

**Polish National Focal Point
National Bureau for Drug Prevention**

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PART 1

NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORKS

1. Development of Drug Policy and Responses

1.1 Political framework in the field of drugs and 1.2 Legal framework

The National Programme for Counteracting Drug Addiction was approved in July 2002. Its implementation falls on the years 2002 – 2005 and encompasses a period of time longer by one year in comparison to the previous National Programme. This is related to the accession process of Poland to the European Union. It was assumed that the implementation of a new programme compatible with all the European Union assumptions during the first year of membership in the EU might turn out to be little realistic taking into consideration lack of enough information about the subject. Prolonging the period of time allowed for the programme's implementation was also related to substantial amount of time it had taken to develop the programme. In compliance with the Law of April 24, 1997 on Counteracting Drug Addiction, the National Programme for Counteracting Drug Addiction provides basis for the activities in the scope of drug prevention. It is established by the Council of Ministers upon the motion of a minister competent in the scope of public health. It is worth noticing that during its development the experience of previous programme for the years 1999 – 2001 was analysed.

The current programme gives priority to the issues of coordination and flow of information. It also marks off a separate area related to research and monitoring carried out in close cooperation with EU agencies.

The structure of the programme's objectives was created using objective oriented project planning (Ziel-Orientierte Projekt Planung). The foundations of the programme were laid during a three-day seminar in which the following people participated: experts from all the institutions represented in the Council for Counteracting Drug Addiction, an advisory body for the Prime Minister, as well as representatives of: territorial self-government units, non-governmental organisations and treatment and rehabilitation services. All in, over 30 experts took part in the meeting. They worked in three groups and analysed the problems, devised the structure of objectives, connected them to appropriate activities and chose implementation indicators in three areas:

- prevention
- treatment, rehabilitation and harm reduction
- supply reduction

The programme was developed according to the following five rules:

1. The first one is the rule of realism. There are many various sociological, psychological and economic reasons for the problem of widespread psychoactive substances use. The instruments for change which are at our disposal can influence only some of these reasons. The available funds are another factor limiting the possibility to change the situation. If the funds are meagre, the idea of using some of the instruments has to be abandoned. Taking into consideration these factors it has been assumed that the National Programme for the years 2002 – 2005 may only deal with achievable aims.
2. While developing the programme, the authors' guiding principle was the idea of a balanced approach which means adhering to the rule that all the fields are equally important and changes in even one field influence the others. Thus significant reduction of intoxicants consumption may reduce the burden imposed on both the health system and law enforcement units. A rapid increase in supply may stimulate demand and in this way raise the number of crimes related to the use of psychoactive substances.
3. Modern prevention ideas stress the view that at the level of early prevention division into alcohol, drugs and cigarettes is groundless as the mechanisms and motives for using psychoactive substances are very similar. While treating the addicted, more and more often there appear people who are dependent on both legal and illegal substances. So the context of other psychoactive substances than drugs is often stressed in the National Programme at the level of both specific tasks as well as indicators.
4. The Programme places great emphasis on establishing procedures which increase social participations. This idea is based on the assumption that a wide spectrum of non-governmental organisations as well as local communities and local authorities has to be engaged in the cooperation at the local level.
5. The aim of the National Programme is also to change the stereotypes concerning the reasons and consequences of psychoactive substances consumption. We deal on the one hand with condemnation of drug use whereas on the other hand there is high tolerance towards abusing alcohol and consent to permissiveness towards using sleeping pills, painkillers and tranquillisers (without doctor's prescription.)

The National Programme is made up of 5 major parts. The introduction provides the justification of the programme, puts it in international context, presents methodology as well as bodies and groups which are its addressees. The second part is a short evaluation of the situation taking into consideration epidemiological trends and Polish experience in drug

prevention. The third part presents rules adhered to during the development of the programme. The fourth part is a presentation of the following: the main objective of the programme, main objectives related to prevention, treatment, rehabilitation, harm reduction, supply reduction as well as monitoring and research, specific objectives in these fields, and activities necessary to achieve the formulated objectives. An important element of this part of the programme is a discussion and a definition of both the indicators for the objectives implementation and the sources of these indicators. The fifth part includes appendices which include tables presenting, in a synthetic way, major objectives, specific objectives, activities and indicators for the objectives implementation and a schedule for the programme's implementation.

The part related to research, monitoring and evaluation was developed the most in comparison with previous National Programme.

In the field of prevention the major objective is to reduce the pace of increase in drug demand. This goal seems to be achievable taking into consideration current stage of development of drug phenomenon and thanks to regular monitoring of this problem.

In the field of treatment the main objective is to improve the quality of treatment, rehabilitation and harm reduction activities as treatment carried out so far had not always been effective which resulted in often relapses into disease, increase in the population of people infected with HIV, HVC and other drug use-related diseases.

In the field of supply reduction two major objectives were marked off:

- reduction in drug availability and
- stopping the increase in drug-related crime

Taking into consideration the number of precursors' producers, the availability of technology and synthetic psychoactive substances production know-how, the programme assumes slowing down the pace of increase in domestic production but not its elimination. Similarly, taking into consideration the intensification of border crossing, increasing turnover of foreign trade and shortage of resources among relevant services, the programme assumes limiting the phenomenon of drug smuggling and not eliminating it.

In the field of research, monitoring and evaluation the major objective is to provide information for carrying out rational social policy on drug addiction. The National Programme also assumes:

- creating an integrated information system on drugs and drug addiction, improving the reliability and accuracy of indicators and broadening their range
- evaluating and interpreting epidemiological trends (the scope of the phenomenon, use patterns, risk behaviour) as well as identifying new phenomena in the drug scene and new threats connected with that

- evaluating social reactions to the drug problem – both informal and institutionalised, including the evaluation of the National Programme for Counteracting Drug Addiction implementation, providing conclusions and recommendations for shaping the strategy for reacting to the drug problem both at a national level, on regional and local scale, as well as at an international one.

The major objective of the programme is the reduction of drug use and problems related to that thus the main objective of the National Programme for Counteracting Drug Addiction corresponds to operative aim No. 5 of the National Health Programme for the years 1996 – 2005.

Specific objectives/expected effects:

- reducing the pace of increase in drug use
- reducing the pace of increase in drug use-related crime
- reducing the number of infections with HIV, HCV and other drug use-related diseases
- reducing the number of drug use-related deaths
- maintaining an improved state of health in the people who are subjected to treatment and rehabilitation

The programme includes the following indicators. For specific objectives of the programme these are:

For the first objective: reducing the pace of increase in drug use

- results of surveys carried out on representative sample of adults and youth
- statistical data concerning demand for treatment

For the second objective: reducing the pace of increase in drug-related crime

- statistical data concerning drug use-related crime
- results of surveys carried out on sample of drug users

For the third objective: reducing the number of infections with HIV, HCV and other drug use-related diseases

- data from the national HIV monitoring system
- results of screening surveys

For the fourth objective: reducing the number of drug use-related deaths

- statistical data concerning the drug use-related deaths

- results of catamnestic research

For the fifth objective: maintaining an improved state of health in people who are subjected to treatment and rehabilitation

- results of catamnestic research

The National Bureau for Drug Prevention, in compliance with the Law on Counteracting Drug Addiction, plays a key role in the field of coordination, supervision and implementation of the programme. The scope of its competence includes maintaining regular contacts with institutions responsible for the fulfilment of particular tasks of the programme as well as organising serial meetings and conferences which serve monitoring the activities which are being carried out.

What is also important for the implementation of the programme is the cooperation between the parties which carry out activities in the field of demand and supply reduction as well as the coordination of activities undertaken by bodies which pursue policies on various psychoactive substances.

The organs and institutions responsible for the implementation of the programme are predominantly organs of government administration and units of territorial self-government at the levels of communes, counties and provinces. Non-governmental organisations should play an important role in the implementation of particular activities in the field of prevention and rehabilitation.

The range of the programme encompasses many target groups. The target group of the prevention part is the whole society but predominantly children and young adults aged between 10 and 25, including teenagers from risk groups. The target group of treatment-related part are both people using drugs in such a way that it harms their health and people addicted to drugs. This group encompasses people in the age range between teenagers and sixty-year olds but 80% of them are aged between 16 and 29.

The activities in the field of supply reduction are predominantly targeted against all criminal organisations. The quantity and quality characteristics of them in the framework of standard scientific- research techniques are limited.

The Council for Counteracting Drug Addiction

The Council for Counteracting Drug Addiction was established on March 6th, 2001 by the Prime Minister /legal basis - Article 5.6 of the Law of April 24th, 1997 on counteracting drug addiction/

The tasks of the Council include:

- presenting the Prime Minister with opinions on the draft of the National Programme for Counteracting Drug Addiction
- moving issues connected with changes or complements to the programme to a minister competent in the scope of public health for consideration
- passing opinions on the reports on the execution of the Programme
- passing opinions on the legislative acts related to drug prevention
- moving proposals for changes in binding legislative acts in the field of drug prevention to competent ministers
- cooperating with organs of government administration and units of territorial self-government in the scope of problems which the Council deals with

The inaugural meeting of the Council took place on July 10, 2002. During the meeting the work plan was discussed and established.

The Council found the following issues most important:

- preparing a draft of an amendment to the Law on Counteracting Drug Addiction in the field of both substitution treatment and certified system of training in the field of addiction therapy and rehabilitation.
- preparing a draft of an amendment to the ordinance regarding the Council. The aim of the amendment will be to improve legal and organisational formula of the Council and turn this advisory body into an organ responsible for coordination.
- compiling a report monitoring and evaluating the implementation of the National Programme for Counteracting Drug Addiction
- making analyses and possible recommendations encompassing: substitution treatment, supervision over precursors and pharmaceuticals, poppy and hemp cultivation, the use of opiates in pain treatment and palliative care, the efficacy of primary prevention.

It is also planned to form specialised teams responsible for international cooperation, reduction of psychoactive substances supply and prevention.

1.3 Laws implementation

In 2002 the Minister of Health issued an ordinance (the Journal of Law No.7, 2003 art.88) concerning production, selling, purchasing and keeping records of precursors classified into groups IIA-R and IIB-R as well as registering precursors classified into group IIA-R. The ordinance obliged the producers and importers of precursors classified into groups IIA-R and IIB-R to keep records in the form of a book. The same legislative act obliged producers and importers bringing precursors classified into group IIA-R into the market to provide the Inspector for Chemical Substances and Preparations with information containing the addresses of places where the precursors are produced and from which they are brought into the market.

Also in 2002 (the Journal of Law No.7, 2003 art.89) the Ministry of Health issued an ordinance concerning precursors classified into group I-R, IIA-R or IIB-R. The ordinance contains specimen of a form to be filled in by subjects purchasing the substances.

1.4 Developments in public attitudes and debates

In the surveys carried out in 2002 in Warsaw ("Psychoactive substances: attitudes and behaviour"), the residents of the city were asked not only about drug use-related issues but also about their attitude towards drugs and drug addicts. Firstly the respondents were asked about their image of a drug addict. More than 95% of people described a drug addict as a sick person thus almost everybody agreed with medical definition of the phenomenon. The image of a drug addict as an unhappy person was rated second (80% of respondents). Responses describing drug addiction in terms of crime constituted a minor percentage: 10% of respondents defined a drug addict as "a trouble-maker and a hooligan" and 11% as a criminal. People taking part in surveys were also asked to point to one feature which best characterised a drug addict and, just like with previous question, majority considered them to be sick people (65%). Another aim of the surveys was to determine what strategies for dealing with drug addicts are considered by the residents of Warsaw as the best way to influence the addicted. Few respondents (12%) were for penalising them while treatment was met with the highest approval. Summing up it needs to be noticed that drug addiction is predominantly defined in terms of a disease and drug addicts are perceived as people who need help and treatment.

In another part of the questionnaire the people taking part in the surveys were asked to point to an institution whose prevention activities are most effective. Family was chosen by the highest number of respondents (97%), slightly smaller percentage of people pointed to school, health care service and non-governmental organisations as executors of prevention

activities. If we look at the result with the assumption that you can point only to one institution then family also is rated at the highest position (60%).

Every three months the National Bureau for Counteracting Drug Prevention publishes drug addiction-related extracts from the press. In 2002 five quarterly journals were published as a result of great amount of information. The aim of the publication is to obtain information about society's way of perceiving drug-related issues and to gain information about new trends and phenomena which require intervention at the level of management and planning. Press articles are first signals about new trends in the pattern of drug use and often anticipate scientific research.

Quarterly selection of press extracts related to drug addiction contains both articles which were published by the press and their short quantitative analysis. Drug addiction-related press reports come from 190 press titles. The titles which are monitored include both nationwide and regional newspapers as well as weekly, biweekly, monthly and quarterly magazines. Among these a special position is held by "Gazeta Wyborcza" as all its regional editions are monitored. The extracts published in the quarterly are divided into a number of thematic fields:

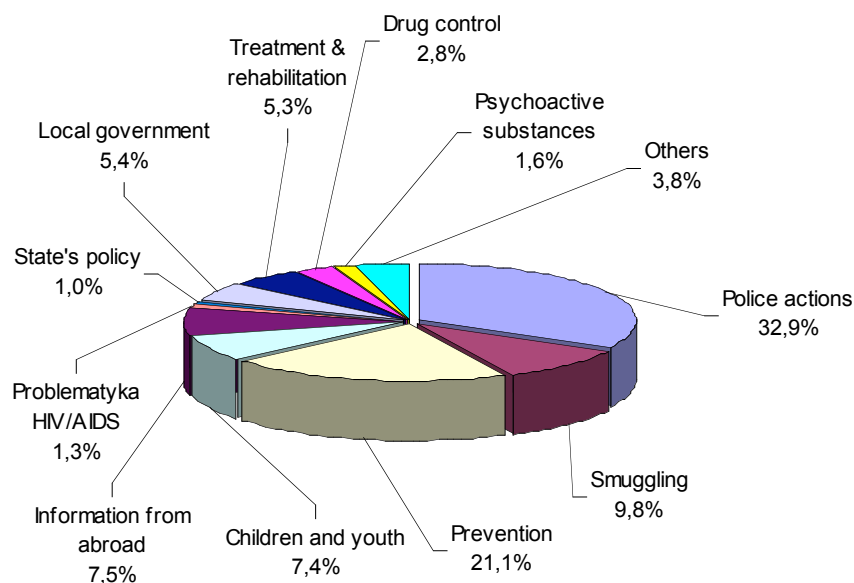
- Police activity i.e. prosecuting people who illegally produce and distribute drugs. Among these pieces of information, one can often find the minutes of trials of people charged with illegal production and distribution of intoxicants as well as reports on police actions which concluded with arresting people who were into retail sale of drugs,
- Smuggling i.e. information about forestalled attempts to smuggle drugs and penal proceedings against people accused of drug smuggling,
- Drug prevention including articles in the scope of drug prevention and anti-drug education,
- The subject matter of HIV/AIDS – articles related to drug addiction in the context of people infected with HIV and suffering from AIDS,
- Government policy – information about changes in law and direction of government's policy in the scope of drug prevention
- Drug control – publications related to debate on the subject of introducing stricter anti-drug regulations
- Local government – articles on the subject of local authorities' activities in the field of drug prevention
- Treatment and rehabilitation – information about various treatment programmes for the addicted

- The youth, school – publications concerning both drug use in schools and among the youth as well as school youth-directed prevention activities
- Psychoactive substances – articles describing drugs, their effects and consequences of using
- Reports from abroad – information about events abroad
- Other – articles which were not classified to any of the above-mentioned thematic fields

The first chart presents the subject matter of drugs and drug addiction related information published in the press. Police activity connected with actions against drug mafia and drug dealers was described most often. However, in 2002 it comprised a lower percentage of overall publications than in the year 2001 in which the number of articles related to this field made up half of all the press extracts (49.9%)

Second most often described issue was drug prevention. In this field a slight increase in the number of published articles was observed in comparison to the previous year from 18.5% in 2001 to 21.1% in 2002. It is worth noticing that in the last quarter of 2002 for the first time the number of publications connected with drug prevention (75) and youth-related (32) outnumbered press reports on supply reduction. Such a situation had no precedent over the years during which the National Bureau had been carrying out the monitoring.

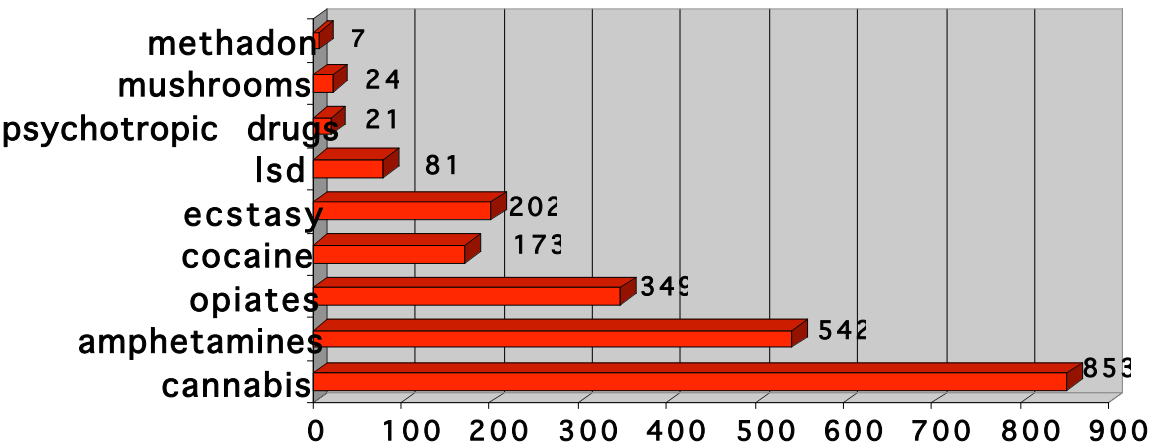
Figure 1. Publications on the subject of drugs and drug addiction in 2002



source: Quarterly a selection of newspaper excerpts on drug addiction in 2002

It is worth to examine more closely which drugs appeared in publications. The most often appearing substances are hemp-based products which is little surprising as this is the most common psychoactive substance. Amphetamine, which is the second most widespread substance in Poland, occupies the second position. Opiates are the next drug which appears in press reports. Their high position in spite of little popularity is justified by serious health and social harm that results from using them. Unfortunately, the media do not recognise the problem of using psychotropic drugs without prescription. If we look at the ranking of using legal and illegal substances in the general population, excluding alcohol and tobacco, then we will see that psychotropic drugs are on the second position below hemp and above amphetamine but only 21 publications related to these substances appeared in 2001. This number puts them on the seventh (i.e. penultimate) position in the ranking presenting the appearances of psychoactive substances in press publications.

