



European Monitoring Centre
for Drugs and Drug Addiction



**2014 NATIONAL REPORT (2013 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. High Risk Drug Use (HRDU)
5. Drug-related treatment: treatment demand and treatment availability
6. Health correlates and consequences
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9. Drug-related crime, prevention of drug related crime and prison
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1. Drug Policy: Legislation, Strategies and Economic Analysis

The following topic will be reviewed within this section:

- Legal framework;
- National Action Plan, strategy, evaluation and coordination;
- Economic analysis.

Legal Framework

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

11 amendments in total were made in the legal framework of the Republic of Bulgaria in 2013: three draft acts for amendment of laws and 9 regulations in the field of drugs and drug addictions.¹

1. A draft amendment act was adopted in 2013 for the Narcotic Substances and Precursors Control Act (NSPCA), prom. SG, issue 52/14.06.2013 in connection with legal alterations in the system of the Ministry of Interior, prom SG, issue . 52 of 2013 r.

2. In the context of Decision № 808/08.10.2012 of the Council of Ministers on adoption of a Plan for reduction of the regulatory burden on business a working group established on orders of the Minister of Health prepared a draft act for NSPCA amendment.

3. A draft act was prepared for amendment of the Tariff on Fees charged for issuance, amendment or renewal of licenses, issuance of permissions, permits and registration certificates as prescribed in NSPCA.

4. An amendment was approved of Regulation № 2/2012 on the terms and conditions of implementing programmes for treatment of opioid-dependent persons with agonists and agonists-antagonists.

5. Regulation on the amendment of Regulation № 21/2000 on the requirements to the documentation and accountancy in the performance of activities with narcotic substances and medical drug products containing narcotic substances, prom. SG, issue 37/19.04.2013

6. In accordance with the provision of Art. 3, para 2 of the Act of Amendment (AA) of NSPCA in force since 09.11.2011 Annexes № 1, 2 and 3 of NSPCA containing lists of drug substances were revoked and became subject to a Regulation of the Council of Ministers on the procedures of classification of plants and substances as narcotic. Some changes were

¹ Information: Annual Report of the National Drugs Council for 2013.

introduced in Regulation № 21 in order to harmonize the Regulation with the text of Art. 3, para 2 of NSPCA.

7. Regulation on the amendment of Regulation № 55/2010 on the terms and conditions of issuance of licenses for activities with narcotic substances for medicinal purposes, prom. SG, issue 37/19.04.2013.

8. Regulation on the amendment of Regulation № 28/2001 on the terms and conditions under which health establishments where there is no pharmacy may purchase, keep and release medicinal products containing narcotic substances required for emergency aid; prom. SG, issue 37/19.04.2013.

9. Regulation on the amendment of Regulation № 3/2001 on the destruction of legally manufactured, acquired and stored narcotic substances and medicinal products containing drug substances that have become unfit for use, prom. SG, issue 37/19.04.2013.

10. Regulation on the amendment of Regulation № 7/2001 on the terms and conditions of issuing authorizations for import and export of drug substances, prom. SG, issue 37/19.04.2013.

11. Regulation on the amendment of Regulation № 2/2012 on the terms and conditions of implementation of programmes for treatment with agonists and agonists-antagonists of opioid-dependent persons, prom. SF, issue 37/19.04.2013.

12. Regulation on the amendment of Regulation № 20/2001 on the terms and conditions under which medicinal products containing narcotic substances may be exempted from some measures of control, prom. SG, issue 37/19.04.2013.

The role of the amendments listed above was to improve some parameters and interrelations.

Amendments aimed to harmonize the text of Art. 3, para 2 of NSPCA in connection with AA concerning NSPCA in force since 09.11.2011 on revocation of Annexes № 1, 2 and 3 of NSPCA containing lists of narcotic substances and their transfer to a Regulation of the Council of Ministers on the procedures of classification of plants and substances as narcotic.

In connection with Decision № 808/08.10.2012 of the Council of Ministers on adoption of a Plan for Reduction of the Regulatory Burden on Business, in Regulation № 2/2012 upon renewal of the authorization for implementation of programmes for treatment of opioid-dependent persons with agonists and agonists-antagonists, the requirement for programme leaders to present a diploma of higher education and acquired degree specialization as well as a certificate for completed course of training for programme leaders was discarded.

The main intent of Regulation № 7/2001 was to discard the requirement for submission of a copy of the license under Art 35, para 1 of NSPCA in the cases of import and export of narcotic substances for veterinary medical purposes since BAFS² keeps a public register of licenses issued for activities with drug substances for veterinary medical purposes.

Regulation on the amendment of the Regulation of the Council of Ministers on the terms and conditions of permitting the activities under Art. 73, para 1 of NSPCA, prom. SG, issue

² Bulgarian Agency for Food Safety

27/15.03.2013. Some alterations had to be made in the Regulation to harmonize the text of Art. 3, para 2 of NSPCA in the context of AA of NSPCA in force since 09.11.2011 for revocation of Annexes № 1, 2 and 3 of NSPCA containing lists of narcotic substances and their transfer to a Regulation of the Council of Ministers on the procedures of classification of plants and substances as narcotic.

Some texts were precisely specified concerning accountancy for activities involving narcotic substances and their preparations. Regulation on the amendment of the Regulation on the Procedures of Classification of Plants and Substances as Narcotic, amended with Council of Ministers Decree 253/01.11.2013, prom. SG, issue 97/08.11.2013. Ten new narcotic substances have been placed under control in Schedule I of the Regulation.

Regulation on the amendment of *Regulation № 21/2000 on the requirements for documentation and accountancy in performing activities with drug substances and medications containing narcotic substances*, prom. SG, issue 84/27.09.2013. With the amendment of Regulation № 21/2000, prom. SG, issue 37/2013 the model of the specific order form for narcotic substances and medical products containing narcotic substances was modified (Anex № 1 to Art. 9, para 1 of Regulation № 21). These amendments of the Regulation regulated the use of the old model of specific forms until printing the specific forms of the new model in 2014.

The main idea for the amendment of Regulation № 20/2001 concerns the terms and conditions under which the medical products containing narcotic substances shall be exempted of some measures of control, prom. SG, issue 104/03.12.2013 and the Regulation on amendment of Regulation № 4/2009 on the terms and conditions of prescription and release of medical products, prom. SG, issue 104/03.12.2013.

In connection with the registration of the medical product *Paratramol tabl.* (containing *Tramadol* narcotic substance in combination with *Paracetamol*), which meets the requirements of Regulation № 20/2001, the *Tramadol* narcotic substance was included in Art. 3 of the Regulation.

With the text of Art. 4, para 2 regarding the requirement for a license issued in accordance with the provisions of NSPCA the terms of compliance with the requirement of Art. 46, para 1 of NSPCA were specified. The texts relating to the the requirement for accountancy in the performance of activities involving narcotic substances and medical products containing narcotic substances were precisely defined.

With a conclusive provision of draft Regulation № 20/2001 Article 15 of Regulation № 4 was amended and the text of Art. 4, para 1, cl. 3 of Regulation № 20/2001 was harmonized with that of Art. 15 of Regulation № 4/2009 by specifying which medical products containing narcotic substances in combination with other medical substances shall be prescribed using a white prescription form for single release and in quantities conforming with the daily dose, for no more than 30 days. The texts related to keeping a register of each operation concerning performance of activities with narcotic substance and medical products containing narcotic substances were also defined specifically.

Law Enforcement

Law enforcement is among the leading functions and most important tasks of the Ministry of Interior (Mol). Mol authorities:

✓ carry out general and individual activities to counteract and stop crimes and other violations of the law;

- ✓ perform systematic analyses of crime-generating factors;
- ✓ issue warning to persons on whom sufficient data are available and the assumption is that they may commit crimes and other violations of the law;
- ✓ alert government authorities, organizations, juridical persons and citizens of detected grounds and conditions for crimes.

In 2013 the Mol units took the following measures in the Drugs Sector: ³

- **The Regional Directorates of Interior (RDol) responded to 1823 signals for drug-related violations; in 2012 they were 2020.** Most numerous responses to signals were reported by the Metropolitan Directorate of Interior (MDol) – 367, followed by the Regional Directorate of Interior (RDol) Blagoevgrad – 153 and RDol Stara Zagora – 128 and least numerous – by RDol Uardzhali – 7 and the Transport Police Department of Chief Directorate “National Police” (TPD - CDNP) – 2.
- **415 operational case files were closed in 2013 while in 2012 their number was 452.** The largest number of case files was recorded by MDol - 52, RDol - Pleven (45) and RDol - Plovdiv (35), and the lowest – by RDol – Yambol (1) and TPD-CDNP (1).
- **Over the past year 4 448 persons were detained and taken in custody for drug manufacture and trafficking while their number in 2012 was 4 713.** About 40 % of these (or 2 103 persons) were detained on the territory of Sofia city alone; the number of detained persons in the capital city in 2012 was similar - 2 106.
- **2 494 specialized police operations (SPO) were conducted on the territory of Bulgaria. That number was 2 868 in 2012.** The highest number were carried out by MDol (627), RDol Sofia (217) and RDol Varna (146), and the lowest – by RDol Lovech (14).
- **In 2013 the number of checks and prophylactic actions at drug haunts, drinks and entertainment facilities was 4601 and in 2012 - 5179.** Most prophylactic actions were carried out by MDNP (654), RDol Sofia (450) and RDol Veliko Turnovo (399), and fewest – by RDol Rousse Pyce (22) and RDol Razgrad (16).
- **The number of checked school areas was 3 122; in 2013 it was 3 936.** The highest number of inspections were carried out by RDol Targovishte (336), RDol Veliko Turnovo (334) and RDol Sofia (301). Their number was lowest at RDol Razgrad (12).
- **254 new drug haunts and drug trafficking points were detected in 2013.** Most of them were discovered by MDol (95), RDol Plovdiv (24) and RDol Bourgas (34), and fewest – at RDol of Yambol, Rousse aand Pazardzhik (1 each).
- **According to data provided by Mol 18 organized crime rings (OCR) were detected in 2013,** most identified in the cities of Sofia and Bourgas.

³ Report of Mol, Chief Directorate National Police (CDNP) on activities performed in the sector of Drugs over the period of 01.01.2013 - 31.12.2013 (MODEL 27); the data refer to RDol, MDol and TPD-CDNP.

National Action Plan, Strategy, Evaluation and Coordination

National Strategy and National Action Plan

A decision was made at the Second regular session of the National Drug Council (NDC) to set up an interdepartmental working group for the purpose of drafting a report on the implementation of the Action Plan under the National Drug Strategy 2009-2013 and investigating what amount of funds would be required for a Bulgarian company to carry out the analysis and evaluation of the implementation of the Strategy. The aim was for these funds to be provided for in the financial plan under the National Drug Strategy.⁴

In accordance with Art. 11, cl. 1 of NSPCA The National Drug Council determines and coordinates the national policy in the field of drugs and precursors by drafting the National Strategy for combating drug abuse and illicit trafficking of drug substances and precursors and submitting it to the Council of Ministers for approval for a period of 5 years.

Due to the expired period of operation of the National Drug Strategy (2009 – 2013) and its Action Plan, an interdepartmental working group was set up in compliance with a decision of the NDC and by order of the Minister of Health to draft a Third National Drug Strategy and an Action Plan under it. The working group included representatives of all NDC member administrations.

Within its mandate that working group prepared drafts of a National Drug Strategy (2014-2018) and its Action Plan. The drafts are in compliance with the EU Drug Strategy (2013-2020) and its Action Plan (2013-2016).

The National Drug Strategy (2014 – 2018) is based on the drug situation and the results from the implementation of the National Drug Strategy (2009 – 2013) and its Action Plan.

The Strategy covers two strategic areas of action: drug demand reduction and drug supply reduction and three crossover areas of activities.

An Action Plan has been drafted for the Strategy as a major tool for its implementation with specific activities, deadlines and responsible institutions.

The implementation of the Action Plan under the National Drug Strategy shall be funded from the national budget within the framework of the budgets of the institutions implementing the Strategy.

Implementation and Evaluation of the National Action Plan and/or Strategy

National Drug Council (NDC) HCHB)

The NDC held three regular sessions in 2013.

The following reports were approved at the NDC sessions:

✓ In fulfillment of the international agreements on drug control at its session the NDC approved the Annual Report for 2012 of the Republic of Bulgaria to the Commission on Narcotic Drugs of ECOSOC, Vienna.

✓ Report on the participation of the Bulgarian delegation in the 56th Session of the UN Commission on Narcotic Drugs.

⁴ Information : Annual Report of the National Drug Council for 2013.

✓ Report of a working group set up by decision of NDC for analysis of a platform presented by some non-governmental organizations for a policy change concerning psychoactive substances in Bulgaria.

At a session the NDC considered and approved an opinion of the Expert Council of NDC on adding new substances in Schedule I under Art. 3, cl. 1 of the Regulation on the procedures of classification of plants and substances as narcotic.

Information on the drug situation in the country in the area of *Harm Reduction* as part of the activities in the area of *Drug Demand Reduction* was presented at a session of the NDC.

Letters to the Ministry of Finance were drafted in connection with a decision of the Council concerning the possibility of target financing of the activities envisaged in the new National Drug Strategy and the implementation of the provision of Art. 53, para. 3 of the Health Act (in force since 01.01.2006) - "One per cent of the funds received in the state budget from excise duties on tobacco products and liquor shall be used to finance the national programme for tobacco smoking and alcohol abuse restriction and for drug use elimination".⁵

Municipal Drug Councils (MDC) and their Prevention Information Centres (PIC)

By the end of 2013 27 MDCs were operating in the municipalities – regional administrative centres to implement the drug policy on a local level. MDCs work in compliance with adopted municipal programmes and strategies for drug prevention, treatment and rehabilitation.

Prevention-Information Centres are operating at the 27 MDCs in the cities of Blagoevgrad, Bourgas, Varna, Veliko Turnovo, Vidin, Vratsa, Gabrovo, Dobrich, Kyustendil, Kardzhali, Lovech, Montana, Pazardzhik, Pernik, Pleven, Plovdiv, Razgrad, Rousse, Silistra, Sliven, Smolyan, Sofia, Stara Zagora, Targovishte, Haskovo, Shoumen and Yambol. They are functional units collecting, analyzing and supplying information on a local level as necessary for the preparation, implementation and coordination of municipal programmes and strategies.

The MDC and PIC activities can be summarized in several areas as follows:

- ✓ Development and implementation of the adopted preventive programmes and strategies;
- ✓ Implementation of effective prevention of drug use and abuse through long-term preventive programmes aimed at different target groups;
- ✓ Preventive activities among school students, parents, teachers and pedagogical councilors for drug use prevention;
- ✓ Expanding the opportunities for implementation of effective health education including drug use prevention.
- ✓ Expanding the cooperation between local government authorities, state institutions and non-governmental organizations in the implementation of municipal programmes for combating drug abuse and drug use prevention;
- ✓ Publishing different kinds of preventive, information and health education materials;

⁵ . Information: Annual Report of the National Drug Council for 2012.

- ✓ Cooperation with the media to ensure adequate and competent coverage of the problems with drugs;
- ✓ Development and application of alternative forms of leisure time spending for children and young people;
- ✓ Familiarization of the public with the activities of PICs;
- ✓ Jointly with other municipal structures, conducting competitions, exhibitions, lectures, round tables and familiarization with the problems of drugs and drug addictions;
- ✓ Conducting training with various target groups in the different municipalities- from school students and pedagogical councilors to professionals.

The efforts of the people working at PICs are directed towards overcoming the apathy of the public regarding the problem of drug use and abuse. The emphasis falls on development and operation of counseling programmes or offices referring drug addicts for treatment within the district, on the territory of the country and abroad. Good cooperation is established with the HIV/AIDS prevention offices set up in some municipalities. Youth drugs councils are established.

Pursuant to Art. 15a, para 2 of NSPCA a Report on the activities of NDC and PICs for 2012 was presented and approved by the Third Regular Session of NDA for 2013.

The 7th National Meeting on the issues of drug use and abuse was held in October 2013 in the town of Kurdzhali. The Meeting was organized by the NDC Secretariate jointly with NCA. The aims of the National Meeting were:

- exchange of knowledge and experience in the field of drug abuse prevention;
- enhancing the competences of PICs' staff members in the development of preventive programmes;
- presentation and discussion of good practice principles and standards in the field of prevention.

The Meeting was attended by 20 representatives of PICs and MDCs, the NDC Secretariat and NCA staff members. Presented at the Meeting were some new approaches and activities in the field of prevention of drug use and abuse, mechanisms of budget financing of municipal preventive programmes in the field of drugs and other psychoactive substances, planning and opening social services for drug addicts, the current situation in the field of treatment with agonists-antagonists, future activities and initiatives. The projects under the National Drug Strategy (2014-2018) and its Action Plan were also presented and discussed.

Other Drug Policy Developments

Very active in the social sphere in Bulgaria over the past few years has been the civil *Lions* association of clubs in nearly all cities in the country. A *Lions Quest* programme is operating in these clubs in cooperation with other clubs from Europe too. One of the activities of that programme is focused on the development of social lifeskills and prevention of dependences and the idea is to present it in the hours of the class tutor at the Bulgarian schools. The proposal under that programme was deposited at the Ministry of Education, Youth and Science. That project started in 2013 and by now over 120 trainings have been conducted. Such trainings have also been conducted in Plovdiv, Bourgas, Vidin and

Pazardzhik. The larger amount of funds was collected from donations of the members of the *Bulgarian Lions clubs*. The trainings were carried out by licensed trainers of the *Lions* organization on a global scale. Currently there are Bulgarian trainers already licensed, which facilitates the programme and its development opportunities.⁶

Coordination Arrangements

Until the middle of 2013 one of the major units of the Ministry of Interior (Moi) combating drug distribution and illicit drug trafficking was *Chief Directorate „Combating Organized Crime”*. (CDCOC). After structural changes in the first half of the year CDCOC became part of *State Agency „National Security”* through an amendment of The Law on SANS on 14.06. 2013. Since then the measures in the drugs sector have been carried out by Chief Directorate “National Police” (CDNP) which is the national specialized structure for operational detective work, preventive, information analytical and organizational activity for prevention, interception, detection and investigation of crimes, with the exception of those related to organized crime activity.⁷

Economic Analysis

Public Expenditures

The National Programme for implementation of the National Drug Strategy for the period of 2009-2013 is one of the major sources of public spending incurred in the sphere of drugs and drug addictions in the Republic of Bulgaria. It provides funds for the performance of the activities of the institutions involved in the field of drugs and drug addictions and for prevention projects.

A Budget Estimate for 285 000 BGN was approved for the National Centre for Addictions on the ground of the Action Plan under the National Drug Strategy for 2013, of which 272 164 BGN were spent on activities.⁸

Target funds were granted under the National Strategy for the implementation of the national drug policy on local level in the amount of 64 800 BGN for 27 MDC/OIC (2400 BGN each), required for development and implementation of prevention projects in the municipal cities. These funds were larger as compared to 2012 when 49 950 BGN (or 1850 BGN each) were granted for the implementation of the same task. The fulfillment of the projects mentioned above involved contracts concluded between the Ministry of Health (MH) and the 27 municipalities where MDCs/PICs were based for granting the funds envisaged in the Budget Estimate, after an approval by a special commission set up by order of the Minister of Health.⁹

In addition to the funds from the National Drug Strategy required for prevention programmes development, some Municipal Drug Councils and Prevention_information

⁶ Report of MDC, town of Pazardzhik, 2013.

⁷ Information from Moi, Chief Directorate “National Police” (CDNP)

⁸ Information AELD Directorate, NCA

⁹ Information: Annual report of the National Drug Council for 2013.

centres spent funds from the local budget to develop some additional activities, such as: organization of sport events, seminars, working meetings and trainings, development and distribution of fliers, folders, posters etc. The cities with donated funds available from the municipalities in 2013 were: Blagoevgrad, Bourgas, Varna, Veliko Turnovo, Vidin, Dobrich, Gabrovo, Lovech, Montana, Plovdiv, Razgrad, Silistra, Sofia, Turgovishte, Haskovo and Shoumen, in the total amount of 180 650 BGN. The amount of co-financing was highest for the cities of Sofia, Varna and Plovdiv and significantly lower for some municipal centres like Lovech, Targovishte etc. The remaining cities – Vratsa, Kyustendil, Kardzhali Pazardzhik, Pernik, Pleven, Rousse, Smolyan, Sliven, Stara Zagora and Yambol had no available donations from the municipalities in 2013 and carried out prevention activities with the help of funds from the National Drug Strategy as mentioned above and of part of their budget for 2013 (for more information see the next point - Budget).¹⁰

In 2013 some PICs/ MDCs received funding from some external donor organizations too, with the total amount spent being approximately 3 300 BGN.

In summary it can be stated that the total amount spent on prevention activities and projects in 2013 equals about 278 450 BGN.

Budget

Pursuant to the State Budget Act the amount of 322 978.00 BGN was envisaged in 2013 for the National Centre for Addictions (NCA) as an independent unit of the Ministry of Health, of which 314 845.00 BGN were spent on salaries and remunerations for staff hired under permanent contracts of employment and assistants hired under civil contracts (including other remunerations and payments for staff, social insurance contributions from the employer, voluntary social insurance contributions) and support (including buildings and facilities operating costs, consumables, courier services, transport, activities etc.).¹¹

MDCs and PICs are funded from the national budget through the municipal budgets as state-delegated activities. The funds granted for 2013 were for salaries for 27 staff on the payroll for MDA chairpersons and 27 staff on the payroll for MDA secretaries and 66 staff for PICs, as well as funds for support. The funds for salaries and support were increased and the average gross monthly salary for MDCs and PICs reached 500 BGN.¹²

The budget of 27 MDCs/PICs including salaries and remunerations for staff hired under permanent contracts of employment and assistants hired under civil contracts (including other remunerations and payments for staff, social insurance contributions from the employer, voluntary social insurance contributions) and support (including buildings and facilities operating costs, consumables, etc) is described on *Table 1-1*.

¹⁰ A Summary made on the basis of the information from the 27 PICs/MDCs filled in the Questionnaire on Prevention Activities 2013.

¹¹ Information: Directorate AELS – NCA

¹² Information: Annual Report of the National Drug Council for 2013.

Table 1-1

MDCs and PICs BUDGET FOR 2013.

(in BGN)

CITY	AMOUNT
1. Blagoevgrad	26 423
2. Bourgas	41 690
3. Varna	68 366
4. Veliko Turnovo	32 000
5. Vidin	28 236
6. Vratsa	27 850
7. Gabrovo	30 000
8. Dobrich	28 792
9. Kardzhali	30 854
10. Kyustendil	25 000
11. Lovech	26 650
12. Montana	30 642
13. Pazardzhik	25 000
14. Pernik	27 243
15. Pleven	36 850
16. Plovdiv	31 850
17. Rousse	27 000
18. Razgrad	34 292
19. Silistra	33 949
20. Sliven	32 289
21. Smolyan	30 063
22. Sofia	149 242
23. Stara Zagora	33 166
24. Targovishte	25 460
25. Haskovo	25 966
26. Shoumen	25 567
27. Yambol	26 874

Source: PICs/MDCs

2. Drug Use among the General Population and Specific Target Groups

Introduction

The following main topics will be examined in this Section:

- Drug use among the general population (no new data in 2013)
- Drug use among school students and youths (15-34 years of age)
- Drug use in individual target populations/places at national and local level – children in Homes.

The comments and analysis will be made on the basis of results from several surveys with different targets groups, carried out by the *National Focal Point on Drugs and Drug Addictions* with the help of partners and sociological agencies by the end of 2012 and during 2013:

- A National Survey on attitudes and use of psychoactive substances among the general population in Bulgaria; representative for the country's population aged between 15 and 64; SOVA HARIS Agency; 12.10 - 31.10.2012; in 88 cities and 74 from all 28 administrative regions in Bulgaria.

- A National Representative Survey of class 9 to 12 senior high school students in Bulgaria devoted to the use and attitudes to different psychoactive substances, carried out by the *National Focal Point on Drugs and Drug Addictions* and ALPHA RESEARCH LTD in November-December 2013; 3001 school students surveyed from 132 classes at schools in 72 towns and village throughout the country; direct anonymous group polling.

- A National Representative Sociological Survey on the use of psychoactive substances among the young population (aged 15-34 years) in the Republic of Bulgaria; with two separate components with a practically unified instrument: representative national survey among students from 9-12 class at high schools in Bulgaria, devoted to the use and attitudes to different psychoactive substances (corresponding to age range of 15-19 years) and national representative survey among the young population (aged 20-34) in Bulgaria; the *National Focal Point on Drugs and Drug Addictions* (NFP), ALPHA RESEARCH LTD and MBMD; a random selection sample, 6007 persons covered within the age range indicated.

- A National Survey on attitudes and use of psychoactive substances among children raised/staying at Homes; covering Homes for Children Deprived of Parental Care (HCDPC); Educational Boarding Schools (EBS) and Socio-Pedagogical Boarding Schools (SPBS); full coverage of children staying at five out of a total of seven institutions on the territory of different regions: Pazardzhik, Pleven, Razgrad, Sliven and Yambol. A sample used of 179 persons, 12 to 19 years of age, placed in these homes.

Drug Use Among the General Population

No new data are available on drug use among the general population.

We would remind that a National Survey on attitudes and use of psychoactive substances among the general population in Bulgaria was developed and carried out by the

end of 2012 ¹³. 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 regions 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 at the very end of 2012. A total of 5 325 persons in the above age range were covered. ¹⁴

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 %).

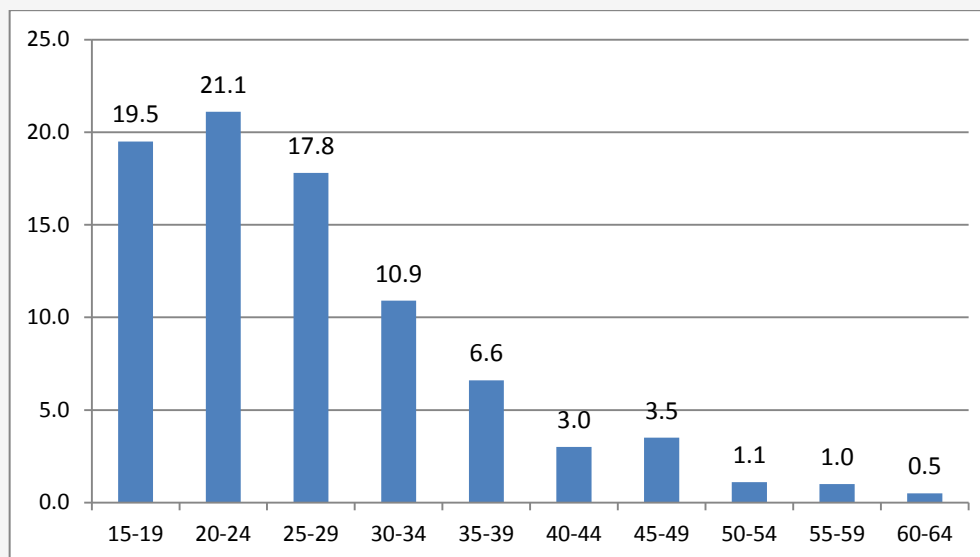
Drug Use Among School Students and the Young Population

Discussing the use of illicit drugs with an eye to the groups of school students and the young population is not only necessary, but also obligatory from the point of view of epidemiology. A recent survey among the general population (15-64) in Bulgaria ¹⁵ shows that use „at least once in lifetime” is most widespread in the age groups from 15 to 34 years. (see *Figure 2-1*), i.e. precisely the years covering the period of schooling and youth. Approximately every fifth (19-21 %) of the persons surveyed aged 15-24 years used something at some time, while, for example, after the age of 40 the share of those who used does not exceed 3-3.5 %. In fact four out of every five (80.4 %) of the persons who had used something among the population were below 34 years of age.

Figure 2-1

PERCENTAGE OF THOSE WHO USED SOME ILLICIT DRUG SUBSTANCE AT LEAST ONCE IN LIFETIME BY AGE GROUPS

(B %)



Source: 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 on Drugs and Drug Addictions

¹³ See for more details the Annual national report on drug related problems in Bulgaria - 2013

¹⁴ 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 on Drugs and Drug Addictions

¹⁵ There again

Use Among High School Students

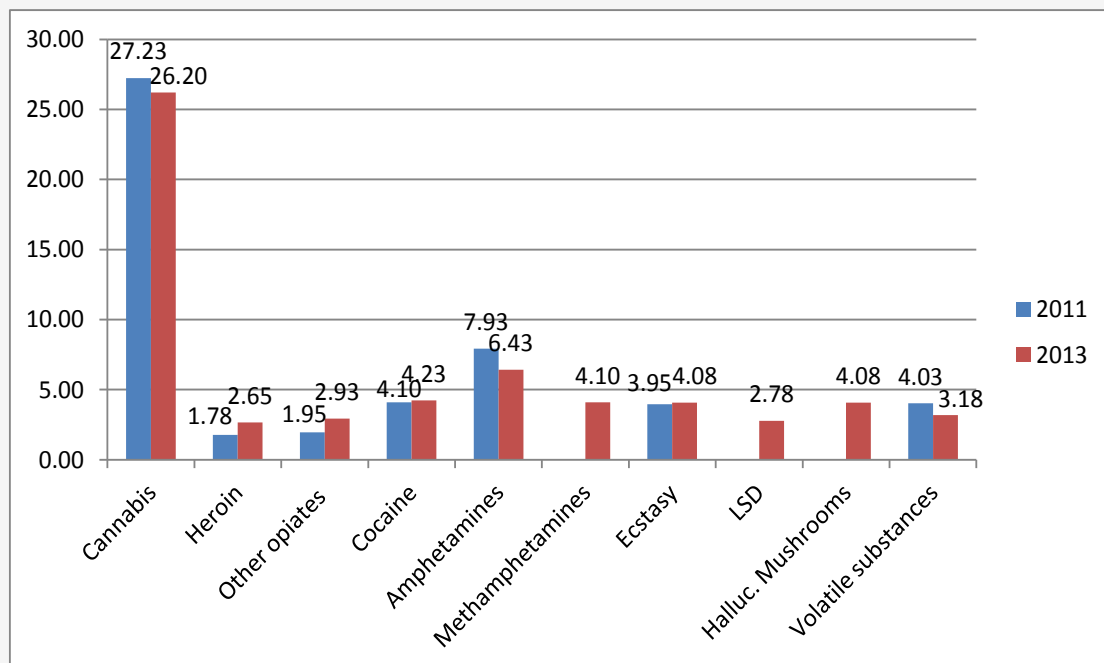
A National Representative Survey was conducted at the end of 2013 among high school students, class 9 to 12 at the high schools in Bulgaria, devoted to the use and attitudes to different psychoactive substances ¹⁶. It was funded under the *National Drug Strategy 2009-2013* and implemented by the *National Focal Point on Drugs and Drug Addictions* and ALPHA RESEARCH LTD in November-December 2013. 3001 high school students from 132 classes at high schools in 72 towns and villages throughout the country were polled ¹⁷. The method of direct anonymous group polling was used to collect empirical information. That survey provided information regarding drug use among high school students in Bulgaria.

The data show that cannabis remained the most frequently used product in the group of „illicit narcotic substances“. The *National Focal Point on Drugs and Drug Addictions* has a good chance and possibilities for comparison with the data from a similar survey two years earlier (see *Figure 2-2*). More than ¼ of the school students had used marihuana or another form of cannabis at least once in their lifetime. Second in popularity were amphetamines (about 6.5 % use in lifetime) and other stimulants (cocaine, ecstasy, methamphetamines) with 4-4.5 % each. About 4 % had also used hallucinogenic mushrooms. Opiates and LSD accounted for a relatively lowest percentage of use. On the whole, the data from 2011 and 2013 imply stability, with small exceptions (mostly decrease of 1.5% in amphetamines, decrease in cannabis by slightly more than 1 % and increase of other opiates by slightly less than 1%).

Figure 2-2

PERCENTAGE OF PEOPLE USING DIFFERENT ILLICIT DRUGS AT LEAST ONCE IN LIFETIME, AMONG SCHOOL STUDENTS IN BULGARIA IN 2011 AND 2013

(in %)



¹⁶ National representative study among pupils from IX to XII grade in Bulgaria on the drug use and attitudes towards the psychoactive substances, National Focal Point on Drugs and Drug Addictions, Alpha Research LTD, November – December 2013, national, 3001 pupils from IX to XII grade in 132 classes in 72 cities and towns in the country are covered

¹⁷ See Standard table 2 in the Annual national report on drug related problems in Bulgaria - 2014

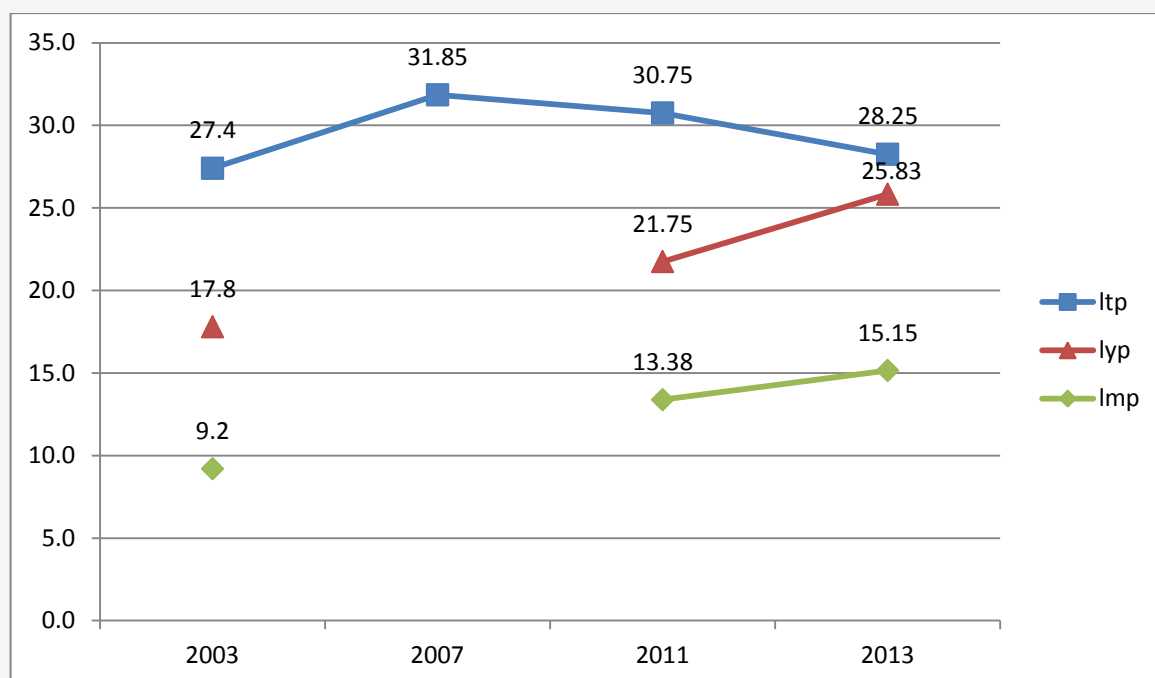
Source: National representative surveys among high school students from class 9 to 12 in Bulgaria 2011 and 2013, NFP, Alpha Research

More than ¼ (28.25 %) of the high school students used some drug at least once in their lifetime. That is a relative decrease as compared to the previous two similar surveys – by 2.5 points less than in 2011 and 3.5 points less than in 2007 (see *Figure 2-3*). As far as this indicator is concerned we are practically at the level of 10 years ago. At the same time some significant increase was recorded in use last year and last month as compared with the previous surveys. The increase of use last year (2003) is 8 points (or nearly 50 %) as compared to the source data, while last month use increased by 6 points (or over 60 %). These data could signify that the mass of people who have tried something remains more or less the same, while the number of people “with memories only” is lower, i.e. those who tried drugs at some time in the past continued to do so that last year too.

Figure 2-3

PERCENTAGE OF PEOPLE USING ILLICIT NARCOTIC SUBSTANCES AT LEAST ONCE IN LIFETIME, OVER THE LAST 12 MONTHS AND IN THE LAST 30 DAYS, AMONG HIGH SCHOOL STUDENTS IN BULGARIA, 2003-2013.

(in %)



Source: National representative surveys among high school students from class 9 to 12 in Bulgaria 2003, 2007, 2011 and 2013, NFP and partners

Use among the Young Population (aged 15-34 years)

By the end of 2013 the *National Focal Point on Drugs and Drug Addictions* (NFP) conducted a national representative sociological survey on the use of psychoactive substances among the young population (aged 15-34 years) in the Republic of Bulgaria. It was carried out for the first time through two separate components with a practically unified instrument: a representative national survey among high school students from 9 to 12 class in the high schools in Bulgaria, devoted to the use and attitudes to different psychoactive

substances (corresponding to the age range of 15-19 years)¹⁸ and representative national survey among the young population (aged 20-34 years) in Bulgaria¹⁹. The surveys were realized by two sociological agencies - Alpha Research and MBMD respectively, under the methodological guidance of NFP. The sample of both was developed by random selection. A total of 6007 persons were covered in the age range mentioned above.

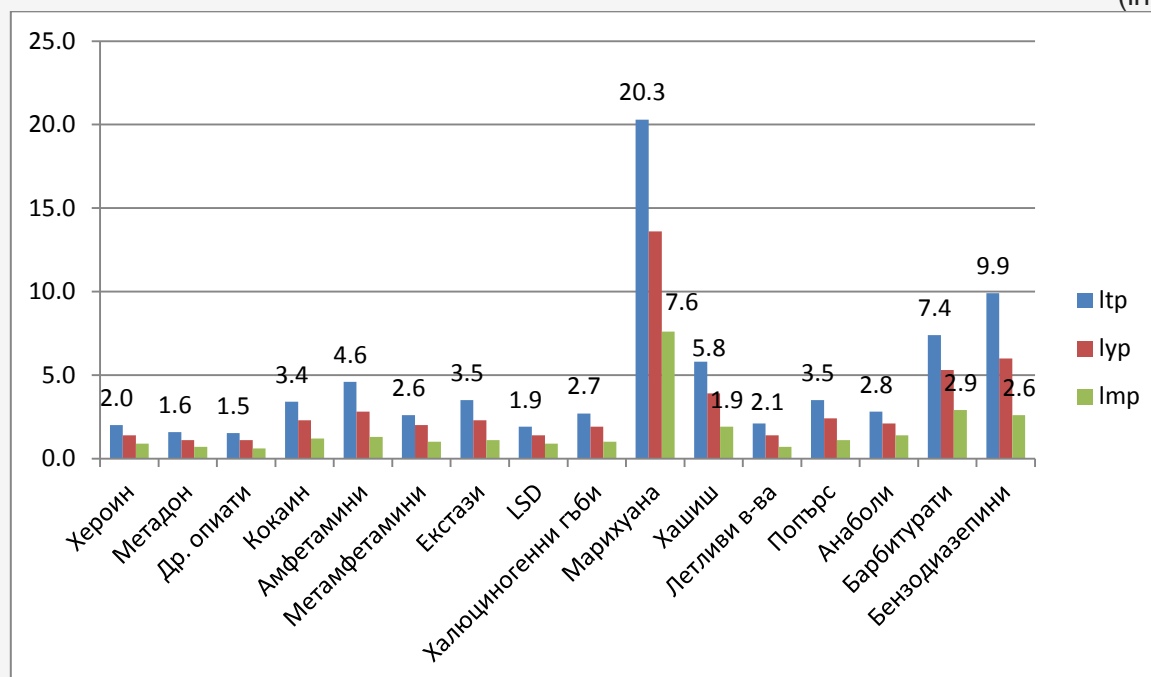
In compliance with the European practice and the requirements of key indicator „Drug Use Among the Population”, underlying the surveys was estimate of the use of drugs, alcohol, cigarettes and medical drugs within three time spans and via three indicators respectively: lifetime prevalence, last 12 months prevalence and last 30 days prevalence.

