“MENTAL HEALTH STRUCTURE FOR PLHIV WHO INJECT DRUGS IN BULGARIA”

Resource Centre for Mental Health and HIV/AIDS

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Abbreviations and acronyms

AIDS – Acquired Immune Deficiency Syndrome
ARV – Anti-retroviral Treatment
BGN – Bulgarian Levs
GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria
GIP – Global Initiative on Psychiatry
HIV – Human Deficiency Virus
IDUs – Injecting Drug Users
PLHIV – People Living with Human Deficiency Virus
STDs – Sexually Transmitted Diseases
VCT – Voluntary Counselling and Testing

Executive summary

The analysis aims to explore the quality of life, and mental health services of PLHIV, who are IDUs, which respond to their needs. It was developed after a process of reviewing researches and official state documents and conducting a filed research among professionals in the area of drug use, mental health and HIV.

After the democratic changes in 1989, Bulgaria experienced a period of political, economical and social transition and became open for drug trade and a significant epidemic of illicit drug use. The general number of problem drug users in the country is between 20,000 and 30,000. Heroin is the main drug for problem drug users and it is mainly injected. All relevant data sources provide information about existing practices of sharing needles and injecting paraphernalia and some additional risk are also in place of HIV transmission among IDUs, such as young age and poor communication with the health care system. Still the prevalence of HIV stays low in the group of IDUs (below 1%) and in the country in general.

National policies recognize the importance of prevention and care for PLHIV/IDUS. Both the National Program for Prophylactics and Control of AIDS and Sexually Transmitted Diseases and National Program for Prevention, Control and Rehabilitation of Drug Addictions foresee harm reduction measures and guarantee access to services. The restrictive legislation towards drug possession however poses challenges for effective prevention, as it puts drug users in a criminalized position.

In general the treatment of drug additions is underdeveloped in the country. Outpatient and inpatient detoxification programs are available within the general healthcare system, but these are hardly accompanied by any long-term rehabilitation and thus not effective and underused by drug addicts. Methadone substitution is limited to several programs and does not meet the demand of such treatment. Harm reduction programs (needle exchange) and free VCT services are available for vulnerable groups through outreach programs in all major cities. ARV treatment programs are available free of charge for all, who need them. So far such are in place in Sofia, Plovdiv and Varna, but there are plans to extend their coverage in three other cities in the near future. Psychosocial support for PLHIV is provided by NGOs that have developed good working models, though they are not always prepared to work with drug users. There are no specialized services, which ARV and methadone maintenance (or other kind of addiction treatment). The main obstacles in front of PLHIV/IDUs in terms of (mental) health care include the lack of services available in the city of living and unpreparedness of the existing services to work with socially isolated and marginalized groups.

In the context of this study we bring an in-depth understanding of the aspects of the problem and the reasons behind it. Hence, we focused on the following

methods for gathering information: field research, conducted in the period May-September 2007, in-depth interviews, and analysis of documents and materials. The documents that were reviewed included reports of researches in the area of drugs and drug use, conducted in the country in last 5 years; national strategies on drugs and AIDS and other official documents (laws, project proposals). The field research included two focus group discussions with healthcare providers in the area of mental health and HIV and seven semi-structured interviews.

In order to improve the (mental) health situation for PLHIV/IDUs in Bulgaria, which is partially recognized as a problem by all governmental structures, it is necessary to develop the addiction treatment system. At the same time, some additional efforts must be directed towards adaptation of the HIV treatment services to the needs of IDUs as well as fostering of social programs for PLHIV by the respective authorities. As most of the services in Bulgaria are coming mainly from the NGO sector, the care provided needs to be adapted in such a way that to address the potential spread of the infection among IDUs. This will happen via greater commitment and effort by all parties involved in the process: governments, policy makers and law enforcement authorities in the fight against HIV. Furthermore, comprehensive HIV prevention interventions from all stakeholders and at all levels of intervention for substance abusers must provide education on how to prevent transmission through sexual intercourses.

I. INTRODUCTION

In recent years drug use in Bulgaria emerged as a serious problem. According to the data in the reports of Bulgarian National Council of Narcotic Drugs the number of everyday heroin users in Bulgaria is constantly increasing.

The population of injecting heroin users comprises of hidden and marginal groups with a specific subculture. Problems associated with this group are: high crime rate, expanding drug users' prostitution, proliferation of hepatitis C among more than 70% of the injecting drug users (National Council of Narcotic Drugs, 2001), almost total lack of medical care or consultation, low level of health culture and information about safe sex and blood transmitted infections, high overdose death rate, firmly negative societal attitude toward drug users, lack of institutional interest in their problems.

Lying along the 'Balkan route' of heroin trafficking between central Asia and western Europe, Bulgaria experienced an outbreak of injection drug use in the 1990s. Bulgaria is also surrounded by countries where HIV prevalence in injection drug users (IDUs) has increased rapidly.

The objectives of this document are:

- to review the situational analysis, taking into account the changes that Bulgaria has undergone in the past few years;
- to provide detailed overviews of the risk behaviour in IDUs and estimations on blood-borne viral infection rates
- to provide basic recommendations for initializing new, expand or strengthen existing interventions, as a part in the forthcoming strategic planning process in the state.

II. METHODOLOGY

The methodology of the current analysis consists of desk review primarily, and field research, conducted in the period May-September 2007.

The documents that were reviewed included reports of researches in the area of drugs and drug use, conducted in the country in last 5 years; national strategies on drugs and AIDS and other official documents (laws, project proposals).

The field research included focus groups with six people and semi-structured interviews. Two focus groups with healthcare providers in the area of mental health and HIV were conducted by the team of GIP. Participants were recruited among the staff of the VCT and mental health services in Blagoevgrad, to take part in the FGDs were invited HIV/AIDS professionals from the governmental and nongovernmental sectors: professionals from the Cabinet for Anonymous and Free of Charge Testing, professionals who works with injecting drug users, psychologists from the Daily Center for psycho-social rehabilitation, social workers from the Sheltered House for people with mental health disorders and psychiatrists from the Regional Psychiatry Dispensary, head of the department for chronic patients and patients with frequent relapses of their MH disorder.

Seven semi-structured face-to-face interviews were carried out by the author with the staff of several nongovernmental organizations in the field and an HIV positive drug user in Sofia. In addition the managers of NGOs providing services to IDUs were interviewed by email: from Foundation “Initiative for Health – Sofia, Foundation “Better Mental Health” – Varna, Foundation “Panacea” – Plovdiv, Foundation “OBF”, Association “Dose of Love” – Bourgas.

III. COUNTRY BACKGROUND

After the democratic changes in Bulgaria started in 1989, the country experiences a long period of political, economical and social transition from totalitarian socialist regime to democracy and market economy. This period is characterized by significant economical and social changes, bringing both positive and negative consequences for the society. After the opening of the borders and the transposition of the economic interests, the country became open for drug trade and experienced a significant epidemic of illicit drug use.

