2006 NATIONAL REPORT (2005 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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1. National policies and context

In the frames of this chapter, the following key topics will be examined:

- Legal framework;
- Institutional framework, strategies and policies;
- Budget and public expenditure;
- Social and cultural context.

In examining the Legal framework, a special attention is paid of Laws, regulations, decrees, and directives in the field of drugs and drug addictions, which were approved or changed in 2005, as accents in them are pointed out in relation with the problem area of drugs. On the other hand, basic indicators of law enforcement are examined, based on data from the Ministry of Justice.

The subject of the institutional framework, strategies, and policies includes a review of the major institutions and instruments connected with coordination of activities on drugs at national and international level, including the National Programme for Prevention, Treatment, and Rehabilitation of Drug Addictions and the National Strategy for Fight against as such instruments, as well as available data for implementation of the policy and strategy will be scrutinized.

The presentation of the budget and the public expenditures includes available information for the financing on national level of activities in the field of law enforcement, social and health care, research, international activities, coordination, national strategy mostly concerning the Ministry of Health and the Ministry of Interior.

The examination of the topic for the social and cultural context includes presentation of data for public opinion by the means of outcomes of representative studies in different target groups, as well as information for debates and initiatives in the Parliament and the civil society in 2005.

Legal framework

 Laws, Regulations, Decrees, and Directives in the Field of Drug Issues

To achieve complete compliance with the European legislation in the field of production and dealing with precursors of drug substances in the frames of the European Union an inter-departmental work group prepared a project for Law for amendment (LA) of the Law for Control over the Narcotic Substances and the Precursors (LCNSP). It was approved by the Parliament and promulgated in the State Gazette (SG, 79/Oct 04, 2005)). With these changes, some alterations in the part regarding the work with drug substances and the control over them are brought in. Existing texts in this part in LCNSP are also specified\(^1\).

Major standings in the Law for Amendment

- The existing regimen of licensing of the people working with precursors of

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\(^1\) The update LCNSP is available at: http://lex.bg/laws/lidoc.php?IDNA=2134654469
second category is removed. The licensing is replaced with a registration of the persons, activities, capacities, and conditions of preservations. The registration is not applicable when the annual quantities of the precursors of second category do not exceed defined minimal quantities, indicated in a separate appendix to the Law. For these persons the requirement for indicating a contact person for communication with the competent authorities, as well as the filling in of a declaration for end use and completion of report books for the transactions of the precursors do not apply;

- The registration of the persons, activities, capacities, and conditions for preservation of precursors from third category drop out, except the export, the re-export and the transit, when in the frames of one calendar year certain defined quantities are exceeded. The quantities are shown in a separate appendix to the Law;

- The term for validity of the issued licenses for activities with precursors of drug substances is prolonged from one to three years;

- The term for validity of the issued permits for export and import of precursors of drug substances is prolonged three to six months;

- From the list of Appendix 4 to article 3, paragraph 2 of LCNSP are removed the substances “chlorine acetone” and “formamid”, as in this way the list of EU for controlled substances (precursors) is completely accepted.

- The jurisdictions of the Minister of Health are augmented regarding the control over the advertising of the narcotic substances.

- The text of article 57, which regulates the keeping of minimal quantities of narcotic substances needed to give emergency medical assistance on boats and aeronautical means, entered in the registries of the Republic of Bulgaria is specified.

- The regimen concerning the implementation of rehabilitation programmes for drug-dependent persons in article 89 of LCNSP is specified. Types of treatment centres, entitled to perform such programmes are concretized – establishments for social services, according to the Law for Social Assistance, outpatient units for specialised medical help, and treatment services for residential psychiatric help.

With the changes in the LCNSP a full harmonization with the European legislation is achieved in Section 1 “Free Movement of Commodities” – Regulation 273/2004, which unites the existing until now legislation and brings in new elements.

With the approved Law for Amendments of the Law for Control over the Narcotic Substances and the Precursors, changes have been made in relation with the principle for establishing of the Drug Councils. Article 15, which regulates the status of the Municipal Drug Councils to NDC is changed. The principal for their establishment is altered, they are formed in the regional centres in order to improve their coordination and interaction with the NDC, as well as their financing to be improved.

According to the new text in article 15, paragraph 1 form LCNSP, regional drug councils are established in the municipalities which administrative centres are administrative centres of the region. These councils receive financing from the Republican budget. With these changes, the existing municipal drug councils receive the name “Regional Drug Councils”, as far as the same are situated in the regional centres of the country. The aim is to maintain the existing to the present moment structure and, in the same time, to strengthen the role of these Councils on regional level.

The achieving of greater exhaustiveness and precision in regards with their composition, functions, and cooperation with other organs of the local and state
The authorities is imminent to be settled in the Regulations for Organisation and Activity of the National Drug Council.

In case of necessity and availability of own financial resource with the new included article 15a from the LCNSP an opportunity is given also to municipalities which are outside these of the regional centres to establish Municipal Drug Councils.

For improvement of the implementation of the regulatory regimens, brought in by the Law for Control over the Narcotic Substances and the Precursors, regulating the control over the activities with narcotic substances and their preparations the following sub-legislative normative acts are prepared:

- **Regulation for Amendment of the Regulation for the conditions and order for issuing licenses for activities with narcotic substances for medical and veterinary medical purposes** with appendices № 2 and 3, to article 3, paragraph 2 of the Law for Control over the Narcotic Substances and the Precursors, accepted with Decree of the Council of Ministers № 13 of Jan 31, 2005 r. (published SG 13/Feb 08, 2005). In this Regulation, the texts concerning the control over the activities with narcotic substances for medical purposes are detailed.

- **Regulation for Amendment of the Regulation № 21 from year 2000 of the Ministry of Health for the requirements for the documentation and reporting when accomplishing activities with narcotic substances and their preparations** (published SG 55/Jul 05, 2005). In the Regulation, changes in the coverage and the terms of the reporting and the documentation are stipulated.

- **Regulation for Amendment of the Regulation № 7 from year 2001 of the Ministry of Health for the conditions and order for issuing of permits for import and export of narcotic substances and their preparations** (published SG 98/Dec 06, 2005). The regimen for customs deposits and import of narcotic drugs for clinical tests and humanitarian aid is detailed.

In 2005 in the Ministry of Justice, a project was prepared for **Penal Procedure Code (PPC)**, approved by the Parliament on October 14th, 2005 (promulgated SG 86/Oct 28, 2005). In the fight against drug crimes the changes, regulating the functions, jurisdiction, conditions, and succession for accomplishing orders for investigations by the means of undercover employee, controlled deliveries and confidential transactions are of utmost significance.

In the Code the controlled delivery, the confidential transaction and the undercover investigation are regulated as means of collecting of material evidences. Temporary protection for witnesses (carried out by personal bodyguards or from the organs of MI) or maintaining in secret the identity of the witness in certain cases is provided.

Special rules for interrogation of witness with protected identity are provided. These rules are applied in interrogation of the undercover employee, as well as of the persons, included in the Witness Protection Programme according to the Law for Protection of Persons Endangered in Relation with penal procedure.

With the new PPC the opportunity for fast procedures for drug dealers is foreseen.

The **Law for Expropriation in Benefit of the State of Property, Acquired from Criminal Activity** (promulgated SG 19/March 01, 2005) is in effect. In this Law, the cases of committed crimes for which the property is expropriated are indicated, including article 242 and 242a of Penal Code for smuggling of narcotic substances and article 354a, 354b and 354c for possession, production, and dealing with narcotic substances.

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2 The Penal Procedure Code is available on: http://lex.bg/laws/ldoc.php?IDNA=2135512224

3 The Law is available on: http://lex.bg/laws/ldoc.php?IDNA=2135499554
Laws Implementation

The cases and the convicted persons from all courts in the country are monitored not by types of drugs but by the relevant texts from the Penal Code, connected with acquiring, production, preservation, dissemination, carrying, and transportation of narcotic substances and their analogues.

In the programme system of the jurisdiction statistic of the Ministry of Justice information for lawsuits and convicted persons is collected only from first-instance law courts. Information for convicted persons with sentence in effect is available only through the National Statistical Institute after the necessary technological time for primary data processing.

As long as part of the sentences decreed from the first-instance law courts in 2005 are appealed against, the cases are pending, and a real comparison with the finally resolved cases in 2004, and accounting for the trends for this type of crime is not feasible.

Information about the activity of the first-instance law courts in the country shows that in 2005 the regional (city), district, and the army courts have had for hearing a total of 2464 drug connected cases (see Table 1-1). 1406 of them have final sentence, as the total number of convicted persons is 1315. The most often imposed punishment was imprisonment for up to 3 year.

Table 1-1

THE CASES IN THE REGIONAL (CITY) AND ARMY COURTS AS FIRST INSTANCE AND THE DISTRICT COURTS IN 2005

<table>
<thead>
<tr>
<th>LAW COURTS</th>
<th>REGIONAL (CITY)</th>
<th>DISTRICT</th>
<th>ARMY</th>
</tr>
</thead>
<tbody>
<tr>
<td>crimes according to the Penal Code</td>
<td>art.354a,b, 354c/2-4</td>
<td>354, 354a/5, 354c/1, 356</td>
<td>354a,b,c, 356 etc.</td>
</tr>
</tbody>
</table>

REPORTS ON THE CASES

<table>
<thead>
<tr>
<th></th>
<th>REGIONAL (CITY)</th>
<th>DISTRICT</th>
<th>ARMY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remained unfinished at the beginning of the report</td>
<td>608</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Received cases - total</td>
<td>1747</td>
<td>36</td>
<td>49</td>
</tr>
<tr>
<td>incl.: recently opened</td>
<td>1653</td>
<td>30</td>
<td>46</td>
</tr>
<tr>
<td>of them special procedures</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases for consideration</td>
<td>2355</td>
<td>49</td>
<td>60</td>
</tr>
<tr>
<td>Finished cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verdicts with sentence</td>
<td>1350</td>
<td>12</td>
<td>44</td>
</tr>
<tr>
<td>Suspended - total</td>
<td>125</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>incl. 414 G, H, I</td>
<td>3</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Special procedures - suspended</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remained unfinished at the end of the report</td>
<td>880</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>Duration of hearing of the cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 3 months</td>
<td>646</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Above 3 months</td>
<td>829</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Appealed cases</td>
<td>392</td>
<td>2</td>
<td>11</td>
</tr>
</tbody>
</table>

PROSECUTED PERSONS

<table>
<thead>
<tr>
<th></th>
<th>REGIONAL (CITY)</th>
<th>DISTRICT</th>
<th>ARMY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prosecuted persons - total</td>
<td>1578</td>
<td>27</td>
<td>49</td>
</tr>
<tr>
<td>incl. discharged</td>
<td>272</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Convicted persons - total</td>
<td>1247</td>
<td>21</td>
<td>47</td>
</tr>
<tr>
<td>Sentences imposed</td>
<td>83</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Imprisonment for up to 3 years</td>
<td>989</td>
<td>14</td>
<td>43</td>
</tr>
<tr>
<td>On probation</td>
<td>728</td>
<td>11</td>
<td>41</td>
</tr>
<tr>
<td>Imprisonment for 3-10 years</td>
<td>154</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Imprisonment for 10-30 years</td>
<td>60</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Penalties</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probation</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other punishments</td>
<td>44</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Persons with imposed sentences for art. 414 G, H, I</td>
<td>2</td>
<td>10</td>
<td>2</td>
</tr>
</tbody>
</table>

*Source: Ministry of Justice.*

**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 Ministry of Interior and the Vice 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 situated 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 Agency, 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 of 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 Strategies

The National Drug Strategy 2003 - 2008 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 in order to achieve the strategic aims and must be immediately supplemented by an Action Plan, in which concrete tasks and terms are appointed. The Strategy puts the beginning of a 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 must 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;

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4 The text of the National Strategy is available on: http://www.ndc.government.bg/?l=bg&pid=documenti-strategia
5 The text of the National Programme is available on: http://www.ndc.government.bg/?l=bg&pid=documenti-programa
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.

Implementation of Policies and Strategies

The development of the Preventive Information Centres (PIC) to the MDCs in the cities of Sofia, Varna, Bourgas, Vratsa, Pernik, Blagoevgrad, Vidin, Pleven, Plovdiv, Dobritch, Silistra, and Rouse. The major priority task in the approved municipal drug strategies is limitation of the dissemination and use of narcotic substances among young people and raising the informational level of the public regarding the harms and especially the social-psychological consequences related to drug use and abuse. The activities for raising the preventive-information work on the problems of the use and abuse of narcotic substances among young people, pupils, teachers, parents are directed mainly towards:

- Development and implementation of programmes in help of the parents;
- Organizing and carrying out media campaigns for fight against drugs and drug addictions;
- Realization of programmes for sport and tourism for the children and the young people;
- Development and implementation of programmes for work with higher risk groups;
- Assessment of the information level and the attitudes towards psychoactive substances;
- Training of multi-disciplinary teams;
- Training of persons engaged in preventive programmes, events, and campaigns in order to develop a network of trained professionals.

The implementation of the preventive programmes and activities comes because of the joint efforts of state, municipal and non-governmental organizations and institutions. The Municipal Drug Councils actively cooperate with the municipal
authorities, the Regional Directorates of the Interior, the Regional Inspections for protection and control of the public health, the Youth Drug Councils, the Local Commissions for Fight against the Anti-Social Deeds of the Minors and Under-aged, the Bulgarian Red Cross, The Bulgarian Youth Red Cross, and the local media.

In the period May 30th – June 1st 2005 a visit of the mission of the International Council for Control of Drugs (ICCD) to the UN with headquarters in Vienna, Austria was accomplished. The mission consisted of Dr. Robert Lüsberg, member and speaker of the Council and Mrs. Gizela Wieser - Herbek, official of the Secretariat of the Council.

In the frames of the visit meetings were held with the Minister of Health and Chairman of the NDC, the Deputy Minister of Justice, the Deputy Minister of Interior, the Deputy Minister of the External Affaires, the Deputy Minister of Economy and Chairman of the Inter-Departmental Commission for Control of the Precursors and the Director of “Customs” Agency (Ministry of Finances), as well as with the head of the European Commission in Bulgaria, the head of the WHO Regional office and other experts.

The purpose of the visit is, in the spirit of cooperation and dialogue, to assess the national policy in the field of drug and precursors control. The focus of the meetings was: balancing of the efforts to reduce of the drug demand and drug supply; the first rate significance of the coordination of the efforts of the competent state institutions and the role of the National Drug Council, the leading role of the prevention, intensifying the cooperation with the neighbor countries and the information exchange between them.

**Policy and Strategy Impact**

No new representative data or reliable information regarding policy and strategy impact have been registered in 2005.

**Budget and Public Expenditures**

**In The Field Of Law Enforcement, Social And Health Care, Research, International Activities, Coordination, National Strategy**

In 2001, a National Programme for Prevention, Treatment and Rehabilitation of Drug Addictions in the Republic of Bulgaria (2001-2005) was approved. Annually The State Budget Act grants the funds for programme 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:

- 2002 – 182 896 BGN, incl. medicines (methadone) - 79 999 BGN
- 2003 – 200 149 BGN, incl. medicines (methadone) - 114 431 BGN
- 2004 – 248 807 BGN, incl. medicines (methadone) - 110 615 BGN
- 2005 – 199 998 BGN, incl. medicines (methadone) - 164 148 BGN

In 2005 for financing of the tasks for the implementation of the Action Plan to the National Drug Strategy (2003-2008), the Ministry of Health have provided 64 012 BGN (for 2004 – 83 792 BGN). For 2006 for activities related to the National Programme for Implementation of the Action Plan to the National Drug Strategy 150 000 BGN6 are provided.

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6 Source of information: Ministry of Health, National Centre for Addictions.
In 2006 the Ministry of Interior has provided approximately 922 thousand BGN for financing of the activities which are in the competence of the MI regarding the implementation of the Action Plan to the National Drug Strategy (2003-2008)\(^7\).

To the total amount of the state financing of activities related to prevention, treatment, and rehabilitation of drug addictions the annual budget of the National Centre for Addictions should be taken into account, which, in report for 2005, comes up to 135 626 BGN.

**Funding Arrangements**

Actual information regarding funding arrangements that took place in 2005 is not available.

**Social and Cultural Context**

**Public Opinion**

According to the indicated in the previous years aggregated opinion of parents and students in different studies\(^8\) the use “from time to time” of cigarettes and, moreover, of alcohol, is not considered as a serious health risk; riskier seems to be the incidental cannabis use, and the riskiest in the eyes of the people is the heroin use. During the last two years, other studies were accomplished; they included the subject in their questionnaires – for instance the studies among total population aged 18-60 years (2005), among university students (2006), and among prisoners (2006). These are different categories of the population, with different levels of threat of drug use, and, because of that reason, data comparison is of interest (see *Figure 1-1*).

As a whole the difference is quite clear – regarding both ecstasy and cannabis the total population (with the highest mean age from all three groups) definitely sees a serious risk in regular use, as well as in the incidental use, among university students the attitude is more permissive; as long as, obviously, the prisoners at the least extent see a serious risk (mostly of cannabis use). Most probably this picture at the end reflects the differences in the total attitude of the indicated groups towards the two types of drugs.

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\(^7\) Source of information: Directorate “Coordination and Information-Analytical Activity”, Ministry of Interior.

\(^8\) See, for instance, Annual Report 2003 on the state of the problems related with drug use in Bulgaria, National Focal Point for Drugs and Drug Addictions, National Drug Council, Sofia, 2003
ASSESSMENT OF DIFFERENT CATEGORIES OF POPULATION OF THE RISK RELATED TO INCIDENT AND REGULAR USE OF CANNABIS AND ECSTASY

Cannabis

<table>
<thead>
<tr>
<th>Population 05</th>
<th>Universities 06</th>
<th>Prisons 06</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>2.00</td>
<td>3.00</td>
</tr>
</tbody>
</table>

Ecstasy

<table>
<thead>
<tr>
<th>Population 05</th>
<th>Universities 06</th>
<th>Prisons 06</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>2.00</td>
<td>3.00</td>
</tr>
</tbody>
</table>

**Remark:** The presented risk assessment on the Figure represents the aggregated opinion of the inquired persons, it is formed on the basis of the range scale of answers used in the questionnaires, as to each of the answers is given a different “weight” – so as the approaching of the assessment to 1 means “no risk”, and the approaching to 3 – “big risk”;

The beginning of every pillar responds to the assessment of the incident use, and the end responds to the regular use.

**Sources:**
1. National Representative Study among General Population, February - March 2005, national, 1037 respondents aged 18-60;
2. National Representative Study among University Students in Bulgaria, May – June 2006, national, 3220 students responded;

The widest amplitude between the risk assessments of incidental and regular use (i.e. the principle “permitted but just a bit”) exists in cannabis for the students and for
ecstasy in prisoners, while it is smallest (i.e. the principle “not even a bit allowed”) for ecstasy for the general population.

