3. ASSESSMENT OF PSYCHOACTIVE SUBSTANCE (PAS) USE AND ABUSE IN BULGARIA

By outlining the genesis and current state of drug distribution in Part 1 and Part 2, the study examines the issue of drug supply. This section will canvass drug use and abuse from the perspective of **demand**.

Evidence from international and Bulgarian research of the topic, information gathered by NGOs, police, and specialized services' analyses and medical statistics shows that drug users in Bulgaria are not a homogeneous group. They can be categorized according to at least two criteria.[63]

The first one distinguishes between users of the different **types of drugs**. Following this criterion three relatively independent markets can be identified:

- ***soft drugs*** *market (*cannabis, marijuana, hashish, etc.);
- ***synthetic drugs*** *market* **(**amphetamines);
- ***heroin*** *market*;
- there is also a fourth, *eclectic market,* for ***psychoactive substances*** of low usage rates—***from cocaine to LSD and hallucinogenic mushrooms***.

The second typology is based on ***the pattern of consumption and the level of dependency on the respective psychoactive substance.*** The European monitoring center for drug abuse (EMCDDA) standards differentiate between three subgroups relevant to the pattern of use:

- ***experimental*** users, or such that have ***tried*** any drug (at least once in their life—lifetime prevalence);
- ***users***[64] (all who declare to have taken any type of drug during the last 12 months—recreational drug use);
- ***problem drug users*** (dependent users being a portion of the subgroup)—respondents claiming to have used any type of drug during the last 30 days.[65]

Using the above criteria we will attempt to evaluate drugs demand in Bulgaria.

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[63] For a detailed description of the methodology employed see Appendix 1.

[64] The term *prevalence* is used as a generic term for all respondents that have tried any drug at least once in their lives, or use it occasionally or frequently. The terms *consumers* and *users* should not be confused.

[65] This subgroup has been assessed not only by means of population surveys data, but also through police statistics and drug care NGO information.

[66] The Center for the Study of Democracy and the sociological agency Vitosha Research conducted the first population surveys in this country on drug use and abuse in December 2002–January 2003 and June–July 2003 (For more details see Appendix 1).

3.1. SOFT DRUG USE

The hypothesis that soft drugs would be in popular use among PAS consumers was confirmed across national population surveys.[66] Since they are used so massively, the classification of their main users according to the above criteria is significant.

The formulation of the question should be taken into account in the assessment of the number and class of users of the different types of drugs. Direct or indirect questions[67] produce different assessment results.

The percentage of positive responses to the **direct question** *"Have you, in the last 12 months, taken cannabis, marijuana, hashish (joint, ganja, pot)",* in January 2003 was 0.5% with a negligible variation in July the same year. In terms of relative numbers measured against the population of the country it can be stated that the so called ***users*** (recreational drug use) are approximately 30,000–35,000 people.

Two types of questions were used to put together the profile of users who have ***tried*** a certain drug (lifetime prevalence). In January 2003 the question was formulated as *"Have you personally tried (any type of drug)?"* where the soft type of psychoactive substances are enumerated.[68] The percentage of respondents who had tried cannabis was 0.4%, while those that had tired marijuana and hashish were 0.5% (Table 1). In July 2003 all soft drugs were included in a single question.[69] As a result, the percentage of people declaring to have tried rose to 1.5%.

Table 1. Use of Soft Drugs (%)

	15+		15–30	
	Using now	***Tried before***	***Using now***	***Tried before***
January 2003 (The survey was conducted among population aged 15+)				
Cannabis	0.5	0.4	0.7	1.4
Marijuana, hashish (ganja, joint)	0.5	0.5	0.8	2.0
July 2003 (The survey was conducted among population aged 18+)				
Cannabis, marijuana, hashish (joint, ganja, pot)	0.4	1.5	NA	NA

Source: Vitosha Research

The analysis of answers from January 2003 revealed a near 50% overlap of the two user subgroups: those of ***cannabis*** and those of ***marijuana and hashish.*** The answers measured as a relative number indicated that those who had ***tried*** (*lifetime prevalence*) in January 2003 were approximately 66,000–68,000 people. The rate of positive answers in July 2003, when the question fully coincided with that of EMCDDA and combined the two subgroups of drugs into one ***(cannabis, marijuana and hashish),*** was 1.5%. This corresponds to 93,000 –96,000 people (aged 18 +). This slight increase is within the bias limits and constitutes no sufficient grounds for conclusions of an increase in the last six months.

