

EVALUATION OF THE SOCIO-ECONOMIC EFFICIENCY OF DRUG POLICY IN BULGARIA

FOR THE PERIOD
2009 - 2014

CENTER FOR REGULATORY IMPACT ASSESSMENT

RIA.BG



FONDATION
INITIATIVE FOR HEALTH

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Report

This report was developed by a team
Center for Assessment
the impact of legislation
(www.ria.bg, www.regulatoryreform.bg).

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ABBREVIATIONS

BGDP	Gross Domestic Product
SANS	State Agency for National Security
SPH	State Psychiatric Hospital
SPHTDAA	State Psychiatric Hospital for Treatment of Drug Addiction and Alcoholism
EU	European Union
EMCDDA	European Monitoring Center for Drugs and Drug Addictions
HA	Health Act
EPPTDA	Execution of Punishments and Pre-Trial Detention Act
HIA	Health Insurance Act
NSPCA	Narcotic Substances and Precursors Control Act
DoL	Deprivation of liberty
MHAT	Multiprofile Hospital for Active Treatment
MI	Ministry of Interior
MLSP	Ministry of Labour and Social Policy
NHIF	National Health Insurance Fund
PC	Penal Code
CPC	Criminal Procedure Code
NGO	Non-governmental organization
NCA	National Center for Addictions
MCDA	Municipal Councils on Drug Addiction
UNO	United Nations Organization
PIC	Prevention Information Centers
CoMD	Council of Ministers Decree
RHI	Regional Health Inspectorate

This document contains the key findings and main conclusions and recommendations from the evaluation of the socio-economic efficiency of the Drug Policy in Bulgaria for the period 2009-2014, carried out in the first half of 2015 by a team of experts of the Center for Regulatory Impact Assessment (www.ria.bg, www.regulatoryreform.bg) by order of the Initiative for Health Foundation (www.initiativeforhealth.org).

The evaluation discusses the national context of the Drug Policy in Bulgaria, which is also presented retrospectively. Analysis of the current situation is made, in which the institutional framework of the fight against drug use is explained. The activities in the field of drug use prevention are described. The trend in the past several years in Europe, as well as in Bulgaria, is most of the activities in the field of prevention of drug use and abuse to be carried out in the schools. In Bulgaria most of the activities carried out in the schools and even a more significant proportion of the activities carried out among children and youth as a target group consist in providing basic information, related to any psychoactive substances. Few activities are aimed at prevention of the use of a particular substance.

EVALUATION OF THE SOCIO-ECONOMIC EFFICIENCY OF DRUG POLICY IN BULGARIA FOR THE PERIOD 2009 - 2014

Executive summary

This document contains the key findings and main conclusions and recommendations from the evaluation of the socio-economic efficiency of the Drug Policy in Bulgaria for the period 2009-2014, carried out in the first half of 2015 by a team of experts of the Center for Regulatory Impact Assessment (www.ria.bg, www.regulatoryreform.bg) by order of the Initiative for Health Foundation (www.initiativeforhealth.org).

In the contemporary world, depending on the socio-economic environment and specific conditions of life, individuals, groups or communities can be placed in a significantly higher risk associated with drug use, compared to other members of society. The biggest impact on drug use have, above all, the low level of education and then as upgrading factors unemployment, low income, poverty, corruption, etc. A drug always creates risks for everyone who in one form or another has contact with it. Even if a person does not use drugs, in case he or she comes under their influence as a producer, carrier or distributor, he or she becomes psychologically dependent on them.

The evaluation discusses the national context of the Drug Policy in Bulgaria, which is also presented retrospectively. Analysis of the current situation is made, in which the institutional framework of the fight against drug use is explained. The activities in the field of drug use prevention are described. The trend in the past several years in Europe, as well as in Bulgaria, is most of the activities in the field of prevention of drug use and abuse to be carried out in the schools. In Bulgaria most of the activities carried out in the schools and even a more significant proportion of the activities carried out among children and youth as a target group consist in providing basic information, related to any psychoactive substances. Few activities are aimed at prevention of the use of a particular substance.

The report contains an analysis of the activities related to treatment of drug addictions - medication-assisted treatment and activities in the field of psychosocial rehabilitation of persons abusing or addicted to drugs, as well as activities to reduce the harm of drug use. It discusses also the trends in drug use in Bulgaria during the last 5 years and pays attention to illicit drug trafficking and distribution. It reports the progress in the fight against drugs for the period 2009 - 2013, identifying specific measures and initiatives.

The review of the major strategic and normative documents and mechanisms for imple-

mentation of the national drug policy is another key component of the evaluation. The report describes the strategic framework, reviews the national strategies to combat drugs and their actions plans for the periods 2009-2013 and 2014-2018. The analysis of the legal framework includes both international sources of law and relevant national legislation (Constitution of the Republic of Bulgaria, Health Act, Narcotic Substances and Precursors Act, Penal Code, Ordinance on the procedure for classifying plants and substances as narcotic and regulations for prevention and treatment of addictions). The situation of drug addicts in the penitentiary system of the Republic of Bulgaria and the specifics of medical care provided to them is discussed. According to official data, drug addicts comprise more than 20 % of the prisoner population in Bulgaria. The number of addicts in the penitentiary system requires reconsidering a number of issues of the criminal policy regarding both the regulation of drug-related criminal offences and the treatment of these persons in the places of deprivation of liberty and medical care for them.

The findings, conclusions and recommendations in the evaluation are based on the analysis and assessment of data and information, collected from the following institutions: National Center for Addictions at the Ministry of Health, National Council on Narcotic Substances, Department of Narcotic Substances in the Ministry of Health, National Focal Point at the National Center for Addictions, Ministry of Labour and Social Policy, Ministry of Education and Science, Ministry of Youth and Sports, State Agency for Child Protection, Interministerial Commission for Control of Precursors at the Minister of Economy, State Agency for National Security, General Directorate of Criminal Police in the Ministry of Interior, General Directorate of Border Police in the Ministry of Interior, Customs Agency at the Ministry of Finance, representatives of the Municipal Councils for Narcotic Substances and their Prevention Information Centers, Central Commission for Combating Nuisance by Minors and Underaged Offenders at the Council of Ministers and its local divisions, as well as data from the monitoring of national and regional print, electronic and internet media in the period from 01 May 2014 to 01 May 2015.

The financial and economic part of the evaluation includes and discusses statistical information on the public expenditure for treatment of drug addicts by country and makes a comparative analysis with the funding of Healthcare Sector and spent financial resources by function under the Consolidated Fiscal Program in the Republic of Bulgaria, including actions to combat drugs. A report of the delegated and spent public resources for the period 2009-2014 is presented, as well as of the financial resources agreed under the National Framework Agreement.

Based on the above findings and results, the evaluation ends with the following conclusions and recommendations:

CONCLUSIONS

1. Drug Policy in Bulgaria in the period 2009 – 2014 is characterized by continuous changes in the legislation and the participation of representatives of the involved central and local administration in committees, working groups and meetings at national and European level. However, at the same time there is no coordination of the policies of the various departments. There is no management in synergy and focus towards the achievement of specific objectives and information cannot be found about the financial resources that ensure these policies in the various departments.

2. Despite the adopted national strategies, which correspond to the key strategic documents in force at EU level for the current period, there is generally a significant decline in the priority and importance of the problem of drugs and hence a regress of at least 20 years in viewing the problem as a fundamental responsibility of the Ministry of Health, which is a philosophical and conceptual misunderstanding.

3. The National Council on Narcotic Substances is constructed in a non-working way with a significant preponderance of the power institutions and formal presidency of the Ministry of Health, which has no power to require and coordinate the actions of other institutions.

4. There is no unified methodology for planning, registration, reporting and control of the financial resources (public and private) that are needed for the prevention, treatment, rehabilitation and reduction of the harm from drug use.

5. There is no adequate, timely and comparable information to make a thorough and representative financial and economic analysis of the necessary and spent public and private financial resources and an algorithm to set recognizable and comparable indicators for monitoring the effectiveness of use of these resources.

6. It is clear that even when some information is available on any occasion, it is usually not used for the creation, implementation and evaluation of policies in this area.

7. Work with the municipalities is also minimal and relies mainly on the personal initiative of the municipal administrations.

8. The costs for building capacity and strengthening state and municipal structures in the field of drug policies are minimal.

9. There is no efficiency in the spending of public funds for the implementation of programs and policies.

10. Access to a treatment process funded with public financial resources is very limited in the range of about 2 000 people per annum.

11. Treatment of drug addicts in our country is difficult to evaluate as efficient because it is affected by the systematic problem of dropping out of patients from the treatment programs due to the lack of financial resources. Psychological and social work with addicted patients is very difficult. Programs are not synchronized with the possibilities for funding clinical pathways and medicines from the NHIF, as well as with the medicines and treatment provided by the medical services in the prisons.

12. Persons, with whom it is worked on a complex basis both in terms of treatment and in terms of psychological and social work, demonstrate very good results, but their number is very small – they were 160 in 2014. Insufficient is also the number of places for clients

and patients who need services in the field of psychosocial rehabilitation and funding is extremely insufficient for the scale of the problem and the social benefits of its solution.

13. In Bulgaria the use of amphetamines and synthetic stimulants has become more frequent, which creates difficulties for treatment and rehabilitation due to missing capacity of the health system.

14. Many of the psychosocial rehabilitation programs are supported on a project basis or through fees from addicts and this creates difficulties in retaining clients and working qualified teams.

15. In 2014 about 10 % of the drug addicts discharged from treatment were discharged due to an effective sentence and, according to unofficial data, the problems of drug addicts in the prisons have aggravated and the spread of drugs in these places has remained at high levels despite measures prescribed on paper.

16. Against this background the response of the State with specific measures and policies to confront the problem and stop its distribution seems scarce – mainly in sporadic production of information materials and media appearances.

17. The need for a holistic approach to the prevention of drug distribution and use is understood by all, but is not applied.

RECOMMENDATIONS

1. *Decision-making on drugs should be based on data, information, studies and evaluation of the efficiency of the currently applied policies.*
2. *The collection of complete, consistent and publicly available information on the implementation of drug policies, including on spent financial resources, from all departments should be ensured.*
3. *The drug policy should be implemented in a coordinated synergy between various departments and in pursuance of common and effective objectives.*
4. *The Narcotic Substances and Precursors Control Act should be changed so as to reconsider the structure and functions of the National Council on Narcotic Substances and to support its political presidency by an operational executive officer who ensures the overall coordination and management in long-term perspective.*
5. *The spending of public funds for the implementation of policies and programs should be improved. In this process emphasis should be placed on the protection of public health.*
6. *It is necessary to introduce target fund financing and integrated management of the public financial resources intended for solving problems with drug addictions in order to ensure their effective and efficient spending. By applying an integrated approach guaranteed access to the health system structures and timely receipt of adequate medical care shall be ensured for all persons in need.*
7. *A uniform methodology should be developed and established to unite the actions for funding and spending of financial resources (public and private) and the actions aimed at an effective and efficient treatment process and to pre-define the methods and systems for controlling the entire system.*
8. *The financial resources provided to cover the costs for diagnostics and treatment of Bulgarian citizens, who have no income and/ or property to secure their personal involvement in the health insurance process, should be used more often.*
9. *Clinical pathways should be created, which allow treating drug addiction of health insured persons with funds from the NHIF.*
10. *Treatment of drug addictions should be integrated in the places of deprivation of liberty and introduced as an alternative to the penalty 'deprivation of liberty' for minor criminal offences.*

INTRODUCTION

In the contemporary world, depending on the socio-economic environment and specific conditions of life, individuals, groups or communities can be placed in a significantly higher risk associated with drug use, compared to other members of society. The biggest impact on drug use have, above all, the low level of education and then as upgrading factors unemployment, low income, poverty, corruption, etc. A drug always creates risks for everyone who in one form or another has contact with it. Even if a person does not use drugs, in case he or she comes under their influence as a producer, carrier or distributor, he or she becomes psychologically dependent on them.

In terms of effects *'the drug is a substance which intake changes the brain function and thus affects the mental, emotional and physical condition of the individual'*. In terms of law¹, according to the Bulgarian legislation (and not only), substances that are relevant to drugs are divided into two groups:

- Plants and substances classified as narcotic and psychotropic substances and preparations which are contained in them;
- Any substances used in the manufacture of narcotic and psychotropic substances classified as precursors.

In terms of finance – one dollar invested in the turnover of narcotic substances, according to an expert evaluation, can bring profit of not less than 12 000 dollars.

According to the European Monitoring Center for Drugs and Drug Addictions², most studies among problematic groups of drug users show mortality rates in the range of 1 - 2 % annually, as according to the estimates 10 000 and 20 000 opioid users die in Europe every year. According to a medical evaluation, in order to become addicted to opioids an individual needs 2 to 5 intakes. According to the European Monitoring Center for Drugs and Drug Addictions³: *'systematic and routine information to describe markets and trade in illicit drugs is still limited. Estimates of the production of heroin, cocaine and cannabis are obtained on the basis of estimates of cultivated areas based on field studies (of farmland) and aerial and satellite images. These estimates are characterized with some important restrictions, related for example to differences in crop yields or to difficulties in monitoring crops such as for example cannabis, which can be grown indoors and is not restricted to certain geographical areas. Drug seizure is often considered an indirect indicator of the supply, illicit trafficking routes and availability of drugs'*.

Trade in drugs guarantees conditions for a huge profit. Globally, there is no information about the exact quantity, wholesale price, retail price, turnover and profit. Individual numbers appearing periodically in the public space are at the level of expertise. According to Interpol, the turnover of the world drug mafia from trade in drugs amounts to about USD 400 billion annually and drug trade is the second business in earnings after arms trade. Every year the global market receives about 430 tons of heroin⁴. One kilogram of heroin produces about 200 000 doses. The average price⁵ of a single dose of heroin (bought in the street) is about USD 10 – USD 25 (in Bulgaria it is about BGN 12 per dose). The price of heroin depends on its purity and the availability of the drug in the area at that time. An individual, who is permanently addicted, can pay USD 150 – USD 200 per day to satisfy his needs. According to information of the World Health Organization, every

¹ Narcotic Substances and Precursors Control Act;

² Trends and Development 2015;

³ Annual Report for 2011 of the European Monitoring Center for Drugs and Drug Addictions;

⁴ http://bulgarian.ruvr.ru/afgan_drug_traffic/;

⁵ <http://heroin.net/about/how-much-does-heroin-cost/>.

year about 15 million people become addicted to drugs and 69 000 people die from drug overdose.

Substitution therapy⁶ is one method for the treatment of opioid dependence. During therapy the patient receives under medical supervision, instead of heroin, the so called substitution medication: for example methadone, subtitol, buprenorfine, etc. Medications are administered only orally and, unlike 'illicit' drugs, do not contain impurities and are accurately dosed. Substitution medications block opiate receptors in the brain by inhibiting attraction to other opiates and lead to a continuous physical, mental and social stability. The dosage and duration of treatment are determined by the attending physician. The dose is individual and may change over time, depending on the condition of patient.

The duration⁷ of treatment is an important factors and new studies show that the chance an opiate substitution therapy to reduce mortality among opiate users is higher than 85 %, if they stay on treatment for a period of 12 months or more (Cornish et al, 2010).

The first reports on methadone treatment of drug addicts appeared in the British magazine 'The Lancet' in 1947. It is believed that methadone was created in 1937 in Germany. As heroin, the drug is based on morphine. The one is fully synthetic and the other is derived from opium poppy. Both substances are opiates. Methadone is however lacking the ingredient that produces the effect of 'getting high'. According to the European practice, in EU Member States methadone is given only under medical daily supervision. The fees are established by the state and are insignificant. In our country the programs for treatment of drug addicts funded with public resources cannot satisfy the demand. Waiting lists are huge. According to physicians involved in these programs, one must wait at least 3 to 4 years in order to be included in the free programs, which is quite a long time that can be fatal for an opiate addict.

