



European Monitoring Centre  
for Drugs and Drug Addiction

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**2013 NATIONAL REPORT (2012 data) TO THE  
EMCDDA  
by the Reitox National Focal Point**

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

**REITOX**

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

1. Drug policy: legislation, strategies and economic analysis
2. Drug use in the general population and specific targeted-groups
3. Prevention
4. Problem Drug Use
5. Drug-related treatment: treatment demand and treatment availability
6. Health correlates and consequences
7. Responses to Health Correlates and Consequences
8. Social correlates and social reintegration
9. Drug-related crime, prevention of drug related crime and prison
10. Drug Markets

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

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

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

### Legislative framework

#### Acts, regulations, directives or guidelines in the sphere of drug addictions and drugs (supply and demand)

In 2012 a total of nine amendments of the legislative regulation of the Republic of Bulgaria were adopted, including the adoption of two regulations and of seven amendments of the acts and legal regulations in the sphere of addictions.

1. On 20.06.2012 Regulation № 2 was adopted of the terms and conditions of implementing programmes for treatment with agonists and agonist-antagonists of individuals dependent on opioids.<sup>1</sup> By virtue of this regulation the following items are laid down:

- The terms and conditions for issuing an authorization for the implementation of programmes for treatment with agonists and agonist-antagonists of individuals dependent on opioids.

- The requirements for the individuals who can lead programmes and the requirements for the healthcare facilities where the programmes can be implemented.

- The medical products containing agonists and agonist-antagonists which may be used in the programmes, and which are described in Annex № 1.

- ✓ In Annex № 1 medical products are included containing opiate agonists and agonist-antagonists, which according to their short characteristic, are used for the treatment of dependence on opioids.

- ✓ In Annex № 1 of the regulation the medical product Buprenorphine is included, for which there has been a marketing authorization in the country since 2008.

- The option for the Ministry of Health to provide solely the medical product Methadone funded by the republican budget under the terms of Regulation № 34/2005 on the terms of payment from the republican budget for the treatment of Bulgarian citizens for diseases not included in the mandatory health insurance and to provide it to the healthcare facilities which have been granted a permission for implementing the programmes, pursuant to Art. 16, Para. 1 of the Regulation.

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<sup>1</sup> Regulation № 2 on the terms and conditions of implementing programmes for treatment with agonists and agonist-antagonists of individuals dependent on opioids of the Narcotic Substances and Precursors Control Act (NSPCA) (promulgated in the SG, issue 49 of 29.06.2012)

- The compliance of the activity implemented with Regulation № 24 of 2004 on the ratification of “Psychiatry” medical standard.
- The requirements for the storing of the medical products containing opiate agonists and agonist-antagonists, the book-keeping of the medical products containing opiate agonists and agonist-antagonists used in the programmes.

The control of observing the requirements of the Regulation is maintained by the Ministry of Health, by the National Centre for Addictions and by the inspectors on narcotic substances from the Regional Health Inspections (RHI).

Pursuant to Art. 10 of the Regulation, the programmes for the treatment with opiate agonists and agonist-antagonists implement their activity in accordance with Regulation № 24 of 2004 for the ratification of “Psychiatry” medical standard.

Regulation № 2/2012 revokes Regulation № 24/2000 on the terms and conditions for implementing substitution and maintenance programmes for harm reduction concerning drug dependent individuals. On grounds of § 1, Para. 1 of Regulation № 2/2012 the healthcare facilities, which have been granted authorization to implement substitution and maintenance programmes pursuant to Regulation № 24/2000 on the terms and conditions of implementing substitution and maintenance programmes for harm reduction of individuals dependent on narcotic substances are brought in compliance with the requirements of Regulation № 2/2012 and submit papers for the renewal of the authorization they have.

2. Again on 20.06.2012 Regulation amending Regulation № 24 of 2004 was adopted for the ratification of “Psychiatry” medical standard, section 7 - “Addiction treatment”<sup>2</sup>. Under this amendment the rules for the “Treatment of the opioid addiction syndrome by opiate agonists and agonist-antagonists” are regularized. The decrees of this regulation have been synchronized by Regulation № 2.

3. A project to amend the Tariff of Taxes collected for the issuing, amendment or renewal of authorizations, permits and certificates for registration under the Narcotic Substances and Precursors Control Act (NSPCA).

4. A project to amend Regulation № 21/2000 on the requirements for the documents and the accounting when implementing activities with narcotic substances and their preparations was also prepared;

5. A project was also prepared to amend Regulation № 55/2012 on the terms and conditions of issuing licenses for activities with narcotic substances for medical purposes included in Annex № 2 and Annex № 3 of the NSPCA;

6. A project was also prepared to amend Regulation № 3/2001 on the destruction of legally produced, acquired and stored narcotic substances and medical products containing narcotic substances;

7. A project was also prepared to amend Regulation № 7/2001 on the terms and conditions of issuing authorizations for import and export of narcotic substances and their preparations;

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<sup>2</sup> Regulation to amend Regulation № 24 of the NSPCA (Promulgated in the SG issue 49 of 29.06.2012)

8. A project was also prepared to amend Regulation № 20/2001 on the terms and conditions under which the medical products, containing narcotic substances, may be exempt from some control measures;

9. A project was also prepared to amend Regulation № 28/2001 on the terms and conditions under which some healthcare facilities with no pharmacy may purchase, store and allot narcotic substances.<sup>3</sup>

## **Law enforcement**

The Ministry of Interior (MoI) implements activities meant to protect the civil rights, the national security and the public order. Prevention is among the leading functions and one of the most important ones through which the main tasks of the ministry are implemented. The bodies of the MoI implement general and individual prevention activity, prevent and stop crime and other legal offences, by systematically analyzing the crime-generating factors, by notifying the state bodies, organizations and legal entities about conditions for crime found.

On the data of the Ministry of Interior the following actions were undertaken in 2012 for the “Drugs” section:<sup>4</sup>

- The Regional Directorates of the MoI (RDMoI) have responded to 2020 notifications about drug-related offences. The greatest number of notifications responded to were at the Metropolitan Directorate of the MoI (MDMoI) – (364), RDMoI Plovdiv - (163), RDMoI Blagoevgrad - (149) and RDMoI Veliko Turnovo- (128).

- 452 operative lawsuits were heard – the greatest number was at the MDMoI (55), RDMoI Burgas (52), RDMoI Plovdiv (45), RDMoI Pleven (23).

- In 2012 in the country 4,713 individuals were detained for the production of drugs and for drug-dealing. 2,106 of them were detained by the MDMoI, then come RDMoI Plovdiv, (275), RDMoI Varna (208) and RDMoI Stara Zagora (193). Here it has to be emphasized that the tendency of the last years holds of increasing the number of the individuals detained.

- In 2012 in the country a total of 2,868 specialized police operations (SPO) were carried out – the greatest number was by the MDMoI (671), RDMoI Varna (208), RDMoI - Sofia (205) and RDMoI Stara Zagora (193).

- In 2012 a total of 5,179 gathering places for drug use, pubs and recreational establishments were checked- the greatest number by RDMoI Smolyan (679), RDMoI Sofia

(462) RDMoI Veliko Turnovo (418) and the MDMoI (415). Here we have to mention again that in comparison to the preceding years an increase of the places checked is observed.

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<sup>3</sup> Information: Annual Report of the National Council on Narcotic Substances for 2012

<sup>4</sup> Report on the work of the bodies of the RD of the MoI of the “Drugs” unit for the period 01.01.2012 - 31.12.2012

- The number of the school regions checked is 3,936 – the greatest number by RDMol Smolyan (449), RDMol Sofia (342), RDMol Pleven (252) and the MDMol (295), and the smallest number of school regions checked was by RDMol Lovech (8)

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

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

At the third regular session for 2012 of the National Council on Narcotic Substances (NCNS) a report was presented and approved on the implementation of the tasks of the Action Plan of the National Strategy to Combat Drugs for 2011.

✓ In the report the degree of implementing the tasks and of achieving the goals evolving from the National Strategy are given. In the sphere of prevention progress has been achieved of the implementation of the activities related to the development of health education at school. The municipal councils on drugs and the prevention and information centres work actively, the scope and the training for the implementation of the prevention programmes have been increased.

✓ A network of treatment centres and programmes for treatment has been developed and has been functioning successfully among the high-risk groups. Documents for the methods to be used with the best practices for prevention, treatment and rehabilitation entered in them have been developed.

✓ For the interruption of the illicit drug trafficking active international cooperation has been realized, training seminars have been conducted, international meetings have been held and operative interaction has been accomplished.

✓ Successful activity for bringing drug-related crime under control and for penalizing the crime perpetrators has been done. Highly effective customs control is maintained.

✓ The restriction of the budget expenditures, including for the national programmes, and the delay in funding them, are obstructive to the realization of all the activities planned for the year.<sup>5</sup>

## **National Action Plan and/or strategy - implementation and evaluation**

### ***National Council on Narcotic Substances (NCNS)***<sup>6</sup>

In 2012 four regular sessions of the NCNS were held. The following reports were approved then:

- The national reports of the Republic of Bulgaria on the problems related to drug use and addictions for 2011 and for 2012 written by members of the National Focal Point.
- Annual report for 2011 of the Republic of Bulgaria to the Commission on Narcotic Drugs at the ECOSOC of UN– Vienna, prepared as an implementation of the international treaties for drug control.
- Report on the implementation of the Action Plan of the National Strategy to Combat Drugs (2009-2013) for 2011.

<sup>5</sup> Information: Annual Report of the National Council on Narcotic Substances for 2012

<sup>6</sup> There again

- Report on the participation of the Bulgarian delegation in the 55<sup>th</sup> session of the Commission on Narcotic Drugs at the UN.

At a session of the NCNS an analysis of the situation in the country was presented about the communities at risk in relation to drug use.

In relation to the amendment of the Statute of the organization and of the activities of the NCNS (Art.13) at a session of the council a decision was made to change the members of the Expert Committee pursuant to Art. 14 of the NSPCA at the NCNS. A representative of the National Focal Point on Drugs and Drug Addictions, a representative of the “Customs” Agency and a physician-toxicologist from the MMA were also included in the present structure.

At a session of the NCNS motions of the Chief Directorate “Combating Organized Crime” – Mol and of the “Customs” Agency – MF to include new substances in the annexes of the Regulation on the terms and conditions for classifying plants and substances as narcotic were reviewed. A decision was made to pass the motions to the Expert Council at the NCNS for an opinion to bring the substances under control.

Pursuant to a decision of the NCNS interdepartmental work group has been established which is to work out a third National Strategy to Combat Drugs (2014-2018) and An Action Plan to it. The New Strategy shall be in compliance with the strategy of the EU to combat drugs (2013—2020), taking in consideration the results achieved when implementing the former National Strategies.

At a session of the NCNS A Platform to change the policy regarding the psychoactive substances in Bulgaria presented by professionals, NGOs and citizens was reviewed. With a decision of the NCNS an interdepartmental working group has been established to analyze the motions presented in the Platform. In the structure of the working group representatives of the movers of the Platform, of the Ministry of Health, Ministry of Justice, Ministry of Interior, Ministry of Education, Youth and Science , Ministry of Labour and Social Policy and of the “Customs” Agency were included. The analysis prepared was presented at a session of the council.

The motion of the NGOs was reviewed to integrate the programmes for social rehabilitation of the drug users in the system of the social and health services. An interdepartmental working group has been established including experts from the MH and MLSP and representatives of the NGOs. The report prepared by the work group was presented at a session of the NCNS.

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

For the implementation of the national policy on drugs at local level by the end of 2012 **27 MCNS** were established and functioned at the municipalities, which were not administrative centres of districts. The MCNS work according to the municipal programmes and strategies for the prevention, treatment and rehabilitation of addictions which have been adopted.

### **Other tendencies in the policy development**

➤ On March 31<sup>st</sup> 2012 the “Mothers against Drugs “ Association published A Platform on the topic: „The policy regarding the psychoactive substances in Bulgaria – the necessity to change it”, prepared by professionals, NGOs and citizens. This platform expresses the position of the representatives of the civil society in Bulgaria, in their capacity of professionals, personally affected individuals and citizens, concerning the policy of the Bulgarian state in the sphere of the treatment of the use of illicit psychoactive substances (PAS). It is aimed at laying the basis for debate on the problems of this policy and at

showing that we are badly in need of a change and of improvement of the way in which the use of illicit PAS is addressed, as well as of establishing a stable system of use prevention, of treatment and of psychosocial rehabilitation of dependencies.<sup>7</sup> This platform comprises the following items:

**I. Rationale of the need of change.** According to the authors the usual practice when treating the people using illicit PAS in Bulgaria is directed exclusively at criminal prosecution. The criminal Code (CC) and especially the amendments in it of 2004 and 2006, as well as of the prohibitory lists at the Narcotic Substances and Precursors Control Act (NSPCA) are the main reason for that. The regulations in these documents result in practices of administration of justice which transform the individuals using PAS into criminals instead of into patients. The laws in force entirely shift the focus of the “balanced approach” regarding the supply and demand of drugs. This practical unbalance is worsened by the continued disregard of the systems of prevention, treatment and rehabilitation of narcotic dependencies.

**II. Problem spheres.** According to the authors of the CC there is no differentiation between the different quantities of substance owned, and there is no quantity defined which is allowed for personal use, and this renders the big dealer, the petty dealer and the usual user equally vulnerable and dependent on the subjectivity of the court.

The Bulgarian criminal law makes no provision for penalties which could be an alternative to the deprivation of liberty. The practice adopted in many European countries of giving the offender the chance to choose between being subjected to the “deprivation of liberty” penalty and undergoing consultative and therapeutic interventions which could be far more efficient and economically effective does not exist in Bulgaria.

**III. Demand of change.** According to the authors changes should be made in the following directions:

- Amending the legislation and ensuring more interventions directed at treatment and psychosocial rehabilitation of the individuals instead of at imprisoning them.
- Enhancing the systems of prevention, treatment and rehabilitation of individuals using or dependent on PAS by providing sufficient and sustainable state funding.
- Expanding the participation of competent and independent of the executive authority experts, working in the sphere and aware of the universal scientific experience, in the development of policies.

At the end of January 2012 in some printed media and TVs an open letter was disseminated of the Association of mothers of drug-dependent children in the towns of Blagoevgrad, Pleven and Varna. This letter included suggestions for solving the problems related to the funding of prevention and treatment. The main suggestion is to observe the text of the Law, according to which 1 % of the excise of the tobacco products and of alcohol shall be allotted to the reduction of harm caused by drugs. The financial revenues of the excise may be used for the construction of a network of health and social services for the treatment and rehabilitation of dependent individuals. Also, a certain rate of the excise of the

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<sup>7</sup> Information: “Mothers against Drugs” Association, the town of Plovdiv, the complete Platform may be found on: <http://www.antidrugbg.com/press/index/id/2047>



pharmaceutical industry could be used for example for the treatment of children with oncologic diseases.<sup>8</sup>

### **Mechanisms of coordination**

By the amendments adopted in 2012 of the Narcotic Substances and Precursors Control Act (NSPCA) in the texts related to the department of the specialized administration in the Ministry of Health which helps the Minister execute the control functions over the activities with the narcotic substances for medical purposes and for the fulfilling of the obligations resulting from the international treaties in which Bulgaria is a party are specified. After the amendment of the Organization Statute of the Ministry of Health in September 2012 the “Narcotic Substances” directorate was transformed into “Narcotic Substances” section at the “Pharmaceutical Products, Medical Devices and Narcotic Substances” directorate.

### **Economic analysis**

#### **Public expenditure**

In Bulgaria there is no extensive and reliable enough survey about the amount and the structure of the public expenditure in the sphere of combating drugs and coping with addictions. The first national survey of this kind will be completed at the end of 2013. In the present report we will, as we have done in the preceding ones, present specific segments of the public expenditure, unpretending to be comprehensive.

The National Strategy to Combat Drugs over the period 2009-2013 was one of the main sources for the public expenditure in the sphere of drugs and addictions in the Republic of Bulgaria.

With the Action Plan of the National Strategy to Combat Drugs (2009-2013) in 2012 of the National Centre for Addictions (NCA) A Chart of Accounts was approved for 294,000 BGN, and 279,270.24 BGN<sup>9</sup> of this account were spent.

For the implementation of the National Programme to implement the National Strategy to Combat Drugs 2009-2013 in 2012 grants in aid were allotted for the execution of the national policy for drugs and more specifically for the funding of the prevention activities of the MCNS and PIC. The funds amounted to 49,950 BGN for the 27 MCNS (1,850 BGN for each) and they were meant for the development and implementation of programmes for the prevention of drug use. For the execution of the task agreements were concluded between the Ministry of Health and the 27 municipalities to provide the funds stipulated in the Chart of Accounts. According to the requirements of the agreements the projects for the prevention programmes presented were reviewed and approved by a committee appointed by the Minister.<sup>10</sup>

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<sup>8</sup> Information: Report of the Municipal Council on Narcotic Substances – Blagoevgrad 2012

<sup>9</sup> Information: “Administrative- Economic and Legal Servicing (AELS) “ Directorate-NCA

<sup>10</sup> Information: Annual Report of the National Council on Narcotic Substances for 2012

According to the opinion of experts the funds allotted from the state budget for the prevention activities of the National Programme for the implementation of the National Strategy to Combat Drugs are not sufficient for the implementation of the effective prevention activity and of the more effective work of the PIC.

Apart from the funds of the National Strategy which are necessary for the development of prevention programmes some of the Municipal Councils on Narcotic Substances and the Prevention and Information Centres relied on the funds from the local budget for the implementation of the prevention activities, including: the organization of sports events, seminars, work meetings and trainings, making and distribution of fliers, folders and posters, etc. Some of them had also external funding- projects paid for by other organizations (see *Table 1-1*).

**Table 1-1**

**FUNDS SPENT ON THE PREVENTION ACTIVITIES OF  
THE PIC/MCNS IN 2012**

(BGN)

PIC/RCNS	CO-FUNDING BY THE MUNICIPALITY	EXTERNAL FUNDING
Blagoevgrad	1,500	-
Burgas	7,000	-
Varna	144, 856	30, 000
Veliko Turnovo	2, 500	-
Vidin	34, 508	-
Vratsa	4, 620	-
Gabrovo	-	1,600
Dobrich	5, 000	-
kurdzhali	-	-
Kyustendil	-	-
Lovech	-	-
Montana	-	-
Pazardjik	-	-
Pleven	6, 000	-
Plovdiv	4, 500	-
Pernik	-	-
Rousse	5, 000	-
Silistra	-	-
Sliven	-	-
Smolyan	-	-
Sofia	93, 696	-
Stara Zagora	-	-
Turgovishte	5,300	-
Haskovo	-	-
Razgrad	-	-
Shumen	3, 500	8, 630
Yambol	1, 000	-

Source: *PIC/MCNS*

We need to mention that the centres in the table above for which there were no subsidies from the municipality or external funding, implemented their prevention activities with funds from the National Strategy or from their own budget ( *for more information see "Budget"*).

## **Budget**

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

Pursuant to the State Budget Act for 2012 the NCA as an independent unit at the Ministry of Health spent the sum of **330,356.00 BGN**.

The funds were spent on:

- work salaries,
- insurance payments,
- remunerations to external individuals and companies pursuant to contracts concluded and services done, etc., accomplished on the basis of the current legislation.

**163,909 BGN**<sup>11</sup> from the budget subsidy of the NCA were spent on the remuneration of the employees.

### ***Municipal Councils on Narcotic Substances and Prevention and Information Centres***

The MCNS and the PIC are funded with the funds of the state budget, through the municipal budgets, as an activity delegated by the state. In this budget the following sections are included:

- Expenditures for the salaries of 27 regular chairpersons and 27 secretaries of the MCNS and for 65 regular staff positions for the teams of the PIC.
- The cost of maintenance, including: the purchase of consumables and office materials, courier services done and payment for part of the activity of the MCNS/PIC.
- The budget of the 27 MCNS/PIC (including salaries and insurances, as well as the maintenance funds) for 2012 is as follows:<sup>12</sup>

1. **BLAGOEVGRAD:** total budget sum – 24,573 BGN
2. **BURGAS:** total budget sum– 22,355 BGN
3. **VARNA:** total budget sum – 32,562 BGN
4. **VELIKO TURNOVO:** total budget sum – 27,463 BGN
5. **VIDIN:** total budget sum – 32,658 BGN
6. **VRATSA:** total budget sum – 26,000 BGN
7. **GABROVO:** total budget sum – 27,463 BGN
8. **DOBRICH:** total budget sum – 25,000 BGN
9. **KURDZHALI:** total budget sum – 24,800 BGN
10. **KYUSTENDIL:** total budget sum – 25,014 BGN

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<sup>11</sup> Information: "Administrative- Economic and Legal Servicing (AELS) " Directorate- NCA

<sup>12</sup> Information: Reports of 27 PIC/MCNS for 2012

11. **LOVECH:** total budget sum – 24,800 BGN
12. **MONTANA:** total budget sum – 25, 000 BGN
13. **PAZARDJIK:** total budget sum – 25,014 BGN
14. **PERNIK:** total budget sum – 24,400 BGN
15. **PLEVEN:** бща сума на бюджета – 35,000 BGN
16. **PLOVDIV:** total budget sum – 30,000 BGN
17. **RAZGRAD:** total budget sum – 24,000 BGN
18. **ROUSSE:** total budget sum – 25,000 BGN
19. **SILISTRA:** total budget sum – 31,025 BGN
20. **SLIVEN:** total budget sum – 30,000 BGN
21. **SMOLYAN:** total budget sum – 24,873 BGN
  
22. **SOFIA: total budget sum 61,506 BGN (PIC/MCNS Sofia is totally funded by the metropolitan municipality)**
23. **STARA ZAGORA:** total budget sum – 27,300 BGN
24. **THE TOWN OF TURGOVISHTE:** - total budget sum – 21,149 BGN
25. **HASKOVO:** total budget sum – 27,322 BGN
26. **SHUMEN:** total budget sum – 24,500 BGN
27. **YAMBOL:** total budget sum – 25,024 BGN

### **Social price**

There is no updated data about the social price related to drug use.

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

The following main topics will be examined in this Section:

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

### Drug use in the general population

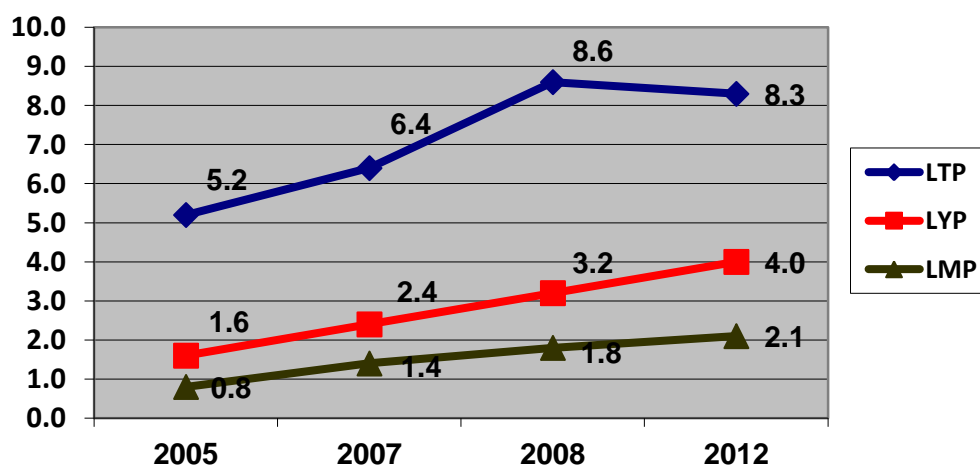
A National Survey on attitudes and use of psychoactive substances in the general population in Bulgaria was developed and conducted at the end of 2012. It is representative for the country's population aged between 15 and 64 years. The field work was organized and carried out by the SOVA HARIS Agency in the period of 12.10 - 31.10.2012 in 88 cities and 74 villages from all 28 administrative districts in Bulgaria. The proportional sample was developed by random selection. Data collection and processing were carried out by the SOVA HARIS Agency too and they were completed by the very end of 2012. A total of 5 325 persons in the above age range were covered.<sup>13</sup>

8,3 % in total (7.6-9.0 % at confidence interval of 95 %) of the adult population used some of the drugs included in the survey at least once in their lifetime. In absolute numbers that means about 370 – 440 000 persons within the age range mentioned above, with at least one use of drugs in their lifetime. In comparison the share of these persons is higher than that in 2005 (5.2 %) and 2007 (6.4 %) and approximately the same as that in 2008 (8.6 %) (see Figure 2-1).

*Figure 2-1*

#### DRUG USE AT LEAST ONCE IN LIFE IN THE GENERAL POPULATION (15-64 years) IN BULGARIA IN THE PERIOD OF 2005-2012.

(%)



Source: National Focal Point on Drugs and Drug Addictions

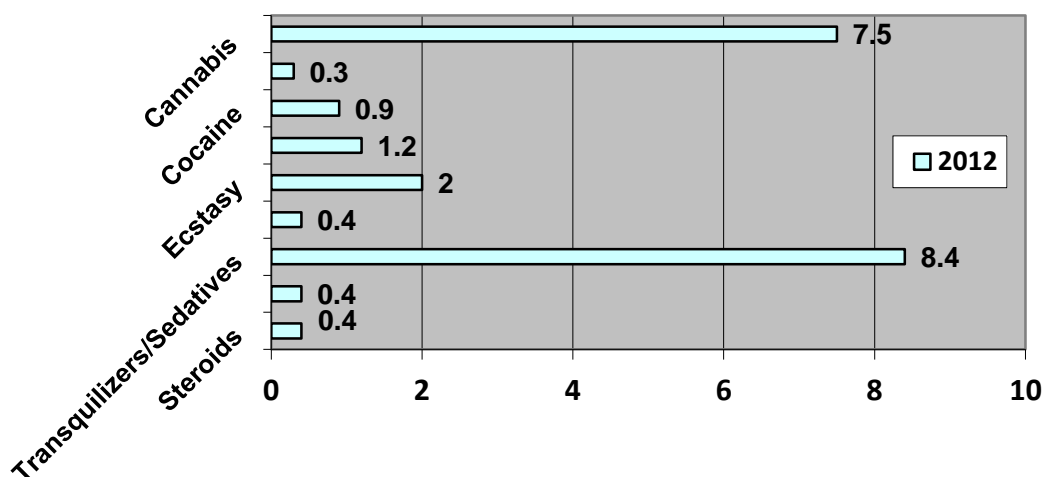
<sup>13</sup> Attitudes and Use of Psychoactive Substances among the Population Aged 15-64 Years in Bulgaria '2012', National Survey, October – December 2012, SOVA HARIS Agency, National Focal Point

Similarly to many previous studies, the results from the survey in 2012 showed once again that cannabis is the most frequently used drug substance: 7,5 % the respondents used it at least once in their lifetime (see *Figure 2-2*). The broad estimate at confidence interval of 95 % is 6.8-8.2 %, which corresponds to about 335-400 thousand persons. Second in prevalence of use are the groups of stimulants: ecstasy – 2.0 % (1.6-2.4 %, approximately 80 – 115 thousand), amphetamines – 1.2 % (0.9-1.5 %, approximately 45 – 75 thousand ) and cocaine – 0.9 % (0.7-1.2 %, approximately 35 – 60 thousand )<sup>14</sup>. The use “in one’s lifetime” of heroine, LCD and other hallucinogens and of different types of inhalants is in the range of up to 0.5 %. Special attention is aroused by anabolic steroids (in the group up to 0.5 %) and tranquillizers / sedatives, which in percent of use are ahead of cannabis too (8.4 %, 7.7-9.1 %, approximately 380 – 445 thousand), but as a form of medical drug addiction demand separate comments, especially for the population of more advanced age.

*Figure 2-2*

**USE OF DIFFERENT SUBSTANCES AT LEAST ONCE IN LIFETIME IN THE GENERAL POPULATION (15-64) IN B ULGARIA IN 2012**

(%)



*Source: National Focal Point on Drugs and Drug Addictions*

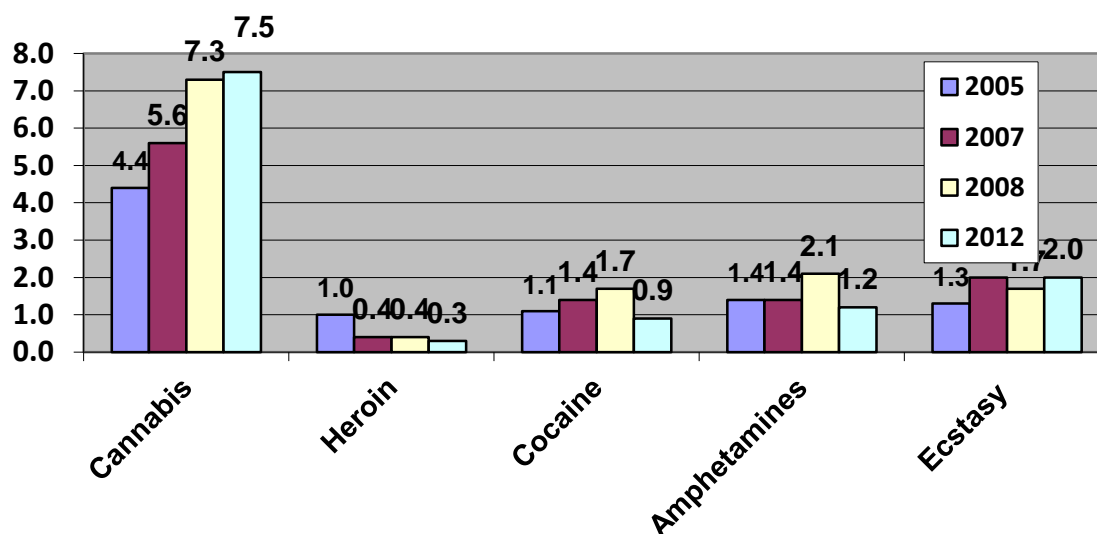
In 2012 the prevalence of cannabis use increased significantly as compared to 2005 and insignificantly as compared to 2008 r. (see *Figure 2-3*). The use of ecstasy increased as compared to 2008, but it has been generally stable since 2007 onwards. The use of amphetamines, cocaine and heroin decreased not only as compared to 2008, but also to 2005-2007.

<sup>14</sup> see also Standard Table 1 to National Report 2013.

Figure 2-3

USE OF DIFFERENT SUBSTANCES AT LEAST ONCE IN LIFETIME IN THE GENERAL POPULATION (15-64 YEARS) IN BULGARIA, 2005-2012 (1)

(%)



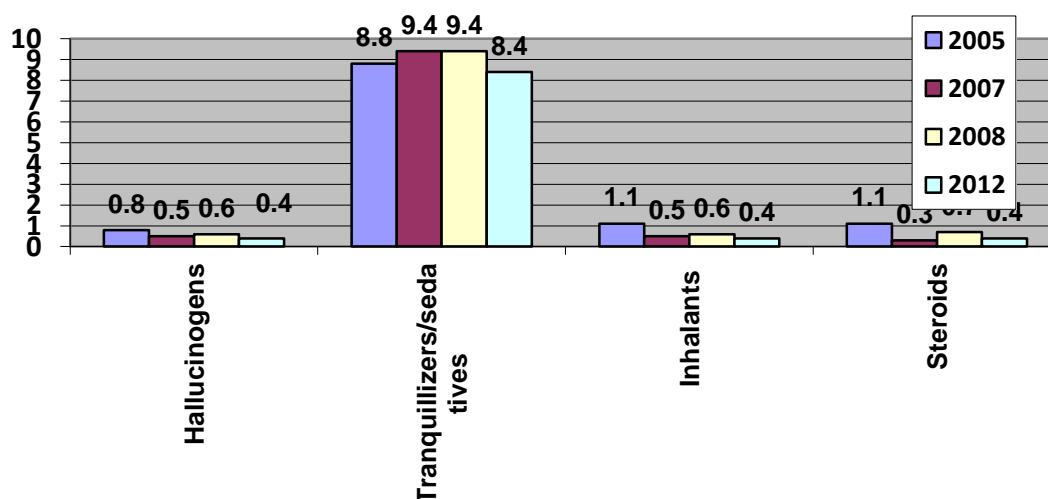
Source: National Focal Point on Drugs and Drug Addictions

With the other types of substances (hallucinogens, inhalants, steroids) of less significant use (about 0.5 %) the picture is relatively stable, but some decrease in the prevalence of use is still noticeable as compared to 2005 (see Figure 2-4). The data registered show that in 2012 all the three groups of substances had from 10 to 30 thousand cases of use at least once in lifetime. The issue with tranquillizers / sedatives is more specific, as their use kept at significantly higher levels in comparison with the other substances. It is worth noting that the prevalence of their use in 2012 dropped by about 1 percentage point as compared to 2008 – from 9.4 % to 8.4 %. In spite of that fact the danger notice is still valid, considering that between 380 and 445 thousand Bulgarians have used psychoactive medical drugs without doctor’s prescription at least once in their lifetime.

Figure 2-4

USE OF DIFFERENT SUBSTANCES AT LEAST ONCE IN LIFETIME IN THE GENERAL POPULATION (15-64 ) IN BULGARIA 2005-2012 (2)

(%)



**Source: National Focal Point on Drugs and Drug Addictions**

In 2012 a total of 4,0 % (3.5-4.5 % at confidence interval of 95 %) of the adult population aged 15-64 years used some of the drug substances included in the survey in the past year. In absolute numbers that means about 170 – 220 000 persons in the above age range who had used drugs at least once over the past 12 months. The share of these people is higher than that in 2008 (3.2 %) and it confirms the trend of growth begun in 2005 r. (1.6 %) and maintained through 2007 r. (2.4 %) (see *Figure 2-1*). Interestingly, in each new survey after 2005 the share of people who used drugs over the past year increased by 0.8 points.

A similar trend is registered concerning the use of the drug substances included in the survey over the past month. 2,1 % in total (1.7-2.5 % at confidence interval of 95 %) of the adult population aged 15-64 years had used such drugs at least once. In absolute numbers that means about 85 – 120 000 persons in the abovementioned age range using drugs at least once in the past 30 days. A trend of increase beginning in 2005 (0.8%) and maintained through 2007 (1.4%) and 2008 (1.8) has gained ground too, as far as that share is concerned. (see *Figure a 2-1*).

In summary, the prevalence of use in the last month and the last year rose continuously from 2005 to 2012, and that of once in lifetime increased from 2005 to 2008, followed by onset of some stabilization.



## 3. Prevention

In the present chapter the prevention activities implemented in 2012 at national and local level will be presented, related to the use and abuse of psychoactive substances. These activities include:

- Introduction to the structure of prevention activities in Bulgaria;
- Environmental prevention;
- General prevention: at schools, 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;

### 3.1. Introduction to the structure of prevention activities in Bulgaria

The approaches related to environmental prevention and those related to general prevention are aimed at the population in general; selective prevention and the related approaches are designed for vulnerable groups of the population, while the aim of indicative prevention is to reach and cover individuals at risk.

- The general trend over past years in Europe and Bulgaria is to have the majority of the activities in the field of prevention of the use and abuse of psychoactive substances implemented in schools. According to data of the *European Monitoring Center on Drugs and Drug Addictions* (EMCDDA) the activities related to environmental prevention generally seeking to influence people's cultural, social, economic and living environment produce a positive effect on the beliefs of addicts and their use of psychoactive substances. The programs and activities and, more specifically, the strategies for environmental prevention carried out in schools at national (as well as European) level, are not so widespread, whereas some approaches are used that have gained positive evaluations for universal prevention in schools, primarily in the form of trainings for building social and personal skills among the different target groups. At European level there has been a trend of reduction in the preventive activities in schools which include provision of general information about drugs and drug use. One should not underestimate the fact that these are activities which have not proved their positive effectiveness yet. A substantial number of the activities in Bulgaria that are performed in schools and an even larger part of the activities carried out among children and adolescents as a target group involve providing general information about various psychoactive substances. There are few activities directed at prevention of the use of a specific substance.