[67] See Appendix 1 on the methodology of national surveys conducted by the Center for the Study of Democracy and Vitosha Research.

[68] The questions mentioned parenthetically are the various appellations (including slang words) under which this group of drugs were popular. The fact that soft drugs are in two separate groups resulted from pilot survey outcomes, in which the respondents stated to have smoked cannabis, but to not have used marijuana.

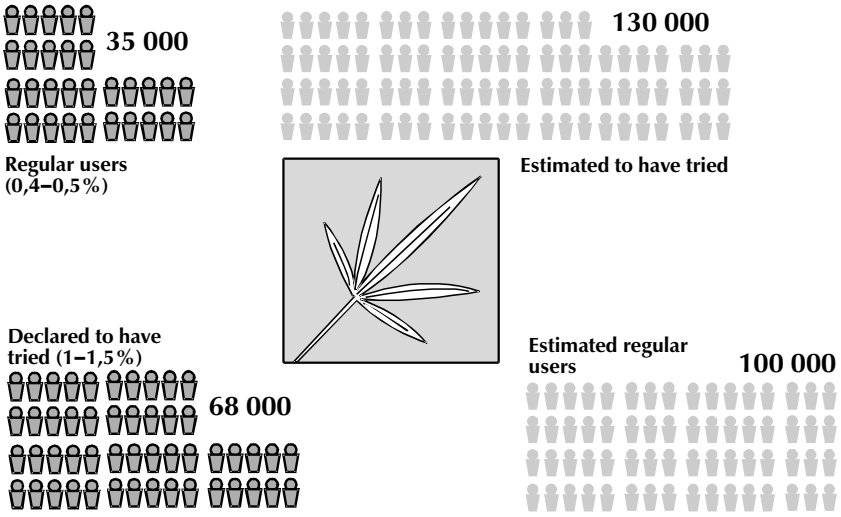
[69] *"Have you personally tried cannabis, marijuana, hashish (joint, ganja, pot)?"*

Table 2. Indirect estimate of those who have tried and those currently using drugs: (January 2003,%)

	15 +		15–30	
	Tried before	*Using now*	*Tried before*	*Using now*
Cannabis	1.9	1.4	4.2	3.0
Marijuana, hashish (ganja, joint)	1.8	1.5	5.2	3.0

Source: Vitosha Research

Figure 8. Structure of soft drug users according to direct and indirect questions



Source: Vitosha Research

With **indirect questions** like *"Would you try?"* and *"Do you have personal acquaintances who have used cannabis, marijuana, hashish (joint, ganja, pot) during the last 12 months?,"* the percentage of ***users*** was quite higher, as expected—between 1.4% and 1.5%, or 90,000–100,000 people.

The rate was even higher with the subgroup of those who had ***tried—*** 1.8–1.9% which is equal to nearly 120,000–130,000 people (Table 2 and Figure 8).

However, a thorough socio-demographic analysis of soft drug use would be impossible to make due to the small number of replies confirming ***use*** or ***trying***.

A notable fact is the percentage of people aged 15–30 who are positive of ***having tried,*** which is three to four times as high (see Table 2). Their number is even bigger with indirect questions, where it reaches 4.2–5.2%, or between 70,000 and 90,000 people.

