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by the Reitox National Focal Point

"POLAND"
New Development, Trends and in-depth information on selected issues

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Summary *prepared by Artur Malczewski, Marta Struzik, Ewa Sokołowska, Dawid Chojecki, Michał Kidawa*

The history of drugs and drug addiction in Poland goes back to the 1970s and since then the use of illicit psychoactive substances and related problems have been monitored. Despite methodological limitations related to the nature of the phenomenon as well as the availability and credibility of some data, the picture of the size of drug problem and trends in drug use are becoming increasingly accurate.

Demand for drugs can be measured by drug use prevalence. One of the sources of information is the national questionnaire survey on alcohol and drug use in school youth conducted according to the methodology of ESPAD studies. The aim of the 2007 survey (Sierosławski, 2007c) was to measure prevalence of psychoactive substances among young people at the age of 15-16 and 17-18 years old. The results indicate a higher prevalence of licit than illicit substances. In illicit substances a relatively far high prevalence was noted in relation to cannabis. The research results show decrease or stabilisation of prevalence of illicit substances. Especially according to amphetamine, the decrease of prevalence of this illicit substance is higher than decrease of prevalence of cannabis. Both experimenting with illicit substances and occasional use is more prevalent in boys than girls. Most young people are well-oriented in terms of health and social risk related to using psychoactive substances. Although there are still high rates of substance availability, in comparison to previous measurements the rates are lower. The decrease of availability refers to both licit and illicit substances.

Another source of information on drug use is the study conducted on a national random sample of Poles. In 2006 the second edition of the research project on the prevalence of psychoactive substances and Poles' attitudes towards alcohol and drug-related problems was launched (Sierosławski, 2006) (the first study was conducted in 2002). The results of this edition show that marijuana still remains the most prevalent drug. The occasional drug use trend levelled off. The results also revealed downward trends in the availability of drugs and a slight rise in people exposed to drug offers, especially cannabis. No increase in drug driving trends were noted. Similarly to 2002 drug addicts are considered ill people who need treatment and care.

Trends in drug addiction understood as regular use causing serious problems e.g. mental and behavioural disorders can be monitored on the basis of statistical data of residential psychiatric treatment. The number of drug patients at specialist clinics and hospital wards was rising steadily in previous years. But in 2006 the residential treatment system admitted almost the same number of patients as in 2005 (13320 clients in 2005 and 13198 in 2006). The percentage of first-time patients decrease to 49,1% (in 2005 – 52,7%). The sex distribution of patients admitted to residential treatment didn't

change in 2006 – the percentage of women was 24% (23,6% in 2005). Changes were also noted in the age structure, in 2006 the percentage of patients aged 16-24 fell to 40,7% (45,3% in 2005), whereas the percentage of the oldest group (45 and older) increased to 15,9% (13,6% in 2005). Since 2001 we have been observing an annual percentage increase in patients aged 25-34. Lower percentages of younger age groups might imply that the trend is starting to level off. the most numerous patient group is still opiate users (17,1%), then in numerical order come users of tranquillisers and sleeping pills (10,2%), stimulants (7,8%), cannabis (2,9%) and inhalants (1,3%). The remaining categories of patients do not exceed 1%. It is worth stressing that 60% of drug patients fall into the category of “miscellaneous and undefined substances”.

The latest estimation of the number of problem drug users is based on the 2006 study results (Sierosławski, 2007a). The methodology background of the study was the „benchmark method” with use of nomination techniques from the GPS survey. According to this estimation the number of problem drug users ranges between 100 000 and 125 000 and the number of problem opiate users is estimated at about 25 000 – 29 000.

One of the most serious drug-related health problems are infectious diseases. The results of the 2005 study “Incidence estimation of infectious diseases (HBV, HCV, HIV) among IDUs” (Rosińska, 2005) show that incidence rates in Poland are comparable with those recorded in Europe. In the study group HCV infection rates occurred twice more often than HIV infection rates. HCV antibodies were detected in 57.9% of the study participants compared to 24.1% of the participants with HIV antibodies. It must be stressed that only about a third of HCV respondents knew they were positive, which increases their risk of unaware virus transmission. The results showed that HBV, HCV and HIV infections are facilitated by increased exposure to blood as well as socio-economic status of injecting drug users and engaging in risky behaviour such as sharing the same needles and syringes. Nationwide data on the number of HIV infections and AIDS cases reported to Sanitary and Epidemiological Stations, including those related to drugs come from the National Institute of Public Health - National Institute of Hygiene. The number of routinely reported new HIV infections in injecting drug users has been falling in recent years. AIDS morbidity among injection drug users also showed a downward trend in 2003-2006. However, in 2007 more AIDS cases were reported. The 2008 data will show whether the 2007 growth is a temporary fluctuation or permanent decline of the downward trend. In interpreting the above data one should pay attention to the fact that in a number of reported HIV cases there is no source of infection stated, which is likely to be using psychoactive substances.

The most dramatic consequences of using drugs are fatal overdoses. The source of information on this subject is the register of the Central Statistical Office. Death cases have been extracted according to ICD-10 codes: F11-12, F14-16, F19, X42, X44, X62, X64, Y12 and Y14. In recent years in Poland we have been observing stabilization of the trend and

since 2002 the number of deaths has been falling. In 2006 we recorded a decrease in the number of drug-related deaths. In 2005 there were 290 death cases and in 2005 241.

Pursuant to Article 26.5 of the Act of Law of 29 July 2005 on Counteracting Drug Addiction the services of drug treatment, rehabilitation and re-adaptation are provided for a drug addict free of charge, regardless of his or her place of residence. Health care for drug addicts is based on the network of outpatient and inpatient clinics that hold the status of public or non-public health care units. Outpatient clinics (predominantly Prevention and Addiction Treatment Centres) constitute the first link of intervention and psychological assistance. The health care system for persons addicted to narcotic drugs is still dominated by long-term and mid-term inpatient forms of treatment. A tendency to shorten therapy is being observed. Inpatient clinics are mainly located beyond urban areas and they run treatment and rehabilitation programmes based on the therapeutic community model. The other forms of assistance for drug addicts were provided through detoxification wards, day care centres for addiction treatment, addiction treatment hospital wards, harm reduction programmes, therapeutic wards for addicts at prisons and re-entry programmes. Selected centres also provided services for dual diagnosis patients. In 2007 there were together 1230 places in 15 programmes of substitution treatment. 3 programmes were also run in remand centres. In 2006 (the latest data) in Poland 32 109 persons entered outpatient treatment due to the drug problem. In the same year inpatient treatment admitted 13 198 patients.

Information on supply of drugs in Poland comes predominantly from drug enforcement agencies. Operational and intelligence actions are performed by the Police, the Border Guard, the Military Police and the Internal Security Agency. Offences listed in the Act of Law on counteracting drug addiction include illegal manufacture of drugs, drug trafficking, introducing drugs to trade, possession of narcotic drugs and psychotropic substances and cultivation of illicit plants for the purpose of drug manufacture.

Since 2000 we have been recording a dramatic upward trend in the number of detected crimes against the Act of Law on counteracting drug addiction. As a result of amending the Act in 2000 the structure of detected crimes changed. The number of crimes related to illegal drug possession is rising the fastest. In 2005 the total of 67 560 offences against the Act of Law on counteracting drugs were detected and in 2006 – 70 202. However last data from 2007 showed a decrease in the number of detected crime. We recorded 63 007.

Part A: New Developments and Trends

1. National policies and context *prepared by Michał Kidawa, Danuta Muszyńska, Beata Policha.*

1.1. Legal Framework

The basic anti-drug legal act remains the Act of Law of 29 July 2005 on Counteracting Drug Addiction. In the course of further adapting and harmonizing legislative solutions the Minister of Health in the reporting year issued a regulation that lays down the rules and principles of providing substitution treatment. The necessity to introduce a new regulation resulted from the emergence of the new Act of Law in 2006. The regulation does not introduce any new solutions into the drug outreach system.

- **Law implementation**

In 2007 a study was performed in order to analyze the status of the provisions of the Act on drug possession in the judicial reality. The study was conducted by Prof. Krzysztof Krajewski of Jagellonian University upon initiative of the PROBACJA Society with financial support if the International Harm Reduction Development / Open Society Institute and the European Commission as part of the project titled "Connections – Integrated responses to drugs and infections across European criminal justice system" (Krajewski, 2008). Since 2000 Polish law has been rather restrictive in relation to the possession of drugs. Any amount of drugs possessed constitutes a punishable act. Such provisions were introduced in order to reduce drug supply and as a reaction to the emergence of the black market in drugs in Poland in the 1990s.

The study used the files method. Court files of offences against the Article 62 of the Act of Law on Counteracting Drug Addiction (and Article 48 of the Act of 1997) were analyzed. The analysis included a sample of 102 (out of 417) Krakow court trials related to violating Articles 62 and 48. 108 perpetrators were identified.

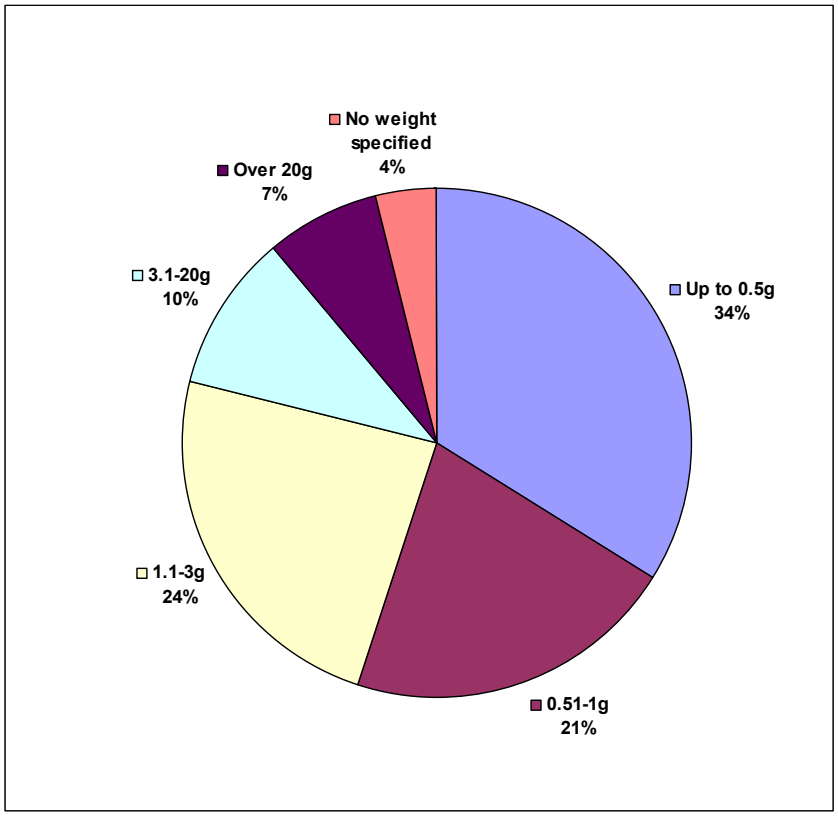
Overview of drug-related offences

The first surprise comes when we analyze the day of committing the crime. As the analyses show offences against the drug possession article are most often committed in the middle of the week and not at the weekend as one would expect. 21 offences were committed on Tuesday, 18 on Wednesday (a third of all the offence committed); whereas the crime count reached 14 on Friday and 13 on Saturday. The author of the study explains this fact with the variations in the weekly operation pattern of drug users and law enforcement representatives. Policemen concentrate on combating crime in the week and drug users mainly occasional (experimental) users become active, for

obvious reasons, at weekends. Similar interesting results emerge in the course of crime detection manner analysis. 60% of the offences were detected by way of routine procedures (road check, patrol service) and not special police operations. Only 19% of cases were the result of the police operational activities. In the study sample the majority of offences were accidental so it can be suspected that the detainees were experimental users rather than dealers. The substances identified most often were cannabis (47.5%, n=67) and amphetamines (34.7%, n=49).

Again interesting results emerge when we analyze the weight of the offence-related substances (Figure 1). As the chart shows more than 55% of cases in Krakow courts concerned possession of one gram of cannabis and 79% of cases concerned possession of up to three grams. 17% of cases concerned amounts considered commercial i.e. more than 3 grams. In most European countries possession of up to three grams is regarded as drug possession for private purposes.

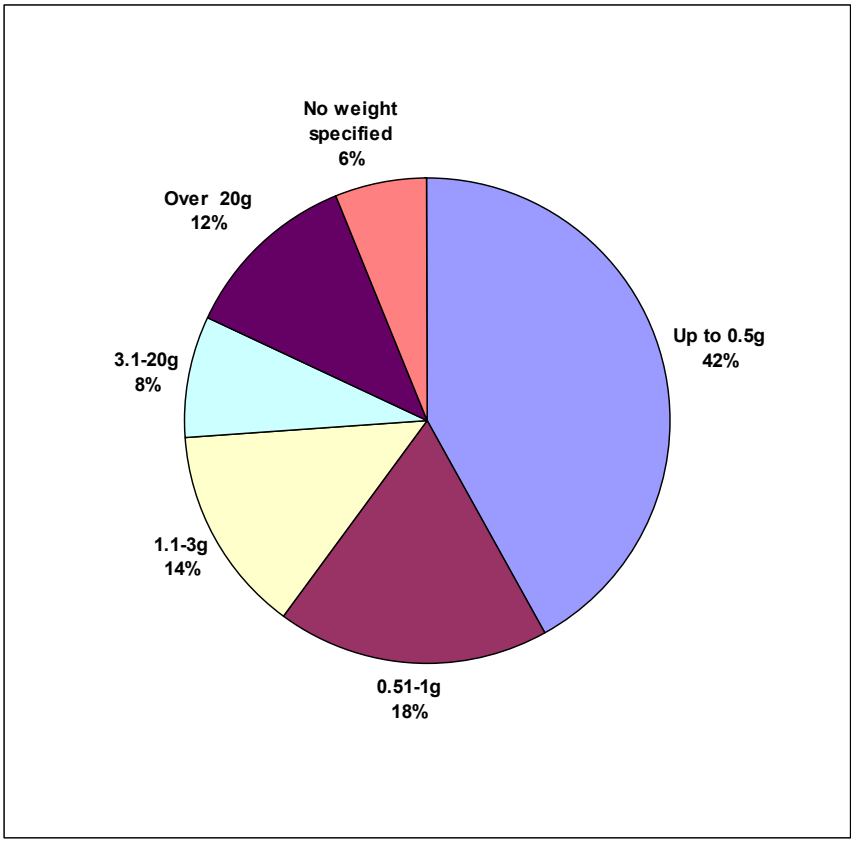
Figure 1. Weight of possessed marijuana.



Source: Krajewski (2008)

A similar picture emerges when we analyze the data concerning amphetamine where 60% of cases concerned possession of up to 1 gram and 74% of up to 3 grams.
Only in 20% of cases amounts of amphetamine were might have indicated an intention to introduce the substance to trade or supply it to another person.

Figure 2. Weight of possessed amphetamine.



Source: Krajewski (2008)

To conclude the weight analysis of the substances in particular cases judged the study period at Krakow courts it must be noted that the majority of cases are not indicative of drug possession with intent to introduce a narcotic drug to trade or supply it to another person.

Classification and judicial decision making

Out of the cases under study 13% were classified by courts of law as possessions of substantial amounts of substances (related to tighter penal sanctions). The majority of cases (65%) were classified as the basic type and only 20% as minor cases. When we juxtapose these data with the results of the drug weight analysis a conclusion emerges that the courts present a rather restrictive approach to drug possessors. However, it is still more liberal than the approach of the prosecution. According to the indictment files 82.4% of cases were classified as the basic type, 11.1% as possession of substantial amounts and only 6.5% as minor cases.

It is clear that in a considerable number of cases courts reduced gravity of the charges. Krajewski points to the lack of unambiguous criteria for qualifying minor offences. It is important to identify the weight amounts for respective drugs, which would make the law interpretation consistent in this field.

Another element often analyzed is the question of judicial decision making. Due to a fairly simple character of such cases in terms of proving guilt over 77% of perpetrators were sentenced. In 49% of cases the decision was made pursuant to Article 333 of the code of criminal procedure (sentence without trial) and in 12% pursuant to Article 387 of the code of criminal procedure (voluntary subjection to penalty).

As regards the sentences imposed by the courts, in 63% of cases the courts passed suspended penalties of deprivation of liberty. In 21% of cases a fine was imposed, in 9% of cases a penalty of deprivation of liberty was imposed and in 7% a penalty of limitation of liberty.

The study revealed certain defects of the justice system in terms of pursuing prevention and treatment policies. The Polish legal system provides a number of solutions in this respect. As the analyses show such solutions are rarely adopted.

Suspension of criminal proceedings in order to refer a perpetrator to therapy (Article 72 of the Act) was used twice in the cases under study. Similar situation occurred in courts (Article 73 of the Act). Considering the fact that 45% of the perpetrators were drug users and 18% were addicted persons this number should be regarded as low.

Moreover, according to Article 71.1 in the event that an addicted person is sentenced for committing an offence in relation to the use of narcotic drugs and the execution of the penalty is suspended he or she ought to be referred to specialist drug treatment by the court of law. In the light of the abovementioned data it seems even stranger that the referral to obligatory treatment pursuant to Article 71 was made only in four cases.

Commentary

The study by Krajewski was conducted on a small sample and only in one setting. Consequently, extrapolating the results to the whole country must be approached with caution. However, the results provide interesting insights and introduction to a discussion on the deficiencies in the Polish justice system in the context of experimental and addicted drug users. The study is an interesting beginning to the analysis on a wider, more representative sample of files on a national scale. An undisputed advantage of such research is the identification of deficient areas and based on the results the possibility of developing and implementing legislative and organizational solutions that would make the system work more efficiently in this respect. The study became an invitation to a wider discussion on the introduction of certain modifications to the legal system in terms of ways of conduct with experimental and addicted drug users by the prosecution and courts of law. At present a special team by the Minister of Justice has been appointed to design an amendment package to the Act of Law on counteracting drug addiction.

1.2. Institutional framework, strategies and policies

In order to ensure better coordination of the implementation the National Programme for Counteracting Drug Addiction three work teams were appointed at the beginning of 2007: 1) international cooperation team, 2) drug precursors team, 3) National Programme for Counteracting Drug Addiction implementation team. The teams were appointed as advisory bodies to the National Council for Counteracting Drug Addiction.

- **International cooperation team**

The team comprises representatives of the following institutions: Ministry of Justice, Ministry of Internal Affairs, Ministry of Foreign Affairs, Ministry of National Defence, Police Headquarters, State Sanitary Inspectorate, Main Pharmaceutical Inspectorate, Ministry of Finance and National Bureau for Drug Prevention. The team is concerned with monitoring international initiatives in counteracting drug addiction, coordinating and monitoring activities of Polish entities in this respect. The main goal of the team is to coordinate activities between the international and the national level. Sessions take place quarterly. The agendas include motions and discussions on the Polish stand at the planned international cooperation meetings under CND and HDG as well as conferences and developments related to international cooperation.

- **Drug precursors team**

The team comprises representatives of the following institutions: State Sanitary Inspectorate, Main Pharmaceutical Inspectorate, Bureau for Chemical Substances and Preparations, Police Headquarters, Border Guard Headquarters and National Bureau for Drug Prevention. Major tasks of the team include developing a complex system of control over trade in precursors, initiating changes in terms of extending the list of substances under control, developing legal acts on trade in precursors, running a database of manufacturers, wholesalers, importers and exporters of drug precursors, developing an information exchange system and initiating cooperation with representatives of the chemical and pharmaceutical industry through organizing trainings and conferences as well as initiating strategic and organizational solutions ensuring effective control over drug precursors. In the reporting period the team concentrated on initiating cooperation with the chemical and pharmaceutical industry. The framework was worked out and strategy for activating representatives of the industry in order to more effectively and tightly exercise control over trade in precursors.

- **National Programme for Counteracting Drug Addiction implementation team**

The team comprises representatives of the following institutions: Ministry of Education, Ministry of Justice, Ministry of Foreign Affairs, Ministry of National Defence, Ministry of Finance, Police Headquarters, State Sanitary Inspectorate, Main Pharmaceutical Inspectorate and National Bureau for Drug Prevention. Representatives of the Bilateral Commission of the Government and Local Authorities also participate in the team's proceedings. The team aims at exchanging information on problems related to the implementation of the National Programme for Counteracting Drug Addiction, initiating actions and works on new solutions reducing demand and supply of narcotic drugs, psychotropic substances and substitute substances, participating in works related to developing legal acts concerning counteracting drug addiction and preparing reports for the purposes of the Council.

In the reporting period the team focused on coordinating interdepartmental programmes as the basis for the implementation of the national programme.

1.3. Budget and public expenditure

- **In law enforcement, social and health care, research, international actions, coordination, national strategies**

The implementation of the National Programme for Counteracting Drug Addiction (NPCDA) is often an indirect effect of the primary activities of an institution which perform the NPCDA tasks under their statutory obligations. Therefore detailed calculation of the overall expenditure incurred in the course of counteracting drug-related problems is not feasible, similarly to the previous year. Some institutions do not have separate budgetary resources allocated to the performance of the drug combating task. Other institutions while performing the National Programme tasks made use of additional financial resources coming from other sources.

Below we present the expenditure incurred in relation to the implementation of the National Programme for Counteracting Drug Addiction in 2007. Comparisons between 2006 and 2007 in terms of the NPCDA implementation were made in Polish zloty (PLN). In brackets an equivalent amount in Euros was given. The amounts in Euros were converted from PLN of 2006 and 2007 with the average conversion rates of 2006 and 2007.

On the basis of the information contained in the table it can be concluded that the overall expenditure on the implementation of the National Programme for Counteracting Drug Addiction in 2007 stood at PLN 136 490 664.47 (EUR 36 108 641.41[1]). Although this amount is lower compared to the previous year (PLN 320 433 570.85 PLN –

[1] Average conversion rate in 2007 according to the National Bank of Poland stands at EUR 1 = PLN 3.78; in 2006 EUR 1 = PLN 3.89.

EUR 82 373 668.60 in 2006) it cannot be concluded that the NPCDA implementation expenditure was reduced. This year, unlike the previous one, the NPCDA expenses were not reported by the Police Headquarters and the Central Management Board of Prison Service. In 2006 the Police Headquarters disbursed PLN 160 000 000 (EUR 41 131 105.4 i.e. 60% of the overall amount incurred by the central institutions in the course of the NPCDA implementation in 2006) and the Central Management Board of Prison Service nearly PLN 10 000 000 (EUR 2 471 582.42). Consequently, it is impossible to unambiguously determine that the expenditure on the implementation of the NPCDA in 2007 is lower than that of 2006.

Table 1. National Programme for Counteracting Drug Addiction expenditure in 2007 (in EUR)

No.	Institution	NPCDA expenditure (in PLN)
1.	Central Management Board of Prison Service	No data available
2.	Medical Centre for Postgraduate Studies	4 761.90
3.	Methodological Centre for Psychological and Pedagogical Assistance	3 707.34
4.	Centre for Monitoring Quality in Health Care	No data available
5.	General Inspector of Financial Information	No data available
6.	Main Pharmaceutical Inspector	No data available
7.	State Sanitary Inspection	No data available
8.	Central Statistical Office	No data available
9.	Bureau for Chemical Substances and Preparations	92.59
10.	Military Health Service Inspectorate	60 846.56
11.	Institute of Psychiatry and Neurology	282 910.05
12.	Police Headquarters	No data available

13.	Border Guard Headquarters	84 087.92
14.	Military Police Headquarters	228 362.22
15.	National Bureau for Drug Prevention	2 951 322.75
16.	National AIDS Centre	11 375 661.37
17.	Ministry of National Education	659 983.57
18.	Ministry of Infrastructure (Transport)	No data available
19.	Ministry of Culture and National Heritage	190 476.19
20.	Ministry of Science and Higher Education	No data available
21.	Ministry of National Defence	48 093.91
22.	Ministry of Labour and Social Policy	No data available
23.	Ministry of Internal Affairs and Administration	25 689.73
24.	Ministry of Justice	No data available
25.	Ministry of Transport	No expenditure
26.	Supreme Chamber of Nurses and Midwives	410.05
27.	National Institute of Public Health (State Institute of Hygiene)	1 376.39
28.	Branches of National Health Fund	5 991 975.48
29.	State Prosecutor	No data available
30.	Communal governments	13 021 273.8

31.	Provincial governments	1 172 186.84
32.	Customs service	No data available
33.	Provincial Pharmaceutical Inspectorates	5 422.75
		Total: EUR 36 108 641.41

Source: Minister Zdrowia (2008)

In 2006 central institutions disbursed PLN 266 383 201.06 (EUR 68 475 967.88). Excluding the expenditure of the Police Headquarters and the Central Management Board of Prison Service, the expenditure of central institutions in 2006 amounted to PLN 96 768 745.46 (EUR 24 873 280.06). This is the amount that can be referred to when comparing the 2007 expenditure of central institutions, which amounted to PLN 82 839 383.47 (EUR 21 915 180.81). At the central level a decrease of 15% in the expenditure can be observed.

The National Health Fund allocated PLN 22 649 667.31 (EUR 5 991 975.48) to the implementation of the National Programme for Counteracting Drug Addiction. The NHF expenditure rose from PLN 20 320 001.70 (EUR 5 375 661.82) in 2006 to PLN 22 649 667.31 (EUR 5 991 975.48) in 2007. A rise in the expenditure was recorded for the first time since 2004.

Compared to 2006 the local governments recorded a slight decrease in the NPCDA expenditure from PLN 51 557 299 (EUR 12 714 664.56) in 2006 to PLN 49 220 415 (EUR 13 021 273. 81) in 2007. Within this expenditure the highest expenses were made in the field of drug prevention, i.e. PLN 43 843 405 (EUR 11 598 784.39). Compared to the previous year there was a fall in the spending proportion in relation to drug treatment, rehabilitation and harm reduction. On the other hand there was an increase in the expenditure on prevention, research and monitoring as well as evaluation.

Summing up, the expenditure incurred on the implementation of the National Programme for Counteracting Drug Addiction in 2007 was higher in the field of demand reduction, especially prevention, both at the central level (e.g. Ministry of National Education) and local (Marshal Offices).

In 2007 the Ministry of Health allocated an amount comparable to that of 2006 (PLN 10 248 000 = EUR 2 634 447.30) to the tasks related to counteracting drug addiction. It was PLN 10 923 000 (EUR 2 889 682.54). It was fully allocated to the implementation of the National Programme for Counteracting Drug Addiction.

- **Funding arrangements**

Financial resources for the implementation of the NPCDA are calculated on the basis of annual budgets of institutions designated to perform such tasks. In some of these institutions the expenditure on combating drug problem is impossible to calculate because these institutions perform NPCDA tasks along with performing their statutory tasks and as such they are not clearly named in their budgets as dedicated to counteracting drug addiction.

At communal level as a result of new legislative solutions a new source of financing anti-drug activities was stipulated. The new Act of Law of 29 July 2005 on Counteracting Drug Addiction and the Act of Law of 26 October 1982 on Upbringing in Sobriety and Counteracting Alcoholism make it possible to finance communal programmes for counteracting drug addiction from alcohol licence fees.

In relation to legislative solutions governmental institutions both at central and local levels may finance projects and activities taken by non-governmental organizations or other institutions whose statutory tasks are connected with health promotion and care, charitable work, science, education, upbringing, physical culture, public order and security, social pathology prevention as well as promotion and organization of voluntary work.[2]

[2] Following documents form the legal basis for financing actions of counteracting drug addiction:
1) Act of Law of 29 July 2005 on counteracting drug addiction (Journal of Laws 2005.179.1485),
2) National Programme for Counteracting Drug Addiction 2006-2010 (Journal of Laws 2006.143.1033),
3) Regulation of the Minister of Health of 20 August 1996 on organizing and promoting mental health and preventing mental disorders (Journal of Laws 1996.112.537),
4) National Health Programme 2007-2015, Operational Goal No. 5,
5) Act of Law of 30 August 1991 on health care facilities (Journal of Laws of 1991 No 91 item 408 as further amended),
6) Act of Law of 27 August 2004 on health care benefits financed from public resources (Journal of Laws No. 210 of 2004, item 2135 as further amended),
7) Act of Law of 19 August 1994 on mental health care (Journal of Laws of 1994, No. 111, item 535 as further amended),
8) Regulation of the Council of Ministers of 20 December 2004 on way and mode of financing from the state budget health care benefits provided for uninsured beneficiaries (Journal of Laws No. 281, item 2789)
9) Act of Law of 26 November 1998 on public finances (Journal of Laws of 2003 No. 15 item 148 as further amended),
10) Regulation of the Minister of Health of 13 November 2000 on the National Bureau for Drug Prevention (Official Journal of the Ministry of Health of 2000, No. 2, item 44),
11) Act of Law of 24 April 2003 on public welfare and voluntary work (Journal of Laws No. 96 item 873).

1.4. Social and cultural context

In 2007 the National Bureau for Drug Prevention launched an informative campaign addressed to young party goers titled “Pilnuj drinka - Watch Your Drink”. The campaign focused on the substances used for criminal purposes (e.g. GHB, ketamine, rohypnol), i.e. to intoxicate victims with intent to commit a rape, robbery or another offence through mixing the substances into drinks. The nationwide campaign involved 80 clubs and discotheques in the biggest Polish cities. It was conducted through framed posters hung in club toilets. In order to intensify and promote the message an accompanying online banner campaign was launched on websites often visited by young people. All components of the campaign featured the website address www.pilnujdrinka.pl, where information was posted on “criminal” substances, their dangerous effects along with counselling how to get protected against and what to do in case of falling victim to such a crime. The National Bureau invited cooperation of all provincial governments and party-workers. 14 000 copies of the poster “Watch Your Drink” were printed and distributed among local governments. The campaign met with great interest both on the part of media and local governments. It will be continued in 2008.

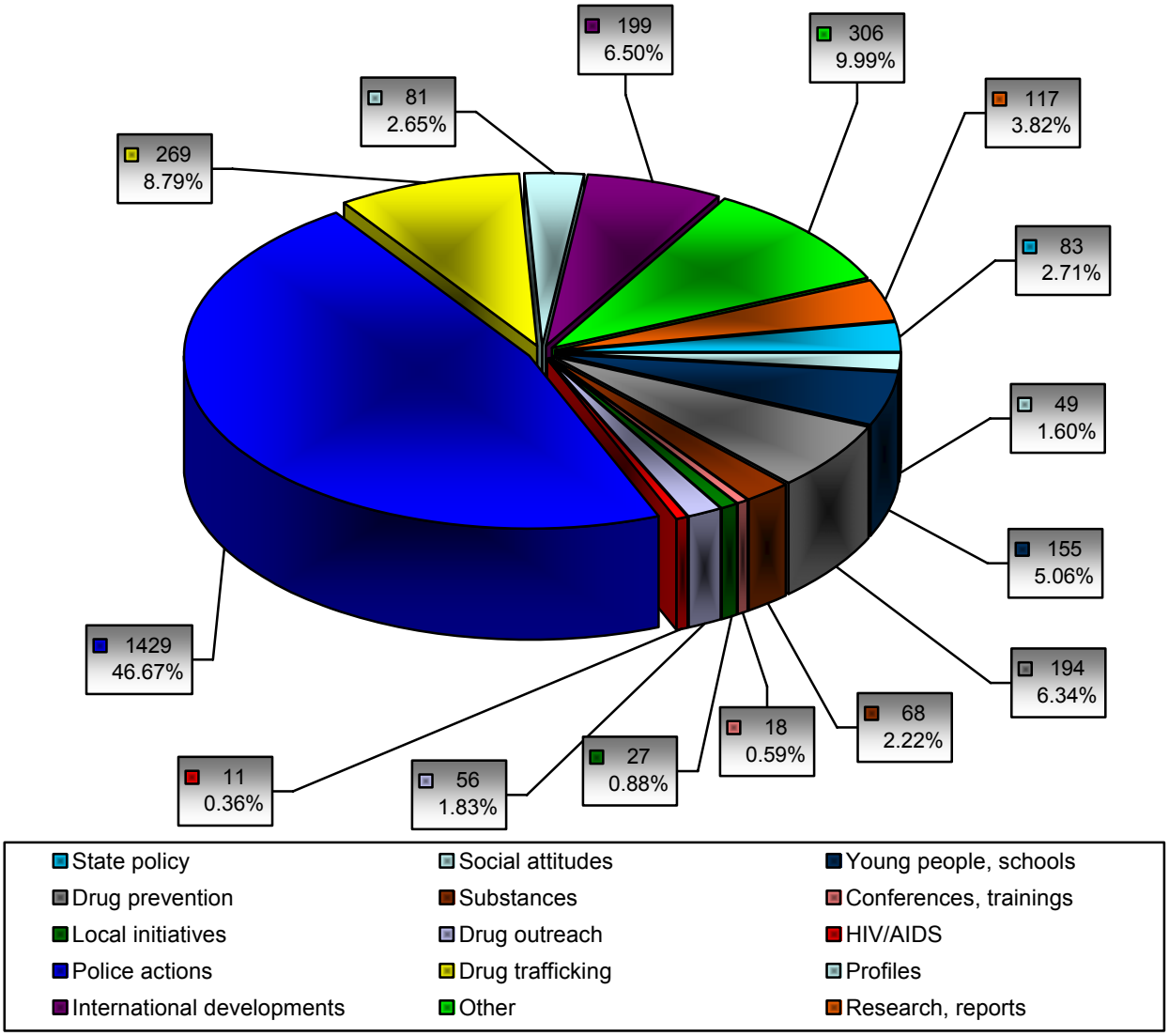
For many years now the National Bureau for Drug Prevention has been monitoring the press in terms of information on drugs and drug addiction. Press monitoring covers 190 press titles. These include both nationwide and regional daily newspapers as well as a variety of other periodical publications. All the press releases are analyzed and then published in a periodical review entitled “A selection of press articles on drugs and drug addiction.” As the information in the articles refers to various aspects connected with the of drug phenomenon, it is divided into the following thematic:

- Police activities – this is usually information about people prosecuted because of producing or dealing drugs. These press reports often include events from trials of people charged with illegal manufacture and trade as well as police actions which resulted in detention of drug dealers,
- Trafficking – information about cases of drug trafficking that have been prevented and legal action taken against the perpetrators,
- Drug prevention – this group includes information about activities that have been undertaken in order to prevent drug addiction, articles aimed at educating the society about drugs and drug-related risk as well as reports about prevention activities and anti-drug campaigns in progress,
- Conferences, trainings – press reports about conferences and training schemes related to the drug problem,
- Problems connected with HIV/AIDS – articles dealing with people infected with HIV and suffering from AIDS in the context of drug addiction,

- State policy – information about changes in legislation and courses of the government anti-drug policy,
- Local initiatives – articles about activities undertaken by local authorities in the field of drug prevention,
- Drug outreach – articles and reports about various form of help provided for the addicted, information about facilities offering assistance to problem drug users,
- Young people, school – publications about drug use among young people attending schools at different levels of the education system, ways of dealing with the problem by school authorities, information about preventive activities aimed at school youth,
- Social attitudes – press publications presenting opinions and attitudes of people towards drugs, drug addiction and the addicted as well as articles initiating discussion in this matter,
- Research, reports – these include articles and information about the results of research that was conducted into the phenomenon of drugs as well as scientific publications on research into substances,
- Substances – articles presenting the effects of particular narcotic substances along with the consequences of taking them, also information about new substances emerging on the drug market,
- Profiles – press information concerning drug outreach professionals as well as reports about celebrities, usually sportsmen or actors detained because of or suspected of using drugs,
- International developments – reports about the drug problem in other countries,
- Other – various articles and press reports about the drug problem that are hard to classify.

In 2007 the papers under monitoring featured 3 062 reports about drugs and drug addiction. Compared to 2006 there was a fall of 8% in the number of reports. The pie chart below contains numerical and percentage breakdown of articles classified under the respective thematic fields.

Figure 3. Number of press releases on drugs and drug addiction in specific thematic fields in 2007.

