



Phare

Phare Project on Drug
Information Systems
Bridging Phase

National Report
on the drugs situation in
Bulgaria

2000

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BULGARIAN NATIONAL REPORT
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April 2000

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PART I NATIONAL POLICIES: LEGAL AND ORGANISATIONAL FRAMEWORK

1. Trends and New Developments in Drug Policy

1.1. Philosophy, direction, scope, objectives

The preparing of a National Drug Strategy was one of the issues discussed during the meeting (held in October last year) of the National Council for Drugs. It was decided a working group for developing a strategy to be created. EU experts, will support Bulgarian authorities in the drafting of National Drug Strategy after the approval of a Project within the framework of National PHARE programme 2000, which main goal is elaborating such Strategy. There is a chance for Bulgaria to receive additionally 1 million EURO through this Project.

Supply Reduction Strategy

No separate drug specific strategy in the field of supply reduction

There is a draft of Supply Reduction Strategy prepared by working group from Ministry of Interior, which should be a part of the National Drug Strategy.

- *National Strategy for Counteracting Criminality* (1998)

Adopted by the Council of Ministers

Article 19 deals with drug trafficking and abuse (legal basis and sanctions relating to drug and precursor control; drug and precursor lists; programmes in the fields of supply reduction; trafficking; destruction of illicit cultivated plants; drug demand reduction and information policy)

Demand Reduction Strategy

- *National Demand Reduction Strategy* (1996-1999)
- *National Programme for Prevention* (1996)

Aimed mainly at schools; limited funding available

- Prevention included in wider health promotion and alcohol and tobacco prevention
- Demand Reduction included in National Strategy for Counteracting Criminality

1.1 Policy developments on specific issues of particular interest

1.2 Developments in public opinion and perceptions of drug issues

2. Developments in Legislation (new laws, directives etc.)

2.1 Drug laws

On 19 March 1999 the Act on Narcotic Drugs and Precursors Control was adopted by National assembly and came in force at the beginning of October 1999. It was created on the grounds of UN model Law on Drugs and Precursors and with accordance to the EU Regulations. Now the instructions for its implementation are under preparation.

It consists 9 chapters and also Transitional and Final Provisions. The Act regulated:

- the organisation, powers and assignments of the relevant authorities exercising control on the production, processing, trading, use, storage, import, export, transit, transfer, transport and reporting of drugs and precursors;
- the measures against abuse of and illicit traffic in drugs and precursors;
- the scientific research and expert work related to drugs and precursors.

The purpose of this Act is to regulate social relations with regard to the control of drugs and precursors in accordance with the requirements of the international treaties to which the Republic of Bulgaria is a Party.

The Drug Act provoked changing of the Code of Criminal Procedure.

The Act on Narcotic Drugs and Precursors Control initiated amendments in the Penal Code in order to cover all crimes related with drugs and precursors. On 17 March 2000 the amended Penal Code came in force.

There are special provisions for punishment (imprisonment and fine) of such activities as:

- Transportation through the country's board without duly permission of precursors, equipment and raw materials for drug production;
- Transportation through the country's board without duly permission of drugs and/or their analogues;
- Limitation of the quantities which be recognised as quantities for personal use. This will help the law-enforcement authorities to difference abusers from traffickers;
- Prohibition of poppy and cannabis cultivation (there is an exception for cannabis containing THC less than 0.2%);
- Severe punishment for offenders who distribute drugs in school areas – from 15 to 20 years imprisonment and fine from two hundred thousand to five hundred thousand leva for high-risked drugs and from 10 to 20 years imprisonment and fine from fifty thousand to 150 thousand leva

The punishments are more severe than those in the previous Penal Code. One example:

“Whoever organises, directs and/or finances a criminal group for cultivation of plants as cannabis, opium poppy and eritroxilon coca, or extraction, production, preparation, manufacture or processing of drugs, will be liable to imprisonment for a term of between 20 to 30 years or imprisonment in life and a fine of between three hundred thousand to five hundred thousand leva”.

On 16th July 1998 a National Strategy for Counteracting of Criminality was adopted by the Council of Ministers. Article 19th of this Strategy is dedicated to fight against drug trafficking and drug abuse. It envisages:

1. Elaborating of legal base for drug & precursors control and sanctions of the crimes connected with them.
2. Periodical actualisation of the lists of drugs & precursors.
3. Elaborating of programmes for DSR.
4. Elaborating of programmes for prevention the attempts of international crime organisations to use the territory of the country for transit point of international drug & precursors trafficking, as well as including the measures for destroying drug channels organised by foreign & Bulgarian citizens.
5. Organising destruction of illicit cultivated plants as cannabis, opium poppy and eritroxilon coca.

6. Elaborating and carrying out of programmes for DDR, especially among risk social groups and territories; resocialization of the persons misusing with drugs.
7. Active information policy.

2.2. Other legislation (e.g. public health, data protection)

In 1998 a Special Act concerning Measures against Money Laundering came in force.

3. Developments in Organisational Framework

3.1. Key actors, roles and co-ordination structures

- National Council for Drugs (1999) replaces Inter-Ministerial Council for the Fight against Drug Abuse and Drug Trafficking from 1993. The Act on Narcotic Drugs and Precursors Control extended the role, functions, responsibilities and powers of the Council. President of the National Council for Drugs is the Minister of Health, with two Vice-presidents – the Permanent Secretary of the Ministry of Interior and Deputy-minister of Justice. Representatives of the President of the Republic of Bulgaria, the Supreme Court of Cassation, the Supreme Administrative Court, the Supreme Cassation Prosecutor's Office, the Specialised Investigation Service and the ministries and departments concerned, specified by the Council of Ministers (Government) are members of the Council.

The Council works and has periodically meetings (at least 4 times per year)

- The Act on Narcotic Drugs and Precursors Control envisages establishment of specialised body within the Council of Ministry. This body will be named Secretariat. The obligations of the Secretariat will be:
 - To support the Council in carrying out its activities;
 - To maintain the specialised documentation fund dedicated on Drug phenomena;
 - To collect the statistical data connected with drug abuse and drug trafficking;

Municipal multi-disciplinary Drug Commissions - for the purpose of implementing the policy of the National Drug Council on the local level, councils for drugs at the municipal level shall be created whose functions and tasks shall be specified by the Rules on the Organisation and Activities of the National Drug Council.

