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New Development, Trends and in-depth information on selected issues
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Editor:
Artur Malczewski

Authors:

Centrum Informacji o Narkotykach i Narkomanii – Reitox Polish Reitox Focal Point Poland
Artur Malczewski - Head of NFP
Michał Kidawa
Marta Struzik
Anna Strzelecka
Katarzyna Sollich

Krajowe Biuro ds. Przeciwdziałania Narkomanii - National Bureau for Drug Prevention
Piotr Jabłoński Ph.D. – Director
Bogusława Bukowska – Deputy Director
Anna Radomska
Elżbieta Stawecka
Dawid Chojecki
Łukasz Jędruszak

External expert:
Magdalena Rosińska Ph.D.
Kajetan Dubiel
Janusz Sierosławski

Translation:
Paweł Nowocień

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Summary

Prepared by Artur Malczewski, Dawid Chojecki

Drug Policy

The executive act the lays down the priorities serving both as the National Antidrug Strategy as well as the Action Plan is the National Drug Strategy 2010-20161. Since 2006 the National Programme has been a legal act of a regulation status. 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 existing programme has replaced the National Drug Strategy 2006-2010. In 2010 and the first half of 2011 the anti-drug law was subject to a number of modifications. One of the reasons was the attempt to stem the growth of illegal sale of uncontrolled psychoactive substances in Poland. The legal highs developments were broadly discussed in Polish National Report 2010. In order to counteract the phenomenon the Act on counteracting drug addiction was amended three times between the beginning of 2010 and mid-2011.

The first amendment of June 2010 extended the list of controlled substances by mephedrone and 9 synthetic cannabinoids. The next amendment acted at the end of 2010 modified the definition of substitute drug and imposed a ban in placing this category of substances on the market. The Act on Sanitary Inspection was also amended by obliging the Inspection to control substitute drugs. Another amendment was developed and came into force in April 2011. It brought 23 other substances under legal control.

Apart from the abovementioned changes, also in April 2011 a major amendment to the Act on counteracting drug addiction was passed. It was developed by a team of experts coordinated by the Ministry of Justice. The amendment introduced a number of crucial changes in the Polish anti-drug law. Probably the most important and frequently discussed and the most controversial change was the deregulation of small possession of drugs for private use. The amendment introduces Article 62a which gives the prosecutor and the judge an option to discontinue the criminal procedure towards individuals caught in possession of small amounts of narcotic drugs and psychotropic substances for private use.

General population studies

Under monitoring drug use prevalence in the general population National Bureau for Drug Prevention and Millward Brown SMG/KRC conducted a qualitative study on a representative sample of 1001 Polish population in 2010 (15-75 year old, N = 1001). The study was concerned using psychoactive substances. The study was conducted face to face at

respondents' homes by means of a computer and was based on the Omnibus approach. The results of the study show that the most prevalent drugs in Poland include cannabis (4%), legal highs (3%) and amphetamine (1%). Last year prevalence were: legal highs – 2%, cannabis – 1% and amphetamine – 0,5%.

The survey "Psychoactive substance use among school adolescents – Youth 2010" was conducted by the Foundation of the Centre for Public Opinion Research (CBOS) between 15 October and 15 December 2010. The survey was conducted by means of the quantitative method on the nationwide random sample of 65 schools (one class per school) including general education secondary school, technical secondary schools and vocational schools. The survey included 1 246 students. Lifetime prevalence rate for cannabis use in 2010 was 35.7%, which is higher by 5% compared to 2008 (30.5%). In the last 12 months cannabis had been used by 18% of the students (compared to 16.4% in 2008). The rate for the last 30 days stands at 7.7% in 2010 (compared to 7% in 2008). 15% of the survey participants reported using cannabis 1 or 2 times. The survey participants answered the questions about the use of legal highs. In 2008, legal highs had been ever used by 3.5% of students. In 2010, this rate trebled to 11.4%. 7.2% of students admitted using legal highs in the last 12 months prior to survey (2.6% in 2008) and 1.1% in the last 30 days (1.5% in 2008). Only in the case of the last 30-day prevalence, the rates did not increase compared to 2008, which was the time when the legal highs scene started emerging. The lifetime prevalence use of tranquilizers and sedatives without doctor's prescription is reported by 20% of students (22% in 2008). The last 12-month prevalence stands at 10% in 2010 compared to 11% in 2008. Finally, the last 30-day prevalence rates equal 4% and 5% respectively. In 2008, every tenth student (9%) reported a single episode of amphetamine use. In 2010, this rate fell to 7%. The last year prevalence rates for amphetamine use among students in 2010, stood at 4% and 3% in 2008. The rates for the last 30 days reached 1% in both measurements.

In 2010, the highest proportion of students used amphetamines once or twice (3%), under nine times (2%). The frequency rate of 10 times and more is recorded among 1% of students.

Prevention

According to the Regulation of the Minister of National Education of 2002, the school is obliged to develop and implement school (universal) prevention programme in compliance with the curriculum and adequate to developmental needs of students and needs of the community. The obligation also refers to early identification of social maladjustment among school youth and providing psychological and pedagogical assistance for drug-endangered students and their parents.

In November 2010, the Minister of Education signed a package of regulations concerning the education of students with special educational needs, including legislation pertaining to the organization and provision of psychological and pedagogical assistance. In 2010, changes were introduced to the education law concerning the evaluation of the quality of education. The basic idea of the new model, introduced with the Regulation of the Minister of National Education of 7 October 2009 on the pedagogical supervision, is to strengthen the pedagogical supervision with the emphasis placed on the analysis and quality evaluation of education in school and centres. To ensure high quality of prevention programmes a special tool has been developed called Recommendation System for Prevention and Mental Health Promotion Programmes. The general aim of the system is to raise quality of prevention and mental health promotion programmes and disseminate evidence-based prevention strategies and programme design methods. In 2010, similarly to previous years, the programme's implementation continued.

In 2010, under selective prevention, the National Bureau took part in an international "FreD goes net" project co-financed by the EU under the Public Health Programme. The project aims at promoting a selective prevention model based on short-term intervention for young drug users across European countries.

According to the Act of 29 July 2005 on counteracting drug addiction, local governments (provincial and communal) are obliged to develop and implement Provincial and Communal Programmes for Counteracting Drug Addiction. Under these programmes, local governments support local and regional initiatives, which included school educational programmes, programmes for parents, training courses for programme implementers, programmes for at-risk youth and their families as well as extracurricular classes. In 2010, 16 provincial governments sponsored universal prevention programmes.

Problem Drug Use

The nationwide surveys conducted in Poland in 2010 provided data to estimate the number of problem drug users. In Polish estimations this term refers to a regular drug user (of illegal substances) who encounters serious problems as a consequence of using. The latest estimation of problem drug users conducted of 2011 shows that there were 57 000-103 000 problem drug users in 2010.

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. In 2008 residential treatment admitted 12 627 patients. Compared to the previous year, the trend of people entering treatment in specialist clinics and hospitals In 2009, inpatient clinics provided treatment for 15 412 patients. 12 982 of these patients were admitted in 2008, which is a slight rise compared to people entering treatment in specialist clinics and hospitals. In 2009, 5 682 patients were admitted to inpatient clinics for the first time in their lifetimes. Similarly to previous years, among patients admitted to residential treatment in 2009 the majority were opioid users (14.7%). However, this rate is lower compared to 2008 (17.2%). Approx. 13% of patients abused tranquilizers and sedatives and approx. 4% were diagnosed with addiction to other stimulants. In 2009, as well as in 2007 and 2008, there were few cannabis users (3.3%), inhalants (0.6%) and hallucinogens (0.1%). A very small percentage was made up by cocaine users (0.1%). However, these data do not reflect the full and precise picture of drug use patterns among patients admitted to drug treatment patients because as many as 64.9% of patients fall into the category “other and mixed” (F19 diagnosis). levelled off (in 2007, 12 582 patients were admitted to inpatient clinics).

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 in 2009 (latest data) there were 87 residential clinics and 222 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 2010 substitution treatment included 2 109 patients in 18 programmes run at health care units and 7 programmes in prisons.

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. The 2010 data indicate a stabilization of the trend (50 new cases recorded). 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.

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.

Analyzing the latest available data for 2009, we notice the level similar to 2008. Out of 247 deaths, most cases (70%) were male In 2009, the average age of drug-related death was 43..

Social correlates and social reintegration

Low level of funding can be observed among provincial governments which finance social reintegration programmes for psychoactive substance dependent clients who completed drug treatment or receive substitution treatment. A total amount of funds earmarked by provincial governments to this end in 2010 was still insufficient similar to 2009.

On the other side, the number of the recipients of the social reintegration programmes financed from the sources of the communal governments increased but the number of communal governments which had financed those programs – decreased.

Moreover, entities implementing social reintegration programmes often succeed in obtaining EU funding, which few years ago was a rarity. In 2010, social welfare centres across Poland provided drug-related assistance for 3 497 families (2009: 3 320 and 2008: 3 287); including 462 in rural areas (448 in previous year). The assistance was provided for 5 791 clients, including co-dependents (2009: 5 778, 2008: 6 106). In 2010, the National Bureau also co-financed hostel and reintegration programmes. 20 hostels and 15 reintegration flats received funding. The programmes target drug rehab graduates, including addicted mothers' children, who can stay in a special hostel or re-entry flat upon completion of drug treatment. Moreover National Bureau co-financed the total number of 33 pro-abstinence programmes conducted by 22 organizations. Post-rehabilitation programmes targeted the total number of 1 664

clients, including 203 aged under 19. More than a half of the programme participants (55%) were employed and 63% of those aged over 19.

Drug-related crime, prevention of drug-related crime and prison

In 2010 the number of crimes recorded reached the highest figure ever recorded - 72 375, even higher than the 2002 number (70 202). The highest proportion of crimes was related to drug possession: 35 064 (48%). In the structure of crime there are offences under Articles 58 and 59 (supplying drugs). Altogether they account for 42% of all the offences (30 803). Only mentioned three Article of the Act make up 90% of recorded crimes. The number of offenders increased from 26204 (2009) to 26865 (2010). In the record year of 2010, one suspect committed an average of 2.7 crimes. Let us take a look which articles of the Act the crimes violated. The highest number of crimes referred to Article 62 (70%), then came Article 59 (11%) and Article 58 (8%). In total, these three articles accounted for 89% of all suspects under the Act.

Abstinence-based programmes were conducted in 16 therapeutic wards. Out of 1 658 inmates as many as 94% were men (1 554). Moreover, in 2010 in 22 prison therapeutic wards for inmates with non-psychotic mental disorders or mentally disabled inmates there were 267 patients with dual diagnosis (mental disorders and addiction to psychoactive substances other than alcohol). In 7 substitution treatment programmes conducted in 22 correctional settings there were 144 patients in 2010.

Drug market

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 across 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 drug seizure quantities and the considerable role of the random factor, the trend analysis is seriously hampered. It must be remembered that certain quantities of drugs seized by Polish services were destined for foreign markets. In 2010, there was a rise in hashish seizures and a record quantity of marijuana was seized. In the case of amphetamines, ecstasy and LSD, higher quantities were also seized compared to 2009. There was a fall in cocaine and heroin seizures with heroin figures falling considerably. In 2009, there were far more amphetamine seizures compared to 2010.

16 clandestine laboratories manufacturing synthetic drugs were seized, which is two times as high as in the previous year. 304 amphetamine profiles were conducted (190 in 2009). 53 illegal high-morphine poppy plantations of the total area of 34 278.44 m² were detected (99 in

2009). 583 illegal cannabis plantations of the total area of 24 415.69 and several other illegal plantations of other psychoactive plants were seized. In 2010, compared to 2008, there was a rise in mean and modal prices of drugs. The exception was ecstasy, whose prices fell. The price of LSD should be handled with care due to the low number of observations. Average prices be noted: marijuana - 7 Euro, hashish – 8 Euro, heroin - 43 Euro, cocaine – 45 Euro, amphetamine – 10 Euro, ecstasy - 2 Euro, LSD - 7 Euro.

The 2010 data show that the average concentration of THC in Polish marijuana stood at 8% and remained at the same level as in 2009. Since 2007, apart from the minimum and maximum purity of drugs, we have had the modal value i.e. the most prevalent. In 2010, it was 5% for marijuana and 12% for amphetamine.

Drug-related health policies and services in prison

Incarcerated drug users are handled pursuant to the Regulation of the Minister of Justice on specific conditions and rules of conduct in drug treatment, rehabilitation and reintegration. International standards such as the Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence (2003/488/EC) are also enforced. The research into drug addiction in penal institutions as well as previous experiences with alcohol dependent and mentally disordered inmates gave rise to the establishment of proper prison therapeutic systems as early as the turn of the 1950s and 1960s. In the 1960s first wards for inmates with behavioural disorders were established, then in the 1970s first wards for alcohol dependent inmates appeared to be followed by wards for drug dependent individuals in the 1980s. At present, prisoners serve their sentences in the regular, programme-based and therapeutic systems. The therapeutic system is a broad term and covers behavioural problems related to disordered personality, dependence on alcohol, narcotic drugs and psychotropic substances. Pursuant to Article 97.1 of the Executive Penal Code, the option of sentence execution in a therapeutic ward includes the need to prevent the inmate from further developing pathological personality conditions, redress mental balance and shape the ability to function independently in society.

Article 97.2 of the Executive Penal Code provides that the sentence execution, employment, education and sanitation should meet the standards of effective treatment and therapeutic intervention. All categories of inmates may serve sentences in the therapeutic system on condition that they meet the special intervention criteria referred to in Article 96 of the Executive Penal Code. The therapeutic system of inmates dependent on narcotic drugs and psychotropic substances since its inception has been the most rapidly developing branch of the prison system. It has been developing in terms of both quality and quantity. Changes also occurred in the way of performing interventions. Treatment for inmates dependent on narcotic drugs or psychotropic substances was provided by psychologists or humanities

graduates (pedagogy, sociology, social rehabilitation). In the beginning the Atlantis programme was used. It was introduced to Poland in 1990-1992 by William Burgin from the USA. Now most therapeutic wards especially those treating drug addiction work on proprietary programmes and their description requires another paper. In 2010, treatment for inmates dependent on narcotic drugs or psychotropic substances was provided in 16 therapeutic wards. The total number of beds in all the wards is 578. In 2010, there was a rise in the number of inmates covered by the therapy and discharged from wards upon therapy completion. The total number was 1 668. Antiretroviral treatment was provided for 204 patients.

Drugs users with children (addicted parents, parenting, child care and related issues)

The Polish legal system does not directly regulate the issues of drug-dependent parents. Such issues are regulated by the family law as to exercising parental authority, by the criminal law with respect to family abuse, by the civil law with respect to liability for damages and by the regulations with respect to the scope and manner of welfare assistance.

In Poland the majority of drug treatment units target opioid users, which are predominantly male. There are not enough centres for women with children, which due to the well-being of their children effectively discourages them from entering drug treatment. Taking care of drug dependent women's children is currently one of the main issues of woman-friendly programmes. It might encourage drug dependent mothers to enter and continue drug treatment. In Poland, there are 25 drug treatment units for drug dependent women with children. Wd do not have so many studies concerning drugs users with children. In the previous years had been conducted same studies: a survey of low threshold programme clients (from 733 interviews 261 clients declared that they had children); maternity and drug dependence; prenatal care for pregnant women dependent on psychoactive substances. Data from TDI was also used for describes mentioned group.

Part A: New Developments and Trends

1. Drug policy: legislation, strategies and economic analysis

prepared by Michał Kidawa, Anna Strzelecka, Artur Malczewski, Łukasz Jędruszak,

Introduction

The basic anti-drug legal act remains the Act of 29 July 2005 on Counteracting Drug Addiction. The Act defines the following: 1) competences of relevant services, central institutions and local governments in counteracting drug addiction, 2) educational activities and information provision, 3) conduct with substance dependent individuals, 4) rules and 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 the lays down the priorities serving both as the National Antidrug Strategy as well as the Action Plan is the National Drug Strategy 2010-2016[2]. Since 2006 the National Programme has been a legal act of a regulation status. 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 existing programme has replaced the National Drug Strategy 2006-2010. The programme's structure remained the same.

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 the NPCDA is fully integrated with the EU Drugs Strategy and Action Plan. Under the National Drug Strategy 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 agencies often meant 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 if antidrug actions in Poland. The coordinating role in implementing the National Programme is fulfilled by the Council for

[2] More information under 1.2. National action plan, strategy, evaluation and coordination

Counteracting Drug Addiction. The Council comprises undersecretaries of state of the following ministries: Health, Justice, Social Care, National Defence, Agriculture, Education, 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 implementing team for the National Programme[3]. 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 Information Centre for Drugs and Drug Addiction operating within the National Bureau.

1.1. Legal framework

- **Laws, regulations, directives or guidelines in the field of drug issues (demand & supply)**

In 2010 and the first half of 2011 the anti-drug law was subject to a number of modifications. One of the reasons was the attempt to stem the growth of illegal sale of uncontrolled psychoactive substances in Poland. The legal highs developments were broadly discussed in Polish National Report 2010 [Malczewski et. al. 2010]. In order to counteract the phenomenon the Act on counteracting drug addiction was amended three times between the beginning of 2010 and mid-2011.

The first amendment[4] of June 2010 extended the list of controlled substances by mephedrone and 9 synthetic cannabinoids[5]. The next amendment[6] enacted at the end of 2010 modified the definition of substitute drug and imposed a ban in placing this category of substances on the market. The Act on Sanitary Inspection was also amended by obliging the Inspection to control substitute drugs. Another amendment was developed and came into force in April 2011[7]. It brought 23 other substances under legal control[8].

Apart from the abovementioned changes, also in April 2011 a major amendment to the Act on counteracting drug addiction was passed[9]. It was developed by a team of experts coordinated by the Ministry of Justice. The amendment introduced a number of crucial changes in the Polish anti-drug law.

[3] More information under 1.2. National action plan, strategy, evaluation and coordination/coordination arrangements.
[4] Act of 10 June 2010 on amending the Act of counteracting drug addiction (Journal of Laws "*Dz.U.*" No. 143, item 962).
[5] JWH-073, JWH-398, JWH-250, JWH-200, CP 47,497 and homologs C6, C8, C9, HU-210
[6] Act of 8 October 2010 on amending the Act of counteracting drug addiction and Act of National Sanitary Inspection (Journal of Laws "*Dz.U.*" No. 213, item 1396).
[7] Act of 15 April 2011 on amending the Act of counteracting drug addiction (Journal of Laws "*Dz.U.*" No. 105, item 614).
[8] AM-694, JWH-007, JWH-019, JWH-081, JWH-122, JWH-203, JWH-210, RCS-4, MBZP, pFPP, TFMPP, BUTHYLONE, 4-EMC, 4-FMC, 4-MEC, FLUOROAMPHETAMINE, METAMPHEPRAMONE, METEDRONE, METHYLONE, NAPHYRONE, 2C-E, MDPEA, MDPV
[9] Act of 1 April 2011 on amending the Act of counteracting drug addiction and other acts (Journal of Laws "*Dz.U.*" No. 117, item 678).

Probably the most important and frequently discussed and the most controversial change was the deregulation of small possession of drugs for private use. Since 2000 the Polish anti-drug law penalized the possession of any amount of drugs for private use. This provision was intended to reduce drug use. Additionally, it was meant to make drug enforcement easier. One of the arguments provided by law enforcement ministries was that drug dealers always carry small amounts, which makes it impossible to prosecute them. The ideas accompanying the introduction of this amendment in year 2000 proved erroneous and brought about contrary results. As one can read in the grounds for the abovementioned act (Projekt ustawy o zmianie ustawy o przeciwdziałaniu narkomanii, 2010) the regulations led to the emergence of two unfavourable social and legal phenomena: "one prevented law enforcement agencies from penetrating the groups responsible for introducing narcotic drugs to trade and the other made drug users a new category of criminals." This approach is contrary to the basic rule of the Polish anti-drug law according to which a drug user is ill and the very consumption of drugs is not a crime. Moreover, the economic factor was quite significant in amending the law. In the light of the data on drug-related crime, the number of detainees and convicts, the majority of cases related to the violation of Article 62.1(regulating possession of drugs). Moreover, in-depth file analyses indicate that the vast majority of such cases are related to the possession of small amounts of drugs (Krajewski, 2008). According to the 2009 estimation (Kuźmicz et al., 2009) the annual expenditure due to the execution of Article 62 in Poland is approx. PLN 80 million.

The amendment introduces Article 62a which gives the prosecutor and the judge an option to discontinue the criminal procedure towards individuals caught in possession of small amounts of narcotic drugs and psychotropic substances for private use. Unlike in the Czech Republic it was decided that the insignificant amount of drugs would remain undefined leaving it to prosecutors and judges. This solution was criticised by some law experts and anti-drug law deregulation activists. According to the legislators, the precise definition of the insignificant amount term would be a gargantuan legislative challenge. Moreover, the legislators indicate that defining the limits for small amounts of drugs can be based on internal regulations (especially for prosecutors) as it is the case in a number of European countries. Article 62a also defines grounds for applying the provision which include 1) possession of small amounts of narcotic drugs and psychotropic substances 2) for private use, 3) circumstances of the crime[10] and 4) the degree of social harm.

The regulations also introduce the prosecution option leaving the decision to launch proceedings to prosecutors and judges.

On the other hand, the legislator decided to tighten the penal provisions regarding high gravity offences. Introducing considerable quantity of narcotic drugs or psychotropic

[10] Determined by lack of harm of others legal goods

substances to trade is now subject to the penalty of deprivation of liberty for a term up to 12 years (formerly 10 years) with the minimum imprisonment of 2 years. The penal sanctions for the possession of considerable quantity of narcotic drugs or psychotropic substances have also been tightened. Now such offences are subject to the penalty of deprivation of liberty from 1 to 10 years. Prior to the amendment such offences were subject to imprisonment from 6 months to 8 years.

Moreover, the amendment introduced a number of specific regulations related to the conduct of drug-related investigation as well as terms and conditions of trade in narcotic drugs and psychotropic substances and the storage rules. The introduced changes were necessitated by the need to harmonise the Polish law with the EU legislation.

Apart from the abovementioned changes the amendment introduces a relatively significant change regarding individuals suspected of being drug users. The new Article 70a imposes on the prosecutor in the course of preparatory proceedings and the judge in the course of judicial proceedings an obligation to collect information on the use of narcotic drugs or psychotropic substances by the suspect. Previously the prosecutor or judge was not responsible for collecting such data, which resulted in the failure to apply rules regarding educational or therapeutic measures (i.a. Article 72 describe below) towards experimenting or dependent users (Serednicki 2008). According to the legislator imposing this obligation makes room for the principle of “treat rather than punish” principle to be implemented among drug users and abusers.

Another modification of the rules which facilitates the process of implementing the treat rather than punish principle concerns Article 72a (suspending proceedings while in treatment) and Article 73a (allowing breaks in serving the sentence while in treatment).
Previously Article 72 provided for the suspension of proceedings in individuals in drug treatment and the discontinuance thereof and in the event of successful therapy. However, the rules could be applied only in the case of offences subject to imprisonment of up to 5 years. As the court file analyses and the experiences of handling drug dependent criminals show these regulations were applied only incidentally (Serednicki, 2008). It is caused by the fact that there is insufficient knowledge of such options both among prosecutors and judges as well as defendants and lack of information about defendant drug use (mentioned above). These options had one formal limitation, though. The basic obstacle to the application of the provisions allowing for the discontinuance of criminal proceedings is the criterion of clean premeditated crime record (pursuant to Article 66.1 of Penal Code). The problem is that the vast majority of harmful drug users do not meet this criterion and consequently they cannot be provided with the abovementioned treatment option. The amendment abolishes the clean premeditated crime record criterion. The only criterion for the discontinuance of treatment is the positive drug treatment outcome.

Moreover, Article 73a is introduced which provides for a break in serving the sentence of deprivation of liberty for the time of drug treatment in the case of drug-related offenders. Introducing this provision seems to be reasonable from the point of view of drug therapy. It also eases burden on the prison system which has long waiting lists for drug therapy programmes. Breaks in serving the sentence are not meant to be granted on a massive scale. Moreover, there are a number of conditions to be met. The convict must have a bed guaranteed by a non-prison drug therapy programme. and there may not be more than 2 years left till the completion of the sentence. Moreover, he or she must express consent to be covered by the programme. Additionally, if convict was obligated by the court to participate

in therapy and reuse to do so, such a parson can not be subject of provision of Article 73a. The use of provisions of Article 73a are not obligatory and should be applied if there are therapeutic reasons for the conditional release of an inmate.

The amendment also introduced two important changes regarding the collection of drug treatment data. Pursuant to Article 27 the Central Register of Substitution Treatment Patients is established. This provision aims at preventing a single person from participating in multiple substitution programmes at a time. Previously this register was sanctioned by the Regulation of the Minister competent for health matters of 19 October on the conduct procedure in substitution treatment and specific conditions to be met by health care units providing substitution treatment (Journal of Laws of 2002, No. 101, item 926). Due to the sensitive nature of data therein, the regulation was transferred to an Act. Managers of health care units are obliged to immediately report patients being qualified, entering and completing substitution treatment. The register is kept by the National Bureau for Drug Prevention.

Moreover, in Article 24b of the amendment obliges health care units providing drug treatment to collaborate with the National Bureau and the Polish Reitox Focal Point in terms of collecting data on patients entering drug treatment. This Article provides legal grounds for collecting data from health care units and establishing the TDI data collection system according to the EMCDDA standards. Health care units are obliged to collect the following data: 1) ID code comprising the first two letter of a first name, surname, date of birth and sex, which prevents the identification of an individual; 2) socio-demographic features, 3) pattern of drug use, 4) drug use history, 5) information on risky behaviours which might contribute to HIV, HCV and information on HIV and HCV status; 6) medical record, 7) medical diagnosis according to ICD, 8) other non-personal information required by the EMCDDA. The specific procedure and way of collaboration will be defined in the Regulation of the Minister of Health, which is currently being developed.

The Act also changed provisions regarding the certification system for drug therapists. The range of applicants wishing to obtain the status of a certified therapist has been

extended to all individuals with university degree. A rule was also introduced which provides that the certification applicants are obliged to sit an exam no longer than 4 years upon the completion of training.

Moreover, the Act introduced changes to Schedules thereto containing lists of controlled narcotic drugs. The change concerned 3-methylothiofentanyl. The goal was to make the Polish list and the schedules to the 1962 UN Convention on Narcotic Drugs compatible. 3-methylothiofentanyl is listed in Schedules I and IV and in the Polish Act in group N-I. As a result of the change 3-methylfentanyl was added to group IV-N of Schedule I.

1.2. National action plan, strategy, evaluation and coordination

- **National action plan and/or strategy**

2010 was the final year of the National Drug Strategy 2006-2010 (KPPN). Therefore, a new edition has been developed for the years 2011-2016 and similarly to the previous programme it will provide grounds for drug prevention activities in Poland. The programme defines the schedule, actions, aims and implementation methods as well as specifies implementing institutions and entities responsible to take specific actions.

The draft of the new programme contains anti-drug aims to be reached by local governments which then should be reflected in provincial programmes for counteracting drug addiction (pursuant to Article 9.1 of the Act on counteracting drug addiction) and communal programmes for counteracting drug addiction (pursuant to Article 10.2 of the Act on counteracting drug addiction).

Reducing drug use and the related social and health problems, which is the general aim of the new programme, will concern the five following areas:

1) Prevention,
2) Treatment, rehabilitation, harm reduction and social reintegration,
3) Supply reduction,
4) International cooperation,
5) Research and monitoring.

Each of the above five areas has its own general aim whose achievement will contribute to the general aim of the programme.

In the area of drug prevention it is reducing drug demand in Polish society. It can be achieved through coordinated institutional action addressed to the whole society and selected target populations such as school children and youth or groups at risk of drug use. An important difference between the previous and the planned programme is greater emphasis placed on raising the quality of drug prevention programmes and their

implementing staff. Poor effectiveness of drug prevention programmes results from the improper development of programmes, poor quality of implementation and insufficient staff training.

In drug treatment, rehabilitation, harm reduction and social reintegration the new Programme focuses mainly on the improvement of the quality of life of harmful drug users and drug dependent individuals. Reaching this aim is planned through the professional upgrade of treatment programmes, increasing availability of substitution treatment, development of harm reduction programmes, combating homelessness and unemployment among harmful and dependent drug users. A significant change in the draft National Programme 2011-2016 is providing substitution treatment for at least 25% of opioid users by increasing the number of substitution programmes and ensuring sufficient funding by the National Health Fund. Although planned in the previous programme this action failed to be implemented. Only 7% of opioid users were provided with substitution treatment (compared to expected 20%). It is hoped that the new Programme will respond to new trends in substance abuse. There are plans to extend anti-drug actions to substitute drugs (legal highs, prescription drugs) which up to now have not been the subject of specific legal regulations.

In drug supply reduction the new Programme mostly corresponds to the previous edition. New actions respond to alarming trends on the illegal drug market. As the latest drug-related data show there has been a rise in the number of illegal cannabis plantations in Poland. Consequently, measures have been taken to limit domestic cultivation of cannabis other than hemp. Moreover, the crackdown on domestic manufacture of amphetamine, which is the most prevalent stimulant, has been intensified. The measures included operations against the use of precursors in the manufacture of drugs. A new element of the KPPN 2011-2016 is the incorporation of the online transactions and illegal trade both in drugs and precursors.

In international cooperation the main goal is strengthening the international position of Poland in combating drugs and drug addiction. The programme to a large extent continues the activities started in the previous edition. Unlike in the previous edition, the new KPPN clearly divides actions into the following fields: cooperation within the EU, cooperation with international institutions and organizations from outside the EU and cooperation with third countries (non-EU members). Moreover, the draft KPPN 2011-2016 specifies new types of actions: implementation of national initiatives in the course of Polish presidency in the EU including the Trio Presidency (Poland, Cyprus, Denmark) and implementation of national initiatives under the EU Eastern Partnership.

The area of Research and monitoring constitutes support for planned actions in prevention, rehabilitation and harm reduction. The horizontal character of the proposed actions in this area has not changed substantially. However, a few extensions have been

added to the selected existing solutions. The draft KPPN has been extended by the following actions:

- research into abstinence periods among graduates of drug rehabilitation clinics,
- research into problem drug use,
- disseminating information on the epidemiology of drugs and drug addiction and responses to drugs and drug addiction,
- evaluation of the National Drug Strategy (KPPN).

The importance of monitoring the market of new narcotic drugs, psychotropic substances and substitute drugs has been stressed as well.
In the course of implementing the EMCDDA Treatment Demand Indicator a system of monitoring demand for treatment has been developed. The previously designed local monitoring methodology will be promoted mainly through trainings and conferences.

- **Evaluation and implementation**

The evaluation of the implementation of the National Drug Strategy 2006-2010 included an analysis of the available data and survey results in order to validate the general aim and the specific objectives. The general aim of the National Programme was to reduce drug consumption and the related social and health problems.
In order to assess to what extent this aim has been achieved, the analysis of the drug problem in Poland in 2006-2010 has been conducted.

The analysis was carried out on the basis of monitoring indicators for drugs and drug addiction. The data on the prevalence of drug use in Poland come from the surveys implemented or commissioned by the National Bureau for Drug Prevention in school youth and the general population of Poland. The data on health and social consequences reflect the scale of drug users reporting to specialist treatment, including infectious disease treatment, and drug overdose mortality.

The conclusions from the analysis of the abovementioned indicators provide answers to what extent the National Programme actions have changed the drug use phenomenon in Poland. They also provide information whether the changes have gone in the right direction.

- **Prevalence of use of narcotic drugs and psychotropic substances**

Information on the prevalence of drug use in Poland is obtained through the surveys conducted on the nationwide sample of adults (i.e. general population surveys of 2002, 2006 and 2010) and the school surveys such as ESPAD and Youth 2008 and 2010. The results of the surveys conducted during the implementation of the National Programme

for Counteracting Drug Addiction show that the most prevalent substance is cannabis followed by relatively frequent use of amphetamines and ecstasy. The surveys also show that the Programme's goal (stemming dynamic growth of drug prevalence) was achieved. Drug prevalence rates were on the rise in the previous years and at present it remains at a stable level. Some surveys showed a slight downward trend in the consumption of individual substances. Legal highs are an exception. The legal highs phenomenon emerged in 2008 in the course of the National Programme's implementation. The surveys of Youth 2008 and Youth 2010 demonstrate that there has been a rise in the lifetime prevalence of legal high use. The analysis of the last 12-month prevalence (occasional use) also shows relatively high prevalence rates for these products.

However, the general population surveys of 2009 and 2010 following unexpectedly high rates. The upward trend of legal high use seems to have been stemmed by reducing the availability as a result of legal changes and the closure of legal highs shops in October 2010. This hypothesis can be confirmed in the course of follow-up measurements to be conducted in the coming years.

Moreover, the Youth 2010 survey showed a clear rise in the lifetime prevalence of cannabis use among young. Analyzing changes regarding the occasional use of this substance, a rise is observed. However, it is slight, especially considering the margin of error for such measurements. The rise related to the cannabis prevalence rates might have been caused by external factors and not the change in the young people's behaviour. Public debate on legal highs did not concentrate exclusively on this narrow phenomenon but also covered the drug use in general. Legal highs were often compared to cannabis. The tenor of this discussion might have made respondents more frequently admit to experiences with this substance. One cannot fail to notice the activity of social movements in recent years advocating more liberal approach towards cannabis. However, this hypothesis does not preclude the actual rise in cannabis prevalence and the likelihood of long-term reversal of the trend.

Summing up the results of the surveys, one must notice that we deal with general stabilization of the trend or a slight decrease in drug use prevalence. Legal highs are an exception. Only one measurement suggests a rise lifetime prevalence of cannabis use among young people. This result might imply the reversal of the cannabis use trend. The surveys planned for the coming years will help to state whether we deal with the trend reversal in this respect. Moreover, the surveys will contribute to more precise evaluation of the National Programme.

- **Reduction of drug availability**

The analysis of the psychoactive substance prevalence is also related to the measurement of drug availability on the Polish market. In the course of surveys, students are asked to assess the availability of illegal drugs. Their answers are applied in monitoring the illegal drug market and the operation of drug enforcement services. The surveys conducted after 2002, i.e. the ones of 2008 and 2009, show that there has been a rise in the proportion of young people who at the time of the survey did not know where to buy drugs. Moreover, more young people confirmed that they had not been offered to buy drugs. There is a rise in the proportion of young people who negate drug dealing on the school premises.

Additional information on ways to obtain drugs is provided through drug prices on the illegal market. A crucial element in collecting such data is the police as they combat not only wholesale but also retail drug dealing. Retail prices make it possible to follow changes on the drug scene. A rise or a fall in this respect implies higher or lower supply. It is worth noting that the price of a drug is affected by a number of factors e.g. geographical location, drug purity, intensity of police actions and the international situation. Comparing the 2004 data, i.e. just before the implementation of the National Programme, to the 2010 data (latest available data) we notice a fall in average prices of a gram of ecstasy from PLN 15 to PLN 8 and cocaine from PLN 216 to PLN 180. However, there is a stable an average price hashish PLN 30 and PLN 32, marijuana PLN 27 and PLN 27, amphetamine PLN 38 and PLN 39. There was also a rise in heroin prices from PLN 150 to PLN 172, LSD from PLN 21 to PLN 28. The deepest fall in drug prices was recorded in terms of ecstasy. It is worth noting that there has been an increase in the process of amphetamine manufactured in Poland and heroin, which in turn is largely trafficked.

- **Scale of health and social problems due to drug use**

The National Programme was aimed at reducing health and social problems due to drug use. The stabilization of the number of residential treatment patients due to drug-related mental and behavioural disorders might have been caused by the wider availability of ambulatory and day care services, where young patients seek help. It must be stressed that the ambulatory and day care substance abuse services were extended during the implementation of the National Programme. Residential clinics seem to respond to the needs of the older generation of drug users. Based on the residential treatment statistics of the residential drug treatment it might also be concluded that the number of young problem drug users requiring inpatient treatment is holding steady.

The incidence rates for drug-related infectious diseases are also either levelling off or falling. In 2006-2010, the downward trend in new HIV infection cases among injecting drug

users continued. Following the 2007 fluctuation, in 2008-2010 the AIDS incidence rates also held steady in the group of drug users. In 2006-2008 the same developments were recorded in the area of drug-related deaths. The above state might be the result of the wider availability of drug services such as harm reduction programmes and infectious disease prevention programmes.

- **Recommendations**

Apart from the evaluation of the effectiveness of the actions taken, the works on the new National Programme featured focus group sessions for representatives of the institutions involved in the implementation of the respective tasks of the Programme. The focus group participants were divided according to the National Programme's thematic areas i.e. the drug supply group, prevention group, treatment and rehabilitation group. The participants were asked about difficulties and obstacles related to the implementation of the National Programme and opinions of priority challenges. The focus group results contributed to recommendations for the new programme for counteracting drug addiction. The following challenges topped the programme priority list:

1) *Promoting healthy lifestyle* in society through public education on the heath, social and legal consequences of using narcotic drugs, psychotropic substances and substitute drugs. Special emphasis should be placed on strengthening the system of values, especially with reference to health values as well as improving psychosocial skills as protective factors against drug use.
2) *Intensifying actions aimed at raising the quality* of prevention. Poor effectiveness of drug prevention results, apart from insufficient funding, from wrong programme design, poor quality of the implementation and inadequate training of the implementing staff. Therefore, it is necessary to establish the recommendation system for drug prevention programmes, educate how to design and evaluate prevention programme according to the existing standards and to support the implementing staff.
3) *Increasing the availability of evidence-based drug prevention programmes* addressed especially to middle school students and early intervention programmes for adolescent drug users.
4) *Tightening cooperation with local governments* in terms of disseminating recommended programmes due to the responsibility of local governments for making and implementing anti-drug strategies at provincial and local level, including subsidizing schools.
5) *Development of substitution treatment* – opioid users still make up for the largest group of drug treatment patients (16.3%) [Sierosławski, 2010] . It is important to

provide these patients with a wide range of evidence-based treatment methods, including access to substitution treatment. Substitution treatment is relatively inexpensive. The costs incurred at this stage yield savings in terms of treating future complications and other social problems. Substitution also greatly improves the epidemiological situation in terms of blood-borne diseases (HV, HCV, HBV). The previous National Programme aimed at increasing the availability of substitution treatment to at least 20% of opioid addicts. This target could not be reached and by 2010 only 8% of the opioid users were covered by substitution treatment.

6) *Providing access to all form of evidence-based drug treatment.* Harmful and dependent drug users are particularly vulnerable to social exclusion. Drug dependence and the accompanying problems including crime, homelessness or unemployment prevent the user from fulfilling social roles. These problems marginalize the individual and make a decision to change and enter treatment even harder. Health condition in such cases deteriorates due to drug use. The most serious health risks include contracting HBV, HCV, HIV, TB and the risk of overdose. Providing harmful and dependent drug users with diversified treatment options and the social care system will directly improve their quality of life and will be reflected in higher public safety. Therefore, anti-drug policy should aim at providing access to all types of evidence-based drug treatment and care including the broadly understood low-threshold services.
7) *Raising National Health Fund (NFZ) spending on ambulatory drug treatment services.* As the NFZ ambulatory and day care drug treatment data show we can presume that progress has been made in this area. Slow development of the number of outpatient clinics might have a number of reasons, especially poor interest on the part of potential service providers.
8) *Improving knowledge of primary care staff/physicians on drugs and drug addiction*. The trainings held during the implementation of the previous KPPN were mainly attended by nurses and to a lesser extent doctors. The situation is dictated by the diversified training offer for doctors and their time limitations. In order to encourage doctors to participate in the trainings on drugs and drug addiction, one should consider putting them on the list of scoring trainings and widen the range of the existing doctor trainings and specialist courses to cover drug-related matters, including the e-learning platforms.
9) *Beefing up actions aimed at combating drug-related crime* especially illegal cannabis cultivation. In the course of implementing the KPPN 2005-2010 more than one thousand police vacancies were created to crack down on drug-related crime. A new challenge is the interest taken by criminal groups in new activities which go

beyond amphetamines manufacture over to deeper involvement in cannabis cultivation.

10) *Intensifying actions aimed at reducing the availability of new drugs i.e. legal highs.* Legal highs arrived at the drug scene in 2008. Actions conducted by the Chief Sanitary Inspectorate and the Police considerably reduced the availability of legal highs. However, considering the global trends, one should expect the arrival of new designer drugs, which might put potential users at risk while being legal. Systematic monitoring of such substances and the related risk assessment should be one of the priorities of the responsible services and institutions.
11) *Intensifying measures to enhance the capacity of Polish institutions to participate in the decision-making process at the EU level and EU policy-making in terms of both drug demand and supply reduction.* More vocal presence of the Polish drug enforcement institutions on the EU forum is of particular importance, especially in the light of the Polish EU presidency in the second half of 2011.
12) *Increasing the number of large cities with integrated multiple indicator monitoring system of drugs and drug addiction in place.* Performing and supporting actions aimed at developing local drug monitoring systems in large urban areas with high drug use prevalence rates is a necessary step to pursue modern and effective anti-drug policy. Without such monitoring systems it is impossible to evaluate the effectiveness of counteracting drug addiction.
13) *Initiating and promoting research into drugs and drug addiction.* Despite the fact that in recent years there has been a rise in drug-related research, there still areas demanding scientific exploration. The key issue is to promote this subject among young researchers in a number of fields. Increasing the number of research projects conducted from different scientific perspectives will result in a comprehensive picture of the phenomenon along with the validation of the outcome of the previous studies in the field of drugs and drug addiction.

- **Coordination arrangements**

Council for Counteracting Drug Addiction

The Council for Counteracting Drug Addiction is a coordinating and advisory body which came into being in 2001. The tasks of the Council for Counteracting Drug Addiction include: 1) monitoring and coordinating state policy actions in the field of narcotic drugs, psychotropic substances and precursors; 2) addressing the minister competent for health matters with issues related to creation, changes or amendments to national strategies and plans of counteracting problems caused by trade and use of narcotic drugs, psychotropic substances

and precursors; 3) monitoring information on the implementation of national strategies and action plans; 4) monitoring the implementation of the National Programme; 5) commissioning organizational solutions in the scope of counteracting drug addiction; 6) cooperating with the bodies referred to in Article 5 in the scope of issues related to the Council's operation.

During its first session in 2010, the Council identified top priority fields of work. They included 1) continuing the Council's patronage to the amendment of the Act on counteracting drug addiction drafted by the Ministry of Justice (adopted by the parliament in April 2011[11]), 2) new drug use patterns such as legal highs – effective forms of responding to the problem, 3) preparation for the Polish EU presidency in the second half of 2011, 4) National Drug Strategy 2011-2016, 5) Meeting with the heads of the Council's working groups – review of the working groups' progress.

In 2010, the Council placed a special emphasis on the issues related to countering legal highs and the legislative changes which were prepared in response to the rising popularity of these drug-like products. It was proposed to exercise control of more substances acting on the central nervous system and posing a threat to public health. In turn, the Ministry of Health submitted a draft amendment to the Act on counteracting drug addiction, which included the monitoring and assessment system of the risk related to legal highs as well as a solution aimed to place substances which have been considered dangerous under temporary control pursuant to regulations of the Minister of Health. In October 2010, the actions of the State Sanitary Inspections were discussed in relation to the decision to close down legal highs shops (Malczewski et.al., 2010). Legislative solutions related to the introduction of the substitute drug term and limitations and sanctions for introducing such substances to trade were also discussed.

Moreover, following the changes made to the Act of 8 October 2010 on amending the Act on counteracting drug addiction and the Act on State Sanitary Inspection (Journal of Laws No. 213, item 1396) concerning substitute drugs, there was a necessity to adjust the order of the Chairman of the Council for Counteracting Drug Addiction on the appointment of working group on drug precursors to the new regulations. On 16 December 2010, the Order No. 1/2010 of the Chairman of the Council for Counteracting Drug Addiction amending the Order No. 2 of 28 February 2007 on the appointment of working group on drug precursors entered into force. The name of the group was changed into "the Working Group on drug precursors and substitute drugs". The composition of the group was also extended by the National Consultant in clinical toxicology, National Consultant in clinical pharmacology, National Consultant in psychiatry, representative of the Institute of Forensic

[11] More information under 1.1. Legal framework : Laws, regulations, directives or recommendations in counteracting drug addiction

Research and representative of the Office for Registration of Medicinal Products, Medical Devices and Biocidal Products.

During the sessions the international situation of drugs and drug addiction was reviewed to prepare Poland for the chairmanship in the Horizontal Drugs Group of the Council of the European Union during the Polish EU Presidency in the second half of 2011. There was also a presentation of the ideas of the National Drug Strategy 2011-2016.

It was identified that the action 2.4 of the National Drug Strategy 2006-2011 of increasing substitution programmes and the number of services provided in the way to cover at least 20% of opioid users was not being implemented.
The Council made a decision to introduce to the 2009 Report on the implementation of the National Drug Strategy a recommendation according to which institutions responsible for improving the availability of substitution treatment should take necessary measures.

An important aspect of the Council's operation was the adoption of the National Drug Strategy 2011-2016.

Another aspect of the Council's operation was the response and working out a strategy against the non-medical use of medicines containing pseudoephedrine. Representatives of the Polish Association of the Self-Medication Industry presented information how to counteract the increased purchase of OTC drugs containing pseudoephedrine in Poland. Data were confirmed on the rise in pseudoephedrine OTC drugs in the past year, which did not correspond to increased morbidity. A decision at the meeting of the Council's Board was made to develop a strategy of preventing the non-medical use of pseudoephedrine. The meeting featured discussions of different forms of preventing the non-medical application of pseudoephedrine. The Council's Chairman obliged the Chief Pharmaceutical Inspectorate, Department of Public Health in the Ministry of Health and the Office for Registration of Medicinal Products, Medical Devices and Biocidal Products to design measures that would prevent the non-medical use of pseudoephedrine to be submitted for consideration to the management of the Ministry of Health. The Council worked out an amendment to the Act on counteracting drug addiction which introduced quantitative limitations on the sale of OTC drugs containing pseudoephedrine. The proposed solution limited the sale of OTC drugs containing pseudoephedrine to 720 mg.

