



European Monitoring Centre  
for Drugs and Drug Addiction



Krajowe Biuro  
do Spraw Przeciwdziałania  
Narkomanii



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O NARKOTYKACH  
I NARKOMANII

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**„POLAND”**  
**New Development, Trends and in-depth  
information on selected issues**

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## Summary

*prepared by Marta Struzik, Artur Malczewski*

Monitoring the phenomenon of illegal psychoactive substance use and the related problems has been performed since the 1970s, i.e. from the beginning of drug problem in Poland. Despite methodological limitations related to this phenomenon, the availability and credibility of some data, it is still feasible to obtain a relatively reliable picture of the scale of the problem and its trends.

### School surveys in adolescents

Demand for drugs is measured through the prevalence use rates. We have access to several sources of information in this respect, especially regarding data related to drug use in school youth. The most recent data come from the 2008 survey commissioned by the National Bureau for Drug Prevention to the Foundation of the Public Opinion Research Centre (CBOS). It was a follow-up to the first edition of 2003. The project aimed at measuring current consumption rates for psychoactive substances in school adolescents. The survey was group-administered and included adolescents from final grades of post-middle schools. 1 400 questionnaires were completed in total. The participants were asked about using drugs in the last 12 months and then asked to list three psychoactive substances they had used. In 1992 5% of the participants admitted to using drugs. The proportion grew with every new edition of the project and reached the level of 24% in 2003. In 2008, 15% of the participants reported they had used drugs in the last year, which is a fall of 9 percentage points compared to the measurement of 2003. In the latest survey 12% of the participants had contact with cannabis (18% in 2003) and 2% with amphetamine (8% in 2003). An innovative element of the 2008 study was adding to the survey questionnaire questions about using legal highs, which partly repeated the issues investigated before. Later in the survey the participants were asked to mark the substances they had used in a lifetime, in the last 12 months and in the last 30 days. While answering the questions the respondents could choose from the list of substances. The results of the survey based on the closed question show that the most prevalent psychoactive substances used by adolescents in a lifetime were marijuana and hashish (30.5%), OTC tranquilizers and sleeping pills (21.8%), and amphetamine (9%). The survey also featured questions about using legal highs. 3.5% of the respondents admitted to having used these substances, which is comparable to lifetime prevalence use rates for the use of hallucinogenic mushrooms (3.6%), anabolic steroids (3.4%) and cough syrups (3.2%). Moreover, the prevalence of polydrug use of alcohol and marijuana as well alcohol and tablets stood at 17.3% and 12.2%.

The results of the above study confirm results of the earlier group-administered survey questionnaire on alcohol and drug use in adolescents in 2007. The study showed stabilization of the trend and in some cases even a downward movement. The study was another measurement conducted every four years on a representative sample of third from students of middle schools and second from students of post-middle schools under the European School Survey Project on Alcohol and Drug Addiction. The outcome of the 2007 measurement showed a fall by 3 percentage points compared to 2003 in lifetime prevalence of cannabis use. Cannabis was followed by amphetamine and ecstasy – 4% each. In the measurement of 2003 the rates stood at 6% for amphetamine and 3% for ecstasy. We can talk of a fall in amphetamine use and stabilization in the case of ecstasy. The most popular hallucinogenic substance in Poland, i.e. mushrooms, was used by 3% of the respondents. In 2003 the

result was slightly higher and stood at 5%. In the case of the remaining drugs such as LSD and other hallucinogens (2%), cocaine (2%) and heroin (2%), Polish results are below the European average. In the measurement of 2007, 18% of the respondents at least once tried tranquilizers and sleeping pills for non-medical purposes.

## General population studies

In November 2008 MillwardBrown SMG/KRC conducted a survey on a randomly selected nationwide sample of 1002 respondents aged 15-75. The study was commissioned by Hungarian Civil Liberties Union. The diagnostic tool was a 10-item questionnaire which was implemented according to a monthly SMG/KRC Omnibus. According to the study 7% of the respondents had contacts with marijuana and 3% with amphetamine. For comparison, in the survey carried out by the National Bureau for Drug Prevention in 2006 this proportion stood at 9% for the former and 3% for the latter substance (respondents aged 15-64). The survey was conducted in four other countries. In Poland lower drug use rates were recorded for most substances compared to Bulgaria, Denmark, Holland or Sweden. In the case of amphetamine and LSD Polish rates were slightly higher than those recorded in Bulgaria.

## Residential treatment data

Based on statistical records of the residential psychiatric treatment we are able to follow trends in drug addiction understood as regular use of drugs causing serious problems including mental or behavioural disorders. The number of patients in specialist drug treatment facilities and hospital wards due to drug dependence was steadily rising in previous years. The most recent data of 2007 show that in 2007 residential treatment system admitted 12 582 patients. This number is lower compared to 2006 when 13 198 drug users entered treatment. The indicator per 100 000 inhabitants stands at 33 (it means that in 2007 almost 33 individuals per 100 000 entered residential drug treatment. The proportion of first-time patients decreased from 52 to 45. In 2007 residential treatment centres admitted more men (76%) than women (24%). The most numerous group were opiate users (16%), then came users of tranquilizers and sleeping pills (10%), amphetamines (6%), cannabis (3%) and inhalants (1%). The remaining categories of patients did not exceed 1%. It must be stressed that 63% of the patients were classified under the category "mixed and unspecified".

## Psychoactive substance treatment system in Poland

Pursuant to Article 26.5 of the Act of 2005 on counteracting drug addiction, services of drug treatment, rehabilitation and reintegration are provided for a drug dependent individual free of charge, regardless of place of residence in Poland. Providing health services for drug dependent individuals is based on a network of outpatient and inpatient clinics with the status of public or non-public health care units. The basic link of the first intervention and psychological assistance is fulfilled by outpatient clinics, mainly by Addiction Prevention and Treatment Counselling Centres.

The system of health care over individuals dependent on narcotic drugs is still dominated by long or medium-term forms of residential treatment. However, a trend to shorten the therapy is emerging. Residential clinics are mainly located outside urban areas and provide drug treatment and rehabilitation programmes based on the therapeutic community model.

In Poland, according to the National Bureau there are 85 residential clinics and 295 ambulatory ones. Moreover, the services for drug dependent individuals are provided at detoxification wards, day care centres for addiction treatment, hospital drug treatment wards, harm reduction programmes, therapeutic wards for drug dependent inmates at penal institutions and social reintegration programmes. Some facilities also provide services for patients with a dual diagnosis. In 2008 substitution treatment included 1 522 patients in 16 programmes run at health care units and 4 programmes in prisons.

## Prevention

Pursuant to the Regulation of the Minister of National Education of 2002 the school is obliged to develop and implement a school universal prevention programme coherent with the curriculum and the education programme and adequate to the developmental needs of students and the community. The school is also obliged early to detect social maladjustment in students and provide students at risk of drug addiction and their parents with psychological and pedagogical assistance.

In 2008 by way of the Resolution of the Council of Ministers of 19 August 2008 the “Safe and friendly school” programme was launched. It is aimed at building a supportive and demanding school. It strengthens the upbringing role of the school, creates a positive social atmosphere and changes the relations between students and teachers.

In 2008 the National Bureau commissioned peer education programmes to 15 NGOs operating across Poland. The commissioned tasks aimed at preparing the participating adolescents to implement prevention and promote health in the peer environment or the local community. Under selective prevention in 2008 the National Bureau participated in the international project “FreD goes net” co-financed by the EU under the Public Health Programme. The project is intended to promote access for young drug users to selective prevention programmes in European countries based on the short intervention method.

The National Bureau for Drug Prevention supported NGO-based programmes for individuals at risk of drug addiction, experimenting users and their families. 102 were commissioned in 108 facilities. Support programmes for families of individuals at risk of addiction, drug users and drug-dependent individuals were implemented by 16 organizations.

Moreover, the programmes of selective prevention were implemented directly in the environment of occasional drug users and drug-endangered individuals (e.g. in prostitutes, children of the street) and in settings of high prevalence of drug use (clubs, discotheques, open air events). The programmes included 5 905 occasional drug users. A programme during the mass music event called “Przystanek Woodstock” was implemented in Kostrzyn upon the Oder. The programme reached about 120 000 participants.

By virtue of the Act of 29 July 2005 on counteracting drug addiction provincial and communal governments were obliged to develop and implement Provincial and Communal Programmes for Counteracting Drug Addiction. Under these programmes, the governments sponsor local and regional initiatives which include school education programmes, parental guidance programmes, trainings for implementing staff, programmes for adolescents at risk and their families and extracurricular classes. In 2008, 15 provincial governments supported financially universal prevention programmes. The programme reached 25 268 participants under school programmes and 43 000 participants outside school.

The local governments were involved in the implementation of selective prevention programmes. 10 programmes were conducted on school premises and 32 outside school. 10 NGOs conducted the school programmes for 6 638 participants. Outside schools 31 organizations conducted programmes for 4 801 participants.

## Drug-related infectious diseases

The nationwide data on HIV and AIDS cases reported to Sanitary and Epidemiological Stations, including those related to using drugs come from the National Institute of Public Health – National Institute of Hygiene. The number of routinely recorded HIV infections in drug users has been falling in recent years. In 2008, 809 HIV infections were recorded, including 45 among injecting drug users. While interpreting the above data, one must take into consideration the fact that in a number of HIV infections recorded no route of infection is stated.

The AIDS trend in injecting drug users, which reflects the phenomenon with substantial delay, was falling in 2003-2006. In 2007, 183 AIDS cases in total were recorded (130 cases in 2006), including 102 in injecting drug users (65 in 2006). In the light of the 2008 data showing 161 AIDS cases altogether, including 66 in injecting drug users, the 2007 information points to temporary fluctuation of the trend. Thanks to monitoring it will be possible to further follow new AIDS figures in Poland.

## Drug-related deaths

The most dramatic consequences of drug use are drug-related deaths. The basic source of information concerning this issue in Poland is the database of the Central Statistical Office (GUS). Drug-related deaths were extracted basing on the national definition which covers the following ICD-10 codes: F11-12, F14-16, F19, X42, X44, X62, X64, Y12 and Y14. In recent years we have been watching the drug-related mortality trend level off. In 2006, 241 deaths were recorded. In 2007 the figure stood at 214. An average age of death was 47. Out of the individuals who fatally overdosed drugs 34 were aged below 25. 74% of all deaths registered in the database of the Central Statistical Office were male.

## Supply reduction

The most recent data on the illegal drug market and drug-related offences show a fall in most indicators used in monitoring supply reduction activities and the size of the illegal market. The 2007 fall in the number of detected and suspected crimes against the Act continued in 2008. It is worth noting that despite the lower number of offences, there was a rise in the number of punishable acts related to poppy and cannabis cultivation and trafficking in precursors. Moreover, there was an increase in cannabis (both marijuana and hashish), LSD and ecstasy seizures. The number of detected clandestine laboratories for amphetamine production stood at 15. According to the Police information drug prices levelled off although there are some deviations from the trend with regard to several substances. THC concentration in marijuana reached an average value comparable to the European level of 7%. The purity level fell for amphetamine and rose for cocaine. According to recent school surveys conducted in 2008 by the CBOS there was a fall in drug availability in the opinion of students of final grades at post-middle schools. The data presented and discussed in this report may indicate that the scale of drug-related crime has decreased.

## Cannabis market and production in Poland

It is difficult to determine where the cultivation of *Cannabis indica* started in Poland. In the 1990s cannabis growing was, at least partly, related to private use. However, there are no data on the size of these crops at that time. Police statistics show that the first cannabis plantations were recorded in 1994.



In Poland the cannabis market is dominated by marijuana, especially more potent strains of the so-called 'skunk' with higher THC concentration. Hashish is still much less available and is imported in nearly all cases. According to the Police estimates approx. 30% of the cannabis smoked in Poland is grown in the locally. In 2001-2008 there was a rise in average prices of marijuana and hashish. In recent years growing cannabis for private use has become more popular. Since 2005 there has been a steady fall in the number of crimes related to retail dealing in cannabis. In 2004-2006 there was a fall in the number of offences related to marijuana or hashish trafficking. However, since 2007 the number of these punishable acts has been increasing. The highest number of offences related to cannabis production was recorded in 2005. However, the trend levelled off in 2006 although a slight rise took place in 2008 as compared to 2006. It is estimated that indoor plantations in Poland are mostly small (up to 50 plants) followed by medium-sized ones (50-500 plants). The lowest share relates to large plantations (over 500 plants). On the other hand most outdoor plantations are medium-sized followed by small and large ones.

## **Problem amphetamine and metaamphetamine use**

The phenomenon of amphetamine use in Poland started at the beginning of the 1990s along with political changes and wider access to psychoactive substances. Initially, Poland was only a transit country. Nowadays a great deal of amphetamine is produced in Poland. The substance is mostly destined for Scandinavian countries. However, loose border control inside the EU and increased migration increased amphetamine trafficking from Poland into the "old EU".

Population surveys show that the number of amphetamine users, including experimental users, has been steadily rising since the 1990s. Since then amphetamine has become the second most prevalent drug after cannabis. The rising interest in amphetamine has been accompanied by higher numbers of users entering amphetamine treatment. The amphetamine use figures have levelled off or dropped slightly in recent years.

Despite relative popularity of amphetamine the number of studies and analyses conducted in this field is still insufficient. Apart from population studies (ESPAD or general population studies) there are a few studies into amphetamine prevalence in selected problem populations.

The results of the 2007 study among prison inmates are comparable to the 2001 results and show stabilization of the amphetamine use trend. Some symptoms of growth can be observed only in the lifetime prevalence indicator. However, the study in clients of low threshold programmes shows that amphetamine is the second most prevalent substance after opiates in this population. Drug dependent individuals also rank it second on the list of the most problematic substances. Amphetamine clients of low threshold programmes are mostly male. Moreover, the prevalence of amphetamine use is the highest in individuals aged 25-29.

Despite a clearly high prevalence of amphetamine use in Poland no special prevention or treatment programmes targeting users of this substance have been launched



# Part A: New Developments and Trends

## 1. Drug policy: legislation, strategies and economic analysis

*prepared by Michał Kidawa, Anna Strzelecka, Artur Malczewski*

### Introduction

The basic anti-drug legal act is the Act of Law of 29 July 2005 on Counteracting Drug Addiction. The Act defines the following: 1) competences in counteracting drug addiction of relevant services, central institutions and local governments, 2) educational, information activity, 3) rules and procedures for treatment for drug addicts, 4) conduct procedure for handling precursors, narcotic drugs and psychoactive substances, 5) rules and procedure for handling poppy and hemp crops, 6) penal provisions and 7) controlled substances.

The executive act that lays down the priorities serving both as the National Antidrug Strategy and the Action Plan is the National Programme for Counteracting Drug Addiction 2006-2010. Since 2006 the National Programme has been a legal act of a regulation status<sup>1</sup>. It promotes sustainable approach to the problem of drugs and drug addiction balancing the tasks of drug demand reduction and drug supply reduction. The general aim of the programme is “Reducing drug use and drug-related social and health problems”.

The general aim is achieved across five areas:

- I. Prevention
- II. Treatment, rehabilitation, health harm reduction and social reintegration
- III. Supply reduction
- IV. International cooperation
- V. Research and monitoring

The last two areas support the implementation of the first three: prevention, treatment and supply reduction. It must be stressed that the NPCDA is fully integrated with the EU Drugs Strategy and Action Plan. Under the National Programme for Counteracting Drug Addiction 60 actions were formulated to be implemented by 10 ministries and 23 central level institutions, Provincial Pharmaceutical Inspectorates, provincial and communal governments. The programme implementation by respective ministers or central offices often equalled the involvement of a number of subordinate institutions, which means that the Programme had a massive coverage. The programme was designed to integrate the vast majority of antidrug actions in Poland.

The coordinating role in implementing the National Programme is fulfilled by the Council for Counteracting Drug Addiction. The Council comprises undersecretaries of state in the following ministries: Health, Justice, Social Security, National Defence, Agriculture, Education and Upbringing, Public Finances, Foreign Affairs and Science. In order to better coordinate the programme implementation 3 work teams operate under the auspices of the Council: precursors team, international cooperation team and National Programme for Counteracting Drug Addiction team<sup>2</sup>. The teams play an advisory role and provide technical support for the Council.

The Act defines the competences of the National Bureau for Drug Prevention and the National Focal Point operating within the National Bureau.

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<sup>1</sup> More information under: 1.2. National action plan, strategy, evaluation and coordination/national action plan and/or strategy.

<sup>2</sup> More information under: 1.2. National action plan, strategy, evaluation and coordination/coordination arrangements.

## 1.1 Legal Framework

### ● Laws, regulations, directives in the field of drug issues (demand & supply)

At the end of 2008 and the beginning of 2009 the public discussion on introducing changes to the antidrug law was largely dominated by the problem of legal highs. That is why we decided to elaborate more on the problem of legal highs and the legal solutions that are being considered.

Shops offering psychoactive substances have been emerging in Europe for several years. They often sell their products online. By 2008 in Poland the psychoactive substances were rarely found online. The spread of the phenomenon was limited. The situation changed a year ago.

At the beginning of 2008 the first information appeared about the website [www.dopalacze.com](http://www.dopalacze.com). The online store offered legal psychoactive substances on a large scale with the support of professional marketing. The products on offer were attractively packaged, the website had modern design. The shop's marketing slogan "life is too short to pop unhealthy pills" hit the marketing target. The next step was the establishment of a street store in Łódź. The first one opened at the turn of August and September. The store opening gave rise to a wide-scale public debate and the interest on the part of the media, the local community and the authorities. It turned out that there are no legal instruments to close down the shops. The products were offered under the cover of collectables. By the end of 2008 over 40 street shops had been opened. The situation met with stiff public opposition. A few demonstrations of local communities demanding closures of the shops selling legal highs were held. In view of above in March 2008 the anti-drug law was amended by extending the schedules thereto by BZP (*1-benzylpiperazine*)<sup>3</sup>. The list of controlled substances in the schedules was extended by 15 more plants<sup>4</sup> which are prevalent in legal highs as well as JWH-018 – a synthetic cannabinoid. The amendment was passed through both chambers of the parliament, signed by the President and took effect on 8 May 2009<sup>5</sup>. The amendment was intended to limit the trade in legal highs. Although the amendment probably caused some legal highs containing the controlled substances and plants to disappear, it did not solve the problem as a whole. The legal highs stores introduced new products. It became evident that in order to control and solve the problem of legal highs a systemic approach and implementation of complex legislative measures containing procedures for including substances in the schedules of the Act on counteracting drug addiction are needed. In view of above, in mid – 2009 a work team under the auspices of the Main Pharmaceutical Inspectorate in cooperation with the Main Sanitary Inspector, the Ministry of Health and the National Bureau for Drug Prevention developed systemic solutions which would limit the legal highs-related risk to public health. The system was to be based on several basic stages: 1) active monitoring, 2) initial assessment, 3) temporary control, 4) risk assessment and the assessment of legislative consequences, 5) permanent control or control termination. The project assumes the involvement of two teams in the decision-making process related to the above stages. One team would comprise representatives of central institutions who are mandated to monitor the legal market to eliminate dangerous products, monitor the pharmaceutical market for dangerous products, monitor the trade in precursors, monitor the drug market and the issues related to authorisation and permission to trade in new products. The other team would have a cross-cutting character and would comprise leading scientists in

<sup>3</sup> According to the Council Decision 2008/206/JHA on defining 1-benzylpiperazine (BZP) as a new psychoactive substance which is to be made subject to control measures and criminal provisions

<sup>4</sup> They included *argyreia nervosa*, *banisteriopsis caapi*, *calea zacatechichi*, *catha edulis*, *echinopsis pachanoi*, *kava kava*, *leonotis leonurum*, *mimos tenuiflora*, *mitragyna speciosa*, *nymphaea caerulea*, *peganum harmala*, *rivea corymbosa*, *salvia divinorum*, *tabernanthe iboga*, *trichocereus peruvianus*

<sup>5</sup> The Act of Law of 20 March 2009 on amending the Act on counteracting drug addiction (Journal of Laws No 63 item 520)

such fields as chemistry, pharmacology, toxicology, forensic science and broadly understood social sciences.

The scientific team would provide technical support for the expert team. The project would have their own budgets to finance additional analyses and studies.

The team's work would result in a report on the risk assessment and the assessment of consequences of possible introduction of a substance under legal control. The report would include recommendations. It would be submitted to the Minister of Health. The Minister of health would make a decision on launching legislative process that would lead to the introduction of a substance under legal control. The Minister of Health would have two other instruments at hand such as temporary substance control (preferably 18 months) and the fast procedure for introducing substances under control, in the case of substances posing increased risk to public health.

The above draft system has been handed over to the Minister of Health as a draft legislative solution that would ensure a rational, evidence-based approach to the introduction of new psychoactive substances under legal control. The problem of legal highs revealed a gap in the substance introduction procedures and the control of less potent psychoactive products.

## ● Law implementation

### *Initial issues*

For more than 12 years there has been a provision in the Polish drug law that allows for the replacement of the incarceration with the option of drug treatment. For several years the communities of drug users and therapists had been pointing to the fact that this provision was extremely rarely applied by the criminal justice system. In 2008 this issue was the subject of a scientific study titled "Application of Article 72 of the Act on counteracting drug addiction". The study was conducted by a doctoral student Łukasz Serednicki at the Criminology Department of the Jagiellonian University. The study aimed at obtaining in-depth data on the practical application of the "alternative to prison" provisions i.e. Article 72 in connection with Article 73 of the Act on counteracting drug addiction by judges and prosecutors.

The Article allows for the suspension of proceedings regarding a drug dependent person or a harmful user for the period of treatment and, depending on the treatment outcome, provides prosecutors with the option of requesting conditional suspension of proceedings.

The requirement for applying the above-mentioned provisions is a clean criminal record of the perpetrator and the fact that the offence is not subject to the penalty of deprivation of liberty for the term longer than 5 years. This provision has been present in the Polish legal system since 1997. The new Act of 2005<sup>6</sup> extended the category of the provision's target group by persons who use psychoactive substances in a harmful way.

### *Method*

In order to obtain a relatively complete picture of the phenomenon the case research approach (characteristic of the criminological studies) and in-depth interviews (characteristic of the sociological qualitative studies) with prosecutors, drug dependent individuals and inmates were applied simultaneously.

<sup>6</sup> Article 57 of the Act of 24 April 1997 on counteracting drug addiction (Journal of Laws No 75, item 468)

### Sample selection

The study was conducted in three locations: Warsaw, Cracow and Katowice. All of them are big urban and industrial areas of high prevalence of pathological phenomena. The analysis included 2006 case files related to the offences of drug possession or distribution<sup>7</sup> meeting the criteria of Article 72 i.e. subject to the penalty of less than 5 years. The analysis was conducted by means of proportional sampling by determining the ratio of cases incoming to a given court in relation to other courts and then selecting randomly and proportionally cases in each court. Out of 527 cases meeting the criteria 300 files were selected, which were then analyzed by means of a special questionnaire. The study included information on 313 offenders..

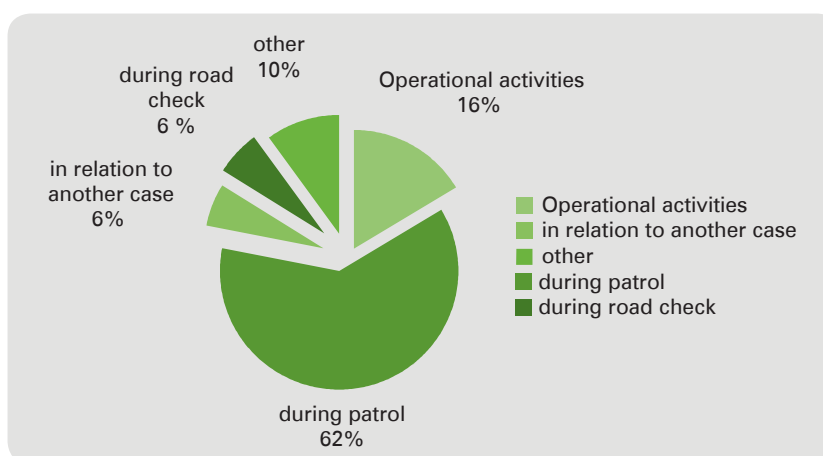
In-depth interviews with prosecutors (n=15) were conducted in district prosecutor's offices for selected locations. The interviews concentrated on finding out about the prosecutors' knowledge, their opinions, experience and the assessment of the functioning of Article 72. There were 5 interviews conducted in each setting.

Similar procedure and the scope of data concerned the interviews with inmates and drug dependent persons. The interviews with the addicts (n=15) were conducted in MONAR<sup>8</sup> treatment facilities in three locations. 5 interviews were conducted in each location. The interviews with the inmates (n=15) were conducted in three correctional institutions (2 prisons and a remand centre).

### Results

The charges against the majority of the offenders (81%, n=255) were related to the violation of Article 62.1 i.e. possession of drugs. Due to some gaps in the files and the inconsistent way of keeping thereof it was not feasible to determine the specific amount of drugs involved in each case. Out of the offences under study 62% were committed in 2006, 27% in 2005 and 11% before 2005. 68% of the offences were detected as a result of routine patrols of law enforcement agencies such as patrol service or road check. Only 16% were related to pre-planned police operational activities. The data are shown on Figure 1.

Figure 1. Way of detecting the offence.



Source: Srednicki 2008

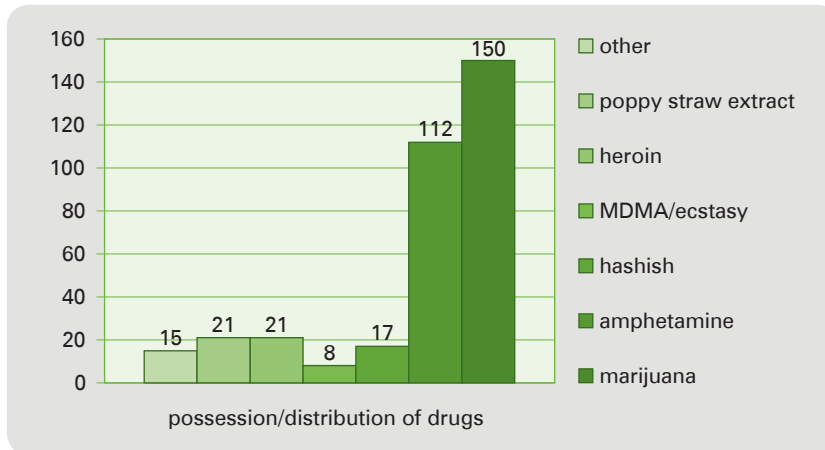
<sup>7</sup> Art. 62.1, Art. 62.3, Art. 58.1 and Art. 59.3 of the Act of 29 July 2005 on counteracting drug addiction (Journal of Laws No 179, item1485)

<sup>8</sup> The largest NGO providing drug treatment in Poland.

The above outcomes confirm other analyses conducted in previous years in Poland that point to the police routine activities as the source of the majority of drug-related law offences (Krajewski, K., 2008).

The breakdown into the offence-related substances also provides interesting results. The analyses show that 150 cases were related to marijuana possession, and in 112 cases amphetamine possession was stated (full breakdown shown in Figure 2).

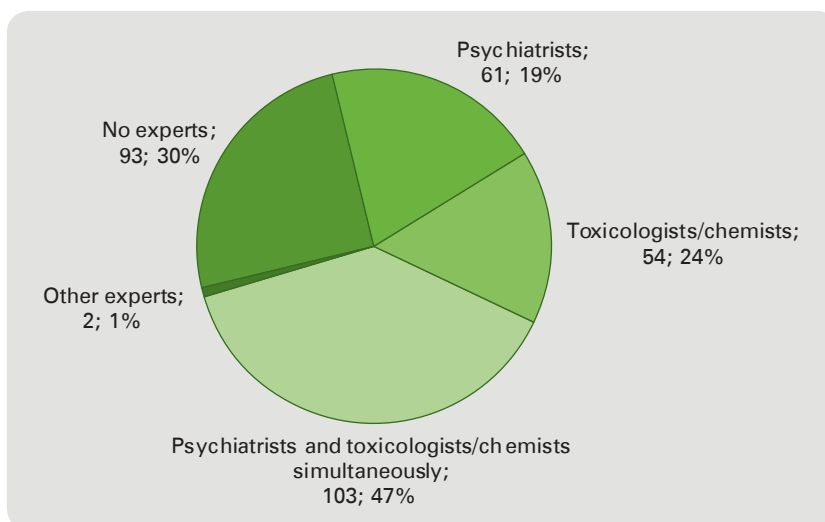
**Figure 2. Possession and distribution of drugs by substance<sup>9</sup>.**



Source: Serednicki 2008

The files under study featured expert witnesses in psychiatry. In 47% of cases there were experts both in toxicology and psychiatry. In 24% of cases no expert witnesses were called (full breakdown of results is shown in Figure 3).

**Figure 3. Expert witnesses called in the files studied.**



Source: Serednicki 2008

<sup>9</sup> Data shown in the figure do not add up to the total number of offenders (n=313) as the offenders possessed more than one type of drug.

### ***Application of Articles 72 and 73 of the Act on counteracting drug addiction***

In the study sample no cases of the application of Article 72 of the Act on counteracting drug addiction were identified. The researchers asked about the number of offenders this provision could have been applied to and about the number of offenders who would have qualified if there was no clean criminal record requirement.

The analyses revealed in 17% of all the studied cases (n=53) the proceedings were discontinued and in 80% (n=250) a custodial sentence was given. There was not a single case when the proceedings were discontinued based on the articles in question. Only in 7 cases did the court apply the provisions of the Polish penal code and referred the convicts to treatment to prevent them from committing further punishable acts. Out of 250 convicts 54% (n=136) were sent to psychiatric assessment by an expert witness in psychiatry. In 38% of cases (n=95) dependency or harmful use was diagnosed, which is one of the main criteria for the application of the provisions in question. Almost 19% (n=47) declared willingness to enter drug treatment. However, only 4% (n=9) met the statutory requirements for the application of Article 72, which means that they did not have previous convictions. The remaining 15% (38 offenders) had been convicted. 17 of them were convicted of drug possession and another 17 were convicted of acquisitive crime.

In the analysis of case files two requests for the application of Article 72 were identified. The defendants did not meet the requirements of this provision. In both cases the court suspended the sentence of imprisonment and referred the convict to treatment by way of Article 71 of the Act on counteracting drug addiction.

### ***Interviews with inmates***

One of the problems of the Polish penal system, besides overpopulation, is poor access to treatment in prisons. Out of 15 study participants 6 waited for treatment for over 24 months and 5 from 13 to 24 months.

The participants were largely unaware of Article 72 in the Polish legal system. Only two individuals reported to have heard of it. None of the inmates was able to explain the solutions therein or who it targets.

The large majority of the inmates were interested in the option of entering treatment the way Article 72 defines it. The participants pointed to the insufficient provision of drug treatment in prison. Save for two cases all inmates stated that inmates should be informed of the existence of Article 72 and the circumstances of its application.

### ***Interviews with convicts in treatment***

Out of all 15 study participants only one individual declared "having heard something" of Article 72. All participants declared willingness to enter therapy in accordance with the Article in question. As the basic advantages of this institution the inmates pointed to the lack of branding related to the conviction and an easier way of adapting to the conditions of "normal life" upon completion of therapy.

### ***Interviews with prosecutors***

The large majority of the 15 prosecutors included in the study considered the existence of Article 72 justifiable. Some of them pointed to some practical implications of its existence. Firstly, it requires prosecutors to deal with heavy workload in terms of formalities. Secondly, the case is often suspended for the period of treatment, which practically makes it impossible to close the case. Out of all the participants there was only one prosecutor who had applied the provision.



The researchers resolved to find out what the prosecutors thought of removing the precondition of clean criminal record for Article 72. The opinions were divided. Some prosecutors believed that the existing law favours drug dependent and harmful users in relation to other offenders and further modification would break the principle of equal treatment by law. Others supported the removal of the clean criminal record requirement; however, subject to the gravity of the crime committed. There was a suggestion to send convicts to obligatory treatment under Article 72. The majority of the prosecutors supported the view of informing suspects of the existence of Article 72. Two prosecutors endorsed informing only selected groups of suspects, not all. In their opinion suspects could make use of the provision to escape punishment.

The prosecutors were asked to evaluate the awareness of the article within law enforcement agencies. Only 3 prosecutors considered it satisfactory. The rest ranked it average or poor.

Another issue touched upon in the study was finding out about the changes to be introduced in the provision in question. There were suggestions of removing the term of harmful users as it is too vague. Some prosecutors pointed to the necessity of defining, by way of regulation, conduct procedures in such cases including the type of treatment and definition of information flow regarding the accused between treatment facilities and the prosecutor. A need was expressed to draw up a list of drug treatment facilities for the accused, which would facilitate the practical implementation of the law.

### ***Summary and conclusions***

The author of the study concludes that Article 72 is not applied in prosecuting and judicial practice. Moreover, the knowledge of law enforcement agencies and offenders about the article is insufficient. The author stresses the necessity of removing the requirement of clean criminal record and introducing the obligation to inform suspects of the existence of this provision as instruments leading to the “enlivening” of Article 72 and widening its scope of application.

The author indicates a certain deficit that emerged in the study related to calling psychiatrists as expert witnesses by prosecutors or courts in the course of proceedings. He suggests introducing obligatory appointment of expert witnesses whenever the court of the prosecutor has grounds to believe that the perpetrator is addicted to drugs or uses drugs in a harmful way. It is due to the fact that neither the prosecutor nor the court is sufficiently capable of determining whether the perpetrator is indeed a problem drug user. Determining this fact would greatly contribute to considering by the prosecutor the option of obliging the perpetrator to enter treatment.

## **1.2 National action plan, strategy, evaluation and coordination**

### **● National action plan and/or strategy**

The Act of 2005 on counteracting drug addiction obliges the National Bureau to produce an annual report on the implementation of the National Programme. In order to receive information necessary to produce the report quantitative and qualitative data collection surveys were developed. Each institution involved in the implementation of the National Programme for Counteracting Drug Addiction receives a survey. Every year surveys are sent to about 50 central and provincial institutions and over 2500 communes. In the case of local and regional governments standardised surveys were developed to collect qualitative data necessary to assess the involvement of the regional and local authorities in the implementation of the NPCDA. The data are collected through staff concerned with

coordinating drug prevention issues at provincial level – provincial focal point experts cooperating with the National Focal Point by the National Bureau for Drug Prevention. Thanks to the network of experts a high survey return rate is achieved, for example in 2008 it stood at 87%, which means that out of the total number of 2 478 communes that received the survey 2 149 returned it. Compared to the previous year 4% fewer communes fulfilled the reporting duties (Centrum Informacji o Narkotykach i Narkomanii 2009a). The surveys from communes are analyzed by the statistical application SPSS 14. The entities involved in the implementation of the NPCDA are obliged to develop their own programmes NPCDA-based strategies.

Under the National Programme for Counteracting Drug Addiction central institutions, the provincial and the local governments develop their own ministerial, provincial or communal anti-drug strategies. Drug reduction programmes have been prepared and implemented by the following institutions: the National Bureau for Drug Prevention, the Ministry of National Defence, the Ministry of Internal Affairs and Administration. All the marshal's offices held and implemented provincial strategies. It must be stressed that in the case of communes and provinces these can be common programmes including alcohol-related issues.

A number of anti-drug activities are undertaken at the provincial level. In the majority of provinces programmes for counteracting drug addictions were developed and in a few regions an anti-drug programme forms part of a broader strategy of solving addiction problems.

As regards the general aim of the Programme, epidemiological data show that the drug problem during the implementation stabilised or decreased.

The 2008 report on the National Programme lists recommendations regarding the implementation in the following years. The report concludes that the great majority of scheduled tasks are performed without delays. In the recommendations as a weak area the authors point to the still insufficient development of substitution treatment. Other fields that need attention and call for improvement include the development of ministerial programmes for counteracting drug addiction, further adjustment of data collection systems to meet the international reporting standards and the development of systems of monitoring drugs and drug addiction at the local level.

In 2009, apart from the above-mentioned report, the Supreme Chamber of Control (NIK) conducted an audit of collecting alcohol licence fees and the use thereof by provincial and communal governments in 2006-2008<sup>10</sup> (Najwyższa Izba Kontroli 2009).

The NIK audited 40 territorial units (8 provinces and 32 communes). All the local governments under audit met the obligations to develop programmes of preventing and solving alcohol-related problems. However, in the case of 9 local governments (22%) omissions were detected in meeting the statutory obligation of developing programmes for counteracting drug addiction and submitting reports related thereto. In the case of 15 local governments the NIK questioned the reliability of the programmes in operation. Major reservations concerned the general character thereof and the lack of local needs assessment. The NIK's report stresses "the general character of programmes developed by provincial parliaments and communal councils as well as the lack of a reliable local needs analysis in developing the programmes which poses a risk of ineffective use of the resources allocated to the implementation thereof and gives the executive bodies too much freedom in spending the resources" (Najwyższa Izba Kontroli 2009)

<sup>10</sup> According to the provisions of the Act on counteracting drug addiction from 29<sup>th</sup> of July 2005 ((Dz.U.2005.179.1485) and the Act on upbringing in sobriety from 26<sup>th</sup> of October 1982 with further amendments (Dz. U. 2007.70.473) a proportion of revenue obtained by local governments from alcohol licence fees should be allocated to counteracting drug addiction. Additionally the Act on counteracting drug addiction obliges local governments to develop communal programmes for counteracting drug addiction. Developing a collective programme for counteracting addictions is allowed.

## ● Implementation and evaluation of national action plan and/or strategy

### *Monitoring at local level*

Under the implementation of the tasks listed in the National programme 2006-2010 regarding the development of cooperation between the local and the central tier in collecting and analyzing data the National Focal Point concentrates on the development of local monitoring at the communal level. It is one of the priorities regarding the development of systems to monitor drugs and drug addiction in Poland.

In 2008 under the twinning programme in cooperation with Spain the National Focal Point, the National Bureau for Drug Prevention launched the implementation of local monitoring among local governments. During three trainings, each lasting three days, the communes were prepared to conduct monitoring of drugs and drug addiction at the local level. The communes will implement a pilot monitoring programme locally. 62 communes (130 participants) took part in the training. As a result 41 reports were produced containing descriptions of the problem of drugs and drug addiction, preventive and treatment activities as well as listing conclusions and recommendations for local authorities. Moreover, the second edition of the monitoring manual was prepared and published. A series of articles appeared in the professional press. The system of local monitoring of drugs and drug addiction at the local level is supported by the network of provincial focal point experts. The experts participate in trainings and coordinate the local monitoring in their provinces. The NFP coordinates the task at the national level through trainings and technical support.

### *Evaluation of National Action Plan*

In 2008, apart from actions intended to improve the quality of local monitoring, an attempt was made to evaluate the National Programme for Counteracting Drug Addiction. Since the existing programme is coming to an end and it is necessary to launch works on the National Programme the National Focal Point commissioned a project aimed at recreating the logical framework of the existing National Programme for Counteracting Drug Addiction 2006-2010 in the field of drug prevention. The project was one of the evaluation components of the existing Programme. Identified in it deficits thereof would form the basis for the next programme 2011-2015. The project was conducted by dr Robert Sobiech of Warsaw University.

### *Method and data sources*

The aim of the project was to recreate the problem tree of the NPCDA 2006-2010, then recreate the goal tree and conduct the assessment of the adequacy of activities to goals. The programme also aimed at determining the deficit areas, drawing up recommendations for possible changes related to the fast development of the drug problem.

### *Conclusions*

Having analysed of the materials at hand including the ones related to the establishment of the National Programme and the research data, the author of the report pointed to a few deficiencies of the programme. They include the following:

- No direct reference in formulating the general aim of the programme to research results.
- No in-depth profile of drug users based on research or theoretical concepts and lack of adjusting the type of activities to the group's profile or, as the author suggests, groups potentially at the highest risk of drug use.

– Specific objectives were formulated from the perspective of institutional actions, separately from the general aim. This makes it impossible to prove cause-and-effect relationship and the interdependency between the implementation of actions/the specific objectives and the achievement of the general aim.

The author suggested, while developing a new Programme, key problems should be defined from the point of view of an individual that and advocated concentrating on the psychosocial background of drug addiction as well as moving away from defining key problems from the perspective of institutional activities or an anti-drug policy. The author provided a model problem tree and a goal tree. The study is currently being used in developing the Drugs Strategy and the Action Plan 2010-2016.

### ● Coordination arrangements

In 2008 the Council for Counteracting Drug Addiction, following conclusions from the work teams, took up several initiatives. It launched a prevention campaign on foreign travels by Polish citizens titled “Do you know what you’re carrying?”. The campaign was created and coordinated along with the National Bureau for Drug Prevention and the Ministry of Internal Affairs and Administration. The campaign’s preventive actions included: 1) raising awareness of Polish citizens travelling abroad of the danger from international crime syndicates, 2) encouraging travellers to report to border services any suggestions to do such a “favour” and 3) generating a habit to control one’s luggage and watch it at all times.

Based on the conclusions of the work teams the Council took steps to coordinate activities of different institutions (Ministry of Health, Ministry of Internal Affairs and Administration, Main Sanitary Inspectorate, Main Pharmaceutical Inspectorate, National Bureau for Drug Prevention) in the field of counteracting the trade in legal highs.

Moreover, the work teams identified dangers related to the implementation of the following task: *Increasing the number of substitution treatment programmes and the number of services to ensure the availability thereof for at least 20% of opiate users.* Remedial actions were developed to prevent the risk related to the implementation of the above task.

