

Bulgaria

Bulgaria Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Bulgaria, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

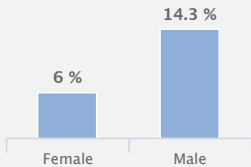
THE DRUG PROBLEM IN BULGARIA AT A GLANCE

Drug use

"in young adults (15-34 years)
in the last year"

Cannabis

10.3 %



Other drugs

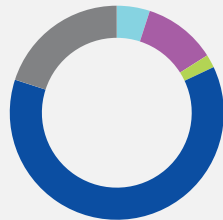
MDMA	3.1 %
Amphetamines	1.8 %
Cocaine	0.5 %

High-risk opioid users

No Data

Treatment entrants

by primary drug



● Cannabis, 5 %
● Amphetamines, 11 %
● Cocaine, 2 %
● Heroin, 62 %
● Other, 20 %

Opioid substitution treatment clients

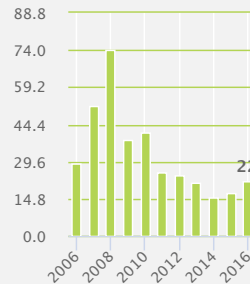
3 338

Syringes distributed

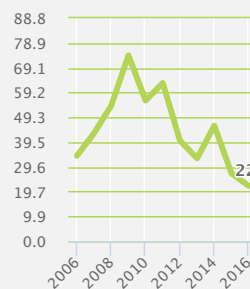
through specialised
programmes

214 865

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

4 886

Top 5 drugs seized

ranked according to quantities
measured in kilograms

1. Herbal cannabis
2. Heroin
3. Cannabis resin
4. MDMA
5. Amphetamines

Population

(15-64 years)

4 693 792

Source: EUROSTAT Extracted on:
18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

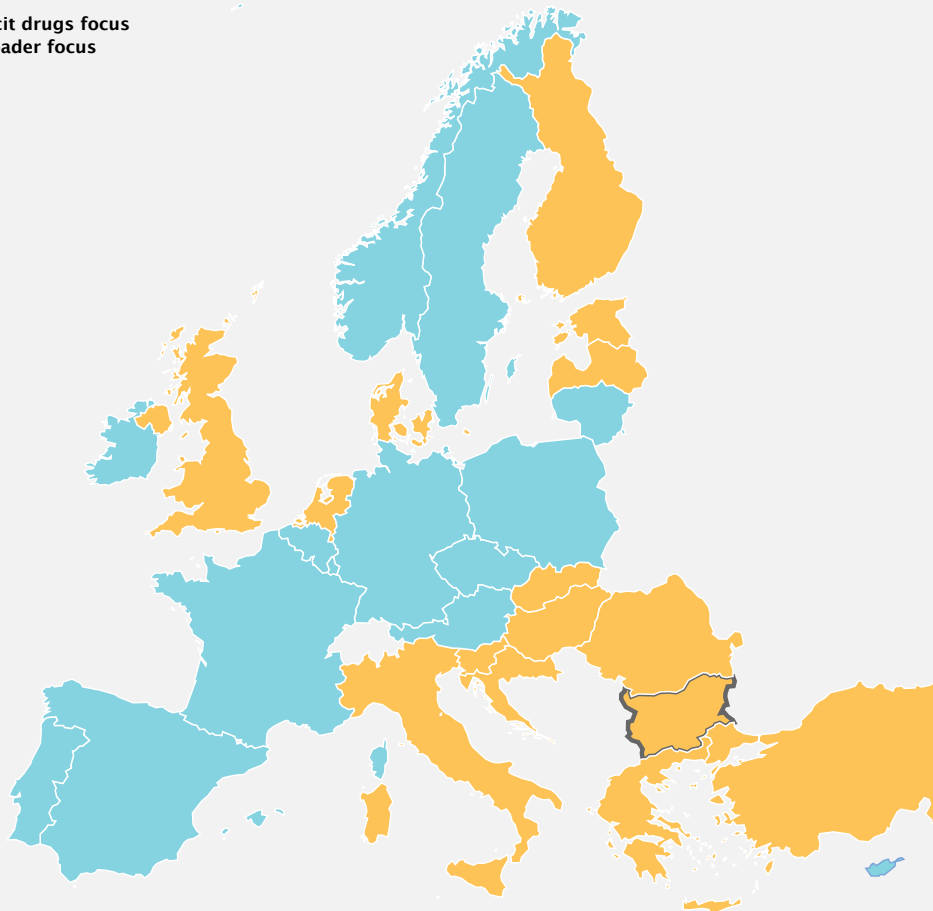
National drug strategy and coordination

National drug strategy

Adopted by the Council of Ministers in 2014, Bulgaria's National Anti-Drug Strategy (2014-18), with its associated action plan and financial plan, addresses issues related to illicit drugs. The strategy is built around the pillars of drug demand and drug supply reduction and has three joint activity areas. Its main demand reduction goals are to improve public health and the health and social functioning of individuals; to protect society from drug markets; and to reduce the demand for illicit drugs. In the area of supply reduction, the goals are to reduce the supply of illicit drugs and their precursors; to increase the efficiency of law enforcement and supervisory authorities; to enhance prevention of drug-related crimes; and to ensure effective cooperation using a joint and coordinated approach. In Bulgaria, drug policy and the National Anti-Drug Strategy (2014-18) are evaluated through ongoing indicator monitoring and specific research projects.

Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

The National Drug Council is a body of the Council of Ministers of the Republic of Bulgaria. Operating at inter-ministerial level, it is responsible for the implementation and coordination of illicit drug policy. It is chaired by the Minister of Health and includes representatives from all relevant ministries. The Narcotic Substances Section is part of the Pharmaceutical Products, Medical Devices and Narcotic Substances Directorate of the Ministry of Health. It is responsible for assisting the Minister of Health in controlling scheduled substances for medical purposes and meeting Bulgaria's obligations under international drug control treaties. The National Centre for Addictions houses the national focal point for the EMCDDA and is responsible for the collection and analysis of a range of drug-related data. Local-level coordination is undertaken by 27 municipal drug councils and 27 prevention and information centres.

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

Although the financing of drug-related activities in Bulgaria is decided annually by the entities in charge of their implementation, coordination between central and local government plays an important role. In addition, according to the National Anti-Drug Strategies (for both 2009-13 and 2014-18), national programming documents have been important guides for the planning of public financing for drug-related initiatives. Estimates for drug-related public expenditure are reported; however, it is not possible to assess what proportion of the total amount spent is represented by those estimates. Preliminary estimates indicate that, in 2015, a total of BGN 3 892 496 (EUR 1 990 232) was allocated for labelled drug-related expenditure, which represented about 0.01 % of gross domestic product.

Drug laws and drug law offences

National drug laws

The Narcotic Substances and Precursors Control Act was approved in 1999. Further amendments, which were passed in 2010, harmonised the document with other national legal acts and clarified drug coordination mechanisms at national and regional levels, the roles of the different entities involved in drug-related activities and the establishment of the national focal point; several new controlled substances and plants were included.

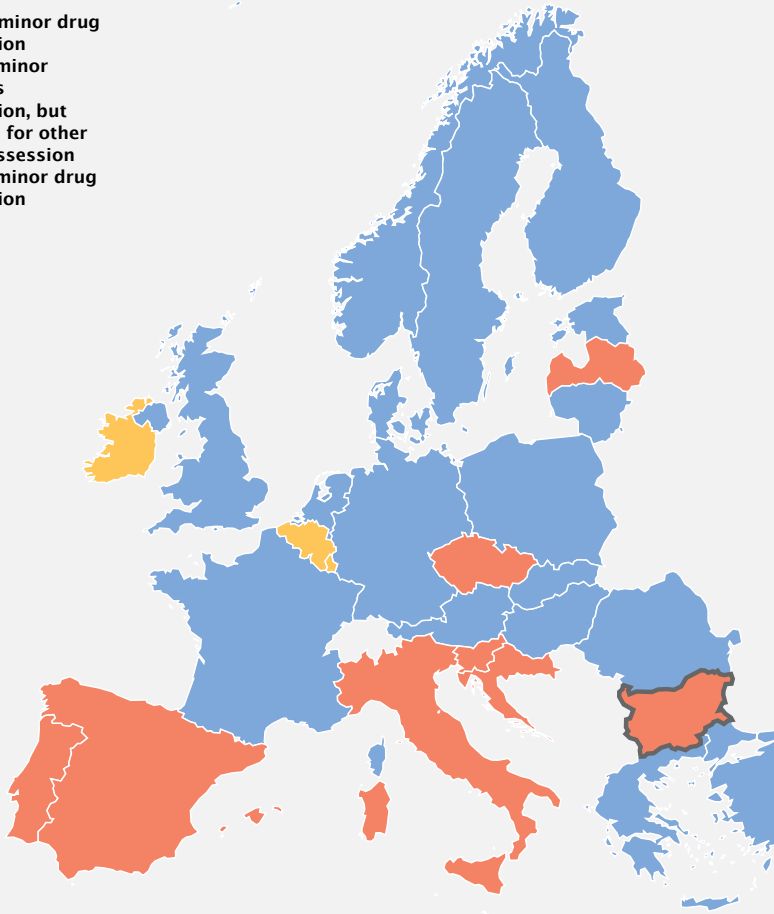
In 2004, the Penal Code was amended to remove the clause that exonerated people who use drugs found in possession of drugs in quantities that suggested that they were for personal use. An amendment that was adopted in 2006 reduced sanctions for drug possession and also took into account the differences between high-risk and moderate-risk substances. Drug use itself is penalised as an administrative offence for high-risk drugs (List 1) and a fine of between BGN 2 000 (EUR 1 023) and BGN 5 000 (EUR 2 257) can be imposed. Minor cases of possession that were prosecuted under the Penal Code can be settled with a fine of up to BGN 1 000 (EUR 511); otherwise, possession of any drug is punished by one to six years' imprisonment for high-risk substances and by up to five years' imprisonment in the case of moderate-risk substances.