⁶ According to Dr. Radoslav Borisov, Trust for Health Medical Center – Sofia;

⁷ European Monitoring Center for Drugs and Drug Addictions, Annual Report for 2011;

I. NATIONAL BACKGROUND AND HISTORICAL REVIEW OF THE DRUG POLICY IN BULGARIA

1.1. Analysis of the current situation

The body that conducts the national policy on combating drug abuse and drug trafficking is the National Council on Narcotic Substances⁸. The methodological guidance, coordination and facilitation of the implementation of the national policy on reducing drug demand at a national level are carried out by the National Center for Addictions⁹. Activities on prevention of drug use are carried out by 27 Municipal Councils on Drug Addiction throughout the country and Preventive Information Centers to them¹⁰. The Centers carry out preventive activities and programs, collect, store and analyze information at municipal level, which is necessary for the preparation, implementation and coordination of municipal programs and strategies to combat drug abuse.

On 16 July 2014 the Council of Ministers adopted a National Anti-Drug Strategy for 2014-2018 and Action Plan to it. It includes two strategic areas of action – reducing the demand and reducing the supply of illicit narcotic substances. The main objectives of the Strategy are aimed at improving public health, health and social functioning of the individual, raising the level of protection and security of society to drug distribution, as well as providing reliable and efficient methods for reducing the demand of narcotic substances and precursors. The Action Plan is a major organizational and management tool for the implementation of the Strategy and forms an integral part of it. It was developed in accordance with the current Action Plan under the European Anti-Drug Strategy for 2013-2016 and is subject to annual report and update as necessary.

Based on the National Anti-Drug Strategy adopted by the government, Municipal Anti-drug Strategies are developed and adopted by the Municipal Councils, which strategic objectives are consistent with the situation, trends and problems at local level. The main strategic objectives in the different areas such as prevention, treatment, psychosocial rehabilitation and reducing the harm from drug use, as well as the indicators for their implementation, are set out in the Action Plan under the National Strategy for 2014-2018, which is available on the website of the National Council on Narcotic Substances¹¹.

A financial plan for implementation of the Action Plan under the National Anti-Drug Strategy for 2014–2018 has also been approved, in which the National Center and Ministry of Health have set in aggregate gradual planning of the necessary services and related costs for the development of the system of services, which includes disclosure of free places for patients in the treatment and psychosocial rehabilitation programs¹².

8 Rules for Organization and Procedure of the National Council on Narcotic Substances, adopted by Council of Ministers Decree No: 10/17.01.2001, last amended in SG, issue 87/04.11.2011;

9 Rules for the functions, responsibilities and structure of the National Center for Addictions, last amended in SG, issue 46 of 6 June 2006;

10 Rules for Organization and Procedure of the National Council on Narcotic Substances, adopted by Council of Ministers Decree No: 10/17.01.2001, last amended in SG, issue 87/04.11.2011.

11 <http://www.ndc.government.bg/?l=bg&pid=documenti-strategia>

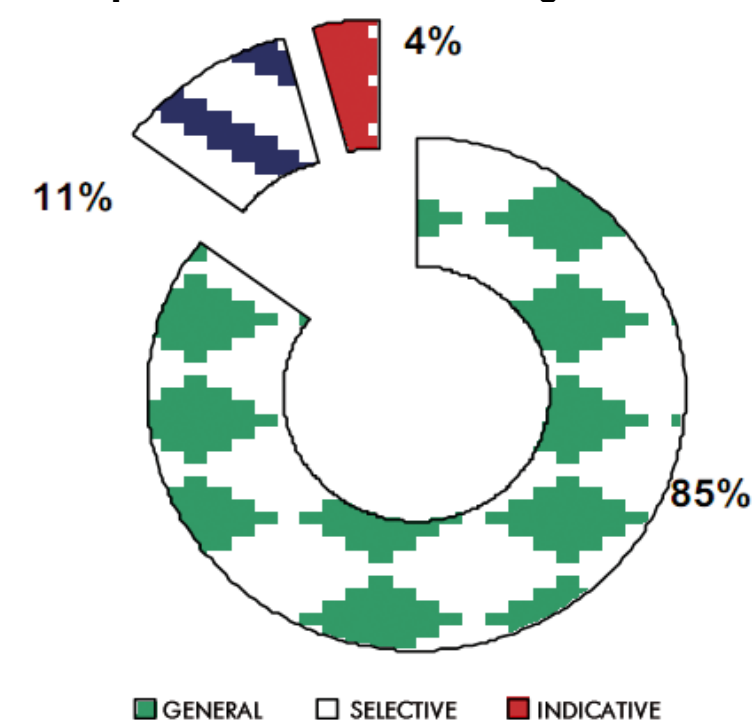
12 Documents are available on the website of the National Narcotic Substances Council: <http://www.ndc.government.bg/?l=bg&pid=documenti-deistvia>

1.1.1. Activities in the field of prevention of drug use

The approaches related to general prevention of drug use are aimed at the population in general. Selective prevention is aimed at vulnerable groups of the population and the purpose of indicative prevention is to reach and cover individuals in risk. The trend in the past several years in Europe, as well as in Bulgaria, is most of the activities in the field of prevention of drug use and abuse to be carried out in the schools. In Bulgaria most of the activities that are carried out in the schools and even a more significant proportion of the activities that are carried out among children and young people as a target group consist in providing basic information relating to any psychoactive substances. Few activities are aimed at prevention of the use of a particular substance.

According to data of the Municipal Centers on Narcotic Substances and Preventive Information Centers, which are funded from the budgets of the municipalities, in 2012 nearly 70 % of the activities carried out in Bulgaria were aimed at preventing the use of any psychoactive substances and 16 % of all activities carried out were aimed at preventing the use of a particular substance, as most often these are activities for prevention of the use of alcohol and/ or tobacco. According to data obtained from the 27 Municipal Councils on Drug Addiction and Preventive Information Centers, as well as Regional Health Inspectorate - Sofia Region, the activities carried out in Bulgaria in 2012 to prevent drug use and abuse are mainly in the field of general prevention – 85 %, followed by activities in the field of selective prevention – 11 % and only 4 % account for activities in the field of prevention by indications of drug use and abuse¹³.

Realized prevention activities in Bulgaria for 2012

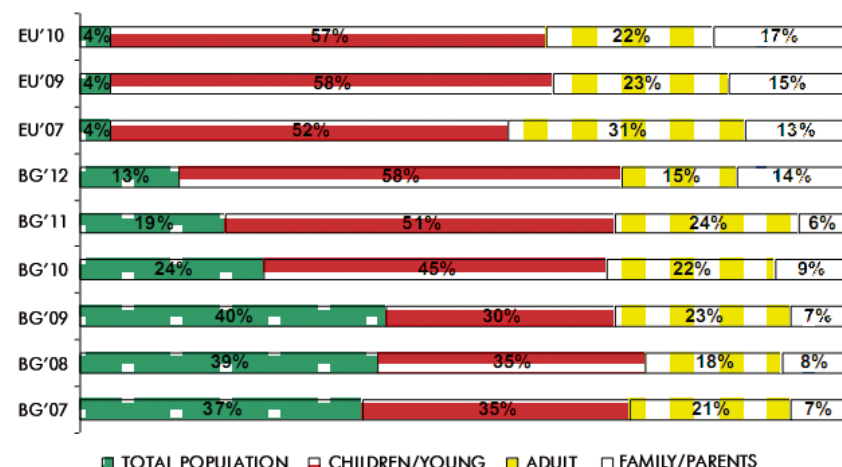


Source: MCDA/ PIC in the country

Currently, the tendency of the largest relative share of activities in the field of general prevention is preserved in Bulgaria¹⁴.

13 The information is derived from the Annual Report on problems related to drugs and drug addictions in Bulgaria, 2013, of the National Focal Point for Drugs, Drug Addictions, Studies and Information.

14 Ibid.

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

Source: MCDA/ PIC in the country

Since 2013 the number of people covered by preventive activities has been monitored and documented by questionnaires, consultations, registration forms, feedback forms, etc., as in 2014 it was 84 094, which is by over 39 000 people less than in 2013, when they were 123 614. According to data of the MCDA and PIC, in the period 2007-2012 the creation and distribution of flyers, leaflets, posters, etc. are the most frequently performed interventions in preventive activities and projects in the field of drug use and abuse in the country¹⁵.

In 2014 once again there are no data of external evaluations of the efficiency of the campaigns. It is prevailingly stated that an external evaluation was made by the team and partners who organized and conducted the campaign. The trend of awareness of the need to define quantitative and qualitative indicators for measurement of preventive work is important¹⁶. Therefore, municipalities continue to allocate certain public financial resources for carrying out preventive activities, which are not however sufficiently targeted and focused, but are focused mainly in the field of general prevention. Furthermore, it is not clear how efficiently it is used because its results are not measured.

1.1.2. Activities in the field of treatment of drug addiction

Planning and development of activities in the field of treatment and psychosocial rehabilitation are based on the definition of the World Health Organization from 2004, according to which 'drug addiction is not a lack of will or strength of character, but a medical disorder/ disease, which can affect every human being. Drug addiction is a chronic relapsing disorder, often accompanied by other physical and mental illnesses'. Drug addiction is a disorder with complex bio-psychosocial genesis and chronic relapsing course, and proceeding to treatment and psychosocial rehabilitation is not a quick and natural process. Treatment of drug-addicted patients includes both programs based on medication-assisted treatment (detoxication and treatment with medications – naltrexone, methadone and subtitol) and programs for treatment without medications and psychosocial rehabilitation of the type 'therapeutic commune' and day care centers.

¹⁵ The information is derived from the Annual Report on problems related to drugs and drug addictions in Bulgaria, 2013, of the National Focal Point for Drugs, Drug Addictions, Studies and Information.

¹⁶ The information is derived from the Activity Report of the National Center on Drug Addictions, 2014.

1.1.3. Medication-assisted treatment

Medication-assisted treatment is carried out only by health facilities, registered under the Medical Treatment Facilities Act, and includes:

- **Treatment of abstinence syndrome (detoxication)** – first phase of treatment, which is provided to patients in the country. It is performed in hospitals (inpatient treatment) or out of hospitals (outpatient treatment).

- **Inpatient detoxication** is performed in State Psychiatric Hospitals, Mental Health Centers, Psychiatric Wards at Multiprofile Hospitals for Active Treatment, and Psychiatric Clinics at university hospitals and some toxicology wards.

- **Outpatient treatment** of abstinence syndrome can be performed in outpatient clinics at different psychiatric clinics, specialized consulting rooms at Medical Centers, Diagnostic and Consulting Centers, as well as individual and group outpatient clinics for specialized medical care. In outpatient conditions patients receive medication treatment and at some places group or individual psychotherapy is also organized.

According to data of the National Center for Public Health from the end of 2013, 1299 patients diagnosed with mental and behavioural disorders due to the use of psychoactive substances were subject to regular medical check-up in the specialized inpatient facilities in the country (F11-F19 under ICD – 10).

The official information provided is summarized in the table below

Treatment of patients with mental and behavioural disorders due to use of psychoactive substances by the end of 2013**Table 1**

Type of Medical Treatment Facility	Mental and behavioural disorders	Including:		
		Due to use of alcohol	Due to use of other psychoactive substances	Due to opioid use
IN TOTAL	135 314	11 193	1 299	1 140
including:				
State Psychiatric Hospitals	11 530	1 261	8	4
Mental Health Centers	85 215	6 135	919	795
Psychiatric Clinics	7 723	654	35	35
Psychiatric Wards	27 654	3 102	66	41
Mental Health Consulting Rooms at Medical Centers	-	-	-	-
Individual outpatient clinics for specialized medical care	2 929	41	8	2
Групови амбулатории за СМП	263	-	263	-

Source: National Center for Public Health

- Treatment with agonists and agonist-antagonists of persons dependent on opioids (substitution and maintenance treatment)

In Bulgaria treatment with agonists and agonist-antagonists is regulated by the Narcotic Substances and Precursors Control Act, Ordinance No: 2 dated 20 June 2012 on the conditions and procedures for implementation of programs for treatment with agonists and agonist-antagonists of persons dependent on opioids, and Ordinance No: 24 dated 2004 on the approval of medical standard on 'Psychiatry'.

- Treatment with opiate agonists and agonist-antagonists means: prescription of medicinal products (opiate agonists and agonist-antagonists – Methadone hydrochloride, Morphine sulphate pentahydrate /Substitol/ and Buprenorfine hydrochloride), in combination with a wide range of medical and rehabilitation services to alleviate the adverse medical, psychological and physical effects typical of opioid dependence.

Treatment with agonists and agonist-antagonists includes a variety of medical treatment technologies such as:

- Short-term and long-term detoxication;
- Maintenance treatment;
- Accompanying psycho-social interventions.

The duration of treatment is strictly individual for each patient and is determined depending on the evaluation of the condition, the severity of the addiction, the therapeutic needs and resources of the patients and in accordance with the treatment plan and the progress of the patient

during treatment.

Every year the programs for treatment with agonists and agonist-antagonists are completed by about 250 people (8 % of the total number of patients) by plan (successfully completed the final stage of treatment)

The National Health Insurance Fund has no role in the treatment of addictions, while statistics shows that half of them are regularly health insured and participate in the joint health insurance system.

Number of health insured patients for the period 2012 – 2014 from substitution programs for treatment of addictions**Table 2**

Year	Total number of patients	Number of health insured patients
2012	3 445	1656
2013	3 563	1727
2014	3 414	1772

At the end of 2014 30 programs for treatment with agonists and agonist-antagonists operated in the country with a total capacity of 4 632 treatment places. Until 31 December 2014 the total number of occupied places was 3 414.

Operating programs for the period 2012 – 2014**Table 3**

Year	Operating programs	Capacity of places	Total number of occupied places
2012	31 programs	5 171 places	3 445 places
2013	30 programs	4642 places	3563 places
2014	30 programs	4 632 places	3414 places

Source: National Center for Addictions

The existing programs are of two types:

- Programs funded from the state budget (state and municipal) – total number of treatment places - 1391 for treatment with Methadone hydrochloride, and
- Programs without state and/ or municipal participation with total number of treatment places - 3 241.

The Ministry of Health provides the medicinal product Methadone for the treatment of patients included in:

- State and Municipal Programs;
- Programs without state and/ or municipal participation, as patients in these programs pay a monthly fee of BGN 120, equivalent to one third of the current minimum wage for the country.

In other programs patients pay themselves both the substitution preparation and the medical service, as the fees vary from BGN 180 to BGN 300 per month. **The above data indicate that state funding is provided only to one third of the created medical treatment places.** This explains the existence of so many vacancies in the programs, given that patients who need such treatment wait for 3 to 4 years to be admitted for treatment. Unfortunately, the conclusion is that the majority of people who need treatment do not carry out treatment because treatment is not accessible for them for purely financial reasons.

1.1.4. Achievements of substitution programs

The annual reports of some of the programs report improving the psychological and social functioning of patients, building tolerant family relationships with their relatives and even forming groups for parents/ school for parents. The reports recognize that the interest of patients in psychosocial interventions has increased which has led to an increase in the total number of people on psychotherapy, as well as that the qualification of patients has improved, as they enrolled in a university or resumed their student rights. Treatment with agonists and agonist-antagonists is a mean of prevention of the spread of HIV and Hepatitis B and C among the risk population of injecting drug users and a way to limit criminogenic behaviour related to drug use. The program managers report also successful births of their female patients who are able to take adequate care for their newborn children.

1.1.5. Main problems and difficulties in the operation of substitution programs

The biggest problem in the operation of programs is the withdrawal of patients from treatment due to the lack of financial resources to continue treatment, and for the majority of them - due to the loss of their jobs. After patients fail to pay several monthly instalments, they wilfully leave the program without having been subjected to detoxication with reducing doses and the contact with them is lost. Due to the financial crisis, a great mobility of patients in the programs is observed; they engage in seasonal work, often outside the locality in which they live, or find a job outside the country, which makes difficult the work of teams. On the other side, due to the employment of some of the patients in the programs or due to the lack of willingness, psychological and social work with them is difficult.

In some of the programs the inability of patients with Hepatitis C to be treated under the conditions of the NHIF, because the relevant program is not included in the Consensus for treatment of Hepatitis, is stated as a serious problem. Specifically for programs operating on the territory of Sofia city, it is noted that hospitalization of patients with comorbid disorders in Psychiatric Wards in Sofia city is extremely difficult. Another important problem is the refusal of the Medical Service in Sofia Central Prison to accept and distribute Methadone in 2014, which resulted in discontinuation of the treatment of patients who serve a term of punishment there. The same applies to patients who are deprived of freedom and serve their sentences in Burgas prison. In other prisons such an opportunity was never introduced. For this reason a significant portion of these patients discontinue their treatment due to serving a term of 'deprivation of liberty'.

