

# **THE DRUG MARKET IN BULGARIA**

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## **Editorial Board:**

Ognian Shentov  
Boyko Todorov  
Alexander Stoyanov

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5 Alexander Zhendov Str., 1113 Sofia  
phone: (+ 359 2) 971 3000, fax: (+ 359 2) 971 2233  
www.csd.bg, csd@online.bg

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# INTRODUCTION

The Center for the Study of Democracy has undertaken a special inquiry into the topic of drug abuse—which was fueled by the drug epidemic of the late 1990s and has grown to become a real social threat—and the problem of drug dealing, which is a major mechanism for the generation of organized crime in Bulgaria. This study attempts to assess of the actual risks posed to Bulgaria in the last few years. It also aims to provide reliable information which is “essential for underpinning the new drug strategies and policies that are under development in all acceding and candidate countries.”<sup>1</sup>

This report addresses drug supply and demand in Bulgaria with the ambition of mapping a vast information void and identifying the basic mechanisms and stakeholders of the drug market. However, the peculiarities of drug diffusion and consumption do not allow the use of the standard suite of economic research tools and vehicles throughout the study.

This analysis has been divided into three sections. The first addresses the genesis of drug distribution, while the second describes its structure and functioning. The findings about **supply** presented in the first two parts are based on all sources the research team has been able to access. The main source was a series of in-depth interviews with dealers of different groups of drugs, long-term drug users, with police and security officers (experienced in combating drug traffic, drug production, and drug dealing), doctors, and civil organizations engaged in treatment services to drug addicts. Certain case studies offered by law enforcement bodies, as well as relevant journalistic investigations and media analyses, were also drawn upon.

Section 3 highlights drug **demand**, and brings into play the findings of the First National Population Survey on Drug Consumption in Bulgaria conducted by Vitosha Research. For the purpose of this study, CSD and Vitosha Research used the research tools of the European Monitoring Center on Drugs and Drug Addiction (EMCDDA). While paying attention to a variety of views, the team of authors has tried to find common ground upon which to evaluate the **actual number of drug users** in the country. Even if population-based surveys are often unreliable due to stigmatized and hidden patterns of drug use, they are the type of surveys that provide a comprehensive representation of the situation in the country, as well as reference material for later in-depth studies.

In addition, a series of indirect variables, tailored to Bulgarian circumstances, were drawn up to register psychoactive substance use. Two more surveys, of the qualitative type, were conducted: one among heroin addicts and frequent users of soft drugs, and another among experts and treatment agencies.

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<sup>1</sup> 2003 EMCDDA report on candidate countries - <http://candidates.emcdda.eu.int/en/home-en.html>

This report was developed by the Center for the Study of Democracy as part of a project evaluating the patterns of drug supply and demand in Bulgaria. It embodies the research and discussion of a task force with the following members: **Tihomir Bezlov**, CSD Senior Research Fellow; **Ivan Tsvetkov**, Director of Drugs Sector, National Service for Combating Organized Crime; **Christo Terziysky**, Head of Drugs Department, Sofia Directorate of Internal Affairs; **Dr. Yulian Karadjov**, Senior Research Fellow, Bulgarian Academy of Sciences; **Anita Bossilkova**, Deputy Chair, Municipal Council on Narcotics, Sofia; **Elena Yankova**, Initiative for Health Foundation; **Assya Stoyanova**, Panacea Foundation, Plovdiv; **Nadia Dragieva**, Dose of Love Association, Bourgas; **Dr. Nedyu Georgiev**, 21 Century Foundation, Pleven.

# 1. THE GENESIS OF DRUG USE AND ABUSE IN BULGARIA

The use of hemp and opium was widespread even at the beginning of the 20<sup>th</sup> century, yet it rarely went beyond sporadic/medical use. Marijuana had mainly medicinal application, although there is evidence of recreational use as well. In some areas—like the Southwest of Bulgaria—opium (or “afion,” the Turkish word used by the locals) was traditionally cultivated for export. It was used as a means to comfort babies, but as a result of certain political measures this custom died out toward mid-20<sup>th</sup> century. Although opiate dependency was generally perceived as a deviation, afion fiends were more often ridiculed than condemned. Drug use up to mid-20<sup>th</sup> century was concentrated in the rural areas where drugs were produced. Urbanization brought that tradition to an end.

As the 1960s approached, non-medicinal illicit drug use in Bulgaria was still an exception to the rule. Apparently, the only group of addicts were medical opiate users who treated their chronic pain with opium, davilla tincture, morphine, or lidocaine. Experts estimate the number of addicts prior to 1968 at 100 people.

## 1.1. MEDICAL OPIATES, TRANQUILIZERS, AMPHETAMINES (1968 – 1990)

The first cases of non-medicinal opiate use among young people in Bulgaria were recorded at the end of the sixties, and—as revealed in interviews with long-time users and former Ministry of Interior (Mol) officials and in certain records from that time—the 1968 International Youth Festival in Sofia was its catalyst. In Europe and the USA, psychoactive substances, in particular marijuana, were one of the symbols of alternative youth culture. Most probably, Bulgarian youth participating in the festival had the chance to taste this chemistry of pleasure amid the numerous motley parties. Until then, Bulgaria had been one of the most hermetic states of the Soviet bloc, so the festival was the first chance for people to make contacts with those from beyond the Iron Curtain.

As the rural type of marijuana use had nearly died out, young people willing to expand their experience with drugs were driven into the orbit of medical opiates. The low price and unproblematic access to these drugs made them the natural choice of the first wave of dependent opiate users in the country.

Another source of drug dependency emerged in the 1970s, as the children of Bulgarians working abroad returned home and formed closed circles of users; they did not offer drugs out of the circle for fear of disclosure. Nevertheless, a permanent, though slow, increase of the number of registered dependent persons could be observed after 1975. A subculture of drug users, whose core value was the passive rejection of official ideology, was gradually forming in the larger cities, mostly the capital, Sofia. The state responded by clamping down on schools, universities, and medical institutions. Addicts were put through extreme treatment and forced into

mental institutions. Medical opiates were placed under special control.<sup>2</sup> This pushed addicts to seek other sources of psychoactive substances, i.e. the non-controlled medicaments in the late 1970s. A popular “tea” was made from poppy straw, a waste product that could be bought in the villages in the Pirin mountain, where it is traditionally grown as a medical and oil-yielding plant.

Moreover, a black market for medical opiates developed, selling medicines either stolen or swindled from pharmacies and hospitals. Nothing, however, like organized crime—that could structure the drug market and profit from existing demand—had yet crystallized at that time.<sup>3</sup> The lack of any specialized police units until 1990 implies that the drug problem was within certain limits and could possibly be handled by the two drug officers operating in the capital, Sofia, where almost 90% of opiate users resided.

It should be noted that in contrast to other East European countries, Bulgaria has a constant external drug risk since the heroin trail to Western Europe runs through it. According to official statistics, in the late 1980s, record amounts—even for the whole of Europe—were detained at Bulgarian borders. Yet, there was no heroin within the country.

Among the explanations of why Bulgaria was untouched by heroin, we can underscore the fact that it was impossible for a large drug market to evolve under a totalitarian Soviet-style police apparatus. Secret services held the “drug channels” through the country in check. Western states often hint that these channels might have been used to harm other states. However, no official statement by Western anti-drug services considers Bulgaria as a key player in the drug business.

The total number of dependent drug users in Sofia registered at the MoI at the start of 1990 was 1,300, while those outside of the capital were less than 100. Ministry of Health figures approximated that those diagnosed with abuse/dependency (ICD-9, codes 304 and 305) in the mid-1980s was roughly 1400 people.<sup>4</sup>

Indeed, the non medicinal use of soporifics and tranquilizers was also growing in that period. In 1980, around 16% of registered addicts stated that these medicaments were their preferred drug. A large portion of opiate and tranquilizer addicts (36%) were also addicted to alcohol.

Another trait of the period was the use of amphetamines. They were taken by university students during the exam season to enhance concentration and brain effectiveness, i.e. restricted to situations in which their use was considered indispensable. Amphetamines were perceived as medication and very few consumers developed a heavy dependency (as little as 2.3% of registered dependent drug users had a primary diagnosis “abuse of stimulants”) or associated themselves with drug addicts. With the crackdown on legally produced amphetamines in the late 1980s, their use dwindled.

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<sup>2</sup> Control over the amount of opiates doctors are allowed to prescribe, special cases for opiate storage, prescriptions protected from counterfeit, etc.

<sup>3</sup> It is arguable whether there was any organized crime in Bulgaria up to 1990.

<sup>4</sup> National Report on the drugs situation in Bulgaria, 2000 (стр. 9)



Other mid-80s fads among high school students were crude hallucinogens like parkisan and glue sniffing. The practice became even wider spread in the following years to subside ten years later with the appearance of marijuana.

## 1.2. THE ARRIVAL OF HEROIN (1990-1991)

### Causes

There are several factors that accelerated the spread of heroin in Bulgaria:

1. The dissolution of the Soviet model of total control over society made access to drugs rather easy and for a time devoid of any risks.
2. Due to the opening of the country, and the transition to a market economy, psychoactive substance seekers and providers could exploit the market mechanisms of the economy of crime. It was only a matter of time before the supply funneled into the domestic market from the heroin channel that passed through Bulgaria.
3. A number of small, but well-knit congregations of drug users had formed in Bulgaria, many valuing opiates over all other drugs. Most of them wanted to try heroin which had been nearly inaccessible, but had the halo of the # 1 Drug. This group of 1,200-1,500 people would become the core of the snowball that would grow exponentially in the 1990s.
4. The shattering of social and economic realities drove a number of people of various ages to seek oblivion through heroin—it is a stronger and initially cheaper substitute for alcohol. This was especially true in some neighborhoods populated by Roma.
5. The pattern of growth of dependent users in Bulgaria follows the pyramid effect. Bottom level pushers were often seriously addicted. Since they had no regular income, they were compelled to find at least 10 clients to secure their normal fix. Each newly dependent person would, in turn, have to find their own customers (a strong dependency takes 5 to 6 months to develop). Due to the pyramid effect, between 1992 and 1996 dependent drug users increased by 50% a year.
6. Domestic security services had strong bonds with the old political system, and were subject to political pressure. At the start of transition they lost most of their social privileges, thus deepening the institutional and personnel crisis in the security services. Later on, criminal enterprises and gray economic groups entered the pressure game as well. Thus, the law was evaded already at all levels of law enforcement—from the regular police officer to the supreme judge. If street dispersal of heroin was merely ignored by the police when it first started, even in the mid-1990s law enforcement officials were engaged in corrupt assistance of drug sales.
7. A huge portion of society was completely ignorant about drugs. As a result, many young people would risk experimenting with the first drug they came across.
8. Educational and healthcare institutions continue to regard drug users as a marginal group of insignificant size. What is commonly meant by “prevention” is either the widespread notion that the less you speak about drugs, the better, or the mixed messages that misinform young people rather than make the risks of drug use clear to them.

The fall of 1990 can be pinpointed as the beginning of heroin use in Sofia. The long-term opiate users we interviewed claimed that the earliest source of heroin were a group of Iranian citizens then living in the Hemus Hotel in downtown Sofia. Some of them were political refugees, supposedly no longer targeted by the former secret services. “The Iranians from Hemus” used to take high quality heroin, whose shipment was unimpeded by the secret services prior to 1990. Thus, the contact between Bulgarian opiate addicts and the Iranian immigrants was only a matter of time.

Puzzling out the arrival of heroin brings to the surface certain causes that produced inevitable effects. First and foremost, the political transformations in the spring and summer of 1990 demoralized the security services, which slackened control over opiate addicts in Sofia. As for the Iranian immigrants, the police refrained from action, assuming that the case was under the jurisdiction of the state security service. Second, in the mid-1990s foreign nationals transiting through, or temporarily residing in, the country (Turkish drivers and retailers from the Middle East), as well as the agents of trafficking channels that used to be under surveillance, were no longer contained. The Iranian refugee circle likewise rode the wave of change and started using their personal supply channels to profit from the emerging Bulgarian market.

One could argue that, initially, the Iranians did not aim at a mass market or excessive profits. Despite the considerable amounts of premier quality heroin, in the first two years, they sold it

only to people they knew well and did not deal to strangers, even when offered large sums. In the late 1990s, other temporary residents joined in the business. Our interviewees reveal information about Albanians, Kurds, Lebanese, and Turks marketing small quantities of heroin, who, passing through the country in transit, ran the risk of selling drugs independently.<sup>5</sup> In any event, the main heroin supply for Sofia came from the Hemus Hotel Iranians. **All instances of heroin sales testify to the existence of “small networks” gravitating around certain individuals rather than a heroin market methodically set up by international crime groups.** It was a minor market not worth penetrating in the early 1990s. As ascertained in studies on trafficking in Bulgaria,<sup>6</sup> investment in common consumer goods was much less risky than trading in drugs. The huge socialist era commodity deficit created business opportunities securing between 1 and 2 million consumers per year and a nearly 50% profit from import of “white” and “black” household appliances, cigarettes, alcohol, and other goods in high demand. In contrast, the drug market could never have exceeded 5,000-6,000 people by the mid-1990s, even if the number of heroin addicts had had a yearly growth of 50%.

The survey makes it clear that within the span of a few months in 1990, most opiate addicts in Sofia had switched to heroin due to the continuing strict control over medical opiates and the comparatively easy access to heroin which, moreover, has a much stronger effect. **According to expert opinion, destroying the Iranian channel at an early stage would not have checked the heroin epidemic, but would probably have delayed it by a couple of years.**

### 1.3. THE FIRST HEROIN OUTBREAK (1992-1994)

Despite growing usage rates, around 1992 heroin was available only at a limited number of spots. The hottest sales spot in Sofia was **the underground shopping area of the National Palace of Culture**. The above mentioned Iranian refugees moved their business there, selling ever bigger amounts with diminishing caution. Between 1990 and 1991, heroin was circulated mostly among “old opiate addicts.” This explains the small number of registered drug incidents. In 1990, a total of 183 cases in which emergency medical assistance was sought were recorded, while in 1991 that number was 195, i.e. up by only 6.6%.

However, in 1992 incidents with addicts grew by 31%, unleashing, in most experts' opinion, the heroin epidemic. There were several small-scale outbreaks in various residential areas of the capital. Within three to four months in areas like Zona B-5, Lyulin, and Mladost dozens of new addicts were hooked.

Retail drug dealing was taken up by Bulgarian citizens who were already addicted to heroin and had criminal records. Sales followed the pattern of old users, with pushers allowing their acquaintances to sample heroin. Thus, those already addicted became the first street-level dealers, spontaneously starting a pattern of diffusion. The strategy of these opiate addicts was to use their circle of friends as

<sup>5</sup> The interviews revealed that the second sales site in front of the Rubin Bar was initially supplied by Roma who stole heroin from an Albanian courier.

<sup>6</sup> See CSD Report: Corruption, Trafficking and Institutional Reform, 2002; Smuggling in Southeast Europe, 2002; Corruption and Trafficking: Monitoring and Prevention, 2000.

sources of income to pay for their daily fix. The second level of the heroin market remains to be revealed, i.e. who it was that supplied the retailers. Obviously, a small portion of Bulgarian drug addicts had the resources or the contacts to access European heroin channels. As mentioned above, back then international drug networks ignored Bulgaria as a potential market.<sup>7</sup> As noted in the interviews, street dealers bought substances from foreigners. As with the Iranians, the drugs more than likely came from foreign residents and transiting emigrants, and were meant for personal use. So, initially it was the community of Middle Eastern citizens that delivered the heroin, which was further circulated by Bulgarian street dealers. In 1992, however, deliveries became more organized. **The upsurge of “Arabic companies” saturated the market not only with gray and black import consumer goods, but also with heroin.**

It should be pointed out that until 1992 the number of drug addicts in the countryside was extremely low. Until 1998 in cities with population over 100,000 like Stara Zagora, Pleven, Yambol, and Dobrich, registered dependent users were no more than 10-15 people in each, while in smaller towns drug addicts were nonexistent, and people were aware of the issue only because it was brought up by the national media.

**Before 1995 the heroin available in Bulgaria was fairly strong and low-priced.**

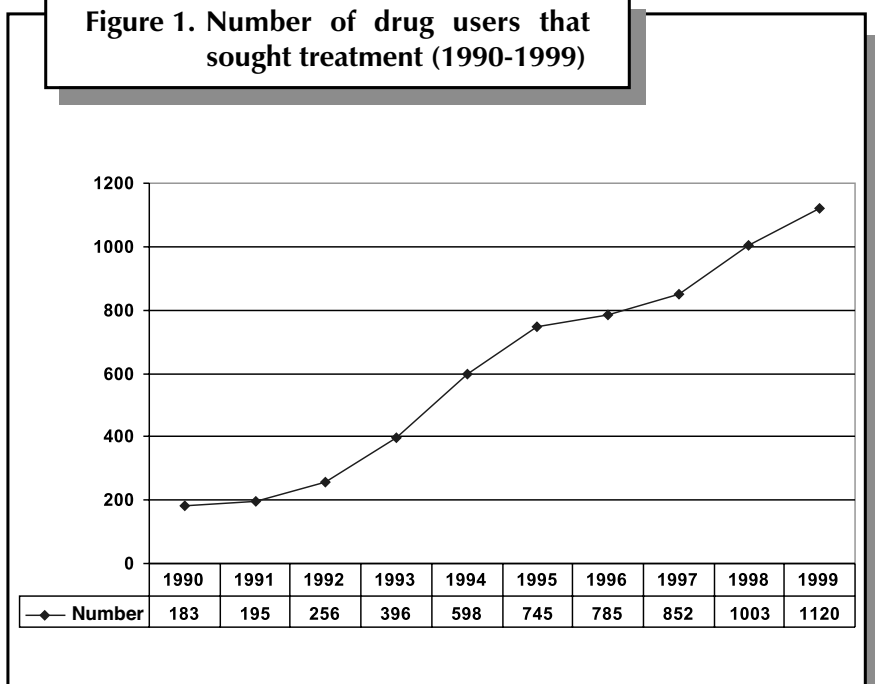
While experienced opiate addicts injected heroin, most of the novices started to mix it with tobacco and smoke it—a very convenient method, requiring no preparation or skill. This was rather misleading to a number of young people who would smoke a joint with the false assumption that it was a special kind of grass. Another important fact is that initially heroin was the only illicit drug in Bulgaria, while later, the use of marijuana often preceded the heroin stage. The most widespread rationalization of marijuana use in the period of 1992-1994 was that it was “a cross between cigarettes and alcohol that makes a party swing,” and that it involved almost no risk. Yet marijuana at that time, or rather the bulk of products dubbed marijuana, was rather low in active ingredients. In other words, many young people who assumed they were using marijuana were unaware of its actual effects. It might be speculated that such fake marijuana, lacking any effect on the user, led many young people to believe that opiates—and heroin in particular—were the only true drugs. Quality marijuana was either imported or locally produced by a handful of devotees of the older generation and was used by a small circle of connoisseurs, rarely reaching the market.

The easy transition from legal drugs (cigarettes and alcohol)<sup>8</sup> to marijuana and then to heroin was also influenced by the inadequate messages of preventive discourse that rendered marijuana an entry drug that inevitably led to heroin. A heroin dependent woman eager to safeguard young people from replicating her own mistakes commented: “It’s a fact that grass is the first step to harder drugs ... and these kids (learning about it) are thinking: ‘After I try this I should move to the next one.’” This is how the transition to injecting heroin could appear to be the most natural thing. In this way, an ever-increasing share of addicts had followed the course of pot smoking to heroin smoking to heroin injections.