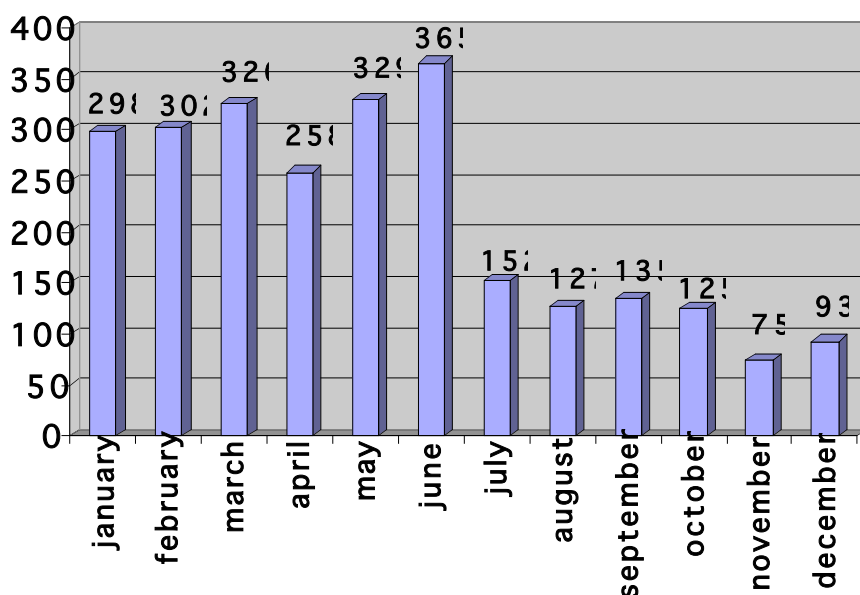
Figure 2. Ranking of psychoactive substances appearing in publications on the subject of drug addiction in 2002



source: Quarterly a selection of newspaper excerpts on drug addiction in 2002

The last chart presents breakdown of numbers of monthly publications. Most of the publications appeared in the first half of 2002.

Figure 3. The number of press reports on the subject of drug addiction published in particular months of 2002.



source: Quarterly a selection of newspaper excerpts on drug addiction in 2002

1.5 Budget and funding arrangements (2002)

The data presented below comes from questionnaires sent to particular institutions in the framework of preparing a report on the execution of the National Programme for Counteracting Drug Addiction. Most of the institutions had problems in providing the amount of financial resources allocated to drug prevention.

* The Ministry of Education and Sport	51,786 euros
* Central Board of Prison Service	91,011 euros
* The General Headquarters of Police	2,162,222 euros
* The Ministry of Justice	1,391,044 euros
* The Institute of Psychiatry and Neurology	273,795 euros
* The Ministry of Defence	361,333 euros
* The Ministry of Health	2,685,333 euros

PART II EPIDEMIOLOGICAL SITUATION

2. Prevalence, Patterns and Development in Drug Use

2.1 Main developments and emerging trends

Based on results of qualitative and quantitative studies as well as statistical data we can see increasing trend in drug problem. The increase seems to be not so strong as well as earlier.

2.2 Drug use in the population

The first countrywide representative survey focused on drug use was conducted in 2002. The study was undertaken in June-July 2002, using face-to-face interview method. Use psychoactive substances, other than alcohol and tobacco, was surveyed asking about individual substances separately. The modification of ESPAD question was applied taking into account EMSDDA guidelines. The group of psychoactive substances, different from tobacco and alcohol, consists of wide range of licit and illicit substances such as sedative and sleeping drugs, cannabis, hallucinogens, stimulants or opiates.

The respondents were presented with a list of psychoactive substances and asked to mark off the ones that they have used at least once in their lifetimes (Lifetime prevalence). In addition they were asked to mark off those substances that they have taken in the last 12 months prior to survey (Prevalence of last year use) and the last 30 days prior to survey (Prevalence of frequent use). The confirmation of using a given drug at least once in their lifetimes means that the respondent has drug use experience; however, it does not mean that he or she is currently using it. The indicator demonstrative of current use is usually constituted by drug use within the last 12 months prior to survey. The period of the last 30 days may be considered as indicative of fairly frequent, incidental drug using. Drug use, similarly to alcohol consumption, in the majority of cases does not have regular character unless it is related to addiction. Hence it is hard to be positive that all respondents who declared drug use within the last 30 days are sure to use that substance at least once a month. It may however be assumed, quite precisely, that the proportions of those using illicit drugs once a month among those who have not used in the last month are close to the proportions of those who have used less often and confirmed it within the last 30 days prior to survey. With such an assumption the proportion of those using drugs in the last 30 days

prior to survey would correspond, with high precision, to the proportion of those using at least once a month.

The survey was conducted in the summer (June – July) of 2002 on a randomly drawn sample aged 16 and older. The survey was carried out by National Focal Point (National Bureau for Drug Prevention), the field work was conducted by specialized survey agency PBS Sopot Ltd. The interviewers were instructed to pay close attention to the anonymity of respondents as well as the necessity not to reveal their own attitude towards psychoactive substance use to them – no matter whether it was positive or negative – as it could distort the results.

Three-stage method of drawing the sample was applied. The first stage involved layer drawing of community. The layers were created by crossing two criteria: region (16 layers) with classes of town size (4 layers). As a result 60 layers were effected and drawing of communes was conducted in each of them independently and proportionally to the layer's size. The drawing's pool was constituted by all communities. In the second stage PESEL (electronic register of population) register was used as an a pool. The communities selected in the first drawing were the source of finding households where the respondents were sought. The third stage of drawing involved random selection of a person among the ones residing at a particular address. This stage involved using a Kish grid by the interviewers. The first step of the procedure was entering into a Kish grid the initials of all persons aged 16 and older residing at a selected address. The listed persons were sorted in the following way: first all male respondents beginning with the oldest and then all female respondents beginning with the oldest. A Kish grid assigns random numbers to all the persons out of whom the respondent is selected. If the selected respondent happened to be unavailable (away from home, sickness, refusal of an interview, etc.) no another respondent was selected. The survey covered nationwide sample, 3 samples of regions and 3 samples of cities. (Table 1).

The results of the respective regions and cities were the basis of separate studies. The surveys from regional and cities samples were included in the nationwide sample with respective weights balancing the differences resulting from overrepresentation of an administrative unit in which the survey was conducted. The weights were also used to balance differences in basic feature distribution (sex, age, education level, city-village) arising in the course of the survey.

Table 1. Numbers of questionnaires collected in respective provinces, cities and within the total nationwide sample as well as weighted nationwide sample

Warsaw	671
Poznan	719
Wroclaw	753
Mazowieckie Region without Warsaw	429
Wielkopolskie region without Poznan	501
Lubelskie Region	1043
Rest of country	2224
Total	6340
Weighted nationwide sample	3148

The surveys were conducted undisturbed. The interviewers met warm welcome on the part of the respondents and the survey's subject aroused genuine interest. Contrary to initial fears, the survey's questions were not welcomed as uneasy and the answers may be considered sincere.

The use of psychoactive substances other than alcohol and tobacco was surveyed by presenting respondents with a list of substances to mark off. The respondents were asked to mark off substances used at least once in their lifetimes (Lifetime prevalence), within the last 12 months (Prevalence of last year use) and the last 30 days (Prevalence of frequent use) prior to survey. The confirmation of using a drug at least once in a lifetime indicates that the respondent has drug experience; however, it does not mean that he or she is currently using drugs. The indicator of current use corresponds to drug using within the last 12 months prior to survey. The period of the last 30 days may be considered as indicative of fairly frequent, incidental drug using. Drug use, similarly to alcohol consumption, in the majority of cases does not have regular character unless it is related to addiction. Hence it is hard to be positive that all respondents who declared drug use within the last 30 days are sure to use that substance at least once a month. It may however be assumed, quite precisely, that the proportions of those using illicit drugs once a month among those who have not used in the last month are close to the proportions of those who have used less often and confirmed it within the last 30 days prior to survey. With such an assumption the proportion of those using drugs in the last 30 days prior to survey would correspond, with high precision, to the proportion of those using at least once a month.

The data breakdown into lifetime prevalence, prevalence of last year and prevalence of frequent use is presented in Table 2.

Table 2. Lifetime prevalence, prevalence of last year use and prevalence of frequent use.

	Lifetime prevalence	Prevalence of last year use	Prevalence of frequent use
Marijuana or hashish	6.5	2.4	1.1
Amphetamine	1.7	0.6	0.2
LSD	1.0	0.4	0.0
Hallucinogenic mushrooms	0.7	0.2	0.0
Ecstasy	0.6	0.2	0.2
Crack	0.2	0.0	0.0
Cocaine	0.4	0.1	-
Astrolit	0.4	-	-
Heroin	0.2	-	-
Methadone	0.1	-	-
"Kompot" (poppy straw extract)	0.1	0.0	0.0
Anabolic steroids	0.3	0.1	0.0
Inhalants	0.6	0.1	0.0
Other	0.9	0.0	0.0

The first place in terms of experimentation scale is occupied by cannabis derivatives, i.e. marijuana or hashish. 6.5% of the respondents have tried them at least once in their lifetimes. The current users make up 2.4% while 1.1% admitted to using cannabis in the last 30 days. The second place in terms of use scale is occupied by amphetamine – 2% of experimental users, 0.6% of users and 0.2% of frequent users. The third place belongs to LSD – respectively 1.0%, 0.4% and below 0.05%. The remaining substances do not exceed the 1% limit as far as experimentation is concerned. Some of the substances (methadone, heroin) appear only in lifetime prevalence category and they do not emerge in the prevalence of last year. That does not mean that there are no people in Poland currently using such substances. They do exist; however, applying even a very numerous sample would not cause them to be covered by data.

Table 3. Lifetime prevalence in relation to sex

	Male	Female
Marijuana or hashish	10.0	3.4
LSD	1.4	0.6
Amphetamine	2.7	0.7
Hallucinogenic mushrooms	1.0	0.4
Ecstasy	1.0	0.2
Crack	0.3	0.0
Cocaine	0.6	0.2
Astrolit	0.1	0.0
Heroin	0.5	0.0
Methadone	0.3	0.0
"Kompot" (poppy straw extract)	0.3	0.0
Anabolic steroids	0.5	0.1
Inhalants	1.0	0.2
Other	1.5	0.4

As Table 3 demonstrates the scale of experimenting with psychoactive substances other than alcohol or tobacco is sex dependent. In the case of practically all substances men declare drug use attempts more often. It is worth noting that experience with using anabolic steroids is mentioned not only by men.

Table 4. Lifetime prevalence in relation to age group

	16-24	25-34	35-44	45-54	55+
Marijuana or hashish	18.6	10.3	3.4	1.7	0.8
LSD	3.5	1.3	0.4	0.0	0.1
Amphetamine	5.2	2.9	0.6	0.2	0.0
Hallucinogenic mushrooms	2.1	1.0	0.4	0.0	0.0
Ecstasy	2.2	0.6	0.2	-	0.0
Crack	0.4	0.2	0.2	-	0.0
Cocaine	1.3	0.3	0.3	-	0.1
Astrolit	0.0	0.2	0.2	-	0.0
Heroin	0.3	0.7	0.2	-	0.0
Methadone	0.2	0.2	0.4	-	0.0
"Kompot" (poppy straw extract)	0.2	0.3	0.2	0.1	0.0
Anabolic steroids	0.6	0.5	0.5	0.0	0.0
Inhalants	1.5	0.6	0.7	0.2	0.1
Other	1.5	0.9	1.3	0.7	0.3

Even stronger differentiation is introduced by age (Table 4). In the case of almost all substances the most experiences were gained by the age group 16-24. Slightly less experienced were the older ones – 24-35. The percentages of lifetime prevalence drug users who were 35 and older were very insignificant. The exception to this rule is relatively highly popular substance. i.e. cannabis. Truly if we look at the persons up to the age of 30 we can see a familiar pattern; however. after the age of 35 the percentage of respondents admitting to at least experimenting with cannabis is still fairly high. This percentage is steadily falling together with the age reaching 1% among the oldest respondents. It is also worth noting that within the age group 16-24 almost a fifth of the respondents are cannabis experienced. Another deviation from the above rule is the substances of the lowest scale. such as inhalants or “kompot”. i.e. home-made opiates derived from poppy straw. In this case the scale of use is not differentiated in terms of age.

Table 5. Lifetime prevalence in relation to sex and age group

	Male			Female		
	16-24	25-34	35+	16-24	25-34	35+
Marijuana or hashish	25.5	15.1	3.2	11.2	5.2	0.8
LSD	4.3	2.0	0.2	2.6	0.6	0.1
Amphetamine	7.6	4.9	0.4	2.7	0.8	0.1
Hallucinogenic mushrooms	2.6	1.4	0.3	1.6	0.6	-
Ecstasy	3.9	0.8	0.2	0.5	0.3	-
Crack	0.6	0.4	0.1	0.2	-	-
Cocaine	1.6	0.5	0.3	0.9	-	-
Astrolit	-	0.4	0.1	0.1	-	-
Heroin	0.6	1.4	0.2	0.1	-	-
Methadone	0.3	0.4	0.3	0.1	-	-
"Kompot" (poppy straw extract)	0.3	0.5	0.2	0.1	0.1	0.0
Anabolic steroids	1.1	0.9	0.2	0.1	-	0.2
Inhalants	2.2	1.2	0.6	0.7	0.1	0.1
Other	2.6	1.4	1.1	0.4	0.4	0.4

Analysing Table 5 we can follow the influence of age on experimenting with respective substances separately for men and women. Due to an increasing number of categories, the analysis of sex and age had to be aggregated to three age categories. Among the substances of relatively greater scale of use, i.e. cannabis, amphetamine and LSD we can observe similar trends with respect to both men and women, with the exception of the fact that the scale of use among women is falling. In the case of ecstasy a considerable percentage is noted only with reference to men aged up to 24. The remaining substances are difficult to analyse as their scale of use is rather insignificant.

So far we have been examining the use of psychoactive substance within the span of lifetime. Let us turn to incidental illicit drug use within the last 12 months prior to survey. The substance of the lowest scale of use, i.e. crack, methadone, "kompot" and anabolic steroids have been excluded from further analysis.

Table 6. Prevalence of last 12 months use before survey in relation to sex

	Male	Female
Marijuana or hashish	4.0	1.1
LSD	0.6	0.2
Amphetamine	1.1	0.1
Hallucinogenic mushrooms	0.3	0.1
Ecstasy	0.3	0.1
Crack	0.1	-
Cocaine	0.1	0.0
Anabolic steroids	0.2	0.0
Inhalants	0.1	0.0
Other	-	0.0

Similarly to experimental use, higher percentages above are more often observed among men than women. The highest tenfold difference emerges in the case of amphetamine. In the case of cannabis the percentage of men as incidental users is fourfold higher than the analogous percentage of women.

Table 7. Prevalence of last 12 months use before survey in relation to age

	16-24	25-34	35-44	45-54	55+
Marijuana or hashish	9.2	2.9	0.4	0.3	0.2
LSD	1.6	0.3	-	-	-
Amphetamine	2.1	1.0	-	-	-
Hallucinogenic mushrooms	1.0	0.2	-	-	-
Ecstasy	0.9	0.1	-	-	-
Crack	0.2	-	-	-	-
Cocaine	0.4	-	-	-	-
Anabolic steroids	0.4	0.3	-	0.0	-
Inhalants	0.1	-	0.2	-	-
Other	0.0	0.0	-	-	-

Similarly to lifetime prevalence, differences within prevalence of last year use are even broader in relation to age of the respondents. Data in Table 7 show that incidental illicit drug use is attributable only to the respondents aged up to 34. In the older age groups it is highly exceptional. Within the groups aged 35 and older percentages of incidental users of each of

the remaining substances, except cannabis, do not exceed 0.2%. The highest percentages of illicit drug use are observed within the age group 16-24.

Table 8. Prevalence of last 12 months use before survey in relation to sex and age of the respondents

	Male			Female		
	16-24	25-34	35+	16-24	25-34	35+
Marijuana or hashish	13.2	5.4	0.4	5.0	0.5	0.1
LSD	2.2	0.6	-	1.0	0.0	-
Amphetamine	3.8	1.8	-	0.3	0.3	-
Hallucinogenic mushrooms	1.2	0.4	-	0.7	-	-
Ecstasy	1.4	0.2	-	0.4	-	-
Crack	0.5	-	-	-	-	-
Cocaine	0.7	-	-	0.2	-	-
Anabolic steroids	0.7	0.5	-	-	-	0.0
Inhalants	0.2	-	0.1	0.1	-	-
Other	-	-	-	0.1	0.1	-

The combined analysis of age and sex of the incidental users (Table 8) proves that the older illicit drug users are predominantly male. Among women aged 24 and older we observe only small percentages of cannabis and amphetamine.