Coordinating meeting of the Early Warning System on New Drugs

In mid-2011, a coordination meeting of the Polish network of the Early Warning System was organized. The aim of the meeting was to strengthen the collaboration among the EWS partners, improve information flow, plan the EWS development and review the current situation and new statutory competences. The meeting was attended by representatives of the Chief Sanitary Inspectorate, National Consultant in Toxicology, representatives of various

analytic institutions such as the Krakow-based Institute of Forensic Science, Warsaw Medical University, National Medicines Institute, Central Forensic laboratory of the Police and Internal Security Agency. The meeting featured presentation of the results of research and analyses and action taken by respective partners regarding legal highs.

During the meeting the results of the analyses of 'legal highs" and cases of poisoning were presented as well as the results of undertaken activities aiming to reduce the phenomenon of so called "dopalacze" ("boosters"). New legislation regarding "dopalacze" was also discussed.

The National Consultant in Clinical Toxicology presented the concept of the National System of controlling and Monitoring of poisonings and the Network of Toxicological Information Centres. The representative of the Institute of Forensic Research presented the concept of the Risk Assessment Procedure.

The participants underlined the analytical problems with identification of plants which are controlled by Polish law since 2009. Another point of the meeting was the discussion on the improvement of cooperation and Exchange of information within the EWS. Due to increasing number of Institutions involved as partners in Polish EWS network the need to initiate work on national Guidelines was underlined. The generic approach to substance control was also subject of the meeting. The legal limitations in Poland limit the possibility to implement such a approach within Polish legal system. Both presented projects of concept of the National System of controlling and Monitoring of poisonings and draft of Risk Assessment Procedures gain full support from participants. The decision was made to work further on the Risk Assessment concept basing on remarks of participants. It is planed to present final concept to Council of Counteracting Drug Addiction for acceptation.

Development and consolidation of provincial monitoring systems

In 2010, the monitoring of drugs and drug addiction at the provincial level was performed through conferences of provincial monitoring networks. The 18th Conference of Provincial Drug Information Experts was held on 24-25 June 2010 in the town of Falenty around Warsaw.

During the conference the Provincial Experts presented the most important facts on the epidemiological situation and the regional anti-drug activities. The conference featured discussions of the joint research project of the Polish Focal Point and the Provincial Experts into the prevalence of drug and alcohol use in the general population. The project was planned to be implemented in 2010 on the nationwide sample as well as 8 provincial samples.

During the conference a draft amendment of the Act on counteracting drug addiction was presented along with legislative changes regarding legal highs. Provincial Experts were

familiarised with the works under the project “European quality standards in drug prevention”. In the second half of the year the 19th Conference of Provincial Drug Information Experts was held on 16-17 December 2010 in Krakow. The conference featured the most important current issues concerning the operation of the network of Provincial Experts and the state of the monitoring of drugs and drug addiction in respective provinces. During the conference the draft National Drug Strategy 2011-2016, especially in the areas concerning local governments, was presented. There was also presentation of the latest available information on drugs and drug addiction, including legal highs. On the second day of the conference there was a presentation of the electronic reporting system of the Polish Focal Point which enables collecting epidemiological data from provinces. The conference also featured discussions of the progress of the research project into the prevalence of drug and alcohol use in the general population which is being conducted nationwide and in 8 provinces.

The European quality standards in drug prevention were also reviewed. With the support of the Polish Focal Point the Provincial Experts produced annual reports on the risk of drug addiction at provincial level in line with the guidelines by the Polish Focal Point. The reports discussed the current epidemiological situation and the overview of drug addiction. The resources of the provinces in the area of combating drug addiction were also estimated, including the extent to which provincial drug prevention and treatment needs are met. Proposals for the extension of the institutional capacity were submitted. Recommendations for designing provincial anti-drug strategies were also worked out.

Courses of action for local and regional governments

Important tasks of the entities involved in the implementation of the National Drug Strategy (KPPN) include developing their own programmes, i.e. strategies which are based on the KPPN and the Act of 2005 on counteracting drug addiction. In the course of the KPPN implementation, central institutions, provincial and local governments develop their own ministerial, provincial or communal programmes.

Drug demand reduction programmes have been designed by the National Bureau for Drug Prevention, Ministry of National Defence, Ministry of the Interior and Administration. All Marshal Offices had in place and implemented provincial strategies. The KPPN places special emphasis on the role of local governments. In 2009, the KPPN implementation cost PLN 165 million, out of which 64 million was spent by communes. The next year it was PLN 218 million and PLN 65 million respectively.

In the KPPN, communes are given three course of action which should be incorporated in a communal drug prevention strategy:

1) Increasing the involvement of local governments in drug prevention.
2) Raising quality of provincial and communal anti-drug strategies.

3) Improving public awareness of psychoactive substance use problems and ways of preventing thereof.

Under drug treatment, rehabilitation, harm reduction and social reintegration, the following courses of action have been defined:

1) Raising quality of drug treatment, rehabilitation and harm reduction programmes.
2) Improving availability of regional and local drug services.

Counteracting drug addiction within the meaning of the Act of 2005 on counteracting drug addiction is part of the commune's statutory obligations. Under both the Act and the KPPN, local governments develop Communal Programmes for Counteracting Drug Addiction. It must be noted that in the case of communes and provinces, they might be joint programmes covering also alcohol problems. 94% of communes out of those who sent their reports declare that they had developed a communal programme for counteracting drug addiction or a joint communal programme for counteracting addictions. This percentage rose between 2006 and 2010 from 87% to 94%. The highest rates of communes which developed the programmes were recorded in western and southern provinces of Poland: dolnoslaskie, malopolskie, slaskie, lubelskie, podkarpackie, wielkopolskie, and zachodniopomorskie – all above 94%. Among those provinces, the highest number of the programmes for counteracting drug addiction was recorded in dolnoslaskie province (98%). The lowest rates were recorded in swietokrzyskie province (82%), warminsko-mazurskie (86%) and lodzkie (87%) (Malczewski 2011h).

1.3. Economic Analysis

- **Public expenditure**

The total expenditure on the implementation of the National Drug Strategy (KPPN) is determined on the expenses reported by respective ministries and subordinate governmental agencies and local governments.

In the case of some institutions the expenses are not reported due to the difficulty in extracting the amount designated to counteract drug addiction from all the expenditure related to the performance of statutory tasks.

Data on the KPPN expenditure are collected annually by means of questionnaires sent to ministries and central institutions as well as communes and marshal offices. The KPPN expenditure is calculated on the basis of expenses under respective KPPN

headings of the questionnaire such as prevention, treatment, rehabilitation and harm reduction, research, monitoring, evaluation and supply reduction.

The table below shows the expenses of respective central institutions, provincial and communal governments, incurred in the course of implementing the National Drug Strategy in 2010. Due to failure to extract the KPPN expenses, some institutions reported only data regarding the overall expenditure. The data obtained show that the total expenditure related to the implementation of the National Drug Strategy in 2010 stood at PLN 218 194 624.39 (EUR 54 622 396.33).

Table 1.3.1. Expenditure on the National Drug Strategy (KPPN) in 2010 (in EUR)

NO.	INSTITUTION	KPPN EXPENDITURE IN EUR	TOTAL EXPENDITURE ON COUNTERACTING DRUG ADDICTION IN EUR
1.	Central Management Board of Prison Service	2 990 867.36	2 990 867.36
2.	Medical Centre for Postgraduate Studies	0.00	4 756.42
3.	Main Pharmaceutical Inspectorate	0.00	2 418 774.55
4.	Institute of Psychiatry and Neurology	181 172.08	181 172.08
5.	Police Headquarters	0.00	410 474.89
6.	Military Police Headquarters	175 240.99	175 240.99
7.	National Bureau for Drug Prevention	2 439 793.72	2 439 793.72
8.	National AIDS Centre	17 445 058.73	17 445 058.73
9.	Ministry of National Education	500 675.91	500 675.91
10.	Ministry of Science and Higher Education	287 457.81	287 457.81
11.	Ministry of National Defence	24 364.39	24 364.39
12.	Ministry of Interior and Administration	24 733.97	24 733.97
13.	Supreme Chamber of Nurses and Midwives	625.84	625.84
14.	National Institute of Public Health - State Institute of Hygiene	2 242.03	2 242.03
15.	Branches of National Health Fund	12 939 332.10	20 440 558.50
16.	Centre for Educational Development	901.22	901.22

17.	Communal Governments	16 294 735.14	16 294 735.14
18.	Provincial Governments	1 306 142.81	1 980 167.23
19.	Provincial Pharmaceutical Inspectors	9 052.22	9 052.22
	Total: EUR	**54 622 396.33**	**65 631 653.01**

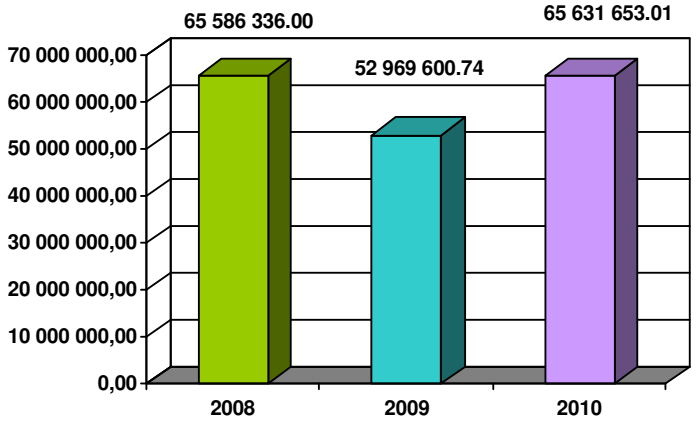
Source: Ministry of Health (2010)

In 2010 the following institutions did not report the KPPN-related expenditure: Centre for Monitoring Quality in Health Care, General Inspector of Financial Information, Main Pharmaceutical Inspector, Central Statistical Office, Military Health Service Inspectorate, Inspector for Substances and Chemical Preparations, Border Guard Headquarters, Ministry of Justice, Ministry of Labour and Social Policy, Attorney General and Customs Service. Institutions such as Medical Centre for Postgraduate Studies, Chief Sanitary Inspectorate, and Police Headquarters reported only the overall expenditure on counteracting drug addiction without specifying costs related to the implementation of the National Drug Strategy.

Some ministries and institutions reported higher KPPN spending compared to 2009, including Military Police Headquarters (rise of over PLN 600 thousand), Ministry of Science and Higher Education (rise of over PLN 600 thousand), Ministry of National Defence (rise of almost PLN 5 thousand), National Institute of Public Health – State Institute of Hygiene (rise of PLN 3 thousand) and Ministry of National Education (rise of PLN 2 milion). The highest rise of nearly 7 milllion zlotys in KPPN (National Drug Strategy) spending was reported by the provincial branches of the NFZ (National Health Fund). However, it must be stressed that the spending reported by the NFZ includes financial resources allocated to both drug and alcohol treatment units. Consequently, it is difficult to estimate a real growth rate in expenditure on outpatient drug treatment and rehabilitation services. In fact, the rise in the expenditure by the NFZ provincial branches on the outpatient services might be far higher.

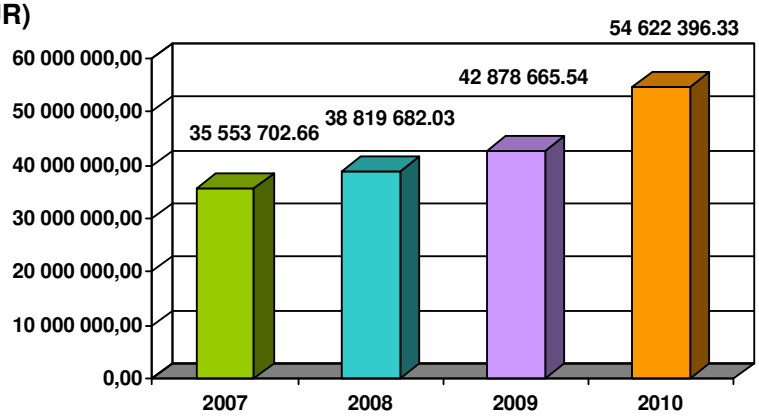
Some ministries and institutions reported lower KPPN spending compared to 2009, including Central Board of Prison Service (fall of over PLN 173 thousand); National Bureau for Drug Prevention (fall of PLN 257 thousand), Ministry of Interior and Administration (fall of nearly PLN 80 thousand) and Centre for Education Development (fall of over PLN 8 thousand).

Figure 1.3.1. Expenditure on counteracting drug addiction in 2008-2010 (EUR)



Source: Ministry of Health (2010)

Figure 1.3.2. Expenditure on the implementation of the National Drug Strategy (KPPN) in 2007-2010 (EUR)

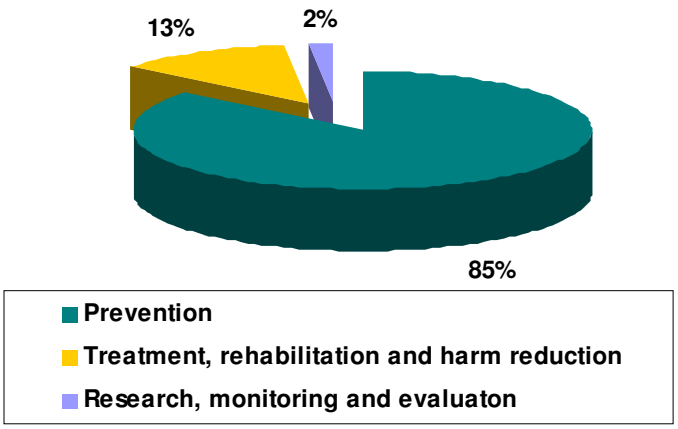


Source: Ministry of Health (2010)

The analysis of the local spending reveals a decrease in the resources allocated to the implementation of the KPPN by Marshal Offices. In 2010, the expenditure stood at PLN 5 217 518.09 compared to PLN 6 715 485 in 2009. By comparison with 2009, there has been a rise in the expenditure on the implementation of the National Drug Strategy by communal governments (from PLN 64 448 741 in 2009 to 65 090 949 in 2010). Within the communal expenditure the highest share was prevention i.e. PLN 55 870 995. The percentage distribution of the communal expenditure[12] is shown in Figure 1.3.3.

[12] 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 Drug Strategy 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),

Figure 1.3.3. Percentage breakdown of funds earmarked by communal governments to respective components of the KPPN in 2010



Source: Ministry of Health (2010)

6) Act of Law of 27 August 2004 on health care benefits financed from public resources (Journal of Laws No. 210 of 2004, item 2135 as further amended),
7) Act of Law of 19 August 1994 on mental health care (Journal of Laws of 1994, No. 111, item 535 as further amended),
8) Regulation of the Council of Ministers of 20 December 2004 on way and mode of financing from the state budget health care benefits provided for uninsured beneficiaries (Journal of Laws No. 281, item 2789)
9) Act of Law of 26 November 1998 on public finances (Journal of Laws of 2003 No. 15 item 148 as further amended),
10) Regulation of the Minister of Health of 13 November 2000 on the National Bureau for Drug Prevention (Official Journal of the Ministry of Health of 2000, No. 2, item 44),
11) Act of Law of 24 April 2003 on public welfare and voluntary work (Journal of Laws No. 96 item 873).

2. Drug use in the general population and specific target groups

Prepared by Artur Malczewski, Michał Kidawa, Anna Strzelecka

Introduction

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

2.1. Drug use in the general population

- **"Psychoactive substance use in general population in 2010 - survey results"**

Author: Artur Malczewski, Reitox Focal Point - National Bureau for Drug Prevention

Under monitoring drug use prevalence in the general population, Millward Brown SMG/KRC was commissioned to conduct field tests on a representative sample of 1 000 respondents. The survey concerned psychoactive substance use with particular emphasis placed on legal highs. The questionnaire was developed by the Information Centre for Drugs and Drug Addiction of the National Bureau for Drug Prevention (CINN KBPN).

The survey was conducted at respondents' homes through the computer-based face to face interview (CAPI method). As a cold subject, the issues of drug use were addressed with care. Then a respondent individually filled out a separate questionnaire.

The previous year's measurement was the second to have been commissioned by the KBPN and the third to have been conducted by SMG/KRC. In 2008, a 1 000 sample survey was commissioned by the Hungarian Civil Liberties Union (HCLU).

Some of the 2010 results can be compared to those of 2008 as all the three surveys were conducted in the framework of SMG/KRC Omnibus. Consequently, we can present not only the scale of drug use in respective years but also the trend in this respect.

Sample and methodology

The survey conducted by the CINN KBPN in 2009 and 2010 covered a representative population of Polish residents aged 15-75 (N = 1001). The respondents were asked about using psychoactive substances in the last 30 days, 12 months and in a lifetime. Lifetime substance use prevalence determines the level of experimenting with drugs – respondents might have had a single contact with a substance or used the drug many years before the

survey. However, the lifetime prevalence question helps to capture the use of most drugs whose prevalence rates are far lower compared to the last 12 months or 30 days prior to survey.

Based on the 2009 and 2010 data, correlations between substance use and the following variables were analyzed: sex, age (4 age groups), place of residence (four categories: village, city up to 100 thousand population, 100-499 thousand, over 500 thousand population) and education (primary, vocational, secondary, post-secondary). The 2010 results were compared to the 2009 ones and in some substances (amphetamine, cannabis) to the 2008 ones. Calculations were conducted with the PASW Statistics 18 application.

Prevalence of legal highs use

This survey for the first time ever attempted at estimating the scale of legal highs use in the Polish population. Before only selected groups were studied, e.g. students aged 18-19 in 2010. In the national surveys of 2009 and 2010 a question was asked about using legal highs (called also designer drugs - substances of psychoactive effects sold in special shops or online). Adding the definition was intended to exclude erroneous answers e.g. considering energy drinks legal highs. Legal highs are calling in Poland “booster”.

In 2010, the respondents were also asked to give names of legal highs they had used. In 2009, in all three prevalence questions (lifetime, last 12 months and last 30 days) the most popular substance were legal highs. In 2010, the prevalence of legal highs use was lower compared to hypnotics and sedatives taken without doctors prescriptions. 3% of the respondents admitted using legal highs at least once (6% in 2009), which constitutes a 50% fall in lifetime prevalence.

Legal highs were more frequently used by men – 3% (7% in 2009) than women – 2% (5%in 2009). Every twenty-fifth respondent in the 15-39 age group reported using legal highs (8% in 2009). It is worth looking at the last 12 months prevalence rate as in this way we can compare the use of legal highs in 2009 and 2010. Since both surveys were conducted towards the end of the year, the last 12 months question refers almost to the whole calendar year. We must remember that between the end of 2008 and the beginning of November 2010 it was the time of dynamic growth of legal highs shops. In 2010, the last 12 months prevalence rates for legal highs use decreased by more than half (from 5% to 2%).

Both in men and women the percentage of legal highs users was 2%. The respondents were also asked a question about use of legal highs in the last 30 days. In this case 4% of the respondents used legal highs in 2009 (5% of men and 3% of women) whereas in 2010 it was only 1% for both groups.

Analyzing the place of residence of the respondents who reported at least a single contact with legal highs we record a 3% prevalence rate among residents of rural areas and cities of more than 500 thousand population in 2010.

Considering the education of the respondents the highest percentages of legal highs users are recorded among respondents with secondary education – 4% (8% in 2009).

Apart from the prevalence of legal highs use, the survey looked into the knowledge and attitudes towards new substances. At the beginning the respondents were asked whether they had heard of legal highs. Almost half of them i.e. 46% answered positively to this question. Out of this group i.e. 460 respondents, 6% had visited legal highs shops and every fourth actually made purchase (28 individuals). It is surprising that none of the respondents bought legal highs on the Internet. The individuals who purchased legal highs were asked to list names of substances that they bought. Adding this question was to verify whether the respondents, despite being provided with the definition, did not confuse legal highs with energy drinks. None of the respondents listed a name of energy drink, however, among the individuals who bought legal highs more than a half refused to give the name of the substance and every fourth respondent did not remember it. The most frequently listed substance was an herbal concoction called “Tajfun”. Every tenth individual who bought legal highs listed it.

Cannabis – drop in popularity

Cannabis is the most prevalent drug in Poland and Europe. In 2010, 4% of the respondents reported using it in a lifetime (5% in 2009), 1% in the last 12 months (2% in 2009) and 0% in the last 30 days (0% in 2009).

The last measurement shows a drop in cannabis use. In the 2008 HCLU survey, 7% of the respondents reported a single contact with cannabis. If we compare the 2008 and 2010 results we observe a fall of 3 percent point.

Cannabis use was more prevalent in men than women. Experimenting rates stood at 6% for men (7% in 2009) and 2% for women (3% in 2009). The male respondents used cannabis three times as frequently as women. The rates are lower if we consider the recent use (last 12 months): 2% of men and 1% of women (the same results as in 2009). Almost every tenth respondent aged 15-39 admitted to ever using cannabis.

The highest prevalence rates were recorded in cities of 100-499 thousand population – 8% compared to only 3% in rural areas. Post-secondary education respondents used cannabis more frequently (9%) compared to secondary education respondents (6%). Cannabis use was the least prevalent among vocational education respondents – 2%. The higher the education level of the respondent the more prevalent cannabis use was (Malczewski 2011d).

Prevalence of hypnotics and sedatives use

Poland is one of the countries with the highest prevalence use rates of prescription hypnotics and sedatives taken without a doctor's prescription. The latest CINN KBPN surveys of 2002 and 2006 showed that these psychoactive substances are more popular than cannabis, which is the most prevalent illegal drugs.

In the survey the respondents were asked about consumption of prescription hypnotics and sedatives taken without doctor's prescription. They were also asked to give names of the drugs they had used. This was meant to verify the validity of answers concerning the medications which had to be available by prescription only.

When we analyze the structure of answers we note that hypnotics and sedatives were the most prevalent type of substance among the respondents. It is a change compared to the 2009 survey results as at that time legal highs were the most prevalent substances. 5.5% of the respondents admitted to experimenting (lifetime prevalence) with the prescription drugs (3.6% in 2009), 3% had used them in the last 12 months (1.7% in 2009) and 1.4% in the last 30 days (1% in 2009).

An analysis of the lifetime prevalence of medical drug use in 2009 showed the same proportions of men and women: 4%. Hypnotics and sedatives are mainly used in small and medium-sized cities (up to 500 thousand population). The highest percentage of users (6.5%) was recorded in cities of 100-500 thousand population. In 2010, medical drugs enjoyed the highest prevalence among vocational education users (6%) and in the age group of 60 and older. In the survey, every tenth respondent reported using hypnotics and sedatives. The lowest prevalence was recorded in young people aged 15-24. In this group the rates were close to zero.

The results regarding hypnotics and sedatives should be considered overestimated and inadequate in terms of providing the accurate scale of hypnotics and sedatives use without doctor's prescription. As it has been mentioned, in the survey the respondents were asked to give names of the drugs they had used. More than one name was acceptable. In 2009 more than a half of the names of medical drugs given by the respondents were not actually prescription hypnotics and sedatives. The respondents mentioned drugs such as: Persen, Lemon balm, Deprim, Valerian, Validol, Nervosol, Neospamina, Melatonina, Kalms, or even APAP Noc (paracetamol). 15% of the positive answers included lemon balm, teas or herbs. 26% of the medical drug respondents could not recall what substances they had used and 8% listed Persen or Kalms. In the case of real prescription drugs every fourth respondent had used Relanium. The remaining prescription hypnotics or sedatives were much less prevalent as they were reported by 2-3% of the respondents. They included Propranol (3%); Polsen (2%), Olzapin (3%), Oksazepam (3%). In 2010, the respondents to a far greater extent failed to give names of medical drugs they had used: 55% did not

remember names of drugs and 22% did not remember. Those respondents who had used medical drugs mentioned Nerwosol (2%), Persen (2%), and Lemon balm (3%). These drugs can be available without prescription. The most prevalent prescription drugs were Relanium (6%) as well as Oxazepam (2%), Xanax (2%) and Rexetin (2%). More than 2% of the respondents declared the use of sedatives without giving their names. The surveys of 2009 and 2010 showed that the results concerning hypnotics and sedatives must be taken with great care as respondents while answering a question regarding prescription drugs report popular and widely available pharmaceuticals or even diet supplements. It is also confirmed by the age group analysis. Almost nobody used medical drugs in the youngest age group of 15-24 and drugs are most prevalent among youth and not people aged 60 and older. And it is the oldest age group where the highest prevalence rates of medical drug use were recorded (Malczewski 2011e).

Prevalence of stimulants use

Amphetamine is the most popular stimulant drug in Poland. It is also more prevalent than cocaine in Scandinavian countries. In the Czech Republic it is methamphetamine, which is also used in the United Sates. The most prevalent stimulant drug in Europe is cocaine.

In the surveys of 2008-2010 lifetime prevalence rate of cocaine use stood at 1%. With such low rates it is hard to specify any trend changes. In 2009, 2.8% of the respondents reported amphetamine use at least once in a lifetime, 1% in the last 12 months and 0% in the last 30 days. Lifetime prevalence rates of amphetamine use rose with the size of place of residence. In rural areas the rate was 0% and in cities over 500 thousand population – 7%.

The highest prevalence rates were recorded among respondents with secondary or post-secondary education (4% in each group). Amphetamine was most prevalent in the age group 25-39 (5%).

In the latest measurement there was a fall in amphetamine use prevalence rates. In 2010, 1% of the respondents reported using amphetamine at least once in a lifetime, 0.4% had done it in the last 12 months and one person i.e. 0.1% in the last 30 days. In 2010, the rates were so low that it is difficult to conduct analyses regarding education or size of place of residence. Men use amphetamine more frequently (2%) than women (1%). It is worth noting that the highest rates were recorded among respondents aged 25-39 (4%). 0.6% of the respondents admitted having used cocaine (0.6%).

Prevalence of use of other substances

Analyzing the survey results, we observe that lifetime prevalence rates for illegal substances other than cannabis or amphetamine are relatively low and stand at 1% or lower. Lifetime prevalence rates from 0.9% (2010) to 1.3% (2009). In 2009, 1% of the respondents

reported ever using LSD and cocaine. In 2010, this rate stood at 0.5%. Both 2010 lifetime and the last 12 months prevalence rates are lower compared to 2009. However, these lower rates should be treated with considerable caution due to their low values. In the case of substances with prevalence rates of 1% and lower, results fall within the margin of error. For confidence interval 95% we obtain the result ranging from 0.4% to 1.4% for 1% of lifetime heroin users. This also means that it is hard to unequivocally conclude that a drop in heroin use from 1% to 0.3% is a fact.

Discussion

In 2008, the Polish drug scene witnessed the arrival of new substances called legal highs (calling in Poland "booster"). The results of the 2009 survey showed that they are the most prevalent psychoactive substance. A question arose: is it really the case and - despite attempts to formulate the question clearly - did the respondents not include other substances such as energy drinks under the legal highs category?

The example of hypnotics and sedatives showed that it could not be excluded. The follow-up general population measurement conducted towards the end of 2010 was supplemented with an additional question. The respondents were asked to name substances or products declared as legal highs. It was an attempt to verify whether the respondents did not label other substances as legal highs, which in reality they are not.

The 2010 results do not provide a clear answer whether in 2009 the respondents did not regard energy drinks consumption as legal highs use. In 2010, none of the respondents when asked to give names of legal highs they had used mentioned the name of an energy drink. However, 47% failed to recall the name of the substance and 23% refused to give its name.

Considering the fact that the 2010 survey was conducted after the crackdown operation on legal highs shops it can be assumed that the respondents were aware what substances there were asked about. In the case of 46% of the respondents who declared that they had heard about legal highs this condition can be accepted.

Analyzing the drop in the prevalence of legal highs use it cannot be precluded that it was partly due to a considerably narrower margin of error in 2010 compared to 2009. In 2009, the issue of legal highs was not as publicised as towards the end of 2010.

Another important conclusion from the surveys is the verification of the previous results concerning hypnotics and sedatives. Incorrect definition of medical drugs by respondents calls for including in the survey a supplementary question about names of substances the respondent has used. However, it does not always provide an opportunity to verify the validity of the results afterwards.

Moreover, the outcome of asking a question about combining alcohol and pills might be even more distant from the researcher assumed. The pills category may include a number of substances. Consequently, one should ponder over the results of the international ESPAD survey where Poland ranks first in terms of prevalence of medical drug use. The outcome analysis should also consider the fact that Polish respondents, who are particularly inclined to resort to painkillers, might have reported utterly different substances than barbiturates or benzodiazepines.

- **"Estimation of the population of drug users based on the study of sewage water in the city of Poznan"**

Authors: J. Kłos, P Nowicki of the Karol Marcinkowski Medical University in Poznan – study commisioned by the National Bureau for Drug Prevention

This project was financed by the National Bureau for Drug Prevention in the framework of promoting new and innovative research projects into drugs and drug addiction. The study was designed and conducted by J. Kłos and P. Nowicki of the Karol Marcinkowski Medical University in Poznan. This project is unique in Poland due to the approach to drug use prevalence estimations in the general population. It attempts to estimate drug use prevalence based on objective indicators i.e. chemical analyses of sewage water contamination and statistical models. Up to now very few scientists in Europe conducted such analyses. Polish scientists to a large extent drew on the experience of their European colleagues.

The project aimed at developing an analytic and statistical model for the estimation of the prevalence of the use of respective substances in Poznan's population based in the presence of metabolites of drugs in the samples of sewage water taken regularly from the water treatment plant.

The samples were taken at the Aquanet Central Sewage Treatment Plant. Although there were other smaller water treatment plants in the area the scientists decided to take samples exclusively from one source. In 2009, the Aquanet plant treated water practically from all over the town. It was caused by the sewerage upgrade works. Consequently, sewage from smaller plants was transferred to the Aquanet plant. The 5-litre samples were taken between June 2009 and October 2010 twice a week.

The project analyzed the content of active ingredients and metabolites of actives such as MDMA, amphetamine, methamphetamine, THC and cocaine. Based on selected compounds, Drug Target Residues in sewage water were specified. They were selected based on the information on the metabolism of specified compounds and their presence in urine. They are frequently metabolites (for cannabinoids and cocaine) and organic compounds (for amphetamines). Then the DTR level in the study samples was specified in

the study samples (monthly and then divided by the number of days in a month) then multiplied by the average flow of water in the sewage plant and the rate per 1000 population was obtained. Then, considering the proportion of excreted DTR and daily standard drug doses[13], an indicator of daily drug consumption per 1000 population was calculated. Daily standard drug doses used for the calculations were based on the findings of research conducted in other countries (EMCDDA 2008).

Outcome

The highest DTR levels referred to THC. The indicator of the number of people using daily standard doses of cannabis per 1000 population of the city of Poznan ranged between 5 and 6.4 depending on the month of the analysis. These results correspond to the results of the population surveys conducted in Poland, where the highest proportion of respondents report using cannabis whose active ingredient is THC.

In the case of the content of cocaine metabolites and cocaine alone in Poznan sewage, they were very low and neared the detection limits. This result is also confirmed by the general population surveys, where cocaine use prevalence rates were also very low.

The sewage analysis provided surprising findings in the case of amphetamines and methamphetamines. It appeared that between June and December 2009 the indicator of the number of people using daily standard doses of methamphetamines per 1000 population of Poznan fluctuated around 0.025 and was almost twice as high as the amphetamines indicator, which oscillated around 0.01. In May 2010, the indicators for both substances were almost identical (approx. 0.013). In the period between May and June the indicators fell to approx. 0.01. In the period between June and October they had similar values. First they fell and then rose to approx. 0.015 towards the end of the year. In the whole period the indicator of the number of people using daily standard doses of MDMA per 1000 population of Poznan ranged between 0.002 and 0.005.

The above findings are surprising as most amphetamine monitoring sources (i.e. population surveys and police data) show that amphetamine use is far higher. Methamphetamines are far less prevalent. Naturally, comparing the national research findings with the results of the study in the city of Poznan alone is not sound methodologically, however, the Poznan findings might indicate that methamphetamines are entering the Polish market and it does not concern exclusively the areas along the border with the Czech Republic, as it has been the case so far.

[13] Standard drug doses for respective substances: 100mg of cocaine, 30mg of amphetamines and methamphetamines, 100mg of MDMA, 125mg of 14% THC cannabinoids.

Summary

The international experience shows that such studies might be used as an additional source of following trends in the prevalence of psychoactive substance use. Constant monitoring of the content of metabolites of psychoactive substances in sewage water with the application of the same methodology does not only allow for observing changes in drug use prevalence but also provides instant data on the trends in the drug market. It also helps to detect changes on the drug scene virtually in real time. Such studies might also be the way of validating the results of population surveys.

The results of Poznan analyses show a far lower prevalence of respective substances compared to the data of population surveys conducted across Poland. There are also no population surveys conducted in the city of Poznan, which would allow for direct data comparison; however, the very prospect of validating the population surveys burdened with a number of errors and distortions is interesting.

Although the methodology of sewage water analysis in terms of drugs needs to be further developed, it is one of more interesting and prospective courses of research development in the field of drugs and drug addiction. Monitoring drug metabolites in sewage water with the application of the same methodology in a number of settings would a valuable and objective supplement to the existing monitoring tools.

2.2. Drug use in school and youth population

- **"Consumption of psychoactive substances in school adolescents – youth 2010"**

Author: Artur Malczewski, Reitox Focal Point - National Bureau for Drug Prevention and Foundation of the Centre for Public Opinion Research CBOS

Introduction

The survey "Psychoactive substance use among school adolescents – Youth 2010" was conducted by the Foundation of the Centre for Public Opinion Research (CBOS) between 15 October and 15 December 2010. The survey was conducted by means of the quantitative method on the nationwide random sample of 65 schools (one class per school) including general education secondary school, technical secondary schools and vocational schools. The survey included 1 246 students. The interviews with students were conducted through the random selection method between 2 and 19 November 2010. The survey included final class students of upper-primary and upper-middle schools, day adolescent schools (excluding special schools), who had followed the curricula of the primary and then the

middle school. The schools were selected from the database of the Ministry of National Education. If the selected school had more than one class who followed the same final stages of the curriculum, then only one class was selected for the survey. The interview included all students present in a given class on the day of the survey (Malczewski 2011i).

Drug use

The CBOS has been asking adolescents about drug use in the past year since 1992 i.e. the beginning of youth surveys. If the student reports using drugs in the last year then they are asked to list three substances.

In 1992, the prevalence rate of drug use in the last 12 months in this group was 5%. In the next two measurements (1994 and 1996), every tenth participants admitted to using drugs.

The following surveys revealed rises in recent drug use prevalence rates from 18% in 1999 to 23% in 2003, when the rates reached the highest values. In 2008 the trend reversed and the rates fell to 15% and the latest research of 2010 revealed that the trend had levelled off at 16%.

In 2010, 82% of the students mentioned marijuana (rise of 6% compared to 2008) and 11% reported amphetamine (fall of 3%). Slightly more participants i.e. 13% reported using legal highs. It must be stressed that the survey participants could list only three substances and this might be the reason why ecstasy use rates had fallen from 10% to 1%. While completing the questionnaire the student were allowed to mention only three substances. The use of legal highs, which became one of the most prevalent substances, caused that the survey participants reporting legal highs use more frequently than ecstasy (e.g. the third substance) and could not mention another substance. This might explain why prevalence rates for ecstasy use fell so dramatically.

The analysis of sex differences shows that boys used drugs more frequently than girls (20% and 12% respectively).

The highest proportion of students who had used psychoactive substances was recorded in vocational schools (22%) and the lowest in secondary school of general education (14%). Among students with average grades of 2s and 3s, the contact with psychoactive substances was confirmed by 18% of the survey participants. Whereas students with the best grades (5s and 6s) the percentage stood at 13%.

The highest percentage of students who reported using drugs live in cities with population between 20 thousand and 100 thousand (22%) and the lowest in cities with population between 100 thousand and 500 thousand (13%).

The lowest drug use rates were recorded in students who declared involvement in religious practices (14%). Every fourth participant who was not involved in religious practices admitted to using drugs.

Cannabis

The 2008 survey contained questions about the use of respective substances. The same questions were asked in the 2010 edition. The most prevalent illegal substance among adolescents was cannabis. Lifetime prevalence rate for cannabis use in 2010 was 35.7%, which is higher by 5% compared to 2008 (30.5%). In the last 12 months cannabis had been used by 18% of the students (compared to 16.4% in 2008). The rate for the last 30 days stands at 7.7% in 2010 (compared to 7% in 2008). 15% of the survey participants reported using cannabis 1 or 2 times. Every tenth had used it 3 to 9 times. 6% of the students had used cannabis more than 10 times and a similar proportion of students (5%) had smoked cannabis 40 times or more. In all the above categories the proportions of the participants were higher than the other psychoactive substances.

The survey also focused on drug availability. Nearly a half of the students considered it easy to obtain cannabis (48% in 2010 and 45% in 2008). It is the highest proportion of easy access to drugs, the other drugs were considered more difficult to get.

The students were also asked about drug use offers. Every third participant (34%) had been offered to use cannabis (31% in 2008). The drug had been offered more frequently to boys (39%) than girls (28%) (Malczewski 2011 f).

Legal highs

In 2008, the first nationwide survey of legal highs prevalence was conducted. The students were asked about the use of legal highs as well as the plants sold as legal highs e.g. diviner's sage (salvia divinorum).

In 2010, the prevalence of legal highs use was surveyed again. Moreover, the students were asked to name three names of products or substances. This way we have the opportunity to compare prevalence trends in the course of two years. In the survey, legal highs were defined as psychoactive substances which have been registered as collectibles sold in special outlets or online and also called smart drugs.

The battery of questions regarding legal highs started with the question about the knowledge of these substances. 90% of the participants had heard of legal highs in 2010, a similar percentage of boys (91%) and girls (89%). Every fourth participant (27%) had visited a legal highs shop. Boys (34%) did it more frequently than girls (19%).

Legal highs shops were most frequently visited by residents of towns of 20-100 thousand population (36%). The shops were most infrequently visited by residents of rural areas

(22%). Out of those who visited legal highs shops (n=297), 40% made a purchase (n=120). The shops were most frequently visited by students of vocational schools (47%) and the least often by students of secondary schools of general education (31%). Boys who visited the shops made a purchase more often than girls. Almost a half of these boys and every third girl bought legal highs (46% and 31%). The students most often made a purchase two months prior to survey (modal value of 61 days) and the average number of days was 95 (with confidence limit of 95% standard deviation was 83 days).

The survey participants were also asked about the types of legal highs they had bought. The answers fell under one of the four categories: herbal concoctions for smoking, pills or tablets, white sniffing powders and other substances. Out of those who made a purchase (n=120), the vast majority had bought herbal concoctions for smoking (78%), most frequently the product called Tajfun. Every fifth student had bought pills or tablets.

Moreover, the students were asked about offers to use legal high, no matter whether they accepted it or not. 16% of the students were given such offers, boys (19%) more frequently than girls (13%).

In Western European countries legal highs are mainly sold online. An extended network of legal highs shops was Poland-specific. The survey included questions about online purchases of legal highs. Only 1% of the students had made an online purchase. It might have been caused by the wide availability of legal highs through street retail.

Legal highs use among students

The survey participants answered the questions about the use of legal highs. In 2008, legal highs had been ever used by 3.5% of students. In 2010, this rate trebled to 11.4%. 7.2% of students admitted using legal highs in the last 12 months prior to survey (2.6% in 2008) and 1.1% in the last 30 days (1.5% in 2008). Only in the case of the last 30-day prevalence, the rates did not increase compared to 2008, which was the time when the legal highs scene started emerging. It might have been the result of the closure of legal highs shops, which resulted in lower availability of these substances. The question about the lifetime and the last 12-month prevalence related to consumption prior to the closure of the shops, which happened at the beginning of October. The last 30-day period referred to the time afterwards. Over a half of the participants reported using legal highs once or twice (6%). 3% of the students had used legal high several times (3-9). Frequent use (more than 9 times) was recorded in 1% of the participants.

Apart from the question about legal highs, the student reported using diviner's sage, which had been sold in shops until its delegalization in 2009. In 2008, 2.1% had used diviner's sage. The use of this plant remained at similar level in 2010 (2.6%). 1% of the survey participants reported using diviner's sage in the last year prior to both surveys.

The analysis of legal highs users shows that in 2010 boys (14.9%) had used it more often than girls (8.1%).

Every fifth resident of the town of 101-500 thousand population had used legal highs (20%). In such cities the prevalence rate was the highest and the lowest in rural areas (10%).

Analyzing the types of schools, the highest prevalence rates were recorded in technical secondary schools (4.3%) and vocational schools (3.9%) compared to secondary schools of general education (1.7%).

Students who were involved in religious practices used legal highs far less frequently (5.5% once a week and 6.3% more often) than the student not religiously involved (20.5%).

Hypnotics and sedatives

The lifetime prevalence use of hypnotics and sedatives without doctor's prescription is reported by 20% of students (22% in 2008). The last 12-month prevalence stands at 10% in 2010 compared to 11% in 2008. Finally, the last 30-day prevalence rates equal 4% and 5% respectively. Poland compared to other European countries records the highest prevalence rates regarding these substances (Ahlström 2009, p. 342).

In 2010, the survey participants for the first time were asked to give names of prescription hypnotics and sedatives which they had used with and without doctor's consent. The substances listed by the students can be divided into several categories: narcotic drugs (benzodiazepines), painkillers, non-narcotic hypnotics and sedatives and other drugs. Only a few substances out of the 50 listed by the students in response to the question about the use of prescription hypnotics and sedatives met the question criterion.

The participants mentioned different types of substances ranging from herbal preparations (e.g. Melisa, Deprim), painkillers (e.g. APAP, Ibuprom) to antibiotics (e.g. Duomox). The students reported using mainly all types of substances with tranquilizing or sedating effects or the pain relieving substances. The students had also reported using different prescription or non-prescription drugs, ranging from antibiotics to anti-acne products. Individual participants mentioned Relanium, Nasen, Bellergot or Hydroxyzinum, i.e. prescription drugs which can have psychoactive effects.

Analyzing the answers regarding hypnotics and sedatives one might risk a hypothesis that the prevalence rates for these drugs (i.e. without doctor's prescription) revolve around several percent and not 20% as it would be indicated by the students' declarations. The issue of high rates in Poland compared to other countries remains open as similar reservations regarding the type of substances can be made regarding the answers abroad. These high prevalence rates for hypnotics and sedatives among Polish students might also be explained by the Polish inclination to use all types of medication, especially painkillers. In this survey students also mentioned painkillers as hypnotics and sedatives (Malczewski 2011g).

Other substances

After cannabis the most prevalent illegal substance in Poland is amphetamine. Apart from Belgium and Holland, Poland is one of the leading amphetamine manufacturers in Europe. In 2010, the Police seized 12 amphetamine clandestine laboratories.

In 2008, every tenth student (9%) reported a single episode of amphetamine use. In 2010, this rate fell to 7%. The last year prevalence rates for amphetamine use among students in 2010, which in fact relates to the whole calendar year as the survey was conducted in November, stood at 4% and 3% in 2008. The rates for the last 30 days reached 1% in both measurements.

In 2010, the highest proportion of students used amphetamines once or twice (3%), under nine times (2%). The frequency rate of 10 times and more is recorded among 1% of students.

Ecstasy use is less prevalent than amphetamine use. According to the latest measurement there was a fall in the proportion of participants who had used this substance. Occasional ecstasy use was recorded among 4% of the students (6% in 2008), recent use among 1% (3% in 2008) and current use among 1% (1% in 2008).

Analyzing the sex distribution in ecstasy use prevalence we conclude that boys (4%) used the substance twice as often as girls (2%). In the case of amphetamines the rates are higher among boys (8%) than girls (5%).

Apart from illegal substances such as amphetamines or ecstasy, adolescents use cough or cold medication in order to get high. Some of the decongestants contain pseudoephedrine (e.g. Cirrus, Acatar AT, Sudafed), which has similar effect to amphetamine. Cough medicines (e.g. Acodin) contain DXM (Dextromethorphan), which is a psychoactive substance. Due to non-medical use of cold and cough medications, prevalence surveys in this respect started in 2008. In 2008, 3% of the survey participants had ever used these drugs. In 2010, this rate rose to 5%. The rates for the last 12-month prevalence remained at the same level of 2%. The survey also included questions about the use of DXM. The rates in this respect were very low (1% in 2008 and 2010).

If we analyze the prevalence of other substances we can see that the lifetime prevalence rates for inhalants did not change (3% in 2008 and 2010). The same was in the case of cocaine and hallucinogenic mushrooms (3% in 2008 and 2008 and 2% in 2008 and 2010 respectively).

The survey results have been presented in Figures 1 and 2. It is worth pointing to a non-existent substance of *relevin*. The question about this “drug” was to test the reliability of students’ answers. 1.5% of students admitted to having used this substance in the 2010 survey and 1.0% in 2008. The results of both measurements can be overestimated by approx. 1%.

Summary

The results of the 2010 survey showed the same rates for the current prevalence of drug use among school adolescents as in 2008. However, there was a rise in the lifetime and current prevalence rates for cannabis and legal highs use.

Most people who buy legal highs reported buying herbal concoctions for smoking which contained synthetic cannabinols (substances with very similar effects to THC which is found in cannabis). One might risk a hypothesis that among legal highs users the most prevalent were herbal concoctions for smoking. The arrival of new substances has transformed the drug scene. There was a rise in the number and availability of new substances. It is confirmed by the triple rise in the consumption of legal highs in the course of two years (from 3.5% in 2008 to 11.4% in 2010). At the end of 2008 there were several dozen legal highs shop. In 2010, this number rose to over a thousand.