<sup>7</sup> The hypothesis that these were drugs sold by couriers off their regular routes to Western Europe is rather unsound. Such activities would not only be unprofitable for the couriers (often unaware of what the transited commodity is), but would also be rather risky for them.

<sup>8</sup> As evident from surveys (see Part 3), the level of teenage cigarette and alcohol use in Bulgaria is exceptionally high when compared to both Western and Eastern Europe.

**Figure 1. Number of drug users that sought treatment (1990-1999)**



Source: Annual Report of National Drugs Council, 2001

Medical statistics show that **the period between 1992 and 1994 was a turning point** (see Figure 1). In 1993, people who sought help in relation to drugs rose by 55%, in 1994 this figure rose by 51%.

Cases in Plovdiv first, and later in Varna and Bourgas, followed Sofia. If at the beginning heroin was bought from "Arabs living in Sofia," later on "Arab sellers" settled in Varna and Plovdiv. Police and special services **data for the period imply that Bulgarian organized crime and gray economic groups were not yet interested in the drug market.** They were engaged in expanding their zone of influence for consumer goods like petrol, alcohol, and cigarettes. The embargo regime over Yugoslavia provided even greater prospects for that.

Between 1992 and 1994, rival security firms<sup>9</sup> occasionally became involved in drug distribution. There were few "security actions" taken by security guards upon drug selling venues or against clients. In 1994, when takeovers and mergers between security firms started to make some of them national chains, e.g. VIS-1 and Club 777, drug trade was still considered an "unwanted activity" and drug sellers were viewed as marginal.

In late 1993, the first heroin sellers in Bulgaria, the Iranians from the Hemus Hotel, were shot dead by the police.<sup>10</sup> Despite conflicting evidence, this case provoked the assumption among drug circles that policemen should be bribed in order to tolerate drug selling activities. In 1993 the Central Service for Combating Organized Crime (CSCOC) made its first seizure of a sizeable amount of heroin (2 kilograms), notably owned by a Bulgarian citizen. The operation was conducted two years after the

<sup>9</sup> "Security firms" in Bulgaria are a phenomenon yet to be explored, and could be defined as one of the sources of organized crime in the country. The phenomenon of forcing companies and individuals to pay for security services evolved in a number of SEE countries after 1990. A feature that distinguishes Bulgaria from the other countries is that the security companies were formed by former sportsmen. Such organizations were based on friendly circles established as early as secondary sports schools, and were based upon the charisma of their leaders. Networks of friends from sports like wrestling and boxing became the core of security companies and were dubbed "wrestlers," which turned into a common word for using violence. Soon, policemen and criminals joined the companies. Gradually, such wrestler firms grew into large chains controlling dozens of cities throughout the country and performing a growing number of "black favors," from extortion of debts to vandalizing the property of rivals.

<sup>10</sup> For more information on the assassinations that started on 6.12.1993 and finished on 21.12.1993, see the issues of the daily *Standard* between 7.12.1993 and 30.01.1994.

establishment of the Drug Department at CSCOC. The inadequacy of institutions at the time is apparent from the fact that three years after the ingress of heroin, they were still not showing any commitment to what was happening in the streets.

#### 1.4. THE END OF THE FIRST HEROIN WAVE (1995-1997)

Between 1995 and 1997, the growth rate of the number of drug-users seeking specialized help for drug problems dropped (see *Figure 1*). In 1995 the increase was 24.6%, down from a 51% increase in 1994. In 1996 the increase was as low as 5.4%.

A series of events in the gray and black economy at this time most certainly affected the Bulgarian drug market. In late 1994, after the establishment of a licensing regime for security firms by Reneta Indzhova's provisional government, the larger of **these quasi-criminal structures went on building networks throughout Bulgaria, responding to the new legal requirements**. Security companies that were refused licenses evolved into, and registered as, insurance companies. These became notorious for the use of violence in their activities. It was then that the biggest criminal insurance companies VIS (Vassil Ilyev Security, later to become VIS-2) and SIC (Security and Insurance Company) came to light.<sup>11</sup>

Taking control of residential areas, these major crime enterprises started to inhibit and even pursue street dealers. It is arguable whether this was a purposeful policy or some kind of image improvement campaign, but the protection of children from street crime and drugs was certainly consistent with the idea of guaranteeing the security of the population.<sup>12</sup> The first police hunts for drug dealers in Sofia date back from early 1995. Experts, however, claim that the reduction of supply was due to the jettisoning of Arab companies. Hundreds of small and medium companies from the Middle East were intimidated by crime groups and the police.<sup>13</sup> **They were driven out of the market niches that they had occupied since 1990-1992**. Although these efforts aimed mainly at firmly establishing criminal players in the consumer goods sphere, they had a strong impact on drug channels, too. The deteriorating purity of street heroin at that time proves this hypothesis.

**While crime enterprises were alleged opponents of heroin dispersion, there is evidence of initial contacts between them and worldwide drug networks at that time.** The end of the embargo over Yugoslavia in 1995 reopened the former heroin trail through Bulgaria to Western Europe. At about the same time, Kosovo "liberation armies" started funding themselves largely through the trafficking of heroin to

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<sup>11</sup> This report does not aspire to discuss the development of criminal insurance companies in Bulgaria. Nonetheless, a synopsis of their activities is necessary for the purpose of tracking drug diffusion and use.

<sup>12</sup> The new insurance companies had undertaken campaigns aimed to prove that they were much more effective than their traditional counterparts. The media published articles focusing on cases of vehicles and stores insured by them that very seldom would become objects of violent acts, arguing that any stolen property was found in most cases, while damages would be paid at a very short notice. In addition, there were claims that such companies protected the residential areas in a way regular police forces could not.

<sup>13</sup> Following the security companies licensing campaign, the newly emerging insurance companies attempted to collaborate closely with the police.

Western Europe, and considerable loads of it passed through Bulgaria. In 1996, a shipment of 600 kilograms cocaine was seized at the Varna port.<sup>14</sup> No large shipments of cocaine followed it (until the summer of 2003) which, in addition to the information gathered by the police after a series of killings in the period 1999-2001 (See Part 2), testifies that international channel logistics<sup>15</sup> were backed by Bulgarian crime enterprises.<sup>16</sup>

## 1.5. CLOSING DOWN INSURANCE COMPANIES AND THE ENCROACHMENT OF ORGANIZED CRIME OVER DRUG DEALERSHIP (1997 – 2001)

The political turmoil of March 1997, and the introduction of the currency board with its respective financial constraints (June 1997), caused profound transformations in the criminal and quasi-criminal structures as well. The state's pressure over the most conspicuous of the crime enterprises—in the insurance business such as SIC, VIS-2, Corona Ins., Zora Ins., Apolo&BalkanCo., and Spartak led to a partial dissolution of their structures. In 1998 these companies were removed from the insurance market by law, which resulted in the loss of their main source of income—the insurance of vehicles and shops.<sup>17</sup> Thus, their local branches started looking for new sources of revenue. According to special services sources, former insurers began to participate in drug transit, import, and distribution for the first time in 1997.

Between 1997 and 2001, several distinctly novel patterns of drug distribution and use emerged. **Bulgarian criminal groups were already fully involved in heroin distribution and transit** (as well as in cocaine deals, although not as fully).<sup>18</sup> Consumption of heroin rose and soft drugs use soared, while synthetic drugs demand reemerged. Though these trends might seem to interlock, their logic and pace are rather singular. These separate trends are reviewed below.

<sup>14</sup> A group of dock workers that decided to break open a container labeled "Jeans," discovered an unidentified powder inside. They panicked and informed customs officials of their find.

<sup>15</sup> Similar cases were simultaneously recorded in Croatia and Bosnia (see *Smuggling in Southeast Europe*, 2002). Bulgarian special services and customs sources have confirmed the creation of the so called Spanish channel (from Latin America, through the Balkans to Spain), involving crime organizations from at least three Balkan states—Bulgaria, Croatia, and Bosnia-Herzegovina.

<sup>16</sup> The pattern that was most probably followed was that of commodity smuggling, in which no accidents are allowed to happen. The commodity is strictly watched from warehouses, through transportation, to border crossing. Each shipment is guarded by border and traffic police officers as well, and even by the regional services for combating organized crime.

<sup>17</sup> Opinions about the extent to which former criminal insurance companies have remained key players in the insurance market vary. Certain facts imply that they have managed to reform and adapt to the new conditions, yet on the whole, they have lost their influence on a national level and thus, most of their sources of funding.

<sup>18</sup> Organized crime's involvement in drug diffusion at that time can be deducted from the rising number of Bulgarian nationals detained for drug trafficking, as well as by the interviews with experts at the Customs Agency and NSCOC. Other sources are the interviews with long-term drug users and drug prevention and treatment agencies.

### **A. The Involvement of Organized Crime in Heroin Transit Channels and Their Capture of Domestic Markets**

If there were relatively few drug users and addicts when democratic changes began, by the end of the 1990s the **domestic drug market had expanded enough to catch the attention of local criminal structures**. From 1990 on, the heroin market has been increasing by 25% per year.<sup>19</sup> Insurance companies' loss of secure revenues naturally led to crime groups overtaking drug import and distribution. The ousting of Middle East drug suppliers (or their integration in local crime groups) started in 1998. Domestic supply within the bigger cities (Sofia, Plovdiv, Varna, Bourgas, and Rousse) was also redistributed. During this period, heroin was sold by small groups of 5 to 10 people. The customary structure was a boss who oversaw a couple of street dealers. The supply usually came from Turkey. The "hostile takeover" of drug dealership had started as early as 1996, initiated by the "Orbita Hotel guys" (SIC), and followed by Korona Ins. By late 1998, the process was accomplished. The recruitment scheme worked as follows: after identifying the network owners (usually covering 1 or 2 areas of the town), they were given the choice of entering a partnership or abandoning their market. The forms of partnership offered were either a) protection, for a fixed weekly or monthly fee; b) the purchase of substances exclusively from the crime structures; or c) payment for settlement of specific problems, such as debt collection or complications with the police.

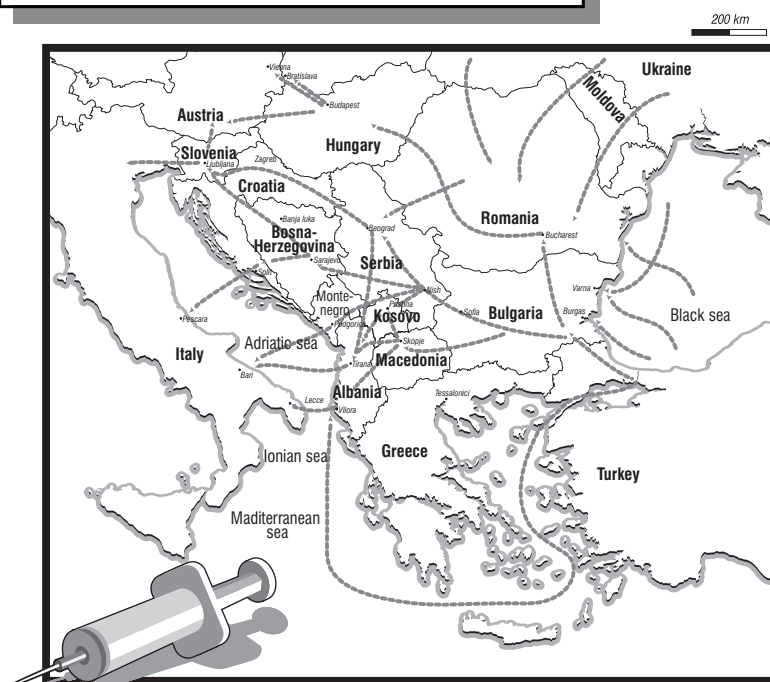
These offers were made in one of several ways: a) through the demonstration of force involving two, three or more tinted glass cars; b) through threatening or battering a couple of dealers and fining them; c) through meetings (talks over a drink which sometimes could last for several days); d) a mixture of the above, which was most commonly the case.

When intimidation of independent drug dealers became a regular practice, they started seeking shelter with the larger organizations. Street dealers found their superiors, or were pushed out by those remnants of the former large insurance companies that had managed to prevail over an area. The establishment of heroin networks in mid-size cities like Pleven, Sliven, Stara Zagora, Yambol, Dobrich, Haskovo, etc. took no longer than a year. And although the number of potential users there was low, 2,000-3,000 heroin users were added to the general national count within a couple of years. Because of such developments, experts speak of a "second outburst of the heroin epidemic."

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<sup>19</sup> This rate is based on statistics for the annual increase of registered dependent drug users who have sought help.

**Figure 2. Heroin smuggling routes through Southeast Europe**



Bulgaria is the crossroad of three main drug smuggling routes through the Balkans branch:

- The bulk of Asian heroin traveled from Bulgaria through the former Yugoslavia prior to 1991. During the war in Bosnia-Herzegovina, this route was temporarily cut off and two alternative routes took over. After 1995, this “classic” route was again revived.
- The northern route leads through Romania, and from there either through Hungary to the Czech Republic and Slovakia (and from there to the EU), or through the Ukraine to Poland (and from there to the EU).
- The southern route leads from Bulgaria through Macedonia and Kosovo to Albania.

One of the consequences of the war in the former Yugoslavia is that now the illegal drug trade encompasses all of the countries in that region.

Source: Smuggling in Southeast Europe, Sofia, 2002

Apart from the transformations of the domestic market, **certain changes in drug transit through the country are noteworthy.** Prior to 1997, Bulgarian criminal structures took part in cross-border drug trade networks only incidentally. **The fall of the insurance businesses, however, incited brisk contacts with world-scale drug organizations.** In that period, Western anti-drug agencies detected encounters between Bulgarians and representatives of well-known Turkish, Albanian, Caucasian, Italian, and Western European drug organizations. Initially, the local structures of the former insurance business participated in transfer operations.<sup>20</sup> The first large-scale services they offered to international drug organizations were probably the escorting of couriers through Bulgaria.<sup>21</sup> Another type of service delivered by former insurers at that time was the provision of no-contact channels—shipped boxes or containers were supervised and guarded in Bulgarian warehouses and duty free zones, often without any information about the kind of goods being shipped. Bulgarian crime groups that acted as a link in these channels were rather primitive, consisting of no more than 10-12 players and a boss. The different groups had no coordination between themselves. Their links swayed between sporadic collaboration and frequent periods of hostility.

<sup>20</sup> Experts in combating organized crime maintain that although the largest insurance companies, SIC and VIS, were represented throughout the country, most of their local branches acted as independent entities rather than as lower ranking units.

<sup>21</sup> Unfortunately, Bulgarian security services have rather meager concrete information at their disposal about the what and when of these events. The information available concerns mainly reception and escort of Albanian and Turkish mules.



In 1998, the importance of Bulgarian organizations outgrew courier and guarding tasks to include greater responsibilities, like securing hiding places and carrying out the actual shipment. Possibly at that time, warehouses for parceling out big shipments were set up. The actual cause of the increased significance of Bulgarian channels is unknown. It could have been the ever larger output from Afghanistan, the blows administered to traditional channels from Turkey to Italy, or the war effort in Kosovo. In any case, **the only available data of captures made within the country are for the years prior to 1998.**

Preparation for the war in the former Yugoslavia, and the war effort itself in 1998-1999, obstructed the old heroin route through the Balkans; thus, newly established contacts and emerging channels had to be suspended for a year. These outer limitations, however, enabled a mapping out of domestic areas of control. **Criminal networks affirmed their zones of influence precisely at that time.** In bigger cities, such zones were controlled by two or three groups while smaller towns were monopolized by local structures. Unfortunately, no reliable data for the period of 1999-2000 is available from police or other relevant agencies. Meanwhile, however, specialized drug combating units were formed in Sofia and Varna—the two most challenging drug-related sites.

In late 1999 and early 2000, the external situation likewise changed. With Kosovo under international administration, Albanian extremism in Macedonia on the rise, and overproduction of drugs in Afghanistan (which brought about a slump in heroin prices in Turkey) supposedly record amounts of heroin were trafficked through Bulgaria. The 1,860 kilograms of heroin captured at the Bulgarian borders in 2000 is convincing evidence to this fact, as is the record domestic shipment of 129 kilograms. Regarding heroin use, the year 2000 was a peak year according to a variety of data and expert assessments (see Part 2). Since the Turkish and Albanian mafia preferred to pay in kind, Bulgarian traffickers had to make their profit through the selling a certain amount of drugs on the domestic market. In keeping with this pattern, an agent making a successful shipment would keep between 1/10 and 1/20 of it. After a series of significant border captures in the first half of 2000, upcountry territory was increasingly used to store and reload drugs coming from Turkey. The first disclosure of a warehouse for drug storage by NSCOC was made in September 2000, in the village of Garvanovo, in the Haskovo district.

Supply and distribution on a national scale was still the domain of the former structures, like SIC, VIS, and some smaller insurance companies that would not admit outsiders. The growing heroin traffic within the country led to a new, violence-laden redistribution of markets in 2000. A total of seven bombings were carried out in Varna in an attempt to threaten or murder drug dealers, while in Bourgas two dealers were assassinated. **Heroin was obviously the backbone of new crime enterprises**, yet soft and synthetic drugs had started to tempt organized crime as well.

## **B. The Surge of Soft Drug Use**

The fast onslaught of heroin may be contrasted to the rather low pitch of soft drug use after the 1990 reforms. A certain swell did occur yet this happened no earlier than the mid-1990s. There are several **factors** defining soft drug use as a whole:

Bulgaria's climate is favorable for the growing of marijuana in most parts of the country, Southern Bulgaria being the most suitable.<sup>22</sup> The plant quickly became a profitable means to make a living for many rural inhabitants.

Marijuana users tend to grow a few plants per year, too, to satisfy their personal needs. Our long-use interviewees stated that in recent years fairly good seeds were easy to find.

Marijuana use escalated not only in schools, but all over the country. Certain groups of adults started to try the drug (rightfully considered much less harmful than the feared heroin).

In the period 1998-1999, **two hostile marijuana markets emerged in Bulgaria**. The bigger proportion of marijuana was distributed by pushers who were in direct contact with producers and **sold the drug to friends** at low prices for insignificant profits—a feature typical of the early stages of marijuana market growth in developed countries. Experts claim that as few as 10% of users consume 90% of all marijuana, and that regular users are accustomed to buying particular amounts from petty dealers.

A certain percentage of marijuana output and circulation was increasingly **run by organized criminal groups**. As underlined above, up to the crucial 1997, the domestic market as a whole—let alone the highly decentralized trade in soft drugs—was outside the province of crime enterprises.

In the late 1990s, however, a school market evolved in the larger cities. This market did not emerge out of the blue, but was paved by individual entrepreneurs who, even in the early 1990s, provided the link between suppliers of the cheap agricultural product and the respective demand for it. The distribution scheme had only to be decked out in a marketable form, i.e. the ready-made joint. Thus, an alternative to alcohol and cigarettes was offered—a cheap ready-made drug that spares the young, inexperienced users the technologically complex drug production process. As with heroin, this market was penetrated by organized crime groups as soon as it was sufficiently big and developed. Police sources reveal that during this period “easy riders” were discarded after targeting the respective markets/schools, and were replaced by young people involved with local gangs. Supply was no longer dependent on incidental individual entrepreneurs. Well structured supply channels appeared instead, and potential clients were waylaid at every corner—at the schoolyard during breaks, between classes, at disco clubs, and at parties. Hence, within the following two years, a consumption boom developed among high school students in several of the biggest cities, as well as in most former district centers. Some experts consider that if it wasn't for the low quality of joints and the absence of a pot smoking tradition Bulgaria would probably rank first in pot use in the same way it has achieved the top tobacco-use rates.

