



LITERATURE REVIEW: BULGARIA

THROUGH CARE
WORKING IN PARTNERSHIP

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1.0 Drug use in Bulgaria

This section is an analysis of the current drug situation in Bulgaria, using the EMCDDA national report on Bulgaria as a core source.

1.1 Trends and statistics

This section summarises key developments in drug use, the types of drugs and provides outline statistics on drug issues in Bulgaria.

Number of drug users in Bulgaria

Between 315,000 and 330,000 (5.2%) of Bulgarian citizens aged 15 to 60 have used illicit drugs at least once in their lifetime. Of these, 8.0 % of men have used illegal substances and 2.3% of women. The level of use of benzodiazepines among females at least once in their life is higher than the level of use among males (12.3 % to 5.4 %).

Drug use among young people is higher (approximately two times) than in the general population as young people between the ages of 15 to 34 represent about 88 to 90 % of respondents between the ages of 15 and 60, who have ever used drugs.

There are several illicit substances that cause particular concern in Bulgaria, as elsewhere. Cannabis is the most widely used. Heroin is widely used, with about 20,000 to 30,000 users, and it is the most problematic, especially as more than 80% of users inject. Approximately 2000 people abuse cocaine. There are about 2,000 to 3,000 people with problematic use of amphetamines and other stimulants.

Drug use and related issues

Illicit drug use is a major cause of death. In 2005, 40 people died as a result of problematic drug use. During the last four years, the number of drug related deaths has grown threefold.

However, there are other major issues relating to illicit drug use. It is closely related to the spread of serious infectious diseases. For example, around 25% of IDU's are infected with HIV. In addition, it is related to serious mental health disorders. For example, in 2005, 1,578 patients were treated for psychiatric and behavioural disorders related to psychoactive substance use.

Drug use amongst prisoners

In Bulgarian prisons, the use of illicit drugs is a serious issue. The most recent data indicates that 37.1% of the prison population has used illicit drugs at least once in their lifetime. 9.4% of the prison population has used illicit drugs in the last 30 days.

1.2 Drug use amongst specific groups

This section explores drug use amongst women, young people, migrants and ethnic minorities.

Gender

Analysis of the data from the research conducted among the general population in 2005 showed visible differences in the level of drug use by gender. For instance, 8.0 % of males

aged 18-60 had used any illegal substances at least once in their life, for women this was 2.3 %.

The opposite is true for sedatives and tranquillizers among females, especially among older women. The percentage that had used these drugs at least once in their lifetime is significantly higher than among males (12.3% to 5.4 %).

Drug use among young people

For all substances (excluding sedatives and tranquillizers) use among young people is two times higher than in the general population. Young people aged 15 to 34 also represent around 88-90 % of all those aged 15-60 who had ever used drugs.

Drug use amongst ethnic minorities

The figures of registered problematic drug users from 2006 showed that there were 7.5% from the Roma community. During the last five years there has been no specific tendency towards problematic drug use among ethnic minorities.

Drugs and foreign citizens

Most foreign citizens in Bulgarian prisons have been convicted of drug-trafficking offences. These foreign prisoners mostly come from the former Soviet Union republics and countries such as Albania, Macedonia and Turkey.

1.3 Problem drug use

This section outlines the current situation of problematic drug use, summarising numbers of users and the types of drugs involved.

Drug use in Bulgaria

Police records indicate that of all arrests made for drug-related crimes (2000), the following breakdown of drug-use can be made:

Drug	% of drug-related arrests
Cannabis	54.3
Heroin	30.2
Synthetic	12.6
Cocaine	2.9

Number of problematic heroin users

It has been estimated that there are between 20,000 and 30,000 problem heroin users in Bulgaria. According to some estimates, there are probably around 1,000 to 2,500 problem cocaine users in Bulgaria. It has been estimated that there are around 2,000 to 3,500 users of amphetamines and other stimulants.

