

# Bulgaria

## Bulgaria Country Drug Report 2019

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 2017 (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 %**

6 % (Female) | 14.3 % (Male)

**Other drugs**

MDMA **3.1 %**  
Amphetamines **1.8 %**  
Cocaine **0.5 %**

#### All treatment entrants

by primary drug

● Cannabis, 10 %  
● Amphetamines, 13 %  
● Cocaine, 3 %  
● Heroin, 58 %  
● Other, 17 %

#### Overdose deaths

2006: 28, 2007: 52, 2008: 75, 2009: 40, 2010: 42, 2011: 25, 2012: 24, 2013: 20, 2014: 15, 2015: 18, 2016: 18, 2017: 18

#### Drug law offences

**2 433**

#### Top 5 drugs seized

ranked according to quantities measured in kilograms

- Herbal cannabis
- Heroin
- Amphetamine
- MDMA
- Cocaine

#### Opioid substitution treatment clients

**3 247**

#### New HIV diagnoses attributed to injecting

2006: 35, 2007: 45, 2008: 55, 2009: 75, 2010: 55, 2011: 65, 2012: 40, 2013: 35, 2014: 50, 2015: 25, 2016: 20, 2017: 31

Source: ECDC

#### Population

(15-64 years)

**4 628 724**

Source: Eurostat Extracted on: 18/03/2019

#### Syringes distributed

through specialised programmes

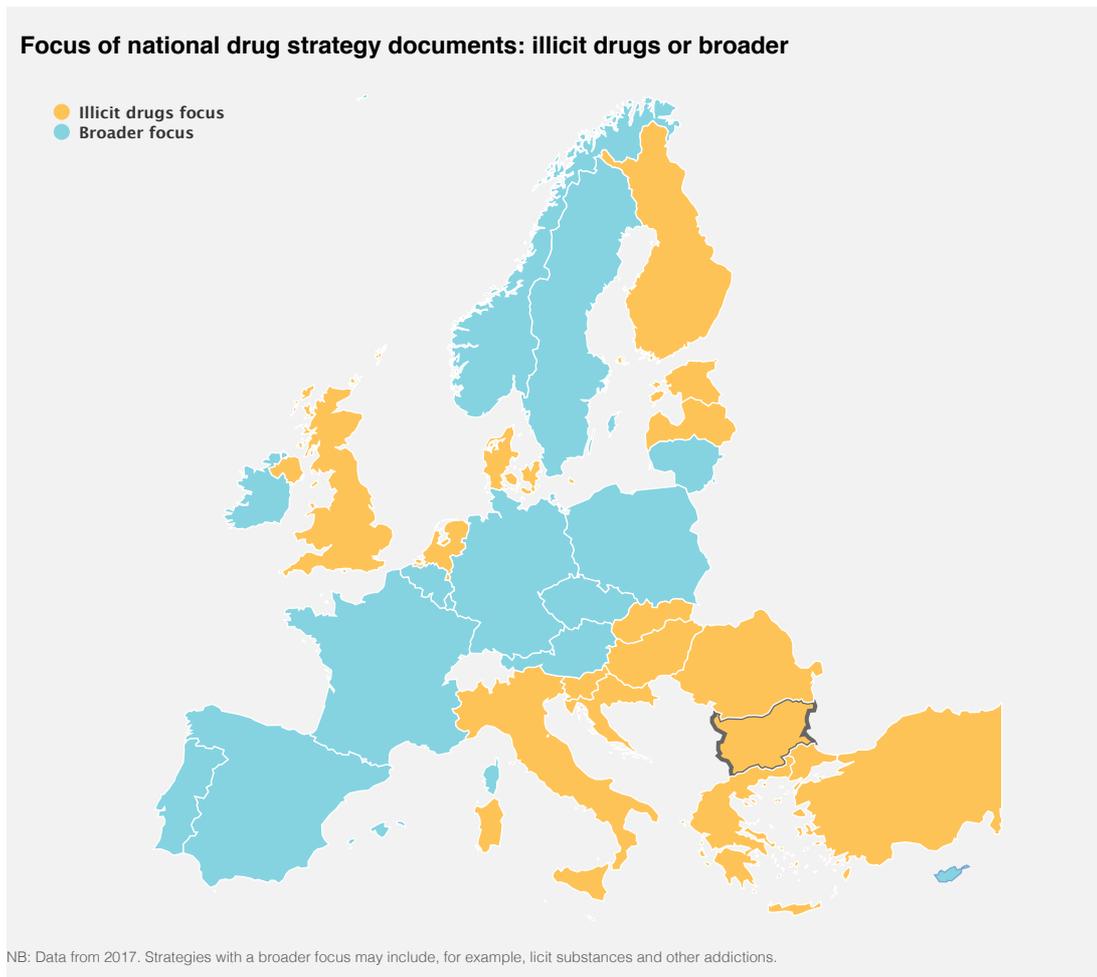
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NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information 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.



### National coordination mechanisms

The National Drug Council is a body of the Council of Ministers of the Republic of Bulgaria. Operating at interministerial 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. Several units at the Ministry of the Interior are involved in drug supply reduction activities, including the General Directorate for Combating Organised Crime and the General Directorate for Analysis and Policies. The National Centre for Addictions houses the national focal point for the European Monitoring Centre for Drugs and Drug Addiction 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

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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. Estimates for drug-related public expenditure are reported. 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 amounted to about 0.01 % of gross domestic product.