1.1.6. Activities in the field of psychosocial rehabilitation of persons using or addicted to drugs

Psychosocial rehabilitation and resocialization of persons addicted to drugs is carried out in 11 psychosocial rehabilitation programs. Such type of programs operate at medical treatment facilities (in 2014 - 6) and at non-profit legal entities registered as social service providers (in 2014 - 5).

The capacity of places over the years is as follows:

- for 2012 – 230 places;
- for 2013 – 204 places;
- for 2014 – 223 places.

The programs which are implemented at medical treatment facilities are funded on the basis of 'patient passed', without the evaluation of efficiency influencing the provision and amount of their funding. The programs which are implemented at NGOs are mainly self-funded from fees

collected from the patients, which amount ranges from BGN 300 to BGN 1500, this making them completely inaccessible for the majority of addicts who need treatment.

According to summarized data of the Ministry of Health, in the past six years the amount of BGN 4 869 700 was provided from the state budget for Methadone treatment and rehabilitation programs, which allowed treatment of 3247 patients per year on average and rehabilitation of 521 patients per year on average.

The total number of patients/ clients, who completed rehabilitation programs over the years, is as follows:

- in 2012 - 503 people, as the total number of patients, who completed the programs, is 278 people, which comprises 55 % of the admitted patients/ clients;
- in 2013 - 519 people, as the total number of patients/ clients, who completed the programs, is 262 people, which comprises 50.4 % of the admitted patients/ clients;
- in 2014 - 472 people, as the total number of patients/ clients, who completed the programs, is 211 people, which comprises 44.70 % of the admitted patients/ clients.

In order to ensure the quality of services provided and to support the activities of professionals working in the field of treatment and psychosocial rehabilitation, the activities of these programs were monitored in the specified period. The monitoring was carried out by the National Center for Addictions in cooperation with international expert appraisers. The monitoring reports identified the achievements, problems, future guidelines for the development of each of the areas of activity and made recommendations both to the programs to improve their activities and to the State to develop and improve the system of services offered¹⁷. Evaluation of the scope of services for the target group and planning of the services by the National Center for Addictions for the necessary number of treatment places in the programs for treatment with opiate agonists and agonist-antagonists and the necessary number of clients reached by the programs to reduce the harm of drug use is made on the basis of Technical Guide of WHO, UNODC, UNAIDS for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users¹⁸.

1.1.7. Activities to reduce the harm of drug use

The services provided by the programs are: distribution of clean needles, syringes, injection accessories, condoms, lubricants and health education materials; provision of consultations for drug overdose prevention; referral to treatment of infectious diseases and addiction; treatment of wounds and abscesses; consultations for family planning and pregnancy; consultations and information to reduce risk behaviour for the types of social services and for the legislation relating to drug use and distribution. The services are provided in a mobile medical room, in a low-threshold Center and in the field among the target group.

Eleven programs for harm reduction operate throughout the country, which are disclosed to non-profit legal entities. Ten of the programs are funded from the Program on Prevention and Control of HIV/ AIDS of the Ministry of Health through the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In 2012 services were provided to 10 497 individual clients and 11 014 consultations and tests for Hepatitis B and C, HIV/ AIDS and syphilis were performed.

In 2013 services were provided to 7 779 individual clients and 8 190 consultations and tests for Hepatitis B and C, HIV/ AIDS and syphilis were performed.

¹⁷ Specific additional information can be found in the Annual Activity Reports of the National Center for Addictions on <http://www.ncn-bg.org/docinfo.php>.

¹⁸ WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2009

In 2014 services were provided to 8 907 individual clients and 4 743 consultations and tests for Hepatitis B and C, HIV/ AIDS and syphilis were performed.

As of 2015 remains the problem of insufficient coverage with services throughout the country. In regions such as Vidin, Montana, Vratsa, Stara Zagora, Sliven, Haskovo and Veliko Tarnovo such type of services are not provided. The main funding of the activities of the programs to reduce the harm of drug use it provided from the Program on Prevention and Control of HIV/ AIDS of the Ministry of Health through the Global Fund to Fight AIDS, Tuberculosis and Malaria. **Funding from the Global Fund, which has been disbursed by Bulgaria for 12 years, ends finally at the end of 2015 and so far it is not clear whether and how these programs will be funded.**

Through the National Anti-Drug Strategy the National Center for Addictions funds activities aimed at prevention of risky behaviour, prevention of overdose and provision of first aid in emergency situations.

1.2. Drug use in Bulgaria

Over the past five years a trend has been observed to retain and even slightly decrease the number of problematic opium users (heroin). This is due to ageing of the group, strong marginalization of heroin use (mainly in neighbourhoods, called 'pockets of poverty'). Cannabis is the most used substance both among the general and younger population. However, Bulgaria remains among the countries with the lowest use of cannabis in the European Union. Regarding the use of cocaine, amphetamines and ecstasy Bulgaria is among the countries with relatively high use, especially among young people and in current use (last year and last month).

In Bulgaria the trend of overall increase of the number of students, who have used illicit narcotic substances in their life, continues which is in contradiction with the emerging trend of slight decline in most European countries, most notably in the use of marihuana. The overall increase of the number of students in Bulgaria, who have used illicit narcotic substances in their life, is mainly due to a significant increase of the use of other narcotic substances, except cannabis, while in the use of cannabis the trend of relative stabilization generally continues.

Over the last twelve years and against the background of general trends, in the use of various basic substances Bulgaria has reached a small level from a level slightly below the average European level, while in the use of amphetamines and ecstasy it is significantly above the average level. According to data from the programs to reduce the harm of drug use, there is a trend towards ageing of the group of injecting drug users. The general health and social status of clients continues to be low (homeless, unemployed, without personal documents, with multiple infections and comorbidities). Criminality is still high; prostitution has increased among both sexes.

The programs implemented with respect to the group of injecting drug users indicate the same problems, which have existed since 2012 and continue until today, in particular:

- Ageing of the group;
- Gathering of small groups of Bulgarian ethnicity users in private homes to exercise injection practices;
- Combined injection use of several substances and multiple use of amphetamines, methamphetamines, methadone and oral use of Rivotril and alcohol;
- Use of inhalants among the group of Roma ethnicity.

According to data of the National Statistical Institute, an increase in the number of people, who visited Children Pedagogical Consultation Rooms (Juvenile Delinquency Commission) due to drug use, is registered for the period 2009 – 2013, as follows:

- For 2009 – 307 people;
- For 2010 – 326 people;
- For 2011 – 446 people;
- For 2012 – 437 people;
- For 2013 – 517 people.

According to summarized data from national surveys¹⁹, in the period 2010 - 2012 totally about 560 000 - 570 000 Bulgarian citizens at age between 15 and 64 used any drug at least once in their life. A survey of the population at age between 15 and 64 shows that at the end of 2012 8.4 % of the population falls into this group. According to a survey in 2012, about 0.2% of the population at age between 15 and 64 (or 9 000 – 11 000 Bulgarian citizens) used marihuana every day or almost every day²⁰.

¹⁹ The information is derived from the National Anti-Drug Strategy for the period 2014 - 2018.

²⁰ The information is derived from the National Anti-Drug Strategy for the period 2009 – 2013.

According to the Annual report of the Minister of Health on the health status of citizens, the number of problematic heroin users is within the range of 20 000 - 30 000 people per year.

The conclusion clearly suggested by the evaluation of data so far is that of totally 7100 places for treatment of drug addicts, more than half of which (approximately 4000) do not obtain funding for treatment from the State, but self-fund, at a minimum of 20 000 problematic drug users, the State funds the treatment of only 1/7 of them (approximately 3000 people). **Therefore, funding allocated by the State for treatment of drug addicts in Bulgaria covers only 15 % of the persons in need.**

1.3. Illicit drug trafficking and distribution

The most widely trafficked drug through the territory of our country is heroin. As a result of the increased quantities of seized raw opium and heroin in Afghanistan and Iran, a decline in the seized quantities of heroin and in the quantities of heroin caught at the borders of our country has been observed in the recent years. In contrast, the transit traffic of ecstasy through the territory of the Republic of Bulgaria has intensified. In the registered cases it has been found that the countries, which are drug providers, are the Netherlands and Belgium and the drug is intended for countries from the Middle East and Turkey.

Since 2010 the challenge to combating drug has been called ‘designer drugs’. These drugs are an attempt to avoid legal control by changing the chemical composition of known synthetic drugs. Addiction to them is the same as to ‘traditional’ ones and even increases, which attracts drug users. Given the fast growing trends of illicit trafficking and marketing of these substances, in 2011 amendments to the Narcotic Substances and Precursors Control Act were made, as well as a new Ordinance of the Council of Ministers for classifying substances as narcotic was adopted, which regulate the most flexible control over emerging drugs. Thus, currently, Bulgaria has one of the fastest working controls for these substances within the European Union. Another is the question to what extent the rapid introduction of controls actually leads to coping with the illicit trafficking of these substances.

1.4. Results of the fight against drugs

In the period 2009 - 2013 progress was made in the fight against drugs, both in prevention and in rehabilitation. With regard to prevention, two programs were created for work with children and young people, who experiment or use psychoactive substances, and their parents. Two phone lines and Internet chat were also opened at the National Center for Addictions and NGOs, working in the field of prevention, for consultations on issues related to addictions to alcohol and drugs. All these activities were implemented under projects funded by external sources without the participation of the State and without State mechanisms for their sustainability after the completion of the projects.

In order to expand the scope of implementation of the policy on combating drugs, 27 Municipal Drug Councils were set up at local level throughout the country.

In the field of rehabilitation, thanks to the constantly ongoing programs for treatment of drug addicts, for the period 2009 – 2012 it is reported that the number of drug addicts has remained relatively the same.

Since 2007 a series of programs has been implemented to support prevention of drug addiction, such as:

- Drug Prevention and Information Program (2007-2013);
- Project 'Development of an information line on drugs in Bulgaria' (2008 - 2011), aimed at information and support on issues related to drug addictions;
- Project 'European survey of the distribution of Attention Deficit Hyperactivity Syndrome among disorders due to use of psychoactive substances' (2009 - 2010);
- Project 'Policy Zone' (2011-2013), which includes an evaluation of the drug policy;
- Project for training in prevention and dealing with overdose (2013), and many other.

All these are also projects funded by external donors, donor organizations and programs, in which the State is not involved, does not provide funding and does not provide conditions for their sustainability.

II. OVERVIEW OF KEY DOCUMENTS AND MECHANISMS FOR IMPLEMENTATION OF THE NATIONAL DRUG POLICY

2.1. Strategic Framework

2.1.1. National Anti-Drug Strategy for the period 2009 - 2013

The National Anti-Drug Strategy for the period 2009 - 2013²¹ includes two main areas of action – reducing drug demand and reducing drug supply – and three cross-cutting areas - public information system and research, national coordination and international cooperation, and improvement of legislation. To implement the National Strategy an Action Plan was prepared, containing specific measures to reduce drug demand and drug supply, deadlines for implementation and responsible institutions. The strategy identifies as global goals:

- Protecting public health and welfare, health and welfare of the individual, ensuring a high level of security for society by undertaking a balanced and integrated approach to the problem of drugs and drug addictions; and
- Reducing the supply of illicit narcotic substances and precursors by increasing the efficiency of law-enforcement and supervisory authorities, intensifying preventive action against drug-related crimes and effective cooperation with the frameworks of a joint approach.

As basic principles in the fight against drugs are indicated:

- Rule of law;
- Respect for human rights;
- Balanced and integrated approach – balancing and integrating effective approaches to reducing drug demand and supply;
- Effectiveness and efficacy – ensuring successful implementation of the strategic tasks;
- Evidence-based approach – integrating evidence from scientific studies and experience;
- Transparency – management and implementation of the Strategy, available to external monitoring and control;
- Partnership and cooperation – implementation of the National Strategy with the broad participation of institutions, social partners, representatives of the private sector and civil society.

Many institutions are responsible for the implementation of the Strategy at national and local level – Directorate of Narcotic Substances at the Ministry of Health, National Center for Addictions at the Ministry of Health, Interministerial Commission for Precursors at the Minister of Economy, National Agency for State Security, General Directorate of Criminal Police at the Ministry of Interior, General Directorate of Border Police at the Ministry of Interior, Customs Agency at the Ministry of Finance. General management and coordination should be carried out by the National Council on Narcotic Substances. Pursuant to the Narcotic Substances and Precursors Control Act, the following persons are involved in it: Minister of Health (Chairman), Deputy-Minister of Justice, General Secretary of the Ministry of Interior and Vice-President of the State Agency for National Security, representatives of the Presidency of the Republic of Bulgaria, Supreme Court of Cassation, Supreme Administrative Court, Supreme Cassation Prosecutor's Office, National Investigation Service, Executive Drug Agency and interested ministries and departments. NGOs are not members of the National Council on Narcotic Substances. It is also noteworthy the dominance of public services involved in law-enforcement and coercive measures at the expense of services involved in healthcare and social services.

21 <http://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&id=656>

2.1.2. Action Plan for implementation of the National Anti-Drug Strategy for the period 2009 – 2013

The Action Plan²² is developed in pursuance of the National Anti-Drug Strategy and is provided as a basic organizational and management tool for the implementation of the Strategy and forms an integral part of it. It is based on the accumulated national experience and evaluations and recommendations of the European Union in the fight against drugs. The Plan includes 2 major strategic areas of action: 'Drug demand reduction' and 'Drug supply reduction' and 3 cross-cutting areas of action: 'Public information system and research', 'National coordination and international cooperation' and 'Improvement of legislation'. Within these areas are identified totally 21 strategic tasks for implementation in the period, each of which is detailed by subtasks, objectives, indicators, time for implementation and bodies responsible for the implementation. The Action Plan is subject to annual report and update as necessary. Currently, there is no evidence and public information about the evaluation of the efficiency of implementation of the National Strategy and Action Plan for the period 2009 - 2013, although in 2014 a new strategy for the period 2014 – 2018 was adopted.

2.1.3. National Anti-Drug Strategy for the period 2014 – 2018

The National Anti-Drug Strategy for the period 2014 – 2018²³ is consistent with the EU Anti-Drug Strategy (2013 – 2020). In the Strategy it is also provided that it is based on the results achieved in the implementation of previous national strategies. The National Strategy 2014-2018 includes two strategic areas of action – drug demand reduction and drug supply reduction and three cross-cutting areas of action:

- Coordination, international cooperation and improvement of legislation;
- Public information system and research;
- Monitoring and evaluation.

The Strategy identifies as priorities:

- Providing adequate and sustainable funding of the programs, bound with an evaluation of their efficiency and capacity to provide the relevant services through:
 - Obtaining funding from the NHIF;
 - Obtaining funding from the state and municipal budgets;
 - Increasing the possibilities for access to drug demand reduction services in places of deprivation of liberty;
 - Improving the possibilities for treatment and psychosocial rehabilitation of offenders addicted to drugs by changing the regulations;
 - Maintaining and developing research and practice in the field of drugs and drug addictions.

2.1.4. Action Plan for implementation of the National Anti-Drug Strategy for the period 2014 – 2018

The Action Plan²⁴ is developed in pursuance of the Strategy and is fully consistent with the European Drugs Strategy for the period 2013-2016²⁵. It contains specific measures for implemen-

22 http://www.google.bg/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CB8QFjAA&url=http%3A%2F%2Fwww.emcdda.europa.eu%2Fattachements.cfm%2Fatt_35441_BG_Bulgaria%2520Action%2520Plan%25202009-2013%2520Bulgarian.pdf&ei=0c6HVVu9I4KtsgHSI7yICw&usq=AFQjCNGD8ZDIRthgY663UmuzLuVZe5hRNng&bvm=bv.96339352,d.bGg

23 <http://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&id=937>

24 <http://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&id=937>

25 <http://eur-lex.europa.eu/legal-content/BG/TXT/PDF/?uri=CELEX:52013XG1130%2801%29&from=BG>

tation of the strategic objectives for reducing drug demand and drug supply, deadlines for their implementation and responsible institutions. Identifying 24 strategic objectives, the Action Plan further details the necessary measures to achieve the results in the set strategic areas and joint areas of action, laying down specific indicators, time frames and institutions responsible for the implementation.