- Anti-drug Division in the National Service for Combating Organised Crime (NSCOC) within the Ministry of Interior, which is one of main actors in the field of the fight against drug trafficking was reorganised. It includes two sub-divisions: *Narcotic substances and Precursors & Narcotic Crop*. Within these two sub-divisions were established several teams responsible for countering cocaine trafficking, illicit laboratories and diversion of precursors, illicit cultivation of plants containing drug substances, heroine trafficking (so called "Balkan Route" team) and specialised team executes controlled deliveries. With the special order of the minister of the Interior a National Drug Intelligence Centre was established in Anti-drug Division in NSCOC. The Centre will collect, process and analyse intelligence information. Liaison officers from all services in the Ministry of Interior, as well as an observer from the Customs Directorate will work in the Centre. This year Interpol – the Sub-contractor of the UNDCP&PHARE Programme, will provide the Centre with technical equipment – computers and software. A part of the Centre's staff

will maintain the same database as Interpol's in English language, which will give the opportunity for direct data exchange.

Drugs Units in the Criminal Police

Responsible for law enforcement at street level. Co-operatives with the Narcotic Division to receive training.

- National Service Border Police (NSBP)

A specialised operative police service designated for control of state boarders. Assists NSCOC.

- Specialised Investigative Service

An independent part of the national judicial system, responsible for magistrate investigations on drug related crime; collects information on seized drugs

- The National Drugs Service within the Ministry of Health according to the Act on Narcotic Drugs and Precursors Control is responsible for the control on drugs included in Schedules No 1, No 2 and No 3, using for medical and reserch purposes;

- An Interdepartmental Precursor Control Commission was set up within Ministry of Economy (former Trade and Tourism).The chairman of the commission is the minister of Economy. Its members will be representatives of the Ministry of Economy, National Service for Combating Organised Crime – Ministry of the Interior, National Drugs Service – Ministry of Health, the Ministry of Industry, the Ministry of Justice and General Customs Directorate – Ministry of Finance. The Commission will execute control over the production, processing, keeping and use in other industries, as well as storage, trading, import, export, re-export and transit within the national territory of the precursors (Schedule 4th from the Act). One of the key responsibilities of the Commission will be issuing the licence for above-mentioned activities. It will exercise control also on the compliance with the provisions of Article 12 of the UN` Convention of 1988 Against Illicit Traffic of Narcotic Drugs and Psychotropic Substances

The regulations concernig activities and functionig of the Commission were prepared and very soon will be in force.

Customs within the Ministry of Finance is responsible for custom control of the entry/exit border points, including precursor chemicals, and co-operation in controlled deliveries operations carried out by the *Narcotics Division* of NSCOC. According to the amended Penal Procedure Code The custom authorities have power to investigate cases related to drug trafficking when the offenders are Bulgarian citizens. At the General customs Directorate there is a *National Customs Intelligence Unit* within Drug Enforcement Division Its aims are to set up regional networks for exchange of data. It is linked to the Regional Information Liaison Office (RILO), Warsaw. The Intelligence Unit has the obligation to provide with drug-related data the Central Information System of WCO in Brussels. There is everyday co-operation in the data exchange trough Balkan-Info and Cargo-Info System with Customs Criminal Agency of Germany (ZKA) in Cologne. It also takes part in the preparation of the UNDCP Annual Report Questionnaire Part III- "Drug Trafficking";

- *Bureau of Financial Intelligence* (1998) – Ministry of Finance

Main task: to collect, maintain, process and reveal information connected with suspicions of money laundering. It should work in close co-ordination with National Service for Combating Organised Crime

- According to the new National Law on Drugs and Precursors Control, an *expert group* should be created to advise the National Drug Council *on new drug products*, which are identified, and consequently what classification should be applied to them.

Act on Narcotic Drugs and Precursors Control appoints the responsible structures and institutions. A special position is given to the National Centre for Addictions and to the municipal multi-disciplinary Drug Commissions.

- Key Ministries involved are Health, Education and Science, Social Affairs and Labour, as well as the Ministry of Defence and the Committee of Youth, Sport, Physical Education and Children; Ministry of Health co-ordinates treatment.

3.2 Budgets and funding arrangements

There is no special budget dedicated to DDR and DSR. Every authority which work is connected with drugs has its own budget in the framework of its Ministry.

3.3 International activities and co-operation

At the beginning of 1999 a Joint UNDCP&PHARE Programme for Strengthening Law-enforcement Capacity in South-Eastern Europe was started. The main objectives of the Programme are:

- Strengthening control at selected land border crossings;
- Strengthening control at selected sea-ports;
- Strengthening control at selected airports;
- Functioning country-level systems for drug-related intelligence gathering, analysis and criminal investigations;
- Strengthening capacity for cross-border controlled deliveries;
- Co-ordinated control measures between Bulgaria and the FYROM;
- Operational research on use of Black sea ports in Bulgaria and Romania for drug trafficking in containers;
- Enhanced professional network of operational officers

The implementation of the Programme is very successful. The establishment of a National Drug Intelligence Centre for collecting, processing and analysing of intelligence information has been started at the National Service for Combating Organised Crime – MoI.

There were several meetings between Bulgarian and Macedonian police officers working for specialised units for countering drug trafficking in order to co-ordinate the efforts for dismantle Albanian drug trafficking organisations which operate on the territories of both countries. The results of these meetings were quite positive.

4. Developments in Information Requirements for Drug Policy

PART II DRUG MONITORING SYSTEMS AND SOURCES OF INFORMATION

5: Developments and Changing Priorities in National Monitoring Systems, Information Sources and Research

5.1. Epidemiology

5.2. Demand reduction

5.3. Drug policy and legislation

5.4. Documentation centres

6: Developments at the National Focal Point

6.1. Organisation, legal basis, operation, staffing, financing

There are no changes during the reported period.