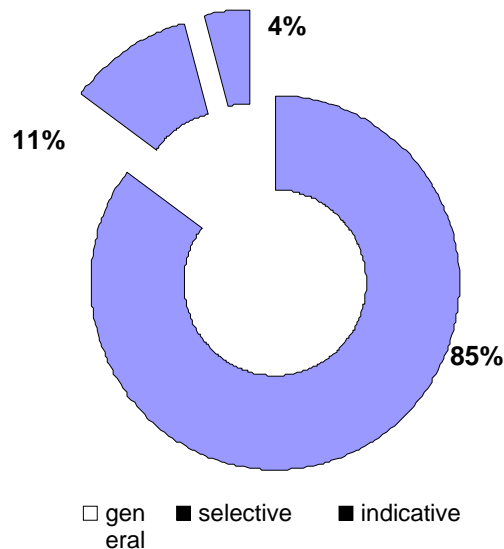
According to data of the Municipal Drug Centers (MDC) and the Preventive Information Centers (PIC) **in 2012 approximately 70% of the activities implemented in Bulgaria were aimed at prevention of the use of psychoactive substances, and 16% of all implemented activities covered prevention of the use of a specific substance, most often prevention of the use of alcohol and/or tobacco products.**

According to data obtained from the 27 centers and the Regional Health Inspectorate – Sofia Region (see Figure 3-1) implemented activities in the field of the use and abuse of

narcotic substances in 2012 on Bulgaria mainly included general prevention work – 85%, followed by selective prevention work – 11%, and only 4% are activities on indications for use and abuse of narcotic substances,

Figure 3-1

**Prevention activities in Bulgaria in 2012.**



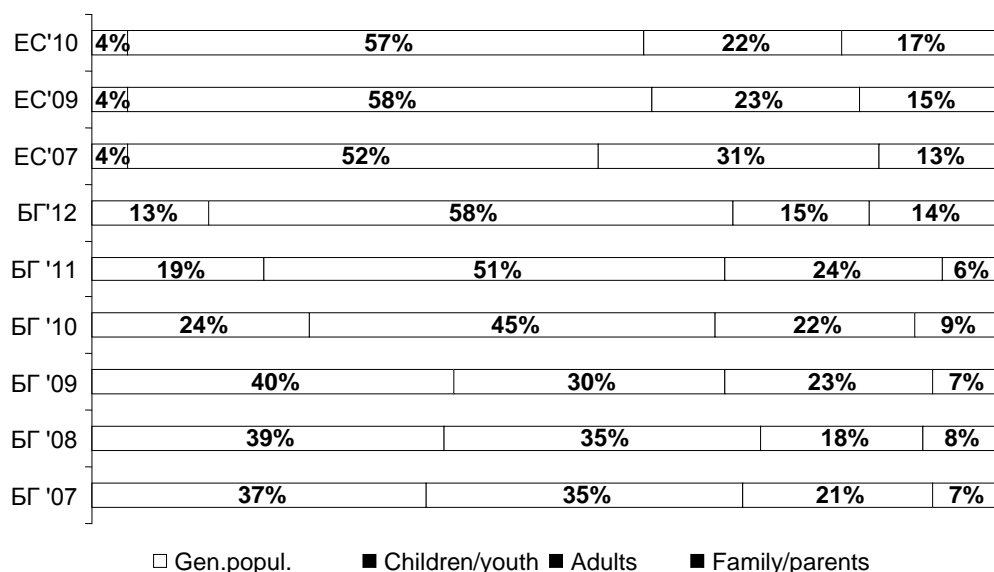
**Source:** 27 MCPS/PIC in the country and the RHI – Sofia Region

In comparison with the previous year, in 2012 no activities were implemented in the field of environmental prevention while the share of the activities in the field of selective and indicative prevention dropped. **In 2012 the trend of maintaining the largest relative share of general prevention activities was preserved.**

In 2012 the number of individuals involved in all prevention programs /activities of MDCs and PICs in the country was 54,420 people, with the share of children and adolescents being highest. Similarly to the other countries within the EU, after 2007 Bulgaria maintained a trend of a growing share of children/adolescents as a target group for prevention projects, programs and activities (see Figure 3-2).

Figure 3-2

### Target group of prevention activities in Bulgaria and the EU (%)



Source: MCPS/PIC in the country

With regard to the target group, the situation in the country over the past years grew to be very similar to the situation in Europe, where the relative share of children and adolescents was approximately 60% compared to all other target groups. It is important to point out that **the relative share of the family as a target group has grown in the activities implemented in 2012 (27%)**. Secondly, the relative share of the general public as a target group for prevention activities in Bulgaria went down. Following the increase to 40% in 2009 a trend of decrease was observed and that target group barely reached 13% in 2012.

**The prevention method that was implemented and used most often among the activities reported in 2012 was peer influence** – approximately ¼ of all techniques. In comparison to the preceding year, its share was less than 6% - this is one of the most successful approaches according to the experts in the country.

According to information from the MCNS and the PIC in the period 2007 – 2012 **the creation and distribution of flyers, leaflets, posters and others were the most commonly used interventions in the preventive activities and projects** in the sphere of use and abuse of narcotic substances in the country (see Table 3-1). In 2012 most of the interventions were realized through the **media to the community**, their number being four times larger compared to the preceding year. There was a substantial increase of the use of **drawing competitions, short-story competitions** and others.

Table 3-1

#### Implemented Prevention Interventions in the period 2007 – 2012 г.

INTERVENTIONS	2007	2008	2009	2010	2011	2012

Movies	13	19	35	23	9	14
Video-training	5	3	6	5	3	4
Creation and maintenance of internet sites	6	6	17	18	2	5
Dissemination of flyers, brochures, posters and others	49	40	36	47	28	31
Printing and disseminating booklets	6	7	11	6	4	
Organizing sport events	9	8	25	14	21	12
Training in HIV and AIDS prevention	3	6	20	11	3	4
Trainings on drug use prevention	33	30	64	25	31	23
Trainings of leaders	3	11	6	0	1	5
Trainings of the type 'Kids train kids	14	36	12	13	1	7
Trainings of parents and teachers	26	18	24	24	10	10
Organizing seminars, working meetings and trainings with professionals	23	21	77	64	37	29
Activities through the media to the community	27	9	27	13	10	37
Clubs for discussions	20	15	14	6	8	1
Theater performances and other cultural event	20	35	38	13	19	12
Competitions for paintings, stories and others	18	14	22	19	21	34
<b>TOTAL:</b>	<b>275</b>	<b>278</b>	<b>434</b>	<b>301</b>	<b>208</b>	<b>228</b>

Source: MCPS/PIC in the country

Besides the interventions actually carried out, worth mentioning are the interventions by experts where financial resources were available. The answers to the question "If you personally had the necessary resources, which of the following interventions related to preventive activities would you choose to implement in your municipality next year?" made it possible to rank the responses according to their importance from 1 to 5. In particular, the interventions most implemented in the period 2007 – 2012 were defined as the least desirable interventions for a future project and/or activity, yet at the same time they were quoted as most effective over the past years (along with the trainings aimed at prevention of use).

**Assessment of effectiveness** is an important aspect of preventive activities targeted at prevention of the use and abuse of narcotic substances, and not just such substances. In 2012 some 38% of the activities implemented by the MCNS, PIC and the non-government

sector included assessment of effectiveness, nearly half of all activities – 48%, had no such assessment, and in 18% of the activities this information was not available. The most common reason to omit such an assessment (either of the process applied or the results achieved by the projects that were implemented) is identified as the lack of sufficient financial or manpower resources. **The lack of assessment of effectiveness in nearly half of the activities can also be explained with the nature of those activities and, more specifically, with their campaign basis (within one or two days of celebrating a given date). Furthermore, the dissemination of information materials is among the methods most often applied and, as mentioned in the very beginning, that is an approach that has not proven its effectiveness yet.**

**In conclusion we can summarize in several points that in 2012 the activities for prevention of the use of psychoactive substances in the country reported by the MCNS and PIC were mainly in the field of general prevention among children and/or adolescents (as a desirable target group) with a focus on the use of all kinds of psychoactive substances, had campaign nature, with slightly more than 1/3 having assessment of effectiveness.**

### 3.2. Environmental Prevention

#### Policy on Alcohol and Cigarettes

Under the Health Act<sup>15</sup> the Ministry of Health has commitment to implement prophylactic measures to minimize health risks and is held responsible for introducing healthy lifestyle policies.

The activities to restrict smoking and the use of alcohol in the Republic of Bulgaria are carried out in accordance with the Health Act<sup>16</sup>.

The policies in the field of restricting smoking, alcohol abuse and avoiding drug use in the Republic of Bulgaria are implemented through nationwide programs.

*The National Program Against Smoking (NPAS) in the Republic of Bulgaria 2007 – 2010* was developed on the ground of Recommendation 2003/54/EU for elimination of cigarette smoking and for initiatives to improve the control over tobacco in accordance with the *European Strategy for Tobacco Control* of the *World Health Organization* (WHO) and the *Framework Convention for Tobacco Control*. Bulgaria has ratified the *Framework Agreement for Tobacco Control*<sup>17</sup> and it has been effective in the country since the 5<sup>th</sup> of February 2006.

NPAS is structured in accordance with the major chapters of the *Framework Convention for Tobacco Control* which envisages activities that have not been introduced in Bulgaria yet or are not of permanent nature.

In accordance with the European principles for tobacco control<sup>18</sup> the Programme active in the period of 2007 – 2010 sought to combine the efforts of different governmental and non-governmental organizations since the restriction of smoking in the country could only be achieved through joint efforts.

For widespread restriction of passive smoking it is recommended to introduce a total ban on cigarette smoking in public places similarly to the measures introduced in Ireland, Spain, Italy, Malta and other European countries as well as in the United States. After the

<sup>15</sup> art. 2, para. 3 and para. 4 and art.. 29

<sup>16</sup> art. 54, 55 and art.. 56

<sup>17</sup> Promulgated in SG, issue 87, year 2005.

<sup>18</sup> European Strategy for Tobacco Control adopted at Session 52 of the European Regional Committee WHO in September 2002

implementation of a campaign of preparation and explanation targeting both the general public and the branch and trade union organizations certain measures were taken to restrict passive smoking in public places and at work.

In the period 2007 – 2010 a number of measures were taken for preventing first cigarette smoking and information on the hazards of smoking was disseminated among various risk groups. Information campaigns were launched on the occasion of the thematic days without smoking - the World Day Without Tobacco (31 May) and the International Day without Tobacco in November. Working for the regional structures of the MH are trained consultants (physicians, psychologists and other experts) in stop smoking consultation offices. A National Stop-Smoking Helpline<sup>19</sup> was established and an internet page was developed for the National Programme<sup>20</sup>. Films were made, video-clips, audio-clips and internet banners, national student competitions were organized as well as citizens involvement in international events and other initiatives designed to make life without tobacco more popular and to emphasize the harm on human health done by tobacco smoking.

On the initiative of the Ministry of Health a national pupils' competition 'The project of our class – life without tobacco' was launched in 2008, carried every year since then. The competition is organized with the help of the Ministry of Education and Science (MES), the Ministry of Youth and Sport (MYS) and the Ministry of Culture. The projects are carried out by pupils under the guidance of their teachers and with the involvement of their parents in many activities. The aim of the competitions is to demonstrate that human life is healthier and in harmony with nature when one lives in environment free of cigarette smoke.

The Ministry of Health and the National Public Health and Analyses Center (NCPHA) and the Italian National Association against Cancer organize each year an International competition for children drawings with participants between 5 and 11 years of age. The competition is organized with the support of MES and MYS. All campaigns and activities are carried out with the active participation of the Regional Health Inspectorates (RHI).

Activities to improve the knowledge of adolescents (mainly concerning the hazards of tobacco use) are carried out annually on the occasion of the World Day without Tobacco in May and the International Day without Tobacco in November, media campaigns on the topic of the 'Hazards of smoking' broadcast in national and regional networks and audio and video clips provided by the World Lung Foundation in 2011, the campaign 'The First Seven Years' of the consultation offices on how to stop smoking, carried out in 2012. A series of health and information campaigns were carried out as a part of the project "Informed and Healthy" funded by Operational Programme '*Human Resource Development*'.

One million notebooks were printed with images of the *Home of Humor and Satire Museum* where the Ministry of Health organized the national pupils' competition "*Are You for Fashion or Do You Smoke?*". The notebooks contain messages against smoking for the purpose of prevention and creation of negative attitudes against cigarette dependency.

The MH made three films entitled 'No Smoking', 'Yana's Day' and 'The Invisible Man' which were distributed through the 28 RHIs.

With the amendments in the Law on Public Health effective as of June 2012 a total ban on smoking was introduced in closed public places and in some open public places.

The purpose of the total ban on cigarette smoking is to protect public health. on the one hand the ban protects the health of non-smokers who are exposed to the effect of cigarette smoking in closed and in some open public places, and on, the other, it protects smokers from excessive use of tobacco products. A very important aspect of the introduction of the ban on smoking in closed and some open public places is to protect the health of the individuals who work in restaurants and entertainment establishments and who are exposed to the negative effects of cigarette smoke at least eight hours a day.

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<sup>19</sup> 0700 10 323

<sup>20</sup> [www.aznepusha.bg](http://www.aznepusha.bg)

In enforcing the provisions of the law regarding the limitation of cigarette smoking in closed and at some open places during the first months after the introduction of the ban (during the period 01 June 2012 – 31 December 2012) the RHIs performed a total of 128,698 inspections during **the day and at night** in 123,316 locations during business days and weekends. A total of 1,698 recommendations were issued, 511 statements for violations were drawn up and 392 fines were imposed.

The MH prepared and implemented two programs against smoking which were ratified by the Council of Ministers: the National Programme Against Smoking 2001 – 2005 and the National Programme Against Smoking 2007 – 2010 as an extension of the first one.

In February 2013 the citizen initiative 'Bulgaria without Smoke' was launched. The association was created after Members of Parliament from the ruling majority prepped to abrogate the total ban on cigarette smoking in public places. The initiative seeks to introduce a total ban on tobacco smoking in closed places and to strictly apply the country's legislation designed to restrict smoking. A website<sup>21</sup> of the initiative was created where citizens can report violations of the ban. The purpose of this citizen platform is to contribute to the active implementation of the law by assisting citizens to exercise control and report violations to the responsible public authorities.

In the period August 2012 – June 2013, i.e. approximately one year after the Law on Total Ban of Smoking in closed and some open places two consistent trends were observed regarding the number of the reported violations of the ban. In the beginning of the period it grew progressively till January (when 903 violations were reported) and afterwards it began to decrease and reached scarcely 106 cases in June 2013 (see Figure 3-3)<sup>22</sup>. On the whole the number of the reported violations increased two times during the first six months of 2013 as compared to the previous five months, i.e. from **1230 in the period August-December 2012 to 2330 in the period January-June 2013**.

Most of the reported cases (91%) in the period 2012 - 2013 related to violations of the ban on smoking in catering establishments or recreational locations. The rest were on playgrounds, in schools and in hospitals, in the public transport, at the workplace, in sports facilities and others.<sup>23</sup>

*Figure 3-3*

#### *Sindi-Bulgaria Programme 1999-2010*

**SINDI** is a prevention program for integrated prophylactics of chronic non-infectious diseases. The program is implemented in nine demonstration zones: Veliko Tarnovo, Vidin, Gabrovo, Dobrich, Kardjali, Lovech, Rousse, Stara Zagora and Yambol. Bulgaria joined the program within the cooperation between the MH and the WHO.

The strategic goal of the program is to improve the health status of the population in the zones selected by reducing the number of early deaths, morbidity and other health

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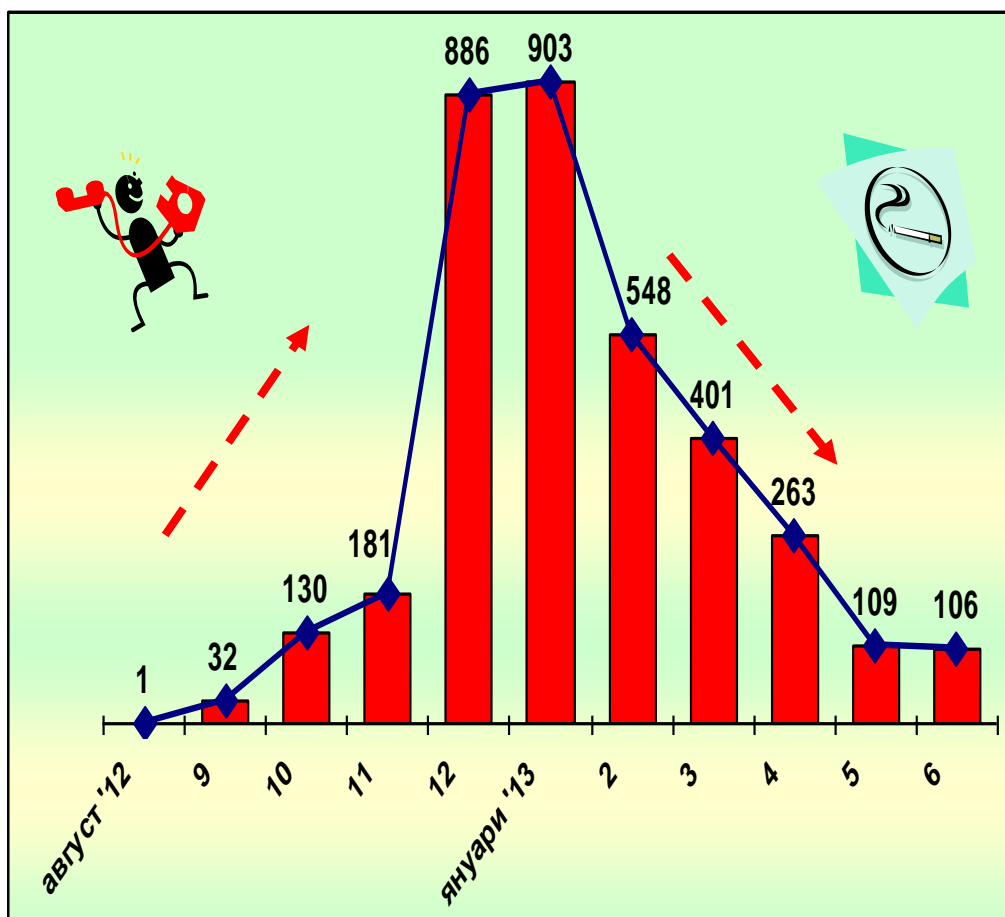
<sup>21</sup> <http://bezdim.org/>

<sup>22</sup> The data presented are on the basis online review of the web-page of the initiative 'Bulgaria without smioke' as at the beginning of August 2013.

<sup>23</sup> See the enclosed 3 figures (Figure 3.1, 3.2, 3.3 and 3.4) with detailed information and distribution of the reported violations in the country and the answers given.

consequences of the most common chronic, non-infectious diseases.

**Number of reported violations of the ban on cigarette smoking in the period  
August 2012 r.- June 2013 r.**



Source:



**БЪЛГАРИЯ БЕЗ ДИМ**  
Гражданска инициатива

The target groups are children and pupils as well as the active population between 25 and 64 years, including high risk groups for certain diseases.

A representative baseline survey was carried out among 13,000 men and women of active age from all zones to establish the level of the risk factors regarding chronic non-infectious diseases (CNID), as well as the knowledge, skills and behaviors of the population. The results of the survey were used to create an epidemiological framework of the developed local (municipal) programmes. Each one of them includes the policy of the programme, its priorities, goals, tasks, strategies and specific activities to achieve the targets, monitoring indicators and assessment of the results. Programme councils, working groups on specific problems and Public Health Coalitions were created.

In 1999 the MH approved the general framework of SINDI for 2010. Intervention activities to promote health were realized, as well as activities to contain the risk factors of the most common diseases in the areas. Educational and training activities are implemented



on annual basis under the programme at population level. The health-education activity among population in towns is focusing on health promotion, reduction of the level of behavioral, biological and social risk factors (smoking, unhealthy diet, limited physical activity, alcohol abuse and use of narcotic substances, high blood pressure, abnormal weight, high sugar level in blood), environmental factors and others. Sixty two campaigns were carried out, dedicated to the control over chronic non-infectious diseases and the related risk factors as a result of improper lifestyles of the population. Fifty thematic and international days and holidays were celebrated, including stop smoking campaigns. Hikes, concerts, exhibitions and other initiatives were organized to promote changes in the behavior of the population.

The activity on **prevention of alcohol abuse** is defined legislatively in the Law on Public Health, the Law on Radio and Television, the Law on Education and the Law on Protection of Children. The results from a National Survey of the risk factors related to the lifestyle of the population between 25 and 64 years carried out by the National Centre on Public Health and Analyses in 2012 indicate 23.2% of the citizen (39.5% of men and 7.3% of women) use alcohol regularly. 13.8% (19.8% of men and 3.8% of women) have strong alcohol drinks every day.

In 2010 a project was developed under *the National Program for Prevention of Chronic Noninfectious Diseases (NPPCND) 2013 – 2020* whose main purpose was to reduce the level of the most commonly observed general CND risk factors (behavioral, biological and psychosocial) by lowering the level of cigarette smoking, alcohol abuse, healthier food diet and increasing physical activity.

The working program of the NPPCND defined specific activities against cigarette smoking and alcohol abuse.

The Project of the National Program was endorsed by the Management of the MH after joint discussions and following coordination activities it will be submitted for approval by the Council of Ministers.<sup>24</sup>

In 2006 art.53, para.2 of the Law on Public Health was adopted<sup>25</sup> which stipulates that "one percent of the revenues in the state budget from excise duty on tobacco products and liquor shall be used to finance national programmes for limitation of cigarette smoking, alcohol abuse and use of narcotic substances.


According to the Annual Report of the Customs Administration for 2012 the revenues from excise duty amounted to 4 047.7 million BGN, or 187.7 million leva more as compared to 2011. Those revenues include excise duty on fuels, tobacco products, alcohol and beer.

The revenues from excise duty on tobacco products in 2012 amounted to 1 803.1 million leva (6.5% increase) and add up to 44.5% of the total revenues from excise duties. The officers of the Customs Administration performed a series of measures to stop the

**5** В района на ГКПП Видин-Ферибот мобилна група на Митница Лом осъществи проверка на товарен автомобил, при която откри:

- 220 000 разгънати опаковки за стекове за цигари, означени с марка REGAL;
- 1 386 000 разгънати опаковки за кутии цигари, означени с марката REGAL.

Стоката е пътувала за Унгария, като съгласно транспортните документи е била опаковъчна хартия.



Снимка: Годишен доклад на Агенция Митници за 2012 г.

<sup>24</sup> More information is available on the web site of the MH or on the following link:

<http://mh.government.bg/Articles.aspx?lang=bg-BG&pageid=393&currentPage=6&categoryid=5503>

<sup>25</sup> 2006

distribution of tobacco products with no tax banderol. As a result, the taxable quantities in 2012 increased by 6.5% as compared to the preceding year. As of the beginning of 2012 the excise duty on tobacco for smoking was increased (from 130 leva per kg to 152 leva per kg) and as a result the quantity of tobacco for smoking went down by 24.6% (from 178.6 tons in 2011 to 134.7 tons in 2012).

The net revenues from **excise duty on alcohol beverages** (high-alcohol content beverages and beer) in 2012 amounted to 267.9 mln. BGN, which was a 2%-increase on an annual basis. They added up to 6.6% of the total revenues from excise duties. The larger part of it were revenues from excise duty on high-alcohol content beverages (180,0 mln. Leva) which was an increase of 0.8% compared to the same period of the previous year. The taxed quantities of high-alcohol content beverages during the period under review rose by 0.9% as compared to 2011 and 22.6% as compared to 2010. The revenues from excise duty on beer in 2012 amounted to 80.8 mln. Leva which was 5.1% more as compared to 2011.

### **Other Social and Legislative Changes**

In 2012<sup>26</sup> the Minister of Defence issued Ordinance No. N-5/27.06.2012 on the terms and conditions on the prevention, control and establishment of the suitability for military service of officers in the military armed forces of the Republic of Bulgaria in case of use of alcohol and/or dependence on narcotic substances. Chapter III, art. 21 and 22 define the functions of the specialized units and bodies with regard to preventive work.

Under Ordinance N-12/18.05.2011 on psychological support to be provided to military personnel under the Ministry of Defense, in the Bulgarian army and in the structures under the direct command of the Minister of Defense, a certain algorithm has been developed and is now used for prevention and control of professional combat stress factors and prevention of risk behavior for military personnel with proven alcohol or drug addictions.

A protocol for psychological support has been introduced in cases of abuse of narcotic substances which describes the dynamics of the case, the work process, assessment of efficiency for the measures taken and result forecasts using a five-grade scale.

As part of the efforts in the Action plan of the National Strategy Against Drugs 2009-2013 in 2012<sup>27</sup> the Ministry of Youth and Sport (MYS) implemented two programs "Sport for kids during leisure hours" and "Sport for people with disabilities for children at risk".

The goals of the programs are to expand the chances of children and young individuals to participate in attractive forms how to use their leisure time as a mechanism to prevent drug-use, alcohol and cigarettes. Physical training is increased with a view to improving the health status of those groups of the population by providing free access to sports facilities.

Through the programmw "Sport for kids during leisure hours" free access to sport activities is provided to children throughout the country who are not having regular sport activities. During the period 1.02.2012 – 10.01.2013 a total of 193 projects in 66 cities were implemented as part of the program.

Under the supervision of 388 qualified sport specialists more than 41,000 sport events in 48 sports were organized. More than 10,000 children participated including children with disabilities.

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<sup>26</sup> Source: Information about the activities carried out to prevent the dissemination and use of narcotic substances in the Ministry of Defence, the structures under direct command of the Minister of Defense and the Bulgarian army in 2012.

<sup>27</sup> Source: Ministry of Youth and Sport

After the completion of the activities in the Program in 2012 30% of the children who took part subscribed to sport clubs to continue their regular training. This is an increase of 2% as compared to the previous year.

The programme “Sport for people with disabilities for children at risk” is new and started in 2012. Its purpose is to give those groups of the population free access to participate in activities with physical training, adapted physical activities and adapted sport. Forty projects were realized in 22 cities. A total of 1,183 participants practiced 32 sports.

### 3.3. Universal Prevention

#### At school<sup>28</sup>

During the school year 2011/2012 the Prevention- Information Centers in the country, in close cooperation with experts from the departments on education at the municipalities, pedagogic counselors, medical and pedagogic experts in schools and kindergartens, carried out prevention and information activities related to the use and abuse of psychoactive substances.

Peer influence is a successful preventive approach that could be used in school environment. According to the information available the topics of the risks associated with the use cigarettes, alcohol and drugs are included in the curriculum in the classes on “Biology and Health Education”, “Chemistry and Environmental Protection”. The purpose of the discussions held is to develop attitudes and skills among the pupils to defend their own views, to resist the pressure to use psychoactive substances and maintain a solid system of values and a healthy behavior. Some of the topics discussed include “Drugs as Lifestyle”, “Do you like that?”<sup>29</sup>, “Drugs: dangerous and harmful. How do we protect ourselves?”<sup>30</sup>, “The decision is to exit”<sup>31</sup> and many others.

The number of participating pupils in the region of Silistra was more than 150.

Different information materials were developed for school use about the types of psychoactive substances and preventive measures against addictions, such as the presentation “The truth about drugs”<sup>32</sup>, posters, information brochures and presentations in Peyo Yavorov Language School, a brochure for parents in Dobrudja School in the city of Silistra.

Films dedicated to prevention of the use and abuse of narcotic substances have been shown in schools to 1,116 pupils in the district of Silistra.

Trainings have been carried out of teachers and pupils to obtain the necessary basic health and pedagogical knowledge in the fight against the use of drugs.

Following the Program “How to make the school attractive to young people” included in OP “Development of Human Resources” many schools continue their work on the project “Success”. The purpose is to give pupils a perspective concerning their leisure time and to prevent risky behavior.

Pupils from At. Burov School, P. Yavorov Language School, Vladimir Komarov School are partners of the Prevention Information Centres. During the school year 2012/2013 the teams carried out 26 training sessions on topics related to drug prevention. The MDCs and the PIC – Silistra carried out activities as a part of the program “Sport and Arts” for children and adolescents during their leisure time. A total of 220 children from all schools took part in

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<sup>28</sup> Source: MES, Department ‘Access to education and developmental support;

<sup>29</sup> Hristo Botev Primary School, Alfatar, Silistra District

<sup>30</sup> Hristo Smirnenski Primary School, Dulovo

<sup>31</sup> VI. Komarov, Silistra

<sup>32</sup> Dobrudja, Silistra

the sport activities. During the competitions they were supported by parents, teachers and classmates.

During the month of soberness in the city of Silistra and information campaign under the name "I want to be healthy, what about you?" was conducted. The target groups of the campaign included children and adolescents between 12 and 14 and from 15 to 18 years of age. The campaign was held after information had come out that among the students in Silistra 88% use alcohol and 66% smoke cigarettes. A number of other campaigns have also been carried out. Information materials have been printed and distributed including flyers – 3,000 pieces, rulers – 500 pieces, weekly school schedules with positive messages for children in the 1<sup>st</sup> and 2<sup>nd</sup> grades – 1,000 pieces, calendars for 2013 – 500 pieces, Facebook page of Preventive Information Center – Silistra.

The Regional Inspectorate on Education in the city of Montana informed that 34 programs were carried out in schools for prevention of the use and abuse of psychoactive substances following the approach of "life skills". The number of the students covered by programs and campaigns for prevention of the use and abuse of psychoactive substances was 3,036. The schools in the area have 51 trained specialist at their disposal to work in this field. In 13 of the schools 16 programs have been applied following the approach "Peers Train Peers". In 10 schools in Montana District 12 programs for work with parents were introduced in which the trained specialists were 41, 6 of whom were teachers and 5 - pedagogic counselors. A total of 1,211 information materials were disseminated in all schools, such as brochures and leaflets provided by PIC – Montana. There are 20 sport clubs in the area which coach 1,500 pupils as a way to use their leisure time effectively and to prevent the risk of unhealthy behavior. In the end of the year a traditional event was carried out under the name "Art Without Drugs".

According to data supplied by RIE, Bourgas City, 14 619 students have been involved in information/educational activities, including talks with medical professionals and multimedia presentations during form tutor sessions. 8 270 students have been involved in psychoactive substances awareness campaigns.

The preventive-information activities in Gabrovo region are coordinated by the Regional Drug Council and a Youth Drug Council including pupils aged 15-19 years. The activities are implemented during the form tutor session, in group and individual forms of making sense of the pupils' leisure time. They interact with RIE Gabrovi, RHI, Central Support Centres (CSC) the School Committee for Combating Antisocial Acts by Minors and Underage (SCCASAMU) LC for CASAMU, CPR, BYRC. Surveys have been conducted and information materials have been distributed. Campaigns have been held to celebrate 31 May, the World No Tobacco Day, 1 December, the World AIDS Day and 5 December, the International Volunteer Day.

RIE – **Ruse** conducted training sessions in the field of prevention of the use of psychoactive substances jointly with PIC – Ruse. Monitoring, a survey and assessment of Risk Behaviour Factors were conducted jointly with RHI and some 250 students in grades 5-7 from 9 schools on the territory of Ruse. 2754 information materials have been handed out and 158 professionals have been trained.

42 schools were involved in preventive activities and campaigns in **Yambol region** (with the exception of primary schools); no work was done in the region under standardized drug prevention programmes.

**RIE - Lovech city** worked jointly with RDC Lovech in the field of drug prevention. The prevention-information activities are implemented during the form tutor session, in clubs, within the framework of campaigns and talks. A Help Club was set up, whose activity is linked with prevention of psychoactive substances.

In **Sliven region** teachers were trained by PIC jointly with RDC. Work with the pupils was based on the Peers-Train-Peers approach.

In Razgrad region 7 875 students have been involved in drug prevention-information activities; 40 programmes have been introduced at schools; 136 professionals and 336 students have been trained with the help of RHI, YBRC, MRF and others. Programmes for work with parents have also been introduced and 84 professionals have been trained. 1 100 information materials have been developed and distributed: fliers, brochures, presentations etc. RIE Razgrad has no introduced standardized programmes for work for prevention of psychoactive substances.

In **Sofia region** 69 schools have been involved in prevention and information activities in the field of prevention of the use of psychoactive substances. The activities were implemented in the form of talks (during the form tutor's session), in clubs etc. 25 schools joined the campaigns. Boards, brochures, web pages etc. were developed.

12 670 students in total have been involved in prevention-information activities in the field of prevention of the use of psychoactive substances in **Pleven City**. 109 psychologists have been trained. 48 programmes have been implemented and surveys have been conducted whose outcomes prove that the students have information on the types of drug substances and the consequences of their use. 146 boards, posters and fliers have been provided as information materials, as well as 43 films. 64 professionals have been trained to work with parents. CPR, BYRC and PIC work jointly to tackle the problems.

4 schools in **Blagoevgrad region** implemented standardized programmes in the field of psychoactive substances use and abuse. Educational and information activities were carried out during the form tutor's hour and mandatory 4 hours per year were included in the tutors' plans. Multiple activities were conducted under the SCCASAMU annual plans in the campaign "Participate and Change" in the area of prevention of the use of psychoactive substances. Work was conducted jointly with RHI, RDC, MRF. A student Drug Prevention Council was set up at P. Yavorov High School, Petrich town.

The approach "Peers Train Peers" was applied in the town of **Kardzhali**. A meeting was held by "World Cafè" method on the topic of AIDS and drugs together with youths from a club under RDC. T-shirts were produced with the logo of the campaign "Sport Against Drugs" as well as many other information materials. Work was carried out in cooperation with RDC, RIE, BRC and MRF.

Multiple initiatives have also been implemented in the town of **Dobrich** to increase students' awareness of drug problems. Form tutor's sessions, exhibitions, talks, work with parents, distribution of information materials were carried out in all schools with 1 to 12 grade pupils.

1000 materials were handed out in the town of **Vidin** on the occasion of 31 May: featured pens inscribed: "I don' smoke and I like that". Information was published on the websites of 65 % of the schools regarding the opportunities for pupils involvement during leisure time and school holidays. 350 brochures, 250 pens, 240 notebooks, 100 stickers were prepared and distributed in fulfillment of the National Anti-Drug Strategy 2009-2013. 14 programmes were implemented based on the approach "Peers Train Peers". "The Bridge International Art Festival" was held in the period of 15-22 June in the town of Vidin as an alternative to drug use. The MDC, the municipality of Vidin, RIE and other institutions and NGOs implemented initiatives for a fifth successive year within ECAD-*European Cities Against Drugs*.

4 programmes for prevention of psychoactive substances were implemented in **Varna**.

In **Pernik** prevention-information activities for prevention of the use of psychoactive were carried out through projects, talks, clubs (during the form tutor's session"). Joint initiatives were implemented by schools, RIE, RHI, CPR, SCCASAMU.

1 433 hours were allocated for prevention work in the fight against drugs in the town of **Shoumen** and some 31 827 pupils were covered. The forms of work were talks, studies, form tutor's sessions, presentations.

A total of 655 initiatives were implemented in the field of prevention of the use of psychoactive substances in the town of **Stara Zagora**.

48 initiatives have taken place in the town of **Veliko Tarnovo** with the participation of 133 pupils; 500 information materials were disseminated.

The past two school years (20011/2012 and 2012/2013) were dedicated to social and civil competences and they were carried out under the motto: „Participate and Change”.

The campaign was conducted with the support of the institution of Ombudsman of the Republic of Bulgaria and its aim was to meet the growing need for development of social skills in the adolescents as well as the great interest on the part of NGOs, parent communities and teachers in the forms of conducting civil and health education at school.

In addition to the initiatives already mentioned, MoE carried out activities of different nature, included in a number of national projects and programmes which contributed to the development of a system of education with capacities and resources as required to meet the various needs of all children and in support of the process of overcoming risk behaviours among students: “School Network Streamlining”, “The School: Students' Territory”, “Care for Each Student”, “At School Without Absence”.

In school year 2011/2012 the number of school psychologists was doubled, which contributed to streamlining the psychological support and protecting students from unhealthy influences.

In 2012 some employees of the Drugs Section of the Capital City Directorate of Interior (CCDI) participated in a European project under Komenski Sectoral Programme for regional partners entitled “Prevention of the Use of Addictive Substances by Children and Youths”. The seminar was held jointly in Turkey by employees of the Juvenile Delinquency group of CCDI and the Inspectorate of Education in Sofia. The contacts with the educational institution resulted in outlining some joint school-based initiatives in the form of lectures, organization of round tables and other educational events addressing drug harm and use among adolescents

In that connection the Drug Section of CCDI assigned an officer who has many years of experience and is personally committed to visit educational establishments and deliver lectures for the purpose of prevention and student awareness

From November 2012 to May 2013 lectures were delivered in 74 schools in the capital city in total, 27 of them being attended at the end of last year when 120 meetings were held with junior and senior students.

The lectures were conducted as talks with the active participation of the pupils. They discussed issues related to the harm of drug use, the different negative effects of each drug substance and their consequences, types of drugs and new drugs on the market; the penal responsibility for their distribution etc. Visual aids were used to that end and video films were shown, all of that presented in a suitable form for the age of the pupils. Part of the training aids were provided by the Ministry of Health and some non-governmental organizations working on the problems related to drug distribution and use.<sup>33</sup>

### **in the Family**

One cannot easily differentiate the independent family-based prevention programmes on the basis of the available data on the prevention activities implemented in the country in 2012. In their larger part the family-oriented activities are part of a more general programme,

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<sup>33</sup> Source: Ministry of Interior, Capital City Directorate of Interior , Drug Section

mostly designed to increase parents' awareness of the different types of drugs and the hazards of their use. **Nonetheless one should not underestimate the fact (mentioned at the beginning) that an increasing number of activities under more general projects are specifically family-targeted.**

### in the Community<sup>34</sup>

Some training/prevention modules have been developed and used in the military units of the Armed Forces on such topics as *Addictions: Types and Characteristics*, *Addiction Behaviour: prerequisite for manifestations of risk behaviour*; *Risk Behaviour Associated with the Disposition for Use, Systematic Use and Addiction to Drugs and Other Psychoactive Substances*, „Drug Prevention”. They have been integrated in the annual plans for psychological support.

Training courses for recognition of behaviour related to psychoactive substance abuse were conducted for the members of the Standing Committees for Prevention of Risk Behaviour as part of their overall activities. Training courses were delivered to cadets of *Vasil Levski National Military University* and *Nikola Vaptsarov Higher Naval School* on the topic of: *“Identification of Problematic Behaviour Related to Use of Psychoactive Substances and Alcohol”*. Focus groups and individual talks were held on a regular basis.

Another highlight in the training of members of the Bulgarian Armed Forces concerned the formation of responsible health behaviour and commitment on the part of the officers as an element of strengthening the mental health of the military.

*The National Helpline for Children (NHLC) 116 111* provides counseling, information and help on issues and problems involving children. Children may use the helpline to talk with a professional they can meet locally at the premises of appropriate services and service providers. The helpline is free for users and it provides an accessible mechanism for children to receive professional help any time of the day and night. In 2012 NHLC received 100 297 calls in total. 19 541 consultations were provided, 17 241 of this number to children. As shown by the data, 137 of the consultations conducted concerned addiction problems, i.e. 0,7 % of all consultations.

