



European Monitoring Centre  
for Drugs and Drug Addiction

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Point  
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**2005 NATIONAL REPORT (2004 data) TO THE  
EMCDDA  
by the Reitox National Focal Point**

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

**REITOX**

## 1. National policies and context

### **Legal framework**

In 2004 three regulations on control of psychotropic substances were issued to the Act of 24 April 1997 on Counteracting Drug Addiction. In addition, an amended regulation on substitution treatment, which lowered the legal age of participants in such programmes and the regulation on establishment of a closed centre for minors convicted by family court were issued.

**The Regulation of the Minister of Health of 26 January 2005 on handling for training purposes narcotic drugs, psychotropic substances or their preparations and group I-R precursors as well as specific conditions of storing and destruction methods thereof by organizational units of the governmental administration in the course of their operational and reconnaissance actions.**

This regulation is an enactment to Article 12.3 of the Act of Law of 24 April 1997 on counteracting drug addiction and refers to the rules and conditions of purchasing and using for training purposes narcotic drugs, psychotropic substances, their preparations as well as group I-R precursors by organizational units of the governmental administration and higher education schools. The above regulation laid out conditions of storing and destroying narcotic drugs, psychotropic substances, their preparations and group I-R precursors by units of the governmental administration in the course of their operational and reconnaissance actions.

**The Regulation of the Minister of Health of 22 September 2004 on entities authorized to store and destroy narcotic drugs, psychotropic substances or their preparations and group I-R precursors as well as specific rules and conditions of storing and destroying thereof.**

The regulation is an enactment to Article 22.5 of the Act of Law of 24 April 1997 on counteracting drug addiction. The above regulation specifies ways of keeping records of stored narcotic drugs, psychotropic substances or their preparations and group I-R precursors by units of Police and Border Guard as well as ways of destroying psychoactive substances. It also lists items that a record book kept by relevant services should contain.

**The regulation of the Minister of Health of 28 September 2004 on handling for scientific purposes narcotic drugs, psychotropic substances or their preparations and group I-R precursors.**

The regulation is an enactment to Article 11.3 of the Act of Law on counteracting drug addiction. It specifies rules and conditions of storing, purchasing and using for scientific purposes narcotic drugs, psychotropic substances or their preparations and group I-R precursors by scientific institutions conducting research into drug addiction only if it is absolutely necessary in that kind of research. This legal act also sets the procedure of coming into possession of psychoactive substances by the above institutions. Moreover, it describes the record methods of the stored substances.

**The Regulation of the Minister of Health of 13 May 2004 amending the Regulation on substitution treatment.**

This legal act amends the regulation on substitution treatment by introducing changes increasing availability of methadone programmes. One of the more important amendments was lowering the age of participants in substitution treatment programmes from 21 to 18. Another major amendment was easing restrictions on expulsion rules in the case of relapsing patients.

**The Regulation of the Minister of Health of 15 April 2004 on establishment of National Court Psychiatry Centre for Minors in Garwolin pursuant to Article 15.5 of the Act of Law of 24 April 1997 on counteracting drug addiction.**

The newly established centre is a public health care unit adapted to execute court orders for placing a minor in a psychiatric hospital or another relevant treatment centre pursuant to the Act of Law of 26 October 1982 on Procedure in Minor Cases. Persons dependent on psychoactive substances shall be referred to the abovementioned facility.

*.1.1.1 Institutional framework, strategies and policies*

The main legal act on drugs and drug addiction in effect in Poland in 2004 was the Act of Law of 24 April 1997 on counteracting drug addiction. In accordance with this Act, the following institutions and bodies operate in the field of counteracting drug addiction:

The National Bureau for Drug Prevention is one of the most important institutions carrying out the drug policy in Poland. The Bureau, which is a central governmental institution subordinate to the Ministry of Health and financed from the state budget, is responsible for developing the National Programme for Counteracting Drug Addiction and drawing up an annual report on its implementation. Its activities also include setting most important areas in the field of drug prevention. The Bureau tries to encourage setting up and developing new prevention, rehabilitation, post-rehabilitation and harm reduction programmes. The secretariat of the

Council for Counteracting Drug Addiction, whose role is described below, is located in the Bureau.