## Drug laws and drug law offences

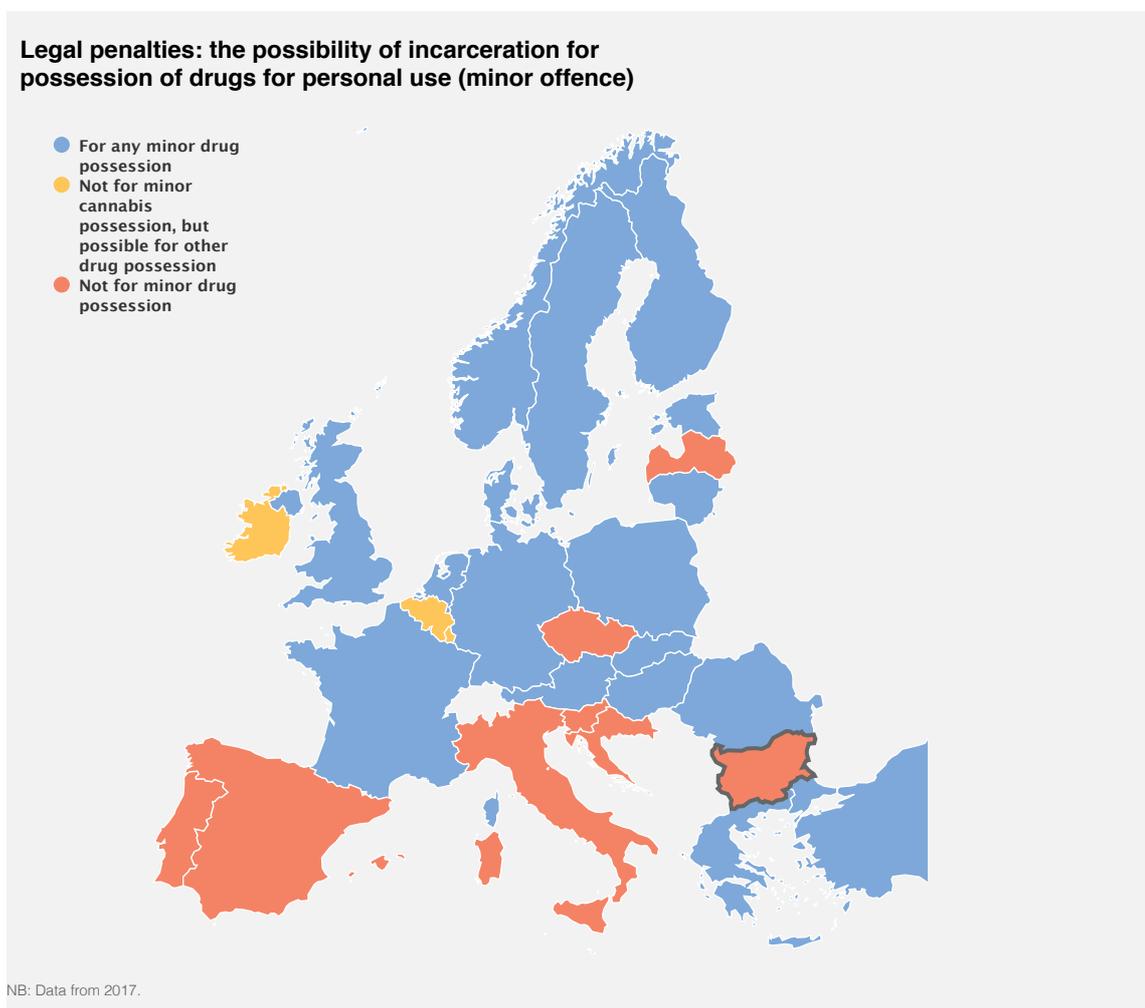
### National drug laws

The Narcotic Substances and Precursors Control Act, implemented in 2010, sets out drug coordination mechanisms and specifies the entities involved in drug-related activities. It also refers to the lists of controlled substances and plants.

The Penal Code takes into account the differences between high-risk and moderate-risk substances. Drug use is an administrative offence and the use of high-risk drugs (List 1) is punishable by a fine of between BGN 2 000 (EUR 1 023) and BGN 5 000 (EUR 2 257). Possession of small amounts, such as one cannabis cigarette, 1 g of cocaine or five ecstasy pills, is considered a minor offence and incurs a fine of up to BGN 1 000 (EUR 511); possession of larger amounts of high-risk substances is punishable by 1-6 years' imprisonment and of moderate-risk substances by up to 5 years' imprisonment.

Trafficking carries penalties of imprisonment for 2-8 years for high-risk substances and 1-6 years for moderate-risk substances, but particularly large amounts or other aggravating circumstances can result in prison sentences of up to 15 years. Large amounts are determined by their monetary values in multiples of minimum monthly salaries.

New psychoactive substances are regulated following a decision of the National Drug 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 Bulgaria, the available data indicate that, in 2017, 2 433 DLOs were reported, the vast majority of which were related to drug supply.

# Reported drug law offences and offenders in Bulgaria

NB: Data from 2017.

**Drug law offences**



**Drug law offenders**

**2 028**

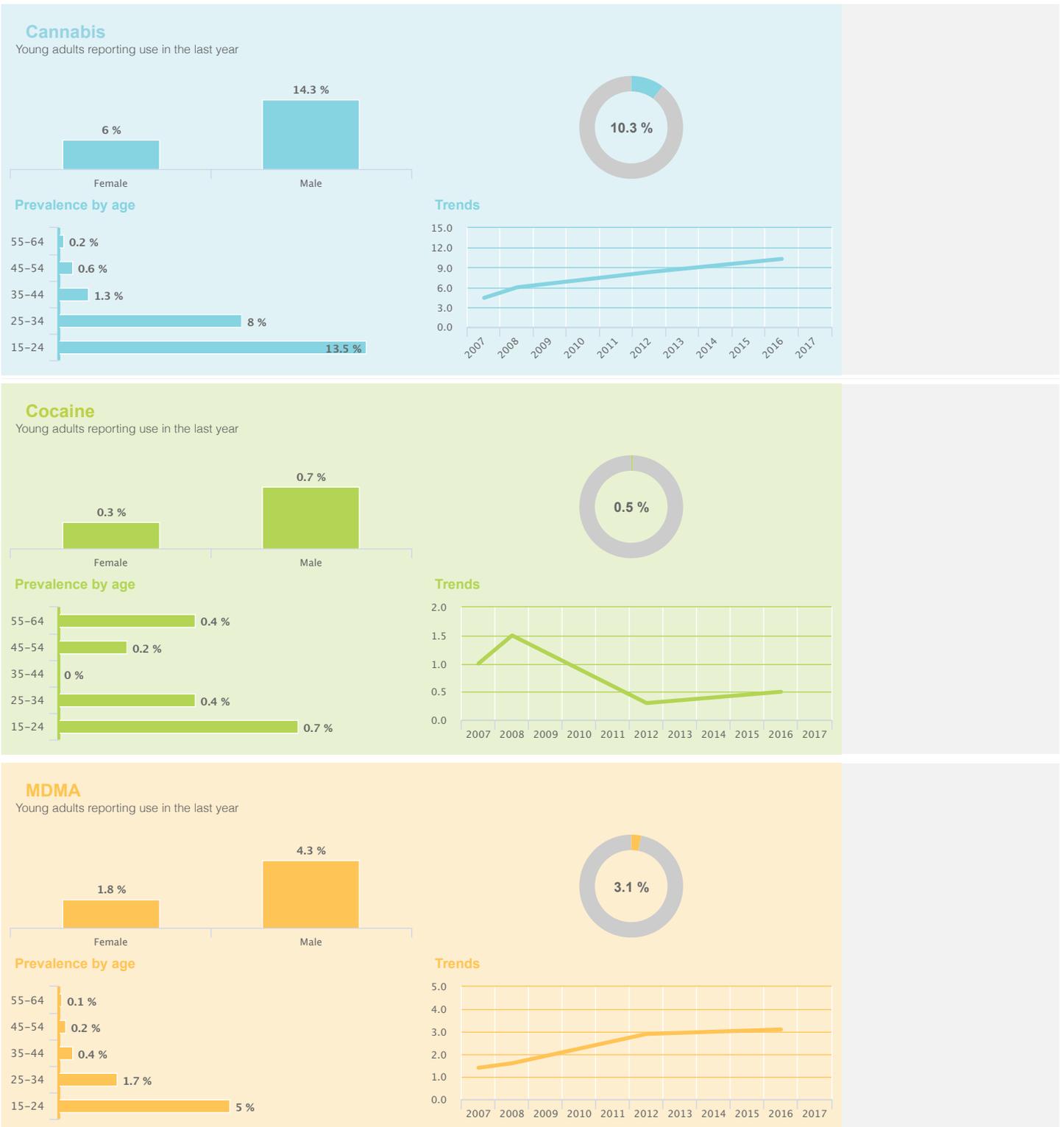
● Supply, 2401

# Drug use

## Prevalence and trends

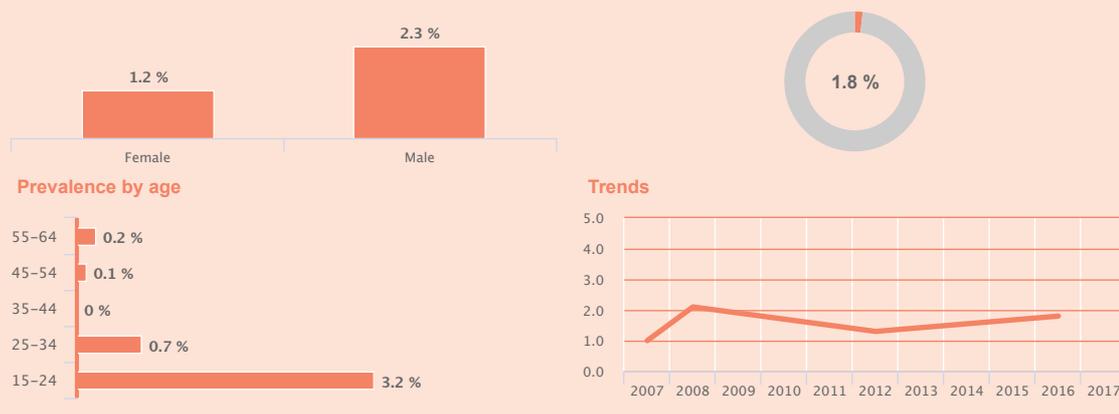
The latest general population survey in Bulgaria, carried out in 2016, indicates that cannabis remains the most frequently used illicit substance, followed by MDMA/ecstasy. In general, illicit drug use is concentrated among young people aged 15-34 years. The long-term trend indicates an increase in last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

