



European Monitoring Centre
for Drugs and Drug Addiction



**2005 NATIONAL REPORT (2004 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. NATIONAL POLICIES AND CONTEXT

LEGAL FRAMEWORK

Laws, regulations, directives and directions in the field of drug addictions and drugs (demand and supply)

With a Decree № 116 of the Council of Ministers from June 03, 2004 the Narcotic Substances and Precursors Control Act (NSPCA) was approved. This Act sets:

- The organization, competencies, and tasks of the state bodies, which exercise the control over manufacturing, processing, trade, use, storage, import, export, transit, conveyance, carriage, and reporting of narcotic substances and precursors;
- The measures to be taken against abuse and illicit traffic in narcotic substances and precursors;
- The scientific research and expert activity related to narcotic substances and precursors.

In 2004 by the initiative of the Ministry of Economics a project for Amendment and Supplement Act to the Narcotic Substances and Precursors Control Act (NSPCA) was prepared. The draft was approved by the Council of Ministers in December 2004 and introduced in the Parliament for consideration. The amendments improve the organisation and activities of the national drug Council, the Municipality drug Councils and the Preventive and Information Centres. The majority of the amendments, however, are pressed by the approved Ordinance on Drug Precursor Control.

With the draft of the Act certain amendments are introduced and some texts are made more precise, especially the ones concerning the activities with narcotic substances and their control, made by the propositions of the Ministry of Health.

Some of the main conditions in the bill are:

- Complete correspondence with the European Legislation in the field of production and trade of the precursors of narcotic substances in the borders of the European Union.
- Modifications are introduced in the principle of development of the Municipal Drug Councils in order to improve the coordination of the activities and their financing.
- The legal capacities of the minister of Health are broadened regarding the control over the advertising.
- The text concerning the preservation of minimal quantities of narcotic substances necessary in providing of first aid in case of emergency on board of airplanes and boats is made more precise.
- The regiment concerning the carrying out of rehabilitation programmes for drug dependent persons is made more precise.

In 2004 the Parliament approved Amendment and Supplement Act of the Penal Code (new SG 26/04) in which erases 354a (3) of the Penal Code, which liberated from any criminal responsibility the persons dependent on narcotic substances or their analogues

when the quantity which they acquire, preserve, keep, or carry, is in quantities showing that its purpose is for use – one single dose.

In support of the modification the following motifs were pointed out:

- It is impossible to define at all the quantity of the single dose. The quantity of the single dose of narcotic substance is different in the various kinds of drugs. Besides that, the quantity depends on the weight, the sex, and the addiction of the individual;
- With the liberation from punitive responsibility the use of drugs is legalised and the street traffic is stimulated, which by rule is realised by dependent persons through selling small quantities of drugs;
- There is not an act in the European Law to define the conception of the single dose or quantity for personal use;
- Last, but not least, the misuse of the “single dose” on behalf of the drug dealers and their defence in the court also has a negative impact.

As a whole the approved amendment aims at strengthening of the general prevention against dissemination of drugs on street level, combined with measures for compulsory treatment of dependent individuals accused in drug possession and keeping according to art. 92 of the Penal Code.

Except the indicated changes in the legislation in order to bring in realization of the amendment of the NSPCA in 2004 are prepared and approved the following normative acts:

➤ Decree № 256/Sept. 20, 2004 r. for amendment and supplement of the Regulations for the Organisation and Activities of the National drug Council, accepted with a decree № 10 of the Council of Ministers from 2001.

The change takes place in Part IV – Municipal Drug Councils – concerning the provision and improvement of the activities of the Municipal drug Councils and the Preventive and Information Centres to them.

➤ Amendment and Supplement of the Ordinance for the conditions and order for issuing licences for activities with narcotic substances and their preparations from the Annexes of the NSPCA (new SG, 13/2005 r.). The validity of the licences for activities such as production and wholesale trade changed from 1 to 3 years and for retail the licences are termless.

➤ Amendment and Supplement of the Ordinance for Permission of activities with limited quantities of narcotic substances for medical, scientific and educational purposes. (new SG, 76/2004 r.). The control over these activities is confided upon the respective institutions – Ministry of Health, Ministry of economics, Ministry of Interior, Agency “Customs” from the Ministry of Finances.

➤ Regulations for preservation of small quantities of narcotic substances necessary in providing of first aid in case of emergency on board of airplanes and boats (new SG, 112 / 2004). The Regulations are issued on the foundations of art. 57 of NSPCA.

➤ Instruction for interactions of the specialised services on drugs in the ministry of Interior together with Ministry of Health in realisation of the control over the activities with narcotic substances and their preparations, used for medical purposes (new SG, 88/2004).

➤ Regulations for Control over the Precursors of the narcotic Substances (new SG, 50/2004). Sets forth the order and conditions for issuing licences for people, who engage

in production, processing, use in other manufacture, maintaining, importing, exporting, re-exporting, and trade in the country with precursors;

Law Enforcement

With the approval by the XXXIX Parliament of the Republic of Bulgaria of the Amendment and Supplement Act of the Penal Code in significant extent was supported the activity of the institutions responsible for law enforcement and implementation of the state concerning assumed commitments on Chapter XXIV "Justice and Internal Affairs" from the negotiations process for acceding of the country in the European Union.

The serious danger that drugs traffic and dissemination cause on national, regional, and international level has been noted. Adequate measures are being taken to counteract the growing criminal activity, organised on the territory of Bulgaria by foreign and local criminal structures. The specialised services of the Ministry of Interior and the Ministry of Finances carry out their activity in a complicated and dynamical situation with stable trends in the trans-border traffic of drugs and precursors, in increase of demand and supply on the territory of the country.

In 2004 concrete measures are taken related to the effective counteraction of the drugs dissemination, the illegal traffic, and, in more general sense, the law enforcement in the field of drugs.

- ◆ The analytical capacity for testing the narcotic substances was expanded. 4 new laboratories are founded and technically equipped for expert testing of narcotic substances in Blagoevgrad, Pleven, Vratsa, Jambol. At the present moment a total of eleven laboratories function in the country
- ◆ The training and education of the staff, participating in discovering and proving of narcotic substances and precursors, is improved.
- ◆ In a process of testing is new specialised software from the Ministry of Economics, which helps maintain the data base of system information of the registered and licensed manufacturers and merchants of precursors and basic chemicals. Data base of merchants, importers, manufacturers of chemical equipment is in a process of establishment.
- ◆ In 2004 successfully finished the participation of members of the staff of the National Service to Combat Organised Crime, the Agency "Customs", and the Ministry of Economics in the horizontal project of PHARE Programme "Synthetic Drugs and Precursors", focused on strengthening the capacity of the Police forces and the competent institutions from the Ministry of Economics and the Ministry of Finances for disclosure of precursors' diversion from legal use and investigation of illegal laboratories for manufacturing of synthetic drugs.
- ◆ Teams for action in risky conditions – disassembling of illegal laboratories and chemical warehouses – are established, equipped, and trained.
- ◆ From the National Service to Combat Organized Crime an organisation has been founded in which specialised employees from the composition of the Regional Units for Fight Against Organized Crimes, engaged in concrete tasks in control over the activities of persons who invest in production and perform import-export and re-export activities of plants containing narcotic substances and precursors for preventing of their illegal diversion from the declared aim in implementation of art. 68(8) of the Regulations for Implementation of the Act for the Ministry of Interior.

All law enforcement institutions in Bulgaria realise the responsibilities they have to the society and, using the available for the moment resources, directed their efforts toward the optimisation of their activity.

In parallel with achieved results in the field of drug traffic and dissemination counteractions, still continue to be actual the problems in the sphere of raising the capacity of the institutions and their technical and financial assurance.

INSTITUTIONAL FRAMEWORK, STRATEGIES AND POLICIES

Coordination

Established in 2001, the **National Drug Council** is a body to the Council of Ministers, which implements the national politics against drug abuse and for fight the drug trafficking. It is a collective body, which is constituted of Chairman (the Minister of Health), two deputy chairmen (the prime secretary of the Minister of Interior and the deputy minister of the Ministry of Justice), secretary and members. Members of the Council are representatives of the President of the Republic of Bulgaria, the Supreme Prosecution, the Specialized Investigation Office and other concerned Ministries and agencies. The Council defines and coordinates the national politics in the field of the narcotic drugs and precursors, by means of approving the national strategy and the national programme for fight against drug abuse and their illegal trafficking. It is authorized to submit draft budget for the implementation of the national politics in this field and projects of public acts concerning narcotic drugs and precursors, to express opinion on the projects for contracts or for adjoining to international contracts and programmes, to define and approve the national coordinators for the international programmes and projects. For accomplishment of its functions and its politics the Council establishes drug councils on municipal level.

The National Focal Point in the field of drugs and drug addictions is a unit founded with a decision of the National Drug Council and with the order of the Minister of Health as a part of the implementation of the National Strategy for Fight against Drugs 2003 - 2008.

NFP is based in the National Centre for Addictions. The unit carries out informational, analytical, science research, expert-consultative, and publishing activities and is the official partner of the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA) on the behalf of the Republic of Bulgaria, as well as a participant in the European Network for Information in the field of drug addictions (REITOX).

Since October 2004 a **National-Informational Analytical Unit on Drugs** is found and starts to function. In this unit all the institutions engaged in revealing and intercepting of crimes, connected with traffic and dissemination of drugs and precursors are represented, including the competent divisions of Ministry of Interior – National service to Combat Organised Crime, National Investigation Service, National Service of Boarder Police, National Service of Police, Agency “Customs”, Agency for Financial Investigation at the Ministry of Finances. In the unit there are eight officials commissioned from the corresponding agencies and services with head appointed with an order from the Minister of the interior. The National Unit is presented to the participants of the Mini-Dublin Group and the contact officers from the member states of EU. Rules for work in the National Unit are prepared.

Effectively functions the founded **Coordination and Analyses Unit** (in Directorate for Coordination and Information and Analytical Activity - MI), engaged with the monitoring of the implementation of the National Drug Strategy 2003-2008.

In order to coordinate the activities of the structure units in the National Service Police and realization of organisational, controlling, methodological function in limiting and counteracting the crimes related to drugs a **sector “Drugs”** is found.

National Plan and/or strategy

The National drug strategy was accepted by the Council of ministers on February 2nd, 2003 with a Protocol № 8.

This first National drug Strategy outlines the frames for actions in the next five years. It provides for renovations of the structures for achieving of the strategic aims and must be without delay supplemented by an Action Plan, in which concrete tasks and terms are appointed. The Strategy puts the beginning of difficult but extremely important transition, resulting of which the joint efforts of the separate ministries and institutions will grow into strategic cooperation. With a view to the preparation of such an approach, the strategy includes the following four key compound elements:

- ◆ Improvement of development and implementation of balanced policy in the drug field
- ◆ Development of strategic coordination
- ◆ Improvement of the information exchange
- ◆ Implementation of local level policy – strengthening of the role of the Municipal Drug Councils

This integral approach will guarantee the achievement of the strategic aims and will bring to concrete results related to drug demand and drug supply reduction. In order for the strategy to cover all, however, it is necessary to develop an Action Plan, which will bind the National Drug Strategy with other key reforms and strategies concerning the counteraction of drug demand and supply, namely: the health reform (policy), the health insurance fund (financing), the National Anti-AIDS Strategy, the reproductive health, the amendments in the Penal Code (sanctions for drugs), the fight against corruption, the reform of the legal system, the national model for operative information.

The Action Plan of the National Drug Strategy was approved by the Council of Ministers on April 24th, 2003, with a Protocol 18. This Plan is a general mechanism for the implementation of the Strategy and accounts for the Strategy’s main principles.

- The drugs problem is a permanent priority in the international and internal policy of the Republic of Bulgaria;
- Developing of effective system for evaluation of: a) the risks associated with supply and use of drugs and b) efficacy of the actions for fight against drugs;
- Attributing an equal significance to drug demand reduction and drug supply reduction and account for their mutual binding;
- Reinforce of the counteraction against the illegal traffic of psychoactive substances and precursors is an inseparable part of the fight against organized crime, money laundering and corruption, as well as a mean for restraint of the financing of the international terrorist organizations;
- Improvement of interactions and co-operation between the state bodies which are engaged in the fight against drugs;
- Ensuring of strategic coordination on level which will guaranty the realisation of general actions for fight against drugs on inter-institutional level;

- Keeping of the responsibility of the different ministries for financing and management of their tasks which are included in the Action Plan by means of providing of the required budgetary resources in the yearly budget cycle according to the directions defined by the Ministry of Finance (see № 1 25/January/2002 and 22/July/2002);
- Determining of measurable actions which could reported and evaluated in the frames of the time table of the Strategy;
- Permanent work directed towards developing of Action Plan based on actual studies and evidence through which the aims of the National Strategy could be accomplished;
- Establishing of effective interaction and cooperation between the state bodies, private business, non-governmental organisations and civil society for achieving the aims of the Strategy;
- Broad public information, more active incorporating of the subject in the system of the school education;
- Expanding of the cooperation with the international organisations and other countries.

Policy and Strategy Implementation

In 2004 the activities for the implementation of the Action Plan of the National Drug Strategy 2003 – 2008 in the Republic of Bulgaria continued.

With Decree of the Councils of Ministers № 256 from September 9th, (empowered from January 1st, 2005) Amendment and Supplement Act of the Regulations of the organization and Functioning of the National Drug Council was approved with Decree № 10 of the CM from 2001 (SG, 8/2001). In Part IV “Municipal Drug Councils” from the Regulations the structure and the functions of the drug councils and the preventive information centres on municipal level are described. Annually the MDC will report their activities to the NDC by the means of reports on the situation on drugs and drug addictions as well as the implementation of the Action Plans.

Thirteen Preventive information centres are developed at thirteen MDC; namely; in the cities of Sofia, Varna, Bourgas, Vratsa, Sliven, Pernik, Blagoevgrad, Vidin, Pleven, Plovdiv, Dobrich, Silistra, Rouse. The Preventive Information Centres are functional units engaged in collecting, analysing, and dissemination of information on local level necessary for the preparation, implementation and coordination of the municipal programmes and strategies.

Founded until now 27 MDCs in the regional big cities implement the national drug policy on lo with the approved municipal drug programmes and strategies for prevention, treatment, and rehabilitation of drug addictions. Strategic action plans for the local situation are prepared. Key activities of these plans were financed with resources from the National Programme for Implementation of the Action Plan of the National Drug Strategy 2003–2008.

The Municipal Drug Councils define as priority task the limitation of the spread of drug use among the young people and raising the information level of the population about the harms and psycho-social consequences related to drug use and misuse.

The activities related with raising the level of information on the problems of drug misuse among young people, pupils, teachers, parents, are mainly directed towards:

- Realization of preventive informational activity:
 - Development and implementation of programmes in assistance of the parents

- Organizing and realization of media campaigns for fight against drugs and drug addictions
- Realization of programmes for sport activities and tourism for the children and young people
- Development and implementation of programmes for work with groups at high risk
- Assessment of the information level and attitudes towards the psychoactive substances
- Training of multi-disciplinary teams
- Training of persons engaged in prevention programmes, events and campaigns in order to build a network of trained professionals.

The work of the Municipal drug Councils also is expressed in realization of educational campaigns and preparation of preventive-informational materials (leaflets, brochures, flyers, posters, t-shirts) aimed at clarification of the kinds of the psychoactive substances, the harm and the consequences of their use. The grants for activities realized from the MDCs for 2004 were: from the National Drug Strategy (2003-2008) – to the total value of 30 000 levs; from the National programme for prevention, treatment and rehabilitation of drug addictions (2001-2005) – to the total value of 51 000 levs.

The realization of the preventive programmes and activities comes as a result of the joint efforts of state, municipal and non-governmental organisations and institutions. MDCs actively cooperate with the Municipal leaderships, the regional directorates of the interior, the hygienic-epidemiological institutions, the Youth Drug Councils, the local commissions for fight against the anti-social deeds of minors, the Bulgarian Red Cross, the Bulgarian Youth Red Cross, the local media. On one side through this cooperation the interaction between the institutions takes place in realization of the activities stemming from the National drug strategy 2003 – 2008 and the Action Plan on local/regional level and expert and informational support and coordination of the projects and the programmes for prevention of drug addictions. On the other side financial support is provided for the realization of the activities of the MDCs and the PICs.

For implementation of a sub-task from the Action Plan of the National Drug Strategy “Consolidation of 28 Municipal Drug Councils” for 2004 activities and financial means for the strengthening of 16 Municipal Drug Councils were planned.

The first stage of the implementation of the sub-task from the Action Plan was aimed at the training of the local experts from 6 MDCs (Sofia, Blagoevgrad, Plovdiv, Pleven, Pazardjik, and Varna); they participated in a seminar “Analyses of the reports on the local drug situation for 2003, development of drug information system, stability of activities and results”. The experts developed strategic plans for action on local level. Key activities from these plans were financed with means from the National Programme for implementation of the Action Plan of the National Drug Strategy 2003-2008.

On the second stage of the implementation of the strategy local experts from the following 10 cities – Bourgas, Vidin, Veliko Turnovo, Dobrich, Kustendil, Sliven, Silistra, Rouse, Targovishte, Pernik - were engaged.

City reports on the local drug situation were made as a step towards the development of the drug information system in the field.

On the basis of the city reports priorities were extracted and financed with grants from the National Programme for implementation of the Action Plan of the National Drug Strategy 2003-2008 to the total value of 30 000 levs.

In the implementation of the tasks, on which the Action Plan is based, concrete results were achieved also in the field of the fight against drug supply. With the foundation of a national informational-analytical unit on drugs a major problem was overcome, and

namely, the differentiation between the law enforcement organs. The national unit is a structure, uniting representatives from all services and agencies, which serves for optimization of the coordination and interactions between them.

Policy and strategy impact

No new representative data or reliable information have been registered concerning the impact of the policy and strategy.

BUDGET AND PUBLIC EXPENDITURE

In the field of law enforcement, social and health concerns, studies, international activities, coordination, national strategy

In 2001, a National Program for Prevention, Treatment and Rehabilitation of Drug Addictions in the Republic of Bulgaria /2001-2005/ was approved. The State Budget Act shall approve each year the funds for program implementation within the frame of the approved costs under the budget of the Ministry of Health. The funds for current costs by years are as follows:

- report 2002 – BGN 182 896, incl. medicines (methadone): BGN 79 999
- report 2003 – BGN 200 149, incl. medicines (methadone): BGN 114 431
- report 2004 – BGN 248 807, incl. medicines (methadone): BGN 110 615.

Report of the National Drug Strategy for 2005 – 83 792 BGN.

In 2005 the funding to be ensured for activities and under the National Program for implementation of the National Strategy for Drugs Control shall be approx. 300 000 BGN.

In the total amount of state financing of activities on prevention, treatment and rehabilitation of drug addictions should be taken into account the yearly budget of the National Centre for Addictions – approx. 800 000 BGN. The amount of the assigned subsidy from the Ministry of Health for 2004 is 812 347 levs and reported own earnings – 2 460 BGN acquired mainly from carried out paid courses, treatment of foreign citizens, blood testing, rents, etc.