Trafficking carries penalties of imprisonment for two to eight years for high-risk substances and one to six years for moderate-risk substances, but particularly large amounts or other aggravating circumstances can result in prison sentences of up to 15 years.

New psychoactive substances are regulated following a decision of the National Drug Control Council and controlled under the relevant lists of the Regulation on Classification of Plants and Substances as Narcotics.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

In 2016, Bulgaria reported 4 886 DLOs. The majority of these offences were cannabis-related offences, followed by stimulant-related offences (involving amphetamine or MDMA/ecstasy) and heroin-related offences.

Reported drug law offences and offenders in Bulgaria

NB: Year of data 2016.

Drug law offences

Drug law offenders

3 759

4 886

● Supply, 4886

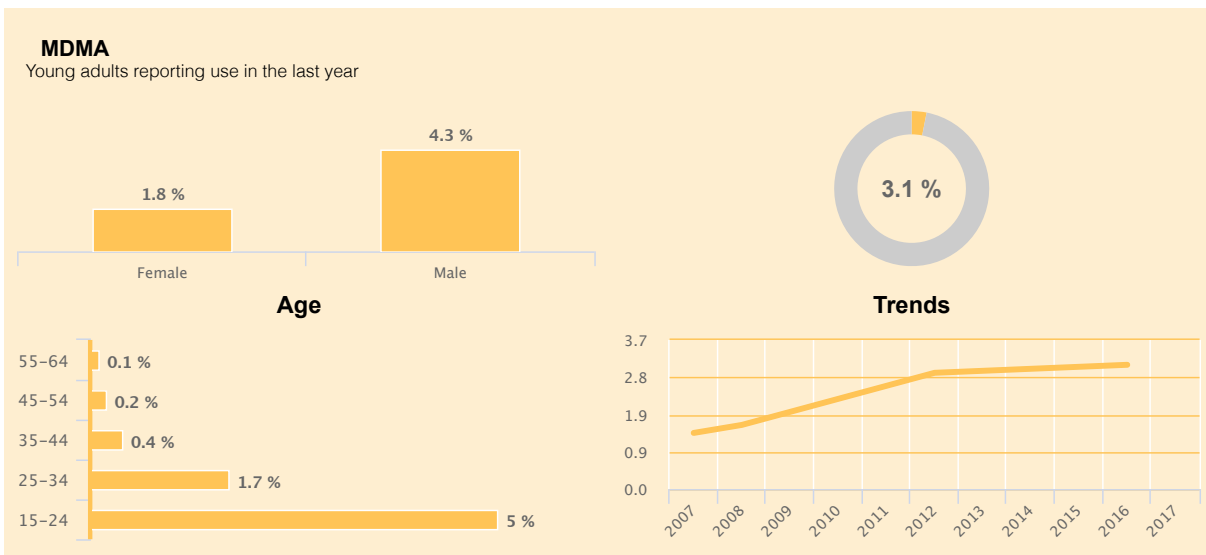
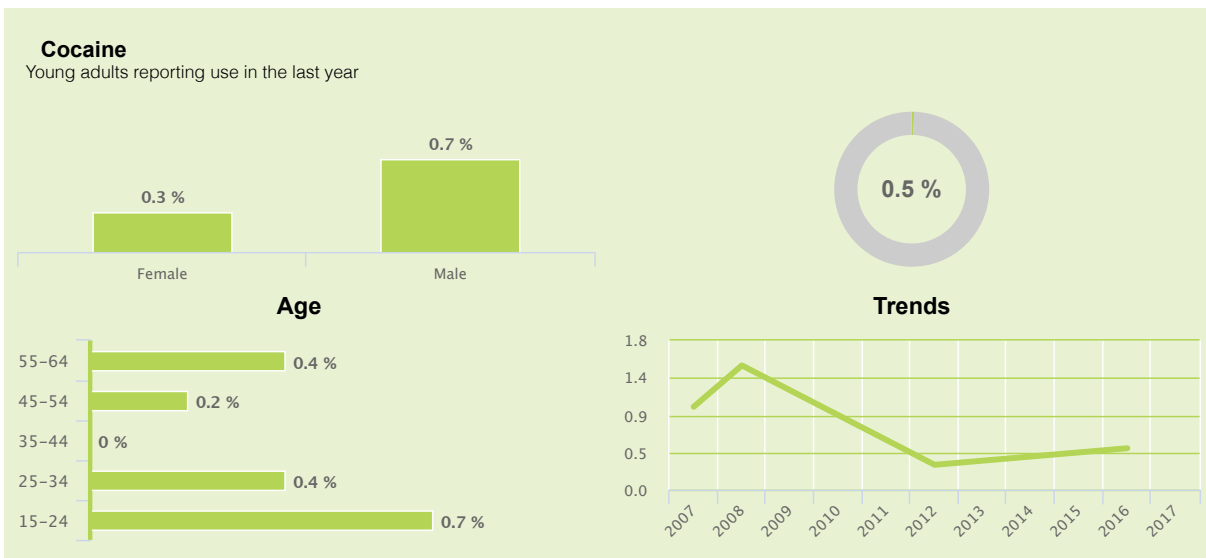
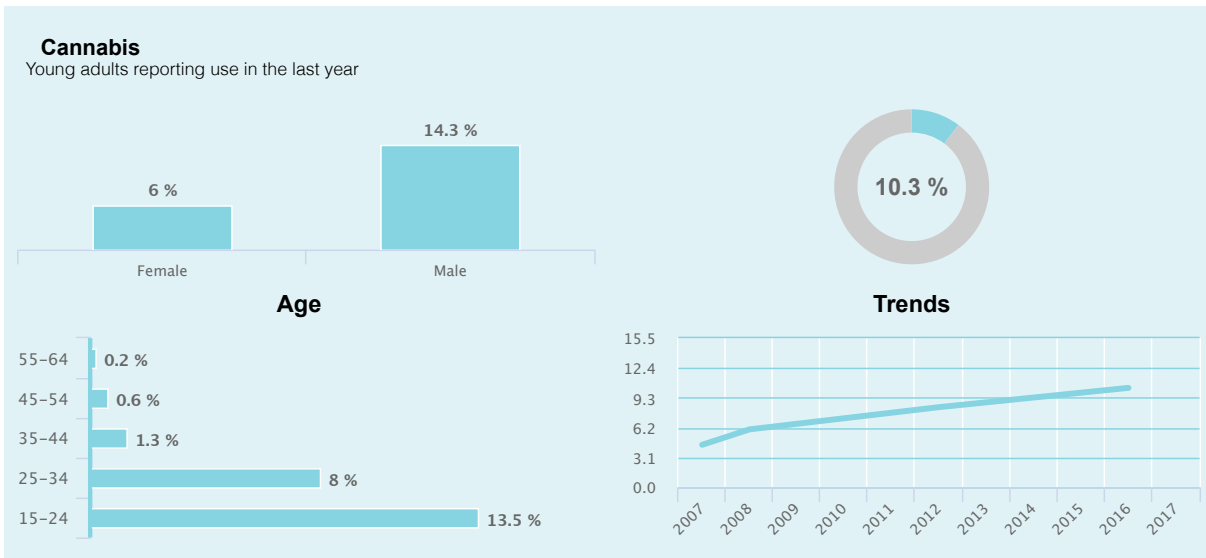
Drug use

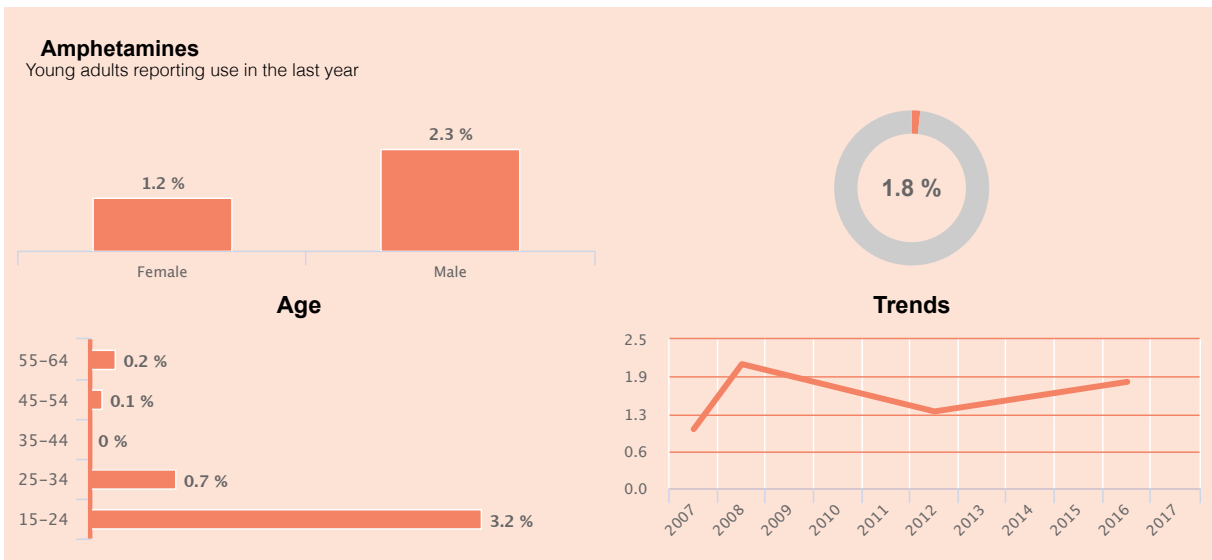
Prevalence and trends

The latest general population survey, carried out in 2016, indicates that cannabis remains the most frequently used illicit substance, followed by MDMA/ecstasy, among the adult general population aged 15-64 years in Bulgaria. In general, illicit drug use is concentrated among young people aged 15-34 years. The long-term trend indicates an increase in the last year prevalence of cannabis and MDMA use among young people between 2007 and 2016.