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



## Amphetamines

Young adults reporting use in the last year

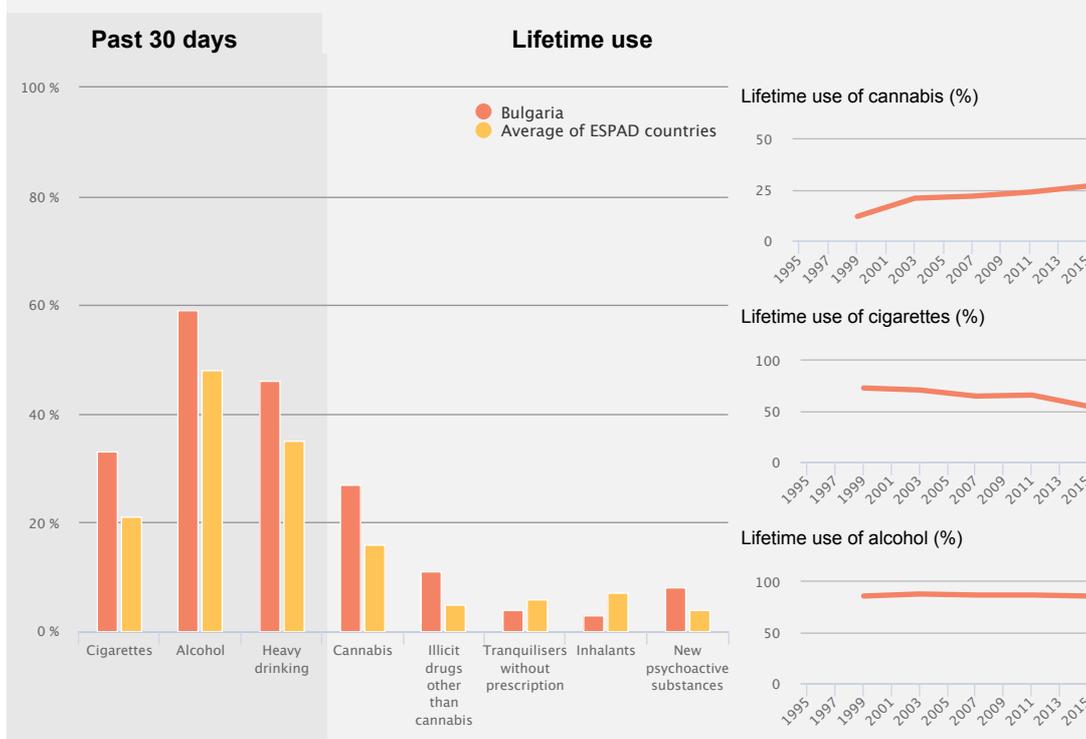


NB: Estimated last-year prevalence of drug use in 2016.

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. In 2015, Bulgarian students reported higher than average (based on data from 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, and has increased slightly since then. Bulgarian students reported one of the highest rates of lifetime cannabis use among the ESPAD countries. Cigarette use, alcohol use and heavy episodic drinking for the last 30 days also exceeded the ESPAD average. However, lifetime use of inhalants and non-prescription use of tranquillisers or sedatives were slightly below the ESPAD average.

In 2017, a National Representative Survey among students (grades 9-12) was conducted; around 26 % of the students reported having used an illicit drug at least once in their lifetime. Studies conducted among university students in 2006-14 indicate relatively stable levels of cannabis consumption among young adults over this period.

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



Source: ESPAD study 2015.

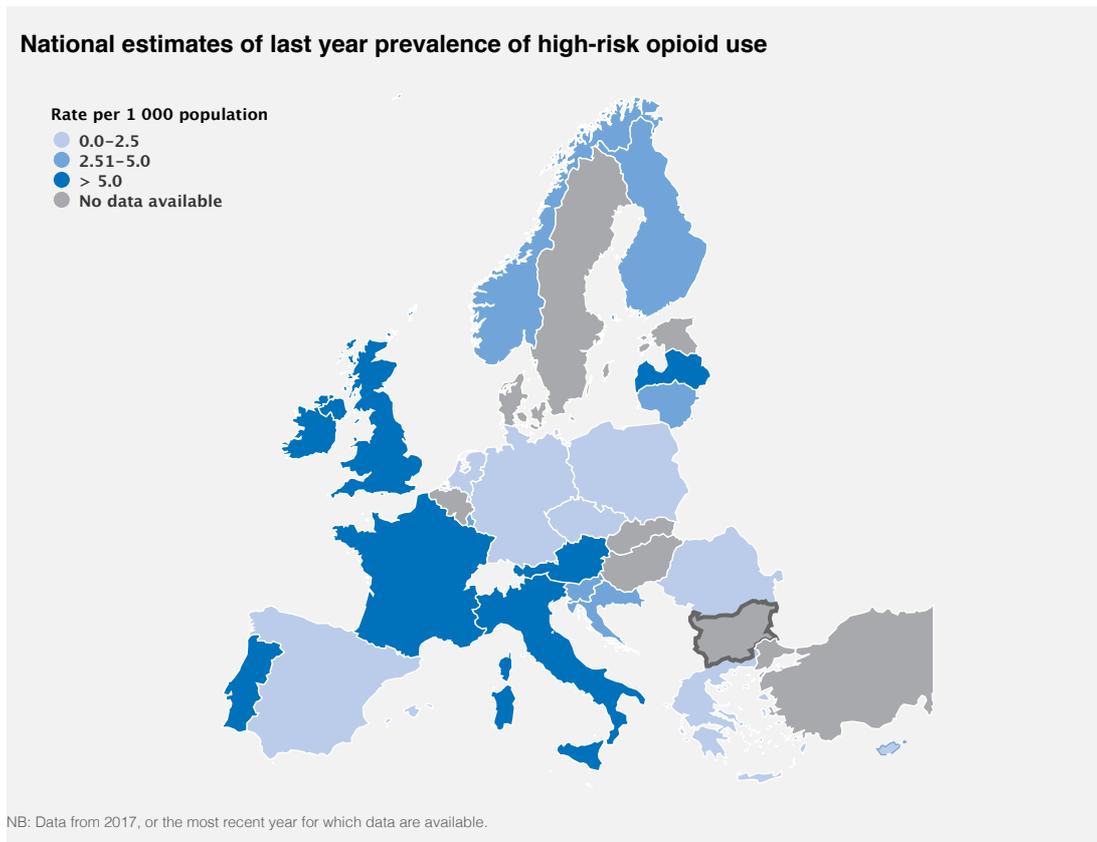
## High-risk drug use and trends

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.

