



Bulgaria

Country Drug Report 2017

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THE DRUG PROBLEM IN BULGARIA AT A GLANCE

Drug use

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

Cannabis

8.3 %



4.8 % 11.6 %

Other drugs

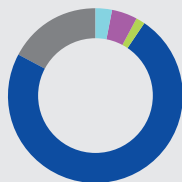
MDMA	2.9 %
Amphetamines	1.3 %
Cocaine	0.3 %

High-risk opioid users

No data

Treatment entrants

by primary drug



● Cannabis, 3 %
● Amphetamines, 5 %
● Cocaine, 2 %
● Heroin, 73 %
● Other, 17 %

Opioid substitution treatment clients

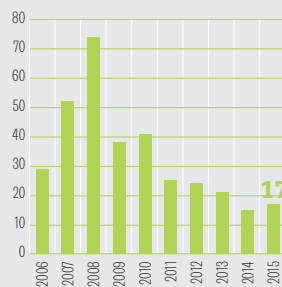
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Syringes distributed

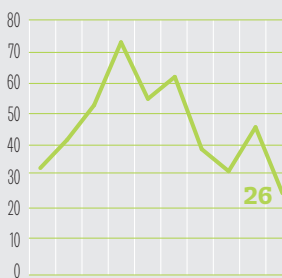
through specialised
programmes

364 111

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

4 195

Top 5 drugs seized

ranked according to quantities
measured in kilograms

1. Herbal cannabis
2. Heroin
3. Amphetamine
4. Methamphetamine
5. Cannabis resin

Population

(15-64 years)

4 763 637

Source: EUROSTAT
Extracted on: 26/03/2017

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.

About this report

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 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

National drug strategy and coordination

National drug strategy

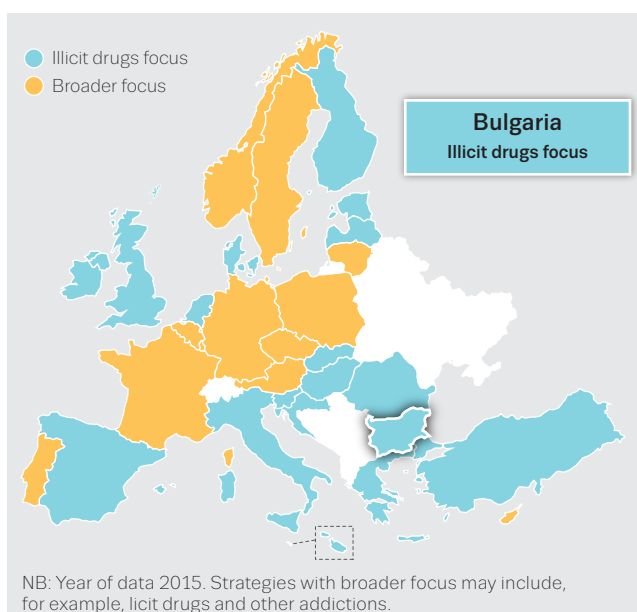
Adopted by the Council of Ministers in 2014, Bulgaria's National Anti-Drug Strategy (2014-18), with its associated action plan and financial plan, addresses issues related to illicit drugs (Figure 1). The strategy is built around the pillars of drug demand and drug supply reduction and has three joint 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.

National coordination mechanisms

The National Drugs Council is a body of the Council of Ministers of the Republic of Bulgaria. Operating at the 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 to control scheduled substances for medical purposes and meet Bulgaria's obligations under international drug control treaties. The National Centre of 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 councils on narcotic substances and 27 prevention and information centres.

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy.

In past years, the financing of drug-related activities in Bulgaria was decided annually by the entities that were in charge of their implementation. However, the two last national drug strategies (for 2009-13 and for 2014-18) have been important guides for the planning of public financing for drug-related initiatives. Preliminary estimates indicate that, in 2015, a total of approximately BGN 2 million (approximately EUR 1 million) was allocated for labelled drug-related expenditure, which represented about 0.01 % of gross domestic product (GDP).

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 the national and regional levels, the roles of 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 drug users 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 (Figure 2).

Trafficking carries penalties of imprisonment of between two and 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 (NPS) 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.

Drug law offences

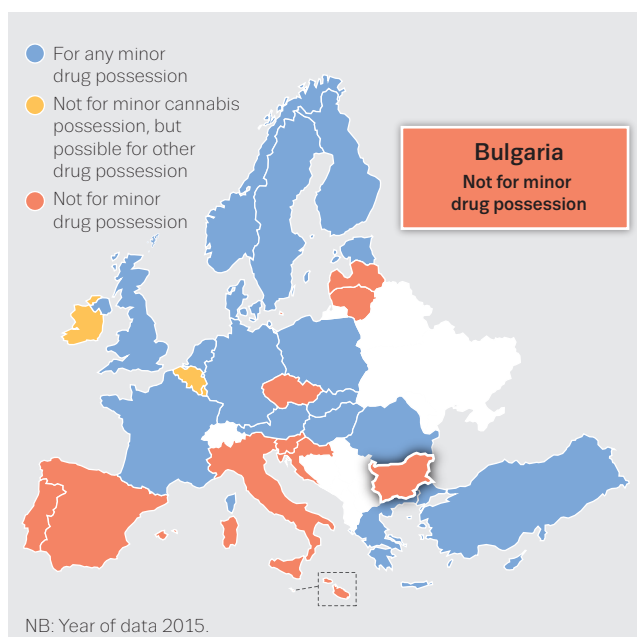
Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

In 2015, Bulgaria recorded 4 195 drug law offences. The majority of these offences were cannabis related, followed by stimulant-related (involving amphetamine or MDMA/ecstasy) and heroin-related offences.