The data from the survey in 2013 showed once again cannabis to be the most widely used product - 20,3 % of the respondents tried it at least once in their lifetime (see Figure 2-4), which is equivalent to about 350 thousand young people. About 240 thousand (13.6 %) smoked marihuana last year and about 130 thousand (7.6 %) – last month. It should be mentioned however that 43 % of those who smoked marihuana last month did that from one to three days a month, while about one third did that 20 and more days a month. That means that about 40 thousand young people in Bulgaria are frequent marihuana smokers.

Figure 2-4

PERCENTAGE OF PEOPLE USING SOME ILLICIT DRUG SUBSTANCE AT LEAST ONCE IN THEIR LIFETIME, BY AGE GROUPS

(in %)



	Some time	Last year	Last month
Heroin	2.0	1.4	0.9
Methadone	1.6	1.1	0.7
Other opiates	1.5	1.1	0.6

¹⁸ National representative study among pupils from IX to XII grade in Bulgaria on the drug use and attitudes towards the psychoactive substances, National Focal Point on Drugs and Drug Addictions, Alpha Research LTD, November – December 2013, national, 3001 pupils from IX to XII grade in 132 classes in 72 cities and towns in the country are covered

¹⁹ National representative study among young population aged 20-34 years in Bulgaria 2013, national, November - December 2013, Sociological agency MBMD, National Focal Point on Drugs and Drug Addictions

Cocaine	3.4	2.3	1.2
Amphetamines	4.6	2.8	1.3
Methamphetamines	2.6	2.0	1.0
Ecstasy	3.5	2.3	1.1
LSD	1.9	1.4	0.9
Hallucinogenic mushrooms	2.7	1.9	1.0
Marihuana	20.3	13.6	7.6
Hashish	5.8	3.9	1.9
Volatile substances	2.1	1.4	0.7
Poppers	3.5	2.4	1.1
Anaboles	2.8	2.1	1.4
Barbiturates	7.4	5.3	2.9
Benzodiazepines	9.9	6.0	2.6

Source: National Survey Among Young People 15-34 years, NFP

Most frequently used by groups of substances is cannabis – marihuana and hashish. 20.8 % of the young people in Bulgaria used it at least once in lifetime, 14.0 % - last year and 7.8 % - last month. It is followed by tranquilizers and soporifics (barbiturates and benzodiazepines) without prescription - 12.9 % of the young used them at least once in lifetime, 8.6 % - last year and 4.3 % - last month. Synthetic stimulates (amphetamines, methamphetamines, ecstasy) come third – used by 6.1 %, 4.0 % and 1.9 % respectively. Next come hallucinogens (LSD, „magic” mushrooms) – used by 3.1 %, 2.3 % and 1.3 % and opioids (heroin, methadone, morphine, fentanyl etc.) – 2.6 %, 1.9 % и 1.4 % respectively.

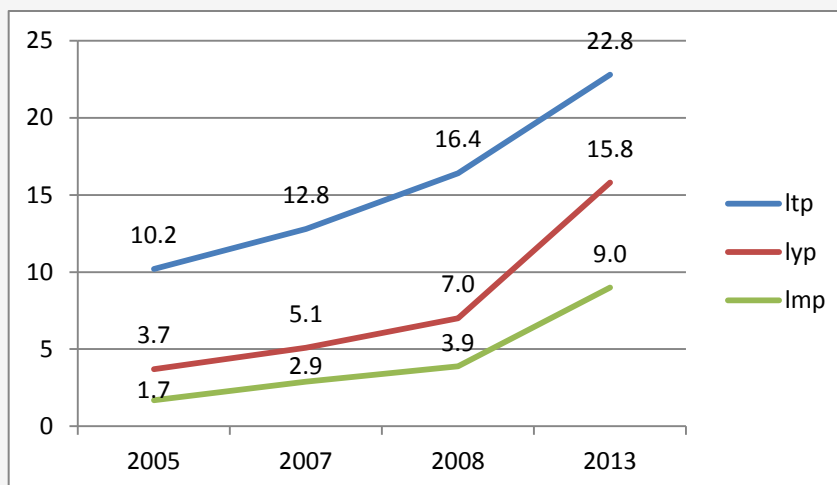
In 2013 between 1/4 and 1/5 in total (22.8 %) among the young people responded that they had used some drug substance at least once in their lifetime. That corresponds to about 400 000 people. Those who used last year were 15.8 % (or about 275 000 people) and those who used last month - 9.0 %, or slightly over 150 000 people (see *Figure 2-5*).

The picture obtained through a number of successive surveys clearly shows increase in use of illicit narcotic substances (see *Figure 2-5*). Let us note some methodological aspects that have to be borne in mind in the comparative analysis. First, the survey in 2013 was the first one devoted specifically to the young population aged 15-34 years. The former three surveys occurred within the framework of the surveys of the general population aged 15-64 years, which implies that the sample had been developed in such a way as to representative for the whole population, and not for the young population only. Second, the object of survey in npez 2005 was the population aged between 18 and 64 years. Third, in 2013 the segment of young people of school age was covered for the first time through a survey at schools and not through a survey at home, which in our view led to higher results regarding use.

Figure 2-5

PERCENTAGE OF PEOPLE USING AN ILLICIT DRUG SUBSTANCE AT LEAST ONCE IN LIFETIME, LAST YEAR AND LAST MONTH

(in %)



Source: Surveys, NFP

The data comparison finally shows very clearly an increase in the use of illicit drug substances among young people. In terms of use „some time in life“ the increase over eight years is more than two times (or 12.6 points), of use last 12 months – more than four times (или 12.1 points) and of use last 30 days – more than five times (or 7.3 points).

Drug Use in Target Populations/Places at National and Local Level

Use among Children Raised/Staying in Homes

In 2013, after a long preparation, the National Focal Point carried out a national survey of attitudes and use of psychoactive substances among children raised/staying in Homes under Sub-Indicator „Use in Specific Social Groups“. The Survey covered Homes for Children Deprived of Parental Care (HCDPC); Educational Boarding Schools (EBS) and Socio-Pedagogical Boarding Schools (SPBS). Partners of NFP were the Ministry of Education and Science, the State Agency for Child Protection, the Social Assistance Agency.

EBS/SPBS represent state schools with dormitories where minors over the age of 8 and underage with committed anti-social acts are placed, as well as underage children, against whom the court has enforced some measures from the Penal Code for children likely to commit anti-social acts.

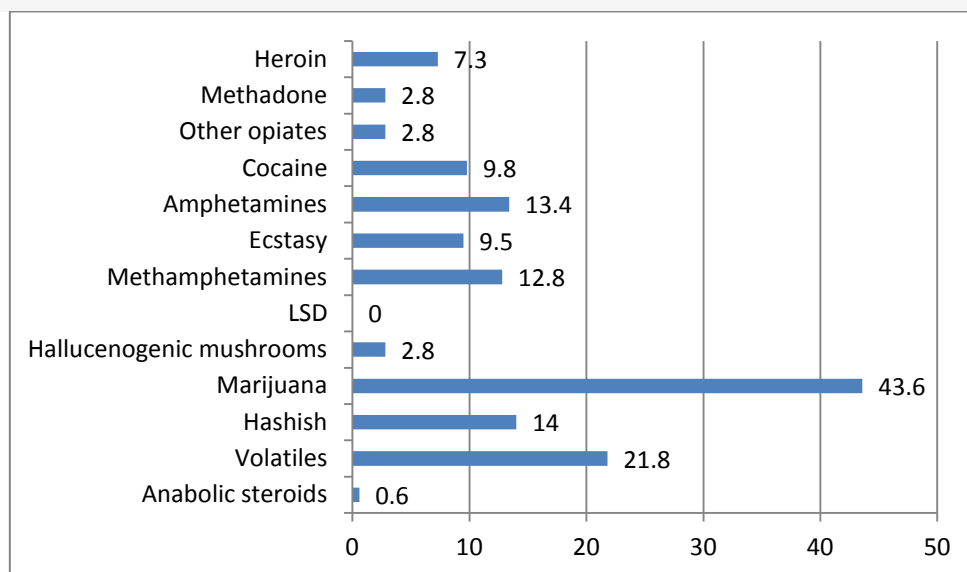
A pilot survey was conducted in April 2013 among children raised at institutions during which a number of difficulties were observed when children were asked to fill in the questionnaires on their own (reading difficulties, failed understanding of some questions, fears that the questionnaire may be used against the children etc). That led to the conclusion that the survey at EBS/SPBS should be conducted using the method of “face to face” interview by specialists who would be able to set the children at ease, i.e. that psychologists working at these institutions would be most suitable to conduct the interviews.

Covered in full in the survey were children staying at five out of a total of seven similar institutions on the territory of different regions: Pazardzhik, Plevan, Razgrad, Sliven and

Yambol²⁰. A sample was developed of 179 persons in total, aged from 12 to 19 years, placed in these Homes.

The results from that survey show considerably higher use of narcotics at least once in lifetime that the general group of young people aged 12-19 years (see *Figure 2-6* and *Figure 2-2* above in this section). What makes impression is the higher use of the majority of traditional drugs such as heroin, cocaine, amphetamines, methamphetamines, ecstasy, marihuana, hashish as well the “breathing” of volatile substances typical of the marginal groups (bronze, glues, thinners, etc).

Figure 2-6
OF CHILDREN AT EBS/SPBS USING DRUG SUBSTANCES LAST 12 MONTHS
(in %)



Source: Surveys, NFP

The summary shows that more than 2/3 of the children surveyed have used some drug at least once in lifetime. The data are as follows:

- Use of some illicit narcotic substance at least once in lifetime – 68.2 %;
- Use of some illicit narcotic substance last year – 52.5 %;
- Use of some illicit narcotic substance last 30 days – 30.7 %.

Some interesting information was obtained about the use of other psychoactive substances too. Nearly 3/4 of the children polled are active smokers – that is the number of children who smoked cigarettes on 20 and more days last month and more than five days a week last year. The majority (nearly 2/3) of children light their first cigarette at the age of 10 and lower, while the average age of starting to smoke is 10 years. The average daily quantity of smoked cigarettes was over 12 cigarettes for 1/3 of the smokers last 30 days.

A little over 1/10 of the children surveyed had never drunk alcohol. Nearly half of the children drank their first drink at the age of 12 and lower and the average age for first drink was 12 years. About 2/3 of those who had drunk alcohol last 30 days did so only once in that period. Approximately 3/4 of the children who had alcohol last 12 months were drunk at least once in that period. The average quantity of alcohol on the days of drinking during the

²⁰ Educational Boarding Schools (EBS) and Socio-Pedagogical Boarding Schools (SPBS) in the towns of Zavet, Rakitovo and Straldja, as well as in the villages Podem and Dragodanovo

last 12 months was 3.5 standard drinks – that means a liter of beer, or half a liter of wine, or nearly 200 mg of rakia or other hard liquor. More than half (58 %) stated that they consumed mostly hard alcoholic drinks; much less (53.6 %) preferred beer.

3. Prevention

In the current chapter the prevention activities at national and local level are presented, implemented in 2013, related to the use and abuse of psychoactive substances. The activities include:

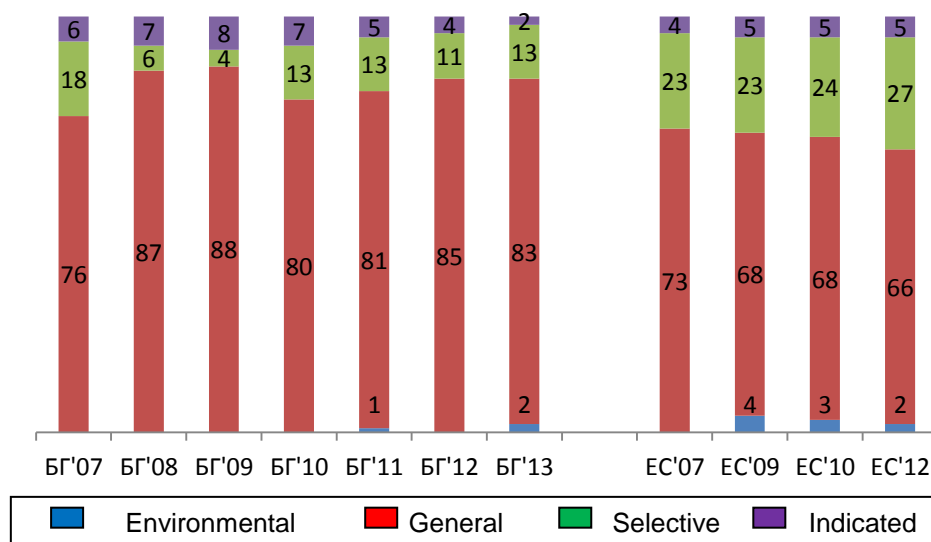
- Prevention of the environment;
- General prevention: at school, in the family and in the municipality/community;
- Selective prevention: in groups at risk, families at risk and places of recreation;
- Prevention according to indications (indicative prevention);
- Media campaigns.

Introduction to the structure of prevention activities

On *Fig. 3-1* data about the prevention activities implemented in Bulgaria for the period 2007-2013, based on the information of the Municipal Councils for Narcotic Substances (MCNS) and Prevention and Information Centres (PIC) at them²¹, as well as data about the rate of the prevention activities in the EU according to the European Monitoring Centre on Drugs and Drug Addictions (EMCDDA)²² over the period 2007-2012 are presented.

Figure 3-1

PREVENTION ACTIVITIES IMPLEMENTED IN BULGARIA AND THE EU (%)



Source: MCNS/PIC, EMCDDA

²¹ For Bulgaria the data about the period 2007-2008 are based on the review of the Annual Reports, the data for the period 2009-2013 include information obtained from questionnaire completed about the prevention activities, prepared and summarized by the NFP.

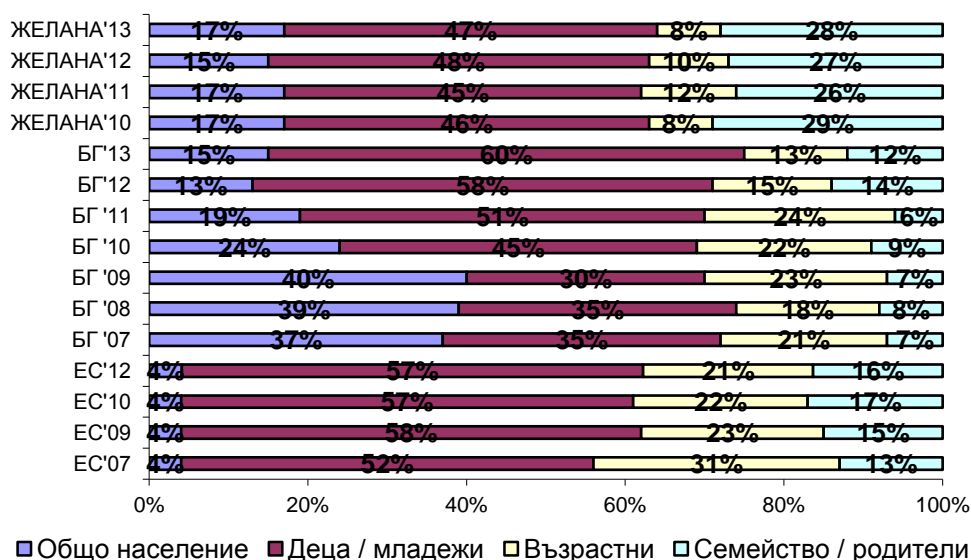
²² The data about the EU include only projects which have been assessed about their efficacy.

The activities in the sphere of the **general prevention** continue to be most frequently implemented by the MCNS and PIC in the country (83 %). In European context these activities are also the most widespread, and the trend is of gradual relative reduction, which is at the expense of the increase of the activities of the indicative prevention. The activities in the sphere of the general prevention in Bulgaria are implemented mostly at school in the form of local campaigns ²³. The general prevention at family level, whose approach is widespread in the EU, over the last 2 years has occupied more considerable part in Bulgaria, but the most frequently implemented prevention activities in the family are part of more general projects and are mainly based on providing information. For the first year in the period reviewed for the country the lowest rate of activities registered in the sphere of indicative prevention was registered (2 %). For the rest of the EU the rate of the indicative prevention over the period reviewed remained the same.

More than half (or 60 %) of the prevention activities implemented in Bulgaria in 2013 were addressed to **children/youths**, and this group is more often the target of prevention activities compared to the rest of the target groups (see *Figure 3-2*).

Figure 3-2

PREVENTION ACTIVITIES IMPLEMENTED IN BULGARIA AND THE EU ACCORDING TO TARGET GROUP



Source: MCNS/PIC, EMCDDA

It must be noted once again that the family as a target group of the prevention activities for a second year in a row registered a bigger rate compared to the period 2007-2011. On the contrary, the general population as a target group over the last two years has the lowest rate, especially for the period 2007-2009, when the general population served as a target for 40% of the prevention activities.

²³ For more information about the campaigns organized, see Chapter 3, the part on Local Campaigns

The family, alongside with the youths/children turned out to be the most welcome group as a target of the prevention activities over the period 2010-2013.

The interventions most often registered as prevention activities in 2013 were trainings oriented to drug use prevention, organizing seminars, workshops and trainings with professionals and the number of the discussion clubs reported also increased. It must be reported that for the period reviewed and reported by the MCNS and PIC in the country, in the period from 2007 to 2013 the number of the interventions related to writing and disseminating information materials, folders, etc. has decreased. While these interventions were among the most widely reported over the period 2007-2008, their application in the last two years was not so widespread.

Prevention of the environment

Policy regarding alcohol and tobacco products

The activities for reducing tobacco smoking and alcohol abuse in the Republic of Bulgaria are implemented pursuant to the Public Healthcare Act (Art. 54, Art. 55, Art. 56 and Art. 56a).

The policy regarding the reducing of tobacco smoking and alcohol abuse in the Republic of Bulgaria is implemented through national programmes.

In 2013 by Decision № 538 of 12.09.2013 of the Council of Ministers *National Programme for Prevention of Chronic Non-Infectious Diseases (NPPCNID) 2014-2020* was adopted. The programme is aimed at reducing the general for the CNID, most widespread risk factors (behavioural, biological and psychosocial) by reducing tobacco smoking and alcohol abuse, by improving nutrition and increasing physical activity. All the measures envisaged in it have been considered with the European Strategy for tobacco control, the Framework Convention on tobacco control, as well as with the decisions and the recommendations of the European Union related to reducing tobacco smoking.

In the National Programme specific activities for the prevention of tobacco smoking and alcohol abuse have been planned²⁴.

Activities for reducing tobacco smoking

Within the framework of the National Programme for reducing tobacco smoking in Bulgaria 2007-2010 national telephone line for giving up tobacco smoking has been established and is functioning – 0700 10 323. Its activity is pursuant to the European requirements for control of tobacco smoking.

By Decree № 237 of 17.10.2013 of the Council of Ministers an amendment was introduced of the Regulation on the requirements for labeling, marking and external presentation of tobacco articles and for determining the standards for assessing the correspondence of the harmful components in the cigarettes. By the above-mentioned act the regulations of Directive 2012/9/EU of the Committee of 7th March 2012 for the amendment of Annex I to Directive

²⁴Note: More information about the NPPCNID may be found at the Website of the Ministry of Health, at: <http://www.mh.government.bg/Articles.aspx?lang=bg-BG&pageid=515&categoryid=5626&articleid=6381>

2001/37/EC of the European Parliament and of the Council for rapprochement of statutory, sub-legislative and administrative regulations of the member countries about the production, providing of and sale of tobacco products have been introduced. In the annex to the regulation there is a list of the additional warning inscriptions concerning health, which are to be put on the packaging of the tobacco articles.

In the Annex it is indicated that on the packages of the tobacco articles the telephone number of the line for cooperation for giving up smoking has to be written.

In 2013 information screening campaigns were held on the occasion of celebrating the day without tobacco smoking:

1. On the World No Tobacco Day (31st May) the topic for 2013 according to the World Health Organization (WHO) was “Ban of the advertising of tobacco articles, its promotion and sponsorship”. According to the requirements of the Framework Convention on tobacco control of the WHO, each country (including Bulgaria), which has adopted this document within 5 years after its becoming effective, shall undertake comprehensive ban on all advertising, promotion and sponsorship (the information is specified in letter № 74-00-125/19.06.2013 of the MH).

In the whole month of May the Ministry of Health and the regional health inspections in the country organized discussions, debates, free measurements of the level of the carbon dioxide in the exhaled air, by sending messages on the Internet on the principle “Hand over”²⁵.

2. The aim of the campaign which was organized in all the regions of the country on the occasion of the International Day Without Smoking (21st November 2013) was for the smokers to try to give up smoking at least for a day and the money saved to be used for charity and public causes²⁶.

In 2013 the Ministry of Health was a partner of the event “A day of the ex-smoker” which was celebrated in the whole of Europe on 26th September. The initiative was part of the campaign “The ex-smokers are unstoppable” and was organized in all the 28 countries of the European Union.

The aim of the campaign was to draw the attention of the ex-smokers and through their success to encourage the current smokers to give up their dependence on tobacco by following the example of the ex-smokers²⁷.

In 2013 educational and training activity was done among the population of the country aimed at promoting health, decreasing the level of the behavioural, biological and social risk factors (reducing tobacco smoking, alcohol abuse, unhealthy eating, poor motor activity, etc). The following health educational initiatives were held for reducing tobacco smoking:

- there were 117 TV and 148 radio broadcasts;
- 43 audio- and 45 videoclips, 457 videoshows and videolectures were broadcast;
- 448 materials were published in the local and central daily newspapers;
- 17 press conferences were organized with journalists;
- 486 lectures were delivered;
- 60 seminars and 160 discussions were held.

²⁵ More information about the celebrating of the World No Tobacco Day may be found at the Website of the MH: <http://www.mh.government.bg/News.aspx?pagied=401¤tPage=28&newsid=4078>

²⁶ More information about the celebrating of the World No Tobacco Day may be found at the Website of the MH: <http://www.mh.government.bg/News.aspx?pagied=401¤tPage=17&newsid=4175>

²⁷ More information about celebrating the “Day of the ex-smoker” may be found at the Website of the MH: <http://www.mh.government.bg/News.aspx?pagied=401¤tPage=21&newsid=4140>

More than 47,812 health educational materials were distributed, of various content, addressed to different age groups (information bulletins, methodological manuals, folders, posters, fliers, stickers, thematic calendars, notebooks, etc.).

Competitions held by the Ministry of Health

1. The national students' competition "The project of our class for life without tobacco":

In the national students' competition "The project of our class for life without tobacco 5" in the school year 2012/2013 students from 1st to 12th grade participated, assigned to three age groups- 1-4 grade, 5-8 grade and 9-12 grade. This year more than 2,200 students with 53 projects, implemented under the guidance of 65 teachers, participated in the competition.

Carrying out the National Students' Competition was the initiative of the Ministry of Science, of the Ministry of Youth and Sports and the Ministry of Culture.

The sixth edition of the National Students' Competition "The project of our class for life without tobacco-6" in the school year 2013/2014 was in 2 phases:

During the first phase of the competition (25th October – 15th November 2013) at the Ministry of Health 45 projects were received, of them: 13 from the first age category (1-4 grade), 15 from the second age category (5-8 grade) and 17 from the third age category (9-12 grade).

During the second phase of the competition (20th November 2013 – 30th April 2014) at the MH 41 reports on the activity of the classes from the whole country were received, of them: 16 from the first category (1-4 grade), 16 from the second category (5-8 grade) and 9 from the third age category (9-12 grade). The implementation of the projects, their reporting and assessment started in the second phase of the competition.

In the sixth edition of the competition 2013/2014 more than 2,000 students were included with 45 projects, implemented under the guidance of 53 teachers.

2. An International Contest for child's picture "No to cigarettes!":

In 2013 the MH participated in the XVII edition of the International Contest for child's picture in which children aged 5 to 11 years participated. The competition was held together with the National Centre for Public Health and Analyses (NCPHA) and the Italian National Association for combating cancer diseases, the Ministry of Education and Science and the Ministry of Youth and Sports. In the competition 1,260 pictures of children from all over the country were presented.

In the period 2012 – December 2013 NCPHA conducted "A survey of the health risk in pre-school children exposed to passive smoking", in which the 28 Regional Health Inspections participated. 2,914 parents of children aged from 3 to 7 years were interviewed from randomly chosen kindergartens. The analysis of the results shows that around half of the children (57.5%) are exposed to passive smoking at home.

45.7% of the fathers and 39% of the mothers smoke. Only 42.5% of the children live at homes without tobacco smoke ²⁸.

With the amendment of the Public Healthcare Act of 1st June 2012 in Bulgaria tobacco smoking in the closed and in some open public places is prohibited, including in public transport and on closed work premises.

In relation to enforcing Art. 56 and Art. 56a of the Public Healthcare Act for reducing tobacco smoking over the period 01.01.2013 r. – 27.12. 2013 the Regional Health Inspections (RHI) in the country did 198,758 check-ups (in the day and in the night, on work

²⁸ More about the results of the study may be found at the Website of the NCPHA:
<http://ncphp.government.bg/konkurs-risunka.html>

days and on weekends) of 192,749 sites, 654 instructions were written and 1,279 statements of infringements found were issued and 941 punitive measures were published, amounting to a total of BGN 651,450.

Activity on the “Informed and Healthy” project

Project BG05PO001-5.3.01 „Informed and Healthy“²⁹ is being implemented within the framework of the „Development of Human Resources 2007-2013“ Operative Programme, priority axis 5 „Social inclusion and promoting social economy“, sphere of intervention 5.3. „Capacity for work through better health“. The duration of the project was 48 months. It started on 21st May 2009 and was completed on 21st May 2013. The general aim of the project was to enhance capacity for work, to increase the duration of the active work life and to sustain healthy work force through increasing the level of knowledge, skills and motivation for healthy lifestyle.

In 2013 a final quantitative social survey was conducted about the attitudes for change of the behavior and of the skills for healthy lifestyle in the target groups. The study of tobacco smoking is on topic “Harm from and reduction of tobacco smoking”, including the following components: smoking at the work site and at public places- limitations for tobacco smoking and the attitude to their acceptance; risk of fire at the work site and causing discomfort to the people around; options for independent overcoming the dependence on tobacco; passive and active smoking at home, at work and at public places³⁰.

Activities for prevention of alcohol abuse

In 2013 the RHI in the country implemented the following health educational enterprises on prevention of alcohol abuse: 21 TV broadcasts, and 24 radio broadcasts; 16 audio and video clips were broadcast; 116 lectures were delivered and 3 seminars were held. More than 5,100 health educational materials were disseminated, various in content, concerning different age groups (information bulletins, methodological manuals, folders, posters, fliers, stickers, thematic calendars, notebooks, etc.).

Over the period 01.01.2013 – 27.12.2013 the RHI in the country made 2,358 check-ups of 2,332 sites, on workdays and on weekends, on the enforcement of Art. 54 of the Act on the prohibition to sell alcohol beverages.

The activity for the prevention of alcohol abuse has been regulated by the Public Healthcare Act, Radio and Television Act, Public Education Act, and Child Protection Act.

Other social and normative amendments

Normative documents, developed at the Ministry of Defense (MD) regarding the prevention of the use of narcotic substances³¹

In Art.159, Para. Para 1 and 2, and Art. 245, Para.1, item 8 of the Defense and Armed Forces of the Republic of Bulgaria Act, as well as in Art. 56, Para. Para. 1-4 of the Regulation for enforcing the Defense and Armed Forces of the Republic of Bulgaria Act the measures of

²⁹ For more information about the campaign see: *Chapter 3, National and Local Media Campaigns*

³⁰ More information about the results of the survey-at the Website of the MH: <http://www.mh.government.bg/Articles.aspx?lang=bg-BG&pageid=470&categoryid=2560&articleid=2566>

³¹ Source: Social Policy Directorate, Ministry of Defense

supervision have been regulated (through mandatory and/or unexpected studies), suspension from office and enforcing disciplinary penalty “dismissal” of members of the armed forces because of alcohol use and abuse of narcotic substances.

In 2012 Regulation № H-5/27.06.2012 of the Minister of Defense was issued on the terms and conditions of prevention, control and establishing the fitness for military service of the members of the armed forces of the Republic of Bulgaria in case of alcohol use and/or dependence on narcotic substances. In Section III, Art. 21 and 22, the functions of the specialized units and bodies are specified regarding the prevention work.

In the Regulation about the military medical expertise H-4/18.02.2013, Annex 1 to Art. 2 Medical Standards have been developed about the fitness for military service, for employment in the voluntary reserve, for war-time employment, on making expert decisions in case of using alcohol and drugs only once, without established manifestations of pathological deviations related to the intake.

In Regulation H-12/18.05.2011 about the psychological insurance of the military men from the Ministry of Defense, from the Bulgarian Army and from the structures directly subordinate to the Minister of Defense, algorithm has been developed and is applied for prevention and control of the professional military stress and of the risky behavior when alcohol use and narcotic substance abuse has been established in the military men. Protocol has also been introduced for psychological work when narcotic substance abuse has been diagnosed, in which the assessment and the development of the case are written, and so are a description of the process of work, an assessment of the efficacy of the work done and a prognosis, based on a 5-grade scale.

In the Regulation quoted the members and the tasks of the permanently working committees for the prevention of risky behavior are regulated, and one of the main directions for the work of those committees is the implementation of the activities for prevention of psychoactive substance abuse. Such committees have been established in all the military structures of the Ministry of Defense and of the Bulgarian Army.

Regarding the psychological insurance in the military structures of the type of armed forces educational and prevention modules have been developed and are being applied, included in the annual plans under the programme for prevention of risky behavior and for enhancement of the practical psychological knowledge and skills of the different categories of the military men.

For the period the members of the permanently working committees have been trained to prevent risky behavior related to psychoactive substance abuse, which represents an element of their total activity.

General prevention

At school

The basic programmes, under which the activities for the prevention of drug use at school in 2013 are organized, are again based on the „Skills for life”, “Peers train peers” approach and they are included in campaigns for the prevention of the use and abuse of narcotic substances.

The prevention activities at school regarding the use of narcotic substances comprise activities for training of the specialists working there, as well as activities for work with the parents.

The information about the prevention activities implemented, related to the use of psychoactive substances at school, includes data received at the Ministry of Education and Science from all the regional inspectorates on education (RIE) in the country (see *Table 3-1*).

Table 3-1

INDICES ABOUT PREVENTION ACTIVITIES IMPLEMENTED AT SCHOOL IN 2014 RELATED TO THE USE OF DRUGS, ALCOHOL AND TOBACCO	
Number of school programmes for prevention of the use and abuse of narcotic substances applied based on the “Skills for life” approach	1, 299
Number of students included in the programmes and campaigns for prevention of the use and abuse of narcotic substances	215, 262
Number of specialists trained for work at school- psychologists, teachers	2, 032
Number of prevention programmes, based on the „Peers train peers” approach	684
Number of surveys conducted and their results	2 ,143
Number of programmes introduced for work with parents	930
Number of developed and/or disseminated information materials	796, 553
Number of professionals trained for work with parents	1,194

Source: “Access to Education and Support for the Development” Directorate, Ministry of Education and Science

All the 28 RIE report substantial prevention activities related to the use of psychoactive substances, as follows:

1. At the level of classes:

- conducting discourses, discussions, presentations, showing films, reading books. The information is presented by the class teacher, by a healthcare worker, or by a pedagogic counsellor, as well as by teachers, teaching the subjects “Biology and health education”, “Chemistry and environment preservation” and “Civil education”;

- individual work with problematic students;

- organizing exhibitions of pictures, posters, information panels, publishing the information in the school newspapers, radio broadcasts;

- events in relation to international days and celebrations;

- participation in national campaigns;

- disseminating brochures;

- competitions;

- survey studies;

- conducting trainings;

- conducting training according to the method “peers train peers”.

2. At the level of work with parents about the issues of the dependence- at parents-teachers meetings;

- developing school programmes such as “A class without tobacco smoke”, “Life without drugs”, “No to tobacco smoking and alcohol”;

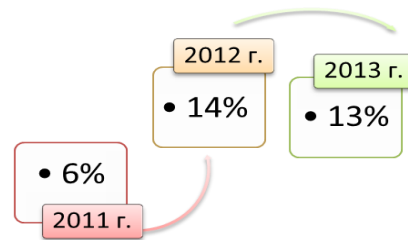
- interaction with other institutions.

3. At the level of interaction with other institutions and conducting thematic discussions, discourses, seminars, etc.

In the family

According to the data of the RCNS and PIC in the country, the activities addressed to the family keep their rate nearly the same as compared to 2012.

In 2013 the prevention activities addressed to the family are part of more general projects.



In the community

Under projects, implemented with the financial help of the “National Youth Programme”, through programme 1 – „Youth information and consultant centres” (MICC) and information services, which the MICC network provides, in the whole country (31 MICC), 142, 941 youths have received consultant services. Of them 73, 788 were aged 15-24 years and 69, 153 were aged between 25-29 years. For dissemination of health information, in accordance with the needs of the young people through mobilizing the youth information networks, in 2013 the MICC organized 31 information campaigns, in which 14, 891 youths aged 15 to 29 years were included. Some of the above-named consultant services, and the health information provided, concern the topics of drug use, the use of alcohol and tobacco. 2 projects of the NYP were implemented of subprogramme - Voluntariness:

A project named: „YES – Voluntary action for the prevention of HIV/AIDS”, Foundation “Social and health alternatives”. The cost of the funding was BGN 6, 283, and 126 young people were involved, of whom 26 took active part in the activities of the whole project. The project was implemented on the territory of the municipality of Pleven in the period October-April 2014.

A project named „The choice- life in reality or illusion” of the “Focus- European Centre for Development” association. The cost of funding was BGN 8, 430, young people involved - 245, of whom 27 took active part in the activities of the whole project. The project was implemented on the territory of the municipality of Pazardjik in the period September 2013 – March 2014.

Under the programme “Youth in action” 92 of the 259 projects approved in 2013 had more than 3,000 participants who worked for the priority “Promoting healthy lifestyle through physical activity, including sport”. The aims set for some of them are reduction of drug use, of the use of alcohol and of tobacco.³²

The State Agency of child protection keeps on its electronic site useful information with the telephone numbers and the addresses of institutions which offer help - treatment and rehabilitation of people dependent on psychoactive substances, as well as data about the substances. In addition to this a banner has been put, popularizing the activity of the telephone line for consultations and guidance about the issues of drug and alcohol dependence – tel. 0800 133 22.

On the electronic site of the SACP a manual has been published about the prevention of drug use, meant for social workers - “The known and unknown teenager.”

The national telephone line for children (NTLC) - 116 111 provides consulting, information and help on issues concerning children. On the line the children can talk to specialists about their problems. In case it is needed, they are referred to a specialist, whom they can meet, or they are referred to suitable services and service-providers. The line is free

³² Source: Ministry of Youth and Sports

for the users and gives the children accessible way for receiving specialized help round the clock.

For the passed 2013 year on the NTLC 116 111 a total of 20,358 consultations were held, and 18,003 of them were for children. They were most often related to emotional and psychosocial problems (relationships with peers, romantic relationships, anxiety, poor self-assessment, problems in the communication) seeking information (most often about the telephone line itself - how it works, what it offers and the resources available for helping children and families in the community), violence to children, problems in the family (conflicts between children and parents, sibling relationships), problems at school (poor marks, conflict with teachers).

The data indicate that 156 (i.e around 1%) of the consultations held were on the problems of dependence. The NTLC 116 111 is recognized as a source of emotional support and opportunity to get information about the different services and programmes helping children and their families.

Selective prevention

Groups at risk

In relation to the existing problem with children and adolescents with risky behavior, who use drugs and live in risky environment and need treatment, at the end of 2011 at the National Centre for Addictions (NCA) inter-institutional work meeting took place, on the problems of treatment of children and adolescents with harmful use and dependence on psychoactive substances. Representatives of the Ministry of Health, of the Agency for Social Assistance (ASA) and of the Departments for Child Protection, of the Municipal Council on Narcotic Substances (MCNS), of the Centre for Psychic Health (CPH) – Sofia and from the country, of the PIC on addictions – Sofia, and of the Day Centre for children, adolescents and parents, of the Central Committee for Combating the Antisocial Acts of Minors and Underage (CCCASDMU), of NGOs were present. A study of the NCA was presented of the healthcare establishments in the country, where individuals under 18 are admitted with abuse of and dependence on psychoactive substances. On the basis of this study it became clear that the positions for underage were extremely insufficient, and were mainly in the big towns - Sofia, Varna, Rousse and Plovdiv. Apart from the treatment the problems about the lack of coordinated activities and mechanism of the responsible institutions for the minors and underage that abuse and are dependent on psychoactive substances before, during and after the hospital stay for treatment were discussed.

In 2012 the NCA prepared a project „Motions for improving the work and the interaction of the institutions (Mechanism for coordination) when referral for treatment or to services for support of children and adolescents with problem drug use and dependence on psychoactive substances and alcohol is done”. This project was sent to MLSP, ASA, the State Agency for child protection, MEYS, CCCASDMU for coordination and suggestions. Interdepartmental work group was established, which worked out “Algorithm for referral for treatment or to services for support of children and adolescents, abusing or dependent on narcotic substances” and the project motion was presented to the Ministry of Health on 07.10.2013.

The National Centre for Addictions made a motion for including in the medical standard “Psychiatry”, chapter “Pediatric Psychiatry” of a separate part (“Behavioural disorders related to narcotic substance use”) in which the main principles and the sites of the treatment of the underage individuals are set.

With the occurrence of new cases of youths under 18, using narcotic substances and carriers of HIV, the NCA submitted four motions to the Council of Ministers for undertaking activities to solve such cases and to share the responsibility of the institutions for solving the problems of the children.

In November 2013 again problems occurred with underage individuals with opioid dependence, HIV-positive, from families of poor parent capacity, who needed treatment. In relation to this the NCA held a meeting with the "Initiative for Health" foundation, for elucidating the problematic situation and giving options for decisions. After the meeting a team of the Centre visited at its site the community at risk and got informed about the problems and the difficulties of the people living in "Orlandovtsi" district. After the visit the NCA had two more meetings with the team of the "Initiative for Health" foundation, working with the Roma community, and also with the representatives of the State Psychiatric Hospital for Treatment of Addictions and Alcoholism and Component 5 for undertaking joined activities concerning the Roma community. A motion was prepared to the deputy Minister of Health for holding meetings and undertaking some basic measures regarding detoxification, in-patient treatment, providing psychosocial rehabilitation to children and their families. The NCA suggested that an option is given to those youths to continue the complex care for them as an integrated social and health service of the type of crisis centre, centre for accommodation of the family type or a centre for social rehabilitation and integration. In the motion it has been underlined that it is urgently necessary to initiate such healthcare and social services in the district of "Orlandovtsi" and "Fakulteta", on the territory of the town of Sofia, where the cases of children under 18 with dependence, and HIV-positive and highly risky sexual behavior have been mapped.

With the aim of undertaking activities concerning the youths living at risk, as well as implementing Strategic Task 1 of the Action Plan of the National Strategy to Combat Drugs (2009 – 2013) „Improving the access to effective prevention programmes”³³ in September the National Centre for Addictions conducted a 3-day training for outreach work with children and youths at risk, in which the representatives of the 27 Municipal Councils on Narcotic Substances, of the Prevention and Information Centres, as well as professionals from the NGOs, working at local level with children and youths at risk, who have been nominated by them – a total of 31 persons - took part.