2.0 Prison system

The criminal justice system in Bulgaria incorporates five main elements:

- The Prison Service;

- The Police;
- The Courts;
- The Prosecution Office;
- The Probation service.

The work of these organisations is overseen by the Ministry of Justice, the Ministry of the Interior, Parliament and the Government.

2.1 Organisation of the prison system

This section provides a brief description of the organisation of the national prison system, including legislation and key statistics such as the number of prisons and prisoners.

The Bulgarian prison system, which also includes remand centers and the probation service, are part of the structure of the Ministry of Justice.

Number and different types of institution

There are 13 prisons in Bulgaria. Eight of these are set aside for recidivists and three are for non-recidivists. There is one women's prison and one young offenders' institution.

Attached to the prisons are three types of hostel: closed, open and transitional. These provide regimes of differing severity, depending on the offence. Altogether, there are 37 prisons and hostels.

In addition to the prisons and hostels, there are 21 remand centers. These are situated outside the prisons.

Prison population

The prison population in Bulgaria has grown to 148 per 100,000 of the general population. In 2010, there were about 10,500 prisoners (Home Office, 2010). Of these,

- 74 are juveniles;
- 240 are female;
- The biggest group of prisoners is that aged 30-39.
- Most of the prisoners who are foreign citizens are imprisoned because of drug-trafficking.

2.2 Problem drug users in prison

Despite the efforts of prison staff and official control systems, prisoners claim that it is not difficult to access illicit drugs in Bulgarian prisons.

This section summarises aspects of problem drug use in prisons, the number of PDUs, type of drugs used and different groups including women, young people, migrants and ethnic minorities.

Number of problematic drug users in Bulgarian prisons

The number of problematic drug users (PDUs) in Bulgarian prisons increased significantly over the period 2003–2005. In 2003, there were 565 PDUs recorded in Bulgarian prisons; in 2005, this had risen to 1071; in 2006, this number had further increased to 1758 (15.6% of the prison population) In June 2007, this number had declined to 1342, which was approximately 10% of the prison population. About 224 of them were injecting drug users (IDUs).

All PDUs were aged below 35; most are re-offenders and polydrug users. There are high rates of drug misuse among female prisoners. In 2006, there were 1278 PDUs in Bulgarian remand centres.

2.3 Infectious diseases in prison

This section lists the main types of infectious diseases and the number of prisoners infected.

Infectious diseases

There are three main infectious diseases in Bulgarian prisons which are of particular concern:

- Hepatitis B (260 prisoners)
- Hepatitis C (286 prisoners)
- HIV/AIDS in prisons (17 prisoners in 2006; 9 prisoners in 2007)

2.4 Alternatives to prison for problem drug users

There is no real alternative to a prison sentence for drug dependant offenders and prisoners do not receive continued care in a staged release programme. This is because of the lack of post release programmes and programmes for rehabilitation and reintegration of drug dependants.

2.5 Mental health, self-harm and suicide attempts in Bulgarian prisons

Drug use in prison goes hand in hand with other serious issues. Of particular concern are mental health issues and self-harm (including suicide attempts). The following main factors have a negative effect on the mental health of prisoners:

1. Poor living conditions and overcrowding. In Bulgarian prisons this is one of the most serious problems, as highlighted in the reports of the Committee or the Prevention of Torture and inhuman or degrading treatment and punishment (CPT) and other organisations. Prisoners are often placed in cells with three or more beds, often double-checked and sometimes reaching up to 20-40. Not all cells have their own sanitary facilities.

2. Forced communication and conflicts. In the prison setting, forced communication usually has a serious and negative effect on the mental health of the inmates.

3. Isolation from relatives and the outside world. The majority of prisoners with mental health issues are to be found in closed prisons and experience a higher degree of security

and isolation. Indeed, contact outside the prison is limited to media such as television and it is arguable that more should be made of prison visits by relatives and prison leave periods in order to develop support networks.

