



European Monitoring Centre  
for Drugs and Drug Addiction



NATIONAL FOCAL POINT ON  
DRUGS AND DRUG ADDICTIONS

**2012 NATIONAL REPORT (2011 data) TO THE  
EMCDDA  
by the Reitox National Focal Point**

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

**REITOX**

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## **Part A: New Developments and Trends**

## 1. Drug policy: legislation, strategies and economic analysis

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

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

### Legal framework

#### Laws, regulations, directives or guidelines in the field of drug issues (demand and supply)

**In 2011 amendments were adopted of the Narcotic Substances and Precursors Control Act /NSPCA/, promulgated in the State Gazette /SG/ No. 12, No. 60 and No. 61 of 2011<sup>1</sup>**

NSPCA has been prepared in compliance with the UN Single Convention on Narcotic Drugs of 1961 (amended and supplemented by the 1972 Protocol), the UN Convention on Psychotropic Substances (1971), the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The narcotic substances from the lists to the conventions, maintained under national control, have been included in the annexes to Art. 3, Para. 2 of the Act. The substances in Annex № 1 are prohibited for use in medicine.

From the introduction of the act in 1999 to 2010 several substances were included in the annexes. Under the Amendment and Supplement Act /ASA/ of the NSPCA of 19.03.2010 nine new substances were included in Annex 1, 1 new substance - in Annex 2, and 5 new substances were included in Annex 3.

Over the last years in a number of countries from the EU, including Bulgaria, trends are observed of developing the drug market in the direction of distribution and use of narcotic substances which are not under control or prohibition, according to the enactments, the so called “designer drugs”. As a result of this the countries most severely affected by the problem such as Great Britain, Romania, the Baltic States undertook legislative measures for bringing the substances in question under control. This created preconditions for criminal groups distributing “designer drugs” to establish themselves and to act in Bulgaria. On the evidence of the Ministry of Interior and the “Customs” Agency in 2010 the cases of trafficking and distribution on the territory of the country of “designer drugs” not included in the Annexes to Art. 3, Para. 2 of the DPCA became more frequent. These substances are mainly synthetic cannabinoids and cathinones.

As propounded by the Expert Committee at the National Drugs Council /NDC/ at the third regular session of the NDC held on 05.10.2010 a decision was made to bring under control 25 substances – synthetic cannabinoids and cathinones, by including them in Annex № 1 to Art. 3, Para. 2 of the NSPCA.

Under the ratification of the NSPCA on 08.02.2011 these 25 substances were brought under control by including them in Annex 1. Because of the public significance of the problem

<sup>1</sup> Information: Annual Report of the National Council on Narcotic Substances for 2011

and for the purpose of faster bringing new substances under control at the same session of the NDC by the motion of the “Customs” Agency a decision was made to establish an interdepartmental committee which was to prepare a project to amend and supplement the NSPCA, under which the Annexes to Art. 3, Para. 2 from the act could be transferred to sub-delegated legislation- A Regulation of the Council of Ministers. A work group prepared a project of the Law amending and supplementing the NSPCA and a project of the Regulation. The amendment of the act was ratified and promulgated in the SG, No. 61 of 09.08.2011.

Other basic amendments and supplements of the NSPCA are:

- Bringing the regulations of the NSPCA in conformity with the new Regulation (EC) № 1234/2007 of the Council for establishing common organization of the agricultural markets and for specific regulations on some agricultural products.
- Specifying the texts of the NSPCA concerning the use of limited quantities of narcotic substances for medical and educational use and for scientific and laboratory tests. The terms “medical tests”, “scientific tests” and “educational purposes” are replaced by the unified phrase “Medical and educational purposes, scientific and laboratory tests”.
- Cancelling the requirement that people applying for a license for wholesale, storage, import, export, transferring and transportation of narcotic substances for medical purposes should present together with the application a list of the narcotic substances with which the activities will be done. The amendment presents to the wholesale traders the opportunity to do activities with all the narcotic substances included in Annex № 2 and 3 for medical purposes as well as with the pharmaceutical products containing narcotic substances permitted for use.

**In relation with the amendments of the act amendments have also been made of the sub-delegated legislation for its enforcement.**

➤ **Regulation for the order of classifying plants and substances as narcotic, adopted by a Decree of the Council of Ministers /DCM/ № 293/27.10.2011, promulgated in the SG, No. 87/04.11.2011.** The basic prerequisite for initiating the legislative amendments is the lasting trend of increasing the trafficking and distribution of the new psychoactive substances, the so called “designer drugs”, which became dominant over the last two years in the Republic of Bulgaria.

➤ The main purpose of the Regulation is to set the lists of the narcotic substances from the annexes to the NSPCA as sub-delegated legislation, and in this way to establish conditions for quickly bringing new narcotic substances under control in order to prevent the distribution of the newly found narcotic substances on the market.

➤ **The result expected from the adoption of the Regulation is to minimize to the extent possible the period in which the newly appeared substances are offered and distributed legally on the territory of the country.**

➤ Under the Regulation the following items are laid down:

1. The order of classifying plants and substances as narcotic. The plants and the substances, within the meaning of Art. 3, Para. 2 of the NSPCA are classified in three lists, supplemented to the Regulation.

2. The terms and conditions for including in or deleting from the list of plants and substances as narcotic as well as for transferring them from one list to another. Motivated motions for including new plants and substances, or for deleting or transferring them from one list to another shall be presented to the Chairperson of the National Council on Narcotic Substances (NDC), who shall commission to the Expert Committee at the NDC the preparation of the opinions about the motions.

3. The Expert Council shall prepare opinions for defining the substances as narcotic according to the conditions specified in the Regulation. The NDC shall make decisions on grounds of the opinions of the Expert Council.

4. On grounds of the decision of the NDC the Minister of Health in his capacity of a chairperson of the NDC shall present to the Council of Ministers motions for amending the lists pursuant to Art. 3 of the Regulation.

5. According to a motion by the Expert Council of the NDC on its third regular session held on 07.09.2011 the National Council on Narcotic Substances made a decision to include 20 substances in list 1 of the Regulation.

**Statute of the organization and activity of the National Council on Narcotic Substances, adopted by a Decree of the Council of Ministers № 91 of 7.04.2011, Promulgated in the SG No. 31 of 15.04.2011.**<sup>2</sup>

The following supplements and amendments have been made in the statute:

➤ To provide conformity with the regulations of Art. 10 of the Narcotic Substances and Precursors Control Act (NSPCA), last amended 23.03.2010 in the Statute the number of the vice-chairmen of the council is specified.

➤ The number of the members of the NDC is increased by including new members – the vice-chairman of the State Agency for Child Protection /SACP/, the Secretary of the Central Committee to Combat the Anti-Social Deeds of Minors and Underage at the Council of Ministers and the director of the “National Focal Point for Drugs and Drug Addictions, Studies, Information” directorate at the Ministry of Health.

➤ The participation of the drug coordinators in the sessions of the NDC is regulated and their functions are laid down. Depending on the issues included in the agenda at the sessions of the NDC representatives of non-profit legal entities and of healthcare establishments may participate.

➤ Pursuant to the regulations of Art. 13, Para. 1 of the NSPCA the functions of the Secretary of the NDC are amended and supplemented.

➤ For ensuring conformity with the regulations of Art. 15, Para. 1 of the NSPCA it is regulated in the statute that the Regional Councils on Narcotic Substances in the municipalities which are centres of administrative districts continue to implement their activity and are renamed to Municipal Councils on Narcotic Substances.

➤ The functions of the Municipal Councils on Narcotic Substances are specified and it is particularized that they shall direct and control the activity of the Prevention and Information Centres, established at them.

➤ Pursuant to the regulations of Art. 15, Para. 5 of the NSPCA in the Statute the option is laid down that the Municipal Councils at the municipalities which are not centres of administrative districts may establish Committees on Narcotic Substances funded by their own funds.

**Regulation № 7/2001 of the Minister of Health for the terms and conditions of issuing authorizations for import and export of narcotic substances and their preparations (Promulgated in the SG No. 17 of 25.02.2011).**

The following amendments and supplements have been made to Regulation № 7/2001:

1. In the regulation the terms and conditions for the import and export of narcotic substances and preparations from/to EU member states and from /to a third state are specified.

2. The procedures of the control and finalization of the import and export from/to EU member states and from/to a third state are specified.

3. The number of the narcotic substances and preparations import and export authorization copies from/to a EU member state and from/to a third state is updated.

4. A text is laid down giving the option that in cases when the procedure for the export has begun within the period of validity of the authorization for import but has not been finalized, customs formalities may be done within 5 days after expiring the term of validity of the authorization for import.

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<sup>2</sup> Information: Annual Report of the National Council on Narcotic Substances for 2011

**Regulation for the terms and conditions for authorizing activities under Art. 73, Para. 1 of the Narcotic Substances and Precursors Control Act adopted by a Decree of the Council of Ministers № 122/09.05.2011 promulgated in the SG No. 38/17.05.2011**

The following amendments and supplements have been made to the regulation:

1. The use of limited quantities of plants and narcotic substances for laboratory tests is permitted.
2. The requirement is introduced for presenting a report on the quantities of plants and substances used and available after expiring the term of validity of the authorization under Art. 73, Para. 1 of the NSPCA.
3. The limitation for natural and legal entities having license for activities with narcotic substances issued under the order of Art. 32, Para. 1 (for narcotic substances from annexes № 2 and 3 of the NSPCA) to apply for authorization under Art. 73, Para. 1 – for limited quantities of plants and substances from annexes 1, 2 and 3 of the NSPCA for medical and educational purposes and for scientific and laboratory tests is cancelled.

**Regulation № 7 of 07.09.2011 for the terms and conditions for implementing programmes for drug use harm reduction (promulgated in the SG No. 75 of 27.09.2011)**

Under Regulation № 7/07.09.2011 the terms and conditions of implementing programmes for drug use harm reduction are regulated in the following main spheres:

1. A definition is given of drug use harm reduction and of the activities implemented under the programmes for harm reduction.
2. The procedure, the necessary documents and the terms for giving consent or rejection to implement programmes for drug use harm reduction are described.
3. The institution responsible for giving consent or rejecting the implementation of programmes for drug use harm reduction has been specified – the National Centre for Addictions.
4. The consent for the implementation of programmes for drug use harm reduction shall be issued by the NCA for a period of one year and the period may be prolonged observing definite terms and conditions, specified in the regulation.
5. Methods have been developed for implementing the activities for drug use harm reduction which have been endorsed by an order of the Minister of Health.
6. Requirements for the accountability of the programmes for drug use harm reduction have been introduced.
7. The activities for control and monitoring the programmes for drug use harm reduction have been regulated.

**Regulation № 8 of 07.09.2011 for the terms and conditions for implementing Programmes for psychosocial rehabilitation of individuals who have been dependent on or have abused narcotic substances (Promulgated in the SG No. 75 of 27.09.2011)**

Under Regulation № 8/07.09.2011 the terms and conditions for implementing the programmes for psychosocial rehabilitation of individuals who have been dependent on or have abused narcotic substances are regulated in the following spheres:

1. A definition is given of the psychosocial rehabilitation of dependent individuals and the activities which it includes.
2. The requirements for such programme leaders have been specified- educational and qualification degree, professional experience and certification.
3. The responsible institution issuing authorizations for implementing programmes of psychosocial rehabilitation has been specified – the National Centre for Addictions.
4. The procedure, the documents necessary and the terms for issuing authorization for implementing programmes of psychosocial rehabilitation have been described.
5. The types of programmes for psychosocial rehabilitation have been specified.
6. The participation in the psychosocial rehabilitation programme implementation of individuals with personal experience in the recovery from psychoactive substance abuse who

have successfully undergone treatment, psychosocial rehabilitation and re-socialization is regulated.

7. The order and the documents for accountability of the activities of the programmes for psychosocial rehabilitation are specified.

8. The responsibilities of the Minister of Health supported by the National Centre for Addictions and of the Minister of Labour and Social Policy supported by the Social Assistance Agency have been specified for maintaining control over the activities of the programmes.

**A Statute for the functions and organization of the Expert Council on the treatment of addictions (promulgated in the SG No. 34 of 29.04.2011)**<sup>3</sup>

➤ Pursuant to Art. 85a, Para. 1 from the Narcotic Substances and Precursors Control Act (NSPCA) an Expert Council on the treatment of addictions has been established at the Minister of Health. The functions and the activities of the council are specified in a statute, issued by the Minister of Health (Art. 85a, Para. 4 of the NSPCA).

➤ The Expert Council shall support and consult the Minister of Health for the development and enforcement of the policy in the sphere of the treatment of addictions.

➤ The activity of the council shall include the preparation of opinions on: the basic guidelines in the treatment of addictions, projects of enactments in the sphere of the treatment and standards for good practice in the treatment of addictions, inclusion of individuals who do not meet the criteria specified in the normative base for the treatment of addictions in the treatment programmes.

➤ As members of the Expert Council are included leading experts in the sphere of the treatment of addictions, experts from the National Centre for Addictions, representatives of professional organizations and NGOs.

**By an order of the Minister of Health interdepartmental work groups have been established, which prepared projects to amend and supplement the following:**

➤ **Regulation № 24 of 3.10.2000** for the terms and conditions of implementing substitution and maintenance programmes for harm reduction of individuals dependent on narcotic substances.

➤ **Tariff for the taxes collected for issuing, amendment and renewal of licenses** for issuing decisions, authorizations or certificates for registration under the order of the NSPCA.

## **Laws implementation**

**With the purpose of counteracting the organized criminal groups trafficking drugs in 2011 the following actions were undertaken:**

- The unit of operational analysis at the “Drugs” section at the Chief Directorate for Combating Organized Crime /CDCOC/ at the Ministry of Interior /MI/ was reinforced. Processing the operational information received was ensured as well as its entering in the database. So was the visualizing of data and the making of diagrams. All the analyzers of the unit work actively with the inspectors for the operational lawsuits pursued by them.

- The employees from the section participate in the operational and intelligence projects of SELEC – Centre in Bucharest, and several successful operations have been conducted coordinated by the Centre.

- Within the framework of international cooperation constant exchange of information is done with EUROPOL, INTERPOL and the police services of other states.

- A specialized unit of the members of the investigating policemen for investigating drug-related crimes has been set apart.

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<sup>3</sup> Information: Annual Report of the National Council on Narcotic Substances for 2011



- Regular specialized training of the employees of CDCOC for acquiring and enhancing their qualification in the sphere of combating drug trafficking is carried out, and in 2011 the employees of the “Drugs” Department participated in:
  1. Training under the course of action of EUROPOL on the topic of “Neutralizing illegal laboratories for growing cannabis indoors” held in Hague, the Netherlands;
  2. Participation of the employees of department „01” in exchange programmes under the course of action of SEPOL in the Check Republic;
  3. Participation in a course organized by the Federal Bureau of Investigation /FBI/ in ILEA, Budapest, Hungary;
  4. Participation in a seminar on topic “Crime and cannabis”, organized by the Dutch legal services in Amsterdam, the Netherlands;
  5. Participation of an employee in the 246 Session of the FBI National Academy in Quantico, Virginia, the USA;
  6. Participation in the “Combating Drug Crime – EU, East Europe” organized by the Polish National Police in Warsaw;
  7. Participation in a seminar on topic “Combating drugs” organized by SEPOL in the Academy of the Ministry of Interior (AMI), Sofia.
  8. At the State Agency of National Security /SANS/ training of the employees has been conducted for using a software product for the purpose of enhancing their qualification in the sphere of combating drug trafficking.

**As a result of the measures undertaken in 2011 by the employees of the “Drugs” Department of the CDCOC a total of 84 organized criminal groups were under surveillance, and 27 of them were neutralized.**

**In 2011 20 operations related to drugs were conducted with the participation of employees under cover. Out of them 7 were international, and one was “controlled supply”.**

**In 2011 measures were undertaken for reducing the distribution and availability of drugs:**

- After amending the Ministry of Interior Act in 2009 the regional units dealing with crime related to distribution and reduction of narcotic substances on the territory of the country became subordinate to the CDCOC.
- Regular specialized training of the employees of the MI for acquiring and raising their qualification in the sphere of drug distribution and drug trafficking has been organized.

On the part of Chief Directorate Border Police /CDBP/ 9 employees participated in the remote control training on the problems conducted by the MI.

**In 2011 a total of 16 organized criminal groups were under surveillance and 8 of them were neutralized by the employees of the “Drugs” Department, section “Counteracting Organized Illegal Groups /OIG/ - distributing narcotic substances” at the CDCOC. Besides, a lot of drug dealers were taken in custody, and multiple warnings received at the section were processed.**

**Around 50 warnings were sent to other structures of the MI in Sofia and in the country. Employees of the unit have participated in 27 police operations for the work.**

**Activities for enhancing the efficacy of the counteraction against drug-related crime and organized crime**

- In 2011 the customs officers, as well as employees of the investigating and law-enforcing bodies in the sphere of illegal trafficking of drugs and smuggling of drugs and precursors, were trained and qualified. Also a meeting was organized within the framework

of the public lecture of Mrs. Mariana Lilova, a national representative of the Republic of Bulgaria in EUROJUST.

- 46 participants, of whom 7 judges, 28 public prosecutors, 7 examining magistrates and 4 investigating police officers were trained on the topic “The role of EUROJUST in the establishing of mutual teams”.

- At the CDCOC- MI database is maintained for registering the criminal contingent related to drugs.

- **According to the data available in 2011 the total number of the individuals taken into custody at home and abroad for trafficking, production, growing and distribution of narcotic substances and precursors by the CDCOC and its territorial units was 534 individuals.**

- **Proceedings instituted for finding assets acquired through criminal activity, affection measures imposed and lawsuits instituted for forfeiture of assets in favour of the state for crimes committed under Art. 354a of the Criminal Code over the period 01.01- 31.12.2011.**

- **Regarding the index related to the amount of benefits forfeited from drug trade, the Commission for Finding Assets Acquired through Criminal Activity /CFAACA/ registered a progress. The rate of submitted motivated claims for forfeiture of assets acquired through criminal activity in 2011 was 12.5% of the total number of the proceedings for making decisions and for submitting motivated claims for forfeiture of assets to the CFAACA.<sup>4</sup>**

**About the improvement of the measures related to the investigation of the funding and the assets of the organized criminal groups dealing with drug and precursor trafficking in 2011** CDCOC made every effort to improve the investigations. In this respect employees from the “Drugs” Department are in cooperation and exchange information about cases of mutual interest with the section “Money laundering” at the CDCOC with the purpose of forfeiting the financial assets as well as the real estates and movable property acquired through criminal activity.

**Again in the sphere of international cooperation in 2011 there was a tendency of increasing the exchange of information in relation to drug related crime.**

Information has been exchanged with the financial and intelligence services in Great Britain, Argentina, Israel, the Netherlands, Montenegro and Lebanon, on 11 cases about 164 individuals about suspicion for money laundering related to drug trafficking. In most of the cases no connection with Bulgaria has been found.<sup>5</sup>

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

### **National action plan and/or strategy**

- At the third regular session of the NDC for 2012 to NDC a report will be presented about the implementation of the tasks of the Action Plan of the National Anti-Drug Strategy for 2011. In the report the extent of implementing the tasks and the achievement of goals, resulting from the National Strategy will be covered. In the sphere of prevention progress has been achieved in the implementation of activities related to the development of health education at school. The Municipal Councils on Narcotic Substances and the Prevention and

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<sup>4</sup> Information: The report on the implementation of the action plan of the National Strategy to Combat Drugs in 2011 prepared by KIAD Directorate - MI

<sup>5</sup> Additional information in this sphere may be found in: Chapter № 9 „Drug-related crime, crime prevention and places of deprivation of liberty” as well as in Chapter № 10 „Drug markets”

Information Centres work actively, and the scope and the training for the prevention programs being implemented have been expanded.<sup>6</sup>

- The network of treatment centres and treatment programmes developed in the country functions successfully and intensive activity has been implemented among the high-risk groups. Documents have been developed for methodology, with which the best practices for prevention, treatment and rehabilitation have been introduced.

- For cutting off the illegal drug trafficking active international cooperation has been ensured, training seminars have been conducted, international meetings, exchange of experience and operational interaction have been realized.

- Effective activity for limiting drug-related crime has been implemented, and the crime perpetrators have been effectively penalized. High-level of boundary and customs control has been realized.

- Not all the scheduled activities for the year can be realized because of the limited budget expenditure and the delayed funding.

### **Implementation and evaluation of the national action plan and/or strategy**

**In 2011 progress was registered of the implementation of the purposes laid down in the National Anti-Drug Strategy (2009-2013) – demand and supply reduction, public information system and scientific and research activity, national coordination and international cooperation.**

- ❖ In 2011 four regular sessions of the NDC were held. At the sessions of the NDC the following reports were adopted:<sup>7</sup>

The Annual Report of the Republic of Bulgaria for 2010 on the drug related problems and addictions.

As an implementation of the international agreements for drug control at the session of the NDC the Annual Report of the Republic of Bulgaria for 2010 to the Committee on Narcotic Drugs at the Economic and social council (ECOSOC) to the UN – Vienna was approved.

A report on the implementation of the Action Plan of the National Anti-Drug Strategy (2009-2013) for 2010.

A report on the participation of the Bulgarian delegation in the 54<sup>th</sup> session of the Committee on Narcotic Drugs at the UN.

At a session of the NDC a decision was made to complete A Questionnaire in relation to the evaluation of the European Anti-Drug Strategy 2005-2012 by the interdepartmental group including experts from the Ministry of Health, Ministry of Interior, Ministry of Justice, Ministry of Economy, Energy and Tourism, the “Customs” Agency and the Ministry of Foreign Affairs. The work group was established by a decision of the council and the activity is lead by the secretariat of the NDC.

At a session of the NDC a motion has been considered of patients’ and NGOs for establishing a Foundation for Prevention and Treatment of Addictions as a secondary authorizing officer for budget credits at the Minister of Health – spending the funds from the excise duties under Art. 53 of the Health Act. An opinion from the Minister of Finance has been asked for.

The Ministry of Finance does not support the establishment of a new independent administrative structure and recommends the activities for prevention and treatment to be

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<sup>6</sup> Information: Annual Report of the National Council on Narcotic Substances for 2011

<sup>7</sup> Information: Annual Report of the National Council on Narcotic Substances for 2011

funded by the national programmes. At a session of the council the opinion of the Ministry of Finance was adopted. The NDC did not support the establishment of Foundation for the Prevention and Treatment of Addictions as an independent administrative structure and decided that the funding of the activities for prevention and treatment should be done through the national programmes and projects.

❖ At a session of the NDC a request by the GW Pharma Company was considered for conducting a clinical trial with the pharmaceutical product Sativex – a spray for the oral mucosa containing tetrahydrocannabinol and cannabidiol. The Bulgarian Drug Agency has issued an authorization to conduct the clinical trials. The conduct of the clinical trials with the pharmaceutical product Sativex is unprecedented regarding the application of the substances from Annex № 1 of the NSPCA in human medicine. Because of that the opinion of the Expert Committee at the NDC has been sought. The opinion of the Expert Committee is principal agreement to conduct the clinical trial from medical and moral point of view as long as it does not contradict the requirements of the legislation. After the additional consultations held and the information presented the NDC ratified the conduct of the clinical trial.

At sessions of the NDC opinions of the Expert Committee at the NDC have been considered and adopted for bringing new substances under national control in the annexes to the NSPCA and the Regulation for classifying the plants and substances as narcotic.

❖ **Municipal Councils on Narcotic Substances (MCNS) and Prevention and Information Centres (PIC) at them.**

By the end of 2011 **27 MCNS** were established at the municipalities which are administrative centres of districts which work in accordance with the adopted municipal programmes and strategies for prevention, treatment and rehabilitation of addictions.

**27 PIC at the MCNS in the towns** Blagoevgrad, Bourgas, Varna, Veliko Turnovo, Vidin, Vratsa, Gabrovo, Dobrich, Kyustendil Kurdzhali, Lovech, Montana, Pazardjik, Pernik, Pleven, Plovdiv, Razgrad, Rousse, Silistra, Sliven, Smolyan, Sofia, Stara Zagora, Turgovishte, Haskovo, Shumen and Jambol have been established. The Prevention and Information Centres are functional units which collect, analyze and present information at local level necessary for the preparation, implementation and coordination of the municipal programmes and strategies.

By Law Amending and Supplementing the Narcotic Substances and Precursors Control Act (promulgated in the SG No. 22 of 19.03.2010) amendments were made related to the principle of establishing councils on narcotic substances and PIC.

❖ **To ensure conformity with the regulations of the act the following documents were amended and supplemented: The Statute of the organization and activity of the National Council on Narcotic Substances (Decree of the Council of Ministers № 91 of 7.04.2011, promulgated in the SG, No. 31 of 15.04.2011)**

Pursuant to Art. 15, Para. 1 of the NSPCA it is regulated in the Statute that the Regional Councils on Narcotic Substances established in the municipalities continue to implement their activity and are renamed to Municipal Councils on Narcotic Substances.

The functions of the Municipal Councils on Narcotic Substances are specified, and it is particularized that they guide and control the activity of the Prevention and Information Centres established at them, the organization and the activity of the Municipal Councils on Narcotic Substances and of the Prevention and Information Centres at them is specified.

In conformity with the regulations of the Art. 15, Para. 5 of the NSPCA in the Statute the option is laid down that the municipal councils in the municipalities which are not centres of administrative districts may establish Committees on Narcotic Substances funded by their own funds.

All the MCNS have held sessions at which they were renamed from Regional Councils on Narcotic Substances to Municipal Councils on Narcotic Substances.

Reports on the activity of the MCNS and of the PIC have been prepared and presented.

The work of the MCNS and of the PIC may be summarized in the following several directions:

- Implementation of the prevention programmes and strategies adopted;
- Prevention activities among students, parents, teachers and pedagogic counselors;
- Conducting competitions, exhibitions, seminars, round tables and familiarizing the public with the problems of drug use and abuse in cooperation with the other municipal structures;
- Issuing different types of prevention, information and health information materials;
- Familiarizing the public with the activity of the PIC;
- Cooperation with the media, to ensure adequate and competent covering of the drugs problem.

The efforts of the people working at the Prevention and Information Centres are directed to overcoming the apathy of the society regarding the problem of drug abuse.

The development and functioning of consultative programmes or surgeries which should refer the dependent individuals for treatment on the territory of the district or on the territory of the country and abroad is given prominence to.

There is good collaboration with the non-government sector, and there is also comparatively good coordination among all municipal structures when undertaking actions to combat drugs and addictions.

Last but not least the activity of the PIC regarding the conducting of polls about the attitudes among the students, parents and teachers and surveys for assessing the prevalence and treatment demand in coordination with the National Centre for Addictions must be noted.

Pursuant to the regulation of Art. 15a, Para. 2 of the NSPCA at the fourth regular session of the National Council on Narcotic Substances in 2011 the report on the activity of the MCNS and of PIC in 2010 was presented and adopted.

**❖ In October 2011 in the town of Rousse the V National Meeting on the problems of prevention, drug use and abuse was held.** The meeting was organized by the Secretariat of the NDC together with the NCA.

Representatives of 22 PIC and MCNS, the secretariat of the NDC and employees of the NCA took part in the meeting. During the meeting the following topics were presented: amendments of the regulation in the sphere of prevention of narcotic substances use, in the treatment and social rehabilitation of individuals abusing narcotic substances or addicted to narcotic substances and drug use harm reduction; the results of the trainings conducted in the country, early and short interventions realized under Project № BG0011 "Listen to the child- improvement of prevention and access to services for children and adolescents experimenting with and using narcotic substances"; activities of the programmes for work with children and parents; new approaches and activities in the sphere of prevention of the use and abuse of narcotic substances.

### **Other drug policy developments**

In 2011 the MCNS – Blagoevgrad, prepared motions to amend the acts related to limiting the use of drugs and solving situations related to prevention, treatment, social status and re-socialization of the dependent individuals and their families, the RCNS sent letters to: The Chairman of the Committee of Health at the National Assembly, and in this letter the following motions were laid down: <sup>8</sup>

- Establishing narcologic departments in the district towns of the country with trained specialists- psychiatrists, psychologists, and social workers;
- Establishing day centres for work with dependent individuals and their families with trained specialists – psychiatrists, psychologists and social workers, animators;

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<sup>8</sup> Information: Report of the Municipal Council on Narcotic Substances– the town of Blagoevgrad for 2011

- Establishing rehabilitation centres and programmes /therapeutic communities/ with long-term programmes and specialists trained for the purpose according to the good European practices;
- Re-socialization programmes for job creation and stimulating the employers to include in the programmes individuals who have already undergone treatment and rehabilitation and to hire them, and coordination of the activities under the programmes by specialists in the Municipal Councils of Narcotic Substances;
- Amendment of the Penal Code and of the Law on Execution of Sentences (LES), to allow addicted individuals, crime perpetrators, to have the right of choice between treatment and real serving a term of imprisonment. If the treatment process is breached, the initial verdict is entered into force with no right of appeal;
- Treatment and rehabilitation programmes for drug-dependent individuals, serving a term of imprisonment;
- Periodic testing the inmates for hepatitis, AIDS and drugs;
- Amendment of the respective acts for an option for forced treatment of individuals, who are dangerous for themselves, for their relatives and the community;
- Specialized preparation of magistrates and police officers for work with drug-dependent individuals and their families;
- Strict control of the state institutions of the methadone programmes and their cancellation in case of offence;

**In 2011 on the occasion of 26<sup>th</sup> June – the International Day Against Drug Abuse and Illicit Trafficking** - the students from the Youth Municipal Council on Narcotic Substances /YMCNS/ in Blagoevgrad sent a letter to the Chairman of the European Parliament, in which the youths from the organization asked the chairman of the parliament to give them the chance to speak in front of a plenary hall, in order to state their opinion about the issues related to the use and distribution of drugs.<sup>9</sup>

### **Coordination arrangements**

**In 2011 a progress of the coordination between the Bulgarian and the international police services was registered**

- In the month of November 2011 an officer of the MI participated in an international seminar on topic: “Combating Drugs” with partner countries Italy and Lithuania.
- Representatives of the “Customs” Agency /CA/ regularly participate in the sessions of the Horizontal work group on drugs and the work groups on customs cooperation at the Council of the EC and of the Committee on Precursors at the EC, as well as in the annual session of the Programme of the UN for drug and crime control.
- The “Drugs, Weapons and Precursors” section at the CA maintains regular operational contact with the customs and police officers for contact with the countries from the EU. It participates actively in the data exchange through the information systems CEN of the World Customs organization and OLAF.<sup>10</sup>

Within the framework of the police cooperation with the member states of Europol, the CDCOC-MI presents data from the analytical work files which help the collection, evaluation and exchange of the operational information between the countries interested.

<sup>9</sup> Information: A Report of the Municipal Council on Narcotic Substances – Blagoevgrad for 2011

<sup>10</sup> Information: The Report for the Implementation of the Action Plan at the National Anti-Drug Strategy in 2011, prepared by the KIAD Directorate – MI

- Constant exchange of information is done with Europol, Interpol, as well as with officers for contact with Germany, Austria, France, the Netherlands, Italy, with representatives of DEA- the USA, etc. by the “Drugs” Department at the CDCOC-MI.
- Exchange of information on the issues and investigations of mutual interest is done successfully through SELEC-Centre in Bucharest- Romania.
- In 2011 employees of the MI participated in a number of work meetings with foreign partners on mutual parallel investigations and operations as well as in international initiatives and projects such as BESA (presenting information on the trafficking of drugs from Turkey to the countries in South-East Europe); DRUG POLICING BALKAN - ADVANCED 2009-2012; Mutual European Actions against drug trafficking (under the “Crime Prevention and Combating” specific programme); RADAR (for trafficking cocaine with containers); WATANI (for trafficking acetic anhydride); White flow (on the initiative of the General Secretariat of Interpol with the purpose of collecting and processing information concerning cocaine trafficking from South America to Europe through Western, Central and South Africa).<sup>11</sup>

## **Economics analysis**

### **Public expenditures**

#### **National Centre for Addictions**

Pursuant to the State Budget Act for 2011 the National Centre for Addictions (NCA) as an independent legal entity at the Ministry of Health has spent the sum of BGN 263, 301.<sup>12</sup> All the funds for salaries, for insurance payments, for remunerations for external individuals and companies, according to contracts concluded and services done, etc, have been spent on grounds of the current legislation.

BGN 137,180 were spent from the budget subsidy of the NCA for salaries for the employees including salaries for the employees of the National Focal Point, and for the insurance payments to them-BGN 6, 616.16 respectively.

Under the “Action Plan of the National Anti-Drug Strategy” programme in 2011 the sum of BGN 215,000 was allotted from which the sum of BGN 78,789 was spent for the activities of the National Focal Point.

#### **Ministry of Health**

According to the motion of the NCA in 2011 the Ministry of Health (MH) funded 45 positions in programmes for psychosocial rehabilitation of the “drug free” type. The total sum of the funding provided for the Action Plan of the National Anti-drug Strategy in 2011 was BGN 72,420 of which:

- BGN 44,220 for funding 15 positions for 6 months in residential programmes of the “Therapeutic community” type;
- BGN 28,200 for funding 30 positions in non-residential programmes for psychosocial rehabilitation of the „drug free” type.<sup>13</sup>

In 2011 funding was provided by the MH amounting to BGN 20,000 for establishing an official data base about the individuals included in the programmes for treatment with agonists and with agonists-antagonists, under Art. 87B of the Narcotic Substances and Precursors Control Act (NSPCA).<sup>14</sup> To this end the NCA has concluded an agreement with

<sup>11</sup> Information : The Report on the Implementation of the Action Plan at the National Anti-Drug Strategy in 2011, prepared by the KIAD Directorate – MI

<sup>12</sup> Source of information: Annual Financial Report of the NCA for 2011

<sup>13</sup> Source of information: “Coordination and information and analytical activity” Directorate, MI, Report on the Implementation of the Action Plan at the National Anti-Drug Strategy” in 2011

<sup>14</sup> Source of information: There again

the company executor because the centre is responsible for the establishment and maintenance of the official data base.

### **Ministry of Physical Education and Sports**

In 2011 the Ministry of Physical Education and Sports (MPES) funded the “Sports for children in their leisure time” programme with BGN 1,155, 500.<sup>15</sup> The programme has the objective of providing conditions and opportunities for the participation of children in free sports activities for improving their health and physical capacity. 272 projects were approved in 2011 for implementation and 266 projects were implemented for more than 49 types of sports in 77 settlements. In the sports activities more than 15,000 children participated under the guidance of 550 qualified specialists.

### **Funds spent for activities of the Municipal Councils on Narcotic Substances and the Prevention and Information Centres for prevention and combating drugs**

The Municipal Councils on Narcotic Substances (MCNS) and the Prevention and Information Centres (PIC) are funded mainly with funds from the state budget, through the municipal budgets as activity delegated by the state. According to the information of the National Council on Narcotic Substances the funds provided in 2011 were for salaries for 27 chairpersons and 27 secretaries of the MCNS and for 65 employees from the teams of the PIC as well as for funds for subsistence.<sup>16</sup> Some of the activities implemented during the year by the MCNS and by the PIC were also funded from the budgets of the respective municipalities, but the funds provided were insufficient. The MCNS and PIC which can rely on adequate financial support from the respective municipalities and on understanding are very few. Some of the MCNS and PIC are trying through participation in different national and international projects to compensate to a certain extent the lack of funding for the implementation of their activities.

For the implementation of the national policy on drugs at local level from the state budget funds amounting to BGN 42,000 were provided for the 27 MCNS (BGN 1,555 for each one) for the development and implementation of programmes for the prevention of drug use at local level.<sup>17</sup> According to the requirements of the contracts the prevention programmes presented have been reviewed and approved by a committee appointed by an order of the minister.

#### **District of Blagoevgrad**

BGN 18,350 were provided in 2011 to the MCNS in Blagoevgrad from the municipal budget for activities and information materials.<sup>18</sup> The activities funded and the information materials include:

- A competition for the students from 1 to 12 grade on two topics: „Drugs- illusion, suffering, crime” and “The family memory speaks- traditions and legends”. The competition is held annually and includes the following items - an essay, a story, a picture, a poster, a snapshot and multimedia presentation. Funding amounting to BGN 3,500 has been provided.
- A competition for journalists in memory of Veronica Guerin “Heart and word against drugs”. The competition is funded from the budget of the municipality amounting to BGN 3,000.
- A competition for magistrates and policemen in memory of Giovanni Falcone – „The coward dies every day, the brave man- only once”, established in 2009 by the Municipality of Blagoevgrad, and by the Regional Council on Narcotic Substances in Blagoevgrad, with the cooperation of the Embassy of the Republic of Italy and personally of His Excellency Stefano Benatso. Holding the competition in 2011 was funded from the municipal budget with a sum amounting to BGN 3,000.

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<sup>15</sup> Source of information: There again

<sup>16</sup> Source of information: “Narcotic Substances” Directorate “MH- Annual Report of the NDC for 2011

<sup>17</sup> Source of information: “Narcotic Substances” Directorate “MH- Annual Report of the NDC for 2011

<sup>18</sup> Source of information: MCNS Blagoevgrad, Annual Report -2011



- Publishing “A small booklet for life” addressed to students from 1 to 12 grade, parents, teachers and representatives of institutions. The publishing was funded from the municipal budget with a sum amounting to BGN 6,800.

- Organizing and conducting “25<sup>th</sup> March- the day of patience” at the schools in the municipality of Blagoevgrad on the initiative of the MCNS in Blagoevgrad. The use of Internet during the events related to the holiday and the publishing of an 8-page colour bulletin with the results with a circulation of 3,000 copies were funded from the municipal budget with a sum amounting to a total of BGN 2,050.

### **District of Bourgas**

In 2011 from the budget of the MCNS the following activities were funded:

(1) Publishing booklets – BGN 5,000

(2) Maintaining an internet site–BGN,2000<sup>19</sup>

From the municipal budget of the municipality of Bourgas in 2011 for the activities of the MCNS and PIC in Bourgas funds amounting to BGN 7,000 were provided.<sup>20</sup> The funds were spent for the “smoking“ campaign– BGN 1,000 and “26<sup>th</sup> June“ campaign – BGN 4,000 and for round tables – BGN 2,000.

### **District of Varna**

In 2011 for funding the activities related to drug prevention and combating the MCNS in Varna received from the state and the municipal budget funds amounting to BGN 262,363 and EUR 50,000.<sup>21</sup>

For the implementation of programmes and activities of universal, selective and indicative approach in the direction “Prevention of psychoactive substance use” which is a part of the “Programme for prevention of high-risk behaviour among children and youths” of the “Preventions” Directorate in the municipality of Varna funds were spent amounting to BGN 95,550 from the municipal budget and BGN 24,133 from the budget of the MCNS. In the above-mentioned sums spent on the funding of small projects of the NGOs for prevention of addictions on the territory of the municipality were also included.

From the budget of the “Preventions” Directorate in the municipality BGN 32,680 were provided for direct financial support of the different programmes at the “St. Boyan Enravota” Orthodox Centre for spiritual caring for the drug dependent individuals at the Varna and Veliki Preslav bishopric. The funds were spent for remunerations, food, house-hold goods, art and labour therapy.<sup>22</sup>

For the implementation of the programmes for Maintenance and Substitution Treatment with Methadone and/or Substitol implemented by the Clinic for specialized medical care - group practice (CSMCGP) “Centre of Psychic Health” (*municipal healthcare establishment with a capacity of 150 positions*) BGN 100, 000 from the municipal budget for 2011 through the budget of the “Health Development” Directorate were provided and BGN 10,000 - from the state budget through the budget of the MH.<sup>23</sup>

EUR 50,000 were put to use from the state budget through the budget of the “*National Programme for the Prevention of HIV/AIDS*” for the implementation of the Programme for prevention of HIV/AIDS among the IDUs, for A Drop-in Centre, Component 4 under the Programme for Prevention of HIV/AIDS from the “For better psychic health” Foundation in the municipality of Varna.<sup>24</sup>

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<sup>19</sup> Source of information: there again

<sup>20</sup> Source of information: there again

<sup>21</sup> Source of information: MCNS Varna, Annual Report– 2011

<sup>22</sup> Source of information: there again

<sup>23</sup> Source of information: there again

<sup>24</sup> Source of information: there again

### **District of Veliko Tarnovo**

In 2011 for the activities for the implementation of the NDC in the district of Veliko Tarnovo BGN 2,000 from the state budget were provided and BGN 2,500 - from the municipal budget of the municipality of V. Tarnovo.<sup>25</sup>

### **District of Vidin**

In 2011 the funds provided from the state budget in the district of Vidin for the activities related to combating drugs and drug addictions amounted to BGN 2,287.<sup>26</sup> They were spent on:

- Individual and encouraging prize for an inter-school quiz dedicated to the *International Day without tobacco smoke*;
- Publishing the Annual Report for 2011 on the trends of drug use and on the problems related at regional level;
- Preparing prevention materials: "The choice you make today builds the house you will live in tomorrow";
- Prizes for competitions, role and simulative plays when implementing prevention activities including 1,752 students in 2011;
- Providing the travel expenses for the "Ajavis" group for participation in the final phase of the campaign dedicated to the International Day Against Drug Abuse;
- Public lesson at "L. Karavelov" secondary school – "How to say NO to pressure or compulsion".

Funds from the municipal budget of the municipality of Vidin amounting to BGN 972 have been provided for the participation of the MCNS Vidin in the XVIII mayors' conference of the ECAD, which was held in Varna.<sup>27</sup> Funds amounting to BGN 966 under project № BG0011 „Listen to the child”, funded according to the financial mechanism of the European Economic Area (FM of the EEA), were put to use for a two-day training for improving prevention and access to services for children and adolescents.

### **District of Vratsa**

In 2011 the funds spent by the MCNS and PIC in Vratsa amounted to BGN 3,780 and were provided from the budget of the MCNS.<sup>28</sup> They were allocated as follows:

- Publishing prevention materials - BGN 1,345
- Activities for the International Day Against Drug Abuse 26<sup>th</sup> June – BGN 2,435

### **District of Gabrovo**

The public expenditures for prevention and combating drugs in the municipality of Gabrovo in 2011 amounted to BGN 1,900, \$ 5, 057 and EUR 4,200.<sup>29</sup>

From the budget of the MCNS - Gabrovo in 2011 funds amounting to BGN 1,000 were allocated for the implementation of the following activities:

- (1) a campaign in relation to 26<sup>th</sup> June *The International Day Against Drug Abuse* "If we have nature we don't need drugs" – BGN 200;
- (2) a campaign "The choice is yours" – BGN 700;
- (3) training under the "Informed Choice" programme – BGN 100

For the complete funding of the events held by the Centre for Public Assistance at the municipality of Gabrovo funds were provided from the municipal budget amounting to BGN 900.

For the implementation of the "Compass for new beginning" project in the municipality \$ 5,057 were put to use, provided by the *Open Society* Institute. Alongside with this for the

<sup>25</sup> Source of information: MCNS V. Turnovo, Annual Report– 2011

<sup>26</sup> Source of information: MCNS Vidin-, Annual Report– 2011

<sup>27</sup> Source of information: MCNS Vidin, Annual Report - 2011

<sup>28</sup> Source of information: MCNS Vratsa, Annual Report - 2011

<sup>29</sup> Source of information: MCNS Gabrovo, Annual Report - 2011

implementation of activities under “I have the freedom of choice” project in the municipality of Gabrovo EUR 4,200 were received under the “Youth in Action” programme funded by the *European Committee*.