**In 2015, 4 195 drug
law offences were
reported**

FIGURE 2

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



Drug use

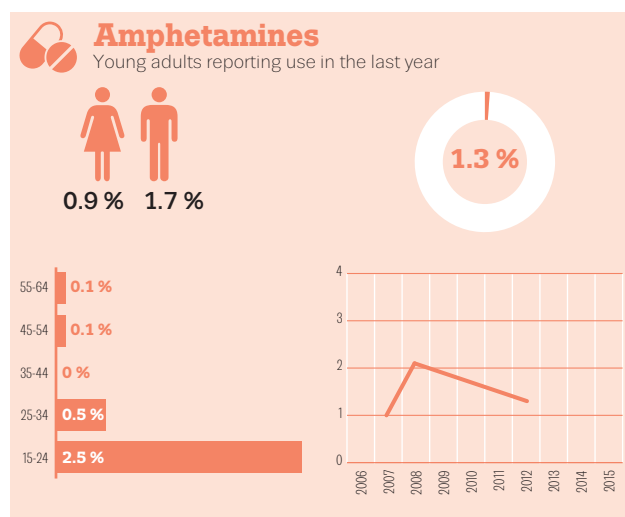
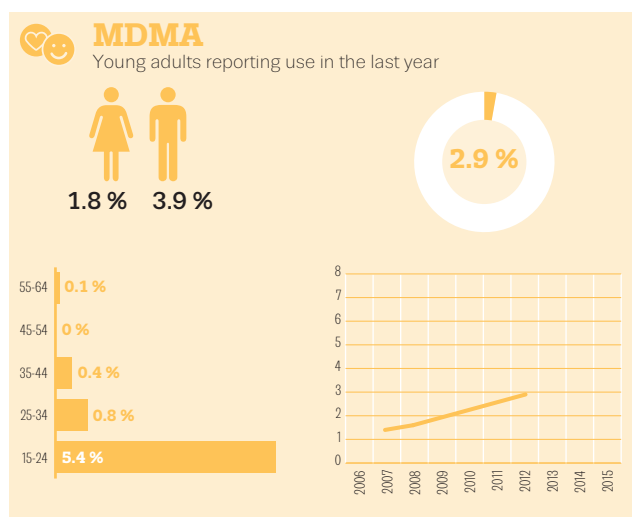
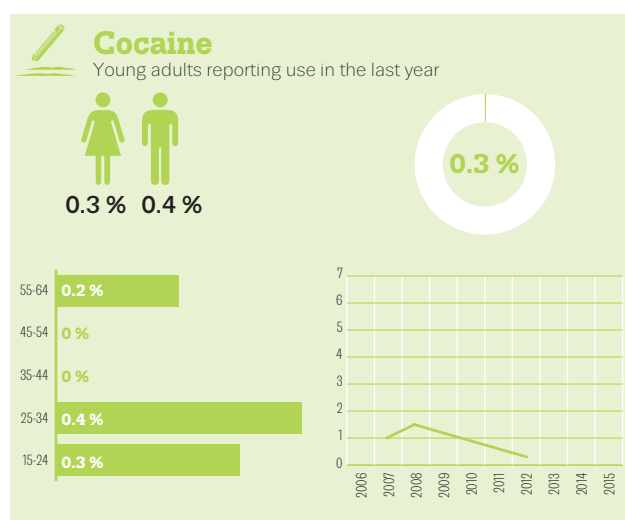
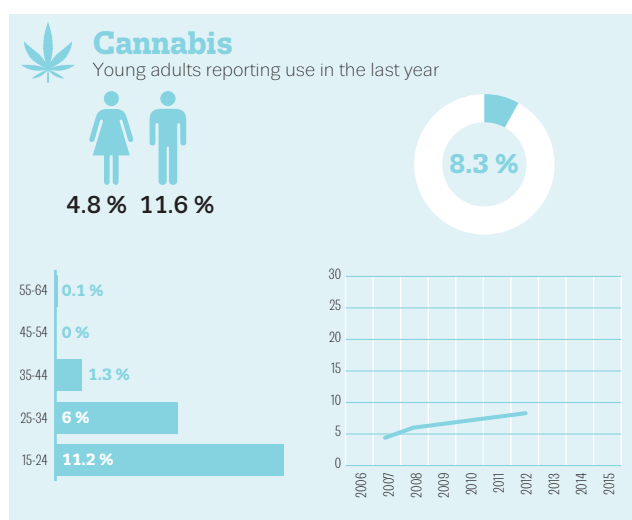
Prevalence and trends

The latest general population survey, carried out in 2012, indicates that cannabis remains the most frequently used substance 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. Last-year prevalence of cannabis use among this age group was higher in 2012 than in previous years; in 2012, a total of 8.3 % of this age group reported that they had used cannabis at least once in the previous 12 months, compared with 6.0 % in 2008 and 4.4 % in 2007.

MDMA was the substance that was the second most frequently reported by the general adult population, and the available data indicate that there has been an increase in its use since 2007, in particular among younger adults (aged 15-24 years). The prevalence of amphetamines, cocaine and heroin use has remained low among the general population and the latest survey confirmed that there has been a decline in the reported use of these substances since 2005 (Figure 3).

FIGURE 3

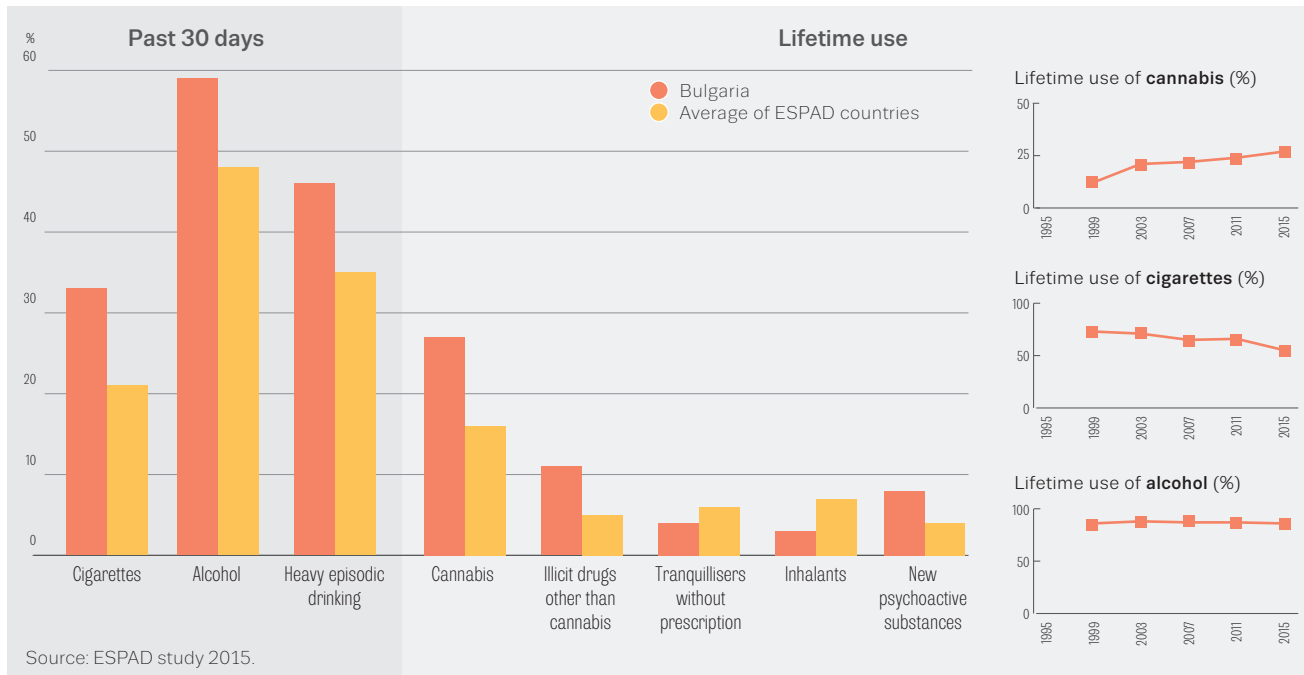
Estimates of last-year drug use among young adults (15-34 years) in Bulgaria



NB: Estimated last-year prevalence of drug use in 2012.