Since 1997 the NFP has been in the National Service for Combating Organised Crime – MoI. Status and mandate remain unclear; formal links do not exist between the Focal Point and most of the other relevant institutions. There is no specific staff or budgetary allocations.

At the last meeting (on 11.02.2000) of the National Council on Drugs (former Inter-Ministerial Council for the Fight against Drug Abuse and Drug Trafficking established in 1993) was taken a decision for creating the NFP within the Secretariat (see page 2).

6.2. Network of partners of the Focal Point

There is no centralised or formal national drug monitoring and information system. NFP executes its obligations

- Institutions collecting, analysing and disseminating information:

- ⇒ the NSCOC (Ministry of Interior) – data connected with drug offenders and drug trafficking cases, the quantity of seized drugs and precursors, the number of arrested offenders;

- ⇒ National Drug Service (Ministry of Health) – Every three months the NDS has obligation to provide the UNO with report regarding export and import of narcotic drugs and psychotropic substances. It prepared annual statistical reports for production, manufacturing, consumption, stocks, export and import of narcotic drugs and psychotropic substances and Annual Evaluations for Narcotic Drugs and Psychotropic Substances. NDS prepares the UNDCP Annual Report Questionnaire Part I – “Legislative, Administrative and Social Measures”;

- ⇒ General Customs Directorate (Ministry of Finance) - data connected with drug offenders and drug trafficking cases, the quantity of seized drugs and precursors, the number of arrested offenders;

- ⇒ the Ministry of Justice – the data related to convicted drug offenders.

- ⇒ Institutions responsible for the collection and processing of patient data (treatment demands, first treatment demands, coverage of the substitution programmes, drug related infectious diseases, drug related non-fatal emergencies) and other public health oriented

data (prevalence of use among general population, prevalence of use among school students, frequency and patterns of use, drug related deaths, etc.): National Centre for Addictions, National Centre for Health Information, National Institute of Statistics.

6.3. Role of NFP in national monitoring and information systems

Through the Interministerial Council the obtained information is provided to the policy makers who are responsible for Drug policy. Bulgarian Government declares fight against drug trafficking and drug abuse as one of its main priorities. Masmedia is also involved very closely in order to tackle the problem, which is increasing.

In order to improve the collection and dissemination of data related to drug phenomena an interministerial working group is preparing now special regulations on these matters. It envisages establishment of National Information Centre.

6.4. Other roles and activities of NFP within the Member State

7 Developments in Reporting to other International Organisations

There are no changes during the reported period.

PART III EPIDEMIOLOGICAL SITUATION

8 New Information on Historical Development of Drug Use

The historical development of drug use in Bulgaria has been briefly presented in a published report of prof. Philip Lazarov at the Regional Meeting on Global Approach PHARE Project in Prague* and was included in the previous National Report. There is no any new relevant book, article, research, historical analyse.

We can remind here some of the essential parts of this article (report) concerning drug use:

Chronologically drug misuse in Bulgaria can be described as spreading in some different waves.

The drug problems amongst young people in Bulgaria appeared in the middle of the 60's as a reflection of youth processes and movements in the Western world. A small group of about 100-150 young people started to use psychoactive substances, mainly opiates (morphine, lydol, codeine, etc.), led by curiosity and desire to be a part of the world youth mainstream. They were medically treated and prosecuted for criminal behaviour. This number was increasing with about 20-30 persons per year. Most of them were registered with the psychiatric services and police.

The second wave appeared in the mid-70's, motivated by personal, psychological and interaction problems in the family and referent environment. Drugs of choice were again some opiates and codeine containing pharmaceuticals, benzodiazepines, hallucinogenic medicines (antiparkinsonics) and VS (glue). In the mid-80's the number of registered persons (ICD-9, codes 304 and 305) reached approximately 1400. They were provided with mainly medical treatment in the psychiatric services. Their social background was from the "middle class" of the big cities. Forming of drug using groups is an important feature of this period. Drugs were supplied mainly through criminal activities in pharmacies, hospitals and pharmaceutical factories. For both waves opiates were administered mainly by injecting.

The third wave started in the late 80's, when public control significantly diminished and lots of rules and norms lost their value. This process gained power rapidly after 1989, when communications with the Western world were liberalised. The national currency became internally convertible, criminality went abruptly up, the social crisis and the inter-generation conflict deepened. The main drug of choice was and continues to be the heroin, which is used mainly by injecting, though smoking, sniffing, and inhaling are all also present. A network of drug dealers was rapidly developed, which consisted at beginning mainly by Iranians who were staying illegally in the country. With the time it progressed to the involvement of Bulgarian criminal structures on the illegal drug market.

Now we are on the top of the next wave, started at 1991-92. The epidemic wise spreading of drugs is observed. The use of heroin becomes a real present significant public health problem. The production of cannabis in the Southern parts of the country rapidly grow in number and in volume of produce cannabis products, which has led to a sudden rise in the cannabis use amongst the large city youngsters. The "new drugs", especially ecstasy entered a wide groups of youngsters. This is all partly a result of the larger involvement of Bulgarian criminals both in the traffic of heroin, and in the local drug dealing.

* (see Philip Lazarov, *New Interdisciplinary and Organizational Implements in the Policy towards Drug Addictions and Drugs in Bulgaria*, in: *Global Approach in the Policy towards Drug Addictions and Drugs*, PHARE edition, Sofia)

9 Trends and New Developments in Drug Use

According to available data from different sources heroin remains the main drug of regular misuse and dependence. The approximate number of heroin misusers in Bulgaria is about 25 000-30 000. Possibly this number will look more reliable if the assumption is made that there are approximately the same number of people occasionally using (not in a regular base) heroin. Ethnographic studies and observations on the sites of dealing indicate that this approach is closer to the reality.

Studies on drug using population show that injecting continues to be the most common route of administration. Sharing is more spread amongst beginners and these using drugs in groups. Although the more experienced addicts usually use personal needles and syringes, sharing cookers is practiced. Some long experienced addicts are switching to smoking because of physical problems (e.g. obliteration of venues). Part of the smokers includes some beginners. The number of "chasing the dragon" continues to increase.