The data may be juxtaposed to information collected up to now by the National Center for Addictions (NCA), to help complete the picture of ***trying*** and ***use*** among high school students. The NCA, though, has gathered representative data only for particular cities in different years for 6 to 12 grade students (aged 12–18).[70]

[70] Data comparison of the two surveys establishes much higher levels with both subgroups—those ***having tried*** and those ***using.*** The disparity may be caused by one of two factors. Either the survey examined the most affected portion of the population, i.e. *high school students in the biggest cities.* (Soft drug penetration obviously displays much higher values in Sofia and the other large cities like Plovdiv, Varna, and Bourgas). Or the data was influenced by the data collection pattern used. The national population survey employed home interviews, while the NCA conducted interviews at schools. It may be assumed that students have tried to show fictitious awareness and experience for reasons of popularity.

Table 3. Lifetime prevalence among students (%)

	Sofia, 2000	Plovdiv, 2002
Marijuana	24.0	12.3
Hashish	6.4	4.5
Other varieties of cannabis	8.3	7.2

Source: National Center for Addictions

Table 4. Last-year and last-month prevalence among students (%)

	Sofia, 2000		Plovdiv, 2002	
	During the last 12 months	***During the last 30 days***	***During the last 12 months***	***During the last 30 days***
Marijuana	13.7	9.8	8.4	6.2
Hashish	3.2	1.8	2.7	1.8
Other varieties of cannabis	4.6	3.0	4.9	2.6

Source: National Center for Addictions

Still, data from those two national surveys demonstrate that soft drugs penetration is much higher in larger cities. NCA survey results confirm this conclusion—the percentage of students in Sofia and Plovdiv who ***have tried*** [71] varies between 12% and 24% (Table 3). The situation with those ***using*** is similar (Table 4). Some probing surveys in Bourgas [72] and Varna show comparable values of lifetime prevalence.

The rate of positive replies to the question *"Do you personally know any people who use cannabis, marijuana, hashish (joint, ganja, pot),* during the survey in July 2003 was 7.7%. The high rate of "knowing" people using soft drugs in comparison to the other types of drugs makes it possible to obtain a penetration profile according to the basic socio-demographic variables (Figure 9). The percentage approximates the level of those who confirm to have drug using acquaintances in January 2003, i.e. 7.3%.[73]

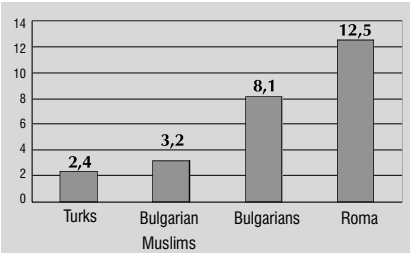
[71] The comparison of data of the two cities is problematic because the survey for Sofia was conducted in year 2000 among 9 and 12 grade students, while in Plovdiv it was carried out two years later comprising students from 6 to 12 grade.

[72] A Dose of Love Association inquiry conducted at the start of 2003.

[73] The question was: "Do you have friends and/or acquaintances who use drugs?" (Vitosha Research).

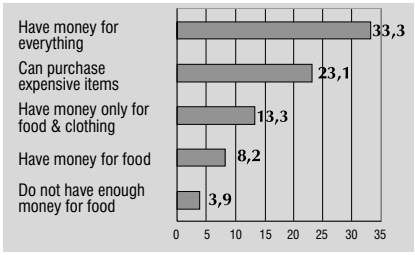
Figure 9. Distribution of "those who know drug users" by socio-demographic characteristics (July 2003)

