



European Monitoring Centre  
for Drugs and Drug Addiction



## **2004 NATIONAL REPORT TO THE EMCDDA by the Reitox National Focal Point**

# **BULGARIA**

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

**REITOX**

## TABLE OF CONTENTS

<i>SUMMARY.....</i>	<i>1</i>
<i>PART A: NEW DEVELOPMENTS AND TRENDS.....</i>	<i>6</i>
1. NATIONAL POLICIES AND CONTEXT .....	6
2. DRUGS USE IN THE POPULATION .....	19
3. PREVENTION .....	34
5. DRUG RELATED TREATMENT .....	45
6. HEALTH CORRELATES AND CONSEQUENCES.....	47
7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES .....	51
8. SOCIAL CORRELATES AND CONSEQUENCES .....	54
9. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES.....	61
10. DRUG MARKETS .....	64
<i>PART B - SELECTED ISSUES.....</i>	<i>74</i>
12. ALTERNATIVES OF PRISON FOR OFFENDERS USING DRUGS.....	74
<i>PART C: BIBLIOGRAPHY AND ANNEXES.....</i>	<i>77</i>
14. BIBLIOGRAPHY .....	77
ALPHABETIC LIST OF ALL BIBLIOGRAPHIC REFERENCES USED.....	77
ALPHABETIC LIST OF RELEVANT DATA BASES .....	80
15. ANNEXES.....	82
LIST OF GRAPHS USED IN THE TEXT .....	82
LIST OF TABLES USED IN THE TEXT.....	83
LIST OF ABBREVIATIONS USED IN THE TEXT .....	84

## SUMMARY

The statutory basis of the national policy as concerns control over illicit narcotic substances in Bulgaria over the past years has been set up by the Narcotic Substances and Precursors Control Act (NSPCA), the National Program for Prevention, Treatment, and Rehabilitation of Drug Addictions in the Republic of Bulgaria (2001-2005), and the National Strategy for Drugs Control (2003-2008).

On 5<sup>th</sup> June 2003 the National Assembly passed the Amendment and Supplement Act to the Narcotic Substances and Precursors Control Act (ASA to NSPCA), prom. in SG, issue 56 dd. 20<sup>th</sup> June 2003. By this Act some crucial amendments and supplements have been introduced as a result from the commitments made by the country as concerns the full harmonization of laws on narcotic substances and precursors control as of the accession to the EU; it aims at setting the national legislation in compliance with the provisions of:

- ◆ Regulation No. 3677/90 EEC, as amended by Regulation No. 2959/93 EEC, as regards the measures that must be taken to prevent the insertion of certain substances in illicit manufacturing of narcotic and psychotropic substances.
- ◆ Directive 92/109/EEC on manufacturing and placing on the market of certain substances used in illicit manufacturing of drugs and psychotropic substances as amended by Directive 93/46/EEC and Directive 2001/8/EC.

On 30<sup>th</sup> May 2003 the **Amendment and Supplement Act of the Penal Procedure Code** (ASA of PPC) was passed; its main goal was to improve the legal framework for punishment of offences in the field of narcotic substances. The scope covered included mostly the criminal proceedings and extradition.

By the **Agreement on Cooperation between the Republic of Bulgaria and Europol Ratification Act** passed on 12<sup>th</sup> August 2003 (dealing mostly with opportunities for legal assistance) and the **Contract on Counteracting the Illicit Traffic in High Seas pursuant to Article 17 of the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances**, further harmonization with the European and international legislation has been achieved.

On 4<sup>th</sup> April 2003 the **Amendment and Supplement Act to the Money Laundering Act** was passed as well.

According to the Bulgarian legislation, and NSPCA in particular, **National Drug Council** with the Council of Ministers has been established as the body, which pursues the national policy against narcotic drugs abuse and fights traffic in drugs.

In pursuance of its policy, the National Drug Council establishes **Municipal Drug Councils** at municipal level as their functions and tasks are determined in compliance with the Rules on the Organization and Activity of the National Council on Narcotic Substances.

**The National Strategy for Drugs Control in the Republic of Bulgaria 2003-2008** was passed by the Council of Ministers on 20<sup>th</sup> February 2003 by Protocol no. 8. At its first regular meeting held on 8<sup>th</sup> April 2003 NDC approved the **Action Plan to the National Strategy for Drugs Control**, approved the **Fundamental Principles and Components upon building-up the National Focal Point**. The **Action Plan to the National Strategy** was approved by the Council of Ministers on 24<sup>th</sup> January 2003 by Protocol No. 18.

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

- report 2002 – BGN 182 896, incl. medicines: BGN 79 999
- report 2003 – BGN 200 149, incl. medicines: BGN 114 431
- Budget 2004 – BGN 250 000.

\* \* \*

According to sociological research conducted in 2003, people consider drug addiction as one of the most important problems of young people in Bulgaria. The importance of the drug use problem in public opinion has been registered also in a number of school researches, held in 2003 in various cities, towns, and regions with the methodological assistance of NCA. Great part (82-87 %) of high-school students considers that the use of drugs is a problem for the country.

A number of researches conducted over recent years, shows that as a whole the share of people who claim that are not concerned with this issue has been gradually decreasing. As if in the course of time, the entire Bulgarian society has become more committed to problems of the use of drugs.

\* \* \*

Taking into consideration the information obtained, it may be asserted that **the use of drugs among Bulgarian people is still increasing in all of its main forms – problem, experimental, and for entertainment.** Generally, the number of people (incl. and mostly young people) in Bulgaria, who have tried a drug at least once in their lifetime, is still increasing; however, this increase is not as extreme as, for instance, in the middle and end of 1990s.

Special attention should be paid to **the increasing use of narcotic substances among young people and mainly among students.** Available data and continuous observation show that **the most common drug used in Bulgaria is cannabis**, and marijuana in particular. It has already been registered a process of increased use of synthetic drugs, such as amphetamines, ecstasy, “piko”, etc.

Another important feature in development of the use of drugs among young people in Bulgaria is manifested in **the transition from the “problem for certain cities/towns/villages” pattern to “problem for the whole country” pattern.** The consumption (in all of its forms) **has been steadily spreading from big and wayside (in terms of trafficking) cities/towns to smaller and more isolated towns and even villages.**

Actually, **each one of five young people in the capital and district cities is in a risky circle of friends** involving drugs. Moreover, the level of spread of drug use depends on size and location of the city/town.

School surveys show, that not less than 90-95 000 students from 9 to 12 grade in Bulgarian schools have at least once in lifetime tried any narcotic substance (mostly cannabis), and about 30-35 000 have used drugs over the last month. The average initiatory age is 15 as concerns the use of cannabis. **One fifth (20,4 %) of students have ever been desirous or inclined to try any narcotic substance.** The two main reasons for the initial use of drugs are curiosity and disposition to transitory pleasure.

Regarding drug use among Roma population: on the one hand, there are indications for **a slight increase of problem drug use** (in Sofia and several other cities) and on the other hand, research

data have shown that **the spread of experimental use** of illicit narcotic substances among Roma people throughout the country **is relatively less** than the young people in Bulgaria taken as a whole. Data shows that the substances most commonly used among Roma people are inhalants (adhesions, diluents, bronze).

\* \* \*

Two tendencies are observed in youth beliefs as concerns the risk of use of psychoactive substances: the first one is that upon situational use of psychoactive substances, such as tobacco and alcohol, there is either no risk, or low risk. On the other hand, young people consider regular use of illicit drugs as a great risk for health. There is difference in allowance, permissive attitude towards different substances – the greatest difference between assessments of risk upon incident and regular use (i.e. the “maybe but a little” principle) is observed upon cigarettes and mostly alcohol, it is less as concerns cannabis, and the least (i.e. the “I must not even a little” principle) as concerns heroin.

Public opinion is the most negative towards use of drugs, it is far more tolerant towards tobacco smoking and mostly towards alcohol; the generalized attitude in aggregate to the latter tends to be positive.

According to the public opinion of students there are two main ways to get the drug addiction problem in Bulgaria resolved: strict laws and public commitment.

\* \* \*

In the Ministry of Education and Science were developed projects, aiming to expand the possibilities for implementation of different health education programs in the schools. In principle, the prevention programs in the schools are assisted by coalitions of state, municipal and non-governmental organizations, mainly because of the lack of own resources. The prevention of drugs use is included as a topic in the curriculum of the secondary schools by means of information modules in subject “Biology and health education”.

The established 28 Municipal Drug Councils realize the national policy in the field of narcotic drugs at municipal level. Such councils carry out its activities in accordance with the respective municipal programs for prevention, treatment and rehabilitation, which differentiate as per name and duration in the different municipalities.

\* \* \*

The existing data and longitudinal observation show that in Bulgaria the **most problematic substance is the Heroin**. The number of **problem heroin users continues to increase** although with more moderate rates than in the mid 90's. The summary estimate of problem heroin users in Bulgaria is between 20 000 and 30 000 people.

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

In the end of the last decade and in the beginning of the new decade every year between 95% and 97% from the people seeking treatment in regards to their drug problem in the specialized treatment units in Sofia have used heroin. Anyway gradually, although week, the proportion of the people seeking treatment for cannabis is beginning to grow.

\* \* \*

As a whole at the moment the drug treatment system in Bulgaria is in a process of change and comprises a combination of new, contemporary forms of organisation and technology in drug treatment, and old, traditional ones. 1 362 patients diagnosed with drug dependence and 55 with drug abuse without symptoms of dependence were treated in 2002 in the specialized treatment services. As a whole the detoxification is the main form of treatment which is provided in Bulgaria at the moment. In 2003 Programme for development of methadone maintenance treatment in Bulgaria was accepted from the Ministry of Health, which anticipates enlargement of the coverage of places for such treatment as well as territory coverage of the country with such treatment.

\* \* \*

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

\* \* \*

The extent of HIV infection continues to be low – only one positive result obtained and confirmed during the year. The extent of the Hepatitis B infection maintains in the limits of 5 – 6 % which could be observed since 1995 up to now. The ratio of Hepatitis C for all tested persons is 59 % and analysing the results we could draw attention to the following. The situation is especially alarming in clients of the outreach programmes and particularly these clients, cared for by programme for exchange of needles and syringes.

\* \* \*

Extremely disturbing is the problem with the permanent growing of the criminal activity of the young people in drug related crimes. The age distribution of the individuals who committed such crimes indicates that the highest criminal activity is among young people aged 18 to 30. This once more confirms the determined fact that the problems, related to drugs in their variety remain predominantly “juvenile”.

The implemented in 2003 specialization in investigation, administration, monitoring and resolving of the cases in drug related crimes by the prosecutor has been improved. In 2003 the crimes in the drug cases are under the control of the special unit for the organized crime at Supreme Public Prosecution which carries out the monitoring of these crimes. The **newly initiated legal proceedings** in 2003 were **1884**. The greatest part of them is related to offences on art. 354a from the PC for illegal production, keeping and distribution of drugs and precursors.

Until September, 2004 there have been data for 565 drug dependent prisoners in the prisons and prison hostels. A slow increase of the number of drug users in prisons is noticed. For approximately 2 years the number has risen with 200 people in the prisons and prison hostels. It can be foreseen that this trend will be kept stable and it is possible to become intensified due to the great sensitivity of wide segments of the criminal contingent to drugs. It is necessary to intensify the training of the expert penitentiary personnel (doctors, psychiatrists, psychologists, social workers) in order to be in a position to implement effectively the different specialized programmes for work with drug addicts.

With the Law for Social Assistance a “Social Assistance” Fund was created. The resources in the fund are consumed for financing a target social programmes and projects in the field of social assistance.

\* \* \*

In 2003, the territory of the Republic of Bulgaria was still actively used for trafficking of **heroin** and **raw materials for its manufacturing**. There is an observable tendency that local criminals, which are involved in the heroin traffic, get more organized in terms of structures. Traffic in heroin is carried out mostly by international criminal structures, including ethnic Albanians and Turks as the leadership is preserved for Turkish organizations trafficking in drugs.

There is an noticeable increase of the number of illicit laboratories on the territory of the country engaged in amphetamine manufacturing. Part of production is designated for the “domestic market” at which the consumers are mostly young people and students. Larger amounts are trafficked to Turkey and from there they are redistributed for the Near East countries. There is a tendency that processes are moved outside Bulgaria with the participation of Bulgarian citizens in foreign criminal groups.

Based upon the analysis of data obtained, we can draw the conclusion that distribution and use of synthetic drugs near the big cities/towns in Bulgaria reaches the large-scale use and distribution of the heroin.

During 2003 the Balkan road, continues to have main role in the transportation of drugs to the consumer countries. Meanwhile, there was found that the international drug groups deliberately avoid the “traditional Balkan road” through Bulgaria, because of the higher risk of interception and are selecting more often new alternative roads. In result of this tendency during the past years was established a wide network of offsets of the “Balkan Road”. There are observed two main alternative smuggling channels for illegal trafficking of heroin – along the “Silk Road” from Afghanistan through the Central-Asian republics and Russia towards the Western Europe and the south offset of the “Balkan Road” through Adriatic Sea and Italy to the other Western European countries.

Other tendencies are the significant increase of the relative share of the Bulgarian drug-couriers and the increase of the illegal trafficking of synthetic drugs through/from Bulgaria towards Turkey and the countries from the Middle East.

## **PART A: NEW DEVELOPMENTS AND TRENDS**

### **1. NATIONAL POLICIES AND CONTEXT**

The statutory basis of the national policy as concerns control over illicit narcotic substances in Bulgaria over the past years has been set up by the Narcotic Substances and Precursors Control Act (NSPCA), the National Program for Prevention, Treatment, and Rehabilitation of Drug Addictions in the Republic of Bulgaria (2001-2005), and the National Strategy for Drugs Control (2003-2008).

**The Narcotic Substances and Precursors Control Act**<sup>1</sup> (Promulgated in State Gazette, issue no. 30 dd. 2<sup>nd</sup> April 1999, coming into force as from 3<sup>rd</sup> October 1999) sets forth:

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

The purpose of the said Act is to set forth the public relations concerned with the narcotic substances and precursors control in compliance with the provisions of the international treaties by which the Republic of Bulgaria is a party.

**The National Program for Prevention, Treatment, and Rehabilitation of Drug Addiction in the Republic of Bulgaria (2001-2005)** was prepared in 2000 and approved by the Council of Ministers by Decree no. 159 dd. 27<sup>th</sup> March 2001<sup>2</sup>. It is based upon the experience of developed countries of Europe and North America in such activities and fully complies with the approved Strategy and Program for Narcotic Substances of the European Community (2000-2004). The **main purpose** of the National Program is to assist the implementation of the healthcare reform in the field of the issues concerning the narcotic substances abuse. The underlying idea of the program states that the system of general practitioners will have quite important role for improvement of medical and other care to be rendered to drug abusers and addicts. Education and training of such persons upon the early finding of abuse and upon short-term interventions in such cases with the individual and his/her family will contribute to quality improvement and abrupt extension of the range of medical services rendered to people experiencing such problems.

**National Strategy for Drugs Control**<sup>3</sup> (2003 – 2008) was developed within the framework of the Partnership Agreement signed with the United Kingdom. It is a complex project, which should accelerate elaboration of the measures necessary for addressing of the national and international policy in the field of narcotic substances. The National Drug Council approved the strategy in 2002. Its main principles have been set in compliance with the EU Anti-Drugs Strategy for 2000-2004.

<sup>1</sup> The text of this Act is available at: [www.paragraf22.com](http://www.paragraf22.com).

<sup>2</sup> The Program is available on the Web at the National Center for Addictions' page at: <http://www.ncn-bg.org>, Downloads page.

<sup>3</sup> The Strategy is available on the Web at the NDC's page at: <http://www.ndc.government.bg/?l=bg&pid=documenti-strategia>



The strategy is underlain by some specific measures for reducing both drug demand and supply. The respective Action Plan has been worked out after its approval.

## LEGAL FRAMEWORK

In February 2002 further to Ordinance by the Minister of Health, an interdepartmental work group was formed to work out a bill on amendment and supplement of the Narcotic Substances and Precursors Control Act (NSPCA). In the sequel, on 5<sup>th</sup> June 2003 the National Assembly passed the Amendment and Supplement Act to the Narcotic Substances and Precursors Control Act (ASA to NSPCA), prom. in SG, issue 56 dd. 20<sup>th</sup> June 2003.

By this Act some crucial amendments and supplements have been introduced as a result from the commitments made by the country as concerns the full harmonization of laws on narcotic substances and precursors control as of the accession to the EU; it aims at setting the national legislation in compliance with the provisions of:

- ◆ Regulation No. 3677/90 EEC, as amended by Regulation No. 2959/93 EEC, as regards the measures that must be taken to prevent the insertion of certain substances in illicit manufacturing of narcotic and psychotropic substances.
- ◆ Directive 92/109/EEC on manufacturing and placing on the market of certain substances used in illicit manufacturing of drugs and psychotropic substances as amended by Directive 93/46/EEC and Directive 2001/8/EC.

The principal amendments are as follows:

- The functions of the National Drug Council have been reinforced and municipal councils have been established at regional level;
- Chapter Fourth dealing with the prohibition of plants, substances, and preparations specified in Appendix no. 1 has been supplemented and the authorization procedure for the substances and preparations specified in Appendices no. no. 2, 3, and 4 has been improved;
- The requirements for import, export and transit of narcotic substances and precursors have been made more strict;
- Some pre-treatment and rehabilitation programs for drug addicts and abusers have been introduced;
- A number of regulations have been introduced to improve the procedure for seizure, confiscation, and destruction of narcotic substances and precursors.

A new function has been introduced for the National Drug Council (NDC) as the body, which implements the national policy against drug abuse and control over illicit traffic. NDC has been granted the power to request, store, and analyze the information necessary for implementation of its specific tasks. Such function has been set up also for the Municipal Drug Councils, which pursue the policy of NDC at local level.

The national legislation in the field of precursors is new, it has been enforced quite recently and it has introduced more strict control measures on activities involving drug precursors in contrast to the measures enforced in the European Union. According to the stand held at the negotiations on Section 1, "Free Movement of Goods", and the National Program for Acceptance of the EU Law Achievements, the Republic of Bulgaria has assumed the obligation for full harmonization with the achievements of the EU in that field as of the time of accession. In pursuance of the said obligation, the ASA of the NSPCA has more strictly defined some of the provisions of the NSPCA concerning the control over drug precursors and enables full compliance with the European legislation. It provides an opportunity for modification of the by-law entitled "Ordinance on Drug Precursor

Control” by which a more precise compliance with the European legislation is achieved in relation to reflection of Directive 92/109/EEC and Regulation 1485/96, Section “Free Movement of Goods”, and also to Regulation 3677/90 in Section “Justice”. The purpose of the amendments made is to make clear the circle of business entities subject to authorization under this Act as well as to remove the unreasonably high requirements for sole traders and legal entities which apply for authorization for activities involving narcotic substances or authorizations for certain drug precursors.

The procedures for authorization, manufacturing activity, wholesale and retail trade, as settled by the Drugs and Pharmacies in Humane Medicine Act and the Narcotic Substances and Precursors Control Act have been synchronized. Taking into consideration the short validity terms of the authorizations issued for activities involving narcotic substances, the Amendment and Supplement Act of the NSPCA makes provisions that their extension is modified from one year to three years.

Another amendment to the Narcotic Substances and Precursors Control Act deals with settlement of any possible cases, in which a person being authorized to use narcotic substances or precursors, terminates its activity. In such cases, there is an option that the narcotic substances or precursors in stock are committed to the Ministry of Economic within the respective terms and under the supervision of the Ministry of Health . The procedures for import, export and reporting of narcotic substances and precursors have been defined more strictly, and the lists under Appendices no. no. 1, 2, 3, and 4 to the Act have been updated.

The amendments to NSPCA have been imposed because the Act had to comply with the laws of the European Union in the field of activities involving narcotic substances and precursors as well as the control over them. The need of a more precise definition of the provisions currently enforced has also called for introducing the said amendment.

The new provisions set forth a new division of precursors under Appendix no. 4 in three categories depending on the control measures to be imposed on them. The categorization is identical to the one used in the European legislation but in contrast to the latter the NSPCA regulates the authorization of activities involving substances from all three categories.

The amendments introduced to art. 11 and art. 15, deal with the obligation that must be introduced for the bodies implementing the national policy on drug abuse and illicit traffic /National Drug Council and the councils on narcotic substances at local level/, and namely: to collect and store information necessary for coordination and assessment of the activities carried out in that field.

The amendments made to art. 88 and art. 89 concern the treatment, pre-treatment and rehabilitation programs as they aim at introducing a restriction as regards the circle of individuals and sites at which treatment of persons abusing or addicted to narcotic substances may be carried out /medical institutions established under the provisions of the Medical Institutions Act only/.

For the purpose of enforcement of the NSPCA, several statutory by-laws have been worked out and passed. In pursuance of Decree no. 392/7<sup>th</sup> June 2002 for business environment improvement through facilitating of authorization and registration procedures, amendments had to be made to two ordinances issued further to the provisions of the NSPCA:

**1. Ordinance on conditions and procedure for authorization of activities involving narcotic substances**, approved by Ordinance of the Council of Ministers no. 199 dd. 2000, as amended by Ordinance of the Council of Ministers no. 54/5<sup>th</sup> March 2003.

The validity term of the authorization for activities involving narcotic substances as well as for manufacturers and wholesalers has been changed from one to three years, and unlimited licenses are issued for retailers.

2. Ordinance no. 3 of 2001 by the Minister of Health on destruction of lawfully manufactured, acquired and stored narcotic substances and their preparations, which have become unfit for use, as amended by **Ordinance no. 1 dd. 24<sup>th</sup> January 2003 on amendment of Ordinance no. 3**, prom. in SG, issue 11 of 2003. r.

Some amendments have been introduced to the procedure on destruction of narcotic substances and their preparations, which have become unfit for use.

3. For the purpose of a more precise definition of certain provisions, an amendment has been made to **Ordinance no. 9 of 2001 on the procedure for authorization of activities under art. 72 of NSPCA issued by the Minister of Health**, prom. in SG, issue 42 dd. 9<sup>th</sup> May 2003.

It is designed for medical and scientific research, education purposes, and maintenance of operating condition of drug detection dogs.

4. **Ordinance no. 4 of 2001 on the conditions and procedure for prescription and granting of medical products, issued by the Minister of Health**, amendment promulgated in SG, issue 82 of 2003, has been amended for the purpose of a more precise definition of certain provisions.

Upon prescription of medical products with narcotic substance content, the quantity of the medical product prescribed may not exceed the treatment dose for 30 days (the term is amended from 15 to 30 days).

5. Amendment to the **Tariff of Fees Collected for Issuance of Licenses for Activities** under the Narcotic Substances and Precursors Control Act (NSPCA), approved by Ordinance no. 2/2001 of the CM (SG, issue no. 4 of 2001), as amended by Ordinance no. 202 dd. 3<sup>rd</sup> September 2002 and by Ordinance no. 320 dd. 22<sup>th</sup> January 2003.

The amendment of the Tariff was necessary in order to more precisely define the provisions set forth therein due to the amendments to the NSPCA.

Pursuant to the Amendment and Supplement Act of the NSPCA, an Ordinance on Drug Precursors Control, was prepared and later approved by **Ordinance no. 116** dd. 3<sup>rd</sup> June 2004 of CM, SG, issue 50/2004.

On 30<sup>th</sup> May 2003 the **Amendment and Supplement Act of the Penal Procedure Code** (ASA of PPC) was passed; its main goal was to improve the legal framework for punishment of offences in the field of narcotic substances. The scope covered included mostly the criminal proceedings and extradition.

By the **Agreement on Cooperation between the Republic of Bulgaria and Europol Ratification Act** passed on 12<sup>th</sup> August 2003 (dealing mostly with opportunities for legal assistance) and the **Contract on Counteracting the Illicit Traffic in High Seas pursuant to Article 17 of the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances**, further harmonization with the European and international legislation has been achieved.

On 4<sup>th</sup> April 2003 the **Amendment and Supplement Act to the Money Laundering Act** was passed as well.

## INSTITUTIONAL FRAMEWORK, STRATEGIES AND POLICIES

According to the Bulgarian legislation, and NSPCA in particular, **National Drug Council** with the Council of Ministers has been established as the body, which pursues the national policy against narcotic drugs abuse and fights traffic in drugs.

### The National Drug Council:

Determines and coordinates the national policy in the field of narcotic substances and precursors by approving a national strategy for fighting the abuse of narcotic substances and against the illicit traffic in narcotic substances and precursors for a three-year period;

- Approves national programs for fighting the abuse of narcotic substances and against the illicit traffic in narcotic substances and precursors
- Proposes to the Minister of Finances a draft budget for pursuance of the national policy in this field;
- Proposes to the Council of Ministers draft statutory acts as concerns narcotic substances and precursors;
- Expresses an opinion on the projects for conclusion or adhering to international contracts;
- Takes its stand on participation of the Republic of Bulgaria in international programs directed against distribution, abuse, and illicit traffic in narcotic substances and precursors and controls their implementation; determines and approves the national coordinators on international programs and projects in the field of narcotic substances.

In pursuance of its policy, the National Drug Council establishes **Municipal Drug Councils** at municipal level as their functions and tasks are determined in compliance with the Rules on the Organization and Activity of the National Council on Narcotic Substances.