First cases of non-medical use of opiates by young people are registered in the late 60s[1]. In the period 1968-1990 drug use is mainly characterized by limited cases of use of medical opiates, usually stolen from pharmacies and hospitals, and poppy tea, later also amphetamines and barbiturates. Though there was some small black market of those substances among drug users, there was no actual drug trade or any organized crime channels, dealing drugs in the country at that time.

The heroin arrives on the Bulgarian drug market in 1990. Its epidemic use rapidly spreads between 1992 and 2002, related to the development of the organized crime groups, and reaches its peaks in 1998 in Sofia and between 2000 and 2002 in other major cities – Plovdiv, Bourgas, and Varna. The number of persons seeking treatment for heroin addiction grows up from 183 in 1990 to 1120 in 1999[2]. There are several factors that accelerate the spread of heroin in Bulgaria[3]: the geographic location of the country right on the crossroad of the three main routes of Asian heroin through the Balkan branch; opening of the country and transition to market economy; changes in education and healthcare systems, which were completely unprepared for this new phenomenon; complete ignorance to drug problem from the side of society.

Heroin stays the main drug for problem drug users[4] till now, though in last 4-5 years no more increase is registered in the use of heroin, but rather a flat trend. A study[5] in 2004, conducted in Sofia, Plovdiv, Bourgas and Pleven among injecting drug users shows that 95.4% of them have used heroin in last one month, and 74.9% pointed heroin as their "first, or most important substance", followed far away by methadone – 6% and cannabis – 4.8% as "first" substances. The same study however identifies the appearance of poli- use of drugs - 83% of injecting drug users reported to have used one or more drugs in addition to heroin in the last month, while in 1998 in Sofia this percentage has been 50[6]. A similar trend we have in 2007, when 41% of problem users in 8 cities

[1] *The Drug Market in Bulgaria*, Center for the Study of Democracy, 2003, p. 7-19
[2] *The Drug Market in Bulgaria*, Center for the Study of Democracy, 2003, p. 7-19
[3] *The Drug Market in Bulgaria*, Center for the Study of Democracy, 2003, p. 7-19
[4] Problem drug use, according to EMCDDA's definition.
[5] Tihomir Bezlov, Cas Barendregt, *Injecting Drug Users in Bulgaria – Profile and Risks*, Initiative for Health Foundation, 2004, p. 24-25, 32-33
[6] *Off the Barrier. Injecting Drug Use: Situation, Trends and Risks*, Initiative for Health Foundation, 1998

reported to have used only heroin in the last month, while 39.3% have used heroin and other substances (other opiates, stimulants or others)[7]. So in addition to heroin, which was an exclusively leading illicit drug in 90s, now the drug market is more open and offers more broadly amphetamines (produced locally), cocaine, cannabis, other opiates, which draws the drug use trends in Bulgaria closer to those in other European countries.

The last annual report of the National Focal Point on Drugs and Drug Addictions provides recent data about the estimated numbers of problem drug users in the country and in Sofia, as a most problematic city in regard to drug use. The general number of problem drug users in the country is between 20,000 and 30,000. In Sofia their number is 15,000, as 12,000 of them are problem heroin users, 9,600 of them injecting[8].

The reason to discuss heroin as a first problem drug in the country is not only its domination, but also the fact that its use is strongly linked to HIV transmission, because heroin in Bulgaria is mainly injected. According to the annual reports of the National Focal Point, 75.4% of those seeking treatment in 2002 have injected their primary drug (heroin in over 90%), 74.9% in 2004[9] and 62.3% in 2005[10]. Moreover research *Injecting Drug Users in Bulgaria – Profile and Risks* [11] show that the model of injecting is transmitted from heroin use to use of other substances, such as amphetamines and methadone, among heroin injectors in some cities. All relevant data sources provide information about existing practices of sharing needles and injecting paraphernalia. If we further explore the risk factors for HIV transmission among drug injectors in the country, we could add their demographic profile. Different studies in 2004, 2005, 2007 provide demographic data of Bulgarian injecting drug users:

1. Average age 23-26 years, which means that this is a group of sexually active young people;
2. Lack of health insurance in 39-49% (differences between years), which means poor communication with the healthcare system;
3. 57.7% unemployed, which is associated with low social status and criminal activities;

[7] *Treatment Demand and Barriers to Access Among Problem Drug Users in Bulgaria*, National Focal Point, Initiative for Health Foundation, 2007, not published
[8] *Annual Report on the State of the Drug Problem in Bulgaria 2006*, National Focal Point for Drugs and Drug Addictions, 2006, p. 49-51
[9] 2004 National Report to the EMCDDA by the Reitox National Focal Point, p.42
[10] *Annual Report on the State of the Drug Problem in Bulgaria 2006*, National Focal Point for Drugs and Drug Addictions, 2006, p. 58
[11] Tihomir Bezlov, Cas Barendregt, *Injecting Drug Users in Bulgaria – Profile and Risks*, Initiative for Health Foundation, 2004, p. 28-29

4. 23.1% belonging to Roma population[12], which determines additional adverse social and health conditions, characterizing this minority in Bulgaria.
5. 75 % are male

A very worrying trend is the high prevalence of Hepatitis C among drug injectors in the country – around 60%, coming to show that risk behavior leading to transmission of blood viruses is present.

Having in mind the data above it could be concluded that there is a high risk of HIV transmission among injecting drug users in Bulgaria. Nevertheless, for number of years the statistics keep on showing very low prevalence of this infection in this group – below 1%. The cumulative number of HIV positive injecting drug users for the period 1986 - August 2007 is 77[13]. 60% of them are from the two biggest cities - Sofia (21 persons) and Plovdiv (14 persons). There must be underlined, however, that in last 2-3 years there is stable growing trend of the percentage of IDUs among the HIV positive persons in the country: from 5% in 2005 up to 10% in 2007, moreover they present 22% of the newly registered cases in 2007[14]. One of the possible explanations for these growing statistical numbers could be the fostered testing system in the country within the program "Prevention and Control of HIV/AIDS" (more information later in the text) and especially the mobile units working specifically for this target group.

It's been a challenge for analyzers to find an adequate explanation of the fact that despite the serious prevalence of injecting drug use and the presence of additional risk factors, the country hasn't faced an HIV epidemic among drug users. The first possible reason is of course the general low HIV prevalence in the population. The total number of HIV cases as of August 2007 is 748 persons, which is much below 0.1%. Another explanation could be sought in the typical patterns of drug use. Dislike countries in Eastern Europe, experiencing most sever HIV epidemic, such as Russia and Ukraine, where there has been a distribution of home-made liquid opiates, often sold in syringes, in Bulgaria there is a powdered heroin only, sold by dealers in personal packages and often prepared and injected independently by the user. Last but not the least is the relatively early, though insufficient in scale, application of prevention programs (outreach needle exchange) in the most affected cities.

[12] This is an average percentage from a study conducted in 2007 in Sofia, Plovdiv, Varna, Bourgas, Russe, Blagoevgrad, Pazardjik and Kyustendil. The percentage of Roma drug users varies significantly between cities and could be much higher or much lower in different cities.
[13] Source: Ministry of Health, august 2007
[14] Source: Ministry of Health, august 2007.