Compared with the Strategy for 2009-2013, there is a slight change in the structural framework. The strategic areas of action are the same – drug demand reduction and drug supply reduction. The ‘cross-cutting areas of action’ are renamed to ‘joint areas of action’, but are essentially the same – coordination, international cooperation, improvement of legislation, public information system and research. A new area of action is added – ‘Monitoring and Evaluation’. The Action Plan to this area of action provides for two strategic objectives – preparing and adopting an annual report of the National Council on Narcotic Substances on the implementation of the Plan, which was also provided in the Strategy for the period 2009-2013. New is the requirement to prepare an independent evaluation for the implementation of the Strategy and Action Plan. The list of institutions responsible for the implementation of the Strategy is supplemented. It already includes the Research Institute of Forensic Studies and Criminology at the Ministry of Interior, State Agency for Child Protection and Directorate of Plant Growing at the Ministry of Agriculture and Food. It can be concluded that the Anti-Drug Strategy for the period 2014 – 2018 and the Plan for its implementation are developed as a logical continuation of the Strategy and Plan for the period 2009 – 2013 and continue the set guidelines for prevention.

2.2. Legal Framework

2.2.1. International sources

The Republic of Bulgaria has ratified the United Nations Single Convention on Narcotic Drugs of 1961 and the Protocol of 1972, which amended and supplemented it, the United Nations Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Bulgaria has also ratified the European Convention on Mutual Assistance in Criminal Matters, which is aimed at improving the rules for mutual assistance in criminal matters between Member States of the European Union.

After the Republic of Bulgaria’s accession to the European Union on 1 January 2007 Chapter 5 of the Law on Extradition and European Arrest Warrant entered into force. Council Framework Decision 2004/757/JHA laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking and Council Framework Decision 2005/212/JHA on the confiscation of crime-related proceeds, instrumentalities and property – a condition for the common and credible EU policy on drugs were transposed in the national legislation.

The Republic of Bulgaria has signed bilateral agreements for cooperation in the field of prevention, treatment, rehabilitation of drug addictions and control of activities with drugs for medical purposes (with Republic of Macedonia, Republic of Moldova, Republic of Montenegro, Republic of Romania, Republic of Slovenia, etc.), as well as 20 bilateral agreements in the field of customs cooperation. Nineteen agreements for police cooperation have been signed with EU Member States, which provide for simplifying the exchange of information and data between law-enforcement authorities of these states. Bilateral agreements have been signed with other 16 states, which provide for cooperation in the fight with drugs. In the field of police cooperation Bulgaria has ratified the Europol Convention and three Protocols for joint teams for investigation, for money laundering and the Danish protocol extending the mandate of Europol.

Pursuant to article 5, paragraph 4 of the Constitution of the Republic of Bulgaria, the above-specified international conventions are part of the domestic law and take precedence over the rules of the domestic legislation, which contradict them. In the part concerning drug precursor control, the European regulations, which form an integral part of the Bulgarian legislation on precursors, have the effect of direct application (Regulation (EC) No: 273/2004 of the European Parliament and of the Council, Council Regulation No: 111/2005 and Commission Regulation No: 1277/2005 providing rules for the application of Regulation No: 273/2004 and Regulation No: 111/2005).

2.2.2. National legislation

Constitution of the Republic of Bulgaria

In accordance with the Universal Declaration of Human Rights and International Pact on Economic, Social and Cultural Rights, Article 52 of the Bulgarian Constitution provides for the right of healthcare. Citizens are entitled to health insurance, guaranteeing them affordable medical care, and free use of medical services under conditions and procedures stipulated by law. Healthcare is funded from the state budget, by employers from personal and collective insurance contributions and from other sources under conditions and procedures stipulated by law. The State protects the health of citizens and encourages the development of sport and tourism. No one can be subjected to forcible treatment and sanitary measures, except in cases provided for by law.

Health Act

In Chapter Two, Section IV of the Health Act drug use is defined as ‘a risk factor for human health’ and is governed that it is the responsibility of the Minister of Health and other competent state authorities, in cooperation with the NGO sector, to create conditions for restriction. This should be done through national programs, implementing information, education and prevention actions, and access to medical and social assistance for affected persons. The health offices in kindergartens, schools and specialized institutions for provision of social services for children (children’s homes, social professional training centers, shelters and temporary accommodation centers) are explicitly required to organize and conduct programs for prevention of the use of narcotic and psychotropic substances. The health risks of smoking and use of alcohol and drugs should be part of the established curriculum in the schools.

Pursuant to article 53, paragraph 3 of the Health Act, one percent of the funds received in the state budget from excise taxes on tobacco products and alcohol beverages are used to finance national programs to restrict smoking and alcohol abuse and prevent drug use. The data collected for the purposes of preparation of this evaluation indicate that the State does not perform its statutory duty; such funds are not allocated from the budget and thus are not spent as intended by the law.

According to the provisions of Chapter Five ‘Mental Health’, Section II ‘Compulsory Accommodation and Treatment’, subject to compulsory accommodation and treatment are persons with mental disorders within the meaning of article 146 of the Health Act, who might be dependent persons and who due to their illness might commit a crime, posing a threat to their families, other people and society as a whole or seriously endangering their health. Compulsory accommodation and treatment is ruled by court decision. A defender, psychiatrist and prosecutor must participate in the judicial proceedings.

Subsidiary application in the field have: **Medical Treatment Facilities Act** (which governs the status of mental health centers), **Social Assistance Act** (which governs the status of social assistance authorities and social services) and **Medicinal Products in Human Medicine Act** (for matters, related to the use of medicinal products, containing narcotic substances, it refers to the special Narcotic Substances and Precursors Control Act and expressly prohibits the dissemination of samples of such medicinal products, as well as determines specific marking on the packages of these products).

Narcotic Substances and Precursors Control Act

The Narcotic Substances and Precursors Control Act has been in effect since 1999, last amended in February 2015. It regulates the organization, authority and responsibilities of the state bodies exercising control over the production, processing, trade, use, storage, import, export, transit, transfer, transportation and accountability of drugs, as well as marketing, import and export of precursors; measures against drug abuse and illicit trafficking; measures for implementation of Regulation (EC) No: 273/2004 of the European Parliament and of the Council on drug precursors, Council Regulation (EC) No: 111/2005 laying down the rules for the monitoring of trade between the Community and third countries in drug precursors and Commission Regulation (EC) No: 1277/2005 laying down implementing rules for Regulation (EC) No: 273/2004 and Regulation (EC) No: 111/2005, and research and expert activity related to drugs and precursors. With the last amendments to the NSPCA, in effect from February 2015, an Interministerial Commission for Precursor Control was created at the Minister of Economy, which is a national competent authority within the meaning of article 11 of Regulation 273/2004 and article 27 of Regulation 111/2005.

Ordinance on the procedure for classifying plants and substances as narcotic

Subject to article 3, paragraph 2 of the NSPCA, Ordinance on the procedure for classifying plants and substances as narcotic was adopted, which created three classification lists:

- List I - plants and substances with a high degree of risk to public health due to the harmful effects from their abuse, prohibited for use in human and veterinary medicine (Annex No: 1);
- List II - substances with a high degree of risk, which are applied in human and veterinary medicine (Annex No: 2);
- List III - risk substances (Annex No: 3);

Motivated proposals for changes to the lists are made to the President of the National Council on Narcotic Substances at the Council of Ministers. The Minister of Health, by decision of the National Council on Narcotic Substances, submits a proposal for relevant changes to the Council of Ministers.

Penal Code

The Penal Code identifies criminal offences with subject narcotic substances and precursors. Crimes related to drugs are regulated by Chapter Eleven ‘Generally dangerous crimes’, Section III ‘Crimes against public health and the environment’, of the Penal Code of the Republic of Bulgaria, article 354a - article 354c. The level of penalties provided for in article 354a varies a lot over the years. With the amendment of 1999²⁶, drug distribution is punishable by deprivation of liberty (imprisonment) from 2 to 10 years and a cumulative fine of 1 to 20 million BGN. The next amendment at the end of 1999 recognized the denomination of the Bulgarian lev and the amount of fine was adjusted - from 1 000 to 20 000 BGN.

With the amendment of 17 March 2000 the text was further detailed. On the one hand, the distinction between high-risk and risk drugs was introduced, which affected the level of penalty (10 to 15 years deprivation of liberty and a fine of 100 to 200 thousand BGN for high risk; 3 to 15 years deprivation of liberty and a fine of 10 to 100 thousand BGN for risk drugs). On the other hand, the hypothesis was introduced where the subject of crime are precursors or facilities or materials for the production of drugs. The penalty provided was aligned with that for the production, processing, acquisition, distribution, storage, possession and transportation of risk drugs and their analogues, in particular 3 to 15 years deprivation of liberty and a fine of 10 to 100 thousand Bulgarian lev for risk drugs. The subsequent amendments to the text resulted into the paradoxical fact that the penalty for precursors, facilities or materials for production of drugs was heavier than that for distribution of drugs.

In the period from 17.03.2000 to 30.03.2004 the acquisition, storage, possession or transfer of any drug in amounts, indicating that it is intended for single use, was decriminalized. In 2004 paragraph 3 of article 354a, which provided for that decriminalization, was repealed. As a result of this change the penalties for possession of any type and any amount of illicit substances were aligned with the penalties for distribution and for murder. The immediate effect of this change was that the number of addicted persons, deprived of liberty, increased nearly three times:

- from 565 addicted persons in 2003;
- to 1071 addicted persons in 2005;
- to 1342 addicted persons in 2006.

In 2006 the penalties for possession and distribution of drugs were reduced. For distribution of high-risk drugs or their analogues – deprivation of liberty from two to eight years and a fine of five thousand to twenty thousand BGN and for distribution of risk drugs or their analogues – depri-

²⁶ State Gazette, issue 7 dated 26.01.1999

vation of liberty from one to six years and a fine of two thousand to ten thousand BGN. Drug possession is punishable by 1 to 6 years deprivation of liberty for high-risk substances and to 5 years deprivation of liberty for risk substances. In minor cases the penalty is a fine of up to 1 000 BGN.

A similar trend in the level of penalties is also observed in the review of wording of article 354b. In the period 17.03.2000 - 12.09.2006 the penalty provided for soliciting a person to use drugs was increased from 1 to 10 years deprivation of liberty and a fine of 5 thousand to 10 thousand BGN. After the amendments of 2006 the law-maker returned to the original penalty, namely - from 1 to 8 years deprivation of liberty and a fine of 5 thousand to 10 thousand BGN. In the wording of article 354c there are changes in the defined minimum penalty, which ranges between 1 and 3 years. According to the case law, the actual content of the active component in the narcotic substance is not important for the origination of criminal liability. The exact concentration is important only as a factor in determining the penalty, but does not constitute an element of the objective side of the criminal offence.²⁷

²⁷ Ruling No: 436/28.06.2006 on criminal case 1070/2015, III Criminal Division of Supreme Court of Cassation

Persons convicted of drug-related crimes for the period 2009 – 2013

Table 4

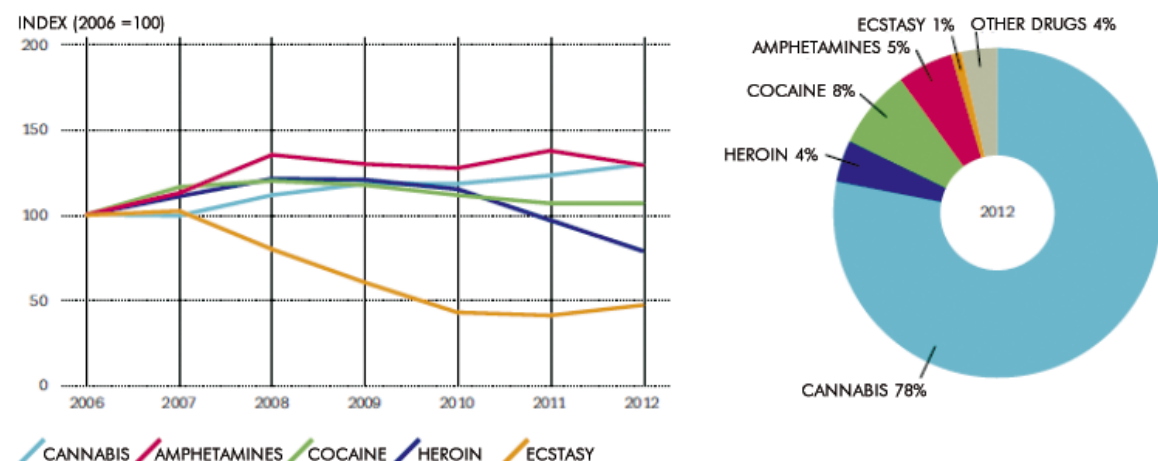
Chapters of Penal Code and types of crimes	Total	Number of convicted persons, which cases ended with:				
		Sentencing	Conditional sentencing	Acquittal	Termination	Exemption from punishment
Crimes related to drugs, 2009	1340	693	604	33	9	1
Crimes related to drugs, 2010	1537	765	725	4		-
Crimes related to drugs, 2011	1465	671	761	30		2
Crimes related to drugs, 2012	1460	641	786	32		1
Crimes related to drugs, 2013	1661	647	844	55	1	114

Source: National Statistical Institute

The increasing number of conditional sentencing shows that the number of first sentencing has increased. Impressive is the number of 'exempt from punishment' in 2013. With such name of the category it is not quite clear which cases are referred to, but it can be assumed that these are cases of signed agreements, in which the hypothesis of article 55, paragraph 3 of the Penal Code is applied – non-imposition of the lesser penalty (fine).

In most European countries the possession of drugs for personal use is criminalized and is punishable by 'deprivation of liberty'. However, after 2000 there is a tendency in many European countries for not imposing deprivation of liberty for offences related to personal use. Some states have explicitly abandoned the option of deprivation of liberty, while others have fully removed the prosecution of drug possession for personal use at the expense of administrative and penal sanctions (usually a fine). According to statistical data, in 2012 in Europe there were over one million of offences involving drug use or possession for use. Over 3/4 of them were related to use of cannabis.

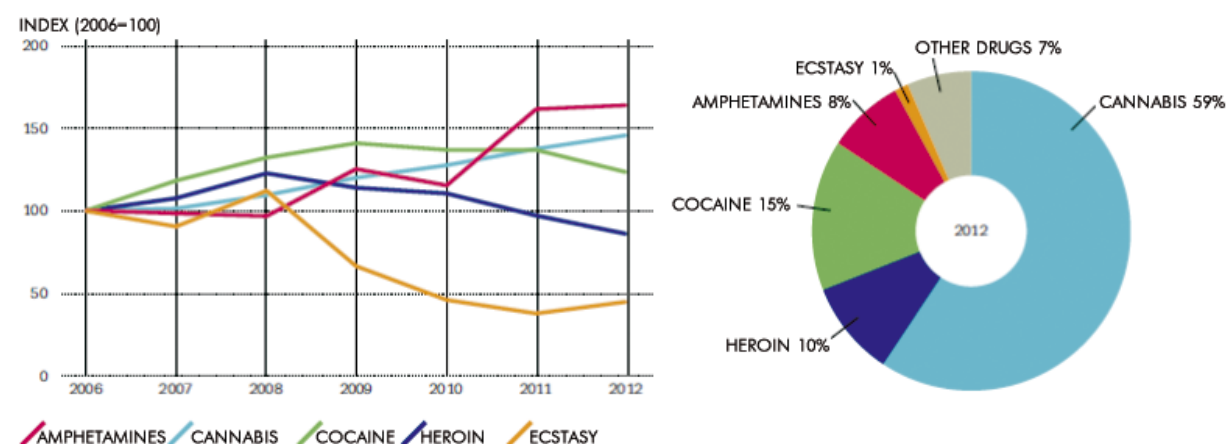
Reported offences, related to drug use or possession for use in Europe. Trends and breakdown by drug types.



Source: European Report on Drugs, prepared by EMCDDA

In the period 2006 - 2012 in Europe there is a growth of 28 % of the crimes related to drug supply. Again, biggest is the share of crimes with subject cannabis; the trend of reduced supply of cocaine and heroin has been retained.