Most of young people experimenting with heroin are predominantly from the big cities coming out of families with middle social status. But during the last years a very new trend can be observed: heroin use has appeared in small communities even in the villages. This trend has to be estimated taking into account the negative demographic picture of Bulgarian village, especially the predominately old age of the population.

The cannabis continues to be the first drug of choice (following by benzodiazepines) amongst students 14 to 18 years of age experimenting with drugs (school surveys 1993; 1995; 1996, 1999). Studies in Sofia (1995, 1998) show that cannabis is also mostly the gateway drug for a big part of the heroin users.

It seems that the demand of cocaine increases a little, but due to its relatively high price it is still used mainly in closed groups of predominately well paid people. Due to the characteristics of this population it is hard to reach even the approximate number of cocaine misusers. Some available information refers to sum of several thousands (5-10 000) of non-regular users of cocaine. Sniffing is the preferred pattern of use for this drug.

Benzodiazepines and some pharmaceuticals with hallucinogenic effects usually combined with alcohol are used often by adolescents. Heroin addicts also use benzodiazepines as a supplementary drug. The low control of the pharmacies, self treatment and over prescription are very predisposing factors.

Volatile substances' abusers are spread predominantly amongst marginal groups by definition, such as homeless and young people in reformatory schools. There are different estimates about the number of VSA's. Regarding some anecdotal information it seems that during the last years a trend to decreasing of the number of VSA's can be observed.

There is not definitive information yet about the cultivation of opiate poppy and cannabis indica. During last years the police activities against the growing of these products increased significantly. Dried poppy heads and straws are used for preparation of so called “tea” for coping with withdrawal and substitution of other opiates.

The trend of spreading illegal methadone on the black drug market continues. There is a lot of anecdotal information about the increasing of ecstasy use and appearance of this drug not only in the big cities, but also in the country.

As a new trend during the last years an appearance of drug related problems in some new geographical areas could be mentioned. It should be especially underlined the appearance of heroin consumption in some villages. Special attention should be paid to the involvement of the roma community in the drug process. The main specificity recently is that the heroin entering in this community shows a very fast wide spreading and some new (for the area) patterns of use. In the same time a qualitative study on drug use in prisons shows some specific patterns of use and some new substances usually ad hoc made as primary drugs. The national drug demand reduction policy should be turned to the above mentioned trend.

Drug consumption in the general population

✓ Youth surveys

A sociological study was conducted among young people in city of Sofia in the framework of World Health Organisation project “Substance Abuse Prevention for Youth from Countries in Central and Eastern Europe - tobacco, alcohol and drugs, WHO project”.

Subject of the research was the level and the models of psychoactive substance abuse in young people as well as their information, attitudes and evaluations regarding psychoactive substances abuse.

Object of the research were young people at age between 14 and 30 years, residing in city of Sofia.

The model of the sample envisaged three-stage random selection of investigated people. That means that regions are fixed first, then the nests in them, and at last the concrete people in the nests. Regions in Sofia were classified in three groups:

- central parts;
- suburban housing estates;
- residential complexes.

In each region were chosen (also by random principle) under an adequate number housing estate electoral districts - from 10 to 40 depending on the population in the region and on the departments intensity in it with young people. In the long run were chosen 140 districts in total which were the nests of the research. As a third step in every of these nests again by random 8 to 15 young people at age between 14 and 30 years were selected.

The realized sample is 1127 people with approximately the same proportion among the three types of regions as in reality. The same regards the distribution in sex and in age -there also are no significant diversions - with a little variation they follow the same proportions which the official statistics registered.

The period of data collection was from middle of July to middle of August 1999.

The study **results** give a large information on drug abuse, attitudes and estimations of the young people in Sofia (*see Table A01_popu99 in Annexes*).

The data show that cannabis is abused at largest scale - 10,1% from the inquired at least once experimented with marihuana, 4,1% - with hashish (*see Table below*). Follow cocaine (2,6%) and heroin (1,8%) which however in accordance with another investigations and observations are abused at largest scale among drug addicted. In abuse in during last 12 months prevalence and in abuse in last 30 days prevalence the arrangement is almost identical and the relative shares reduce. Another dependence is interesting also - these substances in which the relative shares of abuse in the three time ranges (three indicators) are very close in actual among the relatively new substances on the drug market in Bulgaria - Methadone, Ecstasy, LSD.

Drug abuse

(in % from inquired)

Substances	Relative share of users		
	Life time prevalence	Last 12 months prevalence	Last 30 days prevalence
Heroin	1,8	1,4	0,6
Metadon	0,4	0,3	0,3
Other opiates	1,3	0,4	0,2
Cocaine	2,6	1,5	0,7
Amphetamines	1,6	0,8	0,3
Ecstasy	1,3	0,9	0,8
LSD	0,7	0,7	0,5
Marijuana	10,1	3,7	3,1
Hashish	4,1	2,6	0,9
Volatiles	1,5	0,5	0,5
Other substances	0,9	0,5	0,3

The second information interpretation regarding abuse in life time prevalence showed that almost every sixth inquired young person (14,7%) has abused sometimes some of the above

mentioned drug substances. When it is about the significantly more actual indicator “abuse in last 30 days prevalence) it is completely normal the percent to be lower - 5,4% from all inquired have abused something in the last month prevalence.

In conclusion it should be specified something important. In a sequence of former researches and observations it was registered that by traditional extract investigations of School Surveys and General Population Surveys type as the present one is, a serial social or group characteristics as information, attitudes, evaluations, risks and so on can be detached as well as abuse of life of lighter drug substance. They however hardly can reflect adequate the regular abuse of heroin and the number of regular abusing drug addicted - these are the specific reality, the specific combination of people which should be studied by more non-standard methods – f.i. Snowball Sampling, Capture-Recapture, observation, expert’s evaluations, etc. So, especially in respect to heroin, the represented here data of abuse is not an alternative to the collected by other methods data but their necessary addition.

✓ *School surveys*

These are occasionally realized sociological surveys on tobacco, alcohol and other drugs use among secondary school students in different cities and regions of Bulgaria. In most of the cases they are with comparable questionnaires and methods or at least with comparable block of indicators.

