passed.

26 District Councils on Narcotic Substances have been established by the end of 2008 to implement the anti-drug policy at local level.

In turn the District Councils on Narcotic Substances (DCNS) establish Prevention – Information Centres (PIC), which are functional elements of the Councils in carrying out prevention activities, collection and dissemination of information at local level, implementation and coordination of municipal anti-drug programmes.

By the end of 2008 22 Prevention – Information Centres have been established – in Sofia, Varna, Veliko Tarnovo, Bourgas, Vratsa, Sliven, Pernik, Blagoevgrad, Vidin, Pleven, Plovdiv, Dobrich, Kyustendil, Silistra, Rousse, Haskovo, Gabrovo, Kardzhalii, Shoumen, Pazardzhik, Razgrad and Yambol.

Annual reports on the issues of narcotic substances and drug addicts on the territories of the municipalities have been prepared and presented to the DCNS. Reports on the activities of the DCNS and PIC have also been prepared and presented.

The work of the DCNS and PIC can be summarised in the following directions:

- Implementation of the adopted prevention programmes and strategies;

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8 Source: Secretariat of the National Council on Narcotic Substances
9 For further details, see Annual report on issues related to narcotic substances and drug addicts in Bulgaria – 2008, NCNS and NFP, 2008
- Preventive activities amongst pupils, parents, teachers and pedagogy advisors;
- Holding of competitions, exhibitions, seminars, round tables and acquaintance with the issues related to use and abuse of drugs, jointly with other municipal structures;
- Publication of different types of prevention, information and health educational materials;
- Acquaintance of the society with the activities of PIC;
- Organisation of alternative occasions for the spare time;
- Cooperation with the media to ensure adequate and competent coverage of the drug-related issues.

The efforts of the employees of the Prevention – Information Centres are focused on overcoming the apathy of society towards the problem of drug abuse.

Activities on the occasion of 26 June – World Anti-Drug Day – have been carried out in all Municipalities. Most Prevention – Information Centres have developed their websites.

The focus is on the development and functioning of consultative programmes or offices, directing the addicts for treatment either within the district, or within the country, or abroad.

Good cooperation is in place with the non-government sector, as well as relatively good coordination between all municipal structures to undertake actions to combat drugs and drug addictions.

Intense work is carried out with the support of the established Youth Councils on Narcotic Substances.

The DCNS are working actively with the media for the competent coverage of the drug-related problems.

Last, but not least the activeness of the DCNS in relation to inquiries on the attitudes amongst pupils, parents and teachers and surveys for assessment of the distribution and demand for treatment in coordination with the National Drug Addictions Centre should be pointed out.

In accordance with the provision of art. 15a, para 2 of the LCONSP the report of the activities of the District Councils on Narcotic Substances and Prevention Information Centres thereto for 2007 has been passed at the fourth regular meeting of the National Council on Narcotic Substances.

In 2008 the National Drug Addictions Centre and the Secretariat of the NCNS have organised and held 3 working meetings with representatives of the teams of the District Councils on Narcotic Substances (DCNS) and the Prevention Information Centres (PIC) in the country:

- In March 2008 a working meeting was held in order to get acquainted with the work of the Information, Consultation and Direction Centre at the NDAC and presentation of the Manual on prevention of smoking, use of alcohol and drugs, publication of “Group Pompidou" to the European Council and Jelinek Consultation. Upcoming joint activities of the Secretariat of NCNS, NDAC, DCNS and PIC in 2008 were discussed at the meeting;

- In October 2008 a meeting was held to discuss the drafts of the National Anti-Drug Strategy (2009 – 2013) and the Action Plan for its implementation. The following decisions were made at the meeting:
  - The expression "psychoactive substances" to be replaced by "narcotic substances";
  - To propose at a meeting of the National Council on Narcotic Substances the analysis prepared by the National Drug Addictions Centre to be included as an appendix to the National Anti-Drug Strategy 2009 -2013;
- In the National Strategy, in the "Analysis of activities in the area of decreasing the demand for drugs" the expression "Educational programmes" should be replaced by the expression "Programmes based in schools";

- For tasks 1.1, 1.2, 1.3, 1.4, 1.5, 1.6; 2.2 and 3.2 as responsible parties to include "Mayors of municipalities – MCNS and PIC";

- To send an inquiry to the Ministry of Finance as to whether it is possible to add financing from the municipal budget to the financing from the republican budget.

In December 2008 a Second National Meeting on the issues of prevention of the use and abuse of narcotic substances was held. Representatives of 20 PIC and DCNS, the national drug coordinator from the Ministry of Health, the secretariat of the NCNS and representatives of the NDAC took part in it. Examples of good practices in prevention activities in Bulgaria were presented at the meeting, the regulatory framework and the resources available for activities in the area of prevention of the use and abuse of narcotic substances were presented as well.

A decision was made to establish a working group, which would develop a concept for an amendment of the regulatory framework:

- Proposal for a change of the name "District Council on Narcotic Substances" to "Municipal Council on Narcotic Substances" or "Local Councils on Narcotic Substances" was made.

- To regulate the activities of the DCNS – to draw up rulebooks.

- To clarify the position of the PIC within the municipal structure.

- To clarify whether PIC should carry out prevention work only in respect of drug addictions or should alcohol, smoking and trafficking in human beings be included thereto.10

**Other factors for the development of the policy in the field of drugs**

At the second regular meeting of NCNS held on 18 June 2008 a national coordinator and national representatives for coordination and reporting of the anti-drug technical assistance activities (ADAM) within the Paris Pact have been appointed.

In fulfilment of international drug control treaties the 2007 annual report of the Republic of Bulgaria to the United Nations Commission on Narcotic Drugs (UN CND) – Vienna has been approved.11

**Arrangements for the coordination**

Established in 2001 the [National Council on Narcotic Substances](#) is a body at the Council of Minister of the Republic of Bulgaria implementing the national policy against abuse of drugs and combating drug trafficking. It is a collective body comprising a chairperson (the Minister of Health), three deputy chairpersons (the Secretary General of the Ministry of Interior, the deputy chairperson of State Agency "National Security" and a Deputy Minister of Justice), secretary and members. Members of the council comprise representatives of interested ministries, the President of the Republic of Bulgaria, the Supreme Court of Cassation, the Supreme Administrative Court, the Supreme Prosecutor's Office of Cassation, the National Investigation Office and other institutions.

The Council defines and coordinates the national policy in the area of narcotic substances and precursors, by adopting a national strategy and national programmes against the abuse of narcotic substances and their illegal trafficking. It is authorised to propose a draft budget for the implementation of the national policy in this area and drafts of the

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10 Source: Secretariat of the National Council on Narcotic Substances
11 Source: Secretariat of the National Council on Narcotic Substances
regulations related to narcotic substances and precursors, to give opinions on drafts to conclude or accede to international treaties and programmes, to appoint and approve the national coordinators on international programmes and projects. In implementation of its functions and policies it establishes councils on narcotic substances at municipal level.

The National Drug Addiction Centre (NDAC) was established by virtue of DCM No 14 of 1 February 1994 based on the existing Addictions Clinic at the State Faculty Hospital "Prostor". By virtue of DCM No 69 of 19 March 2001 the NDAC was transformed under the same name and new Rulebook on its functions, tasks and structure was passed. By virtue of DCM No 363 of 29 December 2004 on structural changes in the health system the National Centre was transformed again, by spinning off activities related to the prophylactics, diagnostics, treatment and rehabilitation of people abusing and addicted to narcotic substances. Today the NDAC carries out mainly the functions of a coordination body and body providing methodological management in the area of issues related to abuse and addiction to narcotic substances (including activities related to prevention of the abuse of narcotic substances, treatment, remedy of the damages to the health and rehabilitation of people, abusing or addicted to narcotic substances), specialised control body for treatment activities of people abusing or addicted to narcotic substances, in general – an expert body in the area of drug addictions.\(^\text{12}\)

The National Focal Point on Drugs and Drug Addictions is a unit established by virtue of decision of the National Council on Narcotic Substances and by virtue of order of the Minister of Health as part of the implementation of the National Anti-Drug Strategy 2003 - 2008. The NFP is based at the National Drug Addictions Centre. The unit carries out information, analytical, scientific research, expert consultative and publishing activities and it is the official partner of the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA) on behalf of the Republic of Bulgaria as well as participant in the European Information Network on Drug Addictions (REITOX).\(^\text{13}\)

In October 2004 National Information – Analytical Unit on Narcotic Substances (NIAUNS) was established and it is in existence for several years now. All institutions engaged in detecting and eliminating crimes related to trafficking and distribution of drugs and precursors, including the competent services of the MoI – GD "COC", GD "Police", the NIS, NBPS, as well as Customs Agency and the Financial Intelligence Agency at the Ministry of Finance are presented there. Eight officers of the respective services and agencies have been assigned to NIAUNS with a head, appointed by virtue of order of the Minister of Interior. The National Unit is represented before the participants in the Mini-Dublin Group and liaison officers in the EU member states. Rules on the operations of the National Unit have been drawn up.

In 2006 Decree of the Council of Ministers of the Republic of Bulgaria was passed (DCM No 136 of 5 June 2006) on the amendment and supplementation of the Rulebook on the organisation and operation of the National Council on Narcotic Substances. The amendment and supplementation of the Rulebook was drawn up in accordance with the passed Law on Amendment and Supplementation of the Law on the Control over Narcotic Substances and Precursors (promulgated, SG, issue 79 of 04 October 2005). By virtue of this Law art. 15 was amended and a new article 15a was passed, regulating the establishment of District Councils on Narcotic Substances within the municipalities whose administrative centres are district administrative centres.\(^\text{14}\)

\(^\text{12}\) For more information see the website of the NCDA: http://www.ncn-bg.org

\(^\text{13}\) For more information see the website of the NFP: http://www.nfp-drugs.bg

\(^\text{14}\) For more information see Annual report on drug and drug addictions related problems in Bulgaria – 2007, NCNS and NFP, 2007, as well as the NCNS website: http://www.ndc.government.bg/?l=bg&pid=sekretariat
Economic analysis
Public expenditures

At this stage it is practically impossible given the available statistic data to assess both the public spending on activities related to combating drugs in the country, and the spending only on drug addiction treatment or only on prevention against use. In 2010 a special survey is planned, which shall give a more adequate and reliable answer to this question. However, even now the available fragmented information from various institutions gives some sort of orientation.

In 2008 to finance the tasks on the implementation of the Action Plan to the National Anti-Drug Strategy (2003-2008) the Ministry of Health has secured BGN 435 500.

A large portion of these funds was spent on direct and indirect activities of the National Drug Addictions Centre (NDAC) in relation to the implementation of the strategic goals in the Action Plan on the National Anti-Drug Strategy. The funds allocated to the NDAC in implementation of the strategic goals in the Action Plan for 2008 amount to BGN 271 881.\(^\text{16}\)

The substitution and supporting treatment under Ordinance No 24 of 2000, provided by the NDAC in 2008, was implemented using the Methadone and Substitol medications. For this purpose the MoH has provided to the NDAC financing from the 2008 state budget amounting to BGN 46 141.\(^\text{16}\)

In addition to the total volume of state financing of the prevention, treatment and rehabilitation of drug addictions the annual budget of the National Drug Addictions Centre should be taken into account. This budget as per report amounts to BGN 275 756\(^\text{17}\) in 2008.

The District Councils on Narcotic Substances and the Prevention Information Centres are financed through the state budget (art. 15, para 3 of the Law on the Control over the Narcotic Substances and Precursors), through the municipal budgets as an activity delegated by the state.

Target funds are allocated for prevention under the National Programme for implementation of the National Anti-Drug Strategy (2003-2008).

The allocations of funds from the state budget, as well as the funds for prevention activities under the National Programme for implementation of the National Anti-Drug Strategy (2003-2008) are extremely insufficient to carry out the prevention activities.

The funds allocated in 2008 are intended for the salaries of 27 full-time positions for chairpersons and 27 for secretaries of the MCNS and 65 full-time positions for the teams of the PIC, as well as funds for subsistence.

The target funds allocated for prevention activities under the National Programme for implementation of the National Anti-Drug Strategy (2003-2008) amount to BGN 3200 for each of the 26 District Councils on Narcotic Substances and Prevention Information Centres. Including in accordance with task 20а in the Action Plan, sub-task а) “Development and implementation of strategic plans in the area of prevention and information servicing at municipal level”, item 2 “Support for the implementation of key activities in the strategic action plans of the 27 DCNS”, in August 2008 each of the Councils was financed for the implementation of one activity with BGN 1500, and in accordance with sub-task с) “Training of teams of the PIC in the area of prevention and

\(^{16}\) Information source: Report on the cash execution of the budget of the NDAC

\(^{17}\) Information source: Report on the cash execution of the budget of the NDAC
information”, item 2 “Support for the implementation of key prevention activities of PIC at the 27 DCNS, in November 2008 the District Councils received financing for the implementation of one prevention activity at the amount of BGN 1700 to the DCNS.  

In relation to the implementation of the strategic task “Prevention of the involvement of new people in the abuse of narcotic substances” in the Action Plan of the National Anti-Drug Strategy for 2008 programmes for prevention of the use of narcotic substances through sports and tourism have been implemented. Many of these programmes are intended to attract the children and young people to active sports, creation of alternatives for the spare time and promotion of the healthy lifestyle. The programmes are implemented and financed by the State Agency for Youth and Sports (SAYS) in partnership with the municipal administrations, regional educational inspectorates, sports organisations and school management.

To implement the tasks under the National Anti-Drug Strategy in respect of sports activities of SAYS in 2008 funds from the state budget amounting to BGN 1 404 370 have been provided. They are allocated to the various programmes as follows:

2. Programme “Sports for children in their spare time” – BGN 778 870

In June 2008 a programme of SAYS was launched titled “Youth activities 2008-2010”. Under this programme SAYS provides financing to project proposals of youth and non-government organisations registered under the Law on Non-Profit Legal Entities which carry out activities for youths. 66 projects have been financed. Under the project activities in 2008 more than 250 thousand young people at the age 14 to 35 years have been trained. The best preferred categories include „Prevention of risky behaviour“ and „Healthy lifestyle”. 4 projects have been financed in 2008 under the category “Prevention of risky behaviour”. The direct and indirect users are approximately 2500 growing up and youths at the age of 14 to 35. 4 projects have been financed under the category “Healthy lifestyle”. More than 1500 growing up and youths were involved in the activities. The funds spent on youth activities cannot be differentiated as the projects on which they were provided include activities aimed at combating other addictions as well.

The joint initiative of SAYS and the Embassy of the Republic of Italy to Bulgaria is the treatment of young drug addicts in a therapeutic community "Incontro", Italy. SAYS participates in this programme through financing of the travel expenses of the people who need treatment. As at 2008 with the assistance of SAYS a 3-year treatment course for four Bulgarian is carried out at the therapeutic community "Incontro".

The State Agency for Child Protection (SACP) participates in the implementation of the National Plan to reduce the demand for drugs within the National Anti-Drug Strategy 2003-2008 and in partnership with other institutions it develops activities on two tasks: (1) development and implementation of programmes in support of parents; and (2) development and implementation of programmes for work with high risk groups. Most of the activities on "Prevention of Drug Addictions" SACP carries out in permanent cooperation with the other child protection authorities, as well as all national and local institutions and non-government organisations the subject of activities of which is the prevention of drug addictions.

One of the projects related to the implementation of the tasks under the National Plan, financed by the SACP in 2008 is the development of „Documentary Aid for social workers in the “Child Protection” and “Social Protection” Departments on the prevention and

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18 Source: Secretariat of the National Council on Narcotic Substances
19 Information source: Annual report of SAYS for 2008
20 Information source: Annual report of SAYS for 2008
21 Information source: “Coordination, Information and Analyses” Directorate, MoI
22 Information source: “Coordination, Information and Analyses” Directorate, MoI
work with children and parents using narcotics and alcohol”. The total value of the project is BGN 13 765.\textsuperscript{23} The aid material was presented at a special seminar organised for social workers. 46 representatives from Sofia, Plovdiv, Varna, Rousse, Bourgas and Vratsa took part in the seminar.

In 2008 the SACP has printed and disseminated 4 posters called „The Fish“, „The Skulls“, ”The Globe“ and „Composition“ with a total circulation of 7000. The posters were printed out as part of a poster competition for children at the age 12 – 18 on the topic “No to drugs, yes to health. The value of this project is BGN 3 290.\textsuperscript{24}

In 2008 the SACP financed the participation of 2 experts, from the Departments Plovdiv and Vratsa of the Central Directorate “Rights Control” respectively, in the Autumn Session of the University of Addictions, organised by the Behavioural Strategies Institute, at the amount of BGN 900.\textsuperscript{25}

Thus the total amount of activities financed by the SACP related to the implementation of the National Plan for reduction of the demand for drugs to the National Anti-Drug Strategy 2003-2008, in 2008 is BGN 17 955.

The contribution of the Ministry of Education and Science (MoES) to the implementation of the National plan for reduction of the demand for drugs to the National Anti-Drug Strategy (2003-2008) in 2008 is demonstrated as share in the total financing of two major activities, namely:\textsuperscript{26}

- Improvement of sports in schools – total amount spent BGN 2 mln.
- Development of extracurricular activities, including arts, sports and health education.

As per data from the Medical Sector of Central Directorate “Serving Sentences”, there are 1076 imprisoned people in the penitentiary establishments who suffer from drug addiction. The costs to reduce the demand and use of narcotic substances and prevention of accompanying diseases in prison are within their total budget financing and they cannot be split. The problems remain for the financing of the procedures for the regular testing with poly-tests, the education and development of skills for work with addicts, exchange of experience and application of the good practices. Some of these activities are planned to be implemented jointly with the British Penitentiary Service under a Twinning Projects, and some of them have to be financed additionally under other projects.\textsuperscript{27}

**Customs Agency** makes continuous efforts to secure modern specialised technical equipment for the purpose of effective combating of illegal trafficking of narcotic substances and precursors. Most of the funds necessary in 2008 have been provided to the Agency in the form of donations and sponsorship. In April 2008 Customs Agency has received from the Criminal Customs Service of Germany (ZKA) technical assistance in the form of three Volkswagen minibuses for the needs of the mobile teams to combat illegal drug trafficking, which will be established.\textsuperscript{28}

On various projects during the year within PHARE Programme of the EU the following equipment was provided to the Customs Agency:\textsuperscript{29}

- One mobile ex-rays system for truck inspection and 12 stationary ex-ray machines for inspection of cargo and luggage, intended for customs offices at the western border and at the Black Sea ports;

\textsuperscript{23} Information source: SACP
\textsuperscript{24} Information source: SACP
\textsuperscript{25} Information source: SACP
\textsuperscript{26} Information source: MoES
\textsuperscript{27} Information source: "Coordination, Information and Analyses" Directorate, MoI
\textsuperscript{28} Information source: "Coordination, Information and Analyses" Directorate, MoI
\textsuperscript{29} Information source: "Coordination, Information and Analyses" Directorate, MoI
• Five thermo vision cameras for inspection of refrigeration trucks and portable technical equipment allocated depending on the needs of the border crossing points;
• Specialised toilet for "swallowers" at the Customs Point Sofia Airport;
• Two stationary ex-ray machines for luggage located at Customs Point Vidin Port and Customs Point River Station Rousse.

In 2008 the Ministry of Labour and Social Policy /MoLSP/ has approved National Programme for Employment and Professional Training of People with Lasting Disabilities as continuation to the National Programme "Independent Again". It includes unemployed people who have successfully passed a treatment course for their addictions to narcotic substances. Unfortunately unemployed people, who have successfully passed a treatment course for addiction to narcotic substances are not motivated to participate due to the low remuneration and the difficulties in finding a job. The specifics of this target group as well as the lack of desire in people who have successfully passed a treatment course for addiction to narcotic substances to register at the Employment Bureaus makes the identification process and the inclusion in the programme very difficult. Therefore in 2008 there are no unemployed people included in the programme who have successfully passed a treatment course for addiction to narcotic substances.  

By virtue of decision of the MB of Social Assistance Fund at the MoLSP in 2008 financing amounting to BGN 13 894 has been provided to support the activities of the therapeutic community "Phoenix" in Brakyovtsi Village, Sofia District. 

In 2008 on the grounds of Ordinance on the terms and conditions for financial support to projects of non-government organisations Varna Municipality carries out Programme for financing of projects aimed at prevention of drug addictions, implemented by non-government organisations. An expert commission appointed by the Mayor of Varna Municipality has approved financing for 22 projects in this District which are implemented by 18 non-government organisations at the total amount of BGN 77 400.

The major priorities of the programme are as follows:
- Promotion of initiatives of NGO for universal and selective prevention of the use of PAS;
- Improvement of the qualifications of people working in the area of drug addiction prevention;
- Publication of specialised issues containing information on good practices and policies in the area of drug addiction prevention;
- Surveys of the trends related to the use of PAS amongst different target groups.

The projects have been implemented by the following types of organisations:
- Foundations – 3
- Non-profit associations and school boards – 12
- Associations – 2
- Community centres – 1
- Other organisations – 1

The activities of DCNS – V. Tarnovo have been financed through targeted financing as follows:

1. Ministry of Health – BGN 3 200
2. Municipal budget Veliko Tarnovo – BGN 11 000

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30 Information source: MoLSP
31 Information source: MoLSP
32 Information source: Annual report of DCNS – Varna for 2008
33 Information source: Annual report of DCNS – Varna for 2008

The funds under point 3 and 4 secured under the National Programme for the implementation of the Action Plan of the National Anti-Drug Strategy of the Republic of Bulgaria 2003-2008 and the Action Plan 2008 of DCNS – Veliko Tarnovo have been spent on training of regional inspectors, inspectors from the Child Pedagogy Service and operational staff of RPD Veliko Tarnovo. The lecturers included experts from the Psychology Institute of the MoI, Sofia, National Drug Addiction Centre – National Focal Point, Sofia, Combating Organised and Heavy Crime Sector, District Police Department of Mol, Sofia, Regional Prosecutor’s Office Veliko Tarnovo.

In accordance with the priorities and tasks set out in the Work Plan of DCNS the experts from the PIC - Silistra have developed and implemented three projects approved by the National Drug Addiction Centre /NDAC/ and the National Council on Narcotic Substances /NCNS/:  
- publication of prevention information materials: handbook "The truth about drugs" and brochure "Which way will you choose" at the amount of BGN 1 521;
- publication of a collection of essays, poems and pictures titled "Drugs don’t tell you "I love you"" at the amount of BGN 1 500;
- development and creation of prevention materials “Live on the edge, but don’t fall” – school rulers, computer mouse pad and posters at the amount of BGN 1 700.

The projects are financed with funds from the National Programme for implementation of the Action Plan of the National Anti-Drug Strategy 2003–2008.

The activities of PIC – Sofia in 2008 are financed through different sources. The fourth, closing stage of the third part of the programme ”Prevention of risky behaviour” on the approach „Coevals train coevals”, implemented by the team of the PIC on drugs problems in the period 2006-2008 „Work of the group of young trainers on the creation of own joint product with a prevention message to young people their age” is financed through the funds of the DCNS – Sofia allocated to the "Defence and Security" Function – state responsibility in 2008. The design, graphic processing, editing and pre-printing design of a photo album, developed under this programme is financed through funds from the National Programme for implementation of the Action Plan of the National Anti-Drug Strategy of the Republic of Bulgaria 2003-2008.

Other prevention activities financed through the funds of DCNS – Sofia allocated to the "Defence and Security" Function – state responsibility in 2008 include:
- Organisation of thematic exhibition and open door day at PIC on drugs problems – Sofia
- Development of multimedia product for work with parents of teenagers who use psychoactive substances
- City representative survey on the use of psychoactive substances amongst the population at the age 15 to 64
- Survey of the attitudes and use of psychoactive substances amongst pupils from 7th to 12th grade in Sofia - 2008

In 2008 DCNS – Plovdiv has spend BGN 29 239 to finance the activities on prevention and combating the distribution and use of narcotic substances on the territory of the

municipality. The financial statements on the events of DCNS – Plovdiv in fulfilment of the municipal policy in the area of drug additions in 2008 is presented in the table below:  

<table>
<thead>
<tr>
<th>EVENTS</th>
<th>Funds planned in 2008</th>
<th>Funds spend in 2008</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Training of children – leaders – 2 seminars – three modules</td>
<td>10 000 BGN</td>
<td>9 877.05 BGN</td>
</tr>
<tr>
<td>2</td>
<td>Aid and information materials</td>
<td>14 500 BGN</td>
<td>14 871 BGN</td>
</tr>
<tr>
<td>3</td>
<td>International Anti-Drug Day 26 June – organisation of an event</td>
<td>3 000 BGN</td>
<td>4 300.00 BGN</td>
</tr>
<tr>
<td>4</td>
<td>Improvement of the qualifications of the members of the MCNS and PIC</td>
<td>2 500 BGN</td>
<td>191.00 BGN</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>30 000 BGN</strong></td>
<td><strong>29 239.05 BGN</strong></td>
<td><strong>760.95 BGN</strong></td>
</tr>
</tbody>
</table>

Along with the planned financing from the budget in 2008 amounting to 3 200 BGN, PIC - Shoumen has won a project at the amount of 1500 BGN, including the publication of a monthly bulletin on the issues of health education for a period of 1 calendar year. In 2008 PIC – Shoumen has won a project for testing a school educational programme for early prevention of the use of psychoactive substances at primary school age amounting to 1700 BGN, financed by the Ministry of Health.

**Budget**

The funds allocated for 2008 represent salaries for 27 full-time positions for chairpersons and 27 for secretaries of MCNS and 65 full-time positions for the teams of the PIC, as well as subsistence allowances.

**Social cost**

There are no up-to-date data available regarding the social cost related to the use of drugs.

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36 Source of information: Annual report of RDC – Plovdiv for 2008
37 Source of information: Annual report of MCNS – Shoumen 2008
38 Source: Secretariat on the National Council on Narcotic Substances
2. Drug use in the general population and specific targeted groups

The following key topics will be discussed within this section:

- Use of drugs among the general population;
- Use of drugs among pupils and young people;
- Use of drugs among individual population groups.

The elaboration of the first two key topics focused on the dissemination of the use among the general population and pupils. Epidemiological studies at national and local level have been used as sources of information.

The third topic covers up-to-date data from surveys regarding the use of narcotic substances among specific population groups – *people in prisons and people visiting entertainment establishments*.

### Use of drugs by the general population

With the methodological and financial assistance of the National Focal Point on Drugs and Drug Addictions and in compliance with the EMCDDA standards in the spring of 2008 the local representative surveys on the use of psychoactive substances among the general population (aged 15-64) launched at the end of 2007 have been finished in five cities – district centres (Sofia, Pleven, Blagoevgrad, Sliven, Shoumen). These surveys have been carried out by sociological research agencies MBMD and SOVA HARRIS in cooperation with the NFP. As a whole and methodologically they represented part of a national survey, covering cities varying in terms of size, geographical location and type. 6 027 people in total within the above-mentioned age group were covered.\(^{39}\)

One year later, in December 2008, national representative sociological survey regarding the use of psychoactive substances among the general population in the Republic of Bulgaria was launched. This survey was carried out by sociological research agency MBMD in cooperation with the NFP. It was also addressed towards the population aged 15-64, and the sample was based on random selection. The processing of the data was completed at the beginning of 2009. 5 139 people in total within the above-mentioned age group were covered.\(^{40}\)

In accordance with the European practice and the requirements of the key indicator "Use of drugs among the population" the use of drugs, alcohol, cigarettes and medicaments in three time ranges were underlying the surveys as part of the assessment. And respectively it was done through three indicators - life time prevalence, last 12 months prevalence, last 30 days prevalence.

The survey data in 2008 indicates (like many other previous surveys), that the most widely used drug is cannabis - 7,3 % of the interviewed have tried it at least once in their lives,

\(^{39}\) See Standard table 1 to Annual report on the issues related to the use of drugs in Bulgaria - 2008
\(^{40}\) See Standard table 1 to Annual report on the issues related to the use of drugs in Bulgaria - 2009
which is equivalent to approximately 190-200 thousand people (see Table 2-1). Completely in line with the contemporary trends the next group in terms of its dissemination is the group of stimulants: amphetamines - 2,1 % (approximately 55 thousand people), ecstasy - 1,7 % (approximately 45 thousand people) and cocaine - 1,7 % (approximately 45 thousand people). The allocation of the use of heroin is in the range of 0,4 % (approximately 10 thousand people), but according to a number of other surveys and studies this is the most widely used substance among the problematic users of drugs.

Table 2-1

USE OF ILLEGAL DRUGS IN BULGARIA - 2008

( % of the interviewed people)

<table>
<thead>
<tr>
<th>Substances</th>
<th>At least once in their lives</th>
<th>During the last 12 months</th>
<th>During the last 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any narcotic substance</td>
<td>8,6</td>
<td>3,2</td>
<td>1,8</td>
</tr>
<tr>
<td>including:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td>7,3</td>
<td>2,7</td>
<td>1,4</td>
</tr>
<tr>
<td>Heroin</td>
<td>0,4</td>
<td>0,1</td>
<td>0,1</td>
</tr>
<tr>
<td>Other opiates</td>
<td>0,7</td>
<td>0,2</td>
<td>0,1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1,7</td>
<td>0,7</td>
<td>0,4</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>2,1</td>
<td>0,9</td>
<td>0,5</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>1,7</td>
<td>0,7</td>
<td>0,3</td>
</tr>
<tr>
<td>LSD</td>
<td>0,2</td>
<td>0,0</td>
<td>0,0</td>
</tr>
<tr>
<td>Psilocybin mushrooms</td>
<td>0,5</td>
<td>0,1</td>
<td>0,1</td>
</tr>
<tr>
<td>Inhalant drugs</td>
<td>0,6</td>
<td>0,2</td>
<td>0,1</td>
</tr>
</tbody>
</table>


The use during the last 12 months and the last 30 days rank identically, while naturally the relative shares decrease. The proportions both within the total allocation, as well as for individual drugs are rather similar – people who have used during the last 12 months represent approximately 1/3 of people who have used at least once in their lives, and people who have used during the last 30 days represent approximately 1/2 of the people who have used during the last 12 months.

The further processing of the information indicates that approximately each twelfth person interviewed (8,6 %) has used at least once in his / her life one of the listed drugs (which makes for approximately 450-455 thousand people from the population). As far as the more up-to-date indicator - last 30 days prevalence – is concerned naturally the percentage is lower 1,8 % out of all interviewed have used something during the last month (which represents approximately 90-100 thousand people from the population).

The data on the dissemination of the use of drugs clearly indicate the existence of gender differentiation. Approximately each tenth interviewed man (10,9 %) has used at least once in his life one of the listed narcotic substances (which represents approximately 285-290 thousand men from the population). The respective share among women is 6,5 %, or

41 According to the opinion of the NFP experts this estimate is understated, as it covers pupils in the high school educational level, and practice shows that school surveys provide much more reliable data in this group compared to surveys carried out on address based interviews at their homes.
42 See again the above mentioned opinion of the NFP experts on the understated estimate.
approximately 170-175 thousand women from the population. An indicative aspect of the survey is that differentiation of the data by gender is noted for all substances subject to the survey, and in all cases the use level is higher for men (see Figure 2-1).

**Figure 2-1**

USE OF ILLEGAL SUBSTANCES IN BULGARIA – 2008 BY GENDER

( %)

![Graph showing use of illegal substances by gender in Bulgaria in 2008](image)

**Source:** Attitudes and use of psychoactive substances among the population aged 15-64 in Bulgaria ‘2008”, Sociological survey, December 2008 – January 2009, MBMD Consulting, National Focal Point for Drugs and Drug Addictions

In addition to the substances listed in Figure 2-1 in respect of men the use of alcohol is also noted more frequently (93.6 % of the men and 82.9 % of the women have used alcohol at least once in their lives), tobacco (respectively 68.5 % of the men and 57.2 % of the women have used it at least once in their lives) and anabolic steroids (respectively 1.4 % of the men and 0.2 % of the women have used them at least once in their lives). The only and very explicit exception is noted in respect of sedatives and soporific pills – the relative share of people who have used it at least once in their lives is two times higher for women compared to men (respectively 12.5 % and 6.2 %). In respect of barbiturates the respective shares are 6.1 % and 3.0 %, and for benzodiazepines – respectively 8.8 % and 4.0 %.

The review of the data by age groups brings to the foreground a long noted fact that in Bulgaria at this stage the use of illegal drugs is still a problem mainly among young people (see Figure 2-2). Almost each fifth (19.1 %) Bulgarian between 15 and 24 years of age has used a drug at least once in their lives, and almost each twentieth (5.5 %) has done so during the last month. This means that approximately 50 000 young people have used some kind of substances during the last 30 days. The levels of past and current use consistently decrease in each following age group, and after 35 years of age the current use is practically negligible (between 0.5 and 0.0 %).

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44 See Standard table 1 to Annual report on issues related to the use of drugs in Bulgaria - 2009
In addition to the split by gender and age the dissemination of the use of narcotic substances is also differentiated by types of settlements. The bigger the settlement generally the more significant the dissemination of the use of drugs is, with the highest level of use in the capital Sofia (17.4 % of the respondents there have used a narcotic at least once in their lives), the lowest level – in the villages (4.4 % have used a narcotic at least once in their lives) (see Table 2-2). And which the ratio between the level of use in Sofia and the villages is hardly a surprise, somewhat unexpected is the two times higher level of use of drugs in Sofia compared to the district centres (respectively 17.4 % and 8.5 %). Special interest draw the data on the average age of the respondents in the different types of settlements, to the extent in principle possible to have a concealed "input" in the ratio Sofia / small towns and villages of the different level of use amongst the different age groups (see above) due to the different ageing structure of the population of Sofia and the small settlements, mainly villages. The review showed that there are no significant deviations in the average age of the respondents in the different types of settlements (see Table 2-2), which undermines this hypothesis and brings to the foreground the way of life and entertainment, the standard, the development of the drugs market, etc.
Table 2-2

USE OF ANY ILLEGAL DRUG AT LEAST ONCE IN THEIR LIVES IN BULGARIA – 2008 BY TYPE OF SETTLEMENTS

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Capital District</th>
<th>District towns</th>
<th>Other towns</th>
<th>Villages</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who have used a drug at least once in their lives (%)</td>
<td>17,4</td>
<td>8,5</td>
<td>6,6</td>
<td>4,4</td>
</tr>
<tr>
<td>Average age of the respondents (in years)</td>
<td>38,7</td>
<td>37,6</td>
<td>38,1</td>
<td>40,6</td>
</tr>
</tbody>
</table>


Many previous surveys, as well as the observations and assessments of specialists define undoubtedly the social (mostly friends) environment as one of the major risk factors for the use of psycho active substances. From this point of view the data in this survey prompt the potential risks. This is the sense of the fact that 15,2 % of the respondents say that there are people using drugs in their circles. Furthermore, approximately the same number (16,2 %) are the people who have been offered a drug at a certain point in time.