### **District of Dobrich**

In 2011 from the municipal budget of the municipality of Dobrich BGN 20,706 were allotted for the funding of the activities for prevention and combating drugs implemented by the MCNS and PIC independently or together with the other public and NGOs.<sup>30</sup> The funds were used for the following activities: (1) implementation of “Anti-aggression and prevention of the use of psychoactive substances I-IV grade” project, including holding a training seminar for primary school teachers, teaching 20 lessons in the first grades and buying methodology to help the children identify and understand their feelings; (2) implementation of a long-term municipal *Programme for prevention of drug use at school VIII-XII grade*, and for the school year 2010/2011 the students from VIII-XII grade of 7 schools in the municipality of the town of Dobrich were included in it; (3) implementation of two long-term prevention and sports programmes - “A school for tennis” and “A school for karate” - with active training of the children in the course of 9 months each year realized together with the “Izida” Tennis Court and “Samurai” Karate Club; (4) presenting and distribution of Prevention Documentary “Intolerable” with author Emilia Antova; (5) implementation of “Personality growing and social integration of dependent individuals” project, realized by the Municipal Centre for Psychic Health in the period 01.06.2011 - 30.11.2011.

With the aim of creating favourable conditions for the development of the creative, physical, and intellectual potential of the children in the town of Dobrich and for ensuring full-value social integration and subsequent professional realization in 2010 the “Uspeh”BG 051PO001-4.2.05 “Let’s make the school attractive for the young people” project was implemented. Through the municipal budget training seminars, classes in the sphere of fine arts and art, dances, exhibitions, concerts with the aim of rationalizing the leisure time of the children during the holidays under the “Eco-summer” municipal programme were funded.

### **District of Kardzhali**

In 2011 for the activities of the MCNS and PIC- Kardzhali BGN 1,555 were provided from the state budget by the MH. The funds were put use of for “Peers train peers” programme for training of youths for work of drug prevention.<sup>31</sup>

In 2011 BGN 600 were provided from the municipal budget of the municipality of Kardzhali which were used for organizing a photo exhibition for students from the municipality and for a meeting – a lecture with psychologists, paedagogic councillors and parents with Veselina Bozhilova- the chairperson of the “Mothers Against Drugs” association. Some of the funds were used for activity called “Hyde Park” which represents informing the public in the town of Kardzhali and constructing a board, on which everyone can express their opinion on drug-related issues.<sup>32</sup>

Under the “Listen to the Child” №BG 0011 " project funds have been provided amounting to BGN 1,300 for the training of specialists for the short-term interventions.<sup>33</sup>

### **District of Montana**

In 2011 the expenditures of the MCNS and PIC in the town of Montana for the implementation of activities related to drug prevention and combating provided from the budget of the municipality of Montana amounted to BGN 1,280.<sup>34</sup> The activities included: (1) printing a quiz for a poll in Montana 2011 on topic “Students and the use of psychoactive substances”; (2) buying materials for the anti-AIDS campaign, which observed 14<sup>th</sup> February; (3) printing fliers to observe 31<sup>st</sup> May – the International Day Against Smoking; (4) organizing

<sup>30</sup> Source of information: PIC Dobrich, Annual Report - 2011

<sup>31</sup> Source of information: PIC Kurdzhali, Annual Report – 2011

<sup>32</sup> Source of information: there again

<sup>33</sup> Source of information: there again

<sup>34</sup> Source of information: MCNS Montana , Annual Report – 2011

a concert-performance “With art against drugs” to observe 26<sup>th</sup> June- the International Day Against Drug Abuse; (5) buying writing materials for conducting prevention activities and trainings; (6) paying the annual participation tax of the municipality of Montana to the “European Cities Against Drugs” /ECAD/.

Under the “Listen to the child” project funded by the financial mechanism of the European Economic Area funds amounting to BGN 1,612 have been provided for the training of medical specialists and paedagogic councillors with the aim of improving prevention among children and adolescents experimenting with and using narcotic substances.<sup>35</sup>

### **District of Pazardjik**

For the implementation of the activities related to prevention and combating drugs in 2011 the MCNS and the PIC in the town of Pazardjik BGN 1,555 were provided from the state budget through the Ministry of Health for the implementation of the National Programme for combating drugs.<sup>36</sup> The funds were spent for delivering video-lectures to target groups.

### **District of Pleven**

In 2011 for the activities of the MCNS and PIC in the town of Pleven BGN 1,500 were provided from the state budget and were spent for the primary prevention and training of trainers among the young people.<sup>37</sup> BGN 500 were provided from the municipal budget of the municipality of Pleven for organizing campaigns and public events related to prevention and combating drugs.<sup>38</sup>

### **District of Plovdiv**

The expenditures of the MCNS and PIC in the town of Plovdiv for implementing activities related to drug prevention and combating in 2011 were provided from the municipal budget of the municipality of Plovdiv and amounted to BGN 35,230.<sup>39</sup> The activities included: (1) restoring the participation tax to the ECAD (European Cities Against Drugs); (2) using the Internet in the office of the PIC in Plovdiv; (3) equipping and furnishing the visitors’ room and the room for work with children and parents in the PIC – Plovdiv at the MCNS; (4) conducting events and activities related to the sphere of narcotic substance prevention; (5) holding a seminar for training of children–leaders under the “Peers train peers” programme (6) additional qualification and missions of the employees of the PIC- Plovdiv.

### **District of Rousse**

The financial funds for activities related to drugs prevention and combating provided to the MCNS and PIC in Rousse in 2011 from the state budget amounted to BGN 3,000. The funds allotted from the municipal budget of the municipality of Rousse in 2011 amounted to BGN 10,000.<sup>40</sup> They were spent on events related to drug and AIDS prevention.

### **District of Silistra**

The financial expenditures for the upkeep and the activities of the MCNS and the PIC in Silistra for activities related to drug prevention and combating in 2011 amounted to a total of BGN 16,343.<sup>41</sup> They have been provided from the municipal budget of the municipality of Silistra through the budget of the MCNS as a delegated activity. These funds have been spent on: (1) organizing “There is another way- let’s find it together” campaign; (2) training of young leaders “The teenager- a problem or future”; (3) “The role of the volunteer in the prevention of psychoactive substance abuse” training; (4) a school for parents; (5) “Sports

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<sup>35</sup> Source of information: there again

<sup>36</sup> Source of information: MCNS Pazardjik , Annual Report – 2011

<sup>37</sup> Source of information: MCNS Pleven, Annual Report - 2011

<sup>38</sup> Source of information: there again

<sup>39</sup> Source of information: MCNS Plovdiv, Annual Report - 2011

<sup>40</sup> Source of information: MCNS Rousse, Annual Report - 2011

<sup>41</sup> Source of information: MCNS Silistra, Annual Report - 2011

and creative work for children and youths in their leisure time” programme; (6) entertainment and cognitive games outdoors; (7) development, printing and distribution of information materials; (8) consulting drug dependent individuals.

Under the “Listen to the child” project funded according to the financial mechanism of the European Economic Area extra funds amounting to BGN 1,612 have been provided for the training of pedagogic specialists, public educators and experts in the PIC.<sup>42</sup>

### **District of Sliven**

The funds for the activities of the MCNS and PIC in the town of Sliven related to drug prevention and combating in 2011 were provided from the state and municipal budget and were a total of BGN 7,778.<sup>43</sup> Of them BGN 1,550 were provided from the state budget through funding of a project of the MH and were spent for educational and scientific and research materials. The rest of the funds were provided from the budget of the municipality of Sliven as a budget for the MCNS for delegated activity.

### **District of Smolyan**

The financial expenditures of the MCNS and PIC – Smolyan for activities related to drug prevention and combating in 2011 amounted to a total of BGN 2,400.<sup>44</sup> Some of them were directly funded from the budget of the municipality of Smolyan, and the rest of the funds were from the municipal budget through the budget of the MCNS as a delegated activity. The funds were used for influence by peers, training of professionals, media campaigns telephone lines for help and building up a network.

### **District of Stara Zagora**

The activities of the MCNS and PIC – Stara Zagora related to drug prevention and combating in 2011 were funded mainly from the budget of the municipality of Stara Zagora through the budget of the MCNS as a delegated activity. These funds amounting to BGN 1,450<sup>45</sup> were spent on the following activities: (1) public discussion on topic: “The world of the dependent individuals and us”; (2) “Smile therapy” initiative; (3) “The role of art in the prevention of addictions” initiative; (4) “Infectious diseases related to narcotic substance use” enterprise; (5) training at the Thracian University – “Department of Economics”.

Some of the activities in 2011 of the MCNS and PIC- Stara Zagora were implemented thanks to sponsors who provided the funds amounting to BGN 2,000.<sup>46</sup>

### **District of Targovishte**

The funds provided from the municipal budget of the municipality of Targovishte for the activities of the MCNS and PIC related to drug prevention and combating in 2011 amounted to 1,770.<sup>47</sup> They were used as follows: (1) a competition for a picture and an essay on topic: “I breathe freely – without tobacco smoke”; (2) happening under the motto: “The choice is yours”; (3) training on topic: “Techniques for doing screening, early and short interventions and referral for treatment of individuals with problem drug and alcohol use”; (4) making workbooks under the motto: “I do NOT smoke and I do NOT drink”; (5) making prevention and information materials- fliers.

From the state budget in 2011 funds for paying the expert witnesses for making conclusions in relation to expertise appointed for pre-court proceedings amounting to BGN 332 were provided.

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<sup>42</sup> Source of information: there again

<sup>43</sup> Source of information: MCNS Sliven, Annual Report - 2011

<sup>44</sup> Source of information: MCNS-Smolyan, Annual Report - 2011

<sup>45</sup> Source of information: MCNS-St. Zagora, Annual Report - 2011

<sup>46</sup> Source of information: there again

<sup>47</sup> Source of information: MCNS-Targovishte, Annual Report - 2011

### District of Haskovo

The funds for the activities of the MCNS and PIC - Haskovo related to drug prevention and combating in 2011 were provided from the budget of the municipality of Targovishte and amounted to BGN 10,029.<sup>48</sup> They were used for the upkeep of the MCNS and PIC and for paying the employees.

### District of Shumen

In 2011 the MCNS and PIC – Shumen were provided from the state budget with BGN 19,800 of which the following activities were funded:<sup>49</sup> (1) „A project of our class- life without tobacco smoke 4” – funded from the budget of the MH; (2) “Listen to the child” project BG0011– funded from the budget of the NCA; (3) project under K7; (4) development of “Methodology for prevention in early school age“; (5) “A Break for Health” project.

From the budget of the municipality of Shumen for the activities in 2011 related to drug prevention and combating BGN 1,800 were provided with which the “Know more” and “Selective and prevention work under the specialized programme with students from Roma origin” projects were funded and the K7 project was co-funded.<sup>50</sup> Municipal funds from the school budgets in the municipality amounting to BGN 100 have been additionally received.<sup>51</sup> From the budget of the MCNS funds have been allotted for co-funding some of the projects being implemented amounting to BGN 800.

### District of Yambol

The activities related to drug use prevention and combating implemented on the territory of the district of Yambol in 2011 were funded mainly from the state budget through the budget of the MCNS (MH). The rest of the funds were provided from the budget of the municipality of Yambol. The total amount of the funds was BGN 2, 500<sup>52</sup>, allotted to the following activities: (1) information campaign under the motto: “No to it- The Drug”; (2) enterprises for observing 26<sup>th</sup> June- The International Day Against Drug Abuse, accentuating on the risky behavior resulting in the use of psychoactive substances among the adolescents and the consequences of it; (3) a quiz under the motto: “Drugs! A road to nowhere...”; (4) mobile exhibition: “Types of narcotic substances which can be found in the street”; (5) preparing fold-outs under the form of a test: “Let’s examine mother and father about what they know about drugs”.

A summary of the data indicated shows that in 2011 the Municipal Councils on Narcotic Substances and the Prevention and Information Centres in Bulgaria were funded by a total of BGN 534, 814 (see *Table 1.1.*). The sources of this funding were mainly the state budget, the municipal budget, the budget of the Municipal Councils on Narcotic Substances or external source (e.g. the financial mechanism of the European Economic Area).

*Table 1.1.*

### FUNDS OF THE MCNS AND PIC FOR 2011

No	District	Funds	Source
1	Blagoevgrad	BGN 18, 350	MB
2	Bourgas	BGN 7, 000	MB
		BGN 7, 000	Budget of the MCNS (MB)
3	Varna	BGN 10, 000	SB
		EUR 50, 000	
		BGN 228, 530	MB
		BGN 24, 133	Budget of the MCNS (MB)

<sup>48</sup> Source of information: MCNS-Haskovo, Annual Report - 2011

<sup>49</sup> Source of information: MCNS-Shumen, Annual Report - 2011

<sup>50</sup> Source of information: MCNS Shumen, Annual Report – 2011

<sup>51</sup> Source of information: there again

<sup>52</sup> Source of information: MCNS Jambol, Annual Report– 2011

4	Veliko Tarnovo	BGN 2, 000	SB
		BGN 2, 500	MB
5	Vidin	BGN 2, 287	SB
		BGN 972	MB
		BGN 966	project №BG0011 „Listen to the child” (FM of the EEA)
6	Vratsa	BGN 3, 780	Budget of the MCNS (MB)
7	Gabrovo	BGN 1,000	Budget of the MCNS (MB)
		BGN 900	MB
		\$ 5,057	“Open Society” Institute
		EUR 4,200	European Committee
8	Dobrich	BGN 20,706	MB
9	Kardzhali	BGN 1, 555	SB
		BGN 600	MB
		BGN 1,300	project №BG0011 „Listen to the child” (FM of the EEA)
10	Montana	BGN 1,280	MB
		BGN 1,612	project №BG0011 „Listen to the child” (FM of the EEA)
11	Pazardjik	BGN 1,555	SB
12	Pleven	BGN 1,500	SB
		BGN 500	MB
13	Plovdiv	BGN 35,230	MB
14	Rousse	BGN 3, 000	SB
		BGN 10,000	MB
15	Silistra	BGN 16, 343	MB
		BGN 1, 612	project №BG0011 „Listen to the child” (FM of the EEA)
16	Sliven	BGN 1, 550	SB
		BGN 6, 228	Budget of the MCNS (MB)
17	Smolyan	BGN 1, 350	MB
		BGN 1, 050	Budget of the MCNS (MB)
17	Stara Zagora	BGN 1, 450	Budget of the MCNS (MB)
		BGN 2, 000	sponsors
18	Targovishte	BGN 332	SB
		BGN 1, 770	MB
19	Haskovo	BGN 10, 029	MB
20	Shumen	BGN 19, 800	SB
		BGN 1, 800	MB
		BGN 800	Budget of the MCNS (MB)
		BGN 100	Budget of the MCNS (MB)
21	Yambol	BGN 1, 800	SB
		BGN 700	MB
TOTAL:		BGN 534, 814	

**MB – municipal budget**

**SB – state budget**

**MCNS – Municipal Council on Narcotic Substances**

**FM of the EEA– financial mechanism of the European Area**

## **Budget**

The MCNS and the PIC are funded by the state budget through the municipal budgets as activity delegated by the state.

The funds provided for 2011 were salaries for 27 full-time positions for chairpersons and 27 secretaries of the MCNS and 65 full-time positions for teams of the PIC, as well as funds for subsistence.

The funds for the prevention activities under the National Programme for the implementation of the National Strategy to Combat Drugs are provided as result-oriented funds.

The funds provided from the state budget as well as the funds for the prevention activities under the National Programme for the implementation of the National Anti-Drug Strategy are absolutely insufficient for the implementation of the prevention activities and for the more effective work of the PIC.

## **Social cost**

There is no new updated evidence about the social cost related to drug use.





## 2. Drug use in the general population and specific targeted groups

The following main topics will be reviewed under this section:

- Drug use in the general population;
- Drug use in schoolchildren and youth;
- Drug use in individual target populations/places at national and local level.

### Drug use in the general population

There are no new data on the use of drugs in the general population in Bulgaria.

### Drug use in the school and youth population

In 2011, data on drug use among schoolchildren in Bulgaria were collected by two large national surveys of identical, yet distinct target group:

- The European School Survey Project on Alcohol and Other Drugs - ESPAD);
- A nationwide representative survey on attitudes and use of psychoactive substances among schoolchildren in high school grades 9-12 in Bulgaria.

In May a nationwide school survey, which is a part of the **European School Survey Project on Alcohol and Other Drugs - ESPAD 2011** was conducted<sup>53</sup>.

The ESPAD project is a European comparative survey, the purpose of which is to collect valid comparable data on alcohol, tobacco and drug use among 16-year-old schoolchildren in the European countries. The survey is conducted with common questionnaires and according to a standardised methodology, which ensures comparability of the data collected. So far during four years of project operation five European surveys were conducted - in 1995, 1999, 2003, 2007 and the last one in 2011. In this country, data on alcohol, tobacco and drug use among 16-year-old schoolchildren have been collected since 1999 and since 2003 the surveys have been carried out based on the joint efforts of the National Centre for Public Health and Analyses (NCPHA) and the National Centre for Addictions (NCA) through the NFP with the support of the Ministry of Education, Youth and Science. The fifth wave of the ESPAD took place in the spring and summer of 2011 in over 35 countries in Europe. Each participating country provided the funding for the survey; the National Focal Point for Drugs and Drug Addiction with the National Centre for Addictions provided the funding for Bulgaria with the support of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

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<sup>53</sup> European School Survey Project on Alcohol and Other Drugs – ESPAD, 2011, the National Centre for Public Health and Analyses (NCPHA), the National Centre for Addictions (NCA), funded by the National Focal Point for Drugs and Drug Addiction through an Agreement with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA); nationwide representative sample of schoolchildren born in 1995; the survey covered 2217 schoolchildren.

The main objective of these studies is to collect comparable data on alcohol, tobacco and drug use among European schoolchildren aged 15 to 16 in order to track trends within and between countries.

Within the ESPAD project in Bulgaria in 2011 a total of 2217 schoolchildren (1132 boys and 1085 girls) in grade 9 and 10 in 192 classes were surveyed.

**A nationwide representative survey on attitudes and use of psychoactive substances among schoolchildren in high school grades 9-12 in Bulgaria** was organized and conducted in the autumn. The survey is organized every four years and in 2011 it was methodologically prepared by the National Focal Point and implemented by Alpha Agency for Marketing and Research, under the methodological supervision of the NFP. It covered 4,546 schoolchildren in grades 9-12 in the schools in Bulgaria<sup>54</sup>.

### **Use of illegal drugs**

Data from 2011 show that 26% (about 15 to 16,000) of 15- to 16-year-old schoolchildren in Bulgaria have used at least once in their life some illegal drug. The proportion of schoolchildren having experience in the use of illegal drugs is approximately equal for girls (24%) and boys (27%) (see *Figure 2-1*)

According to 2011 data, in the ESPAD countries, the average of 21% of boys and 15% of girls have tried at least one illegal drug, and there is a trend of increased use between 1999 (11%) and 2011 (18 %). The Czech Republic (43%) is in the leading position and **Bulgaria is above the middle of the ranking, 26% of 16-year-olds having tried some drug.**

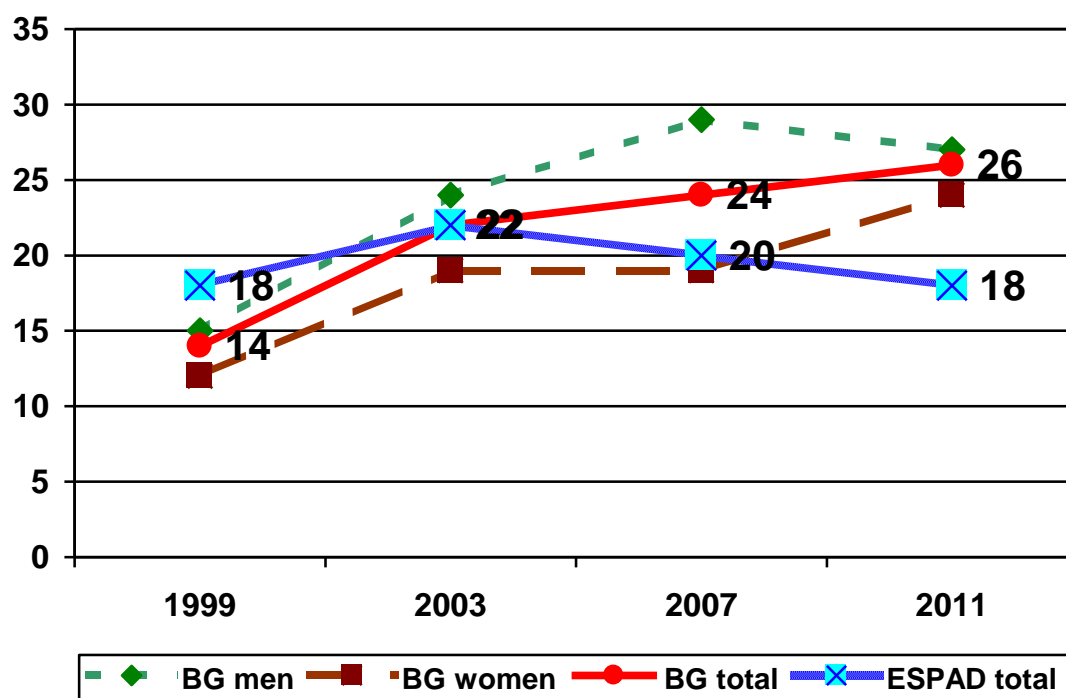
For 12 years, between 1999 and 2011, the proportion of schoolchildren having experience in the use of illegal drugs has increased by 12 percentage points, or roughly doubled (from 14% in 1999, 22% in 2003, 24% in 2007 to 26% in 2011). In the same period, despite various momentary deviations, the average numbers for all participating countries returned to the 1999 level. (ESPAD)

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<sup>54</sup> A nationwide representative survey on attitudes and use of psychoactive substances among schoolchildren in high school grades 9-12 in Bulgaria in 2011, Alpha Agency for Marketing and Research and the National Focal Point for Drugs and Drug Addiction; it covered 4,546 schoolchildren in grades 9-12 in the schools in Bulgaria.

Figure 2-1

**USE OF SOME ILLEGAL DRUG AT LEAST ONCE IN THEIR LIFE AMONG 15- TO 16-YEAR-OLD SCHOOLCHILDREN IN BULGARIA AND THE AVERAGE FOR THE ESPAD COUNTRIES (Total and by gender, 1999-2011. Percents)**

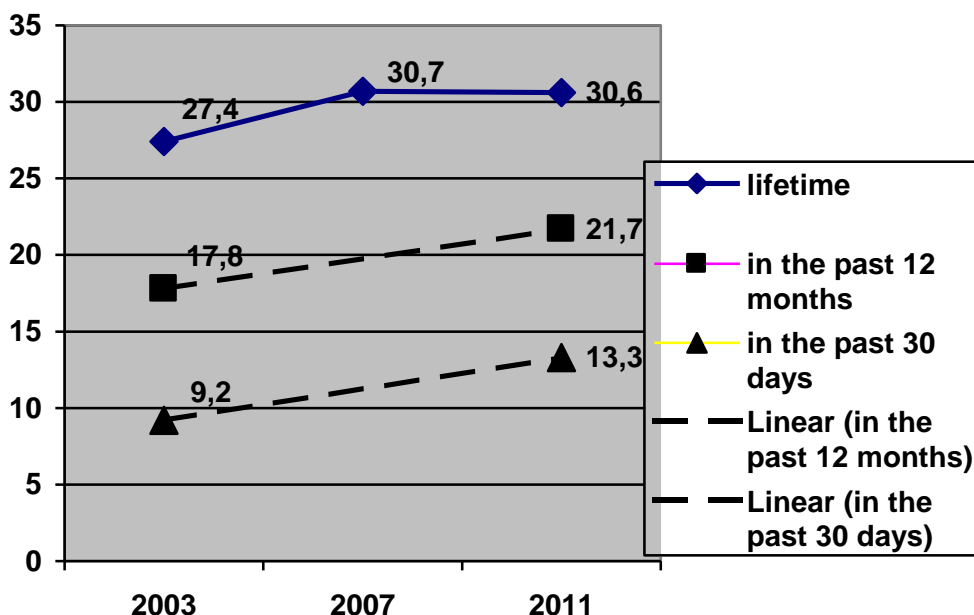


Source: European School Survey Project on Alcohol and Other Drugs (ESPAD), 2011, NCPHA and NCA

Another nationwide survey conducted in 2011 showed that about 1/3 (30.6%) of the schoolchildren in grades 9-12 (aged 15-19) have used at least once in their life some illegal drug (see *Figure 2-2*). This means that about 90,000 young people from this social group have some experience with these substances. Just over 1/5 (21.7%) had at least one use during the past year (from 60 to 65,000 schoolchildren), and slightly more than 1/8 (13.3%) had used some illegal drug in the past month prior to the survey, which represents about 40,000 schoolchildren.

Moreover, in all three time horizons (lifetime, in the past 12 months and in the past 30 days) the proportion of schoolchildren who used some drug has increased by 3 to 4 percentage points over the last eight years (2003-2011). Basically, the increase occurred between 2003 and 2007, then after 2007 stabilization of the levels has been observed. (Nationwide School Survey)

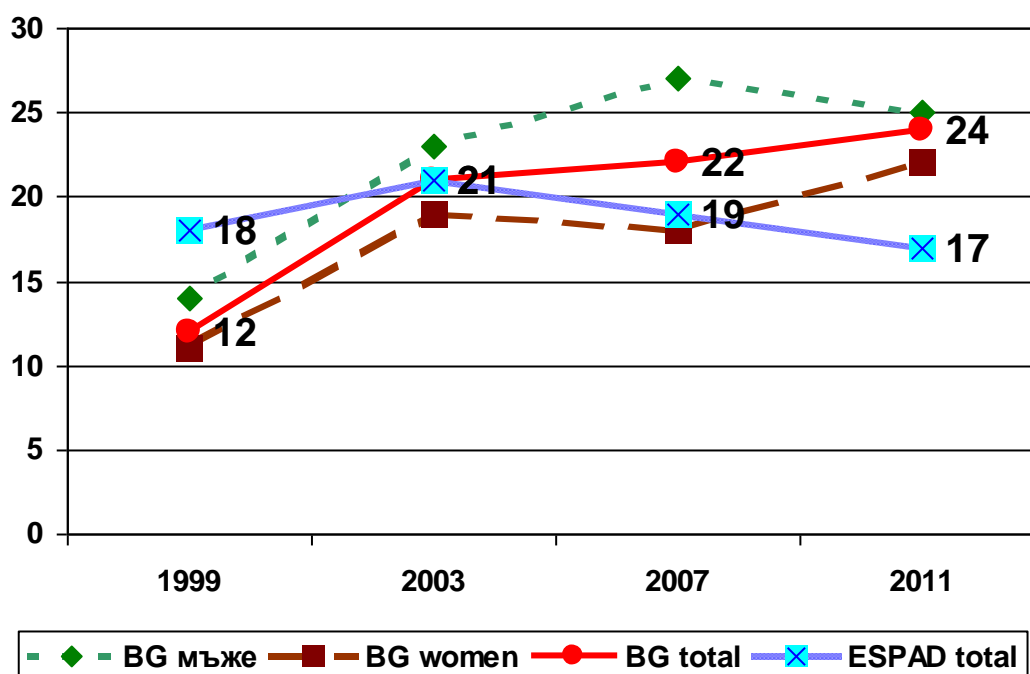
**USE OF SOME ILLEGAL DRUG AMONG 15- TO 16-YEAR-OLD SCHOOLCHILDREN IN BULGARIA**  
 (Total. 2003-2011. Percents)



Source: A nationwide representative survey on attitudes and use of psychoactive substances among schoolchildren in grades 9-12 in Bulgaria, 2011, Alpha Research and NFP

In 2011 24 % (about 14 to 15,000) of 15- to 16-year-old students in Bulgaria used at least once in their lifetime marijuana or hashish. The proportion of students having experience in the use of illegal drugs is approximately equal among girls (22%) and boys (25%) (see Figure 2-3)

**USE OF CANNABIS AMONG 15- TO 16-YEAR-OLD SCHOOLCHILDREN IN BULGARIA  
AND THE AVERAGE FOR THE ESPAD COUNTRIES  
(Total and by gender. 1999-2011. Percents)**



**Source:** European School Survey Project on Alcohol and Other Drugs (ESPAD), 2011, NCPHA and NCA

For 12 years, between 1999 and 2011, the proportion of schoolchildren having experience in the use of cannabis has increased by 10 percentage points (from 14% in 1999, 22% in 2003 to 24% in 2007 and 2011). In the same period, despite various momentary deviations, the average numbers for all participating countries returned to the 1999 level. (ESPAD)

Cannabis use in the past month may suggest a regular use. In some countries, nearly one-fifth of the schoolchildren indicated this type of use, while in other countries much lower levels were observed. The countries with the highest relative share were France and Monaco (24-21%). **Bulgaria is again above the average ranking with 10% - the data are equal for boys and girls.**

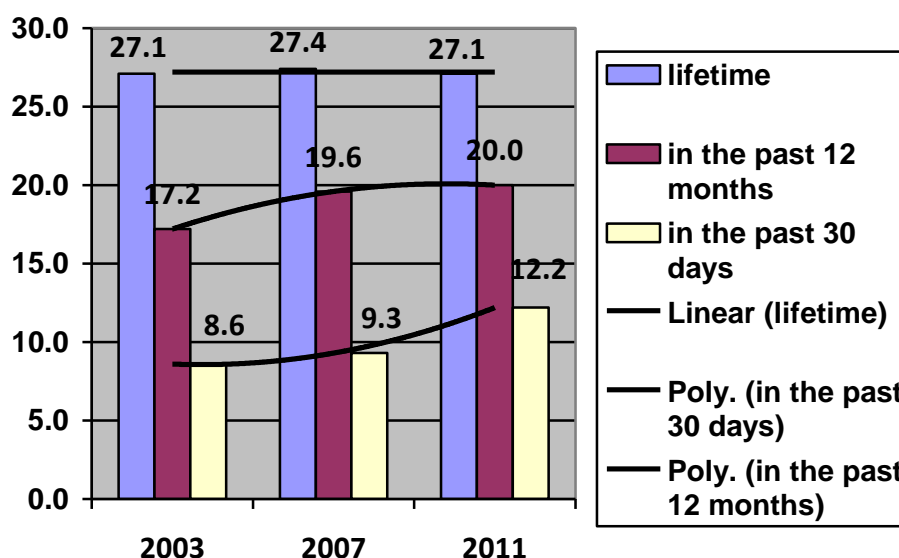
In most of the countries a large relative share of cannabis users was observed in boys. Only in **Bulgaria**, Liechtenstein, Moldova, Russia and Romania **cannabis use in the past 30 days was the same for boys and girls.** (ESPAD)

The nationwide survey conducted in 2011 showed that just over 1/4 (27.1%) of the schoolchildren in grades 9-12 (aged 15-19) have used at least once in their lifetime marijuana or hashish. (See *Figure 2-4*) This means that about 80 to 85,000 young people from this social group have some experience with these substances. Just one fifth (20.0%) had at least one use in the past year (about 60,000 schoolchildren), and about 1/8 (12.2%) had used cannabis in the past month prior to the survey, which represents about 35 to 40,000 schoolchildren.

It is noteworthy to mention that the share of schoolchildren who used cannabis at least once in their lifetime has remained remarkably constant for the past eight years (2003-2011) - 27%. In the other two time horizons (in the past 12 months and in the past 30 days) the share of schoolchildren who used cannabis increased by 3-3.5 percentage points, but for the first one the major increase occurred between 2003 and 2007, and for the second one - after 2007. In other words - the percentage of schoolchildren having experience in the use of cannabis remained constant, but the percentage of current users increased. (Nationwide School Survey)

*Figure- 2-4*

**USE OF CANNABIS AMONG 15- TO 19-YEAR-OLD SCHOOLCHILDREN IN BULGARIA  
Total. 2003-2011. Percents**



**Source: A nationwide representative survey on attitudes and use of psychoactive substances among schoolchildren in grades 9-12 in Bulgaria, 2011, Alpha Research and NFP**

The countries where the highest use of **amphetamines** was registered were Bulgaria, Hungary, Belgium and Liechtenstein (5-7%). **Bulgaria is leading the ranking with 7%, this being 6% of the boys and 7% of the girls.** The average percentage of use in Europe is 3%. In seven countries, the respondents indicated that they had used 1% of amphetamines.

The schoolchildren, respondents in the survey, do not use cocaine frequently. The highest percentage of schoolchildren using cocaine was registered in Belgium, Bulgaria, Cyprus, France, Latvia, Liechtenstein, Malta and Monaco, where 4% indicated this type of use. The average rate of cocaine use in the lifetime of ESPAD'11 is 2%.

The use of LSD in the lifetime is highest in the Czech Republic, Cyprus and Latvia (4-5%). In this country the percentage is 3, which is slightly above the European average - 2%.

A decrease in ecstasy use has been observed in Europe. The countries of the highest use are Albania, Belgium, **Bulgaria**, Hungary, Latvia, Monaco and Slovakia, but it does not exceed 4%. In this country 5% of the boys and 3% of the girls use ecstasy.

Tranquillizers and sedatives may be used as legally prescribed drugs and as illegal drugs. The use of these substances without a prescription is most common in Lithuania (15%), Belgium (14%), Slovakia (13%), France (12%), the Czech Republic and Norway (11%). The lowest rate is in Germany, Faroe Islands, Liechtenstein, Moldova, Russia and Ukraine (2%). **Bulgaria is also in the group of countries with low use (3%), the average rate of use of tranquillisers and sedatives in the lifetime without prescription for the ESPAD countries is 6%.**

The highest relative share of schoolchildren who use inhalants is registered in Croatia, where 28% of respondents have tried this kind of drug at least once. Other countries with high levels of use are Latvia (23%) and Slovenia (20%). **In Bulgaria 4% of the schoolchildren indicated use of inhalants and that puts the country among those of the lowest use in Europe.**

There were no differences in the use of inhalants in both sexes. The disparity in the level of use of inhalants among boys and girls is very small.

The summary tables provide use data during the lifetime of various illegal substances such as marijuana, amphetamines, LSD, ecstasy, tranquillisers and sedatives without a prescription and inhalants. In addition to this information, data on the use of cannabis in the past 30 days are presented.

About one in every three schoolchildren in the ESPAD countries (29%) perceives cannabis as "easy" or "very easy" to find. Nevertheless, there are huge differences between the countries - so think 59% of the schoolchildren in the Czech Republic compared to only 6% of the schoolchildren in Moldova. In Bulgaria this share is 39.4%, approximately one in five schoolchildren (18.2%) believes that it is very easy if you want to find marijuana or hashish (cannabis). (ESPAD)

## **CONCLUSION**

It is well known that at the individual level using different substances is often related. In 2011, a relationship between the uses of different substance at country level was observed. It can be concluded that in countries where schoolchildren indicated use of alcohol in the past 30 days and heavy episodic use of alcohol, more students are likely to indicate experience in drug use and vice versa.

To each country eight main indicators are applied in order to make a general presentation of the results for 2011. These are smoking cigarettes in the past 30 days, use of some alcohol in the past 30 days, the amount of pure alcohol in the last drinking day, heavy occasional use of alcohol, use of marijuana or hashish in their lifetime, use of a drug other than cannabis in their lifetime, use of tranquillisers and sedatives without a prescription in their lifetime and use of inhalants in their lifetime. The results for each country were compared with the average performance of countries. Bulgaria is above the average level of the ESPAD countries for more than half of these indicators.

## **Drug use in specific targeted groups / places at national and local level**

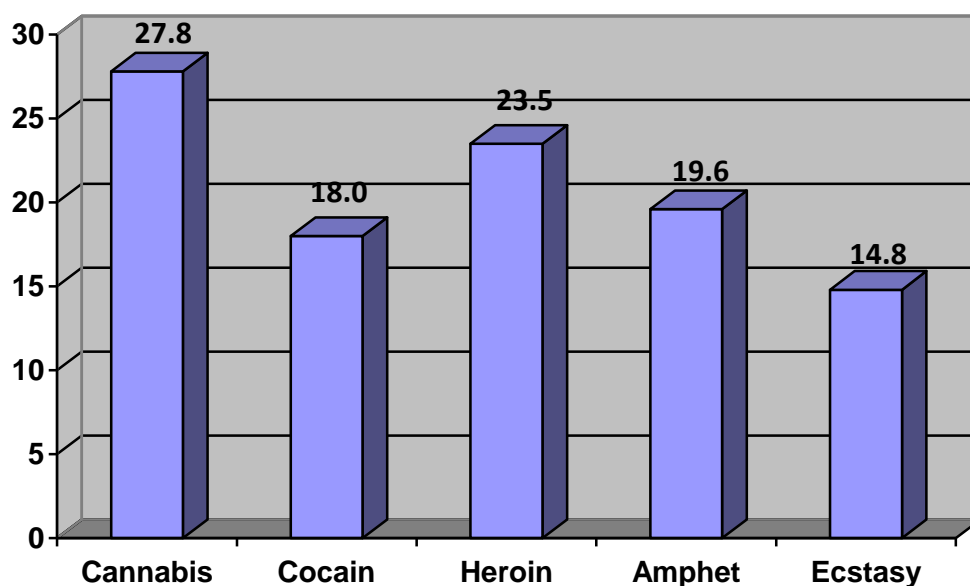
### **In Prison**

In the period February-April 2011 a representative survey on drug use among people in places of detention was conducted in Bulgaria. A total of 3703 detainees in all 12 prisons in the country, the correctional institution for juveniles in Boychinovtsi and 12 prison hostels with 9 prisons were covered.

Over one third of the inmates (36.7%) had tried at least once in their life one of the main drugs<sup>55</sup>. Of these, the most often used drugs by prisoners were cannabis and heroin. The results showed that just over 1/4 of the inmates (27.8%) had ever used marijuana, less than 1/4 had used heroin (23.5%) and about 1/5 (19.6%) had reached for amphetamines (See *Figure 2-5*). A small proportion of the prisoners had confined to a single use of any drug. In most cases, the use had continued, especially with regard to marijuana, heroin, cocaine, hashish and amphetamines.

*Figure 2-5*

**USE OF NARCOTIC SUBSTANCES IN THEIR LIFETIME BY PRISONERS IN BULGARIA  
(2011)**



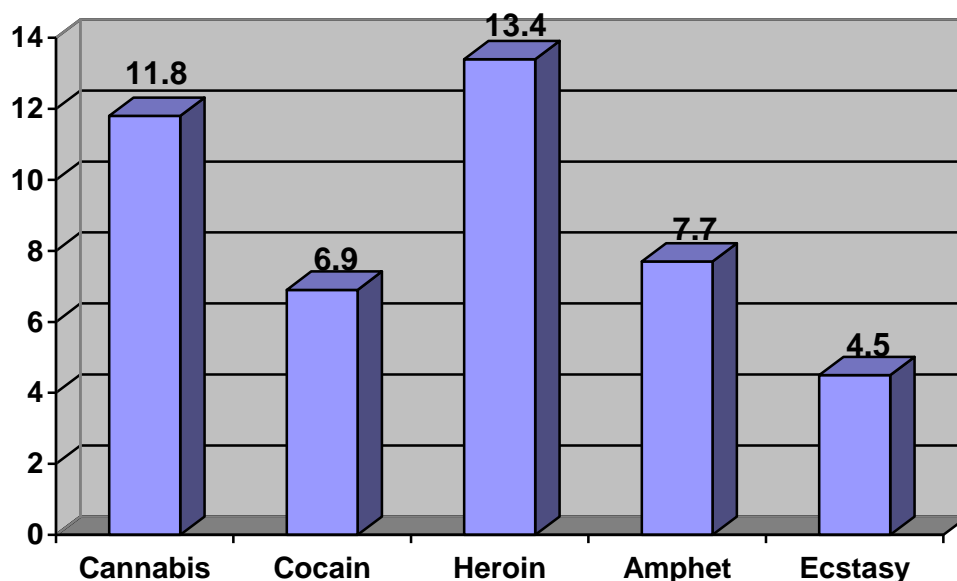
**Source: National Focal Point on Drugs and Drug Addictions; Directorate General for Execution of Sentences - Ministry of Justice**

Just over 1/5 of the prisoners (21.6%) had tried at least once during the past 12 months some of the basic drugs and in most cases the use had been repeated. Of these, the most widely used by prisoners were heroin and cannabis. The results obtained show that less than 1/8 of the prisoners (13.4%) had used heroin, about 1/9 had used marijuana (11.8%) and 7.7% had reached for amphetamines (see *Figure 2-6*).

<sup>55</sup> Cannabis, cocaine, heroin, amphetamines, ecstasy



**USE OF NARCOTIC SUBSTANCES OVER THE PAST 12 MONTHS AMONG PRISONERS IN BULGARIA (2011)**



**Source: National Focal Point on Drugs and Drug Addictions; Directorate General for Execution of Sentences - Ministry of Justice**

Approximately every fifth prisoner in Bulgaria (19.1%) has used at least once in his/her life some drugs intravenously (mainly opiates and mainly heroin).

### 3. Prevention

In the present chapter the prevention activities implemented in 2011 at national and local level will be presented, related to the use and abuse of psychoactive substances. The activities implemented include:

- Environmental prevention;
- General prevention: at school, in the family, and in the municipality/community;
- Selective prevention: in groups at risk, families at risk and places for recreation;
- Prevention by indication (indicative prevention)
- Media campaigns;

#### Introduction to the structure of prevention activities

This year again the National Focal Point for Drugs and Drug Addiction distributed questionnaires among its partners in the MDC and PIC in the country on the prevention activities and projects implemented in the field of drug use. The questionnaire is provisionally divided into two parts. The first part deals with prevention activities implemented by the relevant institution alone or jointly with other organisations, institutions, etc. Information on the duration of the activities and/or projects, the target group, approach and selected preventive interventions is provided. The first part of the questionnaire provides information on the contractor for the activities and/or projects and financial parameters of the implemented activities such as amount and source of funding. In the reported period, two thirds of the activities were funded at municipal level, and the rest of the funds came from the Ministry of Health and European funding for projects. The total funding for these activities was 1 044 149 BGN<sup>56</sup>. Particularly important is the question of the presence/absence of an assessment of the planned activities. In 2011 and 2010 just over half of the implemented preventive actions had their performance assessing made. The second part of the questionnaire is rather desirable. It reflects the desire of experts from across the country about what activities, approaches, target groups and interventions they may choose to use in case of financial security. It is important to follow the link between the activities that are implemented in practice and the activities that experts would realize.

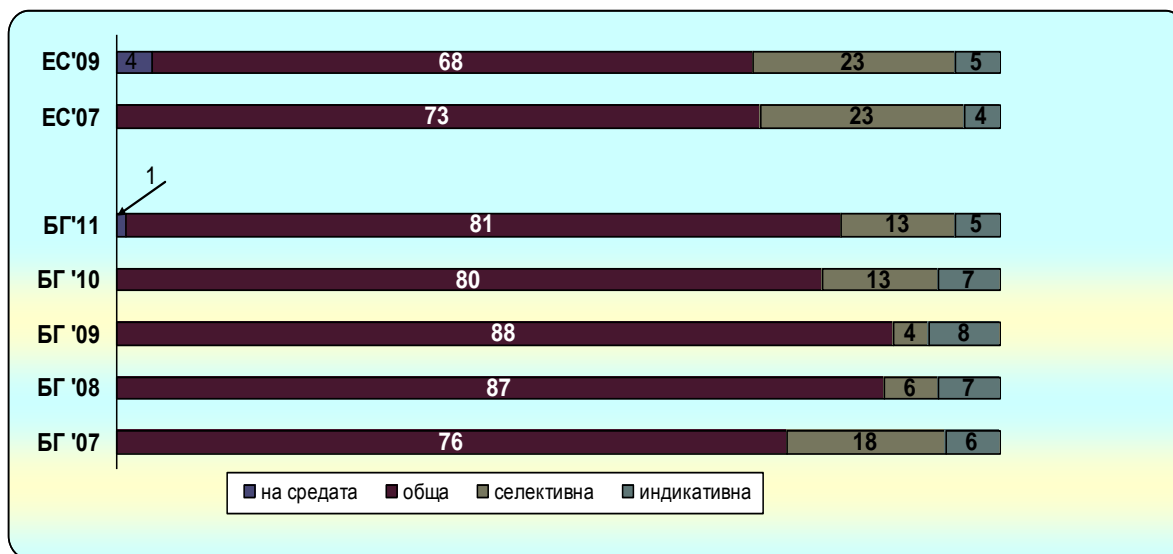
In 2011, **the first year of the practice to send and collect questionnaires, the NFP received 100% return on the 27 questionnaires distributed nationwide.** As in the previous four years **in 2011 the implemented preventive and coordinated activities in the area of drug use were made primarily in the area of general prevention (81%, see Figure 3-1).** Like the situation in Europe, the Bulgarian situation in 2010 and 2011 shows that the proportion of selective prevention remained the same - 13% for Bulgaria in 2010 and 2011 and 23% in 2007 and 2009 for the EU. During the period under report, the country's share of indicated prevention decreased from the previous year by 2 points and in Europe this share increased by 1 point. The share of the environmental prevention in Bulgaria in 2011 was approximately 1% and at European level this share was 4%.