<sup>22</sup> It is believed that even in the 1980s certain amounts were cultivated in the Petrich area especially for export to Greece.

At the end of this period, joint quality was still dropping, while many pushers who hadn't dealt in hard drugs as a matter of principle, were literally forced to sell heroin. On the other hand, the stagnation of the heroin market forced certain dealers to diversify by selling marijuana (e.g., some pushers in the Sofia residential area Druzhba). This implies that one of the goals of organized crime was merging the marijuana market, and targeting teenagers with heroin. This is, indeed, a matter of concern.

There was one more domain quickly taken over by organized crime, namely the **export of soft drugs**. The mid-1990s marked the beginning of organized marijuana export channels to Greece. Earlier, it had been conducted by a small number of individuals from Southwest Bulgaria, whose success tempted local criminal structures to take hold of all Greece-bound export. Since the price of pot in Greece is four times higher, Bulgarian marijuana users speculate that all quality marijuana is exported, while only leftover "trash" is offered to domestic consumers. Marijuana cultivation, cropping, transportation, and the hire of Greek dealers are low-risk endeavors. Certain sources hint that similar patterns are starting to be employed for Central Europe as well.

### C. The Penetration of Synthetic Drugs

The use of synthetic drugs, mainly amphetamines, became widespread in the late 1990s, although there was evidence for their appearance as early as 1991-1992, in discos, bars, clubs, and other youth hangouts. **Amphetamines have a long-standing history in this country due to the fact that Bulgaria was a major exporter—chiefly to Arab countries—in the 1970s.** In the wake of Bulgaria's ratification of a number of international arrangements that classified amphetamines as psychoactive substances, amphetamines remained in Bulgaria undestroyed. **This output was later distributed along illicit channels within the country.** That the stored quantities were huge is clear from their continuing availability even now. The Czech Republic, for instance, is a contrasting example, with only the occasional use of amphetamines recorded up to 1991-1992, due to the lack of such tradition (see above).

Apart from the amphetamines left in storage, their production shrank, but did not cease altogether despite international commitments. Documents published after the democratic reforms testify to a continuing export of the drug Captagon<sup>23</sup> to the Middle East until late 1989. As for the post-1990 period, there is unofficial information about **informal state channels for Middle East bound amphetamines, later privatized by state security officers, foreign sales representatives, and chemists who had sustained them.**<sup>24</sup> As with the importing of heroin, amphetamine exports were assisted by Middle Eastern citizens. As stocks gradually exhausted, the need for more production emerged. But because of increased risk after the Captagon disclosures,<sup>25</sup> professionals who knew the production technology, assisted by former

<sup>23</sup> A report by the Government of Dimitar Popov published in 1991 testifies to its continuing export in the form of medicaments.

<sup>24</sup> According to Bulgarian special services, even in the early 1990s, these preserved amphetamines were exported through Turkey to various Middle East countries by exploiting previous contacts with the Arab world.

<sup>25</sup> Bulgarian pharmaceutical companies were privatized in the late 1990s.

state producers, created small illegal workshops (about 20-30 such shops were set up within a couple of years according to some indirect assessments).

Synthetic drug production in the 1990s could only be compared to the situation in Poland. Polish output had become a big hit in Western Europe. Likewise, Bulgaria had a large number of qualified and experienced chemists capable of developing simple and inexpensive technological solutions. This could happen due to **existing markets in which the Bulgarian product was well-known and accessible through established delivery channels**. The enterprise involved only minimum risk since institutions with anti-drug functions had little experience. Because the technological chain of production was split, all disclosures of illegal workshops—and the subproducts found there—could not, in fact, be declared illegal.

Polish synthetic drugs are known to be of higher quality, and are therefore successfully marketed in EU countries, while Bulgarian ones are targeted at Middle East markets where they sell at lower prices.

The expansion of amphetamine export was paralleled by enlargement of the domestic market. However, no consistent picture of the situation at that time can be described due to inconsistent information. Up to 1997-1998 amphetamines, too, were chiefly sold by individuals and, as with heroin and soft drugs, the entry of former insurance companies into the business instituted a more purposeful marketing course.

It is a coincidence that crime groups which made sizeable profits from the embargo over Yugoslavia—from contraband goods to “insurance” endeavors—**sought to launder their money by investing in discotheques, night clubs, and other entertainment venues for young people. It was in these venues that the well-functioning network of amphetamine sales was developed.**<sup>26</sup> Former insurance companies took hold of the elite places, thus securing a good share of their income from sales of synthetic drugs. Mass marketing was achieved through using the brand name Ecstasy, the highly reputed Western drug, yet what was sold under this label in Bulgaria were amphetamines. Thus, believing they were using Ecstasy, most young Bulgarians were served a locally produced con.

A fact worth mentioning is the success of the Bulgarian special services in discovering several small synthetic drugs laboratories, loaded with dozens of kilograms of drugs. The most substantial capture of Bulgarian output so far was made in late 1997, when 330 kilograms of amphetamine base powder and 666 kilograms of Benzylmethylketon (BMK) were seized in the Opitsvet laboratory.

<sup>26</sup> The surge of amphetamine use was not provoked solely by crime enterprises. Bulgaria could not have resisted the growing popularity of synthetic drugs on a world scale. This class of drugs was inseparable from a particular type of imported music, clothes, and leisure activities that were emulated in Bulgaria.

## 2. STRUCTURE AND ORGANIZATION OF DRUG DISTRIBUTION IN BULGARIA

The first part outlined the development of the Bulgarian drug market, from its genesis circa 1990, through its maturity at the end of the 1990s. This section will examine the current situation of the drug market, focusing on the size and structure of demand. Four major groups of drug users have been identified (for a more detailed discussion see Part 3), constituting three main markets: heroin; “soft” and synthetic drugs; and the marginal market of cocaine, LSD, and other less frequently used psychoactive substances. These markets are practically independent of each other and are largely tinted by regional and local peculiarities.<sup>27</sup>

### 2.1. THE HEROIN MARKET

Among the various parts of the Bulgarian drug market, the heroin market is by far the most significant, defining all other sectors of the drug market. In light of the fact that after 1998 **drug-related crime grew to be the backbone of organized crime**, before examining the soft and synthetic drug markets, we will analyze the organization of the heroin market.

The analysis of drug distribution in Bulgaria reveals no single coherent domestic drug-market. Rather, the largest cities—Sofia, Plovdiv, Varna, and Bourgas—operate as independent, **local markets**. Each of them is dominated and shared by **three to four big criminal organizations**. Based on the controversial accounts of policemen, drug-dealers, and drug-users, a certain general model of the organizational structure of these big drug markets can be outlined. Sofia, estimated to constitute about half of the country’s drug market, has a five-tiered hierarchy, while in cities like Varna, Bourgas, and Plovdiv, the drug distribution has four levels. The smaller towns typically are served by the local networks operating in the major Bulgarian cities. The size of each town or village predetermines its place in the hierarchy. For instance, dealers in small towns like Radomir are in subordination to a middle level drug-boss in Sofia. Larger towns like Rousse, Stara Zagora, Pleven, Sliven, Vratza, Yambol, Pernik and others, have their drug-bosses subordinated to bosses at the top of the national hierarchy (i.e., the bosses of the three or four dominating drug organizations).

These four and five-tier hierarchies come extremely close in functional terms to the classical six-tier structure of distribution in the New York heroin market proposed by Preble and Casey in 1969.<sup>28</sup>

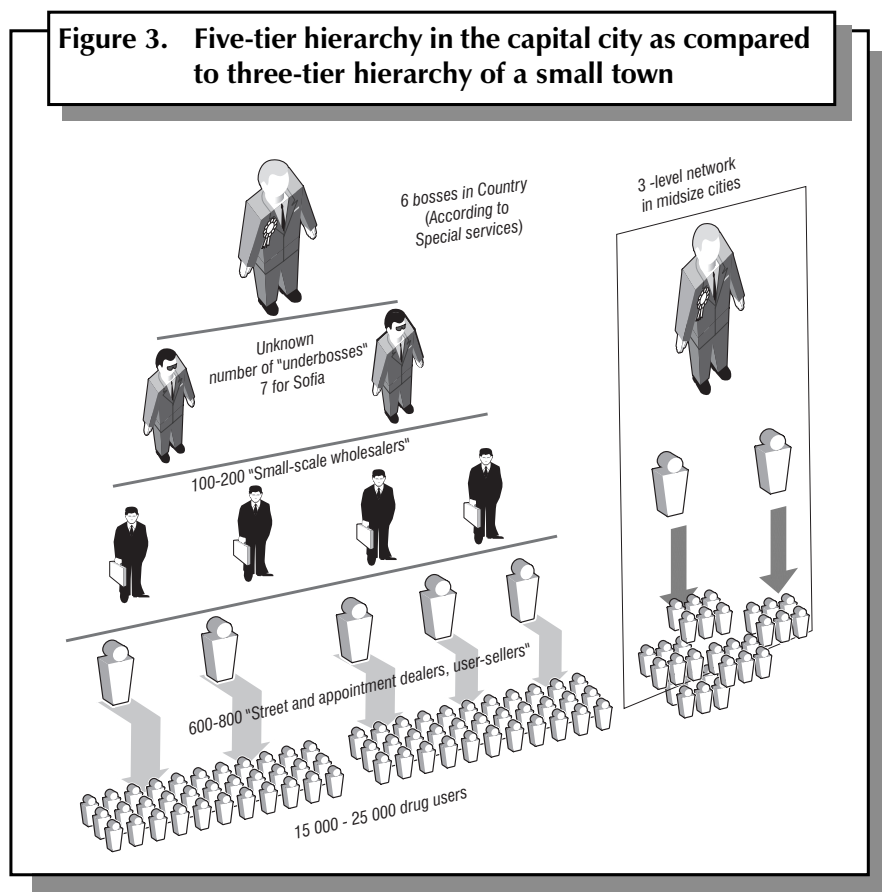
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<sup>27</sup> Each of Bulgaria’s large cities has its own specifics.

<sup>28</sup> Edward A. Preble and John J. Casey, Jr., “Taking Care of Business-The Heroin User’s Life on the Street,” *International Journal of the Addictions*, 4 (March 1969)

The typical drug organization is governed by two operational principles: hierarchy (see Figure 3) and sectorization (see Figure 5). Our analysis is based on the most developed market, Sofia. At the same time, wherever possible, comparisons are made with other, less developed drug networks in the country.

**Figure 3. Five-tier hierarchy in the capital city as compared to three-tier hierarchy of a small town**



Source: CSD Estimation

The **first tier, "heroin addicts"**, is our starting point in the description of drug distribution in Sofia. Many international studies prove that the transition from an end-user and a seller of heroin is a natural process. Surveys in Bulgaria confirm this model, too. Interviews with long-term addicts prove that, in over 50% of the cases, they have traded as street dealers at some point in their history. Thus, the first tier is the major source for recruitment of street dealers. When there is a "job opening" due to arrests or some other reason, it gets filled within hours by drug addicts who choose to avoid the trouble of searching and paying for their daily doses.

**Second tier, "street dealers"**<sup>29</sup>. We can calculate the number of street dealers by extrapolating from the estimated number of 15,000 to 25,000 drug users in the country (see for more detail Part 3). According to recent studies, in Sofia and other large cities, a dealer supplies an average of 25-30 users. Thus, the total number of retail sellers of heroin is approximately 600-

800, out of which 300-400 operate in Sofia. The number of customers served by each dealer may vary from five or six to 50 or so, depending on the area, the quality of the drug offered, the organization of supply, etc. There are dealers who earn their living from no more than ten customers, but they are either "beginners," (to whom customers are initially sent, and who are expected to broaden their base), "retiring" dealers (withdrawing from the market), or ones servicing only the more important, well-off clients.

The figure of the dealer resembles that of the "trade agent"—good ones look for better places to sell and can change their bosses (the networks owners). Experienced dealers have usually worked for five or six bosses. The old type of dealer was typically a drug-abuser, and his main motive to be on the street was to provide for his personal consumption needs. As a result, at the lowest level, the principle underlying and

<sup>29</sup> "Dealers" is the definition for anyone selling to end users (drug-users). Apart from those selling in the streets, there is a relatively small number of dealers selling from their homes, or regularly offering drugs in their stores/cafes/recreational establishments.

supporting the whole organization of drug-distribution is that of “**dilution**”<sup>30</sup> of the substance. In order to have enough for himself, the street dealer dilutes the substance as much as possible. This mechanism is at work on all levels. Thus, for instance, if on the fourth level “the boss” (the owner) of the network receives from the big boss one kilogram of heroin at a certain price, or is allowed to import three kilograms, he profits not only from “passing” the heroin down to the lower level at a higher price, but also from doubling, or tripling its quantity through dilution before passing it down. On the third level, the participants’ income again depends upon increasing the quantity via dilution, and profit results from the difference in the quantities purchased and those sold. On the second level, the street dealer continues to dilute the substance, but at the same time he must act with care, as he faces two threats: The first, is to “lose” customers who are dissatisfied with the poor quality of the substance. If the dealer has diluted the substance too much, the drug-addict will immediately look to find “a new seller with better stuff.” Often within the same area, a full turnover takes place within a month, with drug-addicts switching between two and three sellers, and then going back to the first. The second threat is related to the control exercised by the drug networks. In “better areas,” the area “supervisor” may impose fines for poor quality. To control the quality, some drug-addicts may be asked to assess the substance in supply. Sometimes control is exercised simply for the sake of collecting the fine, as an additional income for the local supervisors. Apart from testing the quality of the heroin, dealers are controlled through the monitoring of their cell phone, which comes with a pre-paid card.

After 2001, both the distribution pattern and the profile of the dealer changed significantly. While the old type of dealer typically sold from home, or at public places (squares, parks, recreational establishments, etc.) where drug-addicts got together, after the advance of mobile phones, and especially with the introduction of pre-paid cards, over 95 % of the sales were carried out “over the phone.”<sup>31</sup> Pre-paid cards secure anonymity for the dealer, and the phone number can be changed easily. Usually the dealer establishes different meeting places out of the sight of the police. There are various techniques for safely exchanging the heroin doses. For instance, the dealer has the “stuff” in hand and, shaking hands, takes a banknote in exchange for the substance. Since a dealer is most vulnerable if caught with a number of doses, he tries to have as little substance on him as possible, keeping the rest in safe places. Needed stock is packaged in a special way so that it can easily be disposed of. A popular approach is to put the “stuff” in the mouth, each dose wrapped as a plastic capsule. If a bust takes place, the doses are swallowed and, on release from detention,<sup>32</sup> the dealer waits for the capsules to exit the body naturally.

<sup>30</sup> Known variants to dilute vary. From rough imitations like chalk, powder sugar, grind brick, to medicines to boost action (codeine, glutetamide, etc.) There are even substitute products, in dealers’ use, the most popular of which is the so-called “Dutch mix”.

<sup>31</sup> Dealers were selling “over the phone” as early as the mid 1990s, but this practice never became widespread due to the under-developed market, low police activity in public places, and the possibility to track the owner of the phone.

<sup>32</sup> As per Penal Procedure Code, if charges are not pressed up to 24 hours, or 72 hours (when the person has been detained for harsh crime), the detainee is released.

Hand-to-hand exchange is considered unsafe, and attempts are made to come up with more secure techniques, like working in micro-teams of two and three players. Usually each player is assigned a specific role: one arranges the sale on the phone, another takes the money, and a third person places the stuff at a pre-set safe location. Another precaution is the involvement of under-aged dealers, who are less vulnerable to criminal prosecution and are easier to *bail out* by lawyers. A recent development is that network owners recruit “clean dealers” (non-abusers of drugs) and replace them if they “get hooked.” This practice succeeds in confusing the police, and a certain number of dealers remain out of their sight.

The reality of the drug-trade market, however, proves that despite the efforts of drug bosses the networks continue to operate in their old routine. Dealers are still predominantly drug-users, and the micro-teams fall apart within weeks. Due to the psychological instability of drug-addict dealers, “security rules” are not followed consistently, and doses are exchanged in the old way. In many areas of Sofia, although the sales take place over the phone, drug-addicts sustain direct contact with their dealers at certain hangouts. Often, dealers are not concerned with safety because they have “bought” their security from district police officers. It is a public secret that dealers know in advance about police busts. To divert suspicion that police are covering for them, less fitting or random dealers are sacrificed.

Pertinent to the operation of the system is the question of how much a street dealer earns. As reported by the dealers themselves, their earnings in 2003 range from 50 to 150 BGN per day (the equivalent of US\$30-\$90). From this amount, however, they have to pay for their own heroin doses. If many of their customers are “short,”<sup>33</sup> the dealers claim, “you go down to 50 BGN, and after paying for your doses you are left with nothing.” Data from different sources suggest that the amount of 150 BGN per day, or 4500 BGN per month, is within reach of very few of the dealers (old sellers with special status). Interviews with Sofia dealers support the conclusion that the average daily amount is between 70 and 80 BGN, while the monthly income rarely exceeds 1500 BGN, due to many “bad days.” For the sake of comparison, in the mid 1990s the average income of a dealer working at a good place was above \$200 a day, but then, too, there were places where the daily earnings were as low as \$15.

The dealers’ identity varies wildly across cities. For instance, in Plovdiv most of the dealers are ethnic Roma taxi drivers, in Bourgas the sellers are ordinary looking youngsters, distinguishable by their *tattoos* only—each drug-boss marks his people in this way. Apart from showing they belong to a dealers’ network, the tattoos also point to the dealer’s rank in the hierarchy. They most often represent mythical creatures and Eastern plants. Thus the dealers mark their territories, and the clients know that they are dealing with the right person.

Passing on to the higher tiers in the hierarchy, it must be noted that there are no clear-cut demarcation lines between the levels. Chaos, continuous fluctuation, and intricate entourage networks make any categorization provisional. Along these lines, the tier of the “street dealers” stands out as the most clearly defined compared to higher levels.

<sup>33</sup> This is the slang for drug users who instead of the average 6 BGN per dose in Sofia (2003) continue paying the old price of 5 BGN. Elsewhere across the country a dose keeps selling for 5 BGN, in Varna reportedly going down to 3 BGN.



**The third tier** in the Sofia market does not have a clearly defined function, as has already been emphasized, probably due to poor organization and a lack of discipline within the drug-networks. One would expect that those who supply the substances to the dealers, and those who collect the cash from the sales, would fall into this tier. The obscure role of the third tier players is best illustrated by the fact that we failed to find an accepted street jargon name for them. Labels vary from “base” to “dealer” (the latter being the name for dealers proper as well). Therefore, there is a possible overlap between the roles of the street dealer and of the “supplier.” According to former third level players, they were better paid than the dealers and their functions also included collecting money and calling the bosses if problems occurred with some of the dealers. Based on evidence of how dealers pay their drug network “bosses” and the police, it can be assumed that the third tier collects the dues as an intermediary. The amount received by a “supplier” is in proportion to the sales made by the dealers who are supplied by him. The scheme works out in the following way: a “dealer” orders the needed quantity and buys by the gram. The most frequently ordered quantities are 5 or 10 grams. In Sofia during the summer of 2003, one “street” gram cost about 40 BGN (20 EUR), that is the retail dealer must pay 200 BGN, or 400 BGN respectively. The official profit made by the “supplier” is 10% on the price paid by the dealers, but according to the “principle of dilution” instead of 5 grams the dealer receives only 4 grams of substance, thus leaving one gram, or 40 BGN, for the supplier. With an average of three to six dealers buying from the same supplier a total of 15–30 grams daily, the supplier’s earnings can reach 200–300 BGN per day. Often the figure of the “supplier-dealer”—who can sell while having dealers to work under him, or is ready to take additional risk—comes into play. Tentatively it can be said that supplying the dealers is the first step up the drug-hierarchy. Whether at this level the supplier would be assigned “managerial” functions, or would just be a “depot,” depends upon his performance and qualities.