Use of drugs among pupils and young people

At national level

There are no new available data on the use of drugs among pupils and young people at national level.

At local level

Sociological survey regarding the attitudes and use of psycho active substances among pupils in 7th to 12th grade in schools in Sofia was carried out in the period 13 May – 13 June 2008. It was carried out by MBMD Consulting at the request of Sofia Municipality and the District Council for Narcotic Substances, with the methodological support of the National Focal Point for Drugs and Drug Addictions and the organisational assistance of the Prevention – Information Centre on Drug Addictions - Sofia.

It is one of the periodic surveys carried out amongst pupils in Sofia. The prior surveys have been carried out in 1993, 1995, 2000, 2004 and 2006.

Some major trends noted regarding the use of illegal narcotic substances

45 Attitudes and use of psycho active substances amongst pupils in 7th to 12th grade in schools in Sofia – 2008”, Sociological survey, May - June 2008, MBMD Consulting at the request of Sofia Municipality and District Council of Narcotic Substances – Sofia, with the methodological support of the National Focal Point on Drugs and Drug Addictions, covering 2200 pupils in 7th to 12th grade in Sofia secondary schools and vocational high schools.

A little over 1/3 of the interviewed pupils (35.4 %) have used any illegal narcotic substance at least once in their life, which is less than 2004 (37.3 %) and a bit more than 2006 (33.5 %) (see Figure 2-3). The data from the last two surveys seem to outline a trend for a beginning of a decrease or at least stabilisation in the number of pupils experimenting with narcotic substances amongst schoolchildren.

**Figure 2-3**

USE OF ANY ILLEGAL NARCOTIC SUBSTANCE AT LEAST ONCE IN THEIR LIVES
ACCORDING TO SURVEYS IN THE PERIOD 1993-2008

Marihuana is the most widely used illegal narcotic substance (31.4 %), followed by the group of stimulants - amphetamines (10.9 %), ecstasy (9.7 %), cocaine (8.3 %), psilocybin mushrooms (6.9 %), etc. (see Figure 2-4)

**Figure 2-4**

USE OF DIFFERENT ILLEGAL SUBSTANCES AT LEAST ONCE IN THEIR LIVES IN 2008

An increase in the level of use is noted practically for all main illegal drugs (with certain fluctuation in respect of cannabis and other opiates, except heroin). (see Figure 2-5)

**Figure 2-5**

**USE OF VARIOUS ILLEGAL SUBSTANCES AT LEAST DURING THEIR LIVES AS PER SURVEYS IN THE PERIOD 1993-2008**


**Use of drugs by specific target groups / circles at national and local level**

**Among imprisoned people**

In the period May – June 2006 a survey was carried out regarding the attitudes and the behaviour to use of drugs amongst the people detailed in correction facilities in Bulgaria. Within the framework of this multi-sectoral survey the survey team had the task to seek more in-depth information regarding the issues of use, consequences, injected use, specific issues of the addicts in prison and their attitude to this problem. The task, as assigned, was achieved through qualitative interviews with a small sample of people at penitentiary establishments in Bulgaria.

**Use. History of use**

The survey was part of the multi-sectoral survey carried out in 2006 in penitentiary establishments in Bulgaria. It comprises three key elements. First: a representative national survey on the use of drugs and other psycho active substances amongst the people detailed at penitentiary establishments in Bulgaria was carried out. It covers 13 locations and 1409 respondents in prison. Second: Qualitative survey regarding the attitudes and the behaviour to drug use among addicts in penitentiary establishments in Bulgaria. The survey covered 102 people in prison at the age between 17 and 52 detained in 10 penitentiary establishments in the country. Third: Biological samples /blood/ among a random sample of people in prison for HIV, Hepatitis B and Hepatitis C at the penitentiary establishments. The survey was carried out under a project “Use of drugs among people in prison in Bulgaria: general situation”, jointly with the National Drug and Drug Addictions Centre and Central Directorate “Serving sentences” at the Ministry of Justice, with the support of the European Monitoring Centre on Drugs and Drug Addictions.
As data from the representative national survey on the use of drugs and other psychoactive substances among people at penitentiary establishments in Bulgaria indicated, marihuana and heroin are the most frequently used substances. Here it should be pointed out that the quantitative survey deals with use of drugs at any time in their lives, and the quantitative surveys deals with use of a narcotic substance for the first time, which means that on both indicators there is a match of the data on the narcotic substance used.

Marihuana is a substance that every other respondent prisoner has used for the first time in their lives. Secondly every third respondent has used heroin for the first time. More than half of the heroin users say that this first occasion was through smoking. It can be said that 2/3 of all respondents have used marihuana or heroin for the first time in their lives, and the rest another type of drug (glue, amphetamines, diazepam or hashish). This first use of a narcotic substance in their lifetime was most frequently at the age of 13 to 19. The earliest first use was 11, and the latest first use was at 34. The majority of the first time users have done so together with friends, classmates, or an intimate partner (boyfriend/girlfriend). There are single cases of use with a stranger ("an older boy") or alone. The question "What was the reason for the first use?" is almost always answered stating as a reason curiosity and secondly that they did not want to fall out of the company, the group they were with at the moment and / or imitation of the older boys / girls. There are single occasions stating that the reason for the first use was to avoid a problem. Every fifth respondent shares that curiosity in trying drugs is accompanied with the aim to fit into a company, imitation of the older boys / girls and becoming friends with them.

"Not to be different than the others, and there was a girl I like and she was using. This helped me be with her easier." (m., 25)
"Curiosity. I was curious to see what would happen. Until then I have seen my brother stoned on heroin. I wanted to be considered as old as them. After the diazepam I started using heroin. Using a pump immediately …" (m., 22.)

Every other respondent in prison has used for the first time a drug in the open (in the street), every third has done so at a party or at home, and every tenth has used drugs at a discotheque.

A very interesting question is the question about the quantity used in a day of use. In addition to the dozes disclosed varying between 0.5 grams of heroin a day to 7 grams per day (smoking or injection), although statistically the comparison men – women is not absolutely correct given their numeric ratio (men 92 – women 10), it should be pointed out that the female respondents report several times higher doze per day compared to men. While the most widely used daily dose of heroin varies between 0.5 - 2 grams for men intravenous, for women in addition to the daily use being more than three times a day, the doze increases to 5 grams per day intravenous and 6 – 7 grams smoking.

"heroin, I inject "fiver" a day …" (f. 23)
"heroin, intravenous, 4 -5 times a day " (f. 23)

This difference between the genders is worthy of more attention and it will be subject to future survey and analysis.

The mixing patterns, as well as the dozes are extremely different. Every second user states that he / she often mixes more than one drug and / or drug and alcohol, every third user does that rarely. One seventh of the users have never mixed, and a small portion

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48 See Annual report on drugs and drug addiction issues in Bulgaria 2007
49 Qualitative survey (n=102)
have used more than one drug simultaneously as a one-off try. It can be said that the
majority of the prisoners have at least once in their lives mixed more than one drug and / or drug plus alcohol.
Since marihuana and heroin stand out as most widely used drugs, the mixing patterns
should be marihuana and another drug or alcohol and heroin plus another drug or alcohol.
The most widely used combination amongst prisoners is heroin (as a main substance used) plus cocaine and equal shares of heroin plus alcohol and heroin plus marihuana. Amongst marihuana users (as a main substance) the most widely used combinations are those with amphetamines and alcohol.

In summary, it can be said that prisoners have used marihuana or heroin for the first
time in their lives at the age of 13 - 19, while this first use was with friends in the
street or at a party driven by curiosity and / or to fit into and imitate the members of
the group. The quantity of the substance used per day in a day of use varies, and
different mixing patterns stand out for one drug with another or alcohol, the main
ones being marihuana or heroin with another substance (drug or alcohol).

Consequences
Many of the respondents give more than one definition in reply to the question “What is
the feeling after the use of a certain drug?”. One fourth of the respondents describe it as a
feeling of calmness and relaxation. Every eighth is unable to describe it in words, and
every tenth responds that they have better mood and become euphoric.

„It cannot be explained. It has to be tried. The feeling is different every time. It's ten times
better than sex.” (m. 25)

It is noted that the heroin users describe the feeling as relaxation and the marihuana
users – as euphoria.

„After the use of marihuana – euphoria, for approximately an hour, after heroin – calming
down, relaxation.” (m. 24)

A part of the respondents share that simultaneously with the relaxation and / or euphoria
they become confident and / or forget the problems they have. In respect of the drug use
related problems half of all respondents share that they are problems with parents,
siblings, and one fourth of them have problems at school. Problems at school are most
frequently absences from class and poor marks, which in turn causes quarrels and lack of
understanding with relatives and parents. The comparison between the responses of
married and not married respondents indicates that for all married respondents the
problems are between the spouses, and for not married – with parents and / or brothers
and sisters. Those who have declared their working status (from the two groups) share
that they had problems at work in addition to the problems with the relatives. Work-related
issues were expressed in absent-mindedness and impossibility to hold a job for more than
several months.

„I am worried about nothing” is the answer of almost half of the respondents to the
question „What are you afraid of when using drugs?”. The other half is concerned about
their health, HIV infection or other contagious diseases. Every tenth is afraid of the
possibility to overdose when using a drug.

In conclusion the use of drugs is related to the feeling of calmness, relaxation or
euphoric condition. The consequences of the use are mainly with relatives, at
school and at work. Half of the users have never had any treatment, and the other
half have done it once or more than once. Fears are associated with contracting
contagious diseases or overdosing.
Injection use
Approximately ¾ of the respondents to the question about the first time they have injected, reply that they inject and for all of them the drug used in heroin. At an average 2 years have passed since their first use of drug, which was at an age of approximately 20. Almost each respondent saying that they inject, shares that a friend has helped with the first shot. A very small portion of the respondents state the place of first use, which does not allow further analysis of this topic. More than half of the respondents state that pharmacies are the place to buy needles and syringes. Another part state that they obtain those from programmes. There is unanimity on the issue of finding caps – liquor stores, cigarette filters and using mineral or tap water. A part of the injecting prisoners state that they have injected using second hand utensils. In prison too as there are no conditions for sterile materials.

When used, they are used as disposable, no used devices were used. Other in prison use the same devices. They try to clean them. There are no spirits because prisoners drink it, there are alcoholics. He has seen many people injecting with one needle all year. No one is going to start providing needles because it means admitting that there are drugs in prison.

"...I am well since 2 years. I am in prison but I'm not looking. I have seen and there is possibility to get. If I want now I am fixed but I lift weights. I feel better and I think this is the way out. A lot of sports. But they give up. They look at me – I have put on 22 kilograms, I lift 130 kg. – they want to do it too, but they want to do it immediately, and it doesn't work like that. I work on my mussels every day. If there is a hall I'll spend all day there. And I eat 10 times, and not everyone can secure that." (m., 22)

In addition to the answer to the question about the single / multiple use of the devices used, an indirect declaration is noted regarding use of drugs in penitentiary establishments. Most probably because of the fear of direct declaration of the use of drugs in these places, more than half of the respondents state that their last use was on the day or several days before their arrest, i.e. no direct declaration for using drugs at penitentiary establishments.

In conclusion more than half of the prisoners who declare use of narcotic substances inject heroin. Almost each of them has received help from a friend for the first injection. Pharmacies, programmes, and liquor stores are the places to obtain the injection materials needed, but there is declaration as to non-sterile materials used. There is no direct declaration of use of drugs in penitentiary establishments.

Attitude to the problem
Almost half of the respondents state that drug addicts need treatment and specialised help. Every fifth declares the need for support and understanding by relatives and family members, and every tenth shares that users need drugs or need to fill in their time with work, sports, etc.

"...They should find good company, to find a girl, a decent one, not an addict. The girl can change the boy. There should be a strong hand!" (m. 25)

Prisoners using drugs realise they are different than the other inmates and their statement that they need specialised treatment is justified.

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50 Interviewer notes on a 25 year old man.
Recreational settings

In the autumn of 2006 the team of the National Focal Point for Drugs and Drug Addictions launched officially a research project on the use of drugs in recreational settings. The main activities in the research included different methodologies to collect quantitative and qualitative information on this subject, including an internet based inquiry.

General description
The question "How often have you been to a discotheque during the past 12 months?" was answered by 21.7% of the respondents negatively in respect of this period, and 27.1% have not answered the question. For analysis purposes the group of those who have responded positively to this question will be of interest. Approximately 60% of the people who have been to some kind of an establishment are female, 34% men and 6% have not stated their gender. Approximately 54% of them are at an age between 15 and 20.

Half (or 49.8%) of the visitors to entertainment establishments during the year declare that they are pupils, 18.5% working, and 10.6% state that they study and work at the same time, 9.8% are students.

More than half of the respondents have stated that they live in Sofia or another district city in the past year.

The general discotheques are visited by 41.5%, clubs with club music – by 22.6%, folk music clubs are visited by 18.9%, followed by pupil's discotheques 11.7% (see Table 2-3).

<table>
<thead>
<tr>
<th>Visited entertainment establishments</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General discotheques</td>
<td>41.5</td>
</tr>
<tr>
<td>Clubs with club music</td>
<td>22.6</td>
</tr>
<tr>
<td>Clubs with folk music</td>
<td>18.9</td>
</tr>
<tr>
<td>Pupil's discotheques</td>
<td>11.7</td>
</tr>
<tr>
<td>Clubs with electronic or house music</td>
<td>10.2</td>
</tr>
<tr>
<td>Clubs with retro music</td>
<td>4.5</td>
</tr>
<tr>
<td>Piano bars</td>
<td>3.0</td>
</tr>
<tr>
<td>Night clubs with a programme</td>
<td>1.5</td>
</tr>
<tr>
<td>Other</td>
<td>0.8</td>
</tr>
</tbody>
</table>

55.5% of the respondents mostly like the music in the clubs and discotheques they visit, 44.2% like the environment and 32.8% like the people in these establishments.

The reply to the question what is least liked, the highest percentage has responded 'other' (30.6%). "Other" includes answers such as I don't know, I can't remember right now, I like everything. 20.4% do not like the environment in the establishments they visit, mainly...
referring to the dense cigarette smoke and poor ventilation, the overcrowded places, the lack of hygiene in the sanitary premises. People in the establishments are not liked by 18.5% of the respondents, and the reason to that is the lack of culture and manners, fights, etc. The service is negatively assessed mainly due to the rude attitude of the servicing staff and in particular the unkind attitude of the waiters. It is interesting to point the presence of music as a reply to the question “What do you dislike?”. The respondents answering in this way add that such dislike is due to the lack of variety in the songs played or disapproval of a certain music style.

**Use of drugs. Definition of the preferred illegal narcotic substance at the entertainment establishments.**

**Supply**

More than 3/4 or 76.2% of the visitors of entertainment establishments with music during the past year have responded that they personally have not been offered a drug in the club or the establishment visited. 7.5% have been offered some sort of a drug more than 10 times, 5.7% have received similar proposition 2-3 times, 5.3% - once, and 2.6% have been offered a drug 4-10 times.

**Use of drugs at entertainment establishments**

41.1% declare that their friends or acquaintances are not using drugs when they go to a club or a discotheque. Almost 30% cannot give an answer to this question and ¼ state that their friends are using a narcotic substance when they go to a club or discotheque. In respect of the question of personal use at such places during the past year almost 10% admit that they have used a drug (see Figure 2-6).

**Figure 2-6**

![Graph showing use of drugs (in Bulgarian)](image)

*Source: National Focal Point for Drugs and Drug Addictions*
The most widely spread pattern of use is less than once a month and once a month. The least have stated use 2-4 times or daily use.

The most widely used narcotic substance in entertainment establishments is marihuana. It has been used by 14.4% of all visitors to a club or a discotheque during the past year, 2.6% have used amphetamines, 2.6% declare the use of ecstasy, 1.5% have used pico, the use of cocaine or LSD takes 0.8% each, 0.8% each have used hashish or another form of marihuana, heroin or another drug. Such use of illegal substances occurred mostly before the visit to the entertainment establishment.

38.6% of the people who have declared the use of a certain drug at any time in their lives, declare that they have not used such a substance in the past year when going to a club or a discotheque, 27.3% have used less than once a month, 13.5% declare use of a drug an average once a month, 9.1% - 2-4 times a month and 2.3% say they have used an illegal substance 2-4 time a week or almost every day (see Figure 2-7).

Figure 2-7

Source: National Focal Point for Drugs and Drug Addictions

Out of the users of marihuana, cocaine, amphetamines or ecstasy almost 1/3 (or 29.6%) have visited general discotheques, 18.3% - clubs with club music, 12.7% - clubs with electronic or house music, the same number state another entertainment establishment, and 5.6% have visited folk clubs and 1.4% - retro music clubs. More than half of this group of users are aged 17 to 20 years. 52.1% of the users have lived in a district centre during the past year and 43.7% are pupils and almost the same number are workers or students.

Use of alcohol at the entertainment establishments

Out of all visitors to a club or discotheque in the past calendar year 17.4% state that they have 2 drinks, 14.3% - 3-4 drinks, 14% - 1 drink, and 4.5% have 5-6 drinks and 2.3% 7
and more standard drinks. 9.8 % state that they do not use alcohol in a club or a discotheque, which does not mean that they don't do it at all, and 8.7% state that they do not drink alcohol at all.

It is interesting to trace the type of alcohol consumed by those who declare the use of alcohol at the entertainment establishments. Hard liquor and beer are the preferred alcoholic drinks by the visitors at these places - 60.3 % state that they drink highly alcoholic drinks, and 41.4 % drink beer. 15.5 % drink cocktails and 5.2 % - wine.

It should be pointed out that twice as much or 67.2 % of the alcohol drinkers during the past year at such places were female, and 24% - men, with 9% not stating their gender. More than half of the group of pupils using alcohol are at the age of 15 - 18 years.

Summary

It can be summarised based on the above said that the respondents to the inquiry who have visited a club or a discotheque during the preceding calendar year are pupils at the age 15-18, living in a district town / centre in the country. They have visited general discotheques, due to the music played at such places. A small number of them admit personal use of narcotic substances during the visit to a discotheque, with the use occurring before the visit and occurring most frequently once a month. The most widely used drug is marihuana. The alcohol users at such places admit to the use of hard liquor and beer, with the use level being 2-3 standard drinks at an average.
3. Prevention

This chapter will provide an overview of the activities related to the prevention of the use and abuse of psychoactive substances. It includes mainly:

- General prevention: at school, within the family and the municipality/community;
- Selective prevention – mainly among risk groups;
- Prevention by indications;
- Media campaigns.

Various projects implemented mainly in 2008 in the area of prevention of the use and abuse of narcotics are described and classified.

The description of the activities in the field of prevention covers information, which on one hand presents the initiatives at national and local level by types of prevention, and on the other – initiatives oriented towards the affirmation of a healthy lifestyle, limitation of risky behaviour, and ensuring possibilities for support to young people using drugs.

Prevention activities implemented and coordinated at national level are presented mainly as per data from the Ministry of Defence – Military Medical Academy (MoD – MMA), Ministry of Labour and Social Policy (MLSP), the State Agency for Child Protection (SACP) and the State Agency for Youth and Sports (SAYS).

The local level analysis is based on information on drug use prevention-related activities reported by the Municipal Councils on Narcotic Substances (MCNS) and the Prevention Information Centres on Drug Addict Issues (PIC) throughout the country.

Introduction of the preventive activities structure

At national level

The prevention activities implemented and coordinated in 2008 at national level are related predominantly to sports events, training courses and consultations, addressed to prevention of the use of narcotic substances and discussion clubs.

The type of reported prevention activities at national level includes mainly such oriented to the family/early childhood, becoming part of the community, network building, self-aid, training of professionals, self-aid hot lines and media campaigns.

The showing of films, the development and maintenance of websites, the dissemination of fliers, leaflets, posters, etc., the organisation of seminars, workshops and training courses with professionals and best picture, best story and other competitions are also interventions related to prevention activities carried out at national level.

The allocation of prevention activities by target groups at national level indicates that the overall population, children / adolescents and families / parents are the main target groups subject to prevention activities.

At local level

In 2008 the main efforts of the Municipal Councils on Narcotic Substances (MCNS) and the Prevention – Information Centres on the Issues of Drug Addictions (PIC) throughout the country were oriented towards prevention of the use of narcotic substances mainly through active and targeted involvement of schools and young people in activities addressed towards dissemination of information about the risks of the use of psychoactive substances and offering of alternative activities during the spare time. The main activities were oriented towards the development and implementation of prevention programmes for various target groups, training courses of multidisciplinary teams, preparation, publication and dissemination of prevention and health educational materials, implementation of information campaigns, consultations to young people and parents on drug-related and addiction-related issues, development of programmes oriented towards young people for alternative ways to spend their spare time.

All initiatives have been implemented in accordance with the National Anti-Drug Strategy 2003-2008 and the Action Plan thereto, as well as in fulfilment of the approved Municipal Anti-Drug Strategies.

As per data reported in the City Reports of MCNS and PIC the total number of the activities by type of prevention (general, selective and by indications) in 2008 is 200, 38 less compared to 2007. The biggest number of initiatives during the past two years are implemented in relation to the general prevention – 175 (87 % of the total number) in 2008 and 181 (76 % of the total number) in 2007. In 2008 the activities on the selective prevention and prevention by indications are 12 and 13 respectively, and in 2007 – 44 and 13 respectively (see Table 3-1).

Table 3-1

<table>
<thead>
<tr>
<th>NUMBER OF ACTIVITIES BY TYPE OF PREVENTION IN THE PERIOD 2007-2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2007</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td><strong>Total number of prevention activities</strong></td>
</tr>
<tr>
<td><strong>General prevention</strong></td>
</tr>
<tr>
<td><strong>Selective prevention</strong></td>
</tr>
<tr>
<td><strong>Prevention by indications</strong></td>
</tr>
</tbody>
</table>

Source: City reports of MCNS and PIC in 2007 and 2008

The cities with the biggest share in general prevention in 2008 include Varna (17 activities), Pleven (15 activities), Gabrovo (13), Blagoevgrad (11) and Kardzhali (10). In respect of selective prevention the cities with the biggest number of implemented programmes include Varna (3) and Plovdiv (2), and those with the biggest number of indicative prevention include Gabrovo (3) and Vidin (2). (see Figure 3-1)

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57 As per data from 25 MCNS and PIC in 2007 and 2008
In 2007 the cities with the biggest number of activities in general prevention include Sliven (29), Veliko Tarnovo (26), Dobrich (14), Razgrad (11) and Smolian (11). The cities that have carried out the biggest number of initiatives in respect of selective prevention include Sofia and Yambol with 5 activities each and Pernik, Blagoevgrad and Shoumen with 4.

Source: City Reports of MCNS and PIC in 2008

The following cities have been covered (24): Bl, Bs, Vn, VT, Vd, Vr, Gb, Kzh, Kn, Mn, Pz, Pk, Pl, Pd, Tz, Rs, Ss, Sl, Sm, Sf, Tsht, Hs, Shin, Ym
each. Two activities in respect of indicative prevention have been carried out in Pleven, Blagoevgrad and Bourgas during the same time period.

The number and the relative share of activities in the so-called selective prevention has decreased in 2008 in respect both of the European practice and the practice in Bulgaria in 2007. The main reasons most probably include insufficient specific preparation and resources for this type of interventions (see Figure 3-2).

**Figure 3-2**

**ALLOCATION BY TYPE OF PREVENTION ACTIVITY**

![Pie charts showing allocation by type of prevention activity for EU, BG 07, and BG 08.]

The total number of the implemented types of prevention interventions in 2008 is 278. The focus of the work of the Municipal Councils for Narcotic Substances (MCNS) and Prevention – Information Centres on the Issues of Drug Addictions (PIC) throughout the country was placed on several major types of prevention activities. The most frequent measure for prevention of the use of narcotic substances is the development and dissemination of fliers, leaflets, posters, brochures. The total number of initiatives implemented under this indicator is 40. Another important focus in preventive work are the initiatives “Coevals train coevals” with 36 projects implemented. Theatrical performances and other cultural events are the third most important choice of the types of prevention activities with a total of 35 projects implemented. Trainings oriented towards prevention of the use of narcotic substances are amongst the most widely used approaches with 30 initiatives carried out. Significant share of prevention work in 2008 is held by the organisation of seminars, workshops, and training courses for professionals with a total number of individual activities 21. There have been 19 shows of films dealing with different aspects of the use of narcotics, and there have been 18 training courses addressed to parents and teachers. (see Table 3-2)
Table 3-2

NUMBER OF PREVENTION INTERVENTIONS IMPLEMENTED BY TYPES 59

<table>
<thead>
<tr>
<th>Types of prevention interventions</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showing of films</td>
<td>19</td>
</tr>
<tr>
<td>Video training</td>
<td>3</td>
</tr>
<tr>
<td>Development and maintenance of websites</td>
<td>6</td>
</tr>
<tr>
<td>Creation and dissemination of fliers, leaflets, posters, etc.</td>
<td>40</td>
</tr>
<tr>
<td>Publication and dissemination of booklets</td>
<td>7</td>
</tr>
<tr>
<td>Organisation of sports events</td>
<td>8</td>
</tr>
<tr>
<td>Training courses addressed to prevention of HIV and AIDS</td>
<td>6</td>
</tr>
<tr>
<td>Training courses addressed to prevention of the use of narcotics</td>
<td>30</td>
</tr>
<tr>
<td>Training of leaders</td>
<td>11</td>
</tr>
<tr>
<td>Training courses of the type &quot;Coevals train coevals&quot;</td>
<td>36</td>
</tr>
<tr>
<td>Training courses for parents and teachers</td>
<td>18</td>
</tr>
<tr>
<td>Organisation of seminars, workshops and training courses with professionals</td>
<td>21</td>
</tr>
<tr>
<td>Activities through the media addressed to the public</td>
<td>9</td>
</tr>
<tr>
<td>Discussion clubs</td>
<td>15</td>
</tr>
<tr>
<td>Theatrical performances and other cultural events</td>
<td>35</td>
</tr>
<tr>
<td>Best picture, best story and other competitions</td>
<td>14</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>278</td>
</tr>
</tbody>
</table>

Source: City reports of MCNS and PIC in 2008

ALLOCATION OF THE PREVENTION ACTIVITIES REPORTED IN 2008 IN THE CITY REPORTS OF THE DISTRICT CENTRES BY TYPE OF APPROACH (%, n = 194)

Source: City reports of MCNS and PIC in 2008

59 City reports of MCNS / PIC in 2008 – 24 cities
General prevention

At school

At national level
The active exercising of sports plays an important role in the prevention of the negative phenomena in society, including the fight against the use of narcotics. In this respect the State Agency for Youth and Sports (SAYS) develops various programmes where the pupils have free of charge and easy access to sports facilities and sports fields, which are aimed at promoting the benefits of the active exercising amongst children and adolescents and providing opportunities to these target groups to participate in physical exercises and sports. The objective of the programmes is for the participants to continue to practice sports systematically, not only within the programme.

The tasks of these programmes are implemented through activities aimed at creation of suitable conditions to practice physical education and sports for pupils. Events allowing the practice of sports, complete rest and social integration for pupils, including such in disadvantaged position, are being organised.

The programmes are implemented and financed by SAYS in partnership with the municipal administrations, regional educational inspectorates, sports organisations and school managements.

In 2008 SAYS has developed and implemented the programme "Sports for children in their spare time". It builds on the traditions of the programme "Vacation and sports" implemented by 2007. It is based on succession and complies with the established practices and traditions. Unlike the previous programme, which was implemented during holidays, the programme "Sports for children in their spare time" is implemented throughout the year. The scope and duration of the activities has been expanded.

In 2008 198 projects in 70 towns and villages have been carried out and 30 000 children have been involved, including 848 children in a disadvantaged position. The activities implemented covered 53 types of sports. In addition to the traditional ones – basketball, volleyball, football, swimming, tennis, sports like carting, horse riding, sports shooting, eurhythmics, taekwondo also attracted the interest of the children.

Subject of the programme were children from all over the country who are not systematically involved in sports, and access to sports was secured for disabled children and children in disadvantaged position. Children from Homes for Children without Parental Care were also attracted to participate in the programme in the municipalities Razgrad, Dupnitsa, Yambol, Varna, Veliko Tarnovo, Stara Zagora.

The biggest number of projects were implemented in the municipalities Sofia - 43, Veliko Tarnovo - 23, Haskovo - 21, Pazardzhik - 11, Varna - 10 and Vratsa - 8.

It is important to point out that as per data from the sports clubs implementing the projects for systematic involvement in various types of sports approximately 3 800 children were enrolled with the clubs, which in practice means that the programme has the expected impact for the improvement of physical activeness.

The indicator for the reporting of the programme was changed in 2008 from number of participations to a number of participants. The changed indicator allows accurate registration of the number of participants, which enables follow up in the long term of the effectiveness of the impact of the Programme.

As a whole the results from the implementation of the SAYS programme "Sports for children in their spare time" in 2008 and the public reaction to it are very encouraging. The effect of its implementation has huge social importance:
• additional prerequisites and conditions for diversify the possibilities to involve children in sports during their spare time, to improve their health and to provoke interest toward digital activeness have been established;

• the scope has been expanded territorially and in terms of time – the programme is already implemented throughout the country, all year long, and not just during the school holidays. The increased number of all-year exercises have created further motivation in the children to engage in systematic sports exercises;

• the activities implemented under the projects allowed coaches of sports clubs to select talented children and include them in systematic training in a chosen sport. According to sport clubs data approximately 10% of the children involved in the sports activities under the programme have continued their athletic development within the sports clubs;

• an indicator as to the increased interest attracted by the programme are also approximately 1.5 times more projects for 2009 submitted to SAYS.

In 2008 SAYS has supported financially the implementation of a project to organise and implement sports – competition activities for pupils practicing sports at the Pupils’ Sports Schools, the United Children Complexes and the Centres for Work with Children. 6 state competitions in 4 sports have been held with the total number of children participating exceeding 2 150.

Another form to increase the physical activeness of children and youths are the Pupils games. They represent a system of sports competitions and they facilitate the free access, choice and expression of the school teams. The games take place in 4 stages – municipal, district, zone and final, and there are three age groups – boys and girls in V-VII grade, adolescents in VIII-X grade and XI-XII grade. 145 000 participants took place in the competitions at all stages of the games. 60

To implement its tasks the State Agency for Child Protection (SACP) carries out most of the activities related to “Prevention of Drug Addition” in continuous cooperation with the other child protection authorities, as well as all national and local institutions and non-government organisations that have their object of activities as prevention of addictions.

In 2008 the celebration of 26 June – the International Anti-Drug Day – has been marked as part of the campaign titled “Children’s Rights Month”, initiated by the SACP.

The premiere of the two documentaries “Casting” and “In order to live”, related to the topic and financed by the SACP was organised in the House of Cinema. A meeting – discussion with the director of the two films – Nikolai Vasilev was also held. The films were made under a project of the SACP and in close cooperation with experts from the Prevention of Drug Addictions Group. The children and their teachers appreciated highly the informative value, the positive approach and the original story about human lives and faiths. There was interest for additional shows and discussions on the issues of prevention of addictions (including smoking and alcoholism) during the school periods of the class and other forms of school education. According to the contract between Foundation Culture Animi and SACP 300 DVD (of each film) have been produced and their distribution is upcoming.

On the same day, with the assistance of Imeon – Balkani Association an exhibition of humorous pictures and caricatures addressing prevention of smoking was opened. This cooperation was suitable both for the celebration of 26 June and in view of the possibility for subsequent joint activities within the National Campaign for Limitation of Smoking, which is held with the support of the Ministry of Health (MH) and under the auspice of the President of the Republic of Bulgaria. More than 100 children from 26 SSGE “Yordan

60 Source: „Materials for the Annual Report for 2009”, SAYS
Yovkov", 74 SSGE "Gotse Delchev", 7 SSGE "Sveti Sedmochislenitsi", 2 SSGE "Academic Emilian Stanev", 29 SSGE "Kuzman Shapkarev" were present at the event. The SACP experts distributed information materials on addiction prevention. The leaflets have been developed by the SACP and the Prevention – Information Centre on Drug Addiction Issues – Sofia, and the posters have been the ones winning the pupils competition "Yes to health, no to drugs", organised by the SACP in 2007.

At the end of 2007 the working group on "Drug Addition Prevention" initiated 4 competitions – 3 of them for Non-profit Legal Entities and 1 for children in the age group 12 – 18. This activity was implemented in fulfillment of the commitments of the SACP resulting from the National Anti-Drug Strategy.

The group experts developed terms of references for the competitions which were publicly announced on the official website of the SACP. As a result of the competition procedure and the ranking the implementation of the selected projects started at the end of 2007.

SACP is working for the more active involvement of the members of the Children's Council in the activities of the Municipal and District Anti-Drug Councils. The parameters of the participation of representatives of the Children's Council in a national survey aimed at analysis and evaluation of practices in the field of prevention of the use of narcotic substances at local and national level, as well as in the formulation of proposals by the children for new and effective prevention methods are in process of clarification. During the training held for the members of the Children's Council a discussion with Mr. Momtchil Vassilev from the National Focal Point at the National Drug Addiction Centre was organized to present the main principles of prevention, which shall be taken into account in future surveys. 61

At local level
Some of the prevention activities carried out at local level and reported by the MCNS and PIC addressed to the schools (without being exhaustive or even representative) include:

**Sofia**
Multi-modular programme for prevention of the use of psychoactive substances at municipal level – primary prevention and early intervention through promotion of health and development of skills for healthy lifestyle. The programme is implemented as a whole or by separate modules depending on the request.

1.1. Educational and information module for adults (school specialists and parents);

1.2. Health educational module for pupils

**Plovdiv**
Programme „**Prevention of drug addiction in schools**” – in the period 01 January 2008 – 31 December 2008 45 schools with a total of 433 classes from 5-8 grade or 10 602 pupils took part in the programme.

**Varna**
“**Programme for prevention of the use of narcotics in schools**” is intended to pupils in 8 – 12 grade. It is implemented for a third consecutive year. It is implemented in 57 schools on the territory of Varna Municipality (primary schools – 27, secondary schools of general education (SSGE) – 12, high schools – 6, vocational high schools – 12). Its introduction was on the grounds of memorandums for cooperation between Varna Municipality, Trimbos Institute – the Kingdom of Netherlands and Foundation "Public Programme for Prevention of the Use of Drugs in Schools".