The training was conducted according to the translated in Bulgarian "Practical manual for work with youths at risk", with author and coordinator Aniken Sand, the Service of alcohol and drug dependence, Centre for acquiring skills, Oslo, Norway. After the training ended, the participants had to work out together A General Frame for outreach work with children and youths at risk in the Republic of Bulgaria. This phase was not completed with the working out of a common product, because of the difference in conducting the policy of reducing drug demand at local level, the differences in the qualification of the professionals, working in this sphere, as well as the differences in the financial funding which the organizations have at their disposal. However, the participants worked out and sent to the National Centre for Addictions a programme for outreach work with children and youths at risk at local level. By an Order of the Director of the National Centre for Addictions a committee was appointed which reviewed the projects for programmes submitted and offered the most successful for funding. The committee proposed for funding three programmes, submitted by the participants from Vratsa, Sofia and Varna. After contacting the approved candidates it turned out that the participants from Vratsa and Sofia couldn't provide the support of a state or non-

³³ Task 1.4. („Developing and applying programmes for prevention and measures for support of target groups at risk”), Subtask c) „Developing and applying programmes for prevention and support of children at risk “

government organization, working with children and youths at risk and that is why the participant from Varna remained the only candidate for funding. That is why an agreement has been signed with „Association of the Varna organizations for prevention of addictions”, for conducting focus group meetings to implement the programme for prevention work with youths (aged 16-20) at risk of problem drug use using the method “peers train peers”. The funding will amount to BGN 1,096.³⁴

On the basis of the information presented by the Central Committee to combat the antisocial acts of minors and underage (CCCASDMU) to the State Agency for Child Protection when implementing the National Strategy to combat drugs and the Action Plan to it, in 2013 a number of campaigns were organized with the aim of reducing the use of psychoactive substances.

The local committees to combat the antisocial acts of minors and underage (LCCASDMU) organized 83 trainings of trainers and specialist. In these trainings a total of 969 individuals were trained. Some of the more important topics were: “Types of narcotics and prevention of their use”, “Approaches to achieve behavioural change”, „Giving first aid to drugged individuals”, “How to discern children using drugs”, “Addiction, dependences and prevention”. The LCCASDMU have implemented 114 programmes “Peers train peers”. The activity of these educational forms is growing.

Different information materials—fliers, brochures, newssheets, newspapers, posters, pocket calendars, electronic and videomaterials have been issued in a total circulation of 105,760 copies and they have all been distributed. As more interesting topics of these materials may be indicated: “Mechanisms of growing addicted and the aftermaths for human health, mentality and life”, “Let us learn how to distinguish reality from the myth about drugs”, “Marijuana- facts which the parents and teenagers must know”, “Let’s protect the future”, “Ten truths about drugs”, „I think today so that there can be tomorrow”, “Knowledge saves”, Manual for parents „Children and drugs”, “Discos - fun and risk”, “We have only one life”, “Drug dependence- personal and social problem”, “Violence and drugs”, “Save yourself and help a friend”.

349 information campaigns and general and prevention programmes have been implemented, by using various forms, methods and means—lectures, discourses, discussions, trainings, multimedia products and presentations, specialized internet sites, films, concerts, happenings, exhibitions, various competitions, sports events, etc. As the most original may be noted the following topics of the campaigns and of the prevention programmes: “Use of narcotic substances and violence”, the training “Dependences”, “Narcotics- risk of use”, “Without drugs- incorporating the children from the minorities”, “Life is precious- do not exchange it for drugs”, “Live in reality so that there will be tomorrow!”, “Enhancing social awareness about drugs”, “Salvation or treaty with death”, “Informed and healthy”, “Life likes non-smokers”, “Let’s reach out a hand to a friend”, “Drugs and law”, “Drugs- touch to reality”, “Chewing gum against cigarette”, “Let’s say no to black life”, “Lethal pleasure”, “Psychic particularities of the adolescents with alcohol intoxication”, “Alcoholism at home and damages from it”, “Instead of drugs- palette”, a competition for computer picture and collage and many others.

Good practice in the activity of the LCCASDMU is the conducting of surveys through interviews, tests, polls about the causes and motives for drug use. 107 surveys have been conducted, through which more than 11,000 individuals were interviewed, mainly children and parents.

³⁴ Source: Directorate “Methodological guidance and control of the activities for reducing drug demand” National Centre for Addictions

The local committees for combating the antisocial acts of minors and underage in the country have identified 123 groups, children and families at risk, and with them more than 30 programmes for prevention and support have been implemented ³⁵.

Families at risk

In relation to the preparation of the annual report about the implementation of the National Programme for Child Protection in 2013 by the State Agency for Child Protection information had been received from other institutions on issues related to prevention activities implemented in relation to drug, alcohol and tobacco use.

On the data of the Ministry of Health with the participation of health specialists and mediators in 2013 767 discourses were conducted, 23 trainings, 2 seminars, 4 videoshows, 2 explanatory campaigns (44 individuals included), 8 interactive classes and 868 health information activities among the ethnos minorities about the harm of tobacco smoking, alcohol abuse, drug use and unhealthy eating.

With the aim of enhancing the awareness of children and families, the regional health inspections have implemented this year A Campaign for reducing tobacco smoking.

Implementing task № 8 from the National Programme for activities related to environment and health 2008-2013 „A Study of the risk for health in pre-school children exposed to passive smoking”, NCPHA has conducted a training seminar with the participants in the project (the 28-RHI in the country). To every participant a CD with information materials on the topic was given. A folder „Why my child?” about the risks of passive tobacco smoking for pre-school children has been prepared, issued and disseminated. A survey study has been conducted about the prevalence of tobacco smoking among the parents and the relatives of all the children from selected kindergartens in the country (2,882 individuals polled). The statistical data of the survey have been entered and processed. The data are to be analyzed.³⁶

Recreation settings

As it was mentioned, most of the prevention activities in the country have been implemented at school among students (see *Figure 3-3*).

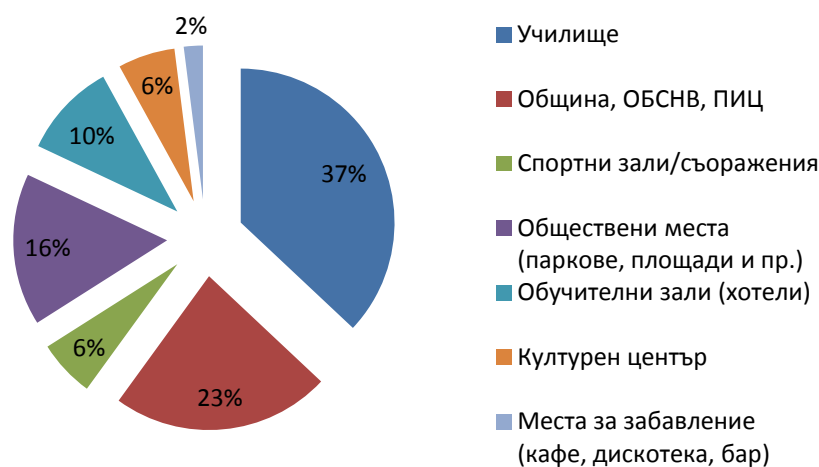
Around 16 % of the activities in the country reported by the RCNC and PIC in 2013 were implemented at public sites (parks, squares, etc), 6 % - in sports halls /equipments, and 2 % - at places for recreation (clubs, discos and cafes).

The greater number of the activities implemented at the places for recreation are within the framework of the information campaigns organized.

³⁵ Source: State Agency for Child Protection

³⁶ Source: State Agency for Child Protection

Site of implementation 2013



Source: State Agency for Child Protection

Indicated prevention

The National Centre for Addictions (NCA) implements directly activities in the sphere of the indicative prevention, which are addressed to individuals in whom there are indications related to the individual risk of development of harmful use or syndrome of dependence, early signs of problem drug use or symptoms of other type of problematic behavior. The programmes for indicative prevention plan screening, assessment of the condition and referral to the services necessary for the individual.

The free line for consultations on the issues of the narcotic substances and alcohol dependence and for referral (telephone 0800 133 22), established under Project № BG0011 „Listen to the child - improving the prevention and the access to services for children and adolescents, experimenting with and using narcotic substances” is such a type of activity.

The main aim of the telephone line is to improve the access of the people with dependence and their relatives from all over the country to information, consulting and referral on the issues of the dependence on narcotic substances and alcohol. In 2013 a total of 407 calls were received, of which 122 were by individuals under 18 years, 100 of the calls were by men aged 15 to 63 years (41 were under 18) and 232 – by women aged 14 to 65 (81 were under 18). The minimal age of the clients consulted was 14 years, and the maximal was 65 years.

The greatest number of clients called on the line from Sofia, and a great number of them were directed by the Consultative Centre of the NCA, so that a more detailed assessment of the dependence could be done. Next are the calls from the towns of Lovech, Jambol, Pleven, Plovdiv, Blagoevgrad, Varna, Burgas, etc.

The most frequently asked questions by the underage clients were related to the risks and effects of the use of marijuana, nicotine cigarettes, amphetamines, alcohol, etc. The parents and the relatives of the individuals using psychoactive substances are mainly interested in problems related to the motivation for treatment of their relatives.

Most frequently the clients of the telephone line are interested in the options of treatment of dependence on alcohol, marijuana, heroine, etc. (gambling, nicotine dependence).

With the aim of expanding the activity of the Free Telephone Line, the National Centre planned to establish a website where the users could receive information about the type of narcotic substances and their effect on the human organism, as well as ask questions and discuss current topics in the Internet forum.

Another activity in the sphere of the indicative prevention is the established at the National Centre for Addictions A Centre for Consultations and Referral to healthcare establishments and to rehabilitation programmes in the town of Sofia, which gives free consultations on the problems of alcohol and drug dependence. In 2013 more then 60 free consultations were organized, and approximately half of them were for parents, friends and partners of individuals abusing psychoactive substances. The main substance for which consultations were sought was alcohol, followed by heroine and methadone. There have been cases of asking for help for gambling dependence.³⁷

National and local media campaigns

National campaigns³⁸

Project BG051PO001-5.3.01 „Informed and healthy” was implemented within the framework of the Operative Programme “Development of human resources 2007-2013”, priority axis 5 „Social inclusion and promoting social economy”, sphere of intervention 5.3. „Capacity for work through better health”.

The general aim of the project was directed to improving the capacity for work, increasing the duration of the active labour life of the population and maintaining healthy work force through increasing the level of knowledge, skills and motivation for healthy lifestyle.

According to the basic activities of the project analysis has been made of the needs and problems of target groups, survey of the knowledge, of the attitudes for a change of the behavior and the skills for healthy lifestyle among the target groups at the beginning and at the end of the project, a programme was established on the Website of the MH. Textbooks and manuals for good practice have been developed, among them „Methodological manual for successful approach and good practices to be used by the people working in the sphere of prevention of psychotropic substances”.

Two national conferences have been held for discussing socially significant problems and popularizing the activities of the information campaigns.

12 round tables have been organized in the following settlements: Blagoevgrad, Sofia, Burgas, Varna, Veliko Turnovo, Pleven, Plovdiv, Pazardjik, Vratsa, Lovech, Kurdjali and Stara Zagora, where current problems were discussed, among which – the use of psychotropic substances among the young people.

Audio and audio and visual materials have been developed (films, audio and video clips, banners) for the purposes of the campaigns.

National health campaign, directed to reducing the use of psychotropic substances among the young people³⁹

³⁷ Source: Directorate “Methodological guidance and control of the activities for reduce drug demand” National Centre for Addictions

³⁸ Source: Directorate “International projects and specialized donor programmes”., Ministry of Health

³⁹ Brochure "Life is precious. Do not change it for drugs!"

The results of the media campaign organized: with the TV campaign 789,120 individuals of the target group were reached and with the campaigns of the national radio 70,719 individuals were reached, the campaign in the press reached 2,144,000 individuals and 55,000 other individuals were reached by the serials of the five daily papers. By the internet campaign 875,971 impressions were realized. The total number of the people present at the events organized and held within the framework of the campaigns in the 19 settlements was 2,085 individuals.⁴⁰

Local campaigns

For a third year in a row the NCA made an analysis of the data received from a questionnaire about the media campaigns held in 2013 on the territory of the Republic of Bulgaria. The questionnaire was sent to 27 Municipal Council on Narcotic Substances and to the Prevention and Information Centres at them, as well as to the NGOs implementing activities in the sphere of treatment, psychosocial rehabilitation and reduction of the health damages caused by the use of narcotic substances on the territory of Bulgaria. The analysis done included answers to the questions: to what extent are these activities based on theoretical models and on assessment of the needs, what rate of them is part of the prevention programmes, which are the target groups and how effective are these activities.

According to the publications of the European Monitoring Centre the media campaigns disseminate information about preserving health, the risks and the protective factors being the most important, both of the environment and of the human behavior and habits. The potential of the campaigns is in their ability to convey a simple and memorable message to a wide and various audiences for a definite period of time. When the issue is about campaigns aimed at reducing the use of psychoactive substances, the aim is to disseminate information based on the personal conviction and the healthy lifestyle and avoiding risky behaviour through giving objective and truthful information⁴¹.

At the National Centre for Addictions the replies of 23 Municipal Councils on narcotic Substances and 11 NGOs were received.

1. Towns in the country, in which preventive campaigns were organized, directed to prevention of the use of psychoactive substances and **approbation** of healthy lifestyle among the young people.

Amphetamines or how to act most energetically, 5 videomaterials of total duration 38.5 min.;
Ecstasy-candies for happiness or the opposite side of the ecstasy; 5 videomaterials of total duration 38.5 min.;

Heroin, 5 videomaterials of total duration 38.5 min.;

Marijuana- Grass or how to play without trump - 5 videomaterials of total duration 38.5 min.;

Cocaine- the killer of the rich, 5 videomaterials of total duration 38.5 min.;

Video material 6 (TV spot);

Audio material (Radio spot).

⁴⁰ Source: Directorate "International projects and specialized donor programmes" Ministry of Health All the materials prepared in the two national campaigns are accessible on the site of the Ministry of Health , chapter Current Projects:

<http://www.mh.government.bg/ForThePatient.aspx?lang=bgBG&pageid=462&categoryid=4368&articleid=4778>

<http://www.mh.government.bg/ForThePatient.aspx?pageid=462&home=true&categoryid=4368&articleid=4555>

⁴¹ "Representatives on drugs: Mass media campaigns for the prevention of drug use in young people", EMCDDA publication, 2013, <http://www.emcdda.europa.eu/topics/pods/mass-media-campaigns>, from topic: "Can mass media campaigns prevent young people from using drugs?"

Such campaigns were organized in 25 towns of the country ⁴². The information about campaigns, organized under the topic of prevention of HIV/AIDS and STI, is presented by non-government organizations, working on the territory of 10 municipalities, for reducing the health damages, caused by the use of narcotic substances.

In Pazardjik and Pernik there was cooperation between the Prevention and Information Centres and the Municipal Councils on Narcotic Substances working in the sphere of reducing the damages from the use of narcotic substances when the prevention campaigns were run.

For a third year in a row in Sofia it is worth mentioning the Association for rehabilitation of dependent individuals "Solidarnost" as an organization working not only in the sphere of psychosocial rehabilitation, but also in the sphere of prevention of the use of narcotic substances. The enhancement of the prevention activity on the part of the Association is due to the expansion of the activities and the popularization of the National Information Line for Drugs and Alcohol (NILDA), which is maintained by the Association. In 2013 the Association organized a prevention campaign under the heading: "From A to Z about drugs". The campaign was run in the period from 2 to 6 December 2013 by giving on-line consultations through the chat of the NILDA regarding the different types of substances and the problems related to their use. The target group consisted of students; the number of those who were reached was 30.

2. Towns in the country where campaigns for prevention of HIV/AIDS and sexually transmitted infections were organized: Blagoevgrad (3), Burgas (4), Kyustendil (4), Pazardjik(2), Pernik (1), Pleven (3), Plovdiv(4), Rousse(4), Sofia(3).

3. According to the data submitted on the territory of the country in 2013 a total of 157 campaigns were organized and 50 of them were part of programmes, as follows:

- ✓ **7** campaigns were part of municipal programs for prevention;
- ✓ **2** campaigns were part of the national campaigns of the Ministry of Health "Life is precious" and under the project „Informed and healthy“, which was implemented by the Ministry of Health under the operative programme "Development of human resources";
- ✓ **28 were part of the** Programme „Prevention and control of HIV/AIDS" of the Ministry of Health;
- ✓ **3** have been pointed as part of the activities, implemented under the "The Net" programme in which the Municipal Councils and the PIC from Gabrovo, Stara Zagora and Haskovo participated;
- ✓ **5** campaigns were pointed as part of the prevention programmes, related to doing sports activities, creative work, etc. alternatives to dependent behaviour;
- ✓ **2** campaigns were part of work for prevention work with parents;
- ✓ **1** campaign was part of the "Aggression and Prevention of the Use of Psychoactive Substances" programme;
- ✓ **2** campaigns were part of the programme for training volunteers;
- ✓ **The remaining 107** campaigns have not been pointed as part of a programme or a project.

⁴² Blagoevgrad, Varna, Veliko Turnovo, Vidin, Vratsa, Gabrovo, Kyustendil, Kurfjali, Lovech, Montana, Pazardjik, Pernik, Plovdiv, Razgrad, Rousse, Silistra, Sofia, Sliven, Stara Zagora, Turgovishte, Haskovo, Shumen and Jambol

A total of **65** of the campaigns realized were aimed at prevention of the use and abuse of psychoactive substances, **19** were aimed at prevention of alcohol and tobacco smoking, **44** – were focused on the risky sexual behavior and the prevention of HIV/AIDS and sexually transmitted infections, **6** were combined (prevention of the use of PAS, alcohol, HIV/AIDS), **23** campaigns were aimed at prevention of aggressive behavior, change of the policies and of the public opinion, healthy lifestyle, popularizing sport among youths, change of the attitudes and values and prevention of the risky behavior in the young people.

4. Factors for implementing the campaigns:

✓ **20 of the campaigns** were run because the situation at local level was assessed as increased use of psychoactive substances (incl. alcohol and tobacco articles);

✓ **27 campaigns** were conducted to commemorate the World Days of: fight against the drug abuse and the illegal traffic, fight against tobacco smoking, for solidarity with the victims of AIDS, solidarity with the victims of road accidents;

✓ **9** were run because there were favourable financial and time factors;

✓ **35** campaigns were run because there was no information in the public space and mainly in the group of the adolescents about the harm of the use of psychoactive substances;

✓ **14** campaigns were run because of the desire to do so on the part of the youth organizations from the RCNS and the rest;

✓ **52** campaigns were run because of other factors such as: the beginning of the school year, necessity to train volunteers, necessity to establish a network and to share the experience among the professionals working in the sphere of preventions, etc.

5. Aims of the campaigns:

Basically the aims of the campaigns are defined as: information about the health aftermaths from the use of psychoactive substances (drugs, alcohol, cigarettes). Because of this **57** campaigns were run. **37** campaigns were conducted with the aim of prevention and reduction of the level of use of psychoactive substances in the young people and the public. **23** campaigns were aimed at increasing the health culture of the young people, reducing the risky behaviour as well as approving alternative creative activities for the leisure time of the students and youths, and improving their social skills.

In 2013 it was noted that 18 campaigns were directed to a change of the public opinion and a change of the attitude of the young people; one of the campaigns was aimed at prevention of the environment and **22** were implemented for other purposes, some of which have not been specified.

6. Period of implementing the campaigns:

Predominantly the period for running the campaigns is one day, and these are the campaigns implemented on the occasion of celebrations (37 campaigns). They are followed by campaigns lasting from 1 to 3 days (34 campaigns), which were organized for the same reason. The campaigns organized with the aim of approval of alternative activities for the leisure time and enhancing the awareness about the risk of narcotic substances lasted up to 1 month (20 campaigns), and those, implemented for the purpose of changing the risky behavior, reducing the aggression, developing of the social skills and enhancing the awareness, improving the communication, were of duration from 2 to 8 months (20 campaigns). The campaigns implemented with the aim of enhancing the awareness,

approving healthy lifestyle and strengthening the protective factors at school and in the family milieu among the young people were of duration around 1 year (7 campaigns).

The campaigns of duration several months up to a year were part of prevention programmes.

7. Team:

Mainly the campaigns were organized by teams of the PIC and MCNS and depending on the target group, to which the activities were directed, as well as depending on the specific topics, teachers, pedagogic counselors, school psychologists, experts from the Regional Health Inspections, from the Local Committees for combating the antisocial acts of minors and underage, employees of the Ministry of Interior and of the Control of the Automobile Transport, sportsmen participated.

In 93 (61 %) of the campaigns mentioned representatives of the target group were involved in the team planning and implementing the activity.

8. Target groups to which the campaigns were directed:

In 74 of the campaigns the target group were children and youths, aged from 7 to 25 years, 26 campaigns were directed to the more general public, as well as to parents and professionals, working with children and youths, and in 7 of the campaigns the target group was clearly defined: parents of children going to kindergarten, drivers of motor vehicles. Roma community, active smokers in the town, cadets. In 2013 there were no more campaigns, addressed to experts of the state institutions and abusing drugs.

9. Partnership:

Expectedly, in view of the target groups, the topic and the aims of the campaigns, the main partners are: the Regional Health Inspections, the Regional Inspectorates on Education (RIE), the non-government organizations (NGOs) - mainly the Bulgarian Red Cross (BRC) and its youth organization, sports clubs and the Ministry of Health.

10. Number of the people included in the campaigns run in 2013 – 123,614, which marks some reduction compared to 2012, when the people included numbered 138,683 individuals.

11. Media coverage of the campaigns

The greater number of (92) the campaigns were covered by the local press, by the electronic media and by the Internet and 65 were not covered by the media and information about the activities implemented has not reached the public. The campaigns without media coverage are the campaigns in the school environment, the training of volunteers and peers as well as training and exchange of experience among professions.

12. Assessment of the efficacy of the campaigns

According to the information obtained 30 of the campaigns have been assessed about their efficacy, which is 19.6 % of the total number of campaigns. The assessment is an assessment of the campaign by the team, which implemented it, by the mayor of the municipality or by the chairman of the RCNS. There are completed questionnaires for feedback by the participants in the campaign, by focus groups, and there is current monitoring by the team of the campaign, following whether the indices which were set in advance have

been attained (e.g. number of people reached, number of educational materials distributed, number of media publications).

On the basis of the assessments so done the conclusion is that the campaign method of working with the young people is effective and stimulates interest and desire to participate in the activities.

13. Source of funding and budget

Through the municipal budget 75 of the campaigns were funded, 21 – by the Ministry of Health through the National Strategy to Combat Drugs, the „Informed and healthy” Project, and the “Development of human resources” Operative Programme, “Programme for the prevention of HIV/AIDS”. In 2013 4 campaigns were funded by other sources – NGOs, banks and private sponsors.

The total value of the preventive campaigns implemented in 2013 was BGN 133,299.17 - considerably less than the one in 2012, when it was BGN 4,105,452.

Main conclusions:

- **The main factors** for the implementation of the campaigns is the necessity to train volunteers and to establish a network of professionals. The number of campaigns implemented because of lack of information in the public and the adolescents about the harm of the use of psychoactive substances as well as of those, implemented on the occasion of celebrations, continues to be large.

- **Aims of the campaigns:** the campaigns for giving information about the types of substances, their effects and the harm of their use, for promoting healthy lifestyle and giving alternatives for spending the leisure time are predominating. 10% of the campaigns are run with the aim of changing the public opinion and the attitudes of the young people.

- **Period of implementation:** most often the campaigns are of duration 1 to 3 days - 46%. The campaigns lasting from 2 to 8 days are 13%, and 3,9% of them last 1 year. Approximately 16,9 % of the campaigns run are part of prevention programmes.

- **The teams** who implemented the campaigns consist mainly of employees of the Regional Councils and of the municipalities, professionals are still not participating (media and marketing experts, psychologists, sociologists) and that is why the needs of the target group cannot be studied and there is no complete assessment of the efficacy and of the results of the campaign. In 2013 in 61% of the teams representatives of the target group were also included (mainly youths). At the same time the representatives of the target group are not engaged with the planning and the organization of the campaigns, and as a result the aims and the methods of the implementation of the campaigns and the needs and the values of the target group do not coincide.

- **Target group:** most frequently these are youths aged 13-19 years and 19-25 years. For the first time in 2013 there were cases of clearly and strictly defined target group such as: Roma community in the respective town, parents of children aged up to 7 years, drivers of motor vehicles, active smokers, etc. which was of help for the clearer definition of the aims and the results of the respective campaign.

- **Number of people included:** the approximate number of the people included is checked with documents (questionnaires, consultations, registration forms, forms for feed back, incl. counting) and amounts to approximately 122,000 individuals, but the number of the Websites visited or forums with prevention content cannot be followed.

- **Media coverage:** the local printed and e-media are predominating, the Internet media for disseminating information are small in number, and the rate of the campaigns, which are not covered by the media, is 42%, which is most probably due to lack of funds, and this defines these activities as prevention activities of campaign type, not media campaigns.

- **Assessment of the efficacy of the campaigns:** there is no data of external assessments of the efficacy of the campaigns done. Predominantly it is indicated that internal assessment was done by the team and by the partners who organized and ran the campaign. 19,6 % of the campaigns have been assessed by continuous assessment and monitoring through questionnaires for feed back with the participants, focus groups and following whether the indices which have been set in advance have been reached.

- **Conclusions** reached by the assessment of the efficacy of the campaign done: the campaigns are an effective and well-discernible by the public and by the young people method of preventive activity.

- **Source of funding:** the municipality remains the main source of funding, followed by the Ministry of Health, and in 2013 there was funding by external sponsors: NGOs, banks, sports clubs and private persons.

From the analysis done it can be seen that the trend holds of the activities in the sphere of the general prevention keeping the greatest part, and most often the target group included is that of the children and youths. There is no practice of doing an assessment of the efficacy of the preventive campaigns, nor an assessment of the campaigns, which are a part of prevention programmes, and to a great extent this is due to lack of funding.

- **Messages:** The messages of the prevention campaigns in 2013 were mainly of three types:

- Life-confirming, directed to the personal choice:

E.G.: „*Love is the second sun on earth*”, „*It depends on you*”, „*I have the freedom to choose*”, „*I chose not to smoke and you do not smoke with me, either*” „*Sport is the best way for the children to grow up*”, „*Health- the modern way of life*”, „*I chose life*”, „*Life is my alternative*”, „*I choose to be healthy, and you?*”, „*Be a master of your life*”.

- Messages in which drug use is associated with death, illness, lack of perspective, weak ill. In these messages the conviction is seen that if one has information about drugs, they will not use them;

E.G.: „*Drugs- a way without an exit*”, „*Die easy*”, „*A right of choice- life or drugs*”, „*Life is a gift, do not ruin it*”, „*Life loves non-smokers*”, „*Do not die because of ignorance*”, „*From A to Z about drugs*”, „*Drugs- a road to the abyss*”.

- Prohibitive, rejecting and opposing drugs to other spheres of social life:

E.G.: „*No to PAS!*”, „*Sport- be independent!*”, „*Art against drugs*”, „*Our talents are our stimulants*”, „*Cigarettes- the legal drug*”, „*No to drugs*”, „*For all those in love and drunk with love*”, „*The strong do not shoot up*”, „*Come to know drugs in order not to love them*”, „*Strong without drugs*”.

The lack of normative base, of sufficient funding, of assessment of the efficacy of the activities, as well as lack of examples of good practices – all these do not allow the development of sustainable and long-term prevention programmes. Because of that the large number of campaigns, not part of prevention programmes, but addressed to the youths, do not succeed in changing the trend of the general increase of the number of students in

Bulgaria, who have used illicit narcotic substances once in life-time (according to the European school research project for alcohol and other drugs (ESPAD'2011) ⁴³.

It has to be also noted that the media campaigns do not reach a definite target group, namely- the group of the youths from the ethnic minorities, coming from families of low social and economic status and poor parent capacity. The problem with this target group existed even in 2011. The National Centre for Addictions has not once informed the Ministry of Health and other institutions about the growing problem with the children and youths with risky behaviour and drug use, living in risky environment and needing treatment. ⁴⁴

⁴³ Annual information bulletin of the National Focal Point , 2013

⁴⁴ Source: Directorate :Methodological guidance and control of the activities for reducing drug demand", National Centre for Addictions

4. High-risk drug use

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

- Prevalence and trends of the high-risk drug use;
- Characteristics of the individuals with high-risk drug use.

Prevalence and trends of the high-risk drug use

Assessments of the high-risk drug use

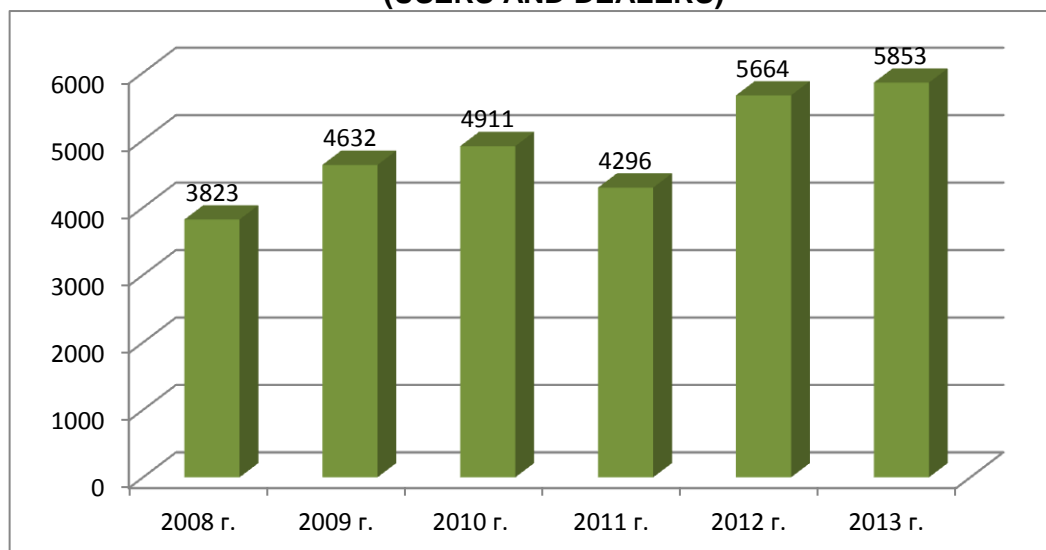
There are no new current data about the high-risk use of narcotic substances at national or at local level.

Other sources of information about the high-risk drug use

Data from the police

On the data of the regional directorates of the Ministry of Interior (Mol) the total number of the individuals registered (users and dealers) at the “Drugs” section in 2013 was 5,853, which is the greatest number over the last 6 years (See *Figure 4-1*). Of them 552 (or 9.4 %) were minors and underage.

Figure 4.1
**NUMBER OF INDIVIDUALS REGISTERED AT THE “DRUGS” SECTION (2008-2013)
(USERS AND DEALERS)**



Source: Ministry of Interior

According to the data of the Mol the drug users in 2013 numbered 4, 624. 681 (or 14.7 %) of them were minors and underage. Cannabis was used by 3, 557 (76.9 %), heroin – by 539 (15.1 %), cocaine – by 69 (1.9 %), synthetic drugs – ecstasy, amphetamines, barbiturates - by 1, 084 (30.5 %). (See Figure 4-2)

Figure 4-2

NUMBER OF INDIVIDUALS REGISTERED AT THE REGIONAL DIRECTORATES OF THE Mol ACCORDING TO TYPES OF DRUGS IN 2013



Source: Ministry of Interior

The number of individuals concurrently using and dealing drugs registered by the Mol in 2013 was 2, 278, which was the greatest number over the last 5 years. Of them 184 or 8.1 % were minors and underage. For cannabis the individuals registered (concurrently using and dealing) were 1, 529 (67.1 %); for heroin – 176 (7.7 %), cocaine – 43 (1.9 %), synthetic drugs – 476 (20.9 %).

Characteristics of the individuals with high-risk drug use

Main patterns of polydrug use in the individuals with high-risk drug use

No new data about the main patterns of polydrug use.

Data and surveys about the characteristics of the individuals with high-risk drug use other than the data about treatment demand, reported in Chapter 5

In the period February-March 2014 a survey was conducted on topic: “A study of the behavioural characteristics of the injecting drug users”. The survey was conducted in the towns of Blagoevgrad, Petrich, Sandanski, Kyustendil, Rousse, Varna, Dobrich, Pazardjik, Peshtera, Sofia, Plovdiv, Pernik, Plevan, Burgas, Nova Zagora, Lovech and Doupnitsa by ten non-government organizations, offering services for harm reduction of drug use⁴⁵. The

⁴⁵ Adaptatsia- Blagoevgrad, BRC-(Bulgarian Red Cross) - Kyustendil, BRC-Rousse, FBMH-Varna, IGA-Pazardjik, Initiative for Halth- Sofia, Panacea- Plovdiv, P.U.L.S. –Pernik, SZA-Plevan and Dose of Love- Burgas

“Initiative for Health” foundation was the coordinator and the NFP was the sponsor and methodological instructor.

The purpose of the survey was to understand what the profile of the injecting drug users (IDUs) was; which the most widespread narcotic substances for injecting in the towns were; what the injecting practices and the risks run with this were; to what extent the IDUs used safe sexual practices and how many of them were tested for blood-borne infections.

The questionnaire was divided into five sections, including:

- data about the individual studied – target group to which they belong, age, gender and information about the place of birth;
- demographic data – educational degree completed, social status, place of residence, ethnicity, criminal record;
- drug use - pattern of use, frequency of use;
- treatment - has the individual been treated, when and in what way;
- risk factors related to the injecting drug use- age when the injecting practice began, how long has the drug been used by injecting, sharing the same instruments and devices for injecting, sexual activity and using condoms; tests for blood-borne infections and results.

A total of 1,138 individuals, mainly injecting drug users (IDUs), were studied. The individuals studied were assigned to four basic target groups: clients on substitution and maintenance programmes (SMP), clients with other way of treatment, clients of the programmes for harm reduction and newly diagnosed IDUs ⁴⁶. The distribution of the individuals studied (IS) according to their number was: SMP – 38.6 % (439), other forms of treatment – 1.8 % (21), clients – 42.5 % (484), new contacts – 16.8% (191).

The persons polled were aged between 14 and 65 years, and 56.5 % (646) of them were in the age group 27-34 years. The most common age for IDU was 30 years – a total of 92 individuals.

The greater number of the IDUs polled do not work and do not actively seek job– 58.3 %, and the rate of the students and workers is the smallest – 1.7 %. Approximately ¼ (25.3 %) of the individuals polled who demanded the services of the harm reduction programmes, are employed. In the group on MSP 30.3 % of the individuals are employed, and 7.6 % have indicated that they are unemployed, but actively seek jobs, 2.5 % are students, 4.1 % have marked “other” for their social status (2.2 % of them are retired because of illness).

Regarding the lodging where they live 64.5 % of the individuals polled have marked that they live in a family house, 16.3 % - rent a house, 13 % - live in their own house, 2.7 % are homeless and 1 % live at institutions.

Nearly half of the individuals polled (46.7 %) indicate that they have been convicted, 17.8 % have been arrested and 33 % have not had any problems with the law.

Among the individuals polled the rate of the injecting drug users of heroin was the greatest– 59.1 % (or 673 individuals), and 1.8 % indicated that they injected it and smoked it. From the heroin users a total of 292 have indicated that they also used Methadone (by injection – 204, orally – 88). Further - 154 individuals used amphetamines (121 – by injection, 33 – snorting and injecting), 182 – cannabis, 160 – Rivotril, 25 – Ketamine, 71 – cocaine, 40 of the individuals polled indicated that they used other opiates.

⁴⁶ Newly diagnosed IDUs are individuals who have for the first time used the services of the harm reduction programmes.

Nearly 2/3 (59.1 % or 673 individuals) of the IS reported that they had injected heroin over the last 4 weeks and 1.8 % (20) of the IS used heroin by smoking and injecting. 38.1 % of the IS had used heroin over the last 4 weeks. This statistics shows that the use of heroin has been reduced compared to 2012 when 64.7 % of the individuals polled had injected heroin over the last four weeks.

Over the last 4 weeks 5.5 % of the individuals studied had used other opiates. This mainly happened at two settlements - Peshtera and Nova Zagora, where Subotex, imported from France, is distributed. The most widespread pattern of using the drug is injecting.

4 % of the IS have injected cocaine, 3.3 % snort it and 92% (1047) have not used cocaine over the last 4 weeks. The relatively low level of cocaine use can be explained with its high price on the black market. The level of the injecting use of cocaine has increased considerably, compared to 2012 when 0.9 % of the IS injected it, and 3.1 % of the IS snorted it.

18 % (205) of the IS injected amphetamines, 6.8 % (77) snorted it, and 15 % snorted and injected it. 72.3 % had not used amphetamines over the last 4 weeks. With amphetamines the injecting use is also increasing compared to 2012 when 14.7 % of the individuals polled injected it, and 7.2 % snorted it.⁴⁷

⁴⁷ Source: Behavioural characteristics of the injecting drug users (IDUs) 2014 , Analysis, "Initiative for Health Foundation, Sofia, 2014 (not published)

5. Drug related treatment: treatment demand and treatment availability

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

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

In the review of the topic in the context of the report the attention has been focused on the normative base and policy regarding drug-related treatment, the existing system of treatment and rehabilitation, the organization and quality assurance, 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 opioid-addicted persons, on the annual reports of the psychosocial rehabilitation programmes, etc.

The presentation of the characteristics of the clients treated and the related tendencies over the last few years 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-addicted persons and of the rehabilitation programmes.

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 addiction has been regulated in the Drugs and Precursors Control Act (DPCA).

In 2013 the following secondary legislation related to treatment and psychosocial rehabilitation was updated:

- Ordinance No 2 of 20 June 2012 on the terms and conditions of implementing programmes for treatment with agonists and agonist-antagonists of opioid-addicted persons which regulates the treatment of this population of patients. The amendments are related to the requirements concerning protection of patients' personal data in the treatment process.
- Ordinance No 8 of 7 September 2011 on the terms and conditions of implementing psychosocial rehabilitation programmes for persons with mental and behavioural disorder due to drug abuse. The amendments have reduced the administrative burden of the regime of giving consent.

On 19.07.2014 the Council of Ministers of the Republic of Bulgaria adopted a new National Strategy for Combating Drugs in the period 2014 -2018. The National Programme for the implementation of the Action Plan of the National Strategy contains strategic task 3 "Improving patients' access to diverse and effective treatment programmes", "Task 3.1

”Development of the system for treatment and psychosocial rehabilitation of drug users at national and municipal level, Sub-task (c) “Developing and improving the functioning of the network of psychosocial rehabilitation programmes, outpatient day care programmes, day care centres for psychosocial rehabilitation, programmes for employees, programmes for families, for recurrence prevention and residential programmes”. Financing and implementation of these tasks will facilitate patients’ accessibility to treatment and will create opportunities for developing new specialized treatment programmes for high-risk groups of drug users – children, marginalized groups, etc.

In connection with the amendment to the legal framework regulating treatment and psychosocial rehabilitation activities of persons with drug addiction or who abused drugs, the following registers and databases are kept and updated in the National Centre for Addictions:

- Database of the persons implementing programmes for psychosocial rehabilitation;
- Database of the persons included in the programmes for treatment with agonists and agonist-antagonists – Automated Information System (AIS). It is designed for registering, updating, keeping and managing data about the persons included in the programmes for treatment during the whole cycle of treatment in an e-version.