The prevalence of amphetamines, cocaine and heroin use has remained low among the general population.

Estimates of last-year drug use among young adults (15-34 years) in Bulgaria

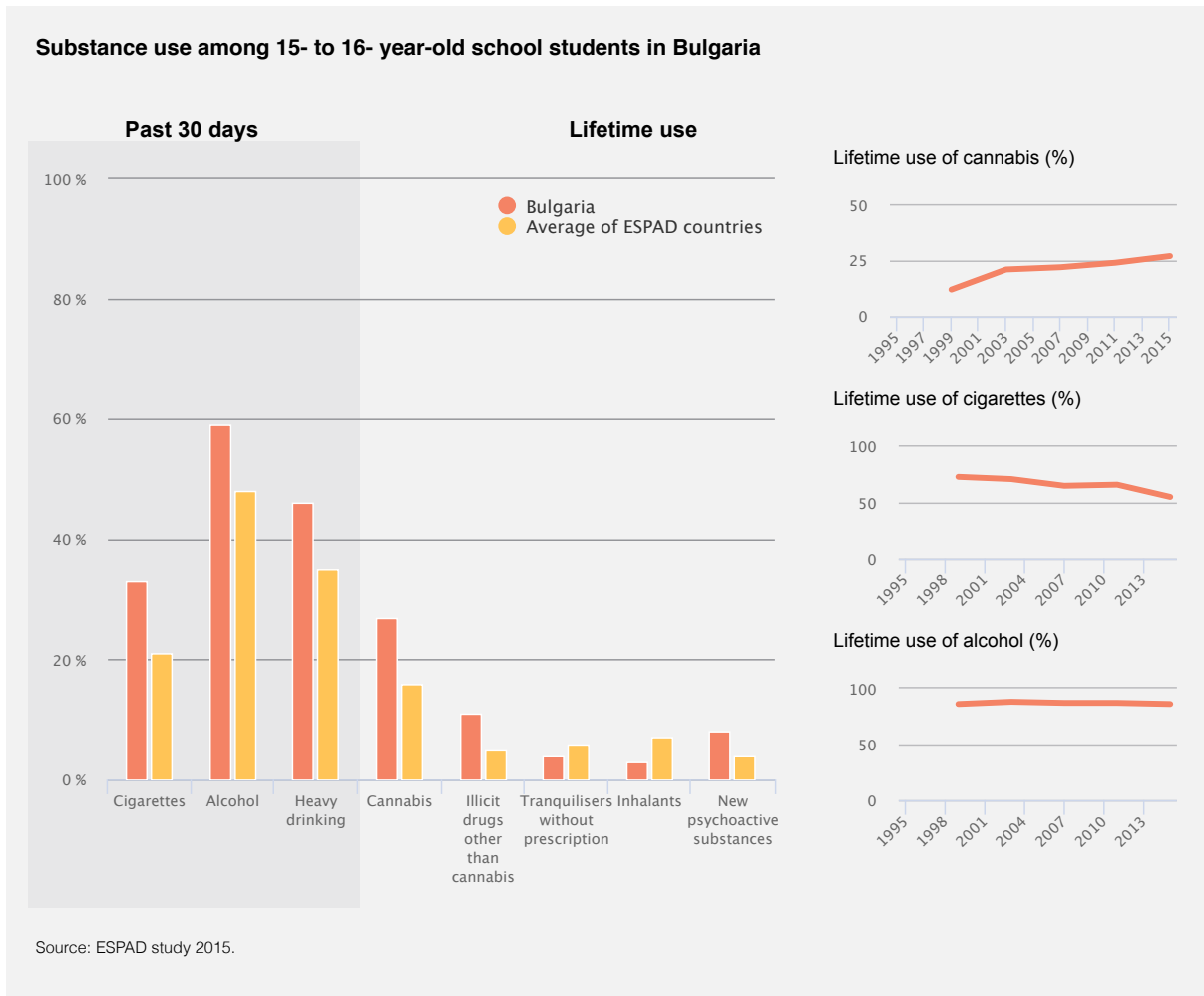




NB: Estimated last-year prevalence of drug use in 2016.

Data on drug use among 15- to 16-year-old students are reported by the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). This study has been conducted in Bulgaria since 1999. Bulgarian students reported higher than average (35 countries) levels of lifetime use for six of the eight key substances studied, including cannabis, illicit drugs other than cannabis and new psychoactive substances. Lifetime cannabis use increased substantially between 1999 and 2003, but has remained relatively stable since then. Bulgarian students reported one of the highest rates of lifetime cannabis use among the ESPAD countries. For results reported for the last 30 days, cigarette use, alcohol use and heavy episodic drinking also exceeded the ESPAD average. However, the results showed that levels of lifetime use of inhalants and non-prescription use of tranquillisers or sedatives were slightly below the ESPAD average.

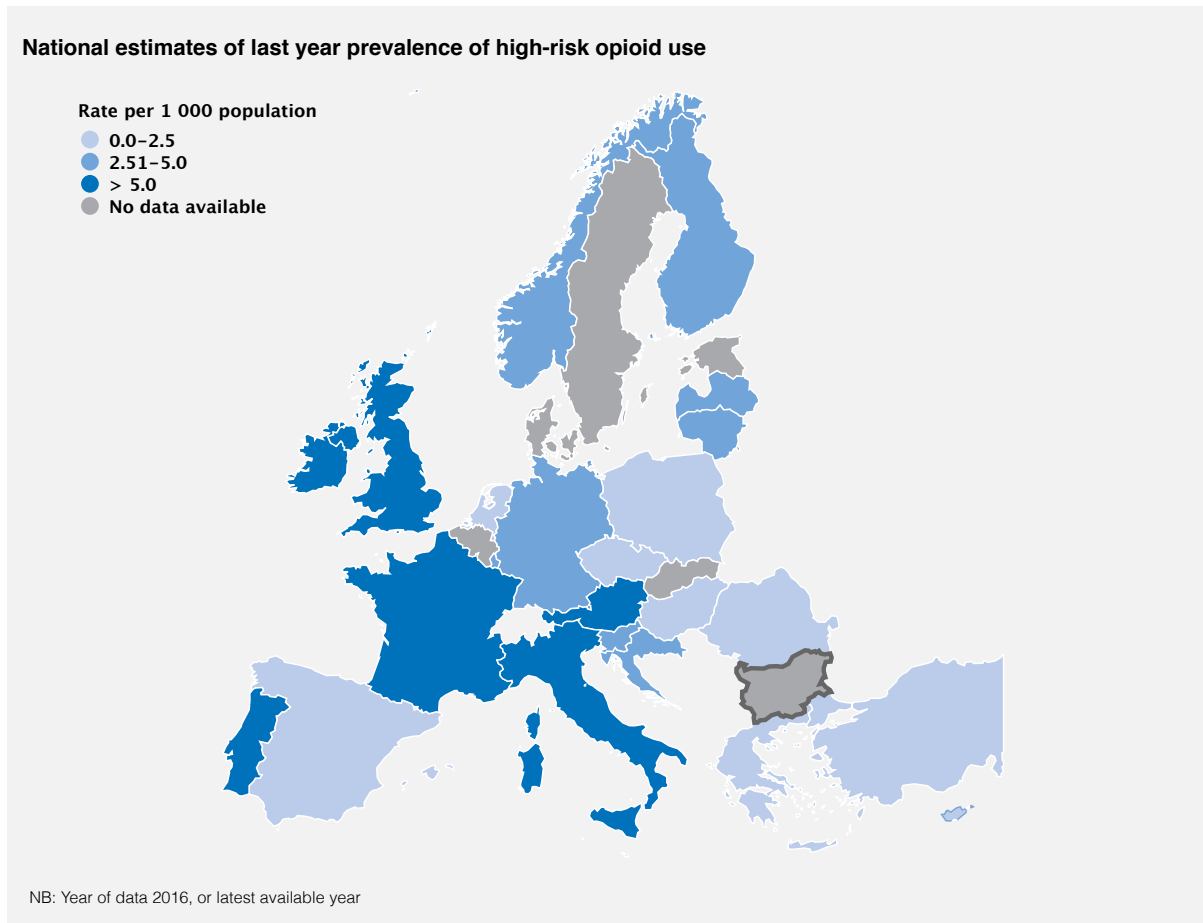
Studies among university students conducted in 2006-14 also indicate relatively stable levels of cannabis consumption among young adults over this period.