FIGURE 4

Substance use among 15- to 16-year-old school students in Bulgaria



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 use for six of the eight key variables studied, including lifetime use of cannabis, lifetime use of illicit drugs other than cannabis and lifetime use of NPS. 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 (Figure 4).

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 the first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 5).

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; a national estimate of high-risk heroin users is not available (Figure 6).

Data from specialised treatment centres indicate that heroin remains the primary substance used by a large proportion of the first-time treatment clients, although a reduction in the number of first-time entrants seeking treatment for heroin use since 2009 is noted. In general, people who require treatment as a result of heroin use are older than other treatment clients, and many of them have had previous treatment (Figure 6). Injecting remains a common mode of heroin use in Bulgaria, although its use is decreasing. Injecting is more common among those who re-enter treatment than among new treatment clients.

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.

FIGURE 5

National estimates of last year prevalence of high-risk opioid use

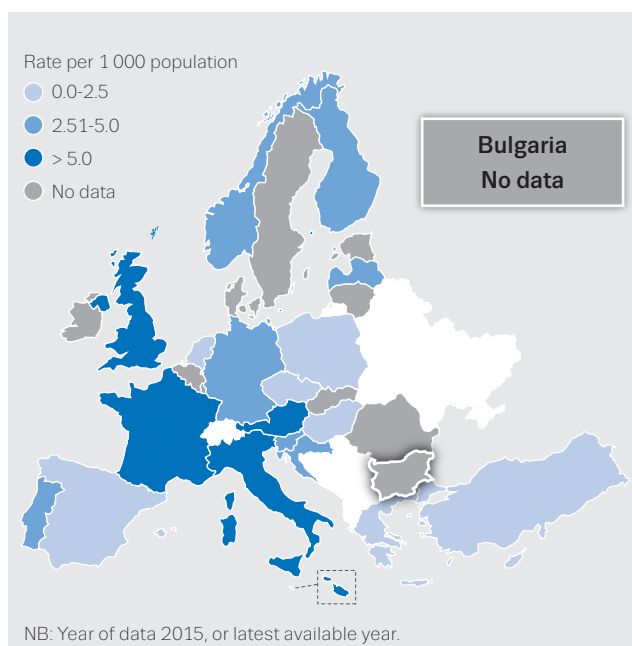
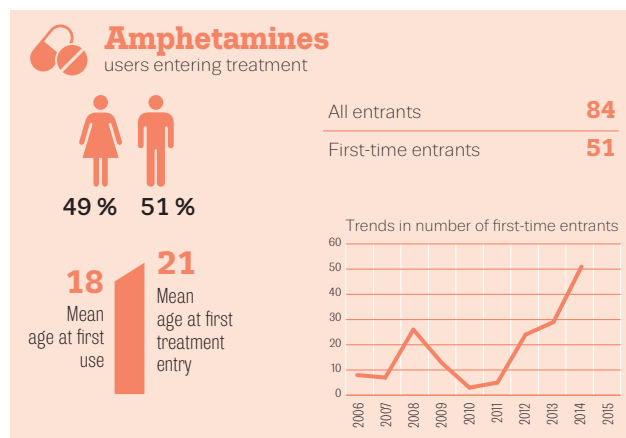
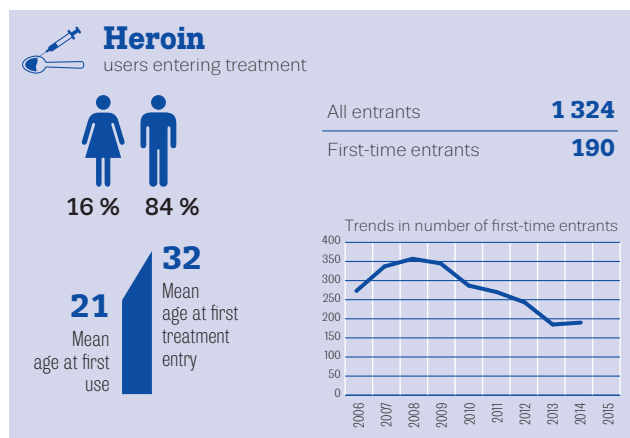
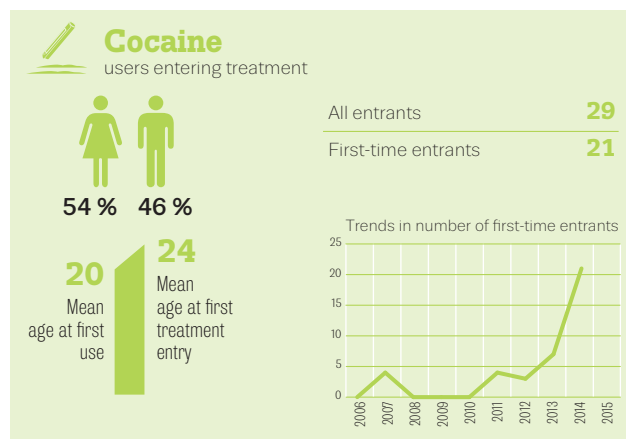
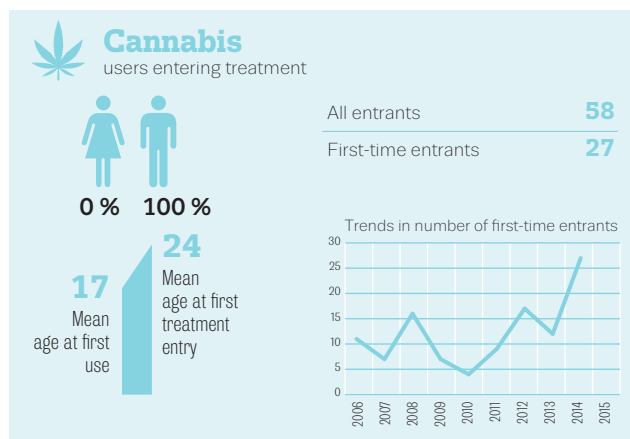


FIGURE 6

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



NB: Year of data 2014. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

Until 2004, only sporadic cases of human immunodeficiency virus (HIV) infection linked to injecting drug use were notified in Bulgaria. Since 2004, however, there has been a steady increase in the number of new HIV cases linked to injecting drug use, from seven HIV-positive individuals in 2004 to 74 in 2009, with a reduction in numbers in the following years. In 2015, approximately 1 in 10 new HIV cases registered in Bulgaria was associated with injecting drug use (Figure 7).

Data on the prevalence of drug-related infectious diseases among current injecting drug 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 drug treatment programmes (opioid substitution treatment (OST) and rehabilitation) in regional treatment centres.

Hepatitis C virus (HCV) infection is the most common drug-related infection in Bulgaria; in 2015, approximately 6 out of 10 drug treatment clients in Sofia were HCV positive. The prevalence of HIV among this group was approximately 4 % (Figure 8). Approximately 4 % of those tested had a positive test for hepatitis B virus (HBV) infection (positive HBsAg).