Treatment system

The treatment of patients abusing or addicted to 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 addiction” according to the criteria of the International Classification of Diseases Revision 10 (ICD-10).

At the end of 2013 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), 17 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 4,824, out of which 164 beds were structured for the addicted patients respectively (110 at the SPH, 22 at the CPH and 32 at the psychiatric clinics). 426 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 (SMA).⁴⁸

⁴⁸ Source: National Centre for Public Health and Analyses.

Table 5-1

PATIENTS DIAGNOSED WITH F11-F19 ACCORDING TO ICD-10 UNDER DISPENSARY MONITORING ACCORDING TO TYPES OF TREATMENT FACILITIES (2009-2013)

Treatment facilities	2009	2010	2011	2012	2013
Total	764	901	927	996	1 299
Including:					
State psychiatric hospitals	7	7	7	8	8
Centres for psychic health	559	732	793	884	919
Psychiatric clinics	42	40	41	35	35
Psychiatric wards	156	122	86	69	66
Individual outpatient specialized medical care (SMC)	-	-	-	-	8
Group outpatient specialized medical care (SMC)	-	-	-	-	263

Source: National Centre for Public Health and Analyses

According to the data released by the national health statistics at the end of 2013 at the specialized inpatient treatment facilities in the country 1,299 patients were diagnosed with psychic or behavioural disorders, because of the use of psychoactive substances (F11-F19 according to ICD-10) were under dispensary monitoring or 17,9 patients per 100,000. 1,140 or 15,7 patients per 100,000 suffered from psychic or behavioural disorders because of the use of opioids. For the first time patients under F11-F19 of ICD-10 were taken into account in Individual and group outpatient specialized emergency care – 8 and 263 respectively. This explains the highest number of patients in the dispensary monitoring of the diseases from F11 to F19 namely in 2013 (see *Table 5-1*).

The cases hospitalized (the patients discharged) in the clinics of the treatment facilities with psychic or behavioural disorders because of the use of psychoactive substances numbered 824 or 11.3 patients per 100,000. 488 of them or 6.4 patients per 100,000 had psychic or behavioural disorders because of the use of opioids. The greatest number of hospitalized patients was reported by the clinics, wards and sections at the inpatient treatment facilities (342), followed by the state psychiatric hospitals (246) and the centres for psychic health (236). As over the last years there was a permanent tendency of reducing the number of discharged patients suffering from the diseases from F11 to F19 at the clinics of the treatment facilities, in 2013 an increase of approximately 10% in this indicator was reported (see *Table 5-2*).

Table 5-2

**IN-PATIENTS DIAGNOSED WITH F11-F19 ACCORDING TO ICD-10
DISCHARGED FROM THE CLINICS OF THE TREATMENT FACILITIES
(2009-2013)**

Treatment facilities	2009	2010	2011	2012	2013
Total	1,478	1,225	843	748	824
including:					
State psychiatric hospitals	408	365	276	251	246
Centres for psychic health	498	391	179	183	236
Clinics, wards, sections	572	469	388	314	342

Source: National Centre for Public Health and Analyses

The individuals serviced at the centres of emergency medical aid because of drug dependence in 2013 numbered 1,929.

1. Medically assisted treatment

It is done only at treatment 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 (Pirogov Hospital for Active Treatment and Emergency Medicine, Military Medical Academy).
- **Outpatient detoxification.** It is done for outpatients at the psychiatric clinics, 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 specialised medical care (SMC). The outpatients receive medication treatment and at some places group or individual psychotherapy is organized.

1.2. Treatment with agonists and agonist-antagonists of opioid-addicted persons.

At the end of 2013, 30 programmes for treatment with agonists and agonist-antagonists operated in the country, located in the territory of 14 cities. Their total capacity was 4,642 medical positions, of which 3563 were employed (or 76.8%), which is the highest level of employment in these programmes for the time of their existence. This is a result of the new requirements for interdependence of the number of therapeutic teams and the number of patients treated in the programmes in Ordinance No 24 of 2004 on the establishment of the Medical Psychiatry Standard. On the other hand, in 2013 the total number of authorized positions decreased by about 10% compared with the previous year (see *Table 5-3*). This is

related to the re-registration period of treatment programmes with agonists and agonist-antagonists in accordance with the requirements of Ordinance No 2 of 20.06.2012 and Ordinance No 24 of 2004 on the establishment of the Medical Psychiatry Standard which was completed in 2013.⁴⁹

Table 5-3

CAPACITY OF THE PROGRAMMES FOR TREATMENT WITH OPIATE AGONISTS AND AGONIST-ANTAGONISTS OF OPIOIDS-ADDICTED PERSONS (2010-2013)

	2010	2011	2012	2013
Number of functioning programmes	30	32	31	30
Number of authorized positions	5 210	5 196	5 171	4 642
Number of occupied positions	3 012	3 452	3 445	3 563
Relative share of occupied positions	57.8 %	66.4 %	66.6 %	76.8 %

Source: Annual report of the programmes for treatment with opiate agonists and agonist-antagonists of opioids-addicted persons

The total number of authorized positions for treatment with methadone hydrochloride was 4,681, out of which 3,419 (80.6 %) were occupied. This medicinal product was much more preferred because of its low price.

In 2013, the total number of authorized positions for treatment with Morphine sulfate pentahydrate (Substitol) was twice reduced country-wide (225), the real-occupied ones were 138 (or 61.3%). At the same time authorized positions for treatment with Buprenorphine hydrochloride were increased approximately 6 times (175), since it is a newly registered product and the majority of programmes stated a number of positions for the use of Buprenorphine, decreasing their authorized unoccupied positions for treatment with Substitol. But at the end of the year only 6 positions were occupied de facto.

The total number of **patients admitted to treatment** in the programmes in 2013 was 1,289, which is by 3.7% less compared with 2012 and by 22.7% less compared to 2011 (1,668 patients). Patients discharged from all programmes were generally 1,212, by 19 persons more than patients discharged in 2012 (1,193). In the period 2010-2012, there was a slight increase in the number of planned discharged patients, but in 2013 this trend was interrupted and there was a decrease of about 6%. "Loss of contact" is still the main reason for the discharge of patients.

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

The programmes funded by the state budget (state and municipal) are 9 in number and free for the patients as they are funded by the Methodology of subsidizing the treatment

⁴⁹ 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 2013.

facilities. They have been established and became functional in 8 towns of the country. The total number of treatment positions authorized in them is 1,341 and treatment with Methadone hydrochloride is provided there. The positions occupied numbered 1,210, which accounts for 90.2 % of their capacity. The medical product Methadone hydrochloride is provided by the Ministry of Health in accordance with Ordinance No 34 of 25.11.2005 on the terms and conditions 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 the total number of 3,301 authorized treatment positions. De facto 2,353 positions were occupied, which accounted for 71.3 % of their capacity. 2,901 of the positions opened were meant for treatment with Methadone hydrochloride, 225 – for treatment with Substitol, and 175 – for treatment with Buprenorphine. The Ministry of Health provides the medical product Methadone for the treatment of part of the patients in this type of programmes, and the patients pay a monthly fee amounting to a third of the minimal salary in the country. For the rest of the patients the medicinal products are purchased by the treatment facilities.

Results achieved:

- With the operation of the official database (Automated Information System) of the persons involved in treatment programmes with agonists and antagonists-agonists, data on persons admitted to treatment programmes throughout the treatment cycle electronically have been registered, updated and stored, thus avoiding the duplication of patient participation in various programmes to divert methadone to the black market.
- In 2013, most programmes focused on working in the field of re-socialization in the family and society, acquisition of life skills and techniques so as to improve the social interaction of patients.
- In part of the programmes, by extension and improvement of the necessary equipment, better conditions for conducting the psychosocial interventions were achieved and more accessible (financially) treatment of the patients was provided (by increasing the number of authorized positions for which Methadone is provided free by the Ministry of Health in accordance with Ordinance No 34, and the patients pay a fee equal to one third of the minimum salary in the country).

Main problems and difficulties:

- Insufficient availability of treatment. Distribution of programmes across the country was uneven and in entire areas any treatment options were missing, making treatment inaccessible for the majority of patients.
- Only three programmes, oriented to the needs of high-risk and difficult groups, were operating. They were opened and funded by the Programme for Prevention and Control of HIV/AIDS, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. These programmes worked actively with outreach teams of NGOs which through the “conducting a case” service motivated and referred appropriate clients to be treated.
- Difficulties of a financial nature – dropping out of treatment, wilfully leaving the programme and loss of contact, disregarding the obligations assumed by the patients and their relatives described in the informed consent, difficulty in making laboratory tests and treatment of co-morbidities.

- Persistent negative attitude of the society and the media (including of part of medical professionals) towards the patients in treatment programmes with agonists and agonists-antagonists for opioids-addicted persons.

2. Programmes for psychosocial rehabilitation and reintegration

In 2013, in the country a process of re-registration of all the programmes for psychosocial rehabilitation in accordance with the requirements of ordinance No 8 of 7 September 2011 on the terms and conditions of implementing programmes for psychosocial rehabilitation of individuals who had been addicted to or had abused narcotic substances was finalized.

In Bulgaria there are two types of programmes for psychosocial rehabilitation:

- **Non-residential programmes for psychosocial rehabilitation.** They are implemented by treatment 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 addicted to opioids.
- **Residential programmes for psychosocial rehabilitation (of the “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. Group dynamics is the emphasis of the work. Individual and family consultations, work therapy and seminars are also part of the specifics of work in the residential programmes.

In accordance with Article 89(1), points 1 through 3 of the ***Narcotic Substances and Precursors Control Act***, programmes for psychosocial rehabilitation and re-socialization of persons addicted to narcotic substances may be opened at treatment facilities or at non-profit organizations registered as providers of social services. At the end of 2013 in the country there were 10 programmes for psychosocial rehabilitation and re-socialization (in Sofia, Varna, Plovdiv, Ruse, Dobrich, and also in Sofia region), five of them being opened at treatment facilities in the country, and the remaining five (three residential programmes of the type of “therapeutic community” and a programme for psychosocial rehabilitation and integration and a day programme for psychosocial rehabilitation and integration – of the type of “open therapeutic community”) were carried out by non-profit organizations registered as social services providers.⁵⁰

⁵⁰ Bogdanova V., 2013 Report on the activities of the Directorate for Methodological guidance and coordination of the activities for drug demand reduction, NCA.

Table 5-4

CAPACITY OF PSYCHOSOCIAL REHABILITATION PROGRAMMES FOR PERSONS WHO HAVE BEEN ADDICTED TO OR HAVE ABUSED DRUG (2010-2013)

	2010	2011	2012	2013
Number of functioning programmes	10	12	10	10
Number of authorized positions	209	297	230	244
Number of serviced clients	485	659	503	519
Number of clients who have completed programmes	189	300	278	262

Source: Annual reports of the programmes for psychosocial rehabilitation of persons who have been addicted to or have abused drugs

At the end of 2013, the programmes had the capacity of 244 positions, the total number of clients serviced by them last year being 519 (see Table 5-4). 262 persons completed the programmes, representing 50.5 % of all admitted clients. Of these, 160 (or 30.8 %) were serviced in positions funded by the National Strategy for Combating Drugs (2009-2013). For comparison, in 2012, the addictions serviced in the positions funded by the National Strategy were 91. This is probably due to overlaps in funding for 2012 and 2013 as well as its promotion among the target group. The main problem substances were primarily alcohol, followed by opiates, marijuana and amphetamines. Another problem was combined use of different substances, co-morbidity, and the increasing number of gambling addictions, separately or in combination with addiction to a psychoactive substance.

On the basis of the annual reports of the programmes for psychosocial rehabilitation, in terms of their activity in 2013, it can be summarized that there was an enhanced interest and motivation 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 addiction to heroine, methadone, marijuana and polydrug use. Persons addicted to alcohol and with co-morbidities demanded mainly long-term programmes and persons with addiction to stimulants demanded mainly short-term ones. The programme clients assessed the services as satisfactory and in some places – as highly satisfactory. The level of satisfaction of the teams varied. In five of them it was high, and in four of them there was a need for methodological support.

Results achieved

- The programmes opened for psychosocial rehabilitation of patients in the programmes for treatment with agonists and agonist-antagonists of persons addicted to opioids, the introduction of alternative therapies as elements of the rehabilitation programme and enhancing the work with the assisting system of the addicted persons continued to emerge as an effective model of raising the quality of life of patients, of reducing the number of breakdowns and of keeping patients/clients in the groups.
- The programmes reported an increase in the demand of services, keeping of clients for the specific period of time of the programme and filling the capacity of the positions in the organizations funded due to the partial funding of the implementation of the action plan of the National Strategy to Combat Drugs (2009-2013).

- On-going training of the teams, maintaining a high level of qualification of the staff and preserving the quality of work in spite of the financial instability.
- In 2013 the number of permanently employed persons, who were addicted to psychoactive substances, was greater than the number of unemployed persons.

Main problems and difficulties

- As in the recent years, in 2013 the insufficient or partial funding continued to be pointed out as a problem for most of the programmes funded on the project principle or by fees for providing the activities and for maintaining a qualified team. This often caused the discontinuation of the already started process of rehabilitation or demand of short-term services.
- Only part of the programmes worked and established cooperation in networks.
- Problematic is the connection with programmes for detoxification of some rehabilitation programmes and the referral to psychiatric wards of addicts in a psychotic state, resulting from the use of stimulants.
- A problem area was the work with the close encirclement of addicted persons (parents, partners, relatives), especially those from the residential programmes; it emerges as problematic because of the geographical localization or because of the professional capacity of the team.
- The distribution of programmes across the country was uneven, making it inaccessible to some patients. There were not enough programmes in some regions of the country, mainly in Northwest and Southeast Bulgaria.

Organization and ensuring the quality of treatment

To improve the organization and quality assurance, appropriate administrative measures were taken – enhanced specialized control and monitoring of health programmes and programmes for psychosocial rehabilitation. In the process of issuing permits, monitoring and control of the activities of treatment facilities and psycho-social rehabilitation programmes for the treatment of persons addicted to narcotic substances three administrations were involved in the country – the Ministry of Health, the regional health inspectorates and the National Centre for Addictions, and under Ordinance No 24 – the Medical standard for treatment of addictions and the Executive Agency “Medical Audit”.

In 2013, under the Action Plan of the National Strategy for Combating Drugs (2009-2013) monitoring was carried out by an external expert of part of the programmes for treatment with agonists and antagonists-agonists. After the monitoring, a comprehensive report with findings and recommendations for improving the system of treatment was prepared.

In 2013, Methodological guidelines of the terms and conditions for the provision of the social service “Centre for social rehabilitation and integration” were drawn up, which aimed to establish the conditions for the opening and operation of the Service “Centre for Social Rehabilitation and Integration” (CSRI) and the minimum requirements governing the quality and standards of the service provided.

Based on these minimum requirements, service providers can plan the necessary resources to create appropriate working arrangements, to implement internal quality control and optimize its improvement.

The Guidelines were developed in accordance with the requirements of the Social Assistance Act (SAA) and the Implementing Regulations of the Social Assistance Act (IRSAA), the Child Protection Act (CPA) and the Implementing Regulations of the Child Protection Act (IRCPA), the Ordinance on the criteria and standards for the social services for children (OCSSSC), the Integration of Persons with Disabilities Act (IPDA), the UN Convention on the Rights of Persons with Disabilities and other normative documents.

Provision of services for children in CSRI is made in compliance with the Ordinance on the criteria and standards of social services for children.

Characteristics of treated clients

The main source of information about the basic characteristics of clients treated is the data collected by the *National Monitoring System for Drug-Related Treatment Demand*. In 2013, it encompassed 2,154 persons⁵¹ who started treatment during the year in 18 inpatient and 12 outpatient units and centres, and in 24 programmes for treatment with agonists and agonist-antagonists of opioids-addicted persons, at the medical centres in 9 prisons and in 1 correctional facility for juveniles in 24 settlements of the Republic of Bulgaria.

In 2013, the total numbers of registered persons demanding treatment in the Internet-based electronic version of the National Information System for Drug-Related Treatment Demand (I-MIS) were 1,354, and information about another 800 persons was provided by the report form for treated patients with a drug problem. The total numbers of registered persons in the system for treatment demand in 2013 were 4,281.

For the purposes of the information system of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), NFP began to collect information from the programmes for reducing the damage from drug use. A report form was created for serviced clients with drug problems by which information was collected about 7,035 clients. The data will be used for completion of specialized Table TDI in the Internet-based European FONTE system.

The National treatment demand system reported up to 3 narcotic substances, which can create problems and for which clients demand treatment. The primary problem drug is the one which causes the client the most problems and start of treatment. The secondary and tertiary problem drug can be any drug that is used in addition to the primary drug and causes problems for the client and/or changes the nature of the problem assessed by the client and the therapist.

⁵¹ The number of persons encompassed is determined after making the procedure of identifying and eliminating the duplicities (double entry for one and the same person in the mass of data)

Table 5-5

**STRUCTURE OF THE PERSONS REGISTERED AT I-MIS, DEMANDING TREATMENT
BECAUSE OF DRUG PROBLEMS
(ACCORDING TO PRIMARY, SECONDARY AND TERTIARY PROBLEM DRUG) IN 2013**

(in %)

Substance	As primary problem drug	As secondary problem drug	As tertiary problem drug
Heroin	77.8	3.6	0.2
Methadone (not for treatment)	5.5	10.3	1.5
Methadone (for treatment)	4.6	3.7	0.7
Substitol (not for treatment)	1.5	1.0	0.4
Substitol (for treatment)	-	0,4	-
Cocaine (incl. crack)	0.8	2.4	0.7
Amphetamines	2.5	5.2	3.0
Ecstasy	0.1	0.2	0.1
Barbiturates	-	0.1	0.1
Benzodiazepines	1.8	4.9	3.2
Marijuana	1.3	13.4	3.9
Hashish	0.3	0.1	-
Antidepressants	1.7	0.2	0.2
Unspecified medications	1.1	-	0.1

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

In 2013, **70.1% of the registered persons had heroin as primary drug**; to a lesser extent, methadone (not for treatment) – 7.1%, amphetamines (4.2%), benzodiazepines (Rivotril diazepam) – 3.7%, marijuana (3.3%), methadone (for treatment) – 2.9%, barbiturates (1.4%), cocaine, incl. crack (1.1%), and antidepressants (1.1%). There was almost no demand for treatment relating to the use of inhalants and hallucinogens.

47.3 % of the persons registered at I-MIS⁵² had problems with one more narcotic substance, and 14.7 % – with 2 more substances, as an addition to the primary problem drug.

As a **secondary problem drug** marijuana has the highest share among persons demanding treatment (13.4 %), Methadone (not for treatment) – 10.3 %, Amphetamines (5.2 %), Benzodiazepines (4.9 %), Methadone (for treatment) – 3.7 % and Heroin – 3.6 %. (See *Table 5-5*)

Regarding the secondary additional problem drug to the primary problem drug (or **the tertiary problem drug**), the share of marijuana is again the highest (3.9 %), and so is of Benzodiazepines (3.2 %) and of Amphetamines (3.0 %).

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.

⁵² The data refer only to the 1,354 persons registered at I-MIS.

47.5 % of the individuals who started treatment declared that **they had started the use of the primary problem drug at the age of 19 including**, and 3.9 % - up to 14 years including.

The use of the primary problem drug, and also of any narcotic substance started mainly in the period 1999-2004. The general average age at the time of the first use of the primary problem drug was **19.6 years of age and of the use of any narcotic substance – 18.9 years of age**.

Table 5-6

USUAL METHOD OF DRUG USE OF THE PERSONS REGISTERED AT I-MIS⁵³, WHO STARTED TREATMENT FOR PROBLEMS WITH DRUGS (OF PRIMARY, SECONDARY AND TERTIARY PROBLEM DRUG) IN 2013
(in %)

Usual method of use	Of primary problem drug	Of secondary problem drug	Of tertiary problem drug
Injecting	66.3	22.6	10.6
Smoking	8.7	28.7	26.9
Eating/Drinking	13.1	39.2	44.7
Sniffing	9.6	6.6	12.5
Inhaling	2.1	0.8	-
Other	0.2	2.1	5.3

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

64.4 % of the persons who started treatment **had mainly injected the primary problem drug**, 11.5 % had eaten or drunk it, 9.4 % had smoked it, 7.8 % had sniffed it, and 1.8 % had inhaled it.

With respect to the second and third problem drug the usual method of use is mainly eating or drinking, and smoking. (See Table 5-6).

2/5 injected in the last 30 days before starting treatment, and another 13.8 % - in the last year. The average age at which the persons who started treatment had first injected a drug is about 20 years of age.

If we examine some characteristics of the persons registered in the I-MIS against certain groups of narcotic substances for which they started treatment, it may be noted that the relative share of women is highest in clients who started treatment for problems with stimulants. The average age at the start of treatment is higher for clients with problems with opioids than for clients with problems with stimulants and cannabis. A similar regularity is observed in terms of the average age indicator at first use of primary drug. (See Table 5-7)

Nearly $\frac{3}{4}$ of clients, who started treatment for problems with opioids other than heroin, had used the primary problem drug daily. On the other hand, only 8.5 % of clients who have problems with stimulant use them daily.

⁵³ The data refer only to the 1,354 persons registered at I-MIS. The relative shares are based on responses to the primary, secondary and tertiary problem drug.

About 4/5 of clients who started treatment for heroin problems had mainly injected the primary problem drug. The basic method of use for the persons demanding treatment in relation to problems with stimulants is sniffing (76.2 %) and for those in relation to problems with cannabis – smoking (76.2 %).

Table 5-7

BASIC CHARACTERISTICS OF THE PERSONS REGISTERED AT I-MIS⁵⁴, WHO STARTED TREATMENT FOR PROBLEMS WITH DRUGS (BY PRIMARY PROBLEM DRUG) IN 2013

Substance Characteristics	Heroin	Other opioids	Stimulants	Cannabis
Gender (women)	16.1 %	20.6 %	38.3 %	14.3 %
Average age at starting treatment	30.6	28.4	22.9	25.6
Average age at first use	19.6	22.4	18.3	17.0
Daily use	63.3 %	74.4 %	8.5 %	38.1 %
Injecting	77.9 %	35.0 %	-	-

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

The general characteristics of the persons demanding drug-related treatment in 2013 can be expressed as follows:

Gender – predominantly male (81.1 %)

- Ethnic group – predominantly Bulgarian (81.8 %)
- General average age – 29.5 years of age
- Education – predominantly secondary (56.2 %)
- Primary problem drug – predominantly heroin (70.1 %)
- Frequency of use – predominantly daily (56.4 %)
- Method of use – predominantly injecting (64.4 %)
- General average age at the time of first use of primary drug – 19.6 years of age.

Tendencies of the clients in treatment and of providing treatment

When describing and analyzing the data about the persons 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 treatment facilities participating in the system – inpatient and outpatient units and centres, programmes for treatment with agonists and agonist-antagonists of opioids-addicted persons, medical centres at the places of deprivation of liberty which additionally suggests changes in the trends according to certain indicators. The difference in the methods used may be a factor for this – since 2011 as an instrument for

⁵⁴ The data refer only to the 1,354 persons registered at I-MIS.

registering the persons who have demanded treatment a report form has been included, which reports them in aggregated type, not separately.

In 2013 there was a decrease of the persons encompassed by the treatment demand system. The inconsistency in the levels of this number over the years may be attributed to the inclusion of new or the withdrawal of old partners (treatment units and centres) presenting data about the clients demanding treatment, as well as to the changes in the number of cases which the treatment facilities report to the treatment demand system every year. It is not less significant to consider the differences in 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.

Over the past six years (except for 2010) a leading role in providing data about clients who started drug-related treatment has been played by the programmes for treatment with opiate agonists and agonists-antagonists of opioid-addicted persons (see Table 5-8). At the same time a decrease of registered clients of outpatient treatment has been observed and in the last two years its share is less than ¼. Since 2012, the medical centres in the prisons in the Republic of Bulgaria have been included in the treatment demand system, but their share is below 20%.

Table 5-8

RELATIVE SHARE OF CLIENTS FROM THE DIFFERENT TYPES OF TREATMENT CENTRES IN THE TREATMENT DEMAND SYSTEM (2009-2013)

(in %)

	2009	2010	2011	2012	2013
In-patients	27.8	27.2	20.3	15.2	24.9
Out-patients	32.6	40.7	34.7	24.4	19.7
Substitution programmes	39.6	32.1	45.0	41.4	39.8
Treatment centres in prisons	-	-	-	19.0	15.6

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

Data from the treatment demand system in 2013 complemented the profiles of the persons demanding drug-related treatment which had been built for a long time. In many cases, data from the last five years revealed or suggested emerging trends of stabilization, reduction or increase in certain indicators. In other cases, there was no clear trend, so that the values should be monitored in the future to focus on the possible occurrence of such trends. (See Table 5-9)

In 2013, heroin remained the primary problem drug because of which treatment was mostly demanded (70.1%), but the **trend of reducing its distribution among the persons registered in the treatment demand system was preserved**. This was due to the higher share of psychosocial interventions than in the previous years, such as type of treatment demand, mainly because of the use of amphetamines, benzodiazepines and marijuana.

Over the past 10 years the ratio males/females has remained constant and is about 5 : 1. Still a trend has been noticed of reducing the share of females, which dropped to its lowest

level in 2009 (13.2 %). Over the past four years this share has been again at the level of the beginning of the period.

At the beginning of the century the share of the persons demanding treatment for the first time reached 43 %, and after that this indicator showed lower levels. **Over the past years the share of the persons who have demanded treatment for the first time has marked a trend of increase from 19 % in 2009 to 27 % in 2012.**

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

From 2001 to 2009 the relative share of the permanently employed among the persons demanding treatment rose more than 4 times – from 9 % at the beginning of the period to 38 % in 2009 – a process that is in line with the reduction of the level of unemployment in Bulgaria at that time. Against the background of the labour market problems over the past years, the share of the permanently employed among the persons demanding treatment not surprisingly dropped, and in the last two years it remained at the level of 17-19 %.

Table 5-9

COMPARATIVE DATA ABOUT THE PERSONS WHO STARTED TREATMENT OVER THE PERIOD 2009-2013

Indicators	2009	2010	2011	2012	2013
Share of the persons demanding heroin- and other opiates-related treatment	95 %	87 %	80 %	80 %	81 %
Share of the females among the individuals demanding treatment	13 %	19 %	20 %	19 %	19 %
Average age of the individuals demanding treatment	28.4	29.0	28.0	29.0	29.5
Average age at the time of first use of the primary problem drug	19.1	19.6	18.4	20.3	19.6
Share of the pupils and university students in the persons demanding treatment	5 %	4 %	4 %	4 %	3 %
Share of the permanently employed among the persons demanding treatment	38 %	27 %	17 %	19 %	18 %
Share of the persons not coming from the main ethnoses of the country	10 %	11 %	17 %	18 %	17 %
Relative share of the daily users of the primary drug	74 %	69 %	62 %	58 %	56 %
Relative share of the persons injecting the primary problem drug	78 %	72 %	69 %	67 %	64 %
Average age of the persons at the first	20.0	20.3	19.5	19.5	20.0

injection of the primary drug					
Relative share of the persons using the drug for > 5 years	68 %	60 %	63 %	75 %	76 %
Relative share of the persons who have used in their lifetime needles and syringes already used	38 %	32 %	42 %	46 %	36 %
Relative share of the persons living with (an)other drug user(s)	10 %	11 %	9 %	14 %	11 %
Relative share of the persons demanding treatment for the first time	19 %	20 %	21 %	27 %	22 %

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

The relative share of the individuals who have demanded treatment and who do not belong to the main ethnos of the country has increased more than twice since 2007 and over the past 3 years remained within the 17-18 % break, which can be explained by the fact of the addition of the persons who demanded treatment in the prisons, where the percentage of the minority groups is much higher.

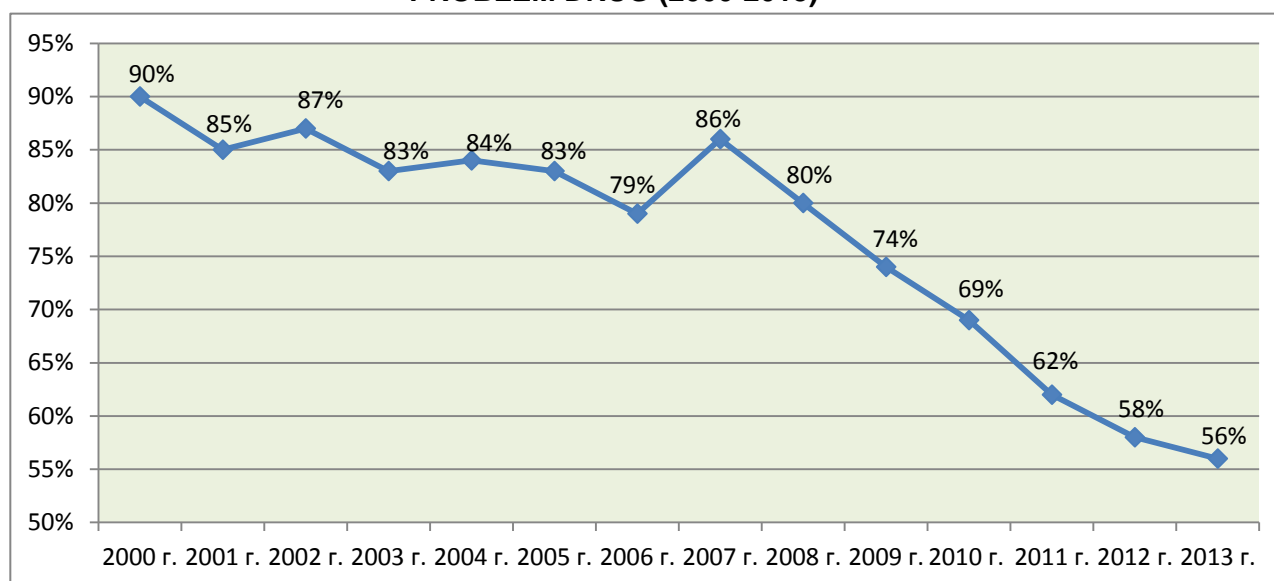
The average age of the persons who have demanded treatment each year has marked an increase. In 2000 it was 22.2 years of age and in 2013 – it was already 29.5 years of age (see *Figure 5-3*). At the same time the average age at the time of the first use of the primary problem drug remained within the frame of 18-19 years of age. Over the past two years it has been about 20 years of age.

The trend of increasing the share of the persons who demanded treatment with duration of use of the primary drug for more than 5 years is becoming stronger. Compared with 2001, it is almost 4 times strong. The highest share of this indicator was in 2013 (76.2 %). This is a sign of increasingly weak renewal of the population of problem drug users, i.e. of reduction of the number of emerging problem drug users, at least with regard to heroin. This regularity may be due to the lower share of heroin as a primary drug and the high number of respondents to this question in 2013 (99.3%) – in the preceding years their number was within the frame of 80-85 %.

The relative share of daily users of the primary problem drug has decreased over the past six years from 86% in 2007 to 56% in 2013. (See *Figure 5-1*)

Figure 5-1

RELATIVE SHARE OF THE PERSONS WHO ARE DAILY USERS OF THE PRIMARY PROBLEM DRUG (2000-2013)

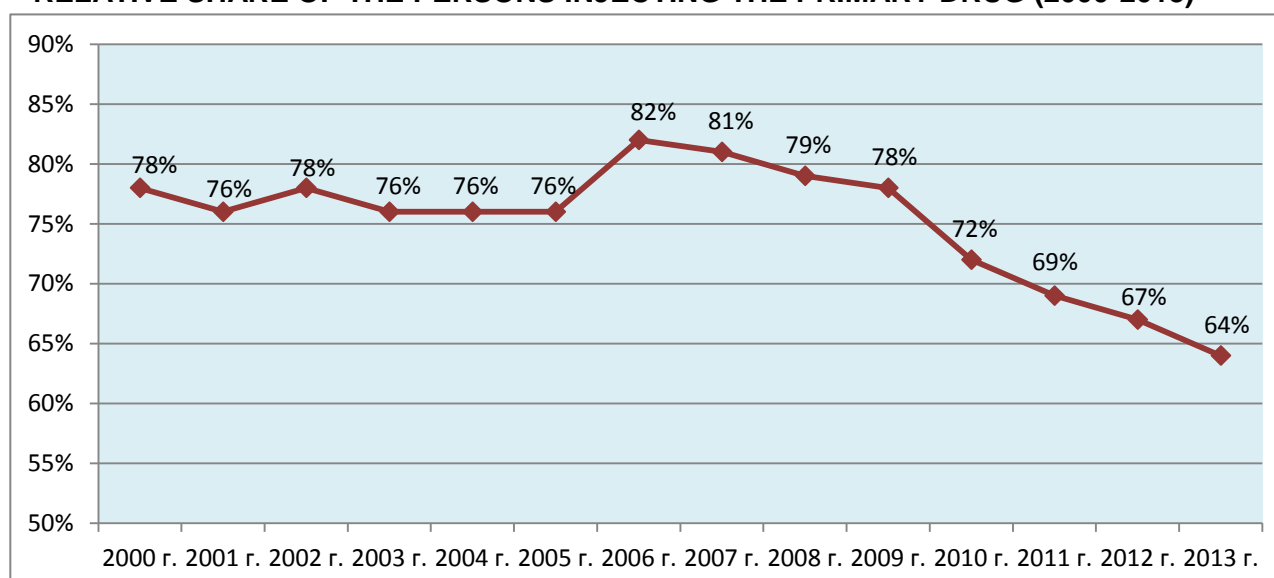


Source: National Focal Point on Drugs and Drug Addictions, Survey of the Drug-Related Treatment Demand

Most of the persons who use heroin as problem drug use the injection form of intake. Over the past six years there has been a trend of gradual reduction of this type of use. (See Figure 5-2) This is probably due to the good operation of the programmes for needles and syringes, and a reduction in the proportion of heroin as the primary problem drug. In 2013 the use of used needles or syringes was at the level of 2009, following the trend of increasing this share in the period 2010-2012.

Figure 5-2

RELATIVE SHARE OF THE PERSONS INJECTING THE PRIMARY DRUG (2000-2013)



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

In the recent years there has been no clear trend regarding the relative share of the persons who started treatment and who lived with (an)other drug user(s). This share has varied within the frame of 9-16%, and in 2013 decreased compared to the previous year by 2.6 percentage points.

Data from sources outside the National treatment demand system

According to the data reported for the period 2009-2013 about the patients in **the programmes for treatment with opiate agonists and agonist-antagonists of persons addicted to opioids in Bulgaria**, some basic characteristics may be derived regarding them (see *Table 5-10*). The persons employed accounted for 2/3 of the clients of these programmes, which is similar to the 2009 level. Nearly half of the clients were health-insured. Of them students accounted for 4.6 %, and the married persons accounted for 11.4 %. The share of persons with criminal offences slightly decreased compared to the preceding year, and in 2013 it was 7.9 %.

Table 5-10

MAIN SOCIAL CHARACTERISTICS OF THE CLIENTS OF THE PROGRAMMES FOR TREATMENT WITH OPIATE AGONISTS AND AGONIST-ANTAGONISTS (2009-2013)

(in %)

Characteristics	2009	2010	2011	2012	2013
Employed	66.0	54.0	54.8	55.2	66.6
Students	5.5	4.8	4.3	5.1	4.6
Health-insured	66.2	54.0	45.7	54.2	48.5
Married	9.0	8.7	13.8	11.6	11.4
With criminal offences	8.0	5.4	8.9	8.4	7.9

Source: National Centre for Addictions

On the basis of the data presented in the annual reports of the programmes for psychosocial rehabilitation, in the past four years some trends of the characteristics of the clients treated in them can be also outlined. (See *Table 5-11*)

About ¼ are women and married. The trend of reduction in the number of clients with criminal offences and those with blood-transmitted infections continues. At the same time the emerging trend from 2010 to 2012 of reduction in the number of employed clients was stopped, and in 2013 nearly one third had jobs. A similar process is observed with respect to the clients who are pupils and students. Compared to 2012, students in 2013 increased by 2.3 percentage points.

Table 5-11

**MAIN CHARACTERISTICS OF THE CLIENTS OF THE PROGRAMMES FOR
PSYCHOSOCIAL REHABILITATION
(2010-2013)**

(in %)

Characteristics	2010	2011	2012	2013
Gender (female)	22.6	24.4	22.5	25.4
Employed	31.5	26.1	20.3	32.4
Students	9.3	8.2	1.9	4.2
Married	22.1	30.3	21.7	27.4
With criminal offences	25.6	13.9	9.3	9.1
With blood-transmitted infections	42.3	36.4	34.8	30.4

Source: National Centre for Addictions

Still most clients pass through psychosocial rehabilitation programmes for problems associated with heroin use (1/3), and amphetamines, methadone and marijuana.

6. Health Correlates and Consequences

Introduction

The following key topics will be reviewed within this section:

- Drug –related infectious diseases;
- Other drug-related health correlates and consequences;
- Drug-related deaths and mortality among drug users.

In considering the topic of health correlates and consequences of drug use attention is paid to the prevalence of infectious diseases among drug users (prevalence among patients in substitution and rehabilitation programmes), non-fatal emergencies and overdose, psychiatric and somatic co-morbidity among drug users, drug-related mortality. Data have been included from the *National Programme for Prevention and Control of HIV/AIDS* at the *Ministry of Health*, the *National Centre for Public Health and Analysis*, the *Laboratory of the National Centre of Addictions*; data from the annual reports of the programmes for substitution and maintenance treatment and the programmes for psycho-social rehabilitation; data from the Monitoring System of Addictions Treatment Demand in Bulgaria

The presentation of the topic of drug-related deaths and mortality among drug users is based on information supplied by the *National Statistical Institute*, the *Emergency Aid Centre*, Sofia, the *Chief Directorate “National Police”* and the *Centre for Forensic Medicine and Deontology, Aleksandrovska Hospital, Sofia*.

Drug-Related Infectious Diseases

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

- Prevalence of HIV/AIDS in Bulgaria in 2013.