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<sup>56</sup> Source: 16 MDC and PIC in the country indicated the budget estimate of the funds spent on the reported activities

Figure 3-1

DISTRIBUTION OF PREVENTION ACTIVITIES IN BULGARIA AND THE EU BY TYPE (%)



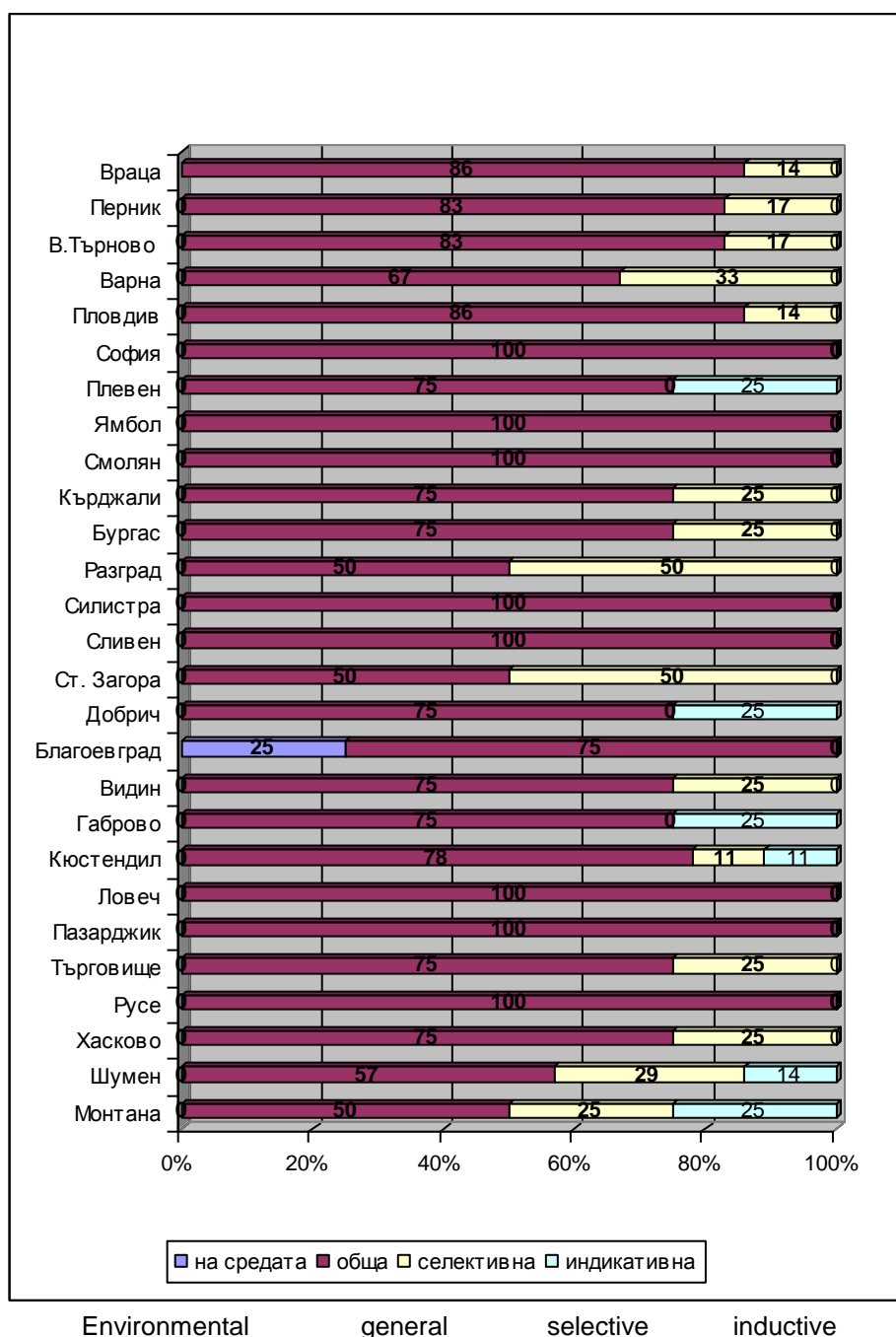
Environmental general selective inductive

Source: 27 MDC and PIC in the country and the European Monitoring Centre

On the basis of the available information, an analysis of the distribution of preventive activities in the country by municipality can be made. **Blagoevgrad is the only municipality that in the reported period (2011) implemented preventive activities in the field of environmental prevention.** In nine out of 27 municipalities preventive actions in general prevention were carried out. In twelve municipalities the implemented activities were in the field of general and selective prevention. In three municipalities - in general, selective and indicated prevention and in another three municipalities the implemented preventive activities were in the field of general and indicated prevention. (see Figure 3-2).

Figure 3-2

DISTRIBUTION OF PREVENTION ACTIVITIES IN BULGARIA BY MUNICIPALITY IN 2011



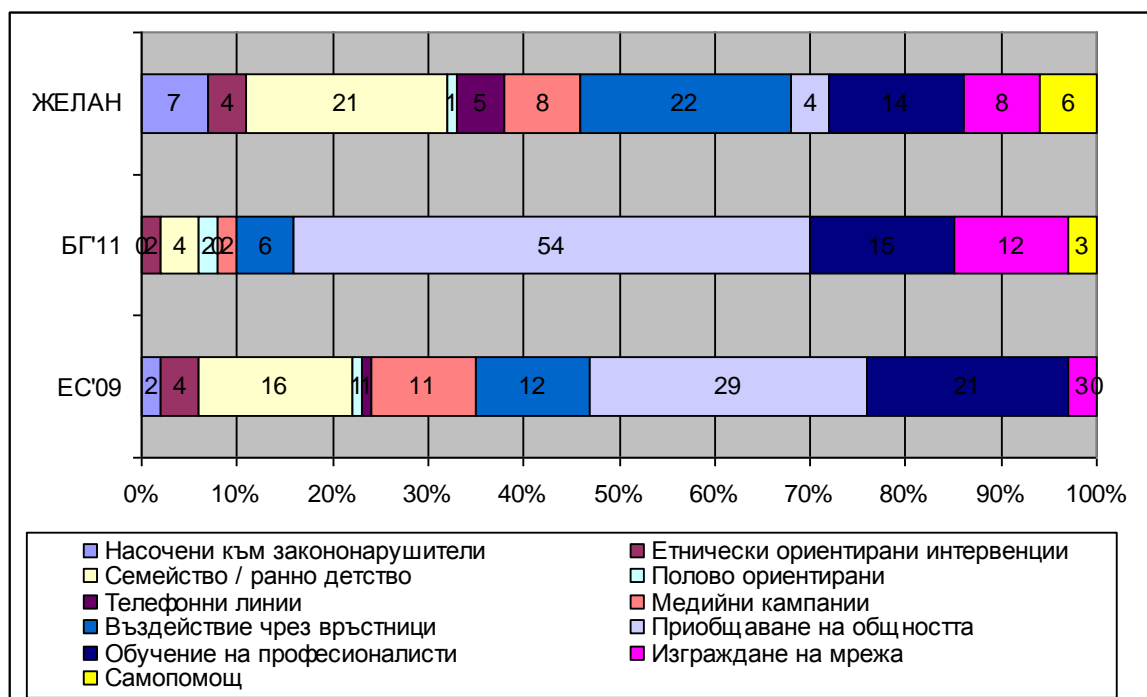
Source: 27 MDC and PIC in the country

In more than half of the municipalities in the country involvement of the community was the implemented preventive approach - 54%, with an increased relative share compared to the previous year when it was 47%. Despite its high share this approach is one of the least desirable. At European level, this preventive approach is implemented in 1/3 of the declared activities. **Training of professionals** is the next approach with the highest relative share in Bulgaria in 2011 - 15% and at the same time, it is equally desirable - 14%. **Impact of peers and family/early childhood** are the most desirable approaches to

preventive work, but in practice they were implemented in 6% and 4% of the cases respectively (see Figure 3-3).

*Figure 3-3*

**DISTRIBUTION OF THE IMPLEMENTED AND THE DESIRABLE PREVENTIVE APPROACH (IN %)**



Targeted at offenders  
 Family/early childhood  
 Telephone lines  
 Impact of peer s  
 Training for professionals  
 Self-help

Ethnic-oriented interventions  
 Gender oriented interventions  
 Media campaigns  
 Involvement of community  
 Networking

**Source: 27 MDC and PIC in the country and the European Monitoring Centre**

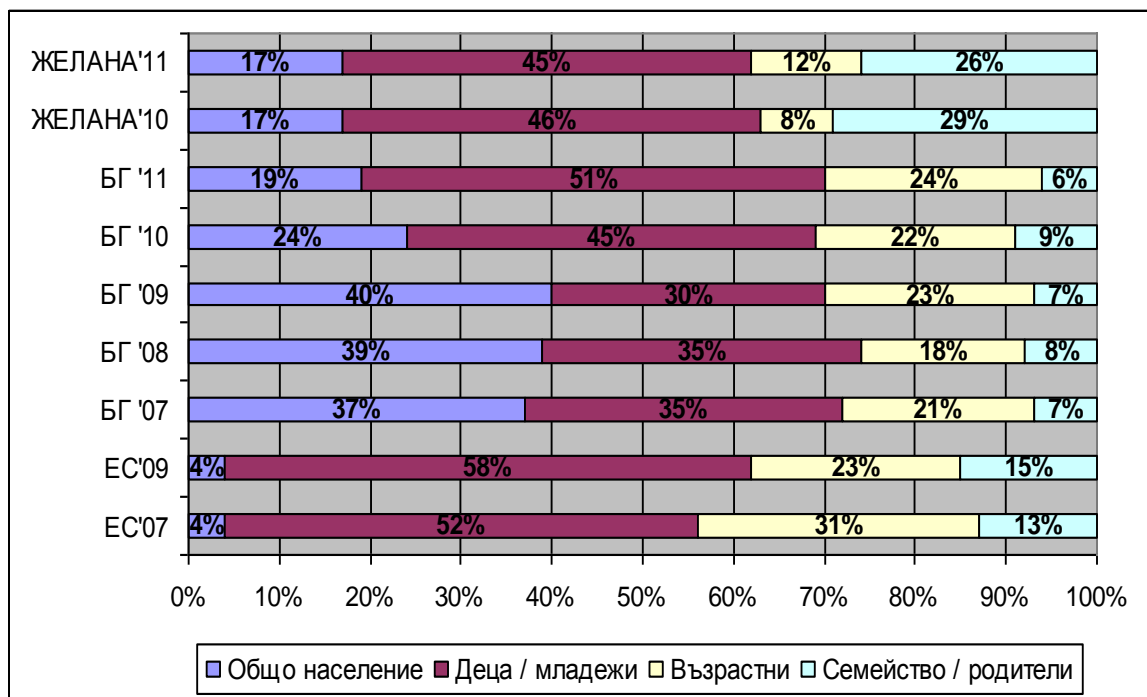
Like the previous year, **seminars, workshops and training for professionals, production and distribution of flyers, leaflets, posters, etc.** were the major interventions implemented in relation to the preventive activities in the municipalities in 2011.

One of the question that was raised in the questionnaire was: *“If you personally have the resources and capabilities which of these interventions related to prevention activities would you choose to implement in your municipality next year?”* **Training of parents and teachers, training of leaders, training of the type “children train children”, seminars, workshops and training with professionals, and film screening were the five most preferred interventions** for preventive activities in connection with the prevention of drug use. **The three most effective interventions** identified by the MDC and PIC in the country for last year were as follows: first, **training aimed at preventing drug use, followed by training of the type a “children train children”, and film screening.** In conclusion we can say that 79% of the desirable preventive interventions were identified as the most effective ones in the country for 2011, 21% of the interventions identified as effective were not among those desirable for the experts in the country.

Figure 3-4 shows the distribution of the target group in the period 2007-2011, the implemented target group for the EU in the period 2007-2009, and the distribution of the desirable target group in the country for the past two years.

Figure 3-4

### DISTRIBUTION OF THE IMPLEMENTED AND DESIRABLE TARGET GROUP



desirable  
desirable  
BG

General population Children/youths Adults Family/parents  
Source: 27 MDC and PIC in the country and the European Monitoring Centre

In the period 2007-2011, children and young people as a target group increased their relative share, with an increase of 16 % - from 35 percent in 2007 to 51% in 2011. This target group proved to be the most desirable one in last two years. The general population, as a target group, decreased by 18 % - from 37 percent in 2007 to 19% in 2011. The other two target groups, of family and adults, were relatively evenly distributed over the period under review. The situation with regard to the target groups across Europe differs in terms of the general population as a target group for the prevention projects/activities implemented - 4% in the period 2007-2009.

## Environmental prevention

### Policy on alcohol and cigarettes

According to data provided by the Ministry of Health in 2011, an amendment to the Health Act was drafted in order to introduce a total ban on smoking in indoor and some outdoor public places; the Ministry of Health had also developed a draft National Programme for Prevention of Chronic and Infectious Diseases, which included activities on reducing smoking and alcohol abuse.

## Universal prevention

### At school

#### At national level

In 2011 the Ministry of Education, Youth and Science (MEYS) held the campaign “participate and change” dedicated to civic and social competences. As part of this campaign many activities, including hours of the tutor, information campaigns on issues related to physical and psychic health and addiction prevention were conducted. In 14 cities travelling seminars on “Questions and answers about life” were conducted by the Institute for Psychosomatic Therapy. In these seminars, teachers, parents and pupils discussed issues related to the health of children and pupils and the consequences resulting from the use of psychoactive substances and addictions.

The Ministry of Health, the Office of the Ombudsman of the Republic of Bulgaria, non-governmental organisations, and local communities and businesses supported the campaign.<sup>57</sup>

According to data provided by the MEYS in accordance with indicators in the 2011 Action plan for the implementation of the 2009-2013 National Strategy on Drugs, for the 2011-2012 school year in the country **1,764 school programmes for the prevention of the use and abuse of narcotic substances were implemented based on the “skills for life” approach and 775 prevention programmes based on the “peers train peers” approach.** The number of pupils covered by programmes and campaigns to prevent the use and abuse of narcotic substances for the reported school year was **228,373; the total of 2,613 specialists were trained to work in and with schools.** For the current school year, **60 356 informational materials** on this topic have been developed and/or distributed. **Compared to the previous two school years, the trend towards increasing the number of programmes implemented to prevent the use and abuse of narcotic substances based on the “skills for life” and “peers train peers” was maintained.**

#### At local level

##### Sofia

#### **Creation and implementation of a modular interactive programme for prevention of drug use among pupils**

The modular programme for the prevention of drug use among pupils was implemented by a team from the National Information Line on Drugs and Alcohol (NILDA) in the following schools:

#### **119 Secondary School, where the programme was held twice in 2011**

The first time the programme was held between February and June 2011, and two modules (“About drugs” and “Let’s talk about what is hard to talk about”) were conducted, covering a total of six classes - three eighth grade and three nine grade classes, in each of which four visits were made. The second implementation of the programme started in November 2011 and will end in January 2012. Again two modules were conducted (“About drugs” and “Let’s talk about what is hard to talk about”) covering 4 sixth grade classes, two eighth grade classes and three nine grade classes.

#### **Drita Private School**

The programme for this school was renewed and the training was organised within one day (25 October) outside Sofia, where the NILDA team was invited to participate in the

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<sup>57</sup> Source: Ministry of Education, Youth and Science

school for leaders organized by the school management. The training was conducted among 30 children from grades 9, 10,11 and 12.

#### **Dobrich<sup>58</sup>**

**The Municipal programme for the prevention of drug use at school** was directed at developing a clear, effective and consistent prevention of the use of narcotic substances in the secondary schools.

In the long run, the project aims to reduce the risk behaviour of young people and raise public awareness of the need to make the school and the surrounding area an area promoting the principles of healthy lifestyle.

The programme contains three modules: Personality and health module, Health and sexuality module and Drugs - risk behaviour module.

It is based on the person-centred approach - the focus in the educational process is on the personality of the pupil.

The main focus is teaching social skills to pupils.

The main objective of the health education programme is that pupils acquire knowledge, form a positive attitude and learn skills for a healthy lifestyle, avoid risky behaviour and acquire socially adaptive behaviour. The target group of this programme are the pupils of grades VIII-XI; the programme is implemented most effectively and fully in Geo Milev Language School, St. Kl. Ohridsky Secondary School and Dim.Talev Secondary School. On June 26 in Geo Milev Language School the final session was held with X grade pupils on Social attitude and influence of the media on individual choice and behaviour.

#### **The Programme for Anti-aggression and Prevention of the Use of Psychoactive Substances– Grade IV**

Under a PIC project, funded by the Municipality of Dobrich, the programme started with a training workshop for 15 teachers from 10 primary schools in the territory of the municipality of Dobrich. A methodology and different methods of prevention and best practices in the EU and the U.S. general public were presented. The methodology for prevention of aggressive and risky behaviour was targeted at children from first to fourth grade and included 19 lesson plans for each class organized in sessions of 30 minutes.

The programme was certified and was provided by the PIC on paper and electronic media to be implemented in two classes of grade one in Hr. Smirnenski Secondary School. The aim of the methodology was to help children learn to identify their own feelings, share them and give expression to their difficult experiences in a safe manner that does not lead to aggression or risky behaviour.

Despite the appreciation of the teachers regarding the methodology and effectiveness of the programme, no requests by other trained primary school teachers were received to introduce the programme to other schools because of lack of funding to conduct the classes.

#### **School of Tennis – a long-term preventive and sports programme**

#### **School of Karate – a long-term preventive and sports programme**

#### **Varna<sup>59</sup>**

#### **Public programme for the prevention of drug use in school grades 8 – 12**

The programme was conducted for the sixth consecutive year in 18 schools in Varna. A small procurement of teaching materials was implemented for the needs of the pupils from 8th to 12th grades as follows:

Teaching aid “Activity notebook” for Grade 8 - 1776 pcs.

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<sup>58</sup> Source: Annual report of the town of Dobrich

<sup>59</sup> Source: Annual report of the town of Varna



Teaching aid "Activity notebook" for Grade 9 - 1216 pcs.  
Teaching aid "Activity notebook" for Grades 10 – 1186 pcs.  
Teaching aid "Activity notebook" for Grades 11-12 - 572 pcs.  
The programme covered approximately 5,500 to 6,000 pupils.

## **In the family**

### At national level

The implemented and coordinated projects and activities related to general prevention in the family were parts of other projects and/or activities, especially parts of the projects related to the implementation of general prevention in the schools. In the academic year 2011/2012, according to data provided by the MEYS in schools across the country 708 programmes for work with parents were implemented and 1,383 professionals to work with parents were trained. **Compared to the previous two school years, the trend towards increasing the number of school programmes in place to work with parents was maintained.**

### At local level

Most of the implemented and coordinated projects and activities related to general prevention in the family were parts of other projects and/or activities, especially parts of the projects related to the implementation of general prevention in the schools.

## **Ruse<sup>60</sup>**

### **Programme for Prevention of Drug Use, approved by the Ministry of Health in 2011**

In November 2011 the team of the Prevention Information Centre developed a Programme for the Prevention of Drug Use. The programme was developed in connection with the execution of task 18.1 of the Action Plan to the National Strategy for Combating Drugs (2009-2013) – implementing the National policy at local level - Municipal Drug Councils (MDC) and Prevention Information Centre (PIC) thereto, sub-task (c) - Development and implementation of programmes for the prevention of drug use at local level.

The programme was approved for implementation in 2012 in the region of Ruse by a team of Prevention Information Centre - Ruse by a Commission in the Ministry of Health.

## **Module 3 - Prevention programme for parents, teachers and members of the school community**

Organizing and conducting a seminar targeted at parents, teachers and members of the school community.

The aim is to raise awareness of the target group on issues related to drug use:

- What can direct our focus on understanding that a child uses drugs?
- What shall we do if we have doubts?
- Where shall we turn for help?
- The role of parents and teachers in prevention;
- The difference between addiction and experimenting;
- Stages of addiction and others.

## **Razgrad<sup>61</sup>**

Conducting a weekly rubric with Municipal Radio Razgrad.

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<sup>60</sup> Source: Annual report of the town of Ruse

<sup>61</sup> Annual report of the town of Razgrad

The topics in the rubric were aimed at parents:

- “The drug problem”, “What are drugs”,
- “What are the reasons that lead to the development of addictive behaviour?”
- “Are there stages in the development of addiction”, “Talk to your children about alcohol and drugs”
- “Talking about drugs and alcohol with a child at basic school age”
- “Talking about drugs and alcohol with a child at secondary school age”
- “Talking about drugs and alcohol with young people over 18 years of age”
- “What can we do if we suspect that our child is using drugs?”
- “How to conduct the first conversation when we discover that our child is taking drugs?” “By what signs can I tell if my child is using drugs?”  
*and many other topics*

## **In the community**

### At national level

Ministry of Health (MoH) in collaboration with the Regional Health Inspections (RHI) in 2011 **conducted health awareness campaigns on drug prevention in 9 regions of Bulgaria**. These campaigns were carried out as mass events and **covered 2,729 persons**. **358 health education events** such as seminars, lectures, discussions, video exhibitions, etc. were conducted. **7,355 persons from 13 regions** were covered.

To inform the public on the risks inherent in the use of psychoactive substances a total of **106 press conferences, television and radio broadcast programmes, publications in print media and the Internet, and other media events were conducted**. 15,058 informational materials were provided.<sup>62</sup>

Implementing Strategic Task 1 - Improving the access to effective prevention programmes, Task 1.5 of the Action Plan, subtask (a) for the implementation of which the Ministry of Physical Education and Sports (MPES) is responsible, the Programme for **Sports for Children in Leisure (the Programme)** was implemented in 2011. The basic objective of the programme is to create conditions and opportunities for the participation of children in free sports activities in their leisure time in order to improve their health and physical abilities. The programme was implemented in the period from **1 February 2011 to 10 January 2012**.

**During this period 335 sports clubs applied for contractors under the Programme by submitting projects. 191 projects were implemented in 60 human settlements in over 44 sports, and more than 10,000 children were included in sports. The classes are conducted under the guidance of 418 qualified sports specialists at 245 sports venues.**

**The object of the Programme were children from all over the country who did not deal consistently with sports, and access to sports activities was also provided to disadvantaged children.**

Most projects were implemented in the following administrative regions: Sofia - 44, Veliko Tarnovo – 13, Plovdiv – 11, Sofia region – 11, Varna – 9, Vratsa - 9, Sliven - 9, Haskovo - 9.

According to data from the content reports of the sports clubs, contractors under the projects, over 28% of the children (2010 - 23%) signed up for system classes in various sports in the clubs.<sup>63</sup>

### At local level

Preventive activities related to the implementation of general prevention in the community most often were expressed in the implementation of local campaigns.<sup>64</sup>

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<sup>62</sup> Source: Ministry of Health

<sup>63</sup> Source: Ministry of Physical Education and Sports (MPES)

<sup>64</sup> For further information about the campaigns at local level see the part on *Media campaigns*

## Selective prevention

### Groups at risk

#### At national level

In 2011 the MPES developed and implemented a Pilot Programme for sports for people with disabilities and children at risk, which aimed at attracting children at risk in active physical exercises and sports, promotion of healthy lifestyles and prevention of addictions.

The programme was implemented in partnership with the Ministry of Education, Youth and Science, Ministry of Labour and Social Policy, municipal administrations, sports organisations and non-governmental organisations involved in sports for children at risk.

The activities performed in the Division for initial training by type of sport and sports training for children at risk were financed from the budget of the MPES.

16 projects of sports organisations in 12 types of sports were approved and implemented (acrobatics, car modelling sports, basketball, freestyle wrestling, sailing, jiu-jitsu, karate-do, track and field athletics, orienteering, sports gymnastics, tennis, table tennis) in 12 human settlements. In classes under the projects a total of 670 children at risk were involved.

In 2011, the activities of the Central committee and the local committees for CASAMU were focused on the implementation of information and consultation, research and analyses, development of programmes and projects, working with vulnerable groups, training of specialists in system of CASAMU, development and dissemination of information printed matter and videos dedicated to the problem.

In their work on prevention of drug addiction, local committees collaborate actively with the CPR inspectors, the municipal drugs councils, schools, etc.

The programmes of the Central committee and the local committees include activities related to the commitments of local committees to implement the National strategy for combating drugs, and in accordance with the municipal specificities. These activities are mainly related to primary prevention of drug addiction. Special attention is paid to the analysis of the factors that contribute to drug use among minors and underage persons and their relationship with aggression, violence and anti-social acts. The committees seek, through implemented programmes, projects and specific actions, to provide adolescents with knowledge about the nature of the problem, threats of drug use, formation of anti-drug values and attitudes, skills to absorb pressure, especially from a friendly environment for use of drugs. The programmes aim to limit the involvement of new minors in drug use, and develop and implement best practices for prevention by promoting health education of children about drug use in extracurricular activities with the participation of highly qualified specialists and work with parents.

In 2011 the committees organized **99 trainings of trainers** (in 2010 the trainings were 76). In these courses 1,064 specialists were trained (in 2010 the number of trainees was 831). The most important training topics were: "Use and abuse of psychoactive substances - early prevention", "How to recognize drugs", "Training in volunteering by interactive activities with children", "Alcohol and nicotine addiction – prevention".

The Local Committees for CASAMU implemented successfully **104 "peers train peers" programmes in the year. The number of such programmes increased significantly (in 2010 these programmes were 94).**

In 2011, **the circulation of issued flyers, brochures, posters, leaflets, newsletters, and electronic and video materials was 83,925 pieces (in 2010 it was 82,611).** The most interesting of them were as follows: "I know all about drugs", "Marijuana - Myths and Reality", "Sports without drugs", "Marijuana - facts that parents need to know", "Marijuana - facts for teenagers"; an exhibition of works by children who had used drugs; "Drugs and the Law", "Be free, not dependent!", "Drugs or Life – Stop!", "Attention, parents - do you know your obligations"; "Six deceptions of the drug-addict", "Drugs - is it worth?", "Save yourself and

help a friend", "There is no safe cigarette", "Let's be together for life without drugs!"; an amateur film "Memento vivere, Memento mori!".

In 2011, the local committees to combat antisocial acts of minors and undergraduate (CASAMU) identified **150 risk groups of children and families (in 2010 their number was 219) and implemented with them 59 programmes for prevention and support.**<sup>65</sup>

The State Agency for Child Protection (SACP) maintains a website with useful telephone numbers and addresses of establishments that offer help - treatment and rehabilitation of persons addicted to psychoactive substances, and information on non-governmental organisations working on prevention of the use of drugs.

On the website of the SACP there is a banner, promoting the activity of the hotline for advice and guidance on drug addiction and alcohol – tel. 0800 133 22.

On the website of DAZD there is a **publication on drug prevention, intended for social workers – “The known and unknown teenager”**.

#### At local level

##### **Shumen**<sup>66</sup>

The programme conducted every year by the Local Committee to combat the antisocial acts of minors and undergraduate (CASAMU) aimed at preventing the use of psychoactive substances and developing habits for a healthy lifestyle among adolescents.

#### **Families at risk**

#### At national level

The Local Committees to combat the antisocial acts of minors and undergraduate conducted 296 information campaigns and general prevention programmes, their number was the same as last year, using a variety of forms, methods and means - lectures, talks, discussions and multimedia products and presentations, specialized websites, films, happenings, exhibitions, competitions, sports events, etc. As more original we can note the following topics: "Have fun without drugs!"; Drawing competitions "No to drugs!"; "Without drugs - inclusion of minority children"; "Together for a better future!"; selective prevention of risk groups; films "Die Easy", "Lost Life" and others; "Drugs - Road to Nowhere" quiz; "Hello holiday without drugs"; "Drugs - temptation or danger"; "Lights and Shadows"; "I chose life, not drugs"; "Time to open wide our eyes"; "Chance for our children"; "Stop while there is no evil"; "About drugs - sincerely and personally"; "Drug-free school"; "Strong Without Drugs"; support for parents whose children use drugs; contest for presentations "Addictions" and others.

Special attention was paid to the involvement of parents in the preventive process, knowledge of issues related to prevention of addictions, providing free test sets for drug use.

#### At local level

##### **Silistra**<sup>67</sup>

The family plays an important role in building the child's personality and value system. It is the strongest positive factor whose role cannot be fully taken by any institution or department working with young people. Therefore preventive interventions will not be of high

<sup>65</sup> Source: Information of the activities of the Central committee and the Local committees to combat antisocial acts of minors and underage as regards the implementation of the Action plan of the National anti-drug strategy

<sup>66</sup> Source: Annual report of the town of Shumen

<sup>67</sup> Source: Annual report of the town of Silistra

quality without the full involvement and support of parents. Our long preventive activities, aimed at parents, consist in providing advice for parents and their children, conducting thematic meetings of parents, assisting parents by providing informational materials and multimedia products.

We believe that the family is part of the addiction problem, but also part of the solution of the problem. Furthermore, our experience has shown that parents as a target group of preventive interventions are more difficult to accede. This is why for four years now, jointly with the LCCASAMU, we have been implementing a training programme for parents "**School for Parents**". Last year parents were involved in four training sessions on the following topics:

- "Loss-free" method of conflict resolution
- Parental fears and concerns regarding the "loss-free" method
- Trigger loss-free method
- How not to be "fired" as parents

In 2011 the so-called TSP system was implemented - training of successful parents, where the parents are presented a very easy to learn method whereby children are encouraged to take responsibility and seek solutions to their own problems.

## **Recreational settings**

### At national level

There is no current information regarding the selective prevention in recreational settings at national level.

### At local level

#### **Haskovo<sup>68</sup>**

## **DJ against drugs**

Breaks during the disco in which the DJ communicates data and facts related to drugs.

## **Indicative prevention**

### At national level

Through the national information system, maintained by the SACP, information on cases of children with addictions was sought, where specialists from "CPD" in the country had worked.

From the summary of the data for 2011 it is evident that the CPD officers in the country had worked with 19 children with drug addiction. The CPD experts in the country submitted the information in periodically filled information cards.

The National help-line for children 116 111 provides counselling, information and assistance on issues and problems related to children. Children can talk with experts about their problems. In case of need they are offered referral to a specialist with whom they can meet on-site, to appropriate agencies and service providers. The help-line is free to consumers and gives children access to a mechanism for receiving specialized care at any time of day.

During the reporting period the National help-line for children 116 111 obtained 69 540 calls. The number of consultations was 17368. Prevailing were calls by children - the number

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<sup>68</sup> Source: 2011 Questionnaire on preventive activities of the NFP

of consultations with children was 14,855. The data show that 67 of the consultations were on problems related to drugs: 0.4% of the consultations.

NHLC 116,111 is recognized as a source of emotional support and an opportunity to raise awareness of various services and programmes to assist children and their families.

The activities implemented by the National Centre for Addictions under Project BG0011 **“Listen to the child – improving the prevention and the access to services of children and adolescents, experimenting with and using narcotic substances”**, were funded by the Financial Mechanism of the European Economic Area (**FM of the EEA**):

In the period 01.01.2011 - 30.04.2011, 736 specialists in different disciplines from 22 cities in the country were trained in techniques for screening, early and brief interventions.

The aim of the training is to provide professionals working with children and young people with tools for screening and assessment of the degree of harmful use or addiction, and with skills to give short counselling and motivation for seeking professional help.

Doctors, nurses, teachers, psychologists, social workers, members of local committees to combat antisocial acts of minors and undergraduate participated in the trainings.

Medical services in the treatment of addictions, performed in outpatient care are paid for by the National Health Insurance Fund (NHIF) under Ordinance No 40/24.11.2004 laying down the basic package of health services guaranteed by the NHIF budget. The activities carried out by general practitioners include implementation of prevention and detection of addictions, so our goal was to organize and conduct several trainings on screening, early and brief interventions among general practitioners in the Region of Sofia. Although we sought the assistance of the Bulgarian Medical Association, unfortunately we could not hold these trainings as willingness to participate was claimed only by five general practitioners in the Region of Sofia.

A free help-line for counselling and guidance on addiction to drugs and alcohol was open, which improved the access to counseling for people with problems in the field of addiction. In 2011 a total of 890 calls were obtained.

The largest number of clients connected to the telephone line from Sofia, and many of them were referred to the NCA Advisory Centre to undergo a more detailed assessment of their addiction.

In the next position were the calls obtained from the town of Lovech, Yambol, Pleven, Plovdiv, Blagoevgrad, and other places.

Most frequently requested information related to cannabis, alcohol and nicotine.

The minimum age of the consulted clients was 9, and the maximum age was 70. The highest number of people belonged to the age range from 15 to 18, while in the other age ranges clients were almost evenly distributed.<sup>69</sup>

#### At local level

##### **Sofia<sup>70</sup>**

**A Programme for children and youths who are experimenting with and abusing psychoactive substances and their families was launched in the Daily Counselling Centre for children, adolescents and parents with the Prevention and Information Centre for the Problems of Drug Addicts - Sofia.**

Under the Programme five educational and information seminars were conducted, three of them focused on school specialists and two - on parents of young people between 14 and 20 years of age.

The total of general activities aimed at children, teenagers and parents involved in the programme of the Daily Counselling Centre was 302 (including counselling activities, a creative workshop, cultural activities and educational outreach seminars).

Total people reached: 106, of these 23 children and adolescents - all under the age of 18.

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<sup>69</sup> Source: NCA

<sup>70</sup> Source: NCA

## Shumen<sup>71</sup>

Experts of the PIC jointly with the Local Committee to combat the antisocial acts of minors and underage - Shumen were actively involved in the implementation of the **Programme for prevention and countering risky, antisocial and harmful behaviour of minors and underage in the Municipality of Shumen as a result of the abuse of psychoactive substances**. A series of trainings on Prevention of PAS were conducted with young participants – a contingent of the LCCASAMU - Shumen.

## National and local media campaigns<sup>72</sup>

### At national level

In 2011, the national media campaigns conducted in connection with the prevention of the use of psychoactive substances were made in a joint partnership between public institutions and private organisations. The campaigns were targeted at 3 of the 4 main target groups, children and teenagers being the main target. The duration of the campaigns was from one month to 11 months and ~ 24,500 people from the relevant groups were covered. Spent funds amounted to ~ 39,500 leva.

### **On 16 April 2011, the NCA and the Prevention and Information Centre for Addictions - Sofia organised a Happening: Listen to the Child Extreme party & Photo Exhibition**

This happening promoted the activities of the Daily Counselling Centre for children, adolescents and parents with the Prevention and Information Centre for Addictions - Sofia, built under Project No BG0011 "Listen to the Child – improving the prevention and the access to services of children and adolescents, experimenting with or using narcotic substances" financed by the Financial Mechanism of the European Economic Area.

**Target group:** children, pupils and parents - potential users of the services offered by the Daily Counselling Centre.

**Slogan:** "What gives me an adrenaline rush?"

**Objective:** Promoting the activities of the Daily Counselling Centre with the Prevention and Information Centre for Addictions - Sofia and healthy lifestyle and alternative forms of spending leisure time.

**Number of persons covered:** 350 to 400 persons from the said target group.

On 29 April 2011, the closing press conference for Project No BG0011 "Listen to the Child – improving the prevention and the access to services of children and adolescents, experimenting with and using narcotic substances" financed by the Financial Mechanism of the European Economic Area was held. All partners and institutions involved in the implementation of activities under the Financial Mechanism of the European Economic Area were invited. At the press conference the performance of the project and project activities were reported.

The project of the National Centre for Addictions was aimed at improving health care for children and young people through the creation of free and accessible services providing information and counselling to young people, providing counselling to parents, raising

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<sup>71</sup> Source: Annual report of the town of Shumen

<sup>72</sup> Source: NCA

competences of professionals to work with young people with risky health behaviours, promoting a healthy lifestyle.

### **The National Campaign “Do not drive if you are drunk!” of the Department of Prevention, Municipality of Varna**

In 2011 the main target group of the campaign were school-leavers. Partners in the campaign were not only local and national media, but also: gas stations, traffic police and insurance companies. **The campaign covered 18,300 people (including people outside the target group).**

### **The campaign “Let's talk about alcohol sober”, held by the Solidarity Association for rehabilitation of addicts (ARA) and the Union of Brewers in Bulgaria**

The campaign aimed at raising the awareness of parents of the problem of alcohol use by their children, as surveys show that parents are more tolerant to alcohol use by young people. It also gave information about the risks of alcohol use and provided counselling on existing problems.

**Target group:** persons aged between 35 and 50, parents of teenagers.

**Number of persons covered:** 910

### **The campaign “Share with a friend” held by Solidarity ARA**

The campaign aims at promoting the National telephone line of the Association and establishing partnerships with the media.

**Target group:** young people in their teens and 1<sup>st</sup> and 2<sup>nd</sup> year students in the Higher Educational Establishments in Sofia.

**Number of persons covered:** over 1500 from the target group (15-20 years of age) in Sofia, Varna, Plovdiv, 1,200 students and 2,000 of the general population.

#### At local level

The National Centre for Addictions has received information about local campaigns organized and conducted in 16 cities across the country, i.e. in approximately 60% of the municipalities in Bulgaria.

### **Local campaigns on the prevention of drug use**

**Factors for implementing the campaigns: the prevailing factors for implementing the campaigns are availability of funds and the need to provide information about the types of substances and the risks of their use.**

**Objectives of the campaigns:** the campaigns aimed mainly at giving information about the types of substances, effects and risks of their use, promoting healthy lifestyles and providing alternatives for leisure time. Although in a very small proportion (ratio of 20:2 in favour of information campaigns), **there are campaigns aimed at developing skills for assertive behaviour among young people as well as campaigns aimed at raising the level of knowledge and skills of school professionals (psychologists, school counsellors, teachers) to work with problem young people.**



**Period:** Most of the campaigns have been implemented for a period of **one month**. One-day campaigns are mainly organised to celebrate the 26<sup>th</sup> of June – The International Day against drug abuse and illicit drug trafficking.

**Team:** The core team that implemented the campaigns were composed of employees of the relevant organisation and employees of its partners. **Using professionals** (media and marketing experts, psychologists, sociologists), **and including representatives of the target group in planning, organizing and conducting the campaigns is not yet an established practice, which leads to lack of study of the needs of the target group and evaluating the effectiveness and results of the campaign.**

**Participation of the target group in planning, organizing and conducting the campaigns:** the representatives of the target group are not involved in the planning and organisation of the campaigns, they only participate in their implementation by giving out brochures and other information materials. This in turn leads to a mismatch between the goals and methods of implementation of the campaigns and the expectations, needs and values of the target group. Definitely, a clear trend to involve Roma representatives at the local level in the implementation of the campaign has been observed.

**Target group:** The target groups of the prevention campaigns are defined in a very **wide range** (e.g. 30-50 years of age, 14-20 years of age, parents and teachers, etc.). **This leads to ineffective campaigns as only part of the target group can identify the messages and methods of implementation of the campaign.** Values, lifestyles, social and economic status, leisure time, problems and needs of obtaining information are different for each target group. In part of the campaigns the Roma community is the target group (Peshtera), children deprived of parental care (Shiroka laka) and IDU (Sandanski).

**Partners:** most often the partners are Regional health inspections, Local Committees to combat antisocial acts of minors and underage, Regional Inspectorate of Education and schools – i.e. **government institutions, professionals who work in correctional and rehabilitative units and are not conducive to confidence in the target group and sharing of problems.**

**Number of people covered:** corresponds to the number of distributed information materials. There are no tracked entries of visited websites or forums with preventive content.

**Media coverage:** prevailing are local print and electronic media. Internet media for dissemination of information are limited in number.

**Evaluating the effectiveness of campaigns: no data is available on external evaluation of the effectiveness of campaigns.** It is noted that the team and partners who organize and conduct the campaigns make internal evaluations. The number of inquiries made to examine the satisfaction of the target group is small.

**The National Campaigns,** in the implementation of which advertising agencies were used, show that **a marketing strategy is developed and performance is monitored through: number of people reached, effective teamwork, visits to thematic sites, media coverage, effectiveness of methods of work and information dissemination channels.** Developed in this way, the campaigns can be evaluated and may lead to further development of programmes for working with the target group, identification of new needs of the group or a new target group that needs to be addressed.

**Evaluation tools** – questionnaires, number of distributed information materials, number of media publications.

**The main conclusion from the evaluation of the effectiveness of the campaign** is that campaigns are effective and well recognizable by the public method of prevention.

**Funding source:** first, the municipality, followed by the Ministry of Health.

**Campaign Budget:** minimum budget: 50.67 leva - maximum budget: 10 000 leva,

### **Local campaigns on the prevention of the use of alcohol**

In the data obtained there are **five local campaigns aimed at preventing the use of alcohol** in the towns of Kardzhali, Ruse, Razgrad, Silistra and Shumen.

Data for other campaigns do not differ from those described in relation to the prevention of drug use.

### **Local campaigns to prevent tobacco smoking**

In the data obtained there are **twenty campaigns aimed at prevention of tobacco smoking** in the towns of Sofia, Gabrovo, Dobrich, Kyustendil, Montana, Ruse, Razgrad, Smolyan, Silistra, Targovishte and Shumen.

The main conclusions other than those above are as follows:

The majority of the campaigns on tobacco smoking can be classified as “environmental prevention” as the purpose is non-use of tobacco products in the workplace and in the presence of children.

A key partner in all campaigns to prevent smoking is the local Regional health inspection.

### **Local anti-AIDS campaigns**

In the data obtained there are **eight anti-AIDS campaigns carried out** in the towns of Burgas, Blagoevgrad, Sandanski, Kyustendil, Montana, Petrich and Ruse.

The main conclusions other than those above are as follows:

The Prevention and Information Centres to the Municipal Drug Councils are actively involved in the development of campaigns related to HIV/AIDS. In most cases, the campaigns are organized jointly with the Bulgarian Red Cross and the RHI and are aimed at the general population.

The campaigns of this type, which are carried out by organisations working on reducing the damage from drug use, are primarily aimed at injecting drug users (IDU), groups at risk - children from institutions, marginalized ethnic communities (in the town of Peshtera) and human settlements with considerable movement of people (Sandanski).

### **Programmes to reduce risky behaviour among young people**

**In Varna, Dobrich, Kardzhali, Silistra and Shumen programmes for raising awareness and reducing risky behaviour among young people** are implemented regarding: safe surfing on the Internet, safe sexual behaviour, prevention of trafficking in human beings, reduction of aggression, and safe and healthy leisure time. **The main method of work is the method of peers train peers**, evaluated by the organizers as extremely effective in relation to teenagers because it not only predisposes peers to share their problems but participants in such programmes also develop communication, organisational and social skills. As part of these programmes, campaigns aimed at attracting young volunteers are implemented.

In Dobrich, a Municipal programme for the prevention of the use of drugs is carried out, which includes pupils from 8<sup>th</sup> to 12<sup>th</sup> grade. The programme trains pedagogic counsellors

and teachers. In the same city the Index Foundation is working on Anti-aggression programme, which is aimed at pupils from 1<sup>st</sup> to 4<sup>th</sup> grade and trains primary school teachers.

### **Some key conclusions**

#### **Messages:**

Predominantly, messages are directed at prohibition/rejection of psychoactive substance/risky behaviour.

Substance used, respectively – users, are presented in a negative light, in contrast to the objectives of the campaign to create a tolerant attitude toward users of PAS.