The institution serving advisory role for the Prime Minister in the field of drug prevention in Poland is the Council for Counteracting Drug Addiction. The Council assesses the implementation of the National Program for Counteracting Drug Addiction, which are then submitted to the Prime Minister.

In 2004 representatives of the institutions comprising the Council statutorily bound to control precursors drafted an agreement on establishment of effective control system over production, processing, converting, storing and trading in precursors. The agreement is to ensure effective cooperation through: implementing information exchange procedures, sharing precursor control databases, coordinating control actions performed by parties to the agreement. Consultations and organizational arrangements were conducted over the re-enactment of the Act on Counteracting Drug Addiction, which also covers the subject matter of the agreement.

Within the Council for Counteracting Drug Addiction a working group that developed information sharing procedures among major institutions involved in drugs and drug addiction. The group comprised Council members representing: Ministry of National Education and Sport, Ministry of Internal Affairs and Administration, Ministry of Health, the Ministry of Justice, Main Pharmaceutical Inspectorate, State Sanitary Inspectorate. Better information flow will improve cooperation between respective services.

Pursuant to the Act of Law on counteracting drug addiction local governments are bound to tackle drug problems. Provincial governments are responsible for the development of regional programmes and communal governments are responsible, inter alia, for increasing the availability of therapeutic and rehabilitation assistance to drug users.

**Law enforcement** ministries play an important role in the field of supply reduction: the Ministry of Internal Affairs and Administration (Police, Border Guards); the Ministry of Defence (Military Police), the Ministry of Finance (Customs Service) which combat drug trafficking, dealing and production.

In Poland anti-drug strategy is defined in the **National Programme for Counteracting Drug Addiction (2002-2005)** adopted by the Council of Ministers in July 2002. The bodies and institutions responsible for the implementation of the programme predominantly operate within central administration and units of local government in 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 National Bureau for Drug Prevention annually draws up **Monitoring Report** on the implementation of NBDP tasks performed by institutions and local governments. The latest report states that in 2004 provincial governments mainly performed tasks related to drug

prevention incorporating drug addiction issues in provincial strategies for solving social problems through educational campaigns, training courses for implementers of prevention programmes, disseminating information on drug prevention programmes and centres. Units of local governments at all levels mainly got involved in supporting primary, upper-primary and secondary schools in their development of preventive actions.

In 2004 there was an increase in funds allocated to drug prevention performed by local governments, which may be interpreted as a further engagement of local authorities in drug prevention resulting from better knowledge on problems related to using psychoactive substances and the preventive methods.

Intensified measure taken by local governments should lead to increased numbers of competent implementers of drug prevention programmes and diversification of such programmes. More prevalent local initiatives favours development of prevention programmes relevant the needs and the specifics of the phenomenon in respective regions. Solving social problems related to drugs at local level accords with the policy of 'subsidiarity' promoted by the National Programme.

Personnel are being educated in a systemic way. Selected occupational groups receive training in drug prevention. There is no uniform training system. Universal knowledge that may be used in developing prevention programmes or anti-drug strategies is shared at training seminars held by the National Bureau for Drug Prevention and NGOs. Specialist training sessions in drug treatment and rehabilitation certified by the Minister of Health have been organized since 2002. With every year the number of certified specialists and therapists as well as nurses and physicians trained in this field is growing. Measures taken by local governments should contribute to higher numbers of competent programme implementers as well as diversification of drug prevention programmes.

It is worth noting that the National Bureau for Drug Prevention supports development of new drug prevention and treatment programmes and reaches out to new recipients that have not been covered by preventive interventions. In recent years the National Bureau launched a number of drug prevention and harm reduction programmes addressed to occasional drug users, using mainly synthetic drugs and cannabis, frequenting disco clubs, concerts and techno parties. The evaluation conducted by the NBDP will enhance the programmes' effectiveness and provide recommendations for further initiatives in that field.

Under the National Programme pioneering works have been started on tools and diagnostic methods to be used in screening tests and by clinical workers. Currently a pilot programme for two screening tests is being conducted. The tools may be applied in qualifying for a short intervention or a specialist outpatient clinic. In the future new tools will enable drug prevention specialists to assess needs of the diagnosed patients and plan drug treatment.