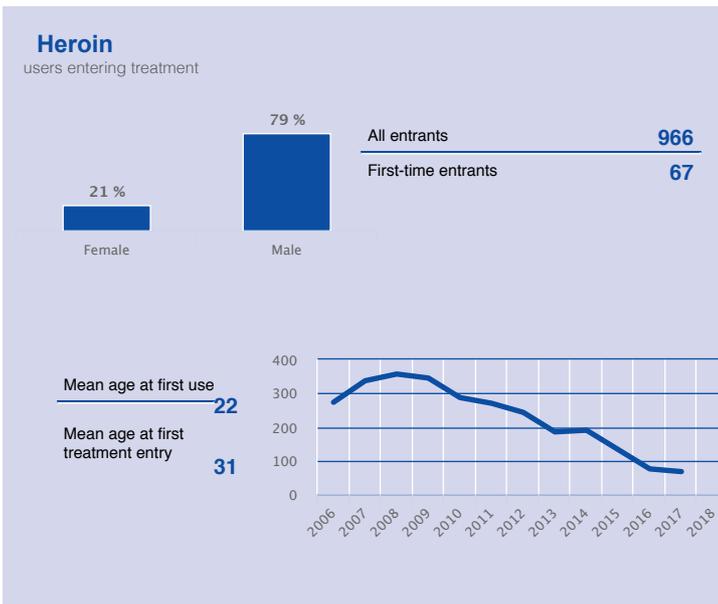
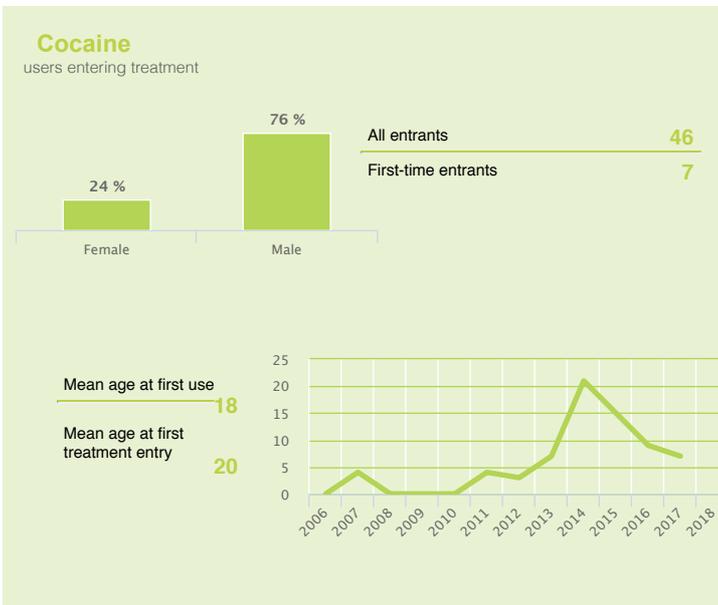
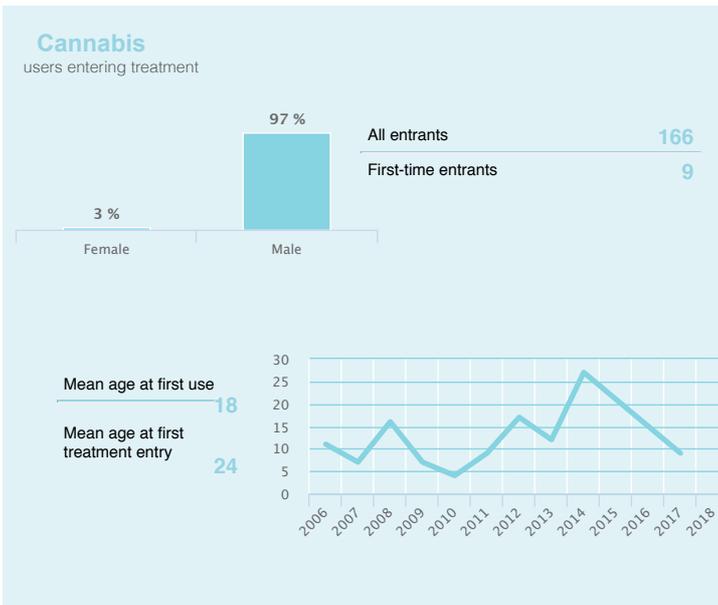
Recent data on high-risk drug use in Bulgaria are limited. In general, problem drug use in Bulgaria is linked to the use of opioids (primarily heroin) and injecting drug use.

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 number and 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.

Data from the 2016 general population survey indicate that, in Bulgaria, an estimated 0.48 % of 15- to 64-year-olds have used cannabis 2 or more days every week in the past 12 months.

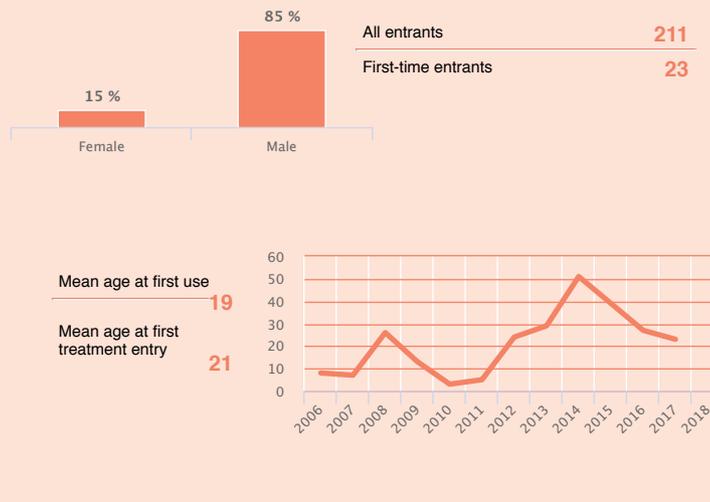


# Characteristics and trends of drug users entering specialised drug treatment in Bulgaria



## Amphetamines

users entering treatment



NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

## Drug-related infectious diseases

Data on 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 in Sofia.

In 2017, there were 31 new HIV diagnoses attributed to injecting drug use, representing 13 % of all new cases of HIV infection registered in Bulgaria that year.

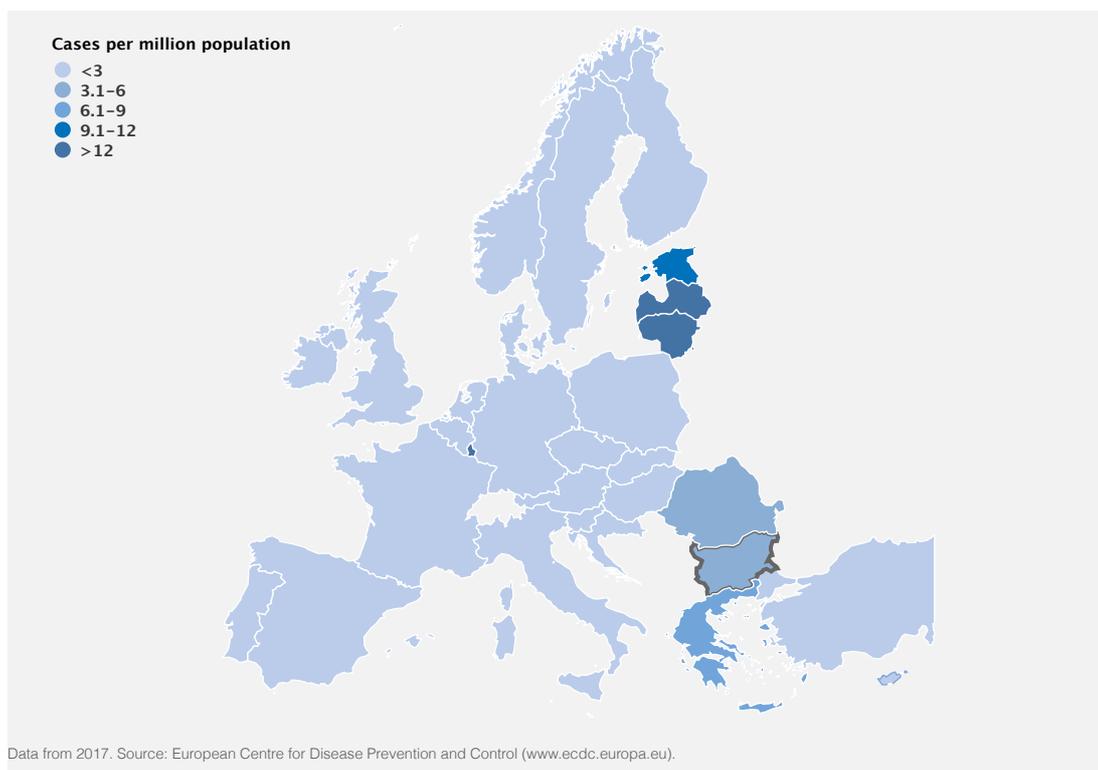
**Prevalence of HIV and HCV antibodies among people who inject drugs in Bulgaria (%)**

Region	HCV	HIV
National	:	:
Sub-national	76.8	6

Data from 2017.