Figure 2.2.1. Lifetime prevalence of drug use (aged 18-19) – 2008, 2010 (%)

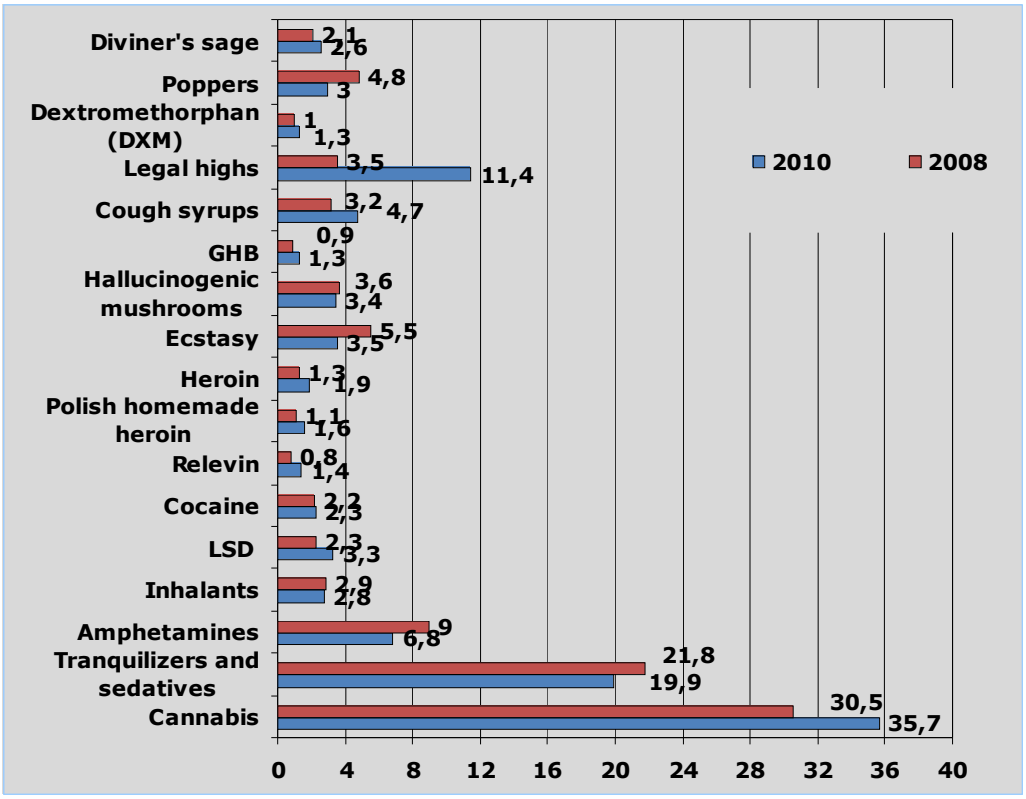
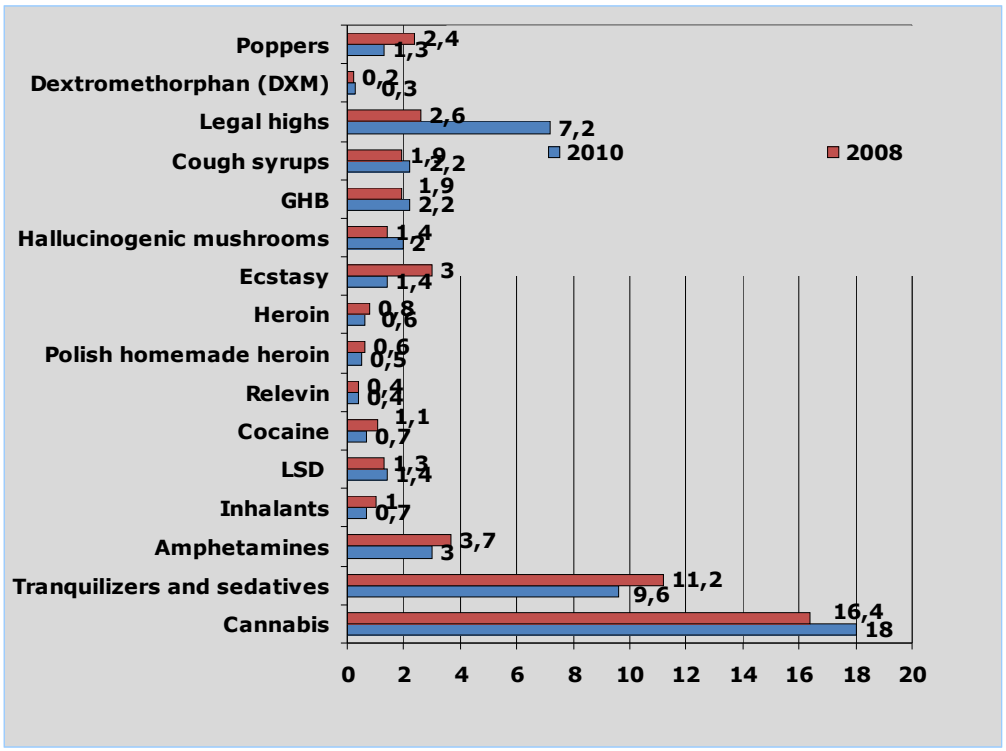


Figure 2.2.2. Last 12-month prevalence of drug use (aged 18-19) – 2008, 2010 (%)



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

- **"Assessment of drug-related knowledge, attitudes and risks in visually-impaired adolescents" – study comissioned by the National Bureau for Drug Prevention**

  Authors: Józef Kocur, Katarzyna Nowakowska, Klaudia Mąkosa

Introduction and project aim

The prevalence of substance use in the school population is a crucial health and social problem. In Poland, a number of surveys have been conducted to estimate the scale of the phenomenon such as Bobrowski, Okulicz–Kozaryn (1999), Chodkiewicz, Juczyński (2002), Ostaszewski et.al. (2005) and Sierosławski (2007).

Due to the lack of research on health problems among disabled adolescents, Prof. Józef Kocur MD, Katarzyna Nowakowska PhD MD, Klaudia Mąkosa MA decided to conduct a study into drug-related knowledge, attitudes and risks in visually impaired adolescents. The survey was financed by the National Bureau for Drug Prevention under the 2009 Research Competition.

The survey specifically aimed to 1) discover visually impaired adolescents' knowledge of drug addiction, 2) assess the frequency of participation in drug prevention programmes (nicotine, alcohol, drugs), 3) assess the awareness of the negative consequences of substance use, 4) estimate the prevalence of nicotine, alcohol and drug initiation, 5) conduct qualitative and quantitative assessment of nicotine, alcohol and drug use prevalence in the last 12 months and 30 days prior to study and 6) discover motivations for substance use in visually impaired adolescents.

Method

The study included population of middle and secondary education centres for visually impaired adolescents. In Poland, there are 9 such institutions. 3 centres based in the cities of Krakow, Lodz and Wroclaw were randomly selected. The study included 258 students: 129 girls and 129 boys. 4 in 5 respondents (80.6%) were visually impaired, the remaining 20% were blind. More than half of the study participants (55.8%) (144) went to the school in Krakow. 24% (62) and 20.2% (52) of the students learnt at the schools in Wroclaw and Lodz. The most numerous group were visually impaired students of the Krakow school (113) whereas the least numerous group were the blind students of the Lodz school.

The survey was conducted by means of the random selection methodology. Due to the specificity of the target population, the surveyor was present in class during the questionnaire session. The respondents were allowed to ask questions during the survey.

The survey questionnaire comprised 72 questions on the following topics: sociodemographics, nicotine, alcohol and drug initiation, prevalence of substance use in the last 12 months and 30 days prior to study, knowledge of drug addiction and prevention. The questions were selected and formulated on the basis of the European School Survey Project on Alcohol and Drugs. Most of them were multiple choice questions. Only the last question and the age question required the participants to fill in their answers.

The survey was adjusted to the perception ability of the respondents considering the level of impairment. The questionnaire was transcribed into Braille and the font size was modified. The questionnaires were filled in by the blind participants (Braille version) and then transcribed back into print.

Before the survey proper, a pilot version was conducted.

The survey included all present students of all middle and secondary school grades of all the three selected schools i.e. Special Education and Training Centre for Blind and Visually Impaired Children in Krakow (n=144), Maj. Baranowski Special Education and Training Centre for Blind and Visually Impaired No. 6 in Lodz (n=52) and Special Education and Training Centre for Blind and Visually Impaired Children in Wroclaw (n=62). During the implementation no disturbances were recorded. All the questionnaires were analysed.

Outcome

Despite the fact that this survey was related to the prevalence of psychoactive substances such as drugs, nicotine and alcohol among visually impaired adolescents, the results presented below refer exclusively to illegal drugs.

- ***Drug initiation***

The lifetime prevalence of illegal psychoactive substance use question was answered positively by 30 respondents (12%).

Boys admitted to using drugs more frequently than girls (26 and 4 respectively). Residents of urban areas also had used drugs more often than residents of rural areas (22 and 8) as well as respondents not residing in dormitories. Otherwise, higher lifetime prevalence rates were recorded in secondary schools than middle schools (26 and 4), visually impaired than blind (29 and 1) as well as older age groups.

The most prevalent drug in the group of lifetime users was cannabis (28 respondents, 93.3%). Some respondents mentioned amphetamines and ecstasy (3.3%).

- ***Prevalence of drug use in the last 12 months and 30 days prior to study***

Out of the group of 30 respondents who reported using illegal psychoactive substances, every third (34.5%, n=10) declared that they had done it in the last 12 months prior to study.

Out of the 10 respondents who had used drugs in the last 12 months prior to survey, 8 reported using cannabis and 3 admitted to having used amphetamines.

The respondents were asked questions about using drugs in the last 30 days prior to study. 4 respondents reported cannabis use in the past 30 days prior to survey and 2 respondents admitted to having used amphetamines.

- ***Prevalence of legal highs and non-prescription drug use and availability of psychoactive substances***

The respondents were also asked to indicate which of the listed psychoactive substances they consider drugs. Most frequently they pointed to amphetamines (208 respondents; 81%). Second came cannabis (206; 80%) followed by heroin and cocaine (196 respondents for both substances; 76%). Next came ecstasy (158; 61%), hallucinogenic mushrooms (111, 43%), Polish homemade heroin "kompot" (107; 42%) and LSD (92 respondents).

In drug availability, the respondents most often pointed to sedatives and tranquillizers taken without doctor's prescription (111), cannabis (83), butapren - type of glue (70), inhalants (63) and amphetamines which were indicated by 60 respondents.

The respondents were also asked about the knowledge of legal highs understood as psychoactive substances sold in special shops or online other than vitamins, dietary supplements or energy drinks" (Kocur J., Nowakowska K., Mąkosa K. in: „Opracowanie wyników badania Ocena wiedzy, postaw i zagrożeń dotyczących używania substancji psychoaktywnych przez młodzież niepełnosprawną wzrokowo", p. 43). More than half of the respondents (145; 56.2%) declared that they knew what legal highs are. Visually impaired respondents were considerably more competent in this respect than blind respondents. The same ration refereed to women and men respectively.

Approx. 13% of the respondents (34) reported that they had tried legal highs at least once in their lifetimes. These substances were more frequently used by visually impaired respondents rather than blind respondents (30 and 4 respectively), boys rather than girls (20 and 14), secondary school students rather than middle school students (26 and 8), urban residents than rural residents (23 and 11). The highest percentage of the respondents who had used legal highs in a lifetime was made up by Wroclaw residents aged 19-21.

Moreover, every third respondent admitted to ever using medicines without doctor's prescription.

Summary

As it has been shown by study, 30 respondents out of the total number of 258 admitted to ever using drugs.

Drug use prevalence rates in visually impaired adolescents corroborate the general trends in substance use among school youth. Drugs are far more often used by male urban secondary school students. Drugs are more popular among visually impaired rather than blind students. Higher prevalence rates were recorded in older age groups.

The most prevalent substance was cannabis. The respondents rarely mentioned amphetamines.

Slightly more respondents (34) admitted that they had ever used legal highs. The distribution of answers regarding sociodemographic features is similar to the drug use answers.

3. Prevention

prepared by Anna Radomska, Elżbieta Stawecka, Artur Malczewski

Introduction

The legal act regulating anti-drug issues in Poland is the Act of 29 July 2005 on counteracting drug addiction (Journal of Laws of 2011, No., item). The changes include regulating substances forming substitute drugs (legal highs) and the provision on circumstances in which the prosecutor, prior to issuing a decision to launch investigation, may waive the prosecution for the possession of narcotic drugs or psychotropic substances.
Both Acts lay down principles and procedures in the field of counteracting drug addiction, specifies tasks and competences of governmental administration and local authorities and includes penal provisions regarding drug-related crime.
Schools respond to the problem of psychoactive substances use (alcohol, drugs) and offences committed by students under the legislation on education, particularly the Regulation of the Minister of Education of 31 January 2003 on specific forms of education and prevention in drug-endangered children and youth.

In November 2010, the Minister of Education signed a package of regulations concerning the education of students with special educational needs, including legislation pertaining to the organization and provision of psychological and pedagogical assistance. The new acts are listed below:

1) Regulation on the provision and organization of pedagogical and psychological assistance in public kindergartens, school and centres,
2) Regulation on the conditions for the organization of education and care for disabled and socially maladjusted children and youth in kindergartens, schools as well as integration and universally accessible centres,
3) Regulation on conditions for the organization of education and care for disabled and socially maladjusted children and youth in special kindergartens, schools, wards and centres,
4) Regulation on specific terms of the operation of public counselling centres, including specialist public counselling centres.

- The reform is justified as the Education Information System Data indicate there has been a rise in the number of children and adolescents provided with the pedagogical and psychological assistance. In September 2008, counselling centres provided assistance to 12.4% of children and youth aged under 19, whereas in 2009 this figure stood at 12.8%. The ministry estimates that the actual number of children and youth who should be provided with counselling is far higher than indicated by the statistics. The aim of changes is to create a comprehensive set of assistance options on

location i.e. a kindergarten, school centre or family according to the idea of "Being as close to the student as possible" and adapt the assistance to the individual developmental and educational needs of the students and his or her psycho-physical abilities. The reform assumes greater involvement of the teachers in the process of assisting students. The teachers will be responsible for identifying students' needs, particularly in class. If the assistance fails to be effective, the school should turn to a counselling centre. The new Ministry of Education regulations also respond to the changes introduced in kindergarten and general school education as defined in the Regulation of the Ministry of Education of 23 December 2008 on the core curriculum in kindergartens and respective types of schools (Journal of Laws of 2009, No. 4, item 17). The new core curriculum of general education obliges schools and teachers to individualize the support of every student's development according to his or her needs and abilities. The new regulations come into force on 1 September 2009 in kindergartens, middle schools and special centres and on 1 September 2012 in primary and secondary schools.

The reform also introduces a new form of work with a student based on the holistic assistance provided by a team of teachers, educators and specialists who work with a given student. The teams will be assigned to a given student and responsible for providing pedagogical and psychological assistance according to the student's individual needs. Each student covered by the psychological and pedagogical assistance will be issued an individual needs card which will contain information on the form, content and period of the provided psychological and pedagogical assistance and the number of hours of specific classes (www.bibliotekako.pl: Małgorzata Tabaszewska, The school should provide a student with adequate support – Psychological and pedagogical assistance system reform)

In 2010, changes were introduced to the education law concerning the evaluation of the quality of education. The basic idea of the new model, introduced with the Regulation of the Minister of National Education of 7 October 2009 on the pedagogical supervision, is to strengthen the pedagogical supervision with the emphasis placed on the analysis and quality evaluation of education in school and centres. The general duties of supervisory pedagogical bodies, including school superintendents are the following:

1. evaluating educational performance of schools and other related facilities
2. supervising legislation enforcement in schools and other related facilities
3. supporting school and other related facilities in didactic, educational and care activities and other statutory tasks. (www.ore.edu.pl)

Evaluation and external supervision in schools will be performed by specialist units – Regional Education Quality Centres (ROJE). The performance of educational centres will be evaluated in the areas such as didactics, education and care; school processes; functioning of school and educational facility in the local community and the school management methods (www.kuratorium.szczecin.pl).

To ensure high quality of prevention programmes a special tool has been developed called Recommendation System for Prevention and Mental Health Promotion Programmes. The general aim of the system is to raise quality of prevention and mental health promotion programmes and disseminate evidence-based prevention strategies and programme design methods. In 2010, similarly to previous years, the programme's implementation continued. The implementing bodies included the National Bureau for Drug Prevention, the Institute of Psychiatry and Neurology, the Centre for Education Development and the State Agency for Solving Alcohol Related Problems. The draft system has been tested through a pilot study to be followed by the initial evaluation of 7 programmes. The evaluation tools were also validated. The system has been promoted since 2010, for example on the Internet (http://www.kbpn.gov.pl/portal?id=106179), in the National Bureau's newsletter and in the publication issued by the National Bureau for Drug Prevention (System for Prevention and Mental Health Promotion Programmes, National Bureau for Drug Prevention, Warsaw 2011).

3.1. Universal prevention

- **School**

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

An auxiliary facility for the Ministry of National Education is the Centre for Education Development, which has been operating since January 2010. It is a nationwide public teacher training agency of the Ministry of Education. The Centre's mission is broadly understood education quality raising, especially through providing support for schools and related facilities in the performance of their duties and advocating changes in the field of teacher training.

In 2010, the Ministry of National Education announced an open competition for the performance of pubic task entitled *"Support for the implementation of a school education curriculum and prevention programme through pro-individual and pro-social development*

actions". The Ministry also prepared *"Anti-Drug Action Plan 2010"*. The actions were aimed to raise the quality of drug prevention in schools and educational facilities. In 2001, by virtue of the Memorandum of Understanding of 23 November 2009 between the Minister of National Education, Minister of Health and Minister of Sport and Tourism on the promotion of health and prevention in children and youth, the Programme Committee for the Promotion of Health and Prevention in Children and Youth was appointed. The Committee's mission statement included such topics as supporting health education in schools, supporting health-promoting schools, implementing healthy dietary habits and physical activity in schools and supporting prevention programmes for risky behaviour among children and youth. In October 2010, the Minister of Education appealed to school masters and educational centre directors for including legal highs-related issues in drug prevention activities. There were also appeals for organizing parent meetings and talks to provide information on the problem and ways to seek help. The Ministry of National Education established cooperation with the National Bureau for Drug Prevention, Chief Sanitary Inspectorate, and Police Headquarters in order to prepare information materials for school headmasters, teaching staff, parents, students and implementing agencies, entitled "*Legal highs prevention among adolescents"*. The Ministry of National Education along with the National Bureau for Drug Prevention developed parent meeting plan in school entitles "*Legal highs – new threat.* The meeting is aimed to sensitise parents to the new threat related to legal highs and provide information on new psychoactive substances. An important aspect is also to familiarize parents with protective factors in drug use. (Legal highs prevention. Prevention options for school headmasters, teaching staff, parents, students and implementing agencies, Ministry of Education, 2011)

The National Bureau for Drug Prevention commissioned the development of a short-term educational programme (2-3 lessons) entitled "Taste of life – legal highs debate". The programme targets students aged 15-18 and aims to provide basic information on the threats related to the use of legal highs and consequently being more careful and less open to such products. The programme also aims to promote healthy lifestyle. It is available at the National Bureau's website at http://www.kbpn.gov.pl/wydawnictwa_on_line.htm?id=110707. The programme was widely disseminated among teachers. (K.A. Wojcieszek, Taste of Life – legal highs debate, National Bureau for Drug Prevention, Warsaw 2010).

The following drug prevention programmes are also implemented in schools:

- **"Golden Five"** – this programme is addressed to middle school teachers and students. Its main goal is to prepare teachers for supporting students in getting adapted to the new school environment. Providing necessary support at the beginning of education in middle school reduces educational problems in the grades to follow. Teachers develop their practical skills in the following areas: class integration, effective class

management, building good relationships with students, supporting students in new challenges, building good relationships with parents, individualizing teaching. The programme is disseminated by the Centre for Education Development with the help of 55 trainers across the country.

- **Home Detectives** is a school-based universal prevention programme for students aged 10-12 and their parents and teachers. The programme aims at preventing alcohol initiation. This is the Polish adaptation of the American Slick Tracy Home Team Program. It has been run in Poland since 1999 by the Institute of Psychiatry and Neurology. It annually attracts 8 thousand primary school students. The effectiveness of the programme in terms of solving substance abuse problems among students has been validated in the course of evaluation studies.
- **"Amazing Alternatives"** is a school-based universal prevention programme aimed to delay alcohol initiation in students entering adolescence. The programme is evidence-based in behavioural variables (binge drinking, delaying alcohol initiation in peer environment) and several intermediary variables (attitudes to alcohol use, refusal skills, knowledge of consequences of alcohol consumption). The programme is promoted by the Institute of Psychiatry and Neurology.

In 2010, the National Bureau in cooperation with the Centre for Education Development launched works on promoting the Unplugged programme. Unplugged is a substance prevention programme (alcohol, tobacco, drugs) targeting adolescents aged 12-14. It is implemented in a number of European countries under the international EU project – Drug Abuse Prevention, which is co-financed by the European Union. The results of the programme evaluation corroborated its effectiveness in relation to drug use reduction. Up to 2010 the programme had not been widely implemented in Poland. In 2010, programme leaders were trained to coordinate and further promote the programme. In 2011, the National Bureau is planning to hold another round of leader trainings and implement the programme in middle schools in cooperation with local governments.

Moreover, the National Bureau, under its statutory activity, supports universal prevention actions taken by NGOs. In 2010, 15 peer education programmes for 1 338 adolescents were conducted. The aim of these programmes was to prepare the participants for drug prevention and health promotion in peer environment and local community. The National Bureau supported the preparation of leader for prevention actions by providing information on drug problem, methods of peer assistance, acquiring and practising social and psychological skills. (National Drug Strategy Report, 2010).

- **Family**

The following 2 family programmes were implemented in the field of universal drug:

- **Family Strengthening Programme**

Family Strengthening Programme targets children/youth aged 10-14, their parents and guardians. The general aim of the programme is to reduce substance use and problem behaviours by developing parenting skills, interpersonal and personal skills among teenagers and strengthening family ties.

The programme helps to obtain practical skills which shape proper family relations, which correlates with the character of healthy behaviours in young people. The implementation of the programme in a series of sessions (joint work of parent and child) allows to fully understand mechanisms and norms of family life including dignity and needs of each family member.

The programme has been run in Poland since 2007 by the Maraton Foundation. It is widely promoted through such channels as the press, media, conference speeches, local meetings and leaflets. To promote evidence-based prevention programmes the National Bureau for Drug Prevention commissioned and financed the first stage of the programme's evaluation. The study aimed to validate the programme in the Polish conditions. It was conducted by the Institute of Psychiatry and Neurology.

The study conclusions were published in the "Implementation report on the nationwide evaluation of Family Strengthening Programme 2010". The evaluation was quasi-experimental. In included 20 centres and 551 families (317 in experimental group and 234 in control group). Two group of programme leaders were trained – one from the experimental group and the other from the control one. The tools included surveys for children, parents and leaders. The evaluation proved the positive influence of the programme in the family functioning. It helped parents improve their behaviour, correct mistakes and get motivated for change (Technical and organization report on the evaluation study of Family Strengthening Programme 2010).

- **School for Parents and Educators Programme** is a series of meetings for anyone who seeks proper relations with their children or charges. The programme teaches communication skills and provides room for reflection on one's parenting or educational approach. The emphasis is placed on establishing the right dialogue and shaping ties based on mutual trust. While teaching skills of open communication in the family, the programme builds strong relation between parents and children, which contributes to its preventive character. In 2010, across the whole country there were 206 forty-hour trainings for 2 500 parents and teachers from 240 schools and 72 40-hour trainings for 949 programme leaders (psychologists and pedagogues).

In 2010, upon commission of the National Bureau for Drug Prevention, the online counselling centre at www.narkomania.org.pl was continued. The aim of this online project is

to provide assistance and reliable knowledge on drug addiction, drugs, forms of assistance etc. for dependent and codependent drug users. In 2010, the website was visited 384 511. 994 consultations were provided. Similarly to previous years, the National Bureau for Drug Prevention operated a drug hotline 801 199 990, which targets drug problem users and their families. In 2010, the hotline operators provided 1 337 consultations. The number of consultation increased by 12% compared to the previous year (National Drug Strategy Report, 2010)

- **Community**

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. Performed drug prevention actions were intended to deepen the involvement of the stakeholders in counteracting drug addiction, both at the provincial and local level. Under the programmes local governments support local and regional initiatives related to drug prevention which include: school educational programmes, programmes for parents, trainings for drug prevention practitioners, school and extra-school programmes for at-risk adolescents and their parents as well as extracurricular activities.

16 provincial governments sponsored universal prevention actions, which included slightly more adults (42 506). In this case programmes were implemented outside school. School children and youth (37 034) were mainly targeted in the school environment. The total of programme participants stood at 79 540. The universal prevention programmes were conducted by 89 NGOs (25 in schools and 64 outside schools). 93 programmes were implemented (29 in schools and 63 outside schools). (National Drug Strategy Report, 2010).

In the reporting year of 2010 a number of trainings were held on drug demand reduction and development of local prevention strategies for representatives of local governments, Ministry of National Education, Police, Military Police and Prison Service.

- **Involving of local communes in drug prevention**

Primary prevention

Primary prevention is the area of counteracting drug addiction that is most frequently financed by communes. In 2009, almost 70% of communes supported primary prevention programmes in and outside schools with the total amount of PLN 36 million. In 2010, the spending was slightly lower (PLN 33 million) and the drug prevention programmes were conducted by 72% of the communes. The above actions were implemented in 10 814 facilities (schools, common rooms, children centres, etc.) and 10 961 facilities in 2009. Communal governments co-financed 7 161 programmes (7 348 in 2009). The primary

prevention programmes included the total number of 2 200 000 clients. With regard to the number of clients and programmes, the figures might be slightly overestimated as the same participant might have entered several programmes. Several communes might also have commissioned the same programme and each commune might have reported it in their questionnaire.

Table 3.1.1. Primary prevention programmes in 2006-2010 – communal financing under the KPPN

	2006	2007	2008	2009	2010
Total of clients	1 870 297	1 928 981	1 817 637	2 203 677	2 217 802
Total of facilities	11 347	10 072	10 199	10 961	10 814
Total of programmes	8 592	9 314	6 940	7 348	7 161
Total of NGOs	3 496	1 779	1 665	1 718	1 891

Source: Information on KPPN implementation in 2006-2010

The provinces which most actively co-financed primary prevention programmes with the rates of communal involvement exceeding 80% included the following provinces: opolskie (despite fall in 2010 – over 85%), zachodniopomorskie (84%), slaskie and swietokrzyskie (83%) and dolnoslaskie (82%). The lowest rates – below the national average of 72% - were recorded in the following provinces: mazowieckie (65%), podlaskie (62%), podkarpackie (65%), lodzkie (67%), warminsko-mazurskie (64%), wielkopolskie (70%), lubelskie (60%), lubuskie (71%) and kujawsko-pomorskie (67%).

Compared to the previous year (2009), in 12 provinces the rates of communes financing primary prevention increased (Figure 3.1.3.1). The highest increases in the rates of provinces are recorded in mazowieckie province (from 58% to 65% out of reporting communes), lodzkie province (from 61% to 67%) and zachodniopomorskie province (from 77% to 84%).

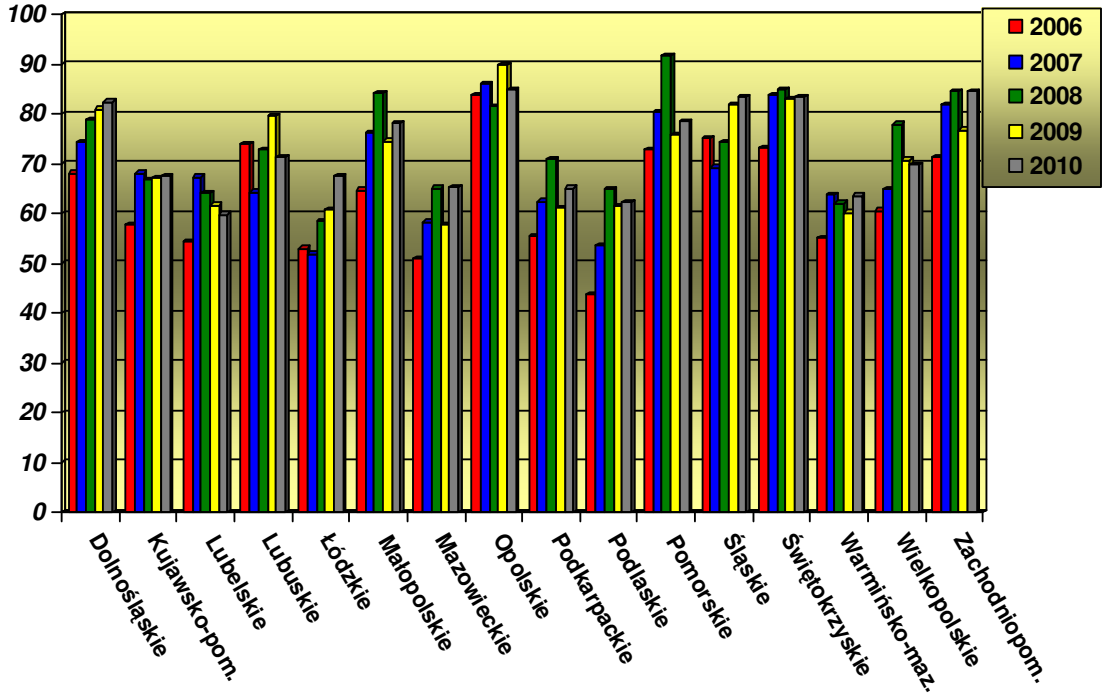
In 2010, following the 2009 fall in the number of active communes, zachodniopomorskie province returned to the level of 2008. In four provinces the rates of communes co-financing primary prevention programmes fell compared to 2008. The deepest fall in the number of communes involved in supporting primary prevention programmes was recorded in lubuskie province (from 80% in 2009 to 71% in 2010) and opolskie province (from 90% to 85%).

Comparing data regarding the first year of the KPPN implementation i.e. 2006 and 2010 it is clear that in almost all provinces the rates of communes have increased in the last year compared to the first year of the implementation, which means a broader scope of actions as

in 2010 more communes co-financed primary prevention programmes compared to 2006. Lubuskie province is the only exception. It is worth looking at dolnoslaskie province where the rate of communes supporting primary drug prevention increased each year.

Analyzing the data one must note a co-relation between implementing primary prevention tasks and the type of commune. Urban communes and urban-rural communes far more often take primary prevention action than rural communes (chi^2 at 0.000). Across the whole country, 92% of urban communes and 79% of urban-rural communes implemented such tasks. In the case of rural communes the rate was 65% of all communes. The 2010 and 2009 results are very similar.

Figure 3.1.1. Communes which in 2006-2010 financed primary prevention programmes – percentage of communes which sent the reports



Source: Malczewski 2011h.

Secondary prevention

Under the KPPN implementation 16.7% of communes supported secondary prevention activities, which is the same as in 2009. In 2010, the implementation spending stood at PLN 19 million. Secondary prevention targeted 140 720 clients, which is an increase compared to 2009. Secondary prevention featured 1 010 programmes conducted in 1 384 settings (1 026 programmes in 1 874 settings w 2009).

Table 3.1.2. Secondary prevention programmes in 2006-2010 – communal financing under the KPPN

	2006	2007	2008	2009	2010
Total of clients	174 184	219 630	151 873	125 963	140 720
Total of facilities	1 921	1 415	2 431	1 874	1 384
Total of programmes	1 209	1 528	1 040	1 026	1 010
Total of implementing NGOs	329	496	376	340	395

Source: Information on KPPN implementation in 2006-2010.

The highest number of communes conducting secondary prevention was recorded in slaskie province where almost every third commune implemented such tasks (Figure 3.1.3.2). From 2007, the rates of communes conducting secondary prevention in slaskie province rose systematically from 18% to 30% in 2010. The number of such communes recorded in zachodniopomorskie province was similar (28%).

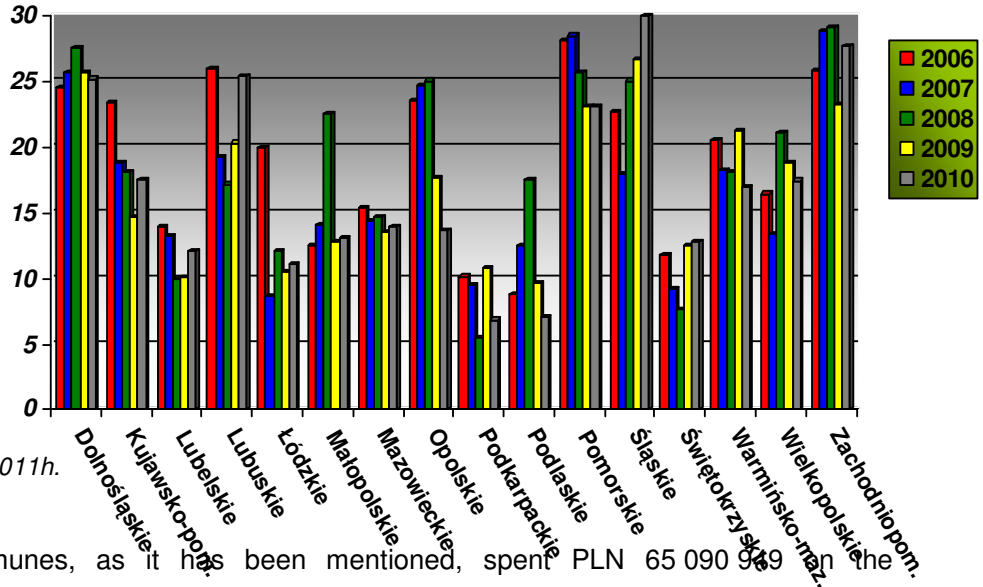
Every fourth commune co-financed secondary prevention actions in the following provinces: pomorskie (23%), lubuskie (25%) and dolnoslaskie (25%). The lowest involvement in supporting secondary prevention was observed in the communes of podkarpackie province (7%) and podlaskie province (7%). In these provinces less than every tenth commune co-financed secondary prevention actions.

In four provinces the rates of communes financing secondary prevention fell (the most dramatic declines of 4% were recorded in the provinces of podkarpackie, opolskie and wielkopolskie), and in five provinces these rates were higher in 2010 (the highest increase in the communes of lubuskie province – 4%) and zachodniopomorskie province (increase of 5%). The division, mentioned before, into provinces frequently (mainly western provinces) and infrequently supporting prevention activities for high risk groups is still maintained.

The performance of secondary prevention tasks, similarly to primary prevention, is strongly dependent on the commune type. Statistical analyses showed that urban communes take such action much more often than rural and urban-rural communes

(chi^2 at 0.000). Among urban communes as many as 54% performed secondary prevention, 26% of urban-rural communes and only 7% of rural communes. In the case of secondary prevention, the domination of urban communes as leading sponsors of prevention activities for high risk groups is clear.

Figure 3.1.2. Communes which in 2006-2010 financed secondary prevention programmes – percentage of communes which sent the reports



Source: Malczewski 2011h.

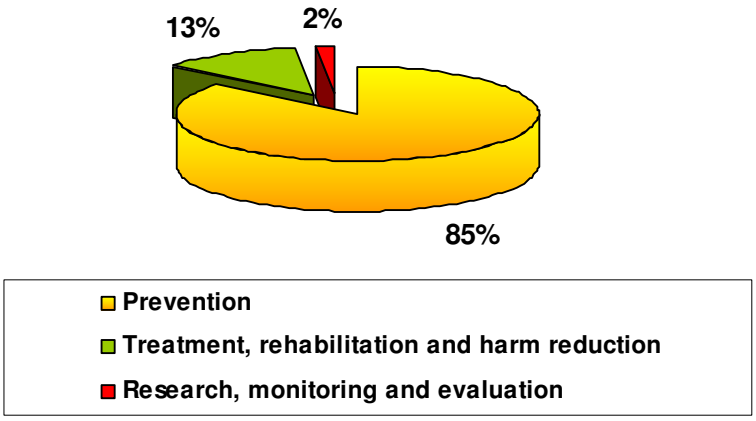
KPPN expenditure

In 2010, communes, as it has been mentioned, spent PLN 65 090 949 on the implementation of communal programmes for counteracting drug addiction. This amount accounted for 34% of the whole KPPN expenditure. The expenditure distribution is shown in Figure 3. The highest proportion was made up by prevention (85%). In 2010, communal spending on drug prevention averaged PLN 23 122, which is PLN 1 572 less compared to 2009. The whole expenditure amounted to PLN 55 870 995, which is PLN 408 055 more compared to 2009. The highest funding was allocated to primary prevention programmes conducted in and outside schools (PLN 33 359 357). Similarly to the previous year, this amount fell by three million zlotys. On the other hand, more resources were provided for the implementation of secondary prevention programmes (PLN 19 658 960). Almost three million more was spent in 2010 compared to 2009 i.e. PLN 2 904 589. The remaining resources were allocated as follows:

- training seminars in developing communal programmes for counteracting drug addiction: total of PLN 374 299
- training seminars in programme evaluation: PLN 20 496
- procurement of publications on the methodology of designing programmes for counteracting drug addiction PLN 19 114

- development and distribution of informative and educational materials on health promotion and drug prevention: PLN 585 131
- cooperation with the media: PLN 359 481
- implementation of the social campaign: PLN 1 467 272
- evaluation of anti-drug educational campaigns: PLN 26 885

Figure 3.1.3. Percentage distribution of communal expenditure on the implementation of respective KPPN sections in 2010



Source: Source: Malczewski 2011h.

3.2. Selective prevention in at-risk groups and settings and indicated prevention

- **Drug endangered groups**

In 2010, the National Bureau for Drug Prevention similarly to previous years supported prevention programmes for drug-endangered individuals and occasional drug users. The following programmes were implemented:

- 73 programmes targeting drug endangered children and adolescents, neglected children, children from disrupted families (including addictions) who came into contact with drugs for the first time,

- 10 programmes for occasional drug users.

The programmes aimed at reducing risky behaviours due to considerable exposure to risk factors. The programme actions focused on 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.

The main objective of the programmes for drug users was the change from destructive to healthy behaviours. There were measures to maintain as well as better emotional and social functioning. These programmes were implemented in local settings such as socio-therapeutic common rooms, education clubs, youth clubs, social prevention centres, consultation centres, community prevention facilities and drug counselling centres.

The participant recruitment was performed in cooperation with local institutions such as schools, education and care centres, juvenile courts, health care units and welfare centres. The participants were involved in the following actions:

- Information and education – correcting normative beliefs on psychoactive substances, consequences to health and society, shaping right attitudes to drugs and providing information on forms and location of drug treatment services;
- psycho-education (workshops on psycho-educational skills) – improving psycho-social skills of getting protected against substance use and addiction (communicating, coping, decision-making, assertiveness); psycho-correction (socio-therapy, support groups); family counselling and specialist consultations (Report for Ministry of Health, 2010).

Under programmes targeting drug endangered groups and occasional drug users the National Bureau continued the “FreD goes net” early intervention programme. The project is the adaptation of the German evidence-based selective prevention programme for adolescent drug users. In 2010, the pilot version was completed. The consequent evaluation corroborated the positive outcome of the programme in its target population. The national Bureau held a training course for 38 providers of the programme in 12 provinces (National Drug Strategy Report, 2010).

- **“School Preventive Intervention” programme is being implemented in schools.**

This short intervention programme prepares primary and middle school teachers for taking preventive actions towards students who use psychoactive substances (nicotine, alcohol, drugs, legal highs). The programme is run by the Centre for Education Development and the Institute of Psychiatry and Neurology. In the course of implementing the National Drug Strategy 2006-2010, 70 instructors were prepared to train 1 620 teachers to run the programme in school.

- **At-risk families**

Programmes targeting families and relatives of individuals with a drug problem featured educational and informative courses on mechanism of drug dependence and

codependence, workshops on parenting skills, support groups and counselling for families, and legal assistance. Participants of support programmes for families at risk of drug addiction received help in critical situations, gained and improved their parenting and psychosocial skills. These interventions were aimed to improve the functioning of families, and ultimately to strengthen the family in drug prevention and treatment. In 2010, the programmes were implemented by 11 institutions which ran 25 programmes (Report for Ministry of Health, 2010)

- **Harm reduction programmes for occasional drug users run directly in recreational settings (clubs, discotheques, etc.)**

12 selective prevention programmes targeting occasional drug users were implemented by 9 organizations directly in the community of occasional drug users or groups at risk of drug use and in the settings of increased prevalence of drug use (e.g. clubs, discotheques, open air events). The programmes aimed at preventing drug initiation, changing attitudes towards drugs and reducing risk of occasional drug use. The programmes covered outreach activities: education in drug-related risk, motivating for the change of behaviour and attitudes, interventions, providing information on drug services and distributing informative materials (brochures, leaflets). The programmes were implemented by specially trained outreach personnel (Report for Ministry of Health, 2010).

3.4. National and local Media campaigns

- **Actions under anti-drug educational campaign**

In July of 2010, there was a launch of the second edition of the nationwide campaign entitled “Don’t drug drive. When you’re on drugs your brain is off!” aimed at preventing drug and drunk driving. The campaign enjoyed the honorary patronage of the Minister of Health. The campaign targeted young people aged 16-25, mainly discotheque and club goers.

The aim of the campaign was to make young people aware that drug driving is equally risky as drunk driving and it is the same offence which entails the same penalties. The campaign featured four version of a 15-second TV spot, three versions of a 30-second radio spot, a poster and a press advertisement.

The first stage of the campaign was implemented mainly across the media and therefore became nationwide. The highlights of this stage included TV and radio spots.

An important element of the campaign was the Internet and that is why a lot of emphasis was placed on an attractive website, which would encourage young people to actively participate in the campaign. An additional slogan entitled “And how do You get back home from the

party?" encouraged young people to visit the website www.planujpowrot.pl and take part in a design competition for the campaign sticker.
The website also provided information on the effect of drugs on the driving ability and the related legal consequences. The website also contained the campaign materials.

Apart from the website the campaign was present at other online portals which posted the campaign information and banners. The campaign was also present in the press, mainly youth magazines, and several billboards. In the fourth quarter of the year the campaign was also supported by the Multikino cinema chain across the country. As the campaign targeted mainly young people, club and discotheque goers, most materials were prepared to suit youth event settings. There were T-shirts with drug prevention slogans, A3 and A4 posters, fluorescent bands, floor and mirror stickers to be used in clubs, stamps with the campaign slogan to be pressed on the arms of the club visitors and campaign beer mats. All the gadgets contained the campaign slogans. The campaign was prepared and conducted by the MARTIS advertising agency and the PR Partner of Promotion, agency which was responsible for collaborating with the media.

A lot of emphasis was placed on the modern, direct and emotional message of the campaign, which would appeal to the emotions of young people and stimulate positive behaviour. At the same time the message was informative, provided through knowledge on the negative effects of drug on the driving ability and concentrated on the safe coming home.

Similarly to previous years the campaign was largely supported by the campaign ambassadors, who took action at regional and local levels by distributing the materials of the National Bureau for Drug Prevention and used their own interesting initiatives. At regional and local levels the antidrug campaign "Don't drug drive. When you're on drugs your brain is off!" featured close cooperation with Marshal Offices, local authorities and NGOs.

As a result of the summary of the campaign actions in the media and considering the involvement of the media which provided free air time and advertising space it can be concluded that the total worth of the campaign was over one million zlotys, which means that it exceeded the budget which the National Bureau set for the 2010 edition four times. Due to the planned TV broadcast of the campaign "Don't drug drive. When you're on drugs your brain is off!" in the European Union countries the campaign licence was extended to allow broadcasts in other European countries. The Pompidou Group of the Council of Europe took a decision to adapt and translate the TV spot into 6 languages (French, German, Russian, English, Italian and Slovenian), which was released in other European countries in March 2010. The spot can be viewed at the Pompidou Group's website http://www.coe.int/t/dg3/pompidou/
On 27 January 2011, the TV spot of the 2010 edition won the first prize in the SPOTERS AWARDS 2010 competition for the top youth TV advert in the category „Important Issues".

Apart from the prestige won the prize was the free broadcast of 143 spots on youth TV stations of MTV Polska and VIVA Polska.

In 2010, the nationwide informative and educational campaign “Legal highs can burn you out – Face the Facts” was continued. The campaign targeted youth aged 15-25, discotheque and club goers, who engage in risky behaviour, including experimenting with psychoactive substances and therefore become potential customers of legal highs shops. The campaign was intended to provide potential users with reliable information on the negative consequences of using legal highs. The National Bureau materials were distributed in the course of local and regional editions of the campaign.

Poster from the campaign “Don’t drug drive. When you’re on drugs your brain is off!

4. Problem drug use

prepared by Janusz Sierosławski

The nationwide surveys conducted in Poland in 2010 provided data to estimate the number of problem drug users. In Polish estimations this term refers to a regular drug user (of illegal substances) who encounters serious problems as a consequence of using. This definition does not correspond to the EMCDDA's definition of problem drug use. The hidden population of users (i.e. unregistered in institutional statistics) can only be estimated. The estimation of problem drug users in Poland that was conducted through the application of our survey data was conducted through the benchmark method. In the survey the respondents were asked to provide some information on each problem drug user they knew. The questions concerned the residential or ambulatory treatment attempts in 2009. The quantitative material obtained in this way along with the statistical data from the drug treatment system allows for estimations. According to this estimation method, the first step is to determine the share of drug treatment patients in the overall population of problem drug users. It is done on the basis of data collected in the field studies e.g. by asking respondents to provide information on problem drug users they know. Next step is to convert this share into the estimation rate which is then multiplied by the number of registered residential and ambulatory drug treatment patients listed in the database of the Institute of Psychiatry and Neurology.