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Rousse
Programme „Personal and social competency” was launched during the 2006/2007 school year with the pilot school PS “Bratia Miladinovi” and included 3-year interventions with the same pupils. During the 2008/2009 school year new pupils from the above-mentioned school were included in the programme implementation.

Sliven
“Public programme for prevention of the use of narcotics in schools”, oriented to the mastering of knowledge and formation of skills for healthy lifestyle; avoidance of risky behaviour; training in social skills; mastering of socially adaptive behaviour.

Gabrovo
Multi-modular programme for prevention of the use and abuse of psychoactive substances, oriented to the following target groups – teachers, pedagogy advisors, medical specialists, pupils and parents. The programme includes the following modules:
1. Educational – information module for teachers
2. Educational – information module for pedagogy advisors and medical specialists
3. Educational – information modules for parents
4. Interactive training programme "The informed choice" for pupils from 5-12 grade
5. Showing of films related with the topics "drugs" and "addictions" with subsequent discussions – for pupils from 5-12 grade

In the family

At national level
One more possibility to provide consultations to children and parents through a hotline for children – 0 800 19 100 – was implemented in 2008. The project was implemented by the SACP, UNICEF and Centre Nadia Foundation. It is a free line for the callers and it is available 24 hours 7 days a week. Although its objectives are to inform, advise and forward children seeking help, the operators and consultants do not refuse these services also to the parents and the relatives calling in relation to children. 62

At local level
Silistra
Project "Parent School" – provision of information and consultations as to how parents can improve communications and strengthen their connection with the teenagers; how to overcome conflicts with their children; how to protect them from violence and aggression outside the home; regarding the impact of psychoactive substances and the signs for their use; how to react and what should be their behaviour when they have doubts that their child may use drugs.

In the municipality / community

At national level
The Youth activity programme 2008 – 2010 of the State Agency For Youth and Sports was launched on 06 June 2008 and provides opportunities for financing of project proposals of youth and non-governmental organisations, working with young people, registered under the Law on Non-Profit Legal Entities.

In 2008 out of a total of 225 submitted project proposals 66 projects have been financed. The programme offers two sub-programmes “Support and Development” and

“Opportunities and Realisation”. The most preferred ones for application by non-government organisations are the categories in the second programme, namely „Prevention of risky behaviour“ and „Healthy lifestyle“. Projects touching upon issues related to prevention of the use of narcotics were submitted in these categories. 8 projects, four for each category were financed in 2008. The activities under the projects offer training courses, lectures, educational seminars, etc., providing opportunities to the adolescents and young people to get acquainted with the drug-use related problems. A total of approximately 4 000 adolescents and young people at the age of 14 – 35 throughout the country have attended training courses under these projects. The number of people who would like to take training courses has increased by 25% compared to the preceding year.

35 youth information – consultative centres throughout the country have been established under the National programme "Youth – Consultative Centres” 2007-2010 (YICC). They provide free of charge consultations to young people and adolescents. Consultations on health education, prevention of risky behaviour, HIV/AIDS and sexually transmitted diseases and infections, as well as fight against addictions are provided on a daily basis. Direct connection is in place with "OAFCTAIDS“ – Offices for anonymous and free of charge consultations and testing for HIV/AIDS in Bulgaria, where intravenous drug addicts can be tested free of charge and anonymously and they can get consultations.

The number of YICC has increased by approximately 9% compared to the preceding year. More than 150 000 adolescents and young people at the age of 14 – 35 have sought free of charge consultation in the youth centres in the country, which is 30% more compared to the preceding year.

At present there is no opportunity to report separately the actual number of young people consulted on the issues of narcotics, which is considered a problem. Furthermore, there are difficulties in respect of reporting the participants in training courses on prevention of the use of narcotics under the Youth Activity Programme 2008 – 2010 because they are carried out within the projects under categories “Prevention of risky behaviour” and „Healthy lifestyle“. 63

Since June 2004 the website of the State Agency for Child Protection provides information with the contact numbers and addresses of establishments offering help – treatment and rehabilitation of people addicted to psychoactive substances, as well as a table of non-government organisations working on projects for prevention of the use of narcotic substances. The SACP works in partnership with some of the non-government organisations set out in the table to create programmes to support parents, teachers and children, for the purpose of informing the public about the gravity of the problem and seeking ways to overcome this problem, the foundation of which is the personal choice of a healthy lifestyle.

A focus in 2007 is the analysis of the modules to the column "Prevention of drug addictions" on the website of the SACP and the inclusion of sections for information for the parents and teenagers, as well as the publication of the UN Office on Drugs – “Drugs under international control”. The updating of the column was carried out in close cooperation and interaction with the Prevention – Information Centre of Drug Addiction Issues – Sofia and the Regional Office of the UN Office on Drugs.

Since 2003 SACP is developing the service internet consultations to children and teenagers – Teenager Club, and since 2007 is established and maintains a column for consultations to parents via the internet – "Parent" Club.

63 Source: „Materials for the Annual report for 2009“, SAYS
"Teenager" Club is used mainly by children and youths at the age 6 - 19 years, while mainly parents, teachers, citizens address questions to "Parent" Club. Some questions are related to information regarding the possibilities for support and treatment of children addicted to narcotic substances. The experts who answer the questions to the "Teenager" Club and "Parent" Club provide exhaustive information regarding the organisations carrying out prevention activities, implementing and controlling the treatment and rehabilitation processes in the country.

The working group on "Drug Addiction Prevention" initiates the creation of links on the website of the SAPC to the websites of the state and non-government organisations, which are working successfully in the area of prevention, treatment and rehabilitation in the field of use of psychoactive substances by children.  

At local level

Varna


Rousse

„Public competency” Programme:

- developed and disseminated information prevention materials under the „National Programme for the implementation of the Action Plan of the National Anti-Drug Strategy” – 2000 sticker posters, 1000 calendars and 2 didactic boards;
- current information to interested people regarding the drug addiction problem in the part related to identification and proof of the signs of use;
- regular meetings with representatives of various institutions to enhance public competency and involvement on this issue - Rousse.

Pernik

Project „Do not let them mislead you... Learn the truth about HIV/AIDS!”, implemented within the project “Health and development of young people”, carried out by the Ministry of Health with the financial support of UNICEF.

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Selective prevention in risk groups and settings

Risk groups

At national level
The Ministry of Defence (MoD) is participating in the development and implementation of an Action Plan for the implementation of the National Anti-Drug Strategy 2009 – 2013, by focusing its specific activities mainly towards people serving in the Bulgarian Army (BA).

The overall process of preventive work includes an emphasis on the improved procedures and expertise on the fitness for military service, the psychological prevention work, follow-up and testing by means of disposable tests within the military units carried out by the medical specialists and interaction with the command staff.

1. Development and implementation of programmes for prevention of the use and abuse of narcotic substances within the MoD

   a) Implementation of programmes for training of command staff, mental health specialists, medical workers from the National Military University and the military units on the issues related to prevention of the use and abuse of psychoactive substances;

   The Mental Health and Prevention Centre at the Military Medical Academy (MHPC - MMA) provides methodological help to the mental health specialists at the BA military units so that they would be fit to work with military staff that have used alcohol and / or have abused narcotic substances. The activities are carried out in the form of specialised modules aimed at developing specific professional skills in the mental health specialists at the BA military units, including psychological diagnostic and psychotherapy (if necessary) for soldiers using alcohol and abusing narcotic substances, individual and group psychological work and support to the processes related to the undertaking of organisational steps to prevent such cases.

   The psychological training activities with the commanders and the staff of the military units of the different types of armed forces of the BA include training modules for detection, influence and forecasting the risky behaviour, related to the use of alcohol and abuse of narcotic substances. The training work includes both theoretical preparation of the staff and practical work on case studies, role playing simulations, etc. It is aimed at formation of responsible health behaviour and commitment of the command staff as an element of affirmation of the mental health of the soldiers.

   b) Development, publication and dissemination of information materials for the soldiers on the issues of addictions;

   c) Surveys on the awareness of soldiers on the issues of addictions and the effectiveness of the programmes implemented.

   The objective of these activities is the promotion of the healthy lifestyle without use of psychoactive substances.

2. Development and implementation of prevention programmes and measures to support risk groups within the BA

   a) Development of programmes for prevention of the use and abuse of psychoactive substances amongst the staff of the military units of the BA

   b) Training for the use of effective mechanisms for controlling stress, compliant with the various risk factors amongst the various groups of soldiers.

3. Expansion of the possibilities to include the soldiers in forms to spend their spare time which are attractive to them.

   a) Expansion of the tangible asset base and improvement of the conditions for sports available to the soldiers in the military units of the BA
b) Creation of favourable conditions for work and active recreation as part of the prevention of the abuse with psychoactive substances in the BA.

4. Raising the awareness of the soldiers of the BA in respect of drug addiction issues.
   a) Training courses, press conferences and other activities to acquaint representatives of the civic society structures and media with the problems related to the abuse of psychoactive substances.

5. Development of policies and measures for early intervention on issues related to the abuse of narcotic substances in the BA.
   a) Development of a sub-programme to the National Early Intervention Programme aimed at soldiers with experimental use of narcotic substances
   b) Putting in place an open hotline within the BA providing consultations and guidance on the issues of use, abuse and addiction to psychoactive substances

6. Development of early intervention programmes for soldiers, especially those with experimental use of psychoactive substances
   a) Development and implementation of early intervention programmes amongst soldiers with experimental use of psychoactive substances
   b) Development of handbooks on screening, early and short interventions
   c) Training of professionals and specialists on mental health on techniques for screening, early and short-term interventions

7. Development of programmes and services to reduce the risky behaviour and ensure support to soldiers
   a) Identification of the risks and problems, and development of risk mitigation programmes for participants in operations and missions outside the country before, during and after their return

8. Development of programmes and services to reduce the spreading of socially significant diseases related to the use of drugs: HIV/AIDS, hepatitis B and C, sexually transmitted diseases and tuberculosis within the MoD.
   a) Development of the screening activities and voluntary testing of soldiers (including in the field) for blood and sexually transmitted diseases, pre- and post testing consultations and referral for specialised treatment.

9. Improvement of the professional qualification of the specialists in the issues of diagnostics and detection of abuse of narcotic substances.
   a) Participation of professionals from the BA laboratories in training seminars on the issues of diagnostics and control of narcotics.

10. Improvement of the analytical capacity for testing narcotic substances within the MoD.
    a) Improvement of the technological capacity of the specialised laboratories for narcotic substances within the BA, by securing analytical equipment and preliminary analysis tools;
    b) Creation and maintenance of information system for inter-laboratory exchange of data on the tests carried out.

At local level
There is no new current information regarding selective prevention in risk groups at local level.
**Risk families**

**At national level**
There is no new current information regarding selective prevention in risk families at national level.

**At local level**
There is no new current information regarding selective prevention in risk families at local level.

**Entertainment establishments**

**At national level**
There is no new current information regarding selective prevention in entertainment establishments at national level.

**At local level**
There is no new current information regarding selective prevention in entertainment establishments at local level.

**Indicated prevention**

**At national level**
in 2007 for the first time it was possible to search information about children using drugs on which the specialists from the Child Protection Departments (CPD) in the country have worked through the National Information System kept at the SACP. It is evident from the summary of 2007 data that the CPD officers in the country have worked on 16 cases of children of narcotic addiction and 10 cases of children systematically abusing alcohol.

In 2008 the CPD officers in the country have worked on 6 cases of children with narcotic addiction and 29 cases of children systematically abusing alcohol.

The information was submitted through the periodic information sheets filled in by the CPD experts in the country. This data does not present the dimension of the phenomenon but they "raise a red flag" as to the low level of signalling on this problem and seeking assistance and support from the social workers at the CPD in the country.

It should also be taken into account that the circumstances which are risky for the children have a complex nature and very often addictions are combined with problems within the family or the school.

In view of the poor offering of social and health services to children with addictions to psychoactive substances, the social workers bring to the foreground other problems towards which measures could be undertaken and action plan could be developed.

Therefore it is necessary to optimise the cooperation between the institutions and the civil sector for the purpose of creating new and developing the capacity of already existing facilities offering social and health services in support of children addicted to narcotic substances and their parents.

Following a competitive procedure the Bulgarian Art-Therapy Association was selected to develop a Training Aid, aimed at social workers employed by the Child Protection Departments and the Social Protection Departments in the prevention and work with children and parents using narcotics and alcohol. This is the first handbook of such nature trying to support prevention and social work throughout the country.
The purpose of the Training Aid is to help the direct work of social workers from the Child Protection Departments and the Social Protection Departments in this area. The Training Aid provides basic information on addictions, the ways and approaches to resolve specific cases, information on organisations and specialists providing psychological, therapeutic and hospital assistance.

Training for presentation of the Training Aid and the principles for work with addicts was held in June 2008. 46 social workers from Sofia, Plovdiv, Varna, Rousse, Bourgas and Vratsa took part in the training.

Special interest to the Training Aid was demonstrated by the professional community and steps for its broader dissemination are to be undertaken in 2009.

At local level
Programme for consultations to parents, including primary consultations to parents having concerns that their children are taking psychoactive substances (PAS) and to parents whose children are experimenting, using and abusing them is implemented in the town of Pernik.

National and local media campaigns

At national level
The mass media campaigns in the area of drug use can be distributed in three groups:

- Presentation of the Annual reports on the situation of the problem related to narcotics in Europe and Bulgaria;
- The coverage of 26 June – International Anti-Drug Day and Illegal Trafficking of Drugs;
- Campaigns and publications on other occasions related to the use and trafficking of drugs.

The 4th annual expert meeting 2008 was held on 06 November 2008 for the presentation of the EC Annual Report on drug issues and data from the Bulgaria’s Annual Report. In addition to the experts in the area of drugs the meeting was attended by representatives of a large number of national media. The event was broadly covered by TV Europa and Radio France Internationale – Bulgaria, as well as seven of the most popular newspapers in the country: „Trud”, „24 hours”, „Telegraph”, „Monitor”, „Novinar”, „Express” and „Clasa”. Announcements on this topic were made in the news shows of all significant electronic media, as well as most of the major information agencies and websites.

At local level
On the occasion of the International Anti-Drug Day a 30-second TV clip and audio clip were broadcast in Veliko Tarnovo on 26 June 2008. They were aired by Eurocom – Tsarevets Cable TV and Videosat. The clip was created especially for the campaign at the initiative of the members of the Drug Addiction Prevention Club - SOS Friends, Radio Focus, Radio Favourite, Municipal Cable Radio, Radio NRJ and Darik Radio. 65

65 As per data from the City report on the implemented prevention activities by the MCNS and PIC – Veliko Tarnovo in 2008.
4. Problem Drug Use

Within the frames of this section the following main topics will be considered:

- Estimation of the prevalence and of the new cases of problem drug use;
- Data on the problem drug use from non-medical resources;
- Patterns of intensive or frequent drug use.

Prevalence and incidence estimates of PDU

Indirect estimation of the problem drug use

At national level

There are no current new data on the estimation of the problem drug use at national level. The first results of the „Capture - recapture” national survey about the number of problem drug users are expected to become known and available by the middle of the spring of 2010.

At local level

Estimation of the problem drug users in the town of Plovdiv

In the town of Plovdiv a retrospective study has been conducted about the estimation of the problem drug users by applying the Capture Recapture method. The study was based on data from 2007. The information necessary to estimate the hidden population of the problem drug users has been collected from 3 independent sources:

- 01 Police (p)
- 02 Emergency (sp)
- 03 Dispensary of Psychiatric Diseases / Substitution programs / Detoxification centers, etc. (pd)

The three sources of data about the problem drug users have been successfully chosen. We have every reason to consider them independent in view of the data they provide. This allows the data to be used for the application of statistical analysis which will in return provide authentic and reliable estimation of the population of the problem drug users in the town of Plovdiv.

Aiming at keeping the information gathered anonymous the drug dependent individuals registered in the lists were identified by a developed in advance code in which there was information about the month and the year of birth of the individuals registered. This information, however, was only found in the lists of the police. In the identification codes of the individuals from the lists of the other two sources only the age of the individuals registered was written. Also, the second letter of the name of the individuals was missing in the greater number of the codes of those registered in the lists of emergency. This

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66 Source of information: Report on the Capture-Recapture study in the town of Plovdiv
The differences indicated in coding the primary data necessitated the re-processing of the codes aimed at their unification, i.e. achieving the necessary collation of the data so that they could be used for the purpose of the statistical analysis. This however, resulted in the loss of some of the initial information.

After re-calculating the age of the registered individuals for those of them who had been coded by the month and the year of birth, and after dropping the second letter from the codes, there was no dubbing of the entries.

As a result of the preliminary preparation of the data to be analyzed the total number of the individuals registered from the three sources was shortlisted to 547.

The distribution of the drug dependent individuals registered according to sources of information is given in Table 4-1.

<table>
<thead>
<tr>
<th>Dispensary of Psychiatric Diseases</th>
<th>Emergency</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>Police yes no</td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>4 26 17 260</td>
<td>21 286</td>
</tr>
<tr>
<td>no</td>
<td>Police yes no</td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>4 139 97 0</td>
<td>101 139</td>
</tr>
<tr>
<td>Total</td>
<td>273 374</td>
<td>547</td>
</tr>
</tbody>
</table>

Source: A study to estimate the number of problem drug users applying the Capture Recapture method in the town of Plovdiv

For the estimation of the hidden and the total population of the problem drug users log-linear models have been applied. The analysis has been done in two stages – (1) selection of the best log-linear model for the presentation of the population studied; (2) estimation of the hidden and total population of the problem drug users on the territory of the town of Plovdiv.

Selection of the best log-linear model which represents the real situation

For the selection of the best log-linear model which represents the real population of the problem drug users a procedure of subsequent exclusion has been applied. The best hierarchical log-linear model has been deducted on the basis of $G^2$ – tests of the statistical significance of the component parameters of k-order of the model and particular $G^2$ – tests of the statistical significance of the specific component parameters of the model. Those tests are based on the relation of maximal plausibility. $\chi^2$ - test has also been conducted about the appropriateness of each of the models. The zero hypothesis for each of the $G^2$ – tests of the statistical significance of the component parameter of k-order in the model states that the component parameters of k-order in the model are statistically insignificant, i.e. the components of the respective order may be dropped from the model. The alternative hypothesis claims that the respective parameters are statistically significant and the components related to them have to remain in the model.

Estimation of the hidden and total population of the problem drug users on the territory of the town of Plovdiv
On the basis of the results obtained from the $G^2$ tests the full log-linear model and the hierarchical log-linear model of 2nd order have been estimated. The results of the estimation of both the models and the appropriateness tests are given in Table 4-2.

**Table 4-2**

ESTIMATION OF THE FULL LOG-LINEAR MODEL AND OF THE HIERARCHICAL LOG-LINEAR MODEL OF 2ND ORDER

<table>
<thead>
<tr>
<th>№</th>
<th>Model (class - generating)</th>
<th>$\chi^2$</th>
<th>$p(\chi^2)$</th>
<th>Estimation of the hidden population</th>
<th>Estimation of the total population</th>
<th>Confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>full</td>
<td>-</td>
<td>-</td>
<td>7632</td>
<td>8179</td>
<td>2301 - 33701</td>
</tr>
<tr>
<td>2</td>
<td>p<em>sp; p</em>pd; sp*pd</td>
<td>8,786</td>
<td>0.003</td>
<td>7632</td>
<td>8179</td>
<td>2301 - 33701</td>
</tr>
</tbody>
</table>

*Source: A study to estimate the number of problem drug users applying the Capture Recapture method in the town of Plovdiv*

From the results of the $\chi^2$ tests it is obvious that both the models are adequate, the full log-linear models as well as the class-generating model (p*sp; p*pd; sp*pd). The results of the analysis also showed that exclusion procedures are not necessary. The estimation of the problem drug users is one and the same when applying either model.

The data collected about the drug dependent individuals registered in one of the three lists in 2007 were used to estimate the hidden and the total population of the problem drug users in the 4 age groups of greatest public concern, namely:
- among the 19-year old,
- among the 20-year old,
- among the 21-year old and
- among the 22-year old.

To estimate the hidden and the total population log-linear models have again been applied, and each of the age groups has been analyzed separately. The data processing and analysis for each of the age groups and also for the total number of the problem drug users have been performed in two stages, with the help of SPSS.

*Selection of the best log-linear model presenting real situation*

To select the best log-linear model presenting the structure of the real population of the problem drug users in each of the age groups a procedure of subsequent exclusion has been applied. The best hierarchical log-linear model has been deduced on the basis of the $G^2$ tests of the statistical significance of the component parameters of $k$-order of the model and particular $G^2$ tests about the statistical significance of the parameters in the separate components of the model. A $\chi^2$- test of the appropriateness of each of the models has also been done.

The results of the $G^2$ tests show that the component parameters of third order included in the full log-linear model of the 19-year old and the 20-year old are not statistically significant. Therefore they have to be excluded from the respective models. The parameters of 2nd order of the models of the 21-year old and 22-year old have also been assessed as statistically insignificant. Because the log-linear models are hierarchical models, components of lower order cannot be excluded or components of higher order be kept. This does not allow the model to be appropriately assessed. That is why for these tests it is obligatory to perform additional particular $G^2$ tests.
The results of the particular G2 – tests show that the parameters of 1st order in the log-linear model about the 19-year old related to the variable sp and pd, are statistically insignificant. Because of the hierarchical structure of the model, however, they cannot be excluded from the model. That is why the log-linear model of 2nd order with all components in it has been defined as the best model for the 19-year old (see Table 4-3). All the components included in the log-linear model of 2nd order for the 20-year old are statistically significant. Consequently, this remains the best model. Regarding the log-linear model of the 21-year old all the components in the full log-linear model are statistically significant according to the results of the particular G2 – tests, hence they have to remain in the test. In the log-linear model about the 22-year old the parameters related to the components of dependence between the variables p (police) and sp (emergency) and between p (police) and pd (Dispensary of Psychiatric Diseases) are statistically insignificant. Since the model is of 2nd order these components may be dropped, and the best model in this case is of 2nd order with one component of dependence between sp and pd.

On the basis of the results obtained from the G2 – tests and the particular G2 – tests the best log-linear models selected for each age group analyzed have been assessed. The results of the assessment of the models and the appropriateness tests are given in Table 4-3. The models have been described with their generating classes.

Table 4-3

<table>
<thead>
<tr>
<th>Age group</th>
<th>Model (generating class)</th>
<th>$\chi^2$</th>
<th>p ($\chi^2$)</th>
<th>Estimation of the hidden population</th>
<th>Estimation of the total population</th>
<th>Confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-year old</td>
<td>p<em>sp; p</em>pd; sp*pd</td>
<td>0.4398</td>
<td>0.507</td>
<td>298</td>
<td>327</td>
<td>31 – 52 544</td>
</tr>
<tr>
<td>20-year old</td>
<td>p<em>sp; p</em>pd;</td>
<td>0.4284</td>
<td>0.513</td>
<td>262</td>
<td>310</td>
<td>51 – 26 922</td>
</tr>
<tr>
<td>21-year old</td>
<td>full</td>
<td>0.000</td>
<td>0.000</td>
<td>3 900</td>
<td>3985</td>
<td>184 – 153 172</td>
</tr>
<tr>
<td>22-year old</td>
<td>p; sp; pd; sp*pd</td>
<td>7.23</td>
<td>0.027</td>
<td>30</td>
<td>80</td>
<td>55 - 231</td>
</tr>
</tbody>
</table>

Source: A study to estimate the number of problem drug users applying the Capture Recapture method in the town of Plovdiv

From the results of the $\chi^2$- test it is obvious that all the models with the exception of the one of the 21-year old are appropriate. The distribution of the 21-year old in the initial lists is rather uneven. Half of the registered are only on the list of the dispensary, and the individuals registered at the police account for only 10% of all those on the lists. That is why the results of the assessment of the model should be accepted with reservation.

The results of the estimation of the hidden and of the total population in the specific age groups serve as a reference point for the prevalence of the problem drug users because the data according to age groups are of extremely clustered structure and a significant number of the cells of prevalence remain with zero frequency. Fore a more precise estimation of the population of the problem drug users more data are needed collected from different sources. Also the correct coding of the data and the prevention of double entries is important which further limits the initial information. The results about the hidden and the total population regarded as a totality of the problem drug users can be accepted as more precise and really reflecting the actual situation.

The results of the application of the log-linear models to estimate the problem drug users on the territory of the town of Plovdiv show that the total hidden population is 7,632
problem drug users. It can be claimed as a whole for the territory of the town of Plovdiv that the mean number of the problem drug users is 8,179 people. The confidence interval, within which the real number of the problem drug users in the town varies, at 5% risk of error, is from 2,301 to 33,701 people. The reasons for the wide range of the interval are due on the one hand to the insufficiently long period of the study. A longer period of registering the cases at the different sources of information is expected to reduce the width of the interval while at the same time the level of risk of error will remain the same.

From the estimation of the hidden and of the total population of the problem drug users according to age groups it is established that around 58 % of the number of problem drug users found are within the range of 19 to 22 years. The greatest number of problem drug users are aged 21. The mean number of these problem drug users is estimated at 3,985 people, which accounts for 48.7% of all the problem drug users on the territory of the town of Plovdiv. For the 19-year old the estimated mean number of problem drug users is 327 people which accounts for 4 % of their total number in the town. For the 20-year old the estimated mean number of problem drug users is approximately the same– 310 people, which accounts for 3.8 % of all the problem drug users in the town. The smallest is the number of the of the problem drug users aged 22, only 80 people, which accounts for 1 % of the total population of the problem drug users in the town of Plovdiv.

Estimation of new cases of problem drug use
There are no new current data on the estimation of the new cases of problem drug use.

Data on PDUs from non-treatment sources

Problem drug users from sources other than TDI

Data from the police
On the data of the “Police” National Service the total number of individuals registered (users and dealers) at the “Drugs” Department in 2008 was 3 823 (see Figure 4-1). From them 336 (or 8.8 %) were minors and underage. 3 479 were male (91.0 %), and 344 – female (9.0 %).

Figure 4-1

![Pie chart showing the distribution of registered individuals by drug type and age group.](source)

Source: “Police” National Service [Individuals registered at the “Drugs” Department (drug users and drug dealers); Number of individuals drug users; Number of individuals drug dealers; Number of individuals drug users and drug dealers]
According to the data from the “Police” the drug users are 2,269 or 59.4 % of the total number of the individuals registered (users and dealers). 508 (or 22.4 %) of the dealers are minors and underage. 1,133 (49.9%) are cannabis users, 528 are heroin users (23.3 %), 75 cocaine users (3.3 %) and 533 are synthetic drug users- ecstasy, amphetamines, barbiturates (23.5 %). (see Figure 4-2)

Figure 4-2

<table>
<thead>
<tr>
<th>Вид наркотици</th>
<th>Брой лица, употребяващи наркотици</th>
<th>Брой лица, разпространяващи наркотици</th>
</tr>
</thead>
<tbody>
<tr>
<td>канабис</td>
<td>1,133</td>
<td>324</td>
</tr>
<tr>
<td>героин</td>
<td>528</td>
<td>207</td>
</tr>
<tr>
<td>кокаин</td>
<td>75</td>
<td>50</td>
</tr>
<tr>
<td>синтетични наркотици</td>
<td>533</td>
<td>224</td>
</tr>
</tbody>
</table>

Source: “Police” National Service [Number of individuals registered at the “Police” National Service according to types of drugs (Number of individuals drug users; Number of individuals drug dealers; Number of individuals drug users and drug dealers)]

The number of individuals both drug users and drug dealers in 2008 was 741 (compared to 706 in 2007), which accounts for 19 % of the total number of individuals registered (dealers and users). Of them 219 or 29.6 % were minors and underage. In relation to cannabis, the number of individuals registered (at the same time dealers and users) number 324 (43.7 %); in relation to heroin – 163 (22.0 %), cocaine – 36 (4.9 %), synthetic drugs – 218 (29.4 %).

Data from the Ministry of Defense

On the data from the annual analyses of the military men treated at the health establishments and from the reports of the military establishments of the Bulgarian Army over the period 2004 – 2008 the following cases have been identified (see Figure 4-3):

- in 2004 - 84 registered military men abusing and dependent on psychoactive substances and alcohol. Of them 11 on regular military service and 73 enlisted soldiers;
- in 2005 - 23 cases detected of drug use at the military establishments of the Bulgarian Army, of them 2 enlisted soldiers;
- in 2006 - 20 cases detected of drug use at the military establishments of the Bulgarian Army, of them 3 enlisted soldiers;
- In 2007 - 26 cases detected of drug use at the military establishments of the Bulgarian Army, of them 23 enlisted soldiers;
- In 2008 – 8 cases detected of drug use.
While over the period 2001-2003 the cases of drug abuse were mainly cases of enlisted soldiers abusing heroin, in the last three years the drug abuse was mainly of the so called soft drugs abused by military men on regular service. All the identified abusers had begun abusing drugs before enlisting in the army. The drugs used in 2008 were of the group of the cannabinoids (marijuana, cannabis), and there was a single case of using amphetamines.

For the Bulgarian Army the cases of abusing drugs are within the range of 0.01 % - 0.08 %, while for the population of this age group the rate is much higher.

**Drug use among the Roma community**

In 2008 the number of the general contacts established with the population of the IDUs participating in the programs working in the area of harm reduction from using drugs was 12,005 ⁶⁷. 36 % of them were contacts with members of the Roma community (or a total of 4,323 contacts) ⁶⁸. In relation to the unique clients the data are about 3,703 people, of whom 2,271 (61.33 %) of Roma origin. ⁶⁹ (see Table 4-4).

The data about the general distribution in the table prompt that members of the Roma population come in contact with the programs for harm reduction from drug use rather less

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⁶⁷ The data are from 5 programs working in 5 towns of Bulgaria: Sofia- “Initiative for Health” Foundation, Plovdiv- “Panacea 97”; Varna- “For Better Mental Health” Foundation, Pazardjik-“IGA” Regional Fund, Kyustendil- Bulgarian Red Cross (BRC)

⁶⁸ The data about the representatives of the Roma community from the general contacts are from three programs

⁶⁹ The data about the unique clients are from four programs
frequently than the other clients. The increased number of the members of the Roma population in the general sample is explained by the fact that the programs are especially well represented in the Roma neighbourhoods.

Heroin is the substance most often used by the representatives of the Roma community (as a single drug or in combination with Rivotril and inhalants) and the main patterns of use are injection and smoking\textsuperscript{70}.

Table 4-4

<table>
<thead>
<tr>
<th></th>
<th>General contacts</th>
<th>Roma people from the general contacts</th>
<th>Unique clients</th>
<th>Roma people among the unique clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiative for Health</td>
<td>6,785</td>
<td>3,346</td>
<td>1,834</td>
<td>827</td>
</tr>
<tr>
<td>Panacea 97</td>
<td>1,100\textsuperscript{71}</td>
<td>777</td>
<td>874</td>
<td>664</td>
</tr>
<tr>
<td>For Better Mental Health</td>
<td>600\textsuperscript{72}</td>
<td>200</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>IGA</td>
<td>-</td>
<td></td>
<td>760</td>
<td>605</td>
</tr>
<tr>
<td>Bulgarian Red Cross - Kyustendil</td>
<td>3,520</td>
<td>-</td>
<td>235</td>
<td>175</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,005</strong></td>
<td><strong>4,323</strong></td>
<td><strong>3,703</strong></td>
<td><strong>2,271</strong></td>
</tr>
</tbody>
</table>

*Source: “Initiative for Health” Foundation, “Panacea 97”, “For Better Mental Health” Foundation, “IGA” Regional Fund, Bulgarian Red Cross (BRC)- Kyustendil*

Intensive, frequent, long-term and other problematic forms of use

There are no available new data about the patterns of intensive or frequent drug use.

Description of the patterns of use other than those included in the definition of the EMCDDA of problem drug use

There are no current new data about the description of the patterns of use other than those included in the definition of the EMCDDA.

Estimation of the prevalence of the Intensive, frequent, continuous and other problem patterns of use not included in the definition of problem drug use

There are no current new data about the estimation of the prevalence of the Intensive, frequent, continuous and other problem patterns of use.

\textsuperscript{70} Source: “Panacea 97” Foundation

\textsuperscript{71} The numerical value is approximate

\textsuperscript{72} Because of the specificity of the target group the numerical value is approximate
5. Drug-related treatment: treatment demand and treatment availability

Within the frames of this section the following main topics will be reviewed:

- Strategy / policy;
- Treatment system;
- Characteristics of the patients treated;
- Trends of the patients treated.

Strategy / policy


The psychic and behavioral disorders related to the use of psychoactive substances in the International Classification of Diseases, 10th revision (ICD-10), represent a part of the Psychic Health and are within the scope of the specialty Psychiatry.

The treatment in the substitution and maintenance programs is regulated by Regulation № 24 from 2000 about the conditions and the order to implement substitution and maintenance programs to reduce the health damages for persons addicted to drugs (promulgated in the State Gazette, issue 91 from 2000; amendment in issue 70 from 2007).

The Ministry of Health provides the medical product Methadone for the treatment of patients included in:

- State and municipal programs;
- Programs without state and/or municipal participation, via which services are provided to persons, pursuant to Annex № 3 of Regulation № 24 from 2000.

Until November 2008 the medical product Methadone has been provided with the funds of the National Program for the Development of Treatment Systems of Methadone Maintenance Programs in the Republic of Bulgaria (2006 - 2008), and after November 2008 – with resources from the republican budget pursuant to Art. 2 a, Para.1 and 2, in relation to Art. 2, Para.1, item 6 from Regulation № 34 from 25th November 2005 for the method of payment from the republican budget for the treatment of Bulgarian citizens for diseases remaining outside the scope of those for which health insurance is mandatory (promulgated in the State Gazette, issue 95 from 2005; last amendment in the State Gazette issue 96 from 2008).

Since 2007 the Council of Ministers of Republic of Bulgaria annually approves standards to fund activities for the treatment of addicted persons in the substitution and maintenance programs. Those activities have been delegated by the state to the municipal budgets.

Pursuant to a Decision № 20 from 21st January 2008 of the Council of Ministers to separate the activities funded by the municipal budgets into local and state delegated activities and to define standards to fund the activities delegated by the state in 2008 a subsidy has been granted amounting to BGN 774,50 to fund the treatment of 400 patients.
in the substitution and maintenance programs in the Regional Dispensaries of Psychiatric Diseases with Clinics.

The treatment programs, based on the “drug-free treatment” approach are initiated under the conditions of and pursuant to Regulation № 30 on the order of participation in pre-treatment and rehabilitation programs for persons who have been addicted to or have abused drugs (promulgated in the State Gazette, issue 1 from 2nd January 2001).