Reported offences, related to drug supply in Europe. Trends and breakdown by drug types



Source: European Report on Drugs, prepared by EMCDDA

According to article 92 of the Penal Code, when the crime is committed by a person who 'suffers from alcoholism or other drug addiction', the Court may - alongside with the punishment - rule compulsory treatment. When punishment is ruled without deprivation of liberty, the compulsory treatment is carried out in medical establishments with special treatment and labour regime during the execution of the punishment. The period of compulsory treatment is deducted from the period of deprivation of liberty. If necessary, the Court may rule to continue the treatment after release of the convicted person from the place of deprivation of liberty. The compulsory treatment is terminated by the Court, if its continuation is no longer necessary.

Drug addicts in the penitentiary system of the Republic of Bulgaria²⁸

According to official data, drug addicts comprise more than 20 % of the prisoner population in Bulgaria. The significant number of drug addicts in the penitentiary system requires reconsidering a number of issues of the criminal policy, relate both to the regulation of drug-related crimes and the treatment of these persons in the places of deprivation of liberty and their medical service.

Upon entering in the relevant place of deprivation of liberty any convicted person is subject to medical examination, psychological examination and hygiene control. This takes place during the stay of the person in the 'reception room', where newcomers are initially accommodated (article 26, paragraph 4 of the Regulations on implementation of the Execution of Punishments and Pre-Trial Detention Act, EPPTDA). If drug addiction is found, the psychiatrist or psychologist gives an opinion on the measures to be taken during the serving of the punishment. Drug addiction, as part of the evaluation of the health status of the convicted person, is registered in his or her medical file and is stored in the medical center of the relevant prison or reformatory.

Under the current legislation, drug addiction in itself could lead to accommodation of the convicted person in a more strictly guarded place of deprivation of liberty (article 59, paragraph 2, subparagraph 2 of EPPTDA). By order of the Head of Prison compartments can be isolated in the prison dormitories of closed type to accommodate prisoners with a high degree of public danger, suffering from alcoholism or drug addiction, persons with mental disorders or vulnerable persons for the sake of their security (article 60, paragraph 2 of EPPTDA). In practice, this is not done in most places of deprivation of liberty²⁹, although most experts believe that isolation from other prisoners would be useful both for the treatment of addicts and for general prevention.

One of the main problems relating to the medical care of prisoners suffering from drug addiction is that very few of them actually undergo specialized treatment during the serving of their sentence. Treatment is obtained by 20 to 40 people; separately there are 20 groups with psychologists for rehabilitation. Prisons are a breeding ground for HIV and Hepatitis. Although drug addicts as a high-risk group are subject to HIV screening test, the test cannot be compulsory and drug addicts can always refuse such test.

As regards social and educational work, drug addiction is not accepted as a separate circumstance, part of the initial evaluation and individual plan for execution of the sentence. Rather, it is accepted as an aggravating factor with regard to the risk of relapse and harm. Only in the regulation of specialized programs for individual and group work the law states that one of the objectives of these programs is to overcome addictions (article 157, paragraph 2, subparagraph 3 of EPPTDA). Participation in these programs is voluntary and depends only on the personal choice (article 157, paragraph 3 of EPPTDA).

When a drug-addicted person is sentenced to probation, based on article 42a, paragraph 2, subparagraph 4 of the Penal Code, the punishment may include as probation measure the inclusion of the convicted person in a special program for drug addicts. EPPTDA specifies that these programs can be developing and correctional, as correctional programs can be programs for overcoming addictions (article 217, paragraph 1 - 3 of EPPTDA). When the convicted person is imposed a probation measure of inclusion in a program for drug addicts, such person is obliged to participate in it. If the person does not participate in the program, in which he or she is included, he or she is subject to punishment (verbal or written warning); probation may even be replaced by

²⁸ For more information, see 'Penitentiary Policy and System in the Republic of Bulgaria', a publication of the Center for the Study of Democracy, 2011, Sofia;

²⁹ Drugs, Crimes and Punishments, Bulgarian Helsinki Committee, S., 2007, p. 72-73. According to the report, there are separate sectors for addicts in the prisons of Stara Zagora and Bourgas, which function on the principle of the commune.

deprivation of liberty. A major problem is the lack of mechanism to establish the use of drugs by drug addicts – the only way the probation officer to understand this is to conduct an interview with the convicted person at the beginning of execution of the punishment. Logically, the majority of convicted persons are not willing to discuss this with the probation officers and even deliberately conceal such information.

There is no consensus on the question which of the two punishments – deprivation of liberty or probation – is more effective in terms of prevention of crimes related to drug addictions. On the one hand, the places of deprivation of liberty provide the necessary isolation from the environment and a more concentrated and sustainable impact on drug addicts. But on the other hand, the poor material condition of the places of deprivation of liberty within the national penitentiary system puts into question to what extent there is an objective possibility to take adequate measures for treatment. The major advantage of probation is the absence of a closed society that favours drug spread among persons who have not used such so far.

2.2.3. Regulatory framework of the prevention and treatment of drug addictions

Currently, detailed regulations for the prevention and treatment of drug addictions are operative, which are contained in Ordinance No: 6 dated 11.04.2014 on the conditions and procedures for implementation of programs for prevention of drug use (Ordinance No: 6 dated 2014), Ordinance No: 2 dated 20.06.2012 on the conditions and procedures for implementation of programs for treatment with agonists and agonist-antagonists of persons addicted to opioids (Ordinance No: 2 dated 2012), Ordinance No: 7 dated 07.09.2011 on the conditions and procedures for implementation of programs to reduce the harm of drug use (Ordinance No: 7 dated 2011) and Ordinance No: 8 dated 07.09.2011 on the conditions and procedures for implementation of programs for psychosocial rehabilitation of persons who were addicted to or abused with narcotic substances (Ordinance No: 8 dated 2011).

Ordinance № 6 dated 2014

Ordinance № 6 dated 11.04.2014 regulates the activities for prevention of drug use as an active process of raising awareness, creating conditions and supporting the development of individual and group knowledge and skills that promote the healthy lifestyle and health in humans. There are four types of prevention programs, depending on the target group:

- Universal Prevention Programs, which are aimed at large population groups (communities divided on ethnic, religious and/ or territorial principle, students, neighbourhoods) without preliminary data of the risk of drug use;
- Selective Prevention Programs, which target specific population groups, identified on the basis of social, demographic and economic vulnerabilities regarding drug use;
- Indicative Prevention Programs, which target individuals with indications of individual risk of developing harmful use or addiction syndrome, early signs of problematic use or manifestation of another type of problem behaviour; Indicative Prevention Programs provide for screening, status evaluation and referral of the individual to the appropriate services;
- Environment Prevention Programs, which are aimed at working with the cultural, social, legal and economic environment, which influence the choice of healthy lifestyle.

Ordinance № 2 dated 2012

Ordinance № 2 dated 20.06.2012 provides that programs for long-term treatment with me-

dicinal products containing opioid agonists and agonist-antagonists of opioid dependence (ICD-10, F.11), combined with medical and psychosocial services/ interventions for treatment of physical, mental and behavioural disorders, inherent in opioid dependence, are conducted by individual practices for psychiatric care, group practices for psychiatric care, medical centers and diagnostic consultation centers, where there is a physician certified in Psychiatry, mental health centers and hospitals for inpatient care, providing psychiatric care, as well as hospitals at places of deprivation of liberty. Authorization to conduct such programs is given by the Minister of Health or Deputy Minister expressly authorized by him. The Ordinance describes in detail the application procedure for authorization.

Ordinance № 7 dated 2011

Ordinance № 7 dated 07.09. 2011 defines the terms and conditions for implementation of programs to reduce the harm of drug use. These programs include one or several of the following activities:

- Prevention of risk behaviour, which includes field work, work in low-threshold centers, distribution of information materials and conducting training to reduce harm and support positive changes in the behaviour;
- Prevention of drug-related infectious diseases, which includes sharing needles, syringes and other accessories for injecting drug users; counselling and testing of HIV, Hepatitis B and C, sexually transmitted infections and tuberculosis; immunization for Hepatitis B; distribution of condoms; referral to treatment of blood transmitted infectious diseases caused by drug use and sexually transmitted infections; medical consultations via mobile medical room to persons using drugs; referral to treatment of drug addictions;
- Provision of information and training on prevention of mortality related to drug use.

The activities of the programs to reduce the harm of drug use are subject to supervision and monitoring by the National Center for Addictions. Every year the persons who implement programs submit reports to the National Center for Addictions on the activities of the program for the previous year.

Ordinance № 8 dated 2011

Ordinance № 8 dated 07.09.2011 regulates the conditions and procedures for implementation of programs for psychosocial rehabilitation of persons with mental and behavioural disorders due to drug use.

Psychosocial rehabilitation programs are carried out by the institutions and persons specified in article 18 of the Social Assistance Act and by the medical facilities specified in article 89, paragraph 1, subparagraphs 2 and 3 of the Narcotic Substances and Precursors Control Act. If the program is consistent with the requirements of the Ordinance and the established methodologies in the field of psychosocial rehabilitation, authorization for implementation is given by the Director of the National Center for Addictions. The National Center for Addictions maintains a database of the persons who implement programs.³⁰

Persons with personal experience in the recovery from drug abuse, who have successfully completed treatment, psychosocial rehabilitation and/ mutual support group, may participate in the programs. The conditions are that these persons did not abuse drugs in the last 2 years and have completed training in any program approved by the National Center for Addictions.

30 <http://www.ncn-bg.org/reg2.php>

IIII. DATA ANALYSIS

3.1. Analysis of data from conducted studies

For the purpose of this evaluation information was requested from the following institutions: National Center for Addictions at the Ministry of Health, National Council on Narcotic Substances, Department of Narcotic Substances at the Ministry of Health, National Focal Point to the National Center for Addictions, Ministry of Labour and Social Policy, Ministry of Education and Science, Ministry of Youth and Sports, State Agency for Child Protection, Interministerial Commission for control of precursors to the Minister of Economy, State Agency for National Security, General Directorate of Criminal Police at the Ministry of Interior, General Directorate of Border Police at the Ministry of Interior, Customs Agency at the Ministry of Finance, representatives of Municipal Councils for Narcotic Substances and their Prevention Information Centers, Central Commission for Combating Nuisance by Minors and Underaged Offenders at the Council of Ministers and its local divisions. Information from national and regional print, electronic and Internet media was also analyzed in the period from 01 May 2014 to 01 May 2015.

Comprehensive information was obtained from the Ministry of Health and its structures, mainly in the person of the National Center for Addictions, and from the Central Commission for Combating Nuisance by Minors and Underaged Offenders at the Council of Ministers and its local divisions. The other institutions have provided scant information or notified in writing that they have no data. This has created difficulties in carrying out the evaluation, but the more important thing is that it has revealed a systematic problem – **institutions responsible for conducting the policies on reducing drug demand and drug supply do not have accurate information, do not maintain databases, do not have summarized publicly available statistics and there is no effective coordination between their activities in this direction.**

Based on the study conducted as a component of this evaluation, several major trends can be identified in relation to the socio-economic efficiency of the drug policy in Bulgaria for the period from 2009 to 2014. All respondents responded definitely that the number of drug addicts in this period increased. There are trends towards increasing the number of users of stimulants and designer drugs and reducing the number of opiate addicts. Medications such as benzodiazepines are actively used, said the respondents interviewed by the Local Committees for Combating Nuisance by Minors and Underaged Offenders. As a serious problem is reported the increasing combined use of substances, which is related to an even higher risk of fatal consequences for the life and health of drug addicts. There is a trend of children at an increasingly lower age to experiment with drug use. The social status of drug addicts is various. Among them there are people with low and with medium and high social status. Drug addicts themselves worsen their socio-economic situation by becoming poorer and unemployed, both they and their families.

The respondents could not identify a direct relationship between the socio-economic conditions in the country and the number of drug addicts, but they believe that there is such relationship and the majority of them are of the opinion that it should be investigated. Opinions prevail that unemployment, especially among young people, is one of the factors for ‘catching’ young people.

Among the factors that make people use drugs the respondents specify *‘difficulty of the individual to adapt to changes and challenges of the outside world, internal conflicts and difficulty to resolve such, defects in the self-protection of personality, curiosity, lack of adequate information about risks, desire to belong to a particular group, bad influence of the circle of friends, inability to say ‘no’ and fear of rejection, feeling of loneliness, social insecurity, family environment, micro-group, environment, friends, dissatisfaction, significant decline of the requirements of the school and civil society to morality, and weak commitment to the education of young people.’*

Drug use is accepted as a means to quickly and easily solve problems and cope with stress. Evaluations of the efficiency of prevention and treatment of drug addiction in Bulgaria are popular. The respondents say:

‘Prevention is chaotic and proforma; it is often worked only on projects or by poorly trained people or just volunteers. Talking about addictions is delicate.’

‘Treatment of addictions in Bulgaria is developing, torn of contradictions. There are difficulties and different explanation models of addiction and therefore different strategies for therapy, which in Bulgaria often confront and oppose. It is difficult to understand the chronic and relapsing nature of the disease. There are developed standards for good practice. There are medical treatment institutions – private, with international awards for good practice, which provide model programs for medication-assisted psychotherapy of addictions. In the past year consensus was reached between gastroenterologists and specialists in treatment of opium addictions on the efficient treatment of Hepatitis C.’

‘There is no established system for prevention, treatment, rehabilitation and resocialization of people who are abusers or addicts of psychoactive substances. There are only maintenance therapies and chaotic prevention.’

‘It is necessary to improve prevention and to intensify the inter-institutional approach in this direction. The most effective approach for treatment of heroin addiction is methadone therapy, combined with active psychotherapy and psychosocial interventions. Unfortunately, most patients have to pay themselves for their treatment.’

‘The existing programs for treatment and psychosocial rehabilitation are insufficient to cover the needs for treatment, rehabilitation and resocialization of addicts at national level.’

‘Unfortunately, it is worked proforma. Good preventive action requires compliance with the best European standards for prevention, internal and external evaluation of the efficiency of prevention programs, and specialists specifically trained to perform indicative, selective and universal prevention. Efficient treatment of drug addicts in Bulgaria is next to impossible merely due to the fact that admission to effective treatment centers is extremely expensive. There is no state policy on treatment of drug addicts.’

‘There is prevention, but it is not efficient enough. There is not efficient treatment. It is very expensive and unaffordable to most drug addicts.’

Almost all respondents have agreed that the State allocates insufficient funds to deal with the problems of drug addicts. Few of them have stated an opinion that the State is doing its best.

‘Only low-budget programs are funded, which are lifesaving, but not leading to a cure. There are not enough financial resources to take a long-term treatment of the disease, involving complex care, based on a bio-psycho-social model. In the National Anti-Drug Strategy for the period 2014 - 2018 the lack of adequate and sustainable funding of activities to address the problems of drug addicts is emphasized as a main challenge and problem in the past years.’

‘The State has abdicated from the problem.’

The progress and efficiency of the policies in the period 2009 – 2014 is difficult to measure, although formally there are indicators in the National Anti-Drug Strategy and its Action Plan. The reason is the lack of funds to fully implement the policies, the lack of people and data. Every year surveys are conducted by various stakeholders in the process and data are summarized by the National Focal Point. There is not ongoing monitoring of the achievement of the policy objectives and preliminary assessment of the impact expected from the implementation of the policies. Respondents believe that such activities, if they exist, are carried out proforma, chaotically and unprofessionally, and restrictive thinking prevails in their implementation.

There are some extreme views:

'The lack of working setting to offer services (health, psychosocial) to drug addicts predetermines the usefulness of monitoring of the achievement of policy objectives.'

The evaluation of rehabilitations programs in Bulgaria and their efficiency is also unsatisfactory. It is believed that these programs play a very good role, but are insufficient and must be developed further. Here there is also a lack of experts, lack of interactivity of the information offered in many cases, neglect of problem by schools and parents. The evaluation of early intervention programs is also timid and eager for more investment and development.

'There is not a systematically implemented state program. It is worked on projects and initiatives of different institutions and municipalities, which have capacity and interest in this area. The continuous decline in the age of first use demonstrates the lack of satisfactory results. Each early intervention program has its positive effects, no matter how insignificant it may be. The issue has two aspects – demand and supply. Supply is a stronger factor and does not depend on ordinary people.'