## 1.3. Economic Analysis

The total expenditure on the implementation of the NPCDA is determined by the information reported by respective ministries and subordinate governmental agencies and local governments.

In some institutions the expenditure is not reported due to the difficulty in deriving the amount designated to counteract drug addiction from all the expenditure related to the implementation of statutory tasks.

The table below shows information relating to the expenditure of respective central institutions as well as provincial and communal governments incurred in the course of implementing the National Programme for Counteracting Drug Addiction in 2008. The amounts given do not represent all the expenditure incurred in the course of the National Programme due to incomplete data. Based on the information obtained one can calculate the overall expenditure related to the implementation of the National Programme for Counteracting Drug Addiction in 2008 at PLN 149 056 345.10 (EUR 42 466 195.19)<sup>11</sup>

<sup>11</sup> Average conversion rate in 2008 according to the National Bank of Poland stood at EUR 1 = PLN 3.51; in 2007 EUR 1 = PLN 3.78.

**Table 1. National Programme for Counteracting Drug Addiction expenditure in 2008 (in EUR).**

No.	Institution	NPCDA expenditure (in EUR)
1.	Central Management Board of Prison Service	No data available
2.	Medical Centre for Postgraduate Studies	No data available
3.	Methodological Centre for Psychological and Pedagogical Assistance	7 859.20
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	25.36
10.	Military Health Service Inspectorate	No data available
11.	Institute of Psychiatry and Neurology	270 655.27
12.	Police Headquarters	No data available
13.	Border Guard Headquarters	No data available
14.	Military Police Headquarters	243 811.97
15.	National Bureau for Drug Prevention	3 160 398.86
16.	National AIDS Centre	7 954 233.81
17.	Ministry of National Education	627 336.64
18.	Ministry of Infrastructure (Transport)	No data available
19.	Ministry of Culture and National Heritage	No data available
20.	Ministry of Science and Higher Education	216 330.48
21.	Ministry of National Defence	69 746.78
22.	Ministry of Labour and Social Policy	No expenditure incurred
23.	Ministry of Internal Affairs and Administration	29 389.34
24.	Ministry of Justice	No data available
25.	Supreme Medical Council	No data available
26.	Supreme Chamber of Nurses and Midwives	712.25
27.	National Institute of Public Health (State Institute of Hygiene)	1 443.09
28.	Branches of National Health Fund	11 785 164.79
29.	State Prosecutor	No data available
30.	Communal governments	16 720 581.20
31.	Provincial governments	1 366 201.30
32.	Customs service	No data available
33.	Provincial Pharmaceutical Inspectorates	12 304.84
<b>Total:</b>		<b>42 466 195.19</b>

Source: Ministry of Health (2009)

As the above table shows 16 central institutions did not report their expenditure incurred in the course of the National Programme for Counteracting Drug Addiction. It is 4 institutions more compared to 2007.

Some ministries and agencies reported lower NPCDA expenditure compared to 2007. They include the Ministry of Education (decrease in expenditure by almost PLN 293 000, i.e. EUR 83 475.78) and the Institute of Psychiatry and Neurology (decrease in expenditure by almost PLN 120 000, i.e. EUR 34 188.03).

A few institutions slightly increased their spending on the implementation of the NPCDA. For example, the National Bureau increased the expenditure by PLN 170 000, (EUR 48 433.05) (excluding activities related to Transition Facility 2006) or the Ministry of National Defence, whose NPCDA expenditure in 2008, compared to 2007, increased by PLN 63 000 (EUR 17 948.72).

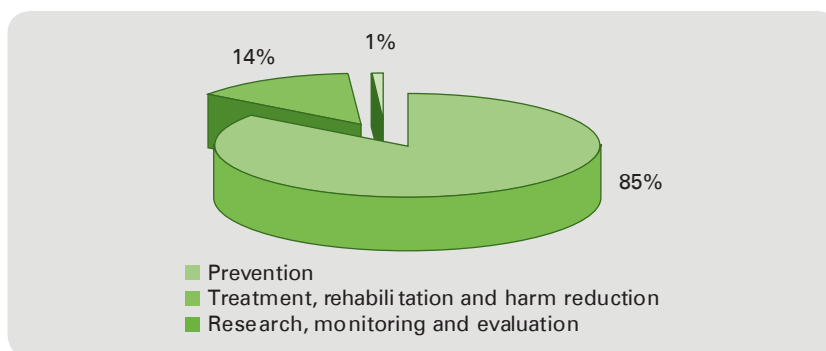
The biggest increase in the NPCDA expenditure – over PLN 18 000 000 (EUR 5 128 205.13) – was reported by provincial branches of the National Health Fund. However, it must be stressed that the expenditure is probably overestimated as it is impossible to accurately determine the amount of resources allocated by the NHF to outpatient services intended solely for individuals dependent exclusively on illegal psychoactive substances.

Due to a number of limitations in the methodology of data collection and numerous cases of incomplete data from respective ministries the amount related to the implementation of the NPCDA cannot be compared to previous years. Consequently, it cannot be concluded whether there has been an increase or decrease in this respect.

The analysis of the local spending reveals a decrease in the resources allocated to the implementation of the NPCDA by the marshal's offices. The expenditure stood at PLN 3 774 112.58 (EUR 1 075 245.75) in 2008 compared to PLN 4 430 866.27 (EUR 1 262 355.06). By comparison with 2007, there has been a nearly 10-million rise in the expenditure on the National Programme for Counteracting Drug Addiction by communal governments (from PLN 49 220 415 in 2007 i.e. EUR 14 022 910.26 to PLN 58 689 240 i.e. EUR 16 720 581. 20 in 2008). In the case of communes we observe a steady participation in the overall expenditure on counteracting drug addiction.

Within the overall expenditure, the local governments allocated the most resources to drug prevention i.e. PLN 50 195 816 (EUR 14 300 802.28). Figure 4 shows a percentage breakdown of the local expenditure.

**Figure 4. Percentage breakdown of resources allocated by communes to respective components of the NPCDA in 2008.**



Source: Ministry of Health (2009)

Compared to the previous year there has been an increase in the financial resources allocated to the tasks of treatment, rehabilitation and harm reduction (from 8% in 2007 to 14% in 2008). However,

there has been a decrease in the resources allocated to prevention (3% fall) as well as research, monitoring and evaluation (2% fall)<sup>12</sup>

## 2. Drug use in the general population and specific targeted groups

*prepared by Anna Strzelecka*

### Introduction

Drug use in Poland is systematically monitored and researched. Data on the prevalence of illicit psychoactive substances are collected by means of qualitative methods (focus groups, interviews) and quantitative ones (surveys, polls). The studies are conducted on general population samples, including adolescents. The studies are done regularly every four years. Most drug-related research is commissioned by the National Bureau for Drug Prevention.

### 2.1. Drug use in the general population

- **“Public Poll Survey on Drug Policy Attitudes in 6 EU Members States”, Polish analysis**

*Authors: Elena Yankova, Robert Veverka, Liese Recke, Nicole Malstee, Agnieszka Sieniawska, Berne Stalenkrantz. Study commissioned by Hungarian Civil Liberties Union*

#### *Introduction and project aim*

In 2008 the Hungarian Civil Liberties Union (HCLU) prepared an international project - European Drug Policy Initiative (EDPI). The study was conducted between November 2008 and January 2009 in cooperation with non-governmental organizations and partners from 6 Member States of the European Union: Poland, Bulgaria, the Czech Republic, Holland, Sweden and Denmark.

<sup>12</sup> Following documents constitute 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),
- 11) 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),
- 12) Act of Law of 24 April 2003 on public welfare and voluntary work (Journal of Laws No. 96 item 873).

In the first year of the EDPI project, the HCLU along with the national partners conducted a public opinion poll on public attitudes towards drug policy. The poll aimed at obtaining comparable data on the current public opinion on drug use and European drug policy, especially in the countries which are exceptional or pursue a special drug policy – repressive or progressive.

Poland and Bulgaria, as relatively new countries to the European Community, represent restrictive drug policies; however, the older member states such as Holland or Denmark are well-known for a more liberal approach.

The exceptions are Sweden with the traditional restrictive policy on drug-related issues and the Czech Republic as the country representing relatively liberal drug policy.

The study was concerned with the following topics: attitudes toward illegal drugs and people using illegal drugs, the deterrent effect of the drug legislation and the priorities of drug policy as well as attitudes to harm reduction interventions.

## **Method**

All the studies are representative. They were conducted at the same time and are comparable. In most countries the researchers conducted phone interviews, excluding Holland and Denmark, where the participants responded online as technically it was the only available way of doing it at the time of the research.

For the benefit of the study 8 basic questions about the key drug policy issues were designed. Then they were placed in the omnibus surveys conducted on representative samples of the general population in the partner countries. Some of the HCLU partners extended the questionnaire by questions specific to a given country. The questions were designed by the partner organization or the partner based on the knowledge of drug use patterns and/or the political situation in a given country.

The Polish sample included participants aged 15-75 and its number stood at 1003. The public opinion poll in Poland was conducted by MillwardBrown SMG/KRC. The respondents were asked about the direct contact with respective drugs (Sieniawska 2009).

## **Results**

In Poland the most prevalent substance was marijuana. 7% of respondents used it (9% of males and 5% of females). The substance was most popular in the respondents aged 30-39 (9%).

Next came amphetamine 3% of the respondents admitted to using it. Among the amphetamine users, similarly to marijuana users, it was most often used in the age group 30-39 (6%). They were mainly males – 5% (females - 2%).

The third substance in terms of prevalence was ecstasy. 1% of the respondents (2% of males, 0.5% of females) declared to have used the drug. Table 2 shows the most important information on the prevalence of respective substances.

As the table shows more men than women used all the above-mentioned substances. In some substances the number of males was over two times higher than women, e.g. ecstasy (2% and 0.5% respectively), amphetamine (5% and 2%) or cocaine (1% and 0.2%). In the case of cannabis the difference is less noticeable. 9% of males and 5% of females have ever used it.

The exception is heroin and hallucinogenic mushrooms, which have been used by more females than males (1% and 0.2%; 0.4% and 0.2%).

As regards the age of users of the most prevalent substances in Poland one must notice the domination of young people. Cannabis, similarly to amphetamine and ecstasy are most prevalent in 20-29-year-olds. Then come users aged 30-39 and adolescents aged 15-19.



**Table 2. Lifetime drug use prevalence by substance, gender, age and education.**

Substance	Total	Gender		Age groups							Education			
		Males	Females	15-19	20-29	30-39	40-49	50-59	60-69	70 and older	Primary	Vocational	Secondary	Higher
		%	%	%	%	%	%	%	%	%	%	%	%	%
Cannabis	6.9	8.9	5.0	7.1	17.6	9.2	4.0	1.2			3.0	3.1	9.1	15.3
Ecstasy	1.1	1.7	0.5	0.9	3.5	1.1	0.5				1.1		1.7	2.4
Amphetamine	3.3	4.8	1.9	3.7	8.5	5.5	1.1				2.6	3.4	3.6	3.1
Cocaine	0.7	1.2	0.2	2.0	1.5	0.5	0.5				1.1	0.8	0.7	
Heroin	0.4	0.2	0.6	0.9		1.1	0.6					0.2	0.6	0.6
Hallucinogenic mushrooms	0.3	0.2	0.4		0.6	0.6	0.5					0.2	0.4	0.6
LSD	0.7	1.2	0.2	1.9	1.8	0.5						0.3	1.6	0.6
Other drugs	0.3	0.3	0.2		0.4	1.0						0.2		1.2
No lifetime use	81.2	78.8	83.4	80.0	64.2	77.5	82.8	91.7	94.1	93.9	86.5	85.5	78.7	71.4
Refusal to respond	9.9	9.6	10.2	8.0	14.5	9.8	12.1	7.1	5.9	6.1	8.3	9.4	10.4	10.9

Source: Outcome tables from the Polish analysis of "Public Poll Survey on Drug Policy Attitudes in 6 EU Members States" (2009)

Far lower illicit substance consumption rates were recorded in adults aged 40-49. As the table shows only 1% of 50-year-olds had ever used marijuana. It seems evident that the highest rates of individuals who had declared that they had never used drugs was recorded in participants aged 50-59, 60-69 and older than 70 (92%, 94% and 94% respectively).

Another variable that differentiated respondents in terms of drug use was education. In the case of marijuana the most users had higher education (15%), and then came users with secondary education (9%). In the case of amphetamine users the proportions were more equal. Amphetamine was more prevalent in secondary education users compared to respondents with vocational, higher and primary education (4%, 3%, 3% and 3% respectively). As for ecstasy, it was used mainly by respondents with higher education (2%). A slight difference was recorded in ecstasy users with secondary (2%) and primary (1%) users.

## 2.2 Drug use in school and youth population

### ● "Consumption of psychoactive substances in school adolescents – youth 2008" (see: Standard Table 2)

*Authors: Barbara Badora, Agnieszka Kolbowska, Michał Lutostański, Jolanta Kalka, Michał Wenzel, Bogna Wciórka, Michał Feliksiak, Beata Roguska, Krzysztof Pankowski, Magdalena Gwiazda – Fundacja CBOS study commissioned by the National Bureau for Drug Prevention*

The study titled "Consumption of psychoactive substances in school adolescents – Youth 2008" was conducted between 13-23 October 2008 by the Foundation of the Public Opinion Research Centre

(CBOS) upon commission of the National Bureau for Drug Prevention under the National Programme for Counteracting Drug Addiction.

The National Bureau for Drug Prevention commissioned a study on the prevalence of psychoactive substance use for the second time. The previous survey titled “Youth 2003” was conducted in December 2003.

The report on the latest study includes CBOS statutory research results such as “Youth 90”, “Youth 91”, “Youth 92”, “Youth 93”, “Youth 94”, “Youth 95”, “Youth 96”, “Youth 98”.

For comparison reasons this report, similarly to 2003 report, contains raw research data because till 1996 the CBOS adolescent studies were not weighted.

The study “Consumption of psychoactive substances in school adolescents – youth 2008” was conducted in final grade students of post-middle schools – general education schools, vocational secondary schools, technical secondary school or vocational schools. The study included 63 public schools and 2 non-public schools.

### Method

The survey was implemented on a random sample of 65 schools (one form in a school). The surveys with students of final forms were based on the group administered method.

Schools were drawn proportionally to the number of statistical layers, which were the specific types of schools divided according to the categories of geographical location.

There were 16 layers altogether. If the school drawn featured more than one final form subject to research, only one was selected. The study (in each form) included all pupils present at school on the survey day.

In total 1400 questionnaire surveys were administered with an average number of 21.5 questionnaires per form.

### Results

This survey showed a downward trend in drug use. In 2008, 15% of respondents declared they had used a drug in the last 12 months, which means a decrease of 9 percentage points compared to 2003 (24%).

**Table 3. Drug use in the last 12 month**

	Statutory CBOS studies			IPiN study	KBPN studies	
	IV '92	IV '94	IV '96	XII '99	XII '03	X '08
	%					
Yes	5	10	10	18	24	15
No	95	90	90	82	76	85

Source: Badora, Kolbowska, Lutostański, Kalka, Wenzel, Wciórka, Feliksiak, Roguska, Pankowski, Gwiazda (2008)

The respondents who confirmed they had used drugs in the last 12 months were asked about the type of substance they had consumed. 80% students experimenting with drugs named marijuana (decrease of 6 percentage points compared to 2003), 14 amphetamine (decrease of 9 percentage points) and 10 ecstasy (increase of 2 percentage points compared to 2003). The remaining substances

were mentioned sporadically by the students who had had contact with drugs. None of the respondents admitted to trying heroin.

The 2008 survey was extended by questions indicating patterns of drug use in Polish adolescents. The respondents were asked to mark respective psychoactive substances on a list.

The information on the prevalence of drug use is presented in the table 4.

**Table 4. Prevalence of substance use in a lifetime, last 12 months and last 30 days.**

Psychoactive substance*	Have you ever used any of the following substances?			
	Never	Yes, once in my life	Yes, in the last 12 months	Yes, in the last 30 days
	(%)			
Marijuana, hashish	69.1	30.5	16.4	7.3
OTC tranquilizers and sleeping pills	77.9	21.8	11.2	4.7
Alcohol along with marijuana	82.2	17.3	10.1	4.9
Alcohol along with pills	87.4	12.2	7.1	3.1
Amphetamine	90.6	9.0	3.7	1.1
Ecstasy	94.3	5.5	3.0	1.1
Poppers	94.8	4.8	2.4	0.8
Hallucinogenic mushrooms	96.1	3.6	2.0	1.1
Legal highs	96.4	3.5	2.6	1.5
Anabolic steroids	96.4	3.4	1.9	0.7
Cough syrups to get high	96.5	3.2	1.9	0.9
Chemical substances (e.g. glue, aerosol) to get high	96.8	2.9	1.0	0.6
LSD and other hallucinogens	97.5	2.3	1.3	0.5
Cocaine	97.5	2.2	1.1	0.6
Diviner's sage ( <i>salvia divinorum</i> )	97.5	2.1	1.1	0.6

Rates do not add up to 100, the breakdown does not include data gaps.

Source: Badora, Kolbowska, Lutostański, Kalka, Wenzel, Wciórka, Feliksiak, Roguska, Pankowski, Gwiazda (2008)

\* Due to marginal prevalence of crack, heroin, GHB, injecting drugs, homemade poppy extract called "kompot", deksstromethorphan, data on these substances have not been included in the breakdown

As the results show, 31% of the respondents declared that they had used cannabis in a lifetime, 16% in the last 12 months and 7% in the last 30 days.

It must be stressed that there is a discrepancy in the adolescents' answers regarding drug use depending on the way questions are worded. While 15% of the respondents gave positive answer to the question about using drugs in the last 12 months prior to survey (Table 3), as a result of the question accompanied by a list of respective psychoactive substances 16% of the students admitted to using just marijuana. 22% of the students reported using tranquilizers and sleeping pills in a lifetime. 11% of the respondents had used tranquilizers and sleeping pills in the last 12 months prior to survey and 5% in the last 30 days. It is worth noting that medicines are the only category of psychoactive substances

which is more popular among girls. Lifetime prevalence rate of over-the-counter tranquilizers and sleeping pills is twice higher in girls compared to boys (28% and 14% respectively). In the last 12 months 14% of girls and 8% of boys had used these substances and in the last 30 days it was 6% of girls and 3% of boys.

17% of the respondents confirmed combining alcohol with cannabis, including 10% in the last year and 5% in the last 39 days prior to survey. 12% of students combined alcohol with pills.

9% of the students admitted to ever using amphetamine. The prevalence rate for amphetamine use in the last 12 months stood at 4%. Ecstasy had been used by 6% of the students.

The breakdown of answers to respective questions regarding the frequency of drug consumption is presented in Table 5.

**Table 5. Frequency of substance use.**

Psychoactive substance *	How many times (if ever) have you used any of the following substances?				
	Never	1–2 times	3–9 times	10–39 times	40 times or more
	%				
Marijuana, hashish	69	11	9	6	4
OTC tranquilizers and sleeping pills	79	10	7	2	1
Alcohol along with marijuana	83	6	6	3	2
Alcohol along with pills	87	6	4	2	1
Amphetamine	91	3	3	2	1
Ecstasy	94	1	2	1	1
Poppers	95	2	1	1	1
Hallucinogenic mushrooms	96	2	1	0	0
Legal highs	97	1	1	0	1
Anabolic steroids	97	1	1	1	1
Cough syrups to get high	97	1	1	0	1
Chemical substances (e.g. glue, aerosol) to get high	97	1	1	1	0
LSD and other hallucinogens	97	2	1	0	0
Cocaine	98	1	0	0	0
Diviner's sage (salvia divinorum)	98	1	1	0	0

Źródło: Badora, Kolbowska, Lutostański, Kalka, Wenzel, Wciórka, Feliksiak, Roguska, Pankowski, Gwiazda (2008)

\* Due to marginal prevalence of crack, heroin, GHB, injecting drugs, homemade poppy extract called "kompot", dekstromethorphan, data on these substances have not been included in the breakdown

The answers presented in the above table show that the study participants experiment with psychoactive substances; however, they do not do it on a regular basis.

The most prevalent drug is marijuana. 11% of the respondents used it between 1 and 2 times, 9% between 3 and 9 times, 6% between 10 and 39 times and 4% of the respondents reported using it more than 40 times.

Every tenth adolescent admits that they used OTC tranquilizers and sleeping pills once or twice in a lifetime, 7% had taken these drugs between 3 and 9 times and 3% of the adolescents admitted having used them over 10 times.

6% of the respondents combined alcohol with marijuana and pills a few times in a lifetime.

The study results indicate a slight increase in the prevalence rates of ecstasy use in adolescents. Out of the respondents who admitted to using drugs in the 2003 study, 8% reported using ecstasy while in 2008 the rate stood at 10%. If the whole sample were to form the basis of the study it would turn out that in 2003 2% of the respondents used ecstasy, whereas in 2008 it was 3%. In the last month prior to the survey, both in 2003 and 2008, less than 1% of the adolescents used ecstasy. The rise in ecstasy prevalence rates can be related to the development of club culture in Poland.

### ● The 2007 ESPAD Report

*Authors: Björn Hibell, Ulf Guttormsson, Salme Ahlström, Olga Balakireva, Thoroddur Bjarnason, Anna Kokkevi, Ludwig Kraus*

Poland has been part of the international ESPAD project (European School Survey Project on Alcohol and Drug Addiction) for 12 years. The first measure was taken in 1995 and the following editions took place in 1999, 2003 and the latest one in 2007.

The main goal of the project was to find out the intensity of substance use in adolescents. The study included 3<sup>rd</sup> form middle school students and 2<sup>nd</sup> form students of post-middle schools. The survey contained questions regarding personal experience related to respective psychoactive substances treated separately. It must be stressed that the survey guaranteed full anonymity – both at the individual and the school level.

In the last edition the survey questionnaire was largely modified. Both individual questions and whole batteries were redesigned.

In order to ensure the comparability of results, the 2007 survey sample was divided into 2 groups: one was subject to the 2003 survey and the other one was subject to the new version of the questionnaire. The new questionnaire survey included 2228 3<sup>rd</sup> form students of middle schools and 2251 2<sup>nd</sup> form students of post-middle schools. The new questionnaire survey results constitute the Polish contribution to the European data.

### **Results**

The latest survey of 2007 on prevalence rates of illicit substance use in 15 and 16-year-olds revealed a decrease in cannabis use in the lifetime use category. In the case of cannabis the European average of this indicator stands at 19%.

In Poland 16% of the respondents reported experimenting with cannabis, which ranks our country below the European average.

Compared to the 2003 survey there was a 3 percentage points decrease. The last year prevalence rates for cannabis use in Poland stood at 12% whereas in the last 30 days it was 6%. It is far less than in Spain for example – 30% and 20% respectively, Great Britain – 22% and 11%, France 24% and 15% or Belgium – 19% and 12%. As regards other substances, 7% of the adolescents reported at least a single contact – both in Poland and Europe. The countries of the highest experimenting rates for cannabis use, i.e. over 30% of respondents, were the Czech Republic, the Isle of Man, France, Slovakia, Switzerland and Slovenia.

In 2007 in Poland the second drug in terms of popularity was amphetamine and ecstasy. Both substances had been used at least once by 4% of the respondents. In the previous 2003 survey the

rates stood at 6% for amphetamine and 3% for ecstasy. We can observe a decrease in amphetamine use and stabilization in ecstasy use in our country. The European average of the 2007 survey for both of these substances stands at 3% and is slightly lower than the Polish result. The European leading countries in this respect (over 5%) are: Austria, Bulgaria and in the case of amphetamine – Latvia. A high experimenting prevalence rate of ecstasy use, i.e. over 5%, is recorded in Bulgaria, Estonia, Lithuania, Latvia, the Isle of Man and Slovakia.

The most popular hallucinogenic drug in Poland – mushrooms – was used by 3% of the respondents. The same rate was recorded in Europe. Slightly more adolescents – 5% - reported contacts with hallucinogenic mushrooms in the 2003 survey. In the case of other drugs, such as LSD and other hallucinogens (2%), cocaine (2%), the Polish outcome ranks below the European average. Poland leads Europe as regards the lifetime prevalence of OTC tranquilizers and sleeping pills use in 15 and 16-year-olds. The 2007 ESPAD survey showed that 18% of the respondents at least once in a lifetime had used these medicines for non-medical purposes.

On the whole substance use is more popular among boys. The exception are the above-mentioned tranquilizers and sleeping pills – the most popular in Poland. 24% of girls and 11% of boys experimented with these substances. In the case of cannabis we deal with a reverse situation. At least a single contact with this substance was declared by 22% of boys and 11% of girls. Amphetamine and ecstasy was used by 5% of boys and 3% and 2% of girls respectively.

Comparing the 2007 study results with the 2003 results one must bear in mind that the survey questionnaire was redesigned. Some questions and the whole batteries of questions were changed. It must be noted that the above alterations might have influenced the study results and might affect the comparability of the results of the respective studies.

### ● “Adolescents and drugs”, Warszawa 2009 r.

*Authors: Zbigniew Maj, Tomasz Kowalewicz - Agencja Badawczo Informacyjna PASAD  
Qualitative study commissioned by the National Bureau for Drug Prevention.*

#### **Aim**

The study aimed developing a multifaceted diagnosis of the broadly understood term of drug use in adolescents.

The specific goals revolved around the following issues: in-depth assessment of adolescent attitudes to drugs and drug use, social correlates of drug use, for example motivation for substance use, peer context of drug use, drugs and alcohol – comparison of attitudes to legal and illegal psychoactive substances, opinions of adolescents on factors in drug prevention.

#### **Method**

The study was conducted through focus group interviews. It included 146 participants – students of middle schools and post-middle schools. It covered two categories of respondents: experimenting drug users – they admitted to using drugs in the last 12 months and youth leaders – individuals enjoying high popularity in the group (hold a high sociometric position in a form or peer group).

Focus groups were homogenous in terms of gender, type of school and the size of town.

A total number of 16 focus interviews were conducted with adolescents of schools in Puławy, Katowice, Kraków, Lublin and Łódź. Each interview was held according to the same plan.

## Results

### – Perception of drugs in adolescents

As the outcome showed, major problems indicated by adolescents were addictions (including addiction to drugs), aggressive behaviours, communication problems between adolescents and educational institutions and between adolescents and their parents, which resulted from the lack of acceptance/recognition in the peer group.

The problems in the above-mentioned areas are interrelated i.e. problems in one area have their consequences in another. For example, according to the study participants, drug use is a way of dealing with the school stress, tensions inside the peer group or is simply symbolic in nature – it is a manifestation of belonging to the group. Using drugs results in conflicts and problems in the other aforementioned areas, which adolescents realize.

According to adolescents addictions might be related to smoking cigarettes, drinking alcohol or using drugs and all the substances are called substances of use.

It is worth noting that according to students drugs do not have a special status as compared to tobacco and alcohol. As the study results showed drugs belong to the same linguistic and consumption category as cigarettes, beer and vodka.

The focus group participants do not perceive drugs as a serious problem for adolescents in general; however, they believe that they might pose a problem to individuals, mainly due to the lack of “consumption culture” (e.g. taking too much, using in wrong places), “problem” use (according to the respondents, not only drugs are important but also motivation for using) and hanging around with “wrong people”.

The adolescents, mainly middle school students, believe that using drugs is becoming increasingly prevalent. They notice certain trends in drug use, for example drugs becoming part of the everyday life reality, lower age of drug initiation, easy access to drugs, emergence of shops selling legal highs – the substances that, according to young people, blur the border between drugs and other psychoactive substances.

Some post-middle school students, especially those experimenting with drugs, believe that the prevalence rates of drug use in adolescents are not rising but falling. They feel that is due to the active work of the police in this respect. In the communities of the adolescents under study (school, peer groups) the drug problem is not of high importance – the scale of the phenomenon is limited.

### – Drug-related knowledge and opinions

According to the commonly worked out definition (the same for all) a drug is a psychoactive substance changing the perception; it has addictive capacity and causes mental or physical harm; it is also the source of social degradation of drug users. The adolescents are aware of the difference between legal and illegal drugs; however, they do not use these terms on a daily basis.

The well-known drugs listed by the adolescents include marijuana, LSD, amphetamine, cocaine and heroin. Less known are hallucinogenic mushrooms, Acodin (a medicine), ecstasy, morphine, hashish. The adolescents mentioned a number of less known substances, especially jimson weed and divinier’s sage, which is sold in legal highs shops.

The students are well-oriented in the effects of respective drugs, including the date rape drug, which was not instantly mentioned as a drug.

### – Knowledge of negative consequences of drug use

The adolescents are fully aware of the negative consequences of drug use. Negative consequences of drugs use related to mental or physical health, conflicts with the social environment or the law are widely known. The highest drug-related risk according to the respondents is the likelihood of getting addicted.

Consequences of smoking cannabis are not evident to all adolescents – some adolescents are of the opinion that smoking cannabis does not negatively affect any body functions, it does not cause harm to the mental or social functioning.

However, the majority of the respondents notice the consequences of smoking marijuana and believe that it impairs memory, causes mental addiction or lowers motivation, which is also the first step to start experimenting with much more dangerous drugs. It must be mentioned that the majority of adolescents recognizing the negative consequences of smoking cannabis believe that the effects are automatic and instantaneous.

#### **– Risk of addiction according to adolescents**

The adolescents under study understand addiction as a state in which obtaining and consuming become major motivators for action in an addicted person's life.

It is the state in which it is very difficult for an individual to stop using on their own without specialist help. It destroys addict's health, physical appearance and life. In extreme cases it leads to death. Drug dependence relies on constant increase of doses of an addictive substance – the adolescents meant alcohol and drugs, they did not refer to tobacco.

According to the adolescents all drugs cause addiction. However, not all are addictive immediately and to the same extent.

A number of the adolescents believe that one can be more or less prone to addiction; however, there are no persons who could be physiologically immune to addiction. After crossing a certain line (different for respective drugs and individuals) in terms of the amount and frequency of drugs consumed every human being will become addicted. Consequently, individuals with dependent personality, under a strong influence of a group and trying to escape life problems are more prone to addiction to psychoactive substances.

#### **– Direct experience with drugs**

As the study showed the large majority of the focus group participants have friends who use drugs. They are both occasional users (once or twice a month) and regular users (every day or every second day).

The most prevalent drug in the adolescents' community was marijuana – usually 1-1.5 g per 4-6 persons. Less popular was amphetamine, divinier's sage and far less frequent LSD and ecstasy.

#### **– Permissive attitude of the society to drug use**

The adolescents are of the opinion that if they were caught using drugs they would face critical and tough reactions on the part of persons in authority (family, priest) and institutions (school, police). Only a small proportion of the focus group participants could count on help, understanding or involvement in the shared escape from the difficult situation – usually on the part of parents or a priest.

#### **– Drugs and alcohol**

According to the adolescents drugs pose a far higher danger to health than alcohol. The exception is marijuana, which is equally harmful as alcohol and according to some participants it is less harmful.

In the community of the adolescents under study alcohol is by far more popular than drugs and is subject to higher permissiveness. According to the young people using drugs is related to the need to show off in front of the group.



## 2.3 Drug use among targeted groups/settings at national and local level

### ● “Risk of social exclusion and using psychoactive substances in adolescents”

*Study commissioned to PBS DGA Sp. z o.o. by the National Bureau for Drug Prevention.*

The study titled “Risk of social exclusion and using psychoactive substances in adolescents” was conducted in November–December 2008 in six settings in three cities: Gdańsk, Wałbrzych and Warszawa.

Under the project psychoactive substances included both illegal substances (drugs) and legal ones, e.g. medicines, pharmaceuticals, legal highs, glues, solvents, etc.

#### *Aim*

The study was intended to deepen the knowledge of drug use patterns and combining different psychoactive substances by urban youth of high risk communities. The high risk communities include districts, housing estates and streets which are frequently present in police reports and records of social care facilities as areas under risk of social exclusion and nexus points of underage adolescents. Another aim of the project was to find out expectations, dreams and future plans of young people growing up in “high risk locations”. The adolescents under study were asked about norms and values, peer relations, family, people they trust as well as places where they feel secure.

However, due to the primary aim of the project, the observations below will relate to the use of psychoactive substances in urban adolescents living in “high-risk” areas.

#### *Method*

The study was conducted using the qualitative method. Under the study individual in-depth interviews were held (IDI) with the adolescents meeting the study criteria.

There were 30 interviews in total, including 12 with girls and 18 with boys. Each interview lasted an hour on average. The study was anonymous and each interview was recorded and transcribed, with the interviewee’s consent. According to the original assumption the study included participants aged 13-17. In the sample the youngest participant was 14 years old and the oldest one was 17, the average age stood at 16.

The recruitment criterion, besides age and high risk place of residence, was using in the last 12 months at least two different psychoactive substances, other than alcohol and tobacco.

The recruitment process, according to the methodological assumptions, was implemented through community observations and then through the so-called snow ball method. The method is an example of non-randomized selection method and is often applied in field work studies. A respondent names other potential participants who meet the study criteria.

Community observations were performed by means of community observation sheets developed by PBS DGA which allowed for writing down various facts in a structured manner.

#### *Results*

The adolescents under study stressed that opinions on drugs in their community differ depending on the type of drugs: soft or hard. According to the adolescent soft drugs such as cannabis are considered less harmful or simply harmless in contrast to hard drugs which according to the young people include amphetamine, cocaine or – most of all – heroin. The large majority of the study participants and their friends are of the opinion that cannabis is a harmless substance which can be used every day with no risk.

Some adolescents call for the legalization of cannabis in Poland. Young people consider drugs an inseparable element of fun. The respondents are talked into using by their friends at parties. They feel relatively strong pressure on the part of their peers.

The respondents assert that they control the way and frequency of drug consumption and they use the substances that do not cause addiction (e.g. marijuana, amphetamine, ecstasy). They regard themselves as “tasters” and stress that they have never injected drugs.

The age of drug initiation was 11-13 for boys and 13-15 for girls. The initiation usually took place at a social gathering in a group (parties, discotheques, home parties, meetings with friends in parks, etc.). Most respondents estimate that their friends have been using drugs for a long time and consider the fact they started themselves as natural.

Usually the first drug they took was marijuana, then ecstasy and amphetamine. In some cases it was cocaine, which is considered by adolescents a luxury drug causing pleasant sensation with minimum negative consequences. At present the respondents admit that they use drugs on purpose. They want to get away from the reality and forget about everyday problems (at school, at home), they want to relax, improve mood or have fun (groove, high). They also use drugs at the moment of tiredness, be able to party all night after the whole week of school or work. For some respondents using drugs does not have any negative consequences as long as they use them moderately (e.g. smoke large amounts of cannabis or take a few ecstasy pills at a time). Individuals who see negative consequences of using drugs point to conflicts with the law, thefts, fights, quarrels, debts. They stress the negative influence of drugs on health (dangerous fall in body weight). Anxiety, hallucinations and isolation are also mentioned. It must be stressed that talking of negative consequences of using drugs young people mainly think of heroin, which they deny taking.

In the group under study there were participants who reported using ecstasy once every two or three weeks (at parties), marijuana once every few weeks or months. There were also participants who declared that they used ecstasy more often (at weekend parties) and marijuana far more often – every day or several times a week for no special reason. There were several girls who admitted that a year or two before they had used amphetamine almost every day. Adolescents declare that they use drugs in the company of friends. It is rare they individually buy substances. The most prevalent routes of drug administration include oral consumption (ecstasy), snorting (amphetamine), smoking (cannabis). The study participants say that their friends use drugs more often and have more experience in this respect.

In order to maximize the effect of a drug (mainly marijuana, amphetamine and ecstasy, less often drugs) young people combine it with alcohol. According to the respondents combining these substances is a permanent feature of parties and social gatherings. The adolescents under study admit that they often use a few drugs simultaneously, mainly during weekend parties, both at home and clubs. Apart from cannabis there is amphetamine, ecstasy, cocaine. Young respondents of the study constitute a group of the so-called polydrug experimenting users. They are young drug users who have various experiences related to a number of substances. They are socially well-integrated. Using a few substances at a time serves the purpose of finding a new unique way of stimulation (“turn-on”).

A smaller group is comprised by polydrug recreational users (clubbers). They are socially well-integrated and use drugs at weekend club parties. This group reach for drugs in order to prolong or enhance fun. In their case polydrug use is not planned. Young people usually combine different substances by accident. Based on individual reports it could be concluded that in the group under study there were individual users addicted to amphetamine, which means they had been using for a longer period (two years). There are no in-depth data on their dependence, treatment or any specialist help record. The respondents have extensive knowledge of psychoactive substances, usually gained online. Young people readily experiment with substances by taking

different combinations and doses. The majority express negative opinions about drug prevention programmes.

Almost half of the respondents admitted to participating in various prevention programmes. The respondents stressed that they did not take any interest in the programmes. Neither did they bring about any changes in their behaviour related to substance use. None of the respondents reported entering drug treatment. Moreover, the majority of the study participants declare that they do not have any problems with drugs and those who had problems in the past do not have them any more due to their own perseverance and assistance of their loved ones.

- **“Risk assessment of drug addiction in the light of opinions and experiences of students and teaching staff of a medical university”**

*Authors: Józef Kocur, Magdalena Wrzesińska, Dariusz Szczęsny – Uniwersytet Medyczny w Łodzi study financed by the National Bureau for Drug Prevention*

### ***Aim***

The primary aim of the project was to assess the risk of drug addiction in the light of opinions and experiences of student and teaching staff of the Physiotherapy Department of Medical University in Łódź.

Specific goals concerned the following issues: finding out about opinions of students and academic teachers on drug addiction and knowledge of drug prevention; an attempt to estimate the prevalence of drug initiation among students, quantitative and qualitative assessment of drugs use in students in the last 12 months and an attempt to gather information on the prevalence of drug use in students to enhance intellectual functioning.

### ***Method***

Under the study two types of specially designed questionnaires were applied: one for teachers and one for students.

The student questionnaire included 42 questions, whereas the one for teachers, 27 questions. The questions related to the following issues: sociodemographics, knowledge of drug addiction, drug prevention, drug initiation (age, motivation, circumstances) and the type, frequency and motivation for substance use.

The questionnaire allowed for comparative analysis of students' and teachers' opinions of drug addiction, prevalence of substance use in students in specific situations such as enhancing intellectual functioning. All questionnaires were anonymous.

The study included academic teachers and students of the Physiotherapy Department of the Medical University in Łódź.

The student cohort included 283 participants (196 females and 87 males). They were full time and part time students aged 19-52. The majority of students come from urban areas (over 500 thousand inhabitants), every fourth participant comes from a city of up to 100 thousand inhabitants and 14 participants were village residents.

The teacher cohort included 69 participants (36 females and 33 males) aged 25-67 (professors, doctors, assistants etc.). They had classes with the students under study. The length of professional experience varied. In the majority of cases it exceeded 5 years of didactic work. All teachers were Łódź residents.

## Results

The study results showed that only a slight proportion of academic teachers (16%) and over twice fewer students are particularly interested in drug addiction.

Subjective assessment of the knowledge of respondents on drug addiction varied. Over 40% of students and teachers considered their knowledge in the above respect either very high or high. At the same time almost 43% of students and over half of academic teachers stated that their knowledge of drug addiction is poor or even very poor. As the study result showed, physiotherapy students obtained knowledge of drug and drug addiction mainly from the media and teachers from scientific literature.

Over 40% of academic teachers and almost half of students believe that drug prevention knowledge is very useful or useful in the professional life of a physiotherapist.

At the same time almost all students believed that they are not prepared to conduct drug prevention classes independently.

A large proportion of the respondents – 46% of teachers and 39% of students – did not know any methods of drug prevention. Not all (39% of teachers and 44% of students) were able to name drug prevention organizations. The ones who did named very few institutions such as MONAR, Police, National Health Fund, psychiatric hospitals or Polish Drug Prevention Association. None of the participants named the National Bureau for Drug Prevention. It is worrying that more than 60% of teachers and almost 40% of students never participated in drug prevention classes. The majority of the respondents – both teachers and students – participated in such classes more than 5 years ago.

Almost all teachers objected to using drugs in order to enhance learning abilities. Students occasionally declared that they did not have anything against such practices and very few stated that it is a perfect way to obtain better results in studying.

Almost 17% of students declared that they knew individuals in their year who used psychoactive substances to enhance intellectual functioning. The drug was usually amphetamine. Specific information is presented in the table below.

**Table 6. Type of drugs used by fellow students in order to enhance intellectual functioning according to gender.**

Type of drug	Total		Males		Females	
	No. of participants	Structure indicator (%)	No. of participants	Structure indicator (%)	No. of participants	Structure indicator (%)
Cannabis	8	16.67	3	18.75	5	15.63
Amphetamine	28	58.33	12	75	16	50.00
Hallucinogens (e.g. LSD, hallucinogenic mushrooms)	0	0.00	0	0.00	0	0.00
Solvents (e.g. butapren)	0	0.00	0	0.00	0	0.00
Opioids (morphine, heroin)	0	0.00	0	0.00	0	0.00
Cocaine	0	0.00	0	0.00	0	0.00
Tranquilizers and sleeping pills	1	2.08	0	0.00	1	3.13
Other	2	4.17	0	0.00	2	6.25
Do not know	9	18.75	1	6.25	8	25.00
<b>TOTAL</b>	<b>48</b>	<b>100.00</b>	<b>16</b>	<b>100.00</b>	<b>32</b>	<b>100.00</b>

Source: Kocur, Wrzesińska, Szczęsny (2009)

7% of students reported using drugs for the above purpose and almost all named amphetamine (about 75% of them did it because they wanted it themselves, whereas every fifth student was talked into it by a friend). The study showed that using drugs in order to enhance intellectual functioning was over 2.5 times more prevalent in male students. It was also much more prevalent in graduate students than first year students.