2.3 Problem drug use

The most recent assessments of the number of problematic drug users (hidden population) was done in 2002 with the use of the 'benchmark' method within the framework of countrywide population survey of 2002. Respondents were asked to provide some information regarding each problem drug user they knew. The information collected were residential drug treatment attempts, out-patient drug treatment attempts and HIV status. On the basis of the collected 751 'nominations', an assessment was performed regarding the percentage of treated drug users and the percentage of users with HIV seropositive status. On the basis of 33.2% drug users who undertook residential treatment one might calculate that the total number of drug users was 3.02 times higher than the number of treated ones. If in 2001, in Warsaw, the number of individuals residentially treated because of drug addiction amounted to 10993, the total number of drug users can be estimated as equal,

approximately, to 33,200 individuals. In the similar way, on the basis of information received from the respondents and out-patients drug treatment, one could come the figure of 71,000 individuals. The last indicator – HIV status brings the number 60,000 persons.

Similar, regarding the scope, however somewhat higher figures were received regarding the indicator of additional estimation, which was calculated on the ground of a study conducted in 1993 in two districts (wroclawskie and kieleckie) with the use of 'capture-recapture' method. According to data of health services it amounts to 4.6 and according to police data – 2.4. The estimation was done with the use of data from 1993 resulted in the figure of 20,000 – 40,000 [21]. The police data are no more collected. The use of recalculation factors to the country-wide treatment data for 2002 results in the estimation on the level of 64,000.

Summarising we could estimated the number of problem drug users on the level of 33,000-71,000.

3. Health Consequences

3.1 Drug treatment demand

The information on the number of individuals treated because of abuse of psychoactive substances other than alcohol and tobacco comes from psychiatric hospitals and includes treatment of legal drug dependencies. also functioning within the framework of psychiatric health services. As an epidemiological indicator information on individuals admitted to psychiatric treatment because of drug abuse, is utilised . Data presented include therefore all individuals accepted to psychiatric hospitals including detoxification wards for drug users. as well as rehabilitation centres. also run by NGOs. if such centres have the status of health service units. The basis of statistical reporting of in-patient clinics are individual statistical cards with an identifier (initials and birth date) which allows for avoidance multi-time counting of the same individual. if they were registered by more than one clinic over the same year. The statistical cards are filled up when the patient is accepted and next sent to the Institute of Psychiatry and Neurology. The card. besides the basic information regarding residence and the acceptance and release dates contains information on the diagnosed basic disease and accompanying diseases. up to 1996 coded in accordance with the 9th revision of International Classification of Diseases and Mortality Causes (ICD). The data presented in the tables include acceptance of selected individuals according to both diagnosis. The data include only diagnostics 304 and 305.2-9. In case of diagnosis of an accompanying disease. which is coded with three digits. one may only consider diagnostics of 304. The ICD-10. obligatory in

Poland since 1997. introduced significant. from the perspective of data comparability. changes of disease classification. in particular related to drug abuse.

The estimation of epidemiological trends will be done with the use of indicators calculated on the basis of data from the in-patient clinics. The first one. i.e.. the number of individuals admitted over the given year. includes all individuals undertaking treatment in one of the clinics. independently if the treatment was completed in given year or continued in the next year. The second indicator is the number of first-time patients. defined as individuals who for the first time in life. in a given year were admitted for treatment in an in-patient clinic. The second indicator is in sense more sensitive tool. as it reflects the changes regarding the increase in number of new cases.

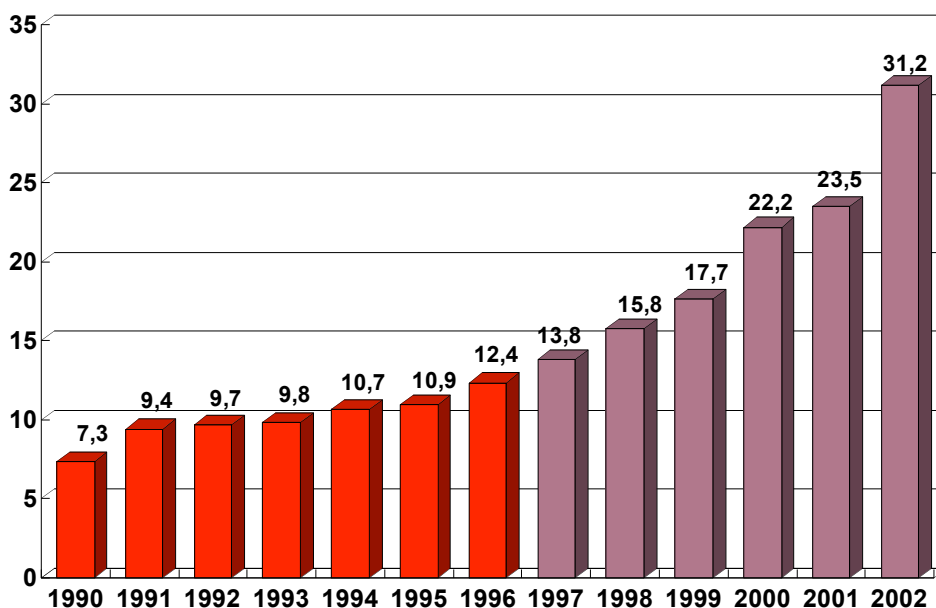
The analysis of data will be started with the indicator of admissions in given year. In 2002. 11.893 people were accepted for treatment. It signifies an increase by 33% comparing with data of 2001 when the number of admitted amounted to 9.096. In 2001 the increase by 6% while in 2000 by 26% (table 9 and fig. 4).

Table 9. Persons admitted to residential treatment due to drug addiction in 1990-1996 (ICD IX: 304.305.2-9) and in 1997-2002 (ICD X: F11-F16. F18. F19)

	Number	Rate per 100 000 total population
1990	2803	7.3
1991	3614	9.4
1992	3710	9.7
1993	3783	9.8
1994	4107	10.7
1995	4223	10.9
1996	4772	12.4
1997	5336	13.8
1998	6100	15.8
1999	6827	17.7
2000	8590	22.2
2001	9096	23.5
2002	11915	31.2

Source: Institute of Psychiatry and Neurology in Warsaw

Fig. 4. Persons admitted to residential treatment due to drug addiction in 1990-1996 (ICD IX: 304.305.2-9) and in 1997-2002 (ICD X: F11-F16. F18. F19) – rates per 100 000 population



Taking into consideration not full comparability of data from the previous years. one should point out the continuation of increase trend since the beginning of the nineties (Fig. 4 and 5). The indicator of admission to residential treatment, counted on 100,000 population grew every year, and increased more than four times if one refers data from 2002 to 1990 (fig. 5). It is different, when one analysis the first-time admissions (table 10).

Table 10. Persons admitted to residential treatment due to drug addiction in 1990-1996 (ICD IX: 304.305.2-9) and in 1997-2002 (ICD X: F11-F16. F18. F19) by type of contact

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
First contact	1260	1593	1547	1505	1693	1759	1980	2438	3115	4040	5075	5617	6537
Total	2803	3614	3710	3783	4107	4223	4772	5336	6100	6827	8590	9096	11915
% first contact	45.0	44.1	41.7	39.8	41.2	41.7	41.5	45.7	51.1	59.2	59.1	61.8	54.9

Source: Institute of Psychiatry and Neurology in Warsaw

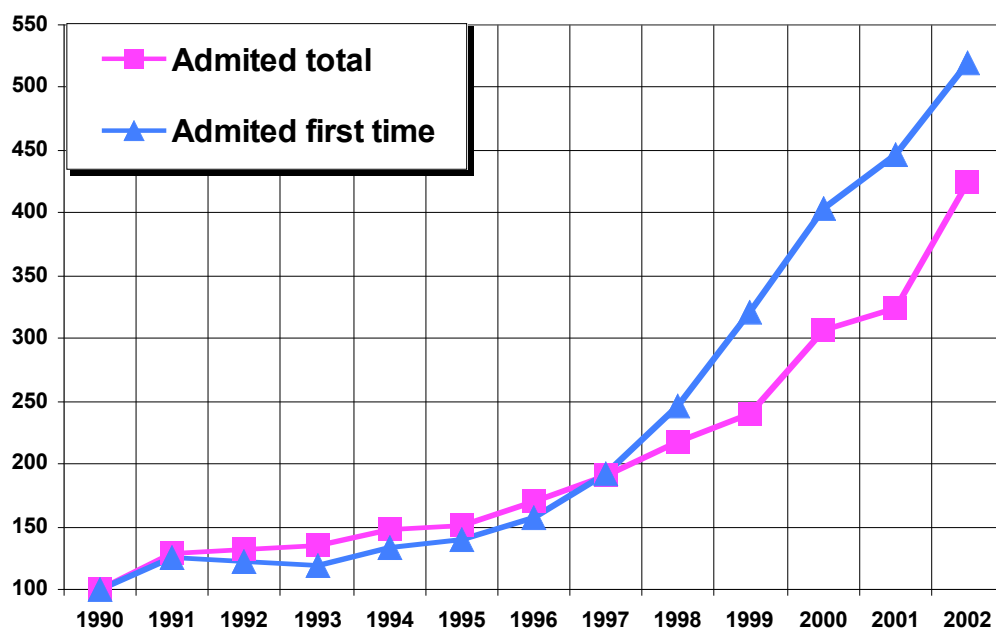
At the beginning of nineties. the percentage of first-time admissions hold on the same level around 40%. It means. the growth of the number of new cases was at the same pace as the growth of total number of treated individuals. Data for 1997 revealed an increase in the first-time admissions to the level of 46%. Till 2000 one could observe subsequent increase, up to

59%. It signifies that over half of patients admitted to in-patient clinics, was accepted for the first time in their life.

The changes regarding the dynamics of both indicators are quite well visible on the chart (Fig. 5).

Fig. 5. Dynamics rates admissions to residential treatment due to drug addiction in 1990-1996 (ICD IX: 304. 305.2-9) and in 1997-2002 (ICD X: F11-F16. F18. F19)

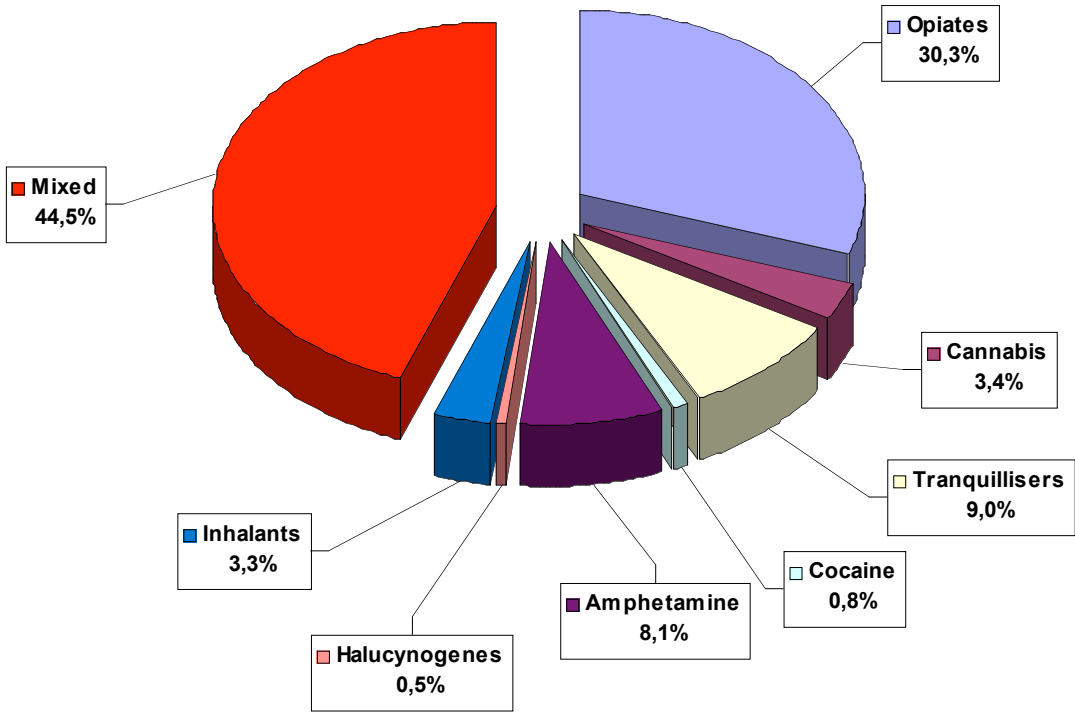
(1990 = 100)



The admissions index for the entire period displayed an increasing trend. but after 1995, it speeded up. The index of first-time patients. after an increase in 1991, was falling over the subsequent two years, to return to its growth tendency in 1994. It is worthwhile to notice that since 1996 the line depicting the first time admission trend becomes steeper, which denotes the acceleration. To sum up. data presented in the chart indicate that the total number of first time patients in 2002 increased by more than five times as compared to 1990.

The structure of diagnosis according the type of drug presented in table 11 and figure 6 visualise weaknesses of the present classification of diseases.

Fig. 6. Persons admitted to residential treatment due to drug addiction in 2002 (ICD X: F11-F16, F18, F19) by the type of drug abused



Over 44% of individuals was classified as mixed and undefined. One can say nothing regarding drugs used by this group of patients. The most numerous is the group having the problem with opiates (30%). Next are tranquillisers (9%), substances from the group of amphetamines (8%), cannabis and volatile substances (both 3%). The remaining categories do not exceed 1%.

Table 11. Persons admitted to residential treatment due to drug addiction in 1997-2002 (ICD X: F11- F16. F18. F19) by the type of drug abused

Type of drug	1997		1998		1999		2000		2001		2002	
	N	%	N	%	N	%	N	%	N	%	N	%
Opiates	2313	43.3	2569	42.3	2652	38.8	3383	39.4	3674	40.4	3609	30.3
Tranquillisers	449	8.4	509	8.3	573	8.4	769	9.0	724	8.0	1074	9.0
Cocaine	46	0.9	45	0.7	52	0.8	50	0.6	19	0.2	98	0.8
Cannabis	70	1.3	110	1.8	164	2.4	246	2.9	269	3.0	409	3.4
Amphetamine	204	3.8	367	6.0	459	6.7	502	5.8	544	6.0	966	8.1
Hallucinogens	70	1.3	75	1.2	91	1.3	62	0.7	61	0.7	62	0.5
Inhalants	535	10.0	564	9.2	455	6.7	449	5.2	340	3.7	397	3.3
Mixed and unspecified	1649	30.9	1861	30.5	2381	34.9	3129	36.4	3465	38.1	5300	44.5
Total	5336	100.0	6100	100.0	6827	100.0	8590	100.0	9096	100.0	11915	100.0

Source: Institute of Psychiatry and Neurology in Warsaw

The comparable structures of diagnosis for years 1997-2002 (table 11) reveals relatively insignificant changes. The only bigger one, is a decrease of the percentage of inhalants users (1997 – 10%; 2002 – 3%) and increase of the percentage of individuals who abuse amphetamines, from 4% in 1997 to 8% in 2002 and cannabis from 1% in 1997 to 3% in 2002.

The gender structure of individuals accepted for treatment was more less constant since many years. Since 1997 slight decreasing trend of women percentages is noted (table 12). Women make 26% of patients treated in 1997 and 23% in 2001 respectively. In 2002 comparing with 2001 the share of women remains stable.

Table 12. Persons admitted to residential treatment due to drug addiction in 1997-2002 (ICD X: F11- F16. F18. F19) by gender

Gender	1997		1998		1999		2000		2001		2002	
	N	%	N	%	N	%	N	%	N	%	N	%
Male	3936	73.8	4519	74.1	5209	76.3	6702	78.0	7006	77.0	8633	76.8
Female	1400	26.2	1581	25.9	1618	23.7	1888	22.0	2090	23.0	2608	23.2

Source: Institute of Psychiatry and Neurology in Warsaw

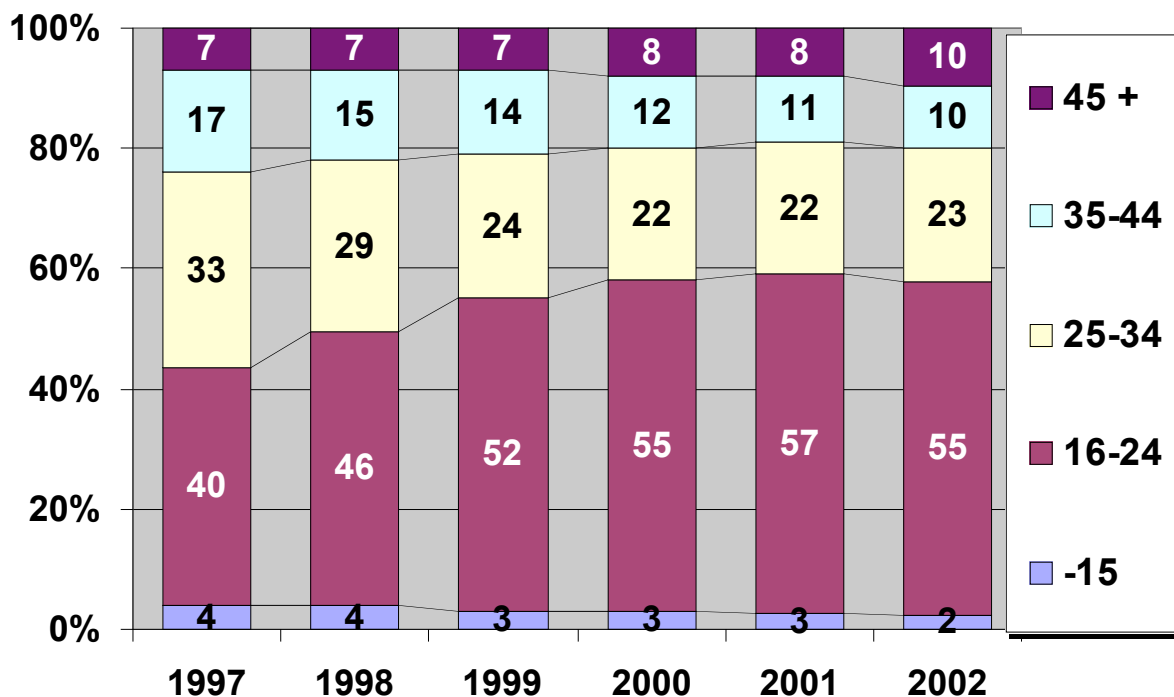
The changes can be observed regarding the age structure (table 13. figure 7).