**The National Strategy for Drugs Control in the Republic of Bulgaria 2003-2008** was passed by the Council of Ministers on 20<sup>th</sup> February 2003 by Protocol no. 8.

This first National Strategy for Drugs Control outlines the action framework for the following 5 years. It provides renovation of the structures for achievement of Strategy's objectives and it must be timely supplemented by an Action Plan, which should specify the particular tasks and terms. The strategy lays down the foundations of a difficult but quite important transition, which should result in a strategic interaction of the joint efforts of each ministry and institutions. In view of development of such approach, the Strategy includes the following 4 key components:

- Enhancement of development and pursuance of a balanced policy in the field of drugs;
- Setting up a strategic coordination;
- Improvement of the information exchange;
- Pursuance of policy at the local level – consolidation of the role of municipal drug councils.

This integral approach will ensure the achievement of the strategic objectives and will lead to particular results, related to reducing drug supply and demand. For the sake of strategy's comprehensiveness, an Action Plan must, however, be worked out to link the National Strategy for Combating the Drugs with other key reforms and strategies on a national scale which are concerned with counteracting the drug supply and demand, and namely: the healthcare reform (policy), health insurance fund (funding), National Anti-AIDS Strategy, reproductive health, amendments to the Penal Code (sanctions for drugs), fight against corruption, reform in the judicial system, national model for operative information.

At its first regular meeting held on 8<sup>th</sup> April 2003 NDC approved the **Action Plan to the National Strategy for Drugs Control**, approved the **Fundamental Principles and Components upon building-up the National Focal Point**, and also decided to form an **intradepartmental work group** which should prepare a project for amendment and supplement of the Rules on Organization and Activity of NDC on Section 4 – Advice on Narcotic Substances at municipal level. The change has been made to ensure and improve the performance of the MDC and the Prevention and Information Centers with them.

**The Action Plan to the National Strategy** was approved by the Council of Ministers on 24<sup>th</sup> January 2003 by Protocol No. 18.

**The Action Plan to the National Strategy** is the basic mechanism for the implementation of the National Strategy and accounts for the basic principals underlying the National Strategy for Fight against Drugs.

- The drugs problem is a permanent priority in the international and internal policy of the Republic of Bulgaria;
- Developing of effective system for evaluation of: a) the risks associated with supply and use of drugs and b) efficacy of the actions for fight against drugs;
- Attributing an equal significance to drug demand reduction and drug supply reduction and account for their mutual binding;
- Reinforce of the counteraction against the illegal traffic of psychoactive substances and precursors is an inseparable part of the fight against organized crime, money laundering and corruption, as well as a mean for restraint of the financing of the international terrorist organizations;
- Improvement of interactions and co-operation between the state bodies which are engaged in the fight against drugs;
- Ensuring of strategic coordination on level which will guaranty the realisation of general actions for fight against drugs on inter-institutional level;
- Keeping of the responsibility of the different ministries for financing and management of their tasks which are included in the Action Plan by means of providing of the required budgetary resources in the yearly budget cycle according to the directions defined by the Ministry of Finance (see № 1 25/January/2002 and 22/July/2002);
- Determining of measurable actions which could reported and evaluated in the frames of the time table of the Strategy;
- Permanent work directed towards developing of Action Plan based on actual studies and evidence through which the aims of the National Strategy could be accomplished;
- Establishing of effective interaction and cooperation between the state bodies, private business, non-governmental organisations and civil society for achieving the aims of the Strategy;
- Broad public information, more active incorporating of the subject in the system of the school education;
- Expanding of the cooperation with the international organisations and other countries.

### **Basic aims, coverage and methodology for evaluation of the Action Plan**

The Action Plan has three main objectives:

- To ensure that the drugs problem is among the key priorities of the government and all the efforts to overcome the problem receive support on highest level;
- To determine the direction of the action in all competent departments and institutions engaged with the counteraction against drugs;

- To develop stable foundation for evaluating of the implementation of the National Strategy for Fight against Drugs.

The report for the implementation of the Action Plan will be submitted annually:

- Evaluation of the progress of the implementation of actions put in the Action Plan (Coordination and Analyses Unit, Ministry of Interior);
- Evaluation of the extent of which the implementation of the Action Plan assists in the implementation of the global and strategic targets on which the National Strategy is based (National Drug Council with the support of the Coordination and Analyses Unit in Ministry of Interior);
- Evaluation of achieved influence on the general status of the drug problem (Coordination and Analyses Unit in Ministry of Interior with the National Focal Point).

The National Drug Council assisted by the Coordination and Analyses Unit is responsible for the overall coordination of the Action Plan in the frames of the National Strategy. A report will be annually submitted to the National Drug Council. The report will be prepared with the cooperation of the Coordination and Analyses Unit and information from the National Focal Point will be included. In 2006 a general report will be prepared for the achieved progress in the implementation of the Strategy. In the report will be included a concrete assessment to what extent the implementation of the Action Plan contributed to the achievement of the aims in the National Strategy and Action Plan of EU for fight against drugs. The report also will include directions for consecutive actions in the field of fight against drugs.

According to the Action Plan for implementation of the National Strategy for Fight against Drugs the main strategic tasks in drug demand reduction are:

- Preventing of come within reach of drug abuse of new people
- Reduction of abuse of psychoactive substances used for medical or veterinary-medical purposes
- Defeat of the social isolation and deprivation of the high-risk groups
- Reducing the prevalence of diseases among drug users which have an effect on society: blood transmitted infections (HIV/AIDS, Hepatitis B and C, etc.), Tuberculosis, Sexually transmitted diseases, etc
- Developing of system of effective and different treatment programmes
- Ensuring of easier access to effective treatment programmes
- Developing and implementing of best practices in prevention, treatment, rehabilitation and harm reduction for health
- Developing and implementing of programmes for social rehabilitation and reintegration
- Reinforcing of international cooperation and scientific research activity supporting of the National Strategy for Fight against Drugs

A special place as a strategic task is devoted to:

- Drug Information System/ National Focal Point
- Development of Municipal Drug Councils for accomplishing of the National Strategy on local level

-----

The third regular meeting of NDC held on 28<sup>th</sup> October 2003 was attended by some representatives of the European Monitoring Centre on Drugs and Drug Addictions (EMCDDA) who acquainted the Council with the up-to-date situation and problems upon extension of the European Drugs and Drug Addictions Information Network (REITOX) and EMCDDA – Lisbon, Portugal. NDC

recommended that the process of Republic of Bulgaria's participation in EMCDDA should be expedited.

Establishment of Municipal Drug Councils further proceeded in 2003 by establishment of the Municipal Drug Council in the town of Sliven, which joined the 27 Municipal Councils already established in 2001 and 2002. Until 2003 there were Municipal Drug Councils established in other towns which are not district centers, and namely: Gotze Delchev, Petrich, Botevgrad, Bratzigovo, Dupnitsa, Karlovo, Lesichevo, Peshtera, etc. MDC carry out their activity through Municipal Programs for Prevention, Treatment and Rehabilitation. Prevention and Information Centres have been opened in the cities of Sofia, Blagoevgrad, Varna, Silistra, Pleven, and Plovdiv. For the purpose of consolidating MDC capacity and pursuant to signed contract no. EUROPEAID/112180/D/S/BG, on Project BG0005.03 for Development and Implementation of the National Strategy for Drugs Control, the councils have been furnished with computer and office equipment.

In 2003, in relation to implementation of the National Program for Prevention, Treatment and Rehabilitation 2001-2005, some intensive work has been done by the teams of six Municipal Drug Councils /MDC / and their Prevention and Information Centers as concerns the analysis of situation and strategic planning at pilot stage of implementation of such activity which includes preparation of reports on local situation of narcotic substances and strategic action plans; financial support of implementation of key activities out of the approved strategic action plans on reducing the demand in these six towns.

The issues were discussed at the National Conference of the Municipal Drug Councils, held in December 2003.

## **BUDGET AND PUBLIC EXPENDITURE**

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

- report 2002 – BGN 182 896, incl. medicines: BGN 79 999
- report 2003 – BGN 200 149, incl. medicines: BGN 114 431
- Budget 2004 – BGN 250 000.

For the year 2004 the funding to be ensured for activities and under the National Program for implementation of the National Strategy for Drugs Control shall be approx. BGN 200 000.

The funds allocated for capital expenditure under the National Program were used for purchase of some equipment for testing of blood-transmitted infections among the drug users for the needs of the specialized laboratory of the National Center for Addictions, and namely: serum separation centrifuge, binocular microscope, hematological counter, ion-selective analyzer for determination of potassium, sodium and lithium.

The annual budget of the National Center for Addictions, which amounts to about BGN 700 000 should also be considered in relation to the overall state-funded activities on prevention, treatment, and rehabilitation of drug addictions. The amount of the subsidy granted by the Ministry of Health for 2003 amounts to BGN 722 794 and the amount of reported own income is BGN 2 307 (generated mostly by paid courses, foreign citizens treated, blood tests made, etc.).

The maintenance costs of the NCA for 2003 were drawn on the basis of 40 inpatient beds, 10 persons daily hospital staff, 300 persons included in the methadone program and 20 outpatient beds. 592 patients have passed through the clinic for the reported period with a total number of 15 049 bed occupancies, which exceeds by 2828 bed occupancies the figure for 2002. The average occupancy of one patient has increased from 23,73 to 24,51 days. The value of food per day is BGN 2,77, and the value of the medicines per day is BGN 3.63, which is quite less compared to the expenditure for the year 2002.

The maintenance costs of the National Center for Addictions for 2003 amounted to BGN 332 822, which exceeds by BGN 6 041 the costs for 2002. The funds were spent by the following items:

- Costs for Food	- BGN 37 592
- Medicines, Medical Consumables	- BGN 52 988
- Bedding Inventory and Apparel	- BGN 12 383
- Business Trips	- BGN 3 118
- Materials	- BGN 26 871
- Water, Fuel, Power Consumption	- BGN 61 832
- Costs for Social and Cultural Services	- BGN 2 016
- External Services	- BGN 118 411
- Other Items	- BGN 17 611

The maintenance costs of the NCA, apart from the greater costs made for electric power, water, telephone charges, food, transport services, etc., also include costs for maintenance of the buildings at the Suhodol Clinic, such as glazing, purchase of locks, water heaters, mixing taps, contacts, etc., for maintenance of motor vehicles – automobile spare parts, tires, etc., consumables: detergents, bleaching solution, disinfecting preparations, electric bulbs, waste and various refuse disposal, underwear and bedding inventory laundry services, deratization of premises, etc.

## **SOCIAL AND CULTURAL CONTEXT**

### **Public Opinions of Drug Issues**

According to sociological research<sup>4</sup> conducted in 2003, people consider drug addiction as one of the most important problems of young people in Bulgaria. Every one in two interviewees (50%) has stated the unemployment as the most important problem, and drug addiction and drugs have been categorically ranked second by 44 %. Poverty has been ranked third (31%). The opinion on lack of prospects is much less accepted (16%).<sup>5</sup>

However, it should be noted that there is a considerable difference between the results obtained by the aforesaid research and the public assessment of the main problems of society taken as a whole which have been found by other national researches. At the latter, the ranking is as follows: unemployment, poverty, criminality, corruption, and healthcare. On the one hand, this difference is due to the nature of the abstract, which excludes the childless people and the considerable group of pensioners, whose children have already grown up. Of course, some other reasons for the said difference may be sought but anyhow the fact is at hand – the use of narcotic substances is considered by the public as an important social problem.

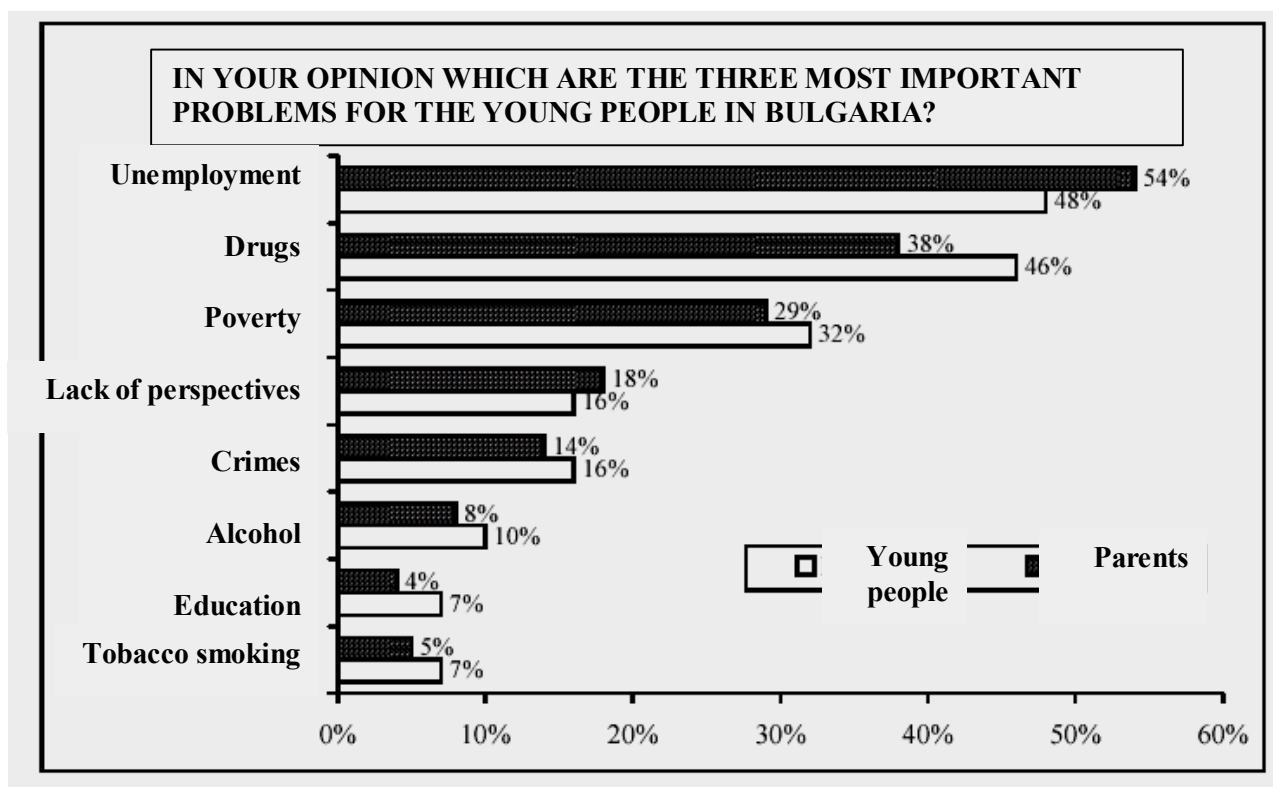
<sup>4</sup> “Public Opinion on Drugs and Fighting against Their Use”, MBMD and “Salvation” Foundation with the financial aid of the Embassy of the Kingdom of the Netherlands, held in November 2003 in the city of Sofia and the District Centers comprising 1000 children and adolescents aged 12 to 30 and 500 parents with children aged between 10 and 25.

<sup>5</sup> “Public Opinion on Drugs and Fighting against Their Use”, MBMD and “Salvation” Foundation, Analysis, March 2004, pp. 5-6.



The authors of the research have taken note of certain differentiation in opinion of parents and adolescents. Ranking of problems is the same for both groups but young people are much more sensitive to drug problems than parents. Among young people the drugs problem has been underlined and thus has made it as important as the unemployment – respectively 46 and 48 %. Among parents unemployment leads more categorically by 54 to 38 % (see *Figure 1*). Probably young people feel more threatened than parents do realize that. It may be suggested that it is also a matter of assessment based upon different social experience. This is something quite common whenever different generations are concerned.

*Figure 1*



Source: The Research "Public Opinion on Drugs and Fighting against Their Use", November 2003, 1000 children and adolescents aged 12 to 30 and 500 parents

On the other hand, the same research point out that parents (74%) have relatively more often determined the problem as very serious one than young people (see *Table 1*). Probably, some young people, although realizing the problem, tend to underestimate it.

*Table 1*

#### ESTIMATION ABOUT HOW SERIOUS IS THE PROBLEM WITH DRUG ADDICTIONS IN BULGARIA?

(in %)

	Young People	Parents
Very serious	64	74
Rather serious	28	21
Rather not serious	4	2
Not serious at all	1	0
No answer	3	3

Source: The Research "Public Opinion on Drugs and Fighting against Their Use", November 2003, 1000 children and adolescents aged 12 to 30 and 500 parents

Simultaneously, by increasing the age in the group of the young people themselves, it is as if their concern increases. Among the youngest (12-14 years old) these who consider drugs as very serious problem are 59 %, and those inclined to underestimate it are 13 % (i.e. who assess it as rather not serious or not serious at all and those who reserve judgment) whereas 68 % of young people aged 25-29 are deeply concerned with drugs, and those who underestimate are half less (see *Table 2*).

*Table 2*

**ESTIMATION OF YOUNG PEOPLE ABOUT HOW SERIOUS IS THE PROBLEM WITH DRUG ADDICTIONS IN BULGARIA?**

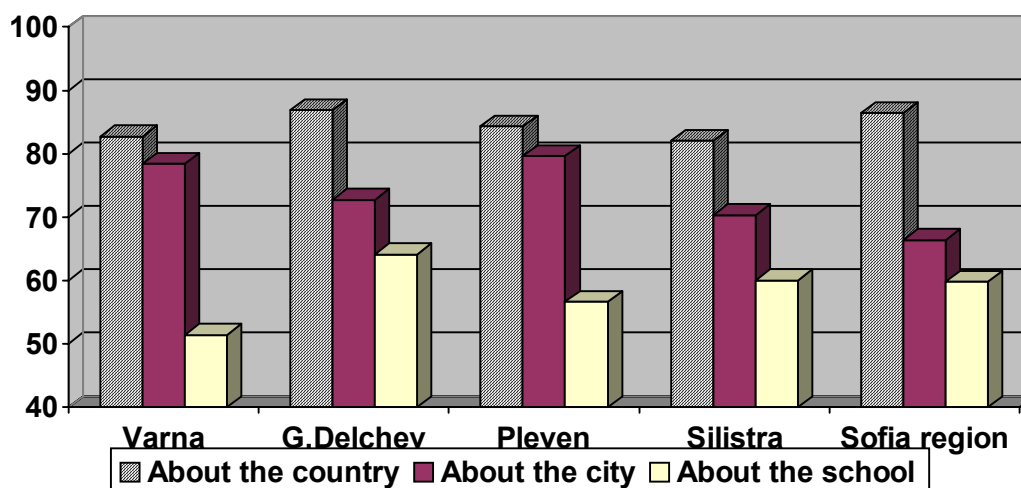
<i>Age</i>	<b>Very Serious</b>	<b>Rather serious</b>	<b>Rather not serious</b>	<b>Not serious at all</b>	<b>No Answer</b>
12-14	59 %	27 %	5 %	1 %	7 %
15-17	66 %	24 %	6 %	0 %	4 %
18-24	62 %	32 %	3 %	1 %	3 %
25-29	68 %	27 %	3 %	1 %	2 %

*Source: The Research "Public Opinion on Drugs and Fighting against Their Use", November 2003, 1000 children and adolescents aged 12 to 30 and 500 parents*

The importance of the drug use problem in public opinion has been registered also in a number of school researches, held in 2003 in various cities, towns, and regions with the methodological assistance of NCA. Great part (82-87 %) of high-school students considers that the use of drugs is a problem for the country (see *Figure 2*). At the same time in all cities and towns, the percentage of those who consider that this problem concerns their own town/city is less (66-80 %). In all towns/cities much less (56-64 %) are those who think that the problem is related to their own school. An interesting tendency of the so-called externalization of the problem is noticeable (however for many years). As if many people are still inclined to think that "There is a problem but not for us". This is an important characteristic of situation in Bulgaria. It seems that everyone, both parents and children, react in that way. When asked "Is there a problem with drug addiction in Bulgaria?" about 80-90 % of people answer "yes", when asked "and is there a problem in your city/town?" the percentage decreases, and the closer it gets to their "own backyard", the more percentage decreases.

*Figure 2*

**RELATIVE SHARE (in %) OF STUDENTS WHO CONSIDER THE USE OF DRUGS IS PROBLEM FOR THE COUNTRY / TOWN/CITY / THEIR SCHOOL**



*Source: National Centre for Addictions & Partners in local school surveys*

However, most students want to openly talk on important issues as concerns public health such as tobacco smoking, alcohol drinking, and use of drugs. It is indicative that the need of such dialogue in the field of use of drugs is the most commonly stated one (77-82 % of people in different towns/cities express such opinion). The conclusion that students talk on drug-related issues mostly with friends of theirs outside school (64-72 % of students in different towns/cities have given such answer), considerably less with their teachers (36-49 %), and hardly ever with pedagogical advisors at school – 13-23 %, stands out against the background of these data. It would hardly be useful to make such data absolute but the signal lamp is already on – as of there is a discrepancy between what is necessary and what is actual.

It is interesting what information the experts still owe to young people in the opinion of the latter. However, it is indicative that there is no question or set of questions to prevail in the hierarchy of youth needs. All issues are almost equally important for and expected by them – how to prevent the use of drugs, how to help and render assistance to persons having drug addiction problem, which are the means of fighting the drug addiction, how and why do people start using drugs, etc. They are concerned with various aspects of the problem, such as prevention, treatment, public counteraction, and they show a civilized and humane attitude to it. The aforesaid is supported by the fact that given the weak differentiation the respondent's interest in certain more "technical" or "trite" issues such as how to recognize that a person has used a drug, for the risks of the use of drugs, for spread and ways of use of various drugs, is relatively weaker.

According to a research among young Roma people<sup>6</sup> conducted in 2003 about three fourths of respondents (74,1 %) think that in our society there must be an open talk on issues related to the use of drugs. Great part of other respondents (23,7 %) has not expressed an opinion, and thus people of positive attitude are practically a vast majority among those who have taken any stand. The group of people having no definite opinion is a matter of interest: data show that we are not to seek them among studying Roma people (just a few cases) and that taken as a whole they are rather women, lacking high degree of education and are married.

### **Media Representations**

The share of people who think that society lacks sufficient talking on effects and implications of drugs is practically insignificant – for example among students in Varna it is 1,0 %. This means that, at least taking the formal point of view young people do not feel any significant lack of information flow on such issues. What would be the assessment of quality of information obtained is quite different matter. In such terms, an indicative fact is that according to answers given by the respondents two of the possible sources of true and professional information (specialized lectures and talks with teachers) are not among the most common ones. Most often knowledge in such issues is widened by films (which is not a surprise, obviously films are the main source of whatever information for young people) as well as by talks with parents and friends. Upon researches conducted in other Bulgarian cities/towns and social groups in recent years the structure of sources of information is identical.

It is indicative that most often among the Roma people knowledge on issue at hand is widened by TV and films – 73,6 and 58,7 % respectively (see Figure 3). Another source, which is relatively common among Roma people, is facts told by friends (30,3 %). It is also indicative that each one in six (16,7 %) draws information from its own observations on drug addicts or casual users.

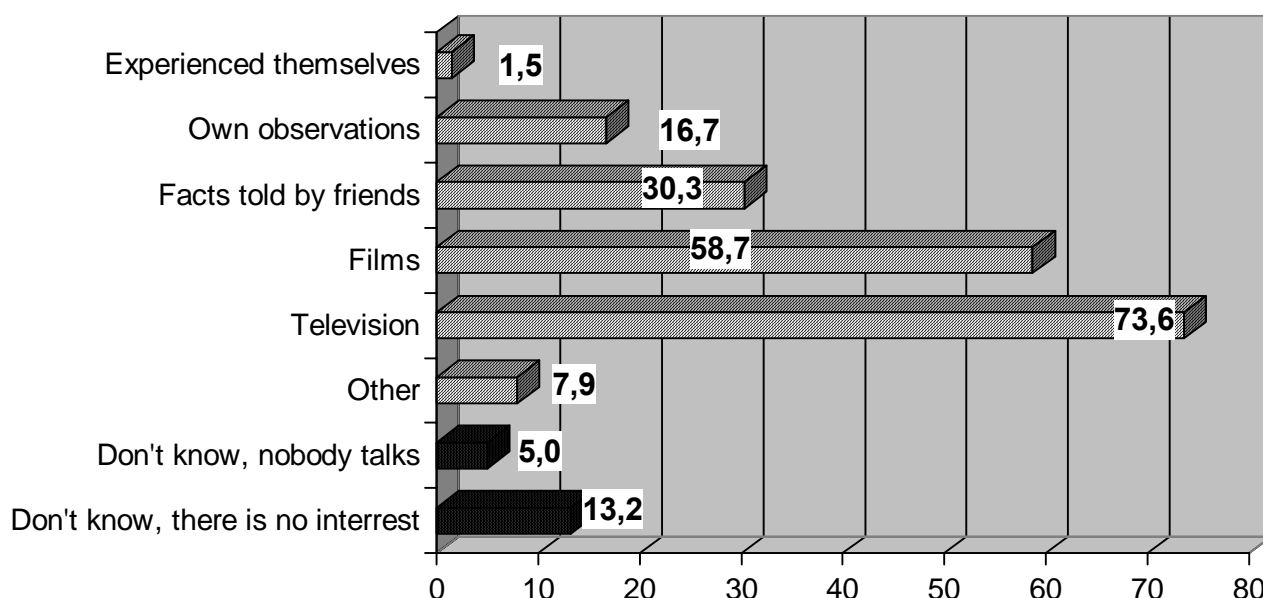
---

<sup>6</sup> Research of the health condition and problems of Roma people in Bulgaria, conducted in January and February 2003 by the Agency for Social Research FACT, interviewees comprise 511 young Roma people (aged 16-30) from 15 Bulgarian cities/towns with compact Roma population.