The day programs of the NGOs are partially funded by the funds for the implementation of the National Strategy to Combat Drugs 2003-2008 granted from the budget of the Ministry of Health. E.g. the Day Programs of the State Psychiatric Hospital for Treatment of Addictions and Alcoholism (SPHTAA) and Outpatients’ Department – Group Practice for Specialized Medical Aid – Center of Psychic Health - the town of Varna - are funded entirely from the state and municipal budget.

The funding of the clinical psychiatric aid is the responsibility of the republican budget, via the Ministry of Health and the municipal budgets.

In cases of emergency the treatment is done at the Centers of Emergency Medical Aid (CEMA) from where the patients are referred, should the need arise, to the toxicology and intensive care units or to other hospital departments.

**Coordination**

In view of improving the coordination among the different programs for treatment and of welcoming the chances to receive information, the following registries have been established and run at the National Center for Drug Addictions:

- Registry of the health establishments where substitution and maintenance programs for drug addicted persons are implemented.
- Registry of the people undergoing pre-treatment and rehabilitation programs.

The information about the options for treatment and rehabilitation, referral and consultation is provided by the Information and Consultative Centers in the city of Sofia and in the city of Bourgas. The quick and easy access of the patients to the treatment offered is facilitated by the Card for Treatment in Bulgaria, introduced in 2008, which has been developed and can be found on the website of the National Focal Point (NFP) 73. There is a link to it from the website of the National Center of Drug Addictions (NCDA) 74. Throughout the year there have been “days of the open doors” at the NCDA and at different health establishments to present the ways of treatment. Information brochures have been written to be distributed among doctors, parents and teachers which present the options for treatment.

**Treatment Systems**

**Organization and providing quality**

The treatment of drug addicted patients is of two types - medically assisted treatment and drug-free treatment.

1. **Medically assisted treatment**

The medically assisted treatment includes:

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73 [www.nfp-drugs.bg](http://www.nfp-drugs.bg)
74 [www.ncn-bg.org](http://www.ncn-bg.org)
• **Treatment of abstinence syndrome (detoxification)**, which is done for outpatients and for inpatients.

Detoxification for inpatients is done at the state psychiatric hospitals, at the psychiatric dispensaries, at the psychiatric departments of the multi-profile hospitals for active treatment and at the psychiatric clinics of the of the university hospitals.

The detoxification done for inpatients includes the medication treatment of the abstinence syndrome, and alongside with this psychological assistance and motivation of the patients to continue their treatment in the specialized programs is provided. Additional medication treatment is applied for the co-morbidities, if such are diagnosed during the hospital stay.

The outpatients are treated by medications and at some places group or individual psychotherapy is organized.

• **Treatment with agonists and agonists-antagonists**

The treatment with agonists and agonists – antagonists is aimed at:

- Reducing or stopping the use of illicit drugs and the use of psychoactive substances which have not been prescribed
- Preventing the abstinence syndrome.
- Reducing the urge to use drugs.
- Improving the health, psychological and social performance of the patient and his/her family.
- Enhancing the social re-integration of the patient.
- Reducing the transmission of blood-borne diseases, related to injection use.
- Reducing the risk of an overdose and of drug-related death.
- Controlling the criminal behavior among the drug users.

The programs are long-term, high-threshold and high-structured. They are targeted at influencing all the spheres of the personality and include modules for individual, group consultative and more intensive and systematic psychotherapeutic work, including work with the patients’ families. The mean scope of patients, included in the systematic and long-term psychotherapeutic process varies from 10 – 30 %. Organizing the treatment process is based on the “treatment phase” model, structured and described by Moolchan and Hoffman /1994/. Its essence is the concept that the addiction is a chronic relapsing disease, and the patients with opioid addiction need long-term treatment, structured in the respective stages and phases.

For substitution and maintenance treatment only narcotic substances can be used (opioid agonists, and agonists-antagonists), according to a list approved by the Minister of Health, namely Methadone and Substitol.

By 31st December 2008 there were in the country 29 functioning substitution and maintenance programs with a total number of places- 5,110, of which 3,885 – for Methadone treatment, and 1,225 – for Substitol treatment. Over the period 2006 – 2008 the number of programs and places for treatment increased 4.5 times, which provided the possibility to construct a network of programs in 12 towns in the country (Blagoevgrad, Bourgas, Varna, Veliko Turnovo, Vratsa, Gabrovo, Dobrich, Lovech, Pleven, Plovdiv, Rousse, Sofia) and to improve the patients’ access to treatment.

The existing programs belong to three types:

a) State programs – 475 places for Methadone treatment.


c) Programs without state and/or municipal participation – 2,940 places for Methadone treatment and 1,225 places for Substitol treatment.

### 2. Drug - Free Treatment
The aim of the drug-free treatment is to achieve a lasting change in the way of life of the addicted person, which will bring about his/her complete psychosocial recovery and re-integration. The activities of these programs are addressed not only at the addicted person, but also at his/her parents and close friends. The re-socialization, which is an important part of the whole process, is done by providing emotional support, assistance when solving problems of different nature and help to find job.

Drug-free treatment and the re-socialization of persons addicted to drugs is done at 6 rehabilitation programs with a total capacity of 125 places. Of them 4 programs are of the type “Day Program/Center for Rehabilitation” and 2 programs are of the type “Therapeutic Community”. The programs are situated on the territory of Varna, Sofia-city and Sofia-district.

- Programs of the type “Day Program/Center for Rehabilitation”

The program “Day Center” at the State Psychiatric Hospital for Treatment of Addictions and Alcoholism (SPHTAA) serves the third phase of the recovery – the re-socialization, which is a key one for deducing what has been learnt from the previous two phases- intra-hospital detoxification and the mid-term intra-hospital rehabilitation program.

The intensive outpatient rehabilitation program for addicted persons at the “Outpatients’ Department Group Practice for Specialized Medical Aid –Psychic Health Center- Varna” operates as day program, of the type “Day Center” and provides different types of services to patients in the stage of their emotional and behavioral stabilization.

“Solidarity” day center has been established with the aim of responding to the needs of the addicted young persons and of their families to receive information, consultations, orientation and rehabilitation and its members work as an open type therapeutic community.

The “Butterfly” program is part of the “Butterfly Project” for people with maladaptive behavioral disorders. This is an alternative form of an evening rehabilitation program for working patients and is in fact a program for socialization and re-socialization of the addicted persons.

- Programs of the type “Therapeutic Communities” (TC)

The “Phoenix House” long-term rehabilitation program and the “New Beginning” protected home are based on the model of drug-free treatment and are located on the territory of Sofia-district. The TC has several generic elements, characterizing the programs. They follow the model of a structured daily regime, hierarchical structure, group activities, therapeutic program with clearly defined stages and specific aims set for each stage. The “Time” factor enables the patients to acquire behavioral models and more adaptive strategies for coping with problems. The re-socialization of the patients who have successfully completed the program is done at day centers which are in the city of Sofia.

In 2008 the National Center for Addictions and leading experts from the country and abroad organized training seminars and meetings on topics related to the prevention, motivational polls, work with the parents and families of the addicted persons, online consulting, organizing and conducting scientific research, treatment of non-opioid addiction, and training of leaders of substitution and maintenance programs. The aim was to achieve improvement of the quality of the services offered in the sphere of the addicted patients by raising the qualification of the staff involved in the work with them.

Of a similar aim is the working out by a group of specialists of Guidelines for Good Practice of the substitution and maintenance treatment and of Guidelines for Good Practice in Substitution and Maintenance Treatment, NCA, Sofia 2008.

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Practice in reducing the damages from drug use 76, which introduce a unified approach and standards in the activities related to the substitution and maintenance treatment and in reducing the damages from drug use.

Protocols for detoxification of drug-addicted outpatients have been established by a group of experts 77. Standards are beginning to be prepared for the applying of substitution and maintenance treatment. Guidelines for good practice of the psychosocial rehabilitation are being prepared 78.

An important factor ensuring the quality of the programs is the existing Committee for reviewing and stating opinions about the projects for substitution, maintenance, pre-treatment and rehabilitation programs at the National Center for Addictions. The Committee’s activity is related to reviewing the programs put forward and to stating opinions on whether they correspond to the international criteria for good practice in the substitution and maintenance treatment and whether they conform to Regulation № 24/2004 for confirmation of the medical standards in Psychiatry.

In 2008 the National Center for Addictions conducted monitoring and assessed the programs for rehabilitation of addicted patients with the aim of observing and assessing the efficacy of the programs of the type “Therapeutic Community” and “Day Center”. How well those programs affect the rehabilitation of the addicted persons was also to be assessed. The instruments used were as follows: the annual reports for 2007 of the rehabilitation programs, the documents of the programs, questionnaires, polls meant for patients/residents, for parents and for teams. The stress was on the groups and on the polls. The results reported illustrate the great satisfaction of the patients with the services provided in order help them cope with the addiction, but the patients also talk about how difficult for them is to pay the tax to visit the programs.

The following conclusions have been made for the situation of the rehabilitation programs in the country:

- The existing in the country rehabilitation programs are effective and work to change the whole personality of the addicted persons and of their close friends and relatives (prevention of relapse, occupational and social integration, interpersonal relations and communication difficulties).
- The rehabilitation programs are seriously embarrassed financially and human resources are needed for them in order to continue their activity.
- The rehabilitation programs have difficulties related to their interaction with one another and they are still not popular among the addicted persons or in society.
- Some of the teams need vocational training, and some need supervision.
- The number of places in the programs is absolutely insufficient against the background of the number of addicted persons in Bulgaria and of the new trends of non-opioid addictions over the last couple of years. Establishment of new rehabilitation programs is necessary so that more people affected by addictions could be included in them.

In 2008 the EuropASI instrument to assess the degree of addiction of the patients abusing psychoactive substances was conducted and adapted. At the National Center for Addictions the first one in a row of training courses for trainers and for work with the instrument was conducted.

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77 G. Vasilev, Mira Altunkova and Zdravka Gerdjikova
78 Tsveta Raicheva, Rositsa Racheva, Theodora Groshkova, Peter Vasilev, Elena Nikolova and Rada Naslednikova –Rainova
A team of the NCDA and the National Centre on Public Health (NCPH) worked out an instrument to assess the work of the methadone programs to be used when conducting the monitoring of the programs. The concept on the base of which the instrument has been worked out reads three stages when assessing the activity of a specific program - the investments and resources of the input, the process of providing those services and the end results.

**Accessibility and varying the options for treatment**

There has been constructed a network of treatment centers in the country, comprising the state psychiatric hospitals, the psychiatric dispensaries, the psychiatric wards of the multi-profile hospitals, and the 5 psychiatric clinics at the university hospitals, 1 psychiatric section of the specialized surgeries at the Diagnostic and Consulting Centers, the Medical Centers and the Medical and Diagnosing Centers, as well as the group practices for specialized psychiatric medical aid.

In 2009 the staff of the NCDA conducted a survey about the capacity of the psychiatric health establishments in Bulgaria to provide treatment of addicted persons. A questionnaire was dispersed to 41 health establishments. On the data provided by the 30 completed questionnaires there are in the country 7 independent psychiatric wards for the treatment of addicted persons: the State Psychiatric Hospital in Karvuna, the State Psychiatric Hospital in the town of Lovech, the State Psychiatric Hospital in the town of Biala, the SPH in the town of Tsarev Brod, the Regional Dispensary of Psychiatric Diseases with a Clinic in the town of Varna, the Regional Dispensary of Psychiatric Diseases in the town of Rousse, the Multi-Profile Hospital for Active Treatment in the town of Varna with a total of 233 beds and apart from this there are other 121 beds for psychiatric patients at other psychiatric hospitals: the State Psychiatric Hospital in Tserova Koria, the SPH in the town of Sevlievo, the SPH in the town of Kurdjali, the Multi-Profile Hospital for Active Treatment in the town of Lom, the MHAT in the town of Turgovishte, the MHAT in the town of Doupnitsa and the University Multi-Profile Hospital in the town of Pleven. The State Psychiatric Hospital for the Treatment of Addictions and Alcoholism with 40 beds in it is on the territory of the city of Sofia.

By 31st December 2008 the number of patients admitted to the clinics of health establishments diagnosed with “Psychic and Behavioral Disorders because of alcohol abuse” was 3,678, and of those diagnosed with “Psychic and Behavioral Disorders because of other psychoactive substances abuse” was 2,167. The patients who were under dispensary observation because of the same diagnoses for the same period numbered respectively 15,379 and 887. The trend of increasing the number of the patients admitted still held even at the end of 2008 (see Figure 5-1). The increase is due probably to the fact that the number of the patients admitted also includes some patients from programs for treatment with agonists and partial antagonists from the Regional Dispensaries for Psychiatric Diseases with Clinics.

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79 Source of information: National Center for Health Information

By 31st December 2008 in the country there were functioning 29 substitution and maintenance programs with a total number of beds – 5,110, of which 3,885 for Methadone treatment and 1,225 for Substitol treatment. Over the period 2006 – 2008 the number of programs and the places for treatment have increased more than 4.5 times, which presented the option to construct a network of programs in 12 towns of the country (Blagoevgrad, Bourgas, Varna, Veliko Turnovo, Vratsa, Gabrovo, Dobrich, Lovect, Pleven, Plovdiv, Rousse, Sofia) and to improve the access of the patients to treatment.

The places occupied in those programs at the end of 2008 numbered 2,143 for Methadone treatment and 239 places for Substitol treatment.

The drug-free treatment and the re-socialization of persons addicted to drugs is done at 6 rehabilitation programs with a total capacity of 125 places. 4 of those programs are of the “Day Program/Center for Rehabilitation” type and 2 programs are of the “Therapeutic community” type. The programs work on the territory of Varna, Sofia-city and Sofia-district. In 2008 through the 6 rehabilitation programs 261 patients passed.

Source of information: The National Center of Health Information

Source of information: Ministry of Health, “Drugs” Directorate
Characteristics of treated patients

According to the data received about the patients from the Methadone maintenance programs their social functioning could be defined as good- e.g. in 2008 two thirds of the people in the programs were working (67.6 %), 6.0% were students, and a little more than ¼ - neither worked nor studied (see Figure 5-2). When compared to the previous year these indices have improved- in 2007 the working people represented 55.0 %, the students - 5.4 %, and those who neither worked nor studied - 39.6 %.

Figure 5-2

EMPLOYED AND STUDYING PATIENTS ON METHADONE MAINTENANCE PROGRAMS IN 2008

The data collected with the help of the “Treatment Demand” key indicator represent a reliable source of information about the basic characteristics of the patients treated. In 2008 the monitoring system of treatment demand in reality comprised 1,830 people initiating treatment during the year at 4 hospitals, at 4 outpatients' centers and in 13 substitution maintenance programs in 7 of the most important (from the point of view of the options for treatment) Bulgarian towns. In these towns 1/3 of the population of the country live and also nearly 4/5 of the patients treated at the hospitals in Bulgaria.

The data about the treatment demand in 2008 show some of the basic features of the group profile of the people who have initiated treatment during the year.

- According to the type of drug

  In 2008 96.2 % of the people registered used heroin as a primary substance (outpatients – 95.3 %; inpatients – 98.6 %).

- According to gender

---

81 This group can be defined more precisely only with difficulty – it neither contains jobless people only, nor comprises the economically inactive population
82 Sofia, Plovdiv, Varna, Veliko Turnovo, Rousse, Lovech and Pleven, as well as in Radnevo
In 2008 women represented 15.9 % of those initiating treatment (from the outpatients—17.6 %; from the inpatients – 11.9 %).

- According to age
  In 2008 6.1 % of those initiating treatment were under and 19 years of age including, 79.4 % - were up to 29 years of age including; the general mean age was 26.4 years (for the outpatients – respectively 5.5 %, 78.1 %, 26.6 years; for the inpatients– respectively 8.0 %, 82.5 %, 25.8 years of age).

- According to the age when the drug was first used
  In 2008 63.3 % of those who had initiated treatment stated that they began using the main problem drug at the age of up to 19 years including, 6.7 % - up to 14 years including; the general mean age when the first use occurred was - 18.8 years (for the outpatients – respectively 64.1 %, 6.9 %, 18.7 years; for the inpatients– respectively 60.6 %, 5.8 %, 18.9 years).

- According to education
  In 2008 27.3 % of those who had initiated treatment did not have secondary education, and 5.8 % - higher education (for the outpatients – respectively 25.9 % and 8.9 %; for the inpatients– respectively 31.0 % and 2.8 %).

- According to employment
  In 2008 every third patient of those who had initiated treatment (32.0 %) was permanently employed (for the outpatients – 39.3 %; for the inpatients – 12.5 %).

- According to ethnicity
  In 2008 the Bulgarians represented 88.7 % of those who had initiated treatment 9.1 % were Roma people and the rest were representatives of other ethnical groups (for the outpatients – respectively 88.2 % and 9.2 %; for the inpatients– respectively 90.1 % and 8.7 %).

According to the characteristics of use

- Frequency of use
  In 2008 80.1 % of those who had initiated treatment used the main problem substance daily (for the outpatients – 75.9 %; for the inpatients – 91.3 %).

- Pattern of use
  In 2008 79.0 % of those who had initiated treatment mainly injected the main problem drug (for the outpatients – 75.6 %; for the inpatients– 88.1 %).

- Duration of use
  In 2008 more than two thirds (69.5 %) of those who had initiated treatment had a history of using the main problem drug for more than 5 years (for the outpatients– 71.1 %; for the inpatients– 65.2 %).

- Risky behavior
  In 2008 more than one third of those who had initiated treatment (39.3 %) had at least once in their lifetime used syringes and/or needles which had already been used (for the outpatients – 36.0 %; for the inpatients – 48.3 %).

- Social and cultural context
  In 2008 14.9 % of those who had initiated treatment lived with a person/people using drugs (for the inpatients – 12.1 %; for the outpatients – 22.3 %).
The generalized picture of the people who initiated treatment in 2008 because of drug use can be summarized in the following way:

- Gender – predominantly male (84.1 %)
- Ethnicity – predominantly Bulgarians (88.7 %)
- General mean age – 26.4
- Education – mainly secondary (57.8 %)
- Employment – the predominant part are jobless (42.6 %)
- Main problem drug – predominantly heroin (96.2 %)
- Frequency of use – mainly daily (80.1 %)
- Pattern of use – mainly injection (79.0 %)
- General mean age when the first use occurred – 18.8 years.

**Trends of clients in treatment**

The data for 2008 complement in a specific way the long-constructed profile of the people demanding and initiating treatment because of drug use. In many of the cases the data for the last 5 years illustrate or hint about the trends emerging – of stabilization, or of increasing or reducing specific indices. In other cases there is no clear-cut trends, so that the levels of the indices have to be monitored in the future as well, so that to detect a trend emerging (see also Table 5-1).

**Table 5-1**

**COMPARATIVE DATA ABOUT ALL THE PEOPLE WHO INITIATED TREATMENT IN THE PERIOD 2004 / 2008**

<table>
<thead>
<tr>
<th>Years</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of those demanding treatment because of use of heroin or other opioids</td>
<td>95%</td>
<td>95%</td>
<td>98%</td>
<td>98%</td>
<td>96%</td>
</tr>
<tr>
<td>Percentage of women among those demanding treatment</td>
<td>17%</td>
<td>17%</td>
<td>18%</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>Mean age of the people demanding treatment</td>
<td>23,3</td>
<td>24,2</td>
<td>25,5</td>
<td>25,8</td>
<td>26,4</td>
</tr>
<tr>
<td>Mean age of the patients when they first used the main drug</td>
<td>18,3</td>
<td>18,4</td>
<td>18,5</td>
<td>18,9</td>
<td>18,8</td>
</tr>
<tr>
<td>Percentage of the students and of the university students among the people demanding treatment</td>
<td>14%</td>
<td>11%</td>
<td>10%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Percentage of the people permanently employed among those demanding treatment</td>
<td>17%</td>
<td>18%</td>
<td>26%</td>
<td>29%</td>
<td>32%</td>
</tr>
<tr>
<td>Percentage of the people who do not belong to the main ethnical group in the country</td>
<td>11%</td>
<td>9%</td>
<td>8%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Percentage of the daily users</td>
<td>84%</td>
<td>83%</td>
<td>79%</td>
<td>86%</td>
<td>80%</td>
</tr>
<tr>
<td>Percentage of those injecting the main drug</td>
<td>76%</td>
<td>76%</td>
<td>82%</td>
<td>81%</td>
<td>79%</td>
</tr>
<tr>
<td>Percentage of the people who have used the drug for &gt; 5 years</td>
<td>42%</td>
<td>49%</td>
<td>68%</td>
<td>63%</td>
<td>70%</td>
</tr>
<tr>
<td>Percentage of the people who have used in their lifetime syringes or needles already used</td>
<td>57%</td>
<td>50%</td>
<td>57%</td>
<td>52%</td>
<td>39%</td>
</tr>
</tbody>
</table>
Heroin remains the most widely used drug among the problem drug users. During each of the last 5 years from 95% to 98% of the people demanding treatment at the specialized centers because of drug problem used heroin and/or other opioids.

In the last 5 years the ratio men/women was always roughly 5:1. If we interpret the data for a longer period of time, e.g. for 9-10 we’ll see that there is a trend of constantly diminishing the percentage of women (see Figure 5-3).

The percentage of the students (students and university students) diminished from 14% in 2004 to 7% in 2008.

Over a period of 8 years the percentage of patients with permanent employment has increased three times and a half—from 9.3% in 2001 to 32.0% in 2008 (see Figure 5-4). On the one side this is a good sign, because it illustrates a reduction of the social damages and marginalization of the population affected, but on the other side this also illustrates expanding of the problem beyond the limits of the economically non-active population and presumably there will be a new type of social problems.
What concerns the percentage of people with duration of drug use more than 5 years its increase in comparison to the year 2001 is three times and a half (then it was 20.7 %, and in 2008 – 69.5 %). This should be accepted as a sign of all the less innovating totality of the problem drug users in Bulgaria, or in other words this could be a sign of reducing the number of the newly appeared problem drug users, at least as far as heroin is concerned.

The greater percentage of the problem heroin users apply the injection pattern of use. Signs of gradual reduction of the use of syringes and needles already used still can be observed, which is a good prerequisite for the reduction of health damages caused by drug use. In 2007 a little more than half of those who had initiated treatment (51.8 %) at least once in their lifetime had used needles and/or syringes already used, and in 2008 the percentage was 39.3 %.

In 2008 14.9 % of those who had demanded treatment lived with a person or people themselves using drugs. After a relative reduction of this percentage until 2005 (around 9 %) an increase is noticed, and in 2006 – 2008 the percentage was similar to that in 2001 when it was 16.4 %.
6. Health correlates and consequences

Drug related infectious diseases

HIV/AIDS, viral hepatitis, sexually transmitted diseases and tuberculosis

The data presented for the country for 2008 have been provided by the “HIV/AIDS Prevention and Control” program of the Ministry of Health /MH/. The data about the city of Sofia have been provided by the Laboratory at the National Center for Drug Addictions, specialized for work with drug dependent persons. Its data concern the patients of the State Psychiatric Hospital for Treatment of Addictions and Alcoholism /SPHTAA/ and clients of outreach programs from the city of Sofia.

Concise updated information about the prevalence of HIV/AIDS in Bulgaria over the period 1986 – 2009

The HIV-positive people officially registered at the Ministry of Health by 30th June 2009 number 1 008. The number of the newly registered HIV-positive people in 2008 is 125.

Regarding the way of infecting the trend holds from the years 2005, 2006 and 2007 of outlining two specially vulnerable groups- 52% of the newly registered are injecting drug users /IDUs/, and 18% of all the newly diagnosed HIV-positive are male, who have reported that they have had sexual contacts with men. The alarming trend holds of diagnosing new HIV-positive patients among the IDUs.

Test results of drug users in Sofia

At the Laboratory of the National Center for Addictions the addicted persons are tested for the following markers:

- HIV ½ antibodies - to diagnose HIV infection;
- HCV antibodies- to diagnose viral hepatitis C;
- HBsAg – to diagnose viral hepatitis B;
- TPHA – to diagnose syphilis.

In 2008 the testing of the HIV antibody-positive people continued by PCR and by determining the genotype according to a project of the NFP. Diagnostics of tuberculosis and of sexually transmitted diseases apart from syphilis is not done because there are no kits available.

Tests and positive results in 2008

In Table 6-1 the total number of the tests done in Sofia in 2008 is given and also the positive results obtained at the Laboratory at the NFP.

The IDUs tested at the laboratory of the NFP are patients of the SPHTAA and clients of programs for outreach work with drug users- CARITAS and “Initiative for Health”.

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Table 6-1

SEROLOGICAL TESTS OF IDUs
2008

<table>
<thead>
<tr>
<th>TYPE OF THE TEST</th>
<th>NUMBER OF TESTS</th>
<th>POSITIVE RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV antibodies</td>
<td>759</td>
<td>17</td>
</tr>
<tr>
<td>HCV antibodies</td>
<td>752</td>
<td>432</td>
</tr>
<tr>
<td>HBsAg</td>
<td>704</td>
<td>39</td>
</tr>
<tr>
<td>Syphilis</td>
<td>708</td>
<td>53</td>
</tr>
</tbody>
</table>

Source: Laboratory at the National Center for Addictions

1. ANTI HIV 1/2

Of 759 IDUs tested:

- 500 are clients of the laboratory of the NCA (on treatment at the SPHTAA or other programs and centers), of them 4 are HIV positive or 0.8 %;

- 111 are clients of the “CARITAS” program, of them 7 are HIV-positive (6.31 %);

- 148 are clients of the “Initiative for Health” Foundation, of them 6 are HIV-positive or 4.05 %.

Of the 17 confirmed HIV positive people 14 are newly diagnosed IDUs: 3 people have been tested before, but no confirmed case has been reported by the National AIDS Laboratory at the NCIPD /National Center for Infectious and Parasitic Diseases/. Over the year a total of 21 specimen have shown primary reactivity but 4 of them, on doing the confirmative test, proved to be negative.

The ratio of the HIV-positive men to HIV-positive women is 64 % to 36 %. The HIV-positive men predominate significantly, but when compared to the preceding years, there is a tendency of increasing the number of the HIV-positive women.

- Among the people tested under the age of 25 the rate of the infection is 2.33 % compared to 0.90 % in 2007;

- Among the people tested from the age of 25 to the age of 34 the rate of infection is 2.46 % compared to 1.83 % in 2007;

- Among the people tested over the age of 34 years the rate of infection is 1.04 % compared to 1.39 % in 2007.

14 of the HIV positive people diagnosed at the laboratory of the NCA are also HCV positive.

From the data obtained it can be noted that the percentage of the HIV positive IDUs who have been tested at the mobile surgeries of the outpatient programs is considerably greater than this of the HIV positive patients actively demanding treatment for their addiction at the specialized health establishments. This trend has been confirmed over the last three years and it justifies the prioritizing of the testing "in the street" and at the sites of work of the outreach programs.

2. HBsAg

The total number of the tested is 704, of them 39 are positive or 5.54 %:

- 462 clients of the NCA - 24 positive = 5.20 %;
- 100 clients of CARITAS - 6 positive = 6.0 %; 
- 142 clients of the “Initiative for Health” Foundation, 9 positive, 6.33 %

At this stage the persons using drugs are not tested for antiHBc (total) and antiHBS markers, so that a more realistic picture of the prevalence of the infection can be obtained, but it can be noted that the trend holds of limited prevalence of the hepatitis B viral infection, which for the IDUs is within the mean rate for the country.

3. ANTI HCV

According to the report of the “Prevention and Control of HIV/AIDS” program for the period 2004-2008 by the second generation epidemiologic supervision for HIV in 10 towns of the country 64% of the IDUs tested are positive for hepatitis C antibodies.

In the last decade the percentage of the carriers with positive results for hepatitis C antibodies in Sofia is as follows: (see Table 6-2):

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NUMBER OF TESTS</th>
<th>POSITIVE</th>
<th>PERCENTAGE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>109</td>
<td>53</td>
<td>49</td>
</tr>
<tr>
<td>1996</td>
<td>143</td>
<td>87</td>
<td>61</td>
</tr>
<tr>
<td>1997</td>
<td>308</td>
<td>170</td>
<td>55</td>
</tr>
<tr>
<td>1998</td>
<td>406</td>
<td>245</td>
<td>60</td>
</tr>
<tr>
<td>1999</td>
<td>242</td>
<td>175</td>
<td>72</td>
</tr>
<tr>
<td>2000</td>
<td>744</td>
<td>524</td>
<td>70</td>
</tr>
<tr>
<td>2001</td>
<td>435</td>
<td>254</td>
<td>58</td>
</tr>
<tr>
<td>2002</td>
<td>670</td>
<td>412</td>
<td>61</td>
</tr>
<tr>
<td>2003</td>
<td>1,148</td>
<td>677</td>
<td>59</td>
</tr>
<tr>
<td>2004</td>
<td>1,257</td>
<td>710</td>
<td>57</td>
</tr>
<tr>
<td>2005</td>
<td>815</td>
<td>385</td>
<td>47</td>
</tr>
<tr>
<td>2006</td>
<td>487</td>
<td>249</td>
<td>51*</td>
</tr>
<tr>
<td>2007</td>
<td>648</td>
<td>370</td>
<td>57</td>
</tr>
<tr>
<td>2008</td>
<td>752</td>
<td>432</td>
<td>57</td>
</tr>
</tbody>
</table>

*These are data only for the IDUs

Source: Laboratory at the National Center for Addictions

The total number of the tested people is 752, of them 432 are positive or 57.45%. The ratio of positive for hepatitis C antibodies male to female is 63% to 37%. Prevailing of the number of the positive men can be observed, but when compared to the preceding years there is a trend of increasing the number of the positive women.

- Among the people tested under the age of 25 the rate of the infection is 61.57 % compared to 68.2 % in 2007;
- Among the people tested from the age of 25 to the age of 34 the rate of infection is 50.87 % compared to 46.05 % in 2007;
- Among the people tested over the age of 34 years the rate of infection is 74.47 % compared to 92.16 % in 2008.
In 2008 the NFP and the specialized laboratory at the NCA implemented a project “Prevalence and genotype of hepatitis C among the IDUs” funded by the Grant Agreement for an Action between the EMCDDA and the NCA.

Of the IDUs tested according to the project over the period January 2008 – December 2008 the people who had positive results for anit-HCV were also tested by RT-PCR for HCV-RNA.

Of 147 tested 115 (78.2%) are positive for HCV–RNA. 113 specimen have been determined according to the genotype, 2 of the specimen could not be determined for the sub-genotype prevailing. Genotype 1a has been determined in 2 specimen (1.7%), genotype 1b has been determined in 72 of the cases or 63.7%. Only in 2 specimen of genotype 1 sub-genotype could not be determined. Genotype 3a has been determined in 37 (32.7%) of the specimen. Other genotypes in the specimen tested have not been determined.

Proving an infection with Hepatitis C only by the anti-HCV antibodies as markers of a current or past Hepatitis C viral infection in 22 % was not confirmed by the testing of HCV-RNA.

4. SYPHILIS

A total of 626 people have been tested, of whom 38 – 6.07 % turned positive. There is a certain reduction of the percentage of the IDUs who had got ill, because in the preceding years the percentage of the IDUs who got ill with syphilis was around 10% of those tested.

In 2008 5 babies and children of mothers – HCV carriers who were doing the methadone program were tested for hepatitis C infection, and all the results was negative. With these children the total number of babies tested of mothers on methadone program for the last 5 years is 26, and all the results are negative.

On analyzing the results the following can be noted:

1. The level of the HIV infection continues to be low, compared to the prevalence in other countries from the region, but over the last 3 years it shows a tendency of increasing among the IDUs. (see Figure 6-1)

![Figure 6-1](image_url)

**Source:** Laboratory at the National Center for Addictions
2. **The rate of the hepatitis B infection remains around 5 % (5.64 %),** which has been a constant value for 10 years and is comparable to the general hepatitis C morbidity in the country.

3. The rate of those infected with [hepatitis C virus](https://en.wikipedia.org/wiki/Hepatitis_C) of all the IDUs tested at the NCA is 57.45 %. There is tendency of keeping the rate of infecting at the same level.

4. It can be seen from the data that the number of the co-infected with 2 or more infections among the IDUs is growing.

*Figure 6-2*

**LEVEL OF INFECTING WITH HEPATITIS C VIRUS OVER THE PERIOD 1995-2008**

![Graph showing level of infecting with hepatitis C virus over the period 1995-2008.](image)

*Source: Laboratory at the National Center for Addictions*

**Morbidity rate of other infectious diseases**

There are no data accessible about the morbidity rate of other infectious diseases.

**Behavioristic data**

There are no new data accessible about the behavioristic data.

**Other health correlates and consequences**

**Non-fatal overdoses and emergencies related to drug use**

In 2008 at the Clinic of Toxicology at the “Pirogov” Multiprofile Hospital for Active Treatment and Emergency Medicine/MHATEM/ - Sofia a total of **159 patients were admitted who demanded treatment because of acute poisoning**- 129 male and 30 female. The rate of these patients was 1.81% of the whole number of patients examined at the Toxicology Surgery over this period. 62.9% of them were treated as outpatients at the emergency ward and 37.1% were admitted to the ward of the Clinic (see Table 6-3).
Table 6-3

DYNAMICS OF THE PATIENTS WITH DRUG ADDICTION ADMITTED TO THE CLINIC OF TOXICOLOGY AT THE “PIROGOV” MHATEM IN 2008

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of the patients treated</td>
<td>159</td>
</tr>
<tr>
<td>Treated at the admittance ward</td>
<td>100 (62.89%)</td>
</tr>
<tr>
<td>Admitted to the ward of the clinic</td>
<td>59 (37.11%)</td>
</tr>
</tbody>
</table>

Source: “N.I.Pirogov” JSC– Sofia, Clinic of Toxicology

The age distribution of the patients at the Clinic of Toxicology at the “Pirogov” MHATEM – Sofia in 2008 illustrates the fact that the greatest was the number of the patients from the age group 26-35 years- 40.25% and from the age group 19-25 years- 35.22% (see Table 6-4):

Table 6-4

AGE DISTRIBUTION OF THE PATIENTS AT “PIROGOV” MHATEM IN 2008 (in figures)

<table>
<thead>
<tr>
<th>Age</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 15 years</td>
<td>5</td>
</tr>
<tr>
<td>16-18 years</td>
<td>18</td>
</tr>
<tr>
<td>19-25 years</td>
<td>56</td>
</tr>
<tr>
<td>26-35 years</td>
<td>64</td>
</tr>
<tr>
<td>Over 35 years</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>159</td>
</tr>
</tbody>
</table>

Source: “N.I.Pirogov” MHATEM JSC– Sofia, Clinic of Toxicology

Of the total number of patients dependent on drugs who have demanded aid in cases of acute poisoning 94 people or 59.1% were heroin users; marijuana users - 23 patients or 14.5%; amphetamine users - 18 people or 11.3%; cocaine users - 15 people or 9.4%; 3 patients or 1.9% were on methadone; others - 3.8% /morphine-1, parkizan-1, calypsol-2, ecstasy-1, benzodiazepine-1/ (see Table 6-5):

Table 6-5

NUMBER OF NON-FATAL EMERGENCIES ACCORDING TO TYPE OF SUBSTANCE IN 2008

<table>
<thead>
<tr>
<th>Type of substance</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>94</td>
</tr>
<tr>
<td>Cocaine</td>
<td>15</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>18</td>
</tr>
<tr>
<td>Marijuana</td>
<td>23</td>
</tr>
<tr>
<td>Methadone</td>
<td>3</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: “N.I.Pirogov” MHATEM JSC– Sofia, Clinic of Toxicology
On the data of the Centers for Emergency Medical Aid (CEME) in the country the total number of the non-fatal drug-related emergencies in 2008 was 1,665. Most often in the past year the emergency teams registered cases of abstinence syndrome, a total of 56.32% of all the non-fatal cases. The rate of overdose for the last year was 30.5, and that of the acute reactions to drug use - 13.10. One tentamen suicidii has also been registered (0.08%).