In continuation of the topic it can be mentioned that in the beginning of summer 2006 the results of research among young people in Bulgaria were presented, the research being part of the Annual Youth Report for 2005, approved by the Government on June 8th, 2006\textsuperscript{12}. The research covers pupils from 15 to 18 years of age. According to the authors, the greater tolerance towards drugs is a disturbing fact - 38 percent think that there is nothing wrong with smoking “grass”, and 17 percent share the view that if you use drugs from time to time there is no any danger of becoming addicted\textsuperscript{13}.

Debates and Initiatives in the Parliament and Civil Society

There are no data for purposeful research of the debates and the initiatives in the Parliament and the civil society in Bulgaria in 2005. Anyway, the continuing public discussions on the occasion of the change in the law in 2004 regarding drug possession in one-dose quantity must be noted. In relation to this, in February, in Sofia, at the Centre for Culture and Debate “The Red House”, an open debate “Non-Judgemental for The Drugs II: One Year Later – What Is the Result of the Changes in the Penal Code and the Prohibition of the So-called “Single Dose”?” was organised.

Materials on this subject appeared in different media, representing the citizens’ position of their authors and provoking for unfolding a discussion. In one of the indicative materials on the subject, it is said: “The change in the law did not help for the resolving of drug problem. It just covered it. The streets of the big cities have cleared of ugly scenes. Drug users are not less, they just hide and take drugs some place else. More and more often used needles and syringes are shared.” (Zdravkova, J., 2005). Probably the discussions on the matter will continue in the future.

\textsuperscript{12} Annual Youth Report for the Republic of Bulgaria, 2005, Council of Ministers of Bulgaria, Sofia, 2006

\textsuperscript{13} The pupils fall even deeper in the capture of the drugs, News.dir.bg
Drug Use in the general population

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. Of 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 that 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.
The preventive work for restriction of use and abuse of drugs among young people is seen as a part of more general approach of health promotion. It is based on the understanding for the variety of individual, family, social, cultural and economical factors that have an impact on the person’s health behaviour. The aims of the health promotion are directed towards improving of the health and limitation of (primary and secondary prevention) risk behaviors, diseases and conditions that worsen the health.

In this paradigm becomes clear that no system on its own can create sufficiently effective independent conditions in order to reduce given risk behavior or to improve the health. For instance, the efforts of the school could not improve children’s health, if the remaining public system and institutions have serious resources deficiency. It should not be expected from the school on its own to overcome the negative impact of the dysfunctional families or communities, to cope with the peer pressure for practicing of risk behaviours, to restrict the negative influence of the media and Internet, etc. On the other hand, however, the school is in strategic position to catalyze a process of joint search for positive influence of the other systems for affirming the health and well-being of the children, and, as a consequence, to improve the competences of the pupils.

With a view to the above review, the description of the activities in the sphere of the prevention covers information which represents, on one hand, the initiatives on national and local level, and, on the other hand, initiatives directed to establish the healthy way of life, to limit the risk behaviours, to ensure possibilities for support of the young drug users.

**Universal Prevention**

**School**

Among major directions for work on national level is the provision of possibilities for access to health education in the sphere of the secondary education.

In the framework of the general education, the integrated approach towards the health education is placed in the State Educational Requirements for the Learning Content and in the new school curriculums. From first to sixth grade, the questions are examined by the means of integrated school subjects. After sixth grade, the problems examination becomes differentiated in various school subjects. The integration in this case is achieved through inter-disciplinary relations, which are part of the school curriculums. The State Educational Requirements for the Learning Content describe the basic knowledge, skills, and attitudes, which must be developed in pupils. They outline a wide scale of competencies – the knowledge of his own body and the changes, which occur in the different periods of growth, to the understanding of the meaning of the different groups, communities, and adoption of a complex of psycho-social skills, which are necessary for every human and for his complete personal, social, and professional realisation.

The applying of the active teaching methods that develop so-called social and of substantial importance skills are in the basis of the modernization of the educational
process on school level. These skills are in the base of the development of active and positive person, capable of making decisions, resisting to the peer pressure, and able to build positive interrelations with others. These skills are also in the foundation of the drug use prevention.

School programmes and school policies consistent with the concrete specifics and resources are developed; they affirm school norms connected with the health, in every aspect of the school life; there is a development of major themes and forms for realization of health educational programmes. In the particular case under school policy we see systematically and consecutively planned on the basis of needs and resources assessment activities, which are integrated in school management; directed towards organizational and community development for providing of conditions for optimal physical, emotional, and educational growth of the pupils.

It must be noted, that this is not yet a mass practice, but as a result of different national programmes in the last few years, we can assume that around 10% of the schools plan systematically targets and activities in the sphere of the drug use prevention.

In the mass school practice a minimum of 4 hours a year are provided for every grade on themes from the sphere of the health education (in the frames of the class for the grade). At schools, which have approved extra-curriculum forms for work on health educational programmes, for a defined number of involved children, 30 to 60 hours a year are provided in the frames of free-choice preparation, youth clubs, and councils. An extra time for including the pupils in activities aimed at restriction of drug use which could not be precisely counted, is the participation in the carrying out of different campaigns on school level.

Most of the health educational programmes, which are realized at school level, combine the approaches "life skills” and “peer education”.

In the National Calendar of the Ministry of Education and Science (MES) for extra-curriculum activities in direction science, technique, and arts 64 national competitions took place. The implementation of these activities is assigned to the National Palace of Children as a department of the MES. The calendar includes regional and national competitions, contests, and festivals, hosted by different cities of the country. These activities aim at stimulation and development of artistic gifts in the children.

Among the activities on regional and local level in 2005, the ones carried out by the Regional Drug Councils (RDC) 14 and the developed Preventive-Informational Centres directed towards organizing of different educational forms for increasing the competences of the pupils, the pedagogical councilors, school psychologists must be indicated. The activities were aimed at developing and implementation of programmes in the sphere of drug use prevention. We are speaking of:

a) Carrying out of trainings, work meetings, lectures, round tables, conferences, debates on school, municipal, regional level;

b) Giving support for school teams in the realization of programmes in the sphere of health education in schools. 15

Family

Regarding the drug use prevention aimed at the family not many activities can be shown on regional and local level in 2005, the activities were carried out by the

14 More for the Regional Drug Councils see in Chapter 1 of this report.
15 Source: Annual City Reports of the Regional Drug Councils.
Regional Drug Councils (RDC) \(^{16}\) and the built Preventive-Informational Centres aimed at opening of consultation programmes or cabinets, in which tasks also are:

- providing of consultation for parents and their children;
- developing of individual and family programmes in or out of therapeutic communities.

The provision of the programmes on national and local level for work with parents and friends of drug users and is still, however, not available yet.

Community

One of the major accents in the preventive activities on national level is the developing of programmes for sport and tourism for the children and young people.

The Programme “Vacation and Sport” is implemented with the organizational participation of 28 Regional Educational Inspectorates and 46 operational units, and 150 thousand children were covered.

From the State Agency for Youth and Sport (SAYS) in order to provide for the programme “Sport’s vacation”, 306 projects in 208 municipalities were financed. The total number of the participants is 361 000.

2080 children from 17 municipalities participated in the programme “Sport for children in unequal social position”. With pupils sport competitions, organized and carried out for pupils with special educational needs, at the final competitions 600 children in 7 types of sports were covered.

The students games – a joint event of SAYS, the Regional Educational Inspectorates, the municipal authorities, and the sport clubs – cover pupils from 5\(^{th}\) to 12\(^{th}\) grade. At the first stage participated 115 720 pupils - (11 % of the total number of pupils in the country). In final competitions, 516 school teams on nine types of sports with a total number of contestants 5840 participated.

For the implementation of the policy in the field of fight against drugs on municipal and local level, the National Drug Council (NDC) builds a network of \(27\) Regional Drug Councils (RDC) in the big cities – regional centres – which work in accordance with approved municipal programmes for prevention, treatment, and rehabilitation of drug addictions\(^{18}\). To the MDCs of the cities of Sofia, Varna, Veliko Turnovo, Bourgas, Vratsa, Sliven, Pernik, Blagoevgrad, Vidin, Pleven, Plovdiv, Dobritch, Kustendil, Silistra, Rouse, and Haskovo \(16\) Preventive-Informational Centres (PIC) were build. On local level they collect, analyze, and submit information, necessary for the preparation, implementation, and coordination of the municipal programmes.

The preventive-informational activity on municipal level is aimed at:

- ♦ prevention of abuse of narcotic substances among the risk groups of children and young people through their participation in programmes for sport, entertainment, and development of their creative potential;
- ♦ collection and submission of information to different target groups on the problems of drug use;

\(^{16}\) More for the Regional Drug Councils see in Chapter 1 of this report.

\(^{17}\) Source: Annual City Reports of the Regional Drug Councils.

\(^{18}\) More for the Regional Drug Councils see in Chapter 1 of this report.
organization of different educational forms for increasing the competence of pupils, pedagogical councilors, school psychologists, teachers, and other professionals for development and implementation of programmes in the sphere of drug use prevention;

- increasing the awareness and sensitivity of the society as a whole for the problems related to drug use and drug dissemination;

- expanding the cooperation between institutions, organizations, NGOs, and media on national and municipal level for increasing the understanding of the problems related to drug use and the necessity for professionalism in writing articles about them;

- informing about different therapeutic programmes of the people who wish to enroll in them;

- attracting the parents as partners for prevention of drug use and dissemination of psychoactive drugs.

On local level the activities are organized in cooperation with the regional inspections for protection and control over the public health, the youth houses, the local commissions for fight against anti-social acts of minors and under-aged, the regional directorates of interior, the provincial prosecution offices, the Bulgarian Youth Red Cross, the regional dispensaries for mental disorders, and various non-governmental organizational, working on local and national level.

The organization of contests, exhibitions, campaigns, happenings is part of the preventive activities on regional and local level in the last few years.

The campaigns are organized either in relation with the celebration of a concrete day as June 26th – the World Day for Fight with Drug Addictions, or under a certain motto. The contests are in different genre – drawings, essays, poems, video films, songs.

In different types of happenings representatives of various youth subcultures get involved, as long as they are given opportunities for open expression.

Rock and pop concerts take place, as well as theatrical productions, filming and showing of movies with subsequent discussions.

Other often employed form of preventive activity on regional and local level is the publication of different types of informational-educational materials, including:

- manuals with policies and positive practices for addictions (“Guidelines for evaluation of the use of psychoactive substances”; “Handbook for planning and evaluation of programmes”, adapted from publication of the European monitoring Centre for Drugs and Drug Addictions and intended for use in institutions and organizations, working in the field of addictions; “Evidence Based Addiction Prevention”, adapted from publication of the Centre for Implementation of Preventive Technologies”, USA and intended for use in institutions, organizations and professionals, working in the field of addictions; “Addictions Prevention: Training Models on the Drug Problems” – intended for pedagogical staff and non-governmental organizations);

- electronic manual “Drugs – A Touch of Reality”;

- educational bulletins (“Youth Drug Abuse: socio – perspectives for development” – the publication is indicated for institutions, organizations and professionals);

- research (“Qualitative Study on Synthetic Drug Use – Varna 2005);

- informational bulletins about the activities on addiction prevention carried out by concrete municipalities or with addresses of services and centres;
translation in Bulgarian of specialized literature;
flyers for pupils and parents;
brochures for pupils and parents;
posters;
stickers.

Among the important activities on regional and local level is the development of network of specialists on locations, including supporting of youth networks.

The organization of informational and media campaigns also is among the key activities on prevention in municipalities. Here can be included:

- publication of materials in monthly editions, TV and radio reportages of local media on the drug problem;
- maintaining of Internet web-sites;
- organization of press-conferences;
- organization of studies on the problems of drug use;
- development and maintaining of data-base on the problems of drug use. ¹⁹

In 2005 the representatives of Prevention-Informational Centres, as well as a wide circle of specialists in the field of prevention participated in training seminars:

- Spring session of the University for Addictions (May 6th, 2005, Sofia), where major subjects were: genetic and biological basis of alcoholism and drug addictions, co-morbidity; group techniques in therapeutic communities; relapse prevention and approaches to re-socialization.

- Training seminar (June 8th, 2005, Sofia) for the preparation of the Annual City Reports on the Drug Problems with the participation of representatives of MDCs in Vratsa, Gabrovo, Kurdjali, Razgrad, Smolian, and Targovishte.

- Autumn session of the University for Addictions (October 10th, 2005, Sofia) themed: „Pragmatics of Therapeutic Communities” with a lecturer from the University of California, San Diego, USA.

- The Sixth Annual Conference with international participation of the Bulgarian Association of Drug Addictions Prevention on the subject of “Alcohol and Drug Addictions – a Challenge for the Medical Specialists” (October 22nd, 2005, Sofia).

- Training Seminar (November 29th, 2005, Sofia), organized by the National Centre for Addictions „Work with Young People and Their Parents” with a leading lecturer the deputy director of KETHEA, Greece.

In September 2005 with financial means form the Action Plan to the National drug Strategy (2003-2008) a seminar was organized, on the theme „Preventive Activities in Community”. Lecturers were Mrs. Abigail David form the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA) – Lisbon, Mrs. Dimitra Kotoru and Mrs. Ani Vasiliu – from the Athens institute “Anthropos” – Greece. Themes regarding the practical directions in planning and evaluation of drug preventive programmes were discussed, as well as the philosophy, the principles, and the organization in the community were examined. Experts were trained who work or expected to work in

¹⁹ Source: Annual City Reports of the Regional Drug Councils.
the Preventive-Informational Centres to the 22 Councils on local level. As an extension of the seminar key activities were defined to be financed from the National Drug Strategy, activities, which are in the approved strategic plans in the field of prevention, treatment, rehabilitation, harm reduction, and informational development on local level, activities.

Major part of the financed activities were aimed at raising the awareness on the problems of drug use and drug abuse among young people, pupils, teachers, parents, through realization of educational campaigns and preparation of informational materials (flyers, brochures, posters, etc), with the purpose to explain the types of psychoactive substances, the harm and the consequences of their use, development of programmes for assistance of parents and work with high risk groups; training of multi-disciplinary teams; organization of studies among young people, pupils, and students 20.

In 2005 the interest to the exhibition “Together against the Drugs” organized by the Museum of MI did not decrease. The exhibition was visited by approximately 6,500 persons in the capital.

For sixth year in a row “Antidote” Foundation carries out seminars in the cinema hall of the museum; in the seminars pupils from various schools, as well as pupils and teachers from the Ecclesiastical Seminary in Sofia take part.

In March 2005 the Museum together with the municipality of Kneja created a permanent exhibition “Together against the Drugs” in the city of Kneja; and in December 2005 the Museum along with the Regional Directorate of Interior in Pazardjik placed an exhibition “Together against the Drugs” in the city of Pazardjik.

The specialists from the Museum continue regularly to give consultations, to help and to assist the people with drug problems; and to help and to assist the organizations committed to fight the drugs 21.

Selective Prevention / Indicative Prevention

Recreational Settings

There is no available recent information for activities on selective prevention or indicative prevention in the recreational settings, realized in 2005.

Risk Groups

One of the risk groups that are an object of selective prevention is the one of the children and growing youth. Because of this reason the provision for consultation and support for them is a key direction on national level.

In this direction the State Agency for Child Protection (SACP) provided a permanently operative Internet-rubric (“Teenager” Club). On the address of the club everyone could ask the questions which are of interest for him and to receive professional and competent opinion 22. Growing young people, as well as teachers, citizens turn to “Teenager” Club. The letters often are connected to informing about the possibilities for treatment of children, addicted to narcotic substances 23.

SACP continues to maintain detailed information with telephone numbers and addresses of services, offering help – treatment and rehabilitation of drug dependent persons, as well as data for non-governmental organizations, working on projects for drug use prevention. The publication of two additional modules to the rubric

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21 Source: Ministry of Interior.
22 Available on address: http://www.sacp.government.bg/teensclub.htm
23 Source: State Agency for Child Protection
“Addictions Prevention” on the Internet web-page – “To you, parents: Possible Symptoms for Drug Use” \(^{24}\) and “We Measure Health”, prepared by the Medical-diagnostic laboratory CibaLab LTD \(^{25}\) could be mentioned as an accent for 2005.

In some inhabited places telephone lines intended for consulting of young people start to operate, but for now no possibilities for development of national hot line are provided; besides that great efforts in this direction were made.

In the frames of several national Programmes (“HIV/AIDS Prevention and Control” and “National Programme for Reproductive Health”, etc.) specialized services were developed, which have the task to work with young people who dropped out of school, or who have risk behavior, often related to the use of different drugs.

To the State Agency for Child Protection a National Council for Child Protection (NCCP) was established with consultative and coordination functions, with representatives from the Ministry of Labor and Social Politics, Ministry of Justice, Ministry of Education and Science, Ministry of Health, Ministry of Interior, Ministry of Finances, Ministry of Culture, State Agency for Youth and Sport, National Insurance Institute, Central Commission for Fight against the Anti-Social Acts of Minors and Under-aged, and National Association of Municipalities, as well as non-profit organizations which have as subject of activity child protection.

NCCP devoted its extra-hours meeting to the prevention of drug addictions among children. Children from the Public Child Council to the SACP were invited to the meeting; the attention of the members of the Council was drown on the reasons that make children reach for drugs – the absence of personal alternative choice for spending of the free time, the boredom, the influence of the company of friends, as well as the insufficiently stable and consecutive information campaign on the problem. Decision was taken to form a work group of experts which will coordinate on governmental and non-governmental level the joint actions to limit the access of the children to psychoactive drugs.

During the second half-year of 2005, the activities of SACP on addictions prevention were directed towards planning and preparation of three types of materials, which are orientated towards children, their parents, and the professionals, working with children. The content aims at including useful basic information about the psychoactive drugs, as well as description of consequences of the regular use during childhood years.

On the occasion of the International Child’s Day SACP organized many events, part of which were directed towards provoking the activity of the young people for coping with problems in the field of violence, sexual exploitation, safety on the roads, addictions. On June 1\(^{st}\), 2005 SACP initiated the spreading of thousand flyers from a helicopter over Sofia; the flyers contained useful information for the children, one of which was dedicated to addictions prevention. On the same day experts from SACP and all the members of the Public Child Council organized very useful discussion, dedicated to prevention of the use of narcotic substances among children and pupils in Bulgaria\(^{26}\).