Obviously, the circle of friends and sites of entertainment are an important source of information about effects and implications of drugs, inclusively of personal observations.

*Figure 3*

### MAIN SOURCES OF INFORMATION ON EFFECTS AND IMPLICATIONS OF DRUGS



*Source: National Centre for Addictions & Agency for Social Research FACT*

A number of researches conducted over recent years, shows that as a whole the share of people who claim that are not concerned with this issue has been gradually decreasing. As if in the course of time, the entire Bulgarian society has become more committed to problems of the use of drugs. Probably this is also valid for the Roma people, especially in bigger cities/towns but there are no comparable data of previous similar researches.

Quite identical are data provided by a research conducted among the whole population<sup>7</sup> - they show that the most common sources of information for both young people and parents are, as follows: 1) press (50% and 65% respectively); 2) TV (45% and 60%), and 3) feature films (41% and 43%). The specialized sources, such as books and magazines on the issue, have a little impact – 15%, teachers and psychologists – 23%, and 9%, information obtained via Internet – 15% and 6%. However, it is indicative that the majority of both groups studied (83 % of young people and 87 % of parents) considers that such information about drugs is necessary to preserve young people from drugs.

<sup>7</sup> “Public Opinion on Drugs and Fighting against Their Use”, MBMD and “Salvation” Foundation with the financial aid of the Embassy of the Kingdom of Netherlands, held in November 2003 in the city of Sofia and the District Centers comprising 1000 children and adolescents aged 12 to 30 and 500 parents with children aged between 10 and 25.

## 2. DRUGS USE IN THE POPULATION

Taking into consideration the information obtained, it may be asserted that **the use of drugs among Bulgarian people is still increasing in all of its main forms – problem, experimental, and for entertainment**. Generally, the number of people (incl. and mostly young people) in Bulgaria, who have tried a drug at least once in their lifetime, is still increasing; however, this increase is not as extreme as, for instance, in the middle and end of 1990s. Actually, this process is typical not only for Bulgaria.

Special attention should be paid to **the increasing use of narcotic substances among young people and mainly among students**. This tendency is also typical for the countries from Central and Eastern Europe, if we compare data provided by the European research ESPAD, conducted in 1995 and 1999, we will see that in the aforesaid four-year period the relative share of students aged 15-16 who have tried any drug in their lifetime has increased twice in Estonia, Poland, Slovakia, and Hungary, and in Lithuania it has increased five times [Hibell B. et al. 2000, p. 74; EMCDDA 2002b, p. 10]. However, in Bulgaria this process is characterized by **maintenance of a relatively low average age of users**.

Available data and continuous observation show that **the most common drug used in Bulgaria is cannabis**, and marijuana in particular. The trends are similar in other Central and East European countries, such as Estonia, Latvia, Slovenia, Hungary, Czech Republic. Rapid growth of experimental use of cannabis has been registered also in Lithuania, Romania, and Slovakia [Source: Annual Reports for 2000 and 2001 of the National Focal Points of the Central and East European countries on issues related to use of narcotic substances].

It has already been registered a process of increased use of synthetic drugs, such as amphetamines, ecstasy, “piko”, etc. It is also related to a phenomenon being increasingly evident in recent years, especially among young people, and namely: use of narcotic substances in places for entertainment: discotheques, clubs, rave-, techno- and other parties. It is about a particular group of substances, designated as **“dance-drugs”** or **“disco-drugs”**, which includes mainly synthetic stimulants (ecstasy, amphetamines), cannabis, and very rarely hallucinogens (LSD). Of course this is not a phenomenon “endemic” for Bulgaria, according to national researches in Hungary, for example, ecstasy has become the narcotic substance being most experimented and used by young people, in Slovenia cannabis and synthetic drugs represented by MDMA (ecstasy) are the most popular ones, and the tendency of increasing use of cannabis and synthetic drugs (mostly amphetamines and ecstasy) has also been registered in the 1990s in the EU member-states [EMCDDA 2000b, p. 12-13; Calafat A. et al. 2001, p. 55-56].

Another important feature in development of the use of drugs among young people in Bulgaria is manifested in **the transition from the “problem for certain cities/towns/villages” pattern to “problem for the whole country” pattern**. The consumption (in all of its forms) **has been steadily spreading from big and wayside (in terms of trafficking) cities/towns to smaller and more isolated towns and even villages**. At the first half of 1990s the process developed mainly in Sofia, the big Black Sea ports Varna and Bourgas, and in certain cities/towns close to the drug road passing across Bulgaria. Currently, use (especially experimental) may be found in each city/town/village with sufficiently dense young population.

The up-to-date development of epidemiological picture is accompanied by its relatively well-manifested differentiation through **subculture elements in youth drug addicts’ behavior**. Based

upon continuous observation it may be asserted that in terms of the group characteristics the users of synthetic drugs (amphetamines, ecstasy) differ from users of heroin or cocaine or volatile substances (inhalants) such as adhesions, bronze, etc. These are different individuals of varying behavior, status, and values. For example, it seems that techno- and rave-culture adherents prefer the new synthetic stimulants; cocaine (due to its high price) is used by wealthier strata; adhesions and bronze are typical mostly for isolated and marginal youth groups.

## **DRUG USE IN THE GENERAL POPULATION**

Data albeit indirect and of a methodological basis being not completely clear about drug use in general population may be found in a research conducted in 2003<sup>8</sup>. This refers mostly to synthetic and so-called “soft” drugs. However, such data must be verified by subsequent research.

### **Soft Drugs Use**

According to the authors of the analysis, the hypothesis stating that the group of the so-called soft drugs would be one of great spread among users of psychoactive substances has been confirmed by the research data. Cannabis is the most commonly used substance.

The analysis of answers dated January 2003 has made clear that people who have tried cannabis (lifetime prevalence) are about 66 000-68 000. According to results dated July 2003 people who have answered positively are 1,5%. This is 93 000-96 000 people (among people aged above 18).

As expected, according to answers given to indirect questions such as “Would you try?” and “Do you personally know anyone who uses cannabis, marijuana, hashish (joint, ganja, dope) in the last 12 months?», a considerably higher percentage of users has been obtained – between 1,4 % and 1,5 %, which equals to 90 000-100 000 people.

As concerns the assessment of the group of people who have tried any drug the percentage is higher – 1,8-1,9 %, which equals to approximately 120 000-130 000 people [Democracy Research Center 2003, pp. 53-54].

### **Synthetic Drugs Use**

The group of synthetic drug users can be rated second in terms of users’ number. Research has shown that similarly to soft drugs, the direct question does not invoke embarrassment among respondents and they talk of their experience and their friends’ experience quite frankly.

In January 2003, based upon answers to the question “Have you ever used amphetamine and/or ecstasy?” it was registered that within the group of people aged 15-30 users are only 0,1 %. If calculated as a figure, the number of users (recreational drug use) is 1700 only.

To the question “Have you tried?” 0,7 % of interviewees have answered “yes”, i.e. the group of people who have used (lifetime prevalence) counts 47 000-48 000 people.

According to answers to indirect questions the number of users is estimated at 0,7%, and of ones who have tried – 1 % which corresponds to 67 000-68 000 people [Democracy Research Center 2003, pp. 56-57].

---

<sup>8</sup> National Representative Research in Bulgaria on issues related to use and abuse of psychoactive substances, June-July 2003, Democracy Research Center and Vitosha Research Agency, comprising 1057 children aged 18 and above.

## DRUG USE IN THE SCHOOLS AND YOUTH POPULATION

### Drug Use among Youth Population

According to research data<sup>9</sup> about one third (31%) of young people admit that there are drug users among their acquaintances, for 3% of young people more than half of their acquaintances are drug users. Actually, **each one of five young people in the capital and district cities is in a risky circle of friends** involving drugs.

As concerns the use, 17 % of young people in the capital and district cities have tried a drug. If expressed in absolute values it is about 176 000 young people. The share of young people who have tried a drug is twice higher in Sofia (26%), compared with the one in district cities (13%).

The most common drug is the Indian hemp – 15 %. Marijuana have been tried by 14 % of young people, hashish – 3%, other forms of cannabis – 2%, amphetamines and ecstasy – 2%, heroin – 1%, cocaine – 1%. About 5% of young people have tried more than one narcotic substance.

### Drug Use among Students

Within the tendency of recent years the use of drugs (and of psychoactive substances in broader sense) among students has been subject to numerous national and regional researches with the participation of the National Center for Addictions. Researches tried to adhere to the European pattern and the more establishing practice stating that the use of drugs should be traced in three temporal cuts and respectively by the means of three indices: lifetime use, past-year use and past-month use.

### Lifetime Prevalence of Drug Use

Among researches in 2003, the national representative research entitled “Use of Alcohol and other Drugs in Bulgarian Schools (Grades 9-12)” carried out by a team of the National Center for Addictions and the National Public Health Center by the methods of the European School Research Project on Use of Alcohol and Other Drugs (ESPAD) is worthy to be mentioned<sup>10</sup>. As expected, data furnished by the said research have shown that the drug most commonly used is cannabis in all of its forms – almost each one of four students interviewed (i.e. 27,1 %) has at least once tried marihuana or hashish (see *Table 3*). This corresponds to about 90-95 000 students between 9<sup>th</sup> and 12<sup>th</sup> Grade. Then come inhalants (4,2 % or about 14-15 000), ecstasy (2,5 % or about 8-9 000), tranquilizers and sedatives (2,1 % or about 7-8 000), amphetamines (2,0 % or about 6-7 000), cocaine (1,6 % or about 5-6 000), heroin (1,2 % or about 4-5 000) etc.

---

<sup>9</sup> “Public Opinion on Drugs and Fighting against Use of Drugs”, MBMD and “Salvation” Foundation with the financial aid of the Embassy of the Kingdom of Netherlands, held in November 2003 in the city of Sofia and the District Centers comprising 1000 children and adolescents aged 12 to 30 and 500 parents with children aged between 10 and 25.

<sup>10</sup> National Representative Sociological Research “Use of Liquor and Other Drugs in Bulgarian Schools (Grades 9-12)”, team of NCA and NPHC by the methods of ESPAD, May 2003, total number of interviewees: 1400 students of 75 classes at schools of general and vocational education throughout Bulgaria.

*Table 3***LIFETIME PREVALENCE OF DRUG USE AMONG STUDENTS***(in %)*

<b>Lifetime Prevalence :</b>	<b>Total</b>	<b>9 Grade</b>	<b>10 Grade</b>	<b>11 Grade</b>	<b>12 Grade</b>
<b>Cannabis (Marijuana, Hashish)</b>	27,1	20.7	27.2	28.3	36.4
<b>Amphetamines</b>	2,0	1.3	1.5	2.3	3.8
<b>LSD and other hallucinogens</b>	1,2	0.8	2.0	0.8	1.4
<b>Cocaine</b>	1,6	0.5	1.5	2.6	1.9
<b>Heroin</b>	1,2	0.5	1.0	1.5	2.4
<b>Ecstasy</b>	2,5	2.5	1.8	2.6	3.8
<b>«Magic Mushroom»</b>	0,5	0.3	0.8	0.3	0.9
<b>Inhalants</b>	4,2	5.5	4.0	3.4	3.3
<b>Tranquilizers / Sedatives</b>	2,1	0.8	3.5	1.5	3.3

*Source: National Center for Addictions and the National Public Health Center*

At first sight, as if these two facts are the most impressive: almost double increase of the share of people having tried cannabis, and probably mostly marijuana, between grades 9 and 12 (from 20,7 % to 36,4 %), as well as the unexpectedly high share of those declared use of inhalants. However, the table shows that the only distinct and consistent decrease of the share of lifetime prevalence upon students from 9 to 12 grade is found upon use of inhalants. In the course of time the share of all other drugs is increasing (with certain diversions). This fact suggests that in relation to inhalants we are facing either a new wave of use (which should be examined by further research), or upon minor students there are bigger problems with the adequate understanding of definition “use of inhalants “to get high”” (which should be considered upon preparation of further research).

From methodological standpoint while employing the retrospective approach, it is most probable that data concerning the last grade are the most indicative ones because of the fact that this group is the most experienced of life. Proceeding from such notion attention should be paid to data obtained from 12-graders because they seem to provide the most indicative information for ranking of substances in terms of use over the whole course of study. In such case, the ranking of substances is as follows:

- **Cannabis,**
- **Ecstasy,**
- **Amphetamines,**
- **Tranquilizers and Sedatives,**
- **Inhalants,**
- **Heroin,**
- **Cocaine,**
- **Hallucinogens.**

At this point, we should note that information concerns mostly experimental or past use. Data processing has shown that 3% of all respondents, or 1/9 of cannabis lifetime users have used cannabis more often in past 30 days – more than 5 times. This means that about 10 000 students in Bulgaria are relatively often smoking marihuana. Observations show that cannabis is increasingly turning into an entertainment drug. Besides, the ecstasy and amphetamines are increasingly making their way in as one of the main substances upon entertainment. According to a number of researches and observations, heroin is the drug most commonly used among drug addicts.

As a conclusion based upon the above table, we should note that 27,4 % (or little above one fourth) of students from 9 to 12 grade in Bulgaria have at least once in their lifetime tried any illicit

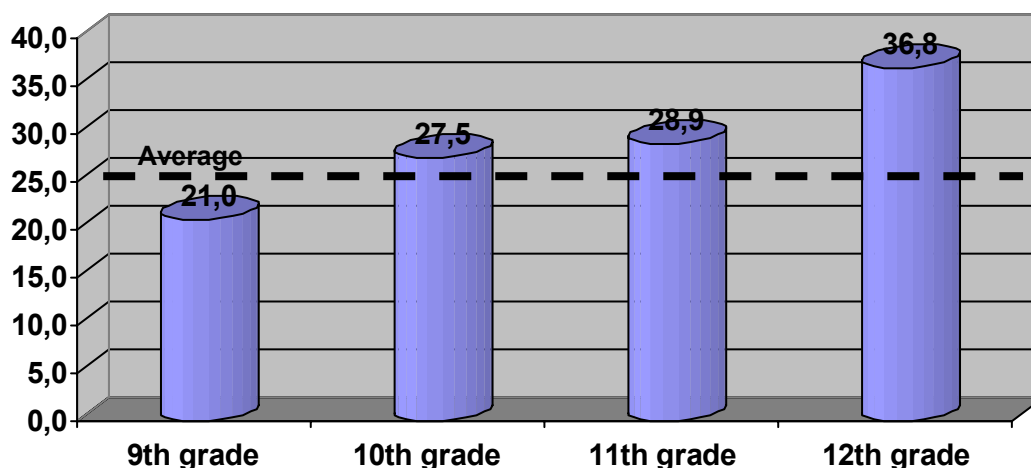


narcotic substance. Given in absolute values this means that about 90 000-95 0000 of today high-school students have had any experience in an illicit narcotic substance. However, this share is increasing in upper grades (see *Figure 4*). Each one of five 9-grade students has had such experience; each one of three 12-grade students has tried any drug – mostly marijuana and cannabis.

*Figure 4*

#### LIFETIME PREVALENCE OF ANY DRUG USE

(in %)



*Source: National Center for Addictions and the National Public Health Center*

What does the comparison at the level of use in different cities and town show? The above cited research is representative for the country taken as a whole but not for separate cities. In this respect, assistance is provided by a number of local school researches being representative for separate towns or regions. We shall herein present some basic data furnished by certain researches, conducted in 2003 with the participation of NCA<sup>11</sup>.

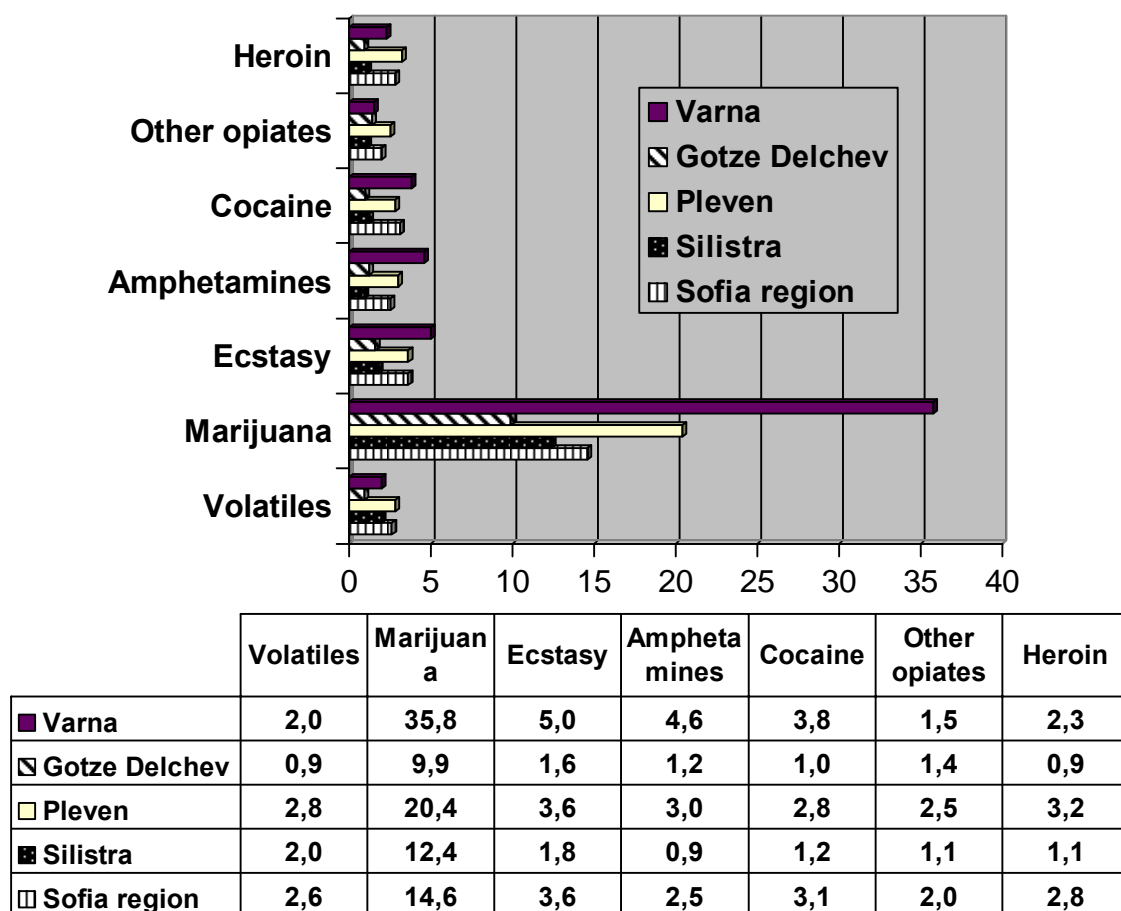
The assertion stating that marijuana is the most commonly used drug has been quite distinctly confirmed. Moreover, the level of spread obviously depends on size and location of the city/town. The most widely spread use of marijuana is found in Varna (about 36 %), followed by Pleven (about 20 %), towns on the District of Sofia (about 15%), Silistra (about 12%) and Gotze Delchev (about 10%). Generally such ranking depending on the nature of the particular city/town is found also as concerns the other main substances, such as ecstasy, amphetamines, cocaine (see *Figure 5*). To a certain extent, it is surprising that heroin and other opiates are less widely spread in Varna in contrast to Pleven and towns of the District of Sofia. Of course, this insignificant diversion of the established tendencies may also be explained.

<sup>11</sup> Representative researches conducted among students in Varna, Gotze Delchev, Pleven, Silistra and District of Sofia (cf. Appendices), total number of interviewees: 6114.

Figure 5

## LIFETIME PREVALENCE OF DRUG USE AMONG STUDENTS IN SOME CITIES

(in %)



If we further proceed with the examination of data on use of narcotic substances in Bulgarian cities/towns, the aforesaid tendencies will be further confirmed. A research of spread of use of drugs in high schools in the town of Gabrovo has shown that 20 % of the total of 1841 students interviewed do smoke marijuana, 8 % are the users of adhesion, 7 % have tried heroin and ecstasy, 8 % have used medicines, and 17 % have tried combinations of the aforesaid narcotic substances. In the beginning of 2004 on the territory of the Municipality of Dobrich 30 % of high school students have ever in lifetime tried drugs.

### Last 12 Months and Last 30 Days Prevalence of Drug Use

The structure upon past-year and past-month use among students in Bulgaria<sup>12</sup> is quite similar and even identical to the one of lifetime-use as of course the relative shares decrease (see Table 4). Taken in both temporal aspects the share of students who have tried marijuana or other forms of cannabis is the greatest one – each one of six (17,2 %) has used marijuana at least once over the past year, and each one of eleven (8,6 %) has used marijuana at least once over the past month. This percent corresponds to 55-60 000 and 25-30 000 students respectively. The substance ranked second in terms of its use is ecstasy. The monthly consumption of hard drugs (heroin, cocaine) is

<sup>12</sup> National Representative Sociological Research “Use of Alcohol and Other Drugs in Bulgarian Schools (Grades 9-12)”, by the methods of ESPAD, May 2003.

within the limits up to 0,3-0,6 %, as the discrepancy with data on “lifetime use” shows mainly experimental use as there may be some extension of the circle of persons who have tried, especially of those tried cocaine. The use of all other illicit narcotic substances over the past month is within the limits up to 1 % - ecstasy (0,9 %), inhalants (0,8 %), amphetamines (0,4 %), LSD and other hallucinogen (0,3 %), “magic mushroom” (0,1 %).

*Table 4*

#### TEMPORAL ASPECTS OF THE PREVALENCE OF USE OF SOME ILLICIT DRUGS

(in %)

Substances	Last 30 Days Prevalence	Last 12 Months Prevalence	Lifetime Prevalence
Cannabis (Marijuana, Hashish)	8,6	17,2	27,1
Amphetamines	0,4	1,4	2,0
LSD and other hallucinogens	0,3	0,6	1,2
Cocaine	0,6	1,1	1,6
Heroin	0,3	1,0	1,2
Ecstasy	0,9	2,1	2,5
«Magic Mushroom»	0,1	0,4	0,5
Inhalants	0,8	2,0	4,2
Tranquilizers / Sedatives	0,2	1,3	2,1

*Source: National Representative Sociological Research “Use of Alcohol and Other Drugs in Bulgarian Schools (Grades 9-12)”, by the methods of ESPAD, May 2003.*

Data processing has shown that **over one fourth (27,4%) of students have tried any of the aforesaid substances at least once in their lifetime**. Over one sixth (17,8 %) of students have used any drug over last 12 months, and each one of eleven (9,2 %) has used drugs over last 30 days. This means that not less than 90-95 000 students from 9 to 12 grade in Bulgarian schools have at least once in lifetime tried any narcotic substance (mostly cannabis), and about 30-35 000 have used drugs over the last month.

#### Characteristics of Drug Use

##### ♦ Age of First Use

**About 1 % of students have used drugs for the first time prior to the age of 13.** The average initiatory age is 15 as concerns the use of cannabis.

##### ♦ Patterns of Drug Use

Quite certainly **the first drug tried is in most cases the marijuana** – about 87 % of those who have ever tried any drug have stated marijuana as the substance they have initially used.

**Two thirds (67,3%) of users of any substance have used it out of curiosity** – this is certainly **the most common reason for the initial use**.

##### ♦ Environment

**Each one of eleven students (8,5 %) thinks that all or at least half of his/her friends are smoking marijuana**, this percentage increases to 11,3 % upon 12-graders. According to each one of six students (13,4 %) there are ecstasy users among his/her friends. Part of students (6,2 %) have elder brothers or sisters who smoke marijuana, the number of those having brothers or sisters who use ecstasy is less (2,6 %).