Table 13. Persons admitted to residential treatment due to drug addiction in 1997-2002 (ICD X: F11-F16. F18. F19) by age

Age	1997		1998		1999		2000		2001		2002	
	N	%	N	%	N	%	N	%	N	%	N	%
- 15	190	3.6	221	3.6	190	3.6	248	2.9	252	2.8	275	2.3
16-19	811	15.2	1130	18.6	811	15.2	2081	24.2	2266	24.9	2824	23.7
20-24	1303	24.5	1649	27.1	1303	24.5	2620	30.5	2873	31.6	3758	31.6
25-29	969	18.2	1026	16.9	969	18.2	1230	14.3	1345	14.8	1835	15.4
30-34	789	14.8	733	12.1	789	14.8	681	7.9	647	7.1	851	7.2
35-39	536	10.1	522	8.6	536	10.1	572	6.7	524	5.8	628	5.3
40-44	367	6.9	374	6.1	367	6.9	472	5.5	448	4.9	585	4.9
45 +	357	6.7	427	7.0	357	6.7	680	7.9	738	8.1	1137	9.6

Source: Institute of Psychiatry and Neurology in Warsaw

Fig. 7. Persons admitted to residential treatment due to drug addiction 1997-2002 (ICD X: F11-F16. F18. F19) by age (percentages of clients)



The changes between 1997 and 2001 consist in an increase in the percentage of individuals at the age of 16-24 years and a decrease regarding the age group of 25-39. In 2002 this tendency was stopped. The proportion of youngest patients, up to 15 years and the oldest ones. over 40, are relatively constant. The increase in the proportion of individuals of the younger age groups signals a subsequent increase of the phenomenon. The constant value of the ration regarding persons below 15 years does not support the common judgements on increase of drug epidemics among children.

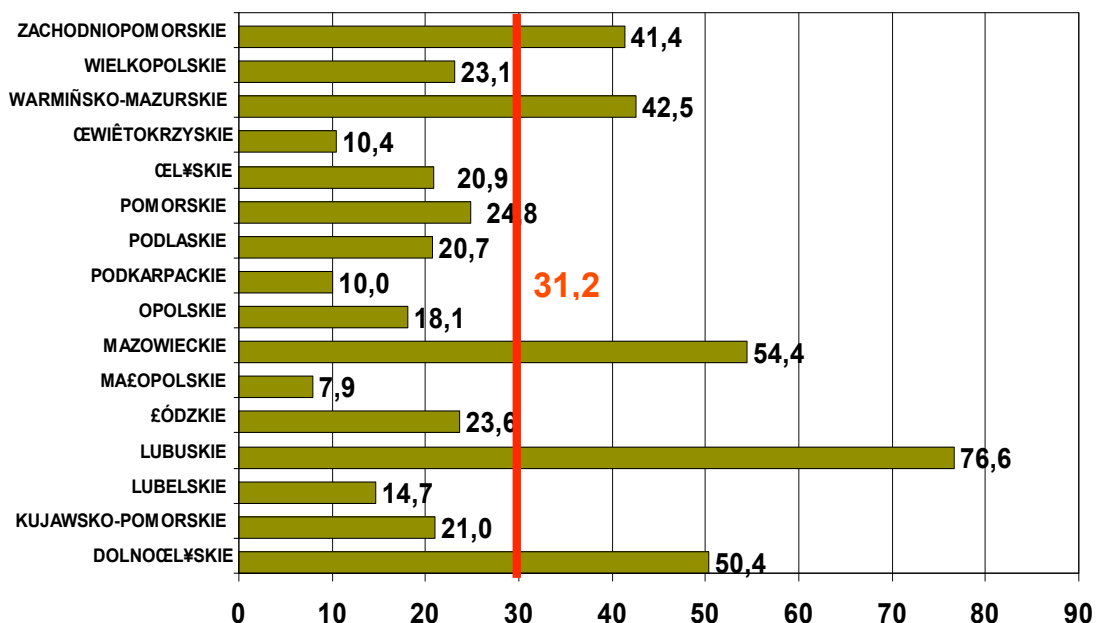
As in the previous years, in 2002 the significant territorial differentiation of drug addiction prevalence is maintained (Table 14. Figure 8).

Table 14. Persons admitted to residential treatment due to drug addiction in 2002 (ICD X: F11-F16. F18. F19) by the place of residence according to administrative division (16 regions)

Region	Number in 2002	Rate per 100 000 in 2002	Rate per 100 000 in 2001	Index 2001 = 100	Index 1990 = 100
POLAND	11915	31.2	23.5	133	425
Dolnośląskie	1465	50.4	45.0	112	272
Kujawsko-Pomorskie	435	21.0	14.7	143	313
Lubelskie	324	14.7	10.2	144	338
Lubuskie	773	76.6	75.2	102	573
Łódzkie	616	23.6	18.0	131	545
Małopolskie	256	7.9	5.9	134	312
Mazowieckie	2786	54.4	44.0	124	726
Opolskie	193	18.1	15.2	119	238
Podkarpackie	210	10.0	6.9	145	276
Podlaskie	250	20.7	15.6	133	236
Pomorskie	540	24.8	18.9	131	283
Śląskie	991	20.9	15.1	138	254
Świętokrzyskie	135	10.4	9.0	116	276
Warmińsko-Mazurskie	607	42.5	38.9	109	542
Wielkopolskie	776	23.1	15.0	154	571
Zachodniopomorskie	703	41.4	34.0	122	482
Missing data and foreigners	855				

Source: Institute of Psychiatry and Neurology in Warsaw

Fig. 8. Persons admitted to residential treatment due to drug addiction in 2002 (ICD X: F11-F16, F18, F19) by the place of residence according to administrative division (16 regions)



As is revealed by data contained in table 12, the significant discrepancy between the indicators of admissions to residential treatment per 100,000 population for the region of highest prevalence (Lubuskie – 76.6) and the region of lowest prevalence (Małopolskie – 7.9) continues to exist. One should be reminded that data presented in the table were grouped according to the place of residence of patients, not the place of treatment, while the availability of treatment is more or less similar all over the country, due to the lack of regionalization of treatment. The most threatened regions, besides Lubuskie, are: Dolnośląskie, Warmińsko-Mazurskie, Mazowieckie and Zachodniopomorskie. All the regions, except of Mazowieckie, are located in the western or northern part of Poland.

Data contained in the last two columns of table 14 allow for the evaluation of the scope of changes regarding the specific regions between 2001 and 2002 as well as 1990 and 2002.

The increase of the value of the index appeared to be differentiated in both comparisons. The biggest increase between 2001 and 2002 was in Wielkopolskie, by 54% and then in Podkarpackie (by 45%), Lubelskie (44%), Kujawsko-Pomorskie (by 43%). The regions with high increase rate had lower than average level of indicator in 2001.

The comparison between 1990 and 2002 shows the biggest increase in Mazowieckie (more than seven times), Lubuskie and Wielkopolskie (closely to 6 times).

3.2 Drug-related mortality

The source of information on deaths of drug dependants is the police. Police records death cases caused by drug overdose. Basically, police statistic records all such cases. According to the law, every case of sudden death should be investigated by the police. Data concerning deaths are collected as data regarding drug dependants. They are based on not-standardised reports of police stations. They contain neither information on the type of drug involved, nor social and demographic data. The lack of a standardised questionnaire or just a written instruction, makes the precise reconstruction of the definition very hard. One may expect, that the definition varies from case to case. The completeness of such collected data also remains unclear. For instance, deaths effected by abuse of volatile substances may be neglected by some police stations, if the local police does not include glue sniffing into the concept and definition of drug dependence.

The data at our possession start in 1988. We were not able to collect data referring to earlier years. Since 1995 the data from Warsaw are not reported to Headquarters. We obtain 1995 data, but they are less credible, because they are based on estimation made by providers. Both, in Warsaw and countrywide no data regarding the type of drug or demographic characteristics of referred individuals are available. As presented in the table, after the rapid increase in 1992, the number of deaths remains stable. One should pay attention to the fact, that the number of deaths is very small, thus responsive to random disturbances.

As it was indicated in Report 1999, it was hard to identify whatever clear tendency. The source of the significant oscillation of the indicator is, a one may assume, small numbers, especially sensitive to random disturbances. In 2000, 174 decease was noted, in 1999, 120 and in 1998 179 respectively. As compared to 1988, in 2000 the number of decease increased by 64%, but in last six years rather the tendency of stabilisation is noted. The data of 2001 are not available, it is expected that of 2002 will be available.

The basic source of information concerning deaths in Poland, is the electronic data base and the archive of death records at the Central Statistical Office (GUS). Every death is evidenced there. The electronic data base contains basic social and demographic information of dead persons and information concerning the death, that is, date, location and three causes (one primary and two secondary ones) coded till 1996 in compliance with the ICD (9) and since 1997 in compliance with the ICD (10). There are no names in the data base, nor initials. Only the birth date and sex can be used as identifiers. The archive death records contain given names and surnames, but getting this information takes a lot of work and is difficult due to confidentiality regulations.

Table 15. Deaths from overdoses in Poland reported by the police in 1988-2000

Years	Number	Rate per 100 000 population
1988	106	0.28
1989	110	0.29
1990	98	0.56
1991	130	0.34
1992	167	0.44
1993	150	0.39
1994	151	0.39
1995	177	0.46
1996	157	0.41
1997	143	0.37
1998	179	0.46
1999	120	0.31
2000	174	0.45
2001	n.a.	n.a
2002	n.a.	n.a

Source: Police Headquarter Warsaw

The register of GUS can be a source of the deaths connected with drugs. The data has been selected according to the reasons fulfilling the criteria of the WHO as deaths connected with overdose of the drugs. The base of the selection was the direct reason of the death. The deaths, whose reason was intoxication or harmful using of the drugs, were chosen. The data are affected by the distortion connected with the change of the ICD in 1997. This fact also concerns the indicator of the persons treated because of the drug problems, discussed in other part of the report.

The trend in the deceases connected with the drugs according to GUS covered years 1987-2000. They show that the number of the deceases is not great and strongly variable in the course of time. For the period of 1997-2000 its maximum value is 104 cases in 2000 and minimum – 82 in 1998. The comparison of the police and GUS data for 1990-1999 reveals the differences and similarities. The shape of the line is similar but police data are more variable.

Generally, according to both indicators, we can talk about stabilization or decrease during last years.

In 1993 there was carried out longitudinal study on mortality of injecting drug users from detoxification unit of the Institute of Psychiatry and Neurology in Warsaw. The study was a

part of an international project initiated by the World Health Organisation and co-ordinated by Department of Epidemiology Lazio Region. Rome. Italy. All injecting drug users attending treatment in the 1983-1992 period were enrolled.

In Warsaw cohort. direct mortality rate for men was 25.7 per 1000 person-years and 14.3 per 1000 person-years for women. As compared with general population the risk of death was 11 times higher among males and 20 times higher among female drug users. Poisson's regression model showed that risk of dying (rate ratio) is particularly high during first year after last treatment.

Almost 40% of deaths were classified as sudden deaths. cause unknown (code 798 of ICD (9)) while close to one third as injuries and poisonings (800-999).

3.3 Drug-related infectious diseases

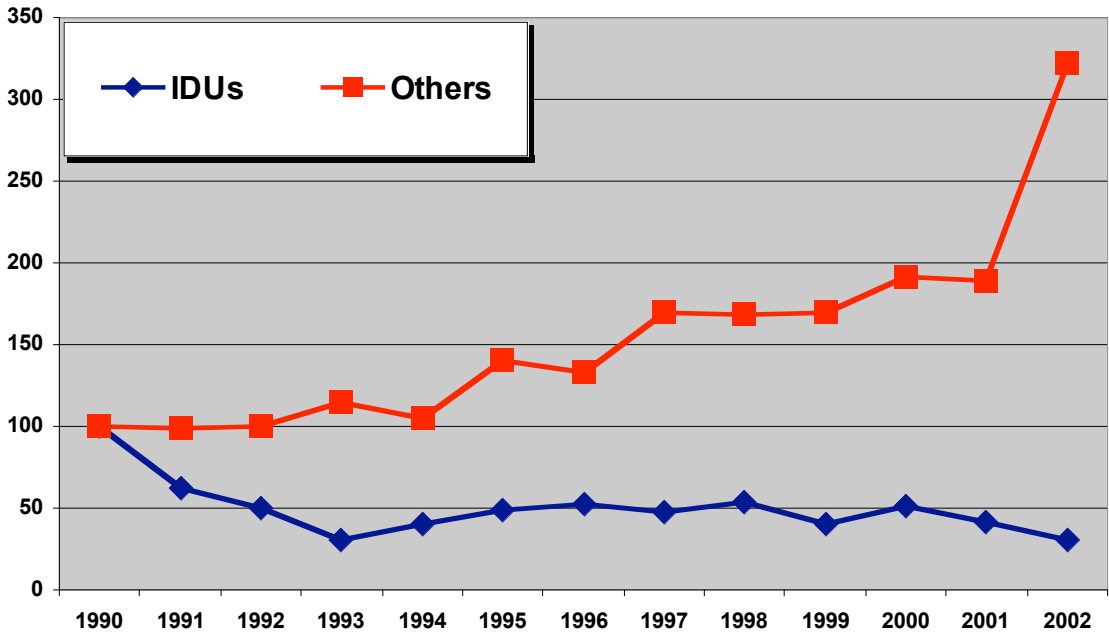
The National Institute of Hygiene [3. 23. 24. 25] collects data regarding the prevalence of HIV infections. The data make possible differentiation of individuals taking drugs through injections. Data presented here are limited to HIV infection among IDUs.

Table 16. HIV cases among IDUs reported in Poland in 1988-2001

Years	Number	Rate per 100 000 population
1988	12	0.03
1989	411	1.08
1990	653	1.71
1991	405	1.06
1992	326	0.85
1993	205	0.53
1994	259	0.67
1995	320	0.83
1996	343	0.89
1997	315	0.81
1998	354	0.88
1999	254	0.69
2000	332	0.86
2001	197	0.51
2002	265	0.69

Source: National Institute of Hygiene

Fig. 9. New HIV cases among IDUs and among others (index 1990 = 100)

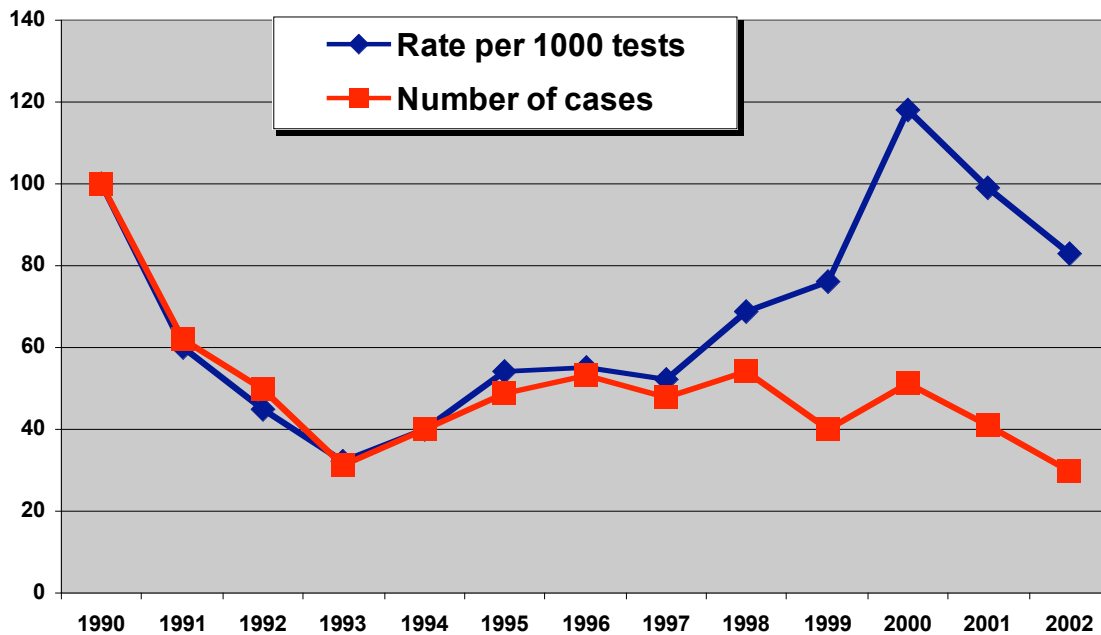


After an increase observed up to 1991, in 1992 through 1993 one can observe a decrease followed by another increase in the years after 1993. Figures for 1995-2001 suggest a relative stability of trends. In 1995 - 320 new cases was noted. in 1998 – 315, while in 2001 – 197 and in 2002 – 265.

The trend of new HIV infections among persons using drugs by injection can be observed on the graph 9 which presents the indicators of the new infections connected with drugs and other new infections. The 1990 data are taken as 100 and the data from following years are presented in the relation to this year. The trend of new HIV infections among people using drugs in injections is completely different from the others. In this case we can observe stabilization in the last years. whereas there is a distinct increase in the others.