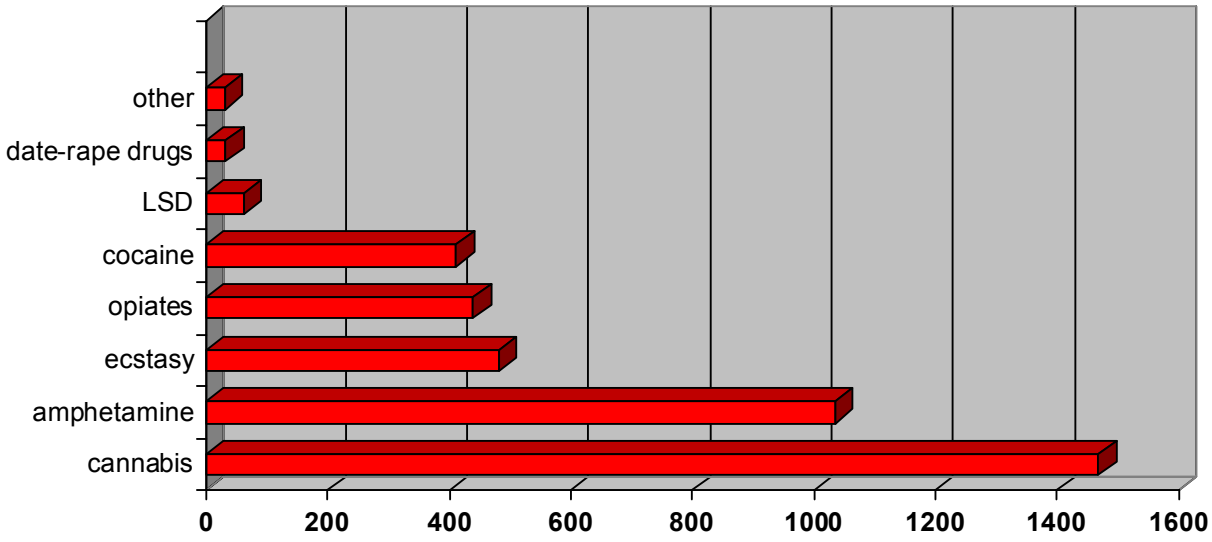


Source: Analyses of press articles – on the basis of regular reports in 2007

Just like in previous years police press reports were dominated by drug-related crime. Police actions related to detection of crimes such as drug dealing, manufacture, illegal hemp cultivation and drug trafficking accounted for more than a half (55%) of all the articles shown in the breakdown. This situation is comparable to that of the previous year. In some areas a decrease in press reports was noted compared to the previous year, which is the case in the fields of drug use in schools, drug prevention or social attitudes and opinions on drug-related issues. The greatest fall in the number of press reports (2%) was observed in the area of local initiatives. The biggest increase (3%) was recorded in the section “Other”, which is points to the review of this form of classification.

The analysis of the press reports was also performed in terms of specific types of psychoactive substances mentioned in the press. Similarly to the previous years, out of all inhalants listed in the press in 2007 the most prevalent was cannabis (Indian hemp, marijuana, hashish), then came amphetamine, ecstasy, opiates (heroin, morphine, opium, poppy) as well as cocaine. Compared to 2006 the press reports relatively often dealt with drugs used for criminal purposes the so-called “date-rape drugs”, mainly due to the informative campaign titled “Watch Your Drink” launched by the National Bureau. The campaign focused on the safety of young people during music performances in clubs and discotheques. The term “Other” comprised such substances as hallucinogenic mushrooms, anabolic steroids, psychotropic drugs, mescaline, datura. These substances were mentioned in small numbers during the year.

Figure 4. Ranking of psychoactive substances featured in 2007 drug-related press reports



Source: Analyses of press articles – on the basis of regular reports in 2007.

2. Drug Use in the General Population and Specific Sub-groups

prepared by Beata Policha, Artur Malczewski

2.1. Drug use in the general population

- **"Psychoactive substances, attitudes and behaviours 2006"**
  Author of the study: Janusz Sierosławski

The latest drug prevalence general population survey was conducted in 2006. The results of the survey were described in detail in the 2007 National Report so in this chapter we will present an overview of the study results.

The survey titled "Psychoactive substances, attitudes and behaviours" (Sierosławski, 2006) was conducted on a sample of 1 365 Polish residents inhabitants aged 15-64. According to the population composition the sample included more women (50.3%) than men (49.7%). In terms of education the largest group was constituted by secondary school graduate, the least numerous group comprised primary school graduates. 56.3% of the respondents were brought up in urban areas, whereas 43.7% grew up in rural areas. 30.4% considered themselves non-believers and 69.6% were regular church-goers.

The 2006 survey results show that the first place on the prevalence scale in terms of experimentation is occupied by cannabis, i.e. marijuana or hashish. 9.0% of the respondents have tried it at least once in their lifetime. The recent users make up 2.7% while 0.9% admitted to using cannabis in the last 30 days. The second place in terms of prevalence is occupied by amphetamine – 2.7% of experimental users, 0.7% of recent users and 0.2% of current users. The third place belongs to ecstasy – respectively 1.2%, 0.3% and 0.1%. Then come hallucinogenic mushrooms - respectively – 1.0%, 0.1% and below 0.05%. The remaining substances do not reach the level of 1% as far as experimenting is concerned.

Table 2. Drug prevalence in a lifetime, last 12 months and last 30 days – percentages of respondents aged 15-64.

	Lifetime	Last 12 months	Last 30 days
Cannabis	9,0	2,7	0,9
LSD	0,9	0,1	0,0
Amphetamines	2,7	0,7	0,2
Hallucinogenic mushrooms	1,0	0,1	-
Ecstasy	1,2	0,3	0,1
Crack	0,2	0,0	-
Cocaine	0,8	0,2	0,1
Heroin	0,1	0,1	0,0
„Kompot"	0,2	-	-
Anabolic steroids	-	-	-
Other	0,4	0,1	0,0

Source: Sierosławski (2006)

While analyzing the age of the respondents in the lifetime prevalence category the biggest group of illicit substance users is the age group 15-24. The exception is crack, which is most often used by users aged 35-44, cocaine 25-34 and kompot 45-54. Respondents aged 55-64 apart from cannabis did not indicate any other substances used in their lifetime. Men use illicit psychoactive substances much more often than women (except women aged 25-34 using LSD, hallucinogenic mushrooms and crack).

The overall percentage of respondents who had used any drugs in the last 12 months stood at 3.1% in the 2006 sample and 2.6% in the 2002 sample. Only 0.4% (2006) and 0.2% (2002) of the respondents belonged to the group of people who in the last 12 months had not used cannabis and used other illicit substances.

As far as the age of the last 12 months respondents is concerned the most numerous group were users aged 15-24. The older users aged over 35 apart from using cannabis and amphetamines (age group 35-44) did not indicate any other substance used in the last 12 months. There were no significant differences between the 2002 results and the 2006 results. The gender differences in 2006 did not vary much – both men and women aged 35 and older had hardly ever used illicit substances.

Kompot, crack and hallucinogenic mushrooms emerge in lifetime experiences, whereas in the questions about the last 12 months or 30 days they are hardly present. Needless to say, it does not mean that in Poland there are no current users of these substances. However, there so few that even in a very large sample they are impossible to capture.

The comparison of the 2006 and the 2002 surveys yields the following conclusions:

1. the occasional prevalence rates in the age group 16-54 indicate stabilization of the trend,
2. cannabis are used most commonly; amphetamine and ecstasy appear relatively often; the remaining substances are considerably less popular,
3. the occasional drug use, in a statistical sense, is promoted by such features as being single, having no children, living in a town or city with more than 50K residents, being a pupil or a student as well as lack of religious commitment.

- **“Social diagnosis 2007. Living conditions and quality of life in Poland”**
  Editor of the study: Janusz Czapiński

The “Social diagnosis 2007” survey was edited by Prof. Janusz Czapiński of University of Finance and Management (Czapiński, 2007). The project aimed at finding out about the situation of households, attitudes, spirits and behaviours of household members. All significant aspects of Poles’ lives were included – both economic (income, material wealth, savings, credits) and non-economic (education, treatment, insurance, coping with problems and stress, lifestyle, pathological behaviour, taking part in cultural events, using modern IT solutions and many others).

The first study was conducted in 2000, then another one 3 years later to be followed by two more within two-year breaks. The survey was always carried out in March. The survey included two questionnaires. One concerns living conditions of households and it us completed by the interviewer during an interview with an informed household member. It provides information on the structure and living conditions of the household as well as socio-demographic qualities of its members. The other questionnaire is intended for individual completion by all available members of the household. They must be at least 16 years of age. The questionnaire provides information on the quality of life of respective respondents.

In 2007 8 076 households were surveyed including 27 305 members and 20 312 individual respondents. The respondents were asked about using drugs. The percentage of the study participants who admitted to using drugs fell to 1.01% in 2007 compared to 1.20% in 2005. However, it was still higher than in 2003 (0.87%).

In the light of this research the most drug-endangered group are men aged up to 24. However, risk in this group has been falling in recent years, unlike the group of the youngest women. Drug consumption drops dramatically when both men and women turn 35.

Table 3. Yearly drug prevalence – percentages of respondents by gender, age, place of residence, education and professional status in 2003, 2005, 2007.

	2007	2005	2003
Total	1.01	1.20	0.87
Gender			
Men	1.63	1.62	1.36
Women	0.50	0.50	0.45
Age			
up to 24	3.95	3.24	3.96
25-34	1.55	2.23	1.29
35-44	0.56	0.49	0.10
45-59	0.06	0.27	0.08
Place of residence			
Cities over 500K	1.55	1.64	1.98
Cities 200-500K	2.00	1.19	1.80
Cities 100-200K	1.19	1.61	0.63
Cities 20-100K	0.65	1.31	0.64
Towns <20K	1.39	0.94	0.65
Villages	0.57	0.59	0.46

Education			
Primary and lower	0.41	0.50	0.52
Vocational/upper-primary	1.38	1.06	0.60
Secondary	1.16	1.45	0.81
Higher and post-secondary	0.72	1.01	0.72
Social and professional status			
Public sector	0.34	0.44	0.31
Private sector	1.60	1.32	1.31
Businessmen	1.53	1.50	0.23
Farmers	0.23	0.24	0.22
Disability benefit beneficiaries	0.64	0.70	0.36
Pensioners	0.03	0.13	0.18
Pupils and students	3.82	3.44	4.34
Unemployed	1.03	1.82	1.45
Other professionally passive	1.01	1.02	0.79

Source: Czapiński (2007)

2.2. Drug use in the school and youth population

- **HBSC survey 2006**

Authors of the study: Mazur,J., Woynarowska, B., Kołoło, H.

In February and March 2006 the HBSC survey was conducted in Poland (Mazur,J., Woynarowska, B., Kołoło, H., 2007). The study focused on young people aged 11, 13 and 15. The sample source was a school class. 5 489 pupils of 272 classes of 246 schools were surveyed. The sample rate was 81.8%, which makes the study representative. The number of classes surveyed in each province corresponded to the province share in the country population.

The questions about drug use were listed in the questionnaire for the youth aged 15. The study results show that cannabis use is more prevalent in urban areas than rural areas. The rates are higher by almost 10%, 78.5% of city pupils have never used this drug compared to 86.5% of village pupils. The rates concerning boys and girls are higher in the city than the country. In the case of boys they are slightly higher. The rates of city girls they are far higher

(using once or twice – 9.9% in the city and 4.4% in the village or using 3-5 times – 3.0% in the city and 1.1% in the village).

Table 4. Lifetime cannabis prevalence rates in school youth aged 15 (2006).

	Never	1 – 2 times	3 – 5 times	6 – 9 times	10 -19 times	20 – 39 times	40 times or more
Total	81.5	9.2	3.2	1.8	1.6	0.9	1.7
Boys	76.0	10.8	4.3	2.5	2.0	1.5	3.0
Girls	86.6	7.8	2.3	1.1	1.3	0.4	0.6
City	78.5	10.8	3.6	1.9	1.8	1.1	2.2
Boys	73.7	11.8	4.1	2.8	1.9	1.8	3.8
Girls	83.0	9.9	3.0	1.1	1.8	0.5	0.7
Village	86.5	6.5	2.7	1.5	1.2	0.6	0.9
Boys	79.8	9.0	4.6	2.0	2.0	1.0	1.5
Girls	92.3	4.4	1.1	1.1	0.4	0.2	0.4

Source: Mazur, Woynarowska, Kołoło (2007)

Similarly to lifetime cannabis prevalence, the last 12 months rates are also higher in cities. Gaps between village girls and city girls using this drug are much wider compared to boys of both categories 3.2% of city girls have tried this drug 3-5 times in the last 12 months. In villages this rate stood 0.7%. In total 86.6% of the study participants have not used cannabis in the last 12 months.

Table 5. Cannabis prevalence rates in the last 12 months in school youth aged 15 (2006).

	Never	1 – 2 times	3 – 5 times	6 – 9 times	10 -19 times	20 – 39 times	40 times or more
Total	86.6	6.9	2.6	1.3	1.0	0.6	0.8
Boys	81.5	9.1	3.1	2.2	1.8	0.7	1.7
Girls	91.3	5.0	2.2	0.6	0.3	0.5	0.1
City	84.4	7.8	3.2	1.6	1.1	0.8	1.1
Boys	79.7	9.5	3.3	2.7	1.9	0.9	2.1
Girls	88.8	6.2	3.2	0.7	0.3	0.7	0.1
Village	90.3	5.5	1.7	0.8	0.9	0.2	0.5
Boys	84.7	8.4	2.8	1.3	1.5	0.3	1.0
Girls	95.2	3.1	0.7	0.4	0.4	0.2	0.0

Source: Mazur, Woynarowska, Kołoło (2007)

The results concerning cannabis use in the category "never" in the last 30 days range between 90.6% (city boys) and 98.5% (village girls). In total 3.5% of the survey participants have used cannabis once or twice in the last 30 days, 5.1% of city boys and 0.9% of village girls. The prevalence rates in the category 6 times and more do not exceed 1%.

Table 6. Cannabis prevalence rates in the last 30 days in school youth aged 15 (2006).

	Never	1 – 2 times	3 – 5 times	6 – 9 times	10 -19 times	20 – 39 times	40 times or more
Total	94.2	3.5	1.1	0.4	0.2	0.2	0.4
Boys	91.8	4.7	1.3	0.7	0.5	0.4	0.7
Girls	96.4	2.5	0.8	0.1	0.0	0.0	0.2
City	93.0	4.2	1.3	0.5	0.3	0.3	0,4
Boys	90.6	5.1	1.5	0.9	0.6	0.6	0.7
Girls	95.2	3.5	1.1	0.1	0.0	0.0	0.1
Village	96.3	2.4	0.7	0.1	0.1	0.0	0.4
Boys	93.8	4.1	1.0	0.3	0.3	0.0	0.5
Girls	98.5	0.9	0.4	0.0	0.0	0.0	0.2

Source: Mazur, Woynarowska, Kołoło (2007)

Most experimental cannabis users state their drug initiation age at 15 – 7.8% of all the study participants. The data indicate a slightly lower initiation age in the city. 5.9% of the city participants have used cannabis at the age of 14 while the corresponding rate in the village stands at 1.7%.

Table 7. Initiation age rates of cannabis use in youth aged 15 (2006).

	Never	11 or less	12	13	14	15	16 or more*
Total	82.6	0.6	0.8	2.2	4.3	7.8	1.7
Boys	77.1	0.7	1.0	3.4	5.5	9.7	2.6
Girls	87.5	0.6	0.6	1.2	3.2	6.0	0.9
City	79.8	0.6	0.6	2.3	5.9	8.7	2.0
Boys	75.3	0.7	0.9	3.4	7.2	9.9	2.7
Girls	84.0	0.5	0.4	1.4	4.7	7.7	1.4
Village	87.3	0.6	1.1	2.0	1.7	6.1	1.3
Boys	80.4	0.5	1.3	3.3	2.5	9.4	2.5
Girls	93.2	0.7	0.9	0.9	0.9	3.3	0.2

Source: Mazur, Woynarowska, Kołoło (2007)

*concerns participants who have already turned 16 upon study

In the light of the survey most participants do not know anybody who uses psychoactive substances other than tobacco, alcohol or cannabis. Other categories were “almost nobody” or “some”. The category “all” was ticked by less than 1% of the survey participants, except city boys (1.2%).

Table 8. Opinions of school youth aged 15 on the number of schoolmates using psychoactive substances other than tobacco, alcohol or cannabis (%).

	Nobody	Almost nobody	Some	Most	All
Total	60.3	23.2	12.3	3.7	0.5
Boys	62.5	22.3	10.9	3.3	0.9
Girls	58.3	23.9	13.6	4.0	0.2
City	55.6	25.2	14.0	4.6	0.6
Boys	57.4	25.7	12.0	3.7	1.2
Girls	53.9	24.7	15.9	5.4	0.1
Villages	68.2	19.8	9.6	2.1	0.4
Boys	71.4	16.6	8.9	2.6	0.5
Girls	65.4	22.6	10.1	1.8	0.2

Source: Mazur, Woynarowska, Kołoło (2007)

- **ESPAD survey 2007**

  Author of the study: Janusz Sierosławski

Poland has been participating in the international ESPAD project (European School Survey Project on Alcohol and Other Drugs) for 12 years. The first measurement was conducted in 1995 on a sample of first-graders and second-graders of post-primary schools. The following editions were held in 1999, 2003 and 2007. In 2005 an study providing data necessary for the evaluation of the National Programme for Counteracting Drug Addiction 2006-2010 was conducted. The study used a modified ESPAD questionnaire and an additional questionnaire to be completed by teachers.

The latest ESPAD survey (Sierosławski, 2007c) was conducted in May and June 2007 on a nationwide pupil sample of two grades: one aged 15-16 (3rd grade of upper-primary school) and 17-18 (2nd grade of secondary schools). The implementing institution was the Institute of Psychiatry and Neurology upon commission of the State Agency for Solving Alcohol Related Problems and the National Bureau for Drug Prevention.

Aim of the survey

The survey aimed at measuring the prevalence of psychoactive substances school youth. The prevalence of illicit substances was surveyed. The availability of legal and illegal substances was measured; questions were asked about attitudes towards various psychoactive substances as well as prevalence of alcohol use. The survey also focused on alcohol use patterns and the scale of the alcohol problem. The report is available at the websites of the National Bureau for Drug Prevention www.kbpn.gov.pl (Epidemiology section) and the State Agency for Solving Alcohol Related Problems www.parpa.pl/?subL=2&checkL=1002.

Methodology

The 2007 survey included a random sample of 3rd graders of upper-primary schools (gimnazjum) and 2nd graders of secondary schools. A standard self-completion questionnaire was used. The survey featured questions about personal experiences related to each substance separately. It is worth stressing that anonymity was ensured both in individual students and whole schools. In the latest edition the questionnaire was modified, consequently some countries participating in the project, including Poland, decided to use the previous edition of the questionnaire in order to obtain data comparable with the previous years as well as measure the variations between the new and the previous questionnaire. The results were shown based on the questionnaire used in the previous surveys which included 2 231 3rd graders of upper-primary schools and 2 249 2nd graders of secondary schools. Among the survey 2nd graders of upper-primary schools there were 47.2% of girls and 52.8% of boys. In the group of 3rd graders of secondary schools there were 48.3% of boys and 51.7% of girls.

The sampling procedure consisted of three stages. First, the communes were randomly selected, then schools and finally classes. The survey included all pupils present in class. The sampling procedure involved layering/clustering by the type of school.

Experimental drug use

We will begin the survey overview with the experimental prevalence, which is at least single use of a psychoactive substance in a lifetime. The cannabis experimenting was reported by 15.7% of 2nd graders and 27.9% of 3rd graders. Second came non-prescription tranquilizers and sleeping pills (15.6% in the younger group, which almost the same rate as in the case of cannabis, and 19.0% in the older group). In upper-primary school pupils third came inhalants (8.2%), whereas in secondary school pupils it was amphetamine (7.8%). The fourth place in the younger group was occupied by amphetamine (3.8%) and in the older group it was inhalants (6.8%). In the group of upper-primary school the following places

(prevalence rate at 2% and higher) were taken by ecstasy(2.5%), anabolic steroids (2.0%) and hallucinogenic mushrooms (2%). In the pupils aged 17-18 the prevalence rate of over 2% was recorded for ecstasy (4.2%), anabolic steroids (3.5%), hallucinogenic mushrooms (2.9%), LSD (2.7%) and cocaine (2.5%). In the case of inhalants the prevalence rate was higher in the younger age group.

The analysis of the four ESPAD survey editions (1995, 1999, 2003, 2007) indicates a decline in the upward experimental trend in licit and illicit substances in both age groups. It refers to almost all substances other than alcohol and tobacco in both upper-primary and secondary schools. We will take a look at the cannabis trend, which the most prevalent illicit substance.

In 1995-2003 we observe a clear rise in cannabis experimental users, in 1999-2003 the rise was less dynamic in the younger age group. In turn, in the older group in 1999-2003 there was a sharp increase in cannabis users. In 2003-2007 we record a fall in cannabis users in both age groups.

The survey results show that there is a gender gap in psychoactive substance use both in upper-primary school pupils and secondary school pupils. Psychoactive substance use is more prevalent in boys. The only psychoactive substance more prevalent in girls is tranquilizers and sleeping pills.

Table 9. Lifetime prevalence rates.

Grade	Substance	1995	1999	2003	2007
3rd graders of upper-primary schools	Marijuana or hashish	10.1	15.1	19.2	15.7
	Inhalants	10.4	9.1	9.3	8.2
	Non-prescription tranquilizers or sleeping pills	18.5	18.3	17.3	15.6
	Amphetamine	2.9	7.4	6.0	3.8
	LSD or other hallucinogens	1.9	4.0	2.5	1.8
	Crack	0.5	1.0	1.6	0.9
	Cocaine	0.8	1.9	2.2	1.8
	Relevin	0.4	0.6	1.0	0.8
	Heroin	0.8	5.7	1.8	1.4
	Ecstasy	0.8	2.8	2.8	2.5
	Hallucinogenic mushrooms			3.5	2.0
	GHB			0.8	0.5
	Anabolic steroids	2.8	3.4	2.9	2.1
	Polish heroin (kompot)			2.3	1.8

2nd graders of secondary schools	Marijuana or hashish	17.1	22.4	36.7	27.9
	Inhalants	7.9	5.4	6.3	6.8
	Non-prescription tranquilizers or sleeping pills	20.8	20.8	20.1	19.0
	Amphetamine	2.8	10.5	15.4	7.8
	LSD or other hallucinogens	2.7	3.5	4.2	2.7
	Crack	0.4	0.8	1.4	1.4
	Cocaine	0.8	1.8	2.4	2.5
	Relevin	0.3	0.6	0.6	0.9
	Heroin	0.6	6.8	2.2	1.7
	Ecstasy	0.6	2.7	5.8	4.2
	Hallucinogenic mushrooms			4.9	2.9
	GHB			0.6	0.8
	Anabolic steroids	4.0	2.6	3.5	3.5
	Polish heroin (kompot)			1.2	1.5

Source: Sierosławski (2007c)

Recent drug use

The Table 10 contains drug prevalence rates in the last 12 months prior to survey, which is a recent use indicator. Similarly to the experimental use the most prevalent substance in this category was cannabis. 10.9% of upper-primary school 3rd graders and 17.4% of 2nd graders of secondary schools use this substance. Second in both cohorts come non-prescription tranquilizers and sleeping pills (7.1% in upper-primary school pupils and 9.0% in secondary school pupils). Then come inhalants in the younger age group (3.5%) and amphetamine in the older group (4.4%).

Table 10 . Last year prevalence rates.

Grade	Substance	1995	1999	2003	2007
3rd graders of upper-primary schools	Marijuana or hashish	6.9	12.3	14.5	10.9
	Inhalants	4.3	4.3	4.1	3.5
	Non-prescription tranquilizers or sleeping pills		6.4	8.9	7.1
	Amphetamine		6.8	3.5	2.0
	LSD or other hallucinogens		3.0	1.4	0.8
	Crack			0.9	0.3
	Cocaine		1.6	1.4	1.0
	Relevin			0.6	0.5
	Heroin		1.7	1.0	1.0
	Ecstasy			1.7	1.4
	Hallucinogenic mushrooms			1.7	1.0
	GHB			0.4	0.2
	Anabolic steroids		2.5	1.8	1.3
	Polish heroin (kompot)			1.1	0.9
2nd graders of secondary schools	Marijuana or hashish	10.0	17.4	26.1	17.4
	Inhalants	2.8	1.6	2.2	2.7
	Non-prescription tranquilizers or sleeping pills		5.8	9.4	9.0
	Amphetamine		7.7	9.5	4.4
	LSD or other hallucinogens		2.2	2.0	1.4
	Crack			0.7	0.8
	Cocaine		1.4	1.5	1.4
	Relevin			0.4	0.6
	Heroin		1.4	0.8	0.9
	Ecstasy			3.5	2.5
	Hallucinogenic mushrooms			2.5	1.3
	GHB			0.5	0.4
	Anabolic steroids		2.3	2.3	2.2
	Polish heroin (kompot)			0.7	0.8

Source: Sierosławski (2007c)

Current drug use

Current drug use is defined as using 30 days prior to survey. Smoking cannabis or using other drugs, similarly to drinking alcohol, takes most often irregular pattern. It is difficult to be certain whether all the pupils who admitted to consuming a given substance in the last 30 days use it at least once in a month. However, it can be assumed with some approximation that proportions of monthly users in the group of non-users in the last month equal proportions of rare users that admitted to using drugs in the last 30 days prior to survey. In this type of prevalence rate there were 6.4% of upper-primary school 3rd graders and 9.5% of

secondary school 2nd graders who use cannabis at least once in a month. In the case of amphetamine the rates stand at 1.0% in relation to upper-primary school pupils and 1.95 in secondary school pupils. When we compare cannabis and amphetamine trends we will notice a fall in the prevalence of both substances in 2003-2007 in both age groups.

Table 11. Last month prevalence rates.

Grade	Substance	1995	1999	2003	2007
3rd graders of upper-primary schools	Marijuana or hashish	3.1	7.4	8.3	6.4
	Inhalants	1.8	1.9	2.5	2.3
	Non-prescription tranquilizers or sleeping pills		2.9	4.6	3.9
	Amphetamine		3.9	1.7	1.0
	LSD or other hallucinogens		1.9	0.6	0.4
	Crack			0.5	0.2
	Cocaine		1.2	0.6	0.6
	Relevin			0.3	0.5
	Heroin		1.3	0.6	0.4
	Ecstasy			1.0	0.9
	Hallucinogenic mushrooms			0.8	0.5
	GHB			0.2	0.2
	Anabolic steroids		1.8	1.1	0.9
	Polish heroin (kompot)			0.7	0.6
2nd graders of secondary schools	Marijuana or hashish	3.3	8.6	13.3	9.5
	Inhalants	1.4	1.0	1.2	1.4
	Non-prescription tranquilizers or sleeping pills		2.1	4.7	4.1
	Amphetamine		3.6	5.1	1.9
	LSD or other hallucinogens		1.5	0.6	0.5
	Crack			0.4	0.4
	Cocaine		0.6	0.8	0.5
	Relevin			0.1	0.4
	Heroin		0.7	0.4	0.5
	Ecstasy			1.9	1.1
	Hallucinogenic mushrooms			0.8	0.6
	GHB			0.2	0.3
	Anabolic steroids		2.2	1.1	1.3
	Polish heroin (kompot)			0.2	0.4

Source: Sierosławski (2007c)

Summary

The analysis of illicit substance use clearly shows that the prevalence rates for most substances fell. First signs of positive trends were noticed in the previous 2005 survey conducted among school youth. Due to a different measurement period we were unable to arrive at unambiguous conclusions that proportions of illicit substance users decreased. The 2007 results gave a clear answer that the upward trend declined.

2.3. Drug use among specific groups

See chapter 8.

3. Prevention *prepared by Anna Radomska, Katarzyna Pacewicz*

In 2007 courses of action in prevention in line with the National Programme for Counteracting Drug Addiction included the following:

1. further involvement of the governmental administration in counteracting drug addiction and support for local anti-drug policies,
2. enhancing quality of prevention programmes as well as provincial, communal anti-drug programmes as part of provincial, communal strategies for solving social problems,
3. improving public knowledge of psychoactive substance-related problems and options to prevent the phenomenon.

Under Course 1 the National Bureau for Drug Prevention supported 165 programmes of primary and secondary prevention conducted nationally and locally by public welfare organizations.

The contract "National training and promotional campaign for local communities" (PL2004/016-829.05.01.02) was implemented. It consisted of a number of training sessions in developing local anti-drug programmes. A handbook called "Principles of developing communal programmes for counteracting drug addiction" was published. A promotional campaign was launched on line, in the local press and media.

The National Bureau started implementing the "FreD goes net" programme under the international project co-financed by the European Union under the Public Health Programme intended for adaptation and promotion of the German selective prevention programme in Europe.

The National Programme involved a number of central institutions. Trainings were conducted in order to improve knowledge on designing local drug prevention strategies for various institutions, organizations and professional groups dealing with counteracting drug addiction e.g. schools, educational facilities conducting primary prevention programmes, military school staff, therapeutic and correctional ward staff in Prison Service, non-governmental organizations.

Under Course 2 a training course in evaluation of drug prevention programmes for non-governmental organizations was conducted. Moreover, the National Bureau along with institutions listed in the National Programme, the Institute of Psychiatry and Neurology and the Methodological Centre for Psychological and Pedagogical Assistance, continued works on developing prevention programmes recommendation system. In 2007 draft standards and quality criteria for health promotion and prevention programmes were developed. Forms of evaluation documents were also designed along with qualification criteria for respective recommendation levels.

The criteria make it possible to assess the programme, especially in terms of its coherence, applicability and effectiveness. The assessment covers such components of the programmes as assessment of needs and the problem, programme goals, theoretical background, strategies for actions planned, goal achievement indicators, evaluation of the programme. The draft standards were consulted with representatives of non-governmental organizations, scientific community and local government. It was also presented during conferences and trainings.

Under Course 3 the National Bureau launched information campaign addressed to young people in connection with the risk of narcotic drugs being mixed with drinks for criminal purposes i.e. intoxicating victims with intent to commit rape, robbery or another offence. The action called "Watch your drink" was addressed mainly to dance clubbers and it was intended to highlight the risk related to psychoactive substances used for criminal purposes.

3.1. Universal prevention

- **School**

The main governmental institution, which is statutorily mandated to systemically implement prevention activities in schools is the Ministry of National Education. Since 2002 the core curriculum and the framework statutes of the school has featured an obligation to implement a school prevention programme for children and youth compliant with the upbringing programme of the school. In 2007 schools at all levels continued the implementation of prevention programmes.

In 2007 the Methodological Centre for Psychological and Pedagogical Assistance by the Ministry of National Education continued implementing the primary prevention programme addressed to kindergarten children (six-year-olds) under the title "Zippie's friends" (http://www.cmppp.edu.pl/node/580) – the programme was outlined in the 2006 Annual Report for the EMCDDA. In 2007 588 kindergartens and school forms entered the programme. In the school year 2006/2007 over 7 thousand children from all over Poland attended classes in 259 facilities. Moreover, in 216 facilities previously trained teachers started classes with new groups of children. The programme is appreciated by children, kindergarten teachers and parents who have the opportunity to watch their children change and focus on their problems. Currently, there are almost a hundred staff members trained and capable of training teachers in Poland.

The Methodological Centre for Psychological and Pedagogical Assistance also conducted another programmed called "Agreement at school" (http://www.cmppp.edu.pl/node/8748). The programme aimed at supporting the school in performing tasks intended for safer climate through training teachers and providing them with information materials as well as inspiring to develop skills of improving relations at school. The programme concept is derived from humanistic psychology and the impulse to create

the programme was a 2004 workshop devoted to Marshall B. Rosenberg's Non-violent Communication known in Poland under the name "Agreement without Violence". According to the programme assumptions the condition for building up in school a proper climate is entering into personal relations by teachers, parents and pupils. The programme is addressed to teachers and educators who would like to change their relations with pupils into deeper, mentally and morally healthier ones and not only learn methods of successful behaviour management. The programme features different methods and tools derived from humanistic psychology. They make up a set of tools that might be used by teachers depending on their needs and preferences. They are all based on the same concept of human being, have similar assumptions and the aim of entering into contact, agreement and building up relations.

The programme supports the school upbringing culture through:

- building up ties,
- mutual respect in school relation,
- considering needs and emotions of all participants of educational and upbringing processes,
- effective and satisfactory communication,
- constructive solution of misunderstandings and conflicts.

In 2007 a set of educational materials was prepared for teachers. 64 persons were trained to be programme implementers. In turn they conducted trainings for 4032 teachers all over Poland.

- **Family**

In the second half of 2007 the Methodological Centre for Psychological and Pedagogical Assistance commissioned evaluation studies of the national edition of "School for parents and educators" (http://www.cmppp.edu.pl/node/2257*)* – the programme was outlined in 2004 Annual Report for the EMCDDA. The evaluation was both internal and external. It included "School" leaders, workshop trainers and beneficiaries. The following tools were used:

- pre-test-post-test surveys (1468 respondents),
- end of training audience surveys (1824 respondents),
- telephone interviews with a random sample of graduates (571 respondents).

The results of the evaluation studies show that participation in the programme classes caused that the respondents change their previously declared upbringing attitudes. These changes corresponded to the mission of the "School" and concerned the following: using corporal punishment, building up a proper relationship with the child (respecting his or her autonomy), authority, responsibility for the child, accepting child's emotions and praising. According to the majority of beneficiaries the "School" project was useful both in developing skills used in contacts with children and other family members as well as persons from

outside the family. The respondents evaluated the project on a five-point ranking scale. Most often they awarded the highest two ratings (fours and fives) depending on the category evaluated – from 70 to 94% of such results. It was evaluated that the participation in classes was related to mastering new knowledge (95% of fours and fives), the meetings were evaluated as generally attractive (98% of fours or fives). The clear majority of the study in response to the open-ended question did not point to any negative elements of the "School" programme – 81% and another 8% of respondents asked to describe the elements of the workshop which had not been appreciated answered that they had no critical remarks or evaluated the programme positively. According to 95% of the parents their participation in classes had an impact on their relationship with their children. Depending on the area evaluated between 93% and 99% of the respondents in this group noticed changes in understanding behaviours and attitudes of their children, communication, solving conflicts and emotions. No one considered these changes negative. According to 64% of the respondents in contact with their wife, husband or partner the programme affected their relationship. In this group 90% to 98% of the respondents declared that the changes observed concerned communication, understanding attitudes and behaviours, emotions and conflict solving. As previously no one considered these changes negative. The graduates were asked to evaluate the way of conducting classes. Almost all the participants gave the highest two ratings (4 or 5) while evaluating communicativeness and professional approach of the leaders (no one gave any of the two lowest ratings). The way of conducting the workshop and the professional approach of the leaders were most often mentioned positive aspects of the programme.

Moreover, in 2007 the Methodological Centre for Psychological and Pedagogical Assistance with the active participation of provincial leaders and the programme implementers conducted under the programme "Zero tolerance for school violence" (http://www.cmppp.edu.pl/node/8742*)* a series of trainings improving upbringing skills of parents and "School for Parents and Educators" trainers. A total number of 161 groups were trained which included 2233 persons (parents and teachers). Training participants highly rated the trainers and concluded that as a result of the classes their contacts with children and spouses had changed. They were positive or very positive changes in the following areas: understanding of attitudes and child behaviours, mutual communication, solving conflicts and emotions. 2 seminars and 1 conference were held for the programme leaders.

- **Community**

In 2007 the National Bureau performed the contract "National trainings and promotional campaign for local communities" (PL2004/016-829.05.01.02). The contractor was the Foundation for Local Democracy Development. Under the contract a series of trainings on devising communal programmes for counteracting drug addiction were conducted. The

training participants included representatives of communes and local communities. 2361 persons from 802 communes were trained. The trainings resulted in draft communal programmes for counteracting addiction written by the participants. The representatives of communes who had written the best draft programmes for counteracting drug addiction took part in a study visit in Spain. The Foundation edited and published a handbook ”Principles of developing communal programmes for counteracting drug addiction”. Moreover, a large-scale promotional campaign was launched on the Internet, in the local press and media. The process of building local community networks involved in drug prevention and networks of local experts was initiated. To that end forum meetings were held. They involved drug prevention experts and representatives of local communities (Minister Zdrowia, 2008, p. 106-107).

In 2006 local governments implemented tasks listed in the National Programme for Counteracting Drug Addiction 2006-2010. They concerned increasing the involvement of local communities in drug prevention. The above tasks were implemented by 2 019 out of 2 500 communes (2 201 communes in 2006) and the drug problem was included in 1 115 (compared to 849 in 2006) communal programmes for counteracting drug addiction. In 2007 all provincial governments developed provincial programmes for counteracting drug addiction or preventing addictions. Under communal programmes community prevention programmes for children and youth were also implemented. In 2007 the total number of 9 314 primary prevention programmes were implemented in 10 072 facilities. These programmes covered 1 928 981 participants. School programmes covered 1 279 445 children and adolescents as well as 125 006 adults. They were implemented under 7 481 programmes conducted in 7 323 facilities. 822 non-governmental organizations were involved in the school prevention programmes (Minister Zdrowia, 2007, pp. 33-38).

3.2. Selective/ Indicated Prevention

- **Recreational settings**

In 2007 the National Bureau for Drug Prevention co-financed the implementation of prevention programmes for drug endangered children and adolescents in recreational settings (dance clubs, backyards) (Krajowe Biuro ds. Przeciwdziałania Narkomanii, 2007a, p. 20-21*)*. The programmes focused on drug initiation prevention, change of attitudes towards drugs and occasional drug use-related risk reduction. These projects were implemented directly among occasional drug users or drug endangered persons (e.g. prostitutes, children of the street) as well as settings with high drug prevalence e.g. mass event settings (clubs, discotheques, open space performances). The programmes featured outreach activities including drug-related risk education, motivation to change attitudes and behaviour, interventions, information on drug outreach and distribution of information materials (leaflets, brochures). 7 programmes were under implementation:

- "Monar" Society – drug use-related risk reduction programmes, clubs and discotheques in Warsaw, Częstochowa, Sczecin, Legnica,
- "Parasol" Centre for Social Prevention and Education – programme "Parasol uliczny" conducted among prostitutes, drug users and programme „Parasol klubowy" conducted in pubs and discotheques of Kraków,
- "Nowa Kuźnia" Society – programme focused on limiting young people's access to psychoactive substances at discotheques, Lublin.