The annual report shows that in treatment, rehabilitation and harm reduction in 2004 compared to 2003 a number of provinces which developed and started implementing minimal plan of outpatient drug care rose from 8 to 11. In 2004 therapeutic wards for prisoners also increased their capacity – 2 new therapeutic wards were opened. Despite increased capacity inmates wait months to enter treatment.

In 2004 2 substitution treatment programmes in remand centres were set up. A Siedlce programme as an affiliate of Warsaw substitution programme was also launched. However, this type of service is still insufficient.

It must be noted that local governments still insufficiently get involved in developing harm reduction and post-rehabilitation programmes. Low financing of harm reduction programmes on the part of counties and communes may be linked to the scarcity of funds or more possibly to the lack of recipients in the majority of communes and counties. As for post-rehabilitation programmes, local authorities may not find a direct relation between allocating resources to relapse prevention programmes and the possibility of reducing in this way expenditure on welfare services and maintaining security in the local area.

The Monitoring Report also points to the fact that in the near future outpatient care and substitution treatment must continue to be developed in order to provide broader spectrum of psycho-social services. A better offer for minors bound to enter treatment by order of Juvenile and Family Court must also be provided. Although pursuant to the regulation of the Minister of Health (Journal of Laws “Dz. U.” of 2004, No. 34, item 792) National Court Psychiatry Centre for Minors in Garwolin was established, needs in this field are far higher.

In the area of supply reduction with every year, also in 2004, services combating drugs and drug addiction intensify their efforts, which is reflected in police records on prosecution of drug crime as well as data on preventive measures.

However, there is no indicators that would show how the measures taken to combat illicit drug market impacted on the dynamics of the situation.

Similarly, effectiveness of the new legal tools aimed at combating illicit drug market will be ready to undergo evaluation only in years to come. Upon analysis of the available data it must be concluded that amending in 2003 Article 45 of the penal code referring to forfeiture of benefits from criminal activity takes effect. This new legislative solution was fairly often used in combating drug crime in 2004. As many as 1 131 orders to secure pledge on property were issued. Moreover, an increased activity of the Police must be noted in the field of international cooperation aimed at combating drug trafficking.

### *.1.1.2 Budget and public expenditure*

Estimating the overall cost of drug-related problems is extremely difficult. The National Bureau for Drug Prevention made such an attempt in 2000 in response to the request by Pompidou Group. The study called 'Estimate of social cost of illicit drug problem in Poland' was described in detail in Annual Report 2002.

Today we can provide only costs incurred by respective institutions and local governments for the implementation of the National Programme for Counteracting Drug Addiction in 2004. The implementation of the programme did not receive separate allocation of resources and institutions bound to implement the Programme financed it within their own budgets. It must be emphasized that the National Programme tasks are frequently inherent in other activities of an institution and serve other purposes than counteracting drug addiction. That is why the expenditure figures on the implementation of the Programme are often approximate.

Table 1. Expenditure on the implementation of the National Programme for Counteracting Drug Addiction in 2004

No.	Institution	Expenditure on implementation of NPCDA in euro (National Bank of Poland exchange rate of 2.09.2005 at PLN 4.025 to EUR 1)
1.	Central Board of Prison Service	89 760
2.	Methodological Centre of Psychological and Pedagogical Assistance	29 501
3.	General Inspector of Financial Information	n.a.
4.	Main Pharmaceutical Inspectorate	n.a.
5.	Institute of Psychiatry and Neurology	62 924
6.	Police Headquarters	31 503 155
7.	Border Guard Headquarters	64 914
8.	Military Police Headquarters	99 999
9.	Ministry of National Education and Sport	22 360
10.	Ministry of Finance – Customs Service	n.a.
11.	Ministry of National Defence	21 836
12.	Ministry of Interior and Administration	150 012
13.	Ministry of Justice	8 695
14.	Ministry of Health – National Bureau for Drug Prevention	2 833 291
15.	Units of National Health Fund	2 676 987
16.	State Sanitary Inspection	1 366
17.	Communal governments	9 387 851
18.	County governments	3 549 257
19.	Provincial governments	403 247
20.	Provincial Pharmaceutical Inspectorates	n.a.
21.	Management Board of Military Health Service	0
22.	Bureau for Chemical Substances and Preparations	n.a.
	<b>In total</b>	<b>50 905 155</b>