We can observe tendencies, generally similar though different in the details, when we use other indicator - a number of new infections per 1000 tests (fig. 10). This indicator standardizes the changes in the intensity of testing. The data from the graph reveal the increase of the indicator among people using drugs in injections in the recent years and stronger increase in the whole period.

Fig. 10. New HIV cases and new HIV cases per 1000 tests among IDUs (index 1990 = 100)



The differences in the dynamics of both indicators referring to persons using drugs in injections can be observed on the figure 10. Both curves - number of new HIV infections and number of new infections per 1000 tests - looked practically the same till 1997. The indicator of the number of new infections per 1000 tests has been rising since 1998 whereas the second indicator has had a decreasing tendency, especially in 2000. During the last two years both curves decreased parallel.

There are two possible interpretations of the observed changes between 1997 and 2000. Firstly, they can show the rise of the efficiency of the tests, which means testing endangered people and not testing those whose result would be negative. We have to remember that analysed data refer to the number of tests, not the number of tested persons. According to this “optimistic” interpretation the decrease of the indicator of new infections among people using drugs in injections observed in the data. is also reflected in the reality. The second interpretation- “pessimistic”- assumes that stabilization and the decrease of the indicator of the new HIV infections among people using drugs in injections is a result of the reduction of the reach of the tests. It means that the fall is apparent because the reduced number of tests results in the increase of the undetected cases. The question, which of the two interpretations is true, can be answered only with the help of special researches.

The trend regarding AIDS morbidity among individuals taking drugs through injections looks different.

Table 17. AIDS cases among IDUs reported in Poland in 1989-2002

Years	Number	Rate per 100 000 population
1989	6	0.02
1990	5	0.01
1991	24	0.06
1992	19	0.05
1993	32	0.08
1994	48	0.12
1995	53	0.14
1996	51	0.13
1997	61	0.16
1998	64	0.17
1999	76	0.19
2000	57	0.14
2001	64	0.17
2002	63	0.16

Source: National Institute of Hygiene

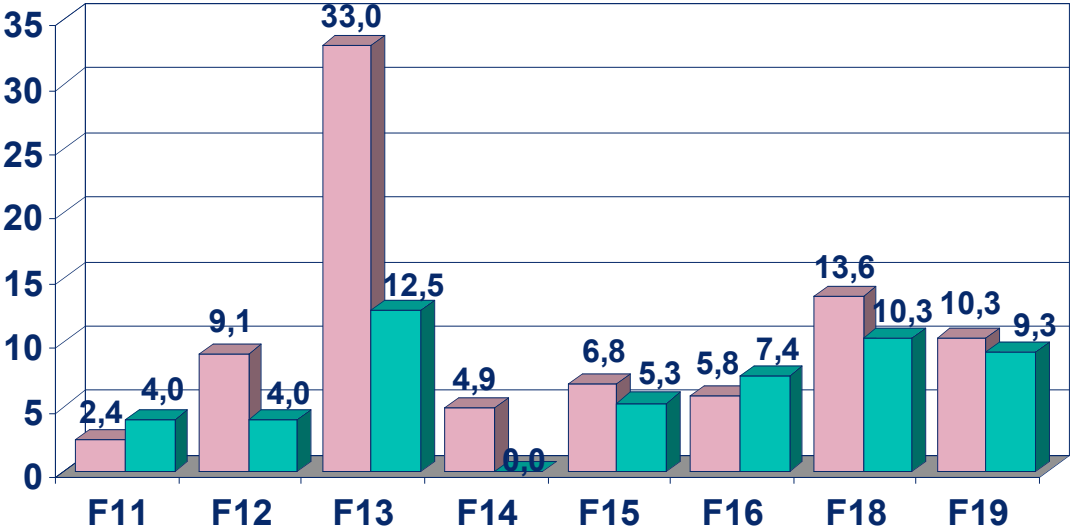
In practical terms, an increase trend can be observed since the beginning of the nineties. In 1990 – 5 cases, in 1991 – 24 cases, in 1995 – 53 cases and in 2001 – 63 cases. The rate of AIDS morbidity reflects the phenomenon with a significant delay, while the data seem to be of fuller nature.

Other drug-related morbidity

Drug problem is sometimes associated with other mental disorders. The nature of this association is usually difficult to define. Sometimes the drug use caused mental problem sometimes mental disorders are the ground for drug use. The extend of the dual diagnosis in treatment could be estimate based on statistical data of residential treatment. In 2000 there was 9.3% patients with both diagnosis drug abuse (F11-16. F17.F18) and other mental disorder while in 2001 6.9% respectively. In 2000 dual diagnosis were twice more often found among females (14.6%) than among males (7.5%). In 2001 the difference between females and males decreased. There was noted 8.4% dual diagnoses among females and 6.5% among males.

The prevalence of dual diagnosis is strongly differentiated by type of drug abused indicated by third digit of ICD code (graph 16). The biggest percentages was noted in 2000 among patients abusing tranquillisers only (33.0%). the lowest among patients abusing opiates only (2.4%). The variation was not so strong in 2001. The biggest share of dual diagnoses was still found among patients abusing tranquillisers, but the percentages amount 12.5% only. Nobody with dual diagnose was noted among cocaine abusers. but it should be mentioned that the total number of cocaine abusers was rather small – 36 persons.

Fig.11. Dual diagnosis – percentage of persons with dual diagnosis among particular categories (ICD 10) drug dependent patient of residential treatment in 2000, 2001 and 2002



4. Social and Legal Correlates and Consequences

Social problems

New data not available.

Drug offences and drug-related crime

Police data

In Poland, the police do not collect statistical data on interventions regarding drug users. Therefore, data on the number of drug users, which were the object of police observation in

relation to the possible criminal activities, were collected in a half-formal way, without appropriate tools. The compendium of figures was created through summing up numbers coming from the district police reports. Their source was the operational information collected during investigations of the groups. If one tried to reconstruct the definition of the phenomenon reflected in the police statistics, the closest would be recording by the police in relation with using drugs. In 1997 the police stopped collecting data, therefore they can not be utilised in the monitoring. Data for the years 1990-96 revealed an increase trend, similar with the trend recorded by residential treatment. In 1996 the police recorded 19,868 drug users.

Within the police reporting system data on detected crimes are collected [5, 6]. Data regarding crimes against the Law on Drug Prevention (till the mid-97) and Counteracting Drug Abuse (till mid-97) are contained in table 18 and figures 12-14.

Data in the table indicate an increase trend regarding crimes like illicit drug trafficking, illegal distribution or persuading to use, illegal import or transit. The trend regarding illegal production of psychoactive substances remains relatively stable, while the illegal cultivating of poppy or cannabis after an increase trend in 1993 through 1994 displays a decrease tendency. Data regarding the number of detected crimes related to drugs as the epidemiological indicator, are loaded with a significant distortion related to changes in the policy of prosecution. Regarding the recent years in particular, when the number of particular crimes revealed by the police multiplies, one may assume that the significant portion of the increase is a result of increased police activities. The displacement of the accent in the anti-drug policy to supply prevention remains in close relation to sharpening and widening of the scope of repression introduced by the new Law of 1997. The increase of police forces directed to fight criminality related to drugs, new legal instruments (controlled purchases, controlled supplies, crown's witness) had changed the situation concerning drug related crimes even before the law of 1997 was implemented, influencing data for 1997.

In 1999, one could observe the continuation of the strong trend regarding the decrease in number of illicit poppy and cannabis plantations. After a significant growth in the previous years, the number of crimes related to drug production, production and maintenance of drug production equipment, introduction of drugs to the market and illicit sharing or persuading to use drug, decreased significantly.

Table 18. Offences against drug law 1990 – 2002

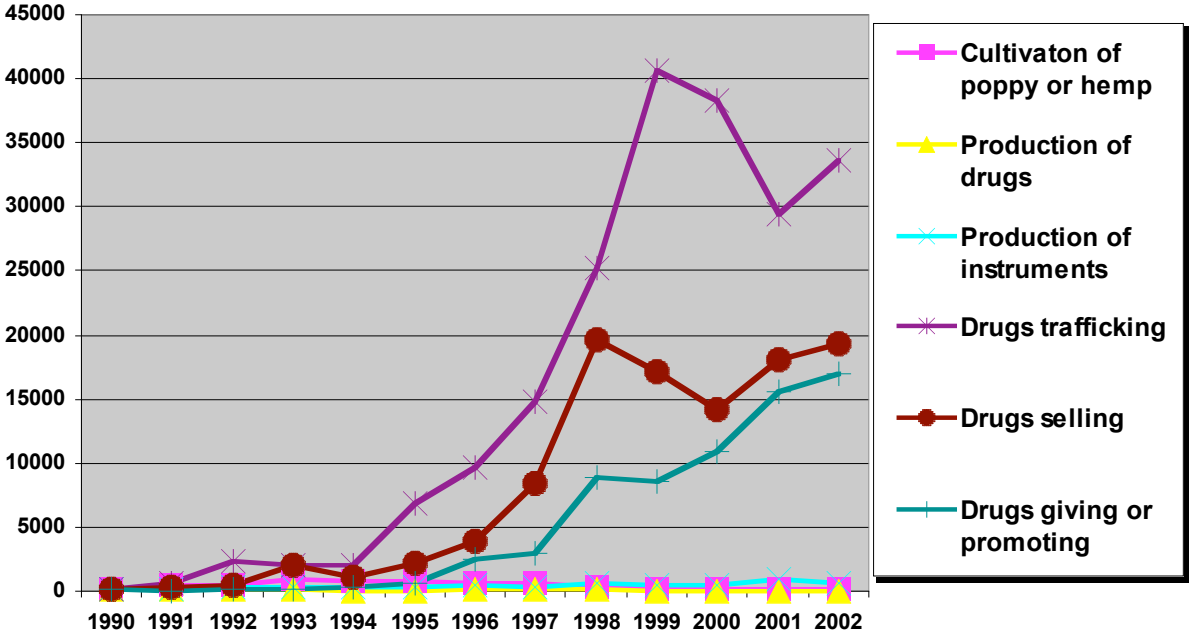
	Years												
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Total	1105	2468	2442	5457	4000	4284	6780	7915	16432	15628	19649	29230	36178
Illegal cultivation of poppy or hemp	382	1712	1631	3577	3040	2780	2634	2518	1195	615	814	663	653
Illegal production of drugs	557	589	521	1280	387	392	459	701	574	361	400	408	319
Production or storing of instruments for illegal drugs production	34	60	94	123	85	97	135	116	190	143	152	292	230
Drugs trafficking (import. export or transit)	1	6	23	21	20	69	97	148	252	406	383	295	336
Illegal drugs selling	10	24	45	207	107	215	397	847	1957	1714	1417	1809	1932
Illegal drugs giving and drugs use promoting	121	77	128	249	361	731	3058	3507	10762	10305	13278	18873	20482
Production. smuggling or trafficking in precursors												22	76
Drugs possession									88	61	66	115	104
Illegal picking of poppy milk. poppy straw. opium or hemp								32	1380	1896	2815	6651	11960
Conquest in purpose of appropriation of poppy milk. poppy straw. opium or hemp								26	112	113	83	78	73
No informing on crime commitment								9	22	14	241	24	14

Source: Police Headquarter Warsaw

In 2000 there was a change of this tendency. In 2000 we observe continuation of the initiated in 1999, decreasing trend concerning the amount of the cases of introducing the drugs into the trade. After the strong increase in the previous years the number of the crimes such as illegal import, export or transit has decreased. The number of crimes concerning encouraging to taking drugs, after the slight increase in 1999, has experienced further increase. The trend of the numbers of the production of the drugs, despite some variations, is stable. In 2001

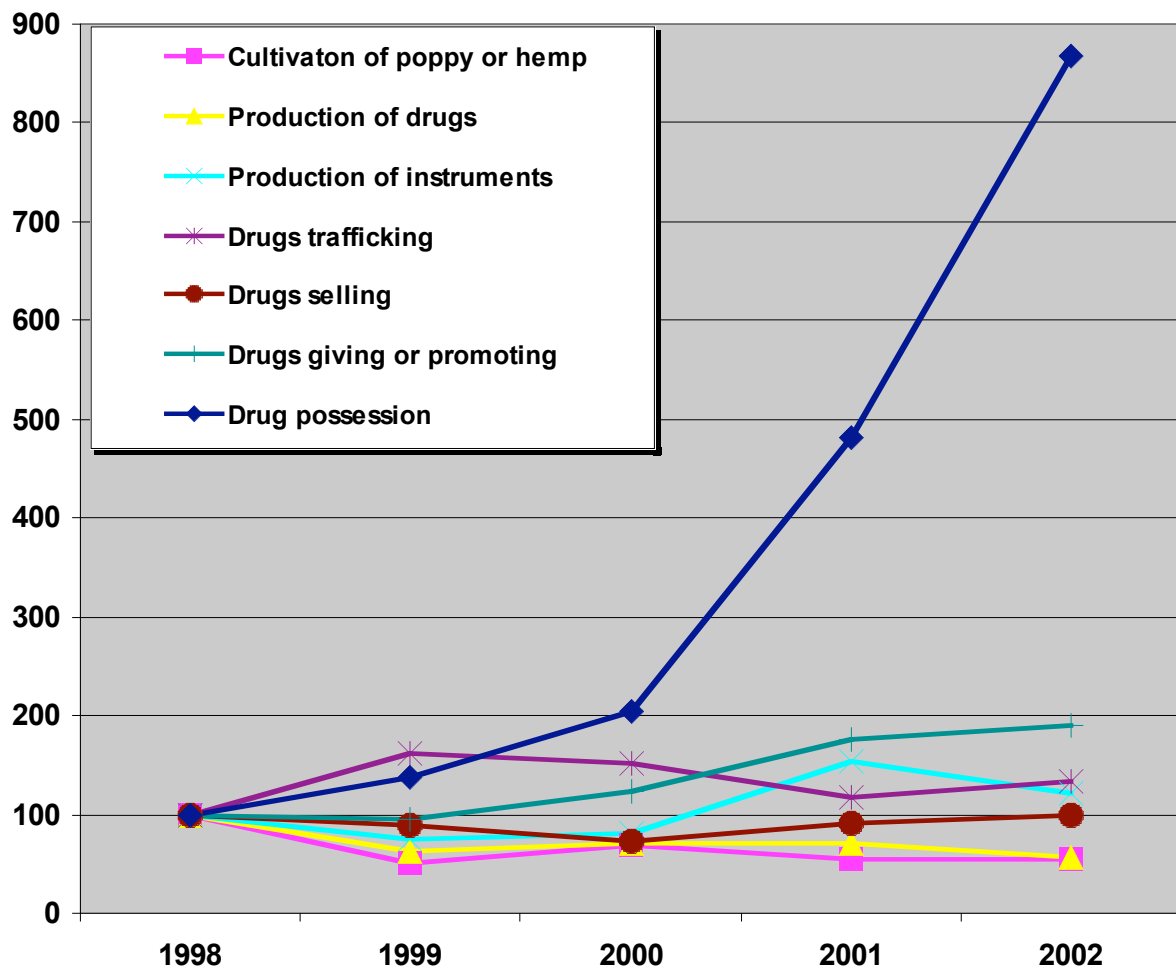
and 2002 we can observed continuation of changes noted in 2000 with one exception – the drug selling and drug trafficking after decreasing again increased.

Figure 12. Dynamic rates of offences against drug law 1990-2002 by types of offences (index 1990 = 100)



Taking as the reference point data from 1998 we could observed recent trend, after changing the law (fig 13) . In 1997 the drug possession got to be penalised, since 2000 also small amount for personal use.

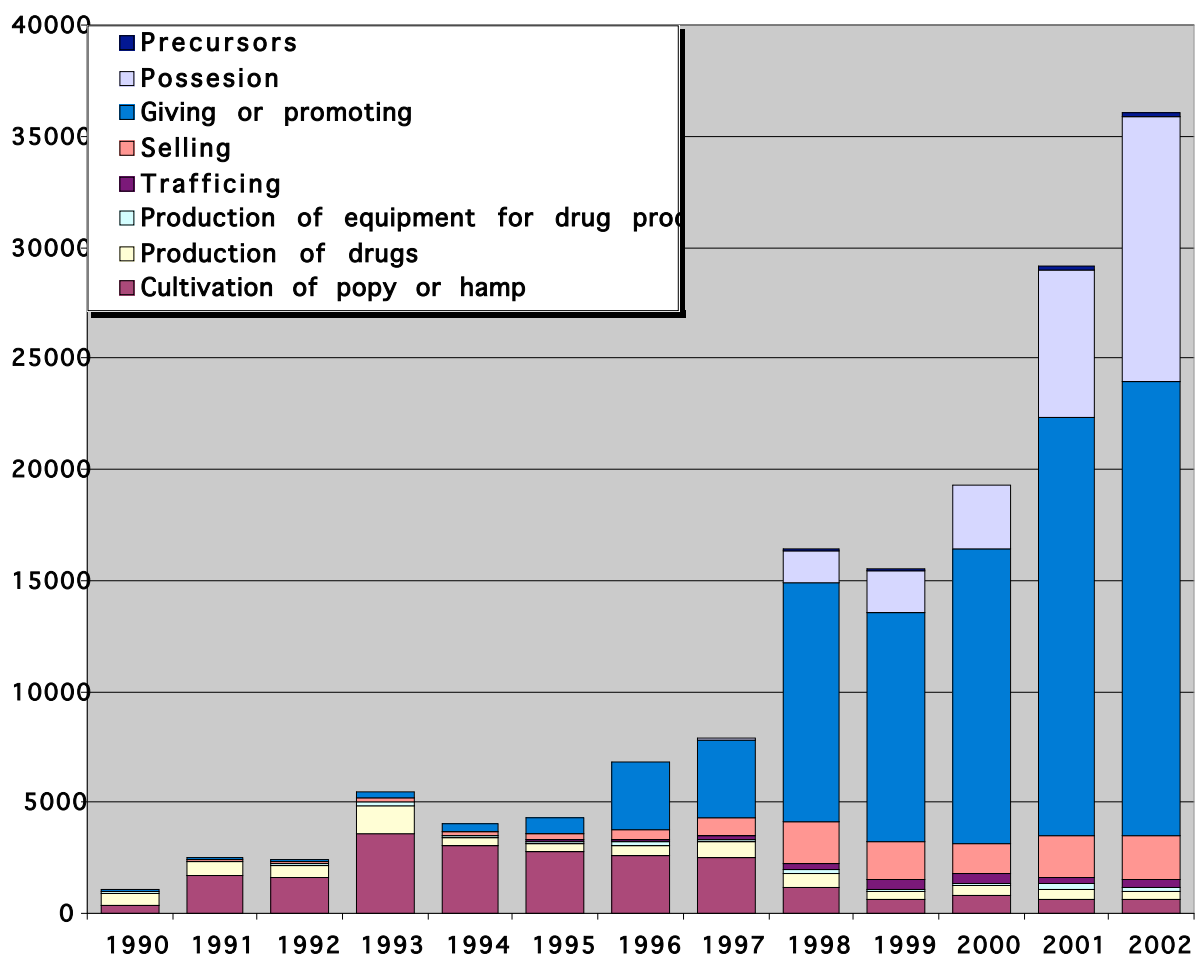
Figure 13. Dynamic rates of offences against drug law 1998-2002 by types of offences (index 1998 = 100)



The figure show rapid increase of number of offences consisting of drug possession and comparing with that trend relatively stable trends of other type of offences.