IV. ORGANIZATIONAL STRUCTURE, POLICIES AND MANAGEMENT OF PLHIV/IDUs PROGRAMS

1. HIV/AIDS Policy

Bulgaria has a National Strategy and a National Program for Prophylactics and Control of AIDS and Sexually Transmitted Diseases 2001-2007, both adopted by the Council of Ministers. Based on the priority areas, defined through the strategy, the National Program has four different components:

1. Promotion of health
2. Epidemiology and testing policy
3. Health and social services
4. Treatment of HIV/AIDS and STDs

The Program defines six risk groups as objects of preventive interventions: adolescents and young people, **intravenous drug users**, prostituting women and men, men who have sex with men, Roma community and prison inmates. The program puts special emphasis on prevention measures for drug users (outreach programs, health education, needle exchange), but also on ensuring proper health and social care for PLHIV: effective and adequate home-based, outpatient and impatient treatment; ensuring supportive social environment; tackling the problems of social status and employment[15].

The Program also envisages a broad and comprehensive testing system, based on anonymity, confidentiality and voluntary participation. It does not include any measures for mandatory testing.

The overall budget of the program is 68,471,470 Bulgarian levs (BGN) intended mainly from the state budget. During the first years of its implementation, however, the funds provided by the government covered exclusively the testing system and the medical treatment of PLHIV. Prevention programs, as well as psycho-social services for PLHIV were funded within independent projects by foreign donors only. In 2004 the situation changed significantly, as the country received a grant from the GFATM for its project “Prevention and Control of HIV/AIDS among the groups most at risk in Bulgaria 2003-2007”. The amount of the grant is US$ 15,711,882 for a five year period from 2004 to 2008. The project is based on the National Program and targets generally the same vulnerable groups, including also the group of PLHIV, with prevention and care activities. Among its components (objectives), the project has the following[16]:

[15] National Program for Prophylactics and Control of AIDS and Sexually Transmitted Diseases 2001-2007, Ministry of Health, 2002, p. 20-23

[16] Project proposal “Prevention and Control of HIV/AIDS/TB among the groups most at risk in Bulgaria 2003-2007”, presented by the National Committee to fight AIDS and Tuberculosis

Ob. 4: Sustained low HIV seroprevalence among intravenous drug users

Ob. 8: To guarantee access to care and quality treatment for people living with HIV/AIDS

The implementation of the project is on progress already for four years. It is managed by the Ministry of Health, but the prevention activities are implemented locally by NGOs. In last years this project ensures actually the whole range of services for prevention and care in the HIV/AIDS area in the country.

2. Policy on Drugs

The National Program for Prevention, Control and Rehabilitation of Drug Addictions in the Republic of Bulgaria 2001-2005 was developed even before the National Strategy against Drugs 2003-2008. The global goals of the National Strategy refer more to the reduction of supply, then to the reduction of demand. Just the first of all five global goals is related to the demand reduction and states:

1. To limit the use of narcotic substances through the provision of effective treatment and prevention[17].
Section 5 of the strategy – Strategic goals for the reduction of demand – recognizes the reduction of blood-transmitted infections, including HIV, and other harm reduction measures among the major tasks.

The National Program also places harm reduction interventions among its most important spheres:
Sphere 4 – Activities and programs for reduction of the health and social harms, caused to the society and individuals from the abuse of narcotic substances[18].
The activities envisaged in this sphere also include establishment of a system for early treatment of blood-transmitted infections. Both the Strategy and the Program, however, do not state any specific interventions or measures targeted at HIV positive drug users.

Despite their clear and comprehensive written statements, these two documents were never properly implemented in practice, due to the shortage of funding. The overall budget of the Program for 5 years is 9,266,530 BGN: 94,400 BGN for the first years and around 2,300,000 for each of the following four. These funds were never provided by the government. Approximately 200,000 BGN (140,000 USD) were provided for the program in 2005. The funds mainly serve for the maintenance of the National Center for Addictions and the only state-run hospital

[17] National Strategy against Drugs 2003-2008, available at: http://www.ndc.government.bg/?l=bg&pid=documenti-strategia

[18] National Program for Prevention, Control and Rehabilitation of Drug Addictions in the Republic of Bulgaria 2001-2005, available at: http://www.ndc.government.bg/?l=bg&pid=documenti-programa

for drug treatment, as well as the supply of methadone for substitution programs in the country. Few funds have been distributed to NGOs for rehabilitation programs (after 2006), but no for prevention or other related activities. That is not to say that such activities were not present in the country. A number of NGOs were and are active in the area of drug prevention, harm reduction and rehabilitation, but thanks to projects, funded by foreign donors. Unfortunately these activities are hardly sustainable and coordination between them is difficult.

3. Related Legislation

The legislation toward drugs has been intensively changing in last 7-8 years. Especially important in regard to HIV prevention and care for drug users is the criminalization of risk behavior. In 2000 the Penal Code stated imprisonment of 10-15 years for all who produce, distribute or hold illicit drugs, but in that year there was a special article stating no punishment for persons, who were addicted to drugs and possessed a small amount for a "personal dose". In 2004 this article was outlawed and a legal situation arose, in which every possession of any amount of any illicit drug had to be punished with long imprisonment. This amendment of the Penal Code provoked stormy reactions from the civil society and from the side of the court system. It meant that every student with a marijuana cigarette should go to jail, which was quite unfair and burdened the court with insignificant trials. It also created serious obstacles for harm reduction and other healthcare programs for drug users, because drug using behaviour was actually criminalized and the group became more hidden and hard-to-reach for any intervention. In 2005 the Initiative for Health Foundation and the Open Society Institute published a report, outlining the increased risk of HIV and other adverse health consequences among drug users, due to the new legislative situation[19]. In the same time the Law for Control of Narcotic Substances and Precursors from 1999 and its sub law regulation[20] arranged the operation of pre-treatment programs for reduction of the drug related harm, and the Ministry of Health was applying its broad HIV prevention project with 10 outreach programs trying to reach drug users, i.e. there was a miss-coordination of the national policy toward prevention and care for drug users.

In 2006 after some public discussions and critical remarks from the European Union, The Parliament adopted a new amendment of the Penal Code. The new article lightened the punishments, by decreasing the years of imprisonment and foreseeing a fine only for "insignificant cases". However the main concern is that drug use still stays criminalized and every drug holder would go to a trial, which is rather a restrictive, then care-taking policy.

[19] Tihomir Bezlov, *Heroin Users in Bulgaria One Year After Outlawing the Dose for "Personal Use"*, Initiative for Health Foundation, Open Society Institute, Sofia 2005

[20] Law for Control of Narcotic Substances and Precursors, art. 88 and Regulation N30/ 20.12.2000 of the Ministry of Health

The HIV testing is arranged by Regulation 4/2.04.1992 of the Ministry of Health. According to it the testing is voluntary (with the exception of donated blood and blood products) and anonymous. The document strictly regulates the keeping of confidentiality.