Otherwise, as the study results show, six teachers had met a student under the influence of drugs in class; however, there was no teacher who had dealt with a student on high at a test or an exam in the subject he or she taught.

In the course of the study 6% of students admitted to having come to classes under the influence of drugs (cannabis) and approx. 5% of students took a test or an exam on high (amphetamine).

Approx. 40% of students had direct contact with drugs – males did it over two times more often than females. The first contact usually took place in a secondary school (over 60%) and was related to cannabis (over 80%). The major motivator for using psychoactive substances was curiosity (80%) and the source of obtaining a drug – friends or acquaintances (over 60%). Almost half of the respondents who used drugs for the first time did it out of their own will and 25 of the respondents were talked into it by their friends.

**Table 7. Frequency of drug initiation in students according to gender.**

Drug use	Total		Males		Females	
	No. of participants	Structure indicator (%)	No. of participants	Structure indicator (%)	No. of participants	Structure indicator (%)
Yes	112	39.58	50	57.47	62	31.63
No	166	58.66	35	40.23	131	66.84
Don't remember	5	1.77	2	2.30	3	1.53
Total	283	100.00	87	100.00	196	100.00

Source: Kocur, Wrzesińska, Szczesny (2009)

In addition 15% of students reported having used psychoactive substances in the last year – male students did it almost three times more often. The most frequent motivator for drug use was handling stressful situations.

## ● Summary

The results of the above-mentioned studies indicate stabilization of the drug trend in Poland. They confirm that the most prevalent psychoactive substances remain marijuana, amphetamine and ecstasy. There are still more male than females drug users. The exception is OTC tranquilizers and sleeping pills, which - as the adolescent studies showed - are used by twice more girls than boys. Considering the age of Polish drug users, young people still dominate – the most numerous group are users aged below 30.

### 3. Prevention

*prepared by Anna Radomska, Bożena Bajerowska, Danuta Muszyńska*

#### Introduction

The most important legal act regulating anti-drug issues in Poland is the Act of 29 July 2005 on counteracting drug addiction. The Act lays down principles and procedures in the field of counteracting drug addiction, tasks and competences of governmental administration and local authorities as well as penal provisions related to drug-related crime. The Act obliges governmental administration bodies, their subordinate institutions and local authorities to perform tasks of counteracting drug addiction such as providing assistance to drug users and their families in Poland. The organizations mandated to perform the above-mentioned activities also include non-governmental organizations (foundations, societies), religious organizations, self-help communities and families of drug users.

At the beginning of the 21st century the Ministry of National Education prepared several legal acts imposing an obligation on schools to conduct prevention activities and regulating the scope and form thereof. In 2002 the Ministry issued a regulation that made prevention activities the school's statutory tasks. According to the regulation every school should design and implement a prevention programme coherent with the curriculum and adequate to the developmental needs of students and the needs of the community. The School Prevention Programme should comprehensively describe all the prevention actions targeting students, teachers and parents. To plan the programme, teachers must monitor and regularly assess problems and risks within the school. Pursuant to the Regulation of 2003 the school is obliged to early identify social maladjustment in students and take necessary preventive and upbringing action through providing psychological and pedagogical assistance to the students at risk of drug addiction and their families, promote knowledge of the harm of drugs and implement interventions in critical situations. The school should have and implement response procedures for the situations of students getting caught using drugs or committing a punishable act. Schools implement universal prevention programmes, programmes for parents and early interventions targeting students using psychoactive substances.

In the case of underage individuals the issues related to using psychoactive substances (alcohol and drugs) and drug-related punishable acts are regulated by the Act of 26 October 1982 on juvenile proceedings, which stipulates that the family court is responsible for the jurisdiction in this respect. Upon identifying demoralization or commitment of a punishable act by a minor (aged 13-18) the family court may order him or her to take specific actions including "participating in special correctional, therapeutic or training classes, refraining from meeting specific people in specific places or stopping using alcohol or another psychoactive substance". The court may order to place a minor in a youth detention centre, youth socio-therapeutic facility or a school and upbringing centre. It may also "oblige parents or a legal guardian to (...) closely cooperate with the school, a psychological and pedagogical counselling centre or another specialist counselling centre, minor's company of employment and a doctor or a medical centre. Depending on the circumstances there might be various consequences for the minor "caught red-handed". The generalization is not possible here as each case is considered individually.

The school reacts to the problem of substance use (alcohol, drugs) and punishable acts committed by students following the existing education law, in particular the Regulation of the Minister of National Education of 31 January 2003 on specific forms of upbringing and prevention activity in

children and adolescents at risk of addiction. The legal grounds for implementing by the school intervention in the above-mentioned circumstances are provided by “Procedures for teacher conduct and cooperation of schools with police in children and adolescents at risk of demoralization and crime” – module programme of “the National Prevention Programme for Social Maladjustment and Crime in Children and Adolescents”, which has been implemented in Polish schools since 2004. The procedures stipulate further steps to be taken by the school in such cases as: a risk of student demoralization (including substance use), violent behaviour, committing punishable acts (e.g. drug possession). The coordinator of all actions in this respect is the school counsellor. In case of identifying on the school premises a student using alcohol or drugs the school is obliged to notify the student’s parents and take further intervention in cooperation with the parents i.e. working out an agreement between the school, the student and the parents concerning the solution of the problem of substance use as well as the subsequent monitoring. If the wrong behaviour persists along with difficulties in cooperation with the student’s parents and the use of upbringing tools at hand, the school is obliged to notify the family court or the police. The school is also obliged to notify the police every time a student is found in possession of drugs, which is considered a punishable act. Further action taken by the police and the family court in case of risk of demoralization and punishable acts is based on the provisions of the Act on juvenile proceedings.

### 3.1. Universal prevention

#### ● School

The governmental body responsible for implementing prevention activities in Polish schools is the Ministry of National Education. Activities related to preventing and counteracting problem behaviours in children and adolescents have been implemented since 1995.

According to the reports submitted by provincial governments in 2008, 15 out of 16 provinces sponsored universal prevention programmes. The programmes reached 25 268 beneficiaries under school programmes and 43 000 beneficiaries outside schools. The programmes involved 47 implementing organizations in schools and 109 non-governmental organizations outside schools (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

School counsellors could take advantage of the Methodological Centre for Psychological and Pedagogical Assistance in selecting school prevention programmes. The Centre is a central level professional improvement facility established by the Minister of National Education. The Centre initiates systemic solutions for the benefit of child and adolescent development and designs, recommends and promotes programmes in this respect as well as trains pedagogical and psychological assistance personnel.

In 2008 the Methodological Centre for Pedagogical and Psychological Assistance promoted the following programmes:

– “Zippie’s Friends” is an international mental health promotion programme addressed to young children aged 5-7. The MCPA implements it in cooperation with a British organization Partnership for Children. The programme teaches children how to handle everyday problems, how to name emotions and talk about them and how to deal with difficulties. The Zippie’s Friends programme encourages children to analyze life situations and reflect. It shows how important it is to talk with others when we feel sad or angry and how important it is to listen to others when they go through difficult moments. In Poland the programme had the widest coverage of all the international partners.

In 2005-2009 it was extremely successful and has been enjoying permanent interest among teachers. Between 2004 and 2009 the programme was conducted in 1000 nursery and primary schools and reached 35 000 children. (<http://www.cmppp.edu.pl/node/580> as at 7 October 2009).

– „Golden Five” – the programme addresses 2<sup>nd</sup> level teachers (middle schools), mainly head teachers of first forms. The programme aims at preparing teachers to effectively help students adapt to the new school, prevent learning problems and dropping out. The programme suggests a teaching and upbringing model supporting the school achievements and personal development, especially those at risk of exclusion. It also provides the teacher with tools/skills for coping with class diversities – strengthening the class integrity; improving class atmosphere, which should contribute to developing attachment to the school, achieving better learning results and improving interpersonal relations. The programme was implemented in stages since 2007. In 2008 it was incorporated in the governmental strategy “Safe and Friendly School”. So far 49 instructors from all provinces have been trained. They prepared 630 teachers how to implement the programme in the classroom (<http://www.cmppp.edu.pl/node/8743> as at 7 October 2009).

The Centre keeps the Database of Recommended Prevention Programmes (<http://www.cmppp.edu.pl/node/13718> as at 7 October 2009) developed on the modern knowledge of risk factors, protective factors and evidence-based models of prevention activities. At present the Database lists 34 recommended programmes divided into 7 categories: for implementation in class, large groups, high risk groups, for youth leaders, teachers and parents, street programme and global prevention programmes. The programmes are largely related to various addictions (alcohol, drugs) but also risky behaviours co-existing or resulting from addiction. The recommended prevention programmes include the following: “NO-Thank you”, “Before you try”, “Yes or No”, “Meetings”, “I think No, I say NO”, “Sweets”, “Archipelago of Treasures”, “Snowball”, “School Prevention Intervention”, “School of Prevention Promoters”.

– In 2008 by way of the Regulation of the Council of Ministers of 19 August 2008 the strategy entitled “Safe and Friendly School” was implemented. It aims at building the school that supports the student but is also demanding. The strategy strengthens the upbringing role of the school, creates positive social climate and changes relations between students and teachers. The strategy’s objectives include improving safety at schools and education system facilities through improving interpersonal relations and social climate at schools; increasing the influence of parents on the school life; strengthening and broadening the specialist psychological and pedagogical assistance, limiting the scale of pathological phenomena (e.g. violence, drug addiction, alcoholism) and combating aggression and pathology in children and adolescents through sport (Mnisterstwo Edukacji Narodowej 2009).

– The Minister of Science and Higher Education under the public tasks for NGOs ordered education and prevention activities related to experimenting with drugs to be implemented in the university student communities. The Minister implemented the 2<sup>nd</sup> edition of the “Don’t take – think of yourself and your family” programme (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

– The Institute of Psychiatry and Neurology conducted trainings for teachers, pedagogues and head teachers in school preventing intervention and mental health promotion. There were also trainings in developing communal substance prevention programmes and specialist trainings for professionals working in drug treatment centres.

– In 2008 the National Bureau co-financed a drug prevention programme in the academic community entitled “Programme of reducing psychoactive substances by students AKADEMUS”. The programme was implemented by the Lublin-based “Nowa Kuźnia” Society. It was implemented at Maria Curie-Skłodowska University, Academy of Agriculture and the Catholic University of Lublin. The programme included 931 participants. In the course of the programme selected groups of the academic community were trained in drug prevention. The group of volunteers engaged in prevention



activities was extended. New anti-drug and pro-health actions were also initiated (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

– In 2008, under peer education programmes, 15 organizations operating across Poland were supported financially. The tasks commissioned aimed at preparing adolescents to implement prevention and health promotion programmes in the peer environment and for the benefit of the local community. The leaders participated in: information and education classes on addictions and methods of peer assistance, psycho-educational classes (trainings, workshops) improving leaders' personal and social skills, consultations (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

– In 2008, under the EDDRA programme coordinated in Poland by the National Bureau, one Polish universal prevention programme was included in the international database of quality programmes: "Home Detective Programme" by the Institute of Psychiatry and Neurology. It is the Polish version of the US programme The Slick Tracy Home Team Program. The Polish version is the result of cultural adaptation of the programme including adapting the US teaching material, a pilot study focusing on cross-cultural adaptation of the programme and an outcome evaluation. The program aims to prevent under-age drinking and consists of five teacher- and peer-led sessions combined with parent-child activities to be undertaken at home.

– In November 2008 the Nobody's Children Foundation launched the first toll-free and nationwide hotline for children and adolescents at 116 111. The hotline serves children and adolescents who need support, care and protection. It provides callers contact with qualified psychologists and pedagogues, who are able to talk to young people about their problems and give professional advice in critical situations. The hotline staff cooperate with the national network of institutions and organizations who, if need arises, conduct interventions in children-related cases. If there is a suspicion that the health or life of a child is at serious risk, the hotline staff members are authorized to launch police intervention thanks to cooperation procedures between the Police Headquarters and the Nobody's Children Foundation (<http://www.fdn.pl/strona.php?p=202> as on 7 October 2009r); <http://www.116111.pl/> as on 7 October 2009).

## ● Family

In 2008 the Methodological Centre for Psychological and Pedagogical Assistance (MCPPA) implemented the programme "School for Parents and Educators". The programme has been coordinated by the MCPPA since 1996 and implemented across Poland. This prevention and improvement programme addresses parents and teachers as assistance in raising their upbringing skills. The classes in the form of psychological workshops consist of short overviews of thematic introductions. Practical exercises and role plays play a key role. In 2008, 2797 participants were trained under the project, 9 regional conferences involved 1060 participants and 14 regional seminars involved 285 people (Szymańska, Methodological Centre for Psychological and Pedagogical Assistance, personal communication). The evaluation studies and coordinators' reports confirm a very wide coverage of the programme.

– Since 2007, the Maraton Foundation, supported by Diageo GB, has been working on the task of adapting to Polish conditions the „Strengthening Families Program" (SFP10-14) of Karol Kumpfer and colleagues from the Utah University.

In 2008 pilot versions of the programme were launched in three Polish cities: Warsaw, Glogow and Olsztyn. The programme aims at reducing alcohol and drug use, changing adolescence-related problem behaviours and developing upbringing skills in parents/guardians. The pilot programme of the Polish version was implemented in six groups of families. The evaluation of the results concentrated

on the change of problem behaviours in adults, the improvement of social skills and the development of upbringing skills. The results served to verify whether the Polish version needed further modifications. Further cooperation with the European project coordinator is planned as well as the preparation of the Polish version of evaluation studies on a large nationwide sample of families (Okulicz-Kozaryn i Dorozko 2008).

– In 2008 upon commission of the National Bureau for Drug Prevention the online counselling centre programme was continued at [www.narkomania.org.pl](http://www.narkomania.org.pl). The aim of the online counselling centre is to provide assistance and reliable knowledge about drug addiction, drugs, forms of assistance, etc., to individuals with a drug problem and co-dependent individuals.

In 2008 the counselling centre's website was visited approx. 202 605 times. 1 130 consultations were provided. The following specialists gave answers: a psychologist (750 consultations), a physician (302 consultations) and a lawyer (78 consultations). Based on the content of the questions, it is estimated that 72% of all questions were asked by family members, partners or friends of an individual with a drug problem, while approx. 28% of the questions were asked by substance users. 71% of the questions came from women and 27% from men. In 2% of cases there is no data of the person asking the question (Fundacja Praesterno 2009).

## ● Community

In drug prevention, actions were taken to deepen the involvement of the stakeholders in counteracting drug addiction, both at the provincial and local level. Pursuant to the Act of 29 July 2005 on counteracting drug addiction provincial and communal governments are obliged to develop and implement Provincial and Communal Programmes for Counteracting Drug Addiction. Under the programmes the governments support local and regional initiatives related to drug prevention which include: school educational programmes, programmes for parents, trainings for implementers, school and extra-school programmes for adolescents from risk groups and their parents as well as extracurricular activities.

– “Before it's too late” is a local prevention programme (cities, communes) listed in the Database of Recommended Prevention Programme stored by the Methodological Centre for Psychological and Pedagogical Assistance in 2008. It promotes global approach to addictions, which means that it deals with the whole range of addictions and targets all social groups in a given local community. Prevention activities refer to substance abuse, gambling, television, video, eating, etc. The programme targets adolescents, children, parents, teachers, policemen, physicians, pharmacists, employers, priests, community activists, journalists and others (<http://www.cmppp.edu.pl/node/13709> as on 7 October 2009r).

– The training entitled “Evaluation of drug prevention programmes – conducting research” aimed at deepening the knowledge of evaluation and improving skills necessary to plan and conduct evaluation studies. The training included 17 representatives of NGOs dealing with counteracting drug addiction (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

– The training entitled “Standards in prevention programmes” was intended to deepen the knowledge and improve skills of drug prevention specialists in terms of developing and implementing prevention programmes. The training participants were familiarized with the quality standards in prevention programmes and the idea and objectives of the new programme recommendation system. During workshops the participants had the opportunity to go through subsequent phases of designing a prevention programme according to the quality criteria. The training included 27 participants (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

## 3.2 Selective prevention in at-risks groups and settings

### ● At-risk groups

– In 2008 the programme of School Prevention Intervention developed at the Institute of Psychiatry and Neurology was continued. The programme is listed in the EDDRA database and is recommended in the Database of Recommended Prevention Programme of the Methodological Centre for Psychological and Pedagogical Assistance. The Programme prepares schools and teachers to take action against students who use psychoactive substances on the school premises. It targets pedagogical councils of primary schools, middle schools and post-middle schools and teachers who want to conduct interventions in students.

– Moreover, in 2008 the National Bureau continued works related to the “FreD goes net” project. It is an international project financed by the European Union under the Community Action Programme for Public Health 2003-2008 and by project partner countries. In Poland the project is implemented between November 2007 and October 2010 under the contract between Landschaftsverband Westfalen Lippe – Koordinationsstelle Sucht based in Münster as the project coordinator and the National Bureau for Drug Prevention as a beneficiary and coordinator on the Polish side. The evaluation of the project will be conducted by the German research institute FOGS. The “FreD goes net” project aims at adapting and promoting across Europe the German selective prevention programme based on a short-term prevention intervention model. It targets young drug users. The programme participants take part in group sessions based on the motivational interviewing model. The aim of the sessions is to stimulate the participants to reflect, raise their knowledge of drug use, encourage assessing the risk and responsibility; change attitude and behaviour related to drug use and get acquainted with the local drug-related care offer. The effectiveness of the method and satisfactory results of the programme evaluation were the reasons to develop the “FreD goes net” project. In eleven countries (including Poland) the pilot version of the programme group sessions for adolescents is being implemented (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

– In 2008, under the EDDRA programme, coordinated in Poland by the National Bureau one Polish programme of selective prevention was included in the international database of quality programmes:

– “Programme of counteracting social pathology in adolescents” was implemented by the Praesterno Foundation in 8 cities (Bielsko Biała, Bydgoszcz, Gdańsk, Kraków, Lublin, Łódź, Puławy, Wrocław). It targets adolescents aged 13-19 experimenting with psychoactive substances and/or at risk of social exclusion. The programme features psycho-corrective support groups which aim at supporting the process of mastering the skills of satisfying psycho-emotional needs in a socially accepted manner. The programme lasts approx. 10 months. Each edition included approx. 420 participants. Support groups are peer reference groups for the participants, where norms and relations are monitored by the team of the programme leaders (psychologists and/or pedagogues). The group work is supported by the community work – at school or with the adolescents’ legal guardians. The evaluation, based on the pre-test post-test model with a control group, shows that the participation in the programme improves psycho-social functioning of young people. There is significant improvement in the indicator of general maladjustment, self-esteem, self-efficacy, atmosphere at home, understanding one’s actions and self-control, acceptance at school. The participants feel they have better control over their lives and can define its meaning; social isolation decreases. The upward trend of using psychoactive substances in adolescents is stopped. The programme is co-financed by the National Bureau.

In 2008, similarly to previous years, the National Bureau for Drug Prevention supported programmes intended for individuals at risk of drug addiction, experimenting users and their families.

The performance of this task was intended to increase the availability and broaden the range of professional care service for this group by supporting the development of prevention projects in towns where there is no such offer or it is poor and supporting the existing projects for individuals with a drug problem. 102 programmes were commissioned. They targeted neglected children and adolescents from disruptive families, including the ones with an addiction problem, who have already used narcotic drugs. The programmes aimed at reducing the consequences of the children and adolescents growing up in wrong family and peer environment, improving emotional and social functioning, shaping adequate normative beliefs regarding drugs, promoting healthy lifestyle, developing drug-free ways of spending leisure time and supporting families in solving drug-related problems by the child.

Another target group under the task programmes were occasional drug users. The programmes aimed to modify behaviours of children and adolescents as well as adults in the direction of abstinence, better emotional and social functioning. The infrastructure used in the above-mentioned programmes included 118 institutions operating locally – socio-therapeutic centres, upbringing facilities, youth clubs, social prevention centres, consultation points, environmental prevention counselling centres and drug outpatient clinics (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

In 2008 the programme of selective prevention was implemented by 13 provinces. There were 10 school programmes and 32 extra-school programmes. In 2007 the numbers stood at 15 and 69 respectively. Selective prevention was implemented in 9 schools and 53 other facilities. The implementers of the school programmes included 10 NGOs which reached 6 638 participants, programmes outside the school were implemented by 31 organizations, which reached 4 801 participants (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

### ● **At-risk families**

In 2008 the National Bureau co-financed 16 organizations that implemented programmes supporting families of individuals at risk of addiction, drug users and drug dependent users. The programmes were implemented under the above-mentioned task and they targeted families and relatives of individuals with a drug problem. The programmes featured education and information classes on the mechanisms of addiction and co-addiction, workshops on upbringing skills, support groups for families, family counselling, and legal consultations. The participants of the programmes received support in critical situations, gained and improved upbringing and psycho-social skills, which significantly improve the family functioning and at the same time strengthen the role of family in drug prevention and treatment. 2 programmes for drug dependent parents were co-financed. The projects were aimed at improving functioning of drug dependent parents, building and improving relationships with children and improving parenting skills (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

### ● **Recreational settings (incl. reduction of drug and alcohol related harm)**

In 2008 selective prevention programmes aimed at counteracting drug initiation, changing attitudes to drug use and reducing occasional drug use were co-financed. The projects were implemented directly in the community of occasional drug users or individuals at risk of drug use (e.g. among commercial sex workers, children out in the street) and high drug prevalence settings e.g. in clubs, discotheques or open air concerts.

The number of the programme recipients who were provided with at least single-time assistance is estimated at 5 905 occasional drug users. Moreover, a programme during a mass music event entitled *Przystanek Woodstock* in Kostrzyn n/Odrą was conducted between 1 and 3 August 2008. There were information activities on the harmfulness of drugs and drug-related risk by means of leaflets, anti-drug slogans and through the local radio broadcasting centre. The programme included 120 thousand people (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009). The above projects were co-financed by the National Bureau. Moreover, two provincial governments financed “discotheque-based” programmes targeting occasional users. 4 000 clubbers were reached. (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

### 3.3. Indicated prevention

#### ● ADHD children

In Poland there are organizations which operate for the benefit of ADHD individuals. They are mainly initiatives taken by parents, psychologists and persons related somehow to ADHD issues. One of such initiatives is the Polish ADHD Society (<http://www.ptadhd.pl/onas.html> as on 7 October 2009). It aims to bring about systemic changes in education, health care, social care system, legislation, public awareness of ADHD so that the persons suffering from this disorder can enjoy full comfort in all aspects of life. In 2006 the Polish ADHD Society launched a national social campaign entitled “ADHD – the World is not enough!” which aimed to show how to activate and make the best use of the potential in ADHD persons. Under the campaign, conferences and trainings are held to bring this problem to the attention of teachers, guardians and physicians. Works are under way in order to improve diagnosing and treating ADHD and funds are collected in a special Fund.

There is also a social movement for ADHD children and their families, which out initially small-scale actions has started to operate across Poland. The website [www.adhd.org.pl](http://www.adhd.org.pl) has been set up. Anybody who is interested in this problem can exchange their opinions and receive support. Under the campaign, there are popular science conferences, workshops, and support groups for parents. The campaign is accompanied by various slogans: “It’s better together”, “ADHD – almost normal life”, etc. An important element of the campaign is the website, which fulfils the role of an online support group.

Due to the public demand more and more parent organizations are being established.

Despite the growing interest in ADHD issues, in Poland there are no other ADHD-oriented activities promoting healthy lifestyle in connection with drug prevention.

Under Polish conditions ADHD treatment is provided by a physician at the Mental Health Outpatient Clinic for Children and Adolescents. One can seek help at Psychological and Pedagogical Counselling Centres. ADHD treatment is multidimensional. It usually lasts for many years and actively engages the physician. Children who have received more types of therapeutic approaches usually function better after 1-3 years of treatment compared to children who were exposed only to one treatment modality. There is usually at least the explanation of the disorders, counselling in terms of parenting methods and the education how to deal with the child. Teachers and school guardians are often embraced by the education activities. In exceptional cases individual child or family psychotherapy is applied. If these methods fail, a physician prescribes medication. As the research conducted at Massachusetts General Hospital shows psycho-stimulant drugs may protect children against ADHD as well as substance abuse (alcohol and drugs) (Orzeł-Żukowska 2008).

See Chapter 3.2. Selective prevention in at-risks groups and settings, section: Risk groups.

### 3.4. National and local media campaigns

– In 2008 an information and prevention campaign was launched. It concerned the safety of Polish citizens travelling abroad. The campaign under the patronage of the Minister of Health and the Minister of Internal Affairs and Administration was intended to protect Polish tourists against inadvertent smuggling. Preventive actions taken under the campaign were aimed at making tourist travelling abroad aware that there are dangers from drug crime syndicates. The campaign warned against the dangers and encouraged to exercise the habit of luggage control by watching it at all times.

– A national prevention and education campaign entitled “Legal high can burn you out – Face the facts” was conducted. The activities in this respect were implemented in response to the new phenomenon on the scene of psychoactive substances in Poland – the emergence of legal highs and the subsequent rise of shops selling psychoactive substances that had not been previously available on the Polish market. The campaign targeted young people aged 15-25, clubbers and discotheque-goers, who engage in a series of risky behaviours, including experimenting with new substances and potential customers of legal high shops. The campaign aims to provide reliable information on the negative consequences of using legal highs and dispelling myths related to this type of substances, e.g. that they are safe, legal and natural.

– In 2008 the majority of local governments conducted campaigns aimed at counteracting drug addiction. 261 communes launched their own campaigns and 287 communes included the campaigns in other education public campaigns on drug addiction. 75 communes evaluated their campaigns. In 2007 the numbers were the following: 266, 302 and 61 respectively. The actions were conducted in cooperation with the local media. The cooperation involved holding press conferences, preparing media releases, press articles and appearances and programmes on local radio and television stations.

## 4. Problem Drug Use

*prepared by Artur Malczewski*

### Introduction

In 2008 there was no estimation of problem drug users conducted. The latest data of 2007 indicate the number 100-125 thousand problem drug users. In 2008 a survey was conducted in low threshold programme clients. 733 questionnaire interviews were held. All the participants were problems drug users.

#### 4.1. Data on PDUs from non-treatment sources

In 2008 the NFP conducted the first nationwide survey in clients of low threshold programmes. The study aimed to find out patterns of drug use, risky behaviours and HIV and HCV status of problem drug users. The survey included facilities which provided services for drug users such as needle and syringe exchange programmes and drop-in centres for active drug users. As a result of the study

information was collected on the group that was not covered by the general population studies or medical statistical records.

For the first time detailed data were obtained on problem drugs users as all the study participants met the EMCDDA criteria of a problem drug user<sup>13</sup>.

## ● Research method and tools

The questionnaire in its original version was designed by the French Focal Point (OFDT) and complied with the protocols of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA: treatment demand indicator (TDI) and drug-related infectious diseases (DRID). Based on the above documents a set of questions was designed in relation to: socio-demographic profile of a drug user, drug use and routes of administration, risky behaviours and prevalence of blood-borne diseases. The questionnaire was adapted to the Polish conditions. In the case of individuals who refused to participate in the study, an abridged version of the questionnaire was completed. It included basic information on a person who had refused to take part in the study such as age, gender, the most problem-causing drug.

## ● Implementation

During a period of two weeks (from 24 November to 7 December 2008) staff members of low threshold programmes (needle and syringe exchange or drop-in centres for active drug users) held questionnaire interviews with all clients of a given programme (full sample). Contacts were made through drug users in order to exchange the injecting equipment, give advice, support or simply have a talk. The study was launched at the same time as in France; however, it lasted one week longer. The respondents' identities were coded in order to prevent double counting and guarantee anonymity.

## ● Characteristics of the population under study

The study included all low threshold programmes in Poland located in the following cities: Puławy, Gdańsk, Częstochowa, Kraków (2 programmes), Jelenia Góra, Wrocław, Zgorzelec, Olsztyn, Rzeszów, Katowice, Warszawa (3) – 13 programmes in total. The analysis included 733 interviews with the respondents who agreed to take part in the study. The most interviews were conducted in Warsaw (38%) and then in Kraków – every fifth respondent. Almost half of the respondents were recruited in the street exchange programmes (47%), every fourth in a residential programme i.e. a counselling centre or a night shelter. 16% of the study participants were clients of drop-in centres for active drug users. The new form of reaching drug addicts is the mobile needle exchange by means of bicycles in Warsaw and a van in Kraków. In such settings 9% of all participants were interviewed. In 3% of the interviews no data on the type of the programme are given. The majority of interviewees were male (69%). The average age was 33 (median 31), 34 for males and 30 for females (Malczewski 2009b,

<sup>13</sup> According to EMCDDA definition, a problem drug use is injecting drug use or long duration/regular use of opiates, cocaine and/or amphetamines.

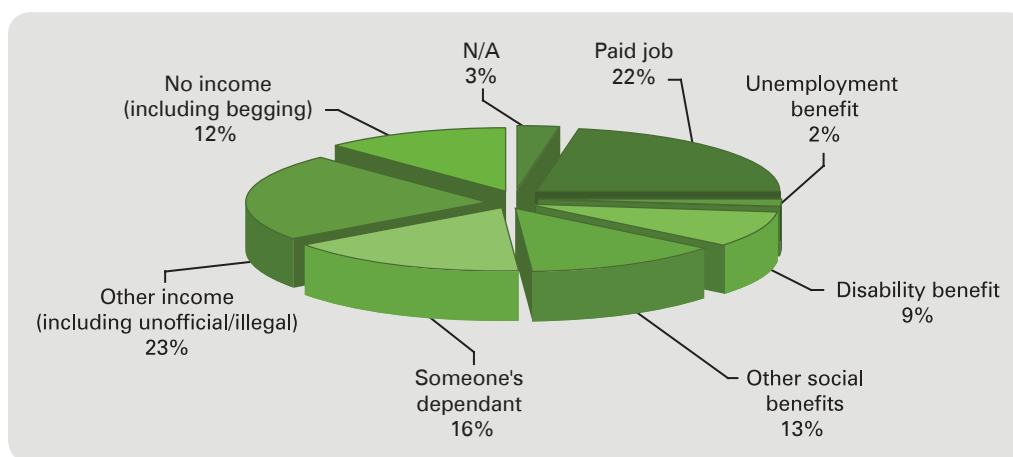
p. 28). The most male respondents were aged 30-34 (23% of all males). The most females were aged 25-29 (31% of all females). The oldest respondent was 85 years of age and the youngest 15.

The analysis of education of the study population shows that every third respondent had primary (33%) or secondary (32%) education. The remaining participant had vocation education (27%). Far lower rates were recorded with reference to middle school education (4%) or higher education (3%). In 1% of the respondents the information concerning education was missing.

The participants were asked about their living conditions. The majority i.e. almost 75% had permanent places of residence, defined as a possibility of residing for the period of at least 6 months in the same location. 15% of the interviewees had temporary residence. More than a quarter of the respondents (27%) lived on their own; however, far more participants i.e. 44% lived at somebody's place i.e. with family or friends. 9% of the participants benefited from institutional housing services, including 4% on a permanent and 5% on a temporary basis. Every tenth participant lived temporarily with somebody. A similar proportion (3%) lived in squats or were homeless (7%).

The respondents were asked to select the main source of personal income (Figure 5). The most numerous group lived off social benefits and allowances (23%) and slightly fewer participants had a paid job (22%). Some participants were supported by others (16%). Slightly more than every tenth respondent answered that he or she had no source of income (12%), which might as well have meant that they lived off begging. The remaining respondents (23%) had other sources of income, including illegal and unofficial earning methods.

**Figure 5. Source of income – percentages of participants (N = 733).**



Source: Malczewski 2009b, p. 29

## ● Drug use

Beneficiaries of low threshold programme were asked about the psychoactive substances they had used in the last 30 days prior to survey and the pattern of drug use. Figure 6 shows first nine most frequently used psychoactive substances used by the respondents.

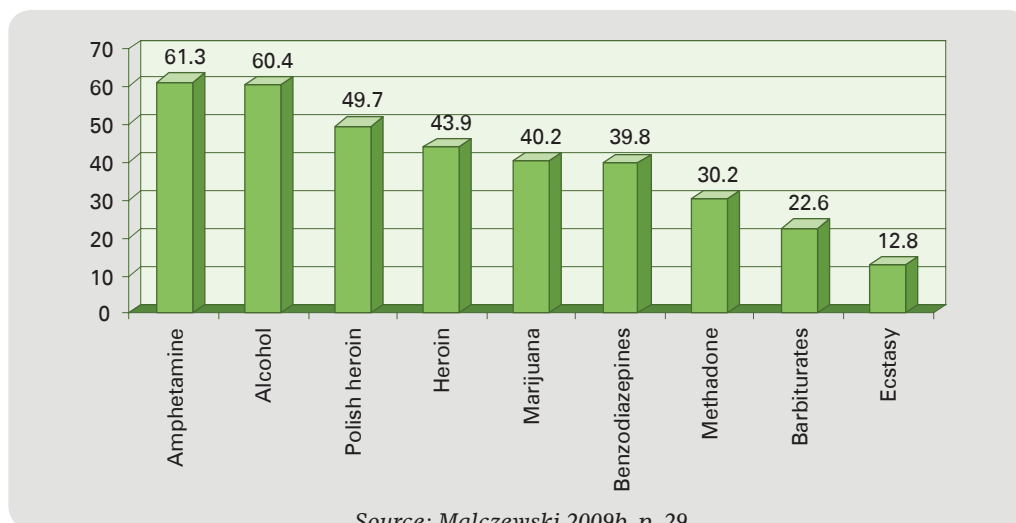
The most prevalent drug were opiates (76%), which means that three quarters of the respondents took heroin, Polish heroin “kompot” (homemade poppy extract) or methadone. Half of the respondents used the Polish variety of heroin. An average age of an opiate user was slightly higher than in the whole study population and equalled 34. Similarly to the whole study population 72% were males in this sub-group.



Second in terms of popularity was amphetamine (61%), alcohol ranked third (60%). Cannabis and benzodiazepines were prevalent in the same extent (40%). Less than every third participant used methadone (30%). It must be stressed that this group also included clients of substitution treatment programmes as one of the questions in the survey referred to this form of drug treatment. In the study sample 16% were substitution treatment clients i.e. 117 respondents. Almost all injected drugs (99%) and more than a half had used drugs in the last 30 days (i.e. 58% out of 117),

During the interviews the participants were asked to name the substances that caused the most serious problems. The respondents named opiates in the first place (57%), then amphetamine (16%) and alcohol (12%).

**Figure 6. Drug use in the last 30 days, nine most prevalent substances – percentages of study participants.**

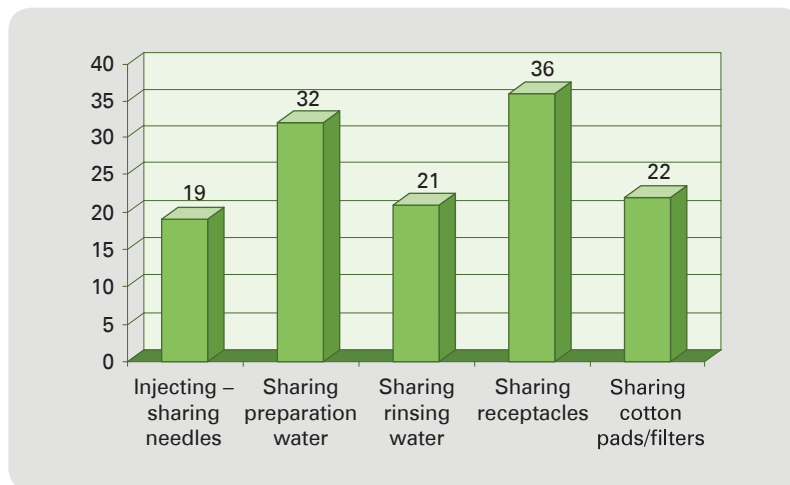


During interviews the problem of injecting drug use was touched upon. The interviewees were asked about the intravenous administration of drugs. An average onset of intravenous use was 17. In the whole study sample 79% of the participants injected drugs in the last 30 days and 16% did it in the past; however, not in the last month. 4% of the respondents did not inject drugs (in 1% no data were available). 89% of those who used opiates in the last 30 days prior to survey (i.e. 548 individuals) were injecting drug users. In the case of amphetamine users the proportion was much lower (58%).

### ● Risky behaviours and HIV / HCV status

Another issue covered by the interview were risky behaviours taken by drug users during injection in the last 30 days (Figure 7). Most often users shared the same receptacles e.g. spoons (36%). Less than every third respondent shared the same water to prepare the drug (32%). Similar percentages of the respondents used the same cotton pads and filters (22%) and water for rinsing the injecting equipment (21%). The most risky behaviour i.e. sharing the needles was recorded in 19% of the study participants.

Figure 7. Percentages of participants engaging in risky behaviours in the last 30 days. (N=581)



Source: Malczewski, Struzik, Jaśkiewicz 2009, p.19

46% of participants who had tested for HIV were positive. Out of the group of 236 participants (175 males and 61 females) who had tested positive 68% had visited a doctor in the last 12 months and 40% had entered treatment. The respondents were asked about the HCV status. Similarly to HIV, the participants who had tested for HCV were used as the baseline. Out of 503 respondents (68%), which is only slightly fewer than the HIV group (513), 81% tested positive. The prevalence of HCV is far higher than HIV, which is confirmed by other investigations<sup>14</sup>. Among those who were aware of their HCV seropositive status 35% had visited a doctor and only 14% had been or were being treated.

## ● Discussion

Based on the interviews one can try to develop a profile of an average injecting drug user – a low-threshold programme beneficiary. It is a male rather than a female, aged around 30. The professional status is unemployed with education below secondary level. The primary drug is opiates administered intravenously.

The most risky behaviour of sharing the same needle is the least prevalent in the study sample. However, slightly less than every third participant uses the same injecting paraphernalia.

The study revealed a group of participants receiving methadone treatment and currently injecting drugs (7%). This group had not been the subject of a scientific study before. It may be suspected that along with the rise of methadone programmes the number of substitution programme clients who keep injecting drugs will be rising as well.

In the study sample HCV is much more prevalent than HIV. It can be worrying that few users had entered treatment for HCV or consulted a doctor for this reason. Moreover, every third participant had never tested their serological status despite sharing needles. Polish heroin (kompot) is still popular (Malczewski 2009b, p. 31).

<sup>14</sup> Magdalena Rosińska, Andrzej Zieliński „Estimation of infectious diseases (HCV, HBV, HIV) in injecting drug users in cities at different stages of harm reduction programmes”, Epidemiology Department of the State Institute of Hygiene, Warszawa 2004

## 5. Drug-related treatment: treatment demand and treatment availability

*prepared by Dawid Chojecki, Ewa Sokołowska*

### Introduction

In Poland, data on the assistance provided for individuals with a drug problem is collected by the Institute of Psychiatry and Neurology. The institution annually collects information on the number of patients admitted to treatment (including first timers), diagnostic codes and the following types of facilities: mental health counselling centres, mental health counselling centres for children and adolescents, substance therapy centres, day care centres and environmental treatment facilities, psychiatric wards and addiction treatment facilities as well as detoxification wards. The Institute data below refer to 2007. The Institute does not have data for 2008.

Data on substitution treatment programmes and patients therein are collected by the National Bureau for Drug Prevention.

Moreover, every two years the National Bureau publishes an information booklet: “Drug addiction – where to seek help?” The booklet lists operating assistance facilities.

### 5.1. Strategy/policy

The basic legal acts regulating drug treatment issues in Poland include:

- Act of 29 July 2005 on counteracting drug addiction as further amended;
- Regulation of Minister of Health of 19 October 2007 on specific rules of conduct in substitution treatment as well as specific conditions which the health care centre providing substitution treatment must meet;
- Regulation of Minister of Justice of 21 December 2006 on specific conditions and rules of conduct in medical treatment, rehabilitation and reintegration in relation to drug addicted persons placed in organizational units of Prison Service;
- Regulation of Minister of Health of 1 December 2006 on specific conditions and rules of conduct in medical treatment, rehabilitation and reintegration in relation to individuals convicted of committing offences related to using narcotic drugs or psychotropic substances;
- Regulation of Minister of Justice of 18 October 1999 on specific conditions and rules of conduct in medical treatment, rehabilitation and reintegration in relation to drug dependent individuals remaining in youth detention centres;
- Regulation of Minister of Justice of 13 July 2006 on addiction-related training.

The section on drug treatment of the Act of 29 July 2005 on counteracting drug addiction contains rules of conduct in relation drug dependent individuals and necessary conditions to be met by entities providing drug treatment. The section devoted to punishment for drug-related offences there are provisions directly related to drug therapy. Article 72.1 provides that in the event that an addicted person or a person using psychoactive substances in a harmful manner has been charged with committing the offence subject to the penalty of deprivation of liberty for a term up to 5 years, enters treatment and rehabilitation or participates in a prevention and treatment programme in a relevant health care centre or another entity in the health care sector, the prosecutor may suspend the

proceedings until the treatment is completed. In practice, this instrument is not applied (see point 9.3 „Interventions in the criminal justice system”).