Most respondents believe that in the places of deprivation of liberty there are not conditions for treatment of drug addictions.

'There are not many medical treatment teams who are willing to work with drug-addicted patients in prison. In the country it is worked only on projects that are mainly preventive, but not curative. The number of drug addicts in prison grows; patients are specific and grave.'

'In the Bulgarian prisons there are not places for treatment of drug addictions and there are not trained specialists to work with this category of people.'

Attitude to the existing regulations is also unsatisfactory. Most people believe that the normative documents need a comprehensive revision and find that the conditions set in them are archaic and do not reflect the dynamics of problems that are suggested by the modern situation.

'We need standards of good practice and correct understanding of the disease as a complex disorder affecting the brain, psyche and social functioning. We need to actively introduce psychotherapy and clinic social work in the course of treatment.'

'We need a comprehensive revision of the regulations in this direction - providing choice for treatment or imprisonment, subject to clear rules for compliance with the treatment plan and fixed sanctions in case of violation, as in many other European states.'

'There is not a specialized health facility for treatment of underage, a possibility for choice of treatment or imprisonment, clear rules to comply with the treatment plan and provided sanctions for violation.'

'It is necessary to change the legislation related to the distribution and use of psychoactive substances. What is needed is a legal framework to connect all institutions to work together and not merely refer normative documents to one another and transfer responsibility.'

The evaluation of drug policies of the State for the period 2009 - 2014 varies between 3.5 and 4 based on a six-point scale.

'My evaluation is fair because things gradually begin happening, but much more is required.... We have to move fast towards a quick change of the current situation in order to achieve subsequent efficiency of the activities related to drug addicts in Bulgaria.'

'I think there is an improvement. According to the six-point scale, we would evaluate it as good (4).'

As main lessons learnt over the years and problems that need to be addressed in the future, Respondents specify:

'Correct understanding of the realities of drug addiction and constantly changing profile of

drug addicts, professional attitude to the issue, standards for good practice, and seeking cooperation at different levels of funding.'

'There cannot be positive trends in the absence of a system for prevention, treatment, rehabilitation and resocialization, adapted to our conditions and based on the best practices in this field.'

'The fact is that the number of drug addicts increases. Short-term programs are not effective. Those, which are financed from European funds, should pass to state-delegated activity and a constant evaluation of their activities should be carried out in order to be flexible and develop further. The effects of work of the different centers for prevention, rehabilitation and treatment of drug addicts will be visible after at least one decade...'

'Every lev invested in the treatment of drug addicts saves considerable costs to the State for crimes related to drug use, legal proceedings related to them and thefts committed by drug addicts.'

'Providing adequate and sustainable funding for programs for prevention, awareness and involvement of civil society, evaluating their efficiency, improving the opportunities for treatment and rehabilitation, creating a program and specialized hospital for treatment and psychosocial rehabilitation of children, cooperation and interaction between institutions working in the field.'

'The lessons learnt are many. They are mostly related to the lack of efficiency of the programs offered, as most often European programs are taken and applied directly without readapting them to the existing conditions in the country. It is extremely important to work on early prevention programs for children and women, because in the current situation there is no place to accommodate these people. There are not rehabilitation centers which are financially supported by the State; most of the current practitioners are private and unaffordable to drug addicts.'

'Mandatory appointment in each school of a psychologist, pedagogical adviser or social educator to work towards prevention of drug addictions.'

'Controllers should give special attention and take adequate measures aimed at pharmaceutical companies that manufacture and sell medicinal products and preparations.'

'More rehabilitation programs: psychological support, assistance in finding a job, a possible change of the city and help in adaptation to the new conditions, funding the establishment of municipal enterprises with guaranteed jobs for drug addicts in the process of rehabilitation.'

As a whole, sufficient funds are not allocated from the state budget for healthcare. Generally, there are set indicators to measure the progress and efficiency of the policies implemented in the field, as it is planned in 2015 a working group to evaluate the efficiency of the National Anti-Drug Strategy for 2009 – 2014.

Results from the study of data received under the Access to Public Information Act

An independent component of the preparation of this evaluation was the attempt to obtain data from the key state institutions through a request for access to information under the Access to Public Information Act, by which request they were asked to provide all the available information in their possession about the financial resources spent by them for the implementation of policies on combating drug addicts in the period 2009 – 2014.

The **Ministry of Finance**, in response to our request, sent a copy of its letter by which it forwarded our request for access to public information to the Ministry of Health.

The **Ministry of Education and Science** sent us a letter by which it responded that our request was forwarded to the Ministry of Health to respond by competence.

The **Ministry of Labour and Social Policy**, in response to our request, provided the follow-

ing information to us: *‘Every year the MLSP provides a possibility to persons, who successfully completed a course of treatment for drug addiction, to start work under the National Program for Employment and Training of People with Permanent Disabilities. Under the Program employment is provided to unemployed for a period of 24 months and employers are provided funds from the state budget for salaries in amounts determined annually in the National Action Plan for Employment and for the payable insurance contributions at the expense of employer. According to data reported by the Employment Agency, in the years of 2009, 2010, 2012 and 2013 there are not unemployed, successfully completed a course of treatment for drug addiction, who have benefited from the opportunities for inclusion in the program, and in 2011 and 2013 one person have been included each one.’*

The **Ministry of Interior** replied us that according to data of the Directorate of Budget Planning and Management at the Ministry of Interior: *‘in the budget of the MI there are not approved funds for implementation of policies on drug addicts’*. This reply of the Ministry of Interior raises serious questions about who is actually the authority that conducts the policy of reducing drug supply, except the Ministry of Finance, which is basically responsible for restricting the passage of narcotic substances and precursors through the EU internal and external borders of Bulgaria. Moreover, as it is known, the National Council on Narcotic Substances at the Council of Ministers, as a state authority for implementation of the national policy against drug abuse and to combat drug trafficking is a collection body, which consists of President – Minister of Health, three Vice-Presidents (General Secretary of the Ministry of Interior, Vice-President of the State Agency for National Security and Deputy Minister of Justice), Secretary and Members. It can reasonably be asked why the Secretary General of the Ministry of Interior is a Vice-President of the National Council on Narcotic Substances, given that his ministry has no approved budget funds for implementation of the policies on drug addicts.

The **Ministry of Youth and Sports**, in its written reply to our request for access to public information, replied: *‘In the period 2009 - 2014 the Ministry of Youth and Sports **did not implement policies**, specifically targeted in the fight against drugs addicts, respectively did not spent funds for this purpose.’* However, it makes an impression that the President of the State Agency for Youth and Sports at that time (now Ministry of Youth and Sports) was listed as a person responsible for the implementation of several strategic tasks, among which promoting non-formal education of young people in the field of addictions and care for their healthy lifestyle (task 1.2 of the Plan), expanding the opportunities for inclusion of children and young people in forms of leisure which are attractive to them (task 1.5 of the Plan), developing and applying a system for accreditation, monitoring and evaluation of the efficiency of prevention programs and activities (task 1.7 of the Plan). Moreover, the report on the implementation of the Plan shows that the **Ministry of Youth and Sports implemented two programs – ‘Sport for children in their leisure time’ and ‘Sport for people with disabilities and children at risk’, which purpose was to expand the opportunities for children and young people to participate in attractive forms of leisure as a means of prevention of alcohol, tobacco and drug use.**

At its first regular meeting in 2015, which was held on 9 February 2015, the National Council on Narcotic Substances decided to create an interministerial working group to develop criteria and guidelines for the preparation of an independent evaluation of the implementation of the National Anti-Drug Strategy for 2009 – 2013 and its Action Plan. There is not information about the further steps undertaken in this direction.

At its next meeting on 22 June 06 2015 the Council decided to form a working group with the participation of representatives of the Ministry of Health, Ministry of Interior, Ministry of

Education and Science, Ministry of Youth and Sports and State Agency for Child Protection to identify measures for prevention, control and reduction of drug use among students. The purpose was to make a centralized effort to establish a common methodology to measure the efficiency of prevention of drug use and abuse and the ability to quickly and adequately respond to continuously emerging new psychoactive substances. At its next meeting the National Council on Narcotic Substances is expected to vote on the composition of the working group. This practically means that a methodology will be created to measure the efficiency of activities that have never been the subject of work of the proposed participants in the working group.

All this and the above-identified discrepancies raise the question whether there is at a national level a consolidated information on the implementation of the various measures and activities as part of the common national policy to combat drugs and whether there is currently an operating system for monitoring the implementation of the national anti-drug strategies³¹. **The fact is that the main body of the state policy on drugs, i.e. National Council on Narcotic Substances, is to a large extent composed of authorities, which are not practically related in any way to the implementation of the policy and do not participate with activities in it.** The composition and activities of the Council have to be revised, because in practice there is currently no body that is a real bearer of the drug policy in Bulgaria.

³¹ Paragraph 5 of VIII: Mechanism of implementation of the strategy under the National Anti-Drug Strategy (2009-2013).

3.2. Results from media monitoring

The analysis of data of media monitoring covers 6205 materials of national and regional press publications. The period of release of the publications is: 01.05.2014 – 01.05.2015. Monitoring was carried out based on the following keywords: drug, drugs, drug addict, drug addicts, drug trafficking and their derivatives.

The main topics found in the materials, which contain the searched keywords, are: crimes committed by drug addicts; bosses of the underworld; seized consignments, combat with trafficking; drug use by celebrities; legislation related to the prevention of drug use; legislation related to the legalization of soft drugs; educating young people on the prevention of drug use; treatment and combat with drug addictions;

The most widespread topic is the criminal chronicle, related to news of crimes committed by people who have problems with drugs, followed by materials for drug bosses and people of the underworld. In the third place come materials reporting seized consignments and drug trafficking. Great attention is given to the achievements of customhouses in seizing consignments and to drug-related crimes, as drugs are very often seen as the cause for committing a criminal offence without specific evidence of this. The materials are extensive and often supported by pictures and interviews.

Least covered are materials related to the education of young people on the prevention of drug use, on the treatment and combat with drug addictions. The main media are not interested in these materials. They are usually in the form of short news. The materials quite often report a lack of money, treatment problems or abuse. Generally, they form a picture of doom and lack of adequate measures. As a whole, drugs are most often mentioned by 'yellow' publications (tabloids), followed by national dailies, magazines, regional media and specialized health publications. There is misunderstanding and inadequate attitude to the topic ('Drugs, prostitution and smuggling will raise GDP'³²; 'Our drug addicts rank third in Europe'³³).

Topic *'Crimes committed by drug addicts'*

Most often these are materials of the criminal chronicle – robbery, murder and rape. There is a tendency to increase the number of materials related to road accidents, in which drug use is mentioned. In many cases drug use is suspected without any real evidence (for example 'it is assumed that he is a drug addict', 'it is assumed that after drug use'). The sources are various – national dailies, 'yellow' publications, regional newspapers. Drug use is shown as an aggravating circumstance that has provoked committing the offense. Attitude to the drug addict is negative. Materials on terrorism appear increasingly, which say that many of the attacks are carried out under the influence of drugs and the terrorist organizations are financed by drug trade. Most often the materials are of small volume and rarely supported by pictures.

Topic *'Seized consignment, combating drug trafficking'*

The materials on this topic usually consist of reports on seized drug consignments, measures taken to combat trafficking. This includes also charts related to international drug trafficking; materials for cooperation of Bulgarian and foreign services for combating drug trafficking; legislative changes and penalties for drug trafficking and distribution. The materials are mainly news of medium volume. They are published in national dailies, 'yellow publications', and monthly magazines.

³² 24 Chasa Newspaper, page 8, 13.06.2014

³³ Zemla Newspaper, page 1, 05.06.2014

Topic *'Legislation relating to the prevention of drug use'*

This topic includes mainly materials related to changes in the legislation, which are aimed at prevention of drug use. These are mainly news. They quote studies of the drug situation in Bulgaria, make reference to attempts to solve the problems in other countries, raise questions on drug use in prisons. The materials are published mainly in national dailies.

Topic *'Educating young people on the prevention of drug use'*

This topic is one of the least covered topics. Materials on the topic appear only in connection with specific campaigns. It is noteworthy that the regional publications pay greater attention to the topic. The materials are exhaustive, with specific reports on events in the regions. Very often there are interviews with physicians and therapists. Analyses are quoted. The attitude is positive and creates a feeling of successful experience in prevention and combating drug addiction. This is most likely due to the regional nature of the campaigns, but, when they are mentioned in national publications, mention is brief in the form of ordinary news. Examples of such campaigns are the campaign 'Children's Health House' organized by the Health Care Foundation at the Church of Seventh Day Adventists, national anti-AIDS campaign.

Topic *'Treatment and combating drug addictions'*

This is the least covered topic. The materials are most often in the form of news and are associated with the lack of money or closure of centers. Other materials are associated with drug-addict communes and development in the field of legislation relating to the treatment of drug addictions. The main sources are health publications such as Doctor Newspaper.

The main conclusions that can be drawn are that there is no clear sustainable interest by the media in the topic of drugs, drug demand and drug supply and no bright journalistic materials and outstanding names of journalists to cover the problems. Criminal and yellow materials prevail, as well as stigmatizing and clichéd coverage. The problem here is not only that the media do not perform the function of informing the public about the causes, consequences, risks and opportunities, but they have no public pressure for policy changes.

3.3. Financial and economic analysis

According to the World Health Organization³⁴, between 76 % and 85 % of the people with severe mental disorders³⁵ do not receive adequate and quality medical care. To conduct a purposeful policy for improving public health, personal health and social functioning of the individual, sufficient and effectively used financial resources are needed. Funding as an economic activity is aimed at providing financial resources for the implementation of predetermined goals. The amount of secured³⁶ and spent financial resource is directly dependent on the economic model, by which the different policies are implemented.

Globally, various organizations such as WHO, UNO, World Bank, etc., based on different usable methodologies, present different indicators on drug use and costs of overcoming the consequences. Difference in the indicators makes difficult their comparison. A sample is presented on the table below, which indicates differences between different countries in the spending of public financial resources in the treatment of drug addicts. The information presented on spent public costs in some comparable countries in 2011 is based on studies of the World Bank and European Monitoring Center for Drugs and Drug Addictions.

**Statistical information on public expenditure
for treatment of drug addicts by country**

Table 5

Country	Population	Number of drug addicts, in % of population	Number of drug addicts	GDP in USD	Public expenditure for treatment of drug addicts, % of GDP	Approximate public expenditure for policies and treatment of drug addicts, in USD
Germany 2011 r.	80 523 746	0,310	250 000	3 752 109 943 533	0,245	9 192 669 361,66
Turkey 2011 r.	74 724 269	0,030	22 417	774 754 155 284	0,030	232 426 246,59
Italy 2011 r.	60 626 442	0,287	173 692	2 278 230 390 030	0,200	4 556 460 780,06
Cyprus 2011 r.	862 000	0,085	731	24 851 264 943	0,060	14 910 758,97
USA 2011 r.	320 925 485	0,112	360 000	15 517 900 000 000	0,074	11 416 232 000

Sources:

1. <http://data.worldbank.org/indicator/NY.GDP.MKTP.CD?page=1>;
2. http://www.spring-project.eu/upload/documenti/deliverables_spring/WP4_final_report-BG.pdf;
3. <http://www.drugabuse.gov/publications/drugfacts/treatment-statistics> – data of affected persons and public expenditure for medical services for treatment of drug addicts.

³⁴ Atlas 'Mental Health' for 2011, WHO

³⁵ The term 'mental disorder' is used to denote a set of mental and behavioral disorders, which fall under the International Statistical Classification of Diseases and Health Problems (ICD-10).

³⁶ The term 'insured' for the purpose of this evaluation is used to indicate that certain financial resources are provided or secured through the relevant budget. The resources provided from the relevant budget (state, company, etc.) are disbursed through expenditure. Expenditure is a term which is used to denote amounts paid for a service.

In Germany, in 2011, with a population of over 80 million, the estimated public expenditure for policies and treatment of drug addicts is over USD 9 billion, which is a movement within the range between 0,23 % and 0,26 % of the Gross Domestic Product. Part of the funds, allocated by the government for costs related to treatment of drug addicts, is identified as budget costs. The majority of costs related to treatment are not statistically accounted for and therefore in most cases empirical approaches are used in analyses for evaluation.