FIGURE 7

Newly diagnosed HIV cases attributed to injecting drug use

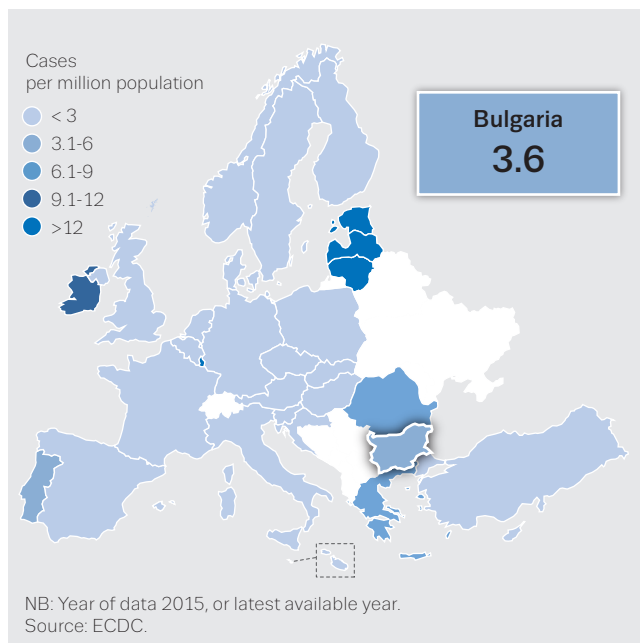
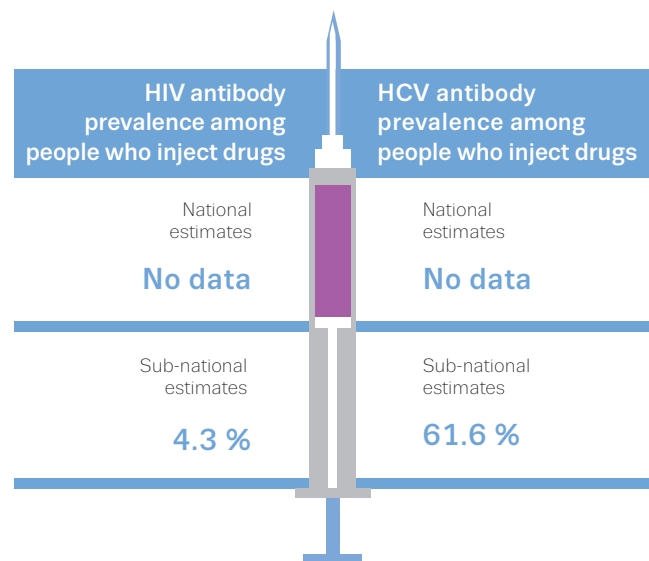


FIGURE 8

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

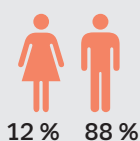


NB: Year of data 2015.

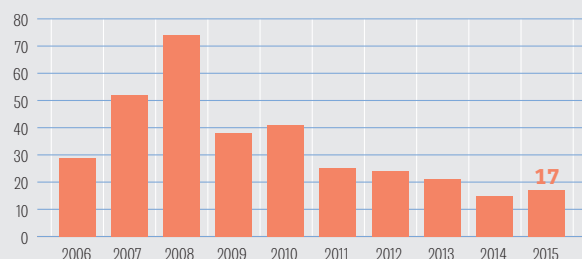
FIGURE 9

Characteristics of and trends in drug-induced deaths in Bulgaria

Gender distribution

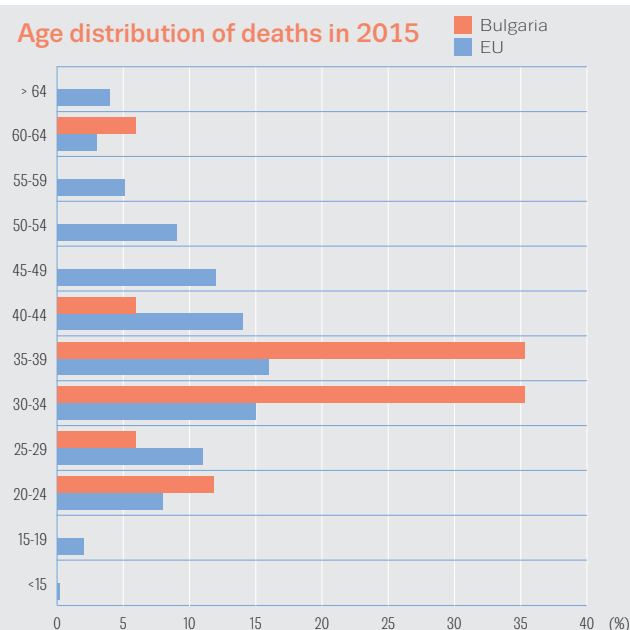


Trends in the number of drug-induced deaths



NB: Year of data 2015.

Age distribution of deaths in 2015



Drug-related emergencies

In Bulgaria, data on drug-related emergencies are available at the level of individual facilities. The Centre for Emergency Medical Aid of Sofia reported approximately 800 emergency cases related to illicit drug use (including abstinence syndrome). The toxicology clinic in Pirogov Hospital, which is in Sofia, reported 179 emergency patients in 2015, a third of whom required assistance because of cannabis use, followed by amphetamine, heroin and methadone users. The toxicology clinic in Plovdiv reported fewer drug-related emergency cases than the equivalent services in the capital.

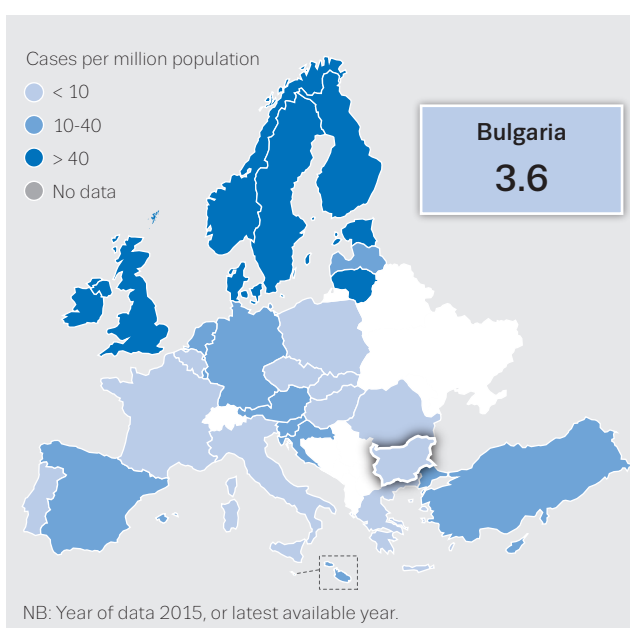
Drug-induced deaths and mortality

The general mortality register reports a decline in drug-induced deaths since 2008, when a record number of deaths were reported in Bulgaria. All but two of the victims in 2015 were male. The mean age at the time of death was 33 years (Figure 9).

The drug-induced mortality rate among adults (aged 15-64) was 3.6 deaths per million in 2015 (Figure 10), which is lower than the most recent European average of 20.3 deaths per million.