The 2017 prevalence data refer to clients who were tested upon entering regional drug treatment centres (for opioid substitution treatment or rehabilitation). The prevalence of HIV infection among this group was 6 %, while the prevalence of HCV antibodies was 77 %. Approximately 5 % of those tested were positive for chronic hepatitis B virus infection (HBsAg).

## Newly diagnosed HIV cases attributed to injecting drug use



## Drug-related emergencies

In 2017, the Centre for Emergency Medical Aid of Sofia reported 595 emergency cases related to illicit drug use (including abstinence syndrome), of which 74 cases were related to overdose with an illicit substance.

The toxicology clinic in Pirogov Hospital in Sofia reported 198 emergency clients in 2017, almost one third of whom required assistance because of cannabis use; in the remaining cases the drugs most commonly reported were amphetamine, cocaine, heroin and methadone. Almost half of those seeking treatment were treated in outpatient care and the remainder were hospitalised in the clinic. Drug-related emergencies trends have remained relatively constant, except for cases related to the use of amphetamines or cannabis, which have increased.

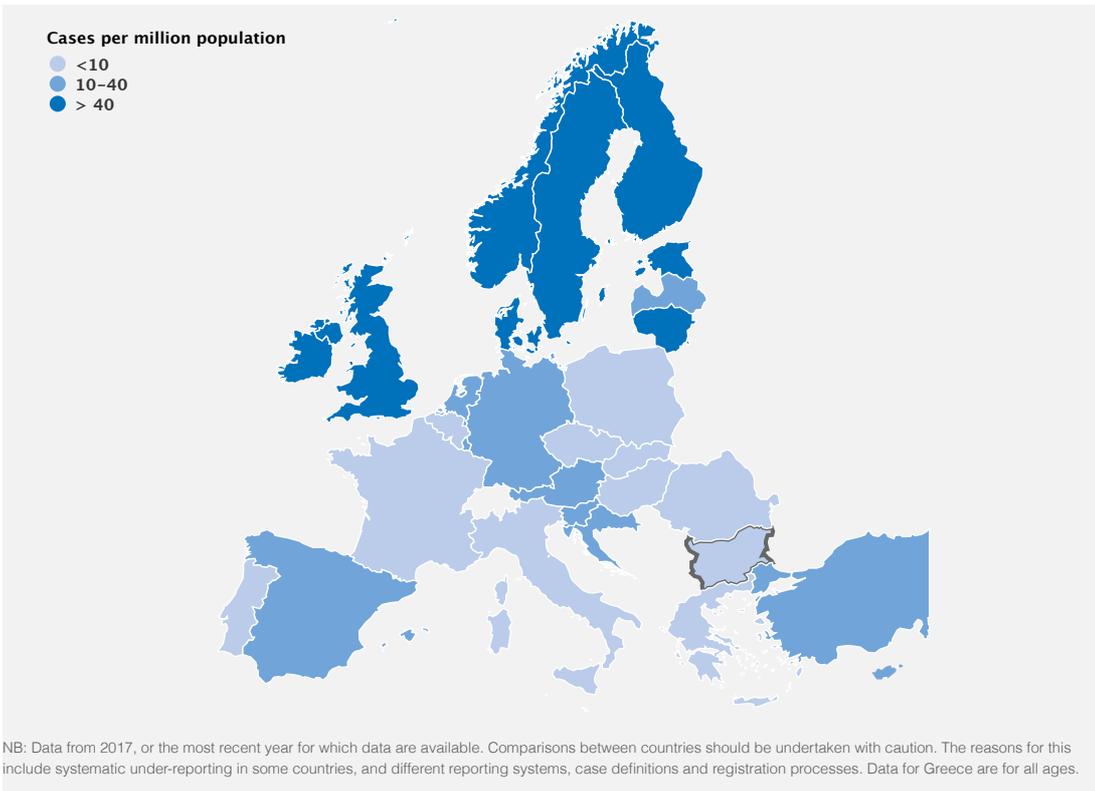
Since 2017, one emergency department in a hospital in Sofia has participated in the European Drug Emergencies Network (Euro-DEN Plus) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

## Drug-induced deaths and mortality

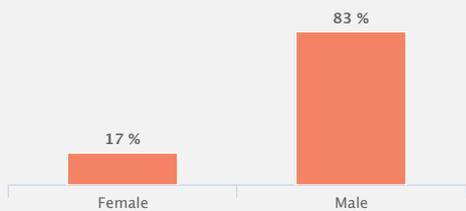
Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses). The general mortality register reported a decline in drug-induced deaths for 2008-14, with some stabilisation at low levels since then. In 2017, 18 drug-induced deaths were reported in Bulgaria. The mean age at the time of death was 35 years.

The drug-induced mortality rate among adults (aged 15-64 years) was estimated at four deaths per million in 2016, which is lower than the most recent European average of 22 deaths per million. However, comparisons between countries should be undertaken with caution. The reasons for this include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes. In Bulgaria, difficulties related to data coverage and the coding of cause of death suggest that the number of reported drug-induced deaths is an underestimate.

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



Gender distribution



Toxicology



Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017

## Prevention

The main objectives and features of Bulgaria's drug use prevention policy are (i) the expansion of systematic health education in the field of secondary education; (ii) the development and implementation of programmes targeting children and young people; (iii) the establishment and training of multidisciplinary teams; (iv) the implementation of media campaigns; (v) the expansion of sport and tourism programmes for children and young people; and (vi) 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 the local level and are supported by prevention and information centres that collect and analyse data and inform the design and implementation of municipal programmes and strategies. Local committees on juvenile delinquency also play a role in the implementation of some of the objectives of the national prevention policy. To secure funding, programmes must comply with the European Drug Prevention Quality Standards.