With the appearance of mobile phone dealers, a new type of organization emerges where the supplier acts as a coordinator and manager of the dealers. Customers call him directly on his phone, and he delegates which of the dealers will supply the substance. A variety here is the “mobile supplier”—typical examples are the taxi drivers in Plovdiv.<sup>34</sup>

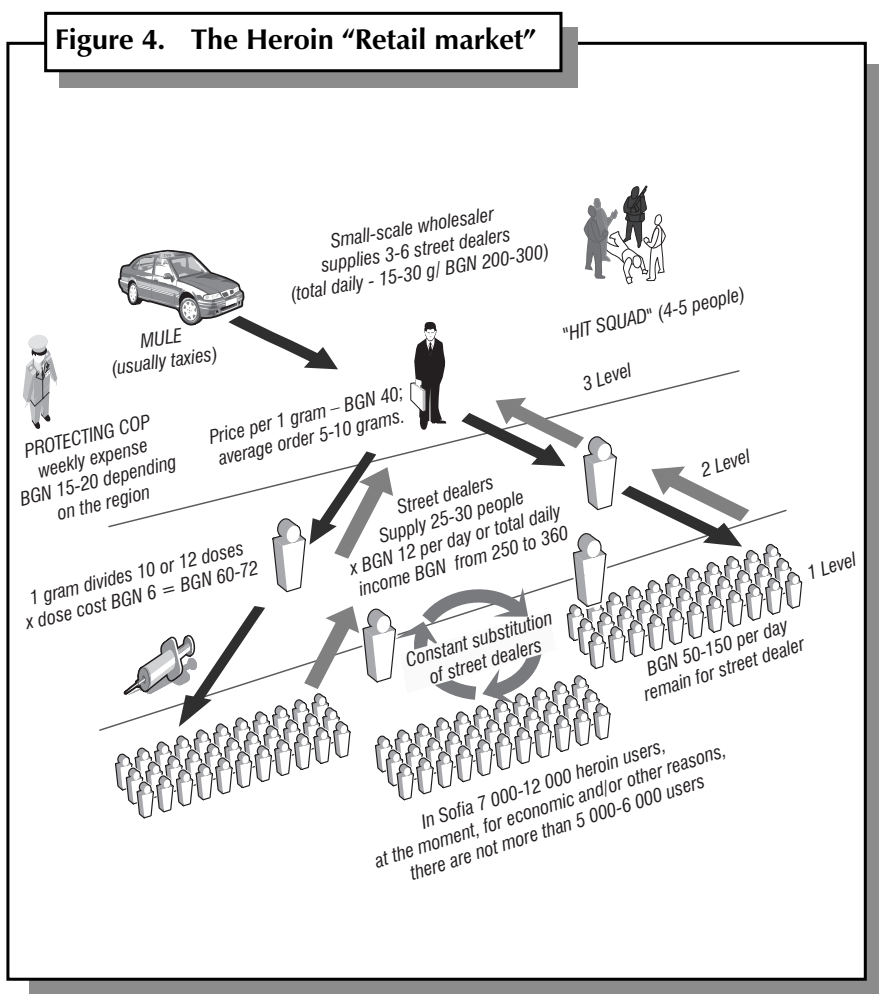
The “supplier” tier is sometimes “skipped” by the network executives. The option to hire an outsider to deliver substances for a substantially smaller commission than a regular supplier is often a tempting option. There is evidence that shops, news stands, cafes, and other commercial outlets working long hours have been used for distribution. The daily amount paid to these sellers is between 10 and 20 BGN. Generally speaking, though, this model dates back to the mid-90s, and is currently considered unreliable. There are also networks, especially outside of Sofia, where someone from the boss’s close entourage (usually the supervisor) supplies substances to the dealers.

Tracking the interaction between the second and third levels shows that from a regular “six” (a dose costing 6 BGN) 45% remain with the dealer and some 20%, with the supplier (see Figure 4). As already pointed out, “customer pressure” generates harsh competition among the dealers. In the past two years, as a result of the extremely low

<sup>34</sup> The special role in organized crime played by taxi drivers and some taxi companies, not just in Plovdiv, but across the country, is worthy of a separate survey.

quality of street heroin, dealers operate in constant conflict. A dealer may lose customers over greater “dilution” on the part of the supplier and, hence, look for a replacement. If that is the case, the area “boss” is the one to take measures. Substances can only be obtained from a replacement supplier when the regular one has fallen out of stock, and only then within the same “firm” (i.e. from suppliers reporting to the area boss). In the case of a dealer obtaining substances from a source outside the area (see below for area distributions), he is performing “shano” and liable to serious punishment.

This term has been introduced as a name for those working outside of the networks: the so-called *shano* is a “free player,” who typically disregards domestic drug organizations and uses uncontrolled channels for drug supplies. At present, Arabs are prevalent among this category, as are residents of neighboring Balkan countries (who are importing for their own use). They buy some 100-200 grams of the substance, which is considerably cleaner than what is sold on the streets. The shano works on his own behalf, and is a lucrative target for hit squads. Usually his property is seized by the members of the hit squad. Elimination takes place through a devastating fine, and through beating or even crippling in more stubborn cases.



A special type of network participant on the third level should be pointed out—the figure of the “mule” (this term is used by analogy with drug-trafficking, without having an exact counterpart in the domestic market in Bulgaria). The function of the mule is to secure substances for the supplier. Various schemes are applied. For instance, the mule brings stuff to the street, or gives an “address” to the supplier to get it. Usually, very “reliable” people, with long crime records, are employed as mules. To minimize the risk, taxi drivers, drivers supplying commercial outlets, and even policemen are employed (as was the case in the town of Sliven).<sup>35</sup> When arrested, such people have been found to carry between 100 and 200 grams of heroin.

Then there are the so-called “warehouses,” where all substances for the month are kept. It is known that in the capital city there are two or three large storage locations. The bust of a “large warehouse” in Sofia in August 2002 found some 5 kilograms of heroin.

Source: CSD Estimation

<sup>35</sup> See “Domestic news” - BTA 25.09.2002 and daily newspaper “Sega” 03.09.2003.

Interviews cast light on the fact that dealers do not communicate directly with their bosses. Usually, the dealer knows the “area boss” personally, and yet, he only has contact with his deputies. Most probably, these surrogate bosses also perform the role of suppliers whenever necessary. Hence, these “deputies” should also be classified as belonging to the third tier. According to our interviewees, the bosses “do not lay hands on” the stuff, yet exercise consistent ‘operational’ control over the network through their deputies. As reported by former and present dealers, meetings between big bosses and the second tier take place occasionally, or when there is a crisis in the system.

**The fourth tier, “area bosses,”** does not have a clearly defined role and identity, similar to the third tier. The controversial relationships among area bosses in Sofia demonstrate that there is no established organizational pyramid. Often a network has a couple of bosses “sharing power,” with no clear-cut subordination among them.

The current structure of the fourth tier in Sofia, as of 2002-2003, is the result of continuous clashes and agreements between separate groups. The final redistribution of power occurred after the assassinations of Poli Pantev<sup>36</sup> in the spring of 2001 and Lyonya Djudgeto (‘The Dwarf’) in the autumn of 2001. Up until then, every sale in Sofia was controlled by a particular “boss,” who was in charge of his respective areas. A typical organization included a “boss” having between 5 and 20 street dealers along with their suppliers. These organizations belonged to one of the two groupings formed around the former VIS and SIC companies. Notably, until the summer of 2002, despite periodic tensions between the two groups, balance has always been struck. Negotiations among fourth and fifth tier bosses led to **the principle of zoning, with areas of influence coinciding with the police district structure.** Each dealer was assigned to a particular area and “reported” to the area boss. Selling in someone else’s area, even within a range of 100 meters or so, obtaining stuff from outsider sources, or working for another area boss was punished (punishments ranged from battery to crippling).

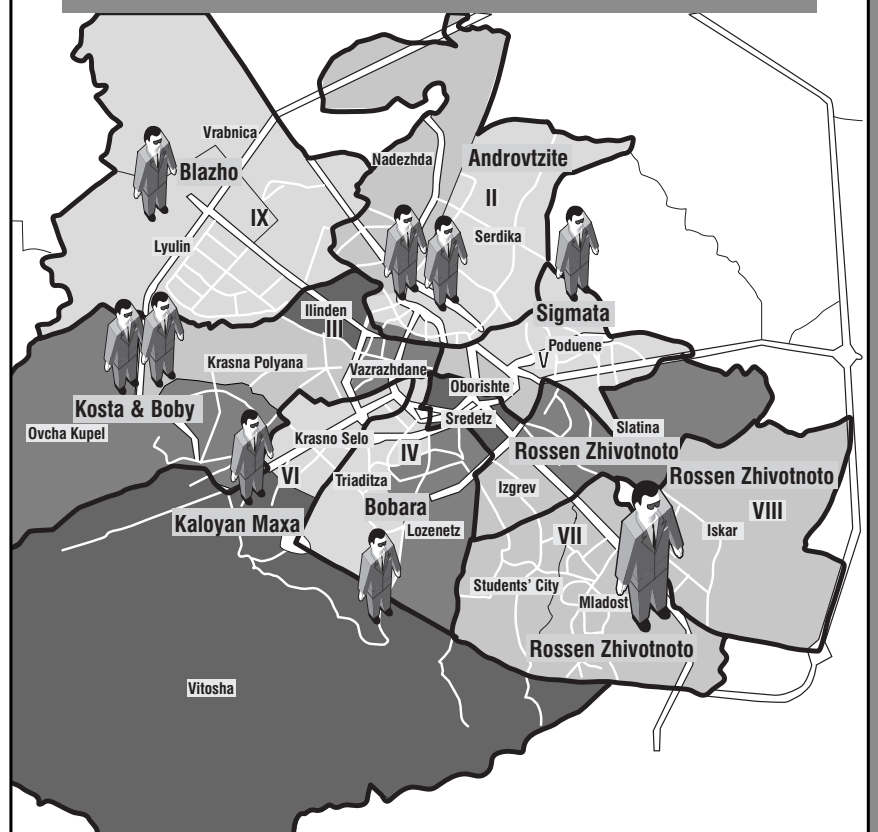
It is not by chance that the zoning principle in the capital city follows the police department districts. According to dealers, this is a direct reflection of the key role played by the police in distribution within the market.<sup>37</sup> Without proper contacts in the respective police district, it is impossible to defend a “territory.” A typical fee for a police boss in charge of drugs in a district police department is roughly 15-20 BGN per dealer per week. The amount that an “area boss” gives on top for keeping the system intact depends upon the personal arrangements with the “police executive,”<sup>38</sup> but amounts range between 10,000 and 20,000 BGN annually. It is known that, beyond general agreements dealers, suppliers and bosses pay extra in case of

<sup>36</sup> Poli Pantev was shot on 9 March 2001 on the island of Aruba. He was believed to control heroin and cocaine supplies before his death, but was not involved with the domestic drugs market.

<sup>37</sup> Corruption in law enforcement agencies is key for the evolution of crime in Bulgaria. This issue has been researched in a specific survey by *Coalition 2000* – see <http://www.anticorruption.bg>. It is also widely discussed at the top level in the Ministry of the Interior.

<sup>38</sup> 2<sup>nd</sup> and 3<sup>rd</sup> tier dealers allude to various police officers involved, starting with heads of District Departments in Sofia and ending with a former head of the Narcotics Department with the National Police Service. Some of the quoted names were confirmed to have been internally investigated by the Ministry of the Interior.

**Figure 5. Sofia Distributions by known “persons in charge” on the 4th level in the hierarchy**



Source: CSD and Sofia Directorate of Internal Affairs

“incidents”. For instance, when a dealer is caught between 500 and 1000 BGN is paid for each packet caught. Seizure of 200-300 grams on the third level can cost a “fee” of as much as 10,000—15,000 BGN. Data on arrangements with the police is fragmentary and mainly relates to Sofia’s 3<sup>rd</sup>, 4<sup>th</sup> and 6<sup>th</sup> district police departments (according to police insiders, these departments are notorious as the “most infiltrated”). Infiltration into the police departments occurs at different levels. If the boss is out of reach, his subordinates are then approached for negotiations. With a staff of three to four officers per division, it is possible that some officers are not corrupt, but typically at least half of their subordinates benefit from their position. The usual penalty for police officers who have been proved to abuse their position is only a transfer from one district department to another.

Based on accounts of dealers, policemen and special services experts, at present the capital city is roughly divided into nine areas, mirroring the structure of the district police departments. These are the bosses controlling each of the nine areas: (see Figure 5).

- Area 1 – Rosten Zhivotnoto (“The Animal”)<sup>39</sup> is now in Italy. His deputies are Goundi and Lacho.
- Area 2 – Androvtzite (“The Andreis”) are two bosses. Curiously enough, whoever comes as the new second is called “Andro” – short from Andrei.
- Area 3 – Kosta and Bobby
- Area 4 – Bobara (“The Beaver”) was preceded by Hamstera (“The Hamster”) and Nasko but today they report to him.
- Area 5 – Sigmata.
- Area 6 – Kaloyan Maxa (before him was the notorious Ilyan Versanov).
- Area 7 – Rosten Zhivotnoto (“The Animal”).
- Area 8 – Rosten Zhivotnoto (“The Animal”).
- Area 9 – Blazho (there have been several attempts to replace him since spring 2003).

One of the important functions of the fourth tier is to manage the so called “*black lawyers*” and “*hit squads.*” These two groups play a critical role in the overall operation of the networks.

<sup>39</sup> Wherever concrete individuals are mentioned, their media nicknames will be used.

Unlike their fellows employed by regular commercial companies, lawyers working for the drug-structures, also known as **“black lawyers,”**<sup>40</sup> come typically from the Ministry of Interior system, or have experience as criminal investigators, criminal prosecutors, or judges. Usually the “black drug lawyers” attack the system on all levels, from the district police department, where detentions take place, through the preliminary investigation, and as far as prosecutors and judges—i.e. they try “to crack” the case at every single stage of pre-court and court procedures. Thus, they not only represent and defend their clients, but also perform a particularly visible intermediary function. Their fees are typically calculated as percentages of what would have had to have been paid for saving the respective member of the organization. The more difficult the cases, the larger the amount, and the more substantial the fees charged. Black lawyers function as a “network.” Cases are assigned depending on the respective lawyer’s “influence” in various districts or levels of the law enforcement system. For instance, one lawyer who has previously worked as an investigator in Sofia’s 3<sup>rd</sup> district, is now representing defendants in that district, another having served in the police force of the 4<sup>th</sup> district, specializes in cases in that district, etc. In Sofia, most of the cases are covered by some twenty lawyers. Black lawyers perform additional intermediary services, for instance, arranging “victims”<sup>41</sup> with the police, as well as PR services like handling information to go out to the media, etc. Notably, apart from coverage by district, the hierarchy here is relatively clear—ordinary dealers are handled by junior members of the lawyers community. Unlike their ordinary colleagues, black lawyers risk physical punishment over lack of success. In general, though, lawyers’ role in the sustainability of the network is huge. Loyal street dealers are aware that even if they commit a mistake, they stand a fair chance to evade legal consequences.

Uniquely important for the enforcement of the hierarchy and zoning principles is the role played by the **“hit squads.”** The violent force exercised by these special groups makes it possible to control the delivery of substances, as well as territorial trespassing. According to available data, large hit squads—similar to those back in 1994-1997—are already difficult to sustain. Instead, each area boss has three to four people (“a car full”) who take care of discipline. One or two of them may be the boss’s personal bodyguards. It typically takes two to three to intimidate a dealer, and when “more serious measures” are to be taken, a total of ten or so are summoned from up to four areas. Usually the hit squads get other assignments as well—to collect interests, punish pimps, shop owners, etc.

**Punishments** can provisionally be ranked on three levels. 1) Fine—depending on what kind of violation, fines range from several hundred to several thousand BGN; 2) Battery—again there are degrees of beating, yet breaking bones and heavy injuries are avoided; 3) Crippling—ranging from breaking fingers to breaking elbows and knee caps (i.e. bones that are hard or impossible to heal).

<sup>40</sup> The term “black lawyer” has also a wider meaning, referring to lawyers related with gray and black economy, who are experienced in various cases of harsh violations of the Penal Code.

<sup>41</sup> To avoid suspicion that a given district police department is not doing their job properly, arrangements are made with the covering police officers to sacrifice a certain number of street dealers at the second level.

Analysis shows that a participant in a small-team hit squad earns about 300 BGN a week plus *fringe benefits*: car, mobile phone, “full board drinking and eating at the boss’ restaurants,” “prostitutes from the boss’ entourage,” and so on. Fines and other possessions taken away from the dealers become property of the hit squad. The boss of the hit squad gets a weekly salary of about 1500 BGN. Furthermore, bosses of hit squads enjoy a special status and may own a share in business operations. It may seem paradoxical that a hit squad member gets less than a street dealer, but most sources confirmed this information. One explanation here would be that the market of “power services” has shrunk and their pay levels have to take into account the salary levels in ordinary security firms, which are still half to one third of what members of the hit squads are paid.

Significantly, frequent changes take place on this fourth level—one can move up or down within months. Along with the area bosses there are always at least one or two “lesser bosses” whose hierarchical position is not clearly defined.<sup>42</sup>

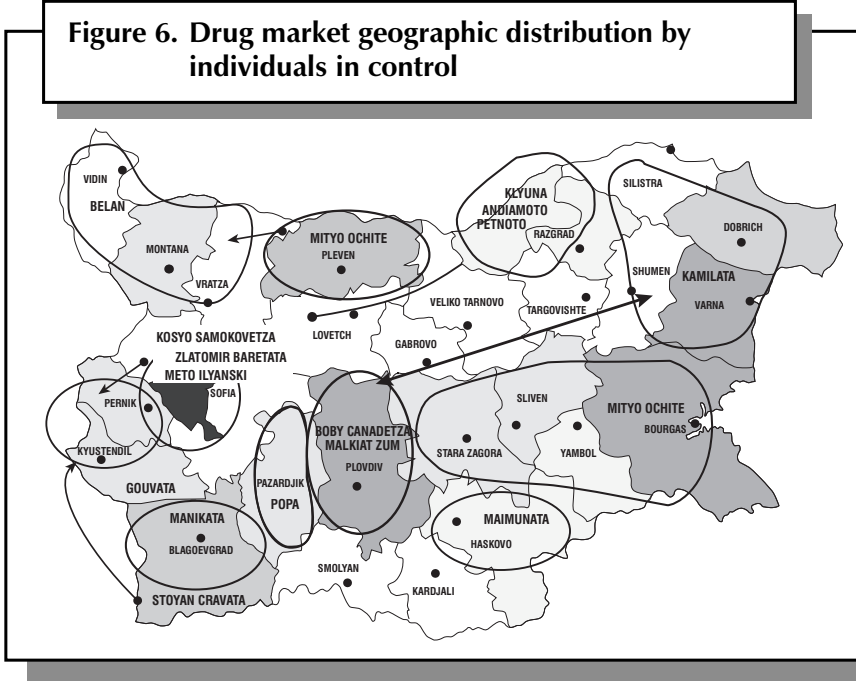
**In the fifth tier are the so-called “big bosses.”** Media, police, and politicians alike often mention the long criminal records of these top players, yet for many reasons which are outside the scope and ambitions of the present survey, they remain “untouchable”. **The single most important feature of their operation is that they have sustainable legal businesses securing considerable income. At the same time, their legal operations are related to “gray” and “black” economic activities, thus securing huge supplementary financial, organizational and human resource for expansion.** Pressure in the “black” or “gray” sector of operation may cause a reduction, or even a stoppage of activity in the line under threat. **This constant transition along the “white-gray-black” line makes it really hard to reach the real bosses of the fifth tier.** For them, drug distribution is just one of many lines of business. They normally do not get involved in any operational decisions such as who stands where in the hierarchy, who contributes how much, who is to be punished. They negotiate and agree on area distributions and set development goals (for instance, currently small towns are being developed). Along these lines, it is noteworthy that according to participants in the drug networks, the perceived rivalry between former VIS and SIC “employees” is rather a myth that covers the actual collaboration. Special service experts confirm this observation. As they see it, the Bulgarian drug-market is moving towards cartelization. It is widely believed that since early 2002, the old division into VIS people and SIC people has become irrelevant. As of now they have “merged” to the point of being indistinguishable.