4. The lack of effective treatment for prisoners with mental health problems. Prisoners with mental health problems are accommodated with those who do not have such problems. This may be viewed as positive because it does not isolate them. However, one important negative consequence is that no effective treatment facilities are provided.

5. Staff training. Furthermore, staff are generally not sufficiently trained in the management of conflict, mental health episodes and other tensions that arise in the prison setting. Neither are they sufficiently trained in working with prisoners who have drug or mental health issues.

Self-harm and suicide attempts

Self-harm and injuries are part of the prison subculture. Self-harm and suicide attempts are usually very demonstrative. Staff have not been specially trained to distinguish the symptoms with the various cases and to react adequately. Usually, staff rely on their previous experience and intuition. When conflicts arise, the prisoners with mental problems are often participants, victims and objects of disciplinary punishments.

The existence of these problems is due to a great extent to the fact that there are no integrated activities to teach the prisoners how to co-exist with others suffering problems with their mental health. The lack of specialized programs for care and support of mentally ill prisoners very often is the main reason for self-harm and suicidal attempts among this vulnerable group of prisoners, as the following figures indicate there were:

- 227 cases of self-harms in 2003
- 20 suicidal attempts in 2003
- 420 refusals of food in 2003
- 4 suicides in 2009
- between 4 and 6 suicidal attempts annually

3.0 Throughcare services

This section provides an overview on existing throughcare approaches in Bulgaria.

3.1 Existing throughcare provision

This section identifies current practices in throughcare for prisoners in Bulgaria. The section identifies and defines the various terms.

Prisoner treatment

Every prisoner undergoes a medical examination, an express psycho-diagnostic and an evaluation on the OSO system. Four of the Bulgarian prisons have separate wings for drug dependant prisoners. These are drug free units.

Throughcare currently focuses on six main issues:

- Prevention measures;
- Drug-free treatment;
- Detoxification;
- Substitution treatment;
- Counseling;
- Post-release care.

The compulsory treatment for drug dependant offenders is ineffective. Treatment of drug-dependent prisoners is largely focused on abstinence-oriented programmes and access to substitution treatment programmes is limited.

Provision of drug services in prisons

In Bulgaria, drug services are not centralized. In the Prison system, drug services are funded by the Ministry of Justice and in the community the services are funded by the Ministry of Health and the Ministry of Labour and Social Policy. The services in each stage are provided by different agencies. This is considered to be one of the main obstacles for achieving continuity of service for problematic drug using offenders.

Due to the different responsibilities and different ministerial affiliation, there is no reliable link and clear line of communication between the prison and community-based services. As a result, a serious number of newly released prisoners lose the progress they achieved within prison after returning to society. The opposite is also true; after being imprisoned, drug using offenders lose the progress they made in the community. It is very often the main reason for the high rates of recidivism. The result is that very often, the prisoner is someone else's responsibility.

In Bulgaria, one of the weak points in drug policy is the lack of rehabilitation and reintegration programmes – priority is still given to medical treatment and services. There is no variety in services for PDU's.

All these reasons pose serious obstacles for achieving throughcare and aftercare for PDU offenders, not only in the prison system but in the community as well.

Prison and Probation staff

Probation staff are responsible for referring clients to competent institutions and experts. Due to its capacity, the probation service is not able to cover all released prisoners. It is reasonable for more of the newly released prisoners to be served by more flexible local social structures and NGOs as they have the capacity to be a mediator between the state institutions and the structures of the local authorities. Such models are developed and tested in some regions and they work well. It is a recommended mechanism for partnership and close links between the NGOs and probation services and prisons to be developed.

The lack of sufficient funding within the probation service leads to the use of resources from the Ministry of Labor and Social Affairs and Ministry of Health. The local Social services, which support the client in finding a job, usually try to help the offenders by educating and training them. In cases like these, the Social services use their own resources without getting any funding from the Ministry of Justice.