Ethnic group



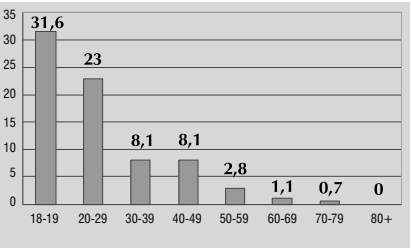
Base: *N = 1921*

Financial status



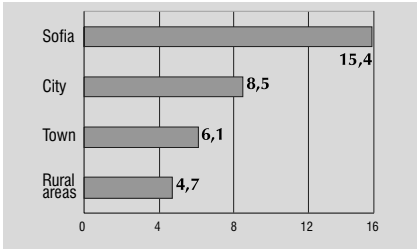
Base: *N = 1921*

Age



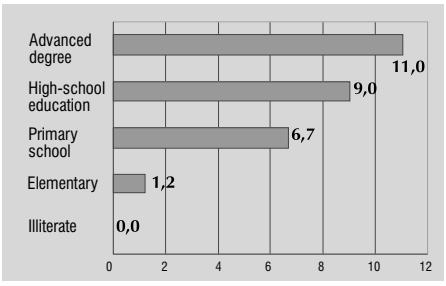
Base: *N = 1921*

Location



Base: *N = 1921*

Degree of education



Base: *N = 1921*

Source: Vitosha Research

The socio-demographic profile of soft drug users corresponds to expectations. There is a visible pattern that a high level of penetration should relate to a high status of the group surveyed (with regard to education and income).

The data also met the expectation that the most endangered social group with regard to age were people between 18 and 30. It is evident that 30 years is the limit beyond which soft drug consumption plummets. Location defines a similar pattern—penetration in the capital is nearly twice as high as in other big cities, while lowest values are observed in rural areas and villages.

As to ethnic group characteristics, the survey data coincides with findings from other surveys and expert assessments showing that Roma are most affected by the drug problem, while Bulgarians from Turkish origin are most conservative.

3.2. SYNTHETIC DRUG USE

Table 5. Synthetic drugs users (January 2003, %)

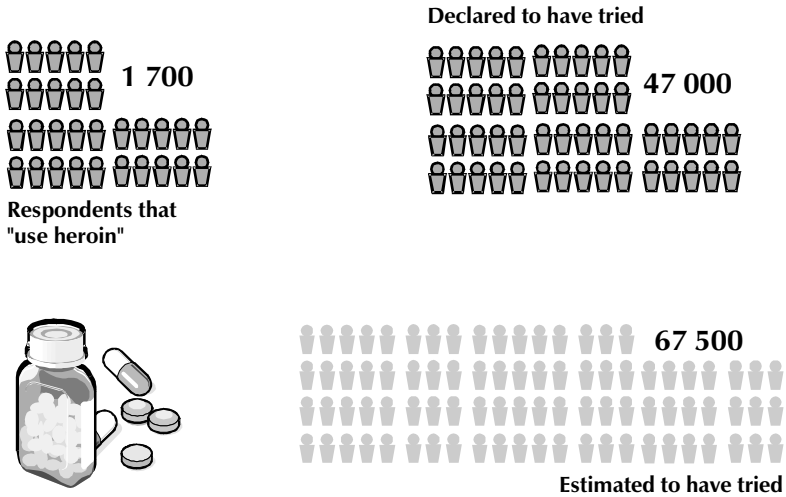
	15 +		15–30	
	Tried before	*Using now*	*Tried before*	*Using now*
Direct estimate of amphetamines, ecstasy	0.7	–	0.8	0.1
Indirect estimate of amphetamines, ecstasy	1.0	0.7	1.4	1.9

Source: Vitosha Research

Synthetic drugs rate second in terms of the number of users. As elucidated by the national population survey, the **direct question** provoked no embarrassment in respondents who described their own and their friends' experience in a fairly open manner.

In January 2003 replies to the question "*Have you ever used amphetamines and/or ecstasy?*"[74] registered as little as 0.1% ***users*** among the 15–30 year-olds**.** In absolute numbers, ***users*** (recreational drug use) were no more than 1,700 people.

Figure 10. Structure of synthetic drug users according to direct and indirect questions.



Source: Vitosha Research

The question "*Have you ever tried?*" received positive replies by 0.7% of respondents, i.e. the group of those who had ***tried*** (lifetime prevalence) comprised 47,000–48,000 people.