During the last 5 years school surveys were carried out in Sofia, three other big cities - Plovdiv, Varna, Sliven, and one smaller town – Kozloduy. The last updating is in 1999. The responsible institution is the National Centre for Addictions and the main collaborators are: Municipalities of Kozloduy and school psychologists in Sofia.

The main objectives of these surveys are to provide data about:

- use of tobacco, alcohol and other drugs among young people between 14 and 18 years old;
- history and characteristics of the use;
- risk factors for the beginning of drug use;
- quantity and type of information that young people, parents and teachers have and their attitudes towards the use of tobacco, alcohol and other drugs.

Data is gathered from students in secondary schools and concern the use of tobacco, alcohol, volatile inhalants, cannabis, heroin and other opiates, cocaine, amphetamines and other stimulants, tranquillizers and sedatives, and other drugs.

The data was gathered by group inquiry with questionnaire among students, made by teams of collaborators. There is a high level of comparability between the different studies (in the above mentioned cities).

Typological sample of some secondary schools was used in Sofia. Random sample of secondary schools and random sample of classes were realized in Kozloduy (representative for the secondary school students in this town).

The legal status of the information: the access to the database is restricted, and the aggregated data is public and available.

These surveys provide a large amount of information, concerning prevalence and characteristics of drug use (see also Tables A02_sch99_Sf and A02_sch99_Kz in Annexes).

✓ Ever heroin use (lifetime prevalence) -	0,6 % () – 2,7 % (S)
✓ Ever cocaine use (lifetime prevalence) -	0,5 % () – 3,1 % (S)
✓ Ever cannabis use (lifetime prevalence) -	4,8 % () – 19,0 % (S)
✓ Ever hypnotics and/or sedatives use (lifetime prevalence) -	2,0 % () – 6,8 % (S)
✓ Ever any illegal drug use (lifetime prevalence) -	11,2 % () – 20,5 % (S)
✓ Heroin use during last 30 days (last 30 days prevalence) -	0,7 % (S)
✓ Cocaine use during last 30 days (last 30 days prevalence) -	0,4 % (S)
✓ Cannabis use during last 30 days (last 30 days prevalence) -	8,9 % (S)
✓ Hypnotics and/or sedatives use during last 30 days (last 30 days prevalence) -	1,9 % (S)
✓ Any illegal drug use during last 30 days (last 30 days prevalence) -	9,6 % (S)

Note: Data from the studies among secondary students in Sofia (S) – 970 students, and Kozloduy () – 645 students

Problematic drug use

See Chapter 9. Trends and New Developments in Drug Use in this report

Patterns and modes of drug use, characteristics of users

✓ *Most common patterns of drug use, intensity, routes of administration*

The main information on the most common patterns of drug use, intensity, routes of administration is provided by the Multi-city European Project on Treatment Demands and First Treatment Demands coordinated by Pompidou Group at the Council of Europe (see also *Health Consequences, Treatment Demand* behind).

Injection is the main route of administration of primary drug – 74 % out of all treatment demands and 65 % out of the first treatments usually inject their primary drug (12 % td's / 19 % ftd's smoke; 8 % td's / 9 % ftd's eat or drink; 6 % td's / 8 % ftd's snuff).

Among heroin users these percentages are 82 % and 73 %. In general 81 % of all treatment demanders and 74 % of first treatment demanders currently inject any drug.

The great part of the treatment demanders (78 % of all and 72 % of the first treatments) use their primary drug every day. Another parts (14 % of all and 19 % of the first treatments) are practically in a very similar position – 2-6 days per week use.

✓ ***Age, gender, social characteristics of users***

This data is also provided by the Multi-city European Project on Treatment Demands and First Treatment Demands coordinated by Pompidou Group at the Council of Europe (see also *Health Consequences, Treatment Demand* behind).

Concerning gender about 3/4 from persons of treatment demand (76 %) and first treatment demand (75 %) are males. There is a little increasing of the female compared to the previous years.

The mean age of the treatment demanders continues to decrease – 21,5 for all td's (22,2 in 1998) and 20,7 % for ftd's (21,0 in 1998). The great part of the persons were in the age group 15-24 (82 % from all treatment demands and 88 % from first treatment demands). These trends correspond to the expert estimations.

Three out of every four of all persons (77 %) live with their families, which seems to be quite typical for Bulgarian drug using population.

The fact that about 60 % of the patients are casual workers or unemployed could be explained with the age specifics and marginality of the drug using population.

Briefly: the proportion of females relatively increases (24 %); the mean age continues to decrease (21,5 years); 82 % are younger then 25 years when asking for treatment; 77% are living with their parents or extended family (relatively stable); 60 % are casual workers or unemployed; 18% are still in full-time education (relatively stable).

New user groups, new drugs, new drug use patterns

A clear trend to fast spreading of cannabis and ecstasy use continues to be observed during last year. These two drugs are going to be established as characteristic of the young population especially under 20 years old. Ecstasy appears as a drug of weekend, discotechs. Cannabis appears as drug of leisure. The use of cannabis is going to be more individual or limited in small groups.

Health consequences (trends in indicators, research results, qualitative data)

✓ Treatment demand

The data is provided by the Multi-city European Project on Treatment Demands and First Treatment Demands coordinated by Pompidou Group at the Council of Europe.

Covered are the following centers:

(1) Hospital inpatient units:

a) Hospital inpatient unit-National Center for Addictions-Suhodol: combined treatment facility for alcoholics and drug users - forty beds, three departments (detoxification, mid-term programs and women's department); Staff: psychiatrists, nurses, psychologists, etc.,

b) Hospital based unit for drug users at Military Medical Academy: three short-term programs (incl. Detoxification and expert assessment).

(2) Hospital outpatient:

a) Outpatient department of the National Center for Addictions - Sofia: combined treatment facility for alcoholics and drug users providing counseling, referral, outpatient drug free treatment, etc.

b) City drug use prevention and treatment centre - Sofia: prevention and treatment facility for drug users providing counseling, referral, outpatient treatment, etc.

c) Specialized outpatient unit of the Psychiatric Dispensary - Sofia: combined treatment facility for alcoholics and drug users providing counseling, referral, outpatient treatment, etc.