In the field of drug treatment, rehabilitation, harm reduction and social reintegration the National Programme for Counteracting Drug Addiction as the Regulation of the Council of Ministers stipulates courses of action for governmental bodies and institutions as well as local authorities. At a more specific level there are lists of types of action, implementing/responsible entities (including funding sources of activities in respective areas) and monitoring indicators along with an implementation schedule.

## 5.2. Treatment systems

### ● Organization, availability and diversity of drug treatment system

Providing health services for drug dependent individuals is based on the network of inpatient and outpatient clinics i.e. addiction treatment centres, detoxification wards, day care wards, addiction treatment wards in hospitals, medium and long-term rehabilitation clinics and substance treatment wards at penal institutions. If there is no drug treatment facility in a given area there is an option of using services offered by a mental health counselling centre or an alcohol rehabilitation clinic as they are easily accessible (16 times more clinics compared to drug rehabilitation clinics, Institute of Psychiatry and Neurology 2008). Moreover, opiate dependent individuals may receive treatment under substitution treatment programmes. There are public or non-public health care units. Under the system the following services are provided: diagnostic and therapeutic consultation; individual, group and family psychotherapy; psycho-education psychotherapy; withdrawal treatment; maintenance therapy (relapse prevention), substitution treatment.

In Poland the most prevalent drug treatment model is total abstinence and therapeutic community-based residential therapy. In 2008 the most popular were medium and long-term programmes (12 months and longer); however, similarly to previous years, economic factors and changing patient profiles gradually make it necessary to shorten the programmes. The programmes are conducted at health care units run by NGOs (associations, societies, foundations).

In Poland drug treatment is free of charge; however, there are a number of private rehab drug clinics and private practice services (paid).

Drug treatment, similarly to all health services, is financed by the National Health Fund. In recent years we have been observing an upward trend in NHF drug treatment-related spending and the rise in requirements imposed on the service providers (health care units).

**Table 8: Financing psychoactive substance treatment by the National Health Fund. (PLN)**

Year	Expenditure
2004	54 017 159.78
2005	60 089 521.57
2006	62 199 614.84
2007	64 047 046.10
2008	79 121 702.12

Source: National Health Fund 2009.

Drug treatment (both drug free and substitution treatment) is provided in penal institutions and financed by the Central Management Board of Prison Service, subordinate to the Ministry of Justice.

### ***“Drug free” treatment***

#### **– Inpatient treatment**

Similarly to previous years, inpatient clinics are mainly located outside urban areas as it is assumed that it “naturally” isolates patients from the drug community. In Poland there are 85 inpatient drug rehabilitation clinics (latest data of 2007) including clinics for patients with dual diagnosis. 33 clinics (i.e. 39%) out of 85 were open to underage users (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2007). The above data do not include psychiatric hospitals where drug dependent and problem users are treated, usually due to psychotic symptoms and not the addiction.

#### **– Outpatient treatment**

In Poland the outpatient assistance for users of illicit psychoactive substances is provided at mental health counselling centres and, in exceptional cases (there is no drug treatment facility listed above), at outpatient drug rehabilitation clinics (the network is far denser), which extend their offer to individuals with a drug problem.

In 2006 and 2007 we witnessed a rise in the number of drug and alcohol rehabilitation clinics. In 2007 (latest data) there were 102 operating clinics of psychoactive substance prevention, treatment and rehabilitation; in 2006: 84 and in 2005: 89, according to the Institute. An important factor in the availability of this form of outreach is that the large majority of the clinics (85 out of 102 in the reporting year) are open 5 or even 6 days a week (Instytut Psychiatrii i Neurologii 2007, 2008).

Despite a steady rise of the outpatient clinics, the network in 2008 was still insufficient. It is particularly noticeable in day care centres. In 2007 there were 14 day care centres for individuals dependent on psychoactive substances (including alcohol) operating in Poland (12 the year before). The number of beds available was 405 (289 in 2006) (Instytut Psychiatrii i Neurologii 2008).

### ***Medical treatment***

#### **– Withdrawal treatment**

In 2008 there were 25 detoxification wards/sub-wards operating in Poland. An overall number of 6 444 detoxifications from psychoactive substances were performed (Instytut Psychiatrii i Neurologii 2008). The wards targeted mainly opioid withdrawals.

In the case of opioids the basic forms of withdrawal treatment at detoxification wards included: symptom treatment, administering narcotic drugs (methadone, buprenorphine, etc.) and causal treatment (clonidine). Hospitalization usually lasts 8-14 days.

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 (Chmielewska, Institute of Psychiatry and Neurology, personal communication)

#### **– Substitution treatment**

According to the Regulation of the Minister of Health of 19 October 2007 on specific rules of conduct in substitution treatment as well as specific conditions which the health care centre providing substitution treatment must meet, the treatment programme in Poland includes the following: dispensing substitution drugs to patients, abstinence control and also periodically: evaluations of the patient’s somatic and mental status, individual and group psychotherapy (approx. 2 hours per week),

specialist consultations, treatment of other chronic drug-related diseases. Substitution treatment is financed by the National Health Fund.

#### **– Other forms of medical treatment of coexisting diseases**

In special cases drug dependent patients receive psychotropic medication. It happens when a patient is diagnosed with drug-related psychotic disorders or mood disorders.

Treatment of dually diagnosed patients outlined more widely in Chapter 7 “Response to health correlates”, section “Activities related to coexistence of mental diseases”.

Treatment of infectious diseases coexisting with drug use outlined in Chapter 7 “Response to health correlates” – prevention and treatment of drug-related infectious diseases, section “Treatment of infectious diseases”.

In case there is a need to treat other (than infectious) diseases (or conditions) of somatic nature, patients of rehab clinics are referred to specialist health care units as rehab clinics do not hire physicians of other specialities.

#### **– Programmes taking into account type of addiction**

Up to now in Poland there are no programmes oriented on particular drugs, except substitution treatment programmes.

### ***Quality provision***

#### **– Standards and accreditation**

Since 2004 a special team of experts appointed by the Minister of Health has been developing standards of conduct in treatment, rehabilitation and harm reduction related to psychoactive substance users.

In 2008 the accreditation team developed the final version of the accreditation standards for the three types of drug rehabilitation clinics: the inpatient clinic, the day care centre and the outpatient clinic. Moreover, accreditation procedures adequate to the existing legislation were designed. The procedure is to be implemented in 2009.

In the reporting year the Institute of Psychiatry and Neurology co-financed from the European commission funds a project entitled “IATPAD – Improvement of access to treatment for people with alcohol- and drug-related problems”. The aim of the IATPAD project was to identify barriers to drug treatment through quality analyses of the treatment system, survey of attitudes of medical personnel to substance users, assessment of the availability of drug treatment according to the clients and the evaluation of the system’s limitations. The study was conducted by means of questionnaire interviews and in-depth interviews with medical personnel of primary, psychiatric and specialist health care facilities. The results of the IATPAD project show that drug and alcohol dependent patients are perceived relatively worse by the medical personnel compared to the control group. Among physicians the least favourably disposed towards to addicted patients were primary care doctors. The comprehensive analysis of the data collected under the IATPAD project will take place at two levels: national and international (Instytut Psychiatrii i Neurologii 2008 and Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

### ***Evaluation***

– In 2008 the National Bureau for Drug Prevention continued works on the evaluation project of drug treatment, rehabilitation and harm reduction services. The evaluation system is to increase the

effectiveness of therapeutic programmes. The evaluation will cover all interested drug treatment services with the status of health care units.

In 2008 the Institute of Psychiatry and Neurology launched a research project entitled “Models of good practice in drug treatment in Europe”. The project aims to obtain evidence-based knowledge on the quality and effectiveness of drug treatment in Europe. In the reporting year the literature was compiled and the literature research results were presented. To this purpose a special interactive database was established. Furthermore, the Institute was to compile two research-based reports. One dealt with drug dependent inmates of penal institutions, the other referred to the organization of the substance treatment system. The reports also included further recommendations. The Polish report along with the reports of other countries constitutes part of the information booklet on various kinds of substance treatment.

– Another project implemented by the Institute was the project called “Senior citizens addicted to drugs and the care structure”, which includes Austria, Germany, Poland and Great Britain. The project is aimed at estimating the number of drug dependent individuals in older age groups, assessing needs in terms of care and treatment, developing practical recommendations regarding the structure of treatment and rehabilitation both in outpatient and inpatient system. At this stage of research a report has been prepared on the situation in Poland. It contains statistical data and estimations of the number of drug addicted persons aged 35 and older, their socio-demographic characterization and the overview of the outreach system. “Ageing” of the population of drug addicted persons in treatment was identified. They make up 30% of all patients in treatment. The majority are addicted to opiates often used in combination with other substances, mainly benzodiazepines. The overall number in Poland is estimated at 12-14 thousand, out of whom one third is in treatment. The treatment system is not targeted on older drug addicted persons. In the whole country only two programmes offering services for clients over 30 years of age were identified (Instytut Psychiatrii i Neurologii 2008 and Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

### *Trainings and conferences*

– In 2008, similarly to previous years, a training programme for the staff of Basic Health Care (especially general practitioners, family doctors, consultants in infectious diseases, obstetrics, paediatrics and nurses) was conducted.

– In 2008 the Medical Centre for Postgraduate Studies and the Supreme Chamber of Nurses and Midwives in cooperation with other entities conducted trainings for physicians. An overall number of 544 participants were trained. (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

– In order to improve the knowledge and skills of harm reduction professionals 2 trainings were held in harm reduction methods and techniques:

– “Big city – big problem” was addressed to staff of harm reduction programmes for active and dependent drug users.

– “Practical aspects of conducting a syringe exchange programme” was addressed to staff of patient-oriented NGOs, which plan to launch activities of syringe and needle exchange.

Under the above trainings 39 participants were trained (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

– The National Bureau for Drug Prevention along with the State Agency for Solving Alcohol-related Problems held a conference entitled “Psychotherapeutic models in drug rehabilitation”. The conference was addressed to drug therapy specialists.

Moreover, the trainings for future drug specialists and therapists were continued.

– In 2008, 3 training courses were organized for psychologists of correctional institutions and heads of therapeutic wards (120). The training covered such aspects as diagnosing addictions to

psychoactive substances, referring inmates to treatment, motivating for behavioural change, therapy evaluation. Furthermore, the Health Service Office organized a series of trainings (4 for 240 participants) for nurses and physicians.

### 5.3. Description of treated clients and trends of clients in treatment

Due to the state of health and stage of addiction drug dependent patients can use different types of interventions. Patients who are severely dependent (especially to opiates, stimulants, benzodiazepines/barbiturates and mixed substances) usually enter treatment at residential centres. This happens particularly when the patient shows deficiencies in social roles: loses a job, terminates education, has family problems, etc. Patients with better health status and social condition are usually treated at outpatient clinics, for example, elderly people with stable situation who do not reveal any particular deficiencies in social functioning (they have a job, learn or finished education, have permanent place of residence, etc).

Like in other countries in Poland, substitution treatment programmes are addressed to opiate patients for whom drug-free treatment is simply ineffective and total abstinence is unrealistic.

Harm reduction programmes are also designed for opiate addicted persons although for several years they have featured clients dependent on at least two substances (e.g. amphetamine + opiates; painkillers or tranquilizers + opiates; alcohol + opiates).

In Poland it is still the Institute of Psychiatry and Neurology that collects data from the drug treatment system. The Institute keeps independent databases for the residential and ambulatory treatment. The residential system statistical reporting is based on individual statistical questionnaires completed by the patient upon discharge from the centre and on 31 December every year. Each questionnaire is coded. Consequently, it is possible to collect data on the persons not cases (treatment episodes). Residential treatment data are aggregated at the database at the Institute of Psychiatry and Neurology. Therefore it is possible to eliminate double counting of persons who enter treatment several times in a year, sometimes in many facilities. The statistical reporting system from the ambulatory treatment is based on collective reports drawn up by outpatient clinics. In this case it is not possible to avoid double counting of the same individuals.

Simultaneously, the National Focal Point of the National Bureau for Drug Prevention is working on the implementation of the data collection system, compliant with the EMCDDA protocol, on individuals entering treatment. The system is intended to cover all types of drug treatment facilities. The first data under the pilot project (data for the year 2008) collected from 30 facilities are currently being corrected and compiled into one report. At the end of 2009 the first analyses of the above data should be conducted. The results will be incorporated in the next National Report.

#### ● Drug-free residential treatment

Below there are statistical data from the residential treatment, which cover psychiatric facilities, including specialist centres for patients dependent on psychoactive substances.

The latest data on the residential treatment patients come from 2007. They will be presented in comparison to the data from the previous years.

2 indicators were analyzed – the overall number of patients admitted to treatment in 2007 (coming for the first or consecutive time in a lifetime) and the number of first time patients in 2007. The second indicator allows for monitoring changes in the number of new cases, not registered before, which is important information in the context of epidemiological trends in the population. Moreover, the

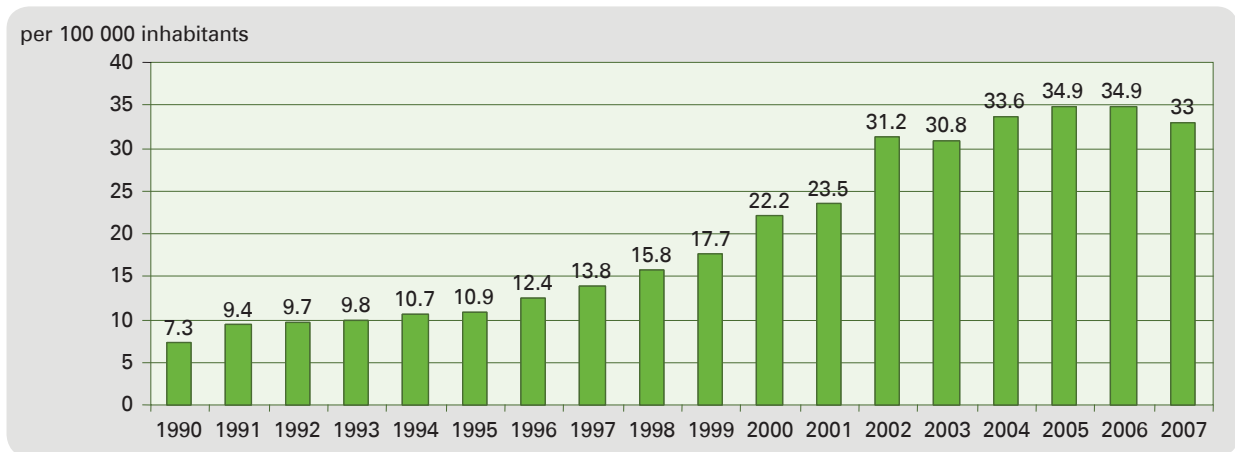


description was complemented with the data on the total number of patients at residential treatment centres in 2007 (including patients treated previously, patients continuing treatment and first timers).

In 2007 the total number of patients in residential treatment stood at 15 125. The number of patients admitted to treatment in 2007 was 12 582. Compared to the previous year there was a continuing and even sharper decrease in the number of users entering treatment in specialist facilities and hospitals (13 198 individuals were admitted to residential centres in 2006).

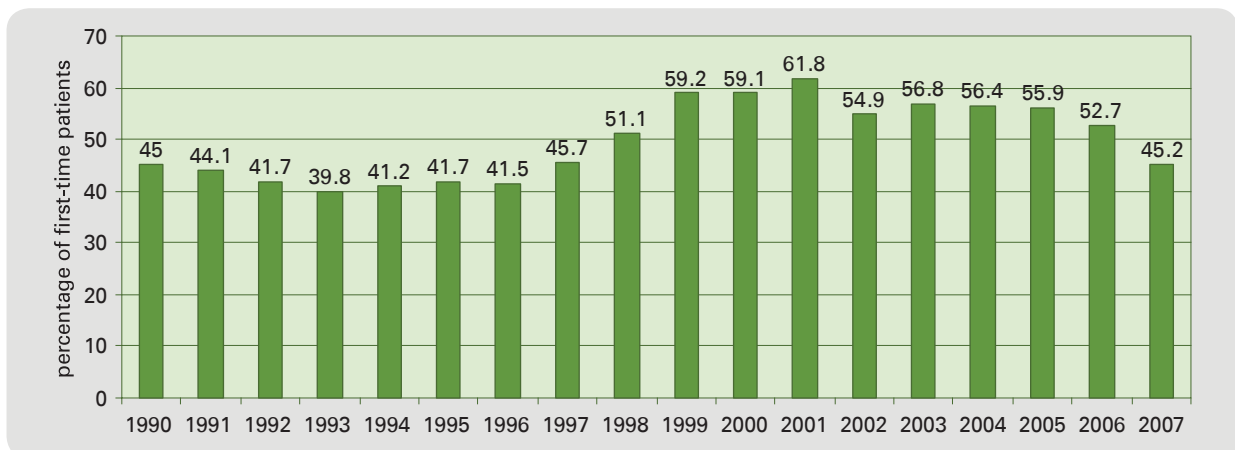
The figure below shows the number of patients admitted to residential treatment per 100 000 inhabitants in 1997-2007. The data reveal an increase in the number of patients admitted to residential treatment since 2005. In 2006 the trend levelled off (the index per 100 000 has the same value in 2005 and 2006). In the following reporting year the index decreased.

**Figure 8. Patients admitted to inpatient treatment in 1990-1996 due to addiction or abuse of medical drugs (ICD-9: 304, 305.2-9) and in 1997-2007 due to mental disorders and behavioural disorders caused by using psychoactive substances (ICD-10: F11-F16, F18, F19) (per 100 000 inhabitants).**



Source: Institute of Psychiatry and Neurology (2009)

**Figure 9. Percentage of first-time patients admitted to inpatient treatment in 1990-1996 due to addiction or abuse of medical drugs (ICD-9: 304, 305.2-9) and in 1997-2007 due to mental disorders and behavioural disorders caused by using psychoactive substances (ICD-10: F11-F16, F18, F19).**



Source: Institute of Psychiatry and Neurology (2009)

In 2007, 5 690 users entered treatment in inpatient clinics for the first time in their lives. The percentage of first-time patients stood at 45.2%. It fell by 4% compared to 2006 and 7.5% compared to 2005. In 2007, unlike 2006, there was a decrease in the number of patients admitted to residential centres and the number of first-timers. It is necessary to continue the monitoring of residential treatment patients and complement the picture with data from another type of facilities in order to determine whether the popularity of the residential treatment or the number of people with a drug problem is falling.

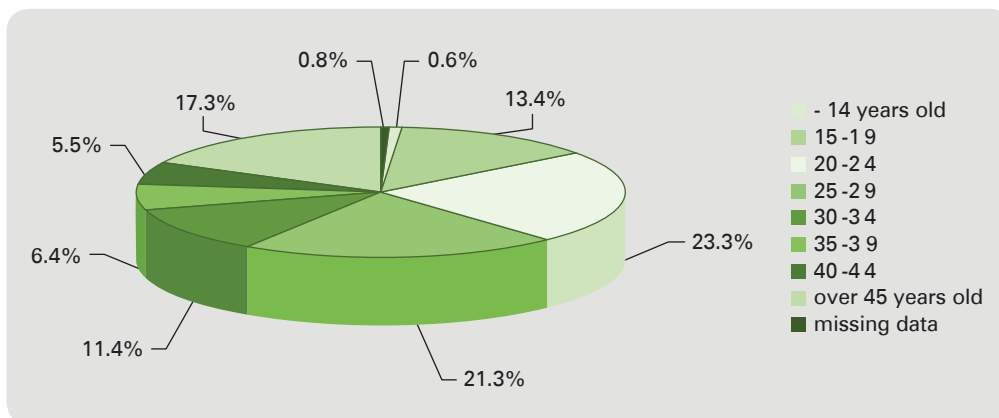
A detailed breakdown is shown in Figure 9.

### ● Gender and age

Among users who entered inpatient drug treatment in 2007 the large majority were men (76.2%). The proportions remain the same in relations to patients who entered treatment in 2007, similarly to previous years the majority were men (75.4%). Among the first-time patients women accounted for 26.6%.

The most numerous group in 2007 were patients aged 20-24 (23.3%) and 25-29 (21.3%). We can observe another rise in the proportion of patients aged 45 and older – in 2007 they accounted for 17.3% of all patients admitted to residential treatment facilities. Compared to 2006 the percentage stood at 15.9% and in 2005 at 13.6%. A detailed age breakdown of patients admitted to treatment in 2007 is presented in Figure 10.

**Figure 10. Patients admitted to inpatient treatment in 2007 due to mental and behavioural disorders caused by using psychoactive substances, by age (percentages of patients (ICD-10: F11-F16, F18, F19) by age groups).**

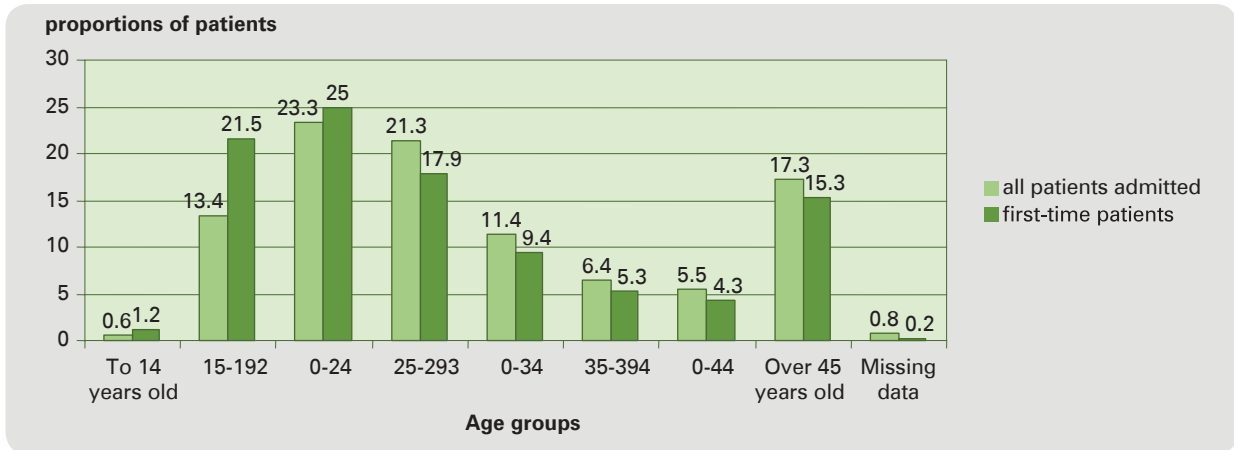


Source: Institute of Psychiatry and Neurology (2009)

The age breakdown of patients admitted to treatment for the first time in 2007 is slightly different from the above description. Among the first timers, compared to the overall number of patients admitted to treatment, there are more patients aged 15-19 (21.5%) and 20-24 (25%), there are fewer patients aged 25-29 (17.9%) and patients aged 45 and older (15.3%). The figure below shows the differences.

Men admitted to residential treatment are far younger than women. In 2007 an average age of men was 29 and 37 for women. Among first-time patients the ratios are similar: 27 for men and 35 for women.

**Figure 11. Percentages of all patients admitted to treatment due to mental and behavioural disorders caused by using psychoactive substances (ICD-10: F11-F16, F18, F19) in 2007 and first-time patients, by age groups**

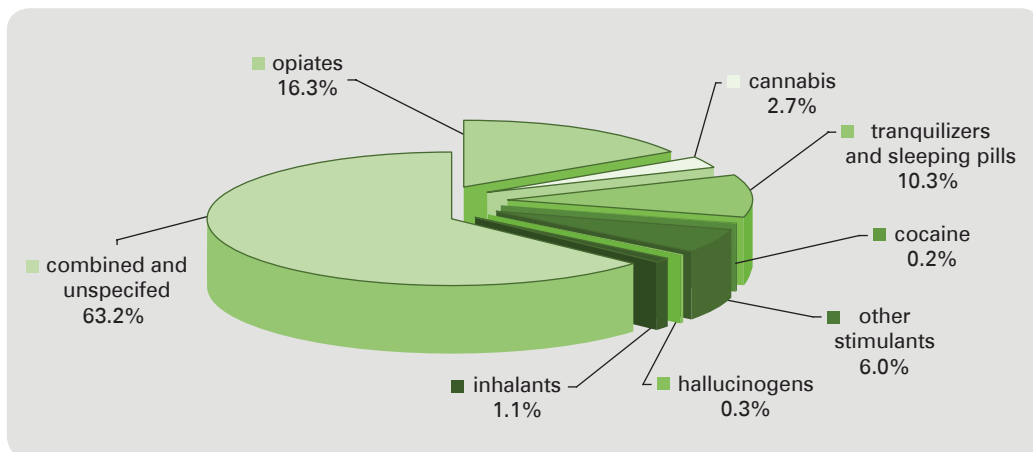


Source: Institute of Psychiatry and Neurology (2009)

### ● Residential treatment patients by substances

Among residential treatment patients in 2007, similarly to previous years, the majority were opiate users (16.3%). One patient in ten also abused tranquilizers and sleeping pills. 6% were diagnosed with addiction to other stimulants. In 2007, similarly to 2006, there were few users of cannabis (2.7%), inhalants (1.1%) and hallucinogens (0.3%). A very small percentage was made up by cocaine users (0.2%). These data do not reflect the full picture of drug treatment admissions as 63.2% of patients fall into the category “other and mixed” (F19 diagnosis). The existing system does not allow for verifying which substances are used by F19 patients. The specific data are shown in Figure 12.

**Figure 12. Patients admitted to residential treatment in 2007 due to mental and behavioural disorders caused by using psychoactive substances (ICD-10: F11-F16, F18, F19), by substance.**



Source: Institute of Psychiatry and Neurology (2009)

Comparing data of 2007 and 2006 slight changes can be noticed in treatment demand indicator due to the drug problem. The latest data confirm the trends outlined in the previous National Reports. There is a further, however slight, fall in the percentage of opiate users in residential treatment patients (by nearly 1% compared to 2006). Once again an increase of 3.1% in the group mixed and other was recorded compared to 2006. 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 whether 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 fifth consecutive year (2003-2007) this percentage did not exceed 3%.

A detailed breakdown, including data since 1997, is shown in Table 9.

**Table 9. Percentage of patients admitted to residential treatment in 1997-2007 due to mental and behavioural disorders caused by using psychoactive substances (ICD 10: F11-F16, F18, F19), by substance.**

	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
2007	16.3	2.7	10.3	0.2	6.0	0.3	1.1	63.2

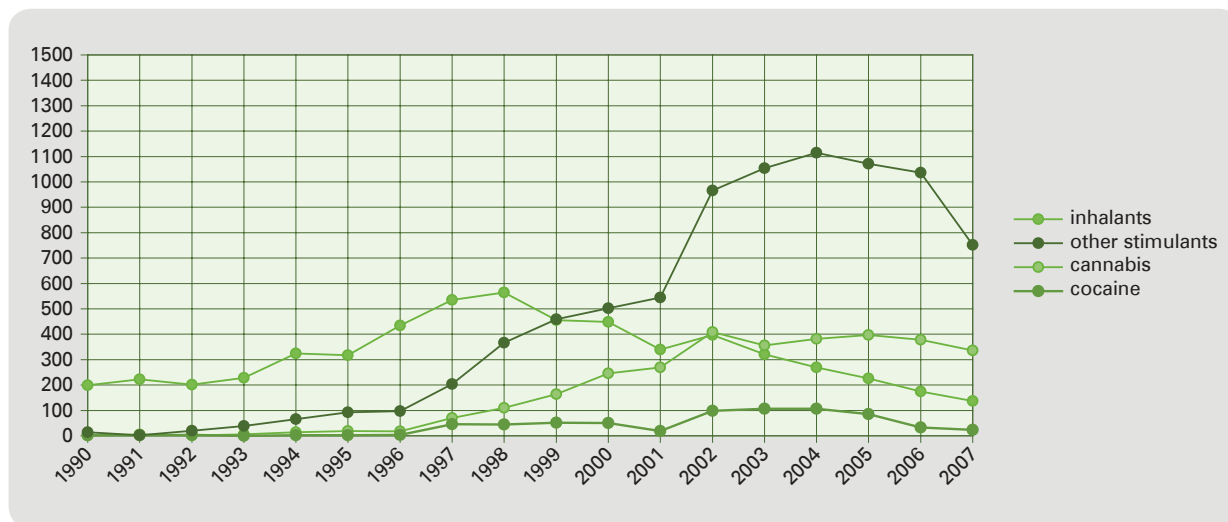
Source: Institute of Psychiatry and Neurology (2009)

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 13 indicates, there has been a fall in the number of users of cannabis, inhalants, stimulants and cocaine. The percentage of users in treatment due to the above substances is also falling (although the changes are minimal as the above table shows). Figure 13 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 at these facilities.

Among the first-time patients of residential clinics in 2007, the percentages of users of respective substances are similar, just as in all patients admitted to treatment. The most numerous group were F19 patients (64.3%). 12% of the first-time patients reported problems related to using opiates (the percentage is lower compared to all patients admitted), every tenth patient had problems with using tranquilizers and sleeping pills. Higher percentages of patients with cannabis and stimulants-related

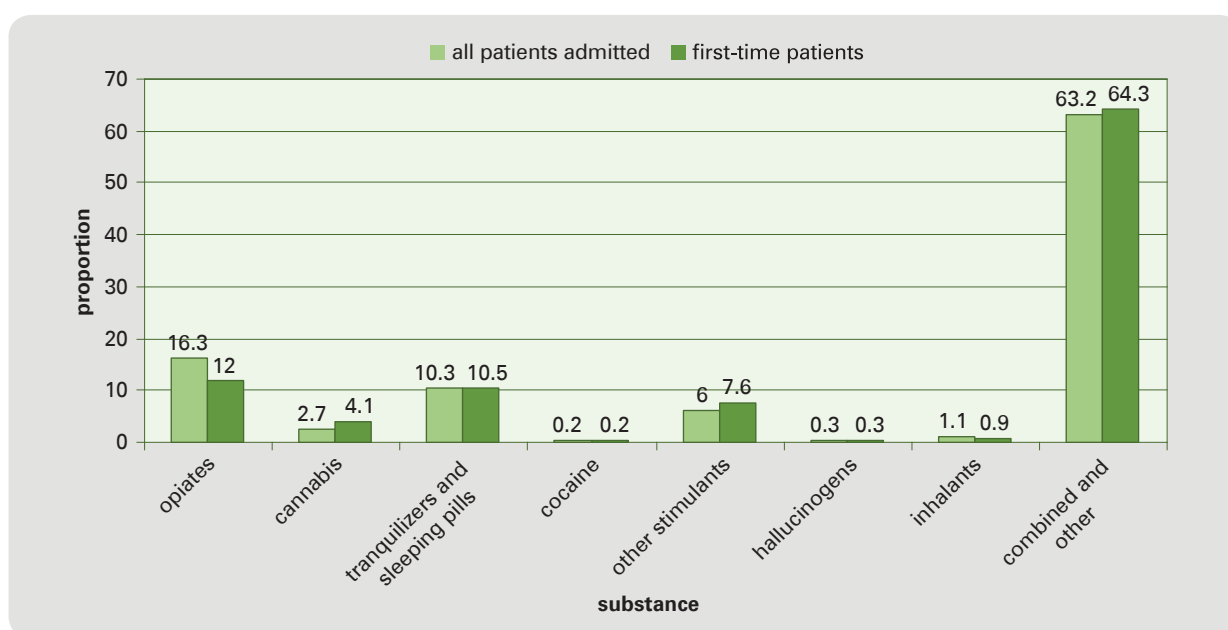
problems were recorded in first-time patients than all patients admitted to treatment. A detailed breakdown of data on the first-time patients and all patients admitted to treatment in 2007 is presented in the figure below.

**Figure 13. Patients admitted to inpatient treatment in 1990-2007 due to mental and behavioral disorders caused by using psychoactive substances (ICD-10: F11-F16, F18, F19) – selected substances (numbers of patients).**



Source: Institute of Psychiatry and Neurology (2009)

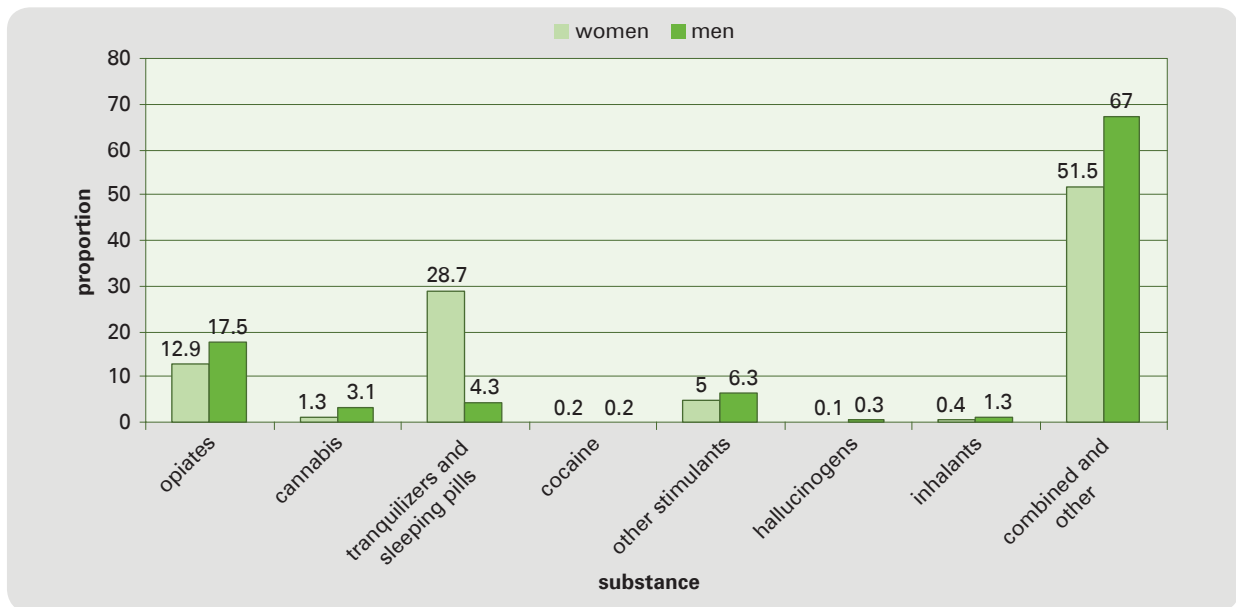
**Figure 14. Percentage of all patients admitted to treatment due to mental and behavioural disorders caused by using psychoactive substances (ICD-10: F11-F16, F18, F19) in 2007 as well as first-time patients, by substance.**



Source: Institute of Psychiatry and Neurology (2009)

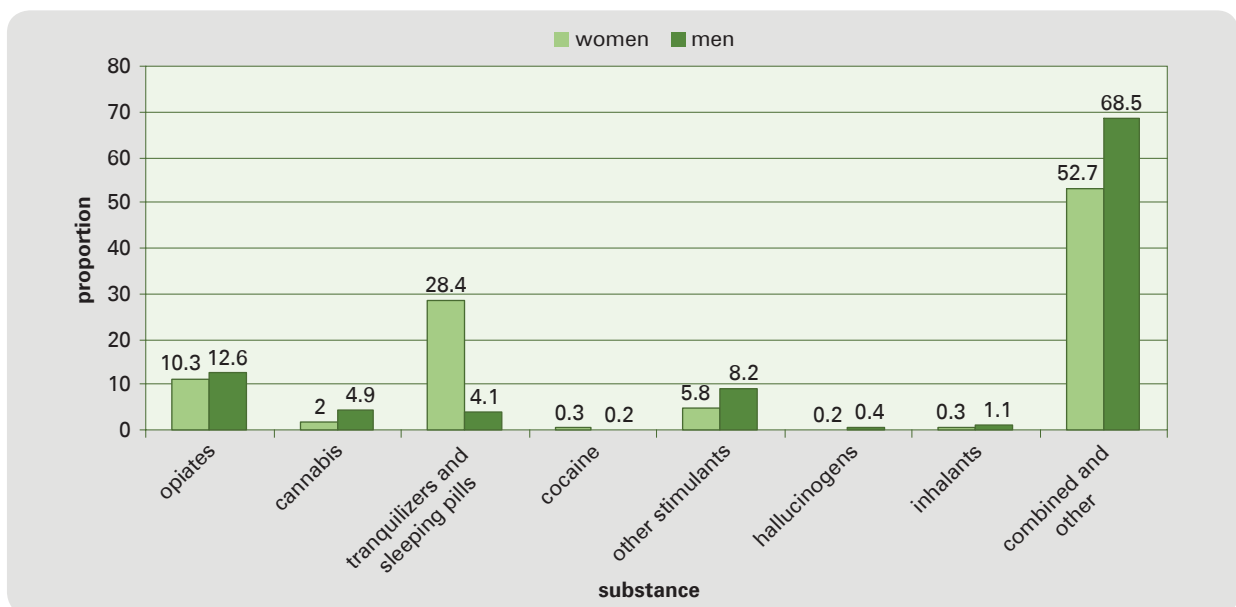
Both among all patients admitted to residential treatment centres and the first timers we can observe a difference regarding proportions of women and men using respective substance (Figure 15 and Figure 16).

**Figure 15. Percentages of all women and men admitted to treatment due to mental and behavioural disorders caused by using psychoactive substances (ICD-10: F11-F16, F18, F19) in 2007, by substance.**



Source: Institute of Psychiatry and Neurology (2009)

**Figure 16. Percentages of women and men admitted to treatment due to mental and behavioural disorders caused by using psychoactive substances (ICD-10: F11-F16, F18, F19) for the first time in a lifetime in 2007, by substance.**



Source: Institute of Psychiatry and Neurology (2009)

As the above figures show, half of all women admitted to treatment and first-time patients have problems related to polydrug use. This problem affects almost 70% of men. The figures show that the higher percentage of men than women has problems with using stimulants and opiates. Simultaneously, far more women than men are treated due to the use of tranquilizers and sleeping pills. The data show a slightly different demand for treatment in men and women. The treatment offer should be diverse.

### ● Pattern of use

Statistical data both from residential and ambulatory clinics do not contain 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. The 2008 data collected under the pilot project from approx. 30 facilities are currently being compiled into a dataset; the errors are being corrected. At the end of 2009, the first analyses of these data should be conducted. The results will be included in the next edition of the National Report.

### ● Ambulatory treatment

Similarly to previous years, the majority of drug patients received treatment at drug prevention, treatment and rehabilitation outpatient clinics. There were 24 954 patients in total, including 10 666 first-time patients. In 2007 at mental health counselling centres, mental health counselling centres for children and adolescents, alcohol rehabilitation outpatient clinics and drug prevention, treatment and rehabilitation outpatient clinics 36 298 were treated in total, including 14 969 first timers.

In 2007 mental health counselling centres admitted 5 425 patients due to disorders caused by using psychoactive substances (F11-F19), including 1 856 first-time patients. Mental health counselling centres for children and adolescents admitted 1 148 drug problem patients, including 326 first timers. Alcohol rehab outpatient clinics admitted 4 771 patients due to disorders caused by using drugs (including 2 121 first-time patients).

**Table 10. Number of patients of mental health counselling centres, mental health counselling centres for children and adolescents, alcohol rehabilitation outpatient clinics and drug prevention, treatment and rehabilitation outpatient clinics – due to disorders caused by using psychoactive substances (F11-F19) in 2005 – 2007.**

	Total number of patients	First-time patients
2005	38 443	16 909
2006	32 109	14 310
2007	36 298	14 969

Source: National Bureau for Drug Prevention and Institute of Psychiatry and Neurology, 2008.

Analyzing the above data one can observe fluctuations in the number of patients entering ambulatory drug treatment in the last 3 years. It is interesting that in 2007 compared to 2006 there was a fall in the proportion of patients of drug prevention treatment and rehabilitation outpatient clinics compared to

the other types of outpatient clinics. In 2006 approx. 80% of F11-F19 patients were treated at drug outpatient clinics whereas in the reporting year the proportion stood at 69%. In 2007 day care and environmental treatment facilities admitted 808 patients with psychoactive substance-related disorders, including 601 men. 275 drug users found their way to such facilities for the first time (Instytut Psychiatrii i Neurologii 2008).

In 2007, psychoactive substance therapy centres admitted 29 847 patients, including 20 382 men and 9 465 women. 4 994 patients were aged 18 and younger and 11 239 were older than 30 (Instytut Psychiatrii i Neurologii 2008).

### ● **Harm reduction programmes (for drug dependent persons)**

In 2008, harm reduction programmes commissioned by the National Bureau for Drug Prevention provided services for the total number of 4 600 users. Among them there were 103 individuals aged 19 and younger. There were 701 first-time beneficiaries, who had not used this type of outreach before. Only 203 individuals (approx. 5%) had a job and 144 (approx. 3%) were school or college students. The vast majority of the programme participants (approx. 85%) were diagnosed with addiction. Approx. 7% were characterized by the programme implementers as harmful users (Krajowe Biuro ds. Przeciwdziałania Narkomanii, 2009).

A growing problem of using synthetic substances by not injecting calls for educational and motivational activities for drug dependent persons and makes it necessary to modify programmes aimed exclusively at exchanging injecting equipment.

For more information on harm reduction programmes see Chapter 7 “Response to health correlates and consequences”.

### ● **Substitution treatment**

In 2008 there were 20 substitution treatment programmes operating in Poland (in 16 non-prison programmes and 4 prison ones). Out of 1522 substitution treatment patients in 2008 there were 405 women.