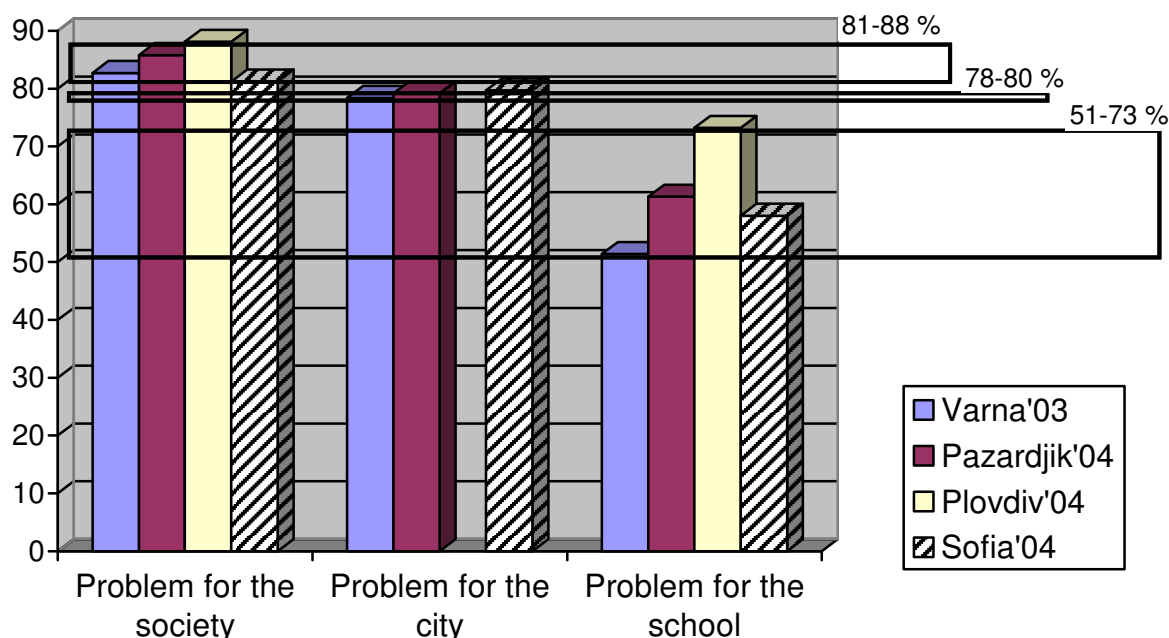
Social and cultural context

Public attitudes

The public opinion on the drug problems is related with non- decreasing anxiety regarding the prevalence, consequences of the drug misuse and dependence, especially in the big cities of Bulgaria. As a whole the abuse and dependence on narcotic substances are perceived as a problem for the society, a problem which needs effective measures, working social responses on the provision of prevention, treatment and rehabilitation in the field of drugs.

For years one of the characteristics of the public attitudes that is interesting is the specific “externalization” of the drug problem on an individual level. With other words, the Bulgarian definitely realizes that the problem exists but in many cases it seems like he sees it away from himself.

Figure 1.1: Drug use as a problem for the country, the city, or the school according to the students from different cities (%)



Source: Representative Studies among students from IX to XII grades (15-19 years old.)in the cities of Sofia, Plovdiv, Varna, and Pazardjik

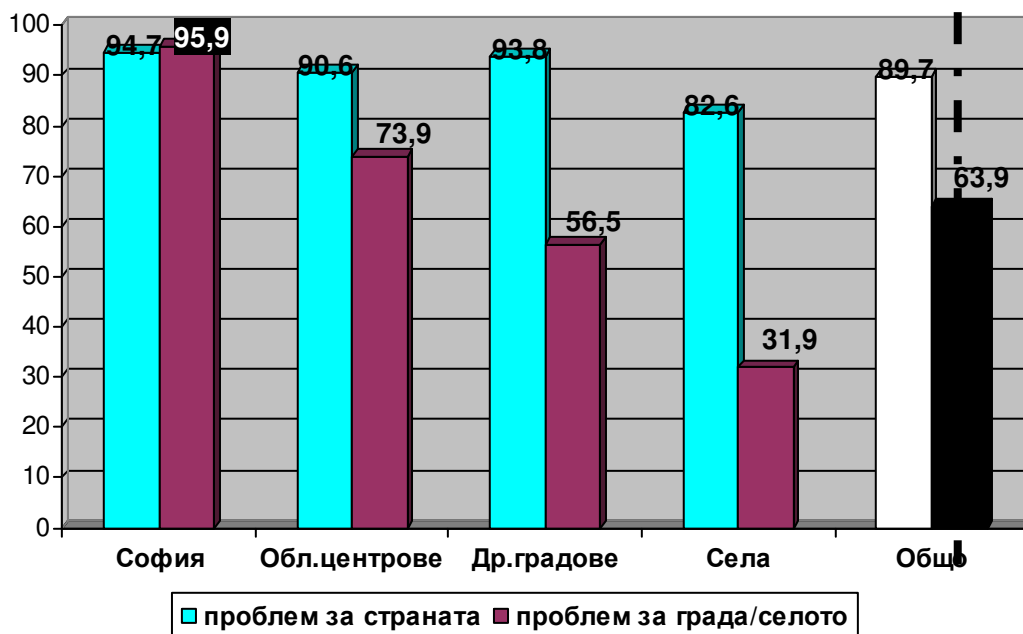
A prove of this can be found for example in a series of school studies, carried out in the period 2003-2004 in the three of the biggest Bulgarian cities – Sofia, Plovdiv, and Varna, as well as Pazardjik¹. The data show that 81-88 % of the students believe that the drug use is a problem for the society, 78-80 % perceive it as a problem for their own city, and much smaller portion – 51-73 % tend to discover the problem in their own school (see Figure 1). This suggests that part of the young people see the problem but in some other part of the society.

Continuation of the above mentioned tendency could be found among the mature population of the country. National representative study in the general population² shows that for 90 % of the Bulgarians the drug use is a problem for our society, as long as 64 % see it in their own settlement (see Figure). The data clearly show that the evaluation of the problem in the inhabited area definitely depends on its type. In the capital which is also the biggest city in Bulgaria as many people who see in the drug use a problem for our country, as many are the ones who see it in their own city. This is normal as far as it is doubtful for someone to think that a problem exists in the country but not in its biggest city. From this point onwards the smaller the inhabited area is (city, town, village), the lesser the number of the citizens to see a local problem with the drugs, having in mind that the total level of problem evaluation for the country remains the same. However, may these

¹ Representative Studies among students from IX to XII grades (15-19 years old.)in the cities of Sofia, Plovdiv, Varna, and Pazardjik (see for details “Data base and studies used as information sources” in Part B in Bibliography, Annexes
² National Representative Study of Drug Use in the General Population, National Focal Point, National Centre for Studies on Public Attitudes, February - March 2005, national 1037 respondents

data reflect the real proportion of the severity of the problem in the country in different in density of population inhabited areas.

Figure 1.2: *Drug use as a problem for the country or the city / the village according to the inhabitants of different types of settlements (%)*



Source: *National representative study in the general population on drugs and drug use in Bulgaria*

Different aspects of the subject of drug use perception as a problem are examined from other research projects and teams. For instance according to the study on the public attitudes among the general population in Bulgaria³ the problem with the drugs and the drug use has been perceived of differently by the different social groups. Young people seem to be much more sensitive about the problem of drugs and drug use. They have also more realistic idea about the phenomenon in comparison with the parents. At the same time the young people are more inclined to underestimate the phenomenon as a threat, as long as the parents assess the problem in its complete seriousness. According to the authors of the research this situation yields two major consequences. Firstly, the children and young people who are subject of the drug-business are more vulnerable as a result of the underestimation of the danger of drug use. In practice that leads to the misconception of “I can stop whenever I wish to”. Secondly, the parents, up to their elbows in daily concerns, do not always realize the danger that their own children can experience such problems. Because of that part of the parents underestimate the prevention and react only just when are confronted in reality with the problem. [MBMD and Salvation Foundation, 2004, p. 46]

According to the research team the efforts must be aimed at two directions: for the children and the young people – for realizing the seriousness of the problem; and for the parents – for directing the attention on the presence of a real danger of drug use in youth surroundings and the upbringing of adequate, sensible parent’s reaction.

Following the same source the drug problem is not perceived as general, of the society, but more like a personal, of the concrete individual. The consequence is turning a back on the danger, presence of the attitude of “This cannot happen to me”. Main reason for

³ The Public Attitude and the Fight against Drug Use, MBMD and Salvation Foundation, November 2003, Sofia and regional centres, 1000 children and young people aged 12-30, 500 parents

distancing of the problem is fear. One of its dimensions is the suggestion that drug addictions are something extremely negative. The use of this emotion as a preventive measure, even if this succeeds, has an important, socially significant side effect – the alienation, that leads to the lack of compassion to the fate of already addicted and condemns them to isolation. The same fear sometimes determines the refraining on behalf of the parents to talk on the subject with the children, in order not to raise the attention of the children on the issue. The second dimension of the fear is the real danger that the drug dealers represent.

The representative study among the general population of Bulgaria gives new data about the general attitudes. The shares of Bulgarians, who indicated that they do not have any opinion on smoking, drinking, and drug use, are small. We speak for shares under 5 %. The drug use is something, which is categorically unacceptable for the public, compared with opinion on tobacco smoking and drinking of alcohol.

88 % are categorically against the use of drugs, , 23% - tobacco smoking, and 18 % - drinking of alcohol. Smoking, drinking and drug use are in bigger degree unacceptable for the people over 50 years of age. [Momtchil Vassilev, Lidia Jordanova, 2005]

Young people under 30 years of age are more liberal compared with the other age groups towards smoking, drinking and drug use. It is a fact, however, that only 5% of the people under the age of 30 are inclined to accept the drug use as something normal.

Very small are the shares of the Bulgarians according to whom the smoking of cannabis is harmless. The smoking of cannabis is perceived by itself as risky. In addition to that the use of heroin is as though as a synonym of the understanding of a “big risk”. Approximately the same is the danger that the people see for the users of ecstasy, more of the opinions weigh down towards the assessment for “big risk”.

It is an interesting fact that 83 % of the Bulgarians aged up to 60 declare their wish for strict laws against the producers and distributors of drugs, and around half of them (42 %) wish for strict laws for the drug users. There is not a deficit of frankly repressive ideas like, for example, “to isolate the drug users from society”, shared by 11 %. On the other side for more open talking on these problems appeal 34 % of the respondents.

In continuation the above mentioned tendencies in the public attitudes towards narcotic substances data can be presented from the national representative study on the use of alcohol, cigarettes, and drugs among the students aged 15 to 19 in Bulgaria, carried out in 2003 using the methodology of ESPAD ⁴. According to these data in the convictions of the young people for the risk of the use of psychoactive substances two lines are observed – first one is that in situational use of some legal psychoactive substances – cigarettes or alcohol, the risk is small or none. It is true according to 62.5% for cigarettes smoking occasionally, for 36.7% to have one or two drinks almost every day falls into the same category, 34.4% consider drinking of five or more drinks on weekends also is harmless or physical or other harm is minimal. To experiment with marijuana or hashish (32.3%) or to smoke marijuana or hashish (25.0%) for at least one forth of the young people is not dangerous for the health. Every sixth thinks that to try ecstasy is not a risk, every eighth thinks in the same way about the try of amphetamines, every ninth – for the try of crack, every tenth for the try of LSD or inhalants. Only the experimentation with drugs injecting them is perceived by the young people as a big risk (62.8%). This is the only thing that line up with the other beliefs of the students between 9 and 11 grade. At least half of the young people perceive the regular misuse of legal drugs and the use of illegal drugs as a big risk

⁴ Anina Chileva, Momtchil Vassilev, Krassimir Kalinov, Georgi Vassilev, the use of alcohol, cigarettes and drugs among pupils in Bulgaria (national representative study among pupils from IX to XII grade with the methodology of ESPAD), presentation for the media, March 09, 2004, Sofia

for the health. In the same way are assessed the smoking of one or more boxes of cigarettes a day (63.1%); drinking of four or five alcoholic beverages almost every day (57.2%), regular smoking of marijuana or hashish (70.8%), regular use of LSD (58.9%), of amphetamines (61.9%), of cocaine or crack (72.1%), of ecstasy (65.6%), of inhalants (66.8%), and the regular injecting of drugs is perceived as risky from 77.8% of the young people. As a whole the girls evaluate the try as less risky, and the regular use of psychoactive substances as riskier than the boys. Experimentation is assessed as riskier from the girls only regarding alcohol or the injecting use of drugs.

2.2. DRUG USE IN THE POPULATION

Methodological frame and passport of the study

The study was conducted in the period of February 23rd – March 7th. 1000 respondents aged 18-60 were inquired. The sample includes 86 населени места в цялата страна.

The values and their projection in life

Good family is a value with no analogue for the Bulgarians aged 18-60. 94 % of the respondents agree with this. On second position the participants place as a value the friendship, indicated by 87%, on third place is the love (indicated by 79%), good profession (77,7%). It makes an impression that except for the religion, on which very much rely 27% of the interviewed, the “weight” of the other values is very high, and that is why less than 10 % are the people who do not care about these values. Money, sex, and entertainment are important but not a small number of people confess that they do not care extremely about them. For example, money has mean importance for 39% of the interviewed, and the entertainment has mean importance for almost half of the respondents (48%).

Significant specific exists in the values of the different socio-demographic groups of respondents. For example, men favour the role of the money in comparison with women. This is easily explained having in mind the expectations related with the male role in the family. Sex is twice as much appreciated by men than by women (two times more men indicate that sex is something very important for them, compared to women). Entertainments are accentuated by men, by the youngest respondents, as well as the respondents who do not have a family yet.

On their personal freedom insist mostly the respondents aged between 18 and 30, as well as people who do not have a family.

87% of the respondents indicate that they have a good family and besides that answering in this way holds a prestigious character, it is likely that in general the situation is favourable. Mostly satisfied by their family situation are the married Bulgarians - - 93% of them define their family as good. In the same way think not a small number of the unmarried - 83%; they decrease to 58% in divorced.

Satisfied by their profession are the most educated Bulgarians as well as the married people. Off course three times more satisfied by their professions are the people who have high standard compared to the poor.

There is definitely a direct relationship between satisfaction from the education and acquired stage of education. The higher educated respondents are much more satisfied from their education and much more often called it “good education” compared with the respondents with lower level of education.

83% are delighted by good friends, and 77% - of personal freedom. Least is the share of the people who indicate that they have enough money – only 18% of the. Least money have the married, as well as the ones that study at the moment. Not enough are the

satisfied from entertainment they can afford - 41% define as sufficient the entertainment they can count on.

Three quarters of the participants in the research state that they feel completely free to follow their religion. People over the age of 30, the married, the Roma, and the Turks prevail among them.

General health status

The most mass answer with which Bulgarians describe their health status is "good". In the same way describe themselves 48% of the respondents in the current study. 26% define their health as "very good".

According to 22% the health can be described as satisfactory, and to 4% - as bad. Under 1% are the respondents answered that their health is very bad.

Men more often than women evaluate their health as very good, and women more often use the expression "good". The self-evaluation of the health of the people under 40 years of age significantly differs from that of people over this age.

42% of the respondents indicate that they did not take medicines at all during the last month. Men and young people under 30 register higher shares than the others in non-users of medicines.

General attitudes towards tobacco smoking, drinking, and using of drugs

Very undersized are the shares of the Bulgarians who indicate that they do not have an opinion about tobacco smoking, drinking, and using of drugs. We talk for shares under 5%. The use of drugs is something that the public attitude categorically does not accept, compared to tobacco smoking and drinking of alcohol.

88% categorically do not accept the use of drugs, 23% - the smoking of tobacco, and 18% - the drinking. Smoking is perceived like something "rather acceptable" from half of the Bulgarians, drinking – from a little more. On 2% adds up the share of the Bulgarians for whom the use of drugs is at some extent acceptable. Smoking, drinking and the use of drugs are in biggest extent unacceptable for people over the age of 50.

Smoking is approximately in an equal extent acceptable for men and women.

Drinking is in lesser extent well accepted by the women in comparison with men. Young people under the age of 30 are more liberal than the other age groups regarding smoking, drinking, and drug use. It is a fact, however, that barely 5% of the people aged below 30 are inclined to accept the use of drugs as something casual.

The public attitude in the country perceives the moderate alcohol consumption as the least harmful thing, in comparison with the smoking and drug using. 43% do not see any risk in drinking occasionally. But this is not the way things are when we speak of smoking cigarettes occasionally. Only 26% are convinced that the occasional smoking does not carry any risks for the people's health.

Very small are the shares of the Bulgarians according to whom the smoking of cannabis is harmless. And here the specifying that the smoking is irregular does not work as an excuse. The smoking of cannabis is perceived as risky and no specifications can change the basic attitudes of the population.

The heroin use is a synonym of the understanding for a “big risk”. A little less smaller is the danger that the people see for the users of ecstasy, but the majority of the opinions weight down in the direction of the assessment of “big risk”.

49% of the respondents have an opinion that the tobacco smoking is an important issue for the society, and 28% of them define it as less important for the society. According to 15% the tobacco smoking does represent problem for the public.

The opinion that tobacco smoking is not a public issue is wider spread among men and young people under 30 years of age.

Tobacco smoking is an important issue for the public according to women in bigger extent than in men as well as it is important for the older respondents and particularly the married.

45% estimate that the use of alcohol is an important public problem. According to 13% the use of alcohol does not have to be examined as a public problem. Every fourth defines alcohol as unimportant problem for the society.

The ones that do not see a public problem in the alcohol are equally represented in the most social strata. Women and people over 40 more often than the others tend to see in the alcohol a significant social issue.

83% of the Bulgarians up to 60 years old proclaim that there have to be strict laws against the producers and dealers of drugs. 42% want strict laws for drug users, too. For more openness and talking about these problems appeal 34% of the respondents. Candidly restrictive ideas also are found – as the drug users must be isolated from society – wished for by 11%.

Use of medicines

Analgetics are the most often used non-prescribed medicines among the suggested groups of medicines. 37% indicate that they have taken analgetics not prescribed by a doctor. Least are the people who used antidepressants without prescription – under 1,5 % of all respondents

30% indicate that they used analgetics during the last year not having prescription for them. Around 1 % of the respondents have taken antidepressants or sedatives not prescribed by a doctor. A little more used are the tranquilisers – they were used by 4% of the participants in the study.

The use of analgetics in the frames of the last month drops to 18% for all of the respondents as the shares of the users of antidepressants and sedatives remain the same in comparable shares with those of use in the last year.

Majority of the respondents - 95% indicate that when using sedatives or tranquilisers they do not use alcohol. 4% indicate that this did happen a time ago and under 2% admit that they have used sedatives and tranquilisers simultaneously with alcohol lately. More inclined to confess that they sometimes used tablets (sedatives and tranquilisers) together with alcohol are men and younger respondents (aged below 30).

As a whole young people and women tend to use more than the others analgetics, tranquilisers, and sedatives.