### Prevention interventions

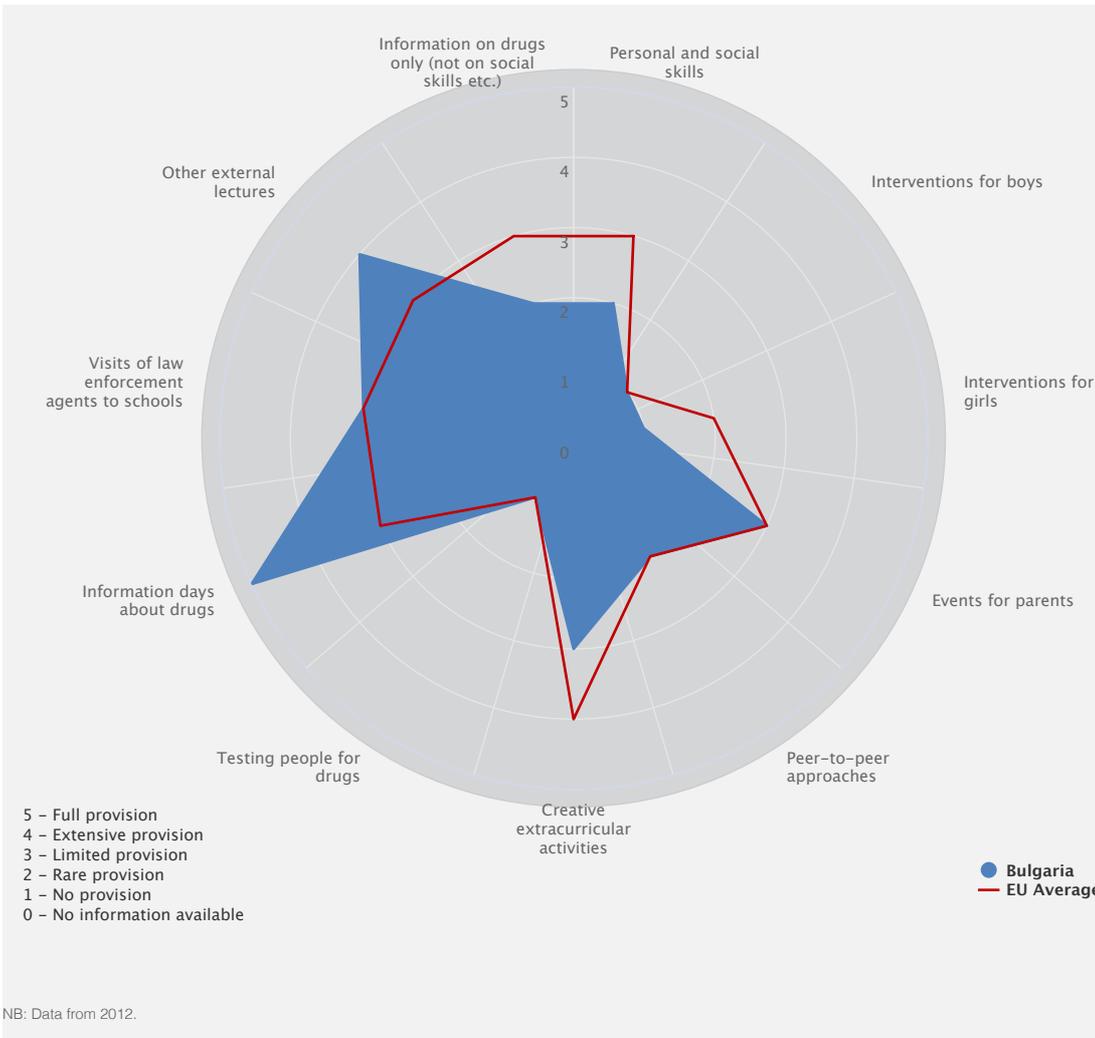
Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on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

Interventions in the field of prevention in Bulgaria are predominantly of an informational and educational nature. Local environmental policies are rare. 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 health education interventions implemented in schools combine life skills and peer education. Some interventions targeting parents are also available. Manual-based prevention programmes in schools are rare; available programmes are usually designed or adapted for implementation at the 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 generally promote the adoption of a healthy lifestyle.

Selective prevention in Bulgaria mostly targets at-risk children, young people and families. It is often based on the provision of information and training programmes, although peer-to-peer education models are also used. Other groups targeted for prevention activities include young people and children with special educational needs and those from ethnic minority communities.

Indicated prevention in the country focuses on training health, social and educational professionals on how to screen and implement early and short interventions. In Sofia, a day centre provides counselling on dependency problems for children, young people and parents.

## 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 a regulation issued by the Minister of Health in 2011.

### Harm reduction interventions

In 2017, six harm reduction programmes, operated by non-governmental organisations (NGOs), were active in Bulgaria. The work of these NGOs is funded in the framework of the National HIV/AIDS Control and Prevention Programme and — until the end of 2016 — by the Global Fund. The local provision of harm reduction services is reported to have decreased in 2017.

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 safer injecting, safe sexual behaviour and the prevention of overdoses and infectious diseases; testing for blood-borne infections; and supplying sterile injecting equipment.

Needle and syringe provision is provided by the six NGO programmes, operating mostly through outreach services in 23 locations. The number of syringes distributed in Bulgaria in 2017 is estimated at around 53 000. This is a considerable drop from the estimated 215 000 distributed in 2016. The end of Global Fund programmes in the country in 2016 partly explains the decrease. At the end of 2017, syringe programmes in Bulgaria came to a complete stop.

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	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	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

## Treatment

### 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 the drug treatment they receive in public institutions, whereas in private establishments clients do. 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 directed at opioid users, and the most common form of drug-related treatment is OST. Methadone was officially introduced in 1995, slow-release oral morphine became available in 2006 and buprenorphine became available in 2008. In 2017, there were 30 specialised units delivering OST in 13 cities and towns.