The data from the figure 14 shows that, as long as quantitative aspect is concerned, such crimes as giving or encouraging to taking the drugs prevail in the picture of the crimes. Possession of the drugs and introducing them into the trade have both considerable share as well.

Fig. 14. Numbers of offences against drug law 1990-2002 by types of offences



Sentences by courts

Regional courts, relevant to the place of crime commitment review criminal cases regarding breaking of the Law. The summaries of sentences available at the courts include only a general category of sentences regarding breaking of the Law On Drug Prevention. however there are no information regarding specific provisions (paragraphs) of the Law. One should remember that the picture of crimes against the Law is significantly determined by crimes relating to illicit growing of poppy. The significant portion of these crimes is not related to drug abuse directly. in this sense. that the poppy straw from the plantations does not go to the produces of 'compote'. Quite frequently. these are small pieces of land. cultivated according to the traditional ways. where poppy is designed for personal use. and the poppy straw is destroyed. The very existence of such small plantations adds up to the general level of thread by increasing the availability of poppy straw. and during the season of the poppy

milk. even if the owners do not intend to make it available to the drug producers. the straw or the milk may constitute a object of theft and get to the illicit market of psychoactive substances. this way.

Table 19. Court convictions for drug law offences (DLOs) in Poland

year	Overall number of persons convicted (all offences) number	Persons convicted for drug law offences number	DLOs as % of All Persons Convicted
1989	93 373	591	0.63
1990	106 464	231	0.22
1991	152 333	421	0.28
1992	160 703	993	0.62
1993	171 622	2 235	1.30
1994	185 065	1 862	1.01
1995	195 455	1 864	0.95
1996	227 731	1 739	0.76
1997	210 600	1 457	0.69
1998	219 064	1 662	0.76
1999	221 805	2 262	1.02
2000	248 911	2 878	1.16
2001	315 013	4 300	1.36

Source: Ministry of Justice

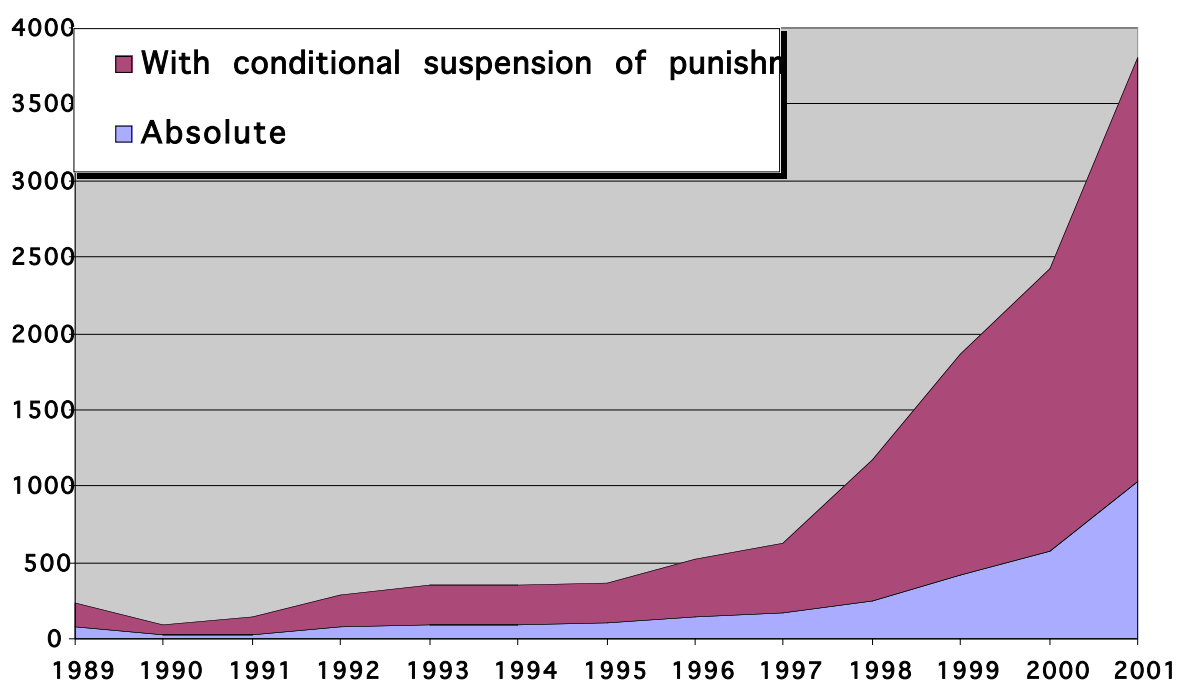
The summary of data regarding valid sentences in 1989-2001 (table 19) indicates a rapid increase in 1993. and next a decrease trend lasting until 1997. After that increasing trend is noted again. Another picture is provided by information regarding imprisonment sentences in relation to the Law.

Table 20. Drug Law Offenders Sentenced to Imprisonment in Poland

Years	Sentenced to Imprisonment		
	Total	Absolut	With conditional suspension of punishment
1989	236	76	160
1990	92	30	62
1991	143	32	111
1992	282	72	210
1993	347	97	250
1994	346	97	249
1995	368	100	268
1996	520	141	379
1997	629	165	464
1998	1 173	252	921
1999	1 863	419	1 444
2000	2 428	572	1 856
2001	3 802	1 024	2 778

Source: Ministry of Justice

Fig. 15. Drug Law Offenders Sentenced to Imprisonment in Poland (1989-2001)



As it can be assumed based on data contained in table 20. in 1997 one can note a continuity regarding the growth of the number of individuals imprisoned, which started in 1993. One may assume this to be the effect of greater restraints on the level of the policy of crime combating and penal measures. resulting from the repressive tendencies of newly prepared legal acts. Since 1997 the trend go up quicker.

Drug problem in prison system

Until recently, the drugs' problem in the Polish penitentiary system was of marginal importance. That was a result of. on the one hand. limited use of drugs in Poland. and. on the other hand. relatively liberal legislation. Small number of drug users and low penalties did not stimulate the development of the drugs problem in penitentiary institutions. Increased popularity of drugs and stricter legislation changed the situation back in the nineties. Both drug users and the drugs themselves began to have significant impact on the functioning of the penitentiary system. providing a serious challenge to it. The reconnaissance of the scope and the nature of the problem became necessary in order to develop appropriate response. It was to be achieved thanks to a research project. implemented by the Institute of Psychiatry and Neurology in 2000-2001 (commissioned by the Ministry of Health). The second stage of the project included a survey (with a questionnaire) of a random sample of those held in prisons and detention centres in order to assess the scope of the drugs problem in penitentiary institutions.

The survey involved a random. representative sample of 1,186 men held in penitentiary institutions all over Poland. It demonstrated that a large group of prisoners had been occasional drug users before their imprisonment. The group amounted to 19.5% of all prisoners. Within the group of those aged 17-24 the ratio slightly exceeded 30%. Those who had occasionally used drugs before imprisonment included more often: younger people (up to the age of 24). pupils and students or the unemployed. residents of cities (esp. large ones). imprisoned for drug-related crimes. with earlier experiences of the penitentiary system. especially in the role of those arrested/detained. In general terms. the social and demographic profile of an occasional drug user imprisoned in a penitentiary institution. does not divert from that reflected by research of the overall population. The most popular drug used by prisoners before their detention was cannabis-based products. similarly as in the overall population or among school pupils. On the other hand. prisoners (as compared to other above-mentioned groups) use more widely substances stimulating the nervous system. such as amphetamine. ecstasy. cocaine.

Prior to the imprisonment, those surveyed had used drugs according to a pattern causing more social problems than it is the case of the overall population.

Drugs are often used in the prison environment, and 22.5% of prisoners have had such experiences. Over 33% of prisoners aged 20-24 have done it. The most common drugs used during imprisonment include tranquillisers and sleep-inducing drugs applied without a physician's prescription, cannabis-based products and amphetamine. In the majority of cases, drug-related experiences of those interviewed in prisons were of incidental nature. 3.3% of prisoners confirmed the use of injected drugs, while 1% admitted that they had shared the same needles and syringes with others. The use of drugs in prisons correlates with younger age, drug-related crime, earlier punishment for crimes other than those related to drugs, living in a city (esp. a big one), and long imprisonment.

According to the evaluation and experiences of those interviewed, drugs are available in prisons to a greater extent than the equally forbidden alcoholic beverages. The risk of exposure to an offer to take drugs is determined by a similar set of factors, such as the use of drugs in the prison, although an earlier stay in a penitentiary institution (as a person arrested/detained only) plays a more important role here than an earlier punishment/criminal record.

The survey results have demonstrated a significant scale of the drug problem, affecting prisoners both prior to imprisonment and during its course. The use of drugs, even occasional, can directly or indirectly cause health problems. The use of stimulating drugs (more popular in this group than in the overall population) in particular, can contribute to accidents and aggressive behaviours, due to behaviour control disorders. The use of drugs while deprived of freedom is especially dangerous, as naturally, it is done in the 'underground', and this is not conducive to applying at least minimal safety measures, and makes it difficult to provide emergency assistance, for example in life-threatening situations.

The above findings provide a serious challenge to the penitentiary system. The survey results and experience of other countries confirm that one cannot fully successfully limit the use of drugs through excessive control measures and suppressing the drugs' supply. It is necessary to undertake activities to limit the demand for drugs and to reduce the damage. One should therefore indicate the urgent need to develop and to implement preventive programs addressed to all those imprisoned, and to high-risk groups in particular, i.e. to young people aged under 25, urban residents, those punished for drug-related crimes. Programs of this kind should also take into account the specific nature of penitentiary institutions and the penitentiaries themselves. Bearing in mind those prisoners who shall not respond to the message of preventive measures, programs to minimise the damage should also be developed. Although the use of drugs through injections happens very seldom in penitentiary institutions, nevertheless, the lack of access to sterile needles and syringes poses a serious

threat of infectious diseases, including HIV/AIDS. Programs that involve administration of methadone as a drug substitute seem to provide the best response to the increasing threat.

4.3 Social and economic costs of drug consumption

No new data available yet.

5. Drug Markets

5.1 Availability and supply

New data not available yet.

5.2 Seizures

There are four institutions in Poland dealing with illicit drug seizures, there are: the police, the Border Guard, the State Security Office and the Custom Service. The three first institutions are the part of Ministry the Interior and Administration, the fourth belongs to the Ministry of Finance. The data included in the table 21 are provided by the police, but cover drug seizures done by all four above-mentioned institutions.

Up to 1997 there was no coherent system of seizures of illicit drugs operating in Poland neither there was any coherent system of data collection on seizures. This is changed in 1998. Data from 1998 are not comparable with previous one.

Table 21. Quantities of illicit drugs seized in Poland in 2000-2002

	Unit	2000	2001	2002
Amphetamine	kg	1051.36	195.651	172.588
Ecstasy	tablets	139133	239124	64452
Cocaine	kg	80.664	50.549	423.48
Heroin	kg	216.782	388.66	585.705
LSD	doses	3809	672	797
Cannabis	kg	181.863	104.554	794.516

Source: Police Headquarter Warsaw

In the period of 2000-2002 increasing trend is noted in case of seizures of ecstasy and heroine. Concerning other substances trend is not so clear – a lot of fluctuations is observed. The data of the increase of the confiscated amount of the heroin and synthetic drugs correspond with the information of the increasing consumption provided by drug users.

5.3 Price, purity

No data is collected in Poland regarding the purity of drugs. According to the Police and studies conducted with the use of qualitative methods among drug abusers. it is known that the purity level of drugs on the street level is significantly differentiated. It depends on the number of intermediaries. as every one of them may add something to thee drug to save something for them. In general. drugs. which find way to the experimenting youth. therefore youth not sufficiently knowledgeable and using numerous intermediates. are of lesser degree of purity. The price of drugs depend somewhat on their purity. butt also on the evaluation of the potential buyer. The cheats of selling substances with trace quantities of drugs or containing no psychoactive substance at all. are not unusual. In case of experimenters. such 'drug' may perform as placebo. The price of drugs is also significantly differentiated and depend on the number of go-betweens and the quantity of drugs constituting the object of purchase. Buying larger quantities one may pay even the price twenty times reduces. as compared to the regular one. Information regarding the price of drugs are collected and published by the police. They are of more than conditional character. which is decided by the method of collecting. Figures presented by the Police Headquarters (table 22.) come from reports of the regional police stations. The method of data collection as well as the method of aggregation are not sufficiently formalised and are not clear. from what we know they are far from being methodologically correct.

Table 22. Prices of drugs on a street level in 1999-2002 according to the police

	Unit	1999 r.		2000 r.		2001 r.		2002 r.	
		Price range in PLN	Average price in PLN	Price range in PLN	Average price in PLN	Price range in PLN	Average price in PLN	Price range in PLN	Average price in PLN
Amphetamine	gram	40-120	80	40-120	80	20-120	65	20-80	50
Ecstasy	piece	25-50	35	15-30	35	15-40	26	10-30	25
Cocaine	gram	250-300	250	od 200	250	150-300	209	150-300	200
Heroin (brown)	gram	200-250	200	200-250	200	150-240	189	200-300	160
Hashish	gram	35-45	40	35-45	40	25-35	30	20-40	30
LSD	piece	20-40	30	20-40	30	20-40	31	11-35	34

Source: Police Headquarter Warsaw

According to the police, in 2002 as compared with 2001, 2000 and 1999, the average price of particular substances is rather stable in case of some substances, in case of others is decreasing. It means, that a fight with a supply, no matter how many successes we can observe in the statistics, does not considerably influence the situation of the illegal trade of the drugs. Lack of the changes in the nominal prices means, de facto, a fall in their real value. The limitation of the supply resulting from the intensified activity of the police should cause rise of the prices. If the rise does not occur we can suggest that the supply is not really reduced. The data about the prices for 2001 and 2002 indicate that the further restriction of the law at the end of 2000 has not influenced the illegal supply of the drugs.

6. Trends per Drug

6.1 Cannabis

Marijuana consumption is growing in a large-scale and increasing of supply is noted. According survey data and results of qualitative studies the increasing trend is observed among youth. Treatment data show rising trend as well, but not so rapid.

6.2 Synthetic drugs (amphetamine, ecstasy, LSD)

Amphetamines use is growing and a large-scale supply of amphetamines and hallucinogens is noted. Poland has become one of the biggest producers of illicit amphetamine. It is estimated that between 10 and 40 percent of the amphetamine market in Nordic countries is

supplied from Poland. Amphetamine production and distribution is seemingly controlled by modern criminal organizations. Treatment data show rising trend as well, but not so rapid.

6.3 Heroin/opiates

The increasing trend is noted based on both survey data and treatment data. Consumption shifts to heroin “Braun sugar”.

6.4 Cocaine/crack

There were only single cases of cocaine use detected by population survey in Warsaw. All the cases of cocaine use occurred earlier than 30 days prior to the survey. Slight increase is observed based on treatment data.

6.5 Multiple use (including alcohol)

Increasing trend is observed.

Among youth very high prevalence is noted. but trend is stable. In treatment increase is noted.