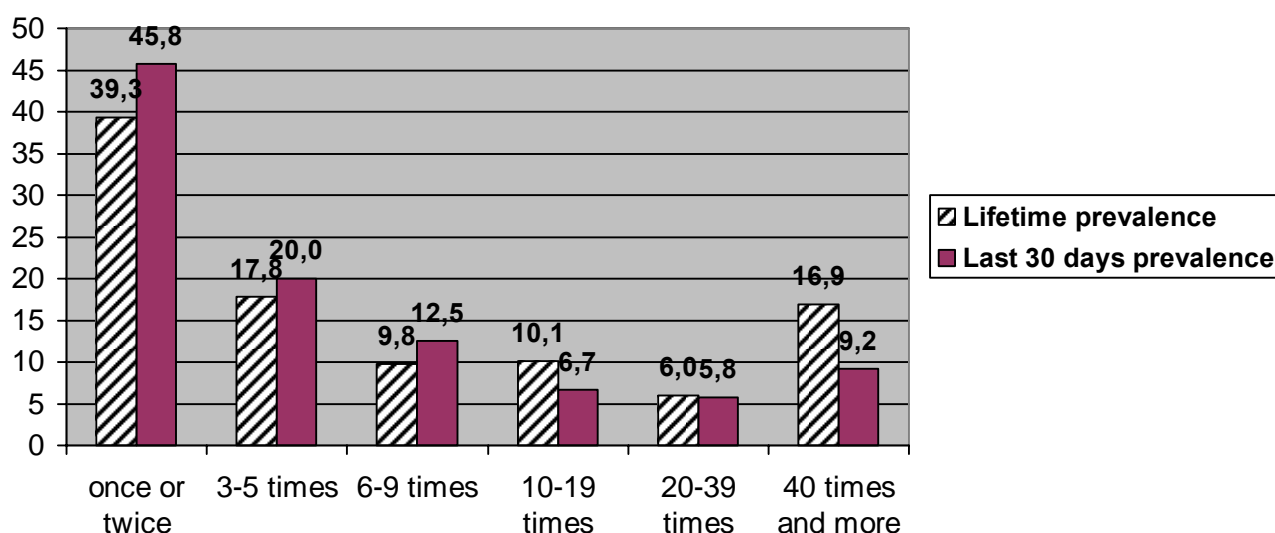
### ♦ Frequency of Drug Use

More than half (57,1 %) of students, who have ever smoked marijuana, are of the group of experimental users – i.e. have used it 1 to 5 times ever (see *Figure 6*). **Each one of six (16,9 %) of those who have ever smoked marijuana has used it fourteen or more times.**

*Figure 6*

### FREQUENCY OF MARIJUANA USE

(in %)



### ♦ Symptoms of Problem Drug Use

**Each one of twelve students (5,2 %) has at least once experienced any problems due to use of drugs** – mostly interpersonal (3,2 %) and personal (2,9 %), but also problems with police officers (1,7 %) and sexual problems (1,0 %).

### ♦ Proclivity to Drug Use / Potential Drug Use

Similarly to other researches of students in Bulgaria **one fifth (20,4 %) of students have ever been desirous or inclined to try any narcotic substance**. What is interesting to this point is that **this peculiar manifestation of a potential use is higher for girls than for boys (23,1 % against 17,7 %)**. On the other hand, **the proclivity to use increases by advance of years** – from 16,3 % in 9 Grade to 25,9 % in 12 Grade.

### Reasons for First Use of Drug

Like most of past researches, the one conducted in Varna<sup>13</sup> has confirmed that the two main reasons for the initial use of drugs are curiosity and disposition to transitory pleasure (see *Table 5*). Three fourths of students having ever tried drugs have made it out of curiosity. This is a natural and human feature – we may still hope that such curiosity has been satisfied by the initial try and it shall lose its motivating function. The second motive, namely pleasure is more interesting. It has been the driving force in two thirds of all cases. What is interesting to this point is that pleasure is sought with no personal experience in such direction and thus without knowing what should be expected. Most probably, it is a matter of preliminary “arrangement” by the part of friends who have already tried or retrospective introduction of sensations consequently acquired. If latter, this should be a

<sup>13</sup> Representative research of students in Varna, total number of interviewees: 1252.

serious signal for a more precise focusing on preventive activities and re-considering of the purely didactical tendencies. Obviously, it is fruitless children be told how unpleasant the use of drugs is because they (also) dispose of and believe in other sources of information.

In terms of importance, there are two further reasons related to some inhibiting shades in young person's relation with the social milieu. In the first case, it is about an escape from reality due most probably to the need of more personal peace of mind, in the second one – on the contrary, it is a transition from the calm and even boring routine to more emotions and dynamics. However, both cases are related to some more profound layers of youth personality and a universal preventive program aiming at wide range of people would hardly be efficient.

*Table 5*

**REASONS FOR FIRST USE OF DRUG  
(Lifetime users)**

(in %)

<b>WHAT WAS THE REASON FOR YOUR FIRST USE?</b>	
<b>Out of curiosity</b>	<b>73,9</b>
<b>For pleasure</b>	<b>62,9</b>
To break away from reality	16,2
Out of Boredom	15,4
To remove any psychological distress	9,0
Because it is easily available	7,4
Because I felt lonely	5,6
To suppress my own problems upon communication	4,6
To feel myself as one of them	4,2
To be accepted by others (group, circle of friends)	4,2
Because a person(s) I like use drugs	2,6
I was forced by another person(s)	2,6
To show that I am an independent personality	2,4
Because young people use drugs	2,2
Because adults dislike such behavior and this gets them scandalized.	1,6
Other	7,2

**Note:** The sum of percents may exceed 100 because question allows more than one answer.

The results obtained by the research among young people in Bulgarian cities<sup>14</sup> are quite similar. The main reason for the initial try is curiosity, interest – 74 %. The impact of social environment (not to be cast aside by the friends) is realized and acknowledged by 7 % of interviewees. 4% of young people who have not tried any drug admit that they would do it out of curiosity.

The first use of drug occurs most commonly at a party – 37%, around or inside school – 11%, on the street – 7%. Environment, in which such try is made, is in most cases the circle of friends – 67%, over than three times rarely these are classmates and colleagues – 19%.

## **DRUG USE AMONG SPECIFIC GROUPS**

### **Roma People**

<sup>14</sup> “Public Opinion on Drugs and Fighting against Their Use”, MBMD and “Salvation” Foundation, November 2003 in the city of Sofia and the District Centers.

Problems with the use of narcotic substances are making their way into different ethnic groups in Bulgaria, including the Roma community<sup>15</sup>. As if the situation of the Roma people is split: on the one hand, there are indications for **a slight increase of problem drug use** (in Sofia and several other cities) and on the other hand, research data have shown that **the spread of experimental use** of illicit narcotic substances among Roma people throughout the country is **relatively less** than the young people in Bulgaria taken as a whole.

Generally, data on the use of illicit narcotic substances show that the phenomenon is not quite widely spread. However, such data should not be made absolute and used without reserves. As usually, the type of research and the nature of problem field must be always considered. In any case, such type of research cannot “comprise” the problem use and even a small portion of the use for entertainment. However, the information provides a good outlook of the experimental use and this is not at all too little for successful planning and implementation of whatever preventive activity.

Data show that relatively the substances most commonly used among Roma people are inhalants (adhesions, diluents, bronze) – 2,7 % have at least once in their lifetime tried inhalants (see *Table 6*). Then comes cannabis – 2,0 % to the least have ever tried marijuana. The use of all other drugs available at the Bulgarian market is within the limits of 0,6 – 1,6 %.

At this point it should be noted again that it is a matter of experimental use, whereas according to a number of other researches and observations heroin is the most problem substance among Roma people as well.

In conclusion we should say that according to research data approximately 5 % (or each one of twenty) interviewed Roma people have tried at least one in their lifetime any illicit narcotic substance.

*Table 6*

#### USE OF ILLICIT DRUGS AMONG YOUNG ROMA POPULATION

(in %)

Substances	Lifetime prevalence	Last 12 months prevalence	Last 30 days prevalence
Heroin	0.8	0,8	0,2
Morphine, Codeine, Lidol, and other opiates	0.6	0,0	0,0
Cocaine	1.2	0,4	0,4
Amphetamines	1.4	0,2	0,0
Ecstasy	1.6	0,0	0,0
Marijuana	2.0	0,6	0,6
Volatile Substances/Inhalants (adhesions, diluents, bronze)	2.7	1,0	0,4

#### Waifs

In 2003 a sociological research of risk groups of underage and minor waifs was carried out in the city of Plovdiv. It was found that one forth (25 % or 68 persons) of the 272 underage and minor waifs tracked down use drugs, mostly inhalants. In this respect, the commission on prevention of

<sup>15</sup> Research of Health Condition and Problems of Roma People in Bulgaria, FACT agency.

drug addictions is currently training 4 groups of problem children for preventive work with their peers.

## ATTITUDES TO DRUGS AND DRUG USERS

### Risk Assessment of Drug Use

Two tendencies are observed in youth beliefs as concerns the risk of use of psychoactive substances: the first one is that upon situational use of psychoactive substances, such as tobacco and alcohol, there is either no risk, or low risk<sup>16</sup>. 62.5% of interviewees consider smoking cigarettes from time to time in this way, 36.7% think that drinking one or two drinks almost every day falls within the same category, 34.4% think that five or more drinks at weekends does no harm or causes little physical or other damage to people. For at least one fourth of young people, trying marijuana or hashish (32.3%) or smoking marijuana or hashish (25.0%) does not damage health. Each one of six considers that trying ecstasy is not risky, each one of eight thinks so of trying amphetamines, each one of nine – of trying crack, each one of ten thinks so of trying LSD and inhalants. Only the experimentation with drugs injecting is considered as great risk by young people (62.8%). Only it is included in the beliefs of students between 9 and 11 grades. At least half of young people consider regular abuse of legal drugs and use of illicit drugs as a great risk for health. Similarly considered are smoking of one or more packs of cigarettes per day (63.1%); drinking of four or five drinks almost every day (57.2%), regular smoking of marijuana or hashish (70.8%), regular use of LSD (58.9%), amphetamines (61.9%), cocaine or crack (72.1%), ecstasy (65.6%), inhalants (66.8%), and the regular injecting use of drugs is considered as risky by a 77.8% of young people. Generally, girls consider trying as less risky, and the regular use of psychoactive substances as riskier than boys. Girls consider experimenting as riskier only as concerns alcohol and injecting use of drugs.

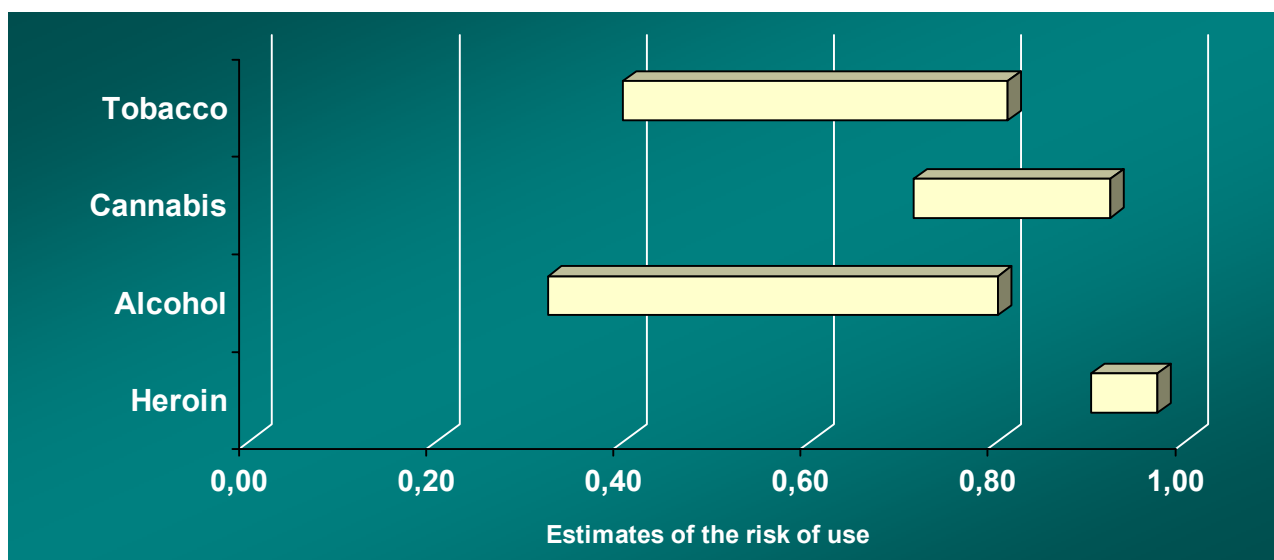
According to general conclusions of interviewed Plovdiv students' opinion<sup>17</sup> tobacco smoking and alcohol consumption "from time to time" do not represent serious risk for health – about 70-75 % of interviewees respectively have determined such risk as either non-existent, or moderate. Although, over than half of interviewees (about 55 % respectively) think that regular use of tobacco and alcohol is a great risk for health. In fact, regular use of all mentioned substances has been determined as a serious risk. According to answers, the most risky group is use of heroin, followed by cannabis, tobacco and alcohol. Figure 7 shows, apart from the above ranking, the difference in allowance, permissive attitude towards different substances – the greatest difference between assessments of risk upon incident and regular use (i.e. the "maybe but a little" principle) is observed upon cigarettes and mostly alcohol, it is less as concerns cannabis, and the least (i.e. the "I must not even a little" principle) as concerns heroin. A number of researches conducted with students in other Bulgarian cities/towns registered quite similar results, so they can be taken as an establishing tendency.

It is interesting that generally in the above ranks the share of people considering "from time to time" use of alcohol, tobacco, and cannabis as great risk decreases, but the share of people considering their regular use as great risk slightly increases. However, as concerns heroin its assessment as great risk is more manifested in both incidental and regular use.

<sup>16</sup> National Representative Sociological Research "Use of Alcohol and Other Drugs in Bulgarian Schools (Grades 9-12)", by the methods of ESPAD, May 2003.

<sup>17</sup> Representative Research among students in Plovdiv, 2002, total interviewees: 1533.

### STUDENTS' ESTIMATES OF THE RISK OF INCIDENT OR REGULAR USE OF DIFFERENT PSYCHOACTIVE SUBSTANCES



**Note:** Assessment of risk shown on the Figure represents the general opinion of interviewed students; formed on the basis of the ranking scale of answers used in the questionnaire, as different “weight” is given to each ranking at the scale – approaching of assessment to 0 means “no risk” and approaching to 1 – “great risk”.

The beginning of each column corresponds to the assessment of incidental use, and the end – of regular use.

### Attitude towards Use of Different Substances

The predominant attitude towards use of drugs is categorically negative. 83 % of all interviewed students in Varna<sup>18</sup> express such attitude, and 69 % categorically refuse to take any drugs. In fact, only 7 % of the respondents express a tolerant attitude towards this phenomenon. The rest 10 % have not taken any stand on the issue.

As far as the predominant negation of drugs among students is to a great extent something expected and well known, their attitude towards tobacco smoking and alcohol consumption is a matter of interest. Answers, obtained by the research, provide sufficient grounds for several main conclusions:

- Public opinion is the most negative towards use of drugs, it is far more tolerant towards tobacco smoking and mostly towards alcohol; the generalized attitude in aggregate to the latter tends to be positive.
- As a whole while growing-up students' attitudes towards cigarettes and alcohol are getting more permissive / tolerant. Actually, among high-school students the aggregate attitude is positive. However, this does not concern drugs.

<sup>18</sup> Representative Research among students in Varna, total interviewees 1252.



### **Assessment of the Problem**

One conclusion drawn from a research among young people and parents<sup>19</sup> states that the problem with drugs and drug addictions has been realized to a different extent by each particular social group. Young people are more sensitive to it. They have more true idea of the phenomenon in contrast to their parents. At the same time, young people are more inclined to underestimate the phenomenon as a threat while parents assess it in all of its seriousness. Parents (74%) relatively more often than young people (64%) assess the problem as very serious (see *Table 7*). This situation has two main implications. Firstly, children and young people, who are the target group of drug business, are more vulnerable due to their underestimation of the risk of use. In practice, this leads to the fallacy “I can always stop if I want to”. Secondly, parents, while occupied with their routine concerns, not always realize the actual possibility that their children may become drug addicts. Because of this part of them underestimate prevention and react as far as they really face the problem.

*Table 7*

#### **DISTRIBUTION IN GROUPS OF YOUNG PEOPLE AND PARENTS DEPENDING ON THEIR ASSESSMENT ON HOW SERIOUS THE PROBLEM WITH DRUG ADDICTION IS FOR BULGARIA**

	(in %)	
	<b>Young People</b>	<b>Parents</b>
Very serious	64	74
Rather serious	28	21
Rather not Serious	4	2
Not serious at all	1	0
No answer	3	3
<i>Total</i>	100	100

*Source: “Public Opinion on Drugs and Fighting against Their Use”, MBMD and “Salvation” Foundation, November 2003, city of Sofia and the District Centers.*

Another view on the information supplied by research shows that in interviewees’ opinion the following measures would contribute to decreasing the number of drug users:

- if state establishes new and supports already established Therapeutic communities (the average assessment of the usefulness of such activity is 4.4 according to a scale from 1 through 5);
- non-governmental organizations for fight against drug addictions should accelerate their activity (4.3);
- implementation of information campaigns for drugs in media (4.3);
- introduction of health education as subject in schools (4.2);
- amendments to legislation towards prohibition of the use of drugs (4.3), and keeping and owning of a single dose for personal use (4.1).

The prevailing opinion among interviewees is that legalization of soft drugs (marijuana, hashish, ganja) would not contribute to decreasing of drug addicts – the average assessment is 2.1.

<sup>19</sup> “Public Opinion on Drugs and Fighting against Their Use”, MBMD and “Salvation” Foundation, November 2003, city of Sofia and the District Centers.

### **Notions of the Measures to be Taken to Get the Drug Addiction Problem Resolved**

According to the generalized opinion of students in Plovdiv<sup>20</sup> there are two main ways to get the drug addiction problem in Bulgaria resolved: strict laws and public commitment (see *Figure 8*).

Most young people (2/3) insist on strict laws for drug manufacturers and distributors. However, this is a representative manifestation of public opinion for the country.

About half of respondents would like that there be open talks on such issues and the number of those who support the establishment of more medical services for specialized drug addiction treatment is almost the same.

In terms of popularity, the issue of laws comes next but this time it has a different addressee – about 1/3 of interviewees think that there must be strict laws for drug users. However, a more detailed processing shows that approximately half of those who support the more strict laws for drug manufacturers and distributors think that the drug users should also share their guilt.

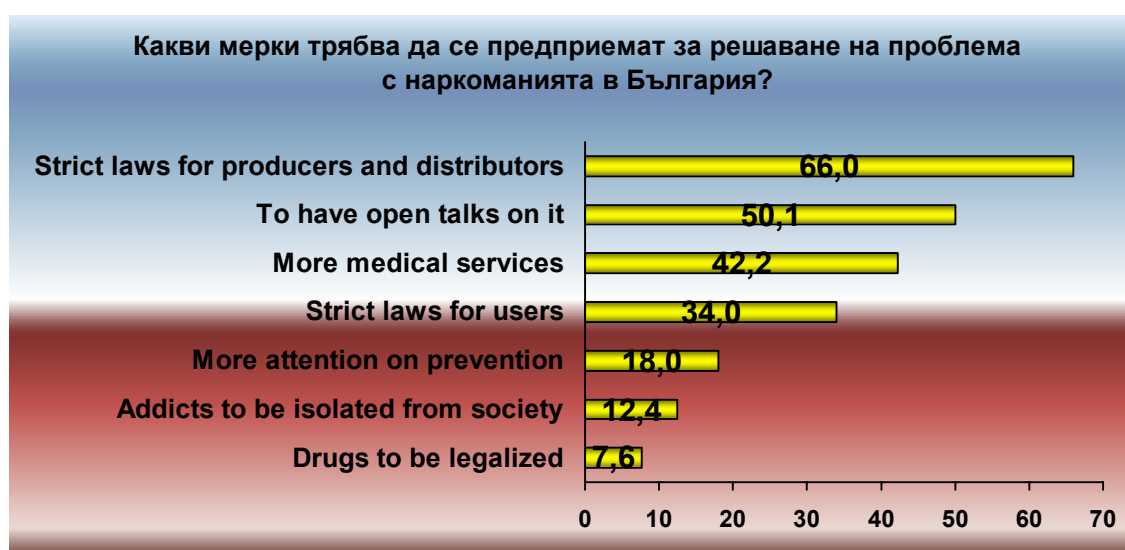
Attention paid to prevention was relatively low – less than 1/5 of students have stated that more measures must be taken in this direction. This may be interpreted as a signal light for the still low efficiency and popularity of preventive activities in Bulgaria.

However, to a certain extent it is reassuring that both extreme stands, “drug addicts must be isolated from society” and “drugs must be legalized” are the ones least accepted. Within this sense, even those who share the other two extreme stands, “there is no such problem” (4,9 %) and “no measures must be taken because drug addicts deserve no attention” (0,6 %) are even less represented.

*Figure 8*

#### **NOTIONS FOR MEASURES FOR GETTING DRUG ADDICTION PROBLEM RESOLVED**

(in %)



**Source:** *Representative Research among students in the city of Plovdiv, total interviewees 1533.*

<sup>20</sup> Representative Research among students in the city of Plovdiv, total interviewees 1533.

A passing glance at the age differentiation as concerns this question shows that the extreme stands decrease among the upper grade students. At the same time, support for the need of intense public commitment increases: mostly “problems of such people should be openly talked on” but also that “more medical treatment services should to be established” and “more attention should be paid to prevention”. The above mentioned makes clear that students acquire a more mature attitude towards this issue by getting older and suggests that there must be an age differentiation upon preventive activities at school.

Quite indicative (including for the validity of results) is the fact that as concerns this issue the results from the research in Plovdiv are quite similar to data obtained upon researches in other cities/towns in 2003 – in both the arrangement in terms of importance and in the particular relative shares.

### 3. PREVENTION

Pursuant to the Bulgarian Narcotic Substances and Precursors Control Act (promulgated in the State Gazette in 1999) National Drug Council (NDC) was established, a body, which implements the national policy against narcotic substances abuse. For the purposes of the policy implementation, the NDC has established a network of Municipal Drug Councils. On the other side, the National Centre for Addictions is a body of methodological assistance of issues on prevention of addictions.

It was adopted a National Strategy for Drugs Control (2003-2008), which is in compliance with EU Drugs Strategy (2000-2004) and EU Plan on Drugs (2000-2004). Two of strategic objectives are: limitation of the involvement of new persons in narcotic substances abuse and decrease of the abuse with illegal narcotic substances. The action plan under such objectives includes following activities: introduction of systematic health education in the field of secondary education; development and implementation of programs for assistance of parents; establishment and training of multidisciplinary teams; organizing and conducting of media campaigns for combating drugs and drug addictions; elaboration of programs for sport and tourism for children and young people; development and implementation of programs for work with high risk groups. Defined as above, these types of activities represent in a whole the main highlights in the development process of prevention of use of narcotic substances in Bulgaria.

#### UNIVERSAL PREVENTION

##### School

In the Ministry of Education and Science were developed projects, aiming to expand the possibilities for implementation of different health education programs in the schools. The normative documents in the field of education provide possibilities for the schools to plan specific school programs by use of: structure of the curriculum; possibilities, provided by extra-class and extra-school activities; different priorities and resources, available to any specific school.

With the assistance of the Ministry of Health were selected schools, which are included in training seminars for enhancing of skills of the teachers for implementation and development of health education programs.

In principle, the prevention programs in the schools are assisted by coalitions of state, municipal and non-governmental organizations, mainly because of the lack of own resources.

The prevention of drugs use is included as a topic in the curriculum of the secondary schools by means of information modules in subject "Biology and health education". This theme is also included in the annual plan for instructive activities, which is prepared by each class teacher.

In 2003 the Foundation "Antidote" continued to conduct its seminars on prevention of drug use with students from the metropolitan schools. Such seminars were organized jointly with the Museum of MI.

In December 2003 in the City of Sofia was held the first module of the peer leaders' education program on primary prevention of risk behavior among last grades students in the metropolitan

schools. Such program includes 37 students and 7 pedagogic counselors from 7 metropolitan schools and is based on interactive educational approach. The start of the program was preceded by meetings for evaluation of needs and study of expectations – with principals and pedagogic counselors in the schools, as well as with pupils, representatives of the Association “Bulgarian children and youth parliament” in the same schools. This education program was consulted with UNDP experts and was supported by the Directorate “Healthcare” with the Metropolitan Municipality.

The main objective is the establishment of complex, completed model for prevention program in school environment within the territory of the Metropolitan Municipality.

Some of specific objectives of the program include strengthening of beliefs and attitudes of students in favor of healthier way of life and establishment of peer network within the territory of the City of Sofia. In this regard, it is counted mainly on:

- improvement of the communication between peers;
- effective decision-taking and prevention of risk behavior;
- increase of knowledge as regards of sexual relations, drugs and HIV/AIDS;
- motivation of participants to undertake prophylactic activities in their environment;
- acquiring of practical skills by the participants for the purposes of future individual work with younger students and peers in school environment;
- provision of detailed scenarios for prophylactic activities.

Within the period February-May 2003 continued the activities under the Program on primary prevention of drug addictions among teachers and parents, such program being started in 2001. The Preventive and Informational Centre on Problems of Drug Addictions (PIC on PDA) in the City of Sofia, together with representatives of the Foundation “Free and Democratic Bulgaria”, conducted 11 training discussions in 11 metropolitan schools.

In 2003 was completed the training of pedagogic counselors from metropolitan schools entitled: “Prevention of drug addiction behavior in school”. It represented a joint event of PIC on PDA in the City of Sofia, Metropolitan Hygiene and Epidemiology Inspection (MHEI) and the Regional Centre for Training in Combating Drug Addictions - Academy of Ministry of Interior (RCTCDA). In this training took part pedagogic counselors from 17 metropolitan schools.

In July 1998 in the Museum of MI was opened for the first time ever exhibition entitled: “Together against Drugs”. The exhibition is a part of the Program of MI for prevention of youth drug addictions. By specific means of museology – photographs, material and documentary evidence, statistics and diagrams, video films, etc., the exhibition provides information on most common narcotic substances, on structure and situation of the issue in Bulgaria, on adverse consequences of the use of drugs, as well as for the activities of MI against drug manufacturing, traffic in drugs and drugs distribution. The target audience of the exhibition includes mainly children and youth. Until the end of 2001, more than 80 000 persons from the capital and the country visited the exhibition.