\(^{26}\) Source: State Agency for Child Protection.
In 2006 “Social Assistance” Fund in the Ministry of Labor and Social Politics granted financial means in the amount of 11,938 BGN for the realization of a project “Dependence” of “East West” Association, Vidin. The project targets the solving of acute social problem, putting the children at risk regardless of their social status. The activities on the realization of the project aim at modeling of healthy behavior among young people in the city of Vidin through increasing of their awareness on the “addictions” problem and restriction of the dissemination of narcotic substances among teenagers. The target group of the project consists of pupils from 5th to 7th grade, teachers, directors of secondary general educational schools, and parents.

With the amendments and additions to the Law for Child Protection (LCD) of May 9th, 2005, measures are taken in order to prevent the risk behavior of the children under 16 years of age. According to article 45 of LCD, every owner of commercial setting is punished with a fine or property sanctions from 1000 to 2000 BGN for selling of alcoholic beverages and tobacco products to children, as well as for allowing from 22.00 to 6.00 o’clock without attendant of a child under the age of 16 in recreational setting. Parents also must be sanctioned when they did not accompany or did not provide adult escort for their under-aged child.

From 2001 the MLSP carries out a project “Reform for Improvement of the Well-being of the Children in Bulgaria”, financed by the World Bank, European Union, and other donors. The project supports the development of the capacity of the system for protection of children and gives opportunities for piloting of a number of new approaches and practices in the progress of the reform. In the framework of the project in 10 pilot municipalities 10 complexes for social services for children and families were established. The first complexes started work in October 2005. Clients of the complexes are mainly children and families at risk. For the period January – June 2006 the total number of the clients is over 1900. The services for this year are free of charge for all clients. The services and activities on prevention are directed to wider circle of users who could have direct access, as well as direction by other institutions – schools, police, health services, etc.

Cooperation work with non-governmental organizations on preparation for school of children from high risk communities is realized in the frames of the project; over 4500 children are covered.  

The central and local commissions for fight against anti-social acts of minors and under-aged continue to work in several major directions:
- informational – consultation activity;
- organization of events on drug addiction prevention;
- developing of programmes and projects;
- work with target groups;
- training of young people on the programmes “Peer education”;
- building of volunteers network;
- partner ship with other organs, non-governmental organizations, mass media;
- development, publication, and dissemination of informational materials and submission of specialized information to the mass media on current preventive activities and programmes.

Important aspect from the work of the commissions is the development (independently or with other organs and non-governmental organizations) of preventive programmes and projects. They are connected mostly with the primary prevention (Bourgas, Sofia, Plovdiv, Dobritch, Vratsa, Lovetch, Varna, Silistra, Jambol/Tundja, Ivailovgrad, Elena, Stara Zagora, Lubimets, and Veliko Turnovo).

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27 Source: Ministry of Labor and Social Politics.
The local commission in the region of “Asparuhovo” – Varna successfully cooperates with Primary School “Capt. Petko Voivoda” in the realization of the project “Classroom free of drugs”. The local commission in Novi Pazar cooperates with the “SOS” Association on a project “Drug Free Future”. The local commission in Veliko Turnovo develops a new project “Equal in Front of the Risk” aimed at prevention of risk behavior of young people out of school. In this project activities are envisaged targeted mainly towards young people with deviant behavior or young people with mental or physical disabilities.

The commissions aims to give the growing youngsters knowledge on the essence of the problem, knowledge for the dangers of drug use; to build anti-drugs values and attitudes, abilities to resist pressure especially from friends.

The major accents of the programmes are:

- limitation of involvement of new minors in drug use;
- development and implementation of good practices in prevention – increasing of the health culture of the children regarding drug use and the harm of the drug use by the means of extra-curriculum classes with the participation of highly qualified specialists;
- work with parents;
- improving and expanding of the cooperation between institutions on community level;
- organization and implementation of media campaigns on the problems of drugs.

Important element of the programmes is the participation of the members of the local commissions in evening checks of bars, clubs, gambling venues in order to prevent the serving of alcohol to minors and under-aged. Work is done in order to detect wandering and kids without supervision as high risk group and relevant measures are taken.

The local commission in Bourgas continues its participation in a programme for development and training of youth leader teams of the type “Peer Education” form 8th to 12th grade in the schools of the city of Bourgas. Trainings were carried out for pedagogical councilors, class leaders and nurses in the schools for work with pupils and parents on the problems of addictions.

According to programme the local commission in Stara Zagora carries out psychotherapy with minors who use drugs and were subject of punishment measures by the Law for Fight the Anti-social Acts of Minors and Under-aged. The number of minors participating in this programme grows.

In the municipality of Gabrovo with the participation of the local commission programmes were developed for pupils from 7 to 14 years of age, form 12 to 15 years of age, and from 16 to 19 years of age for the class hour, every school works on this programme. Programmes for the parents and interactive programme for work with pupils at risk are developed.

In the district “Serdika” in the city of Sofia a project is realized, which is based on the idea of making a contact with children and young people, which problems are related to conflict on family level – running away from home, use of psychotropic substances, violence, aggression. The purpose of this project is, using partnership and mediation between different institutions and schools on the territory of the district, to reach to management of the processes, related to the work for overcoming of drug addictions and correctional work with minors and under-aged.

As summary the activities on prevention included:

- educational lectures with members of the local commissions, pedagogical councilors and school management boards, inspectors from children pedagogical room;
- practical work with pupils from the upper courses for the harm of the drug use,
There is no available recent information for activities on selective prevention or indicative prevention among families in risk, realized in 2005.

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28 Source: Central Commission for Fight against Anti-social Acts of Minors and Under-aged
4. Problem Drug Use

In the frames of this part, the following basic themes will be examined:

- Estimation of the prevalence of the problem drug use;
- The profile of the persons demanding treatment;
- General characteristics and patterns of use from non-treatment sources.

The estimation of the prevalence of the problem drug use is build on results obtained through the Multiplier Method Using Treatment Data and a study using the Capture-recapture method, also experts estimations are used and long term observations. The Multiplier Method Using Treatment Data is used for the national estimation\textsuperscript{29}, and the Capture-recapture method is used for the local assessment in the capital Sofia\textsuperscript{30}.

The profile of the persons demanding treatment is based on data from treatment demand regarding the use of narcotic substances in Bulgaria. The data are obtained by the means of monitoring system in which base was the implemented from 1991 until 1998 European project "Multi-city Network on Treatment Demand Data". The project was coordinated from the Pompidou Group to the Council of Europe and more than 20 European cities participated in the project (Stauffacher 1998), including Sofia (from 1994) and Varna (from 1994).

After 1998 the process of expanding of the treatment demand monitoring system continued, gradually turning into national monitoring system already based on the methodology of the EMCDDA/Pompidou Group to the Council of Europe\textsuperscript{31}. The data collection, their processing and analysis were carried out by the National Centre for Addiction, and later by the National Focal Point for Drugs and Drug Addictions.

In 2005 the treatment demand monitoring system in Bulgaria covered inpatient and outpatient units and centres in 10 of the most significant (from the viewpoint of the treatment possibilities) Bulgarian cities. Until the end of 2006, it is foreseen an agreement for the inclusion of the medical services of the prisons and a great number of outreach programmes working with problem drug users. In this way another two major spheres of the information collection will become part of the system.

The data regarding the general characteristics and patterns of drug use from non-treatment sources are received from routine source – the information system of the National Police and the Ministry of Interior\textsuperscript{32}.

**Estimation of The Prevalence of The Problem Drug Use**

\textsuperscript{29} See also the Annual Report 2005 of the National Focal Point for the EMCCDA
\textsuperscript{30} See the three Standard Tables 8 from 2005
\textsuperscript{31} See in the EMCDDA web-site, http://www.emcdda.europa.eu/?nnodeid=1420
\textsuperscript{32} Report for the work of the organs of the National Service “Police” to MI along the line “Drugs” generally for the country for the period 01.01.2005 - 31.12.2005 (unpublished)
The available data and the long-term observations show that in Bulgaria the heroin is the substance that is the most strongly connected with the problem drug use (over 90 % of the persons who searched for treatment in the specialized units have indicated it as the primary substance \(^{33}\)).

Based on the available data a general estimation could be made that the number of the problem heroin users in the last few years remains relatively constant and stable, even with slight indications for onset of decrease. Unfortunately, this is not the case for the problem drug users as a whole as long as in the same time indications for increasing the number of the problem amphetamine and “ecstasy” type substances users can be observed\(^{34}\).

The cannabis use continues to increase (mostly marijuana), including the intensive form of use. However, because of the EMCDDA definition of problem drug use this phenomenon needs to be commented and analyzed additionally. In addition, the presence of the cannabis as a secondary drug (mostly to heroin) slightly increases in the persons demanding treatment.

The bigger part of the problem heroin users use the injecting pattern of drug use. Indications of gradual decrease of used needles and syringes sharing among drug users continue to be observed; this is a good prerequisite for the reduction of health harms due to drug use.

In the spring of 2005 with the leadership of the National Focal Point the collection of primary data from the first of a kind in Bulgaria study – estimation of the problem drug use in Sofia using the “Capture-recapture” method finished. The aim of the study was the formation of the assessment of the number and the profile of the problem drug users (especially heroin) in Sofia. In this way, an estimation of the local prevalence of the problem drug use in the biggest city and the capital of Bulgaria was accomplished.

According to the acquired methodology, the primary information was collected in three institutional spheres where problem drug users “appear” – Police, Emergency medical help, and specialized drug treatment units. This means that the work was with three samples. The case definitions for the three samples (the inclusion criteria) were the following:
- In Police – every person detained for theft, robbery, homicide, prostitution, drug crimes, driving accidents, domestic offences, etc., who injects or uses for a long period of time opiates and/or stimulants.;
- In Emergency medical help – every patient looking for help in regards with overdose, suicide attempt, attempt to cope with abstinence symptoms, etc., who injects or uses for a long period of time opiates and/or stimulants.;
- In Treatment centres – every patient searching for treatment for use of heroin or other opiates, cocaine or other stimulants.

The collection of the primary information continued for nine months – from August 2004 to April 2005. The target population were the problem drug users in the city of Sofia. After the appropriate clearing and processing of the primary information from the three samples a table was formed with initial data for further statistical processing and formation of the number of the problem drug users (see Table 4-1).

\(^{33}\) See Profile of the persons demanding treatment in the same chapter.
\(^{34}\) See the same.
INITIAL DATA FOR STATISTICAL PROCESSING AND FORMATION OF THE ESTIMATION FOR THE NUMBER OF THE PROBLEM DRUG USERS IN SOFIA

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<th>Emergency medical help</th>
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Legend: 1 – fallen into the relevant sample; 0 – not fallen

Source: National Focal Point for Drugs and Drug Addictions, Study – Estimation of the Problem Drug Use in Sofia using the „Capture-recapture” Method

The data show that during the period of the information collection a total of 452 persons, responding to the inclusion criteria were registered in the Police, 450 – in the Emergency medical help units, and 1030 – in the specialized treatment units and centres.

After using of specific statistical methods and instruments, estimation was formed for 15 748 problem drug users in Sofia. Applying the Confidence Interval of 95%, we can outline a broader range of the estimation - between 9 548 and 26 924 persons. Having in mind that up to December 31\textsuperscript{st} 2004 the total population of the city was 1 221 157 (National Statistical Institute 2005) the estimation for the relative share of the problem drug users in Sofia is 12 / 1000 persons of population. The broad range of this estimation (CI 95%) is between 7 and 22 to 1000 persons. Referred to the population aged 15-64 y., which to December 31\textsuperscript{st} 2004 was 888 123 persons this estimate could be 17 / 1000 persons of population, with a broad range between 10 and 30 to 1000 persons\textsuperscript{35}.

By Substance

The total estimation for the number of problem heroin users in Bulgaria is between 20 000 and 30 000. One part of this estimate was obtained through the Multiplier Method Using Treatment Data. This method is based on the size (in absolute numbers) of the sub-group of the problem drug users looking for treatment in a given period of time. This number later is multiplied by a relevant multiplier reflecting the approximate proportion between the persons searching for treatment and the whole population of problem drug users\textsuperscript{36}.

In the frames of the indicated above first of its kind in Bulgaria study-estimation of the problem drug use in Sofia using the “Capture-recapture” method in 2005 an estimate of the local prevalence of the problem heroin use in the city of Sofia was carried out. A table was formed with initial data for further statistical processing and formation of the estimate of the problem heroin users (see Table 4-2).

\textsuperscript{35} See also Standard Table 8 for problem use from 2005.
\textsuperscript{36} More details for this estimate are available in the Annual Report 2005 for the situation of the problems regarding drug use, NFP and NDC
INITIAL DATA FOR STATISTICAL PROCESSING AND FORMATION OF THE ESTIMATION FOR THE NUMBER OF THE PROBLEM HEROIN USERS IN SOFIA

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Legend: 1 – fallen into the relevant sample; 0 – not fallen

Source: National Focal Point for Drugs and Drug Addictions, Study – Estimation of the Problem Drug Use in Sofia using the “Capture-recapture” Method

After applying the specific statistical methods and instruments, an estimate was formed for **11 993 problem heroin users in Sofia**. Applying the confidence interval of 95%, we can outline a broader range of the estimate – between 9 136 and 15 909 persons. Having in mind that up to December 31st 2004 the total population of the city was 1 221 157 (National Statistical Institute 2005) the estimate for the relevant share of problem heroin users in Sofia is **9 / 1000 persons of population**. The broader range of the estimate (CI 95%) is between 7 and 13 of 1000 persons. Referred to the population aged 15-64 y., which to December 31st 2004 was 888 123 persons, this estimate would be **13 / 1000 persons of population**, with a range between 10 and 17 to 1000 persons.

In the Annual City Report 2003 on the drug abuse trends in the third biggest city in Bulgaria – Varna, prepared by the Prevention Information Centre on Narcotic Substances to the Municipality of Varna the expected number of heroin/opiates users for 2003 is indicated. Experts carry out the estimation, as various sources of information were used: treatment demand, police arrests, non-fatal emergencies, infectious diseases among injecting drug users, accusations in offences. The estimate envisages as an **approximate number of problem heroin and/or other opiates users 3 000 – 4 000 persons**. In relative share, that responds to **8,6 – 11,5 / 1000 persons of the city population**. A separate estimate was made for the relative of injecting drug users – 70-80 % of all problem drug users (Prevention Information Centre on Narcotic Substances 2003).

Unfortunately, due to different reasons sufficiently reliable and valid estimate for problem users of other opiates, cocaine, and other stimulants is still missing. Anyway according to experts estimates the probable number of **problem cocaine users for the whole country is estimated to be around 1 000-2 500, and for those on amphetamines and other stimulants - around 2 000-3 500 persons**.

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37 See also Standard Table 8 for problem use from 2005
38 See also the Annual Report 2005 for the situation of the problems regarding drug use, NFP and NDC
By Injecting

In the frames of the indicated above first of its kind in Bulgaria study-estimation of the problem drug use in Sofia using the “Capture-recapture” method in 2005 an estimate of the injecting drug users in the city of Sofia was carried out. A table was formed with initial data for further statistical processing and formation of the estimate of the number of the injecting drug users (see Table 4-3).

Table 4-3

INITIAL DATA FOR STATISTICAL PROCESSING AND FORMATION OF THE ESTIMATION FOR THE NUMBER OF THE INJECTING DRUG USERS IN SOFIA

<table>
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<th>Emergency medical help</th>
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<th>Treatment centres</th>
<th>Number</th>
</tr>
</thead>
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<td>505</td>
</tr>
</tbody>
</table>

Legend: 1 – fallen into the relevant sample; 0 – not fallen
Source: National Focal Point for Drugs and Drug Addictions, Study – Estimation of the Problem Drug Use in Sofia using the ,,Capture-recapture” Method

After using of specific statistical methods and instruments an estimation was formed for 9686 injecting drug users in Sofia. Applying the Confidence Interval of 95%, we can outline a broader range of the estimation - between 6642 and 14461 persons. Having in mind that up to December 31st 2004 the total population of the city was 1 221 157 (National Statistical Institute 2005) the estimation for the relative share of the problem drug users in Sofia is 7 / 1000 persons of population. The broad range of this estimation (CI 95%) is between 5 and 11 to 1000 persons. Referred to the population aged 15-64 y., which to December 31st 2004 was 888 123 persons this estimate could be 10 / 1000 persons of population, with a broad range between 7 and 16 to 1000 persons.

Profile of the Persons Demanding Treatment

In 2005 the monitoring system of treatment demand covered 1443 persons, starting therapy in 8 inpatient 12 outpatient units and centres in 10 of the most significant (regarding treatment possibilities) Bulgarian cities. More than 1/4 of the country’s population is concentrated there and approximately 4/5 of the residential patients in Bulgaria are there. The data are collected through a form-questionnaire, which is filled in by persons, working with the patients – medical doctors, nurses, psychologists, social workers, observing all the measures for keeping the data confidential. The number of the persons covered is obtained after accomplishing a procedure for identification and elimination of the double counting (double presence of the same person in the whole data set).

39 See also Standard Table 8 for problem use from 2005
Treatment demand data turned into one of the reliable and most frequently used indicators for estimation of the situation regarding drug use in Sofia, and already in the country, too.

**Trends in the General Development of the Treatment Demand System**

In 1994 the system was implemented only in one specialised treatment unit in Sofia (the hospital ward of the National Centre for Addictions); after a little more than ten years later (in 2005) the coverage is significantly wider – specialised units and treatment programmes in ten Bulgarian cities, including the three biggest – Sofia, Plovdiv, and Varna – are included (see above). Significantly grew the number of covered treatment demand cases in the period – from 81 in 1994 to over 1300 in the last four years (see Figure 4-1). This growth probably is due as to the increase of drug treatment demand, as to the widening of the coverage of the monitoring system.

**Figure 4-1**

NUMBER OF PERSONS, COVERED BY THE TREATMENT DEMAND SYSTEM IN BULGARIA IN THE PERIOD 1994-2005

(absolute numbers)

![Figure 4-1](image)

**Source:** National Focal Point for Drugs and Drug Addictions, Treatment Demand Study in Bulgaria

As it is seen on Figure 4-1 the number of the persons, covered by the treatment demand monitoring system increased with exceptionally fast rates in the period 1994-1999. In the last five years the increase is fluent (except for 2004 when in the system six new cities and new treatment programmes were included) in the frames of 1200-1450 persons. As though, the reasons however are mostly in the widening of the coverage of the system. The treatment demand in the period 2001-2005 remains in approximately constant parameters but at the same time the persons who seek treatment for the first time decrease from 495 in 2001 to 388 in 2005. This can be explained with a general decrease in the problem drug use, with the increase of the period between the onset of the psychoactive substances use and the treatment demand, or in most unfavourable case – with the withdrawal of treatment demand, at least from some of its forms. The reasons could be of a different character.