In 2007 a study was conducted at the Centers for Emergency Medical Aid (CEMA) in the country for establishing the cases related to drug use. The study was conducted at 13 regional CEMA, where for the period under survey (from 01st July to 31st December 2007) a total of 869 emergency cases were registered, related to drug use. The greatest number of cases was registered in Sofia (406) and in Varna (118), and the smallest number, below 10, in Stara Zagora, Montana and Vratsa. Of all the cases registered 35 were fatal. The reason for demanding emergency medical aid was mainly overdose (in 386 of the cases, which represents 44.4% of all the cases) and an attempt to cope abstinence (416 cases, which is 47.9% of all the cases) (see Figure 6-1).

DISTRIBUTION ACCORDING TO CAUSES OF THE REGISTERED EMERGENCIES IN 13 REGIONAL CEMA OVER THE PERIOD 01ST JULY – 31ST DECEMBER 2007

Most often (in 695 of the cases registered) heroine was the drug used, which makes 80.8% of all the cases. The use of cocaine has been registered in 1.6% of the cases, and other opiates (morphine, codeine, lydol) have been registered in 12% of the cases.

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83 The data have been provided by 24 of all the 28 Centers for Emergency Medical Aid (CEME)
84 The data on the rate distribution of the non-fatal emergencies according to types have been provided by 7 CEME
85 A study of the cases related to drug use at the centers of emergency aid in the country, June – December 2007, National Focal Point on Drugs and Drug Addictions, Included: 13 regional CEMA
Of the cases related to drug use, registered at CEMA, nearly 73% were of people aged between 20 and 30 years, and 14.1% were aged between 15 and 20 years. Of the cases registered for heroine 76.8% were aged between 20 and 30 years. More than 1/5 of the registered cases were cases of cocaine, morphine, codeine and lydol use by people aged between 15 and 20 years. Nearly 40% of the cases of use of other stimulants were registered in this age group. While for heroin and the other opiates the greatest number of the cases are aged between 20 and 25 years, for cocaine the most of the registered are aged between 25 and 30 years (виж Table 6-1).

Table 6-1

| CASES REGISTERED AT THE CEMA IN 2007 ACCORDING TO AGE AND TYPE OF THE DRUG |
| Types of drugs |
|---------------------------------|----------------|----------------|----------------|
| Age groups                      | Heroine        | Other opiates  | Other stimulants |
|                                 |                | (morphin, codein, | (amphetamines, |
|                                 |                | lydol)          | metamphetamines |
| under 15 years                  | 1.2            | 2.9            | 0.0            | 6.3 |
| 16-20 years                     | 11.2           | 20.4           | 21.4           | 39.4 |
| 21-25 years                     | 41.3           | 32.1           | 21.4           | 25.0 |
| 26-30 years                     | 35.5           | 26.2           | 28.6           | 18.8 |
| 31-35 years                     | 7.1            | 10.7           | 0.0            | 6.3 |
| 36-40 years                     | 1.7            | 5.8            | 14.3           | 2.1 |
| 41-45 years                     | 1.3            | 0.0            | 14.3           | 0.0 |
| above 45 years                  | 0.7            | 1.9            | 0.0            | 2.1 |
| **Total**                       | **100.0**      | **100.0**      | **100.0**      | **100.0** |

Source: National Focal Point on Drugs and Drug Addictions

The data allow us to see the distribution according to age groups of the emergencies registered according to the cause of the incident. The greatest number of overdose is among the 21-25-year-old. The same situation is observed in the cases of Tentamen suicidii, while for the attempts to cope with abstinence the number of the 26-30-year-old patients slightly surpasses that of the 21-25-year-old (see Table 6-2).

Table 6-2

| AGE GROUPS OF THE EMERGENCIES REGISTERED ACCORDING TO THE CAUSE OF THE INCIDENT |
| Cause for registering at the CEMA |
|---------------------------------|----------------|----------------|----------------|
| Age groups                      | Overdose       | Tentamen suicidii | Attempt to cope with abstinence | Other |
| under 15 years                  | 2.3            | 0.0             | 0.7            | 3.8 |
| 16-20 years                     | 17.9           | 14.3           | 9.9            | 17.0 |
| 21-25 years                     | 42.0           | 35.7           | 36.1           | 37.7 |
| 26-30 years                     | 29.0           | 21.4           | 38.5           | 30.2 |
| 31-35 years                     | 5.2            | 21.4           | 9.4            | 3.8 |
| 36-40 years                     | 2.1            | 7.1            | 2.6            | 3.8 |
| 41-45 years                     | 0.8            | 0.0            | 1.9            | 1.9 |
| above 45 years                  | 0.8            | 0.0            | 1.0            | 1.9 |
| **Total**                       | **100.0**      | **100.0**      | **100.0**      | **100.0** |

Source: National Focal Point on Drugs and Drug Addictions
Other issues

**Somatic and psychiatric co-morbidity**

On the data of the substitution and maintenance programs with Methadone and Substitol in Bulgaria in 2008 the total number of the patients participating in them who had dual diagnosis was $243^{86}$ and the total number of the patients treated in those programs was $2,543$ ($9.56\%$). Compared to 2007 when they numbered $143$ and the total number of the dependent persons included in the programs was $1,332$, the number of the dependent patients, included in the programs$^{87}$ in 2008, who had co-morbidities, was $100$ people more.

The total number of the drug dependent people with co-morbidity diagnosed participating in rehabilitation programs is $11^{88}$, and the total number of the patients who participated in the programs in 2008 was $193^{89}$, which represents $5.70\%$ of the total population of dependent people who have participated in the rehabilitation programs. In 2007 the number of the drug dependent people with dual diagnosis in the rehabilitation programs was $6^{90}$, and the total number of the patients who participated in the programs was $198$, which represents $3.03\%$ of the total population of the dependent people who participated in the rehabilitation programs (see Table 6-6)$^{91}$.

On the data of the monitoring system for treatment of addictions in Bulgaria the number of patients with dual diagnosis is $47$ or $2.3\%$ of all the $2,009$ patients included in the treatment programs. $42$ of them are Bulgarians and $4$ are of Roma origin$^{92}$.

**Psychiatric co-morbidity**

On the summarized data of the programs for substitution and maintenance treatment with Methadone and Substitol in Bulgaria in 2008 the number of patients with psychiatric co-morbidity was $139$. The most often encountered disease is personality disorder, and $75$ of the dependent persons have been diagnosed with it ($54\%$ of all the patients with psychiatric co-morbidity). The anxiety and the affective disorders come second in the most widespread diseases among the participants in the above programs. The number of patients with dual diagnosis in them is the same for the two types of disorders – $22$ dependent persons or $15.83\%$ for each.

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$^{86}$ The data have been summarized from 11 programs.

$^{87}$ The data for 2007 have been provided by 6 programs, and 7 such programs were functioning. In 2008 the respective figures were 11 out of 23.

$^{88}$ On the data from the annual reports of three rehabilitation programs.

$^{89}$ The data have been provided by five programs, and the really functioning such programs in 2008 numbered six.

$^{90}$ On the data from the annual reports of two rehabilitation programs.

$^{91}$ Informative comparison of the data cannot be done because of the different number of rehabilitation programs which have provided data on the patients with co-morbidities for 2007 and 2008.

$^{92}$ The specific data are based on the valid answers, a total of 1980.
Table 6-6

NUMBER OF PATIENTS WITH DUAL DIAGNOSIS IN THE REHABILITATION AND SUBSTITUTION PROGRAMS IN 2007 and 2008

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of the patients in the rehabilitation programs</td>
<td>198</td>
<td>193</td>
</tr>
<tr>
<td>Number of the patients with dual diagnosis</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Total number of the patients in the substitution programs</td>
<td>1,332</td>
<td>2,543</td>
</tr>
<tr>
<td>Number of the patients with dual diagnosis</td>
<td>143</td>
<td>243</td>
</tr>
</tbody>
</table>

Source: Annual reports of the rehabilitation and substitution programs in 2008.

On the data of the annual report of the Municipal Prevention and Information Center for the Problems of Addictions in 2008 96 examinations of patients with co-morbidities were done. The total number of the new patients with dual diagnosis is 12, of whom 7 male and 5 female. 4 of the patients are heroin dependent and have as co-morbidities schizophrenic psychosis, schizo-affective and personality disorder. The co-morbidities for 6 of the patients with addiction to alcohol are bipolar disorder, depressive, personality, panic, mixed anxiety and depressive disorder and mild mental retardation. 1 patient with combined addiction (to alcohol and benzodiazepines) and personality disorder as co-morbidity has demanded the services of the center and 1 patient with combined abuse (of alcohol and marijuana) and personality disorder as co-morbidity has also demanded the services of the center. 137 examinations and consultations of patients with co-morbidities were done in 2007. The total number of the new patients with dual diagnosis was 14, of whom 12 male and 2 female. In 2006 the statistical data were as follows: 159 examinations and consultations of patients with co-morbidities were done, and the number of the new dependent patients with dual diagnosis registered at the center was 12, of whom 8 male and 4 female (see Table 6-7).

Table 6-7

NUMBER OF PATIENTS WITH DUAL DIAGNOSIS IN 2006, 2007 and 2008 AT THE MUNICIPAL PREVENTION AND INFORMATION CENTER FOR THE PROBLEMS OF ADDICTIONS

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>Total for the three years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of the new patients with dual diagnosis</td>
<td>12</td>
<td>14</td>
<td>12</td>
<td>38</td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>12</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td>Female</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>11</td>
</tr>
</tbody>
</table>


93 The therapeutic and consultative activity is done in partnership with the Regional Dispensary for Psychiatric Diseases with a Clinic /RDPDC/- Sofia-city
On the data of the Clinic of Toxicology at the “Pirogov” MHATEM all the patients with heroin addiction who had been treated at the clinic had psychiatric co-morbidities: personality disorders, depression and anxiety. Some of them are admitted to the clinic with diagnosis schizoaffective or bipolar disorder diagnosed before.

In 2008 a European study was started about the prevalence of Attention-Deficit Hyperactivity Disorder (ADHD) among the disorders caused by the use of psychoactive substances. The study is a part of the group for international co-operation in the sphere of ADHD and the psychoactive substance use, which comprises 35 researchers and specialists from 15 states (13 European countries, Australia and the USA). The coordinator of the study is the Dutch Institute of Mental Health and Addiction “Trimbus-Institute”. A partner on the part of Bulgaria in the European study is “Horizonti 21” Foundation. The conductance of a genetic research of the cases of co-morbidity is also planned.

The study is aimed at the the inclusion of as many assessments about the prevalence of ADHD among populations of patients in as many European countries as possible. The minimum requirement is the participation of at least 10 centers for treatment of addictions in (at least) 7 countries. For every site (at least) 500 patients are required consecutively referred for treatment of addictions.

The study has several main objectives:

- To gather documentary evidence about the existence of ADHD in different European populations of adult patients demanding treatment, who suffer from psychoactive substance use disorder.
- To obtain reliable assessment of the prevalence of ADHD among the adult patients demanding treatment for psychoactive substance use disorder.
- To validate screening and diagnostic instruments for adult patients with ADHD in the participating countries
- To gather information about the relation between ADHD and the onset of the psychoactive substance use disorders by comparing patients with ADHD and patients without this disorder.
- To study the applicability of multi-center studies of ADHD in this population of patients.

The European study of the prevalence of the attention-deficit hyperactivity disorder (ADHD) can be regarded as the first step in coping with this disorder among patients addicted to psychoactive substances. It will bring about the development of an appropriate program for detecting, diagnosing and treating ADHD in patients with dependence as well as about the development of effective methods to prevent the disorders caused by psychoactive substance use among children/adolescent/youths with ADHD.\footnote{94}

Somatic co-morbidity

The total number of the patients with somatic co-morbidity in the substitution and maintenance programs is \(54\^95\) (22.22% of all the patients with dual diagnosis). The types of the diseases are most often diseases of the endocrine, cardio-vascular and of the endocrine system. There are also diseases of the muscular and skeletal system, as well as oncologic, dermatologic and ophthalmologic diseases.

Pregnancy and children born to drug users

\footnote{94} Source: “Horizonti 21” Foundation
\footnote{95} The data are for 11 out of 23 programs. The total number of patients participating in the 23 programs is 2,543.
The total number of the successful deliveries in the programs of substitution and maintenance treatment with Methadone and Substitol in Bulgaria in 2008 was 23.96 The number of the patients admitted with priority because of the medical indication “pregnancy” in the above programs for the past year was 14.97

Deaths related to drug use and mortality rate among drug users

Deaths related to drug use

The statistical research of deaths according to causes is based on the medical certificate of death issued by the doctor who has ascertained the death. Since the beginning of 2005 the Tenth Revision of the International Classification of Diseases and Health Related Problems of the World Health Organization has been in use in Bulgaria.

**Writing A Notification of Death**

Pursuant to the Civil Registration Act (CRA) the civic status acts are official written documents. Of them the notification of death, the certificate of death and the certificate of birth are related to death according to causes.
The notification of death is written at:

- The healthcare establishment where the death has been ascertained;
- The municipality or the region after the death certificate has been written pursuant to a ruling to establish the death, as well as after presenting a certificate of death pursuant to Art.65(2), 67(3), 72(3) from the CRA.

The healthcare worker who has ascertained the death shall write a notification and complete its part “medical certificate of death”. In the medical certificate the doctor shall write the immediate cause of death, and the co-morbidities or the concomitant conditions and the main (initial) cause of death. The quality and the credibility of the information about death according to reasons depends to a great extent on the precise and accurate completion of the causes for death.

**Coding the causes for death**

The coding of the causes for death is done in accordance with the International Classification of Diseases and Health-Related Problems, 10th revision.

When in the certificate of death only one cause for death has been indicated, the coding is relatively easy and with no problems. However, in most of the cases two or more pathological conditions are causes for death. In accordance with the requirements of the World Health Organization and the instructions to compile statistical tables of deaths according to causes the so called *underlying cause for death* is coded. It is defined as “the disease or trauma which marks the beginning of the sequence of pathological conditions which directly caused death, or the circumstances of the accident or violence which have caused the lethal trauma.” Presumably the doctor competing the medical certificate of death is in a more favourable position than anyone else to decide which disease or pathological condition has immediately caused the death and to indicate which of the preceding conditions, if any, have caused this disease or condition.

The Ministry of Health shall issue guidelines for coding the causes for death in accordance with the ICD. The coding of the causes for death shall be done by doctors.

96 The data are from six programs.
97 The data are from six programs.
working at the Regional Healthcare Centers and respectively trained to apply the requirements of the ICD. The doctor shall use the medical certificate of death to code the causes for death.

When coding the causes for death the three-digit code of the causes shall be used. This on its part limits the possibilities to analyze the data related to poisoning by drugs or psychodysleptic(hallucinogenic) or psychotropic drugs.

**Definition**

In accordance with the requirements of the EMCDDA (The DRD-Standard, version 3.0) the codes of the ICD – 10, which have to be considered in relation to poisoning (accidental, intentional or of undetermined intent) are combined with the T-codes to characterize the type of the substance. In accordance with the recommendations of the WHO to develop the data about deaths according to causes, since no such combination can be made, the inclusion of only one code of both the classes makes it necessary to prefer the codes of class XX External Causes for Morbidity and Mortality, namely - the codes X and Y are preferred.

According to the DRD-Standard, version 3.0, when it is not possible to combine the X– and Y- codes with the T- codes, the alternative procedure is to include the deceased because of some additional causes included in the class External Causes for Morbidity and Mortality. The data analysis however indicates that the evaluation of mortality, considering all those causes, is considerably overestimated. Taking in consideration the total number of deaths caused by Poisoning by Narcotic and Psychodysleptic (Hallucinogen) Agents (T40) and Poisoning by Psychotropic Medications, unspecified (T43), which does not differ considerably from the number of deaths for causes X41, X42, X61, X62, Y11, Y12 we have accepted that the evaluation so made would not be significantly different from the one which could have been possible had the combination with the T-codes been possible.

After the analyses done we decided in the tables applied to the report and in the present working out to analyze drug-related mortality to use the data about the deaths because of the following causes:

<table>
<thead>
<tr>
<th>F11-F12, F14-F16, F19</th>
<th>Mental and behavioural disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>F19</strong></td>
<td></td>
</tr>
<tr>
<td>X41</td>
<td>Accidental poisoning and effect of anticonvulsive, sedative, hypnotic, antiparkinsonic and psychotropic agents, unspecified</td>
</tr>
<tr>
<td>X42</td>
<td>Accidental poisoning and effect of drugs and psychodysleptics [hallucinogens], unspecified</td>
</tr>
<tr>
<td>X61</td>
<td>Intentional self-inflicted poisoning and effect of anticonvulsive, sedative, hypnotic, antiparkinsonic and psychotropic agents, unspecified</td>
</tr>
<tr>
<td>X62</td>
<td>Intentional self-inflicted poisoning and effect of drugs and psychodysleptics [hallucinogens], unspecified</td>
</tr>
<tr>
<td>Y11</td>
<td>Poisoning and effect of anticonvulsive, sedative, hypnotic antiparkinsonic and psychotropic substances, unspecified, of undetermined intent</td>
</tr>
<tr>
<td>Y12</td>
<td>Poisoning and effect of drugs and psychodysleptics [hallucinogens], unspecified, of undetermined intent</td>
</tr>
</tbody>
</table>
Deaths according to causes in 2008

In 2008, too, the number of deaths as a result of drug use continued to grow (in accordance with the above-presented definition). The total number of the deceased persons due to the causes listed in the year was 74, which is by 42.3 % more in comparison to 2007. For the whole period under observation from 1990 to 2008 in the last year the number of deaths as a result of drug use was the greatest. The ratio male: female for the whole period was in favour of male and in 1993 and in 1996 all the deceased for these causes were male (see Figure 6-3). In 2008 the deceased male due to drug use numbered 56 or 75.7%. The female deceased for these causes numbered 18 or 24.3%. The analysis according to gender shows that in comparison to the preceding year there is an increase of the number of men as well as of women, and the increase is considerably greater for the women.

When studying the “intensity of deaths” index in dynamics the conclusion is confirmed that in 2008 the mortality rate for causes related to drug use increased. For the last year the level of the index was 0.97 per 100 000 generally for the country. The intensity of the index according to the ratio male-female was 1.52 per 100 000 and 0.46 per 100 000 respectively of the population given.

The data about death according to age show that most of the death cases due to drug use, according to the definition applied occurred in the age group 25 – 29 years – 27 cases. 73% of all the cases of deaths are deceased persons at the age from 15 to 34 years. There is not a single case of death under the age of 15 or in the age group 50 – 54 years. 16 % of the deaths (12 cases) are of people aged above 55 years.

The mean age of the people deceased because of drug use continues to rise and from 30.1 years in 2007 in 2008 it reached 33.6 years. For men the age is considerably younger – 28.4 while for women it is 49.8 years.
The difference is significant if we analyze the index median age of the deceased people. In 2008 it was 24.5 years, i.e. half of those deceased for reasons related to drug use were of age up to 24.5 years. The median age for men is 26.0 years and for women – 59.5 years.

In 2008 there were no substantial changes in the structure of deaths according to causes. There was only one man who died due to a cause classified in class Va ICD-10 Mental and Behavioural Disorders (F19 Mental and Behavioural Disorders due to combined use or use of other psychoactive substances). All the rest of the deaths are due to External Reasons for Morbidity and Mortality.

Source: National Institute of Statistics

Median (median level) is the meaning of the sign which is in the middle of the range of meanings.
In 2008, too, the rate of the people who died as a result of “accidental poisoning and the effect of drugs and psychodysleptics [hallucinogens], unspecified” (X42) was the greatest – more than half of all those who died as a result of drug use (56%). Of them the rate of the men is considerably greater (37 out of 41 cases of death due to that cause).

Second in the structure of deaths is the “poisoning and effect of drugs and psychodysleptics [hallucinogens], unspecified, of undetermined intent” (Y12). This cause is written and coded as an underlying cause for death in 19% of the cases of deaths as a result of drug use. Almost all the cases of death due to this cause are among men (13 of all the 14).

„Intentional self-inflicted poisoning and the effect of anticonvulsive, sedative, hypnotic, antiparkinsonic and psychotrophic substances, unspecified” (X61) was the cause of death of 11 people (15%) in 2008. As well as in 2007 this was the sole cause where the number of the deceased women predominated – 10 cases out of 11. This is the main cause for deaths as a result of drug use for the women- more than half of all the deceased women, according to the definition applied.

The cause for death of four (two male and two female) of all the deceased as a result of drug use has been determined as „accidental poisoning and the effect of anticonvulsive, sedative, hypnotic antiparkinsonic and psychotrophic substances, unspecified” (X41).

„Intentional self-inflicted poisoning and the effect of drugs and psychodysleptics [hallucinogens], unspecified” (X62) is the cause of death of three people (4%).

There is not a single case of death as a result of “poisoning and effect of anticonvulsive, sedative, hypnotic and antiparkinsonic drugs” (Y11).

The analysis of the data at a regional level shows that there are drug-related deaths in 18 regions of the country.

In 2008, as well as in 2007, the majority of the cases occurred in the district of Plovdiv – 17 of all the 74 cases or 23.0%. In Sofia – capital- 12 people died as a result of drug use (16.2%). Third comes the district of Varna with 9 deceased or 12.2%. In these three districs are concentrated more than half of the deaths, related to drug use in accordance with the definition used (51.4%).

The rest of the districts, where there are such cases, are Pleven and Pernik (five for each), gabrovo, Sliven and Pazardzhik (four for each), Jambol (3), Veliko Turnovo and Lovech (two for each). In each of the towns Bourgas, Vidin, Dobrich, Rousse, Silistra, Sofia-district and Stara Zagora there is one case.

**Mortality among drug users and causes for death**

There are no accessible new data about mortality among the drug users and the causes for death.
7. Responses to health correlates and consequences

Prevention of drug related emergencies and reduction of drug-related deaths

The problem drug users who are not on treatment are the target group of the organizations and programs working for the reduction of health and social harm. As a rule the core work with them are the outreach practices.

The most important interventions, aimed at reducing drug-related deaths are as follows:

- Training for safer drug use;
- Training how to give first aid;
- Applying antagonists.

In the sphere of interventions to prevent deaths from an overdose the Centers for Emergency Aid play a main role. The physicians in those centers have been trained for work in cases of an overdose. All the emergency teams have at their disposal the medication Naloxone.

The “Save a Life” project has been realized by implementing Strategic Task 4 („Reduction of the spreading of diseases of social significance among the drug users: blood-borne infections, tuberculosis, sexually-transmitted diseases”), Task 4b of the Action Plan („Reducing the number of incidents and deaths related to drug use”), Subtask b („Education and training of IDUs who are not on treatment on how to provide first aid in emergencies”), all of them from the National Program for the implementation of the Action Plan of the National Strategy to Combat Drugs (2006 – 2008) over the period 2008 – 2009 according to the suggestion of the “Initiative for Health” Foundation and with the participation of 10 other outpatient programs working in the sphere of the reduction of the health, social and economic consequences and harms caused by drug use and with the financial support of the National Center for Addictions. The project itself has been initiated as applying good practice, coming from other European states, namely - the recognition of special programs to prevent overdose, which offer training for professionals as well as for people from the group of the IDUs.

The objective of the project was to reduce the cases of overdose among the drug users and for the target groups the objective of the outreach workers was harm reduction among the IDUs.

The project shall be implemented in three stages, including the following activities:

1. Identifying and summarizing the risks of an overdose:
   1. The drug itself
      - What quantity has been taken.

• What is the quantity of the psychoactive substance in the drug.
• How frequently the drug is being taken.
• What other substance has been mixed with the drug.
• Pattern of using the drug – injecting is the most dangerous, because the
dose is taken at once, and the risk of an overdose is high, as well as because the use of
sets for injecting (needles, syringes, caps, filters, etc.) already used before by another
person, causes a risk of infecting with infections like hepatitis and HIV/AIDS.

2. Particularities of its effect

The different drugs cause different risks.

• Heroine, alcohol and tranquilizers cause physical dependence and
abstinent syndrome. Heroine, alcohol and inhalants are depressants (reducing) – they
slow down the vital functions and mixing them (or using them in great quantities) is very
dangerous, because it can cause a total arrest of these functions. This is an overdose and
exitus lethalis.

• Amphetamines, ecstasy and cocaine are stimulants (increasing) – they
accelerate the vital functions and can be extremely dangerous for people who have
problems with the heart or with the blood pressure.

• Hallucinogens (LSD, magic mushrooms) may cause inappropriate
behaviour of man or can make him/her do dangerous things. These drugs, as well as
marijuana, are very dangerous for people having emotional problems.

3. Characteristics of the person

• Current psychological status.
• Health problems.
• Body weight.

II. Training of outreach teams:

The main objective of this activity is within the frames of a 2–week seminar to train the
outreach workers of the programs in 10 towns of the country to reduce harm.

The “Overdose prevention among the people dependent on opiates” training was
conducted in the period 14–15 January 2009 at the National Center for Addictions. The
organizer was the “Initiative for Health” Foundation.

The seminar was addressed to the outreach teams of the programs, working in the sphere
of reducing harm from injection drug use and preventing overdose, because the services
offered by these programs are constantly changing and adapting depending on the
changing scene of use.

27 persons participated in the training, of whom 22 outreach workers from the towns of:
Sofia, Bourgas, Blagoevgrad, Varna, Pernik, Pleven, Pazardjik, Plovdiv, Rousse, Kyustendil, and 5 experts from the NCA.\footnote{101}

Objectives of the training which have been implemented:

• Enhancing the participants’ awareness of the issue of overdose;
• Improving the skills to effectively communicate with the clients;

\footnote{101 On the data of the “Initiative for Health” Foundation}
III. Interventions in the target group

- Preparing and issuing a specialized information material on overdose prevention. A booklet has been issued – pocket-size - containing practical information about overdose prevention and coping, addressed to the target group. The booklet is being distributed by all the outreach programs, as well as by the services working with drug addicts.

- Translating and broadcasting three foreign films about overdose prevention and coping. The “Initiative for Health” Foundation has been granted a permission by the film authors to use them in the work of the outreach workers. The films have been translated into Bulgarian, and copies have been provided which were used in the training seminars.

Within the frames of the interventions in the target group of drug users trainings have also been conducted in the ten towns of the country listed above – Sofia, Bourgas, Blagoevgrad, Varna, Pernik, Pleven, Pazardzik, Plovdiv, Rousse, Kyustendil. The total number of the trainings held is 45, and in them participated 281 drug users (see Figure 7-1).

**DISTRIBUTION OF THE TRAININGS HELD ACCORDING TO NUMBER AND PARTICIPANTS**

![Distribution of trainings and participants](image)

Source: “Initiative for Health” Foundation
The participants in the training were aged from 18 to 51 years. 14% of them were female and 86% male (see Figure 7-2).

**Figure 7-2**

**DISTRIBUTION OF THE PARTICIPANTS ACCORDING TO GENDER**

86%
14%

□ male □ female

*Source: “Initiative for Health” Foundation*

A great number (88%) of the drug users who participated in the training seminars were Bulgarians, and 12% were Roma people (see Figure 7-3). The participants indicated heroin as the most frequently used substance and the main pattern to use it was intravenous. In the seminars also participated drug users who indicated amphetamines, methadone and rivotril as the substance used.

**Figure 7-3**

**DISTRIBUTION OF THE PARTICIPANTS ACCORDING TO ETHNICITY**

88%
12%

□ Bulgarian □ Roma

*Source: “Initiative for Health” Foundation*

All the trainings have been held in roughly the same way:

1. Presenting the participants. Stating the expectations of the participants, presenting the program of the seminar, approving the rules for group work.

2. Theoretical part, including presenting the following information:
2.2. Overdose – symptoms, how to react in case of overdose, what should and what should not be done while waiting for the ambulance.
2.3. Naloxone – essence and characteristics, way of application.
3. Practical part: Techniques for first aid in case of overdose: rescue breathing and cardiac massage, position of the body in recovery (theory and practical exercises).
5. Feed back and closing the training.

Apart from the above described project the report for 2008 about the patients registered at the Clinic of Toxicology at “Pirogov” MHATEM, dependent on narcotic substances, shows that to the patients who have been admitted to the clinic because of an acute poisoning as a result of drug use and who are motivated for treatment, the following therapeutic scheme is applied lasting on the average 10 days after the acute intoxication has been overcome:

1. Detoxification and purification
2. Anti-abstinent treatment
   - abrupt discontinuation of the psychoactive substance
   - applying tranquilizers
   - applying antidepressants
   - applying neuroleptics of sedative and anti-abstinent effect
   - applying thymostabolizers
3. Hepatoprotective
4. Cerebroprotective
5. Treatment with vitamins
6. Symptomatic treatment: non-benzodiazepines, hypnotica, non-narcotic analgetics for patients with opiate dependence
7. Rehabilitation treatment

For the patients who have been admitted for an overdose of heroine, irrespective of the severity of the clinical state (incl. with no respiration) there are no death cases registered. This is due to the resuscitation and appropriate antidote treatment – bolus dose Naloxone. A number of the patients leave the hospital immediately after the resuscitation of the vital functions, having stated categorical denial of treatment.102

**Prevention and treatment of drug-related infectious diseases**

**Prevention**

The prevention of infectious diseases related to drug use is an integral part of the two basic documents adopted by the Council of Ministers of the Republic of Bulgaria – the National Program on Prevention and Control of AIDS and the sexually-transmitted diseases for 2009-2014 and the National Strategy to Combat Addictions (2009 – 2013). Alongside with the National Program on Prevention and Control of AIDS and sexually-

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102 On the data from the report on the patients with drug dependence registered at the Clinic of Toxicology at “Pirogov” MHATEM for 2008
transmitted diseases the “Improvement of Tuberculosis Control in Bulgaria” Program started, funded by the Global Fund to fight AIDS, tuberculosis and malaria in which the group of the IDUs is separated as especially risky.

In the Action Plan of the National Strategy on prevention of drug-related infectious diseases as Strategic Task 4 have been determined:

**IMPROVEMENT OF THE ACCESS TO SERVICES TO REDUCE HEALTH AND SOCIAL HARM FOR THE INDIVIDUAL AND FOR THE COMMUNITY**

- Providing information and consulting for the drug users and their close friends and relatives to reduce the hazardous behaviour;
- Organizing education and training of the drug users to reduce the hazardous behaviour;
- Identifying the risks and the problems and preparing programs to reduce the hazard for the difficult to access and high-risk groups;
- Development of services and low-threshold services to support groups in especially severe social and/or health condition;
- Developing and providing sustainable functioning of outreach programs;
- Work in a net and coordination of the activities and organizations to ensure continuity and accessibility of the services;
- Developing and providing sustainable functioning of the programs for syringes and needle exchange, distribution of condoms;
- Development of the activities for screening and voluntary testing /including in outreach/ of the sexually-transmitted and blood-borne diseases, pre- and post-test consulting and referral;
- Creating options for timely medical aid and treatment of the drug users for concomitant infectious diseases;
- Immunization campaigns and programs for hepatitis B and tuberculosis for the drug users.

All the outreach organizations present their projects in front of a Medical Council of the NCA (pursuant to Ruling № 30 from 20th December 2000 of the Minister of Health).

In 2008 10 not-for-profit organizations implemented activity on prevention of HIV/AIDS, hepatitis B and C among the IDUs. They have obtained a positive opinion from the NCA for implementing these activities, namely Programs for Outreach Work, exchange of needles and syringes and testing for blood-bourn and sexually - transmitted infections. This has been implemented by NGOs, within the frames of Component 4 “Maintaining low level of HIV prevalence among the IDUs”, of the Program of the Ministry of Health “Prevention and Control of HIV/AIDS, malaria and tuberculosis”, funded by the Global Fund, as follows:

- Initiative for Health” Foundation – Sofia;
- “Panacea” Foundation - Plovdiv;
- “A Dose of Love” Association - Bourgas;
- Regional Council of the Bulgarian Red Cross/RC of BRC/- Rousse;
- RC of RBC - Kyustendil;
- “For better Mental health” Foundation - Varna;
Via the programs exchange of needles and syringes is done, of condoms and lubricants and information materials are provided to the IDUs. The latter are also motivated and referred for treatment, etc. (see Table 7-1).