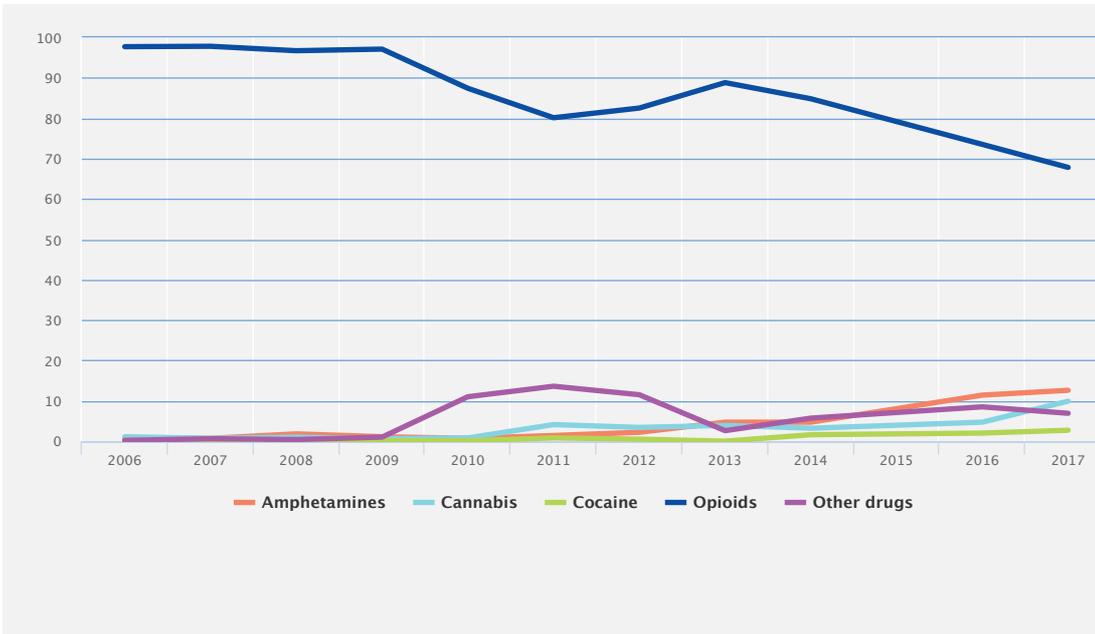


### Treatment provision

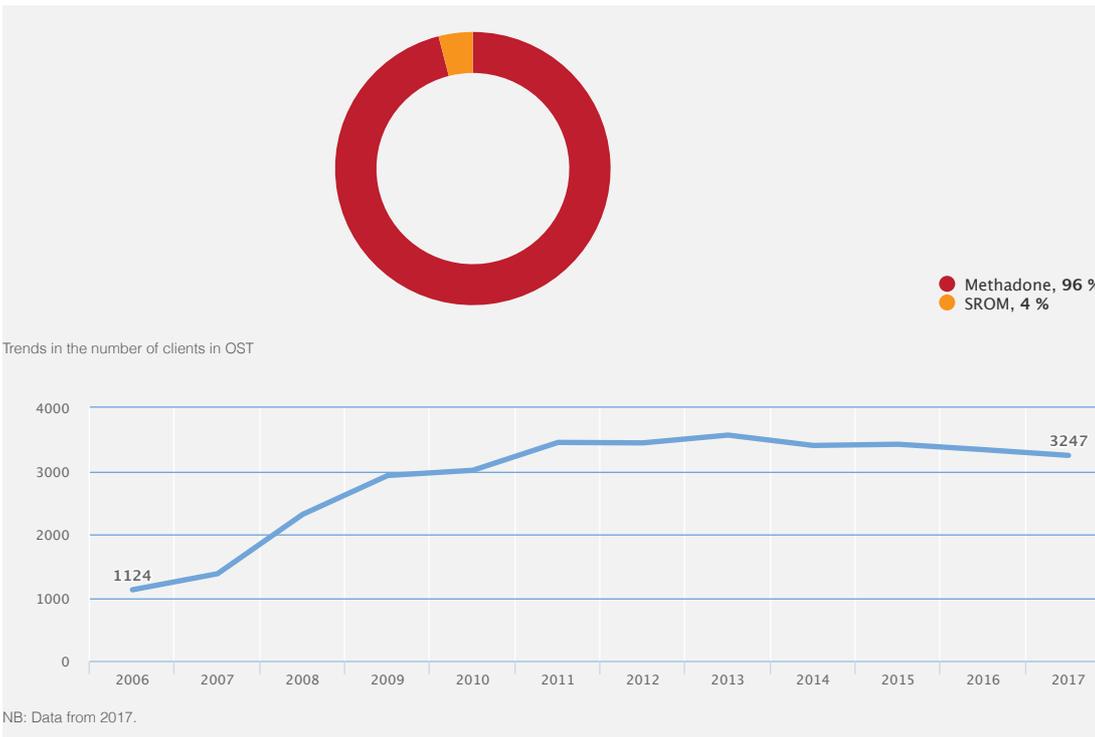
In 2017, the majority of clients were treated in specialised outpatient drug treatment centres. Of these clients, approximately 7 out of 10 were treated as a result of primary opioid use. Although a decrease in the number of clients treated for primary use of opioids has been observed in recent years, opioid users constituted the majority of all treatment entrants in 2017.

In 2017, 3 247 clients received OST, indicating a stable trend since 2011. The vast majority of OST clients received methadone-based medication.

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



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



NB: Data from 2017.

## Drug use and responses in prison

The available data indicate that, in 2017, around 1 in 10 people admitted to prison in Bulgaria reported using an illicit substance in the month prior to their imprisonment. Cannabis, heroin and amphetamines were the most commonly used substances. Recently, the use of new psychoactive substances (NPS) has been reported.

The National Anti-Drug Strategy 2014-18 and related Action Plan define the responses to the health consequences of drug use in places of detention. The Ministry of Justice is responsible for the organisation of healthcare in prison. 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 may 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 that mainly target alcohol users. In 2017, 23 prisoners received MMT from the two available programmes in prison.

Voluntary and anonymous testing for human immunodeficiency virus (HIV) is offered to all inmates. In addition, 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 research findings.

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 set criteria for drug use prevention; prevention activities have to comply with the European Quality Standards for Drug Use Prevention to receive support from the NCA for their 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 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

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Most drug-related research in Bulgaria focuses on the prevalence and characteristics of drug use among the general population and among subgroups 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

Located along the Balkan route, Bulgaria is considered a transit country for illicit drugs, with trafficking activity shaped by supply and demand in West European and Middle Eastern countries. The cultivation of cannabis, mainly carried out indoors, and some production of synthetic stimulants are consistently reported. Amphetamines are reported to be the main stimulants produced, albeit on a small scale and for domestic use.

Cannabis products are the most frequently seized drugs in Bulgaria. In 2017, there was an increase of trafficking of herbal cannabis from Macedonia and Albania to Turkey, through Bulgaria and Greece, by means of cargo vehicles. West and Central Europe, as well as Turkey, Syria and Lebanon, are thought to be the final destinations of the drug.

Opiate trafficking to Western Europe through the Balkan route via Bulgaria remained frequent in 2017; although the number of heroin seizures dropped by 45 %, seized quantities increased by 40 % compared with 2016. In addition, important quantities of morphine were seized. The same route, but in the opposite direction, is used for trafficking MDMA/ecstasy from the Netherlands and Belgium to Turkey and the Middle East. MDMA seizures in 2017 were comparable to 2016, in terms of both number of seizures and quantities seized.

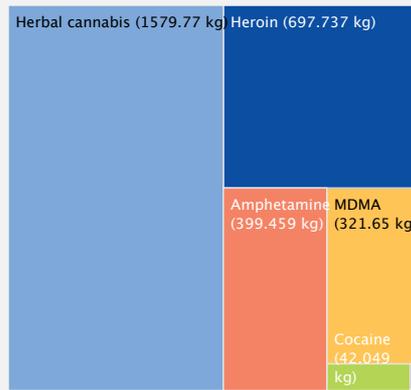
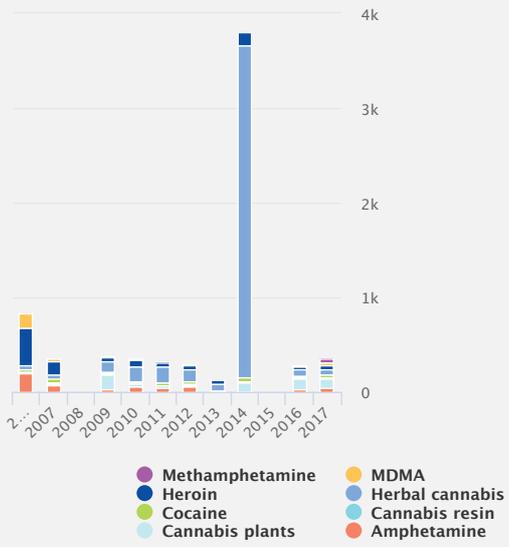
The quantity of cocaine seized more than halved in 2017 in comparison with 2016, but the number of seizures increased. New psychoactive substances (NPS) continued to be seized in Bulgaria in 2017, although the modus operandi changed as a result of legislative changes in the drugs law. Along with a decrease in the free distribution of these substances, other means of supply were developed, especially postal packages from China or India or internet sales.

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

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

**Number of seizures**

**Quantities seized**



NB: Data from 2017.