The number of beneficiaries (at least one intervention) of the above programmes is estimated at 11 471 occasional drug users.

- **At – risk groups**

In 2007, similarly to previous years, the National Bureau supported the implementation of psychological assistance programmes for drug-endangered and experimenting users as well as their families. The programmes aimed at reducing effects of children and youth growing up in unfriendly family and peer environment, improving their emotional and social functioning, generating drug-free forms of spending leisure time and supporting families in solving children's drug-related problems. The programmes also involved drug users and their families. In this case the programme encouraged children, youth and adults to change behaviour to maintain abstinence, improve emotional and social functioning and support families in solving drug-related problems in a child or another family member. The total of 85 programmes were conducted (Krajowe Biuro ds. Przeciwdziałania Narkomanii, 2007a, p. 11-16*).*

In 2007 the National Bureau for Drug Prevention started to implement the "FreD goes net" programme under the international project co-financed by the European Union within Public Health Programme resources. The programme was based on the contract between Landschaftsverband Westfalen Lippen – Koordinationsstelle Sucht located in Munster – the project coordinator and the National Bureau for Countering Drug Addiction as the beneficiary and the polish coordinator. The project will be implemented between November 2007 and October 2010. The "FreD goes net" project aims to adapt and promote in Europe the German selective prevention programme based on a short-term prevention model addressed to young drug users. In Germany the Fred participants include first-time offenders noticed by the police in connection with a drug-related crime such as drug possession. The programme participants attend group sessions where the motivational interview method is applied. The programme aims to make participants reflect on drug use, improve their knowledge on drug use and encourage them to assess the risk and responsibility, change drug-related attitudes and behaviour and familiarize them with the local help system. The success of this method, good programme evaluation results paved the way to the "FreD goes net" project. The

programme of group sessions will undergo pilot implementation in eleven countries, including Poland (Minister Zdrowia, 2007, p. 105*).*

In 2007, pursuant to the prevention tasks listed in the National Programme for Counteracting Drug Addiction 2006-2010, local governments implemented the task of supporting non-school prevention programmes addressed to drug endangered children and youth and their parents. The secondary prevention programmes included 14 out of 16 provinces, 69 programmes in total. Under Communal Programmes for Counteracting Drug Addiction secondary prevention programmes included 219 630 participants. 1 528 programmes in 1 415 facilities were conducted (Minister Zdrowia, 2007, p. 35-38).

- **At risk families**

In 2007 the National Bureau co-financed the implementation of the programme for addicted parents. The programme aimed to improve social functioning of the addicted parent, build up or improve relations with children, train parental skills. Parents and guardians participating in the programme attended parental skill workshops, support group sessions for parents and entered individual counselling (Minister Zdrowia, 2007, p. 105).

4. Problem Drug Use and the Treatment Demand Population

prepared by Ewa Sokołowska, Michał Kidawa, Artur Malczewski

4.1. Prevalence and incidence estimates of PDU

In 2007 Department of Alcohol and Substance Studies of the Institute of Psychiatry and Neurology upon commission of the National Bureau for Drug Prevention performed analyses under the research project titled "Estimate of problem drug users and analysis of drug use patterns and related problems. Qualitative study." The analyses aimed at estimating the number of problem drug users in Poland (Sierosławski, 2007a).

Definition

Problem drug users were defined as addicts or regular illicit substance users taking drugs in a manner causing serious problems. A regular use is understood through daily or almost daily use for a long period of time. The definition adopted is consistent with the ICD-10 medical definition and is a broader than the EMCDDA definition as for the basic criterion the problematic aspect is taken and it does not introduce the type of substance or route of administration as a criterion for inclusion/exclusion. Adopting this kind of definition is partly determined by the sources of data available for estimation (drug treatment data).

Method

In the estimation the benchmark method was used. Data for estimation were collected by means of nomination technique. The study participants were asked to name all problem drug users they knew and then profile them in terms of certain qualities such as a drug of use, drug-related treatment episode in the last year, police detention, HIV infection or death.

Nominations from street population study results (or population study in the case of national estimation) provide a ratio of people presenting a given quality (being present in the mentioned data sources in the last year period) to the people without it. This was the basis for the multiplier, which is later multiplied by the number of people with a given quality in the statistical system (e.g. number of drug-related deaths, number of users in drug treatment etc.). For the purposes of this study data from the inpatient and outpatient treatment were used.

Results

The study included estimation on national level as two local estimations (Warsaw and Konurbacja Gornoslaska). For national estimation, in the course of the 2006 general population study it was concluded that out of the nominated users, the number of users outside treatment is six and a half times higher than that of those remaining in treatment

(respectively 6.57 of the inpatient treatment and 6.48 for the outpatient treatment) (see Table 12).

Table 12 . Results of national estimation.

	Statistical data of Institute of Psychiatry and Neurology	**Study rate**	***Multiplier***	**Estimation**
Inpatient treatment (2005)	15 827	15.2	6.57	104 006
Outpatient treatment (2005)	19 302	15.4	6.48	125 106

Source: Sierosławski (2007a)

On the basis of the estimation multiplier and the inpatient and outpatient treatment data the estimated number of problem drug users ranges between 104 000 and 125 000. Then using the same methodology the estimation with breakdown into opiates and other drugs was performed (Table 13).

Table 13. Results of national estimation among Problem opiate users and other problem drug users.

	Main drug	**Statistical data of Institute of Psychiatry and Neurology**	***Study rate***	***Multiplier***	**Estimation**
Inpatient treatment (2005)	opiates	9 496	38.1	2.62	24 924
	other	6 331	8.8	11.36	71 941
	total	15 827			96 865
Outpatient treatment (2005)	opiates	9 651	33.3	3.00	28 953
	other	9 651	9.8	10.20	98 440
	total	19 302			127 393

Source: Sierosławski (2007a)

As the results of the analyses show the number of problem drug users other than opiates ranges between 71 900 and 98 500. The number of problem opiate users was estimated at 25 000 – 29 000. The estimation based on the breakdown into substances of use provided an overall number of problem drug users ranging between 97 000 and 127 000.

Summing up, it should be assumed that the number of problem drug users ranges between 100 000 and 125 00.

In the framework of the study two local estimations were also conducted. One in Warsaw, and one in Konurbacja Gornoslaska. The same method was used. The multiplier was calculated from the local street study. The results are presented in the table 14.

Table 14. Results of the estimation of problem drug users in Warsaw and Konurbacja Gornoslaska.

	Statistical data of Institute of Psychiatry and Neurology	***Field study rate***	***Multiplier***	**Estimation**
Inpatient treatment (2005) Konurbacja Slaska	1063	8.5	11.8	12506
Outpatient treatment (2006) Konurbacja Gornoslaska	2083	24.4	4.1	8537
Inpatient treatment (2005) Warsaw	1822	34.9	2.9	5221
Outpatient treatment (2006) Warsaw	2336	37.2	2.7	6280

Source: Sierosławski (2007a)

Gender and age specific analyses reviled, that the upper bound of the estimation in Górny Śląsk is probably overestimated. Due to that authors of the report assumed that the 11500 of problem drug users in Górny Śląsk is more realistic estimation.

Summing up, it should be assumed that the number of problem drug users ranges between 5200-6300 in Warsaw and 8500-11500 in Konurbacja Gornoslaska.

4.2. Treatment Demand Indicator

Since September 2007 in Poland a pilot project has been implemented. It aims to test tools for collecting data on drug treatment demand. The questionnaire was designed on the basis of “Treatment Demand Indicator (TDI). Standard Protocol 2.0”. The project involves 40 facilities, both inpatient and outpatient, detoxification wards and substitution treatment programmes. All of them participate on a voluntary basis. Since January 2008 they have been reporting data to the National Focal Point (some of them started reporting later).

In Poland inpatient and outpatient psychiatric treatment is still covered by two separate statistical reporting systems. The inpatient treatment statistical reporting system is based on individual statistical questionnaires, one completed upon discharge of a patient, the other completed on 31 December every year. Each questionnaire holds a coded ID, which makes it possible to collect data referring not only to cases (treatment episodes) but also to persons. The outpatient treatment statistical system is based on collective figures produced at counselling centres. Double counting cannot be avoided.

The outpatient treatment data are more accurate i.e. there is no double counting of patients admitted to two separate facilities in the same year. They seem to better reflect epidemiological trends compared to the outpatient treatment data.

As in previous years this part of the Report features the statistics of the inpatient treatment including patients of psychiatric wards and drug treatment facilities. The inpatient treatment reporting system covers psychiatric facilities, including day care centres and hostels. These facilities do not necessarily have to have patients abusing other psychoactive substances than alcohol or tobacco. In 2006 drug users found their way to 257 facilities out of the overall number of 358. The majority were patients of specialist drug treatment health care units (86 in Poland today), the others had been admitted to psychiatric hospitals or psychiatric ward of municipal hospitals.

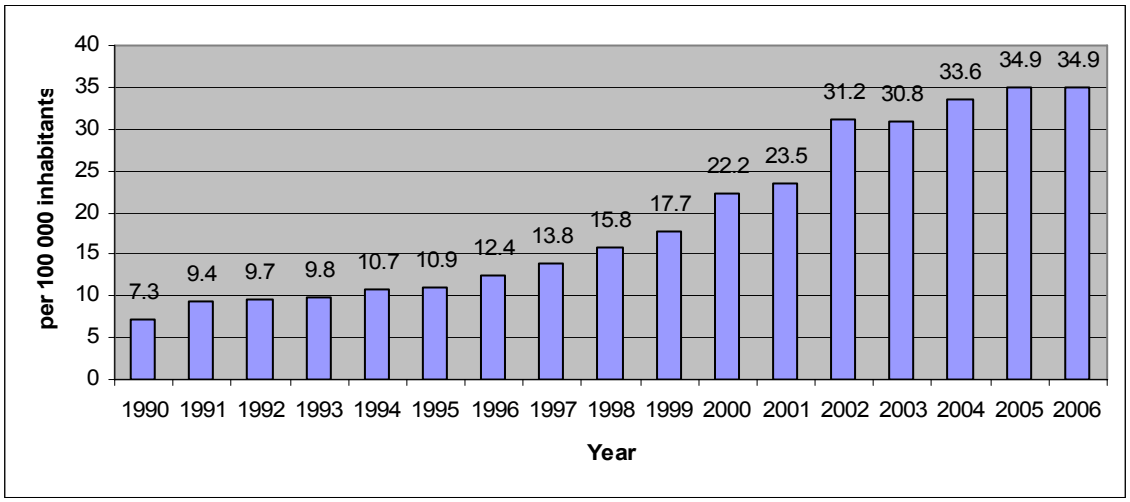
The most recent data come from the year 2006. They will be presented in comparison with the data of previous years.

The analysis will concern 2 indicators – the overall number of patients in treatment in 2006 (no matter if they had been treated before, continued treatment or entered treatment for the first time) and the number of first-time patients in inpatient clinics in 2006. The other indicator makes it possible to follow changes in the number of new cases, not registered before, which is important information in the context of epidemiological trends in the population.

- **Patients admitted to treatment in 2006**

In 2006 13 198 patients entered inpatient treatment. Compared to 2005 a slight decrease was recorded (13 320 in 2005). Figure 5 presents yearly numbers of patients admitted to inpatient treatment since 1990. Until 2005 there was a slight increase in the number of patients entering inpatient treatment. In 2006 the trend levelled off (the same indicators per 100 000 inhabitants refer to 2005 and 2006).

Figure 5. Patients admitted to inpatient treatment in 1990-1996 due to addiction or abuse of medical drugs (ICD IX: 304, 305.2-9) and in 1997-2004 due to mental disorders and behavioural disorders caused by using psychoactive substances (ICD X: F11-F16, F18, F19) (per 100 000 inhabitants).

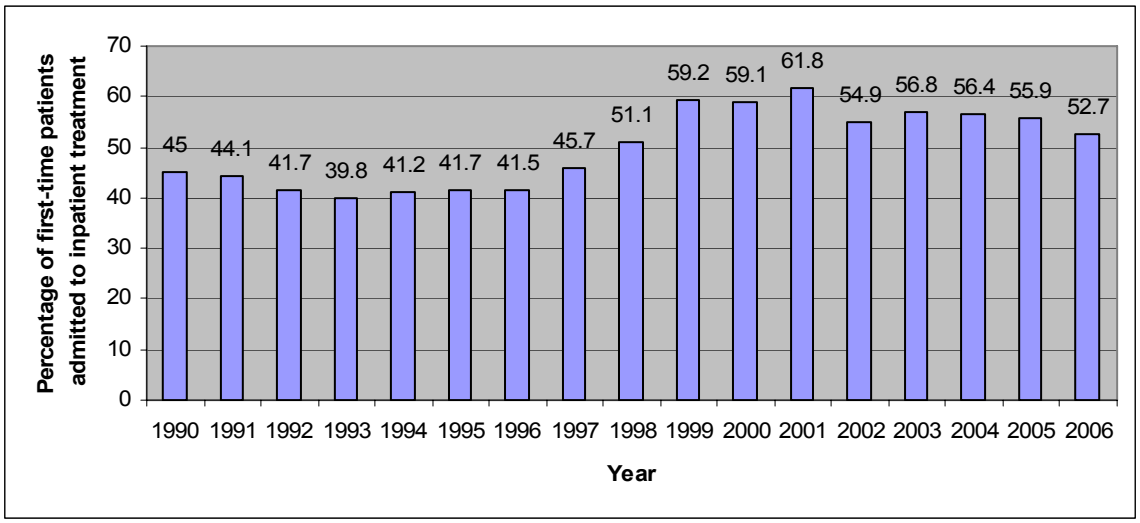


Source: Sierosławski (2008)

- **First-time patients**

In 2006 6 480 users entered treatment in inpatient clinics for the first time in their lives. The percentage of first-time patients dropped from 52.7% in 2005 to 49.1% in 2006. It would mean that the number of first-timers at inpatient facilities is falling while the overall number of persons entering inpatient treatment is actually holding steady. It might be concluded that the population in inpatient treatment is not changing, e.g. there should be more older patients (it can be observed while analyzing 2006 data). The next year's data will show if this fall is only temporary. A detailed breakdown is shown in Figure 6.

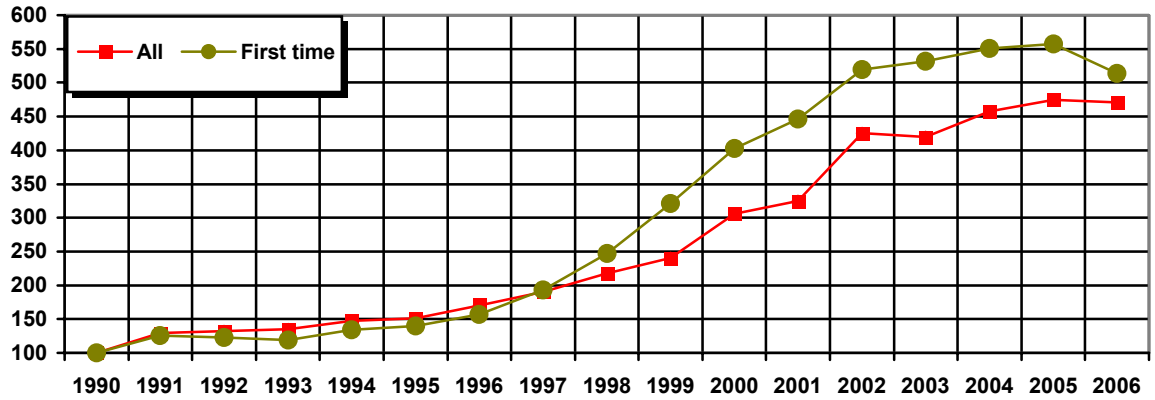
Figure 6. Percentage of first-time patients admitted to inpatient treatment in 1990-1996 due to addiction or abuse of medical drugs (ICD IX: 304, 305.2-9) and in 1997-2004 due to mental disorders and behavioural disorders caused by using psychoactive substances (ICD X: F11-F16, F18, F19) (per 100 000 inhabitants).



Source: Sierosławski (2008).

The growth rate of both indicators in 1990-2006 discussed above is shown in Figure 7.

Figure 7. Growth rate of inpatient drug treatment admission indicators in 1990-2006 due to mental and behavioural disorders caused using psychoactive substances.
(1990 = 100)

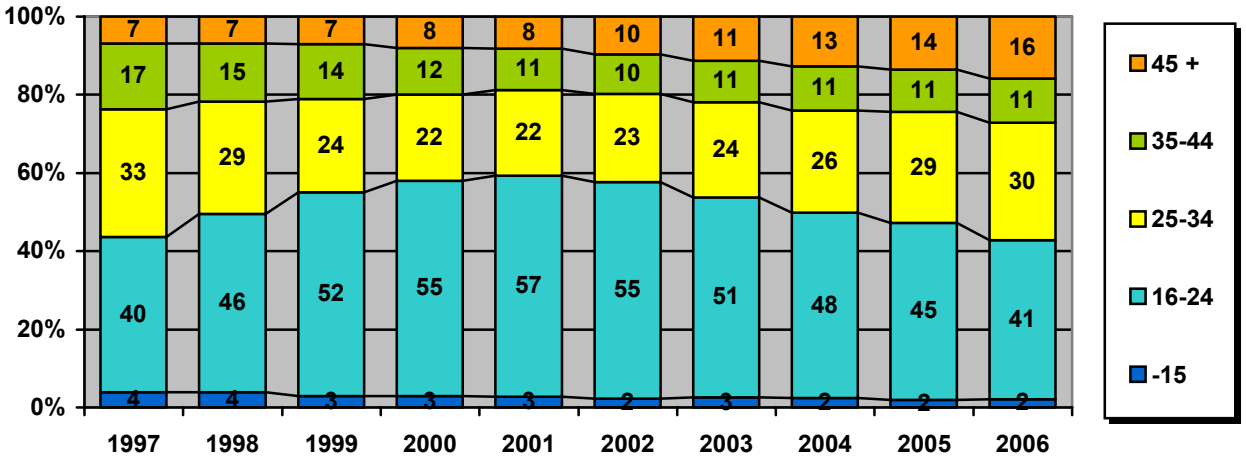


Source: Sierosławski (2008).

- **Gender and age**

Among users who entered drug treatment in 2006, similarly to previous years, the majority were men (76%). Compared to 2005 there is a fall in the percentage of patients aged 16-24 from 45.3% to 40.7% in 2006. An increase is observed in the age group 25-34 (from 28.5% in 2005 to 30.1% in 2006) and in the group over 45 (from 13.6% in 2005 to 15.9% in 2006). These trends must be taken into consideration next year order to determine whether changes in this field are permanent or only temporary. Detailed breakdown for the previous years is presented in Figure 8.

Figure 8. Users admitted to inpatient treatment in 1997-2006 due to mental and behavioural disorders caused by using psychoactive substances, by age (percentages of patients)

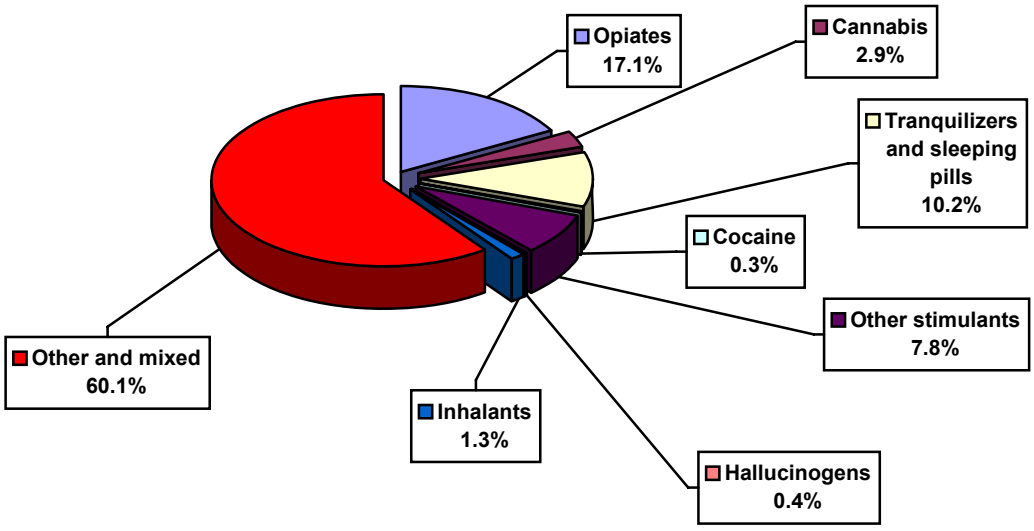


Source: Sierosławski (2008).

- **Substance of use**

Among inpatient treatment patients in 2006, similarly to previous years, the majority were opiate users (17.1%). One patient in ten abused tranquilizers and sleeping pills. Nearly 8% were addicted to stimulants other than cocaine. There were some users of cannabis (2.9%), inhalants (1.3%) and hallucinogens (0.4%). A very small percentage was made up cocaine addicts (0.3%). These data do not reflect the full picture of drug treatment admissions as 60.1% of patients fall into the category “other and mixed”. The data are shown in Figure 9.

Figure 9. Users admitted to inpatient treatment in 2006 due to mental and behavioural disorders caused by using psychoactive substances, by substance.



Source: Sierosławski (2008).

Comparing data of 2006 and 2005 slight changes can be noticed. The latest data confirm the trends outlined in the previous National Reports. There is a further fall in the percentage of opiate users in residential treatment patients (by 1.6% compared to 2005). Once again an increase of 3.1% in the group mixed and other was recorded compared to 2005. It still cannot be unambiguously stated whether a fall in the category “opiates” is the result of the real fall in the number of opiate users reporting to treatment or the polydrug use is more prevalent, which qualifies users of opiates and possibly other substances under the category “other and mixed” (F19).

Another stable trend is the steady percentage of patients reporting to inpatient clinics due to cannabis abuse – the fourth consecutive year (2003-2006). This percentage did not exceed 3%.

A detailed breakdown, including data since 1997, is shown in Table 15. Table 16 presents the data as numbers of patients.

Table 15. Users admitted to inpatient treatment in 1997-2006 due to mental and behavioural disorders caused by using psychoactive substances (ICD X: F11-F16, F18, F19), by substance. Percentages of patients.

	Opiates	Cannabis	Tranquilizers and sleeping pills	Cocaine	Other stimulants	Hallucinogens	Inhalants	Other and mixed
1997	43.3	1.3	8.4	0.9	3.8	1.3	10.0	30.9
1998	42.3	1.8	8.3	0.7	6.0	1.2	9.2	30.5
1999	38.8	2.4	8.4	0.8	6.7	1.3	6.7	34.9
2000	39.4	2.9	9.0	0.6	5.8	0.7	5.2	36.4
2001	40.4	3.0	8.0	0.2	6.0	0.7	3.7	38.1
2002	30.3	3.4	9.0	0.8	8.1	0.5	3.3	44.5
2003	23.3	3.0	10.1	0.9	8.9	0.6	2.7	50.4
2004	20.0	3.0	10.5	0.8	8.7	0.4	2.1	54.5
2005	18.7	3.0	10.6	0.6	8.0	0.4	1.7	57.0
2006	17.1	2.9	10.2	0.3	7.8	0.4	1.3	60.1

Source: Sierosławski (2008).

Table 16. Users admitted to inpatient treatment in 1997-2006 due to mental and behavioural disorders caused by using psychoactive substances (ICD X: F11-F16, F18, F19), by substance. Numbers of patients.

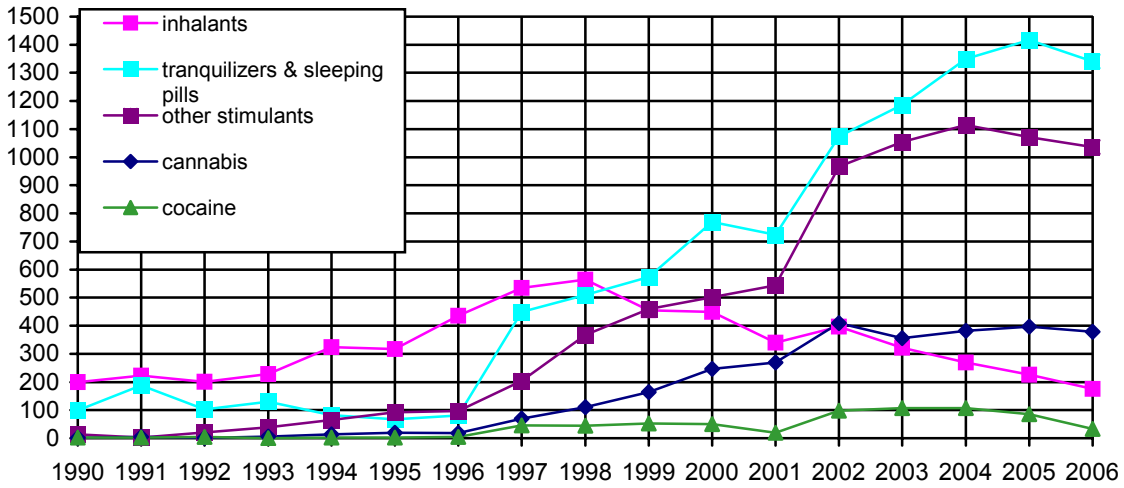
	Opiates	Cannabis	Tranquilizers and sleeping pills	Cocaine	Other stimulants	Hallucinogens	Inhalants	Other and mixed
1997	2313	70	449	46	204	70	535	1649
1998	2569	110	509	45	367	75	564	1861
1999	2652	164	573	52	459	91	455	2381
2000	3383	246	769	50	502	62	449	3129
2001	3674	269	724	19	544	61	340	3465
2002	3609	409	1074	98	966	62	397	5300
2003	2745	356	1187	107	1054	74	321	5934
2004	2573	382	1350	107	1115	49	269	6991
2005	2488	397	1417	85	1071	49	226	7587
2006	2258	378	1340	33	1036	49	175	7929

Source: Sierosławski (2008).

It should be mentioned once again that as Table 14 and Table 15 show opiate addiction is still the biggest problem. In 2006 inpatient clinics provided opiate treatment for 2 258 patients. Moreover, the number of patients addicted to stimulants (1 036) and tranquilizers and sleeping pills (1 340) is still high.

The analysis of the number of patients using selected types of psychoactive substances indicates slight trend changes. Are they temporary or will similar trends occur in the future more data will show. As Figure 10 indicates there has been a fall in the number of users of tranquilizers and sleeping pills, cannabis, inhalants, stimulants and cocaine. The number of users in treatment due to the above substances is also falling (although the changes are minimal; less than 1%). Figure 10 shows that among inpatient clinic patients there are still more cannabis users than cocaine and inhalants users. At the same time there are far fewer cannabis users seeking treatment at 24-hour clinics than users of stimulants and tranquilizers and sleeping pills at these facilities.

Figure 10. Users admitted to inpatient treatment in 1990-2006 due to mental and behavioral disorders caused by using psychoactive substances – selected substance types (numbers of patients)



Source: Sierosławski (2008).

- **Pattern of use**

Statistical data both from inpatient and outpatient clinics do not provide information on the pattern of drug use in treatment seekers. In Poland works are in progress to introduce a new drug treatment demand system. The data will be collected according to the Treatment Demand Indicator (TDI) – Standard Protocol 2.0". This system will ultimately cover inpatient and outpatient clinics. In September 2007 the system pilot project was launched. 40 facilities participate in the project on a voluntary basis. They have been reporting data to the National Focal Point since 2008 (some of them started reporting later). The National Focal Point does

not hold any new data on patterns of drug use and problem drug users. The most recent information is presented in the National Report 2007.

4.3. PDUs from non-treatment sources

The amount of data from non treatment sources available in Poland is relatively limited. Screening tests or analyses are of help here. In the course of the 2006 general population study (Sierosławski, 2006) a question arose concerning problem cannabis use based on a Severity of Dependence Scale (SDS) (Gossop et al., 1995).

Most often the study participants wished to stop using (21.7% of drug users). For 7.1% of users the fact of cannabis use was a reason for concern and 6.3% had an impression that using went out of control. Anxiety or concerns related to the thought of no possibility of using cannabis were observed in 0.9% of users and were incidental. The vast majority of cannabis users (92.2%) believe that stopping would not pose any problem; 5.7% admitted that it would be a little hard and 2.1% quite hard. Nobody ticked the answer 'very hard'.

Table 17. Intensive cannabis use – distribution of answers to the question: Have you used cannabis in the last 12 months.

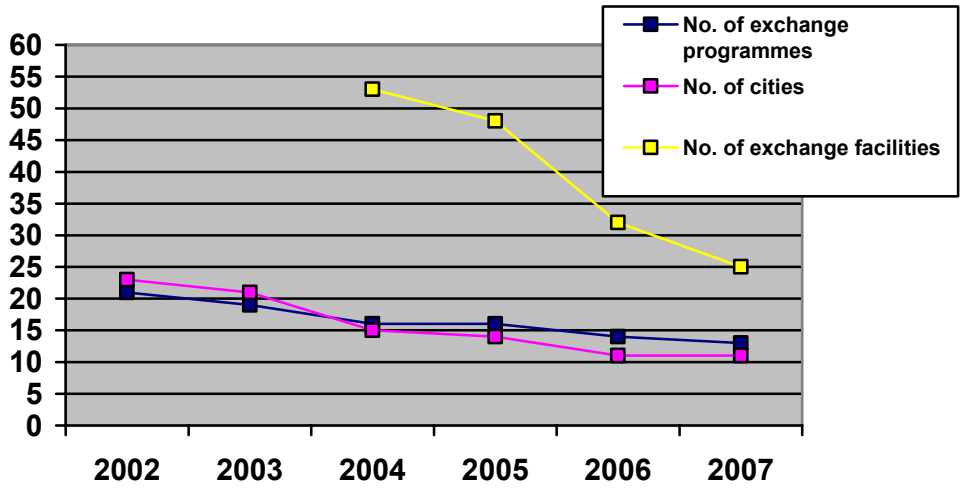
	Never/almost never	Sometimes	Often	Always/almost always
1. Have you had an impression that cannabis use went out of your control in the last 12 months?	93.7	3.4	2.9	-
2. Have you been concerned or anxious at the thought of no opportunity to use cannabis in the last 12 months?	99.1	0.9	-	-
3. Have you been worried about you cannabis use in the last 12 months?	92.9	6.9	0.2	-
4. Have you wished to stop using cannabis in the last 12 months?	78.3	12.6	3.7	5.3
	Not hard at all	**A little hard**	**Quite hard**	**Very hard**
5. How hard has it been for you to stop or give up using cannabis?	92.2	5.7	2.1	-

Source: Sierosławski (2006)

Another source of data from outside treatment on problem drug users is harm reduction programmes. Information on injecting drug users is collected every two years by the National Focal Point through needle and syringe exchange programmes. Data are reported by non-governmental organizations that run such programmes. The information obtained indicates that the number of exchange programmes and facilities is falling (Figure 11).In the last five years the number of programmes went down from 21 (2002) to

13 (2007). The availability decreased simultaneously as the exchange was performed in as few as 11 cities in 2007 (23 in 2002). The number of the exchange facilities dropped by half.

Figure 11. Number of programmes, needle and syringe exchange facilities and cities where such programmes were implemented in 2002 – 2007.

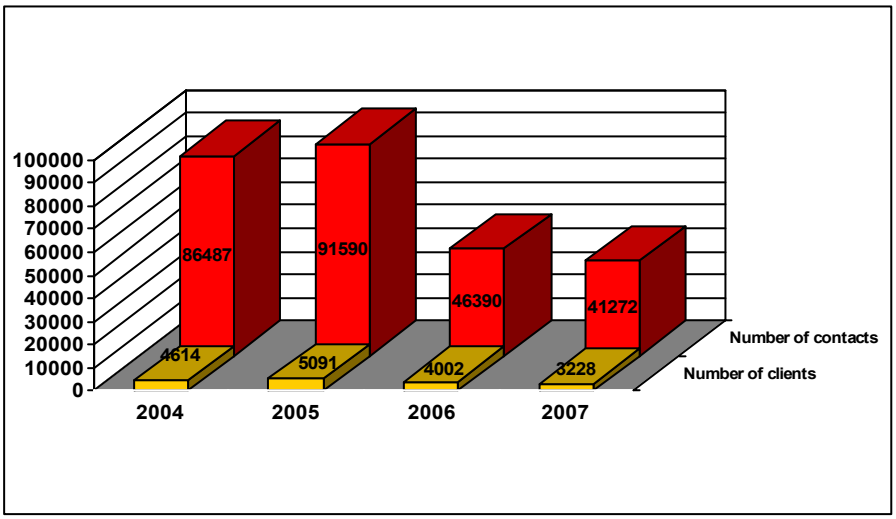


Source: NFP

Programmes report to the NFP data on the number of clients who received injecting kits through street and stationary exchange. In 2007 the number of users who participated in the needle and syringe exchange programmes stood at 3 228, which constitutes a fall compared to the previous years. The number of contacts also dropped from 86 487 (in 2004) to 41 272 (in 2007). It is difficult to unambiguously state whether the number of beneficiaries is going down because the number of programmes fell or the decrease in the programmes is the result of a lower number of injecting drug users. In Poznan and Szczecin programmes ceased to operate because these cities do not have open drug scenes that would provide a setting for the street workers (Malczewski, 2007). Tightening the anti-drug law in 2000 might have made injecting drug users go underground. Therefore it is difficult to clearly and unambiguously state whether the problem became less visible (no open drug scenes) or the number of injecting drug users is really going down. In Warsaw a lower number of injecting drug users, in the opinion of non-governmental organizations, is an effect of establishing two new substitution treatment programmes. However, the result of the qualitative studies conducted in the Silesia region (Sierosławski, 2007) indicate a rise in prevalence of injecting drug use in this region. The studies in beneficiaries of low-threshold programmes due this year will allow for obtaining more precise information on injecting drug users. The follow-up measurement will make it possible to establish the growth rate.

Summing up, it is difficult to unambiguously state how real is the fall in injecting drug use in the light of the latest data.

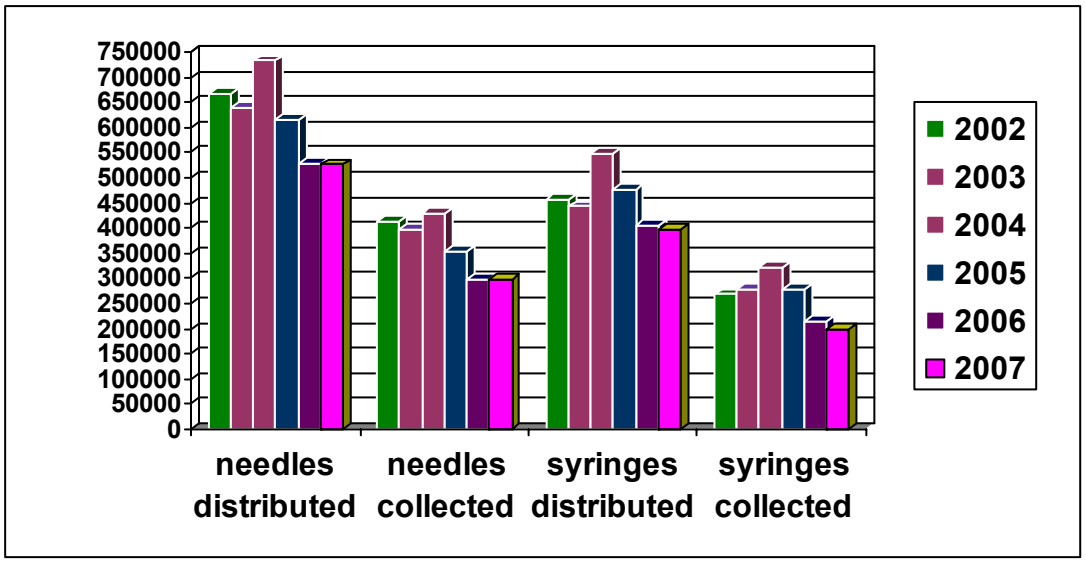
Figure 12. Number of clients or contacts in needle and syringe exchange programmes in 2002 – 2007.



Source: NFP

Since 2004 the number of needles and syringes handed out has been falling (Figure 13). In 2007 in 13 programmes 525 689 needles and 396 374 syringes were distributed. It is still more than in the first half of the 1990s where in the record 1993 280 370 needles were distributed through 16 facilities (Kulka, 1998).

Figure 13. Number of needles and syringes distributed through exchange programmes in 2002 – 2007.



Source: NFP

4.4. Intensive or frequent patterns of use

The National Focal Point does not hold new information in this field. The most recent information is contained in National Report 2007.