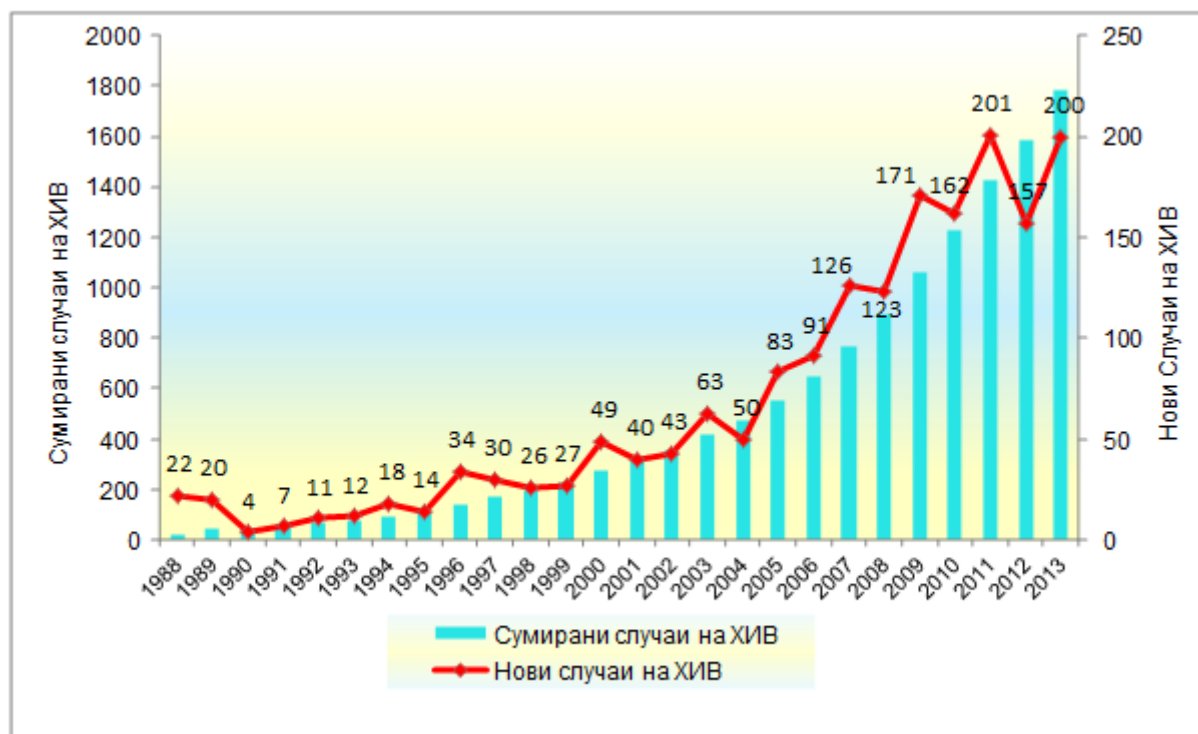
In 2013 Bulgaria remained a country with a low level of HIV prevalence among the general population – twice lower than the average for the European Union. According to data from the Report of the *European Centre for Disease Prevention and Control* for 2013 the new cases of HIV infection in Europe reported by 27 countries were 28 038, which is an increase of 1% compared to 2011. The new cases of AIDS reported by 26 countries were 4424, or 0.9 per 100 000. In 2012 the incidence of new HIV cases in the EU member countries was 6.3 cases per 100 000 population on the average. The incidence of new HIV cases in Bulgaria remained at the level of 2.7 cases per 100 000.

The number of officially registered persons with HIV/AIDS in the country was **1 847** according to data provided by the *National Programme for Prevention and Control of HIV/AIDS* at the *Ministry of Health*. In 2013 about **300 000** people in total were tested for HIV in Bulgaria, one third of them in the 19 counselling offices for free anonymous HIV/AIDS

counselling (COFAHAC) and the 17 mobile medical units under the *HIV/AIDS Prevention and Control Programme* at the *Ministry of Health*. In the past year the newly-identified HIV-positive cases were 200, which is 44 people more as compared to 2012 г. (see *Figure 6-1*). By the end of 2013 about 900 people died of AIDS.

Figure 6-1

PREVALENCE OF HIV IN THE GENERAL POPULATION IN THE PERIOD OF 1988-2013.



Source: National Centre for Addictions

Left side (green columns): Cumulative HIV cases

Right side (red line): Newly-identified HIV cases

The number of newly-infected men was five times higher than that of newly-infected women. The upper age limit for men was 73 years, and for women - 52 years. The bottom age limit was 14 years. The number of newly-registered cases was highest in Sofia city – **78**, Plovdiv – **29**, Pazardzhik – **13**, Varna – **12** and Haskovo – **9** cases.

According to the paths of infection transmission, two particularly vulnerable groups are prominent again: men who had sexual contacts with other men – 38 % (76 persons) and injecting drug users – 16.5 % (33 persons) of the newly-registered cases. The data show that for a third year in a row the share of infected persons in the group of injecting drug users fell (in 2012 they accounted for 26 % of the newly-registered) while the share of persons in the group of the homo/bisexual community increased (in 2012 they accounted for 35 % of the newly-registered cases). In 2013 the newly-registered cases in the risk group of prostitutes were 9 (4.5 %).

In 2013 nearly 39 % of the newly-registered cases were young people below the age of 29. Three cases were newly-registered HIV-positive pregnant women; 12 % of all newly-registered were foreign citizens with a different length of stay in the country.

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 ½ 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.

In 2013 the NCA Lab performed **3157** serological tests for **812** patients (see Table 6-1).

Table 6-1

SEROLOGICAL TESTS OF INJECTING DRUG USERS IN THE PERIOD OF 2011-2013

Test Type	Number of Tests			Positive Result		
	2011	2012	2013	2011	2012	2013
HIV antibodies	1140	662	812	32 (2,81%)	24 (3.62 %)	28 (3.41 %)
HCV antibodies	1138	622	812	772 (67,84%)	422 (67.84 %)	509 (62.68%)
HbsAg	1132	559	756	51 (4,51%)	32 (5.56 %)	34 (4.50 %)
Syphilis	1140	631	777	64 (5,61%)	62 (9.82 %)	46 (5.92 %)

Source: Laboratory of the National Centre for Addictions

The more detailed analysis of the results shows the following:

➤ Patients of SPHTAA seeking treatment and other patients consulted and tested at the NCA Lab: 310, among them:

- HIV positive: 10 persons (3.12 %);
- Hepatitis C antibodies positive: 190 persons (61.3 %);
- HbsAg Hepatitis B positive: 8 persons (3.05 %);
- TPHA positive for syphilis: 14 persons (6.57 %).

➤ Clients of CARITAS, Sofia, consulted and tested at the NCA Lab: 174 injecting drug users (IDU), among them:

- HIV positive: 4 persons (2.23 %);
- Hepatitis C antibodies positive: 120 persons (68.97 %);
- HbsAg Hepatitis B positive: 12 persons (7.0 %);
- TPHA positive for syphilis: 10 persons (5.46 %).

➤ The Foundation „Initiative for Health” submitted 343 IDU blood samples for testing at the NCA Lab, among them:

- HIV positive: 13 persons (3.79 %);

- Hepatitis C antibodies positive: 189 persons (55.19 %);
 - HbsAg Hepatitis B positive: 13 persons (4.16 %);
 - TPHA positive for syphilis: 23 persons (7.17 %).
- other drug users wishing to found out about their status.

Main conclusions on the basis of the data for 2013:

- The level of HIV infection in Bulgaria is low among the general population despite the sustained trend of increase among injecting drug users in the period of 2004-2010. For 2012 and 2013 the data show a sustained number of newly identified HIV- positive persons among the general population and a lower percent of infected persons in the group of injecting drug users. The share of persons in the homo- and bisexual community increased considerably.
- The number of drug users tested at the mobile medical units of Component 4 of the *Programme for Prevention and Control of HIV/AIDS* with the Ministry of Health and the NCA Lab dropped **in 2013**. A lower number of persons tested was reported in 2012 too. The reasons for that can be: **lower number of IDUs in Sofia and the country or a decreasing number of addicted persons seeking testing, counseling and treatment.**
- Over the past three years the level of HIV infection among injecting drug users showed a trend of staying the same: **7-9 %** of the persons tested in 10 big cities in Bulgaria /according to MH data/ and about 3 % in Sofia /according to NCA data/.
- The data for 2012 of the *Programme for Prevention and Control of HIV/AIDS* and the NCA data for 2013 confirm the trend of highest number of HIV-positive persons under the age of 25 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, implemented since 1992.
- Hepatitis C infection rate was **62.68 %**. for all intravenously injecting persons tested in Sofia, which can be noted as decline in the level of infection.
- After the tangible rise in 2012, the syphilis infection rate in Sofia returned to the usual level of about **5 %** in the IDU group at risk.
- The rate of co-infection with 2 and more infections has remained at the same levels for 3-4 years now, for example, all newly-diagnosed HIV carriers in Sofia city from the IDU group at risk reported a positive HCV antibody test too. 15 % of the carriers of HIV tested positive for HbsAg and syphilis.

Prevalence of Infectious Diseases Among Patients in Substitution and Rehabilitation Programmes

Operating in the country are 10 programmes for psycho-social rehabilitation in the following cities: Sofia and Sofia region, Varna, Plovdiv, Rousse, Dobrich. The total number of clients/patients passing through the programmes in 2013 was 519 persons. **158** persons in

total had blood-borne infections, with infection rate leading among Hepatitis C patients – **131 persons**, HIV - **1** person and **27** with unspecified blood-borne infection.

Operating in the country by the end of 2013 were 30 programmes for treatment with agonists and agonists-antagonists. The total number of persons passing through the programmes for treatment in 2013 was **3563**, **2496** among them with blood-borne infections. The share of persons – carriers of viral Hepatitis C was highest – **70,05 %** or **2137** persons, most of them patients of SPHTDAA, Sofia city – **267**. A serious increase was observed compared to 2012 when patients infected with Hepatitis C accounted for **57%** of all filled slots in the programmes.

A slight decrease of the share of Hepatitis B infected patients was observed as compared with the previous year: **8,13 %** in 2012 to **6,99 %** (249 persons) in 2013. Their share was highest at CPZ-Vratsa Ltd - 40 persons.

Some decline was also observed in the share of HIV/AIDS positive patients. In 2013 it was **2,75 %** (98 persons) while in 2012 it was **3,98 %**. Most were newly-infected patients from the programme at CPZ – Plovdiv Ltd and, more specifically, from the branch programme in Stolipinovo city district - 62 people in total, followed by the programme at SPHTDAA, Sofia city, - **17** people; the remaining positive tests were among patients from 8 programmes.

Syphilis was diagnosed in **12** patients enrolled in 5 programmes. **26** patients with tuberculosis received treatment of addictions in 2013, enrolled in 10 programmes.

Some decline in the share of patients tested for blood-borne and sexually transmitted infections was observed in 2013 as compared to 2012. (see *Table 6-2*).

Table 6-2

PATIENTS TESTED IN SUBSTITUTION AND MAINTENANCE PROGRAMMES OVER THE PERIOD OF 2012-2013

Type of Test	Number of Persons Tested	
	2012	2013
HIV	1756 (50,98%)	1592 (44,68%)
Viral Hepatitis B	1590 (46,15%)	1470 (41,26%)
Viral Hepatitis C	1696 (49,23%)	1551 (43,53%)
Syphilis	1227 (36,62%)	1284 (36,03%)
Tuberculosis	776 (22,52%)	518 (14,54%)

Source: *Annual Reports of Substitution and Maintenance Programmes*

The successful births in the programmes for treatment with agonists-antagonists in 2013 were 39 in total; their number was highest at SPHTDAA, Sofia city – 14, and the remaining 25 spread in 11 programmes.⁵⁵

Other Drug-Related Health Correlates and Consequences

Non-Fatal Emergencies and Overdoses

In 2013 in the *Toxicology Clinic of N.I. Pirogov Hospital* in Sofia 177 patients (127 males and 50 females) sought emergency medical aid after acute poisoning with psychoactive substances. 77 received outpatient care, 100 were hospitalized in the inpatient facility. **2.1 %** of all patients passing through the emergency reception ward in that period were linked with

⁵⁵ Source: Annual reports of substitution and maintenance programmes

the use of psychoactive substances. The 2011 trend of lower number of persons seeking aid in connection with acute poisoning after use of psychoactive substances is still continuing (see Table 6-3).

Table 6-3

DYNAMICS OF DRUG-ADDICTED PATIENTS ADMITTED IN THE PIROGOV TOXICOLOGY CLINIC IN THE PERIOD OF 2009-2013.

	2009	2010	2011	2012	2013
Total number of treated patients	194	152	241	194	177
Treated at the reception ward	141	86	137	99	77
Hospitalized patients	53	66	104	95	100

Source: Pirogov Emergency Hospital, Sofia, Toxicology Clinic

The share of Pirogov's patients seeking emergency aid in connection with marihuana use was highest (36,6 %). In 2013 the share of those seeking aid because of acute heroin poisoning continued to decrease: in 2013 they were 18,08 % of all drug-using patients, in 2012 – 24,23 % while in 2011 they were 27,6 %.

Table 6-4

NUMBER OF NON-FATAL EMERGENCY CASES BY SUBSTANCES IN THE PERIOD 2010-2013

Type of Substance	Number of Patients in 2010	Number of Patients in 2011	Number of Patients in 2012	Number of Patients in 2013
Heroin	69	66	47	32
Cocaine	11	30	25	15
Amphetamines	23	52	36	37
Marihuana	39	75	59	64
Ecstasy	-	-	-	3
Methadone	9	16	23	26

Source: Pirogov Emergency Hospital, Sofia, Toxicology Clinic

The share of admitted drug-addicted patients over the age of 35 dropped significantly as compared to the previous year – 9,04 % in 2013 as against 16,49 % in 2012. Patients aged between 26-35 had the highest share again (40,1 %).

Table 6-5

AGE DISTRIBUTION OF PATIENTS OF PIROGOV EMERGENCY HOSPITAL IN THE PERIOD OF 2008-2013 IN ABSOLUTE VALUES

Age	2009	2010	2011	2012	2013
Under 15	11	6	24	25	22
16-18	23	12	32	37	31
19-25	71	58	76	43	37
26-35	70	63	89	57	71
Over 35	19	13	20	32	16
Total	194	152	241	194	177

Source: Pirogov Emergency Hospital, Sofia, Toxicology Clinic

By data from the Emergency Medical Centre, Sofia, 681 cases of drug-related non-fatal overdose and emergency cases were registered in the emergency rooms in 2013.

The persons treated for drug addiction at the Medical Emergency Centres and the emergency units in the country are 1929 in total - 26 in Blagoevgrad, 109 in Bourgas, 205 in Varna, 51 in Veliko Turnovo, 35 in Vidin, 21 in Vratsa, 6 in Gabrovo, 65 in Dobrich, 43 in Kyustendil, 2 in Lovech, 3 in Montana, 43 in Pazardzhik, 19 in Pernik, 46 in Pleven, 243 in Plovdiv, 71 in Rousse, 36 in Silistra, 18 in Sliven, 2 in Smolyan, 718 in Sofia⁵⁶, 46 in Stara Zagora, 100 in Shoumen, 18 in Yambol. One patient each was treated in the emergency centres in the cities of Haskovo, Turgovishte and Kurdzhali all through year 2013.

According data from the Emergency Medical Centre, Sofia, **681** cases of drug-related non-fatal overdose and emergency cases were registered in the emergency rooms in 2013. Highest was the share of non-fatal drug use-related emergency cases – **38%** as well as of persons with abstinence syndromes – **36,9%**.

Таблица 6-6

NUMBER OF NON-FATAL CASES OF OVERDOSE AND DRUG-RELATED EMERGENCIES IN 2013.

Reaction to drug use	Type of Drugs	Number
Non-fatal emergencies related to drug use	Heroin, cocaine, morphine, methadone	259
Non-fatal emergencies – others related drug use	Amphetamines, marihuana	7
Abstinence syndromes due to drug use	Heroin, cocaine, morphine, amphetamines, ecstasy, marihuana	251
Suicide attempts due to drug use	Heroin, amphetamines	2
Drug-related overdose	Heroin, cocaine, morphine, ecstasy, amphetamines, marihuana	162

Source: Emergency Medical Centre, Sofia

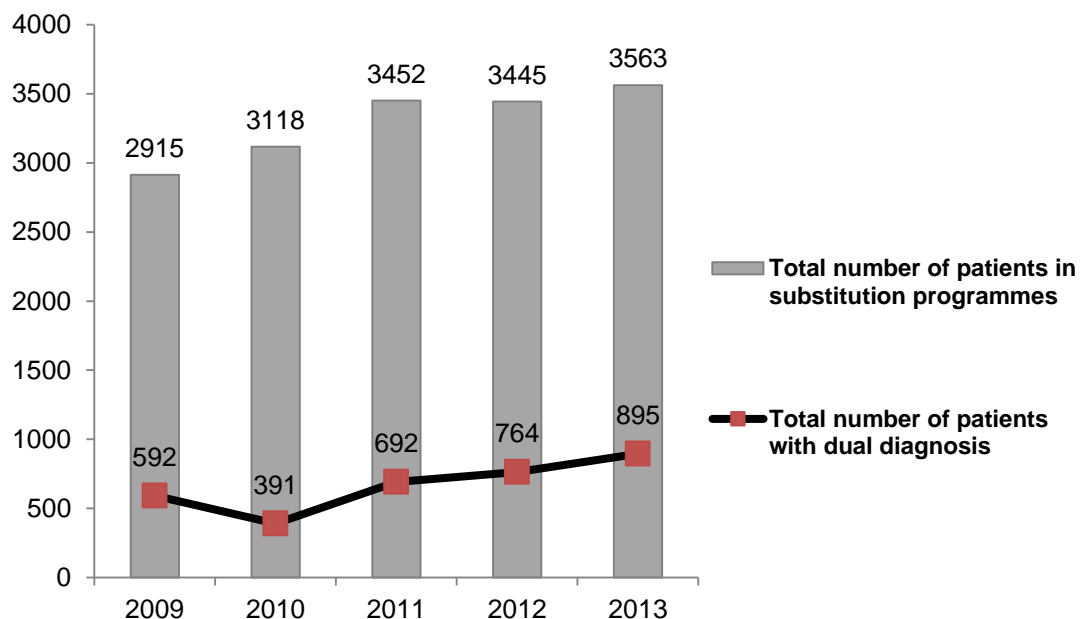
Psychiatric and somatic co-morbidity

According to data provided by 30 programmes for substitution and maintenance treatment with Methadone and Substitol, the total number of patients treated in the programmes in 2013 was 3 563 (118 patients more as against 2012). The number of patients with dual diagnosis was 895, which constitutes an increase of 131 people as compared to 2012. The most frequent accompanying disorders were personality disorders, anxiety and schizophrenia.

⁵⁶ The data for Sofia city do not include persons who sought medical aid at Pirogov Emergency Hospital.

Figure 6-2

NUMBER OF PATIENTS WITH DUAL DIAGNOSIS IN SUBSTITUTION PROGRAMMES IN THE PERIOD OF 2009 - 2013

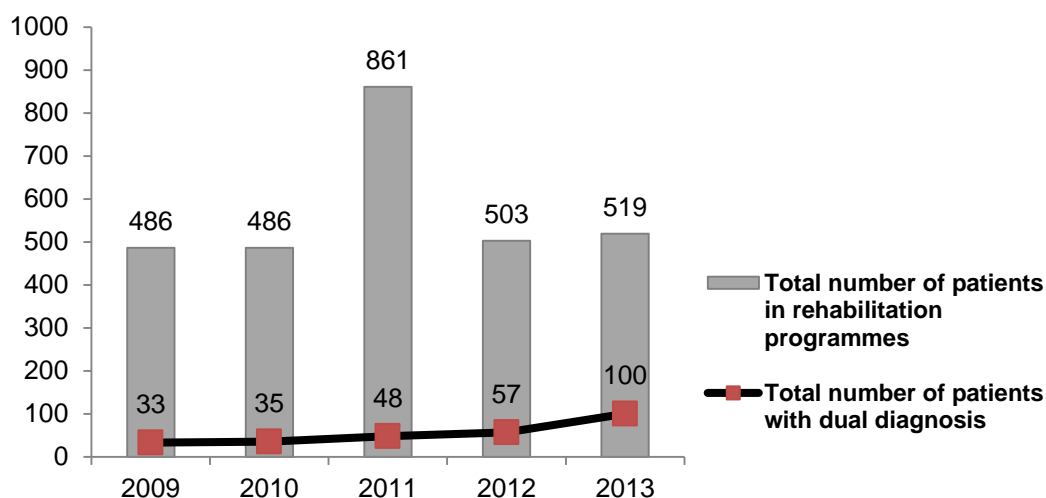


Source: Annual Reports of Substitution and Maintenance Programmes

According to data from the Annual Reports of the programmes for psycho-social rehabilitation, the share of patients with co-morbid conditions (psychiatric disorders, BAD – 1, schizophrenia – 1, other – unspecified) showed increase as compared to previous years: in 2013 they accounted for **19,27 % (100)** of all 519 patients treated, in 2012 – **11,33 % (57)**, and in 2011 – **5,57 % (48)**.

Figure 6-3

NUMBER OF PATIENTS WITH DUAL DIAGNOSIS IN REHABILITATION PROGRAMMES IN THE PERIOD OF 2009 - 2013



Source: Annual Reports of Rehabilitation Programmes

According to data provided by the Monitoring Information System on drug-related treatment demand in 2013 patients with accompanying psychiatric disorders in Bulgaria were 61 persons (4,5 % of all 1 354 patients included in the monitoring). The most frequent disorders are personality disorders and mixed-type disorders of the personality. The data for 2013 show that 152 patients were with accompanying somatic disorders, or 11,2 % of all patients covered by monitoring (see *Table 6-7*). Most frequently observed were viral hepatitis, epilepsy and infections of the upper respiratory tract.

Table 6-7

PATIENTS WITH ACCOMPANYING PSYCHAITRIC AND SOMATIC DISORDERS IN THE PERIOD OF 2011-2013

	2011	2012	2013
Number of patients included in the monitoring	1839	1408	1354
Number of patients with psychiatric disorder	222	93	61
Number of patients with somatic disorder	89	144	152

Source: Monitoring system of addictions treatment demand in Bulgaria

Suicidal disposition and depression were observed in some patients with heroin addiction (intoxication) in the inpatient unit of the Clinic of Toxicology of Pirogov Emergency Hospital, Sofia. With patients treated for amphetamine addiction (intoxication) the prevailing behavior was aggression, personality disorders, anxiety and, in some rare cases, episodes of schizoid-affective type. Six of the patients of Pirogov Emergency Hospital, Sofia were diagnosed with psychiatric and somatic co-morbidity.

According to data supplied by the *National Centre of Public Health and Analyses* for 2013 a total of **488** persons were hospitalized in inpatient units of all medical establishments in the country in connection with psychiatric and behavioural disorders due to opioid use, as well as **824** hospitalized in connection with use of other psychoactive substances. 2 suicidal attempts after use of heroin and amphetamines in total were registered at the emergency units in Sofia city.

Drug-related Deaths and Mortality Among Drug Users

Drug-Related Deaths

Statistics of deaths by death cause

Statistical activity in the field of healthcare is regulated in the provisions of the Law on Statistics, the National Statistical Programme and Ordinance 1 of the Minister of Health dated 27.02.2013 on the provision of medical-statistical information and information on the medical activities carried out in the medical establishments.

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

The obligations of the EU member-countries with regard to statistics on deaths 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.

The Ordinance on amendment and supplementation of Ordinance No.42 dated 2004 on introduction of the International Classification of Diseases and the health-related problems – X Revision by the Minister of Health, regulates, effective since 01.01.2013, the coding of diseases and health-related problems in the relevant documents by applying the full list of four-digit codes included in the International Classification of Diseases – X Revision. In the beginning of 2013 the National Statistical Institute together with the departments on ‘Medical activities’ at the Regional Health Inspectorates initiated collection and processing of information on deaths by causes, using the four-digit coding in line with ICD – X Revision.

Drafting a death notice

Under the Civil Registration Act civil status certificates represent official documents in writing. The certificates related to death by causes 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 death, the preceding and accompanying conditions or diseases as well as the main (underlying) cause of death. The precise accurate recording of the cause of death to a large extent predefines the quality and reliability of the data on 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, 10th Revision.

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 triggers off the start 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 health conditions, if any, have brought about this disease or this condition.

The Ministry of Health issues instructions for encoding the causes of death in line with the ICD-10. The encoding of the causes of death is completed by physicians working at the regional health inspectorates who have been trained to apply the requirements of the ICD-10. To encode the causes of death the physician uses the medical death certificate.

Since 2013 a four-digit code is applied in Bulgaria to encode the cause of death. This in turn already enables Bulgaria to strictly apply the EMCDDA definition concerning the indicator “Drug Related Deaths”.

Definition

In accordance with the EMCDDA requirements (The DRD-Standard, version 3.2) definition Selection B is applied while using a combination with the T-codes under ICD – X.

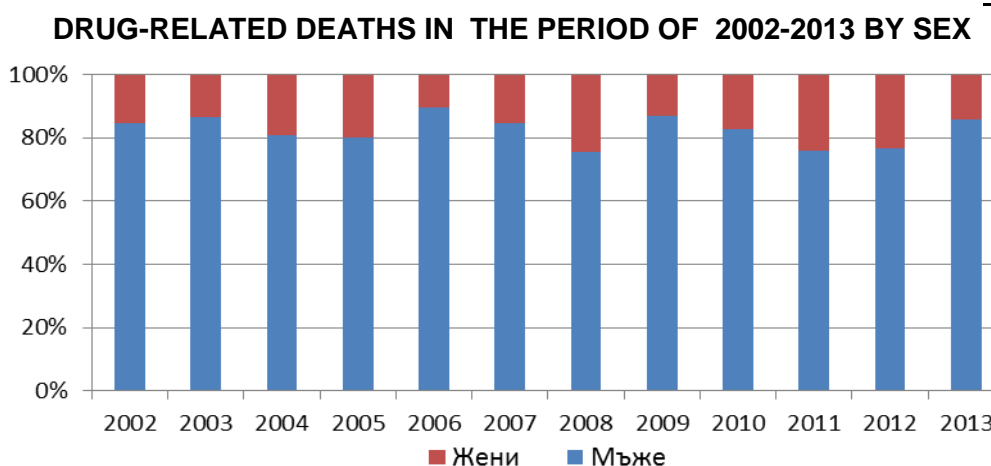
ICD – X, initial version without the subsequent updates is applied in Bulgaria. In compliance with the EMCDDA recommendations, codes X44, X64 and Y14 are excluded from the definition.

Deaths by cause in 2013

The total number of deaths by drug-related cause in 2013 is 21, or 0.29 per 100 000 population.

The difference with deaths by sex is significant. In 2013 diseased males due to drug use were 18, or 85.7% of all deaths by such causes (see *Figure 6-4*). The mortality rates by sex are accordingly **0.51 per 100 000 men and 0.08 per 100 000 women.**

Figure 6-4



Source: National Statistical Institute

- Women - Men

The number of drug-related deaths is highest in age group 30-34 years – 8 people. The majority (90 %) of all diseased were 20-39 years old.

The average age of diseased by drug-related causes in 2013 was 32.4 years and it is lower as compared to 2012. It was higher for males – 29.8 years and it was 28.3 years for females. In data analysis however one should bear in mind the low number of deaths, especially among diseased women.

The median age⁵⁷ of diseased persons in 2013 was 30 years, i.e. half of the diseased persons by drug-related causes were under 30 years of age. The median age for males was 30 years too.

Some changes occurred during the first year of application of the EMCDDA definition coupled with T-codes and use of the 4-digit code according to ICD-10 by death causes in the structure of deaths. The trend of the highest share of deaths caused by accidental poisoning and exposure to narcotics and psychodislectics (hallucinogens) not classified elsewhere (X42)⁵⁸ was preserved, but in 2013 81 % of the drug-related deaths were due to these causes (see *Figure 6-5*). Poisoning and exposure to narcotics and psychodislectics (hallucinogens) not classified elsewhere with undetermined intent (Y12) and causes

⁵⁷ The median (median value) is the value of the indicator that is positioned in the middle of the value range.

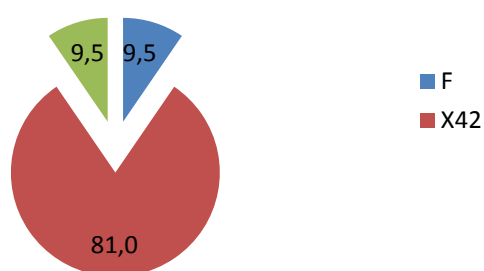
⁵⁸ In combination with the T-codes in compliance with the definition, selection B

classified in class V of ICD-10 “Mental and Behavioural Disorders“ led to death in 9.5 % of the death cases.

In 2013 there was not a single case of death by Deliberate self-poisoning by and exposure to antiepileptic, sedative, hypnotic, anti-Parkinsonian and psychotropic drugs, not classified elsewhere (X61), Deliberate self-poisoning by and exposure to narcotics and psychodisruptors (hallucinogens) not classified elsewhere (X62) and Poisoning by and exposure to antiepileptic, sedative, hypnotic, anti-Parkinsonian and psychotropic drugs, not classified elsewhere (X41). The reason for that is the altered national definition and the introduction of the internationally comparable EMCDDA definition, selection B.

Figure 6-5

STRUCTURE OF DRUG-RELATED DEATHS IN 2013



Source: National Statistical Institute

Depending on the place of death, drug-related deaths in 2013 are classified as follows:

- at home – 52.4 %
- in a hospital – 23.8 %
- elsewhere– 23.8 %.

The *Centre for Forensic Medicine and Deontology (CFMD)* at Aleksandrovska Hospital, Sofia, describes deaths by classifying them by sex, age, type and amount of identified substances, organs where they are identified; date of death, cause and place of death⁵⁹.

On the basis of data from post-mortems **42 cases of death** as a result of poisoning with narcotics were identified in 2013 in the area of Sofia-city and Sofia-region. **18 cases** among them **were directly related to drug use**. Combined poisoning was found in the majority of these cases: heroin with methadone or heroin with alcohol (see *Table 6-8*). Most of the diseased were males – 35 persons. The average age of the diseased was 31 years, the youngest aged 21 and the oldest - 62⁶⁰.

⁵⁹ The results refer only to Sofia city and Sofia region.

⁶⁰ Source: MEC-Sofia at Aleksandrovska University Hospital

Table 6-8

DRUG-RELATED DEATHS (2013)	
Deaths directly related to drug use:	
Cause	Number
Acute poisoning with heroin	5
Acute poisoning with narcotics (combined)	9
Остро комбинирано отравяне с наркотични вещества и алкохол	4
Deaths indirectly related to drug use	
Cause	Number
Incidents (suicides, accidents) after drug use	3
Morbid cause of death as a result of drug use	9
Mechanical asphyxia caused by aspiration (breathing in) vomited matter after drug intake	11
Suicide through intake of other medicines	1

Source: Centre for Forensic Medicine and Deontology, Sofia, Aleksandrovska University Hospital.

By data from the Emergency Medical Centre, Sofia, 11 deaths after drug use were registered in 2013 at the emergency centres in Sofia.

A significant increase has been observed in the past three years in the number of deaths of patients enrolled the programmes for treatment with agonists and agonists-antagonists: in 2013 their number was **31** (33 % more as compared with the data for 2012), in 2012 the number of deaths was 21, and in 2011 – 17. By indicated causes the number of diseased due to health complications was highest (**22**). The reports recorded three diseased patients due to overdose.

According to data from Chief Directorate „National Police“, **33 deaths** caused by overdose were registered in 2013. All diseased were men, most of them 18-30 years of age (**63,7 %**).

A total of **eight deaths** of patients with mental and behavioural disorders caused by use of psychoactive substances were registered in 2013 at the psychiatric hospitals, mental health centres, consultation offices the medical centres and individual general practices.⁶¹

⁶¹ Source: National Centre for Public Health and Analyses

7. Responses to Health Correlates and Consequences

Introduction

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

- Prevention of drug-related emergencies and reduction of drug-related deaths;
- Prevention and treatment of drug-related infectious diseases;
- Responses to other health consequences among the drug users.

The activities and services, provided by the harm reduction programmes, aimed at reducing the risk of an overdose and providing first aid in emergencies, prevention of infectious diseases, related to drug use, consulting and testing are all given in detail. The access to and the coverage of services in the country, as well as the characteristics of the harm reduction programme clients are taken in consideration.

The activities of the programmes are regulated by the Narcotic Substances and Precursors Control Act, Chapter Seven - "Use, prevention, treatment and psychosocial rehabilitation of individuals dependent on and abusing drugs", as well as by Regulation № 7 regarding the terms and conditions of implementing the harm reduction programmes of 7.09.2011.

According to the annual reports of the organizations in 2013 the following approaches for community work were implemented ⁶²:

➤ Independent outreach

The independent outreach includes the greater part of the work of the programmes. The teams do outreach work in the towns: Blagoevgrad, Sandanski, Pazardzhik, Peshtera, Septemvri, Sofia, Varna, Dobrich, Provadia, Devnya, Byala, Beloslav, Balchik, Kavarna, Silistra, Plovdiv, Pernik, Pleven, Lovech, Teteven, Levski, Cherven briag, Svishtov, Rousse, Kyustendil, Burgas, Yambol, Nova Zagora and Pomorie.

The main services, provided by the independent outreach, are:

- ✓ exchange and dispensing sterile injection sets (needles, syringes, disinfection handkerchiefs, caps, filters, tourniquets, distilled water);
- ✓ handing out health educational materials, condoms, lubricants;
- ✓ holding consultations on health and social problems, as well as referral to specialized services (most often on problems related to the treatment of HIV/AIDS and the sexually transmitted infections);
- ✓ testing for blood-borne infections.

⁶² Source: National Centre for Addictions

Only one organization – „Caritas – Sofia” provides primary medical aid for treating the injection sites, abscess processing and providing medications and dressing materials.

➤ **Home outreach**

This sort of outreach is implemented on the territory of smaller settlements, where keeping the anonymity of the injecting drug users (IDUs) is important. The clients usually gather at private homes for the training of injection practices.

Home outreach is implemented by six organizations in more than 10 towns and villages.

➤ **Outreach at institutions**

This type of activity is implemented by five organizations in the towns: Blagoevgrad, Burgas, Pazardzhik, Sofia, Bobov dol and the village of Samoranovo (district of Kyustendil). Here the main activities are related to clients who are at places for deprivation of liberty and are aimed at providing health educational materials, training for overdose prevention and giving first aid in case of an overdose, consulting, testing for blood-borne infections and testing for tuberculosis.

➤ **Reference outreach**

Nine of the organizations report that they are doing this kind of activity in which mainly key collaborators and clients of long years with manifested qualities of a leader are involved. In this type of activity mainly sterile injection sets are dispensed, health educational materials are disseminated and consultations are done with referral to offices and services. As a whole this accounts for 5 % to 7 % of the activity of the programmes.

Reference outreach is done on the territory of Blagoevgrad, Burgas, Pazardzhik, Peshtera, the village of Zvunichevo, Vetren dol, Septemvri, Bratsigovo, Sofia, Plovdiv, Pernik, Dolna Mitropolia, Rousse, Kyustendil.

Drug related emergency prevention and drug related deaths reduction

Detoxic-depuration, antidote and symptomatic treatment is applied to patients of “Pirogov” (Multiprofile Hospital for Active Treatment and Emergency Medicine) MHATEM ⁶³, who have been admitted with acute poisoning with psychoactive substances. To the patients motivated for treating the addiction, the following therapeutic scheme, lasting on the average 10 days, is offered after the subsiding (overcoming of the acute poisoning):

1. Detoxic-depuration treatment
2. Anti-abstinent treatment:
 - Abrupt deprivation of the psychoactive substance
 - Applying tranquilizers
 - Applying neuroleptics of sedative and anti-abstinent effect
 - Applying thymostabilizers

⁶³ “Nikolay Ivanovich Pirogov” EAD University Multiprofile Hospital for Active Treatment and Emergency Medicine

- Applying antidepressants
3. Hepatoprotective
 4. Cerebroprotective treatment
 5. Treatment with vitamins
 6. Symptomatic treatment: non-benzodiazepin hypnotics, non-opioid analgesics for patients with dependence on PAS.
 7. Rehabilitation treatment.

For the patients who have been admitted for an overdose of heroin, regardless of the severity of the clinical condition (incl. no breathing) no death rate has been registered. This is due to the resuscitation and appropriate antidote treatment – bolus doses of Naloxone. However, some of the patients leave the hospital wilfully after the resuscitation of their vital functions- explicit denial of treatment

In 2013 three severe cases of Methadone poisoning were reported (in combination with alcohol and other cerebrodepressive medications). In the days preceding the intoxication the patients did not share suicidal thoughts. Because of the long plasma half-life of Methadone toxic plato lasting around 24 hours is formed, with main clinical manifestations: quantitative abnormalities of consciousness (sopor, coma) and depression of breathing. All the patients were hospitalized in a state of coma and with respiratory rate 2-4 / min. As a result of this particularity of the metabolism of Methadone serious poly-organ damages are caused, and two of the patients were discharged with persisting vegetative condition (PVC) – severe cognitive disorders of the CNS. Such pathology and course of the intoxication has not been observed in the clinic with heroin poisoning ⁶⁴.

In 2013 the non-government organizations, working in the sphere of harm reduction, implemented projects funded by the National Centre for Addictions (NCA) ⁶⁵. The project activities were aimed at limiting the risk of an overdose and giving first aid in emergencies by providing information to and training of volunteers using drugs and to their relatives. **94 trainings of 917 injecting drug users (IDUs)** and their relatives and partners in 16 settlements of the country were held.

Coverage and access to services

On the territory of the country **11** harm reduction programmes function, which have been established at the NGOs. 10 of them are funded by the “Prevention and Control of HIV/AIDS” of the Ministry of Health and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In the country **10** low-threshold centres for IDUs function⁶⁶, where health, social and psychological services are provided, sterile sets for injecting are also dispensed and information materials handed out. Mobile medical consulting rooms are maintained by **5** NGOs.

In 2013 the harm reduction programmes provided services at **33** settlements, in **28** towns of the country and at **82** outreach sites.

⁶⁴ Source: “N.I.Pirogov” EAD MHATEM – Sofia, Clinic of Toxicology

⁶⁵ Source: National Centre for Addictions

⁶⁶ Nine of the Low-Threshold Centres function within the framework of Component 4 of the “Prevention and Control of HIV/AIDS”, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria among the IDUs

In 2013 **72,028** direct contacts were made (**69,805** of the contacts were realized by the ten programmes funded by “Prevention of HIV/AIDS” programme of the Ministry of Health, **2,223** – by the “Caritas” – Sofia Association) and the biggest number of contacts were made by organizations working on the territory of Varna (17,650), Burgas (10,211), Plovdiv (10,161) and Sofia (8,267) municipalities.

7, 779⁶⁷ clients have been reached (see *Fig. 7-1*), and more than 200 individuals at risk have received the service “conducting a case”. The trend of reducing the number of new clients reached still holds – **1,430**⁶⁸ in 2013 vs. 1,713 in 2012. According to the harm reduction programmes their services are not attractive for clients using stimulants, and at the same time the number of the newly found clients predominantly using stimulants is growing. The number of the new clients of Roma origin, who as a rule are difficult to reach, is also growing. The general health and social status of the clients remains poor (homeless, unemployed, without IDs, with multiple infections and co-morbidities). The crime rate remains high, the prostitution among both genders is increasing.

All the programmes indicate still other problems, dominating in 2012 and persisting in 2013 in the group of the IDUs:

- advancing in age of the members of the group;
- gathering together of small groups of IDUs from the Bulgarian ethnos in private homes with the aim of having injection practices;
- combined injecting use of several substances, as well as polydrug use of amphetamines, metamphetamines, Methadone and oral use of Rivotril and alcohol;
- use of inhalants by the group of Roma origin.

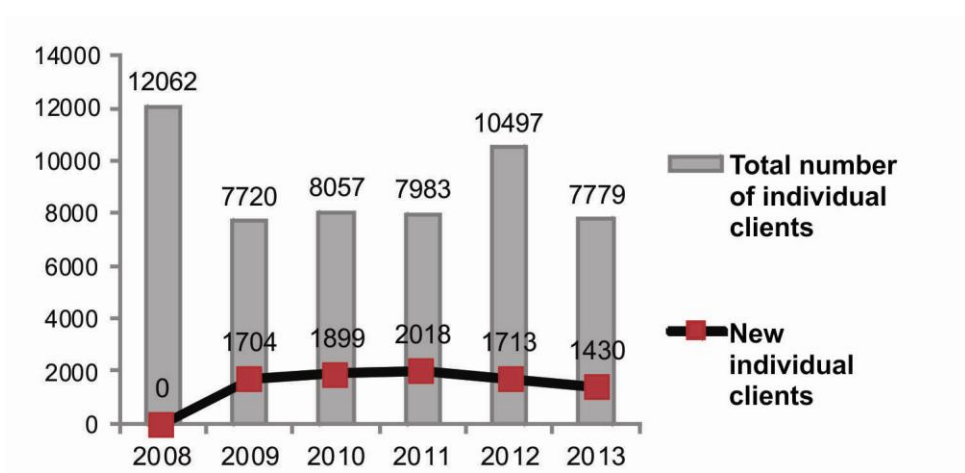
In view of the above mentioned developing harm reduction programmes for clients using stimulants and for clients who smoke and inhale narcotic substances has to be considered. It is necessary to actively work for the establishment of centres for integrated health and social services for individuals using narcotic substances, for assisting families and individuals with physical disability and having medical and social problems, caused by the use of narcotic substances.