High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

Recent data on high-risk drug use in Bulgaria are limited. In general, problem drug use in Bulgaria is linked to the use of opioids (primarily heroin) and injecting drug use.



Data from specialised treatment centres indicate that heroin remains the primary substance used by a large proportion of first-time treatment clients, although a reduction in the proportion of first-time entrants seeking help primarily for heroin use has been noted since 2009.

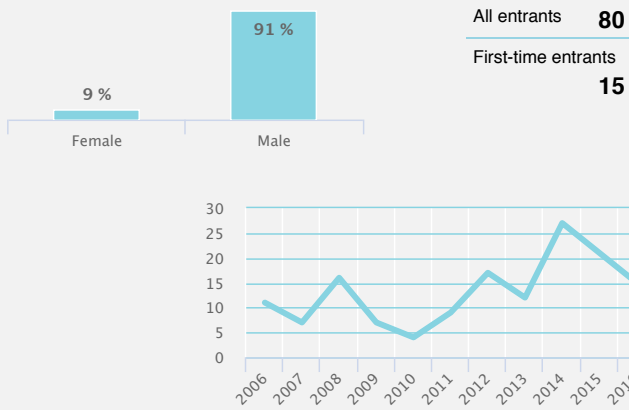
Injecting remains a common mode of heroin use in Bulgaria, although the proportion of heroin users who inject is decreasing.

In Bulgaria, it is estimated that approximately 0.2 % of 15- to 64-year-olds have used cannabis daily or almost daily in the last 30 days, based on data from the 2012 general population survey.

Characteristics and trends of drug users entering specialised drug treatment in Bulgaria

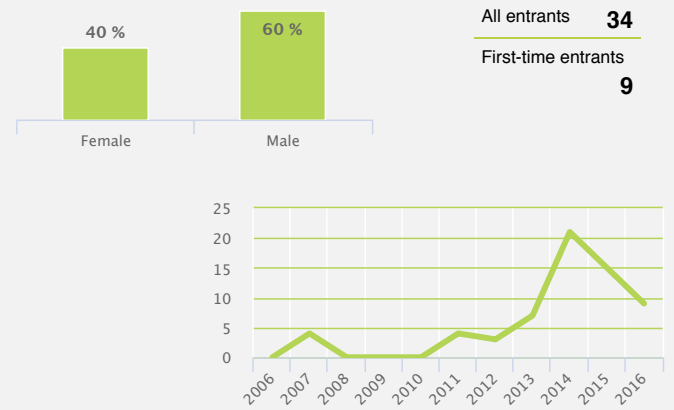
Cannabis

users entering treatment



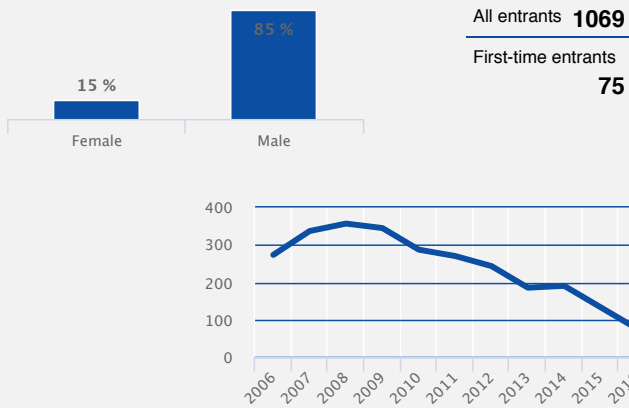
Cocaine

users entering treatment



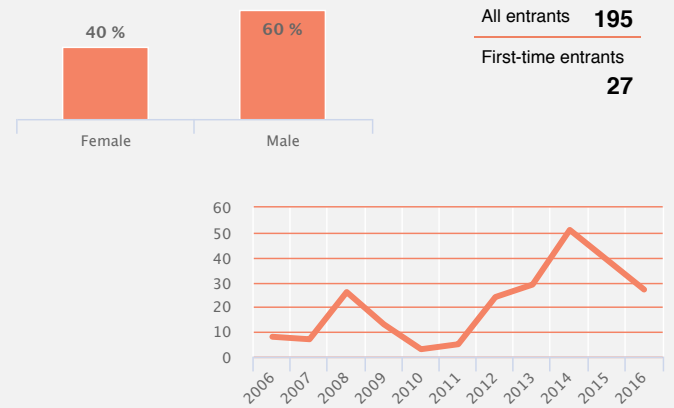
Heroin

users entering treatment



Amphetamines

users entering treatment



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

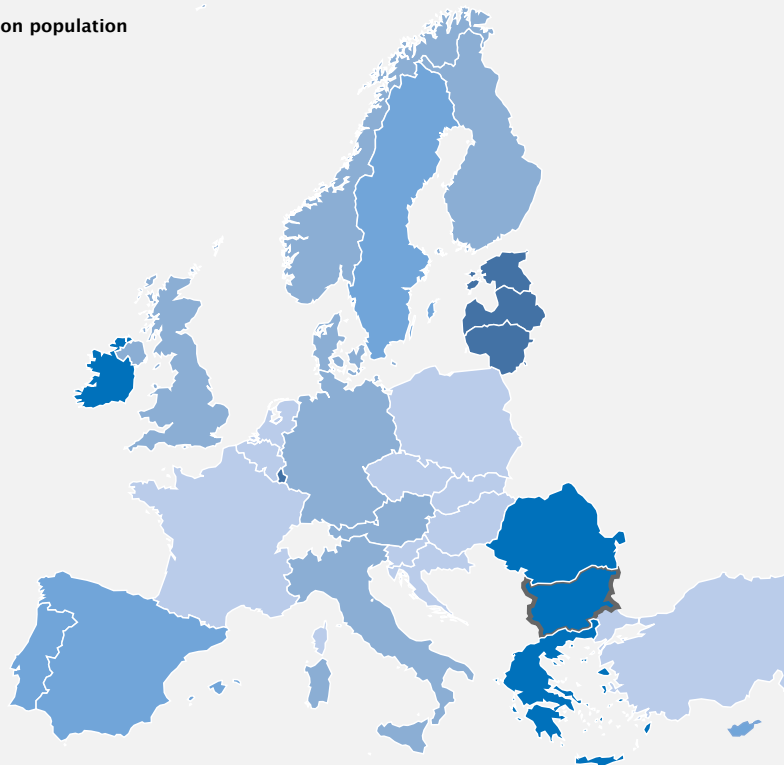
Drug-related infectious diseases

In the last three years, the prevalence of injecting-related HIV has been rather stable, with approximately 1 in 10 new HIV cases registered in Bulgaria associated with this transmission route.

Newly diagnosed HIV cases attributed to injecting drug use

Cases per million population

- <1.0
- 1.0–2.0
- 2.1–3.0
- 3.1–8.0
- >8.0



NB: Year of data 2016, or latest available year. Source: ECDC.

Data on the prevalence of drug-related infectious diseases among people who inject drugs (current users) are reported by the Laboratory of the Blood-Transmitted Infections Department at the National Centre for Addictions (NCA) in Sofia. The data refer to NCA patients and clients of outreach programmes in Sofia. Additional information is gathered from clients who are tested upon entering regional drug treatment centres (for opioid substitution treatment or rehabilitation).