### 3.4. Selective Prevention in Risk Groups and Places

#### Risk Groups<sup>35</sup>

In connection with the implementation of Project BG0011 *„Listen to the Child: Improvement of Prevention and Access to Services of Children and Adolescents, Experimenting With or Using Narcotic Substances”*, financed by the Economic Mechanism of the European Economic Area (FM of EEA) a free helpline is operating at the National Centre for Addictions, offering counseling and referral on the issues of addiction to narcotic drugs and alcohol. After the end of the project the hotline has been supported with funds provided under the National Strategy for Combating Drugs.

In 2012 the Helpline received 720 calls and provided 605 consultations in relation to addiction to psychoactive substances (613 in 2011).

235 persons under the age of 18 received advice on issues related to ending or reducing the use of alcohol, marijuana, tobacco smoking as well as issues concerning the effects of the use of stimulants. **The data show significant reduction in the number of persons**

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<sup>34</sup> Source: Information on activities implemented for prevention of the distribution and use of drug and narcotic substances in the Ministry of Defence, the structures directly subordinated to the Minister of Defence and the Bulgarian Army in 2012; **State Agency for Child Protection**.

<sup>35</sup> Source: *National Centre of Addictions*, МРКДНИН Directorate, Information on Prevention Activities Implemented in 2012 in connection with drug and alcohol and tobacco smoking; CCCAAMU, Information on the activities of the committees to combat antisocial acts of minors and underage in connection with the implementation of the 2012 Action Plan under the National Anti-Drug Strategy.



**under the age of 18 who received consultations as compared to 2011, when their number was 407.**

The *National Centre for Addictions* made an analysis of the situation and arranged the translation of a Programme for Field Work with Children and Young People at Risk into Bulgarian.

In connection with the need to take active measures for work with young people at risk (dropped from school, representatives of marginal communities, coming from families of low economic and social status), on 23.07.2012 the *National Centre for Addictions* organized, jointly with the Secretariat of the *National Drug Council* a one-day meeting with representatives of the *Municipal Drug Councils* and their *Prevention-Information Centres* to discuss the problems and strategies of work with children. It was clear at the meeting that urgent measures needed to be taken for work with young people at risk and as a result the *National Centre for Addictions* sent a questionnaire to the *Municipal Drug Councils*, asking them to describe the marginal communities at risk on local level.

After the filled in questionnaires had been processed the following conclusions came to the fore:

The risk communities had been defined on the basis of social, educational, economic and health statuses, which preconditioned the high level of risk behaviour associated with alcohol and drug use, as well as risky sexual and criminal behaviour.

The existence of a problem with communities at risk was pointed out by 16 municipalities in the country, namely: Vidin, Montana, Pleven, Sliven, Silistram Shumen, Dobrich, Pazardzhik, Plovdiv, Gabrovo, Bourgas, Haskovo, Smolyan, Kardzhali, Varna and Sofia.

Three sub-groups were generally referred to these communities at risk as follows:

Populations of Roma ethnicity, with low educational status, no work employment, living in rigid closed family groups, in non-regulated buildings and absence of even the minimal sanitary conditions. Large number of children involved in trafficking, children with disabilities and children with special educational needs. The highest predominant share of children placed in institutions.

Populations of Bulgarian ethnicity, with low educational and social status, no work employment. A large number of children with special educational needs and young people with a record of antisocial acts; children placed in institutions and children with disabilities.

Populations of Turkish ethnicity: low educational and social status, no work employment, living in rigid closed groups and communities. Presence of young people with records of antisocial acts and children with special educational needs.

Key problems of the communities at risk:

Low (lack of) education, no personal documents, no social security contributions, high level of unemployment, bad conditions of daily life and hygiene, bad infrastructure, no parental capacity, no health culture, deteriorated health status, high mortality.

In working with children at risk one should bear in mind that they are part of a community with certain specificities in the rules and norms regulating its interactions and social relations. Individual work with the children and work with them outside the community would not be effective. The already present risk of use or drug use should be regarded as dysfunction of the community where these children and young people live. To examine the problem in that manner means work with the community as such, work at different levels of hierarchy: leaders, families, young people and children. The key goal of work should be integrating the isolated community in the overall system.

In connection with the analysis made and the apparent need to implement a programme of work with children and young people at risk as part of integrated social and health service within the community, the *National Centre for Addiction* translated a Practical Guide for



Work with Young People at Risk developed by the Alcohol and Drug Addictions Service, Skills Acquisition Centre, Oslo city.

In 2012 the activities of the local committees combating the antisocial acts of minors and underage (LC CASAMU) in accordance with the Action Plans in fulfillment of the National Anti-Drug Strategy were directed towards the implementation of information, counseling, investigation and research activities, analysis of the factors for drug use among adolescents, development of programmes and projects, work with groups at risk, qualification of specialists, development and distribution of print and video information materials on that problem. Joint activities were implemented in good partnership with the inspectors from the CPRs, the departments for child protection and the municipal and regional drug councils.

The local committees organized **83 trainings of trainers from LC CASAMU – LC secretaries and members, professionals from prevention centres and consultation offices at the committees, public educators and others** (99 in 2011 and 76 in 2010 r.). 969 professionals were covered in these trainings (1064 professionals in 2011 and 831 in 2010). The more important topics of these trainings were: „Types of Drugs and Prevention of Use”; „Approaches for Achievement of Behaviour Change”; „Giving First Aid to Drugged People”; „How to Identify Drugged People”; „How to identify Drug Using Children”, „Addictions, Dependence: Prevention”.

In 2012 LC CASAMU implemented 114 *Peers Train Peers* programmes. The number of these programmes had been 94 in 2010. **There is an obvious trend of a growing number of these effective forms of training.**

105 760 **information materials** were published and distributed (83 925 in 2011 and 82 611 in 2010): fliers, brochures, booklets, newspapers, posters, handouts, bulletins, pocket notebooks, electronic and video materials and others<sup>36</sup>.

**349 information campaigns and general preventive programmes** were implemented (296 in 2011 and 276 in 2010 ) through the use of most varied forms, methods and means: lectures, talks, discussions, trainings, multimedia products and presentations, specialized websites, films, concerts, happenings, exhibitions, various contests, sports initiatives and others<sup>37</sup>.

A good practice in the activities of LC CASAMU were **the surveys conducted** through interviews, tests and surveys concerning the reasons and motivation for drug use. 107 surveys were conducted (112 in 2011 and 101 in 2010 r.), with over 11 000 persons being surveyed, mostly children and parents. The more important topics were: „What Do We Know About Drugs”, „Attitudes to Drug Use”, „Do You Know the Signs of Being Drugged?”, „Assessment of the Impact and Effectiveness of the Prevention Programmes and Activities”, „Awareness of the Use of Drugs and Their identification”, „Drugs, Aggression and Violence”, „Mental Dependences Among Pupils: Why One Turns to Drugs”, „Study of the Citizens’

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<sup>36</sup> The following materials can be cited as **more interesting**: „Mechanisms of Addiction and Consequences for Human Health, Psyche and Life”; „Let us Learn to Separate Reality from the Myths on Drugs and Addictions”; „Marihuana: Facts That Parents and Teenagers Should Know”; „To Protect the Future”; „Ten Truths Concerning Drugs”; „To Have Tomorrow – I think Today”; „Knowledge Saves”; Guide for Parents: „Children and Drugs”; „Disco: Entertainment and Risk”; „We have Only One Life”; „Drug Addiction: Personal and Social Problem; „Violence and Drugs”; „Safe Yourself and Help a Friend”.

<sup>37</sup> Worth noting are the following topics of campaigns and prevention programmes: „Use of Narcotic Drugs and Violence”; „Methods of Protection from Psychoactive Substances”; training „Addictions”; „Drugs: Risk of Use; „No Drugs: Involvement of Children from Minorities”; „Life is Priceless: Don’t Replace It by Drugs”; „To Have Tomorrow, Live in Reality!”; „Raising Public Awareness of Drugs”; „Salvation or Contract with Death”; „Informed and Healthy”; „Life Loves Non-Smokers”; „Lend a Helping Hand to a Friend”; „Drugs and the Law”; „Drugs: Touch of Reality”; „Chewing Gum Against Cigarette”; „Say No to Black Life”; „Deadly Pleasure”; „Mental Peculiarities of Adolescents with Alcohol Traumas”; „Everyday Alcoholism and Its Damages”; „Palette Instead of Drugs” (for computer drawing and collage) and many others.

Attitude to Drug-related Problems”. „Attitudes to the Use of Cigarettes, Alcohol and Drugs Among Children with Antisocial Behaviour”, „Pupils and PAS: Health Behaviour and Attitudes”, polls among problem drug users by the *Snowball* method, “*The Role of the Family in Drug Use Prevention*” and others.

## Families at Risk

**LC CASAMU identified 123 groups and families at risk (150 in 2011 and 219 in 2010 r.) and implemented more that 30 prevention and support programmes with them.**

## Recreational Settings

There is no current information regarding selective prevention in recreational settings.

### 3.5. Indicative Prevention<sup>38</sup>

in connection with the implementation of Project BG0011 „*Listen to the Child: Improvement of Prevention and Access to Services of Children and Youths, Experimenting With or Using Narcotic Substances*”, financed by the Economic Mechanism of the European Economic Area (FM of EEA) a Programme for children and adolescents experimenting with or abusing psychoactive substances and their families was opened at the Daily Counselling Centre for children, youths and parents with the Prevention and Information Centre for drug addiction problems, Sofia city.<sup>39</sup>

in 2012 counseling was provided to a total of 296 persons, 146 youths and 150 parents among them. Most clients sought help in relation to alcohol use (71,6 %), those seeking help regarding heroine use came second (8,5 %), and those seeking help in relation ro use of cannabis – third. A small number of clients reported problems with amphetamines and gambling.

### 3.6. National and Local Media Campaigns<sup>40</sup>

A questionnaire was sent to 27 Municipal Drug Councils and their Prevention-Information Centres in the beginning of 2013 in order to obtain information on the campaigns for prevention of the use of psychoactive substances carried out in 2012. The same questionnaire was also sent to non-governmental organizations involved in activities in the field of psych-social rehabilitation and harm reduction of drug use on the territory of the country. *The National Centre for Addictions* received return from 19 MDCs and 7 NGOs.

According to the data obtained prevention campaigns targeted on prevention of the use of psychoactive substances, support to healthy lifestyle among young people and HIV/AIDS and STD prevention were conducted in 21 cities in the country: Bourgas, Blagoevgrad, Varna, Vidin, Vratsa, Gabrovo, Dobrich, Kardzhali, Lovech, Montana, Pazardzhik, Pernik, Plovdiv, Razgrad, Rousse, Silistra, Sofia, Sliven, Smolyan, Targovishte, Haskovo and Shumen.

The Prevention-Information Centres at the Municipal Drug Councils and the non-governmental organizations in the field of drug use harm reduction worked in cooperation to conduct prevention campaigns in Rousse, Bourgas and Pazardzhik.

<sup>38</sup> Source: National Centre for Addictions, МРКДНИН Directorate, Information on Prevention Activities Implemented in 2012 in connection with drugs, alcohol and tobacco smoking.

<sup>39</sup> After the completion of the Project the activities of the Centre have been financed by the Capital City municipality.

<sup>40</sup> Source: National Center for Addictions, МРКДНТН Directorate.

In a successive year the *Solidarity* Association for Rehabilitation of Substance-Dependent People in Sofia asserted itself as an organization working both in the field of psychosocial rehabilitation and in the field of drug use prevention. The expansion of the prevention activities of the Association was due to the expanded activities and promotion of the *National Information Helpline for Drugs and Alcohol* operated by the organization. In 2012 the Association conducted own drug use prevention module trainings at three schools on the territory of Sofia city, covering pupils from 29 classes in grades 7-10. According to the evaluation made by the Association that method of work with pupils had been successful as it not only provided information on the harm of drug use, but also built communication and social skills for the young people. The trainings had been implemented since 2011 and as of this moment they are still being provided, thus contributing to the promotion of sustainable innovative prevention activities.

*Solidarity* ARSDP also took part in two initiatives in the field of prevention of PS use launched by *Asenovgrad* municipality, as well as in the campaign "Sport Is the Better Way for Children to Grow" conducted in the period of 02.07-08.07.2013 by the *Union of Brewers* in Bulgaria.

According to the data available, a total of 107 campaigns were conducted on the territory of the country in 2012, 13 among them as part of the Project "Informed and Healthy" implemented by the Ministry of Health under *Operational Programme Human Resources Development*, 7 were part of the Programme "Prevention and Control of HIV/AIDS" of the Ministry of Health, 16 defined as part of activities implemented under the municipal anti-drug strategies and 7 recorded as part of other projects and programmes. The remaining 64 programmes are not recorded as part of any programme/project.

#### **Factors for Implementing the Campaigns:**

19 of the campaigns were implemented as a result of the evaluation of the local situation indicating higher use of psychoactive substances by young people and the community at large. 1 campaign was based on a sociological survey of the use of alcohol by persons under the age of 18; 21 campaigns were implemented to mark the International Day against Drug Abuse and Illicit Trafficking, the World No Tobacco Day, the Day of Solidarity with AIDS Victims, the World Day of Remembrance for Road Traffic Victims; 14 campaigns were implemented due to existing favourable financial and time factors and the remaining 52 campaigns were implemented because of the lack of information of the general public and, more specifically, within the group of young people concerning the harm caused by the use of psychoactive substances.

#### **Objectives of the Campaigns:**

The objectives of the campaigns were mainly defined as: providing information on the effects (health and social) of the use of psychoactive substances (drugs, alcohol, tobacco); providing prevention and reduction of the use of psychoactive substances among young people; enhancing young people's health culture and reduction of risk behaviour; promoting alternative creative leisure activities for pupils and young people.

#### **Campaign Implementation Period:**

The period of implementation of the campaigns was predominantly from 1 to 3 months, which is most probably due to the fact that nearly 40% of them were part of programmes and projects of longer duration. The campaigns implemented in connection with celebrations lasted from 1 to 3 days.

#### **Team:**

The campaigns were basically implemented by PIC and MDC teams and, depending on the target group on which activities were focused and on the specifics of the topics, teachers, pedagogical advisers and experts from the Regional Health Inspectorates (RHI) were part of

the teams too. Representatives of the target group were also recruited for participation in the team planning and implementing activities in 71 (66 %) of the above campaigns.

#### **Target Groups To Which the Campaigns Were Directed:**

A target group in 72 of the campaigns were children and young people in the range of 11 to 25 years of age, 15 campaigns were aimed at the broad public, 6 - at parents, 8 - at professionals working with children and youths and experts from public institutions and the target group of 6 campaigns were drug users (of narcotics and tobacco products).

#### **Partnership:**

As could be expected considering the target groups, the topics and the objectives of the campaigns, the key partners were RHI, the Regional Inspectorates for Education, (RIE), non-governmental organizations (NGOs), primarily the Bulgarian Red Cross and its youth organization, as well as the Ministry of Health.

**Number of people covered in the campaigns in 2012:** 138 683.

#### **Media coverage of the campaigns**

74 of the campaigns were covered in local print and electronic media, 21 – in internet and 33 were not covered in the media space and no information on the accomplished activities reached the public at the local level. An interesting fact is that part of the campaigns not covered by the media had actually been implemented to raise public awareness of the consequences of the use of psychoactive substances and the objectives of these campaigns had been information and outreach to the general public.

#### **Evaluating the effectiveness of campaigns**

According to the information obtained 34 of the campaigns had evaluation of effectiveness, or 31,7 % of the total number of companies. Evaluation was done through filled in questionnaires designed to obtain feedback from the participants in campaigns, focus groups as well as ongoing monitoring performed by the team of the campaign to track the achievement of indicators set before implementation (i.e. number of outreached people, number of distributed educational materials, number of media publications).

The conclusions on the ground of the evaluations thus made are that the campaign-based method of work with young people is effective and provokes interest and willingness for participation in the activities.

#### **Funding Source and Budget:**

58 of the campaigns were funded from the municipal budgets, 16 – by the Ministry of Health through the National Anti-Drug Strategy, the Project “Informed and Healthy” under Operational Programme Human Resources Development and the Programme “HIV/AIDS Prevention and Control”.

**Total value of the prevention campaigns implemented:** 4 105 452 BGN.

#### **Main Conclusions:**

The key factors for the implementation of campaigns in 2011 had been availability of funds and the need to provide information on the types of substances and the hazards of their use, while in 2012 the number of campaigns implemented as a result of such factors was just 14. In 2012 it was already apparent that the campaign-based implementation factors had already been brought in line with the needs of the society and rested on some kind of information collected in advance (although it is impossible to see how far that is valid and reliable).

## 4. Problem drug use

The following main topics will be examined in this Section:

- Evaluation of the prevalence and the new cases of problem drug use;
- Data on problem drug use from non-medical sources;
- Intensive, frequent, long-term and other forms of problem drug use.

### Evaluation of the prevalence and the new cases of problem drug use

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

##### At national level

There are no new current data on the number of problem drug users on national level.

The next study-evaluation of the number of problem drug users in Bulgaria (by the Capture-Recapture method or by some other method) is planned to take place in the first half of 2014.

##### At local level

According to data from the Annual City Report on the drug-related situation in Rousse city (the fifth largest city in Bulgaria with nearly 150000 total population) the estimate of the local team of researchers is for 684 problem drug users. Compared to the city population aged between 15-64 years, that makes approximately 7 / 1000 persons. This level is close to the average for the country (6 / 1000). The estimate of the number of injecting drug users in Rousse is 276 persons, which makes about 3 / 1000 persons of the population in the city.<sup>41</sup> It can easily be calculated that injecting drug users account for about 40 % of the problem drug users in the city, which is less than the average for the country.

According to data from another similar report<sup>42</sup> in 2012 in Sevlievo (a relatively small Bulgarian town with a total population slightly exceeding 22 000 people), 87 % of the persons who started drug use-related treatment were under the age of 30. About 74 % of those who started treatment were injecting drug users and 82 % were under the age of 30.

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<sup>41</sup> Annual City Report on Drug-Related Situation, Rousse municipality, Prevention\_Information Centre, Rousse, 2012

<sup>42</sup> Annual report on Drug-Related Situation in Gabrovo city, 2012

## Evaluation of the new cases of problem drug use

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

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

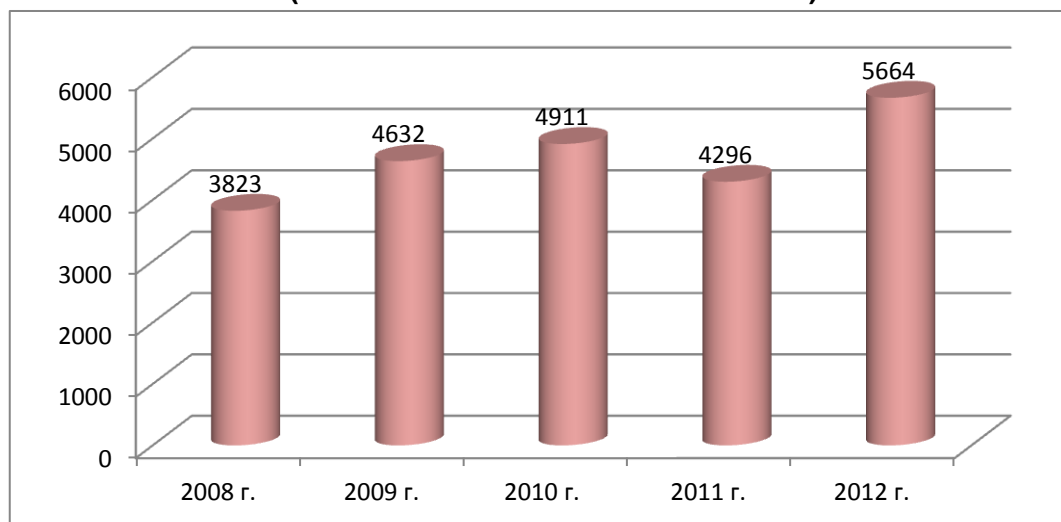
### Problem drug users from sources other than TDI

#### Data provided by the police

According to data provided by the Regional Inspectorates of the Ministry of Interior (Mol) the total number of persons (drug users and drug dealers) registered with the Drug Department in 2012 was 5 664, which is an increase of nearly 1/3 as compared to the previous year (see *Figure 4-1*). Of these 396 (or 7.0 %) were minors and underage.

*Figure 4-1*

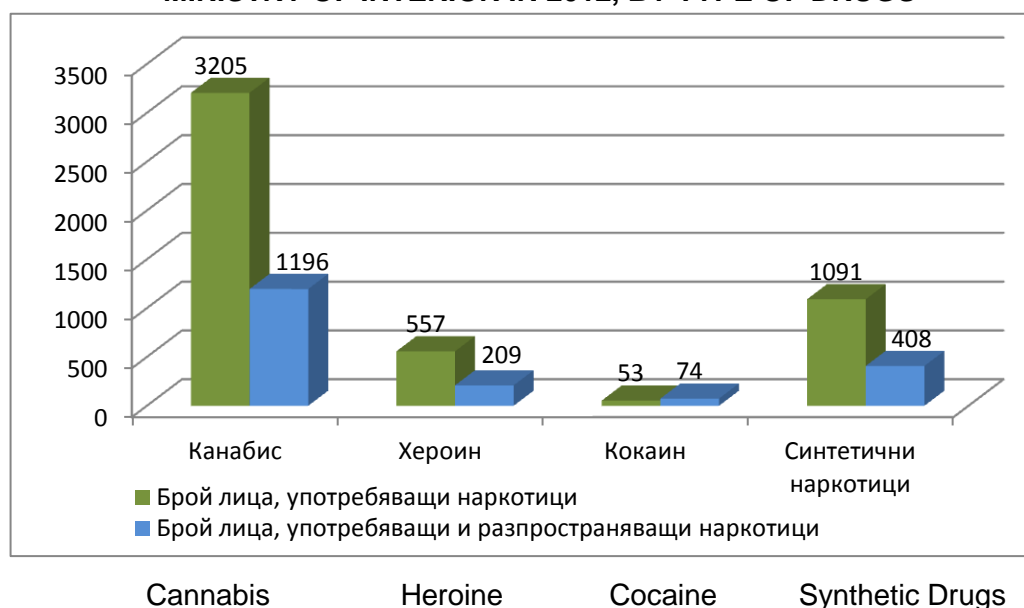
### NUMBER OF PERSONS REGISTERED WITH THE DRUG DEPARTMENT (2008-2012 ) (DRUG USERS AND DRUG DEALERS)



Source: Ministry of Interior

According to Mol data for 2012 the drug users were 4 329 and of these 798 (or 18.4 %) were minors and underage. Cannabis was used by 3 205 persons (74.0 %), heroine – by 557 persons (12.9 %), cocaine – by 53 persons (1.2 %), synthetic drugs (ecstasy, amphetamines, barbiturates) – by 1 091 persons (25.2 %). (see *Figure 4-2*)

### NUMBER OF PERSONS REGISTERED WITH THE REGIONAL DIRECTORATES OF THE MINISTRY OF INTERIOR IN 2012, BY TYPE OF DRUGS



Number of persons using drugs

Number of persons using and distributing drugs

**Source: Ministry of Interior**

The number of persons both using and distributing drugs in 2012 was 1 819 (compared to 1 182 in 2011 and 1 309 in 2010 г.). Of these, minors and underage were 234, or 12.9 %. The registered persons both using and distributing cannabis were 1 196 (65.8 %), those on heroine – 209 (11.5 %), cocaine – 74 (4.1 %), synthetic drugs – 408 (22.4 %).<sup>43</sup>

#### **Data from street surveys of problem drug users**

On 08.12.2011 a training seminar was conducted in the building of the National centre for Addictions (NCA) concerning a series of local Snowball sampling studies to be prepared and conducted in seven Bulgarian cities in 2012. The seminar and sampling studies were planned and organized by NFP, and representatives of the cities of Blagoevrad, Vidin, Dobrich, Kyustendil, Pernik, Sliven and Shoumen were invited for participation. The participants were acquainted with the nature of that type of research and were trained to do field work for such studies, whereupon individual questionnaires were drafted and distributed for each city participating in the project. The data were collected in the beginning of 2012. For different organizational and methodological reasons the outcomes from some of these data could not be used to estimate the number of problem drug users, which was one of the objectives of the project. Nonetheless the data collected can provide orientation concerning some basic features of drug use and problem drug users in Bulgaria. Data were collected

<sup>43</sup> Report on the activities of the Drug Departments of Regional Directorates of Mol for the whole country in 2012.

through street interviews on the use of heroine and other opiates (79 persons), amphetamines (33 persons) and use of several substances – polydrug use (107 persons).<sup>44</sup>

#### Among heroine users

The average age for the first use of heroine among problem drug users is 18.6 years and that of first injecting - 19.9 years. The average age of the first use of other opioids is 21.1 years and the average age of first injecting of other opioids is 21.4 years.

The first substance used in the life of four of every five problem users of heroine and other opioids (79.7 %) is cannabis and, more specifically, marihuana. Only every eighth (16.5 %) was directly on heroine at the beginning. Stimulants (cocaine, amphetamines, ecstasy) ranked as a second substance for 18.9 %, and as a third substance - for 39.3 % of the problem drug users of heroine or other opioids.

73.4 % of the respondents used heroine in the past 30 days, 46.8 % - methadone, 6.4 % - other opioids, 2.5 % - cocaine, 11.4 % - amphetamines, 7.6 % - ecstasy, 39.2 % - marihuana and 1.3 % - volatile substances. Daily use of heroine in the past 30 days was registered for 25.3 % of the respondents, of methadone – for 29.1 %, of other opiates – for 3.1 % and of marihuana – for 2.5 %. The higher share of methadone users is largely explained with the shortage of heroine on the drug market in the period of 2011-2013.

The average daily dose in the days of heroine use in the previous 30 days was 0.32 gr.

#### Among amphetamine users

The average age for the first use of amphetamines among problem drug users is 20.3 years and the average age of first injecting is 20.5.

The first substance used in the life of four of every five problem amphetamine users (81.8 %) is cannabis too and, more specifically, marihuana. For more than half of the respondents (57.6 %) the second substance in life was heroine. Only every eleventh (9.1 %) had amphetamine as a second substance in life. Actually in the life of problem users amphetamines appeared in earnest only as a third-ranking substance (43.3 %).

48.5 % of the respondents used heroine in the last 30 days, 66.7 % - methadone, 3.0 % - cocaine, 63.6 % - amphetamines, 18.2 % - ecstasy, 69.7 % - marihuana and 3.0 % - hallucinogenic mushrooms. Daily use of heroine in the last 30 days was registered with 6.1 % of the respondents, of methadone – with 36.4 % and of marihuana – with 12.1 %. Perhaps the high share of daily users of methadone and heroine explains the character of that group of problem users of amphetamines as ex-users of heroine and opiates in a process of change following the deficit of heroine on the drug market in the period of 2011-2013.

The average daily dose in the days of amphetamine use in the last 30 days was slightly over 0.4 gr.

### **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.

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<sup>44</sup> Snowball-type sampling study of problem drug users in 6 Bulgarian cities (Vidin, Dobrich, Kyustendil, Pernik, Sliven, Shoumen), methodologically and financially supported by the National Focus Centre for Drugs and Drug Addictions, December 2011 – February 2012 r.



## 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

For many years data suggest that **marijuana is the most widely used illicit drug in Bulgaria**. Assessment based on a study shows that about 340 to 405,000 persons aged 15-64 had used cannabis at least once in their lives, which is 6.8 - 8.2% of the population in this age range.<sup>45</sup> Approximately the same was the number of persons who had used cannabis during the previous study of the total population in Bulgaria in 2008.

According to the study mentioned above 2.0 – 2.8 % of the population used cannabis in the last 30 days, accounting for 100 – 140 000 persons (see *Table 4-1*). In the previous study in 2008 the data showed 1.2 – 1.6 %, or 60 – 80 000 persons. The increase over 4 years is in the range of 60-70 %.

Only 7.0 % the persons who used drugs in the last 30 days (or 7 000 – 9 800) used drugs on a daily basis and other 10.2 % (or 10 000 – 14 000) used drugs more than 8 days, but not every day. The respective values in 2008 had been 9.3 %, 5 500 – 7 500 persons, 13.6 %, 8 000 – 11 000 persons. According to these indicators the share of daily users and users for more that 8 days, but not daily, decreased while the absolute number increased by about 25-30 %.

*Table 4-1*

### USE AND FREQUENCY OF USE OF CANNABIS IN THE LAST 30 DAYS AMONG THE GENERAL POPULATION IN BULGARIA – 2012

Bulgaria 2012	All adults			Young adults		
EMCDDA age ranges	15-64			15-34		
	M	F	T	M	F	T
LAST 30 DAYS PREVALENCE (%)	3.6	1.3	2.4	8.1	3.1	5.7
LAST 30 DAYS PREVALENCE (N of cases)	96	33	129	87	31	118
LAST 30 DAYS FREQUENCY OF CANNABIS USE (%)	----	----	----	----	----	----
1. daily	5.2	12.5	7.0	5.8	10.0	6.8
2. more than 8 days but not daily	11.5	6.3	10.2	12.6	6.7	11.2
3. 2-8 days per month	51.0	56.2	52.3	52.9	56.7	53.8
4. once a month	32.3	25.0	30.5	28.7	26.6	28.2
Valid total	100.0	100.0	100.0	100.0	100.0	100.0
No response (number of cases)	0	0	0	0	0	0

M = male / F = female / O = total

**Source: Attitudes and use of psychoactive drugs among the population aged 15-64 years in Bulgaria'2012, Sociological survey, NFC, SOVA Haris TM, 2012**

<sup>45</sup> Attitudes and use of psychoactive drugs among the population aged 15-64 years in Bulgaria 2012, Sociological survey, NFC, SOVA Haris TM, 2012

About 15.0-22.7 % of the persons who have used cannabis at least once in their lifetime (1.0-1.8% of the total population, or 50,000 to 90,000 persons) have experienced at least once physical / health problem due to its use. The increase of these indicators as compared to 2008 is significant – two or three-fold.

It should be emphasized that these calculations are made only on the basis of the latest available general population surveys in Bulgaria – 2008 and 2012.

Data on the main characteristics of cannabis use in Bulgaria (frequent and intensive included) were collected within the frames of local snowball sampling studies conducted in six Bulgarian cities in 2012. Data were collected through street interviews on cannabis use with 103 persons in the country. <sup>46</sup>

The average age of first use of cannabis among intensive users is 17.6 years.

The first substance used in the lifetime of every seven (85.4 %) intensive cannabis users is cannabis and of every eighth (12.6 %) – amphetamines. The second substance is generally amphetamine and the third one – ecstasy.

The dose of average daily use in the last 30 days in the days of use was one cigarette a day.

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<sup>46</sup> A sampling study by the snowball method of problem drug users in 6 Bulgarian cities (Vidin, Dobrich, Kyustendil, Pernik, Sliven, Shoumen), methodologically and financially supported by the National Focus Point on Drugs and Drug Addictions, December 2011 – February 2012.

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

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

- Strategy/policy;
- System of treatment;
- Characteristics of the clients treated;
- Tendencies of the clients in treatment.

On reviewing the topic in the context of the report attention has been focused on the normative base and policy regarding drug-related treatment, the system of treatment and rehabilitation constructed, the organization and quality provision, the accessibility and variety of treatment. This information is based on the assessment of the experts of the National Centre for Addictions, on the annual reports of the programmes for the treatment with agonists and agonist-antagonists of individuals dependent on opioids, on the annual reports of the rehabilitation programmes, etc.

The presenting of the characteristics of the clients treated and of the tendencies over the last few years regarding them is based on the data of the National Monitoring System of drug-related treatment demand and also on the annual reports of the programmes for treatment with agonists and agonist-antagonists of opioid-dependent clients and of the rehabilitation programmes.

### General description, accessibility and quality provision

#### 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 the cases of abuse or drug dependence has been regulated in the Drugs and Precursors Control Act (DPCA).

In 2012 the following subdelegated legislation related to treatment and psychosocial rehabilitation was published:

- Regulation № 2 of 20.06.2012 on the terms and conditions of implementing programmes for treatment with agonists and agonist-antagonists of opioid-dependent individuals under which the treatment of this population of patients has been regulated.
- Regulation amending Regulation 24 of 2004 ratifying the “Psychiatry” medical standard, issued by the Ministry of Health, sets the standards of treatment of the opioid addiction syndrome with opiate agonists and agonist-antagonists.

The activities according to the Action Plan for the implementation of the National Strategy to Combat Drugs 2009-2013 directly related to the process of treatment and rehabilitation of the individuals abusing or dependent on drugs in Bulgaria are on-going.

At the National Centre for Addictions the following registries and database are kept and updated:

- Database of the individuals doing programmes for psychosocial rehabilitation.

- A list of the healthcare facilities in the country implementing programmes for treatment with opiate agonists and agonist-antagonists of the individuals dependent on opioids.
- Official database of the individuals included in the programmes for treatment with agonists and agonist-antagonists also called Automated Information System (AIS). It was established in 2012 with the aim of registering, updating, keeping and managing data about the people included in the programmes for treatment with agonists and agonist-antagonists in an e-version during the whole cycle of treatment. AIS encompasses the whole flow of information – from the admission of the patients and their inclusion in a specific programme, the pharmaceutical products used for the treatment of the patient, the discharge of the patient from a specific healthcare facility/programme, the data archiving and ensuring their central storing and retrieval. After entering all the patients in the system dubbing of the clients was found.<sup>47</sup>

## Treatment system

The treatment of patients abusing or dependent on psychoactive substances includes programmes based on medically assisted treatments (detoxification, programmes for treatment with agonists and agonist-antagonists and maintenance treatment) and programmes for psychosocial rehabilitation (of the type of therapeutic community, day care centres, programmes for working people/students). The patients are diagnosed with “drug and alcohol dependence” according to the criteria of the International Classification of Diseases Revision 10 (ICD-10).

At the end of 2012 the psychiatric aid, within the scope of which the addictions are included, was implemented at 12 state psychiatric hospitals (SPH), 12 centres for psychic health (CPH), 16 psychiatric wards 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 for psychiatric patients 4,735, out of which 162 beds were structured for the addicted patients respectively (110 at the SPH, 20 at the CPH and 32 at the psychiatric clinics). 456 specialized consulting rooms at the In-Patient Healthcare Facilities (IPHF) are encompassed and also DCC (Diagnostic and Consulting Centres), MC (Medical Centres), MDC (Medical and Diagnostic Centres), individual and group practices for specialized medical aid.<sup>48</sup>

*Table 5-1*

**PATIENTS DIAGNOSED WITH F11-F19 ACCORDING TO ICD-10  
UNDER DISPENSARY MONITORING ACCORDING TO TYPES OF HEALTHCARE  
FACILITIES  
(2009-2012)**

(in %)

Healthcare facilities	2009	2010	2011	2012
Total	764	901	927	996
including:				
State psychiatric hospitals	7	7	7	8
Centres for psychic health	559	732	793	884
Psychic clinics	42	40	41	35
Psychiatric wards	156	122	86	69

*Source: National Centre for Public Health and Analyses*

<sup>47</sup> Bogdanova, V., A Report for 2012 on the activities of the “Methodological management and coordination of the activities for drug demand reduction” Directorate, National Centre for Addictions (NCA).

<sup>48</sup> Source: National Centre for Public Health and Analyses.

On the data of the national health statistics at the end of 2012 at the specialized inpatient healthcare facilities 996 patients diagnosed with psychic or behavioural disorders, because of use of psychoactive substances (F11-F19 according to ICD-10) were under dispensary monitoring. That accounted for 13.7 patients per 100,000. 837 of them or 11.5 patients per 100,000 suffered from psychic or behavioural disorders because of the use of opioids. The greatest number of patients under dispensary monitoring were at the centres for psychic health (884), followed by the psychiatric wards at the hospitals (69), the psychiatric clinics (35) and the state psychiatric hospitals(8). Over the last 3 years there was a tendency of increasing the number of patients under dispensary monitoring for diseases from F11 to F19 (see *Table 5-1*).

The cases hospitalized (the patients discharged) from the clinics of the healthcare facilities with psychic or behavioural disorders because of the use of psychoactive substances numbered 748 or 10.2 patients per 100,000. 466 of them or 6.4 patients per 100,000 had psychic or behavioural disorders because of the use of opioids. The greatest number of the hospitalized patients were at the clinics, wards and sections at the healthcare facilities of the inpatient healthcare (314), followed by the state psychiatric hospitals (251) and the centres for psychic health (183). The tendency of the last years still holds of reducing the number of the patients suffering from the diseases from F11 to F19 discharged from the clinics of the healthcare facilities (see *Table 5-2*).

*Table 5-2*

**IN-PATIENTS DIAGNOSED WITH F11-F19 ACCORDING TO ICD-10  
DISCHARGED FROM THE CLINICS OF THE HEALTHCARE FACILITIES  
(2009-2012)**

(in %)

Healthcare facilities	2009	2010	2011	2012
Total	1, 478	1, 225	843	748
including:				
State psychiatric hospitals	408	365	276	251
Centres for psychic health	498	391	179	183
Clinics, wards, sections	572	469	388	314

*Source: National Centre for Public Health and Analyses*

The individuals serviced at the centres of emergency medical aid because of drug dependence in 2012 numbered 1,901, and at the emergency wards they numbered 318.

**1. Medically assisted treatment**

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

**1.1. Detoxification** (treatment of the abstinence syndrome). This is the first phase of the treatment which is done for inpatients (at the clinics) or for outpatients (at the consulting rooms).

- **Inpatient detoxification.** It is done at the state psychiatric hospitals, at the centres for psychic health, at the psychiatric wards of the multi-profile hospitals for active treatment, at the psychiatric clinics at the university hospitals for active treatment and at some toxicology wards.

- **Outpatient detoxification.** It is done for outpatients at the psychiatric clinics (mostly private), at the specialized consulting rooms at the medical centres, at the diagnostic and consulting 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 and maintenance treatment** (treatment with agonists and agonist-antagonists of individuals dependent on opioids).