V. HIV/AIDS AND MENTAL HEALTH SERVICES FOR IDU

1. Treatment and Care Programs for Drug Users

The system of treatment of drug additions is linked to the overall healthcare system in the country. There are different types of programs: in-patient and out-patient detoxification, rehabilitation programs, methadone maintenance, self-support groups. Unfortunately these are not always properly linked between themselves and accessible, due to the fact that they are applied by many different actors and the participation of the state is not always on the necessary level.

1.1 Detoxification programs

Outpatient detoxification is available in the frames of the main package of primary out-patient healthcare, part "Psychiatry", which is funded by the health insurance fund. This kind of healthcare is widely available for everyone, who pays their health insurance. It is however significantly underused by drug users for treatment of their addiction problem, due to several reasons:

- quite a high number of problem drug users (39%, according to data from 2007[21]) do not have health insurance rights, since they are not able to pay for them;
- there are not enough psychiatrists, who are well trained and motivated to treat drug addiction problems, especially in smaller towns;
- using the primary out-patient healthcare is linked with bureaucracy, which is difficult to pass through for drug users (they have to visit their GP first and obtain a direction notification for a psychiatrist), this service is never anonymous and provokes fear of registration and broken confidentiality, especially in smaller towns.

Exceptions of the abovementioned difficulties are available in out-patient detox programs, run by private companies, which provide treatment programs of higher quality and better conditions, regarding confidentiality, etc. These are however quite expensive for the major part of drug users and are not available wildly, but just in bigger cities.

Dislike the programs described above, the hospital detox programs belong to the in-patient psychiatric care, which is, according to the law, completely funded by the government, and thus independent from the health insurance system. This makes these programs accessible even for those, who are not able to pay for any kind of healthcare – neither through the health insurance system, nor directly to private bodies. In 2007 there is only one state-run hospital specialized in treatment of narcotic and alcohol addictions, with 14 beds for drug users. It is insufficient to cover the needs of the big population of 12,000 problem drug users

[21] *Treatment Demand and Barriers to Access Among Problem Drug Users in Bulgaria*, National Focal Point, Initiative for Health Foundation, 2007, not published

in Sofia only (where it is located), not to speak about the rest part of the country. Hospital care for drug addicts is provided in psychiatric departments in country's hospitals, as well as in the specialized psychiatric hospitals. In 2007 there are 641 hospital beds, available for psychiatric patients[22].

The disadvantages of this kind of service that make it unpopular among drug addicts are:

- drug users avoid staying in common departments with other psychiatric patients, as this deepens their stigmatization[23];
- personnel at state hospitals is described by drug users as unfriendly and material base as bad[24];
- hospital programs provide simple medical detoxification with no rehabilitation follow-up, which makes this kind of treatment poorly effective.

The latter statement could be supported by the data from the study "Treatment Demand and Barriers to Access Among Problem Drug Users in Bulgaria", 2007, which show that half of the interviewed problem drug users (n=893) have passed through two or more treatments in their lives (unsuccessfully, as they were continuing their drug use at the moment of interviewing), and the average number of treatments passed is 3. More than a half of all respondent, who have received treatment, have undergone in-patient or out-patient detox.

1.2 Methadone maintenance programs

Although the methadone maintenance is available in Bulgaria already for 12 years, its real development was observed only just in last couple of years. The first program was opened as a pilot project in 1995 and stayed such for nearly 10 years. It is located in Sofia and is run by the State Addictions Hospital. In 2007 it has 308 patients, which is a slow progress, as it started with 100 patients 12 years ago. This program is free of charge for patients and is completely funded by the Ministry of Health. In recent years two other state-run programs were opened in the cities Plovdiv – having now 105 patients, and Varna – for 150 patients. It must be clarified that methadone is a strictly regulated substance in Bulgaria, which is not registered for sales in the pharmacies and could not be prescribed widely by doctors. Maintenance programs could be opened following a special regulation of the Ministry of Health, by psychiatrists only, who have received training and have been certified by the National Center for Addictions. The methadone is purchased and provided to programs by the Ministry of Health.

[22] Tzveta Raicheva, Director of the National Center for Addictions (2007). The treatment of Addictions in Bulgaria, Presentation at a Public Debate "Treatment of Addictions – Opportunities and Problems", June 26, 2007

[23] Interview with Elena Yankova, executive director of the Initiative for Health Foundation, September 2007

[24] *Treatment Demand and Barriers to Access Among Problem Drug Users in Bulgaria*, National Focal Point, Initiative for Health Foundation, 2007, not published

In addition to three state-run programs, there are four private programs, where patients pay for their treatment. All of them are located in Sofia. If we have to summarize the picture of the methadone maintenance in Bulgaria: there are 5 programs in Sofia, one in Plovdiv and one in Varna and no one in any other part of the country. The total numbers of sites available is 1605 and the actual number of patients is 1185[25]. The difference could be explained with the free sites in some paid programs, which are more difficult to afford for some patients. The numbers are quite indicative for the deficiency of this type of service, having in mind that heroin users in Sofia only exceed 10,000. Methadone maintenance in state-run programs is not accessible even for local residents, because their capacity is full and they do not accept more patients. Paid programs, where existing, are available just for those, who can afford them – which is usually not the case for the most marginalized persons (homeless, poorest, having the riskiest behavior and the worst health). People outside the three mentioned cities do not have any access to this service at all, regardless their financial abilities. That's why it is not a surprise that substitution programs are the most desired type of treatment among problem drug users (for 46%), according to the study on Treatment Demand, 2007 (cited above). Though its worth-to-mention development in last years, methadone maintenance is still an unmet need of Bulgarian heroin users.

As it refers to HIV positive opiate addicts, it must be underlined, that these are easily and without formalities accepted in the state-run methadone programs immediately after their HIV status has been discovered. However this raises a question of keeping their confidentiality, as it is a well known fact among the group that easy and immediate access is possible only for HIV positive persons and pregnant women.

1.3 Rehabilitation programs

As already mentioned, long-term rehabilitation hardly follows most of the treatment option, provided in the country's healthcare system, which is not because such programs do not exist. The reason is that the available rehab programs – therapeutic communities and day centers – are usually provided by NGOs, or private companies, which are not directly linked to the healthcare facilities. The state-run healthcare programs lack funds to run such long term rehabilitation. According to data from the National Center for Addictions in June 2006 there are 125 sites available for rehabilitation of drug addicts (quite below the need), in 7 different programs. Two of these programs, with 15 sites each, are attached to state-run hospital detoxification programs – one in Sofia and one in Varna. Other five operate independently and are administrated mainly by NGOs. Like many other health and social services, provided by NGOs in the country, these also lack stable governmental funding, which makes their survival

[25] Tzveta Raicheva, Director of the National Center for Addictions (2007). The treatment of Addictions in Bulgaria, Presentation at a Public Debate "Treatment of Addictions – Opportunities and Problems", June 26, 2007

difficult and unsustainable, though they usually provide services of good quality and are able to focus more on mental health problems than on the medical part of the addiction problem. All of them are forced to charge clients for their services, as an only way to ensure financial sustainability. This makes them not accessible for all in need and hard-to-link to the free state-run detox programs, as a follow-up intervention.