The ***indirect estimate*** of ***users*** was 0.7%, while that of those who ***tried—***at 1%, which is 67,000–68,000 people respectively (Table 5 and Figure 10).

[74] In experts' opinion, ecstasy is exceptionally rare in Bulgaria, while experience has shown that when respondents mention ecstasy, it most often refers to locally produced amphetamines.

Table 6. Lifetime prevalence among students

	Sofia, 2000	Plovdiv, 2002
Amphetamines	2.0	1.2
Ecstasy	2.1	2.9

Source: Vitosha Research

Table 7. Last-year and last-month prevalence among students

	Sofia, 2000		Plovdiv, 2002	
	During the last 12 months	*During the last 30 days*	*During the last 12 months*	*During the last 30 days*
Amphetamines	0.9	0.6	0.7	0.4
Ecstasy	1.2	0.6	1.8	0.7

Source: Vitosha Research

The comparison between findings of the national population survey of January 2003 and these of the Plovdiv and Sofia surveys of the National Center for Addictions indicates much lower differences than with soft drugs (Tables 6 and 7). The data gathered in Bourgas in 2003 should also be foregrounded. They show that the percentage of those who have ***tried*** at schools is twice as big, i.e. 4.3%. Such higher consumption may be explained with the higher supply level in this city.

3.3 USE OF HEROIN

One of the primary and most complex tasks is the measurement of the number of heroin users. They are the group at greatest risk and this is a serious challenge in a variety of aspects, from healthcare to domestic security. Medical statistics show that for the last 12–14 years problem-use is relevant to 90% of users from this group and the death rate is excessively high (probably around 3% per year).

Experience worldwide has established that this type of use is hard to register via population surveys. Therefore, this assessment incorporates comparison of data from all kinds of sources like police statistics, drug care NGOs servicing heroin addicts, medical statistics, etc.

The proportion of positive answers by 15 to 30 year-old respondents to the January 2003 population survey **direct question** *"Do you use heroin?"* was 0.2%. This is roughly 3,300 people who can be defined as ***users.*** Yet the relatively small number of respondents gives no sufficient empirical basis for drawing conclusions.

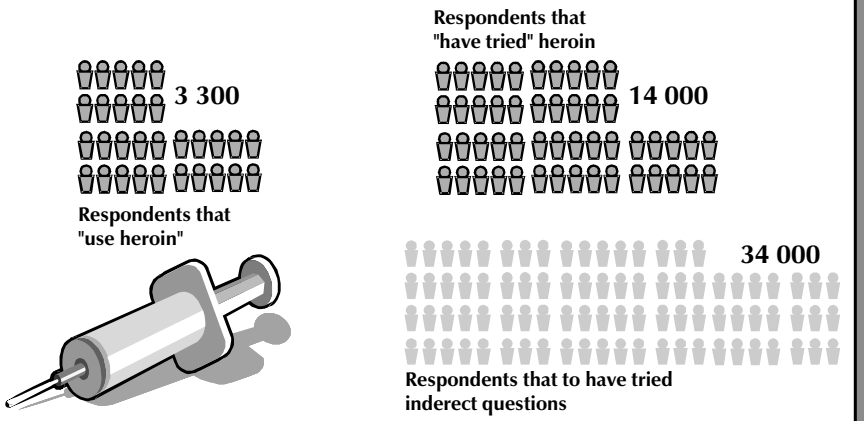
As to the subgroups of those having ***tried*** heroin 0.2% of all respondents throughout the country give positive replies, i.e. a total of 12,000–14,000 people (Table 8 and Figure 11).

Table 8. Heroin (January 2003, %)

	15 +		15–30	
	Tried before	*Using now*	*Tried before*	*Using now*
Direct estimate of heroin	0.2	–	0.3	0,2
Indirect estimate of heroin	0.5	n.a.	0.7	n.a.