5. Drug-related treatment *prepared by Dawid Chojecki*

5.1. Treatment system

Drug treatment is provided through a network of inpatient and outpatient clinics i.e. drug treatment counselling centres, detoxification wards, day care centres, treatment wards within hospital structures, mid-term and long-term rehabilitation clinics and prison drug treatment wards. If there is no proper service locally there is an option to use a mental health counselling centre or alcohol treatment ward/counselling centre as the availability of such facilities is a few times higher (Institute of Psychiatry and Neurology). These facilities hold the status of public or non-public health care units. Under the system the following drug-related services are provided: diagnosis, counselling, psycho-education, pharmacological treatment, substitution therapy, individual and group psychotherapy, therapeutic community therapy.

In Poland the most widely-spread drug treatment model is a therapeutic community-based on total abstinence therapy. In 2007 mid-term and long-term programmes dominated; however, in recent years economic factors and patient profile changes have been steadily reducing duration of these programmes. Health care units run by non-governmental organizations are major providers (associations, societies, foundations). The exception are substitution treatment programmes. By 2005, for formal reasons, they were conducted exclusively by public health care units. The Act of Law of 29 July 2005 on counteracting drug addiction allowed such programmes to be run also by non-public health care units, which increased the availability of drug treatment in this respect and gave rise to the establishment of the first two substitution programmes conducted by non-public providers in 2007.

5.2. Drug free treatment

- **Inpatient treatment**

The latest data on inpatient drug treatment come from the year 2006. In 2006 13 198 drug users (excluding alcohol) entered inpatient treatment, including 6 480 first timers. In 2005 13 320 patients were admitted, with 7 024 first timers. In 2004 the numbers stood at 12 836 and 6 947 respectively (Sierosławski, 2008). The abovementioned data show a minimal downward trend as compared to 2006 in the general number of patients and a slight fall in the number of patients entering treatment for at least second time.

Inpatient clinics are still to a large extent located outside urban areas as it is assumed that it naturally isolates patients from active drug users. In 2007 there were 85 inpatient rehab clinics in Poland, including clinics accepting dual diagnosis patients. 33 (39%) of these 85 facilities admitted underage users (Krajowe Biuro ds. Przeciwdziałania Narkomanii, 2007).

The above data do not cover psychiatric hospitals who provide treatment for drug addicts and problem drug users. However, such patients find their way to psychiatric hospitals mainly due to psychotic disorders and not addiction.

- **Outpatient treatment**

In Poland outpatient treatment for psychoactive substance users is provided at addiction counselling centres, mental health counselling centres and in specific cases, if no aforementioned facility operates locally, alcohol counselling centres, which adapt to the needs of drug users (there are far more alcohol-related facilities in the country).

In recent years the number of addiction counselling centres has been fluctuating. In 2006 there were 84 psychoactive substance prevention, treatment and rehabilitation centres (Instytut Psychiatrii i Neurologii, 2007); 69 the year before.

In 2006 psychoactive substance prevention, treatment and rehabilitation centres, addiction counselling centres and mental health counselling centres admitted 32 109 drug users, including 14 310 first timers. In 2005 the numbers stood at 38 443 and 16 909 respectively (Instytut Psychiatrii i Neurologii, 2006; pp. 41, 42, 51, 52, 62, 63, 72 & 73). The number of patients admitted exclusively to psychoactive substance prevention, treatment and rehabilitation centres in 2006 stood at 25 711, including 12 378 first timers (Instytut Psychiatrii i Neurologii, 2007). The great majority, approx. 80% of all patients admitted to outpatient clinics due to F11-F19 find their way to drug counselling centres.

The analysis of the above data indicates a decline in the number of drug users entering outpatient treatment compared to 2005. It seems that the outpatient treatment network is still insufficient and the offer too poor compared to the needs of patients. Despite the obvious fact that for non-addicted users the outpatient option (especially city-based day care centres) seems more adequate than the inpatient long-term, it still remains underinvested. In 2006 there were only 12 day care centres for psychoactive substance users (excluding alcohol) in Poland (10 in 2005). They offered 289 places (Instytut Psychiatrii i Neurologii, 2006, p. 139). In 2006 day care and community-based treatment was provided to the total number of only 725 users (Instytut Psychiatrii i Neurologii, 2007).

In order to improve effectiveness of therapeutic interventions in counselling centres and consultation points there are sessions not only for addicted and experimenting users but also for families and relatives of psychoactive substance users.

The counselling centres also organize Narcotics Anonymous group sessions.

5.3. Pharmacologically assisted treatment

- **Withdrawal syndrome treatment**

In 2007 there were 30 detoxification wards and sub-wards in Poland, the same number as in 2006 (Krajowe Biuro ds. Przeciwdziałania Narkomanii, 2007). These wards aim mainly at treating opioid-related withdrawal syndrome. In the case of opioids the basic forms of treatment at detoxification wards include: symptom treatment, administering narcotic drugs (methadone, buprenorphine etc.) and causal treatment (clonidine).

At hospital detoxification usually lasts 8-14 days. Detoxification from psychoactive substances includes:

- alleviating withdrawal symptoms,
- motivating to enter treatment,
- support,
- education on infectious diseases,
- counselling, psycho-education,
- treating coexisting diseases,
- crisis interventions,
- cooperation with family members.

Data collection system does not cover private facilities / medical practices conducting detoxification from psychoactive substances. It is known that a method commonly applied in such cases is so-called “rapid detoxification”, which is not conducted in public centres.

- **Substitution treatment**

Polish drug treatment and rehabilitation system offers substitution treatment as a form of outreach to drug addicts when other forms of treatment have failed. Such programmes are addressed to opiate addicts aged 18 and older. Under substitution treatment programmes patients are provided with psychological and social assistance.

In 2007 in Poland there were altogether 15 substitution treatment programmes run in public and non-public health care units (Minister Zdrowia, 2008). In 2007 three new methadone programmes were launched. 2 of them operate in Warsaw: NZOZ Addiction Counselling Centre for Adults of "Eleuteria" Society and NZOZ Private Detoxification and Therapeutic Centre “Mały Rycerz”. The third one is located in Wroclaw at Substance Addiction Therapy Centre. In 2007 governor of mazowieckie province took a positive decision on launching substitution treatment programmes in the province (Governors’ Offices, 2007).

The National Health Fund reported that in 2007 it financed health services at 15 substitution treatment programmes in 10 provinces. The programmes offered 1 230

places located at centres in the following cities: Zgorzelec, Wroclaw, Swiecie, Lublin, Lodz, Krakow, Chorzow, Starachowice, Poznan, Szczecin and Warsaw (5 programmes) (Minister Zdrowia, 2008). In 2007 total number of clients stood at 1 522.

In 2007 4 programmes were run in penitentiary units (3 in 2006) in the following cities: Warsaw (5 penitentiary units), Lublin (7 penitentiary units), Krakow (Krakow Remand Centre), Poznan (Poznan Remand Centre). Each programme offers a maximum of 15 places. Due to problems connected with ensuring continuation of therapy outside prison the number of patients admitted to treatment does not exceed several cases per year. Therefore a strong need to coordinate the prison substitution treatment system and the non-prison one so that the needs of drug addicts are better satisfied (Minister Zdrowia, 2008).

In 2007 following an open competition for implementing a task „Programmes supporting substitution treatment", the National Bureau for Drug Prevention selected 3 offers. The activities which aim at supporting already existing substitution treatment programmes run by public health care units, are being conducted in 2008. In 2007 the Bureau also commissioned "Substitution treatment training for future methadone programme implementers". The training involved 65 participants, mainly doctors (22) and nurses (21). The National Bureau also held the Conference for Implementers of Substitution Programmes. The conference was attended by 52 participants: methadone programme heads, representatives of patient associations, a representative of the National Health Fund. The meeting aimed at presenting chances of development for substitution treatment programmes from the perspective of the National Health Fund, exchanging experience between performers of respective programmes, discussing substitute therapeutic services in the context of clients' needs.

- **Other pharmacologically assisted treatment**

In special cases drug addicts are administered psychotropic medication. It is the case when a patient is diagnosed with drug-related psychotic disorders or mood disorders. Treatment of dually diagnosed patients was outlined more widely in section "Activities related to coexistence of mental diseases". Treatment of infectious diseases coexisting with drug use was outlined in section "Treatment of infectious diseases".

In the case of existence of other (than infectious) diseases (or conditions) of somatic nature, patients of rehab clinics are referred to specialist health care units. It happens as rehab clinics do not hire consultants (mainly angiologist, cardiologist, toxicologist, urologist, gastrologist, dermatologist, neurologist, surgeon, internist etc.). Good practice is regular cooperation of rehab clinics with consultants, which is usually additionally financed by the service sponsor – the National Health Fund.

5.4. Raising the quality of treatment programmes

- **Standards**

Since 2004 a special team appointed by the Minister of Health developed standards of treatment, rehabilitation and harm reduction towards psychoactive substance users. When the standards were developed the next stage was designing an accreditation system for rehab clinics. Consequently, in 2007 pilot visits to two inpatient clinics were prepared and made: alcohol rehab clinic and psychoactive substance rehab centre. The visits aimed at evaluating the clinic based on accreditation standards, verification of the developed standards and getting experience by the future inspectors. The National Bureau for Drug Prevention along with the Centre for Monitoring Quality (CMQ) in Health Care and the State Agency for Solving Alcohol-related Problems conducted a training seminar "Quality management in health care". The seminar involved 60 participants working in the field of alcohol and drug abuse. Graduation in such a training according to CMQ standards constitutes the basic condition for becoming an inspector. A four-day training session for rehabilitation clinic accreditation inspectors was also organized. 26 participants attended the seminar. A verification process of the developed accreditation standards in the field of outpatient treatment was launched.

- **Evaluation**

Apart from standards and accreditation another activity, performed in 2007 by the National Bureau for Drug Prevention, which aimed to raise the quality and effectiveness of therapeutic programmes was the development and implementation of a pilot system of addiction treatment services evaluation.

The following were invited to cooperate in the scope of evaluation research: representatives of inpatient and outpatient clinics active in the field of providing assistance to drug users as well as representatives of methadone programmes. Having been adapted to Polish conditions, Maudsley Addiction Profile was used as an evaluation toll to conduct the pilot trail together with complementary questionnaires. At the end of 2006 representatives of the invited facilities began to conduct evaluation surveys among their clients in order to analyze them in 2007 taking into consideration adequacy, utility and functionality i.e. using them in practice.

In 2007 the project involved 5 inpatient and 5 outpatient drug rehab clinics. A meeting of the representatives of inpatient and outpatient clinics active in the field of providing assistance to drug users was held. The meeting featured a presentation of evaluation tools: the Polish version of the Maudsley Addiction Profile and a supplementary questionnaire. Another stage was conducting evaluation surveys among patients of the clinics and sending

them to the National Bureau for analysis of the tools in terms of their adequacy, utility and functionality i.e. practical applicability.

Development and the pilot implementation of the drug treatment evaluation system will allow for the widespread implementation of evaluation programmes in the field of drug treatment, rehabilitation, harm reduction and social reintegration. In 2007 a research project "Models of good practice in drug treatment in Europe" was launched. The results of the analyses will be available in 2008. In 2007 the Institute of Psychiatry and Neurology launched a research project "Improvement of drug and alcohol treatment availability". The project is being implemented under the EU Public Health Programme in Poland and seven other EU countries. In 2007 an instruction was given to conduct in-depth interviews and a protocol regulating the methodology of qualitative research was developed. In 2007 the research programme was conducted in the field of the effectiveness of the substitution treatment in addiction therapy and HIV/AIDS prevention.

- **Trainings**

In 2007, as in previous years, a training programme for the staff of Basic Health Care (general practitioners, paediatricians, family doctors and nurses) was organized. The training aimed at improving the ability to recognize the drug-related threat and conduct a short-term intervention for drug users. The training participants gained knowledge and practical skills in terms of profiles of narcotic drugs, clinical symptoms of drug use and related adverse effects, legal aspects related to the drug problem, diagnostic tests for problem drug use and drug tests and activities connected with conducting critical interventions. There were 74 graduates of the training, 117 in 2006 (Minister Zdrowia, 2008).

In 2006 the Medical Centre for Postgraduate Studies and the Supreme Chamber of Nurses and Midwives in cooperation with other entities conducted training for doctors. The total number of 497 participants took part in the training (Minister Zdrowia, 2008).

In order to improve knowledge and skills of harm reduction professionals, in 2007 the National Bureau commissioned a training seminar titled "Improving work methods and techniques in health harm reduction". 25 participants were trained (Minister Zdrowia, 2008).

The subject of the training covered epidemiology, anti-drug policy, substitution treatment, profiles of psychoactive substances, especially new ones, substance use vs. risky sexual behaviour, drug-related diseases (HIV, HCV, HBV, TB), professional exposure conduct. The National Bureau co-financed 2 trainings on harm reduction psychotherapy methods and harm reduction psychotherapy – follow-up. The trainings targeted drug therapy specialists. The implementing entity was the Krakow Association for Drug Users Support.

Moreover, in 2007 the National Bureau for Drug Prevention financed the staff training of the new methadone maintenance facility - the Wroclaw Substance and Co-addiction Therapy Centre. It aimed at training the centre's staff in substitution treatment.

In 2007, in order to improve knowledge on drug addiction and perfect skills of working with mind altering drug patients (including engaging in first intervention), 11 Marshal Offices supported 28 trainings related to drug treatment, rehabilitation and harm reduction. The trainings involved 1 892 participants. In 2007 communal authorities, in turn, co-financed 402 trainings for 4 820 participants: doctors, nurses, implementers of substitution treatment programmes, social workers, implementers of harm reduction programmes and representatives of other professional groups dealing with drug addiction (Minister Zdrowia, 2008).

6. Health Correlates and Consequences *prepared by Artur Malczewski, Marta Struzik*

6.1. Drug-related deaths and mortality of drug users

The basic source of information concerning drug-related deaths in Poland is the data of Central Statistical Office (GUS). Every year the National Focal Point of the National Bureau for Drug Prevention processes the GUS information for the domestic purposes and the purposes of the EMCDDA.

Nationwide data are reported to the EMCDDA in the form of standard tables and the National Report. Data from the provinces and city-based counties are sent to provincial experts and communes developing local monitoring. Provincial experts and communes use the data to draft provincial and communal reports on the situation of drugs and drug addiction.

The abovementioned GUS database contains information on the location of death, socio-demographic details of the person who overdosed drugs and the type of substance that caused the death (according to ICD codes). Until 1996 ICD 9th revision was used and since 1997 data have been codified in compliance with ICD 10th revision. The basic limitation for obtaining information about drug-related deaths is the fact of entering into the database only one code, i.e. primary cause of death. There are works under way at the Central Statistical Office to expand the database so that it includes also the secondary and tertiary cause of death, which would make the Polish register meet the Eurostat requirements. According to the EMCDDA standards two codes must be applied (two causes of death: primary and secondary) in order to meet the DRD (Drug Related Deaths) criteria. This way the data obtained may be processed with the EMCDDA Selection B, which excludes some substances from the definition of drug related deaths, e.g. fatal overdoses of tranquilizers and sleeping pills. DRD Standard Protocol provides guidelines how to process central register data in order to meet the European standards. In some countries we know only one cause of death. In this case national definitions developed according to the EMCDDA recommendations are used. In 2005, codes that form the national definition of drug-related deaths were chosen. The following codes were selected from the general database: F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14. Polish definition of drug-related deaths was elaborated based on Selection B of EMCDDA protocol as well as on the basis of the national methodology used previously.

Data in Table 18 indicates a stable trend in the number of drug-related deaths. While analyzing data since 1987 we can see that in 1987-1996 drug-related deaths fluctuated between 145 and 213. In 1997 there was an increase of 40% compared to 1996. At that time 10th ICD revision came into force. The coding changes could have influenced the number of the deaths generated by the system. Since 1997 we have been observing

a stable trend. Deaths do not fluctuate considerably and remain at a steady level. In 2005 a slight increase in the number of fatal drug overdoses (290 deaths) only to return in 2006 (241 deaths) to the similar level of 2004 (231 deaths). As it has been mentioned more men than women die of drugs. However, Poland along with the Czech Republic and Slovakia records the highest proportion of female deaths in Europe. In 2006, of all the people who overdosed 39% were women, 41% in 2005, 38% in 2004, 32% in 2003 and 42% in 2002. The average age of a victim is relatively high and stands at 46, which is 11 years more than the European average. However, the youngest person who overdosed in 2006 was 14 (the same as in 2005). A large part of deaths resulted from using drugs, which are hard to determine by means of classification which is in use currently. Poland along with Finland and the United Kingdom is a country of the highest average age of a fatal overdose victim. The countries of the lowest average age include Bulgaria, Latvia, Estonia and Romania, i.e. the new EU member states.

In Poland the great number of drug related deaths cannot be classified according to the existing classification. In 2006 in those cases when a specific type of substance was given as primary cause of fatal poisoning, the largest number constituted people who died because of opiates – 6 users (11 cases in 2005). There were also two deaths caused by using cocaine (F14) and two or several substances (F19) and one caused by hallucinogenic substances (F16). The average age of heroin overdose victims in Poland was 37.

Table 18. Deaths from drug overdose 1987 – 2006.

Year	Number	Death rate per 100k
1987	156	0.41
1988	145	0.38
1989	181	0.48
1990	155	0.41
1991	213	0.56
1992	199	0.52
1993	211	0.55
1994	185	0.48
1995	175	0.45
1996	179	0.46
1997	253	0.65
1998	235	0.61
1999	292	0.76
2000	310	0.81

2001	294	0.77
2002	324	0.85
2003	277	0.73
2004	231	0.61
2005	290	0.76
2006	241	0.63

Source: Data of Central Statistical Office processed by the NFP

- **Situation in the provinces**

If we have a look at the number of drug-related deaths in 2005 with breakdown into provinces (see Table 19) then we will notice that most fatal drug overdoses took place in mazowieckie, slaskie, zachodniopomorskie and lodzkie provinces. In the remaining provinces the number of deaths did not exceed 20 annually. As many as 45 out of 61 fatal poisonings in mazowieckie province occurred in Warsaw. In 2006 the number of deaths in this province fell to 25. In 2007 the average age of overdose victims stands at 37. In slaskie province where the number of deaths was the highest in 2004 the number of fatal overdoses fell in 2005, similarly to lubuskie and swietokrzyskie provinces.

While analyzing the 2006 drug-related deaths we notice the highest number on slaskie province – 38, despite a downward trend in this province for three years. Second came mazowieckie province with the almost same number of drug-related deaths. In mazowieckie province there was a fall from 61 to 37. Third came lodzkie province – 34 fatal cases. In lodzkie province we observe a reverse trend i.e. a dramatic increase in the fatal drug overdoses in 2004-2006. In the remaining provinces fewer than 30 deaths were recorded in 2006. As it has been mentioned in 2005 there was an increase in drug-related deaths and then in 2006 the trend returned to the level of 2004. A similar trend was noticed in 7 provinces (dolnoslaskie, kujawsko – pomorskie, mazowieckie, opolskie, podlaskie, warminsko – mazurskie, zachodniopomorskie). In four provinces we record an upward trend in 2004-2006 (lodzkie, malopolskie, pomorskie, wielkopolskie)

A more accurate indicator other than the number of drug-related deaths in a province is the death rate per 100 000 inhabitants. In this way we will avoid distortions caused by population variations in Poland's provinces. Comparing the above data we notice the highest drug-related death rate in lodzkie province (1.32). Then comes pomorskie province (0.91), slaskie province (0.81), lubuskie province (0.79) and then mazowieckie province (0.72).

As we can see the ranking has changed and two provinces (pomorskie & lubuskie) entered a group of provinces of the highest drug-related death rate. In turn, the provinces of lubelskie, malopolskie, opolskie, warminsko-mazurskie record the lowest drug-related death rates. The Table 20 shows the drug-related death rates by province.

Table 19. Deaths due to drug overdose (by national definition: F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14) in 2004 - 2006 by province.

Province	No. of deaths according to national definition 2004	No. of deaths according to national definition 2005	No. of deaths according to national definition 2006
Dolnoslaskie	18	33	17
Kujawsko-pomorskie	14	19	13
Lubelskie	9	9	7
Lubuskie	8	6	8
Lodzkie	19	23	34
Malopolskie	3	5	10
Mazowieckie	47	61	37
Opolskie	4	5	3
Podkarpackie	4	4	9
Podlaskie	4	13	7
Pomorskie	13	17	20
Slaskie	48	44	38
Swietokrzyskie	4	3	6
Warminsko-mazurskie	6	9	4
Wielkopolskie	13	17	19
Zachodniopomorskie	17	22	9
Poland	**231**	**290**	**241**

Source: Data of Central Statistical Office processed by the NFP

Table 20. Drug-related death rates per 100 000 inhabitants due to drug overdose (according to national definition: F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14) in 2004 - 2006 by province.

Province	Death rate per 100 000: 2004	Death rate per 100 000: 2005	Death rate per 100 000: 2006
Dolnoslaskie	0.62	1.14	0.59
Kujawsko-pomorskie	0.68	0.92	0.63
Lubelskie	0.41	0.41	0.32
Lubuskie	0.79	0.59	0.79
Lodzkie	0.73	0.89	1.32
Malopolskie	0.09	0.15	0.31
Mazowieckie	0.91	1.18	0.72
Opolskie	0.38	0.48	0.29
Podkarpackie	0.19	0.19	0.43
Podlaskie	0.33	1.08	0.59
Pomorskie	0.59	0.77	0.91
Slaskie	1.02	0.94	0.81
Swietokrzyskie	0.31	0.23	0.47
Warminsko-mazurskie	0.42	0.63	0.28
Wielkopolskie	0.39	0.5	0.56
Zachodniopomorskie	1	1.3	0.53
Poland	**0.61**	**0.76**	**0.63**

Source: Data of Central Statistical Office processed by the NFP

- **Drug-related deaths according to police records**

The other system which registered deaths from drug overdose was the police records. Data was collected by Communal and County Police and then it was reported to Provincial Police on a semiyearly basis from which it was sent to the Police Headquarters in Warsaw.

According to the law, every case of sudden death should be investigated by the police. In this way it can be ascertained if a death was caused by drug use. The system does not collect information about the substance which caused the fatal poisoning, nor socio-demographic data about the deceased. It is worth noting that the numbers are not higher than those of Table 19, where the GUS data about drug-related deaths listed.

The data from both of the sources make up a similar stable trend, which tends to fluctuate. In the last reporting year the police recorded 174 deaths (2000).

Table 21. Deaths due to drug overdose in 1988 – 2000.

Year	Number	Death rate per 100 000
1988	106	0.28
1989	110	0.29
1990	98	0.56
1991	130	0.34
1992	167	0.44
1993	150	0.39
1994	151	0.39
1995	177	0.46
1996	157	0.41
1997	143	0.37
1998	179	0.46
1999	120	0.31
2000	174	0.45

Source: Police Headquarters

Summing up it must be concluded that in Poland we observe a stable trend in drug-related deaths. In turn, the 2007 EMCDDA report states that the downward trend in Europe is coming to a halt.

Our national monitoring system requires further improvement of processing data on fatal drug overdoses. At present on the basis of the GUS data we are not able to say much about the type of substance contributed to the fatal overdose nor whether new dangerous substances emerge. We must hope that as a result of adapting the Polish drug-related death data collection system to the Eurostat standards the secondary cause of death will be introduced, which will make the data more precise.

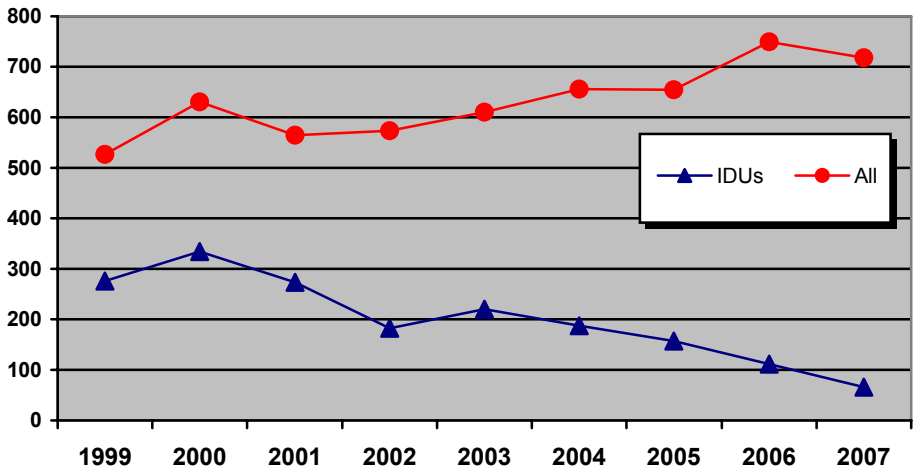
6.2. Drug related infectious diseases

Nationwide data on HIV and AIDS cases related to injecting drug use are obtained through reports sent to the State Hygiene Institute by Provincial Sanitary and Epidemiological Stations (SANEPID) under the infectious diseases reporting system.

Between 1985, i.e. the moment of introducing in Poland the routine epidemiological supervision system over HIV/AIDS and the end of 2007, 11 273 HIV infections were recorded. Out of these infections 5 529 (49%) were injecting drug users (IDUs), including 4 138 (75%) men and 1 339 (24%) women. In the above period there were 2 028 AIDS cases recorded. Out of these 1 046 (52%) were IDUs, including 824 men (79%) and 222 (21%) women.

The IDU-induced HIV infection analysis for 2003-2007 shows continuation of the downward trend. In 2006 112 new HIV infections among IDUs were recorded, whereas in 2007 there were 66 records. However, the data might be underestimated due to the high percentage of HIV infections without infection route specified.

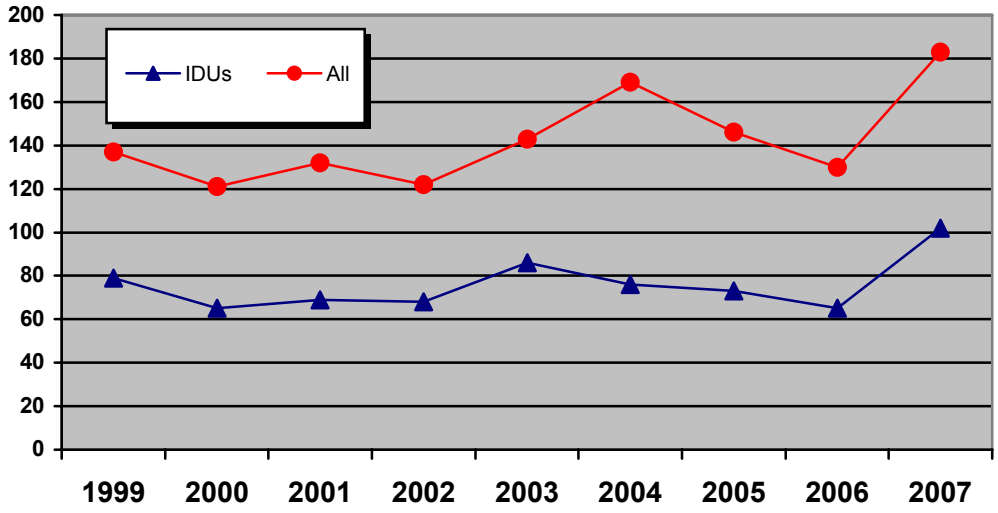
Figure 14. New HIV infections, including injecting drug users in 1999-2007 (according to date of detection).



Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department)

AIDS morbidity among IDUs showed a downward trend in 2003-2006. The number of new AIDS cases fell from 87 in 2003, to 79 in 2004, 73 in 2005 and further down to 65 in 2006. In 2007 183 AIDS cases were recorded altogether (130 in 2006), including 102 among IDUs (65 in 2006). The 2008 data will show whether the 2007 growth is a temporary fluctuation or permanent decline of the downward trend.

Figure 15. AIDS cases, including injecting drug users in 1999 – 2007 (according to date of detection).



Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department)

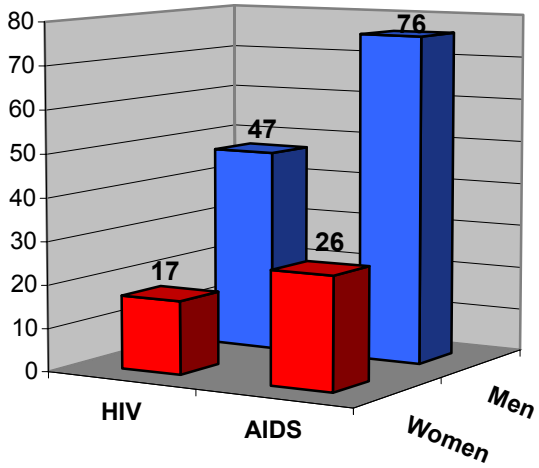
In 2007 718 HIV infections were recorded, including 66 (9%) related to IDUs. However, the likelihood of data being underestimated must be stressed as in 556 new HIV infections in 2007 (77%) no possible infection route was given.

The data do not allow for exact epidemiological assessment and there is a need to further develop the HIV registration system.

New AIDS cases in 2007 concerned 102 IDUs, which accounts for 56% of all AIDS cases in the reporting year. No data as to the likely transmission route concern 28 cases (15%).

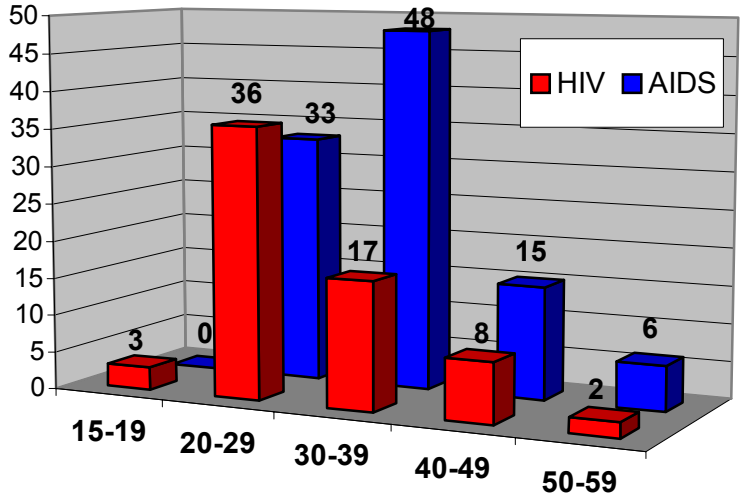
Among HIV-positive IDUs in 2007 there were 47 (71%) men and 17 (26%) women. New AIDS registrations among IDUs in 2007 referred to 76 (74%) men and 26 (25%) women.

Figure 16. HIV infections and AIDS cases among IDUs in 2007 by gender.



Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department)

Figure 17. New HIV infections and AIDS cases among IDUs in 2007 by age group.



Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department)

In 2007 among HIV-positive IDUs the most numerous group were users aged 20-29 (36 persons, 54%), then 30-29-year-olds (17 persons, 26%), 40-49 (8 persons, 12%), 15-19 (3 persons) and 50-59 (2 persons).

In 2007 out of the reported new AIDS cases in IDUs the most numerous group were persons aged 30-39 (48 persons, 47%), then 20-29-year-olds (33 persons, 32%), 40-49 (15 persons, 15%) and 50-59 (6 persons, 6%).

In Poland in 2004-2007 there was a steady fall in HIV infections among IDUs per 100 thousand inhabitants. The number of new HIV infections varies in respective provinces. In 2004-2007 the highest indicators were recorded in dolnoslaskie, lodzkie and warminsko-mazurskie provinces. The fewest cases were recorded in swietokrzyskie, lubelskie and podkarpackie provinces.

Table 22. Number of new HIV infections in IDUs in 2004-2007 (indicator per 100 thousand inhabitants) (infections registered according to place of residence).

Province	2004		2005		2006		2007	
	number	indicator	number	indicator	number	indicator	number	indicator
Dolnoslaskie	59	2.04	49	1.70	32	1.11	15	0.52
Kujawsko-pomorskie	5	0.24	6	0.29	4	0.19	3	0.15
Lubelskie	1	0.05	1	0.05	1	0.05	2	0.09
Lubuskie	2	0.20	4	0.40	1	0.10	1	0.10
Lodzkie	30	1.16	18	0.70	14	0.55	8	0.31
Malopolskie	2	0.06	3	0.09	7	0.21	2	0.06
Mazowieckie	11	0.21	9	0.17	4	0.08	2	0.04
Opolskie	6	0.57	1	0.10	3	0.29	0	0.00
Podkarpackie	2	0.10	3	0.14	1	0.05	0	0.00
Podlaskie	5	0.42	3	0.25	1	0.08	1	0.08
Pomorskie	5	0.23	9	0.41	3	0.14	4	0.18
Slaskie	10	0.21	3	0.06	1	0.02	5	0.11
Swietokrzyskie	2	0.16	0	0.00	0	0.00	0	0.00
Warminsko-mazurskie	7	0.49	12	0.84	10	0.70	7	0.49
Wielkopolskie	8	0.24	4	0.12	5	0.15	3	0.09
Zachodniopomorskie	3	0.18	3	0.18	2	0.12	3	0.18
Poland	**187**	**0.49**	**157**	**0.41**	**112**	**0.29**	**66**	**0.17**

Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department)

Indicators of new AIDS cases in IDUs in 2004-2007 show trend fluctuation and only the figures for 2008 will show whether we deal with permanent decline of the downward trend. The highest morbidity indicators are recorded in the provinces of dolnoslaskie, kujawsko-pomorskie and podlaskie. The fewest cases were registered in the provinces of podkarpackie and swietokrzyskie.

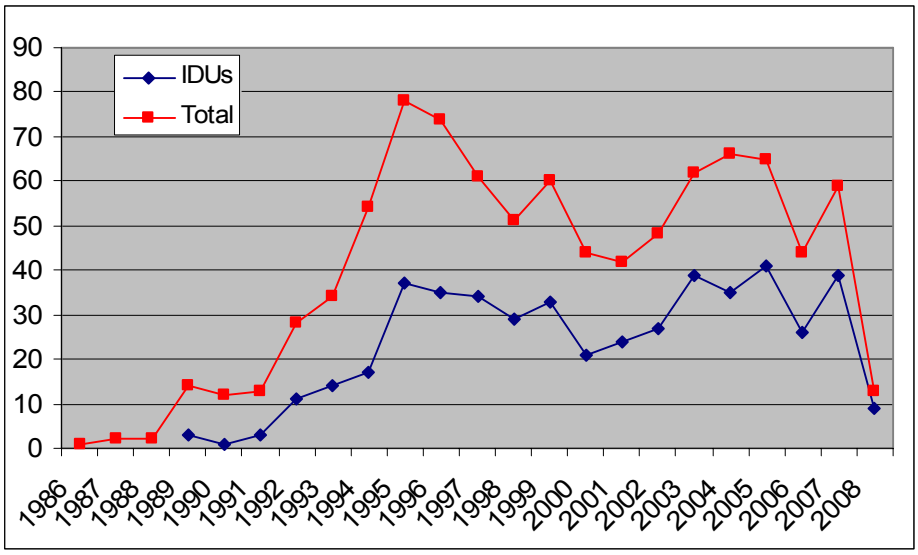
Table 23. Number of new AIDS cases in IDUs in 2004-2007 (indicators per 100 thousand inhabitants) (infections registered according to place of residence).

Province	2004		2005		2006		2007	
	number	indicator	number	indicator	number	indicator	number	indicator
Dolnoslaskie	22	0.76	42	1.45	20	0.69	43	1.49
Kujawsko-pomorskie	9	0.44	3	0.15	8	0.39	2	0.10
Lubelskie	4	0.18	2	0.09	4	0.18	4	0.18
Lubuskie	2	0.20	1	0.10	0	0.00	6	0.59
Lodzkie	5	0.19	5	0.19	3	0.12	6	0.23
Malopolskie	3	0.09	2	0.06	2	0.06	2	0.06
Mazowieckie	4	0.08	3	0.06	0	0.00	4	0.08
Opolskie	4	0.38	1	0.10	1	0.10	2	0.19
Podkarpackie	2	0.10	0	0.00	0	0.00	0	0.00
Podlaskie	3	0.25	3	0.25	4	0.33	4	0.34
Pomorskie	3	0.14	2	0.09	5	0.23	6	0.27
Slaskie	11	0.23	1	0.02	6	0.13	8	0.17
Swietokrzyskie	0	0.00	1	0.08	0	0.00	1	0.08
Warminsko-mazurskie	2	0.14	2	0.14	4	0.28	8	0.56
Wielkopolskie	3	0.09	4	0.12	5	0.15	5	0.15
Zachodniopomorskie	2	0.12	0	0.00	2	0.12	1	0.06
Poland	**79**	**0.21**	**73**	**0.19**	**65**	**0.17**	**102**	**0.27**

Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department)

According to the statistics kept since 1986 by 30 June 2008, 927 deaths of AIDS positive individuals were recorded, including 478 (51.6%) IDUs.

Figure 18. Number of deaths in AIDS positive individuals registered in Poland by 30 June 2008, including IDUs, by date of death.



Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department)

The monitoring of morbidity trend in AIDS-positive IDUs shows that the deaths were related to 397 (83%) men and 81 (17%) women.