Drug use

According to 89% of the interviewed Bulgarians the drug use is a problem for the country. Less than 1% are the ones that state that this problem is not nationally significant for the country. Regarding the answers on this question we observe a consensus between the different social strata.

Drug use is a problem also for the population for their inhabited area, in the concrete towns and villages according to 62% of the participants in the study. The youngest under 30 years of age are clear about the regional significance of the problem and show biggest competence from all the respondents.

Every tenth Bulgarian aged above 60 moves in circles where there are people who use drugs. 73% indicate that in their surroundings there are no people who use drugs. 17% do not dare to give a straight answer and obviously are not quite sure if there are drug users in their surroundings.

Every fifth young man aged below 30 admits that there are drug users in his environment. Similar is the share of the people who are not married, as well as the students.

The data show that more often drugs were being offered to men. Drugs are being offered to every fourth of the young below 30.

The main sources of information about the effect of drugs and the consequences of their use are the media, the movies, and the friends. Every tenth admits that he has immediate impressions and observations on drug users, besides the ones from the movies.

Only 13% of the respondents do not express interest to the subject of the effect of drugs.

Every fifth young person under the age of 30 indicates that his knowledge for the effects of drug use come direct way – through observations of drug users. Friends are very important information source for young people. Internet is an information on questions regarding drug use for a limited circle of young people - 5%.

As a whole the knowledge of the young people form through immediate as well as indirect canals and ways, as long as the older have indirect impressions – through the media or stories of friends.

52% of all respondents define their interest to the questions regarding drugs and drug users as a wish for protection – of themselves or their relatives.

14% reduce their interest to curiousness. 27% show that for them this information is not interesting.

The marijuana, hashish, and cocaine are best known names of psychoactive drugs, indicated respectively as familiar by 52%, 49% and 47% of the respondents.

To around one third of the interviewed the names of the amphetamines, anabolic steroids, and ecstasy are familiar. Between one fifth and one fourth know what methadone, gandja, codeine, and LSD are. Least known are piko and troxin.

Men and young people below 30 are best acquainted with the names of the above mentioned psychoactive substances. More informed by the rest are the people who are not deprived materially.

It looks like codeine belongs to another generation - not the recent youth - because they do not show more knowledge about it than the older people. Cocaine is equally well known for the youngest and for the 30-40 years old. The same goes for LSD and for the marijuana. Methadone is relatively more known to the people aged 30-40 than to the younger respondents.

According to the public opinion young people use drugs mainly because of their drive to find out something unknown, because of curiosity or the thrill of the new. This is how 53 % of the respondents think. Among young people is quite widely spread the answer that drugs are being used because of the nice feelings, because of the pleasure. Very significant explanation of the young people is that the drug use is a way to become accepted, to become part of the group or the company. Obviously the drugs, according to one third of the young people, create the feeling of less problematic incorporation to the group and the company and shorten faster the distance between them and the others. Generally the data leave the impression that the drugs work in young people before all for improving of the communication, drugs work as a receipt for interaction with the preferred people. The loneliness of the young people is a major factor according to the data from the recent study for turning to drugs.

As a whole the study registers very minimal share from the respondents who admit that they have used drugs. The answer to this question obviously lies in the personal choice and it can be suggested that the ones expressing interest to drugs are less than the real share of the users.

The share in this study is quite minimal and every comment made on it is close to absurd, however, it is worth to be given some outlines.

In the sample the cases of confession for drug use from people over the age of 40 are an exception. Most of the respondents who admitted using drugs are men.

Heroin have used sometime in their lifetime 1.3 % of the men. Methadone have used also men under 30 - 0.6%. Morphine, codeine, lydol, etc., have used 1.8% of the men and 0.7% of the women.

Cocaine have used 2.9% of the men below the age of 30. Amphetamines have 2.4% of the men and a total of 4% of the young people aged under 30. Ecstasy have used 2.3% of the men and 0.1% of the women. 3% have used ecstasy until the age of 30 and 0.7% - until the age of 40.

LSD have used 2% of the respondents aged up to 30 and 1% of the men and 0,4% of the women.

Marijuana used 10.3% of the young below 30 and 2.5% of the respondents below 40. Men who have used marijuana are 6%, and women -2%. Over 11% are the wealthy who used marijuana, while the poor that used marijuana are only 1.4%.

The curiosity and the supposed pleasure motivated the young people to use drugs (confess the ones that have used drugs).

Three quarters of the ones that have used drugs deny that the drug use have caused any problems for them – health, study, work, relationship problems.

3.3. PREVENTION

Review/summary about frame, strategies and interventions in reference to universal and selective prevention (incl. national prevention)

Pursuant to the Bulgarian Narcotic Substances and Precursors Control Act (1999) National Drug Council (NDC) was established, a body, which implements the national policy against narcotic substances abuse. For the purposes of the policy implementation, the NDC has established a network of Municipal Drug Councils. The activity of the Councils are controlling by Secretary of NDC. The National Centre for Addictions is a body of methodological assistance of issues on prevention of addictions.

It was adopted a National Strategy for Drugs Control (2003-2008). The first strategic objective is "Limitation of the involvement of new persons in narcotic substances abuse", and the second is "Decrease of the abuse with illegal narcotic substances". The action plan under such objectives includes following activities: introduction of systematic health education in the field of secondary education; development and implementation of programs for assistance of parents; establishment and training of multidisciplinary teams; organizing and conducting of media campaigns for combating drugs and drug addictions; elaboration of programs for sport and tourism for children and young people; development and implementation of programs for work with high risk groups. The National Program for Prevention, Treatment, and Rehabilitation of Drug Addictions in the Republic of Bulgaria (2001-2005) was in reference to the program for realization the action plan of National Strategy.

BASIC SUBJECTS

UNIVERSAL PREVENTION

The positions of the traditional campaign models of intervention are greatly and in them are placed universal and hard measured aims. But there is not a clear methodological basis of selected interventions and there are not making assessment about their effectiveness.

School

Specific programs were realized for introduction of systematic health education in the field of secondary education. In the frame of universal education the integrated approach to health education was placed in the National requirements for Education for school contents and in the new school programs. They defined the competences, which the students should be developed to the end of every stage and grade of education and at the end of every school year of education on certain discipline. From first to sixth grade there is a difference in the examination on the problems of different disciplines, mostly Biology and health education, Philosophy and World and personality. The integrity in this case was reached by contact between disciplines, which are a part of the disciplines. The new school programs were introduced from 1-th to 3-th class and from 9-th to 12-th class. There particular important thing is that applying on active methods to teaching, which develop social and life-important skills, are basis for the modernizing of education process on school level. These skills are basis for build an active and positive personality, which may to take a decision, to stand up against pressure and to build positive relationships with others. These skills are basis for the prevention of psychoactive substances use.

The large school forms are lectures, talks, different companies and school competitions in different fields and genres, directed towards drug use.

For organizing of prevention programs the school bodies trust by external coalitions of state, municipal and non-governmental organizations, because of the lack of own resources. There were established Prevention and Information Centres. In the City of Sofia by the Prevention and Information Centre was developed and introduced in nine schools a prevention program on risk behaviour by the approach "Peer education". An objective of this program is establishment of network by students, who would give authentic knowledge to their peer students and would work to change the attitudes about risk behaviour. In the City of Varna by the Prevention and Information Centre was realized a program for the students in the first grade of the secondary school at 5 schools, parents and pedagogical staff and the students from 5 to 12 grade, parents and pedagogical staff, directed towards increase the information to objective groups and gain skills for stand up against pressure and "life skills" by students.

Family

No approved systematic programs for parents' assistance exist. The most common practice is the conducting in the schools of special parents meetings, aiming to increase the sensitivity and awareness of the parents. Health educational materials - leaflets, brochures, books, films, etc., specialized for providing assistance to the parents through information on narcotic substances and identification of symptoms and problems related with drugs use, advice, direction to competent service, etc., are available (and distributed mainly free of charge).

Community

For the purposes of implementation of the National program for prevention, treatment and rehabilitation of drug addictions in the Republic of Bulgaria (2001-2005) a team of NCA and NDC trained teams of MDCs from sixteen regional centres in the country (from 2003: Blagoevgrad, Varna, Pazardzhik, Pleven, Plovdiv and Sofia; from 2004: Bourgas, Veliko Turnovo, Vidin, Dobrich, Kyustendil, Pernik, Rousse, Sliven, Silistra and Targoviste), in the field of strategic planning and assisted them in the performance of assessment of situation and in elaboration of local action plan. The actions performed in this relation at municipal level included mainly information campaigns by means of health education materials (newsheets, newspaper, exhibition, films, brochures, stickers, leaflets, posters), increase of knowledge and work with attitudes of students in the secondary schools (talks, discussions, competitions) and capacity building (training of young leaders, training of school specialists – pedagogic counsellors, medical nurses, teachers).

In Sofia and Plovdiv Prevention and Information Centers realized programs for Child consulting in risk situation and Family consulting about problems with drugs use.

In the City of Varna the program is realized by Prevention and Information Centre – Varna Municipality together with Association "Syuchastie" and Foundation "For better psychical health".

The target group of the program consists of the families with people under 18 years old, incl. drop out students of the Education system.

The program gives free information, advices following questions: what is drugs and effects and risks in reference to drugs use; what must be done to decrease the risk when using drugs; how drugs use may be identified; what must be done if drugs use already is present.

SELECTIVE PREVENTION

There are no programs with clear methodology, describing components and measurement of their effect.

Recreational Settings

In the Ministry of Education and Science (MES) was developed Instruction for organizing out of school, training and competitive activity. In the Ministry of Youth and Sports (MYS) were realized programs called “No to drugs”, “Sport vacation” (371 projects in 142 municipalities in whole country), “Sport against drugs” (2 projects – in city of Sofia and Plovdiv with total number of participants 268). Together with MES and local administration were held sport students’ games, where 10% of total number of students in the country participated.

No available data for specific programs for the recreational settings (discotheques, clubs, and parties).

At risk groups

In the Ministry of Education and Science (MES), together with the Central Committee for Minor and Underage Disorderly Conduct Control (MUDCC) were developed a exemplary state and functions of the School Committees for Minor and Underage Disorderly Conduct Control, where special attention is paid to work in the school with the different categories “children at risk” and to the interaction of the school with the bodies of children protection.

In the Ministry of Education and Science (MES) was developed a project for education programs among young leaders (of the children in Centres for children without parent cares) and pedagogical staff at work on problems of children rights, the health education and a prevention of risk behaviour for health and life. The objective is to develop the life-important and social skills among children and young people, staying a short or long time in Centres for children without parent cares.

At risk families

No available data for specific programs.

4.4. PROBLEM DRUG USE

The existing data and longitudinal observation show that in Bulgaria the **most problematic substance is the Heroin** (over 90% of treatment demands in Sofia have it as primary drug).

The number of **problem heroin users continues to increase** although with more moderate rates than in the mid 90's. Now probably the yearly raise is in the frames of 2-3 000 people for all the country. Slightly increases the presence of Cannabis as accompanying to the primary drug (mostly Heroin) in treatment demands.

There are some new signs regarding the risk behavior among problem drug users. It seems like **the use of shared needles and syringes is gradually decreasing**, which is a good prerequisite for harm reduction besides the main harm – the use itself.

The problems with drug use **enter in different ethnic groups in Bulgaria** – mostly in the Roma community. There has been a noticeable increase of the Roma treatment demands. In 2003 7,5% of the people, seeking treatment for drug problems in Sofia, were with Roma origins – 3 years earlier this percentage was 6,7%. To become even worse, drug use in this community is often accompanied by unfavourable social phenomena like prostitution, criminal activity (including drug related criminal activity), social exclusion, etc.

PREVALENCE ESTIMATES

By substance used

The summary estimate of problem heroin users in Bulgaria is between 20 000 and 30 000 people. One part of the estimate was obtained with the Multiplier Method Using Treatment Data. This method is based on the rate (in absolute number) of the subgroup of the problem drug users, seeking treatment for a given period of time. This number later is multiplied by relevant multiplier reflecting approximately the rate of treatment demands to all the population of problem drug users.

The mathematical procedure is:

$$T = B / c$$

where:

T – problem drug users estimate

B – number of people demanded treatment for certain period of time

c – the approximate rate of treatment demands to all population of drug users

Shortly the procedure and the philosophy behind this estimate is the following:

⇒ From the official medical statistics can be seen that in the **90's (1991 – 2000) the number of admitted in the inpatient wards of the psychiatric hospitals addicted to drugs patients in the country was over 7 000 (not personified).**

- ⇒ From the Treatment Demand Data we know that in that period **around 44 – 45% of treatment demands are for the first time** – new persons appear in the specialized treatment system for the first time. This means that for 10 years **3000 – 3500 identified (not double counted) patients were treated in the inpatient wards.**
- ⇒ The Treatment Demand Data shows also that during the last 10 years **inpatient treatment demands are approximately 1/5 of all treatment demands.** Therefore it could be expected that the **total number of the people seeking treatment was around 15-17 000..**
- ⇒ Data from studies using Snowball Sampling Method in Sofia, conducted in the drug users population, show that **around half of problem drug users do not look for medical help** Therefore it could be expected that **problem heroin users in the country are around or over 30 000..**

Unfortunately, due to various reasons, a reliable and valid estimate of problem users of other than heroin (opiates), cocaine and other stimulants is still missing. Anyway, according to expert assessment the probable **number of daily cocaine users in the country is around 1 000 – 2 500.**

One must have in mind that the treatment demands for serious abuse or addiction to narcotic substances are mainly from people having problems with heroin (around 90% of all treatments in the National Centre for Addictions). This means that for the moment the pressure for treatment on the system comes from this kind of patients.

PROFILE OF CLIENTS IN TREATMENT

The data from treatment demand in the specialized units in ten cities in Bulgaria in 2004 shows some specific characteristics of the group profile of people with problem drug use. Here are some of the features:

32,7% demand for treatment for the first time (40,8% in outpatient units and 37,8% in inpatient units);

Gradually decreasing of this proportion from around 50% in the second half of the 90's to 30-40% in the last 3 years, which could mean certain "closing" either of the drug population as a whole or of the population who is looking for treatment.

18,9% are women, 81,1% are men (respectively 19,0% / 81,0% in outpatient units and 88,5% / 11,5% in inpatient units);

The ratio males / females approximately 4 : 1 remains stable in the last decade.

13,4% are below 20 years of age, 86,1% - are up to 30 years (mean age 24,6 years) – respectively 23,4 years in outpatient units and 23,1 years in inpatient units.

Stable relatively young age of the people looking for treatment leads to the assumption of the youthful appearance of the whole drug using population.

9,6% live with another drug user (8,0% in outpatient units and 12,2% in inpatient units);

Practically every ninth of the people seeking treatment faces some aggravating circumstances. The problem turns from individual problem to group setback.

17,3% have permanent job (21,1% in outpatient units and 8,8% in inpatient units);

The lack of stable occupation not only reinforces the effect of the social alienation but becomes part of a peculiar vicious circle of reciprocally overburdening problems – the treatment has no particular chances when there is a continuous unemployment, and founding a job is very problematic when there is a drug problem.

95,5% have Heroin as primary drug (93,8% in outpatient units and 95,8% in inpatient units);

Due to number of reasons and mostly because of relatively “favorable” ratio of effect / availability the heroin still remains the most widely spread drug among problem drug users. In the end of the last decade and in the beginning of the new decade every year between 95% and 97% from the people seeking treatment in regards to their drug problem in the specialized treatment units in Sofia have used heroin. Anyway gradually, although week, the proportion of the people seeking treatment for cannabis is beginning to grow.

83,5 % use the primary drug on a daily basis (81,0% in outpatient units and 89,0% in inpatient units);

This indicator shows the relationship between treatment demand and problem drug use.

79,6 % have started the use of the primary drug in their 20's, 35,2 % - up to 16 years of age (mean age first use 18,3);

The age of initiation of the drug use remains low. The practitioners in Sofia signalize that their observation show that already appear patients with heroin problems at the age of 11-12. This is a warning sign that the preventive activities must begin at an earlier age. As a summary we acknowledged that the **mean age of the first drug use remains low** – for heroin in treatment demand it is between 18 – 19 years of age, for cannabis between 16 and 17.

75,9 % mostly inject primary drug (73,0% in outpatient units and 80,1% in inpatient units);

18,7 % have shared used needles and syringes in the last month (81,0% in outpatient units and 89,0% in inpatient units).

These two indicators reveal different aspects of the risk behavior of the young people using drugs. The positive tendency is that the second registers a certain decrease in the last years and this probably is due to the good work in the field of the prevention and harm reduction. Anyway these values remain higher than in big part of the European countries.

Table 4.1

COMPARATIVE DATA ON DRUG DEMAND IN SOFIA 1998 / 2003

Years	1998	1999	2000	2001	2002	2003	2004
Indicators:							
Share of first treatment demand	43%	49%	38%	43%	32%	31%	33%
Share of males in TD	81%	76%	79%	83%	80%	79%	81%
Mean age of people seeking treatment	22,2	21,5	22,2	22,5	23,3	23,3	24,6
Share of TD in relation to heroin and other opiates	97%	97%	98%	96%	95%	95%	96%
Share of daily users	90%	78%	90%	85%	81%	81%	84%
Share of injectors of primary drug	81%	74%	78%	76%	75%	76%	76%
Mean age at first use	19,1	18,4	18,5	18,8	18,7	18,2	18,3

Source: National Centre for Addictions, Treatment Demand Study in Sofia

5. DRUG RELATED TREATMENT

A significant activity has been accomplished on working on methodological documents and implementation of best practices in treatment and rehabilitation. A thematic series "Treatment of Addictions" are published including "Consensus statement regarding recommended approach in treatment of addictions"⁵ and "Guidance for treatment with methadone"⁶. In the first one basic principles for successful treatment of addictions are shown; phases of treatment, the place and the role of the different specialists, for example general practitioners, the psychiatrists in the treatment system of addictions; the second publication in generalised view are given the main principals of the methadone treatment; the vast variety of different models and practices offered in the European countries are covered.

In the sphere of the methodological guidance a book is published – "Problem oriented programme planning of addictions"⁷. The use of this method became a fact thanks to the project from PHARE Programme – Technical Assistance in Drug Demand Reduction – II (1998 – 1999), in which Bulgaria, along with Latvia and Estonia participated in the sub-project "Outpatient Services for Treatment of Drug Addictions". The recent guidance is based mainly on the materials, training, discussiona and the results from the First Methodological Seminar of the Project – Bistitsa, Sofia, May 26 – 31, 1998, which was dedicated to the developing of the national; and sub-regional action plans of the Project.

The treatment of patients with dependence on psychoactive substances basically takes place in the treatment institutions for psychiatric help - 11 State Psychiatric Hospitals - (SPH-Tserova Korja, SPH - Sevlievo, SPH - Karvuna, SPH - Kurdjali, SPH - Karlukovo, SPH - Lovetch, SPH - Patalenitsa, SPH -Biala, SPH – Novi Iskar, SPH -Radnevo, SPH – Tsarev brod), 12 District units for psychiatric disorders with inpatient **wards** , 11 Psychiatric wards to Multi-profiled hospitals for active treatment and 4 Psychiatric clinics to University hospitals. The total number of the beds is 5439, 201 of which are structured for dependent patients.