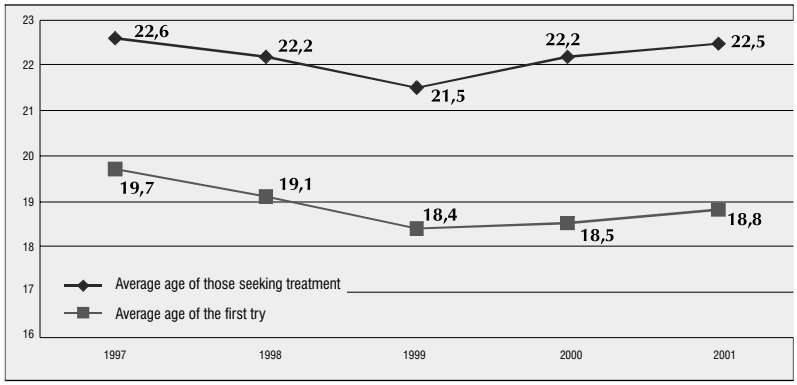
Source: Vitosha Research

Figure 11. Structure of heroin users according to direct and indirect questions



Source: Vitosha Research

Figure 12. Average age of the first-time use of those seeking treatment



Source: National Drug–addiction Center

A supplementary question allowing for a large-scale assessment of heroin users was: *"Would you try if you were offered"?* and 0.5% declared they had already tried. This is equivalent to about 32,000–34,000 people. The results with other indirect questions such as *"How many of your friends and acquaintances have tried or are using heroin?"* are similar (Table 8).

Comparison between these figures and data by local police departments and NGOs implementing treatment programs for heroin addicts leads to the conclusion that the number of heroin users to date is between 15,000 and 25, 000 people. Experts and researchers, however, do not agree on the level of ***problem heroin use.***

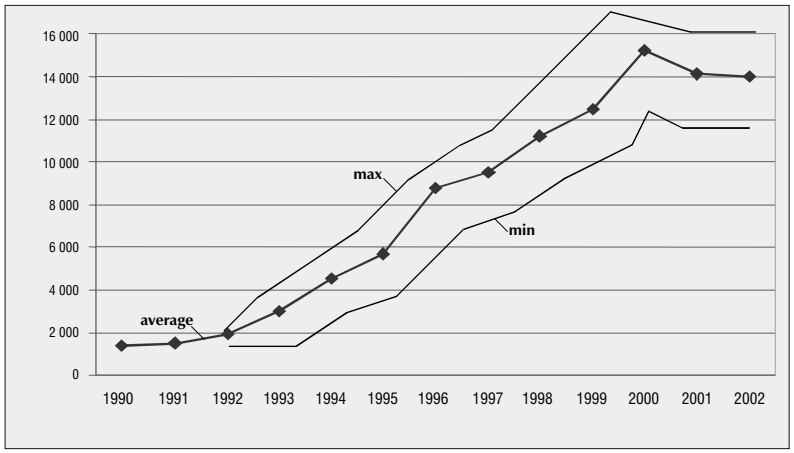
Assessment of the number of heroin users should take into account the post-2000 symptoms that the heroin epidemic is subsiding. The strongest evidence in this respect is the values of variables like "average age of those seeking treatment" and "average age of the first-time use of the basic substance" (Figure 12).

Registrations under NGO harm reduction programs,[75] as well as police statistics, also confirm the above data. Another hypothesis was advanced in a study assessing dependent drug users according to the number of people having sought help at medical institution across the country; it identified the years 1999–2000 as the peak of the heroin epidemic (Figure 13).

As already mentioned, the number of ***problem heroin users*** is extremely hard to pinpoint, the most reliable data being the number of people seeking heroin dependency treatment and, the death rate among dependent heroin users.

[75] Programs for exchange of needles and syringes: Initiative for Health (Sofia), Panacea Foundation (Plovdiv), Dose of Love Association (Bourgas), 21st century Foundation (Pleven).