In 2007 there were 59 deaths of AIDS-positive individuals, including 39 (66%) IDUs. The highest mortality rate in AIDS-positive IDUs referred to persons aged 30-39 (24 cases), then 40-49 (9 cases), 3 persons aged 20-29 and 3 aged 50-59.

To sum up, it must be stressed that the figures above have been calculated on the basis of the most recent data. However, due to delays in infection reporting it is expected that the figures will change.

Data on the prevalence of infectious diseases in IDUs for 2007 are not available. In 2008 the research project of estimating the prevalence of infectious diseases (HCV, HBV and HIV) in IDUs is planned. The project will be implemented by the National Institute of Public Health – National Institute of Hygiene upon commission of the National Bureau for Drug Prevention.

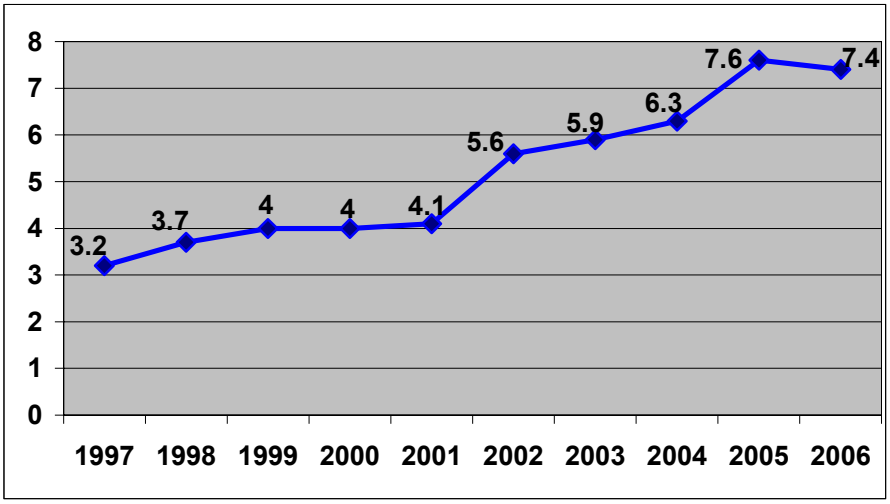
6.3. Psychiatric co-morbidity (dual diagnosis)

- **Personality disorders, depression, anxiety, affective disorders, etc.**

In Poland the treatment system for dual diagnosis patients comprises psychiatric facilities and rehab clinics. Epidemiological data on patients with dual diagnosis and the data on the scale of co-morbidity are calculated on the basis of admissions to the inpatient psychiatric treatment in a given year. The above figures are collected yearly by the Institute of Psychiatry and Neurology in Warsaw. These calculations are burdened with significant error related to the fact that the data come exclusively from inpatient centres and evaluating co-morbidity still remains difficult as it is not reported regularly.

Between 1997 and 2005 there was an increase in the percentage of patients with dual diagnosis in the overall number of patients admitted to inpatient psychiatric treatment (see Figure 19). In 1997 the percentage of patients with dual diagnosis stood at 3.2% and in 2005 at 7.6%. Within 8 years the number of patients increased by 4.4%. In 2006 the percentage of patients with dual diagnosis admitted to inpatient psychiatric treatment stood at 7.4%.

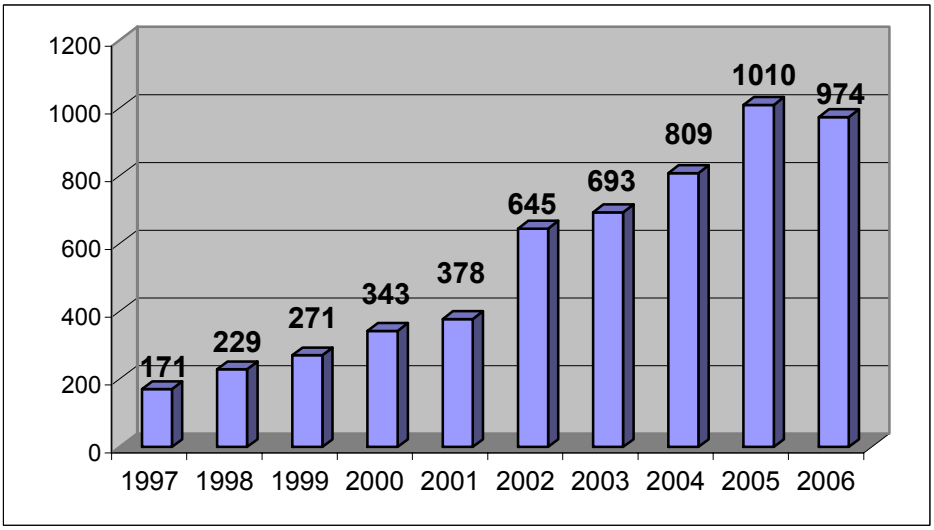
Figure 19. Patients with dual diagnosis in all admissions to inpatient psychiatric treatment in 1997-2005 (*percentages of patients*).



Source: Institute of Psychiatry and Neurology in Warsaw

Between 1997 and 2005 the number of hospitalized patients with dual diagnosis rose from 171 in 1997 to 1010 in 2005. In 2006, 974 patients with dual diagnosis were admitted to treatment, which constitutes a fall of 36 patients compared to 2005.

Figure 20. Total number of patients with dual diagnosis admitted to inpatient psychiatric treatment between 1997 and 2006.



Source: Institute of Psychiatry and Neurology in Warsaw

2007 data will show whether the slight fall in the admissions of patients with dual diagnosis in 2006 constitutes a permanent decline of the upward trend or we just deal with temporary fluctuation.

The Table 24 shows statistical figures on patients with dual diagnosis admitted to inpatient psychiatric treatment.

Table 24. Percentages of patients with drug problems admitted to inpatient psychiatric treatment between 1997 and 2006, according to ICD-10 and the total number of patients.

ICD-10 diagnosis	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Personality disorders	46%	32%	48%	37%	39%	50%	39%	39%	33%	26%
Depression	7%	7%	7%	9%	5%	4%	5%	7%	5%	8%
Other affective disorders	5%	5%	0	2%	1%	2%	2%	2%	1%	2%
Anxiety disorders	0	5%	8%	6%	5%	6%	7%	7%	7%	6%
Other mental disorders	42%	51%	37%	46%	50%	38%	47%	45%	54%	58%
Total number of patients with dual diagnosis	171	229	271	343	378	645	693	809	1010	974

Source: Institute of Psychiatry and Neurology in Warsaw

At inpatient psychiatric clinics in Poland in 2006 the most numerous groups were patients of the category “other mental disorders” (58%). This group comprises psychotic disorders, including hallucinations and delusions, schizophrenia and behavioural disorders. A considerable number of patients manifested symptoms of personality disorder (26%). Moreover, the patients revealed depression (8%), anxiety disorders (6%), and other affective disorders (2%).

Table 25. Percentages of patients with dual diagnosis admitted to inpatient psychiatric treatment in 1997-2006, by addiction

Addiction	No dual diagnosis	Personality disorders	Depression	Other affective disorders	Anxiety disorders	Other mental disorders
Opiates	97.8	1.4	0.0	0.0	0.0	0.7
Cannabis	91.8	2.1	0.0	0.3	0.0	5.8
Tranquilizers and sleeping pills	88.5	1.3	1.0	0.4	2.8	5.8
Cocaine	97.0	3.0	0.0	0.0	0.0	0.0
Amphetamines	97.0	0.8	0.3	0.1	0.0	1.8
Hallucinogens	95.9	2.0	0.0	0.0	0.0	2.0
Inhalants	92.0	2.9	0.0	0.0	0.0	5.1
Poly-drug addiction	91.3	2.3	0.8	0.2	0.2	5.3

Source: Institute of Psychiatry and Neurology in Warsaw

In patients admitted to inpatient treatment with addiction diagnosed the highest rate of co-morbidity was found in users addicted to tranquilizers and sleeping pills (no dual diagnosis referred to 88.5% of cases). The lowest rate of dual diagnosis referred to opiate users (97.8% of patients with no dual diagnosis). Personality disorders were more frequently observed in cocaine users (3%) and inhalants (2.9%), although there was a relatively considerable percentage of poly-drug addiction (2.3%). Depression or anxiety disorders were most often diagnosed in patients addicted to tranquilizers and sleeping pills (1% and 2.8% respectively). A substantial percentage cannabis, inhalants and poly-drug users manifested other mental disorders.

6.4. Other drug-related health correlates and consequences

- **Somatic co-morbidity (as dental health etc.), non-fatal drug emergencies, other health consequences.**

No data available.

- **Pregnancies and children born to drug users.**

No data available.

- **Driving and other accidents**

See chapter 7.4.

7. Responses to Health Correlates and Consequences *prepared by Dawid Chojecki, Łukasz Jędruszak*

Harm reduction programmes were conducted mainly by non-governmental organizations in big cities, streets, homeless shelters, meeting spots of drug users (dealers' dens, railway stations), sexual service settings as well as needle and syringe exchange points.

In 2007 the National Bureau co-financed 15 harm reduction programmes addressed to active problem drug users (Minister Zdrowia, 2008).

Harm reduction programmes are addressed to psychoactive substance addicts demotivated to enter treatment. Such programmes are intended to minimize drug-related health harm (mainly due to opiates and synthetic drugs) as well as the risk of HIV, HBV and HCV infection. The most prevalent form of outreach is the distribution of sterile injecting equipment (needles, syringes), cleaning stuff and condoms. Drug addicts are motivated by the staff of harm reduction programmes to enter drug treatment. They provide contact details of relevant facilities and encourage drug users to sign up for "safe drug taking" courses that aim at limiting likelihood of overdose and infection. Another important component of harm reduction programmes is safe sex education and first aid training. The drug scene is changing and injecting drugs is becoming less and less popular, therefore the number of exchanged syringes and needles is decreasing as well. On the other hand, it precipitated the necessity to modify such programmes in terms of complementarity including varied needs of drug users so as to increase the effectiveness of the activities and include the largest number of people possible.

In 2006 the National Bureau sponsored distribution or exchange of about 498 757 needles and 378 721 syringes. There were 30 193 community-based and 1 050 critical interventions (Minister Zdrowia, 2008).

In 2007, as in previous years, the National Bureau co-financed "Monar na bajzlu" magazine addressed to drug users and treatment programme operators, especially harm reduction programmes.

Apart from the National Bureau such programmes are also supported by some local governments. In 2007 9 harm reduction programmes were co-financed by 6 provincial governments: 4 syringe and needle exchange programmes, 1 streetwork programme, 2 substitution treatment programmes and 1 programme of medical and social assistance . In 2006 provincial governments spent 34 500 PLN on harm reduction programmes (Minister Zdrowia, 2008).

For example, in the framework of a streetwork programme implemented in podkarpackie province injecting equipment and bandages were exchanged; information leaflets were distributed while a local drug addiction centre offered information, guidance and consultation to HIV/AIDS users. A special website and a harm reduction helpline were launched.

7.1. Prevention of drug related deaths

- **training courses in "safe" drug using, training courses in first aid**

See Overview to Section 7. Response to Health Correlates and Consequences.

Due to the increased popularity of synthetic drugs in Poland there are harm reduction programmes targeting occasional and recreational drug users. Such programmes are conducted in recreational settings (dance clubs, concerts, open air events etc.) and focus mainly on preventing negative ways of drug use, particularly overdoses. Under harm reduction programmes described in Section 7 targeting psychoactive substance users safer injection and first aid trainings are conducted. In 2007 out of 15 harm reduction programmes financed by the National Bureau 13 covered an element of "safer" injections and first aid provision (Ministry of Health, 2008, p.25). The programmes featured the following aspects:

- education and information on psychoactive substances, drug addiction and consequences of drug use and drug treatment options. The above goals were being performed through distribution of leaflets and brochures and talks with drug users,
- motivating to change attitude and behaviour,
- training sessions on first aid in case of overdose,
- condom distribution,
- critical interventions.

- **Injecting rooms**

Injecting room are not available in Poland.

- **Antagonists**

No changes in comparison to the report of 2005.

In Poland the following substances are used:

- Naloxon, in case of acute opiate poisoning,
- Naltrexon, in maintaining abstinence or preventing relapse. The drug is registered for support opioid treatment for persons upon detoxification. The drug is used by doctors in drug treatment centres. A number of drug treatment facilities administer this drug.

Both drugs are used by doctors working with opiate addicts. Naloxon is (at least is supposed to be) part of ambulance equipment. Both Naloxon and Naltrexon are not available on prescription and they are not distributed through pharmacies.

7.2. Prevention and treatment of drug-related infectious diseases

Prevention

- **Needle and syringe exchange programmes, distribution of bandages and condoms, educational approach: „safe injecting, safe sex"**

See Overview to Section 7. Response to Health Correlates and Consequences.

- **Vaccinations**

In 2007 the activities of the National Health Fund aimed at increasing the availability of programmes preventing and treating infectious diseases among drug users included contracting antiretroviral treatment services, vaccinations against HBV as well as tests for HCV and HIV. Most Provincial Branches of the NHF reported that despite implementing activities in the field of infectious diseases treatment and prevention, it is impossible to provide the number of drug users vaccinated against HBV and tested for HBV, HCV and HIV. In 2007 units offering the abovementioned services were not obliged to collect information about drug use in people covered by the services and such information was not stored by NHF.

A specific harm reduction programme addressed exclusively to drug users is an outpatient programme run in Warsaw by "Social Assistance" Association. In 2007 under the programme, the following services were provided ("Social Assistance" Association, 2008):

- 28 people – hepatitis vaccinations
- 247 people – flu vaccinations
- 46 people – pneumococcal pneumonia vaccinations.

- **Counselling and testing**

Uninsured drug users are given an opportunity to do a free HIV test. Testing centres in Poland are obliged to offer counselling before and after performing the test.

In 2007 the National AIDS Centre ran 21 consultation and diagnostic points (PKD) in which it is possible to do a free and anonymous HIV test. The total number of users tested amounted to 19 261. There were 216 positive results, including 63 injecting drug users, which accounts for 29% of all positive results. In 14 facilities complex antiretroviral treatment was performed. In 2007 the antiretroviral treatment was provided for 1 372 HIV-positive IDUs and 73 patients infected through sexual transmission. The National AIDS Centre estimates that out of 114 vertical infections (mother to child) approx. 70% concerns women using drugs (Minister Zdrowia, 2008).

Treatment

- **Infectious diseases treatment**

14 facilities (2 more compared to previous year) performed complex antiretroviral treatment. In 2007 the antiretroviral treatment was provided for 1 372 HIV-positive IDUs and 73 patients infected through sexual transmission. The National AIDS Centre estimates that out of 114 vertical infections (mother to child) approx. 70% concerns women using drugs.

In 2007 the Warsaw Charity Society programme conducted at the Warsaw infectious diseases hospital for patients suffering from infectious diseases and addicted to psychoactive substances and not covered by other forms of therapy. The hospital features a special ward intended exclusively for antiretroviral patients.

Just as data on vaccinations and testing for HBV, HCV and HIV, data on drug users under antiretroviral treatment are not collected by most Provincial Branches of the National Health Fund.

7.3. Interventions related to psychiatric co-morbidity

In 2007 there were several dozens of drug rehab clinics operating in Poland. They also offered psychiatric treatment. However, the number of facilities specializing in treating patients with dual diagnosis is far lower. Most drug rehab clinics are not ready for treating patients with dual diagnosis. Such patients are referred to mental health counselling centres and in the case of acute psychotic disorders to psychiatric hospitals. Most inpatient drug rehab clinics admit such patients upon prior stabilization of mental state in a psychiatric unit. However, staff of the facilities make efforts that patients with dual diagnosis constitute a substantial minority so that their additional problems will not destabilize the functioning of a therapeutic community.

Outpatient units often cooperate with one another. If a patient of a mental health counselling centre reveals that he or she has a drug problem, upon stabilization of his or her mental state the patient is referred to a drug rehab clinic and the other way round.

7.4. Interventions related to other health correlates and consequences

- **Prevention and reduction of drug-related road accidents**

Policies

The matters of blood or urine tests for the presence of substances acting similarly to alcohol are regulated by Article 11 of the Ordinance No. 496 of 25 May 2004 the Police Commander in Chief and Article 128 of the Act of Law on Road Traffic *in matters of tests for the presence of alcohol or a substance acting similarly to alcohol*. It provides that such a test is performed in a driver, who took part in a road accident with fatalities.

Under PHARE project – Twinning 2001 along with the German partners, 50 policemen of provincial police (Police Station of the capital city of Warsaw) were trained in drug-related issues. Under the same project in 2003, the Police Training Centre in Legionowo (Legionowo PTC) held a training seminar on the above subject. Practical classes featured shooting an instruction movie, which was later distributed to all Provincial Police Stations and the Police Station of the capital city of Warsaw.

Since 2004 the Police Headquarters has been taking part in the 6th Framework Programme for Research Studies in the European Union whose one of the components is the DRIUD research programme – "Driving under the influence of drugs, alcohol and medicine". The project aimed at determining the influence of drugs acting similarly to alcohol on drivers. It was conducted in cooperation with the Automotive Transport Institute.

Under the above programme policemen along with the staff of the Automotive Transport Institute will perform random checks of 4 thousand drivers in terms of driving under the influence of substances acting similarly to alcohol. The research will be carried out across the country on different category roads and will cover sobriety tests and saliva samples. The samples will be sent to the Institute of Court Forensic Reports in order for the purposes of carrying out toxicological analysis. Thanks to the research results it will be possible to estimate the real scale of the problem along with the effective assessment of the prevention policies in progress. The operations are due to be finished in September 2009.

The results of the DRUID project will facilitate the assistance of the Government Road Safety Programme 2005-2007-2013 titled „*GAMBIT 2005*" (the programme was adopted by the government on 19 April 2005) with particular emphasis placed on priority 2.3. "*Alcohol and other related substances*" (Automotive Transport Institute).

Moreover one of the courses of action laid down in the National Programme for Counteracting Drug Addiction related to counteracting driving under the influence of substances acting similarly to alcohol is the implementation of the data collection system on drugs in road traffic. The system will involve analyzing yearly data reported by the police, which is bound to collect such information.

Prevalence rates and epidemiological methodology

Police do not conduct separate research into the prevalence of drugs use among drivers; consequently there are no police statistics profiling in detail (age group, gender, criminal record, etc.) drivers detained for driving under the influence of substances acting similarly to alcohol. However, according to the new Programme for Counteracting Drug Addiction (NPCDA) the police have been bound to collect and annually update data on the drugs problem in road traffic i.e. the number of drug tests performed, including positive result tests as well as the number of road accidents caused by drivers under the influence of drugs, including accidents with fatalities.

In 2002 general population survey on driving mechanical vehicles under the influence of drugs was conducted. According to the results the proportion of drivers driving vehicles under the influence of drugs stood at 1.2%. It means that every 80th driver of a car or another vehicle at least once a year sits behind the wheel under the influence of drugs.

Illicit substance detection and law enforcement

According to the existing law it is prohibited for a person in the state of insobriety or upon consumption of alcohol or a substance acting similarly to alcohol to drive a vehicle, lead a column of pedestrians, ride horses or drive cattle (Article 45.1 of the Act of Law of 30 June 1997 – Road traffic law. Journal of Laws of 2005, No. 108, item 908 as further amended). Article 178a.1 of the Penal Code provides that whoever being intoxicated or under the influence of a narcotic drug is found to be driving a mechanical vehicle in road, water or air traffic is subject to a fine or penalty of limitation of liberty or imprisonment of up to two years. The effective execution of the above provisions necessitates proper equipment therefore traffic policemen are equipped with drug testers [3] pursuant to Article 4.5 of the Regulation of the Minister of Health of 11 June 2003 on the list of substances acting similarly to alcohol and conditions and procedure for performing tests for the presence thereof (Journal of Laws No. 116, item 1104 as further amended).

It must be stressed that the positive result of the drug test must be confirmed by the lab test. 80 policemen representing 17 Provincial Police Departments were trained how to use the testers. They will be responsible for teaching other policemen who will apply drug tests directly to drivers.

The Police Headquarters developed "*principles of police conduct with drivers suspected of driving under the influence of a substance acting similarly to alcohol*" as well as methods of combating drug addiction in road traffic. Based on these materials the Provincial Police Headquarters in Szczecin designed a manual for policemen which has been distributed across the country.

In Poland road traffic policemen, during a road check follow the *principles of police conduct with drivers suspected of driving under the influence of a substance acting similarly to alcohol*. Upon receipt of test results and questioning the driver suspected of using a substance acting similarly to alcohol, police report the case to the court of law. Depending on the specialist test results, the act might be classified as petty or a serious crime. The court examines the evidence collected by the police; however, the conviction depends on the result of the laboratory test result.

[3] According to data of August 2008 road traffic policemen have 70 thousand tester of this type.

The Table 26 below shows the trend of road traffic crimes committed by drivers under the influence of substances acting similarly to alcohol.

Table 26. Growth dynamics of the crime detection rate among drivers under influence of substances acting similarly to alcohol.

Year	2000	2001	2002	2003	2004	2005	2006	2007
No. of drivers	19	124	150	172	228	280	335	511

Source: According to the data received from the Polish Police Headquarters.

It is worth noting that in the first half of 2008 road traffic policemen conducted 10 285 checks in terms of substances acting similarly to alcohol. In the same period there were 20 road accidents caused by drivers under the influence of substances acting similarly to alcohol.

Prevention

It should be noted that the drugs problem in road traffic, unlike the alcohol problem, is not a subject often featured in the media. Publications on drug driving are rare. No social debates in this matter is observed.

It should be mentioned that 13 campaigns were launched in zachodniopomorskie province targeting young road traffic participants, big transport companies and professional drivers. Meetings devoted to the drugs problem in road traffic were also held with secondary school students and their parents. The initiatives were performed the police and Marshal Office.

The Police do not hold separate nationwide informative campaigns on the risk related to driving vehicles under the influence of substances acting similarly to alcohol. Such information is passed directly to drivers upon activities targeting drunk drivers.

In 2008 the Department of Road Traffic of the Police Headquarters expressed willingness to participate in the nationwide social campaign of the National Bureau for Drug Prevention targeting road traffic participants. The campaign will not be directly addressed to drivers but to passengers travelling with drivers under the influence of substances acting similarly to alcohol. The campaign will be launched in 2009. Iit will be the first initiative of this type performed across the country.

The drugs problem in road traffic is not a frequent subject featured in the media. It mainly appears in specialist magazines such as "*Paragraf na drodze*" monthly published by the Institute of Court Examinations in Krakow and the "Bezpieczeństwo Ruchu Drogowego" quarterly published by the Automotive Transport Institute.

Young drivers should be made aware of the drug-related risk in road traffic already during training in Driving Schools. Consequently, according to the Regulation of the Minister of Infrastructure of 27 October 2005 *on training, examining and obtaining qualifications by drivers, instructors and examiners* the training course at a Driving School should include familiarizing a student with the influence of alcohol and other substances acting similarly to alcohol on the driving performance[4].

Activities aimed at preventing drug driving are also performed by doctors and pharmacists. They are bound to provide patients/medicine users with the information on the influence of a given medicine on the driving performance.

However, manufacturers and distributors of medicines are not bound to place visible information on the medicine packaging whether a given substance influences the driving performance. Such information is contained inside packaging.

- **Activities related to pregnancy and birth of children of drug users**

In 2006 the National Bureau for Drug Prevention co-financed the pilot study conducted by the Krakow Drug Prevention Society. The aim of the project titled "Maternity from the perspective of addiction", conducted by Krajewska, was to find out about the status of 68 Krakow women, who became mothers while being active substance users. The programme was intended to identify threats connected health and child development. The major criteria for selection of the interviewees were maternity and drug use in pregnancy (Minister Zdrowia, 2007). The study showed that half of the women were aware of the influence of drugs on pregnancy; however, they persisted in using drugs (only 8 women reduced doses). While in pregnancy 30 women used different types of welfare programmes (Municipal Welfare Centre, Single Mother House, Centre for Women's Rights), (8 women were denied assistance). 47 out of 68 children (70%) scored 9 or 10 points on the Apgar rating scale; however, 32 were born with the withdrawal syndrome. When asked if they wanted to see and hug the baby after birth 145 women responded negatively. When asked if they wanted to give the baby a tranquilizer when it cried or would not sleep, 6 women responded affirmatively. 12 interviewees admitted to using force in such cases (Minister Zdrowia, 2007).

[4] Information obtained by the Head of the Provincial Road Traffic Centre in Warsaw

8. Social Correlates and Consequences *prepared by Dawid Chojecki, Artur Malczewski, Michał Kidawa*

8.1. Social Exclusion (among drug users and drug use among socially excluded groups)

In 2007 a study titled “Social diagnosis 2007, Poles’ living conditions and quality of life” (Czapiński, 2007) was conducted by the University of Finance and Management. One of the topics discussed therein was social exclusion. The study was conducted in 2000, 2003, 2005 and 2007. It was indicated that since 2003 the extent of social exclusion due to drug and alcohol addiction had been stable.

In 2007 the Institute of Psychiatry and Neurology performed a research project called “Analysis of drug use patterns and related problems in occasional drug users in two cities”. (Sierosławski, 2007). One of the goals of the project was to study negative consequences of using drugs. The study was conducted in Warsaw and Wroclaw and included 50 participants aged 16-19 interviewed with qualitative method (in-depth interviews). Moreover, 10 group interviews were held. The study had a qualitative nature. All interviewees were defined as occasional drug users.

Another subject was the juvenile delinquency; however, it was mentioned relatively seldom. Major part of this section was devoted to negative health consequences but social consequences were also mentioned by the study participants.

Although rarely, some participants pointed to aggression resulting from staying in the drug users and dealers community. It concerned the aggression on the part of other users (e.g. dealers, sometimes peers acting under the influence of stimulants). Social exclusion was associated with addiction rather than occasional use.

The most important conclusion of the study was that occasional drug users rarely experience drug-related problems, especially if they confine themselves to using cannabis. Surely the situation looks completely different in the case of problem drug users.

- **Homelessness and unemployment**

In Poland there is no single system of collecting data on homelessness and unemployment in drug addicts.

- **School expulsion (dropout)**

No data available

- **Welfare assistance**

It is common knowledge that active drug users unwillingly seek assistance at welfare services. What is more, such people are characterized by poor awareness and knowledge on the options of getting this type of assistance (both in terms of welfare laws and location of welfare services).

In 2007 in Poland welfare services provided drug-related welfare assistance for 3 671 families (3 841 the previous year), including 515 families in rural areas. The assistance was given to 7 410 beneficiaries altogether, including the co-dependent (8 405 the previous year), (Ministry of Labour, Department of Welfare and Social Reintegration, oral message).

- **Financial problems**

No data available

- **Social network**

No data available

- **Sex workers**

In 2006 the National Bureau for Drug Prevention co-financed a harm reduction programme among drug users who offered sexual services. The programme was implemented by the Centre for Prevention and Social Education “Parasol” in Krakow. The assistance was provided for approx. 200 people, among whom 50 were regular beneficiaries of street workers’ assistance (Centrum Profilaktyki i Edukacji Społecznej “Parasol”, 2007). The programme was implemented in the following settings: streets, night clubs and sex agencies (thanks to good cooperation between the implementers and the owners of night clubs and agencies).

The activities of the programme included distribution of education and informative materials on infectious diseases, safe sex, distribution of condoms, lubricants and other intimate hygiene products, as well as intervention activities and referrals to proper facilities (e.g. welfare services where material assistance was often granted, job centres or treatment facilities). The implementers of the programme closely cooperated with a gynecologist and a lawyer.

8.2. Drug-related Crime

Combating drug-related crime in the Police falls within the competencies of the following agencies (Stochmal, 2002):

- Central Bureau of Investigation (CBŚ) of the Police Headquarters (KGP) mainly deals with combating organized crime syndicates which manufacture and smuggle drugs on a massive scale including the cross-border factor. The CBŚ plays a leading role in the Police in terms of training and as a strategic and conceptual entity.
- Criminal Service Units of the local police are responsible for performing intelligence, operational activities and prosecution within their designated areas. These units take action mainly against local criminal groups that manufacture, distribute and possess drugs.
- Prevention Service Units of the local police are responsible for performing basic tasks in terms of intelligence and law enforcement in the course of their regular duties. They also launch preventive operations under respective programmes and in cooperation with society.

It must be stressed that combating drug-related crime, especially intelligence and operational activities are also performed by several other state agencies: Internal Security Agency (ABW), Border Guard, Customs Service and Military Police.

While analyzing data on drug-related crime one must take into account that the official statistics do not fully reflect the illicit drug market. A number of offences are not recorded and the dark number of violations of the Act of law on counteracting drug addiction is far higher.
Another important issue is the impact of the police activities on the number of offences recorded. The numbers concerning respective offences point to the activities of the crime syndicates and the scale of the institutional response to the drug supply. In times of intensified law enforcement activity the number of crimes recorded goes up, which does not always have to indicate a rise in drug manufacture or increased activity of criminal groups.

- **Identified crimes**

Police data on drug-related crime come predominantly from the TEMIDA system. Statistical units used by the Police include: suspects, launched investigations and identified crimes. Table 27 show identified crimes against the Act of Law of 1985 on drug prevention and the Acts of Law of 1997 and 2005 on counteracting drug addiction.

In 2007 for the first time since 1997 we had recorded a fall of 10% in the number of drug-related crimes. A dynamic upward trend in the number of crimes as of 1999 was stopped as early as 2006, when the number of crimes rose by fewer than 3 000 compared to 2005. In 2007 we note a fall down to 63 007 crimes, i.e. below the number of 2005, when the Police recorded 67 560 crimes. While analyzing the number of all crimes identified whose number in 2007 stood at 1 152 993 a different trend should be noted. The number was falling since 2003 when the number of crimes identified reached its record i.e. 1 466 643. The drug-related crime trend was on the rise then. Let us take a look at the structure of drug-related crime and the amendment trends in relation to respective articles of the Act. According to Table 27 there was an increase in the number of crimes related to illegal introduction of narcotic drugs to trade (Article 56 of the Act of 2005) as well as the illegal import, export and transit (Article 55 of the Act of 2005) i.e. drug trafficking.

The Figure 21 shows the growth rate in both identified crimes concerning drug trafficking and others against the Act. The highest numbers of crime against the Act were recorded in relation to possession of narcotic drugs (Article 62 of the Act of 2005) and supplying and enticing to use (Articles 58 and 59). In the case of the other crime, in 1996 we note the highest number of crimes – 3 051 (45.1% of all crimes against the Act), i.e. a year prior to the adoption of the Act of Law on counteracting drug addiction. We must bear in mind that the Act of 1997 was intended to be an effective instrument in combating the illicit drug market. However, an improvement in the success of the law enforcement had emerged before. The reason for it might have been the establishment of drug enforcement departments in the Police Headquarters and some police stations in 1996 (Krajewski, 2005).

Due to organizational changes in the police structure, respective units started to intensify their actions, which translated into a rise in the number of recorded crimes. It is worth stressing that illegal supply of a narcotic drug was a major crime in the structure of the drug-related crime. In 1997 the number of these crimes stood at 3 507 (44.3% of all crimes) and in 2005 rose to 31 332 (45.8%), which is over nine times. However, in 2006 and 2007 we recorded a an decrease in the number of these crimes and in 2007 the number stood at 26 845 (43%). Let us take a look at crimes against Article 62 (Act of 2005), i.e. pertaining to possession of drugs. Since the promulgation of the Act of Law of 1997 crimes against this Article have been on the rise with every year. In 1998 crimes defined in Article 62 accounted for 8.4% (1 380 cases) of all criminal incidents against the Act and 42.6% (31 260 cases) in 2007.

However, in 2007 the number of crimes against this article fell for the first time. It is clear that the three articles of the Act: 58, 59 (supplying, facilitating or enticing to use) and 62 make up 92.3% of all crimes in 2007. In the first year of the operation of the Act of Law of 1997 this proportion was much lower and stood at 85.3%.

The punishable act whose small numbers are recorded by the Police is illegal cultivation of poppy and cannabis plant. Until coming into force of the Act of 1997 the identified cases of illegal crops constituted one of the most frequent crimes. In 1994 every fourth punishable act against the Act was poppy or cannabis cultivation. Between then and 2002 we observed a downward trend, with a momentary decline in 2000. Still, in the structure of all drug-related crime they are marginal. Even the rise in 2003-2005 did not change the structure of the identified drug-related crime. In 2003 and 2004 the cultivation crimes accounted for 1.5% of all criminal incidents and in 2005 it was 0.9%. The fall in the number of crimes of illegal poppy and cannabis was caused by the introduction of the new varieties of morphologically-modified low-morphine poppy in 2000. The new plant had a different colour and shape of leaves. The new solution substantially reduced cultivation of the previous variety of poppy, which was used to manufacture “kompot” (Polish heroin).

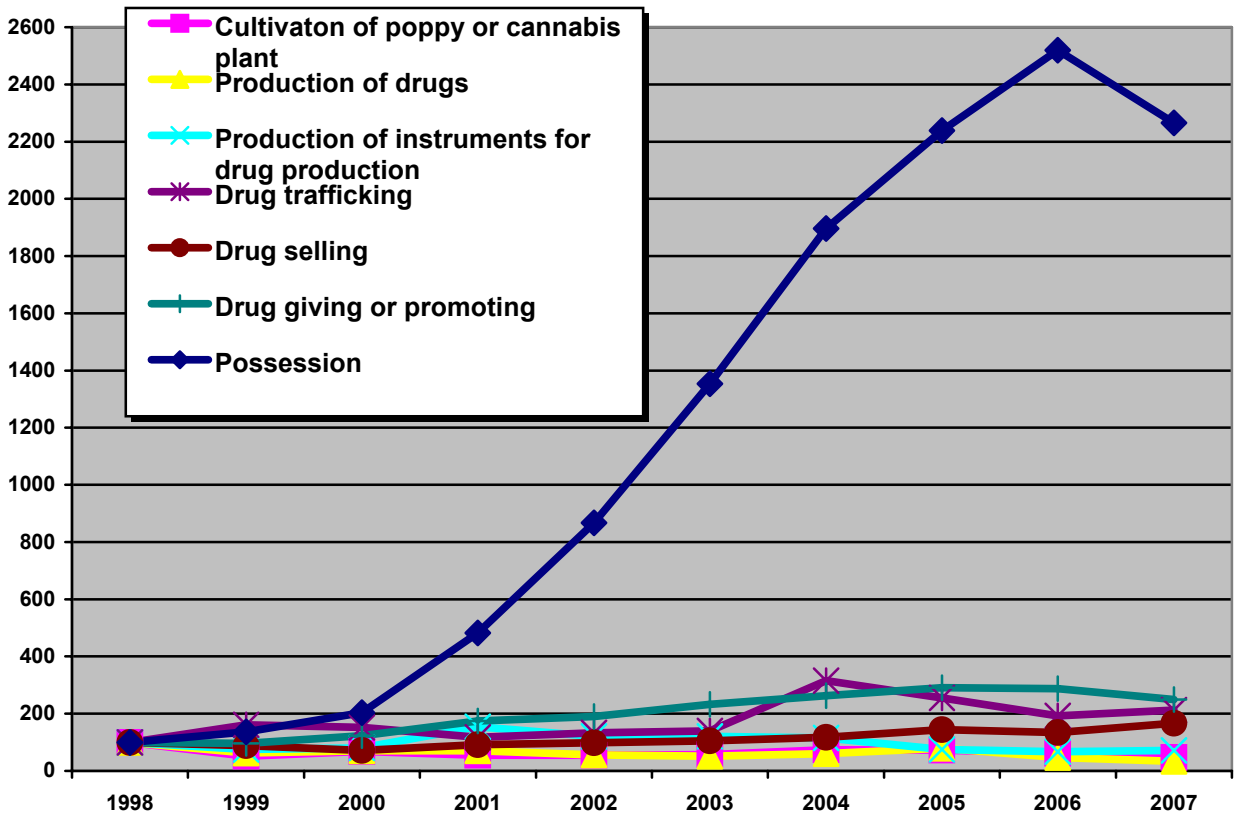
Summing up, a fall in the number of crimes related to enticing, facilitating or supplying drugs as well possessing drugs (Articles 58, 59, 62) must be stressed. These crimes make up the vast majority of all crimes against the Act. However, the number of crimes related to drug trafficking increased.

Table 27. Identified crimes against *the Act of Law on preventing and counteracting drug addiction* between 1990 and 2007.