31 programmes for treatment with agonists and agonist-antagonists, situated on the territory of 14 towns in the country, functioned by the end of 2012. Their common capacity was 5,171 treatment positions, out of which 3,445 (66.6 %) positions were occupied, nearly the level of 2011. (see *Table 5-3*)

*Table 5-3*

**CAPACITY OF THE PROGRAMMES FOR TREATMENT WITH OPIATE AGONISTS AND AGONIST-ANTAGONISTS OF INDIVIDUALS DEPENDENT ON OPIOIDS (2010-2012)**

	2010	2011	2012
Number of the programmes functioning	30	32	31
Number of the positions allowed	5, 210	5, 196	5, 171
Number of the positions occupied	3, 012	3, 452	3, 445
Rate of the positions occupied	57.8 %	66.4 %	66.6 %

*Source: Annual report of the programmes for treatment with opiate agonists and agonist-antagonists of individuals dependent on opioids*

The total number of the positions allowed for treatment with methadone hydrochloride was 4,681, out of which 3,302 (70.5 %) were occupied. The Ministry of Health provides the medical product methadone with financial resources from the state budget under the terms of Regulation № 34 of 25.11.2005 on the terms of paying from the republican budget for the treatment of the Bulgarian citizens for diseases not encompassed in the scope of the mandatory health insurance for the treatment of patients included in 18 programmes.<sup>49</sup>

As in the preceding 2011 the total number of the positions allowed for treatment with Morphine sulfate (Substitol) in the country was 460, but 143 were occupied de facto (or 31.1 %).

30 positions for treatment with Buprenorphine hydrochloride were allowed in 2012, but still there are no patients on treatment with this medical product in the programmes.

In 2012 the total number of the patients admitted for treatment in the programmes was 1, 339, which was by 24.6 % less compared to 2011 (1, 668 patients).

There are two types of programmes for the treatment with agonists and agonist-antagonists of persons dependent on opioids- programmes funded by the state budget via the Ministry of Health and programmes without state and/or municipal participation. With the issuing of the normative acts in 2012 a process was started of preregistration of the programmes for treatment with opiate agonists and agonist-antagonists.

**The programmes funded by the state budget (state and municipal)** are free for the patients and are funded by the methods of subsidizing the healthcare facilities. They have been established and function in 8 towns of the country. The total number of treatment

<sup>49</sup> Yoneva, K., Summarized data of the annual reports of the programmes for treatment with agonists and agonist-antagonists functioning on the territory of the Republic of Bulgaria in 2012.

positions allowed in them is 1,450 and treatment with Methadone hydrochloride is provided there. The positions occupied there number 1, 207, which accounts for 83.2 % of their capacity. The medical product Methadone hydrochloride is provided by the Ministry of Health in accordance with Regulation № 34 of 25.11.2005 on the terms of funding the treatment of the Bulgarian citizens for diseases outside the scope of the mandatory health insurance.

**The programmes without state and/or municipal participation** have a total number of treatment positions allowed 3,721. De facto 2,238, positions were occupied, which accounted for 60.1 % of their capacity. 3,231 of the positions opened are meant for treatment with Methadone hydrochloride and in 2012 the positions occupied numbered 2,095 – 64.8 %. The positions allowed for the treatment with Morphine sulfate (Substitol) are 460, and de facto 143 – 31.1% of them are occupied. The Ministry of Health provides the medical product (Methadone) for the treatment of some of patients in this type of programmes, and the patients pay a monthly fee amounting to a third of the minimal work salary in the country. For the rest of the patients the products are purchased by the healthcare facilities.

**Results achieved:**

- Improvement of the psychological and social functioning of the patients, building up tolerant family relationships, increasing the qualification, increase of the number of the patients employed, as well as a slight decrease of the number of individuals with criminal offences.
- In part of the programmes by extension and improvement of the necessary equipment better conditions for conducting the psychosocial interventions were achieved.
- The number of patients involved with psychotherapy has increased and so has the number of interventions applied to patients with co-morbidities for the purpose of training the parents.
- More accessible (financial) treatment of the patients has been provided (positions allowed, for which Methadone is provided free by the MH in accordance with Regulation № 34, and the patients pay a fee equal to one third of the minimal work salary in the country).

**Main problems and difficulties:**

- The treatment has been oriented mainly to the patients dependent on opiates.
- The distribution of the programmes on the territories of the country is uneven, rendering it inaccessible for some of the patients.
- There are 3 programmes operating oriented to the needs of the high-risk and difficult-to-reach groups. These programmes work actively with outreach teams which through the “conducting a case” service motivate and refer those patients to treatment .
- Financial difficulties - dropping out of treatment, willful leaving the programme and loss of contact, disregarding the obligations assumed by the patients and their relatives, difficulties doing the laboratory tests and treating the co-morbidities.
  
- Difficulties of the psychological and social work of the teams because of employment and social engagement as well as mobility and seasonal work on the part of some of the patients because of the economic crisis.
- Persisting negative attitude on the part of society (including of some of the medical specialists) to the patients in the programmes.
- An increase of the number of individuals is observed who have polydrug use of psychoactive substances.

**2. Programmes for psychosocial rehabilitation and reintegration**

In 2012 in the country a process began of preregistration of all the programmes for psychosocial rehabilitation in accordance with the requirements of Regulation № 8 of 7<sup>th</sup> September 2011 on the terms and conditions of implementing programmes for psychosocial rehabilitation of individuals who have been dependent on or have abused narcotic substances.

At the end of 2012 in the country 10 programmes for psychosocial rehabilitation functioned, five of them were established at the healthcare facilities in the country and the remaining five were implemented by non-profit organizations, registered as social service providers. The capacity of the programmes is 230 positions and on the data of the annual reports for 2012 the total number of the patients /clients registered at them for the year was 503.

2 of the programmes discontinued their activity in 2012, and a reduction of the number of positions by 21.5 % was reported compared to 2011 when it was 293 positions in 12 programmes. A reduction of 23.7 % was also reported of the total number of patients registered at the programmes compared to 2011 when it was 659.

A reduction of 7.3 % was also reported of the number of patients having completed the programmes– 278, compared to the preceding 2011 (300), but it still remained greater than compared to 2010 (189).

The rate of patients having completed the programmes increased in 2012 compared to the number of patients who were registered at the rehabilitation programmes - 55.3 % . In 2011 it was nearly 45.5 %, and in 2010 it was around 39 %.<sup>50</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 programmes of treatment with agonists and agonist-antagonist of persons dependent on opioids.
- **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 of the programmes for psychosocial rehabilitation on their activity in 2012 it can be summarized that in spite of reducing the number of positions, there is enhanced interest and motivation are observed on the part of the clients for “drug-free treatment”. The demand of rehabilitation programmes has increased mainly on the part of males and in relation with dependence on heroine, methadone, marijuana and polydrug use. The individuals dependent on alcohol who have co-morbidities demand mainly long-term programmes and the persons with dependence on stimulants demand mainly short-term ones. The programme clients assess the services as satisfactory.

### **Results achieved**

- The programmes introduced for psychosocial rehabilitation of patients in the programmes for treatment with agonists and agonist-antagonists of persons dependent on opioids, the introduction of alternative therapies as elements of the rehabilitation programme and enhancing the work with the assisting system of the

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<sup>50</sup> Maya Mihailova-Petkova, Description and analysis of the situation in the sphere of psychosocial rehabilitation and integration of the dependent individuals in the country in 2012



dependent individuals continue to emerge as an effective model of increasing the quality of life of the patients, of reducing the number of breakdowns and of keeping the patients/clients in the groups.

- The programmes report on the increase of the demand of services, on the keeping of the clients for the specific period of time and on the filling of the capacity of the positions in the organizations funded. This is done by the partial funding at places of the implementation of the action plan of the National Strategy to Combat Drugs (2009-2013).
- On-going training of the teams, maintaining high level of the qualification of the staff and preserving the quality of the work in spite of the financial instability.
- In 2012 the number of persons employed, even though only seasonally, who were dependent on psychoactive substances, was greater than the number of the unemployed.

### **Main problems and difficulties**

- The insufficient or partial funding continues to be pointed out as a problem for most of the programmes, funded on the principle of the projects or on fees for providing the activities and for maintaining a qualified team. This often causes the discontinuation of a process of rehabilitation already started or ends in the demand of short-term services. 3 programmes were discontinued in 2012.
- There are problems when contacting the treatment facilities for the treatment for detoxification or for the treatment of patients in psychotic state.
- The work with the close encirclement (parents, partners, relatives) of the persons with dependencies, especially those from the residential programmes, emerges as problematic because of the geographical localization or because of the professional capacity of the team.

### **Organization and ensuring the quality of treatment**

The National Centre for Addictions (NCA) is a basic body related to the organization of and ensuring the quality of the treatment of the individuals abusing or dependent on psychoactive substances. The centre ensures:

- Coordination and methodological management of the problems of abuse and dependence on narcotic substances, including of the activities related to drug abuse prevention, of the treatment and harm reduction and of the rehabilitation of individuals abusing or dependent on narcotic substances;
- Specialized control of the treatment activity regarding individuals abusing or dependent on narcotic substances.

A Programme for the training of leaders of psychosocial rehabilitation programmes directed to individuals with psychic or behavioural disorders caused by the use of drugs was developed in 2012. The first course of training was conducted according to the instructions of the programme and a group was formed of programme managers meeting the requirements of Regulation № 8/07.09.2011. 16 candidates did the training- psychologists, social workers and psychiatrists.

In relation to ensuring and improving the quality of the activity in the sphere of the treatment and psychosocial rehabilitation of the persons dependent on or abusing psychoactive substances the following events were implemented:

- A three-day training on family consultation for professionals, working in the sphere of the treatment and psychosocial rehabilitation of individuals dependent on or abusing narcotic substances. Alongside with such trainings conducted also in 2011 the total number of professionals trained (psychologists, social workers and doctors) working in the programmes for treatment with opiate agonists and agonist-antagonists as well as in the programmes for psycho-social rehabilitation was 73.

- “Main concept and new pharmacological approach in the treatment of heroine dependence with buprenorphine” with the participation of foreign lecturers.
- Training of non-medical specialists and of persons working in the sphere of prevention, treatment, rehabilitation and drug-related harm reduction.

In 2012 the at the Ministry of Health working meetings were held at which the necessity to undertake measures related to the distribution of methadone outside the programmes were discussed. Changes were suggested to reduce the unregulated use of methadone and the related risk of an overdose by enhancing the control regarding urine tests and the regimen of providing the medical product for use at home. Methodological instructions and recommendations were prepared for the Managers of the programmes for the treatment with agonists and agonist-antagonists to reduce the unregulated use of methadone, and check-ups were carried out of the activity of all the programmes for the treatment with agonists and agonist-antagonists. A monitoring of the programmes has been planned for 2013 by an independent external expert.

Check-ups of the activity of the programmes for psychosocial rehabilitation and re-integration were carried out in 2012, and also monitoring of the activities related to the funding of free positions for dependent individuals in the implementation of the Action Plan of the National Strategy to Combat Drugs 2009-2013 and an extensive report was written.

Monitoring of the activity of the programmes for psychosocial rehabilitation, of the Free Telephone Line for consulting and referring on the issues of drug and alcohol dependence was carried out by foreign experts. The center for consultation, information and referral to the NCA, the Day Consulting Centre for children, youths and parents and the Prevention and Information Centre on the problems of drug addiction – the city of Sofia, were also included in the monitoring. The main objectives of the monitoring were to define the needs of the programmes and of the quality of the services offered and to give instructions to the NCA about the future development of the psychosocial rehabilitation in the country and about the funding of the programmes.<sup>51</sup>

The main conclusions made were that the work of the programmes for psychosocial rehabilitation was of high quality alongside with obvious lack of sufficient financial resources. The need of financial and logistic assistance of the programmes was the basic recommendation made. Some specific recommendations were also made about the activity of the programmes.

### **Accessibility and variety of treatment**

With the aim of improving the access to programmes and services for rehabilitation there are two consulting centres operating: A Centre for Consultations and Referral to treatment and rehabilitation programmes at the National Centre for Addictions, the city of Sofia, and Information and Consulting Centre at “Solidarnost” Association for Rehabilitation of Dependent Individuals, the city of Sofia.

Two national telephone lines operate with the aim of improving the access of the patients to healthcare, offering information about the psychoactive substances and their use, about crisis interventions. Consulting and referral to treatment and rehabilitation programmes on the territory of the whole country is also done.

The interactive card, accessible on the website of the National Focal Point on Drugs and Drug Additions (<http://www.nfp-drugs.bg/bg/map.php>) is also a source of information about the options for treatment in Bulgaria.

The programmes for treatment with agonists and agonist-antagonists of individuals dependent on opioids are accessible for most of the patients. The individuals demanding treatment prefer the programmes funded by the state budget, because they are free, or the patients pay a fee amounting to a third of the minimal monthly salary for the country. The

<sup>51</sup> Bogdanova, V., A Report for 2012 on the activities of the “Methodological management and coordination of the activities for drug demand reduction” Directorate, National Centre for Addictions (NCA)

admission to such programmes may be postponed because of the occupied positions in them. Most of the patients are included in programmes funded by themselves, because there are sufficient number of positions in them and the admission is not postponed. In all the programmes for treatment with agonists and agonist-antagonists of individuals dependent on opioids psychosocial care for the patients is also offered. In reality, however, only a very small number of the patients get intensive psychosocial service, because the members of the team, offering this type of care, are not enough to meet the needs of the patients included in the respective programme.

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

The patients using stimulants and cannabis are consulted at the Information and Consultative Centres in Sofia and they receive treatment in the programmes for psychosocial rehabilitation and at the outpatient healthcare facilities working with dependencies.

### **Access to treatment**

### **Characteristics of the patients treated**

The data collected through the **National Monitoring System for Drug-Related Treatment Demand** are the main source of information about the basic characteristics of the clients treated. In 2012 it encompassed 2,130 individuals<sup>52</sup> starting treatment during the year at 16 inpatient, 11 outpatient units and centres and in 21 programmes for treatment with agonists and agonist-antagonists of individuals dependent on opioids, at the medical centres at 9 prisons and at 1 reformatory for underage in 24 Bulgarian towns.

Since the beginning of 2009 an Internet based e-version of the National Information System for drug-related treatment demand in Bulgaria (I-MIS) (И-МИС) has been operating in the country, in which the questionnaires are completed on-line and there exists the possibility to seek information according to specific parameters.

Since 2011 A Report Form has been used about the patients with drug problem treated. The treatment centres, not participating in the I-MIS, present aggregated data on the issues included in the electronic version of the system through this Report Form. In the same year the medical centres at the places of deprivation of liberty in the Republic of Bulgaria were also encompassed.

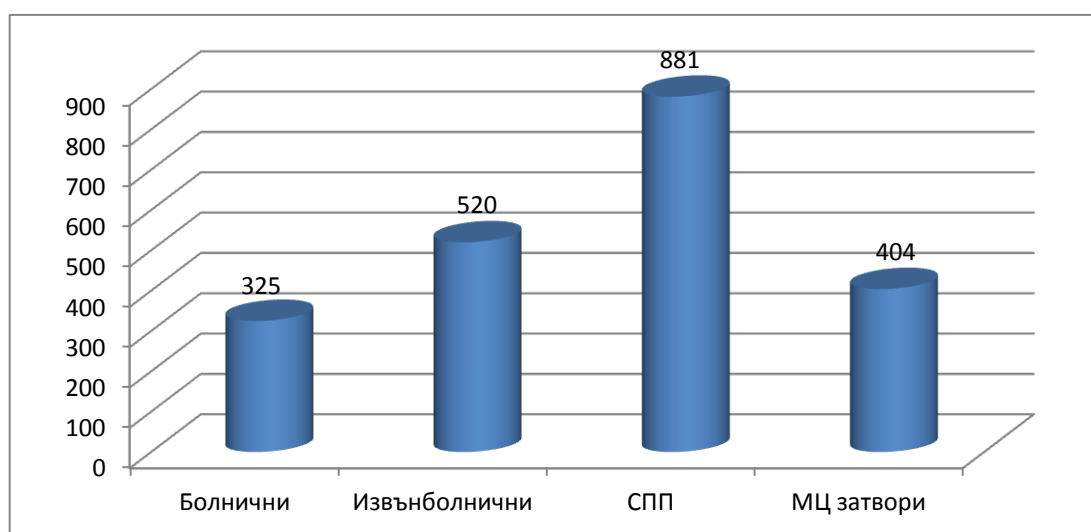
The total number of the individuals registered who demanded treatment at I-MIS in 2012 was 1,408, and the information about 722 other individuals was received through the report form about patients with drug problem treated.

Over the last year the substitution and maintenance programmes had the leading role in presenting data about clients who have demanded treatment related to drug use – this was also observed in the preceding years (excluding 2010). In 2012 their clients represented 41.4 % of the individuals registered in the treatment demand system. Hospital treatment accounts for the least participation in the system (around 15.3 %).

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<sup>52</sup> The number of the individuals encompassed is determined after doing a procedure of identifying and eliminating the duplicities (double entry for one and the same person in the mass of data).

### NUMBER OF CLIENTS FROM THE DIFFERENT TYPES OF TREATMENT CENTRES IN THE TREATMENT DEMAND SYSTEM IN 2012



Source: National Focal Point on Drugs and Drug Addictions, Survey of Drug-Related Treatment Demand

Inpatients, Outpatients, ... MC prisons

The information about the clients who have demanded treatment at the treatment centres in the Republic of Bulgaria includes the following basic topics:

- Circumstances of the treatment contact;
- Social and demographic data;
- Drug problems;
- Drug-related risk factors;
- Infectious diseases related to drug use testing;
- Extra information.

Regarding the **circumstances of the treatment contact** most often the client demands treatment when he/she has been referred by the family or by friends (34.0 %) or on their own initiative (32.8 %). Around 36.5 % of the clients start substitution and maintenance treatment and nearly ¼ undergo detoxification. More than 40 % have psychosocial interventions.

The clients who demanded treatment for the first time in 2012 accounted for around 27 %.

In relation to the **social and demographic characteristics** of the clients who have demanded treatment because of drug problems it has to be noted that in their prevailing part they are male (80.4 %), single (60.1 %) and live with parents (42.6 %); 1/3 of them live with a partner or a husband (wife) and 11.4 % have children. Nearly 2/3 of them have their own family houses, and 87.4 % have a permanent address of residence.

**4.2 % of the clients who have started treatment were aged up to 19 years including, and 49.2 % - up to 29 years including; the general mean age was 29 years.**

More than 80 % define themselves as belonging to the Bulgarian ethnical group, 16.1 % - to the Roma ethnic group, and 1.4 % - to the Turkish ethnic group.

**Only 18.5 % of the clients who had started treatment were permanently employed.** 24.8 % were temporarily employed, 38.4 % were jobless, and 12.3 % were economically inactive.<sup>53</sup>

<sup>53</sup> Regarding the "employment" indicator the data about the individuals deprived of freedom refer to the period of up to 30 days before their imprisonment. .

32.6 % of the clients who had started treatment had education lower than secondary, **60.7 % - had secondary or college education**, 4.2 % had higher education and 4.0 % had not finished primary education or had never been to school.

The National Information System for treatment demand reports about up to 3 narcotic substances which may create problems to the clients and because of which they demand treatment. The primary drug is the one causing the client the most problems and because of which treatment is started. The secondary and tertiary drug may be any narcotic substance which is used as an addition to the primary problem drug and causes the client problems and/or changes the nature of the problem which has been assessed on the part of the client and on the part of the therapist.

For **73.2 % of the individuals registered the primary problem drug was heroin** in 2012; to a lesser degree- methadone (not for treatment) – 3.4 %, marijuana (2.9 %), methadone (for treatment) – 2.7 %, benzodiazepines (diazepam) – 2.4 %, amphetamines (2.1 %), antidepressants (1.8 %).

*Table5-4*

**STRUCTURE OF THE INDIVIDUALS REGISTERED AT I-MIS<sup>54</sup>,  
DEMANDING TREATMENT BECAUSE OF DRUG PROBLEMS  
(ACCORDING TO PRIMARY, SECONDARY AND TERTIARY PROBLEM DRUG) IN 2012**  
(in %)

Substance	As primary problem drug	As secondary problem drug	As third problem drug
Heroin	81.7	2.3	0.4
Methadone (not for treatment)	2.8	7.6	0.6
Methadone ( for treatment)	4.0	5.5	0.9
Substitol (not for treatment)	-	0.5	-
Substitol (for treatment)	-	1.8	-
Cocaine	0.3	1.8	0.9
Amphetamines	2.1	5.2	2.9
Ecstasy	-	0.2	0.3
Barbiturates	0.1	0.1	0.1
Benzodiazepines	1.5	4.4	1.4
Inhalants	0.1	-	0.1
Marijuana	1.3	12.1	3.2
Hashish	0.1	0.4	0.2
Antidepressants	2.8	0.4	0.1
Alcohol	-	0.9	0.5

**Source: National Focal Point on Drugs and Drug Addictions Survey of the Drug-Related Treatment Demand**

43.6 % of the individuals registered at I-MIS<sup>55</sup> had problems with one more narcotic substance, and 11.7 % - with 2 more substances, as an addition to the primary problem drug.

As a **secondary problem drug** marijuana has the greatest rate among the individuals demanding treatment (12.1 %), methadone (not for treatment) has a rate of 7.6 %, methadone (for treatment) has a rate of 5.5 %, amphetamines- (5.2 %), benzodiazepines (4.4 %). (see *Table 5-4*)

Regarding the secondary additional to the primary problem drug (or **the tertiary problem drug**) the rate of marijuana is again the greatest (3.2 %), and so is of amphetamines (2.9 %) and of benzodiazepines (1.4 %).

<sup>54</sup> The data refer only to the 1,408 individuals registered at I-MIS.

<sup>55</sup> The data refer only to the 1,408 individuals registered at I-MIS.

Here we have to note the ever growing presence of marijuana and also of amphetamines and benzodiazepines as substances causing problems to the individuals demanding treatment.

**46.2 %** of the individuals who have started treatment have declared that **they had started the use of the primary problem drug at the age of 19 years including**, and 7.1 % - up to 14 years including.

The use of the primary problem drug, and also of any narcotic substance started mainly in the period 2000-2002. The general mean age at the time of the first use of the primary problem drug was **20.3 years, and of any narcotic substance - 18.9 years.**

**58.0 % have used the primary problem drug daily**, 12.8 % - from 2 to 6 times a week, and 6.9 % - once a week or more rarely.

**67.4 %** of the individuals who have started treatment **had mainly injected the primary problem drug**, 10.2 % had smoked it, 8.9 % had eaten or drunk it, 8.6 % had sniffed it, and 1.0 % had inhaled it.

**74.9 % have used the primary problem drug for more than 5 years**, and 45.0 % - for more than 10 years.

**Nearly half (45.7 %) of the individuals who have started treatment have at least once in their lifetime used needles and/or syringes already used.** 14.1 % have never in their lifetime used needles and/or syringes already used, even though they have been injecting themselves.

14.0 % of the individuals who have started treatment have lived with a person(s) using drugs.

*Table 5-5*

**STRUCTURE OF THE INDIVIDUALS TESTED FOR DRUG-RELATED INFECTIOUS DISEASES IN 2012** <sup>56</sup>

Individuals tested for:	Individuals tested within the last 12 months (total)	Individuals tested who had a positive result
HIV	59.7	2.5
Hepatitis B	56.0	6.8
Hepatitis C	59.1	39.3
Syphilis	46.8	2.2
Tuberculosis	38.0	2.2

(in %)

**Source: National Focal Point on Drugs and Drug Addictions, Survey of the drug-related treatment demand**

The System of Treatment Demand includes also **testing** for drug-related **infectious diseases**. The instances of carriers of HIV, hepatitis B and C, syphilis and tuberculosis among the individuals, who have demanded treatment, have been reported.

At the treatment centres tests for HIV, hepatitis B and hepatitis C are largely done, and to a lesser extent – for syphilis and tuberculosis. Approximately 60 % of the individuals who have demanded treatment because of drug-related problems have been tested for HIV, and it has been found that 2.5 % of them are carriers of the virus. 39.3 % of the individuals who have demanded treatment have been diagnosed with hepatitis C. (see *Table 5-5*)

13.3 % of the individuals in the system of treatment demand in 2012 used the services of outreach programmes, and 10.3 % - the services of the centres for emergency medical aid.

<sup>56</sup> The data refer only to the 1,408 individuals registered at I-MIS.

The summarized image of the individuals who demanded drug-related treatment in 2012 and who were included in the MIS system may be expressed in the following way:

- Gender – predominantly male (80.4 %)
- Ethnic group- predominantly Bulgarian (80.0 %)
- General mean age – 29 years
- Education – predominantly secondary (57.0 %)
- Primary problem drug- predominantly heroin (73.2 %)
- Frequency of use- predominantly daily (58.0 %)
- Pattern of use-predominantly injecting (67.4 %)
- General mean age at the time of the first use – 20.3 years.

According to the data reported in 2012 about the patients in **the programmes for treatment with opiate agonists and agonist-antagonists of individuals dependent on opioids in Bulgaria**, some basic characteristics may be derived regarding them (see *Table 5-6*). The individuals employed account for a little more than half of the clients of these programmes, and the rate of the health-insured individuals is similar. The students account for 5.1 %, and the married – for 11.6 %. The rate of the individuals with criminal offences has been slightly decreased compared to the preceding year, and in 2012 it was 8.4 %.

*Table 5-6*

**MAIN SOCIAL CHARACTERISTICS OF THE CLIENTS OF THE PROGRAMMES FOR TREATMENT WITH OPIATE AGONISTS AND AGONIST-ANTAGONISTS (2009-2012)**

(in %)

Characteristics	2009	2010	2011	2012
Employed	66.0	54.0	54.8	55.2
Students	5.5	4.8	4.3	5.1
Health insured	66.2	54.0	45.7	54.2
Married	9.0	8.7	13.8	11.6
With criminal offences	8.0	5.4	8.9	8.4

*Source: the National Centre for Addictions*

On the basis of the data presented in the annual reports of the programmes for psychosocial rehabilitation in 2012 some of the characteristics of the clients, treated in them, can be outlined<sup>57</sup>:

- ♦ Medical status: 175 of the individuals have blood-borne diseases and 57 have co-morbidities – psychiatric disorders.
- ♦ Profile according to substances and behavioural dependence: heroin – 174, amphetamines – 43, marijuana – 40, medications – 15, cocaine – 7, methadone – 3; polydrug use – 36; alcohol – 152; gambling – 9.
- ♦ Social functioning: employed – 102; jobless – 78; students – 10.
- ♦ Gender: male – 390; female – 113.
- ♦ Family status: 109 individuals are married, 36 have a permanent partner, 315 individuals are single.
- ♦ Legal status: 44 individuals (39 male and 5 female) have closed criminal records, and 3 have criminal records not closed.

<sup>57</sup> Maya Mihailova-Petkova, Description and analysis of the situation in the sphere of psycho-social rehabilitation and integration of the dependent individuals in the country in 2012

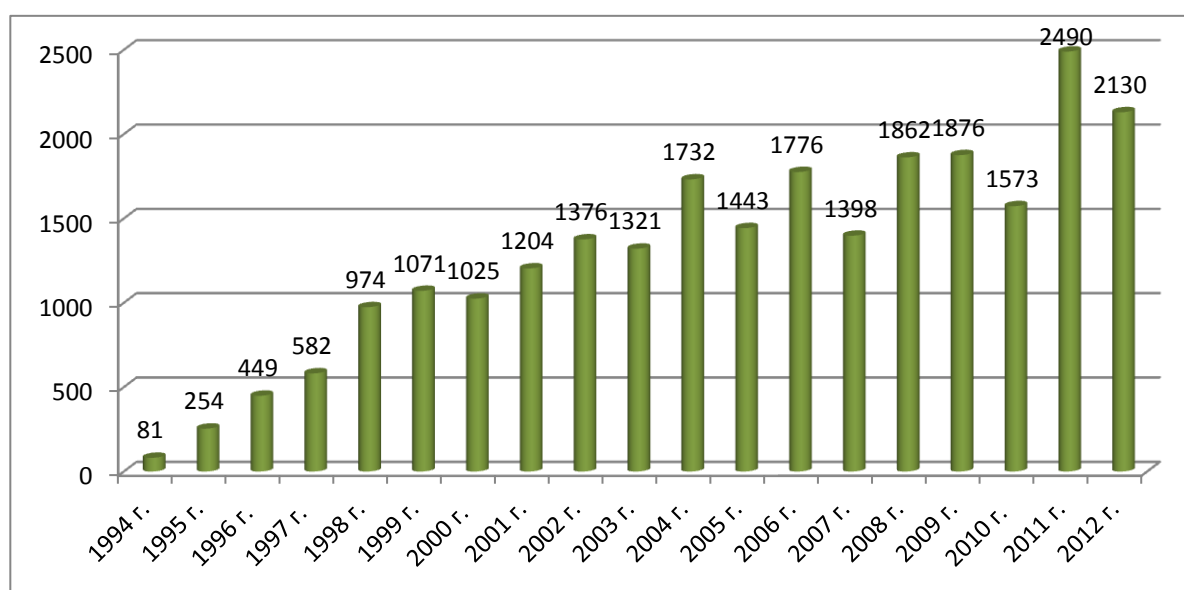
## Tendencies of the clients in treatment and of providing treatment

When describing and analyzing the data about the individuals who have demanded drug-related treatment we have to consider the changes of the scope, of the activity, of the structure and of the organization of the types of healthcare facilities participating in the system- inpatient and outpatient units and centres, programmes for treatment with agonists and agonist-antagonists of individuals dependent on opioids, medical centres at the places of deprivation of liberty and this additionally suggests changes in the tendency of definite indicators. The difference in the methods used may be a factor for this – since 2011 as an instrument for registering the individuals who have demanded treatment a report form has been included, which reads them in aggregated type, not separately.

*Figure 5-2*

### NUMBER OF THE INDIVIDUALS ENCOMPASSED BY THE TREATMENT DEMAND SYSTEM IN BULGARIA OVER THE PERIOD 1994-2012

(absolute number)



**Source:** National Focal Point on Drugs and Drug Addictions, Survey of Drug-Related Treatment Demand

In 2012 there was a decrease of the individuals encompassed by the treatment demand system (see *Figure 5-2*). The inconsistency of the level of this number over the years may be related to the inclusion of new or the withdrawal of old partners (treatment units and centres) presenting the data about the clients demanding treatment, as well as to the change of the number of cases which the treatment facilities report to the treatment demand system. The difference of the number of clients admitted which may exist for a given period in the treatment centres in the country, the filling of the capacity of some programmes and the impossibility to include new patients, etc., must be considered not less significant.

The data of the treatment demand system for 2012 add to the profile of the individuals which has been built for a long time. In many of the cases the data of the last five years reveal or suggest new tendencies delineating- of stabilizing, decreasing or increasing definite indicators. In other cases there is no clear tendency, so that the levels have to be followed in the future as well, and the possible appearance of a tendency has to be detected. (see *Table 5-7*)



Table 5-7

**COMPARATIVE DATA ABOUT THE INDIVIDUALS WHO STARTED TREATMENT OVER  
THE PERIOD 2008-2012**

<b>Indicators</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Rate of the individuals demanding heroin- and other opiates- related treatment	96 %	95 %	87 %	80 %	80 %
Rate of the females among the individuals demanding treatment	16 %	13 %	19 %	20 %	19 %
Mean age of the individuals demanding treatment	26,4	28,4	29,0	28,0	29,0
Mean age at the time of the first use of the primary problem drug	18,8	19,1	19,6	18,4	20,3
Rate of the students and university students among the individuals demanding treatment	7 %	5 %	4 %	4 %	4 %
Rate of the permanently employed among the individuals demanding treatment	32 %	38 %	27 %	17 %	19 %
Rate of the individuals not coming from the main ethnoses of the country	10 %	10 %	11 %	17 %	18 %
Rate of the daily users of the primary drug	80 %	74 %	69 %	62 %	58 %
Rate of the individuals injecting the primary problem drug	79 %	78 %	72 %	69 %	67 %
Rate of the individuals using the drug for > 5 years	70 %	68 %	60 %	63 %	75 %
Rate of the individuals who have used in their lifetime needles and syringes already used	39 %	38 %	32 %	42 %	46 %
Rate of the individuals living with other drug user(s)	15 %	10 %	11 %	9 %	14 %
Rate of the individuals demanding treatment for the first time	22 %	19 %	20 %	21 %	27 %

*Source: National Focal Point on Drugs and Drug Addictions, Survey of Drug-Related Treatment Demand*

In 2012 heroin became the primary problem substance, because of which treatment was mostly demanded (73.2 %), but **the tendency held of reducing its distribution among the individuals registered in the treatment demand system.** This is due to the higher rate of the psychosocial interventions, compared to the preceding years, as a type of treatment demanded mainly because of the use of benzodiazepines and antidepressants.

Over the last 10 years the ratio males/females remained constant and was around 5:1. Still a tendency was noticed of reducing the rate of females, which dropped to its lowest level in 2009(13.2 %). Over the last 3 years this rate was again at the level of the beginning of the period.

At the beginning of the century the rate of the individuals demanding treatment for the first time reached 43 %, and after that this indicator showed lower levels. **Over the last years the rate of the individuals who have demanded treatment for the first time marks a tendency of increase- from 19 % in 2009 to 27 % in 2012 .**

**The rate of students (students and university students) among the individuals who have demanded treatment has been constantly dropping since 2003**, when its level was 15 %. Over the last three years it stayed around 4%.

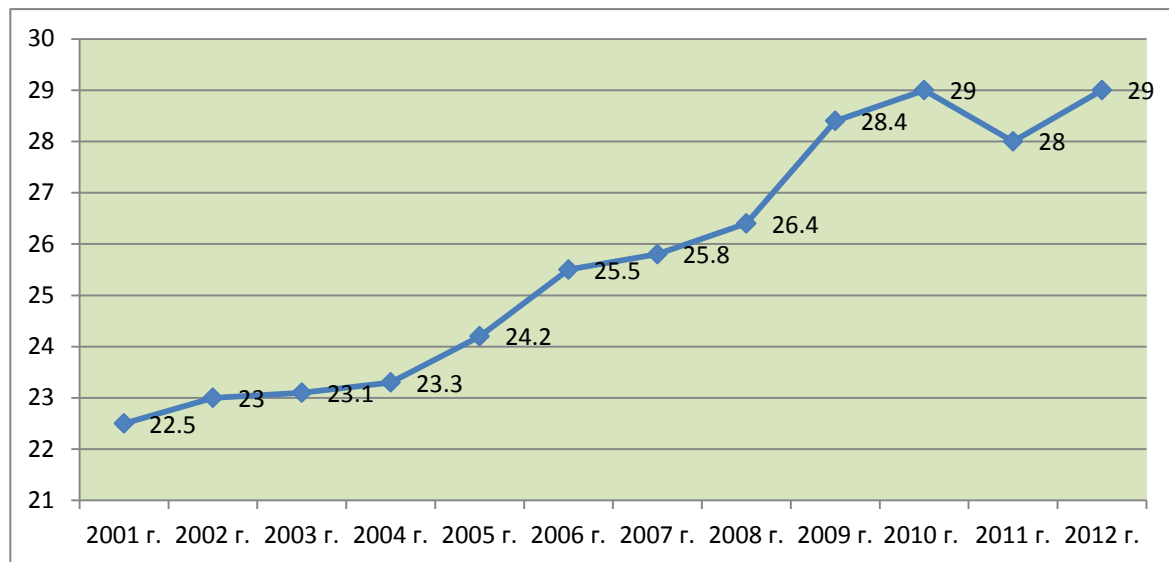
**From 2001 to 2009 the rate of the permanently employed among the individuals demanding treatment has risen more than 4 times** – from 9 % at the beginning of the period to 38 % in 2009 - something that is in line with the reduction of the level of unemployment in Bulgaria at that time. Alongside with its increase over the last two years the rate of the permanently employed among the individuals demanding treatment not surprisingly dropped, and in the last two years it remained below 20 %.

**The rate of the individuals who have demanded treatment and who do not belong to the main ethnoses of the country marked a tendency of a slight increase over the last 5 years** – from 8 % in 2006 to 11 % in 2010. Last year this rate was 18 %, which can be explained by the fact of the addition to it of the individuals who demanded treatment at prison, where the rate of the minority groups is much greater.

**The mean age of the individuals who have demanded treatment each year marks an increase.** In 2000 it was 22.2 and in 2012 – it was already 29 years (see *Figure 5-3*). At the same time the mean age at the time of the first use of the primary problem drug remained within the frame of 18-19 years. In 2012 it for the first time surpassed 20 years (20.3).