Out of our respondents, 407 individuals knew at least one problem drug user, which allowed for obtaining necessary information. On the basis of the overall number of 646 nominees the residential and ambulatory treatment rates were estimated in 2009 at 27.2% and 31.7% respectively (Table 4.1).

Table 4.1. Estimation of problem drug users in Poland in 2009 by benchmark method with the application of nominations from 2010 general population survey drug and statistical data of the drug treatment system

	Statistical data (IPiN)	Field study rate	Conversion rate	Estimation total
Residential treatment (2009)	15 412	27.2	3.68	56 694
Ambulatory treatment (2009)	32 476	31.7	3.16	102 570

The fact that 27.2% of problem drug users enter residential treatment indicates that the number of all problem drug users is 3.68 times. By applying the conversion rate defining the

ratio of the number of problem drug users in treatment and the total number of problem drug users to the 2009 statistical data of the residential treatment system (15 412) we obtain the estimated number of all problem drug users at 56 694.

The analogous conversion rate for ambulatory treatment was 3.16. When applied to the 2009 data of the ambulatory drug treatment system, the number of estimated problem drug users stood at 102 570. It can estimated then that the number of problem drug users ranges from 56 000 to103 000.

5. Drug-Related Treatment: treatment demand and treatment availability

prepared by Dawid Chojecki, Marta Struzik

Introduction

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 inpatient and outpatient treatment. Demand for drug treatment is handled by the statistical system of the inpatient psychiatric treatment. It also refers to the specialist treatment of prescription drug addictions, which is provided under psychiatric health care system. The inpatient treatment data cover all clients of psychiatric hospitals, including detoxification wards for clients addicted to psychoactive substances other than alcohol, and rehabilitation centres (including those run by NGOs) if they are public health care units. The statistical reporting system of the inpatient treatment is based on individual statistical questionnaires completed by the patient upon discharge from the treatment unit and on 31 December every year. Each questionnaire is coded. Therefore, it is possible to collect data on clients, not cases (treatment episodes). Inpatient treatment data are aggregated in the database of the Institute of Psychiatry and Neurology. Consequently, it is possible to eliminate double counting of individuals who enter treatment several times in a year, frequently in many facilities. The statistical reporting system of the inpatient treatment does not meet the standards of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). It is due to the lack of precise information on the primary drug as the main substance underlying the problem of a person entering treatment. Moreover, there are no data on the route and frequency of drug administration. The statistical reporting system of the outpatient treatment is administered by the Institute of Psychiatry and Neurology and is based on collective reports drawn up by outpatient clinics. In this case it is not possible to avoid double-counting of the same patients.

The Polish Focal Point is working on introducing a new treatment demand data collection system compliant with the TDI protocol ("Treatment Demand Indicator (TDI). Standard Protocol 2.0"). The system is intended to ultimately cover inpatient and outpatient drug treatment units which now report to the Institute of Psychiatry and Neurology in Warsaw. Documents and materials necessary to start monitoring have been developed or adapted to the Polish conditions. Collecting data under the new drug treatment demand monitoring system started in 2008 and has been performed so far as a pilot project. The basic statistical unit in the pilot TDI system is a treatment episode defined as every contact with a treatment centre that ended in entering treatment. A separate questionnaire is completed for every treatment episode. The questionnaire contains the following data: socio-demographic patient

profile, patterns of drug use, sources and outcome of entering treatment, diagnosis, risky behaviour, and HIV, HCV status. As treatment units vary in terms of technological development it was decided that two parallel solutions of reporting data would be implemented: one is a paper version of the questionnaire and the other is TDI Manager software, which was specially designed for the purposes of the system.

Data on substitution treatment programmes and the 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 drug-related treatment services. The latest edition of the booklet was published in 2009. The database of drug treatment services is available on the website of the National Bureau www.kbpn.gov.pl under section "Where to seek help?".

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 6 October 2010 amending the Regulation on specific rules of conduct in substitution treatment and specific conditions which a 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 Prison Service units;
- Regulation of Minister of Health of 1 December 2006 on specific conditions and rules of conduct in medical treatment, rehabilitation and reintegration of individuals convicted of offences related to the use of narcotic drugs or psychotropic substances;
- Regulation of Minister of Justice of 17 May 2007 on specific conditions and rules of conduct in medical treatment, rehabilitation and reintegration of drug dependent individuals remaining in youth detention centres;
- Regulation of Minister of Justice of 13 July 2006 on addictions-related training.

In the section on drug treatment, the Act of 29 July 2005 on counteracting drug addiction stipulates the following: rules of conduct in relation to drug dependent individuals and necessary conditions to be met by psychoactive substance treatment services. This Act also contains penal provisions on drug-related crime. Article 72.1, which directly concerns drug treatment, provides that in the event that an addicted person or a person using psychoactive substances in a harmful manner has been charged with committing an offence subject to the

penalty of deprivation of liberty for a term of up to 5 years enters drug treatment, rehabilitation or participates in a drug prevention and treatment programme run by a relevant health care centre or another entity in the health care sector, the prosecutor may suspend the proceedings until the treatment is completed. While a number of services declare that they run such programmes, this instrument is applied to a very limited extent.

In the field of drug treatment, rehabilitation, harm reduction and social reintegration, the National Drug Strategy as the Regulation of the Council of Ministers stipulates courses of action for government units and institutions as well as local authorities. It defines in detail types of actions and lists responsible implementing entities (including funding sources of activities in respective areas), monitoring indicators and implementation schedules. In the reporting year, the National Drug Strategy 2011-2016 was adopted. In drug treatment and rehabilitation, two measures have been designed to increase the availability of outpatient drug services, substitution treatment programmes, HOV and HCV-related infectious disease treatment programmes as well as specialist treatment programmes in penitentiaries (including substitution programmes). Moreover, a wide range of other operations have been designed to improve the quality of drug treatment services such as disseminating good practice both in inpatient and outpatient facilities, implementing accreditation procedure in psychoactive substance treatment centres, conducting specialist trainings for various groups of professionals and developing as well as distributing evidence-based drug treatment manuals. A new challenge in the National Programme is patient's rights, which is reflected in the following two sentences: "Developing and incorporating the aspects of patient's rights in the addiction training programmes conducted by entities recommended by the Director of the National Bureau for Drug Prevention" and "Disseminating information on patient's rights e.g. via the Internet and informative and educational materials for patients and programme providers".

In the reporting year, the Helsinki Foundation for Human Rights produced a report on the implementation of the research project entitled "Monitoring patient's rights and access to inpatient drug treatment". So far, it has been the only such project to be implemented in Poland. Generally, the state of human rights in inpatient drug clinics is satisfactory and does not get negative feedback. According to the report, the major issues to be dealt with in the future include:

- infrequent application of the option to refer drug dependent convicts sentenced under the Act on counteracting drug addiction and the Act on juvenile delinquency procedure to treatment services by the courts,
- no stable mechanisms of evaluating effectiveness of particular measures,
- no collaboration, and frequently the existence of competition between inpatient and outpatient clinics,

- no structured treatment offer based on the available therapeutic programme in the clinics,
- increasing provision of social care services by drug treatment centres.

5.2. Treatment systems

- **Organization, availability and diversity of drug treatment**

According to Article 26.1 of the Act on counteracting drug addiction, drug treatment can be provided by public or non-public health care units and practising physicians, including groups of practising physicians. Provision of drug treatment services is performed through an wide network of inpatient and outpatient clinics i.e. substance treatment centres, detoxification wards, day care wards, rehab wards in hospitals, medium and long-term rehabilitation clinics, substance treatment wards at penal institutions and post-rehabilitation programmes. If there is no drug treatment unit 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, 2009). Moreover, opioid dependent individuals may receive treatment under substitution treatment.

In Poland the most popular drug treatment model is total abstinence and therapeutic community-based residential therapy. In 2010, medium and long-term programmes (12 months and longer) were the primary forms of drug treatment; 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).

Under the system, the following drug services are provided: diagnostic and therapeutic consultation; individual, group and family psychotherapy; psychoeducational psychotherapy; withdrawal treatment; maintenance therapy (relapse prevention), substitution treatment. These services are sponsored by the National Health Fund (NFZ) based on contracts concluded with public or non-public health care units. In recent years, we have been observing an increase in the NFZ-sponsored drug treatment; however, there has also been an increase in requirements for service providers.

Pursuant to Article 26.5 of the Act of 29 July 2005 on counteracting drug addiction, drug treatment, rehabilitation and reintegration services are free of charge, regardless of the patient's place of residence. Moreover, there is an option to participate in a drug therapy provided in private clinics or by private therapists (paid). No data on the private drug treatment sector are available. Drug treatment, rehabilitation or social reintegration is

voluntary, excluding individuals under 18 and incapacitated patients, who might be obliged to enter treatment by the court order.

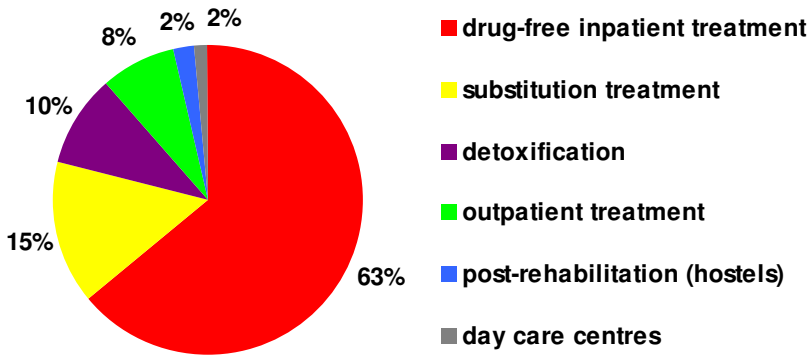
Table 5.2.1. Drug treatment sponsored by the National Health Fund in 2004-2010

Year	Drug addiction treatment expenditure
2004	54 017 159 PLN
2005	60 089 521 PLN
2006	62 199 614 PLN
2007	64 047 046 PLN
2008	79 121 702 PLN
2009	111 125 110 PLN
2010	111 281 201 PLN

Source: National Health Fund as at 6 June 2011

Figure 5.2.1. Drug treatment sponsored by the National Health Fund in 2010

Respective types of treatment, detoxification and post-rehabilitation



Source: National Health Fund as at 6 June 2011

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

For more information, see Chapter 9.4 Drug use and problem drug use in prisons, section: drug treatment.

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 87 inpatient drug rehabilitation clinics (as at 26 July 2011, based on the list of clinics at the website of the National Bureau for Drug Prevention), including dual diagnosis clinics. The above data do not include psychiatric hospitals where dependent and problem drug users are also treated, however, usually due to psychotic symptoms, not drug 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 where no drug treatment unit listed above is available in the area, at outpatient alcohol rehabilitation clinics, which extend their offer to individuals with a drug problem.

Since 2006 we have been recording a rise in the number of outpatient drug clinics. In 2009 (the latest data available) there were 102 clinics in operation, whereas in 2006, the first year of the National Programme, the figure stood at 84 (Institute of Psychiatry and Neurology, 2007 & 2010). According to the National Bureau database available at www.kbpn.gov.pl, the number of outpatient clinics across Poland is 222 (including consultation settings, as at 26 July 2011).

Despite a clear rise in the number of outpatient clinics, assistance in the form day care centres/wards is still insufficient. In 2009, there were only 14 day care centres for individuals dependent on psychoactive substances (including alcohol) operating in Poland. The number of beds available was 314 (390 in 2008, 405 in 2007) (Institute of Psychiatry and Neurology, 2008 & 2009).

Medical treatment

- **Withdrawal treatment**

As at 26 July 2011, the National Bureau database listed 27 registered detoxification wards/sub-wards. According to the Statistical Yearbook of the Institute of Psychiatry and Neurology, in 20 detoxification wards operating in 2009 and providing services for individuals dependent on psychoactive substances other than alcohol there were 5 678 detoxifications performed (6 224 in 2008). An average duration of treatment was 11.7 days (Institute of Psychiatry and Neurology, 2009). The wards targeted mainly opioid withdrawals.

The basic form of withdrawal treatment at detoxification wards is the administration of decreasing doses of opioids. The basic substance used in Poland is methadone. Symptomatic treatment and clonidine therapy are far less frequent. Detoxification at hospitals

usually lasts 8-14 days (B. Habrat, Institute of Psychiatry and Neurology, personal communication).

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 the so-called “rapid detoxification”, which is not conducted in public centres (B. Habrat, Institute of Psychiatry and Neurology, personal communication).

- **Substitution treatment**

According to the Regulation of Minister of Health of 19 October 2007 on specific rules of conduct in substitution treatment as well as specific conditions which a health care centre providing substitution treatment must meet, the substitution treatment programme in Poland includes the following: dispensing substitute drugs to patients, abstinence control and also periodically: evaluations of the patient’s somatic and mental status, individual or group psychotherapy (approx. 2 hours per week), specialist consultations, treatment of other chronic drug-related diseases. In 2010, there were 18 non-prison substitution treatment programmes in operation across Poland and 7 prison ones. They provided services for 2 109 patients (data from the National Bureau’s Registry of Substitution Treatment Patients). In 2010, only 8% of opioid addicts used this form of treatment. The existing programmes respond to the demand only to a very limited extent. A major reason for this situation is the lack of interest on the part of the NFZ branches in financing substitution treatment in some provinces. Currently, there is no access to substitution treatment in the following provinces: pomorskie, opolskie, podkarpackie, podlaskie and warminsko – mazurskie. In slaskie and dolnoslaskie provinces the access is seriously limited.

Substitution treatment patients suffer from severe addiction. They also suffer from somatic diseases such as HCV, HBV, HIV/AIDS, vein thrombosis and general poor health. However, to a greater or lesser extent they are motivated for treatment. Their number is stable and is clearly rising. The main substitute drug administered in Poland is methadone; however, buprenorphine and Suboxone are becoming widely used.

- **Other forms of medical treatment of coexisting diseases**

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

Treatment of patients with dual diagnosis was outlined more widely in Chapter 7 “Response to health correlates and consequences”, section “Activities related to coexistence of mental diseases”.

Treatment of coexisting drug-related infectious diseases was outlined in Chapter 7 "Response to health correlates and consequences" – prevention and treatment of drug-related infectious diseases, section "Treatment of infectious diseases".

In case there is a need to treat other (than infectious and mental) diseases, drug dependent patients are referred to specialist health care units as drug rehab clinics do not generally hire other consultants.

Quality assurance

- **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 for psychoactive substance users. In 2009, works on the standards for inpatient/outpatient clinics and day care centres were completed. Due to the changes in the patient's rights regulations, it was necessary to revise the standards developed in previous years. In the first quarter of 2010 the Krakow-based Monitoring Centre for Quality in Health Care was presented with the revised standards to be later considered by the Accreditation Council. During the proceedings of the Accreditation Council it was decided that the accreditation procedure be launched for drug treatment centres. To this end, the Accreditation Council commended the review and verification of the new standards for the abovementioned facilities.

Moreover, in the reporting year the Institute of Psychiatry and Neurology participated in the European research project entitled "Study on the Development of an EU Framework for minimum quality standards and benchmarks in drug demand reduction - EQUS. The aim of the project was to develop a set of basic quality standards in treatment, harm reduction and prevention of drug addiction. The solutions developed are to be recommended for implementation by the EU Member States (Ministry of Health, 2010)

Evaluation

In 2010, the National Bureau along with the Institute of Psychiatry and Neurology completed the pilot project of the evaluation of drug treatment and rehabilitation services. The project was intended to increase the effectiveness of therapeutic programmes. Works on the evaluation of drug treatment and rehabilitation services included an ongoing analysis of evaluation questionnaires received by the National Bureau and designing an evaluation study protocol describing the concept, research tools, procedures, rules and the evaluation schedule.

Trainings and conferences

In 2010, similarly to previous years, training courses were held for the staff of Primary Health Care, especially general practitioners, family doctors, specialists in infectious diseases/obstetrics/ paediatrics and nurses. 118 participants attended two training courses.

In 2010, the National Bureau organized the following trainings, conferences and seminars in drug services:

- "FreD goes net" training for future providers of the FreD early intervention programme. The programme targets young people who were noted by the police in relation to the possession/use of drugs for the first time. It is based on the motivational approach and its main goal is to make participants reflect on drug use.
- „Motivational interviewing in drug treatment". The conference targeted certified drug/alcohol therapy/psychotherapy specialists and participants of the training in drug/alcohol therapy/psychotherapy. The conference, which was conducted in the form of lectures and workshops, covered a range of methods of work with dependent drug users. It focused on presenting the concept of motivational interviewing, the possibility and effectiveness of the method in treatment. The conference was mainly to help the participants learn and improve the skills of applying motivational interviewing in daily therapeutic work with substance dependent clients. The conference improved the professional knowledge of the participants. The participant feedback showed that there is a great deal of interest both in the method and further conferences of this type in the future.
- „Training for substitution treatment staff in penitentiaries". The course was held by the National Bureau in collaboration with the Central Management Board of Prison Service at Prison Service Staff Training Facility in Sucha. The training was completed by 46 participants, including physicians, nurses and counsellors. The training covered such topics as harm reduction, pharmacological treatment of opioid addiction, psychotherapy, patient motivation and the aspects of infectious diseases. The training was highly appreciated by the participants. The training graduates received the certificates necessary to perform duties in a drug substitution programme.
- "17th Conference on HIV in family and society" and the session on drug addiction organized by the Polish Humanitarian Foundation Res Humanae. The conference featured 2 problem sessions on drug addiction. The 389 participants therapists, physicians, representatives of central institutions, local authorities, sanitary inspection and NGOs, scientists, journalists and volunteers, graduates of reintegration and methadone programmes as well as HIV/AIDS persons.
- The preparation and organization of the training course for the staff of the drug hotline and information and consultation centres staff by the Foundation for the Development

of Alcohol Prevention, Education and Therapy ETOH. The training, attended by 105 participants, aimed at improving the competence of the drug hotline staff.

5.3. Characteristics of treated clients (TDI data included) and trends of treated population and treatment provision (incl. numbers)

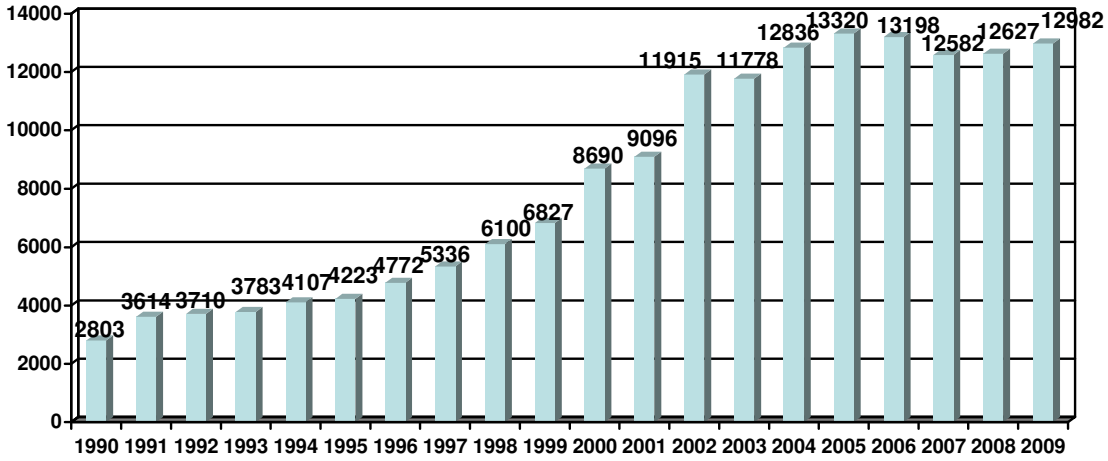
5.3.1. Residential drug-free treatment – system administered by the Institute of Psychiatry and Neurology in Warsaw

Below there are statistical data of the residential treatment covering patients of psychiatric units including specialist substance treatment facilities.

The most up to date information on inpatient treatment patients come from 2009. It will be presented in comparison to the previous years. Two indicators have been analyzed: overall number of patients admitted to inpatient clinics in 2009 (first-time or returning patients) and the number of first-time patients in 2009. The last indicator allows for following changes in the number of new cases, never registered before, which is an important piece of information in the context of epidemiological trends in the population. Moreover, the description has been complemented with data on all clients of inpatient clinics in 2009 (including clients with previous treatment record, those continuing treatment and first timers).

In 1990-2002, there was a steady rise in the number of admissions to inpatient treatment (from 2 803 in 1990 to 11 915 in 2002). A slight fall compared to 2002 was recorded in 2003, where 11 778 patients were admitted. At the same time, between 2003 and 2005, the number of admissions rose by 1 542. Then by 2007 the number of admissions was falling. However, the 2008 data show stabilization of the trend. In 2009, inpatient clinics provided treatment for 15 412 patients (total number of treated persons). 12 982 of these patients were admitted in 2009, which is a slight rise of the number of people entering treatment in specialist clinics and hospitals. In 2009, 5 682 patients were admitted to inpatient clinics for the first time in their lifetimes.

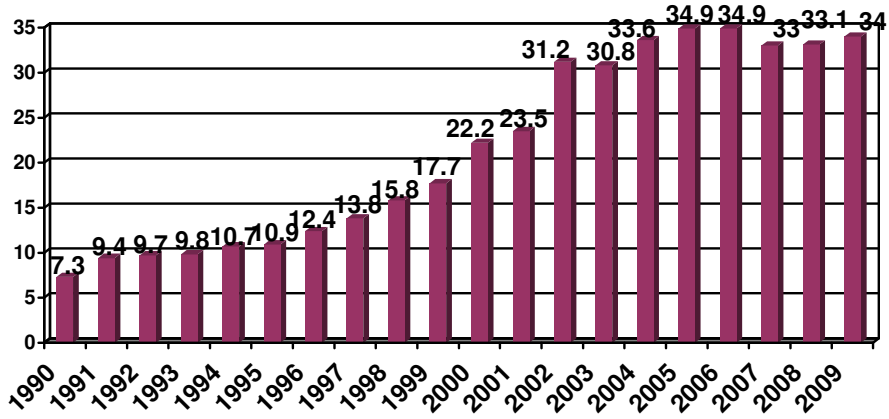
Figure 5.3.1.1. Admissions to inpatient treatment in 1990-1996 due to medication addiction or abuse (ICD-9: 304, 305.2-9) and in 1997-2009 due to mental and behavioural disorders caused by psychoactive substance use (ICD-10: F11-F16, F18, F19) (totals of patients)



Source: Institute of Psychiatry and Neurology (2011)

The chart below shows the number of patients admitted to residential treatment per 100 000 population in 1990-2009. The data indicate an increase in the number of patients admitted to residential treatment up to 2005. In 2006 the trend levelled off (rate per 100 000 has the same value of 34.9 in 2005 and 2006). The following year the rate decreased to 33.0. The 2008 data show a stabilization of the trend (rate of 33.1). In 2009 the rate increased slightly to 34; however, it did not reach the values for 2005 and 2006.

Figure 5.3.1.2. Admissions to inpatient treatment in 1990-1996 due to medication addiction or abuse (ICD-9: 304, 305.2-9) and in 1997-2009 due to mental disorders and behavioural disorders caused by psychoactive substance use (ICD-10: F11-F16, F18, F19) (per 100 000 population)



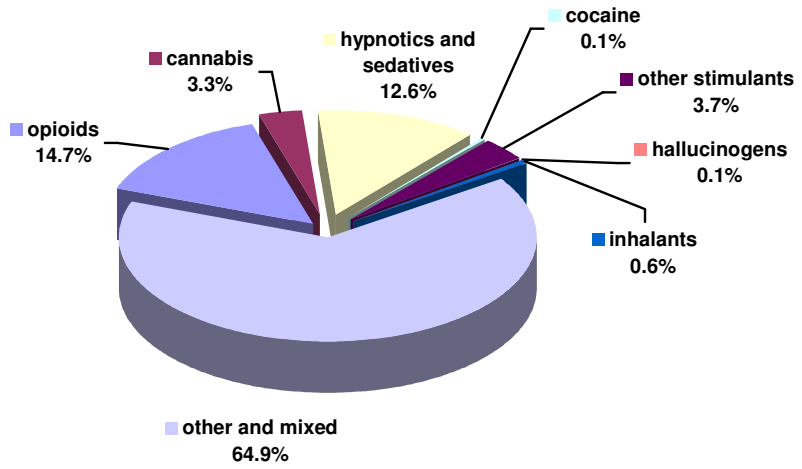
Source: Source: Institute of Psychiatry and Neurology (2011)

Male patients constituted the vast majority of residential drug treatment units (74.8%) in 2009. This ratio is preserved among individuals who entered treatment in 2009 – similarly to previous years the proportion of male patients stood 74.3%. Among first-time patients female patients made up for 27.3%.

Male patients admitted to residential treatment in 2009 were younger than females. An average age of men was 30 whereas women's average was 39. Among first-timers in 2009 the proportions are similar – an average age of men was 29 and women 37.

Similarly to previous years, among patients admitted to residential treatment in 2009 the majority were opioid users (14.7%). However, this rate is lower compared to 2008 (17.2%). Approx. 13% of patients abused hypnotics and sedatives and approx. 4% were diagnosed with addiction to other stimulants. In 2009, as well as in 2007 and 2008, there were few cannabis users (3.3%), inhalants (0.6%) and hallucinogens (0.1%). A very small percentage was made up by cocaine users (0.1%). However, these data do not reflect the full and precise picture of drug use patterns among patients admitted to drug treatment patients because as many as 64.9% of patients fall into the category "other and mixed" (F19 diagnosis). The existing system is not capable of verifying which substances are used by F19 patients. Detailed data are shown in Figure 5.3.1.3.

Figure 5.3.1.3. Patients admitted to residential treatment in 2009 due to mental and behavioural disorders caused by psychoactive substance use (ICD-10: F11-F16, F18, F19), by substance



Source: Source: Institute of Psychiatry and Neurology (2011)

Comparing data of 2009 to the previous year slight changes can be noticed in reporting to treatment due to the respective drug problem. After the stabilization of the number of opioid users admitted to inpatient treatment in 2009 this percentage fell to 14.7%. In 2008-2009 there was a stabilization in the trend regarding the following groups of patients: cannabis, other stimulants and inhalants. In 2009 there were slight rises of the percentages of patients with hypnotics and sedatives problem and patients falling into the category “mixed and other”. There are very few patients who report to treatment due to cocaine and hallucinogens.

The data presented in Table 5.3.1.1 can be analyzed in a broader time context spanning 1997-2009. Then we notice that in 2009 the percentage of opioid users reporting to treatment was the lowest ever recorded. In the same year the percentage of cannabis users was higher than 3%, for the first time since 2003. In the case of other stimulants the figures have been falling since 2003. Since 2005 the percentage did not reach 2% for inhalants. Detailed data covering the period since 1997 are shown in Table 5.3.1.1.

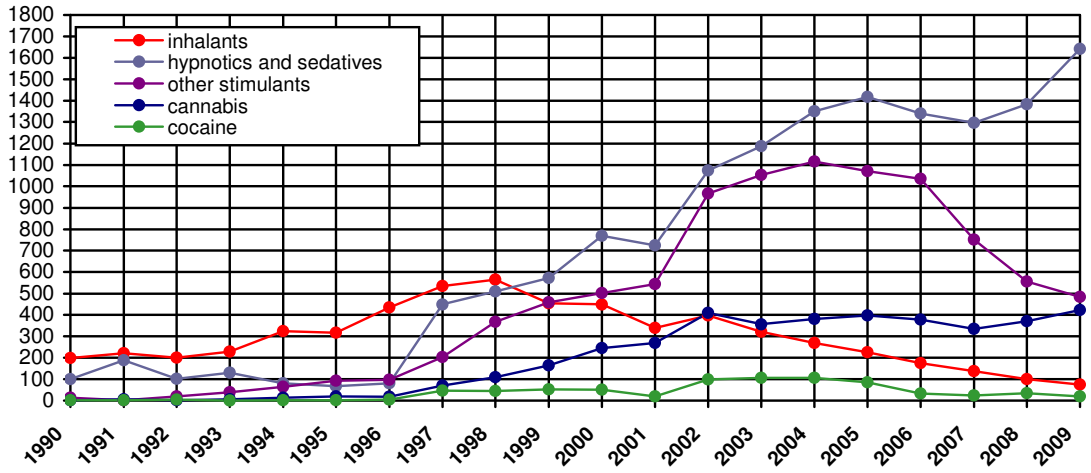
Table 5.3.1.1. Patients admitted to residential treatment in 1997-2009 due to mental and behavioural disorders caused by psychoactive substance use (ICD 10: F11-F16, F18, F19), by substance

	Opioids	Cannabis	Hypnotics and sedatives	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
2008	17.2	2.9	11.0	0.3	4.4	0.2	0.8	63.2
2009	14.7	3.3	12.6	0.1	3.7	0.1	0.6	64.9

Source: Institute of Psychiatry and Neurology (2011)

The analysis of selected substances used by patients admitted to residential treatment in 1990-2009 (Figure 5.3.1.4) shows that since 2002 the number of inhalant users has been decreasing and the same was true for stimulant users since 2004. In recent years the trends regarding cocaine users held steady. In 2009, there was a slight increase in the number of patients reporting problems related to cannabis use and further increase of patients using hypnotics and sedatives without doctor's prescription. It can also be observed that in 2009 the numbers of cannabis and stimulant patients converged the most.

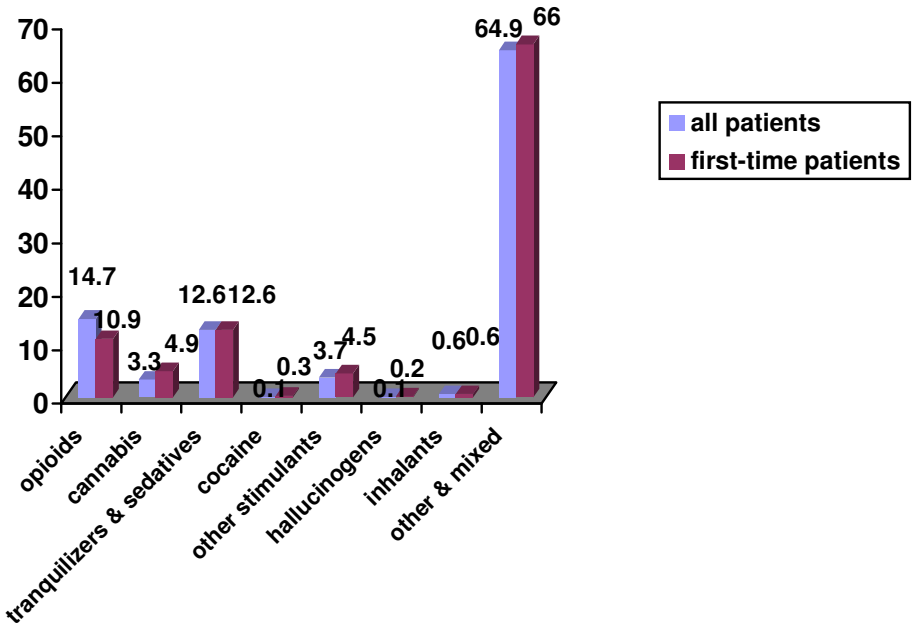
Figure 5.3.1.4. Patients admitted to residential treatment in 1990-2009 due to mental and behavioural disorders caused by psychoactive substance use (ICD-10: F11-F16, F18, F19) – selected substances (numbers of patients)



Source: Institute of Psychiatry and Neurology (2011)

Among patients admitted to residential treatment for the first time in 2009 the percentages of users of respective substance are similar, just like in the case of all patients admitted to drug treatment. The most numerous group of first timers were poly-drug users i.e. the percentage of F19 patients stood at 66% (1 percentage point more than for all admitted to treatment). Approx. 11% of the patients reported opioid-related problems (the percentage is lower by 4 percentage points compared to all patients admitted). Higher percentages of first-time patients with cannabis and stimulant-related problems were recorded compared all patients admitted to residential drug treatment. (Figure 5.3.1.5).

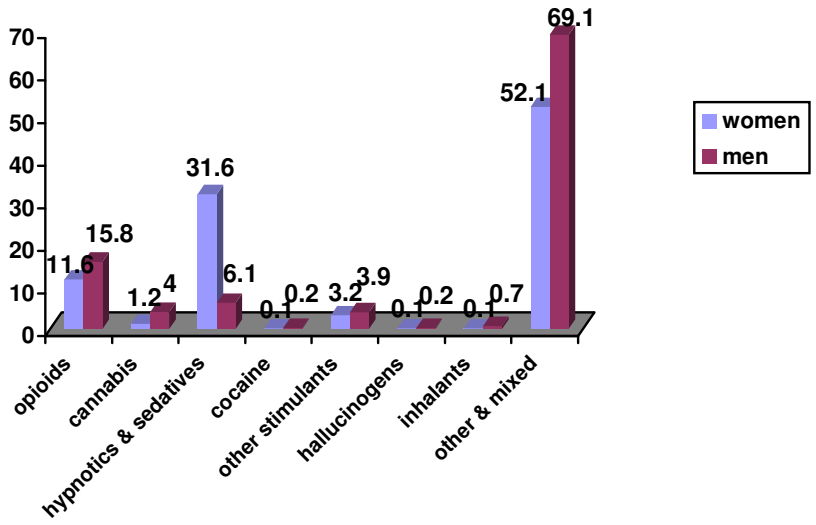
Figure 5.3.1.5. Percentages of all patients admitted to treatment due to mental and behavioural disorders caused by psychoactive substance use (ICD-10: F11-F16, F18, F19) in 2009 as well as first-time patients, by substance



Source: Institute of Psychiatry and Neurology (2011)

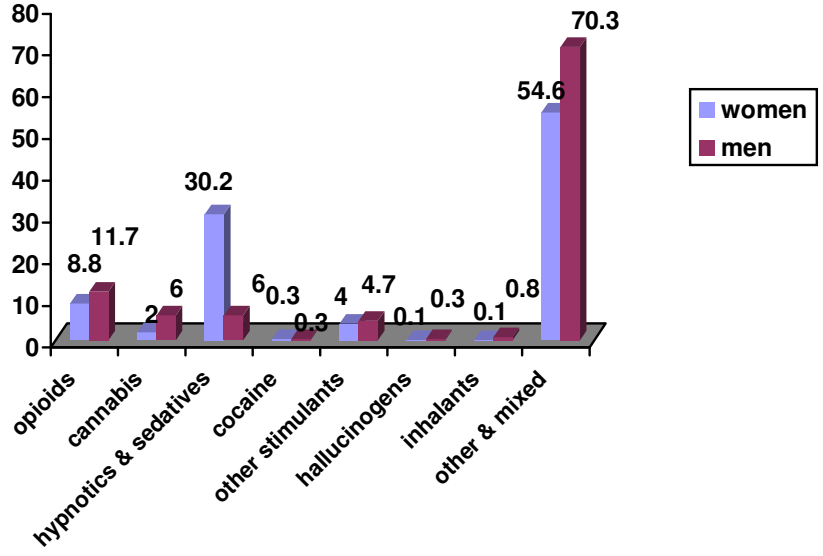
Both among all patients admitted to residential treatment and first-timers one can observe differences in the percentages of men and women using respective substances (Figure 5.3.1.6. and Figure 5.3.1.7.). In the case of all patients there are women far more frequently abuse hypnotics and sedatives without doctor's prescription (31.6% of women, 6.1% of men). There are also fewer women admitted to treatment with F19 diagnosis (52.1% of women, 69.1% of men). There were slightly more men admitted due to opioid problem (15.8% of all men and 11.6% of all women admitted to treatment and 11.7% of men and 8.8% of women admitted for the first time). These data show that the demand for treatment is slightly different depending on sex and the treatment offer should be diversified.

Figure 5.3.1.6. Percentages of all women and men admitted to treatment due to mental and behavioural disorders caused by psychoactive substance use (ICD-10: F11-F16, F18, F19) in 2009, by substance



Source: Institute of Psychiatry and Neurology (2011)

Figure 5.3.1.7. Percentages of first-time men and women admitted to treatment due to mental and behavioural disorders caused by psychoactive substance use (ICD-10: F11-F16, F18, F19) in 2009, by substance



Source: Institute of Psychiatry and Neurology (2011)

5.3.2. Treatment Demand Indicator Database – results of the TDI pilot project in 2008 – 2010

The year 2011 was the third year of the reporting conducted by the CINN KBPN under the TDI pilot project. Due to the fact that monitoring drug treatment demand in line with the TDI methodology is still not compulsory in Poland, the project has a pilot character. The facilities participate in the project on a voluntary basis, which has crucial impact on the ongoing changes.

Types of reporting facilities in respective years

In 2008, there were 33 facilities which had the status of a health care unit providing drug-related treatment: 17 inpatient clinics, 14 outpatient clinics, 1 detoxification ward and 1 substitution treatment programme.

In 2009, the pilot project included 13 inpatient clinics and 13 outpatient clinics (total of 26 facilities).

The 2010 data were submitted by 11 inpatient clinics, 9 outpatient clinics and 1 detoxification ward (21 facilities).

Table 5.3.2.1. Admissions to drug treatment or rehabilitation due to using narcotic drugs or psychotropic substances in 2008-2010

Totals of patients in respective years	**2008**	**2009**	**2010**
All patients	2082	1426	1342
First-time patients	851	570	364

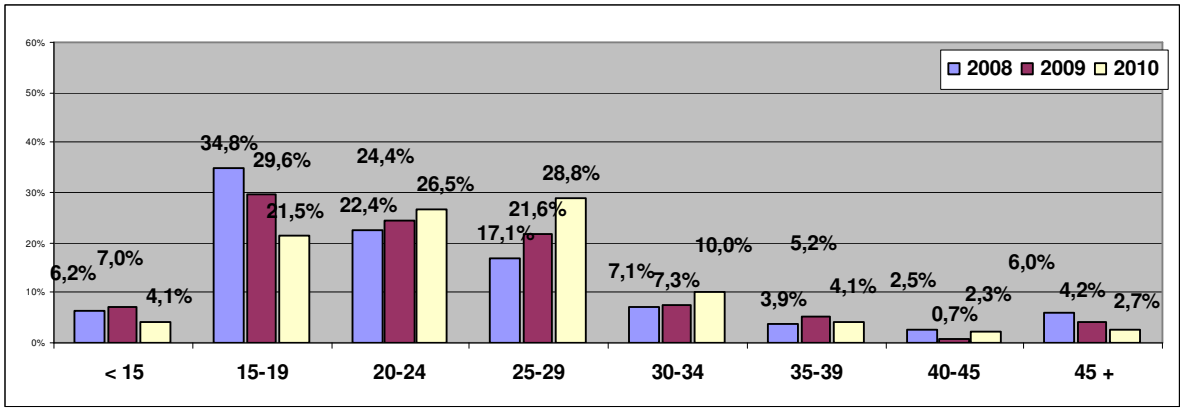
As the number of treatment facilities decreased with every year, the number of admissions decreased as well.

In 2008, drug treatment units, which took part in the pilot Treatment Demand Indicator (TDI) project, admitted 2 082 patients, including 851 first-time patients. There were 1 648 men and 433 women, including the respective numbers of 668 and 183 among first-time patients.

The 2009 data show that there were 1 426 admissions, including 570 first-timers. There were 1 139 men and 287 women, including 447 men and 123 women who entered drug treatment for the first time in their lifetimes.

In 2010, there were 1 342 admissions, including 364 first-time patients. There were 1 123 men and 219 women. 67 women and 297 men sought treatment for the first time ever.

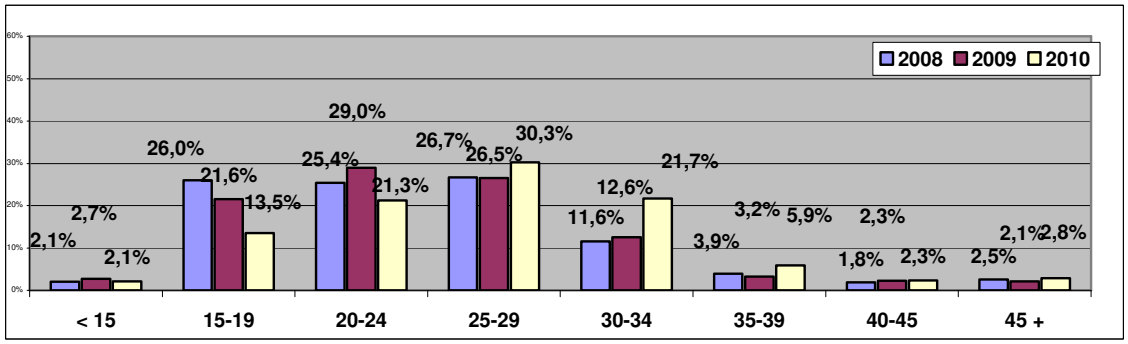
Figure 5.3.2.1. Women admitted to drug treatment or rehabilitation due to using narcotic drugs or psychotropic substances in 2008-2010 – proportions of all female patients and first-timers, by age



More than 50% of women entering treatment in 2010 were aged 20-29. The other quite numerous group was made up by women aged 15-19. The fewest numbers were recorded in women aged 40-45.

In the group of women entering treatment in 2008-2010 there was a clear fall in the age group 15-19 and over 45. In turn, there was a rise in the number of admissions among women aged 20-34.

Figure 5.3.2.2. Men admitted to drug treatment or rehabilitation due to using narcotic drugs or psychotropic substances in 2008-2010 – proportions of all male patients and first-timers, by age

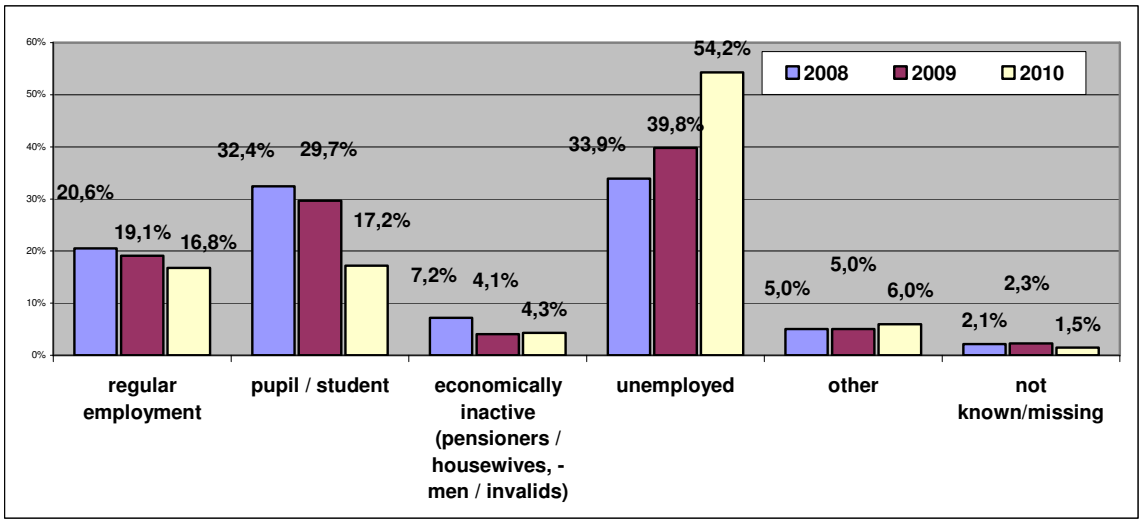


Men aged 20-34 accounted for over 70% of all admissions in 2010. The lowest numbers were recorded in men aged below 15. In the respective years there were 1 648, 1 139 and 1 123 male admissions, which made up approx. 80% of all registrations in each year.

In the age group below 15, 40-45 and over 45 the discrepancies are 1 or less than 1 percentage point. It should be stressed that there was a noticeable fall in the number of male

patients aged 15-19 accompanied by a fall in admissions of men aged 25-29 and 30-34. The proportion of male registrations in the age group 20-24 rose by four percentage points in 2009 and then fell by another four percentage points compared to 2008.

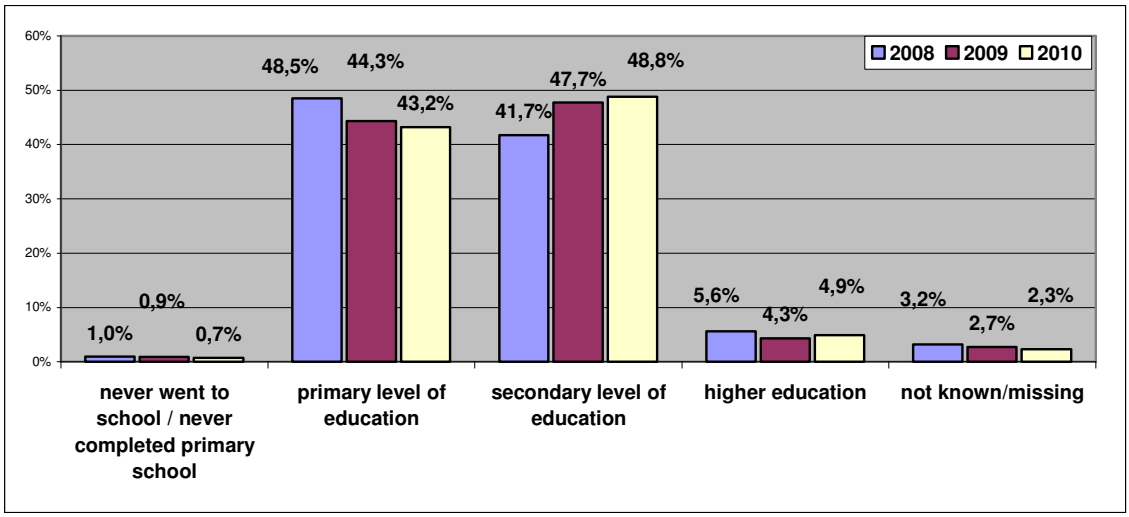
Figure 5.3.2.3 Admissions to drug treatment or rehabilitation due to using narcotic drugs or psychotropic substances in 2008-2010 – proportions of patients, by employment status



More than half of drug treatment registrations in 2010 referred to the unemployed. So far it has been the highest proportion in this group. Another group (over 30%) was made up by school or university students and individuals with permanent employment.