FIGURE 10

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



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 organising and conducting of media campaigns for combating drugs and drug dependency; the expansion of sport and tourism programmes for children and young people; 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.

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 drug use problems and indicated prevention focuses on at-risk individuals.

Environmental strategies on alcohol and tobacco use have been developed, which focus mainly on the provision of information.

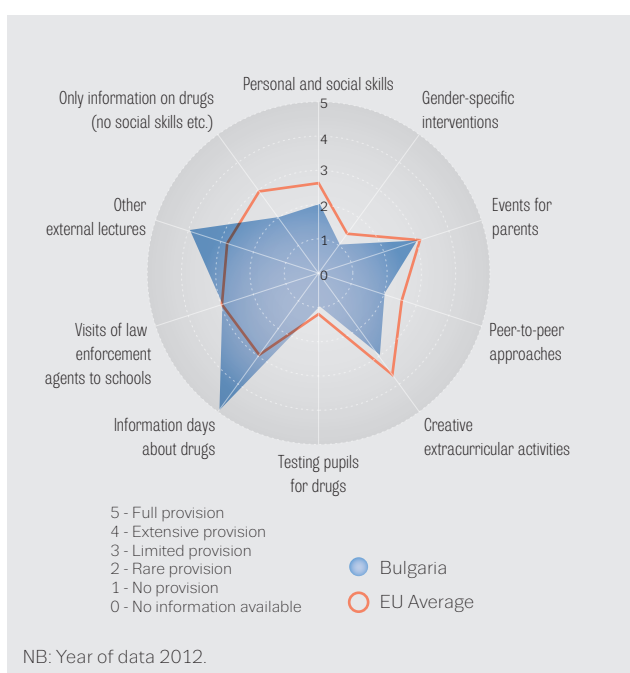
Universal prevention is implemented mainly through the education system and is coordinated by the Ministry of Education and Science. The principal objectives of school-based prevention are to provide information and create a protective school environment. Most of the health educational programmes implemented in schools combine life skills and peer education; however, some programmes targeting parents are also available. Standardised school-based prevention protocols 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 (Figure 11).

Selective prevention mostly targets at-risk children and families and is often based on the provision of information, while 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 European Union Member State to introduce the pan-European telephone number for children at risk, although this is better known as a source of information and emotional support for broader issues that affect the rights of children. Fewer than 1 % of calls are linked to drug-related issues. The NCA also operates a free-of-charge helpline for dependency issues.

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

FIGURE 11

Provision of interventions in schools in Bulgaria (expert ratings)



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 the regulation that was issued by the Minister of Health in 2011.

Harm reduction interventions

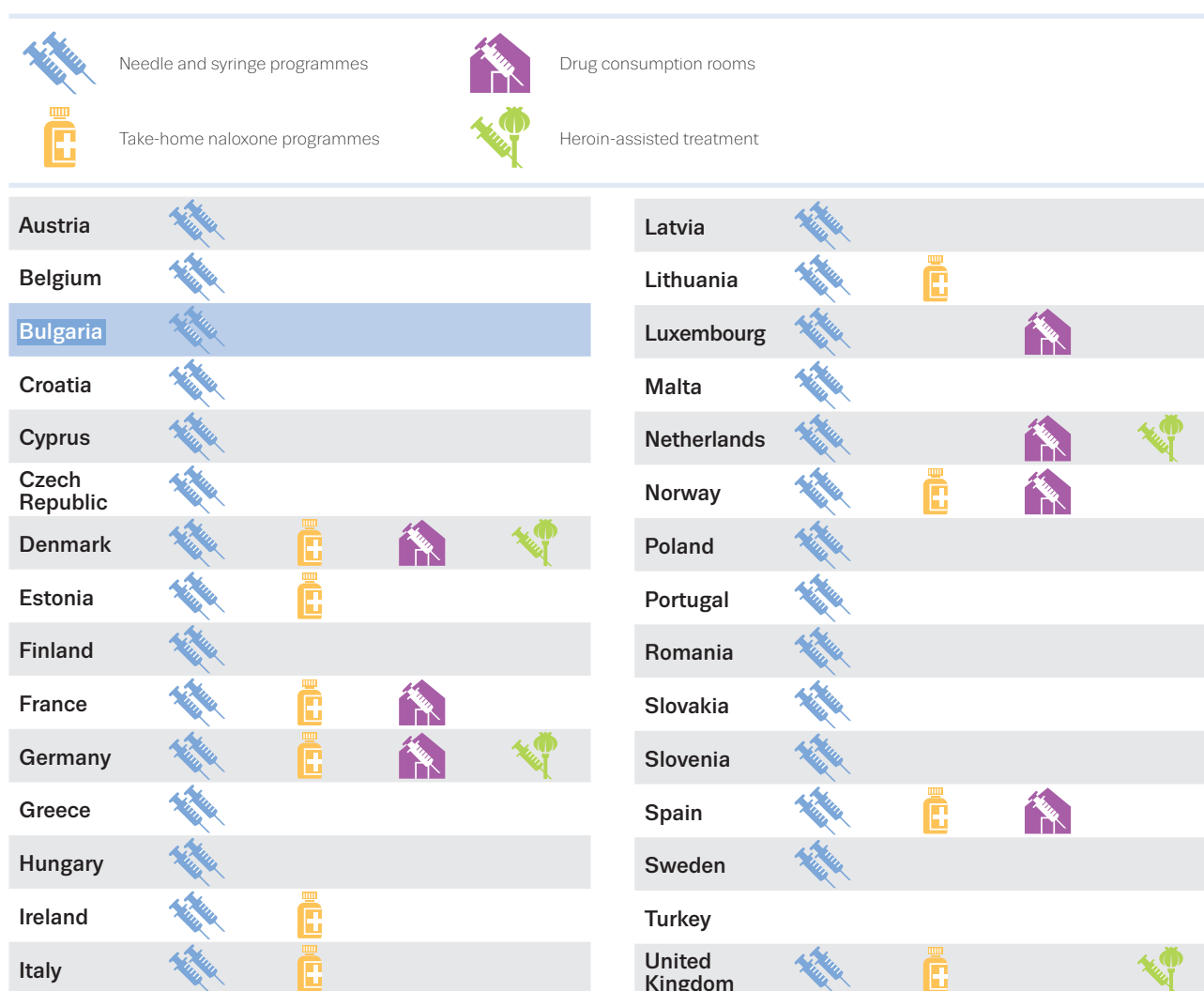
In 2015, a network of 10 non-governmental organisations (NGOs) provided harm reduction programmes at 61 fixed sites located in 18 towns across the country, which represented a decrease compared with 2014. Funding of the harm reduction network in the framework of the HIV/AIDS Control and Prevention Programme was financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria; this funding ended in 2015.