1.4 Harm reduction

In 2007 there are 10 harm reduction programs for drug users in the country in the cities Sofia, Plovdiv, Varna, Burgas, Pleven, Blagoevgrad, Ruse, Pazardjik, Pernik and Kyustendil. All of them are run by NGOs and are now funded by the Ministry of Health, under Component 4 of the Program, Prevention and Control of HIV/AIDS, funded by the GFATM (see part IV. 1).

Harm reduction was introduced in the country relatively early for this region of Europe. The first program was started in 1999 in Sofia, by the Initiative for Health Foundation, with the financial and methodological support of the Open Society Institute. The next year – 2000 – the same donor provided funding to three other programs – in Burgas, Plovdiv and Pleven – and for a couple of years these were the only programs in the country, receiving financial support from foreign donors only.

The situation changed significantly in 2004 when the project of the GFATM made it possible to, first, enlarge this type of intervention and make it available in 10 cities, and second, ensure significant financial stability with five-year funding, coming from the government.

All the programs apply outreach approach to target the group of injecting drug users and in addition five of them also hold drop-in centers. The programs provide sterile injecting equipment and paraphernalia (syringes, needles, cookers, filters, disinfecting wipes, vein creams and others), distribute condoms, collect and destroy, used syringes, distribute health information materials, provide counseling and referrals to healthcare services. Four of these programs are equipped with mobile medical units – vans – and provide on-site blood testing for HIV, hepatitis B and C and Syphilis. All the programs work free of charge and anonymous, which makes their services accessible and low-threshold.

In last three and a half years (January 2004 – June 1007) the programs have reached 7033 injecting drug users[26].

It is worth mentioning that despite the general adverse legislative situation regarding drugs in the country (see part IV. 3), since year 2000 there is a special regulation of the Ministry of Health, arranging the operation of needle exchange

[26] Ministry of Health, Program "Prevention and Control of HIV/AIDS", http://www.aidsprogram.bg/

programs. Thus they can work legally, without being disturbed by the police. Still in some cities (Varna, Stara Zagora), there have been reports for serious troubles from the side of the police towards harm reduction interventions.

The main problems, related to harm reduction interventions are: they are still not available all over the country; they are applied by NGOs only, there is no drug addictions hospital or methadone program that offers sterile syringes; their funding is not guaranteed after 2008, when the GFATM's project will end.

2. Health Management of PLHIV

2.1 Voluntary counselling and testing (VCT) services

In September 2007 there are 19 stationary centers for voluntary counseling and testing for HIV, uniformly located in the major cities of the country. These offer free and anonymous pre- and post-test counseling, testing for HIV, hepatitis B and C and Syphilis, referrals to medical and social services, according to the needs, and, in some of them, diagnostics and treatment of sexually transmitted infections. Over 50,000 persons have used VCT services in the entire country since 2003 to June 2007[27].

I

2.2. Mobile HIV support clinics (can you include photo?)

The initiative of mobile support care started in the 90-es of 20th centure, when under a SOROS funded program, six mobile medical units equipped and specialised for work with sex workers were started in Sofia, Varna, Rousse, Plovdiv, Haskovo and Bourgas. All of them functioned under the auspices of the Ministry of Health. Their maintenance was delegated to a number of local NGOs and medical staff was provided by the local STI clinics. This allowed the MMUs to function as a bridge between sex workers, STI clinics and other public health and social services.

Within the framework of Program "Prevention and Control of HIV/AIDS" in 2005 12 mobile medical units (MMUs), providing free and voluntary counseling and

[27] Ministry of Health, Program "Prevention and Control of HIV/AIDS", http://www.aidsprogram.bg/

testing for HIV, were indorsed and are operating in different cities to reach vulnerable groups – injecting drug users, sex workers and Roma population, where outreach work is conducted. The MMUs provide services among the all of the marginalized target groups in this proposal – Roma community, CSWs, IDUs.

The units allow a venue (in a vehicle) for health education/risk reduction and prevention counseling and screening activities, including testing for HIV, syphilis and chlamydia to be conducted. The care provided in them focus on prevention, education, counselling and testing, psychosocial support, management of opportunistic infections, and antiretroviral therapy. These units are expected to refer those who are tested HIV positive to other institutions for further long-term counseling, treatment and support.

The MMUs are provided with appropriate equipment including gynecological chair, medical instruments, facilities for taking blood samples and diagnosis on spot when applicable, drugs for syndrome approach treatment. For cases which need a clinical care or hospitalization. Interactive health education and counseling on HIV, AIDS, STI, TB, contraception, safer sex, proper condom and lubricants use, safe injecting practices, and other important for the mental health issues are provided by the outreach workers and medical staff of the mobile medical unit (MMU) during individual sessions in appropriate place (street, outreach car, café, MMU). They carry equipment, medications, and supplies to provide voluntary counselling and testing and anti-retroviral therapy (ART) support services to clients in a confidential manner.

Each mobile HIV Unit is equipped with a multi-sectoral team of at least two persons – a medical professional, a tester and optional a psychologist or out-reach or social worker. Health services, provided in the MMUs for both insured and uninsured injecting drug users, sex workers and Roma population are voluntary, anonymous and free of charge. They include: VCT for HIV and STIs, medical check-ups, distribution of condoms, lubricants, sterile injecting equipment (including needles and syringes) and adapted educational and health information materials. These units enhance the Ministry of Health's response to HIV in underserved areas or make the access to VCT services for general public easier.

The mobile medical units follow a regular monthly route to ensure patients receive regular care and support at fixed locations, as each local site is visited twice a month by a MMU. The units also build capacity at community level for support groups and adherence support.

2.2 ARV treatment

The government of Bulgaria provides free of charge ARV treatment for all HIV-positive persons who need it. The treatment is completely paid by the state and

is not related to the health insurance system, which makes it available for all citizens, regardless their social and economical status. Healthcare for PLHIV is provided in the hospitals for infectious diseases, currently in three cities –Sofia, Varna and Plovdiv. The Ministry of Health plans to open three new departments for HIV/AIDS treatment – in Pleven, before the end of 2007, and in Stara Zagora and Burgas – during the following year[28]. The infectious diseases hospital in Sofia currently carries out medical surveillance of around 300 HIV positive people and provides ARV treatment to 180. The number of those under surveillance in Plovdiv is 25 and in Varna – 15. Confidentiality is guaranteed, though treatment can not be anonymous.

The Foundation "Kaspar Hauzer" runs one of the few centers for psychological and social care for PLHIV[29]. Its service is situated within the infectious diseases hospital in Sofia – the place, where the major part of PLHIV in the country receives help from. The team of the NGO consists of psychologists and social workers. Their services are offered to all patients who visit the hospital because of their HIV+ status. The NGO ensures "classical case management", as they call it, which includes: specialized therapeutic intervention for copying with the primary shock, after the HIV+ status is discovered; counseling for family members and partners; support for dealing with the medical therapy; support in obtaining benefits from the social system – pensions, etc. The services are free and are not anonymous, not because they cannot be, but because all the clients so far have been comfortable with providing their names. At present 228 persons keep permanent contact with the NGO.