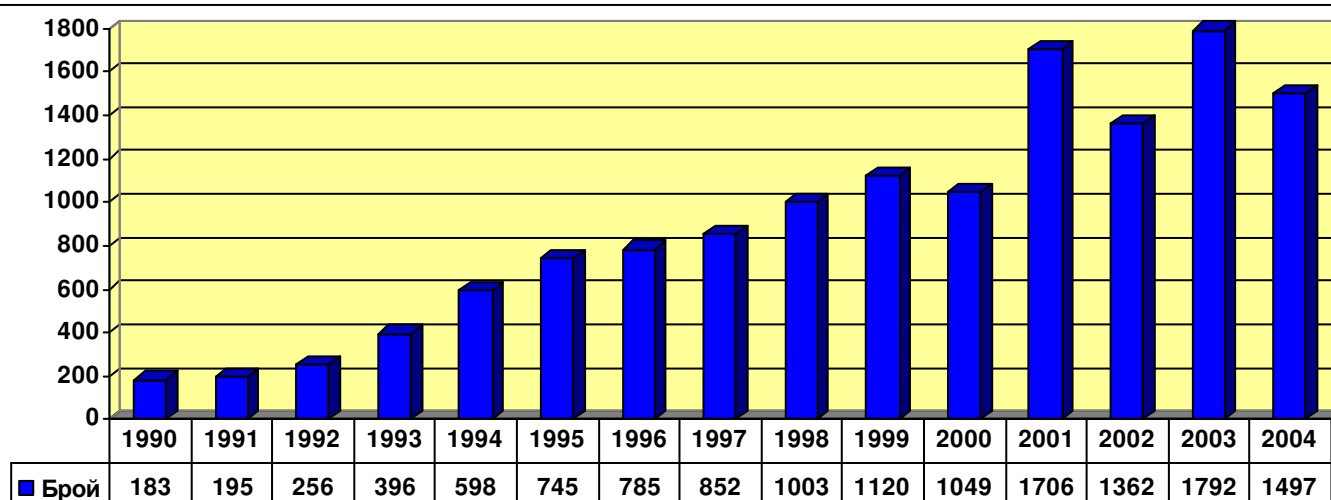
⁵ Dr. Georgi Vassilev, Dr. Alexander Kanchelov, Dr. Georgi Arsenov, ass.prof. Dr. Maria Alexandrova, Consensus Statement Regarding Recommended Approach in Treatment of Addictions, published by National Centre for Addictions, Sofia 2002

⁶ Anet Verster, Ernst Buning, Guidelines for Methadone Treatment, translation Dr. Alexander Kanchelov, published by National Centre for Addictions, Sofia 2002

⁷ Dr. Georgi Vassilev, Dr. Daniela Alexieva Problem Oriented Programme Planning in , published by National Centre for Addictions, Sofia 2002

NUMBER OF ADMITTED FOR TREATMENT OF DRUG DEPENDENCE PATIENTS (ICD-CODE 304) IN THE INPATIENT UNITS OF THE PSYCHIATRIC INSTITUTIONS IN THE COUNTRY FOR THE PERIOD 1990-2004

Table 5.1



In 2004 in specialised inpatient units 1497 have been registered with diagnose drug dependence and 43 with diagnose non-dependent abuse of drugs. For outpatient monitoring are the following number of patients: diagnosed with “Drug dependence” – 1021 and diagnosed with “Non-dependent abuse of drugs” -183 patients.

The diagnose dependence on psychoactive substances is put according to the criteria of the International Classification of Diseases – Revision 10 and in this sense the ICD-10 dependences are part of the Psychiatric Health.

The medical activities on the treatment of dependencies carried out in the outpatient units is paid by the National Health Fund. The financing of the inpatient psychiatric help on this stage is a commitment for the Republican Budget, through the Ministry of Health and the municipal budgets. In Ordinance № 29 from December, 2003 for defining of the basic pack of health activities, guaranteed by the National Health fund, to the activities, performed by the general practitioner are envisaged also carrying out of prevention and detection of addictions, As long as the dependencies are a subject of the specialty Psychiatry, the included in the pack of the psychiatrists-specialists from the outpatient help entirely concern the patients with dependence. The treatment of the dependent patients is carried put by psychiatrists-specialists in multi-disciplinary teams.

In cases of emergency conditions (intoxications, etc.) the emergency treatment is carried out by the Centres for Emergency Help, from where, if necessary, the patients are directed to toxicology units and intensive treatment or to others hospital wards, according to the somatic injuries diagnosed

In conjunction with that specialized forms of organisations and technologies for treatment of addictions are developed: substitution maintaining programmes with opioid agonists for addicted to heroin patients, rehabilitation programmes of the type “day care” or the type “day centre”, therapeutic communities, psychotherapeutic family therapy, group therapy, etc.

The treatment of the patients with drug dependence is based on two general principals: drug free treatment and medically assisted treatment.

The drug free treatment is a psycho-social therapeutic approach directed towards complete psychosocial recovery and reintegration of the dependent person in which the treatment with medicines is minimal. These programmes follow the detoxification stage and are two main types:

1. Residential – Therapeutic communities
2. Outpatient – Day centres in the community

There are two licensed therapeutic communities in Bulgaria – “Phoenix” House – the village of Brakiovtsi, and the programme of the Open Society – in the city of Veliko Tarnovo. The total number of the places in the two programmes is around 40. The therapeutic community in Veliko Tarnovo faces serious difficulties, which results in the lack of patients. An urgent situation assessment is needed and suggestions for the future development of the programme.

The outpatient treatment is accessible in three day centres in Sofia and in Varna. The main financing of the outpatient programmes comes from the budget of the National Programme for Prevention, Treatment and Rehabilitation of Drug Addictions 2001 - 2005.

The general field of the intervention of the Programme are the rehabilitation activities and programmes, which assist the efforts of the young person who abuses psychoactive substances to return completely into the society to which he belongs.

The purposes of the intervention in this field are;

1. To raise the coverage of the patients who complete the first stages of the treatment of the drug dependencies in the rehabilitation programmes.

2. To develop municipal, social services and non-governmental organisations and stable functioning of a network of rehabilitation programmes and services for drug dependent people.

3. To integrate this network in the general network of the drug treatment activities.

An element of the development of the recent system of rehabilitation in the country is the establishment of protected residence for patients who have successfully finished the inpatient stage of their treatment. With funding from the National Programme “protected residence” is founded for the patients of the Day Centre of the National Centre for Addictions.

Medically Assisted Treatment

The treatment of the abstinence is the main form of treatment to be provide for the patients in the country.

Substitution Treatment:

With the approval of the Programme for development of the methadone maintenance treatment in 2003 the treatment system of programmes for substitutional treatment begun to function in specialised centres. The basic form of substitution treatment is the treatment with methadone hydrochloride. There are places for 670 patients in the country.

Methadone hydrochloride is not a registered medical preparation in the country and is bought with finance assistance from the National Programme for prevention, treatment, and rehabilitation of drug addictions.

Other substitution substances in the country are MST, DHC, Substitol, which are registered in the country and are prescribed with yellow receipts.

The substitution and maintenance programmes are opened with permission of the Minister of Health according to the order and the requirements of the Ordinance № 24 from October 31st, 2000 (New SG, 91/2000)

Activities for implementation of programmes for social rehabilitation and reintegration are in process of realization mainly in the field of acquiring of basic vocational skills from projects of the Ministry of Education and Science, Ministry of Labour and Social Politics, and the National Craftsmen Chamber.

6. HEALTH CORRELATES AND CONSEQUENCES

DRUG RELATED DEATHS

Regarding the drug-related deaths data, the information in the country comes from the national statistics for the reasons of death by the National statistical Institute. According to the Law for Statistics (*New SG 57/99, ammend 42/01, ammend 45/02, and ammend 74/02*) The National Statistical Institute:

- **coordinates the statistical activity** of the country as:
 - Cooperating with other organs of statistics in preparation of the project and carrying out the National Programme for Statistical studies;
 - Provides methodological unity of the studies;
 - Participates in the development of the national informational systems;
- **collects, processes, and keeps stored** statistical data and statistical information;
- **develops and maintains the national statistical classifications,** nomenclatures, standards and methodologies independently or with appointed by normative regulations other organs;
- **publishes and distributes** statistical information;
- renders **methodological and methodical help and exercises control** over the statistical studies carried out by the statistical organs;
- **participates in the statistical activities of international organisations** and maintains working relationships with the national statistical services in foreign countries

The statistic of the deaths by causes is widely used as a main source of information for international comparisons of mortality and health status of the population as well as for national analyses. The procedures for collecting data on deaths by causes are consistent in all European countries because of using unified death certificate and codes from the International Classification of Diseases.

The purpose is to collect comparable and reliable routine statistical information for the number and the characteristics of the people who die as a consequence of the drug use. This is an important indicator for the health correlates of the severe forms of problem drug use.

For the coding of the reason of death in Bulgaria in 2004 the ICD – Revision 9 has been used. This is a prerequisite for universal coverage, stability and comparability in longer time periods. The implementation of the 9th Revision of ICD is with Ordinance 5556 from December, 1980 by the Minister of Health, In accordance with the requirements of the World Health Organisation and the indications for composition of the statistical tables on deaths by causes the main or the direct cause of death is coded. The initial cause of death is defined as “the illness or trauma which initiates the chain of conditions which are directly responsible for the death or the circumstances of the accident or violence which caused the lethal trauma”.

When coding the main reasons for death the three digit code is used.

The Ministry of Health issues instructions for coding the reasons of death in compliance with ICD. The coding of the death is accomplished by medical doctors working in the Regional Centers for the Health and respectively trained to implement the requirements of the ICD. For the coding of death the doctor uses the medical death certificate.

The main causes for death according to the 9th Revision of ICD related to drugs fall into class Psychic Disorders and are coded with the codes 304 and 305, respectively Drug Addiction and Drug Abuse without Addiction. The data from the codes E854 - Accidental Poisoning with Other Psychotropic Substances and E939 - Psychotropic Substances with Harmful Effects when used therapeutically is also included in the table.

The Special Registry for Drug-Related Deaths in Bulgaria is maintained by the Directorate of the National Office of Police – a structure which is a part of the Ministry of the Interior. The data from the Police contain only the criterion “overdose death” and is distributed only in the age groups “under 15 years old”, “between 15 and 30 years old” and “above 30 years old”. While for the concrete work of the police officers this information may be sufficient, for the in-depth analyses of the drug related deaths and the deduction of some eventual conclusions and suggestion for preventive measures this information is far from enough. Besides that, the availability of another data base outside the official statistics can serve as an important feedback regarding the quality and objectivity of the existing standardised statistical data.

EMCDDA in cooperation with the national experts and with the assistance of the Trimbos Institute (the Netherlands) develops the Standard Protocol for reporting of drug-related deaths data from general and/or Special Registry. As a consequence of the methodological work the Standard Protocol is published. This Protocol integrates the content of the previous work versions. It is a manual for the extraction, choice, and reporting of the respective cases (according to the definition of the EMCDDA) of deaths, related to drug use from General and/or Special registries.

The Protocol of the EMCDDA sets the following causes of death (coded in ICD-9 and extracted from General Registry) as main for the indicator:

292 Drug psychoses, 304 Drug dependence (304.0 Morphine type 304.2 Cocaine 304.3 Cannabis 304.4 Amphetamine type and other Psycho stimulants 304.5 Hallucinogens 304.6 Other 304.7 Combination of morphine-type drug with any other 304.8 Combination excluding morphine-type drug 304.9 Unspecified) **305 Nondependent abuse of drugs** (305.2 Cannabis 305.3 Hallucinogens 305.5 Morphine type 305.6 Cocaine type 305.7 amphetamine type 305.9 Other, mixed, or unspecified) **E850 Accidental poisoning** (E850.0 Opiates and related narcotics E850.8 AND N965.0 AND N968.5 Mixed including opiates AND cocaine E850.8 AND N965.0 AND NOT N968.5 Mixed including opiates AND NO cocaine E850.8 AND (N968.5 OR N969.7 OR N969.6) AND NOT N965.0 Cocaine OR stimulants OR hallucinogens and NO opiates E854.1 Psychodysleptics (including cannabis and hallucinogens) E854.2 Psycho stimulants (including amphetamines) E855.2 Local anaesthetics (including cocaine) E855.9 Unspecified other drugs acting on the nervous system E858.8 AND N965.0 AND N968.5 Mixed including opiates AND cocaine E858.8 AND N965.0 AND NOT N968.5 Mixed including opiates AND NO cocaine E858.8 AND (N968.5 OR N969.7 OR N969.6) AND NOT N965.0 Cocaine OR stimulants OR hallucinogens and NO opiates) **E950 Suicide and self-inflicted poisoning** (E950.0 AND N965.0 Opiates 1 E950.4 AND N965.0 AND

N968.5 Mixed including opiates AND cocaine E950.4 AND N965.0 AND NOT N968.5 Mixed including opiates AND NO cocaine E950.4 AND (N968.5 OR N969.7 OR N969.6) AND NOT N965.0 Cocaine OR stimulants OR hallucinogens and NO opiates) **E 980 Poisoning undetermined intent** (E980.0 AND N965.0 Opiates 1 E980.4 AND N965.0 AND N968.5 Mixed including opiates AND cocaine E980.4 AND N965.0 AND NOT N968.5 Mixed including opiates AND NO cocaine E980.4 AND (N968.5 OR N969.7 OR N969.6) AND NOT N965.0 Cocaine OR stimulants OR hallucinogens and NO opiates)

According to article 2(2) in the Law of Citizens Registration the certificates for the civil status are official written documents. The examples of the certificates of civil status and the documents issued on their basis according to article 41 of the Law of Citizens Registration are approved by the Minister of the Regional Development and Public Works together with the Minister of Justice. From the acts of the civil status announcement for the death, the death certificate and the birth certificate have a relation to the deaths by causes.

The announcement of death provides for the information for the civil registry of the persons and demographic statistics

The announcement of death is made in:

- The Health Establishment where the death occurred;
- The Community or the City Council (regional) after the compiling of the death certificate on the basis of legal verdict to determine the death as well as after presenting of death certificate according to article 65(2), 67(3), 72(3) of the Law of Citizens Registration.

The medical practitioner who stated the death writes down the announcement filling in the part "medical death certificate" respectively item 1-13. In the medical certificate the doctor fills in the direct cause for death, preceding and accompanying conditions and diseases and the main (initial) cause for death. On the precise and accurate entry of the causes for death depends at great extent the quality and authenticity of the information for deaths by causes.

The overall number of the deaths by the given cause varies in the period 1992-2003 as the number of the cases is smallest in 1992 and 1994 – 8, and the biggest number of the cases is in 2000 – 41. The number of deaths by these causes is bigger in males and the ratio varies from 75% in 1992 and 2001 up to 100% in 1996.

In 2004 the cases of drug-related deaths are 26 in total. 21 of them are males and 5 of them are females. The age distribution shows that the biggest intensity of drug-related deaths is in the age group 25 to 29 years old. The mean age is 28. In the structure of the cases of DRD in separate causes the biggest share is of those, who died of E854 Accidental poisoning other psychotropic substances, followed by 304 Drug dependence. There are no cases of deaths due to 292 Drugs psychoses in 2004.

Figure 5.1

Structure of the cases of drug related deaths by causes in 2004

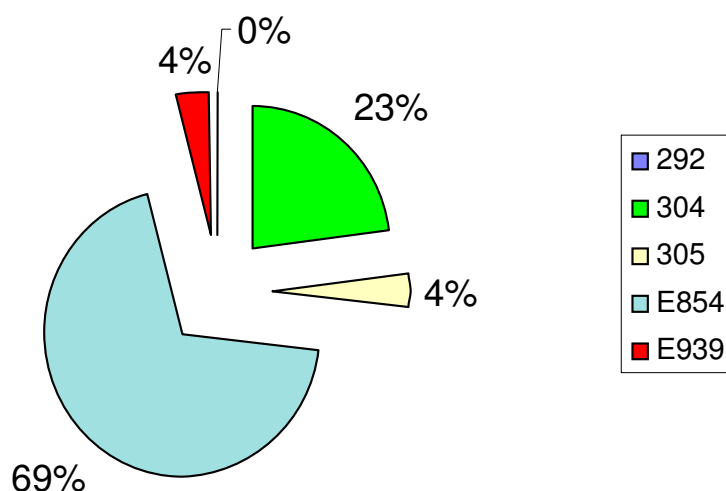


Table 5.2

MORTALITY BY GENDER AND AGE IN 2004 PER 100 000 OF POPULATION

	Total	Age Groups											
		<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>=65
Total	0.33	0.00	0.57	1.46	1.71	0.18	0.00	0.37	0.00	0.00	0.19	0.23	0.00
Men	0.56	0.00	1.12	2.14	3.34	0.35	0.00	0.37	0.00	0.00	0.00	0.00	0.00
Women	0.12	0.00	0.00	0.75	0.00	0.00	0.00	0.37	0.00	0.00	0.35	0.42	0.00

Source: National Statistical Institute

The death coefficient calculated as a proportion of death cases per 100 000 of the population (mean per year) in 2004 for the whole country is 0.33 total, respectively 0.56 among males, and for the females for 100 000 of the respective population. In age groups the highest is the coefficient in the age group 25 to 29 - 1.71 on 100 000 of the population in this age group.

DRUG RELATED INFECTIOUS DISEASES

HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, Tuberculosis, Other Infectious Morbidity

The data presented here are from the Department "Prophylaxis, Diagnosis and Consultation of the Blood Transmitted Infections with Laboratory" at the National Centre for Addictions (NCA). They refer to the patients of the NCA, Preventive and Information centre-Sofia and clients of the outreach programmes and cover the territory of Sofia.

The following markers are tested in the laboratory of NCA:

- Antibodies against HIV 1/2 - for the diagnosis of the HIV infection;
- Antibodies against HCV – for the diagnosis of the Hepatitis type C;
- HBsAg – for the diagnosis of the Hepatitis type B;
- TPHA and ELISA - for the diagnosis of Syphilis

The laboratory lacks the tests for diagnosis of other sexually transmitted infections and tuberculosis.

In the **Table 5.3** we present the overall number of the tested persons for 2004 and the positive results obtained.

Table 5.3

TESTS AND POSITIVE RESULTS AMONG IDUs FOR 2004

TYPE OF TEST	NUMBER OF TESTS	POSITIVE RESULT
Ab HIV	1203	8 0,7 %
Ab HCV	1257	710 56,5 %
HbsAg	1257	65 4,8 %
Syphilis	283	14 4,9 %

Source: The laboratory of the National Centre for Addictions.