In addition to providing services to people who inject drugs (PWID), these NGOs also address the needs of other high-risk groups, such as drug users of Roma origin and sex workers. According to official regulations, harm reduction programmes provide information on safe injecting methods, overdoses and infectious diseases; they also undertake testing for blood-borne infections and supply sterile injecting equipment (Figure 12). Services are provided through outreach work, mobile medical consulting rooms and drop-in centres. However, the extent of the services provided varies by site.

In the last few years, service providers report that heroin is becoming less prevalent among their clients and that other psychoactive substances, such as OST medications or NPS, are injected instead. In addition, the proportion of clients at low-threshold facilities who inject stimulants has been increasing. In 2015, an estimated 364 000 syringes were distributed through specialised agencies and outreach programmes, which is fewer than in 2014.

FIGURE 12

Availability of selected harm reduction responses



NB: Year of data 2016.

Ten NGOs, the NCA and medical services in the bigger towns provide anonymous HIV counselling and testing.

There has been no publicly funded HBV vaccination campaign for the target group of PWID since 2000, despite the fact that the current action plan of the National Strategy to Combat Drug Addiction identifies this as one of the sub-tasks necessary to reduce the prevalence of infectious diseases among PWID. In Bulgaria, a mandatory immunisation of all new-born babies has been in place since 1993.

**The proportion of clients
at low-threshold facilities
who inject stimulants has
been increasing**

Treatment

The treatment system

The 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 OST and non-residential and residential psychosocial rehabilitation programmes, such as 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.

FIGURE 13

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

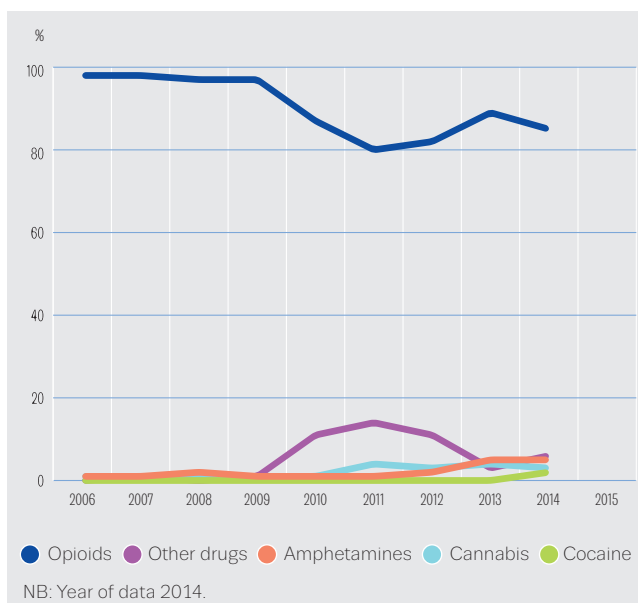
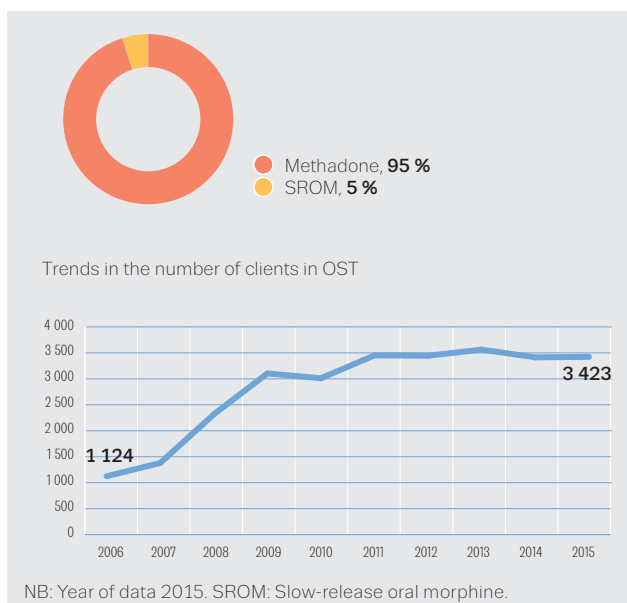


FIGURE 14

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



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 2015, there were 30 specialised units delivering OST in 14 cities and towns. Although the 2009 evaluation of OST indicated that this treatment contributed towards improvements in the physical and mental well-being of clients and a reduction in their criminal behaviour, drop-out rates remained one of the main concerns.

Treatment provision

In 2014, the majority of the 2 131 clients who entered drug treatment in Bulgaria were treated in specialised outpatient drug treatment centres.

Of these clients, approximately 8 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 2015 (Figure 13).

OST was the treatment that was most commonly provided in these specialised outpatient settings. In 2015, 3 423 clients received OST, which indicates a stable trend since 2011. Almost all OST clients received methadone-based medication, while 5 % received slow-release morphine (Figure 14).

Drug use and responses in prison

A national survey on the use of psychoactive substances among a sample of 3 000 prison inmates found that approximately 7 % had used cannabis in the month prior to their imprisonment, 4 % had used amphetamines, 4 % had used heroin, 3 % had used methamphetamine and 2 % had used methadone without prescription. One in 10 inmates reported the use of illicit drugs at some point during their term of imprisonment, with cannabis being the most commonly reported substance.

Inmates who exhibit symptoms of drug or alcohol dependency on entering prison 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 educational programmes. In 2014, 77 inmates received MMT. In addition, short- and medium-term programmes based on cognitive and behavioural approaches that target mainly alcohol users are implemented in Bulgarian prisons.

Voluntary and anonymous HIV testing is offered to all inmates. Additionally, various cultural, educational and training activities are conducted in cooperation with NGOs.

**In 2014, a total
of 77 inmates received
methadone maintenance
treatment**

Quality assurance

One of the principles of the current National Strategy to Combat Drug Addiction is to improve the effectiveness of the actions that are part of this strategy and to base the approach taken on experience and results from research studies.

The Ministry of Health and the Ministry of Education and Science have defined criteria for drug prevention, which require that prevention activities comply with the European Quality Standards for Drug Use Prevention. If a programme is compliant with the requirements, the director of the NAC gives support for its implementation. The national focal point to the EMCDDA maintains a register of the prevention activities that are undertaken. In 2015, four prevention programmes were registered in the database and process evaluation is envisaged for one of them.

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. In 2012, several new regulations were adopted that set out the terms and conditions for the provision of treatment with opioid agonists and antagonists. The majority of treatment centres have some form of internal and external evaluation (through supervision and auditing).

A number of training programmes for those involved in prevention, treatment and rehabilitation in the field of drug dependency exist, some of which have been funded by the National Drug Strategy. Examples of training programmes include training for the heads of the OST programmes and for those providing psychosocial treatment.

Drug-related research

Most drug-related research in Bulgaria focuses on the prevalence and characteristics of drug use among the general population and among other categories of the population (including those in school, university and prison settings) and on the health and legal consequences of drug use. Most studies have been carried out by, or with the active participation of, the national focal point.