Figure 13. Indirect estimate of the number of heroin users in the period 1990–2000 through comparison of police notifications and number of drug users seeking emergency treatment



Source: CSD Estimation

Table 9. Comparative data on treatment seekers in Sofia in the period 1997–2001 (%)

Indicators	1997	1998	1999	2000	2001
Percentage of first-time treatment seekers	46.0	43.0	49.0	38.0	43.0
Percentage of male treatment seekers	82.0	81.0	76.0	79.0	83.0
Percentage of persons seeking treatment in relation to heroin or other opiates use	95.0	97.0	97.0	98.0	96.0
Percentage of persons using drugs on a daily basis	81.0	90.0	78.0	90.0	85.0
Percentage of persons injecting basic substance	74.0	81.0	74.0	78.0	76.0

Source: National Center for Addictions

According to official data of MoI's Press Office,[76] a total of 57 Bulgarian citizens died of overdose in 1999 (*the number of those aged 14 -18 was* 11, *those between 19 and 30 were* 44, *and those aged 30 + were* 2). In year 2000 the number of people who died of overdose rose to 102.[77] According to a survey of the Center for Social Studies, the death rate for 2001 was 75 people who died of overdose or low quality drugs. The number of drug users who passed away in 2002 was 17 people.[78]

The heroin epidemic peak is also backed up by NCA data on "first time treatment seekers" demonstrating peak values for the year 1999 (Table 9). The information provides an indirect estimate of the dynamics of ***problem heroin users'*** share**.**

NCA data also corroborates three main trends:

- The percentage of persons ***injecting heroin*** and other opiates varies from 95% to 98% of all people seeking treatment.
- The percentage of persons ***injecting heroin*** and other opiates on a daily basis is between 78% and 90% of all people seeking treatment.
- The relative percentage of persons ***injecting heroin*** and other opiates is between 74% and 81% of all people seeking treatment.

[76] A comparison between this trend and death rate figures for dependent drug (mostly heroin) users is nearly impractical. The National Statistical Institute provides incomplete data on drug induced death, so the figures used here are taken from MoI announcements on various occasions. Moreover, the latter are fragmented since the Ministry had not officially presented the statistics CSD asked for until the publication of this study.

[77] 2002 Annual Report of the National Drug Council.

[78] *Tema* magazine, 26 August 2002.

Certain at-risk groups of the heroin market should be categorized:

The first group is ***high school students.*** The data at our disposal indicates that the direct and indirect estimates of high school students who have used heroin, i.e., ***lifetime prevalence*** for that group is between seven to nine times higher than the country average. Indirect estimates lead to the conclusion that the concentration of heroin consumption among high school students is much higher than the average of the at-risk group of people aged 15–30. Surveys of the National Center for Addictions carried among students in Sofia and Plovdiv also back up this data (Table 10).

Table 10. High school students using heroin

	Lifetime prevalence	Last-year prevalence	Last-month prevalence
Sofia, 2000	2.1	1.1	0.5
Plovdiv, 2002	1.3	0.7	0.4

Source: National Center for Addictions

A mechanism worth dwelling upon is the risk concentration in suburban schools in larger cities. In-depth interviews with dependent drug users and experts have shown that it is a regular practice in *the leading schools in Sofia and other big cities* to banish any students suspected of drug use without seeking support from the competent bodies in order to avoid publicity. Thus, the problem students are compelled to move to *inferior schools in suburban areas* where they are usually coerced into drug use by actual addicts in order to secure resources for the heroin the latter might need. Organized crime's effort to maintain "zones of permanent use," slackened parental control, and the negligence of enforcement bodies in the outer city are additional factors that spawn ***crisis spots for the ingress of heroin.***

The *second* at-risk group is the **Roma population,** particularly so in certain regions of Bulgaria. The Roma minority presents 30% to 40% of all participants registered under harm reduction programs (also known as exchange of needles and syringes) in Sofia and Plovdiv. A similar percentage of Roma occupy police records of detained persons. Data about this community from NGOs based in Varna also testifies to a very high penetration rate.