*Figure 5-3*

**MEAN AGE OF THE INDIVIDUALS DEMANDING TREATMENT (2001-2012)**



*Source: National Focal Point on Drugs and Drug Addictions, Survey of Drug-Related Treatment Demand*

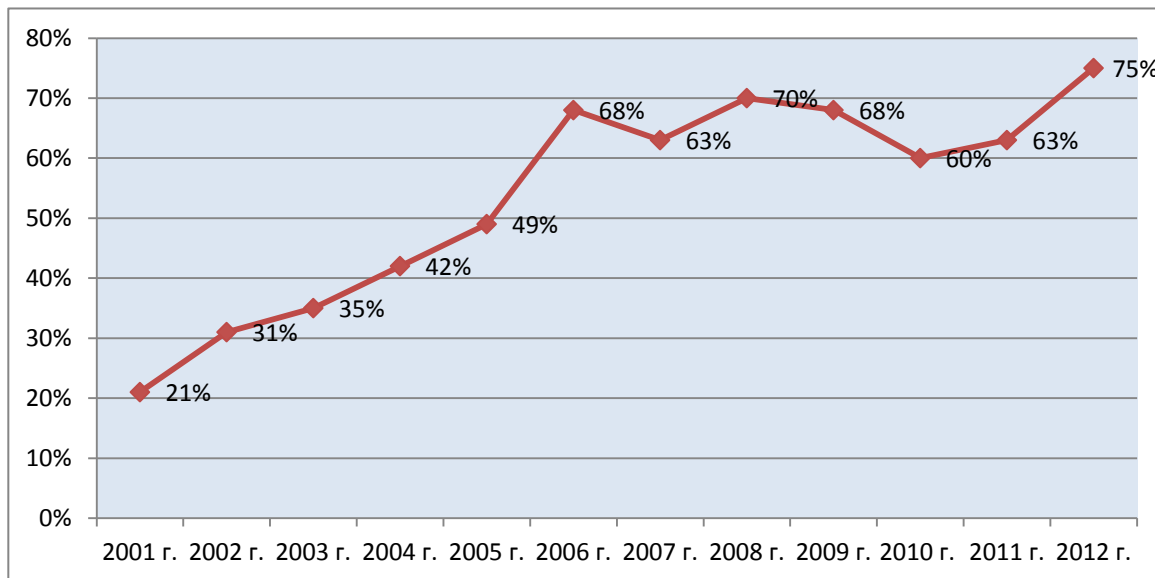
**The rate of the daily users decreased over the last 6 years** – from 86 % in 2007 to 58 % in 2012.

In regard to the rate of the individuals with **duration of use more than 5 years, the increase compared to 2001 is 3-4- fold**, the rate being highest in 2012 (74.9 %) (see *Figure 5-4*). This is a sign of all the lesser renewal of the collectivity of the newly appeared problem drug users, at least concerning heroin. This regularity may be due both to the smaller rate of heroin as a primary problem drug, and to the greater number of individuals

who answered this question in 2012 (98.4 %) – in the preceding years it was within the frames of 80-85 %.

*Figure 5-4*

**RATE OF THE INDIVIDUALS WITH DURATION OF THE PRIMARY PROBLEM DRUG USE >5 YEARS (2001-2012)**



**Source: National Focal Point on Drugs and Drug Addictions, Survey of Drug-Related Treatment Demand**

**The greater number of the problem drug users apply mainly the injecting pattern of use.** Over the last 5 years a tendency was observed of a gradual decrease of this pattern of use. This is probably due to the good work of the needle and syringe exchange programmes and to the reduction of the rate of heroin as a primary problem drug. The use of needles and syringes already used however marked again an increase in 2011 and in 2012 (up to 46 %), while in the preceding years there was a constant tendency of reduction of this rate.

After a relative decrease of the rate of the individuals who demanded treatment who lived with other drug user(s) in the period 2002-2004 (from 16 % to 10 %), since the middle of the decade an increase of this rate has been observed, and in 2008 it reached 14.9 %. In 2012 it was around 14 %, too.

## 6. Health correlates and consequences

### Introduction

A significant part of this Section is dedicated to the use of drug substances and, more specifically, the prevalence of infectious diseases among users and the high risk of infection among those vulnerable groups. The data presented in that context are based on the information obtained from the Ministry of Health, the Laboratory of the National Center of Drug Addictions and methadone programmes. A comparison of data obtained from the behaviour surveys conducted in 2010 and 2012 has been sought solely in respect of the cities where both surveys have taken place, namely, Sofia, Plovdiv and Varna.

Psychiatric and somatic co-morbidity among patients enrolled in rehabilitation programmes and programmes for substitution and maintenance treatment with methadone and substitol is reviewed. The data on drug-related non-fatal emergency cases and overdoses refer to patients of UMHATEM "N.I.PIROGOV", Sofia city.

The last part of the Section is dedicated to drug-related deaths and mortality among drug users, with the relevant data being obtained from the National Institute of Statistics, the National Centre for Public Health and Analyses and methadone programmes.

### Drug-Related Infectious Diseases

#### HIV/AIDS, Vital Hepatitis, Sexually Transmitted Diseases and Tuberculosis

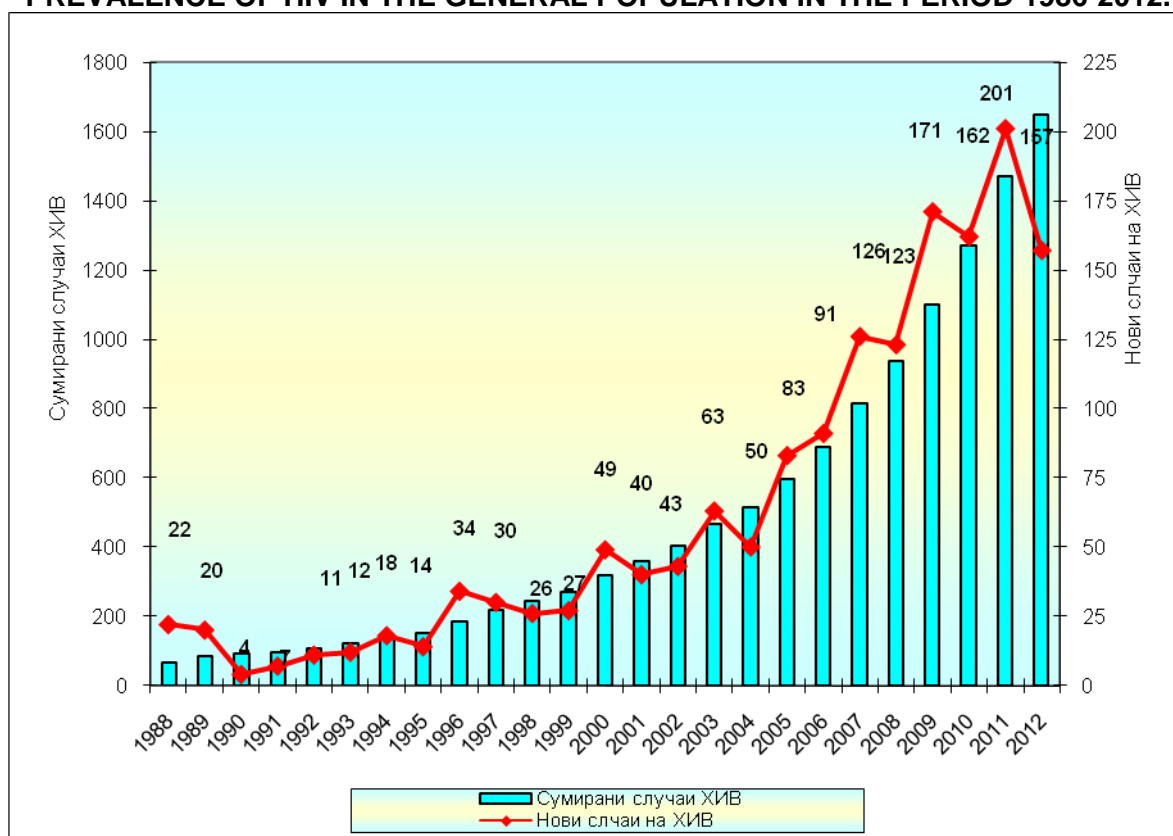
##### Data on the Prevalence of HIV/AIDS in Bulgaria in 2012.

Bulgaria is a country with a low level of HIV prevalence among the general population – twice lower than the average for the European Union. According to data of the *European Centre for Disease Prevention and Control* in 2011 the prevalence of newly registered HIV cases in the EU-member countries was 5.7 cases per 100 000 population on average. In Bulgaria the prevalence of newly registered HIV cases was 2.7 cases per 100 000 people.

According to data provided by the *National Programme for Prevention and Control of HIV/AIDS* at the Ministry of Health the number of officially registered persons in the country living with HIV/AIDS was 1647. In Bulgaria 46 424 people were tested for HIV in 2012. Through the year the newly identified HIV-positive cases were 157, or 44 people less as compared to 2011 (see *Figure 6-1*).

Figure 6-1

**PREVALENCE OF HIV IN THE GENERAL POPULATION IN THE PERIOD 1986-2012.**



Source: Ministry of Health

Cumulative number of HIV cases

Number of newly registered HIV cases

Nearly 60% of the newly registered HIV-positive cases were identified by the Offices for Free Anonymous Counseling and Testing for HIV/AIDS (OFACT HIV/AIDS) and by non-governmental organisation working with the most vulnerable groups. 124 of the newly registered HIV positive cases were men and 33 were women. The highest age limit for men was 64 years and 56 years – for women. In 2012 nearly 42% of the newly registered HIV-positive cases were young people under the age of 29.

According to the path of transmission of the infection **two particularly vulnerable groups stood out again: men who have sexual contacts with other men - 35,6% and injecting drug users- 25,4%**. The data show that the share of infected persons in the group of injecting drug users declined while that in the group of the homosexual and bisexual community increased significantly.

By place of residence the highest number of newly recorded HIV-positive cases in 2012 were in the regions: Sofia City – 72 people, Plovdiv – 14, Pazardzhik – 11, Varna – 7, Sofia City – 6.

Nearly 9 % of the newly-registered cases were Bulgarian citizens who had stayed abroad for a long period of time and in 2012 returned in the country.

**The level of HIV infection in Bulgaria is still low in the general population, but in the 2004-2010 it marked a steady trend of increasing among injecting drug users. The data show that in 2011 and 2012 the total number of newly identified HIV cases decreased as did the percentage of infected persons in the group of injecting drug users, while the share of infected persons in the homosexual and bisexual community rose significantly.**

### Test Results of Drug Users in Sofia

The Laboratory of the National Centre for Addictions performs testing of addicted persons for the following markers:

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

Table 6-1

#### **SEROLOGICAL TESTS OF INJECTING DRUG USERS IN THE PERIOD OF 01.01.2012 – 31.12.2012**

TEST TYPE	NUMBER OF TESTS	POSITIVE RESULT
HIV antibodies	662	24 (3.62 %)
HCV antibodies	622	422 (67.84 %)
HbsAg	559	32 (5.56 %)
Syphilis	631	62 (9.82 %)

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

In 2012 the NCA laboratory performed 2563 serological tests on 677 patients, among whom:

1. 295 patients of SPHTAA seeking treatment and other patients receiving counseling and testing at the NCA Laboratory, among them:
  - HIV positive: 8 persons (2.72 %);
  - Hepatitis C antibodies positive: 151 persons (61.13%);
  - HbsAg Hepatitis B positive: 9 persons (3.70%);
  - TPHA positive for syphilis: 23 persons (7.85%).
2. 155 injecting drug users (IDU) – clients of CARITAS, Sofia received counseling and were tested at the NCA Laboratory, among them:
  - HIV positive: 7 persons (4.52 %);
  - Hepatitis C antibodies positive: 124 persons (81.57 %);
  - HbsAg hepatitis B positive: 11 persons (8.39 %);
  - TPHA positive for syphilis: 24 persons (15.38 %).
3. 227 blood tests of intravenously injecting drug users – clients of the “*Initiative for Health*” Foundation, submitted for testing at the NCA Laboratory, among them:
  - HIV positive: 6 persons (2.64 %);
  - Hepatitis C antibodies positive: 147 persons (65.9 %);
  - HbsAg hepatitis B positive: 12 persons (5.50 %);
  - TPHA positive for syphilis: 26 persons (11.66 %).

The aggregated data for Sofia for 2012 provided the following picture: (see also *Table 6-1*):

#### **1. ANTI HIV 1/2**

662 persons were tested in total, 24 of them positive, or **3.36 %**. The ratio of HIV positive men to women **was 75 % to 25 %** and the distribution by age groups was as follows:

- For tested persons up to 25 years of age the rate of infection was **9.46 %**
- For tested persons from 25 to 34 years of age the rate of infection was **2.82 %**

- For tested persons over 34 years of age the rate of infection was **3.09 %**

## 2. HbsAg

559 persons were tested in total, 32 of them positive, or **5.56 %**.

The ratio of **HbsAg** positive men to women was **68.75 % to 31.25 %** and the distribution by age groups was as follows:

- For tested persons up to 25 years of age the rate of infection was **6.56 %**
- For tested persons from 25 to 34 years of age the rate of infection was **4.90 %**
- For tested persons over 34 years of age the rate of infection was **7.63 %**

## 3.HCV

593 were tested in total, 402 positive, or **67.79 %**.

The ratio of **HCV** positive men to women was **68.41 % to 31.59 %** and the distribution by age groups was as follows;

- For tested persons up to 25 years of age the rate of infection was **43.24 %**
- For tested persons from 25 to 34 years of age the rate of infection was **75.74 %**
- For tested persons over 34 years of age the rate of infection was **60.14 %**.

### Main Conclusions on the Basis of the Analysis of the Data for 2012:

- In 2012 the number of drug users tested at the NCA Laboratory decreased. A decrease in the number of persons tested had also been recorded in 2011. A falling number of tested injecting drug users had also been reported for the persons tested in fulfillment of the *Programme for Prevention and Control of HIV/AIDS in 2011*. The reasons for that could be a lower number of IDUs in the country and in Sofia or a lower number of addicted persons seeking testing, counseling and treatment.

- Over the past three years the rate of HIV infection among injecting drug users showed a tendency of retention: around 7 % of tested persons in 10 big cities in Bulgaria /according to MH data/ and around 3 % for Sofia /according to NCA data/.

- The 2011 data of the *Programme for Prevention and Control of HIV/AIDS* and the NCA data for 2012 confirm the trend of the highest number of cases of positive HIV status identified among persons under 25 years of age in the group of injecting drug users.

- Hepatitis B infection rate still keeps low levels of infection among injecting drug users, probably as a result of the successful vaccination programme for all newly-born in the country, conducted since 1992.

- Hepatitis C infection rate is 67.8 % for all persons tested intravenously in Sofia. A trend can be noted of infection retention on the level of 2011.

- Syphilis infection rate in Sofia rose significantly to 9.8%, the highest in 5 years for the IDU risk group.

- The rate of co-infection with 2 and more infections has remained at permanent levels for 3 years now, for example, with all newly-diagnosed HIV carriers in IDU risk group reporting positive HCV antibody test. 17% of the carriers of HIV test positive for HbsAg and syphilis.

Table 6-2

### **SEROLOGICAL TESTS OF INJECTING DRUG USERS IN THE PERIOD OF 2010-2012 r.**

Test Type	Number of Tests			Positive Result		
	2010	2011	2012	2010	2011	2012

HIV antibodies	1258	1140	662	27 (2,15%)	32 (2,81%)	24 (3.62 %)
HCV antibodies	1249	1138	622	778 (62,29%)	772 (67,84%)	422 (67.84 %)
HbsAg	1248	1132	559	37 (2,96%)	51 (4,51%)	32 (5.56 %)
Syphilis	1248	1140	631	38 (3,04%)	64 (5,61%)	62 (9.82 %)

Source: *Laboratory of the National Centre of Addictions*

### Prevalence of Infectious Diseases Among Patients in Substitution and Rehabilitation Programmes

Operating in the country by the end of 2012 were 31 programmes for treatment with agonists and agonists-antagonists with a total capacity of 5 171 treatment slots, of which 4 681 for treatment with Methadone hydrochloride, 460 for treatment with Morphine sulfate pentahydrate (Substitol) and 30 slots for treatment with Buprenorphine hydrochloride. In total the filled in slots as of 31.12.2012 were 3 445, 3 302 of them for treatment with Methadone hydrochloride and 143 for treatment with Morphine sulfate pentahydrate (Substitol) (no slots filled in for treatment with Buprenorphine hydrochloride).

The total number of HIV positive tests was 137, distributed in 9 substitution programmes, most of them patients of the Branch programme in Stolipinovo housing complex under the Programme at „CPZ-Plovdiv” Ltd - a total of 77 people, followed by the Programme at SPHTDAA, Sofia city – 45 people. The remaining positive tests spread among patients in 7 programmes.

In 2012 280 patients – carriers of viral hepatitis B were treated in the programmes for substitution and maintenance treatment, or 8% of the total number of 3445 placement slots . Their number was highest at „CPZ-Plovdiv” Ltd – 59 patients. The patients infected by viral hepatitis C were 1953, i.e. 57 % of 3445 placements. SPHTDAA, Sofia city came first with 279 patients. Syphilis was diagnosed in 68 patients, distributed in 8 programmes. Compared to the total number of 3445 patients, that constitutes 2 %. Nineteen patients with tuberculosis were enrolled in 11 programmes<sup>58</sup>.

*Table 6-3*

### NUMBER OF PATIENTS TESTED IN SUBSTITUTION AND MAINTENANCE PROGRAMMES IN 2012

Tested for HIV	1756
Viral Hepatitis B	1590
Viral Hepatitis C	1696
Syphilis	1227
Tuberculosis	776

Source: *Annual Reports of Substitution and Maintenance Programmes*

The total number of clients/patients in 2012 passing through the rehabilitation programmes was 503 persons, 175 of them with blood-borne infections (HIV – 3, Hepatitis C – 122, hepatitis B – 5 and 45 with unspecified blood-borne infection ).<sup>59</sup>

### Behavioural Characteristics of Injecting Drug Users (IDU)

A survey entitled “*Behavioural Characteristics Survey Among Injecting Drug Users*” was conducted in the period of June-July 2012. It was carried out under the methodological guidance and with the financial support of the *National Focal Point on Drugs and Drug Addictions* and with the participation of 10 non-governmental organizations operating on the

<sup>58</sup> Source: Annual reports of substitution and maintenance programmes.

<sup>59</sup> Source: Annual reports of rehabilitation programmes



territory of the cities of *Blagoevgrad, Kyustendil, Rousse, Varna, Pazardzhil, Sofia, Plovdiv, Pernik* and *Pleven*. 901 injecting drug users (IDUs) who had sought the services of harm reduction programmes were surveyed, 702 of them men (77,9 %) and 199 – women (22,1 %). 41,4 % among them (or 373) IDU were clients of the programmes but they were not on treatment at the time of the survey; 30,5% were clients of the programme who received treatment; 28,1% were persons who were no clients of the programmes and were not receiving treatment.

The respondents were between 14 and 57 years of age. 57,5 % (404) men were within the age range of 27-34 years. 65,8 % (131) women IDUs were within the range of 22-30 years of age. The most frequent IDUs age group was that of the 30 years old – 79 persons in total.

The highest percentage of respondents reported that they had completed secondary education – 46,4 %, 24,5 % were with completed elementary education (up to grade 8), 12 % - basic education (up to grade 4), 9,8 % indicated that they had no completed basic education. The lowest percentage of respondents were persons with education above secondary - – 6,7 %.

Most IDUs being surveyed did not work and were no active job seekers - 60,6 %; the percentage of students and working persons was lowest - 0,6 %. 22,8 % of the respondents who had sought the services of harm reduction programmes were employed; 8,5 % indicated that they did not work but were actively seeking employment; 3,2 % were students, 3,7 % indicated “other” regarding their social status.

Regarding the home where they lived, 63,7 % of the respondents reported that they lived in a family home, 16,6 % - in rented lodgings, 11,2 % - in their own lodgings and 4 % were homeless.

Most respondents (63,4 %) defined themselves as Bulgarians, 26,9 % - as Roma, 6,1 % indicated Turkish origin, 1,6 % defined themselves as „others“.

68,9 % of the respondents reported that they had attempted treatment, 14,7 % of them with two attempts, 12,5 % - three, 11,7 – 1, 10 % stated that they had been on treatment 4 times before. 11,7 % of the IDUs had undergone treatment between 5 and 8 times, 4,4 % answered that they had ten treatment attempts in the past. 33,4 % of the respondents had been on supportive treatment in the preceding 4 weeks.

The respondents were most frequently admitted for treatment in psychiatric hospitals – 45,8 % and in substitution programmes – 40,2 %. 23,3 % of IDUs were treated in dispensaries , 18,4 % indicated that they had been enrolled in another form of treatment.

The age of first injecting use was 16-20 years, the first registered use at the age of 17 - 18,4 %. Concerning the duration of injecting use 56 % of the respondents reported injecting drugs between 4 and 10 years. 11,7 % had been injecting drug users for ten and more years.

Highest among the persons polled was the share of heroine injecting users – 74,3 %, or 670 persons; 4,1 % stated that they both injected and smoked. Among the heroine users 292 in total indicated that they also used methadone (injecting - 204, orally - 88); 154 – amphetamines (121 – injecting, 33 – snorting and injecting); 182 – cannabis; 160 – Rivotril ; 25 – Ketamine ; 71 – cocaine; 40 respondents said that they used other opiates.

The frequency of injecting among the persons surveyed was as follows: 38,3 % - once a day, 30,5 % - twice a day, 15,5 % - three times a day.

47,5 % IDUs never used condoms with a permanent partner, 21 % - occasionally and 15 % - always. Those indicating that they always used condom with an accidental partner were 34,9 %, using occasionally – 33 % and 9,2 % answered „never“.

14,7 % of the polled persons stated that they used paid sexual services more than 12 months ago, 4,6 % - in the past 12 months, but not in the past 4 weeks. 9 % IDUs provided paid sexual services over the past 4 weeks; 27,7 % of them always used condoms, 8,1 % - occasionally and 4,4 % - never when they performed paid sexual services.

5,9 % injecting drug users were HIV- positive, 5,8 % did not know the test results and 10,1 % had not been tested for HIV. 58 % of the respondents tested positive for Hepatitis C , 5% did not know the results, 12,2 % had not been tested.

The survey outcomes show that the practice of drug injecting with used needles and syringes is widespread among IDUs: 53,8 % stated that they had used drugs in that manner in the past 4 weeks, among them the share of those reporting that happening between 1 and 5 times being highest – 39,7 % (131persons). 48,2 % of all persons surveyed used other secondhand means of injecting over the past 4 weeks.

9 % IDUs stated that they were injecting once a day, using non-sterile needles and syringes, 40,7 % used their last needle/syringe once, 27,3 % - twice, 8,4 % - three times while 2 % stated that they used their last needle/syringe more than three times.

With regard to the number of people who shared the same needle/syringe with another partner, 15% shared with one partner, 7.9% - with two, 4.1% - with three and 2.4% - with four partners.

Among injection drug users with needles and syringes (over the last 12 months) there was an increase in the number of people in Sofia and Varna as compared to 2010, whereas the share of respondents who declared that they followed the same practice in the city of Plovdiv was significantly lower (see *Table 6-4*).

*Table 6-4*

**SHARE OF INJECTING DRUG USERS WITH USED NEEDLES/SYRINGES (IN THE LAST 12 MONTHS)**

	Sofia	Plovdiv	Varna
2010	43,59%	39,8%	43,26%
2012	62,74%	19,19%	58%

**Source: National Center for Addictions, Survey of Behavioral Characteristics Among Injecting Drug Users**

In 2012 there was an increase in the share of injecting drug users who stated that they used condoms with their permanent partners, with accidental partners and in cases of paid sexual services.

**Other infectious diseases**

Caritas is the only non-governmental organization in Bulgaria working in the area of harm reduction of drug use which provides primary medical care to its clients (treatment of injection areas, processing abscesses). 2340 wounds, abscesses and injection areas were processed in the mobile offices of the organization in 2012. In 2011 their number was 2310, and in 2010 it was 2267.

**Other Drug Related Health Correlates and Consequences**

**Non-fatal Emergency Cases and Overdoses**

In 2012 in the Toxicology Clinic of N.I. Pirogov Hospital in Sofia a total of 194 people sought emergency medical assistance after acute poisoning with psychoactive substances, of whom 134 were men and 60 were women. Ninety nine received outpatient care (48.97%), 95 (51.03%) were hospitalized in the clinic (see *Table 6-6*). The share of the patients who sought emergency medical assistance after acute poisoning with psychoactive substances in 2012 was 2.34% of all patients who came to the Toxicology.

*Table 6-6*

**DYNAMICS OF DRUG-ADDICTED PATIENTS TREATED IN THE CLINIC OF TOXICOLOGY "PIROGOV" IN THE PERIOD 2008 – 2012**

	2008	2009	2010	2011	2012
Total number of treated patients	<b>159</b>	<b>194</b>	<b>152</b>	<b>241</b>	<b>194</b>
Outpatient treatment	<b>100</b>	<b>141</b>	<b>86</b>	<b>137</b>	<b>99</b>
Hospitalized patients	<b>59</b>	<b>53</b>	<b>66</b>	<b>104</b>	<b>95</b>

**Source: Pirogov Hospital, Toxicology Clinic**

In the last year there was a nearly double increase of the share of the patients with addictions to narcotic substances aged above 35 years – 16.49% as compared to 2011, when their share constituted 8.3%; 8.6% in 2010; 9.8% in 2009 and 10.1% in 2008. In 2012 once again the age group of addicts with the largest share was that of people between 26 and 35 years of age (29.38%) (see *Table 6-7*).

*Table 6-7*

**AGE DISTRIBUTION OF THE PATIENTS OF PIROGOV HOSPITAL IN THE PERIOD 2008 - 2012**

Age	2008	2009	2010	2011	2012
under 15	<b>5</b>	<b>11</b>	<b>6</b>	<b>24</b>	<b>25</b>
16-18	<b>18</b>	<b>23</b>	<b>12</b>	<b>32</b>	<b>37</b>
19-25	<b>56</b>	<b>71</b>	<b>58</b>	<b>76</b>	<b>43</b>
26-35	<b>64</b>	<b>70</b>	<b>63</b>	<b>89</b>	<b>57</b>
Over 35	<b>16</b>	<b>19</b>	<b>13</b>	<b>20</b>	<b>32</b>
Total	<b>159</b>	<b>194</b>	<b>152</b>	<b>241</b>	<b>194</b>

**Source: Pirogov Hospital, Toxicology Clinic**

The most frequent cases of drug abuse involved marijuana – 30.41% (59 individuals). The trend that was first observed in 2008 of a decrease in the share of people who sought medical help after acute poisoning with heroin, continued, as well as the share the emergency cases related to the use of amphetamine as compared to 2011 (2011 – 21.58%; 2012 – 18.56%)(see *Table 6-8*).

*Table 6-8*

**NUMBER OF NON-FATAL EMERGENCY CASES BY SUBSTANCES USED IN THE PERIOD 2010 - 2012**

Substance used	Number of patients in 2010	Number of patients in 2011	Number of patients in 2012
Heroin	<b>69</b>	<b>66</b>	<b>47</b>
Cocaine	<b>11</b>	<b>30</b>	<b>25</b>
Amphetamines	<b>23</b>	<b>52</b>	<b>36</b>
Marijuana	<b>39</b>	<b>75</b>	<b>59</b>
Methadone	<b>9</b>	<b>16</b>	<b>23</b>

**Source: Pirogov Hospital, Toxicology Clinic**

According to statistical information from the *National Center for Public Health and Analyses* (NCPHA) the number of the individuals who sought medical aid in the Emergency Care Centers as a result of addictions to drugs in 2012 amounted to 1901, and in the emergency rooms of hospitals the number was 318.

### Psychiatric and Somatic Co-Morbidity

According to data from the 26 programs for substitution and maintenance treatment with Methadone and Substitol the number of the patients with dual diagnoses was 764 people, and the most common parallel disorders were personality disorders, anxiety and schizophrenia (see Table 6-9).

*Table 6-9*

#### NUMBER OF PATIENTS WITH DUAL DIAGNOSIS IN SUBSTITUTION AND MAINTENANCE PROGRAMMES

	2008	2009	2010	2011	2012
Number of patients included in the programs	2543	2915	3118	3452	3445
Patients with dual diagnoses	243	592	391	692	764

**Source: Annual reports of the programs for substitution and maintenance treatment with Methadone and Substitol in the period 2008 - 2012**

In 2012 there was an increase in the number of patients with dual diagnoses participating in rehabilitation programs as compared to 2011. In 2012 the addicted individuals with accompanying diseases who participated in rehabilitation programs were 57 (11.3% of the total number of participants) whereas in 2011 their share was 5.6% (see Table 6-10).

*Table 6-10*

#### NUMBER OF PATIENTS WITH DUAL DIAGNOSES INCLUDED IN REHABILITATION PROGRAMS IN THE PERIOD 2008 - 2012

	2008	2009	2010	2011	2012
Number of patients included in the programs	193	486	486	861	503
Patients with dual diagnoses	11 (5,7%)	33 (6,8%)	35 (7,2%)	48 (5,6%)	57 (11,3%)

**Source: Annual reports of the rehabilitation programs for the period 2008 - 2012**

### Psychiatric Co-Morbidity

According to information from the *Monitoring System of Treatment Demand (TDI)* in Bulgaria in 2012 the patients with accompanying psychiatric diseases were 93 individuals (6.6% of all 1410 patients included in the monitoring). The most common diseases observed were personality disorders, combined personality disorders, schizophrenia.

According to the reports of the programs for substitution and maintenance treatment the total number of patients with accompanying psychiatric disorders was 449.

Some of the hospitalized patients with a heroin addiction (intoxication) treated in Pirogov Hospital displayed an increased suicidal disposition and depressions. With patients treated for amphetamine addiction (intoxication) the predominant behavior was aggression, personality disorders, anxiety and, in some rare cases, bouts of schizophrenia. Eight of the patients demonstrated psychiatric and somatic co-morbidity.

The most common diseases observed among patients in rehabilitation programs were personality disorders and schizophrenia.

### Somatic co-morbidity

The data provided by the Monitoring System of Treatment Demand (TDI) in Bulgaria show that 144 patients had accompanying diseases (10.2% of all patients included in the monitoring). The most common cases were chronic viral hepatitis (unspecified), acute infection with hepatitis B, heart damage and asthma.

*Table 6-11*

**PATIENTS WITH ACCOMPANYING PSYCHIATRIC AND SOMATIC DISEASES IN THE PERIOD 2010 - 2012**

	2010	2011	2012
Number of patients included in the monitoring	1572	1839	1408
Number of patients with psychiatric diseases	221	222	93
Number of patients with somatic diseases	39	89	144

**Source: Monitoring system for search of treatment of addictions in Bulgaria**

The patients in the programs for substitution and maintenance treatment that had somatic disease were 602 in total.

The successful birth cases in the programs in 2012 were 33, 12 of which were in the State Hospital for Treatment of Drug and Alcohol Addictions – Sofia, and the remaining 21 occurred in 13 other programs.<sup>60</sup> The situation was similar in 2011 – 31 successful birth cases in 11 programs.

## **Drug-Related Deaths and Mortality Among Drug Users**

### **Statistics of Deaths by Death Cause**

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 statistical activity in the field of healthcare is regulated by the Law on statistics, the Law on Healthcare, the National Statistical Program and Ordinance 10 of the Minister of Health dated 05.07.2000 on the medical-statistical information and the information on the medical activities carried out in hospitals.

The legal framework of the European Union on the statistics in healthcare is set out in Regulation No. 1338/2008 of the European Parliament and the Council regarding the statistics of the Union on public health and workplace security and it was adopted on 16 December 2008.

The obligations of the EU member-countries with regard to statistics on death cases and causes of death are defined by Regulation (EU) No. 328/2011 of the Commission adopted on 05 April 2011 for application of Regulation (EC) No. 1338/2008 with regard to the statistical data on the causes of deaths. 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. The Decision should be implemented no later than 31.12.2012 and refers to the submission of data on the causes of death using the 4-digit code of the reasons in line with the International Classification of Diseases, Revision 10.

Ordinance for amendment and supplementation of Ordinance No.42 from 2004 for introduction of the International Classification of Diseases and the health-related problems – Revision 10, issued by the Minister of Health, promulgated in the State Gazette, issue 203 dated 28.12.2012, effective as of 01.01.2013 regulates the submission of information and the coding of diseases and health-related problems in the respective documents by applying the full list of four-digit codes included in the International Classification of Diseases – 10th Revision.

In the beginning of 2013 the National Statistical Institute together with the departments on ‘Medical activities’ at the Regional Health Inspectorates initiated collection of information using the four-digit coding in line with ICD – 10<sup>th</sup> Revision. The first reporting year on which Bulgaria will provide information using the aforementioned coding will be 2013.

<sup>60</sup> Source: Reports of the programs for substituting and supporting treatment.

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

110 Data are from 11 programmes surveyed, and 32 actually working.

111 Data are from eight programmes.

112 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 in 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 in accordance with WHO recommendations. According to the Law on Civil Registration the civil status certificates are official written documents. The certificates related to the causes of death include death notifications, death certificates and birth certificates.

The medical specialist who has ascertained the death prepares a notification by filling in a 'medical death certificate'. In the certificate the physician records the immediate cause of the death, the preceding and accompanying conditions or diseases as well as the main cause of death. The accurate recording of the cause of death to a large extent predefines the quality and reliability of the data on the mortality by causes.

### 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 instructions for encoding the causes of death in line with the ICD. The encoding of the causes of death is completed by physicians working at the regional health inspectorates who were trained to apply the requirements of the ICD. To enter the respective code of death the physician verifies the information entered into the death certificate.

A three-digit code is entered to specify 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<sup>th</sup> Revision 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 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:

X11 – F12, F14, F16, F19	Mental and behavioural disorders
X41	Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified
X42	Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified
X61	Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified
X62	Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified
Y11	Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified, undetermined intent
Y12	Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified, undetermined intent

#### Deaths by cause in 2012

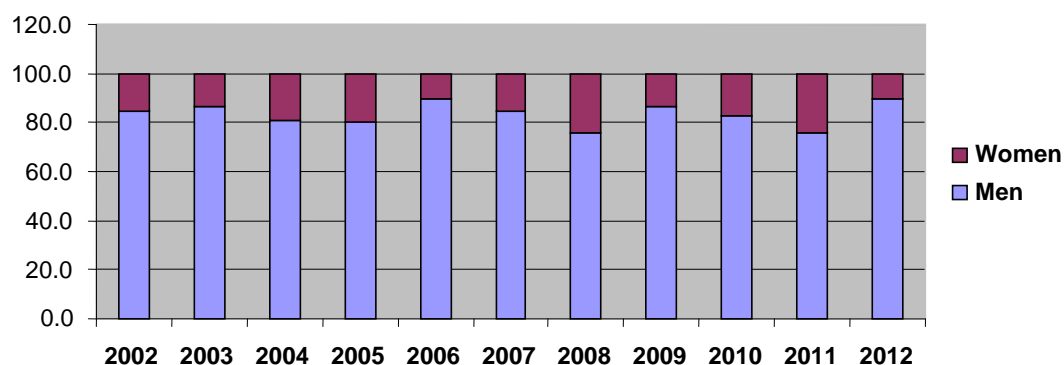
The total number of drug-related deaths in 2012 is 26 or 0.36 per 100,000 people. In comparison with the preceding year the mortality rate marked an insignificant increase.

In 2012 the men who died as a result of drug use were 23 or 88.5%. The deceased women in this category were 3 or 11.5%. The mortality rates are respectively 0.65% per 100,000 men and 0.08 per 100,000 women.



Figure 6-2

### Drug-Related Deaths in the Period 2002 - 2012

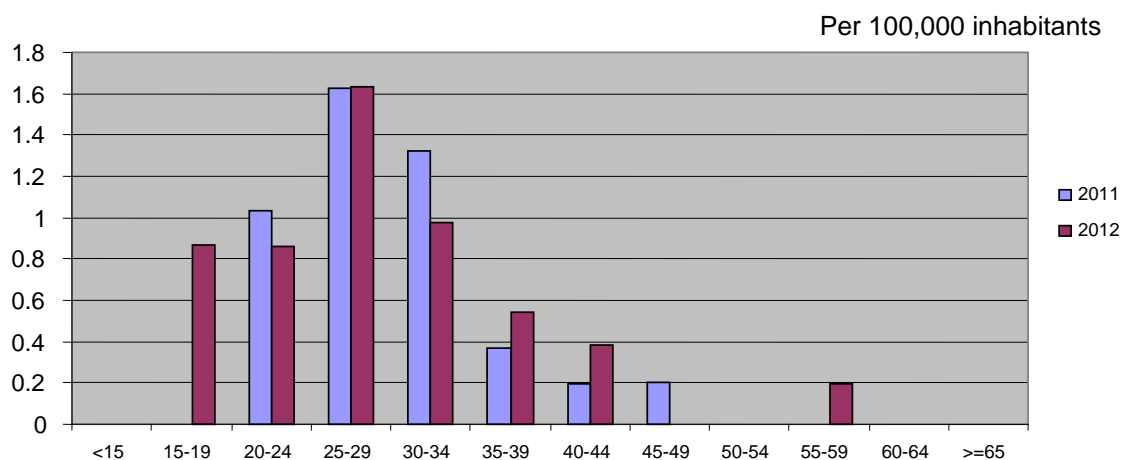


Source: National Statistical Institute

In 2012 the trend of having most drug-related deaths in the age group from 25 to 29 years of age has continued. The number of deaths in this age group and in accordance with the definition applied was 8 people. Of all drug related deaths 76.9% were in the age group from 20 to 39 years.

Figure 6-3

### Mortality related to drug use in the period 2011-2012 by age groups



Source: National Statistical Institute

The average age of the individuals who died as a result of drug use in 2012 was 29.7 years. It was higher for men – 29.8 years whereas among women it was slightly lower – 29.0 years.

There is a significance difference in the indicator median age<sup>61</sup> of the deceased individuals. In 2012 it was 28 years, in other words with half of the drug related deaths the individuals were 28 years of age or less. The median age for men was 29 years.

<sup>61</sup> The median (median value) is the value of the indicator that is positioned in the middle of the value range.