Media investigations, also confirmed by police sources, divide the country into three big local organizations: Sofia, Varna and Bourgas. About the “three on the top,” there are only widespread rumors. The media reported that the “three big bosses” were Konstantin Dimitrov (“Kossyo Samokovetsa”), Meto Ilyanski and Zlatomir Ivanov.<sup>43</sup> On December 6, 2003 Dimitrov was murdered in the center of Amsterdam.

<sup>42</sup> This duplicating and triplicating of levels is reflected in dealers’ interviews like this: “I worked for Botse, Mitko Babata is under him.” On the other hand, it turns out that Botse, who is a boss, worked for Mitko Rouski (“The Russian”), who himself “had worked it out with Klyuna” (“The Beak,” area boss).

<sup>43</sup> These names appeared in over 300 publications in the past 2 years. See “168 Chassa” weekly of 23.05.2003 and of 31.01.2003, “Capital” weekly of 17.08.2002 and of 11.01.2003.

**Figure 6. Drug market geographic distribution by individuals in control**



At the end of November 2003 Ilyanski disappeared. Reportedly Dimitrov's share of the drug market will be most likely taken over by Klyuna (Anton Miltenov, "The Beak").<sup>44</sup> Some other identifiable high-level players are Ivo Guela in Varna and Mityo Ochite in Bourgas.

It is widely believed that until this point Klyuna was the executive in charge of the Sofia market. (See box on page 33) Another frequently mentioned name is Dembi (Dimitar Voutchev, "The Fat Guy"),<sup>45</sup> the stand-in for Klyuna. These two were the main characters in multiple media publications, while interviewee dealers and police officers confirmed that they are veritably the ones who have been running the capital city in the past 1-2 years. The most convincing evidence as to their strength

Source: CSD and National Service for Combating Organized Crime

is that they are capable, if need be, of summoning the "most powerful hit squad" from all areas, which can include up to thirty hit men. It has already been mentioned that such hit squads do not go into extremes. They are employed to scare and punish (see the three levels of punishment described above), but not for killings. In the few cases when such groups used firearms, they were inefficient. It is thought that for extreme cases bosses on the fourth and fifth level usually hired either "Old Dobri's group" or foreigners.<sup>46</sup> To sum up, old dealers know people like Klyuna and Dembi in person, but the real top guys remain unknown.

As for those hovering somewhere between fourth and fifth tiers, like Dembi and Rossen Zhivotnoto ("The Animal"), they demonstrate the poor discipline typical for the middle level, well-known from the time of the "power groupings" in the period 1994-1998. It is believed that after the end of the "spill out" period (when heroin was left in Bulgaria in exchange for assistance in trafficking substances through Bulgarian territory), and the transition to mainly direct purchasing from Turkey, mid-level people began to operate on their own more often.

<sup>44</sup> "Boyko Borisov: Klyuna will Inherit the Business of Samokovetza," *Dnevnik*, December 8, 2003.

<sup>45</sup> See "Trud" daily of 19.08.2003, "24 chasa" daily of 21.8.2002, "Tema" weekly magazine of 26.8.2002, "Monitor" daily of 14.9.2002, "Banker" weekly of 28.6.2003.

<sup>46</sup> In interviews dealers gave details about the exclusive specialization within the group and the harsh discipline. It is hard to say how far these were stories inspired by hands-on experience, or by what was published in the media. A case in point is "Old Dobri's" group that became media popular after the arrest of Nikolay Dobrev and five more in late August 2002. Detainees were former special services officers and at the time of their arrest they had at their disposal large amounts of weapons, ammunitions and explosives. The Prosecution called this group "a murder factory." While investigation was under way it became clear that many of the charges would not hold in court. Court trial is upcoming.



**Size of the heroin market.** Having revealed the structure of heroin distribution and the overall operation of the heroin market, the question arises of how much money this market generates. The estimated size of the Bulgarian heroin market varies significantly due to considerable variances in initial assumptions. If the average daily consumption is 10-15 BGN per person, and there are 5,000 to 25,000 drug-addicts on the heroin market, the annual revenue ranges **between 55 to 135 million BGN**. This estimate may prove to be quite exaggerated, since addicts do not always manage to take their daily dose of heroin—most of them quit time and again in attempts to overcome their addiction.

**Crisis.** The described structure and operation of the drug network in Sofia supports the conclusion that the drugs market has reached a mature stage. However, changes that took place from the fall of 2002 on, give grounds to the belief that the existing drug organizations were beginning to fall apart. There are numerous symptoms that testify to a **systematic crisis in the distribution of heroin**. The changes occur extremely quickly, and whether the current structure remains relevant depends largely upon developments in the second half of 2003. The catalyst of this crisis appears to have been many internal and external events. The external factors include changes in consumer behavior in some big Western-European drug markets, namely the transition from heroin to cocaine. It is difficult to predict how this “shift” would affect the heroin traffic via Bulgaria, and consequently the domestic heroin market. Another important change is the increased activity of the Turkish special services (resulting in a series of disclosures), which supposedly created difficulties for the Bulgarian drug importers in maintaining their contacts with Turkish heroin laboratories.

While external changes are hard to identify, evidence about internal turbulence on almost all levels is readily available. An outline of these changes follows.

**On the first level**, a general and continuous drop in the number of heroin users has been observed. There are several reasons for that.

**Demographic** slide – due to continuously declining birth rates in the 1980s, there are fewer and fewer young people entering drug-use age (i.e. the size of peer groups, people born in the same year, is shrinking year after year).

**Experience gained** in heroin abuse. As a result of the “heroin outbreak” since late 1990s, horrifying evidence of the consequences of drug abuse is to be found in almost every school and every neighborhood in big cities. Therefore, even kids with deviant behavior prefer **to refrain from heroin experiments**.

Due to the **deteriorating quality of the street heroin** (confirmed by data from chemical analysis), smaller numbers of new addicts are being recruited. Indications are there that the number of those who “get hooked” after their first try has dropped abruptly.

Unlike the period 1993-2000 when drug networks were growing every year, the current trend is of shrinking revenue from drugs trade. **“Pressure from below”** creates powerful tensions within the drug networks—as confirmed by both street dealers and current police data. Since early 2002, the average number of customers serviced by one street dealer is going down (from 30-40 to 20-25 in mid-2003), resulting in poorer earnings. As a consequence, the recruitment of new dealers



becomes problematic, and permanent conflicts among them arise. The “human resource crisis” in the street network is described by old dealers like this: “in the past year some areas were served mainly by young novices who got busted all the time.”

“**The crisis from below**” coincides with a “**crisis at the top**,” which, on the fourth and fifth levels, according to police and dealers alike, started after the death of Poli Pantev and became even worse after the murder of Lyonya Djudgeto (Leonid Fotev, “The Dwarf”).<sup>47</sup> Up until then, Lyonya Djudgeto maintained the balance between the various groups in the drug-networks of Sofia, which were divided into two camps - VIS and SIC. In the summer of 2002 the situation went out of control. Judging by many signs, it can be assumed that the crisis started after a fight among the fourth and fifth tier bosses over unsettled payments—the legalization of their capitals in the autumn of 2001 and the spring of 2002 took the form of an overinvestment in tourism.<sup>48</sup> What added fuel to the crisis was the shooting of one of the fourth tier bosses—Ilyan Versanov, who confessed to the police in order to protect himself from execution.

Following his testimony, a lawsuit was started against Klyuna (Anton Miltenov, “The Beak”), and after a search, it was announced in the autumn of 2002 that most on his team/hit squad were arrested: Dimitar V. (“Dembi”), Redjhan R. (“Roko”), Bisser I., Alexander V. (“The Cabbage”), Kiril K. (“The Tip”), Tzvetan D. and Rossen P. On 10 September, 2002 Georgi N. was arrested after forensic evidence proved that he was the one who had shot Versanov with an automatic machine gun Kalashnikov, provided by Rossen P.

The shooting was said to be Klyuna’s response to a previous sniper attack against him on 27 June, 2002, when he was shot on the balcony of his house in the Knyazhevo area around Sofia. He turned himself in to the police investigation office on 21 January, 2003 and spent some time in prison.

At present, Klyuna is free on a bail of 4,500 BGN, confirmed by Sofia City Court on 9 May. Also on the loose—bailed out for 3,000 BGN—is Dimitar Vouchev (“Dembi”). According to the latest data, only one out of seven members of Klyuna’s group is in detention.

The charges pressed against Klyuna and his people include “attempted murder of Ilyan Versanov in a manner and means threatening the lives of many, and conducted by preliminary arrangement.” In addition, Bisser I., Rossen P. and Georgi N. will be charged for illegal possession of arms. Court sources quote the evidence collected so far on the case as sufficient to convict the drug-dealers.<sup>49</sup>

<sup>47</sup> Murdered on 16 September, 2001 by Petar Petrov-Kyustendiletsa, who was under cocaine intoxication.

<sup>48</sup> The widely accepted explanation among “crime and gray” bosses is that early August 2002 made it clear that the return from tourism has been overestimated, and high interest rates of “black credits” turned out unserviceable (unavailability of regular bank credits had allowed crime structures to lend at very high interest rates). Furthermore, the consequences from “investing white” are manifold. According to lawyers in service to the leaders of “shadow” structures, the main underlying problem lies in ill-defined “oral contracts” and the absence of tradition to observe agreed upon contracts. Conflicts arise not only over debts, but also over property concession, partnerships with competitors, etc.

<sup>49</sup> *Banker* weekly 02.08.2003 r.

Similar charges were pressed in Bourgas, and the detention of key figures like Klyuna and Mityo Ochite (“Mityo the Eyes”) and their entourage had a negative effect on discipline among the players of the big drug-markets. Their continuous absence from “operational coordination” led to fourth tier bosses starting to work on their own. In this respect, it is revealing that since the crisis of the summer of 2002 street dealers **are no longer given ready-made doses of heroin**—a method used to avert dilution.<sup>50</sup> Discipline has slackened to near collapse in the second and third levels, and fast and loose use of “hit squads” in the summer of 2002 and 2003 deteriorated the situation even further. The crisis at the top was exacerbated by the attempts of big bosses to drop out of the drug business. The trend to transfer capital from the “black sector” and invest in the “white” leaves the drug market with less and less financial resources. The result is the extremely low quality of heroin bought from Turkey. According to the NSBOP, purity of wholesale heroin has been slashed to 10-12%, which was the grade of heroin offered on the second level in 1999-2000. Now the street dose of heroin is usually at 4%, but can drop to as low as 2%.

## 2.2. THE SOFT DRUG MARKET

After the big criminal organizations entered the “soft drug” trade (marijuana, hashish, and other forms of cannabis) at the end of the 1990s, the market in 2003 remains split between independent small dealers, working directly with producers and selling to “circles of friends,” and the criminal organizations. Naturally, organized crime was not happy to share the market. Therefore, regular attempts were made to oust or bring under control the independent dealers. According to police data, in most of the country’s large cities **big criminal structures periodically gain control over “the street” (the public selling places of grass)**. Various methods for securing this control are known, like marking the substances<sup>51</sup> or “checks” of the users at public places where grass is smoked. According to independent dealers, a portion of the police campaigns against the dealers are triggered by “purposeful signals” to the police, with the purpose of clearing the area. Examples in Sofia include operations against sales in “Studentski grad” (Students’ City) and the centrally located green areas (the Monument to the Soviet Army, the monument to Patriarch Evtimii, and elsewhere). Despite all effort, this market continues to be difficult to control on the part of organized crime. The main reason is that the “entry threshold” for an independent dealer is very low, thanks to easy access to raw substances, and low prices. Typical are stories of high school, or university student sellers of “soft drugs,” who supply themselves from a piece of land they have found, “so that not to pay thick-necked thugs” (the so-called “mutri”). Having met their personal needs, they start making money by selling surplus drugs within their own closed circles. There are also the “young entrepreneurs,” who enter the market for profit’s sake only. Clash with organized criminal structures usually takes place when the “circle of friends” expands, or the respective criminal group “captures” a user from the independent dealer’s circle.

<sup>50</sup> To limit the possibility of dilution on the 1<sup>st</sup> and 2<sup>nd</sup> level, doses are pre-packaged in the form of the so-called “straps.” Doses come stuck to a strap and a 1<sup>st</sup> level dealer gets a strap with the respective number of doses, depending on the number of his known customers, and the respective cash amount is owed. Straps are also an efficient control mechanism on the 2<sup>nd</sup> level. As different from Sofia, ready-made doses keep being used in smaller towns, where large amounts have been confiscated (in Rousse and Pleven).

<sup>51</sup> In Sofia the practice is to put stamps on paper bags that contain grass, and sometimes even on the rolling paper.

Notably, along with the number of “dealers to friends,” there is a significant portion of users who grow their own cannabis, helped by the favorable climate and already developed seed market.

Organized crime has also to consider the relatively **small size of the soft drug market**. Based on experience in other countries, confirmed to be relevant for the Bulgarian market as well, some 90% of the overall consumption of soft drugs is attributed to regular users. Therefore, approximately 4,000-5,000 kilograms are consumed per year. With retail prices ranging from 800 and 1,000 BGN per kilogram, the estimated size of the market is 3.2 million to 5 million BGN. Besides the relatively small market, dealers working for criminal groupings cannot take advantage of the security offered by mobile phone sales. The low price of soft drugs makes mobile orders too expensive at this point.

On the other hand, **the country’s organized crime cannot afford to abandon the “soft drug” market altogether**. First of all, this is the largest market in terms of number of users. Analysis of demand (see Part 3) demonstrated that the users of “soft drugs” number around 30,000–50,000 regular users, and about just as many accidental ones. In comparison with Western Europe and the former socialist countries like Poland, the Czech Republic, Hungary, and Slovakia, the 1.5% penetration (those who “have tried”) is low, and stable growth can be expected in the near future. Such expectations are confirmed by registered levels of penetration in high schools (as high as 30% in some cities). Secondly, earnings from heroin are expected to continue to decline, thus making soft drugs more attractive to organized crime.

### 2.3. THE SYNTHETIC DRUG MARKET

As shown in the first section, the manufacturing of amphetamines in Bulgaria has a long history, and after 1998—with the focused effort of organized crime—this group of psychoactive substances began to gain grounds on the mass domestic market. Just like the heroin trade, the trade in synthetic drugs is practically fully controlled by the big criminal structures. Domestic consumption is mainly satisfied by domestic output and one can safely assume that it is dominated by the same big criminal structures. On the other hand, some of the apprehended traffickers and workers in drug laboratories, belong to relatively small criminal organizations exporting amphetamines to the Middle East. **Two parallel systems for manufacturing synthetic drugs seem to co-exist**. One, which is part of Bulgarian organized crime and targets the internal market, and a second, focusing on exports, consists of single criminal entrepreneurs. Comparisons of quantities seized at the border with data on internal consumption shows that **export production is several times higher than the domestic market**. Therefore, this production has to meet the requirements of the Middle East market for very low prices, which in turn leads to very low quality. This is probably the main reason why the quality of synthetic drugs offered in the country is so low.

Developments in early 2003 signal a very dangerous tendency. With the decline of heroin consumption, organized crime groups focused upon increasing the supply of synthetic drugs. A series of in-depth interviews with long-term heroin addicts, carried out in the spring and summer of 2003, made it clear that the **wave of**

**combined use of heroin and amphetamines is sweeping.** On the other hand, while up until mid-2002 adolescents typically took powder or pills, it is becoming more and more common at present to “sniff” amphetamines in imitation of techniques learned from cocaine use. The active substance is divided into parts, shaped into lines, and sniffed through a straw.

A comparison is possible with Western Europe in this respect. In the past couple of years, users of heroin have been switching to cocaine. For a country like Bulgaria such a “shift” would hardly work, due to the very high price of cocaine. Therefore, amphetamines become a natural, cheap surrogate, or as some experts call it, “the cocaine of the poor.”

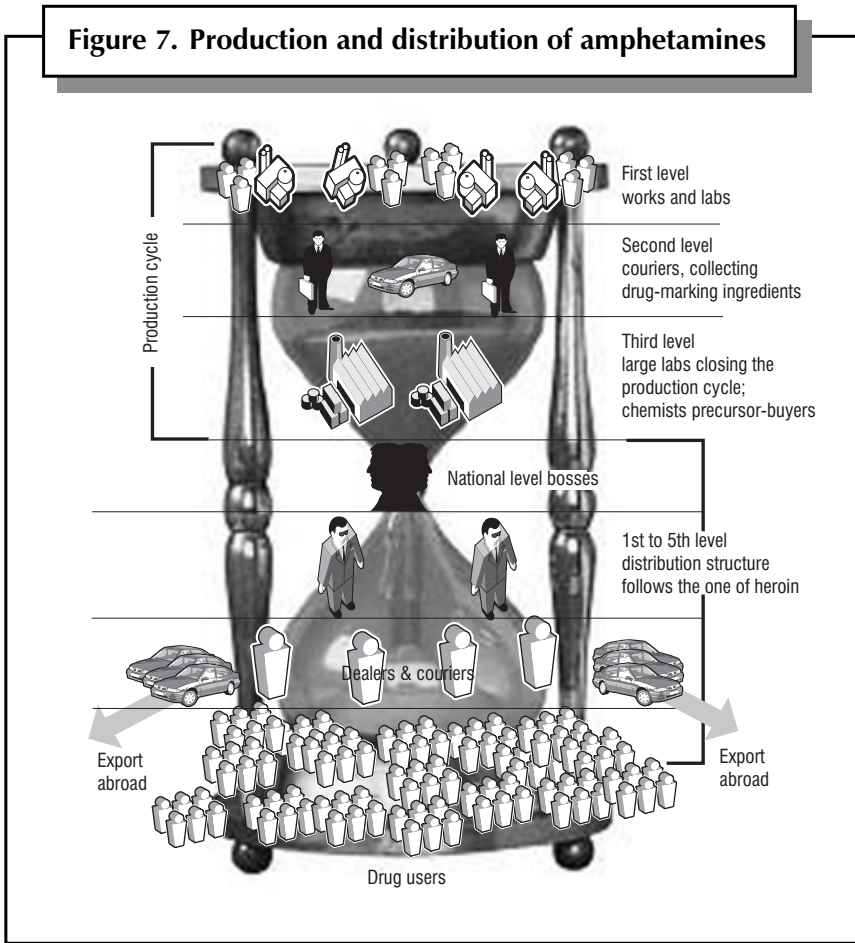
Data about “switching” from heroin to amphetamines is as yet too scarce and fragmentary. According to police and special services (who are also registering such a trend) the “heroin crisis” forced many fourth and fifth level bosses to “remake” their heroin networks into those that distribute amphetamines. Before early 2003, the heroin market and the market of synthetic drugs were very different, and “physically” separate. For instance, amphetamine dealers offered their substances mainly at restaurants and cafes, while heroin dealers—as mentioned above—took orders over the phone and delivered the drugs at arranged meetings. At present, as evidence from police analysis and interviews with drug-users show, in certain big cities these two distinct networks are beginning to merge. Bulgarian drug-related organizations are trying to make use of the existing manufacturing and human resource potential.