Analyzing registration data regarding employment status in the last three years, one can notice a sharp fall in admissions among permanently employed individuals (almost by 4 percentage points) and school or university students (over 15 percentage points). However, there has been a dramatic rise of 20 percentage points in the number of registrations among the unemployed.

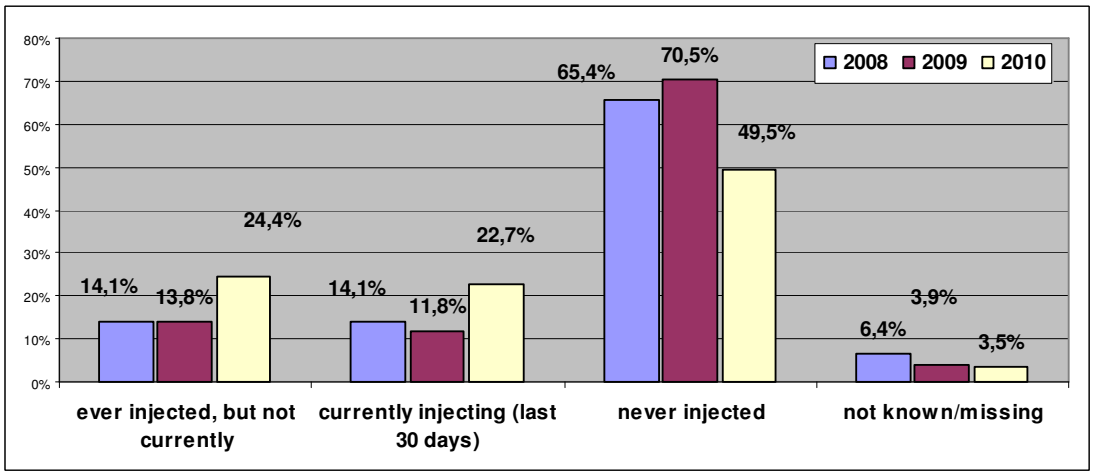
Figure 5.3.2.4. Admissions to drug treatment or rehabilitation due to using narcotic drugs or psychotropic substances in 2008-2010 – proportions of patients, by education



Individuals with secondary or primary education accounted for 92% of all drug treatment admissions in 2010. University graduates accounted for less than 5% of all patients admitted to drug treatment in 2010.

The analysis of the 2008-2010 developments shows a steady fall in the number of registrations of primary education graduates (a 5-percentage-point difference between 2008 and 2010) and a steady rise in the registrations of secondary education graduates (a 7-percentage-point difference between 2008 and 2010).

Figure 5.3.2.5. Admissions to drug treatment or rehabilitation due to using narcotic drugs or psychotropic substances in 2008-2010 – proportions of patients, by injecting drug use

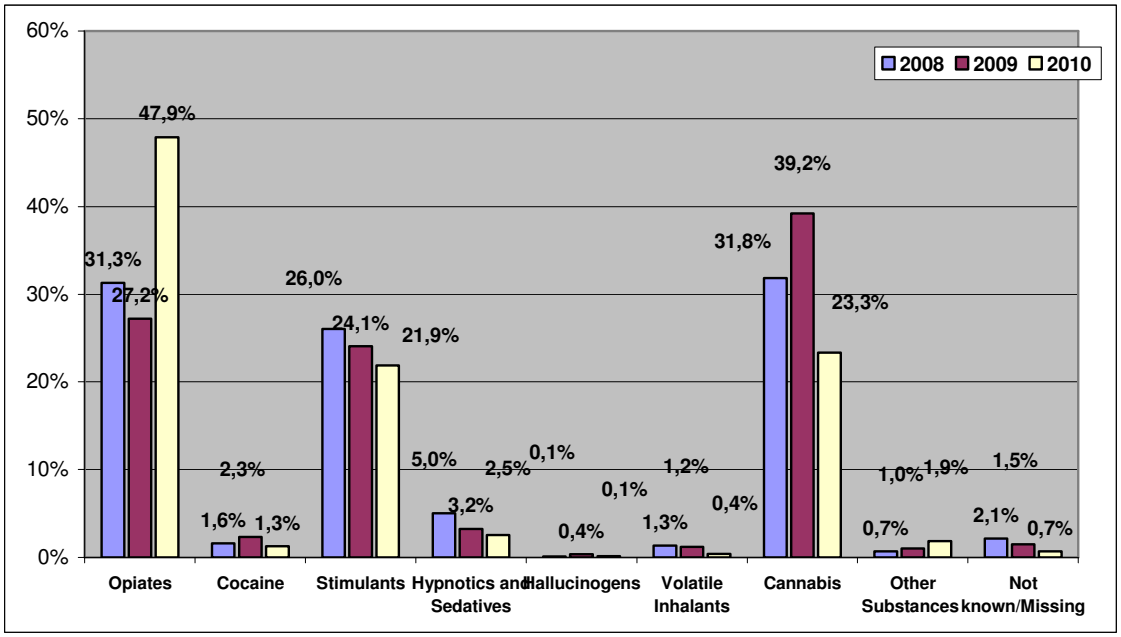


50% of individuals who entered drug treatment or rehabilitation in 2010 have never injected drugs. Almost a quarter of them have injected drugs in their lifetimes and they do it at present. Nearly 23% reported current injecting drug use.

It must be noticed that in 2008-2009 injecting drug users (lifetime or current) accounted for the quarter of drug treatment registrations, however, in 2010 it was every second patient. This dramatic rise can be explained by new TDI data submitted by the Warsaw detoxification centre.

The injecting drug use data show a steady fall over the years in the category "not determined". Among lifetime or current injecting drug users there was a fall in 2009 followed by a rise in 2010. In the category "never injected drugs" the difference between 2010 and 2008 is almost 16 percentage points.

Figure 5.3.2.6. Admissions to drug treatment or rehabilitation due to using narcotic drugs or psychotropic substances in 2008-2010 – proportions of patients, by primary drug



Patients entering treatment in 2010 reported problems related to using the following drugs: opioids (nearly 48%), cannabis (approx. 23%) and stimulants (nearly 22%). The groups of the remaining substances did not exceed 3% in each case.

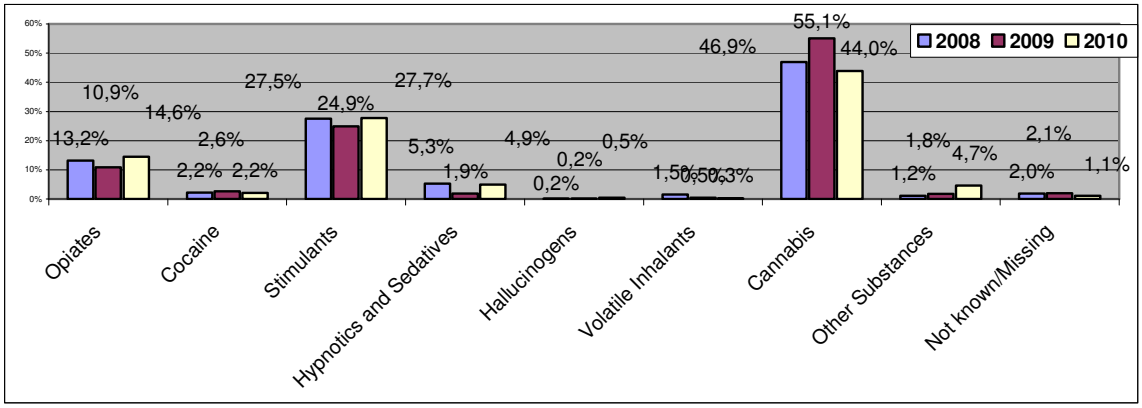
Analyzing the primary drug trend in 2008-2010 one can notice a sharp fall in the proportion of problem use of stimulants and hypnotics/sedatives. There was also a slight, though noticeable, fall in the responses "not determined".

In 2009 the most patients indicated cannabis as primary drug. Cannabis was also the most frequent problem substance in 2009. The 2010 data show the highest share (nearly 48%) of problem opioid use among all patients entering drug treatment or rehabilitation.

Cannabis and opioid data must be handled with great caution as considerable differences between these two substances, similarly to the injecting drug use data, result from the regular data reporting by the detoxification centre in 2010, which constituted a third of all admissions.

In all the years the lowest proportion of drug treatment admissions related to the use of hallucinogens along with the so-called "other substances". Moreover, in all the years one can notice a low share of inhalants (never more than 1.5%).

Figure 5.3.2.7. Admissions to drug treatment or rehabilitation due to using narcotic drugs or psychotropic substances in 2008-2010 – proportions of first-time patients, by primary drug



Among patients entering drug treatment for the first time in 2010 the most prevalent primary drugs was cannabis (44%) followed by stimulants (almost 30%) and opioids (nearly 15%). The rarest substances included inhalants and hallucinogens (approx. or below 0.5%)

Among first-time patients in all the three years, cannabis was the most prevalent primary drug, although the differences in proportions between the respective years come up to 11 percentage points. Then came stimulants followed by opioids. The substances below 5% include prescription drugs, cocaine, inhalants, hallucinogens and other substances.

Comparing the charts of all the patients entering drug treatment and first-timers one can notice a characteristic change of opioids and cannabis as primary drugs. Problem cannabis use in all the three years had at least a 15% higher impact on admissions among first-time patients than among individuals re-entering treatment. A quite reverse situation occurred in problem opioid users. In 2008 and 2009 there were 16% more of them in the group of

patients re-entering treatment than in the group of first-timers. In 2010m this difference was 33%.

Moreover, there were more stimulants and other substances among drugs reported by first-time patients. The facilities participating in the project most frequently point to legal highs.

6. Health correlates and consequences

prepared by Marta Struzik, Magdalena Rosińska, Artur Malczewski

Introduction

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

In Poland the system of treating patients with dual diagnosis is based on psychiatric treatment facilities and drug 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 biased significantly due to the fact that data come exclusively from residential facilities as diagnosing co-morbidity still remains difficult or is not systematically reported.

The source of information on drug-related deaths is the Central Statistical Office database. 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 and Y14.

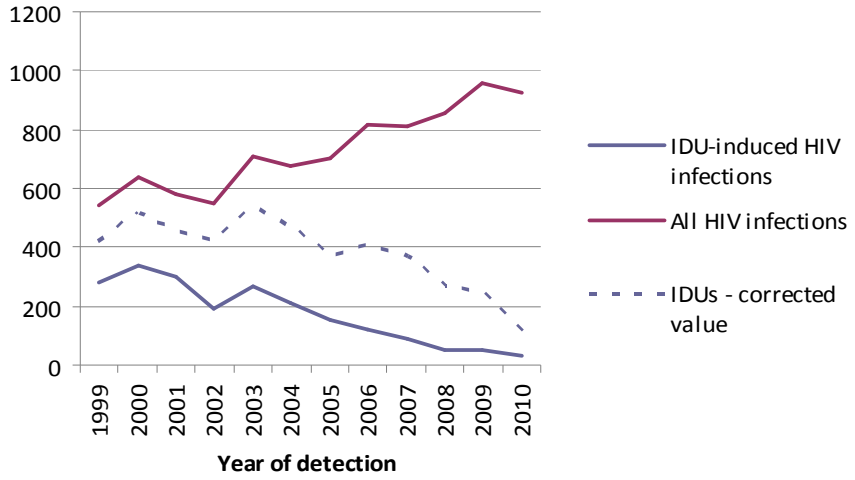
6.1. Drug related infectious diseases

Between 1985, i.e. the moment of introducing in Poland the routine epidemiological monitoring system for HIV/AIDS and the end of 2010, 14 027 HIV infections were recorded. Out of these infections 5 831 (42%) were injecting drug users (IDUs), including 4 361 men (75%) and 1 414 women (24%) (in 56 cases the information on sex is missing). Analyzing the above monitoring period in terms of AIDS, 2 405 cases of the diseases recorded. Out of these 1 233 (51%) were IDUs, including 969 men (78%) and 261 (21%) women (in 3 cases the information on sex is missing).

The analysis of IDU-induced HIV infections for 2003-2008 indicates a downward trend. In 2006, there were 124 IDU-induced HIV infections detected in Poland, in 2007 the figure fell to 88 and in 2008 to 53. The 2009 data show that the trend levelled off (53 new cases). In 2010, 34 new IDU-induced HIV infections were detected. The interpretation of these data should consider a delay in reporting the infections and the fact that a considerable number of infections where no likely route of HIV transmission was given (in 2010 it referred to 81% of infections). The information on the route of transmission can also be provided later if the report is submitted by the head doctor. The figure below presents the number of new HIV

infections reported by the end of June 2011 by year of detection with the corrected graph where no data on the route of infection transmission was given. Approx. 90% of all cases are reported in the year of detection or in the following year, usually in its first half. It means that the 2010 data are still underestimated. However, it does not affect the downward trend in the number of newly detected IDU-induced HIV infections with the overall rise in the new infections, especially regarding men who have sex with men (MSM). On the other hand it can be noticed that the information collected regards the most likely route of transmission so HIV infections among IDUs induced through sexual contacts are not included.

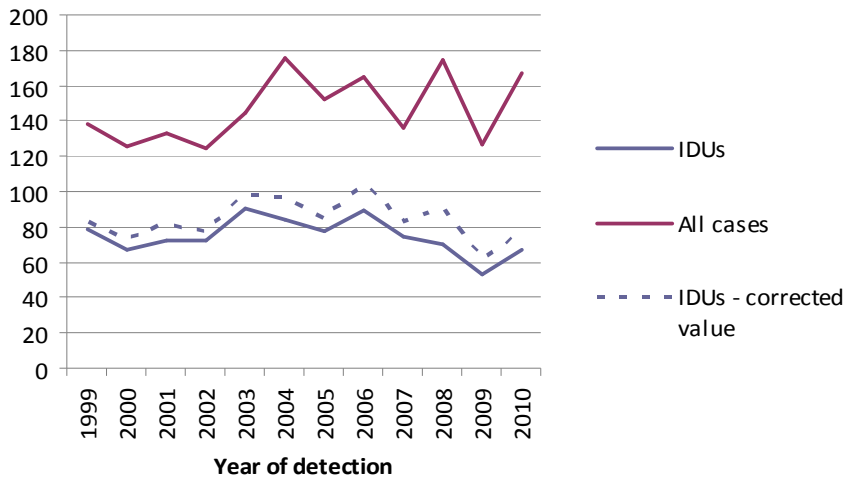
Figure 6.1.1. Number of new HIV infections, including injecting drug use (recorded number and corrected value considering no data on route of transmission) detected in 1999-2010



Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department) By date of detection, registered by 30 June 2011.

AIDS incidence among IDUs held steady in 2003-2006 ranging from 90 cases in 2003 to 89 in 2006. In 2007, 136 AIDS cases were detected altogether, including 74 among IDUs. In 2008, 175 AIDS cases were recorded in total, including 70 among IDUs. The data for 2009 included the total of 127 cases, including 53 among IDUs and 167 and 67 respectively in 2010. AIDS incidence rates in recent years have been fluctuating while preserving comparable values. Simultaneously, incidence rates among IDUs fell from 61% to 39% between 2007 and 2010. It is related to a slight downward trend in AIDS incidence among drug users and a rising number of late detections of HIV infections in other groups. Similarly to HIV infections one must consider the reporting delay, which means that the 2010 incidence statistics will be higher.

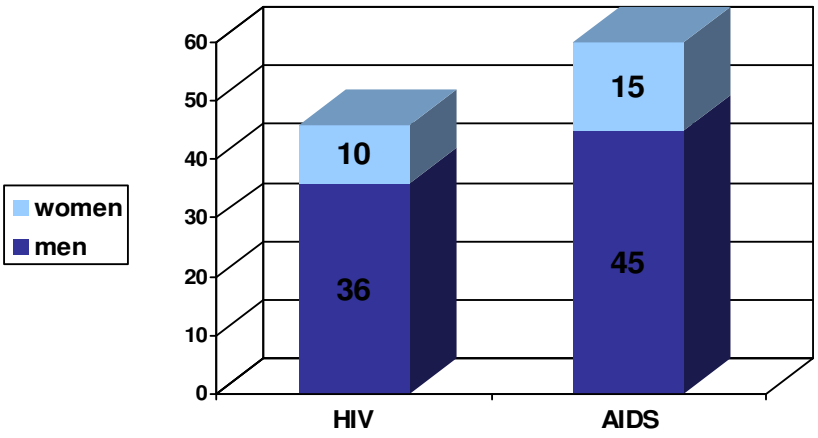
Figure 6.1.2. Number of new AIDS cases, including injecting drug users in 1999-2010



Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department)
By date of detection, registered by 30 June 2011.

The below analysis of HIV/AIDS incidence includes cases registered in 2010. Among HIV IDU patients registered in 2010 there were 36 men (72%) and 10 women (20%) (in 4 cases no information on sex was given). Newly registered AIDS cases among IDUs in 2010 referred to 45 men (75%) and 15 women (25%).

Figure 6.1.3. HIV/AIDS cases in IDUs registered in 2010, by sex (numbers of people) *

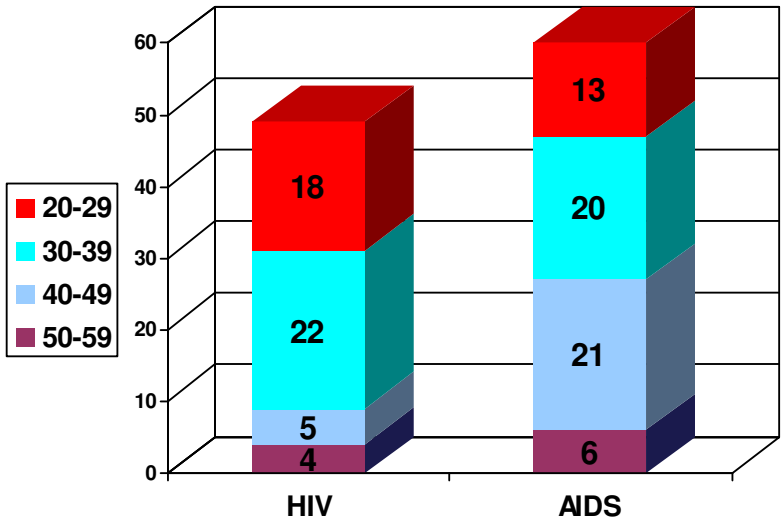


Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department)
** For HIV infections in 4 cases no information on sex was given.*

In 2010, among registered HIV-positive IDUs the largest group were users aged 30-39 (22 individuals, 45%), then 20-29 (18 individuals, 37%), 40-49 (5 individuals, 10%), and 50-59 (4 individuals, 8%).

In 2010, out of the reported new AIDS cases in IDUs the largest group were users aged 40-49 (21 individuals, 35%) and 30-39 (20 individuals, 33%), then 20-29 (13 individuals, 22%) and 50-59 (6 individuals, 10%).

Figure 6.1.4. HIV/AIDS cases in IDUs registered in 2010 by age group (numbers of people)*



Source: National Institute of Public Health - National Institute of Hygiene (Epidemiology Department)
** For HIV infection in 1 case there is no information on age.*

In Poland in 2005-2008, there was a steady fall in HIV incidence rates among IDUs per 100 thousand population. The data for 2009 and 2010 show that the trend had levelled off. However, the HIV incidence varies across provinces. In 2005-2008, the highest HIV incidence rates were recorded in dolnoslaskie, lodzkie and warminsko-mazurskie provinces. In 2005-2007, the fewest cases were recorded in swietokrzyskie, lubelskie and podkarpackie provinces. In 2008, in these provinces there was no new case of HIV infection recorded. In opolskie and zachodniopomorskie provinces the situation was similar. The data for 2009 show that the highest HIV incidence rates are still recorded in dolnoslaskie, lodzkie and warminsko-mazurskie provinces. High rates were also recorded in lubuskie province. In 2009, no HIV infections were registered in swietokrzyskie province (5th consecutive year), opolskie province (3rd consecutive year) and pomorskie province. In 2010, the most cases were recorded in mazowieckie and dolnoslaskie provinces. In the provinces of lubuskie, malopolskie and opolskie no new HIV case was recorded.

Table 6.1.1. HIV incidence rates in IDUs in 2005-2010 (per 100 000 population) (infections registered by place of residence)

Province	2005		2006		2007		2008		2009		2010	
	liczba	wsk.	liczba	wsk.	liczba	wsk.	liczba	wsk.	liczba	wsk.	liczba	wsk.
dolnośląskie	49	1.70	32	1.11	15	0.52	15	0.52	8	0.28	6	0.21
kujawsko-pomorskie	6	0.29	4	0.19	3	0.15	2	0.10	4	0.19	2	0.10
lubelskie	1	0.05	1	0.05	2	0.09	0	0.00	1	0.05	1	0.05
lubuskie	4	0.40	1	0.10	1	0.10	1	0.10	7	0.69	0	0.00
łódzkie	18	0.70	14	0.55	8	0.31	7	0.27	9	0.35	3	0.12
małopolskie	3	0.09	7	0.21	2	0.06	1	0.03	1	0.03	0	0.00
mazowieckie	9	0.17	4	0.08	2	0.04	3	0.06	1	0.02	13	0.25
opolskie	1	0.10	3	0.29	0	0.00	0	0.00	0	0.00	0	0.00
podkarpackie	3	0.14	1	0.05	0	0.00	0	0.00	3	0.14	1	0.05
podlaskie	3	0.25	1	0.08	1	0.08	1	0.08	1	0.08	1	0.08
pomorskie	9	0.41	3	0.14	4	0.18	1	0.05	0	0.00	1	0.04
śląskie	3	0.06	1	0.02	5	0.11	6	0.13	1	0.02	2	0.04
świętokrzyskie	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2	0.16
warmińsko-mazurskie	12	0.84	10	0.70	7	0.49	4	0.28	3	0.21	2	0.14
wielkopolskie	4	0.12	5	0.15	3	0.09	2	0.06	5	0.15	2	0.06
zachodniopomorskie	3	0.18	2	0.12	3	0.18	0	0.00	1	0.06	2	0.12
POLSKA	**157**	**0.41**	**112**	**0.29**	**66**	**0.17**	**45**	**0.12**	**49**	**0.13**	**50**	**0.13**

Source: National Institute of Public Health - National Institute of Hygiene.

AIDS incidence rates in IDUs in 2005-2007 fluctuated. However, in 2008-2009 there was a fall but in 2010 an increase is observed. In 2005-2007, the highest AIDS incidence rates were recorded in dolnoslaskie, kujawsko-pomorskie and podlaskie provinces. In 2008, the highest rates were recorded in the provinces of dolnoslaskie, podlaskie, warminsko-mazurskie and lubuskie. In 2009, the most new AIDS cases were registered in the provinces of dolnoslaskie, warminsko-mazurskie and lubuskie. In 2004-2007, the lowest AIDS incidence rates were registered in the provinces of podkarpackie and swietokrzyskie. In 2008, the lowest AIDS incidence rates referred to the following provinces: wielkopolskie, podkarpackie, lubelskie, kujawsko-pomorskie, swietokrzyskie, mazowieckie, lodzkie, malopolskie and pomorskie. In the provinces of kujawsko-pomorskie, podlaskie and swietokrzyskie no new AIDS case was recorded in 2009. The 2010 data indicate an increase in AIDS incidence rates in the provinces of dolnoslaskie, lodzkie and lubuskie. No new AIDS case was recorded in the following provinces: pomorskie, slaskie, swietokrzyskie and zachodniopomorskie

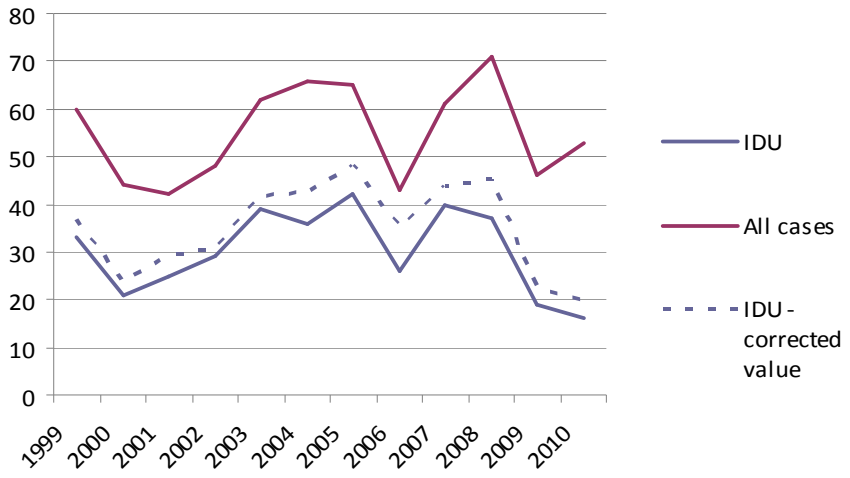
Table 6.1.2. AIDS incidence rates in IDUs in 2005-2010 (per 100 000 population) (infections registered by place of residence)

Province	2005		2006		2007		2008		2009		2010	
	liczba	wsk.	liczba	wsk.	liczba	wsk.	liczba	wsk.	liczba	wsk.	liczba	wsk.
dolnośląskie	42	1.45	20	0.69	43	1.49	28	0.97	15	0.52	27	0.94
kujawsko-pomorskie	3	0.15	8	0.39	2	0.10	1	0.05	0	0.00	1	0.05
lubelskie	2	0.09	4	0.18	4	0.18	1	0.05	4	0.18	3	0.14
lubuskie	1	0.10	0	0.00	6	0.59	2	0.20	3	0.30	6	0.59
łódzkie	5	0.19	3	0.12	6	0.23	2	0.08	6	0.24	7	0.28
małopolskie	2	0.06	2	0.06	2	0.06	3	0.09	2	0.06	3	0.09
mazowieckie	3	0.06	0	0.00	4	0.08	4	0.08	2	0.04	1	0.02
opolskie	1	0.10	1	0.10	2	0.19	1	0.10	2	0.19	4	0.39
podkarpackie	0	0.00	0	0.00	0	0.00	1	0.05	3	0.14	2	0.10
podlaskie	3	0.25	4	0.33	4	0.34	4	0.34	0	0.00	1	0.08
pomorskie	2	0.09	5	0.23	6	0.27	2	0.09	1	0.04	0	0.00
śląskie	1	0.02	6	0.13	8	0.17	8	0.17	2	0.04	0	0.00
świętokrzyskie	1	0.08	0	0.00	1	0.08	1	0.08	0	0.00	0	0.00
warmińsko-mazurskie	2	0.14	4	0.28	8	0.56	5	0.35	5	0.35	1	0.07
wielkopolskie	4	0.12	5	0.15	5	0.15	1	0.03	4	0.12	4	0.12
zachodniopomorskie	0	0.00	2	0.12	1	0.06	2	0.12	1	0.06	0	0.00
POLSKA	**73**	**0.19**	**65**	**0.17**	**102**	**0.27**	**66**	**0.17**	**51**	**0.13**	**60**	**0.16**

Source: National Institute of Public Health - National Institute of Hygiene.

According to the statistics collected since 1986, 1 085 AIDS-related deaths had been recorded by 30 June 2011, including 541 (around 50%) among IDUs.

Figure 6.1.5. AIDS-related deaths recorded in Poland by 30 June 2011, including IDUs, by date of death



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

In 2010, 53 AIDS-related deaths were recorded, including 16 deaths of IDUs (30%). The monitoring of AIDS-related mortality in IDUs reveals that deaths in 2010 related to 11 men (69%) and 5 women (31%).

The highest mortality among IDUs diagnosed with AIDS in 2010 concerned the age group 40-49 (7 deaths), then 30-39 and 50-59 (4 deaths each) and 20-29 (1 death).

To sum up, it must be stressed that the above figures have been calculated on the basis of the most recent data available. However, due to delays in HIV and AIDS data reporting, the figures are likely to change. Moreover, one must remember that the number of newly detected HIV infections depends on the number of tests conducted. The survey data show that two thirds of drug users had ever been tested for HIV and one third had done so in the past year (excluding individuals who had been previously tested positive). Consequently, a lot of infections remain undetected and the change in testing patterns should contribute to the number of newly detected HIV infections in this group. Last but not least, similarly to most data from routine data collection systems, the HIV infection data might be underestimated due to incomplete reporting. As the monitoring system operated in a similar way throughout the whole reporting period this underestimation is no likely to affect the trends observed. Every year the National Institute of Public Health - National Institute of Hygiene conducts a survey among HIV testing laboratories to monitor HIV frequency in diagnostic testing. The study results show an overall downward trend in this indicator in the years 2004-2010. However, the analysis of 2010 and 2009 data shows that the downward trend has halted (Table 6.1.3).

Table 6.1.3. HIV frequency in diagnostic testing in IDUs in 2004 – 2010

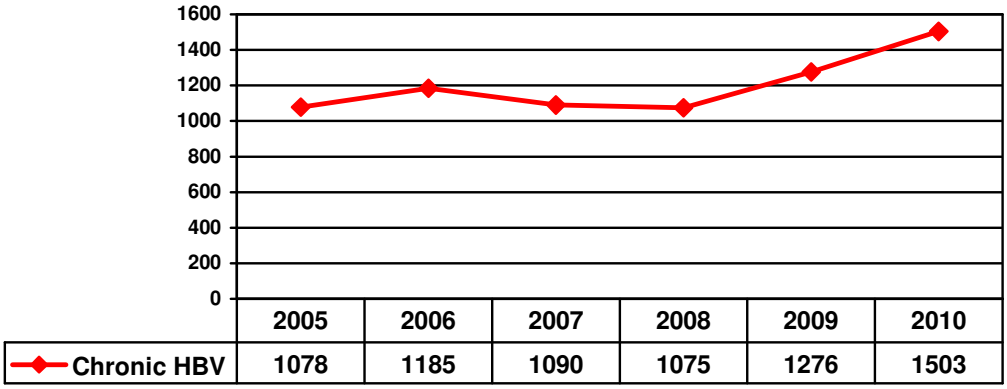
	2004	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Number of HIV-positive IDUs	261	154	107	121	101	65	45
Number of all IDUs tested for HIV (valid tests)	2047	1350	1012	1064	1084	1176	657
HIV frequency rate	0.128	0.114	0.106	0.114	0.093	0.055	0.068

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

The National Institute of Public Health - National Institute of Hygiene also collects data on chronic HBV. In 2009, there were 1 276 cases recorded, which constitutes an increase compared to 2008, when the total number of 1 075 were recorded. The 2010 data confirm an upward trend (1 503 infections). The data on HBV incidence among IDUs are available only

for 2009. 6 individuals were diagnosed with the disease then (data might be underestimated because in approx. 40% of cases, the IDU status was not known).

Figure 6.1.6. New chronic HBV cases in 2005-2010

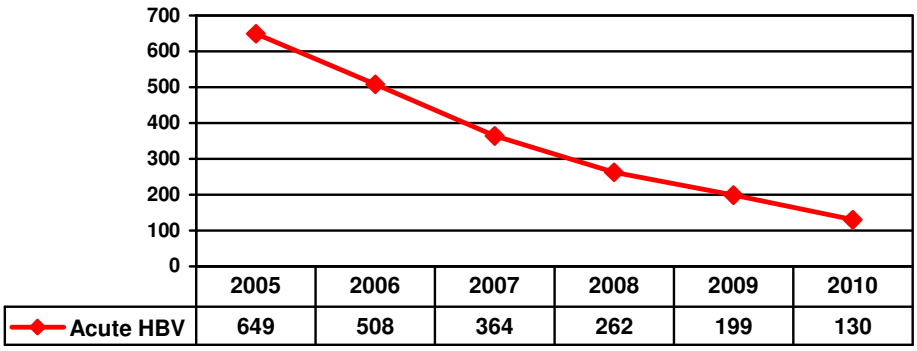


	2005	2006	2007	2008	2009	2010
Chronic HBV	1078	1185	1090	1075	1276	1503

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

In 2005-2010, a downward trend in the total number of acute HBV was observed (Figure 6.1.7). In 2009, 3 injecting drug users were diagnosed with the disease. In 2010, 5 cases were recorded (data might be underestimated because in approx. 50% of cases the IDU status was not known).

Figure 6.1.7. New acute HBV cases in IDUs in 2005-2010



	2005	2006	2007	2008	2009	2010
Acute HBV	649	508	364	262	199	130

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

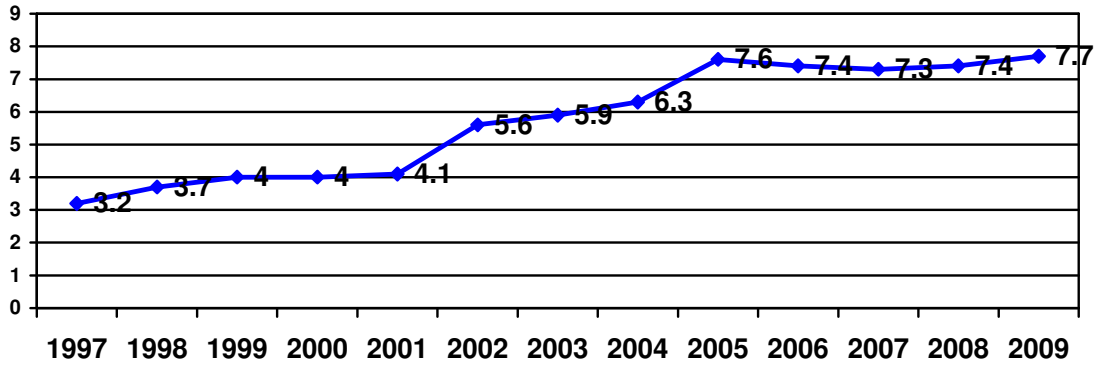
The data of the National Institute of Public Health - National Institute of Hygiene on acute HCV incidence show that the total number of infections in 2009 stood at 66 and in 2010 at

71. In 2009, one infection was recorded among IDUs and in 2010 this figure rose to 7 cases. Information on chronic HCV covers the overall number of 2 417 cases in 2009 and 1 877 in 2010. As for HCV infection in IDUs, there were 105 registered cases in 2009 and 134 in 2010.

6.2. Other drug-related health correlates and consequences (dual diagnosis)

Between 1997 and 2005 there was an increase in the percentage of patients with dual diagnosis in the overall number of patients admitted to residential psychiatric treatment (see Figure 6.2.1). 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 percentage points. Following 2005 the upward trend halted and the 2009 data of 7.7% came close to the 2005 level of 7.6%.

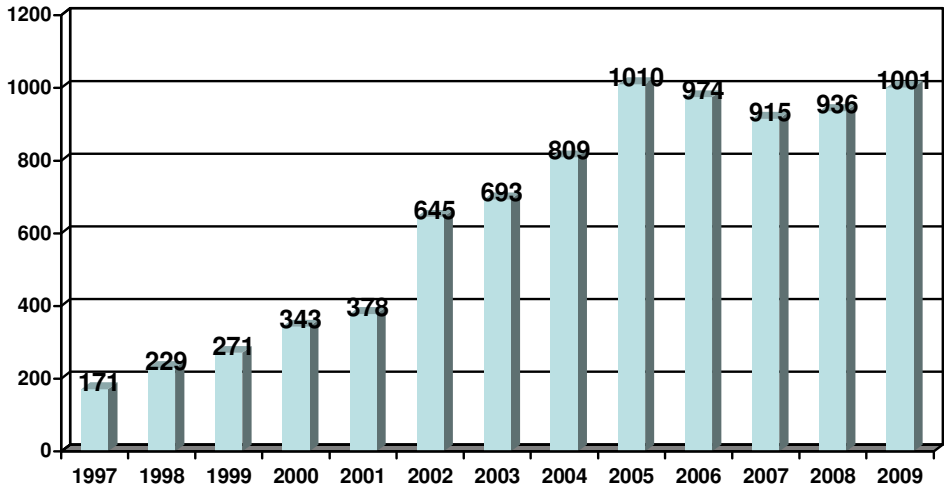
Figure 6.2.1. Patients with dual diagnosis in all admissions to residential psychiatric treatment in 1997-2009 (percentages of patients)



Source: Institute of Psychiatry and Neurology (2011)

Between 1997 and 2005 the number of hospitalized patients with dual diagnosis rose from 171 in 1997 to 1010 in 2005. In 2006, 974 patients with dual diagnosis were admitted to treatment, which constitutes a fall of 36 patients compared to 2005. In 2007, 915 dually diagnosed patients were registered (fall of 59 compared to 2006). In 2008 compared to 2007, slight rise of 21 patients was recorded. The upward trend continued in 2009 (65 more patients compared to 2008); however, the number did not reach the level of 2005 (1 010 patients).

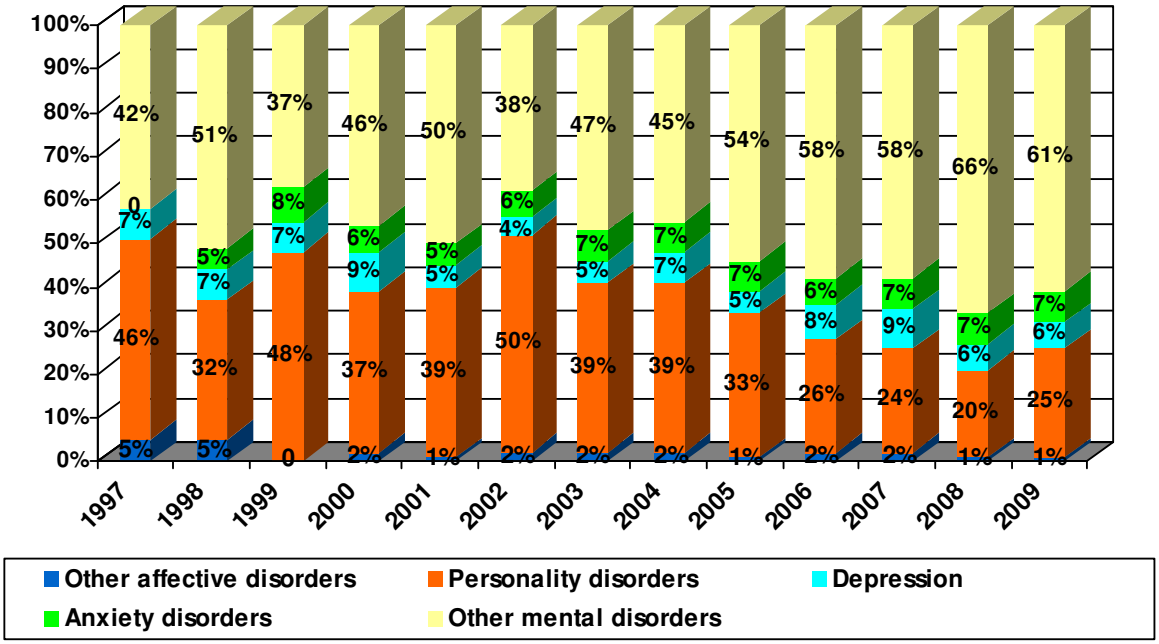
Figure 6.2.2. Total number of patients with dual diagnosis admitted to inpatient psychiatric treatment in 1997-2009



Source: Institute of Psychiatry and Neurology (2011)

Figure 6.2.3 shows statistical figures on patients with dual diagnosis admitted to residential psychiatric treatment.

Figure 6.2.3. Percentages of patients with drug problems admitted to residential psychiatric treatment between 1997 and 2009, according to ICD-10



Source: Institute of Psychiatry and Neurology (2011)

At residential psychiatric clinics in Poland in 2009 the most numerous groups were patients of the category “other mental disorders” (61%). This group comprises i.a. psychotic

disorders, including hallucinations and delusions, schizophrenia and behavioural disorders. A considerable number of patients manifested personality disorder symptoms (25%). Moreover, the patients showed symptoms of anxiety disorders (7%), depression (6%) and other affective disorders (1%).

In 1997-2009 there is a visible upward trend regarding patients diagnosed with "other mental disorders". There was a simultaneous fall in the percentage of patients with personality disorders, however the 2009 data came close to the values of 2006 and 2007.

Table 6.2.1. Percentages of patients with dual diagnosis admitted to inpatient psychiatric treatment in 2009, by type of drug addiction

Type of drug addiction	No dual diagnosis	Personality disorders	Depression	Other affective disorders	Anxiety disorders	Other mental disorders
Opioids	98.9	0.2	0.1	0.0	0.1	0.7
Cannabis	96.7	0.9	0.2	0.0	0.0	2.2
Hypnotics and sedatives	90.4	1.4	1.2	0.0	2.6	4.4
Cocaine	94.7	0.0	0.0	0.0	0.0	5.3
Amphetamines	95.9	1.4	0.2	0.0	0.0	2.5
Hallucinogens	84.2	10.5	0.0	0.0	0.0	5.3
Inhalants	89.2	1.4	0.0	0.0	0.0	9.4
Poly-drug addiction	90.8	2.5	0.5	0.1	0.3	5.8

Source: Institute of Psychiatry and Neurology (2011)

In patients diagnosed with drug addiction, admitted to residential treatment, the highest rate of co-morbidity was found in users addicted to hallucinogens (dual diagnosis concerned 15.8% of cases, mostly personality disorders). The lowest rate of dual diagnosis referred to opioid users (1.1% of patients with dual diagnosis). Depression or anxiety disorders were most frequently diagnosed in patients dependent on hypnotics and sedatives (1.2% and 2.6% respectively). Other mental disorders were frequently diagnosed in patients dependent on inhalants, cocaine, hallucinogens and multiple drugs (=poly-drug addiction).

6.3. Drug-related deaths and mortality of drug users

Data on drug-related deaths in Poland are collected by the Central Statistical Office (GUS). Every year the Information Centre for Drugs and Drug Addiction (CINN) of the National Bureau for Drug Prevention (KBPN) processes the GUS information for domestic and EMCDDA purposes. Data on drug-related deaths are one of the EMCDDA five key epidemiological indicators which comprise the European monitoring system for drugs and drug addiction.

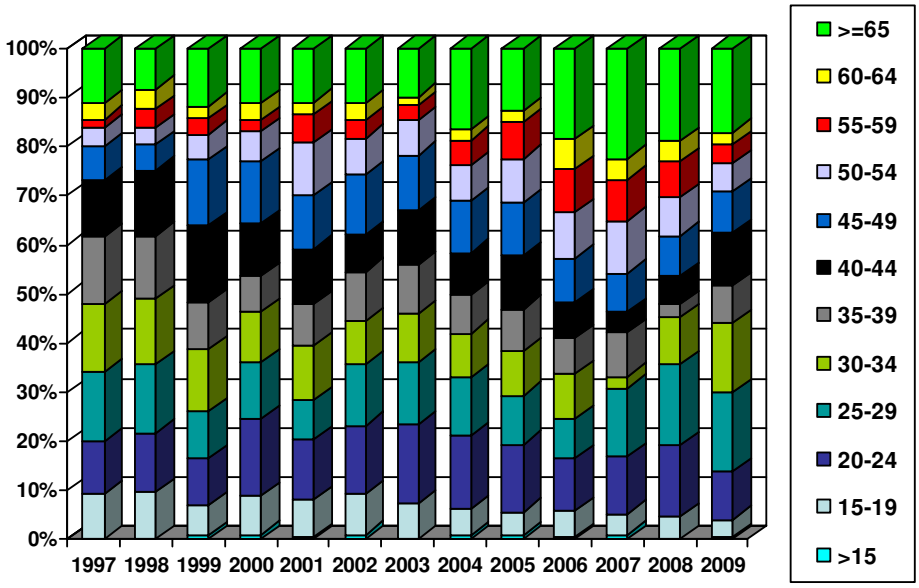
The data reported by the GUS to the CINN specify the location of death, socio-demographic details of the individual who overdosed drugs and the type of substance that caused death (according to ICD codes). Until 1996, ICD 9th revision was used and since 1997 data have been codified in compliance with ICD 10th revision. The national definition of drug-related deaths is based on the following ICD 10 codes: F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14. The lack of another code in specifying the cause of death results in the failure to determine a lethal substance in most cases.

- **Situation in Poland**

While analyzing data between 1990 and 1996, drug-related deaths fluctuated between 155 and 213 cases. In 1997, there was a 40% increase (253 deaths) compared to 1996. At that time 10th ICD revision came into force. Coding changes might have distorted the number of the deaths generated by the system. In 1998, there was a decrease in the number of deaths (235) but over the following two years the figure rose to 310. The years 2000-2002 demonstrate the highest drug-related death figures since the beginning of the period concerned (i.e. 1990), from the lowest number of 294 in 2001 to the highest number of 324 in 2002. The death rates per 100 000 inhabitants were also the highest - 0.77 in 2001 and as many as 0.85 in 2002. It must be stressed that this rate has never reached 1 per 100 000 (in the period 1990-2008). In the years 2003-2008, drug-related deaths fluctuate between 214 (2007) and 290 (2005), only approaching the values from the beginning of the 21st century in 2005. Analyzing the latest available data for 2009, we notice the level similar to 2008. In 2009, the average age of drug-related death was 43. Out of 247 deaths, most cases (70%) were male.

Analyzing the age of fatal drug overdose victims, we record the highest numbers among individuals aged over 65. (Figure 6.3.1.). It might be the result of including in the statistics the medical application of drugs e.g. opioid painkillers. The percentage of individuals in this age cohort has been increasing in recent years. However, analyzing the latest data a fall can be noticed. The next in terms of the number of deaths is the group aged 25-29. There were 40 cases in 2007 and 30 in 2008. In 2010, this number rose back to 30. In 2008, the youngest drug-related death victim recorded was 14 years old.