Substitution treatment patients are heavily addicted. They frequently suffer from somatic diseases (including HCV, HBV, HIV/AIDS, thrombophlebitis, general poor health). However, patients are motivated for treatment to a lesser or greater extent. Their number is stable with a clear upward trends emerging. In Poland the main substitution drug is methadone.

### ● **Drug treatment in penal institutions**

In 2008 in organizational units of the Prison Service 6-month structured drug-free therapy programmes were conducted. The programme goals were extended and included abstinence and relapse prevention. The programmes were based on the model of psycho-social interventions and the social learning method. They also featured elements of the Minnesota model, the therapeutic community model and cognitive-behavioural interventions. The programmes were conducted in 15 therapeutic wards (including one for women), which offered 549 beds (513 in 2007) (Krajowe Biuro ds. Przeciwdziałania



Narkomanii 2009). The programmes included 1 534 inmates: 1 419 men and 115 women (Majcherczyk Central Management Board of Prison Service, personal communication). 1 500 inmates had completed the therapy by the end of 2008. As on 31 December 2008, 1 243 were on the waiting list to start the therapy at drug therapeutic wards. The waiting period lasts 13 months (Strzelecka Health Care Office of Central Management of Prison Service, personal communication). The Central Management of Prison Service does not have profile lists of patients in treatment; however, for the EMCCDA reporting purposes it is capable of collecting extended data on inmates treated in therapeutic programmes as of next year.

One of the programmes co-financed by the National Bureau in 2008 was the harm reduction programme for female inmates of the “Ruszcza” penal institution in Kraków. The intervention included 212 inmates. Major psychoactive substances (excluding alcohol) were: cannabis (174 participants), amphetamine (165 participants), ecstasy (116 participants), opiates (88 participants), LSD (67 participants), cocaine (22 participants), tranquilizers/sleeping pills (21 participants), hallucinogenic mushrooms (19 participants). The majority of inmates used at least 2 drugs (“Parasol” Social Prevention Centre, 2009).

The studies conducted in Polish prisons show that 30% of inmates had contact with drugs (Strzelecka, H., BSZCZSW, personal communication based on the research of prof. dr hab. Teodor Szymanowski 2006/07). The 2007 prison studies confirmed that in prisons there are injecting drug users (injecting drugs on the premises) who share needles and syringes, which is extremely risky in terms of HIV. According to the study, out of 26 HIV-positive inmates, 13 admitted to at least a single episode of injecting a drug (Centralny Zarząd Służby Więziennej 2007)

For more information see Chapter 9.5. Responses to drug-related health issues in prisons; prevention and reduction of drug-related harm.

In all types of treatment we have been observing for a few years a decrease in the number of patients addicted to one substance with the simultaneous rise in the number of polydrug patients. The most frequent combinations include cannabis and alcohol; amphetamine and cannabis; opiates and benzodiazepines or painkillers (e.g. tramal); opiates and amphetamine.

## 6. Health correlates and consequences

*prepared by Marta Struzik, Artur Malczewski*

### Introduction

The information at the national level on HIV infection and AIDS cases related to injecting drug use is obtained through the reports sent to the National Institute of Public Health – National Institute of Hygiene by the provincial Sanitary and Epidemiological Stations (SANEPID) under the system of collective reporting the cases of infectious diseases.

In Poland the system of treating patient with dual diagnosis is based on psychiatric treatment facilities and substance rehabilitation clinics. Epidemiological information on patients with dual diagnosis, along with data on the scale of co-morbidity, is estimated on the basis of statistical records on patients admitted to psychiatric residential treatment in a given year. The above information is collected annually by the Institute of Psychiatry and Neurology in Warsaw. The estimations are burdened with significant error due to the fact that data come solely from residential facilities. Consequently, diagnosing co-morbidity still remains difficult or is not reported on a regular basis.

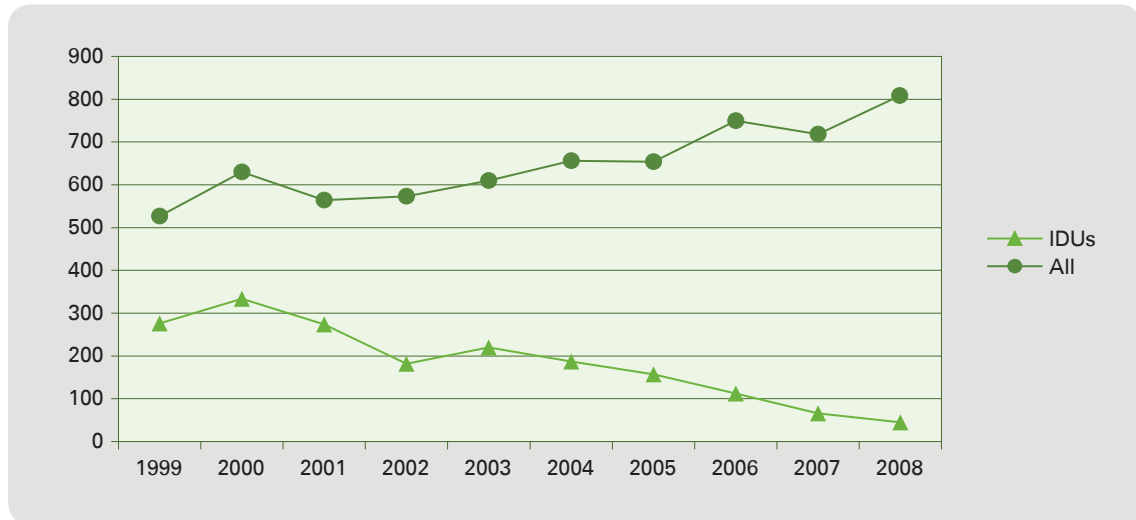
The source of information on drug-related deaths is the database established by the Central Statistical Office. Deaths are selected according to the national definition, which includes the following ICD-10 codes: F11-12, F14-16, F19, X42, X44, X62, X64, Y12 i Y14.

## 6.1. Drug-related infectious diseases

Between 1985, i.e. the moment of introducing in Poland the routine epidemiological supervision system over HIV/AIDS and the end of 2008, 12 065 HIV infections were recorded. Out of these infections 5 592 (46%) were injecting drug users (IDUs), including 4 188 (75%) men and 1 352 (24%) women. In the above period there were 2 189 AIDS cases recorded. Out of these 1 112 (51%) were IDUs, including 877 (79%) and 235 (21%) women.

The IDU-induced HIV infection analysis for 2003-2008 shows continuation of the downward trend. In 2006 112 new HIV infections among IDUs were recorded, whereas in 2007 there were 66 such cases and 45 in 2008. However, the data might be underestimated due to the high percentage of HIV infections without the infection route specified.

Figure 17. New HIV infections, including injecting drug users in 1999-2008 (by date of detection).

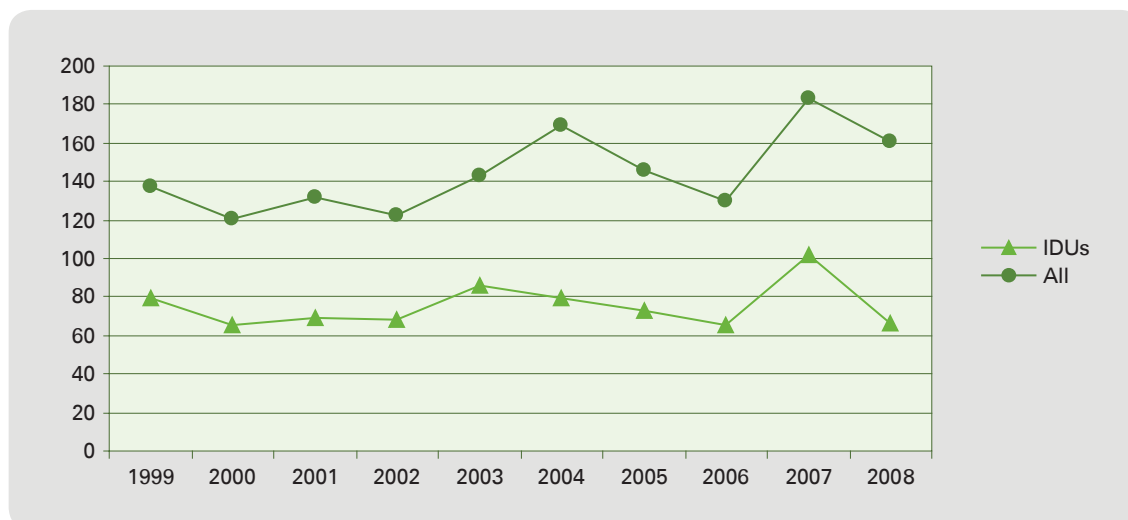


Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department)

AIDS morbidity among IDUs showed a downward trend in 2003-2006. The number of new AIDS cases fell from 86 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). In 2008, 161 AIDS cases were recorded in total, including 66 among IDUs. The 2008 data show an upward trend in total morbidity compared to 2006. Simultaneously, morbidity rates among IDUs leveled off assuming that the 2007 rise was just a temporary fluctuation of the trend.

In 2008, 809 HIV infections were recorded, including 45 (6%) related to IDUs. However, the likelihood of data being underestimated must be stressed as in 647 new HIV infections (80%) in 2008 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.

**Figure 18. New AIDS cases, including injecting drug users in 1999 – 2008 (by date of detection).**

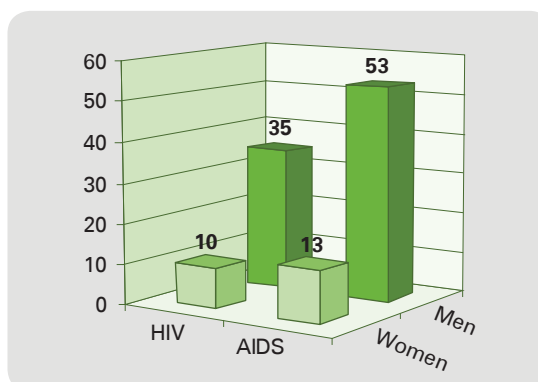


Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department)

New AIDS cases in 2008 concerned 66 IDUs, which accounts for 41% of all AIDS cases in the reporting year. No data as to the likely transmission route concern 41 cases (25%).

Among HIV-positive IDUs in 2008 there were 35 (78%) men and 10 (22%) women. Newly registered AIDS cases among IDUs in 2008 referred to 53 (80%) men and 13 (20%) women.

**Figure 19. HIV infections and AIDS cases among IDUs in 2008 by gender.**



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

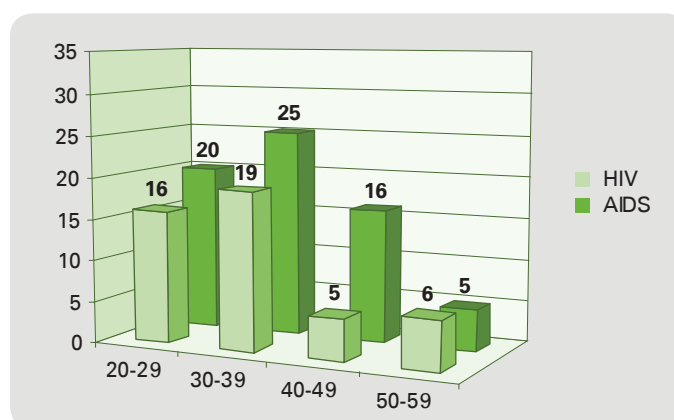
In 2008 among HIV-positive IDUs the most numerous group were persons aged 30-39 (19 persons, 42%), then came 20-29-year-olds (16 persons, 36%), 50-59 (5 persons, 11%), 40-49 (5 persons, 11%).

In 2008 out of the reported new AIDS cases in IDUs the most numerous group were persons aged 30-39 (25 persons, 38%), then 20-29-year-olds (20 persons, 30%), 40-49 (16 persons, 24%) and 50-59 (5 persons, 8%).

In Poland in 2004-2008 there was a steady fall in HIV infections among IDUs per 100 thousand inhabitants. The number of new HIV infections varies depending on a province. In 2004-2007 the highest indicators were recorded in dolnośląskie, łódzkie and warmińsko-mazurskie provinces. In 2008 the highest indicators were also recorded in dolnośląskie, łódzkie and warmińsko-mazurskie provinces;

however, they show the trend getting stable or falling compared to 2007. The fewest cases in 2004-2007 were recorded in świętokrzyskie, lubelskie and podkarpackie provinces. In 2008 in the above provinces there was no new case of infection recorded as in opolskie and zachodniopomorskie provinces.

**Figure 20. New HIV infections and AIDS cases among IDUs in 2008 by age group.**



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

**Table 11. Number of new HIV infections in IDUs in 2004-2008 (rate per 100 thousand inhabitants) (infections registered according to place of residence).**

Province	2004		2005		2006		2007		2008	
	number	rate	number	rate	number	rate	number	rate	number	rate
dolnośląskie	59	2.04	49	1.70	32	1.11	15	0.52	15	0.52
kujawsko-pomorskie	5	0.24	6	0.29	4	0.19	3	0.15	2	0.10
lubelskie	1	0.05	1	0.05	1	0.05	2	0.09	0	0.00
lubuskie	2	0.20	4	0.40	1	0.10	1	0.10	1	0.10
łódzkie	30	1.16	18	0.70	14	0.55	8	0.31	7	0.27
małopolskie	2	0.06	3	0.09	7	0.21	2	0.06	1	0.03
mazowieckie	11	0.21	9	0.17	4	0.08	2	0.04	3	0.06
opolskie	6	0.57	1	0.10	3	0.29	0	0.00	0	0.00
podkarpackie	2	0.10	3	0.14	1	0.05	0	0.00	0	0.00
podlaskie	5	0.42	3	0.25	1	0.08	1	0.08	1	0.08
pomorskie	5	0.23	9	0.41	3	0.14	4	0.18	1	0.05
śląskie	10	0.21	3	0.06	1	0.02	5	0.11	6	0.13
świętokrzyskie	2	0.16	0	0.00	0	0.00	0	0.00	0	0.00
warmińsko-mazurskie	7	0.49	12	0.84	10	0.70	7	0.49	4	0.28
wielkopolskie	8	0.24	4	0.12	5	0.15	3	0.09	2	0.06
zachodniopomorskie	3	0.18	3	0.18	2	0.12	3	0.18	0	0.00
<b>POLAND</b>	<b>187</b>	<b>0.49</b>	<b>157</b>	<b>0.41</b>	<b>112</b>	<b>0.29</b>	<b>66</b>	<b>0.17</b>	<b>45</b>	<b>0.12</b>

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

Rates of new AIDS cases in IDUs in 2004-2007 showed fluctuations of the trend. The 2008 data showed that from 2007 the downward trend was continued. In 2004-2007 the highest morbidity rates were recorded in dolnośląskie, kujawsko – pomorskie and podlaskie provinces. In 2008 the highest morbidity rates were recorded in dolnośląskie and podlaskie provinces but also in warmińsko-mazurskie and lubuskie provinces. In 2004-2007 the lowest rates were recorded in podkarpackie and świętokrzyskie provinces. In 2008, the lowest rates were recorded in the provinces of wielkopolskie, podkarpackie, lubelskie, kujawsko-pomorskie, świętokrzyskie, mazowieckie, łódzkie, małopolskie and pomorskie.

**Table 12. Numbers of new AIDS cases in IDUs in 2004-2008 (rates per 100 thousand inhabitants) (infections registered according to place of residence).**

Province	2004		2005		2006		2007		2008	
	number	rate	number	rate	number	rate	number	rate	number	rate
dolnośląskie	22	0.76	42	1.45	20	0.69	43	1.49	28	0.97
kujawsko-pomorskie	9	0.44	3	0.15	8	0.39	2	0.10	1	0.05
lubelskie	4	0.18	2	0.09	4	0.18	4	0.18	1	0.05
lubuskie	2	0.20	1	0.10	0	0.00	6	0.59	2	0.20
łódzkie	5	0.19	5	0.19	3	0.12	6	0.23	2	0.08
małopolskie	3	0.09	2	0.06	2	0.06	2	0.06	3	0.09
mazowieckie	4	0.08	3	0.06	0	0.00	4	0.08	4	0.08
opolskie	4	0.38	1	0.10	1	0.10	2	0.19	1	0.10
podkarpackie	2	0.10	0	0.00	0	0.00	0	0.00	1	0.05
podlaskie	3	0.25	3	0.25	4	0.33	4	0.34	4	0.34
pomorskie	3	0.14	2	0.09	5	0.23	6	0.27	2	0.09
śląskie	11	0.23	1	0.02	6	0.13	8	0.17	8	0.17
świętokrzyskie	0	0.00	1	0.08	0	0.00	1	0.08	1	0.08
warmińsko-mazurskie	2	0.14	2	0.14	4	0.28	8	0.56	5	0.35
wielkopolskie	3	0.09	4	0.12	5	0.15	5	0.15	1	0.03
zachodniopomorskie	2	0.12	0	0.00	2	0.12	1	0.06	2	0.12
POLSKA	79	0.21	73	0.19	65	0.17	102	0.27	66	0.17

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

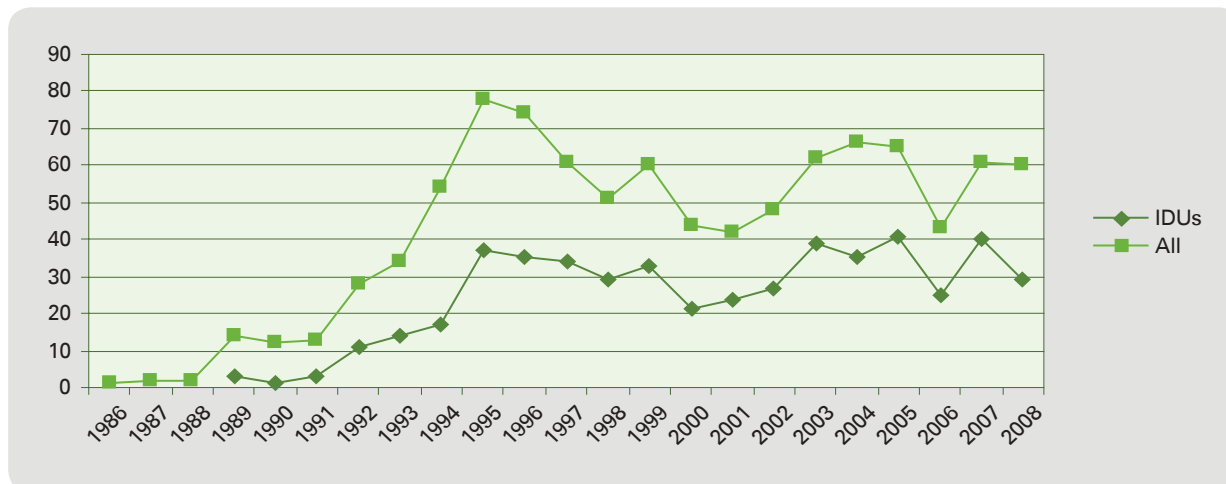
According to the statistics kept since 1986 by 31 March 2009, 975 AIDS-related deaths were recorded, including 498 (51%) in IDUs.

The monitoring of morbidity trends in AIDS-positive IDUs reveals that the deaths were related to 415 (83%) men and 85 (17%) women.

In 2008 there were 60 deaths of AIDS-positive individuals, including 29 (48%) in IDUs. The highest mortality rate in AIDS-positive IDUs referred to persons aged 30-39 (11 persons), then 40-49 (8 persons), and 20-29 (8 persons) and 50-59 (2 persons).

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 and morbidity reporting it is expected that the figures will change.

**Figure 21. Numbers of AIDS-related deaths recorded in Poland by 31 March 2009, including IDUs, by date of death.**



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

In 2008 the research project concerning the prevalence estimation of infectious diseases (HBV, HCV and HIV) in IDUs was launched. The project is being conducted by the National Institute of Public Health - National Institute of Hygiene upon commission of the National Bureau for Drug Prevention. The result will be available in 2009.

Every year the National Institute of Public Health - National Institute of Hygiene conducts a study in HIV testing laboratories. The data help to determine the prevalence of HIV among injecting drug users. At the time of compiling this report the results for 2008 concerning 65% of the facilities were available. The number of IDUs who were tested for HIV stood at 1 713, including 158 positive results. The prevalence rate stood at 9.2%.

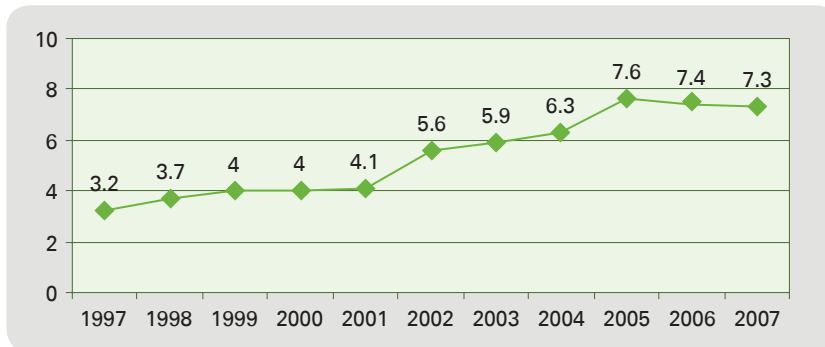
Moreover, the data of the National Institute of Public Health - National Institute of Hygiene show that in 2008 there were 1 075 cases of chronic HBV.

## 6.2. Other drug-related health correlates and consequences

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 22). 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%. Following 2005 the upward trend was stopped. In 2006 the percentage of patients with dual diagnosis admitted to inpatient psychiatric treatment stood at 7.4% whereas in 2007 it reached 7.3%.

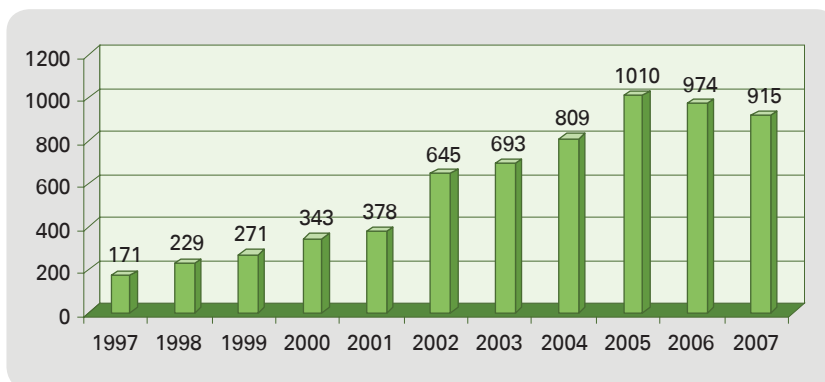
Between 1997 and 2005 the number of hospitalized patients with dual diagnosis rose from 171 in 1997 to 1010 in 2005. In 2006, 974 patients with dual diagnosis were admitted, which constitutes a fall of 36 patients compared to 2005. In 2007, 915 dually diagnosed patients were registered (fall of 59 compared to 2006).

**Figure 22. Patients with dual diagnosis in all admissions to inpatient psychiatric treatment in 1997-2007 (percentages of patients).**



Source: Institute of Psychiatry and Neurology (2009)

**Figure 23. Total number of patients with dual diagnosis admitted to inpatient psychiatric treatment in 1997-2007.**



Source: Institute of Psychiatry and Neurology (2009)

Table 13 shows statistical figures on patients with dual diagnosis admitted to inpatient psychiatric treatment.

**Table 13. Percentages of patients with drug problems admitted to inpatient psychiatric treatment between 1997 and 2007, according to ICD-10 and the total number of patients.**

ICD-10 diagnosis	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Personality disorders	46%	32%	48%	37%	39%	50%	39%	39%	33%	26%	24%
Depression	7%	7%	7%	9%	5%	4%	5%	7%	5%	8%	9%
Other affective disorders	5%	5%	0	2%	1%	2%	2%	2%	1%	2%	2%
Anxiety disorders	0	5%	8%	6%	5%	6%	7%	7%	7%	6%	7%
Other mental disorders	42%	51%	37%	46%	50%	38%	47%	45%	54%	58%	58%
Total number of patients with dual diagnosis	171	229	271	343	378	645	693	809	1010	974	915

Source: Institute of Psychiatry and Neurology (2009)

At inpatient psychiatric clinics in Poland in 2007 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 (24%). Moreover, the patients showed symptoms of depression (9%), anxiety disorders (7%), and other affective disorders (2%).

**Table 14. Percentages of patients with dual diagnosis admitted to inpatient psychiatric treatment in 2007, by addiction.**

Addiction	No dual diagnosis	Personality disorders	Depression	Other affective disorders	Anxiety disorders	Other mental disorders
Opiates	98.4	0.4	0.1	0.0	0.1	1.0
Cannabis	94.3	1.5	0.3	0.3	0.0	3.6
Tranquilizers and sleeping pills	88.9	1.8	1.0	0.6	3.1	4.6
Cocaine	100.0	0.0	0.0	0.0	0.0	0.0
Amphetamines	95.9	1.3	0.1	0.0	0.0	2.7
Hallucinogens	81.2	0.0	0.0	0.0	0.0	18.8
Inhalants	92.7	2.9	0.0	0.0	0.0	4.4
Poly-drug addiction	91.5	2.1	0.8	0.1	0.3	5.2

Source: Institute of Psychiatry and Neurology (2009)

In patients diagnosed with addiction, admitted to inpatient treatment, the highest rate of comorbidity was found in users addicted to hallucinogens (dual diagnosis referred to 18.8% of cases) and tranquilizers and sleeping pills (dual diagnosis referred to 11.1% of cases). The lowest rate of dual diagnosis referred to cocaine users (no patients with dual diagnosis) and opiate users (1.6% of patients with dual diagnosis). Personality disorders were more frequently observed in inhalants users (2.9%) while there was a relatively considerable percentage of poly-drug addiction (2.1%). Depression or anxiety disorders were most often diagnosed in patients addicted to tranquilizers and sleeping pills (1% and 2.8% respectively). A substantial percentage of patients addicted to hallucinogens, medicines, inhalants, cannabis and poly-drug users manifested other mental disorders.

### 6.3. Drug-related deaths and mortality of drug users

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

The above-mentioned 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 9<sup>th</sup> revision was used and since 1997 data have been codified in compliance with ICD 10<sup>th</sup> revision. The basic limitation for obtaining information about drug-related deaths is 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 direct and secondary cause of death, which would make the Polish register meet the Eurostat requirements. In view of the above, national definitions are developed and applied independently by countries basing on



the EMCDDA recommendations. In 2005, codes that form the national definition of drug-related deaths were chosen. The following codes were selected from the general ICD database: F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14. The Polish definition of drug-related deaths was elaborated basing on Selection B of the EMCDDA protocol as well as on the basis of the national methodology used previously.

Data in Table 15 show a stable trend in the number of drug-related deaths in Poland in recent years. 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 10<sup>th</sup> ICD revision came into force. Changes to the coding might 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) was observed return in 2006 (241 deaths) to the similar level as in 2004 (231 deaths). In 2007, 214 drug-deaths were registered and it is the lowest figure in the last 11 years. In Europe 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 2007, of all the people who overdosed 36% were women. The average age of a victim is relatively high and stands at 46, which is 11 years more than the European average. The youngest person who fatally overdosed drugs in Poland in 2007 was 14 years old, similarly as in 2005 and 2006. In cases when a specific type of substance was given as primary cause of the fatal poisoning, the largest number concerned opiates – 7 users. There were also two deaths caused by using cocaine (F14) and two or several substances (F19) and one death caused by hallucinogenic substances (F16). The average age of a heroin overdose victims in Poland was 47.

**Table 15. Deaths of drug overdose in 1987 – 2007.**

Year	Number	Death rate per 100 thousand
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
2007	214	0.53

Source: NFP-processed data of Central Statistical Office

## ● Territorial variations

If we have a look at the number of drug-related deaths in 2007 with a breakdown into provinces (see Table 16) we will notice that the most fatal drug overdoses took place in mazowieckie province. The other provinces included śląskie, łódzkie and pomorskie. In the remaining provinces the number of deaths did not exceed 20 annually. The fewest deaths, (not more than 5) were recorded in lubelskie, podkarpackie and małopolskie provinces. These are regions of low reporting to residential treatment figures. In the case of podkarpackie and lubelskie provinces there is also a low drug-related crime rate. In opolskie province not a single drug-related death was recorded. Since 2005 we have been observing a steady fall of drug-related deaths in Poland. A similar trend was noted in three provinces: dolnośląskie, lubelskie and śląskie. A reverse trend i.e. a rise, albeit not so dynamic, was observed in pomorskie province.

**Table 16. Deaths due to drug overdose (by national definition: F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14) in 2004 – 2007, by province.**

Province	Number of deaths according to national definition			
	2004	2005	2006	2007
Dolnośląskie	18	33	17	9
Kujawsko-pomorskie	14	19	13	13
Lubelskie	9	9	7	4
Lubuskie	8	6	8	9
Łódzkie	19	23	34	25
Małopolskie	3	5	10	5
Mazowieckie	47	61	37	46
Opolskie	4	5	3	0
Podkarpackie	4	4	9	4
Podlaskie	4	13	7	7
Pomorskie	13	17	20	21
Śląskie	48	44	38	26
Świętokrzyskie	4	3	6	7
Warmińsko-mazurskie	6	9	4	10
Wielkopolskie	13	17	19	13
Zachodniopomorskie	17	22	9	15
Poland	231	290	241	214

Source: NFP-processed data of Central Statistical Office

A more accurate indicator, other than the absolute number of drug-related deaths in a province, is the death rate per 100 000 (Table 17). This way we avoid distortions caused by differences in the populations of respective regions of Poland. Comparing the above data we

notice the highest drug-related death rate was in łódzkie province (0.98) and pomorskie (0.95). These two provinces had the highest rate in 2006. The rate of 0.89 per 100 000 inhabitants was recorded in lubuskie, zachodniopomorskie and mazowieckie provinces. Similarly to absolute numbers, lower rates were recorded in lubelskie, podkarpackie and małopolskie provinces.

**Table 17. Deaths due to drug overdose (by national definition: F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14) in 2004 – 2007, by province – death rates per 100 000 inhabitants.**

Province	Death rate per 100 000 in respective years:			
	2004	2005	2006	2007
Dolnośląskie	0.62	1.14	0.59	0.31
Kujawsko-pomorskie	0.68	0.92	0.63	0.63
Lubelskie	0.41	0.41	0.32	0.18
Lubuskie	0.79	0.59	0.79	0.89
Łódzkie	0.73	0.89	1.32	0.98
Małopolskie	0.09	0.15	0.31	0.15
Mazowieckie	0.91	1.18	0.72	0.89
Opolskie	0.38	0.48	0.29	0.00
Podkarpackie	0.19	0.19	0.43	0.19
Podlaskie	0.33	1.08	0.59	0.59
Pomorskie	0.59	0.77	0.91	0.95
Śląskie	1.02	0.94	0.81	0.56
Świętokrzyskie	0.31	0.23	0.47	0.55
Warmińsko-mazurskie	0.42	0.63	0.28	0.70
Wielkopolskie	0.39	0.5	0.56	0.38
Zachodniopomorskie	1	1.3	0.53	0.89
POLAND	0.61	0.76	0.63	0.56

Source: NFP-processed data of Central Statistical Office

## 7. Responses to health correlates and consequences

*prepared by Dawid Chojecki, Artur Malczewski, Łukasz Jędruszak*

### Introduction

Harm reduction programme has been conducted in Poland since 1996. However, needle and syringe exchange programmes were launched as early as 1989 as additional services at selected rehabilitation outpatient clinics and not as independent programmes. From the beginning harm reduction programmes were conducted mainly by NGOs in large cities, in streets, night shelters for the homeless, meeting spots of drug addicts (dealers' dens, railway stations, streets, parks), and sex service premises. In 2008 the National Bureau co-financed 8 street programmes (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009). Needles and syringes were exchanged at 5 drop-in centres and 2 night shelters for drug users (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

In the reporting year, the National Bureau co-financed 18 harm reduction programmes addressed to users of psychoactive substances, demotivated to enter treatment, in such settings as prisons and

remand centres (however without exchange of the injecting equipment as it is forbidden by law) and infectious disease hospitals – at the wards designated for HIV/AIDS drug addicts.

In 2008 the National Bureau sponsored distribution or exchange of 254 053 needles and 261 249 syringes. There were provided approx. 15 000 community-based interventions and 2 463 critical interventions. In 2008, similarly to previous years, the National Bureau co-financed the “Monar na bajzlu” magazine addressed to drug users and implementers of drug treatment programmes, especially harm reduction programmes.

Apart from the National Bureau such programmes are also supported by local governments. In 2008 - 68 harm reduction programmes for addicts were co-financed by 29 communal governments: 12 syringe and needle exchange programmes, 20 streetwork programmes excluding needle and syringe exchange (12 580 participants), 6 drop-in centres for active drug users (103 participants), 7 night shelters for addicts (113 participants), 11 discotheque programmes (16 084 participants) and 12 substitution treatment programmes (37 participants). In 2008, the total number of participants included in harm reduction programmes co-financed by local governments stood at 36 039.

In the reporting year there was a rise in harm reduction programmes sponsored by local governments. More users received assistance and the expenditure by the local governments in this respect increased by PLN 36 000 (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

## 7.1. Prevention of drug-related emergencies and reduction of drug-related deaths

Due to the increased popularity of synthetic drugs in Poland, for several years harm reduction programmes targeting occasional and recreational drug users have been developed. Such programmes are conducted in recreational settings (dance clubs, discotheques, concerts, open air events etc.). They are overviewed in Chapter 3.2 Selective prevention in at-risks groups and settings (Recreational settings incl. reduction of drug and alcohol related harm).

Under the harm reduction programmes for psychoactive substance addicts described above trainings in “safer” injections and first aid (with particular emphasis placed on overdoses) were conducted. 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 achieved through distribution of leaflets and brochures and talks with drug users;
- motivating to change attitude and behaviour;
- training courses in first aid in case of overdose;
- distribution of condoms;
- critical interventions.

Furthermore, the Krakow Drug Outreach Society published a special manual entitled “Do it safer – harm reduction for injecting drug users” addressed to injecting drug users and street therapists.

See also Chapter 7. Responses to health consequences– introduction.

### ● Life-saving drugs in overdose treatment

Antagonists: No changes in comparison to the report of 2007

In Poland the following substances are used:

- naloxon, in acute opiate poisoning
- naltrexon, in maintaining abstinence or preventing relapse. In Poland, the drug is registered as support for opioid treatment for persons after detoxification. The drug is applied by physicians in drug treatment centres. This drug is administered in a number of drug treatment facilities.

Both drugs are used by physicians working with opiate addicts. Naloxon is part of ambulance equipment. Neither of the drugs is available on prescription or distributed through pharmacies.

## 7.2. Prevention and treatment of drug-related infectious diseases

In Poland all citizens have the option of taking a free HIV test. It also refers to uninsured drug addicts. Testing centres in Poland are obliged to offer counselling before and after performing the test.

In 2008, the activities taken by the National Health Fund aimed at increasing the availability of infectious disease prevention programmes for drug users included financing vaccinations against HBV and tests for HCV and HIV. Most of the NHF Provincial Units reported that despite implementing the activities in the field of infectious diseases treatment and prevention, it is impossible to state the number of drug users vaccinated against HBV, tested for HBV, HCV and HIV (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009)

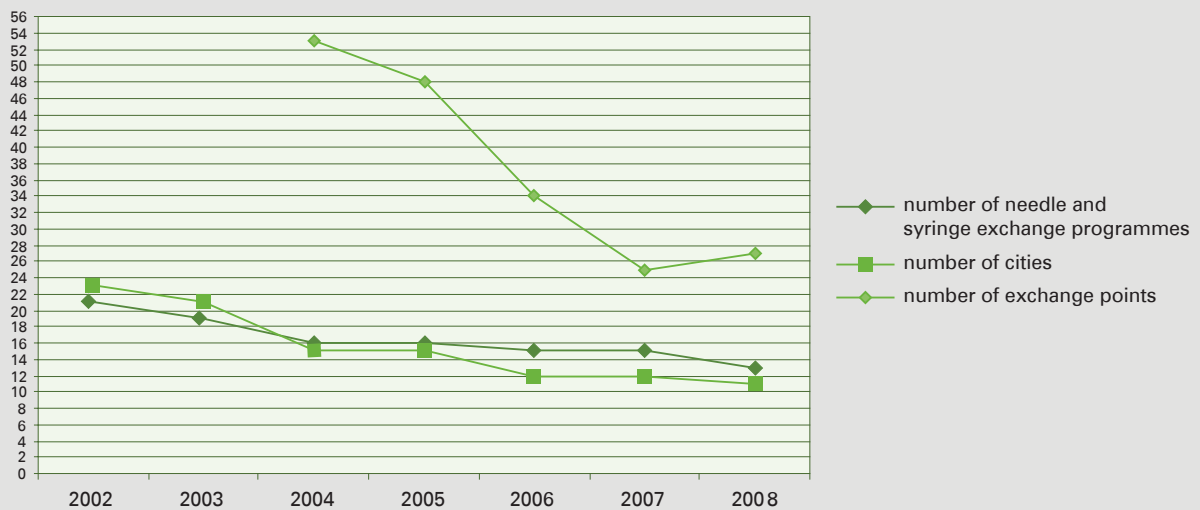
In 2008, the National AIDS Centre co-financed 26 facilities where it is possible to take a free and anonymous HIV test. The total number of users tested amounted to 20 438. There were 246 positive results, including 63 injecting drug users. Likely routes of infection: 17 users through injecting; 38 users through injecting + heterosexual intercourse; 5 users through injecting + homosexual intercourse; 1 user through injecting + bisexual intercourse (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

### ● Needle and syringe exchange

For several years the National Focal Point has been monitoring harm reduction activities. Every two years needle and syringe exchange programmes receive a questionnaire including such items as the number of needles and syringes distributed. The survey results are presented in Figures 24, 25 and 26. Between 2002 and 2008 the number of needle and syringe exchange programmes fell from 21 to 13. The number of cities where such services are offered also fell from 23 to 11 (Figure 24). In 2008, there were 27 exchange points in Poland, which constitutes a slight increase in the last year. Comparing the number of points to the launch year of 2004 we record a decrease of 50%. Harm reduction activities are performed on a large scale in Warsaw and Krakow. Apart from stationary and street exchange, street workers use bikes. Drop-in centres are also actively taking part in the exchange. In Krakow apart from stationary and street exchange there is a van, which reaches other cities, e.g. Katowice.

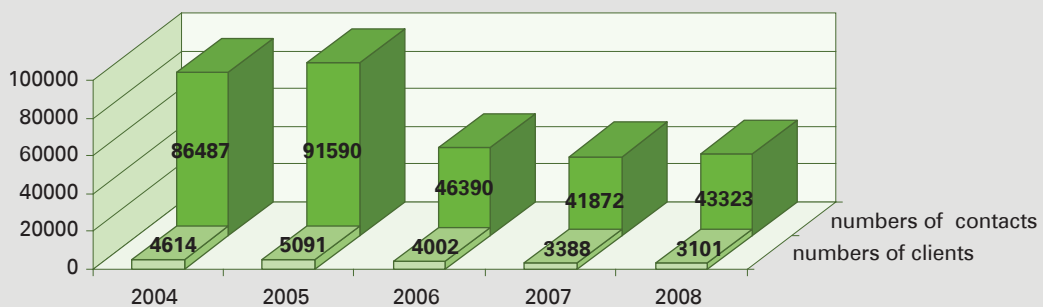
Figure 25 shows the number of contacts and clients in 2004-2008. The results of the survey on low threshold programmes show that since 2005 the number of exchange clients and contacts has been steadily falling. The largest number of clients participated in the programmes in 2005: 5 091, with an average of 17 contacts per year. In 2008, which is the latest for available data, 3 101 users benefited from the exchange programmes. Staff of the exchange programmes recorded 43 323 contacts, which is a fall of almost 50% compared to 2004. The number of clients in this period decreased by 33%.