Rejection of a substance or behaviour and explanation of the effects of substances is rather provoking the curiosity of teenagers than imposing a model of non-use.

#### **Objectives:**

Often the objectives of the campaigns are mixed: raising awareness, prevention, changing public opinion and forming attitudes and behaviour.

**There is a need to unify the concepts and understand better innovations and best practices in preventive work; to present some campaigns implemented by NGOs, which are structured and conducted in accordance with European practices; to understand marketing strategies and market research. There is a need to have effectiveness assessed by external experts.**

**While work in schools is evaluated as effective, because pupils, teachers and parents are gathered at one place, it should be noted that an effective campaign couldn't cover all of them at one and the same time.**

**There is again predominance of the campaigns, which can be classified as universal prevention.**



## 4. Problem drug use

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

- Evaluation of the prevalence and the new cases of problem drug use;
- Data on problem drug use from non-medical sources;
- Patterns of problem drug use: intensive, frequent, long-term, etc.

### Prevalence and incidence estimates of problem drug use (PDU)

#### Indirect evaluation of the number of problem drug users

##### At national level

At the end of 2009, under the leadership of the National Focal Point on Drugs and Drug Addictions the collection of primary data on a **study-evaluation of problem drug use in Bulgaria by means of the Capture-recapture method** was completed. The aim of the study was the formulation of an evaluation of the number and profile of problem drug users in the country.

According to the methodology, primary information was collected in three institutional spheres in which people with addiction problems "appear" - police, emergency medical care and specialized treatment facilities for drug addiction. This means that we worked with three samples. The definitions of the cases in the three samples (inclusion criteria) were as follows:

- In the police - everyone arrested for theft, robbery, murder, prostitution, drug-related offences, traffic violations, domestic crimes, etc. who uses injectable, or for a long time, opiates and/or stimulants;
- In emergency medical care - every patient who seeks assistance in connection with an overdose, suicide attempt, attempt to arrest abstinence, etc. who uses injectable, or for a long time, opiates and/or stimulants;
- In treatment facilities - every patient who seeks treatment for heroin, other opiates, cocaine or other stimulants.

The collection of primary data lasted nine months. Data show that during the period of collection of information the total of 1,393 persons meeting the criteria for inclusion were registered in the police, 946 - in the units of emergency medical care and 1,707 - in the specialized centres and treatment facilities.

After using specific statistical methods and tools, the central evaluation of **31,316 persons who are problem drug users in Bulgaria** was formed. Applying the confidence interval of 95%, we can outline a broader range of the evaluation - between 23,050 and 42,920 persons. Given that at 31 December 2009 the total population of Bulgaria was 7,563,710 people (National Statistical Institute, 2010) the evaluation of the proportion of problem drug users in the country was **4 persons per 1000**. The broad range of this evaluation (with confidence interval of 95%) is between 3 and 6 persons per 1,000. Relative to the population aged 15-64, which at 31 December 2009 was 5 211 619 this evaluation would be 6 per 1000, with a broad range between 4 and 8 persons per 1,000.

### At local level

On 8 December 2011, in the building of the NCA, a training workshop on the preparation of studies of the "Snowball" type was held to estimate the number of problem drug users in seven cities in 2011. The workshop was planned and organized by the NFP and seven Bulgarian cities were invited to participate in it - Blagoevgrad, Vidin, Dobrich, Kyustendil, Pernik, Sliven and Shumen. The Director of the NFP familiarized the participants with the nature of this type of study. The participants were trained for fieldwork in this study and then individual questionnaires for each participating city in the project were prepared and distributed. Data was collected in early 2012. Because of a number of organizational and methodological reasons, the results of some of the cities will be presented in the 2013 Annual Report.

### **Evaluation of the new cases of problem drug use**

There are no new current data relating to the evaluation of the new cases of problem drug use.

### **Data on problem drug users from non-medical sources**

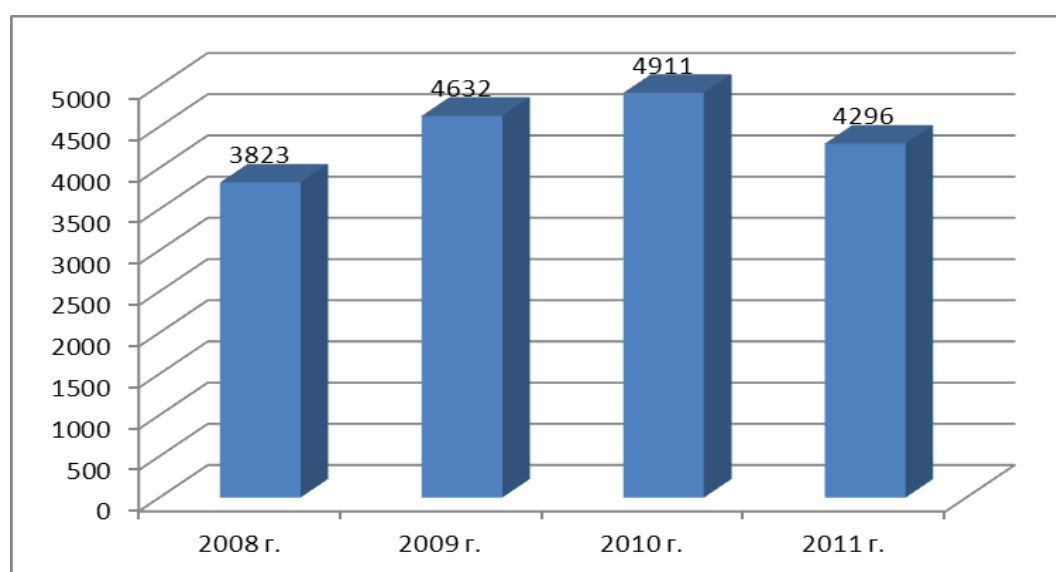
#### **Problem drug users from sources other than TDI**

#### ***Data provided by the police***

According to data provided by the Regional Directorates of the Ministry of the Interior (Moi), the total number of persons (drug users and drug dealers) registered with the Drugs Department in 2011 was 4,296, which is a decrease by nearly 13 % compared to the previous year (see *Figure 4-1*). Of these, 301 (or 7.0 %) were minors or underage.

*Figure 4-1*

### **NUMBER OF PERSONS REGISTERED WITH THE DRUGS DEPARTMENT (2008-2011) (DRUG USERS AND DRUG DEALERS)**



**Source: Ministry of the Interior**

According to the Ministry of the Interior, drug users were 3 205, and of these 661 (or 20.6 %) were minors or underage. Cannabis was used by 2 143 persons (64.4 %), heroin – by 525 persons (16.4 %), cocaine – by 74 persons (2.3 %), synthetic drugs (ecstasy, amphetamines, barbiturates) – by 974 persons (30.4%). (See *Figure 4-2*)

*Figure 4-2*

**NUMBER OF PERSONS REGISTERED WITH THE REGIONAL DIRECTORATES OF THE MINISTRY OF THE INTERIOR BY TYPE OF DRUG**



- Number of persons using drugs
- Number of persons using and distributing drugs

**Source: Ministry of the Interior**

The number of persons both using and distributing drugs in 2011 was 1,182 (compared to 1,309 in 2010). Of these, minors and underage were 229 or 19.4%. Registered persons both using and distributing cannabis were 660 (55.8 %), in relation to heroin - 205 (17.3%), cocaine - 24 (2.0 %), synthetic drugs - 287 (24.3%).

**Data from the prisons**

According to the database maintained by the Directorate General for Execution of Sentences, in 2011 about **975 drug users were registered in the prisons**. The registered users of psychoactive substances in the prisons were 158<sup>73</sup>.

For all new prisoners with drug addiction there were available procedures for assessment of health status, needs diagnosis, assessment of risk of recidivism and damages, and involvement in a group work with adaptive orientation.

Under Twinning project BG2007/IB/JH/12 - "Strengthening the role of the prison system" two programmes for working with drug addicts – detainees were implemented in the prisons; one of them can be applied to convicted alcoholic addicts as well. Both programmes were developed on the basis of the cognitive-behavioural approach:

- "Short-term programme for minimizing the damage from the use of drugs" is an intensive programme, which contains 20 sessions and is held every day. It includes detainees who will be serving their sentence. It is implemented in 10 prisons.

<sup>73</sup> Source: Directorate General for Execution of Sentences.

- "Medium-term programme for treatment of addictions in the Bulgarian prison system" is applied both to drug addicted detainees and alcohol addicts. The main objective of the programme is to reduce the likelihood of drug and alcohol use and commission of crimes. The programme is applied in the larger prisons in the country.

Incoming prisoners who manifest abstinence symptoms receive immediate medical aid and subsequent psychiatric and psychological counseling for coping these symptoms.

At the discretion of the medical centers set up in the places of imprisonment, drug addicts were sent to the Psychiatric ward of the Specialized Hospital for Active Treatment of Prisoners in Lovech. In 2011 there were a total of 37 treated persons with diagnoses belonging to the group of addictions, which represents 13.4 % of the number of patients who have passed through the ward. Of the said 37 persons, two were with addiction to alcohol and the remaining 35 - with addiction to opioids (heroin, morphine, codeine, methadone). On three patients with opiate addiction, a compulsory medical measure under Article 92 of the Criminal Code was imposed and when they entered the ward (having stayed from 3 to 10 months in the penitentiary system) no abstinence symptoms were observed and it was not needed to conduct detoxification. Of the remaining 32 persons, only six needed detoxification - three patients in the detention facility in Pleven, two - in Sofia Prison and one - in Sliven Prison. 26 patients with addictive behaviour were included in tranquilizing and anti-kindling therapy<sup>74</sup>.

## **Intensive, frequent, long-term and other patterns of problem drug use**

### **Description of the patterns of use other than those covered by the EMCDDA definition of problem drug use**

There are no new current data on the description of the patterns of use other than those covered by the EMCDDA definition.

### **Evaluation of the prevalence of intensive, frequent, long-term and other patterns of problem drug use other than those covered by the EMCDDA definition of problem drug use**

The intensive use of marijuana continues to grow. For many years data suggest that **marijuana is the most widely used illicit drug in Bulgaria**. Assessment based on a study shows that about 360 to 405,000 persons aged 15-64 had used cannabis at least once in their lives, which is 6.9 - 7.7% of the population in this age range.<sup>75</sup>

According to the same study, 1.2 - 1.6 % of the population having used cannabis in the past 30 days, which is 60 to 80,000 persons. However only 9.3 % of them (or from 5500 to 7500) have used daily and even 13.6 % (or 8,000 to 11,000) have used more than eight days, but not every day. (See Table 4-1)

<sup>74</sup> Source: Directorate General for Execution of Sentences.

<sup>75</sup> *Attitudes and drug abuse among the population aged 15-64 years in Bulgaria'2008, sociological survey, 2008 - 2009, MBMD Consulting, NFP*

Table 4-1

**USE AND FREQUENCY OF USE OF CANNABIS IN THE LAST 30 DAYS AMONG THE  
GENERAL POPULATION IN BULGARIA - 2008**

COUNTRY: Bulgaria 2008	All adults			Young adults		
EMCDDA age ranges	15-64			15-34		
	M	F	T	M	F	T
LAST 30 DAYS PREVALENCE (%)	1.8	1.0	1.4	3.9	2.4	3.1
LAST 30 DAYS PREVALENCE (N of cases)	39	25	64	37	24	61
FREQUENCY OF CANNABIS USE (%)	----	----	----	----	----	----
1. daily	9.8	8.5	9.3	9.9	7.5	9.0
2. more than 8 days but not daily	14.1	12.8	13.6	16.4	15.0	15.8
3. 2-8 days per month	28.2	17.0	23.7	31.1	17.5	25.7
4. once per month	47.9	61.7	53.4	42.6	60.0	49.5
Valid total	100.0	100.0	100.0	100.0	100.0	100.0
Don't know / missing (Number of cases)	0	0	0	0	0	0

M = Male / F = Female / T= Total

**Source: Attitudes and drug abuse among the population aged 15-64 years in Bulgaria'2008, sociological survey, 2008 - 2009, MBMD Consulting, NFP on Drugs and Drug Addictions**

About 7.5-8.0 % of the persons who have used at least once in their lifetime cannabis (0.5-0.6% of the total population, or 25,000 to 30,000 persons) have experienced at least once physical / health problem due to its use. From 1500 to 2000 of them have often had this type of problem.

It should be emphasized that these calculations are made only on the basis of the latest available general population survey in Bulgaria. To achieve a more precise estimate these data should be supplemented by estimates issued from studies among specific groups – school children, university students, prisoners, etc. However, this study makes it possible to estimate that the frequent cannabis users are probably in the range of 15 to 20,000, and those with problematic use - between 3,000 and 10,000.



## 5. Drug-related treatment: treatment demand and availability

Within the framework of this section the following basic topics will be reviewed:

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

These topics have been combined in two sub-sections: "General description, availability and ensuring quality" and "Admission for treatment".

When reviewing the topics within the context of the report the policy regarding drug-related treatment has been considered, the system of treatment established in the Republic of Bulgaria and the options for treatment offered. This information is based on the assessment of the experts from the National Centre for Addictions, of the "Drugs" Directorate at the Ministry of Health, on the reports of the substitution and maintenance programmes, on the reports of the rehabilitation programmes, etc.

The presenting of the characteristics of the patients treated and the trends over the last years regarding them are based on the data of the National Monitoring System for drug related –treatment demand and also on the reports of the substitution and maintenance programmes and the and rehabilitation programs.

### General description, availability and ensuring quality

#### Strategy/policy

The right of the Bulgarian citizens of free access to drug demand reduction programmes as well as the right of prevention, treatment and rehabilitation in case of established drug abuse or addiction to drugs is regulated by the Drugs and Precursors Control Act (DPCA). The terms and conditions for implementing substitution and maintenance programs for treatment with agonists and agonist-antagonists of individuals addicted to opioids have been set in Regulation № 2 from 20<sup>th</sup> June 2012 of the Ministry of Health, and the terms and conditions for implementing psychosocial rehabilitation of individuals with drug-related psychoactive and behavioural disorders - in Regulation № 8 from 7<sup>th</sup> September 2011 issued by the Ministry of Health and the Ministry of Labour and Social Policy. The promulgated in the State gazette (issue 49 from 29<sup>th</sup> June 2012) Regulation to Amend Regulation 24 from 2004 for ratifying "Psychiatry" medical standard, issued by the Ministry of Health, sets the standards of treatment of the opioid addiction syndrome with opium agonists and agonist-antagonists.

With the amendment of the DPCA from 2010 an alteration of all the subdelegated legislation related to the treatment and psychosocial rehabilitation started and an **Expert Council for Addiction Treatment** was established at the Minister of Health, consisting of 11 members and including: the deputy minister of health, who is also the chair of the council, the

director of the National Centre for Addictions, at least one habilitated person working in the sphere of the treatment of addictions, and other specialists.

The Expert Council discusses and gives opinion of:

- the basic guidelines and priorities in the sphere of addiction treatment;
- projects on standards of good clinical practice in addiction treatment and on requests to amend the operative standards of good clinical practice in addiction treatment;
- projects on normative acts in the sphere of addiction treatment;
- new methods and programmes of treatment;
- motions to include new pharmaceutical programmes containing narcotic substances (opium agonists and agonist-antagonists) in the list of those used in addiction treatment with agonists and agonist-antagonists;
- inclusion of individuals in the treatment programs who do not meet the criteria indicated in the standards of the good clinical practice in addition treatment;
- clinical, professional, ethical issues and issues related to the application of the standards of the good clinical practice in the work with the treatment programmes.<sup>76</sup>

The implementation of the strategic tasks, directly related to the process of rehabilitation of individuals abusing or addicted to drugs in Bulgaria, included in the National Strategy to Combat Drugs 2009-2013 and the action plan to it, goes on.

## Treatment system

By the end of 2011 a network of treatment centres and treatment programmes has been constructed in the country, which is in the process of development and expansion. The psychiatric aid, in the scope of which addictions are also included, is implemented in 12 state psychiatric hospitals (SPH), 12 centres of psychic health (CPH), 16 psychiatric departments at the multi-profile hospitals for active treatment (MHAT) and at 5 psychiatric clinics at the university hospitals (UMHAT), with a total number of beds 4, 684, out of which 170 beds (120 in the SPH, 20 in the CPH and 30 in the psychiatric clinics)<sup>77</sup> are structured for addicted patients. The diagnosis "addiction to narcotic substances and alcohol" is given according to the criteria of the International Classification of Diseases, 10 revision (ICD-10).

On the data of the national health statistics at the end of 2011 at the specialized inpatient health care facilities 927 patients diagnosed with psychic and behavioural disorders due to psychoactive substance use (F11-F19 according to ICD-10) were under dispensary monitoring, or this makes 12.7 patients per 100, 000. 750 or 10.2 patients per 100,000 out of them are patients with the above-named disorders due to the use of opioids. The largest number of hospitalized patients are in the centres of psychic health(793), followed by the psychiatric departments at the hospitals (86), the psychiatric clinics (41) and the state psychiatric hospitals (7). Over the last 3 years a tendency is noted of increasing the number of the hospitalized patients with the diseases coded from F11 to F19. (see *Table 5-1*)

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<sup>76</sup> A Statute for the Functions and Organization of the Activity of the Expert Council for the Treatment of Addictions.

<sup>77</sup> Source: National Centre for Health Information.

Table 5-1

**PATIENTS DIAGNOSED WITH F11-F19 ACCORDING TO ICD-10  
UNDER DISPENSARY MONITORING ACCORDING TO TYPE OF HEALTH CARE  
FACILITIES  
(2008-2011)**

(in absolute number)

Health care facilities	2008	2009	2010	2011
Total	887	764	901	927
including:				
State Psychiatric Hospitals	7	7	7	7
Centres of Psychic Health	641	559	732	793
Psychiatric Clinics	43	42	40	41
Psychiatric Departments	156	156	122	86
Psychiatric Surgeries	40	-	-	-

**Source: National Centre of Health Information (at present: National Centre of Public Health and Analyses)**

The hospitalized patients with psychic or behavioural disorders due to the use of psychoactive substances (discharged or those who have died) at the inpatient departments of the health care facilities numbered 843, or 11.5 patients per 100, 000. Out of them 698 or 9.5 patients per 100 000 are patients with the above-named disorders due to the use of opioids. The greatest number of hospitalized patients were in the clinics, departments and units at the inpatient health care facilities (388), followed by the state psychiatric hospitals (276) and the centres for psychic health (179). The tendency of the last years holds of reducing the number of patients diagnosed with F11 to F19 who are discharged from the inpatient departments of the health care facilities (see Table 5-2)

Table 5-2

**PATIENTS DISCHARGED WITH DIAGNOSIS F11-F19 ACCORDING TO ICD-10  
FROM THE INPATIENT DEPARTMENTS OF THE HEALTH CARE FACILITIES  
(2008-2011)**

(in absolute number)

Health care facilities	2008	2009	2010	2011
Total	2 167	1 478	1 225	843
including:				
State Psychiatric Hospitals	592	408	365	276
Centres of Psychic Health	910	498	391	179
Clinics, departments, units	665	572	469	388

**Source: National Centre of Health Information (at present: National Centre of Public Health and Analyses)**

The people serviced because of drug dependence by the centres for emergency medical aid in 2011 numbered 2,148, and at the emergency wards - 341.

The treatment of the patients abusing or addicted to psychoactive substances includes programmes based on drug-assisted treatment (detoxification, substitution and

maintenance treatment), as well as programmes for psychosocial rehabilitation (of the type of therapeutic community, day care centres, programmes for working people/students).

## 1. Drug-assisted treatment

It is done at health care facilities registered according to the Health Care Facility Act and includes:

**1.1. Detoxification** (treatment of abstinence syndrome). This is the first phase of treatment provided to the patients in the country. It is provided to inpatients (in the clinics) or to outpatients (at the consulting rooms). The phase of detoxification includes psychological assistance and motivation work with the patients oriented to their referral to rehabilitation and re-socialization programmes. On the basis of the assessment of the patient's condition the treating psychiatrist assigns an appropriate for the respective patient programme for detoxification: as an inpatient or outpatient.

- **Inpatient detoxification.** It is done at the state psychiatric hospitals, the centres for psychic health, the psychiatric departments at the multi-profile hospitals for active treatment, the psychiatric clinics at the university hospitals for active treatment and at some departments of toxicology.
- **Outpatient detoxification.** It is done at the consulting rooms at the psychiatric hospitals (mostly private), the specialized consulting rooms at the medical centres, at the diagnostic and consultation centres (DCC), as well as at the individual and group outpatient departments for specialized medical aid. The outpatients receive medication treatment and at some places group or individual psychotherapy is organized.

**1.2. Substitution maintenance treatment** (treatment with agonists and agonists-antagonists). In 2011 in the country 32 substitution maintenance programmes functioned with a total capacity of 5,196 treatment positions out of which 4,736 were for treatment with Methadone hydrochloride and 460 – for treatment with Morphine sulfate pentahydrate (Substitol). By 31.12.2011 the total number of the occupied positions was 3,452, out of which 3,269 were for treatment with Methadone hydrochloride and 183 – for treatment with Morphine sulfate pentahydrate (Substitol). The programmes are located on the territory of 14 towns in the country.<sup>78</sup>

There are three types of substitution maintenance treatment programmes:

- **State programmes.** They have a capacity of 600 positions for treatment with Methadone hydrochloride. The treatment of the patients is free, and the pharmaceutical product Methadone hydrochloride is provided by the Ministry of Health. It is provided at the State Psychiatric Hospital for the Treatment of Addictions and Alcoholism (SPHTAA) – the city of Sofia, at the centre of Psychic Health- the district of Sofia, and at the State Psychiatric Hospital – the town of Pazardjik.
- **Municipal programmes.** They have a capacity of 850 positions for treatment with Methadone hydrochloride. In 2011 the tendency held of increasing the number of positions for the treatment of patients in the municipal programmes established at the centres of psychic health in some towns of Bulgaria. In 2009 in the country there were 720 positions in the municipal programmes, and in 2010 they increased to 740. The treatment of the patients is free, and the pharmaceutical product Methadone hydrochloride is provided by the Ministry of Health. The programmes are implemented

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<sup>78</sup> Source: Tomova B., Yoneva K. Summarized data of the annual reports of the substitution maintenance programmes functioning on the territory of the Republic of Bulgaria in 2011

at the centres of psychic health in the towns of Veliko Turnovo, Vratsa, Plovdiv, Dobrich, Rousse and Varna.

- **Programmes without state and/or municipal participation.** They have a capacity of 3,746 positions, out of which 3,286 are for treatment with Methadone hydrochloride and 460 – for treatment with Substitol. The tendency holds of reducing the number of positions for treatment of patients in the programmes without state and/or municipal participation implemented by private programmes. In 2009 in the country there were 4,415 positions, and in 2010 – 3,995 positions. This is due to the reduction of the number of the positions for treatment with the pharmaceutical product Substitol. In 2009 in the country there were 1,105 positions for treatment with Substitol, and in 2010 – 785 positions. The pharmaceutical product demanded is methadone hydrochloride because of its advantages both medical and financial.

By December 31<sup>st</sup> 2011 2/3 of the patients included in the substitution maintenance programs (SMP) were treated in programmes without state and/or municipal participation, and 1/3 were treated in state or municipal programmes. The positions occupied in the programmes funded by the state budget (the state and municipal programmes) were 1,140 (78.6 % of their capacity), and in the programmes without state and/or municipal participation- 2,312 (61.7 % of their capacity).

On the basis of the annual reports of the programmes about their activity in 2011 the following summary may be made:

**Results achieved:**

- Improvement of the psychological and social functioning of the patients, building up tolerant family relationships.
- Using substitution and maintenance treatment as a means of prevention of the spread of HIV and Hepatitis B and C among the risk population of IDU addicts.
- The access of patients from the high risk behavior groups to programmes for substitution and maintenance treatment has been improved.
- Limiting the crime-causing behavior related to abuse of narcotic substances.
- Availability (in some of the programmes) of patients who have been discharged according to schedule.
- Enhancing the interest to psychosocial interventions (in some of the programmes).
- Improving the qualification of some of the patients who have been admitted to university and have renewed their students' rights.
- Sustainable development and increasing the qualification of the teams.
- A tendency of enlarging the spectrum of the services offered and increasing the number of the team members in some of the substitution programmes.
- A tendency of co-operation with different institutions such as regional police department, the investigation department, the court, the labour offices, the departments for child protection and NGOs.

**Main problems and difficulties:**

- Dropping out of treatment of some of the patients because of financial difficulties (loss of job).
- The admission to the psychiatric departments in the city of Sofia of patients with co-morbidities is obstructed.
- The patients on substitution and maintenance treatment are deprived of the opportunity to be treated for Hepatitis C (according to the criteria for inclusion in the programme for treatment of the liver problem a period of at least 6 months without opioid use is required, which does not give them the opportunity of timely inclusion in the interferon treatment).

- The admission of new patients to the programmes is not synchronized and the programmes are not in co-operation. This gives rise to the possibility of one and the same patient being admitted to more than one programme.
- Negative attitude on behalf of society (including a number of members of the physicians' guild) to the patients in the programmes.
- Burn-out (professional exhaustion) of the team members of some of the programmes- because of the great number of patients in the programs and the small number of the members of the team, because of inadequate payment, etc.
- Difficulties in the treatment of co-morbidities because of lack of health insurance and motivation of the patients.
- Difficulties doing the drug tests to the patients on treatment with Substitol, because the results are delayed, and in this way they are of no use for the patients.

## 2. Programmes for psychosocial rehabilitation and re-socialization

There are 12 programmes for psycho-social rehabilitation functioning in the country, with a total capacity of 297 positions. There is an increase of the capacity of positions of this type of programmes observed in comparison to 2010 when the capacity was 209 positions (distributed in 10 programmes). Six of the programmes function at health care facilities in Sofia and other towns of the country, and the remaining six – at non-profit organizations registered as social service providers. On the data of the annual reports from 2011 the total number of patients who underwent therapy in the rehabilitation programmes was 659, which is an increase of 36 % compared to the previous 2 years (487 individuals in 2009, and 485 – in 2010). In view of the greater number of patients who underwent therapy in the programmes, not surprisingly the number of patients who completed the programmes is greater (300) compared to the number of those in the previous 2 years (192 individuals in 2009; 189 individuals in 2010). The rate of the patients who completed the rehabilitation programmes compared to the rate of patients who underwent therapy in the programmes is also increasing– in 2011 it was 46 %, while in the preceding 2 years it was only 39 %.<sup>79</sup>

There are two types of programmes for psychosocial rehabilitation:

- **Non-residential programmes for psychosocial rehabilitation.** They are implemented by health care facilities and non-profit organizations registered as social service providers. The intensity of the work in the programmes varies depending on the specifics of the programme- from several hours a week to everyday intensive work with the patients. In these programmes the work is individual, in groups, and the family is also an active participant in the therapeutic process. Some of the programmes function as an addition to the substitution maintenance programmes.
- **Residential programs for psychosocial rehabilitation (“Therapeutic community” type).** These are programmes at non-profit organizations, registered as social service providers. The work with the patients included in these programmes is intensive, and highly structured. The dynamics of the group is the emphasis of the work. The individual and the family consultations, the work therapy and the seminars are a part of the specifics of the work in the residential programmes.

On the basis of the annual reports on the activity of the programmes for psychosocial rehabilitation in 2011 the following summary may be done:

### Results achieved

- The introduction of the programmes for psychosocial rehabilitation of patients in the substitution and maintenance programmes represent an effective model of improving the quality of patient treatment in regard to overcoming the inertia and passiveness of

<sup>79</sup> Source: Maya Mihailov-Petkova, Description and analysis of the situation in the sphere of psychosocial rehabilitation and integration of the dependent individuals in the country in 2011

treatment, of increasing their quality of life and their more successful integration in society. The patients reduce the use of substances that have not been prescribed to them and of prohibited substances, improve their health condition and reduce the number of their criminal offences.

- On-going training of the teams, maintaining high level of the qualification of the staff.
- Expanding the activities of some programmes with a programme for re-socialization.
- Greater consideration is given to the supporting system of the dependent individual-work with his relatives, parents, partners.
- Reducing the number of drop-outs from the programmes through group work with the clients.
- Reducing the number of break-downs, maintaining a mean number of clients per group.
- Better family and social functioning, expressed in occupation with work and studies and better family atmosphere.

### **Main problems and difficulties**

- Dropping out of patients from treatment because of the financial and economic crisis that has occurred.
- There is no sustainable method of funding, which causes a real risk of cancelling programmes for psychosocial rehabilitation.
- Some of the programmes are funded on the principle of projects and this hampers the team members to keep the same job.
- Co-operation among programmes is not well developed.
- In most of the programmes the phase of re-socialization is not well developed – the relation with institutions, labour offices and skills training.
- The relation with the detoxification programmes and some of the rehabilitation programmes and the referral of addicted individuals in psychotic state due to use of stimulants to psychiatric wards are also problematic.
- There is no supervision or regular trainings in the programmes for psychosocial rehabilitation functioning at the Centres for Psychic Health, the State Psychiatric Hospitals and the State Psychiatric Hospital for Treatment of Addictions and Alcoholism.

### **Organization and ensuring quality**

**In Bulgaria Guidelines for good clinical practice in the substitution treatment<sup>80</sup> and psychosocial rehabilitation of addictions<sup>81</sup> have been worked out.** The guidelines for good practice are aimed at increasing the efficacy and the quality of the work in the sphere of the substitution treatment and the psychosocial rehabilitation in the country. They are meant to be used by the teams of the treatment programmes: physicians, psychologists, social workers and other specialists, working in the sphere of the treatment of dependence on psychoactive substances; organizations of the drug-dependent individuals and their families, etc.

To prepare and train the leaders of the substitution and maintenance treatment programs according to the rules of the good practice, Substitution and Maintenance Programme Leader Training Programme has been worked out by order of Regulation № 24/31.10.2000 of the Ministry of Health. The preparation and the training of the leaders of programmes for psychosocial rehabilitation of individuals who have been dependent on or have abused psychoactive substances is by order of Regulation № 8/07.09.2011 of the Ministry of Health and the Ministry of Labour and Social Policy.

<sup>80</sup> For further information: Raicheva, Tz., Doncheva, Tzv., Krusteva, D., Peeva, B., Grashnov, E. (2008). Guidelines for good clinical practice in substitution treatment, NCA, Sofia.

<sup>81</sup> For further information: Raicheva, Tz., Racheva, R., Groshkova, T., Vasilev, P., Nikolova, E., Naslednikova-Rainova, R. (2009). Guidelines for good practice in psychosocial rehabilitation, NCA, Sofia.

Annual certification course and on-going training including specialized courses for health and other harm reduction for the individual and society, related to drug use, as well as work respectively with substances used in the substitution and maintenance treatment and with psychological and social methods used in the psychosocial rehabilitation are held under the programmes.

24 (or  $\frac{3}{4}$ ) of the substitution and maintenance programmes report exercising **supervision**. In 6 of them only internal supervision is exercised, and the frequency varies from once a week to once a month, the supervisor being the programme leader. The remaining 18 programmes have stated that they have an external supervisor, and in some of the programmes this is a qualified psychoanalyst, while in the others he/she is the leader of another substitution and maintenance programme or a physician-psychiatrist, not working in a substitution and maintenance programme. The external supervision is most often exercised once a month, or on the request of the respective programme leader. The internal supervision is sooner organizational and aimed at improving the organization of work and the working atmosphere, burn-out preventing, solving different problems that have occurred. The purpose of the external supervision is to: discuss the problem patients or if difficulties have occurred of other type with some of the patients.<sup>82</sup>

**In some of the Substitution Maintenance Programs (SMP) follow-up of the patients who have completed the programmes is done.** The period for the follow-up is up to 1 year, and this is done mostly for the patients who have undergone the last phase of treatment - of zero dose and assistance. The follow-up may be done over the phone or when the patient comes to the programme site. An option for subsequent consultation with the team members of the programmes is provided without limitations of time or of doing tests. Some of the patients, who have a relapse, are again included in the programmes.

As an option to make assessments at the level of processing all the substitution and maintenance programmes follow and report every three months and annually certain quantitative (health condition, level of social functioning, success of the programme) and qualitative indicators (personal satisfaction of the patients of the programme) related to the efficacy of the programmes.

### **Availability and diversification of treatment**

There are three consultative centres for the purpose of improving the access to programmes and services for treatment and rehabilitation – The Centre for Consultations and Referral to Health Care Facilities and to Rehabilitation Programmes at the National Centre for Addictions, the city of Sofia (in 2011 the centre referred 44 individuals to programmes for treatment and rehabilitation); “Ambassadors of Hope” Information and Consultative Centre at the “Solidarity” Association for Rehabilitation of Dependent Individuals, the city of Sofia, and the Consultative and Information Centre for drug users at the “Dose of Love” Association, the town of Burgas.

In order to improve the access of patients to health care the National Information Line for drugs and alcohol of the “Solidarity” Association for Rehabilitation of Dependent Individuals and the Free Telephone Line for consultations and guidance on the issues of drug and alcohol dependence at the National Centre for Addictions continue functioning. These lines offer information about the psychoactive substances and their use, about crisis interventions, they also offer consultation and referral to treatment and rehabilitation programmes on the territory of the whole country (the on-line consultation service is also offered). Another source of information related to the option for treatment in Bulgaria is the interactive card, which is

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<sup>82</sup> Source: Dr. Tomova, B., Yoneva, K., Summarized data from the annual reports of the substitution and maintenance programmes operating on the territory of the Republic of Bulgaria in 2011



accessible on the webpage of the National Focal Point for Drugs and Drug Addictions (<http://www.nfp-drugs.bg/bg/map.php>).

**The detoxification programmes** are widely accessible and nearly all the patients who have requested coping with the abstinence syndrome may be admitted to them. To some of the state programmes the admission of patients may be postponed, if the positions in them are occupied. Another obstacle for the admission of patients for this type of treatment is that there are no programmes for detoxification in all the big towns and sometimes the individuals demanding treatment may have to travel to the neighbouring towns.

**The programmes for substitution maintenance treatment are** accessible for most of the patients. The state and the municipal programmes are preferred by most of the treatment demanding individuals, because they are free. The admission to such programmes may be delayed because of the occupied positions in them. Most of the patients are included in the programmes with their own funding, because there are enough positions in them and the admission is not delayed. In all the substitution and maintenance programmes psychosocial care is offered to the patients. Practically however, a very small number of the patients receive intensive psychosocial service, because the members of the team, providing this type of care, are not enough to meet the needs of all the patients included in the respective programme.

**The programmes for psychosocial rehabilitation** are available for a small number of patients. The limited access to this type of programmes for the treatment demanding individuals is related to two factors: 1) the limited number of positions in the programmes at the health care facilities which are free, and 2) the necessity for the patients themselves to pay for their treatment in the programmes at the non-profit organizations.

The treatment programmes available are mainly oriented to work with **heroin-dependent patients** (who in most of the cases have problem drug use of other narcotic substances as well). Because of the small number of individuals seeking help for problems related to the use of other drugs, there are no specialized programmes for work with them. The patients using stimulants and cannabis have consultations at the Information and Consultation Centres in Sofia and Burgas and get treatment in the programmes for psychosocial rehabilitation and at outpatient health care facilities, working with addictions.

**Almost all the individuals deprived of freedom who have problems related to drug use, have access to low-threshold level of care** (medical care and psychological consultation), but there are no medium and high level intensity care (therapeutic communities or specialized departments for treatment at the prisons) available to them.

Although the laws in the country do not forbid the initiation and the continuation of substitution treatment at prisons there are no available specialized programmes providing such type of care in the system of prisons.

## **Access to treatment**

### **Characteristics of the clients treated**

According to the reported data for 2011 about the patients in **the substitution maintenance programmes in Bulgaria**, several basic characteristics may be derived regarding them. A little more than half of the clients in these programmes are employed, and the rate from 2010 is preserved. A tendency is forming of reducing the number of those health insured or studying. The number of those who have committed criminal offence is increased compared to the preceding year, and in 2011 it was 8.9 %. (see *Tablea 5-3*).

*Table 5-3*

**BASIC SOCIAL CHARACTERISTICS OF THE CLIENTS OF THE SUBSTITUTION  
MAINTENANCE PROGRAMMES (2009-2011)**

*(in %)*

<b>Characteristics</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Employed	66.0	54.0	54.8
Studying	5.5	4.8	4.3
Health insured	66.2	54.0	45.7
Married	9.0	8.7	13.8
Having committed criminal offence	8.0	5.4	8.9

**Source: National Centre for Addictions**

On grounds of the data provided in the annual reports of the programmes for psychosocial rehabilitation for 2011 certain characteristics may also be delineated of the clients treated in them<sup>83</sup>:

- ♦ Medical status: 191 have blood-borne infections and 33 are with co-morbidity – psychiatric disorders.
- ♦ Profile according to substances and behavioural dependence: heroin – 224, amphetamines – 22, alcohol – 167, cocaine – 3, gambling – 2; combined use– 22; benzodiazepines – 1 and methadone – 1.
- ♦ Social functioning: employed – 137; jobless – 306; studying – 8; students – 35, drop-outs – 14.
- ♦ Sex: males – 402; females – 123.
- ♦ Family status: 159 individuals are married or live with a constant partner, 315 individuals are not married.
- ♦ Legal status: 54 individuals (52 males and 2 females) have closed, and 19 – non-closed criminal records.

The basic source of information about basic characteristics of the patients treated are the data collected through the **National Monitoring System for Drug-Related Treatment Demand**. In 2011 it really encompassed 2,490 individuals<sup>84</sup>, initiating treatment in the year at 17 inpatient, 4 outpatient units and centres, 23 substitution maintenance programmes, medical centres at 11 prisons and 1 reformatory for underage in 21 Bulgarian towns.

Over the last few years the information about the individuals who have demanded treatment covers the following basic topics:

- Circumstances of the treatment contact;
- Social and demographic data;
- Drug problems;
- Risk factors with drug use;
- Testing for drug-related infectious diseases;
- Extra information.

Up to 2008 the data were collected through a form-questionnaire for patients with drug problems (MULTY CITY), which was completed by people working with the patients - doctors, nurses, psychologists, social workers, with observing all the measures to keep the confidentiality of the data.

<sup>83</sup> Not all the reports contain information about the specific characteristics.

<sup>84</sup> The number of the individuals included is obtained after doing the procedures of identifying and eliminating of the dubbing (double presence of one and the same person in the total data).

Since the beginning of 2009 Internet-based e-version of the National Information System operates for drug-related treatment demand in Bulgaria (I-MIS), in which the questionnaires are completed on-line and there is an option to seek information according to definite parameters.

Since 2011 a Report Form is used about the patients with drug problem treated, through which treatment centres, not participating in I-MIS, give compiled data on the questions included in the e-version of the system. In the same year the medical centres at the places of freedom deprivation in the republic of Bulgaria were also covered.

In 2011 the total number of the individuals registered as having initiated treatment at I-MIS was 1,829, and information about 661 other individuals was received through the report form about the patients with drug problem treated.

The data from treatment demand in 2011 show some basic features of the group profile of the clients, who have initiated treatment during the year:

By type of drug

**76.0 % of the registered individuals use heroin as a primary drug;** to a lesser degree- marijuana (3.8), antidepressants (3.3 %), benzodiazepines (diazepam) – 3.0 %, methadone(not for treatment) – 2.7 %, unspecified medications (2.0 %), amphetamines (1.5 %) and cocaine (1.0 %).

By gender

**20.0 % of the individuals who have initiated treatment are females.**

By age

**3.5 % of the individuals who have initiated treatment were of age up to 19 years including,** and 59.3 % - up to 29 years including; **the general mean age was 28 years.**

By age when the first use occurred

**40.6 % of those who have initiated treatment have declared that they have begun use of the basic problematic drug at the age of 19 years including,** and 7.2 % - up to 14 years including<sup>85</sup>; **the mean age at the time of the first use is 18.4 years.**

By education

27.3 % of the individuals who have initiated treatment had education lower than secondary, **60.0 % - had secondary or college education,** 3.4 % - higher education, and 7.9 % - had no primary education or have never been to school.

By employment

**Only 17.4 % of the individuals who have initiated treatment had a permanent job.** 25.1 % had temporary jobs, 38.0 % were jobless, and 14.7 % were economically inactive.<sup>86</sup>

By ethnicity

**81.6 % of the individuals who have initiated treatment are Bulgarians,** 14.2 % - are Roma people, and the rest are representatives of other ethnical groups.

**By the characteristics of use**

Frequency of use

**62.2 % of the individuals who have initiated treatment have used the primary drug daily,** 14.7 % - from 2 to 6 times a week, and 8.7 % - once a week or more rarely.

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<sup>85</sup> The data refer only to the registered in I-MIS 1,839 individuals.

<sup>86</sup> According to the index employment the data for those deprived of freedom refers for the period within 30 days before their sending to prison.

#### Pattern of use

**69.2 % of the individuals who have initiated treatment have injected the primary drug**, 10.4 % have eaten or drunk it, 9.4 % have smoked it, 7.8 % have sniffed it, and 2.1 % have inhaled it.

#### Duration of use

**63.0 % of the individuals who have initiated treatment have used drugs more than 5 years**, and 29.9 % have used drugs more than 10 years.<sup>87</sup>

#### Risk behavior

**More than 2/5 (41.9 %) of the individuals who have initiated treatment have lifetime prevalence of use of needles and/or syringes already used.** 16.2 % have never in lifetime used needles and/or syringes already used, although they have injected drugs.

9.2 % of the individuals who have initiated treatment have lived with a person/people using drugs.<sup>88</sup>

The summarized image of the people who have initiated treatment because of drug use in 2011 may be expressed in the following way:

- Gender – predominantly male (79.5 %)
- Ethnicity – predominantly Bulgarians (81.6 %)
- General mean age – 28 years
- Education – predominantly secondary (57.3 %)
- Primary problem substance – predominantly heroin (76.0 %)
- Frequency of use – mainly daily – predominantly daily (62.2 %)
- Pattern of use – predominantly injecting (69.2 %)
- General mean age at the time of the first use – 18.4 years.

### **Tendencies of the clients in treatment**

When describing and analyzing the data about the individuals who have demanded drug-related treatment the following changes in the scope, activity, structure and organization of the types of health care facilities, taking part in the system – inpatient and outpatient units and centre, substitution maintenance programmes – have to be reported on. In 2011 information data were also included from the places for deprivation of freedom and from this additionally changes result in the tendencies of definite indicators.

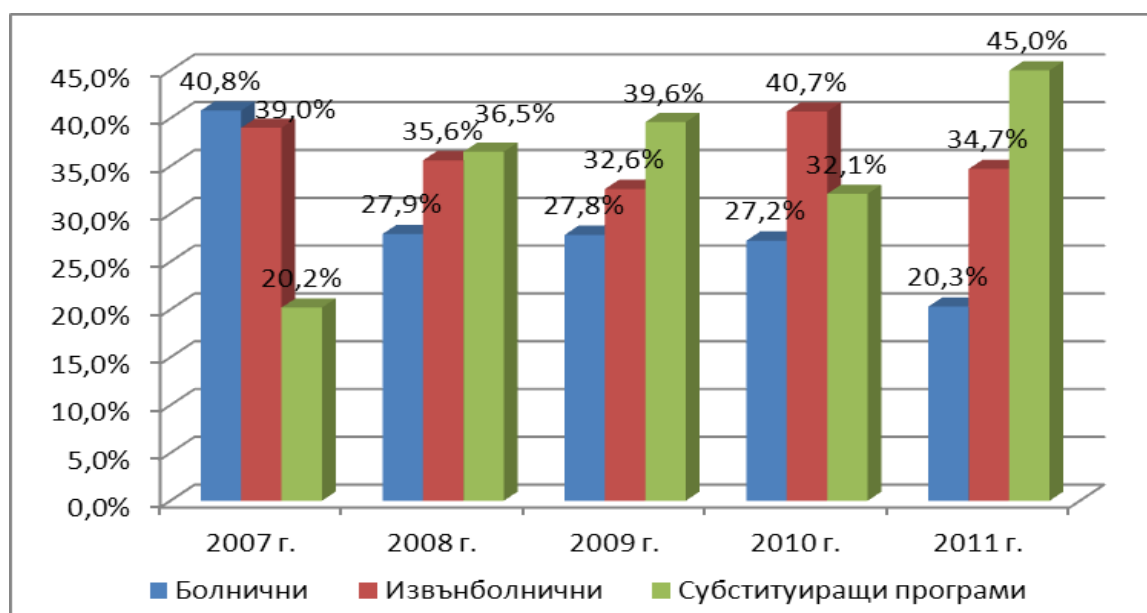
Within the period 2007-2011 a tendency was observed of a change in the number of clients who demanded treatment not only as an absolute number but in relation to the different types of treatment centres (see *Figure 5-1*). While in 2007 the inpatient health care facilities had the biggest rate (40.8 %) among the clients who had demanded treatment, in 2011 their rate was already the smallest (20.3 %) – something typical for the last 4 years. The reduction of the number of clients of the outpatient health care facilities in the period 2007-2009 was discontinued in 2010 when the greatest number of cases came from them – 40.7 % of the individuals in the system of treatment demand. Over the last year the substitution maintenance programmes had a leading role in providing data about clients who demanded treatment in relation to drug use and this was also observed in 2008 and 2009. In 2011 their clients represented 45.0% of the individuals in the system of treatment demand.