In continuation of the last theme, the picture of the treatment demand in the period of 2001-2005 by treatment centre types is interesting (see Figure 4-2). As it is seen the share of the treated in the hospital centres gradually increased (from 25.6 %
to 40.9%), which is more due to the development of the monitoring system. The share of the persons beginning treatment at methadone maintenance programmes seriously increased - from 0.8 % in 2001 to 22.0 % in 2005. This can be explained with the appearance of new methadone maintenance programmes after 2003 in which patients with clinical prerequisites for this type of treatment were admitted, which could mean an important change in the treatment demand. In the mean time, a drastic decrease (by half) is noticed in the share of the persons starting treatment in the outpatient therapeutic services. This trend is serious and needs a profound analysis.

**Figure 4-2**

**Relative shares of the covered by the treatment demand clients in different types of treatment centres in Bulgaria for the period 2001-2005**

*Remark: The data cover only the clients who started treatment during the year.*

*Source: National Focal Point for Drugs and Drug Addictions, Treatment Demand Study in Bulgaria*

Some of the outlined trends in the treatment demands are:

- The heroin remains the primary problem drug, for which a treatment is searched for;
- The injecting continues to be the most prevalent pattern of drug use among the persons demanding treatment;
- The treatment demand for the first time ever increased for cannabis and amphetamine users;
- A decrease of treatment demand for the first time for opiates use except heroin is observed.

**Some New Data and Emerging Trends in Treatment Demand.**

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40 For 2005
A) Among all starting treatment in 2005

In this analysis are included all persons who started treatment related to drug use in 2005 (for the first time or ever in their lifetime) who fell in the scope of the monitoring system.

The data from treatment demand in 2005 show some basic features of the group profile of one part of the problem drug users – these ones that looked for treatment. Some of these features are described below, in some cases complemented by emerging trends (see also Table 4-4).

- **By the type of the drug**
  
  **In 2005 94,2 % are with primary problem drug heroin.**
  
  Because of a number of reasons and mostly because of the relatively “favourable” ratio effect / availability the heroin remains the most widely spread drug among problem drug users. Every in every of the last 5 years between 93 % and 95 % of the persons looking for treatment in relation with a drug problem in the specialized centres have used heroin. Anyway gradually although weakly the share of the persons demanding treatment related to cannabis use grows (from 1,4 % to 3,2 %), the same is for the synthetic stimulants (from 0,1 % to 0,9 %). This is explained with the mass penetration of the market with stimulants, as well as with the formation of a culture of the users of so-called “light drugs”. Besides that, although the heroin remains the primary problem drug in treatment demand, decrease of the relative share of the users of other opiates (except heroin) can be noticed in the last five years (from 3,1 % to 0,5 %). This fact could be explained with the more rigorous measures for prescribing of these substances and, in this way, their decreased availability through the pharmacies.

- **By gender**
  
  **In 2005 16,9 % of the persons who demanded treatment were women.**
  
  In the last decade, the ratio males / females remained always approximately 4:1. However, in the last five years the share of the women gradually diminishes to about 17 %, which already responds to a ratio of 5:1.

- **By age**
  
  **In 2005 10,2 % of the persons who demanded treatment were up to 19 years of age, and 91,2 % - up to 29 years of age (total mean age 24,2 years).**
  
  In the last five years, the relative share of the persons who demanded treatment and aged up to 29 y. has moved between 91 and 93 %, which comes to show that the problem drug use is predominantly youth phenomenon. Significantly decreased the relative share of the persons aged up to 19 y. (from 25,0 % to 10,2 %), and the mean age of the treatment demanding persons increased (from 22,5 to 24,2 years). These trends speak about a new stage in the development of the drug addictions in Bulgaria – after the one of rejuvenation, the age gradually starts going up.

- **By age of first use**
  
  **In 2005 68,3 % of persons who demanded treatment declared that they have started the use of the primary problem drug by the age of 19 y. included (64,6 % in 2001), 9,3 % - up to 14 y. included (7,2 % in 2001); total mean age when the first use occurred - 18,4 y. (18,8 in 2001).**
  
  Therapists warn, and the monitoring system more and more often “detects” patients with heroin problems aged 12-14 years. As a whole, it could be stated that the mean age at first use of the problem drug remains low – for heroin among treatment demands, it is between 18 and 19 years of age, for cannabis - between 16 and 17
years of age. Besides everything else, this is already a signal that the preventive activities must begin at an even earlier age.

- **By educational level**
  
  In 2005 28.4% of the persons who demanded treatment had lower than secondary, and 3.6% - higher degree education (in 2001 – respectively 31.7% and 1.4%).

  As a whole it could be noticed a relative increase of the total educational level of the persons who demanded treatment. On the other hand, the share of the students (school and university students) diminished from 13.0% in 2001 and 14.6% in 2002 to 10.8% in 2005.

- **By occupation**
  
  In 2005 every sixth (17.8%) of the persons who looked for treatment has had a permanent job.

  Data shows a significant improvement on this indicator. In the interval of five years, the relative share of the clients with permanent job doubled – from 9.3% in 2001 to 17.8% in 2005. On the one hand, this is a good sign because it shows reduction of the social harms and of the marginalisation of affected population, but on the other hand this shows the extension of the problem beyond the economically inactive population and in this way suggests of a new type of social problems.

- **By ethnic groups**
  
  In 2005 91.2% of the persons who looked for treatment were Bulgarians, 7.5% - of Roma ethnicity, the rest – representatives of other ethnic groups (in 2001. – respectively 89.7% and 9.6%).

  It is not possible to formulate a definite trend regarding the treatment demanding persons in the last five years.

**By the characteristics of drug use**

- **Frequency of use**
  
  In 2005 83.1% of the treatment demanding persons have used the primary drug daily.

  It is not possible to formulate a definite trend regarding this indicator in the last five years.

- **Pattern of use**
  
  In 2005 75.9% of the treatment demanding persons have injected the primary drug.

  This relative share remains comparatively stable in the last five years – in the limits of 75-77%.

- **Continuation of use**
  
  In 2005 around half (49.0%) of the treatment demanding persons were with an experience of primary drug use for more than 5 years.

  The increase in comparison with 2001 is approximately two times and a half – five years ago this share was 20.7%. Similar trend could be noticed among clients with more than 10 years experience in the drug use – their share has grown from 1.3% to 6.3%. This fact could be perceived as a sign of even weaker rejuvenation of the population of the problem drug users in Bulgaria or, in other words, this could be a sign of decrease of the newly appearing problem drug users, at least regarding the heroin.
Risk behaviour

In 2005 half of the treatment demanding persons (50.1%) have shared at least once in their lifetime used needles and/or syringes.

The comparative analysis for the last five years shows that after the increase of this share, which pick was in 2003 (60.2%) follows a gradual drop and the level from 2001 is reached approximately (when the share was 45.1%).

Social and cultural context

In 2005 9.6% of the treatment demanding persons have lived with a person with persons who uses drugs;

There is a relative decrease of this share, which in 2001 was 16.4%.

Table 4-4

COMPARATIVE DATA FOR THE TREATMENT DEMANDING PERSONS DURING THE PERIOD 2001 / 2005

<table>
<thead>
<tr>
<th>Years</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relative share of treatment searching persons in regards with heroin / other opiates use</td>
<td>96%</td>
<td>96%</td>
<td>96%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Relative share of the females among treatment searching persons</td>
<td>17%</td>
<td>19%</td>
<td>19%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>Mean age of treatment searching persons</td>
<td>22.5</td>
<td>23.0</td>
<td>23.1</td>
<td>23.3</td>
<td>24.2</td>
</tr>
<tr>
<td>Mean age at first use of primary drug</td>
<td>18.8</td>
<td>18.7</td>
<td>18.4</td>
<td>18.3</td>
<td>18.4</td>
</tr>
<tr>
<td>Relative share of the students among treatment searching persons</td>
<td>13%</td>
<td>15%</td>
<td>15%</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Relative share of the persons with a permanent occupation among treatment searching persons</td>
<td>9%</td>
<td>12%</td>
<td>16%</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>Relative share of the persons who are not of the major ethnicity in the country</td>
<td>10%</td>
<td>14%</td>
<td>9%</td>
<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td>Relative share of daily users</td>
<td>85%</td>
<td>87%</td>
<td>83%</td>
<td>84%</td>
<td>83%</td>
</tr>
<tr>
<td>Relative share of injecting primary drug</td>
<td>76%</td>
<td>78%</td>
<td>76%</td>
<td>76%</td>
<td>76%</td>
</tr>
<tr>
<td>Relative share of the persons with experience in drug use &gt; 5 years</td>
<td>21%</td>
<td>31%</td>
<td>35%</td>
<td>42%</td>
<td>49%</td>
</tr>
<tr>
<td>Relative share of persons who shared used needles and syringes</td>
<td>45%</td>
<td>57%</td>
<td>60%</td>
<td>57%</td>
<td>50%</td>
</tr>
<tr>
<td>Relative share of persons living with other drug user(s)</td>
<td>16%</td>
<td>16%</td>
<td>12%</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Relative share of persons who demanded treatment for the first time in their lifetime</td>
<td>43%</td>
<td>32%</td>
<td>31%</td>
<td>33%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Source: National Focal Point for Drugs and Drug Addictions, Treatment Demand Study in Bulgaria
B) Among persons starting treatment for the first time in their lifetime in 2005.

In this analysis are included all persons who started treatment related to drug use in 2005 for the first time in their lifetime who fell in the scope of the monitoring system.

In 2005 the first treatment demanding persons were 27,2 % of all treatment demands.
The gradual decrease of this relative share from around 50 % in the second half of the 90's to 30 % - 40 % in the last 3 years and around 27 % in 2005 could mean relative “closing” either of the problem drug users group as a whole, or at least of the persons in treatment.

The data from the treatment demand for the first time in 2005 show some basic features of the group profile of the persons demanding treatment for the first time. Below are described some of these features.

- By the type of the drug
  In 2005 87,1 % are with primary problem drug heroin. Obviously, among persons demanding treatment for the first time the heroin remains the most widely spread drug. Anyway, the relative share among them is with around 6 points lower than in all treatment demands. At the expense of this the share of the cannabis users is higher (9,3 % against 3,2 %) and the share of the synthetic stimulants users is also higher (2,0 % against 0,9 %) among newly emerging in the treatment system persons. Besides that during the last five years, the demand for treatment for the first time for cannabis use has grown (from 3.2% in 2001 to 9.3 % in 2005) as well as for synthetic stimulants (from 0% in 2001 to 2.0% in 2005). Decrease in treatment demand for the first time due to opiates use except heroin can be observed (from 2.4% in 2001 to 0.0% in 2005).

- By gender
  In 2005 17,8 % were women. In the last decade the ratio males / females remained almost unchanged approximately 4:1. Among the persons searching for treatment for the first time the relative share of the women is a little higher than in all treatment demands.

- By age
  In 2005 23,2 % were up to 19 years of age included, and 93,8 % - up to 29 years of age (total mean age 22,4 years). Among first time treatment demands the relative share of the persons aged up to 19 y. is twice as higher than in all treatment demands (23,2 % against 10,2 %). The total mean age also is lower in the new treatment demands (22,4 against 24,2 years of age), which in no way is unnatural.

- By age of first use
  In 2005 67,3 % have declared that they had started the use of the primary problem drug at the age of up to 19 included, 8,0 % - up to 14 years of age included; total mean age at first use - 18,7y. There is no a significant difference between first time and all treatment demands.

- By educational level
  In 2005 32,3 % had lower than secondary, and 1,8 % - higher educational level.
➢ By occupation

In 2005 approximately every sixth (15.7%) had a permanent occupation. There is no a significant difference between first time and all treatment demands.

➢ By ethnic groups

In 2005 86.1% were Bulgarians, 12.0% of Roma ethnicity, the rest were representatives of other ethnic groups. It is not possible to formulate a definite trend regarding the ethnicity of the persons who demand treatment in the last five years.

➢ Frequency of use

In 2005 76.5% used the primary problem drug daily.

➢ Pattern of use

In 2005 62.3% mostly injected the primary problem drug. Compared with the data for all treatment demands in the last five years (in the limits of 75-77%) this relative share shows in practice the decrease of injecting as a means of drug use.

➢ Continuation of use

In 2005 over one fifth (21.9%) had an experience of more than five years of the use of the primary problem drug.

➢ Risk behaviour

In 2005 around one third (35.5%) shared at least once in their lifetime used needles and/or syringes. Compared with the data for all treatment demands in 2005 (50.1%) this relative share shows in practice the decrease of the risk behaviour in the form of sharing needles and/or syringes.

General Characteristics and Patterns of Use from Non-Treatment Sources

According to the data from the National Service “Police” at the Ministry of Interior in 2005 the organs of the national police have registered in the country a total of 4380 drug users (“drug-dependent” according to the used formulation) \(^{41}\). The information comes from a routine police registration system, which covers all the regional offices in the country and is national by coverage. The registered are persons (not cases), and double counting is practically excluded.

A total of 1275 from indicated 4380 persons who use drugs (29.1%) have also been engaged in dissemination of drugs. This means that approximately every third registered from the police for drug use is in the same time a dealer, too. On its part, this fact speaks for the partial merging between the health and the legal aspect of the problem on social level. Nearly ¼ of the registered persons (1061 persons or 24.2%) were minors \(^{42}\) or under-aged \(^{43}\), which seriously directs the attention towards the question of the drug use among teenagers in Bulgaria.

\(^{41}\) These and the following data: Report for the work of the organs of the National Service “Police” at MI in regards of the “Drugs” line in general for the country for the period January 01, 2005 – December 31, 2005

\(^{42}\) Under 16 years of age, incl.

\(^{43}\) Under 18 years of age, incl.
From the viewpoint of the type of drug more than half of the persons (2380 or 54.3 %) are registered in relation with the use of cannabis, 1323 (30.2 %) – are registered in relation with the use of heroin, 553 (12.6 %) – of synthetic drugs, and 124 (2.9 %) – of cocaine (see Figure 4-3).

**Figure 4-3**

**RELATIVE SHARES (in %) OF THE PERSONS REGISTERED FROM THE POLICE IN 2005 FOR THE USE OF VARIOUS DRUGS**

```
cannabis; 54,3
heroin; 30,2
synthetic; 12,6
 cocaine; 2,9
```

*Source: Report for the work of the organs of the National Service “Police” at MI in regards of the “Drugs” line in general for the country for the period January 01, 2005 – December 31, 2005*

The above quoted data indicate that in the police departments in the country a total of 2000 persons who, by definition, respond to the EMCDDA definition for problem drug users are registered, i.e. users of heroin, cocaine and other stimulants. The biggest number of the persons for whom could be suggested that are problem users (i.e. users of heroin, cocaine and other stimulants) is registered in Sofia, Plovdiv, and Pleven (see Figure 4-4). However, in most of the relatively smaller towns the registered in relation with cannabis use have bigger shares – for example Smolian, Turgovishte, Shoumen, Kardjali, and Gabrovo. This suggests that in them the number of the problem drug users is significantly smaller.
In general, the already stated in relation with Figure 2 can be observed in Chart-map 4-1. With little exceptions in comparison with the relative share in other cities the cannabis users are more in relatively smaller towns – for instance Vratsa, Kurdjali, Lovetch, Gabrovo, Veliko Turnovo, Rouse, Turgovishte, Shoumen, Dobritch, Smolian, the region around Sofia. The relative share of the registered for use of Heroin is comparatively higher in Vidin, Pleven, Varna, Plovdiv, Pazardjik, Blagoevgrad, Pernik, of Cocaine – in Plovdiv, Jambol, Pazardjik, the region around Sofia, of other stimulants – in Montana, Lovetch, Pleven, Shoumen, Bourgas, Silven, Vratsa.

Source: Report for the work of the organs of the National Service “Police” at MI in regards of the “Drugs” line in general for the country for the period January 01, 2005 – December 31, 2005
Stara Zagora, Haskovo. The relative share of the registered minors and under-aged is comparatively higher in Pleven, Lovetch, Jambol, Pernik, and Blagoevgrad.

**Chart-map 4-1**

**MAJOR COMPARATIVE CHARACTERISTICS OF THE REGISTERED FROM THE POLICE IN 2005 FOR DRUG USE**

Source: Report of the work of the organs of the National Service “Police” to MI along the line “Drugs” in total for the country for the period January 01, 2005 – December 31, 2005

Legend:
- 🎱 Prevalence of minors / under-aged among registered in Police
- Ca Higher percentage of presence of cannabis as a reference drug in registered at the police compared with the average for the country
- He Higher percentage of presence of heroin as a reference drug in registered at the police compared with the average for the country
- Co Higher percentage of presence of cocaine as a reference drug in registered at the police compared with the average for the country
- Sy Higher percentage of presence of synthetic drugs (ecstasy, amphetamines) as reference drugs in registered at the police compared with the average for the country
5. DRUG RELATED TREATMENT

A significant activity has been accomplished on development of methodological documents and implementation of best practices in treatment and rehabilitation. Thematic series “Rehabilitation of Addictions” were developed and published; including “Consensus Statement Regarding Advisable Approach for Rehabilitation of Addictions”\(^{46}\). In the document are shown the one basic principles for successful rehabilitation of addictions; phases of rehabilitation, and general forms of rehabilitation programmes.

In the area of the methodological guidance books from the thematic series of WHO, UNDCP and EMCDDA: Treatment Assessment in Drug use – Manual 1: Evaluation Planning \(^{47}\) and Manual 2: Carrying out the Assessment\(^{48}\).

Experts from the National Centre for Addictions developed protocols for inpatient and outpatient detoxification for dependent patients, the protocols are in procedure of consensus acceptance from the psychiatric community – a series of work meetings and discussions are held in order to improve the protocols and algorithms for the detoxification.

Project on Two-year’ Cooperation Agreement between the Ministry of Health of the Republic of Bulgaria and the European Regional Office of WHO for the period 2006 - 2007 for preparation of guidelines and rules for good practice in implementation of substitution maintenance has started.

To increase the capacity and knowledge of the persons involved with prevention, treatment, and rehabilitation of drug addictions, the following events were carried out:

Annual conference: Alcohol and Drug Addictions – Challenge for the Medical Specialists. The conference was organized together with the Bulgarian Association for Drug Addictions Preventions and “Family and Drugs” Foundation. Leading specialists in the field of addictions treatment from Europe, SAR, and Bulgaria participated.

Work meeting of the people working in rehabilitation programmes with the participation of Fedon Kaloterakis, KETHEA, Greece, on the subject of trends and perspectives in the development of the long-term rehabilitation programmes in the country was carried out. In the framework of the work meeting seminar “Work with Families and Relatives of Drug Addicts was held.

The following courses were carried out:
- Possibilities for implementation of the group therapy and psychodrama in treatment of addictions, and
- Pharmacological treatment of addictions.