Table 7-1


<table>
<thead>
<tr>
<th>Number of services</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>TOTAL 2004 - 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of the direct contacts with IDUs for providing services via outreach work, low-threshold centers and mobile medical surgeries</td>
<td>9,111</td>
<td>30,253</td>
<td>45,674</td>
<td>51,041</td>
<td>53,520</td>
<td>189,599</td>
</tr>
<tr>
<td>Number of the referential contacts</td>
<td>No data</td>
<td>2,824</td>
<td>12,500</td>
<td>14,806</td>
<td>12,062</td>
<td>42,192</td>
</tr>
<tr>
<td>Number of the new IDUs, accessed through services by outreach work, low-threshold centers and mobile medical surgeries</td>
<td>2,399</td>
<td>1,881</td>
<td>1,906</td>
<td>1,758</td>
<td>1,694</td>
<td>9,638</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distribution of free materials for safe injecting and safe sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of needles distributed</td>
</tr>
<tr>
<td>Number of syringes distributed</td>
</tr>
<tr>
<td>Number of condoms distributed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accessible, voluntary and free testing for HIV, hepatitis C and B and syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of IDUs, who have received anonymous and free consultation and testing for HIV</td>
</tr>
</tbody>
</table>
Referring and accompanying the clients to other health and social offices and services

<table>
<thead>
<tr>
<th>Total number of referrals to other health establishments for:</th>
<th>477</th>
<th>1,976</th>
<th>3,832</th>
<th>1,985</th>
<th>4,108</th>
<th>12,378</th>
</tr>
</thead>
<tbody>
<tr>
<td>- services at CAFGCS;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- testing for HIV, hepatitis B and C, STD somewhere else;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mobile medical surgeries;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- for treating HIV;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- for treating hepatitis B and C;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- for treating sexually-transmitted diseases;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- specialized treatment of dependencies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Structure for managing the “Prevention and Control of HIV/AIDS” Program 2009

There are 5 low-threshold centers for IDUs functioning in the country. The mobile medical surgeries are supported by 5 NGOs under Component 4 and 2 from CARITAS in Sofia and Bourgas.

Consulting and testing

Testing for HIV/AIDS in Bulgaria is free. The laboratory at the NCA is the only one established to serve people using drugs. The kits for these tests are received from the Ministry of Health. The dependent people who are insured may also be tested via the system of health insurance.

19 surgeries for free consulting and testing for HIV/AIDS in the big towns of the country continued functioning in 2008.

Since 2000 in the Republic of Bulgaria no immunization for hepatitis B and hepatitis A has been done to the drug users. In Sofia the CARITAS NGO did free immunizations to the drug users, but the number of the people immunized was very small. Free mandatory immunization for hepatitis B has been done to all the new-born children since 1992.

Treatment

All the people who have been HIV-infected are tested and treated free at the specialized ward of the Hospital for Infectious Diseases in Sofia, as well as at the infectious wards for the treatment of AIDS in 4 other specialized wards for the treatment of AIDS in different big towns. Antiretroviral treatment has been provided for all the infected people who need it. By 30th June 2009 all the 272 people in need in Bulgaria were on triple antiretroviral treatment. The treatment is decentralized and the antiretroviral treatment is done in 5 towns of the country (Sofia, Varna, Plovdiv, Pleven and Stara Zagora). To the infected people who are drug dependent free and immediate treatment in the programs for maintenance methadone treatment is provided at the SPHTAA – Sofia and by the municipal programs in Sofia, Plovdiv and Varna.
The treatment of the drug dependent people who are infected with hepatitis C is funded by the NHIF. According to the requirements of the NHIF the drug dependent people can be included in the program for interferon treatment only if they have not used drugs in the course of 12 months. No health insured people who are on methadone treatment are included in the treatment. This contraindication limits the options for treatment of the drug dependent people. The people who are not health insured have no access to treatment for hepatitis C. The treatment of the patients who have been approved by the NHIF is done at the clinics of gastroenterology in different hospitals in Sofia and the available data are not confirmed. The treatment of patients suffering from the acute and chronic form of hepatitis B is accessible only for the health insured drug dependent patients.

The treatment of syphilis is regulated, it is done at the Dermato-Venerological Dispensaries in the district towns in Bulgaria and is free for the patients.

Responses to other health consequences among the drug users

Psychiatric and somatic co-morbidity

Some of the patients participating in the substitution and maintenance programs also suffer from concomitant mental and/or somatic diseases which are caused either by the use of drugs, or are not related to it. That is why the assessment of the mental and somatic status of the patients who are included in the programs is an integral part of the process of inclusion in such type of treatment. The check for suicidal intentions is also obligatory.

If the symptoms of a definite disease have been caused by the use of narcotic substances, usually no current treatment is required after the discontinuation of the use. It is possible that when the assessment is done some of the patients are in need of pointed, short-term pharmacotherapy, psychotherapy, or of both. Many patients, however, may have concomitantly expressed mental disorders, demanding long term treatment.

Very often after the inclusion of the dependent people in the treatment somatic diseases, neglected so far, are also manifested, including hepatitis (mainly hepatitis C). Hospitalization or continuous treatment may be needed. A great number of the patients also have dental problems.

In accordance with the guidelines for good clinical practice in the substitution treatment proposed in Bulgaria the following procedures are applied in case of mental and/or somatic co-morbidity\(^{103}\):

- Referral of patients to the GP, to surgeries for emergency and urgent medical aid and for hospital treatment;
- Testing or referral for testing for blood-borne or sexually transmitted infections;
- Diagnosing the acute mental disorders which need immediate intervention;
- Diagnosing the chronic mental disorders, referral and providing the necessary treatment.

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\(^{103}\) Source: “Guidelines for good clinical practice in the substitution treatment” National center for Addictions, Sofia 2008
8. Social correlates and social reintegration

Social exclusion and drug use

Social exclusion among drug users

On the data of the Annual Reports of the programs for Substitution and Maintenance Treatment with Methadone and Substitol in Bulgaria in 2008 the total number of patients participating in them was 2,543. Those that have declared unemployment number 884 (34.76 %) of all the patients included in such programs. 867 people have no health insurance (34.09 %) \(^{104}\).

The data of the monitoring system of Treatment Demand Indicator (TDI) in Bulgaria for 2008 show that the number of unemployed drug dependent individuals included in different treatment programs is 844 or 42 % of the total number of patients registered in the system in 2009. The number of the jobless Bulgarians is 754 \(^{105}\). The unemployed dependent individuals of Roma origin are 83 \(^{106}\). According to the indicator “health insurance” the figures are as follows: 828 patients are without health insurance (41.2 %) of the total number of the individuals registered at the system. The Bulgarians number 699 and 117 belong to the Roma ethnicity\(^ {107}\).

Drug use among socially excluded groups

Drug use in the population of sex workers

The group of men and women, offering sex services in Bulgaria numbers around 12-15,000 \(^{108}\). The data have been provided mainly from expert assessment and surveillance of outreach team workers. The indices in figures are as follows:

According to gender:
- female – 86 %
- male – 11 %
- trans sexual – 3 %

According to ethnicity:
- Bulgarians – 53 %
- Roma – 37 %
- Turks– 9 %
- Commonwealth of Independent States– 1 %

\(^{104}\) The data are from the Annual Reports of 23 substitution and maintenance programs with Methadone and Substitol for 2008. In 9 of the programs the number of unemployed and uninsured people has been calculated on the basis of patients participating in the programs in 2008. For the rest the number of the unemployed and uninsured people is on the basis of the number of patients who have remained on treatment till the end of the year.

\(^{105}\) The specific data are on the basis of the valid answers, a total of 1,980

\(^{106}\) The specific data are on the basis of the valid answers, a total of 1,980

\(^{107}\) The specific data are on the basis of the valid answers, a total of 1,980

\(^{108}\) On the data of the “HIV/AIDS Prevention and Control” Program of the Ministry of Health, Component 6: HIV/AIDS and sexually transmitted diseases prevention among the prostituting individuals in Bulgaria. The number of men and women offering sex services is the subject of heated discussions and the data quoted are difficult to verify, because the group is extremely mobile, difficult to access and is related to organized criminality. Because of this exact statistics is difficult to present.
Location of work and types of the offers include:

• Outdoors;
• Indoors;
• VIP and escort;
• Advertisements.

Some of the reasons for the increased vulnerability in relation to the health status of this target group are the following:

• prophylactic examinations and treatment are difficult to access;
• poor hygiene and education;
• low social status;
• practicing non-safe sex;
• drug use /including non-sterile syringes and needles/;
• low level of awareness of the risks of transmitting blood-borne infections and of the ways of protection.

The main aim of the work with prostituting women and men is to raise the general health and social status of this group of hazardous sexual behaviour.

One of the activities of the outreach workers with the representatives of this target group is harm reduction from drug use/ a lot of men and women of hazardous sexual behaviour are drug users/. The activity includes:

• Exchange of materials for safe drug use;
• Consultations for safe drug use;
• Providing educational materials for safe drug use;
• Appropriate referral to specific services provided for drug users.

The representatives of the target group with whom the teams work are mainly women and men offering sex services outdoors and indoors. In the last years there is observed retreat from outdoors to work indoors. In the open street and highway areas the drug use is done mainly through injecting heroin intravenously. The drug use indoors is mainly of cocaine and in the company of clients. A practice often seen is the use of alcohol before work, but hardly could this use be categorically referred to dependencies.

Drug use among the homeless children and youths

On the basis of conceiving homelessness as temporary crisis and not as a permanent unchangeable phenomenon the activities of the 16+ Specialized Center for work with children and adolescents (“Children and Adolescents” Association) include: Outreach work; Social and psychological work; Work from a distance with youths in the investigative detention chambers and the penitentiaries; “Youth Committee” program; “Program for work with young parents”; Juridical consultations; Training in social skills; Workshops to develop skills; Work with children and youths living in the street; Work to enhance public attention and understanding. ¹⁰⁸

The total number of children and youths with whom the center worked in 2008 is more than 250. Of them 29 were drug users, and 11 of them (8 boys and 3 girls) were under the age of 18 years, and 18 (16 boys and 2 girls) – were above the age of 18 years.

Among the adolescents under the age of 18 the number of volatile substance users is the greatest (10 people), while the greater number of the youths who are past that age are heroin users (see Table 8-1).

¹⁰⁹ Information from the 16+ Day Center, Children and Adolescents Association
Social reintegration

According to the Regulations to Enact the Social Support in the Community Act the following services are provided: **Centers for Social Rehabilitation and Integration, Protected Homes and Centers for Social Support**. The social services provided **also** settle the issues of the accommodation of those in need from the vulnerable groups.

**The center for Social Rehabilitation and Integration** is a complex for social services related to providing rehabilitation, social and legal consultations, educational and vocational training and orientation, preparing and implementing individual programs for social inclusion.

**Protected Homes** are forms of social services in which the people have independent way of life, assisted by professionals. The essence of the activities offered in these social services is directly bound to providing them to target groups of people who are dependent on and abuse drugs.

**Center for Social Support** is a complex for social services related to the prevention of abandoning, prevention of violence and of dropping out from school, de-institutionalizing and re-integration of children, training in skills of independent life and social integration of children from institutions, consulting and support for at-risk families, assessment and training of future foster parents, consulting and assistance of children with anti-social acts.

The establishment and opening of new centers for social rehabilitation and integration, of protected homes and of centers for social support in the community is one of the main priorities of the policy carried out by the Agency for Social Support. The network developed of public services in the community provides the opportunity of equal access to basic services for the vulnerable groups, including dependent individuals and individuals abusing drugs.

**Accommodation**

There are no available new data about accommodations especially of those in need from the group of the drug users.

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**Table 8-1**

<table>
<thead>
<tr>
<th>Type of substance</th>
<th>Under 18 years</th>
<th>Above 18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>glue</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>heroin</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>synthetic</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

*Source: 16+Day Center, Children and Adolescents Association*
**Education/training and employment**

In 2006 The Ministry of Labour and Social Policy with the help of the Employment Agency implemented the *“Independent Again” National Program*. The program started in **May 2005** and its term of activity was until the end of 2006. The main aim of the program was to increase the fitness for employment and to provide jobs and social integration of full value to the registered at the “Labour Bureau” Directorate jobless individuals who have successfully completed a course of treatment for drug dependence.

Since 2003 the Employment Agency has been implementing **A National Program for Employment and Training of Permanently Disabled People**. In 2007 the program was amended and a new target group was introduced, namely unemployed individuals who have successfully completed a course of treatment for drug dependence.

The National Program for Employment and Training of Permanently Disabled People is constructed on the principles of equality among the people, their participation in the work process of full value and their right of more dignified life.

The main aim of the program is enhancing the fitness for employment and providing employment for the permanently disabled unemployed who have successfully completed a course of treatment for drug dependence in order to successfully overcome their social isolation and to fully integrate them in society.

The program is implemented in two components: “Training” and “Employment”.

The program provides options for conducting motivation training for acquiring skills for active behaviour on the labour market, training for acquiring and improving key competences and training to acquire professional qualification.

The unemployed included in the program, are full-time or part-time employed for a period of no less than 36 months.

The specifics of this target group, as well as the lack of desire on the part of the people who have successfully completed a course of treatment for drug dependence to register at the labour bureau, makes the process of their identifying and inclusion in the program very difficult, and that is why in 2008 there were no unemployed people having successfully completed a course of treatment for drug dependence included in the program.

**Social reintegration of dependent individuals living with HIV/AIDS**

Since 1998 in Bulgaria A Center for Social Adaptation and Supporting the Self-Knowledge and Realization of People Living with HIV/AIDS has been functioning due to the activity of the “Kaspar Hauser” Foundation. The latter works in the sphere of consulting, social mediation, working out and participation in programs aimed at social adaptation and re-socialization of people living with HIV/AIDS.

The psycho-social model of the foundation offers several approaches for work:

- Studying the needs of the people living with HIV/AIDS by inquiries and interviews for working out the strategy for coping.
- Maintaining protected space for communication.
- Forming a group in which the participants should acquire skills to live with HIV/AIDS without harming themselves or their partners and in which they could find emotional support and a feeling of community.
- Enhancing the juridical competence and the ability of social coping.
- Working out techniques for communication and realizing tolerant interpersonal relationships.

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111 Source: Ministry of Labour and Social Policy, Employment Agency
contacts and harmonizing the relationships between the personality and the social milieu.

- Ensuring social mediation in the realization of people living with HIV/AIDS and their re-socialization. Preparing the documents and submitting them to the Medical Expert Committee for Work Capacity (MECWC).

In 2001-2002 the Foundation implemented the “Adaptation and Training for Safe and Healthy Social Behaviour of People Living with HIV/AIDS” project funded by UNDP. The project includes:

- Providing information about the problems of social legislation;
- Training in active social behaviour;
- Work to overcome the de-motivation and passiveness;
- Training in ways of social self-launching.

In 2002 the “Kaspar Hauser” Foundation began work on the “Consulting Office on the Problems of HIV/AIDS” Project with the financial support of UNDP and in partnership with the Hospital of Infectious Diseases and the specialized AIDS ward. The activity of the consulting office continues with the financial support of the Canadian Development Agency and in the subsequent years with the support of the “Prevention and Control of HIV/AIDS” Program, Component 8: “Appropriate and accessible treatment and care for the people living with HIV/AIDS (PLHA)” funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In 2008 under the project 2,400 social services, trainings, medical referrals, attendances and other activities were done in support of the PLHA. 267 PLHA were included, of them 172 were partners and relatives, and all of them had been consulted or supported according to the application they had submitted. Per month the average number of PLHA who have demanded the services of the foundation was 94 and 11 were partners or relations.

Within the frames of the project in 2008 422 consultations were done for 44 PLHA using opiates. 13 of them are included in programs for substitution and maintenance treatment with Methadone.

Within the frames of the project module “PLHA referral for medical services and providing social services” 152 medical referrals were done in 2008 for PLHA to different medical specialists. The opiate-dependent people have been referred to programs for maintenance and substitution treatment for harm reduction from drug use.

The social services over the period, provided to PLHA, number 496. This includes taking and sending Antiretroviral Therapy (ART) to the PLHA, preparing and submitting documents to the Social Support Agencies, preparing and submitting documents to the MECWC, accommodating the PLHA from the country, as well as providing transport for PLHA who have difficulty walking when they have to come for a follow-up examination, making appointments at the doctor’s for a follow-up examination, home visits.
9. Drug-related crime, prevention of drug related crime and prison

Within the frame of this section the following main topics will be considered:
- Drug-related crime;
- Intervention in the penal system;
- Drug use and problem drug use in prison;
- Responses to the health consequences, related to drug use in prison.

On considering the drug–related crime in the context of the report attention has been focused on the cases of criminal and non-criminal offences related to drug use (use and possession with the intent of use), offering drugs (for growing, production, trafficking and marketing) and other offences, related to drugs. It includes a review of data from the police, data on the activity of the Prosecutor’s Office in relation to the implementation of the action plan on reducing drug demand and supply and data about the anti-social acts and offences perpetrated by minor or underage individuals.

Presenting the topic of drug use in prisons is based on routine information gathered and provided by the prison administration.

Drug-related crime

Offences related to drug use

Data from the police

In 2008 on the data from the police 1,206 notifications were checked at the “Drugs” Department. Most of the notifications were checked by the Metropolitan Directorate of Internal Affairs (MDIA) – 453, next by the Regional Directorates of the Ministry of Interior (RD of MI) in Plovdiv (117), Blagoevgrad (114), Haskovo (75), Varna (53), Kytustendil (52). No notifications have been received at the Regional Directorates in Kurdjali and Shumen (see Table 9-1)

308 operative cases have been realized. The greatest was the number of cases at the RD of the MI in Plovdiv (55), MDIA (53), RD in Pernik (26), RD in Pleven (20). One operative case was realized in each of the Regional Directorates of Vidin, Silistra, Smolyan and at the “Transport Police” Directorate.

In 2008 in the country 2,938 individuals were detained because of drug production and dealing. 52 % of them or 1,531 were detained by the MDIA. Next come RD Plovdiv (234) and RD Varna (219). There are no individuals detained by RD Shumen.

In comparison to the preceding 2 years a trend of increasing the number of the individuals detained is observed.

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112 Reference for the work done by “Police” RD at the “Drugs” Department over the period 01st January 2008 - 26th December 2008
Table 9-1

WORK DONE BY THE “POLICE” REGIONAL DIRECTORATES AT THE “DRUGS” DEPARTMENT

<table>
<thead>
<tr>
<th>Activities</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notifications checked</td>
<td>1,091</td>
<td>1,160</td>
<td>1,206</td>
</tr>
<tr>
<td>Operative cases realized</td>
<td>260</td>
<td>244</td>
<td>308</td>
</tr>
<tr>
<td>Individuals detained</td>
<td>2,773</td>
<td>2,847</td>
<td>2,938</td>
</tr>
<tr>
<td>Specialized police operations carried out</td>
<td>2,704</td>
<td>2,530</td>
<td>2,335</td>
</tr>
<tr>
<td>Open drug scenes and recreational sites checked</td>
<td>6,133</td>
<td>4,292</td>
<td>3,834</td>
</tr>
<tr>
<td>School regions checked</td>
<td>3,831</td>
<td>3,389</td>
<td>2,848</td>
</tr>
<tr>
<td>New open drug scenes and sites for selling drugs detected</td>
<td>228</td>
<td>199</td>
<td>212</td>
</tr>
</tbody>
</table>

* In 2006 the data are based on the accumulation from the preceding periods under review.
Source: National “Police” Service, MI

2,335 specialized police operations (SPO) have been carried out. Their number is the greatest at the MDIA (721) and the RD Blagoevgrad (172). The fewest operations were carried out by RD Lovech (4) and RD Shumen (10).

In implementing the instructions of the normative acts in force checks are being done monthly of the open scenes, of public sites visited by underage individuals, of school regions, of computer clubs and game halls and of recreational sites.

In 2008 the number of the open drug scenes and recreational sites checked was 3,834. The greatest was the number of open drug scenes and recreational sites checked by RD Smolyan (501), MDIA (394), RD Pernik (361) and RD Kyustendil (309). The smallest was the number checked by RD Lovech (15), RD Rousse (21) and RD Sliven (24).

The number of the school regions checked was 2,848. The greatest number of the school regions checked was by MDIA (273), RD Pernik and RD Smolyan (264) and RD Pleven (220). The smallest number of school regions checked was by RD Lovech (14) and RD Rousse (17).

212 new open drug scenes and sites for selling drugs have been detected. The greatest was the number detected by MDIA (64), RD Plovdiv (44), RD Bourgas and RD Stara Zagora (17). No such scenes or sites have been detected neither by the RD Gabrovo, Pazardjik, Pleven, Smolyan, Haskovo, Shumen, nor by the “Transport Police” Directorate.

The aim of the checks done by Specialized Police Detachments is to observe the regulations under Art.193 and Art. 354-a, Art. 354-b, Art. 354-c from the Criminal Code, Art. 56 and Art. 58, Para. 3, from the Public Health Act, and Art. 73, Para. 1, item 1 from the Gambling Act, the regulations of the Municipal Decree №1 of the Municipal Council, planning specific measures for drug-related crime prevention and imposing sanctions in case of ascertaining violations and criminal activity.

On the data of the “Police” National Service the total number of the individuals registered (using and dealing drugs) at the “Drugs” Department in 2008 was 3,823 (see Figure 9-1). Of them 336 (or 8.8 %) were minors and underage. 3479 were male (91.0%), and 344 – female (9.0 %).
According to the data from the police, the number of drug users numbered 2,269 or 59.4% of the total number of individuals registered (drug users and drug dealers). 508 (or 22.4%) of the drug dealers were minors or underage. 1,133 (49.9%) were cannabis users, 528-heroin users (23.3%), 75 cocaine users (3.3%) and 533 – synthetic drug users – ecstasy, amphetamines, barbiturates (23.5%). (See Figure 9-2)

The number of individuals drug dealers is 813 (compared to 587 in 2007) or 21% of the total number of individuals registered (drug user and drug dealers). 180 (or 22.1%) of the drug dealers are minors or underage. 332 (40.8%) deal with cannabis, 207 (25.5%) – with heroin, 50 with cocaine (6.1%) and 224 – with synthetic drugs – ecstasy, amphetamines, barbiturates (27.6%).
The number of individuals simultaneously using and dealing with drugs in 2008 was 741 (compared to 706 in 2007), which is 19 % of the total number of individuals registered (drug users and drug dealers). 219 of them were minors and underage, or 29.6 %. The individuals registered simultaneously using and dealing with cannabis was 324 (43.7 %); using and dealing with heroin – 163 (22.0 %), using and dealing with cocaine – 36 (4.9 %), using and dealing with synthetic drugs – 218 (29.4 %).

The number of individuals arrested with drugs on them in 2008 was 2,847. In 2007 they numbered 2,699, or the increase is around 5 % (see Table 9-2). Of them 2,601 were male, and 215 – female.

<table>
<thead>
<tr>
<th></th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2006</td>
</tr>
<tr>
<td>Total number</td>
<td>2,524</td>
</tr>
<tr>
<td>Bulgarian citizens</td>
<td>2,498</td>
</tr>
<tr>
<td>Foreign citizens</td>
<td>26</td>
</tr>
</tbody>
</table>

Source: National "Police" Service, MI

On the data of the police in 2008 there were a total of 2,601 claim files submitted for instituting preliminary proceedings against drug users and/or drug dealers. That number has increased by nearly 9 % compared to the number of claim files in 2007 (2,391) and in 2006 (2,397). The greatest number of claim files submitted in 2006 was that by MDIA – 1,340, and next come the Regional Directorates in Varna (185), Plovdiv (178) and Blagoevgrad (142). Of the total number of claim files 2,098 are versus drug users and drug dealers, and 503 are against drug dealers.

The ratio “drug users and drug dealers/drug dealers only” is increasing in comparison to the preceding years and is already above 4:1 (see Table 9-3).

<table>
<thead>
<tr>
<th>Year</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Versus individuals drug users and drug dealers</td>
<td>1,892</td>
<td>1,965</td>
<td>2,098</td>
</tr>
<tr>
<td>Versus individuals drug dealers</td>
<td>505</td>
<td>426</td>
<td>503</td>
</tr>
<tr>
<td>Total number of claim files</td>
<td>2,397</td>
<td>2,391</td>
<td>2,601</td>
</tr>
</tbody>
</table>

Source: National "Police" Service, MI

Anti-social behaviour and crimes perpetrated by minors and underage individuals

In 2008 the number of individuals registered at the children’s pedagogic services (CPS) for the anti-social acts perpetrated by them was 7,952 (down from 9,561 in 2007 or nearly 17 % less). Of them minors (from 8-13 years) were 2,102, and underage (14-17 years)
– 5,850. For 401 children the reason to be registered at the children’s pedagogic service was the use of alcohol, and for 314 – drug use.

The number of children who committed offences in 2008 was 6,043 (it was 6,978 in 2007 or there is a drop of more than 13 %). Of them 1,321 were minors, and 4,722 - underage. According to the indicator drug-related crime the National Institute of Statistics reported the acts of 203 children.

In 2008 the number of school dropouts decreased by 21 % (from 2,044 in 2007 to 1,615 in 2008). At the same time there was observed a drop in the number of minors and underage registered at the CPS for prostitution and homosexuality by 24 % (from 276 children in 2007 to 210 in 2008), and for alcohol abuse by nearly 15 % (from 471 children in 2007 to 401 in 2008). The drop of the number of individuals who have used drugs is great– by 36 % (from 492 children in 2007 to 314 in 2008). (see Table 9-4)

Table 9-4

MINORS AND UNDERAGE INDIVIDUALS PERPETRATORS OF ANTI-SOCIAL ACTS AND CRIMES (2000-2008)

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children registered at the CPS for the anti-social acts committed by them</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total for the country</td>
<td>10,322</td>
<td>11,070</td>
<td>13,196</td>
<td>13,343</td>
<td>12,407</td>
<td>10,765</td>
<td>9,651</td>
<td>7,952</td>
</tr>
<tr>
<td>including:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>555</td>
<td>554</td>
<td>612</td>
<td>721</td>
<td>802</td>
<td>652</td>
<td>471</td>
<td>401</td>
</tr>
<tr>
<td>Drug use</td>
<td>872</td>
<td>846</td>
<td>841</td>
<td>920</td>
<td>584</td>
<td>473</td>
<td>492</td>
<td>314</td>
</tr>
<tr>
<td>Children perpetrators of crimes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total for the country</td>
<td>8,662</td>
<td>8,653</td>
<td>9,607</td>
<td>10,146</td>
<td>8,570</td>
<td>8,541</td>
<td>6,043</td>
<td></td>
</tr>
<tr>
<td>including:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug-related crimes</td>
<td>394</td>
<td>385</td>
<td>379</td>
<td>252</td>
<td>232</td>
<td>203</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: The National Institute of Statistics

In 2008 the drug-related crimes solved by a sentence numbered 746, which is a drop by more than 28 % compared to 2007 when they numbered 1,038. The numbers of the individuals sentenced for drug-related crimes are similar – 762 in 2008 compared to 1,101 in 2007.

Other crimes (e.g. against property, illegal prostitution, illegal prescriptions, drug-related violence; driving, etc.)

There is no available updated information on other drug-related crimes.

Prevention of drug-related crime

There is no available updated information about crime prevention.
Interventions in the criminal justice system

There are different alternatives of imprisonment of the drug using offenders, but it is still not possible to estimate how the alternatives are used and/or how effective they are\textsuperscript{115}. In almost all the countries from the EU there are measures to prevent the spread of infectious diseases, but there is a discrepancy between the services for harm reduction which are provided to free individuals and the services which are provided in prison.

The alternative to imprisonment is probation. Pursuant to Art. 42a from the Criminal Code this penalty is defined as a combination of restrictive measures for control and influence without imprisonment, which are enforced in combination or separately. These measures include:

- Compulsory registration of residence;
- Periodical meetings with the probation officer;
- Enrolling in qualification courses and programs for public influence;
- Prohibition to visit the sites, regions and recreational sites specified in the sentence;
- Community work;
- Corrective labour.

In the Republic of Bulgaria the “probation” penalty shall be enforced pursuant to the regulations of the Criminal Code, The Penalty Enforcement and Retention in Custody Act and the Implementing Regulation\textsuperscript{116}. Its enforcement started officially on 01\textsuperscript{st} January 2005 with coming into effect of the Penalty Enforcement Act. From this fact originated the structuring of the probation services. The established structure of the probation services corresponds to the territorial and administrative division of the country. Each service has its head and instructors, who organize and monitor the activities related to the enforcement of the penalty, as well as a technical assistant. Depending on the number of the population and the crime-generating situation in the respective region the regional services have different number of employees. In March 2005 the structuring of the services was completed. 27 regional services “Penalty Enforcement” have been established, which are operative on the territory of the judicial regions of each district court or a total of: 27 regional services with 112 sections to them corresponding to the region of activity of the district court.

Probation Councils have been established at the probation services. They include representatives of the municipalities, the regional directorates of the MI, the territorial structures of healthcare, education and welfare. For a more thorough influence on and assistance to the offender’s personality different specialists may be included. Such are the representatives of the monitoring committees, of different types of NGOs, public figures, religious figures, and volunteers. Pursuant to Art. 203, Para. 3 the Probation Council makes decisions about:

- The sites where the community work is to be done;
- The selection of the volunteers and of the NGOs involved for the assistance of the probation activity;
- Preparing motions to the respective court under Art. 43a from the Criminal Code (If the sentenced individual for no valid reason fails to obey the probation measure imposed on him/her on a proposal from the respective Probation Council the court may impose another probation measure or may totally or partially commute the probation for imprisonment);

\textsuperscript{115} Communication from the Commission on the 2007 Progress Review of the implementation of the EU Action Plan on Drugs (2005-2008)

\textsuperscript{116} Source: “Penalty Enforcement” Chief Directorate
• Preparing an opinion to the respective prosecutor for imposing compulsory medical measures under Art. 89 - 92 from the Criminal Code.

When the crime has been perpetrated by an individual suffering from alcoholism or other addiction the court may, alongside with the penalty, rule compulsory treatment. When penalty has been imposed without deprivation of liberty, the compulsory treatment shall be done at health establishments of special regime of treatment and labour. The compulsory treatment of the sentenced individuals shall be done during the period of the penalty enforcement. The period of the compulsory treatment is deducted from the time of the penalty. When necessary, the court may ordain the treatment to continue after the sentenced individual has left the prison – at the health establishments indicated in Para. 2. The compulsory treatment shall be discontinued by the court when it is no longer necessary to continue it.

**The probation measures shall be enforced at the present address of the sentenced individual.** On grounds of Art. 205, Para.2 from the *The law of the performance of punishments and the arrests* by an order of the Chief Governor of the “Penalty Enforcement” Chief Directorate the location where the probation measures are imposed on the sentenced individual can be changed.

The enforcement of the probation regarding underage sentenced individuals shall be realized by a specialized probation officer from the probation office together with an inspector from the children’s pedagogic service.

Probation does not exclude, but adds to the suspended sentence restriction of rights to which the sentenced individual is subjected, under the threat of a more severe penalty. The regional probation offices are obligated to organize the inclusion of the sentenced individuals in courses for improving their qualification, in literacy courses, for acquiring professional skills as well as for coping with different addictions.

In the system of the “Penalty Enforcement” Chief Directorate since 2005 the conviction most often enacted to dependent individuals for minor offences is probation for a period of 6 months to 18 months or 20 - 36 months.

**The probation measures most often imposed are the compulsory measures under Art. 42a from the Criminal Code.** The second most strict probation measure imposed by the court is “community work” followed by the probation measure “corrective labour”, “inclusion in courses for professional qualification, in programs for influence by the public and restriction orders.”

In 2008 probation already accounted for 53.8 % of all penalties. It is stipulated for it to be transformed into electronic monitoring – electronic system through which the sentenced individual will not only be under surveillance, but also his/her conduct will be controlled – e.g. alcohol and drug use, etc.

**Drug use and problem drug use in prisons**

According to the database maintained at the “Penalty Enforcement” Chief Directorate in 2008 at the places of deprivation of liberty a total of 1,542 individuals were registered as dependent or with problem use of psychoactive substances (in 2007 they numbered 1,143, and in 2006 – 1,752 individuals), which accounts for around 15 % of the whole prison population during the year (9, 983). (see Table 9-5)

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117 Peter Vassilev, Director of “Penalty Enforcement” Chief Directorate, Scientific and Practical Conference of the Center of Judiciary Sciences the Bourgas Free University, April 2009

118 Source: “Penalty Enforcement” Chief Directorate
### Table 9-5

<table>
<thead>
<tr>
<th></th>
<th>Cannabis</th>
<th>Cocaine</th>
<th>Heroin</th>
<th>Amphetamines</th>
<th>Ecstasy</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use before imprisonment:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever in lifetime</td>
<td>281</td>
<td>80</td>
<td>842</td>
<td>280</td>
<td>103</td>
<td>56</td>
<td>1542</td>
</tr>
<tr>
<td></td>
<td>(2.81%)</td>
<td>(0.80%)</td>
<td>(8.43%)</td>
<td>(2.80%)</td>
<td>(1.03%)</td>
<td>(0.56%)</td>
<td>(15.44%)</td>
</tr>
<tr>
<td>In the last year</td>
<td>240</td>
<td>56</td>
<td>706</td>
<td>52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2.40%)</td>
<td>(0.56%)</td>
<td>(7.07%)</td>
<td>(0.52%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Use in prison:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last year</td>
<td>74</td>
<td>40</td>
<td>108</td>
<td>95</td>
<td>5</td>
<td>37</td>
<td>359</td>
</tr>
<tr>
<td></td>
<td>(0.74%)</td>
<td>(0.40%)</td>
<td>(1.08%)</td>
<td>(0.95%)</td>
<td>(0.05%)</td>
<td>(0.37%)</td>
<td>(3.6%)</td>
</tr>
<tr>
<td>In the last month</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.01%)</td>
<td>(0.05%)</td>
<td>(0.05%)</td>
<td>(0.05%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** “Penalty Enforcement” Chief Directorate, Ministry of Justice; NFP

The data comprise sentenced individuals, accused and defendants registered at the “Penalty Enforcement” Chief Directorate who have personally shared with the healthcare workers about using drugs during the obligatory initial examination or on some other occasion when visiting the medical service of the prison. The deteriorated health state of the dependent individuals is related to a number of somatic complaints because of which they are frequent visitors to the doctor’s surgery at the prison. The patients with co-morbidities often demand treatment not only because of symptoms due to their addiction, but because of mental or somatic complaints. In this sense their specific complaints are best recognized and intervened by the doctors, psychiatrists and social workers, responsible for the case.

Of all the 1,542 individuals tested 78 were female, 345 were aged between 18 and 25 years and 1,197 were aged above 25 years. The mean age of most of the sentenced individuals who have shared about a problem with drug use was around 27 years.

For comparison the mean age of all the individuals in the places of deprivation of liberty is 35 years. Of them 313 are female of mean age 32 years, and the underage (14-17 years) are 72.

The substances most often used in prison are heroin - 8.43 % have sometime in their lifetime used it, cannabis (2.81 %) and amphetamines (2.80 %). In prisons again the substance most often used is heroin (1.08 %), followed by amphetamines (0.95 %) and cannabis (0.74 %).