Prison and probation staff usually have difficulties with offenders who need treatment; the most serious problems they experience are with drug dependent offenders. A report of the

probation service shows that it is very difficult for this specific group of offenders to keep their probation engagements and officers often claim for their punishment to be reconsidered. For these offenders, the probation staff usually claim for compulsory treatment but there is a serious lack of public and accessible programs for treatment and rehabilitation. It is a challenge for the probation and prison staff to know where to refer the PDU offenders.

There are not enough community based programmes, especially for rehabilitation and reintegration, which meet the various needs of PDU offenders. Responsibility for provision does not rest solely with the prison and probation services; the Ministry of Health, Ministry of Labor and Social Policy and Prison administration acting together should create programs and policies which would give drug dependant offenders the opportunity to participate in programs, including substitution treatment programs that meet their real needs.

The policies have to be targeted at PDU offenders who need training and jobs and offenders who need adequate treatment.

Medical / Psychiatric and psychological services

The medical units in Bulgarian prisons are part of the national health system. Health care for prisoners is provided by two Specialized Hospitals for Active Treatment of Prisoners (SHATP) and 13 health centres within the prisons. In the SHATP there are separate units for the treatment of female prisoners.

Each prison has its own medical unit and staff. The prison medical services include full-time doctors, dentists, psychologists and psychiatrists.

At every health centre there is a hospital ward with eight to ten beds and an isolated ward for those prisoners suspected of having an infectious disease. Prisoners are settled in the isolated ward until the examination is finished.

Prisoners with infectious diseases are usually treated in community-based hospitals.

When the medical needs of the prisoners cannot be covered by the medical units in the prisons, the prisoners are settled in community-based hospitals.

The health insurance of all prisoners is funded by the Ministry of Justice. However, a large number of prisoners enter prison with no health insurance. This group of prisoners is unable to use the services of the National Health Insurance Fund for free prescriptions, hospitalization or clinical paths in community based hospitals. This costs the medical services a significant amount of money.

Prison psychologists have a wide range of responsibilities: they recruit staff, make initial psychological diagnoses of newly admitted prisoners, carry out group therapy and provide counseling. Diagnostics form the most substantial part of their work as the counseling of prisoners takes place at a preliminary request or when an urgent intervention is needed.

Some of the main problems in the delivery of medical services for prisoners are: 1) shortage of resource for medicines; 2) problems with health insurances and unclear mechanisms for acting in such cases.

In recent years, joint projects with NGO's have been implemented targeted at 1) training the medical staff in the delivery of services for drug dependants and 2) providing services for drug dependant prisoners. The trainees were mainly psychologists, psychiatrists and social workers. During the last five years, at least 100 officers have taken part in different programmes and projects to train prison staff in the provision of services for PDU's.

Social services in prisons

Social Services in Bulgarian prisons are in a process of transition from their long-standing collective and educative paradigms to a more modern outlook. The old system, which was very regimented, is being replaced with a more informal approach, which focuses on smaller groups. The old approach was didactic whereas new methods, which use social activities and programmes, is being introduced.

Social work in the prisons is aimed at the re-socialization of offenders and begins at entry to the prison.

A standard, flexible package of programmes has been designed that can be applied in all prisons. The package is applicable to prisoners at all stages in their sentence. Some of the programmes run in partnership with NGOs.

202 social workers are currently responsible for 9000 prisoners. Bearing in mind that Bulgaria still lacks effective social services in the community and mechanisms for their use in the prisons, this ratio is actually very good at this stage in development.

One major issue is that social work remains an activity that is carried out during working hours. Prisoners are left alone after 5.00 p.m.

Mental Health services

The study of the emotional and mental problems of the prisoners with the OASys risk assessment system has been implemented. This programme was introduced in the prisons in 2002 and is used in the overall assessment of the offender's personality. The programme assesses both the needs of the prisoners and the risk of re-offending and self-harm. It also takes account of the mental and emotional status of the prisoners. According to one study, 30.2% of the prisoners surveyed had significant mental health issues. These mental health issues were anxiety, emotional instability, depressions, personal disorders, mental deficiency and schizophrenia.