Police busts in the summer of 2003 suggested that the architects of these industries are trying to “close up” the production-distribution process by cutting out the expensive and risky part of the system abroad.<sup>52</sup> What is innovative and different is that with their new manufacturing capacity, the aim is to expand the number of participating laboratories as far as possible. Drug organizations have not only mastered old, existing technology for the manufacturing of amphetamines, but they have also tried to make them mass-producible, turning drug production into a technology as “simple as alcohol distillation, practiced on a mass scale by Bulgarians.” The aim is to set up several hundreds of laboratories that will deliberately work on an irregular basis—in order to minimize the risk. **The structure created by the architects of the system resembles that of the renowned cocaine “sand clock” scheme.**<sup>53</sup> According to this scheme, the widest upper part of the inverted triangle is occupied by the “workers,” hundreds of people, who receive cheap equipment, precursors, and accurate instructions (to minimize errors via simple technology). Below them are several dozens of couriers handling the shipping of precursors, sub-products, and the amphetamine output. The second to last level is taken by those organizing the import of precursors,<sup>54</sup>

<sup>52</sup> For the first time laboratories have been discovered that produce predominantly for the Bulgarian market. Up until 2003, 13 laboratories were found whose output went for export. Similar is the tendency with captured couriers shipping amphetamines bulk.

<sup>53</sup> Peter Reuter, “Do Middle Markets for Drugs Constitute an Attractive Target for Enforcement” (2003).

<sup>54</sup> There is strong evidence suggesting that to avoid the risk of crossing borders, production facilities have been set up in Bulgaria for the “total synthesis” of precursors.

**Figure 7. Production and distribution of amphetamines**

Source: CSD and National Service for Combating Organized Crime

chemical engineers,<sup>55</sup> while the bottleneck of the scheme is saved for the bosses. At this point, the regular pyramid starts, which is similar to that of heroin distribution (see Figure 7)—upper levels for distribution bosses, then the suppliers, hundreds of street dealers, and finally the widest section of the pyramid made up by tens of thousands of users. What is new is that expensive qualified chemical engineers do not assume risk any longer. The whole point of the “sand clock” scheme is that the risk is greatest for those at the bottom of the hierarchy—the laboratory “workers” who function similarly to the street dealers, and are easily replaceable without incurring significant financial losses. Therefore, laboratories are scattered all over the country in small towns producing several kilograms of sub-products, or at the end-units, producing several kilograms of amphetamines. A key role for the operation of this structure is played by “hit squads” and “black lawyers,” described above in the discussion of heroin distribution.

It is extremely difficult to estimate the earnings generated from synthetic drug use. Due to the recent abrupt growth of amphetamine use, the data collected by representative surveys is outdated. Besides, patterns of use are highly irregular, depending on the season, particular events, etc., and prices vary significantly by place and time (from 0.50 to 15 BGN per dose).

<sup>55</sup> According to special services experts, many indications are there that some of the most prominent Bulgarian chemists have been put under pressure and recruited by members of organized crime. Particular attention was paid to those who had taken part in developing technologies for the production of captagon. In proof of this assertion come the ostentatious killing of the daughter of a famous chemist, and the detention of several individuals working with non-controlled chemicals that are suspected to be used in exotic technologies for the production of amphetamines.

## 2.4. BULGARIAN DRUG-RELATED ORGANIZED CRIME AND POSSIBLE SCENARIOS FOR THE FUTURE OF DRUG-DISTRIBUTION IN THE COUNTRY

At the early stages of this survey, our hypothesis was that—despite media and public opinion—the perception that there exists drug-related organized crime, and even a mafia, was false, and that the reality of drug-distribution would prove those beliefs have little to do with reality. Our hypothesis was supported by studies and analyses in Western and Eastern Europe proving that even in countries like Italy and Russia, with traditionally strong organized crime, drug-traffic and drug-distribution are predominantly the domain of small organizations and individual players.<sup>56</sup> Analysis of primary information, police, and special services data showed that drug-trafficking and distribution in Bulgaria is carried out by a **special alliance of three to four big criminal drug networks**.<sup>57</sup> As demonstrated in our discussion of the hierarchy of drug organizations, this “alliance” has divided the market internally on the principles of zoning and hierarchy in the structure of supplies. The operation of such an organization is made possible by implementing various negotiating mechanisms for assigning control over territories among the existing criminal groups, and also by maintaining specialized units to exert pressure (“hit squads”) and to protect the players at each level from prosecution by the state (“lawyer networks”).<sup>58</sup>

<sup>56</sup> PAOLI, L. (2002): Flexible Hierarchies and Dynamic Disorder: The Drug Distribution System in Frankfurt and Milan. Drugs: Education, Prevention and Policy. “The “Invisible Hand” of the Market: Illegal Drug Trade in Germany, Italy, and Russia”, Venice: 12th Annual Conference of the European Society of Social Drug Research, 5.10.2001 (Paoli); K.Krajewski “Drug Trafficking in Poland”, Cross-Border Crime in a Changing Europe (2001).

<sup>57</sup> Bulgarian drug organizations resemble the organizational schemes of South-American heroin organizations (loose confederations of several organizations and dealers), which smuggled and sold in the USA during the new heroin wave in the 1990s.

<sup>58</sup> The response to the question of why Bulgarian drug trafficking and drug distribution became part of organized crime is related to the genesis of organized crime. This text is unable to consider the details of the emergence and development of existing forms of organized crime. For the sake of better understanding the interpretation of drug distribution schematically offered here, the prerequisites for the genesis of big Bulgarian criminal structures will be outlined below. 1) The structure of the judiciary established in the Bulgarian constitution at the start of transition included three fairly independent units—court, prosecution, and investigation. Given that the balance between units is disrupted and legal mechanisms are imperfect, the prevention, disclosure, and penalization of criminal acts or breaches of law could not be wholly efficient. 2) Existence of a “natural backbone” for organized crime in the face of large and solid sports communities (trained in the special network of sports schools formerly supported by the state). 3) Unique opportunities provided by the embargo against Yugoslavia (imposed because of the war there) This plays the role that “prohibition” did in the USA. This facilitates the criminal groups with huge financial resources and international channels. As a result apart from enormous contraband in former Yugoslavia, many side lines are developed ranging from car thefts and smuggling mass consumption goods to power insurance. 4) Bulgaria was among the weakest states in Eastern Europe through the years of 1990-1997 and the new political elites had neither the time nor the resources to counter big criminal leaders. 5) After the state became stable in 1997-1998, the condition of law enforcement and the judicial system allowed for the big organized structures to adapt, and to redirect their capital into “gray and pure white enterprises.”

Historically, police, and special units monitoring drug related crimes around the world have been able to collect the most information about the lowest levels (e.g. the retail sellers), less information about the “suppliers” (the middle level), while data about the highest layers of the drug hierarchy is scarce and hypothetical. During the collection of primary information, we came across the following Bulgarian paradox. A lot was known about all “layers” of drug-distribution practically by everybody—drug-addicts, dealers, suppliers, police, and even journalists. It turned out that the higher the level in question, the clearer the picture. The reason for not having accurate information about the lowest level is pretty simple—the great variety of players and the general state of chaos, exacerbated by high rates of turnover among the dealers and constant organizational changes affecting the middle layer. In addition, there is a certain overlapping of functions, and a lack of clearly defined “roles.”<sup>59</sup>

Our initial assumption that the stories about the “highest levels” of the drug hierarchy are the product of journalistic imagination was again proved untrue. Drug-dealers and police officers alike confirmed—with no precautions—which of the big drug bosses controls what territory and what their status is in the overall organization. In reality, everybody spoke about everybody and everything, and the major problem appeared to be how to decide where reality ended and imagination came into play. Evidently, factors like the **country’s small size** (its overall consumption equals that of a German or American town with a population of 200,000), **the transition from one social model to another** (after the collapse of the Soviet system), **the traditionally nepotistic society, “the culture of gossip,” and other socio-cultural specifics create a unique atmosphere of “know” and “feel no consequences.”**

Although those at the top of the Bulgarian drug-business seem to have been known for years, there is no evidence of their activity—hence, there are no consequences for them. This probably preconditions their behavior—they avoid extreme actions and explain the whole situation in terms of, “let us all do our business; we satisfy certain market demands; the police talk to the media about us; the media write and sell their circulations, etc.”

We may need to focus further on the specifics of Bulgarian organized crime. We believe that organized crime of the Italian, Latin American, Russian, Caucasian, Turkish, and other types, as described in textbooks, could not possibly exist in Bulgaria, mainly due the country’s size. In order for a big criminal organization **to survive in a “shallow” and “primitive” market** (there is hardly any high tech production left), **it has to operate as a network of many small organizations.** Certain member organizations function as regular commercial companies, performing a variety of roles, from criminal to fully legal ones. In the peculiar Bulgarian cultural environment, purely market relations are intertwined with friendly, kinship and clientele relationships, making it hard to draw a line between the gray and the black.

<sup>59</sup> However paradoxical it may seem, this traditional Balkan chaos creates possibilities for a special kind of flexibility and adaptability of the country’s drug distribution.

The typical model used by big criminal structures has bosses from the top participating in dozens of commercial companies of various configurations, including (as partners) people at their level, as well as middle-level people. These firms own other firms, and they, in turn, own others, thus forming a network of which small parts may be sacrificed without losing the whole. When a certain section of the network is destroyed, its functions are taken over by other sections. There are many cases when, after dozens of dealers and their bosses have been arrested, the drug trade in the affected area is restored at its previous level within several days. A prominent Bulgarian boss with mathematical background compares his organization to “the operation of the Internet.”

We must emphasize that Bulgarian drug distribution is not simply one of the many sectors of organized crime.<sup>60</sup> Compared with the other forms of organized crime in Bulgaria, **it is the best integrated into the international criminal organizations, it has the largest number of participants, and it has accordingly developed as the most sophisticated hierarchical criminal structure in the country.** Bulgarian drug-related organizations are also well-linked to the remaining forms of organized crime in the country—from the traffic of stolen automobiles to illegal emigration and the export of archeological artifacts. On the other hand, there is no evidence so far confirming the hypothesis that the drug networks use or have used their considerable resources to exert systematic influence on Bulgarian judicial and political elites.<sup>61</sup> **Therefore, no grounds are there to define the existing network of drug organizations as mafia.** Nevertheless, from what has been said, conclusions can be drawn that **drug-related crime in Bulgaria determines the structure of the Bulgarian organized crime** and deserves special attention.

The future of drug distribution can be traced into three most probable scenarios, which naturally may not cover all existing possibilities. The first scenario, provisionally called “**optimistic**,” assumes that state and civil organizations will propose massive methadone programmes in the capital city and in the most inflicted towns. They will be very likely to push out of the “drug market” a significant number of drug addicts and will abruptly cut down the profits of organized drug-related crime. This will

<sup>60</sup> Academic and political debate has not arrived at a unanimous definition of *organized crime*. American and North European scholars often equate organized crime to the provision of illegal goods and services: Frank Hagan claims that a consensus exists among American criminologists that organized crime involves a continuing enterprise operating in a rational fashion and focused toward obtaining profits through illegal activities (Hagan, 1983). If this definition is accepted, it is obvious that illegal drug production and trafficking represents a form of organized crime. However, many scholars and particularly politicians interpret *organized crime* not so much as a set of illegal activities, but rather as a set of large-scale organizations that are either illegal per se or are predominantly involved in illegal activities. This second interpretation is well illustrated by the following definition: “organized crime consists of organizations that have durability, hierarchy and involvement in a multiplicity of criminal activities. The Mafia provides the most enduring and significant form of organized crime” (Reuter, 1985, p. 175). In our discussion of the specifics of Bulgarian drugs distribution we have applied this second definition of organized crime.

<sup>61</sup> Some very drastic examples should not be missed here, which give rise to doubts among crime experts. The most outstanding case here was the “Opitzvet case” over which the court decided that 330 kg of ready amphetamine base and 666 kg of benzilmetilketon discovered (see first part for more detail) were meant for “personal use.”



additionally deepen the “crisis in heroin distribution” and lead to the collapse of the already loose confederation of drug organizations, weakened by the constantly degrading quality of street heroin. At the same time the bodies responsible for fighting drug distribution will manage the ongoing restructuring to set up an efficient system to respond to new drug-related threats. As a result, the risk related to drug abuse will subside.

The second, “**realistic**” scenario, takes as its starting point that the current crisis in the heroin related market is a normal cyclical event similar to recurring crises observed in the USA and Western Europe. Unfortunately, a large heroin market has already been established, and it will not take long to reinvest and secure its old, high profits. The major problem of countries like Bulgaria is that geographically it stands on the heroin road to Europe. The close proximity of big heroin producers makes the fast import of quality drugs possible, which can bring about a new heroin outbreak within months.<sup>62</sup>

The third, “**pessimistic**” scenario draws on the already described possibility of an outbreak of synthetic drugs. If we accept that a “normalization” of the heroin distribution is possible and that it accomplishes the establishment of a new big “market of amphetamines,” it can be expected that the relatively low drug use in our country will reach the levels of the most affected countries in Eastern Europe (e.g. the Czech Republic). Further contributing to this pessimistic prognosis is the fact that few have managed to “walk out” of the high levels of organized crime in Bulgaria. The reason, as demonstrated by Bulgarian experience, so far has been that former drug bosses manage to sustain their “white business” only by keeping “one foot back in the black one.” Developments in the past two to three years have proved that going out of the “black zone” only enables new players to gain access to abandoned resources; and the least that could happen to the former drug boss would be to lose a “white” business secured with so much effort. Along these lines, it can be hypothesized that, given the present condition of the Bulgarian state, the black sector is the guarantee for access to the power instruments without which there is no survival for anyone with a gray-black past.

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<sup>62</sup> Afghan poppy fields and Turkish heroin laboratories.



### 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.<sup>63</sup>

*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**<sup>64</sup> (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.<sup>65</sup>

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

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<sup>63</sup> For a detailed description of the methodology employed see Appendix 1.

<sup>64</sup> 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.

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

<sup>66</sup> 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.<sup>66</sup> 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<sup>67</sup> 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.<sup>68</sup> 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.<sup>69</sup> 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
<i>January 2003 (The survey was conducted among population aged 15 +)</i>				
Cannabis	0.5	0.4	0.7	1.4
Marijuana, hashish (ganja, joint)	0.5	0.5	0.8	2.0
<i>July 2003 (The survey was conducted among population aged 18 +)</i>				
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.

<sup>67</sup> See Appendix 1 on the methodology of national surveys conducted by the Center for the Study of Democracy and Vitosha Research.

<sup>68</sup> 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.

<sup>69</sup> “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,%)**

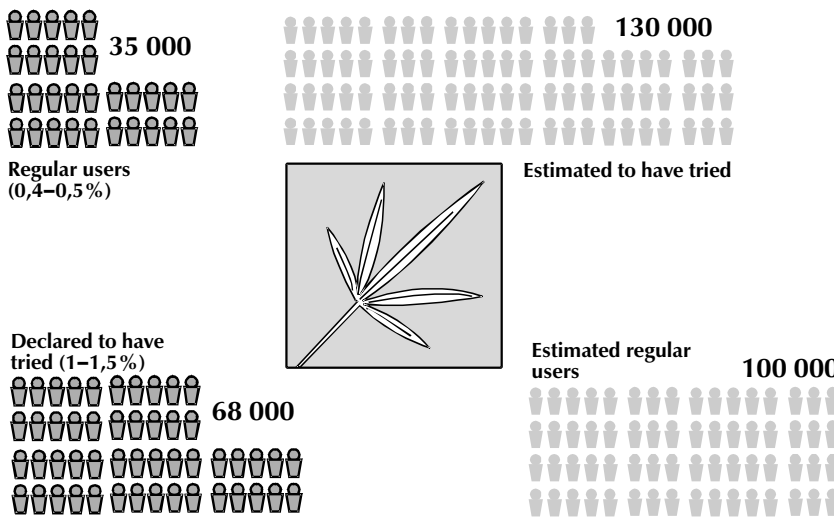
	15+		15-30	
	Tried before	Using now	Tried before	Using now
Cannabis	1.9	1.4	4.2	3.0
Marijuana, hashish (ganja, joint)	1.8	1.5	5.2	3.0

Source: Vitosha Research

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).

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



Source: Vitosha Research

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).<sup>70</sup>

<sup>70</sup> 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*<sup>71</sup> varies between 12% and 24% (Table 3). The situation with those *using* is similar (Table 4). Some probing surveys in Bourgas<sup>72</sup> and Varna show comparable values of lifetime prevalence.

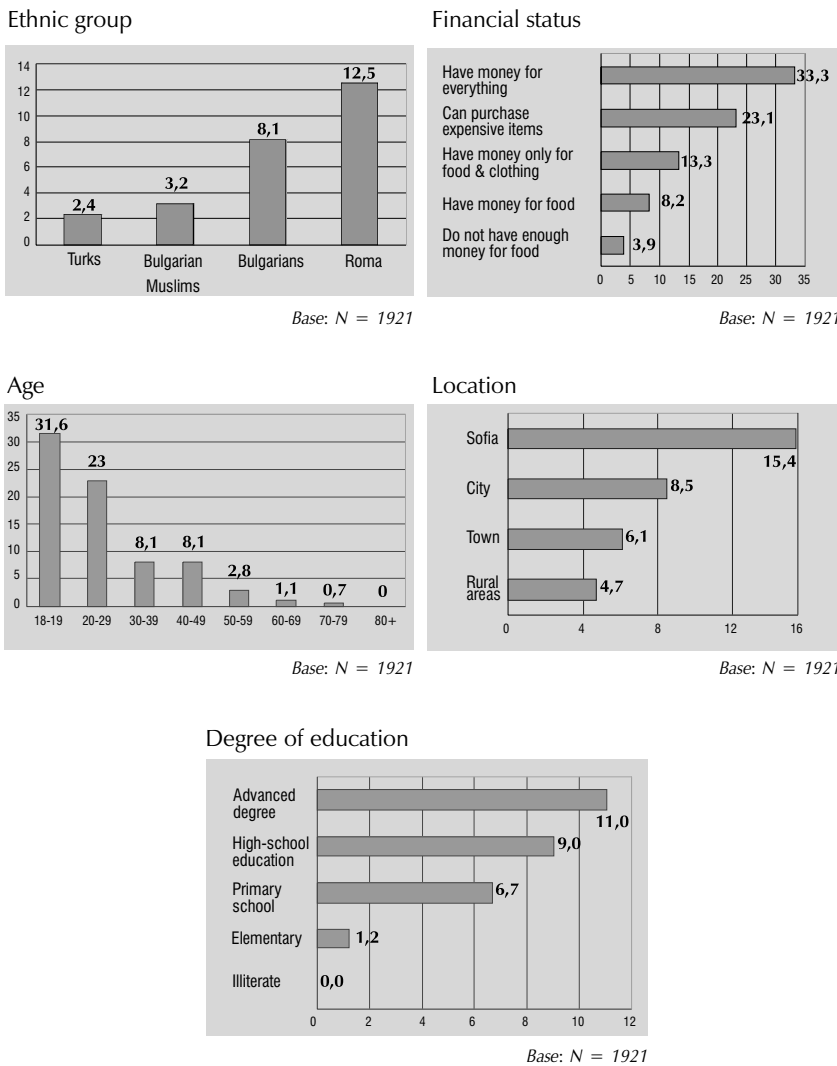
The rate of positive replies to the question “Do you personally know any people who use cannabis, marijuana, hashish (joint, ganja, pot), during the survey in July 2003 was 7.7%. The high rate of “knowing” people using soft drugs in comparison to the other types of drugs makes it possible to obtain a 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%.<sup>73</sup>

<sup>71</sup> 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.