The severity of the problem for the penitentiary institution and the efforts of the penitentiary administration to provide specialized care for the individuals dependent on psychoactive substances as a trend of harm reduction holds unchanged in the course of time. The difficulties in treating the dependent individuals at the places of deprivation of liberty have multiple dimensions. The number of cases of regime breach, which they commit, the enhanced need of specialized approach and treatment and the related to all this medical and therapeutic interventions and the growing volume of documentation they are written in are only a small part of the problems related to their treatment. Their quality aspects are too individual, because the drug dependent deprived of liberty individuals definitely need specialized treatment – from a psychological, social, medical and regime...
aspect. On the territory of the penitentiary institution they face a number of restrictions, and a not insignificant part of their needs is difficult or impossible to meet because of the restrictions of the environment or the lack of sufficient financial or human resources.

On the other hand the comparatively not insignificant number of dependent individuals in the places of deprivation of liberty creates specific milieu affecting the atmosphere and sets up prerequisites for increased interest and demand and for breaches of the regime. These conditions considerably increase the risk for the dependent individuals to become vulnerable and in the end impede their specialized treatment and influencing. The process of their treatment is seriously hindered by the ever-increasing need of funding the initiatives related to their physical and mental health - specialized tests, consultations, examinations by external specialists, etc.

In 2008 a total of 1,937 examinations were done at the medical centers in the places of deprivation of liberty by external specialists. The deteriorated somatic heath of the dependent individuals in the penitentiary environment is directly related not only to their growing vulnerability because of the complicated condition, but also because of the additional infecting by different infectious and sexually-transmitted diseases. Alongside with this the exceptional strain, related to the isolation, the permanent control and the restrictions of the regime affect their unstable mental state. This necessitates their permanent consulting by the psychological services and by the psychiatrists working at the prisons and the intensive individual work with the social workers.

286 deprived of liberty individuals with marked abstinence symptoms which necessitated timely intervention to cope with them underwent detoxification. Their comparatively small number is due to the fact that the abstinence symptoms are most often manifested in the investigative detention chambers, where they are tens of time more frequent.

In spite of the great dynamics among this category of detained individuals, which is due to the amendments of the retain in custody measure as well as to imprisoning them, the trend of increasing the number of dependent individuals staying in the arrests remains stable. Given as per cent this increase is more than 10 % annually and probably it will remain stable in the course of time and this will lead to increasing the number of drug dependent individuals in the investigative detention chambers. The drug dependent individuals going to these chambers suffer predominantly by abistent syndrome which often necessitates emergency medical detoxification and application of different crisis psychological techniques.

An alarming trend, the indices of which remained stable in 2008 too, is the drug use by the traditional criminals and by other at-risk and problematic groups of the population, whose marginalization and de-socialization all the more often correspond to manifestations of deviant activity. This is the environment of the most frequent drug users in the places of deprivation of liberty.

The fact that the number of drug users who daily use different types of drugs is not growing among the individuals deprived of freedom is to some extent reassuring. For the period the rate is around 3 % of all individuals sentenced. This is also a favourable characteristic of the prison population, because they are responsive to therapeutic interventions. The medication and specialized therapeutic treatment of the drug dependent deprived of freedom individuals is more fully combined with the measures consistently applied in relation to the general penitential treatment and maintaining the safety in the prisons and prison boarding houses.

The number of drug dependent individuals who sometimes use the drug by injecting also remains stable, even though during the last year there were more and more dependent deprived of liberty individuals who were rather poly-drug dependent and have never injected heroin, when it was the drug preferred by them. They account for not a great per cent of the whole prison population of dependent individuals, but they manifest other characteristics- striving to achieve the desired effect irrespective of the substance
preferred, and the means to supply the drug may be most various. In this sense the criminal variety of acts, aimed at supplying the funds to satisfy the need of the drug is great.

In conclusion we may say that the ambition of the penitentiary system and of the specialists involved with the problems of the drug dependent individuals is to seek and study the possibilities to enrich the practices for work, as well as to actively use the experience acquired to quickly introduce different approaches and prevention programs and treatment of the dependent individuals deprived of liberty. In the same direction are the efforts to realize a number of initiatives to provide regular testing for transmitted diseases which will directly correspond to the increase in the number of the HIV-positive individuals and the infected with hepatitis sentenced individuals in the prisons.

Responses to the health consequences related to drug use in prison

The deprived of liberty individuals are subjected to medication treatment. On going to prison they are included in Methadone Program, and in some cases they are treated by capsules of Substitol. The medical services in prison also continue the treatment initiated after the detention of the individual. The medication is sometimes provided by the relatives, but there are also cases when the physician of the prison meets the specialist pointed by the imprisoned individual and provides the necessary quantity of the medication /with no payment from the fund of the prison/. During the medication treatment the deprived of liberty individuals are under surveillance by the respective inspector of social and educational activity and they have periodical visits to the psychologist and regularly visit the Medical service.

Till the end of 2008 61 individuals have continued their Methadone treatment. Two individuals have left the places of deprivation of liberty and have continued their treatment.

At the specialized psychiatric ward of the Lovech prison 40 individuals with drug dependence have been admitted for treatment.

In 2008 the members of the staff continued to improve their competence in the sphere of dependencies, by participation in trainings organized by different NGOs and conductance of specialized seminars on the topic.

The groups formed at the beginning of the year for long-term work with the dependent individuals from the prisons in Stara Zagora, Lovech, Varna, Belene, Pleven, Plovdiv, continue to work. There are also newly-formed groups for short-term programs at the prisons in Stara Zagora, Bourgas, Bobov Dol Vratsa, Sliven, Lovech and Plovdiv.

The problems remain of the funding of the procedures for regular testing with poly-tests, the training and the development of the ability to work with dependent people, the sharing of experience and the applying of the good practices. Some of these activities have been scheduled for implementation jointly with the British Penitentiary Service according to a twinning project, and for some of them additional funding is necessary from other projects.

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119 Source: “Penalty Enforcement” Chief Directorate
120 Report of Directorate “Coordination of informational and analytical activities” to the Ministry of Interior for the implementation of the Action Plan of the National Strategy to Combat Drugs, 2008
10. Drug markets

Within the frames of this section the following main topics will be considered:

- Availability and supply;
- Drug seizures;
- Price and purity of drugs at street level.

On considering the topic of the availability of drugs and the means of supply attention has been focused on the information and data related to the manufacture, sources of supply and the models of trafficking in the country and abroad, and different settled routes and ways of production are pointed. On presenting these issues information has been used mainly from the Annual Situational Report on the traffic and distribution of drugs on the territory of the Republic of Bulgaria in 2008 prepared on grounds of the information from the “Counteraction to Organized and Serious Crime” Directorate (COSCD), “Counteraction to Total Crime” Directorate (CTCD), “Border Police” at the Ministry of Interior, “Economic and Financial Security” Directorate, “Financial Intelligence” Directorate at the State Agency for National Security (SANS) and “Customs” Agency at the Ministry of Finance.

The quantity and number of seizures is the emphasis when analyzing the second topic in the section and attention has been focused on the general trend as well as on the data according to types of substances and in some cases- according to institutions. Information has been used mainly from the Ministry of Interior and from the “Customs” Agency at the Ministry of Finance.

In this report the topic of price and purity of drugs at street level is presented using information concerning the price at street level (on data from two sources- police and the local regional institutions), as well as the purity of drugs at street level and the composition of drugs. When presenting these issues information and analyses have been used from “Police” National Service and from the Regional Councils on Drugs and the Forensic Science Institute (FSI) at the MI.

Availability and supply

The geographical situation of the Republic of Bulgaria predetermines to a considerable extent the attempts of the international criminal structures to use its territory as a site to construct routes for trafficking drugs and precursors. This poses the immediate danger of the so-called “dispersion effect of drugs” which is an integral part of trafficking and affects the dynamics and the situation of the home drug market. The development of the local drug markets in the transit countries is a part of the tactics of the international organizations involved with trafficking. In this sense we should also evaluate the danger of increasing drug-related crime, including criminal offence, committed under the effect of drugs or with the aim of providing resources to buy them.

In the context of the drugs scare it is obvious that the drug-related crime and its negative effect in almost all the sphere of public and social life can be related to the factors concerning the national security of the countries. In international aspect the main risks are
cross-border crime and terrorism, and in national - intensifying corruption, weakening of the unified economic area and damaging economic security, increasing the death rate and the concomitant morbidities, social differentiation and demographic drop.

**Perceived availability of drugs, exposure, access to drugs**

In 2008 a stable level of heroin use continued to be observed at the drug market in some regions, but in others there was a drop (Sofia- city and district, and the regions of Bourgas, Veliko Turnovo, Vidin, Kyustendil and Sliven). In the regions of Varna and Pleven heroin continues to be the drug most widely supplied and in Gabrovo there has been an increase in the number of heroin dependent individuals. Over the year there has been an impaired quality of the doses - low per cent of the content (8 - 10%). The trend holds of heroin being more widely supplied at national and regional level because of its reduced demand. In the scheme of supplying heroin the Roma districts which are original fortresses are also included. In some towns this form of supply has an extremely strong effect on the market. In Varna, e.g., around 80% of the heroin is already being sold in the Roma district. In Kyustendil and in Vidin in the Roma districts the Roma people actively participate in the trade of heroin. In Plovdiv an emblem in this respect is the Roma district of Stolipinovo, where the heroin supply is facilitated by a concentrated and significant in number and compactness Roma population, which is a prerequisite for its transformation into a warehouse for drugs. Drug dealing in the neighbourhood is not related to organized crime and the problem should rather be considered as social and cultural.

The operational information from the structures of the Ministry of Interior reveals that the cocaine supply at the drug markets in the country is growing. An expansion of the borders of the cocaine market is observed, triggered by its increased use, which is a result of the participation of Bulgarian citizens in its trafficking. Cocaine is mainly used in the country by well-to-do people, souteneurs and foreign tourists, etc. There is evidence about organizing regular cocaine parties at the week ends with the participation of rich businessmen, in special summer houses in the vicinities of Sofia and at other selected sites in the country. The COSCD in the capital, in Kyustendil, Pleven, Turgovishte, Stara Zagora, Silistra, Sliven, Bourgas, etc., confirm the increased demand of cocaine and in some of the regions there was observed an increase of the price of the dose.

**Drugs origin: national production versus imported**

Over the last 4 years the heroin market worldwide develops at relatively constant rate depending to a great extent on the opium manufacture in Afghanistan, the country which produces the main quantity of the raw stuff for the manufacture of heroin.

The main countries cocaine - producers are Columbia, Peru and Bolivia, as well as other countries in South America. In spite of the efforts of the international community, the production of cocaine in those regions is increasing annually.

The European cocaine market is still under the control of the Columbian organized criminal groups, even though European criminal groups are also in direct contact with suppliers from South America. The trafficking is done by ships, landing in Spain, the Netherlands, the UK, Italy, Greece and Croatia. The importance of West Africa as intermediate point is growing. The wide uncontrollable coastline, the boundaries between the West African countries which are poorly controlled, the poverty and the high level of corruption are factors facilitating and helping drug trafficking. The trend of using different African countries as temporary depots and consequently as points of departure for cocaine and heroin trafficking to Europe is ever growing. Available operational data show

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121 See: Annual situational report on drugs trafficking and supply on the territory of the Republic of Bulgaria in 2008
122 See the above.
that the organized criminal Columbian groups come in contact with groups from Morocco, in order to use the route of hashish. According to the UN report the annual profits from cocaine trade amount to € 300 billions.

Within the frames of the EU the most important producers of synthetic drugs are the Netherlands, Belgium, Poland, Estonia and Latvia, and of greatest capacity were the manufacturing bases in the Netherlands, and to a lesser degree- in Belgium. Over the last years there has been a trend of increasing the trafficking and demand of ecstasy, produced in Western Europe, but it is also noted that its production is re-located to North America, Oceania and some countries in Southeast Asia. Worldwide there is a tendency of localizing the manufacture within the countries consumers.

In a UN report in 2008 on the global estimation of the synthetic drugs supply it is said that the role of Southeast Europe in the manufacture and trafficking of synthetic drugs which are meant mainly for the Middle East countries - Syria, Israel, Saudi Arabia, Jordan, Kuwait and the United Arab Emirates is growing.

On tracing the manufacture of synthetic drugs at national level the conclusion may clearly be drawn that if manufacture really exists, it is of very small capacity, it is sporadic manufacture and on a definite errand. For the home market, which is steadily expanding, the option of equipping small laboratories of low capacity for manufacture at home cannot be ruled out.

The illicit drug of vegetable origin most widely produced and supplied in Europe and worldwide is cannabis (in all of its forms- marijuana, green mass, resin, hashish, oil). It is cheaply grown and is used shortly after being gathered with minimal processing.

In Bulgaria the main producer of cannabis is Southwest Bulgaria – the region of Petrich and Sandanski and Ograzhden, but it can also be found in other regions of the country- the desolate and difficult – to- access areas (the high parts of the Ograzhden mountain) some of which are nobody’s land and cannabis is hidden among the other agricultural plantations. For its growing people and old-aged owners – above 60 years - are used. Growing cannabis in many cases turns into the main “occupation” for some of the inhabitants of the villages in the municipality of Petrich. The operational information available shows that the trend still holds, and will probably grow stronger, of growing cannabis in conservatories with seeds imported from the Netherlands and a very good (affordable) equipment, the returns of the financial resources being big and quick.

Another way of using cannabis is hashish. Hashish comes to Europe from North Africa. Apart from Morocco - a main country-producer of hashish - Pakistan and Afghanistan are also significant sources. Mainly the countries in Western Europe are active hashish consumers, while in Bulgaria its use is limited.

**Trafficking patterns, national and international flows, routes, modi operandi; and organisation of domestic drug markets**

The geographical situation of Bulgaria on the shortest way between the manufacturer and user used by the international organized criminal groups (OCG) to transport heroin determines its exclusive importance in the expected process of intensifying the attempts of smuggling in 2009. Other routes are growing all the more important - “The North-Black Sea Route”, passing from Afghanistan through the ex-Soviet republics and Russia to Europe is not a new “modus operandi”, but because of the political and economic instability of this region is becoming most attractive for the OCG trafficking heroin.\(^{123}\)

In the trafficking of heroin the role of the sea route to Albania and from there to Macedonia and Kosovo will also grow. The intelligence shows that the region Albania-Kosovo-West Macedonia has been turned into an enormous warehouse for drugs and

\(^{123}\) There again.
Kosovo is the distributive point in the trafficking of drugs from the Western Balkans to
Western and Central Europe. According to an analysis of the Serbian police about Kosovo
the control of heroin trade in Europe (between 40% and 75%) is in the hands of around
30 Albanian families and each of them controls a definite region in Kosovo.

The heroin trafficking to Europe is dominated by Turkish OCG which is a logical
consequence of the geographical situation of Turkey—situated among the counties-
sources and counties-users. Besides Turkey has historical and cultural relations with the
countries-producers and through its diaspora- with the countries-users- the Netherlands,
Belgium, France, Germany, and Great Britain. The Netherlands is a point of secondary
distribution of heroin for the EU.

Apart from the big and well-organized criminal structures in heroin trafficking over the last
three years smaller groups, established and acting on territorial principle are participating
all the more actively. The leaders of these groups are in direct contact with the organizers
of trafficking channels at the highest level, they “work” with their permission and they
“account for” a great part of the sums, acquired by them through criminal activity, to them.
To accomplish this activity people mainly from outside the already known and controlled
criminal groups are involved. This trend is especially dangerous because of the fact that a
great number of “couriers” from different regions smuggle smaller quantities of heroin
(from 1 to 4-5 kg) the greater part of which is meant for the countries from Central and
Western Europe. The remaining part is meant to supply the needs of the home market. A
great number of these OCG act in the regions with mixed population. This is to a great
extent due to the fact that part of the population in those regions keep in contact with their
relatives who are related to trafficking heroin in Turkey, they are often not permanently
employed and have only limited financial resources. In many of the cases the desire to
participate in the OCG has been voluntarily initiated by the people themselves. The
problems caused by this criminal activity are several: comparatively small, but numerous
heroin shipments are smuggled in Bulgaria; part of the drug is “dispersed” in the country;
individuals who have not previously committed criminal acts become criminalized. The
small in quantity, but numerous heroin shipments, provide the organized criminal groups
with the option to reduce to a considerable extent the financial losses they suffer in case
the “courier” is detained.

Bulgarian citizens are all the more often actively participating in the trafficking of
large quantities of cocaine. They are included in the cocaine trafficking in several ways:
as couriers-swallowers (they are recruited from the groups of individuals of criminal record
of from the group of the socially disadvantaged Bulgarians); as couriers (hiding the drug in
hand-bags); by post parcels (small quantities are shipped by express courier companies);
by using marine craft (mainly yachts with predominantly Bulgarian crew).

It has been established that for the greater number of arrests of Bulgarians trafficking
cocaine on foreign territory the drug is not meant for the Bulgarian drug market, but for the
markets in Central and Western Europe. The international cocaine trafficking is also
facilitated by using fake identity cards, mainly on the part of foreign citizens.

The identified local OCG for cocaine trafficking are of two types: multi-national- structured
by citizens of different countries- Bulgaria, Romania, and Nigeria, and OCG, consisting of
Bulgarian citizens only. The leaders of the local OCG, smuggling small quantities for the
home market, are individuals mainly of African origin, with permanent residence in
Bulgaria. Only limited amount of cocaine, smuggled in the country by the couriers,
remains for the home market, because the use of cocaine is still low, although there is
evidence that the supply and demand of cocaine is increasing, mainly at the night clubs of
the big cities and at tourist centers, by Bulgarian, as well as by foreign citizens.

Some of the OCG with Bulgarian citizens participating in them caught out in Spain
intervene in cocaine trafficking. The Bulgarians are mostly responsible for the logistics of
the criminal activity- providing the marine craft, establishing illegal depots abroad (Spain),
buying airplane tickets and recruiting couriers in Bulgaria (mainly from the regions of Sofia, Pleven, Plovdiv, Veliko Turnovo, Lovech, Dobrich, etc.). The organizers of the trafficking by yachts are from Sofia, Shumen and Varna, but they stay in Spain, Italy, the Netherlands, and the yachtsmen are recruited from the regions of Bourgas and Varna. The criminal and intelligence data show that because of detecting and detaining yachts with Bulgarian captains, the OCG with Bulgarian citizens participating in them more often hire captains - Turkish citizens, and the crews are mainly Bulgarian. These OCG are in contact with criminal organizations in the Netherlands, Spain, Italy, Ghana and South America.

It is noticed about the criminal groups for trafficking smaller amounts of cocaine that in one and the same criminal group participate couriers - swallows, as well as couriers carrying the drug in hand bags. The participation of Bulgarian citizens in cocaine trafficking is also proved by a number of seizures outside the country of smaller quantities of cocaine from 0,5 kg to 10 kg hidden in the personal luggage or in the bodies of the Bulgarian citizens.

The organized criminal groups for **tabletting, dealing and trafficking of synthetic drugs** are mainly of two types: the ones consist only of Bulgarian citizens for dealing on the territory of Bulgaria, but the groups which manufacture and traffic the synthetic drugs are heterogeneous- with the participation of foreign citizens- mainly from Lebanon, Syria, Iran, Serbia, with permanent residence in our country, as well as Turkish citizens of Kurdish origin. The latter are in contact with criminal organizations from Turkey, Syria, Lebanon, Saudi Arabia, Iran, the Netherlands. The OCG with Bulgarian citizens participating in them deal with tabletting, mediation with those who have ordered the shipment, or organize the transport. The foreign citizens participate in the funding, mediation and in the transportation. On Bulgarian territory mediators for the deals with amphetamine aimed at subsequent trafficking are mainly individuals from Arabian origin with permanent residence in Bulgaria, who hire Bulgarian citizens for couriers.

For several years now attempts for smuggling small quantities of cathine have been detected (norpseudoephedrine) in cargo-shipments. In 2007 a total of 16,850 l and 352 tablets were seized, and in 2008 3 l were seized. For our latitude cathine is not traditional. It is a stimulant which is produced synthetically, but it is also contained in the leaves of the tree-like plant “Catha edulis” and is the most widely used stimulant in Yemen, Ethiopia and recently in the whole of Africa. The traditional use of cathine is chewing the leaves and the buds of the plant, which are active only a few days after picking. The active substance cathine and cathinone contained in the khat are structures similar in action to ephedrine and amphetamine.

A **stable orientation of the organized criminal groups to cannabis and synthetic drugs at the expense of the traditional hard drugs, particularly heroin, which is consistent with the demand on the market** is reported about the drug supply on the territory of the country. The specific characteristics of this market are that in view of the easy access to cannabis and its respectively low price it is considerably different from the market of the other types of drugs, which are as a whole controlled by the OCG, and are strictly hierarchical. For cannabis the market can be divided into two – OCG and the so called independent dealers, and this makes it difficult to control. ⁷²⁴
Drug seizures

Quantity and number of seizures of illicit drug seizures

In 2008 the counteracting to the trafficking and distributing of drugs on the territory of the Republic of Bulgaria continued to be a priority in the activity of all the law-enforcing institutions responsible for this.

The specialized services and agencies at the Ministry of Interior, the State Agency for National Security (SANS) and the Ministry of Finance are the main factor to reduce supply, they are partners in reducing demand and use of drugs and they initiate changes in legislation. The dynamic development of the processes resulting in crime-generating situation, the seriousness and the global character of the problems originating from the illegal manufacture, trafficking and distribution of drugs necessitate joining the efforts of the competent bodies at national level and expanding and promoting of the international cooperation to enhance the efficiency of combating drugs.125

As a result of the activity of the services at the Ministry of Interior, SANS (Sate Agency for National Security) and the “Customs” Agency in the sphere of counteracting the trafficking and distribution of drugs in 2008 on the territory of the Republic of Bulgaria drugs and precursors were seized whose quantities are indicated in the combined Table 10-1. It is important to add that in 11 of the cases the seizures were done in collaboration with “Customs” Agency and other law-enforcing structures:

- Jointly with COSCD - 81.101 kg heroin, 20 kg coca paste and 6.130 kg opium in 6 cases;
- Jointly with SANS - 58.500 kg amphetamine, 77.772 kg heroin and 3.151 kg opium in 3 cases;
- Jointly with COSCD Razgrad - 21.201 kg heroin in 1 case;
- Jointly with COSCD Haskovo - 2.080 kg heroin in 1 case.

Table 10-1

<table>
<thead>
<tr>
<th>Drug</th>
<th>Units</th>
<th>Units</th>
<th>Units</th>
<th>Units</th>
<th>Units</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COSCD</td>
<td>CTCD</td>
<td>SANS</td>
<td>Customs Agency</td>
<td>Total</td>
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<tr>
<td>heroin</td>
<td>kg</td>
<td>133.982</td>
<td>6.654</td>
<td>1,085.967</td>
<td>1,226.603</td>
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<tr>
<td>doses</td>
<td></td>
<td>13</td>
<td></td>
<td>13</td>
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<tr>
<td>cocaine</td>
<td>kg</td>
<td>0.631</td>
<td>1.307</td>
<td>8.189</td>
<td>10.127</td>
<td></td>
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<tr>
<td>paste</td>
<td></td>
<td>20</td>
<td></td>
<td>20</td>
<td></td>
<td></td>
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<tr>
<td>tea</td>
<td></td>
<td>0.596</td>
<td></td>
<td>0.596</td>
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<tr>
<td>marijuana</td>
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<td>10</td>
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<td>4908</td>
<td></td>
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<tr>
<td>green mass</td>
<td>kg</td>
<td>13,557.29</td>
<td>1,129</td>
<td>14,686.29</td>
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<tr>
<td>hashish</td>
<td>kg</td>
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<td>0.041</td>
<td>0.063</td>
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<tr>
<td>morphine</td>
<td>tablets</td>
<td>24</td>
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<td>cathine</td>
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<td></td>
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<td>3</td>
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<td>opium</td>
<td>kg</td>
<td>1,593</td>
<td></td>
<td>9.281</td>
<td>10.874</td>
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<td>synthetic</td>
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<td>31.654</td>
<td>50</td>
<td>157.74</td>
<td>486.035</td>
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<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>--------</td>
<td>--------</td>
<td>--------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>tablets</td>
<td>7,601</td>
<td>5,731</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>precursors</td>
<td>kg</td>
<td>153</td>
<td>42.904</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>tablets</td>
<td>47,423</td>
<td>47,423</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>liters</td>
<td>2.20</td>
<td>2.20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>psychotropic</td>
<td>tablets</td>
<td>1,260</td>
<td>1,260</td>
<td></td>
<td></td>
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</tbody>
</table>

*Source: Annual situational report on the distribution of drugs on the territory of the Republic of Bulgaria in 2009*

**The quantities of heroin detected and seized** by the law-enforcing services and agencies in Bulgaria in **2008 are around 1,227 kg**. The total amount of the quantities seized over the last 5 years at the border checkpoints and inside the country are 4,522 kg. The smallest amount of heroin seized was in 2005 (437 kg), and the greatest was in 2007 (1,300 kg), in 2008 there was a slight decrease in the quantities of heroin seized (see **Figure 10-1**).

![Figure 10-1](image)

**Over the last 6 years the quantities of cocaine seized** by the member countries of the EU are constantly increasing. This trend was also observed in Bulgaria over the period 2004-2006, but there was a significant decrease in 2007 (see **Figure 10-2**). In 2008 no big quantities were seized (10 kg). The biggest amount of cocaine seized was in 2005 and in 2006 (141.7 and 144 kg respectively). For a few years now a progressive trend is observed of making attempts of trafficking products - derivatives of cocaine.
Processes are also observed of **popularizing and expanding the synthetic drug market in Bulgaria**. The number of young people (mainly in the capital and in the towns of population of more than 100,000 people) using amphetamines and ecstasy is also increasing. The graphic representation of the quantities of synthetic drugs detected and seized over the last 5 years also shows that there are considerable fluctuations (see Figure 10-3). In 2008 489 kg of drugs were seized.

In Bulgaria cannabis has the greatest share of the quantities of drugs seized – 14,868 kg (dry and green mass) in 2008 (see Figure 10-4). This is more than a 4-fold increase compared to the preceding year and is the greatest quantity seized in the last 5 years.
The total quantity of drugs and precursors seized at the border-line checkpoints (BLCP) in 2008 amounts to 1,324.914 kg; 3,000 l, 48,683 tablets and 3 Peyote cactuses, including: 1,085.967 kg heroin; 9.281 kg opium; 8.189 kg cocaine; 0.060 kg coca leaves and 0.596 kg coca tea; 101.876 kg amphetamines; 1,260 tablets of psychotropic substances; 55.864 kg ecstasy; 0.136 kg marijuana; 0.041 kg hashish; 0.596 kg coca tea; 42.904 kg and 47,423 tablets ephedrine (precursor). For comparison in 2007 the total quantity of drugs and precursors seized was 1,224.451 kg, 9,412 tablets, 16.850 l and 10 cactuses, including: 977.421 kg heroin; 53.096 kg opium; 2.581 kg cocaine and 0.295 kg coca tea; 5.313 kg marijuana; 0.122 kg hashish; 0.001 kg amphetamines; 1.505 kg and 7 tablets ecstasy; 16.850 l and 352 tablets cathine; 9,053 tablets psychotropic substances; 0.718 kg hallucinogenic mushrooms; 10 Peyote cactuses; 0.044 g cannabis seeds and 183.355 kg ephedrine.

In the context of drug trafficking inside the country the “Counteraction to Organized and Serious Crime” Directorate, Counteraction to Organized and Serious Crime Services (COSCS) in Plovdiv, Varna, Stara Zagora, Razgrad, Blagoevgrad and Jambol have seized nearly 670 kg of heroin, meant for the countries from Central and Western Europe, 235 kg tableted amphetamines and slightly less than 60 kg amphetamine substance for the markets in the Middle East, around 21 kg cocaine, nearly 8 kg opium and 40 thousand tablets amphetamine. For comparison in 2007 inside the country those quantities were respectively nearly 580 kg heroin, 3.5 kg cocaine, a little more than 100 kg amphetamine substance, around 60 kg amphetamine tablets and 50 kg phenylacetic acid. As a whole during the year nearly 16% more heroin was seized, 500% more cocaine and 84.4% more amphetamines.

In 2008 by COSCS – Blagoevgrad and the other COSCS at the Regional Directorates of the MI in the course of massive specialized police operations more than 13.5 tons of dry and green mass cannabis and marijuana and 4,908 stalks cannabis were seized, and the main quantity seized was from the region of Petrich and Sandanski. The quantities seized in 2008 are comparable to those seized in 2000 (14.6 tons) and in 2003 (13.1 tons). For comparison in 2007 the quantities of dry mass and green mass cannabis and marijuana seized were 2.5 tons and 331 stalks.
At the BLCP the quantities of hashish seized in 2008 were 0.041 kg in 5 cases, and in 2007 – 0.122 kg in 17 cases, which suggests its limited use in Bulgaria.

The total quantity of drugs and precursors seized by the Customs Agency in 2008 amounts to 1,324.914 kg, 3 l, 48,683 tablets and 3 cactuses in 82 cases. Of them more significant were: heroin – 1,090.197 kg, amphetamine - 101.876 kg, ecstasy - 55.864 kg, coca paste and cocaine - 28.189 kg, opium - 9.281 kg, ephedrine - 42.904 kg and 47,423 tablets (see Table 10-2).

In 2008 the quantity of heroin seized by the Bulgarian Customs Administration (BCA) exceeded 1 ton, which is the greatest quantity seized over the last 7 years (see Figure 10-5).

For the first time in 2008 the BCA prevented 4 attempts of heroin trafficking with a total amount seized of 422 kg, for which an alternative to the classical “Balkan Route” of heroin has been used – from Iran, via the ex-Soviet republics (Armenia, Azerbaijan Georgia), by the Black Sea by ferry from Poti to Bourgas. Over the last year there were more and more cases when heroin was loaded on trucks even in Iran and passed directly through the territory of Turkey. The Turkish authorities managed to prevent several significant cases of smuggling at the Turkish-Iranian border. For this reason, as well as because of the strict control at the Bulgarian-Turkish border the Black Sea route is all the more actively used.

Cars continue to be the most often used type of transport for heroin trafficking, and in 2008 more than half of the heroin seized was found in cars (563 kg in 19 cases). A subsequent increase of the quantity per shipment is observed – from 20 to 30 kg in comparison to 2007. The importance of trucks for the illegal heroin trafficking (472 kg in 6 cases) remains the same. In 4 of the cases the drug was hidden in specially built secret places in the construction of the trucks (453 kg).

The offenders arrested numbered 66 from 13 different nationalities and 86% of them were citizens of the countries from South-Eastern Europe (Bulgarians, Turks, Macedonians, Romanians, Serbians and Croatians). Since 2002 the number of the Bulgarian drug couriers is constantly growing, and in 2007 they accounted for more than 50% of the individuals detained. In 2008 this negative trend still held, and the Bulgarian citizens, detained at the border for drug trafficking, already accounted for more than 67%.

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis resin (kg)</td>
<td>0.293</td>
<td>0.002</td>
<td>29.792</td>
<td>0.122</td>
<td>0.041</td>
</tr>
<tr>
<td>Cannabis grass (kg)</td>
<td>112.159</td>
<td>39.726</td>
<td>6.410</td>
<td>5.313</td>
<td>0.136</td>
</tr>
<tr>
<td>Cannabis plants (stalks)</td>
<td>-</td>
<td>-</td>
<td>400</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Heroin (kg)</td>
<td>808.197</td>
<td>324.499</td>
<td>492.804</td>
<td>977.421</td>
<td>1,085.967</td>
</tr>
<tr>
<td>Cocaine (kg)</td>
<td>0.116</td>
<td>131.460</td>
<td>63.333</td>
<td>2.581</td>
<td>8.189</td>
</tr>
<tr>
<td>Opium (kg)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>53.096</td>
<td>9.281</td>
</tr>
<tr>
<td>Amphetamines (kg)</td>
<td>409.801</td>
<td>406.718</td>
<td>281.802</td>
<td>0.001</td>
<td>101.876</td>
</tr>
<tr>
<td>Ecstasy (kg)</td>
<td>-</td>
<td>-</td>
<td>75.126</td>
<td>1.505</td>
<td>55.864</td>
</tr>
<tr>
<td>Ephedrine (kg)</td>
<td>-</td>
<td>-</td>
<td>9.430</td>
<td>183.355</td>
<td>42.904</td>
</tr>
<tr>
<td>Psychotropic substances (tabl.)</td>
<td>310</td>
<td>30,168</td>
<td>81,385</td>
<td>9,162</td>
<td>1,260</td>
</tr>
</tbody>
</table>

*Source: Customs Agency*
Over the last years there have been noticeable significant fluctuations in the trend of trafficking synthetic drugs (mainly amphetamines and ecstasy). Over the period 2003 – 2006 an average of 400 kg were seized each year, while in 2007 the trend drastically changed. The active trafficking of amphetamine directed to Turkey and the countries from the Middle East was significantly reduced. In 2008 101.876 kg amphetamines were seized and 55.864 kg ecstasy, which is a significant increase compared to 2007 (see Figure 10-6).

In 2008 the Customs Agency prevented 6 attempts of illegal trafficking of cocaine with a total amount seized 8.189 kg. Unlike the previous years, when mainly postal shipments
and air transport were used for trafficking this drug, in 2008 the biggest quantities seized were in buses and cars. For several years now there has been a growing tendency observed of making attempts of trafficking products - derivatives of cocaine - coca tea, leaves from coca and coca paste. In 2008 the Customs Agency seized 0.596 kg coca tea, 20 kg coca paste and 0.060 kg coca leaves.

In 2008 the biggest amounts of drugs smuggled in the country were detected by the customs officers at Kapitan Andreevo customs checkpoint, where 414 kg of drugs were seized. Second as per quantities of drugs seized comes Bourgas-Zapad harbour, which is not typical, and there 375 kg heroin were seized. At these two checkpoints, alongside with the third most actively used - customs checkpoint Malko Turnovo at the Bulgarian - Turkish border, a total of 780 kg of heroin were seized, which accounts for 72 % of the total amount of heroin seized.

In 2008 the sections for combating drug trafficking in the system of the Customs Agency took part in 4 international operations for combating illegal trafficking.

On 26th June 2008, the International Day to combat drugs, an international customs operation “DRUG STOP” was carried out to counteract the illegal trafficking of drugs and their precursors. For the time the operation was running the customs control over the land border was intensified, including the control over the internal borders with the EU, as a result of which the customs officers seized 1 kg of heroin.

Over the period October- November the international “INBUS” operation was carried out to combat the illegal trafficking of synthetic drugs by the international bus transport. As a result of the enhanced customs control within the frames of the operation 37.232 kg of heroin were seized, jointly with the “Drugs” department at the “Counteraction to Organized and Serious Crime” Directorate (COSCD) at the MI, 0.505kg cocaine and different goods, subject of customs and currency offences and crimes.