Provision	1990 – 2007																	
	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07
Illicit cultivation (Art. 26; Art. 49.1; Art. 63.1)	382	1 712	1 631	3 577	3 040	2 780	2 634	2 518	1 195	615	814	663	653	687	886	875	726	562
Illicit manufacture (Art. 27; Art. 40. 1 & 2; Art.53)	557	589	521	1280	387	392	459	701	574	361	400	408	319	297	350	456	270	198
Production, storage of tools (Art. 28; Art. 41; Art.54)	34	60	94	123	85	97	135	116	190	143	152	292	230	230	220	144	127	137
Illicit import, export or transit (Art. 29; Art. 42; Art. 55)	1	6	23	21	20	69	97	148	252	406	383	295	336	354	795	643	486	537
Illicit introduction to trade (Art. 30; Art. 43; Art.56)	10	24	45	207	107	215	397	847	1 957	1 714	1 417	1 809	1 931	2 064	2 323	2 814	2 627	3 268
Illicit distribution and enticing to use (Art. 31; Art. 45 & Art. 46; Art. 58 & Art. 59)	121	77	128	249	361	731	3 058	3 507	10 762	10 305	13 278	18 873	20 482	25 036	28 351	31 332	30 940	26 845
Manufacture, trafficking and trade in precursors (Art. 47; Art. 61)								11	88	61	66	115	104	159	178	151	107	121
Possession of narcotic drugs (Art. 48; Art. 62)								32	1 380	1 896	2 815	6 651	11 960	18 681	26 163	30 899	34 778	31 260
Illegal harvest of poppy milk, opium, poppy straw, cannabis resin or plant (Art. 49. 2; Art. 63. 2)								26	112	113	83	78	73	69	42	49	34	31
Coming into possession in order to appropriate poppy milk, poppy straw, cannabis resin or plant (Art. 50; Art. 64)								9	22	14	241	24	14	17	15	31	41	17
Failure to report a crime (Art. 46.a; Art. 60)												22	76	11	33	163	55	19
Promotion and advertising (Art. 68)																3	11	12
Total	1 105	2 468	2 442	5 457	4 000	4 284	6 780	7 915	16 532	15 628	19 649	29 230	36 178	47 605	59 356	67 560	70 202	63 007

Source: http://www.policja.pl/portal/pol/4/322/Przestepczosc_narkotykowa.html [accessed: 30.04.08]

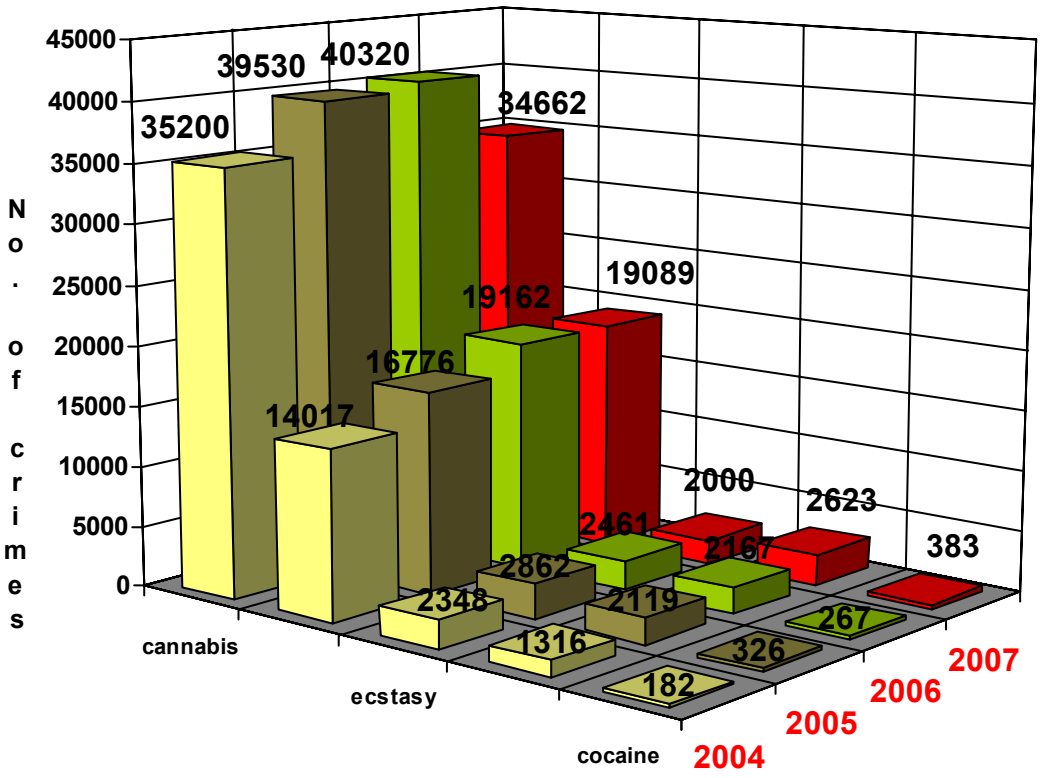
Figure 21 . Dynamic rates of offences against drug law 1997 and 2005 between 1998-2007 by types of offences (index 1990 = 100).



Source: Police Headquarters data processed by NFP.

Let us take a look at crimes with breakdown into substances. Since 2004 the police have been collecting data on identified crimes by types of narcotic drugs and psychoactive substances. Figure 22 shows selected crimes against the Act such as drug possession (Article 62), supplying, enticing to use (Articles 58 and 59) and drug trafficking (Articles 55, 56, 57). After a period of growth in the case of cannabis, amphetamine and ecstasy in 2007 we recorded a fall in these crimes. The most crimes were identified in connection with Indian hemp. The 2007 number of 34 662 fell below the level of 2005. Second comes amphetamine-related incidents whose number also fell in 2007 to 19 089. In 2007 heroin and cocaine were substances on the rise compared to 2006. Heroin-related crimes increased by 21% and cocaine-related crimes by 43%.

Figure 22. Crimes against Acts of Law of 1997 and 2005 on counteracting drug addiction (possession, trafficking, supplying, enticing and facilitating – Article 55 – 59 and 62 of the 2005 Act) by substances – Police data.



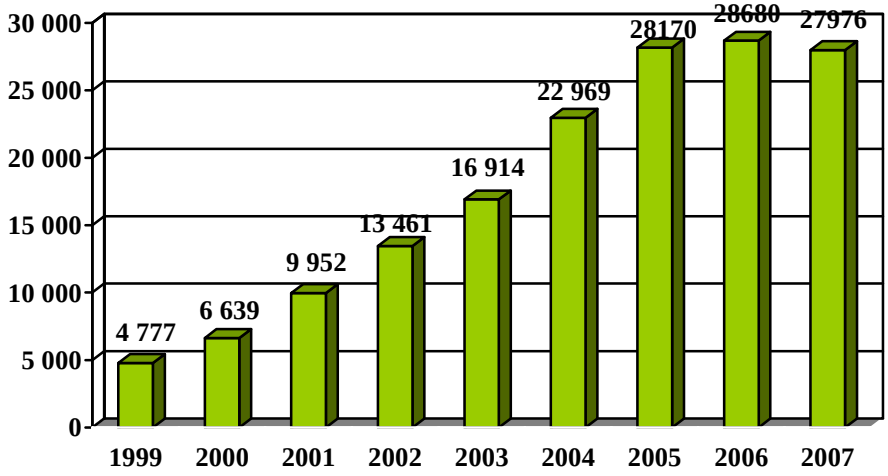
Source: Police Headquarters data processed by NFP.

- **Suspects**

In 1999-2006 the number of suspects against the Acts of Law of 1997 and 2005 increased each year (figure 23). In 2007 for the first time there was a decrease in both the number of identified crimes and suspects against the Act of Law on counteracting drug addiction. In 2007 we recorded 27 976 suspects compared to 28 680 in 2006. In the structure of all suspects the biggest share concerns suspects against Article 62 of the 2005 Act, i.e. drug possession. Data of 1999-2007 show how the suspect structure changes and how the drug possession share grew from 1 146 suspects (24% of all suspects against the Act) in 1999 through 1 799 (27%) in 2000, 4 358 (44%) in 2001, 7 285 (54%) in 2002, 10 529 (62%) in 2003, 14 914 (65%) in 2004, 19 215 (67%) in 2005, 20 000 (70%) in 2006 to 20 092 (72%) in 2007. The analysis of the trend in the number of drug possession suspects since 1999 indicates a substantial growth (2.5 times), which occurred in 2001 compared to 2000. This year was the first full year of the operation of the amended Act of Law of 1997. An important change was the deletion of section 4 from Article 48 which provided that the punishment might not be imposed if the amount was intended for private use. As of 2000 the police were

capable of performing a “controlled purchase”, which contributed to higher crime detection rate. Comparing data from the last two years we see almost the same number of suspects against Article 62 (20 000 in 2006 and 20 092 in 2007); however in the structure of suspects there was a slight rise to 72% of all suspects in this segment (70% in 2006). The Article 62 suspects to a large extent (19 255 individuals) faced the charge under Section 1 and 2, which means that they did not possess substantial amounts of drugs or the act was of minor gravity.

Figure 23. Suspects against Acts of Law of 1997 and 2005 in 1999 – 2007.



Source: Police Headquarters.

- **Convicts**

Criminal cases for violating the Act are heard by circuit courts (sądy rejonowe) corresponding to the place of committing the crime. Data breakdown on the final custodial sentences between 1989 and 2006, presented in Table 28 demonstrate a sharp increase in 1993 and then a downward trend until 1997. Since 1998 we observed another rise in the number of convicts under the new Act of 1997 on counteracting drug addiction.

In 2001 the number of convicts increased by 49% compared to 2000. In 2000 the Act of Law on counteracting drug addiction was amended. Legislative changes are reflected in the statistics. The upward trend continued until 2006, the last year of data availability. It is worth noting that the rise in the number of convicts against the Act in the last two years is much lower compared to the previous years. In 2004 the number of convicts fell in Poland, Consequently, the proportion of convicts under the Act increased to 4.40% in 2006.

Table 28. Convicts finally sentenced by courts in total and convicts under the Acts of Law of 1997 and 2005 on counteracting drug addiction and the Act of Law of 1985 on drug prevention between 1989 and 2006.

Years	Convicts in general	Convicts under the Act	Proportion of convicts under the Act
1989	93 373	591	0.63
1990	106 464	231	0.22
1991	152 333	421	0.28
1992	160 703	993	0.62
1993	171 622	2 235	1.30
1994	185 065	1 862	1.01
1995	195 455	1 864	0.95
1996	227 731	1 739	0.76
1997	210 600	1 457	0.69
1998	219 064	1 662	0.76
1999	207 607	2 264	1.09
2000	222 815	2 878	1.29
2001	315 013	4 300	1.36
2002	365 326	6 407	1.75
2003	415 533	9 815	2.36
2004	512 969	16 608	3.30
2005	503 909	20 164	4.00
2006	462 937	20 381	4.40

Source: Ministry of Justice

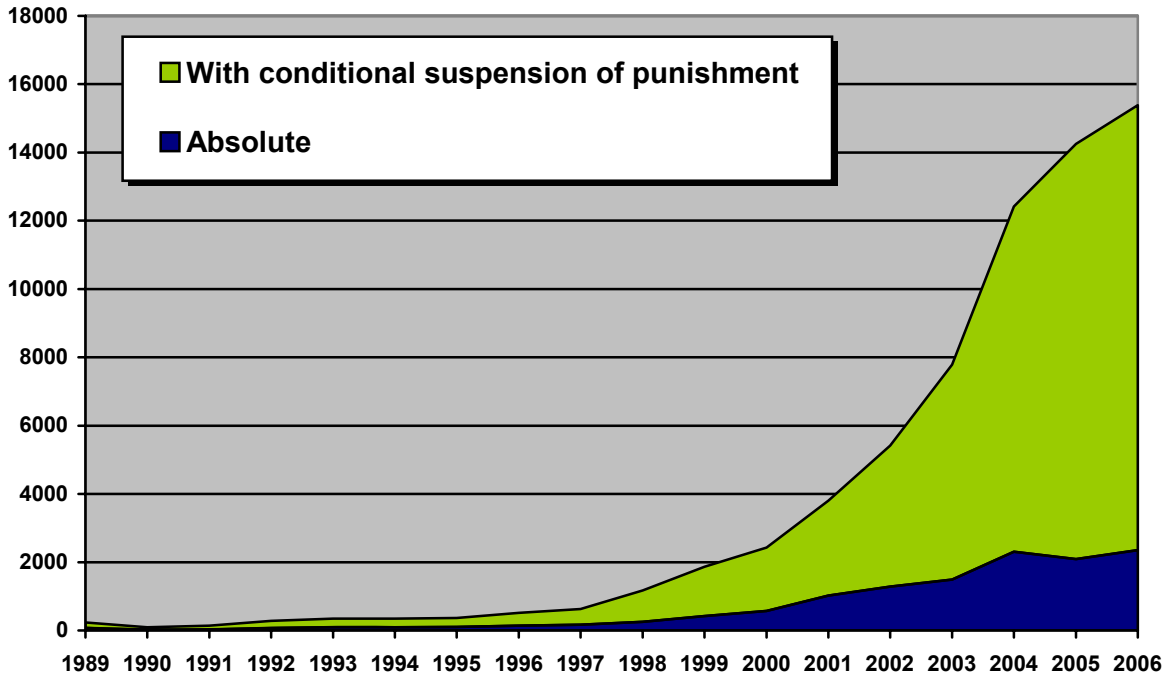
Table29 shows data on the number of convicts sentenced to deprivation of liberty. In so far as the upward trend in the overall number of convicts under the Act (Table 28) features certain fluctuations and the number of convicts falls at times, then in the case of convicts sentenced to deprivation of liberty we noted a steady upward trend since 1990 which has been gathering pace in recent years. As it has been mentioned, in 2000 the anti-drug law was tightened. In 2005 the number of convicts sentenced to non-suspended penalties fell for the first time. In 2006, which is the latest year of data availability, there was a rise again, both in suspended and non-suspended sentences of deprivation of liberty, under the Act of Law on counteracting drug addiction.

Table 29. Convicts finally sentenced to deprivation of liberty in total and under the Act of Law of 1997 and 2005 on counteracting drug addiction and the Act of Law of 1985 on drug prevention, between 1989 and 2005, classified as suspended and non-suspended sentence.

Years	Convicts sentenced to deprivation of liberty		
	Total	No suspension	Suspension
1989	236	76	160
1990	92	30	62
1991	143	32	111
1992	282	72	210
1993	347	97	250
1994	346	97	249
1995	368	100	268
1996	520	141	379
1997	629	165	464
1998	1 173	252	921
1999	1 865	420	1 445
2000	2 428	572	1 856
2001	3 802	1 024	2 778
2002	5 417	1 282	4 133
2003	7 785	1 489	6 296
2004	12 417	2 308	10 109
2005	14 249	2 085	12 164
2006	15 383	2 355	13 028

Source: Ministry of Justice.

Figure 24. Drug Law Offenders Sentenced to Imprisonment in Poland (1989-2006).



Source: Ministry of Justice.

8.3. Drug use in prison

By the end of the 1980s the drugs problem in Polish penal institutions was of marginal character. It resulted from relatively liberal law and a small extent of the drugs problem. The situation began to change in the 1990s, which consequently increased the repressiveness of the legal system.

The survey titled “Drugs problem in penal institutions and remand centres” (Sierosławski, 2007b) was conducted in 2007. It aimed to estimate the scale and character of the drug-related problems in penal institutions and remand centres. The object of the survey was also to analyze changes that had taken place between 2001 (the first edition of the study was conducted) and 2007 as well as determine the scale of drug use in penal institutions and identify co-factors thereof in conditions of deprivation of liberty.

The questionnaire consisted of closed questions. The interview-based survey was conducted by interviewers from outside the penal system. The survey included male inmates of penal institutions and remand centres. The Table 30. shows the socio-demographic distribution of the survey participants.

20-29-year-old inmates (48.8%) made up the leading age group. While analyzing the professional activity of the participants we notice that 41.4% had stable employment prior to sentencing, whereas 32.5% took irregular part-time jobs. Only 2.1% of inmates held higher education. The most survey participants (33.6%) graduated from vocational school and

25.9% from primary school. Every fifth participant (21%) lived in a village, the rest in cities, including 50.2% in cities of over 50 thousand inhabitants.

The vast majority served a sentence for committing a crime not related to drugs (only 21.0% of inmates were sentenced to prison in connection with drug-related offence, including 12.8% of inmates who additionally committed another type of crime).

Table 30. Socio-demographic qualities of survey participants.

Age	
up to 19	3.0
20-24	24.0
25-29	24.8
30-34	16.7
35-39	10.8
40 and older	20.8
Employment status	
Previous stable employment experience	41.4
Previous irregular employment	35.2
Previous unemployment	8.3
Previous student status	4.9
Other	10.2
Education	
No education or incomplete primary	5.4
Complete primary	25.9
Upper-primary	7.0
Vocational	33.6
Incomplete secondary	8.6
Complete secondary	13.5
Incomplete higher	3.8
Complete higher	2.1
Place of residence by size	
Village	21.0
City up to 50k population	28.8
City 50 – 100k population	15.3
City over 100k population	34.9

Source: Sierosławski (2007b)

- **Drug prevalence prior to sentencing**

Prevalence of illicit substances was surveyed by asking questions about consumption in a lifetime, in the last 12 months and in the last 30 days.

Table 31. Prevalence rates of drug use in a lifetime, in the last 12 months and in the last 30 days prior to sentencing.

	Lifetime prevalence rates		Last 12 months prevalence rates		Last 30 days prevalence rates	
	2007	2001	2007	2001	2007	2001
Cannabis	43.1	38.7	20.3	18.6	7.3	9.2
Inhalants	9.6	13.6	1.7	1.8	0.7	0.7
Amphetamine	39.0	36.0	14.9	15.3	4.9	6.3
Tranquilizers and sleeping pills	21.7	25.3	10.7	14.6	5.6	8.0
LSD	20.0	21.0	3.8	6.0	1.1	2.3
Ecstasy	29.0	19.9	9.5	6.8	2.4	2.7
Heroin	8.4	9.5	2.3	3.5	1.0	1.6
Cocaine	20.8	19.3	4.2	5.1	1.6	2.4
„Kompot”	3.4	4.1	1.1	1.3	0.2	0.8
Astrolit	0.4	0.4	0.2	0.4	0.1	0.3
Injecting drugs	6.7	5.9	3.1	2.1	0.7	1.3
Common needles and syringes	2.8	2.7	1.1	0.8	0.3	0.5

Source: Sierosławski (2007b)

- **Drug use in penal institutions**

Drug use in penal institutions was measured only in terms of lifetime prevalence owing to the fact that measuring current drug consumption in a penal institution would be too uncomfortable and inmates could have considered it too risky.

The results of the survey showed that the most prevalent drugs include cannabis regardless whether it had been the last 12 months, the last 30 days or the lifetime experience. Then comes amphetamine in terms of lifetime and last 12 months prevalence; tranquilizers and sleeping pills in terms of last 30 - 100 days. 29% of survey participants pointed to ecstasy as a drug they had ever used, in 20.8% it had been cocaine and in 20.0% it had been LSD. Astrolit is a non-existent drug. It was made up in order to control drug trends. Following such trends survey participants admit to using drugs even when it had not happened. However, only 0.4% of the participants admitted to using this drug in their lifetime, 0.2% in the last 12 months and 0.1% in the last 30 days. It indicates that the participants in this survey did not follow this trend. Relatively low percentage of the participants had used

drugs in injections in their lifetime – 6.7%, including 2.8% by means of the same needles and syringes, which indicates little popularity of the method of drug use.

According to Table 32 all drug use indicators stay at a similar level as in 2001 or vary slightly. Certain symptoms of growth may be observed only in the case of lifetime prevalence rates, the highest in the case of ecstasy and cannabis. Occasional ecstasy use had also risen (last 12 months prior to sentencing). It is worth noting that lifetime prevalence rates as well as last 12 months prevalence rates prior to sentencing in the case of LSD, non-prescription tranquilizers and sleeping pills as well as inhalants were lower in 2007 compared to 2001. Prevalence rates of most psychoactive substances during imprisonment in a penal institution or a remand centre in 2007 were lower or similar to those of 2001 (Table 32). the exception was ecstasy which recorded higher prevalence rates among inmates in 2007 compared to 2001. Prevalence rates for cocaine, heroin, "kompot", amphetamine or anabolic steroids had basically held steady.

The biggest drop in prevalence related to inhalants and crack. Proportions of users of the former substance fell over threefold and crack users twofold. It is worth noting that the prevalence of these two substances was low, consequently the proportions of users determined in the course of the survey were subject to random fluctuations. In the case of more prevalent substances such as cannabis, non-prescription tranquilizers and sleeping pills a fall was not as dramatic and ranged from a dozen to 40%.

Table 32. Drug prevalence rates in penal institutions.

	No consumption	1-2	3-5	6-9	10-19	20-39	40+
Vodka	87.2	6.8	3.1	1.5	0.7	0.2	0.6
Cannabis	81.7	5.8	2.4	2.2	1.5	1.7	4.8
Inhalants	98.9	0.5	0.3	0.1	-	0.1	0.2
Amphetamine	84.6	5.3	4.2	1.5	1.5	1.3	1.6
Tranquilizers and sleeping pills	81.1	7.4	2.9	2.7	2.1	0.8	3.1
LSD	97.5	1.1	0.2	0.6	0.3	0.1	0.2
Ecstasy	92.7	2.4	2.3	0.9	0.7	0.4	0.7
Cocaine	97.1	1.1	0.5	0.6	0.4	0.1	0.1
Heroin	97.6	1.0	0.2	0.2	0.3	0.3	0.4
Astrolit	99.8	0.1	-	-	-	-	0.1
„Kompot"	99.1	0.4	0.2	0.1	0.1	0.1	0.1
Crack	99.1	0.3	0.3	0.1	0.1	0.1	0.1
Anabolic steroids	94.5	2.7	0.7	0.7	0.7	0.1	0.6
Other	96.7	1.1	0.5	0.4	0.4	-	0.9

Source: Sierosławski (2007b)

In the light of the survey results non-prescription tranquilizers and sleeping pills (18.9%) were more frequently used inside prison. Cannabis (18.3%) along with amphetamine (15.4%) was equally popular inside and outside prison. 3.3% of the survey participants admitted to injecting drugs inside prison and 1.3% shared needles and syringes.

Table 33 demonstrates data on lifetime prevalence of drugs outside prison as compared with data concerning drug consumption in penal institutions and remand centres. The first column of the table lists:

- proportions of inmates who had used drugs in prison among those who had also used them outside prison – 36.5%,
- proportions of the survey participants who, prior to sentencing, had not had any drug use experience – 4.9%; this group constitutes 2.5% of all the participants.

The results of the data analysis indicate that every fortieth inmate had used drugs exceptionally in prison.

The analysis of the first-time inmates shows that 3.7% of the participants had used illicit psychoactive substances in prison, however they had not done it outside. This group makes up 2.0% of all first-time inmates and their onset of drug consumption had taken place in a penal institution while serving a sentence related to the time of the survey.

Table 33. Lifetime prevalence of drug use outside prison and lifetime prevalence of drug use in penal institutions and remand centres among all inmates, first-time and returning inmates (in %).

			Drug prevalence in penal institutions and remand centres	
			Have used	Have not used
Lifetime prevalence of drug use outside prison	Total	Have used	36.5	63.5
		Have not used	4.9	95.1
	First-time inmates	Have used	27.6	72.4
		Have not used	3.7	96.3
	Returning inmates	Have used	41.6	58.4
		Have not used	6.2	93.6

Source: Sierosławski (2007b)

The analysis of data concerning the last 30 days prevalence prior to sentencing and lifetime prevalence in prison (Table 34) indicates that current users (herein defined as those who had used drugs in the last 30 days prior to sentencing) in 36.2% of cases stopped using drugs in prison. This proportion is slightly higher among first-timers and stands at 38.5%.

These data show that deprivation of liberty does not contribute to abstinence as almost two-thirds of the survey participants did not stop consuming drugs while in prison.

Table 34. Last 30 days drug prevalence outside prison and drug prevalence in penal institutions and remand centres among all inmates, first-time inmates and returning (in %).

			Drug prevalence in penal institutions and remand centres	
Drug prevalence in the last 30 days outside prison			Have used	Have not used
	Total	Have used	63.8	36.2
		Have not used	16.3	83.7
	First-time inmates	Have used	61.5	38.5
		Have not used	10.6	89.4
	Returning inmates	Have used	66.7	33.3
		Have not used	20.6	79.4

Source: Sierosławski (2007b)

- **Drug use co-factors in penal institutions**

The Table below demonstrates socio-demographic data concerning inmates who had used any psychoactive substance in prison at least once in their lifetime. The overall proportion of such people in the sample stood at 2.0%.

Table 35. Drug prevalence rates of illicit substances in a penal institution by socio-demographic qualities.

	Rates
Age	
Up to 19	15.2
20-24	29.1
25-29	31.0
30-34	22.7
35-39	15.1
40 and older	2.2
Education	
Primary or lower	21.4
Vocational or upper-primary	21.0
Secondary or higher	18.3

Employment status prior to sentencing	
Permanent employment	13.3
Irregular employment	22.2
Unemployment	35.7
Studying	29.3
Other	27.5
Place of residence	
Village	14.8
City up to 50k population	19.4
City 50-100k population	20.2
City over 100k population	24.9

Source: Sierosławski (2007b)

The above data show that drug consumption in a penal institution is age dependent. The highest prevalence rates are recorded in the age group 25-29. Drug consumption fell as the age rose or fell. When the participants turn 40 the prevalence rate barely exceeds 4%.

Education is not a factor that has a statistically significant impact on drug prevalence in penal institutions and remand centres.

In the case of employment status the unemployed make up the group of the highest drug prevalence (35.7%). A slightly lower prevalence is recorded among pupils and students. The group of the inmates who had used drugs least often includes inmates who had a table job prior to sentencing (13.3%).

The inmates who use psychoactive substances while in prison more frequently come from cities than villages.

The factors that had a statistically significant impact the drug prevalence in prison were legal status and a criminal record (Table 36). The (temporarily) arrested use drugs much less often then prison inmates (12.4% and 21.4% respectively). Drugs are more often used by drug-related crime inmates. A significant variation is introduced by the time in prison. The highest prevalence occurs among inmates who have been serving the sentence for over 2 years and shorter than 3; not too lower prevalence is recorded among inmates who have been in prison for over a year and not shorter than 2 and over 3 and shorter than 5. In the remaining groups drug prevalence rates are far lower.

Table 36. Drug prevalence rates of illicit substances in a penal institution according to legal status.

	Rates
Imprisonment status	
temporarily arrested or arrested	15.2
serving a sentence of deprivation of liberty	29.1
Type of crime	31.0
related to drugs	22.7
not related to drugs	15.1
Period of current imprisonment	2.2
12 months	
13-24 months	21.4
25-36 months	21.0
37-60 months	18.3
61 months and longer	
Anticipated period of imprisonment	13.3
up to 12 months	22.2
13-24 months	35.7
25-36 months	29.3
37-60 months	27.5
61 and longer	
Criminal record	14.8
no previous conviction	19.4
drug-related convictions	20.2
non-drug-related convictions	14.9

Source: Sierosławski (2007b)

In order to eliminate apparent interdependencies in the analyses presented herein the logistic regression model was used. It was built for drug use in prison as a dependent variable (Table 37).

Table 37. Drug prevalence rates of illicit substances in prison according to socio-demographic qualities and legal status – logistic regression model.

	Odds	Significance level	95% confidence interval	
			lower	upper
Type of crime (not related to drugs)				
related to drugs	2.056	0.001	1.351	3.131
Criminal record (no previous conviction)		0.010		
conviction of drug related crime	2.579	0.002	1.397	4.763
conviction of crime not related to drugs	1.648	0.046	1.009	2.691
Previous imprisonment (no imprisonment)		0.046		
Temporarily arrested	1.263	0.326	0.792	2.012
Penalty of deprivation of liberty	1.800	0.014	1.124	2.881
Age (40 and older)		0.000		
up to 19	14.918	0.000	3.678	60.516
20-24	19.410	0.000	7.274	51.796
25-29	15.516	0.001	5.922	40.657
30-34	10.169	0.001	3.791	27.274
35-39	5.439	0.002	1.870	15.818
Period of current imprisonment (up to 12 months)		0.000		
13-24 months	1.322	0.268	0.807	2.164
25-36 months	2.369	0.002	1.387	4.047
37-60 months	2.855	0.000	1.695	4.808
61 months and longer	4.507	0.000	2.567	7.911

Source: Sierosławski (2007b)

The model yields an expected interdependency between previous criminal record and drug use in prison. If the input group for comparison is inmates without previous criminal record then we see that those inmates who have been convicted of drug-related crime in the past are two and half times more likely to use drugs. At the same time inmates previously convicted of crimes not related to drugs are 1.6 times more likely to use drugs.

The variables connected with previous criminal record cause that inmates who had been in prison before are 1.8 times more likely to use drugs compared to first-time inmates.

The likelihood of drug use is reversely proportional to age. If the control group is the oldest inmates aged 40 and older one must notice that inmates aged up to 19 are 14 times more likely to use drugs and inmates aged 20-24 are even 19 times more likely to become drug users. The likelihood in inmates aged 25-34 is 5-6 times higher and in inmates aged 35-39 only 4 times higher. It is worth noting that apart from the age control a significant variation

is introduced by the duration of the current imprisonment. The likelihood of being considered a drug user grows with the number of months spent so far in a penal institution. If the control group is inmates who have been in prison for less than a year we will notice that the stay in prison of up to two years does not introduce any significant change; however, in the other groups the drug use likelihood rises. Inmates who have been in prison for more than 5 years are 4.5 times more likely to use drugs compared to the control group.

Summing up, it must be noted that in the final version of the model the strongest impact on drug use in prisons, within statistical meaning, is age. All other variables influence the phenomenon to a much lesser degree.

8.4. Social Costs

No new data available

9. Responses to Social correlates and Consequences *prepared by Dawid Chojecki*

9.1. Social Reintegration

- re-entry flats,
- education and training courses,
- employment,
- basic social support.

Post-rehabilitation programmes for drug therapy graduates are conducted in hostels, re-entry flats, inpatient and outpatient clinics. They aim to reintegrate a drug user into a society by filling in the social gaps which arose from drug use in such fields as education, employment as well as contacts with family and relatives. Therefore, apart from therapeutic actions aimed at "preventing" a patient from relapse, the programmes feature vocational training, skill improvement courses, assistance in graduating from a school. The programmes often employ social workers who support drug addicts in handling all kinds of formalities (unemployment benefit, disability benefit, address registration, court matters, employment assistance, completion of relevant courses etc.).

Post-rehabilitation programmes in the first place include:

- counselling on solving everyday problems,
- informative and educational group sessions,
- personal development groups (coaching, training courses, workshops) aimed at raising self-esteem, improving functioning in social roles,
- relapse prevention groups,
- critical interventions,
- group and individual psycho-educational classes for families aimed at changing behaviour and habits related to living with a drug addict.

These activities help drug users to maintain abstinence and re-enter society.

In 2006 the National Bureau commissioned 33 programmes supporting abstinence, which were conducted by 23 entities in 12 outpatient clinics, day care centres and 1 abstainer club. Moreover, post-rehabilitation was performed in 14 re-entry flats and 21 hostels.

In 2007, 2 693 people entered post-rehabilitation programmes co-financed by the National Bureau. More than a half (1 460) were therapy graduates, the others were their relatives (Krajowe Biuro ds. Przeciwdziałania Narkomanii, 2008).

Local governments and welfare centres are bound by the Act of Law on social employment and the Act Of Law on social care to run social reintegration programmes for addicts in the framework of strategies for integration and social policy.

In 2006 the task of post-rehabilitation was performed by provincial governments. In the reporting year 7 provincial governments co-financed post-rehabilitation programmes. Unfortunately, it shows a slight drop in the post-rehabilitation involvement of provincial governments (in 2006 9 provincial governments co-financed such activities). In 2007 the financial resources allocated by provincial governments for the abovementioned activities amounted to PLN 260 939, which is nearly 32% more than the year before (Minister of Health, 2008). As re-integration programmes are of key importance to the full social re-entry, financial reductions are highly alarming. On the other hand there is a possibility of co-financing post-rehabilitation programmes in the field of employment stimulation through Civic Initiatives Fund (resources disbursed by the Ministry of Labour and Social Policy) and EU funds (Structural Funds). According to the Bureau some post-rehabilitation programmes were co-financed with the abovementioned resources. However, we cannot provide exact numbers of such programmes and the resources allocated thereto.

Just like in 2006, in 2007 communes (gminy) as well as counties (powiaty) supported programmes of social reintegration for drug users. Here we can talk of a success as there has been a considerable rise in the communes' involvement in post-rehabilitation. In 2006 there were only 54 such communes (2.5% of the total number). And in the previous year the number rose to 121 (over a twofold increase). Altogether 232 in 118 facilities programmes were subsidized, including 102 programmes in addiction counseling centres, 12 in 14 day care centres, 118 in 102 clubs, support centres and consultation points. All the above programmes included 40 214 clients.

The overall cost of the programmes incurred by the local governments amounted to PLN 2 128 157. (Minister Zdrowia, 2008).

9.2. Prevention of drug related Crime

- **Assistance to drug users serving a prison sentence**

Drug treatment within prison system

In 2007 Prison Service facilities provided 6-month "drug-free" structured therapeutic programmes with a broadened spectrum of rehabilitation aims (abstinence and crime relapse prevention). The implemented programmes were based on a model of psychosocial interactions and the theory of social learning. They also included elements of the Minnesota Model, therapeutic community and cognitive-behavioural interactions (there is a plan to reformulate programmes in the direction of the cognitive-bahavioural mode). Every year there is one more setting where the programme is run. In 2007 the activities were implemented in 14 (13 in 2006, 12 in 2005) therapeutic wards. In the reporting year they

could offer 513 places (481 in 2006), which enabled the inclusion of 1 502 inmates into the programme.

Health care units at penal institutions also provide substitution treatment (methadone exclusively). In 2007 there were 4 methadone substitution programmes: Warsaw (5 penal institutions), Lublin (7 penal institutions), Krakow (Krakow Remand Centre), Poznan (Poznan Remand Centre). Each programme offer a maximum of 15 places. Due to problems related to therapy continuation in patients who leave prison, the number of inmates in therapy does not exceed several a year. The remaining participants of the programmes implemented in prisons and remand centres continue therapy commenced prior to committing an offence. The programme are financed by the Ministry of Justice.

Moreover, in 2007 the National Bureau for Drug Prevention commissioned 2 drug outreach non-governmental organizations to conduct their operations in penal institutions. Both programmes focused on harm reduction (excluding syringe and needle exchange as distribution thereof in penal institutions is forbidden). The programmes featured counselling, motivational interviews to enter treatment and/or change the drug use pattern into less harmful and 'safer' ('safe' injection trainings), support, educational and informative classes, assistance in locating proper outreach centres. Moreover, there was cooperation with inmates' families, prosecutors, courts and staff of penal institutions. The programme was conducted in 2 women's penal institutions, 2 men's penal institutions and remand centres. It involved 280 inmates, including 20-25% of injecting drug users.

- **Assistance to victims of drug-related crime**

In 2007 the National Bureau for Drug Prevention financed a nationwide anonymous online counselling centre for drug users. 25 consultations were provided to persons experiencing all kinds of abuse (mental, physical) from drug users or dealers.

8 cases referred to drug users who were threatened, blackmailed by drug dealers. 17 cases referred to relatives, friends or neighbours of substance users who were victims of drug users (e.g. theft, verbal and physical abuse, manipulation, etc.)

10. Drug Markets *prepared by Artur Malczewski*

10.1. Availability and supply.

- **Availability of drugs on illegal market according to school surveys**

The source of information on drug availability in young people is the ESPAD survey, which is conducted every four years by the Institute of Psychiatry and Neurology. In 2007 a subsequent ESPAD measurement was performed (Sierosławski, 2007c). Thanks to the previous year's edition of the survey we have an opportunity to capture changes that have taken place in the last 12 years. In 2007 the school pupils answered the same questions as in previous editions: "How difficult would it be for you to get each the following substances if you really wanted to?" The comparison of licit and illicit substances shows that the availability of the former is considered higher than the availability of drugs, which does not surprise. Upper-primary school pupils found it the hardest to obtain GHB (23.4%) and the easiest cannabis (17.6%). In the case of this drug 11.4% of upper-primary school pupils answered that it would be very easy to get it. The lowest percentage of upper-primary school pupils positively responded to the question about the very easy access to crack: 4.4%. Data contained in Table 38 help to analyze drug availability trends. Comparing results of the two latest measurements (2003 and 2007) we record a fall in the availability of all substances in both age groups.

Table 38. Assessment of availability of psychoactive substances (substance easy to get); ESPAD survey results in 1995, 1999, 2003 and 2007 by substance and grade – proportions of participants.