(3) Other specialised non-residential:

a) Methadone Maintenance Program at the National Center for Addictions, Sofia.

b) Treatment at home program at the National Center for Addictions, Sofia - short-term program incl. Detoxification and psychological treatment.

(4) Based in general services:

a) Psychiatric Unit in the Ministry of Interior's Hospital - Sofia.

The data cover the period from 01.01.1999 to 31.12.1999.

The data refers to treatment requests as well as entry to treatment. Due to the fact that the NCA was the main treatment facility in the project and that to each patient was given a special code, double counting was found out in 73 cases (6,4 % out of all 1147 registered cases). These cases of duplication were eliminated. Finally we dispose with data for 1071 persons who asked for treatment (including for the first time).

A total of 1071 treatment demands (1998: 974) are reported for 1999, and the coverage is between 80 and 90%. Double counting is avoided within and between the centers.

The proportion of first treatment demands is 46 % (small decrease compared with last years). Between the first use of the primary drug and the first treatment demand two years and a half pass in average (little decrease). 24 % are self-referral and 52 % (1996: only 24 %) are referred by their family or friends.

90 % of the treated population in Sofia are using heroin as a primary drug (1998: 95 % - decrease, mainly due to the larger consumption of other opiates – f.i. codeine combined with glutetimide). 77 % are injecting (1998: 84 %) heroin and other opiates.

✓ ***Drug-related deaths and data on mortality of drug users***

No available data yet.

✓ ***Drug-related infectious diseases***

Referring to the tests made in National Centre for Addictions among IDU's there is a trend to decrease of the rate of Hepatitis B – 5 % (1998 – 6 %, 1997 – 9 %, see *Table A10_HepB99* in Annexes). In the same time a considerable increase of the rate of Hepatitis C was registered – 73 % (1998 – 47 %, 1997 – 53 %, see *Table A11_HepC99* in Annexes).

✓ ***Hospital admissions and non-fatal emergencies***

No data available for 1999 yet.

✓ ***Dual diagnoses***

There is no specialised studies targeted to dual diagnoses. Referring to some anecdotal data, at least 1/4 to 1/3 of treatment population has some mental health problems.

Risk behaviours (for infectious diseases, for overdose)

81 % are currently injecting any drug (1998: 82 %) and 19 % are currently sharing syringes or needles (1995: 35%). 88 % have ever injected in their life (1998: 88 %) and 46 % have ever shared (1998: 44 %). Only 43% were ever tested for HIV (1998: 50 %), however, very few among tested clients were positive.

Low quality and different purity of the street heroin could be estimated as a significant factor of risk for overdoses. Relatively undeveloped outreach in the country appears also as a risk of overdoses and drug related deaths.

Social processes and cultural context

There are no new developments

Attitudes to drug use (users and non-users)

There is no new developments

Drug markets (supply and availability, market indicators)

Analysing the available data we can expect the increasing of heroin trafficking through the territory of Bulgaria from the countries of Golden crescent to Western Europe (it was reported that the crop of opium poppy this year is several times bigger than the last year). The main drug traffickers remain Turkish and Arabian citizens. There is a tendency of increasing involvement of Albanian citizens in drug trafficking and distribution. More and more Albanian families are confirming their positions in drug trade (especially heroin and cocaine). It can be seen increasing of the number of Turkish and Bulgarian citizens, who are intermediate link (dealers) into the scheme of drug distribution on the territory of Bulgaria. A big part of the Gypsy population has position in distribution of small quantity of heroin not only in big towns but also in the smaller ones.

It has been observed a new tendency – increasing of cocaine trafficking from South America via Bulgarian Black sea ports to Western Europe. In 1998 Bulgarian Customs authority managed to seize at about 680 kg cocaine at Varna sea-port.

The illicit cultivation of cannabis continues. The crop is destined to export as well as to local market.

10. Trends per Drug

Cannabis: relatively stable

Synthetic drugs (amphetamine, ecstasy, LSD): small increase

Heroin / opiates: stable

Cocaine: stable

Medicines: relatively stable

Multiple use (including alcohol): small increase

Solvents: small decrease

Doping: no data

11. Conclusions

The main new trend is the increasing of cannabis and synthetic drugs consumption and appearance of drugs especially heroin in roma community.

Cannabis and ecstasy are going to be recognised as elements of some youth subculture. These new trends could be explained with the specificity of the Bulgarian society and the development of drug process.

There is a positive trend to the increasing of value of data for the establishment of relevant policy and to the selection of relevant interventions.

PART IV DEMAND REDUCTION INTERVENTIONS

12. New developments and information needs

New developments during the reporting year

Policy developments *A new Law on the control on narcotic drugs and precursors with a special chapter on DDR is adopted during 1999.*

Organisational developments *Related to the above mentioned law Municipality Commissions have been created*

Innovative strategies and approaches for interventions

New research findings *A qualitative research amongst drug users in prisons carried out last year gave a valuable picture on some aspects of drugs problems in the prisons. Another qualitative research presented important data on the drug consumption in Roma ethnic minority.*

Specific events during the reporting year

Meetings and conferences *A number of educational events were carried out in the frames of Phare Technical Assistance to Drug Demand Reduction and the UNDCP International European Drug Abuse Treatment Training Project. More than 100 professionals took part in these events. A special meeting for promotion of Preventive programme was held in the frames of WHO project.*

Media events *Routine media events like media-conferences and certain publications were done.*

Publications

Main Issues and Future Information Needs

The further manpower development in the field of Drug Demand Reduction appears as the most important need for the next years. From that perspective it seems to be useful an establishment of permanently working Centre for training and education, which has to be established at the regional level. The experience and expertise of the leading professionals in the countries belonging to the region, should be used together with the lecturers from the EU countries.