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<sup>87</sup> The data refer only to the registered in I-MIS 1,839 individuals.

<sup>88</sup> The data refer only to the registered in I-MIS 1,839 individuals.

**RELATIVE RATE OF CLIENTS FROM THE DIFFERENT TYPES OF TREATMENT CENTRES IN THE TREATMENT DEMAND SYSTEM (2007-2011)**



**Source: National Focal Point for Drugs and Drug Addictions. Survey of drug use treatment demand.**

The reasons for changing the number of clients, who have demanded treatment, when compared in the different types of treatment centres may be the inclusion of new and the withdrawal of old partners (treatment units and centres) providing data about the clients demanding treatment, as well as the change of the number of cases which the health care facilities record in the system of treatment demand. Not to a lesser extent the different influx of clients which may exist in a given period in the treatment centres in the country must also be considered.

The data from the system of treatment demand in 2011 add to the long-built profile of the individuals demanding drug-related treatment. In many of the cases the data from the last five years show or suggest new tendencies- of stabilization, reduction of increase of certain indices. There is no clear trend of the other cases, so that the levels have to be followed in the future as well, and the possible appearance of new ones have to be focused on. (see Table 5-4)

*Table 5-4*

**COMPARATIVE DATA ABOUT THE INDIVIDUALS WHO INITIATED TREATMENT IN THE PERIOD 2007-2011**

<b>Indices</b>	<b>2007</b>	<b>2008</b>	<b>2008</b>	<b>2010</b>	<b>2011</b>
Relative rate of the individuals demanding treatment because of heroin or other opiates use	98 %	96 %	95 %	87 %	80 %
Relative rate of the females among the individuals demanding treatment	17 %	16 %	13 %	19 %	20 %
Mean age of the individuals demanding treatment	25,8	26,4	28,4	29,0	28,0
Mean age at the time of the first use of the primary problem drug	18.9	18.8	19.1	19.6	18.4
Relative rate of the students and university students among the individuals demanding treatment	8 %	7 %	5 %	4 %	4 %
Relative rate of the individuals with permanent employment among the individuals demanding treatment	29 %	32 %	38 %	27 %	17 %
Relative rate of the individuals who do not belong to the main ethnos in the country	8 %	10 %	10 %	11 %	17 %
Relative rate of the daily users of the primary drug	86 %	80 %	74 %	69 %	62 %
Relative rate of the injecting users of the primary drug	81 %	79 %	78 %	72 %	69 %
Relative rate of the individuals with duration of drug use > 5 years	63 %	70 %	68 %	60 %	63 %
Relative rate of the individuals who have in their lifetime used needles or syringed already used	52 %	39 %	38 %	32 %	42 %
Relative rate of the individuals living with other drug user(s)	14 %	15 %	10 %	11 %	9 %
Relative rate of the individuals demanding treatment for the first time	26 %	22 %	19 %	20 %	21 %

**Source:** *National Focal Point for Drugs and Drug Addictions. Survey of drug-related treatment demand*

**Heroin remains the most widely used drug among the problem drug users.** In 2011 it had the lowest level of use (76.0 %) compared to all the preceding years, since the survey of treatment demand is done among the drug users. This is due to the greater rate of the psychological consultation as a type of treatment (22.1%) demanded mainly because of the use of barbiturates, benzodiazepines and antidepressants in comparison to the preceding years.

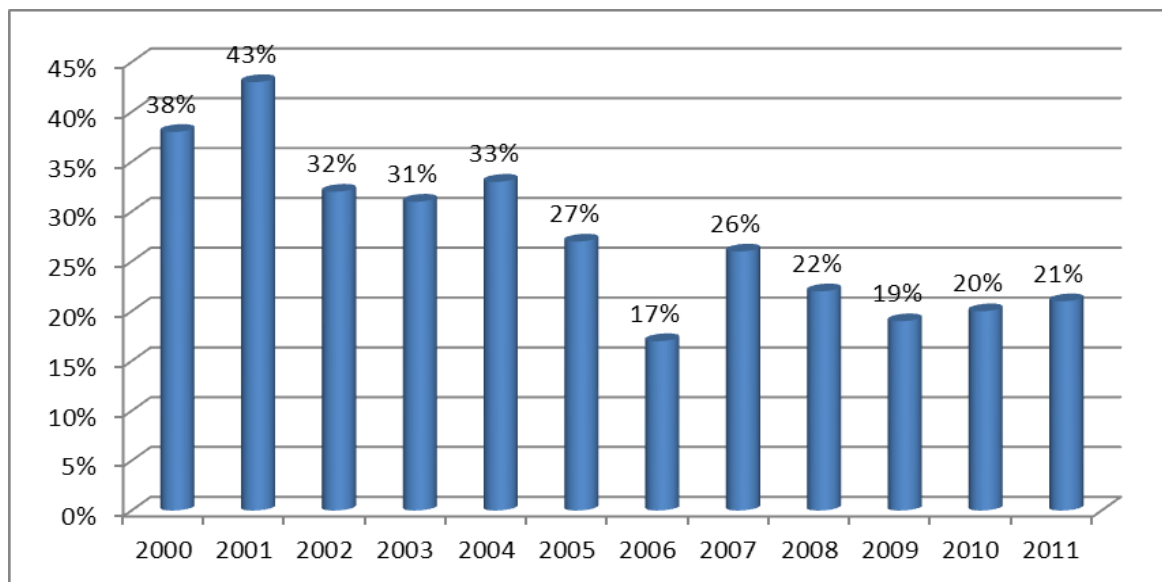
Over the last 10 years the ratio males/females remained around 5:1. Still there was a tendency of reducing the number of females, which reached the lowest level in 2009 (13.2 %). In 2011 the rate was again at the level from the beginning of the period.

Regarding the relative rate of the individuals demanding treatment for the first time, there is no clearly expressed tendency. In 2001 this rate was the highest (41 %), and in 2006 – the

lowest (17 %). Over the last years the rate of the individuals who have demanded treatment for the first time remained between 19 and 22 %. (see Figure 5-2)

*Figure 5-2*

**RELATIVE RATE OF THE INDIVIDUALS DEMANDING TREATMENT FOR THE FIRST TIME (2000-2011)**



**Source: National Focal Point for Drugs and Drug Addictions. Survey of drug-related treatment demand**

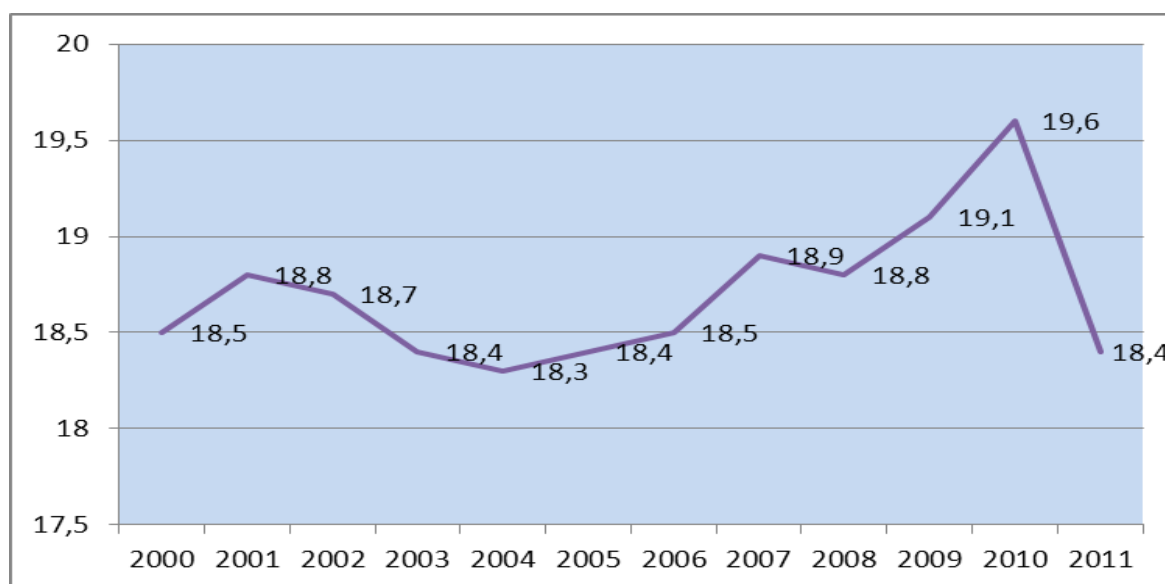
The rate of the students (students and university students) among the individuals who have demanded treatment has continuously reduced since 2003, when it was 15 %. In 2011 the respective figure was 4%.

From 2001 to 2009 there was a greater than 4-fold increase of the relative rate of the individuals with permanent employment among the individuals demanding treatment – from 9 % at the beginning of the period to 38 % in 2009 – something that was in unison with reducing the level of unemployment in Bulgaria at that time. With the increase of the level of unemployment during the last two years the rate of the permanently employed among the individuals demanding treatment not surprisingly dropped – to 17 % in 2011.

The relative rate of the individuals who have demanded treatment and who are not from the main ethnos in the country marks a tendency of a slight increase over the last 5 years – from 8 % in 2006 to 11 % in 2010. In the last year this rate was 17 %, which may be explained by the adding to this number the number of those individuals who demanded treatment in the prisons, where the rate of the minority groups is bigger.

The mean age of the individuals who have demanded treatment increases every year. In 2000 it was 22.2 years, and in 2010 – it was already 29 years. In the last year a certain drop was observed – to 28 years. At the same time the mean age at the time of the first use of the primary problem drug remained between 18-19 years (see Figure 5-3). In 2010 this age was the oldest and was 19.6 years. In 2011 the mean age at the time of the first use was 18,4.

**MEAN AGE AT THE TIME OF THE FIRST USE OF THE PRIMARY PROBLEM DRUG  
(2000-2011)**



**Source: National Focal Point for Drugs and Drug Addictions.  
Survey of drug-related treatment demand**

**The relative rate of the individuals using drugs daily reduced in the last 5 years – from 86 % in 2007 to 62 % in 2011.**

Regarding the relative rate of the individuals with **duration of the drug use more than 5 years, the increase in comparison to 2001 is 3-4 fold**, the highest level being in 2008 (69.5 %). This was a sign of the ever failing renewal of the totality of the problem drug users, at least concerning heroin. After 2008 a new drop was observed- to 60 % in 2010 which was probably due to the smaller relative rate of heroin as a primary problem drug. In 2011 there was a new increase of this rate - to 63 %.

**The greater rate of the heroin users are injecting drug users.** Over the last 5 years a trend of constant reduction of this pattern of use is observed. This is probably due to the better work of the needle and syringe exchange programmes, and also to the reduction of

the rate of heroin as a primary problem drug. The use of needles and syringes already used however, marked an increase again in 2011 (up to 42 %), while in the preceding years there was a lasting tendency of reducing this rate.

After the relative reduction of the number of individuals who demanded treatment who lived with other drug users in the period 2002-2004 (from 16 % to 10 %), from the middle of the decade an increase of this rate was observed in 2008 and it reached 14.9 %. In the last three years it remained between 9-11 %.



## 6. Health correlates and consequences

### Drug related infectious diseases

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

The presented country data for 2011 have been provided by the Ministry of Health (MH). The data on the city of Sofia have been provided by the Laboratory at the National Center for Drug Addictions, which specializes in handling drug addicts. The data refer to patients of the State Psychiatric Hospital for Treatment of Addictions and Alcoholism (SPHTAA) and clients of the outreach programmes of the Initiative for Health Foundation and CARITAS, which carry out fieldwork in Sofia City.

#### Concise update on the prevalence of HIV/AIDS in Bulgaria in 2011

**The level of HIV infection in Bulgaria is still low in the general population, but has been undergoing a lasting upward trend in the general population, as well as injecting drug users in the period 2004 - 2011 year.**

*According to data provided by the Ministry of Health, the total number of people infected with HIV in the country in the period 01.01.1986 - 23.08.2012 was 1,582.*

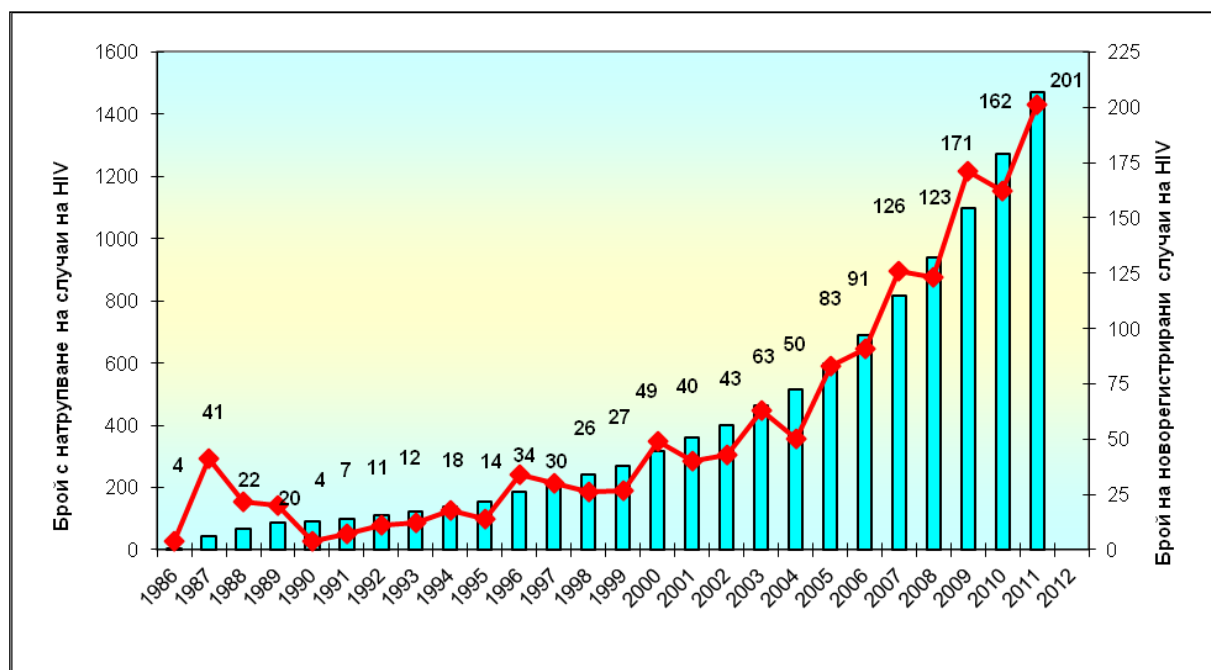
In 2011 HIV tested persons were 96,267. Officially, as to 15.11.2011 the Ministry of Health in Bulgaria registered **1,438 HIV-positive persons**. During 2011, 201 new cases of HIV were recorded. Of 166 cases of newly registered HIV-positive persons as to 15 11 2011, 135 were men and 31 were women aged between 17 and 80. The largest number was in Sofia - 72 persons, Plovdiv - 27, Varna – 12 and Pazardzhik - 11. In 2011, an increase by 14% in the number of newly registered HIV-positive persons between 30 and 49 years of age was observed. According to the path of transmission of the infection there are two particularly vulnerable groups – injecting drug users and men who have sex with men. 56 people, or nearly 34% of newly infected are injecting psychoactive drugs, and 43 or 26% belong to the second group. These results show that in the group of men who have sex with men, there was an increase in the number of new cases by 6% compared to the previous year. In 2011 6 pregnant carriers of the virus and two HIV-positive children were registered. For the first time that year the number of newly infected young people was decreasing. By mid-November in the country there were 63 newly registered youths from 17 to 29 years of age, which makes 38% of all new cases. In 2010 the young people in this age group were 55% of newly registered HIV-positive persons. Furthermore, the lower age limit in 2010 was critically lowered to 15 years of age. In 2011 it rose to 17 years of age. Preliminary data shows that in 2012 the age limit has once again dropped to 12 years.

According to data provided by the sectors for the treatment of HIV/AIDS, the number of people who died of AIDS is more than 550.

The total number of the HIV-infected persons registered in the period 1986 – 2011 is presented in *Figure 6-1* below.

Figure 6-1

**PREVALENCE OF HIV IN THE GENERAL POPULATION IN THE PERIOD 1986-2011**



Cumulative number of HIV cases  
 Number of newly registered HIV cases  
 Cumulative number  
 Number of new cases

Test results of drug users in Sofia

The Laboratory of the National Center for Addictions tests addicted persons for the following markers:

- HIV 1/2 antibodies – to diagnose HIV infection;
- HCV antibodies – to diagnose viral hepatitis C;
- HBsAg – to diagnose viral hepatitis B;
- TPHA – to diagnose syphilis.

Tests and positive results in 2011

Table 6-1 presents the total number of tested persons in Sofia in 2011 and the positive results obtained in the laboratory to the NCA.

Table 6-1

**SEROLOGICAL TESTS OF INJECTING INTRAVENOUSLY DRUG USERS  
2011**

TEST TYPE	NUMBER OF TESTS	POSITIVE RESULT
HIV antibodies	1140	32 2.80%
HCV antibodies	1138	772 67.84%
HbsAg	1132	51 4.51%
Syphilis	1140	64 5.61%

*Source: Laboratory of the National Center for Addictions*

The injecting intravenously drug users tested at the Laboratory of the NCA are patients of the SPHTAA and clients of outreach programmes for drug users – CARITAS and “Initiative for Health”. The testing is voluntary and free of charge and includes *ex-ante* and *ex-post* counseling.

**1. ANTI HIV 1/2**

Out of a total of 1140 tested injecting drug users 32, or **2.80 %**, are HIV-positive:

- **317** patients tested in the NCA laboratory (on treatment at spttaa or other programmes and centres);
- **205** clients of the CARITAS Programme;
- **618** /of these 127 from places of detention/ clients of the “Initiative for Health” Foundation.

**2. HBsAg**

The total number of tested persons was 1132, of these 51 or **4.51 %** were positive.

The ratio of **HBsAg** positive men to women was **90.2%** to **9.8%**, and the distribution by age group is as follows:

- In the tested persons up to 25 years of age the rate of infection is 5.55 %;
- In the tested persons from 25 to 34 years of age the rate of infection is 4.02 %;
- In the tested persons over 34 years of age the rate of infection is 7.91 %

For the whole group at risk the trend for **low prevalence of hepatitis B virus infection** is preserved which for injecting drug users is in the range of the average rate for the country.

**3. ANTI HCV**

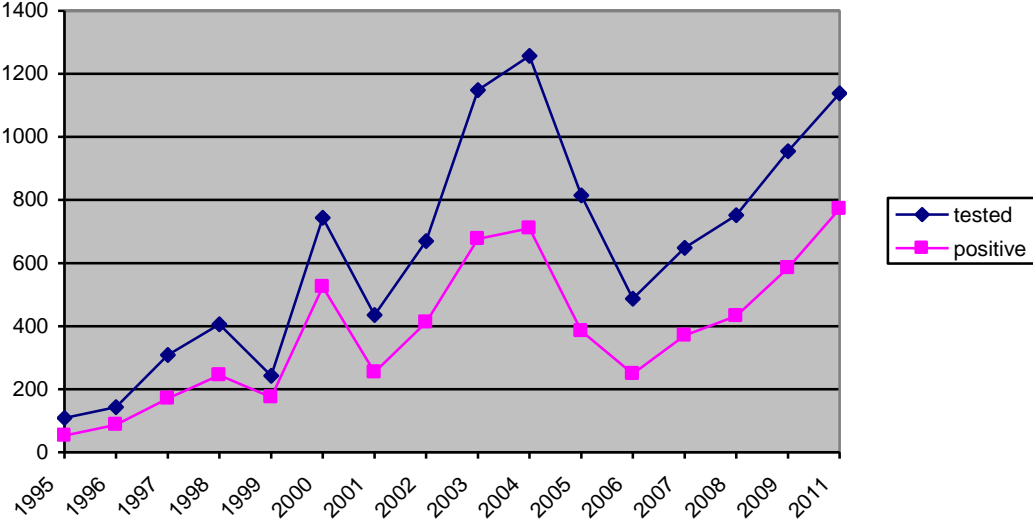
The total number of tested persons was **1138**, of these 772 or **67.84 %** were positive.

The ratio of **HCV** positive men to women was **67.2 %** to **32.8 %**.

The analysis has outlined a trend of increasing the number of carriers of the virus of hepatitis since 2007.

*Figure 6-1*

**LEVEL OF INFECTION WITH HEPATITIS C VIRUS IN THE PERIOD 1995-2011**



**Source: Laboratory of the National Center for Addictions**

#### 4. SYPHILIS

A total of 1140 IDUs were tested, 64 persons, or **5.61%**, proved positive after a TPHA test. For the first time in five years there has been an increase in the cases of syphilis infected injecting drug users. In the years prior to 2007 the rate of syphilis infected IDUs was about 10% of the tested persons, from 2007 to 2010 the cases among IDUs decreased to 4%. In 2011 the number of persons infected with syphilis using psychoactive substances is second only to the number of those infected with hepatitis C.

**Of all tested 1140 injecting drug users 3 had both HIV, hepatitis C and syphilis infection, 1 had HIV, Hepatitis C and Hepatitis B infection, 1 had Hepatitis C, Hepatitis B and syphilis infection and 45 had two co-infections. From these data it is evident that the number of co-infected with two or more infections was 50 or 5.21% of all tested persons. The number of IDUs with more than one infection has continued to increase among injecting drug users in the last five years.**

The following can be concluded on the basis of the results:

**The level of HIV infection continues to be low in the general population, but in the past seven years it has marked a stable uptrend among the injecting drug users and is the group of the highest number of newly identified cases together with the group of**

- 1. The rate of HIV infection continues to be low in the general population, but in the past seven years it has marked a stable uptrend among the injecting drug users and is the group of the highest number of newly identified cases together with the group of men doing sex with men (MSM).**
- 2. The rate of Hepatitis B infection had slightly decreased (4.51 %), which was the lowest value in the past 10 years and is comparable to the general prevalence of Hepatitis B in the country.**
- 3. The rate of those infected with Hepatitis C virus of all the IDUs tested in Sofia was 61.10 %. It can be noted that there is an uptrend in the infection rate.**
- 4. The data in the period 2007 - 2011 indicate that the number of the injecting drug users with two or more co-infections is still on the increase.**

#### Other infectious morbidity

In the area of harm reduction of drug use there is only one non-governmental organisation in Bulgaria<sup>89</sup>, which provides primary health care (treatment of injection sites, treatment of abscesses) to its clients – this is "Caritas".

**In 2011, in the mobile surgeries of the organisation 2,310 wounds, abscesses and injection sites were handled.** In 2010 their number was 2667.

Services provided by Caritas for the past reported period also include:

- Anonymous testing for blood borne and sexually transmitted infections (hepatitis B and C, HIV/AIDS and syphilis);
- Consultation with staff on ways and places where you can treat addiction;
- Consultations on other health problems caused by drug use;
- Consultations with parents and friends on the problem of addictions.

#### Behavioural data

There is no updated information from behavioural tests.

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<sup>89</sup> In the area of harm reduction of drug use in Bulgaria a total of ten non-governmental organisations are operating.

## Other drug related health correlates and consequences

### Non-fatal emergency cases and overdoses

During 2011 in the Clinic of Toxicology of MHATEM "Pirogov" - Sofia **241 drug addicts** were treated who sought emergency care due to acute poisoning, which accounted for 3.15% of all patients who received treatment during this period in the toxicological reception room. **This is the biggest number of patients in the clinic for the past four years.** The smallest number of persons addicted to psychoactive substances was in 2010 - a total of 152. In 2009 they were 194, and in 2008 - 159. The proportion of these patients compared to the general population that passed through the toxicological reception room in 2010 was 2.02%. In 2009 it amounted to 2.1%, while in 2008 it was 1.81%.

Data on gender distribution for all four years show a greater proportion of men - 178 in 2011, 113 in 2010, 160 in 2009 and 129 in 2008. The number of women throughout the past four years is as follows: 63 in 2011, 39 in 2010, 34 in 2009 and 30 in 2008. Of all patients in 2011 56.85% were treated as outpatients in the hospital emergency ward, and 43.15% were hospitalised in the Clinic. Data on these indicators for 2010 are as follows - 56.57% were treated as outpatients and 43.43% were hospitalised in the Clinic (see Table 6-2).

*Table 6-2*

#### DYNAMICS OF DRUG-ADDICTED PATIENTS TREATED IN THE CLINIC OF TOXICOLOGY OF MHATEM "PIROGOV" IN THE LAST FOUR YEARS

	2008	2009	2010	2011
<b>Total number of patients treated</b>	159	194	152	<b>241</b>
<b>Patients treated in the reception ward</b>	100 (62.89%)	141 (73 %)	86 (56.57%)	<b>137 (56.85%)</b>
<b>Patients hospitalised in the Clinic</b>	<b>59 (37.11%)</b>	<b>53 (27 %)</b>	<b>66 (43.43%)</b>	<b>104 (43.15%)</b>

*Source: MHATEM "Pirogov" EAD – Sofia, Clinic of Toxicology*

As regards age distribution in 2011, the highest number of drug addicts was in the age subgroup from 26 to 35 years of age - 89 persons (36.93%), followed by the age subgroup from 19 to 25 years of age - 76 persons (31.53%). The data about this indicator for the period 2008-2010 are shown in Table 6-3.

*Table 6-3*

#### AGE DISTRIBUTION OF PATIENTS IN MHATEM "PIROGOV" IN THE PAST FOUR YEARS IN ABSOLUTE FIGURES

Age	2008	2009	2010	2011
<b>Up to 15</b>	5	11	6	<b>24</b>
<b>16-18</b>	18	23	12	<b>32</b>
<b>19-25</b>	56	71	58	<b>76</b>
<b>26-35</b>	64	70	63	<b>89</b>
<b>Over 35</b>	16	19	13	<b>20</b>
<b>Total</b>	<b>159</b>	<b>194</b>	<b>152</b>	<b>241</b>

*Source: MHATEM "Pirogov" EAD– Sofia, Clinic of Toxicology*

In 2011 stability was achieved in the trend observed in the period 2008-2010 to reduce the number of those seeking assistance in cases of acute poisoning with heroin - 66 persons (27.39% of all admitted drug addicts). In 2010, they were 69 (45.39% of all admitted drug addicts). In 2009 - 86 (44.3% of all drug addicts), and in 2008 they were 94 (59.1%). However, the data obtained in 2011 did not confirm this trend for the other narcotic substances. The exception is marijuana, where again an increase in the emergency cases was reported - 75 persons (31.12% of the total number of patients), while in 2010 they were 39 (25.66%). In 2009, they were 30 (15.4% of the total number of admitted drug addicts) and 23 in 2008 (14.5%).

In 2011, 52 persons (21.58%) with amphetamines were admitted, 30 persons (12.45%) with cocaine, 16 persons (6.64%) with methadone, 1 person (0.41%) with ecstasy and 1 person (0.41%) with hallucinogenic mushrooms.

For the years before 2011, the data are as follows: in 2010, 23 persons (15.13%) with amphetamines were admitted (37 in 2009, 18 in 2008), 11 persons (7.24%) with cocaine -, while in 2009 they were 16 (8.2% of the total number) and 15 (9.4%) in 2008, 9 persons (5.92%) with methadone in 2010, 15 persons (7.8%) in 2009 and 3 patients (1.9%) in 2008, 1 person, 0.66% of the total number in 2010, with other (benzodiazepines)(see Table 6-4).

*Table 6-4*

**NUMBER OF FATAL EMERGENCY CASES BY TYPE OF SUBSTANCE IN THE PERIOD  
2008 – 2011**

Type of substance	Number of patients in 2008	Number of patients in 2009	Number of patients in 2010	Number of patients in 2011
Heroin	94	86	69	66
Cocaine	15	16	11	30
Amphetamines	18	37	23	52
Marijuana	23	30	39	75
Methadone	3	15	9	16

Source: MHATEM "Pirogov" EAD – Sofia, Clinic of Toxicology

According to data provided by the Ministry of Health, the total number of non-fatal emergency cases related to drug use in 2011 was 1832. Of these registered non-fatal overdoses were 1810 (see Table 6-5).

## NUMBER OF NON-FATAL EMERGENCY CASES IN 2011

Region	Registered emergency conditions related to HB use	Registered cases of non-fatal overdoses
Blagoevgrad	31	31
Burgas	149	148
Varna	226	224
Veliko Tarnovo	0	0
Vidin	47	45
Vratsa	5	5
Gabrovo	15	15
Dobrich	13	13
Kardzhali	0	0
Kyustendil	7	7
Lovech	3	3
Montana	11	11
Pazardzhik	27	27
Pernik	27	27
Pleven	12	12
Plovdiv	143	143
Razgrad	1	1
Ruse	55	55
Silistra	8	8
Sliven	5	5
Smolyan	1	15
Sofia City	1038	1021
Sofia Region	1	1
Stara Zagora	2	2
Targovishte	0	0
Haskovo	0	0
Shumen	6	0
Yambol	0	
<b>TOTAL</b>	<b>1832</b>	<b>1810</b>

*Source: Ministry of Health*

The reported cases of persons treated in the Centers for Emergency Medical Care (CEMC) for drug addiction provided by the National Center for Public Health and Analyses (NCPHA) in 2011 were 2148, and those in emergency wards of hospitals - 341.

### Somatic and psychiatric co-morbidity

In 2011, 32 substitution and maintenance programmes with a total capacity of 5,196 medical seats, of which 4,736 for methadone hydrochloride treatment and 460 - for treatment with Substitol were implemented. The total number of seats occupied by 31.12.2011 was 3452, of these 3269 - for treatment with Methadone hydrochloride and 183 – for treated with Substitol<sup>90</sup>. **In them the total number of patients with dual diagnosis was 692<sup>91</sup>** (20% of all patients in the programmes), by 301 more than in 2010, when they were **391<sup>92</sup>** (12.54% of

<sup>90</sup> Source: National Centre for Addictions, "Summary of Annual reports of Substitution maintenance programs with Methadone/Substitol (SMPM/S), operating in the Republic of Bulgaria in 2011

<sup>91</sup> According to data from the annual reports of 31 programmes

<sup>92</sup> According to data from the reports of 15 programmes

all patients in the programmes). The most common co-morbid disorders were personality disorder, anxiety and schizophrenia.

According to data provided by the programmes in 2009, the total number of participating patients in these programmes with dual diagnosis was 592<sup>93</sup> (20.31%) and the total number of all patients in these programmes was 2,915<sup>94</sup>. In 2008 the number of patients with dual diagnosis was 243<sup>95</sup> (7.59%), and the total number of all drug addicts treated in these programmes was 2,543. In 2007 co-morbid patients were 143 (10.47%) and the total number of all drug addicts included in the programmes was 1332<sup>96</sup> (see Table 6-6).

*Table 6-6*

**NUMBER OF PATIENTS WITH DUAL DIAGNOSIS IN SUBSTITUTION AND MAINTENANCE PROGRAMMES IN THE PERIOD 2007-2011**

	2007	2008	2009	2010	2011
<b>Total number of patients included in methadone programmes</b>	1 332	2 543	2 915	3 118	3 452
<b>Patients with dual diagnosis</b>	143	243	592 <sup>97</sup>	391	692

**Source:** *Programs for substitution and maintenance treatment with Methadone and Substitol*

Patients with dual diagnosis involved in rehabilitation programmes in 2011 were by 13 more (48 persons<sup>98</sup>, 5.6% of all patients participating in the programmes) compared to 2010 (35 persons<sup>99</sup>). The total number of all drug addicts who passed through the programmes in 2011 was 861<sup>100</sup>.

In 2009, drug addicts with co-morbidities who participated in rehabilitation programmes were 33<sup>101</sup>, out of the total of 486<sup>102</sup> persons who passed through the programmes (6.79% of the total population of participants in rehabilitation programmes in 2009 and 7.20% - in 2010). In 2008 the clients with co-morbidities of these programmes were 11<sup>103</sup>, and the total number of patients who passes through the programmes was 193<sup>104</sup>, which represents 5.70% of the total population of drug addicted participants in rehabilitation programmes. In 2007 the number of drug addicts with dual diagnosis in the rehabilitation programmes was 6<sup>105</sup> out of 198 patients who passes through the programmes, which represents 3.03% of the total population of drug addicted persons who participated in rehabilitation programmes (see Table 6-7).

Persons with co-morbidities in 2011 were by 51 more compared to 2010 according to the Monitoring system for seeking addiction treatment in Bulgaria. In 2011 patients with co-

<sup>93</sup> Data summaries from 12 programmes

<sup>94</sup> Data provided by 28 programmes out of the total of 30 in 2009. Calculations are based on patients left in the programmes at the end of the reported period

<sup>95</sup> Data summaries from 11 programmes

<sup>96</sup> Data for 2007 was provided by 6 programmes out of 7 functioning ones. Data for 2008 was provided by 11 out of 23 programmes..

<sup>97</sup> Data on co-morbid patients of some of the programmes are based on all patients who passed through them last year.

<sup>98</sup> According to data from the annual reports of 13 rehabilitation programmes

<sup>99</sup> According to data from nine rehabilitation programmes

<sup>100</sup> According to data from the annual reports of 13 rehabilitation programmes

<sup>101</sup> According to data from the annual reports of 7 rehabilitation programmes

<sup>102</sup> Data are from 9 programmes for both years.

<sup>103</sup> According to data from the annual reports of 3 rehabilitation programmes

<sup>104</sup> Data are from five programmes out of six really operating programmes in 2008.

<sup>105</sup> According to data from the annual reports of two rehabilitation programmes.



**morbidities were 311<sup>106</sup>** (12.1% of 1839 patients included in the monitoring), while in 2010 they were 260<sup>107</sup> 16.52% of the patients included in the monitoring), and 60<sup>108</sup> in 2009 (3.14% of 1910 persons), and in 2008 - 47 or 2.3% of 2009 patients. **Gender distribution for 2011 was in favour of men - 153 men and 69 women.**

*Table 6-7*

**NUMBER OF PATIENTS WITH DUAL DIAGNOSIS IN SUBSTITUTION AND MAINTENANCE PROGRAMMES IN THE PERIOD 2007-2011**

	2007	2008	2009	2010	2011
<b>Total number of patients in rehabilitation programmes</b>	198	193	486	486	861
<b>Patients with dual diagnosis</b>	6	11	33	35	48
<b>Total number of patients in substitution programmes</b>	1 332	2 543	2 915	3 118	3 452
<b>Patients with dual diagnosis</b>	143	243	592	391	692

**Source:** Annual reports of rehabilitation and substitution programs in the period 2008 - 2011

**Psychiatric co-morbidity**

Data provided by the Monitoring system for seeking addiction treatment in Bulgaria **on patients with co-morbid psychiatric condition do not show any significant difference in their number for 2011 compared with 2010 - 222 patients last year and 221 - in 2010.** Of these, 153 were men and 69 were women. 201 were Bulgarians, 20 were Roma, and 1 was of Turkish origin. In 2010 Bulgarians were 204, 1 was of Turkish origin and 16 were Roma. Gender distribution was as follows: 146 men and 75 women.

The analysis of the information provided by the Clinic of Toxicology of MHATEM "Pirogov" shows that some of the patients with heroin addiction (poisoning) treated in the hospital had increased suicidal attitude and depression. And among patients with amphetamine addiction (poisoning) dominated aggressive behaviour, personality disorder, anxiety, and occasionally unlocking of schizoaffective behaviour. In 5 patients psychiatric and somatic co-morbidity was observed.

The most common diseases among patients in rehabilitation programmes were personality and affective disorders and psychosis. There was one case of an addict with eating disorder.

In an additional inquiry 11 substitution and maintenance programmes provided more detailed information about psychiatric and somatic co-morbidity separately. Data analysis showed that the number of patients with co-morbid mental illness was 113<sup>109</sup>.

**Somatic co-morbidity**

**The number of addicts with co-morbid somatic disease** according to data from the above additional inquiry submitted to Methadone and Substitol treatment programmes **in**

<sup>106</sup> Specific data are based on valid responses, a total of 1,323 for psychiatric co-morbidity and 1178 for somatic co-morbidity. The data also include virus infection.

<sup>107</sup> Specific data are based on valid responses, a total of 1190.

<sup>108</sup> Specific data are based on valid responses, a total of 1637.

<sup>109</sup> Data are from 11 programmes surveyed, and 32 actually working.

**2011 was 56<sup>110</sup>**. The diseases included chronic bronchitis, gynaecological problems, skin problems (psoriasis), pleurisy, phlebitis, etc.

According to the Monitoring system for seeking addiction treatment in Bulgaria, **a total of 89 were the people with co-morbid somatic disease in 2011**. Of these, 76 were Bulgarians, 11 were Roma, 1 was of Turkish origin and one was of another ethnic origin. According to data provided by the system, in 2010 **a total of 39 people were with somatic co-morbidity** - 36 Bulgarians and 3 Roma.

### ***Pregnancy and children born to drug users***

Successful births in 2011 in substitution and maintenance treatment programmes were 31, and their number was again the highest in the State Psychiatric Hospital for Treatment of Drug Addiction and Alcoholism (SPHTDAA) - 17, and the remaining 14 were distributed into 10 programmes (distribution was similar in 2010, total births - 31).

**The total number of successful births** in these programmes in 2009 was **11<sup>111</sup>**, and in 2008 - **23<sup>112</sup>**.

## **Drug related deaths and mortality among drug users**

### **Drug induced deaths**

#### ***Statistics of deaths by death cause***

Statistical activities in the health field are regulated by the provisions of the Statistics Act, the Health Act, the National Statistical Programme and Ordinance No 10 of 05.07.2000 on medical statistic information and information relating to the practice of medicine by medical establishments of the Minister of Health.

The legal regulation of Community statistics and health and safety at work is contained in Regulation 1338/2008 of the European Parliament and of the Council on Community statistics on public health and health and safety at work, adopted on 16 December 2008 and published in the Official Journal of the EU on 31.12.2008.

The obligations of the Member States in the field of statistics of deaths by death cause are governed by Commission Regulation (EC) No 328/2011 of 5 April 2011 implementing Regulation (EC) No 1338/2008 in relation to statistics of death causes. For Bulgaria the implementation of this regulatory document is in accordance with Commission Decision of 5 April 2011 granting derogations to certain Member States in connection with the transmission of statistics pursuant to Regulation (EC) № 1338/2008. For Bulgaria the suspensive period is until 31.12.2012 and covers the provision of data on deaths by cause using the 4-digit code of causes according to ICD - Tenth Revision.

The statistical survey of deaths by death cause is based on medical certificates of death to be completed by the doctor who established the death. Since the beginning of 2005 in Bulgaria the International Statistical Classification of Diseases and Related Health Problems: Tenth Revision has been applied.

#### ***Compilation of a death notice***

*Pursuant to the Civil Registration Act (CRA), civic status acts are official written documents. Those of them that bear relevance to deaths by cause are the death notice, the death certificate and the birth certificate.*

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<sup>110</sup> Data are from 11 programmes surveyed, and 32 actually working.

<sup>111</sup> Data are from eight programmes.

<sup>112</sup> Data are from six programmes.

The source of information for the statistical data on deaths by cause is the medical death notice. The form and content of the death notice are determined by Ordinance No 42 of the Minister of Health of 8 December 2004, and the part on death cause and other medical information has been standardised according to WHO recommendations.

*The Notice of death (Form: Unified System for Civil Registration and Administrative Servicing of the Population (ESGRAON) – TTA No 3) is a written document on the basis of which the act of civil status - certificate of death is issued.*

The medical worker who has ascertained the death compiles the notice by completing its part “medical certificate of death”. The physician enters in the medical certificate the immediate cause of death, the foregoing and concomitant conditions or diseases and the main (underlying) cause of death.

The quality and credibility of the information on the death by cause are largely determined by the precise and accurate entry of the causes for the death.

### **Codification of the causes of death**

The codification of the causes of the death is performed in compliance with the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision. The implementation of the Tenth Revision is in compliance with Ordinance No 42 of the Minister of Health of 8 December 2004.

When the certificate of death contains only one cause of death, the codification is relatively easy and smooth. In the majority of cases, however, two or more pathological conditions contribute to the death. In accordance with the requirements of the World Health Organization and the instructions on compiling death statistical tables by cause the so-called *underlying cause for death* is codified. It is defined as “the disease or trauma that sets the beginning of the chain of morbid events that have directly led to the death, or the circumstances of the accident or violence that have caused the lethal trauma.” It is presumed that the physician completing the medical certificate of death is in a more favourable position than anyone else to decide which disease or pathological condition has actually caused the death and to indicate which preceding states, if any, have brought about this condition.

The Ministry of Health issues guidelines for encoding the causes of death in accordance with ICD. The codification of the causes for death is carried out by physicians who work for the Regional Healthcare Inspectorates and who are duly trained to implement the requirements of ICD. When encoding the cause of death the physician uses the medical certificate of death.

The three-digit code of cause is used when codifying the cause of death. This, in turn, limits the possibilities for analyzing data related to any poisoning brought about by narcotic and psychodysleptic (hallucinogenic) or psychotropic medicines.

### **Definition**

In accordance with the EMCDDA requirements (The DRD-Standard, version 3.0) the codes under ICD – 10, that have to be taken into account with regard to poisoning (accidental, intentional or of undetermined intent) are coupled with T-codes to characterize the type of the substance. T-codes are part of class XIX: Injury, poisoning and certain other consequences of external causes. All deaths whose causes are referred to this class are also extended to class XX: External causes of morbidity and mortality. That is, the cause is classified as a medical cause, on the one hand, and as an external cause, on the other hand, depending on its nature (transport accidents, injury, poisoning, etc). The encoding of the cause at level 4 sign of T-codes (medical cause) makes it possible to specify the type of the substance that has caused the poisoning with a narcotic or psychodysleptic substance (opium, heroin, methadone, etc.). Since Bulgaria applies the three-digit code of ICD, Tenth Revision, it is impossible to identify this substance on the basis of the information available to

the National Statistical Institute (NSI). In this sense, a combination with T-codes according to the EMCDDA requirements is impossible. In line with the WHO recommendations on the development of the data on deaths by cause, the inclusion of just one code from the two classes necessitates that preference should be given to the code in class XX: External causes of morbidity and mortality, namely, the codes to be chosen are X and Y.

According to the DRD-Standard, version 3.0, when it is not possible to combine X- and Y-codes with T-codes, the alternative procedure is to include the dead from some additional causes in the class of External causes for morbidity and mortality. However, the analysis of the data shows that the evaluation of mortality associated with drug use, provided that all these causes are taken into account, is considerably overestimated. Taking into account the total number of the deaths caused by Poisoning by narcotic and psychodysleptic (hallucinogen) agents (T40) and Poisoning by psychotropic medicinal products, not classified elsewhere (T43), which does not differ substantially from the number of deaths of causes X41, X42, X61, X62, Y11, Y12, we accepted that the evaluation thus obtained would not differ significantly from the one that would have been a fact, had the combination with the T-codes been possible.