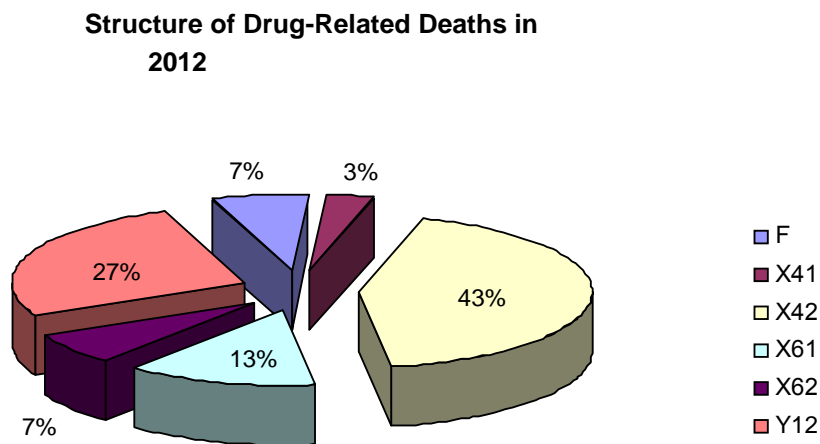


In 2012 there were no substantial changes in the structure of the causes of death. There were two cases of deceased mainly under class V of the ICD-10, "Mental and behavioural disorders".

The largest share of people died from accidental poisoning by and exposure to narcotics and psihodisleptitsi [hallucinogens], not classified elsewhere (X42) or 43% of all cases.

Second in the structure of deaths was the category Poisoning by and exposure to narcotics and psihodisleptics [hallucinogens], not classified elsewhere, with undetermined intent (Y12) " or 27% of all cases. Approximately 13% of all deceased individuals as a result of drug use were classified in the category "Deliberate self-poisoning by and exposure to antiepileptic, sedative, hypnotic, antiparkinsonian and psychotropic drugs, not classified elsewhere (X61)

Figure 6-4



**Source: National Statistical Institute**

The death cases as a result of drug use are classified in accordance with the place of death as follows:

- At home – 43,3%
- In a hospital – 20%
- Elsewhere – 36,7%

**Twenty one death cases** were registered in 10 programs for substitutive and supporting treatment with methadone and substitol in the course of 2012. The reasons specified were most often health complications, and five patients had drug overdoses.<sup>62</sup>

<sup>62</sup> Source: Annual reports of the programs for substitution and maintenance treatment

## 7. Responses to health correlates and consequences

### Introduction

In Bulgaria the activities of the drug-related harm reduction are a part of the public healthcare system and are addressed to the whole community. The activities for harm reduction are regulated by the Narcotic Substances and Precursors Control Act (Chapter VII "Prevention of use, treatment of and psychosocial rehabilitation of individuals dependent on or abusing narcotic substances") and by Regulation № 7 on the terms and conditions of implementing programmes for drug-related harm reduction of 07.09.2011.

According to Art. 2, Para. 2 of Regulation 7 / 2011 the programmes for drug-related harm reduction implement one or several of the following activities:

- Prevention of risky behavior, including outreach work at low-threshold centres, distributing information materials, conducting training and running offices and low-threshold services for the assistance of groups in particularly severe social and/or health condition;
- Prevention of drug-related infectious diseases, including the following activities:
  - exchange of needles, syringes and other appliances for injecting drug use;
  - consulting and testing for HIV, hepatitis B and C, sexually transmitted diseases and tuberculosis;
  - dispensing condoms;
  - referring for treatment of blood-borne infectious diseases caused as a result of drug use and of sexually transmitted infections;
  - conducting cases;
  - referring for treatment of dependence on narcotic substances;
- 3. Providing information and training for prevention of drug-related deaths.

All the programmes in the field of drug-related harm reduction indicate some basic tendencies which became obvious among the group of the IDUs, namely:

- the mean age of the members of the group has increased;
- gathering of small groups of drug users in private lodgings with the aim of doing injecting practices;
- injecting use of amphetamines, metamphetamines, methadone and rivotril;
- availability of methadone on the black market has been revealed by 10 of the programmes;
- use of inhalants.

### Prevention of drug-related emergencies and reduction of drug-related deaths

To patients who have been admitted for treatment at the "N.I. Pirogov" Multiprofile Hospital for Active Treatment and Emergency Medicine (MHATEM) because of acute poisoning as a result of psychoactive substance drug use detoxification, depuration, antidote and symptomatic treatment is applied. To the patients who are motivated for the treatment of

the dependence therapeutic scheme lasting on the average 10 days is applied, after the recovery from the acute intoxication.

Therapeutic measures:

1. Detoxification and depuration
2. Anti-abstinent treatment:
  - Abrupt withdrawal of the psychoactive substance
  - Applying tranquilizers
  - Applying neuroleptics of sedative and anti-abstinent effect
  - Applying thymostabilizers
  - Applying antidepressants
3. Hepatoprotective treatment
4. Cerebroprotective treatment
5. Treatment with vitamins
6. Symptomatic treatment: non-benzodiazepine hypnotics, non-opioid analgesics for patients dependent on PAS.
7. Rehabilitation treatment.

For the patients who have been admitted to “N.I.Pirogov” MHATEM because of an overdose of heroin (incl. without breathing) no deaths are registered. This is due to the resuscitation and adequate antidote treatment – bolus doses naloxone. Some of these patients leave the hospital at their own free will after their vital functions have been resuscitated- explicit denial of treatment.

In December 2012 the NGOs, working in the field of harm reduction, started the implementation of projects funded by the National Centre for Addictions (NCA). The activities under the projects were directed at reducing the risk of an overdose and giving first aid in case of emergency by providing information and by training of volunteers using drugs and of their relatives. In 2012 three of the organizations (“Adaptation” Association, “IGA” Foundation and “P.U.L.S.” Association)<sup>63</sup> provided consultations and training to the drug users of practices of use reducing the risk of an overdose as well as training for giving first aid in case of emergency. 37 clients of the programmes were included.<sup>64</sup>

In Bulgaria the scope of the services offered in the field of drug-related harm reduction is mainly in the area of prevention the incidence of HIV/AIDS and other blood-borne diseases. Considering the fact that the activities of harm reduction are a part of the public healthcare system and are addressed to the whole community, the efforts have to be directed at studying the conditions of the milieu, influencing the whole activity in this area. The impression is that activities like consulting and training for prevention of an overdose and giving first aid in case of emergency remain in the background. Not much attention is paid to the consulting on health and social issues, nor to providing psychological consultations and to work aimed at changing the behavior of the clients. These conclusions are drawn from the general situation showing that the criminal offences among this group remain frequent. The social state of the clients of Roma origin, but also of Bulgarian origin, is low and a great number of them are homeless and have no IDs.

## **Prevention and treatment of drug-related infectious diseases**

### **Prevention of drug-related infectious diseases**

Eleven harm reduction programmes function on the territory of the country. These programmes have been established at NGOs and ten of them are funded by the Prevention and Control of the Prevalence of HIV/AIDS at the Ministry of Health and the Global Fund to Fight AIDS, Tuberculosis and Malaria Programme. The funding by the Global Fund will be

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<sup>63</sup> Source: Annual reports of the harm reduction programmes.

<sup>64</sup> The period for implementing the projects is 6 months, the trainings continue in 2013 as well.

finalized in 2014. This raises the issue of the further funding of these programmes and services, which must be taken up by the Ministry of Health and by the municipalities.

In 2012 the teams of the harm reduction programmes made a total of **69,084** direct contacts with clients in 20 settlements in the country (Varna, Plovdiv, Pernik, Petrich, Pleven, Rousse, Kystendil, Dupnitsa, Blagoevgrad, Burgas, Nova Zagora, Yambol, Pomorie, Pazardjik, Peshtera, the village of Zvunichevo, the village of Vetren dol, Septemvri, Bratsigovo, Sofia<sup>65</sup>). Of these contacts **7,018** were referent and **36, 627** were made during the outreach work. It is obvious that the harm reduction programmes do not even cover the territory of all the districts in the country<sup>66</sup>. For many of the IDUs the harm reduction programmes are the only possibility for access to health services and that is why on the one hand it is necessary to expand the territorial scope and to establish new harm reduction programmes and on the other- to expand the scope of the services provided by the programmes.

The Regional Health Inspections, the programmes for treatment with opiate agonists and agonist-antagonists, the probation services, **МПС**, municipalities, healthcare facilities and NGOs were the main partners to the programmes in the past year. The cooperation with the services for social assistance is inadequate.

In Bulgaria nine low-threshold centres for IDUs function, in which **37,384** contacts with clients were made. At these centres health, social and psychological services are provided, and sterile and information materials are dispensed. The mobile consulting rooms in the country are maintained by 6 NGOs.

Last year an increase of the number of the individual clients of the harm reduction programmes reached was observed compared to 2011 – 10,497 clients were reached, of whom- 2,854 – by key collaborators. The number of IDUs in Bulgaria is approximately 18,000 - 20,000 individuals<sup>67</sup> and according to the methods of assessing the universal access to services for the prevention of HIV among the IDUs included in the technical manual of the WHO, the UN Drugs and Crime Office and the UN Programme to Fight AIDS<sup>68</sup> this number is a mean, regularly reached by the harm reduction programmes population of IDUs. Nevertheless, the reaching of only 50% of the IDUs with services for harm reduction is not sufficient for the coverage of the country. The programmes function in only 13 towns and the capacity of the organizations, especially for the big cities like Sofia and Plovdiv (only in Sofia the number of the IDUs is approximately 11,000), is not sufficient.

It is necessary to expand the territorial range of the services as well as the scope of the services and the consultations offered to the clients. Attention could be paid to the development of harm reduction programmes for clients using injecting stimulants, as well as for clients who smoke and inhale narcotic substances.

At the same time the number of the new clients, reached by the teams, is smaller compared to the preceding 2011 year – **1,713** (see *Figure 7-1*).

*Figure 7 - 1*

**INDIVIDUAL CLIENTS REACHED BY THE HARM REDUCTION PROGRAMMES  
OVER THE PERIOD 2010-2012**

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<sup>65</sup> Source: Annual reports of the harm reduction programmes

<sup>66</sup> For the districts of Montana, Vratsa, Stara Zagora, Sliven, Yambol, Haskovo, Lovech, Gabrovo and Veliko Turnovo no similar type of services are provided

<sup>67</sup> Source: National Focal Point on Drugs and Drug Addictions

<sup>68</sup> According to the manual quoted a rate lower than or equal to 20% is a proof of inadequate reaching of the target group, a rate between 20 – 60% - of average reaching the target group, and more than 60% - of high reaching of the target group.



**Source:** Annual reports of the harm reduction programmes

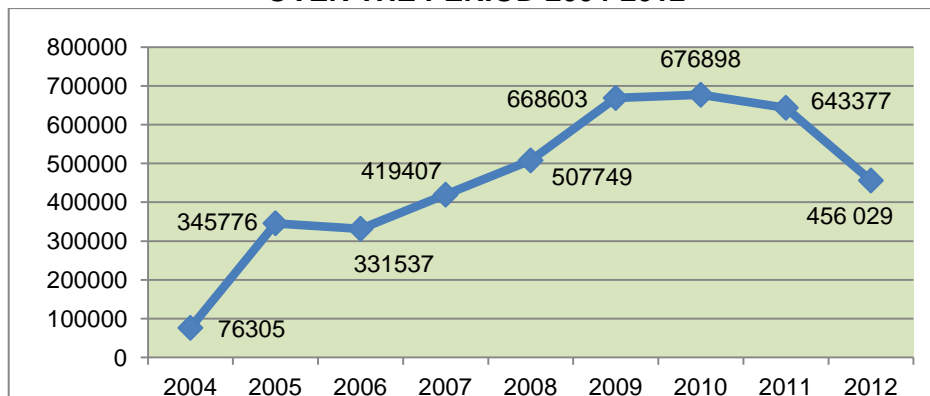
Total number of individual clients  
New individual clients

Of the total number of clients reached 3,201 were female, and 7,265 were male, and of them 107 were MCM and 746 of the clients were prostituting.

Despite the greater number of individual clients reached in 2012 a considerable drop of the number of condoms dispensed is observed – 138, 262 (41,117 fewer compared to 2011), which is 20% or (mean) supply of the clients with condoms. A drop compared to 2011 is also observed of the number of sterile sets of needles and syringes dispensed – 456, 029 (see Figure 7-2). This accounts for around 44 sets per client per year. According to the methods of the Technical Manual to assess the accessibility of the target group this number is within the range of low access (fewer than 100 per individual per year). Attention has to be paid to the fact that in Bulgaria the pharmacies do not provide sterile needles and syringes to the IDUs, which also increases the risk of the use of other people’s sets, and of second-time use of the IDUs’ own sets, this increasing the risk of dissemination of infectious diseases.

*Figure 7-2*

**STERILE SETS DISPENSED (A SYRINGE WITH 2 NEEDLES)  
OVER THE PERIOD 2004-2012**



**Source:** Annual reports of the harm reduction programmes

3,040 medical products have been dispensed, and 5,359 other materials (dressings). The 18,503 information materials provided represent approximately 27 % (mean) access to the clients with information, consultation and training about the aftermaths of the risky behavior.

The “conducting a case” service has been provided to 286 clients approximately, which is 35 cases more compared to 2011 (251 cases).

10,344 pieces, 142 kg and 46 l of containers with syringes and needles were collected and destroyed in 2012.

*Table 7-1*

Indicator	2012
Number of sites where activities of outreach work for the prevention of HIV are done	<b>102</b>
Annual number of individuals, IDUs, reached by programmes for the prevention of HIV, implemented by the NGOs	<b>5,506</b>
Of them new individuals reached for the first time	<b>1,580</b>
Annual number of contacts made with the IDUs for providing services to prevent HIV	<b>71,080</b>

**Source: Ministry of Health, "Prevention and Control of HIV/AIDS" Programme, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2013**

## **Consulting and Testing**

On the evidence of "Prevention and Control of HIV/AIDS" Programme (Ministry of Health), **4,475** IDUs have received voluntary consulting and testing for HIV via 10 NGOs, 19 consulting rooms for anonymous and free consulting and testing for HIV/AIDS (KABKIS) and the National Centre for Addictions.

On the data of the annual reports of the harm reduction programmes 11, 014 consultations and tests have been done, out of which: 3, 613 for HIV/AIDS, 2,285 for hepatitis B, 2,549 for hepatitis C, 2,567 for syphilis. Of the total number individuals consulted 10,626 individuals were informed about the result and were consulted after the test<sup>69</sup>. The consulting after the test is of particular importance for the reduction of sharing syringes and needles among the IDUs.

Of all the 10,497 individual clients 3,061 were referred for receiving social and/or health services, namely: 1,727 were referred for testing, 354 were referred for the treatment of dependence, 456 were referred the treatment of hepatitis B and C, 93 were referred for the treatment of sexually transmitted diseases, 99 were referred for the treatment of HIV.

The programmes did not provide immunization to the clients for hepatitis B in 2012, but 300 clients were immunized for tuberculosis.

## **Treatment of drug-related infectious diseases**

5 sections for the treatment of patients were established on the territory of the country at the clinics of infectious diseases in Sofia, Plovdiv, Varna, Plevan and Stara Zagora and for this purpose additional funding was provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The number of individuals who got ill with AIDS was 64 and they were diagnosed in 2012. The data reveal that for 31 % of the cases of AIDS in 2010 the diagnose was established with tuberculosis as opportunistic infection.

By 31<sup>st</sup> December 2012 a total of 818 individuals with HIV were followed up at the sections for the treatment of patients with HIV/AIDS. 539 of them receive the antiretroviral therapy necessary. In 2012 the Ministry of Health provided the funds necessary for the purchase of 23 medications at the approximate value of 10 MLN BGN. Applying the antiretroviral treatment prolongs the life of the patients, improves their immune status and the quality of their life.

## **Tuberculosis**

In Bulgaria over the last years a tendency was observed of reducing the active tuberculosis morbidity– from 39.1 per 100 000 in 2006 to 26.6 per 100 000 in 2012.

<sup>69</sup> Source: Annual reports of the harm reduction programmers

In the report published in 2013 "Report on the epidemiologic surveillance and monitoring of tuberculosis in Europe– 2013" the European Centre for Prevention and Control of Diseases of the WHO a 4 % lower morbidity is reported for the member countries of the European Union (EU) compared to 2010. In 2011 in the member countries of the EU 72,334 cases of tuberculosis were registered (14.2 per 100 000) In 2012 in Bulgaria 2,280 patients with tuberculosis were registered. Compared to 2011 (2,407 cases registered) a reduction of the total number of cases by 5 % was observed.

1,513 patients with tuberculosis in 2012 were consulted and tested for HIV which accounts for 66 % of the total number of the cases of tuberculosis registered during the year. 5 HIV-positive patients were diagnosed. The increase of the number of patients with tuberculosis to whom consulting has been provided is due to the training done during the supervision by the KABKIS consultants at the healthcare establishments for tuberculosis.

In 2012 the tendency held of reducing the mean age for the country of the patients with **acute viral hepatitis type B** (HBV), which is the earliest age of the patients registered for the period after the introduction of the mandatory registration of hepatitis B in 1983. 322 patients with hepatitis B were registered (morbidity 4.39‰)

The treatment of patients with acute and chronic type of hepatitis B is accessible only to health insured dependent individuals.

#### Treatment of hepatitis C

The data for Bulgaria show that the problem heroin and opioids using individuals are 26, 000 people. There has been an increase of the rate of the anti-HCV antibodies among the IDUs in Bulgaria since 2005 and for the HCV-positive individuals it has reached a rate of more than 60 %. The tests among this population in the city of Sofia reveal a rate of infecting with HCV – 67.79 % (2012). The results of the poll conducted among the IDUs in 2008 show that the most widely spread genotype of hepatitis C in Bulgaria is 1b (63.7 % of the IDUs are carriers of the virus).

According to the Annex to "Consensus about the diagnosis, treatment and follow up of patients with chronic viral hepatitis '2012"<sup>70</sup> no patients can be subjected to antiviral treatment who systematically abuse alcohol; nor dependent individuals who continue using drugs and who have been on methadone treatment for more than 12 months, or patients who have no clean period without intoxication of at least 12 months.

#### **Criteria to assess the social, psychiatric and psychological readiness of opioid dependent patients on treatment with opiate agonists and agonist-antagonists and suffering from chronic viral hepatitis for starting antiviral treatment:**

1. Dependence on opioids according to the criteria of ICD-10. The diagnosis "Opioid dependence" is established by a specialist in psychiatry;
2. The patient conducts treatment in a programme authorized under the terms and conditions of Regulation № 2 of 20.06.2012 „On the terms and conditions for implementing programmes for treatment with agonists and agonist-antagonists of opioid-dependent individuals" which is in compliance with Regulation № 24 of 2004 for the ratification of "Psychiatry" standard, subsection 7: "Treatment of the opioid dependence syndrome with opiate agonists and agonist-antagonists" (both promulgated in SG issue 49 of 29.06.2012);
3. The patient is in a state of rehabilitation and maintenance treatment according to Regulation № 24 of 2004 for the ratification of "Psychiatry" standard, subsection 7: "Treatment of the opioid dependence syndrome with opiate agonists and agonist-

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<sup>70</sup> The Annex to "Consensus about the diagnosis, treatment and follow up of patients with chronic viral hepatitis '2012" quoted was prepared in 2012 and was moved for approval by the NHIF in 2013

antagonists” and covers the criteria of a stable patient without an interruption over the last 6 months;

4. There is no evidence of depressive disorder, nor evidence of present psychotic disorder (schizophrenia, bipolar disorder, severe depression, etc.);
5. There is no evidence of alcohol and/or other psychoactive substance abuse;
6. The patient has met the criteria of a stable patient according to Regulation № 24 of 2004 for the ratification of “Psychiatry” standard, subsection 7: “Treatment of the opioid dependence syndrome with opiate antagonists and agonist-antagonists”;
  - No use of illicit/non-prescribed narcotic substances or alcohol for a period of no less than a month, verified by clinical observation and urine testing.
  - No evidence of injecting (including of methadone)
  - No abstinence symptoms
  - No clinical evidence of alcohol abuse
  - Regular attendance of the programme with no absence
  - No behavioural problems during the visits to the programme.
  - Observing the therapeutic obligations and the arrangements with the team.
  - No recent criminal activity.
  - Stable psychic state – clinical assessment, evaluation and/or self-evaluation methods for the lack of psychotic state, of severe depressive or neurotic disorder.

The annex limits the options of most of the programmes for treatment with opiate agonists and agonist-antagonists to be included on an equal footing in the administration of the Consensus. The selection of partners’ programmes is based on criteria which are met by only 8 of a total of 31 programmes (even geographically the need has not been covered).

## **Responses among the drug users to other health correlates**

### **Psychiatric and somatic co-morbidity**

At the end of 2008 in Bulgaria the preparation began of the research of the psychiatric co-morbidity of patients with dependence on psychoactive substances. This study was as a part of an European research of the Attention Deficit Hyperactivity Disorder (ADHD), conducted simultaneously in the Netherlands, Spain, Sweden, Norway, Switzerland, France, Belgium, Germany, and the comparative studies in the USA and Australia. The study conducted was on topic: “A study of the psychiatric co-morbidity of patients dependent on psychoactive substances” with the participation of three medical centres with programmes for treatment with agonists and agonist-antagonists of opioid dependent individuals – two in the city of Sofia and one in the town of Varna.

In 2010 the results of a screening of 100 patients were presented at a work meeting of the International Group for Cooperation in the sphere of ADHD and of the dependencies on psychoactive substances. The conclusion was arrived at that the results of the Bulgarian population of individuals tested do not confirm the data extrapolated in the American studies that were expected (the rate of ADHD among the Bulgarian population is lower, which may be explained by the fact that the individuals tested had used mainly opiates, and not CNS stimulants) and the focus was transferred to testing the overall co-morbidity, and the aim was for this test to become a routine practice in the programmes for treatment of dependencies.

The study was conducted among 160 heroin-dependent patients on methadone treatment. The majority of them were aged between 26 and 30 years (87 individuals or 55.5%).

The results of the study show that the heroin dependent patients are a clinical group characterized by a high rate of psychiatric co-morbidity. The most frequently diagnosed psychiatric categories were antisocial personality disorder, attention deficit personality



disorder in childhood, depressive episode in the past and borderline personality disorder. Even though of a lower rate, a relatively high frequency of alcohol dependence was observed (lifetime prevalence). (see *Table 7-2*)

*Table 7-2*

**RESULTS ACCORDING TO DIAGNOSTIC CATEGORIES**

	(%)
Attention deficit hyperactivity disorder	13.1
Borderline disorder	22.5
Depressive episode (present)	8.0
Depressive episode (in the past)	24.4
Mania episode (present)	1.9
Mania episode (in the past)	3.1
Hypomania episode (present)	1.3
Hypomania episode (in the past)	5.0
Alcohol dependence (over the last 12 months)	7.5
Alcohol dependence (lifetime prevalence)	11.9
Antisocial personality disorder	43.1
Heroin –last year prevalence	60.0

**Source:** *A study of the psychiatric co-morbidity of opioid dependent patients, "Horizonti 21" Foundation, 2010*<sup>71</sup>

At the basis of the study results the significance of several basic clinical units was underlined:

1. Antisocial personality disorder and borderline personality disorder: the usual particularities of the character and the impulsivity of those patients may become the cause of conflicts with the medical team, and in this way reduce the efficiency of the dependence treatment. It is recommendable that such patients be assessed before admission to the programme.
2. Depressive episodes: The affectivity disorders should be considered within the frames of the dependence treatment with psychopharmacological means and consultative/psychotherapeutic work.
3. Alcohol dependence is directly related to the treatment of heroin dependence and if not taken into consideration, it can hamper the treatment seriously.

According to the data provided by the 26 programmes of substitution and maintenance treatment with methadone and substitol, the number of patients with dual diagnosis was **764** individuals, and the most common co-morbidities were personality disorders and schizophrenia.

The procedures established in case of co-morbidities include: referral of patients for the treatment of hepatitis C, of other blood borne infections, of other type of co-morbidities to different healthcare establishments and institutions (the clinic of gastroenterology of the Military Medical Academy and other clinics in the country, to psychiatric healthcare establishments, to GPs, to dentists, to other СПП, and to other healthcare establishments), applying different psychosocial interventions, more profound work with the parents as well as with the relatives of the patients and also with the patients themselves (a tendency which started in 2011).<sup>72</sup>

<sup>71</sup> funded via the Non-Repayable Aid Agreement for action between the European Monitoring Centre for Drugs and Drug Addictions and the National Centre for Addictions

<sup>72</sup> Source: Annual reports of the substitution and maintenance treatment with methadone and substitol programmes

## 8. Social correlates and social reintegration

The following basic topics will be examined within this Section:

- Social exclusion and drug use;
- Social reintegration .

### Social Exclusion and Drug Use

Data from the *National Monitoring System of Treatment Demand (TDI)* in Bulgaria for 2012 show that 448, or 31.8 % of the total number of the treatment seekers registered in the system were unemployed. In comparison, in 2011 the share of unemployed was 38.0 %, i.e. a 6,2 % decrease of that indicator was observed versus the preceding year (see *Table 8-1*). As regards the health status, as shown by the data of the system, in 2012 42,3 % of the persons enrolled in the programmes had health insurance. In 2011 they were 38,3 %.<sup>73</sup> Also of interest is that in 2012 the number of registered patients with no education was lower as compared to the two preceding years. In spite of the better indicators compared to the preceding year, the trend of patients dropping off from treatment was preserved due to financial problems (a large part of them because of job loss). That led to difficulties in the operation of the treatment programmes too.

*Table 8-1*

### SOCIAL INDICATORS FOR PERSONS ENROLLED IN TREATMENT RELATED TO DRUG USE IN THE PERIOD OF 2010-2012

(e %)

YEAR	2010	2011	2012
Share of unemployed among those seeking drug use – related treatment	25,9	38,0	31,8
Share of persons who had health insurance among those seeking drug use-related treatment	55,5	38,3	42,3
Share of persons with no education among those seeking drug-use related treatment	4,4	3,9	3,6

**Source:** *National Focal Point for Drugs and Drug Addictions. Study of Treatment Demand Related to Drug Use*

### Social Exclusion among Drug Users

There are no new updates on social exclusion among drug users.

<sup>73</sup> The data are from the National Monitoring System of Treatment Demand (TDI).

## **Drug use Among Socially Excluded Groups**

### ***Drug Use Among the Homeless***

#### Trends and Use

According to data from the *National Monitoring System of Treatment Demand* (TDI) in Bulgaria for 2012 the persons who identified themselves as homeless constituted 1,4 % of the total share of the patients registered in the system. In comparison, in 2011 they were 1.9% of the persons registered in the system and in 2010 - 1.2% of the total number of those seeking treatment. Half of the homeless people shared that they referred themselves to the treatment unit on their own while the rest were referred by outpatient programmes and the police.

The data from the system for 2012 show that heroine was the key problem drug among the homeless: 75,0 % of them sought treatment because of it., 20,0 % - because of Methadone use and 5,0 % - because of use of glue. Intake of the main problem drug among the homeless before they had been admitted for treatment was largely on a daily basis and the mode of use was mostly through injecting and much less by eating, drinking, smoking and inhaling.

#### Risk Factors

A survey entitled "*Behavioural Characteristics of Injecting Drug Users*" was conducted in the period of June-August 2012. It was carried out in 8 cities: Blagoevgrad, Varna, Kyustendil, Pazardzhik, Pernik, Pleven, Rousse and Sofia .<sup>74</sup>

The total number of persons surveyed was 901, 36 among them identifying themselves as homeless, nearly all of them being tested for HIV and Hepatitis C in the past year. The test results showed:

#### a) for HIV:

- 7 persons (19.4 %) had positive test results;
- 22 persons (61.2 %) had negative test results;
- 6 persons (16.7 %) did not know their test result;
- 1 person (2.7 %) was not tested.

#### b) for Hepatitis C:

- 22 persons (61.2 %) had positive test results ;
- 5 persons (13.8 %) had negative test results;
- 6 persons (16.7 %) did know their test result;
- 3 persons (8.3 %) were not tested.

## **Social Reintegration**

In 2012 representatives of the Ministry of Health, the Ministry of Labour and Social Policy and the Agency for Social Assistance participated in working groups at the Ministry of Health to prepare proposals for optimization of the regulatory framework for the purpose of

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<sup>74</sup> Source: „Injecting Drug Users Behavioural Characteristics Survey“, NFP. For further information see Section № 4: “Problem Use” of the Report .

integrating the programmes for psychosocial rehabilitation of drug users in the system of social and health services and analyzing the platform for policy change in the field of psychoactive presented by the non-governmental organizations. Reports were prepared as a result of the activities of the working groups that will presented to the National Drug Council

<sup>75</sup>

For the purpose of streamlining the regulatory framework in the field of treatment and psychosocial rehabilitation as well as providing quality services, the Ministry of Health and the Ministry of Labour and Social Policy issued Ordinance № 8 of 7 September 2011 on the terms and procedures for implementation of programmes for psychosocial rehabilitation of addicted persons or persons abusing drug substances (Promulgated SG, issue .75 of 27 September 2011).

In that context a working group was set up for approval of the proposed programmes for psychosocial rehabilitation to be implemented through social services provided in the community or in health establishments.

As regards the mechanisms for prevention of addictions, treatment and psychosocial rehabilitation, apart from the national budget as state-delegated activities and the municipal budgets as local activities, social service providers may also be funded under Operational Programme Human Resources Development (OP HRD). Measures and projects were implemented in 2012 in support of persons suffering from different addictions under scheme BG051PO001-5.2.06 Social Services for Social Inclusion and BG051PO001-5.2.01 New Opportunities as follows:

- *A Day Centre for Disabled Adults (DCDA) – persons with mental disorders as a result of addictions, with a capacity of 15 slots. Address: Rousse City, 20 Tutrakan Blvd. The Day Centre offers a set of community-based social services providing conditions for complete service of the clients in daytime relate to provision of food, daily satisfaction of health and rehabilitation needs, organization of leisure, personal contacts and social skills. It provides an inclusive environment to overcome isolation, stimulate initiative in conformity with the clients' specific needs. .*
- Association „Mothers Against Drugs” with a project proposal named “Restart”. The following social-rehabilitation activities were made available in fulfillment of the project activities: extreme sports programme; establishment of an art atelier, job search training, practical work with detainee drug addicts; social play.
- *The State Psychiatric Hospital for Treatment of Drug Addictions and Alcoholism – Suhodol, with a project proposal named: *Setting Up a Counseling Centre for Coping with Social Exclusion*”. The activities include support programme for re-socialisation of addicts who have undergone treatment and psychosocial rehabilitation, counseling and adequate referral of addicts seeking treatment for the first time. The project also aims to raise the competence of the professional community and public awareness of the role of psychosocial counseling for prevention of social exclusion. The State Psychiatric Hospital for Treatment of Drug Addictions and Alcoholism, Sofia City, also provides service at the *Centre for Social Rehabilitation and Integration of Drug and**

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<sup>75</sup> Ministry of Labour and Social Policy, Directorate „Policy for Disabled People, equal Opportunities and Social Benefits”

*Alcohol Addicts* and the *Club for Drug and Alcohol Addicts and Their Families* in Sofia.

- *The Mental Health Centre Dr. P. Stanchev EOOD*, Dobrich City provide the social service *Centre for Social Rehabilitation and Integration for Adult Alcohol and Drug Addicts*.
- *Association Caritas*, Sofia City, provides two social services: *Counseling Centre for Individuals with Psychoactive Substances Addictions* and *Mobile Centre for Work with Individuals, Addicted to Psychoactive Substances*.
- *Association Project Butterfly* – Sofia provides the social service “Center for social rehabilitation and integration”. The association follows the guidelines of the Program “Development and improvement of the functioning of a network of programs for drug-free psychosocial rehabilitation”.
- *Association “Mothers against drugs - Plovdiv”* provides the social service “Public information center for individuals above 18 years of age”. The association won the project “Restart” under the Operational programme “Human resources development”, Scheme “Social services for social inclusion”. The target groups of the project are drug-addicted individuals and their families and drug-addicted individuals in jails.
- *Association for Psychosocial Rehabilitation and Re-socialisation – Nova 2010*, Pazardjik, provides the social service ‘Protected housing’ for individuals with drug and alcohol addictions.
- *Solidarity Association for Rehabilitation of Addicted Individuals* - Sofia, provides the social service “Center for social rehabilitation and integration of individuals with drug and alcohol addictions”.

## Housing

There are functioning protected homes for addicted persons. In 2012 they had a total capacity for 109 people and the number of people who went through these homes was 266.

With orders no. RD01-300 dated 17.03.2009 and RD01-453 dated 22.04.2009 the executive director of the Agency for Social Assistance started the following subsidized social services for addicted persons:

1. A protected home and a Day Care Center for elderly people with disabilities for individuals with mental disorders as a result of addictions, city of Rousse.  
A protected home for individuals with serious mental disorders as a result of addictions with a capacity of 10 people. It provides a combination of community based social services including:
  - Dormitory cleaning;
  - Personal hygiene assistance;
  - Catering;
  - Laundry service;
  - Sewing, ironing;
  - Hairdresser and/or barber;

- Assistance with medical services and health prophylactics;
- Cultural and sport events and other leisure-time activities;
- Access to educational programs and information;
- Therapeutic and rehabilitation activities;
- 24-hour medical services to the individuals.

In the period 01.01.2012 – 31.12.2012 8 people with serious mental disorders as a result of addictions were included in the program. Five of them were successfully resocialised and started work, 2 individuals left the protected home for personal reasons without giving any details. Thus, the protected home works with full capacity. From the users of the social service 4 people have an expert reference from the Territorial Expert Medical Commission.

2. *Betel – Bulgaria Foundation* provides social services:
  - Protected home for people with drug and alcohol addictions in the village of Vladimir, Radomir Municipality, with a capacity to serve 22 persons. In 2012 95 people received accommodation in the home;
  - Protected home for people with drug and alcohol addictions in Gorna Bania neighbourhood, Sofia. The capacity of the program is 10 people. In 2012 17 people went through the home.
3. *Psychological Assistance Center Phoenix OOD*, Sofia provides the social services “Protected home for people with drug and alcohol addictions” and “Center for social rehabilitation and integration of people with drug and alcohol addictions”. The capacity of the service is 25 people. In 2012 108 people went through this facility.
4. *Bilani Association* in the town of Yambol, providing the social service "Protected home for people with drug and alcohol disorder" and “Center for social rehabilitation and integration of people with addictions”. The capacity of the service is 27 people. In 2012 30 individuals received assistance.
5. *Octave Association* in the city of Sofia provides the social services “Protected home for people with drug and alcohol addictions” and “Center for social rehabilitation and integration of people with drug and alcohol addictions”. The capacity of the service is 15 people. 8 individuals received such assistance in 2012.
6. *Bethesda Mission Foundation* in the village of Bunovo, Mirkovo Municipality, Sofia District, provides the social service “Protected home for people with drug and alcohol addictions”. The foundation obtained permission from the Agency for Social Assistance to be a provider of social services but has no operational activities to date.

## Education and training

The centres for prevention of addictions, treatment and psycho-social rehabilitation as well as the protected homes for people with alcohol and drug addictions, provide to their clients the following set of services: <sup>76</sup>

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<sup>76</sup> Ministry of Labour and Social Policy, Directorate “Policies for people with disabilities, equal opportunities and social aid”

1. Training programs with the following components on:
  - Individual consulting to users and their families.
  - Employment rehabilitation (functional labour therapy, entertaining labour therapy, music therapy).
  - Social interventions.
  - Leisure time activities.
  - Various activities suggested by the users.
  - Emergency and crisis prevention
2. Labour rehabilitation programmes – cooking, cleaning and public work, handmade articles, floriculture, vegetable growing, entertaining labour therapy in accordance with personal preferences and communication through hobbies or art-therapy, music therapy.
3. Social interventions programme – registration with the Employment office, lobbying and advocacy for enrollment into qualification courses, job search, identification of appropriate employment opportunities and negotiating the terms and conditions for work, ongoing feedback from the respective services and employers.
4. Leisure time activities programme – sport activities, table tennis, strengthening the body with various sport activities, quiet entertaining games, television, visiting cultural events, hikes and excursions, birthday and nameday celebrations, national and religious holidays and other programs and activities suggested by the users in the Day Care Center in the course of the work therein.
5. Emergency and crisis intervention programme for establishing control in outpatient crisis situations. Assistance in obtaining healthcare services and prevention activities.

The main purpose of the educational programmes provided in the social establishments for addicted individuals is reintegration of the persons involved into their social environment before an addiction develops, the possibility to acquire certain skills as well as the development of certain labour skills. As a result of the activities in these programs some of the patients started a job, however accurate information about the exact numbers is missing.

## **Employment**

In 2012 the National programme for training and employment of people with permanent disabilities was initiated. It provides employment to individuals with drug addictions as well.

Its main goal is to improve the work environment and create employment to unemployed individuals with permanent disabilities or unemployed persons who have successfully passed a treatment course for addictions to narcotic substances in order to overcome their social isolation and integrate them successfully in society.

The following groups of people can enroll in the programme:

- Unemployed individuals with permanent disabilities registered in the labour offices, priority being given to individuals with more than 70% disability, people who were disabled in wars, people with sensitivity disorders, people with mental disorders;

- Unemployed individuals who successfully completed a treatment course for addictions to drugs registered with the Labour Office Directorate.

The employers in the programme can be district and municipal administrations, municipal enterprises, Directorates "Social assistance", private and/or state-owned companies, other firms and institutions, non-profit legal entities including organizations for people with disabilities, specialized enterprises and cooperatives of people with disabilities, the Labour Office Directorate.

The employers who create jobs for a period not smaller than 24 months and recruit on labour contracts unemployed individuals who meet the requirements of the programme are subsidized by the state budget for the salaries and all social and health contributions paid.

In 2012 under the *National Programme for Training and Employment of Individuals with Permanent Disabilities* there were no participants who had completed a successful treatment course for addictions to narcotic substances.