<sup>72</sup> A Dose of Love Association inquiry conducted at the start of 2003.

<sup>73</sup> The question was: “Do you have friends and/or acquaintances who use drugs?” (Vitoshka Research).

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



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.

Source: Vitosha Research

### 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

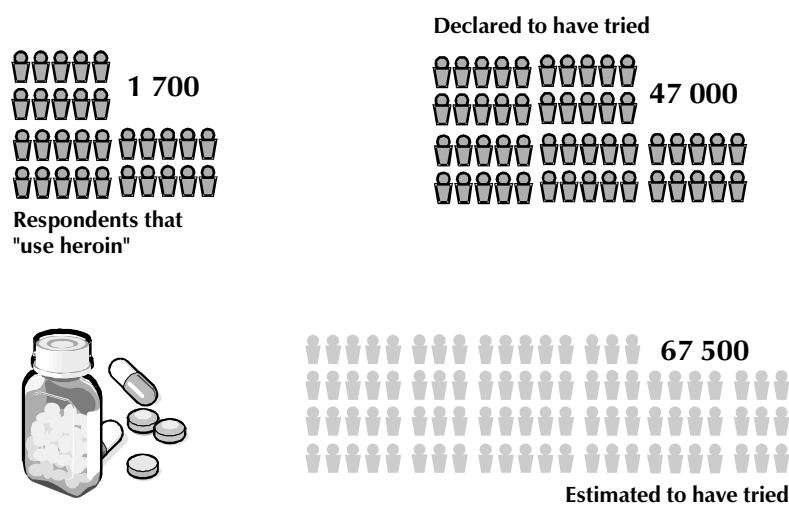
*Synthetic drugs* rate second in terms of the number of users. As elucidated by the national population survey, the **direct question** provoked no embarrassment in respondents who described their own and their friends' experience in a fairly open manner.

In January 2003 replies to the question "Have you ever used amphetamines and/or ecstasy?"<sup>74</sup> 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.

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).

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



Source: Vitosha Research

<sup>74</sup> 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.

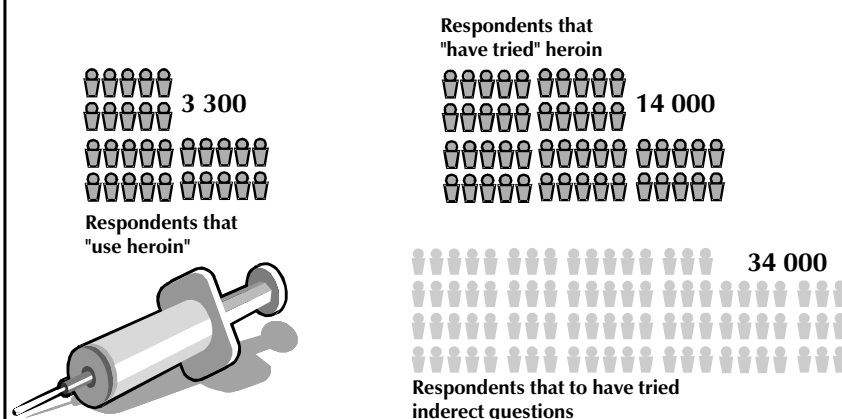
As to the subgroups of those having *tried* heroin 0.2% of all respondents throughout the country give positive replies, i.e. a total of 12,000–14,000 people (Table 8 and Figure 11).

**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.

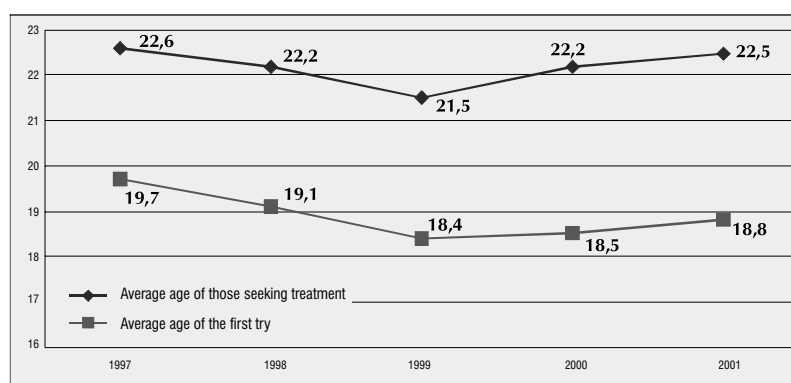
Source: Vitosha Research

**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*.

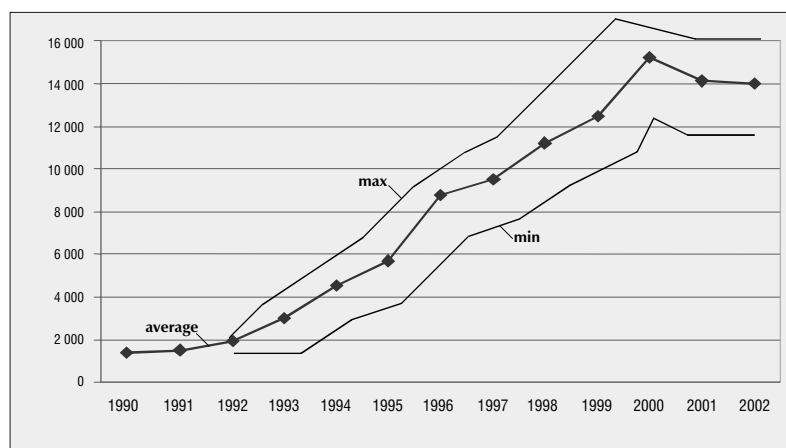
Assessment of the number of heroin users should take into account the post-2000 symptoms that the heroin epidemic is subsiding. The strongest evidence in this respect is the values of variables like "average age of those seeking treatment" and "average age of the first-time use of the basic substance"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

Registrations under NGO harm reduction programs,<sup>75</sup> 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.

<sup>75</sup> Programs for exchange of needles and syringes: Initiative for Health (Sofia), Panacea Foundation (Plovdiv), Dose of Love Association (Bourgas), 21<sup>st</sup> 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 Mol's Press Office,<sup>76</sup> 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.<sup>77</sup> 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.<sup>78</sup>

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.

<sup>76</sup> 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 Mol 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.

<sup>77</sup> 2002 Annual Report of the National Drug Council.

<sup>78</sup> 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.<sup>79</sup>

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%.

<sup>79</sup> See [http://www.fes.bg/library/2003/Narkomanite\\_sastojanie\\_spezifika.zip](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	
	<i>Tried before</i>	<i>Using now</i>	<i>Tried before</i>	<i>Using now</i>
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.

## 4. CONCLUSION

A number of transformations have taken place in Bulgaria as this society has become aware of the challenge of drug use. Public opinion has obliged institutions to take resolute measures for curbing the drug market, among them amendments to legislation, institution of the National Drugs Council, and adoption of the National Anti-Drug Strategy 2002-2008.

Bulgarian institutions are presently implementing a variety of programs on almost all aspects of narcotic drugs demand and supply. However, the state's financial and human resources are insufficient to successfully tackle the whole gamut of drug issues. The authors of this report believe that the most severe problems should be made a priority. The present analysis has helped draft several guidelines for effective counteraction of the drugs market.

- **Expanding the methadone program.** Although the program started back in 1995, by mid-2003 it has treated as few as 300 people, and has not been applied outside of the capital, Sofia. Despite high public attention it is practically "closed" for new participants. The reasons seem to be no other than the mercenary interests of individuals and institutions. The program is notably inexpensive (expenses for an average daily dose of methadone per participant amounting to 0.60–0.80 BGN). If all willing individuals were allowed to join it, hundreds of people could be saved and thousands would leave the drug market. Hopefully, this would administer a blow to drug organizations and improve the crime situation in the country, especially for those offenses usually committed by drug users in pursuit of their daily dose (house burglary, car theft, robbery). According to some estimates, the number of potential participants in Sofia is between 2,000 and 3,000 people (which is one third to a half of all heroin addicts). The group could expand to 4,000–6,000 if participants from other big cities are included.
- **Centralizing the anti-drug effort.** Division into numerous scattered units is a problem not restricted to enforcement bodies. Lack of coordination could be overcome if the long-awaited agency—which would integrate the efforts of police and special services—is actually established.
- **Closing the "open doors" along the borders of Bulgaria.** Certain points of entry into the country such as Varna, Bourgas, and a few smaller border-crossing points are letting shipments into the country without applying regular control. Installing X-Ray security at the points of busiest commodity flow would lessen the risk of drugs and precursors penetration.
- **Introducing a system for institutional efficiency, monitoring, and control** at the agencies dealing with drug diffusion, prevention and treatment. At present, there is little clarity about the way of assessing the efficiency of responsible institutions, or the success/failure of particular measures.





# APPENDICES

## APPENDIX 1: METHODOLOGICAL REMARKS

### *Investigation of Demand*

When the CSD project was launched, drug demand was an underinvestigated area. Therefore, it was necessary to gather information through the course of the project. The basic sources used were two series of in-depth interviews between September 2002 and September 2003. The first group included 30 interviews with civil organizations and doctors treating drug addicts. The second included long-term heroin users, second and third level dealers, police and special service officers (50 interviews). The interviews with persons identifying themselves as possessing drugs and willing to share key information (namely, second, third and fourth level dealers and senior officers) were conducted by two members of the research team. Interviewers that had to tackle second and third level dealers were selected to match special criteria previously defined by the team so that they could manage the complexity of the task. Second, third, and fourth level dealers were accessed after a preparation stage through the intermediary of people close to the dealers.

There were also some supplementary sources of information:

- Press conferences, press releases, and special reports published by local and national police departments as well as by special services and civil organizations.
- Articles and investigative journalism. Over 4,000 articles from the period after 1992 and especially those after 1996 were analyzed.

### *Sociological Assessment of Demand*

The first surveys of drug use in Bulgaria appeared in the mid 1990s. They were primarily targeted at high school students in the biggest cities. Most of them are rather probing than population surveys. In the period 1999–2001 the first population surveys were again conducted among high school students in the bigger cities. The outcomes allow for an assessment of some of the most endangered groups, yet they do not provide information about drugs use and abuse throughout the country.

### *Types of Surveys on Psychoactive Substance Use*

The following types of surveys on psychoactive substance use have been conducted up to the present moment:

***Probing surveys among students*** – they cover different regions and age groups and give a general overview of the situation and trends of drug use among high school students, but they don't have any representative value.

**Population surveys among students**—up to now, several such surveys of different age groups or regions have been carried out, two of them providing reliable and comparable information about psychoactive substance use:

- *“Use of psychoactive drugs among high school students in Sofia”*—the survey comprised 1,398 students from 9 to 12 grade in Sofia schools during the period May-June 2002. It was conducted by the National Center for Addictions and the Prevention and Treatment Centre for Drug Addicts in Sofia and is representative for high school students in Sofia aged 15–19.
- *“Students and Psychoactive Substances: Use, Trends and Problems–Plovdiv 2002”*. The survey was wider in scope, comprising 1,533 students from 6 to 12 grade, between the ages of 12 and 19. A double cluster sample was used to select 74 classes in 39 general and vocational schools in different parts of the city. Students were surveyed thoroughly via a direct group anonymous questionnaire. Field work was performed in the period December 2002 – January 2003. The survey was performed by the National Center for Addictions in cooperation with the Municipal Drugs Council in Plovdiv.

**Population Surveys on Psychoactive Substance Use Among the Adult Population of the Country for Specific Age Groups (for instance the 15–30 group):**

- *“National Survey “Youth–2000”* of the National Public Opinion Center provided data on young people’s attitude to the decriminalization of soft drugs.
- *“National Population Survey in Bulgaria on Psychoactive Substance Use and Abuse”* conducted by the Center for the Study of Democracy and Vitosha Research in the period **December 2002–January 2003**. This was the first national population survey providing information not only about the country’s population as a whole, but also about young people aged 15–30 as the most endangered group.
- *“National Population Survey in Bulgaria on Psychoactive Substance Use and Abuse”* conducted by the Center for the Study of Democracy and Vitosha Research in the period **June–July 2003**. It followed the methodology of the European Monitoring Center on Drugs and Drug Addiction (EMCDDA) and is the first survey in the country that can be used for comparisons in an international context.

**Qualitative Surveys**—these provide additional and detailed information on attitudes and practices of certain groups of current and potential psychoactive drug users.

**Methodology of National Surveys, Conducted by the Center for the Study of Democracy and Vitosha Research**

While taking into account many different viewpoints, the team of authors has attempted to find common ground for an **assessment of the actual drug consumption in the country**. For this reason, the first national population survey on psychoactive drug use and abuse was conducted. Even if population-based surveys are often unreliable due to stigmatized and hidden patterns of drug use, they are the type of surveys that provide a comprehensive representation of the situation in the country as well as reference material for later in-depth studies.

- **“National Population Survey in Bulgaria on Psychoactive Substance Use and Abuse” December 2002 – January 2003.** The survey used two separate samples. *The first sample* was representative for the total population aged 15 and above (N = 823), while *the second sample* was representative for the age group 15–30 (N = 1098). The type of sample used was a double cluster sample, while the survey method was standardized face-to-face interview. Some highlights of the survey content were *the penetration rate, the prevalence, the attitudes to use and abuse of the different types of narcotic substances.*

Two groups of questions were used to answer the main inquiry about the number of psychoactive substance users:

- **Direct standardized questions** to which only a portion of present and one-time users would reply and admit to using the particular groups of drugs. Experts who drafted the questions were fully aware that asking directly about use and addiction could not be effective even in countries with high drug use rates and liberal legislation on soft drugs. Yet such questions have become standard since they allow an objective estimate of the size of the user group. Moreover, the team developing the tools has forecasted that in the long run the information gathered through these questions could be used for comparative purposes. Another reason was their comparability to similar surveys in European and American countries with traditions in that field.
- **Indirect questions.** It was assumed that respondents would more easily reply to questions about psychoactive drugs use of friends and acquaintances than about their own practices.

- **“National Population Survey in Bulgaria on Psychoactive Substance Use and Abuse” June – July 2003.** This has been the second national population-based survey carried out by CSD and Vitoshka Research this year. It differs from the first one in its use of the exact questions developed by EMCDDA, thus being good grounds for longitudinal and international comparisons. It comprised 1,057 respondents aged 18 and above, which should be taken into account when comparing results from the two studies. The type of sample used was double cluster sample, while the survey method was standardized face-to-face interview.

- In addition, two **qualitative surveys were conducted.** The first one covered *dependent heroin users and regular soft drug users*, while the second one comprised *experts and drug care workers.*

The surveys carried out in the country up to now are evidently heterogeneous, varying as to methods and scope. This impedes comparisons and requires that data interpretation reflects each survey's specific features and scope.

It is common practice of the mass media to take unfair advantage of survey findings and extrapolate concrete data (representative for high school students for instance) to make inferences about the population as a whole. It should once again be underscored that all surveys quoted in this study should be referred exclusively to the portion of society that has been surveyed avoiding any generalizations about the overall population.

## APPENDIX 2: THE FIGHT AGAINST DRUGS IN BULGARIA: LEGISLATIVE, INSTITUTIONAL AND POLITICAL ENVIRONMENT

### 1. LEGISLATIVE FRAMEWORK

A number of legislative acts regulating the various aspects of narcotic drugs control have been adopted in Bulgaria since the late 1990s.