From the analyses of the results the following can be stated:

1. The extent of HIV infection continues to be low – compared with level of spreading in other countries in the region, but marks a trend for increase. 8 of the new cases are intravenous drug users, 7 belong to marginalised groups and after initial consultations did not seek treatment.
2. The extent of the Hepatitis B infection maintains in the limits of 5 % which could be observed since 1995 up to now. After the analysis made by gender and age there can be noticed:
 - in males up to 25 years of age the level of the infection is 4,2 %;
 - in males from 25 to 34 years of age the level of the infection is 4,4 %
 - in males above 34 years of age the level of the infection is 8,8 %
 - in females up to 25 years of age the level of the infection is 3,2 %;
 - in females from 25 to 34 years of age the level of the infection is 4,9 %
 - in females above 34 years of age the level of the infection is 4,5 %

We should note down that the level of the infection in the age group over 34 of the males is above the mean level. The cause must be found in the relatively long intravenous drug use in the group (high risk behaviour with continuation longer than 2 years).

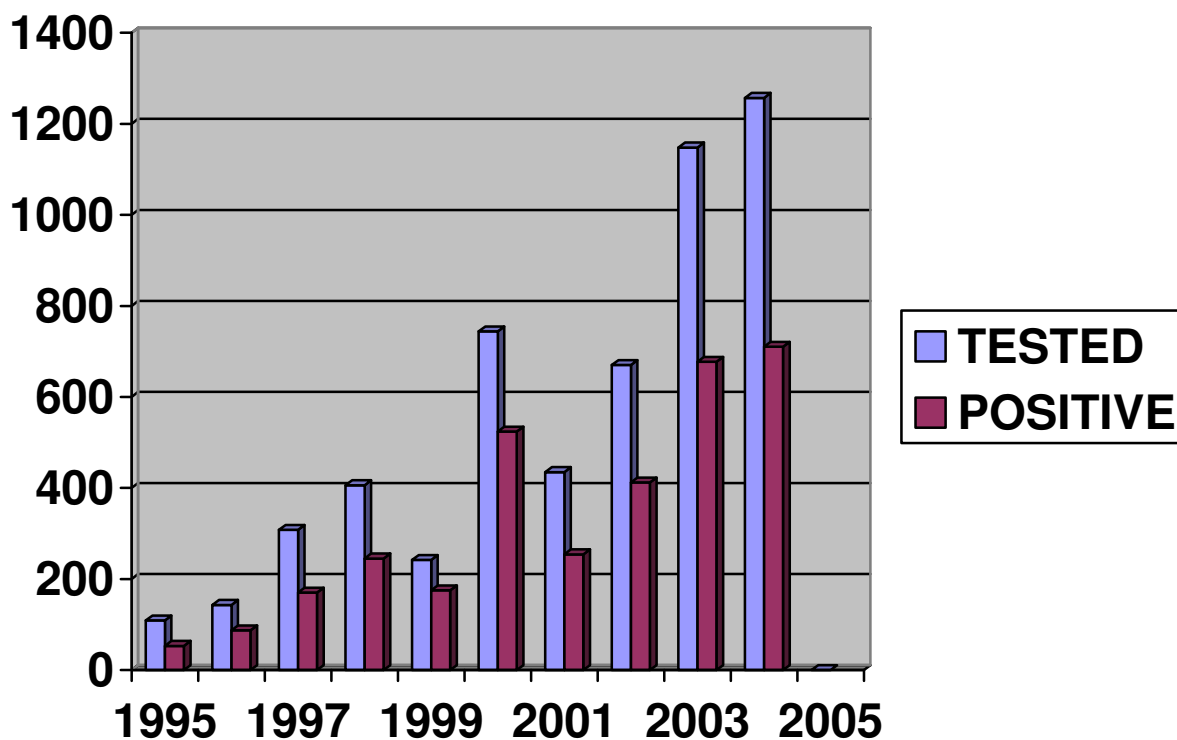
3. The ratio of Hepatitis C for all tested persons is 56,5 %. It can be noted that there is a trend of decrease in new found cases of infections with hepatitis C in the last 5 years and analyzing the results we could draw attention to the following:
 - ❖ Patients of NCA - 65 % positive;
 - ❖ Clients of CARITAS (outreach programme for drug users) - positive- 52 %
 - ❖ Clients of “Initiative for Health” Foundation (outreach programme for injecting drug users) - positive- 58,2 %;

- ❖ Clients of Prevention and Information Centre on the Problems of Addictions – positive- 67 %;
- ❖ **162** clients of “Health and Social Development” Foundation (outreach programme for male and female prostitutes) – positive- 10 %

It can be concluded after deeper analysis that the situation is especially alarming in clients of the outreach programmes and particularly those clients, cared for by the programme for exchange of needles and syringes, administrated by “Initiative for Health” Foundation. These are clients with high risk behaviour – regular injecting heroin. The high percentage of infection - 82 % shows that the virus has in fact spread in the group and the probability to reach the level of almost 100 % contamination is very big.

In another way are set the things with the group of clients of “Health and Social Development” Foundation which consists of sexual workers and part of them is abusing drugs – the level there is 8 %.

Figure 5.2: *Infections with hepatitis c virus for the period 1995-2004*



We have conducted an analysis by gender and age among the patients of NCA. The data is the following:

- in males up to 25 years old- the level of infection is 54 %;
- in males from 25 to 34 years old- the level of infection is 69 %
- in males above 34 years- the level of infection is 65 %
- in females up to 25 years old - the level of infection is e 59 %;
- in females from 25 to 34 years old - the level of infection is 63 %
- in females above 34 years - the level of infection is 14 %

The slight decrease in the percentage of HCV infections is due to the precision of the primary and control testing of the patients. We have to note that the low percentage of

infected women is due to the small number of tested – 22, and all of them are sexual workers.

During the year we have tested one baby of mother from the Methadone Maintenance Programme; the mother being infected with Hepatitis C – the result was negative. With this baby the total number of all tested children of mothers of Methadone maintenance Programme for the last 5 years becomes 11, and all of them are negative.

From tested patients in NCA there are 13 men and 3 women with concomitant infections of Hepatitis B and C; 4 women with concomitant infections of Hepatitis C and Syphilis; 1 man with HIV and Hepatitis C; 1 man with Hepatitis C, Hepatitis B and Syphilis.

4. The level of infection with syphilis of the NCA patients is 5 %, but the number of the tested is small (238 patients) because of lack of tests.

The contamination with syphilis is comparable with other countries (according to data in the literature).

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

PREVENTION OF DRUG RELATED DEATHS

The indicator Drug related deaths and mortality among drug users is one of the five main (key) indicators used by the European Monitoring Centre for drugs and Drugs Addiction (EMCDDA). This indicator consists of two differentiated but complimentary elements:

- National statistics on drug related deaths, and
- Mortality among problem drug users

The work on the indicator is inseparably related with the activities directed to prevent the deaths, connected with the use of drugs.

Every year in the European Union between 7000 and 8000 drug related deaths are being reported. Death cases are mainly of young males and females aged between 20 and 30 years with a history of injecting heroin use and a majority of the deaths are accidental overdoses. Main risk factor for the fatal and non-fatal overdoses is the injection use of drugs and in more cases of overdose the main substance is heroin. Besides that the use of heroin in combination with central nervous system suppressants increases the risk of an overdose. The drug users that have lost their tolerance after a period of abstinence or decreasing the use or who inject alone (not in the presence of other people) are susceptible to a bigger risk of a death due to an overdose.

A considerable part of the fatal and non-fatal overdoses could be avoided. The risks of opiate overdoses are significantly diminished among clients of methadone maintenance programmes

Regarding the policy of the European Union referring the prevention of death cases related to the use of drugs, there have been recommendations for the member states. The European Parliament welcomes the goal of decreasing the drug related deaths and addresses the member states with a request to encourage and develop the policy aiming at harm reduction measures.

The European Council makes the following recommendations:

Member States should, in order to reduce substantially the incidence of drug-related health damage (such as HIV, hepatitis B and C and tuberculosis) and the number of drug related deaths, make available, as an integral part of their overall drug prevention and treatment policies, a range of different services and facilities, particularly aiming at risk reduction; to this end, bearing in mind the general objective, in the first place, to prevent drug abuse, Member States should:

1. Provide information and counselling to drug users to promote risk reduction and to facilitate their access to appropriate services;
2. Inform communities and families and enable them to be involved in the prevention and reduction of health risks associated with drug dependence;
3. Include outreach work methodologies within the national health and social drug policies, and support appropriate outreach work training and the development of working standards

and methods; outreach work is defined as a community-oriented activity undertaken in order to contact individuals or groups from particular target populations, who are not effectively contacted or reached by existing services or through traditional health education channels;

4. Encourage, when appropriate, the involvement of, and promote training for, peers and volunteers in outreach work, including measures to reduce drug-related deaths, first aid and early involvement of the emergency services;

5. Promote networking and cooperation between agencies involved in outreach work, to permit continuity of services and better users' accessibility;

6. Provide, in accordance with the individual needs of the drug abuser, drug-free treatment as well as appropriate substitution treatment supported by adequate psychosocial care and rehabilitation taking into account the fact that a wide variety of different treatment options should be provided for the drug-abuser;

7. Establish measures to prevent diversion of substitution substances while ensuring appropriate access to treatment; 8. consider making available to drug abusers in prison access to services similar to those provided to drug abusers not in prison, in a way that does not compromise the continuous and overall efforts of keeping drugs out of prison;

9. Promote adequate hepatitis B vaccination coverage and prophylactic measures against HIV, hepatitis B and C, tuberculosis and sexually transmitted diseases, as well as screening for all the aforementioned diseases among injection drug users and their immediate social networks, and take the appropriate medical actions;

10. Provide where appropriate, access to distribution of condoms and injection materials, and also to programmes and points for their exchange;

11. Ensure that emergency services are trained and equipped to deal with overdoses;

12. Promote appropriate integration between health, including mental health, and social care, and specialised approaches in risk reduction;

13. Support training leading to a recognised qualification for professionals responsible for the prevention and reduction of health-related risks associated with drug dependence.⁸

In Bulgaria the policy regarding the reduction of the deaths connected with the use of drugs is officially declared in the **National Drug Strategy 2003 – 2008**⁹ where the following tasks are outlined:

Task 5: LIMIT THE SPREAD AMONG DRUG ABUSERS OF DISEASES WHICH HAVE AN IMPACT ON SOCIETY: BLOOD-TRANSMITTED INFECTIONS (HIV/AIDS, HEPATITIS B, and C), TUBERCULOSIS, SEXUALLY TRANSMITTED DISEASES, ETC.

Task 9: DEVELOP AND INTRODUCE BEST PRACTICES FOR PREVENTION, TREATMENT, REHABILITATION AND REDUCTION OF HEALTH HAZARDS

In the **Action Plan for Implementation of the National Drug Strategy 2003 – 2008**¹⁰ the following activities have been highlighted with paying special attention to the objective, the indicators for implementation, the time frame and the responsible persons:

Task 5b: DECREASING OF THE NUMBER OF THE INCIDENTS AND DEATHS RELATED TO THE USE OF NARCOTIC SUBSTANCES

Sub-task: a) Giving of information and education to the intravenous drug users for safer injecting and safer practices of drug use, diminishing the risk of an overdose

⁸ COUNCIL RECOMMENDATION of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence (2003/488/EC)

⁹ National Drug Strategy 2003 – 2008

¹⁰ Action Plan for Implementation of the National Drug Strategy 2003 – 2008

b) Education and training of the intravenous drug users who are not currently in treatment for giving the first aid in emergency cases

Objective: Decreasing of the morbidity and the mortality among dependent users and abusers of narcotic substances

Indicator: Decrease of the non-fatal emergencies due to the use of narcotic substances

Decrease of drug related death cases

Time frame: 2003 - 2008 r.

Responsible: The Minister of Health

The interventions used in the country could not be divided in practice in activities specifically aimed at the prevention of drug related death and harm reduction among drug users in general. Many of the undertaken by the different organisations activities in 2004 are directed towards reducing the risk of the spreading of infections like HIV/AIDS, Hepatitis B and C; at the same time the workers in these organisations give in informal way explanations about safer injecting, as well as identification and correct reactions in case of an overdose. Mainly non-governmental organisations carry out activities preventing the increase of the cases of drug related deaths.

“Initiative for Health” Foundation works on a programme called “Steps in Positive Direction” – Prevention of HIV/AIDS among injecting drug users who are not currently in treatment. For the whole period of 2004 the outreach programme has worked on twelve distinct points for needle and syringe exchange as well as in some private apartments of drug users. The places change depending on the shifting of the target group as well as on some external factors. According to the outreach workers of the programme is a noticeable withdrawal of patients after the change in the Penal Code¹¹. This leads to the increasing of the share of the “at home” outreach on behalf of the ordinary street outreach.

The Foundation continues to work on the project “RISKNET”, which aims at attracting key collaborators (“gatekeepers”) people from the community of drug users (and people who offer sexual favours) to work for the programme staying in their own surroundings. Since March the activity on the night outreach has started which brings to increase of the number of the new clients of the programme.

An important moment is the beginning of the work in two clubs in which, besides the distribution of condoms and information materials, trainings have been carried out regarding the risk practices, the means for protection and possibilities for testing.

During the year 6534 field meetings with problem drug users have been conducted, also meetings with sexual workers have been accomplished (approximately 13,5% of them use narcotic drugs intravenously). The number of the contacts (individual clients) is respectively:

¹¹ Art. 354a. (New, SG 95/75) (1) (Amend., SG 10/93; SG 62/97; SG 21/00) Who, without due permit produces, processes, acquires, distributes, stores, keeps, transport or carries narcotic substances or their analogues shall be punished for high-risk narcotic substances by imprisonment of ten to fifteen years and a fine of one hundred thousand to two hundred thousand, and for risky narcotic substances - by imprisonment of three to fifteen years and a fine of ten thousand to one hundred thousand levs. If the subject of the crime are precursors or installations and material for the production of narcotic substances the punishment shall be imprisonment of three to fifteen years and a fine of fifty thousand to one hundred and fifty thousand levs.

Table 5.3

NUMBER OF CLIENTS OF THE OUTREACH ACTIVITIES OF “INITIATIVE FOR HEALTH”
FOUNDATION

NUMBER OF CLIENTS / MONTH:	TOTAL	Women	Men	Roma	Women Roma
January	124	39	85	50	21
February	131	23	108	57	14
March	254	55	199	109	28
April	282	60	222	119	33
May	261	50	211	100	26
June	285	233	52	187	110
July	296	78	218	135	46
August	272	73	199	136	39
September	411	100	311	182	45
October	348	60	222	119	33
November	422	72	211	100	28
December	303	56	210	187	44

Source: Reports for “Steps in Positive Direction” Programme of “Initiative for Health” Foundation for the periods January – June 2004 and July – December 2004.

The summarization of the information shows that the programme reaches the ethnic minority of Roma, who use narcotic substances intravenously. It makes an impression that the ratio of the sexes (men to women) of the clients reached by the outreach, who are not a part of the Roma ethnicity, is approximately 3 to 1.

The Foundation works also in a drop-in centre which plays the role of a model for such a practice in the capital and in other cities in the country. General activities in the drop-in centre are the informal training among problem drug users including specific aimed at the prevention of overdose knowledge and practice, as well as distribution of condoms, needles, syringes and informational materials. The centre is open during the day for seven hours and provides consultations with medical professionals or a lawyer for the ones who need it. There is a social worker constantly in the drop-in centre who is responsible for the admission and servicing the visitors.

For 2004 the number of the meetings with intravenous drug users in the drop-in centre is 1125; regarding the separately serviced clients the number is as follows:

Table 5.4

NUMBER OF THE CLIENTS OF THE DROP-IN CENTRE OF THE “INITIATIVE FOR
HEALTH” FOUNDATION

NUMBER OF CLIENTS / MONTH:	January	February	March	April	May	June	July	August	September	October	November	December
TOTAL	26	78	63	47	61	41	51	39	66	47	68	41
MEN	17	59	52	38	44	32	42	33	54	38	44	32
WOMEN	9	19	11	9	17	9	9	6	12	9	24	9

Source: Reports for “Steps in Positive Direction” Programme of “Initiative for Health” Foundation for the periods January – June 2004 and July – December 2004

Only a small part of the clients of the drop-in centre is from any minority ethnic group. A big part of the visitors who use the services offered by the drop-in centre comes from the district where the centre resides. The ratio of the men to women is approximately 3:1.

The Project “Mobile Doctor’s Office for Work with People Addicted to Psychoactive Substances” is administrated by CARITAS Sofia. The programme works from 1999 in the capital with the assistance of CARITAS Ambrosiana. The activities of the programme are consistent with the doctrine of the Catholic Church. It is developed jointly with the National Centre for Addictions and from the beginning the two organisations work in close cooperation.

The visiting points are twelve in total; new places are constantly being searched depending on the movement of the target group – drug users. In 2004 the people who used the services of the programme are tested for HIV/AIDS, Hepatitis B and C; 15 of them are vaccinated for Hepatitis B.

Table 5.5

ACTIVITIES OF THE MOBILE DOCTOR’S OFFICE OF CARITAS

MONTH	Number of visits	Primary Contacts	Directed for Treatment	Number of Tested	Vaccinated for Hepatitis B
January	342	26	7	-	-
February	347	6	4	-	-
March	374	17	13	-	-
April	195	5	3	-	-
May	71	1	1	3	-
June	373	20	12	10	5
July	412	37	20	5	-
August	462	14	5	20	5
September	365	12	2	6	5
Общо	2941	138	67	44	15

Source: Report for the activities of the Project “Mobile Doctor’s Office for Work with People Addicted to Psychoactive Substances” for the period January 1st, 2004 – December 31st, 2004.

As well as the previous programme for outreach work (of “Initiative for Health” Foundation) this one also acknowledges some difficulties in reaching the target population – the drug users – due to the approved amendment of the Penal Code – the relationships with already known to the programme beneficiaries suffer, as well as the development of new contacts is difficult.

There are several programmes functioning in the country engaged in activities aimed at HIV/AIDS prevention among intravenous drug users and people who offer sexual favours. Besides their activities in the needle and syringe exchange, the volunteers in these programmes offer information to the drug users about the prevention of the drug overdose. Foundation “Panacea” works in the municipality of Plovdiv and in 2004 the Foundation has worked every single day. The points where the activities take place are seven – in the central part of the city, in the Roma quarter, on the peripheral road, in the western part of the city, as well as in places outside the city.

In the beginning of May a drop-in centre starts to operate – it is situated in one of the most risky areas in the town – the Roma quarter. In the centre the workers offer needle and syringe exchange, distribution of condoms, there are frequent discussions and talks about

health promotion, there are consultations for parents of drug users. In case of necessity the clients could be consulted by different specialists in the spheres of health and social systems.

During the period January – December 1300 meetings with clients have been carried out; 209 of them with new clients (196 men and 13 women). Besides the testing, the consultations, the needle and syringe exchange, the programme offers educational materials on AIDS, overdosing, Hepatitis B and C, traumas due to inappropriate injecting, women and AIDS, etc. For 2004 the total number of distributed materials is over 1000. Together with the brochures the outreach workers carry out daily discussions with the drug users on different topics, including safer injecting, prevention of infections, etc. Contacts are made with young drug users who are not clients of the programme in order to give them information about various subjects related to safer injecting practices, overdosing and others.