Because of the great visitor interest, the Museum organized also a travel exhibition under the same topic, which is traveling over the country. The exhibition visited already 43 towns (almost all district centers and other smaller settlements in the country), where on-site were elaborated adjoining programs and were planned events on prevention of drugs use.

In 2003, some 8000 people visited the exhibition. There is still interest for this exhibition. The Plovdiv variant of the exhibition is visiting the towns Assenovgrad and Peshtera.

Activities on prevention of drug addictions are carried out by the Hygiene and Epidemiology Inspections (HEI) within the country, and such activities are focused mainly on target group of pupils – 4-12 grades, and in some places are observed activities among young people in higher age groups.

With the prevention of drug addiction behavior among young people were engaged almost all HEIs, provided that most actively were involved 16 – Bourgas, Vratza, Dobrich, Kyustendil, Pleven, Smolyan, Metropolitan HEI, Stara Zagora, Haskovo, etc.

In total, by the HEIs were conducted 477 training events – seminars, courses, lectures, talks, 1018 video presentations in HEIs or on-site in the schools, etc., such events being attended by 13 443 participants. It was rendered organizational and methodological assistance to totally 1766 children, education and medical establishments. There were conducted 19 studies and 472 research projects. Some 70 mass events were organized within the country. Some 33 titles of information and educational materials were published in total print of 17 910 copies. There were realized 239 participations in mass communication media. For the above-mentioned activities HEIs have received by MH an additional financing in amount of 5 273 BGN and by external sources – 100 BGN, provided that the resources procured from the budget of HEIs were in amount of 3354 BGN.

During 2003 the Ministry of Youth and Sports (MYS) also organized and financed activities, related to drug use prevention among young people. Some of them are:

- Football tournaments for children – 15 tournaments with total number of 2400 participants were carried out in the period from February to December 2003. Five out of them were outdoor tournaments, and ten - indoor. Tournaments were held in the municipalities of Sofia, Vratsa, Sliven, Stara Zagora, Rouse, Rakovski, Boutan, Vratsa, Bania - Karlovo, Vratsa, Pravets.
- Students' games – They have been carried out in four stages on the principle of falling off. Total number of participants - 118 000. All municipalities in the country were included.
- Sport vacation 2003 – Winter, Spring and Summer. The total number of participants was 434 000 pupils from first to twelfth grade. Number of realized programmes – 201, in 73 municipalities like: Kardjali, Vratsa, Vidin, Vratsa, Vratsa and smaller municipalities in those regions, as well as all regional centres.

All these activities were carried out under the headline: „NO TO DRUGS”

### **Family**

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

### **Community**

The established 28 Municipal Drug Councils realize the national policy in the field of narcotic drugs at municipal level. Such councils carry out its activities in accordance with the respective municipal programs for prevention, treatment and rehabilitation, which differentiate as per name and duration in the different municipalities. MDCs perform wide-scale prevention activities. In year 2003, the municipalities have prepared and distributed different information materials, flyers, stickers. There were organized numerous public discussions, radio shows, lectures, publications, video-lectures, seminars, round tables, it was celebrated the event International Day against Drug Abuse and Illicit Drug Trafficking – 26<sup>th</sup> June.

There were conducted different types of polls (investigation, representative) in Blagoevgrad, Bourgas, Vidin, Dobrich, Kyustendil, Pazardzhik, Pleven, Rousse, Silistra, Smolyan, Sofia and Yambol. In the City of Varna were realized the following projects, funded under program for municipal assistance of NGOs, working on the issues of decrease the demand of psychoactive substances:

- ⇒ Project “Young people and drugs – training of NGOs and mass media”;
- ⇒ Project “Annual town report on drugs use and related issues”;
- ⇒ Project “Prevention of drug addictions – ideas for activities in teacher’s class”;
- ⇒ Project “Rehabilitation of addicts in hospital environment”;
- ⇒ Project “Training of young leaders for work on prevention of drug addictions”;
- ⇒ Project “Training of volunteers for work with young people on prevention of drug addictions – borough Asparuhovo”;
- ⇒ Project “Continuation of the publication of magazine on prevention of drug addictions- “Psychiatry-Drug addictions” of the Association “Inter-ethnic Partnership”;
- ⇒ Project “Immediate impact on young people by means of posters, flyers, games, lotteries, T-shirts, paper hats, musical greetings, announcements” of the Regional Association of Establishments in Varna – RAEV.
- ⇒ MDC – Town of Pazardzhik develops a project “Morpheus” under program PHARE BG0104.03 for prevention among underage persons, as well as the creation of own Internet site.
- ⇒ In the Town of Kyustendil are carried out activities under project “Freedom and Responsibilities” on prevention of drug addiction behavior and the pilot stage of such project is entitled “Health education for pupils from the schools and specialized institutions for children”.

There were established Prevention and Information Centers in Blagoevgrad, Varna, Vidin, Pleven, Plovdiv, Dobrich, Silistra and Rousse. In some municipalities were established also Youth Councils on Narcotic Substances. The City of Bourgas is hosting the Second Balkan Conference “Cities from the Balkan Region against Drugs”. In the Town of Targovishte was carried a summer campaign “Vacation without Risk”.

The Sofia Prevention and Information Center was established in 1999 and is first of its kind in Bulgaria. In 2003 it participated in the Project under program PHARE – “The civil society for decrease of the demand of drugs: Primary/Secondary Prevention in Austria, Bulgaria, Slovenia, Rumania and Hungary”, being started in January 2003; Project “Etiology of blood-transmitted viruses among injecting drug addicts – Bulgarian case study”, being started in 2003. It is carried out further with the activities under the Program for primary prevention of drug addictions among teachers and parents, which has started in 2001.

For the purposes of implementation of the National program for prevention, treatment and rehabilitation of drug addictions in the Republic of Bulgaria (2001-2005) in year 2003 a team of NCA and NDC has trained teams of MDC from six regional centers in the country (Blagoevgrad, Varna, Pazardzhik, Pleven, Plovdiv and Sofia), in the field of strategic planning and assisted them

in the performance of assessment of situation and in elaboration of local action plan. The actions performed in this relation at municipal level included mainly information campaigns by means of health education materials (newsheets, newspaper, exhibition, films, brochures, stickers, leaflets, posters), increase of knowledge and work with attitudes of students in the secondary schools (talks, discussions, competitions) and capacity building (training of young leaders, training of school specialists – pedagogic counselors, medical nurses, teachers).

The prevention of drug addictions is one of the main directions in the activities of the Central Committee and Local Committees for Minor and Underage Disorderly Conduct Control (MUDCC). The focus is placed mainly on primary and to a certain extent on the secondary prevention. The averting of drugs use is related as with the protection of health and life of minor and underage persons, as well as with the prevention of events of disorderly conduct и offences.

Local Committees for MUDCC function in 284 municipalities and regions within the country. In the activities of all committees, the prevention of use of narcotic drugs is one of the priority issues. The forms of this activity are different, depending on the specific needs and problems in the region, as well as on the possibilities of the respective municipality. All Local Committees cooperate very well with the Municipal Drug Councils.

Most of the Local Committees, especially the ones located in district and bigger towns elaborate, individually or jointly with other institutions, local prevention programs. The objective is to increase the sensitivity of the society on the drugs problem through organization of campaigns with specific messages, provision for non-addicts of alternative forms of entertainment, partnership and involvement of minor and underage persons and their parents in the prevention process.

The project "Black Sea Municipal Network" – innovation practices for prevention of drug addictions, which involve 21 Black Sea municipalities (including Bourgas, Varna, Sozopol, Nessebar, etc.) The project introduces an inter-municipal scheme for prevention of drug addictions in the Bulgarian Black Sea region, using experience and programs of UK and Hungary, adapted to the Bulgarian conditions. The joint efforts of the municipalities and NGOs in the Black Sea region aim to motivate permanently children and young people up to 25 years of age not to use psychoactive substances and drugs. The tasks under the project are achieved by direct involvement as of children and young people, so of their parents. The program comprises different modules of prevention – protection of human health, establishment of youth network, education, media information campaign, alternative methods for prevention of drug addictions.

In 2003 started the project “The civil society for decrease of the demand for drugs: Primary/Secondary Prevention in Austria, Bulgaria, Slovenia, Rumania and Hungary”, funded under program PHARE. The main objective of the project is: Capacity strengthening of NGOs of candidate member countries of European union for effective and sustained realization of community-based activities on primary prevention and early intervention in the field of drug addictions.

The project includes four modules:

- organization and management capacity of NGOs;
- methodology for conducting of assessment of needs and evaluation of project results;
- Development, implementation and evaluation of projects on decrease of demand for drugs (methodology of primary prevention and early intervention of drug addictions);
- Increase of the sensitivity of society to the issues of drug addictions (work with mass media).



The engagement of the Ministry of Health on prevention and treatment of drug addictions are in accordance with the NCPCA, the major national programs and the Strategy on Fighting against Drugs. For the purposes of implementation of the National program for prevention, treatment and rehabilitation of drug addictions in the Republic of Bulgaria (2001-2005), in year 2003 were established the Municipal Drug Councils and Prevention and Information Centers thereto. From the budget of the national programs on drug addictions was financed a pilot program in six municipalities – Sofia, Plovdiv, Varna, Pleven, Blagoevgrad and Pazardzhik. There were elaborated reports with fast assessment of the situation on abuse with narcotic substances in above towns, and as a result were developed Strategic Action Plans in the field of prevention and treatment at municipal level. The plan for implementation of the National program for year 2004 envisages the sustainable development of these activities and the involvement of additional 10 new municipalities in this process.

With the assistance of national media in this direction it have to be exerted further efforts for development and realization of sustainable national media campaign, focused on the prevention of abuse with narcotic substances mainly among young generation of the country. During the reporting period, a significant step of using the media for the purposes of prevention was the development and putting in operation of a specialized preventive web-site ([web.need.bg/zadrogite](http://web.need.bg/zadrogite)).

Continues the work on development, printing and dissemination of preventive, information materials and methodological materials directed as to the different aspects of the problem, so to various target groups for preventive activities.

## **SELECTIVE PREVENTION**

### **Recreational Settings**

No available data for specific programs.

### **At risk groups**

There exist Consulting offices for drop out students. Their function is based on idea that the drop out of the school (especially in early grades) is one of the predictors for increased risk for involvement in use of drugs. Such office functions in close cooperation with the pedagogic counselors of the school network.

### **At risk families**

No available data for specific programs.

## 4. PROBLEM DRUG USE

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

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

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

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

### PREVALENCE ESTIMATES

#### By substance used

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

The mathematical procedure is:

$$T = B / c$$

where:

T – problem drug users estimate

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

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

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

- ⇒ From the official medical statistics can be seen that in the **90's (1991 – 2000) the number of admitted in the inpatient wards of the psychiatric hospitals addicted to drugs patients in the country was over 7 000 (not personified)**.
- ⇒ From the Treatment Demand Data we know that in that period **around 44 – 45% of treatment demands are for the first time** – new persons appear in the specialized

treatment system for the first time. This means that for 10 years **3000 – 3500 identified (not double counted) patients were treated in the inpatient wards.**

⇒ The Treatment Demand Data shows also that during the last 10 years **inpatient treatment demands are approximately 1/5 of all treatment demands.** Therefore it could be expected that the **total number of the people seeking treatment was around 15-17 000..**

⇒ Data from studies using Snowball Sampling Method in Sofia, conducted in the drug users population, show that **around half of problem drug users do not look for medical help** Therefore it could be expected that **problem heroin users in the country are around or over 30 000..**

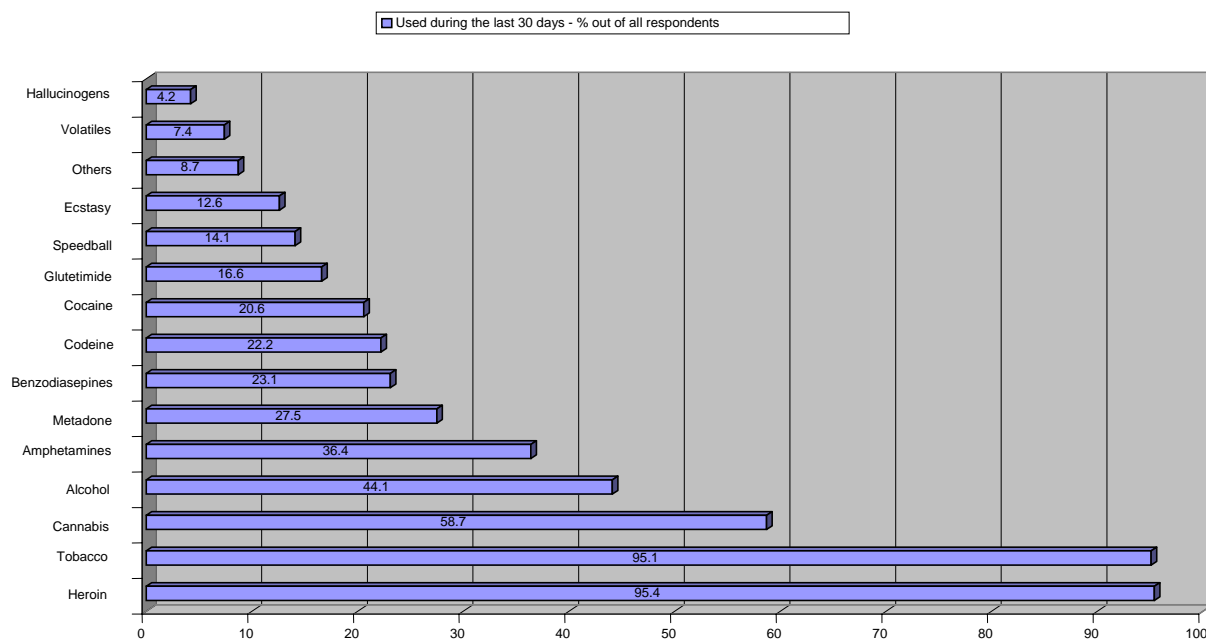
Unfortunately, due to various reasons, a reliable and valid estimate of problem users of other than heroin (opiates), cocaine and other stimulants is still missing. Anyway, according to expert assessment the probable **number of daily cocaine users in the country is around 1 000 – 2 500.**

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

The authors of an outreach study among drug users in four Bulgarian cities <sup>21</sup> announced that there is a great increase in the use of amphetamines. With reported low amphetamine use in 1998 (in Sofia) – 9%, in 2003 it involves 41% of problem drug users, and besides that the amphetamines are injected. *Figure 9* shows how the most widely used psychoactive drugs range is among injecting drug users.

*Figure 9*

#### USE OF PSYCHOACTIVE SUBSTANCES AMONG INJECTING DRUG USERS



<sup>21</sup> Drug users in Bulgaria: characteristics and HIV related risk behavior. Effectiveness of the outreach activities in the field of prevention and harm reduction, Initiative for health Foundation – Sofia & Partners, 2003, 501 injecting drug users interviewees (100 in Plovdiv, Burgas and Pleven, 201 in Sofia).

## PROFILE OF CLIENTS IN TREATMENT

The data from treatment demand in the specialized units in Sofia, Plovdiv, Varna and Pleven in 2003 show some specific characteristics from the group profile of one part of the people with problem drug use. Here are some of the features:

***35,0% seek treatment for the first time (32,1% in 2002);***

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

***19,3% are women, 80,7% are men (respectively 19,5% and 80,5% in 2002);***

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

***27,4% are below 20 years of age, 94,5% - are up to 30 years (mean age 23,1 years) – respectively 24,1%, 88,5% and 23,3 years in 2002.***

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

***11,2% live with another drug user (14,9% in 2002);***

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

***15,5% have permanent job (12,4% in 2002);***

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

***94,5% have Heroin as primary drug (92,8% in 2002);***

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

***81,8 % use the primary drug on a daily basis (81,2 % in 2002);***

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

***78,3 % have started the use of the primary drug in their 20's, 32,0 % - up to 16 years of age (mean age first use 18,4) – respectively 72,0 %, 30,4 % and 18,7 in 2002.;***

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

***74,9 % mostly inject primary drug (75,4 % in 2002.);***

***18,7 % have shared used needles and syringes in the last month (18,1 % in 2002.).***

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

*Table 8*

**COMPARATIVE DATA ON DRUG DEMAND IN SOFIA 1998 / 2003**

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

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

Table 9

## NUMBER OF TREATED PERSONS IN PSYCHIATRIC INPATIENT UNITS IN BULGARIA

TREATMENT UNITS	YEARS					
	2000		2001		2002	
	Addiction	Abuse	Addiction	Abuse	Addiction	Abuse
<b>State psychiatric hospitals – all</b>	<b>216</b>	<b>7</b>	<b>236</b>	<b>1</b>	<b>170</b>	<b>4</b>
SPH Cerova Korja, Veliko Turnovo			3		2	
SPH Sevlievo, Gabrovo	12	2	3		5	2
SPH Karvuna, Dobritsch	4		29		21	
SPH Kurdjali	11	2	64		55	
SPH Karlukovo Lovetch	11		8		5	
SPH Lovetch	1	1	3	1	6	
SPH Patalenitsa Pazardjik			6		3	1
SPH Biala Rouse	2		1		5	
SPH Novi Iskar Sofia	13		10		12	
SPH Radnevo Strara Zagora	161		99		49	
SPH Tcarev brod Shoumen	1	2	10		7	1
<b>District units for psychiatric disorders with inpatient wards – all</b>	<b>354</b>	<b>31</b>	<b>480</b>	<b>27</b>	<b>391</b>	<b>28</b>
DUPDIW Blagoevgrad	53		35		49	
DUPDIW Bourgas	58		95		58	
DUPDIW Veliko Turnovo	10		25		16	
DUPDIW Vratsa	25	2	18		14	
DUPDIW Dobritsch	37	2	41		18	
DUPDIW Plovdiv	131	1	223		156	10
DUPDIW Rouse	32	26	29	25	55	13
DUPDIW Smolian	2		1			
DUPDIW Sofia-city	2					
DUPDIW Sofia-region	2		6		4	
DUPDIW Stara Zagora			2		1	
DUPDIW Haskovo	2		5	2	20	5
<b>National Centre for Addictions</b>	<b>555</b>		<b>498</b>		<b>427</b>	
<b>Psychiatric clinics – all</b>	<b>236</b>	<b>1</b>	<b>286</b>	<b>5</b>	<b>309</b>	<b>11</b>
MHAT “Sveta Marina”-Varna	165		213	2	202	7
MHAT Pleven	32		51		59	
MHAT “Sveti Georgi”-Plovdiv	1		6		5	
MHAT “Alexandrovska”-Sofia	12		1		1	
MHAT “Sveti Naum”-Sofia	26	1	15	3	42	4
<b>Psychiatric wards - all</b>	<b>48</b>	<b>13</b>	<b>206</b>	<b>8</b>	<b>65</b>	<b>12</b>
MHAT Vidin	6	5	4		2	
MHAT Kjustendil, MHAT Dupnica	13		31		27	
MHAT Montana, MHAT Lom	4		3	1	5	5
MHAT Pazardjik	8		2		6	
MHAT Pernik	7		5		3	
MHAT Razgrad	3	3		4	2	5
MHAT Silistra	3	1	16		9	
MHAT Sliven	1		7	1	3	
MHAT Sofia			129		2	
MHAT Turgovishte	3		9		5	
MHAT Jambol		4		2	1	2
<b>TOTAL</b>	<b>1049</b>	<b>52</b>	<b>1706</b>	<b>41</b>	<b>1362</b>	<b>55</b>

*Source: National Center for Health Information – official medical statistics.*

## **5. DRUG RELATED TREATMENT**

### **TREATMENT SYSTEMS**

As a whole at the moment the drug treatment system in Bulgaria is in a process of change and comprises a combination of new, contemporary forms of organisation and technology in drug treatment, and old, traditional ones. The psychiatric help in which range are included the addictions in Bulgaria is conducted in 11 State Psychiatric Hospitals, 12 Psychiatric Clinics, 11 Psychiatric wards in the Multi – Profiled Hospitals for Active Treatment and 4 Psychiatric Clinics in the University Hospitals. The number of beds is 5 439, of which 201 structured for addicted patients (alcohol and drug problems – no differentiating), which does not limit the admission of the patients with addictions when necessary. 1 362 patients diagnosed with drug dependence and 55 with drug abuse without symptoms of dependence were treated in 2002 in the specialized treatment services.

Under dispensary monitoring are:

- with diagnosis “Drug Dependence” - 1047 patients;
- with diagnosis “Drug Abuse” - 220 patients.

At the same time the contemporary forms of organisation and technologies for drug treatment gradually enter – substitution and maintenance programmes with opiate agonists in patients with heroin addiction day centres for intensive psycho-social work, therapeutic communities, use of opiate antagonists, etc.

### **DRUG FREE TREATMENT**

The drug free treatment is a psycho-social in its essence therapeutic approach, aimed at complete psycho-social rehabilitation and reintegration of the dependent person, in which is missing or is minimal the medicament component. In Bulgaria usually this type of programmes follows the detoxification phase, and in some cases the intensive inpatient treatment and is represented in two major types of programmes:

- Inpatient (Residential) – Therapeutic Communities;
- Out-patient – Day Centres for community work.

This type of programmes is very important and in the plans for further development of drug treatment system is expected their multiplication and enlargement.

#### **Inpatient Treatment**

Inpatient (Residential) – Therapeutic Communities – 2 – “Phoenix”House – Brakiovtsy village and the “Open Society” Programme – Veliko Turnovo and Debelets village.

**Outpatient Treatment**

Out-patient treatment – Day Centres for community work – 3 – two in Sofia and one in Varna with total number of places – around 40.

**MEDICALLY ASSISTED TREATMENT****Withdrawal Treatment**

As a whole the detoxification is the main form of treatment which is provided in Bulgaria at the moment. Practically the above mentioned number of patients and number of therapeutic cases represent detoxification, mostly of heroin dependent patients.

**Substitution Treatment**

In 2003 Programme for development of methadone maintenance treatment in Bulgaria was accepted from the Ministry of Health, which anticipates enlargement of the coverage of places for such treatment as well as territory coverage of the country with such treatment. As a result of that at the end of the year 3 new programmes were opened, and places for substitution and maintenance treatment from 300 gradually reached 670. The substance used at the moment for these programmes is methadone hydrochloride.

**Other Medically Assisted Treatment**

In the practice (mostly private) of the outpatient treatment opiate antagonists (f.i. Naltrexon) are also used for longterm maintenance treatment in young heroin dependent patients, who successfully underwent detoxification.



## 6. HEALTH CORRELATES AND CONSEQUENCES

### DRUG RELATED DEATHS AND MORTALITY AMONG DRUG USERS

#### Direct Overdoses and Indirect Drug Related Deaths

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

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

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

The announcement of death is made in:

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

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

The coding of the causes of death is made according to the International Classification of Diseases, Revision 9. The implementation of the 9<sup>th</sup> revision is on the basis of Act № 5556, December 04<sup>th</sup>, 1980 of the Minister of Health and its implementation begins from January 1<sup>st</sup>, 1981. In accordance to the requirements of the World Health Organisation and the guidance for composition of the statistical tables on deaths by causes *the main or the direct cause of death* is coded. The initial cause of death is defined as “the illness or trauma which initiates the chain of conditions which are directly responsible for the death or the circumstances of the accident or violence which caused the lethal trauma”.

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

The Ministry of Health issues instructions for coding the reasons of death in compliance with ICD. The coding of the death is accomplished by medical doctors working in the Regional Centers for the

Health and respectively trained to implement the requirements of the ICD. For the coding of death the doctor uses the medical death certificate.

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

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

*Table 10*

### **MORTALITY BY GENDER AND AGE IN 2003**

*(per 100 000 of population)*

	All	AGE GROUPS											
		0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Males	0.34	0.00	0.00	0.70	1.66	0.00	1.16	0.37	0.36	0.00	0.00	0.00	0.18
Females	0.05	0.00	0.00	0.37	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00

*Source: National Statistical Institute.*

For 100 000 of the population the highest mortality is registered among males in the age group 25-29 years and 20-24 years in females.

## **DRUG RELATED INFECTIOUS DISEASES**

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

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

The following markers are tested in the laboratory of NCA:

- Antibodies against HIV ½ - for the diagnosis of the HIV infection;
- Antibodies against HCV – for the diagnosis of the Hepatitis type C;
- HBsAg – for the diagnosis of the Hepatitis type B;
- TPHA and ELISA - for the diagnosis of Syphilis

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

In the *Table 11* we present the overall number of the tested persons for 2003 and the positive results obtained.

**TESTS AND POSITIVE RESULTS AMONG IDUs FOR 2003**

<b>TYPE OF TEST</b>	<b>NUMBER OF TESTS</b>	<b>POSITIVE RESULT</b>
Ab HIV	992	1
Ab HCV	1148	677 ( 59 % )
HbsAg	1137	64 ( 5.6 % )
Syphilis	696	55 ( 8 % )

*Source: The laboratory of the National Centre for Addictions.*

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

1. The extent of HIV infection continues to be low – only one positive result obtained and confirmed during the year;
2. The extent of the Hepatitis B infection maintains in the limits of 5 – 6 % which could be observed since 1995 up to now. After the analysis made by gender and age there can be noticed:
  - in males up to 25 years of age the level of the infection is 5.4 %;
  - in males from 25 to 34 years of age the level of the infection is 10.8 %
  - in males above 34 years of age the level of the infection is 5.2 %
  - in females up to 25 years of age the level of the infection is 1 %;
  - in females from 25 to 34 years of age the level of the infection is 8.5 %
  - in females above 34 years of age the level of the infection is 12.5 %

We should note down that the level of the infection in the age group from 25 to 34 years of age is above the average – 10.8% in males and 8.5% in females. The reason for this is that in this particular age group are the patients and clients with relatively long practice in injecting use (high risk behaviour with continuation longer than 2 years). The high level of infection in females over 34 years of age – 12.5% is due to the fact that the size of this group is very small (1 positive out of 8 women).