**Figure 24. Number of needle and syringe exchange programmes and cities in 2002-2008 and exchange points in 2004-2008.**



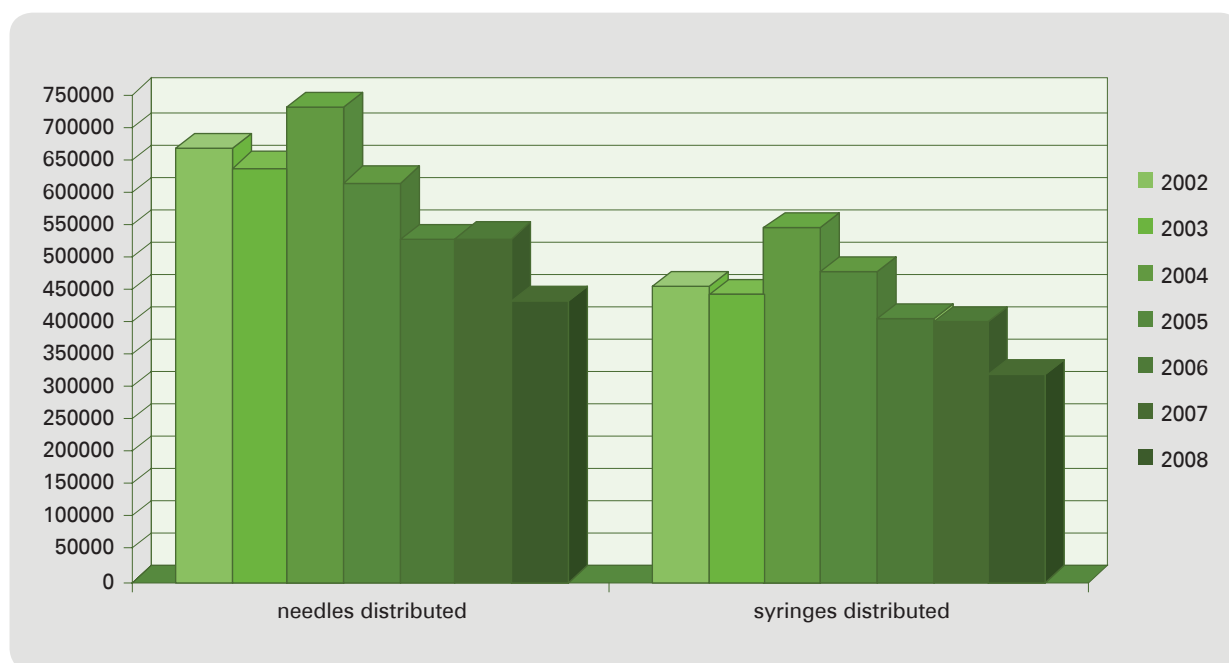
Source: Malczewski 2009a

**Figure 25. Numbers of clients in exchange programmes and numbers of contacts in 2004-2008.**



Source: Malczewski 2009a

Along with the fall in the exchange programmes and points, there was a fall in the number of needles and syringes distributed. Figure 26 shows numbers of needles and syringes distributed in 2002-2008. The most needles (731 832) and syringes (545 738) were distributed in 2004. In 2008, the number of syringes and needles distributed was the lowest since 2002: 432 720 needles and 318 054 syringes. Despite the fall, an average number of needles per user in 2004 is not so much bigger as compared to 2008: 159 in 2004 and 140 (2008). In the period under study the number of needles distributed per user was never lower than 120 (Malczewski 2009b, p. 28).

**Figure 26. Numbers of needles and syringes distributed in 2002 – 2008.**

Source: Malczewski 2009b

The above data indicate that since 2002 the number of needle and syringe exchange programmes and exchange points has been falling. This situation might be caused by the following factors:

- opening new methadone maintenance facilities where beneficiaries of the exchange programmes enter treatment;
- likely fall in popularity of injecting drug use;
- disappearance of so-called open drug scenes (“bajzle”) e.g. in Poznań, Szczecin or Gdańsk where street workers operate;
- no interest in opening new exchange programmes on the part of the implementers.

Despite the fall in the exchange programmes, an average number of needles distributed per user in 2004 and 2008 is similar, which means that the availability of sterile needles for those in need has not changed. This may be one of the explanations of the fact that despite the falling availability of the exchange programmes, the number of new HIV infections is not rising (Struzik 2008).

### ● Infectious diseases treatment

In 2008, the activities of the National Health Fund aimed at increasing the availability of infectious disease treatment programmes for drug users included financing health services provided in specialist antiretroviral treatment facilities.

12 facilities performed complex antiretroviral treatment. As on 31 December 2008 the antiretroviral treatment was provided for 3 822 patients including: 1 452 IDUs and 91 drug user who admitted to risky sexual behaviour. (National AIDS Centre and National Bureau for Drug Prevention 2009).

### 7.3. Responses to other health correlates among drug users

#### ● Activities related to coexistence of mental diseases

In 2008, there were several dozen of drug rehab clinics operating in Poland. Under their statutory services they also offered psychiatric treatment. However, the number of facilities specializing in treating patients with dual diagnosis is far lower. In 2008 in Poland there were only 2 wards in psychiatric hospitals and 2 drug rehabilitation clinics which offered comprehensive psychiatric and substance treatment. The four above-mentioned facilities had 69 beds. 313 hospitalizations were performed. (Boguszewska Institute of Psychiatry and Neurology, personal communication).

Outpatient clinics (excluding day care centres) admitted the total number of 2 536 patients with dual diagnosis in 2007. 699 of these patients were treated in mental health counselling centres (including mental health counselling centres for children and adolescents). 639 found treatment in outpatient alcohol rehab clinics and the most, i.e. 1 198, at outpatient drug rehab clinics. (Instytut Psychiatrii i Neurologii 2008).

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. 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.

See also Chapter 5 Drug treatment: Demand and availability, Section: Medical treatment, Sub-section: Other forms of medical treatment of coexisting diseases

#### ● Prevention and reduction of drug-related road accidents

The matters of reducing risks related to driving vehicles under the influence of psychoactive substances (legal and illegal) are regulated by the following legal acts:

– Article 128 of the Act of 20 June 1997 – Road traffic law (Journal of Laws No. 108 item 908 as further amended). It defines the methodology of testing a driver for alcohol or a drug with effects similar to alcohol if he or she is involved in a road accident wherein there is a fatality or somebody injured,

– Regulation of the Minister of Health of 11 June 2003 on the list of drugs with effects similar to alcohol and conditions and procedure for performing tests for the presence in the body thereof (Journal of Laws No. 116, item 1104 as further amended).

– Ordinance No. 496 of the Police Commander-in-Chief of 25 May 2004 on testing for the presence in the body of alcohol or a drug with effects similar to alcohol (Official Journal No. 9 of 15 June 2004 item 40).

Since 2004 the Police Headquarters (KGP) has been taking part in the 6<sup>th</sup> Framework Programme for Research Studies in the European Union one of whose the components is the DRIUD research programme – “Driving under the influence of drugs, alcohol and medicine”. The project is aimed at determining the influence of drugs with effects similar to alcohol on drivers. It is conducted in cooperation with the Automotive Transport Institute. Checks will be carried out across the country on roads of different categories to find out sobriety levels and take saliva samples. The operations are due to be finished in September 2009. The results of the DRUID project will facilitate the implementation of the Government Road Safety Strategy 2005-2007-2013 entitled „GAMBIT 2005” (the programme was adopted by the government on 19 April 2005). Particular emphasis is placed on priority 2.3. “Alcohol and other related substances” (Automotive Transport Institute 2009). Moreover, the police conduct routine tests for drugs with effects similar to alcohol if there is a justified suspicion that the



driver might be under the influence of such substances, having precluded the presence of alcohol. The above research is frequently conducted in the vicinity of discotheques, pubs and access roads thereto (Information obtained from the Department of Prevention and Road Traffic of the Police Headquarters, 2009)

### *Prevalence*

The police do not conduct independent research into the prevalence use of cannabis and BZP in drivers. Consequently, there are no police national statistics which would provide a detailed profile of drivers (age group, gender, criminal record, etc.) caught under the influence of substances with effects similar to alcohol. According to the figures of the Police Headquarters, policemen performed 43 339 tests for substances with effects similar to alcohol during road checks in 2008.

The results were as follows:

- 1831 drivers of mechanical vehicles were under the influence of substances with effects similar to alcohol,
- 308 drivers of vehicles other than mechanical were under the influence of substances with effects similar to alcohol.

The above data have been obtained from the Department of Prevention and Road Traffic of the Police Headquarters, 2009.

### *Illegal substance detection and law enforcement*

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 for a period of up to two years.

Policemen are equipped with drug test kits pursuant to Article 4.5 of the Regulation of the Minister of Health of 11 June 2003 on the list of drugs with effects similar to alcohol and conditions and procedure for performing tests for the presence in the body thereof (Journal of Laws No. 116, item 1104 as further amended). Currently, the Police have 70 000 drug test kits, which were purchased thanks to the financial support from the European Regional Development Fund (under the Sectoral operating programme – Transport). Since 2002 basic and specialist trainings have been conducted for policemen in detecting symptoms of narcotic drug use. Moreover, the Police Headquarters developed “principles of police conduct with drivers suspected of driving under the influence of a substance with similar effects to alcohol”. Basing on these materials the Provincial Police Headquarters in Szczecin designed a manual for policemen which has been distributed across the country (Information obtained from the Department of Prevention and Road Traffic of the Police Headquarters, 2009).

### *Prevention*

In mid-2008 the National Bureau for Drug Prevention launched works on designing a national informative campaign addressed not directly to drivers but to passengers of drivers under the influence of a substance with effects similar to alcohol. The 2009 campaign “Have you been using? Don’t drive – brain gets out” is the first of such initiative implemented across the whole country.

In 2008 the Department of the Road Traffic of the Police Headquarters expressed readiness to participate in the above campaign.

In December 2008 another study called “Attitudes and views on driving under the influence of drugs” was conducted. The aim of the project was to diagnose the way of thinking on driving a car under the influence of drugs and patterns of behaviour activated in such a situation from the

perspective of a driver, a passenger and a witness. The study included 91 participants aged 16-26, who went clubbing at least once a month. The knowledge obtained through the project was used to better design the campaign "Have you been using? Don't drive – brain gets out".

## 8. Social correlates and social reintegration

*prepared by Dawid Chojecki*

### Introduction

It is common knowledge that drug users, especially opiate addicts, besides health problems experience social problems such as lack of financial means, conflicts with the law, unemployment or homelessness. This is confirmed by numerous statistics and studies. The results of the research project conducted by the Institute of Psychiatry and Neurology entitled "Social costs incurred by drug users. Survey of six European cities" clearly indicates that opiates are the most powerful in generating social exclusion. Additionally such individuals are reluctant to seek help at welfare centres. They know little about the options and places of getting welfare assistance and the related legislation. The above situation increasingly deepens their social exclusion.

### 8.1. Social exclusion and drug use

- **Social exclusion among drug users**

In 2008, social welfare centres across Poland provided drug-related assistance for 3 287 families (2007: 3 671 families); including 499 in rural areas. The assistance was provided for 6 106 individuals, including co-dependent individuals (2007: 7 410 individuals) (Ministry of Labour – Department of Social Welfare and Integration 2009).

- **Drug use among socially excluded groups**

On the one hand social exclusion (e.g. loss of work or home) might be caused by using psychoactive substances; on the other hand social exclusion itself facilitates substance use, including alcohol. In Poland there is no single data collection system on drug users who are homeless, unemployed or come from ethnic minorities. It is known that psychoactive substances are often used by commercial sex workers. To combat the phenomenon welfare and harm reduction programmes for prostitutes are being developed in Poland.

In 2008 the National Bureau for Drug Prevention co-financed a harm reduction programme for prostitute drug users. The programme was conducted by the Krakow Centre for Prevention and Social

Education “Parasol”. Approx. 539 sex workers received assistance (including 32 aged below 19). The programme settings included: the street, night clubs and escort agencies – the last ones thanks to good cooperation of the programme implementer with the owners of clubs and agencies. Under the programme education and information materials on infectious diseases and safe sex were handed out as well as condoms (2 574), lubricants (465) and other personal hygiene products. The programme also featured interventions and referrals to adequate facilities (e.g. social welfare centres where material assistance was provided or employment agencies and rehab clinics). The programme implementers closely cooperated with a gynaecologist. (Centre for Prevention and Social Education “Parasol” 2009)

It is also known (from talks with NGOs implementing harm reduction and social reintegration programmes) that target populations of needle and syringe exchange programmes include immigrants from Eastern Europe (mainly Ukrainians). It would be difficult to state whether this group is particularly noticeable though its members are frequently socially excluded.

### *Homelessness*

We do not have data on the number of homeless drug users. It is commonly known that a lot of addicts, particularly users of opiates, are homeless. Such conclusion might be drawn upon the analysis of data on clients of night shelters for homeless active drug users. The majority are addicted to opiates (mainly ‘kompot’ - Polish homemade heroin).

Most night shelters in Poland do not admit homeless drug users. Few night shelters in big cities make an exception from the rule and provide accommodation. For more information see Chapter 7: Responses to health consequences. Homeless drug users being in substitution treatment have also the option of staying in a Krakow-based hostel for substitution treatment patients and a Warsaw-based night shelter for such individuals.

## **8.2. Social reintegration**

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

Post-rehabilitation programmes mainly include the following:

- counselling on solving everyday problems,
- group sessions devoted to information and education,
- 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 fully re-enter society.

In 2008, the National Bureau for Drug Prevention commissioned 40 programmes supporting abstinence in drug rehabilitation graduates. They were conducted by 22 entities in 10 counselling centres, 18 re-entry flats, 23 hostels, 2 day care centres, and 1 abstainer club. 2 580 people entered National Bureau-sponsored post-rehabilitation programmes for abstainers and their families. 709 participants were at school and 1 151 worked. 574 had social problems, 367 legal problems and 409 health problems. The programmes also admitted children below the age of 15 (65) (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

Local governments and social welfare centres are bound by the Act on social employment and the Act on social care to run social reintegration programmes for addicts under the social integration strategy.

In 2008, 50 communes (2.32% of the total number of communes in Poland) supported programmes of social reintegration for drug users. 275 social reintegration programmes, including 220 outpatient ones, were co-financed by communal governments. Furthermore, the communal governments in the reporting year provided financial support for 40 NGOs operating in the field of social reintegration for drug addicts. The overall number of social reintegration programme participants stood at 1 475 (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009)

Based on the data obtained it may be concluded that the number of social reintegration programmes, the participants and NGOs operating in this field has fallen compared to the previous year. However, the amount of financial resources allocated by communal governments to this end was up by 24% compared to the previous year. It means that an average amount per single programme in 2008 was higher as compared to 2007.

Moreover, NGOs dealing with such activities can apply for co-financing from EU funds (European Social Fund).

## ● Housing

In 2008, the National Bureau for Drug Prevention co-financed social reintegration programmes addressed to drug rehabilitation graduates. The programmes were conducted in 18 re-entry flats and 23 reintegration hostels across the country (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009).

In the reporting year, 7 provincial governments co-financed post-rehabilitation programmes. However, only 1 hostel and 2 re-entry flats were sponsored by local governments (in 2006 9 provincial governments co-financed such activities). It is worrying that in 2008 the social reintegration expenditure (including outpatient programmes) of local governments was down by PLN 45 000 as compared to 2007 (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009)

In 2008, communal governments co-financed 12 reintegration hostels and 19 re-entry flats for drug rehabilitation graduates.

## ● Education, training

In order to increase the likelihood of finding employment after completing drug rehabilitation the graduates do vocational courses. It is crucial to complete or start education as the majority of drug users show serious deficiencies in this respect.

Vocational courses and different forms of education are financed from a number of sources, including provincial and communal governments. In the reporting year, only 10 drug rehabilitation graduates were able to benefit from provincial government-sponsored courses. (Krajowe Biuro ds.

Przeciwdziałania Narkomanii 2009) Little involvement of provincial governments in sponsoring vocational courses might be due to the fact that with every year NGOs are more and more effective in obtaining EU funds.

Far more drug rehab graduates were able to benefit from communal government-sponsored vocational courses. In 2008, that form of assistance was provided for 739 drug users, which constitutes an increase of 467 compared to the previous year. In 2008 51 drug users took advantage of alternative job offers (34 in 2007). (Krajowe Biuro ds. Przeciwdziałania Narkomanii 2009)

## 9. Drug-related crime, prevention of drug-related crime and prison

*prepared by Artur Malczewski, Dawid Chojecki*

### Introduction

The following Police units are responsible for combatting drug-related crime:

- Central Bureau of Investigation (CBS) of the Police Headquarters (KGP) mainly deals with combatting organized crime syndicates which manufacture and smuggle drugs on a massive and international scale. The CBS plays a leading role in the Police in terms of training, strategy and concept.

- 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. Within the Criminal Department there are anti-drug units. In 2008, at the level of Municipal and Communal Police Departments (Miejskie i Rejonowe Komendy Policji) special sections, subdivisions and teams were created. In County Police Department (Powiatowe Komendy Policji) teams and independent posts were created. Almost all Police units feature an anti-drug section. 1000 more policemen were delegated to combat drug crime, especially at the local level. In the Criminal Department of the Police Headquarters under the Criminal Division a 3-member Anti-Anti-drug Crime Team was appointed to coordinate actions of criminal police officers at the national level.

- 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 preventive duties. They also launch preventive operations under self-developed programmes and in cooperation with society.

It must be stressed that apart from the Police, combating drug-related crime, especially in terms of intelligence and operational activities, involves several other state agencies: Internal Security Agency (ABW), Border Guard, Customs Service and Military Police.

Due to the development of the drug retail combating system, anti-drug structures were established under the Criminal Division of the Police. Anti-drug Sections and Teams were set up in Provincial Police Departments.

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 real number of violations of the Act on counteracting drug addiction is far higher.

Another important issue is the impact of police activities on the number of offences recorded. Numbers of respective offences point both 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 trafficking or an increased activity of criminal groups.

In Poland drug-related offences fall into two basic categories (Malczewski, Struzik 2009a):

- common offences defined in the penal code and other criminal legislation (e.g. mugging, theft, burglary, forgery),
- offences defined in the Act on counteracting drug addiction e.g. illegal drug manufacture, trafficking, introducing to trade, possession as well as illicit cultivation of plants for the purposes of drug manufacture. This chapter contains the overview of the latter kind.

## 9.1. Drug-related crime

### ● Recorded crimes

Police data on drug-related crime come predominantly from the TEMIDA system, which contains law violations of the Act on counteracting drug addiction. Statistical units used by the Police include: suspects, launched investigations and identified crimes. They are reported to the Police database on respective statistical forms. The data allow for analyses of trends and geographical variations. Since 2001 the National Focal Point has been receiving data from the TEMIDA system with breakdown into municipal and county police departments. Table 21 shows identified crimes against the Act of 1985 on drug prevention and the Acts of 1997 and 2005 on counteracting drug addiction. In 2007 for the first time since 1997 we recorded a fall of 10% in the number of drug-related crimes. This trend continued in 2008 (further fall of 9%). A dynamic upward trend in the number of crimes which started in 1999 was stopped as early as 2006, when the number of crimes rose by fewer than 3 000 compared to 2005. In 2008 we note a fall down to 57 382 crimes, i.e. below the number of 2004, when the Police recorded 59 356 punishable acts. While analyzing the number of all crimes identified, whose number in 2008 stood at 1 082 057, we should notice a different trend. The number has been falling since 2003 when the number of all crimes identified reached its record i.e. 1 466 643. The drug-related crime trend was on the rise till 2006 when the highest number of 70 202 was recorded. In the structure of all crimes, drug-related offences against the Act of 2005 remain at a steady level of 5.5%. It is worth noting the structure and the history of drug-related offences against respective articles of the Act. The analysis of crimes against the articles of the Act will provide the answer to the question what crimes are the most prevalent and what the trends were like in the last three years. Are the changes in the law accompanied by the changes in the structure of drug-related crime?

According to the latest data, in 2008 we observed a rise in the number of the following offences: illegal poppy and hemp cultivation (Article 63.1); illegal import, export and transit i.e. drug trafficking (Article 55 of the Act of 2005); manufacture, trade and smuggling of precursors (Article 61 of the Act of 2005). With reference to illegal introducing of narcotic drugs to trade (Article 56 of the Act of 2005); supplying and enticing to use (Articles 58 and 59) there was a decrease. The highest figures of crimes against the Act were recorded in relation to possession of narcotic drugs (Article 62 of the Act of 2005) as well as supplying and enticing to use (Articles 58 and 59). As regards the latter offence, in 1996 we recorded 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 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 while an improvement in the effectiveness of the law enforcement activities had emerged before. The reason for it might have been the establishment of anti-drug divisions in the Police Headquarters and some regional police departments in 1996 (Krajewski 2005). Due to organizational changes in the Police structure, the 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 offence in the structure of the drug-related crime in 1996-2005. In 1997 the number of these crimes stood at 3 507 (44.3% of all crimes) and in 2005 it rose to 31 332 (45.8%), which is over nine times higher. However, since then we have recorded a decrease in the number of crimes related to enticing and supplying of drugs – in 2008 the number stood at 22 507 (39.2%).

Let us take a look at the crimes against Article 62 (Act of 2005) and Article 48 (Act of 1997) i.e. possession of drugs. Since the promulgation of the Act of 1997, when drug possession was penalized, the crimes against this Article have been on the rise with every year, especially since 2000, when the Section 4 of Article 48 (exemption from penalty for possession of small amounts for private use), was removed. In 1998 crimes defined in Article 48 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 (Table 21). A fall was also recorded in 2008 (30 548): the number of crimes against Article 62 fell below the level of 2005. Three articles of the Act: 58, 59 (supplying, facilitating or enticing to use) and 62 made up 92% of all crimes in 2008.

The punishable act against which low numbers of crimes are recorded by the Police is illegal cultivation of poppy and hemp (Article 63.1 of the Act of 2005). Until coming into force of the Act of 1997 the identified cases of illegal crops constituted one of the most frequent crimes. In 1994, 79% of punishable acts against the Act were poppy or hemp cultivation. From then on till 2002 we observed a downward trend, with a temporary rise in 2000. In the structure of all drug-related crimes they are marginal. Even the rise in 2002-2004 did not change the structure of the identified drug-related crime. In 2003 and 2004 the cultivation crimes accounted for 1.5%. In 2004 the number started to fall again. In 2006 the crimes related to the illegal cultivation of poppy and hemp accounted for 1.0% of all drug-related offences. In 2007 the figure remained exactly the same. In the recent year a rise of 11% has been recorded. The fall in the number of crimes of illegal poppy and cannabis cultivation was contributed by the introduction of 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 homemade heroin).

In 2000, following the amendment of the Act of 1997 a provision was introduced concerning owners of clubs and entertainment facilities who did not report a crime of drug possession or sale on the premises to a law enforcement agency (Article 46a of the Act of 1997 and Article 60 of the Act of 2005). The highest number of crimes against this article was recorded in 2005 – 163. Since then the number started to fall to reach 11 cases in 2008.

The new Act of 2005 penalized promotion and advertising of drugs. In the first year of this regulation 3 crimes were identified. In 2007 the highest number of 12 punishable acts was reached. In 2008 the number fell to 9.

Summing up, the recent year's fall in the number of crimes related to enticing, facilitating, supplying and possessing drugs (Articles 58, 59, 62) must be stressed. These crimes make up the vast majority of all crimes against the Act. However, there was an increase in the number of crimes related to drug trafficking (Article 55), manufacture, smuggling and trade in precursors (Article 61). The overall fall in drug-related offences, which started in 2007, also continued in 2008. (Malczewski 2009c, p. 29)

**Table 18. Recorded crimes against Act of 1985 on drug prevention and Acts of 1997 and 2005 on counteracting drug addiction in 1994-2008.**

Legal classification	Years														
	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08
Illicit cultivation (Art. 26; Art. 49.1; Art. 63.1)	3040	2780	2634	2518	1195	615	814	663	653	687	886	875	726	562	625
Illicit manufacture (Art. 27; Art. 40.1 & 2; Art.53)	387	392	459	701	574	361	400	408	319	297	350	456	270	198	183
Production, storage of tools (Art. 28; Art. 41; Art.54)	85	97	135	116	190	143	152	292	230	230	220	144	127	137	118
Illicit import, export or transit (Art. 29; Art. 42; Art. 55)	20	69	97	148	252	406	383	295	336	354	795	643	486	537	697
Illicit introduction to trade (Art. 30; Art. 43; Art.56)	107	215	397	847	1957	1714	1417	1809	1931	2064	2323	2814	2627	3268	2431
Illicit distribution and enticing to use (Art. 31; Art. 45 & Art. 46; Art. 58 & Art. 59)	361	731	3058	3507	10762	10305	13278	18873	20482	25036	28351	31332	30940	26845	22507
Manufacture, trafficking and trade in precursors (Art. 47; Art. 61)				11	88	61	66	115	104	159	178	151	107	121	189
Possession of narcotic drugs (Art. 48; Art. 62)				32	1380	1896	2815	6651	11960	18681	26163	30899	34778	31260	30548
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	39
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	25
Failure to report a crime (Art. 46.a; Art. 60)								22	76	11	33	163	55	19	11
Promotion and advertising (Art. 68)												3	11	12	9
<b>Total</b>	<b>4000</b>	<b>4284</b>	<b>6780</b>	<b>7915</b>	<b>16532</b>	<b>15628</b>	<b>19649</b>	<b>29230</b>	<b>36178</b>	<b>47605</b>	<b>59356</b>	<b>67560</b>	<b>70202</b>	<b>63007</b>	<b>57382</b>

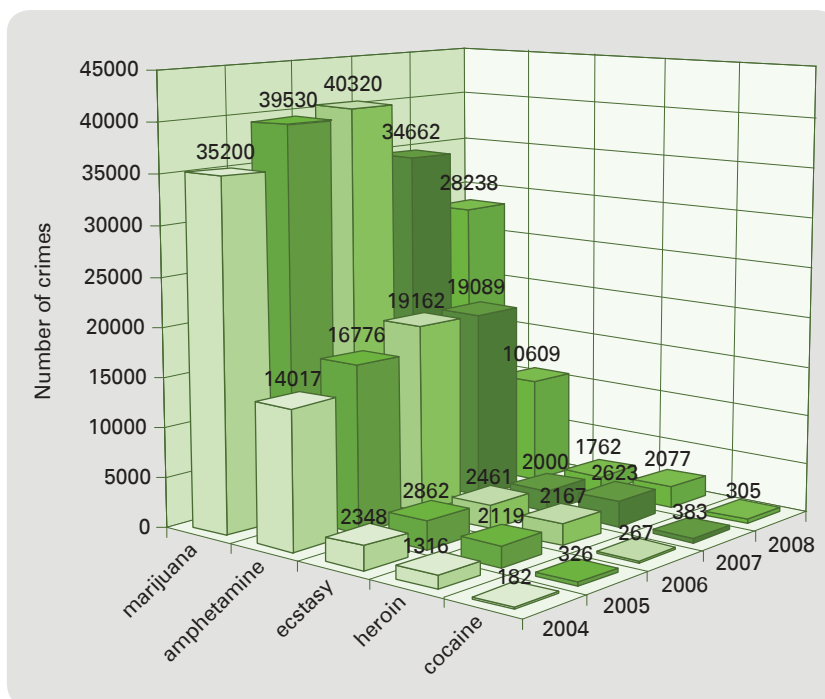
Source: [http://www.policja.pl/portal/pol/4/322/Przestepczosc\\_narkotykowa.html](http://www.policja.pl/portal/pol/4/322/Przestepczosc_narkotykowa.html) (21.08.09), Malczewski 2009c, p. 27



Since 2004 the Police have been collecting data on crimes by types of narcotic drugs and psychoactive substances. Figure 27 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). In 2008 we recorded a fall in the number of crimes related to all substances. The deepest fall of 55% concerned amphetamine. In the case of cannabis, amphetamine and ecstasy, lower rates were recorded as early as 2007.

Comparing the share of respective substances, the highest number of crimes was recorded by the Police in relation to cannabis. The number of 28 238 in 2008 fell below the level of 2004. Second came amphetamine-related offences, whose number also fell from 19 089 to 10 609 in 2008. Heroin and cocaine were the substances on the rise in 2007 as compared to 2006. In 2008 a decrease was recorded, similarly to the other substances. However, the fall here are not so sharp. In 2008, 2 077 crimes related to heroin and 305 related to cocaine were recorded.

**Figure 27. Crimes against Acts 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.**



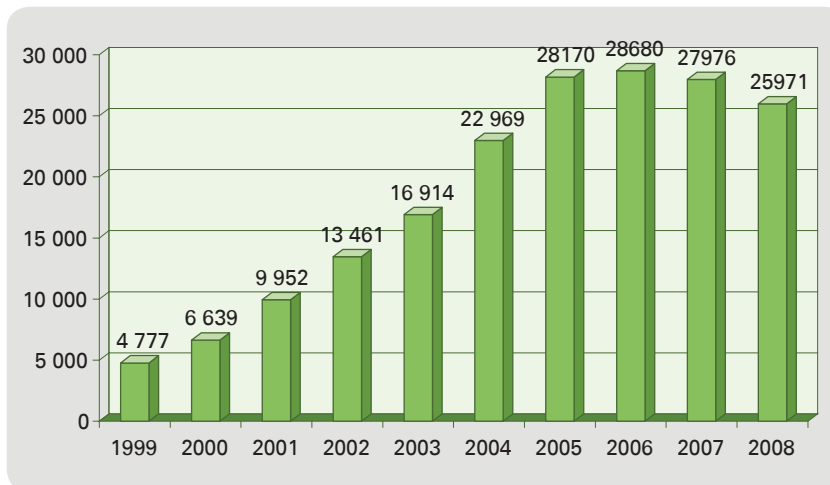
Source: Malczewski 2009c, p. 28

## ● Suspects

In 1999-2006 the number of suspects against the Acts of 1997 and 2005 increased each year. In 2007 there was for the first time a decrease in both the number of recorded crimes and suspects against the Act of Law on counteracting drug addiction. The downward trend continued in 2008, when the suspects were mainly related to the crimes of drug possession (Article 62 of the Act of 2005). The data of 1999-2007 show how the suspect structure changed 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

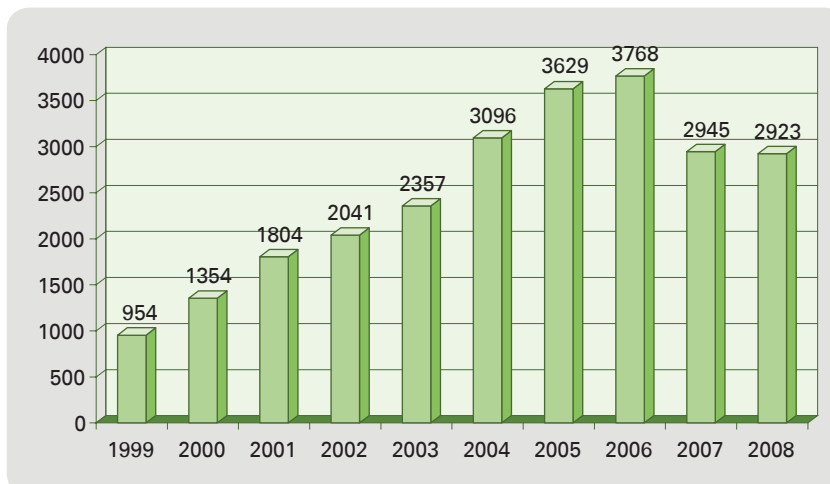
(44%) in 2001, 10 529 (62%) in 2003, 19 215 (67%) in 2005, 20 000 (70%) in 2006 to 20 092 (72%) in 2007 and 18 5476 (71%) in 2008. The analysis of the trend in the number of drug possession suspects since 1999 indicates a substantial growth (2.5 times), which occurred in 2001 as compared to 2000. That year was the first full year of the operation of the amended Act 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 a higher crime detection rate. Comparing data from the last two years we see a fall of 8% in the number of suspects against Article 62 (20 092 in 2007 and 18 546 in 2008). In the structure of all suspects the proportions were almost the same (70% in 2007 and 71% in 2008). Suspects against Article 62 predominantly (17 089) faced charges under Section 1 and 3, which means that they possessed a small amount of the drug or the crime was of lesser gravity.

**Figure 28. Suspects against Acts of Law of 1997 and 2005 in 1999 – 2008.**



Source: Data of Police Headquarters; Malczewski 2009c, p. 29

**Figure 29. Underage suspects against Acts of 1997 and 2005 in 1999 – 2008.**



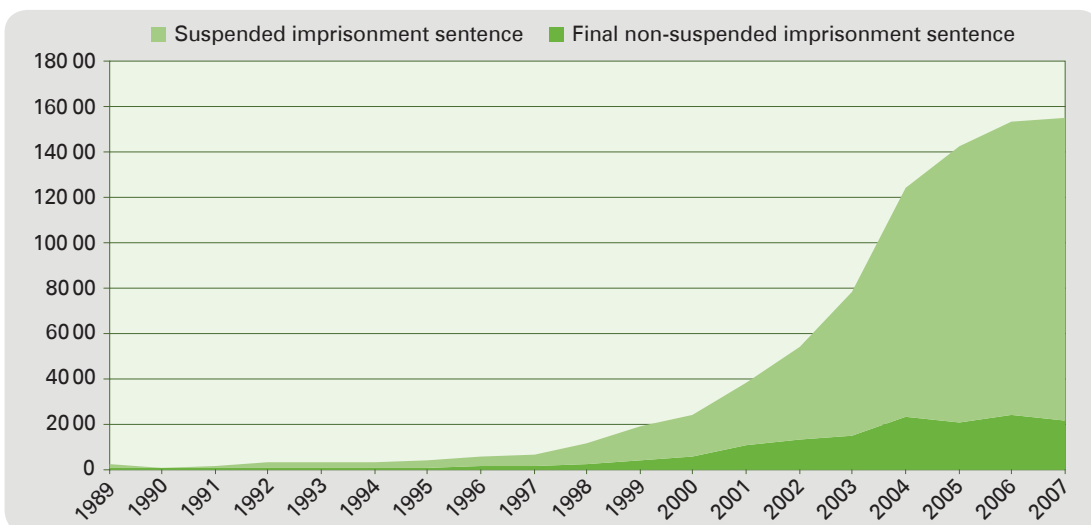
Source: Data of Police Headquarters; Malczewski 2009c, p. 30

Figure 29 shows numbers of underage suspects against the Act on counteracting drug addiction. In 1999, 954 adolescents aged 13-17 committed an offence against the Act. In 1999-2006 we recorded an upward trend, similarly to all the suspects (Figure 28). In 2007, the number of underage suspects fell to 2 945. The decrease of 22% was far deeper compared to the total number of suspects. In 2008 the number of underage suspects remained at the same level. The majority of underage suspects were registered in 2008 in wielkopolskie province (459), mazowieckie province (405) and śląskie province (391). In the remaining provinces the number did not exceed 300. The growth rate in 1999-2008 is lower among underage suspects (306%) as compared to the total number of suspects (544%).

### ● Convictions

Criminal cases for violating the Act are heard by circuit courts (sądy rejonowe) corresponding to the place where the crime was committed. Data breakdown into final custodial sentences between 1990 and 2007 is presented in Table 19. The data were compiled by the Ministry of Justice. It is difficult to compare them to the Police statistics since as late as in 2006 suspects were still convicted by virtue of Act of 1985 on drug prevention. It means that the suspects under the Act, who were recorded by the Police at the beginning of 1997 (i.e. by the time of the new Act of 1997 come into force) could be sent to prison by way of final sentences even after 9 years. According to the data of the Ministry of Justice, in 2006, 7 suspects were convicted by virtue of the Act of 1985. In 2007 no such case was recorded. Analyzing the latest data available it must be noted that in 2006, 20 381 were convicted and in 2007 – 20 801. However, in the structure of all convictions the proportion of those convicted under the Act rose slightly to 4.9%, which is the continuation of the upward trend observed in the last 10 years. Table 22 also shows the number of convicts sentenced to imprisonment. While there were some fluctuations in the upward trend in the number of convicts under the Act and the number of convicts sometimes fell, the number of convicts sentenced to imprisonment was rising between 1996 and 2006. In 2007 the rise was not as significant as in the previous years.

**Figure 30. Final suspended and non-suspended imprisonment sentences under Acts of 1997 and 2005 on counteracting drug addiction in 1989-2007.**



Source: Ministry of Justice

Out of all convicts sentenced to imprisonment under the Act, 86% received suspended sentences. Analyzing changes in time, we note that in 2005 the number of convicts sentenced to non-suspended penalty of imprisonment fell for the first time. In 2006 there was a rise, both in the number of suspended and non-suspended sentences under the Act on counteracting drug addiction. While there was an upward trend in the suspended sentences in 2008, the number of non-suspended sentences fell. Out of 9 256 convicts sentenced to imprisonment (60% of all convicts under the Act of 2005) in 2007 under Article 62 of the Act of 2005, the majority received suspended sentences. The narrow minority (6%) were imprisoned. Out of the convicts sentenced to imprisonment under Article 62, 496 were tried under Section 1, which is subject to imprisonment of up to 3 years.

**Table 19. Convicts finally sentenced, and convicts sentenced to imprisonment in total and under Acts of 1997 and 2005 on counteracting drug addiction and Act of 1985 on drug prevention, between 1990 and 2007, by suspended and non-suspended sentences.**

Years	Convicts with final sentences, including convictions under the Act			Convicts sentenced to imprisonment		
	Convicts in total	Convicts under the Act	Percentage of convicts under the Act	Total	Non-suspended sentence	Suspended sentence
1990	106 464	231	0.22	92	30	62
1991	152 333	421	0.28	143	32	111
1992	160 703	993	0.62	282	72	210
1993	171 622	2235	1.30	347	97	250
1994	185 065	1862	1.01	346	97	249
1995	195 455	1864	0.95	368	100	268
1996	227 731	1739	0.76	520	141	379
1997	210 600	1457	0.69	629	165	464
1998	219 064	1662	0.76	1173	252	921
1999	207607	2264	1.09	1865	420	1445
2000	222815	2878	1.29	2428	572	1856
2001	315013	4300	1.36	3802	1024	2778
2002	365326	6407	1.75	5417	1282	4133
2003	415533	9815	2.36	7785	1489	6296
2004	512969	16608	3.30	12417	2308	10109
2005	503909	20164	4.00	14249	2085	12164
2006	462937	20381	4.40	15383	2355	13028
2007	426377	20801	4.90	15475	2118	13357

Source: Ministry of Justice; Malczewski 2009c, p. 35

## 9.2. Prevention of drug-related crime

In 2008 the Ministry of Internal Affairs and Administration conducted a programme entitled “It’s safer together” under the European Crime Prevention Network. The European Crime Prevention Network was established by way of the EU Council Regulation of 28 May 2001 following the Tampere summit conclusions. The primary goal of the ECPN is to develop prevention programmes for all types of crime, with particular emphasis placed on underage crime, urban and drug-related crime at the EU level as well as supporting programmes and activities at the national and local levels.

The programme “It’s safer together” is the first government programme whose primary goal is active support for local initiatives for the improvement of public safety and order. The programme areas include assessing the safety status and the related needs, educating in terms of safety, preventing family violence, preventing and reducing crime in children and adolescents, including peer violence, promoting technical developments (e.g. monitoring), making mass events safe. For obvious reasons, drug-related crime is embedded in the abovementioned areas.

In the reporting period, the respective programme areas featured a number of actions performed by ministries, Police, Border Guard, State Fire Service, provincial governors and NGOs.

The Department of Public Safety of the Ministry of Internal Affairs and Administration in cooperation with the Police Academy in Szczytno developed a training programme on designing and implementing prevention programmes for the benefit of the public. Last year 10 training courses were conducted in 4 provinces.

The training course financed under “It’s safer together” programme prepares members of county safety and order commissions to identify dangers, organize crime and misdemeanour prevention actions and design county crime prevention programmes (Ministry of Internal Affairs and Administration, 2009).

Moreover, in 2008 the Ministry of Internal Affairs and Administration along with the National Bureau for Drug Prevention launched a prevention campaign entitled “Drug tourism”. For more information see Chapter 3.4 “National and local media campaigns”.

## 9.3. Interventions in the criminal justice system

### ● Alternatives to prison

See Chapter 5. Drug treatment: demand and availability, Section 1 Policy.

In 2008 a study project called “Diagnostic and research study on practical application of Article 72 on the usage of alternatives to prison of the Act of 2005 on counteracting drug addiction”. For more information see Chapter 1.1 “Legal framework”.

## 9.4. Drug use and problem drug use in prisons

The results of the latest study „Drug problem in penal institutions and remand centres” were described in the 2007 report in Chapter 8.3 „Drug use in prison”.

## 9.5. Responses to drug-related health issues in prisons (and other custodial settings)

### ● Drug treatment (incl. number of prisoners receiving opioid substitution treatment)

In 2008 in organizational units of the Prison Service, 6-month structured drug-free therapy programmes were conducted. The programme goals were extended and included abstinence and relapse prevention. The programmes were based on the model of psycho-social interventions and the social learning method. They also featured elements of the Minnesota model, the therapeutic community model and cognitive-behavioural interventions.

The programmes were conducted in 15 therapeutic wards. In the reporting year one new ward was opened. The wards offered 549 beds (513 in 2007), which allowed for including 1 534 inmates in the programmes.

In 2008, 4 substitution treatment programmes were conducted in 13 penal institutions. Substitution treatment under these programmes was provided for 60 patients (including 3 women under the programme for women). They usually continued treatment they started at liberty.

Under the substitution treatment programmes in penal institutions in 2008 the antiretroviral treatment included 11 patients (Strzelecka, Health Office of Central Management Board of Prison Service, personal communication).

### ● Prevention and reduction of drug-related harm

In Polish penal institutions there are no typical harm reduction programmes including needle and syringe exchange. Officially in Polish penal institutions there is no access to drugs. Consequently, there is no access to the injecting equipment. On the other hand, there are non-governmental organizations which upon approval of the management of penal institutions may enter the premises and conduct harm reduction programmes in terms of educating psychoactive substance users. In 2008, the National Bureau co-financed 2 such programmes: one conducted by the Monar Society at Częstochowa prisons and remand centres in katowickie province; the other conducted by the Centre for Prevention and Social Education "Parasol" at the "Ruszcza" prison for women in Kraków. The above programmes included 338 participants. The programmes featured individual consultations, motivating for behaviour change, information and education classes in harm reduction, support groups and group sessions for patients of in-prison therapeutic wards. Moreover, there was cooperation with families of inmates, prosecutors, courts and personnel of penal institutions (Centre for Prevention and Social Education "Parasol" and: Owczarski, Monar Society – Częstochowa branch, personal communication)

### ● Prevention, treatment and care of infectious diseases

In Polish penal institutions all inmates in need of treatment for infectious diseases are provided with antiretroviral therapy, regardless whether they have used drugs or not. The Health Office of the Central Management Board of Prison Service does not have data on the number of tests performed for HIV, HCV, HBV, TB or the number of inmates diagnosed with infectious diseases related to injecting drug use. It is known that in 2008 antiretroviral treatment was provided for 188 inmates, including as many as 152 inmates who had got infected through injecting drugs. (Strzelecka, Health Office of Central Management Board of Prison Service, personal communication)

For more information on activities at penal institutions see Chapter 5. Drug treatment: availability and demand, Section 3: Characterization of patients in treatment, Sub-section: Drug treatment in penal institutions.