Grade	Substance	1995	1999	2003	2007
3rd grades of upper-primary school	Cannabis	6.3	11.5	15.7	11.5
	LSD or another hallucinogenic substance	3.3	7.3	8.6	5.1
	Amphetamine	4.7	10.4	11.8	7.4
	Tranquilizers or sleeping pills	16.5	17.4	19.6	16.5
	Crack	2.1	4.7	7.4	4.4
	Cocaine	2.6	5.8	8.3	5.1
	Ecstasy	2.4	7.2	9.6	6.3
	Heroin	3.8	6.0	8.5	5.4
	Hallucinogenic mushrooms	X	9.9	10.8	5.7
	GHB	X	X	6.9	4.7
	Inhalants	25.7	30.7	28.6	22.4
	Anabolic steroids	6.1	11.8	13.8	10.0
	Polish heroin (kompot)	6.6	X	10.5	6.4
2nd grades of secondary schools	Cannabis	9.6	11.9	23.1	16.8
	LSD or another hallucinogenic substance	4.7	5.9	9.8	6.3
	Amphetamine	6.5	10.5	17.5	10.1
	Tranquilizers or sleeping pills	19.8	17.0	21.7	18.5
	Crack	2.4	3.4	6.0	4.5
	Cocaine	3.0	4.1	7.4	5.9
	Ecstasy	2.5	6.7	11.9	8.7
	Heroin	4.9	4.4	7.9	5.6
	Hallucinogenic mushrooms	X	8.9	12.3	7.2
	GHB	X	X	5.7	4.5
	Inhalants	27.5	29.8	35.1	25.1
	Anabolic steroids	9.5	14.1	19.8	13.3
	Polish heroin (kompot)	6.9	X	8.4	6.4

Source: Sierosławski (2007c)

Another indicator of drug availability was the question about the exposure to psychoactive substances. The participants were shown a list of licit and illicit substances and then asked to tick those which they have been offered in the last 12 months. The answers presented in Table 39 show similar patterns as in prevalence of respective substances in the survey of 2007.

Comparing the results of the two latest editions of the survey (2003 and 2007) a fall must be noted in the proportion of 3rd graders of upper-primary schools who had been offered psychoactive substances. In the case of the older age group the fall also occurred, except cocaine, crack and Polish heroin. The substance offered most often is cannabis (upper-primary school pupils - 16 %, secondary school pupils – 27.2%). Other substances had been offered to fewer than 10% of the survey participants. Second, in terms of exposure to drug offers, came amphetamine: 5.4% of the younger pupils and 8.8% of 17-18-year-olds. The older youth had been offered ecstasy (6.9%) more often than tranquilizers and sleeping pills to younger pupils (4.8%). At similar rates the last drug had been offered to 17-18-year-olds – 5.1%.

While analyzing trends it must be noted that in 2003 in the younger age group there was a decline of the upward trend in prevalence of cannabis, crack, cocaine and heroin. Trends related to amphetamine, LSD, medicines, ecstasy, anabolic steroids and Polish heroin have been in decline since 1999. The secondary school pupils had more often been offered substances than the upper-primary school pupils. In the case of the younger age group the trend was halted in 2003 in relation to most illicit substances (cannabis, amphetamine, medicines, ecstasy, heroin and anabolic steroids). Since 1995 a sownward trend has been recorded in the case of LSD.

Table 39. Exposure to offers of respective substances; ESPAD survey results in 1995, 1999, 2003 and 2007 by substance and grade – proportions of participants.

Grade	Substance	1995	1999	2003	2007
3rd grades of upper-primary school	Cannabis	11.4	17.3	21.6	16.0
	LSD or another hallucinogenic substance	3.8	5.0	3.4	2.5
	Amphetamine	4.8	10.3	8.6	5.4
	Tranquilizers or sleeping pills	8.1	6.9	5.7	4.8
	Crack	0,8	2,1	2,7	1.7
	Cocaine	1.7	3.5	3.8	3.3
	Ecstasy	1.4	5.0	4.9	4.7
	Heroin	2.0	3.4	3.6	2.8
	Hallucinogenic mushrooms	3.6	6.2	5.3	3.4
	GHB	2.7	3.5	3.4	2.4

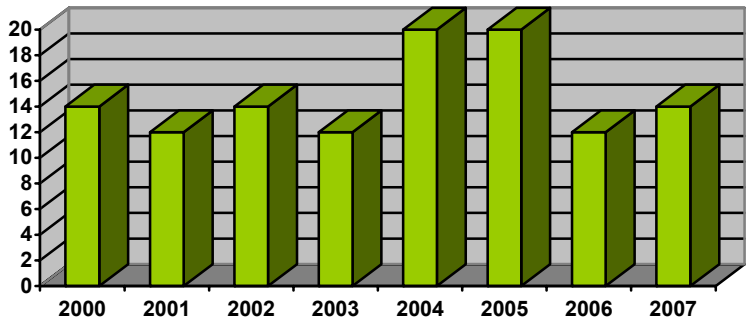
2nd grades of secondary schools	Inhalants	17.3	23.6	34.8	27.2
	Anabolic steroids	5.3	4.9	4.6	3.5
	Polish heroin (kompot)	6.0	14.0	16.8	8.8
	Cannabis	8.8	5.5	6.6	5.1
	LSD or another hallucinogenic substance	1.2	1.7	2.1	2.1
	Amphetamine	1.9	2.7	3.5	3.3
	Tranquilizers or sleeping pills	1.7	5.2	8.1	6.9
	Crack	2.2	2.3	3.4	2.6
	Cocaine	5.4	7.1	8.7	5.6
	Ecstasy	2.1	1.5	2.2	2.5

Source: Sierosławski (2007c)

- **Drug manufacture and trafficking**

Poland is one of the major amphetamine manufacturers in Europe. In 1995-2007 the total number of 153 clandestine laboratories were raided. In 2005 the police discovered 20 amphetamine laboratories and GHB lab. In 2006 the number of labs discovered fell to 12 to rise to 14 in 2007 (Figure 25). One of the raided facilities was methamphetamine lab. The polish laboratories produce amphetamine using Leuckart method. The basic precursors include BMK and ammonium formate. A considerable amount of the production is destined for western European countries, especially Germany and Scandinavian countries.

Figure 25. Number of clan labs raided in 2000 – 2007.



Source: Police Headquarters data processed by NFP

Two major drug trafficking routes go through the territory of Poland. Drugs are trafficked through the Polish territory in transit or find their way directly into the Western European markets. Crime syndicates might also store drugs, repack and ship them in smaller quantities to European countries and North America. Routes and methods of trafficking of drugs into Poland depend on their type, quantity and country of origin.

- Sea and air routes are used for trafficking of cocaine from South America and cannabis from Africa.
- Heroin and cannabis of Asian origin (South East Asia) are trafficked by land.
- Heroin coming from the Golden Crescent (Afghanistan, Pakistan, Iran) is trafficked through the Balkan route (Turkey – Bulgaria – Romania – Hungary) or through the territory of the former Soviet Union. The largest quantities of heroin are smuggled to Poland from Afghanistan.
- The same drug trafficking route is used for heroin from the Golden Triangle (Burma, Laos, Thailand) with smaller quantities trafficked by air.

Cannabis is trafficked by land into Poland through Germany from the Netherlands.

10.2. Drug seizures

In Poland drug seizures are revealed by the Police, Customs Service (by the Ministry of Finance), Border Guard, Military Police, Internal Security Agency and Prison Service in penal institutions. The last two institutions do not provide any data on seizures. All the above institutions have not developed a single data collection system, which makes it difficult to estimate the quantity of drugs seized in the whole country. As in some cases there are at least two institutions involved in revealing data, double counting occurs. Due to high discrepancies in the quantities of single drug seizures and the considerable role of the random factor the trend analysis is hampered. It must be remembered that certain quantities of drugs seized by the Polish services was destined for foreign markets.

The largest quantities of drugs are revealed by the Police. The Central Bureau of Investigation deals with organized crime syndicates and the department of criminal police combats retail trade in drugs. The seizures performed by both agencies have been presented in Table 40. The analysis of Table 40 regarding police drug seizures provides certain trends in this field. The police data indicate an upward trend in the quantity of amphetamine and ecstasy seized in 2002-2007. The highest number of amphetamine seizures (390.50kg) was recorded in 2007. Heroin seizures amounted to 123.60kg in 2007 and they had been the highest for six years. Similarly in the case of cocaine, in 2007 the highest quantity of this substance was secured – 154.20kg. As far as cannabis is concerned the record year was 2002. After that year the number of cannabis seizures levelled off. The last year witnessed smaller quantities of cannabis seized. Since 2003 we have been observing a fall in the number of LSD tabs secured. Summing up the 2007 police data, the rise in the seizures of the most dangerous drugs (amphetamine, heroin, cocaine and ecstasy) must be noted. Moreover, 5kg of methamphetamine was revealed. In previous years small seizures of this drug were listed under amphetamine seizures.

The Customs Service data are presented in Table 41 The data provide a picture of drug seizures in the last eight years. The analysis of the table data shows that the Customs Service in 2007 revealed substantial quantities of cannabis, heroin, cocaine and ecstasy. On the basis of the recent data we record a rise in the seizures of almost all types of drugs. The exception is very small seizures of LSD. We should bear in mind that the police statistics feature smaller LSD seizures with every year. One should stress substantially greater quantities of heroin and cocaine and ecstasy tablets seized by the Customs Service in 2007 compared to 2006.

The Border Guard (Table 42) similarly to the Customs Service recorded a rise in the seizures of cannabis resin, cocaine and amphetamine in 2007. The seizures of marijuana, heroin and ecstasy fell. In the case of LSD seizures are of marginal character.

Table 40. Police drug seizures in 2001 – 2007.

Drug	2001	2002	2003	2004	2005	2006	2007
Amphetamine	195 kg	118 kg 134 g	192 kg 95 g	236 kg 348 g	308 kg 600 g	315 kg 696 g	390kg 500 g
Ecstasy	232 735 tablets	24 883 tablets	95 148 tablets 1 kg 274 g	269 377 tablets	487 268 tablets	129 211 tablets	597987 tablets
Marijuana	74 kg 3 g	440 kg 001 g	198 kg 152 g	205 kg 735 g	201 kg 400 g	348 kg 895 g	320 kg 600 g
Cannabis; bush/ plants	765 bushes	32 388 pieces +15 tons	86 163 bushes 258 plants	15 440 pieces	34 916 pieces	3 917 pieces	2 320 pieces
Cannabis resin	9 kg 500 g	114 kg 410 g	33 kg 640 g	41 kg 52 g	18 kg 500 g	32 kg 790 g	28 kg 400 g
Cocaine	45 kg 300g	397 kg 561 g	401 kg 225 g	21 kg 721 g	12 kg 800 g	17 kg 328g	154 kg 200 g
Heroin	208 kg 100 g	6 kg 502 g	6 kg 913 g	65 kg 587 g	41 kg 130 g	79 kg 633 g	123 kg 600 g
Poppy straw	100 kg	3 t 300 g	4 t 398 kg	n.a.	1210 kg	187 kg 029 g	-
Polish heroin	10 litres + 45 g	193 litres	155 litres	11 litres	11 493 litres	7 231 litres	3 227 ml
LSD	672 pieces	797 pieces	20 602 pieces	34 288 pieces	2 157 pieces	1 445 pieces	322 pieces
Hallucinogenic mushrooms	-	3 kg 727 g	5 kg 943 g	11 kg 500 g	2 kg 580 g	155 g	1317 szt.
Other	-	-	-	-	GHB: 2 145 ml	-	Methamphetamine: 5 kg 569 g

Source: Police Headquarters data processed by NFP.

Table 41. Customs Service drug seizures in 2000 – 2007.

Drug	Measurement unit	2000		2001		2002		2003		2004		2005		2006		2007	
		No. reported	Quantity	No. reported	Quantity	No. reported	Quantity	No. reported	Quantity	No. reported	Quantity	No. reported	Quantity	No. reported	Quantity	No. reported	Quantity
Cannabis resin	Kg	13	2.350	17	3.536	37	3.388	43	12.928	82	0.443	104	1.438	114	1.701	57	5.037
Marijuana	Kg	58	22.513	87	17.278	147	75.360	152	35.012	209	26.910	357	17.066	459	11.649	512	26.257
Hemp	No. of plants	0	0	2	240	0	0	0	0	0	0	0	0	0	0	6	462
Heroin	Kg	1	96.718	3	180.560	4	292.835	0	0	7	189.627	4	0.017	2	0.020	8	177. 992
Cocaine	Kg	1	75	4	5.249	6	1.480	4	399.333	6	6.308	8	7.224	16	8.570	11	126.098
Amphetamine	Kg	6	0.865	14	0.651	28	10.548	20	11.204	32	5.686	101	3.008	230	6.223	235	8.860
Ecstasy	Tablets	8	5171	22	6389	9	12138	4	6382	18	2821	59	9269	119	9800	148	216 894
LSD	Tabs	1	150	0	0	0	0	0	0	0	0	2	29	3	8	3	5
Hallucinogenic mushroom	Pieces/g	0	0	5	38g	7	203g	3	15g	14	41g	4	99g	9	125	7	1 787g

Source: Customs Service of Ministry of Finance.

Table 42. Border guard drug seizures in 2002 – 2007.

Drug	Measurement unit	2002	2003	2004	2005	2006	2007
Cannabis resin	kg	18.389	0.314	2.521	0.774	2.611	4.686
Marijuana	kg	56.679	24.106	28.631	25.502	52.764	31.956
Heroin	kg	12.250	0.003	46.269	0.022	75.768	0.058
Cocaine	kg	0.050	1.145	7.943	4.071	4.604	6.781
Amphetamine	kg	6.034	13.341	1.727	34.776	17.342	32.779
Ecstasy	tablets	250	194	13117	4655	16133	12396
LSD	tabs	0	0	0.25kg	69	4	5

Source: Border Guard (2007 data reported under INCB reporting system).

10.3. Price

Information on prices of drugs is provided by the institutions dealing with the illegal market. The key institution in collecting such data is the Police (Table 43) as they conduct operational activities against both wholesale and retail trade in drugs. Retail prices make it possible to follow developments on the drug scene. Their rise or fall may indicate a rise or fall in supply. It is worth noting that the price of a drug is affected by a number of factors: geographical area, drug purity, intensity of police actions as well as the international situation. In order to obtain credible data and eliminate distractors that would affect their credibility the information on the prices should be collected according to a specific methodology from as many sources as possible. The police data collection system does not provide exact retail prices of drugs. These data must be treated as estimates. Despite these restrictions, the data interpretation seems feasible to a certain extent; however, the information provided in the table must be regarded as approximate.

Comparing data (Table 43) from the last two years one must notice a rise in average prices of some drugs (amphetamine, ecstasy, heroin, LSD, cannabis). However, in the case of the most prevalent drugs prices hold steady (heroin, ecstasy) and even fall (LSD, cannabis, cocaine). The exception is the price of amphetamine where we have recorded a rise. Comparing data from the last two years distorts another way of collecting information in 2006 and 2007. The 2006 data were obtained on the basis of a special questionnaire sent out to provincial departments of the Central Bureau of Investigation. The 2007 data come from a routine police data collection system. It must be stressed that the latest data show first signs of the downward trend in prices that we have been witnessing in recent years coming to a halt.

Table 43. Retail drug prices on illegal market in 1999 – 2007 (minimum price, maximum price, average price and most prevalent price).

Year	Unit	Amphetamine	Ecstasy	Cocaine	Heroin „Brown sugar"	Cannabis resin	LSD	Marijuana
		gram	tablets	gram	gram	gram	tab	gram
1999	Minimum and maximum prices	40-120	25-50	250-300	200-250	35-45	20-40	
	Average price	**80**	**35**	**250**	**200**	**40**	**30**	
2000	Minimum and maximum prices	40-120	15-30	od 200	200-250	35-45	20-40	
	Average price	**80**	**35**	**250**	**200**	**40**	**30**	
2001	Minimum and maximum prices	20-120	15-40	150-300	150-240	25-35	20-40	
	Average price	**65**	**26**	**209**	**189**	**30**	**31**	
2002	Minimum and maximum prices	20-80	30-10	150-300	200-300	20-40	11-35	
	Average price	**50**	**25**	**200**	**160**	**30**	**34**	
2003	Minimum and maximum prices	30-50	20-50	250-300	160-200	30	25	
	Average price	**40**	**35**	**275**	**180**	**30**	**25**	
2004	Minimum and maximum prices	15-60	4-25	120-300	100-200	15-40	12-30	7-45
	Average price	**38**	**15**	**210**	**150**	**30**	**21**	**27**
2005	Minimum and maximum prices	20-50	8–15	80-300	150–200	25–45	20–40	10-30
	Average price	**30**	**10**	**150**	**165**	**35**	**25**	**25**
2006	Minimum and maximum prices	15-100	4-30	120-250	100-300	15-50	10-40	15-50
	Average price	**34**	**10**	**187**	**200**	**30**	**23**	**27**
	Most prevalent price	30	10	200	200	30	30	30
	No. of samples	95	108	53	19	78	26	94
2007	Minimum and maximum prices	15 -100	4-30	120 - 250	100 -350	15-45	10-40	15-50
	Average price	**57**	**17**	**185**	**225**	**25**	**25**	**32**
	Most prevalent price	33	10	186	200	28	22	27

Source: Police Headquarters

10.4. Purity

Based on police data and qualitative research conducted in drug users we know that the purity of drugs sold on the illegal market varies substantially. The lack of uniform system in this field hampers the interpretation of data. Table 44 presents data obtained from the Central Forensic Science Laboratory. The average purity of cocaine and amphetamine in 2007 was approximately 35%. The most recent data indicate a fall in the purity of these two substances. However, it must be stressed that the information from the previous years, especially concerning cocaine, seems to be based on large seizures, where purity is much higher compared to substances sold in retail trade. THC concentration in cannabis in Poland is slightly higher than in western Europe. According to EMCDDA data the concentration of THC in cannabis in western European countries ranges from 6 to 8% (King 2004). The 2007 Polish data show that the average THC concentration stood at 5%. It is far higher than in previous years, when the purity stood at 1% on average. It must be stressed here that the so low average THC concentration might be the result of including in samples fibrous hemp which contains very little THC. Consequently, it will contribute to low THC concentration in cannabis. Since 2005, apart from minimum and maximum purity of drugs, we have had modal value i.e. the most prevalent. In cannabis it was 5% and in amphetamine 30%.

Table 44. Drug purity and THC concentration in cannabis on illegal market in 2004 – 2007 (minimum purity, maximum purity, average and most prevalent – modal).

	2004				2005					2006					2007				
	No. of samples	Min. %	Max. %	Average%	No. of samples	Min. %	Max. %	Average %	Modal	No. of samples	Min. %	Max. %	Average %	Modal	No. of samples	Min. %	Max. %	Average %	Modal
THC concentration in cannabis %	86	0.06	3.88	0,6	66	0.22	4.19	1.01	0.75	201	0.2	4.86	1.34	0,9	60	0.2	13.7	5.22	5
Heroin	-	-	-	-	14	0.21	33.9	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine	3	23	96	80	6	20	88	77	78	8	12.2	80.8	44.58	35	20	31.5	89.3	35.6	-
Amphetamine	256	10	98	30-40	56	6	85	53.1	84	361	3	69	43.14	47	392	2	82	35	30

Source: Central Forensic Science Laboratory.

Summary

While analyzing drug supply reduction data we complete the picture obtained in the course of surveys among drug users and the general adult population. The most recent data on the number of drug-related crimes and the ESPAD survey indicate a fall in the number of drug-related crimes and the young drug users. It must be remembered that data of the institutions dealing with the drug problem show not only the scale of the phenomenon but also the involvement of respective services in counteracting drug addiction. In 2007 for the first time in years the number of crimes against the Act of Law on Counteracting Drug Addiction fell. A dynamic upward trend, which we have observed since the mid-1990s, had declined as early as 2006. The changes on the drug scene are confirmed by the drug prices, which have stopped falling according to the most recent data. Moreover, the quantitative research results indicate that the availability of drugs reported by the survey participants is dropping in relation to almost all substances. If the picture revealed herein is a temporary fluctuation or a permanent trend will be confirmed by the 2008 information. However, we can talk of the first positive signals of change of negative phenomena on the drug scene that we observed in previous years.

Part B: Selected Issue

11. Sentencing statistics *prepared by Krzysztof Krajewski*

11.1. Statutory regulations on drug-related crime

In Polish law all punishable acts involving narcotic drugs or psychotropic substances are defined in Chapter 7 of the Act of Law of 29 July 2008 (Journal of Laws No. 179, item 1485 as further amended) on Counteracting Drug Addiction. The act of driving a mechanical vehicle or another vehicle under the influence of alcohol or another narcotic drug is subject to penalty pursuant to Article 178a of the Penal Code of 6 June 1997 (Journal of Laws of 1997, No. 88, item 553 as further amended).

The manner of defining respective drug-related offences in Polish law is rather complicated. Every executive action or a group of related actions form a separate type of crime described in a separate provision of law and the law itself often foresees different forms of committing these acts. It is most often the basic form (so-called basic type) as well as such forms of committing thereof that are subject to tougher sanctions (so-called qualified type) or more lenient sanctions (so-called privileged type taking the form of a lower importance case in the law). This makes the structure of penal provisions of the Act of Law on Counteracting Drug Addiction rather complicated and obscure. Penal provisions of the Act of Law on Counteracting Drug Addiction contain a total number of 14 different types of punishable acts involving narcotic drugs, psychotropic substances or precursors. Three of them (manufacture of narcotic drugs or psychotropic substances in substantial quantities, trafficking in narcotic drugs or psychotropic substances in substantial quantities and supplying a narcotic drug or psychotropic substance to a minor for the purpose of gaining material benefit) constitute serious offences subject to tough penalties (deprivation of liberty for at least three years) defined as felony. The remaining acts constitute less serious crimes defined as misdemeanours and three of them constitute petty offences (punishable acts of administration character).

Polish law does not penalize the fact of using narcotic drugs or psychotropic substances. However, it provides for criminal liability for possessing these substances, regardless of the purpose of this possession (private use or intent to introduce a drug to trade). The crime of possession of narcotic drugs or psychotropic substances is defined in Article 62 of the Act of Law on Counteracting Drug Addiction. The basic type of this crime is subject to the penalty of deprivation of liberty up to three years (as the lowest possible penalty of deprivation of liberty in Poland is 1 month it means that this crime is subject to penalty ranging from 1 month to 3 years).

In the event of possessing substantial quantity of narcotic drugs or psychotropic substances the act is subject to the penalty of deprivation of liberty for the term from 6 months up to 8 years (previously the upper statutory limit of the penalty was 5 years and was raised in 2006). The notion of the substantial quantity of narcotic drugs is not defined in the Act. It means that it is interpreted in the course of judicial practice and decision-making. In this process it is most often assumed that the substantial quantity is enough for several dozens of people to get intoxicated. However, some courts of appeal have recently passed judgements considerably raising this limit proving that the substantial quantity is a large number of weight units (e.g. the quantity reflected in kilograms and not grams only). Finally, Article 62.3 provides for the so-called privileged type in the form if lower importance case. In this case possessing narcotic drugs or psychotropic substances is subject to the penalty of a fine, limitation of liberty or deprivation of liberty for a term up to one year. The notion of a lower importance case is not consistently understood in the judicial practice. However, most often it is assumed that it includes object circumstances (e.g. a very small amount of drugs or the fact that these are very dangerous drugs) and subject circumstances relating to the perpetrator (low degree of guilt, accidental nature of the act, impeccable opinion etc.).

The crime of supplying narcotic drugs or psychotropic substances to another person takes two forms in Polish legislation. One (defined in Article 58 of the Act of Law on Counteracting Drug Addiction) involves any form of supplying a drug for consumption, regardless of the purpose of the perpetrator's actions. In other words, handing narcotic drugs or psychotropic substances to another person on a friend's favour basis without intention to gain any benefit constitutes a crime in Poland. Such an act is subject to the penalty of deprivation of liberty for a term ranging from 1 month to 3 years. However, if the drug was supplied to a minor (i.e. a person who has not turned 18) the penalty ranges from 6 months to 8 years of deprivation of liberty. More restrictive approach is taken in cases of supplying drug for the purposes of gaining some benefit, be it material or personal. In that case we deal with the crime of (retail) trade in narcotic drugs or psychotropic substances (Article 59 of the Act), which is subject to the penalty of deprivation of liberty for a term ranging from 1 month to 10 years. However, if the drug in the above circumstances is supplied to a minor the act becomes a felony, which is subject to the penalty from 3 to 15 years' imprisonment. This provision also contains a privileged type in the form of a lower importance case, which is subject, as usual in such cases, to the penalty of a fine, limitation of liberty ot deprivation of liberty for a term up to one year.

The crime of driving vehicles under the influence of alcohol or another narcotic drug is defined in Article 178a of the Penal Code. Such acts used to be defined as petty offences subject to the administration penalty. In 2000 they were reclassified as crime; however, it

can take two forms. In the event of driving mechanical vehicles (a car or a motorcycle) under the influence of alcohol or other narcotic drugs the act is subject to the penalty of a fine, limitation of liberty or deprivation of liberty for a term up to two years. However, in the event of driving other vehicles (e.g. a bicycle or a horse cart) the act is subject to the penalty of a fine, limitation of liberty or deprivation of liberty for a term up to 1 year. The Act expressly defines "driving under the influence of alcohol". It is the alcohol content in blood above 0.5 °/₀₀ or above 0.25 mg in 1 cubic cm of air breathed out (driving below these limits constitutes a punishable act defined as misdemeanour). However, there is no definition regarding driving under the influence of narcotic drugs. As the Penal Code uses exclusively the term of narcotic drug, while disregarding psychotropic substances, a question arose whether driving vehicles under the influence of psychotropic substances constitutes a punishable act in the first place. This matter has been recently settled by the Supreme Court who assumed that the term of narcotic drug in the Penal Code covers also the term of psychotropic substance, which is defined under separate group in the Act of Law on Counteracting Drug Addiction.

The listing order of sanctions in penal provisions of the Polish legislation (fine, limitation of liberty, deprivation of liberty) is not accidental. It provides a certain hint for the judge who, in the case of acts subject to such sanctions, is always expected to consider the option of imposing a fine. If he or she arrives at the conclusion that in a given case it cannot be imposed he or she should consider imposing the penalty of limitation of liberty first and then if it is out of the question the penalty of deprivation of liberty.

A fine in the Polish legal system is imposed under the system of daily rates. Pursuant to Article 33 of the Penal Code it means that the judge while passing a sentence first must determine the number of daily rates ranging from 10 to 360. Then he or she sets the value of the rate which might range from PLN 10 (approx. EUR 3) to PLN 2 000 (EUR 570). Executing the fine may be temporarily suspended (Article 69 of the Penal Code). Under some circumstances the fine may be spread out into instalments. In the event of failure to pay the fine the compulsory debt collection procedure is performed. If it is ineffective (no possibility of taking over the debtor's assets) the court converts the fine into the penalty of limitation of liberty according to a special conversion rate and if the convict evades the punishment, substitute penalty of deprivation of liberty is imposed. Pursuant to Article 58.2 of the Penal Code a fine is not imposed if the assets of the convicts or his or her earnings capacity do not guarantee that they will be able to pay the fine or the fine will be paid in the course of debt collection.

The penalty of limitation of liberty in the Polish penal legislation constitutes an equivalent of community service, which is known in a number of European legal systems. It is imposed for the term ranging from 1 month to 1 year and it obliges the convict to

perform a non-paid job under supervision in a special work facility, health care unit, welfare centre, charity or for the benefit of the local community. The work is done within a monthly limit between 20 and 40 hours. The penalty might take the form of taking 10 to 25% away from the convict's earnings for the benefit of the State Treasury or a social entity defined by the court.

The penalty of deprivation of liberty in the Polish legislation ranges from 1 month to 15 years (needless to say specific provisions may stipulate an upper lower or a lower upper limit of the statutory threat as it has been mentioned before). Moreover, the Polish legal system features the penalty of 25 years' imprisonment and a life sentence. However, they are not imposed for committing drug-related crimes. Executing a sentence of up to 2 years' imprisonment may be temporarily suspended if the conditions stated in Article 69 of the Penal Code are met. While temporarily suspending the execution of the penalty of deprivation of liberty the court sets the probation period ranging from 2 to 5 years. Under the circumstances set out in the Penal Code (e.g. repeated crime) the penalty may be unsuspended. Along with suspending the sentence the penalty of a fine may be imposed and the probation officer may be assigned.

At the same time the convict with the suspended sentence of deprivation of liberty may be assigned a number of tasks, whose performance is controlled by the court and the probation officer. One of such options is making the convict enter special treatment. In the case of persons addicted to narcotic drugs or psychotropic substances who have committed a drug-related crime the Act of Law on Counteracting Drug Addiction provides a specific solution. Article 70 of the Act provides that if the sentence of deprivation of liberty is temporarily suspended then such a convict enters obligatory drug treatment or rehabilitation.

Apart from the abovementioned penal sanctions the Polish legislation provides for a spcial probation institution titled conditional discontinuance of proceedings (Article 66 of the Penal Code). It may be applied in crimes subject to the penalty of not more than 3 years (5 years in exceptional cases). If the perpetrator of such a crime has no criminal record and other conditions are met, the prosecutor may move the court to conditionally discontinue proceedings along with setting the probation period of 2 years and the probation officer. If the convict successfully completes the probation period he or she is considered to have no criminal record.

The instrument of conditional discontinuance of proceedings may have an important impact on drug users. The Act of Law on Counteracting Drug Addiction provides for certain alternative solutions in the form of diversion. The prosecutor may suspend preparatory proceedings in relation to a problem drug user if the user expresses willingness to enter special treatment (in the case of an addicted person) or agrees to

participate in a special prevention and treatment programme (in the case of a harmful user). If participation in such treatment or programme brings positive results the prosecutor should move the court to conditionally discontinue the proceedings in so far as the crime committed is not subject to the penalty of deprivation of liberty for a term longer than 5 years. It means that it is possible in the case of both forms of drug possession (except substantial quantities) and also in the case of supplying a drug with not intent to gain material benefit (it does not extend to situations where drugs were supplied to a minor) and in lower importance case when drugs were supplied with intent of gaining material benefit. It is also possible in the case of driving a vehicle under the influence of narcotic drugs or psychotropic substances.

In order to understand the manner law enforcement agencies (police and prosecutor's offices) as well as the justice system (courts of law) operate in identifying crimes, including drug-related crimes, or in cases of driving mechanical vehicles under the influence of a narcotic drug or psychotropic substance it is important to point to one of the fundamental principles in the Polish penal procedure. It is the principle of legalism, which means that in the case of finding out that a given act bears notion of a crime the police and prosecutor's office are basically obliged to file the court with an indictment. The Polish justice system does not allow the evaluation of the point of pressing charges, which in some legal systems creates options to freely preselect and decide about cases, which according to given criteria do not deserve the indictment, which consequently leads to discontinuance of proceedings. In Poland such options are created by the provision of the Penal Code which states that the punishable act whose extent of social harm is insignificant does not constitute a crime. The interpretation of this provision is not consistent in practice. Simultaneously it does not have any practical application in drug-related cases (although cases of possessing really small amounts of narcotic drugs or psychotropic substances for private use are theoretically perfect to apply it).

Consequently, during the preparatory proceedings in drug-related crimes there is no room for evaluating the point of indicting and instigating the proceedings. In such cases the proceedings may be discontinued exclusively due to the emergence of trial-related reasons such as insufficient evidence (in cases of driving mechanical vehicles under the influence of drugs or in drug possession it actually happens extremely rarely; however, it might occur more often in drug dealing cases). In cases where the suspect is an addict or a harmful user, as it has been mentioned before, the application of provisions "treat rather than punish" is feasible (Article 72 of the Act of Law on Counteracting Drug Addiction). If the suspect agrees the prosecutor may suspend the proceedings for the period when the suspect enters treatment or a prevention and treatment programme. If the therapy or preventive intervention proves successful the prosecutor moves the court to apply the

instrument of conditional discontinuance of proceedings. It is of vital importance that the court's decision is not from a formal point of view considered conviction and consequently it is not entered into criminal statistics (although from another point of view it is an equivalent of imposing a custodial sentence on a defendant). It must be stressed that prosecutors and courts (who also have the right to apply this instrument) hardly ever apply it. It results from the faulty application construct (a suspect must have no criminal record, which is rare in addicted offenders), which makes the provisions idle. Conditional discontinuance of proceedings may of course be applied independently of the instruments provided for in Article 73 of the Act of Law on Counteracting Drug Addiction in so far as it is permitted by the penalty limit in such a crime and other circumstances thereof. However, it must be stressed that this instrument is hardly ever applied by the Polish courts, particularly in drug-related cases.

It means that the most typical way of concluding the preparatory proceedings in drug-related crimes is filing an indictment. At most, the indictment contains a request for "conviction without trial" pursuant to Article 335 of the Code of Criminal Procedure. This instrument may be applied when the case is absolutely clear from the evidence perspective and the defendant pleads guilty. Then the prosecutor may propose a relevant penalty (usually lower than in the case of conviction in the course of trial) and move the court to impose it without hearing the case. The court does not have to accept the prosecutor's motion but supports it in most cases. It should be stressed that provisions on conviction without trial in drug possession cases, especially regarding small amounts for private use, are applied very often. It is due to the fact that the perpetrator's guilt in such cases is evident and he or she sees no point in denying it. Pleading guilty the defendant counts on a lenient sentence. The same refers to cases of driving under the influence of alcohol or other narcotic drugs or psychotropic substances. However, they are not applied so often in drug dealing cases.

Acquittals in cases of drug possession, trade or driving under the influence thereof occur extremely rarely. It results from the sufficient evidence in such cases. It means that the judicial proceedings in these cases is concluded with a custodial sentence. Two circumstances should be stressed. Firstly, Polish courts in cases related to drug possession and driving vehicles under the influence thereof are not specially tough and sentences to absolute deprivation of liberty are extremely rare (slightly different in drug trade cases). The most prevalent penalty is conditional suspension of deprivation of liberty, which is generally the most prevalent penal sanction applied by Polish courts, also in other less serious crimes. Limiting liberty or imposing a fine is rare. Secondly, despite lenient sentences, especially in terms of the Polish reality, an element of repression seem to dominate in the Polish judicial decision-making, where therapy and prevention are

somewhere in the background. Courts hardly ever apply preventive and treatment measures. It is confirmed by cases wherein even if it is compulsory (upon conditional suspension of penalty) they most often do not oblige the perpetrator to enter relevant treatment. It is obvious violation of law, which additionally occurs on a massive scale.

11.2. Drug-related crime statistical system

The Polish system of collecting statistical data on the activities of law enforcement agencies and the justice system basically comprises two types of records. One is the police records and the other is the court records. There is also the prosecution records; however, it is generally convergent with the police statistics i.e. it records the same data on preparatory proceedings and decision taken in the course thereof. Both data collection systems are not joined in any way whatsoever and making comparisons of both types of records, especially following transfers of cases from preparatory proceedings to judicial proceedings is virtually impossible. It is due to the fact that both statistical systems use different measurement units.

The police records use an identified crime as a major measurement unit. It means that the system records incidents identified to be crimes as a result of the preparatory proceedings so it records the legal evaluation at the end of the proceedings. This solution differs from those used in other countries, where police records register reported crimes i.e. the results of initial legal evaluation at the outset of the preparatory proceedings, which might be subject to change later on. Using an incident as a basic measurement unit has one consequence. A given incident, a crime always takes a form of a single value in the statistics, irrespective of the fact how many perpetrators committed it (so even the crime committed by, say, 14 individuals is listed as one in the police records). The system of statistical registration of identified crimes is built in such a manner that if several crimes of the same or different character are covered by the same proceedings, the statistical records include all of these crimes. Besides, the police records in Poland feature data on suspects (i.e. persons who faced criminal charges in the course of preparatory proceedings) as well as data on police proceedings.

The judicial statistics in Poland register mainly two issues: judgement and sentencing. The judgement is a broader term than sentencing. It includes (in criminal cases) acquittals and all kinds of discontinuance decisions as well as conditional discontinuance judgments. Sentencing means a custodial sentence so the one that formally finds the defendant guilty and imposes a relevant penalty or other penal sanctions. Sentencing always refers to an individual, not to a case. If in the course of a given case there are 12 defendants who jointly committed a single crime and all of them are convicted and sentenced, in judicial

statistics there will be 12 sentencing cases. Sentencing as a statistical unit is not to be identified with a sentenced person. The usual difference between the number of sentences in a given period and the number of sentenced persons in the same period results from the fact that the same person might be sentenced in given period more than once (although such cases are infrequent). The statistical system is structured in such a way so in the case of single proceedings and a single custodial sentence referring to a number of crimes the statistics always feature only one conviction of a given persons and it is classified according the most serious crime. However, the application of a number of sanctions – even for one crime – is always fully included. It means that the statistics list all cases of one type of sanction, no matter whether it was combined with other sanctions or not.

The reporting period for both types of records of the judicial system in criminal cases is always the calendar year, i.e. the period from 1 January till 31 December. In some cases data are available on a monthly or a quarterly basis.

11. 3. Overview of data on record

This report is based mainly on the police and judicial statistics to the extent of their availability in Poland. It contains certain police data on the number and trends of drug-related crimes in general and with breakdown into specific types of crimes in 1985-2006 as well as the structure of these crimes. It also contains judicial statistics on conviction trends in relation to drug-related crime in the same period as well as data on the penalties imposed by courts in 2006. The data are presented in a collective manner in relation to the overall number of crimes against the Act of Law on Counteracting Drug Addiction and in relation to selected types of these crimes. The judicial statistics does not contain data on the type of substance that was involved in the crime. It means that in the case of data regarding sanctions and penalties imposed by courts there is no way of linking the type and character of judgement with the type of narcotic drug or psychotropic substance which were involved in the crime.