3. The ratio of Hepatitis C for all tested persons is 59 % and analysing the results we could draw attention to the following:
  - ❖ Patients of NCA - 68 % positive;
    - males – positive- 70 %;
    - females - positive- 66 %;
  - ❖ 127 clients of CARITAS (outreach programme for drug users) - positive- 50 %
  - ❖ 217 clients of “Initiative for Health” Foundation (outreach programme for injecting drug users) - positive- 82 %;
  - ❖ 37 clients of Prevention and Information Centre on the Problems of Addictions – positive- 51 %;
  - ❖ 200 clients of “Health and Social Development” Foundation (outreach programme for male and female prostitutes) – positive- 8 %

It can be concluded after deeper analysis that the situation is especially alarming in clients of the outreach programmes and particularly these clients, cared for by the programme for exchange of needles and syringes, administrated by “Initiative for Health” Foundation. These are clients with

high risk behaviour – regular injecting heroin. The high percentage of infection - 82 % shows that the virus has in fact spread in the group and the probability to reach the level of almost 100 % contamination is very big.

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

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

- in males up to 25 years old- the level of infection is 69.5 %;
- in males from 25 to 34 years old- the level of infection is 70 %
- in males above 34 years- the level of infection is 73.6 %
- in females up to 25 years old - the level of infection is e 68 %;
- in females from 25 to 34 years old - the level of infection is 64 %
- in females above 34 years - the level of infection is 55.5 %

It is apparent that in males there is a direct correlation between the level of contamination and the age. The picture in females is different but that is due to the small size of the group – the results incline because of the small number of tests.

During the year we have tested three babies of mothers from the Methadone Maintenance Programme; the mothers being infected with Hepatitis C – all the babies are negative for Hepatitis C.

From tested patients in NCA there are 16 men and 4 women with concomitant infections of Hepatitis B and C.

4. The level of infection with syphilis is 8 %.

- ✓ From NCA positive - 5 %
- males positive - 3.5 %
- females positive - 8.7 %

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

## 7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

### PREVENTION AND TREATMENT OF DRUG RELATED INFECTIOUS DISEASES

#### Prevention

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

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

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

The objectives of the interventions in this sphere are:

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

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

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

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

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

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

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

1. Projects of “Initiative for Health” Foundation – Sofia

- ✓ “Steps in Positive Direction” – Prevention of HIV/AIDS among injecting drug users who are not currently in treatment. This is a project supported by “Open Society” Foundation and “United Holland Foundations”. The main activities in the project are needles and syringes exchange through field work. There is a Drop-In Centre and a van equipped for needles and syringes exchange and consultation on the problems of HIV/AIDS, Hepatitis B and C and taking blood samples for testing.
  - ✓ Project of Population Services International for support of regional activities on HIV/AIDS prevention in Southeast Europe.
  - ✓ Project “From first Steps to Professionalism” - research project for studying the picture of drug use in Sofia, Plovdiv, Pleven, and Bourgas, sponsored by the European Commission on PHARE Programme and in partnership with NGO from the Netherlands “Mainline” – Amsterdam and “IVO” - Rotterdam.
  - ✓ Project “ Etiology of blood transmitted viral infections in intravenous drug users “ (joint project of National Drug Research Institute, NCA, “Initiative for Health” Foundation and Prevention and Information Centre - Sofia), financed by the Government of USA
2. Projects of Association “Dose of Love” – Bourgas :
- ✓ Project “HIV/AIDS Prevention among groups with risk behaviour”. This is a project for outreach work and needles and syringes exchange. There is a Drop-In Centre also. Financed by “Open Society” Foundation..
  - ✓ Project “From first Steps to Professionalism”, sponsored by the European Commission on PHARE Programme, in partnership with NGO from the Netherlands “Mainline” – Amsterdam and “IVO” – Rotterdam. This project will ensure a mobile medical office.
3. Projects of “Panacea“ – Plovdiv
- ✓ Project “HIV/AIDS prevention programme among injecting drug users and providers of sexual favours“, financed by “Open Society” Foundation
  - ✓ Project “From first Steps to Professionalism”, sponsored by the European Commission on PHARE Programme, in partnership with NGO from the Netherlands “Mainline” – Amsterdam and “IVO” – Rotterdam.
4. Projects of “Pleven 21<sup>st</sup> Century“ Foundation – Pleven.
- ✓ Project ”Harm Reduction of Drug Use among Intravenous Drug Users and Prostituting Women in the region of Pleven through Conducting a Needles and Syringes Exchange Programme“, financed by “Open Society” Foundation. There is a Drop-In Centre with this project. Project From first Steps to Professionalism”, sponsored by the European Commission on PHARE Programme, in partnership with NGO from the Netherlands “Mainline” – Amsterdam and “IVO” – Rotterdam.
5. Project of CARITAS – Sofia: “Mobile Office for Work with Drug Users“ This project is working from 4 years jointly with NCA. In the mobile office there are several activities carried out: pre- and post-test counselling for HIV/AIDS, Hepatitis B and C, taking of blood samples, treatment of wounds and abscesses, distribution of mineral water, snacks, vitamins, antipyretics, etc.
6. Projects “Health and Social Development” Foundation – Sofia :
- ✓ “Day & Night 3 “ – harm reduction among men and women, offering paid sex and injecting drugs.

- ✓ Project for mobile medical office for medical consultation of people dependent on narcotic substances

7. Project for mobile office of “Doctors without Borders” in the frames of project for control of sexually transmitted diseases and HIV/AIDS prevention.

### **Counseling and Testing**

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

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

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

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

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

### **Infectious Disease Treatment**

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

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

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

## 8. SOCIAL CORRELATES AND CONSEQUENCES

### SOCIAL EXCLUSION (DROPPED OUT OF SCHOOL) AND STRUCTURE OF UNLAWFUL ACTS OF MINORS

In 2003 the main parameters in the structure of unlawful acts of minors, covered by the Children's Pedagogical Offices (CPO) remains the same (see *Table 12*).

*Table 12*

#### STRUCTURE OF UNLAWFUL ACTS OF MINORS, REGISTERED BY CHILDREN'S PEDAGOGICAL OFFICES

Years	All	Running away from home	Running away from		Running away from school	Wandering and begging	Use of alcohol	Drug use	Prostitution	Homosexual acts
			EBS	SPBS, HRECL PC						
1996	6470	1210	-	-	2261	500	345	168	154	-
1997	6294	1090	-	-	1694	626	451	364	239	-
1998	11788	1675	-	-	1539	1002	544	1086	438	-
1999	11709	1557	-	-	-	1069	602	1025	464	-
2000	10305	1539	465	735	-	1405	741	815	413	58
2001	10322	1517	326	726	-	1318	555	872	420	52
2002	11070	1623	312	725	-	1126	554	846	501	80
2003	13196	1923	299	832	1091	1059	612	841	601	-

*Source: National Statistical Institute*

In most unlawful acts there is a increase found – prostitution, use of alcohol, running away from home, running away from educational boarding school (EBS), social pedagogical boarding school (SPBS), home for raising and educating of children lacking parental care (HRECLPC). In 2003 from the discovered 461 minors 321 have run away from their homes and 140 from EBS, SPBS, and HRECLPC. Uncovering, running from school and drop-out is a strongly influencing criminal activity factor. This group of minors increases from 28000 in school years 2001-2002 to 31006 in school years 2002-2003. Running away from home is related to wandering, begging, use of alcohol – activities from which to criminal activity is not far away. According to the information from the Ministry of Internal Affairs a lot of parents do not inform in time about their children's escapes which makes their finding more difficult on one side, and on the other – puts these children in risk either for conducting a criminal act, or for being an object of criminal offence.

Significant part of the reports of the local commissions indicates a raise of the cases of driving a vehicle without a driver's license – unlawful act, as dangerous for the potential and real victims of accidents, as for the drivers themselves.



During the last years emerges a tendency for decreasing the number of drug users, covered by CPO. In the same time the use of alcohol increases, which provokes aggressive actions, violence and conducting of criminal offences.

## DRUG RELATED CRIME

### A. According to Police data

The part of young criminal offenders (18 – 30 years old) shows a clear trend for increase. The mean value for the observed period 1997 - 2003 reaches 67,2% of all offenders of similar offences. The biggest level of this part has been reached in the last year 2003 - 72,6% (see *Table 13*).

*Table 13*

**REGISTERED DRUG RELATED CRIMES AND OFFENDERS  
FOR THE PERIOD 1997 – 2003**

Year	All crimes	Committed (%)		All offenders	Age groups (%)				
		Individually	Accessory		Under 14	14 – 17	18 – 30	31 – 40	Over 40
1997	418	98,6	1,4	360	-----	10,8	63,2	14,7	11,3
1998	751	91,1	8,9	780	0,5	16,8	59,7	10,9	12,1
1999	806	91,9	8,1	839	0,1	15,6	69,7	7,3	7,3
2000	432	89,8	10,2	481	0,6	13,5	62,0	12,9	11,0
2001	1 485	92,9	7,1	1 494	0,06	15,7	71,2	8,2	4,9
2002	1 658	91,1	8,9	1 730	0,2	15,7	72,3	6,9	4,9
2003	2 000	91,6	8,4	2 067	0,3	15,7	72,6	6,1	5,3
Сред-но	1 079	92,4	7,6	1 108	0,3	14,8	67,2	9,6	8,1

*Source: Police Statistics*

Extremely disturbing is the problem with the permanent growing of the criminal activity of the young people in drug related crimes. The age distribution of the individuals who committed such crimes indicates that the highest criminal activity is among young people aged 18 to 30 - average for the period 69 of 100 000 in this age group. Just for 2003 the coefficient for criminal activity has raised to 110 of 100 000 young adults.

This once more confirms the determined fact that the problems, related to drugs in their variety remain predominantly “juvenile”.

Disturbing is the trend of increase of drug related crimes committed by minors (14 - 17 years old). In the beginning of the observed period 1997 - 2003 the relative share of minor offenders is 10,8%, but for the last three years a stable and high relative shares of criminal realisation of minors establish, reaching 15,7% (see table. 12). The coefficient of criminal activity is at an average of 49 of 100 000 minors with sharp increase in 2003 - 78 of 100 000 of the minors in the country. In the age distribution of the offenders of drug related crimes the group of the young people in the range of 14 - 17 strongly takes the second place among young people. Unfortunately this fact threatens with inheritance in the field of drug related crimes. Besides that the public attentions has been drown more permanently in this sphere of urgent preventive activities.

## **B. According to Data from Law Enforcement Institutions**

In the last three years the number of preliminary legal proceedings continuously increases, the overall increase for the period 2001-2003 is 42% (see *Table 14*). At the same time the number of accomplished legal proceedings is around 70% of all proceedings, while approximately half of them have been sent to the court. In the period the number of accused persons increased with around 60% and in 2003 was 1008. Approximately every fifth of these people was with pressed measure "Detaining into custody", and every seventh was below the age of 18.

*Table 14*

### **DRUG RELATED PRELIMINARY LEGAL PROCEEDINGS OF THE INVESTIGATION AND ACCUSED PERSONS**

	<b>2001</b>	<b>2002</b>	<b>2003</b>
1. All investigated preliminary legal proceedings	1754	2292	2490
2. All accomplished	962	1557	1732
in this number in court	480	767	853
3. Accused persons, of them:	625	926	1008
Detained into custody	157	220	215
Foreigners	27	25	29
Minors	83	113	146

*Source: National Investigation Office*

Table 14 presents general criminality for trafficking of psychoactive substances – Article 242, paragraph 2 of Penalty Code and for producing, processing, dissemination, keeping, transportation of psychoactive substances – article 354(a) of the Penalty Code who are under investigation only from investigators of the National Investigation Office and Regional Investigation Offices.

In the National Investigation Office (NIO) there are not data collected for another drug related criminal activity – for example crimes against personal property, prostitution, illegal receipts, violence and driving under the influence of drugs.

The statistical data from NIO cover only preliminary legal proceedings in the form of preliminary investigations and there are not data for the police or customs investigations.

The implemented in 2003 specialization in investigation, administration, monitoring and resolving of the cases in drug related crimes by the prosecutor has been improved. In 2003 the crimes in the drug cases are under the control of the special unit for the organized crime at Supreme Public Prosecution which carries out the monitoring of these crimes.

Differentiation accordingly the structure of crimes defined through the Penalty Code, and corresponding to the close specialization of the public prosecutors was introduced at the beginning of 2004.

The cases are monitored according to texts of the Penalty Code (PC), related to acquisition, production, processing, storage, distribution and transportation of narcotic substances and their analogues, but the Ministry of Justice collects information for considered lawsuits and the number of convicted persons from courts.

The guidance and the control on the “Generally dangerous crime” (Chapter 11, Section 3 of the Penal Code), “Offences against the national health and the environment”, which include the main corpus delicti of a general nature, related to illegal production, keeping and possession of drugs (art. 354a-c of the PC), is effected by specialized public prosecutors from a respective unit. Accordingly to their linkage to different officials or custom officers (e.g. to cases of corruption or offences on business) the illegal drug traffic as a custom contraband (art. 242 and followed from the PC) is under the control of prosecutors from the respective specialized units “Offences on business and corruption” and “Economic offences”. The offences related to the drug traffic as element of the organized crime (art. 321 and 321a from the PC) are controlled by the unit “Organized crime and terrorism”, in close collaboration with the international unit and the competent Bulgarian and international structures.

The **newly initiated legal proceedings** in 2003 were **1884** (see *Table 15*). The greatest part of them is related to offences on art. 354a from the PC for illegal production, keeping and distribution of drugs and precursors. The annual number of cases on art. 354c for planting and growing plants, containing drug substances, was 38.

In 2003 **the highest number of pre-trial proceedings** were initiated in the region of Prosecutor’s Office of Appeal (POA) – Sofia (960). For the region of POA – Plovdiv the respective number of pre-trial proceedings was 332, POA – Varna (298 proceedings) and POA – Burgas (85 proceedings) follow. This data shows that the drug related offences seem to be widespread at a largest extend within the territory of POA – Sofia, which includes eight Regional Prosecutor’s Offices (RPO) – Sofia city, Sofia region, Pernik, Kyustendil, Blagoevgrad, Vratza, Montana and Vidin.

In 2003 the public prosecutors have submitted in the court a total number of **764 indictments** related to **815 offences** on art. 354a, 354b and 354c from the Penal Code against **915 defendants and incriminated persons**. 810 out of them were Bulgarian citizens, 105 – foreign citizens.

At the end of 2003 the number of **convicted persons was 313**, and 161 out of them were with effective sentences.

Total number of **169 pre-trial proceedings** for offences on art. 242, paragraphs 2, 3, 4 and 9 from the Penal Code – related to **illegal drug traffic** through the state borders - were monitored.

The **newly initiated legal proceedings** in 2003 related to illegal drug traffic through the state borders were **54**.

There was a total number of **135 incriminated persons** on art. 242, paragraphs 2, 3, 4 and 9 from the Penal Code.

There were **20 indictments in the court**, and **8 persons were convicted** with effective sentences.

**INFORMATION REGARDING THE DRUG-TRAFFIC RELATED LEGAL  
PROCEEDINGS, INDICTMENTS AND SENTENCES IN BULGARIA**

Offences and texts from the Penal Code	2002				2003			
	Preliminary proceedings, undertaken during the year	Indictments	Sentences	Convicted persons	Preliminary proceedings, undertaken during the year	Indictments	Sentences	Convicted persons
<b>I. Illegal drug traffic</b>								
1. On art. 354a-c from the Penal Code		624			1884	764		313
- incl. cases of organized crime					1	2		
2. On art. 242, par. 2-4 and 9 from the Penal Code					54	20		8
- incl. cases of organized crime					31	7	2	
<b>II. Money laundering</b>								
On art. 253 from the Penal Code		21				4		2
- incl. cases of organized crime								

*Source: Prosecutor's Office of Republic of Bulgaria*

## **DRUG USE IN PRISON**

### **Quantitative Characteristics of the Population with Drug Dependence in Prisons**

Until September, 2004 there have been data for 565 drug dependent prisoners in the prisons and prison hostels.

The number of drug users detained in arrests for inquiry is 722. Part of them has left the detention due to change of measures and other part is transferred to prisons. Due to these reasons the quantity of drug users in the detention arrests is lower than the reported figure.

The biggest concentration of drug users is in the prisons in Sofia and Plovdiv, and in the prison hostel of closed type in Kremikovtsy

A slow increase of the number of drug users in prisons is noticed. For approximately 2 years the number has risen with 200 people in the prisons and prison hostels. It can be foreseen that this trend will be kept stable and it is possible to become intensified due to the great sensitivity of wide segments of the criminal contingent to drugs.

### **Preparation of the Penitentiary Personnel**

The personnel of the prisons undergo different variants of training to attain proficiency in the specialized therapeutic programmes. The training is conducted in the following forms:

- through primary penitentiary instructions in the Education Centre in Pleven;
- through international projects along European network for drug prevention in prisons;
- through smaller local projects, such as in the prisons of Bobov Dol, Vratsa, Varna and Lovech;
- through the autumn university for addictions at the Medical Institute in Sofia, where 12 employees of the penitentiary institutions were trained for the period 2002 – 2004;
- through inside seminars, organized during the year. In such way for the last 2 years 90 employees were trained.

According to inside reports around 100 social workers, doctors, psychiatrists and psychologists from the penitentiary institutions need to receive additional training.

### **Conclusions:**

1. The number of drug users in prisons and prison hostels increases ceaselessly.
2. The medication and specialized therapeutic treatment of drug users demands setting apart of significant financial means and their regular provision every year.
3. It is necessary to intensify the training of the expert penitentiary personnel (doctors, psychiatrists, psychologists, social workers) in order to be in a position to implement effectively the different specialized programmes for work with drug addicts.
4. Gradually the training must spread and cover all the categories penitentiary personnel who are in immediate contact with drug users in prison.

Almost half of the prisoners (44%) use heroin or other opiates (see *Table 16*). After that in prevalence come the cannabis and ecstasy.

*Table 16*

### **USE OF ILLICIT DRUGS AMONG PRISONERS**

<b>Year</b>	<b>Proportion of drug users to all of the population in prisons</b>							
<b>Drug use -lifetime prevalence</b>	<b>number of people</b>	<b>Cannabis</b>	<b>Cocaine</b>	<b>Heroin/ opiates</b>	<b>Amphetamin es</b>	<b>Ecstasy</b>	<b>other (specify)</b>	<b>all illegal substances %</b>
	<b>533</b>	<b>13.19%</b>	<b>5.30%</b>	<b>44.10%</b>	<b>4.90 %</b>	<b>10.90 %</b>	<b>14.23 %</b>	
<b>Use before prison -regular use (10-15 days month)</b>				<b>93 %</b>				
<b>Injecting use</b>								

*Source: Ministry of Justice – Department Penalties execution.*

The data from *Table 16* has been formed on the basis of expert assessment prepared by medical doctors – psychiatrists who are employees in the prisons in Bourgas, Varna, Plovdiv and Sofia.

Despite the efforts data for regular drug use before prison could not be provided. Too many prisoners tend to present the incidental drug use as regular.

The data for injecting drug use of heroin are also quite approximate because often they are on the basis only of the self report of the prisoners and hardly can be validated.

## 9. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES

### SOCIAL REINTEGRATION

During the last years in the country started a number of reforms and legislative initiatives which are directed towards the integration of the risk groups in the society and developing of the mechanisms for fight against social isolation.

On January 1<sup>st</sup>, 2003 the modifications in the Law for Social Assistance were issued. According to them the social assistance is represented in offering help and services.

In the Regulations for implementation of the Law for Social Assistance /State Newspaper, № 40, 2003 / there is a detailed regalement of the types of the social services. One of the provided forms is a Centre for Social Rehabilitation and integration, including a complex of social services, connected with rehabilitation, consultations in the field of the law, educational and occupational help and orientation, preparation and implementation of personal individual programmes for social inclusion, including persons successfully accomplished treatment.

With the Law for Social Assistance a “Social Assistance” Fund was created. The resources in the fund are consumed for financing a target social programmes and projects in the field of social assistance.

Since April 18<sup>th</sup>, 2003 the modifications and additions to the Law for Protection of the Child came into power. The measures for child protection were broadened with five more: specialized protection on public places, informing about the rights and obligations of the children and parents, ensuring of preventive measures for security and protection of the child, ensuring of legal help from the state, special care for children who are physically and mentally challenged.

There is an **Ordinance for the conditions and order to implement measures for preventing abandoning of children and their placement in institutions, as well as their reintegration** /Decree of the Council of Ministers № 181 of August 11, 2003, published SN, № 74 of August 22, 2003/.

The Ordinance specifies the measures through which the departments “Child Protection” in the Directorates “Social Assistance” using appropriately directed social measures, cooperation and help to the families in difficult situation to create conditions for the child to be raised and to develop in its own family as an alternative to placing in the specialized institution.

With the project “Reformation for increasing the well-being of the children in Bulgaria”, financed by World Bank, in ten pilot municipalities – Bourgas, Varna, Pazardjik, Plovdiv, Rouse, Sliven, Sofia, Stara Zagora, Targovishte and Shoumen will be developed Centres for Public Support (as a complex of social services for children and families). The Day Centres for Children on Streets will be created in Plovdiv, Shoumen, Bourgas, Rouse, and Sofia. In Sofia according to the project is expected a renovation of the operational Shelter for children on the street “Faith, Hope, Love” in the quarter Nadejda.

**Centre for Street Children** - The children on the street use different narcotic substances which “help” them to cope with life easier. The Centre for Street Children will provide them with safety and security. **The main objectives of the Centre are:** protection and support for the street children, providing possibilities for development, education, and socialization, protection of the rights of the children who do not have supervision.

Aimed at the implementation of the undertaken by the state in the process of acceding engagements in Chapter 13 “Social policy and Employment” is the Order № 184 of May 22<sup>nd</sup>, 2003 of the Minister of Labour and Social Policy for creation of inter-institutional work group for developing of a project for Joint Memorandum on the Social Inclusion between the Government of Bulgaria and European Commission. In the Memorandum a special attention is drawn to drug addictions as are described the main problems in the field - increased number of the people who abuse drugs, drop in the age of initial drug use, etc. In Chapter 4 is presented the Bulgarian Government policy in prevention, treatment and rehabilitation of drug addictions, the main achievements are evaluated, as well as the existing problems are assessed.

## **PREVENTION OF DRUG RELATED CRIME**

### **Medical treatment of drug addicts in prisons**

In 2003 in the Psychiatric Ward of the prison in Lovech 30 patients had been treated, 17 of them had heroin dependence and 13 had alcohol dependence. In the beginning of 2004 in the same ward 4 patients with heroin dependence and 4 with alcohol dependence were treated

Treatment of a patient like this costs around 360 Bulgarian leva a month (app. 180 EURO) and its length depends on the programme chosen for intervention.

In the medical centres of the prisons a desintoxication of the abstinent patients could be provided, accompanied with therapy support and counseling with medical doctors, psychologists and social workers.

### **Specialized treatment of drug addicted prisoners**

The Therapy modules with imprisoned drug addicts are organized in the frames of the adaptation programme and the programme for free life. They are implemented in every section of the structure of the Chief Directorate “Execution of Penalties”

In 2003 specialized programmes for rehabilitation have been prepared and implemented with convicted drug addicts in the prisons Bobov Dol, Varna, Vratsa, Lovech, Stara Zagora. These programmes were developed on the basis of projects and are in the pilot stage of their realization. There has been an assessment of the functional effectiveness of the programmes implemented in the prisons in Varna, Vratsa and Stara Zagora.

An assessment of the programmes regarding their effectiveness was accomplished also from the European Network for Drug Prevention in prisons, which encouraged us in our efforts to develop specialized therapeutic programmes for work with imprisoned drug addicts. In 2004 the European Network will continue to supervise our programmes and to introduce the experience of the European penitentiary administrations in this field.



Convicted drug addicts participate in the group work directed towards resocialisation together with other prisoners from all the sectors of the system.

Specialized therapeutic programmes for work with this category are implemented in the prisons Bobv Dol, Bourgas, Varna, Vratsa, Lovech, Stara Zagora, Sofia.

Around 200 convicted drug addicts have participated in respective forms of special treating.

In the prison of Sliven there is no prepared and implemented separate therapeutic programme for women who are drug addicts. This is due to the factor that women drug addicts are rare and during the penalty are clean of drugs. For this reason the measures of general penitentiary treating is applied to them. But they are more strictly monitored and in case of behavioral problems or conflicts they receive individual counseling.

For registering of medical indicators, connected to the clinical status of imprisoned drug addicts the medical centres and hospitals in the penitentiary system need urgently 18 computers.