- **Prevention of overdose-risk upon prison release**

In Polish penal institutions no such activity is performed. See also Section “Prevention and reduction of drug-related harm”.

## **9.6. Reintegration of drug users after release from prison**

In Polish penal institutions social reintegration activities are conducted. They are aimed at facilitating re-entry into society by individuals released from prisons. To this end the Management Board of the Prison Service organizes and finances (also under EU funds) vocational trainings. Due to deficiencies and social pathologies diagnosed in the vast majority of lawbreakers, vocational trainings required prior specific and oriented preparation of the participants. Referring inmates to vocational trainings was usually preceded by psychological interventions aimed at overcoming alcohol and drug-related problems, problems of no positive experience at work and lack of basic work skills. However, no data are available on the numbers of participants with drug problems in the overall number of the vocational training participants. In 2008, 934 trainings were conducted for 11 181 participants. Moreover, in 2008 under the social reintegration actions, continuing education at schools for adults and entrance exams organized in the individual-based system outside prison were sponsored. Assistance was provided in terms of paperwork such as obtaining identity cards or other documents.

## **10. Drug Markets**

*prepared by Artur Malczewski*

### **Introduction**

Drug seizures are reported by several services in Poland. Drug enforcement agencies have not worked out a single data collection system, which makes it difficult to conduct estimations of drugs seized in the whole country. However, in 2008 the Border Guard introduced a new system of collecting data, which is capable of listing drug seizures not only by the Border Guard officers. In this way, by using the Police and the Border Guard data, the total quantity of all drugs in Poland is estimated. The information on prices of drugs is obtained from the Police and through surveys among drug users. Data on the purity of psychoactive substance comes from the Central Forensic Science Laboratory. The level of drug availability is determined on the basis of quantitative research. The latest data come from the 2008 CBOS survey.

## 10.1. Availability and supply

### ● Perceived availability of drugs, exposure, access to drugs

The source of the latest data on the availability of drugs in adolescents are the results of school surveys. In 2008 the National Bureau for Drug Prevention commissioned the Public opinion research Centre (CBOS) to conduct a survey among final grade students of post-middle schools. The study participants were asked to assess difficulty in obtaining legal and illegal substances. Upon the analysis of answers provided in Table 20 we can conclude that the easiest substances to obtain include tranquilizers and sleeping pills (46%) and cannabis (45%). Almost half of the participants rated these drugs as easy to obtain on a four-level scale. The remaining substances in Table 20 were rated as impossible or difficult to obtain by the majority of the respondents. The fewest respondents rated DXM (8%) and diviner's sage and crack (11%) as easy to obtain.

**Table 20. Assessment of difficulty in obtaining psychoactive substances (%).**

	Impossible to obtain	Difficult to obtain	Easy to obtain	I don't know
Tranquilizers, sleeping pills	15	22	46	16
Marijuana, hashish	16	27	45	13
Amphetamine	21	34	24	20
LSD or another hallucinogenic substance	22	38	17	22
Anabolic steroids	25	30	22	23
Ecstasy	26	33	20	22
Hallucinogenic mushrooms	26	33	18	22
Cocaine	26	36	14	24
Crack	28	36	11	25
Heroin	28	36	13	24
Polish homemade heroin, "kompot"	28	35	12	26
Legal highs	28	31	16	26
Poppers	28	33	13	26
Diviner's sage	29	33	11	27
Dextromethorphan (DXM)	30	34	8	27

Source CBOS (2008)

Another availability indicator was the question about the exposure to offers of psychoactive substances. The respondents were given a list of legal and illegal substances and asked to mark those which they had been offered in the last 12 months. The most frequently offered drug was cannabis. 31% of the respondents had been offered to use this drug at least once in the last 12 months. The amphetamine offer rate stood 11%. The drugs offered the least frequently included crack (2%), heroin (2%) and DXM (1%).

The survey also featured questions about the exposure to the sale of drugs. In the 2003 survey, 47% of the respondents were offered to buy a drug. In the latest survey of 2008 this proportion

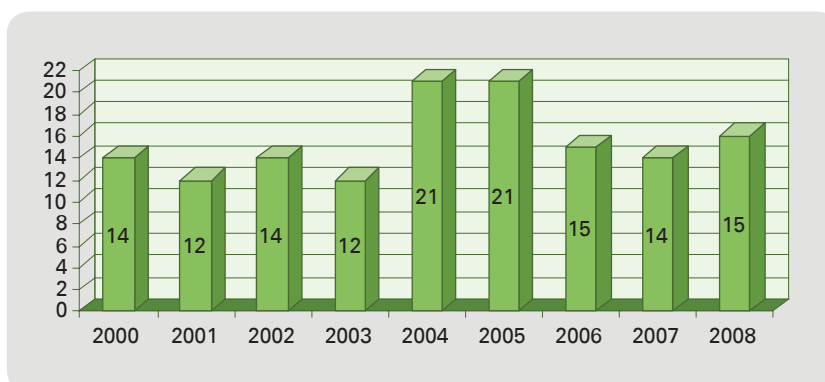


decreased to 36%. It must be stressed that the number of frequent offers fell by half from 14% in 2003 to 7% in 2008. Moreover, the proportion of the respondents who confirmed the sale of drugs on the school premises decreased. In 2008 every tenth respondent declared that drugs were sold on the school premises. In 2003 this proportion was higher and stood at 14%.

### ● Drug manufacture and trafficking

Poland is one of the major amphetamine manufacturers in Europe. In 1995-2008, 171 clandestine laboratories were raided. In 2005 the Police discovered 21 amphetamine laboratories and one GHB lab. Since that year the number of labs discovered per year has stood at 15 (Figure 31). In 2008, 257 amphetamine analyses were conducted. It must be noted that one of the raided facilities was a methamphetamine lab located near the city of Szczecin. This substance is not so popular in Poland; it is mainly manufactured by our southern neighbours. 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 the Scandinavian countries.

Figure 31. Number of clandestine labs raided in 2000 – 2008.



Source: NFP-processed data of Police Headquarters (ST 13)

Major drug trafficking routes go through the territory of Poland. Drugs are trafficked through the Polish territory in transit or are directly exported into the Western European markets. Crime syndicates might also store, repack and ship drugs in smaller quantities to European countries and North America. Routes and methods of smuggling 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 marijuana and hashish from Africa.

- Heroin, marijuana and hashish of Asian origin (South East Asia) are trafficked by land.

- Heroin coming from the Golden Crescent (Afghanistan, Pakistan, and 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 route is used to smuggle heroin into Poland from the Golden Triangle: Laos, Myanmar (Burma), Thailand. Smaller quantities are also trafficked by air.

- Marijuana from Holland is trafficked into Poland through Germany by road.

In 2008, under combating organized crime syndicates the Police developed international cooperation within the European and local projects (e.g. EAGLE, COSPOL, TRAP, NORD-OST, and EUROPOL). In 2008 the Police became involved in the CeCLAD-M project concerning combating drug trafficking in the Mediterranean region. Cross-border cooperation with the German and Ukrainian services was continued to improve common operations of combatting trafficking in hashish and heroin. Moreover, in 2008 the Police along with the Customs Service participated in the international customs operation "INBUS" aimed at reducing trafficking in synthetic drugs into the territory of Poland. Another initiative was the operation "Channel" on reducing manufacture, trade and trafficking in drugs in Eastern European and Asian countries.

## 10.2. 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. All the above institutions have not developed a single data collection system, which makes it difficult to estimate the quantities of drugs seized across the 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 were destined for foreign markets. In 2008 the Border Guard introduced a new data collection system thanks to which it is possible to extract drug seizures performed by the Border Guard officers. The introduction of the system substantially reduced double counting of the same seizures in Poland. Table 21 shows seizures in 2000-2008. In the last mentioned year substantial amounts of cannabis were confiscated, higher than in 2007. The total amount of 607 kg of the substance was seized, including 19% of hashish. For the investigated period more cannabis that was seized only in 2002. In 2008, as compared to 2007, there was a rise in seizures of LSD and ecstasy. The seized amounts of the remaining substances were smaller. The deepest fall concerned cocaine and methamphetamine.

**Table 21. Drug seizures in Poland in 2000 – 2008.**

Drug	2000	2001	2002	2003	2004	2005	2006	2007	2008
Hashish (kg)	181.863	104.554	794.516	46.568	41.495	19.292	35.401	33.128	114.681
Marijuana (kg)				233.164	232.646	227.124	401.659	352.934	492.725
Cannabis plant (items)	-	-	-	86163	15503	33488	3917	4059	19 026
Heroin (kg)	216.782	388.66	585.705	6.913	255.214	41.151	155.401	123.623	78.915
Cocaine (kg)	80.664	50.549	423.48	800.558	28.029	16.871	21.932	160.981	28.710
Amphetamine (kg)	1051.36	195.651	172.588	203.299	242.034	344.578	333.038	423.65	356.196
Methamphetamine (kg)							0.163	5.712	0.124
Ecstasy (tablets)	139133	239124	64452	102520	272198	492531	145344	610383	651 985
LSD (pieces)	3809	672	797	20602	34288	2226	1453	327	353

Source: National Focal Point (ST 13, 2009)

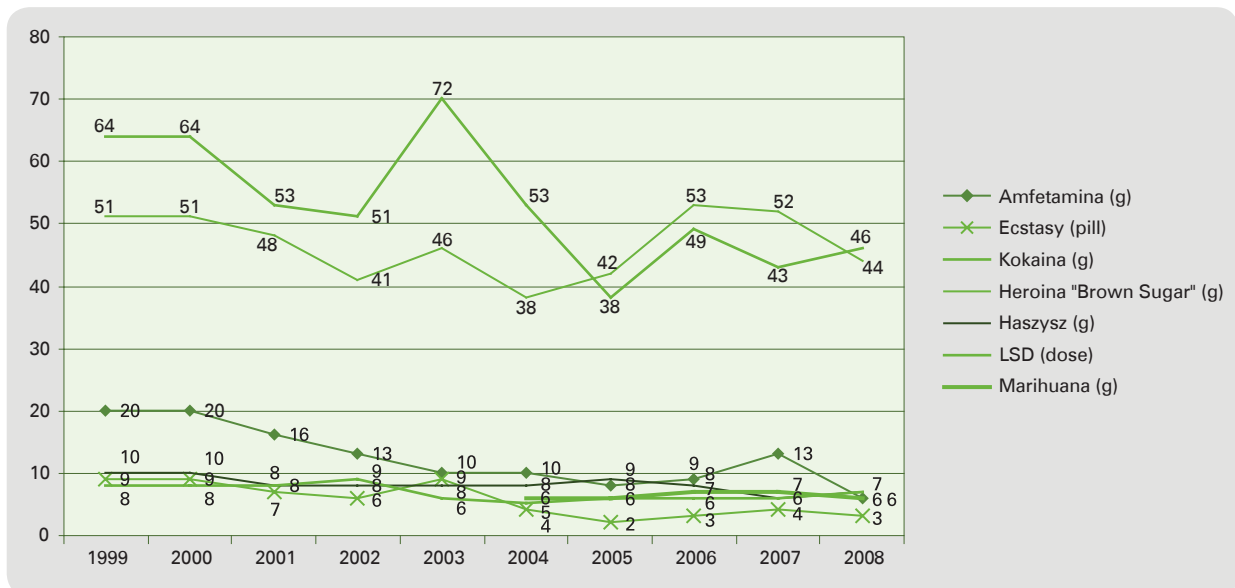
### 10.3. Price/Purity

#### ● Price of illicit drugs at retail level

Information on prices of drugs is provided by the institutions combating the illegal market. The key institution in collecting such data is the Police as they conduct operational activities against both wholesale and retail trade in drugs. 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 distracting factors 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 (Figure 32) from the last two years one must notice a rise in average prices of three drugs: cocaine from EUR 43 (PLN 185) to EUR 46 (PLN 196), hashish and LSD from EUR 6 (PLN 25) to EUR 7 (PLN 29). However, in the case of four substances we recorded a price decrease: amphetamine from EUR 13 (PLN 57) to EUR 6 (PLN 27), ecstasy from EUR 4 (PLN 17) to EUR 3 (PLN 11), brown sugar from EUR 52 (PLN 225) to EUR 44 (PLN 188) and marijuana from EUR 7 (PLN 32) to EUR 6 (PLN 27). Looking at the long-term trend between 1999 and 2008 we record a decrease in prices of all drugs. The Police data indicate that the downward trend has been stopped and drug prices levelled off.

**Figure 32. Drug prices on the illegal market in 1999 – 2008 (average price in EURO).**



Source: Malczewski 2009d; (ST 16, 2009)

In 2008 a survey was conducted among the clients of low threshold programmes (Malczewski 2009b, p. 26). The survey participants were asked to state the price of the most recently purchased drug. Table 22 shows average, modal, lowest and highest drug prices. The number of samples indicates

the number of prices given, which were used to calculate the average and the most frequent, i.e. modal, price of a drug. The survey prices are similar to those of the police statistics. Apart from the average price, which is subject to extreme values, a modal price was generated. An average price of marijuana was EUR 5 (PLN 23) and hashish EUR 6 (PLN 28). A cubic centimetre of “kompot” is usually sold at EUR 2 (PLN 9). Over half of the respondents bought it at slightly higher prices of PLN 10. A gram of amphetamine was sold at EUR 7 (PLN 23) on average; nearly every fourth user bought it at EUR 9 (PLN 40). The price of brown sugar was EUR 37 (PLN 159), a quarter of buyers paid EUR 28 (PLN 120) for it. A significant difference occurred in the prices of LSD, which was EUR 2 (PLN 7) lower than the price of the Police data. 44% of LSD buyers paid EUR 7 (PLN 30), which is an average price in the Police figures.

**Table 22. Drug prices in 2008 according to the survey of low threshold programme clients (in Euro).**

Year	Unit	Ampheta- mine	Ecstasy	Cocaine	Brown sugar	Hashish	LSD	Marijua- na	Polish homemade heroin
		gram	tablet	gram	gram	gram	piece	gram	1 cm <sup>3</sup>
2008	Minimum and maximum prices	3.5-12.8	1.2-7	23.2-69.8	22.1-81.4	1.2-11.6	3.5-8.1	4.6-11.6	1.2-3.5
	Average price	7.3	3.4	37.4	36.9	5.2	5.4	6.6	2.1
	Most frequent price	9.3	4.6	34.9	28	7	4.7	7	2.3
	Number of samples	455	85	174	223	85	285	167	391

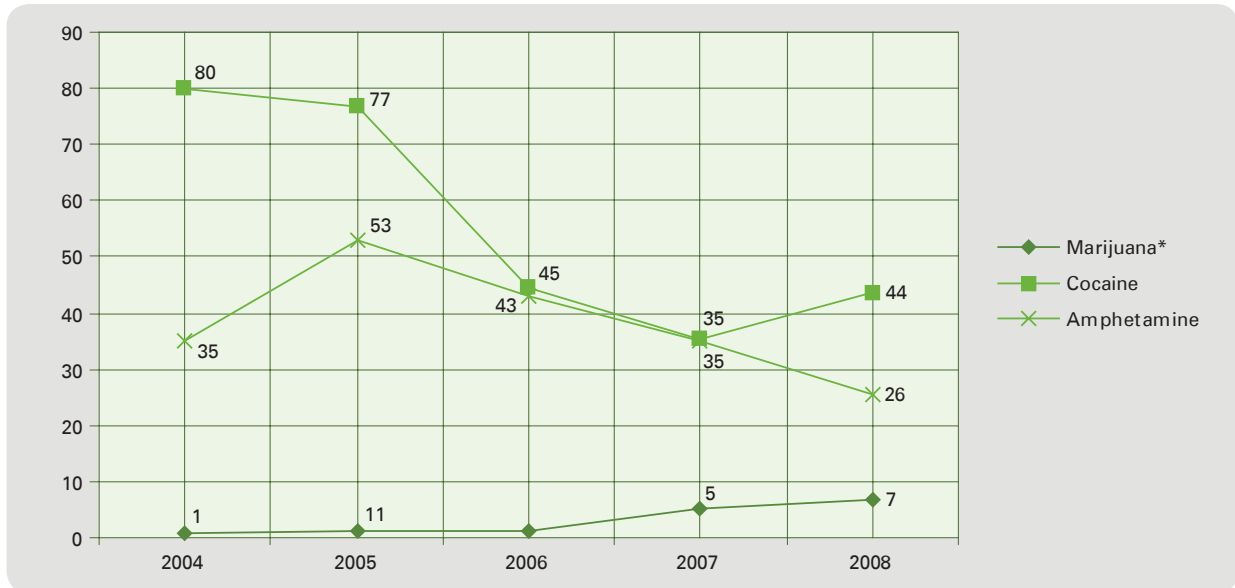
Source: NFP-processed data (ST 16, 2009)

### ● Purity/potency of illicit drugs and composition of illicit drugs and drug tablets

Based on the 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 a single data collection system on drug purity hampers the interpretation of data. Figure 33 shows 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 similar to that in Western Europe. According to the EMCDDA data the concentration of THC in cannabis in Western European countries ranges from 6 to 8% (King 2004). The 2008 Polish data show that the average THC concentration stood at 7%. It is far higher than in 2004-2006, when the purity level stood at 1% on average. It must be stressed here that such a low THC level in that period might be the result of including in samples fibrous hemp which contains very little THC. Consequently, it contributed to low THC concentration in marijuana. Since 2007, apart from the minimum and maximum purity of drugs, we have had modal value i.e. the

most prevalent. For cannabis it was 4%, for amphetamine 17% and for cocaine 24% (in 2007, 5% for marijuana and 30% for amphetamine). The modal values are lower than the average. In 2008, 75% of ecstasy tablets under study contained MDMA, MDEA, MDA; 18% amphetamine with MDMA, 2% only amphetamine and 5% other controlled substances (see ST 15, 2009).

**Figure 33. Drug purity levels and THC concentration in cannabis on the illegal market in 2004-2008 (%).**



Source: NFP-processed data of Central Forensic Science Laboratory, (Malczewski 2009d) (ST 14, 2009)

\* THC concentration in marijuana



## Part B: Selected Issues

### 11. Cannabis markets and production

*prepared by Artur Malczewski, Marta Struzik*

#### 11.1. Markets

- **Contextual info: Brief history of cannabis domestic production; “Grow shops”**

It is difficult to determine when cannabis cultivation started in Poland. At the beginning of the 1990s cannabis plantations emerged, which at least partially were destined for private use. There are no detailed data on the size of plantations at that time. It must be stressed that according to the Police data, in 1992 no cannabis plantations were detected and there were no seizures of marijuana or hashish (Rozmiary narkomanii i przestępczości z nią związanej w Polsce w latach 1992-1995 1996, p. 22). It may as well indicate low interest on the part of the Police in combating illegal cannabis plantations and the insufficient scale of the phenomenon to be reflected in police statistics. At that time drug possession was not penalized and police activities were mainly aimed at the drug production, cultivation and introducing to trade. Along with the development of poppy and cannabis cultivation in the 1990s the Police launched operational and control activities intended to detect illegal plantations. These actions included recording the amounts of the plantations seized. In 1994 52 cannabis plantations were detected, two years later the number rose to 75 (Piotrkowska 1997, p. 59). That year the Police recorded a fall in poppy plantations and a rise in cannabis plantations. In 1998, as many as 257 cannabis plantations were detected (Stan zagrożenia narkomanią i wyniki zwalczania przestępstw związanych z narkotykami 1999, p. 28), which means a further growth. A new way of cannabis growing are the so-called indoor plantations, mainly by users who do not have professional lighting and watering equipment. In recent year the Police have been identifying indoor Indica cannabis plantations by organized crime syndicates.

Along with the rising interest in cannabis cultivation the subject-related publications emerged. In Europe a magazine “Soft Secret” is published in several languages. The Polish 45-56 page version was launched in 2008. The second most popular cannabis-related paper is “Spliff. Gazeta Konopna”. Both of these titles are available on line. They feature information on the use and cultivation of cannabis. A lot of space is taken by adverts of companies specializing in selling cannabis seeds, special containers or lamps, fertilizers and books devoted to cannabis growing. The analysis of the adverts related to cannabis may show the scale and diversity of the cannabis cultivation market as the “Soft secret” adverts are exclusively related to this subject. Based on the analysis of “Soft secret” one may list the following types of shops which advertised their cannabis cultivation and use-related products:

- Grow shops – shops offering cannabis cultivation products used for indoor and outdoor growing: fertilizers, soil, lighting, ventilation devices, etc.
- Legal high shops – shops selling psychoactive substances (including psychedelics, legal highs and herbs), literature and drug use accessories.
- Head shops – shops specializing in selling accessories related to tobacco and marijuana as well as other recreational drugs and herbs (e.g. water pipes, cigarette paper, blunts, glass pipes, lighters), but also offering counterculture art, magazines, music, clothes and interior decoration.
- Coffee shops – places where sale of cannabis for private use is tolerated by local authorities – most prevalent in the Netherlands.

Table 23 shows the quantitative analysis of the adverts placed in “Soft Secret” in issues 1 (2008) to 3 (2009). The most adverts were put up in issue 2 of 2008: 46. The fewest appeared in the last two issues following 30 (issue 1 and 2 of 2009). An average page contained 0.6-0.8 of an advert. In the issues under

study there were mainly seed adverts (108 in total), adverts of grow shops and device manufacturers (82). The vast majority of the adverts were related to fertilizers and soil conditioners. It must be stressed that a lot of adverts reappear in subsequent issues and some seed sellers are advertised in the magazine on a permanent basis. The adverts are also placed in foreign editions of “Soft Secret” as the sellers of seeds or cultivation equipment are mainly Dutch companies. One-off adverts were placed by Polish representatives. The most appeared in issue 3 of 2008 (3 in total) and they referred to seeds and fertilizers; a grow shop and a website. It may be concluded that the vast majority of cannabis cultivation companies on the Polish market are foreign. The share of the Polish producers and traders on the domestic market is narrow. They are far more noticeable in the other magazine.

**Table 23. Quantitative analysis of thematic fields in Soft Secret Polska adverts in issues 1/2008 to 3/2009.**

Issue No.	Soil conditioners/fertilizers	Seeds	Grow shops & equipment producers	Head shops	Legal high shops	Coffee shops	Books	Events	magazine/website	Total	Total of adverts	No. of adverts per page
1/2008	4	10	15	4	2	0	1	1	2	39	37	0.7
2/2008	7	13	16	6	4	1	1	1	2	51	46	0.8
3/2008	9	13	14	7	5	1	1	0	2	52	45	0.8
4/2008	11	13	11	3	3	1	1	0	2	45	41	0.7
5/2008	12	15	9	3	3	1	1	0	2	46	43	0.8
6/2008	9	16	8	3	2	1	2	0	2	43	41	0.7
1/2009	5	16	4	2	2	0	2	0	0	31	30	0.6
3/2009	8	12	5	2	2	1	1	0	0	31	30	0.6
<b>Total</b>	<b>65</b>	<b>108</b>	<b>82</b>	<b>30</b>	<b>23</b>	<b>6</b>	<b>10</b>	<b>2</b>	<b>12</b>	<b>338</b>	<b>313</b>	<b>0.7</b>

**Table 24. Quantitative analysis of thematic fields in „Spliff. Gazeta konopna” adverts in issues 1 to 18.**

Issue No.	Soil conditioners/fertilizers	Seeds (seed banks & seed shops)	Grow shops & equipment producers	Head Shops & accessories producers	Smart shops	Coffee shops	Events/actions	Magazine/website	Clothes and gadgets	Clubs	Total	No. of adverts per page
1	4	4	4	6	0	0	1	0	3	1	22	2.63
2	4	5	4	4	0	0	1	1	1	0	20	2.25
3	5	7	6	7	2	0	1	2	1	0	31	2.08
4	3	6	5	8	1	0	2	1	1	0	27	2.17
5	4	7	3	8	1	0	1	0	3	0	27	2.08
6	4	9	2	6	1	0	0	0	1	0	23	1.75
7	4	7	2	3	1	0	4	1	2	0	24	1.83
8 (GROW)	4	6	2	2	0	0	1	2	2	0	19	1.70
9	4	6	3	3	1	0	3	1	1	0	22	1.67
10 (MMM)	3	6	3	2	0	0	1	3	0	0	18	1.70
11	2	8	3	5	1	0	2	0	1	0	22	1.25
12	3	8	4	4	1	0	2	2	1	0	25	1.22
13	3	8	4	6	1	1	2	1	1	0	27	1.33
14	3	8	3	7	2	1	1	1	1	1	27	1.28
15	3	8	6	7	1	1	0	0	1	0	27	1.28
16	3	6	6	7	1	1	2	0	1	0	27	1.44
17 (MWK)	3	5	4	5	0	1	0	0	1	0	19	1.60
18	5	9	8	5	0	1	1	1	0	0	30	1.30
<b>Total</b>	<b>64</b>	<b>123</b>	<b>72</b>	<b>95</b>	<b>14</b>	<b>6</b>	<b>25</b>	<b>16</b>	<b>22</b>	<b>2</b>	<b>437</b>	<b>1.70</b>



A popular magazine on the Polish market devoted to cannabis is a bi-monthly “Spliff. Gazeta konopna”, which has been appearing since February 2007. The total number of issues by November 2009 stood at 20, including three special issues: No. 8 “GROWING” – devoted to cannabis cultivation; No. 10 “Million Marihuana March” and No. 17 “Marsz Wyzwolenia Konopii 2009” – the latter two were devoted to cannabis legalization marches. Table 24 shows a quantitative analysis of the adverts, which appeared in “Spliff” issues 1-18. This magazine features as many as two adverts per page. The majority were placed in issue 18, where 30 adverts appeared; however, the advert per page rate was the lowest and stood at 1.30. The most adverts in the period analyzed related to seeds (123 adverts in total). Adverts devoted to head shops and producers of accessories were also popular (95 adverts) along with adverts of cultivation equipment and grow shops (75 adverts). In issues 1-18, 28 Polish marketers were identified, which is much more compared to “Soft secret”.

In order to find Polish shops and websites devoted to cannabis cultivation the Internet was used. Analyzing the online resources 13 Polish websites cannabis growing were found about. Some of them, are just online forums where the participants exchange their experience. Over 14 Polish domain-based shops selling equipment for cannabis use and cultivation were identified.

**Table 25. Polish cannabis cultivation websites.**

USER WEBSITES	SHOPS
<a href="http://zielonemity.republika.pl/">http://zielonemity.republika.pl/</a> Truth and myths about cannabis. Users website	<a href="http://www.narkus.pl/">www.narkus.pl/</a> Store
<a href="http://marihuana.prv.pl/">http://marihuana.prv.pl/</a> Users website	<a href="http://afrodise.abajt.pl/">http://afrodise.abajt.pl/</a> Seed store
<a href="http://www.marihuana.za.pl">http://www.marihuana.za.pl</a> Users website	<a href="http://www.seed.pl/">http://www.seed.pl/</a> Store
<a href="http://www.trawka.com.pl/">http://www.trawka.com.pl/</a> Users forum	<a href="http://www.seed-bank.pl/">http://www.seed-bank.pl/</a> Store
<a href="http://www.forum.haszys.com/">http://www.forum.haszys.com/</a> Forum	<a href="http://www.bongoz.pl/">http://www.bongoz.pl/</a> Store
<a href="http://hyperreal.info/">http://hyperreal.info/</a> website + forum	<a href="http://cannabis.fr.pl/">http://cannabis.fr.pl/</a> Store
<a href="http://ganja4all.republika.pl/">http://ganja4all.republika.pl/</a> User website with links for additional subjects	<a href="http://www.hemp.pl/">http://www.hemp.pl/</a> Store
<a href="http://www.konopie.org/">http://www.konopie.org/</a> Users website	<a href="http://www.vf.krakow.pl/">http://www.vf.krakow.pl/</a> Accessories store
<a href="http://www.jaranie.powiew.com/">http://www.jaranie.powiew.com/</a> Users website	<a href="http://headshop.pl/">http://headshop.pl/</a> Accessories store
<a href="http://www.kanabis.info/">http://www.kanabis.info/</a> Users forum	<a href="http://katalogkonopny.gota.pl/">http://katalogkonopny.gota.pl/</a> Store
<a href="http://www.marihuana.bee.pl/">http://www.marihuana.bee.pl/</a> Forum	<a href="http://www.salem.friko.pl/#215">http://www.salem.friko.pl/#215</a> Accessories store
<a href="http://www.ganjasite.friko.pl/indexnowy.php#15">http://www.ganjasite.friko.pl/indexnowy.php#15</a> Users website	<a href="http://www.thc-thc.com/">http://www.thc-thc.com/</a> Store
<a href="http://maria.prv.pl/">http://maria.prv.pl/</a> Users website	<a href="http://www.mocarz.pl/">http://www.mocarz.pl/</a> Seed store
	<a href="http://www.narkus.pl/">http://www.narkus.pl/</a> Store
<b>COMBINED: USERS WEBSITES + STORES</b>	
<a href="http://www.haszys.com">http://www.haszys.com</a> Users website, forum + store link: <a href="http://hydroonline.pl/">http://hydroonline.pl/</a>	

- **Consumer market shares of different cannabis products**

The Polish cannabis market is dominated by marijuana, especially more potent strains, the so-called 'skunk' with higher THC concentration. Hashish is less available and it is almost exclusively imported. According to the Police records approx. 30% of the cannabis consumed is grown in Poland. Due to the rising interest in cannabis growing in Poland this proportion is likely to increase.

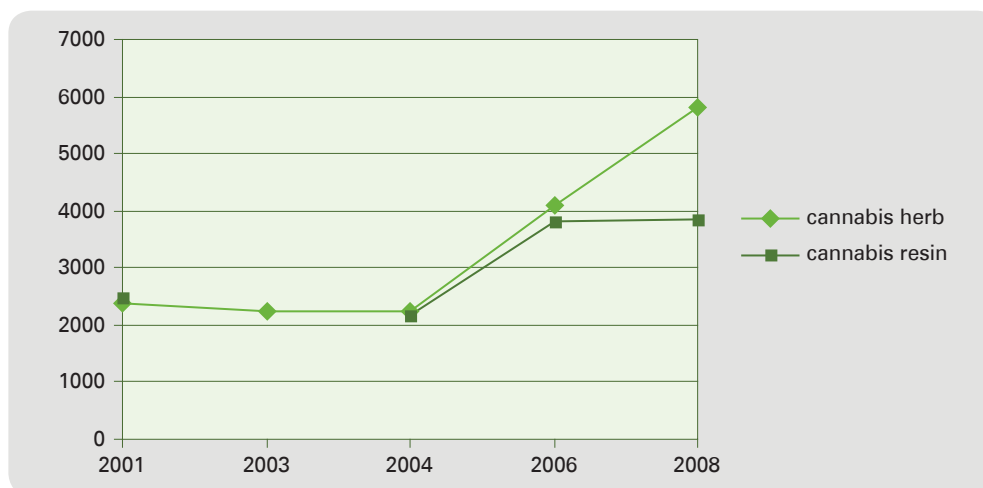
- **Distribution of cannabis at national level**

In 2007 a survey in drug dealers was conducted in podlaskie province. The project was part of a doctoral thesis by Piotr Worona entitled "Criminological and criminalistic aspects of drug addiction and introducing narcotic drugs to trade" (Worona 2008). 28 drug dealers of podlaskie province were interviewed. 90% sold marijuana and 4% hashish. The group consisted of only men, who were mostly drug users themselves. It is worth noting that the majority of drug dealers did not specialize in dealing in one type of narcotic drug. The exception were three participants who sold marijuana and one who dealt in amphetamine only. The dealers under study did not sell opiates or cocaine.

According to the study drug dealers fall into three categories. The first category includes individuals selling surpluses of their own supplies (3 participants). The second includes those for whom drug dealing is the only source of income (5 participants). The last category includes individuals seeking additional source of income (21 participants). The study shows that drug dealers are trying to maximally reduce risk. Transactions are performed discreetly and carefully. Most participants started their dealing careers by selling marijuana (86%). 93% of the dealers sold their first drug to a person they knew. 90% got their supplies from a middleman, the others had their own plantations or imported drugs. The group under study was the last link in the drug distribution chain as none of the dealers had access to the drug manufacturer. The low status of the participants in the drug business hierarchy is confirmed by the fact that the drug dealers did not consider the middlemen to be in any way related to organized crime syndicates. The study participants did not pay criminal groups for the permission to deal. Despite the low status, some participants organized their own distribution groups. Four dealers had the support of 3-9 persons. All the participants checked the quality of the substances based on appearance, smell, consistency and a self test. Marijuana dealers usually sold 1-4g (58% of participants) per transaction. Almost every seventh sold 5-10g and every fourth more than 10 grams. Hashish was sold by four individuals who usually sold the amounts of not more than 4 grams. A standard unit is a gram, both for marijuana and hashish.

- **Cannabis wholesale prices**

Data on wholesale prices are collected by the Police under the international reporting framework. It is not a routine data collection system. The Police sources of information include operational activities, key informants and drug seizures. Figure 34 shows that in 2001-2008 there was a rise in average marijuana prices from PLN 2 375 to PLN 5 814 per kg as well as hashish prices from PLN 2 500 to PLN 3 837 per kg. In 2001-2004 the prices were stable and the rise started in 2004.

**Figure 34. Average wholesale prices of cannabis herb and cannabis resin in 2001 – 2008 (PLN in kg).**

Source: Police data for INCB.

**Table 26. Wholesale prices of cannabis herb and cannabis resin 2001 – 2008 (PLN).**

Year	Price	Cannabis resin	Cannabis herb
		kg	kg
2001	Minimum and maximum prices	2000 - 3000	2000 - 2750
	Average price	2500	2375
2003	Minimum and maximum prices	-	1875 - 2625
	Average price	-	2250
2004	Minimum and maximum prices	-	-
	Average price	2250	2175
2006	Minimum and maximum prices	1300 - 7900	2600 - 7900
	Average price	3800	4100
2008	Minimum and maximum prices	3488 - 4186	3488-8139
	Average price	3837	5814

Source: Police data for INCB.

### ● Cannabis sources and transaction sizes

In recent years the popularity of growing cannabis for private use is rising. The market of cannabis cultivation-related products, books and magazines serving as manuals are the response to the needs of individuals interested in the cultivation. They also generate demand for private plantations. A substantial support for the individuals interested in cannabis cultivation is provided through marijuana users forums. Economic factor is indisputably a key factor for private cultivation. The cultivation is a lot cheaper and the purchase of necessary equipment and seeds pays for itself quickly.

For marijuana users, who anyway break the law by possessing the drug, the penalty for the cultivation is not a sufficient deterrent. Another argument in favour of private plantations is the opinion that chemical additives are present in genetically modified strains of marijuana i.e. skunk. The ‘chemical’ view according to which marijuana is laced with amphetamine or LSD expressed by therapists and prevention specialists is repeated by marijuana users, who argue that thanks to private plantations they are not exposed to dangerous compounds contained in ‘skunk’. The article dismissing the false information on chemical additives present in more potent strains of marijuana published in one of the drug users website met with sceptical reaction on the part of some internet users and marijuana users, which might indicate how strongly this belief is rooted in the minds of marijuana smokers.

## 11.2. Seizures

### ● Contextual info: supply reduction, organisation and activities

In Poland drug-related crime is combated by the Police organizational units which perform intelligence and operational activities aimed at liquidating international and domestic organized crime syndicates. The activities are aimed at cracking down on illegal manufacture and trafficking in substantial amounts but also at detecting local manufacture and distribution. Within the Police structure there are specialized anti-drug units. Police Prevention Units are in turn responsible for performing basic intelligence and law enforcement tasks in the course of preventive operations.

At the same time it must be stressed that apart from the Police combatting drug-related crime, especially intelligence and operational activities, falls within the statutory tasks of such agencies as Internal Security Agency, Border Guard, Customs Service and Military Police.

### ● Seizures of plantations, 2006-2008

Police data of 2006-2008 on the detection of cannabis plantations in the framework of combatting retail trade are presented in Table 27. The Police data reported under the national Programme for Counteracting Drug Addiction 2006-2010 show that the highest number of cannabis plantations was recorded in 2008 (128 crops); however, in 2008 the area of the plantations was higher (18 435m<sup>2</sup>). In 2008, 16 335 cannabis plants were seized, which constitutes a fall compared to 2007, when 23 900 plants were seized.

**Table 27. Detection of cannabis plantations in 2006 – 2008.**

	Number of detected plantations	Area of detected plantations (m <sup>2</sup> )	Number of detected cannabis plants
2006	10	N/A	5899
2007	128	7408	23900
2008	123	18435	16335

Source: NFP-processed data of Police Headquarters (2009)

### ● Origin of cannabis products seized, 2006-2008

In 2008 the following places/countries of origin of cannabis seized in Poland were recorded (UNODC Annual Report Questionnaire, 2009):

- marijuana – Holland, Southwest Asia, Great Britain and Poland, in approx. 30% of cases the source of origin remained unknown,
- hashish – Holland, Southwest Asia, North Africa.

In 2007, the marijuana seized in 93% of cases came from Holland while the remaining 7% came from unknown sources. All the hashish seized was manufactured in Morocco (UNODC Annual Report Questionnaire, 2008).

The 2006 data show that marijuana available on the Polish market was produced in Holland and Germany, whereas hashish came from Holland and Afghanistan (UNODC Annual Report Questionnaire, 2007).

Additional information is provided by the Police, according to which the market share of respective countries in cannabis distribution in Poland is the following (Krawczyk, 2009):

- hashish – 70% from Holland, 20% from Spain, 10% from Pakistan,
- marijuana – 60% from Holland, 30% from Spain, 10% from Greece.

### ● Breakdown of cannabis seizures by product and by amount seized in 2008

Specific data on the Police seizures of marijuana plantations and the total amount of the drug seized in 2008 are presented in the table below. The available information refers only to 54 cases of raided plantations, both indoor and outdoor. In most cases i.e. 30 the amount of marijuana produced ranged from 1kg to 50kg. In the case of 19 plantations the amount ranged from 150g to 1kg of marijuana. Only in 4 plantations the whole amount was lower than 150g. The available data also show that in 2008 only one plantation was raided where the total amount of marijuana produced exceeded 50kg.

**Table 28. Number of raided marijuana plantations and total amount of marijuana seized in 2008 (detailed breakdown for 54 detections indoors and outdoors).**

Amount of detected marijuana	Number of raided marijuana plantation	Total amount of detected marijuana (kg)
0-150g	4	0.4
150g-1kg	19	7.6
1-50kg	30	305.7
over 50kg	1	88
Total:	54	401.7

Source: NFP-processed data of Police Headquarters (2009)

It is estimated that among indoor plantations in Poland 49% are small (up to 50 plants), then 28% are medium-sized (50-500 plants) and 23% are large (over 500 plants). The breakdown of outdoor cannabis plantations is the following: 32% – small, 56% – medium-sized and 12% – large (Krawczyk 2009).

### 11. 3. Offences

According to the Police data for 2004-2008 the offences related to cannabis were identified by way of the Act of 24 April 1997 on counteracting drug addiction and the Act of 29 July 2005 on counteracting drug addiction.

#### ● Cannabis supply-related offences reported by the police, 2006-2008

##### *Cannabis production*

The offences related to cannabis production refer to the following articles of the Act of 29 July 2005 on counteracting drug addiction and the Act of 24 April 1997 on counteracting drug addiction:

– **Art. 63. 1. of the Act of 2005** (Article 49 of the Act of 1997) Whoever, contrary to the provisions of this Act, cultivates poppy, save for low-morphine poppy, or cannabis plant, save for fibrous hemp, shall be subject to a fine, the penalty of limitation of liberty or deprivation of liberty for a term up to 2 years.

– **Art. 53. 1. of the Act of 2005** (Article 40 of the Act of 1997) Whoever, contrary to the provisions of this Act, manufactures, processes or converts narcotic drugs or psychotropic drugs or processes poppy straw shall be subject to the penalty of deprivation of liberty for a term up to three years.

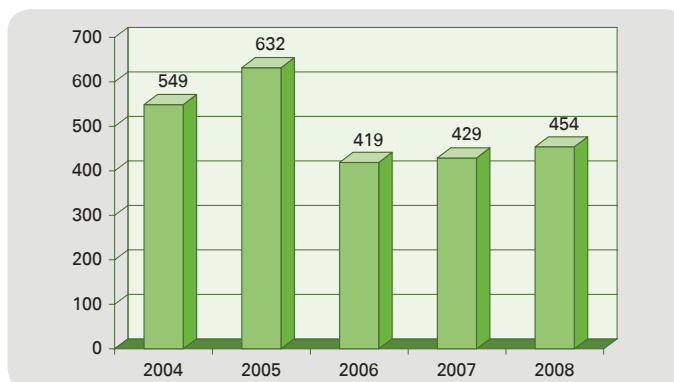
2. If the object of the act referred to in paragraph 1 is a considerable quantity of narcotic drugs, psychotropic substances or poppy straw or the act has been committed in order to gain material or personal benefit, the perpetrator shall be subject to the penalty of a fine and the penalty of deprivation of liberty for a term not shorter than three years.