Treatment System

The diagnosis Drug Dependence of Narcotic Substances and Alcohol is given according to the International Classification of Diseases, rev. 10 criteria (ICD - 10) and in this sense to ICD-10 the dependencies are a part of the Mental Health.

The medical activities in treatment of the addictions, which are undertaken in outpatient centres, is paid by the National Health Insurance Fund (NHIF). The financing of the residential psychiatric help on this stage is in the obligations of the republican budget through the Ministry of Health and municipal budgets. In Ordinance № 40/November 24\textsuperscript{th}, 2004 for defining the basic set of the health activities guaranteed by the NHIF to the activities of the general practitioners implementation of prevention and discovery of addictions is foreseen. As long as the addictions are a subject of the specialty Psychiatry, the included health activities in the set of the specialist psychiatrist from outpatient setting entirely concerns the addicted patients. Specialists-psychiatrists in multi-disciplinary teams undertake the treatment of the addicted patients.

In emergency cases /intoxications, etc./ the emergency treatment is taken by the Centres for Emergency Medical Help, from where, if needed, the patients are directed to toxicology wards and intensive treatment or to other hospital wards, in accordance with the diagnosed somatic harms.

The treatment of patients addicted to psychoactive substances is done mainly in treatment facilities for psychiatric help:

- 11 State Psychiatric Hospitals
- 12 Psychiatric Dispensaries,
- 11 Psychiatric Wards to Multi-Profiled Hospitals for Active Treatment (MPAT), and
- 4 Psychiatric Clinics to University Hospitals.

Then total number of beds is 5439, of which 201 are structured for addicted patients.

The eleven State Psychiatric Hospitals are situated in the following inhabited places:

- Biala,
- Karvuna,
- Karlukovo,
- Kurdjali,
- Lovetch,
- Novi Iskar,
- Patalenitsa,
- Radnevo,
- Sevlievo,
- Tsarev Brod,
- Tserova Koria.

In 2005 through the specialised residential treatment facilities, 1578 patients diagnosed with psychiatric and behavioural disorders due to psychoactive substances use were treated (see Table 5-1). Under dispensary monitoring were 998 patients with diagnose “Psychiatric and Behavioural Disorders Due to Other Psychoactive Substance Use”.
Table 5-1

NUMBER OF ADMITTED PATIENTS WITH PSYCHIATRIC AND BEHAVIOURAL DISORDERS DUE TO OTHER PSYCHOACTIVE SUBSTANCE USE (ICD-10 CODES F11 and F19) IN THE INPATIENT WARDS OF THE PSYCHIATRIC FACILITIES IN THE COUNTRY FOR THE PERIOD 1990-2005

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>183</td>
</tr>
<tr>
<td>1991</td>
<td>195</td>
</tr>
<tr>
<td>1992</td>
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<td>1999</td>
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<td>1049</td>
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<td>2001</td>
<td>1706</td>
</tr>
<tr>
<td>2002</td>
<td>1362</td>
</tr>
<tr>
<td>2003</td>
<td>1792</td>
</tr>
<tr>
<td>2004</td>
<td>1497</td>
</tr>
<tr>
<td>2005</td>
<td>1578</td>
</tr>
</tbody>
</table>

Source: National Centre for Health Information

Together with this the specialised forms of organisation and technologies for addictions treatment are developed: programmes for substitution and maintenance treatment with opiate agonists in heroin dependent patients, rehabilitation programmes of the type “day care” or “day centre”, therapeutic communities, family and group psychotherapy, etc.

The treatment of addicted patients is based on two main principles: drug-free treatment and medically assisted treatment.

Drug-Free Treatment

Treatment of Abstinence

The abstinence treatment is a major treatment form, which is provided for the patients in the country. It is implemented in inpatient or outpatient setting. The outpatient treatment of the abstinent syndrome is done in the Regional Dispensaries for Mental Disorders (RDMD) with Inpatient (according to data from inquiry made in 8 the 12 RDMD) and different outpatient units for specialised psychiatric help. The inpatient detoxification is made in State Psychiatric Hospitals, Psychiatric Wards to MPAT (according to data from inquiry made in 7 MPAT) and Military Medical Institute.

Drug-free treatment is a psycho-social therapeutic approach directed towards full recovery and reintegration of the dependent person; the medicament treatment is minimal. An important fact is the increasing participation of the non-governmental organisations in this process.
Treatment programmes based on this approach follow the detoxification stage and are two general types:

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

Residential

One licensed therapeutic community exists in Bulgaria – “Phoenix” House, Brakiovtsi village. The total number of the places is around 30. The therapeutic community “Phoenix” is an intensive rehabilitation programme for treatment of drug and alcohol addictions. The services in the programme are: Reception Centre, Therapeutic Community, and Centre for Re-socialisation.

The therapeutic community in the village of Debelets, Veliko Turnovo, is closed.

Outpatient

The outpatient treatment is offered in outpatient services to RDMD in the country. The specialised day centres function in Sofia, Varna, and Plovdiv. The major financing of the outpatient programmes comes from the National Programme for Prevention, Treatment, and Rehabilitation of Drug Addictions 2001-2005. The programmes are: Day Centre to the State Psychiatric Hospital for Treatment of Drugs and Alcohol Addictions (SPTDAA), and day centre to “Ambulatory Group Practice for Specialised Medical Help – Centre for Mental Health – Varna – LTD”

The day centre to SPTDAA is the last stage of the model programme for successful treatment and re-socialisation of patients, passed through the inpatient detoxification and medial-term inpatient rehabilitation programme. The number of places is 15.

The day centre Solidarity works according to the programme and under the supervision of the therapeutic community “Trampoline”. The programme is a model of intensive therapy, aimed at behavioural reconstruction from dysfunctional to more functional behaviour. The number of places is 15.

The day centre to “Ambulatory Group Practice for Specialised Medical Help – Centre for Mental Health – Varna – LTD” provides different types services for clients with addictions in the stage of emotional-behavioural stabilisation. The number of places is 15.

The opening of the “protected house” for patients who successfully passed the residential programmes for addiction treatment is important element of the development of the rehabilitation system in Bulgaria. With the financing of the National Programme “protected house” for patients of the State Psychiatric Hospital for Treatment of Drugs and Alcohol Addictions is opened.

Monitoring for assessment of the activities of the financed through the funds of the National Programme for Prevention, Treatment, and Rehabilitation of Drug Addictions 2001 – 2005 rehabilitation programmes was organized. The monitoring is based on the thorough reports of the structures, as well as the expert evaluation on location from specialists from the National Centre for Addictions.

The need for well-working, mid-term and long-term rehabilitation programmes in the field of addictions was the reason for redirecting of part of the finances granted from the National Programme to successfully functioning structures in the country in
order to stabilise them, as well as improving quality of work. The results from the monitoring of the activities of these programmes show in general that these are well-working programmes in which qualified personnel works. As major problems and directions for work are outlined: the need for strategic long-term financial stabilisation of the programmes, the opening of assisting structures to them – the effectiveness especially increases in the presence of “protected house”; periodical work with the programme teams – training and supervision, communication between structures and formation of media strategy for public relations.

The directions for future development that can be set on the analysis of the activity of the above previewed programmes are: the investment in effectively functioning structures shows good results; in the future, it is necessary to work on the problem areas indicated from the programmes as priorities in order to stabilise and continue the development of their activity.

Medically assisted treatment

Abstinence Treatment

The treatment of abstinence with substitution medicines as Substitol, MST and DHC is a major form of treatment of the abstinent syndrome, which is provided for the patients in the country. It is mainly accomplished in facilities for outpatient psychiatric help and the Regional Dispensaries for Mental Disorders.

Substitution Treatment

With the approving of the Programme for Development of Methadone Maintenance Treatment in 2003 started of the development of the treatment system for substitution treatment, which is accomplished in specialised centres. Main form of substitution treatment is treatment with Methadone Hydrochloride and Substitol.

Methadone Hydrochloride is not a registered medical preparation in the country and is bought with financing of the National Programme for Prevention, Treatment, and Rehabilitation of Drug Addictions.

Another substitution medicine in the country is Substitol, which is registered in the country and is prescribed with yellow prescriptions.

The programmes for substitution and maintenance treatment open with a permission of the Minister of Health according to the order and requirements of Decree № 24 of October 31, 2000. (Promulgated SG 91/Nov 7, 2000)

In the implementation of the programme 6 substitution and maintenance treatment with methadone programmes are opened - 4 in Sofia, 1 in Varna and 1 in Plovdiv, with a total number of patients – 920.

In 2006 for the first time the effectiveness and the activities of the substitution and maintenance programmes (SMPs) was monitored in fulfilment of the National Programme for Prevention, Treatment, and Rehabilitation of Drug Addictions. According to data from the monitoring report the functioning now SMPs show good effectiveness. The patients are in good health and psychological condition, with improved social behaviour, decreased criminal activity. Their participation in SMPs is a prerequisite for decline in the level of dissemination of the blood-transmitted infections.
The development and expanding of the substitution and maintenance treatment is supported partially with the approved on January 5th, 2006, National Programme for Development of the Methadone Maintenance Treatment Programmes System in Bulgaria 2006-2008 r. The programme is based on the experience of the European countries and responds to the major priorities of the European Drug Strategy 2005-2012.

At the end of 2005, the medical preparation Naltrexone was registered. In some of the Regional Dispensaries for Mental Disorders were opened programmes for maintenance treatment with Naltrexone.
6. Health consequences and correlates

Drug related deaths and mortality among drug users

The statistical research on deaths by causes is based on the medical death certificates, which are filled in by the doctor, who has determined the fact of death. The International Statistical Classification on Diseases and Health Problems revision 10 issued by The World Health Organization has been applied in Bulgaria since the year 2005.

Making a Death Notification

According to the Law for the Civil Registration, the certificates of birth are official written documents. Among them connected to the deaths by causes are the death notification, death certificate and birth certificate.

The Death Notification is constituted by:

- The health institution, determined the fact of death;
- The municipality or the city council (region) after the issuing of the death certificate, based on both court decision for death determination and after presentation of the birth certificate, based on article 65(2), 67(3), 72(3) from Law for the Civil Registration.

The medical representative, who determined the fact of death, makes the notification, by filling in the section “medical birth certificate”. In the medical certificate, the doctor points the direct cause of death, the preceding and accompanying conditions or diseases and the main (initial) cause of death. The quality and authenticity of the information about deaths by causes largely depends on the precise and strict registering of the death causes.

Death Cause Coding

Death Cause Coding has been made according to the International Classification on Diseases and Health Problems, revision 10.

When in the death certificate only one cause of death is pointed, then coding is relatively easy and without certain problems. However, in most cases two or more affections contribute to the fact of death. In accordance with the requirements of the World Health Organization and the indications for making statistical tables about deaths by causes the coding is made on the so called Initial cause of the death. It is defined as “the illness or the trauma, which sets the onset of the affections chain, lead directly to the fact of death, or the circumstances of the accident or violence which caused the lethal trauma”. The doctor who fills in the medical death certificate is considered to be under the most favorable circumstances than anybody else to decide which disease or affection caused directly the death and to identify the preceding states if, there were such, lead to this exact illness or affection.

The Ministry of Health directions for coding the causes for death in accordance with The International Statistical Classification on Diseases and Health Problems revision 10. Medical doctors, working in Regional Health Centers and trained to apply the requirements of The International Statistical Classification on Diseases and Health Problems revision 10, have done coding. For coding the causes of death, the doctor uses the medical death certificate.
In coding of causes of death three-digit code is used. This coding itself restrains the opportunities for data analysis regarding poisoning with narcotic and psycho-dyspeptic (hallucinogenic) or psychotropic medicinal drugs. In accordance with the requirements of (The DRD-Standard, version 3.0) the codes according to the International Statistical Classification on Diseases and Health Problems revision 10, which should be considered regarding poisoning (accidentally, deliberately or with undefined intentions) are combined with T-codes for characterizing the substance type. In accordance with the recommendations of WHO for data elaborating about deaths by causes, because such combination is impossible, inclusion of one single code from both grades imposes preferences to be placed on the code from grade XX External causes for morbidity and mortality, namely codes X and Y are preferred.

According to The DRD-Standard, version 3.0, when a combination between X- and Y- codes with T-codes is not possible, the alternative procedure is to include dead from additional reasons, from grade External causes for morbidity and mortality. However data analysis shows, that the evaluation of drug related deaths, if we take all these reasons into account is significantly overestimated. Considering the overall number of dead by Poisoning with narcotic and psycho-dyspeptic (hallucinogenic) (T40) and Poisoning with psychotropic medicinal drugs unclassified anywhere else (T43), which do not differ substantially from the number of dead by causes X41, X42, X61, X62, Y11, Y12 we agreed that, this made evaluation will not differ significantly from that, that would be if the combination with T-codes were possible.

After the analysis of the tables, attached to the report and to the present paper for drug related mortality analysis, the data from the following reasons is used:

<table>
<thead>
<tr>
<th>F11-F12, F14-F16, F19</th>
<th>Psychotic and behavioral disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>X41</td>
<td>Accidental poisoning and impact from anticonvulsive, sedative, soporific, anti-Parkinson and psychotropic drugs, unclassified elsewhere</td>
</tr>
<tr>
<td>X42</td>
<td>Accidental poisoning and impact from narcotics and psychedelics and psycho-dyspeptic [hallucinogenic], unclassified elsewhere</td>
</tr>
<tr>
<td>X61</td>
<td>Intentional self-poisoning and impact from anticonvulsive, sedative, soporific, anti-Parkinson and psychotropic drugs, unclassified elsewhere</td>
</tr>
<tr>
<td>X62</td>
<td>Intentional self-poisoning and impact from narcotics and psychedelics and psycho-dyspeptic [hallucinogenic], unclassified elsewhere</td>
</tr>
<tr>
<td>Y11</td>
<td>Poisoning impact from anticonvulsive, sedative, soporific, anti-Parkinson and psychotropic drugs, unclassified elsewhere with undefined intentions</td>
</tr>
<tr>
<td>Y12</td>
<td>Accidental poisoning and impact from narcotics and psychedelics and psycho-dyspeptic [hallucinogenic], unclassified elsewhere with undefined intentions</td>
</tr>
</tbody>
</table>

The number of drug related deaths during 2005 is 40. 32 were men and 8 women.
The typical for the most European countries decrease of the death cases by causes, associated with drug use during switching over from revision 9 to revision 10 of The International Statistical Classification on Diseases and Health Problems has not been observed in Bulgaria. During the year 2005 mortality rate has its highest level since 1999. – 0.52 of 100 000 people of the population, its lowest level is in 1993r. – 0.11 of 100 000 people of the population.

In the structure of the death cases by causes the biggest relative share belong to the dead by Accidental poisoning and impact from narcotics and psychedelics and psycho-dyspeptic [hallucinogenic], unclassified elsewhere (X42). Two thirds of the cases are because of this reason (61%). Followed by deaths from Accidental poisoning and impact from anticonvulsive, sedative, soporific, anti-Parkinson and psychotropic drugs, unclassified elsewhere (X41) and Accidental poisoning and impact from narcotics and psychedelics and psycho-dyspeptic [hallucinogenic], unclassified elsewhere with undefined intentions (Y12) –14%. There were no death cases from the bigger part of the reasons, used in the definition, in 2005.
The distribution of drug related deaths by age shows that the biggest is the intensity of death cases in the age group 20 – 24 y., as significant changes in the values of the coefficients by gender are observed. The coefficient of mortality in this age group is 2.97 to 100 000 persons of population, correspondingly for men – 4.69, and for women – 1.14 to 100 000 of the relevant population.

On second place is the age group 25 - 29 y., in which the value of the coefficient is 1.90 to 100 000 persons of population and all dead people in this group are men.

The biggest part of the drug related deaths by causes in Bulgaria is on ages 20-29 years – around 68% of all cases. The mean age of the dead people is 28.10 y., as there is a slight increase in comparison with 2004, when it is 27.7 y. It is possible that this indicator is a little overrated as long as in the older age there are no deaths coded with T-codes, but because of the inability to make the combination between the reasons from the two classes, we are not able to assess what is the share of the deaths in young age that would not be included in the EMCDDA definition (The DRD-Standard, version 3.0).

### Table 6-1

**Mortality by Causes and Age Groups in 2005**

<table>
<thead>
<tr>
<th>To 100 000 persons of population</th>
<th>Age groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>&lt;15</td>
</tr>
<tr>
<td>Total</td>
<td>0.52</td>
</tr>
<tr>
<td>Males</td>
<td>0.85</td>
</tr>
<tr>
<td>Females</td>
<td>0.20</td>
</tr>
</tbody>
</table>
Drug Related Infectious Diseases

HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis

The data presented for 2005 comes from Department “Prevention, Diagnosis, and Consultation of Blood Transmitted Infections with Laboratory” at the National Center for Addictions and report from the National Committee for Prophylaxis of AIDS and STDs to the MH. The data are relevant for the patients of NCA, and clients of filed-working programs from all over the country and from a project in the Central Prison in Sofia.

The addicted persons are tested for the following markers:
- Antibodies against HIV for diagnosis of HIV infection;
- Antibodies against HCV – for diagnosis of viral hepatitis C;
- HBsAg – for diagnosis of viral hepatitis B;
- TPHA – for diagnosis of syphilis

Diagnosis of tuberculosis and STDs is not performed because of lack of tests.
Statistic for Bulgaria
Data presented from Tonka Vurleva, MD, Ministry of Health

For 2005 250 000 persons in Bulgaria were tested for HIV. Until December 31st, 2005 officially in the Ministry of Health 605 HIV positive persons were registered, of which 167 are announced as ill of AIDS.

The analysis of the data shows that around 69% of infected persons are males, and 31% - are women. Around 71% of HIV-positive are 20 to 39 years of age. The most affected age group is 20 - 29 years – around 40% of the newly registered.

The trend for the sexual transmission to be primary is stable – 90% of the cases. 9% are infected by blood transmission, and 1% are vertically infected (from the infected mother to the baby). In sexual transmission predominant is the heterosexual way – around 85% and homo/bisexual is around 15%. According to expert assessment the homo/bisexual way of infection is significantly higher than the registered. The transmission by blood is observed in hemophiliacs, haemotransfused patients and intravenous drug users. The last cases of HIV-infected hemophiliacs and haemo-transfused patients are registered in 1996. The total number of officially registered HIV-infected drug users is 33. The fact that in 2005 sharply raises the number of the newly registered drug users with HIV-infection is highly disturbing. The recently found 13 persons for 2005 represent 41% of all IV drug users registered until now. The analysis of the data of the implemented pilot phase of second generation epidemiological research for HIV, Hepatitis B and C, and syphilis in November 2004 - March 2005 shows that 65% of IV drug users are infected with Hepatitis C, and 8% are infected with Hepatitis B. These incredibly disturbing data indicate that in the population of IV drug users sharing of needles and syringes is widely practiced and a serious danger exist of HIV outbreak.