⁶⁷ The data include: 7,326 individual clients of the ten programmes, funded by the “Prevention and Control of HIV/AIDS” Programme; 453 clients of “Caritas” – Sofia Association.

⁶⁸ The data include: 377 new clients of “Caritas” – Sofia Association; 1,053 new clients of the ten programmes, funded by the “Prevention and Control of HIV/AIDS” Programme;

Figure 7-1

INDIVIDUAL CLIENTS REACHED BY THE HARM REDUCTION PROGRAMMES OVER THE PERIOD 2008-2013



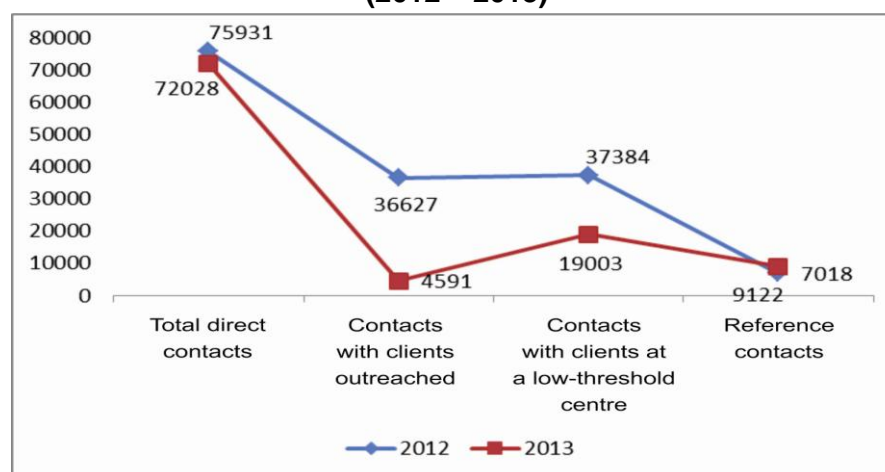
Source:

“Prevention and Control of HIV/AIDS” Programme, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2013, Ministry of Health; National Centre for Addictions

The greater number of the clients have been outreached, **689** of them have passed through Low-Threshold Centres, **2,630** have visited the Mobile Medical Consulting Rooms. Around **315** clients have been reached at institutions, most often those were places of deprivation of liberty.

Figure 7-2

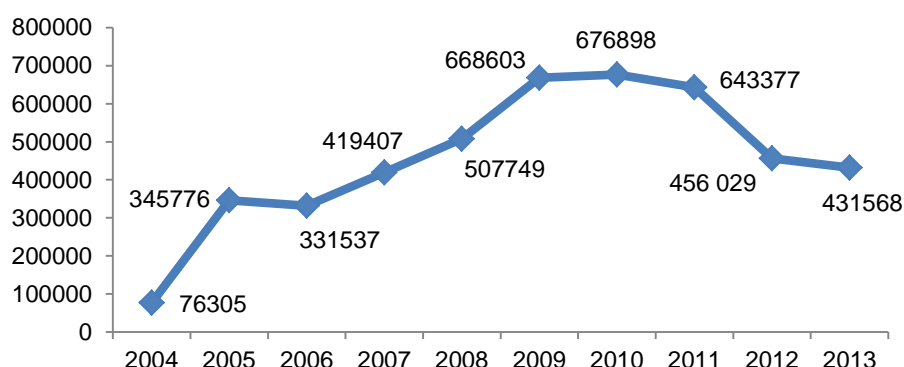
CONTACTS MADE WITH CLIENTS OF THE HARM REDUCTION PROGRAMMES (2012 – 2013)



Source: National Centre for Addictions

The trend, observed since 2011 of reducing the number of the sets for safe injecting dispensed – in 2013 the number of sets dispensed was **431, 568** which was a reduction by **24, 461** compared to 2012, still holds (see Figure 7-3).

**STERILE SETS DISPENSED (A SYRINGE WITH 2 NEEDLES)
OVER THE PERIOD 2004-2013**



Source: National Centre for Addictions

The number of some of the materials provided remains the same as in 2012 - in 2013 **142, 775** condoms were dispensed, **3, 200** pharmaceutical products, and **18,458** information and **3, 528** other materials ⁶⁹.

7, 500 pieces and 295 kg needles and syringes were collected and destroyed. The service “conducting a case” was provided to 221 individuals and in relation with this 1, 842 meetings were conducted. 850 medical manipulations were done.

Usually the services of the Harm Reduction Programmes reach 35-40 % of the IDUs, which is an average coverage of the services. According to the technical manual of WHO, UNODC, UNAIDS for the countries regarding the universal access to HIV prevention, treatment and care for the IDUs, the average rate of reaching the IDUs has been assessed as 20% up to 60% coverage of the target group representatives.

The service coverage of providing sterile injection sets is 20.5 % of the group, and for the condoms the respective rate is 6.8 % of the target group. Alongside with 25.6 % of the contacts made the clients have received health educational materials.

Characteristics of the service users

Seven of the organizations report that they have used the „**Cristo Inventory**“ instrument to assess the risk and level of drug abuse of the client. The instrument is used mainly at providing the service “conducting a case”, because it indicates the level of the social functioning of the client, and respectively - the necessity of referring them to certain social and health services.

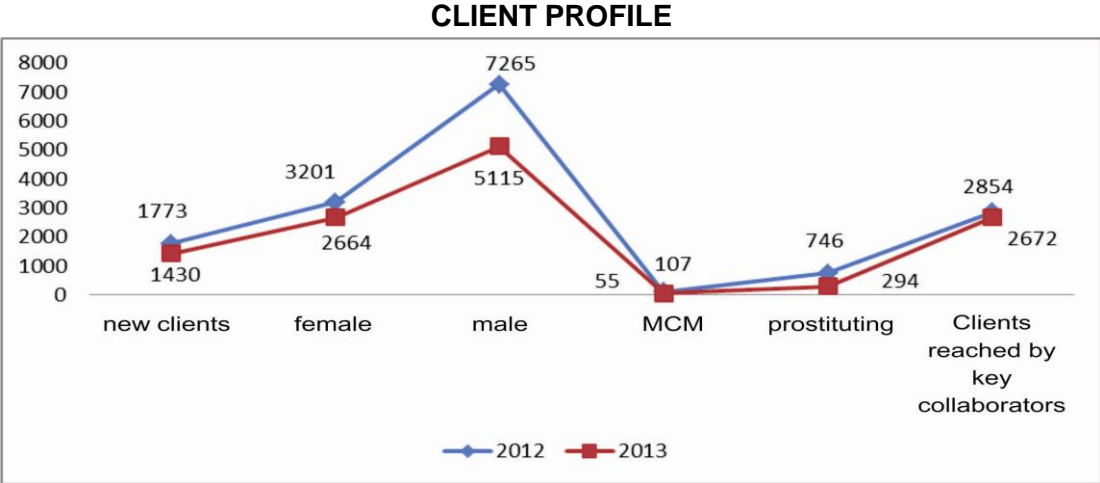
The greater number of the clients are male – **5,115**, and **4,379** of all the individuals reached are aged over 25 years. Around 2, 672 of the clients have been reached by the key collaborators (see *Figure 7-4*).

⁶⁹ Source: National Centre for Addictions

Most of the organizations report that the greater number of their clients are of low social status and have frequently perpetrated criminal offences. Increased mobility among the drug users has been identified, related to getting the necessary drugs, as well as prostitution, again with the aim of getting narcotic substances. There is evidence of polydrug use – heroin, Methadone, amphetamines and other medications (Subutex, Oxycodone, Ketaminol, Tramadol, Ketamin, Rivotril, MST, etc.) The injecting use of Methadone increases, as well as that of amphetamines. The harm reduction programmes indicate that their services are not attractive for clients, using stimulants.

Some of the programmes (in Plovdiv and Pleven) report that for the clients from the Bulgarian ethnos the use of synthetic stimulants is all the more characteristic, mainly that of amphetamine, which is replacing heroine. For the clients of the Roma ethnos (whose number is growing), the use of heroine is characteristic. An increase of the number of HIV-positive clients is observed, as well as of the death rate among them. The clients are getting more difficult to reach- the sites where the IDUs from the Bulgarian ethnos gather are moved to the so-called ghettos, and this necessitates a change of the approach and of the ways to reach the target group (Sofia). Aggressive behavior has been observed among the drug users of Roma origin.

Figure 7-4



Source: National Centre for Addictions

Prevention and treatment of drug-related infectious diseases

Prevention of drug-related infectious diseases

The main purposes of the harm reduction programmes are limiting the unwanted health and social effects, directly or indirectly related to drug use, providing support and assistance to the users. The prevention of drug-related infectious diseases consists mainly of providing information and consultations on safe injecting, safe sexual behavior and on other health and social topics, as well as of providing sterile injection sets, condoms, lubricants, etc.

The needle and syringe exchange is the main starting point for all the other approaches to harm reduction, because the easy access to sterile injection sets is important both for the purposes of the prevention of infectious diseases and for providing easier access to the

hidden population of drug users. The harm reduction programmes provide consulting and free sterile sets. Apart from the programmes, the IDUs can get sterile injection sets from all the pharmacies in the country, as well as from the sanitary shops.

Table 7-1

SERVICES PROVIDED BY THE HARM REDUCTION PROGRAMMES IN 2013

TYPE OF SERVICE	NUMBER OF ORGANIZATIONS, PROVIDING THE SERVICE
Dispensing sterile needles, syringes and appliances for injecting	10
Dispensing condoms	10
Dispensing lubricants	8
Distributing health educational materials	11
Consultations on family planning and pregnancy ⁷⁰	4
Consultations and information on reducing hazardous behavior ⁷¹	11
Consultations and information on the legislation and providing services in the sphere of the treatment of addictions	8
Conducting a case	9
Voluntary consulting and testing for blood-borne and sexually transmitted infections	11
Consultations and training for reducing the risk of an overdose, training for giving first aid in emergencies	11
Referral for treatment of blood-borne, sexually transmitted infections and addictions	11
Providing medications of vital necessity ⁷²	1
Development and dissemination of information materials	11

Source: National Centre for Addictions

In 2004 the implementation of activities under the „Prevention and Control of HIV/AIDS” Programme funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria started among the IDUs (2004-2013), by establishing a network of 10 NGOs. The main purpose of **Component 4: Prevention of HIV among the injecting drug users (IDUs)** is to keep the low level of prevalence of HIV/AIDS among the IDUS in Bulgaria. The main strategic guidelines are:

- Limiting the risky injecting pattern among the IDUs;
- Limiting the risky sexual behavior among the IDUs;
- Reducing the incidence of sexually transmitted infections among the IDUs;
- Limiting the incidence of Hepatitis B and C among the IDUs;

⁷⁰ The services are provided by “I.G.A.” Foundation- Pazardzhik, “Caritas”-Sofia Association, Plovdiv, The Bulgarian Red Cross- Rousse

⁷¹ the consultations regard the safe injecting and the safe sexual conduct

⁷² The service is provided by “Caritas”-Sofia Association

- Early diagnosing and referral for treatment of the cases of HIV among the IDUs;
- Development of effective programmes for HIV prevention at municipal level;
- Development of the professional capacity at municipal level for planning and implementing of sustainable programmes for HIV prevention.

The implementation of specific tasks under Component 4 is organized basically around the expansion of outreach work, training of individuals providing services, providing services through a network of mobile medical consulting rooms and low-threshold centres.

The NGOs working in the sphere of preventing HIV/AIDS among the injecting drug users (IDUs) in the 10 selected towns do routine activity of outreach work, exchange and dispensing needles and syringes, condoms, disseminating information and preventive materials, testing for HIV, Hepatitis B and C, Syphilis, as well as referral for other tests and treatment (see *Table 7-1*). In their activity the team members have already lasting relationships established with a considerable number of the target group of the IDUs, who invariably visit and seek contacts with the team members. Contacts are made with the representatives of the target group at four places of deprivation of liberty in the towns of Sofia, Burgas, Pazardhik and Kyustendil, and reassertion and intensifying of the direct contacts established at these places has been noted. The outreach collaborators dispense condoms and disseminate educational materials and hold individual and group consultations.

Each team member has undergone individual training for work with individuals, dependent on or abusing narcotic substances and has been adequately prepared for the challenges of the everyday outreach work with IDUs, and there is an on-going process of renewing the knowledge of the team members about the problems of the group at risk. The collaborators for the outreach work have been additionally trained for specific pre- and post-test consulting when providing accessible and free testing for HIV, Hepatitis B and C and Syphilis. They have also been trained for effective support of the activities under the second generation of the epidemiologic surveillance.

4 mobile medical consulting rooms /MMCR/ function successfully within the framework of Component 4 – in the city of Sofia the MMCR has been provided by the “Initiative for Health” Foundation, in Varna - by the “For Better Psychic Health” (joint use), in the town of Plovdiv by the “Panacea 97” Foundation and in the town of Burgas the MMCR has been provided by the “A Dose of Love” Association. The regional council of the Bulgarian Red Cross in the town of Rousse is a co-user of the MMCR with other towns. The role of the mobile medical consulting rooms is providing of pre-and post-test consultation, dispensing materials for safe injecting and sexual practices, disseminating information materials, referral to other offices, ensuring absolute confidentiality and accessibility to the services offered. The mobile consulting rooms work actively, and blood samples for HIV, Hepatitis B and C and Syphilis testing are taken. The blood samples are brought for testing to the respective legally selected healthcare establishments.

Within the framework of the Programme cars to serve the outreach sites have been provided free by the NGOs in Blagoevgrad, Kyustendil, Rousse, Pleven and Plovdiv.

9 low-threshold centres for the injecting drug users function within the framework of Component 4 in the towns of Blagoevgrad, Burgas, Varna, Plovdiv, Sofia, Pernik, Pleven, Kyustendil and Rousse. Services of needle and syringe exchange and dispensing, dispensing of condoms and dissemination of information and preventive materials, testing for HIV, Hepatitis B and C, Syphilis, referral for other tests and treatment, as well as individual and group consultations are also provided.

One of the main priorities of the Programme since the beginning of its implementation is the realization of a package of effective interventions and reducing the harm for health among the IDUs, which are aimed at sustaining the low level of HIV prevalence among this group. The programmes for substitution and maintenance treatment with Methadone among the IDUs, even though treating in their essence, have proved efficacy regarding the prevention of HIV incidence among the IDUs and have to be reviewed as an element of the general system of activities to reduce the harm for health, too. Providing a package of complementary services is the most effective way to prevent HIV in this group, as indicated in the Technical Manual of the World Health Organization (WHO)/ the United Nations Office on Drugs and Crime (UNODC)/The United Nations United Programme on HIV/AIDS (UNAIDS) for accomplishing purposes of universal access to the prevention of HIV, treatment and care for the individuals – injecting drug users.

Since the start of the work under the Programme in April 2004 the outreach work teams of the NGOs under Component 4 have dispensed **7, 968, 290 sets for safe injecting**, as well as **1, 162, 672 free condoms** among the target group.⁷³

Consulting and testing

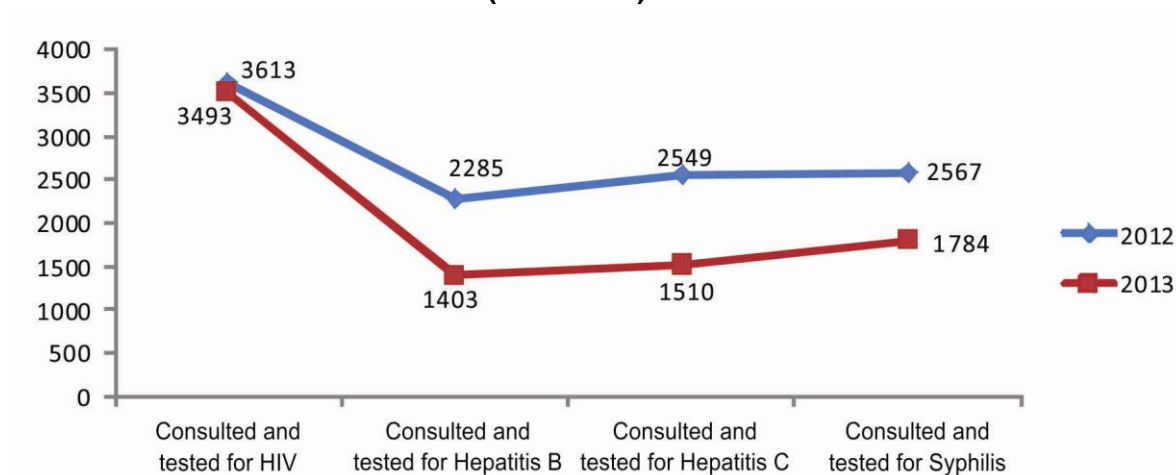
In 2013 considerable reduction of the number of consultations and testing for Hepatitis B, Hepatitis C and Syphilis was observed. **5, 770** individual consultations were done, **483** group consultations, 52 consultations of couples and 142 consultations of relatives and partners of IDUs.

A total of **3, 493** were consulted and tested for HIV, and **3, 285** of them found out about the result and had a post-test consulting. **1, 403** clients were consulted and tested for Hepatitis B, and **1, 195** of them found out about the result and had a post-test consulting. **1, 510** was the number of the clients tested and consulted for Hepatitis C and **1, 400** of them found out about the result and had a post-test consulting. **1, 784** were tested for Syphilis and **1, 283** of them found out about the result and had a post-test consulting. (see *Figure 7-5*)

2, 385 clients of the harm reduction programmes have been referred to services and organizations for testing for blood-borne and sexually transmitted diseases and for treatment of addiction.

⁷³ Source: Prevention and Control of HIV/AIDS” funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria among the IDUs

**CONSULTING AND TESTINGS DONE OF THE HARM REDUCTION PROGRAMME
CLIENTS
(2012-2013)**



Source: National Centre for Addictions

Treatment of drug-related infectious diseases

HIV/AIDS

The treatment of HIV/AIDS is accessible on every territory and free for everybody who needs it. On the territory of the country 5 sections for treatment of patients function at the Clinics of Infectious Diseases in Sofia, Plovdiv, Varna, Pleven and Stara Zagora, and for this purpose additional funding has been provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund assists the work of 4 NGOs which give care and mutual assistance to the HIV – positive individuals in Bulgaria. These organizations are situated in the towns of Sofia, Plovdiv and Varna.

By 30th June 2014 a total of **922** HIV - positive individuals have been followed up in the sections for treatment of patients with HIV/AIDS, and **692** of them have received the necessary anti-retroviral therapy. The combined therapy and its monitoring for all the people who need it, who have HIV/AIDS in Bulgaria, is provided by the Ministry of Health irrespective of their health insurance status. In 2013 from the budget of the Ministry of Health more than BGN 12 million were allocated for the purchase of 23 medications (BGN 8, 897, 352), for sets for diagnostics (BGN 3, 276, 902), and also for free hospital treatment and follow-up of the outpatients (BGN 508, 140). In 2014 from the budget of the MH around BGN 15 million will be spent and three new medications are included.

Tuberculosis

In Bulgaria over the last years there is a trend of reducing the morbidity of active tuberculosis– from **39.1** per 100, 000 in 2006 to **26.6** per 100, 000 in 2012. In 2013 there were registered 1,938 individuals who fell ill with tuberculosis, and in 2012 the respective number was **2,280** individuals - in 2013 there was a reduction of 15 % of the number of the individuals who fell ill with tuberculosis. The diagnostics, treatment and prophylaxis of

tuberculosis in Bulgaria are free for everybody regardless of their health insurance status. In 2013 more than 29, **000** individuals of the vulnerable groups had a screening for risk of tuberculosis. The individuals deprived of liberty, drug users, fugitives, migrants, children of the street, youths at risk and representatives of the Roma community are among them.

1, 573 patients with tuberculosis were consulted and tested for HIV in 2013, and this accounts for 81 % of the registered cases of tuberculosis for the year. 3 HIV-positive patients were diagnosed.

The treatment of patients with acute and chronic Hepatitis B and C in Bulgaria is accessible only for the health insured dependent individuals.

Responses and other health consequences among the drug users

The trend holds of expanding the scope of contact among the substitution treatment programmes and the different institutions, organizations and health care establishments. The number of patients referred to those offices is considerably greater. For most of the programmes the referral is for the treatment of Hepatitis C and other blood-borne infections, and also for the treatment of other type of co-morbidities, in spite of the difficulties when attempts are made for treatment.

According to the data from the annual reports of the Programmes for substitution and maintenance treatment, if there is psychiatric or somatic co-morbidity found, monthly monitoring of the symptoms of the diseases is done, paraclinical tests are done every six months, and if needed- consultations are held with specialists and maintenance treatment is applied. The procedures established for such cases include psychopharmacological interventions /antidepressants, neuroleptics, thymo-stabilizers, benzodiazepines and non-benzodiazepine neuroleptics/, specialized psychotherapeutic interventions – short-term therapy, decision-oriented therapy, cognitive-behavioral, psychodrama. If somatic pathology is diagnosed, referral to a specialist is done- gastroenterologist, surgeon, a specialist in internal diseases, dermatologist, etc., additional blood tests, blood chemistry and urinalyses are done.

In the annual reports of the substitution and maintenance programmes for 2013 collaboration with different clinics it reported in relation to somatic diseases of patients. Collaboration with clinical laboratories and other health care establishments is also reported. **The number of patients treated for different co-morbidities is 895.** The patients referred to other services, institutions and specialists in the different problems number a total of 572.

8. Social correlates and social reintegration

Within this section the following basic topics will be examined:

- Social exclusion and drug use;
- Social reintegration.

Social exclusion and drug use

Data from the National monitoring system of treatment demand (TDI) in Bulgaria for 2013 show that the number of registered persons for the year was 1 354 persons – of them unemployed were 573 or 42.3 % of the total share of patients. For comparison: in 2012 the unemployed were 448 or 31.8 %. Reporting of unemployed patients applies to all persons of active age who do not work and have been registered as jobseekers. In the same year there were persons who were registered as economically inactive; such were 128 persons or 9.5 % of the total number of persons who were involved in various treatment programmes. "Economically inactive" means a retired person, a housewife, a disabled person or a person who is not working and is not looking for a job.

Another major Indicator pertains to addicted persons without health insurance; in 2013 they were 278 persons or 20.5 % of the total share of patients. A decrease was reported in relation to 2012 – then they were approximately 42.3 %.⁷⁴

According to experts one of the main problems and difficulties in the functioning of the programmes for addicted persons is the dropping of part of the clients out of treatment mainly because they were financially unable to continue treatment (for most of them it was due to the loss of their jobs). In most cases, this happened following non-payment of several monthly instalments, which was followed by wilfully leaving the programme. It should also be noted that patients who were permanently employment had encountered difficulties relating to the psychological and social work with them because of lack of time. There was also a problem with persons with temporary employment, because most of them were involved in "seasonal work", which in most cases was outside their place of residence. This logically lead to obstruction of the work of the teams with their patients⁷⁵.

Drug use among socially excluded groups

Drug use among the homeless

⁷⁴ Information from the National monitoring system of treatment demand. For more information see: Chapter No 5: "Drug-related treatment: demand and availability of treatment" in the report.

⁷⁵ Summary based on the Annual report on the activities of the treatment programs with agonists, agonist-antagonists, NCA – Directorate for Methodological guidance and coordination of activities in drug demand reduction (MGCADDR).

According to data from the National monitoring system of treatment demand (TDI) in Bulgaria in 2013 the number of homeless persons was 18 or 1.3 % of the total number of patients registered in the system. Data relating to 2012 were similar: the number of homeless persons was 20 or 1.4 %.

Most of them resided in the larger cities in the country and were directed to the places of treatment by pre-treatment programmes and by the police.

Data for 2013 show that out of 20 homeless persons 15 belonged to the Bulgarian ethnicity and 3 – to the Roma ethnicity.

System data for 2013 show that in this target group the main problematic drug was heroin; these were 13 persons who took it on a daily basis and the mode of use was injection, the others were – 2 on methadone treatment, 2 – on methadone for non-medical purposes, and 1 – on Rivotril.

Most of them were tested for infectious diseases such as Hepatitis B and C and other blood transmitted infections, but only a very small part of them tested positive.

Social reintegration

At the end of 2013 in the country 10 psychosocial rehabilitation programmes operated in the following cities – Sofia city and Sofia region, Varna, Plovdiv, Ruse and Dobrich.

All programmes have obtained authorization for the implementation of psychosocial rehabilitation programmes under Ordinance No 8 of 7.09.2011, under the Narcotic Substances and Precursors Control Act (NSPCA).

Programmes were initiated in hospitals and non-profit organizations in the public and private benefit that were registered as providers of social services by the Agency for Social Assistance.

The programmes delivered the following services: “Centre for Social Rehabilitation and Integration”, “Day Care Centre”, and some of them included also the social service “Protected home”.

Housing

The provision of diverse and effective medical and psychosocial services based on needs assessment at national and local level that are meeting the needs of the individual is realized by non-governmental organizations that provide the social service “Protected home” (PH) for drug addicts. **The latter have been entered in the register of the Agency for Social Assistance, as follows:**⁷⁶

- Phoenix Centre for Social Work Ltd. – Sofia – providing the social service “Protected home”; it is located in the village of Brakyovtsi and is intended for persons with drug and alcohol addiction, with a capacity to serve 25 persons. In 2013, 108 persons were served.

- Betel – Bulgaria Foundation – Sofia – providing the social service “Protected home” for persons with drug and alcohol addiction; it is located in the village of Vladimir, Municipality of Radomir, with a capacity to serve 22 persons. In 2013, 72 persons were served.

- Bilani Association in the town of Bankya, Sofia Municipality – providing the social service “Protected home” to persons with drug and alcohol addiction, with a capacity to serve 32 persons. In 2013, 68 persons were served.

⁷⁶ Information from the MLSP – Directorate for Policy for people with disabilities, equal opportunities and social benefits

- Octave Association in the city of Sofia /in the village of Vakarel, Sofia Municipality/ - providing the social service “Protected home” to persons with drug and alcohol addiction, with a capacity to serve 8 persons. In 2013, 15 persons were served.

- Community New Beginning Foundation – in the city of Sofia – providing the social service “Protected home” to persons with drug and alcohol addiction in the town of Bankya, Sofia Municipality. In 2013, 15 persons were served.

- “Alive” – direction in life” – located in the city of Sofia – providing the social service “Protected home” to persons with drug and alcohol addiction, with a capacity to serve 10 persons. In 2013, 13 persons were served.

In the territory of Bulgaria there also operates a service that is fully funded by the state. This is the service “Protected home” for persons with severe mental disorders due to addictions, located in the town of Ruse, with a capacity to serve 10 persons. The capacity of this social service was increased by Order No RD01-154 of 26.01.2011 of the Executive Director of the Agency for Social Assistance from 8 to 10 persons as of 01.01.2011, and for the period 01.01.2013 – 31.12.2013 16 persons were served.

As a summary of the data, it can be noted that the capacity of Protected homes in 2013 was 107 persons – similar to that in the previous year (2012), when the persons served were 109. The number of persons accommodated in 2013 was 307, which shows an increase compared to 2012 and 2011 (see *Table 8-1*)

Table 8-1

NUMBER OF BENEFICIERY USERS OF THE SERVICE “PROTECTED HOME” IN THE PERIOD 2011-2013

Year	2011	2012	2013
Number	240	266	307

Source: NCA, MLSP

This process can be explained by the fact that the focus has been put on facilitating the access of clients to appropriate housing. Moreover, the quality of services in these areas, such as cleaning of bedrooms, assisting in making personal toilet, eating, washing clothes, patching, ironing, hairdresser and/or barber, providing assistance to obtain health care and preventive health care, organization of cultural and sports events and other activities in the organization of leisure time, availability of educational programmes and guaranteed access to information, carrying out of therapeutic and rehabilitation activities has been improving. In the majority of the houses a 24-hour medical service is provided to the persons, who are users of the service.

The majority of the beneficiaries who used the service “Protected home” had an addiction to alcohol, the others – to psychoactive substances (surfactants), and a few had a behavioural addiction to gambling. Some of the patients were infected with blood-transmitted infections. Most of the persons who used the service “Protected home” were men and fewer women, almost all customers were in active age, but unfortunately most of them were unemployed in the period when they were accommodated in a Protected home; the rest were

students and retired persons due to illness. Also, it should be mentioned that most of the customers were unmarried or divorced⁷⁷.

Education / Training

In all psychosocial rehabilitation programmes interventions to improve the welfare of the addicted person have been applied. They have four main stages:

1. First stage – admission to the programme:
 - Overview of the programme;
 - Applying for admission;
 - Assessment of resources, psychological status and severity of problems;
 - Signature of informed consent, therapeutic contract, declaration of income, family and property status;
 - Preparation of individual treatment plan.

2. Second stage – adaptation:
 - Understanding the daily regime, rights, obligations and responsibilities;
 - Morning and evening meeting;
 - Socializing groups;
 - Forums;
 - Group training for direct users;
 - Group training for families;
 - Individual counselling of direct consumers and families;
 - General Assembly;
 - Assessment of resources, psychological status and severity of problems.

3. Third stage – stabilization:
 - Morning and evening meeting;
 - Socializing groups;
 - Forums;
 - Group training for direct users;
 - Group training for families;
 - Individual counselling of direct consumers and families;
 - General Assembly;
 - Assessment of resources, psychological status and severity of problems.

4. Fourth stage – social inclusion:
 - Morning and evening meeting;
 - Socializing groups;
 - Forums;
 - Group training for direct users;
 - Group training for families;
 - Individual counselling of direct consumers and families;
 - General Assembly;
 - Assessment of resources, psychological status and severity of problems.

⁷⁷ Summary based on the Report on the situation in the field of psychosocial rehabilitation and integration of addicts in the country in 2013, NCA - Directorate for MGCADDR

In addition to the individual stages of implementing the interventions, an efficient use has been made of the resources of advisers, possessing personal experience in addiction, who have successfully completed training programmes for employees in social activities. They show a model of personal motivation and realization, which also increases the efficiency of this type of programmes. In some places they use interns and volunteers who work with the therapeutic team, which supports very well the rehabilitation process.

The psychosocial rehabilitation programmes provide also assistance to obtain health prevention and health care.

It is very important to note that training is an integral part of the work with addicts. In these programmes various trainings are carried out that aim to achieve reintegration of patients in the social environment from which they came, to prevent new addiction, and to provide the opportunity to acquire work skills. Training programmes include the following segments:

- Training programmes for users according to their needs;
- Training programmes for families and important relatives (if any and if willing to participate);
- Programme for individual counselling of consumers and families;
- Programmes for occupational rehabilitation (functional occupational therapy, entertaining occupational therapy, music therapy);
- Programme for social interventions;
- Programme for the organization of free time;
- Programmes for unforeseen activities offered by the users;
- Programmes for emergency and crisis intervention.

A total of 519 clients/patients went through rehabilitation programmes for the past year. The number of persons who completed the programmes (or successfully completed treatment) is 262 persons or almost 50 % of them. A part of the patients who successfully went through treatment were able to socialize and consequently began to work. The others, as early as during treatment, were already in a process of reintegration. The persons who did not successfully complete the course of treatment were directed to another programme or went back to addiction⁷⁸.

Employment

The National Action Plan for Employment in 2013, for a consecutive year, included the implementation of the National training programme for employment of people with permanent disabilities. The main objective of the programme is to raise the employability of unemployed persons with permanent disabilities registered in the Employment bureaus or people in active age that successfully completed a course of treatment for addiction to drugs as a prerequisite to overcome their social isolation and to fully integrate them into society. The target group consists of unemployed persons with disabilities, in active age, and unemployed persons that successfully completed a course of treatment for addiction to drugs. The programme provides subsidized employment for 24 months with funding from the state budget; for 2013,

⁷⁸ Report on the situation in the field of psychosocial rehabilitation and integration of addicts in the country in 2013, NCA – Directorate for MGCADDR

6,689,705 BGN were provided for employment of 2,065 persons, including for new employment of 300 persons. According to data of the Employment Agency in 2013, the programme included one person who had undergone successful treatment for drug addiction. It should be noted that upon registration in the Employment bureau Directorate job seekers are not required to indicate their status of having undergone similar treatment of drug addiction. Given the specificity of the problem, it is possible that other persons who do not identify themselves as having undergone treatment for addiction to drugs be included in programmes and measures under the National Action Plan for Employment in 2013.⁷⁹

In 2014 the implementation of programmes and measures financed by the state budget /SB/ and schemes under the Operational Programme “Human Resources Development” /OP HRD/ aimed at providing employment and training to unemployed persons from different target groups has continued. Particular difficulties for inclusion in active working and social life and thus creating conditions for independent and dignified life have been encountered by the unemployed registered in the Employment bureau Directorates who were drug addicts. Some of them have been successfully undergoing the course of treatment for addiction to drugs and can return to a full life.

In 2014 the National Programme for employment and training of people with permanent disabilities, which provides employment to persons with drug addiction, has been implemented. The National Programme for employment and training of people with permanent disabilities is aimed at enhancing the employability and providing employment to unemployed persons with permanent disabilities registered in the Employment bureaus or people in active age that successfully completed a course of treatment for addiction to drugs as a prerequisite for overcoming social isolation and full integration into the society.

Priority is given to persons with 71% disability and over, war invalids, people with sensory disabilities and people with mental disabilities. Unemployed people in active age, who have successfully completed a course of treatment for addiction to drugs, who are registered in the Employment bureaus are also a target group of the Programme. Employers under the Programme may be:

- Regional and municipal administrations;
- Municipal enterprises;
- Directorates for Social Assistance;
- Private and/or public enterprises, other companies and institutions, legal entities;
- Non-profit organizations, including organizations of and for people with disabilities;
- Specialized enterprises and cooperatives for people with disabilities;
- Employment bureaus Directorates.

Employers can create jobs under the Programme for a period of 24 months. Priority is given to those who have signed a financing contract under Article 25 of the Law on the integration of persons with disabilities to ensure access to the working places, and to adjust and/or equip the working places for people with disabilities.

⁷⁹ Information from the MLSP – Directorate for Policy for people with disabilities, equal opportunities and social benefits.

9. Drug related crime, prevention of drug related crime and prisons

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

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

On considering the drug-related crime in the context of the report the 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 cultivation, production, trafficking and marketing) and other drug-related offences. This section includes also data of the Ministry of Interior, data regarding the lawsuits and convicted offenders at the courts of the Republic of Bulgaria, data of the National Statistical Institute about drug-related crime, data about the anti-social behaviour and offences perpetrated by minor or underage persons.

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

Drug-related crime

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

Data of the Ministry of Interior (MI)

According to the data of the Regional Directorates (RD) of the MI in 2013 the total number of detained persons with drugs on them was 4,459⁸⁰, which represented an increase of nearly 9 % compared to the preceding year and was the highest level of this indicator for the past 8 years. (See *Table 9-1*) The Bulgarian citizens detained with drugs on them numbered 4,426.

Table 9-1

NUMBER OF PERSONS DETAINED WITH DRUGS ON THEM (2008-2013)

Year	2008	2009	2010	2011	2012	2013
Total number	2,847	3,159	3,386	2,899	4,107	4,459
Bulgarian citizens	2,816	3,134	3,362	2,868	4,069	4,426
Foreign citizens	31	25	24	31	38	33

Source: Ministry of Interior

⁸⁰ Report on the work of the bodies of the RD of the MI, "Drugs" Department, 2013.

In 2012 the number of drug dealers was 1,173, which represented an increase of 10 % compared to 2012 and of about 50 % compared to 2011. 85 (or 7.2 %) of drug dealers were minor or underage persons. 712 (or 60,7 %) dealt with cannabis, 98 (8,4 %) – with heroin, 41 (3,5 %) – with cocaine and 266 (22,7 %) dealt with synthetic drugs (ecstasy, amphetamines, barbiturates).

Dealers of cannabis registered by the Ministry of Interior have increased in the recent years, while dealers of heroin have decreased. There is no clear trend in the registered dealers of cocaine and synthetic drugs. (See Table 9-2)

Table 9-2

NUMBER OF DRUG DEALERS (2008-2013)

Year	2008	2009	2010	2011	2012	2013
Cannabis	332	385	387	385	562	712
Heroin	207	206	179	101	108	98
Cocaine	50	32	33	31	48	41
Synthetic drugs	224	227	203	224	314	266

Source: Ministry of Interior

In 2013 a total of **3,539 files for instituting preliminary proceedings** against drug users and/or drug dealers were delivered. This number has increased by more than 26 % compared to 2012 (2,815) and is the highest one in the past five years. The greatest number of files in 2013 was delivered by Sofia Directorate of the Ministry of Interior (SDMI) – 1,425, followed by the Regional Directorates in Burgas (300), Varna (197), Plovdiv (180) and Blagoevgrad (153). 3,038 of the total number of files were against drug users and drug dealers, and 501 were against drug dealers⁸¹.

The ratio “users and dealers/dealers only” in 2013 was 6:1, while in the period 2006-2009 it was within the frames of 4:1 (see Table 9-3).

Table 9-3

**NUMBER OF FILES DELIVERED FOR INSTITUTING PRELIMINARY PROCEEDINGS
(2009-2013)**

(in absolute numbers)

Year	2009	2010	2011	2012	2013
Against drug users and dealers	2 456	2 453	2 113	2 379	3 038
Against drug dealers	668	424	367	436	501
Total number of files	3 124	2 871	2 484	2 815	3 539

Source: Ministry of Interior

⁸¹ Report on the work of the bodies of the RD of the MI, “Drugs” Department, 2013.

Data of the Prosecutor's Office

Crimes related to drugs are the crimes rated in the second position of all 8 crimes observed as cases of high public interest which are traditionally investigated as a matter of priority.

In 2013 the highest level in the past five years in absolute numbers of the activities of the Public Prosecutor's Office of the Republic of Bulgaria was reported regarding almost all key indicators in connection with drug- and precursors-related crimes. (See *Table 9-4*) The observed pre-trial proceedings (PTP) increased by 11.3 % compared to 2012 and by 3.8 % compared to 2011, while the instituted PTP are by 7.0 % more than in 2012, but by 3.6 % less compared to 2011.

Table 9-4

MAIN INDICATORS OF THE ACTIVITIES OF THE PROSECUTION AND THE COURT IN RELATION TO DRUG- AND PRECURSOR-RELATED OFFENCES (2009-2013)

(in absolute numbers)

Year	2009	2010	2011	2012	2013
Observed PTP	5 291	5 316	5 282	4 928	5 483
Instituted PTP	3 671	3 686	3 771	3 397	3 636
Closed PTP	3 827	3 989	3 808	3 449	4 151
Prosecutorial acts submitted to court	2 028	2 109	2 121	2 131	2 423
Persons brought to justice	2 227	2 409	2 373	2 479	2 723
Persons convicted by a final verdict	1 605	2 005	1 994	2 022	2 238
Acquittals with a final verdict	23	32	39	41	53

Source: Supreme Prosecutor's Office of Cassation

The investigation in cases of crimes related to illicit trafficking of drugs and precursors was completed in 3987 PTP, 7 of them were completed beyond the legal deadlines. At the end of the reporting period the investigation of 1103 PTP remained uncompleted, 5 of which were beyond the legal deadlines. 1192 PTP were terminated. 2369 PTP were submitted to the court⁸².