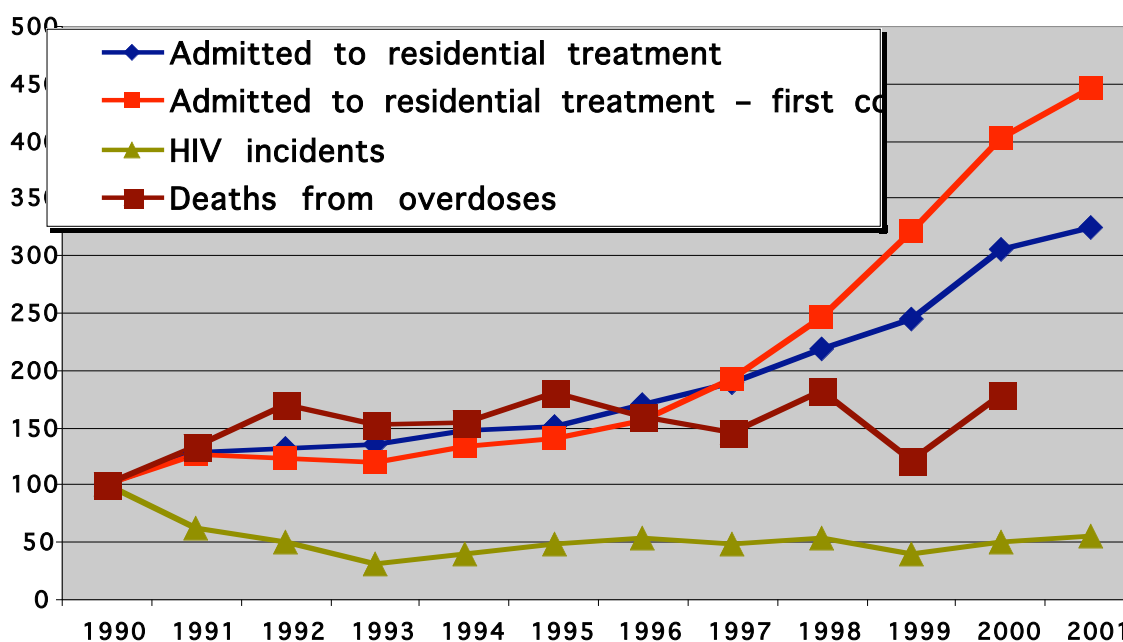
Trend of solvents use is rather stable, treatment data shows decreasing trend.

7. Discussion

7.1 Consistency between indicators

In general terms the indicator show consistent picture of drug problem in Poland. It is worth to look at the graph 16 while summarizing the analyze of the health indicators. We can observe indicators of the admissions to the hospitals because of the drug dependence in total. first time admissions. deaths connected with drugs and new HIV infections among the persons using drugs in injections. The data on the graph show that even though the number of admissions rises and even greater the rate of the first time admissions. HIV infections and deaths remain stabile. It could be interpreted as a consequence of drug use patterns changing into less destructive (decrease of IDU). It seems that effect of harm reduction efforts have also important input in stabilization of trend in most serious health consequences.

Fig. 16. Dynamic rates of health problems related to drugs 1990-1999



7.2 Implications for policy and interventions

Current changes on the drug scene in Poland may be connected with the process of socio-political transformation. Consequences of the process of profound social changes lead to an increased demand for intoxicating drugs. A crisis of norms and values, weakening of social control, unemployment, psychological stress due to a sense of lack of both stabilization and clear perspectives for the future - a combination of all these factors provide a good background for escaping into pharmacologically induced oblivion. Besides, due to the ease of travelling and Western mass culture expansion there is a strong impact of cultural patterns flowing from the Western countries. There are also economic factors, i.e. the realistic regulation of Western currencies exchange rate resulted in an increased supply of psychoactive substance and in diversification of trafficked drugs. In the near future Poland may be expected to become an attractive market for illicit psychoactive substances.

Based on the results of the monitoring of drug problem and on the results of particular studies following recommendations were formulated for demand and harm reduction strategies:

1. It seems to be important to extend activities on harm reduction. The most important is methadone substitution, not only for Polish heroin users but also for brown sugar users. There should be full access to injecting equipment and disinfectants. Intravenous

stimulant users not connected with the relatively well-recognized circles of Polish heroin users must be targeted. The harm reduction program should be based on the outreach method.

2. The lack of acceptance of Polish heroin and the reluctance to inject drugs by the new generation of drug users should be exploited in prevention and harm reduction programs.
3. In education programs, treating all drugs as similarly hazardous should be avoided. It should be clearly stated that heroin is much more dangerous than marijuana and that additional risk comes from injecting. This is important from the point of view of changing drug use patterns in the direction of more dangerous drugs such as amphetamine, cocaine or heroin.
4. Preclusion of drug users regarding the use of syringes should become one of the objectives of the harm reduction programs. The aversion of the new generation of drug users to injecting should be supported by professionals involved in prevention and harm reduction.
5. Early intervention programs for occasional cannabis users are urgently required. Primary prevention initiatives exist throughout Poland and there are treatment offers for drug addicts, but there is a lack of initiatives dealing with occasional drug users without serious problems. Some kind of harm reduction activities focused on occasional drug users who do not want to stop using drugs are also needed.

7.3 Methodological limitations and data quality

The data quality is rather good regarding demand indicator. Supply data are bad quality. In most cases data are collected on the very low level of standardisation.

The most significant needs regarding data collection:

1. The evaluation of preventive, treatment and harm reduction activities as well as the drug policy as a whole
2. The evaluation of prevalence of the occasional use of drugs among adults on the country level (population survey)

3. The widening of the range and improvement of data quality regarding the problems relating to drug abuse (infections HBV. HCV. tuberculosis. road accidents. petty crimes. reporting for treatment).

Further qualitative studies should be focused on occasional drug use in the context of youth culture. Such studies would be able to provide recommendations for preventive activities focused on early intervention. First. an exploratory study using qualitative methods is needed in order to understand the function of 'soft' drugs in youth culture and factors affecting their increasing popularity among teenagers. Then. pilot intervention initiatives should be developed using an action research design.

8. Strategies in Demand Reduction at the National Level.

8.1. Major strategies and activities

Major objectives and activities in the field of demand reduction were presented in part 1 of the report.

8.2. Approaches and new developments

Nationwide questionnaire surveys were conducted for the first time in 2002 and their aim was to diagnose the problem of drug addiction as well as finding out the opinions and beliefs of the society concerning the subject of drugs and drug addiction. The surveys reveal that the Poles perceive the drug problem more as a public health issue than a public safety one. It turned out that drug addicts are seen by society as sick people requiring treatment. The surveys also reveal that the percentage of people who are against legalising cannabis amounts to 77.6% of those questioned while that of people who are against legalising heroin to 87.1%. The results of the surveys constitute valuable recommendation for shaping social policy on problems related to using psychoactive substances, especially as regards either using repressive measures towards drug users or introducing new activities e.g. in the field of harm reduction. Thus for a few years now activities in the field of demand reduction have been aimed at producing comprehensive solutions which will embrace the largest number of recipients possible. An example of such an approach is the national strategy for the years 2002 – 2005 which assumes carrying out activities aimed at both school youth (predominantly activities of the Ministry of National Education and Sport) - children and teenagers threatened by drug addiction and their parents (activities carried out in recreational facilities and among local communities) as well as the addicted and their families. There are also programmes being carried out which focus on both strengthening the effects of therapies and social readaptation of primary therapy programmes participants. Activities which should also be pointed out include running socio-educational campaigns, on-line guidance service giving advice on the drug problem and information on the functioning of nationwide helpline. The activities are carried out at national, regional and local level.

The projects launched in 2002 aimed at increasing the efficiency and intensification of activities in the field of demand reduction include, among other things, the establishment of a network of regional experts (one in every district of Poland) by the Focal Point. The experts are responsible for monitoring the drug problem in their respective areas. In future the results

of the monitoring should contribute to the creation of a more effective policy on the drug addiction.

Another important undertaking were the training sessions organised by the National Bureau for Drug Prevention for local communities supporting the cooperation between local authorities, non-governmental organisations and other institutions when developing and carrying out local drug prevention programmes. Equally important were the training sessions for various professional groups (teachers, psychologists, policemen, social welfare officers, probation officers, etc.) in the field of drug addiction including medical, legal and psychological aspects of the phenomenon.

A series of training sessions approved of and certified by the Ministry of Health and concerning therapy and rehabilitation of drug addicted people was also started in 2002. People who participated in the specialist training and passed an exam are awarded a diploma which certifies the professional competence they acquired in the field of drug addiction therapy.

9. Prevention

On the basis of both national and worldwide trends' analysis it has been assumed that a realistic goal for the National Programme for Counteracting Drug Addiction for the years 2002 -2005 in the field of prevention will be slackening the pace of the increase in drug demand and not its elimination. The experience of Central and Eastern European countries show that since the beginning of the 1990's we have been witnessing a dynamic rise of the drug use phenomenon, especially among the youth. It is strictly related to the socio-economic changes which have been taking place in this part of Europe. Appropriately formulated specific objectives of NPCDA are supposed to help in slowing down the increase in drug demand. These objectives focus on intensifying the involvement of local communities in preventing the use of psychoactive substances including drugs. At the same time, raising the level of social knowledge about the problems connected with both using psychoactive substances as well as preventing the phenomenon remains an important element of the programme. When justifying this goal of the strategy, it was pointed out that it was necessary to verify the form of mass media reporting on the problem which often comes down to presenting information in a sensational and shocking way thus causing harm to reliable and important content which possesses preventive value. Other specific objectives in the field of prevention which follow deal with issues connected with psycho-social conditioning of drug addiction and effective prevention strategies. Justifying the objective it was stressed that there was an urgent need to extend the research projects (so far they had often been limited to evaluating the scope of the use of psychoactive substances) and thus include projects

which would contribute to the development of more adequate and varied methods of prevention activities. The last, but not least, objective of the national strategy is to increase the number of competent executors of prevention activities. Both substantial increase in the training offer as well as reaching a varied group of addressees who deal with problems of using psychoactive substances by children and youth during everyday professional practice are supposed to serve this goal.

Institutions responsible for the fulfilment of the prevention-related objectives are, among others, the Ministry of National Education and Sport, local departments of education, the Institute of Psychiatry and Neurology, the National Bureau for Drug Prevention and territorial self-government units which cherish more and more independence and autonomy in shaping and carrying out social policies at a local level.

Almost all districts of Poland follow not only the National Programme but also their own District Programmes for Counteracting Drug Addiction which contain local priorities and specific activities.

The National Bureau for Drug Prevention and the State Agency for Prevention of Alcohol Related Problems are central government agencies established to inspire, support and coordinate activities aimed at limiting problems related to using drugs and alcohol.

On the basis of the results of a research projects concerning the evaluation of drug-related social costs in Poland which was initiated by Pompidou Group (the Council of Europe) and conducted with the support of the National Bureau for Drug Prevention in 2000 it was established that local authorities allocated 3,706,000 euros to drug prevention while units of government administration 3,321,000 euros including the contribution of the Ministry of Health which amounted to 2,754,000 euros. In cities which used to be the capitals of provinces average annual spending amounted to 21,333 euros, in other towns – 5,556 euros, in municipal-rural communes to 667 euros and in rural communes to 1,556 euros. Assuming that the problem of drug addiction most often concerns cities it has to be admitted that the data acquired show a low level of territorial self-government financial involvement in the idea of solving the problem. Such an approach seem to be favoured by legal solutions which are in force in our country and which do not point to a source responsible for financing the activities undertaken in this field by territorial self-government units. It seems that a solution which could lead to a rise in the amount of money allocated to drug prevention and cause a more rational spending of the money at the same time is to introduce certain legislative changes and thus create basis for financing prevention at a local level. A commune seems to be an ideal unit for working out and implementing prevention strategies as it guarantees that the planned activities will be adequate to actual needs which usually possess characteristic local features.

9.1. School programme

The Ministry of National Education and Sport (MENiS) undertakes a series of initiatives aimed at limiting the reach and intensification of such negative phenomena as violence, aggression and threat of addiction. The introduction in 2002 of both a prevention programme and a school upbringing programme was especially important as they integrate educational, upbringing and prevention activities of the school engaging also parents and student councils.

In 2002 MENiS obliged schools to develop and carry out their own children and youth problem prevention programmes adjusted to the needs and abilities of school environment. In 2002 local departments of education examined the implementation of children and youth problems prevention programmes in 70% of state schools (both primary and secondary). Among the examined schools, about 80% introduced prevention programmes wholly, 16% partly (diagnosis and development stage) and 4% did not undertake any activities.

The programmes were developed and carried out by teachers. Teachers' activities carried out at school were supported by school psychologists. In special cases schools used specialist help of psychological guidance service (582 units used that sort of help). Teachers could also use the database of the Centre for Training Teachers in Counselling containing examples of recommended prevention programmes. There are 32 programmes available.

Activities in the field of early intervention were also undertaken at schools. The activities were carried out by teachers as well as school psychologists. For the year 2003 MENiS is planning to organise a series of training sessions for educators and heads of local education departments in the scope of "intervention in crisis situation at school". The procedure for conduct in case of crisis situations at school is also being developed by the Institute of Psychiatry and Neurology.

9.2. Youth programmes outside school

In compliance with the activities in the field of drug prevention established in the National Programme for Counteracting Drug Addiction for the years 2002 – 2005, the National Bureau for Drug Prevention supported the execution of prevention programmes integrated with regional and local drug prevention strategies.

The main addressee of the above-mentioned programmes were children and youth threatened by drug addiction – the neglected, coming from dysfunctional families including

the families afflicted by problems of addiction. These are also young people who have already had first contact with intoxicants.

- Prevention programmes for children and youth threatened by drug addiction and their parents, carried out in social facilities e.g. socio-therapeutic clubs and counselling services.

Programmes of both educational activities promoting healthy lifestyle as well as psycho correction activities addressed to selected groups at higher risk of using drugs. The programmes were aimed at carrying out specific objectives related to drug initiation and/or addiction prevention.

In the framework of above-mentioned programmes the following tasks were commissioned:

- educational classes for children and youth, especially classes correcting normative beliefs about drugs
- educational classes for children
- psycho-educational classes (workshops, trainings), especially the ones strengthening psychological and social abilities
- therapeutic activities (individual and group psychotherapy, socio-therapy) for children, youth and parents
- counselling and consultation, interventions, social enquiries

- Prevention programmes for children and youth threatened by drug addiction carried out in recreational facilities (discotheques, playgrounds)

Programmes carried out both in recreational facilities (discotheques, playgrounds) as well as during social events. The programmes were aimed at preventing drug initiation among youth and/or limiting risk connected with occasional drug use.

In the framework of above-mentioned programmes the following tasks were commissioned:

- information-educational activities in the environment
- social enquiries
- interventions
- counselling and consultation for children and youth

- Programmes for youth leaders

Programmes preparing youth leaders to carry out activities in the scope of health education in the environment of their peers and supporting them

In the framework of above-mentioned programmes the following tasks were commissioned:

- information and education classes for leaders on the subject of addictions
 - education classes on the subject of peer support method
 - psycho-educational classes (workshops, trainings) strengthening psychological and social abilities of the leaders
-
- Campaign: “Drugs: the best way out – stay out”

Social-education campaign under the banner of “Drugs: the best way out – stay out” was initiated by the National Bureau for Drug Prevention in 2002. The primary aim of the campaign was to make young people aware of the fact that using drugs is closely connected with serious health and social harm.

Specific aims of the campaign encompassed raising the youth’s knowledge as regards harm done by using drugs, disseminating information concerning prevention units, making nationwide helpline for people afflicted by drug problem popular and improving the safety of young people at leisure facilities.

A number of both media and information-educational projects were prepared to fulfil the aims of the campaign. While laying groundwork for the media activities, the National Bureau sought cooperation of TV channels and youth magazines. The Bureau also used new methods and ways of dissemination of information, especially the ones popular among young people (the Internet). Taking into consideration environmental conditioning of youth drug use it was planned for information to reach recreational facilities, places where social events for youth are organised.

The activities addressed at young people threatened by drugs were also carried out with the involvement of local communities and non-governmental organisations in the framework of environmental programmes, activities of youth leaders and “alternative programmes.”

The most important activities of the Campaign fulfilled by the National Bureau or with its involvement include:

- anti drug commercial entitled “the Maze” broadcast in the framework of the campaign by TV channels

- TV and radio programmes devoted to the to the drug problem among youth (Polish TV Channel 1 – “Rower Błażeja” 2002)
- radio campaign – broadcasting a radio commercial as well as promoting the campaign’s aims on the RMF FM Radio station in 2002 (It was financed entirely by the RMF FM Radio Station.)
- nationwide poster campaign (2002) – publication of a prevention poster promoting the watchword of the campaign, its ideas as well as a nationwide anti drug helpline and disseminating it all over the country
- publication of both posters informing of drug-use-related harm and articles about drug-related myths in the youth press
- Anti Drug Counselling Service – access by the Internet address: www.poradnia.narkomania.org.pl
- information and education undertakings – publication and dissemination of leaflets, postcards with prevention-related content and information-education posters (the posters provide information on both first aid in case of drug poisoning as well as the helpline) among the youth

The activities in the field of demand reduction financed by the National Bureau for Drug Prevention in 2002 (breakdown of numbers)

PREVENTION PROGRAMMES

Table 23 Data concerning the number of children and youth who are recipients of prevention programmes (according to the age)

Age	Number of permanent recipients	Number of incidental recipients
under 12	2912	2710
13 - 15	3564	6565
16 - 19	5036	15295
over 19	1219	2080
total	12676	26650

Source: Report form the realization of the National Programme for Counteracting the Drug Addiction 2002-2005

Table 24 Prevention programmes addressed to children and youth (data concerning the number of permanent recipients and the number of hours according to the type of activities)

Type of activities	Number of recipients	Number of hours
Child care and upbringing activities (e.g. in common rooms, socio-therapeutic clubs)	4667	55018
Development activities	3548	20499
Socio-therapeutic activities	2627	16499
Support groups	1599	19594
Psychological training	3340	2696
Group psychotherapy	600	2539
Individual psychotherapy	1311	6895
Educational activities, lectures on the subject of intoxicants	15857	4255
Other e.g. consultation, social intervention, lectures, counselling	8730	17493

Source: Report form the realization of the National Programme for Counteracting the Drug Addiction 2002-2005

Table 25 Prevention programmes addressed to adults, children and youth at one time – the number of participants and the number of hours according to the type of activities

Type of activities	Number of participants	Number of hours
Counselling (interview, diagnosis, counsel)	6940	11149
Consultation with specialists	1770	1809
Family therapy	390	936
Cooperation with institutions	1237	6416
Environment activities	23043	3718

Other e.g. individual therapy, crisis intervention, social enquiries	6940	11149
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Source: Report form the realization of the National Programme for Counteracting the Drug Addiction 2002-2005

Table 26 Data concerning the number of prevention counsels given to children, youth and adults

Recipients	Number of counsels given to individuals		
	At consultation desks	By phone	In the environment
Children and youth	4287	1394	540
Adults	4111	2867	555

Source: Report form the realization of the National Programme for Counteracting the Drug Addiction 2002-2005

9.3 Family and childhood

Drug addiction prevention programmes for children were addressed primarily to children neglected in their upbringing, coming from dysfunctional families including those afflicted by problem of dependencies. The objectives of the programmes carried out included limiting the effects of growing up in unsuitable family environment, improving emotional and social functioning of the charges, supporting the development of their interests and forming the habit of spending their free time in a constructive way. The above-mentioned objectives were achieved by both intervention and welfare activities as well as by activities carried out in clubs for environment prevention. The basis for the implementation of the above-mentioned prevention programmes were facilities situated within local communities – socio-therapeutic common rooms, childcare centres, prevention facilities as well as information and consultation desks. Children were referred to the programmes by schools, childcare and education units, courts, health service units and welfare service.