After completing the analyses, we agreed that in the tables annexed to the report and to this paper for the purpose of analysing drug-related mortality, the data on the deaths due to the causes listed below should be used:

F11-F12, F14-F16, F19	Mental and behavioral disorders
X41	Accidental poisoning by and exposure to antiepileptic, sedative, hypnotic, antiparkinsonism and psychotropic drugs, not classified elsewhere
X42	Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not classified elsewhere
X61	Intentional self-poisoning by and exposure to antiepileptic, sedative, hypnotic, antiparkinsonism and psychotropic drugs, not classified elsewhere
X62	Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not classified elsewhere
Y11	Poisoning by and exposure to antiepileptic, sedative, hypnotic, antiparkinsonism and psychotropic drugs, not classified elsewhere, with undetermined intent
Y12	Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not classified elsewhere, with undetermined intent

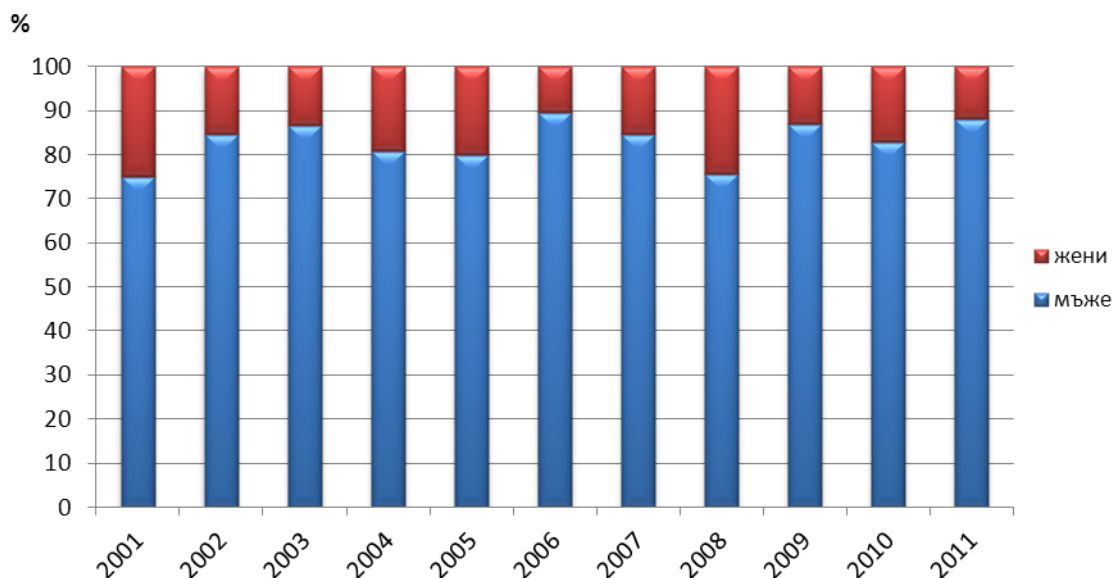
### ***Deaths by cause in 2011***

The total number of deaths related to the use of narcotic substances in 2011 was 25 or 0,34 per 100 000 population. Compared to the previous year, the mortality rate had slightly gone down.

Over the entire period under review – from 2001 to 2011 – the ratio of dead men and dead women is in favour of men (see *Figure 6-2*). In 2011 the number of men who died as a consequence of drug use was 22 or 88 %. The number of women who died as a consequence of the same causes was 3 or 12 %. The mortality rates were **respectively 0,61 per 100 000 men and 0,08 per 100 000 women**.

Figure 6-2

Умрели от причини, свързани с употребата на наркотици през периода 2001 - 2011 г. в България по пол



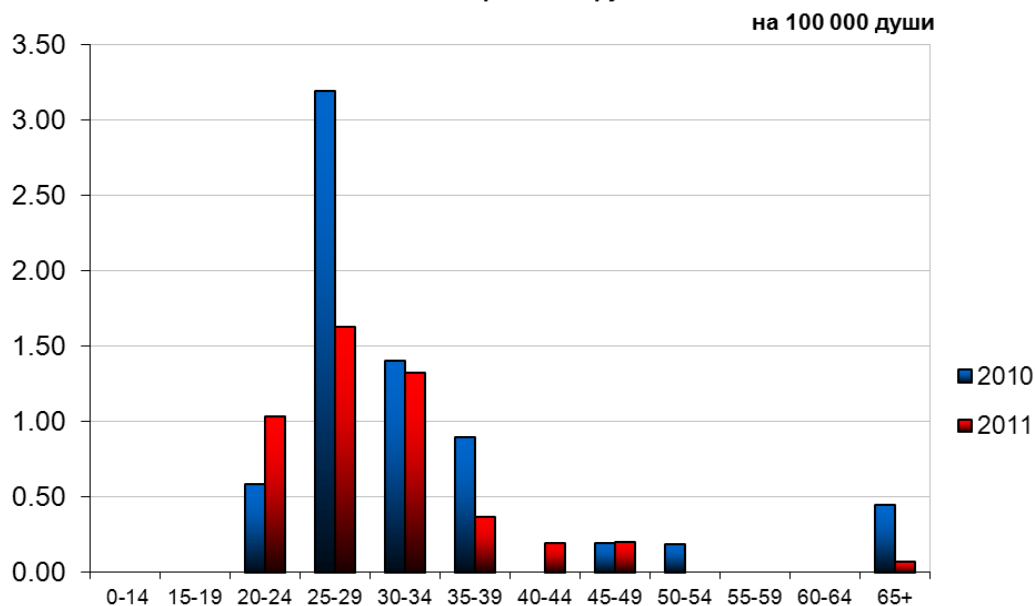
Drug-related deaths in Bulgaria in the period 2001-2011 by gender  
Women Men

Source: National Statistical Institute

In 2011, a trend of having most drug-related deaths in the age group from 25 to 29, that has developed in the recent years, was continued. The number of deaths in this age group, according to the definition applied, was 8 in the said year. Of all drug-related deaths 88 % were aged 20 to 39 (see Figure 6-3).

Figure 6-3

Смъртност от причини, свързани с употребата на наркотици, през 2010 и 2011 г. по възрастови групи



Drug-related deaths in 2010 and 2011 by gender Per 100 000 population

Source: National Statistical Institute

The largest share of people died from accidental poisoning by and exposure to narcotics and psihodisleptitsi [hallucinogens], not classified elsewhere (X42). More than half of all drug-related deaths in 2011 (60%) were due to this reason.

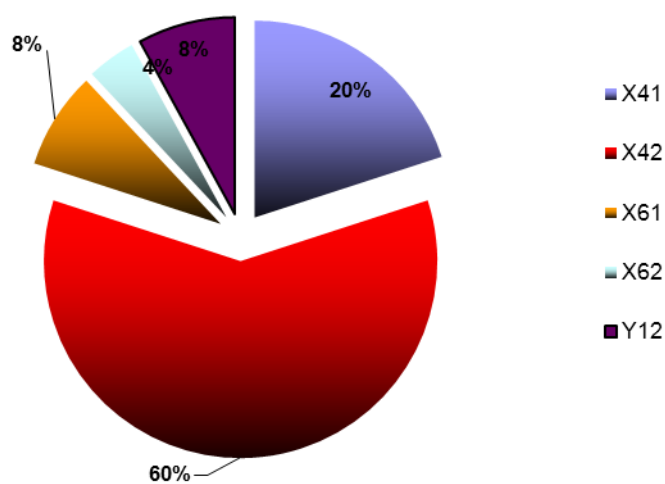
In the second place in the structure of deaths is accidental poisoning by and exposure to antiepileptic, sedative, hypnotic, antiparkinsonian and psychotropic drugs, not classified elsewhere (X41). This cause is recorded and coded as underlying cause of death in 20% of the drug-related death cases.

Deliberate self-poisoning by and exposure to antiepileptic, sedative, hypnotic, antiparkinsonian and psychotropic drugs, not classified elsewhere (X61) is defined as cause for 8% of all drug-related deaths.

Poisoning by and exposure to narcotics and psihodisleptics [hallucinogens], not classified elsewhere, with undetermined intent (Y12) was the cause for 8% of all drug-related deaths

*Figure 6-4*

**Структура на умираанията по причини, свързани с употребата на наркотици през 2011 година**



**Structure of drug-related deaths in 2011**

**Source: National Statistical Institute**

Depending on the place of death, drug-related deaths are distributed as follows:

- At home – 52 %
- In a medical establishment – 20 %
- Elsewhere – 28 %.

### **Mortality among drug users and causes of death (cohort studies of mortality)**

There are no new data available from cohort studies of mortality among drug users and causes of death in Bulgaria.

### **Specific causes of mortality indirectly related to drug use**

There are no new data available on specific causes of mortality indirectly related to drug use in Bulgaria.

## 7. Responses to health correlates and consequences

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

Detoxification, depuration, anti-dote and symptomatic treatment is applied to patients admitted to the “N. I. Pirogov” University Multiprofile Hospital for Active Treatment and Emergency Medicine (Pirogov UMHATEM) who are with acute intoxication as a result of the use of psychoactive substances. To the patients, motivated for the treatment of the addiction, the following therapeutic scheme is suggested, lasting around 10 days after the acute intoxication has been overcome.

Therapeutic conduct:

1. Detoxification and depuration
2. Anti-abstinence treatment
  - Sudden deprivation of the psychoactive substance
  - Application of tranquilizers
  - Application of neuroleptics with sedative and anti-abstinence effect
  - Application of thymostabilizers
  - Application of antidepressants
3. Hepatoprotective treatment
4. Cerebroprotective treatment
5. Vitamin therapy
6. Symptomatic treatment (non-benzodiazepin hypnotic, non-opioid analgesics for patients with addictions to PAS)
7. Rehabilitation treatment.

Irrespective of the severity of the clinical state of the patients who have been admitted to the Pirogov UMHATEM with an overdose of heroin (incl. even if there is no breathing of the patient) no deaths have been registered. This is due to resuscitation and appropriate antidote treatment- bolus doses of naloxone. Some of the patients leave the hospital willfully after the resuscitation of the functions of vital importance – categorical objection to treatment.<sup>113</sup>

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

#### Prevention

The activities of harm reduction of drug use are an integral part of two basic documents adopted by the Council of Ministers of the Republic of Bulgaria - The National Strategy to Combat Addictions (2009-2013) and the National Programme of Prevention and Control of HIV and Sexually Transmitted Infections in the Republic of Bulgaria (2008-2015), as well as Programme of the Ministry of Health “Prevention and Control of HIV, Malaria and Tuberculosis”, funded by the Globul Fund.

<sup>113</sup> Source: “N.I. Pirogov” University Multiprofile Hospital for Active Treatment and Emergency Medicine

The activities and the programmes for harm reduction are regulated by the Narcotic Substances and Precursors Control Act, Chapter 7 "Prevention of the use, treatment of and psychosocial rehabilitation of persons addicted to or abusing drugs"<sup>114</sup>, as well as by Regulation № 7 on the terms and conditions for implementing programmes for harm reduction of drug use dated 7.09.2011.<sup>115</sup>

The procedure, the necessary documents and the terms for giving consent or rejecting the implementation of the programmes for harm reduction of drug use are described in the Regulation. The requirements for accountability are introduced and the activities of monitoring and control of the programmes are regulated.

Methods for the implementation of the activities for harm reduction of drug use have been developed (sanctioned by the Minister of Health at the beginning of 2012).

The activities implemented in the sphere of the programmes for harm reduction of drug use are:

1. Prevention of the hazardous behavior, including outreach work, work at low threshold centres, dissemination of information materials and conducting trainings.
2. Prevention of the drug – related infectious diseases, including:
  - a) exchange of needles, syringes and other accessories of the injecting drug users;
  - b) consulting and testing for HIV, hepatitis B and C, sexually transmitted infections and tuberculosis;
  - c) dispensing condoms;
  - d) referral for treatment of blood - borne diseases, caused as a result of drug use and sexually transmitted diseases; conduct of cases;
  - e) referral for treatment for drug addiction.
3. Providing information and training for prevention of drug-related deaths.

In 2011 the programmes provided services in 17 settlements with 120 instances of outreach work. The activities of harm reduction are implemented in 13 towns of the country (see *Map 7-1*). The lack of programmes is a problem for harm reduction in the whole of North-West Bulgaria (in the same region according to expert evidence there is prevalence of use of synthetic drugs- amphetamines and methadone, not prescribed, used by injection). There are no programmes in Stara Zagora, Jambol or Sliven. There are only two programmes operating on the territory of Sofia, and one of them (CARITAS) until 2011 did not provide the "dispensing needles and syringes" and "dispensing condoms" service. In the town of Plovdiv the providing of services of harm reduction are centred in Stolipinovo district while in the rest of the districts of the town no services are provided to the drug dependent individuals.

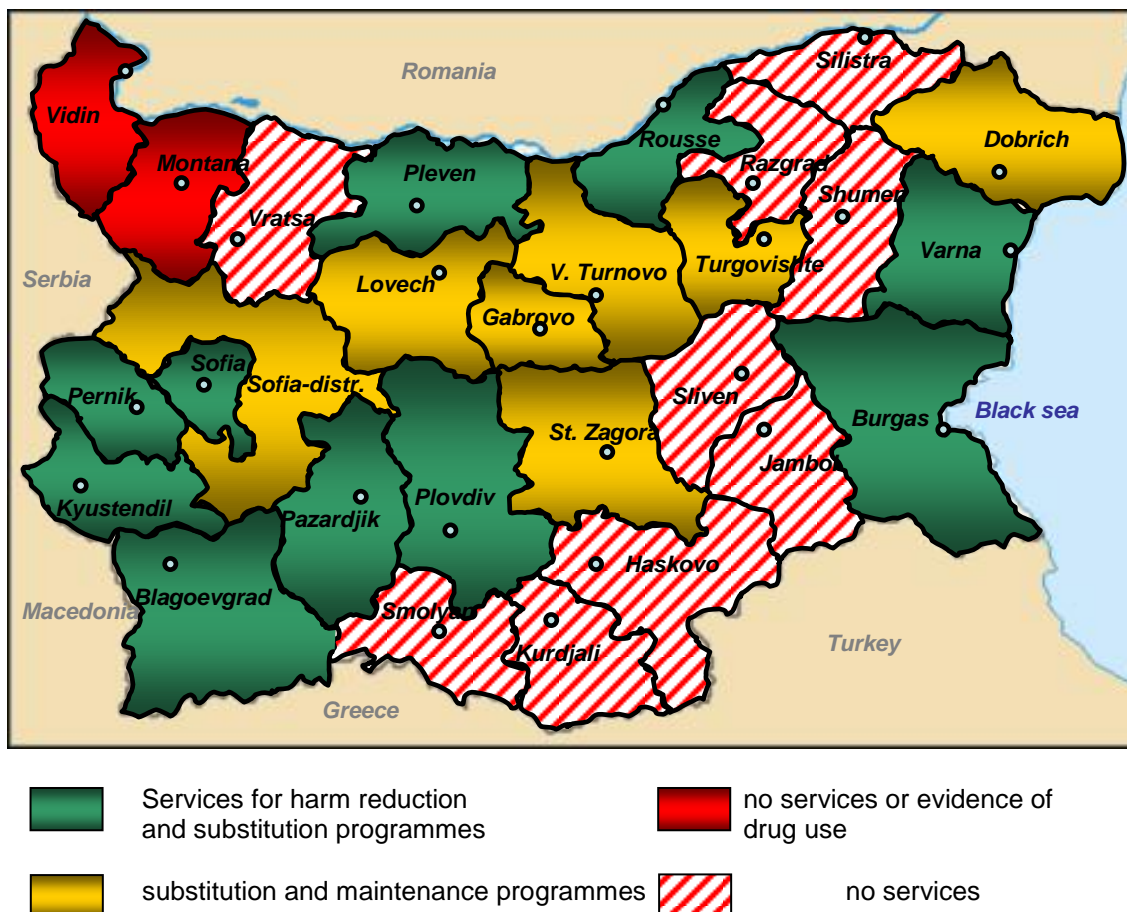
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<sup>114</sup> Narcotic Substances and Precursors Control Act:  
<http://www.mi.government.bg/en/library/zakon-za-kontrol-varhu-narkotichnite-veshtestva-i-prekursorite-56-c25-m258-1.html>

<sup>115</sup> Regulation № 7 on the procedures for implementing harm reduction programs for drug use from 7.09.2011 (in Bulgarian):  
<http://dv.parliament.bg/DVWeb/showMaterialDV.jsp;jsessionid=8F14069E7140507031C65FFA577B1510?idMat=56774>



PROVIDING SERVICES OF HARM REDUCTION FOR DRUG USE



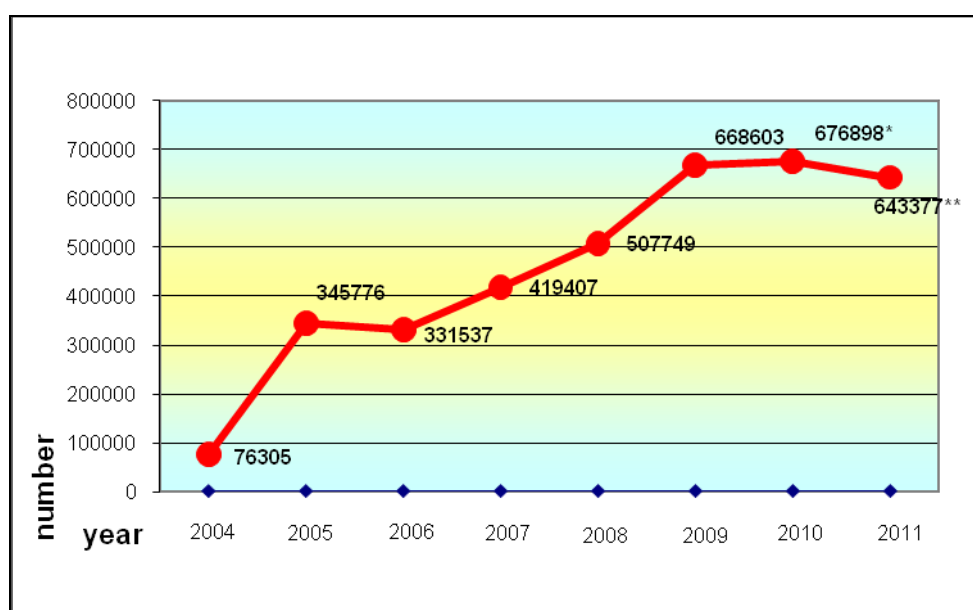
In the country there are seven low-threshold centres operating for clients - IDUs.

Mobile medical surgeries are maintained by 3 NGOs under Component 4 of the Programme of the Ministry of Health “Prevention and Control of HIV, Malaria and Tuberculosis” and by CARITAS in Sofia.

The individual clients who were reached in the programmes for harm reduction in 2011 numbered 7,983. 2,018 of them are new persons reached for the first time. In 2010 the clients reached by the programme for harm reduction numbered 8057.

676, 898 sets (84 sets of 2 needles and one syringe per client per year) were dispensed in 2010, and in 2011 the respective figures were 643, 377 sets dispensed (80 sets per client per year). (see Figure 7-1). A little reduction of the number of the clients reached and syringes dispensed is reported. For 2011 the number of condoms dispensed was 179, 379 and this was done within the framework of the programmes for prevention of HIV, implemented by NGOs.

**TOTAL NUMBER OF STERILE SETS DISPENSED (A SYRINGE WITH TWO NEEDLES)  
FOR THE PERIOD 2004 – 2011**



Since 2009 under the “Prevention and Control of HIV, Malaria and Tuberculosis” Programme of the Ministry of Health, funded by the Global fund, a service “conducting a case “ has been provided, and in 2011 this service was used by 251 drug users.

**Consulting and testing**

Testing for HIV in Bulgaria is free, voluntary and bound by the person’s informed consent. The laboratory of the NCA is the only one established to serve drug using individuals. To the IDUs pre- and post-test consulting is provided. The kits for these tests are provided by the Ministry of Health under the “National Programme for Prevention and Control of HIV and Sexually Transmitted Infections in the Republic of Bulgaria.” 6,895 IDUs from 10 towns in the country were tested in 2011 under the National Programme for Prevention and Control of HIV and Sexually Transmitted Infections in the Republic of Bulgaria, and 1,250 were tested in Sofia at the Laboratory of the National Centre for Addictions. The health insured addicted individuals may also be tested under the system of health insurance at diagnostic centres and laboratories.

19 surgeries for anonymous and free consulting and testing for HIV/AIDS continued functioning in the big towns of the country in 2011.

**Treatment**

All HIV-infected individuals as well as the patients with AIDS are tested and treated free at the specialized department of the Hospital for Infectious Diseases in Sofia, as well as at the departments for treatment of AIDS in different big towns- Plovdiv, Pleven and Varna. At the five sections for the treatment of HIV/AIDS by 31<sup>st</sup> December 2011 a total of 739 individuals have been followed up, and 452 of them have received free three-component anti-retroviral therapy (ART). In 2011 the Ministry of Health provided the sections for the treatment of AIDS with a total of 21 different anti-retro-viral medications of total cost BGN 7, 874, 068. In view of providing continuity of the therapy additionally BGN 1.1 mln were

provided by the Global Fund to Combat AIDS, Malaria and Tuberculosis, so that a two-month reserve of medications could be provided. Owing to ART the quality of life of the people living with HIV/AIDS is increasing.

To the individuals addicted to opiates free and immediate treatment in the programme for substitution and maintenance therapy at the SPHTAA – Sofia, and the programmes in Sofia, Plovdiv, Pazardjik and Varna is provided.

The treatment of the addicted to opiates, infected with hepatitis C virus, is funded by the National Health Insurance Fund (NHIF). According to the requirements of the NHIF the drug dependent individuals may be included in the programme for treatment with interferon only if they have not used drugs within 12 months. In the programme no health insured individuals, who are on substitution and maintenance treatment with methadone, are included. This contraindication is not for medical reasons and still limits the options for treatment of the addicted individuals.

The anti-viral treatment may be started after a discussion has been held with the person about the alternatives, the adverse reactions of the medications, the benefit and the risk of the therapy. The treatment of the patients who have been approved by the NHIF is done at the clinics of gastroenterology of different hospitals in Sofia<sup>116</sup>.

The treatment of patients with the acute and chronic type of hepatitis B is accessible only for health-insured dependent individuals.

## **Responses to other health correlates among drug users**

### **Psychiatric and somatic co-morbidity**

According to the data from the annual reports of the programmes for substitution and maintenance treatment, and if there is psychiatric and somatic co-morbidity diagnosed, monthly monitoring of the symptoms is done, laboratory tests are done every six months and if needed- consultation by a specialist and maintenance treatment are provided. The procedures followed in such cases include conducting psychopharmacological interventions (antidepressants, neuroleptics, thymostabilizers, non-benzodiazepine neuroleptics), specialized psychotherapeutic interventions – short-term therapy, decision-oriented therapy, cognitive and behavioural therapy and psychodrama. If there is somatic pathology diagnosed, the patients are referred to specialists- gastroenterologist, surgeon, specialist in internal diseases, dermatologist, etc, and additional blood and chemistry tests and urinalysis are done.

In 2011 the patients referred to other offices, institutions or specialists, numbered a total of 692.<sup>117</sup>

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<sup>116</sup> The data available have not been confirmed.

<sup>117</sup> The data are from 18 programmes. The data also include referrals not related to health problems.

## 8. Social correlates and social reintegration

Within this section the following basic topics will be examined:

- Social exclusion and drug use;
- Social reintegration.

### Social exclusion and drug use

#### Social exclusion among drug users

Data from the monitoring system of treatment demand (TDI) in Bulgaria for 2011 show that 33.9 % of the patients registered in the system in 2011, who were enrolled in various treatment programmes, were unemployed. For comparison - in 2010 their relative share was 25.9%. It should be immediately noted that the unemployment rate rose by 8 percentage points in comparison to 2010.

Information from the system also shows that in 2011 47.8% of those treated did not have health insurance (in 2010 they were 44.5%).<sup>118</sup>

According to data from the annual reports of the Programmes for substitution and maintenance treatment with methadone and Substitol in Bulgaria in 2011, the total number of patients admitted for treatment in these programmes in the same year was 3452<sup>119</sup>. Persons who declare themselves unemployed were 48% of all patients enrolled in these programmes. A comparison with the previous years (2010 and 2009) shows that the rate of unemployment among patients in the said programmes in 2011 was the highest (see Table 8-1).

*Table 8-1*

#### UNEMPLOYMENT AMONG THE PERSONS IN SUBSTITUTION PROGRAMMES FOR THE PAST THREE YEARS IN PER CENT

Year	2009	2010	2011
Share of unemployed in programmes for substitution and maintenance treatment with methadone and substitol	28 %	46 %	48 %

**Source:** National Centre for Addictions, Directorate: "Methodological guidance and coordination of activities to reduce demand for drugs"

<sup>118</sup> Data from the National monitoring system of treatment demand (TDI)

<sup>119</sup> Data from 32 programmes for substitution and maintenance treatment with methadone and Substitol in Bulgaria

It is worth noting that the unemployment rate among patients in the period 2009 - 2011 had increased by 20 points. Perhaps this process is associated with an increase in overall unemployment since 2009.

The annual reports of the programmes for substitution and maintenance treatment with methadone and substitol in Bulgaria in 2011 pointed that one of the main difficulties in their functioning was the **drop off of patients from the treatment programmes because of financial inability to continue the treatment (some of them because of loss of their jobs)**. Losing one's job leads to difficulties in conducting laboratory tests as well (especially for patients who are on maintenance therapy with Substitol).

## **Drug use among socially excluded groups**

### ***Drug use among the homeless***

**According to data of the Agency for Social Assistance (ASA) in 2011 in the territory of the country a total of 709 homeless people were registered, the largest number of registered homeless being in Varna, Plovdiv and Sofia city.** In 2011, 387 persons used social services and 36 persons were provided with health services. ASA does not have any information showing how many homeless people are using psychoactive substances.<sup>120</sup>

**According to data from the monitoring system of treatment demand (TDI) in Bulgaria in 2011 the persons who identified themselves as homeless were 1.9% of all patients registered in the system (in 2009, they were 1.2 %).** The trends for both years show that the main substance used among homeless people was heroin, and it was used mostly on a daily basis, the mode of use was injection.<sup>121</sup>

## **Social reintegration**

**The interventions related to psycho-social rehabilitation of persons with mental and behavioural disorders caused by drug use is a system of activities and care intended to improve the bio-psycho-social functioning of the individuals and their social integration in society.** These include psychological interventions and social activities taking place in the community and in medical establishments that support and extend the capabilities of individuals to lead an independent life.

**The implementation of programmes for psycho-social rehabilitation of persons with mental and behavioural disorders caused by drug use is regulated by Ordinance No. 8 of 7.09.2011 on the conditions and procedures for implementing psycho-social rehabilitation programmes for persons who have been dependent or abusing drugs (promulgated, SG. No 75 of 27.09.2011).** The programme is defined as a system of activities and care, including psychological interventions and social activities taking place in the community and in medical establishments that support and extend the capabilities of individuals to lead an independent life. It is realized through social services provided in the community and in medical establishments, and psycho-social work is carried out in accordance with the methods, standards and requirements for social services regulated by the Law on Social Assistance and the Regulation for its implementation; psycho-social rehabilitation in medical establishments is carried out in accordance with Ordinance No 24 of 2004 for establishing the Psychiatry medical standard.<sup>122</sup>

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<sup>120</sup> Information: Ministry of Labour and Social Policy, Directorate for policy for people with disabilities, equal opportunities and social benefits

<sup>121</sup> Data referring to persons registered in the system for seeking treatment in 2011. For further information see: Chapter No 5: " Drug-related treatment: treatment demand and treatment availability " of the report.

<sup>122</sup> Information: Ministry of Labour and Social Policy, Directorate for policy for people with disabilities, equal opportunities and social benefits

**In order to improve coordination and integration of social services and ensure equal access to quality social services for the people in the vulnerable groups in 2010 an innovative approach to the development and provision of social services by planning at municipal and regional level on the basis of needs analysis was introduced.** This ensures the provision of such services in the community that meet the specific needs of the people in the target groups, including those with addictions not only in the territory of the municipality but also in the territory of the region.

**Appropriate community services to help addicts according to their specific needs are provided through: Protected Houses, Centres for Social Rehabilitation and Integration Day Centres.**

- **Protected home** is a social service in which people lead an independent life assisted by professionals. Services provided in the protected home must meet the criteria and standards set out in the Regulations for the Implementation of the Law on Social Assistance: for location and facilities, food, health care, educational services and information, organisation of leisure time and personal contacts, qualified personnel. Services need to be based on social work and an individual approach, and be tailored to the specific needs of each person accepted for servicing. The activities that contribute to the social inclusion of a target group of people with addictions include: ***individual, group and family counseling activities (cooking, hygiene, domestic work, floriculture, entertaining occupational therapy, etc.) focused on the active participation of addicts in the process of taking control over different areas of their lives.***

- **The Centres for Social Rehabilitation and Integration** have been set up to provide services for the reintegration of addicts and persons of problem behaviour. They are a complex of social services relating to the provision of rehabilitation, social and legal counseling, educational and vocational training and guidance, preparation and implementation of individual programmes for social inclusion. Their purpose is to connect young people and people in the vulnerable groups with appropriate social, educational, health, information and counseling, and other activities according to their needs and problems. Their necessity arises from the fact that some of the problems of young people and people in vulnerable groups are ***social isolation, low social competence or ignorance/inability to contact the appropriate institution or professional to assist them in the solution of a problem situation.***

- **The Day Care Centre** is a complex of social services that creates a comprehensive servicing of customers throughout the day or weekly related to the provision of food, meeting daily, health, educational and rehabilitation needs, and the needs for the organisation of leisure time and personal contacts. The main activities in the Day care centre are aimed at reducing the social isolation in which persons from vulnerable groups are. The process of social integration is step-like and includes the implementation of a variety of programmes tailored to the specific needs of users - ***information and psycho-social counseling, day rehabilitation programme, therapeutic group work, individual counseling, work in studios (Sports, Garden, Kitchen, Hygiene, Creativity, Social skills), service for working with parents and relatives, evening programme for re-socialisation.***

Currently in Bulgaria **early, short and crisis interventions** are mainly applied.

**In 2011, 44 trainers were trained in screening, early and short interventions techniques** under a project of the National Centre for Addictions No BG0011 Listen to the Child - improvement of preventive measures and increasing the accessibility of services for children and adolescents experimenting and abusing drugs, funded under the Financial Mechanism of the European Economic Area. **The trainers have trained 892 professionals of different professions - social workers, pedagogists, psychologists, doctors, public educators, nurses, and members of local committees to combat anti-social behaviour of minors and underage persons and others from 21 cities.**

**Training in crisis intervention was conducted for employees of the Arrests sector of the Chief Directorate for Execution of Sentences - Sofia. 19 persons attended the training.** The aim of the training was to promote the competence of employees of the Arrests sector when working with people who have alcohol or drug problems; to provide basic knowledge for conducting a conversation, for intervention in crisis and during withdrawal, and to provide also information on the opportunities for consultation with professionals in this field.<sup>123</sup>

## Housing

In 2011, the organizations offering an accommodation service to people with drug addiction in the form of a protected home were:

- Protected home for drug addicts undergoing treatment and re-socialisation – town of Ruse, **with a capacity to serve 10 persons**;
- Day care centre for adults with disabilities - men and women with mental disorders due to dependence - in the town of Ruse, **with a capacity to serve 10 persons**;
- Betel – Bulgaria Foundation – in the town of Sofia, providing an accommodation service "Protected home" for people with drug and alcohol disorder in the village of Vladimir, Radomir Municipality, **with a capacity to serve 22 persons**;
- Bethesda Mission Foundation - in the village of Bunovo, Mirkovo Municipality, Region of Sofia, providing the service "Protected home" for people with drug and alcohol disorder;
- Bilani Association in the town of Yambol, providing the social service "Protected home" for people with drug and alcohol disorder";
- Octave Association in the town of Sofia, providing the social service "Protected home" for people with drug and alcohol disorder";
- Association for psycho-social rehabilitation and re-socialisation - New 2010 in the town of Pazardjik, providing the social service "Protected home" for people with drug and alcohol disorder".<sup>124</sup>

Residential programmes for drug addicts:

- The Residential long-term programme following the model "therapeutic community" (Phoenix house) of the NGO "Institute of Ecology of Thinking" operates as a 24-hour programme and provides a systematic treatment approach, where the main therapist and trainer is the community itself. The community is made of social environment, the group of residents and staff members who are role models of successful personality change and guide the residents in the process of recovery from addiction to psychoactive substances.

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<sup>123</sup> Information: Report of the National Centre for Addictions for 2011.

<sup>124</sup> Information: Ministry of Labour and Social Policy, Directorate for policy for people with disabilities, equal opportunities and social benefits

- The Residential long-term rehabilitation programme of the NGO "Foundation Directions 2005" (New Beginning House) is a 24-hour programme based on the therapeutic community model of recovery from addiction to psychoactive substances, approaches based on the 12 step recovery philosophy - the main goal is to satisfy the basic educational, psychological and emotional deficits, increased sense of security and belonging, in addition medical and legal issues are handled in a systematic way, the team provides full assistance if necessary.
- The Long-term residential rehabilitation programme following the TC model of the Octave Association. The programme is targeted at women with psychoactive substances, alcohol, gambling, Internet and bulimia disorder. The programme includes all day groups and work activities. The groups are specialised in recurrence prevention, knowledge of addiction, self-discovery. The methods in use are positive psychotherapy, cognitive behavioural psychotherapy, NLP techniques, art groups, hypo-therapy /work with horses/.

## Education / Training

**With regard to funding mechanisms for training programmes for addicts** and addiction prevention, treatment and psychosocial rehabilitation, in addition to the state budget, as state-delegated activities, and the municipal budgets, as local activities, social service providers can be funded under the Human Resources Development Operational Programme.

**In 2011, measures were implemented to support people suffering from various addictions under Grant Schemes of the European Social Fund.** The aim of the projects was to provide an innovative complex psychosocial counseling service and full re-socialisation of addicts in treatment and their families; multi-phase counseling and adequate guidance of addicts seeking treatment for the first time; improving the competence of the professional community and the public awareness of the role of psychosocial counseling in the prevention of social exclusion. Under this scheme the following projects targeted at drug-addicts were implemented:<sup>125</sup>

**1. Project "Integrated model for rehabilitation and reintegration of drug-addicts" - "Ambulatory Group Practice for Specialized Medical Care - Mental Health Centre - Varna" EOOD** implemented in the period November 2010 – November 2011.

The overall objective of the project is "Overcoming social exclusion of persons with addictions through creating and implementing a comprehensive model for rehabilitation and reintegration". During the implementation of the project the following socio-rehabilitation activities were carried out: Group work in art and theatrical studio, Cognitive-behavioural counseling in a group, Conducting a psychodrama group, Family counseling for the relatives of clients, Conducting horse therapy; Training parental skills, Health training - prevention of sexually transmitted and blood-borne diseases; Social counseling, Legal advice, Sports. Of the services provided under the project, 76 drug addicts who were included in the methadone programme of "AGP SMC - Mental Health Centre - Varna" EOOD benefited.

**2. Project "Restart" - Mothers against Drugs Association,** implemented in the period January 2011 - January 2012. Enhancing and optimising the system for providing social services to recovering drug addicts. During the implementation of the project the following socio-rehabilitation activities were provided: Extreme sports programme, Creating Art Studio, Training for job search, Practical work with detained drug addicts, Social game. The services of the project benefited 147 persons.

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<sup>125</sup> Information: Ministry of Labour and Social Policy, Directorate for policy for people with disabilities, equal opportunities and social benefits



**3. Project "Establishment of Advisory Centre for addicts in treatment and their families as a means of tackling social exclusion" - State psychiatric hospital for the treatment of addictions and alcoholism /SPHTAA/ - Suhodol, implemented in the period March 2011 – April 2012**

Providing innovative complex service for psychosocial counseling aimed at full socialisation of addicts in treatment and their families through the establishment of an Advisory centre for addicts in treatment and their families with SPHTAA - Suhodol. The activities included a supporting programme for the re-socialisation for addicts who have undergone treatment and psychosocial rehabilitation, counseling and appropriate referral of addicts seeking treatment for the first time. One of the aims of the project is to promote the competence of the professional community and the public awareness of the role of psychosocial counseling in the prevention of social exclusion. As of 31.12.2011 the services of the project benefited 90 drug addicts and 40 families.

## **Employment**

**In 2011 the Employment Agency implemented a National training programme for employment of people with permanent disabilities (NTPEPPD).**

The main objective of the programme is to raise the employability and employment of unemployed persons with disabilities and the unemployed, who successfully completed a course of treatment for addiction to drugs, to overcome their social isolation and to fully integrate them into society.

**In 2011 the programme provided employment for one unemployed who had passed a course of treatment for addiction to drugs.<sup>126</sup>**

Problems encountered in the implementation of the NTPEPPD targeted at "unemployed who successfully completed a course of treatment for addiction to drugs" are as follows:

- Unemployed persons from this target group use the services of medical establishments with programmes aimed at drug addicts, which do not issue certificates for successfully completed course;
- Unemployed persons from this target group for the most part conceal and do not report having completed a course for drug addicts;
- Most employers tend to be biased towards the unemployed of this target group, which prevents their realisation in the labour market.

This information concerns the national policy related to finding employment for vulnerable groups of people, but it can also be given as an example of finding a job due to attending a social programme such as:

**- Protected home for drug addicts undergoing treatment and re-socialisation** – town of Ruse. In the protected home a complex of social services that create a complete servicing of the customers during the day is provided, such as provision of food, meeting daily, health and rehabilitation needs, organisation of leisure time, personal contacts and social skills. Inclusive, overcoming isolation and initiative stimulating environment is provided tailored to the specific needs of customers. The number of persons who passed through the protected home as users of the service for people with severe mental disorders due to addiction according in the period July 2009 - to date (22 June 2012) is 26 according to the Register of users of Protected home. **Of these eight persons work, 7 have been certified by an Expert Decision of the Medical Board.**

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<sup>126</sup> Information: Ministry of Labour and Social Policy, Directorate for policy for people with disabilities, equal opportunities and social benefits

**- Day care centre for adults with disabilities /DCCAD/ - men and women with mental disorders due to addictions - Ruse.** The Day Care Centre service is a social service in the community for people with risky dysfunctional behaviour and specified diagnosis "Mental and behavioural disorders due to the use of psychoactive substances". Service users lead an independent life assisted by professionals.

The day centre offers a range of social activities, creating conditions for full servicing of customers on a daily basis associated with the provision of food, meeting daily, health and rehabilitation needs, organisation of leisure time, personal contacts and social skills. Overcoming isolation the social service "Day Care Centre" provides an inclusive, overcoming isolation and initiative stimulating environment tailored to the specific needs of customers. The number of persons who passed through the "Day Centre for adults with disabilities" for the period July 2009 - to date (22 June 2012) is 44 according to the Register of Day Centre users. **Of these, 16 persons have been employed (working) - two of which are abroad; 8 have been certified by an *Expert Decision of the Medical Board*.**<sup>127</sup>

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<sup>127</sup> Информация: Министерство на труда и социалната политика, „Дирекция: „Политика за хората с увреждания, равни възможности и социални помощи“

## 9. Drug-related crime, prevention of drug-related crime and prison

Within this section the following basic topics will be examined:

- Crime associated with drugs;
- Prevention of crime associated with drugs;
- Interventions in the criminal justice system;
- Drug use and problem drug use in prisons;
- Responses to health consequences associated with drug use in prisons.

In considering the topic of crime associated with drug use in the context of the report cases of criminal and non-criminal offences associated with drug use (use and possession for use), drug supply (for growing, production, trafficking and sale) and other crimes associated with drugs have been addressed. The report includes an overview of data from the Ministry of Interior, data from the National Investigation Service, data on the activities of the Prosecution regarding the implementation of the action plan for reducing demand and supply of drugs, data on cases and persons brought to trial in the courts of the Republic of Bulgaria, data from the National Statistical Institute on crimes associated with drugs and data on antisocial behaviour and crime committed by minors and under-age persons.

The presentation of the topic of drug use in prisons is based on information provided by Chief Directorate "Execution of Penalties" at the Ministry of Justice and by the prison administration.

### Drug related crime

#### Crime (arrests/crime reports on trafficking/production/cultivation, etc.)

##### *Data from the Ministry of the Interior (Mol)*

According to data from the Regional Police Directorates in 2011 in Bulgaria the total number of detainees with drugs was 2890<sup>128</sup>, which is a decrease of over 17 % compared to the previous year (see *Table 9-1*). The Bulgarian nationals detained with drugs were 2 868.

*Table 9-1*

#### NUMBER OF PERSONS DETAINED WITH DRUGS (2007-2011)

Year	2007	2008	2009	2010	2011
<b>Total number</b>	<b>2 699</b>	<b>2 847</b>	<b>3 159</b>	<b>3 386</b>	<b>2 890</b>
Bulgarian nationals	2 678	2 816	3 134	3 362	2 868
Foreign nationals	21	31	25	24	22

*Source: Ministry of the Interior*

<sup>128</sup> Report on the work of the Regional Directorates of the Mol under drugs in 2011.

The number of persons distributing drugs in 2011 was 754, which confirms the downward trend of these registered persons in the recent years (850 in 2009, 838 in 2010). 156 (or 20,7 %) of the distributors were minors and under-age persons. 385 (or 51,1 %) distributed cannabis, 101 (13,4 %) – heroin, 31 (4,1 %) – cocaine and 224 (29,7) – synthetic drugs (Ecstasy, amphetamines, barbiturates).

In 2011, the total of **2484 exchanges of letters were filed to initiate preliminary proceedings** against persons using and/or distributing drugs. This number decreased by over 20% compared to 2009 (3 124) and over 14 % compared to the exchanges of letters in 2010 (2 871). In 2011 Sofia Directorate of the Interior filed most of the exchanges of letters - 1 371, then the Regional Directorates in Plovdiv (201), Blagoevgrad (163) and Stara Zagora (105). Of the total exchanges of letters 2 113 were against persons using and distributing drugs, and 367 were against persons distributing drugs.<sup>129</sup>

The proportion of “users and distributors/distributors only” in 2011 was 6:1, while in the period 2006-2009 it was within the ratio 4:1 (see *Table 9-2*).

Table 9-2

**NUMBER OF EXCHANGES OF LETTERS  
FILED TO INITIATE PRELIMINARY PROCEEDINGS (2007-2011 г.)  
(in absolute numbers)**

Year	2007	2008	2009	2010	2010
Against persons using and distributing drugs	1 965	2 098	2 456	2 453	2 113
Against persons distributing drugs	426	503	668	424	367
<b>Total number of exchanges of letters</b>	<b>2 391</b>	<b>2 601</b>	<b>3 124</b>	<b>2 871</b>	<b>2 484</b>

*Source: Ministry of the Interior*

**Investigation Data**

According to data from the National Investigation Service and the District Investigation departments with the District Prosecutor’s Offices, the total number of investigated preliminary proceedings for smuggling and trafficking of drugs and precursors in 2011 was 66 (see *Table 9-3*). 41 of these were closed, 14 were referred to the court. The accused persons were 21 and all of them were adult Bulgarian nationals. 1 person was remanded in custody. During the last 6 years a downward trend has been observed in the investigated preliminary proceedings (from 947 in 2006 to 66 in 2011), and in the accused persons in them.

<sup>129</sup> Report on the work of the Regional Directorates of the Mol under drugs in 2011.