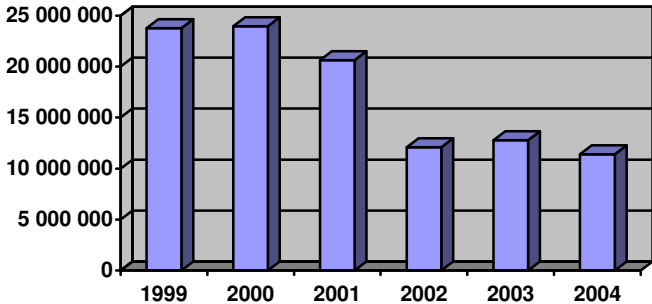
Source: 2004 Report from the implementation of the National Programme for Counteracting Drug Addiction, National Bureau for Drug Prevention, Warsaw 2005

Table 1 provides figures on expenditure on the implementation of the National Programme for Counteracting Drug Addiction in 2004 as reported by the respective institutions. Above amounts do not include all expenditure on the implementation of the National Programme. However, it may be estimated that the total cost of the implementation of the National Programme for Counteracting Drug Addiction in 2004 rose by 14% compared to 2003 from EUR 44 618 230 to EUR 50 905 165.

As the table shows 3 central institutions did not provide the expenditure figures on the implementation of the National Programme and one reported no expenditure. The above institutions reported that it had not been feasible to extract resources allocated to the NPCDA within their own budgets.

The implementation of the NPCDA and the operation of the National Bureau for Drug Prevention absorbed financial resources from the state budget at the amount of EUR 3 029 000 (EUR 3 177 000 in 2003) of which EUR 2 833 000 had been spent by 31 December 2004 and the resources of EUR 196 521 000 were included in the list of unexpired expenditure with the end of 2004.

Figure 1. Budget of the National Bureau for Drug Prvention in the years 1999 to 2004 in PLN.



Source: National Bureau for Drug Prevention report on implementation of budget and commissioned tasks in 2004, National Bureau for Drug Prevention, Warsaw 2005

It is important to underline that the decrease in the amount of money in the budget of the Bureau was mainly due to fact of financing treatment service for drug addicts by the National Health Funds established in the end of nineties.

The expenditure incurred on the implementation of the National Programme for Counteracting Drug Addiction by central institutions rose slightly from EUR 37 440 993 in 2003 to EUR 37 564 808 in 2004.

However, rapid increases in expenditure on the implementation of the NPCDA were recorded by local governments at all tiers. In 2004 local governments allocated EUR 13 340 368 to the implementation of the Programme. It means that they covered more than 26% of the costs of its implementation compared to 16% in 2003.

It must be stressed that the increases in expenditure on the implementation of the National Programme for Counteracting Drug Addiction by communal and county governments may result from adopting a different cost calculation methodology in 2004.

The received questionnaires show that the expenditure of provincial governments rose from EUR 124 545 in 2003 to EUR 403 247 in 2004, i.e. by 8%. A higher increase is observed at county level. Counties allocated EUR 2 497 365 in 2003 and EUR 3 549 257 in 2004 to the implementation of the NPCDA, which makes up an increase by 42%. Communes increase their financing by 118%. In 2003 communal governments disbursed EUR 4 296 632 compared to EUR 9 387 851 in 2004.

The increases in the financing of counteracting drug addiction by local governments may be interpreted by more accurate provision of figures as well as further involvement of local authorities in drug prevention.

Considerable participation of local governments in allocating resources to counteracting drug addiction to a large extent affected the total expenditure on the implementation of the National Programme for Counteracting Drug Addiction in 2004 compared to 2003.