The Association “Dose of Love” has been found in 1999 and starts its active functioning in 2000; the organisation functions in the municipality of Bourgas. In the summer of 2004 “Dose of Love” receives certificate and begins the work on the first of its kind mobile manipulation van in the city. The purpose of the mobile manipulation office is to provide treatment of small injuries (abscesses, wounds) and testing close to the target populations. During the year 2004 the teams of the organisations worked on six outreach points in the city and in the day centre. The points of outreach changed depending on the movement of the clients. 3677 meetings have been made with 320 individual clients.

In 2004 begins the realization of the project “The Kiss of the Dragon” – this is an international project administered from France and directed towards the participants in big rave-parties, festivals, concerts, etc. Partners are “Medicines du Monde” – Paris, France, “Medicines du Monde” – Belgrade, Serbia, “SPICA” – Zagreb, Croatia, “LIM-PID” – Scopie, Macedonia, “EMPRONA” – Novi Sad, Serbia. The project aims at harm reduction related to drug use; the concrete activities include dissemination of informational leaflets, distribution of condoms, aids for injecting and sniffing of drugs, soft drinks, offering of medical help. In realization of the contacts the outreach workers give information also on recognising and first aid in case of overdosing. The project operated in the summer months of 2004 and reached 7 670 people from 5 countries – Serbia, Bulgaria, Croatia, Macedonia, Slovenia.

The information on the quantitative results are summarised from the data base which is daily filled in and from reports of outreach workers and volunteers.

During 2004 contacts have been made with 530 clients. 320 of them are injecting drug users. The meetings with drug users are 3677 in total. The mean age of the drug users is 22.8. The carried out consultations in the day centre are as follows: on health topics (individual or group settings) - 150; psychosocial consultations – with clients, relatives or parents - 72. According to the workers there is an alarming trend among drug users: the “beginners” in the drug use have very low health culture. Together with this the accessibility of new clients, as well as the maintaining of relationship with the old clients is much harder, especially after the recent changes in the Penal Code (art. 354). Consequence of the change is the new trend of gatherings in the homes of the drug users. That is another obstacle for the workers in reaching the clients.

One of the interventions aimed at the prevention of the lethal overdosing is the training in recognising of the symptoms and first aid responses in case of an overdose. An interesting approach to the informing of the young people is through the use of the Internet which provides faster and wider access to the public. From the autumn of 2004 a new site called [Drugs e-Learning](http://library.thinkquest.org/04oct/00365/) appeared on the web; it is an educational, interactive, amusing website aimed at teenage audience mainly, also teachers and parents. It is created by students from the Trade High School "G. S. Rakovski" in Varna for the **ThinkQuest Competition 2005**. The address of the site is: <http://library.thinkquest.org/04oct/00365/>.

Figure 5.3

If someone had an overdose it is important to know:

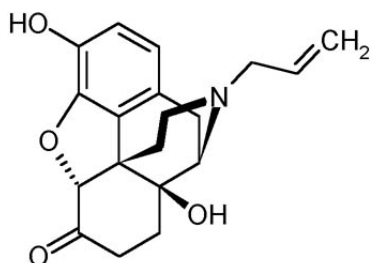


It is very important to turn the unconscious person in the **recovery position** showed on the picture.

Source: http://library.thinkquest.org/04oct/00365/bq/p2_lsn4_1.htm

In the prevention of the fatality of the overdose an important role plays the effectiveness of the work of the centres for Emergency Help throughout the country. It is an advantage that in every ambulance called for help in case of overdosing there is always a trained medical professional – a doctor qualified to give emergency help in such cases. According to Regulations 25¹² for the Emergency Help in the country, issued 1999 in the emergency bag there is always an opioid antagonist – Naloxone – present (Annex: Medicines List).

Figure
The molecular structure of Naloxone



Naloxone is a medicine used in cases of opioid overdose for prevention of the effects of the heroin and morphine overdosing; its specific use is due to its extremely high affinity towards the μ -opioid receptors in the central nervous system. Intravenously injected it starts to work up to two minutes and its effect can continue to 45 minutes. It is distributed under the brand names of Narcan, Nalone or Narcanti.

Source: <http://www.naloxone.co.uk/>

In some countries the medicine is distributed for use among the problem drug users for prevention of the lethal overdoses. There is no such practice in Bulgaria.

¹² Regulations 25 for the Emergency Help in the country, issued 1999, Medicines List Annex

In the European Union the number of the consumption rooms (for supervised drug use) grows (there are 60 consumption rooms in 36 for 2004); in these places the risk for overdose is minimal. In Bulgaria the law expressly forbides the existence of such consumption rooms: Art. 354b. (New, SG 95/75) (4) (Amend., SG 10/93; SG 62/97; prev. para 3 - SG 21/00) Who systematically submits premises to various persons for the purpose of using narcotic substances or organises the using of such substances shall be punished by imprisonment of five to twelve years and a fine of five thousand to twenty thousand BGN.

The activities in the country directed towards prevention of lethal overdoses are still on the level of separate programmes of non-governmental organisations for outreach activities. With the beginning of the programme of the Ministry of Health and The Global Fund to fight AIDS, Tuberculosis, and Malaria more and more cities in Bulgaria have their own programmes for outreach work.

PREVENTION AND TREATMENT OF DRUG RELATED INFECTIOUS DISEASES

Prevention

The prevention of the infectious diseases related to drug use is a component in both fundamental documents approved by the Council of Ministers of the Republic of Bulgaria:

1. The National Programme for prevention, treatment, and rehabilitation of drug addictions in the Republic of Bulgaria 2001 -2005

In this programme the activities in prevention of the infectious diseases related to drug use are in Sphere 4 – “Activities and programmes in reduction of health and social harms caused on society and the individual by the drug abuse”.

The objectives of the interventions in this sphere are:

- 1. To maintain the low level of HIV infection among drug users;*
- 2. To reduce the level of Hepatitis C seropositivity among injecting drug users;*
- 3. To decrease the proneness to criminal activity in the population of abusing and addicted to drugs*

2. The National Strategy for Fight against Drugs 2003 – 2008.

In the Action Plan for the National Strategy the prevention activities against the infectious diseases related to drug use are regarded as Strategic Task 5 “Reducing the prevalence of socially harmful infections among drug users: blood transmitted infections (HIV/ AIDS, Hepatitis B and C, etc.), Tuberculosis, Sexually Transmitted Disease, etc.”. Marked as sub-tasks are:

- Training of teams for outreach work with drug users;
- Development and implementation of programmes for outreach work, needles and syringes exchange, distribution of condoms, consultations;
- Identifying of the problems and development of programmes for risk reduction in especially hard to reach and high risk groups;
- Early testing programmes (including field testing), pre- and post – test counselling and directing of users to special drug treatment.

The National Centre for Addictions conducts training courses for professionals, workers in programmes for harm reduction; this module is also present in the courses for post-graduate qualification for medical specialists, psychologists, nurses, organized in the NCA.

All of the outreach organisations present their projects at the Medical Council of the NCA (according to Regulation № 30, December 20, 2000, of the Minister of Health)

During the year several non-business organisations worked in the field of prevention of HIV/AIDS, Hepatitis B and C among injecting drug users and received affirmative sanction from the NCA for conducting these activities; namely they are:

1. Projects of "Initiative for Health" Foundation – Sofia
 - ✓ "Steps in Positive Direction" – Prevention of HIV/AIDS among injecting drug users who are not currently in treatment. This is a project supported by "Open Society" Foundation and "United Holland Foundations". The main activities in the project are needles and syringes exchange through field work. There is a Drop-In Centre and a van equipped for needles and syringes exchange and consultation on the problems of HIV/AIDS, Hepatitis B and C and taking blood samples for testing.
 - ✓ Project of Population Services International for support of regional activities on HIV/AIDS prevention in Southeast Europe.
 - ✓ Project "From first Steps to Professionalism" - research project for studying the picture of drug use in Sofia, Plovdiv, Pleven, and Bourgas, sponsored by the European Commission on PHARE Programme and in partnership with NGO from the Netherlands "Mainline" – Amsterdam and "IVO" - Rotterdam.
 - ✓ Project "Aetiology of blood transmitted viral infections in intravenous drug users" (joint project of National Drug Research Institute, NCA, "Initiative for Health" Foundation and Prevention and Information Centre - Sofia), financed by the Government of USA

2. Projects of Association "Dose of Love" – Bourgas :
 - ✓ Project "HIV/AIDS Prevention among groups with risk behaviour". This is a project for outreach work and needles and syringes exchange. There is a Drop-In Centre also. Financed by "Open Society" Foundation..
 - ✓ Project "From first Steps to Professionalism", sponsored by the European Commission on PHARE Programme, in partnership with NGO from the Netherlands "Mainline" – Amsterdam and "IVO" – Rotterdam. This project will ensure a mobile medical office.

3. Projects of "Panacea" – Plovdiv
 - ✓ Project "HIV/AIDS prevention programme among injecting drug users and providers of sexual favours", financed by "Open Society" Foundation
 - ✓ Project "From first Steps to Professionalism", sponsored by the European Commission on PHARE Programme, in partnership with NGO from the Netherlands "Mainline" – Amsterdam and "IVO" – Rotterdam.

Counselling and Testing

The testing for HIV/AIDS in the Republic of Bulgaria is free of charge.

The laboratory of the National Centre for Addictions is the only facility developed especially for drug users. It is financed from the budget of the NCA and receives diagnostic tests from the Ministry of Health.

As all the other Bulgarian citizens the drug users can be tested through the system of health coverage (they receive a form -direction from their personal doctor).

Besides that 9 offices for anonymous HIV/AIDS testing have been established in the cities: Sofia (2 offices), Blagoevgrad, Plovdiv, Stara Zagora, Bourgas, Varna, Veliko Turnovo, Pleven.

Since 2000 in the republic of Bulgaria there has not been vaccination of drug users for Hepatitis B. Free of charge and compulsive vaccination of all new-born children has started from 1992.

Guidelines for pre- and post-test consultation for drug users have been developed, approved and distributed by the Laboratory at the NCA.

Infectious Disease Treatment

Up to now all the individuals infected with HIV, as well as patients with AIDS are treated free of charge in the specialized unit of the Hospital for Infectious Diseases - Sofia.

For infected with HIV and patients with AIDS who are opiate dependent, is provided treatment with methadone in the Methadone Maintenance Treatment Programme at the NCA.

A serious problem is providing of treatment for Hepatitis C infection. According to the existing regulations of the National Health Insurance Fund the drug addicted individuals must not use narcotic substances for more than 6 months in order to enter interferon treatment programme. This treatment is provide for a very limited group of patients, takes place in the gastroenterological clinics and because of the reason mentioned above is not available for drug users. According to unconfirmed data for 2003 10-15 drug users have received this type of treatment.

The treatment of Syphilis is by regalement, takes place in the special clinics for treatment of sexually transmitted infections in the regional cities of Bulgaria and is free of charge.

8.8. SOCIAL CORRELATES AND CONSEQUENCES

DRUG RELATED CRIME

In comparison with previous years in 2004 continues to increase the criminal activity of the young people in committing of different crimes related to drugs and the so called "accompanied crime".

The age distribution of the perpetrators shows that the criminal activity is highest among 18 to 30 years old persons who constitute 72.6 % of the total numbers of the perpetrators. The crimes related with distribution and use of drugs also mark increase.

In the programme system for judicial statistics of the Ministry of Justice can be monitored the cases only on some texts of the Penal Code. Among them are those, connected with acquiring, production, processing, maintaining, distribution, transferring, and transporting of psychoactive substances or their analogues. We do not have an access to other crimes, committed under the influence of drugs.

The Ministry of Justice collects information for the examined cases and the number of sued individuals only from the first-instance courts. We do not have information about convicted individuals with enforced lawfully sentence, this kind of information can be disposed only by the National Statistical Institute. As long as some of the lawsuits from first instance in 2004 have been appealed against and are pending, it is not possible to make a real comparison with the closed cases in 2003 and marking the trends for this kind of criminal activity.

Drug Use in Prisons

Up to July 2005 in the prisons or prison hostels 11521 prisoners reside of which 724 are drug dependent. These problem clients of the penitentiary institutions constitute 6.28 % form the whole imprisoned population. In relation with the total number of the imprisoned with drug dependence in the previous year 2004 there is an increase with 191 people. This increase equals 21 % possesses the tendency to be steadily preserved.

The problem of drug addicted persons in the places for execution of punishment does not have only quantifiable dimensions. Its quality aspects are quite complicated as long as the addicts who are in prison face a number of restrictions and prohibitions that they are obliged to abide to. This, on one side, is in favour of their abstinence from using drugs, but, on the other side, stimulates them to search for drugs, in order to suppress the frustration, depression, and their affective experiences. Because of these reasons even the not so big number of drug dependent people in prison causes problems in the process of dealing with them and seriously impedes the work of the penitentiary administration as well as their own residence in the conditions of isolation.

The number of the drug dependent people kept in investigation arrests until July 1st, 2005 is 860. Besides the huge dynamic among this category detainees due to the measure alterations as well as sending them in prisons, they increased with 138 persons. The percentile value of the increase is over 10 % and will probably retain stability over time and will lead to enlargement of the sample of drug dependent residing in investigation arrests.

The admitted there drug addicts suffer before all of the symptoms of the abstinent syndrome, which often necessitates the fast medicament detoxification and applying of different crisis psychological techniques.

In the text of the report concerning the prisons in 2004 it is particularly pointed out that "there is a significant increase in the number of drug dependent in prisons. For about two years their number raised with 200 persons in prisons and in prison hostels" (Report 2004, p.67). If we enlarge the described category penitentiary institutions and add to them the investigation arrests then only for a year the number of the drug dependent has raised with 329 persons. The indicated increase is with 1/3 bigger than the previous and is accomplished in the frames of one year only. Therefore the tendency for augmentation of the number of drug dependent clients residing in places for execution of punishment, is not only existing but also additionally intensifies due to the narcotisation of the traditional criminal activity and to other risk and problem groups from the population, which marginalisation and desocialisation more and more often is related with manifestations of deviant activity.

Preparation of the Penitentiary Personnel

The personnel on places for execution of punishment continue to undergo different educational trainings, connected with the treating of the offenders, who suffer from drug dependence. In this direction the two following educational forms have been realized:

- The module dedicated to drugs in the frames of the primary penitentiary preparation enlarged, as it has been attributed with more practical direction, in order for the sergeants – warders from the penitentiary institutions to register more precisely the abstinent conditions, to prevent manipulations and to render psychological assistance to the problem persons.

- The preparation of a three-days qualification module for employees of the supervision-guard structure finished; they will be trained to distinguish different kinds of narcotic substances, to recognise their effects and to direct the problem clients to medical examinations and consultations with medical specialists, psychologists and psychotherapists.

In January 2005 finished the second module of the training of the penitentiary employees who work in immediate interaction with drug dependent convicted people. The training went as part of the international project "Improvement of human rights observation in Bulgarian prisons"; 30 employees took part in the module.

In the frames of the spring session of the Autumn University for Addiction two employees have been trained so far.

70 newly appointed employees went through primary penitentiary preparation including training for treating the dependent convicted persons.

In three prisons from the system, located in the cities of Sofia, Stara Zagora, Bourgas, psychotherapeutic programmes for work with drug dependent prisoners are in process of approbation. The experience will be concluded and published until the end of the recent year. To the teams of the three departments of the General Directorate "Execution of Punishments" specialists from the whole penitentiary system will be directed in order to get acquainted in details with the accomplished work and to study their positive aspects and arisen problems.

From September, 2005 starts the sub-project on prevention of drug use in prisons from the twining agreement with the penitentiary service in Great Britain, financed by the PHARE Programme. In the sub-project the efforts will be directed towards the approbation and implementation of the 12-Step Programme for work with convicted persons suffering from drug dependence in Bulgarian penitentiary institutions. For this purpose 30

employees will be trained at first, among them psychiatrists, psychologists, and social workers.

SUMMARY:

1. There is an additional confirmation of the tendency noted in the last year's report for continuous growth in the number of drug dependent prisoners in the penitentiary institutions. A definite intensification is characteristic for the trend.

2. The medically assisted and specialized therapeutic treatment of the drug dependent prisoners completely combines with the measures which have been realized in consistency with the general penitentiary treating and maintenance the security in prisons and prison hostels.

3. The strategy for intensive training of the expert penitentiary personnel (medical doctors, psychiatrists, psychologists, social workers) persists, as phase by phase specialized programmes for work with people suffering from drug dependence continue to undergo assimilation and implementation. Gradually the perimeter of the specific services offered by the penitentiary administration to the drug dependent prisoners increases.

4. The lower positioned functionaries from the penitentiary institutions are more complete presented in training of the personnel in prevention of drug addictions. They acquire practical knowledge and skills for identification of the drugs, as well as the effects of their use. They learn how to suspend self-excuse and manipulation on behalf of the drug user. They adopt basic skills for consultation and directing of the problem persons to specialists.

The size of the imprisoned segment (6.28%) in relation to the whole penitentiary population is relatively low. In addition to that around 30% of the drug dependent used drugs before a significant period prior to imprisonment and not regularly. These indicators are in favour to the realization of prophylactic and correctional-therapeutic activities during the penitentiary and post-penitentiary period.

Among the addicted prisoners the highest is the use of heroin. 3.48% of them used heroin sometime in their lives, 1.57 % have used it in the last month. The use of heroin leads fast to psychological and physical dependence and to daily consumptions of the drug. On one side "the short term therapeutic prognosis for heroin dependent people is relatively pessimistic – 90 % relapse in the first 6 months after the initial treatment attempt. On the other side, in significant group of opiate addicts there is an observable clear trend for discontinuation of the use after several relapses." (I. Kutsenok, H. Dimitrov, 2004, p.109). It is obvious that among prisoners could found representatives of both groups and the approaches for their penitentiary and therapeutic treating would have to be different.

On second place with 1.14 % among prisoners is the use of cannabis. While consuming this type of psychoactive substance mild to moderate manifestations of abstinent syndrome can be encountered, they show in the beginning of the admittance in the places for execution of the punishment. A special attention have to be put in the crisis interventions for overcoming of the panic attacks which can appear in penitentiary conditions in cannabis using people.

The number of the regular – daily – drug users among prisoners is still under 1%. This also is a favourable characteristic of the imprisoned population which raises the sensitivity to therapeutic interventions.

Around 30% of the registered in the places for execution of punishment persons who suffer from drug dependence inject the drug. In absolute numbers these are around 216

prisoners. They constitute 1.87 % of the total imprisoned population. This is still a low percentage which probably will soon increase, that is why the time has to be used actively for the faster implementation of different approaches and programmes for prevention and treatment for drug dependent prisoners.

x x x

The information presented in Standard Table 12 is collected through personal interviewing of every newly imprisoned person. In addition to that the interviewing procedure is double and is carried out by a medical doctor and a psychologist. The received medical documentation is analyzed and an examination of the individual is made.