There is one more center of this type, run by an NGO, to the ARV treatment program in Varna. "Kaspar Hauzer" is now funded by the Ministry of Health through the GFATM's project. It has arisen independently and for long time has been funded by foreign donors only. Unfortunately, the HIV problem is not recognized as a social problem on a country level and the Ministry of Labor and Social Policy hardly plays any role in the development of care programs for PLHIV.

It is hard to obtain information about the number of drug users, who are on ARV treatment, at least because they are not supposed to announce their drug dependence. According to the files of "Kaspar Hauzer" social workers, the NGO is keeping contacts with 11 drug addicts among its clients. The team however shared that they have received no training to work with drug users and this presents a serious challenge for them. According to their observations drug users are well accepted in the hospital and face no discrimination, but still lack some specialized services. For example those who are on methadone maintenance and have to be hospitalized in the HIV department cannot get their methadone dose in the hospital and have to be released (often every day) to visit the

[28] Interview with Pavel Malinov, Chairman, "Kaspar Hauzer" Foundation, August 2007
[29] All information below concerning the operation of "Kaspar Hauzer" Foundation is acquired through an interview with its chairman and staff members in August 2007.

methadone program. It is not clear however if this is a poor management from the side of the infectious diseases hospital, or of the methadone programs, which often require daily visits.

2.3 Mental health care for PLHIV

Apart from the NGOs, like “Kaspar Hauzer”, who provide basic social and psychological support, there are no specialized services for mental health care for PLHIV. Mental health problems of PLHIV are meant to be treated in the general psychiatric healthcare system. However, there is no data for psychiatrists and mental health care providers, specially trained to work with PLHIV. The staff at “Kaspar Hauzer” has organized training for healthcare providers, but not for mental health specialists. They even reported a case of an HIV positive person who has been denied hospitalization in a psychiatric hospital, because of his HIV status.

Professionals from governmental and non-governmental organizations, providing mental health services in Blagoevgrad admit that they lack training and information about HIV transmission and specific care for people with double diagnosis (psychiatric problems and HIV). So far in the local psychiatric dispensary there hasn’t been any case of a patient with HIV. The staff there shares concerns to work with such patients and they also recognize the lack of coordination between different institutions and services, working with different sides of the problem[30].

[30] Focus group with professionals from mental health services in Blagoevgrad, May 2007.

VI. MENTAL HEALTH NEEDS OF PLHIV/IDUs

Having the in mind the situation described above, it is already clear that HIV positive IDUs are provided with basic services, but there are still a lot of unmet needs.

One general great problem for PLHIV in the country is the poor economical status[31]. They often leave their jobs very soon after the discovery of their HIV status: due to the psychological shock and inability to deal with work, due to health problems, due to discrimination and necessity to hide their status, while in the same time they have to be away from the workplace regularly in order to visit the HIV hospital, etc. Some of them, but only when they have serious health injuries, are applicable for a disablement pension, which is however extremely low (85 BGN)[32]. The problem is even more severe for those who don't have treatment available in their city or near it and have to travel every month to the hospital in Sofia (or elsewhere). There is a regulation arranging the payment of these travel costs on behalf of the social system, though it was not working properly for many years. Since February 2007 the Ministry of Finance started to release funds regularly to the municipalities to pay the travel costs of people who need medical treatment in other city, so this problem is already addressed, though it is sometimes impeded by bureaucratic obstacles[33].

The problem with services not available in the city seems to be among the major obstacles for drug users living with HIV. In the cities Blagoevgrad and Bourgas – big cities with serious drug use problem – there are no methadone maintenance and HIV treatment programs. In both cities there is also a deficiency of professionals, trained to work with patients, having drug addiction problems and HIV[34]. IDUs, living with HIV in those cities are directed to Sofia or Varna (for those in Bourgas) for medical treatment of their drug problem and/or HIV problem. This prevents some of them to seek treatment mainly because they lack finances, i.e. the centralization of services presents a barrier to access[35].

In Sofia and Plovdiv, where both types of services are available, the barriers are mainly related to some bureaucratic requirements, difficult to respond to for many drug users.

"Our program is providing mobile blood testing for drug users, which makes this service accessible for many of them and in last years we were able to reach to a number of drug users with HIV. Our main problem is that many of them do not

[31] Interview with Pavel Malinov, Chairman, "Kaspar Hauzer" Foundation, August 2007
[32] Interview with Pavel Malinov, Chairman, "Kaspar Hauzer" Foundation, August 2007
[33] "A person, living with HIV in Burgas, sometimes has to wait for long and collect five signatures from different municipality representatives in order to receive funds for treatment travel costs." – Interview with Antoaneta Radeva, Executive director, Dose of Love Association, September 2007
[34] Interviews with Antoaneta Radeva, Executive director, Dose of Love Association, and Mariana Mirkova, coordinator of harm reduction program, OBF-Blagoevgrad, September 2007
[35] Focus group with professionals from HIV prevention services in Blagoevgrad, May 2007.

come back for their test results and we cannot even inform them about their HIV status. Another problem is that some, who have HIV and receive post-test counseling, refuse any follow-up services. Sometimes they do not care enough for own health, but sometimes it is an issue of heavy procedures. After they have been tested in our mobile unit, they have to visit the National Confirmation Laboratory for an official confirmatory test, then visit the infectious disease hospital and also visit the methadone program – all three located at different sites. For some of them, who are poorly educated and socially isolated (often even homeless), this is a very difficult step and they refuse, even when we suggest to accompany them. It is especially difficult for people from the Roma neighborhood, who rarely leave their community. It would be better to have a low-threshold service for them in the community – at least a methadone program, as it has to be visited daily", said Elena Yankova, executive director of Initiative for Health Foundation in Sofia.

"A serious difficulty for drug users living with HIV in Plovdiv is the insufficient number of sites envisaged for them in the methadone program at the Regional Psychiatric Dispensary. The lack of identification papers presents an insuperable barrier, impeding their acceptance in the program. The counseling, provided by HIV services (VCT center, Dermatological Dispensary and Infectious Disease Hospital) is not adapted to the characteristics of the HIV positive Roma persons specifically, to their social, ethnic and religious belonging. The post-test counseling must be "translated" into understandable language for them. There is a lack of individual approach and sometimes even open discrimination toward Roma." These impressions were shared by Assia Stoyanova, director of "Panacea" Foundation – an NGO, providing harm reduction services and HIV counseling and testing for drug users in Plovdiv.