In November the “PROTEUS” international operation to counteract the illegal heroin trafficking along the “Balkan Route” was carried out. Bulgaria reported about 5 seizures: of 69.500 kg of heroin (as a result of the joint activity of the sections for combating drug trafficking at the Central Customs Administration and at the COSCD); illegal emigrants; fake trade mark; smuggling of items of trade.

At the end of November the “TOLEDO III” international operation was carried out against cocaine trafficking by using airway transport. As a result of the enhanced control within the frames of the operation an electronic device for copying data from bank cards was seized.

The traditionally good professional contacts and exchange of information between the “Customs” Agency and the specialized structures of the MI and SANS were maintained in 2008 too. An expert from the Central Customs Administration is on a long-term mission at the National Information and Analytical Section for Drugs, which is situated at the COSCD – MI.

In the second half of 2008 the “Customs” Agency together with MI took part in an international police operation called “ZADAR”, with the participation of Bulgaria, Germany, Austria, the Netherlands, Hungary, the Czech Republic, Italy, Croatia, Macedonia, Turkey, the Drug Enforcement Administration Home (DEA), Europol and Interpol for investigating and blocking the activity of criminal groups dealing with drug trafficking. Within the frames of the operation 37.232 kg of heroin were seized.

In 2008 the customs authorities, together with the competent bodies of the MI, and with the permission of the Supreme Procurator’s Office participated in carrying out 2 controlled shipments, as a result of which 20 kg of cocaine were seized on the territory of the country, hidden in a specially produced in a factory machine part and 95 kg amphetamines abroad.
Quantities and numbers of precursor seizures

Ephedrine became the most often smuggled precursor in the last 3 years. It is being carried in small quantities from Turkey through Bulgaria to the countries from Western Europe. In 2008 in 4 cases a total of 42,904 kg and 47,423 tablets ephedrine were seized.

In the sphere of controlling precursors the “Customs” Agency works in close collaboration with the other law-enforcing bodies, represented in the Interagency Committee for precursor control at the Minister of Economy and Energy. High level of operational interaction has been achieved, which respectively leads to quickly making decisions about issuing licenses and authorizations for import and export, holding inspections, as well as realizing and annihilating the seized precursors.

Number of illegal laboratories and other detected specific sites for drug manufacture and type of the narcotic substances manufactured there

There are no new updated data about the illegal laboratories and other detected specific sites for drug manufacture.

Price / Purity

Price of the drugs at street level

On the data of the “Counteraction to Organized and Serious Crime” Directorate (COSCD) and of the regional police departments in 2008 the prices of heroin and of cannabis remained relatively stable. A slight increase of €0.36 was registered for the price of heroin last year in comparison to its maximal price in 2007. The price of cannabis produced at home and of amphetamine substance is €2.56 the same quantity of Dutch cannabis is sold for €15.34. The minimal and the maximal price of a tablet of amphetamine in 2008 were respectively €2.56 and €5.11. A tablet of ecstasy has been sold from €5.11 to €7.67. Cocaine is the drug for which in 2008 a considerable increase of price was registered in comparison to the two preceding years with minimal price of €60.36 and maximal of €81.81. The price range for 2006 and 2007 was identical for the minimal and maximal price of respectively €50 and €60.

The data about the maximal price of cocaine presented by the Regional Councils for Drugs in 2008 do not differ from the ones presented by the law-enforcing bodies (€81.81 per gram). The difference between the two sources is the minimal price for which the regional bodies have pointed a value €9.23 less than the price pointed by the COSCD. No discrepancy has been registered about the minimal price of a tablet of amphetamine (€2.56). The highest price paid for it has been €20.45. The variations in the price for a gram of amphetamines start from €10.23 on the data from the Regional Councils for Drugs and reach up to a maximal value of €30.68. The price range for a dose of heroin in 2008 was from €1.53 to €7.67.

According to the information from the city reports in 2006 and in 2007 the price for a marijuana cigarette was stable about its maximal value of €1.29 while in 2008 there was an abrupt rise of €3.82 (last year the maximal price was €5.11). The minimal price was €0.51.

In comparison to the other member countries of the EU the prices of the main drugs in Bulgaria are within the frames of the general trend and the prices are slightly below the lower level of the European price range in 2006. The only exception is cocaine with a rise

See also Standard Table 16 in the Annex.

Source: Annual reports on the situation with drug-related problems of the Regional Councils for Drugs in Pazardjik, Bourgas, Smolyan, Sliven, Jamboi, Vidin, Razgrad, Kurdjali
from €7 to €10 of the maximal and minimal price while the existing European price range for cocaine is €50-75 per gram (see Table 10-3).

**Table 10-3**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Price in Bulgaria</th>
<th>Price in the other European countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>2.5</td>
<td>2.14</td>
</tr>
<tr>
<td>Heroin</td>
<td>30.68</td>
<td>30-45</td>
</tr>
<tr>
<td>Cocaine</td>
<td>60.36-81.81</td>
<td>50-75</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>13-15</td>
<td>10-15</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>5.11-7.67</td>
<td>3-9</td>
</tr>
</tbody>
</table>

**Purity / potency of illicit drugs**

The substances which are subject of illegal trafficking are analyzed at the laboratory of the “Drugs" Department at the Forensic Science Institute – MI, by the generally accepted in the European forensic laboratories methods: thin layer chromatography, gas chromatography, gas chromatography - mass spectrometry and infra red spectrophotometry.

A reduction of its rate of content was observed about the amphetamine, distributed in the form of powder in 2008. The admixtures in the amphetamine preparations are most often the well known caffeine and quinine, as well as benzocaine, paracetamol, pyramem, tetracaine, procaine, phenacetin, theophylline, aspirin, dipirona (metamizole) and lactose as adjuvans.

The admixtures to heroin have not been substantially changed- besides caffeine, paracetamol and pyramem samples with added dipirona and quinin have been tested. For cocaine the admixtures are: phenacetin, benzocaine, procaine, pyramem, lidocaine, and inert substances (adjuvans), like mannitol and dextrose.

**Composition of the illicit drugs and the narcotic tablets**

The data about the composition of the illicit drugs in tablets are given in Standard Table 15, an integral part of the present report. In 2008 the percentage of the tablets analyzed from Category 1 of this table (containing MDMA) has grown considerably and it is 60.7 % and 47 %. This increase is due not only at the expense of the tablets fro Category 2, tablets with amphetamines, but also of the tablets from Category 5 (Other – benzodiazepines, barbiturates, CPP, etc.). Also, the number of the tablets containing CPP has grown in Category 5 compared to the other types of tablets.

For the first time in 2008 a new substance for our illegal market was detected - 2C-B (2,5-dimethoxy-4- bromophenethylamine), contained in tablets.

129 The data summarized in the bulletin are for 2006.
130 Source: Forensic Science Institute
131 See Standard Table 15 in the Annex.
132 Source: Forensic Science Institute
Part B: Selected Issues
Markets

Contextual information: short history of the local growing of cannabis, shops for seeds and consumables for growing cannabis ("Grow shops")

By the middle of the 1990s in Bulgaria practically there was no developed market for cannabis products. At that time marijuana was still spread only on a small scale. There was no local growing, although the climatic conditions are favourable for growing cannabis.

On the data from surveys among students from the high schools in three towns over the period December 1995 – May 1996 those of them that had used marijuana at least once in lifetime accounted for 9.2 % of those surveyed, in the town of Sliven – 1.8 %, in the town of Kozloduy – 1.3 % (see Table 11-1). Compared to the second half of the present decade the level of this index in Sofia is around 35-40 %, for the towns of the type of Sliven – 20-25 %, and for the towns of the type of Kozloduy – 10-15 %.

Table 11-1

<table>
<thead>
<tr>
<th>Rate of the people who have at least once in lifetime used marijuana or hashish among the students over the period 1995-1996 (in %)</th>
<th>Sofia</th>
<th>Sliven</th>
<th>Kozloduy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• hashish</td>
<td>3.9</td>
<td>0.9</td>
<td>0.4</td>
</tr>
<tr>
<td>• marijuana</td>
<td>9.2</td>
<td>1.8</td>
<td>1.3</td>
</tr>
</tbody>
</table>

In spite of the comparatively limited use of cannabis in the middle of 1990s it was already the first drug of choice (alongside with the benzodiazepines) among the students aged between 14 and 18 years, who had some experience with drugs. Besides, cannabis was defined as an introducing drug, as well as as a secondary drug for almost 1/3 of those abusing heroin.

At the beginning of the present decade announcements already appeared that “the areas sown with cannabis are expanding, and also the quantities of marijuana distributed at the home market are respectively increasing. ... The processes of growing and realizing cannabis and marijuana are under the control of Bulgarian criminal structures.”

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133  1,111 students from 10 central schools in Sofia were included (representative for those schools), 796 students in the town of Sliven (representative for the secondary schools in the town) and 698 students in the town of Kozloduy (representative for the secondary schools in the town).

134  Source: National Focal Point on Drugs and Drug Addictions

135  National report, Ministry of Health, Bulgaria, 29th May 1997

Two years later it was registered and noted that: “In respect of trafficking, distributing and growing cannabis, the trend holds of growing it in the regions of Southwestern Bulgaria. Besides, cases have been detected of sowing large areas of cannabis in the Northeast of Bulgaria. Trafficking of marijuana from Albania via Bulgaria to Turkey is done. The sowing of areas in difficult–to-reach and uncultivated lands continues, as well as of areas owned by elderly people.”  

In 2004 the trend held of supplying the cannabis, pushed at the home market, from the plantations in the difficult–to-reach and uncultivated lands, mainly in the regions of Petrich and Sandanski and Ograzhden. Attempts have been made of growing cannabis in conservatories in towns. Because of its high price in Greece part of the quantities cultivated continue to be smuggled through the so-called “green border".

At the end of the decade the analyses of the competent structures of the MI and of the Customs Agency showed that for Bulgaria cannabis continues to be manufactured mainly in Southwestern Bulgaria - the region of Petrich and Sandanski and Ograzhden, but it can also be found in other regions of the country (the high parts of Ograzhden mountain), some of which are nobody’s land, or is hidden among other agricultural crops. For its growing elderly people and owners well advanced in years are often used–above 60 years of age. Growing cannabis in many cases becomes the main “means of living” for some of the inhabitants of the villages in the municipality of Petrich. The information available shows that the trend of growing cannabis in conservatories from seeds imported from the Netherlands and with very good (affordable) equipment still holds and will probably be reinforced. The returns of the financial resources are big and quick. The fact is disturbing that according to the citizens of the region of Petrich the favourable climatic conditions in 2008 helped growing cannabis. As a result of this the yield was higher than in preceding years. A conclusion is reached that the home market will be supplied and part of the production in small quantities, but of the best quality, will be trafficked to neighbouring countries, mainly Greece, because of the 4-fold higher prices there in comparison to Bulgaria. Part of the quantities are smuggled through the so-called “green border” or through the borderline check points by using the contraband channels established along the “Balkan Route”.

There are still no data about the availability and functioning of shops for seeds and consumables (grow shops) for growing cannabis in Bulgaria, including online.

Market shares of the users for the different products

According to some estimates the quantity of the annual consumption in the biggest and in the big towns of the country in 2007 was among 15,000 and 20,000 tons of cannabis in retail. The sums generated annually from marketing cannabis in the country vary from BGN50,000,000 to BGN66,000,000. The data show that the sums generated from marketing soft drugs have grown 10-fold in comparison to 2002–2003 when they were estimated to vary between BGN3,200,000 and BGN5,000,000 annually. At the same time data from different sources may be the grounds for orientation about the proportions between the respective share that the grass (marijuana) and the resin (hashish) as different cannabis products occupy at the drug market in Bulgaria. For example the quantity of the grass (marijuana) seized by the “Customs” Agency over the period 2004-2008 was a total of 163.74 kg, while the quantity of the resin (hashish) was

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137 Annual Report of the National Council on Drugs, Drugs Problems and Addictions in Bulgaria - 2004, NFP, 2004
138 See the Annual Report on the Drugs Problems and Addictions in Bulgaria - 2005, NFP, 2005
139 Source: Center for the Study of Democracy, Organized Crime in Bulgaria: Drugs and Trends 2007
A representative national study of the use of psychoactive substances in 2008 shows that 6.6% among the general population aged 15-64 years have used grass (marijuana) at least once, and 1.4% - have used resin (hashish) at least once. The collation of the two sources gives grounds for the assumption that the ratio grass (marijuana) : resin (hashish) on the market is approximately 5 : 1.

There is no information available about the import, manufacture or use of sinsemilla.

**Distribution of cannabis at national level**

The real boom in the distribution and use of drugs was observed after the democratic changes in 1989 and the following processes of liberalization, combined with the destruction of the repressive and control structures of the state. The favourable conditions for the development of the drug markets in the 1990s are related to the opening of the country to the outer world, which resulted in penetrating of foreign criminal groups in the country and in integrating of the newly appeared Bulgarian organized crime with the international networks for smuggling drugs through the border. The intensified traffic, in turn, resulted in the process of accelerated criminalisation through the appearance of hierarchically and territorially structured drug networks and the penetration of the drug in most of the Bulgarian towns - especially on the territory of the schools.

The members of the organized crime focused their attention on cannabis at the end of the 1990s. From that moment on the local criminal leaders initiated attempts to establish control over cannabis. Although the territory around the schools and the public places was periodically gained and lost, until 2001–2002 “the grass” was considered non-profitable drug. The main reasons for this were the low price and the unstable consumption. Unlike cocaine and heroin cannabis was nearly 100% supplied by home manufacture and the organized crime could not make use of its competing advantages - contacts with transnational drug networks, cross-border channels, etc. Moreover, the favourable atmospheric conditions open up the possibility of amateur growing cannabis at every site in the country. At the beginning of the present decade the market of cannabis products was already sufficiently mature and stable. The friendly trade and the short black entrepreneurs successfully satisfy demand, creating effective networks for buying up the cannabis crop, in wholesale and retail, encompassing the small settlements, too.

On the data provided by the Center for the Study of Democracy over the period 2002–2003 the markets controlled by the organized criminal groups (heroin, synthetic drugs and cocaine), were strictly differentiated and were not related to the cannabis market. Until 2003 in most of the big towns of the country (excluding Varna and Bourgas) the friendly trade and the independent dealers predominate. A process of monopolizing the distribution was observed. A merger of the distribution networks began, with simultaneous selling both synthetic drugs and marijuana. When the source of offering marijuana in the respective neighbourhood or town is called “the firm” or the “monopoly” this means that the structures of the organized crime have already gained control.

The analysis of the events reveals several basic trends of development, resulting in closing the market of marijuana and pushing out the friends-traders and the small entrepreneurs. Firstly, the structures of the organized crime in the biggest towns managed to put under control the wholesale deliveries. At the end of the 1990s, alongside with the cannabis dealers related to the organized crime, there were numerous small active

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140 See: Chapter 10 from the Annual Report on the Problems of Drugs and Addictions in Bulgaria - 2009, NFP
141 Attitudes and behaviour of the population in Bulgaria regarding the use of medications, alcohol and other substances in the country, a national representative study among the population aged from 15 to 64 years, National Focal Point on Drugs and Addictions and the Institute of Marketing and Social Studies MBMD, 5,139 individuals included, December 2008 – January 2009
142 Source: Centre for the Study of Democracy, Organized Crime in Bulgaria, Markets and Trends, 2007
participants in the market, who could be characterized as users-dealers and small black
entrepreneurs. They buy small quantities from the producers (usually about a kg of dry
cannabis) and sell it to their friends and relations. With the efficacy of the police
operations against the producers in the most notorious region (around the town of Petrich)
improving it is getting more and more difficult for a nobody, acting on their own, to
penetrate the market. On the information of the Center for the Study of Democracy over
the period 2004–2005 it was practically impossible for an unknown person to go to a small
village in Southwestern Bulgaria to buy cannabis. In some towns like Varna and Bourgas
the process of monopolization was extremely rapid even at the end of the 1990s. In other
towns like Plovdiv and Sofia gaining control was slower and more difficult. The reasons
are different: in the towns at the coast for example the punitive brigades of the organized
crime were quick to bring the alternative dealers under control, and there were no
producers of cannabis who could be available for the cannabis users near the towns. In
Plovdiv the situation was of a different quality: there the organized crime has no structures
developed outside the “Stolipinovo” neighbourhood, and the friendly networks buy
marijuana from acquaintances from the surrounding villages and hamlets.
As a whole the logic of organizing the distribution of cannabis is rather different from that
of the distribution of the other drugs. There are different examples of models of distribution
which can be summarized in two basic types:

1. Dealers begin selling “grass” for a percent from the sales, and besides they get
a regular salary and additional bonuses. They are usually recruited from the criminal
contingent of the neighbourhood, who have committed minor criminal acts and
hooliganism, and some of them are experienced with the sales at school. In many of the
neighbourhoods of Sofia and Varna they also play the role of special punitive brigades,
because they have either to incorporate or to clear the competition (the previous
marijuana dealers).

2. The second line is compelling the previous small dealers to work for the
bosses. The pressure is exerted by involving the police (by presenting information to it)
and through direct coercion. Besides economic arguments are used, like regular supply
with goods, guaranteed salary, etc. Some of the marijuana dealers are forced to sell
amphetamines. Apart from the dealers selling at schools dealers who so far have sold
mainly amphetamines for the regions in Sofia and Varna also participate in taking
possession of the cannabis market. Practically, if the typical marijuana seller at the
beginning of the decade was semiprofessional, even though the biggest part of his income
came from sales, he usually had another main occupation – he was either a university
student, or had another main occupation. By putting the cannabis market under the
control of the organized crime to be a dealer became a profession. 143

The reversal in 2004 of the regulation in the Criminal Code excluding criminal
responsibility for owning and distributing drugs regarding individuals dependent on drugs
when the quantity seized indicates that it is intended for a single use (the so called
personal dose) also affected the cannabis market and the main players in it. There is a
connection between the three versions of the act which have been in effect over the last 4
years and the distribution of drugs- the version which was in effect until April 2004, the
version which was in effect from the middle of 2004 until the end of 2006 and the one
which has been in effect after the beginning of 2007. With the introduction of the more
repressive version of the act in 2004 the number of the independent dealers gradually
decreased (the so-called single-member companies). In 2006 in almost all the regions of
Sofia and in the bigger towns of the country the herbal cannabis users declared that they
were buying from “a monopoly” or from a “firm” (as the dealers under control were called).
At the beginning of 2007 within the frames of a month or two independent dealers
appeared again. At the same time the old networks of organized crime continued to exist.
The data from the beginning of 2007 showed even a slight intensification of the control on

143 Source: Center for the Study of Democracy, Organized Criminality in Bulgaria: Markets and Trends, 2007
the part of the organized criminality in Sofia, Varna and Bourgas. This gave grounds to assume that while the more repressive version of the act was in effect (like that in the period 2004–2006) the independent dealers became more vulnerable and limited their activity considerably. The main reason for this was not so much the coercion and the scare of coercion, as the specifics of the police activity. It was nearly impossible to sell drugs effectively outside a small group of close friends, because independent dealers were actively being demanded and for finding them the bosses offered bonuses. The small independent traders detected became a focus of attention on the part of the police rather than victims of repressions. The two attempts of growing cannabis in conservatories in the center of Sofia and in its vicinities prevented by the police can be explained not so much by being fortuitous events, as by directing the police to those alternative sources of supply. This shows that the organized crime has made use of the law in order to take advantage in getting access to the cannabis crop, as well as in controlling the retail. A characteristic feature of the controlled market is the twice as high price for the same quality.

From the statement concerning the development of the cannabis market and the models of supplying cannabis the conclusion can be drawn that after 2004–2005 the organized crime managed to dominate the market of cannabis in the big towns. As a whole the networks of dealers, distributing marijuana, became part of the town and district structures for the distribution of drugs controlled by the organized crime. They, however, occupy a different place in the hierarchy. Several conditional types of distributing networks can be differentiated:

The first one is strongly centralized and specialized according to groups of drugs. A typical example of this was the drug market in Bourgas until the spring of 2007. In this model marijuana is one of the four substructures (besides heroin, synthetic drugs and cocaine). There is a lieutenant responsible for the marijuana, but he has no operative control of the dealers. This is usually done at the lower levels that are subject to another lieutenant. In Bourgas and the region (Nessebar, Slunchev Briag, Pomorie, Sozopol and other smaller coastal settlements the number of whose population in the summer increases several times) the market is of clear pyramidal hierarchy and over the last decade there has been no questioning the monopoly in the distribution of drugs.

According to this model all the fluxes join in one place.

In Varna and the regions of Sofia marijuana is probably part of a territorial model. Every criminal leader sells marijuana in his region, using his own dealer networks, and he buys marijuana from one or several channels.

In the smaller towns there exists a different model, based on the control of the distributive networks. A similar organization can be seen in towns like Blagoevgrad, Pleven, Dobrich, Haskovo, Sliven Razgrad, Silistra, etc. There different numbers of dealer groups sell marijuana, and they themselves take care to supply it. They are governed by internal rules when they distribute the income among themselves and they pay a rent (subtract from the total sum) to one or more persons in charge who have been licensed by the national bosses.

Analysis done by experts working in the sections of the MI and the Customs Agency shows that in the distribution of drugs on the territory of the country there is a stable orientation of the organized criminal groups (OGC) to cannabis and synthetic drugs compensating for the traditional hard drugs, heroin in particular, which is consistent with the demand at the market. The specific feature of this market is that because of the availability of cannabis and its low price it differs considerably from the market of the other

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145 In June 2004 in a flat in “Lozenets” district and in August 2007 in a summer house near Pancharevo conservatories for growing cannabis were detected. Source: Center for the Study of Democracy, Organized Crime in Bulgaria: Markets and Trends, 2007
drugs, which are as a whole controlled by the OCG and are strictly hierarchical. Regarding cannabis the market can be divided in two - OCG and the so-called independent dealers, which makes it difficult to control.  

**Retail price of cannabis, 2008**

The street price of cannabis varies significantly depending on the settlement, etc. The average price in the first half of 2007 in the biggest towns in the country was around BGN3,300 for kg. In 2008 a kg of cannabis manufactured in Bulgaria was sold at a price of BGN4,000 and the Dutch cannabis was sold at a price ranging from BGN25,000 to 30,000.

**Typology of the sale of cannabis**

The organized crime has a great advantage by applying its best working model of distribution- "**central telephone exchange**". By the middle of the current decade in Sofia, Varna and Bourgas this model became the dominating scheme of selling all the four types of drugs- heroin, amphetamines, marijuana and cocaine. Usually each drug is supplied by a definite group of couriers. The contact with clients may be organized in different ways which vary from organizing appointments in the town gardens to using taxis, which arrive at the address, take the client, give him the article and the client gets off the taxi 500 meters further. 

The model of “telephones and couriers” is extremely successful in a market that is rapidly expanding. While with the model “friends” the new participant who has decided to give it a try, has to wait for the dealer, to order in the presence of his friend and to wait for the drug to be supplied, with the telephone model just the telephone number is given and the courier comes. Besides the telephone model different exotic approaches are known, which are used by the organized crime. In some districts of Sofia, like “Gotse Delchev”, for example, the dealer of cannabis goes at definite time along a definite route where potential clients are waiting for him. This scheme resembles very much the heroin market from a decade ago. The control is preserved, and paradoxical cases may occur: at one of the high schools in Sofia the dealer is in the fifth class, and he sells to students from the senior classes. His young age probably is related to the fact that this raises less suspicion. On the other hand, his clients do not doubt that he is related to the criminal structures.

**Sources of cannabis and size of the deals**

There are no available updated data about the source of cannabis and the size of deals in Bulgaria.

**Seizures**

**Detecting plantations, 2006-2008**

The structures of the Ministry of Interior and the bodies of the pretrial proceedings and the customs bodies seize plants of the type of hemp (cannabis) which have been illegally cropped, illegally grown, processed and acquired, transferred, transported, stored, used, imported or intended for export and re-export.

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146 Annual situational report on the trafficking and distribution of drugs on the territory of the Republic of Bulgaria in 2008
The scientific and research and the scientific and applied institutes and laboratories at the Ministry of Interior, “Customs” Agency and the Ministry of Health are entitled to do expert study of the drugs seized under the conditions and according to the order, set by a regulation of the Council of Ministers.

The drugs and plants seized and their representative samples are deposited for safe – keeping at the “Customs” Agency at the Ministry of Finance after expert examination pursuant to the regulations of the Criminal Procedure Code. The remaining part of the drugs seized, obtained after the separation of the representative samples is deposited for safe-keeping at the “Customs” Agency according to an ordinance for destroying issued by the respective controlling prosecutor.

The narcotic substances and plants are destroyed after obtaining conclusion from the physical and chemical expert examination done. The representative samples and the narcotic substances of up to 1 kg are stored until the sentence comes into effect or until the criminal prosecution is extinguished by prescription, and after that they are destroyed.

Subject to destroying are all the illegally cropped plants of the type of hemp (cannabis), with a content of tetrahydrocannabinol over 0.2 weight percent. The plants are destroyed on the spot after doing a physical and chemical expert examination and obtaining representative sample, which is deposited for safe-keeping at the “Customs” Agency at the Ministry of Finance.

Minimal quantities of the substances subject to destroying can be used for the purposes of education and for keeping the working state of the dogs, detecting drugs, under the terms and conditions set forth in a regulation of the Council of Ministers.

The destroying of the plants, narcotic substances and their preparations and of the representative samples is done by a committee under the ordinance of a controlling prosecutor.

Pursuant to Art. 101 from the Drugs and Precursors Act an individual who crops, grows, imports or exports plants or seeds of the type of hemp (cannabis) with a content of tetrahydrocannabinol under 0.2 weight percent without authorization is punishable by a fine of BGN1,000 to BGN100,000. A person who fails to inform the supervising authorities about the availability of narcotic substances or their preparations which have become unfit for use, is fineable by BGN1,000 up to BGN10,000.

When the infringement is committed by legal entity they are punishable by penalty payment amounting from BGN10,000 up to BGN150,000. The infringements are established by statements completed by the control authorities. The penal provisions are issued by the respective minister or a person authorized by him/her, or by the chairperson of the Interdepartmental Committee on control of the precursors. The establishment of the infringements, the issuing, appealing and the enforcement of the penal provisions is done under the terms of the Administrative Violations and Sanctions Act.

In Bulgaria the quantity of cannabis seized is the greatest among the quantities of drugs seized – 14,686 kg (dry and green mass) in 2008. This is more than a four-fold increase compared to the preceding year and is the greatest quantity seized over the last 4 years (see Table 11-2). The quantity of marijuana seized decreased during the last three years, and in 2008 it was 22,444 kg. The quantity of hashish seized varied – in 2006 it marked the highest level (30,823 kg). During the rest of the years from the period considered (2005-2008) it was within the frames of 14-122 grams.
Southwestern Bulgaria is the main producer of cannabis in Bulgaria – the region of Petrich - Sandanski and Ograzhden, but cannabis can also be found in other regions of the country, where uncultivated and hard-to-reach lands are used (the high parts of Ograzhden mountain) some of which are no one's land or it is hidden among other agricultural plants.¹⁴⁹

That is why it is quite logical that the greatest quantities of cannabis seized are at the Regional Directorate of the Ministry of Interior, the town of Blagoevgrad – 9,096 kg dry mass in 2008 and 2,153 kg in 2007 which accounts for around 90 % of the quantity seized. (see Table 11-3). Other regions where there are quantities of cannabis seized are Pazardjik (533.66 kg), Varna (402.21 kg), Plovdiv (66.70 kg) and Sofia-city (30.82 kg).

Table 11-2

| DRUGS SEIZED OVER THE PERIOD 2005-2008 |
|-------------------------------|-----------------|-----------------|-----------------|-----------------|
| Year                          | 2005            | 2006            | 2007            | 2008            |
| Marijuana (kg)                | -               | 137.962         | 29.618          | 22.444          |
| Cannabis- dry mass (kg)       | -               | -               | 2521.315        | 1,0224.290      |
| Cannabis- green mass (kg)     | 4,211.295       | 1,735.015       | 697.256         | 4,462.000       |
| Cannabis- plants (stalks)     | 4,700           | 1,036           | 331             | 4,894           |
| Cannabis-plantations (decares)| -               | -               | 69.509          | 12.060          |
| Cannabis-seed (kg)            | -               | 0.924           | 0.064           | -               |
| Cannabis-resin, hashish (kg)  | 0.014           | 30.823          | 0.122           | 0.063           |

Source: National Information and Analytical Section on Drugs

Table 11-3

| QUANTITIES OF CANNABIS SEIZED BY THE “POLICE” REGIONAL DIRECTORATES (2007-2008) |
|-------------------------------------------------|-----------------|-----------------|-----------------|
| Regional Directorates of MI                     | 2007            | 2008            |
|                                                | Cannabis (dry mass) - in kg | Cannabis (plants) - in kg | Cannabis (dry mass) - in kg | Cannabis (plants) - in kg |
| Blagoevgrad                                     | 2153.200        | 0.000           | 9095.780        | 11.200           |
| Bourgas                                         | 3.180           | 0.200           | 6.800           | 0.000            |
| Varna                                          | 9.126           | 0.000           | 402.210         | 0.000            |
| Veliko Turnovo                                  | 1.593           | 0.000           | 2.110           | 0.000            |
| Vidin                                          | 0.008           | 0.000           | 0.130           | 0.000            |
| Vratsa                                         | 0.006           | 0.000           | 7.000           | 0.010            |
| Gabrovo                                        | 0.100           | 0.025           | 2.020           | 0.750            |
| Dobrich                                        | 2.351           | 0.001           | 6.220           | 0.000            |
| Kurdjali                                       | 7.777           | 0.000           | 0.760           | 0.000            |
| Kyustendil                                     | 26.036          | 0.200           | 3.950           | 0.000            |
| Lovech                                         | 17.351          | 0.170           | 0.360           | 0.000            |

¹⁴⁹ Annual situational report on the trafficking and distribution of drugs on the territory of the Republic of Bulgaria in 2008
<table>
<thead>
<tr>
<th>Location</th>
<th>Montana</th>
<th>Pazardjik</th>
<th>Pernik</th>
<th>Pleven</th>
<th>Plovdiv</th>
<th>Razgrad</th>
<th>Rousse</th>
<th>Silistra</th>
<th>Sliven</th>
<th>Smolyan</th>
<th>Municipal Directorate of MI in Sofia</th>
<th>Regional Directorate of MI in Sofia</th>
<th>Stara Zagora</th>
<th>Turgovishte</th>
<th>Haskovo</th>
<th>Shumen</th>
<th>Jambol</th>
<th>Directorate “Road Police”</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16.824</td>
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</table>

Source: “Police” Directorate, Ministry of Interior

Origin of the cannabis products seized, 2006-2008

There are no reliable updated data about the origin of the cannabis products seized.

Distribution of the cases of cannabis seizures according to product and quantity seized, 2008

There are no reliable updated data about the distribution of the cases of cannabis seizures according to product and quantity seized.

Offences

Cannabis related law offences, reported by the police, 2006-2008

According to the data of the regional “Police” directorates in 2008 the number of individuals dealing with cannabis was 332, which accounts for 40.8 % of the total number of the individuals registered for drug dealing (813). In 2007 the number of individuals dealing with cannabis was 232, or 39.5 % of the total number of the individuals- drug dealers registered in the year (587). (see Table 11-4)
The number of individuals cannabis dealers and users in 2008 was 324, which accounts for 43.7% of the total number of individuals, registered simultaneously dealing and using drugs (741). In 2007 the number of individuals dealing and using drugs was 353, or 50.0% of the total number of the individuals registered in the year simultaneously dealing and using drugs (706).

The conclusion that can be drawn is that over the period 2007-2008 the relative number of the individuals dealing with cannabis compared to the number of all the individuals registered for drug-related crimes maintains its level and marks a drop regarding the individuals simultaneously dealing and using cannabis.

The greatest number of cases registered of dealing cannabis in 2008 was at the Municipal Directorate of the Ministry of Interior (MDMI) – 122, followed by the Regional Directorates of the MI in Blagoevgrad (50) and in Plovdiv (29). (see Table 11-5) In 2007 the greatest number of cases registered of dealing cannabis was again by the MDMI – 78, followed by the Regional Directorates of the MI in Varna (26) and in Blagoevgrad (20).

The Municipal Directorate of the MI registered the greatest number of individuals dealing and using cannabis in 2008 – 95, which accounts for 29.3% of all the cases for this index. Next come the Regional Directorates of the MI in Haskovo (45) and in Plovdiv (33). In 2007 the MDMI again registered the greatest number of individuals dealing and using cannabis – 88. 33 individuals were registered at the Regional Directorate in Veliko Turnovo and 27 – at the RDMI in Stara Zagora.
| Region                | Municipal Directorate of MI Sofia | Regional Directorate of MI Sofia | | | |
|-----------------------|-----------------------------------|----------------------------------|---|---|
| Vidin                 | 0                                 | 2                                | 0 | 4 |
| Vratsa                | 1                                 | 2                                | 2 | 3 |
| Gabrovo               | 1                                 | 1                                | 0 | 1 |
| Dobrich               | 0                                 | 8                                | 0 | 9 |
| Kurdjali              | 0                                 | 18                               | 0 | 3 |
| Kyustendil            | 5                                 | 0                                | 8 | 2 |
| Lovech                | 0                                 | 0                                | 1 | 1 |
| Montana               | 1                                 | 2                                | 6 | 4 |
| Pazardjik             | 0                                 | 4                                | 1 | 4 |
| Pernik                | 3                                 | 8                                | 15| 5 |
| Pleven                | 10                                | 10                               | 3 | 1 |
| Plovdiv               | 16                                | 17                               | 29| 33|
| Razgrad               | 6                                 | 11                               | 0 | 1 |
| Rousse                | 0                                 | 2                                | 3 | 4 |
| Silistra              | 2                                 | 10                               | 0 | 11|
| Sliven                | 5                                 | 5                                | 4 | 4 |
| Smolyan               | 0                                 | 9                                | 0 | 2 |
| Municipal Directorate of MI Sofia | 78 | 88 | 122 | 95 |
| Regional Directorate of MI Sofia | 10 | 12 | 18 | 30 |
| Stara Zagora          | 7                                 | 27                               | 15| 25|
| Turgovishte           | 1                                 | 22                               | 8 | 7 |
| Haskovo               | 3                                 | 20                               | 5 | 45|
| Shumen                | 9                                 | 3                                | 13| 2 |
| Jambol                | 3                                 | 7                                | 0 | 2 |
| Directorate “Road Police” | 0 | 3 | 0 | 0 |
| **Total**             | **232**                           | **353**                          | **332** | **324** |

*Source: “Police” Directorate, Ministry of Interior*