Figure 6.3.1. Drug-related deaths in 1997 – 2009, by age

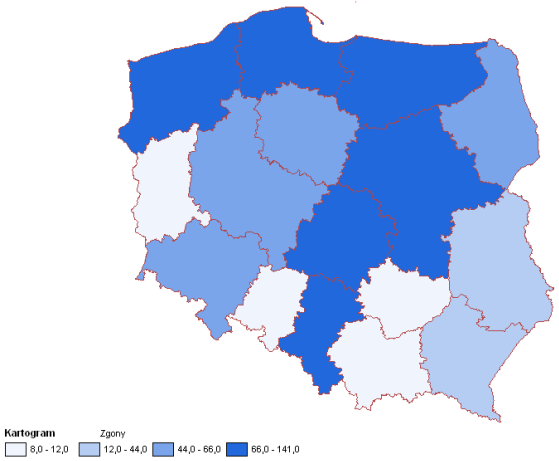


Source: GUS

- **Situation in provinces**

In 2009, the highest drug-related death rate was recorded in mazowieckie province (1.40) and the lowest in swietokrzyskie province (0.08). The provinces with high drug-related death rates include pomorskie (1.30) and zachodniopomorskie (1.0). The group of provinces with the lowest death rates comprises malopolskie (0.9), opolskie (0.10) and lubuskie (0.10).

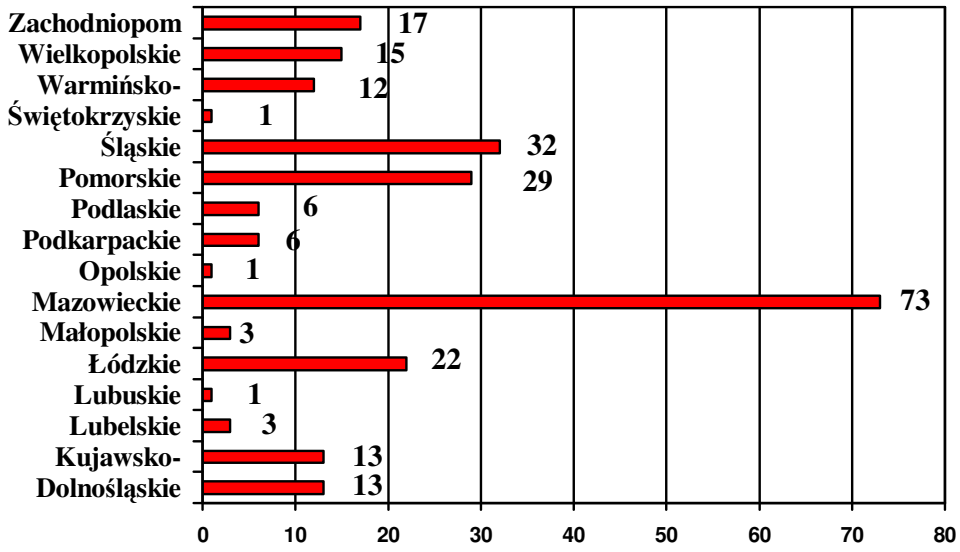
Figure 6.3.2. Drug-related death rates in 2009 by province. Poland's average– 0.64



Source: Malczewski 2011j

The highest number of deaths was recorded in the provinces of mazowieckie, slaskie and pomorskie. Single deaths were recorded in the following provinces: swietokrzyskie, opolskie and lubuskie.

Figure 6.3.3. Drug-related deaths in 2009, by province



Source: GUS

7. Responses to health correlates and consequences

prepared by Dawid Chojecki, Artur Malczewski

Introduction

Harm reduction programme have been conducted in Poland since 1996. However, needle and syringe exchange programmes were launched already in 1989 as additional services at selected outpatient clinics and not as independent programmes. Since the beginning harm reduction programmes were conducted mainly by NGOs in large cities, night shelters for the homeless, meeting spots of drug addicts (dealers' dens, railway stations, streets, and parks), and sex service settings.

Another form of drug prevention is outreach-based harm reduction programmes, so called "party working projects". One of the aims of such projects, carried out in pubs, clubs, discotheques or mass events is preventing drug overdoses, risky behaviour (unprotected casual sex, dangerous poly-drug use, driving mechanical vehicles under the influence of psychoactive substances) as well as moving from occasional use to abuse or dependence. These programmes also deal with the so-called rape drug.

The following section discusses life-saving medications in drug overdoses, infectious diseases and dual diagnosis.

The need to improve access to risk reduction programmes targeting occasional drug users, harm reduction programmes targeting drug dependent clients unmotivated to change their behaviour as well as infectious disease treatment programmes has been incorporated in the National Drug Strategy (KPPN). The year 2010 was the final year of the previous National Programme. The new KPPN for the coming years has been adopted.

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

Due to the increased popularity of synthetic drugs in Poland, harm reduction programmes targeting occasional and recreational drug users have been developing for several years. Such programmes are conducted in recreational settings (dance clubs, discotheques, concerts, open air events, etc.). They are outlined 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 users (described above in Section 7.3), safe injection and first aid trainings (with particular emphasis on overdoses) were conducted. The programmes covered the following aspects:

- education and information on psychoactive substances, drug addiction and consequences of drug use as well as drug treatment options. These goals were achieved through distribution of leaflets and brochures and talks with drug users;
- motivating to change attitudes and behaviour;
- first aid training courses in case of overdose;
- distribution of condoms;
- critical interventions

Moreover, similarly to 2009, governments of 3 provinces (zachodniopomorskie, lodzkie and warminsko-mazurskie) co-financed risk reduction programmes for occasional drug users at mass events, discotheques and clubs.

- **Life-saving medications in overdose treatment**

Antagonists*:* No changes in comparison to the 2009 report.

In Poland the following drugs are used:

- Naloxone, in acute opiate poisoning
- Naltrexone, in maintaining abstinence or preventing relapse. In Poland, the drug is registered to support opioid treatment following detoxification. The drug is applied by physicians in non-public drug treatment clinics. Naltrexone is not refunded by the National Health Fund.

Both drugs are used by physicians working with opioid addicts. Naloxone is part of ambulance equipment. Naloxone is not available on prescription and it is not distributed through pharmacies. Naltrexone is imported exclusively as bearer prescription medicinal product subject to approval by the Provincial Chief Psychiatrist (personal communication, Bogusław Habrat and Karina Chmielewska, Institute of Psychiatry and Neurology).

7.2. Prevention and treatment of drug-related infectious diseases

- **Prevention: vaccinations, testing and counselling**

All Polish 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 the test.

In 2010, the National Health Fund activities of increasing the availability of drug-related infectious disease prevention programmes included financing HBV vaccinations and HCV and HIV tests (National Bureau for Drug Prevention, 2011).

The National AIDS Centre reported that in 2010, there were 27 programmes recommended by the Centre, where it was possible to take a free and anonymous HIV test.

The government of podkarpackie province also commissioned blood tests for individuals engaging in risky behaviour such as casual sex or injecting drug use. The programme covered the whole population of podkarpackie province. Since the consultation centre was located in a student health clinic, the programme attracted mainly young people. 484 people participated in the programme out of whom 42 exchanged needles.

- **Infectious diseases treatment**

In 2010, the National Health Fund activities aimed at increasing the availability of drug-related infectious disease treatment included financing health services provided in 4 specialist antiretroviral treatment facilities. 1 115 patients were provided with the treatment. However, the figures might be underestimated as the NHF departments are not obliged to collect such data (not all departments sent the reports).

The National AIDS Centre reported that 14 health care facilities performed complex antiretroviral treatment in 2010. There was a rise from 230 (2009) to 287 (2010) in the number of drug users treated with the ARV method who also participate in substitution treatment programmes at the same time.

7.3. Responses to other health correlates among drug users

- **Harm reduction programmes for drug users**

In the reporting year, the National Bureau for Drug Prevention co-financed 15 health and social harm reduction programmes for drug dependent clients unmotivated to enter treatment, including prisons and remand centres (no injecting equipment exchange as it is prohibited) and at a drug and HIV/AIDS ward of an infectious disease hospital. The National Bureau co-financed 8 outreach-based harm reduction programmes. Needles and syringes were also exchanged in all drop-in centres in Poland (5 operational in 2010) and 2 night shelters for drug users (National Bureau for Drug Prevention, 2011). The above programmes included the total of 5 463 clients.

The tables below show the client profile of the Polish needle and syringe exchange programmes, the most prevalent psychoactive substances and figures of the equipment exchanged. The most prevalent drug used by the clients of such programmes is the Polish homemade heroin. On average every third client (32%) is dependent on more than one psychoactive substance.

Table 7.3.1. Client profile of KBPN-financed health and social harm reduction programmes for drug dependent users in 2010

CLIENT PROFILE – 2010 REPORT	
Action – Health and social harm reduction in drug dependent population	
Types of clients	Total
Pupils	118
Students	70
Employed clients	135
Clients with social problems	1608
Clients with legal problems	1171
Clients with health problems	1809
Parents, families	64
Women only	216
Men only	756
Ethnic groups	2
Other	128

Source: Database of National Bureau for Drug Prevention

Table 7.3.2. Equipment distributed and collected for under KBPN-financed health and social harm reduction programmes for drug dependent users in 2010

EQUIPMENT DISTRIBUTED AND COLLECTED – 2010 REPORT	
Action – Health and social harm reduction in drug dependent population	
Equipment	Total
Needles distributed	242 114
Syringes distributed	175 902
Condoms distributed	33 609
Water for injecting distributed	10 316

Cotton pads distributed	33 054
Antiseptic liquids distributed	12 757
Other equipment distributed	180
Other distributed	7 186
Needles collected	133 110
Syringes collected	95 945

Source: Database of National Bureau for Drug Prevention

Table 7.3.3. Substances used by clients of KBPN-financed health and social harm reduction programmes for drug dependent users in 2010

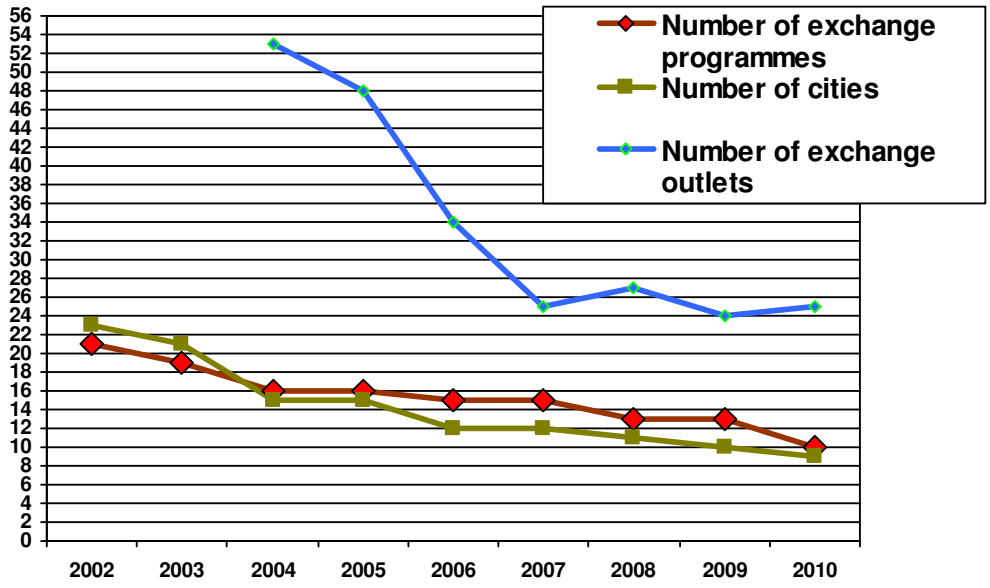
SUBSTANCES USED BY CLIENTS OF HEALTH AND SOCIAL HARM REDUCTION PROGRAMMES FOR DRUG DEPENDENT POPULATION – 2010 REPORT	
Action – Health and social harm reduction in drug dependent population	
Drug of first choice	Total
Alcohol	394
Amphetamines	737
Crack	0
Ecstasy	3
Hallucinogenic mushrooms	0
White heroin	65
Brown heroin	1175
Polish homemade heroin	624
Cocaine	17
Hypnotics/sedatives	349
LSD	3

Mixed	1 770
Cannabis	97
Inhalants	7
Other	222
Total number of clients	5 463

Source: Database of National Bureau for Drug Prevention

In Poland 219 856 needles and 157 168 syringes were distributed in 10 programmes. 2022 clients contacted. The programmes were operated in 8 cities (Warszawa, Kraków, Katowice, Częstochowa, Zgorzelec, Wrocław, Olsztyn and Gdańsk) and contacted 2022 clients. The latest data (Figure 7.1.) show that the availability of sterile needles and syringes decreased in 2010.

Figure 7.1. Number of needle and syringe exchange programmes and cities where they were present in 2002-2010 and exchange outlets in 2004-2010.



Source: Centurm Informacji o Narkotykach i Narkomanii KBPN

In 2010, similarly to previous years, the National Bureau co-financed “Monar na bajzlu” magazine addressed to drug users and providers of drug treatment programmes, especially harm reduction programmes.

Apart from the National Bureau such programmes are also supported by local governments. In 2010, 12 drug-related harm reduction programmes were co-financed by governments of the 6 provinces: dolnoslaskie, lodzkie, podkarpackie, slaskie, warminsko–mazurskie and zachodniopomorskie, which is a third less than in 2009. 3 needle and syringe exchange programmes (drop of 1 compared to the previous year) were co-financed.

Only 27 communal governments (1.2%) provided funding for drug-related harm reduction programmes. The total of 61 harm reduction programmes were co-financed, including 9 syringe and needle exchange programmes (5 427 clients), 19 outreach programmes excluding needle and syringe exchange (14 118 clients), 2 drop-in centres for active drug users (221 clients), 6 night shelters for addicts (322 clients), 17 discotheque-based programmes (18 084 clients) and 8 substitution treatment programmes (171 clients). In 2010, the total number of harm reduction clients, including communal government-financed programmes, stood at 38 343. The total expenditure of communal governments on harm reduction programmes increased compared to the previous year (National Bureau for Drug Prevention, 2011).

- **Activities related to coexistence of mental diseases**

In 2009 (latest data), there were several dozen drug treatment units offering also psychiatric treatment operating in Poland (Where to seek help? - Information Booklet, National bureau for drug prevention, 2009). However, the number of specialist dual diagnosis treatment facilities is far lower. In 2010, there were only 3 wards in psychiatric hospitals (58 beds) and 2 drug rehabilitation clinics (35 beds) which offered comprehensive psychiatric and psychoactive substances dependence treatment. 449 hospitalizations were performed therein. (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 2008. 849 of these patients were treated in mental health counselling centres (including mental health counselling centres for children and adolescents). 1 054 found treatment in outpatient alcohol clinics and 491 at outpatient drug clinics. (Institute of Psychiatry and Neurology, 2008).

Most drug treatment units are not ready to treat 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 clinics admit such patients upon prior stabilization of mental state in a psychiatric unit. The staff try to minimize admissions of

patients with dual diagnosis so that they constitute a substantial minority. This is to prevent additional problems which could 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.

8. Social correlates and social reintegration

prepared by Dawid Chojecki

Introduction

Drug use, especially opioids, substantially contributes to social exclusion. Apart from health problems the users encounter social problems e.g. unemployment, homelessness, poverty or crime.

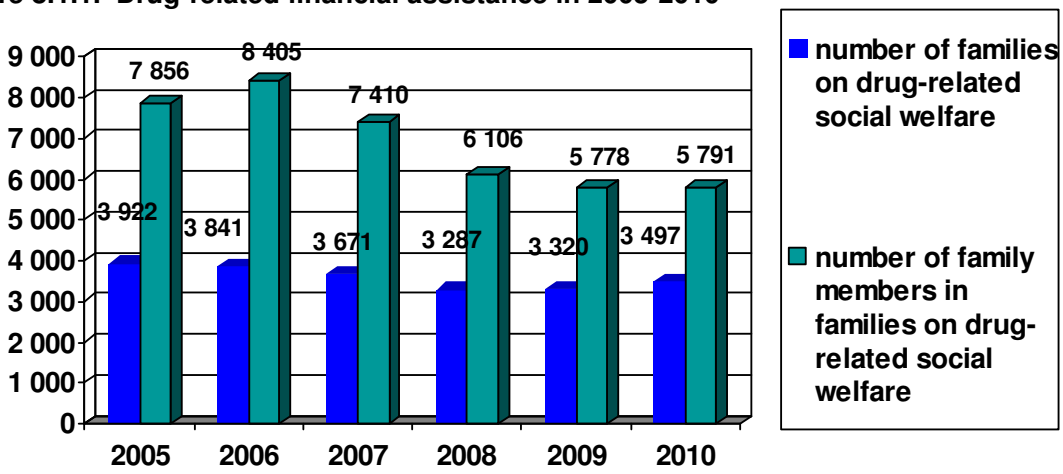
It is confirmed by numerous statistics and studies. The results of the research project by the Institute of Psychiatry and Neurology entitled "Social costs incurred by drug users. Survey of six European cities" clearly show that opioids are the most powerful in generating social exclusion. Insufficient knowledge of social welfare options, ways of getting it and the related legislation causes that drug users are reluctant to seek help at social welfare centres. The above situation increasingly deepens their broadly understood social exclusion.

8.1. Social exclusion and drug use

- **Social exclusion among drug users**

In 2010, social welfare centres across Poland provided drug-related assistance for 3 497 families (2009: 3 320 and 2008: 3 287); including 462 in rural areas (448 in previous year). The assistance was provided for 5 791 clients, including co-dependents (2009: 5 778, 2008: 6 106). Similarly to previous years, the most beneficiaries came from mazowieckie province – 1 143 (676 families) and the fewest from swiętokrzyskie province (108, 71 families), podkarpackie province (111, 55 families) and podlaskie province (112, 70 families) (Ministry of Labour – Department of Social Welfare and Integration, 2010).

Figure 8.1.1. Drug-related financial assistance in 2005-2010



- **Drug use among socially excluded groups**

Drug use, job loss, homelessness, law-breaking might underlie social exclusion. 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 sex workers. To combat the phenomenon, welfare and harm reduction programmes for prostitutes are being developed in Poland.

In 2010, the National Bureau for Drug Prevention co-financed 4 harm reduction programmes for prostitute drug users. One of the programmes was conducted by the Krakow-based Centre for Prevention and Social Education "Parasol". Approx. 236 sex workers (including 14 aged under 19) received assistance. The programme settings included: streets, night clubs and escort agencies, thanks to good cooperation between the programme implementer and the owners of clubs and agencies. The programme featured distribution of educational and informative materials on infectious diseases and safe sex. Condoms, lubricants and other personal hygiene product were handed out. The programme also included interventions and referrals to relevant facilities e.g. social welfare centres where material assistance was provided; employment agencies and drug treatment units (Centre for Prevention and Social Education "Parasol", 2010). In Szczecin, a similar programme was conducted by the Association for Health Promotion and Social Problem Prevention TADA. Homosexual prostitutes were reached as well. The programme included 81 clients (Association for Health Promotion and Social Problem Prevention TADA, 2011).

A typical programme targeting drug using sexual minorities commissioned by the National Bureau for Drug Prevention is the Lambda programme entitled "Don't let yourself be sedated". It was a Warsaw-based harm reduction programme for gay men. The programme settings included four gay clubs and one sauna. GHB and ketamine tests, condoms and lubricants were distributed. The programme targeted 785 individuals (Lambda 2011).

The programme of the Dolnosląskie Psychoprevention Association "Return" entitled "Outreach in Wroclaw music clubs" featured actions targeting gay population (Dolnoslaskie Psychoprevention Association "Return", 2011).

- **Homelessness**

The assessment study "Homelessness in Poland" (as at 31 January 2010) conducted by the Department of Social Welfare and Integration of the Ministry of Labour estimates the number of the homeless in Poland at approx. 30 000. The number of registered homeless individuals is closely related to the number of residents in a given province. The higher the population of a province, the higher the homeless population. The most homeless people are located in the biggest urban areas and "richest" provinces (e.g. mazowieckie, slaskie, wielkopolskie).

We do not have data on the number of homeless drug users. It is widely known that a lot of addicts, particularly opioid users, are homeless. Such conclusions might be drawn upon the data analysis on clients of night shelters for homeless active drug users. The majority are addicted to opioids (mainly 'kompot' - Polish homemade heroin). Moreover, a lot of homeless drug users are dependent on at least 2 substances.

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. In 2010, the National Bureau sponsored a programme implemented by the Krakow-based Society for Drug Related Help entitled "Night Shelter for Drug Addicts – FENIKS". 101 clients benefited from the programme including 18 women and 83 men. 50% of the programme clients used Polish homemade heroin and every third client was a polydrug user. The programme featured outreach activities, critical interventions, education on safe drug injecting and exchange of injecting equipment. Thanks to motivational activities, the programme clients were referred to detoxification units and HIV/AIDS clinics.

In 2010, the National Bureau also co-financed hostel and reintegration programmes. 20 hostels and 15 reintegration flats received funding. The programmes target drug rehab graduates, including addicted mothers' children, who can stay in a special hostel or re-entry flat upon completion of drug treatment.

Unfortunately, in the reporting year none of the provincial governments financed hostels. However, 3 reintegration flats were given funding. Communal authorities financed hostels (10) and re-entry flats (9) (Ministry of Health, 2011).

8.2. Social reintegration

Post-rehabilitation programmes for drug rehabilitation graduates are conducted in hostels, re-entry flats, inpatient and outpatient clinics. They aim is to reintegrate a drug user into society by providing education, employment as well as taking up social roles. Apart from therapeutic actions aimed at preventing a patient from relapse, the programmes feature vocational and skills trainings 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 on 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 dependent user.

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

In 2010, the National Bureau for Drug Prevention co-financed relapse prevention programmes in inpatient and outpatient clinics. These programmes offered counselling to drug rehabilitation graduates who return home or try to become independent in another city, their families. The settings of the programmes included outpatient clinics, hostels and re-entry flats.

In 2010, the National Bureau co-financed the total number of 33 pro-abstinence programmes conducted by 22 organizations. Post-rehabilitation programmes targeted the total number of 1 664 clients, including 203 aged under 19. More than a half of the programme participants (55%) were employed and 63% of those aged over 19. The table below shows the target groups of the National Bureau-financed social reintegration programmes.

Table 8.2.1. Client structure of KBPN-financed abstinence-based post-rehabilitation programmes in 2010

TARGET GROUPS – 2010 REPORT	
Action – Abstinence-based post-rehabilitation programmes	
Target groups	Total
Pupils	345
Students	131
Employed clients	914
Clients with social problems	572
Clients with legal problems	373
Clients with health problems	338
Parents, families	314
Women only	159
Men only	265
Other	1

Source: (National Bureau for Drug Prevention, 2011)

The Act of 13 June 2003 on social employment (Journal of Laws 2003.122.1143) obliges local authorities and welfare centres to conduct social reintegration programmes for drug users under social policy and integration strategies. Unfortunately, post-rehabilitation services for graduates of full-time drug treatment programmes are insufficient. There are too few re-entry flats and hostels.

In the reporting year, 6 provincial governments (two more compared to previous year) co-financed social reintegration programmes, which were conducted by 7 NGOs. None of the local authorities sponsored hostels, however, there was a rise in the number of co-funded reintegration flats (from 2 to 3) for drug addicts. 9 social reintegration programmes included the total number of 349 clients (rise of 67 compared to 2009). 77 programme clients received education and 30 found jobs alternative to free job market.

For example, in opolskie province 3 social reintegration programmes for drug users were co-financed. 40 programme clients received education and 30 found jobs alternative to the free job market. In lodzkie province social reintegration was provided for 185 clients,

however, only 6 clients used the education option. In slaskie province, social reintegration programmes for drug users were aimed to counteract social exclusion, including unemployment and homelessness. Becoming independent was also one of the programme objectives. The programme featured social and counselling services, vocational training courses and relapse prevention trainings among re residents of re-entry flats. 3 re-entry flats were co-financed in this province. The total number of the programme clients stood at 77, including 31 clients receiving education. The social reintegration funding varied considerably across provinces.

In 2010, 42 communes (1.8%) co-funded the implementation of social reintegration programmes for drug dependent users. There was a fall in the number of communes financing such programmes (52 in previous year). Communes co-financed 23 social reintegration programmes for drug dependent users in outpatient clinics, 10 in hostels and 9 in re-entry flats. Moreover, in the reporting year communal governments granted funding to 58 NGOs operating in the field of social reintegration of drug dependent users (81 in 2009). Social reintegration programmes targeted 1 587 clients, which constitutes a rise of approx. 40% compared to the previous year (896 in 2009). The 2010 funding earmarked by local and regional authorities for social reintegration stood at PLN 1 419 751 (Ministry of Health, 2011).

- **Housing**

There is a possibility that a person struggling with difficult housing situation applied for a social flat. Social flats are awarded by housing commissions (operating by city councils) based on an approval of a social welfare centre and health care units. However, there is no information on the number of drug treatment graduates who moved to such flats.

For more information, see Chapter 8.1 Social exclusion and drug use – Homelessness and 8.2 Social reintegration.

- **Education, trainings**

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

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.

For more information, see Chapter 8.2 Social reintegration

- **Employment**

In Poland there is no single data collection system on unemployed drug addicts.

The Act of 13 June 2003 on social employment provides for re-entering drug treatment

graduates to the job market. One of the groups at risk of social exclusion defined therein is "users dependent on drugs or other psychoactive substances who completed a drug treatment programme at a health care unit". The Act lays down rules for establishing and operating Social Integration Centres. Upon request of the Centre head, social worker or the Centre's client, a county employment office may provide a drug dependent user with a job or refer him or her to work at the Centre. Job provision is done through an agreement concluded between the county governor competent for the location of the Centre and an employer. In the agreement the employer undertakes to employ a participant for the period not shorter than 12 months and the county governor will refund part of the participant's pay to the employer.

Moreover, participants of the Social Integration Centre activities may start their own businesses and the costs of the related consultation, legal advice and counselling can be covered by the Labour Fund.

Another form of employment is establishing (e.g. under the Vocational Stimulation Programme) the so-called social companies. Non-governmental organizations which assist in setting up such companies recruit prospective employees at mental health counselling centres, social welfare centres, vocational integration centres and county employment offices. The recruitment also covers individuals at risk of social exclusion and unemployment (mostly physically disabled and mentally ill). Substance dependence is not a criterion which makes it easy or difficult to get recruited for a social company, however, a mental illness or disorder which co-exists in drug addiction is such a criterion. Establishing social companies can be performed under priority VII of the Operational Programme Human Capital 2007-2013: Promotion of Social Integration.

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

prepared by Artur Malczewski, Dawid Chojecki

Introduction

Several Police units are responsible for combating drug-related crime:

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

- Criminal 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 & Rejonowe Komendy Policji) special sections, subdivisions and teams were created. In County Police Department (Powiatowe Komendy Policji) teams and independent posts were established. Almost all Police units feature an anti-drug section. 1 000 more policemen were responsible for combating drug-related crime, especially at the local level. In the Criminal Department of the Police Headquarters under the Criminal Division a 3-member Drug Enforcement Team was appointed to coordinate actions of criminal police officers at the national level.

- Prevention 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.

- Road Police Units are responsible for preventing drug addiction and drug-related crime among drivers.

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.

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 actual 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. These numbers reflect 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

manufacturing or an increased activity of drug dealers or manufacturers. Consequently, it is difficult to clearly determine whether a rise in the number of illegal amphetamine lab seizures is the result of the emergence of new manufacturing plants or the increased detection. The higher number of detected clan labs might be the result of intensified law enforcement activity, which does not mean that in this situation we can talk of increased amphetamine production.

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

- 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. Police data on drug-related crime come predominantly from the TEMIDA system, which contains law violations of the Act on counteracting drug addiction. Basic statistical units used by the Police include: suspects, launched investigations and recorded crimes. They are reported to the Police database on special statistical forms. The data allow for analyses of trends and geographical variations. Only in the case of recorded crimes are we able to specify the drug which was the object of the punishable act. The other TEMIDA statistical units e.g. suspects or investigations do not contain information on the type of psychoactive substance. A single individual might have a multiple crime record. In 2010, there were 2.7 recorded crimes per suspect on average; however, for swietokrzyskie province this figure was as high as 6.8 recorded crimes per suspect.

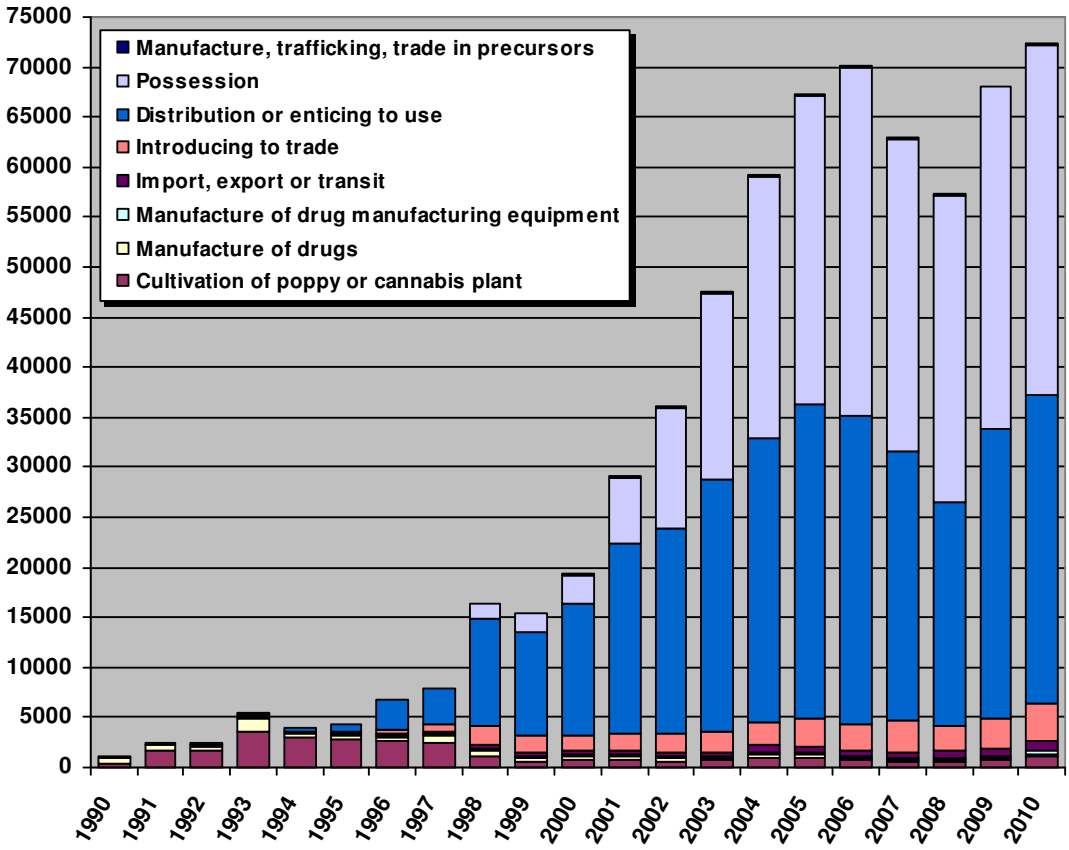
9.1. Drug – related crime

- **Recorded crimes**

Figure 9.1.1. shows recorded crimes under the Acts of 1997 and 2005 on counteracting drug addiction. In 2007, for the first time since 1999, 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, came to a halt as early as 2006, when the number of crimes rose by fewer than 3 000 compared to 2005. In 2008, there was a fall down to 57 382 crimes, i.e. below the number of 2004. Then the Police recorded 59 356 punishable acts. In 2009, the number of recorded crimes rose nearly to the level of 2006 i.e. 68 288. The next year the number of crimes recorded reached the highest figure ever recorded - 72 375, even higher than the 2006 number (70 202). The highest proportion of crimes was related to drug possession: 35 064 (48%). In the structure of crime there are offences under Articles 58 and 59 (supplying drugs). Altogether they account for 42% of all

the offences (30 803). Only three Article of the Act make up 90% of recorded crimes. Compared to the previous year there has been a rise of 6% in the overall number of crimes. Let us take a look what kind of criminal acts increased the scale of drug-related crime. In 2010, compared to 2009, there were 4 087 more crimes, out of which 2 411 under Articles 58, 59 and 62, which constitutes 68% of the number responsible for the rise and 828 crimes under Article 56 (20% of new crimes). The most crimes were committed in relation to cannabis. They made up for 63% of the 2010 crimes. Every fifth crime was committed in relation to amphetamine. The proportion of crimes connected with opioids stood at 3%.

Figure 9.1.1. Crimes against Acts of 1997 and 2005 on counteracting drug addiction in 1999-2010



Source: Police Headquarters.

- **Suspects**

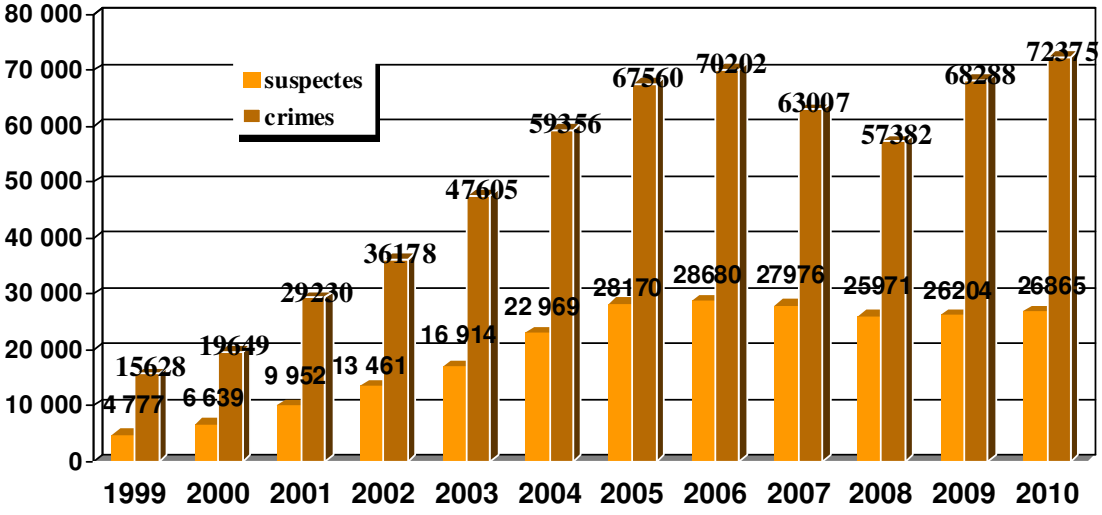
In 1999-2006 the number of suspects under the Acts of 1997 and 2005 increased every year. The analysis of the trend in the number of drug possession suspects under the Acts of

1997 and 2005 on counteracting drug addiction since 1999 shows a substantial growth (2.5 times), which occurred in 2001 compared to 2000.

The year 2001 was the first full year of the operation of the amended Act of 1997, which took effect in 2000. 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. In 2007, the number of recorded crimes and suspects under the Act on counteracting drug addiction decreased for the first time ever. The downward trend was still observed in 2008. In 2009, we notice a slight increase of 1.2% in the number of suspects, which rose by another 2.5% in 2010 .Although the number of crimes in 2010 increased to the level never recorded before, the number of suspects is lower than in 2005-2007. As it has been mentioned, in the record year of 2006, one suspect committed an average of 2.5 crimes. In 2010, we this rate rose to 2.7 crimes per suspect.

Let us take a look which articles of the Act the crimes violated. The highest number of crimes referred to Article 62 (70%), then came Article 59 (11%) and Article 58 (8%). In total, these three articles accounted for 89% of all suspects under the Act. 15% of the suspects were minors. The share of crimes under Article 62 in this age group was also the highest (68%).

Figure 9.1.2. Suspects under Acts of 1997 and 2005 in 1999 – 2010

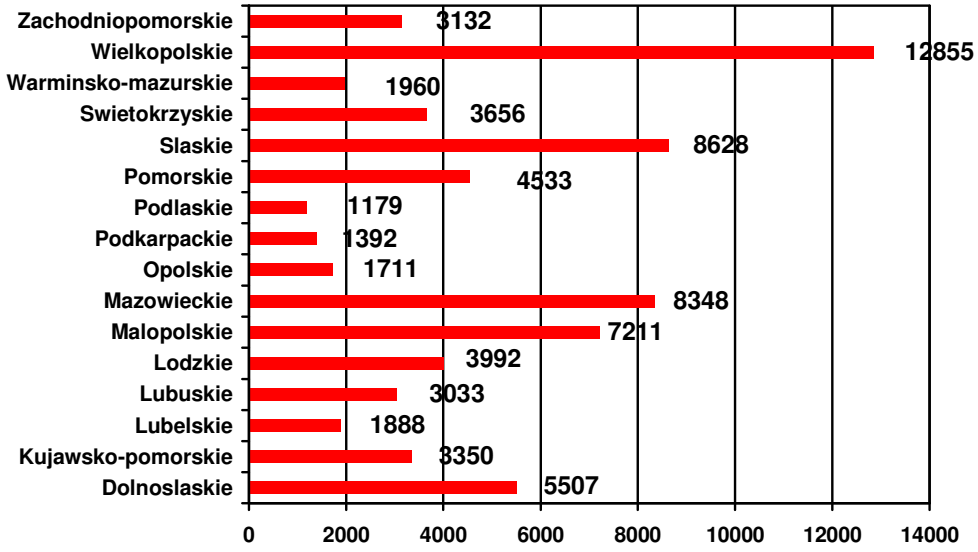


Source: Police Headquarters.

- **Geographical variations**

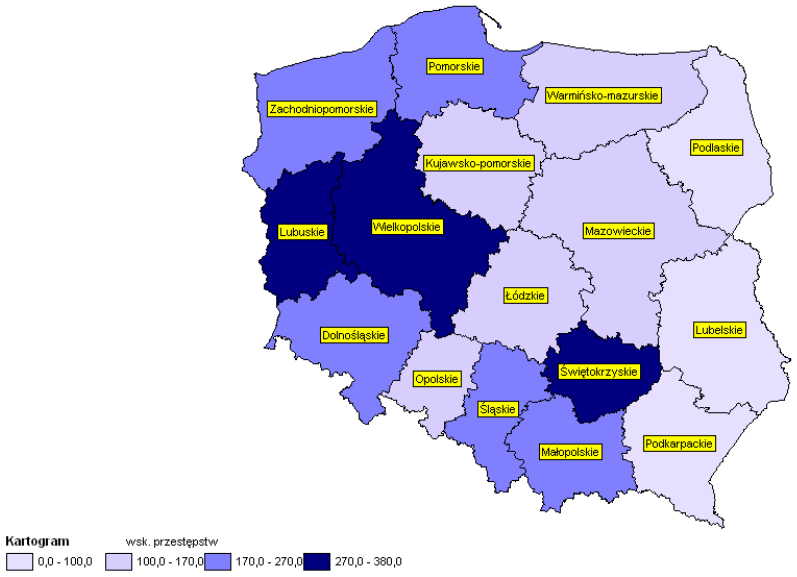
The scale of drug problem varies considerably across regions. In the case of drug-related crime we also record significant differences in respective provinces. In 2010, the Police recorded 72 375 crimes. The highest figure (12 855, 18%) was recorded in wielkopolskie province, then came slaskie province followed by mazowieckie province. Provinces with the lowest crime record included opolskie, podkarpackie and podlaskie (1 179, 1.6%). In order to compare the situation among provinces the crime numbers have been converted into rates per 100 000 population. Consequently, the highest rate was still recorded in wielkopolskie province (376) followed by lubuskie and swietokrzyskie provinces. The top three look different if we take such an indicator into consideration. Let us see if the lowest criminal record ranking has changed. The lowest crime rate was recorded in podkarpackie province (66) followed by lubelskie province (88) and podlaskie province (99). It is clear that these two provinces both in the number of crimes and the 100 000 population rate have the lowest drug-related criminal record .

Figure 9.1.3. Total of offences against the Act of 2005 on counteracting drug addiction in 2010, by province



Source: Police Headquarters

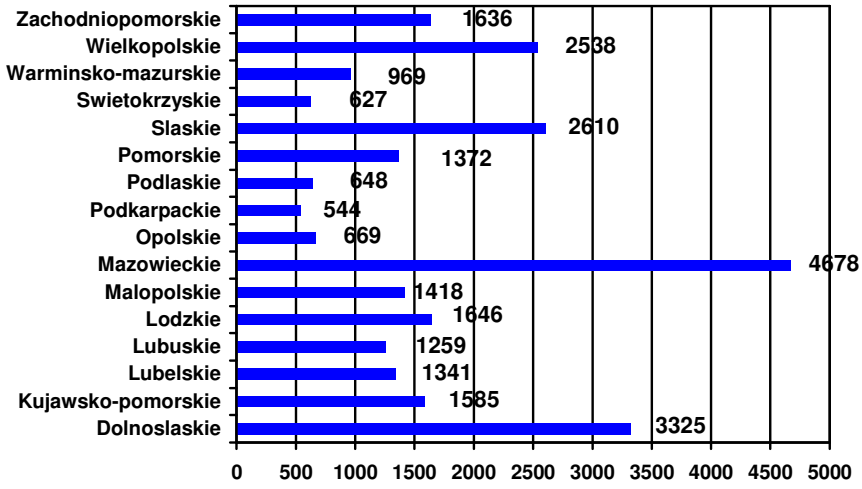
Figure 9.1.4. Offences against the Act of 2005 on counteracting drug addiction in 2010, by province (per 100 000 population)



Source: Malczewski 2011j

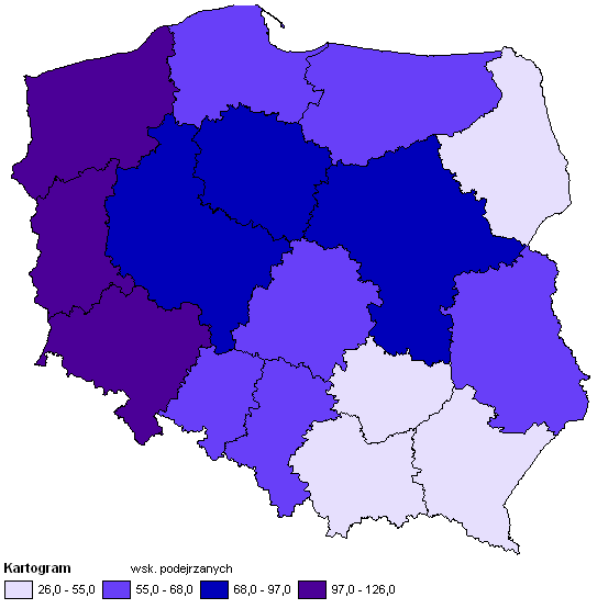
Let us take a look at the suspect numbers in particular provinces. As it has been mentioned, the number of suspects is always lower than the number of offences because a single criminal might have committed more than one offence. In 2010, the number of suspects under the Act on counteracting drug addiction stood at 26 865. The highest drug-related crime suspect rate was recorded in mazowieckie province (5.2%, n=4 678) followed by the provinces of dolnoslaskie and slaskie. The lowest number was recorded in podkarpackie provinces (n=544) preceded by the provinces of swietokrzyskie and podlaskie. The situation changes if we apply the rate the per 100 000 population. The ranking is topped by lubuskie province (125) followed by dolnoslaskie province and then zachodniopomorskie province. The lowest rates are recorded in podkarpackie province (26), malopolskie (43) and swietokrzyskie (50).

Figure 9.1.5. Total of suspects under the Act of 2005 on counteracting drug addiction in 2010, by province



Source: Police Headquarters.

Figure 9.1.6. Suspects under the Act of 2005 on counteracting drug addiction in 2010, by province (per 100 000 population); Poland's average rate: 70



Source: Malczewski 2011j

- **Drug law offences - Convictions**

Criminal cases for violating the Act are heard by district courts (sądy rejonowe) corresponding to the place of committing the crime. Data concerning final custodial sentences as well as convicts conditionally and unconditionally sentenced to deprivation of liberty between 1989 and 2009 are presented in Table 9.2.1. The data were collated by the Ministry of Justice. It is difficult to compare them to the Police statistics as the suspect against whom criminal proceedings had been brought might have been sentenced a few years later.

Analyzing the latest data available it must be noted that in 2009 there was a slight fall in the number of the convictions under the Act. The highest number of convicts was recorded in 2007 (20 801).

Out of all convicts sentenced to imprisonment, the percentage of those sentenced under the Act decreased to 4.8%. The total of convicts sentenced to deprivation of liberty in 2009 stood at 14 739 out of whom 85% received conditional sentences. Comparing the 2008 and 2009 data we notice a fall in the number of convicts sentenced to imprisonment under the Act. Figure 9.1.7 shows the numbers of convicts who were given conditional and unconditional imprisonment sentences.