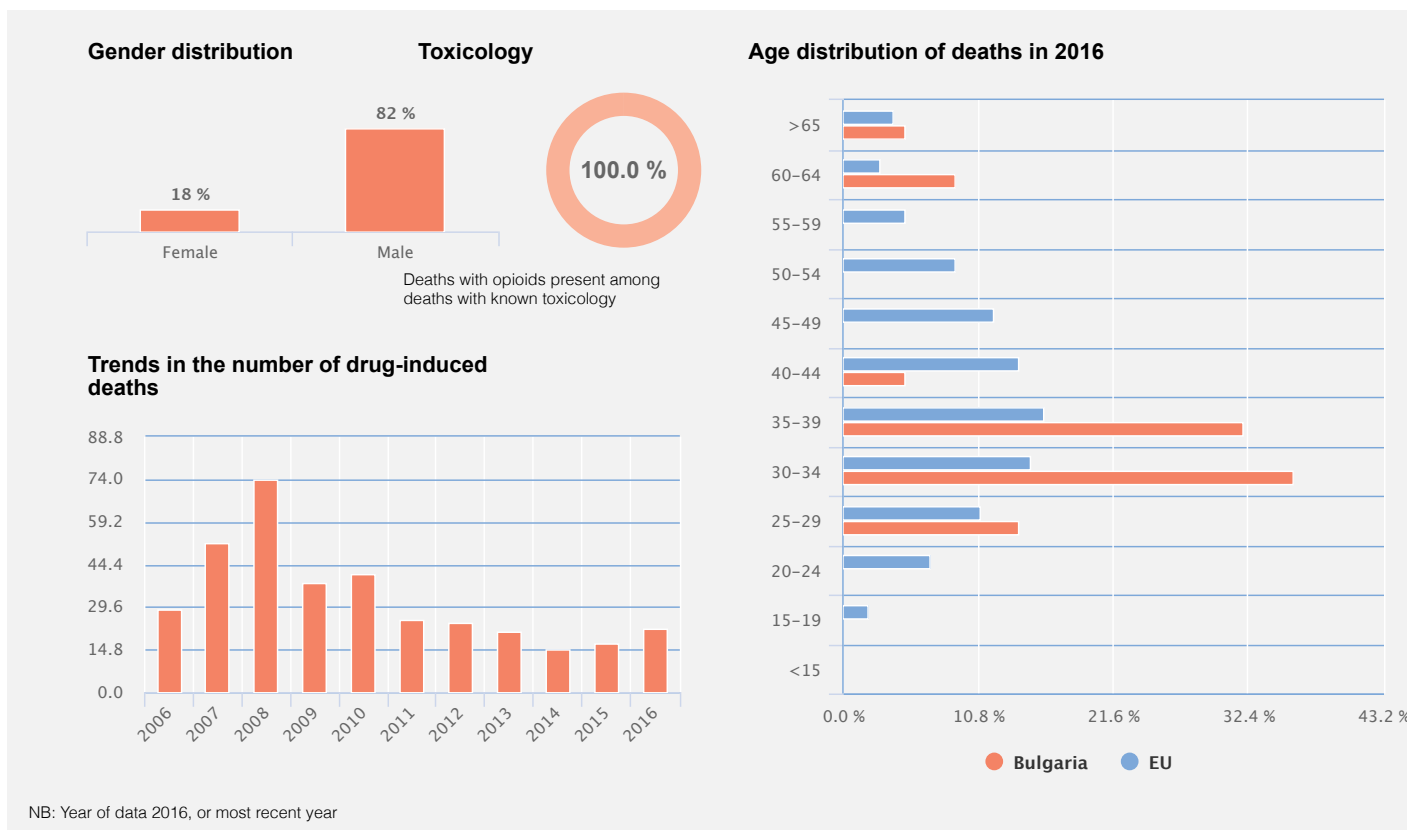
Prevalence of HIV and HCV antibodies among people who inject drugs in Bulgaria (%)

region	HCV	HIV
National	:	:
Sub-national	57.8 - 68.5	1.7 - 3.0

Year of data: 2016

Hepatitis C virus (HCV) infection is the most common drug-related infection in Bulgaria. In 2016, as in the previous year, subnational estimates suggest that approximately 6 out of 10 drug treatment clients in Sofia were HCV positive. The prevalence of HIV infection among this group was approximately 3 %. Approximately 4 % of those tested had a positive test for chronic hepatitis B virus infection (positive HBsAg).

Characteristics of and trends in drug-induced deaths in Bulgaria



Drug-related emergencies

According to data from the National Centre of Public Health and Analyses (NCPHA), a total of 2 781 people sought medical aid in emergency care centres as a result of drug dependency in 2016. Data on drug-related emergencies are also available at individual facility level. The Centre for Emergency Medical Aid of Sofia reported 496 emergency cases related to illicit drug use (including abstinence syndrome), of which 109 cases were related to overdose with an illicit substance.

The toxicology clinic in Pirogov Hospital in Sofia reported 227 emergency clients in 2016, one third of whom required assistance because of cannabis use, followed by those who sought help as a result of amphetamine, cocaine, heroin and methadone use. Since 2017, one emergency department in a hospital in Sofia has participated in the European Drug Emergencies Network (Euro-DEN Plus) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

Drug-induced deaths and mortality

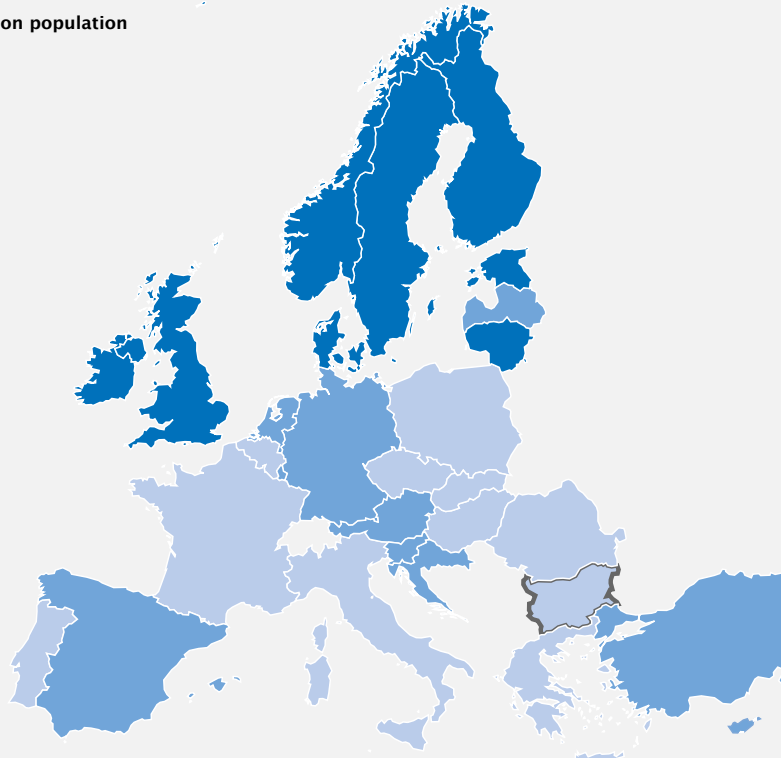
Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses). The general mortality register reported a decline in drug-induced deaths for 2008-14, with some stabilisation at low levels in recent years. All but four of the victims in 2016 were male. The mean age at the time of death was 38 years.

The drug-induced mortality rate among adults (aged 15-64) was 4.47 deaths per million in 2016, which is lower than the most recent European average of 21.8 deaths per million.

Drug-induced mortality rates among adults (15-64 years)

Cases per million population

- <10
- 10-40
- > 40



NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes.

Prevention

The main objectives and features of Bulgaria's drug use prevention policy are the following: the expansion of systematic health education in the field of secondary education; the development and implementation of programmes targeting children and young people; the establishment and training of multidisciplinary teams; the implementation of media campaigns; the expansion of sport and tourism programmes for children and young people; and the development and implementation of programmes for high-risk groups and activities to integrate them into the community. National and municipal authorities share responsibility for the planning and implementation of prevention activities.

A total of 27 municipal drug councils implement the national drug policy at local level and are supported by prevention and information centres. These centres collect and analyse data and inform the design, implementation and coordination of municipal programmes and strategies. In addition, local committees on juvenile delinquency play a role in the implementation of some of the objectives of the national prevention policy.

Prevention interventions

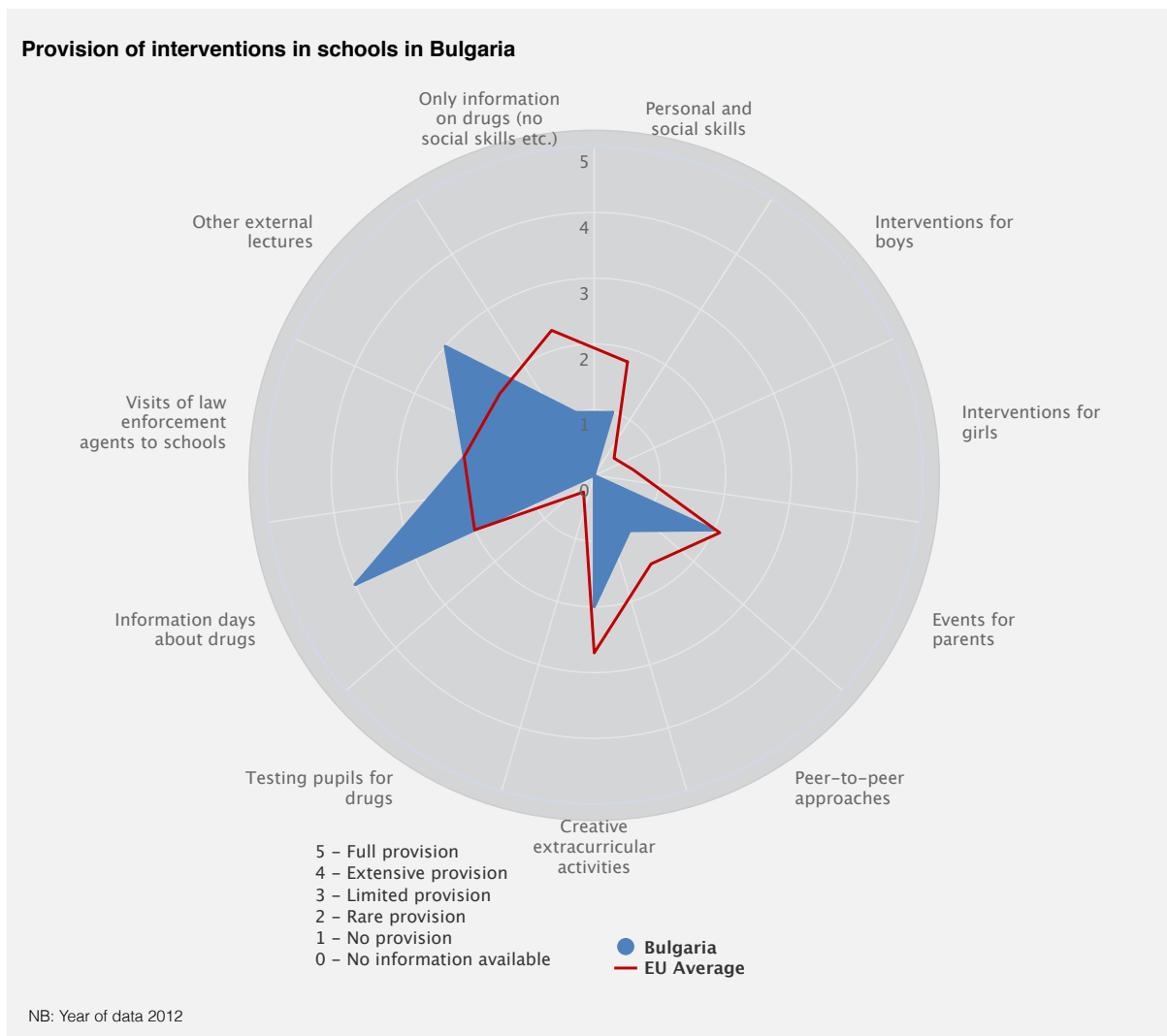
Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