The problems arising from bureaucracy and discrimination were confirmed during and interview with anonymous 30-years old HIV positive drug user in Sofia[36]. His HIV status was discovered in 2005 by the mobile team of the Initiative for Health Foundation. Soon after that he was accepted in the methadone maintenance program at the State Addictions Hospital. *"Before that, I was staying in the waiting list for the program for long. When they accepted me, I said to the doctor: "Was it necessary to catch this illness, so that you accept me finally?"* He is generally satisfied with the program. However, he has never visited the infectious disease hospital for HIV treatment, though he was intensively motivated to do so by the social workers at the Initiative for Health and the nurse, who is his case manager at the methadone program. *"I am embarrassed to go there because I have wounds and abscesses on my leg after injecting. In the past I have sought help for this in "Pirogov" and "ISUL"[37], where they treated me very bad, because I am a drug user, I had no identity card, no health insurance."* Obviously bad former experience with the healthcare system is a serious obstacle for this man to seek HIV treatment, even after he's been explained that it wouldn't require

[36] Carried out in September 2007.
[37] Big hospitals in Sofia.

health insurance or any finances. Another problem is that he doesn't have identity card even now, which would make impossible every attempt to enter treatment program, while the remoteness of the hospital is not a problem for him. Asked about his needs, he replied that it would be good to get a pension and this could motivate him to approach the treatment program.

VII. CONCLUSIONS AND RECOMMENDATIONS

The following **strengths** could be extracted, related to the (mental) health problems among PLHIV, who inject drugs, in Bulgaria:

1. There is a well developed and formulated national policy toward PLHIV and drug users, through the national AIDS and drugs programs. Prevention activities care and support programs for them are recognized at all levels of strategic planning.
2. There is a relatively well developed system for HIV prevention among drug users (harm reduction) and voluntary counseling and testing, which guarantees respect to human rights (despite the adverse legislation, the care system guarantees anonymity and confidentiality and no mandatory measures are taken for testing or registrations of drug users).
3. ARV treatment is available and guaranteed by the governmental funds for all, who need it.
4. There are good practices developed of specialized programs for social and psychological support of PLHIV. The example for that is the program run by “Kaspar Hauzer” Foundation.
5. In last four years prevention, counseling and testing and psycho-social programs are financially supported by the Ministry of Health, which indicates the involvement of the government and fosters the sustainability of these programs.

Still, some **weaknesses** deserve attention:

1. National policies are not always supplied with necessary funding. A negative example is the national drug program.
2. Treatment of drug addictions is underdeveloped and often hardy accessible for many drug users, especially for those staying at the lowest social level (poorest, with no health insurance, uneducated, etc.), who in the same time are the carriers of the riskiest behavior and are mostly vulnerable to HIV.
3. The restrictive legislation towards drug users impedes prevention measures and facilitates falling in jails, which is an additional risk factor for the spread of blood and sexually transmitted infections.
4. The medical care for PLHIV is still quite centralized and thus hardly accessible for many.
5. Obviously the HIV problem is recognized and treated mainly as a medical, but not as a social problem. The social policy of the country and the relevant structures (Ministry of Labor and Social Policy) don’t play any role in the care programs for PLHIV. This determines the significant social problems faced by PLHIV (unemployment, poverty, etc.).
6. The programs for psychosocial support of PLHIV are very few and experience difficulties to work with drug users, due to lack of training. The good example for that is the program run by “Kaspar Hauzer” Foundation”.
7. There are no services prepared to work with drug users with HIV (for example combining ARV and methadone maintenance), which at the

moment could be explained with the low number of HIV positive drug users, but could provoke problems if this number increases significantly.
8. The existing care programs are usually high-threshold and thus are difficult to use for people in a socially isolated position.

Good **opportunities** for future development could be:

1. The low number of HIV infected persons – among drug users, as well as in the general population, as a main and most important opportunity. This advantage must be used for broad application of effective and comprehensive prevention, treatment, care and support.
2. The plans for expanding of ARV treatment (see part V. 2.2) are promising in regard to current difficulties, related to centralization of services.
3. The models already developed by NGOs in the sphere of prevention and care for drug users and PLHIV could be used and multiplied for broader coverage of the country.

Possible **threats** are:

1. The issue of long-term sustainability of HIV prevention and care programs. Except the medical treatment, all other programs at the moment are funded by the government thanks to the GFATM grant, which will end after 2008. There are no indications so far that the state or the municipalities are prepared to support the programs with funding. In the same time foreign donors are withdrawing from the country because of its advancing economical development.
2. The treatment and care services are not well prepared to work with socially isolated groups – for example illiterate, homeless, having no ID, etc. – which could give rise to various problems if the number of HIV positive drug users suddenly increases.

The following **recommendations** could be drawn from the above conclusions:

<u>To governmental institutions and decision makers:</u>

1. Ensure sufficient and sustainable governmental funding for the implementation of national programs on AIDS and drugs.
2. Foster the system for drug addiction treatment, ensure various treatment options and make them available for all drug users. To a great extent this depends on the accomplishment of the abovementioned recommendation.
3. Reconsider the benefits and adverse consequences of the restrictive drug policy and suggest reforms.
4. Develop the methadone maintenance treatment, as a tool for effective and comprehensive HIV prevention. Programs must be developed in a much broader scale and adapted to different target groups. Low-threshold programs are needed for isolated communities (Roma neighborhoods), adapted to their needs and characteristics.
5. Decentralize medical care for PLHIV and distribute it evenly to achieve geographic coverage.

6. Foster social programs for PLHIV – include PLHIV among the priority groups of the programs for social welfare. Funding must be ensured by the Ministry of Labor and Social Policy for the care programs for PLHIV.
7. Prepare appropriate services for patients with double problem – drug addiction and HIV. This would include training of staff, minimized bureaucracy, and ensured two-side services (foe example ARV and methadone) at one place.

To non-governmental organizations and service providers:

1. Explore and multiply existing models of specialized programs for social and psychological support of PLHIV.
2. Organize a research on the obstacles and barriers to HIV services through the perspective of HIV positive drug users.
3. Collaborate actively with healthcare services to ensure better access and conditions for socially isolated groups.
4. Use existing social support programs to carry out social services for PLHIV and foster the incorporation of the HIV problem among the priorities of the social policy.

To GIP staff:

1. Conduct a research among mental health specialists on their understanding of the HIV problem and their preparedness to work with PLHIV.
2. Train and sensitize general mental health specialists on topics related to HIV.
3. Provide training to psychosocial support programs for PLHIV on how to work with drug users.
4. Conduct a need assessments research among PLHIV on their mental health needs.

Annex 1

List of key informants:

1. Elena Yankova – Executive director, Initiative for Health Foundation, Sofia – face-to-face interview
2. Assia Stoyanova – Executive director, Panacea Foundation, Plovdiv – interview by email
3. Tony Mileva – Chairpersons, Better Mental Health Foundation, Varna – interview by email
4. Antoaneta Radeva – Executive director, Dose of Love Association, Burgas– interview by email
5. Mariana Mirkova, coordinator of harm reduction program at OBF – Blagoevgrad – interview by email
6. Pavel Malinov – Chairperson, Kaspar Hauzer Foundation, Sofia and staff at the foundation – face-to-face interview
7. Anonymous HIV positive drug user from Sofia, recruited through the outreach program of the Initiative for Health Foundation– face-to-face interview
8. Focus group with professionals in the area of HIV/AIDS in Blagoevgrad

Annex 2

Questionnaire 1

Asia Staianova, Elena Iankova, Toni Mileva

1. How many IDUs get HIV therapy (if you give numbers, please say if they are official or they are from your personal assessment)? Are they including in the methadone program as well? How do they manage to combine the two programs?
2. What are the basic difficulties of PLHIV and IDUs in you town? Which services are working with them?