Around 61% of all HIV-positive persons are registered in the four major cities – Sofia (200), Bourgas (77), Plovdiv (47) and Varna (48).

In 2005 the number of recently found HIV-infected persons is 83, of which 56 males and 27 females. For comparison in 2003 63 HIV-positive persons were found and in 2004 their number was 50.

In 2005, the youngest of the HIV-infected was 19 years old male, and the oldest is 62 years of age. The youngest female is 17 years of age, and the oldest is 54.

The distribution by way of discovery of the newly registered HIV-positive persons is, as follows: 23 persons voluntarily underwent testing, 22 are discovered as inpatients through differential diagnosis by their doctors, 13 as IV drug users (5 of them prostitutions), 6 – as blood donors, 4 with homo/bisexual orientation, 5 are prisoners, 4 are prostitutes, 1 child is born by HIV-positive mother.

The data show also that 10 of the recently discovered are males returning from foreign countries (4 of them IV drug users).

In Table 6- we present the total number of the tested IV drug users in Sofia for 2005 and the positive results.
Table 6-2

BLOOD TESTS AND POSITIVE RESULTS FOR 2005

<table>
<thead>
<tr>
<th>Type of tests</th>
<th>Number of tests</th>
<th>Positive result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibodies against HIV</td>
<td>827</td>
<td>3 0.36%</td>
</tr>
<tr>
<td>Antibodies against HCV</td>
<td>815</td>
<td>437 53.63%</td>
</tr>
<tr>
<td>HBsAg</td>
<td>819</td>
<td>50 6.10%</td>
</tr>
<tr>
<td>Syphilis</td>
<td>458</td>
<td>48 10.40%</td>
</tr>
</tbody>
</table>

The tested IV drug users in the laboratory to the NCA are patients of SPHTDA and clients of the programs for field work with drug users – CARITAS and “Initiative for Health” Foundation.

From the analysis of the results the following must be pointed out:

1. The level of HIV infection is low, compared with level in other countries from the region, but it indicates tendency for increase. Of the recently discovered 3 IV drug users, 2 are from marginal groups, and after consultations did not look for treatment. One was admitted in methadone maintenance treatment.
2. The level of Hepatitis B is maintained at around 5% (6.10%), which is a constant value for the last ten years and is comparable with the general Hepatitis morbidity in the country.
3. The level of Hepatitis C for all IV drug users in NCA is 47.2%. It must be indicated that there is a trend for decrease in recently discovered infected with the virus for the last five years. On this stage it is impossible to say if this drop in the level of infections is due to increased precision in reporting of the cases (double counting of positive results for one person is avoided) or the reason is better work of the needles and syringes exchange programs.
   - Patients of NCA - 61.0% positive
   - Clients of CARITAS - 38% positive
   - Clients of “Initiative for Health” Foundation - 34.0% positive

Figure 6-3

LEVEL OF INFECTIONS WITH HEPATITIS C FOR THE PERIOD 1995-2005
After the carried out analysis by age and gender the following was set:
- The level of infections of males to females is 73.67 to 26.33 %
- In tested persons aged 25, the level is 52.22 %
- In tested persons aged 25 to 34, the level is 55.51%
- In tested persons aged above 34, the level is 55.51

During the year, 3 babies of methadone-maintained mothers are tested for Hepatitis C infection – all negative. Including these babies the total number of tested children of methadone-maintained mothers for the last 5 years became 14, all of them are negative.

Of all tested NCA patients 10 males and 7 females have simultaneous Hepatitis B and C infection; 3 females are simultaneously infected with Hepatitis C and Syphilis.; 1 male has HIV and Hepatitis C; 1 male has HIV and Syphilis and one male has Hepatitis B and C and Syphilis.

4. The level of Syphilis in the patients of NCA is 10.4%.
The level is comparable with other countries.

2. The DRD-Standard, version 3.0, EMCDDA standard protocol for the EU Member States to collect data and report figures for the Key Indicator Drug-Related Deaths by the Standard Reitox tables
Prevention of Drug Related Deaths

Overdose Prevention

The most important component of the activities in regards with prevention of drug related deaths is the avoidance of overdosing and the fatal outcomes in drug overdoses. Major risk factors are the injection drug use, the use of opiates, the use of heroin in combination with suppressants of the nervous system, loss of tolerance (after a period of abstinence or reducing of drug use), injecting when alone (in the absence of other persons). Significant part of the fatal and non-fatal overdoses could be avoided.

The number of the death cases indicated in the General Mortality Register – the National Statistical Institute – shows an increase, which differs from the trends in most EU countries, which show a certain decrease of the death cases. On the other hand, the data overlaps with those, received from the Ministry of Interior, General Directorate of Police. This fact indicates the reducing of the “hidden” cases, which were unavailable for the NSI.

Some of the major activities directed towards the prevention of drug related deaths are as follows:

- Trainings for safer drug use,
- Trainings for administering first aid methods,
- Use of antagonists, etc.

In the country most part of these activities are carried out by organizations which major activities are directed towards risk reduction for the spread of infectious diseases like HIV/AIDS, Hepatitis B and C. They function in accordance with the implementation of the programme “HIV/AIDS Control and Prevention”, financed by the Global Fund for Fight with HIV/AIDS, tuberculosis, and malaria, on Component 4 – Maintaining of Low Level of HIV infections among injecting drug users. At the same time the teams of the programme organise explanations for safer injecting, as well as recognizing the symptoms of OD and the correct responses to this. Mostly non-governmental organizations work on the activities preventing the increase of the drug related death cases.

In 2005 “Initiative for Health” Foundation exchanged needles and syringes on thirteen different locations in the capital. The trend they detected is the decrease of locations for needles and syringes exchange. The access to new locations and new clients is difficult. Ex-users are hired to work for the foundation, which makes its actions more adequate. Besides defined external locations, there are so-called “at home outreach” – a contact is made with certain people, at which homes users inject. According to the observations of the team this really turns out to be a successful practice. Training seminars are carried out for drug users and sexual workers, who, after that, are included as key collaborators in the activities of the foundation. In 2005

49 See Standard Table 05 and 06 in the Annex.
50 See STs 05 and 06 in the Annex.
ten key collaborators worked among people who offer sexual favors and six collaborators worked among injecting drug users. They direct the ones in need to places where they can get specialized medical help, to the drop-in centre for consultation and testing. The foundation works successfully with representatives of the Roma minority group; the foundation is working towards expanding of these activities. Undoubtedly, the Roma community is one of the riskiest groups regarding injecting use and risky sex. The implementation of a project financed by the United Netherlands Foundations for opening of drop-in centre closer to the Roma quarters and discovering of mediators form the community to ease the contacts started\textsuperscript{51}.

The drop-in centre is a fixed place where, along with needles and syringes exchange, dissemination of condoms and information leaflets, consultations and safer injecting trainings take place. There is a full-time social worker, who admits and serves the clients. 238 consultations for safer injection practices are carried out.

The “Dose of Love” Organization - city of Bourgas works on projects related mainly to the policy of harm reduction of drug use and HIV/AIDS prevention. A specific feature of the work of the organization is that there is an agreement for work in prison with prisoners with the purpose to give health information. Until the recent moment teams from the organization continue to carry out activities in groups in the Prison of Bourgas. Regarding the increase of the health status and awareness information about sexually-transmitted diseases (STDs), types of drugs, ways to prevent the infecting with different diseases is presented to the prisoners; condoms and brochures are given away.

The outreach activities among injecting drug users continue in 2005. Mobile medical office, in which consultations are made, small procedures and taking of blood for testing is performed directly on location in the target communities functions. A drop-in centre for drug users, which is unique of its kind in the city, works in 2005. In January 2005 began training and consultation of the activities of key collaborators in the target communities. Purposeful and organized the representatives of the target group are trained for dissemination of consumables and information in the whole community. The aim of this activity is the prevention of health risk from within, reaching the hidden members of the group. The work on HIV/AIDS prevention continues, aiming at reducing the practicing of the risk behaviour among persons who inject drugs, motivation towards complete change of the way of life, increasing the sensitivity of the society, coordination of the efforts of the professionals in the field. Concrete activities include: needles and syringes exchange, dissemination of condoms, psycho-social consultation of clients, maintaining of day centre for users and a mobile medical office.

During the year teams from the organization worked on a total of ten outreach locations and in the day centre. The locations change in regards with the migration of the clients. Contacts have been made with 426 individual clients. The activities in the Prison of Bourgas two groups of 10 people function. The groups work every week. During the year 27 people received informational trainings. 936 health (individual and group) consultations are made; 96 psycho-social consultations with clients, parents, relatives took place\textsuperscript{52}.

The trends observed in the target group are: use of drugs in small groups of two to three people. This makes the reaching of the group much harder, and increases the risk of unsuccessful managing of eventual overdose. The use becomes more hidden. Most often for the purpose private homes and lodgings are used. According to the observations of the organization, more and more often the practicing of sex favors for payment is combined with alcohol and different types of drugs use. Most

\textsuperscript{51} More about the activities of the Foundation available on: http://www.initiativeforhealth.org/

\textsuperscript{52} More about the activities of the Organization available on: http://www.doseoflove.hit.bg/
often these are stimulants, but there is a certain part of the girls and boys who use heroin. The poly-drug use and the combination with alcohol additionally complicate the possibility to prevent overdoses.

There is a trend observed regarding the health status of participants in the prison groups towards less risky behavior as a consequence of the increased awareness in the area of STDs and other infections.

In **Pazardjik** the field work and health consultations are organized by the team of the Regional Fund IGA. The locations are six, new places are constantly examined. The team of the organization carried out mass campaign in the city disseminating brochures and birth control pills.\(^{53}\)

A programme prevention of the spread of HIV/AIDS in **Kustendil** is performed by four field workers, psychiatrist-consultant and coordinator. The contacts are with injecting drug users from the Roma quarters, information about the health risks, the methods for safer injecting, the ways to avoid infection with HIV/AIDS is given. The workers exchange needles and syringes, disseminate informational leaflets and brochures, direct to services for testing and treatment. Contacts with 151 IV drug users are made. A number of consultations with drug users and their relatives regarding the philosophy of the programme, the safer injecting methods, the reduction of the risk behavior took place.

The foundation “Public Charity Fund - **Blagoevgrad**” performs daily needles and syringes exchange, works with addicted persons for increasing of their knowledge about the health risk, motivates the reduction of risk behavior and supports the positive behavior changes. Informational materials are disseminated; people who inject drugs are directed to consultations and treatment.

The team working in **Pernik** undergoes a series of difficulties, related to the technical organization and integration, the need for training and supervision, the frequent presence of police officers on the locations for contacts with target groups. 200 consolations for safer injecting practices are made.

The activities in **Plovdiv** are mainly in performed by “Panacea” Foundation. Four outreach teams worked in 15 field locations and in a drop-in centre in the Roma quarters Stolipinovo. The teams offer training in safer injecting practices, disseminate health informational materials, direct for consultations and treatment. 1800 individual and group consultations for explaining and introduction to safer sexual and injecting practices took place. 600 health-educational brochures were given away.

As a whole the programmes work on prevention of drug related deaths among injecting drug users following the principles of the outreach philosophy. This is a way which unquestionably ensures access to the hidden parts of the population of drug users and could be developed and improved.

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\(^{53}\) More about the activities of the Regional Fund IGA available on: [http://iga-bg.org/](http://iga-bg.org/)
Prevention and Treatment of Drug Related Infectious Diseases

Prevention


In the National Programme for Prevention, Treatment and Rehabilitation of Drug Addictions in Bulgaria (2001 – 2005) the prevention activities regarding drug related infectious diseases are in Sphere 4 – “Activities and Programmes for Reduction of Health and Social Harms Inflicted to the Public and the Individual Person by the Drug Abuse”.

Aims of the intervention in this area are:
1. To maintain low the level of seropositivity with HIV among injecting drug users;
2. To reduce the level of seropositivity with Hepatitis C among injecting drug users;
3. To reduce the criminogenity of the population of drug users and addicted to narcotic substances

In the Action Plan to the National Drug Strategy the activities on prevention of drug related infectious diseases are outlined as Strategic Task “Reduction Of The Spread Of Diseases Among Drug Users That Have An Impact On Society: Blood-Transmitted Infections (HIV/AIDS, Hepatitis B And C, Etc.), Tuberculosis, Sexually Transmitted Diseases, Etc.”

As sub-tasks are indicated:
- Training of teams for field work with drug users;
- Development and implementation of programmes for field work, exchange of needles and syringes, distribution of condoms, consultations;
- Identifying of the problems and development of programmes for reduction of the risk among especially hard to reach and high-risk groups;
- Programmes for early testing (on locations including), before and after-testing consultation and provision of direction towards specialized treatment.

The National Centre for Addictions carries out training courses for professionals working in the programmes for harm reduction of drug use. This module is present in the courses of after graduation qualification for medical doctors, psychologists, social workers, and nurses, carried out in the NCA.

All organizations who do field work present their projects to the Medical Council of the NCA (according to Ordinance № 30 of December 20th, 2000 of the Minister of Health). For 2005 10 projects of non-governmental field-working organizations were examined and approved.

During the year several non-profit organizations acted on HIV/AIDS and Hepatitis B and C prevention among injecting drug users; the organizations received positive statement from NCA to carry out these activities. The programmes for field work, needle and syringe exchange, testing for BTDs and STDs are performed by non-governmental organizations in the frames of Component 4 “Maintaining of Low Level of HIV infections among injecting drug users” from the Programme of the Ministry of Health “HIV/AIDS Control and Prevention”, financed by the Global Fund, as follows:
- “Initiative for Health” Foundation – Sofia
- “Panacea” Foundation – Plovdiv
- “Dose of Love” Organization - Bourgas
- “Health and Social Development” Foundation – Sofia
- Bulgarian Red Cross – Rouse, Kustendil, and Stara Zagora
- “For Better Mental health’ Foundation – Varna
- Regional Fund IGA Foundation – Pazardjik
- “P.U.L.S.” Foundation - Pernik
- “Public Charity Fund” Foundation - Blagoevgrad

The mobile medical offices are maintained by the non-governmental organizations:
- CARITAS – Sofia
- Médecins Sans Frontières – Sofia

Stand-points are prepared according to Ordinance 30/Dec 20, 2000 for field work and mobile medical offices for:
- “For Better Mental health” Foundation – Varna
- CARITAS – Sofia
- “Dose of Love” Organization - Bourgas
- “Panacea” Foundation – Plovdiv
- “Public Charity Fund” Foundation - Blagoevgrad

Consultation and testing

The HIV/AIDS testing in Bulgaria is free of charge. The NCA laboratory is the only one build to attend to drug users. The tests for these analyses are received form the MH.

The insured at the National Health Insurance Fund clients can be tested through the system of health insurance, too.

In 2005 10 cabinets for anonymous and free of charge HIV testing and consulting continue to function – in Sofia (2 places), Blagoevgrad, Plovdiv, Stara Zagora, Bourgas, Varna, Veliko Turnovo and Pleven.

Since 2000 in the Republic of Bulgaria no vaccinations were made of drug users for Hepatitis B and A. Free of charge and mandatory vaccination for Hepatitis B is made on every new-born children after 1992.

Treatment of infectious diseases

All infected with HIV persons, as well as AIDS patients are treated free of charge in the specialized ward of the Hospital for Infectious Diseases in Sofia. At the end of 2005 a new ward was open for treatment of AIDS in the city of Plovdiv. The infected opiate addicts are admitted immediately and free of charge in the Methadone Maintenance Programme to the State Psychiatric Hospital for Treatment of Drugs and Alcohol Addictions – Sofia, and the municipal programmes in Plovdiv and Varna.

The treatment of infected with Hepatitis C opiates dependent persons continue to be problematic according to the requirements of the National Health Insurance Fund (NHIF) the addicted to drugs persons could be included in treatment programme with interferon only if they had not used drugs for a period of 6 months. Persons who do not have health insurance do not have an access to treatment of Hepatitis C. The
treatment of the approved by the NHIF takes place in the gastro-enterology clinics in different hospitals in Sofia; there are no official data about the number of people in treatment in regards with Hepatitis C.

The treatment of infected persons in acute and chronic form of Hepatitis B is available only for the insured in NHIF persons.

The treatment of Syphilis is regulated; it takes place in Venerology Dispensaries in the regional cities of Bulgaria and is free of charge.

**Interventions related to psychiatric comorbidity**

There is no available recent information for activities related to psychiatric comorbidity, realised in 2005.

**Interventions related to other health consequences and correlates**

There is no available recent information for activities related to other health consequences and correlates, realised in 2005.
8. Social Consequences and Correlates

In the frames of this chapter, the following themes will be explored:

- Social Exclusion;
- Crime related to drugs;
- Drug use in prisons.

In examination of the theme for the social exclusion in the context of the report attention is drawn to evaluation of the number of homeless people, data for unemployed, including among the people who looked for treatment related to drug use, as well as data for the children who dropped out of school.

The theme of the crimes related to drugs includes a review of data from police, data for the activity of the prosecution office in implementation of the action plan regarding drug demand and drug supply reduction and data regarding anti-social acts and crimes of minors and under-aged persons.

The presentation of the theme for drug use in prison is based on routine information directly from the administration of the prisons and purposeful research among prisoners in Bulgaria.

Social Exclusion

Homelessness

There is no an accurate statistics about the number of the homeless people in the country at the moment, including the children who live on the street. The sources of information like this are two – the law enforcement organs and non-governmental organizations.

According to data from the Capital Directorate of Interior (CDI) to May 30th, 2002 the permanently living on streets of Sofia children who do not have permanent address registration are 84, 51 minors and 33 under-aged. The data for the children passed through the Children Pedagogical Rooms (CPR) for running away from home and wandering for the period January – June 2002 are 335 children. The passed through CPRs for running away from home and wandering for the period January – December 2001 were 616 kids. These data bring to the conclusion that the number of the kids living temporarily on the street is bigger than the registered.

The data from non-governmental organizations working with kids on the street indicate several hundred children, which number grows in the summer months and mostly during school vacations when children in specialized institutions are sent to their families.

The major problems of the children on the streets are related, on one hand, with the immediate risks of living on the street – violence, malnourishment, diseases. On the other hand is the problem with their education and qualification – most of them do not go to school regularly, which limits their opportunities to develop. They have
difficulties in access to medical help and often are engaged with heavy physical labor.  

**Unemployment**

As a whole in 2005, the registered unemployed in the directorates “Labor Offices” continue to decrease, as their average annual number reached its lowest since 1996 – 424,381 people. The decrease in comparison with the previous year is by 44,842 unemployed or 9.6%.