The existing activities and services do not cover the needs of prisoners. There is little to motivate them to engage in work and other positive activities, achieve a change in attitude, gain qualifications and prepare themselves to become useful members of society upon release.

Mental health issues tend to be medicalised within a prison setting in Bulgaria. However, there is a need for new approaches that recognize the environmental impact of prison on mental health.

3.2 Specific needs

Young prisoners are the most vulnerable group of prisoners. During imprisonment, young prisoners can access the following drug services: drug testing; participation in a methadone programme and short and long-term group therapy programmes for PDU's.

The most serious problems that young prisoners with problematic drug use experience in all prison settings are a lack of:

- facilities for sport and other physical activities;
- access to work and educational activities. Most often the services for young prisoners with problematic drug use are psychologically oriented as the availability of social activities are very limited;

- effective rehabilitation and re-socialization programmes for this specific group of prisoners;
- aftercare services.

Services for problematic drug users from ethnic minorities are delivered without considering their specific community and cultural differences. Problematic drug users from the Roma community need a specific, individual approach that includes delivering peer to peer support and education. This is necessary to achieve an effective outcome.

3.3 Cooperation

This section explores the different ways in which prisons work with external agencies in providing throughcare.

Involvement of external agencies

This section identifies the involvement of NGOs and community agencies in the provision of throughcare in Bulgarian prisons. Access to prisons is difficult for external organizations.

Participation of the community in delivering services and support for offenders at a local level is performed by commissions for supervision, which are established to the municipalities. The main task of the commission is to support and stimulate ex-prisoners to find a job, to help them with housing, etc. in recent years, however, many of these commissions have closed.

The participation of external organizations in delivering services for PDU prisoners and offenders, especially offenders who are under probation, should be regulated. The new Law for execution of judgment makes provision for delegating probation tasks and functions to external organizations and experts from community based services. It also ensures that their rights are similar to those of permanent probation staff. This measure will make it easier to achieve continuity in services for offenders.

The next step will be the establishment of Centres for re-socialization to the local probation services. These Centres will be established by the municipal councils and experts from different external organizations and professionals from the Criminal-Justice system will work there. They will deliver different services such as counseling, psychotherapy, finding a job, educating, etc. Offenders with specific needs, therefore, will get more adequate and various services as the responsibility for them will lie with experts from the CJS and external organizations. In this way, an holistic approach will be guaranteed.

This model will be successful if the working philosophy of probation staff is completely changed; from executors of punishments they have to become case managers.

During recent years joint projects with NGOs have been conducted, which provided services for drug dependant prisoners. However, the participation of NGOs in delivering services for PDU offenders is still rare. Usually, these NGOs are local organizations who maintain close contacts with local prisons making it easier for them to get access to the prison. The NGOs very often not only deliver services for PDU offenders but also play the role of mediator between the prison and community-based services. It is very important, given the lack of reliable partnership and cooperation between the prison and external organizations, that NGOs fill the gap. They refer the prisoners to competent institutions and counsel them for the steps they have to follow and undertake to achieve continuity and consistency in the services.

A good example is the project conducted by Association of Varna Organizations for Drug Prevention (AVODP) - *Achieving of continuity and consistency in treatment of PDU offenders*.

Model of cooperation between prison and NGO.

During the preliminary phase of the project, different mechanisms for achieving continuity and consistency were developed. During the pilot phase, the mechanisms were tested and experts from different institutions provided the services for PDU offenders. Finally, the implementation of the project was evaluated and recommendations for achieving continuity were published and disseminated among stakeholders. It was underlined that the network strategy is a reliable tool for achieving the final aim.

The project was implemented in partnership with the Municipality of Varna and Chief Directorate Execution of Judgment, Ministry of Justice.