Suggestions, criticisms and tendencies to be considered in the future
The most important perspectives for the next year(s)

13 Organisation, structures and responsibilities related to drug demand activities

Changes in national structures

Legislation. The new fundamental Law for the Control on Narcotic Drugs and Precursors was adopted in 1999. A special chapter (VII) refers directly to DDR policy. There are paragraphs specifically oriented to prevention, treatment, harm reduction and rehabilitation. The Law introduces certain rules for the NGOs and volunteers involvement in DDR activities.

Budget, financing. There are no changes in the budget principles and in the financing of the DDR policy.

National responsibilities. The National Council for Drugs under the presidency of the Minister of Health is responsible for the General National Drug Policy including DDR policy. A wide number of responsible Ministries and Institutions participate in this Council.

National actors. The leading role in DDR on national level belongs to the Ministry of Health and the Ministry of education. The Ministry of Health implements this role through a specific structure – National Centre for Addictions. The National Centre for Addictions develops programmes on drug prevention, treatment and rehabilitation, information and research, and high level of education and training targeted to universities and professionals. The Ministry of Labor and Social Policy, the Committee of Youth and Sports, the Ministry of Defense, and the Ministry of Interior, are also involved as important actors in the DDR policy on national level.

Regional responsibilities. Related to the administrative partition of the country, certain structures belonging to the main ministries are responsible for the county (regional) policy. The Regional Health Centres and the Regional Educational Inspectorates should be mentioned.

Regional actors. The Regional school system, the Regional public health institutions (Hygiene-Epidemic Inspections), the Regional treatment centres, are among the main regional actors.

Local responsibilities. Following the new Law on narcotic drugs and precursors' requirements, local commissions have been recently established. These commissions are created on the principle of multidisciplinary approach. They report their activities to the local authorities and to the National Council for Drugs.

Local actors. Structures, organizations and individuals, working usually in the field of education and health system. Additionally some specialized commissions and groups, which activities are targeted to the young generations are currently involved in DDR actions at local level (for example, the Municipality Commissions against anti-social behaviour among youngsters).

NGOs role at national, regional and local levels. The new Law of NGOs introduced some regulations of NGO DDR involvement at the different levels. This gives much more possibility for NGOs to take part in the policy creation and implementation.

Involvement in European activities during the year

EMCDDA – *the reporting on the national DDR policy and strategy activities to EMCDDA is started to be prepared.*

European Commission programmes (Prevention, Research, PHARE, Structural Funds (HORIZON), EUROMED...) – *the Bulgarian participation in the Phare “Technical Assistance to Drug Demand Reduction” project has been completed successfully. Bulgaria participated in the sub-regional project “Out-patient treatment services”.*

European drug demand reduction networks

Pompidou Group. *Participation of Bulgarian experts in Pompidou Group activities, related to vocational rehabilitation and in the Conference on the Collaboration in DDR in the Mediterranean region. Bulgarian expert participates in a Pompidou Group Project on Drug Use in Prisons.*

WHO. *The Bulgarian participation in the WHO project on “Substance Abuse Prevention for the Young People from the Countries from central and Eastern Europe” has been completed successfully. DDR Prevention Strategy and a programme for drug prevention for schools have been prepared in the frames of the project. Bulgarian team participates in the project on “Evaluation of Drug Treatment”.*

UNDCP. *The evaluated year was the last one of five years International European Drug Abuse Treatment Training Project. during the five years of the project development about 50 Bulgarian professionals participated in the seminars, training and technical assistance events.*

ICAA, Others.

14 Demand and harm reduction approaches in their socio-cultural context

Political and scientific discourse
Public opinion.
Mass media reporting
Influential actors
Links with other social policy areas

No significant changes during 1999.

15 Major strategies and activities in drug demand reduction

The National DDR Strategy covering the period 1996 – 1999 has been completed. The main objectives described in the three main priorities have been generally achieved: DDR information is developing; system of prevention, predominantly community based, is working; the network of treatment services and professionals is continuing to be under development. Beside the general target groups, the attention is turned to some hidden populations.

Basic strategy
 Objectives
 Target groups
 Settings .

16 Specific intervention areas

First Childhood intervention *There is no new development*

Drug specific or drug non-specific (health promotion)
 Interventions in crèche/kindergarten
 Training
 Evaluation and results

Prevention in the family *There is no new development*

Drug specific or drug non-specific (health promotion)
 Intervention during pregnancy/for future parents
 Intervention at childbirth
 Intervention aimed at young parents
 Training
 Evaluation and results

School programmes *There is no new development*

Mandatory, recommended or voluntary at different school levels
 Drug-specific or drug non-specific (health promotion)
 Teaching guidelines, teaching material
 Teacher training
 Parent work
 Guidelines for school policy
 Community involvement
 Evaluation and results

Youth programmes outside schools *There is no new development*

Types of activities
 Settings for activities
 Actors
 Peer-to-peer approaches
 Target groups
 Training
 Evaluation and results

Mass media campaigns *There is no new development*

National/regional/local
 Types of mass media campaigns (TV, radio, posters...)
 Messages
 Cooperation with mass media
 Costs and cost-sharing with media
 Evaluation and results

Telephone help lines *There is no new development*

National/regional/local
 Public service/voluntary
 Costs
 Information
 Counselling
 Special services
 Staff training, supervision
 Statistics
 Evaluation and results

Community programmes *There is no new development*

Drug-specific/drug non-specific
 Cities/rural areas
 Cooperation structures
 Actors
 Training
 Evaluation and results

Outreach work *During 1999 the activities in outreach approach were increased. This relates to the increasing participation of NGOs in this field. Especially, the participation of Caritas – Bulgaria should be pointed out.*

Structures (public service, NGO, cooperation schemes)
 Sectors involved (health, social services, criminal justice system)
 Strategies (youth work approach, “catching clients”, public health model, self help initiatives, etc.)
 Target groups
 Special services
 Statistics
 Training
 Evaluation and results

Low threshold services *There is no new development*

Structures (public service, NGO, cooperation schemes)
 Target groups
 Tasks
 Special services
 Statistics
 Training
 Evaluation and results

Substitution and maintenance programmes *There is no new development*

Legislation
 Criteria of admission
 Organisation and delivery of substitution drugs
 Mode of prescription
 Objective (gradual detoxification, maintenance)
 Substitution drug/s, mode of application
 Psycho-social counselling (requirements and practise)
 Drug testing
 Diversion of substitution drugs

Statistics (measure point)

Training

Evaluation and results

Prevention of infectious diseases (HIV, Hepatitis, Tuberculosis) *There is no new development*

Legislation

Organisation and strategies

Health education

Providing equipment (needles and syringes, bleach etc.)