A Friedrich Ebert Foundation funded survey among Roma aged 12 to 29 from Sofia, Plovdiv, Vidin, Blagoevgrad, Pleven, and Pazardzhik confirms the high risks among this minority.[79]

Likewise, 12% of all participants in the methadone program of the National Center for Addictions are of Roma origin. The penetration rate is thus higher than the country average, since according to the 2001 census the percentage of the Roma population was 4.6%.

[79] See http://www.fes.bg/library/2003/Narkomanite_sastojanie_spezifika.zip

Considering NGO and police data on addiction risk among the Roma, certain specific features should be noted. For instance, the number of heroin addicted Roma in Bourgas, the country's fourth biggest city, is rather low despite generally high heroin dependency rates. Such variations are observable in other cities, too, Sofia being a case in point. High overall penetration rates co-occur with Roma neighborhoods where heroin spread is insignificant. In towns like Pleven and Dobrich the share of Roma addicts is as low as 8–10%, while in others such as Pazardzhik, Sliven, Vidin, and Kyustendil the Roma communities are strongly affected. Regrettably, there are no precise figures available.

As the epidemic has subsided, heroin usage rates among the Roma have also dropped. The intolerance to drug diffusion of the Roma community itself is the main cause of such reduction. Resistance is practiced in one of two ways: either through ostracism of the hooked family member, who is banished from the neighborhood or sent to live with kinsmen in rural areas with no access to heroin, or through the influence of Roma leaders who can bar both dealers and addicts from the neighborhood.

3.4. THE USE OF COCAINE, LSD, ANABOLIC STEROIDS, AND INHALANTS

Experts maintain that the use of psychoactive substances, not included in the three groups described above, is much more infrequent. With some substances, however, relatively high consumption occurs, as is evident from the two population surveys.

Table 11. Use of cocaine, hallucinogens, anabolic steroids and inhalants (January 2003,%)

	15+		15–30	
	Tried before	*Using now*	*Tried before*	*Using now*
Cocaine	0.1	–	0.5	0.5
Hallucinogens (LSD, etc.)	0.1	–	0.1	0.1
Anabolic steroids	0.2	–	0.5	0.5
Inhalants	0.1	–	0.2	0.2

Source: Vitosha Research

Cocaine is the best proof. Most experts agree that because of its high price the drug is rarely used. The two population surveys, however, record a substantial usage rate for a country the size of Bulgaria. The share of respondents replying positively to the question *"Do you personally know any people who use (cocaine)?"* was 1.5%, while replies to the question about ***trying*** among people aged 15–30 show that penetration levels are indeed high (Table 11).

All sources are consistent, however, that regular use prevails with specific elite circles of crime and prostitution.

The survey also registers the high usage of ***anabolic steroids,*** in particular by the age group of 15 to 30. Experts interpret this as sports related consumption. Bulgarian law is notoriously liberal regarding steroids.

As far as ***hallucinogens*** are concerned, very low values are recorded by the surveys. LSD is imported in small quantities comparable to ecstasy and is rarely used beyond the importer's circle of friends. LSD might abound among trance music fans, for instance, yet the team failed to find particular groups of population frequently using the drug.

"Psychonauts" with preferences to strong hallucinogens would rather use drugs that are cheaper and easier to get, mostly of vegetable extraction. They also believe that synthetic drugs carry greater risks and are therefore inclined to "natural" hallucinogens. Nevertheless, experiment-driven youth are not held back by such considerations in their choice, but will consume any drug having a similar effect, from thorn apple seeds to ketamine.

Parkisan pills are ever more rarely used nowadays, and when they are, they are taken predominantly by younger high school students with no access to other drugs.

Inhalants use that was fairly widely spread even prior to 1990 is now rather low as the surveys show. These drugs, commonly used by minors of Roma origin, have most probably been replaced by heroin.