**The European Quality
Standards for Drug Use
Prevention are used
to define criteria for
prevention programmes**

Drug markets

Bulgaria, which is situated on the Balkan route, is considered as a transit country for all 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 indoors, and some production of synthetic stimulants is reported consistently. The available information suggests that cannabis grown in Bulgaria may also be smuggled to other EU countries. Methamphetamine seems to be the main stimulant produced, albeit at a small scale and for domestic use. Traditionally, the Balkan route, which passes through Bulgaria, was used to smuggle heroin; it is increasingly being used to traffic other illicit drugs and precursors.

In 2015, the most frequently seized drug was herbal cannabis, followed by heroin. However, the amounts of substances that are seized fluctuate from year to year and, in 2015, only MDMA tablets were seized in quantities that were higher than those reported in 2014 (Figure 15).

NPS continue to be seized in Bulgaria. In 2015, five NPS were detected in Bulgaria for the first time, most of which were synthetic cannabinoids.

The retail price and purity of the main illicit substances seized are shown in Figure 16.

FIGURE 15

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

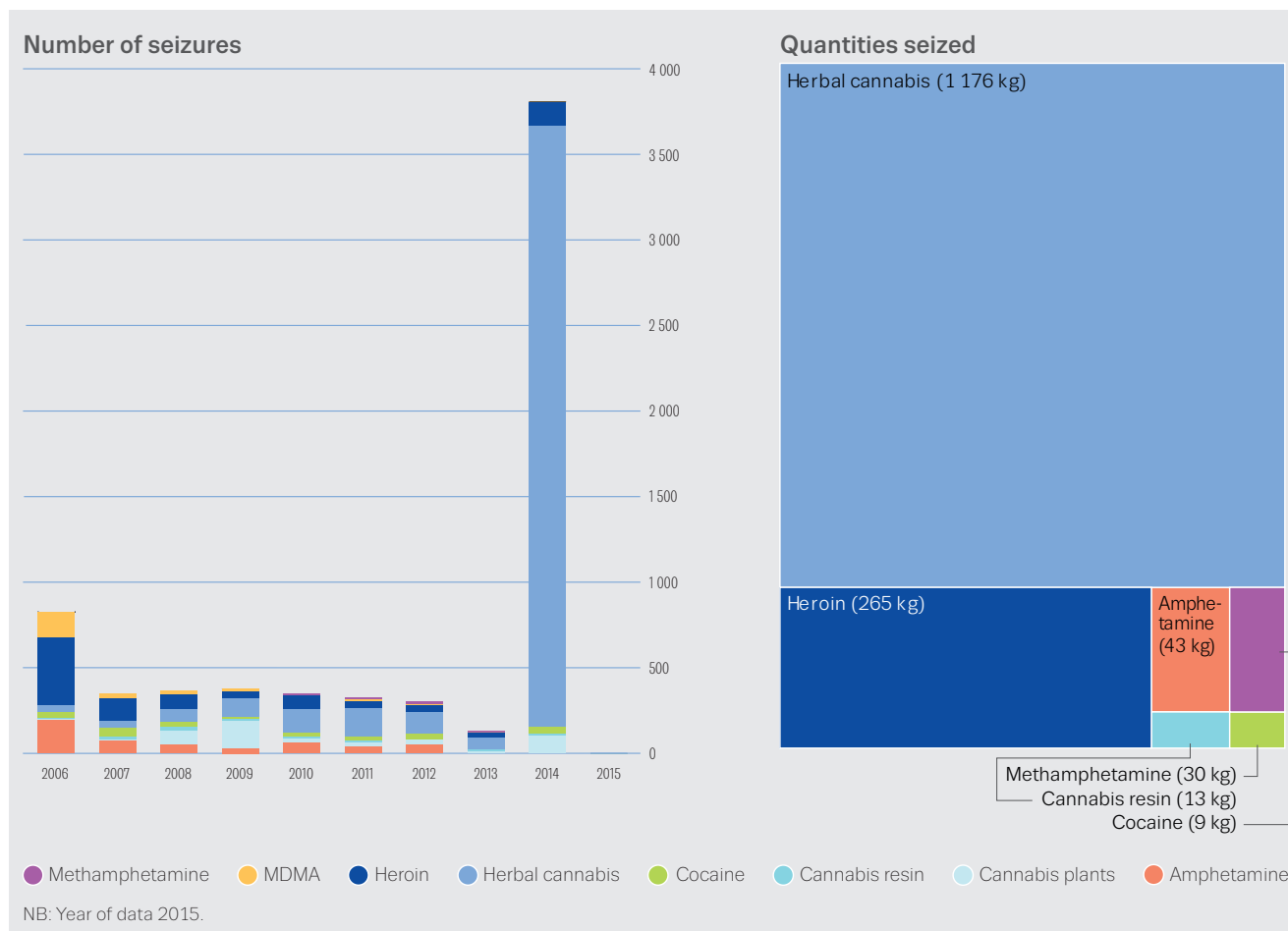


FIGURE 16

Price and potency/purity ranges of illicit drugs reported in Bulgaria



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum.
Year of data 2015.