The information In the Table is gathered from all prisons and prison hostels in the country in which convicted, defendants, and accused people reside.

The determined 6.28 % drug dependent prisoners shared the problem, or were treated in the penitentiary institutions, or there is a relevant medical documentation.

In places for execution of punishment two similar studies were held so far – in 2003 and in 2004; the study in 2003 covered the prisons with bigger, more compact groups of drug dependent persons.

9.9. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES

Alternatives to prison for drug users

POLITICAL, ORGANIZATIONAL AND STRUCTURAL INFORMATION

The therapeutic and rehabilitation programmes for drug dependent offenders are an integral part of the punishment probation which will be executed in the community without enforcing the penitentiary isolation.

Since the beginning of 2005 all amendments related to the Penal Code, Penal-Trial Code and the law for execution of punishments in the normative organisation regarding the probation are approved.

In the recent moment takes place organisational development and personnel nomination of the probation service network, which will carries out the diagnostic, consulting, and therapeutic activities with drug dependent offenders.

The work contacts between General Directorate “Execution of Punishments” to the Ministry of Justice and the National Drug Council are intensified on the questions of training of the newly appointed probation employees for work with people suffering from drug dependence. The collaboration between the two institutions on the approbation and implementation in the probation practice of suitable programmes for work with drug dependent offenders speeds up. Serious attempts are made to elaborate and gradually implement of a strategy to cover all the activities and practices related to the drug dependent offenders in their penitentiary and post – penitentiary period.

In the frames of the Department “Probation” and Department “Scientific Applied and Educational Activities” in General Directorate “Execution of Punishments” was performed a supervision and selection of different cognitive-behavioural therapeutic and correctional programmes for influencing the dependent offenders. In this context valuable experience and practice are gathered, which will intensify the process of implementation of the programmes and the concrete activities in the sub-divisions of the General Directorate. Through cooperation with the National Drug Council, the Open Society Institute, and PHARE Programme several projects will be launched on which the future dissemination of the useful practices for work with drug dependent offenders will rely on.

Interventions

After the actual launching of the probation service in November – December of the recent year the drug dependent offenders will have an access to different programmes. In this way the adverse consequences of the isolation will be overcome and the community and their families will support them and additionally motivate them for the difficult and hard therapeutic work.

The first concrete steps of the inter-institutional cooperation between the national Drug Council and the General Directorate of the Ministry of Justice are already a fact. Thanks to them an informational exchange between the two institutions is maintained, joint projects concerning the assimilation of effective therapeutic programmes, and training of the probation personnel are planned.

The experts from the National Drug Council will supervise the therapeutic activity of the regional probation services and will assist in the increase of their effectiveness. This will be generally directed towards the minimisation of the relapse in conditions of freedom due to the numerous challenges and problems which the drug dependent offender will have to face.

The main obstacles in the realization of the probation programmes regarding drug dependent clients stem from the activation of two types of defences in them. The first type is characteristic for the criminal deviants, the other is characteristic for the drug user. In addition to these double active destructive defences comes the influence of the criminal surroundings in which the probation clients reside. Due to that the therapeutic work is directed as much to the overcoming of the personal defences, as it is to the neutralizing of the destructive messages sent from the criminal environment.

The financial coverage of the treatment of the drug dependent offenders is insufficient and needs additional stimulation. The joint efforts of the General Directorate and the National Drug Council must go in this direction.

All deviations from therapeutic or psychotherapeutic procedures will be treated as deviation from the probation regiment and will receive a sanction through enforcement of effective sentence.

The efforts continue to focus on the approbation and gradual implementation of suitable programmes for work with minors, women and young people, who commit offences, use drugs and are sentenced to probation.

The therapeutic programmes for work with drug addicts in the regional probation services in the cities of Bourgas, Varna, Stara Zagora, Lovetch, and Sofia will start to operate in 2005.

Quality Assurance

In the field of probation the standards for evaluation of the accomplished work regarding the drug dependent offenders are in a process of implementation. They must be operational and to present well the results of the correctional-therapeutic activities.

The following indicators are thought to reflect the above requirements:

- the number of persons who again engaged in criminal activity after 3 months, after 6 months, after 1 year;
- the number persons who relapsed after 3 months, after 6 months, after 1 year;
- the tendency in the danger to the public due to the nature of the criminal actions in which the offenders engaged in – growing or declining danger;
- the increase in the period between two convictions;
- reorientation from violent to self-interest deeds;
- increase in the number of the courses and programmes in which every single client can participate in;
- the number of the recovering drug addicts who begun work in the last 3 months, 6 months, 1 year;
- the number of the recovering drug addicts who started a family in the last 3 months, 6 months, 1 year.

The covering of big part of the drug dependent criminal contingent in the probation will decrease considerably the potential risks from repeating the criminal offence, the level of the harms to society and the level of public danger from these persons. They will not

become criminalized additionally which is inevitable consequence if treated to penitentiary institutions.

Right in this moment the training of the probation personnel for implementation of different programmes for work with drug dependent persons continues; the places where the dependent offenders will have to work on are in preparation.

The envisaged complex of measures will have a serious impact on the drug dependent offenders and will support their reorientation to lawful variants of behaviour and discontinuation of the drug use.

10. DRUG MARKETS

AVAILABILITY AND SUPPLY

Availability of drugs

In principle the availability of drugs is a considerable reason for their use. One of the original indicators for the availability of drugs is the relative share of the persons to whom a drug has been offered. The data from the national research carried out in the beginning of 2005¹³ show that every fourth (26 %) of the young population under 25 has been offered a drug. We will add that most often subject of such proposals were males. [Momtchil Vassilev, Lidia Jordanova, 2005]

Information with similar direction yields from the series of representative studies among school students in several big cities¹⁴. The comparison of these data with above indicated shows that more often subject of the offers are school students – in different cities these are between 44 and 57 % from the secondary educational stage (see *Table==*). The biggest share of such young people has been registered in Sofia which is normal considering the fact that the capital is the biggest drug market in the country. It is significant that in 1-2 % of the school students the offer was accompanied with an attempt to force the use of the drug.

Table 10.1: Offering of drugs and attendance on parties with drugs among school students from different cities (%)

Relative share of persons....	Studies			
	Sofia'04	Varna'03	Plovdiv'04	Pazardjik'04
To whom drug was offered	56,9	51,7	43,7	44,1
In that share with an attempt to force the use	1,1	1,7	1,9	1,2
Attended parties with drugs	57,8	48,0	36,3	35,0
In that share often	22,4	18,9	10,1	9,5

Sources: *Representative Studies among school students from IX to XII grades (15-19 years old.)in the cities of Sofia, Plovdiv, Varna, and Pazardjik*

Symptomatically for the availability of drugs comes the fact that between 35 and 58 % of the students in different cities attended accidentally or more often parties where drugs were present. This indicator also seems to be connected with the size of the city and respectively – with the drug market.

Data from another study¹⁵ shows that narcotic substances are being offered to over one third (35%) of the young people aged 12-30 or for the whole country around 360 000

¹³ National Representative General Population Drug Use Survey, National Focal Point, National Centre for Studying the Public Opinion and the Centre for Strategies and Initiatives, February – March 2005, national, 1037 respondents

¹⁴ : Representative studies among school students from IX to XII grades (15-19 years old.)in the cities of Sofia, Plovdiv, Varna, and Pazardjik (look for details in “Data base and researches used as sources of information” in Part B,

¹⁵ The Public opinion about drugs and the fight against their use, MBMD and Salvation Foundation, November 2003, in Sofia and regional centres, 1000 children and young people aged 12-30 and 500 parents.

individuals. Here again is visible the active influence of the social surroundings – in 32% of the cases the offer comes from a friend, in 28% from a classmate, and in 27% from an acquaintance peer. Significant role play the drug dealers – they are pointed out in 23% of the cases. Most often drugs are offered in / around discotheques (41%), at gathering of friends / party (35%) and in / around school (35%). Having in mind the people that offer drugs and the places where that this happens we can assume that narcotic substances become part of the very day lives of young people. To support this fact come the following numbers – 45% witnessed jargon conversation about drugs, 22% witnessed purchase-selling of drugs and 36% witnessed drug use. Especially bothering is the last number, as long as even if the witness himself did not use drugs in this situation the probability to do so is very big. [MBMD and Salvation foundation, 2004, pp. 22-23]

On other side the available information in the Directorate National Service Police shows that **the drug use** among Bulgarian population continues to increase in every form – problem drug use, experimental drug use, recreational drug use. The number of persons who consumed psychotropic or opioid substances at least once in their lives continues to grow.

According to Police data in 2004 there is a sharp increase in the number of people who use synthetic drugs compared to 2003 – with 80 %¹⁶. The number of people who use heroin decreased with 10 % compared to 2003. The tendency for strong lowering of the age of drug users is highly disturbing. The most popular is cannabis.

Particularly complicated is the situation in the capital and the big cities with population over 100 000 people – Plovdiv, Varna, and Bourgas. Increased use and spread of narcotic substances are registered in Rouse, Stara Zagora, Pleven, Haskovo, Sliven, Kurdjali, Vidin.

“Depots” for drugs continue to be Plodiv, Varna, Bourgas, Pazardjik, and Pernik. In these cities processes are observed of redistribution of the drug markets.

After an analyses of the available data the conclusion is drawn for maintaining of some tendencies in the distribution and use of narcotic substances. The synthetic drugs find bigger market and present bigger threat for the health and life of the growing youth. Because of the low quality of the heroin and as a consequence of the notable counteraction on behalf of the Ministry of Interior as well as the fight for redistribution of the drug markets on street level the dependent heroin people preserve a constant percentage with small amplitudes.

Production, Sources of Supply, and Trafficking Patterns within the Country and Abroad

The policy of every government in the field of drugs is focussed on two main dimensions – drug demand reduction and drug supply reduction. The specific geographical position of the Republic of Bulgaria on part of the so called Balkan drugs route determines the policy of the state in the area of the counteraction against the illegal drug traffic and spread of narcotic substances and precursors. On the basis of the approved National Drug Strategy 2003–2008 and the Action Plan For its implementation the Republic of Bulgaria has an opportunity to enforce the principles and the standards of the European Union in the sphere.

¹⁶ Data from the Directorate National Service Police

At present moment the structures of the national intuitions carry out activities in counteraction of the real and potential risks and threats, which originated from the illegal production, illegal traffic and dissemination of narcotic substances. This activity is in accordance with the Constitution of the Republic of Bulgaria and in implementation of the regulating lawful competencies of the institutions.

Production and sources for supply

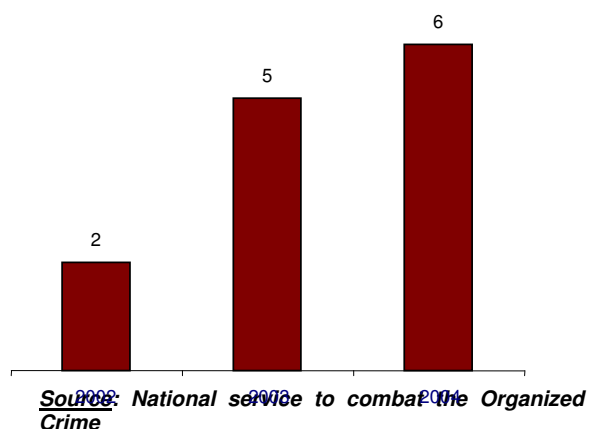
According to data of the **National Service to Combat the Organized Crime (NSCOC)** the tendency for building illegal laboratories for production of amphetamines and metamphetamines on the territory of the country is stable. Also stable is the tendency for their disclosure (see Figure 5.1).

Major part of the produced quantities is for Turkey and the Arab countries. Part of the synthetic drugs is distributed on the internal market to which consumers are mainly young people and students. The illegal laboratories for manufacturing of synthetic drugs are controlled by Bulgarian citizens participating in criminal structures. Their criminal activity is characterized by well functioning mechanisms for self-defence and internal control, high level of conspiracy and strict separation of the functions of the persons engaged in the production and traffic of the amphetamines. In order to keep the anonymity of the illegal manufacturing the tendency to divide production cycles: synthesis, pressing into tablets, packaging, preparation for traffic, etc., continues. This significantly impedes the documentation and demonstration of joint criminal activity for the whole group of persons according to art. 354A, and in connection with art. 321 from the Penal Code. An increase of the geographical perimeter of the different production phases on the territory of the country is observed. The provision of the transport for the foreign market is taken by organized criminal groups consisting of foreign citizens /from Syria, Lebanon, Jordan, Iran/ as strict dividing of the functions is also observed: assigned individuals contact with the bulgarian suppliers, other handle “the merchandise” to the people responsible for the recruitment of couriers – mostly Bulgarian or Turkish citizens. During the past year a new trend has been outlined, expressed in recruitment of women couriers of synthetic drugs for the countries from the Near East. The detained Bulgaria couriers are mainly from the regions of the cities of Plovdiv and Asenovgrad.

In 2004 the following **illegal laboratories** for production of synthetic drugs and workshops for tablet pressing have been uncovered and disassembled:

- On February 04th, 2004, in the village of Korten, the region of Stara Zagora – workshop for pressing tablets amphetamine;
- On February 04th, 2004 in the village of Toros, the region of Lovetch – illegal laboratory for production of metamphetamine (“piko”) – confiscated are: ephedrine, substance of narcotic substance “piko” in the first phase of production, chemicals, and precursors;
- On April 08th, 2004 in the quarter of Gorni Bogrov, Sofia – laboratory for production of amphetamines /synthesis/;
- On October 29, 2004 in former farmyard in the suburbs of the village of Debel dial, the region of Gabrovo – laboratory for illegal production of synthetic drugs (synthesis of amphetamines and amphetamine sulfate);
- On November 20, 2004 in a house in the village of Radovo, the region of Trun – laboratory for illegal synthesis of amphetamines, the phases until the amphetamine sulphate obtaining were covered;

Number of illegal laboratories revealed and Disassembled by the NSCOC *Figure 5.1*



- On December 21, 2004, in the village of Bregare, the region of Pleven – laboratory for production and equipment for synthesis of amphetamine – base.

10.1.2.2. patterns of traffic inside and outside the country

According to the analyses of **Agency “Customs” (AC)** among confiscated 3 355 kg of heroin in 2000 and 2001 from the custom authorities in Bulgaria, in the next two years a decrease was reported in the traffic of heroin through the countries lying on the so called “classic diversion” of the Balkan route (Bulgaria included) on behalf of the south detour through the Adriatic. The so called “Silk route” through the Central Asian republics becomes actively used. In the end of 2003 and during the whole 2004 activation of the traffic of heroin through Bulgarian borders can be observed again, but far beneath the levels of 2000 and 2001. On the Balkan route the traffic of the heroin is performed mainly by the highway E-80, provided the relatively well developed infrastructure. Mostly automobiles are used, trucks, and vans with built in secret compartments.

According to data from the **National Service Border Police (NSBP)** the smuggling of narcotic substances except cross the existing Border Control Pass Points also is conducted across convenient for the case sections of the so called “green border”.

The Analyses of the **National Service to Combat Organized Crime (NSCOC)** show that the inclusion of local criminal groups in the international drug trafficking in the last years has led to an increase of the spread of Psychotropic and opioid substances in the country. Besides that, on the territory of the Republic of Bulgaria there are no big quantities of narcotics kept for longer periods. They cross transit and remain for relatively short period of time on certain places in order to be redistributed or reloaded. Active joint actions and an exchange of information are in process with the respective services from the countries affected by the drugs traffic and drugs dissemination.

There is a tendency observable, confirmed by a number of Bulgarian and foreign services, for decrease in the use of the classical “Balkan road” as the drug traffic most frequently gets redirected to the south detour through Adriatic. More and more actively the so called “North route”, or “Silk route” – from Afghanistan across the former Asian Soviet republics, Ukraine and Russia for the countries from Central and Western Europe – is used. Regardless of that tend the routes for the trafficking of heroin cross Turkey and the Balkans preserving the activity of the settled routes between the centres for production and processing of heroin in Turkey and Southeast Asia (Afghanistan, Iran) and the drug markets in West Europe.

The organizers of the canals for trafficking of **heroin** are Turkish citizens or Albanians from Kosovo – citizens of the former Republic of Yugoslavia. There is a stable tendency towards the participation of Bulgarian citizens, playing a support role in organized criminal groups carrying out the traffic of heroin.

In parallel with traffic of the heroin in the opposite direction the traffic of **vinegar anhydride**, intended for the illegal heroin laboratories in Turkey, increases. (see *Map 10.1*). The ascertained cases of traffic of **vinegar anhydride** show that it crosses the country transit and comes generally from two directions – Romania and countries in former Yugoslavia.

The trend of provision of the distributed in the country **cannabis** to come from plantations situated in hard to reach and deserted lands predominantly in the regions of Petrich, Sandanski, Ograjden, is still maintained. There are attempts to grow cannabis in green houses in urban conditions. Due to its high price in Greece part of the produced quantities continue to be smuggled across the so called “green border”.

The traffic of the **hashish** in Bulgaria is organized mainly from Albanian citizens on the direction Albania – Macedonia – Bulgaria – Turkey.

The participation of Bulgarian citizens in organized criminal groups engaged in traffic of **cocaine** from South America to Central and West Europe continues. They are used as couriers of bigger quantities under the cover of legal commercial activity or as a couriers that swallow smaller quantities of cocaine and carry it using air transportation. Bulgarian citizens, mostly from the

regions of Bourgas and Varna are being used for transportation of cocaine from South America and hashish from Morocco. The spread of cocaine in Bulgaria is limited because of its high market price.

10.2. Seizures

Substantial role and competencies regarding the reduction of drug supply and more concretely in counteractions of the illegal traffic of narcotic substances and precursors are in possession of **Agency Customs (AC)**. In 2004 on the borders of the country the customs employees have confiscated a total amount of around 9 015 kg and 71 000 tablets of narcotic substances and precursors in 82 occasions (see *Table 10.3* and *Standard Table 13* in Annexes). The heroin again is the most often smuggled narcotic substance across the territory of the country (56% of the total amount of seized drugs), followed by the amphetamines and the products of cannabis.

During the last three years constantly increasing trend in the traffic of the amphetamines is reported. If in the period of 2000-2002 116 kg in 8 occasions were confiscated then in 2003 and 2004 the quantity of the seized amphetamines r. adds up to the total of 880 kg in 23 occasions.

The traffic of products of cannabis across the territory of the country is relatively stable but in 2004 a significant decrease is reported.

The transport on land remains the most often used type of transport for illegal trafficking of drugs over the territory of Bulgaria. In the last two years 86 % of all seizures are made in automobiles.

Scheme of the traffic of heroin and vinegar anhydride

Капра 10.1



Source: Agency "Customs"

In 2004 the customs employees seized 91 persons of 16 nationalities.

During the same year the customs organs together with the organs of the Ministry of Interior and with permission from the Supreme Cassation Prosecutor's Office (SCPO) conducted four controlled deliveries of narcotic substances which resulted – in Bulgaria and abroad – in seizures of a total amount of 16.5 kg of heroin, 6 kg of hashish and 110 kg and 105 320 tablets of nutritive supplements and anabolic steroids.