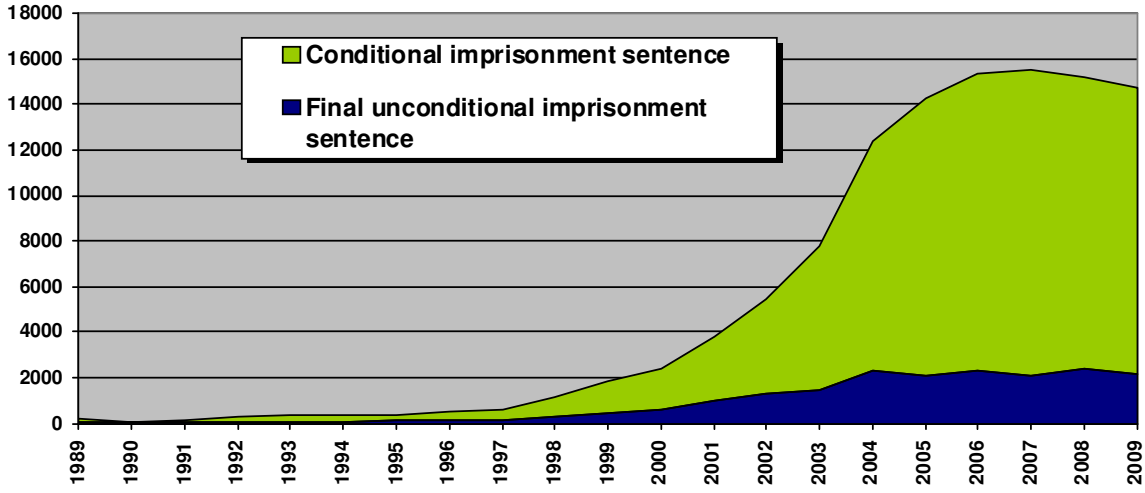
Table 9.1.1. Convicts finally sentenced to imprisonment in total and under Acts of 1997 and 2005 on counteracting drug addiction and Act of 1985 on drug prevention, between 1990 and 2009, by conditional and unconditional sentence

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	Unconditional sentence	Conditional 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
2008	421051	20631	4.90	15165	2390	12775
2009	415272	20024	4.80	14739	2188	12551

Source: Ministry of Justice

Figure 9.1.7. Final conditional and unconditional imprisonment sentences under Acts of 1997 and 2005 on counteracting drug addiction in 1989-2009

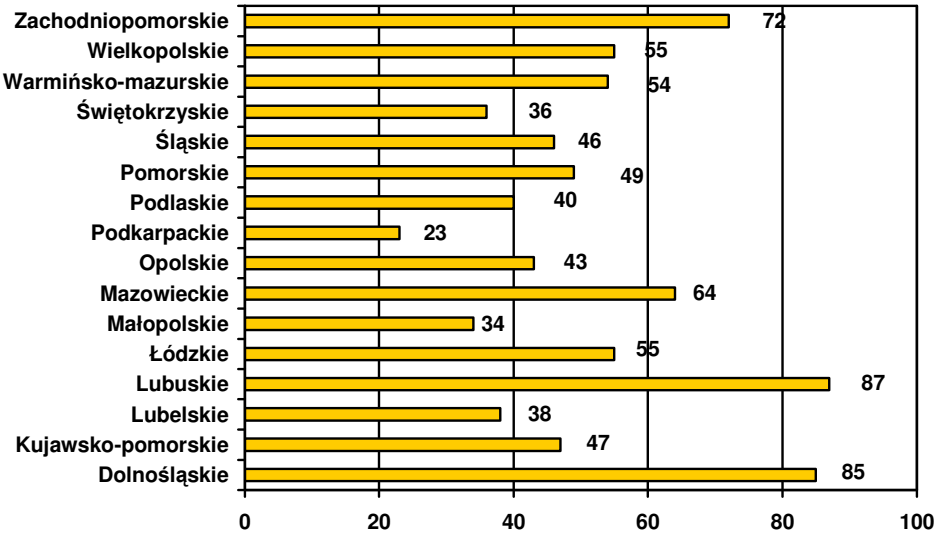


Source: Ministry of Justice

Analyzing the geographical variations one must note the highest numbers (over 2 000) of final sentences in the provinces of mazowieckie, dolnoslaskie and slaskie.

In order to compare the data have been converted to rates per 100 thousand population. The highest rates were recorded in the provinces of lubuskie, dolnoslaskie and zachodniopomorskie – over 70 convicts per 100 000 inhabitants. The lowest rates were recorded in the provinces of podkarpackie, malopolskie and swietokrzyskie – below 40 cases.

Figure 9.1.8. Final sentence rates in 2009 under the Act on counteracting drug addiction, by province (Poland's average - 52)



Source: Ministry of Justice

9.3. Interventions in the criminal justice system

- **Alternatives to prison**

Information was provided in Chapter 1 point 1.1.

- **Other interventions in the criminal justice system**

The Health Office of the Central Management Board of Prison Service in collaboration with the National Bureau for Drug Prevention conducted a certifying training for the prison methadone programme staff, including doctors, nurses and WSZ counsellors:

1 aims of drug-related harm reduction,

1 discussion of substance use and related health consequences,

1 harm reduction and substitution treatment,

1 principles of substitution treatment, its effectiveness and cooperation of prison programmes with civil centres,

1 related legislation.

Moreover, the Penitentiary Bureau conducted 5 trainings for counsellors at correctional wards and diagnostic centres (total of 240 participants) in the field of short-term intervention towards inmates abusing psychoactive substances. The training was part of the short-term

intervention programme in correctional settings. The training programme covered identification and assessment of substance abuse, providing feedback to inmates, discussing change and setting goals.

The 2010 programme of drug demand reduction trainings in prisons covered the following issues:

1. existing legislation,
2. presentation of drug-related threats: health, family, existential and social issues, law-breaking,
3. presentation of the risk and problems related to HIV, HBV, HCV among injecting drug users,
4. crime and addictions,
5. psycho-educational classes for drug-related inmates: assistance in making constructive choices, mechanism of developing addiction, motivation to overcome addiction,
6. drug testing methods, defining groups of inmates vulnerable to drug use,
7. rudiments of abstinence and drug prevention,
8. substitution programmes,
9. promoting healthy lifestyle – increasing responsibility for one's life,
10. rules of conduct in case of finding drugs in a remand centre or prison,
11. acquiring and improving skills among prison staff in recognizing drugs, drug smuggling methods and identifying behaviours under the influence of drugs.

Table 9.3.1. Profile of patients in prison drug-free therapeutic wards in 2010

TOTALS OF PATIENTS IN PRISON DRUG-FREE THERAPEUTIC WARDS IN 2010	
Women in treatment	110
Men in treatment	1558
Dual diagnosis patients	267
Lifetime injecting drug users	336 (28.9%)
HIV/AIDS patients	60 (4.4%)
First-time patients of prison therapeutic wards	673 (58%)

Table 9.3.2. Profile of patients in prison drug-free therapeutic wards in 2010, according to ICD-10

Totals of patients in prison drug-free therapeutic wards in 2010, according to type of addiction (ICD-10)	
F-11 patients	234
F-12 patients	127
F-13 patients	15
F-14 patients	10
F-15 patients	298
F-16 patients	4
F-18 patients	14
F-19 patients	453

Short-term interventions:

At present, the Prison Service is extending its drug rehabilitation offer by short-term therapy and short-term intervention. In 2010, there were 1 336 short-term interventions conducted in 109 penitentiaries by prison counsellors among inmates abusing psychoactive substances.

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

- **Drug treatment (including substitution treatment)**

Similarly to 2009, abstinence-based programmes were conducted in 16 therapeutic wards. Out of 1 658 inmates as many as 94% were men (1 554). Compared to non-prison treatment, prison patients differ in terms of the substance they are addicted to. The most numerous group is stimulant users (26%). To compare, in non-prison outpatient drug-free treatment this figure stands at 6%. Both in prison and non-prison settings the most numerous group is made up by patients addicted to more than one substance (39% in prisons and 63% outside prisons).

Moreover, in 2010 in 22 prison therapeutic wards for inmates with non-psychotic mental disorders or mentally disabled inmates there were 267 patients with dual diagnosis (mental disorders and addiction to psychoactive substances other than alcohol).

In 7 substitution treatment programmes conducted in 22 correctional settings there were 144 patients in 2010. In the reporting year, two new wards in Potulice Prison and Szczecin Remand Centre were opened (Central management Board of prison Service, 2011).

- **Drug prevention and harm reduction**

In Polish penal institutions there are no typical harm reduction programmes such as needle and syringe exchange. Officially, in Polish penal institutions there is no access to drugs. Consequently, there is no access to the injecting equipment. However, there are non-governmental organizations which, upon approval of the management of penal institutions, may enter the premises and conduct educational harm reduction programmes for psychoactive substance users. In 2010, the National Bureau co-financed 2 such programmes: one conducted by the Monar Association at Czestochowa 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 225 participants. The programmes featured individual consultations, motivating for behaviour change, informative and educational classes in harm reduction, support groups and group sessions for patients of in-prison treatment wards. Moreover, there was cooperation with families of inmates, prosecutors, courts and personnel of penal institutions (Centre for Prevention and Social Education "Parasol" & Mrugasiewicz, Monar Association – Czestochowa branch, personal communication).

- **Prevention, treatment and care in 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. In 2010, antiretroviral treatment was provided for 209 inmates, including 123 with intravenous route of infection. 11 inmates declared they had contracted HIV through drugs and sex.

The Health Office of the Central Management Board of Prison Service does not have data on the number of HIV, HCV, HBV and TB tests performed or the number of inmates diagnosed with drug-related infectious diseases. It is known that there were 4 285 HIV lab analyses or tests. Tests proved positive in 179 cases, including 52 new cases. Moreover, in the reporting year, laboratory tests were carried out to detect HBV (7 708) and HCV (8 339). TB was detected in 882 inmates (Grażyna Krupska, 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: Profile of patients in treatment, Sub-section: Drug treatment in penal institutions.

- **Overdose prevention after release from prison**

In Polish penal institutions no such activity is performed.
See also Section "Drug prevention and harm reduction".

9.6. Reintegration of drug users after release from prison

In Polish penal institutions drug addicts along with other inmates participate in vocational training programmes. In the Polish prison system there are no statistics on the numbers of drug treatment graduates who were included in prison-based social reintegration programmes. It is known that most inmates who complete drug treatment are included in social reintegration programmes and many participants of social reintegration programmes are drug treatment graduates.

In social reintegration of inmates post-correctional assistance is of key importance. There have been noticeable quality changes in the distribution of Post-correctional Assistance Fund, especially in the active forms of assistance. Approx. 60% of the overall costs of the assistance are earmarked each year for the implementation of tasks of raising social reintegration effectiveness in inmates released from prison. The resources were used to conduct specialist social rehabilitation programmes intended to improve legal competence of inmates, promote employment, vocational activity, prevention and treatment. Moreover, prisons obtained EU structural funds and implemented programmes to raise the effectiveness of institutions dealing with the labour market, social policy and social security, improve vocational activity of disadvantaged or excluded groups on the job market, prevent further social disruption in inmates and teach them coping skills. These programmes are expected to help inmates re-enter society smoothly.

The network of prison schools provides inmates, including minors under statutory obligation to learn, with an opportunity to pursue education. In 2010, there were 9 prison centres of ongoing education and 9 prison school groups. Education is provided at 5 levels: primary, middle, vocational, secondary and post-secondary. An important element of education is vocational training provided in vocational schools. Education focuses on jobs that inmates are likely to perform after release from the correctional facility. They are mainly service jobs popular on the job market such as short order cooks, painters, wallpaperers, wall tilers, floor tilers and many such like. Industrial jobs include mechanics, assemblers of machinery and devices, mechanical fitters, shoemakers and electromechanical technicians.

The educational offer for inmates is supplemented by local market-specific training courses organized by penal institutions. They are mainly addressed to inmates completing their sentences in order to increase their chance of finding paid employment upon release from prison and prevent them from returning to crime. In 1 177 training courses organized in 2010 included 13 291 inmates.

Each year prison authorities conduct a number of social rehabilitation programmes aimed at reducing recidivism rates. In 2010, 1 302 such programmes were organized for the total number of 30 632 inmates, including:

- drug prevention programmes,

- programmes for inmates sentenced under Article 207 of the Penal Code;
- aggression management programmes
- other aggression prevention programmes,
- vocational training programmes
- Employment Clubs.

10. Availability of drugs

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 performed not only by the Border Guard officers. This way, by using the Police and the Border Guard data, the total quantity of all drugs seized in Poland is estimated. Data are annually reported to the Information Centre for Drugs and Drug Addiction under the task of reporting the implementation of the National Drug Strategy, annual questionnaires for the UNODC and EMCDDA. The Police do not collect data on the number of drug seizures. 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.

10.1. Availability and supply

In the course of surveys conducted since 1994, final grade students of post-middle schools are asked about drug availability. The research methodology was presented in Chapter 2 of the National Report. The survey findings are used to monitor the illegal trade in drugs and improve the operation of drug enforcement services. When asked youth list places where they can get drugs, whether they are offered to buy drugs at school and whether it is difficult to obtain respective psychoactive substances.

In 1994 every fifth respondent (22%) knew from whom and where to buy drugs whereas in 2003 it was almost every second (45%). Moreover, in 2003 every fourth respondent did not know where drugs were offered, which means that 75% declared that they knew places where they were available or it was easy to find out about these places. Since that time, there has been a fall in the proportion of students who knew places where drugs were available. In 2008, however, there was a rise (to 40%) in the proportion of students unaware of illegal drug distribution settings. In 2010, this proportion held steady at 38%. Boys consider it easier to get drugs than girls. Moreover, the bigger the town, the lower the proportion of students who do not know where to get drugs. It must be stressed that the respondents' answers can be influenced by a number of factors including the media reports of police operations against drug-related crime, especially crackdowns on drug dealing settings. A more useful descriptor of illegal drug market in terms of drug availability is the question about drug purchase offers.

Since 1994, there has been a steady rise in the number of students offered to buy drugs. The highest rate was reached in 2003, when almost a half of the respondents (49%) were offered to buy drugs. Since then the proportion of students offered to buy drugs has been falling. The proportion of students who have been presented with such offers halved from 14% in 2003 to 6% in 2010. It looks as if the last measurement indicated that the proportion of students frequently offered to buy drugs is holding steady. There has been a steady fall in the proportion of adolescents presented with multiple offers (from 26% in 2003 to 21% in 2008 and 18% in 2010).

It must be stressed that in 2010, 67% of the respondents declared that they had never been offered to buy drugs. Boys were offered to buy drugs more frequently (40%) than girls (25%).

The students who had been offered to buy drugs were also asked to list the substances. In the past year prior to survey the highest proportion of students had been offered to buy alcoholic beverages, especially beer (92%). It is worth reminding that the survey respondents were predominantly adult and only 3.5% of them were 17 years old. In the case of beer and vodka purchase offers the proportions of boys and girls are similar. 93% of boys and 91% of girls had been offered to buy beer and 88% of boys and 86% of girls had been offered to buy vodka. Wine was more frequently offered to girls (75%) than boys (55%). Alcohol was followed by cannabis. In 2010 every third respondent (34%) was offered to buy cannabis (31% in 2008). This substance was more frequently offered to boys (39%) than girls (28%). 16% of the respondents had been offered to buy legal highs (19% of boys and 16% of girls).

It must be stressed that in 2010 there was a threefold increase in the proportion of respondents who had been offered legal highs (from 5% in 2008 to 16% in 2010). Every eleventh respondent had been offered to buy amphetamines (9%, 11% in 2008). Boys (10%) had been offered amphetamines more frequently than girls (8%).

Since 1996 the students have also been asked about drug dealing on the school premises. Between that time and 2003, every third student gave negative answers when asked if drugs could be purchased at school. In 2008, this proportion reached 50% and in 2010 it was over 50%. The proportion of positive answers, following a decrease recorded two years ago from 26% to 10%, stood at 9% in 2010. At present, the following percentages of students are aware of drug dealing at school: 13% at vocational schools (14% in 2008), 11% at technical secondary schools (13% in 2008), 8% at specialised technical and vocational secondary schools of general education (11% in 2008) and 6% at secondary schools of general education (4% in 2008). In the last two surveys of 2008 and 2010, students were asked to assess how difficult it is to obtain psychoactive substances. Adolescents, who to a large extent are adult, do not consider it hard to obtain legal psychoactive substances such as cigarettes, beer, wine and vodka (94%-95%). Almost half of the students (48%, 45% in 2008) consider it easy to get cannabis. The highest increase was recorded in legal highs. If

in 2008 16% of students consider access to legal highs easy, in 2010 this proportion rose to 36%. In 2008 legal highs outlets were only emerging. In 2010, there were over 1 400 of them across the country. Similarly to 2008, the substances which were the hardest to obtain included DXM, diviner's sage and poppers as only very few students consider it easy to get hold of them (Malczewski 2011i).

- **Trafficking patterns and production**

Major drug trafficking routes go through the Polish territory. Drugs are transited or they are directly exported from Poland to the Western European market. Removing borders upon Poland's accession to the Schengen area made trafficking in Polish amphetamine to Western Europe easier. Moreover, high economic migration of Polish citizens to the United Kingdom and Ireland is used by crime syndicates for amphetamine trafficking. Polish amphetamine reaches such countries as Germany, France, Sweden, the United Kingdom and Ireland. Drugs, especially amphetamine, are smuggled to Scandinavian countries by sea from Polish ports. They are hidden in commercial vehicles or special passenger car compartments. To streamline drug trafficking, crime syndicates place their residents in Scandinavian countries. Apart from being smuggled in cars or lorries, amphetamine is trafficked to Western Europe by train. The drug is also smuggled in liquid form. In 2010, the Police seized 1 679 ml of liquid amphetamine. Shipment and post agencies are used to smuggle amphetamine to the USA and Australia. Cocaine is trafficked from South America to Poland by sea e.g. in containers. It is also shipped by air. Citizens of Poland and other countries are also used as cocaine couriers. By swallowing specially prepared cocaine capsules they can smuggle even up to 1kg of the drug. Cocaine is also trafficked to Poland by air in luggage-based hidden compartments. Heroin, mainly from Afghanistan, is trafficked to Poland by the Balkan route (Turkey-Bulgaria-Romania-Hungary) or the silk route (former Soviet Union republics). From Poland heroin is trafficked to Germany and the United Kingdom. Ecstasy is smuggled from Poland to the Netherlands and Belgium. In turn, from the Netherlands cannabis is trafficked to Poland (Raczkowski 2009, pp. 116-118). In recent years a rise in the domestic cannabis crops by crime syndicates has been recorded. Cannabis plantations are mainly in the hands of the Vietnamese nationals. Moreover, cannabis is grown at home for personal use. It may be concluded that cannabis on the Polish market is increasingly originating from domestic production.

Domestic manufacture of heroin was substantially reduced by the introduction of low morphine poppy. However, to a large extent, heroin comes from trafficking. The domestic manufacture is evidenced by poppy straw and 'kompot' seizures. This Polish homemade type of heroin is manufactured exclusively in Poland. Amphetamine available on the Polish

market comes from Polish clandestine labs. However, ecstasy containing MDMA, MDE, and MDEA is unlikely to originate in Poland and reach the Polish market from other 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 across 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 drug seizure quantities and the considerable role of the random factor, the trend analysis is seriously hampered. It must be remembered that certain quantities of drugs seized by Polish services were destined for foreign markets. In 2010, there was a rise in hashish seizures and a record quantity of marijuana was seized. In the case of amphetamines, ecstasy and LSD, higher quantities were seized compared to 2009. There was a fall in cocaine and heroin seizures with heroin figures falling considerably. In 2009, there were far more amphetamine seizures compared to 2010.

Table 10.2.4. Drug seizures in Poland in 2002–2010

Illegal drug	2002	2003	2004	2005	2006	2007	2008	2009	2010
Hashish (kg)	794.516	46.568	41.495	19.292	35.401	33.128	114.681	17.142	85.445
Marijuana (kg)		233.164	232.646	227.124	401.659	352.934	492.725	883.053	1501.801
Heroin (kg)	585.705	6.913	255.214	41.151	155.401	123.623	78.915	85.873	24.871
Cocaine (kg)	423.48	800.558	28.029	16.871	21.932	160.981	28.710	117.491	111.084
Amphetamines (kg)	172.588	203.299	242.034	344.578	333.038	423.65	356.196	421.65	534.299
Methamphetamine (kg)	-	-	-	-	0.163	5.712	0.124	10.069	1.234
Ecstasy (tablets)	64452	102520	272198	492531	145344	610383	651 985	218616	26984
LSD (blotters)	797	20602	34288	2226	1453	327	353	642	1353

Source: National Bureau for Drug Prevention

A number of anti-drug measures were taken by the Police Headquarters, Border Guard Headquarters and the Military Health Service Inspectorate. The year 2010 was another year of the functioning of drug enforcement structures in the Police criminal department, where a

number of extending changes were made. Towards the end of 2010 there were 16 Drug Enforcement Divisions. 15 of them operated within Municipal Police Headquarters and 1 in Warsaw Metropolitan Police Headquarters.

Moreover, the organizational changes of the Provincial Police Headquarters in Poznan were prepared to establish the Drug Enforcement Division as of 1 February 2011. The total of drug enforcement vacancies available at the end of 2010 stood at 1 139. 3 052 suspects were taken into custody on drug dealing charges in 2010 (2 998 in 2009). 16 clandestine laboratories manufacturing synthetic drugs were seized, which is two times as high as in the previous year. 304 amphetamine profiles were conducted (190 in 2009). 53 illegal high-morphine poppy plantations of the total area of 34 278.44 m^2 were detected (99 in 2009). 583 illegal cannabis plantations of the total area of 24 415.69 and several other illegal plantations of other psychoactive plants were seized. In the course of combating retail trade in drugs the Police Headquarters seized the following quantities of illegal drugs:

Table 10.2.2. Police seizures in 2009 and 2010 –Police Headquarters data under the implementation of the National Drug Strategy

TYPE OF SUBSTANCE	2009	2010
Poppy straw	995.85 kg	480.09 kg
„Polish heroin"	4 295 cm^3	2 206 cm^3
Magic mushrooms	4 404,3 g	1 501,91 g and130 pieces
Liquid amphetamine	417.4 ml	1679.1 ml
BZP	5 tablets	1 512 g and 13 tablets
BMK	74 litres	91 litres
Diviner's sage	1 800 g and 7 plants	-
JWH (synthetic cannabinoids)	-	1 596,6 gram and 11 621 packets

Source: Information on KPPN implementation – Police Headquarters

Seizures of illegal marijuana plantations are recorded by services combating illegal drug markets. Most plantations are detected by the Police. Police data for 2006-2010 on illegal marijuana plantations seized in the course combating drug dealing presented in Figure 11 are reported in the course of the implementation of the National Drug Strategy. The highest number of marijuana plantations was recorded in 2010 – 422 (area of 31 246 m^2). In 2009, the highest number of seized marijuana plants was recorded (97 928), however in 2010 this number fell to 68 584.

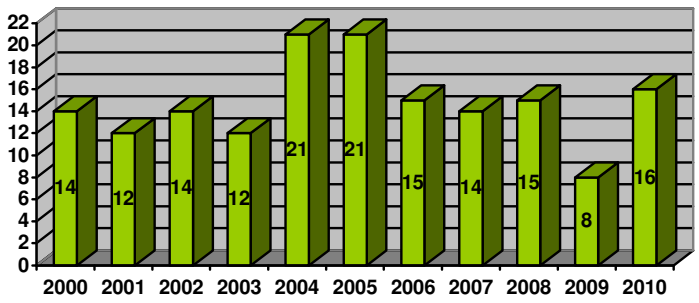
Table 10.2.3 Marijuana plantation seizures by Police in 2006 – 2010 – Police headquarters data

	NUMBER OF DETECTED PLANTATIONS	AREA OF DETECTED PLANTATIONS (M^2)	NUMBER OF DETECTED MARIJUANA PLANTS
2006	10	n/a	5899
2007	128	7408	23900
2008	123	18435	16335
2009	422	31246	97928
2010	583	34 278	68 584

Source: Information on KPPN implementation – Police Headquarters

Amphetamine in Poland is most frequently manufactured through the Leuckart method. The manufacturing process and distribution of the drug is handled by organized crime syndicates, which establish, equip and supply clandestine laboratories. The Police record various modi operandi of criminal groups, which started to share the respective amphetamine manufacturing stages. Consequently, the stages take place in various locations. Moreover, there is greater self-control and secrecy in order to prevent detection by the Police. In recent years no manufacturing of MDMA, MDA or MDEA has been revealed. However, tableting machines are confiscated. They are most likely used to produce tablets containing amphetamine, PMMA or methamphetamine (Raczkowski 2009, pp. 113-114).

Figure 10.2.1. Number of clandestine laboratories seized in 2000–2010 – Police Headquarters data



Source: Information on KPPN implementation – Police Headquarters

10.3. Price/purity

Data on prices of drugs are recorded by the Police. According to Polish standards, the value of drugs secured does not need to be reported to the prosecutor's offices or courts. Consequently, drug prices are not significant from the perspective of the proceedings or trial. The information on the value of drug seizures is often reported by the media. Thanks to such information it is easier for the public to imagine what loss has been incurred by the criminal world as result of the Police actions. The information on seizing PLN 90 000 worth of drugs is more suggestive than the information on seizing 3kg of marijuana. Therefore, drug prices are collected mainly for the purposes of international reporting. Analyzing drug prices it is worth noting that the price of a drug is affected by a number of factors e.g. geographical location, drug purity, intensity of police actions and the international situation. The Police do not collect data on retail drug prices according to the EMCDDA definition. There is only information on minimum and maximum price. Data on drug prices are also collected under surveys of drug users conducted by the Information Centre for Drugs and Drug Addiction (CINN). In 2008 and 2010, the national survey of low threshold programme clients was conducted in all such facilities in Poland. In the course of questionnaire interviews, the users were asked about the amount of the latest drug purchase they had made. Based on that information a mean, modal and median price was calculated. The preliminary findings were consulted with low threshold programmes in order to remove odd values e.g. instead of reporting the price of a gram of heroin a user reported the price of a quarter of the gram. In 2010, compared to 2008, there was a rise in mean and modal prices of drugs. The exception was ecstasy, whose prices fell. The price of LSD should be handled with care due to the low number of observations.

Table 10.3.1. Retail prices of drugs on the illegal market in 2008 and 2010 (in EUR)

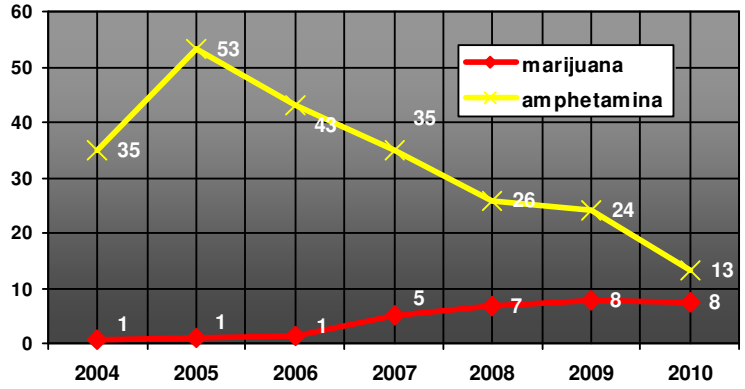
	HASHISH (GRAM)		MARIJUANA (GRAM)		HEROIN (GRAM)		COCAINE (GRAM)		AMPHETAMINES (GRAM)		ECSTASY (TABLETS)		LSD (DOSE)	
Year	2008	2010	2008	2010	2008	2010	2008	2010	2008	2010	2008	2010	2008	2010
Sample size	167	31	285	171	223	64	174	42	455	250	85	46	85	5
Minimum	4,6	5	3,5	3,8	22,1	25	23,2	25	3,5	5	1,2	1	1,2	3,8
Maximum	11,6	12,5	8,1	10	81,4	100	69,8	65	12,8	25	7	5	11,6	11,3
Mean	6,6	8,2	5,4	6,5	36,9	43,2	37,4	45,1	7,3	9,7	3,4	2	5,1	7
Median	-	7,5	-	7,5	-	40	-	50	-	10	--	1,5	-	7,5
Modal	7	7,5	4,7	7,5	28	40	34,9	50	9,3	10	4,6	1,3	7	7,5

Source: In-house calculations based on data from survey of low threshold programme clients

- **Purity/potency of illicit drugs**

Based on the Police data and qualitative research conducted among 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 10.2 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 cocaine. 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 marijuana in Poland is similar to Western Europe. According to EMCDDA data the concentration of THC in marijuana in western European countries ranges from 6 to 8% (King, 2004). The 2010 data show that the average concentration of THC in Polish marijuana stood at 8% and remained at the same level as in 2009. Since 2007, apart from the minimum and maximum purity of drugs, we have had the modal value i.e. the most prevalent. In 2010, it was 5% for marijuana and 12% for amphetamine.

Figure 10.3.1. Drug purity and THC concentration in marijuana on the illegal market in 2004–2010 (%) – data of Central Forensic Science Laboratory



Source: Data of Central Forensic Laboratory processed by CINN

Part B: Selected Issue

11. Drug-related health policies and services in prison

Author: Kajetan Dubiel

1. Prison systems and prison population: contextual information.

Polish prison system faced the drug problem in the 1970s, which was a reflection of the hippy subculture, which promoted the use of mood altering substances as the way to develop and undergo initiation rites. Since these substances were only available through controlled distribution of pharmaceuticals, the most prevalent offence committed by drug addicts was prescription forging and pharmacy theft.

Up to that time, the most prevalent substances used in prison included tobacco, alcohol (obtained or manufactured illegally) and tea.

Based on the analyses conducted by prison cell control and search departments it can be concluded that the custom of consumption of strong tea (czaj or parzęcha) started to cease at the beginning of the 1990s and now it is only occasionally observed by old recidivists with absolute no interest on the part of young prisoners. A question can be asked whether it happened due to easy access to tea, which ceased to be a controlled commodity in prison, or as a result of the availability of many new substances?

The first surveys of drug use prevalence in Polish prisons were conducted in 1981 and 1984. Consequently, the number of narcotic and psychotropic drug users was estimated at 180 and 454 respectively[14] with the total prison populations of 83 455 and 83 385. The survey resulted in the establishment of the first drug treatment ward for prisoners at Warszawa Mokotów Remand Centre.

The first representative epidemiological study of drug use prevalence in the prison population (excluding alcohol) was conducted in 1987. Anonymous random surveys were conducted in 18 prisons and remand centres among 2 100 inmates, including 300 women. This number of the study participants accounted for 2% of the total number of 96 438 prison population[15].

13% of inmates admitted to using drugs prior to imprisonment, including 23.5% of juvenile delinquents (aged 21 and younger), 13% of recidivists, 5.5% of adult recidivists and 11% of temporarily arrested individuals. It can be concluded that over 10 000 inmates had used narcotic drugs. The highest number was recorded in the group of juveniles, which is no wonder as an equally high rate in this group is recorded outside prison. It is odd that a high

[14] Kolarczyk, T. (1988). Skazani używających środków odurzających lub psychotropowych, psychotropowych. W: Rozwój penitencjarystyki w PRL, Warsaw.

[15] Skubis, L. Wyniki badań nad zjawiskiem odurzania się przez osoby osadzone w aresztach śledczych i zakładach karnych. W: Postępowanie …, op. cit..

prevalence rate was recorded among recidivists. However, one must remember that most of them were relatively young and falls within the age category of under 30. Moreover, in the 1980s problems with alcohol availability caused that many alcoholics started experimenting with psychotropic drugs and new consumption patterns emerged e.g. alcohol and Valium.
2.5 thousand users in this group were considered chronic drug users who required treatment. Nearly a fifth of them were placed in the existing drug treatment centres at the time. It must be remembered that at that time the drug dependent population was estimated at 30-40 thousand while 6 thousand remained in treatment, which is also 15-20%
The most prevalent drugs in the study group included:

- all types of inhalants 43.5% (glues, varnishes. solvents),
- Polish homemade heroin 31 %,
- barbiturates, prescription drugs 26%,
- a relatively small rate of cannabis 7%,
- hallucinogenic drugs 2%,
- cocaine 1%.

Over 25% were polydrug users who combined opiates with prescription drugs, alcohol, strong tea, solvents depending on their availability.
At that time the prison personnel was oriented towards drug dependent inmates who entered prison with withdrawal symptoms and required rehabilitation and treatment. A far more numerous group of occasional drug users or potential user was slipped attention. It was due to personnel deficits and relatively poor knowledge of drug addiction except alcoholism. Only a third of inmates had ever been asked by the personnel about the use of narcotic drugs during or before imprisonment. It was the consequence of the approach that a drug user was a person who reports this fact . For the next 10 years, the number of drug addicts in prison was understood by the number of inmates treated in 10 prison therapeutic wards. The number stood at 400 annually. It was characteristic that despite the average time limit of 10 months inmates often exceeded it and some stayed there even 18 months and longer. Their stay might have been equal to a prison sentence rather than therapy.
In 2001, the Institute of Psychiatry and Neurology implemented a survey programme sponsored by the State Committee for Scientific Research into the prevalence of drug problems in prisons and remand centres and the monitoring of drug services in the prison system.
The survey was conducted in a representative sample of 1 186 male inmates of correctional facilities and remand centres across the country.

An increase in the number of drug dependent users recorded in Poland in the past 25 years is also reflected in prisons and remand centres. If in 1978 0.5% of inmates reported lifetime use of drugs then in 1985 this rate rose to over 4% and in 2003 to 20%.

The survey results led to the following conclusions:

- among inmates of penal institutions there were 20% of occasional drug users prior to deprivation of liberty. In the age group 17-24 this rate slight exceeded 30%,
- the highest number of occasional drug users prior to imprisonment were recorded among inmates 24 and younger, school adolescents, students, unemployed and big city residents, sentenced repeatedly to prison for committing drug-related crimes. A sociodemographic profile of a prison occasional drug user does not differ from a user profile in the general population,
- the most prevalent drug prior to imprisonment was cannabis (38.7%) and amphetamines (36.0%) similarly to the rates for young people in the general population. However, there are higher prevalence rates for the use of stimulants such ecstasy or cocaine,
- drug consumption prior to imprisonment resulted in the arrival of multiple social problems such as brawling, stealing followed by police arrest. It was the cause of a number of problems at school and work. The distribution differs from the one recorded in the other target populations where using drugs does not lead to criminal behaviour. Violating public order rules is common among inmates and drugs are just another factor that contribute to such behaviour,
- the scale of drug use in prison is high. 22% of inmates had such experiences. Among inmates aged 20-24 this rate exceeds 33%. The inmates who committed a drug-related offence are 2.5 times more likely to use drugs in prison than the other inmates ,
- the most prevalent substances in correctional facilities and remand centres include hypnotics and sedatives used without doctor's prescription (25.6%), cannabis (21.3%) and amphetamines (15.6%). Then comes LSD and other hallucinogens (5.1%), cocaine (5%) and ecstasy (4.7%). Comparing drug use patterns at liberty and then in prison, a dominant role of cannabis and amphetamines is observed regardless of the respondent's place of residence. Similarly to the state prior to imprisonment, inmates get more attracted to stimulants such as amphetamines, cocaine and ecstasy, compared to the other groups. The most significant difference is a far higher prevalence rate for sedatives and hypnotics in prison. Pharmaceuticals are easier to get e.g. prescribed by a doctor or obtained form a health care employee by deception ("Nurse, I've got a headache") and then stashed for trade purposes. Using these substances practically does not entail any health consequences so they are safe in this respect.

- injecting drug use was confirmed by 3.3% of inmate including 1% who shared needles and syringes, which might have serious epidemiological consequences,
- using drugs in prison is related to young age and practically does not concern inmates over 40, with previous criminal record, residing in a particularly big city, and long-term imprisonment. As the majority of inmates meet the criteria (aged 35 and younger, city inhabitants with previous criminal record) we can conclude that most inmates are potential drug users. A precondition is the possession of sufficient funds to buy drugs,
- based on their own experiences and the situation analysis inmates believe that drugs are available in prisons and to a much wider extent than alcohol, which is prohibited too. The percentage of inmates who considered drugs easily or very easily available stood at 28.6% for amphetamines, 26.8% for cannabis, 20.6% for LSD, 18.3% for ecstasy, 15.3% for cocaine, 14.3% for vodka, and 12.6% for heroin. This availability perception rate stood at 38.5% for hypnotics and sedatives and at 24.7% for anabolic steroids.

In the first quarter of 2006 the German biotechnology company Profos AG in collaboration with the Central Management Board of Prison Service conducted a research project into drug demand and the phenomenon assessment of inmates and Prison Service personnel in three penitentiaries of western Poland.

The project featured:
- urine drug tests in a randomly selected group of inmates,
- anonymous surveys in prison staff and inmates.

32% of inmates assessed drug use in prison as quite high, 8% as very high and 29% concluded that the problem does not exist or is insignificant (31%).

However, only 1% of the prison staff negated the existence of drug problem in prison. 53% assessed it as quite serious and 5% as very serious.

Generally, the drug problem was considered more serious in open and half-open prisons. Directors of the study units admitted that they were aware of the presence of drugs, however, they did not have information on the scale of the phenomenon.

Inmates regarded the access to drugs as easy (32%), difficult (42%). 26% stated that the drug problem did not exist and 28% reported using drugs prior to imprisonment.

The most prevalent drugs in prison were cannabis and amphetamines. 34% of inmates considered cannabis and amphetamine prevalence as high or very high. Prevalence rates for anabolic steroids were also alarmingly high – 23%. The rates for MDMA/Ecstasy and heroin stood at 18% and 12% respectively.

The prison officers, similarly to the previously high rates, regarded cannabis availability as wide or very wide (54%), followed by amphetamines (42%), anabolic steroids (38%), ecstasy (14%) and heroin (10%).

Out of the total of 602 tests 46 were positive. 2 inmates refused to take the test, which brings the total to 48 i.e. 8% of the target population. The most frequently detected substances included cannabis, amphetamines, benzodiazepines and opioids.

An interesting side effect of such research was a decrease in drug prices by approx. 75%, which was interpreted as a fall in demand caused by the fear of getting caught using drugs. It is surprising because at liberty any effort to tighten the drug enforcement policy by intensifying police action results in an increase in drug prices on the illegal market. While analyzing the drug phenomenon among prisoners one must consider its broader cultural context and rapid changes that have been taking place in this field in recent years. Contrary to common belief, penal institutions are not isolated from the rest of the world and the internal social activities reflect the social world from outside the wall. The difference is that in the prison environment all these processes are intensified in terms of expression and intensity.

One must also remember that prisoners are mainly young and they have a different attitude towards psychoactive substances than the older generation. Young people use drugs mainly to alter the state of mind and improve mood. They realize the risk related to the addiction, however, they ignore the legal status of drugs, their prohibition and low level of acceptance in our society. Young people approach drugs rationally and consider both the advantages and possible risks. Depending on the outcome of such considerations and the situational context they make choices whether and when to use or not to use drugs. Among the external circumstances there is a great role of fashion that makes less introspective individuals use psychoactive substances.

Young people fail to consider the ethical factors which are decisive in the perception of drugs by adults[16]. Adult individuals, especially opinion-making teachers and educators, consider drugs inherently evil regardless of their health consequences. Young people treat drugs, at least some of them, as part of everyday life, similarly to other substances such as alcohol or tobacco. However, adults locate drugs in the sphere of social pathology and refuse to change their approach. Cultural alienation, poor knowledge and anxiety caused by drugs make it difficult for adults to have a rational discussion in this respect with the youth and consequently, performing adequate preventive action.

One might ask question whether the higher prevalence rates for substances which change mood instantly is not an element of the so-called postmodern era in which we are living. It is typical of a constant sense of threats, regardless of our will and physical activity, such as diseases, weather anomalies, road accidents or world terrorism. These incidents and their consequences are beyond our control. They cannot be controlled by experts or even whole organizations either. It results in the state of intransparency, relativity and insecurity of social

[16] Sierosławski, J. (2000). Substancje psychoaktywne. Problemy narkomanii, Biuletyn No 2/2000.

existence of a contemporary man. Life in this age, which was called risk society by Ulrich Beck, results in various human approaches to permanent stress caused by constant risk and uncertainty. One of them is cynical pessimism along with the sense of imminent threats which will sooner or later affect us. Hence the urge to shorten life, cherish the moment, indulge in hedonistic pleasures such as using drugs[17].

Prisoners sentenced under Act on counteracting drug addiction in 2010

In 2010, pursuant to the Act of 1997 on counteracting drug addiction and the Act of 2005 on counteracting drugs addiction the following 2 964 custodial sentences were passed:

Possession of drugs	1 350
Trade	686
Contraband	396
Manufacture	263
Distribution	209
Cultivation	33
Intended smuggle or trade	15

Smuggling of narcotic drugs and psychotropic substances into prisons

According to the provision in the Executive Penal Code, Prison Service is responsible for executing the sentence of deprivation of liberty and custody. One of the ideas of both these forms is the isolation from the outside world and tight control of external contacts. A special emphasis is placed on the prevention of smuggling order and security threatening materials into prison such as firearms, edged weapons, ammunition, metal cutters, narcotic drugs and psychotropic substances, objects used to overpower another person, alcohol as well as objects prohibited during imprisonment such as telecommunication and electronic devices used to record and play information.

The contraband phenomenon of banned and dangerous objects into prison is typical of total institutions and the prison system is not an exception. However, an increase in the contraband of the abovementioned objects observed in recent years and the number of detected prison contraband cases indicate that the phenomenon is on the rise.

There is both a rise in the number of prisoners who have substantial resources to pay for the contraband and organized criminal groups with logistical potential which can penetrate into prison whose protection in turn still boils down to the vigilance and experience of the Prison Service officer who controls parcels and supervises visitations. Another problem is corruption

[17] Piotr Sztompka, Socjologia, Wydawnictwo Znak, Kraków 2002

which is also rising and affects all sectors of the criminal justice system: prison wardens, defenders, prosecutors and certifying doctors, etc.

The access of inmates to prohibited substances considerably reduces prison security including both other inmates and prison personnel. That is why Prison Service systematically monitors these phenomena and develops contraband detection and prevention methods.

Detected contraband cases:

Year	narcotic drugs	psychotropic substances
2008	511	55
2009	400	45
2010	383	33

The analysis of the above data clearly shows that the top commodity sought by prisoners is drugs. The most frequently detected drugs include amphetamines, cannabis and ecstasy. There have also been seizures of cocaine, heroin, LSD, morphine, magic mushrooms and recently PCP. It is worth noting that this list practically does not contain psychotropic substances (hypnotics and sedatives) which according the research conducted by the Institute of Psychiatry and Neurology have the highest prevalence rates in custodial settings. It must be caused by the approach to such drugs not only among Prison Service officers but also within the whole society. The consumption of hypnotics and sedatives is becoming socially acceptable. As many as 20% of primary school students are given such substances by their parents before exams or important tests. In every family there is a person who cannot function normally without a daily dose of one packet of painkillers, which in the 1980s were illegally traded on the black market on par with alcohol.

Base on many years of experience Interpol estimates that duly equipped and trained anti-drug trafficking agencies such as the Police or Border Guard seize 8-10% of the overall amount of drugs transferred within their jurisdictions. The organizations which do not have such equipment and training seize 1-2%. I believe that the prison system is such an organization. It can be estimated that last year narcotic drugs were smuggled into prisons between 41 600 and 83 200 times and psychotropic substance between 2 300 and 1 150 times. This is the consequence of many years of neglecting the prison system in the state anti-drug actions. The Police, Border Guard and Customs Service were provided with different trainings, often EU-sponsored, from the beginning of the 1990s and substance detection equipment. Unfortunately, the prison system units were not covered by these actions. Partly it was due to quite common belief that if people get behind bars they are not worth being taken care of. However, almost every prisoner sooner or later re-enters society

and it is in society's best interest to have them back less corrupted. If it is any consolation, in most cases drug contraband into prison contains small quantities intended mainly for personal use. However, last year the following contraband attempts were identified: 2105g amphetamines, 394 amphetamine tablets, 40g cocaine, 52 marijuana balls (0.5 cm in diameter each) and 0.5kg hashish. It should be presumed that such large quantities were intended for trade purposes. They also indicate that in some prisons there are networks of middlemen who can distribute drugs among inmates. Paweł Moczydłowski estimates the value of the prison drug market at several hundred thousand zlotys weekly[18]. This estimation might be questioned, however, the problem surely exists and keeps growing.

Narcotic drugs were mostly detected during parcel inspections, in cells, during a routine personal checks, after a visitation, on the prison's premises, in a person wishing to visit the prison and in the course of correspondence control. The most popular drug contraband attempts are made by means of parcels and ingenuity in this respect is unlimited. For example, drugs are smuggled in the following ways:

- amphetamine inside pre-packed sausage,
- cannabis in a candy box,
- in glued nut shells,
- amphetamine tablets in a ketchup jar,
- cannabis inside a red pepper,
- amphetamines inside oranges,
- inside roast bacon, pork, etc.

In 2003, during the amendment process of the Executive Penal Code, upon request of the prison system the number of grocery parcels per inmate per year was reduced from 12 to 4, which must have dramatically influence on the scale of drug contraband. At present, inmates receive daily meals at 2600 kcal and those in employment and juveniles at 3200 kcal. There is also an option to get food in a prison canteen. Parcels are relics of the past and frequently a serious financial burden for the inmate's family.

As one can see, despite growing efforts taken by the Prison Service to reduce supply and demand, narcotic drugs and psychotropic substances are still available in prisons though to a much lesser extent than at liberty. A characteristic thing is the broader availability of drugs than alcohol. It is caused by a number of reasons. Drugs take up less space and therefore are easier to smuggle. Drug trafficking generates higher profits. It is harder to identify drug consumption. The Prison Service unlike the Police or Border Guard does not have necessary resources to detect drugs. There are also not enough professional trainings. Broad contacts

[18] P. Moczydłowski, *Kariera strachu,* Wszechnica Polska, Warszawa 2004, s. 201

with the outside world through visitations, parcels, cultural and sports events with a small number of Prison Service personnel make for great opportunities to smuggle in drugs.

2. Organization of prison health policies and service delivery. Prison health.

Incarcerated drug users are handled pursuant to the Regulation of the Minister of Justice on specific conditions and rules of conduct in drug treatment, rehabilitation and reintegration. International standards such as the Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence (2003/488/EC) are also enforced.