KEY DRUG STATISTICS FOR BULGARIA

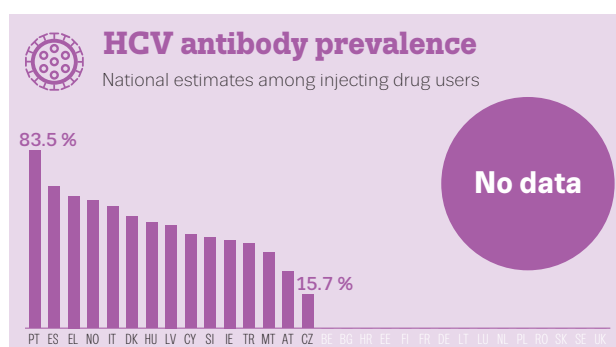
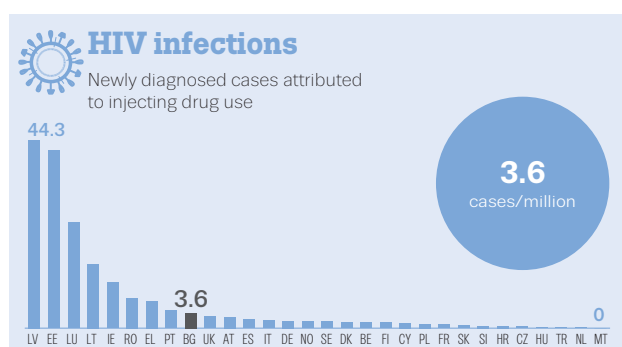
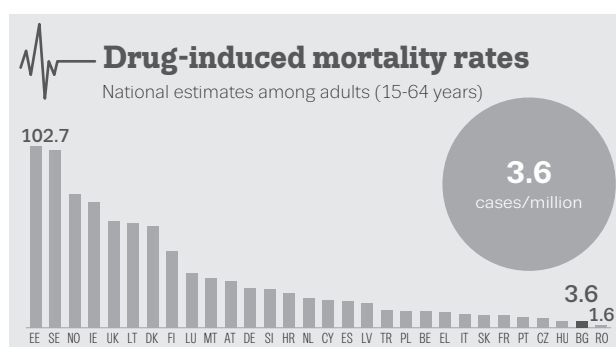
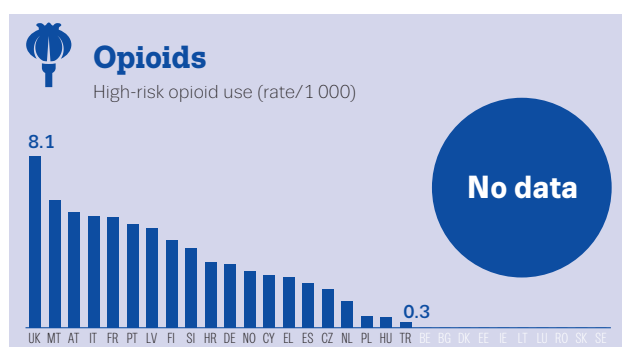
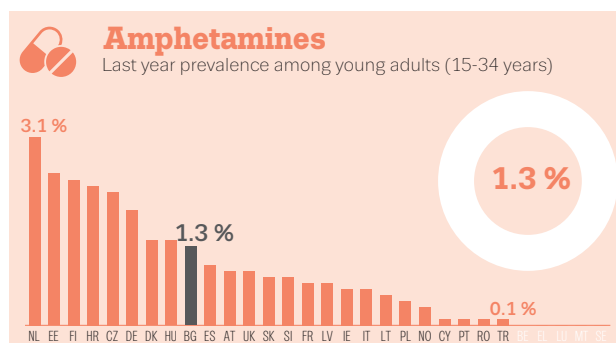
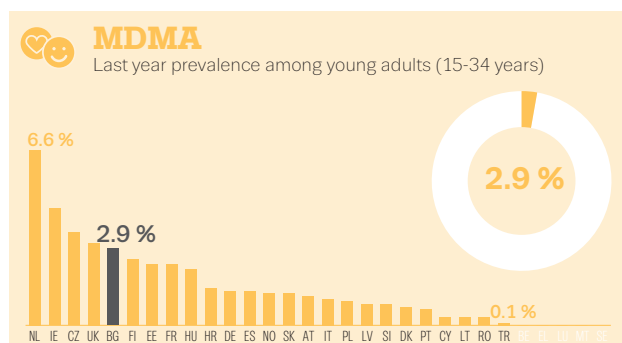
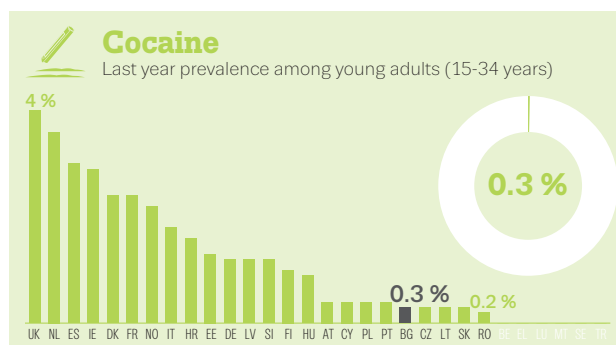
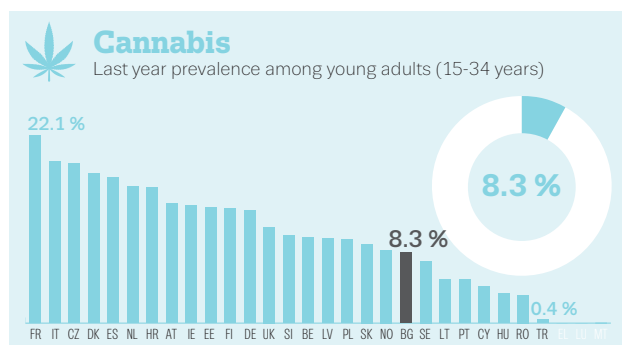
Most recent estimates and data reported

	Year	Country data	EU range	
			Minimum	Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	26.9	6.5	36.8
Last year prevalence of use — young adults (%)	2013	8.3	0.4	22.1
Last year prevalence of drug use — all adults (%)	2013	3.5	0.3	11.1
All treatment entrants (%)	2015	3	3	71
First-time treatment entrants (%)	2015	8	8	79
Quantity of herbal cannabis seized (kg)	2015	1 175.8	4	45 816
Number of herbal cannabis seizures	2015	3 516	106	156 984
Quantity of cannabis resin seized (kg)	2015	12.6	1	380 361
Number of cannabis resin seizures	2015	14	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	2015	0.1-29	0	46
Potency — resin (% THC) (minimum and maximum values registered)	No data	No data	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	2-15	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	2015	2.5-35	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	4.9	0.9	4.9
Last year prevalence of use — young adults (%)	2013	0.3	0.2	4
Last year prevalence of drug use — all adults (%)	2013	0.2	0.1	2.3
All treatment entrants (%)	2015	2	0	37
First-time treatment entrants (%)	2015	7	0	40
Quantity of cocaine seized (kg)	2015	8.9	2	21 621
Number of cocaine seizures	2015	39	16	38 273
Purity (%) (minimum and maximum values registered)	2015	1.2-75.5	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	35-100	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	6.5	0.8	6.5
Last year prevalence of use — young adults (%)	2013	1.3	0.1	3.1
Last year prevalence of drug use — all adults (%)	2013	0.6	0	1.6
All treatment entrants (%)	2015	5	0	70
First-time treatment entrants (%)	2015	16	0	75
Quantity of amphetamine seized (kg)	2015	43	0	3 796
Number of amphetamine seizures	2015	51	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	0.1-69.3	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2015	2.5-25	1	139.8

	Year	Country data	EU range	
			Minimum	Maximum
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	5.2	0.5	5.2
Last year prevalence of use — young adults (%)	2013	2.9	0.1	6.6
Last year prevalence of drug use — all adults (%)	2013	1.2	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	1	0	2
Quantity of MDMA seized (tablets)	2015	17 284	54	5 673 901
Number of MDMA seizures	2015	3	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	No data	No data	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	3.5-15	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	No data	No data	0.3	8.1
All treatment entrants (%)	2015	85	4	93
First-time treatment entrants (%)	2015	64	2	87
Quantity of heroin seized (kg)	2015	265	0	8 294
Number of heroin seizures	2015	137	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	0.1-64.8	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	10-60	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	3.6	0	44
HIV prevalence among PWID* (%)	No data	No data	0	30.9
HCV prevalence among PWID* (%)	No data	No data	15.7	83.5
Injecting drug use (cases rate/1 000 population)	No data	No data	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	3.6	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	2015	364 111	164	12 314 781
Clients in substitution treatment	2015	3 423	252	168 840
Treatment demand				
All clients	2015	2 131	282	124 234
First-time clients	2015	560	24	40 390
Drug law offences				
Number of reports of offences	2015	4 195	472	411 157
Offences for use/possession	No data	No data	359	390 843

* PWID — people who inject drugs.

EU Dashboard



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.

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.



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.

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