#### *1.1. Narcotic drugs control and the applicable Bulgarian legislation*

1. LAW on Drugs and Precursors Control  
(Promulgated in State Gazette No. 30 of 2.04.1999, effective as of 3.10.1999, amended SG No. 63 of 1.08.2000, No. 74 of 30.07.2002, No. 75 of 2.08.2002, effective as of 2.08.2002, amended and supplemented, No. 120 of 29.12.2002, effective as of 29.12.2002, No. 56 of 20.06.2003)
2. ORDINANCE № 7 of 26.01.2001 on the terms and conditions of issuing permits for import and export of drugs and their chemicals.  
(Issued by the Minister of Health, promulgated in State Gazette, No. 11 of 6.02.2001)
3. ORDINANCE № 9 of 15.02.2001 on the terms of granting permission to perform the activities under Art. 73 of the Law on Drugs and Precursors Control  
(Issued by the Minister of Health, promulgated in State Gazette, No. 17 of 23.02.2001, supplemented, No. 42 of 9.05.2003, effective as of 9.05.2003)
4. ORDINANCE № 20 of 10.05.2001 on the terms and conditions under which chemicals containing drugs and precursors may be relieved from certain control measures  
(Issued by the Minister of Health, promulgated in State Gazette, No. 49 of 29.05.2001).
5. ORDINANCE № 21 of 12.10.2000 on the requirements to the documents and accountability for conducting activities with narcotic drugs and their chemicals  
(Issued by the Minister of Health, promulgated in State Gazette, No. 86 of 20.10.2000, effective as of 20.10.2000).
6. ORDINANCE № 24 of 31.10.2000 on the terms and conditions for implementing substitution and maintenance harm reduction programs for persons dependent on narcotic drugs  
(Issued by the Minister of Health, promulgated in State Gazette, No. 91 of 7.11.2000).
7. ORDINANCE on precursors control  
(Adopted with Council of Ministers Decree № 104 of 6.06.2000, promulgated in State Gazette, No. 48 of 13.06.2000, amended, No. 4 of 12.01.2001)

8. ORDINANCE on the terms and conditions for expert testing of confiscated drugs and precursors  
(Adopted with Council of Ministers Decree № 142 of 25.07.2000, promulgated in State Gazette, No. 63 of 1.08.2000, effective as of 1.08.2000, amended, No. 4 of 12.01.2001)
9. ORDINANCE on the terms and conditions for issuing licenses for activities with drugs for medical and veterinary purposes under appendices № 2 and 3 to Art. 3, Par. 2 of the Law on Drugs and Precursors Control  
(Adopted with Council of Ministers Decree № 199 of 27.09.2000, promulgated in State Gazette, No. 81 of 6.10.2000, effective as of 7.01.2001, amended and supplemented, No. 24 of 14.03.2003 )
10. ORDINANCE on the terms and conditions for confiscation, storage, destruction and referral for scientific research of narcotic drugs and plants and extraction of demonstrative samples from these  
(Adopted with Council of Ministers Decree № 37 of 24.03.2000 г., promulgated in State Gazette, No. 26 of 29.03.2000, amended, No. 4 of 12.01.2001)
11. INSTRUCTION № 2 of 17.05.2001 on the storage procedure for narcotic drugs and precursors under appendices № 2, 3 and 4 of the Law on Drugs and Precursors Control in case of termination of activities, revocation or expiration of licenses  
(Issued by the Minister of Finance, promulgated in State Gazette, No. 60 of 6.07.2001).
12. RULES on the organization and activities of the National Drugs Council  
(Adopted with Council of Ministers Decree № 10/17.01.2001, promulgated in State Gazette, No. 8 of 26.01.2001)
13. ORDINANCE № 3 of 10 January 2001 on the destruction of legally produced, acquired and stored drugs and their chemicals which are unfit for use  
(Issued by the Minister of Health, promulgated in State Gazette, No. 6 of 19.01.2001, amended and supplemented, No. 11 of 5.02.2003)
14. RULES on the functions, tasks and organizational structure of the National Center for Addictions  
(Appendix to Art. 2 of Council of Ministers Decree № 69 of 19.03.2001, promulgated in State Gazette, No. 29 of 27.03.2001)

## **1.2. International Anti-Drug Instruments of which Bulgaria Is a Party**

Bulgaria is a party to all basic international and EU anti-drug instruments/acts, namely:

1. SINGLE CONVENTION on Narcotic Drugs of 1961, and the Protocol of 1972 amending the Single Convention on Narcotic Drugs  
(Ratified by Decree № 634 of the Presidium of the National Assembly of the Republic of Bulgaria of 22.08.1968 – State Gazette, No. 67 of 1968, effective for the Republic of Bulgaria as of 24.11.1968. Law of the National Assembly of 12.01.1994 on the withdrawal of the reservation under Art. 48, Item 2 – No. 8 of

27.01.1994. The Reservation was withdrawn on 6.05.1994. Issued by the Ministry of Foreign Affairs, promulgated in State Gazette, No. 87 of 15.10.1996. Effective for the Republic of Bulgaria as of 17.08.1996 – date of coming in force of the Protocol of 1972 – State Gazette, No. 86 of 1996)

2. United Nations CONVENTION against Illicit Traffic in Narcotic Drugs and Psychotropic Substances  
(Adopted by the conference on its 6<sup>th</sup> plenary session on 19 December 1988. Ratified by a Law of the National Assembly of 15.07.1992 – State Gazette, No. 60 of 24.07.1992. Issued by the Ministry of Foreign Affairs, promulgated in State Gazette, No. 89 of 19.10.1993, effective for Bulgaria as of 23.12.1992, amended, No. 58 of 29.06.2001)
3. EUROPEAN ASSOCIATION AGREEMENT between the European Communities and their Member States of the one part, and the Republic of Bulgaria, of the other part  
(Ratified by a law adopted by the 36<sup>th</sup> National Assembly on 15.04.1993 – State Gazette, No. 33 of 20.04.1993, effective as of 1.02.1995. The text of the Agreement was published as a supplement of State Gazette on 25.05.1995 – State Gazette, No. 61 of 7.07.1995)

### **1.3. Criminal Aspects of Curbing Drug Abuse**

The Bulgarian Criminal Code contains a number of provisions that have been altered in significant ways since 1975, especially via the latest amendments in 2000 and 2002, incriminating acts that violate regulations on narcotic drugs, their analogues or precursors, including participation in crime groups.

#### CRIMINAL CODE (excerpt)

Art. 93. The words and expressions indicated below shall be construed for the purpose of this Code to mean the following:

...

16. (New – SG, No. 21/ 2000) “Narcotic drugs” are all narcotic and psychotropic substances - high-risk and risk under the provisions of the Law on Drugs and Precursors Control.

17. (New – SG, No. 21/2000, supplemented., No. 92/2002) “Precursor” is any substance under the provisions of the Law on Drugs and Precursors Control and any substance under the Law on the Prohibition of Chemical Weapons and Control of Toxic Chemicals and Their Precursors.

18. (New – SG, No. 21/2000, supplemented, No. 92/ 2002) “Illegal trafficking” is any illegal activity or acts related to plants containing narcotic substances and precursors, to biological, chemical or radiological weapons, to explosives, radioactive materials, toxic and chemical substances and their precursors, or to biological agents and toxins.

19. (New – SG, No. 21/2000) “Analogue” is any substance not included in the Law on Drugs and Precursors Control but having similar chemical structure to that of a narcotic drug and inducing analogous effects in the human body.

20. (New – SG, No. 92/ 2002) “Organized crime group” is a structured permanent association of three or more people with the purpose of jointly perpetrating a

crime within the country or abroad which is punished by deprivation of liberty for more than three years and which purports material gains. The association is also structured without the existence of formal division of functions between members, length of participation or a developed structure.

\* \* \* \* \*

Art. 321. (1) (As amended – SG, No. 92/2002) A person who forms or leads an organized crime group, shall be punished by deprivation of liberty for three to ten years.

(2) (As amended – SG, No. 92/2002) A person who takes part in such a group shall be punished by deprivation of liberty for one to six years.

(3) (New – SG, No. 62/1997, as amended, No. 21/2000, No. 92/2002) Where the group is armed or organised with a view to committing crimes under Art. 243, 244, 253, 280, 337, Art. 339, Par. 1–4, Art. 354a, Par. 1 and 2, Art. 354b, Par. 1–4 and Art. 354c, Par. 1, or an official takes part in it, the punishment shall be:

1. under Par. (1) – deprivation of liberty from five to fifteen years;
2. under Par. (2) – deprivation of liberty from three to ten years.

(4) (New – SG, No. 62/997) A member of the group shall not be punished , provided he surrenders voluntarily to the authorities and discloses everything that may be of his knowledge about the group, before the commitment of a crime by such person or by the group.

(5) (New – SG, No. 62/1997) A member of the group who surrenders voluntarily to the authorities and discloses everything of his knowledge about the group, thus facilitating the detection and proof of crimes committed by the group, shall be punished pursuant to Article 55.

(6) (New – SG, No. 92/2002) A person who conspires with one or more other persons to perpetrate a within the country or abroad crime which is punished by deprivation of liberty for more than three years and which is aimed at achieving material gains or illegal influence over an authority or a local self-government body shall be punished by deprivation of liberty for up to six years.

\* \* \* \* \*

Art. 354a. (New - SG, No. 95/1975) (1) (As amended – SG, No. 10/1993, No. 62/1997, No. 21/2000) A person who without due permission produces, processes, acquires, spreads, stores, holds, transports or transfers narcotic drugs or analogues thereof, shall be punished for high-risk narcotic drugs by deprivation of liberty for ten to fifteen years and a fine of one hundred thousand to two hundred thousand Bulgarian Leva, and for risk narcotic drugs by deprivation of liberty for three to fifteen years and a fine of fifty thousand to one hundred and fifty thousand Bulgarian Leva.

(2) (As amended – SG, No. 28/1982, No. 10 /1993, No. 62 /1997, No. 21/2000) Should the crime under paragraph (1) be committed:

1. with regard to sizeable amounts of substances;
2. by two or more persons who have conspired in advance;
3. with regard to substances spread among more than two persons or in a public place or in proximity to a school, dormitory or barracks within 250 meters of their premises;
4. by a medical doctor, pharmacist, tutor, teacher, school principal or an official at a penitentiary institution;

5. for a second time, the punishment shall be deprivation of liberty for fifteen to twenty years and a fine of two hundred thousand to three hundred thousand Bulgarian Leva for high-risk narcotic drugs, and deprivation of liberty for ten to twenty years and a fine of fifty thousand to one hundred and fifty thousand Bulgarian Leva for risk narcotic drugs.

(3) (As amended – SG, No. 21/2000) A person dependent on narcotic drugs or analogues thereof shall not be punished in case the amount this person acquires, stores, keeps, transports or carries is intended for one-time use.

(4) (Repealed – SG, No. 21/2000).

(5) (As amended – SG, No. 62/1997) A person who violates the rules established for the production, acquisition, safekeeping, accounting, prescribing, transporting or carrying of narcotic substances, shall be punished by deprivation of liberty for up to five years and a fine of one thousand to five thousand Bulgarian Leva, and the court may also rule deprivation of rights under Art. 37, items 6 and 7.

(6) (As amended – SG, No. 21 от 2000 г.) In the cases under paragraphs (1) through (3) the object of the crime shall be confiscated in favour of the state.

Art. 354b. (New – SG, No. 95/1975) (1) (As amended – SG, No. 62/1997, No. 21/2000) A person who persuades or helps another to use narcotic substances and/or analogues thereof shall be punished by deprivation of liberty for one to ten years and a fine of one thousand to five thousand Bulgarian Leva.

(2) (As amended – SG, No. 62/1997, No. 21/2000) Where the act under Par. (1) has been committed:

1. with regard to minors, underage or unanswerable persons;
2. with regard to more than one person;
3. by a medical doctor, pharmacist, tutor, teacher, school principal or an official at a penitentiary institution;
4. by an owner or leaseholder of a hotel, restaurant, discotheque or another public establishment;
5. through the mass media or in any other similar manner in a public place;
6. for a second time, the punishment shall be deprivation of liberty for five to fifteen years and a fine of fifty thousand to one hundred thousand Bulgarian Leva, and with sub-paragraphs 3 and 4 the court may also rule deprivation of rights under Article 37, sub-paragraphs 6 and 7.

(3) (New – SG, No. 21/2000) A person who provides another with a narcotic drug and/or analogue thereof in quantities likely to cause death and death actually occurs shall be punished by deprivation of liberty from ten to thirty years and a fine of three hundred thousand to five hundred thousand Bulgarian Leva.

(4) (As amended – SG, No. 10/1993, No. 62 /1997, former -paragraph 3, No. 21 /2000) A person who systematically places premises at the disposal of different people for taking of narcotic drugs or organises the use of suchdrugs, shall be punished by deprivation of liberty from five to twelve years and a fine of five thousand to twenty thousand Bulgarian Leva.

(5) (As amended – SG, No. 10/1993, No. 62 /1997, former Par. 4, No. 21/2000) A medical doctor who, without being necessary, consciously prescribes to another person narcotic drugs or medicines containing suchdrugs, shall be punished by deprivation of liberty for up to five years and by a fine of up to three thousand Bulgarian Leva, and the court may also rule deprivation of rights under Article 37, sub-paragraphs 6 and 7.

(6) (Former Par. 5 – SG, No. 21/2000) If the act under the preceding paragraph has been repeated, the punishment shall be deprivation of liberty for up to three



years and deprivation of rights under Article 37, items 6 and 7.

Art. 354c. (New – SG, No. 95/1975, As amended, No. 62/1997, No. 21/2000) (1) A person who in violation of the rules established in the Law on Drugs and Precursors Control sows or cultivates opium poppy, coca plant or any variety of the hemp plant shall be punished by deprivation of liberty for three to five years and a fine of five thousand to ten thousand Bulgarian Leva.

(2) A person who organizes, runs and/or funds a crime group for cultivation of plants under the above paragraph or a group for the extraction, production, preparation, making or processing of narcotic substances shall be punished by deprivation of liberty for twenty to thirty years or life imprisonment and a fine of three hundred thousand to five hundred thousand Bulgarian Leva.

(3) A person who participates in a crime group under the above paragraph shall be punished by deprivation of liberty for three to ten years and a fine of five thousand to ten thousand Bulgarian Leva.

(4) A member of a crime group shall not be punished provided he voluntarily discloses to the authorities all facts and circumstances of his knowledge concerning the crime group's activities.

(5) In minor cases under Par. (1) the punishment shall be deprivation of liberty for up to one year and a fine of up to one thousand Bulgarian Leva.

## 2. INSTITUTIONAL FRAMEWORK

The legislation on narcotic drugs control has served as a foundation of the relevant institutions and structures.

### 2.1. National Drugs Council

This is a body with the Council of Ministers implementing the national policy against drug abuse and drugs trafficking. Its chairman is the Minister of Health, the deputies are Mol's Secretary General and the Deputy Minister of Justice; the Council also has a Secretary and regular members.

The membership comprises representatives of the Presidency, the Supreme Court of Cassation, the Supreme Administrative Court, the Supreme Prosecution Office of Cassation, the National Investigation Service and other interested ministries and institutions (the deputy ministers of finance, of education and science, of economy, of labor and social policy, of foreign affairs, of defense, of agriculture and forestry, of transport and communications, the Director of the Customs Agency, the Head of the National Service for Combating Organized Crime, the Director of the National Police Service, the Chairman of the State Agency for Youth and Sports, the Head of the National Center for Addictions, the Executive Director of the Bulgarian Drug Agency, the Head of the National Drugs Service.)

Depending in the issues to be discussed, NGOs and other organizations can also participate at NDC's sittings.

NDC is a permanent body convening at least four times per year. It has a functioning board of experts that makes scientific and medical assessments of proposals to include new plants and substances in the Law on Drugs and Precursors Control or exclude or transfer them from one of its annexes to another. It has 7 members contributing with their expertise in medicine, pharmacology and chemistry; members are selected upon proposal from Council members and after a decision of the Council.

NDC's Chairman represents the Council, chairs its sessions and is in charge of its overall operation, submits to the Council of Ministers various proposals and inquiries related to the Council's activities, signs the minutes of the Council's sittings, appoints the Secretary and the Secretariat members.

The NDC Secretariat prepares the sittings, coordinates the implementation of decisions, and supervises the work of the expert groups under Art. 14, Par. 1 of the Law on Drugs and Precursors Control, coordinates the activities of the Municipal Drugs Councils.

The Council Secretary is assisted by a Secretariat.

Drug Councils are established in the municipalities, developing and implementing programs for curbing drug abuse and drugs trafficking in compliance with the national programs under Art. 11, sub-paragraph 2 of the Law on Drugs and Precursors Control and propose to municipal councils the budget for the municipal policy in that area. They are accountable to the National Drugs Council.

### *2.2. Interdepartmental Precursor Control Commission*

Its creation was envisaged in the last amendments to the Law on Drugs and Precursors Control (of 2003) and was established with the Ministry of Economy, the minister being its chairman and officials from the ministries of health, finance, interior and justice – its members.

The Commission exercises control over the production, processing, use in other industries, storage, trading, import, export, re-export and transit of the precursors and over the implementation of Art. 12 of the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Precursors control functions are assigned to the regional administrations. The particular officials in charge of these functions locally are appointed by an order of the regional governor.

### **2.3. National Center for Addictions**

NCA is a legal entity attached to the Minister of Health with its headquarters in Sofia, which coordinates and provides methodological support for drug abuse prevention and treatment, harm reduction and rehabilitation of drug addicted or dependent persons, specialized control over the treatment process, scientific and applied research activities and post-graduate training of medical and non-medical staff.

NCA is run by a Director approving its structure and the positions of the payroll personnel, following the approval of the Minister of Health.

NCA exercises the following functions: coordination and methodological guidance on drug abuse and addiction-related problems, including preventive actions, treatment and rehabilitation of drug abusing or dependent persons; specialized control over the treatment process of drug abusing or dependent persons; provision of expertise on drug addiction.

NCA applies the above through programs for prevention and prophylaxis of drug abuse among various groups of the population, on a national, regional and municipal level in pursuance to the national Strategy for Combating Drug Abuse and Illicit Trafficking in Drugs and Precursors under Art. 11, sub-paragraph. 1 of the Law on Drugs and Precursors Control; development and application of preventive, treatment, educational and rehabilitation methods and techniques; delivery of prophylactic, diagnostic, treatment and rehabilitation services to drug abusing and dependent persons; maintenance of a register of treatment facilities offering

substitution and maintenance programs to drug addicted persons; maintenance of a national register of patients enlisted in such programs; issuance of documents relevant to the fulfillment of its obligations under the legislation concerning narcotic drugs and precursors; drafting of drugs and precursors-related legislative acts; scientific and applied research in the field of drug addiction; clinical testing of medication and medical equipment to check compliance with national legal provisions; collection, processing, analysis and dissemination of information on drug addiction; post-graduate addiction-related training of medical and non-medical staff; student training on the basis of contracts with universities; international cooperation on drug-related issues; organization of national and international scientific events on the problem of drug addiction.

### **3. NATIONAL ANTI-DRUG POLICY**

Despite the adoption of a number of regulations, the institutions of bodies to control and curb drugs distribution and the accomplishment of certain anti-drug initiatives, a global, consistent and well-coordinated national drug policy is yet to be formulated. The fight against drugs was placed on a long-term strategic basis no earlier than 2003.

#### **3.1. *The National Program for Prevention, Treatment and Rehabilitation of Drug Addictions in the Republic of Bulgaria, 2001 – 2005.***

The program was adopted in March 2001. It was based on the experience of the developed countries in Europe and North America in such activities and was in full compliance with the adopted Drugs Strategy and Program of the European Community (2000 – 2004).

Its main goal is to curb drug abuse and diffusion as well as their adverse health and social effects on Bulgarian youth.

The Program is jointly implemented by interested governmental and non-governmental institutions such as the ministries of health, of education and science, of labor and social policy, of defense, the State Agency for Youth and Sports, the National Center for Addictions, medical universities, institutes and colleges and NGOs.

The Program is managed by the National Drugs Council and its Secretariat.

#### **3.2. *National Anti-Drug Strategy – 2003–2008***

(Adopted by the Council of Ministers on 20.02.2003)

This is the first document to establish a comprehensive and consistent policy since the Bulgarian Law on Drugs and Precursors Control came into effect in 1999.

Among other goals, it aims to curtail drug use through an effective treatment and prevention system, to downsize drugs supply and diffusion, to reduce illicit trade in chemicals (precursors) used in drugs production and to toughen border control.

Through concrete measures it seeks to improve coordination and exchange

between relevant institutions, to promote the policy in local terms and strengthen Municipal Drugs Councils. A national unit on drug-related operative information will be set up to support national and international bodies in their efforts against drugs trafficking.

### **3.3. Action Plan to Implement the National Anti-Drug Strategy – 2003–2008**

(Adopted by the Council of Ministers on 24.04. 2003)

The action Plan will be implemented via the concerted efforts of all ministries and will be supported by the Central Commission for Combating the Anti-Social Behavior of the Under-age and Minor Persons and the State Agency for Child Protection.

The Plan's number one strategic goal is to preclude the association of more people into drug abuse. In order to restrict the number of drug-induced incidents and deaths, information about safe injection and drug use practices will be provided to those already addicted. Intravenous addicts will be trained in first aid delivery. The number of people in effective drug addiction treatment programs will be increased twice.

Another measure targeting drug addicts completing treatment and rehabilitation will be to enhance their job placement rate.

In terms of updating drug-related legislation acts such as the Law on Mol, the Criminal Code and the Code of Criminal Procedure regulating "under cover operations" and "witness protection program" and the like, will be amended and supplemented by 2005. Another step that should be undertaken is a speedy procedure to penalize small-scale drug dealers. A coordination and analysis unit will be set up with the Mol no later than the end of the year to steer the Strategy's implementation and provide early trend analysis.

By 2005 a total of 28 local prevention and information centers will be established with the Municipal Councils.

The Action Plan's implementation will be reported and updated on an annual basis and reports will be submitted to the Council of Ministers every six months.