The average annual level of unemployment (unemployed per 100 persons economically active population) reached its lowest value for the last nine years - 11.46% (see *Figure 8-1*). In comparison with the previous year there is a drop with 1.21 points.

**LEVEL OF UNEMPLOYMENT**


The average annual level of unemployment in the Euro-zone and European Union (EU-25) in 2005 according to data from Eurostat is respectively 8.6% and 8.7%. The lowest values of the level of unemployment among member states of the European Union are read in Ireland – 4.3%, Great Britain – 4.7%, Denmark and Holland – with 4.8%. The highest level of unemployment is in Poland – 17.7%, Slovakia – 15.9% and Greece – 10.1%.

In territorial aspect the level of unemployment continues to move in wide ranges in the different regions of the country but with smaller numbers than in 2004. In 8 regions the level of unemployment is lower than the average for the country and in the rest 20 regions is above the average, as in the regions of Kustendil and Rouse is very close to the average for the country (see *Chart-map 8-1*). The trend from the previous years for the city of Sofia to count the lowest level of unemployment - 3.07%

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% remains, and in the region of Turgovishte the level is the highest - 24.82 %. The difference between the read minimal and maximal level for the country decreases with 2.52 points compared with 2004 and reaches 21.75 points

**LEVEL OF UNEMPLOYMENT**

According to data for treatment demands 42.4% of all persons who searched for treatment regarding drug use in Bulgaria in 2005 were unemployed (43.7% among men and 36.6% among women). 42.3% of all persons looking for treatment for the first time in their life were unemployed (45.5% among men and 27.5% among women).

Among the clients of the inpatient units 75.2% of all persons who demanded treatment for drug use in Bulgaria for 2005 were unemployed (76.6% among men and 67.5% among women). 62.8% of persons who looked for treatment for the first time in their life were unemployed (65.8% among men and 44.4% among women).

Among the clients of outpatient units 19.8% of all persons who demanded treatment for drug use in Bulgaria for 2005 were unemployed (19.4% among men and 21.5% among women). 23.0% of persons who looked for treatment for the first time in their life were unemployed (24.7% among men and 16.7% among women).

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56 Source: National Focal Point, Monitoring System for Treatment Demand.
Dropouts

In the school year 2000/2001 dropouts from the educational system in Sofia were 2308 or 1.5% of the total number of the pupils. 507 children aged under and including 16 dropped out of school, 978 is the number of drop-out girls. Among the drop-outs the biggest is the share of the ones who do not wish to continue their education and of those who are unable to continue their education due to family reasons57.

Bin Bulgaria annually 2.5 and 3.5% of the pupils in the educational system drop out. According to data from the National Statistical Institute in school year 2001/2002 of the pupils (IXth – XIIIth grade) a total of 334 813 persons, the number of drop-outs is 8 600, which represents 2.6%, and for the school year 2002/2003 the number of drop-outs rises to 10 755 persons or 3.0% of the total number of pupils. The number of drop-outs due to unwillingness to go to school decreases (from 31,5% - in 2001/2002 to 29,3% - in 2002/2003). The number of drop-outs due to family reasons rises (from 35,0% - in 2001/2002 to 38,6% in 2002/2003). In the school year 2003/2004 the number of dropouts from the secondary educational level is 10 887 persons, of which 7 001 from professional schools and professional secondary schools, and 3 886 from the secondary educational level in general schools.

Big part of dropouts from the educational system has not motivation for education and professional qualification for future realization on the labor market58.

The data from the National Statistical Institute (NSI) show that in school year 2003-2004 31 552 children drop out prematurely. In comparison with the previous school year (2002-2003), the number of dropouts is bigger with 550.

During the school year 2003-2004, in the state secondary schools and in private schools a total of 102 167 children and young people have studied. The dropouts compose 3.5% of the total number.

The most as an absolute number are the dropouts from pre-secondary level (fifth to eighth grade) - 11 292, followed by dropouts in the secondary educational level - 11 010. 9 221 children have stopped to go to primary school (to fourth grade).

The observations of the educational specialists show that the biggest is the share of the children from Roma families who drop out of school until fourth grade59.

Financial Problems

There is no available recent information for financial problems related to drug use in 2005.

Social network

There is no available recent information for social network for socially ecluded drug users in 2005.

58 Source: Employment Agency, National Program “Project for Young Dropouts”; http://www.nsz.government.bg/Projects/Prog/POSAMOSO/Frame_POSAMOSO.htm
Drug Related Crimes

Crimes (‘arrests/criminal reports for traffic / production / cultivation, etc.)

Police Data

According to police data in 2005 2445 number of reports for formation of preliminary legal proceedings were submitted against persons who use and/or distribute narcotic substances. This number grew with around 20 % in comparison with 2004 (2032). Most reports in 2005 were submitted from the Capital Directorate of Interior (CDI) – 1198, after that from the Regional Directorates in Plovdiv (382), Blagoevgrad (147) and Varna (120). The indicated above increase in the number of reports is mostly on behalf of the increase of the number of the persons who not only distribute drugs but use them, too – from 1486 in 2004 to 1959 in 2005. For the same period the number of dealers, against whom a report is prepared, remained approximately the same and even decrease a little from 549 in 2004 to 486 in 2005. This way the proportion “users and dealers / only dealers” has changed with from around 3:1 to around 4:1.\(^6^0\).

Activity of the Prosecution Office in implementation of the Action Plan regarding Drug Demand and Drug Supply Reduction

The problem with drugs is a constant priority in the activity of the Prosecution Office of the Republic of Bulgaria, on one hand – in implementation the engagements of our country according to the implemented internal and external policy, and, on the other – because of the circumstance that the counteraction against illegal drug traffic and precursors is inseparable part from the fight against organized crime and device for restriction of the financing of the international terrorists organizations. It is well known, that in the sphere of the drug traffic the organized crime connects with the international organized crime and turns into trans-border crime.

In the part of the Penal Code (PC) Chapter XI “Generally Dangerous Crimes”— section III “Crimes against Public Health and Environment” are regulated in the compositions of the crimes regarding traffic of drugs – article 354a, article 354b article 354c and article 354d from the PC.

The structure of the crimes of narcotic substances and precursors smuggling are regulated in Chapter VI, section III of PC “Crimes against Customs Regimen” – article 242 paragraphs 2, 3, 4 and 9 of PC.

The immediate object of violation in crimes related to drugs traffic are the public relations connected with the fixed international and internal legislative regimen of psychotropic drugs. The subject of illegal traffic of drugs are narcotic substances, precursors and their analogues indicated in the Law for Narcotic Substances and Precursors from 1999 as they are given in article 93 points 16-19 from the Penal Code.

1. Pre-trial proceedings formed for crimes related to narcotic substances, precursors, and plants containing narcotic substances

In 2005, the prosecutors monitored and managed a total of 4366 pre-trial proceedings formed for generally dangerous crimes on articles 354a, 354b and 354c from PC – illegal production, keeping, and distribution of narcotic substances and

\(^6^0\) Reports of the organs of the National Service “Police” “DRUGS” line in total for the country for the period January 1\(^{st}\), 2005 – December 31\(^{st}\), 2005 and for the period January 01\(^{st}\), 2004 – December 31\(^{st}\), 2004.
precursors (4303) and customs contraband on article 242, paragraphs 2-4 and 9 from PC (63).

The newly formed for the period cases are **2996**. Formed by National Investigative Service (NIS) are seven cases, and assigned by the General Prosecutor to NIS - 8.

In 2005 newly formed were **2955** cases for illegal production, keeping, distribution of narcotic substances and precursors and for customs contraband – **41**.

**The total number of the accused persons of all cases** (including preceding period) is **4130**. Of them, the accused persons who are foreign citizens are 93. With precautions for non-diversion, “Keeping under Arrest” at the end of the reported period are **222** persons.

**Confiscated narcotic substances as material evidences** in the reported period are 3078 cases, formed for crimes on article 354a-c and article 242, paragraph 2-4 of PC differentiated by types, are, as follows: **heroin** -879.63 kg, **cocaine** – 156,83 kg, **marijuana** – 16339,15 kg, **precursors** –2189,98 kg and 287699 **plants**, containing narcotic substances – 476,79 kg and 3940 other narcotic substances - 6491,23 kg and 6258.

To “Customs” Agency for preservation and destroying according to the Law for Control over the Narcotic Substances and Precursors are given a total amount of 20637,76 kg of narcotic substances and precursors and a total number of 560 such which were confiscated as material evidences on initiated in the reported period cases.

**Finished at the end of the reported period are 2867** pre-trial proceedings started from the previous period, too. Of them to 4 months 2426 cases were ended, to 6 months – 522 cases were ended, to 9 –499 cases were ended and to 9 months 545 cases were ended.

**The prosecutors resolved a total number of 2343 cases**, these cases were 82% of the verdicts from the ended by the prosecution organs proceedings (2867).

**Brought to trial in court are 1820** pre-trial proceedings with prosecutions acts, **of which 2133 accused persons are given to law-suit charged with** crimes for illegal production, preservation, distribution of narcotic substances and precursors article 354a, article 354b article 354c and article 354d from the PC and for customs contraband for article 242, paragraphs 2-4 and 9 of PC. Of the accused 65 are foreign citizens.

For “**Crimes against Public Health” section III, Chapter XI of PC “Generally Dangerous Crimes**” / articles 345a-c of PC/ in court are brought 1795 prosecution acts against 2099 accused persons.

For **crimes from Chapter VI, section III of PC “Crimes against Customs Regimen”** with a subject of investigation narcotic substances and their analogues / articles 242, paragraphs 2 – 9 of PC/ the acts are 25 against 34 defendants, of which 20 are foreign citizens.

**With decrees for cessation** due to lack of evidence or composition of crime 554 cases are resolved.

**With decrees for cessation** of the relevant merits according to PC 210 cases were resolved.

**The convicted persons** at the end of 2005 are 1095, of which 718 with implemented punishment.
2. On chapter XI “Generally Dangerous Crimes” connected with organized crime on articles 321-321a of PC, in relation with 354a of PC and article 242, paragraphs 2-4 of PC for production, illegal traffic, contraband of narcotic substances and precursors

The prosecution office manages 209 pre-trial proceedings against 226 accused persons. Of them, the biggest is the share of the crimes on article 321 in relation with 354a of PC – 165 monitored cases against 173 persons. For contraband of narcotic substances across the border, the cases are 44 against 53 persons.

Newly formed cases in 2005 according to the above texts of PC are 145 pre-trial proceedings (120 cases on article 321 in relation with article 354a of PC and 25 – on article 242, paragraphs 2-4 of PC).

Assigned by the General Prosecutor to NIS are 8 cases (1 for customs contraband, the rest 7 for production and traffic of illegal narcotic substances in the limits of the country).

With precautions for non-diversion, “Keeping under Arrest” were 37 accused persons.

Ended by the investigative organs during the year are 163 pre-trial proceedings.

The settled cases from prosecutors were 131 or 80,37% of brought to the prosecution office cases with finished investigation by the relevant competent investigative organs.

Ended, because of undisclosed perpetrators are 17 cases.

The ended cases due to different proceedings merits are 29.

Brought to lawsuit are 82 indictments with which 136 persons are accused of perpetration of drug related crimes, commissioned or in implementation of decision of organized crime group.

Convicted persons at the end of the reported period are 50, of which 31 with implemented punishment. On the rest of the indictments, the court is still to pass judgment.

Anti-social Acts and Crimes of Minors and Under-aged Persons

Of the total of 12 407 children who visited the Children Pedagogical Rooms (CPR) for perpetrated by them anti-social acts for 2005 802 (6,5 %) were for use of alcohol, and 584 (4,7 %) – for distribution and use of drugs (see Table 8-1). The ratio “males / females” was 7/8 : 1. Near 1/10 of these children accused of distribution and use of drugs were 8 to 14 years of age (the ratio “males / females” here is 6:1), and the rest 9/10 were aged 15 to 18 years (the ratio “males / females” here is close to 9:1).

Of a total of 9 720 children perpetrated crimes during the year 379 (3,9 %) have done crimes related to narcotic substances (see Table 8-1). The ratio “males / females” was 9:1. Around 1/20 of the children that committed drug related crimes were aged 8 to 14 years (all of them males), and the rest 19/20 were aged from 15 to 18 years (the ratio “males / females” here is almost 9:1).

Table 8-1

MINORS AND UNDER-AGED PERSONS PERPETRATORS OF ANTI-SOCIAL ACTS AND CRIMES IN 2005
Children who visited CPR for perpetrated by them anti-social acts during the year

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Incl. women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 - 14 r.</td>
<td>15 - 18 r.</td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
<td>Incl. women</td>
</tr>
<tr>
<td><strong>Children who visited CPR for perpetrated by them anti-social acts during the year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total for the country</td>
<td>12407</td>
<td>3297</td>
</tr>
<tr>
<td>including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of alcohol</td>
<td>802</td>
<td>118</td>
</tr>
<tr>
<td>Distribution and use of narcotic substances</td>
<td>584</td>
<td>70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Incl. women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children who committed crimes during the year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total for the country</td>
<td>9720</td>
<td>2447</td>
</tr>
<tr>
<td>including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug related crimes</td>
<td>379</td>
<td>41</td>
</tr>
</tbody>
</table>

Source: National Focal Point for Drugs and Drug Addictions, Study on the problem drug use in Sofia using “Capture-recapture” method

It is not possible to see a stable trend in time regarding the drug related crimes committed by minors or under-aged persons. In 2004 the number of persons with such crimes (403) was a little bigger than in 2003 (321), but in 2005 slightly decreased (379). 61

According to data from the National statistical Institute in the number of the children from CPR for drug use in 2005 a significant decrease is observed - from 841 in 2003 and 920 in 2004 to 584 in 2005. This way the decrease in 2005 is with 36.5% compared to 2004. 62

Other Crimes (i.e. against property, illegal prostitution, illegal receipts, aggression under the influence of drugs, driving, etc.)

There is no available recent information for other drug related crimes.

Drug Use in Prisons

During the round table discussion: “Legal Offences, Drug Addictions, Society – In Search of the Right Direction” organized in Varna in March 2006 from the General Directorate “Implementation of Punishments” to the Ministry of Justice interesting data were presented. According to them between 25 and 30 000 were sentenced to probation – serving a sentence outside the prison walls. Of them 10 per cent were drug dependent persons. According to the available data the number of the addicted prisoners raised three times for the last three years - in 2003 in prisons 565 addicted persons were registered, in 2005 their number is already 1071, and during the last count at the beginning of March, 2006 1728 drug dependent persons were counted. Most of them are users of cannabis - 487 inmates, 313 prisoners use cocaine, 425 – use heroin, and injecting drugs are 216 persons. According to the overviews to the beginning of 2006 15.6 % of the inmates in Bulgaria were addicted. It is announced a relative raise in the number of the prisoners treated in methadone programs. Until

61 Source: Ministry of Interior.
62 Source: National Statistical Instiutte.
recently, this treatment was used by between 20 and 30 prisoners, now the number is 69 persons.  

In the spring of 2006 national representative study was carried out: “Drug Use among Prisoners in Bulgaria: General Status and Trends”, financed by the National Drug Strategy 2003 – 2008 and with the financial support of the European Monitoring Center for Drugs and Drug Addiction in Lisbon. General and specific problem areas were examined – i.e. level and characteristics of drug use, history of use, potential use, risk behavior, need for treatment / consultation, level of awareness, illegal traffic of substitutes of drugs, behavioral and psychological problems of adaptation, expected problems after release of prison, etc.

The national representative research was conducted in 13 prisons in 9 cities in Bulgaria – including the prisons in Pazardjik, Lovetch, Varna, Sliven, Plovdiv, Correctional Home in Boitchinovtsi, the prison hostels in “Atlant” in Troyan, “Smolian” in Smolian, “Kazichene” in “Kremikovtsi” in Sofia, as well as in the investigative arrests in Varna, Plovdiv, and “Major Vekilski” in Sofia. This sample covers institutions in which are concentrated more than half of the prisoners in Bulgaria. The realized sample was 1409 persons. The sample of the prisoners only was 1257 persons.

In the frames of this research was discovered that 37,1 % of the prisoners used any type of drug at least once in their lifetime; 9,4 % have used drugs in the last 30 days. The interesting and different thing in comparison with pupils, students, and general population studies is that the “lifetime prevalence” of the use is not predominantly of cannabis, and is comparatively evenly distributed among different types of drugs – 31,4 % used at least once in their life cannabis, 23,4 % - heroin, 22,5 % - cocaine, 19,4 % - amphetamines, 18,0 % - ecstasy. The interesting thing is also that in actual use (during the last 30 days) the most often used drug is ecstasy (5,1 %), as long as 4,8 % have used the identified as the most often used drug in Bulgaria.

Social Expenditures

There is no available recent information on the social expenditures of the illegal drug use.

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63 Source: web-site "Mothers against Drugs" – Plovdiv: http://antidrugbg.com/temi.php?id=0674&count=
64 See Standard Table 12 in the Annex.
9. Responses to Social Correlates and Consequences

In the frames of this chapter, the following key themes will be examined:

- Social reintegration of problem drug users and addicted to narcotic substances;
- Crime prevention.

In the examination of the theme for the social reintegration, special attention is given to information and questions related to housing for persons with problems and at risk, as well as finding jobs, professional training and preparation for starting work of problem drug users, and problems with overcoming of unemployment will be outlined. In presentation of these questions, data mainly from the Ministry of Labor and Social Politics (MLSP) and the Employment Agency are used.

In this report the subject of crime prevention is presented through information, concerning assistance to drug users in prisons (especially prevention, harm reduction, and treatment of drug use), as well as alternatives of prison for drug users (mostly using the probation mechanism). In presenting of these questions, information and analyses mostly from General Directorate “Implementation of Punishments” to the Ministry of Justice was used.

Social Reintegration

Housing

With changes in the Law for Child Protection for May 09th, 2006, the measures for temporary accommodation of children according to administrative order expanded, in this way providing support for the child and the family in order to ensure prevention and reintegration, raising the child in the family of relatives, close people, or adoption families.

Since 2001 the Ministry of Labor and Social Politics implements “Reform for Increasing the Prosperity of the Children in Bulgaria” project, financed by the World Bank, European Union, and other donors. The project supports the development of the system for child protection capacity and gives opportunities for piloting of a number of new approaches and practices in the progress of the reform. In the frame of the project in 10 pilot municipalities 10 complexes for social services for children and families are built. They consist of three departments: Centre for Public Assistance, Department “Mother and Baby” and the Centres for Children on Streets. The complexes offer wide range of social services for family support in raising children, prevention of placement of children in institutions, adoption care and adoption, work with children with deviant behavior and dropouts.