On the basis of the intelligence information given from the Department for Fight against drug Traffic in the Central Customs Agency (CCA) and others law enforcement agencies in the country and abroad 40 kg of amphetamines, 0.900 kg of cocaine and 397 000 tablets of ephedrine were confiscated. As a result of extended joint work of the Department in the CCA, the NSCOC, and foreign law enforcement agencies in 2004 two international criminal drug groupings acting on the territory of whole Europe were defeated, and over 1000 kg of heroin were seized in Turkey, Bulgaria, Germany and the Netherlands.

The achievement of better results in the fight against the drug traffic is unthinkable without cooperation on national as well as on international level. The Bulgarian customs administration has settled and maintains very good contacts with analogous foreign customs and police services in a number of countries. A good cooperation is built on an operational level with the specialized services of the Ministry of Interior. The results achieved during the numerous conducted international operations and controlled deliveries come to confirm this fact. The interactions with the organs of the judicial authorities develop successfully.

In June, 2004 in the city of Prague took place the concluding international seminar on the complete reporting of the results from the regional PHARE Project for fight against the drug traffic. In the seminar participated representatives from the ten states- beneficiaries on the project, experts from the member-states, and employees of Eurocustoms. In the different activities on the implementation of the project a total of 165 employees of the Agency "Customs", Ministry of Interior, and Supreme Cassation Prosecutors Office participated. The Project managers from Eurocustoms pointed out their exceptional satisfaction from the achieved working cooperation between the units of counteraction of the drug traffic in Agency "Customs", Ministry of Interior and SCPO, as well as they give our country as an example of good inter-institutional cooperation.

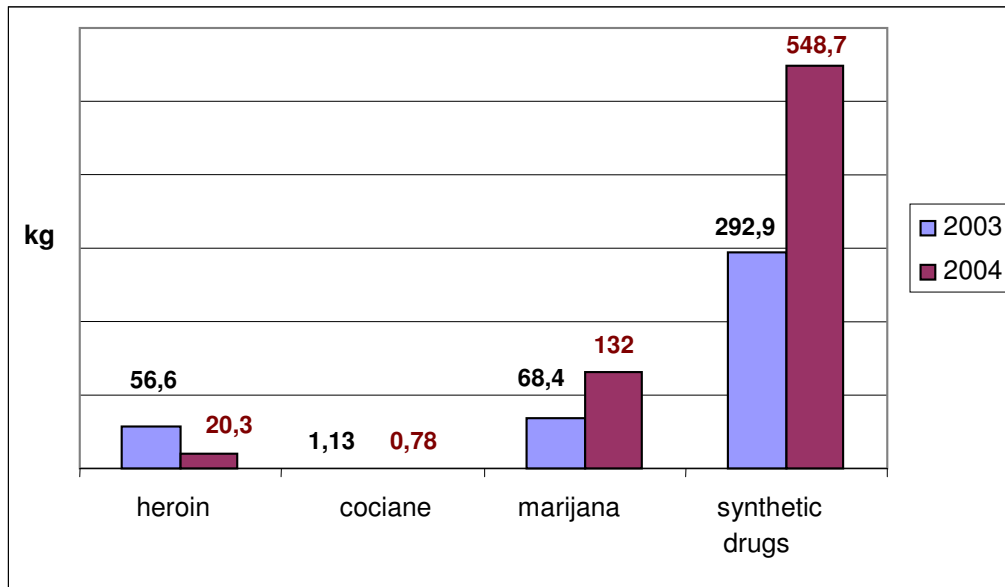
On the initiative of the Specialized group on drugs to the Bucharest Centre for fight with the cross-border criminality in the period of June 14th – 25th, 2004, an international operation for fight with drug traffic took place on the airports in the Southeast Europe under the name of Refrain III – SAFE HEAVEN. On behalf of Bulgaria in the operation actively participated Agency "Customs" through the departments for fight with the drug traffic in Central Customs Agency (where the contact unit was situated) and Customs Airport Sofia, Varna, Bourgas, as well as unit "Drugs" in NSCOC – Ministry of Interior. As a result of the implemented international organization lots of information about drug courier suspects was exchanged.

in the frames of its legally set competences the **National Service to Combat Organized Crime (NSCOC)** counteracts with the accomplished from foreign or Bulgarian criminal structures unlawful activity in the field of drug traffic, analyses the reasons, the conditions, and the trends regarding the traffic and dissemination of narcotic substances and raw materials for their production on middle market level.

In 2004 the employees of NSCOC have detained on the territory of Bulgaria independently or in cooperation with other services the following total quantity of drugs and precursors: 915,363 kg; 3 987 tablets; 563 doses; 1 174,99 kg green mass, 160 plants and 36 decars of cannabis; 16, 2 liters (see for detailed information *Table 10.4*). The confiscation of these quantities happened in a total of 278 occasions with 355 detainees.

In comparison the data from NSCOC show reduction in the confiscated quantities of heroin and cocaine in 2004 than in 2003 and raise of the quantities of marijuana and synthetic drugs (see *Figure 10.2*). The increase of the confiscated synthetic drugs in 2004 confirms the preservation of the tendency for building of illegal laboratories producing amphetamines and metamphetamines on the territory of the country

Figure 10.2: Seized quantities of narcotic substances from NSCOC in 2003 and 2004 (%)



Source: National Service to Combat the Organized Crime

The National Service Police (NSP) conducts control – methodological and organizational functions on restraining, revealing, counteraction, and prevention of the crimes connected with narcotic substances.

Juxtaposing information regarding the seized quantities of narcotic substances in the last three years is presented in *Table 10.2*.

Table 10.2: Seized quantities of narcotic substances from NSP (in kg)

Substances	2002	2003	2004
Heroin	103	7.113	3.337
Cocaine	27	35	0.060
Marijuana	12 385	724	627
Synthetic drugs	52	194	149

Source: National Service Police

Table 10.3: Disclosed quantities of drugs in 2004 by Agency “Customs” (in relevant measures)

TOTAL QUANTITIES OF DISCLOSED DRUGS AND PRECURSORS	9015.017 kg and 70 945 tablets
TOTAL QUANTITIES OF DISCLOSED DRUGS	1404.006 kg and 346 tablets
Of them:	
HEROIN	808.107 kg (33 occasions)
MARIJUANA	112.162 kg (17 occasions)
AMPHETAMINES	409.801 kg and 82 tablets (8 occasions)
HASHISH	0.288 kg (5 occasions)
COCAINE	0.116 kg (5 occasions)
ECSTASY	72.820 kg and 25 tablets (4 occasions)
COCA LEAVES	0.710 kg (1 occasion)
HYDROCODONE	97 tablets (1 occasion)
TREAZOLAME	56 tablets (1 occasion)
DIALGIREX	50 tablets (1 occasion)
MORPHINE	36 tablets (1 occasion)
TOTAL QUANTITIES OF DISCLOSED PRECURSORS	7611.011 kg and 70 599 tablets
Of them::	
EPHEDRINE	6.011 kg and 70 599 tablets (6 occasions)
VINEGAR ANHYDRIDE	7605.000 kg (2 occasions)
TOTAL NUMBER OF OFFENDERS:	106
MEN	81
WOMEN	10
UNKNOWN	15

Source: Report of the Minister of Interior G. Petkanov for the implementation of the Action Plan of the National Drug Strategy

Table 10.4: Confiscated drugs and precursors from NSCOC independently or in cooperation with other services for 2004. (in relevant measures)

TYPES OF DRUGS	MEASURES	NSCOC	NSCOC AND OTHER SERVICES IN MI	NSCOC AND CUSTOMS	NSCOC AND SIMILAR SERVICES ON FOREIGN TERRITORIES	TOTAL QUANTITIES	TOTAL CASES	TOTAL DETAINED PERSONS
HEROIN	kg	20,377	7,440	57,810	290,875	376,502	57	85
	doses	125	438			563	15	23
COCAINE	kg	0,780	0,041		82,927	83,748	19	26
MARIJUANA	kg	131,715	164,930			296,645	100	110
HASHISH	kg	0,142			4 000	4 000,142	3	7
CANNABIS green mass	kg	949,288	225,699			1 174,987	21	15
CANNABIS - seeds	kg	0,150	0,380			0,530	4	3
CANNABIS - areas	дка	36				36	5	
CANNABIS -plants	number	4	156			160	3	
	kg	515,545	0,178			515,723	27	48
AMPHETAMINES	tablets	1 082	83			1 165	10	12
	l	16,2				16,2	2	3
CAPTAGONE	kg	15	0,3			15,3	2	5
	tablets	56				56	1	1
ECSTASY	tablets	2 766				2 766	7	15
EPHEDRINE	kg	0,575				0,575	2	2
TOTAL;	915,363 kg; 3 987 tablets; 563 doses; 1 174,99 kg green mass, 160 plants and 36 decares of cannabis; 16, 2 l						278	355

Забележка: On foreign territories with the participation of the NSCOC on 7 occasions 7 persons were detained and 290,875 kg of heroin were confiscated; on 5 occasions 5 persons were detained and 82,927 kg of heroin were confiscated and on 1 occasion 30 persons were detained, 5 of them Bulgarians, and 4 tons of hashish were seized.

Source: Report of the Minister of Interior G. Petkanov for the implementation of the Action Plan of the National Drug Strategy

In conclusion we will mention that in its official web-site¹⁷ the Ministry of Interior reminded the high rating of the American Drug Enforcement Agency /DEA/ for the contribution of the Bulgarian services in the fight against drug dissemination. This position of DEA was categorically expressed during the visit of the Principal Secretary of MI gen. Boiko Borissov in the USA in December 2003. Then on a meeting with Mrs. Karen Tandy, head of DEA, the effective cooperation between the NSCOC and the Agency in the realization of the operation “Moonlight” was discussed; the operation resulted in confiscation of 5 tons of cocaine in August 2003 in Bolivia.

The results from the enlargement of the cooperation between the Bulgarian and the American services speak for themselves – just in February 2004 several successful joint realizations were carried out, in which workshops for production of synthetic drugs were crashed and big quantities of drugs were seized. On February 3rd and 4th during operations of NSCOC and DEA in the capital and in the village of Korten, region of Sliven, 210 kg of amphetamines were confiscated. On February 6th in joint action in the region of Lovetch a laboratory for production of “piko” was crashed. On February 12th again after joint actions of the Bulgarian anti-mafia officers and DEA close to Plovdiv 110 kg of amphetamines were seized. The two services successfully cooperated during the operation on February 13th in the quarter of “Nadejda” in the capital in which amphetamines and heroin were confiscated. Representatives of DEA actively participated in the action of NSCOC and Regional Directorate of the Ministry of Interior in Plovdiv of February 25th 2004, when a criminal group was detained in Plovdiv with 100 kg of kaptagone.

The continuing interactions and collaboration between the two agencies is extremely important for the effective fight with the drug traffic in Bulgaria, the region, and in the USA, has stated in her letter Mrs. Karen Tandy. Until the end of the research the DEA will continue to give support for the country in the joint fight against this type of criminal activity, is also pointed out in the letter.

In report of the State Department of the USA the efforts of the Bulgarian government to stop the production of drugs and the traffic across the country are positively evaluated. It is indicated that Bulgaria is one of the European countries to capture the biggest quantities of narcotic substances.

10.3. Price/Purity

10.3.1. Price of Drugs on Street level

The comparative data for 2002 published in the Statistical Bulletin of the European monitoring Centre on Drugs and Drug Addiction¹⁸ give the opportunity to evaluate the level of the prices of drugs on street level in Bulgaria for this period (see *Table 10.5*).

¹⁷ www.mvr.bg, 04.03.2004 г.

¹⁸ <http://stats04.emcdda.eu.int/index.cfm?fuseaction=public.Content&nNodeID=5382>

As a whole the street (or consumer) price of the drugs in Bulgaria is significantly lower than the price in the countries from the European Union. This is valid for three of the presented in the table substances – cannabis leaves (practically marijuana), brown heroin (that is present on the Bulgarian market) and ecstasy. The mean price of all three substances is considerably lower as for the mean and for the minimal registered national price in the EU. In some cases these differences are extensive. In cannabis the closest to our prices are the ones in Estonia (average of 1,93 Euro per gram) and in Spain (average of 1,98 Euro per gram), and the farthest – those in Lithuania (average of 17 Euro per gram). In heroin the closest are the prices in Hungary (average of 29 Euro per gram), and the farthest – in Sweden (average of 161 Euro per gram). Respectively in ecstasy the closest are the prices registered in Portugal (average of 5,90 Euro per tablet), and the farthest are in Norway (average of 15,70 Euro per tablet). Only the price of the cocaine comes closer to the mean for the EU (73,34 Euro), as exceeds significantly the price in Portugal (average of 38,57 Euro per gram), Spain (average of 46,43 Euro per gram) and others. This is not an occasional fact that the cocaine is the most expensive drug in Bulgaria, and for this reason is with relatively и поради тази причина със сравнително shrunk market. By the way the comparative international analysis would gain if not only the prices but the ratios of prices to the mean earnings in the countries are compared. That would show the real availability from the financial point of view. This analysis will be a subject of interest in the next report.

Table 10.5: Prices on street level of some narcotic substances in Bulgaria and in the EU country in 2002

Substance	Measure	Price in Bulgaria	Price in Europe		
			average	minimal	maximal
Cannabis leaves	Gram	0,75-1,00	6,13	1,93	17,00
Heroin brown	Gram	20,00	69,00	29,00	161,00
Cocaine	Gram	60,00	73,34	38,57	175,00
Ecstasy	tablet	5,00	9,21	5,90	15,70

Source: Annual National Report on the Problems of Drugs and Drug Addictions in Bulgaria – 2004, National Drug Council, National Focal Point on Drugs and Drug Addictions, Sofia 2005, Statistical Bulletin – 2004 of the European Monitoring Centre on Drugs and Drug Addictions

From the indicated in Table 10.6 narcotic substances only the average street price of the brown heroin in Bulgaria has raised in comparison with 2003¹⁹ – from 20 Euro to 30 Euro for one gram. On the other side in comparison with the data from 2001²⁰ the average prices of almost all of the indicated substances has raised, except for the cannabis-leaves and ecstasy.

¹⁹ see : Annual National Report on the Problems of Drugs and Drug Addictions in Bulgaria – 2004, National Drug Council, National Focal Point on Drugs and Drug Addictions, Sofia 2005

²⁰ see : Annual National Report on the Problems of Drugs and Drug Addictions in Bulgaria -2003, National Drug Council, National Focal Point on Drugs and Drug Addictions, Sofia 2003

Table 10.6: Prices of several narcotic substances on street level of distribution

Type of drug	For 1 dose, tablet, cigarette	For 1 gram
Cannabis-leaves	1 Euro	0,75 Euro
“Dutch” (marijuana, processed with amphetamine base)	10 Euro	`
Heroin		30 Euro
Cocaine		50-60 Euro
Amphetamine powder		2,5-10 Euro
Ecstasy	3,5-10 Euro	
LSD	10-12, 5 Euro	
Subsittol (morphine sulfate powdered wax capsules)	7,5-10 Euro	

Source: Annual Situation Report of the National Information-Analytical Unit on Narcotic Substances 2004, data from the National Service Police

10.3.2. Purity on street level and composition of the drugs / tablets

in 2004 in the laboratories for analysis of the Regional Directorates of the Ministry of Interior and the Science Research Institute of Criminology and Criminal Law (SRICCL) of the Ministry of Interior narcotic substances seized from traffic and on street market were analyzed (see *Standard Tables 14 and 15* in Annexes). The percentages of the examined substances are based on laboratory analyses and cover all captured narcotic substances in the country. As in previous years the percentile composition of the tested narcotic substances varies in wide ranges but besides that some tendencies can be noted.

HEROIN

In 2004 the tested heroin captured in traffic is most often with purity of 40-50%. The heroin captured on street level is with several times lower percentage – around 10 %.

The typical additives in this type of narcotic substance are caffeine and paracetamol but others also are found – like pyramem, phenacetin, benzocaine, diazepam, and others (regarding the so called “additives” see *Table 10.7*).

HEMP AND HASHISH

The content of the active component THC in the hemp has risen as there are cases of analyzed samples with content of THC of 15-20 %. The hashish is less found in 2004 as the content of THC is lower than in hemp.

COCIANE

Several objects of coca leaves were tested in which the content of cocaine is 0,1-0,5 %. When the cocaine is in the form of powdered substance its content is quite high. Objects were analyzed with cocaine content of 71-88 %, in which no additional substances were founded. The most widely spread cocaine has a purity of 20-30 % and additives as lactose, starch, caffeine, tetracaine, phenacetin, pyramem, lydocaine, manitol.

AMPHETAMINES

The percentile content of the amphetamine in the tested objects – powdered substances, varies in wide ranges - 10-73 %. The most frequently found purity of the amphetamine is around 30 %, and the most typical additive is the caffeine.

When in the form of tablets the percentile content of the amphetamine is most often 5-6 %, but tablets captured in traffic were tested with a content of amphetamine of 20 %.

The additives in the amphetamine are caffeine, pyramem, theophilin, quinine, aspirin, benzocaine, phenobarbital, analgin, lactose, starch.

MDMA

This type of narcotic substance is mainly found in the form of tablets as though there are analyzed powdered substances which most probably represent crushed tablets. The content of the active component in them is significantly higher than in the amphetamine-containing tablets and reaches 73 %. Most often the percentage varies between 30-40 %. As an additive in MDMA lactose is found.

In 2004 objects containing N-ethyl-MDA (MDEA) mixed with MDMA were analyzed as the percentile content of the N-ethyl-MDA is higher than MDMA. Also several objects were tested in which the active component is MDA (tenamphetamine).

METAMPHETAMINES

The metamphetamine is again in the form of powdered substance. The percentile content of metamphetamine is most often 10-15 % as almost all of the samples contain ephedrine too. There are cases in which the content of ephedrine is higher than the content of the metamphetamine.

In 2004 large quantities of tablets captured in traffic were analyzed, containing ephedrine hydrochloride; probably they were precursors for the production of metamphetamine.

METHADONE

In 2004 there is a tendency for increase the number of objects containing methadone hydrochloride, but not in the form of tablets but as suspensions which are most probably crushed and diluted tablets. Because of that the content of the methadone is low and not strictly fixed.

Table 10.7: Additives and diluents found in different types of drugs

Types of drugs	Found additives / diluents
Heroin	Caffeine, paracetamol, pyramem, phenacetin, diazepam, fulvicin, benzocaine, starch
Cocaine	caffeine, paracetamol, phenacetin, tetracaine, pyramem, lydocaine, lactose, starch, manitol
Amphetamine	caffeine, pyramem, theophiline, quinine, aspirin, procaine, benzocaine, phenobarbital, analgin, lactose, starch
Metamphetamine	ephedrine, benzocaine, procaine,
Group of Ecstasy	lactose
Phenetiline	ephedrine, lactose

Source: Science Research Institute of Criminology and Criminal Law (SRICCL) of MI