The duration of the pre-trial phase, from the institution of the pre-trial proceedings to the pronouncement of the prosecutor's decision for termination or submission to the court, most often takes up to 7 months and more rarely up to 1 year and over 1 year. (See *Table 9-5*)

⁸² Report on the implementation of laws and the activities of the prosecutorial and the investigating authorities in 2013.

TOTAL DURATION OF THE PRE-TRIAL PHASE OF CLOSED PTP BY A FINAL PROSECUTORIAL ACT IN 2013

(in absolute numbers)

	Article 242(2-9)	Article 354a-354c
Total terminated and brought to court PTP	60	3 501
Up to 7 months	40	2 795
1 year	11	480
Over 1 year	9	226

Source: Supreme Prosecutor's Office of Cassation

In 2013 75.7 % of the observed PTP were decided by the prosecutor. Prosecutorial acts brought to court increased by 13.7 % compared to 2012 and by 14.2 % compared to 2011. In terms of persons brought to court, the increase was respectively 9.9 % and 14.8 %. The prosecutor's acts brought to court constituted 58.4 % of the solved ones. The proportion of prosecutor's acts referred back by the court was 2,1 % compared to submitted ones and it is lower than that for all cases of high public interest (4.1 %), as well as all types of crime (5.1 %).

There was an increase in the number of persons convicted by a final verdict – by 10.7 % compared to 2012 and by 15.1 % compared to 2011. There was also an increase in acquitted persons with an effective judicial act.

In percentage terms, against the total number of penalties imposed (2,730), fines (imposed cumulatively, with punishment "deprivation of liberty") constituted the highest share of the penalties – 42.5 % (1,160) followed by suspended prison sentence – 34.9 % (953), effective imprisonment – 16.2 % (442), other penalties – 3.5 % (95) and probation – 2.9 % (79).⁸³

In terms of **generally dangerous crimes under Article 354a, 354b and 354c of the CC** (acquisition, production, processing, safekeeping, distribution of drugs or analogues thereof, persuasion or helping another to use drugs or analogues thereof) in 2013, 5,344 PTP were observed (4,801 in 2012 and 5,142 in 2011). The newly instituted PTP for that period were 3,552.⁸⁴

The greatest numbers of PTP were observed in relation to Article 354a CC – 4870, of which for:

- production/processing – 12;
- acquisition, holding, incl. safekeeping (under paragraph (1)) – 89;
- distribution – 790;
- large quantities – 48;
- particularly large quantities – 5;
- acquisition/holding for the purpose of distributing at a public location – 89;
- acting on the orders or in execution of a decision of an organised criminal group (OCG) – 30;

⁸³ Report on the implementation of laws and the activities of the prosecutorial and the investigating authorities in 2013.

⁸⁴ Source: Prosecutor's Office of the Republic of Bulgaria.

- acquisition/holding (under paragraph (3)) – 2,948;
- minor case – 859

3,896 PTP were closed. Another 1,057 PTP remained at the level of the investigating authority. The total of 4,058 PTP or 75.7 % of the observed ones were decided by prosecutors. 2,393 prosecutorial acts against 2,670 defendants, including 30 foreign nationals, were submitted to the court. 1,162 PTP were terminated.

Convicted persons at the end of the year were 2,278, and in respect of 2,191 persons convictions entered into force. 65 defendants were acquitted and in respect of 47 persons acquittals entered into force.

In relation to **customs smuggling – crimes under Article 242(2) through (4) and (9) of the Criminal Code** in 2013, 139 (127 in 2012 and 140 in 2011) cases were observed. Newly instituted were 84 cases and 91 pre-trial proceedings or 66.9 % of the observed ones were closed. At the end of the period 46 PTP remained at the level of the investigating authority and 93 PTP were decided by prosecutors. 30 prosecutorial acts were brought to court against 53 defendants, including 7 foreign nationals. 30 PTP were suspended and another 30 were terminated.

Convicted persons at the end of period were 52, and in respect of 47 persons convictions entered into force. 4 persons were acquitted, and in respect of 6 persons acquittals entered into force.

Territorial distribution and movement of cases in relation to crimes related to drugs and precursors in 2013 shows that most cases in this category were observed in the region of **Sofia City Prosecutor's Office (SCPO)** and **Sofia Regional Prosecutor's Office (SRPO)**. The total number of newly instituted pre-trial proceedings was 795, respectively the observed PTP were 1,335, which constitutes 24.3 % of all PTP for the period. 880 PTP were closed and the prosecutorial acts submitted to the court were 480, or 54.6 % of closed PTP. 536 persons were brought to justice.⁸⁵

378 persons were convicted, and in respect of 315 persons convictions entered into force. 23 persons were acquitted, and in respect of 13 persons acquittals entered into force.

Next is **Burgas District Prosecutor's Office (DPO)**, where the proportion of the observed drug-related PTP was 9.5 %, and newly instituted PTP were 11.1 %. 276 prosecutorial acts against 285 persons were submitted to the court. 238 persons were convicted, and in respect of 234 persons convictions entered into force. In respect of 1 person the acquittal entered into force.

In the region of **Plovdiv DPO**, the proportion of the observed drug-related PTP is also one of the highest – 6.4 %, and that of the newly instituted PTP – 6.5 %. 169 prosecutorial acts against 218 persons were submitted to the court. 184 persons were convicted, and in respect of 192 persons convictions entered into force. Acquitted were 3 persons and acquittals entered into force for 7 persons.

The Prosecutor's Offices in the territory of **Varna DPO** observed 6.1 % of all PTP, followed by Blagoevgrad DPO – 5.8 %, Veliko Tarnovo DPO – 4.7 % and Haskovo DPO – 3.9 %.

According to the indicator "Prosecutorial acts submitted to the court" after the abovementioned regions followed: Varna DPO – 139, Blagoevgrad DPO – 123 and Veliko Tarnovo DPO – 119.

⁸⁵ Report on the implementation of laws and the activities of the prosecutorial and the investigating authorities in 2013

Most convicted persons with effective sentences were in the region of SCPO and SRPO – 315, Burgas DPO - 234, Plovdiv DPO – 192, Varna DPO – 121 and Veliko Tarnovo DPO – 119.

In 2013, the Special Public Prosecutor’s Office observed 39 PTP for drug trafficking relating to organized crime, of which 6 were newly instituted. 22 prosecutorial acts against 60 persons were submitted to the court. 23 persons were convicted by an effective court decision.

Data on cases and persons being prosecuted in the courts of the Republic of Bulgaria

According to information from the Supreme Judicial Council, in all courts in the country cases are conducted and persons are sentenced under the relevant provisions of the Criminal Code (CC) - Article 242 and Articles 354a to 354c.

Information on the activities of first instance courts in the country shows that in 2013 the district, regional and military courts received most cases of drug-related crimes (1,744) compared to the past five years (including most newly instituted ones – 1,699). The caseloads consisted of 2,031 cases, which was an increase of 5.6 % compared to 2012 (see Table 9-6).

Total closed cases for drug-related crimes in 2013 were 1,683, 331 cases being solved to the merits of the case by a judgment, and 1,352 cases were terminated (including 1,223 with a settlement under Articles 381 through 384 of the Criminal Procedure Code). Closed cases up to 3 months were 1,395, which was an increase of nearly 10 % compared to 2012 and of over 29 % compared to 2010. 227 cases were appealed against.

Persons being prosecuted for drug-related crimes in 2013 were 1,798, which is the level of the last three years, but acquitted persons had the lowest number (41) in comparison with the past 5 years. The total number of convicted persons was 1,692, minors being 31. Most often imprisonment up to 3 years was imposed. Total number of prisoners in this type of punishment was 1,227, the conditional sentences being 904. 50 persons were punished by deprivation of liberty from 3 to 15 years. During the last 5 years, only once life imprisonment without parole for drug-related crimes has been imposed⁸⁶.

The settlements to resolve cases in the pre-trial phase (under Articles 381 through 384 of the Criminal Procedure Code) were 1,223 and penalized persons were 1,312.

Table 9-6

INFORMATION ABOUT CASES AND PERSONS BEING PROSECUTED IN THE FIRST INSTANCE COURTS OF THE REPUBLIC OF BULGARIA (2010-2013)

(in absolute numbers)

Drug related crime (Articles 354, 354a, 354b, 354c CC)	2010	2011	2012	2013
INFORMATION ABOUT CASES				
Cases not closed at the beginning of writing the report	404	353	353	287
Total number of cases brought to court	1,602	1,577	1,564	1,744

⁸⁶ Source: Supreme Judicial Council

Incl. newly instituted	1,570	1,564	1,549	1,699
Cases to hear	2,006	1,930	1,923	2,031
Total number of cases closed	1,637	1,572	1,634	1,683
Cases with substantive judgment and a verdict pronounced	483	384	405	331
Total number of cases terminated	1,154	1,188	1,229	1,352
Including settlement pursuant to Articles 381 through 384	1,055	1,063	1,117	1,223
Cases not closed at the end of writing the report	369	358	289	348
Cases closed within 3 months	1,080	1,089	1,273	1,395
Cases appealed	159	358	245	227
INFORMATION ABOUT BROUGHT TO TRIAL AND CONVICTED PERSONS				
Total number of persons brought to trial	1,816	1,784	1,797	1,798
Including acquitted	62	42	64	41
Total number of persons convicted	1,686	1,637	1,694	1,692
Including underage	50	36	55	31
Penalties enforced				
Imprisonment for up to 3 years				
Total	1,163	1,162	1,197	1,227
Probation	733	788	842	904
Imprisonment for 3-15 years	52	66	60	50
Fine	365	333	348	344
Probation	49	40	50	36
Life imprisonment without the possibility for parole	1	0	0	0
Other penalties	56	46	45	33
Persons with penalty imposed under Articles 381 through 384 CPC	1,132	1,162	1,206	1,312

Source: Supreme Judicial Council

Cases for drugs and precursors trafficking (under Article 242) are heard at the District Courts. The information about their activities in the country shows that in 2013 the District Courts had to hear a total of 41 cases related to drug smuggling (see *Table 9-7*). 7 cases were ruled on the merits of the case by judgment, the total number of convicted persons being 38. 22 cases were terminated and 15 were appealed and protested. The most frequently imposed penalty was deprivation of liberty for up to 3 years. The total number of persons deprived of liberty for up to 10 to 30 years with this penalty was 7. The total number of persons deprived of liberty by this indicator was 22, and the probations were for 9 of them.

Table 9-7

INFORMATION ABOUT CASES AND PERSONS BROUGHT TO TRIAL AT THE DISTRICT COURTS FOR DRUG TRAFFICKING-RELATED CRIME (2010-2013)

(in absolute numbers)

Crimes related to trafficking of drugs and precursors (Article 242)	2010	2011	2012	2013
INFORMATION ABOUT CASES				
Cases not closed at the beginning of writing the report	5	4	1	8
Total number of cases received	48	27	31	33
Cases to hear	53	31	32	41
Total number of cases closed	49	30	24	37
Cases with substantive judgment and a verdict pronounced	7	3	7	15
Cases terminated and closed by settlement	42	27	17	22
Incl. those closed by settlement under Articles 381 through 384	35	22	11	19
Cases closed within 3 months	4	1	20	28
Cases not closed at the end of writing the report	46	24	8	4
Cases appealed and protested	11	8	11	15
Enforced sentences	26	14	13	21
Incl. acquittals	1	1	1	2
INFORMATION ABOUT PERSONS BROUGHT TO TRIAL				
Total number of persons brought to trial	48	37	26	50
Incl. acquitted	3	0	0	5
Total number of persons convicted	42	30	22	38
Penalties imposed				
Imprisonment for up to 3 years				
Total	25	17	14	22
Probation	23	14	9	16
Imprisonment for up to 3 - 10 years	10	9	0	15
Imprisonment for up to 10-30 years	2	2	0	2
Other penalties	4	2	0	0
Persons with penalty imposed under Articles 381 through 384 CPC	28	27	14	22

Source: Supreme Judicial Council

The settlements for closing cases which were approved by the court in 2013 (under Articles 381 through 384 of the Criminal Procedure Code) numbered 11, and the persons with penalties imposed numbered 14.

According to data of the National Statistical Institute (NSI) in 2013 a total of **1,692 cases were registered which ended with conviction for drug-related crime and for smuggling**

drugs and drug precursors (under Articles 354a-354b and Article 242(2) and (3) of the CC), which accounted for 5.4 % of the total number of offences which ended with conviction (in 2012 this share was 4.5 %). In 108 of the drug-related crimes the participation of females was observed. The persons convicted for those crimes numbered 1,491, which accounted for 4.4 % of the total number of persons convicted (in 2012 this share was 3.8 %). 112 of the persons convicted for drug-related crimes were female (see *Table 9-8*).

Table 9-8

DRUG- RELATED CRIMES WHICH ENDED WITH CONVICTION AND CONVICTED PERSONS IN 2013 UNDER ARTICLES OF THE CRIMINAL CODE AND BY GENDER OF PERPETRATORS

(in absolute numbers)

Articles of the Criminal Code	Crimes			Convicted persons		
	Total	Male	Female	Total	Male	Female
Total	1,692	1,584	108	1,521	1,409	112
Article 242(2)	26	24	2	25	23	2
Article 242(3)	4	4	-	5	3	2
Article 354a(1) (drugs)	66	63	3	71	57	4
Article 354a(1) (high risk drugs)	337	306	31	325	291	34
Article 354a(1) (precursors or installations)	11	11	-	5	5	-
Article 354a(2)(1)	28	26	2	11	10	1
Article 354a(2)(2)	1	1	-	1	1	-
Article 354a(2)(4) (dangerous recidivism)	50	49	1	52	51	1
Article 354a(2)	78	77	1	67	64	3
Article 354a(2) unauthorized activities with drugs in particularly large quantities, etc. (up to 2000 – paragraph 4)	5	5	-	5	5	-
Article 354a(3)(1)	591	556	35	528	492	36
Article 354a(3)(2)	12	11	1	8	7	1
Article 354a(5)	269	259	10	241	234	7
Article 354b(2)(1)	2	2	-	2	2	-
Article 354b(2)(2)	1	1	-	1	1	-
Article 354b(2)(5)	1	1	-	-	-	-
Article 354c(1) (sowing/cultivation)	194	173	21	158	139	19
Article 354c(2) (organising, leading or financings an organised criminal group)	2	2	-	2	2	-
Article 354c(3) (participation in an organised criminal group)	4	4	-	6	5	1
Article 354c(5) (minor case)	10	9	1	8	7	1

Source: National Statistical Institute

The total number of drug-related crimes (under Article 354a-354c of the CC) in 2013 was 1 828 ⁸⁷. Of them, 717 ended with a conviction, 945 ended with probation, and 51 ended with an acquittal, and 114 – with exemption from serving the penalty imposed. 1,588 of the crimes were perpetrated by one person, 61 – by two persons and 13 – by three or more persons. 106 of this type of crimes were perpetrated by females. In 2012, the drug-related crimes which ended with a conviction (722) exceeded those perpetrated in 2013 (672).

In 2013, the **drug-related crimes** (under Article 354a-354c of the CC) **which ended with a conviction numbered 1,662**, which was an increase by nearly 8.4 % compared to 2012 (when they numbered 1,533) and by more than 78 % compared to 2008 (when they numbered 933).

The most common drug-related crimes that ended with conviction for the acquisition or holding of high-risk drugs or their analogues (Article 354(3)(1)) were 591; for production and processing of high-risk drugs or their analogues for distribution (Article 354a(3)(1) – 337; for minor cases in the acquisition or holding of drugs or their analogues, as well as for violation of the rules established for the production, acquisition, safekeeping, accounting, prescribing, transportation or carrying of narcotic substances (Article 354a(5)) – 269; for sowing or cultivating the opium poppy, the coca bush plants and those of the genus cannabis in violation of the rules established in the Narcotic Substances and Precursors Control Act (Article 354c(1)) – 194.

Persons convicted for drug-related crimes (Articles 354a-354c of the CC) were 1,491, an increase of more than 4 % compared to the previous two years ⁸⁸. Persons convicted for one crime were 1302, for two crimes – 155, and for three or more crimes – 34. Women convicted for drug-related crimes were 108. Most often the penalties imposed for such crimes were imprisonment of six months to one year (441) and imprisonment of 1 to 3 years (378), and imprisonment of up to 6 months (322).

The proportion of sentenced persons to the number of drug-related crimes decreased – in 2013 it was about 90 %, while in 2012 it was 93 %.

According to the National Statistical Institute, in 2013 there were 30 cases of smuggling of drugs and precursors (Article 242(2) and (3)). Convicted persons were also 30, of them 4 were women.

Most often, perpetrators of drug-related crimes that ended with conviction were aged 18-24 years (551), and also 25-39 years. A similar process is observed in respect of sentenced persons. (See Table 9-9)

Table 9-9

DRUG- RELATED CRIMES WHICH ENDED WITH CONVICTION AND CONVICTED PERSONS IN 2013 BY GENDER AND AGE OF PERPETRATORS

(in absolute figures)

Age	Crime			Convicted persons		
	Total	Male	Female	Total	Male	Female
Total	1,692	1,584	108	1,521	1409	112
14-17 years of age	53	48	5	49	43	6
18-24 years of age	573	551	22	537	511	26
25-29 years of age	406	382	24	365	341	24

⁸⁷ Source: <http://www.nsi.bg/>

⁸⁸ The data are collected through a thorough observation by means of a statistical form “Report on the activities of the local committees to combat the antisocial behaviour of minors and underage”.

30-39 years of age	426	408	18	370	349	21
40-49 years of age	131	122	9	113	104	9
50-59 years of age	49	42	7	42	35	7
60 or more years of age	54	31	23	45	26	19

Source: National Statistical Institute

If examined, the distribution of persons convicted for drug-related crimes in 2013 by regions of the country, NSI data show that most convicted persons (478) were in the South West Region, which is explained by the presence of the area with the most convicted persons – Sofia City (254 persons). Areas with a number of persons convicted for drug-related crimes higher than the national average were also Plovdiv (113) Burgas (110), Blagoevgrad (104), Bulgaria (85) and Veliko Tarnovo (79), etc.

Table 9-10

CONVICTED INDIVIDUALS, MINORS AND UNDERAGE, PERPETRATORS OF DRUG-RELATED CRIMES ACCORDING TO STATISTICAL REGIONS AND DISTRICTS IN 2013

(in absolute numbers)

Statistical regions and districts	Persons convicted (under Art. 354a-354b of the CC)	Minors and underage perpetrators of drug-related crime					
		Total	Incl. females	8-13 years of age		14-17 years of age	
				total	Incl. females	total	Incl. females
Total for the country	1,491	342	50	8	-	334	50
North West Region	147	18	-	1	-	17	-
Vidin	4	1	-	-	-	1	-
Vratsa	46	-	-	-	-	-	-
Lovech	17	2	-	-	-	2	-
Montana	29	7	-	-	-	7	-
Pleven	51	8	-	1	-	7	-
North Central Region	209	49	6	-	-	49	6
Veliko Tarnovo	79	23	-	-	-	23	5
Gabrovo	49	23	-	-	-	23	1
Razgrad	21	1	-	-	-	1	-
Ruse	30	2	-	-	-	2	-
Silistra	30	-	-	-	-	-	-
North East Region	149	24	1	1	-	23	1
Varna	85	11	-	-	-	11	-
Dobrich	31	6	-	-	-	6	-
Targovishte	13	-	-	-	-	-	-
Shumen	20	7	-	1	-	6	1
South East Region	261	59	5	2	-	57	5
Burgas	110	29	-	2	-	27	-
Sliven	61	13	-	-	-	13	2
Stara Zagora	66	13	-	-	-	13	-
Yambol	24	4	-	-	-	4	3

South West Region	478	154	34	4	-	150	34
Blagoevgrad	104	4	-	-	-	4	-
Kyustendil	51	11	-	-	-	11	2
Pernik	34	3	-	-	-	3	-
Sofia	35	1	-	-	-	1	-
Sofia-city	254	135	-	4	-	131	32
South Central Region	247	38	4	-	-	38	4
Kurdgali	18	2	-	-	-	2	-
Pazardgik	42	7	-	-	-	7	-
Plovdiv	113	23	-	-	-	23	4
Smolyan	16	2	-	-	-	2	-
Haskovo	58	4	-	-	-	4	-

Source: National Statistical Institute

As for the minors and underage persons, perpetrators of drug-related crimes, they are again most numerous in the South West region (154), and only in Sofia City these persons numbered 135. Considerably smaller is their number in the South East (24) and North West regions (18). (See *Table 9-10*)

In 2013 the number of children, registered at the Children's Pedagogic Services (CPS) for antisocial behaviour was 6,439 which was the lowest level for the last years ⁸⁹. For 517 children (of them 99 girls), the reason to be registered at the Children's Pedagogic Service was drug use – this is the highest level of this indicator for the last seven years. 23 of the children were minors (aged 8 to 13), and 494 – underage (aged 14 to 17).

During the last 5 years the share of drug use has increased compared to all antisocial behaviour of children registered at the CPS – in 2013 it was 8.0%, while in 2009 was more than twice lower.

The number of children who perpetrated crimes in 2013 was 6,007 (compared to 6,304 in 2012 i.e. there was a decrease of more than 4.7 %). Based on the drug-related crime indicator the National Statistical Institute reported that 342 children were involved (of them 50 girls, 8 minors, and 334 – underage), which confirms the trend of increasing the number of children perpetrators of drug-related crime over the last few years ⁹⁰.

Prevention of drug-related crime

To prevent crimes and violations in places of detention, including those related to drugs, according to the provisions of Article 85(1) of the Regulation implementing the **Execution of Punishments and Detention** in Custody **Act (EPDCA)** searches of prisoners and of housing, manufacturing and service facilities shall be carried out. Searches shall be carried out by the guards and if necessary, shall involve other officials. For the purpose of crime prevention, in places of detention searches shall be carried out at least once a month and shall be approved in advance according to a plan approved by the chief of the prison or of the correctional institution; if necessary, additional searches shall be carried out. Also covered are the employees of Directorate General "Execution of Punishments" (DGEP) and

⁸⁹ Source: <http://www.nsi.bg/>

⁹⁰ The data are collected through a thorough observation by means of a statistical form "Report on the activities of the local committees to combat the antisocial behaviour of minors and underage"

its territorial offices and the citizens who enter places of detention in respect of which technical means of control, including audio-visual systems, shall be used. The search of employees and visitors shall be carried out on the orders of the chief of the place of detention where there is sufficient reason to suppose that they carry items, including drugs, which are hazardous and/or unauthorized for importation or possession. During search, actions that are not required by its purpose, as well as those that undermine the dignity of persons may be carried out. If objects found during the search are not allowed to hold or the attempted importation constitutes a crime, such as the importation of drug, the administration shall notify the competent authorities.⁹¹

To prevent the importation and distribution of drugs in the prison in Sofia City, in the prison in Lovech and the 42 GM Dimitrov Detention Centre, scanners were installed at the sector "Arrests" in the Regional Service for Execution of Punishments in Sofia. Thus, possibilities for importation, distribution and use of drugs were further limited. Due to the lack of financial resources presently no scanners have been purchased for the other DGEP territorial services.

Also, each prison in the towns of Belene, Bobov Dol, Varna, Burgas, Vratsa, Lovech, Pazardgik and Sofia have a trained dog reacting to the smell of drugs.

In order to increase the degree of effectiveness in preventing the importation and distribution of drugs, lectures on medical topics such as introduction to the symptoms of abstinence in case of alcohol and/or drug dependence and initial actions to address them are included in the curricula for initial training of employees.

Presently, a unified information system that provides statistical data about drug-related criminal offenses has not yet been set up in the penitentiary system. In view of meeting this need, in the Directorate General for Execution of Punishments the project "Completing the construction, improvement and preparation for integration with the Unified Information System for Combating Crime" was launched in the Information System in DGEP. In this regard, by the end of 2014, a software product should be developed through which it would be possible to provide information on these indicators.

Drug Use and Problem Drug use in Prisons

To 01.01.2014, at the twelve prisons and the correctional facility for juveniles in the Republic of Bulgaria 8,834 persons were accommodated, of which 8060 had the status of convicts, 273 – of defendants and 501 – of persons brought to trial. To the same date, the number of persons convicted for crimes under Article 354 CC (production, processing, acquisition, holding and distribution of drugs or their analogues) was 504.⁹²

In 2013, in the prisons 665 persons using psychoactive substances were registered. Prisoners were subject to surprise inspections of drug use by means of a field test.

The specific features of sentenced persons with drug addiction affect the psycho-climate in prison communities. The characteristic of them manipulativeness, disregard of responsibilities, emotional instability and low self-control are often the reason for provoking conflicts, acts of verbal and non-verbal aggression and deviant behaviour. Satisfying the need for drugs or their analogues is the reason for building channels for importing them in the penitentiary institutions and organization of distribution networks. Attempts to import drugs made by their families and friends are not a rare case. The lack of support on their part to cope with the addiction prevents applied individual and group interventions. Generally,

⁹¹ Source: Directorate General for Execution of Punishments.

⁹² The data are based on analyzes of the prison communities in the individual prisons.

these facts lead to an overall hampering of corrective impact on this category of convicted persons.

According to the information received in the DGEP, 101 attempts to get drugs into the places of deprivation of liberty were prevented in 2013. Prevailing were the attempts at concealing drugs in objects which the imprisoned persons are entitled to receive and can keep with them, and which are usually given to the prisoners at time of visits. Cases in which unknown persons transferred over the prison fences drugs hidden in food, bottles, etc are not a rare either. Most of those drugs are detected when a search of the bedrooms is carry out and in carrying out personal search of the convicts. For each identified case of violation the authorities of the Ministry of Interior are notified, the detected substances are submitted for analysis, and the observing prosecutor is also notified. Given the nature of the offense, a disciplinary liability is sought from the prisoner. No specific information can be provided as to the type and quantity of detected drugs as the substances have been given to the competent authorities of the Ministry of Interior.

Responses to health consequences associated with drug use in prisons

Every prisoner after entering the prison or correctional institution is subjected to primary medical examination to assess their general health status and to sanitasation, taking into account the presence of symptoms of drug and/or alcohol addiction and identifying the measures that need to be taken during the serving of the sentence. During this period, some of the incoming prisoners have withdrawal symptoms. Pursuant to Ordinance No 2 of 22 March 2010 on the terms and conditions for medical care in places of detention, prisoners with alcohol and/or drug addiction are taken under the supervision of a psychiatrist who together with an inspector (psychologist) and an inspector (social activities and educational work) draws up a programme for treatment. There is a legal possibility, according to Article 92(1) of the Criminal Code, if the offense is committed by a person who suffers from alcoholism or another addiction, the court can order compulsory treatment along with the punishment. In this regard, the persons sentenced to imprisonment for which a compulsory treatment for alcohol and/or drug dependence is ruled, in pursuance of the above cited Ordinance No 2 are transferred to the prison in Lovech and stay for treatment in the Specialized Hospital for Active Treatment of Persons Deprived of Liberty (SHATPDF). The persons sentenced to imprisonment with alcohol and/or drug addiction, for which a compulsory treatment is not ruled can be transferred for treatment to the SHATPDF at the prison in Lovech in case of explicitly manifested desire on their part.⁹³

In 2013, 53 patients with diagnoses nosologically belonging to the group of addictions were referred for treatment to the Psychiatric Ward of the SHATPDF – Lovech which accounted for 24,5 % of the patients who passed through the ward (in 2012 – 41 patients, or 15.5 % of the number of patients who passed through the ward, in 2011 – 37 patients or 13.4 %). Along with that, in the places of detention 139 prisoners on methadone treatment passed through the ward.

During the same reporting period 3,883 serological tests for HIV were made, which is a decrease of 21.5 % compared to 2009, and 12 HIV positive persons were newly registered. (See *Table 9-11*) According to Article 34(2) and (3)(4) of Ordinance No 2 of 22 March 2010 on the terms and conditions for medical care in places of detention on arrival in prison and

⁹³ Source: Directorate General for Execution of Punishments.

while serving a sentence, every prisoner is offered a HIV testing. Testing is conducted in compliance with the principles of voluntary participation, anonymity, confidentiality and informed consent. In notifying positive for HIV a post-test counselling is conducted. HIV positive persons are provided with ongoing medical monitoring, specialized laboratory tests and antiretroviral therapy together with the specialized hospitals for treatment of HIV infections in Sofia, Plovdiv, Varna and Pleven. The service is provided on site in the prisons by the Practices for anonymous and free counselling and testing for HIV/AIDS (KABKIS) and the reason for this is a joint order of the Minister of Justice and Minister of Health.

Table 9-11

**SEROLOGIC TESTS FOR HIV AND SIPHERILIS DONE AT THE PRISONS IN THE
REPUBLIC OF BULGARIA (2009-2013)**

(in absolute numbers)

Serologic tests for :	2009	2010	2011	2012	2013
HIV	4,945	4,425	3,723	4,074	3,883
Syphilis	-	4,494	4,046	4,253	3,869

Source: Directorate General for Execution of Punishments

In 2013, 3,869 serological tests for syphilis were made of prisoners and 47 positive results were found. Treatment was provided to these persons.

In preparing the programme for the treatment of persons deprived of liberty with alcohol and/or drug dependence, and throughout the period of serving the punishment, the inspectors (social activities and educational work) worked individually with the prisoners. **Individual work in places of deprivation of liberty is the method by which the targeted, pro-social formation of the personality is promoted.** It begins with the arrival of the prisoner and ends with his/her release and is essential for overcoming addiction to psychoactive substances. Individual work begins with the study of the personality through a specialized methodology for assessing the risk of recurrence and damages (OASYS), where there is a section titled "Drug Abuse". The resources and deficits of the imprisoned person are defined thereby which enables to work on overcoming the addiction, raising the internal motivation of the convicted persons and planning their participation in the therapeutic and supporting process. Using the methodology the inspector (social activities and educational work) is familiarised with the established patterns of behaviour of the convicted person and can determine the methods of impact and re-education. On this basis, together with the convicted person the inspector negotiates the plan of future activities to achieve the future pro-social changes and to determine the funds that will be used in collaboration. It includes all activities aimed at overcoming drug addiction. The purpose is that through these activities the person can begin to perceive and maintain socially oriented elements by which to obtain a modification of the approved model of antisocial behaviour.

In the process of correction and behaviour improvement in the penitentiary system group work is carried out. **Two programmes for working with prisoners who are drug addicts have been developed based on the cognitive-behavioural approach.** One of them can be also specifically applied to convicted persons with alcohol dependence. In terms of their duration the programmes are:

- Short-term programme to minimize the drug use harm.
- Medium-term programme for treating the addictions in the Bulgarian prison system.

The Short-term programme is intensive, comprises 20 sessions and is conducted every day. Each session lasts for 3 hours.

The Medium-term programme can be applied both to persons deprived of liberty who are dependent on drugs, and to those dependent on alcohol. It is implemented in two phases: The first phase includes 36 group sessions, each one lasting for 2 hours. In the course of 12 weeks three sessions weekly are held. The second phase of the programme is a follow-up care and again has duration of 12 weeks. Two individual sessions are held with each participant focused on the individual aims and on providing support for the prevention of relapse

In 2013, in the prison facilities, a medium-term programme for working with addicted prisoners was not carried out. The long duration of the programme for drug addicts and the specific requirements for its realization were the contributing factor. On the other hand, daily workload of inspectors (social activities and educational work) and psychologists justify the choice to implement the short-term programme to minimize harm of drugs.

With regard to statistics in 2013 in the specialized programmes for prisoners with drug dependence 82 persons passed through or 4% of their total number. Compared to 2010, this is 18 %, in 2011 – 7.1 % and in 2012 – 5 % of their total number. (See Table 9-12)

Table 9-12

IMPLEMENTATION OF SHORT-TERM PROGRAMMES FOR WORK WITH DRUG-DEPENDENT PERSONS DEPRIVED OF LIBERTY IN THE PRISONS OF THE REPUBLIC OF BULGARIA (2010-2013)

(in absolute numbers)

Prison	2010		2011		2012		2013	
	groups	pris'rs	groups	pris'rs	groups	pris'rs	groups	pris'rs
Belene	1	12	1	11	1	10	0	0
Bobov dol	1	12	0	0	1	10	0	0
Burgas	1	12	2	21	1	10	0	0
Varna	1	12	1	16	2	28	3	47
Vratsa	1	12	1	10	0	0	0	0
Lovech	3	36	1	12	3	25	2	17
Pazardgik	2	24	1	12	0	0	0	0
Pleven	1	12	0	0	0	0	0	0
Plovdiv	2	20	0	0	1	8	0	0
Sliven	1	12	1	13	1	11	1	6
Sofia	0	0	0	0	1	7	0	0
Stara Zagora	1	12	2	15	0	0	1	12
Total	15	176	10	110	10	110	7	82

Source: Directorate General for Execution of Punishments

The inclusion of convicted persons in programmes for tackling addiction aims at raising their motivation for change, enabling them to identify the problems related to drugs and/or alcohol and to understand the consequences of them, enabling them to maintain the achieved degree of change and last but not least, to reduce the likelihood of drug use and

committing further crimes. Prisoners who have passed through the programmes are interested in role-playing games, mental tasks, the information provided and the emerging relationships in the group. Through group work, as a means of building pro-social personal qualities, interaction between group members is established and maintained, which affects them and forms preventive and curative correctional norms and values. Thus, on the one hand, a person's behaviour can be changed more easily, and on the other hand, it is helping to change the behaviour of the group leaders so as to change group views and actions. In designing and implementing the programmes, however, oftentimes convicted persons refuse participation or terminate it at a later stage. This is due to the fact that the group is artificially formed; participants know each other in greater or lesser degree and last but not least, they are in a closed environment. This makes it difficult to maintain the internal motivation for change in a given person, building trust environment, effective participation in group work and realisation of what has been already acquired. In this connection, prison administration, in accordance with its legally provided opportunities, by implementing the programmes is aiming to make the group attractive to its members, so that it can have a higher pro-social impact on them.

This is aided by issuing certificates to the prisoners who have completed the programme successfully and considering the delivery period for working days under Article 178(4) of the Law on Execution of Penalties and Remand in Custody. Completion of the programme is essential for every prisoner with drug addiction, as it is not only part of their rehabilitation and behaviour improvement, but it is also a prerequisite for changing their legal status. On the other hand, those factors have correction effect and behaviour improvement does not concern only the particular prisoner, but other convicted persons as well, raising their health awareness.

Given the frequency of early occurring chronic diseases, lack of hygiene habits and active drug use by prisoners, in 2013 increase in the implemented health education activities was reported. Prisoners deprived of liberty are particularly interested in topics related to HIV/AIDS prevention and especially drug addicts who are a risk group. To raise health awareness of convicted persons on the basis of partnership relations in the places of detention health educational programmes for prevention purposes are conducted. In terms of their content the topics are associated with "Types of drugs", "Reasons for the use of drugs", "Health and social consequences of drug use". Government institutions and non-governmental organizations that actively support these activities are the Regional Inspectorates for Protection and Control of Public Health (RIPCPh), the Bulgarian Red Cross (BRC), Local committees to combat antisocial behaviour among minors and underage (LCCASBMU), Mothers against Drugs Association, Dose of Love Association, Crime Prevention Fund IGA, Initiative for Health Foundation, the Municipal Drug Councils, Mental Health Centres, Medical centres at the places of deprivation of liberty, etc. Partnership with the Centres for Addictions at local level and psychiatric wards has been expanded, thanks to which people involved in a treatment programme with methadone can continue their therapy even after admission to prison or custody.

Cultural and information, sport and religious activities, involvement in school activities and/or training courses and last but not least working life can be noted as an additional aspect to the interventions used. Thereby, the addicted person feels committed and directed towards pro-social behavioural models.

Reintegration of the drug users after their release from prison

In 2013 by an early conditional release 861 prisoners were set free, and probation supervision within the probation period was imposed on 349 of them. DGEP currently has no data, how many of them are addicted to drugs. Early conditional release with probation supervision is executed in the Regional Offices for Execution of Punishments, where again an assessment of the risk of relapse and harms inflicted to the convicted person is prepared and the section on Drug Abuse is completed. For tackling addiction and/or maintaining what has been achieved, both individual and group work is carried out.

10. Drug Markets

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

- Drug supply;
- Drug seizures;
- Drug availability.

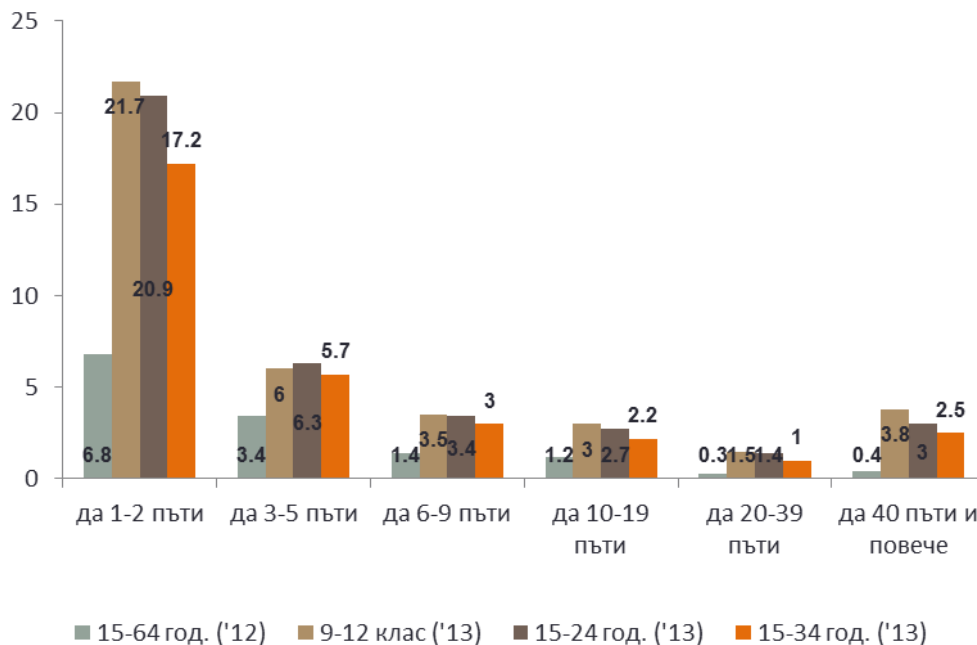
Supply to and within the country

Drug Supply

A Nationwide Representative Survey was conducted in 2013 among senior high school students (class IX-XI) as well as a Nationwide Representative Survey among young populations aged 20-34 years. As compared with the Nationwide Representative Survey conducted in 2012 among the general population in Bulgaria (15-64 years of age) the population groups where drug supply was higher were clearly outlined - namely, high school students in class 9-12 and young people aged 15 to 24 (see *Figure 10-1*).

Figure 10-1

HAVE YOU PERSONALLY BEEN OFFERED DRUGS OVER THE PAST 12 MONTHS?



1. yes, 1-2 times	2. yes, 3-5 times	3. yes, 6-9 times	4. yes, 10-19 times	5. yes, more than 40 times
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Sources: Nationwide Survey among the general population – 2012, Nationwide Survey among senior high school students – 2013, Nationwide Survey among young populations (20-34 years) - 2013

Highest was the share of those offered drugs 1-2 times last year, as declared by nearly 1/5 of the high school students, class 9-12 and youths aged 15-24. About 6 % of the high school students had received such an offer from 3 to 5 times last year, 3.5 % had been offered drugs from 6 to 9 times and nearly as many (3 %) – 10-19 times. The share of those receiving such an offer 40 and more times in one year should not be undervalued both among high school students and in the other 2 groups of young people aged 15-24 and 15-34.