– **Art. 54. 1. of the Act of 2005** (Article 41 of the Act of 1997) Whoever manufactures, possesses, stores, sells or buys instruments, if the circumstances indicate that they serve the purposes of or are intended for illegal manufacture, processing or conversion of narcotic drugs or psychotropic substances, shall be subject to the penalty of a fine, limitation of liberty or deprivation of liberty for a term up to 2 years.

2. The same penalty shall be applied to whoever: 1) adapts receptacles and instruments, even if they have been made for other purposes, for illegal manufacture, processing, conversion or consumption of narcotic drugs or psychotropic substances, or 2) conspires with another person to commit the act defined in Article 53.2.

The number of offences related to cannabis production recorded in 2004-2008 is presented in Figure 35. The most offences were recorded in 2005 (632 punishable acts). The data show that the trend became stable in 2006; however in 2008 it rose slightly as compared to 2006 (454 and 419 respectively).

**Figure 35. Offences against the Act of 2005 on counteracting drug addiction in 2004-2008 – cannabis production (Article 63.1., Article 53. 1., 2, Article 54. 1., 2).**



Source: NFP-processed data of Police Headquarters (2009)

## Trafficking

The offences related to trafficking in cannabis refer to the following articles of the Act of 29 July 2005 on counteracting drug addiction and the Act of 24 April 1997 on counteracting drug addiction:

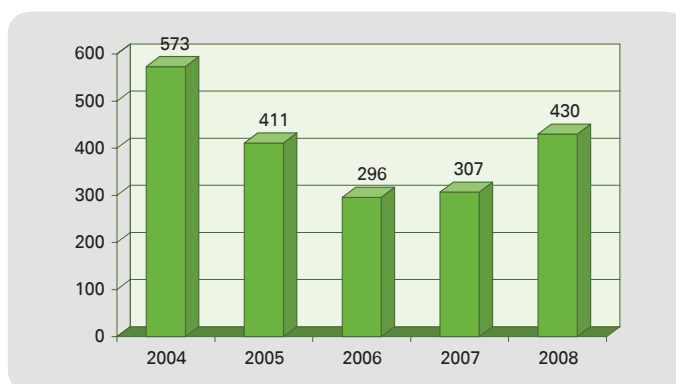
– **Art. 55. 1. of the Act of 2005** (Article 42 of the Act of 1997) Whoever, contrary to the provisions of this Act, imports, exports, performs intra-Community purchase, intra-Community consignment or transports in transit through the territory of the Republic of Poland or the territory of another state narcotic drugs, psychotropic substances or poppy straw, shall be subject to a fine and the penalty of deprivation of liberty for a term up to 5 years.

2. In the case of a lesser gravity, the perpetrator shall be subject to a fine, the penalty of limitation of liberty or deprivation of liberty for a term up to one year.

3. If the object of the act referred to in paragraph 1 is a considerable quantity of narcotic drugs, psychotropic substances or poppy straw or the act has been committed with intent to gain material or personal benefit, the perpetrator shall be subject to a fine and the penalty of deprivation of liberty for a term not shorter than 3 years.

In 2004-2006 there was a fall in the number of offences related to trafficking in cannabis (from 573 in 2004 through 411 in 2005 to 296 in 2006). However, in 2007 the number started to rise, which is shown in Figure 36.

**Figure 36. Offences against the Act of 2005 on counteracting drug addiction in 2004-2008 – cannabis trafficking (Article 55.1., 2, 3).**



Source: NFP-processed data of Police Headquarters (2009)

## Retail dealing

The offences related to retail dealing in cannabis refer to the following articles of the Act of 29 July 2005 on counteracting drug addiction and the Act of 24 April 1997 on counteracting drug addiction:

– **Article 56. 1. of the Act of 2005** (Article 43 of the Act of 1997) Whoever, contrary to the provisions of Articles 33-35 and 37 places on the market narcotic drugs, psychotropic substances or poppy straw or participates in such an activity shall be subject to a fine and the penalty of deprivation of liberty for a term from 6 months to 8 years.

2. In the case of a lesser gravity, the perpetrator shall be subject to a fine, the penalty of limitation of liberty or deprivation of liberty for a term up to 1 year.

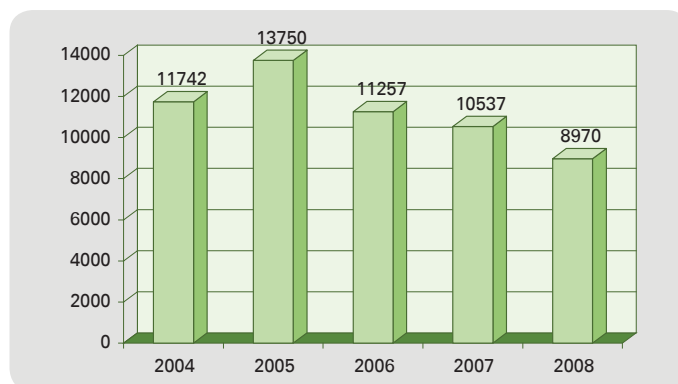
3. If the object of the act referred to in paragraph 1 is a considerable quantity of narcotic drugs, psychotropic substances or poppy straw, the perpetrator shall be subject to a fine and the penalty of deprivation of liberty for a term up to 10 years.

– **Article 59. 1. of the Act of 2005** (Article 46 of the Act of 1997) Whoever, with intent to gain material or personal benefit supplies another person with a narcotic drug or a psychotropic substance, facilitates the use or incites to the use thereof, shall be subject to the penalty of deprivation of liberty for a term up to 10 years.

2. If the perpetrator of the act referred to in paragraph 1 supplies a narcotic drug or a psychotropic substance to a minor, facilitates the use or incites to the use thereof, shall be subject to the penalty of deprivation of liberty for a term not shorter than 3 years.

3. In the case of lesser gravity, the perpetrator shall be subject to a fine, the penalty of limitation of liberty or deprivation of liberty for a term up to 2 years.

**Figure 37. Offences against the Act of 2005 on counteracting drug addiction in 2004-2008 – retail dealing in cannabis (Article 56.1., 2, 3, Article 59).**



Source: NFP-processed data of Police Headquarters (2009)

There was a steady fall in the number of offences related to retail dealing in cannabis from 13 750 in 2005 to 8 970 in 2008.

## 12. Problem amphetamine and methamphetamine use, related consequences and responses

*prepared by Waldemar Krawczyk, Michał Kidawa, Anna Strzelecka*

### 12.1. Epidemiology of amphetamine and methamphetamine use with emphasis on chronic/intensive use

- **History of (meth)amphetamine use**

Although amphetamine has been present in Poland for a long time, the number of studies conducted in amphetamine users is scarce. There is no literature that comprehensively characterizes amphetamine use in Poland from the historical perspective. However, the historical look is somewhat



presented in the survey of amphetamine users conducted in 1998 in Gdansk (Sękiewicz, 2001). The study describes the very beginning of problem amphetamine use in Poland. It was conducted under the common project of the Pompidou Group and the UNDCP: Extension of the Multi City network to Central and Eastern Europe. The survey seems interesting as it captures a unique moment in the history of drug addiction in Poland i.e. the emergence of problem amphetamine use. The rise in the number of amphetamine users in the early 1990s can be observed in a number of adolescent population surveys (ESPAD, Mokotów studies). The Gdansk survey shows how experimenting users developed a problem related to using amphetamine and other drugs right in the early 1990s.

The survey setting also plays a significant role. It was in Gdansk that the Polish homemade heroin called 'kompot' was developed from poppy stems in the 1970s. Moreover, Gdansk in the 1990s fulfilled the role of the alternative culture centre. Most trends or fashions from Western Europe or the United States came first to Gdansk and only then to the other urban areas across Poland.

In order to place the study in a broader historical context one must stress that the 1970s and 1980s drug scene was dominated by 'kompot' and access to other substances was very limited. The 1990s brought in a higher availability of other drugs along with the rise in the number of experimenting users. Until the mid-1990s these people had been infrequent visitors at drug rehab clinics.

Gdansk was also unique because in 1993 it introduced a data collection and registration system for drug-related patients, which was compliant with the TD protocol of the Pompidou Group. The records showed a dynamic rise in the number of amphetamine users entering treatment (Table 29), which lay at the foundation of this research project. The project was aimed to create a group profile of amphetamine and opiates problem users; to assess the similarities and differences as well as the interrelations between these target populations. It is worth noting that according to the author of the project the dominating type of amphetamine on the market at that time was methamphetamine.

**Table 29. Proportions of amphetamine users admitted to treatment in Gdansk**

Year	Amphetamine as primary drug (%)	Amphetamine as secondary drug (%)	Total number of amphetamine users
1994	2	8	46
1995	3	37	255
1996	5.2	35	290
1997	6.1	38	329
1998	7.3	43	517

Source: Sękiewicz 2001

## Method

Due to the hidden population the snowball method was chosen. Information on both groups was collected through in-depth interviews (approx. 90 min.). The survey was conducted simultaneously for both groups. The basic recruitment criteria included using opiates every day or almost every day for opiate users and using amphetamine at least once every second day for amphetamine users. In order to select the starting points, data on meeting points of the respective groups were collected from key informants (street workers, drug addicts, policemen, drug treatment personnel), which helped to develop a map of these sites. The researchers observed the selected sites and chose individuals for interview. Then the respondent was asked to nominate other users meeting the study criteria. To this

end special nomination sheets were designed. Through the sheets an identity code was generated for each individual nominated. In order to increase the representative character of the sample a single person was randomly selected out of all nominees. The procedure was repeated with every new respondent. 248 nominations were collected in the amphetamine group and 366 in the opiate group. An overall number of 40 opiate users and 39 amphetamine users were interviewed.

## **Results**

The research did not show any significant discrepancies between the groups in terms of gender. Both groups were mostly comprised of men. Half of the heroin users and only 4% of the amphetamine users declared contacts with the drug treatment system.

Opiate users started using drug at an earlier age. The drug initiation in this group most often took place at the age of 15-16. Most of these people had experimented with tranquilizers and sleeping pills before. Other drugs used at that time included inhalants such as glues and solvents. The drug initiation in the amphetamine group usually occurred at the age of 17-20. This group had experimented with LSD and cannabis before.

The analysis of drug use patterns showed significant difference between the two groups. In the amphetamine group more than a half used exclusively amphetamine. Among heroin users only 1% admitted to using only heroin.

The study participants in both groups expressed different views on social functioning in a number of aspects. Amphetamine users describing their families pointed to conflicts with their parents related to different value systems. Opiate users described themselves as the main problem in the family and stressed great sense of guilt. Both groups had different family backgrounds. Most parents of amphetamine users were better educated as compared to parents of opiate users. Amphetamine users were much more optimistic about their financial status. This group attached more importance to interpersonal relations with their peers. It was important for them how they were viewed by their friends. They felt relatively accepted. It was related to tightening the interpersonal contacts, which contributed to a greater sense of acceptance by others. Opiate users did not analyze how they were viewed by others. They considered their relations with others poor and stress the lack of acceptance. In their opinions they focused on self-negation, destructive tendencies and the lack of control over their lives.

In the analysis of interrelations between the groups the author points to different attitudes in both groups. Amphetamine users expressed little tolerance of opiate users. The more they identified with their group the less tolerant of opiate users they became. On the other hand opiate users expressed a great deal of tolerance towards amphetamine users.

## **Summary and conclusions**

The survey shows the existence of two completely different and separated groups of problem drug users in the city of Gdansk. The differences are visible in almost all dimensions ranging from socio-demographic characteristics to family relations and attitudes to society. Amphetamine users are more integrated socially. They function better in social roles and get on better with others.

From the historical perspective the survey provides a very interesting and unique moment in the development not only of amphetamine use but the problem drug use as a whole in Poland. It is the reflection of the generation change on the drug scene at that time. There is the younger generation who grew up in the rapidly changing reality of the 1990s, with access to new drugs such as amphetamine or LSD and the older one who were shaped by the reality of the 1970s and 1980s. New addictions emerge related to different experiences, social status, lifestyle and value systems.

## ● Trends and patterns of (meth)amphetamine use

In 2007 in Poland a survey entitled “Drug problem in penal institutions and remand centres” was conducted. The study was commissioned to the Institute of Psychiatry and Neurology by the National Bureau for Drug Prevention. The first research project on the problem of drugs and drug addiction in the penal system in Poland was carried out in 2000-2003. Under the 2001 project a questionnaire survey was conducted on a sample of inmates. It was aimed at estimating the scale of the problem. The project of 2007 is the follow-up of the previous study aimed at monitoring the problem development.

The interview was based on closed questions. The research was also based on the GPS tools. It ensured data comparability with the ESPAD studies and the adult studies in the part related to substance use. The study was applied by means of the group administered survey by the team of interviewers from outside the penal system. The approval to include a given penal institution in the survey was negotiated with the Central Management Board of Prison Service.

A great emphasis was placed on providing the participants with the maximum security and total anonymity. It was achieved by taking the following steps: full questionnaire data confidentiality, no presence of prison service officers during the interview, proper conduct of the interviewer (he or she could not walk around the room and look into the questionnaires) and a special procedure of returning the questionnaire, which was placed in an envelope which was then sealed. The anonymity was ensured at the level of the individual and the whole facility. The participants were informed that they could refuse to take part in the survey or return a blank questionnaire.

The questionnaire survey was complemented with in-depth interviews with inmates who were illicit substance users. The interviews covered such subjects as drug-related experience. The respondents were recruited for the interview upon the completion of the questionnaire survey on a volunteer basis. Qualitative data, despite not being statistically representative, allow for deeper insight into the problem of drugs and drug addiction in conditions of deprivation of liberty. 30 interviews with 30 inmates in total were conducted.

The respondents were male inmates of penal institutions, serving the sentence of deprivation of liberty or arrested. The survey excluded only the most dangerous offenders who were under special supervision. The sample selection was two-step. The first step was the random selection of a penal institution and the random selection of the respondents. Their number in each penal institution was proportionate to the size of the facility. It was assumed that the survey would include 1 408 inmates in 41 facilities. 1 240 questionnaires were ultimately collected. 168 participants (12%) refused to take part in the survey or returned blank questionnaires. The interview lasted 45-60 minutes.

The age distribution in the sample was characteristic of the age distribution in the prison population age. Most respondents were aged 20-29 (49%).

Before being imprisoned the respondents had one-off jobs (35%) or were unemployed (8%). Only 41% were employed on a permanent basis.

The majority of survey participants (34%) graduated from vocational schools and 25% from primary schools. The fewest participants had higher education (2%).

The majority of the respondents had lived with their family before they were imprisoned. Only 16% had lived on their own.

The problem of drugs is mainly the problem of the cities. The majority of the study participants were city dwellers, only 21% came from rural areas.

The sample was dominated by inmates serving the sentence of deprivation of liberty (90%). The participants in remand centres accounted for 7% of the study sample.

The vast majority of the study participants served a sentence for a crime not related to drugs. The inmates sentenced to prison in connection with a drug-related offence accounted for 21% of the participants. This figure includes 13% of inmates who additionally committed another offence.

Data on the sentence length, both the one that had already been served and the pending one, show that the study participants were mostly sentenced to short periods. The majority had criminal history; however, only a small proportion were convicted of drug-related crimes (12%), including 9% who were also convicted of a crime not related to drugs. For most respondents the current stay in a penal institution was not the first; however, only 36% had served a prison sentence before.

Comparing data of the 2007 and the 2001 studies we can see the development of trends in the prevalence of drug use in the prison population. The results of both studies are comparable as they featured the same methodology i.e. comparable research tools, the identical method of sample selection and both studies were conducted in autumn (November).

As the data presented in Table 30 show all prevalence rates for amphetamine use remain similar levels in 2007 and 2001. They differ only slightly. Some symptoms of a rise may be observed only in the case of the lifetime prevalence. In 2007 this rate rose by 3% as compared to 2001 (from 36% to 39%).

**Table 30. Prevalence rates for amphetamine use in a lifetime, in the last 12 months and in the last 30 days prior to imprisonment.**

	Lifetime		In the last 12 months		In the last 30 days	
	2001	2007	2001	2007	2001	2007
Amphetamine	36%	39%	15%	15%	6%	5%

Source: Sierosławski (2007)

The tendency of the prevalence rates for amphetamine use at liberty corresponds to a similar trend found out in the course of questionnaire surveys in the general population in 2002 and 2006 (Sierosławski 2006).

The data distribution concerning the prevalence of amphetamine use in the last 12 months prior to imprisonment by age groups is shown in Table 31.

**Table 31. Prevalence rates for amphetamine use in the last 12 months prior to imprisonment by age in 2007.**

	-19	20-24	25-29	30-34	35-39	40+
Amphetamine	41%	30%	17%	13%	5%	1%

Source: Sierosławski (2007)

The most numerous group of amphetamine users in the last 12 months prior to imprisonment were inmates aged below 19 (41%), then came inmates aged 20-24. The least numerous group were inmates aged 40 and older.

Considering the prevalence of amphetamine use in confinement in 2007 we can observe that it remained at same level as in 2001.

**Table 32. Prevalence rates for amphetamine use in penal institutions in 2001 and 2007.**

	2001	2007
Amphetamine	15%	15%

Source: Sierosławski (2007)

The distribution of data on the prevalence of amphetamine use in penal institutions by age is shown in Table 33.

**Table 33. Prevalence rates for amphetamine use in penal institutions in 2007 by age groups.**

	-19	20-24	25-29	30-34	35-39	40+
Amphetamine	28%	24%	10%	10%	8%	3%

Source: Sierosławski (2007)

The distribution of answers regarding amphetamine use in penal institutions according age groups is slightly different. The most numerous group were young inmates – 28% aged below 19. 24% were aged 20-24.

This study reveals stabilization of the amphetamine use trends in prison population. In 2007 the proportions of amphetamine users in penal institutions stood at the same or similar level. Among the respondents who used amphetamine in penal institutions, young people are in the lead (aged 30 and younger). The results of the study confirming the stabilization of amphetamine use indicators in respondents at liberty correspond to a similar trend revealed in the questionnaire surveys in the general population in 2002 and 2006.

Between 24 November and 7 December 2008 the first national survey of low threshold programme clients was conducted. The project methodology was described in Chapter 4.1. The result of the study was information on the group that had not been the subject of general population studies before. Nor had it been recorded in medical statistics. For the first time detailed data were obtained on problem drug users.

733 participants were included in the study: 508 men and 224 women. The most numerous group were participants aged 25-29 (23%). Second came the age group 30-34 (21%), then the age group 35-39 (18%) and young people aged 20-24 (14%). The fewest participants were in the age group 45 and older. Few clients were also in the group 15-19 (3%).

**Table 34. Amphetamine as a substance causing the most problems by age groups.**

Age	Amphetamine
15-19	8%
20-24	26%
25-29	36%
30-34	14%
35-39	4%
40-44	9%
45-49	2%
50-54	2%
55-59	1%
65+	.0%

Source: Centrum Informacji o Narkotykach i Narkomanii 2009b

The respondents were asked about using respective substances in the last 30 days prior to study. As the results showed amphetamine ranked second after opiates – the most prevalent drug in the respondents (61%). 33% of the study participants used amphetamine less frequently than twice a

week, 56% declared using one to a few times a week and 11% admitted to daily use in the last 30 days prior to study.

The most prevalent route of amphetamine administration was injecting – 85% of the respondents. 20% snorted amphetamine, 7% used it orally and 1% smoked it. In the case of intravenous administration amphetamine also ranked second following opiates. 58% of amphetamine users injected it in the last 30 days prior to study.

In the last 12 months prior to study 15% of the respondents overdosed amphetamine. In the list of the substances overdosed amphetamine was ranked fifth.

When asked about which substance poses the most problem 17% of the respondents pointed to amphetamine. Amphetamine also ranked second following opiates. Amphetamine-related problems were slightly more frequently reported by women (22%) than men (15%). The most problems related to amphetamine use were recorded in users aged 20 and older. The most numerous were users aged 25-29 (36%) and 20-24 (26%).

### ● Prevalence estimates of problem (meth)amphetamine users

Data of the residential treatment system are based on the medical classification ICD-10. According to the data the vast majority of users are classified under F-19. Without additional information on the type of substance used it is not feasible to conduct an estimation of the number of problem amphetamine users. The data analysis of individuals classified as users of stimulants other than cocaine is described in the Selected Issues section devoted to demand for (meth)amphetamine treatment.

### ● Treatment demand for (meth)amphetamine use

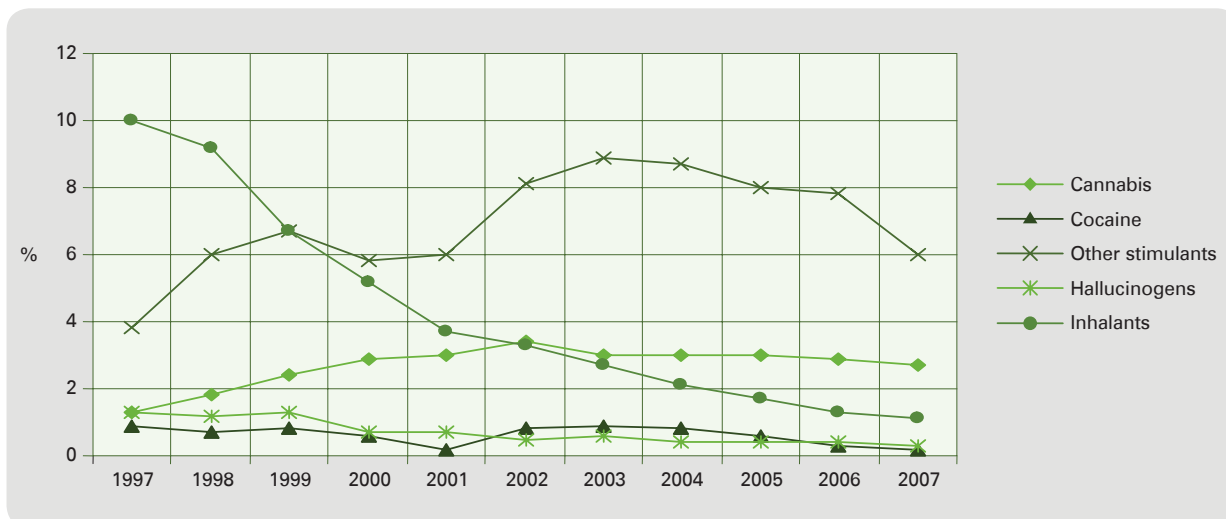
According to the data of the Institute of Psychiatry and Neurology 6% of the residential treatment patients were admitted due to using other stimulants than cocaine. It may be presumed that the great majority were amphetamine users. The hypothesis seems confirmed by the results of a number of studies both on general population and selected groups of drug users. All the studies indicate that amphetamine is the second most prevalent drug in Poland. Also the evidence reported by drug treatment specialists in Poland confirms the situation. The number of drug treatment patients due to problem amphetamine use is likely to be much higher. Most probably a significant part of users with F-19 diagnosis (multiple drug use and use of other psychoactive substances) have problems related to using amphetamine. Due to the limitations of the Institute's statistical system based on the ICD-10 classification and the lack of the statistical system compliant with the TDI protocol of the EMCDDA, this last group cannot be analyzed.

Instead the analysis should be limited to the F-15 patients (ICD-10). Trends in the amphetamine admissions are shown in Figure 38 below.

As of 1997 the percentage of amphetamine treatment patients rose steadily. In 2001 it started to increase dramatically while between 2003 and 2005 it fell. In recent years the fall has turned out to be the most notable. According to the latest data the percentage stands at the same level as in 2001.

When analyzing the treatment system data it must be noted that the percentage of the first-time amphetamine patients is higher as compared to the total number of patients. It is 7.6% and 6% respectively.

**Figure 38. Percentage of users admitted to treatment due to using stimulants and other substances in 1997-2007.**



Source: IPIN (2009)

The analysis with a breakdown into gender, similarly to other drugs, besides tranquilizers and sleeping pills, shows that more men than women enter treatment. The ratio varies if we consider the first-timers and the overall number of users admitted to treatment. Out of all the users admitted to treatment due to using stimulant in 2007 there were 5% women and 6.35% men. In the group of first-timers the proportions stood at 5.8% for women and 8.2% for men.

Summing up, the limitations of the statistical system that is currently being used to monitor the demand for treatment cause that the knowledge and conclusions regarding specific substances are incomplete. The data presented above show that the percentage (and number) of amphetamine users entering treatment, following a dynamic increase in 1997-2003, is systematically falling. However, analyzing the phenomenon in the context of other substances, especially with regard to the F-19 category (multiple drug use and use of other psychoactive substances) it is difficult to clearly and unambiguously state if we deal with the real fall or just a change of drug use pattern towards a polydrug use.

### ● Production sites and laboratories, origin of products and trafficking routes, precursors seizures (by Waldemar Krawczyk)

Out of narcotic drugs and psychotropic substances the most numerous group are synthetic substances. Synthetic drugs are produced under laboratory conditions (usually clandestine) from synthetic precursors. The increasing popularity of such substances began in the 1980s. Compared to natural drugs they are new substances. There are basic reasons for their popularity. Firstly, there is an extremely wide range of these drugs, most of which, though they have psychotropic effects, are not under legal control. An excellent example are phenethylamine derivatives. In Poland, similarly to the rest of Europe, 20 derivatives of phenethylamine are under legal control while in one book "PIHKAL, A Chemical Love Story" Shulgin listed synthesis recipes and described biological effects of about 200 phenethylamine derivatives. Some of them are permanently present on the illegal drug

market. The highest popularity is enjoyed by 3,4-methylenedioxyamphetamine otherwise called Ecstasy and abbreviated to MDMA, MDA and MDEA and amphetamine (only in Europe) and methamphetamine.

The other reason is easy production of synthetic drugs. Most of them can be obtained through simple methods in small laboratories, even at home. They are mainly produced for local purposes so the long-haul transport is not necessary, as in the case of cocaine or heroin. This reduces costs and the risk of seizure by drug enforcement agencies. They are often produced in the form of attractive tablets which removes the mental barrier against using drugs, especially in adolescents.

The main source of synthetic drugs is Europe and Southeast Asia. This is related to high concentration of industry in these areas and consequently easy access to chemical preparations and laboratory equipment. There are also people with necessary knowledge and skills to establish clandestine labs and launch illegal production.

In Europe two synthetic drugs are mainly manufactured, namely MDMA (most often in the form of hydrochloride) and amphetamine (distributed on the form of sulphate). The leading amphetamine manufacturers in Europe include the Netherlands, Belgium and Poland.

Since 1995, when the first and the biggest clandestine laboratory so far was seized, 171 have been raided. The vast majority (approx. 95%) produced amphetamine, three manufactured BMK and one PMA (p-methoxyamphetamine) and PMMA (p-methoxy methamphetamine). One methamphetamine lab was seized. It must be stressed that in Poland no laboratories manufacturing MDMA were identified (the only one that produced small amounts was liquidated in 1995). In several cases, besides amphetamine production, the laboratories manufactured BMK for their own purposes.

The above data show that the problem of illegal amphetamine production in recent years has become stable. Every year 15 clandestine labs are raided; however, a worrying aspect is the rise in the scale of production in these laboratories.

Production and distribution of amphetamine is most frequently handled by organized crime syndicates. They equip and supply illegal laboratories. Based on a number of amphetamine synthesis methods in the scientific literature the clandestine laboratories produce amphetamine using Leuckart method which uses. The basic precursors include phenylacetone (BMK) and ammonium formate as the basic precursors. Thanks to the method it is possible to produce amphetamine sulphate in 20-30 hours. No specialist equipment or skills are needed. Out of over 160 raided amphetamine clandestine labs only 2 used other synthesis methods than the Leuckart method. One produced amphetamine through the reductive amination by means of phenylacetone (BMK), ammonia and hydrogen as basic precursors. The other used the nitrostyrene method where amphetamine was obtained from benzaldehyde and nitroethane through electrolytic reduction of phenylnitropropene (nitrostyrene). In this method special attention is paid to the electrolysis and special electrolyzers for amphetamine production.

Amphetamine sulphate is usually distributed in the form of white, beige or dark brown powder. They are often mixtures of amphetamine sulphates and different additives (e.g. glucose, caffeine, painkillers) which contain 20-30% of pure drug. In recent years it is most often distributed in the form of tablets.

### *Characteristic features of Polish clandestine laboratories*

#### **– Location**

Clandestine labs are most often located in small town or villages. They are detached houses, away from neighbours and difficult to watch. However, clandestine labs located in apartment blocks or housing estate buildings also occur. Regardless of the location where the drug production process takes place there must be access to electricity and water (from the municipal water supply system, from a well or in a closed circuit).



### – Illegal producers

Clandestine labs are established by organized crime syndicates which recruit special personnel for the production process. The personnel members fall into two categories: chemists and operators. Chemists are often university graduates or even holders of PhD in chemistry. Their main task is to design a detailed technology to produce the drug ranging from the use of precursors to crystallizing the end product. To obtain knowledge of the synthesis methods they draw on scientific literature and their own experience. In the recipes for synthesis they specify the exact proportions of precursors and reagents, give time and temperature of the reaction, describe respective operations (e.g. distillation, extraction). The instruction is commonly prepared in such a way that it can be followed by a non-chemist – a person who is often unaware of what he or she is producing. The synthesis components do not have their proper names. They are simply called, e.g. “Substance A”. Chemists are rarely involved in the production of drugs in a clandestine lab.

In clandestine labs substances are produced by so-called operators. They have different professional backgrounds and education. They have been trained to strictly follow the instruction prepared beforehand by the chemists. Their chemical knowledge is often poor but they must know how to conduct basic reactions such as distillation, extraction or heating under reflux. In case a clandestine lab is discovered these people are usually brought to justice.

### – Chemicals

Chemicals at clan labs clandestine be divided into two categories: controlled precursors and reagents/solvents. The most popular method of amphetamine synthesis uses the precursor called BMK. It is a substance under rigid control and it does not have any legal applications in Poland. Clandestine labs obtain this substance through trafficking. In recent years BMK has been smuggled into Poland from Eastern Europe. Operational and criminal information indicate Russian Federation as the country of BMK’s origin.

Trafficking in BMK through Poland is one of major routes of supplying this precursor to the countries of Western Europe. Major seizures of the substance (397 litres in March and 550 litres in October 2006) at the Polish-Lithuanian border crossing in Budzisko only corroborate this fact. Part of BMK stays in Poland; however, the major transport is shipped to the Benelux.

Since 2000 there have been attempts to produce BMK in illegal clandestine labs in Poland. Three labs which specialized in BMK production from phenylacetic acid, later sold to other crime syndicates that produced amphetamine, were raided. In several other labs attempts were made to synthesize BMK on a small scale for private needs.

An interesting phenomenon observed in Poland in recent years is mixing BMK with a substance called acetophenone. Acetophenone is a non-controlled, readily available and cheap substance. It is added to BMK in order to increase the quantity of precursors. It is subject to the same chemical reactions as BMK, which results in obtaining 1-phenylethylamine. Using a mixture of BMK and acetophenone in amphetamine production causes that the end product is a mixture of amphetamine and 1-phenylethylamine.

The majority of reagents used in clandestine lab are various legal applications and the sale thereof is not controlled. They include: hydrochloric acid, sulphuric acid, sodium hydroxide and sodium formate. They are legally purchased in chemical wholesale stores. The monitoring is very difficult and boils to volunteer cooperation of the producers and the wholesalers with the police.

### – Equipment

The equipment covers a wide range of laboratory paraphernalia intended for both general use and specific processes. The laboratory equipment is also made up by the household tools adapted to the needs of the drug production process (e.g. kettle as a source of steam in steam distillation).

In the synthesis of drugs there are processes of heating reactive mixtures, distillation and drying. It is necessary to possess the right equipment such as: electric heating mantles, condensers, flasks, separatory funnels, drying machines, grinders, etc.

In Polish clandestine labs, 6-20 litre glass flasks [Picture 1] are most often used for heating reactive mixtures and distillation. For auxiliary purposes lower volume flasks are used. The flasks are heated by electric heating mantles. For cooling, glass condensers (spherical, spiral or straight) are used. In a 20-litre flask approx. 3kg of amphetamine can be produced at a time.

In recent years we have been observing a phenomenon of increasing the production capacities of clandestine labs and replacing glass flasks with 30-50 litre steel reactors [Picture 1]. In these reactors 4-8 kg of amphetamine can be synthesised at one time.

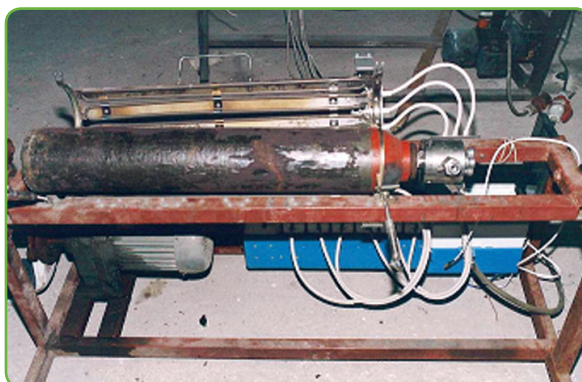
**Picture 1. Amphetamine synthesis sets: glass of 20-litre volume and steel of 50-litre volume.**



Some methods of drug or precursor synthesis require equipment specially made according to a strict method. In Polish clandestine labs two types of such equipment have been seized. One served to produce BMK. It was a steel reactor for synthesis at 30 degrees Celsius fitted with a pump for dosing reagents and a steel condenser for condensing BMK.

The other device served to produce amphetamine by reductive amination [Picture 2]. It consisted of a mixing and thermostat device (cradle) and an empty gas flask converted into a high-pressure reactor in which a synthesis under the pressure of even 200 atm. could be conducted.

**Picture 2. Amphetamine production device through reductive amination.**



### – Drying and grinding

Synthetic drugs are produced in a crystal form through obtaining a type of salt, for example amphetamine sulphate. The end product always contains residue of solvents, which must be removed through drying. There are two drying methods. One is drying the product placed on trays under hot lamps (Picture 3). The other is using drying machines.

Picture 3. Drying 11 kg of amphetamine sulphate under hot lamps.



The dried product is lumpy and before being introduced to trade it must be ground. During grinding different additives may be added, e.g. glucose, creatine or painkillers. Doing so at this stage ensures drug homogeneity and prevents visual detection of the additives.

### –Tableting

Tablets are becoming increasingly popular on the drug market and are replacing drugs in the form of powder. In Poland, it has been observed that amphetamine sulphate has been tableted for about two years. To this end tableting machines at the capacity of 2000-3000 tablets per hour are used.

### – Water and electricity

In order to be operational any clandestine lab must have access to electricity and water. Electricity consumption in a lab where amphetamines are synthesized is not high and it is comparable to the consumption of an average household equipped with a washing machine, a fridge and other appliances. It is typical of clandestine labs that they have illegal electricity connections. They can be supplied to the whole production compound or just the parts related to the drug synthesis.

Another utility necessary to manufacture drugs is water. In a clandestine lab two types of water are used: technological and cooling. The technological water is used for production processes. It serves to prepare hydroxides and acids but also for extraction and water steam distillation. Water consumption is low and closely related to the production technology. Another type is cooling water. It is used for condensing steam in the condensers. It must be used in flow while its quantity depends on a number of factors. The most important ones include the temperature of the steam condensed external temperature, the length of condensers used and the temperature of the cooling water.

In clandestine labs three sources of water are used:

- municipal water
- well water
- closed circuit water

The easiest to use is the municipal water (if there is a water main). It can be the source of any amounts of water without the need to be economical. On the other hand the amount of water consumed

in a clandestine lab does not differ from the consumption in an average household. Similarly to electricity it cannot be a factor in detecting a potential clandestine lab.

The second most frequent source of water, especially in laboratories located in rural areas, are wells. The water is supplied to the laboratory rooms in hosepipes. These types of makeshift water supply systems should draw the policemen's attention raiding clandestine labs.

The third source of cooling water is the closed circuit water. The cooling system consists of high volume barrels filled with water (most often it is several interconnected 200-litre barrels), a water pump for the circuit and radiators for cooling the water. The circuit is fitted with the synthesis condensers. Using the closed circuit allows for the drug production in settings where there is no well or water main and the only available utility is electricity.

### *Amphetamine trafficking*

The major drug-trafficking destination is Scandinavia. The outcome of the joint police operations conducted by the Central Office of Investigation (CBS) of the Police Headquarters and the Police of the Scandinavian countries (e.g. EAGLE project in cooperation with the Swedish services) has shown deep involvement of the Polish crime syndicates in the trafficking of Polish amphetamine along this route. Needless to say, it is dictated by economic reasons as the price of the drug on the Scandinavian market is several times higher as compared to other EU countries. Moreover, Polish amphetamine is popular and sought-after due to its good quality. It often happens that the drug syndicates operating in Scandinavia have their members there, who are either Polish citizens or already hold the citizenship of the target country, which greatly enables drug trafficking. Amphetamine is most often trafficked into Scandinavia by ferry from Polish ports (Świnoujście, Gdynia). It is hidden in trailers of international transport trucks or in private or rented passenger cars in secret compartments.

The laxer border control inside the European Union made it far easier for the crime syndicates to traffic drugs to Western, Northern and Southern Europe as well as the United States. Opening the job markets for Polish citizens by the "old members" of the European Union related to the economic migration also plays an important role here. Crime syndicates are increasingly often taking advantage of this trend to pursue their criminal activities. The evidence is the increasing number of Polish citizens detained across Europe in connection with amphetamine trafficking. It is especially true for Ireland and Great Britain along with other target Western European countries such as Germany or France. The latter two are also transit countries for the Polish amphetamine destined for the British market. In many cases these people are used as couriers of Polish and increasingly often foreign criminal groups, mainly based in Belgium and Holland – the leading producers of synthetic drugs in Europe.

Amphetamine is smuggled into Western Europe by road through the Polish western border and is often hidden in trucks, passenger cars and buses. It is shipped as liquid in order to reduce the risk of detection by border control services.

Detentions of amphetamine couriers on the eastern border of Poland also indicate an increased demand for it in Eastern Europe.

### *Summary*

Poland is one of the leading amphetamine producers in Europe. Every year the Police raid over a dozen clandestine labs. In Polish clandestine labs amphetamine is produced according to the Leuckart method using BMK and ammonium formate as basic precursors. In one synthesis 3 kg of amphetamine sulphate is produced. However, in recent years an upward trend has been observed to increase the amount to 8 kg. Amphetamine is destined for both the domestic market and abroad, mainly for the Scandinavian countries and Germany.

In Poland only one clandestine lab producing BMK-based methamphetamine has been raided (reductive amination with aluminium amalgamate, 200 g per synthesis). No clandestine labs producing MDMA have been detected.

## **12.2. Responses to chronic amphetamine/metamphetamine use**

- **Health, social and legal responses addressing (meth)amphetamine use or chronic use**

Treatment of amphetamine-dependent individuals is provided according to the same rules as the treatment related to other drugs. In Poland there are no amphetamine-oriented treatment programmes. The treatment organization and rules have been described in detail in Chapter 5 “Drug treatment: demand and availability”.

- **Quality assurance and best practices**

In Poland there are no amphetamine-oriented treatment programmes. The matters related to standards and mechanisms of quality assurance in drug treatment have been described in detail in Chapter 5 “Drug treatment: demand and availability”.



## Part C

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- 4) Database on reported cases of infectious diseases. Epidemiology Department of the National Institute of Public Health – National Institute of Hygiene in Warsaw.

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## List of abbreviations used in the text

- 1) ABW – Agencja Bezpieczeństwa Wewnętrznego (Internal Security Agency)
- 2) CBOS – Centrum Badań Opini Społecznej (Foundation of the Public Opinion Research Centre)
- 3) CBS – Centralne Biuro Śledcze (Central Bureau of Investigation) of the Police Headquarters (KGP)
- 4) CeCLAD-M – project concerning combating drug trafficking in the Mediterranean region
- 5) CMQ – Centre for Monitoring Quality
- 6) CND – Commission on Narcotic Drugs
- 7) DRID – Drug-related infectious diseases
- 8) DRUID – Driving under the Influence of Drugs, Alcohol and Medicines project
- 9) EDDRA – Exchange on Drug Demand Reduction Action
- 10) EDPI – European Drug Policy Initiative
- 11) EMCDDA – European Monitoring Centre on Drug and Drug Addiction
- 12) ESPAD – European School Survey Project on Alcohol and other Drugs
- 13) GHB – Gamma-Hydroxybutyric acid
- 14) GPS – General Population Survey
- 15) GUS – Główny Urząd Statystyczny (Central Statistical Office)
- 16) HCLU – Hungarian Civil Liberties Union
- 17) IATAP – Intramural AIDS Targeted Antiretroviral Program
- 18) IDI – Individual In-Depth Interviews
- 19) IDU – Injecting Drug Users
- 20) ICD – International Classification of Diseases
- 21) MCPPA – Methodological Centre for Psychological and Pedagogical Assistance
- 22) NBDP – National Bureau for Drug Prevention
- 23) NFP – National Focal Point
- 24) NGOs – Non-governmental organizations
- 25) NHF – National Health Fund
- 26) NPCDA – National Programme for Counteracting Drug Addiction
- 27) OTC – Over-the-counter drugs
- 28) PMA – p-methoxyamphetamine
- 29) PMMA p-methoxy-methamphetamine
- 30) UNDOC – United Nations Office on Drugs and Crime

## Part D: Standard Tables and Structured Questionnaires

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