The abovementioned research into drug addiction in penal institutions as well as previous experiences with alcohol dependent and mentally disordered inmates gave rise to the establishment of proper prison therapeutic systems as early as the turn of the 1950s and 1960s. In the 1960s first wards for inmates with behavioural disorders were established, then in the 1970s first wards for alcohol dependent inmates appeared to be followed by wards for drug dependent individuals in the 1980s.

At present, prisoners serve their sentences in the regular, programme-based and therapeutic systems. The therapeutic system is a broad term and covers behavioural problems related to disordered personality, dependence on alcohol, narcotic drugs and psychotropic substances. Pursuant to Article 97.1 of the Executive Penal Code, the option of sentence execution in a therapeutic ward includes the need to prevent the inmate from further developing pathological personality conditions, redress mental balance and shape the ability to function independently in society.

Article 97.2 of the Executive Penal Code provides that the sentence execution, employment, education and sanitation should meet the standards of effective treatment and therapeutic intervention. It is an important precondition which provides for necessary exemptions from the terms of the sentence execution unless they infringe on fundamental rights of inmates or the goals, principles and functions of the imprisonment sentence.

The bodies which refer inmates to serve sentence in the therapeutic system include:

1. Court of law / Article 62 Penal Code/.
2. Penal division of district court in case the original sentence is replaced / Article 74.1 Executive Penal Code/.
3. Penal commission in others cases /Article 74.2 Executive Penal Code/.

The grounds for passing custodial sentence to be served in the therapeutic system are the personality and cognitive examination or the case file data which are equally important, especially if they contain psycholegal opinions.

The personality, cognitive, psychological and psychiatric examinations are conducted upon the convict's consent. In the absence of such consent the penal judge may order the examination without the convict's consent /Article 83.1 Executive Penal Code/

The motion in this respect may be submitted by the penal institution if it is deemed necessary for the qualification procedure, especially when the option of sending the convict to serve the sentence in the therapeutic system is under consideration. Compulsory examination can also be ordered by the penal judge in the case of juvenile delinquents posing educational difficulties providing that at least a year remained till the sentence completion /Article 84.3 in relation to Article 83.1 Executive Penal Code/. The examination may result in referring the convict to the therapeutic system.

All categories of inmates may serve sentences in the therapeutic system on condition that they meet the special intervention criteria referred to in Article 96 of the Executive Penal Code.

The therapeutic system of inmates dependent on narcotic drugs and psychotropic substances since its inception has been the most rapidly developing branch of the prison system. It has been developing in terms of both quality and quantity. In the last 5 years the number of therapeutic wards for drug dependent inmates has increased from 10 to 16. Changes also occurred in the way of performing interventions. In 2009, the General Director of the Prison Service announced a competition for prison therapeutic teams to deliver modern drug treatment programmes for inmates. Consequently, 7 programmes which met the competition's strict criteria were reported.

3. Organization of prison health policies and service delivery. Drug-related health policies targeting prisoners.

Treatment for inmates dependent on narcotic drugs or psychotropic substances was provided by psychologists or humanities graduates (pedagogy, sociology, social rehabilitation). Therapeutic teams do not recruit medical personnel. In 2010, there were 71 therapeutic staff members including 22 addiction therapists, 20 psychologists, 11 educators, 2 manual therapists and 16 managers (mainly psychologists). The therapeutic teams working with drug dependent inmates are small and range between 3 and 6 members. That poses a number of problems in times of holidays or professional training of even a single staff member. Some teams do not meet the basic staff number standard defined in Articles 100-101 of the Ordinance No. 2/04 of the Director General of the Prison Service of 24 February

2004 on specific terms and conditions of the organization and performance of penal and therapeutic work.

4. Provision of drug related health services in prison. Prevention, Treatment, Rehabilitation, Harm reduction.

Drug treatment

Approximately 25% of inmates in Polish prisons and remand centres are addicted to alcohol or drugs. It means that every day there are over 20 thousand such inmates and yearly this number is 2.3 times higher. Alcohol and drugs are the most common factors contributing to crime so effective crime relapse risk reduction in a large group of offenders requires addiction-focused intervention. Without such intervention it is hard to expect positive outcome of social rehabilitation. For more information see the chapter 9.3

Estimation of drug problem in Polish prisons in 2010

In 2010, treatment for inmates dependent on narcotic drugs or psychotropic substances was provided in 16 therapeutic wards with the capacity ranging from 16 beds in Suwalki Remand Centre to 50 beds in Rawicz Prison and Wroclaw Prison No. 1. The total number of beds in all the wards is 578. Compared to 2009, the number of therapeutic wards did not change. However, the number of beds decreased by 16 due to the lowered capacity of Suwalki Remand Centre.

In 2010, there was a rise in the number of inmates covered by the therapy and discharged from wards upon therapy completion. The total number was 1 668.

Year	Total of inmates in therapeutic system
2006	1372
2007	1502
2008	1534
2009	1654
2010	1668

In 2010, 153 inmates dropped out of the therapy. Most often it was caused by the court's order to refer to another penal institution in relation to a charge in another case (71) or pursuant to the court's decision to discontinue the execution of the penalty of deprivation of liberty (28).

146 inmates were discharged upon the completion of the short-term programme limited to educational activities. They were individuals who failed to be motivated to deepen their involvement in recovering from addiction. According to law, in such situations the therapeutic personnel may decide to terminate the intervention before time.

In 163 cases the therapy was conducted based on the court's decisions, including 86 inmates which were provided with therapy pursuant to Article 62 of the Penal Code and 77 inmates were obliged to enter treatment upon request of the heads of the penal institutions submitted pursuant to Article 117.2 of the Executive Penal Code. In the remaining cases the therapy was provided by virtue of the penal commissions' decisions made pursuant to Article 76 of the Executive Penal Code.

Based on the data collected from 1 160 inmates in therapy it was determined that the most popular form of addiction was polydrug use (453 cases), then came dependence on stimulants other than cocaine, mainly amphetamines (298 cases) and third was opiate dependence (234 cases). Moreover, 961 inmates were diagnosed with nicotine addiction (82.8%).

The vast majority of prison therapy clients are young people. 862 fell within age range of 19-24 and 243 were aged 30-39. Drugs were injected by 28.9% of users. At least 4.4% (51) were HIV-positive and 9 were diagnosed with AIDS symptoms. Treatment history data showed that 673 inmates were first-time patients, 473 received treatment in relation to addiction developed at liberty, 74 had been treated before in another penal institution and 22 had been treated both in a penal institution and at liberty.

In 2010, there was a fall in the number of drug dependent inmates registered in therapeutic wards and placed on waiting lists. It was another year of shortening the average waiting time for admission to the ward. As at 31 December 2010, 872 inmates were waiting to be admitted and the average waiting time was 8.5 months. In previous years the figures were as follows:

Year	Waiting list total	Average waiting time in months
2004	1 022	10.9
2005	1 247	13.0
2006	1 468	13.6
2007	1 419	13.5
2008	1 243	11.5
2009	1 008	9.6

However, it must be stressed that although the average waiting time was reduced by nearly 2 months last year compared to 2009, it still varied across different categories of inmates. The longest waiting time was for recidivists whereas first-time inmates and juveniles up to the age of 21 were practically admitted without waiting.

In the beginning the Atlantis programme was used. It was introduced to Poland in 1990-1992 by William Burgin from the USA. Now most therapeutic wards especially those treating drug addiction work on proprietary programmes and their description requires another paper. There are no medical data as regards the group of sentenced drug users.

AS A WHOLE IN 2010 THE FOLLOWING TESTS WERE CONDUCTED:		
	tests applied	positive results
Syphilis	3 128	109
Gonorrhoea	42	0
WZW H	7 708	350
anti-HCV	8 339	824
Salmonella	4 705	15
HIV	4 285	231

Antiretroviral treatment was provided for 204 patients

12. Drugs users with children (addicted parents, parenting, child care and related issues)

Authors: Michał Kidawa, Marta Struzik, Anna Strzelecka, Katarzyna Sollich

1. Size of the problem

- **Survey of low threshold programme clients in 2008**
  National Focal Point

Introduction

In 2008, a survey of low threshold programme clients was conducted in cooperation with the OFDT. During the two weeks of the survey i.e. between 24 November and 7 December 2008, the staff of low threshold programmes (needle and syringe exchange programmes, drop-in centres) conducted questionnaire interviews with all clients of the programmes. 773 questionnaire interviews were held under the project. Drug users reported to the programmes to exchange the injecting equipment, receive advice, support or just to talk. The respondents were coded in order to avoid double counting and protect their privacy. A questionnaire interview was conducted with every individual who contacted the programme. The survey covered all needle and syringe exchange programmes in Poland. There were 13 of them in 11 Polish cities in 2008. After excluding interviews with the same individual, 733 questionnaires were analyzed (Malczewski, Struzik, Jaśkiewicz 2009).

Size of population of low threshold programme clients who have children

Out of low threshold programme clients 64% were childless. 261 clients declared that they had children, which accounted for 35.6% of the total. The majority of respondents with children had one or two children. 20.5% of the clients reported having one child. Having two children was reported by 11.6% of the respondents. 3% of the respondents declared that they had three children.

Table 1.1. Having children by low threshold programme clients.

	N	%
Childless	470	64.1
Having one child	150	20.5
Having two children	85	11.6
Having three children	22	3.0

Having four children	4	0.5
N/A	2	0.3
	733	100.0

Source: Survey of low threshold programme clients in 2008 (NFP)

Sex, age, education of low threshold programme clients who have children

Out of the clients with children the majority were men (62.8%) compared to 37.2% of women. Among the childless clients the percentage of men was even higher and reached 73%. The low threshold programme clients with children were generally older (average age of 36.6) than the childless clients (average age of 30.6).

Table 1.2. Education of low threshold programme clients

	Percentage of clients with children	Percentage of clients without children
Primary	28.7	35.8
Middle school	0.8	5.8
Vocational	31.4	24.8
Secondary	36.4	29.9
Higher	2.7	3.2
N/A	-	1.1

Source: Survey of low threshold programme clients in 2008 (NFP)

In the population of clients who reported having children over 36% had secondary education, over 31% vocational education and over 28% had primary education. Nearly 3% were university graduates.

Residence status employment

Most low threshold programme clients with children reported permanent place of residence. Over 35% declared that they lived on their own. 33% of the respondents declared that they lived permanently at somebody's place. Temporary place of residence was reported by 8% of the clients. 6.5% indicated an institution as a temporary place of residence. Among clients who had children 5% declared living in an institution. 8% of the respondents declared that they were homeless and 3.8% declared living in a squat.

Table 1.3. Place of residence.

	Percentage of clients with children
Permanent on their own	35.2
Permanent at somebody's place	33.0
Permanent in an institution	5.0
Temporary at somebody's place	8.0
Temporary in an institution	6.5
Homeless	8.0
Squat	3.8
N/A	0.4

Source: Survey of low threshold programme clients in 2008 (NFP)

The highest percentage of clients report living with a partner or a spouse (36%). Over 22% of the respondents live with parents. Only 17.2% of the clients with children live with them. Nearly 16% declare that they live on their own and 15% report residing with a friend.

Table 1.4. Who they live with.

	Percentage of clients with children
On their own	15.7
With a spouse/partner	36
With children	17.2
With parents	22.2
With a friend	15.3
Other or do not know	8.4

Source: Survey of low threshold programme clients in 2008 (NFP)

In the survey population of low threshold programme clients with children over 26% lived off paid work. Not fewer clients, i.e. over 21%, declared other sources of income (including unofficial/illegal). Over 14% of the respondents declared living off social welfare benefits and nearly 12% off disability benefits. An identical percentage of the respondents declared that

they were supported by someone. 13% of the clients also declared that they had no source of income. A very low percentage (0.4%) lived off the unemployment benefit.

Table 1.5. Income.

	Percentage of clients with children
Paid work income	26.1
Unemployment benefit	0.4
Disability benefit	11.9
Other social welfare benefits	14.2
Supported by someone	11.9
Other income (including unofficial/illegal)	21.1
No income (including begging)	13.0
N/A	1.5

Source: Survey of low threshold programme clients in 2008 (NFP)

HIV/HCV

The clients who had children more often than childless clients tested for HIV and HCV. 82% of the parents tested for HIV. In the same group nearly 80% tested for HCV. Childless clients underwent tests less frequently.

Table 1.6. HIV and HCV testing.

	Percentage of clients with children	Percentage of clients without children
HIV		
Tested	82.0	63.1
Did not test	17.6	36.9
HCV		
Tested	79.7	62.5
Did not test	20.3	37.5

Source: Survey of low threshold programme clients in 2008 (NFP)

Over 62% of the childless clients of low threshold programmes reported HCV testing and 63% HIV testing. Moreover, the population of the clients without children demonstrate a lower percentage of positive test results (See Table X).

Table 1.7. Positive HIV and HCV test results in the street population of low threshold programme clients.

	Percentage of clients with children	Percentage of clients without children
HIV	37.5	29.7
HCV	65.5	50.4

Source: Survey of low threshold programme clients in 2008 (NFP)

In the group of clients without children almost 30% tested positive for HIV and approx. 50% for HCV. The client with children more frequently reported positive HIV and HCV test results (over 37% and over 65% respectively).

Injecting drug use and sharing needles and syringes

Low threshold programme clients who were parents less frequently engaged in risky behaviours than the childless clients. In the group of parents, 77% had injected drugs in the last 30 days. In this group over 14% reported sharing needles and syringes in the last 30 days. To compare, the childless clients more frequently injected drugs (over 80%) and shared needles and syringes (over 16%).

Table 1.8. Injecting drug use and sharing needles and syringes in the last 30 days prior to survey.

	Percentage of clients with children	Percentage of clients without children
Injecting drug use	77.0	80.5
Sharing needles and syringes	14.2	16.1
Average age of first injection	16.5	16.6

Source: Survey of low threshold programme clients in 2008 (NFP)

Drug use prevalence

The most prevalent substance among low threshold programme clients with children was amphetamine. 59% of the respondents reported using this drug in the last 30 days. A similar

proportion of the respondents i.e. 51% reported using 'kompot' (the so-called Polish heroin obtained from poppy stems). Over 40% had used heroin. A relatively sizeable proportion of the clients reported using sedatives and hypnotics. Benzodiazepines had been used by 43% of the respondents and barbiturates by 29%. Also a sizeable proportion of the clients (38%) had used cannabis at least once in the last 30 days prior to survey. Moreover, nearly 35% of the respondents reported using methadone in that period – the primary substance used in substitution treatment. A relatively high percentage of clients (56.3%) had drunk alcohol in the last 30 days. The other substances had been used far less frequently.

Table 1.9. Drug use prevalence in the last 30 days among low threshold programme clients with children.

	Percentage of clients with children
Heroin	41.0
Polish homemade heroin	51.0
Methadone	34.9
Buprenorphine	7.7
Cocaine/Crack	7.3
Amphetamines	59.0
MDMA/ecstasy	9.2
Barbiturates	28.7
Benzodiazepines	42.9
LSD	1.1
Hallucinogenic plants	3.4
Cannabis	38.3
Alcohol	56.3

Source: Survey of low threshold programme clients in 2008 (NFP)

The clients of low threshold programmes were also asked which drug posed the most problems to them. The vast majority of the clients mentioned heroin or Polish homemade heroin ('kompot'). It referred to both clients with and without children. The childless clients (33.7%) more frequently than the parent-clients (30.3%) declared that heroin was the biggest problem. A reverse situation was in the case of Polish heroin, where the clients with children (24.1%) indicated 'kompot' as the most problematic substance compared to the population of childless clients (19.3%). However, these were not the only differences. Over 17% of the childless respondents considered amphetamine the primary drug whereas in the population

of clients with children it was over 13%. Low threshold programme clients with children more frequently indicated alcohol as the source of the most serious problems. Nearly 16% of the parent-clients mentioned this substance. To compare, in the case of childless respondents this figure stood at 9.5%.

Table 1.10. Most problematic drug according to respondents*.

	Percentage of clients with children	Percentage of clients without children
Heroin	30.3	33.7
Polish heroin	24.1	19.3
Amphetamine	13.4	17.4
Alcohol	15.7	9.5
Cannabis	1.5	3.4
Benzodiazepines	2.7	2.8
Barbiturates	0.8	1.1
Methadone	0.8	1.7
Buprenorphine	0.4	0.2
Cocaine/Crack	0.4	0.4
LSD/acid	-	0.2

Source: Survey of low threshold programme clients in 2008 (NFP)

* refers to drugs used in the last 30 days prior to survey

Noticeable difference is observed in the case of cannabis use. Far fewer clients (1.5%) mentioned this substance in the group of clients with children compared to 3.4% of the childless clients. The differences in the remaining substances were not significant.

Summary

In the analysis of the percentage breakdowns one must consider a relatively small population. In the course of 733 interviews held (i.e. valid interviews), 261 clients declared that they had children. Moreover, it is questionable whether the results of the survey are valid considering the non-probabilistic selection of the sample. On the other hand, the survey was conducted at the same time in all low threshold programmes in Poland. Consequently, we can expect that the results are representative for the population of the low threshold programme clients. An important fact is that merely 17% of the clients live with their children.

The results of the survey show that the clients of low threshold programmes are predominantly male. The client with children is on average 6 years older than the childless client. These two groups vary in terms of the most problematic substance. The age is the most likely differentiating factor in this case. Older survey participants with children indicated

traditional drugs used on the Polish drug scene such as 'kompot'. The childless respondents more frequently listed drugs related to new use patterns, which emerged in the 1990s such as amphetamines, brown heroin. Moreover, respondents with children less frequently engaged in risky behaviours such as injecting drug use or sharing needles. This group of respondents reported undergoing HIV and HCV tests along with more frequent positive results in this respect.

- **Treatment Demand Indicator data**

  National Focal Point

Introduction

Treatment Demand Indicator data collection system is relatively new to Poland and is still being developed. Due to the fact that the pilot version covers only selected target data from outpatient and inpatient clinics, the data must be approached with care. Detailed information in the TDI system methodology is presented in Chapter 5 (Introduction and 5.3.2).

Size of population of drug users living with children

Out of 1 342 treatment episodes analyzed in 2010, 134 related to individuals who reported that they lived with children. 12 (0.9%) individuals lived with a child or children and 122 (9.1%) reported living with a partner and a child or children.

Consequently, the analysis included the following cases: 134 cases of drug users residing with children, 1 treatment episode of undetermined residence status and 1 207 individuals who when asked about the people they lived with fell within the category: alone, with parents, with a partner without a child, with friends or other.

Sex, age, education of drug treatment patients living with children.

80% of patients living with children were male. Women account for only 19.4% of all individuals sought drug treatment in 2010 and lived with a child or children.

While analyzing this variable it must be stressed that men accounted for over 83% of all patients who reported to drug treatment in 2010 and in the group of individuals reporting living in the categories other than 'with children', they accounted for 84% of the total.

An average age of patients reporting to treatment in 2010, who reported living with children, was 30. Simultaneously, the age of patients who fell under the categories 'without children' was nearly 26.

Table 1.11. Education – highest completed.

Category	Percentage of individuals living with children (N=134)	Percentage of individuals living without children (N=1207)
Not determined	3.0	1.9
Incomplete primary or no education	0.7	0.7
Primary	23.9	29.0
Middle school	0.7	16.3
Vocational	**23.9**	**14.7**
Secondary (A-levels)	28.4	25.7
Post-secondary	**13.4**	**6.5**
Higher (BA)	1.5	2.2
Higher (MA)	**4.5**	**2.7**

Source: TDI (2010 data)

The highest proportion (28%) of patients seeking drug treatment and living with children in 2010 had secondary education. The other equally numerous groups were individuals with primary and vocational education – nearly 24% each.

Analyzing the differences between drug treatment patients living with children and lifetime drug users living without children we can notice differences in the groups of vocational, post-secondary and MA education. Patients living alone, with parents or a partner without children are less frequent to hold vocational education than individuals living with children. It is a difference of 9 percentage points.

Individuals living with children are more frequent to have post-secondary or MA education. The differences are 6.9 and 1.8 percentage points respectively for each category.

Residence and employment status of drug treatment patients living with children

For drug treatment patients in 2010 living with children the residence status rates were the following: 53.7% for the permanent place of residence, 4.5% for the non-permanent place of residence and 41.8% for the category “undetermined”.

At the same time, for individuals who entered treatment and who fell under the category “living with children”, the resident status rates were the following: 55.7% for the permanent place of residence, 6.7% for the non-permanent place of residence, 34.2% for the category ‘undetermined’ and 2.9% for the category ‘institution’ (prison, hospital, etc.).

Generally, the residence status does not present significant differences between individuals living with children and without. The only noticeable difference is the fact that individuals who reported living with children had not reported residence in the last 30 days in such settings as hospital or prison.

Table 1.12. Employment.

Category	Percentage of individuals living with children (N=134)	Percentage of individuals living without children (N=1207)
Undetermined	-	1.6
Permanent employment	**37.3**	**14.5**
Pupil/student	**-**	**19.1**
Professionally inactive (long-term disability benefit, pensioner, housewife)	3.7	4.4
Unemployed	50.7	54.7
Other	8.2	5.7

Source: TDI (2010 data)

Unemployed individuals accounted for over 50% of individuals entering drug treatment no matter whether they lived with children or without. However, the differences between the two groups can be noticed in the categories of permanent employment and pupil/student. They are relatively wide as in both cases they are about 20 percentage points. Such a significant difference can be explained by the fact of obvious age differences between the respondents in both groups or a clear trend caused by other factors.

HIV/HCV status of drug treatment patients living with children

Table 1.13. HIV status.

Category	Percentage of individuals living with children (N=134)	Percentage of individuals living without children (N=1207)
Undetermined	9.0	9.5
Tested – positive	2.2	3.2
Tested in the last 12 months – latest result negative	**42.5**	**37.3**
Tested in the last 12 months – latest result unknown	0.7	1.2
Not tested in the last 12 months	**45.5**	**48.8**

Source: TDI (2010 data)

The difference between patients living with children and without is noticeable in the category 'tested in the last 12 months – latest result negative'. Patients living with children in this question scored 5 percentage points more positive answers than patients living without children. This difference is also observed in patients who had not been tested in the last 12 months. Patients living without children 3 percentage points more frequently give a positive answer to this question than those living without children. In the remaining categories, differences between the two groups did not exceed 1 percentage point. Unknown HIV status in both groups is equally high. In each group more than half of the patients had not tested for HIV in the last 12 months.

Table 1.14. HCV status.

Category	Percentage of individuals living with children (N=134)	Percentage of individuals living without children (N=1207)
Undetermined	12.7	12.2
Tested – positive	16.4	17.3
Tested in the last 12 months – latest result negative	22.4	19.9
Tested in the last 12 months – latest result unknown	3.7	3.6
Not tested in the last 12 months	44.8	46.9

Source: TDI (2010 data)

With reference to HCV tests, which drug treatment patients underwent in 2010, there are no differences between the groups of patients living with and without children.

In terms of size, the group of patients who had not had HCV tests in the last 12 months is comparable to the group of patients who had not had HIV tests. It is almost half of the patients both in the group of individuals living with children and in the group where there are other forms of living than 'with children'. The test results in both groups do not differ in the category 'tested – positive', at least 14 percentage points more patients report HCV than HIV positive status (in both groups of patients) and 'tested in the last 12 months – latest result unknown' as 3 percentage points more patients living with children check the result of the HIV test than in the case of the HCV one. Among patients living without children the difference stands at 2.4 percentage points.

Injecting drug use and sharing needles and syringes by drug users living with children.

Table 1.15. Injecting drug use.

Category	Percentage of individuals living with children (N=134)	Percentage of individuals living without children (N=1207)
Undetermined	3.0	3.2
Have ever used, but do not use anymore	**29.1**	**23.9**
Currently inject drugs	**18.7**	**23.1**
Have never injected drugs	49.3	49.5

Source: TDI (2010 data)

Table 1.16. Sharing needles and syringes.

Category	Percentage of individuals living with children (N=134)	Percentage of individuals living without children (N=1207)
Undetermined	10.4	7.7
Have ever shared needles or syringes, but do not share them anymore	14.2	14.3
Currently share needles or syringes	**1.5**	**3.4**
Have never shared needles and syringes	21.6	21.5

Source: TDI (2010 data)

Patients living with children over 5 percentage points more frequently than patients living without them had ever injected drugs, however they do not do it anymore. Patients living with children less frequently, which is by 4.4 percentage points, answered positively to the question about the current injecting drug use. The answers in the category “have never injected drugs” did not change regardless of the fact whether the patients lived with children or not.

The results of sharing needles and syringes are almost the same in both groups of patients. In both groups there are substantial gaps of more than 50% of answers missing to this question. The difference of almost 2 percentage points can be noticed in relation to the category: ‘currently share needles and syringes’. Patients living with children answer this question 1.9 percentage points less frequently than patients living without children,

Drug use among drug users living with children

Table 1.17. Primary drug.

Category	Percentage of individuals living with children (N=134)	Percentage of individuals living without children (N=1207)
Opioids	**56**	**46.9**
Cocaine	1.5	1.3
Amphetamines	**23.9**	**20.9**
Stimulants	-	0.8
Sedatives and hypnotics	2.2	2.6
Hallucinogens	-	0.2
Inhalants	-	0.4
Cannabis	**14.8**	**24.3**
Other	1.5	1.9
Not available	-	0.7

Source: TDI (2010 data)

Patients living with children almost 10 percentage points more frequently than patients living without them declared opioids as the primary drug in 2010. Patients living with children also more frequently, i.e. by 3 percentage points, entered treatment due to problem use of amphetamines. However, they declared cannabis as the problem drug 10 percentage points less frequently.

Despite low, i.e. below 1%, results of the substances such as stimulants, hallucinogens and inhalants, they were reported by patients living without children, which was not recorded at all among patients living with children in 2010.

Summary

Patients who lived with a child or children and entered treatment in 2010 due to problem use of psychoactive substances or prescription drugs more frequently than patients who lived in different conditions reported post-secondary or MA education, permanent employment and negative HIV test result. Moreover, less frequently than patient who did not live with children they reported current injecting drug use and current sharing needles and syringes. The analysis of the primary drug results showed that patients living with children entered treatment due to the problem use of opioids and amphetamines. Simultaneously, in 2010 there were no reports of a single case of a person living with children who entered treatment

due to the problem use of stimulants, hallucinogens or inhalants while each of these substances constituted the primary drug for at least a few drug treatment patients who lived without children.

It is also important that apart from the place of residence (with children or without) another differentiating factor for both groups was age, which might explain some of the results.

An important aspect in the overall analysis of the TDI pilot study is also narrow coverage and frequent cases of data missing (sometimes of almost 50%) in some questions, which makes it impossible to compare them to the questions of the 100% coverage.

- **„Maternity and drug dependence"**

  Marzena Krajewska, Krakow Drug Prevention Association – survey financed by the National Bureau for Drug Prevention

Drug-dependent women constitute a special target group of actions aimed at individuals dependent on illegal psychoactive substances. In Poland, there are still not enough adequate and specific strategies designed for drug-dependent women. Consequently, in 2006 the National Bureau for Drug Prevention co-financed the pilot study entitled "Maternity and drug dependence" implemented by the Krakow-based Drug Prevention Association.

The survey was conducted in Krakow in October and November 2006.

Aim and methodology

The aim of this project was to identify the life situation of 50 women who became mothers in the course of chronic drug use along with the resulting threats and to the health and development of their children.

The selection criterion was the fact of being a mother and using psychoactive substances during pregnancy. Among the respondents there were both active drug users and graduates of long term drug therapies. There were also 12 women who during this survey were clients of a methadone maintenance programme. Most respondents were diagnosed with polydrug dependence (34). The remaining women were dependent on opioids.

The questionnaire used in the survey consisted of four parts related to separate spheres of life.

Partner relationships

The survey showed that 20 respondents were single mothers, 22 stayed in informal relationships and only 4 were married. 34 women reported that their partners were dependent on drugs.

Contraception/pregnancy planning

One of the aspects of the survey was pregnancy planning. As many as 32 women declared that prior to pregnancy they had not used any contraception. This fact was explained by insufficient funds and the belief that "you cannot get pregnant when you use drugs". Moreover, a frequent reason why the respondents had not used any contraception was the reluctance to do so on the part of their partners. Consequently, in the case of 43 women the pregnancy had not been planned.

Dependent women's knowledge of the impact of drugs on the foetus

33 respondents reported that they were conscious of the threats related to using drugs during pregnancy. However, 47 out of 50 women did not stop using drugs when they found out they were pregnant.

Only 8 women reduced drug doses and another 8 started using drugs in a safer manner i.e. they gave up combining substances and/or injecting.

Another problem was the fact of alcohol and prescription drug use by the pregnant women. Nearly half of the respondents while being pregnant combined the abovementioned substances. Moreover, only 5 of them gave up cigarette smoking during pregnancy.

In the light of the above results it is surprising that 70% of the children (47 out of 68) were born with high Apgar scores (9 or 10); however 32 of the newborns were diagnosed with withdrawal syndrome.

Outreach institutions

30 respondents used the services of a number of outreach institutions such as Municipal Social Welfare Centre, Single Mother House or the Centre for Women's Rights. However, 8 respondents were refused assistance. 15 women used services of substitution treatment programmes while pregnant.

During the survey the respondents were also asked to list the most needed form of help for drug dependent women. Money and housing were mentioned most often.

Situation following birth

The survey results showed that after birth 6 women were deprived of the parental rights.

When asked who taught them to take care of the infant the respondents most frequently indicated their mothers or midwives, and a friend at times. 10 women could rely on nobody's assistance and had to learn to take care of the child by themselves.

For 22 women the child was the source of motivation for drug treatment. However, the women admitted that this motivation emerged only several years following the child's birth.

- **"Prenatal care for pregnant women dependent on psychoactive substances"**
  K. Niemiec, A. Kowalska – Obstetrics and Gynaecology Clinic of the Mother and Child Institute, Survey commissioned by the National Bureau for Drug Prevention

Aim

The project aimed at assessing the risk of pregnancy and birth complications in women dependent on psychoactive substances and psychological and sociological analysis of attitudes of addicted pregnant women as well as the assessment of usefulness and implementation chances of the medical care model proposed by the Obstetrics and Gynaecology Clinic.

The survey included women dependent on psychoactive substances and confirmed pregnancy of at least 6 weeks. The women were given comprehensive care of an interdisciplinary team of a gynaecologist – obstetrician, an infectious diseases specialist, a liver specialist, a psychiatrist, an addiction specialist, a clinical psychologist, a social worker, and a certified midwife. The survey participants underwent laboratory tests (e.g. liver function) and were asked to fill in a questionnaire.

Sample and survey results

The survey included 13 patients with single pregnancies (average age 26) including 7 HIV positive women (54%) due to injecting drug use; 10 HCV positive women (77%); 2 women who had been diagnosed with liver malfunction. All HIV positive women were also infected with HCV.

The participants were mainly addicted to opioids. 3 respondents admitted to using heroin. Substitution treatment with methadone was provided for 6 women (46%). Another 6 remained drug free while pregnant although they had reported drug dependence in the questionnaire.

In the sample, 3 women (23%) declared that they had planned their pregnancy and the moment they found out about it was a source of joy. The other 10 women were pleased to find out they were pregnant, however, they felt fear and anxiety due to the change of life and functioning. The HIV positive women particularly stressed their concerns for the likelihood of infecting their children with the virus. At the same time they were concerned about how the pregnancy would affect their lives. They felt unprepared to become mothers, both physically and mentally.

During pregnancy each patient had one sexual partner, however, in their lifetime the number of partners ranged from 3 to 10.

9 women (69%) were first-time mothers. 2 out of 4 previous mothers had C-section. Moreover, 3 patients (23%) had previously miscarried.

11 participants gave birth between 37th and 40th week, the remaining two decided to give birth in another hospital. 4 births (36%) were natural. In three cases (27%), HIV patients underwent C-section to prevent mother-to-child infection transmission. 4 women (36%) underwent rapid C-section, including 2 women due to symptoms of threat to the foetus. All HIV women during labour were provided with antiretroviral medication and the women under methadone maintenance programme received methadone during labour.

Moreover, 11 women provided information about the perinatal and postpartum period. The postpartum period ran an uncomplicated course in 9 women (82%) and 2 were diagnosed with inflammation. All HIV and the majority of HCV mothers did not breastfeed. Only one HCV mother decided to breastfeed. Receiving methadone was not contraindications to breastfeeding.

3 survey participants asked to be discharged from hospital without their children, including 2 women who decided to leave their children ready for adoption. 3 women left the clinic upon request and took their children. By doing so, 2 of them discontinued treatment of neonatal abstinence syndrome. One of them relapsed into drug use in postpartum period.

The women under study gave birth to 8 boys and 3 girls. The infants' weight ranged from 1900 to 3800 g, with mean values of 3 kg. 10 infants (91%) were born in good condition, 1 baby in the first minute scored 5 points in the Apgar scale with fast recovery in the 5th minute of life. 4 out of 5 children of mothers who had received methadone or heroin during pregnancy (80%) demonstrated symptoms of neonatal abstinence syndrome (NAS) of different intensity. One newborn had been prenatally diagnosed with foetal heart defect in the form of atrial septal defect. His mother was an injecting drug user and entered treatment at only the end of her pregnancy. One newborn had low birth weight (less than 2500 g). His HIV and HCV mother demonstrated first symptoms of AIDS (C3) with left hemiplegia, AIDS dementia and epilepsy due to CNS toxoplasmosis. She had reported addiction to narcotic drugs in the interview; however, she remained abstinent during pregnancy.

Since HIV and HCV antibodies may be detected after 6 months after birth, the diagnostic tests have not been completed yet. By the time this report was finished no final data on mother-to-child transmission were obtained.

Conclusions

The results analysis of the survey conducted in the group of addicted pregnant mothers at the Institute of Mother and Child showed a relatively low incidence of perinatal complications. It may be explained by close medical supervision over the patients, rapid identification of threats and pathology prevention. Moreover, the lifestyle of the survey participants i.e. having

a permanent partner resulted in detecting only one case of sexually-transmitted diseases. Despite a great number of HIV patients, no cases of cervical cancer or precancerous states requiring surgical intervention were identified. It was also determined that the risk of pregnancy pathology diminishes thanks to substitution treatment.

During the course of the project, the majority of the survey patients at the Institute of Mother and Child experienced changes for better in their lives. If the socio-economic situation permitted, the pregnancy motivated and stimulated the women to recover from addiction and re-enter society. It also raised their self-esteem.

Remaining abstinent or receiving just substitution treatment was successful in the case of 10 out of 13 patients (77%).

The majority of young women reported willingness to return to school, gain education and pursue self-development. Additional duties and higher responsibility related to motherhood made them raise their qualifications, which might contribute to finding a better job in the future.

2. Policy and legal frameworks - drug-dependent parents in the Polish legal system

The Polish legal system does not directly regulate the issues of drug-dependent parents. Such issues are regulated by the family law as to exercising parental authority, by the criminal law with respect to family abuse, by the civil law with respect to liability for damages and by the regulations with respect to the scope and manner of welfare assistance as follows:

1. Pursuant to Article 109 of the family and guardianship code, in the event of putting the child's well-being at risk, the guardianship court shall issue a relevant order whereby parents and the underage child might be obliged to act in a certain manner or refer the parents to facilities or specialists who provide family therapy, counselling or provide some other relevant family assistance while specifying ways of controlling the execution of such orders. As it seems, in the event that the child's well-being is threatened by drug dependence of one or both parents, the order may include a pledge to abstain from using psychoactive substances or to enter drug therapy. The court may define which actions cannot be performed by the parents without the court's consent, place parental authority under probation, refer the underage child to a vocational training organization or institution or another facility which keeps partial custody of children or order the underage child to be placed in foster family or an educational care facility. In the case of the last measure, the guardianship court notifies of issuing the order a relevant welfare facility responsible for providing

assistance to the child's family and submitting to the guardianship court reports of the family's situation and the assistance provided. Moreover, despite the fact that the general principle established by the family and guardianship code is the parents and children's right and obligation to stay in contact if it is necessitated by the child's well-being, the guardianship court may limit the parents' contacts with the child, in particular prohibit parents from seeing the child, prohibit taking the child away from his or her place of permanent residence, allow for seeing the child exclusively in the company of the other parent, guardian, probation officer or another person designated by the court, limit contacts to certain manner of distance communication or prohibit distance communication.

It must be remembered that the abovementioned measures do not constitute repressive measures towards parents, but they are intended to protect the child's well-being at risk. They are aimed both to protect the child and provide assistance to the parents, who, due to parental or life difficulties, are unable to duly exercise their parental authority.

The most drastic measure is the removal of parental authority, which might be ordered by the court in the event of permanent obstacle, or if the parents abuse their parental authority or if they grossly neglect their responsibilities towards the child. The guardianship court may restore the parental authority if the grounds for its deprivation cease to exist.

2. If the fact of using psychoactive substances by the parent results in the child's physical abuse, the provisions of the penal code, code of criminal procedure and the Act of 29 July 2005 on counteracting domestic violence (Journal of Laws No. 180, item 1493 as further amended) apply.

   In the abovementioned situations the following measures are legitimate:

   1) obliging the violent person to leave the flat shared with the victims of the abuse;

   2) issuing a barring order;

   3) taking away the child from the family by a social worker in case of direct threat to life or health;

   4) covering the physical abuse-stricken family with the interdisciplinary procedure called *Niebieskie karty* (blue cards) implemented by social welfare institutions, communal commissions for solving alcohol problems, Police as well as educational and health care units.

3. In the event that the behaviour of the drug-dependent parent results in the child's health consequences, the child has the right to seek damages which would cover any related costs, by virtue of Article 444 of the civil code. Upon request of the claimant, the person obliged to repair the harm should cover the medical expenses and, if the claimant has been disabled, to cover the expenses related to get new professional qualifications. Moreover, it must be stressed that if the health harm resulted from actions that had occurred before the child was born (e.g. mother had used psychoactive substances during pregnancy), the child has the right to compensation.

4. Pursuant to Article 7 of the Act of 12 March 2004 on social welfare, drug dependence constitutes grounds for providing social welfare benefits and services for individuals and families. These grounds are of individual character, which means that alcohol problem families have the right to seek social welfare benefits regardless whether in the family there are other problems constituting grounds for the assistance such as poverty, physical abuse or unemployment. The assistance is provided according to general principles, which means that eligibility for financial benefits will be subject to the income requirement defined in the abovementioned Act. This requirement does not apply to a number of non-financial benefits such as:

    - Specialist counselling – pursuant to Article 46 of the Social Welfare Act, families which have difficulties or seek assistance in solving their life problems, regardless of financial status, are eligible for legal counselling (including information related to the regulation of family and guardianship, social security, protection of tenants' rights), psychological counselling (evaluation, prevention and therapy) and family counselling (i.e. broadly understood family functioning problems, including family therapy).

    - Funded ticket – this benefit is frequently an important and even necessary component of solving problems of the drug problem family. It is the case when the drug problem family does not meet the income requirement referred to in Article 8 of the social welfare act, however, their financial status does not allow for covering the travelling costs related to the therapy of the dependent individual or his or her family members, which takes place away from their place of residence.

    - Critical intervention – a number of interdisciplinary actions towards individuals and families in crisis. The aim is to restore mental balance and develop coping skills, which will prevent the crisis from turning into chronic psychosocial incapacity.

- Care and education in an educational care centre.

5. Due to frequent cases of breaking the law by drug-dependent individuals, provisions of the executive penal code might be important to the issues at hand. Article 87 thereof provides as follows: “In order to provide the imprisoned mother with the option to exercise permanent and direct custody of her child, mother and child houses shall be located by designated penal institutions where, at the mother’s request, the child may reside until the age of three, unless there are educational or health reasons, confirmed by a doctor’s or psychologist’s opinion, which are suggestive of separating the child from the mother or extending or shortening this period. Decisions in this respect must be approved by the guardianship court.

6. Activities targeting drug users with children are also implemented in the framework of National Program for Counteracting Drug Addiction (previous for the years 2006 – 2010 and current for the years 2011-2016).

3. Responses

In Poland the majority of drug treatment units target opioid users, which are predominantly male. There are not enough centres for women with children, which due to the well-being of their children effectively discourages them from entering drug treatment. Taking care of drug dependent women’s children is currently one of the main issues of woman-friendly programmes. It might encourage drug dependent mothers to enter and continue drug treatment.

In Poland, there are 25 drug treatment units for drug dependent women with children:

- 2 units in dolnoslaskie province;
- 1 unit in lubelskie province;
- 1 unit in lubuskie province;
- 4 units in lodzkie province;
- 1 unit in malopolskie province;
- 4 units in mazowieckie province;
- 2 units in opolskie province;
- 1 unit in podlaskie province;
- 4 units in pomorskie province;
- 1 unit in slaskie province;
- 1 unit in swietokrzyskie province;
- 2 units in wielkopolskie province;

- 1 unit in zachodniopomorskie province.

Additionally, in 2010 in the framework of Open Competition for Drug Prevention Actions, the National Bureau for Drug Prevention commissioned a parenting education and support programme for drug dependent mothers and pregnant women entitled “New Beginning”. The project was implemented by the National Association for the benefit of Dependents and Co-Dependents “Joker”. The programme featured support groups and parenting approach trainings. It was intended to improve the participants’ knowledge in the following fields: conflict-solving methods, coping skills, positive thinking, spending leisure time and its management in terms of the child’s development and need as well as rebuilding ties with the child and getting other necessary skills. Apart from psychological and health matters, some classes were devoted to legal issues.

Another programme sponsored by the National Bureau for Drug Prevention which targeted drug dependent parents under the Competition was the social post-rehabilitation programme implemented by the Krakow Drug Prevention Association in hotel conditions. The programme included women and families with children. Both programmes have been continued this year.

Moreover, in 2008-2009 one of the competition tasks were “Programmes for drug dependent parents”. Actions in this field were aimed to develop programmes for drug abusers who have children. The projects were intended to improve the functioning of drug dependent individuals as parents, build or improve relationships with children, and better parenting skills.

In 2008-2009 the abovementioned task was implemented by three entities:

- Polish Drug Prevention Association – a parenting skills workshop entitled “Effective parenting training” for opioid users, lubuskie province (Zielona Góra),
- Foundation for Drug Prevention “Maraton” – a programme targeting parents in the form of family counselling and parenting skills workshops, dolnoslaskie province (Głogów).
- Upper-Silesian Association “Familia” – a programme entitled “Family to family” implemented at the Family Assistance House in Gliwice. Skills trainings and workshops were aimed to improve and develop the functioning of drug dependent individuals as parents, rebuild relationships with children, and better parenting skills.

Part C:

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1) Database of admissions to drug treatment or rehabilitation due to using narcotic drugs or psychotropic substances (Treatment Demand Indicator) pilot project of the Information Centre for Drugs and Drug Addiction (CINN) of National Bureau for Drug Prevention.
2) Dane dotyczące pacjentów przyjętych do stacjonarnego lecznictwa psychiatrycznego w związku z używaniem narkotyków. Instytut Psychiatrii i Neurologii w Warszawie.
3) Dane dotyczące zgłoszonych chorób zakaźnych. Zakład Epidemiologii Narodowego Instytutu Zdrowia Publicznego – Państwowy Zakład Higieny w Warszawie.

Alphabetic list of relevant Internet addresses

1) Biblioteka Prawa Oświatowego: www.bibliotekako.pl
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3) Council of Europe, Pompidou Group: http://www.coe.int/t/dg3/pompidou
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5) Krajowe Biuro ds. Przeciwdziałania Narkomanii: www.kbpn.gov.pl
6) Kuratorium Oświaty w Szczecinie: www.kuratorium.szczecin.pl
7) Serwisu Pomocowo-Edukacyjnego: www.narkomania.org.pl
8) www.planujpowrot.pl
9) Ośrodek Rozwoju Edukacji: www.ore.edu.pl

14. Annexes

List of Figures and Tables used in the text

List of abbreviations used in the text

1) ABW – Agencja Bezpieczeństwa Wewnętrznego (Internal Security Agency)
2) CBOS – Centrum Badań Opini Społecznej (Foundation of the Public Opinion Research Centre)
3) CBŚ - 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 Survay
15) GUS – Główny Urząd Statystyczny (Central Statistical Office)
16) HCLU – Hungarian Civil Liberties Union
17) IATAP - Intramural AIDS Targeted Antiretroviral Program
18) ICD – International Classification of Diseases

19) IDI - Individual In-Depth Interviews
20) IDU – Injecting Drug Users
21) MCPPA - Methodological Centre for Psychological and Pedagogical Assistance
22) NBDP – National Bureau for Drug Prevention
23) NFP – Polish Reitox Focal Point
24) NGOs – Non-governmental organizations
25) NHF – National Health Fund
26) NPCDA – National Drug Strategy
27) OTC - Over-the-counter drugs
28) PMA - p-methoxyamphetamine
29) PMMA p-methoxy-methamphetamine
30) UNDOC – United Nations Office on Drugs and Crime

List of full references of laws in orginal language

1) Rozporządzenie Rady Ministrów z dnia 27 czerwca 2006 r. w sprawie Krajowego Programu Przeciwdziałania Narkomanii na lata 2006-2010. (Dz. U. z 2006 r. Nr 143, poz. 1033).
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Part D:

List of standard tables and structured questionnaires for 2011

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Standard Table 02	Methodology and results of school surveys on drug use
Standard Table 05	Acute/direct related deaths
Standard Table 06	Evolution of acute/direct related deaths
Standard Table 07	National prevalence estimates on problem drug use
Standard Table 08	Local prevalence estimates on problem drug use
Standard Table 09-1	Prevalence of hepatitis B/C and HIV infection among injecting drug users: methods
Standard Table 09-2	Prevalence of hepatitis B/C and HIV infection among injecting drug users
Standard Table 09-4	Notified cases of hepatitis C and B in injecting drug users
Standard Table 10	Syringe availability
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Standard Table 15	Composition of tablets sold as illicit drugs
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Standard Table 24	Access to treatment
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