The price of combined urine test of a newly entered prisoner is 15,30 Bulgarian leva ( $\approx$  7,50 EURO). In prisons and inquiry arrests for a year reside around 6000 persons. If they are all tested for drugs, there has to be coverage in the amount of 9180 leva (over 4700 EURO) for every calendar year.

## 10. DRUG MARKETS

### AVAILABILITY AND SUPPLY

#### Availability of drugs

According to data of the sociological research,<sup>22</sup> narcotic substances were offered to more than 1/3 (35%) of interviewed persons within 12-30 years of age. It represents in total ca. 360 000 persons. In 32% of the cases, the narcotic drug is offered by a friend, 28% by a schoolmate and 27% - by acquaintance of same age. Significant role are playing also the dealers – 23% of the cases. Most frequently, the drugs are offered in/around discotheques (41%), at a party (35%) and in/around schools (35%). Considering the fact, who are the persons, offering drugs and places, where it occurs, obviously the narcotic substances are becoming part of the everyday life of young people. In support of such fact are the following figures – 45% of interviewed persons have witnessed a jargon talk on drugs, 22% - a sale and purchase и 36% - use of drugs.

Another research<sup>23</sup> shows that according to 93.1% of the students for them is too easy to obtain cigarettes, 93.9% think that the beer is easy accessible, according to 91.3% the same is valid for wine and according to 85.7% the same is valid for strong alcoholic drinks. From the illegal drugs for 41.8% of the young people is too easy to buy marijuana or hashish, for 31.7% - inhalants, for 25.5% - anabolic steroids, for 21.3% ecstasy, followed by amphetamines 17.3%, LSD – 15.8%, cocaine 14.7 and heroine 14.2%. Every tenth student is convinced that he is able to buy the most difficult to obtain drug.

In principle, the real availability of the narcotic substances for the young people is better evaluated by means of indicators of the market situation – network development, affordable price, purchase power of the population, etc. It is possible also to monitor this issue by other two indirect indicators, subject of study by the method of direct poll, which, with certain reserves provide enough orientation in the problem:

- *Attendance of parties at which drugs are used*
- *Students as target of drug offering*

#### Attendance of parties at which drugs are used

Every third participant of the reviewed sample in the City of Plovdiv<sup>24</sup> once in a life has attended a party, at which any drug was used, and for every tenth, it has frequently occurred (see *Table 17*). The disturbing fact here is that even in primary school (6-8 grades) the parties with “something special” are not something extraordinary – the respective shares in these grades are ca. 20 % and ca. 7 %. Therefore, every fifth person of this age group probably has already such experience. In fact, exactly after 8 grade and the beginning of the secondary education is the demarcation period – since 9 grade and including the entire secondary education course the relative shares of attendants at such

<sup>22</sup> “Public Opinion on Drugs and Fighting against Their Use”, MBMD and “Salvation” Foundation, November 2003 in the city of Sofia and the District Centers, 1000 children and 500 parents.

<sup>23</sup> National Representative Sociological Research “Use of Alcohol and Other Drugs in Bulgarian Schools (Grades 9-12)”, by the methods of ESPAD, May 2003.

<sup>24</sup> Representative Research among students in Plovdiv, 2002, total interviewees: 1533.

parties and frequently attendants are increased approximately two times. Maybe exactly the beginning of the secondary education is a start of new kind of entertainments.

*Table 17*

**ATTENDANCE OF PARTIES, AT WHICH DRUGS WERE AVAILABLE**

(in %)

Have you ever attended a party at which drugs were available?	Total	Grades 6-7	Grade 8	Grades 9-10	Grades 11-12
Often	9.5	6.9	7.0	12.0	10.1
1-2 times	22.6	13.8	13.9	29.1	28.7

*Source: Representative Research among students in Plovdiv, 2002, total interviewees: 1533.*

#### Students as Target of Drug Offering

According to answers given by the students, about 1/3 of them has been offered a drug; the percentage of cases in which such offering has been accompanied by attempt to duress is insignificant (see *Table 18*). The more the grade increases, the more share of those having been offered drugs increases, in 6-7 Grade each one of eight confesses that has been offered drugs (which is, in fact, insignificant given the age), in upper grades the percentage increases almost four times, i.e. almost half of graduating students have already had such experience. Despite the foregoing, although the values are considerably lower, the attempts to duress are much more frequent in lower grades – in such cases we can actually speak of the so-called “luring”.

*Table 18*

**STUDENTS BEING OFFERED ANY DRUG**

(in %)

Have you ever been offered any drug?	Total	Grades 6-7	Grade 8	Grades 9-10	Grades 11-12
Yes	31.7	12.6	22.7	37.8	45.4
Yes + attempt of duress	1.3	1.5	3.0	1.0	0.1

*Source: Representative Research among students in Plovdiv, 2002, total interviewees: 1533.*

Another interesting point is to be found in the correlation between drug offering and attendance of parties at which drugs are used. Having no reason to speak of a direct relation between the events, it is, however, indicative that approximately three fourth of attendees of parties at which drugs are available have been offered drugs. However, by the years this share increases almost twice – from 40-45 % in Grades 6-7 to over 80 % in Grades 11-12. We could guess that such parties represent one of the basic mechanisms for spread of narcotic substances among young people.

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

In 2003, the territory of the Republic of Bulgaria was still actively used for trafficking of **heroin** and **raw materials for its manufacturing**. There is an observable tendency that local criminals, which are involved in the heroin traffic, get more organized in terms of structures. Traffic in heroin is carried out mostly by international criminal structures, including ethnic Albanians and Turks as the leadership is preserved for Turkish organizations trafficking in drugs. Well-organized groups of Bulgarian and Macedonian citizens are still participating in the above organizations. Traffic in **heroin** is still carried out by the following routes: Turkey – Bulgaria – Romania or Turkey –

Bulgaria – FYR of Macedonia – Kosovo – Serbia. Shipments are relatively small (from 5 to 10 kg) and still railroad transport is predominantly used.

In terms of traffic in **cocaine** the tendency that cocaine import decreases and it is replaced by the cheaper synthetic drug **Piko** is in progress. Certain decentralization of cocaine shipments from Latin America can be noticed. To reduce the risk of couriers being arrested upon trafficking in drugs, the territory of the Republic of Bulgaria is often evaded, establishing so-called “depots” in Western Europe. In 2003 it was observed that cases of Bulgarian citizens caught abroad while carrying cocaine for some West European countries (mostly Holland) have increased. These are mostly single persons traveling to South America and Europe. Following the operations completed in recent months against manufacturing and distribution of counterfeit money, it can be concluded that persons involved in such criminal activity in many cases use established drug traffic channels.

In terms of trafficking, the tendency that **cannabis** is spread and cultivated in the regions of Southwest Bulgaria is still preserved. Large areas of cannabis plantations have been found in Northeast Bulgaria. Trafficking in **marijuana** Albania through Bulgaria to Turkey is committed as well. Cannabis planting in areas difficult to access and on wasteland as well as on lands owned by old-age persons is in progress. Cannabis cultivation and realization is under the control of Bulgarian criminal structures. The increased quantities of cannabis grown correspond accordingly to the quantities of **marijuana** being actively distributed at domestic market.

In 2003 the **synthetic drugs** were still imported through Bulgaria’s western border. The tendency for separation of single stages of synthetic drug manufacturing is preserved: synthesis is made at one site, the amphetamine dust-like substance is obtained at another place (salting out of amphetamine-base to amphetamine sulfate and amphetamine chloride), and tableting is done at third and fourth place. The criminal groups involved in amphetamine manufacturing are mixed ones – foreign or Bulgarian citizens – as in the most recent cases foreigners, mostly Arab or Serbian citizens, have turned out to be the organizers and abettors to criminal activity. Based upon the analysis of the information obtained, we can draw the conclusion that there are powerful laboratories for amphetamine in Bulgaria’s neighboring countries (probably in Serbia), and such amphetamines are exported to the Near and Middle East through Bulgaria. In this sense, Bulgaria appears as transit country on the amphetamine route.

There is an noticeable increase of the number of illicit laboratories on the territory of the country engaged in amphetamine manufacturing. Part of production is designated for the “domestic market” at which the consumers are mostly young people and students. Larger amounts are trafficked to Turkey and from there they are redistributed for the Near East countries. There is a tendency that processes are moved outside Bulgaria with the participation of Bulgarian citizens in foreign criminal groups.

Based upon the analysis of data obtained, we can draw the conclusion that distribution and use of synthetic drugs near the big cities/towns in Bulgaria reaches the large-scale use and distribution of the heroin.

The international drug trafficking organizations are increasingly interested in joint criminal activity with similar Bulgarian structures. The said aim at using the territory of Bulgaria for both trafficking in drugs and drug manufacturing.

After the series of murders of persons involved in drug trafficking and mostly after the murder of Konstantin Dimitrov “Samokovetza”, there is a tendency of reshuffle and rearrangement of active organized criminal groups.

The international nature of the drug problem calls for the exchange of common and specific information between the National Service for Combating Organized Crime (NSCOC) and its related services as well as conducting of international operations to counteract local and transnational drug organizations.

**SEIZED DRUGS AND PRECURSORS  
BY NSOCC, INDIVIDUALLY AND JOINTLY WITH OTHER SERVICES DURING 2003**

TYPES OF DRUGS	UNITS OF MEASURE MENT	NSOCC	NSOCC AND OTHER SERVICES IN MI	NSOCC AND CUSTOMS	NSOCC AND SIMILAR SERVICES ABROAD	TOTAL QUANTITY	TOTAL CASES	TOTAL DETAINED PERSONS
HEROIN	kg	56,628	1,855		110,650	169,133	56	83
COCAINE	kg	1,130	0,314	4,056	3094,206	3099,706	23	29
MARIJUANA	kg	68,394	591,762			660,156	107	129
CANNABIS – green mass	kg	564,950	970,323			12535,273	31	15
CANNABIS – stems	pcs.	8068	13250			21318	35	5
CANNABIS – seeds	kg	0,644				0,644	7	6
CANNABIS – planted areas	dca	7	32			39	5	
HASHISH	kg	0,405	10,5			10,905	3	6
AMPHETAMINE	kg	192,663				192,663	18	30
	tabl.	11949	252			118201	16	14
ECSTASY	tabl.	1046	42			1088	10	12
KAPTAGON	kg	2				2		
	tabl.	12450			94900	107350	3	6
PIKO	doses	330	150			480	4	4
EPHEDRINE	kg	6,07				6,07	2	2
	tabl.	8	46720			46728	2	3
NOVOCAIN	kg	70				70	1	1
HEXADORM	tabl.	310				310	1	
RIVOTRIL	tabl.	240				240		
CODTERPIN	tabl.	90				90	1	
PHENOL-BARBITAL	tabl.	660				660	1	1
	kg	0,047				0,047	2	
ACETIC ANHYDRIDE	l	951				951	2	3
CHLORINE ACETONE	l		4800			4800	1	3
BMK	l	100				100	1	

*Source: National Service for Combating Organized Crime*

## SEIZURES

Since 1998 in the Bulgarian Custom Administration are working autonomous specialized structures with maximally high statute, which are working mainly on preventing and revealing of illegal traffic of narcotic substances and precursors. In the departments are working custom officers, specialized in the activity related with custom reconnaissance and specialized teams for selection and carrying out of through custom verifications. The drug departments are well provided with motivated, qualified and loyal towards the custom administration officers. The specific of the activity and the acquired European standards does not allow decrease of these requirements.

During 2003 “Custom” Agency took participation in three international operations on preventing and revealing of drug trafficking.

- 1 Operation **E 70** related with the drug trafficking in autobuses and cars on Balkan road, conducted within the period 13-19.04.2003.
- 2 Operation **SPEEDWAY** related with the drug trafficking in heavy vehicles on the Balkan road conducted within the period 27.06. – 08.07.2003.
- 3 Operation **CONQUEST** related with the heroin trafficking in ship containers, conducted within the period 24.10. – 05.11.2003.

The first two operations (**E 70** и **SPEEDWAY**), represented respectively the second and the third phase of a large-scale international operation under the name of “Deterring II”. They were organized under the initiative of the Specialized Drug Team /presided by Bulgaria/ incorporated in the regional center for fight with the trans-border crime in Bucharest.

The review conference of operation “Deterring II” was held in October 2003 in Bulgaria. There was announced that the Bulgarian custom and police authorities are having key role in the region and have achieved the most significant results in the conducted operation “Deterring II”.

Operation “Conquest” was initiated by the Working Group on custom cooperation in the European Commission with the participation of the custom administrations of the member countries of European Union, candidate member countries having outlet on the sea as well as Norway and Russia. During the operation the Bulgarian customs have intercepted 104 kg. hashish in ship container, being one of two countries-participants with actual interception.

During 2003 the Balkan road, continues to have main role in the transportation of drugs to the consumer countries. Meanwhile, there was found that the international drug groups deliberately avoid the “traditional Balkan road” through Bulgaria, because of the higher risk of interception and are selecting more often new alternative roads. In result of this tendency during the past years was established a wide network of offsets of the “Balkan Road”. There are observed two main alternative smuggling channels for illegal trafficking of heroin – along the “Silk Road” from Afghanistan through the Central-Asian republics and Russia towards the Western Europe and the south offset of the “Balkan Road” through Adriatic Sea and Italy to the other Western European countries. These analyses are included in the annual reports of the World Customs Organization, Interpol and United Nations Office on Drugs and Crime (UNODC).

Other tendency is the significant increase of the relative share of the Bulgarian drug-couriers. During 2003 they represent the largest number – 41 offenders, followed by Turkish and Serbian citizens (respectively 12 and 10).

Other disturbing tendency is the increase of the illegal trafficking of synthetic drugs through/from Bulgaria towards Turkey and the countries from the Middle East. During 2003, the Bulgarian

custom authorities have intercepted 395 kg amphetamine in 10 cases. For comparison, during 2002, the intercepted amphetamine is 27,4 kg in 3 cases.

The National Border Police Service (NBPS)-MI takes measures of and watches over the consolidation of operative units that are working against drug trafficking and for the improvement of operative-tracing activities, aiming to obtain imminent information.

The border police officers at the Cross-Border Check Points (CBCP) dispose of field drug tests for the identification of suspicious materials.

The organization of CBCP special units ensures a constant work cycle of custom-offices, high effectiveness and reliability of border passport and visa control /BPVC/, observation of technological sequences and completeness of customs oversight.

In 2003 customs organs have prevented on the county's borders 91 cases of illegal trafficking of narcotic substances and precursors as follows:

**Total quantity disclosed drugs and precursors**

**- 6 475.6233 kg, 33 771 tablets and 785.500 l**

**Total quantity disclosed drugs of which:**

**- 1 466.4233 kg and 10 251 tablets**

Marijuana	- 26 cases	- 28.8953 kg
Heroin	- 25 cases	- 661.671 kg
Amphetamines	- 10 cases	- 394.7455 kg
Hashish	- 7 cases	- 373.604 kg
Cocaine	- 5 cases	- 7.4405 kg
Opium	- 2 cases	- 0.053 kg and 95 tablets
Morphine	- 1 case	- 0.014 kg
Kaptagone	- 1 case	- 9 909 tablets
Methamphetamines	- 1 case	- 128 tablets
Diazepam	- 1 case	- 100 tablets
Hydrocodone	- 1 case	- 10 tablets
Ecstasy	- 1 case	- 9 tablets

**Total quantity disclosed precursors of which:**

**- 5 009.200 kg, 23 520 tablets and 785.500 l**

Ephedrine	- 7 cases	- 9.200 kg and 23 520 tablets
Vinegar anhydride	- 2 cases	- 784.500 litres
Antanile acid	- 1 case	- 5 000.000 kg
Methylethylketon	- 1 case	- 1.000 litre

**Total number of offenders: 112**

Men	- 79
Women	- 9
Unknown	- 24

**Nationality and gender of the offenders:**

Bulgarians	- 41 (38 men and 3 women)
Turks	- 12 men
Serbians	- 10 (6 men and 4 women)
Macedonians	- 6 (5 men and 1 woman)

Romanians	- 5 men
Slovaks	- 3 men
Ukrainians	- 2 (1 man and 1 woman)
Austrians	- 1 man
Germans	- 1 man
Greeks	- 1 man
Polish	- 1 man
Russians	- 1 man
Slovenians	- 1 man
Hungarians	- 1 man
Croatians	- 1 man
Dutch	- 1 man
Unknown	- 24

Depending on the specific characteristics of the separate CBCP the National Border Police Service carries out the following priority tasks that aim to enhance drug materials trafficking counteraction:

- synchronization of enacted normative acts and working out of new acts that regulate the activities of the services;
- the establishment of new custom-houses and the reconstruction of old existing ones that are in accordance with existing European requirements and methods of organization of work that aims optimization of customs transition period;
- increase of the administrative and organization and management capacity of the service aiming a more effective management and compliance with European standards;
- introduction of new, up-to-date technical means of preservation of national border security and control over border procedures.

As those tasks are carried out, risk profiles of the different CBCP are taken account of: work load of the custom-house, nationality of citizens, most-often passing through the custom-house, type of the passing vehicles and the probability of them carrying drug materials.

The most "risk-predisposing" CBCP are:

- CBCP Captain Andreevo - it has the most intensive stream of passengers and cargo, largest number of passing citizens from risk countries, largest number of people taken into custody for drug trafficking.
- CBCP Bourgas and CBCP Varna - due to the size of the vessels and the large number of transported containers, which cannot be thoroughly inspected by the officials of NBPS and the Customs Agency.

CBCP of the north border - due to the length of the border (a total of 609,650 km of river and land border) and the different types of border passages - road, harbor, ferryboat, train.

In order to achieve maximal effectiveness in carrying out the laid tasks NBPS works with the Customs Agency, according to the Instruction that determines the conditions and the order of interaction in-between custom-offices and MI units, which work to prevent and discover customs violations and crimes. A system of automated exchange of information between the NBPS and the Customs Agency is being created.

In relation to the counteraction to the trafficking of drugs over sea, NBPS exercises control over Bulgarian and foreign vessels at public transport harbors, fishing and yachts harbors and naval bases along the Bulgarian coastline and over vessels that carry out peaceful transition in Bulgarian territorial waters. Specialized on-board inspections - prophylactic and due to a received signal - are



carried out with the help of border-police vessels.

In order to prevent the trafficking of drug and psychotropic materials, a procedure of access to suspicious vessels and specialized on-board inspections in accordance with the International Law of the Sea and the Law of Marine Spaces, National Waterways and Harbors of the Republic of Bulgaria.

## **PRICE/PURITY**

### **Price of Drugs at Street Level**

Street prices of drugs for the year **2003** according to NSOCC and MDI in BG Leva/Euro:

**Resin Cannabis** (for 1g) – no street distribution has been observed.

**Cannabis Leaves** (for 1g – 1,50 BGN/0,75 Euro); for one cigarette - about 2 BGN/1 Euro.

**“Dutchman”** (marijuana, processed with amphetamine base) – 20 BGN/10 Euro per 1 cigarette.

**Brown sugar (heroin)** (for 1g, suffices for about 8-12 doses) – 40 BGN/20 Euro.

**White heroin** (for 1g) – no street distribution has been observed.

**Cocaine powder** (for 1g) – 100-120 BGN/50-60 Euro.

**Crack (per piece)** – no street distribution has been observed.

**Amphetamine powder** (for 1g) – 5-20 BGN/2,5-10 Euro

**Ecstasy (for 1 tablet)** – 7-20 BGN/3,5-10 Euro.

**LSD** (per dose) – 20-25 BGN/10-12,5 Euro

*Note:* The prices of street distribution of drugs are determined seasonally (usually higher in the summer - time of holidays and vacations).

### **Purity at Street Level and Composition of Drugs/Tablets**

According to statistical data from the laboratory for analysis of drug materials at the Criminology and Criminal Law Research Institute (CCLRI) - MI and the newly established regional laboratories (MDI, Plovdiv, Bourgas, Stara Zagora, Varna, Rousse and Veliko Tarnovo) the following tendencies about studied drug materials are being observed:

#### **HEROIN**

This type of narcotic substance continues to be one of the most widely distributed narcotics. During the year 2003 the purity of the drug distributed on the street is reduced - a large amount of the "doses" have 1% - 10% content of diacetylmorphine. The substances that are most often added to lessen the purity of heroin are paracetamol and caffeine.

Toward the end of the year 2003 the cases of captured heroin traffic become more frequent. The captured heroin contains the griseofulvin (fulvicin) antibiotic.

### CANNABIS AND HASHISH

According to statistical data, it can be concluded that during the year 2003 cannabis has taken the first place in terms of distribution and usage. The amount of active component, tetrahydrocannabinol (THC), has increased and reached the levels of about 10%-13%. Probes containing active component of 0,3% - 2% have been registered most often.

During this year, hashish has been more abundant than during the previous two years. The quantity of the active component in hashish does not differ from the quantity in hemp - 0,3% - 12%.

### COCAINE

This drug is less common, even though the probes studied during the year 2003 have been of higher purity. Most often, the purity has been 55% - 70%. There has been a single case of cocaine hydrochloride containing 81% active component.

### AMPHETAMINE

The tendency of significant increase in the distribution of this type of drug has been kept in during 2003. Amphetamine is offered at the street in the form of tablets or powder. In the tablet form the content of amphetamine is significantly lower - 2% - 35%. The most commonly met tablets have a 10% amphetamine content. The purity of the drug in its powder form is significantly higher, varying from 30% to 73%.

During 2003 a large number of sites, storing amphetamine of discovered illegal laboratories and tablet producing workshops, have been inspected.

*Table 20*

### PURITY OF THE CAPTURED AND TESTED DRUGS AT THE STREET

Substance	2001			2002			2003		
	%min	%max	% av.	%min	%max	% av.	%min	%max	% av.
Plant cannabis	0,1	8,0	0,5-4	0,1	12	0,3-3	0,01	13	2
Resin cannabis	0,5	10,0	3-4	0,1	10	4-6	0,3	12,0	1,5
Hashish oil	-	-	-	-	-	-	-	-	-
Opium	-	-	-	-	-	-	20	26	20
Morphine	-	-	-	-	-	-	6,6	6,6	6,6
Brown sugar (heroin)	0,5	74	12-40	0,1	71	10-35	0,2	85	15
White heroine	-	-	-	-	-	-	-	-	-
Cocaine HCL	20	85	48-75	0,5	75	25-40	17	81	70
Crack	-	-	-	-	-	-	-	-	-
Amphetamine tablets	1	70	20	0,5	52	20-30	1	73	10
Amphetamine powder	7	95	30	0,9	72	50-60			
Methamphetamine tablets	-	-	-	-	-	-	-	-	-
Methamphetamine powder	20	100	45	14	99	30	10	80	30
Ecstasy group	70	90	80	19	100	60-70	13	62	40

Source: National Institute for criminology

## MDMA

There is a stable tendency of increase in the distribution and usage of this drug. It is distributed in the form of tablets. There is a decrease in the lower margin of active component content of the drug - 13% to 55%. A single case showed a 62% content.

## METHAMPHETAMINE

During the year 2003, the number of cases of caught methamphetamine is increased. This gives reasons to believe that the distribution of this drug has been kept to one level. The studied methamphetamine has been in the form of hydrochloride and is actually a white crystal substance. There have been no captured tablets of methamphetamine. Samples of minimal content of methamphetamine 13 % and maximal content of 80% have been inspected.

## **PART B - SELECTED ISSUES**

### **12. ALTERNATIVES OF PRISON FOR OFFENDERS USING DRUGS**

#### **POLITICAL, ORGANIZATIONAL AND STRUCTURAL INFORMATION**

Within the limits of amending treatment of sentenced to probation, offenders that will serve their penance within the community, without being deprived from their freedom, different programs of treatment of drug-addicted citizens with criminal record will be carried out.

National policy includes a strategy for the alternatives, not directly related to carrying out the depriving of freedom penalty.

The programs envisioned within the texts of the draft laws related to probations, can be fully attributed to offenders that suffer from drug addiction. Presently proper probation personnel is being trained in order for this normative clause to be carried out. New volunteers are being recruited and the programs for work with criminally revealed individuals that have narcotic addiction are being probed.

The programs for treatment of probation-sentenced offenders, which have also been identified as clients with narcotic addiction, are created, accredited and introduced by the Execution of punishment Department at the Ministry of Justice in cooperation with the National council for drug substances. The structure of collaboration in this direction is presently being created. The first step related to this is the establishment of a permanent informational exchange between the two institutions and the formation of a management group, which should plan and regulate the specific steps, initiatives and undertakings of intra-institutional cooperation. They will stimulate the quicker development, approbation and introduction of relevant to probation practice programs for work with convicts, suffering from drug addiction.

Currently the law committee of the National Assembly discusses draft laws for alternation and complementation of the Penal Code, Penal Procedure Code and the Law on Execution of Punishments. A significant portion of the normative decrees provided by them directly affect drug-addicted individuals, since they regulate the procedures for attracting such individuals to treatment programs.

The development of the draft laws mentioned above, as well as the activity for the adoption of treatment programs, has been accompanied by public debates in Sofia, Rousse, Stara Zagora, Varna, Bourgas, Plovdiv and Blagoevgrad. Those have always focused among other things on the problems of a drug-addicted population among criminally active individuals, their needs and shortages as well as the problems, related to their treatment.