*Table 9-3*

**INVESTIGATION CASES IN THE NATIONAL AND DISTRICT INVESTIGATION SERVICES FOR TRAFFICKING OF DRUGS AND PRECURSORS (2007-2011)**

*(in absolute numbers)*

	2007	2008	2009	2010	2011
1. Total number of investigated preliminary proceedings	500	171	102	71	66
2. Total number of closed cases	421	132	66	38	41
including referrals to the court		52	19	13	14
3. Accused persons,	206	88	29	23	21
of these:					
- remanded in custody	7	6	2	6	1
- foreign nationals	0	3	0	0	0
- minors (only Bulgarian nationals)	5	3	0	0	2
- adult Bulgarian nationals	201	82	29	23	19

*Source: National Investigation Service*

**Prosecution data**

Crimes related to drugs are second by volume from the total of 8 crimes monitored as cases of high public interest and are traditionally investigated with priority, quickly, efficiently and qualitatively.<sup>130</sup> **In 2011 the trend of the past two years of slight increase in the instituted pre-trial proceedings (PTP) was maintained** – they 3 771, while in 2009 they were 3 671, and in 2010 r. – 3 686. (see *Table 9-4*). At the same time a slight decrease in the observed PTP by 0.6% was reported. In the absence of a steady growth in recent years of this type of cases and the application of a constant volume of prosecutor's work on them, minor deviations from previous years can be expected in all indicators. For example, as regards closed cases a decrease by 4.5% was also reported, as regards prosecutorial acts brought to court - an insignificant increase of 0.6%, as regards persons brought to court – a decrease by 1.5%, and as regards convicted by a final sentence - by 0.6% compared to 2010.

<sup>130</sup> Report on law enforcement and the activities of the Prosecutor's Office and the Investigating authorities in 2011.

**MAIN INDICATORS IN THE PROSECUTORIAL ACTIVITIES IN CONNECTION WITH  
CRIMES ASSOCIATED WITH DRUGS AND PRECURSORS (2007-2010)**

*(in absolute numbers)*

	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Observed PTP	4 332	5 291	5 316	5 282
Initiated PTP	2 999	3 671	3 686	3 771
Closed PTP	3 126	3 827	3 989	3 808
Prosecutorial acts submitted to court	1 690	2 028	2 109	2 121
Persons brought to justice	1 926	2 227	2 409	2 373
Convicted persons	1 576	1 816	2 108	2 163
Persons convicted by a final verdict	1 403	1 605	2 005	1 994
Acquitted persons	70	64	83	65
Acquitted persons with an effective sentence	19	23	32	39

**Source: Supreme Prosecutor's Office of Cassation**

55.7% of the closed cases were referred to the court by prosecutorial acts and the share of convicted persons in those brought to trial was 84.0% (with 83.2% in 2010 and 72.0% in 2009). **The share of persons convicted by a final verdict compared to all persons with an effective court decision for these crimes during the year remained high as in the previous years - 98.1%.** Law enforcement authorities have intensified their efforts to detect and prove crimes related to drugs, committed by organized criminal groups, while not ignoring drug dealers and retailers. Obviously over the years the Ministry of the Interior, the investigating authorities and prosecutors have gained experience and have successfully handled detection and especially investigation and proof of these crimes. Crimes related to drug smuggling were investigated quickly and efficiently.<sup>131</sup>

**The territorial distribution** and movement of this category of lawsuits in appellate districts in 2011 showed that most lawsuits that had drugs as subject were observed in the jurisdiction of **Sofia Appellate Prosecutor's Office (APO)**. The total number of newly initiated pre-trial proceedings in Sofia APO was 2 095, compared to 2 116 in 2010 (see *Table 9-5*). 949 (979 in 2010) were referred to court, 736 persons were convicted (748 in 2010), and 20 persons were acquitted.

Next is the jurisdiction of **Plovdiv Appellate Prosecutor's Office**. Data shows that the number of newly initiated PTP was increasing – from 579 in 2010 to 634 in 2011. In spite of it, the prosecutorial acts submitted to the court (474 in 2011) decreased compared to those in 2010, when they were 501. The number of persons convicted during the year decreased by 12 %. Two persons were acquitted.

In the jurisdiction of **Varna Appellate Prosecutor's Office** in 2011 the total of 305 cases were observed, compared to 319 pre-trial proceedings in 2010. Cases referred to the court were 2166, compared to 176 in 2010. The convicted persons were by 22 % more than those in 2010, and two persons were acquitted.

<sup>131</sup> Report on law enforcement and the activities of the Prosecutor's Office and the Investigating authorities in 2011.

**TERRITORIAL DISTRIBUTION AND MOVEMENT OF CRIME-RELATED CASES  
ASSOCIATED WITH DRUGS AND PRECURSORS  
BY APPELLATE JURISDICTIONS (2011)**

(в абс. брой)

Appellate jurisdictions	Newly initiated PTP	Prosecutorial acts submitted to court	Convicted persons	Acquitted persons
Sofia APO	2 095	949	736	20
Plovdiv APO	634	474	540	2
Varna APO	305	216	237	2
V. Tarnovo APO	427	250	230	5
Burgas APO	298	225	247	10
Military APO	12	6	4	0

*Source: Supreme Prosecutor's Office of Cassation*

In the jurisdiction of **Veliko Tarnovo APO**, the total number of observed cases for crimes associated with drugs and precursors was 427 (360 in 2010). The prosecutorial acts submitted to court were about 30 % more and the convicted persons – by 34 % more спрямо compared to 2010. Five persons were acquitted.

In the jurisdiction of **Burgas APO** in 2011 the total number of observed cases was 298, which approximated the level of 2010 (304) and 2009 (303). The prosecutorial acts submitted to court decreased by nearly 11 % compared to 2010, while the number of persons convicted increased by more than 35 %. Ten persons were acquitted.

The lowest share (understandably, in view of the limited range of subjects of crime) is that of the proceedings conducted by the Military Prosecutor's Offices of Appeal: 12 pre-trial proceedings were observed and 4 persons were convicted.

For **general crimes under Articles 354a, 354b and 354c of the Criminal Code** (acquisition, production, processing, storage, distribution of narcotic substances or their analogues, and inducing or assisting another person to use narcotic substances or their analogues) in 2011 the observed pre-trial proceedings were 5 142 (5135 in 2010 and 5125 in 2009). In the said period 3 690 pre-trial proceedings were initiated.<sup>132</sup>

The largest number of observed PTP was related to Article 354a of the Criminal Code - 4760, of these:

- production/processing – 16;
- acquisition, holding, incl. storage (under paragraph (1)) – 159;
- distribution – 630;
- large quantity – 72;
- very large quantity – 3;
- acquisition/holding in a public place, for the purpose of distribution – 52;
- to order or implementation of organized criminal groups (OCG) - 28;
- acquisition/holding (under paragraph (3)) – 2 933;
- minor cases – 856.

<sup>132</sup> Report on law enforcement and the activities of the Prosecutor's Office and the Investigating authorities in 2011.

3 837 pre-trial proceedings were closed. 1 163 pre-trial proceedings remained pending with the investigating authorities. The prosecutors determined the total of 3721 PTP. 2,100 prosecutorial acts against 2,345 defendants, including 14 foreign nationals, were submitted to the court. 318 PTP were determined by a suspension order. 1164 PTP were terminated.

Convicted persons at the end of the year were 2124 and in respect of 1,957 persons the convictions were effective. 63 defendants were acquitted and in respect of 38 persons the acquittals were effective.

For **offences against the customs regime - crimes under Article 242(2) through (4) and (9) of the Criminal Code**, 140 (181 in 2010 and 166 in 2009) cases were observed in 2011. The newly initiated proceedings were 97. 98 pre-trial proceedings were closed. At the end of the period 47 PTP remained pending with the investigating authorities. The prosecutors determined 87 PTP. 21 prosecutorial acts were submitted to court, accused in them were 28 persons, of which 6 foreign nationals. 24 PTP were suspended and 36 were terminated.

The persons convicted at the end of the period were 39. Against 37 persons the sentences were executed. Two persons were acquitted.

#### ***Data on cases and persons brought to trial in the courts of the Republic of Bulgaria***

According to information from the Supreme Judicial Council in all courts in Bulgaria cases are conducted and persons are sentenced on the basis of the relevant texts of the Criminal Code (CC) - Article 242 and Articles 354(a) through 354(c).

Information on the activities of courts of first instance in the country shows that in 2011 district, regional and military courts had to hear a total of 1930 cases related to drugs (see *Table 9-6*). Of these, 384 ended with a sentence and the total number of convicted persons was 1 637. The total of 1 188 cases were terminated and 358 were appealed against. Most often imprisonment of up to 3 years was imposed. The total number of imprisoned persons under this type of punishment was 1 162, 788 of them being conditional sentences.<sup>133</sup>

Settlements to decided on pre-trial proceedings, approved by the court in 2011 (under Articles 381 through 384 of the Criminal Procedure Code), were 1 063 and persons with imposed punishment were 1 162.

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<sup>133</sup> Source: Supreme Judicial Council



*Table 9-6*

**INFORMATION ON COURT CASES AND PERSONS BROUGHT TO TRIAL IN DISTRICT (CITY), REGIONAL AND MILITARY FIRST INSTANCE COURTS IN 2011**

*(in absolute numbers)*

COURTS	DISTRICT (CITY)	REGIONAL	MILITARY	TOTAL
Crimes, associated with narcotic substances (Articles 354, 354(a), 354(b), 354(c) of the CC)				
<b>INFORMATION ON COURT CASES</b>				
Cases which remained pending at the beginning of the reported period	67	285	1	353
Submitted cases - total	489	1 086	2	1 577
including newly initiated ones	489	1 073	2	1 564
Cases for hearing	556	1 371	3	1 930
Total closed cases	495	1 076	1	1 572
Decided principally by sentence	89	295	0	384
Terminated - total	406	781	1	1 188
Including settlements made under Articles 381 through 384	362	700	1	1 063
Cases which remained pending at the end of the reported period	61	295	2	358
Closed cases within 3 months	436	752	1	1 089
Cases appealed against	88	125	0	358
<b>INFORMATION ON PERSONS BROUGHT TO TRIAL</b>				
Persons brought to trial - total	595	1 188	1	1 784
Including acquitted persons	8	34	0	42
Convicted persons - total	564	1 072	1	1 637
Including under-age persons	12	24	0	36
Punishments imposed				
Imprisonment of up to 3 years				
Total	489	672	1	1 162
Probationary sentence	310	477	1	788
Imprisonment from 3 to 15 years	63	3	0	66
Fine	0	333	0	333
Probation	0	40	0	40
Life imprisonment without parole	0	0	0	0
Other punishments	22	24	0	46
Persons punished under Articles 381 through 384	430	731	1	1 162

**Source: Supreme Judicial Council**

Court cases of crimes associated with trafficking of narcotic substances and precursors thereto (under Article 242) are heard in the District courts. Information on their activities in the country shows that in 2011 District courts had to hear the total of 31 cases associated with smuggling of drugs (see *Table 9-7*). 3 of them ended with a conviction, the total number of convicted persons being 30. A total of 27 cases were terminated and 8 were appealed against. Most often imprisonment of up to 3 years was imposed. The total number of imprisoned persons under this type of punishment was 17, and 14 of them had probationary sentences.

*Table 9-7*

**INFORMATION ON COURT CASES AND PERSONS BROUGHT TO TRIAL IN THE DISTRICT COURTS FOR CRIME ASSOCIATED WITH DRUG TRAFFICKING IN 2011**  
(in absolute numbers)

INFORMATION ON COURT CASES	
Cases which remained pending at the beginning of the reported period	4
Submitted court cases - total	27
Court cases for hearing	31
Total closed cases	30
Solved principally by sentence	3
Terminated and closed by settlement	27
including settlements made under Articles 381 through 384	22
Cases which remained pending at the beginning of the reported period	1
Closed cases within 3 months	24
Cases appealed against and protested	8
Executed sentences	14
Acquittals	1
INFORMATION ON PERSONS BROUGHT TO TRIAL	
Persons brought to trial - total	37
Including acquitted persons	0
Convicted persons - total	30
Punishments imposed	
Imprisonment of up to 3 years	
Total	17
Probationary sentence	14
Imprisonment from 3 to 10 years	9
Imprisonment from 10 to 30 years	2
Other punishments	2
Persons punished under Articles 381 through 384 of the Criminal Procedure Code	27

*Source: Supreme Judicial Council*

Settlements to decided on pre-trial proceedings, approved by the court in 2011 (under Articles 381 through 384 of the Criminal Procedure Code), were 13 and persons with imposed punishment were 14.

According to data from the National Statistical Institute (NSI) the **total number of drug-related crimes (under Article 354(a)-354(c) of the Criminal Code) ending with a**

**conviction in 2011** were 1 543 <sup>134</sup>. Of these, 725 ended with a conviction, 787 – with probationary sentences, 29 with acquittals, and 1 with an exemption from punishment.

Drug-related crimes which ended with convictions were 1 512 (of these 104 were committed by women). 1415 persons were sentenced for the commission of one crime, 78 - for the commission of two crimes and 19 for the commission of three or more crimes.

In 2011, **drug-related crimes that ended with a conviction (under Article 354(a)-354(c) of the Criminal Code) were 1 512**, which is a decrease of nearly 0,7 % compared to 2010 (when they were 1 522) and of over 62 % compared to 2008 (when they were 933). **Persons convicted** for drug-related crimes (under Article 354(a)-354(c) of the Criminal Code) decrease by nearly 4 % - from 1490 in 2010 to 1 432 in 2011. <sup>135</sup> (see *Table 9-8*)

The ratio of the number of persons convicted to the number of crimes involving drugs also decreased - in 2011 it was about 95%, while in the previous two years it was about 98%.

*Table 9-8*

**DRUG-RELATED CRIMES THAT ENDED WITH A CONVICTION AND CONVICTED PERSONS 2010-2011**

*(in absolute numbers)*

	2010		2011	
	Article 242(2) and (3)	Article 354(a) – 354(c)	Article 242(2) and (3)	Article 354(a) – 354(c)
Crimes	28	1 522	22	1 512
Convicted persons	30	1 490	24	1 432

**Source: National Statistical Institute**

In 2011, a total of **1,534 cases of crimes related to drug trafficking and smuggling of drugs and precursors** (under Article 354a-354c and Article 242(2) and (3) of the CC) **ended with a conviction.** <sup>136</sup> In 104 of them there was women participation. Persons convicted of these crimes were 1456, 109 of them being women.

<sup>134</sup> Source: <http://www.nsi.bg/otrasal.php?otr=25&a1=839&a2=840&a3=841&a4=843#cont>

<sup>135</sup> Data are collected through comprehensive monitoring by means of a statistical form “Card for accused person (1-CC)”, filled in by the authorities of pre-trial and court proceedings.

<sup>136</sup> Source: National Statistical Institute

Table 9-9

**DRUG-RELATED CRIMES THAT ENDED WITH A CONVICTION AND CONVICTED PERSONS BY ARTICLES OF THE CRIMINAL CODE (2011)**

*(in absolute numbers)*

Articles of the Criminal code	Crimes		Convicted persons	
	Total	including women	Total	including women
<b>Total</b>	<b>1 534</b>	<b>104</b>	<b>1 456</b>	<b>109</b>
Including by Article				
Article 242(2) (drug smuggling)	22	0	24	1
Article 354a(1) (narcotic substances)	74	5	81	7
Article 354a(1) (high risk narcotic substances)	298	22	287	26
Article 354a(1) (precursors and facilities)	7	0	7	0
Article 354a(2)(1)	21	2	6	1
Article 354a(2)(2)	6	0	5	0
Article 354a(2)(3)	2	0	2	0
Article 354a(2)(4) (dangerous recidivism)	63	0	65	1
Article 354a(2)	54	7	59	7
Article 354a(3)(1)	588	37	564	36
Article 354a(3)(2)	26	3	18	2
Article 354a(4)	1	0	0	0
Article 354a(5) (minor case)	224	9	211	9
Article 354b(2)(1)	2	0	1	0
Article 354b(2)(4)	2	0	2	0
Article 354b(3)	1	0	1	0
Article 354c(1)	125	19	107	19
Article 354c(2) (organising, directing)	1	0	2	0
Article 354c(3) (involvement in OCG)	3	0	5	0
Article 354c(5) (minor case)	14	0	9	0

**Source: National Statistical Institute**

According to data of the National Statistics Institute in 2011, **22 cases of smuggling of drugs and precursors were registered (under Article 242(2) and (3)) with 24 convicted persons** (see Table 9-9); 1,364 cases of production, processing, acquisition and possession without due permission of drugs or their analogues for distribution or distribution of drugs or their analogues (under Article 354a) with 1 305 convicted persons, 5 cases of incitement or assistance to another person to use drugs or analogues (under Article 354b) with 4 convicted persons, 125 cases of sowing or growing opium poppy and coca bush or plants of the genus in violation of the Law on Drugs and Precursors Control (Article 354(1)), with 107 convicted persons; 1 case of organizing, directing or financing an organized criminal group growing plants under Article 354c(1) with 2 convicted persons, 3 cases of participation in an organized criminal group, with five convicted persons.

The breakdown of crimes, related to drugs that ended with conviction by age group, shows that most of these crimes were committed by persons aged between 18 and 24 (588), as well as by those aged between 25 and 29 (377), and between 30 in 39 (293). A similar picture was observed in the group of persons convicted for crimes related to drugs. Most convictions were in the age group 18-24 (575), 25-29 (355) and 30-39 (276). It is worth noting that in the perpetrators of crimes related to drugs and in the group of convicted persons of 60 years of age and older women dominated (see Table 9-10).

**DRUG-RELATED CRIMES THAT ENDED WITH CONVICTION AND CONVICTED PERSONS BY AGE GROUP (2011)**

*(in absolute numbers)*

Age groups	Crimes		Convicted persons	
	Total	including women	Total	including women
<b>Общо</b>	<b>1 534</b>	<b>104</b>	<b>1 456</b>	<b>109</b>
including:				
14-17	58	9	59	9
18-24	588	23	575	31
25-29	377	14	355	14
30-39	293	14	276	15
40-49	125	16	112	13
50-59	46	3	37	4
60 and older	46	25	41	23
Undistributed	1	0	1	0

Source: National Statistical Institute

If the breakdown of persons convicted for drug-related crimes in 2011 by region of the country is examined, the NSI data show that most convicted persons (477) were in the Southwest region, which is explained by the existing regions with highest number of convicted persons such as Sofia (223 persons) and Blagoevgrad (162 persons)<sup>137</sup>. Plovdiv region ranked third in persons convicted for drug-related crimes (133). In the Northwest region most convicted persons were in Stara Zagora - 107. (See Table 9-11)

As regards minors and under-age persons, perpetrators of drug-related crimes, again the highest numbers were reported for the Southwest region (137), only in Sofia-city they were 119. Significantly lower numbers were observed in the South Central and North Central regions (20) and particularly in the Northeast region (11).

<sup>137</sup> Sources: <http://www.nsi.bg/otrasal.php?otr=25&a1=839&a2=883&a3=928#cont>  
<http://www.nsi.bg/otrasal.php?otr=25&a1=931&a2=938&a3=940#cont>

Table 9-11

**CONVICTED PERSONS, MINORS AND UNDER-AGE PERSONS, PERPETRATORS OF  
DRUG-RELATED CRIMES BY STATISTICAL REGION AND DISTRICT IN 2011**

*(in absolute numbers)*

Statistical regions and districts	Convicted persons (under Article 354a- 354b of the CC)	Minors and under-age persons, perpetrators of drug-related crimes					
		Total	Incl. women	8-13 age group		14-17 age group	
				Total	Incl. women	Total	Incl. women
<b>Total for the country</b>	<b>1 432</b>	<b>244</b>	<b>44</b>	<b>9</b>	<b>3</b>	<b>235</b>	<b>41</b>
<b>Northwest region</b>	<b>147</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>10</b>	<b>-</b>
Vidin	12	-	-	-	-	-	-
Vratsa	38	2	-	-	-	2	-
Lovech	9	1	-	-	-	1	-
Montana	33	3	-	-	-	3	-
Pleven	55	5	1	1	1	4	-
<b>North Central Region</b>	<b>153</b>	<b>20</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>20</b>	<b>2</b>
Veliko Tarnovo	75	9	2	-	-	9	2
Gabrovo	20	7	-	-	-	7	-
Razgrad	8	3	-	-	-	3	-
Ruse	35	1	-	-	-	1	-
Silistra	15	-	-	-	-	-	-
<b>Northeast region</b>	<b>134</b>	<b>21</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>17</b>	<b>3</b>
Varna	83	12	2	1	1	11	1
Dobrich	18	1	-	-	-	1	-
Targovishte	10	-	-	-	-	-	-
Shumen	23	8	3	3	1	5	2
<b>Southeast region</b>	<b>238</b>	<b>35</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>35</b>	<b>4</b>
Burgas	66	21	1	-	-	21	1
Sliven	41	3	1	-	-	3	1
Stara Zagora	107	10	1	-	-	10	1
Yambol	24	1	1	-	-	1	1
<b>Southwest region</b>	<b>477</b>	<b>137</b>	<b>28</b>	<b>4</b>	<b>-</b>	<b>133</b>	<b>28</b>
Blagoevgrad	162	9	2	1	-	8	2
Kyustendil	45	5	-	-	-	5	-
Pernik	23	-	-	-	-	-	-
Sofia	24	4	-	-	-	4	-
Sofia – Capital city	223	119	26	3	-	116	26
<b>South Central Region</b>	<b>283</b>	<b>20</b>	<b>4</b>	<b>3</b>	<b>-</b>	<b>17</b>	<b>4</b>
Kardjali	27	1	-	-	-	1	-
Pazardjik	36	2	-	-	-	2	-
Plovdiv	133	8	-	-	-	8	-
Smolyan	17	3	2	-	-	3	2
Haskovo	70	6	2	-	-	6	2

Source: National Statistical Institute

In 2011, the number of children who passed through Children pedagogical rooms (CPR) for committed by them anti-social acts was 8 134 (7 249 in 2010, or nearly 12 % more)<sup>138</sup>. Of these, minors (from 8 to 13 years of age) were 2 117, and under-age persons (from 14 to 17 years of age) were 6017. For 429 children (103 of them were girls), the reason for passing through Children pedagogical rooms was alcohol abuse, and for 446 (93 girls) - drug use – a number by nearly 37 % bigger than that in 2010 (314) (see *Table 9-12*).

*Table 9-12*

**MINORS AND UNDER-AGE PERSONS, PERPETRATORS OF ANTI-SOCIAL ACTS AND DRUG-RELATED CRIMES (2004-2011)**

*(in absolute numbers)*

	2004	2005	2006	2007	2008	2009	2010	2011
<b>Children who passed through CPR for committed by them anti-social acts</b>								
<b>Total for the country</b>	<b>13 343</b>	<b>12 407</b>	<b>10 765</b>	<b>9 651</b>	<b>7 952</b>	<b>8 265</b>	<b>7 249</b>	<b>8 134</b>
including:								
Abuse of alcohol	721	802	652	471	401	497	422	429
Use of narcotic substances	920	584	473	492	314	307	326	446
<b>Child offenders</b>								
<b>Total for the country</b>	<b>9 607</b>	<b>10 146</b>	<b>9 720</b>	<b>8 541</b>	<b>6 043</b>	<b>6 152</b>	<b>6 353</b>	<b>6 586</b>
including:								
Drug-related crimes	385	379	252	232	203	180	217	244

**Source: National Statistical Institute**

The number of child offenders in 2011 was 6 586 (6 353 in 2010, or an increase of nearly 3 %). Of these, minors were 1 485 and under-age persons were 5 101. Under the drug-related crime indicator, the National Statistical Institute reported acts committed by 244 children (of these, 44 girls), which begins to form a tendency of increasing child offenders, related to drugs.<sup>139</sup>

### Prevention of drug-related crime

With regard to supply reduction and effective drug control, collaboration between police, customs and judicial authorities is effected, which is an important element in preventing and combating drug trafficking. Fruitful international cooperation and making full use of the capacity of Europol and other EU structures are a prerequisite for limiting the production and trafficking of drugs.<sup>140</sup>

In terms of drug-related crime prevention, there follow several strategic tasks under the Action Plan of the National Strategy to Combat Drugs (2009-2013):

<sup>138</sup> Sources: <http://www.nsi.bg/otrasal.php?otr=25&a1=931&a2=932&a3=934#cont>;  
<http://www.nsi.bg/otrasal.php?otr=25&a1=931&a2=932&a3=935#cont>

<sup>139</sup> Data are collected through comprehensive monitoring by means of a statistical form "Report on the activities of local committees to combat anti-social acts of minors and under-age persons".

<sup>140</sup> Source: Report on the implementation of the Action Plan of the National Strategy on Drugs in 2011, Directorate for Coordination, Information and Analysis - Mol.

- **Streamlining customs controls to combat illegal trafficking in drugs and precursors.** In 2011, the Customs Agency signed contracts for the purchase of eight X-ray systems (two fixed and six mobile ones) to check trucks and containers for transporting drugs for the purpose of increasing capacity to control customs checkpoints. Within the training programme for the employees of the Customs Agency 2 courses in Drugs and precursors and 10 training courses for customs officers - leaders of customs dogs had been conducted.
- **Preparing measures against organized crime groups (OCG) involved in drug trafficking.** A separate specialized unit was set up consisting of investigating police officers to investigate crimes related to drugs. Specialized training of the staff of CDCOC is regularly carried out aimed at acquisition and raising their qualification in the field of combating drug trafficking. Ensuring processing of incoming operational information, putting it into a database, and visualizing data and preparation of schemes has strengthened the operational analysis unit in the Drugs Department of CDCOC with the Mol. All analysts in the unit work closely with the investigating officers on their operative proceedings. The members of the Department are involved in operational and intelligence projects of SELEC, Center in Bucharest, having conducted several successful operations coordinated by the Centre. In the framework of international cooperation a regular exchange of information with EUROPOL, INTERPOL and police services of other countries is carried out. In 2011, 20 operations involving undercover officers were conducted in relation to drugs. Of these, seven were international, and one was a "controlled delivery".
- **Preparing measures to investigate finances and assets of organized crime groups involved in trafficking of drugs and precursors.** Officers from the Drugs Department cooperate and exchange information on cases of mutual interest with the Money Laundering Sector of CDCOC for the purpose of confiscating proceeds of crime - financial assets and movable and immovable property.
- **Preparing measures to reduce the distribution of and access to drugs.** After amending the Law on the Ministry of the Interior in 2009, regional units dealing with crimes of distribution and production of drugs in the territory of the country were transferred to CDCOC. The officers of the Drugs Department in the Sector for combating organized drug-distributing crime groups with CDCOC in 2011 observed a total of 16 organized crime groups, and 8 of them were neutralized. In addition, many individual distributors (dealers) of drugs were detained and multiple signals received by the sector were processed. About 50 signals to other structures of the Mol in Sofia and other parts of Bulgaria were sent. Officers of the department took part in 27 police operations in the line of work. Regularly, specialized training for the Ministry of the Interior was organized for acquisition and raising the qualification in the field of combating drug distribution and drug trafficking.
- **Improving the effectiveness of countering drug-related crimes and organized crime.** In 2011 the education and training of customs, investigating and law enforcement authorities in the area of trafficking and smuggling of drugs and precursors was organized in the form of a public lecture delivered by Ms. Mariana Lilova, National Representative of Bulgaria to Eurojust. The training on the Role of Eurojust in the establishment of joint investigation teams covered 46 participants, of which seven judges, 28 prosecutors, 7 investigators and 4 investigating police officers. CDCOC, Mol, maintains a database of registered criminal contingent under drugs.

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

In the places of imprisonment of the Republic of Bulgaria to 01.01.2012 there were 9 885 persons, of which 8 786 convicted persons and 1 099 accused persons and defendants. 603 persons were placed in places of detention in connection with the commission of crimes



related to drugs - use and possession for use, drug supply - cultivation, production, trafficking and sale, and other crimes related to drugs.<sup>141</sup>

According to a database maintained in the Directorate General for Execution of Sentences in 2011 **in the places of imprisonment a total of 975 persons were registered as addicts**. 158 persons were registered as using psychoactive drugs in the places of imprisonment.<sup>142</sup>

## **Responses to health consequences associated with drug use in prisons**

All newly imprisoned persons who are drug addicts have access to health status assessment procedures, diagnostics of needs, and assessment of risk of recidivism and harm, and involvement in adaptation-oriented group work.

Incoming prisoners with abstinence syndrome receive immediate medical aid and subsequent psychiatric and psychological counseling to control these conditions.

At the discretion of the medical centres set up in the places of detention, drug addicts can be sent to the psychiatric ward of the Specialised Hospital for Active Treatment of Prisoners in Lovech. In 2011 there were a total of 37 treated patients with diagnoses belonging to the addictions, which represented 13.4 % of the number of patients who passed through the ward. Of these 37 persons, two were with addiction to alcohol and the other 35 - with addiction to opioids (heroin, morphine, codeine, methadone). In three patients with opiate addiction, a compulsory medical measure under Article 92 of the Criminal Code was imposed when they were admitted to the ward (after 3 to 10-month stay in the penitentiary system), they had no withdrawal symptoms, which is why it was not necessary to conduct detoxification. Of the remaining 32 persons only for six of them it was necessary to conducting detoxification - three patients in Pleven preliminary detention, two - in Sofia Prison and one - in Sliven Prison. To 26 patients with addictive behaviour tranquillising therapy was applied.<sup>143</sup>

Locally, the partnership between local centres for addictions and psychiatric wards expanded due to which persons included in a methadone programme continued to receive treatment in prison or jail.

**In 2011, 39 prisoners coming from 14 programmes for substitution maintenance therapy continued treatment with methadone in prison** - 19 persons in Sofia prison, 8 persons in Vratsa prison, 6 persons in Belene prison, 2 persons in Bobov Dol prison, and 1 person in Burgas prison, Plovdiv prison and Stara Zagora prison each.

In the course of serving their punishment in prisons, prisoners with drug addiction take part in corrective work conducted individually by inspectors in charge of social and educational work, and at any moment they can receive specialized psychological care and counseling.

**140 or 7.1% of the total number of prisoners with drug addiction passed through specialized programmes in 2011**. In comparison with 2009 (30%) and 2010 (18%), there was a serious decline in the implementation of programmes for drug-addicted prisoners.

In the penitentiary system two programmes have been implemented for work with drug-addicted prisoners, one of them can be also implemented in alcohol addicted convicted persons. Both programmes have been developed on the basis of the cognitive-behavioural approach. According to their duration, they are as follows:

1. **Short-term programme to minimize the damages from drug use**. It is intensive and contains 20 sessions held every day. Each session lasts three hours. It includes

<sup>141</sup> Data is based on the analyses of the prisoners' communities in the individual prisons.

<sup>142</sup> Source: Directorate General for Execution of Sentences

<sup>143</sup> Източник: Главна дирекция "Изпълнение на наказанията".

prisoners who are about to serve their sentence. It is implemented in eight prisons (Belene, Burgas, Varna, Lovech, Pazardzhik, Stara Zagora, Sliven and Vratsa). 10 groups are formed involving a total of 110 prisoners.

2. **Medium-term programme for treatment of addictions in the Bulgarian prison system.** This programme can be applied to prisoners addicted to drugs and prisoners addicted to alcohol. The main objective of the programme is to reduce the likelihood of drug and alcohol abuse and commission of crimes. It is implemented in two phases: **The first phase** includes 36 group sessions, each lasting two hours. For 12 weeks, three sessions a week are held. **The second phase** covers aftercare and lasts 12 weeks. With each participant two individual sessions that focus on individual goals and provide support to prevent relapse are conducted. It is used in the prisons in Burgas, Pleven and Sofia. Three groups are formed involving a total of 30 prisoners.

Prisoners who passed through the relevant programmes reported a significant effect associated with positive shift in their behaviour and decrease in negative behavioural conduct. The practice of giving certificates to the successful graduates – prisoners, considering their treatment as working days and a change in their legal status provide additional motivational influence on their participation and foster other convicted persons to participate.<sup>144</sup>

On the basis of partnership relations in the places of detention health educational programmes targeting prevention and reduction of de-adaptive behaviour are conducted. In terms of content the topics are related to “Types of drugs”, “Reasons for drug use”, “Health and social consequences of drug use”.

The Government institutions and NGOs actively supporting such activities are: Regional Inspectorates for Protection and Control of Public Health, Bulgarian Red Cross (BRC), Local Commissions for Combating Anti-Social Behaviour among Minors and Under-Age Persons, Mothers against Drugs Association, A Dose of Love Association, IGA Crime Prevention Fund, Open Society Foundation, Art of Living Foundation, Initiative for Health Foundation, Regional Drug Councils, Centres for Mental Health, and medical centres in places of detention and others.

In all prisons mass cultural and sports activities are conducted, and one of the objectives of these events is aimed at limiting further criminal and sub-cultural influences. These all-penitentiary activities include drug-addicted prisoners too. Their participation in sports events is an accompanying element of the process of detoxification.

The specific communication, values and problems of drug-addicted prisoners affect the psychological climate in the prison community. Characteristic of them are impulsivity, emotional instability and low self-control, which are a common cause of provoking conflicts, acts of physical and verbal aggression and oppositional behaviour. Satisfying the need for drugs or substitutes is the reason to build channels for providing them in the penitentiary institutions and organization of distribution networks. Increasingly, families and close relatives make attempts to take drugs into the prison. This shows the difficulties of exercising corrective impact on them. This lack of support from relatives to deal with addiction has a serious influence on the effect of corrective interventions, especially in the initial period after release from prison. One of the successful practices for dealing with this category of convicted persons is daily work and other engagements, and involvement in specialized group programmes.

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<sup>144</sup> Source: Directorate General for Execution of Punishments.

To limit the spread of drugs in prisons and pre-trial detention facilities, purchase and installation of scanners for baggage screening was planned. Because of lack of financial resources, these have not been provided.

Therefore, officers of the guard carry out restriction of the spread of drugs in places of detention. It is only their experience and professionalism that contribute to prevent provision of drugs in prisons and pre-trial detention facilities. In order to improve their skills, each attempt to take drugs into the prison is documented with photographs, which are made known to all employees as a practice for taking drugs in.

According to the information received in Directorate General for Execution of Punishments in 2011, **40 attempts for taking drugs in places of detention** were registered. Compared to the cases reported in 2010 (133), their number decreased more than 3 times.

The methods of taking drugs in are primarily through objects and food that prisoners are entitled to receive, and by throwing them over the fence.

The operative group on duty of the relevant unit of the Mol is specifically informed about each case and the detected substances are seized for analysis. Pre-trial proceedings are initiated. The prevailing detected drugs are heroin, amphetamine and cannabis, in rare cases - cocaine.

Regarding their quantity no specific information can be given as the operative group on duty, working on the case, seizes the substances.



## 10. Drug markets

Within the framework of this section, the following main topics are dealt with:

- Availability and supply;
- Drug seizures;
- Price and purity of drugs at street level
- National early-warning system for new drugs.

### Availability and supply

#### Perceived drug availability, supply, access to drugs

There is no new current data on the drug availability and supply among the population, or on the access to drugs.

#### Drugs origin: national production versus trafficking to Bulgaria<sup>145</sup>

The effective drug control is based on the “balanced approach” concept, where cooperation between police, customs and judicial bodies is an important element of trafficking prevention and combat. The fruitful international cooperation and the adequate use of the capacity of Europol and other EU structures are a precondition for limiting drug production and trafficking.

In connection with **optimising the customs control for counteraction to illegal drug and precursor trafficking**<sup>146</sup>, in 2011 the Customs Agency signed contracts for the purchase of 8 ex-ray systems (two stationary and six mobile ones), to check trucks and containers for carrying drugs, with the aim to increase the border points control capacity.

Within the framework of the Programme for Training Customs Agency Employees, two courses have been conducted on “Drugs and Precursors” and 10 courses for customs officers on how to use service dogs.

With regard to the **limitation and prevention of activities of organized crime networks dealing with human and drug trafficking**<sup>147</sup>, the Operative Analysis unit at the Drugs Department with the General Directorate “Combating Organized Crime” (GDCOC) at the Ministry of the Interior (MoI) has been strengthened and processing of incoming operative information and its inclusion in a database, as well as visualisation of data and preparation of schemes in I2, have been ensured. All analysers in the unit work actively with the operative workers on the lawsuits conducted by them.

The department officers participate in the operative and reconnaissance projects of SELEC, a centre in Bucharest, and several successful operations coordinated by the Centre have been carried out.

Within the framework of international cooperation there is constant information exchange going on with EUROPOL, INTERPOL and the police services of other countries.

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145 Source: REPORT ON THE IMPLEMENTATION OF THE ACTION PLAN TO THE NATIONAL ANTI-DRUG STRATEGY for 2010. Coordination,, Information and Analytical Activity Directorate, MOI

146 Strategic task 9

147 Strategic task 11

In 2011, 20 drug-related operations were carried out with participation of officers under cover. Seven of them were at international level, one being a “controlled delivery”.

An autonomous specialised unit has been formed from among the staff of investigating policemen for the investigation of drug-related crime.

Regular specialised training of the GDCOC officers is provided for the officers for acquiring of qualification or for raising their qualification in the area of combating drug trafficking. In 2011, officers from the Drugs department took part in:

- Training through EUROPOL on “Neutralising of illegal laboratories for cannabis growing indoors”, conducted in Hague, the Netherlands;

- Participation of officers from Department “01” in exchange programmes through CEPOL in the Check Republic;

- Participation in a course organised by the FBI in ILEA, Budapest, in Hungary;

- Participation in a seminar on “Criminality and cannabis” organized by the Dutch law enforcement services in Amsterdam, the Netherlands;

- Participation of an officer in the 246<sup>th</sup> Session of the FBI National Academy in Quantico, Virginia, in the USA;

- Participation in the conference on “Combating drug-related crime – EU-Eastern Europe” organized by the Polish National Police in Warsaw;

- Participation in a seminar on “Combating drugs”, organised by CEPOL and MOI in Sofia.

As a result of the measures taken in 2011 by the officers from the Drugs Department at the GDCOC, a total of 84 organised crime groups have been observed, of which 27 have been neutralised.

Training of the staff of the National Agency for National Security (SANS) was conducted on the use of a computer software product, with the aim to raise their qualification in the area of drug trafficking.

### **Trafficking patterns inside and outside the country**

The main routes used for cocaine trafficking are South America – West Africa – North Africa – Europe; South America – Turkey – Europe; South America – Greece – Europe; South America – Middle-East countries (Lebanon, Israel, etc.); South America – the Mediterranean Sea – the Black Sea – Romania – Ukraine.

The major factors making for the choice of a specific route are associated with the way of hiding the narcotic substance and with the final destination.

Organized crime groups are trying to traffic cocaine mostly through Schengen Area countries in order to eliminate border checks.

The ways of carrying out such kind of criminal activity are by using drug couriers who swallow the drugs or by hiding the drugs in their personal luggage; in specially prepared hiding places in vehicles; hiding in containers, through postal parcels.

Heroin is mostly trafficked along the routes: Turkey - Bulgaria – Romania or Serbia – Western Europe; Turkey - Bulgaria - Greece; Turkey - Bulgaria – Macedonia.

To reduce the losses in heroin seizures, drug traffickers more and more often resort to smaller but more frequent packages, which are transported mostly in hiding places made especially for the purpose in cars, in the personal luggage of couriers or as air cargo. Couriers receive the narcotic substance in Turkey and in the majority of cases they leave the country using either land transport through Greece or Bulgaria, or air transport to countries in Western Europe.

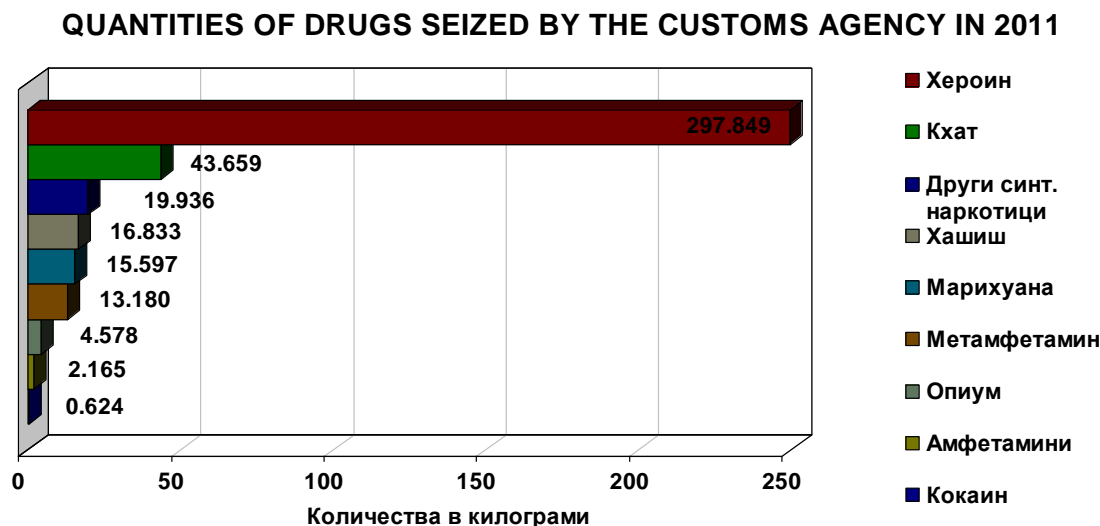
For heroin trafficking through Bulgaria mainly motor vehicles are used, equipped with secret chambers made in advance, used to hide the drug.

### **Drug seizures**

#### **Quantity and number of seizures of illicit drugs**

The total quantity of narcotic substances and precursors seized by the Customs agency in 97 cases in 2011 amounts to **417.143 kg, 2.1 litres and 2 042 tablets**. The number of detected cases is commensurable with that of previous years, but with regard to the quantities seized, a 46% increase has been observed.

*Figure 10-1*



Source: Customs Agency

In 2011, **heroin** accounted for the largest share of the quantities of seized drugs – 297.849 kg, which was 71% of the total amount seized. The most often used transport for heroin trafficking (183.069 kg in 10 cases) is cars with Bulgarian registration. Unlike the previous year, heroin was not hidden in specially constructed chambers in motor vehicles. In 5 of the cases, the hiding place was goods (olives, detergents, disposable diapers) transported by the so called “dealers of goods carried in suitcases”, living in the border areas, who cross the borders on a day-to-day basis. Over 80 kg of heroin carried in this *modus operandi* have been seized.

The largest quantity of heroin seized in 2011 is 96 kg hidden in goods that were legally transported in a truck with Bulgarian registration. The seizure was done in the frames of a joint operation of the Customs agency and the GDCOC. That was the only seizure of drug in a truck for the whole of 2011.

Heroin seizures done on the Bulgarian-Turkish border, as well as the six cases at the Danube Bridge cross-border check point, Vidin ferry-boat and Kulata, with a total seized quantity of 92.059 kg, confirm the tendency observed over recent years in Bulgaria that large quantities of heroin are imported and kept in stock in Bulgaria, then they are re-loaded and carried by other means of transport across the EU internal borders toward end users in Western Europe. In the course of operative investigations carried out by the Customs Agency and GDCOC it has been established that some of the organised crime groups use actively the Bulgarian-Greek borders for heroin import from Turkey in order to avoid customs control at the three frontier posts with Turkey.

It was for the first time in 2011 that a sharp drop in the percentage of the active substance of the heroin exported from Bulgaria was observed, which evidences that the quantities imported from Turkey are diluted and re-packaged in Bulgaria. A possible reason for the low percentage is the heroin deficiency on the European market, reported for 2011, because of the poor harvest of hypnotic poppy.

Special attention needs to be drawn to the seizure of **13.180 kg of methamphetamine** at the border point of Kapitan Andreevo. On 9<sup>th</sup> November 2011, customs officers seized methamphetamine hidden in 4 suitcases carried by a Romanian citizen driving a car with Romanian registration. As a result of an active information exchange at a national and international levels, carried out through the liaison officers at SELEC in Bucharest, the Regional Unit for Combating Organised Crime (RUCOC) in Haskovo detained two Romanians in the interior of the country, who were carrying analogous amount of methamphetamine, and with the permission of the Supreme Cassation Prosecutor's Office (SCPO) a controlled delivery of the whole quantity of drugs was made. During the follow-up operative and search actions undertaken by the police within the territory of Romania, two more persons were detained and another 7.200 kg of methamphetamines were detected. The scheme used by the detained members of the organised crime group to traffic methamphetamine from Turkey through Bulgaria and Romania to Japan was disclosed, too. A few days later, as a result of information provided by the Romanian police, the Japanese authorities found other 4 suitcases in a home in the city of Kawasaki, with a total seized quantity of 15 kg of methamphetamine. In February 2012, another 9.600 kg of methamphetamines owned by the same group were seized in Turkey.