## 9. Drug related crime, prevention of drug related crime and prison

The following main topics will be considered within the framework of this section:

- Drug-related crime;
- Prevention of drug-related crime;
- Interventions in the criminal system;
- Drug use and problem drug use in prison;
- Responses to the health consequences, related to drug use in prison.

On considering the drug-related crime in the context of the report attention has been focused on the cases of criminal and non-criminal offences related to drug use (use and possession with the intent of use), offering drugs (for growing, production, trafficking and marketing) and other offences, related to drugs. It includes data of the Ministry of Interior, data of the National Investigation Service, data of the lawsuits and convicted offenders at the courts of the Republic of Bulgaria, data of the National Institute of Statistics about drug-related crime, data about the anti-social behaviour and offences perpetrated by minor or underage individuals.

The presenting of the topic about drug use in prison is based on information provided by the prison administration.

### Drug-related crime

#### Crime (arrests/reports on trafficking / production / growing, etc.)

##### *Data of the Ministry of Interior (MI)*

On the data of the regional directorates (RD) of MI in 2012 the total number of detained individuals with drugs on them was 4,107<sup>77</sup>, which represented an increase of nearly 42 % compared to the preceding year and was the highest level of this indicator for the last 7 years. The Bulgarian citizens detained with drugs on them numbered 4,069. (see *Table 9-1*)

*Table 9-1*

#### NUMBER OF INDIVIDUALS DETAINED WITH DRUGS ON THEM (2008-2012)

Year	2008	2009	2010	2011	2012
<b>Total number</b>	<b>2,847</b>	<b>3,159</b>	<b>3,386</b>	<b>2,899</b>	<b>4,107</b>
<b>Bulgarian citizens</b>	<b>2,816</b>	<b>3,134</b>	<b>3,362</b>	<b>2,868</b>	<b>4,069</b>
<b>Foreign citizens</b>	<b>31</b>	<b>25</b>	<b>24</b>	<b>31</b>	<b>38</b>

Source: *Ministry of Interior*

<sup>77</sup> Report on the work of the bodies of the RD of MI at the "Drugs" Department in 2012

In 2012 the number of drug dealers was 1,066, which represented an increase of more than 41% compared to 2011. In the several preceding years a trend was observed of reducing the number of those registered individuals. 112 (or 10,5 %) of the dealers are minors or underage. 562 (or 52.7 %) deal with cannabis, 108 (10.1 %) – with heroin, 48 (4.5 %) – with cocaine and 314 (29.4%) deal with synthetic drugs (ecstasy, amphetamines, barbiturates).

In 2012 a total of **2,815 files for instituting preliminary proceedings** against drug users and/or drug dealers were delivered. This number has increased by more than 13 % compared to 2011 (2,484) and is nearly at the level of 2010 (2,871). The greatest number of files in 2012 were delivered by the Municipal Directorate of Internal Affairs (MDIA) – 1 196, followed by the Regional Directorates in Plovdiv (203), Blagoevgrad (148), Varna (129) and Stara Zagora (125). 2,379 of the total number of files are against drug users and drug dealers, and 436 are against drug dealers.<sup>78</sup>

The ratio “users and dealers /dealers only ” in 2012 was 5,5:1, while over the period 2006-2009 it was within the frames of 4:1 (see *Table 9-2*).

*Table 9-2*

**NUMBER OF FILES DELIVERED FOR INSTITUTING PRELIMINARY PROCEEDINGS  
(2008-2012)**

*(in absolute number)*

<b>Year</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Against drug users and dealers	2,098	2,456	2,453	2,113	2,379
Against drug dealers	503	668	424	367	436
<b>Total number of files</b>	<b>2,601</b>	<b>3,124</b>	<b>2,871</b>	<b>2,484</b>	<b>2,815</b>

*Source: Ministry of Interior*

### **Data of the Investigation**

On the data of the National Investigation Service and the District Investigation Departments at the district procurator’s office the preliminary proceedings investigated for smuggling and trafficking of drugs and precursors in 2012 numbered a total of 58 (see *Table 9-3*) – 34 of them were closed, and 14 were redirected to court. The defendants numbered 28 individuals, and 3 of them were minors. To 13 individuals the measure “Retaining into custody” was imposed. Over the last few years the trend of reducing the number of the preliminary proceedings investigated still holds, while the number of the defendants in those proceedings increased in 2012.

<sup>78</sup> Report on the activity of the organs of the RD of MI of the “Drugs” Department in 2012

*Table 9-3*

**INQUISITORIAL PROCEDURES AND DEFENDANTS AT THE NATIONAL AND DISTRICT INVESTIGATION SERVICES FOR DRUGS AND PRECURSORS TRAFFICKING (2008-2012)**

*(in absolute number)*

	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
1. Total number of preliminary proceedings investigated	171	102	71	66	58
2. Total number of preliminary proceedings closed	132	66	38	41	34
incl. for court	52	19	13	14	14
	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
3. Defendants,	88	29	23	21	28
of them:					
- "Retaining into custody" measure	6	2	6	1	13
- foreigners	3	0	0	0	14
- minors	3	0	0	2	3
- Bulgarian citizens of age	82	29	23	19	11

*Source: National Investigation Service*

***Data about the lawsuits and the convicted individuals at the courts of the Republic of Bulgaria***

On the information of the Supreme Judicial Council at all the courts in the country the cases are heard and the individuals are convicted pursuant to the respective texts from the Criminal Code (CC) – Art. 242 and Art. 354a through Art. 354 c.

The information about the activity of the first-instance courts in the country reveals that in 2012 the district, regional and martial courts had to hear a total of 1923 cases related to drugs (see *Table 9-4*). 405 cases had substantive judgment and were ended with a verdict pronounced, and the total number of the convicted persons was 1,694. A total of 1,229 cases were terminated and 245 were appealed. The most frequently imposed penalty was imprisonment for up to 3 years. The total number of the persons deprived of liberty because of this type of penalty was 1,197 and 842 of those individuals had probation sentence.<sup>79</sup>

In 2011 the agreements endorsed by court for concluding cases in the preliminary proceedings (pursuant to Art. 381-384 of the Criminal Procedure Code) numbered 1,117 and the individuals with penalty imposed were 1,206.

<sup>79</sup> Source: Supreme Judicial Council

*Table 9-4*

**INFORMATION ABOUT CASES AND INDIVIDUALS BROUGHT TO TRIAL AT THE DISTRICT (URBAN), REGIONAL AND MARTIAL AS FIRST-INSTANCE COURTS IN 2012**

*(in absolute number)*

COURTS	DISTRICT (URBAN)	REGIONAL	MARTIAL	TOTAL
Drug related crime (Art. 354, 354a, 354b, 354c of the CC)				
<b>INFORMATION ABOUT CASES</b>				
Cases not closed at the time the report is written	61	296	2	353
Total number of cases brought to court	475	1,081	8	1,564
Incl. newly instituted	473	1,068	8	1,549
Cases to hear	536	1,377	10	1,923
Total number of cases closed	483	1,142	9	1,634
Cases with substantive judgment and a verdict pronounced	96	307	2	405
Total number of cases terminated	387	835	7	1,229
Including agreement pursuant to Art. 381-384	335	777	5	1,117
Cases not closed at the end of writing the report	53	235	1	289
Cases closed within 3 months	431	835	7	1,273
Cases appealed	91	153	1	245
COURTS	DISTRICT (URBAN)	REGIONAL	MARTIAL	TOTAL
Drug related offences (Art. 354, 354a, 354b, 354c of the CC)				
<b>INFORMATION ABOUT BROUGHT TO TRIAL AND CONVICTED INDIVIDUALS</b>				
Individuals brought to trial - total	583	1,206	8	1,797
Including acquitted	13	51	0	64
Total number of individuals convicted	547	1,139	8	1,694
Including underage	19	36	0	55
Penalties enforced				
Imprisonment for up to 3 years				
Total	479	711	7	1,197
Probation	307	532	3	842
Imprisonment for 3-15 years	57	3	0	60
Fine	0	348	0	348
Probation	0	50	0	50
Life imprisonment without the	0	0	0	0

possibility of parole				
Other penalties	21	23	1	45
Individuals with penalty imposed under Art. 381-384	407	793	6	1,206

*Source: Supreme Judicial Council*

Cases for drugs and precursors trafficking (under Art 242) are heard at the District Courts. The information about their activity in the country reveals that in 2012 the District Courts had to hear a total of 32 cases related to drug smuggling (see *Table 9-5*). 7 cases were ruled with substantive judgment and a verdict pronounced and the total number of convicted individuals was 22. A total of 17 cases were terminated and 11 were appealed. The most frequently imposed penalty was deprivation of liberty for up to 3 years. The total number of individuals deprived of freedom with this penalty was 14, and the probations were for 9 of them.

*Table 9-5*

**INFORMATION ABOUT CASES AND INDIVIDUALS BROUGHT TO TRIAL AT THE DISTRICT COURTS FOR DRUG TRAFFICKING RELATED CRIME IN 2012**

*(in absolute number)*

INFORMATION ABOUT CASES	
Cases not closed at the beginning of writing the report	1
Total number of cases received	31
Cases to hear	32
Total number of cases closed	24
Cases with substantive judgment and a verdict pronounced	7
Cases terminated and closed by agreement	17
Incl. closed by agreement under Art. 381-384	11
Cases closed within 3 months	20
Cases not closed at the end of writing the report	8
Cases appealed and declaimed	11
Verdicts come into force	13
Incl. acquittals	1
INFORMATION ABOUT INDIVIDUALS BROUGHT TO TRIAL	
Total number of individuals brought to trial	26
Incl. acquitted	0
Total number of individuals convicted	22
Penalties imposed	
Imprisonment for up to 3	
Total	14
Probation	9
Imprisonment for up to 3-10 years	0
Imprisonment for up to 10-30 years	0
Other penalties	0
Individuals with penalty imposed under Art. 381-384 pursuant to the Criminal Procedure Code /CPC/	14

*Source: Supreme Judicial Council*

The agreements for closing cases which were sanctioned by court in 2012 (under Art. 381-384 of the Criminal Procedure Code) numbered 11, and the individuals with penalties imposed numbered 14.

On the data of the National Institute of Statistics (NIS) in 2012 a total of **1,552 cases were registered which ended in conviction for drug related crime and for smuggling drugs and drug precursors** (under Art. 354a-354b and Art. 242, Para. 2-3 of the CC), which accounted for 4.5 % of the total number of offences which ended in conviction (in 2011 this share was 4.2 %). In 96 of the drug related crimes the participation of females was observed. The individuals convicted for those crimes numbered 1,447, which accounted for 3.8 % of the total number of persons convicted (in 2011 this part was 3.6 %).

98 of the persons convicted for drug related crimes were female (see *Table 9-6*)

*Table 9-6*

**DRUG- RELATED CRIMES WHICH ENDED WITH CONVICTION AND CONVICTED INDIVIDUALS IN 2011-2012**

(in absolute number)

	2011			2012		
	Total	Art. 242, Para. 2-3	Art. 354a-354b	Total	Art. 242, Para. 2-3	Art.354a-354b
Crimes	36,707	22	1,512	34,249	19	1,533
Individuals convicted	41,013	24	1,432	37,996	20	1,427

Source: National Institute of Statistics

The total number of drug-related crimes (under Art. 354a-354b of the CC) in 2012 was **1,561**<sup>80</sup>. Of them 694 ended with conviction, 839 ended with probation, and 28 ended with acquittal. 1,451 of the crimes were perpetrated by one person, 56 – by two persons and 26 – by three or more persons. 96 of this type of crimes were perpetrated by females. In 2012 the drug related crimes which ended in conviction were fewer than those perpetrated in 2011 (respectively 614 and 755, see *Table 9-7*).

In 2012 the **drug-related crimes** (under Art. 354a-354b of the CC), **which ended with conviction numbered 1,533** which is an increase by nearly 1.4 % compared to 2011 (when they numbered 1,512) and by more than 64 % compared to 2008 r (when they numbered 933).

*Table 9-7*

**DRUG- RELATED CRIMES (UNDER ART. 354a- 354b) IN 2012**

(в абс. брой)

Drug related crimes (Art. 354a – 354b) (total)	1, 561
Drug related crimes (Art. 354a – 354b), which ended with conviction	1, 533
Of them probation	839
Acquittal	28
Crimes perpetrated by one	1, 451
Crimes perpetrated by two	56
Crimes perpetrated by three and more	26
Crimes perpetrated by females	94

<sup>80</sup> Source: <http://www.nsi.bg/otrasal.php?otr=25&a1=839&a2=840&a3=841&a4=843#cont>

Crimes which ended with conviction, perpetrated in 2012	614
Crimes which ended with conviction, perpetrated in 2011	755
Crimes which ended with conviction, perpetrated in 2010 and the preceding years	164

*Source: National Institute of Statistics*

The individuals convicted for drug-related crimes (under Art. 354a-354b of the CC) numbered **1, 427**, nearly the same as in 2011, when they numbered 1, 432<sup>81</sup>. The individuals convicted for one crime number 1,248, for two crimes – 159, and for three and more crimes– 20. The females convicted for drug-related crimes numbered 95. The penalties most often imposed for those crimes were imprisonment for 1 to 3 years (407) and imprisonment for 6 months to 1 year (396). (see *Table 9-8*)

*Table 9-8*

**INDIVIDUALS CONVICTED FOR DRUG-RELATED CRIMES  
(Under Art. 354a- 354c) IN 2012**

*(in absolute number)*

Individuals convicted for drug-related crimes (Art. 354a – 354c) (total)	1, 427
Individuals convicted for one crime	1, 248
Individuals convicted for two crimes	159
Individuals convicted for three and more crimes	20
Individuals convicted (females)	95
Individuals convicted with penalty imposed deprivation of liberty (total)	1, 164
Of them deprivation of liberty for up to 6 months	306
Deprivation of liberty from 6 up to 1 year	396
Deprivation of liberty from 1 up to 3 years	407
Deprivation of liberty from 3 up to 4 years	34
Deprivation of liberty from 4 up to 5 years	12
Deprivation of liberty from 5 up to 10 years	9

*Source: National Institute of Statistics*

The ratio of the individuals convicted and the number of drug-related crimes decreases– in 2012 it was around 93 %, while in 2011 it was 95 %.

On the data of the National Institute of Statistics in 2012 **19 cases of drugs and precursors smuggling were registered (under Art. 242, Para. 2-3)**. 12 of those cases ended with conviction and 7 – with probation. 2 of the crimes which ended with conviction were perpetrated by females, 14 were perpetrated by one individual and 5 - by two individuals. The individuals convicted for crimes under Art.242, Para. 2-3 numbered 20, 3 of them were females. Most often the individuals convicted for crimes were aged from 30 to 39 years (12). To half of them penalty from 1 to 3 years were imposed , and to ¼ of them – from 5 to 10 years. 10 of the individuals convicted for drugs and precursors smuggling were not Bulgarian citizens.

<sup>81</sup> The data are collected by thorough observation and a statistical form "A Card for the Defendant (1-CC)", completed by the bodies of the preliminary and legal proceedings.

Table 9-9

**CONVICTED INDIVIDUALS, MINORS AND UNDERAGE, PERPETRATORS OF DRUG-RELATED CRIMES ACCORDING TO STATISTICAL REGIONS AND DISTRICTS IN 2012**

(in absolute number)

Statistical regions and districts	Individuals convicted (under Art. 354a-354b of the CC)	Minors and underage perpetrators of drug-related crime					
		Total	Incl. females	8-13 years		14-17 years	
				total	Incl. females	total	Incl. females
<b>Total for the country</b>	<b>1,427</b>	<b>277</b>	<b>54</b>	<b>5</b>	<b>2</b>	<b>272</b>	<b>52</b>
<b>North West Region</b>	<b>116</b>	<b>9</b>	-	-	-	<b>9</b>	-
Vidin	12	-	-	-	-	-	-
Vratsa	30	1	-	-	-	1	-
Lovech	14	1	-	-	-	1	-
Montana	12	4	-	-	-	4	-
Pleven	48	3	-	-	-	3	-
<b>North Central Region</b>	<b>182</b>	<b>30</b>	<b>7</b>	-	-	<b>30</b>	<b>7</b>
Veliko Turnovo	71	16	4	-	-	16	4
Gabrovo	53	10	3	-	-	10	3
Razgrad	15	-	-	-	-	-	-
Rousse	22	4	-	-	-	4	-
Silistra	21	-	-	-	-	-	-
<b>North East Region</b>	<b>145</b>	<b>14</b>	<b>1</b>	<b>1</b>	-	<b>13</b>	<b>1</b>
Varna	63	10	1	-	-	10	1
Dobrich	44	3	-	-	-	3	-
Turgovishte	12	-	-	-	-	-	-
Shumen	26	1	-	1	-	-	-
<b>South East Region</b>	<b>251</b>	<b>39</b>	-	-	-	<b>39</b>	-
Burgas	88	24	-	-	-	24	-
Sliven	63	7	-	-	-	7	-
Stara Zagora	76	8	-	-	-	8	-
Jambol	24	-	-	-	-	-	-
<b>South West Region</b>	<b>424</b>	<b>139</b>	<b>30</b>	<b>4</b>	<b>2</b>	<b>135</b>	<b>28</b>
Blagoevgrad	126	11	1	-	-	11	1
Kyustendil	34	10	2	-	-	10	2
Pernik	29	-	-	-	-	-	-
Sofia	23	5	-	-	-	5	-
Sofia-city	212	113	27	4	2	109	25
<b>South Central Region</b>	<b>306</b>	<b>46</b>	<b>16</b>	-	-	<b>46</b>	<b>16</b>
Kurdjali	37	4	1	-	-	4	1
Pazardjik	33	2	-	-	-	2	-
Plovdiv	168	22	10	-	-	22	10
Smolyan	19	5	1	-	-	5	1
Haskovo	49	13	4	-	-	13	4

Source: National Institute of Statistics



If the distribution of the individuals convicted for drug-related crimes in 2012 is reviewed according to regions in the country, the data of the NIS reveal that the majority of the individuals convicted were from the South West region (424), which is explained by the presence there of the majority of the individuals convicted- Sofia (212 individuals)<sup>82</sup>. The region of Plovdiv comes second according to the number of individuals convicted for drug-related crimes (168). There is a large number of individuals convicted also in the regions of Burgas (88), Stara Zagora (76) and Veliko Turnovo (71). (see *Table 9-9*)

As for the minors and underage individuals, perpetrators of drug related crimes, they are most numerous in the South West region (139), and only in Sofia-city the individuals number 113. Considerably smaller is their number in the South Central, North East (14) and North West region (9).

In 2012 the number of children, registered at the Children's Paedagogic Services (CPS) for antisocial behavior was 7,009 which was the lowest level for the last years<sup>83</sup>. For 437 children (of them 99 girls), the reason to be registered at the Children's Paedagogic Service was drug use. 27 of the children were minors (aged 8 to 13 years), and 410 – underage (aged 14 to 17 years). (see *Table 9-10*)

*Table 9-10*

**MINOR AND UNDERAGE INDIVIDUALS PERPETRATORS OF ANTISOCIAL BEHAVIOUR AND DRUG-RELATED CRIMES (2005-2012)**

(in absolute number)

	2005	2006	2007	2008	2009	2010	2011	2012
<b>Children registered at the CPS for antisocial behavior</b>								
<b>Total for the country</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>	<b>7 009</b>
Incl.:								
Drug use	584	473	492	314	307	326	446	437
<b>Children perpetrators of crimes</b>								
<b>Total for the country</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>	<b>6 304</b>
Incl.:								
Drug law offence	379	252	232	203	180	217	244	277

Source: National Institute of Statistics

The number of children who perpetrated crimes in 2012 was 6,304 (they numbered 6,586 in 2011 i.e. there is a decrease of more than 4 %). The National Institute of Statistics found that according to the drug-related crime indicator 277 children were involved (of them 54 girls, 5 minors, and 272 – underage), which confirms the tend of increasing the number of children perpetrators of drug-related crime over the last few years.<sup>84</sup>

<sup>82</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>

<sup>83</sup> Source: <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>84</sup> The data are collected through a thorough observation by a statistical form "Report on the activity of the local committees to combat the antisocial behavior of minors and underage".

## **Drug law offence**

There is no updated information about drug law offence.

## **Other drug related crime**

There is no new information about other drug related crime.

## **Drug related-crime prevention**

In May 2012 by a decision of the Council of Ministers the **National Strategy for Crime Prevention (2012-2020)** was adopted. It is aimed at bringing crime to the minimal level possible, at enhancing the citizen's trust in the institutions and their active participation in the implementation of the policy of crime prevention and also at renewing the counteraction to crime and at undertaking pre-emptive actions for not allowing it. Its scope comprises apart from activities to prevent crime against property and personality, prevention in the family and in the community, prevention among children and youths, prevention with individuals and groups at risk of victimization and criminalization, addiction prevention.

In the National Prevention Strategy it is stated that the Ministry of Health and also the Ministry of Education and Science, the Ministry of Interior, the Ministry of Labour and Social Policy, the Social Assistance Agency and the Employment Agency have the main role for the addiction prevention. The latter has to be implemented in the following directions:

- Development and implementation of programs to combat alcoholism and to prevent addiction.
- Development and implementation of active programmes for sport as an alternative to addiction for children and youths.
- Development and implementation of programmes to reintegrate in the community addicted persons who have become socially isolated.<sup>85</sup>

Over the period 2005-2012 the State-Public Consultative Committee on the issues of crime prevention (SPCCICP) was the consultative body in the sphere of crime prevention. Since 2012 the SPCCICP has been transformed into National Council on Crime Prevention (NCCP/Council) which carries out the general coordination and interaction when implementing the national policy for crime prevention.<sup>86</sup>

The necessity to enhance the role of the NCCP, to expedite its activity and to improve the interaction within the framework of the institutional system called for introducing amendment of the normative regulation as well as for setting apart a permanently operating body of the NCCP- the Secretariat.

Pursuant to a Decree of the Council of Ministers №215/14.09.2012 the activity of the Council is implemented through the development of annual plans and measures, preparing annual reports, participation in the development and implementation of projects and definite enterprises, suggesting projects of normative acts, etc. The Minister of Interior is also the chairperson of the Council. Representatives of the competent state institutions, whose activities are related to crime prevention, are members of the NCCP and its Secretariat.

## **Interventions in the System of Criminal Jurisdiction**

There is no new updated information about the interventions in the criminal jurisdiction.

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<sup>85</sup> Source: national strategy to combat crime (2012 -2020).

<sup>86</sup> Source: Action plan for 2013 for the implementation of the crime prevention strategy (2012-2020)

## Drug Use and Problem Drug use in Prison

By 01.01.2013 in the prisons in the Republic of Bulgaria there were a total of 9,493 individuals, of whom 8,566 had been convicted, 364 defendants and 563 culprits. 579 individuals have been sent to the places of deprivation of liberty because of perpetrating drug-related crimes – drug use and possession with the aim of use; offering drugs- growing, production, trafficking and sale and other drug-related crimes.<sup>87</sup>

According to the data base maintained at the Directorate General Enforcement of Sentences (DGES) in 2012 **in the prisons in Bulgaria 992 individuals, who had used psychoactive substances, were registered.** The specific communication, the values and the problems of the deprived of freedom individuals with drug addiction influences the psychoclimate in the prison communities. The characteristic for them impulsiveness, the emotional instability and poor self-control often become the reason to provoke conflict situations, manifestations of physical and verbal aggression and oppositional behavior. Satisfying the need of narcotic substances or their substitutes is the cause for constructing canals for their import in the penitentiaries and the organization of networks for their distribution. The number of cases when their families or close relatives are trying to import drugs in prison is growing. This fact also illustrates the difficulties encountered with the remedial action on them. This lack of assistance from the relatives for coping with the addiction seriously influences the effect of the corrective interventions, even more so in the initial period after coming out of prison. One of the successful practices for work with this category of convicted persons is the daily labour and other involvement, as well as their inclusion in specialized group programmes.<sup>88</sup>

As for limiting drug dealing in the prisons and investigative chambers, for a successive year the purchasing and placement of scanners for checking the luggage has been planned. Because of lack of financial sources scanners have not been provided. And that is why the limiting of drug dealing in the places for deprivation of liberty is done by officers of the supervision and security staff. It is their experience and professionalism only that bring about the prevention of attempts to get drugs into prisons and into investigative chambers. For the purpose of enhancing their skills each attempt to get drugs into the prison is documented by photos and all the officers see it as a practice of getting drugs in the prison.

According to the information received at the DGES in 2012 94 attempts to get drugs in the places of deprivation of liberty were registered. This is done most often by using objects, things and foods which the imprisoned individuals are entitled to receive, as well as by getting over the fences.

The operative group on duty from the Ministry of Interior has been notified about every case and the substances detected have been seized for analysis. Pre-court proceedings have been instituted. On detecting narcotic substances heroin, amphetamines, cannabis, and in rare cases- cocaine predominate.

## Responses to health aftermaths related to drug use in the prisons

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<sup>87</sup> The data is based on the analyses of the prison communities in the specific prisons.

<sup>88</sup> Source: Directorate General Enforcement of Sentences

For all the newcomers—individuals deprived of freedom with drug addiction - the procedures for the assessment of the health condition, diagnostics of the needs, assessment of the risk of relapse and harm and inclusion in group work with adaptation orientation are accessible.

The deprived of freedom individuals who come to prison with abstinent manifestations immediately get medical aid and subsequent psychiatric and psychological consultation to overcome these conditions.

On the judgment of the medical centres in the places of deprivation of freedom the individuals with drug addiction are referred for treatment to the Psychiatric Ward of the Specialized Hospitals for Active Treatment of Individuals Deprived of Freedom (SHATIDF) in the town of Lovech. 41 individuals with diagnoses of the group of addictions were treated there in 2012 which accounts for 15.5 % of the number of the patients registered at the ward (in 2011 – 37 patients, respectively 13.4 %).<sup>89</sup>

Locally the partnership with the regional centres for addiction and the psychiatric wards is expanding, and because of that individuals included in the methadone programme continue their treatment after they go to prison.

**75 deprived of freedom individuals coming from the programmes for substitution and maintenance treatment in Bulgaria continued their methadone treatment in prison in 2012**– 28 individuals in Sofia Prison, 15 individuals in Belene Prison, 12 individuals in Vratsa Prison, 10 individuals in Burgas Prison, and 4 individuals in the prisons in Pazardjik and Sliven each, and 1 individual in the prisons in Stara Zagora and Lovech each.

According to Regulation № 2 of 22<sup>nd</sup> March 2010 on the conditions and the order of medical service at the places of deprivation of liberty on coming to prison a HIV test is offered to every individual deprived of freedom. The tests are done with observing the principles of voluntariness, confidentiality and informed consent. If a positive HIV result is reported, a post-test consulting is done. For the HIV-positive individuals current medical monitoring is done and also specialized laboratory tests and antiretroviral treatment, together with the specialized medical institutions for the treatment of HIV infection in the towns of Sofia, Plovdiv, Varna and Pleven. The service is provided on the spot by KABKIS, on grounds of the joint order of the Minister of Justice and the Minister of Health.

4,074 serologic tests for HIV were done in 2012, which is by 9 % more compared to 2011. (see *Table 9-11*), three newly registered were HIV-positive. 4,253 serologic tests for syphilis were done (by 5 % more than in 2011), 80 positive cases were found, and treatment was provided to the carriers respectively.

*Table 9-11*

**SEROLOGIC TESTS FOR HIV AND SIPHYLIS DONE AT THE PRISONS IN THE REPUBLIC OF BULGARIA (2009-2012)**

*(in absolute number)*

<b>Serologic tests for:</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
HIV	4,945	4,425	3,723	4,074
Syphilis		4,494	4,046	4,253

*Source: Directorate General Enforcement of Sentences*

<sup>89</sup> Source: Directorate General Enforcement of Sentences

In the process of serving a term of imprisonment the social activity and the educative work inspectors carry out individual corrective work with the deprived of freedom individuals with drug addiction and at any time those individuals can have access to specialized psychological aid and consultation.

In all the prisons cultural and sports activities are carried out, and one of the aims of these enterprises is to limit the further criminal and sub-cultural influence. In these all-penitentiary activities deprived of freedom individuals with drug addiction are also included. Their participation in the sports activities goes along with the process of detoxification.

In the penitentiary system two programmes are introduced for work with drug addicted individuals deprived of freedom and one of them can be applied to convicted individuals with alcohol dependence. Both programmes have been developed on the basis of cognitive and behavioural approach. According to their duration they are:

1. **Short-term programme to minimize the drug use harm.** It is intensive, comprises 20 sessions and is conducted every day. Each session lasts 3 hours. In it deprived of freedom individuals are included who are to serve a term of imprisonment.
2. **Medium-term programme for “Treating the addictions in the Bulgarian prison system”.** This programme can be applied both to the individuals deprived of freedom who are dependent on narcotic substances, and to those dependent on alcohol. The main objective of this programme is to minimize the chance of using drugs and alcohol and perpetrating crimes. It is implemented in two phases: **The first phase** includes 36 group sessions, each one lasting 2 hours. In the course of 12 weeks three sessions weekly are held. **The second phase** lasts 12 weeks. Two individual sessions are held with each participant focused on the individual aims and on providing support for the prevention of relapse.

Over the last years a decline is observed of the number of prisons developing programs for work with the addicted individuals deprived of freedom. While in 2010 11 of a total of 13 prisons provided such programmes, in 2012 those programmes were developed only in the prisons in Burgas, Bobov dol, Varna, Lovech, Plovdiv, Sliven and Sofia and 134 individuals deprived of freedom participated in 10 groups. (see *Table 9-12*)

*Table 9-12*

**IMPLEMENTATION OF PROGRAMMES FOR WORK WITH DRUG DEPENDENT INDIVIDUALS DEPRIVED OF FREEDOM IN THE PRISONS OF THE REPUBLIC OF BULGARIA (2010-2012)**

*(in absolute number)*

Prison	Short-term programmes						Medium-term programmes					
	2010		2011		2012		2010		2011		2012	
	гр.	л.св.	гр.	л.св.	гр.	л.св.	гр.	л.св.	гр.	л.св.	гр.	л.св.
Belene	1	12	1	11	1	10	1	12	-	-	-	-
Bobov dol	1	12	-	-	1	10	-	-	-	-	-	-
Burgas	1	12	2	21	1	10	1	12	1	12	1	9
Varna	1	12	1	16	2	28	1	12	-	-	-	-
Vratsa	1	12	1	10	-	-	-	-	-	-	-	-
Lovech	3	36	1	12	3	25	2	24	-	-	-	-
Pazardjik	2	24	1	12	-	-	-	-	-	-	-	-

Pleven	1	12	-	-	-	-	-	-	1	8	1	8
Plovdiv	2	20	-	-	1	8	1	8	-	-	1	7
Sliven	1	12	1	13	1	11	-	-	-	-	-	-
Sofia	-	-	-	-	1	7	-	-	1	10	1	10
Stara Zagora	1	12	2	15	-	-	-	-	-	-	-	-
<b>Total</b>	<b>15</b>	<b>176</b>	<b>10</b>	<b>110</b>	<b>10</b>	<b>110</b>	<b>6</b>	<b>68</b>	<b>3</b>	<b>30</b>	<b>4</b>	<b>34</b>

*Source: Directorate General Enforcement of Sentences*

For the individuals deprived of liberty who have participated in such programmes a significant effect is reported related to altering their behavior and bringing down their negative behavioural acts. The practice introduced of giving certificates to, recognizing their work days and altering the legal status of the convicted individuals who have completed the programme additionally motivate their participation in the programmes and stimulate such participation of the rest of the convicted persons.<sup>90</sup>

On the basis of partner's relationship at the places of deprivation of liberty health-educational programmes are conducted for the purpose of prophylaxis and aimed at altering the maladaptive behavior. The content of the topics is related to "Types of drugs", "Causes for drug use", "Health and social aftermaths of drug use".

The state institutions and the NGOs actively helping such activity are: The Regional Inspections for Protection and Control of Public Health (RIPCPC), the Bulgarian Red Cross (BRC), the Local Committees for combating the antisocial behavior and minors and underage (LCCASDMU), "Mothers against Drugs" Association, "A Dose of Love" Association, "IGA" Crime Prevention Foundation, "Open Society" Foundation, "The Art of Living" Foundation, "Initiative for Health" Foundation, the regional councils on drugs, the centres of psychic health, the medical centres at the places of deprivation of liberty.

#### **Reintegration of the drug users after their release from prison**

There is no new updated information about the reintegration of drug users after their release from prison.

<sup>90</sup> Source: Directorate General Enforcement of Sentences

## 10. Drug markets

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

- Availability and supply;
- Drug seizures;
- Price and purity of drugs at street level .

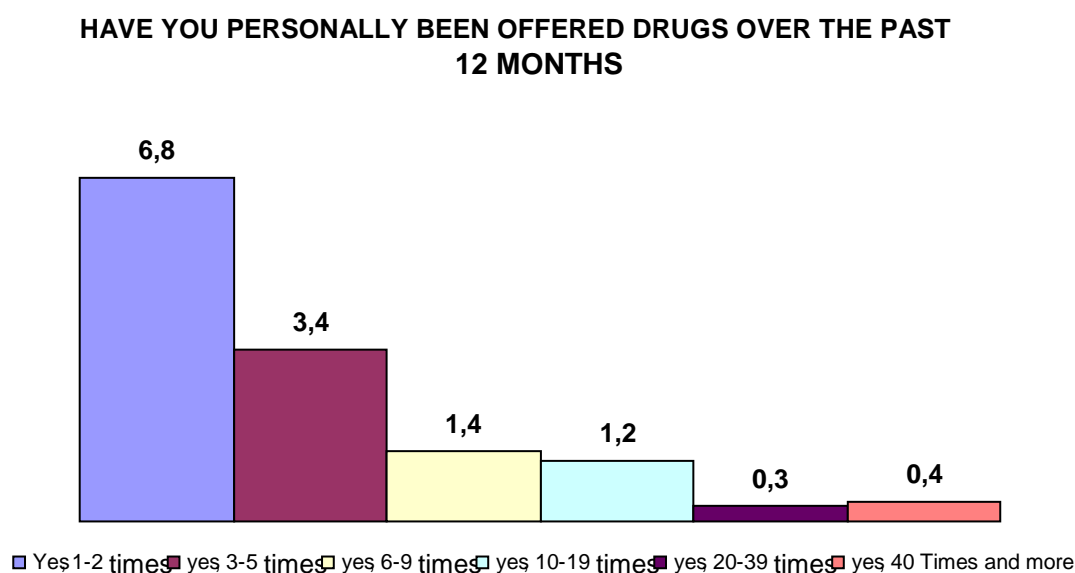
### Availability and Supply

#### Perceived Drug Availability, Drug Supply and Access

##### *Drug Supply*

A nation-wide representative survey was conducted in 2012 focused on the perceptions among the general population with respect to the attitudes and use of psychoactive substances (by people aged 15-64) in Bulgaria. About 2/3 of the respondents reported they had not been offered drugs during the past year. 6,8 % reported they were offered drugs 1-2 times over the past year, and 1,4 % received such an offer 6 to 9 times during the previous year. The share of those who were offered drugs most frequently, or more than 40 times was 0,4 % (see *Figure 10-1*).

*Figure 10-1*



**Source:** Nation-wide survey among population aged 15-64 years, 2012

### Access to Medicines

With respect to the question on the access to medicines (hypnotics, sedatives, tranquilizers or anti-Parkinsonian) among the respondents who reported use of such medicines highest was the share of those who acquired these medicines based on prescription from their GP (7,5 %), followed by those who received them from friends, acquaintances or relatives (3,1 %), or based on prescription from another physician. (1,3 %). (see *Table 10-1*)

*Table 10-1*

IF YOU USED MEDICINES HOW DID YOU ACQUIRE THEM THE LAST TIME?	
Prescription from my GP	7,5
Prescription from another physician	1,3
Friend, acquaintance, relative	3,1
Somebody I do not know	0,1
Other	0,2
Without prescription	0,1
From a pharmacist	0,3
I have never used such medicines	87,3

Source: Nation-wide survey among population aged 15-64 years, 2012

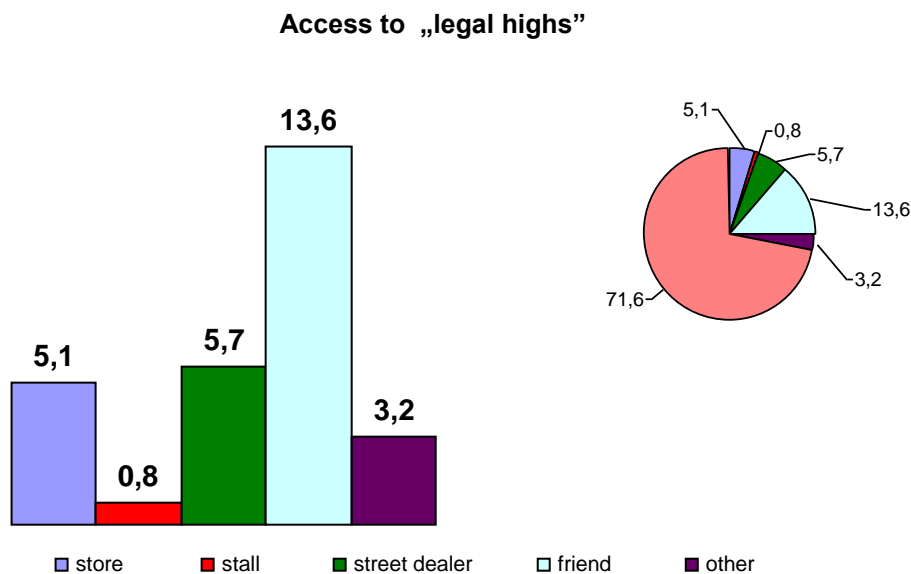
Very few people who used such medicines had acquired them the last time from an unknown person, without prescription or from a pharmacist.