Substitution

Actors

Special services

Statistics

Training

Evaluation and results

Treatment systems *A new specialised Sofia City Centre for Outpatient Drug Treatment has been established. The treatment programmes are targeted to the drug population, demanding treatment.*

Organisation and structure of treatment systems

Public service/voluntary organisations

Financing of treatment

Inter programmes links (e.g. non-residential/residential treatment)

Therapeutic emphasis

Services offered

Duration

Staff

Special services

Compulsory/voluntary

Statistics

Training

Evaluation and results

After-care *There is no new development*

Organisation

Psycho-social counselling

Housing

Work

Education/training

Duration

Statistics

Training

Evaluation and results

Self-help groups *There is no new development*

Organisation

Objective/s

Statistics

Evaluation and results

General health care *There is no new development*

Involvement of public health services

Involvement of GPs

Special services

Statistics

Training

Evaluation and results

Criminal justice system *Related to some changes in the Penal Code some alternatives to prison and to prosecution are defined during 1999. These alternatives concern the drug addicts offenders.*

Prevention activities by the police

Arrest

- Referral to drug services

Court

- Alternatives to prosecution

- Condition of the court

- Alternatives to prison

- Statistics

Prison

- Detoxification

- Drug substitution

- Drug-free programmes

- Self-help groups

- Relapse prevention

- HIV/Hepatitis prevention

- Needles and syringe exchange

- Drug testing

- Statistics

Release

- Referral to treatment

- Aftercare

- Probation

Training

Evaluation and results

Gender-specific issues *There is no new development*

Prevention

Outreach

Treatment

Special services

Prostitution

Pregnancy/mothers

Actors

Statistics

Training

Evaluation and results

Children of drug users *There is no new development*

Special services

Actors

Statistics

Training

Evaluation and results

Parents of drug users *There is no new development*

Special services

Involvement in treatment

Self-help groups

Statistics

Training

Evaluation and results

Drug use at the workplace *There is no new development*

Prevention

Assistance

Rehabilitation

Drug testing

Statistics

Training

Evaluation and results

Ethnic minorities *There is no new development*

Populations from former colonies

Refugees

Work migrants

Indigenous ethnic minorities

Actors

Statistics

Training

Evaluation and results

17 Quality assurance**Research**

Some qualitative and quantitative researches were implemented during 1999. A qualitative study among drug users in prisons should be especially pointed out. Additionally, some studies in the country have been done for the needs assessment regarding certain demand reduction activities. Usually, the researches were funded by international organisations (Pompidou Group, WHO), and also by the municipalities.

Demand reduction research projects

Organisation of demand reduction research

Relations between research and drug services

Funding of demand reduction research

Training

Evaluation *There is no new development*
Requirements for evaluation (e.g. for funding)
Evaluation practise

Training *There is no new development*
Training structures
University training
Non-university vocational training
In-service training
Statistics

PART V SPECIAL TOPICS (FOR CHAPTER 3 OF ANNUAL REPORT)

18 Heroin, Methadone and Substitution Treatment

- 18.1 Criteria and target groups for substitution treatment
- 18.2 Legal basis for substitution
- 18.3 Organisation, regulation and monitoring of delivery systems
- 18.4 Choice of drugs for substitution
- 18.5 Extent and characteristics of substitution programmes
- 18.6 Number and profile of clients
- 18.7 Evidence on impact of substitution (community & individual level)
- 18.8 Research results on substitution, e.g. in prison or during pregnancy, attitudes of policy makers, professionals, public.

19 Law Enforcement, Diversion to Treatment, Alternatives to Prison

The Reitox workshop indicated that it would be difficult to address these issues in a short chapter. Reporting under different scenarios was suggested through which NFPs could describe how the juridical system responds to drug users, addicts and dealers, and what alternatives to prison exist.

It was recognised that an approach using individual case scenarios sometimes might not represent a useful broader reality. In such cases, NFPs should also describe the overall reality prevailing in their country.

Three scenarios: What happens if a drug user/addict is accused of:

- 19.1 Use/possession for personal use of cannabis/heroin/cocaine
According to Bulgarian legal system usage and possession for personal use is not punished. Bulgarian Penal Code says: "It is not punished a person, who is dependent on drugs and their analogues if the quantity, which he/she obtains, stores, keeps or carries is in amounts showing that it is for single use"
- 19.2 Property crime related to drug use
- 19.3 Retail distribution of drugs

These scenarios should try to take account of the following:

Different measures, different criteria, different responsible actors

- social workers
- police
- lawyer
- prosecutor
- judge
- prison staff

How do these actors interact and co-operate in the case that a minor is accused of drug related offences?

CONCLUSIONS (OF WHOLE REPORT)

21. Main Issues and Future Information Needs

21.1. Summary of main points, key trends and new developments

Bulgaria still remains a key transit country for drug trafficking and raw materials for drug production (especially acetic anhydride, which is mostly destined to heroin producing countries). The Illicit cultivation of cannabis is among the problems that police forces faced and still face. The increasing of drug consumption, mainly heroin and marijuana, could be estimated as a stable tendency.

The policy of Bulgarian Government is orientated to tackle the drug consumption, distribution and trafficking. It considers fight against drugs among its basic priorities. The new Act on Narcotic Drugs and Precursors Control is adequate to national situation and harmonised with UN Conventions and EU regulations. It defines the obligations and gives more legal possibilities to the authorities related to drug phenomenon. The changed Code of Criminal Procedure and Penal Code have made Law-enforcement agencies` work more efficient.

The development of institutional building and taken decision of the establishment of National Focal Point within so-called Secretariat will bring more results in the nearest future.