In Turkey, in 2011, with a population of over 74 million, the estimated public expenditure for policies and treatment of drug addicts is over USD 232 million, which comprises 0,03 % of the GDP. Until 2011 the accounting of public expenditure for overcoming drug addictions is very limited, incomplete and too controversial. The survey made in 2011 shows that that year in Turkey there were about 12 733 opiate users on average (the trend is moving in the range between 11 126 and 26 537), which corresponds to 0,3 % per 1 000 people aged from 15 to 64 years.

In Italy, in 2011, the plans to combat drugs are not directly related to the budget. At a population of over 60 million the estimated public expenditure for policies and treatment of drug addicts is over USD 4 billion, which comprises 0,2 % of the GDP. The medical evaluation of problems with drug addicts in Italy performed in 2012 shows that there were 173 692 problematic cases on average (the trend is moving in the range from 146 793 to 200 591), which corresponds to 0,3 % per 1000 people aged from 15 to 64 years.

In Cyprus, in 2011, with a population of 862 000 people, the estimated public expenditure for policies and treatment of drug addicts is about USD 15 million, which comprises 0,06 % of the GDP. Total expenditure is divided in four main areas: enforcement (75,0 %), healthcare (8.5 %), coordination (14,0 %), and prevention and tests (2.5 %). The analysis of trends shows that between 2004 and 2008 the public expenditure steadily grows from 0.02 % to 0.07 % of the GDP. Recent data show that in 2012 the costs for combating drug addictions have remained stable as a percentage of the GDP in comparison with the previous year. In 2012 there were 731 problematic cases on average (the trend is moving in the range from 603 to 918), which corresponds to 1,2 % per 1000 people aged from 15 to 64 years.

In USA, in 2011, with a population of over 320 million people, the estimated public expenditure for policies and treatment of drug addicts is over USD 11 million, which comprises 0,074 % of the GDP. The difference to USD 700 billion per annum, spend for prevention and treatment of drug addiction, are private financial resources. In the opinion of specialists, the methodology for reporting risk in the USA is incomparable with the methodologies used in other countries. Usually, in their research analysts refer to the number of death cases.

In Bulgaria, in the period from 2009 to 2014, the Gross Domestic Product grew by over 11 %. In contrast, in this period the population decreased by more than 4.8 % (without counting those who left the country). From 2009 to 2014 the total expenditure for healthcare (public and private) increased by more than 19 %, as the public expenditure marked a growth of over 17 % and the private expenditure - by over 21 %. Based on actuarial estimates and a number of expert assessments, at the end of 2014 over BGN 7 billion were received in the Healthcare Sector, which as expenditure for health in Bulgaria are comparable to other European states.

Financing of Health Sector in Bulgaria by strategic source

Table 6

Nº	Indicators	Meas. Unit	2009	2010	2011	2012	2013	2014
1	Gross Domestic Product (1)	million BGN	73 485	63 518	77 077	81 629	81 486	81 582
2	Population – totally for the country (2)	number	7 585 131	7 534 289	7 348 328	7 305 888	7 265 115	7 223 937
3	Public expenditure for (Health function) (3)	million BGN	2 939	3 051	3 645	3 309	3 353	3 468
4	Private expenditure covered by statistics (4)	million BGN	1 343	1 364	1 440	1 549	1 693	1 698
5	Private expenditure not covered by statistics - 60 % (5)	million BGN	1 763	1 831	2 187	1 985	2 012	2 081
6	Total private expenditure	million BGN	3 106	3 195	3 627	3 534	3 705	3 779
7	Total expenditure for health (public and private)	million BGN	6 045	6 246	7 272	6 843	7 058	7 247
8	Total expenditure for health per person	BGN	0,80	0,83	0,99	0,94	0,97	1,00

Sources:

1. Ministry of Finance – Budget Report
2. National Statistical Institute
3. Ministry of Finance
4. National Statistical Institute
5. Dr. Dimitar Petrov, Magazine 'Health Policy and Management' 2014, volume 14, No: 1.

Spent financial resources by function under the Consolidated Fiscal Program in the Republic of Bulgaria, including for action to combat drug

Table 7

Nº	Expenditure by function	Meas. Unit	2009	2010	2011	2012	2013	2014
1	General government services	million BGN	1 951,8	1 668,6	1 708,5	1 675,4	1 818,4	1 867,2
1.1	For action to combat drugs		б.и.	б.и.	б.и.	б.и.	б.и.	б.и.
2	Defence and security	million BGN	3 000,8	3 222,7	2 831,5	2 802,3	3 160,4	3 302,0
2.2	For action to combat drugs		б.и.	б.и.	б.и.	б.и.	б.и.	б.и.
3	Education	million BGN	2 837,8	2 678,2	2 655,3	2 799,2	3 087,6	3 271,2
3.3	For action to combat drugs		б.и.	б.и.	б.и.	б.и.	б.и.	б.и.
4	Healthcare	million BGN	2 634,4	3 000,8	3 247,6	3 303,2	3 540,3	3 985,8
4.1	For action to combat drugs	million BGN	0,560	0,576	1,074	0,952	1,117	0,591
5	Social security and assistance	million BGN	б.и.	б.и.	б.и.	б.и.	б.и.	б.и.
5.1	For action to combat drug		б.и.	б.и.	б.и.	б.и.	б.и.	б.и.

Note: NI - no information

Sources:

1. <http://www.minfin.bg/bg/statistics/>
2. Ministry of Health, according to response to letter with ingoing ref. No: 93-00-56/21.05.2015.

The above-presented information shows that significant financial resources are provided in the Consolidated Fiscal Program by separate functions. According to the current Bulgarian legislation, all state bodies that are relevant to the above-stated functions do not keep (or provide) a separate report of the expenditure incurred to combat drugs. **For this reason it is impossible to identify the actual financial resources provided or spent for the implementation of policies on drug distribution, drug prevention and combating the consequences of drug use.**

Until 2012 the European Monitoring Center for Drugs and Drug Addictions defined injection drug use as '*problematic*'. The meaning of the term includes continuous use of opiates, cocaine and/ or amphetamines (ecstasy and cannabis are not included in this category). In 2012 the definition was expanded to include: '*use of drugs with high risk to health*'.

Every year financial resources are provided in the state budget of the Republic of Bulgaria for the implementation of a number of policies related to the combat with drug addictions, which are spent on the principle of Program Budgeting. The policy on promotion, prevention and control of public health is also implemented through the Drug Demand Reduction Program. In the period 2009 – 2014 these financial resources increased by over 68 %. In the Dispensary Program (2009 – 2010), Hospital Care Program (2011- 2013) and from 2014 Psychiatric Help Program the expenditure increased by 75 % during the period.

Information on delegated³⁷ and disbursed public resources
for the period 2009 – 2014

Table 8

№	Source	Delegated and disbursed resources, thousand BGN					
		2009	2010	2011	2012	2013	2014
I.	Policy on promotion, prevention and control of pubic health	712 000	70 440	117 707	94 416	58 633	66 630
1	Program 5: Drug Demand Reduction ³⁸	1 459,9	1 483,4	1 848,1	2 338,7	2 059,6	2 455,9
2	Disbursed under the National Program for implementation of the Action Plan of the National Anti-Drug Strategy	92,5	9,5	231,6	293,4	276,4	162,0
II.	Policy on diagnostics and treatment	408 729	342 290	408 729	334 842	275 875	282 352
3	Program: Dispensaries	20 824,2	15 697,8				
	Program: Hospital Care			163 018,9	183 995,5	129 561,2	
	Program: Psychiatric Help						45 305,8
4	Disbursed under Ordinance No: 34 of 25.11.2005	468,1	566,1	842,3	659,1	840,2	428,5
Totally		1 120 728,6	412 729,4	526 435,1	429 257,9	334 508,1	348 982,4
- by policy							
- by program		22 284,1	17 181,2	164 867,0	186 334,2	131 620,8	47 761,7
- disbursed ³⁹		560,6	575,6	1 073,9	952,5	1 116,6	590,5

Sources:
1. Ministry of Finance, CoMD for relevant year.
2. Ministry of Health – response to letter 93-00-56 of 21.05.2015
3. Ministry of Finance, CoMD for relevant year.

Due to the fact that there is not specific information about the financial resources spent for treatment of drug addicts under the policy on diagnostics and treatment, based on official data obtained from the Ministry of Health and applying interpolation methods, it can be accepted that about 500 000 BGN are provided for diagnostics and treatment every year. Together with the funds provided for the implementation of the Drug Demand Reduction Program, the total amount for treatment and combating drug addicts is about 3.5 million BGN on average over the years. **Therefore, for 2014 disbursement of financial resources provided in the budget of the Ministry of Health is about 17 %.**⁴⁰

In addition to the budget of the Ministry of Health, financial resources to combat drugs are also provided in the budgets of other ministries, but unfortunately we do not have specific information. When considering the financial resources provided to combat the consequences of drug

37 Delegated = provided from the budget.
38 According to data of the annual CoM Decrees for implementation of the state budget for the period 2009 – 2014.
39 In this specific case ‘disbursed’ means expenses spent by purpose (line 2 + line 4 of table), according to official information provided by the Ministry of Health.
40 Calculated as follows: 590.5 x 100 / 3500 = 16,87 %

use, we should not miss the financial resources in the budget of the National Health Insurance Fund (NHIF). The budget of the NHIF through the National Framework Agreement provides for amounts by clinical pathways, which in certain cases can be spent for detoxication, when drugs are used. Unfortunately, we do not have specific information about the expenditure incurred by the NHIF, related to drugs. For this reason the financial resources spent by the Clinical Pathway method are included in the total amount (specified above) of 3.5 million BGN.

Agreed financial resources under
the National Framework Agreement

Table 9

№	Description	Unit	2009	2010	2011	2012	2013	2014
1	Clinical pathway 291 - unit price	BGN	462	462	472	500	500	500
2	Clinical pathway 292 - unit price	BGN	462	462	472	500	500	550
3	Clinical pathway 293 - unit price	BGN	578	578	669	700	700	700
4	Clinical pathway 294 - unit price	BGN	578	578	669	700	700	700
Total		BGN	2 080	2 080	2 282	2 400	2 400	2 450

Source: Annex No: 6 to the National Framework Agreement for the relevant year

To define problems in the treatment of drug addicts in economic terms it is necessary to describe the movement of patients in the health system and the possibilities to obtain qualified and timely medical care.

According to the current domestic legislation, access to medical care can be implemented in two ways – by visiting the General Practitioner and through emergency medical care. Drug addicts are unlikely to visit their GP, where necessary. Most often they use emergency medical care. After mastering the condition in the Toxicology Ward, the patient is referred at the discretion of the physician to the so called Centers for Psychiatric Care, which are financed by the Ministry of Health, or to a medical treatment facility which is a contractual partner of the NHIF for treatment by clinical pathways No: 291, 292, 293, 294. When the Toxicology Ward finds the existence of visible opioid addiction, mental or behavioural disorder of the patient, he or she can be referred to any of the centers for psychiatric care, known as Mental Hospitals. In these centers the treatment process is financed on the bases of the medical standard of ‘Psychiatry’.

According to this standard, the medical treatment facility should keep the drug-addicted patient for no less than 21 days, even if his or her condition does not require such stay. The maximum amount that can be paid by the Ministry of Health for a passed patient is BGN 700, according to the current Ordinance No: 34⁴¹ of the Ministry of Health), regardless of the final treatment result.

Methadone therapy, at an average price of monthly dose of methadone purchased by the Ministry of Health (through public procurement), costs about BGN 10.50. Adding an amount of BGN 56 per month for medical services + BGN 100 for administrative and other expenses, the

41 Ordinance amending and supplementing Ordinance No: 34 dated 2005 on the procedure of payment from the Republican Budget of the reatment of Bulgarian citizens of diseases, not covered by mandatory health insurance.

cost of monthly treatment under methadone program is in the range from BGN 900 to BGN 2040 per drug addict. Assuming that the costs are under the policy on diagnostics and treatment for combating the consequences of drug use (see above), then public financial resources in the amount of about BGN 8 million are provided for diagnostics and treatment. These financial resources can be used to treat between 4000 and 8000 drug addicts. The information provided by the Ministry of Health shows that for the period from 2012 to 2014 the total number of occupied places is in the range of 3445 – 3414.

IV. CONCLUSION AND RECOMMENDATIONS

CONCLUSIONS

1. Drug Policy in Bulgaria in the period 2009 – 2014 is characterized by continuous changes in the legislation and the participation of representatives of the involved central and local administration in committees, working groups and meetings at national and European level. At the same time, however, there is no coordination of the policies of the various departments. There is no management in synergy and focus towards the achievement of specific objectives and information cannot be found about the financial resources that ensure these policies in the various departments. With the exception of the Ministry of Health and in particular the National Center for Addictions, information about drug policies is absent or scarce.

2. Despite the adopted national strategies, which correspond to the key strategic documents in force at EU level for the current period, there is generally a significant decline in the priority and importance of the problem of drugs and hence a regress of at least 20 years in viewing the problem as a fundamental responsibility of the Ministry of Health, which is a philosophical and conceptual misunderstanding.

3. The National Council on Narcotic Substances is constructed in a non-working way with a significant preponderance of the power institutions and formal presidency of the Ministry of Health, which has no power to require and coordinate the actions of other institutions. The Council should be an acting body, not an advisory one, and should have hierarchical authority (for example, to be chaired by a Deputy Prime Minister), other operational powers and a unit for operational organization, coordination and control of the implementation of the adopted national strategies, plans, decisions, etc. The National Council on Narcotic Substances should have established mechanisms for citizen participation.

4. There is no unified methodology for planning, registration, reporting and control of the financial resources (public and private) that are needed for the prevention, treatment, rehabilitation and reduction of the harm from drug use.

5. There is no adequate, timely and comparable information to make a thorough and representative financial and economic analysis of the necessary and spent public and private financial resources and an algorithm to set recognizable and comparable indicators for monitoring the efficiency of use of these resources.

6. It is clear that even when some information is available on any occasion, as a rule it is never used for the creation, implementation and evaluation of policies in this area. The paradox is the following: there are many studies both specialized - prepared by the National Focal Point and independent - sociological, which have accumulated a database of information on the currently existing problems, which in turn implies making political and management decisions. However, such decisions are not made or, if made, they remain on paper because financial resources are not allocated for the implementation of measures and programs envisaged.

7. Work with the municipalities is also minimal and insufficient in volume and it is mainly relied on the personal initiative of the municipal administrations.

8. Costs for building capacity and strengthening state and municipal structures in the field of drug policies are minimal. In practice, the available financial resources are wasted, as the meagre salary and lack of working conditions result in continual turnover of people and their transition to work in the NGO sector or generally in another area of professional career.

9. There is no efficiency in the spending of public funds for the implementation of programs and policies. For the purpose of implementation of the policies on combating the consequences of drug use in our country, approximately 3,5 million BGN are provided annually by programs, as

only 600 thousand BGN are allocated and disbursed. This is efficiency of about 17 %.

10. Access to a treatment process funded with public financial resources is very limited in the range of about 2 000 people per annum. The analysis shows that if institutions are managed and synchronized better, not less than 5 000 problematic persons may have access to treatment procedures.

11. Treatment of drug addicts in our country is difficult to evaluate as efficient because it is affected by the systematic problem of dropping out of patients from the treatment programs due to lack of financial resources. After they drop out, the contact with them is often lost. The system for providing treatment is not flexible enough and cannot follow the mobility of patients, who often due to the need for financial resources accept employment in another settlement, seasonable work or even leave the country and go abroad. Psychological and social work with drug-addicted patients is very difficult. Programs are not synchronized with the possibilities for funding clinical pathways and medicines from the NHIF, as well as with the medicines and treatment provided by the medical services in the prisons.

12. Persons, with whom it is worked on a complex basis both in terms of treatment and in terms of psychological and social work, demonstrate very good results, but their number is very small – they were 160 in 2014. Insufficient is also the number of places for clients and patients, who need services in the field of psychosocial rehabilitation, and funding is extremely insufficient for the scale of the problem and the social benefits of its solution.

13. In Bulgaria the use of amphetamines and synthetic stimulants has become more frequent, which creates difficulties for treatment and rehabilitation due to missing capacity of the health system.