### Access to Legal Highs

The proliferation, use and access to the so called „legal highs” is a topic of high interest in the area of drug abuse in the recent years. The nature of these substances and their status determine also their market.

Approximately 72 % of the students in high schools in Sofia reported they had never used such substances until the current moment. (see *Figure 10-2*).

*Figure 10-2*





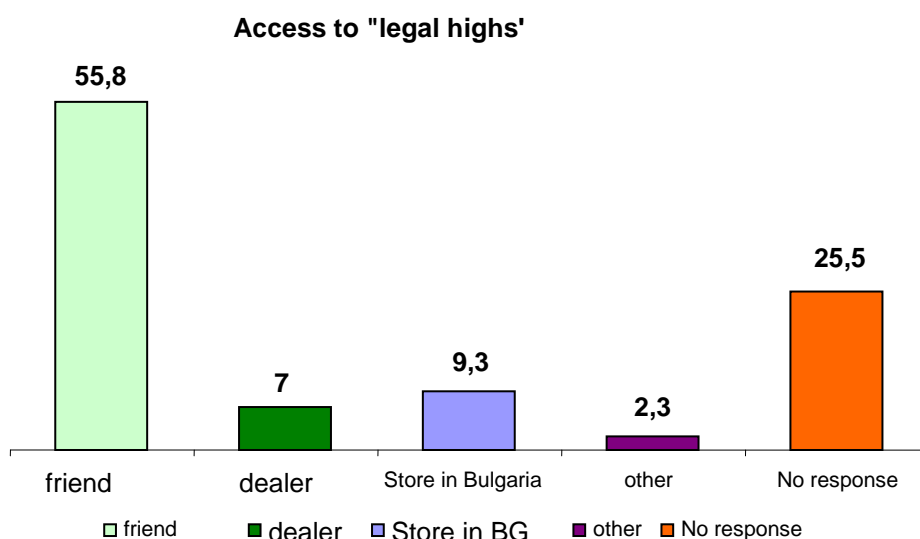
**Source: Representative survey among students between 15 and 19 years of age in Sofia, 2012**

Most of the students have not used the new substances known as „legal highs” but one should not underestimate the share of those who have had experience with them. The students who reported such use indicated they acquired them from a friend - 13,6 %. Approximately the same is the share of those who acquired them from a street dealer (5,7 %) or a store (5,1 %). Lowest was the number of students who reported they obtained legal high from a stall – 0,8 %.

The distribution of the responses of the people interviewed in the framework of the survey among the general population in the country<sup>91</sup> shows that 0,8 % of the respondents had some experience with the use of legal highs in the past year. More than half of them (55,8 %) reported they acquired the legal highs from a friend. 9,3 % got them from a store in Bulgaria, and 7 % - from a dealer. It is also indicative that more than one quarter of the respondents who reported such use abstained from revealing the source (see *Figure 10-3*).

In conclusion it can be resumed that access to legal highs in Bulgaria in 2012 was mostly realized through friends, and to a lesser degree – through a store or a dealer.

*Figure 10-3*



**Source: Nation-wide survey among population aged 15-64 years, 2012**

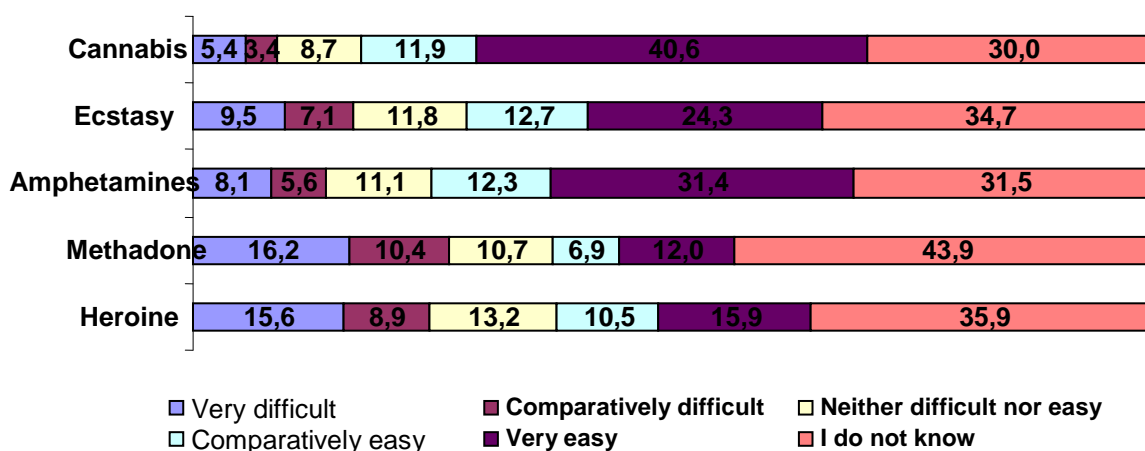
### **Access to Some Drugs**

As regards access to drugs it would be interesting to hear the opinion of the students, or more precisely – their perception with respect to the level of access to drugs, and specifically – the most frequently used substances at the moment (see *Figure 10-4*).

<sup>91</sup> See above

Figure 10-4

If you decide to use a drug, how easy do you think it will be to acquire it ?



Source: Survey among students in Sofia, 2012

About 1/3 to 2/4 of all interviewed students cannot give an answer to the question how easy they believe they may acquire a particular drug should they decide to use it. Highest among them is the perceived access to methadone - – 43,9%. Cannabis ranks second as an easily accessed drug and around 40,9% of the respondents indicate that it would be “very easy” to acquire it if they decide to use it. Methadone and heroin are considered to be most difficult to access. Cannabis, ecstasy and amphetamines are appreciated as “very easy” or “comparatively easy” to access.

### Trafficking Patterns Inside and Outside the Country <sup>92</sup>

The trafficking, production and trade with drugs and precursors inside and outside the country are a considerable challenge, as they are a significant arena of organized crime. Drugs are among the main sources of criminal income and relate to substantial financial profit, money laundering and corruption. The past two years have confronted us with new challenges – new psychoactive substances have occurred along with new chemical substances for their synthesis, new trafficking routes and distribution channels have come into being. For all types of drugs Bulgaria is a transit country. The intensity and dynamics of drug trafficking through the country are shaped by the supply and demand at the illegal markets in Europe and the Middle East and conditioned by the efficiency of the actions of the law enforcement bodies. The countries from Southeast Europe and Bulgaria in particular are rated according to the role and significance they have with respect to the Balkan route for drug trafficking.

In 2012 the negative trend has persisted of growth of the number of Bulgarian citizens engaged in international trafficking of different types of drugs. Bulgarian citizens are involved in the trafficking of heroin along the Balkan route, and also participated in international

<sup>92</sup> Source: Ministry of Interior, Chief Directorate “ Combating Organized Crime”

criminal rings dealing with trafficking of cocaine from South America to Europe, mostly working on the low levels of the networks. Still more and more Bulgarians with no criminal history are being hired for couriers and carriers. This negative trend is also seen with respect to the detention of Bulgarian citizens abroad. According to incomplete data a total of 201 Bulgarian citizens have been arrested abroad.

In 2012 **trafficking in heroine** continued along the two major routes – the Balkan route and the Silk Road, with final destination Central and Western Europe.

The Balkan route itself has 3 sub routes (see *Map 10-1*):

- Southern - Turkey, Greece, Albania, Italy;
- Central - Turkey, Macedonia, Serbia, Montenegro, Bosna and Herzegovina, Slovenia, Italy and Austria;
- Northern – Turkey, Bulgaria, Romania, Hungary, Austria, the Czech Republic, Poland or Germany.

*Map 10-1*



**Source:** Ministry of Interior, Chief Directorate Combating Organized Crime

The Silk Road goes through Central Asia and Russia to the Scandinavian and Baltic republics.

Over the period under review the trend was preserved for the heroine trafficking to be done in transit through the territory of Bulgaria following the routes: Turkey – Bulgaria – Romania

or Serbia – Western Europe; Turkey – Bulgaria – Greece; Turkey – Bulgaria - Macedonia; Turkey – Greece – Italy/Macedonia – Western Europe. According to operative sources both land and sea routes are used. Some of the criminal rings acting in the trafficking of heroine change the means of transportation on Bulgarian territory using temporary storage houses. In these criminal activities the Bulgarian citizens involved are engaged with the organization of the logistics – transportation, hiring of couriers, storage and security activities. There is a persistent trend with the Balkan route for heroine trafficking from the source countries to Western and Central Europe to involve at the entry point and at the end point organized criminal rings of Turkish citizens, Kurds included, as well as ethnic Albanians of different citizenship. We should also note the ever more active role of Macedonian citizens – both in the trafficking of heroine and in its subsequent distribution on the territory of countries in Central and Western Europe. The trend is also preserved of having Nigerian criminal groups in the trafficking of heroine through couriers, though very frequently the same couriers are now used for the trafficking of different types of drugs. Law enforcement investigation identified several cases where Bulgarian criminal groups were organizing and conducting trafficking in small amounts of heroine intended for distribution in Great Britain, Austria and Germany.

### ***Trafficking in Cocaine***

The shipments of cocaine to Europe are usually transported from the source countries – Columbia, Peru and Bolivia, through Argentina, Brazil, Ecuador, Venezuela and Mexico using 3 main routes. The Northern route goes to the Caribbean islands, the Azores and then to Portugal, Spain and Belgium. The central route passes through South America, Capo Verde or Madeira, the Canary islands and reaches continental Europe. The African route starts from South America and goes to Northern Africa and this is the shortest way to cross the ocean from the source country by water or by air. From Northern Africa the drugs are transported by air to the European airports using “mules”, or by sea on fishing trailers, boats or containers with Spain and Portugal as main destination countries. For trafficking to Europe Morocco is often a station from where the hashish route is used for cocaine trafficking as well.

An alternative route is still more often used from Latin America to the Western European drug markets through Southeast Europe, the Western Balkans included. In the future Albania will play a major role as a gateway of cocaine to Europe.

The Southern route for trafficking of cocaine is also frequently used – from South America through South and Eastern Africa, Turkey and then to Western and Central Europe.

Over the period under review it was noticed that Bulgarian organized criminal rings are also engaged in the trafficking of big shipments of cocaine from South America to Europe. An international operation was conducted under the code name “Cocaine Kingpins” targeting a Bulgarian organized criminal ring dealing with the trafficking of huge amounts of cocaine from Latin America to Europe and conducting crimes against the financial system of member countries of the European Union. In the territorial waters of Spain two seizures of big amounts of cocaine were made (2.7 tons on “St Nikolay” ship, and 500 kg on yacht “Pancho”). The traffickers were Bulgarian citizens.

As regards the trafficking of small amounts of cocaine, the trend is preserved of using swallows or couriers who conceal the drug into their hand luggage. Swallowing is still used as a method by the Bulgarian criminal rings to get the drugs into Bulgaria. The leading role in this activities play criminal groups led by Nigerians. Over the period under review during one of the conducted operations the forecast made in 2011 was confirmed that it is very probable that the Black Sea ports are used for the trafficking of cocaine with final destination Western and Central Europe.

### ***Trafficking of Synthetic Drugs***

In 2012 the transit trafficking of ecstasy on the territory of the country has intensified. With some of the registered cases it was again confirmed that the supply countries were the Netherlands and Belgium, and the traffic was through Bulgaria to Turkey. It was confirmed that ecstasy is trafficked by the same criminal groups who are trafficking heroine from Turkey to Western Europe, using the same channels.

The trafficking is carried out mostly by using motor vehicles, where the couriers are citizens of Bulgaria, Turkey and the Netherlands.

During the period under review it has been established that Bulgarian couriers are used to carry methamphetamine to countries in the far East.

### ***Production of Amphetamines***

In 2012 the local organized criminal rings engaged in the production of amphetamine who were under observation used mostly Bulgarian citizens. Amphetamine and methamphetamine were synthesized in such amounts as to cover the needs of the internal illicit market. The criminal rings used the tactics of separating territorially the technological stages of production, thus making it more difficult for the law enforcement to dismantle the laboratories.

### ***Trafficking of Cannabis***

On the basis of the information obtained over the period under review and the cases of intercepting fields growing cannabis it can be suggested that in the future the attempts of trafficking of cannabis from Bulgaria to Western Europe will become more frequent. During the period one case was identified of cannabis trafficking (on the territory of Romania) where it was categorically proven that the substance had Bulgaria as an origin. Several cases were registered where the territory of Bulgaria was used for transit trafficking of cannabis that was organized by Albanian speaking subjects citizens of Macedonia, Albania or Kosovo. In all these cases the drugs came from these countries.

In 2012 the trend from the past years was preserved not to have a uniform drug market in the country, nor clear monopoly or hierarchy. Due to the absence of centralization small independent groups have come into being which use their own sources and channels to sell the drugs on the internal market. This has led to an increase in the number of small dealers who are not specifically organized but act in small groups of 3 to 5 people.

The heroine users decreased in the period under review at the expense of those using marijuana and synthetic drugs (amphetamines and methamphetamines).

The analysis shows that cannabis ranks first in distribution and use. It is sold in the form of cigarettes or plastic stickers. Second rank the amphetamine and methamphetamine. They are sold in powder form in small plastic bags of half a gram or one gram, as well as in the form of tablets.

## Drug Seizures

### Amounts and number of seizures <sup>93</sup>

According to information from the Chief Directorate for Combating Organized Crime in 2012 there were seized 12 209,883 kg of drugs; 2 678 tablets; 530 doses of heroine; 6 capsules of cocaine and 39 ampoules of morphine. Seized were also 1 191,530 kg green mass and 6 913 stalks of cannabis. The amount of precursors seized was 1 312 liters and 0,270 kg (see *Table 10-2*).

*Table 10-2*

TYPE OF DRUG	UNIT	DURGS AND PRECURSORS SEIZED BY THE CHIEF DIRECTORATE FOR COMBATING ORGANIZED CRIME, MINISTRY OF INTERIOR - 2012						NUMBER OF CASES	
		AMOUNTS SEIZED IN BULGARIA AND ABROAD	JOINTLY WITH SIMILAR AGENCY ABORAD	AMOUNTS SEIZED IN THE COUNTRY	BY THE STRUCTURES FOR COMPABING ORGANIZED CRIME	JOINTLY WITH OTHE UNITS IN THE MINISTRY OF INTERIOR	JOINTLY WITH THE CUSTOMS	IN THE COUNTRY	ABROAD
Heroine	kg	122.760	43.865	78.895	58.312	8.563	12.020	29	5
	Doses number	530		530	430	100		2	
Morphine	ampules	39		39	39				
Opium	kg	0.001		0.001	0.001			1	
Cocaine	kg	4 429, 172 kg; 6 capsules	4 420.480	8,692 kg; 6 capsules	3,499 kg; 6 capsules	4.045	1.148	20	7
Cannabis – dry mass	kg	322.559	0.200	322.359	279.783	42.576		116	
Cannabis – green mass	kg	1 991.530		1 991.530	1 938.630	52.900		25	
Cannabis - stalks	number	6 913		6 913	4 437	2 476		26	
Hashish	kg	11 765.438		11 765, 438	11 765, 438			2	
Amphetamine - substance	kg	21.158		21.158	8.969	5.704	6.485	42	
Amphetamine - tablets	kg	7,403kg; 473 tablets		7,403 kg; 473 tablets	7,403 kg; 83 tablets	390 tablets		5	
Amphetamine - base	liters	1		1	1				
Methamphetamine	Kg/tablets	1,703 kg 3 541 tablets 1 laboratory	3 081 tablets; 1 laboratory	1,703 kg 460 tablets	1,703 kg; 460 tablets			16	1
Captagon -- tablets.	kg	4.000		4.000	4.000				
Ecstasy	Kg/tabl	0,010 kg; 1		0,010 kg; 1	0,010 kg; 1			2	

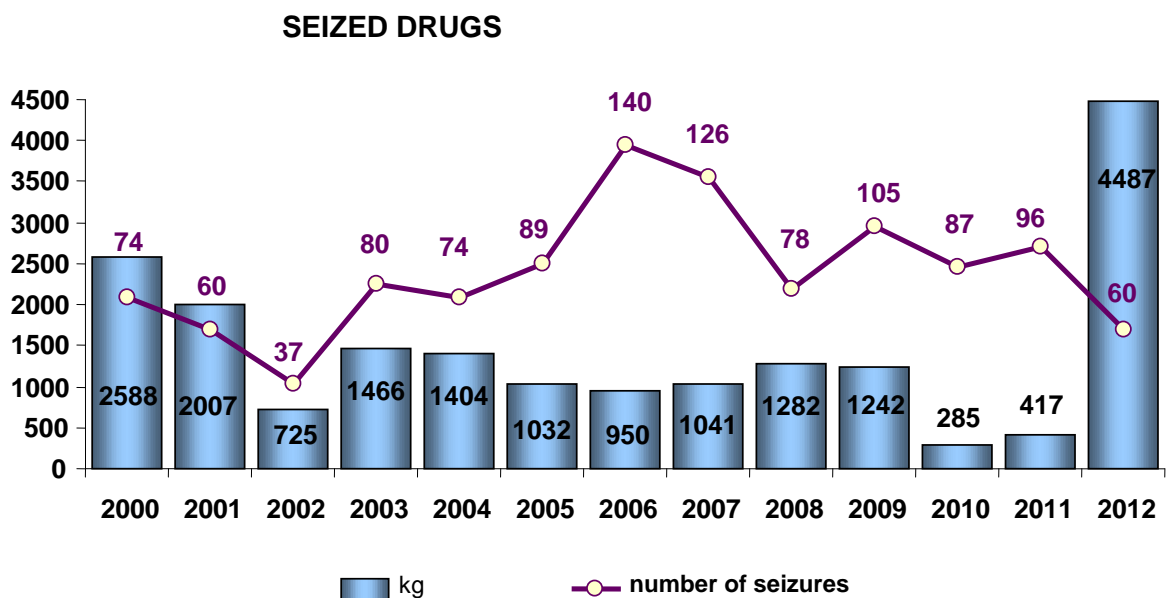
<sup>93</sup> Sources: Ministry of Interior, Chief Directorate for Combating Organized Crime, the Customs Agency „Achievement of the Customs Agency in the counteraction of illegal trafficking of drugs and precursors in 2012 .”

	ets	745 tablets		745 tablets	745 tablets				
Phentanyl	kg	0.224		0.224	0.224			1	
Ephedrine	kg	0.270		0.270	0.270				
Phenylacetic acid	liters	1 300		1 300	1 300				
BMK	liters	11	1	10	10			1	
Acidic anhydride	liters	1		1		1			
<b>TOTAL</b>								<b>288</b>	<b>13</b>

43,865 kg of heroine were seized on foreign territory with the participation of GD COC in 5 cases and 6 Bulgarian, 3 Rumanian and 1 Greek nationals were detained; in 7 cases 4 420,480 kg of cocaine were seized and 28 Bulgarian, 1 Brazil and 3 Uruguay nationals were detained; in 1 case an illegal laboratory was discovered on Macedonian territory and 3 081 tablets methamphetamine and 0.200 marihuana were seized; 1 Bulgarian and 5 Macedonian citizens were detained; 1 lt. BMK was seized on Serbian territory from 2 Bulgarians.

In 2012 4 487 kg , 65 lt. and 1 515 tablets of narcotic substances were detained in the system of the Customs Agency, as well as 600 kg, 53 660 tablets and 0.100 precursors in 64 cases (see *Figure 10-5*). The number of seizures dropped by 34 % as compared to 2011. The significant increase of seized quantities as against the previous year (2011: 417 kg in 96 cases) is due to one capture of 4 202 kg hashish.

*Figure 10-5*



*Source: Customs Agency*

As compared to previous years a sharp decline was observed in seizures of heroine, which is traditionally the drug most trafficked across the territory of Bulgaria.

Automobiles were the transport most frequently used in heroine trafficking in 2012. That kind of transport was used in 10 of a total of 18 cases. The average quantities transported

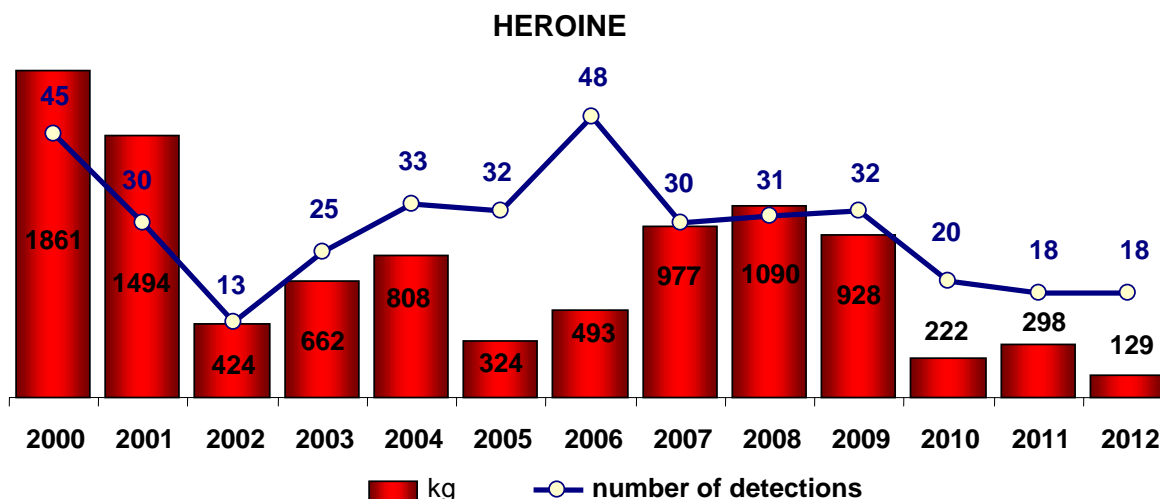


hidden in factory-made cavities or specially made hiding places were much less than in previous years (2009: 37 kg, 2010: 17 kg, 2011: 18 kg, 2012: 8 kg). (see *Figure 10-b*)

Trafficking of heroine hidden on the body or in the luggage of bus passengers traveling regular routes from Istanbul did not lose its role and kept the level of the previous year (18.397 kg in 6 cases). The average quantity of heroine carried in that manner did not exceed 5 kg.

Only one of 20 detained couriers was not a national of a country on the Balkan Peninsula. Here again the share of Bulgarian perpetrators was highest (7), followed by nationals of ex-Yugoslav countries (5), Rumania (3), Albania (2) and Turkey (2).

*Figure 10-6*



*Source: Customs Agency*

In 2012 there was a significant increase both of detected quantities of cocaine and of the number of cases. 73 kg were detained in total in 11 cases (2011: 0.624 kg in 4 cases). (see *Figure 10-7*)

Most significant was the capture of about 66 kg of cocaine entering Bulgaria in a harvester (see photo) via Varna Port West and detained by the customs officers at the Danube Port of Rousse during an attempt to take them out of the country. Of exceptional interest here is not only the mode of concealment in a second-hand harvester but also the route and combination of different modes of transport used by the traffickers (by sea, land and river). The seizure was possible thanks to a good risk analysis, excellent coordination and fast exchange of information on national and international level.

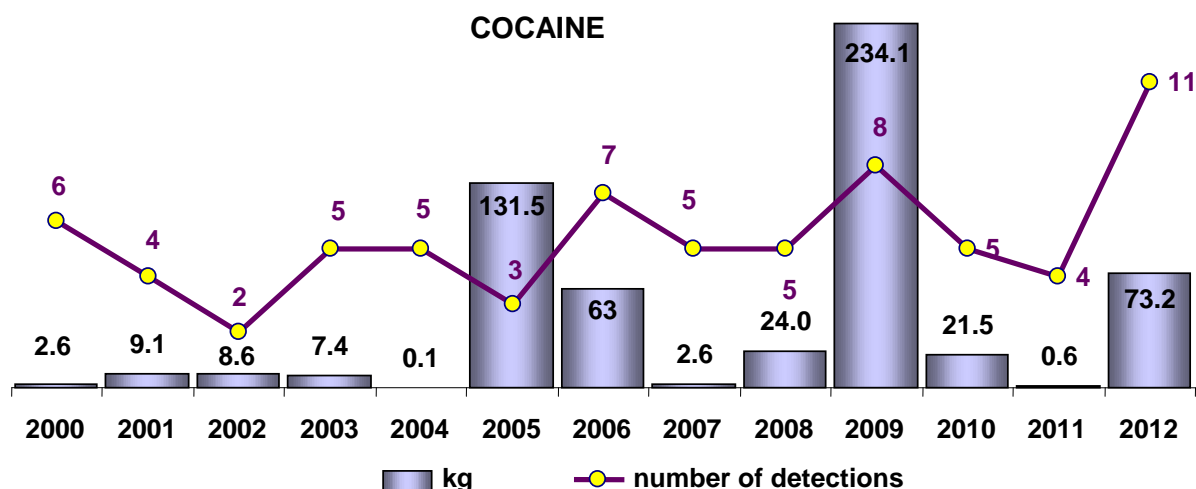


*Photo: Customs Agency Annual Report for 2012*

Most numerous detentions of cocaine were made by the customs officers at the Customs of Sofia Airport (9 cases and total quantity of 6.981 kg.). In 8 of the cases the drug was delivered in express mail packages or parcel post. 4 parcels mailed from Santo Domingo, the Dominican Republic, containing printed paper sheets impregnated with cocaine were detected for the first time in the country.



Figure 10-7



Source: Customs Agency

On 01.07.2012 the team of Border Control and Combating Drug Trafficking Section (BCDTS) of *Lom Customs*, operating mainly at the Cross-border Check Point Ferry *Vidin* using the method of risk analysis, picked up and stopped a truck with Bulgarian registration loaded with gypsum fibre boards intended for Belgium. 4 202 kg hashish were discovered inside the board pallets. That is the biggest quantity of drugs discovered by the Bulgarian customs officers in the past 15 years. As a result of the police actions after that seizure some other 11 765 kg of hashish were discovered in a warehouse facility inside the country. These tons of hashish and the 65 kg of cocaine detained two months earlier had entered the country by sea and were re-loaded on the country's territory to be delivered to the end users on the West European market. Using that complicated combined mode of transportation breaks the links with the country of drug origin, while their transfer through the EU internal borders significantly reduces the risk of further customs inspections.

In 2012 the customs officers thwarted 14 attempts of illicit trafficking of synthetic drugs weighing 43 kg and 65 lt in total. Besides the traditional ecstasy (14.696 kg) and amphetamine (6.485 kg) 10 more types of the so-called "designer drugs" were also detained. After the NSPCA amendments introduced in 2011, providing for more effective control of new narcotic substances and criminalization of a large number among them, some new derivatives emerged that had not been on the lists of controlled substances. The effective work of the Central Customs Laboratory and its good interaction with the sections combating drug trafficking at CCO and Airport Sofia Customs provided a possibility for rapid identification of new narcotics and undertaking adequate actions for their inclusion in the prohibition lists.

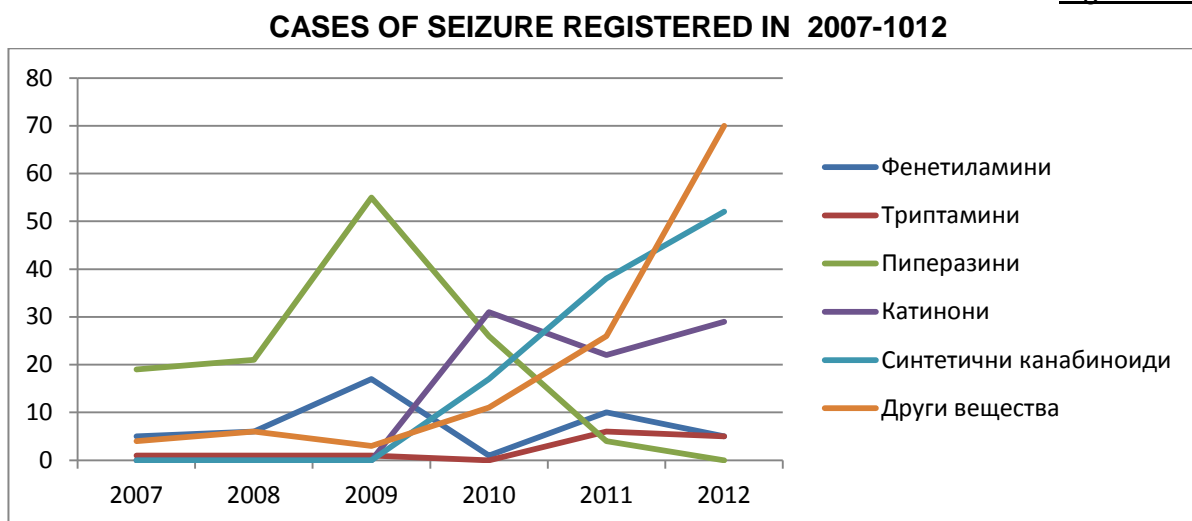
According to data of the Research Institute of Criminology and Criminal Law and the Customs Agency the following cases were registered in Bulgaria in 2012:

1. 5 cases of abuse, possession or distribution of substances and combination of different substances referred to the group of phenethylamines;
2. 5 cases of abuse, possession or distribution of substances and combination of different substances referred to the group of tryptamines;

3. 29 cases of abuse, possession or distribution of substances and combination of different substances referred to the group of cathinones;
4. 52 cases of abuse, possession or distribution of substances and combination of different substances referred to the group of synthetic cannabinoids;
5. 70 cases of abuse, possession or distribution of substances and combination of different substances referred to the group of “other substances” .
6. No registered cases of seized substances from the group of piperazines.

From 2007 to 2012 the pattern of registered cases of new substances seized from the above mentioned groups from was rather varied (see *Figure 10-8*).

*Figure 10-8*



A rapid increase of the number of registered cases of seizure of substances from the group of piperazines was noted in 2009. No cases of seizure of such substances were registered in 2012.

In contrast the number of seizures of substances from the category of “Other substance” indicated a slight decline in 2009 while in 2011 they rose sharply to reach 70 cases in 2012.

Phenethylamines also showed a growing number of seizures in 2009. There were no registered cases in 2010; in 2011 there were 10 and in 2012 – only 5 cases.

Also registered in 2009 were the first cases of seizure of substances from the group of cathinones, with over 30 cases registered in 2010, 22 in 2011 and 29 in 2012.

Before 2009 the number of registered cases of seizure of substances from the group of synthetic cannabinoids rose and grew by 52 cases in 2012. Together with the category of “Other substances” they turned into the most frequently seized and probably used substances on the territory of the Republic of Bulgaria.

According to data provided by Research Institute of Criminology and Criminal Law and the Customs Agency tryptamines appeared on the Bulgarian market in 2010 and only 11 cases of seizure of such substances were registered till 2012.

The most frequently used new psychotropic substances are from the group of synthetic cannabinoids and those falling into the group of “Other substances”. The total number of registered cases in 2012 was 122. The cases of seized piperazines and evidently their use dropped sharply in 2009.

A total of 73 new psychotropic substances were registered in the EU-member countries last year, 3 of them in Bulgaria: APINACA, URB754, both from the group of synthetic cannabinoids and 5-APDB from the category of "Other substances". In comparison, the number of new narcotic substances registered in 2011 was barely 49, a year before that - 41 and in 2009 - 24. 693 internet shops were caught in 2012, openly offering to sell narcotics.

#### **Quantities and Number of Precursor Seizures** <sup>94</sup>

In the past 2012 3 cases were identified of 940 kg in total, imported from China, of the chemical APAAN, which is a source raw material (pre-precursor) for production of amphetamines and has no legal application whatsoever. The substance however is not included in Council Regulation (EC) 111/2005 laying down rules for the monitoring of trade between the Community and third countries in drug precursors. In that regard on the initiative of the Customs Agency and by decision of the National Council for Narcotic Substances some legislative changes shall be initiated to put the APAAN chemical and other similar substances under control.

#### **Number of illegal laboratories and other detected specific drug manufacture sites and type of narcotic substances manufactured there.**

The number of illegal laboratories for manufacture of amphetamine and methamphetamine detected by CDCOC-MOI in 2012 was 7. 3 among them were for manufacture/synthesis of amphetamine and 4 – for manufacture of methamphetamine. Typically the laboratories detected in 2012 were of "kitchen type", with low production capacity, basically satisfying the demand for amphetamine and methamphetamine in the country and domestic distribution needs.

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

##### **Prices at Street Level**

The prices of some drugs in the country changes over the past two years: some of them all but negligibly, other – more significantly (see *Table 10-3*). What is notable is the decrease of more than three times of the minimum price per gram hashish as compared to the preceding year (1.5 for 2012 and 5 euro for 2011). The highest and the most common price of that drug increased, with the highest price per gram hashish at 30 euro in 2012 and the most common price increased by 2.5 euro per gram, amounting to 7.5 euro in 2012. The lowest and highest price of imported cannabis remained at the same level in 2012 too at 5 euro (lowest) and 30 euro (highest) per gram of imported cannabis. As compared to the preceding year the highest price per gram heroine increased: 50 euro/2012, as well as the most common price per gram – from 25 euro in 2012 to 30-35 euro in 2012. The highest price per gram of cocaine also increased – 125 euro/2012; the most common price per gram of that drug increased too by 10 euro ( 60-70 euro).

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<sup>94</sup> Source: Customs Agency, „Results of the Customs Agency in Combating Illegal Trafficking of Drugs and Precursors in 2012.”

Table 10-3

PRICES OF SOME DRUGS IN BULGARIA OVER THE PERIOD OF 2011-2012 Г.

(in Euro)

	Cannabis (resin) gram		Cannabis (grass) gram		Cannabis (вносех) gram		Heroine gram		Cocaine gram	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
Min.	5	1.5 ↓	2.5	1 ↓	5	5	12.5	12.5	40	40
max.	20	30 ↑	15	17.5 ↑	30	30	40	50 ↑	100	125 ↑
Most common	5	7.5 ↑	7.5	6-7.5	12.5	10-12.5	25	30-35 ↑	60	60-70
	Amphetamine gram		Methamphetamine gram.		Ecstasy tablet		LSD dose			
	2011	2012	2011	2012	2011	2012	2011 r.	2012		
Min.	3	5 ↑	10	5 ↓	2.5	2 ↓	7.5	4 ↓		
Max.	30	25 ↓	40	40	25	15 ↓	20	25 ↑		
Most common	10	10	15-25	10-30	5	5-7.5	10	5 ↓		

Source: GDCOC, NCNS, Outreach Programmes

The most common price per gram amphetamine did not change – 10 euro; there was a change in the lowest and highest price: increase of the lowest price from 3 to 5 euro per gram amphetamine in 2012 and decrease of the highest price from 30 euro in 2011 to 25 euro per gram amphetamine in 2012 respectively. The price range of the most common price per gram methamphetamine was also extended in 2012 – 10-30 euro as against 15-25 euro in the preceding year, while the lowest price dropped by half – 5 euro/2012. The price per LSD dose decreased by half in 2012, with a decrease in the lowest price too – from 7.5 euro in 2011 to 4 euro in 2012.

### Purity<sup>95</sup>

### Components of Illicit Drugs and Drug Tablets

In 2012 the number of samples containing **hemp** did not differ essentially. On the whole the percentage of tetrahydrocannabinol (THC) in the examined was most often around 1%. With objects like hashish no change was observed in the number of samples and the THC

<sup>95</sup> Source: Research Institute for Criminology and Criminal Law. "Analysis of Incriminated Objects Containing Narcotic Substances Tested at the Laboratory of the Drug Sector, RICCL, MOI, in 2012."

content compared to 2011. ри обектите с хашиш, също не се наблюдава промяна в броя на пробите и процентното съдържание на THC в сравнение с 2011 г.

The number of **heroin** samples was not high in 2012 too, but the percentage of the most common ones rose considerable – about 6 %. The substances added to heroin were caffeine, paracetamol and phenacetin, with fentanyl also found in some samples. That considerably increases the risk of use of such mixtures.

With the objects containing **cocaine** the tendency of decrease in their number persisted – from 80 entries in 2010 to 51 entries in 2012. The highest percentage declined slightly. However an increase of the percentage content of the most common samples was observed - 20 % . Admixtures in cocaine were still numerous and most varied: caffeine, lidocaine, benzocaine, phenacetin, paracetamol etc. Mannitol was still used as diluent.

In 2012 the number of samples containing **amphetamine** rose significantly as compared to the preceding year, with over 22% growth. No substantial change was recorded in their percentage content. No change was observed in the most widespread percentage (fashion) – 3%. In 2012 the most popular admixtures in amphetamine were caffeine and lidocaine too. Other frequently identified admixtures were benzocaine, piracetam, paracetamol, analgin and quinine. In 2012 the structural isomer of amphetamine, 1-phenyl-1-propanamine continued to be found both in a mixture with amphetamine and separately.

A tangible difference was observed in the objects with **methamphetamine**. Their number increased almost thrice since 2010. Increase was also observed in the percentage content of the objects most frequently analyzed - 68% in 2012. Very often the samples were crystal substances without other admixtures. However, admixtures such as paracetamol, procaine, benzocaine, caffeine, quinine, CPP, phenylethylamine and theophylline were found in methamphetamine too.

The tendency of distribution of synthetic drugs in bulk (powder or crystal ) persisted in 2012 too. That is evidenced by the reduced number of tested tablets containing that type of narcotic substances. As seen from the statistical data for 2010, tablets containing amphetamine, methamphetamine or MDMA exceeded 50% while in 2012 they were slightly over 30 %.

Also noticeable was the lower number of objects containing the so-called . “designer drugs”. The inclusion of more than 40 among them on the Lists of the Ordinance on the Order of Classifying Plants and Substances as Narcotic by the end of 2011 had its effect and the import and distribution of the new substances put under control declined. However, due to the great variety in the types of the new synthetic narcotics on offer, some other similar substances began to appear in the country, such as URB-754, UR-144, APINACA, pentadrone etc.