Prevention activities encompassed parents whose children participated in the above-mentioned programmes as well. MENiS also carried out prevention activities in nursery schools. Upbringing programmes in nursery schools were aimed at early childhood

development and contained detailed content related to various fields of education including health education. Nursery school teachers were free to choose their extra curricular activities including prevention programmes outlined and carried out with the help of outside specialists. The following are examples of prevention programmes for six-year olds: “Clean air around us,” “World without smoke” or “I eat only wholesome food.” In the framework of health promotion schools a programme supporting the ideas of health education and health promotion was carried out in 78 nursery schools nationwide.

9.4 Prevention at recreational facilities

Prevention activities at recreational facilities have been carried out in Poland for 2 years. However, there is no regional or local connected with the implementation of activities of this type.

In 2002 “SEDNO” Association (the BOTTOM) launched a pilot programme in Poznan. The aim of the programme was to reach the largest possible number of psychoactive substances addicts or their users and reduce the risk of direct drug-related health harm. The execution of the project included: information and educational activities in the environment, predominantly in pubs and discotheques, making the information about various forms of help reach people using drugs who had not used any form of help until that time, providing social and organisational support to drug users as well as distributing condoms and educational and information materials about harm reduction. The activities were carried out at recreational facilities after making arrangements with their owners.

There are plans to develop such programmes in other large cities in Poland (Poznań, Lublin, Warszawa, Częstochowa). There are also plans to evaluate such programmes and to create standards to provide such activities.

The legal basis for running economic activity also refers to running the night settings in Poland. In case of organizing (by the night clubs) the mass events, there are in force additional law regulations, for example the Act of August 22, 1997 on safety of social events. The Act contains safety regulations for social events, mode of granting permissions for their organisations, rules concerning the responsibility of organisers for any damage caused at the place of the event and during its duration as well as rules concerning the responsibility of both the organisers of social events and their participants in case if they breach the regulations of the act.

The Act obliges the organisers of social events to guarantee both safety to people who are present at the event as well as public order while the event is taking place.

The organisers of social events are responsible, among other things, for:

- complying with safety regulations stated in legislative acts, particularly building, sanitary and fire regulations
- providing qualified and aptly equipped security and information services, members of which can be distinguished by their uniforms as well as appointing a security manager responsible for these services
- providing medical help as well as sanitary and hygiene assistance
- providing emergency exits and roads enabling emergency units and police reach the place
- providing conditions for establishing communication between subjects taking part in guaranteeing safety during the events
- providing rescue and fire equipment as well as fire extinguishing agents necessary when securing the place of fire rescue action
- providing, if necessary, a room for services managing the securing of the place of the action

10. Reduction of drug related harm

Harm reduction programmes have been carried out in Poland since 1986. These are predominantly opiate substitution programmes (discussed in more detail in point 11.2), needle and syringe exchange programmes and prevention-related educational programmes directed at people occasionally using synthetic drugs. The above-mentioned programmes aim at reducing drug use-related behaviour in such a way that this behaviour becomes less harmful in a situation when achieving drug abstinence is impossible.

Harm reduction programmes do not have long tradition in our country. Nevertheless, Polish decision-makers and addiction treatment specialists accept and promote the need to use actions from the field of harm minimisation. Surveys of the general population ("Drugs. Attitudes and behaviour" 2002) showed that programmes of this kind do not arouse opposition of public opinion and are accepted in various social environments.

2002 was the first year of the National Programme for Counteracting Drug Addiction implementation. One of the objectives of the National Programme is to reduce drug use and drug use-related problems. In the field of harm reduction new NPCDA assumes reducing the number of infections with diseases related to taking drugs, maintaining an improved state of health in the people who are subjected to treatment and rehabilitation, minimising the number of drug use-related deaths and reducing the pace of increase in drug use-related crime.

Drug use-related harm reduction programmes were aimed at two groups of addressees: injecting drug users and youth using synthetic drugs. The executors of the programmes were employees of counselling points and addiction therapy guidance services as well as qualified volunteers.

Educational activities, apart from distribution of sterile injection kits, were carried out among the group of injecting drug users. Usually the work with the addicted took place at therapeutic units or outdoors – in the same, specified places of needles and syringes exchange. Moreover, e.g. in the framework of the programme in Krakow needle and syringes were distributed to a larger group of addicted by the agency of drug addicts arriving at injection kit exchange points (peer to peer). At one of the hospitals for infectious diseases in Warsaw specific educational activities were carried out in the field of harm reduction for addicted patients who found themselves in hospital because of addiction-related infectious diseases. In some cities “Monar” Association published and distributed an educational magazine for active drug addicts.

As regards overdose prevention, in 2002, similarly to previous years, information and educational activities were carried among patients of detoxification wards, participants of harm reduction programmes and prisoners at penitentiary units.

Growing popularity of synthetic drugs (not taken by injection) and their increasing acceptance among the youth caused that e.g. in Łódź the need for educational activities and activities motivating for treatment at the meeting places of drug addicts was significantly greater than the need for needle and syringe exchange programmes. The National Bureau for Drug Prevention gave priority to both model programmes aimed at people experimenting with synthetic drugs at discotheques, concerts, in pubs and programmes co-financed by local authorities. In 2002 pilot programmes directed at youth experimenting with synthetic drugs at discotheques and in clubs were continued. Educational programmes were predominantly aimed at reducing harmful practices of taking intoxicants, promoting safe sexual behaviour and minimising health and social problems among drug users.

Harm reduction programmes which are carried out in Poland are, in long term, directed at reducing social cost of drug addiction. In 2002 the National Bureau for Counteracting Drug Addiction subsidized 13 programmes of needle and syringe exchange carried out by a group of street workers and on the basis of counselling points run by non-governmental organisations. Activities in the field of harm reduction encompassed 10,925 drug addicts i.e. 3K more than in 2001. 373K needles and 278K syringes were distributed (while collecting

288K and 208K respectively) together with 28K dressings, 21K ampoules with water for injection and 23K condoms. The National Bureau paid the salaries of street workers in the amount of 66,828 euros altogether whereas the equipment in majority of the programmes was financed by resources allocated by either local authorities or international organisations (e.g. UNDP)

According to the schedule drawn up in the National Programme for Counteracting Drug Addiction it is planned to:

- initiate a series of trainings in the field of drug use-related harm reduction by the end of 2003
- carry out a pilot evaluation programme of the national strategy in the years 2003 – 2005
- develop methods and indicators for the evaluation of drug use-related harm reduction programmes in the years 2003 – 2004.

11. Treatments

In 2002, just like in previous years, the field of drug addiction treatment in Poland was dominated by long and medium term treatment programmes of stationery units. The criteria of admittance for treatment and the sources of financing the programmes did not change either. The activities were still carried out mostly by non-governmental organisations – associations, foundations. In reply to a still too homogenous treatment offer for drug addicted people, the National Bureau for Drug Prevention (NBDP), which is responsible for shaping the government's policy in this field, commissioned carrying out programmes which would serve as a complement of the offer financed by Regional Health Funds. These included programmes adjusted to patients' needs:

- innovative and pilot programmes
- out-patient treatment programmes for both people addicted to psychoactive substances and their families
- non-specific programmes supporting and complementing rehabilitation process

In 2002, NBDP subsidised the execution of therapy programmes carried out at 3 stationary units, 1 day-care unit, 48 out-patient units, 14 hostels and 18 adaptation flats.

In September of 2002 the first edition of training in compliance with "The Regulations of approving and certifying specialist training programme in the field of drug addiction therapy

and rehabilitation” was carried out. (Ministry of Health, Journal of Law No. 4 of April 8, 2002). Altogether, in 2002, 3 shortened training sessions were carried out as a result of which 94 people were awarded specialist in addiction therapy certificates. The shortened training was designed for therapists who had been administering rehabilitation of drug addicted patients for at least ten years. 42 people participated in the full version of the training which was designed for those who had been professionally dealing with dependencies for no longer than 10 years.

Apart from that, in 2002 NBDP continued carrying out training sessions for the employees of Primary Health Care Service. 2 full series of training for doctors and nurses entitled “the Role of Primary Health Care Service staff in solving problems related to the use of intoxicants” were carried out. 120 people were trained.

Carrying out the monitoring of treatment units was still done by the Institute of Psychiatry and Neurology in Warsaw. Statistical data about the patients subjected to the treatment was collected by means of obligatory documentation held by both non-public and independent public health care units. The evaluation of the treatment effects was handicapped by lack of standards concerning treatment and rehabilitation rules of conduct. However, in 2002 the National Bureau, with the cooperation of the Institute of Psychiatry and Neurology, carried out work on formulating the rules for contracting services in the scope of psychiatry and addiction treatment. The result of the work is a draft of Catalogue 006 – psychiatric and addiction treatment – specific conditions, lying down conditions which any health care unit should comply with if it wants its services to be considered as standardised. Moreover, the National Programme for Counteracting Drug Addiction which is currently in force assumes full registration of existing both health care and rehabilitation units as well as permanent data update. NPCDA also assumes developing of evaluation methods and indicators for health care and rehabilitation services in 2003 and 2004 as well as running a pilot evaluation programme in selected units in the years 2004 – 2005. The above-mentioned activities will be carried out by the Institute with the cooperation of the Bureau.

11.1 “Drug-free” treatment and health care at the national level.

“Drug-free” programmes have a long tradition in Poland. According to the Bureau’s estimate made in 2002, there were 77 stationary units whose programmes were based on the idea of therapeutic community. Out-patient treatment programmes were also carried out.

In 2002 NBDP commissioned non-governmental organisations to carry out 2 programmes complementing basic stationary rehabilitation programmes. The first one was targeted at

young women – patients of a stationary unit in Gdansk and was aimed at eliminating deficiencies in skills and attitudes related to female identity and which had occurred while taking drugs. The other programme was carried out at stationary units in Warsaw and Radom and was based on aggression substitution training. Apart from that, the Bureau commissioned implementing a programme improving the quality of services provided by a stationary unit in Czestochowa.

Stationary rehabilitation programmes for adult drug addicts were also implemented in 10 therapeutic departments of prisons as well as at a penitentiary unit and a hostel for the under aged in Bialystok. Therapeutic programmes of penitentiary units are discussed in detail in point 12.1.

In order to secure complex out-patient health care services and increase the availability of both first aid and intervention, the Bureau commissioned carrying out tasks at 48 consulting points which are situated in epidemiological high-risk environment. NBDP also financed programmes breaching the scope of basic therapeutic work of the points – these included, among other things, programmes offering help to drug addicts' families aimed at gaining both mental readiness and ability to change destructive relations with either the addicted or those threatened by addiction. Programmes offering out-patient help to people finishing stationary therapy included personal development, relapse prevention, support groups and professional counselling on job opportunities. The aim of these activities was to maintain abstinence and complete social re-adaptation.

The Bureau allocated 644,878 Euros for the above-mentioned stationary and out-patient programmes.

11.2 Substitution and maintenance treatment

Drug substitution programmes carried out in Poland aim at improving the quality of life of the addicted and reducing health, social and economic harm caused by the use of drugs. In 2002 methadone remained the only substitute substance the use of which was legally allowed in substitution treatment. Just like in previous years, in compliance with the Law on Counteracting Drug Addiction, substitution treatment was carried out exclusively by independent public health care units after having been granted permission by the governor of the province who acted in cooperation with the Minister of Health. Drug substitution programmes implemented in Poland remained high-threshold programmes. Also the criteria for admittance to the programmes and the way of distributing substitute substances were not

changed. NPCDA which is currently in force assumes development of substitution treatment units.

In 2002 the Bureau purchased methadone for substitution treatment programmes carried out nationwide in 10 independent public health care units. The cost of the purchase was PLN 798K i.e. 177K euros. In the framework of the programmes 1000 patients were encompassed by the treatment. Except for the cost of methadone, the substitution programmes were financed by Regional Health Funds. At the turn of 2003 the Regional Health Funds announced that they would finance methadone substitution treatment including the cost of the substance and invited tenders.

11.3 After-care and reintegration

As a result of limited financial resources and high cost of stationary and hostel adaptation programmes, in 2002 the Bureau commissioned carrying out fewer programmes than in previous years. Protected flats and hostels programmes were carried out predominantly in large urban areas (e.g. Warsaw, Katowice) by 12 bodies – 10 non-governmental organisations and 2 Independent Public Health Care Units. The Bureau allocated 182,999 euros to these programmes. The necessity of organising this form of work stems from the fact that addiction to psychoactive substances, which affects the whole functioning of an individual, afflicts usually young people entering adulthood.

Making up deficiencies which result from the disease and which developed at the time of growing into self-reliance and forming one's own existence is a long-term process and requires varied range of actions and incentives. This is especially important when the families of the drug addicts create pathogenic environment. The clients of post-rehabilitation programmes, just like over previous years, were predominantly graduates from the basic stage of treatment at stationary units.

Creating places where drug addicts regaining their health could rejoin social life under the specialist supervision of a therapist should be of interest for local authorities. Such activities would prevent relapses and thus reduce the resources allocated to welfare and institutions responsible for maintaining public order. However, it follows from the analysis of public spending on drug prevention which was performed by the Bureau that local authorities' participation in it was symbolic. The NPCDA which is currently in force obliges self-governments of provinces, counties and communes as well as Regional Health Funds to develop post-rehabilitation programmes as well as to create social re-adaptation units: hostels and protected flats.

In 2002 NBDP organised training for the executors of post-rehabilitation programmes entitled "The use of alcohol among drug addicted people participating in post-rehabilitation programmes." 46 people took part in the training.

12. Interventions in the Criminal Justice System.

12.1 Assistance to drug users in prisons.

Specialist activities for people remaining at penitentiary units were carried out on the basis of 10 self-devised original programmes developed by therapists working at particular wards. At all the wards the programmes were implemented in 6-month cycles and included elements of basic addiction therapy. All the therapeutic programmes were developed taking into consideration unique characteristic of the unit, the prison staff and the convicts. The programmes were based on structural-strategic addiction psychotherapy. Theoretical basis for the programmes was provided by psycho-social model of addiction and the concept of psychological mechanisms of addiction which the model includes. In all the programmes patients took part in group therapy activities and they also carried out Individual Therapy Programmes. Last year the programmes encompassed 774 convicts, 626 of whom finished the treatment. Inadequate number of places at therapeutic wards resulted in prolonging the time of waiting for admittance to a ward (at present this period lasts 9 months whereas in 1999 it used to be 3 months.)

A specialist programme for the residents of juvenile detention centres who are addicted to drugs was also carried out at the Juvenile Detention Centre in Bialystok. The following activities were undertaken at this unit:

- psychotherapeutic care over all the residents
- developing patterns of healthy lifestyle and spending one's free time in a healthy way
- psycho-correction and therapeutic work
- correcting and eliminating emotional deficiencies related to using drugs
- prevention examination of all the residents to see if they are infected with AIDS or suffer from tuberculosis

Needle and syringe exchange programmes are not carried out at prisons. Neither are disinfectants distributed. At all units, i.e. 156, blood tests and vaccination programmes are carried out. Apart from that, condoms are distributed.

12.2 Alternatives to prison for drug dependent

A drug addicted person sentenced to a deprivation of liberty for a drug-related crime whose punishment was suspended may be obliged by the court to undergo treatment at a proper rehabilitation unit. In case of a person convicted to a deprivation of liberty without conditional suspension, the convict may be placed at a treatment unit before the execution of the punishment. After finishing the therapy the court decides whether the punishment shall be executed or not.

12.3 Evaluation and training

Data from quantitative researches carried out in prisons were presented in the last year's report.

13. Quality Assurance

In 2002 the National Health Fund established standards for providing health care services. The standards define essential requirements with which health care units should comply. A detailed list of these requirements specifies the qualifications of personnel and the range of provided services. A division into three reference levels was set according to the number of personnel employed in the unit and their qualifications, standard of the services and their scope. The National Health Fund pays the highest rates for services offered by health care units which are at the third reference level (Szczegółowe materiały Informacyjne o przedmiocie postępowania w sprawie zawierania umów o udzielanie świadczeń zdrowotnych ubezpieczonym w Narodowym Funduszu Zdrowia od 1 stycznia 2004 roku – leczenie psychiatryczne i uzależnienia, 2003).

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