Universal prevention is implemented mainly through the education system and is coordinated by the Ministry of Education and Science. The principal objectives of school-based prevention are to provide information and create a protective school environment. Most of the health education interventions implemented in schools combine life skills and peer education; however, some interventions targeting parents are also available. Manual-based, school-based prevention programmes are rare, and available programmes are usually designed or adapted for implementation at a local level. Families are increasingly involved in general universal prevention activities. In communities, municipal youth information and counselling centres implement health promotion projects targeting young people. These activities mainly promote the adoption of a healthy lifestyle.

Selective prevention mostly targets at-risk children, young people and families and is often based on the provision of information and training programmes, although peer-to-peer education models are also used. Groups identified as targets for prevention activities include young people and children with special educational needs and those from ethnic minority communities. In 2009, Bulgaria was the 14th EU Member State to introduce the pan-European telephone number for children at risk, although this telephone service is

better known as a source of information and emotional support for broader issues that affect the rights of children. Less than 1 % of calls are linked to drug-related issues. The National Addiction Centre also operates a free-of-charge helpline for substance-related problems.

Indicated prevention is limited to training health, social and educational professionals on how to screen and implement early and short interventions. Since 2012, a day centre for counselling children, young people and parents on dependency problems has operated in Sofia.



Harm reduction

In Bulgaria, harm reduction as a public health objective is addressed in the Narcotic Substances and Precursors Control Act and the terms and conditions for implementing harm reduction programmes are set out in a regulation issued by the Minister of Health in 2011.

Harm reduction interventions

In 2016, seven harm reduction programmes, operated by non-governmental organisations (NGOs) were active in Bulgaria, providing services at 8 fixed and 122 outreach sites across the country. The work of these NGOs is funded in the framework of the National HIV/AIDS Control and Prevention Programme.

In addition to providing services to people who inject drugs, these NGOs also address the needs of other high-risk groups, such as people of Roma origin who use drugs and sex workers. The services provided include information and training on safe injecting, safe sexual behaviour and the prevention of overdoses and infectious diseases; testing for blood-borne infections; and supplying sterile injecting equipment. Most services are provided through outreach workers in the street or in shelters and institutions, but drop-in centres are available. In recent years, the number of syringes distributed through specialised agencies has fallen. In 2016, an estimated almost 215 000 syringes were distributed through specialised agencies and outreach programmes.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

The treatment system

The National Centre for Addictions (NCA) is the main body responsible for organising drug treatment. The NCA compiles a number of registers that document available treatment options.

Drug treatment is mainly delivered by a combination of public and private institutions, in outpatient and inpatient settings. As a general rule, clients do not pay for drug treatment they receive in public institutions, while in private establishments clients pay for the services they receive. Drug treatment available in Bulgaria includes inpatient and outpatient detoxification and opioid substitution treatment (OST) and non-residential and residential psychosocial rehabilitation programmes, for example in therapeutic communities or day-care centres.

The outpatient network includes specialised drug treatment centres and units in mental health centres or at psychiatric offices, while inpatient drug treatment is provided by hospital-based residential drug treatment units in psychiatric or general hospitals, in mental health centres and by therapeutic communities.

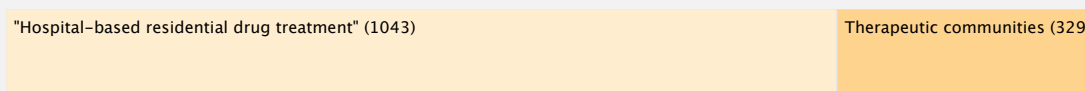
Drug treatment in Bulgaria is mainly focused on opioid users, and the most common form of drug-related treatment remains OST. Methadone was officially introduced in 1995, slow-release morphine (Substitol) became available in 2006 and buprenorphine became available in 2008. In 2016, there were 32 specialised units delivering OST in 16 cities and towns.

Drug treatment in Bulgaria: settings and number treated

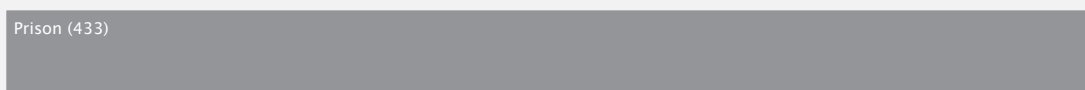
Outpatient



Inpatient



Prison

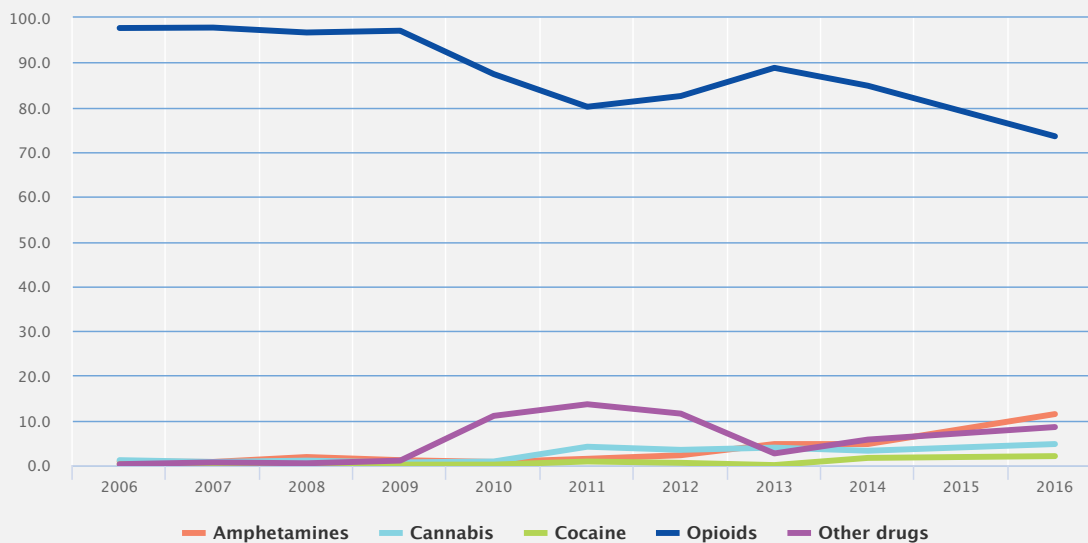


NB: Year of data 2016

Treatment provision

In 2016, the majority of clients were treated in specialised outpatient drug treatment centres. Of these clients, approximately 7 out of 10 sought treatment as a result of primary opioid use, and opioid users constituted the majority of all treatment clients, although a decrease of approximately one third was observed between 2005 and 2016.

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Bulgaria



NB: Year of data 2016.

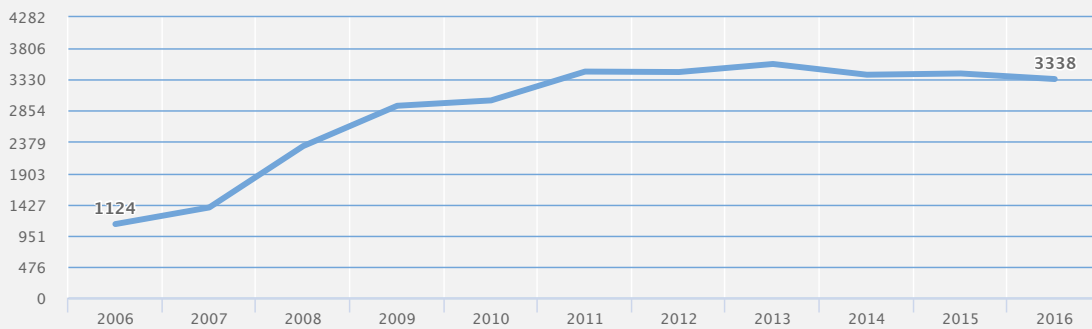
OST was the treatment that was most commonly provided in these specialised outpatient settings. At the end of 2016, 3 338 clients

received OST, which indicates a stable trend since 2011. Almost all OST clients received methadone-based medication, while 4 % received slow-release morphine.

Opioid substitution treatment in Bulgaria: proportions of clients in OST by medication and trends of the total number of clients



Trends in the number of clients in OST



NB: Year of data 2016.