What are the basic needs of PLHIV and IDUs in your town? What would be considered as a change agent?

Questionnaire 2

Antoaneta Radeva and Mariana Mirkova

1. Where and what kind of services receive HIV positive people and IDU in your town?
2. What are the basic issues and difficulties that PLHIV and IDUs have in your town?
3. What are the basic needs of PLHIV and IDUs in your town? What would be considered as a change agent?

Questionnaire 3

Target group

1. What kind of services do you receive since you were tested positive and where do you receive them?
2. Are you satisfied of the services you receive?
3. What are your reasons for not searching for HIV therapy? Would you start looking for such therapy if it was situated closer to you or were in the same place as methadone program?
4. What are your needs?

Questionnaire 4

Pavel Malinov, Chairperson of Foundation working with PLHIV „Kasper Hauzer"

1. What kind of services is your centre provide for HLHIV? Are there similar programs in the country?
2. How government supports programs for psychological care and services for PLHIV?
3. What are relationships with the system for mental health care in your country? Have you ever provide training for psychiatrists who are working with PLHIV?
4. Does your program working with drug users? How those people are treated in the states hospitals?
5. What are the basic need and problems of PLHIV in Bulgaria?

Focus group questionnaire for professionals working with PLHIV:

1. According to you which are the most serious problems of PLHIV?
2. According to you what kind of attitude has people towards those living with HIV/AIDS?
3. According to you is there have been taken action towards:

- Fight against stigma and discrimination
- Integration of PLHIV

4. Are there people who have enough information about HIV/AIDS?
5. According to you which are the ways of improvement the social information load?
6. Do you organization working in the field of HIV/AIDS only or you have other related activities too?
7. According to you in which direction should things start to change?
8. Do you know what is the situation in Bulgaria and how many HIV infected there are in the country by the moment?
9. Do you thing that you can initiative some activities by your self or you prefer to become a part of community activities in order to prevent spread of HIV infection?
10. Do you have any information about national politic toward prevention of spreading the HIV infection; towards discrimination of PLHIV?
11. If a member of your family becomes a HIV infected will you be agree to take care of him/her at you home?
12. If you know that the sells person for you grocery store is HIV positive will you continue to bye food from this store?
13. If a teacher is HIV positive do you think that he/she will be permit to continue his work in the school?
14. If a member of your family is a HIV positive would you like to keep than in secret?

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Mission Statement on Mental Health and HIV/AIDS

Mental Health and HIV/AIDS

Mental illness is inextricably linked to HIV/AIDS, as a causal factor and as a consequence, while mental health treatment and support for people living with HIV/AIDS is key to both improving their quality of life and preventing the further spread of the infection. The issue is of particular concern to Central and Eastern Europe and the Newly Independent States, where the AIDS epidemic is growing fast while rates of mental illness are also rising, and the resources and facilities available to treat both conditions pose major challenges.

Address the needs

The GIP Mental Health & HIV/AIDS Network is a project of the Global Initiative on Psychiatry that addresses the often-overlooked connection between mental health and HIV/AIDS. The Network supports efforts to improve the quality of life and to diminish the suffering of people with HIV/AIDS. The Network strives for increased knowledge regarding the cross-over between mental health and HIV/AIDS, and promotes the development of a comprehensive system of mental health assistance to people affected by HIV/AIDS. Furthermore, it supports efforts to increase understanding of the general public and health professionals and to decrease stigma associated with mental illness and HIV/AIDS. The Network works through local expert centres that focus their work on research and training, advocacy and awareness building, networking and a wide variety of other interventions.

Global Initiative on Psychiatry

Global Initiative on Psychiatry aims to promote humane, ethical, and effective mental health care throughout the world, and is particularly active in countries where mental health care is still usually substandard and service users' human rights are frequently violated. The work is based upon the underlying values that every person in the world should have the opportunity to realize his or her full potential as a human being, notwithstanding personal vulnerabilities or life circumstances. Every society, accordingly, has a special obligation to establish a comprehensive, integrated system for providing ethical, humane and individualized treatment, care, and rehabilitation, and to counteract stigmatisation of, and discrimination against, people with mental disorders or histories of mental health treatment.

Project Mental Health and HIV/AIDS in South Eastern Europe, the Caucasus and Central Asia

Global Initiative on Psychiatry believes that every person in the world should have the opportunity to realize his or her full potential as a human being, notwithstanding personal vulnerabilities or life circumstances. Every society, accordingly, has a special obligation to establish a comprehensive, integrated system for providing ethical, humane and individualized treatment, care, and rehabilitation, and to counteract stigmatization of, and discrimination against, people with mental disorders or histories of mental health treatment. An enlightened services system promotes mutually respectful partnerships between persons who receive services and those who deliver them, protects the human rights of users and the ethical autonomy of service providers, and facilitates the engagement of users, families, and all other stakeholders in advocating for and achieving improvements in the quality of care.

Recognizing that these aspirations remain everywhere unfulfilled, and that the rights and needs of persons with mental disorders are particularly vulnerable to infringement and neglect, the mission of Global Initiative on Psychiatry is to promote humane, ethical, and effective mental health care throughout the world and to support a global network of individuals and organizations to develop, advocate for, and carry out the necessary reforms.

Global Initiative on Psychiatry has been commissioned by the Ministry of Foreign Affairs of The Netherlands to run this innovative project. Its overall aim is to improve the quality of life and reduce the suffering of people in the region with HIV/AIDS who also have mental health problems, and of their partners, carers and families. HIV/AIDS is a major problem in the target countries of the project and is either taking the form of an epidemic, or runs the risk of developing into one. High quality care and recent innovations in treatment are often not available, while the nature and severity of the illness often leads to serious mental health problems for those infected as well as their partners, families and friends. HIV-positive people who are depressed or suffering other psychological problems such as drug and alcohol abuse are less likely to follow treatment/prevention regimes and more likely to behave in risky ways. In addition, some people with a mental illness or a learning disability are at greater risk of being infected. This cluster of interacting problems deserves special attention but is mostly neglected worldwide. In the target countries, due to the double stigma and lack of local resources, assistance can currently only be initiated with external expertise and funding. The focus of the project, which runs from January 1, 2005 until December 31, 2008, is to establish a network of expert centres on mental health and AIDS in the region. The countries in Phase 1 are Georgia, Kyrgyzstan and the Republic of Moldova. The Phase 2 countries are Armenia, Azerbaijan, Bulgaria, Kazakhstan, Serbia and Tajikistan.

The centres' role is to:

- develop and implement destigmatization and education programs for people with HIV/AIDS, carers, families and the general population;
- train professionals in mental health aspects of HIV/AIDS;
- develop effective ways of dealing with HIV/AIDS-related mental health problems;
- conduct research on epidemiology and needs assessment;
- act as resource centres with easy access to relevant publications and learning materials.