With the development of probation measures and programs for work with convicts that have narcotic addiction is directly connected to the Chief department Execution of punishments, which includes the Probation section. Specialists that would be occupied with the introduction and

application of the different probation centers of the programs for work with individuals sentenced to probation, which have drug addiction, will be concentrated within this structure.

Probation projects, in which the issues of treatment of criminally revealed convicts are represented, are directly financed by the Open Society Foundation, Sofia. Thanks to this foundation a number of NGOs like the Institute for social activities, the Republican Institute, the Association for aiding the re-socializing of people deprived of their freedom carried out a number of probation projects, in which different aspects of the treatment activities for drug-addicted offenders, sentenced to probation, are present.

## **INTERVENTIONS**

We can state the preliminary stage of the interventions related to clients with drug addiction has already passed and the trial period is already over.

Practically, all types of treatment (except medicines, hospital/non-hospital) are accessible to clients on probation as a legal possibility. However, the shortage of medical financing causes considerable limitations in this regard.

The alternative forms of punishment are already being applied and will be markedly more intensively applied after January 2005 when the complete set of normative laws that regularize the probation practice become fully active.

The number of offenders on probation that abuse drugs is 5 times greater than the number of those who endure their punishment in prisons.

Treatment in probation conditions saves drug addicts from the inevitable negative effects that deprivation of freedom bring, while causing new risks of relapse due to the challenges and the risks of free life and the existing anemia of the community.

The main problems in the application of probation measures and programs to the drug addicted persons is related to their environment, to the hardships they endure during the cessation of drug usage and to the opposition to control and restrictions.

Financing of the treatment within the limits of probation forms of treating will be to little, in order for the treatment to be carried out adequately. Practically it will be realized within the public sector. however, as it is well known, the capacity of this plan are too limited.

Probation personnel that will participate in the programs for work with drug-addicted individuals are social workers, pedagogues and psychologists. Rarely, lawyers that have passed the necessary courses of training, required for work with drug abusing offenders, will be part of the probation personnel.

Monitoring of treatment processes of clients, put on probation, is stipulated within the legal measures. In case the set treatment is not followed and the risk of criminal behavior does not decrease, the court (advised by the probation personnel) can reconsider the particular case and set an effective serving of the deprivation of freedom sentence. This mechanism will also be applied when the individuals, not following the course of the treatment, are conditionally sentenced and have served the necessary trial period. Conditionally and pre-conditionally released prisoners will be treated analogically, if they violate their probation.

Currently, the programs for work with youths and women that have criminal records and drug addiction in probation conditions are being studied. They have been provided for by the British Council and the International Penitentiary Reform. In this context, we have been actively cooperating with the European network for prevention of drug addiction in prisons (ENDS(P)).

In the period 2003-2004, with the help of the Open Society Foundation - Sofia, a series of major projects, directed toward the clients of probation, suffering from drug addiction, were realized in the towns Stara Zagora, Bourgas, Varna, Plovdiv, Rousse and Blagoevgrad. Above all, these categories have been identified. Their needs and problems have been analyzed, as well as the possibilities for their consultation and inclusion within educational and therapeutic programs.

## QUALITY ASSURANCE

The role of standards in terms of probation is played by the laws of probation regulation in West-European countries and the US. The official unified versions, related to the practices and procedures of application of probation measures and programs for drug-addicted offenders are based on these laws.

The indicators for success in grading work with drug-addicted clients, who carry out criminal activity have the following dimensions:

- 3 the number of individuals that have relapsed in the sphere of criminal activity;
- 4 the number of individuals that have gone back to drug usage;
- 5 the prolonging of the period in between two convictions;
- 6 re-orientation from violent to covetous activities;
- 7 increase in the number of courses and programs, to which a single client is committed.

There are few indicators, which show that a treatment (as an alternative to imprisonment) is more effective in our own practice. This is why we rely on west-European and American experience in this sphere. Within this experience the data is explicitly in favor of probation programs and measures. We are to develop our own qualitative indicators for characterization in this sphere, which in accordance to the international practice will register the potential risk of relapse, the level of damage, and the extent of danger to society, which is reached through carrying out certain law violations. In this direction, there will be a high risk of relapse among drug-addicted offenders while risk to society will be small. The opposite situation will also be present - small risk of relapse will be compensated with a risk of a far more dangerous law violation.

European practice convincingly shows a decrease of all types of risk, when related to realization of criminal activity during the treatment of law offenders in conditions of probation, in comparison to treatment in the limits of closed penitentiary establishments.

Currently a number of educational programs are developed for part of penitentiary personnel, which is being reoriented for work in terms of probation and is mastering the philosophy and technology of probation services. Certain portion of them is also dedicated to work with drug-addicted clients.

The range of the participants in such educational programs will gradually grow larger proportionally to the mastering of the work in the probation service.

A portion of the probation personnel will specialize in the treatment of drug-addicted offenders and will carry out different types of consultation and therapeutic programs with them.

## PART C: BIBLIOGRAPHY AND ANNEXES

### 14. BIBLIOGRAPHY

#### ALPHABETIC LIST OF ALL BIBLIOGRAPHIC REFERENCES USED

- Ball, J.C., A. Ross (1991). The effectiveness of Methadone Maintenance Treatment, New York: Springer Verlag.
- Calafat A., Fernandes C., Juan M., Bellis M., Bohm K., Hakkarainen P., Kilfoyle-Carrington M., Kokkevi A., Maalste N., Mendes F., Siamou I., Simon J., Stocco P. and Zavatti P. (2001), Demand reduction activities in Europe. Risk and control in the recreational drug culture, SONAR Project. 344 p. IREFREA. Valencia.
- Council of Europe (1997), Multi-city Network Eastern Europe, Drugs and addiction, Council of Europe Publishing, Strasbourg, December 1997
- Effective Medical Treatment of Opiate addiction. NIH Consensus Statement (1997) Nov 17-19; 15(6): 1-38.
- EMCDDA (1997), General Introduction. Estimating the Prevalence of Problem Drug Use in Europe, EMCDDA Scientific Monograph Series. No 1. Stimson, G. V., Hickman M., Quirk A., Frischer M. and Taylor C.. 264 p. EMCDDA.
- EMCDDA (1999), Extended annual report on the state of the drugs problem in the European Union 1999. 94 p. EMCDDA.
- EMCDDA (2000), "3-5 million in the EU could have tried heroin", in: Drug Net Europe, bimonthly newsletter of the EMCDDA, issue No 21 / 2000.
- EMCDDA (2000), 2000 Annual report on the state of the drugs problem in the European Union. 40 p. EMCDDA.
- EMCDDA (2001), 2001 Rapport annuel sur l'état du phénomène de la drogue dans l'Union européenne. 58 p. OEDT.
- EMCDDA (2002), 2002 Annual report on the state of the drugs problem in the European Union and Norway. 56 p. OEDT.
- EMCDDA (2002), 2002 Report on the drug situation in the candidate CEECs. 50 p. European commission.
- Farell, M., J. Ward, R. Mattick Whall, G. Smitson, D. des Jarlais, M. Gossop, J. Strang (1994). Methadone Maintenance Treatment in Opiate Dependence: a Review. BMJ 309: 997-1001.
- Farell, M., S. Howes, A. D. Verster, M. Davoli (1999). Reviewing Current Practice in Drug Substitution Treatment in Europe. EMCDDA project no. CT.98 DR 10.
- Finnegan, L.P. (2000). Challenges in the assessment and treatment of drug dependent women of child bearing age. *Odvisnosti* 2000, 1: 33-35.
- Fisher, B (1999). Opiate Addiction Treatment, Research and Policies in Canada. Past, present and Future issues. International Symposium: "Heroin-Assisted Treatment for Dependent Drug Users: State of the Art and New Research Perspectives. Discussion of Scientific Findings and Political Implications". Swiss federal Office of Public Health and University of Bern, March, 1999.
- Georgi Vassilev & Momtchil Vassilev, Country Report – BULGARIA, WHO Workshop on Pharmacological Treatment of Opioid Dependence, Ljubljana, Slovenia, September 2001
- Haycox, A., A. Bagust, T. Walley (1999). Clinical Guidelines. The hidden cost. BMJ 318: 391-393.

- Hibell B., Andersson B., Ahlstrom S., Balakireva O., Bjarnason T., Kokkevi A. and Morgan M. (2000), Changes in the use of alcohol and other drugs 1995-1999. The 1999 ESPAD Report, Alcohol and Other Drug Use among Students in 30 European Countries. 362 p. The Swedish Council for Information on Alcohol and Other Drugs, The Pompidou group at the Council of Europe. Stockholm.
- Humeniuk, R., R. Ali, J. White, W. Hall and M. Farrel (2000). Proceedings of the expert workshop on induction and stabilization of patients onto methadone. Monograph series no. 39. Adelaide. ISBN 0642415080.
- Johnson, R.E., E.C. Strain (1999). Other medications for opioid dependence. In: Methadone treatment for opioid dependence, EC Strain, ML Stitzer. Johns Hopkins University Press, USA.
- Lomas, J. (1998). Do practice guidelines guide practice? New England Journal of Medicine 321: 1306-131.
- Marsden, J., M. Gossop, D. Stewart, A. Rolfe, M. Marel (2000). Psychiatric symptoms among clients seeking treatment for drug dependence. Intake data from the National Treatment Outcome Research Study. Br J Psychiatry, 2000, Mar, 176: 185-9.
- Mattickand, R., W. Hall (1996). Are detoxification programmes effective? The Lancet, 347: 97-100.
- McLellan, A.T., I.O. Arndt, D.S. Metzder, G.E. Woody, C.P. O'Brien (1993). The Effects of Psychosocial Services in Substance Abuse Treatment. JAMA 269 (15): 1953-59.
- Michael Stauffacher (1998), Pompidou subgroup on treatment demands: Treated drug users in 22 European cities (Annual update 1996, Trends 1992-1996), Council of Europe, Strasbourg, France
- Narcotic Drugs: Estimated World Requirements for 1999; Statistics for 1997. (1997) International Narcotics Control Board of the United Nations (INCB/UN), Vienna, Austria.
- Prison and Drugs: European Recommendations (1998). Euro-Methwork Newsletter, issue 16.
- R Grol (1998). Dissemination of Guidelines: Which sources do physicians use in order to be informed? Journal for Quality of Care Research 10: 135-140.
- WHO Expert Committee on Drug dependence (1998). WHO Technical Report Series, Geneva, Switzerland.
- Woolf, H. (1992). Practice guidelines: a new reality in medicine. Methods of developing guidelines. Archives of Internal Medicine 152: 946-952.
- Vossenbergh, P.G. (1998). Staff attitude towards methadone maintenance and methadone patients. Euro-Methwork Newsletter, issue 14.

Алкохолът и другите наркотици (1992) Фондация Сорос

Алтънкова, М., (2000) Наркомании /информационен материал за учители/, Фондация Светли страници, Варна

Ангелов, А., (1998) Наркотиците: решение и изход има, София

Български национален Фокусен център по проблемите на наркотиците и наркоманиите (2002), Годишен доклад на Националния съвет по наркотични вещества по проблемите на наркотиците и наркоманиите в България – 2001, Национален съвет по наркотичните вещества, Български национален Фокусен център по проблемите на наркотиците и наркоманиите, 123 стр., Април 2002, София

Василев М. (1999) “Превенция на злоупотребата с вещества сред младите хора в страните от Централна и Източна Европа – цигари, алкохол, наркотици, проект на СЗО” (Доклад по социологическо проучване в гр. София), Юли – Август 1999, София

Василев М. (2000), Употребата на психоактивни вещества сред младите хора в София (резултати от представително проучване), сп. “Социална медицина”, бр.1/2000 г.

Василев М. и З. Николов (1999), Отвъд бариерата. Инжекционна употреба на наркотици: състояние, тенденции, рискове., UNAIDS, изд. Фондация “Инициатива за здраве”, С., 1999.

Василев М., Какво мислят младите за дрогата, сп. “Обществено възпитание”, бр. 5/2001, стр. 26-31.

Василев М., Тема за размисъл, в: сп. “Обществено възпитание”, бр. 4/2001, стр. 11-15.



- Виле, Р. (1998) Пристрастеност и дроги, ЛИК, София
- Гласовете на младите (проучване на мнението на децата и младежите), UNICEF, 2001 г.
- Годишни доклади за 2000 и 2001 г. на Националните Фокални Поинти на страните от Централна и Източна Европа по проблемите, свързани с употребата на наркотични вещества
- Заедно срещу дрогата. Обществена дискусия. Национален граждански форум "Българка", София, 2000 г.
- Златарев, А., Гибелни блаженства
- Китанов, К. (2002) Социалнопатологични характеристики на детската и младежката наркопрестъпност. С, Трудове на НИКК – МІ, том XXV
- Китанов, К., К. Йотов (1999) Наркопрестъпността – разпространение и превенция. С, НИКК-МІ, ..
- Ладевиц, Д. (2000) Наркоманиите, ЛИК, София
- Наркотици /родители опознайте ли вашето дете/, Ротари клуб – Пловдив
- Национална програма за превенция, лечение и рехабилитация на наркоманиите в Република България 2001 - 2005, Министерство на здравеопазването, Национален център по наркомании, Март 2001
- Общественото мнение за наркотиците и борбата срещу употребата им, Анализ, MBMD и Фондация "Спасение", март 2004 г., София
- Пазарът на наркотици в България, Център за изследване на демокрацията, С., 2003 г.
- Попов, Г., (1999) Злоупотреба с хероин, Фондация Светли страници, Варна
- Попов, Г., (2000) Дроги и превенция, ИК Стено, Варна
- Проблеми на насилието, наркоманията и наркопрестъпността в средните училища. (2001) С., изд. "ЕОС"
- Проценко, Е., Интеграл Г., (2000) Наркотици и наркомания, София
- Пътеводител за родители и учители /какво трябва да знаем за наркотиците/ (2002) Фондация "Свободна и демократична България", София
- Стамър, Л. (1999) Когато дрогата удари дома ви, Наука и Изкуство, София
- Станкушев, Т. (1998) Наркомании /наръчник за родители и учители/, ИК Хр. Ботев, София
- Станкушев, Т. (1998) Наркоманът и неговото семейство, Марабу, София
- Фойерлайн, В., (2000) Алкохолизмът, ЛИК, София
- Хостътър, Д. (1995) Как да предпазим децата си от наркотиците и алкохола /десет неща, които всеки родител трябва да знае/, София

## **ALPHABETIC LIST OF RELEVANT DATA BASES**

### **RESEARCH STUDIES USED AS SOURCES OF INFORMATION**

National Representative Research on Alcohol and Other Drugs Use in Bulgarian Schools (Grades 9-12), carried out by a team of the National Centre for Addictions and National Public Health Center by the methods of the European School Research Project on Use of Alcohol and Other Drugs (ESPAD), May 2003, total number of interviewees: 1400 students of 75 classes at schools of general and vocational education throughout Bulgaria.

National Representative Research on Issues related to Psychoactive Substances Use and Abuse in Bulgaria, December 2002-January 2003, Democracy Research Center and “Vitosha Research” Agency, covering 823 persons in the sample of all people aged above 15; and 1098 persons in the sample of people aged 15-30.

National Representative Research on Issues related to Psychoactive Substances Use and Abuse in Bulgaria, June-July 2003, Democracy Research Center and “Vitosha Research” Agency, covering 1057 persons aged 18+.

Research “Drug Users in Bulgaria: Characteristics and HIV-related Risky Behavior. Efficiency of outreach activity in the field of prevention and reduction of damages”, part of the project “From the First Steps Towards Professionalism”, carried out by the Health Initiative Foundation, Sofia, Panacea Foundation, Plovdiv, Dose of Love Association, Bourgas, Pleven 21<sup>st</sup> Century Foundation, Pleven, Mainline Foundation, Amsterdam, and IVO Addictions Research Institute, Rotterdam, funded by the European Commission, held in the summer of 2003, interviewees: 501 injecting drug users (100 in Plovdiv, Bourgas, and Pleven, and 201 in Sofia).

Research of the Health Condition and Problems of the Roma People in Bulgaria, conducted by Social Research Agency FACT assigned by then Ministry of Health in January and February 2003 among 511 young Roma people (aged 16-30) in 15 Bulgarian cities/towns of compact Roma population.

Sociological Research “Public Opinion on Drugs and Fighting Against Their Use”, conducted by MBMD and Salvation Foundation with the financial aid of the Embassy of the Kingdom of the Netherlands in November 2003 in the city of Sofia and District Centers among 1000 children and young people aged 12-30 and 500 parents of children aged 10-25.

Sociological Research “Students and Psychoactive Substances – District of Sofia 2003”, carried out by HEI – Sofia and the National Centre for Addictions in April-June 2003, covering 24 schools, 7<sup>th</sup> to 12<sup>th</sup> Grade in 15 cities/towns/villages in the District of Sofia, total interviewees: 1399 students.

Sociological Research “Students and Psychoactive Substances – Gotze Delchev 2003”, carried out by the Municipality of Gotze Delchev and the National Centre for Addictions in May 2003, covering 3 schools, 9<sup>th</sup> to 12<sup>th</sup> Grades in the town of Gotze Delchev, total interviewees: 867 students.

Sociological Research “Students and Psychoactive Substances – Pleven 2003”, carried out by Prevention of Drug Addiction among Young People in Pleven Association and the National Centre

for Addictions in May-June 2003, covering 24 schools, 7<sup>th</sup> to 12<sup>th</sup> Grades in the city of Pleven, total interviewees: 1273 students.

Sociological Research “Students and Psychoactive Substances – Silistra 2003”, carried out by the Silistra Municipal Drug Council and the National Centre for Addictions in April-May 2003, covering 12 schools, 8<sup>th</sup> to 12<sup>th</sup> Grades in the town of Silistra, total interviewees: 1323 students.

Sociological Research “Students and Psychoactive Substances – Varna 2003”, carried out by the Varna Municipal Drug Council and the National Centre for Addictions in November 2003, covering 60 classes from 9<sup>th</sup> to 12 Grade of 25 schools in the city of Varna, total interviewees: 1252 students.

## 15. ANNEXES

### LIST OF GRAPHS USED IN THE TEXT

Figure 1	<b>IN YOUR OPINION WHICH ARE THE THREE MOST IMPORTANT PROBLEMS FOR THE YOUNG PEOPLE IN BULGARIA?</b>	Page 15
Figure 2	<b>RELATIVE SHARE (in %) OF STUDENTS WHO CONSIDER THE USE OF DRUGS IS PROBLEM FOR THE COUNTRY / TOWN/CITY / THEIR SCHOOL</b>	Page 16
Figure 3	<b>MAIN SOURCES OF INFORMATION ON EFFECTS AND IMPLICATIONS OF DRUGS</b>	Page 18
Figure 4	<b>LIFETIME PREVALENCE OF ANY DRUG USE</b>	Page 19
Figure 5	<b>LIFETIME PREVALENCE OF DRUG USE AMONG STUDENTS IN SOME CITIES</b>	Page 24
Figure 6	<b>FREQUENCY OF MARIJUANA USE</b>	Page 26
Figure 7	<b>STUDENTS' ASSESSMENT OF THE RISK OF INCIDENT OR REGULAR USE OF DIFFERENT PSYCHOACTIVE SUBSTANCES</b>	Page 30
Figure 8	<b>NOTIONS FOR MEASURES FOR GETTING DRUG ADDICTION PROBLEM RESOLVED</b>	Page 32
Figure 9	<b>USE OF PSYCHOACTIVE SUBSTANCES AMONG INJECTING DRUG USERS</b>	Page 41

# LIST OF TABLES USED IN THE TEXT

Table 1	<b>ESTIMATION ABOUT HOW SERIOUS IS THE PROBLEM WITH DRUG ADDICTIONS IN BULGARIA?</b>	Page 15
Table 2	<b>ESTIMATION OF YOUNG PEOPLE ABOUT HOW SERIOUS IS THE PROBLEM WITH DRUG ADDICTIONS IN BULGARIA?</b>	Page 16
Table 3	<b>LIFETIME PREVALENCE OF DRUG USE AMONG STUDENTS</b>	Page 22
Table 4	<b>TEMPORAL ASPECTS OF THE PREVALENCE OF USE OF SOME ILLICIT DRUGS</b>	Page 25
Table 5	<b>REASONS FOR FIRST USE OF DRUG (Lifetime users)</b>	Page 27
Table 6	<b>USE OF ILLICIT DRUGS AMONG YOUNG ROMA POPULATION</b>	Page 28
Table 7	<b>DISTRIBUTION IN GROUPS OF YOUNG PEOPLE AND PARENTS DEPENDING ON THEIR ASSESSMENT ON HOW SERIOUS THE PROBLEM WITH DRUG ADDICTION IS FOR BULGARIA</b>	Page 31
Table 8	<b>COMPARATIVE DATA ON DRUG DEMAND IN SOFIA 1998 / 2003</b>	Page 43
Table 9	<b>NUMBER OF TREATED PERSONS IN PSYCHIATRIC INPATIENT UNITS IN BULGARIA</b>	Page 44
Table 10	<b>MORTALITY BY GENDER AND AGE IN 2003</b>	Page 48
Table 11	<b>TESTS AND POSITIVE RESULTS AMONG IDUs FOR 2003</b>	Page 49
Table 12	<b>STRUCTURE OF UNLAWFUL ACTS OF MINORS, REGISTERED BY CHILDREN' PEDAGOGICAL OFFICES</b>	Page 54
Table 13	<b>REGISTERED DRUG RELATED CRIMES AND OFFENDERS FOR THE PERIOD 1997 – 2003</b>	Page 55
Table 14	<b>DRUG RELATED PRELIMINARY LEGAL PROCEEDINGS OF THE INVESTIGATION AND ACCUSED PERSONS</b>	Page 56
Table 15	<b>INFORMATION REGARDING THE DRUG-TRAFFIC RELATED LEGAL PROCEEDINGS, INDICTMENTS AND SENTENCES IN BULGARIA</b>	Page 58
Table 16	<b>USE OF ILLICIT DRUGS AMONG PRISONERS</b>	Page 59
Table 17	<b>ATTENDANCE OF PARTIES, AT WHICH DRUGS WERE AVAILABLE</b>	Page 65
Table 18	<b>STUDENTS BEING OFFERED ANY DRUG</b>	Page 65
Table 19	<b>SEIZED DRUGS AND PRECURSORS BY NSOCC, INDIVIDUALLY AND JOINTLY WITH OTHER SERVICES DURING 2003</b>	Page 67
Table 20	<b>PURITY OF THE CAPTURED AND TESTED DRUGS AT THE STREET</b>	Page 72

## LIST OF ABBREVIATIONS USED IN THE TEXT

art.	Article
ASA of NSPCA	Amendment and Supplement Act of the Narcotic Substances and Precursors Control Act
av	average
BGN	Bulgarian leva
BMK	Benzyl Methyl Ketone
BPVC	Border passport and visa control
CARITAS	program for field work with drug users
CBCP	Cross-Border Check Points
CCLRI	Criminology and Criminal Law Research Institute
cf. fig.	see Figure
CM	Council of Ministers
CRA	Civil Registration Act
ELISA	research method
EMCDDA	European Monitoring Center for Drugs and Drug Addictions
EPCD	Execution of Punishments Central Directorate
HBsAg	Hepatitis B antigen
HCV a/b	Hepatitis C antibodies
HIV a/b	HIV antibodies
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
ICD	International Classification of Diseases
Incl.	Inclusively
IVO	Instituut voor Onderzoek naar Leefwijzen & Verslaving, Rotterdam, Holland
kg	kilogram
l	Liters
LC	Labor Code
m	Month
max	Maximum
MBMD	Name of Bulgarian sociological agency
MDC	Municipal Drug Council(s)
MDI	Metropolitan Directorate of Interior
MDMA	Methylenedioxymethamphetimine (Ecstasy)
MES	Ministry of Education and Science
MH	Ministry of Health
MHEI	Metropolitan Hygiene and Epidemiology Inspection
MI	Ministry of Interior
min	minimum
MPIC	Metropolitan Prevention and Information Center
MUDCC	Minor and Underage Disorderly Conduct Control (Central Committee and local committees)
MYS	Ministry of Youth and Sports
NBPS	National Border Police Service
NCA	National Center for Addictions
NDC	National Drug Council
NDRI	National Drug Research Institute, New York
NGO	Non-governmental Organization(s)
NIO	National Investigation Office

NSOCC	National Service on Organized Crimes Control
NSPCA	Narcotic Substances and Precursors Control Act
PC	Penal Code
pcs	pieces
PHARE	Poland and Hungary Assistance Economic Restructuring Program
PIC	Prevention and Information Center
PIC on DAI	Prevention and Information Center on Drug Addiction-related Issues
Prom. in SG	promulgated in the State Gazette
R Bulgaria	Republic of Bulgaria
r/r transport	railroad transport
RAEV	Regional Association of Establishments in Varna
REITOX	European Information Network on Drugs and Drug Addiction
RHC	Regional Healthcare Center
SCS	Social and Cultural Services
SG	State Gazette
SPOC	Supreme Prosecutors' Office of Cassation
sq.m.	square meters
STD	Sexually Transmitted Diseases
tabl.	tablets
THC	tetrahydrocannabinol (the hallucinatory chemical, C <sub>21</sub> H <sub>30</sub> O <sub>2</sub> , that is the principal and most active ingredient in marijuana)
TPHA	Syphilis Test Method
UN	United Nations Organization