## Key statistics

### Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
<b>Cannabis</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	26.9	6.51	36.79
Last year prevalence of use — young adults (%)	2016	10.3	1.8	21.8
Last year prevalence of drug use — all adults (%)	2016	4.2	0.9	11
All treatment entrants (%)	2017	9.9	1.03	62.98
First-time treatment entrants (%)	2017	5	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	1 579.8	11.98	94 378.74
Number of herbal cannabis seizures	2017	57	57	151 968
Quantity of cannabis resin seized (kg)	2017	0.2	0.16	334 919
Number of cannabis resin seizures	2017	9	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	2.2 - 25.8	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	2 - 10	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	3.5 - 25	0.15	35
<b>Cocaine</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	4.85	0.85	4.85
Last year prevalence of use — young adults (%)	2016	0.5	0.1	4.7
Last year prevalence of drug use — all adults (%)	2016	0.3	0.1	2.7
All treatment entrants (%)	2017	2.7	0.14	39.2
First-time treatment entrants (%)	2017	3.9	0	41.81
Quantity of cocaine seized (kg)	2017	42	0.32	44 751.85
Number of cocaine seizures	2017	30	9	42 206
Purity (%) (minimum and maximum values registered)	2017	0.6 - 82.9	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	10 - 82	2.11	350
<b>Amphetamines</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	6.46	0.84	6.46
Last year prevalence of use — young adults (%)	2016	1.8	0	3.9
Last year prevalence of drug use — all adults (%)	2016	0.7	0	1.8
All treatment entrants (%)	2017	12.6	0	49.61
First-time treatment entrants (%)	2017	12.8	0	52.83
Quantity of amphetamine seized (kg)	2017	399.5	0	1 669.42
Number of amphetamine seizures	2017	45	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	0.6 - 31.2	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	5 - 20	3	156.25
<b>MDMA</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	5.17	0.54	5.17
Last year prevalence of use — young adults (%)	2016	3.1	0.2	7.1
Last year prevalence of drug use — all adults (%)	2016	1.3	0.1	3.3
All treatment entrants (%)	2017	1.7	0	2.31
First-time treatment entrants (%)	2017	1.1	0	2.85
Quantity of MDMA seized (tablets)	2017	2 335	159	8 606 765
Number of MDMA seizures	2017	41	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	n.a.	n.a.	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	2017	2.14 - 74.7	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	3.5 - 10	1	40
<b>Opioids</b>				
High-risk opioid use (rate/1 000)	n.a.	n.a.	0.48	8.42
All treatment entrants (%)	2017	67.8	3.99	93.45
First-time treatment entrants (%)	2017	55.9	1.8	87.36
Quantity of heroin seized (kg)	2017	697.7	0.01	17 385.18
Number of heroin seizures	2017	32	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	0.7 - 47.9	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	7.5 - 46	5	200
<b>Drug-related infectious diseases/injecting/death</b>				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	4.4	0	47.8
HIV prevalence among PWID* (%)	2017	n.a.	0	31.1
HCV prevalence among PWID* (%)	2017	n.a.	14.7	81.5
Injecting drug use (cases rate/1 000 population)	n.a.	n.a.	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	3.89	2.44	129.79
<b>Health and social responses</b>				
Syringes distributed through specialised programmes	2017	52 927	245	11 907 416

Clients in substitution treatment	2017	3 247	209	178 665
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#### Treatment demand

All entrants	2017	1 677	179	118 342
First-time entrants	2017	511	48	37 577
All clients in treatment	2017	6 427	1 294	254 000

#### Drug law offences

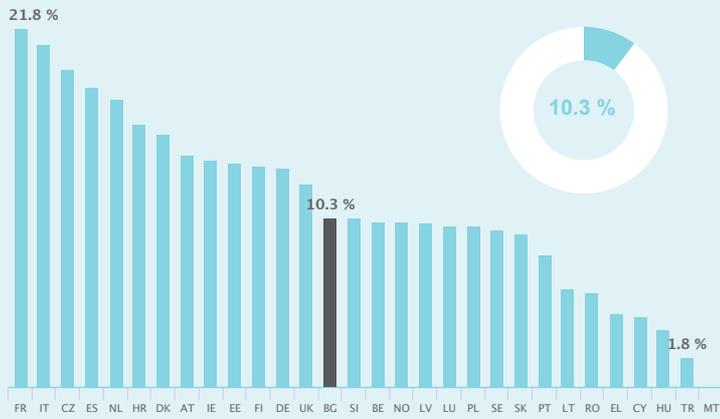
Number of reports of offences	2017	2 433	739	389 229
Offences for use/possession	n.a.	n.a.	130	376 282

Purity for heroin refers to heroin white; price of herbal cannabis refers to herbal cannabis unspecified.

EU Dashboard

Cannabis

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



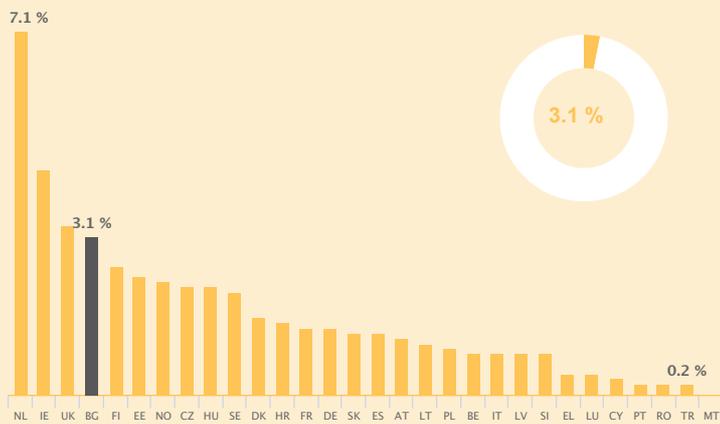
Cocaine

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



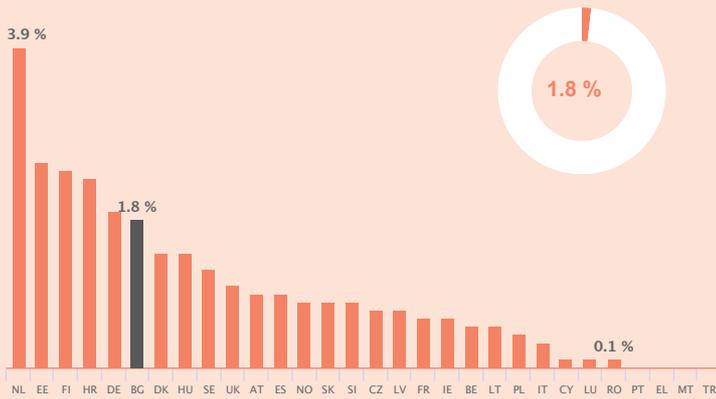
MDMA

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



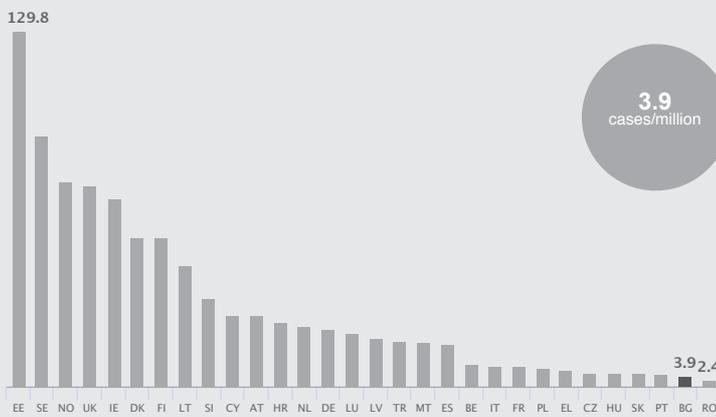
## Amphetamines

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



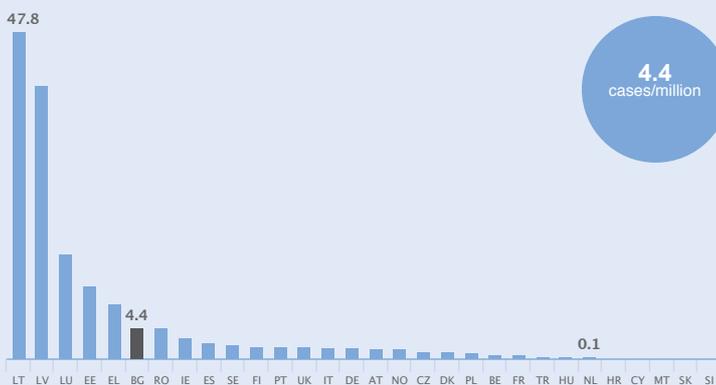
## Drug-induced mortality rates

National estimates among adults (15-64 years)



## HIV infections

Newly diagnosed cases attributed to injecting drug use



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. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

## 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.

[Click here to learn more about our partner in Bulgaria.](#)

## **Bulgarian national focal point**



National Center for Addictions

117, Pirotka Str.

BG-1303 Sofia

Tel. +359 2 83 13 079

Fax. +359 2 83 21 047

Head of national focal point: Mr [Aleksandar Panayotov](#)

**Methodological note:** Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the [EMCDDA Statistical Bulletin](#).

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