In 2011, the imported “**designer drugs**” boom continued – a problem the Bulgarian customs administration faced for the first time in the spring of 2010. During the period under survey, 46 attempts to traffic this type of drugs were prevented and over 22 kg carried in express courier packages and sent by parcel post were seized. What surprises is the variety of “designer drugs” imported mostly from China, declared as “bath salts”, “fertilizers for flowers”, “samples”, etc. at the customs.

In view of fast developing trends in the illegal trafficking and marketing of these substances, the Customs Agency undertook rapid action to put them under control and initiated legislative changes in 2010. As a result of this, on 8<sup>th</sup> February 2011, a new list for pharmaceuticals was approved with an amendment to the Pharmaceutical Products in Human Medicine Act – Annex No 1 to the Drugs and Precursors Control Act (DPCA). New 25 substances were added to the prohibited plants and substances.

Organised crime groups dealing with trafficking of these types of drugs reacted immediately to the legislative changes and started importing derivative substances that are not under control. For this reason, the following legislative changes were initiated to facilitate criminalisation of new synthetic drugs. Work on adopting the amendments to the DPCA, which provides a possibility for a more effective control on newly emerging narcotic substances, was completed in July 2011. A new ordinance related to the amendments to the above law was prepared and it entered into force on 10<sup>th</sup> November 2011. It put under control 46 more substances. These legislative changes have brought to the creation of one of the best in Europe controlling mechanisms with regard to narcotic substances.

In 2011, Bulgarian customs officers detained 4 parcels and express courier packages containing a total of 0.624 kg of **cocaine**. Of special interest is the “controlled delivery” of 0.546 kg of cocaine hidden in an EMS post parcel, made the 2011. The parcel, sent from Peru, was firstly detained in Frankfurt on Maine, Germany and was delivered through Sofia Airport to the town of Varna. As a result of a successfully performed operation, 2 Israeli and 1 Spanish citizen were detained in Bulgaria, as well as another kilogramme of cocaine.

In 2011, the units for combating drug trafficking in the Central Customs Department (CCD), Sofia Airport and GDCOC – Mol continued with their joint work and the international exchange of information on several organised crime groups dealing with cocaine trafficking from South America to Europe. In the territory of Bulgaria these groups recruit “air couriers” from different regions of the country and provide the logistics for their journey. Especially good example of successful cooperation at a national and

international level is the detention of 5 kg of cocaine hidden in a Bulgarian citizen's suitcase in August, at the airport in Madrid. The provision of information about the suspected courier, as well as about the subsequent collection and submission of evidence on the case was performed by the Customs Agency within the framework of the Naples II Convention. That resulted in defeating an organized crime group in the town of Ruse and pressing charges against 3 individuals who had organised the traffic.

It was for the first time that two express courier parcels containing a total of 43.659 kg of **khat** were seized in Bulgaria in the previous year. Khat is a plant which contains stimulating substances with properties similar to those of the amphetamines. It is traditionally grown and used in Africa, as well as by African immigrant communities in Europe.

**In 2011, the following quantities of narcotic substances were detained within the territory of the country by the General Directorate "Combating Organised Crime" and the territorial structural units "Combating organised crime" (see Table 10-1)**

*Table 10-1*

**QUANTITIES AND NUMBER OF SEIZURES OF ILLICIT NARCOTIC SUBSTANCES BY THE MOI IN 2011**

Type of drug	Units	2011	Number of interceptions
Heroin	kg	281.017	36
	doses	574	8
Opium	kg	7.5	1
Cocaine	kg	2.119	16
Marijuana	kg	445.143	39
Cannabis – dry mass		650.941	109
Cannabis – green mass		4657.955	26
Cannabis - stalks	number	7456	24
Morphine	ampoules	98	
Amphetamine - substance	kg	227.281	32
Amphetamine - tablets	number	126	3
Amphetamine - base	litres	95	2
Methamphetamine	kg	15.506	7
Methamphetamine	litres	11	
Ecstasy - tablets	number	2125	3
BMK	litres	22.5	2

**Source: General Directorate "Combating Organised Crime" - MoI**



\* \* \*

**Synthetic cannabinoids make up the group of new substances identified most often in Bulgaria during the whole of 2011 with regard to the number of cases – totally 38** (both as products containing a combination of several types of cannabinoids and as single substances). Five new cannabinoids were identified last year in 8 cases of seizure – **JWH-081, JWH-203, RCS-4, (RCS-4) – C4 – homolog and 3-(4-hydroxymethylbenzyl)-1-pentylindol**.

**The second most often identified group is that of cathinones with a total number of cases 33**, again as products containing combinations of several types of cannabinoids and as single substances. **Butylone** is the most often found synthetic cathinone – **9 cases with a total quantity of 1 857.88 g**.

With regard to quantity, the largest case of seizure is with the substance **1-phenyl-1-propanamine** (total amount of **4 379.03 g**), followed by Mephedrone – a total of **2 200.85 g**.

An interesting fact is the identification of 4 new types of tryptamine - **5-MeO-DALT, 4-AcO-DMT, 4-HO-MET and Alpha-methyltryptamine**. The early warning system in Bulgaria has not informed about the availability of tryptamines since 2008.

Approximately 11% of all analysed objects in 2011 belong to combinations of several types of new psychoactive substances in one product. For their larger part these are substances from a chemical group or family:

- **Combination of Mephedrone, MDPV, Methylone and Lidocaine**
- **Combination of TFMPP, MPPP, Pentylone**
- **Combination of JWH-018, JWH-073 and JWH-203**
- **Combination of Ethcathinone and Buphedrone**
- **Combination of MDPBP, Ethcathinone, Pentylone and Pentedrone**
- **Combination of PMMA, MDPBP and BMDP**
- **Combination of PMMA, MPPP, BMDP, Pentylone and Dimethocaine**
- **Combination of PMMA, MDPBP and MDA**
- **Combination of PMMTA, Benzophenone, MDPBP and D2PM**
- **Combination of f MDPV and Dimethocaine**
- **Combination of Mephedrone and MDPV**
- **Combination of JWH-018 and WH-073**
- **Combination of Phenazepam, 3-(4-hydroxymethylbenzyl)-1-pentylindol, AM-2201, (RCS-4) – C4 – homolog**

Two cases of analysed white powder have been announced by the National Institute of Forensic Science and Criminology, which contain three types of antihistamines: **Diphenylhydramine** – in the first case, **Anaphyline and Chloropyramine**, in the second. **Diphenylhydramine, as well as Chloropyramine** potentize the effect of alcohol and other medicines (sedatives and hypnotics). There is some information about the use of **Diphenylhydramine** at places of entertainment.

### **Quantities and number of precursor seizures**

An element of the control over legal production of and trade in precursors is the preventive measures towards prevention of their diversion for illegal drug manufacture. The e-learning of licensed operators, prepared together with the European Commission, aims to raise the alertness and consciousness of the operators preventing precursor diversion from legal production. The course, copied on CDs, has already been provided for the operator's self-training.

Precursor and narcotic substance operators are regularly subject to preventive, current and subsequent control, in accordance with legal provisions. Checks-ups are carried out with the purpose of making an inventory of seized precursors, delivered to the order of the Interdepartmental Precursor Control Commission (IPCC).

During the year under survey a number of organisation activities were carried out in relation to the forthcoming destruction of 40 t of acetic anhydride delivered to the order of the IPCC. Destruction is to be completed in 2012.

In 2011, the Customs Agency organised and conducted 2 courses on Drugs and Precursors for customs officers from the country,.

A total of 1603 litres of acids (hydrochloric, sulphuric and acetic) were detained and seized by the GDCOC, as well as 22.5 litres of BMK.

Officers from the Drugs department of GDCOC-MOI participate regularly in the IPCC activities. Precursor diversion from their legal use has not been established so far. Regular check-ups are made on the companies licensed and registered for activities related to precursor use, trade and manufacture.

Officers from the Drugs department of GDCOC – MOI partake in activities of the commission for destruction of seized precursors on an annual basis.

Owing to the GDCOC participation in IPCC sittings, there is more control over precursor operators' activities in view of establishing early the actual use in production and non-admission of precursor diversion to the illegal market. In 2011, no cases of precursor diversion were established.<sup>148</sup>

### **Number of illegal laboratories and other specific drug manufacture sites detected, as well as the type of narcotic substances manufactured there.**

Over the period under survey, the GDCOC – MOI detected **11 illegal amphetamine and methamphetamine manufacture laboratories and 35 greenhouses for cannabis growing.**<sup>149</sup>

### **Price and purity of drugs at street level**

#### **Price at street level**

In 2011, **the most common price for cannabis** in Bulgaria varied between **€5 and €12.5** per gram, retaining the same values as against 2010 (see Table 10-2 below).

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<sup>148</sup> Source: Directorate Coordination and Information-Analytical Activity (DCIAA) – Ministry of the Interior (MOI)

<sup>149</sup> Source: General Directorate "Combating Organised Crime" - MOI

*Table 10-2*

**PRICES IN EURO OF SOME DRUGS IN BULGARIA OVER THE PERIOD OF 2010-2011**

		Cannabis (resin) gram	Cannabis (grass) gram	Cannabis (imported) gram	Heroin gram	Cocaine gram	Amphetamine gram	Methamphetamine gram	Ecstasy tablet	LSD dose
2011	Min.	5	2.5	5	12.5	40	3	10	2.5	7.5
	Max.	20	15	30	40	100	30	40	25	20
	Most common	5	7.5	12.5	25	60	10	15-25	5	10
2010	Min.	2.5	1	3	17.5	30	5	4	2	7.5
	Max.	30	12.5	30	50	100	30	40	25	25
	Most common	5	5-5.5	11-12.5	25-30	60-65	10-11	15-16	5-6	11

Again in comparison with previous years, only the most common price for cannabis (grass) marked an increase within the range of €2 – 2.5 per gram and it is only the LSD dose that marked a decrease in the most common price of €10 for 2011, as against the price of €11 per dose in 2010. In 2011, the most common prices of cannabis (resin), cannabis (imported), heroin, cocaine, amphetamine, methamphetamine and ecstasy retained their levels the same as in 2010.

Examining the highest and the lowest prices in Bulgaria over the recent two years, an increase in the lowest prices has been observed, while the highest prices tend to retain their levels of the preceding year. The lowest price of cannabis resin marked a twofold increase in 2011 - €5 per gram; the lowest price of imported cannabis increased by €2 per gram, too. The price of a gram of cocaine has increased by € 10 and the largest increase has been observed with the lowest price of amphetamine – €6 per gram, as against the period under survey. The lowest price of heroin dropped to €12.5 per gram in 2011, as against €17.5 per gram in 2010; the lowest price of amphetamine fell, too, from €5 per gram in 2010 to €3 per gram in 2011. In 2011 the highest prices of cannabis (resin) and heroin in Bulgaria decreased by €10 per gram compared to 2010.

**Over the period of 2008-2011, the most common price of €60 per gram of cocaine remained the most stable.** (see Table 10-3)

*Table 10-3*

**PRICES IN EURO OF SOME DRUGS IN BULGARIA FOR THE PERIOD OF 2008-2011**

		Cannabis (resin) gram	Cannabis (grass) gram	Cannabis (imported) gram	Heroin gram	Cocaine gram	Amphetamine gram	Methamphetamine gram	Ecstasy tablet	LSD dose
2011	Min.	5	2.5	5	12.5	40	3	10	2.5	7.5
	Max.	20	15	30	40	100	30	40	25	20
	Most common price	5	7.5	12.5	25	60	10	15-25	5	10
2010	Min.	2.5	1	3	17.5	30	5	4	2	7.5
	Max.	30	12.5	30	50	100	30	40	25	25
	Most common price	5	5-5.5	11-12.5	25-30	60-65	10-11	15-16	5-6	11
2009	Min.	-	0.5	5	15	40	5	4	2	5
	Max.	-	10	30	40	82	30	30	20	15
	Most common price	-	-	-	-	-	-	-	-	-
2008	Min.	-	0.5	2.5	15	51	10	-	2.5	-
	Max.	-	1.5	15	40	82	30	-	20.5	-
	Most common price	-	-	3.80	33	60	17.50	-	7.50	-

**Source: GDCOC, Municipal Council on Narcotic Substances, Outreach Programmes**

The biggest decrease in the most common price for this period has been observed with amphetamine – from €17.50 per gram in 2008, to €10 per gram of amphetamine in 2011. The lowest and the highest price per gram of heroin retained their levels in 2008 and 2009. In 2010, an increase was marked, but in 2011 these prices decreased, and it is possible to say that **over the period under survey, they have been the lowest observed prices per gram of heroin in Bulgaria**. For the same period, the most common price per gram of amphetamine, too, has been the lowest in 2011 - €10, as against €17.50 in 2008.

In comparison with the countries in Europe, in 2011 Bulgaria retained the lowest common price per gram of cannabis resin, cannabis (grass) and per gram of heroin.<sup>150</sup>

<sup>150</sup> For more information about prices in the EU see the 2011 Annual Report

## Purity<sup>151</sup>

In 2011, the number of samples containing hemp did not differ essentially from that in 2010. The percentage of tetrahydrocannabinol (THC) in the examined objects is most often within the range of 3.5 - 6 %.

With objects like hashish, the change is towards a considerable increase in the THC content.

The number of heroin samples has dropped nearly twofold; the percentage of the active component has marked a drastic decrease, too. There is a decrease in the lowest, as well as in the highest percentage, and the most widespread is under 1%. The substances added further to heroin are most often caffeine and paracetamol. In some of the heroin samples there is also amphetamine.

The number of samples containing caffeine decreased in 2011, too, as did caffeine purity, which lowered by 6% on average. Admixtures in cocaine are still most varied: caffeine, lidocaine, benzocaine, phenacetin, piracetam, procaine and levamisole. The most popular diluent is mannitol.

In 2010 the number of samples containing amphetamine decreased, too. Analysed samples are usually powdered substances, while amphetamine containing tablets are more rarely found. A slight decrease in the active component percentage has been observed in the objects. In 2011, the largest number of samples was with purity of about 3%. In 2011, the most typical admixtures in amphetamine were caffeine and lidocaine. Other common admixtures are: benzocaine, phenacetin, piracetam, paracetamol, analgin, aspirin and quinine, the most commonly used diluent being lactose. In 2011 the structural isomer of amphetamine, 1-phenyl-1-propanamine appeared, which is offered as amphetamine on the illegal market.

With amphetamine there is an over 50% increase in the number of objects. In 2010 the number of records was 22 and in 2011 they were 51. The purity of the most common samples was higher, too.

The tendency of the number of tablets containing MDMA to decrease has persisted over the recent 4 years. Tablets in which MDMA is in a mixture with N-ethyl MDA and amphetamine are found again. The usual admixtures are caffeine and CPP.

The substance CPP chlorphenylpiperazine, which appeared in Bulgaria in 2006, is more and more rarely seen, too, and 2C-B (4-Bromo-2.5-dimethoxyphenethylamine) has not been found in any of the objects analysed in the laboratory.

The reduced number of objects containing heroin, cocaine, amphetamine, as well as that of tablets containing MDMA, CPP and 2C-B is at the expense of the so called "Designer drugs". Their number and variety continues to grow despite the inclusion of over 40 types of them on the Lists of the Ordinance on the Order of Classifying Plants and Substances as Narcotic Plants and Substances which entered into force on 10<sup>th</sup> November 2011.

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151 Source: Research Institute of Forensic Science and Criminology (RIFSC)

## **Part B: Selected Issues**

## 11. Residential treatment for the drug users in Bulgaria

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

- History and polity regarding the residential treatment;
- Accessibility and characteristics of the residential treatment;
- Quality management;
- Trends of the future development of the residential treatment.

When reviewing the topic consideration has been taken of the historic development of the residential treatment in Bulgaria, the strategy and policy regarding it, the accessibility and the characteristics of the residential programmes in Bulgaria, the therapeutic approaches used, the levels of interaction and relations with other institutions and therapeutic approaches, the existing trends and standards of good practice in the residential treatment, the tendencies of this type of treatment, its achievements, problems and trends of future development. For this purpose data and information have been used mainly from the National Focal Point for Drugs and Drug Addictions and from the National Center for Addictions.

### History and Policy Regarding Residential Treatment

#### History of the residential treatment in Bulgaria

The residential treatment is based on closed programmes in which to live and they require separation from home and from the usual milieu, i.e, the drug addicted individuals live in a close system with the aim to recover from the addiction.

In April 1964 at the State Psychiatric Hospital- the town of Radnevo “A Club of the Aspiring for Sobriety” was found. This is the first socio-therapeutic club of addicted individuals found in Bulgaria. In 1968 it became the basis for the therapeutic communities in the hospital. Family group psychotherapy was initiated. The patients were actively included in work therapy and art therapy. In 1980 the building of the present Sixth Men’s Department was finished with 70 beds and closed profile for patients in severe condition. A wing was also built, which functioned on the principle of protected homes.<sup>152</sup>

After 1990 the prevalence of addictions in Bulgaria acquired epidemic characteristic and became a public problem. Gradually pressing need was recognized to establish therapeutic community as a model of treatment.<sup>153</sup>

In 1994 Dr. Filip Lazarov organized the participation of Bulgaria in a 5-year international project for training in the treatment of addictions. This project was meant for countries from South-East Europe, and the training was conducted in Italy, Slovenia and Bulgaria by David Dache from the California University of San Diego.

<sup>152</sup> Source: Annual Report on the activity of the therapeutic programme for behavioural modification of the patients with addiction to psychoactive substances at the “Dr. Georgi Kissiov” State Psychiatric Hospital– Radnevo in 2011

<sup>153</sup> Source: Vassilev, P. (2008). Therapeutic Communities. Standards for Good Practice, p. 18-19, M-8-M, Sofia.

Considerable part of the project was practical training in the model of therapeutic community, in which a group of about 50 psychiatrists, psychologists and social workers participated. In this way the transfer of the psycho-technology of the therapeutic community model was transferred to Bulgaria.

In 2001 Dr. Peter Vassilev established the “Phoenix House” in the village of Brakiovtsi, with the support of Assoc. Prof. Toma Tomov, MD- republican psychiatrist and head of the Department of Psychiatry at the Medical Academy in Sofia (at present a Professor). The organization of the therapeutic structure was influenced by the experience gained at the communities Ley Community, England, and Phoenix House, Norway. As a representative of the third generation of the therapeutic communities the therapeutic programme includes cognitive behavioural psychotherapy, which the team of “Phoenix House” managed to integrate in the therapeutic structure. So far the therapeutic centre has participated in three great European projects – Standards for services in the therapeutic centres, SEID, EEA, as well as in more than 5 projects in the country- the project under Phare Programme for re-socialization of drug addicts, projects under the Ministry of Labour and Social Policy and the National Centre for Addictions.

In 2001 selection and training of the staff who would work with the “Debeletz” Therapeutic Community began, which was established under a project of the “Open Society” Foundation. In the same year the team was on training with the “ITAKI” – KETEA therapeutic community in the Republic of Greece. In August 2002 the staff participated in the repair of the building and in the preparation for the admission of residents. The training and the work of the community was supervised and supported by the National Centre for Addictions. The capacity of the community is 18 positions, and in February 2003 the first residents were admitted. The community has a structured daily regime, hierarchical structure of the residents, group psychological work is done and other activities, characterizing the specifics of the therapeutic community. In September 2004 financial problems arose resulting from the fact that the financial funds, provided for the project, had been spent. The leadership of the community introduced taxes for the residents, to cover the financial needs. This however, changed the process and the motivation and the clients, and even a group violation of the prohibition to use alcohol occurred. The financial instability affected also negatively a part of the team, and some of them quit. At the same time the risk of burn-up increased time and again. In February 2005 the therapeutic community discontinued its activity.

At the end of 2004 the State Psychiatric Hospital for Treatment of Addictions and Alcoholism (SPHTAA) was registered as a legal entity. There diagnostic, treatment, stabilization and rehabilitation of persons addicted to alcohol and/or other psychoactive substances began. The real hospital activity of the SPHTAA was done at Suhodol district, where a department of psychosocial rehabilitation was established.

In 2005 the “New Beginning” Centre was established, which was part of the activity of the “Posoki” Foundation. It was based on the approach of the therapeutic communities for the rehabilitation of addicted persons, and its premises were in the village of Bunovo, Municipality of Mirkovo.

On 03<sup>rd</sup> March 2012 the “Octava” Therapeutic Centre, the first one in Bulgaria for rehabilitation of women, suffering from drug, alcoholic and gambling addiction, opened its doors.



## **Strategy and policy regarding the residential treatment**

The strategy and the policy regarding the residential treatment in Bulgaria is laid down in the National Strategy to Combat Drugs (2009-2013 г.) – Strategic Task 3 „Improvement of the accessibility of the of the patients to various and effective treatment programmes” and Strategic Task 6 „Development of programmes and activities for social rehabilitation and reintegration in the community”. 4 subtasks have been set to them:

- 1) Developing a system for treatment and psychosocial rehabilitation of the drug users at national and municipal level.
- 2) Optimizing the information system and referring patients and their relatives to programmes for treatment and psychosocial rehabilitation.
- 3) Ensuring the quality of the services in the programmes for treatment and psychosocial rehabilitation.
- 4) Establishing “Protected Homes” for individuals addicted to drugs in the process of treatment and re-socialization.

For the first two subtasks the Minister of Health, the Minister of Labour and Social Policy and the mayors of municipalities (Municipal Boards on Drugs and Prevention and Information Centres) are responsible, and also health establishments and MGOs. For the third subtask only the Minister of Health and the Minister of Labour and Social Policy are responsible, and for the fourth- the Minister of Labour and Social Policy and the mayors of municipalities with partners the Minister of Health and NGOs.

The residential treatment s based on drug-free treatment or on psychological therapeutic approach, directed at complete psycho-social recovery and reintegration of the addicted individual.

In Bulgaria the drug-free tretment of the addicted individuals is regulated by the Drugs and Precursors Control Act (DPCA). In Regulation № 8 dated 07<sup>th</sup> September 2011 (about the terms and conditions for implementing programmes for psychosocial rehabilitation of individuals who have been addicted to or have abused drugs, issued by the Ministry of Health and the Ministry of Labour and Social Policy) the rehabilitation programmes are described as systems of activities and care directed at improving the bio-psycho-social functioning of the individual and his/her social integration in society. These activities and care include psychological interventions and social activities, implemented in the communities and at the health establishments, which assist and extend the options of the individuals to have personal way of life.

The programme for psycho-social rehabilitation is implemented through social services, provided to the community by institutions or persons under Art. 18 from the Social Assistance Act and by health establishments under Art. 89 from the Drugs and Precursors Control Act.

The psycho-social work is done in accordance with the current methods, standards and requirements for social services, regulated by the Social Assistance Act and the regulation for its enforcement.

The psycho-social rehabilitation at the health establishments is implemented in accordance with Regulation № 24 from 2004 for the ratifying of the “Psychiatry” medical standard.

The residential programmes are implemented at health establishments, homes for medical and social care and by social service providers, like centres for accommodation and psycho-social rehabilitation and integration of people with problem drug use – type of protected homes. The target group for this are the individuals diagnosed with psychoactive

substance dependence, according to the criteria of the International Classification of Diseases (ICD-10).

The funding of this programme is done through:

- annual support through the state budget;
- paying taxes by the residents;
- participation in national and international projects;
- donations.

## Accessibility and characteristic of the residential treatment

The residential programmes in Bulgaria may be united in three groups:<sup>154</sup>

1. **Hospital residential programmes.** These are programmes at inpatient healthcare establishments, where specialized medical or psychosocial services are provided to individuals addicted to psychoactive substances. They are suitable for people who need medical or psychiatric monitoring, for life-threatening conditions or for people who are self-threatening or are a threat to other people. These programmes offer psychosocial assistance, including also medical service by a physician or a nurse. The aim is to achieve stability, restoration of skills and abilities which have been lost for the time of use of drugs and alcohol. The hospital programme ensures distancing of the addicted individual from the problematic milieu and also assists his/her social inclusion in the community. The benefit from these social programmes is the enhancement and stabilization of the positive abilities of the personality of the addicted individual. The team, supporting this recovery, consists of a physician, a psychologist, a nurse and a social worker.
2. **“Protected home” programmes.** They are suitable for addicted persons who have completed the rehabilitation programme and are still in the process of recovery and visit the programme with the aim of returning to the community, with the continuing assistance and control of the professionals (social pedagogue/tutor or a nurse, social worker and a manager) and the reduction of the risk of returning to the use of drugs and alcohol. The participants in this type of programmes have an independent way of life in protected space, they help each other in the process of recovery and achievement of full-value life, which are manifestations assisted by milieu, similar to the family one.
3. **Therapeutic community (TC).** These are 24-hour programmes, working 7 days a week and the mean duration of residing in them is 6 months. The therapeutic community is an approach, guided by the understanding of the disease, the personality of the addicted person, the process of recovery and the correct way of life. The main therapist and trainer is the community itself, which consists of the social milieu, the group of the persons participating in the programme and the members of the staff who are the role models and guide the participants in the process of recovery. In this way the community is at the same time the environment of the change and a method facilitating the change. The confrontation by and the positive influence of the group are in this way among the basic means to achieve change of the personality and of behavior. In these programmes the participants do social training through social interaction and this may have therapeutic influence on all the activities of the community. The programme is so arranged that there is a strict hierarchy according to levels, and accordingly the responsibilities of the participants are greater with each level. The therapeutic process in the therapeutic community integrates the work, the professional training, the therapy and the training of skills to

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<sup>154</sup> Source: Mihailova-Petkova, M., Ivanov, Kr., Bogdanova, V. (2011). Drug-free treatment of addictions in Bulgaria. Psychosocial rehabilitation, p. 11-12, NCA, Sofia.

prevent relapse. These elements build the 24-hour therapeutic milieu, which by its continuity and intensity is a reflection of the total personality transformation and is the object of the therapeutic work.<sup>155</sup>

Apart from these 3 types of residential treatment programmes, two more have been described: **centre for temporary accommodation** (of addicted individuals in the phase of switching to another treatment or rehabilitation programme, with minimal supervision by the team and providing therapeutic care if needed), and **foster families** (trained volunteers who take the commitment of living together with 1-3 ex-addicted individuals in the phase of rehabilitation, where the natural therapeutic effect of family life is combined with different according to intensity and tendency professional therapeutic interventions).<sup>156</sup> Currently, however, they are not applied in Bulgaria.

On the bases of the studies that the National Focal Point for Drugs and Drug Addictions conducts every year, it can be summarized that by the end of 2011 in Bulgaria there were 20 treatment centres, which were related to the residential treatment. 15 out of them may be numbered among the hospital rehabilitation treatment, 3 – among the treatment of the “protected home” type and 2 – among the therapeutic community. For 14 treatment centres the minimal duration of treatment is less than 3 months, and for 6 – more than 3 months. All the individuals treated in them in 2011 numbered 271.<sup>157</sup> (see Table 11-1).

*Table 11-1*

**NUMBER OF TREATMENT CENTRES AND NUMBER OF CLIENTS ON RESIDENTIAL TREATMENT IN 2011**

Type of residential treatment	Minimal duration of the treatment		Number of clients treated in 2011
	< 3 months	> 3 months	
Hospital rehabilitation treatment	14	1	117
Protected home		3	40
Therapeutic community		2	114
Total	<b>14</b>	<b>6</b>	<b>271</b>

**Source: National Focal Point for Drugs and Drug Addictions**

Those state psychiatric hospitals, centres for psychic health and multiprofile hospitals for active treatment which provide specialized services like psychotherapy and psychosocial rehabilitation to individuals addicted to psychoactive substances belong to the inpatient rehabilitation treatment.

At the building for the inpatients of the **State Psychiatric Hospital for the treatment of addictions and alcoholism – Suhodol district** there is a ward for psychosocial rehabilitation with 10 beds. To the ward men and women addicted to alcohol and psychoactive substances are admitted, needing medium intensity care. The patients with high degree of addiction, who have successfully completed the two-week detoxification programme on the inpatients’ premises or at another health establishment, are included in clinical programme of medium-term duration.

<sup>155</sup> Source: Raicheva, Tzv., Groshkova, T., Vassilev, P., Nikolova, E., Naslednikova-Rainova, R. (2009). Guidelines for the good practice of the psychosocial rehabilitation of addictions, p. 15, NCA, Sofia.

<sup>156</sup> Source: Georgiev, R., Vassivev, G., Belchev, Al., Grashnov, E., Angelov, Al., Vassilev, P. (2005). Consensus opinion about recommended approach for rehabilitation of addictions, p. 13, NCA, Sofia

<sup>157</sup> Patients were not treated in all of the rehabilitation centres of residential treatment, providing psychotherapy and psychosocial rehabilitation, in 2011

Within the framework of **Protected Home at the State Psychiatric Hospital (SPH) – the town of Radnevo** services are provided for ex patients of the hospital, aimed at their re-integration in society or at prevention of relapses.

Since 2004 at the hospital group therapy began for addicted individuals and models and instruments were used reciprocated from the therapeutic communities. The meetings were five times a week. The groups were guided by a psychiatrist and a psychologist. The group therapy complemented the therapeutic programmes available, giving the patients the option to educate themselves about issues, related to their condition, to behavioural change, to assuming responsibility and commitments, experimenting new behaviour. In the group the addicted individuals can contact people suffering from the same problems, can share their thoughts and experiences, they can watch and participate in the others' success and can share their own success.

Since February 2007 at Sixth's Men's Department of the SPH-Radnevo, a 12-step programme began functioning – a group for self-assistance and mutual assistance. The number of the meetings gradually increased from once a week to five times a week.

In the last years the hospital was in successful partnership with organizations and institutions having similar activity, such as: "Stefan Batori" Foundation in Poland, "Mothers against Drugs" association in Plovdiv, The National Centre for Addictions, "Solidarity" Day Centre – the city of Sofia, Probation Service – the town of Stara Zagora, The Prison- the town of Stara Zagora, The Regional Inspection of Preserving and Control of Public Health- (RIPCPH) – Stara Zagora, etc.<sup>158</sup>

**Protected Home at the "Decisions" Centre- Rouse** functions as public service in the community and has a capacity of 8 positions. Daily at the home clients aged between 18 and 65 years and using psychoactive substances who want to work for their skills of independent life and social inclusion, and who have risky dysfunctional behavior are cared for.<sup>159</sup>

At the "**Phoenix House**" TC the typical behavioural instruments and methods for the therapeutic centres are used, including psychoanalysis and cognitive behavioural consulting. The long-term residential programme operates as a 24-hour programme and provides systematic therapeutic approach, where the basic therapist and trainer is the community itself. It consists of a social milieu, the group of the residents and the staff members, who are role models of a successful personality change and guide the residents in the process of recovery from the psychoactive substance dependence.<sup>160</sup>

At the therapeutic centre 11 specialists aged from 25 to 54 years work. Those are 2 psychiatrists, 6 psychologists, 2 social workers and a health manager. Three ex-addicted individuals work as volunteers. The clients are aged between 18 to 50 years – male and female, abusing heroin, amphetamines, marijuana, alcohol and methadone.

The programme is in partnership with "Institute of Ecology of Thinking" Foundation, with the National Centre for Addictions and the Bulgarian Association for Prophylaxis of Addictions.

The residential long-term programme at the "**New Beginning**" TC is a 24-hour programme based on the model of the therapeutic communities for the recovery from the addiction to psychoactive substances, approaches, based on the 12-step and recovery philosophy. The main goal is to cover the main educational and psychological and emotional deficits, enhancing the feeling of security and belonging. The medical and legal problems are solved in a systematic way, and the team provides complete support, if necessary.

The team of the programme includes 11 people, most of them on part-time work – 2 psychologists, 2 psychotherapists, 1 clinical social worker, 1 social worker, 4 ex-addicted to

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<sup>158</sup> Source: National Centre for Addictions.

<sup>159</sup> For further information:

[http://www.solutions-centre-rousse-bulgaria.org/index.php?option=com\\_content&task=view&id=55&Itemid=76](http://www.solutions-centre-rousse-bulgaria.org/index.php?option=com_content&task=view&id=55&Itemid=76).

<sup>160</sup> Source: Maya Michailov-Petkova, Description and Analysis of the Situation in the Sphere of Psycho-Social Rehabilitation and Integration of the Addicted Individuals in the Country in 2011

drugs individuals and 1 psychiatrist as a consultant. 50% of the clients are addicted to amphetamines, and the rest – to heroin and methadone, and there are also individuals abusing more than one substance. The therapy is done in most of the cases in groups (psychodrama, group analysis, cognitive behavioural approach, crisis prevention).<sup>161</sup>

The therapeutic centre is in partnership with:

- “New Society Alternative” NGO – on the basis of the mutual experience and intervention on cases from the work with addicted individuals and their families.
- The Bulgarian Association of the Social Workers- in the line of the development of social work with the addicted individuals in Bulgaria.
- Medical Centres- for referring clients with severe form of addiction for detoxification, as well as consultations regarding co-morbidities of the patients.
- The Bulgarian Red Cross – regarding the re-socialization phase of youths who have successfully completed the programme and who participate in teams, as well as joint projects regarding prevention of risk use of psychoactive substances among the adolescents.
- The regional probation service, the town of Pirdop- regarding probation practices in addicted individuals.
- “Mothers against Drugs” Association, the town of Plovdiv – for enhancing the level of awareness among the adolescents and their parents, assisting and coordination of all the NGOs in the region.
- Metropolitan municipality – uniting the efforts to assist the organizations established and working in the sphere of treatment and rehabilitation of addictions and assistance at institutional level, providing the municipal premises for the development and extension of the activity of the organization.
- Anonymous addicted individuals (AAI) – evening groups for personal experience.<sup>162</sup>

The long-term residential programme under the model of the “Octava” Association therapeutic communities is addressed to women with addiction to psychoactive substances, to alcohol, gambling, internet and bulimia. The programme includes all-day groups and work activity. The groups are for preventing relapse, coming to know the addiction, self-knowledge. The methods used are positive psychotherapy, cognitive-behavioural psychotherapy, neuro-linguistic programming (NLP)-techniques, art-groups, hippotherapy (work with horses).

The team consists mainly of psychotherapists from different therapeutic directions (cognitive-behavioural therapy; psychodrama; Jungian psychoanalytic psychotherapy; positive psychotherapy; art therapy) and of two consultants with personal experience. The programme has 5 positions, and till the end of August 2012 two addicted individuals were included in it. The therapeutic process is of total duration 14 months.

In Bulgaria there **is no clear practice of the maintenance programmes referring their clients to centres for residential treatment.** They apply within the framework of their programmes different psychosocial interventions, these mainly being: individual and family consulting, cognitive-behavioural therapy, motivation interviewing. Psychodrama techniques, Neo-Reichian therapy art therapy, as well as systemic psychotherapy and psychoanalytic psychotherapy, family therapy groups for parents, therapy for couples, crisis interventions, trans-theoretical approach, positive psychotherapy and prevention of relapse are less frequently applied. The psychotherapy is done by the psychiatrists, the clinical psychologists and the psychotherapists, working for the programmes. With the patients from most of the programmes work is done for their re-socialization to their families and to society and for the acquisition of living skills and techniques to improve their social communication.<sup>163</sup>

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<sup>161</sup> Source: Kalotherakis, F., Kalabalikis, V.(2012), Monitoring report of “Ketea” .

<sup>162</sup> Source: Annual report of the activity of the “New Beginning” therapeutic community in 2011

<sup>163</sup> Source: Dr. Tomova, B., Yoneva, K. Summarized data from the annual reports of the substitution and maintenance programmes, functioning on the territory of the Republic of Bulgaria in 2011

There are also 4 daily rehabilitation programmes at the centres of psychic health in the towns of Vratsa, Dobrich, Plovdiv and Rousse under the structured in these health establishments substitution and maintenance programmes, but they are not included in the residential treatment.

More often the residential programmes refer their clients for treatment to the substitution and maintenance programmes. This is most often related to the normatively enforced requirement, namely that till 2011 in order to be admitted to the substitution maintenance programs (SMP) the patients must have had at least three documented courses of treatment without having discontinued drug abuse.

## Quality management of the residential treatment

In 2003 a team of specialists from the National Centre for Addictions, on grounds of the Bulgarian and foreign experience prepared a suggestion for **Consensus Opinion about recommended approach to rehabilitation of addictions**. This professional Consensus was adopted at the Annual Conference of the Bulgarian Psychiatric Association in Varna in October 2003 and it is an important step to introducing professionalism in the sphere of rehabilitation.<sup>164</sup>

In 2009 **guidelines for good practice in the psychosocial rehabilitation of addictions** were prepared, and they were aimed at improving the quality and efficacy of the work in the sphere of psychosocial rehabilitation in Bulgaria. In them the basic conceptions, definitions, aims and normative framework of the psychosocial rehabilitation, the stages of the rehabilitation process (including the types of the residential programmes) for addicted patients, the standards of the good practice of the rehabilitation of addictions, the monitoring and the assessment of the efficacy of the rehabilitation programmes, the basic ethic principles in the treatment and rehabilitation of addictions are described, and so is the ethic card of the staff.

The current standards of the good practice of rehabilitation of addictions in Bulgaria have been worked out on the basis of the Standards of Good Practice in the therapeutic communities for addictions, the regulating document for monitoring the quality of the implementation of these programmes, worked out by the Royal College of Psychiatrists, 2006. After consultations by a group of experts and by a group of those working in this sphere at national level, the standards were modified, so that they could meet the requirements of different types of programmes for psychosocial rehabilitation in Bulgaria.<sup>165</sup>

The qualification which the leaders of the programmes for psychosocial rehabilitation must have is specified in Art. 4, Para. 2 of Regulation № 8 from 7 September 2011 about the terms and conditions for implementing programmes of psychosocial rehabilitation of individuals who have been addicted to or have abused drugs, issued by the Ministry of Health and by the Ministry of Labour and Social Policy.

Art. 9, Para. 1 of Regulation № 8 regulated the terms and conditions under which the individuals with personal experience in the recovery from drug abuse, and who have successfully undergone treatment, psychosocial rehabilitation and/or groups for mutual assistance, may participate in the implementation of programmes for psychosocial rehabilitation:

- they must not have abused drugs over the last 2 years;
- they must have completed a course of training on the programme, approved by the National Centre for Addictions.

Appointing the staff, the requirements to the staff of the programme and the requirements for the number of positions allowed for the programmes, are all regulated in

<sup>164</sup> Source: Georgiev, R., Vassilev, G., Belchev, Al., Grashnov, E., Angelov, Al., Vassilev, P. (2005). Consensus opinion about recommended approach to rehabilitation of addictions, NCA, Sofia.

<sup>165</sup> Source: Raicheva, Tzv., Racheva, R., Groshkova, T., Vassilev, P., Nikolova, E., Naslednikova-Rainova, R. (2009). Guidelines for good practice in the psychosocial rehabilitation of addictions, p. 21, NCA, Sofia.

item 7.13.2. of the Regulation to Amend Regulation 24 from 2004 for endorsing “Psychiatry” medical standard, issued by the Ministry of Health.

Pursuant to Section IV (Monitoring and Accountability of the programmes for psychosocial rehabilitation) and to Regulation № 8 **the managers of the programmes for psychosocial rehabilitation report on the activity, done under the programme, by presenting An Annual Report to the National Centre for Addictions (NCA)**, including the results, the main trends, conclusions and problems that have occurred.

The activities done under the programmes for psychosocial rehabilitation are a subject of control by the National Centre for Addictions and by the Social Assistance Agency pursuant to Art. 86, ParA. 2 from the Drugs and Precursors Control Act and under Art. 31, Para. 2 from the Social Assistance Act.

**The National Centre for Addictions monitors the activities of the programmes for psychosocial rehabilitation** (particularly the residential programmes), and external experts may be involved with this, as well as representatives of the patient rights protection organizations which have been acknowledged as representative.

In February 2012 monitoring was done by Vasilis Kalabalakis (director of KETEA ITAKI - the biggest organization for rehabilitation and social reintegration in Greece) and by Fedon Kalotherakis (deputy director of KETEA) of four rehabilitation programmes, among which two residential - “Phoenix House” TC and “New Beginning” TC. The monitoring was commissioned by the National Centre for Addictions.

To assess the quality of the activity and the organization of the residential programmes in Bulgaria the following indices are used:

- satisfaction of the clients of the programmes - it is measured with surveys, client satisfaction questionnaire (SCQ 8), written balance, interviews;
- satisfaction of the programme teams-it is measured by subjective self-assessment and the microclimate of the respective programme;
- supervision of the clinical and organizational work – external (by external supervisors) and internal (administrative and organizational supervision, team meetings).

The on-going training of the teams, and the maintenance of high qualification of the staff is of considerable significance for the quality of the activity and for the organization of the residential programmes.

## **Trends and future development of the residential treatment**

In Bulgaria the residential treatment is reviewed as part of the psychosocial rehabilitation and integration of addicted individuals and specific studies regarding it have not been conducted. There is no registry of the programmes, nor of their clients. The national system of treatment still does not encompass all the programmes in which residential treatment is offered. All this hampers the drawing of tendencies in relation to the demand of such treatment.

Nevertheless, we can assess that over the last 5 years the clients, treated in the residential programmes, numbered between 200-300 per year.

“Phoenix” TC reports, that over the 11 years they have existed they have cured more than 200 addicted to narcotic substances individuals. At the same time in 2011 there was a reduction registered of the number of positions at the therapeutic communities (“Phoenix”TC and “New Beginning” TC). There withdrawal of patients is reported who are in the process of change, for financial reasons, because the programmes are self-supported by the taxes paid by those who participate in them. This causes lack of stability regarding systematically provided funding of the services, the activities and the maintenance of a qualified team. Regular upkeep of the premises is also necessary - extension of the space where the

residents live, investments for building (constructing sewerage, repair of the premises), providing heating and other basic necessities of life.

The necessity of additional support and funding is one of the most serious problems for which the residential problems seek a solution. For this they rely on the support of the state institutions, on participation in national and international projects, and also on donations.

The phase of the re-socialization of clients with drug addictions remains problematic. Therefore the efforts of the residential programmes should be directed at the relation with institutions, at improvement of the skills of the clients in regard to the labour market (rules for applying for work, preparing a CV, etc.). The closer relationship with the local communities can also be beneficial for the residents.

The development, the stability and the efficacy of the residential programmes is related to the continuation of the implementation of the Action Plan of the National Strategy to Combat Drugs (2009-2013 г.) – Strategic Task 3 „Improving the accessibility to various and effective treatment programmes for patients”, Strategic Task 6 „Development of programmes and activities for social rehabilitation and re-integration in society” and more specifically with the solving of some basic tasks:

- Extending the residential basis for admission of drug dependent individuals– establishing new departments at the health establishments for addictions with providing specialized services like psychotherapy and psychosocial rehabilitation; maintenance and development of programmes of the “Protected Home” type; increasing the number of existing therapeutic communities and support for the establishment of new ones.
- Maintaining and enhancing the qualification of the teams, working for the residential programmes – trainings and exchange of staff and residents between the residential centres in Bulgaria, as well as abroad.
- Maintaining the quality of the treatment offered and enhancing its efficacy- if possible, more residential programmes should use external supervision and regularly measure their clients’ and staff satisfaction.
- Improving the interaction and the relations between the residential programmes and the other institutions in the sphere of treatment - programmes for detoxification, referral of addicted individuals in psychotic condition, etc.; as well as institutions, supporting the re-socialization of the clients- labour services, employers, etc.
- Pursuit of services, corresponding to the needs of the clients treated on the part of the residential programmes.





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