Drug use and responses in prison

The available data from self-reporting indicates that around 1 in 10 people admitted to prison in 2017 had used an illicit substance during the month prior to their imprisonment. Cannabis, heroin and amphetamines were the most commonly used substances.

At prison entry, inmates undergo a medical examination, including an assessment of drug use and related problems. Those who exhibit symptoms of drug or alcohol dependency are monitored by a psychiatrist and they can also be subject to mandatory treatment.

Drug treatment options in prison include methadone maintenance treatment (MMT) and short- and medium-term programmes based on cognitive and behavioural approaches, which target mainly alcohol users. In 2016, 14 inmates received MMT.

Voluntary and anonymous testing for human immunodeficiency virus is offered to all inmates. Additionally, various cultural, educational and training activities are conducted in cooperation with non-governmental organisations.

Quality assurance

One of the principles of the current National Anti-Drug Strategy is to improve the effectiveness of drug-related actions and to base the approach taken on experience and results from research studies.

The Directorate for Methodological Management and Coordination of Drug Demand Reduction Activities at the National Centre for Addictions (NCA) is responsible for the implementation of accreditation activities in the field of prevention, treatment, psychosocial rehabilitation and harm reduction.

The Ministry of Health and the Ministry of Education and Science have defined criteria for drug use prevention, which require that prevention activities comply with the European Quality Standards for Drug Use Prevention. If a programme complies with the requirements, the director of the NCA grants support for its implementation. The national focal point for the EMCDDA maintains a register of the prevention activities that are undertaken.

The Ministry of Health, the regional health inspectorates and the NCA are involved in the procedures for issuing permission and for the monitoring and control of the activities of programmes for treatment and psychosocial rehabilitation. Regulations setting out the terms and conditions for the provision of treatment with opioid agonists and antagonists are also in place. The majority of treatment centres have some form of internal and external evaluation (through supervision and auditing).

A number of training programmes in the drug dependency field are available and implemented by the NCA. Examples include training for the heads of opioid substitution treatment programmes and for those providing psychosocial treatment, as well as training in harm reduction for staff working in outreach programmes or low-threshold centres.

Drug-related research

Most drug-related research in Bulgaria focuses on the prevalence and characteristics of drug use among the general population and among categories of the population (including those in school, university and prison settings, as well as problem drug users) and on the characteristics of prevention and treatment interventions. Most studies are carried out by, or with the active participation of, the national focal point. The Ministry of Health has also financed drug-related research through the National Anti-Drug Strategy.

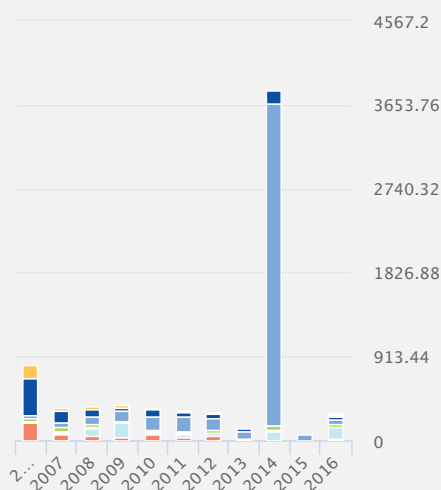
Drug markets

Bulgaria, which is situated on the Balkan route, is considered a transit country for illicit drugs, with trafficking activity shaped by supply and demand in Western European and Middle Eastern countries. In addition, the cultivation of cannabis, which is mainly carried out indoors, and some production of synthetic stimulants are consistently reported. The available information suggests that cannabis grown in Bulgaria may also be smuggled to other EU countries. Amphetamines are reported to be the main stimulants produced, albeit at a small scale and for domestic use.

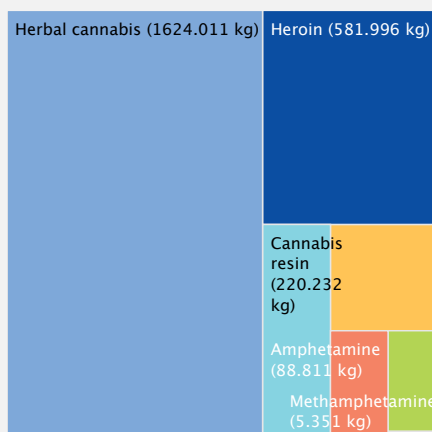
Cannabis products are the most frequently seized drugs in Bulgaria, followed by heroin. However, the amounts of substances that are seized fluctuate from year to year and, in 2016, herbal cannabis and cannabis resin, heroin, cocaine and amphetamine were seized in quantities that were higher than those reported in 2015. New psychoactive substances (NPS) continue to be seized in Bulgaria. In 2016, a total of 15 NPS were detected in Bulgaria for the first time, most of which were synthetic cannabinoids.

Drug seizures in Bulgaria: trends in number of seizures (left) and quantities seized (right)

Number of seizures



Quantities seized



- Methamphetamine
- MDMA
- Heroin
- Herbal cannabis
- Cocaine
- Cannabis resin
- Cannabis plants
- Amphetamine

NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	26.9	6.50	36.80
Last year prevalence of use - young adults (%)	2016	10.3	0.40	21.50
Last year prevalence of drug use - all adults (%)	2016	4.2	0.30	11.10
All treatment entrants (%)	2016	4.66	1	69.60
First-time treatment entrants (%)	2016	8.5	2.30	77.90
Quantity of herbal cannabis seized (kg)	2016	1624	12	110855
Number of herbal cannabis seizures	2016	62	62.00	158810
Quantity of cannabis resin seized (kg)	2016	220.2	0	324379
Number of cannabis resin seizures	2016	8	8.00	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.5 - 21.6	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016		0	70
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	1 - 25	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	2 - 30	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	4.8	0.90	4.90
Last year prevalence of use - young adults (%)	2016	0.5	0.20	4.00
Last year prevalence of drug use - all adults (%)	2016	0.3	0.10	2.30
All treatment entrants (%)	2016	2.0	0	36.60
First-time treatment entrants (%)	2016	5.08	0	35.50
Quantity of cocaine seized (kg)	2016	84.1	1	30295
Number of cocaine seizures	2016	19	19	41531
Purity (%) (minimum and maximum values registered)	2016	2.2 - 77	0	99
Price per gram (EUR) (minimum and maximum values registered)	2016	15 - 92	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	6.4	0.80	6.50
Last year prevalence of use - young adults (%)	2016	1.8	0	3.60
Last year prevalence of drug use - all adults (%)	2016	0.7	0	1.70
All treatment entrants (%)	2016	11.4	0.20	69.70
First-time treatment entrants (%)	2016	15.25	0.30	75.10
Quantity of amphetamine seized (kg)	2016	88.8	0	3380
Number of amphetamine seizures	2016	22	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	0.1 - 72.5	0	100
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	2.5 - 25	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	5.1	0.50	5.20
Last year prevalence of use - young adults (%)	2016	3.1	0.10	7.40
Last year prevalence of drug use - all adults (%)	2016	1.3	0.10	3.60
All treatment entrants (%)	2016	0.69	0	1.80
First-time treatment entrants (%)	2016	1.1	0	1.80
Quantity of MDMA seized (tablets)	2016	283	0	3783737
Number of MDMA seizures	2016	16	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016		1.90	462
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016		0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	2.5 - 15	1	26.00
Opioids				
High-risk opioid use (rate/1 000)			0.30	8.10
All treatment entrants (%)	2016	73.48	4.80	93.40
First-time treatment entrants (%)	2016	52.54	1.60	87.40
Quantity of heroin seized (kg)	2016	581.9	0	5585
Number of heroin seizures	2016	30	2	10620

Purity - heroin (%) (minimum and maximum values registered)	2016	1 - 43.2	0	92
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	4 - 56	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	3.1	0	33.00
HIV prevalence among PWID* (%)			0	31.50
HCV prevalence among PWID* (%)			14.60	82.20
Injecting drug use -- aged 15-64 (cases rate/1 000 population)			0.10	9.20
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	4.47	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	2016	214865	22	6469441
Clients in substitution treatment	2016	3338	229	169750
Treatment demand				
All entrants	2016	1720	265	119973
First-time entrants	2016	477	47	39059
All clients in treatment	2016	6524	1286	243000
Drug law offences				
Number of reports of offences	2016	4886	775	405348
Offences for use/possession			354	392900

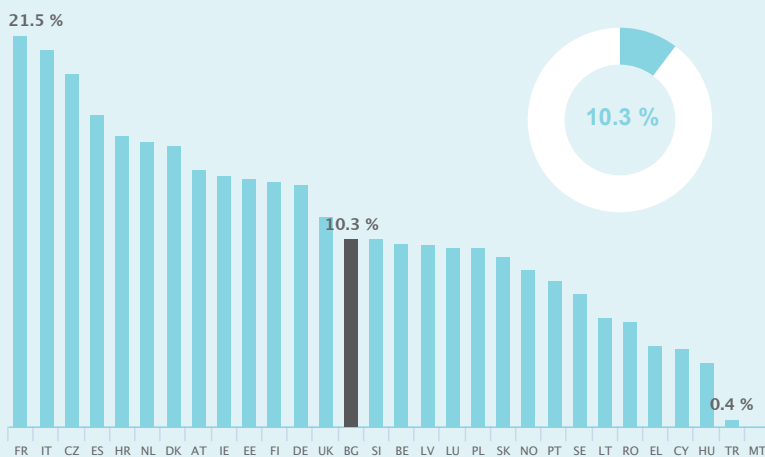
* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