Neither Polish police nor judicial statistics do not provide any information on substances that were involved in crimes under Article 178a of the Penal Code (driving a mechanical vehicle under the influence of alcohol or a narcotic drug). What is more, these statistics do not differentiate between perpetrators who drove a mechanical vehicle or another vehicle under the influence of alcohol and those who drove the vehicle under the influence of narcotic drugs. It is known that the vast majority of individuals suspected of committing the crime under Article 178a of the Penal Code and sentenced by courts for committing thereof are under the influence of alcohol at the moment of committing the

crime. It is universally known that in Poland driving under the influence of alcohol poses a serious problem which is the focal point of law enforcement activities. However, driving vehicles under the influence of narcotic drugs is not – as yet – perceived this way. Therefore, the police are not always adequately trained and capable of control drivers in terms of narcotic drugs. Consequently, perpetrators who drove vehicles under the influence of narcotic drugs cannot be extracted from the police or judicial statistics related to crimes under Article 178a of the Penal Code. Therefore, the presentation of any data herein in this respect is not feasible.

The available statistical data do not precisely point to the cause of ending preparatory proceedings in drug-related cases. Generally, the police records contain data on the grounds for discontinuance of proceedings in a given case. However, what is recorded is discontinuance due to the fact that no perpetrator was detected or the conclusion that the act does not constitute a crime. If there is a conclusion that the act does not constitute a crime due to the marginal social harm (which is practically the only way of applying prosecution opportunism in Polish law) the reason is not extracted as a separate category and the data are joined to the cases where the act does not constitute a crime for other reasons. It is known that drug-relates proceedings are rarely discontinued due to the marginal social harm.

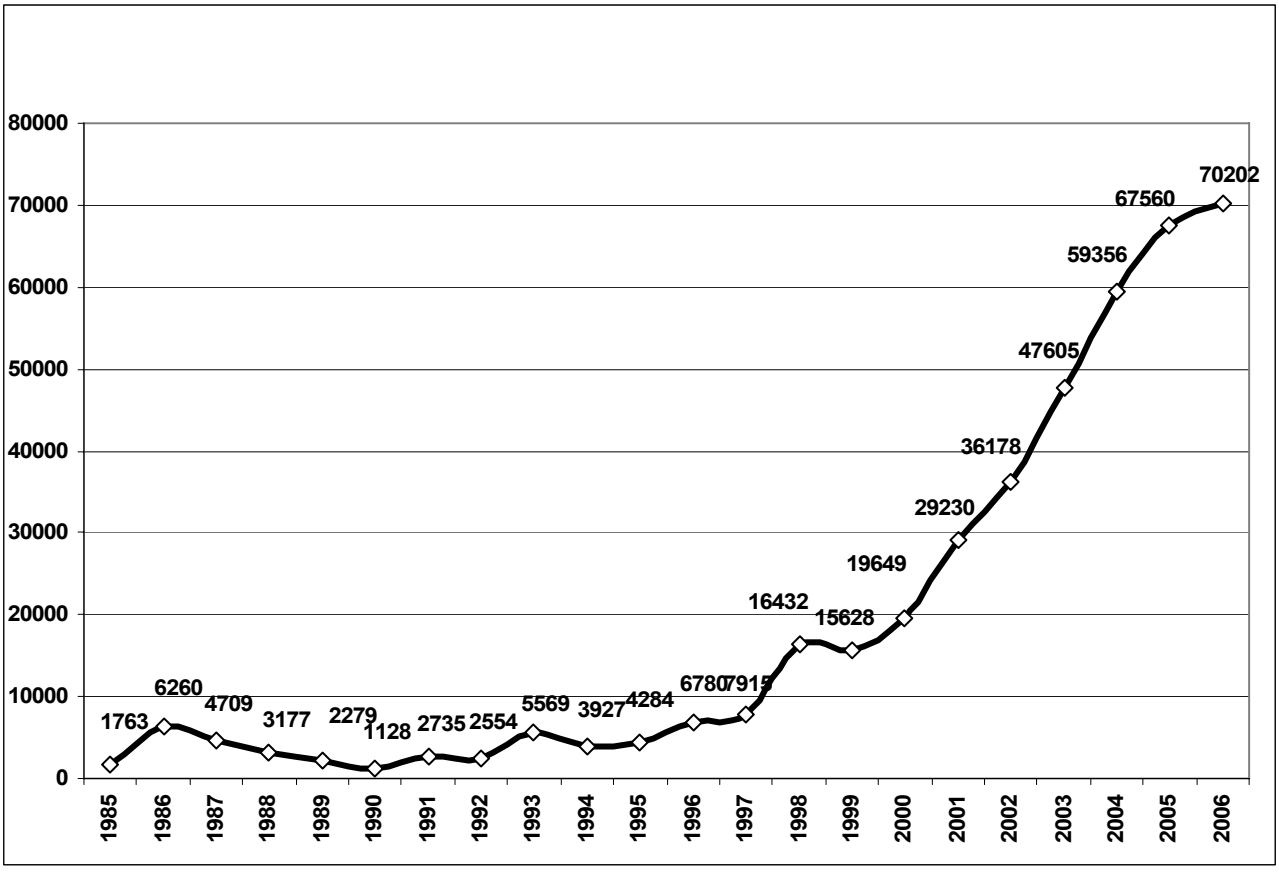
It is known, also on the basis of judicial files research, that Articles 72 and 73 of the Act of Law on Counteracting Drug Addiction providing for the option of referring perpetrators to treatment as early as the preparatory proceedings is practically not used by prosecutors and judges. The number of such cases across the country does not exceed several per year, which means that the provisions are basically idle. Consequently, apart from an option of discontinuing the proceedings due to failure to find the perpetrator of the crime (which in drug dealing or drug possession crimes is very rare as in such crimes identification of crime equals identification of perpetrator) or failure to find notions of a crime, the most prevalent decisions regarding discontinuance of the proceedings is filing an indictment by the prosecutor or optional application of the conditional discontinuance of the proceedings. However, the latter type of motion is filed rather seldom.

11. 4. Data analysis

In recent years in Poland there has been an dramatic upward trend in drug-related crime. The trend was not only the result of the build-up of illicit trade in drugs and drug consumption (in terms of drug consumption epidemiological research shows that this phenomenon has been stabilizing) but also resulted from changes to the law (fully

penalizing in 2001 possession of small amounts of narcotic drugs or psychotropic substances for private use) the consequence of which was a considerable rise in police activities in terms of drug enforcement on a street level. As a result there was a substantial growth of crimes identified annually, especially concerning supplying a narcotic drug[5] or a psychotropic substance or possession thereof. Figures 26-28 demonstrate relevant data.

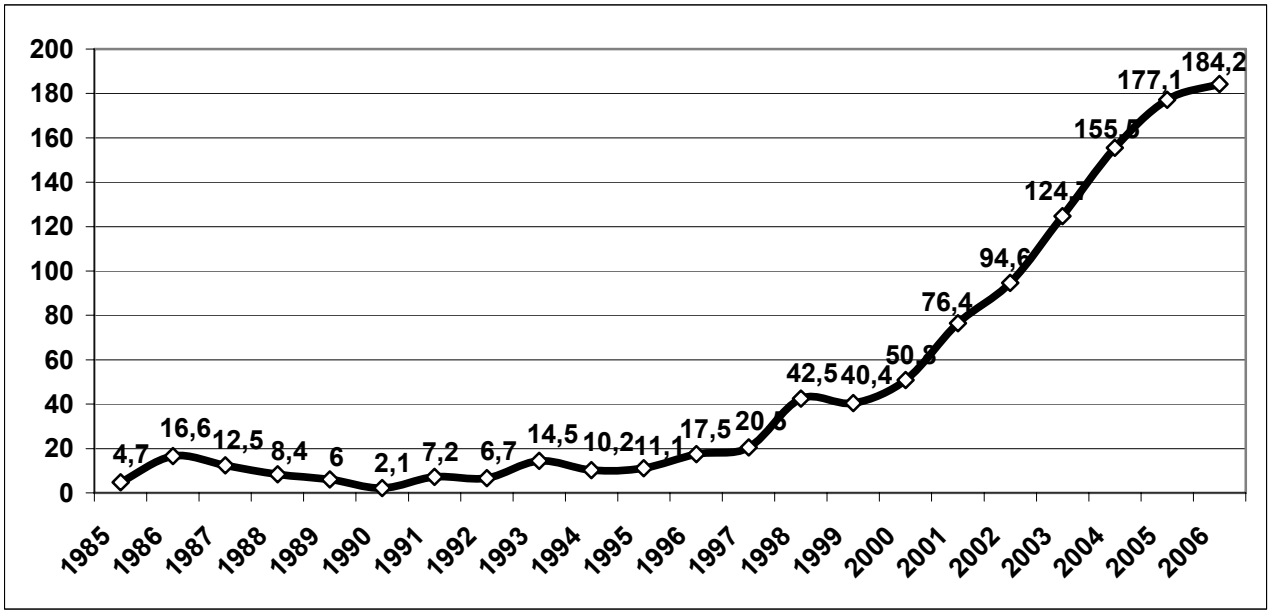
Figure 26. Growth of identified crimes against Act of Law on Counteracting Drug Addiction (1985 - 2006). Absolute numbers.



Source: Police Headquarters.

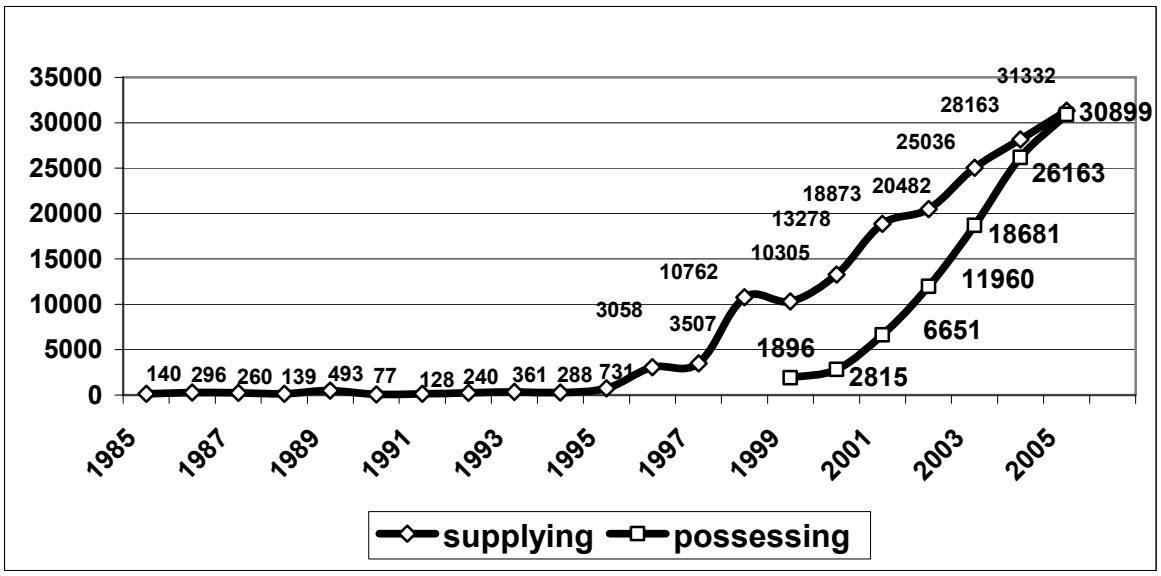
[5] As it has been mentioned before the crime of supplying narcotic drugs or psychotropic substances to another person takes two forms in Polish law: "ordinary" supplying (Article 58 of the Act of Law on Counteracting Drug Addiction) and "qualified" supplying i.e. with intent of gaining material benefit (Article 59 of the Act). The figures on these two crimes are differently presented in the police records and judicial statistics. In the police records they are presented altogether for both types of crime; however, in the judicial records they are listed separately. This makes any comparisons between both statistical systems concerning this crime virtually impossible.

Figure 27.Growth of identified crimes against Act of Law on Counteracting Drug Addiction (1985-2006). Rates per 100 000 inhabitants.



Source: Police Headquarters.

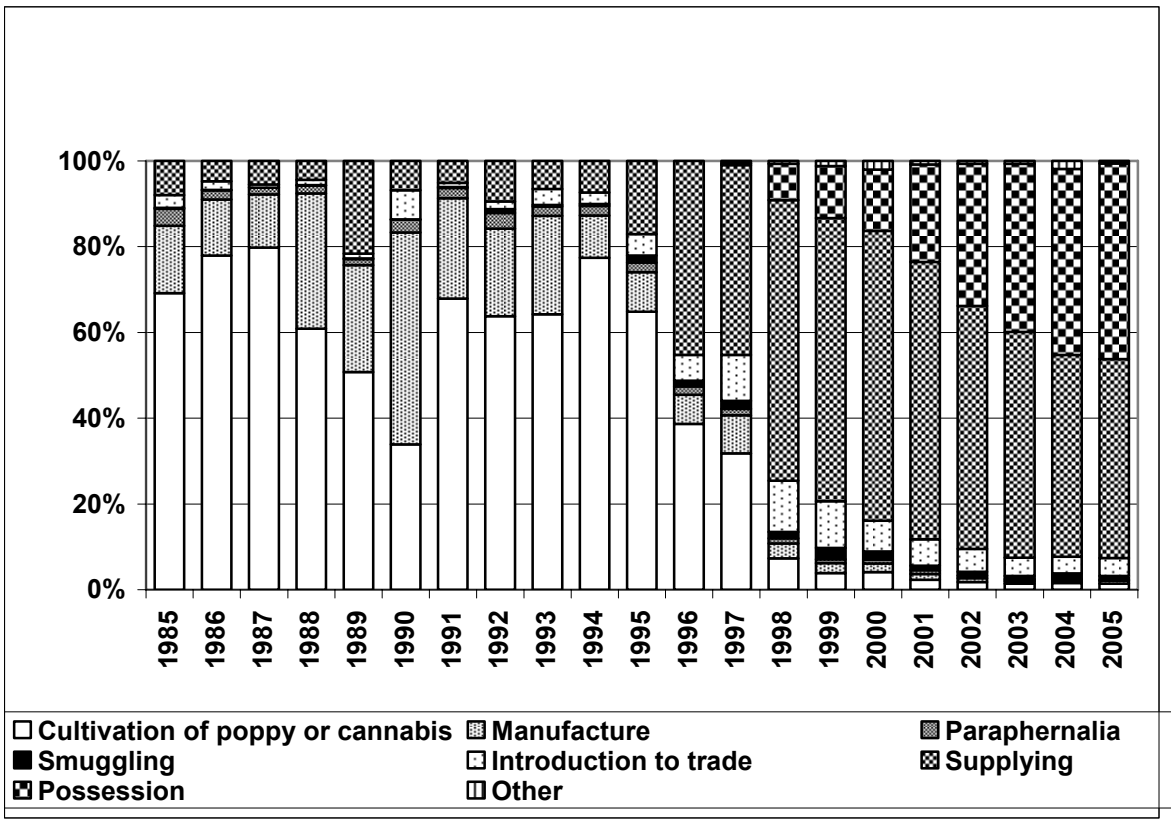
Figure 28. Growth of crimes of supplying and possessing drugs (1985-2006). Absolute numbers.



Source: Police Headquarters.

In this period the structure of identified drug-related crimes changed substantially. While in the 1980s and partially in the 1990s the police records were dominated by crime of illegal poppy cultivation (related to the specific nature of the Polish drug addiction at that time, which was related to homemade manufacture of using substances obtained from poppy straw), in the second half of the 1990s a notable change took place. The crimes of illegal poppy cultivation were slowly replaced by the crimes typical of the developed black market of drugs: supplying narcotic drugs or psychotropic substances and possessing thereof. The above changes are demonstrated in Figure 29.

Figure 29. Structure of identified drug-related crimes (1985-2005).

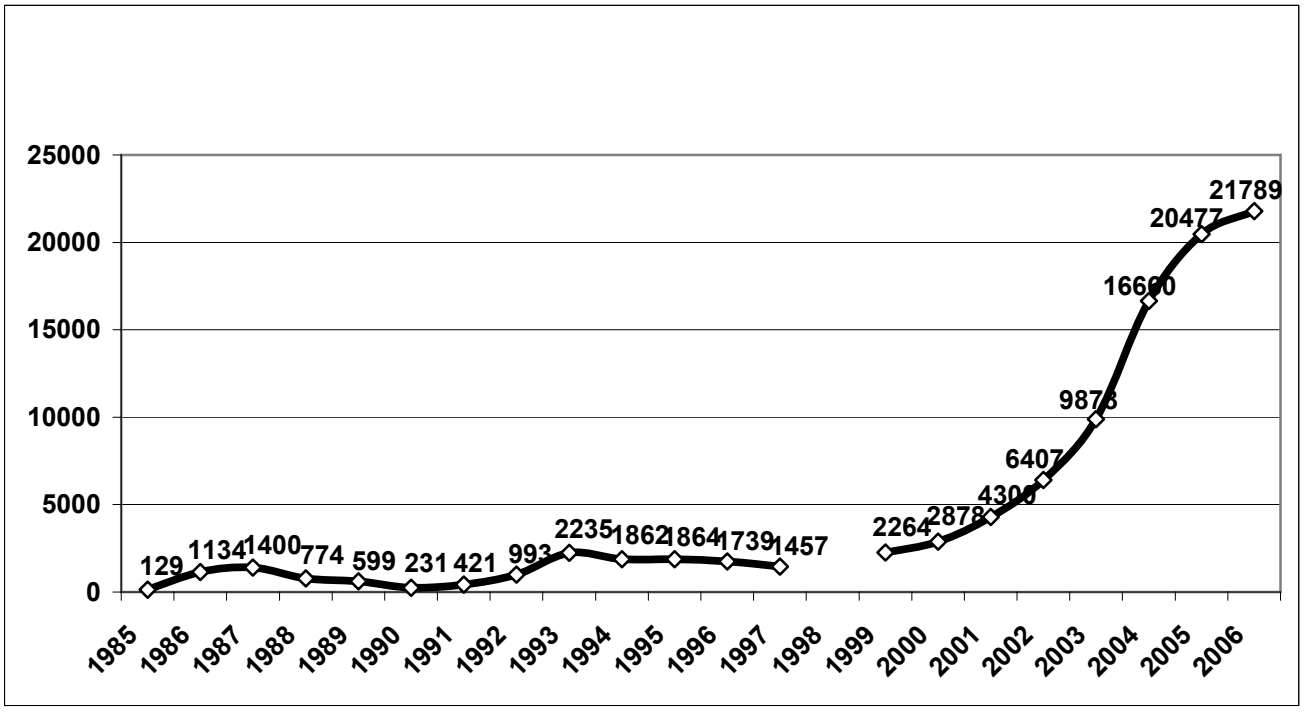


Source: Police Headquarters.

The above transformations in identified crimes of police records are reflected in simultaneously developed judicial statistics which recorded crimes against the Act of Law on Counteracting Drug Addiction[6]. The trends are demonstrated in Figures 29 – 30.

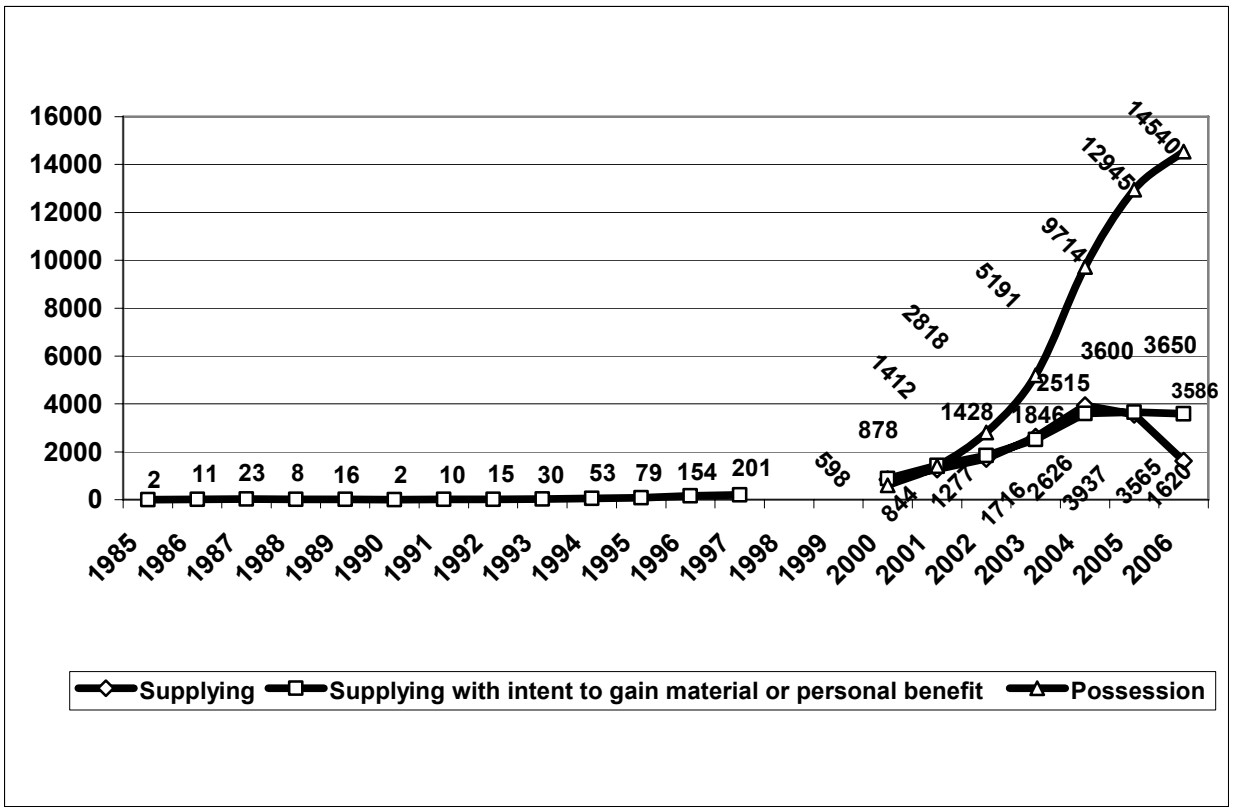
[6] As it has been mentioned before in the case of the judicial statistics, unlike the police records, data on supplying narcotic drugs are listed separately for both types of this crime defined in the Act of Law on Counteracting Drug Addiction.

Figure 30. Convictions for drug-related crime (1985-2006).



Source: Police Headquarters.

Figure 31. Sentences for supplying and possessing narcotic drugs.



Source: Police Headquarters.

The comparison of data from police records and judicial statistics shows that on the one hand the drug-related crime trends were similar. Since the beginning of this decade their numbers have been rising dramatically. At the same time one must note that the numbers of identified crimes are generally much higher than convictions related thereto. As it has been mentioned police and judicial records are to a certain extent incomparable. This is mainly due to different measurement units applied in both statistics (identified crime in police records vs. convictions in judicial statistics). Simultaneously in both types of statistical records we deal with different time frames. Although both of them use a calendar year as a reporting unit, cases concluded in preparatory proceedings and sent to courts are finalised with absolute judgements much later. It causes that most crimes identified in the course of preparatory proceedings are reflected in judicial statistics several months later, often in the next calendar year. The manner of keeping both statistics does not provide an option to unambiguously ascertain the course, causes and selection mechanisms of cases at the stage of preparatory proceedings. Anyway, it is worth noting that in 2006 the police records listed 70 202 identified drug-related crimes, whereas in judicial statistics the number of convictions related thereto stood at 21 789. Even if we simply assume that most drug-related crimes are committed by a single perpetrator (i.e. one identified crime equals one perpetrator) and then one identified crime corresponds to one conviction, then the number of convictions corresponds to only one third of all crimes identified. That would indicate a likelihood of a vast number of cases being dropped in the course of preparatory proceedings. This number might even be higher than the above average in relation to the crime of supplying narcotic drugs or psychotropic substances, where the figures in 2006 stood at 31 332 (identified crimes) and 5 206 (convictions). So the number of convictions was only 16.6% of identified crimes. As regards the crime of possessing narcotic drugs the ration was different and the figures stood at 30 899 identified crimes and 14 540 convictions. So the number of convictions accounted for 47% of identified crimes. As it has been mentioned, due to the incomparability of data in both statistical systems, the manner of keeping thereof and the type of data provided the unambiguous interpretation of selection mechanisms and reasons for dropping cases against the Act of Law on Counteracting Drug Addiction is not feasible here.

As regards the penal policy of the courts towards perpetrators of drug-related crimes, relevant data are presented in Tables 45-51. First of all, one must observe that in a way the penal policy of the courts towards perpetrators of drug-related crimes is stricter than the general penal policy. To some extent it is indicated by the structure of sanctions imposed in such cases, which is illustrated in Table 45.

Table 45. Structure of penalties imposed for crimes in general and against Act of Law on Counteracting Drug Addiction in 2006.

Penalty	Crimes in general		Drug-related crimes	
	No.	%	No.	%
Solely-imposed fine	88 407	19.0%	2 036	11.8%
Limitation of liberty	57 918	12.5%	2 342	11.9%
Conditional suspension of deprivation of liberty	272 653	58.8%	12 666	64.7%
Absolute deprivation of liberty	42 421	9.1%	2 267	11.6%
Total	462 937	100.0%	19 581	100.0%

Source: Ministry of Justice.

The table indicates that in drug-related cases courts impose a fine less frequently than in general. Similar situation concerns the penalty of limitation of liberty. However the penalty of absolute deprivation of liberty is more common in drug-related cases. Consequently, perpetrators of drug-related crimes most commonly face the sanction of conditional suspension of deprivation of liberty, which is the basic instrument of penal policy in such cases. It seems significant as the conditional suspension of deprivation of liberty is the most prevalent penal sanction imposed by Polish courts. In drug-related crimes the significance of this type of sanction is even higher compared to other types of crime.

The severity of the penalty of deprivation of liberty in drug-related crimes is illustrated in Tables 46 and 47. Table 46 contains data on the duration of the imposed penalties of deprivation of liberty, no matter if it is absolute or suspended. Table 47 shows absolute and suspended penalties.

Table 46. Duration of penalties of deprivation of liberty imposed for committing crimes against Act of Law on Counteracting Drug Addiction in 2006.

Duration of penalty imposed	No.	%
1 month	44	0.3%
2 months	187	1.3%
3 months	940	6.3%
4 – 5 months	1 286	8.6%
6 months	3 098	20.7%
7 – 11	2 303	15.4%
1 year	3 338	22.3%
Over 1 year up to 2 years	2 083	13.9%
2 years	1 061	7.1%

Over 2 years up to 3 years	152	1.0%
3 years	216	1.4%
Over 3 years up to 5 years	191	1.3%
Over 5 years up to 8 years	27	0.2%
Over 8 years up to 10 years	7	0.04%
Total	14 933	100.0%

Source: Ministry of Justice.

Table 47. Duration of penalties of absolute and suspended deprivation of liberty imposed for committing crimes against Act of Law on Counteracting Drug Addiction in 2006.

Duration of penalty imposed	Total	Absolute deprivation of liberty	Suspended deprivation of liberty	Percentage of conditional suspensions
1 month	44	8	36	81.8%
2 months	187	53	134	71.7%
3 months	940	121	819	87.1%
4 – 5 months	1 286	134	1 152	89.6%
6 months	3 098	160	2 938	94.8%
7 – 11	2 303	136	2 167	94.1%
1 year	3 338	371	2 967	88.9%
Over 1 year up to 2 years	2 083	474	1 609	77.2%
2 years	1 061	269	792	74.6%
Over 2 years up to 3 years	152	137	15	9.9%
3 years	216	192	24	11.1%
Over 3 years up to 5 years	191	178	13	6.8%
Over 5 years up to 8 years	27	27	0	0
Over 8 years up to 10 years	7	7	0	0
Total	14 933	2 267	12 666	84.8%

Source: Ministry of Justice.

The figures in both tables show that the overwhelming majority of penalties imposed by Polish courts for committing drug-related crimes does not exceed the period of 2 years of deprivation of liberty. It concerns as many as 95.9% of all penalties imposed. It means that stricter penalties are extremely rare. What is more, in 2006 courts did not fully make use of the Act as the most severe penalties ranged between 8 and 10 months. The penalties ranging from 10 to 15 years (possible in the qualified types of crimes defined as felony) were not imposed at all. It might indicate that drug-related crimes judged by Polish courts are not of particularly high profile and do not have to be severely dealt with.

Such a status quo is partially confirmed by similar figures concerning two types of drug-related crime, namely supplying narcotic drugs or psychotropic substances with intent of gaining material benefit or supplying narcotic drugs or psychotropic substances to a minor[7] (Article 59 of the Act of Law on Counteracting Drug Addiction) and possession of narcotic drugs or psychotropic substances (Article 62 of the Act of Law on Counteracting Drug Addiction). Respective data are presented in Tables 48-50. They feature several interesting patterns related to the penal practice.

Table 48. Structure of penalties imposed for committing crime of supplying narcotic drugs with intent of gaining material benefit (Article 59 of the Act of Law of 2005 on Counteracting Drug Addiction) in 2006.

Penalty	Basic type		Qualified type		Lower importance case		Total	
	No.	%	No.	%	No.	%	No.	%
Solely-imposed fine	10	0.4%	3	0.6%	32	6.9%	45	1.3%
Limitation of liberty	8	0.3%	6	1.2%	56	11.9%	70	2.0%
Conditional suspension of	1911	75.5 %	265	56.9%	337	72.1%	2 513	72.6%
Absolute deprivation of liberty	602	23.7%	191	41.6%	42	8.9%	835	24.1%
Total	2 531	100.0 %	465	100.0 %	467	100.0 %	3 463	100.0 %

Source: Ministry of Justice

[7]To simplify this analysis it will focus exclusively on convictions concerning the qualified type of supplying narcotic drugs as defined in Article 59 of the Act of Law on Counteracting Drug Addiction (activity with intent to gain material benefit as well as supplying narcotic drugs to a minor with intent of gaining material benefit) excluding the basic type defined in Article 58 of the Act.

Table 49. Duration of penalties of absolute and suspended deprivation of liberty imposed for committing crimes of supplying narcotic drugs with intent of gaining material benefit (Article 59 of the Act of Law of 2005 on Counteracting Drug Addiction) in 2006.

Duration of penalty imposed	Total	Absolute deprivation of liberty	Suspended deprivation of liberty	Percentage of conditional suspensions
1 month	1	0	1	100.0%
2 months	3	1	2	66.7%
3 months	27	3	24	88.9%
4 – 5 months	59	6	53	89.8%
6 months	95	6	89	93.6%
7 – 11	185	10	175	94.5%
1 year	1 081	199	882	81.6%
Over 1 year up to 2 years	1 110	251	859	77.4%
2 years	553	144	409	73.9%
Over 2 years up to 3 years	55	49	6	10.9%
3 years	111	102	9	8.1%
Over 3 years up to 5 years	65	59	6	9.2%
Over 5 years up to 8 years	3	3	0	0%
Over 8 years up to 10 years	-	-	-	-
Total	3 348	883	2 515	75.1%

Source: Ministry of Justice

The patterns can be mainly noticed in the crime of supplying a narcotic drug or a psychotropic substance with intent of gaining material benefit (Tables 50-51). This crime is considered serious and committing thereof is subject to relatively severe penalties (supplying a narcotic drug to a minor with intent of gaining material benefit constitutes a felony). Such a status quo does not seem to be reflected in the judicial practice. In 2006 as many as 75.5% of cases of supplying narcotic drugs or psychotropic substances with intent of gaining material benefit were concluded with the conditionally suspended penalty of deprivation of liberty. Fewer than a quarter thereof were concluded with the absolute deprivation of liberty. It might indicate that drug dealing cases handled by Polish courts are not particularly serious. What is more significant the crimes to a large extent do not involve professional drug dealing, which is considered a stable source of income by the perpetrators. Is true that as far as the qualified type goes courts more often impose the penalty of absolute deprivation of liberty as compared to the basic type. At the same time it is not surprising that in most cases of qualified type of crime the execution of the penalty of deprivation of liberty was also conditionally suspended. Since this crime is considered a

felony (subject to at least 3 years' imprisonment) courts in order to be able to conditionally suspend must relatively often resort to the instrument of extraordinary reduction of penalty as this is the only way of imposing a penalty below the lower limit of the statutory punishment. Equally surprising might be the fact that in some lower importance cases (minor crimes) courts imposed the penalty of absolute deprivation of liberty.

Table 50. Structure of penalties imposed for committing crime of possessing narcotic drugs (Article 62 of the Act of Law of 2005 on Counteracting Drug Addiction) in 2006.

Penalty	Basic type		Qualified type		Lower importance case		Total	
	No.	%	No.	%		No.	%	No.
Solely-imposed fine	953	9.9%	19	3.6%	1012	37.3%	1 984	15.4%
Limitation of liberty	984	10.2%	9	1.7%	1089	40.2%	2 082	16.2%
Conditional suspension of deprivation of liberty	7 219	74.9%	368	71.4%	555	20.4%	8 142	63.3%
Absolute deprivation of liberty	472	4.9%	119	23.1%	54	1.9%	645	5.0%
Total	9 628	100.0 %	515	100.0 %	2 710	100.0 %	12 853	100.0 %

Source: Ministry of Justice

Table 51. Duration of penalties of absolute and suspended deprivation of liberty imposed for committing crimes of possessing narcotic drugs (Article 62 of the Act of Law of 2005 on Counteracting Drug Addiction) in 2006.

Duration of penalty imposed	Total	Absolute deprivation of liberty	Suspended deprivation of liberty	Percentage of conditional suspensions
1 month	38	6	32	84.2%
2 months	166	44	122	73.5%
3 months	816	105	711	87.1%
4 – 5 months	1 068	112	956	89.5%
6 months	2 600	119	2 481	95.4%
7 – 11	1 682	96	1 591	94.6%
1 year	1 666	80	1 586	95.1%
Over 1 year up to 2 years	504	53	451	89.4%
2 years	226	18	208	92.0%
Over 2 years up to 3 years	9	9	0	0%
3 years	10	6	4	40.0%
Over 3 years up to 5 years	2	2	0	0%
Over 5 years up to 8	-	-	-	-

years				
Over 8 years up to 10 years	-	-	-	-
Total	8 787	650	8 142	92.6%

Source: Ministry of Justice

In drug possession cases the judicial decision-making seems to be more consistent (Tables 50-51). Under the basic type the penalty of deprivation of liberty is relatively rare and the major sanction is conditionally suspended deprivation of liberty. Approximately 20% of sanctions under this type are alternative sanctions (fine and limitation of liberty). All this implies that we do not deal with the high profile crimes here. In the case of possessing substantial quantities of narcotic drugs the penalty of absolute deprivation of liberty is imposed much more frequently. The ratio of conditionally suspended penalties is only slightly lower here as compared to the basic type. However, the proportions of alternative sanctions such as a fine or limitation of liberty are minimal. The latter, due to the qualified type of crime, should not surprise at all. On the other hand it is fully justified that in relation to lower importance crimes such sanctions (fine and limitation of liberty) are applied most often. They account for 80% of all penalties imposed. In this respect they are imposed even more frequently than it happens in all crimes on average. The penalty of absolute deprivation of liberty is imposed extremely rarely in such cases and the penalty of conditional suspension of deprivation of liberty is passed much less frequently than in the forms of this crimes.

Summing up, it must be concluded that in recent the Polish justice system has been dealing with an increasing number of crimes against the Act of Law on Counteracting Drug Addiction. Generally, the penal policy pursued by the courts towards perpetrators of these crimes can be in a way considered a little stricter as compared to the overall number of crimes. In the case of two crimes (drug dealing and drug possession), which underwent deeper analysis, a lot indicates that this policy is not particularly severe, though. It mainly refers drug dealing which in its assumption is considered in law a very serious crime. However, even here the most prevalent penalty is conditional suspension of deprivation of liberty. It is difficult to unambiguously determine whether this is due to lenient approach of courts toward offenders or the fact that courts more frequently deal with less serious drug dealing cases. As far as the penal policy of courts towards driving under the influence of narcotic drugs is concerned nothing more precise can be stated. The reason is the lack of separate data extracted from the police and judicial statistical systems concerning this category of offenders. Consequently, any analysis in this respect is not feasible.

Part C

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13. Annexes

List of Figures and Tables used in the text

List of abbreviations used in the text

1) ABW – Agencja Bezpieczeństwa Wewnętrznego (Internal Security Agency)
2) CBŚ - Centralne Biuro Śledcze (Central Bureau of Investigation) of the Police Headquarters (KGP)
3) CMQ - Centre for Monitoring Quality
4) CND - Commission on Narcotic Drugs
5) ESPAD – European School Survey Project on Alcohol and other Drugs
6) GHB - Gamma-Hydroxybutyric acid
7) GUS – Główny Urząd Statystyczny (Central Statistical Office)
8) HBSC – Health Behaviour in School-aged Children
9) HDG – Horizontal Drug Group G
10) ICD – International Classification of Diseases
11) NBDP – National Bureau for Drug Prevention
12) NPCDA – National Programme for Counteracting Drug Addiction

Part D – Standard Tables and Structured Questionnaires

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