14. Many of the psychosocial rehabilitation programs are supported on a project basis or through fees from clients and this creates difficulties in retaining clients and working qualified teams. Psychosocial rehabilitation problems face serious difficulties in trying to cooperate with mental clinics, when medical care is necessary.

15. In 2014 about 10 % of the drug addicts discharged from treatment were discharged due to an effective sentence and, according to unofficial data, the problems of drug addicts in the prisons have aggravated and the spread of drugs in these places has remained at high levels despite the measures prescribed on paper.

16. Against this background the response of the State with specific measures and policies to confront the problem and stop its distribution seems scarce – mainly in sporadic production of information materials and media appearances.

17. The need for a holistic approach to the prevention of drug distribution and use is understood by all, but is not applied.

RECOMMENDATIONS

1. Decision-making on drugs should be based on data, information, studies and evaluation of the efficiency of the currently applied policies.
2. The collection of complete, consistent and publicly available information on the implementation of drug policies, including on spent financial resources, from all departments should be ensured.
3. The drug policy should be implemented in a coordinated synergy between various departments and in pursuance of common and effective objectives.
4. The Narcotic Substances and Precursors Control Act should be changed so as to reconsider the structure and functions of the National Council on Narcotic Substances and to support its political presidency by an operational executive officer who ensures the overall coordination and management in long-term perspective.
5. The expenditure of public funds for the implementation of policies and programs should be improved. In this process emphasis should be placed on the protection of public health.
6. It is necessary to introduce target fund financing and integrated management of the public financial resources intended for solving problems with drug addictions in order to ensure their effective and efficient spending. By applying an integrated approach guaranteed access to the health system structures and timely obtaining of adequate medical care shall be ensured for all persons in need.
7. A uniform methodology should be developed and established to unite the actions for funding and spending of financial resources (public and private) and the actions aimed at an effective and efficient treatment process, as well as to pre-define the methods and systems for controlling the entire system.
8. The financial resources provided to cover costs for diagnostics and treatment of Bulgarian citizens, who have no income and/ or property to secure them personal involvement in the health insurance process, should be used more often.
9. Clinical pathways should be created, which allow treatment of drug addiction of health insured persons with funds from the NHIF.
10. Treatment of drug addictions should be integrated in the places of deprivation of liberty and introduced as an alternative to the penalty 'deprivation of liberty' for minor criminal offences.

V. DESCRIPTION OF THE METHODOLOGY

This Report contains the results of the performed subsequent (ex post) evaluation of the socio-economic efficiency of the drug policy in Bulgaria for the period 2009-2014. The evaluation is prepared by experts of the Center for Regulatory Impact Assessment (www.ria.bg; www.regulatoryreform.bg) by order of the Initiative for Health Foundation (www.initiativeforhealth.org).

The main objectives of the evaluation are, based on a review of the existing regulations, the analysis of data collected through in-depth interviews with key stakeholders and the financial information on planned and incurred public expenditure and economic efficiency of their use for prevention, treatment, rehabilitation, to:

- study and present with quantitative and qualitative parameters the degree of efficiency of the policy of the Bulgarian State on drug spread and use and its impact on public health and public security;
- make a comparison between the public expenditure intended to reduce drug demand and drug supply and the economic efficiency of their use;
- give specific proposals to improve the policies and measures for reducing drug supply and drug demand.

In preparing the evaluation has been used a detailed methodology, developed by the Center for Regulatory Impact Assessment for conducting impact assessments and subsequent evaluation of policies and legislation. It is based on the following strategic documents:

1. Guidance on assessing the impact of legislation, adopted by the Council of Ministers with Decision No: 549 of 25 July 2014⁴²;
2. Guidance on conducting impact assessment of the Council of Ministers of 2009, published on the Portal for public consultations of the Council of Ministers⁴³;
3. Guidance on impact assessment in Bulgaria, prepared under PHARE project BG-0103.01 'Strategic Planning and Coordination' as a result of the close cooperation between the administration of the Council of Ministers of the Republic of Bulgaria and a consortium of experts⁴⁴;
4. Guidelines for impact assessment of 2015 – Title III of the Guidelines for better regulation of the European Commission of 19.05.2015⁴⁵
5. Guidelines for impact assessment of the European Commission of 2009⁴⁶, and other.

Methodology

The methodology for carrying out this evaluation of efficiency includes two separate tools:

- methods and tools for collection of data and information, and
- methods and tools for analysis of data and information.

Methods and tools for collection of data

In carrying out the evaluation qualitative and quantitative approaches of data collection have been applied in order to collect maximum information. Of the many existing approaches the following basic methods and tools have been used:

- documentary analysis;
- research.

⁴² Source: <http://regulatoryreform.bg/resources>

⁴³ Source: <http://www.strategy.bg>

⁴⁴ Source: www.mi.government.bg/files/useruploads/files/.../guide_ob.pdf

⁴⁵ COM Source 2015) 215; SWD (2015) 110

⁴⁶ Source: <http://regulatoryreform.bg/resources>

Documentary analysis

Documentary analysis is the basis of the evaluation and includes a review of all relevant documents. It was used from the very beginning of the evaluation process and provides initial resource base of information about the context, objectives and goals of the impact assessment.

Surveys

Surveys have been conducted by using standard sociological tools – questionnaires aimed to individually survey the opinion of stakeholders without being part of a specialized sociological survey.

Methods and tools for analysis of data and information

In preparing this evaluation the following methods and tools for analysis of the collected data and information have been used individually and in combination:

- Qualitative analysis (Qualitative research);
- Benchmarking;
- Multispectral analysis.

Qualitative analysis

Qualitative analysis is based on the sorting and grouping of data and identification of trends, topics and models on the basis of available information. For the purposes of this evaluation some of the main approaches of conducting qualitative analysis have been used:

- Coding and abstraction – determining the categories of concepts used to classify data and group related categories;
- Data matrices – identifying the main topics or dimensions, sorting data and deriving models from the data;
- Qualitative and temporal data analysis – arranging data chronologically to provide a profile of the activities and events to identify casual relationships.

Benchmarking

Benchmarking is a process of identifying your own performance or the performance of the evaluated policy, program or project with that of the best in the field, decoding the ways in which they achieved it, and accepting and adapting their experience to improve your own results. It includes comparing different situations, which are the subject of a particular intervention, and is carried out on the basis of particular performance indicators.

Multispectral analysis

In carrying out this evaluation a combination of the above-described methods for analysis of the information collected has been used – the so called multispectral analysis, also called multi-faceted, multi-criteria or 'cross' analysis. It has allowed comparing the data obtained by different methods of collecting information and checking their validity and consistency, which ensures minimization of subjectivity, partiality and uncertainty in the evaluation.

SOURCES

1. Reports on the implementation of the state budget of the Republic of Bulgaria for 2009-2013;
2. Annual reports of the Minister of Health, report on the health status of citizens and the implementation of the National Health Strategy for 2009 - 2014;
3. Updated medium-term budget forecast for the period 2014 - 2016;
4. Reasons to the Bill on State Budget of the Republic of Bulgaria for 2013;
5. Report of European Monitoring Center for Drugs and Drug Addictions. Trends and development, 2015;
6. Report to the Draft State Budget Act of the Republic of Bulgaria, 2012;
7. Report to the Draft State Budget Act of the Republic of Bulgaria, 2011;
8. Report on the State Budget Act of the Republic of Bulgaria, 2010;
9. Report on the implementation of the state budget of the Republic of Bulgaria, 2009;
10. European Monitoring Center for Drugs and Drug Addictions, Annual Report for 2011;
11. State Budget Act of the Republic of Bulgaria for 2014;
12. State Budget Act of the Republic of Bulgaria for 2013;
13. State Budget Act of the Republic of Bulgaria for 2012;
14. State Budget Act of the Republic of Bulgaria for 2011;
15. State Budget Act of the Republic of Bulgaria for 2010;
16. State Budget Act of the Republic of Bulgaria for 2009;
17. Law amending the State Budget Act of the Republic of Bulgaria for 2013;
18. Law amending the State Budget Act of the Republic of Bulgaria for 2010;
19. Health Policy and Management, 2014, volume 14, No: 1;
20. Consolidated Fiscal Program for 2011;
21. International Classification of Diseases – 10th revision (ICD-10);
22. Methadone – treatment or business (http://www.lentata.com/page_5280.html);
23. National Center for Public Health Protection - Bulletin, 2014;
24. National Anti-Drug Strategy (2014 – 2018);
25. Decree No: 1 of the Council of Ministers of 9 January 2013 on the implementation of the state budget of the Republic of Bulgaria for 2013;
26. Decree No: 27 of the Council of Ministers of 9 February 2009 on the implementation of the state budget of the Republic of Bulgaria for 2009;
27. Decree No: 324 of the Council of Ministers of 30 December 2009 on the implementation of the state budget of the Republic of Bulgaria for 2010;
28. Decree No: 334 of the Council of Ministers of 29 December 2010 on the implementation of the state budget of the Republic of Bulgaria for 2011;
29. Decree No: 367 of the Council of Ministers of 29 December 2011 on the implementation of the state budget of the Republic of Bulgaria for 2012;
30. Annexes to the Report on the implementation of the state budget of the Republic of Bulgaria – 2009;
31. Decision No: 21 of the Council of Ministers of 10 January 2013 amending Decision No: 298 of 2012 for approval of the key assumptions and budget forecast for the period 2013 - 2015 and for acceptance of expenditure ceilings by first-level spending units, excluding municipalities, for the period 2013 - 2015, as amended by Decision No: 820 of the Council of Ministers of 2012;
32. Decision No: 685 of the Council of Ministers of 31 October 2008 for approval of the budget forecast for the period 2009 - 2011, acceptance of expenditure ceilings by first-level spending units for the period 2009 – 2011 and approval of updated Strategy for public debt management;
33. <http://data.worldbank.org/indicator/NY.GDP.MKTP.CD?page=1>;
34. <http://heroin.net/about/how-much-does-heroin-cost/>;
35. <http://wonder.cdc.gov/>;
36. <http://www.drugabuse.gov/publications/drugfacts/treatment-statistics>;
37. <http://www.spring-project.eu/upload/documenti/>;
38. <https://sites.google.com/site/narkoticite/marihuana>.

Annex 1

QUESTIONNAIRE

**for the purposes of the evaluation of the socio-economic efficiency
of Drug Policy in Bulgaria for the period 2009-2014**

№	Funding body	Implementing entity	Program	Disbursed funds, thousand BGN					
				2009	2010	2011	2012	2013	2014
1									
	including for methadone								
2									
3									
4									
5									
	Totally								

№	Program	Implementing entity	Number of participants (involved), pcs					
			2009	2010	2011	2012	2013	2014
I.	Number of registered persons who need treatment							
	Involved in the treatment process							
I	Prevention							
1								
II	Treatment							
1								
III	Rehabilitation							
1								
IV	Training							
	Participants - total							

QUESTIONNAIRE
for
evaluation of the socio-economic efficiency of Drug Policy
in Bulgaria for the period 2009 - 2014

1. 1. What is the social situation of drug addicts in Bulgaria today and what are the trends for the period 2009 - 2014 – is their number increasing or decreasing?

.....

2. Is there a relationship between the improvement, respectively deterioration of the socio-economic conditions in the country and the number of drug addicts?

.....

3. In your opinion, what are the three most important factors that make people use drugs?

.....

4. Is there efficient prevention and treatment of drug addiction in Bulgaria today?

.....

5. Do you think that sufficient funds are allocated from the state budget to tackle the problem of drug addicts?

.....

6. Is there a set of indicators by which to measure the progress and efficiency of the policies in the period 2009 - 2014?

.....

7. Is preliminary assessment of the impact, expected from the implementation of the policies, performed?

.....

8. Is ongoing monitoring of the achievement of policy objective performed?

.....

9. Has subsequent evaluation of the results of the policies been made for the period 2009 - 2014?

.....

10. How would you assess rehabilitation programs in Bulgaria? How efficient are they and should they be further developed?

.....

11. In your opinion, does the Program for drug supply reduction (early intervention) show satisfactory results?

.....

12. Are there conditions in the places of deprivation of liberty for treatment of drug addictions?

.....

13. In your opinion, is it necessary to improve regulations in the field of work with drug addicts and in what direction?

.....

14. How do you assess the drug policy of the country for the period 2009 - 2014?

.....

15. What are the lessons learnt from these policies and what are the main aspects to be changed in these policies in the future?

.....

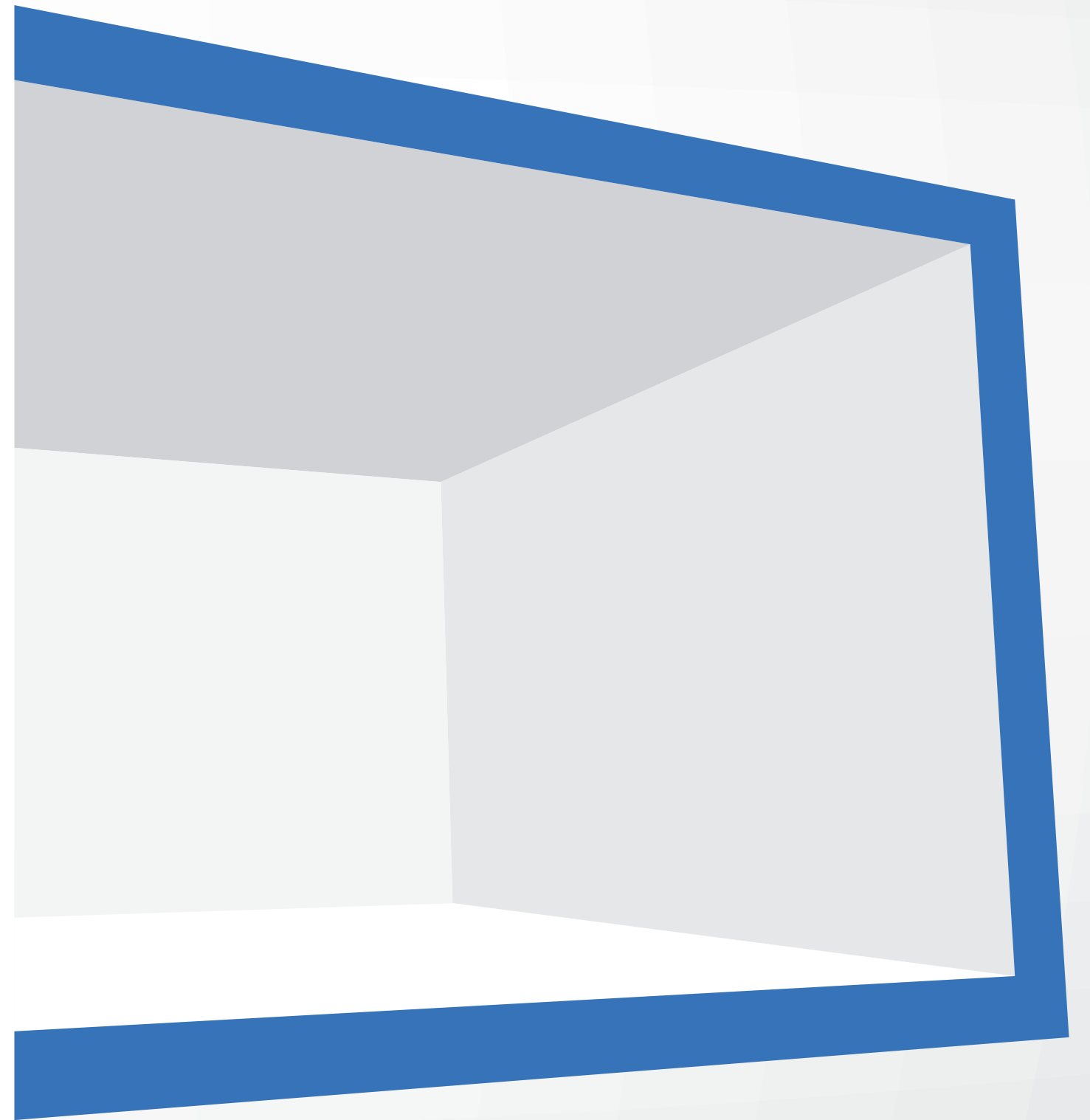
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Organization:

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THANK YOU!





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