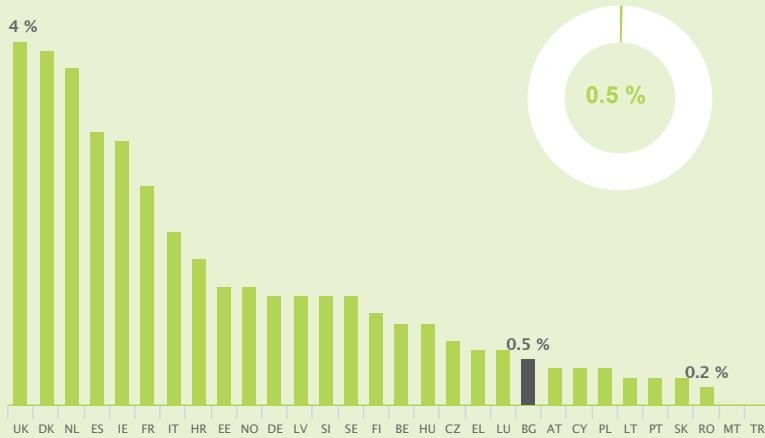
Cannabis

Last year prevalence among young adults (15-34 years)



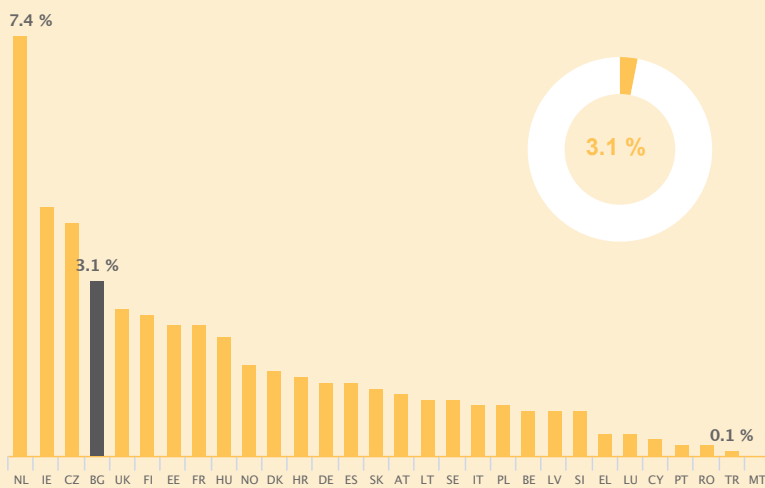
Cocaine

Last year prevalence among young adults (15-34 years)



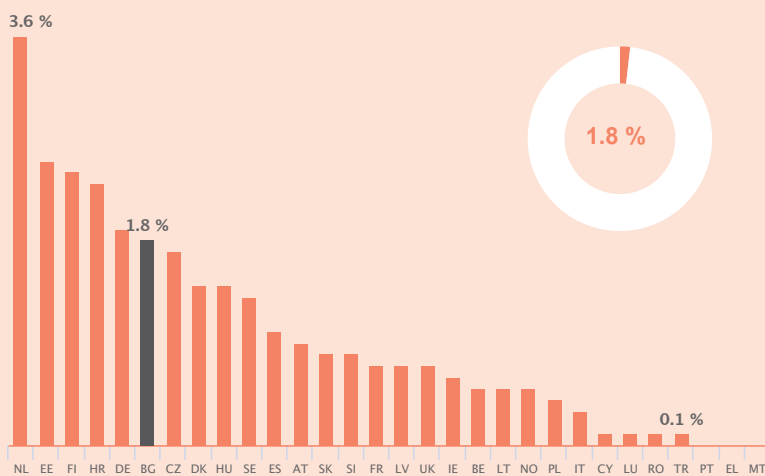
MDMA

Last year prevalence among young adults (15-34 years)



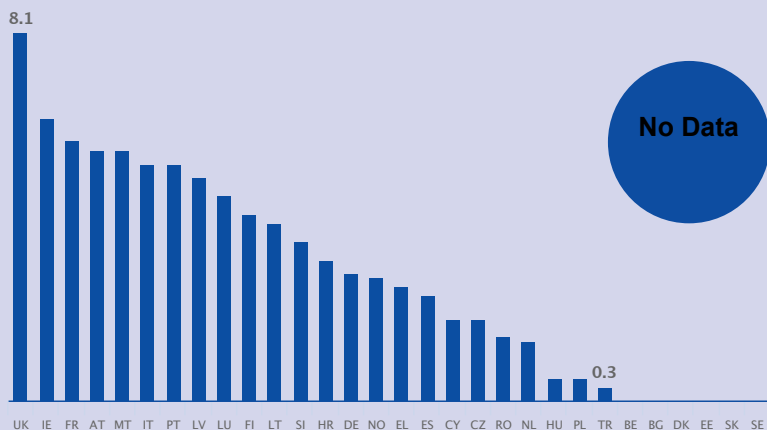
Amphetamines

Last year prevalence among young adults (15-34 years)



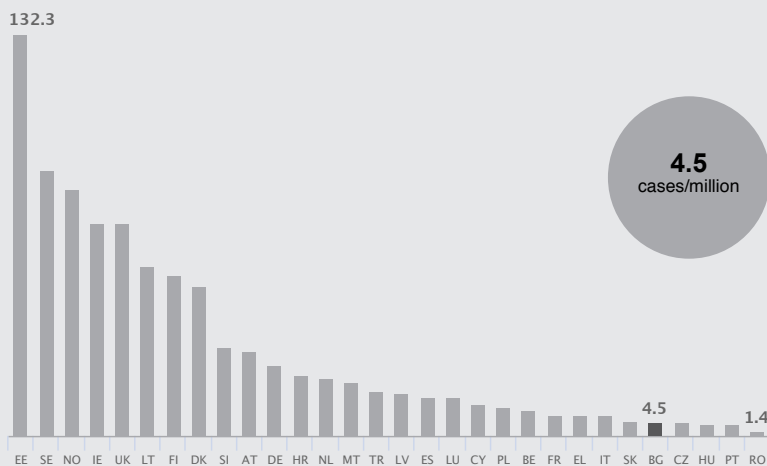
Opioids

High-risk opioid use (rate/1 000)



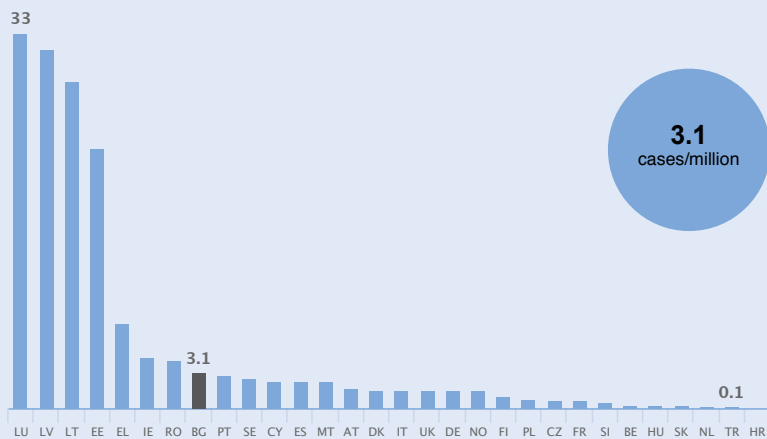
Drug-induced mortality rates

National estimates among adults (15-64 years)



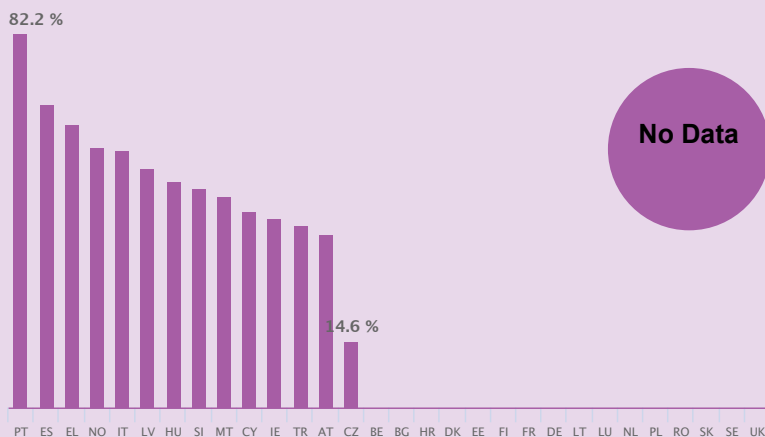
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

About our partner in Bulgaria

The national focal point (NFP) is based in the National Centre for Addictions. The unit carries out informational, analytical, scientific research, expert-consultative and publishing activities. The main objectives of NFP activities include methodological control, collection, evaluation and classification, processing, storage, analysis and dissemination of information in the field of drug demand and supply in Bulgaria, drug policy and the response to the situation in that field. The NFP works on the provision of information, supporting the activity of the National Drug Council and the formulation of a state policy towards drugs and drug addiction.

National Centre for Addictions



117, Pirotska Str.
BG-1303 Sofia
Bulgaria
Tel.: +359 28313079
Fax.: +359 28321047
Head of national focal point: Mr Alexander Panayotov