The complexes are developed in partnership between the state, presented by the MLSP – which provided the financing of the investment expenses for construction and equipment and functioning for 1 year, the municipalities granted terrains and buildings and will take over the management of these complexes in July this year, and the non-governmental organizations are the deliverers of the social services. The first complexes started work in October 2005.
Clients of the complexes are mainly children and families at risk. For the period January – June 2006 the total number of the clients is over 1900. The services for this year are free of charge for all clients. The Departments for Child Protection make directing of the clients (when the case is about children and families at risk). For these clients the social workers from the Departments are case managers and are responsible for the evaluation, preparation of action plan, the review and the closing of the case. The complex’s teams for social services prepare plan for granting the service, give the necessary services, and submit feedback information on a regular basis to the Departments. The services and activities on prevention are directed to wider circle of users who could have direct access, as well as direction by other institutions – schools, police, health services, etc.

The financing of the three types of centres from June 1st 2006 is ensured with a subsidy from the State Budget to the Municipality Budgets (decision of the Council of Ministers № 426, May 05th, 2006). For this purpose the centres for public support, the departments “Mother and Baby” and the day centres for children on the streets were included in so-called state-delegated activities, for which the state grants subsidy to the municipalities.

**Education and Training**

There is no available recent information for 2005 for activities on providing of opportunities for education and training of drug users and persons at risk.

**Employment**

In May 2005, started **The National Programme “Independent Again”**. Its primary purpose is to increase the ability for employment and finding jobs and full integration in society of the registered in the directorates “Labor Offices” (DLO) unemployed persons that successfully passed a treatment course for narcotic substances addiction. The programme is implemented in 2 modules. Module 1 is “Training for Unemployed, Subject of the Programme”. The purpose of this module is to provide professional knowledge and skills for the unemployed who are subject of the programme, in order for them to occupy work places requested by employers in DLOs. In Module 2 - “Employment” includes in priority only the unemployed persons who successfully graduated from the training for professional qualification in Module 1. For the registered work places the employers hire unemployed persons who are subject of the programme on permanent contract or at least for a period not shorter than 18 months.

The programme unites the efforts of the Ministry of Labor and Social Politics, the Employment Agency, the National Centre for Addictions to the Ministry of Health, non-governmental organizations, municipal administrations, employers, and training institutions for giving support to people from this risk group. By the means of its implementation opportunity is given to those who wish to undergo motivational training for active behavior on the employment market, to enroll in free of charge education for earning of professional qualification, as well as to provide financed employment at employer with labor agreement.

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65 Source: Ministry of Labor and Social Politics.
66 The programme is available on the web-site of MLSP - http://www.mlsp.government.bg/bg/projects/index.htm
According to the reported data of the Employment Agency in 2005 29 persons were included in the programme, as the number of the people who worked were 7 for every month.\footnote{See the Internet web-site of the Employment Agency - http://www.az.government.bg/internal.asp?CatID=25/05&WA=AnaProSurv.asp&YM=2005/Year/PriI3.htm}

With the National Action Plan for Employment in 2006 for implementation of the programme finances are provided in the amount of 185 039 BGN for the employment of 73 unemployed persons and for training for earning of professional qualification for 20 unemployed persons.\footnote{Source: Ministry of Labor and Social Politics.}

To May 31\textsuperscript{st}, 2006 from the Programme 21 092 BGN were spent. In May 2006 24 persons have worked, of which:

- 12 in the city of Sofia;
- 4 in the district of Bourgas;
- 2 in the district of Varna;
- 1 in the district of Veliko Turnovo;
- 1 in the district of Gabrovo;
- 1 in the district of Plovdiv;
- 3 in the district of Rouse.

The low number of the enrolled unemployed persons is due to the fact that the personnel in the directorates “Labor Offices” have difficulties in identifying of the unemployed who successfully underwent drug treatment.

**Basic Social Assistance**

There is no available recent information for 2005 for activities on basic social assistance for drug users or persons at risk.

**Crime Prevention**

**Assistance to Drug Users in Prisons (Prevention, Harm Reduction, Treatment, Social Reintegration)**

All addicted to drugs persons who go to prison are subjects of medical and psychiatric examination. They also pass express psycho-diagnosis and risk assessment. On this basis, individual implementation of their punishment is planned. In this implementation especially are marked actions like placement in the living area and at work, participation in training, educational, and correctional programmes is foreseen, the necessary consultation meetings are outlined.

The relationships of the drug users with other inmates are constantly monitored and preventive activities and administrative relocations are realized in time, in order not to allow conflicts, excesses, and raising the tension in communities.

The implementation of the 12-step programme for drug dependent inmates began. Adoption and distribution of short-term four weeks programme for work with
drug using inmates in all the prisons and in the four biggest investigative arrests is impending.

For 2005, 15 crisis interventions with drug users in prisons are realized. For the same period, 126 consultative meetings with dependent prisoners who had problems or were drawn into conflicts are realized.

In the prisons in the cities of Bourgas, Lovetch, Pleven, Stara Zagora, Sofia 14 psychotherapeutic groups worked with over 200 participants70.

In 2005 the detached therapeutic sector for drug users in the prison of Bourgas continued to work, realizing activities on the principle of the therapeutic communities.

In the course of the whole 2005 a team of psychologists from the General Directorate “implementation of Punishments” approbated in the prison of the city of Sofia new cognitive-behavioral programmes for work with drug dependent inmates.

In 2005, the number of the abstinent inmates treated for detoxification in the medical units and in the two multi-profiled hospitals in prisons. These were patients, who had abstinence symptoms after their isolation in the prisons or because of drug use in prisons. The bigger number of abstinence cases is connected to the growth as a whole of the number of drug dependent persons in the general inmates’ population.

In 2005, 101 drug dependent persons in prison were treated for detoxification.

The medical personnel in the two prison multi-profiled hospitals and the medical units and offices in prisons and investigative arrests have the necessary skills and experience for efficient and effective realization of the detoxification procedures with the patients. In addition, all the medical units of the General Directorate “implementation of Punishments” are supplied with the required medicaments and consumables for detoxification.

The detoxification of the drug dependent inmates more and more intensively is accompanied by realization of consultation, therapeutic and crisis interventions.

Alternatives of Prison for Drug Users

The therapeutic and rehabilitation programmes for drug dependent inmates are an integral part of the punishment “probation”, which takes place in the community without applying of penitentiary isolation.

From the beginning of 2005, all changes in the normative order regarding probation, which are related to the Penalty Code, Procedure Penalty Code and the Law for Implementation of Punishments, were put into operation.

In 2005 the probation service intensively developed, building its territorial structures, material base, and communications. Thanks to these activities started the implementation of mandatory measures regarding the drug users on probation. Consultation meetings are realized with them, as well as they are given help in realization of more active medicament and therapeutic treatment.

Concrete steps are taken for the gradual implementation of probation services for work with drug dependent clients.

Active contacts are established with organizations from non-governmental sector, which implement consultation and therapeutic activities and support persons with drug dependent behavior.

70 Source: General Directorate “implementation of Punishments”
In the probation service of the city of Sofia a project is prepared, which will help the development of programme for work with young offenders who abuse drugs.

In the probation service of General Directorate “Implementation of Punishments” intensive activity takes place for discovering and implementing of programmes for work with drug dependent clients\(^7\).

**Other Interventions for Crime Prevention (Alternatives of Punishment, Especially for Younger Offenders)**

There is no available recent information for 2005 for other interventions regarding crime prevention.

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\(^7\) Source: General Directorate “Implementation of Punishments”
In 2005 the counteraction to the traffic and spread of narcotic substances on the territory of the Republic of Bulgaria continues to be a priority in the activity of all the responsible law enforcement institutions. The specialized services in the Ministry of Interior and the agencies in the Ministry of Finances are the major factor regarding drug supply reduction, a partner in the drug demand reduction and drug use decrease and initiator of changes in the legislation.

As a result of the activity of the services and the agencies in 2005 on the territory of the country a total amount of 6,150,131 kg, 324,998 tablets, 218,17 l, 3,032 ampoules and 5,658 doses of narcotic substances and precursors were seized (Table 10-1).

<table>
<thead>
<tr>
<th>Narcotic substance</th>
<th>Measures</th>
<th>NSCOC</th>
<th>DNSP</th>
<th>NSBP</th>
<th>Customs agency</th>
<th>Total amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>kg</td>
<td>71,152</td>
<td>39,316</td>
<td>1,900</td>
<td>324,499</td>
<td>436,867</td>
</tr>
<tr>
<td></td>
<td>doses</td>
<td>5,658</td>
<td></td>
<td></td>
<td></td>
<td>5,658</td>
</tr>
<tr>
<td>Cocaine</td>
<td>kg</td>
<td>4,940</td>
<td>0.054</td>
<td>5,300</td>
<td>131,460</td>
<td>141,754</td>
</tr>
<tr>
<td></td>
<td>leaves (kg)</td>
<td></td>
<td></td>
<td></td>
<td>129,393</td>
<td>129,393</td>
</tr>
<tr>
<td>Marijuana</td>
<td>kg</td>
<td>105,819</td>
<td>4052,530</td>
<td>13,220</td>
<td>39,726</td>
<td>4211,295</td>
</tr>
<tr>
<td>Hashish</td>
<td></td>
<td>0,012</td>
<td></td>
<td></td>
<td>0.022</td>
<td>0.014</td>
</tr>
<tr>
<td>Morphine</td>
<td>ampoules</td>
<td>1,032</td>
<td></td>
<td></td>
<td></td>
<td>1,032</td>
</tr>
<tr>
<td>Opium</td>
<td>kg</td>
<td>0,167</td>
<td></td>
<td></td>
<td>0,022</td>
<td>0,189</td>
</tr>
<tr>
<td>Synthetic drugs</td>
<td>kg</td>
<td>602,185</td>
<td>355,380</td>
<td>20</td>
<td>407,248</td>
<td>1384,813</td>
</tr>
<tr>
<td></td>
<td>tablets</td>
<td>10602</td>
<td>4961</td>
<td></td>
<td>1009</td>
<td>16572</td>
</tr>
<tr>
<td>Psychotropic substances</td>
<td>ampoules</td>
<td></td>
<td></td>
<td>416</td>
<td>2000</td>
<td>2000</td>
</tr>
<tr>
<td></td>
<td>tablets</td>
<td></td>
<td></td>
<td></td>
<td>30168</td>
<td>30584</td>
</tr>
<tr>
<td>Precursors</td>
<td>kg</td>
<td>40,500</td>
<td></td>
<td></td>
<td>105,320</td>
<td>145,820</td>
</tr>
<tr>
<td></td>
<td>liters</td>
<td>61</td>
<td>157,170</td>
<td></td>
<td>218,170</td>
<td></td>
</tr>
<tr>
<td></td>
<td>tablets</td>
<td>3</td>
<td></td>
<td></td>
<td>277839</td>
<td>277842</td>
</tr>
</tbody>
</table>
Afghanistan continues to be the world leader in the production and deliveries of opium which is a main material for the production of heroin. The heroin used from the European Union is mostly from Afghanistan, Turkey and Iran. The trend for “shifting” of the traditionally used routes for trafficking from Turkey throughout the Balkans to Europe into detour routes (on the North through the Kavkaz region and on the South throughout Mediterranean sea) is retained. A cause for this “shifting” is, on one hand, the complicated border control in the countries of the Kavkaz region, and on the other hand – the successful activity of the law enforcement organs in Bulgaria and the redistribution of the drug market from the organized criminal groups. Despite that the heroin smuggling retains activity from the centres of processing throughout the Balkan routes to the drug markets in West Europe.

The organizers of the heroin traffic are mostly Turkish citizens and citizens of the former Yugoslavia – ethnic Albanians from Kosovo.

The relative analysis of the statistical data for the seized quantities for the period of January 1\textsuperscript{st}, 1997 to December 31\textsuperscript{st}, 2005 shows that after the pick during 2000 and 2001 is present a relatively stable descending trend in the traffic and spread (Graph 10-1).

The reasons for this trend are the improved efficacy in the activity of the MI and the Customs Agency and the increased supply and demand of synthetic drugs in global scale.

Accomplished studies in the population show that in the EU member states the synthetic drugs are the most used drugs after the cannabis. The processes of popularization and widening of the market of the synthetic drugs are characteristic for Bulgaria, too. The number of the young people using amphetamines and ecstasy (primarily in the capital and in the cities with a population above 100 000) is increasing. The graphic visualization of the disclosed and confiscated synthetic drugs in the last three years shows that they grow annually by approximately 200 - 300 kg (Graph 10-2).
The trend for building of illegal laboratories for the production of amphetamines on the territory of the country remains stable. In the mean time an “export” of part of the existing labs to the East provinces of the Republic of Turkey is observed. To big extent this is due to the increased effectiveness in the activity of the police services. The major quantities of amphetamines produced in Bulgaria are meant for the countries in the Near East and Middle East.

The illegal laboratories are under the control of Bulgarian citizens participating in organized criminal structures. Their criminal activity is characterized with well working mechanisms for self-defence and internal control, high degree of conspiracy and strict division of the functions of the persons, commissioned to the production and the traffic. In order to maintain the anonymity of the illegal production, the trend for separating of the production cycles: synthesis, making the tablets, packing and preparation for traffic, remains unchanged. This in significant extent impedes the documenting and proving of joint criminal activity of the whole group of persons in the sense of art. 321 from Penal Code, in relation with art. 354A.

The geographical perimeter of the different stages of production on the territory of the country widens (Appendix 1).

In 2005 five illegal laboratories for production of synthetic drugs and sheds for tablets have been discovered and dismantled.

The number of disclosed in the last 6 years laboratories for production of amphetamines is 30 (Graph 10-3)
The cannabis remains the most in a mass produced and used drug in the whole world. The cannabis offered in the European Union has different countries of origin – the Netherlands, Albania, the USA and a number of African countries. In most countries there is a local cultivation observed (in greenhouses or outside).

In 2005 in Bulgaria the cannabis continues to be the most used drug. No significant changes are observed regarding the its cultivation and dissemination on the territory of the country. The tendency for the plantations located in hard to reach and deserted lands mainly in the regions of Petrich – Sandansky and Ograjden to provide for the domestic market remains the same. There are some experiments for greenhouse cultivation in urban conditions. Because of its higher price in Greece compared to Bulgaria a part of the produced quantities are smuggled over the so-called “green border” and through Border Control Checkpoint (BCC). Smuggling canals developed on the Balkan route are used.

During the reported period the Police services and Customs Agency have disclosed and confiscated a total amount of 4 211 kg of cannabis (Graph 10-4)
The cocaine is on third place in the drug traffic worldwide. During the last five years the seized quantities of cocaine in the EU progressively increase.

In 2005 some characteristic trends from the previous years in the traffic and dissemination continue to present – participation of Bulgarian citizens in organized crime groups smuggling cocaine from South America to countries in the Central and Western Europe.

Under the cover of legal trade activity, contraband of bigger quantities of cocaine shipped by sea and by air when smaller takes place.

Bulgaria most often is a transit country – the cocaine is with final destination countries of Europe and the former Soviet republics.

The dissemination of cocaine in the country is limited because of its high retail price. In 2005 there were attempts to import in the country leaves or coca tea. The Bulgarian services disclosed and confiscated 129,4 kg of them.

The confiscated in the reported year quantities of cocaine are bigger of all quantities seized for the previous six years. (Graph 10-5)
Bulgaria, along with the EU member states, attaches great importance to the control of the precursors (chemical substances necessary for the production of heroin, cocaine, and amphetamines). Our country participates in three operative international programmes, developed in order to limit the deliveries of the precursors – the operations “Purple” (potassium permanganate – necessary for the production of cocaine) and “Topaz” (acetic anhydride – for heroin) and project “Prizm” (directed towards the synthetic drugs – covers investigations in order to trace back the confiscations of the precursors for amphetamines on entry points or in illegal laboratories for drugs production).

Disclosed quantities of cocaine by the law enforcement agencies in Bulgaria for the period 1997 – 2005 (in kg)

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<tr>
<td>3</td>
<td>28</td>
<td>3.7</td>
<td>10.8</td>
<td>13.3</td>
<td>43.4</td>
<td>1</td>
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</tbody>
</table>

- 3 kg in 1997
- 28 kg in 1998
- 3.7 kg in 1999
- 10.8 kg in 2000
- 13.3 kg in 2001
- 43.4 kg in 2002
- 1 kg in 2003
- 689 kg in 2004
- 141.7 kg in 2005
Abbreviations

BCC - Border Control Checkpoint
BTDs – Blood transmitted diseases
CCFASAMU - central and local commissions for fight against anti-social acts of minors and underaged
CDI - Capital Directorate of Interior
CPR - Children Pedagogical Rooms
DLO - directorates “Labour Offices”
EMCDDA - European Monitoring Centre for Drugs and Drug Addictions
HIV - human immunodeficiency virus
ICCD - International Council for Control of Drugs
ICD - International Classification of Diseases
IV – Intravenous
Kg – kilogram
L – liter
LA - Law for amendment
LCD - Law for Child Protection
LCNSP - Law for Control over the Narcotic Substances and the Precursors
MDC – Municipal Drug Councils
MES - Ministry of Education and Science
MH – Ministry of Health
MI – Ministry of Interior
MLSP - Ministry of Labour and Social Politics
MPAT - Multi-Profiled Hospitals for Active Treatment
NCA – National Centre for Addictions
NCCP - National Council for Child Protection
NDC - National Drug Councils
NFP – National Focal point
NGO – Non-governmental organization
NHIF - National Health Insurance Fund
NIS - National Investigative Service
NSCOC - National service to combat organized crime
NSI - National Statistical Institute
OD – Overdose
PIC - Preventive Information Centres
PPC - Penal Procedure Code
RDC - Regional Drug Councils
RDMD - Regional Dispensaries for Mental Disorders
SACP - State Agency for Child Protection
SAR - South African Republic
SAYS - State Agency for Youth and Sport
SG - State Gazette
SMP - Substitution and maintenance programme
SPHTDAA - State Psychiatric Hospital for Treatment of Drugs and Alcohol Addictions
STDs - Sexually-transmitted diseases
UNDCP – United Nations International Drug Control Programme
UNDP - United Nations Development Programme
WHO – World Health Organization
Alphabetic list of all bibliographic references used


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[The DRD-Standard, version 3.0, EMCDDA standard protocol for the EU Member States to collect data and report figures for the Key Indicator Drug-Related Deaths by the Standard Reitox tables]

Стандартни таблици 05 и 06 в Приложението
[Standard Table 05 and 06 in the Annex]


Стандартна таблица 12
[Standard Table 12]

Международна класификация на болестите, 10-та ревизия, Световна здравна организация, 2003
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