Joint approaches in the CJS

It is necessary to identify co-operation between different agencies involved, i.e. police, courts, prosecutors, healthcare, prisons, NGOs, in the provision and management of throughcare. Additionally, it is also necessary to identify whether different parts of the criminal justice system have a joined up approach in the provision of throughcare, including initiatives that start in the community and continue in prison and at the time of release.

3.4 Effective delivery of throughcare

This section defines the key challenges facing the effective delivery of throughcare and discusses the structural challenges that need to be overcome to implement effective throughcare schemes.

Approaches to drug treatment

Within the community, priority is still given to a medical approach. Within the prison system, priority is given to detoxification. In the prison system and community priority is given to abstinence-oriented programmes when tackling drug dependency. Additionally, most PDU's do not have health insurance which is a serious obstacle to obtaining adequate treatment.

Inconsistency of approach

There are different views on approaches to tackle the problem, not only between the different institutions but also within the same institution. It is, therefore, very difficult to establish one integrated approach that will be considered by all institutions.

Drug rehabilitation programmes which are perceived and evaluated as successful in other countries are automatically adopted without considering cultural differences.

There is no consistent framework for the treatment of drug dependant prisoners and prisoners with mental and emotional problems. The shared accommodation of prisoners is not so much due to a positive approach to social inclusion but rather a lack of any planning whatsoever. Otherwise, the general treatment would be supported by a range of concomitant activities. It is evident that there is a need to design a clear framework that should include compulsory staff training; such a framework will contribute both to a change in the relationship with drug dependent prisoners and the provision of special care and support.

Drug related treatment and services are not centralized, as the services in each stage are provided by different agencies. The institutions involved in the process fall within the

structures of different ministries, which makes it difficult to follow one integrated approach. This fact is considered to be one of the main obstacles for achieving continuity in the services for PDU offenders.

3.5 Gaps in provision

This section identifies some of the key gaps in provision of throughcare in Bulgaria. There are three main concerns outlined in the existing literature.

The first concern is the sharing of information on prisoners:

- When entering the prison, PDU offenders usually do not have any medical files. As a result, it is very difficult for prison experts to make a reliable evaluation of a prisoner's real health status.
- There is a lack of a clear line of communication between the institutions. As a result PDU offenders are often someone else's responsibility.

The second area of concern is the limited involvement of external organizations in providing services for PDU offenders.

The third area of concern is the gaps in the provision of treatment programmes:

- post release programmes for re-integration and rehabilitation of drug dependant prisoners;
- Lack of therapeutic group programmes and psychological support; if they are available, they are generally not noticed by prisoners;
- effective post release programmes for drug dependant prisoners;
- enough effective rehabilitation and reintegration programmes for drug dependants;
- enough rehabilitation and reintegration programmes in the community.

3.6 Best practice

This section highlights some of the more promising practices in the delivery of throughcare.

The Women's Prison

In Bulgaria's one women's prison, there are high rates of drug abuse among the prisoners. The data suggests that women prisoners receive more effective and better quality social and medical services in comparison with male prisoners because of:

- the relatively low number of female prisoners;
- more professional and effective management;
- consistency in professional and trained staff. Often individual staff remain in post for many years;
- effective cooperation and links with external organizations;

Special attention is given to:

- “Encirclement” and the way of life;
- Developing problem-solving abilities;
- Positive self-perceptions.

Bourgas Prison Isolation Ward

In one prison (in the city of Bourgas) there is an isolation ward that works on the therapeutic community principle. During preparation for living in the community, drug dependant prisoners participate in a programme that is designed to enable them to acquire self-assertion skills. Priority is given to detoxification.

3.7 Monitoring systems for throughcare provision

There is not an effective monitoring system for throughcare services. Every prison has its own approach and, if throughcare services exist in one prison, they are usually delivered without evaluation, consistency or follow up. The lack of such components makes it difficult to get reliable information on the effectiveness of similar activities and services.

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