Trafficking Patterns Inside and Outside the Country

Criminal rings operating in drug trafficking largely consist of Bulgarian nationals involved in transport activity and logistics as their major occupation. Bulgarian criminal rings participate in heroine trafficking along the so-called Balkan route – from Turkey via Bulgaria to countries in Western Europe. Bulgarian nationals have been identified as cocaine couriers from countries in South America with Western Europe as a final destination, resorting to all known methods of trafficking: concealed in luggage, packed around the body, swallowed and others. Bulgaria is a transit country, with only a very small part of heroine left behind for local consumption.

In 2013 the trend of absent unified drug market in the country continued. From data obtained in the loop it is clear that after the major drug market “kingpins” had dropped out for one reason or another, some individual independent player groups tried to assert themselves, for greater security using their own drug supply channels and marketing drugs to addicts on their own. At first these groups distribute drug substances of very high quality so as to capture a larger share of the market.

The trend all through the year was towards most frequent use and distribution of marihuana, amphetamines and methamphetamines. Cannabis growing greenhouses in domestic conditions were discovered in all parts of the country.

Still continuing is the growing use and sale of new psychoactive substances, the so-called „designer drugs” leading to intoxication of the users. The main problems in that regard are related to their free sale in shops in Sofia, Sunny Beach, Banski, Razgrad and Shumen and the quick entry of new types under no control.

Some regional specificity can also be identified: thus cannabis growing is characteristic of the region of Blagoevgrad, the use of cocaine and designer drugs – along the Black Sea coast, the production of methamphetamine in portable laboratories and small quantities – in Sliven and Lovech areas, use of designer drugs in the regions of Razgrad and Shumen etc. Most frequently the main distributors and owners (or leaseholders) of shops where such substances are sold are Polish, Latvian and Estonian nationals. Part among them have moved their business from great Britain due to legislative changes there.⁹⁴

Drug Seizures

Quantities and Number of Seizures of Illicit Drugs

The total quantity of narcotic substances and precursors seized in 2013 by the Customs Agency was 489.204 kg and 15 826 tablets in 94 cases.

⁹⁴ Source: Ministry of Interior, Chief Directorate “National Police”

A negative trend has been observed in recent years of decrease in the number of quantities of drugs seized by the Bulgarian customs administration. According to the statistical data of the Customs Agency there has been a drastic decline in the captured amounts of **heroin**, which is the main type of drug trafficked through Bulgaria (2009: 928 kg; 2010: 222 kg; 2011: 298 kg; 2012: 129 kg; 2013: 179 kg).

A slight increase of the number of cases and seized drug quantities was observed for the first time in the last four months of 2013, particularly of heroin. The most important seizure of 73 kg was made on 17.10.2013 at Kapitan Andreevo border checkpoint.

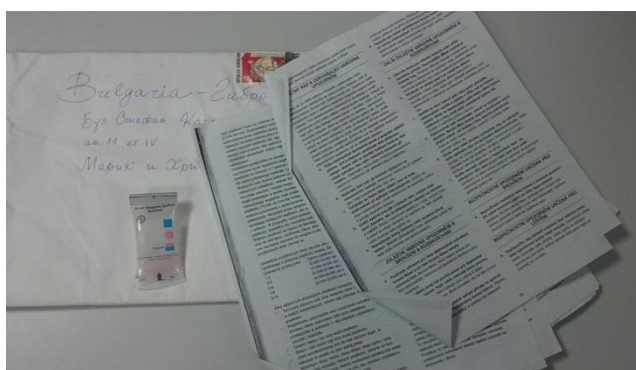


Photos: the Customs Agency

In 2013 the customs officers prevented 27 attempts at illegal trafficking of **synthetic drugs**, or 42 % increase as against 2012. The so-called “designer drugs” had the highest share in terms of both number of cases and quantities seized, in particular **synthetic cannabinoids**, mostly delivered by mail and express mail courier consignments. For the first time last year the “designer drugs” quantities imported from China considerably exceeded (5 times) the traditional “European” synthetic drugs – amphetamines, methamphetamines and ecstasy.

Most original last year too were the methods of concealment of **cocaine** arriving in Bulgaria in air mail parcels. Quantities between 50 grams and 2 kilograms concealed in impregnated sheets of paper, inside lady purses, chocolates, document folders, ropes and figurines were detected in 8 cases by the customs officers at Airport Sofia.





Photos: National Customs Agency

In the past year the largest quantity of cocaine in one consignment were 13 kg concealed inside two second-hand jets arriving to Port Varna from Santa Luchia on 07.01.2013.⁹⁵



Photos: The Customs Agency

Aggregated data on drug quantities seized in 2013 in Bulgaria (according to information from Chief Directorate “National Police”, Ministry of Interior) are presented *Table 10-1*.

Table 10-1

DATA ON SEIZED AMOUNTS OF DRUGS IN 2013.

Cannabis (dry mass)	CDNP	512,258 kg.	44 cases
	Customs Agency	66,893 kg.	25 cases
Cannabis (sprigs)	CDNP	47917 items	10 cases
	CDNP	647 items.	
Hashish	CDNP	4,990 kg	2 cases
Heroine	CDNP	23,517 kg	
	CDCOC	7,766 kg.	
Cocaine	Customs Agency	17,940 kg.	
	CDNP	1,604 kg	
Cocaine (liquid)	CDCOC	14 litres	2 cases
Amphetamine (substance)	GDPN	27,929 kg.	
	Customs Agency	0,014 kg.	
Amphetamine	CDNP	408	

⁹⁵ Source: „Combating Drug Trafficking“, Customs Agency

(tablets)	CDCOC	1923	
Amphetamine (tablets)	CDCOC	35,800 kg.	1 case
Methamphetamine (substance)	CDCOC	2,866 kg..	
	Customs Agency	3,541 kg.	
Ecstasy (substance)	Customs Agency	13 kg.	8 cases
Ecstasy (tablets)	CDNP	4167	
	Customs Agency	3	

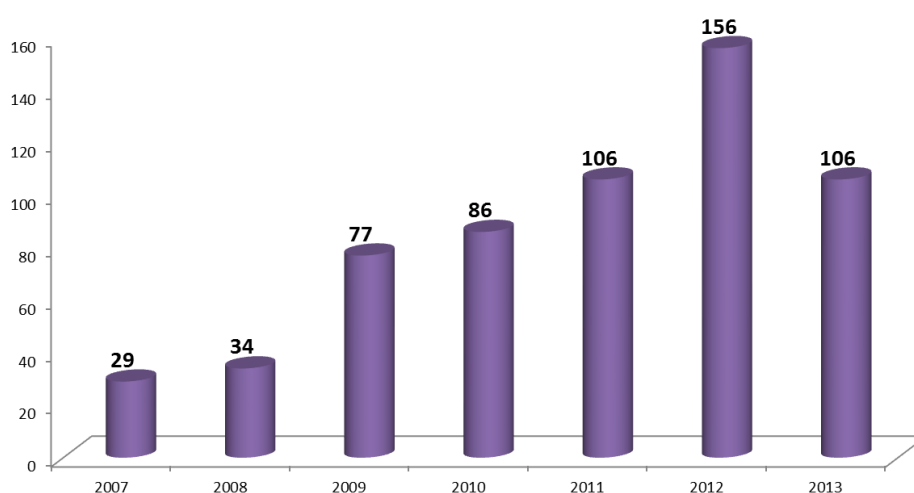
Source: Chief Directorate „National Police”, Mol

A great challenge to law enforcement and the legislative institutions in Bulgaria was the entry of an ever larger number of new psychoactive substances and the manufacturers' ability to quickly react to the legislative changes related to that phenomenon by synthesizing new substances not known before. The so called "legal highs" cover a broad range of substances and products mostly offered in internet or at specialized shops and advertised as „herbal mixtures“, „herbal incense“, „bathroom salts“, „research chemicals“, often presented as “unfit for consumption”.

An increase of the total number of seized substances in one year has been observed since 2007 onwards. 29 separate cases were registered in 2007 while in 2012 their number was 156. Some decline in the number of cases of seized new substances and return to the 2011 level was observed in 2013. (see *Figure 10-2*).

Figure 10-2

NEW PSYCHOACTIVE SUBSTANCES IDENTIFIED IN THE PERIOD OF 2007-2013 IN BULGARIA (NUMBER OF CASES PER YEAR)



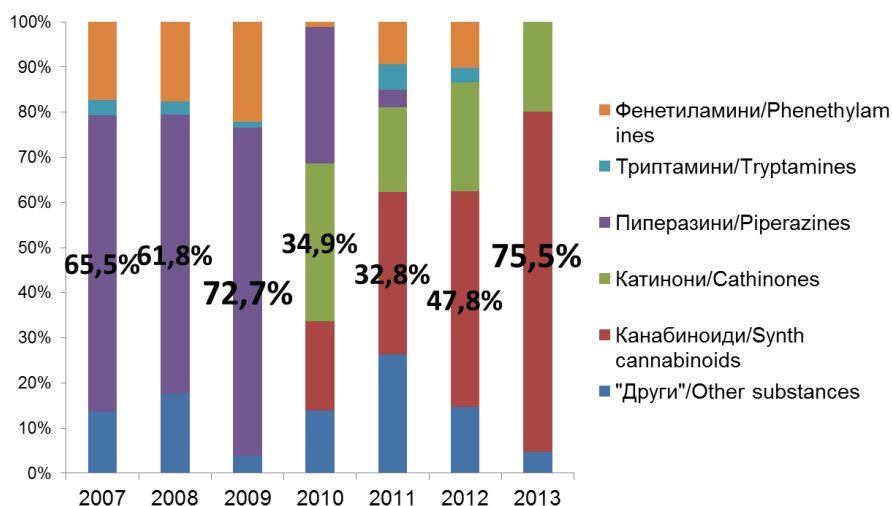
Source: National Early Warning System for New Narcotic Substances (NFP, NICCL-Mol, Customs Agency etc..)

The comparative analysis of the data on registered cases of newly appearing substances by groups of substances over the 2007-2013 period shows some interesting trends. In the period of 2007-2009 the captured new psychoactive substances were mostly from the group of piperazines, **phenethylamines and other substances**. Some changes in the seizures of

new substances were reported in 2010: the seized substances were mainly from the group of cathinones, the number of substances from the group of **piperazines** was significantly lower while the number of seized synthetic cannabinoids was on the increase. **Since 2011 onwards synthetic cannabinoids represented the largest groups of seized new drugs in Bulgaria and in 2013 they were over 75 % of the total number of seized drugs.** (see Figure 10-3)

Figure 10-3

NEW PSYCHOACTIVE SUBSTANCES IDENTIFIED IN BULGARIA IN THE PERIOD OF 2007-2013



Source: Laboratories of NICCL-Mol and Customs Agency

According to data of the Customs Agency and the Research Institute for Criminology and Criminal Law.106 cases of seizure of new psychoactive substances were registered in Bulgaria in 2013. Synthetic cannabinoids represented the most frequently identified group of substances in terms of number of cases and quantities: 108 886.07 gr. were seized in 80 cases. **AM-2201** accounted for the largest quantity of seized synthetic cannabinoid: 92 000.00 gr. in 7 cases. In 2013 the most frequently identified cannabinoids were **5F-AKB-48** (12 cases, 2811.15 gr.) and **JWH-018** (12 cases, 1596.53 gr.). The most popular combination of different substances in one product was that between **UR-144, STS-135 and MAM-2201** (13 cases, 314.83 gr.).

Two new cannabinoids were identified in 2013 for the first time in Bulgaria:

- **5F-APINACA** - 13 cases, 131.15 gr. total weight

- **5-Fluoro-UR-144** - 1 case, 4 800.00 gr.

Cathinones constitute the second major group of new psychocactive substances seized in 2013 (21 cases in total). Pentedrone accounted for the largest quantity of seized substance from the group of Cathinones: 356.63 gr. in 13 cases.

Quantities and Number of Seizures of Precursor Chemicals

Parallel with the trafficking of synthetic drugs some Bulgarian citizens take an active part in their illegal manufacturing in countries in Central Europe too. They supply part of the precursors required for the purpose, extracted from medical drugs licensed in Turkey and containing **pseudoephedrine**. The tablets are illegally imported in the country; they are

stripped of their original packing, repacked and trafficked in other vehicles to the illegal laboratories. In 2013 3 trafficking attempts with such preparations were prevented at the borders of Bulgaria with a total of 108 kg and 727 tablets in seized quantity.⁹⁶



Photos: Customs Agency

Number of illegal laboratories and other detected specific drug manufacture sites and type of narcotic drugs manufactured there.

According to data supplied by Chief Directorate National Police of the Ministry of Interior the total number of detected laboratories for synthetic narcotic substances manufacture was 35 in 2013 while the total number of indoor cannabis growing sites was 44 and the total area of detected outdoor cannabis growing sites was 25 decares.

In the 2009-2013 period the number of detected laboratories for manufacture of synthetic drugs increased as did the number of detected cannabis growing sites (indoor and outdoor) (see Table 10-2).

Table 10-2

NUMBER OF ILLEGAL LABORATORIES AND OTHER DETECTED SPECIFIC DRUG MANUFACTURE SITES IN THE PERIOD OF 2009 – 2013

2009 г. ⁹⁷	3 laboratories for synthesis and tableting of amphetamine
	6 greenhouses for cannabis growing
2010 г. ⁹⁸	5 laboratories for manufacture of amphetamines and methamphetamines
	26 cannabis growing premises
2011 г. ⁹⁹	11 laboratories for manufacture of amphetamines and methamphetamines
	35 greenhouses and cannabis growing sites
2012 г. ¹⁰⁰	7 laboratories for manufacture of amphetamines and methamphetamines

⁹⁶ Source: Customs Agency, *Combating Drug Trafficking*
⁹⁷ Source: Drug Department, GDCOC
⁹⁸ Source: CDCOC and SDCOC
⁹⁹ Source: CDCOC - Mol
¹⁰⁰ Source: CDCOC - Mol

2013 г. ¹⁰¹

35 laboratories for manufacture of synthetic narcotic substances

44 indoor cannabis growing sites and an area of 25 decares outdoor cannabis growing sites.

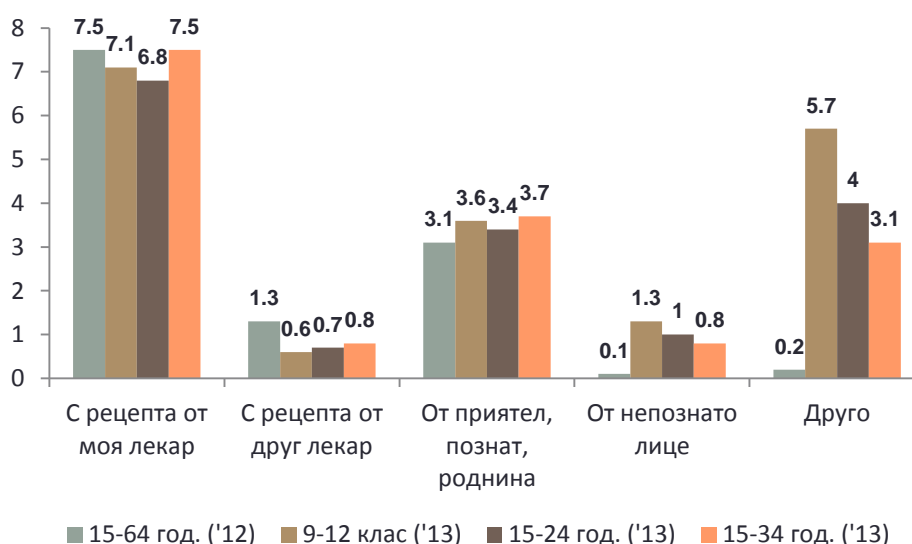
Availability

Availability of Medicines

Data from recent research studies show that medicines (hypnotics, sedatives, tranquilizers or anti-Parkinsonian) are most often obtained for use with prescriptions from the GP. Quite significant however is also the share of those reporting that last time they had acquired such medicines from a friend, relative and acquaintance or in some other way. (see *Figure 10-4*)

Figure 10-4

DISTRIBUTION OF COVERED PERSONS FROM DIFFERENT GROUPS ACCORDING TO THE MODE OF ACQUIRING HYPNOTICS, SEDATIVES, TRANQUILIZERS AND ANTI-PARKINSONIAN DRUGS FOR USE (LAST TIME)



Source: Nationwide General Population Survey – 2012, National Survey among High School Students – 2013, National Survey among Young Population (aged 20-34 years) - 2013

(With prescription from my GP)

With prescription from another physician

From a friend, acquaintance, relative

From somebody I don't know

Other

From the chart above it is to be seen that no drastic distinctions are noticeable in the different age group in respect of the different modes of obtaining medicines. What makes impression is the answer "Other" or "Some other way" where a higher share of senior high school students, class 9-12 could be noticed.

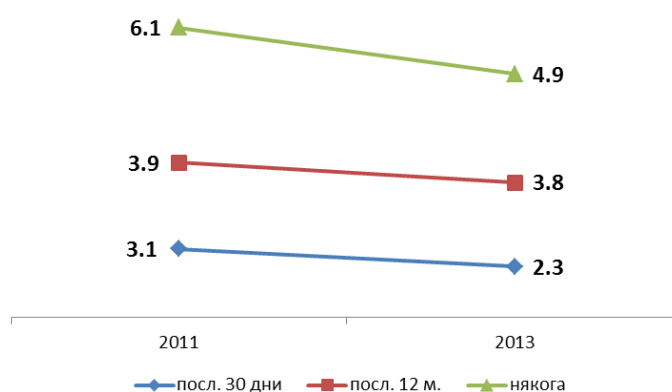
¹⁰¹ Source: Chief Directorate „National Police“ , Mol

Availability of New Psychoactive Substances

According to data from the Nationwide Representative Survey among Senior High School Students, class 9 -12 in 2013 a total of about 21-22 000 high school students of that age group in Bulgaria used some new substance at least once in the last year.

Some decline in the use of new psychoactive drugs at a certain time in life has been observed compared to the data from the survey among senior high school students, class 9-12 (from 6.1 % - 2011 to 4.9 % - 2013) . Some decline of use was also registered in the last 30 days: in 2011 3.1 % of surveyed senior high school students reported that they had used some new psychoactive substance last month while in 2013 theirs share was 2.3 % . (see *Figure 10-5*)

Figure 10-5



Source: Nationwide Survey among Senior High School Students, 2011 and 2013

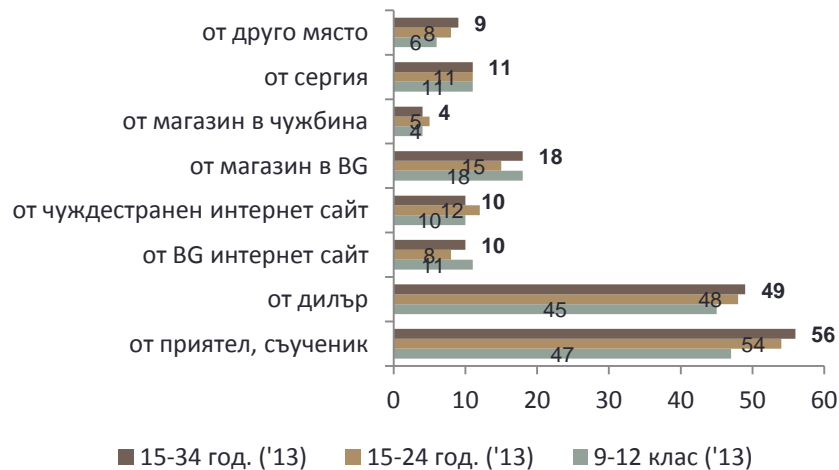
1. Last 30 days 2. Last 12 months 3. Some time

Another market challenge as far as illicit drugs and non-monitored substances are concerned in recent years on an European scale are the opportunities offered by internet. Generally speaking one of the characteristics of the market of new psychoactive drugs is that it is there precisely that they are oriented. The comparison of data from different studies and population groups (high school students, class 9-12; young people aged 15-24 and young population aged 15-34) provide an interesting view on the access to new psychoactive substance in the past year (see *Figure 10-6*).

Фигура 10-6

WHERE DID YOU GET THEM /WERE GETTING THEM FROM IN THE PAST 12 MONTHS? (%) ¹⁰²

¹⁰² Note: The data include answers of persons declaring use of new psychoactive drugs in the past 12 months



Sources: *Nationwide Survey of High School Students – 2013, Nationwide Survey of Young Population - 2013*

1. Somewhere else 2. A stall 3. A shop abroad 4. A shop in the country
 5. Foreign internet site 6. Internet site in Bulgaria 7. A dealer 8. A friend, classmate
 Aged 15-34 years (2013) 15-24 years (2013) Class 9-12 (2013)

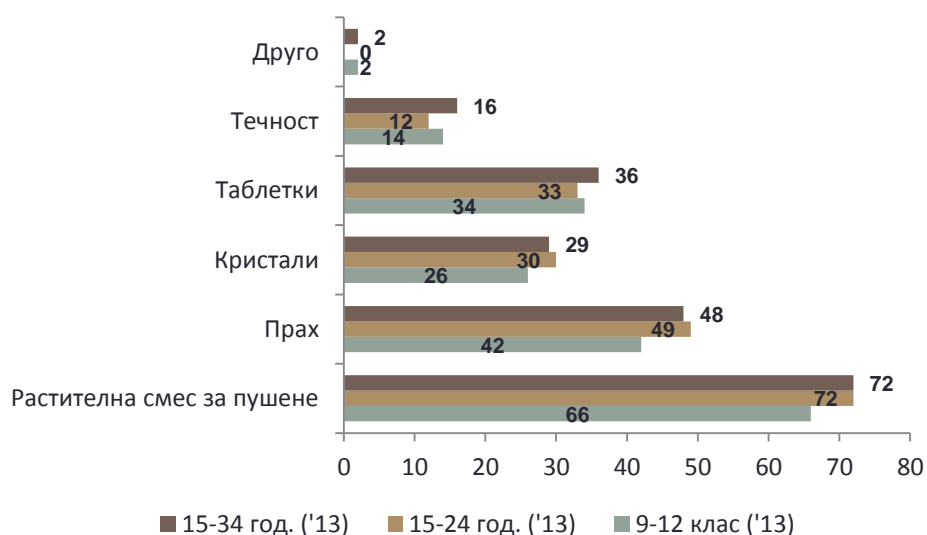
As can be seen, in 47-56 % of the cases the supply of such drugs took place through a friend or classmate. Approximately the same (45-49 %) was the share of cases of supply from a dealer. Acquiring from a website, Bulgarian or foreign, occurred in 8 % to 12 %, and acquiring from a shop abroad occurred in the least number of cases (4-5%). In summary it can be said that **over the past year the supply of new psychoactive drugs in Bulgaria occurred most frequently through a friend or dealer.**

In 2/3 of the cases the new psychoactive drugs were in the form of plant smoking mixture; in about half of the cases they were in the form of powder and in fewer of the cases – crystals or tablets. These substances were least frequently in the form of liquids (see *Figure 10-7*).

Figure 10-7

DISTRIBUTION OF ANSWERS CONCERNING ACQUIRED NEW SUBSTANCES ACCORDING TO THE FORM OF THEIR SUBSTANCE (%)¹⁰³

¹⁰³ Note: The data include answers of persons declaring use of new psychoactive drugs in the past 12 months



Sources: *Nationwide Survey among Senior High School Students – 2013, Nationwide Survey among Young Populations - 2013*

1. Other	2. Liquid	3. Tablets	4. Crystals	5. Powder
6. Herbal smoking mixture				
Aged 15-34 years (2013)		15-24 years (2013)		Class 9-12 (2013)

In conclusion, access to new psychoactive substances in Bulgaria is most frequently obtained through a friend or dealer while the substance is mostly in the form of herbal smoking substance or powder.

Drug Prices

Wholesale Price ¹⁰⁴

The intent of Ordinance № 23 of the CM dated 29 January 1998 is primarily price setting for narcotic drugs required by court proceeding in Bulgaria as is that of its last amendment in the State Gazette (issue 14, dated 18 февруари 2000 г.). According to Appendix № 1 (*Prices of Narcotic Drugs Required for Court Proceedings Schedule*) and Appendix № 2 (*Prices of Narcotic Drugs at Street Level Required for Court Proceedings*) the value of a given drug is calculated by assigning a chemical and physical expert evaluation for heroine and cocaine in order to establish the percentage content of the active substance. The prices of other drugs are set without requiring any percentage content of active substances. (see Table 10-3)

Table 10-3

PRICES OF DRUGS REQUIRED BY SCHEDULES OF COURT PROCEEDINGS

substance	measure	Prices in euro according to the active substance percentage content
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¹⁰⁴ To make estimates easier the price in leva/euro ratio is rounded off to 2:1 instead of the actual one - 1.95583:1

		0-15%	16-30%	31-45%	46-60%	31-75%	76-90%	over 91%
Heroin	1 кг.	20 000	25 000	32 500	45 000	62 500	90 000	125 000
Cocaine	1 кг.	22 500	30 000	42 500	60 000	95 000	132 500	140 000

Prices in euro without requirement for % content

Marihuana	1 kg.	2 000
Hashish	1 kg.	2 500
Hashish oil	1 kg.	10 000
Morphine	1 kg	30 000
Codeine	1 kg	20 000
Amphetamines	1 kg.	15 000
Fentanyl	1 kg.	17 500
Methamphetamine	1 kg.	12 500
Substitute amphetamines	1 kg.	16 000
LSD	1000 doses	30
Phenobarbital	1 kg.	1 000
Flunitrazepam	1 kg.	4 500
Bromazepam	1 kg.	1 000
Diazepam	1 kg.	1 000

Source: Ordinance № 23 of MC dated 29 January 1998, Appendix № 1

Drug prices at wholesale level (according to data provided by Chief Directorate "National Police", Ministry of Interior) are presented on Table 10-4.

Table 10-4

Prices of Some Drugs at Wholesale Level ¹⁰⁵

type	measure	Price (euro)	
		from	to
Marihuana (Bulgarian)	kg.	4 000	5 000
Marihuana (Dutch)	kg.	7 500	10 000
Heroin	kg.	12 500	15 000
Cocaine (Hydrochloride powder)	kg.	35 000	45 000
Amphetamine (substance)	kg.	2 250	3 000
Methamphetamine (crystal)	kg.	30 000	35 000
Methamphetamine (tablets)	kg.	3 000	4 000
Amphetamine (tablets)	kg.	1 000	1 500
Ecstasy	kg.	1 500	2 500

Source: Chief Directorate „National Police”, Mol

¹⁰⁵ To make estimates easier the prices leva/euro ratio is rounded off to 2:1 instead of the actual one - 1.95583:1

Prices at street level

We begin our analysis with a brief review of the average value of drug prices at street level in EU over the period of 2002-2012 ¹⁰⁶

Amphetamines

The minimum price of one gram of amphetamines in EU over the period of 2002-2012 was in the range of 0,6 euro (Turkey) in 2006 to 4,88 euro per gram in 2002 (France).

The highest price per gram was registered at the rate of 55 euro in 2002 (Sweden) to 200 euro per gram in 2011 (Slovenia).

The average price in euro per gram over that period was from 15 euro in 2011 to 23.45 euro per gram amphetamines in 2006.

Methamphetamines

The lowest minimum price per gram methamphetamines was registered in 2012 - 1,2 euro (Lithuania).

The maximum price per gram was registered in the range of 62,7 euro in 2004 (Czech Republic*) to 237,2 euro per gram in 2010 in Czech Republic too.

The average price over that period was from 20 euro in 2005 to 51 euro per gram methamphetamines in 2008.

Figure 10-8

Амфетамини (евро/гр.)			
година	мин.	макс.	средна
2002	4.88	55	17
2003	3	70	17.34
2004	0.6	93.1	17.88
2005	2.5	88	17.04
2006	1.7	104.2	23.45
2007	1	60	16.61
2008	1.5	55.6	16.06
2009	1	64.3	17.55
2010	2	59.3	16.55
2011	1.7	200	15.23
2012	2.6	135	17.38

Метамфетамини (евро/гр.)			
година	мин.	макс.	средна
2004*	12.5	62.7	34.5
2005	1.67	69	20.32
2006	2	145.5	24.75
2007	6	146.1	25.65
2008	2	148.1	51.06
2009	2.6	189	37.59
2010	3.6	237.2	36.37
2011	2.3	200	39.67
2012	1.2	199	35.13

Amphetamines (euro/gr)

Year Min. Max. Average

Methamphetamines (euro/gr.)

Year Min. Max.

Cannabis

While in the first half of the period under review the average price of cannabis – resin was higher than that of cannabis – grass, in 2009 the price of cannabis-grass was higher. Price levels as observed in the past three years (2010 to 2012).

¹⁰⁶ Source: EMCDDA, Statistical bulletin 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, Data and statistics 2014

Figure 10-9

година	Канабис-смола (евро/гр.)			Канабис-трева (евро/гр.)		
	мин.	макс.	средна	мин.	макс.	средна
2002	1.4	25	9.41	1.1	11	6.93
2003	2	25	9.06	0.9	16	6.53
2004	1	25	6.9	0.6	16	5.85
2005	1.6	20	7.63	0.5	20	6.4
2006	1.5	31.3	6.27	0.5	24.3	6.44
2007	1.5	22.2	9.4	0.5	25.6	6.3
2008	0.6	60	7.33	1	60	7.52
2009	1.5	120	8.86	0.5	100	13.31
2010	1.5	50	8.82	0.2	60	8.88
2011	1	42.5	10.21	1	30	10.33
2012	1	43	10.11	1	50	10.54

Cannabis – resin (euro/gr) Cannabis – grass (euro/gr)
 Year Min. Max. Average Year Min. Max.

Ecstasy

The price per tablet of ecstasy turns out to be among the prices relatively most permanent on the street market in Europe. The minimum price for the period was in the range of 0,3 in 2005 (Belgium) to 1,5 euro in 2002 (France).

A more serious increase of the maximum price per tablet was observed in 2008 and 2010: 70 euro per tablet of ecstasy in Cyprus and 50 euro per tablet in France respectively.

The average price for the period was at the rate of 7-9 euro per tablet.

Figure 10-10

година	Екстази (евро/табл.)		
	мин.	макс.	средна
2002	1.5	35	8.31
2003	1	30	8.71
2004	1	24	7.23
2005	0.3	26	7.18
2006	0.4	27.8	6.67
2007	0.6	22	7.22
2008	0.5	70	7.21
2009	1	25	7.25
2010	1	50	6.96
2011	1	25	7.72
2012	0.4	25	7.95

Ecstasy (euro/gr.)
 Year Min. Max. Average

LSD

The lowest minimum price per dose of LSD was registered in 2005 - 0,74 euro in the United Kingdom and the highest one in 2002 - 3,14 euro per dose in the United Kingdom again.

The maximum price of LSD over the period of 2002-2012 was relatively steady. The lowest registered maximum price was in 2002 - 28,7 euro, up to 35-40 per dose in 2003-2012.

The average price remained relatively stable in that period.

Фигура 10-11

LSD (евро/доза)			
година	мин.	макс.	средна
2002	3.14	28.7	8.82
2003	2.2	35	9.38
2004	2.2	35	12.03
2005	0.74	35	13.03
2006	1	35	11.62
2007	1.5	35	13.5
2008	1.2	35	11.94
2009	1	37	11.59
2010	1.3	35.6	11.53
2011	2	40	13.21
2012	1	35	11.82

LSD (euro/gr.)
Year Min. Max. Average

Cocaine

Cocaine is the most expensive drug offered on the market. What makes impression us that over the past few years the minimum price of that drug at street level has fallen at European level.

While the maximum price showed no clearly defined trend over the period, in 2012 the highest maximum price per gram of cocaine was 250 euro.

Figure 10-12

Кокаин (евро/гр.)			
година	мин.	макс.	средна
2002	34.57	250	58.3
2003	10	250	74.38
2004	20	187.5	72.19
2005	20	138.7	66.96
2006	20	150	66.09
2007	20	146.2	63.81
2008	23.2	160	62.93
2009	10	200	66.51
2010	15	250	67.53
2011	14	166.6	67.47
2012	13	250	67.37

Heroin

In the period under review the heroine price at street level showed highest variations in the minimum and maximum price range, the difference being from 1 euro minimum price per gram of heroine in 2007 to 324 euro per gram as maximum price in the same year. The minimum price remained the same in the past two years (2011-2012) in the amount of 4 euro (Turkey), while the maximum price decreased from 387,4 euro per gram (Sweden) in 2011 to 287,2 euro per gram (Sweden) in 2012.

The average cost per gram of heroine was relatively stable at the rate of 46 euro lowest average cost per gram of heroine in 2002 to 65 euro highest average cost per gram of heroine in 2005.

Figure 10-13

Хероин (евро/гр.)			
година	мин.	макс.	средна
2002	20	382	45.74
2003	5	274	64.3
2004	1.2	274	54.75
2005	7.2	269	64.85
2006	10	216	56.75
2007	1	324	57.92
2008	10	264.9	59.43
2009	8	282	59.75
2010	8	314.5	59.91
2011	4	387.4	56.13
2012	4	287.2	63.57

In general drug prices at street level showed no specifically radical changes in Bulgaria over the period of 2011-2013, yet some variations can still be reported (see *Table 10-5*). The data for minimum, maximum and most widespread price for each substance in Bulgaria over the past three years (2011-2013) summarize the information received from several sources in the country: CDCOC – MoI for the period of 2011-2012, CDNP – MoI for 2013 as well as MDC and the outreach programmes in all parts of the country throughout the period under review.

Table 10-5

PRICES IN EURO OF SOME DRUGS IN BULGARIA OVER THE PERIOD OF 2011-2013.

	Cannabis (resin) gr.			Cannabis (grass) gr.			Cannabis (imported) gr.			Heroine gr.			Cocaine gr.		
	'11	'12	'13	'11	'12	'13	'11	'12	'13	'11	'12	'13	'11	'12	'13
MIN PRICE	5	1.5↓	5↑	2.5	1↓	2↑	5	5	5	12.5	12.5	15↑	40	40	40
MAX. PRICEA	20	30↑	40↑	15	17.5↑	17.5	30	30	30	40	50↑	50	100	125↑	100↓
MOST WIDESP READ PRICE	5	7.5↑	20↑	7.5	6-7.5	10↑	12.5	10-12.5	10	25	30-35↑	30	60	60-70	60

	Amphetamine gr.			Methamphetamine gr.			Ecstasy Tablets			LSD Dose			Crack gr.	Sinsemilla gr.
	'11	'12	'13	'11	'12	'13	'11	'12	'13	'11	'12	'13	'13	'13
МИН. ЦЕНА	3	5	3	10	5	6.5	2.5	2	2.5	7.5	4	7.5	10	5
МАКС. ЦЕНА	30	25	25	40	40	40	25	15	15	20	25	30	15	25
НАЙ- РАЗПР. ЦЕНА	10	10	10	15-25	10-30	25	5	5-7.5	7.5	10	5	15	12.5	5

Sources: CDCOC, CDNP, MDC, Outreach programmes

Only the price of imported cannabis remained almost unchanged in the period under review. The most widespread price of the substance changed from 12.5 euro per gram in 2011 to 0 euro per gram in 2013. As compared to the preceding year 2012, some increase was observed of the minimum, maximum and most widespread price per gram of cannabis (resin) and LSD dose; while the maximum hashish price rose by 10 euro each year, the minimum price stayed at the level of 2011. One should not overlook the rise of the most widespread price per gram of cannabis (resin) more than twice over the first two years and a 4-times increase over the period under review: from 5 euro in 2011 to 20 euro per gram in 2013. Also noticeable was a slight increase of the minimum price per gram of heroine while the maximum and most widespread price kept their values the same as compared with 2012. The prices of cocaine per gram retained their values from 2011, with the maximum price dropping from 125 euro to 100 euro per gram as compared to 2012. No serious change was observed in the prices per gram of amphetamine, with the most widespread price being at the rate of 10 euro in all the three years. The maximum price per gram of methamphetamine remained at 40 euro in all the three years while the minimum price slightly increased as against 2012 and the most widespread one was at the rate of 25 euro per gram. In 2012 the most widespread price per tablet of ecstasy was 7.5 euro.

The novelty appearing on the market of drug prices was the price of crack and sinsemilla. While there had been no data concerning these prices until three years ago, such prices appeared in 2013, although without wide distribution and even no availability in some areas of the country: the most widespread price per gram of crack was 12.5 euro and per gram of sinsemilla – 5 euro.

In conclusion, as far as drug prices at street level are concerned, one can say that over the 2011-2013 period the most widespread price per gram of cannabis (resin) showed a serious increase while some drugs, “forgotten” in past years, appeared again, namely, LSD, whose price per dose increased in the period under review, and the return of crack.

Purity / Potency of Illicit Drugs

The percentage of **tetrahydrocannabinol (THC)** in the tested samples of hashish and hemp showed significant increase. The maximum content of THC in hashish was 25,1 %, and in hemp - 27,5 %. The hemp samples had an average THC content of over 9,1 %.

A slight increase in the content percentage of the active component was also observed in the samples of heroin. The maximum content of diacetylmorphine in the samples was 74,4 %, while the average percentage was 17,3.

The trend of increase of the content percentage of the active component continued for the samples containing **cocaine** as compared with the past year. The values of maximum, average and median increased by 5% on the average. The maximum content of cocaine was 75% in 2012 while in 2013 it was 80,0 %. The average content of cocaine in the samples was 24,8% in 2012 and in 2013 it was 30,5 %.

In 2013 the content percentage of the samples containing **amphetamine** showed a light decline. That was best observed in the average value: from 13,9 % in 2012 to 8,5 % in 2013.

A significant difference in the content percentage of **methamphetamine** in 2013 as compared to the previous year was the large number of samples with low content of methamphetamine, which can be seen from the value of the most frequently encountered samples (fashion) - 3%. Nonetheless the average value of 36,9% was commensurate with that of the previous year - 37,6% due to presence of samples with very high content percentage. The tablets containing methamphetamine were with content percentage from 0,5% to 2% active component and the records were only 6. That shows that methamphetamine is mostly encountered as crystal substance.

In 2013 the content percentage of the tablets containing **MDMA** kept more or less the values from the previous year. The maximum content of MDMA in tablets was 58 % in 2013 and the average value was 29,5%. Samples representing crystal and powder substance containing MDMA were also tested in the course of the year. The maximum content of MDMA in these samples was 80 %.¹⁰⁷

Components of Illicit Drugs and Drug Tablets ¹⁰⁸

The admixtures most frequently found in **heroin** were caffeine and paracetamol too. However fentanyl was still found in a large number of samples. In the samples with fentanyl the content percentage of heroin was from 0,1% to 5,8%.

The admixtures in **cocaine** continue to be numerous and most varied: caffeine, lidocaine, benzocaine, benzocaine, phenacetin, levamisole.

Once more the most widespread admixtures in amphetamine in 2013 were caffeine, quinine and lidocaine. Other frequently met admixtures were benzocaine, piracetam, paracetamol and creatine.

Substances added to **metamphetamine** were mostly paracetamol, chlorpheniramine, caffeine, quinine and ephedrine.

The most frequently found admixture in tablets containing **MDMA** was caffeine.

¹⁰⁷ Source: Research Institute for Criminology and Criminal Law. "Percentage Content of Narcotic Substances Tested at the Laboratory of the Drug Sector, RICCL, MOI, in 2013."

¹⁰⁸ Source: Research Institute for Criminology and Criminal Law. "Percentage Content of Narcotic Substances Tested at the Laboratory of the Drug Sector, RICCL, MOI, in 2013."