### **Social and cultural context**

In 2004 the National Bureau for Drug Prevention organized and coordinated the second edition of the social and educational campaign called “Drugs – the best way out is not to get in”. The first edition was conducted in 2002. The general aim of the campaign was sensitising young people to the risk of health and social harm related to drug use. The specific aims in 2004 comprised disseminating information among youth on risky behaviour, health and social harm related to drug use as well as spreading information on anti-drug helpline and facilities providing assistance to drug users. The campaign relied on a number of informative and educational undertakings through different media. While preparing the media elements the Bureau tried to cooperate with television channels, magazines addressed to young people as well as take advantage of new ways and methods of circulating information, especially popular with youth (the Internet). Considering social conditioning of drug use providing information to recreation facilities and places of mass entertainment frequented by young people was planned. During the campaign a short anti-drug movie called “Labyrinth” was shown on TV.

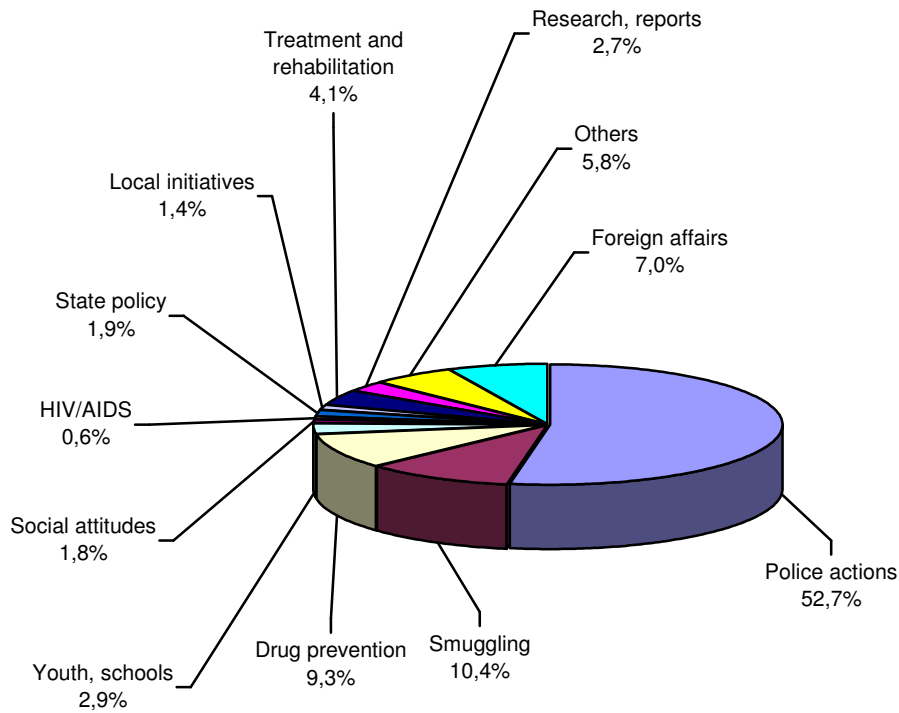
On the radio listeners could listen to a series of radio broadcasts on drugs problems. Furthermore, in the youth press posters appeared warning against use of psychoactive substances in various social contexts as well as articles on negative consequences of using drugs. Specially for the purposes of the campaign 2 types of leaflets were published and distributed as well as preventive posters.

Furthermore, the National Bureau for Drug Prevention publishes bimonthly a selection of press articles on drug problem. Press articles frequently supersede scientific research and are the first signals of new trends in the use of drugs. The aim of the publication is to obtain information on the way of social perception of drug problems and information on new trends and phenomena requiring intervention at the level of management and planning.

190 press titles are monitored including both national and regional dailies. Press information is analysed and published in periodical publications "Selection of press excerpts on drugs and drug addiction". Due to their diverse nature press reports are divided into several thematic fields:

The Figure below (Figure 1) shows a percentage breakdown of articles classified under the above thematic groups. In 2004 the major theme were the reports of violations of the Act on Counteracting Drug Addiction, most often publications on supply reduction. Police actions against drug traffickers constituted more than half of the articles in the breakdown. Second came the information on drug smuggling. Also information on substances, social attitudes and research results were published. Readers could find addresses of facilities providing assistance.

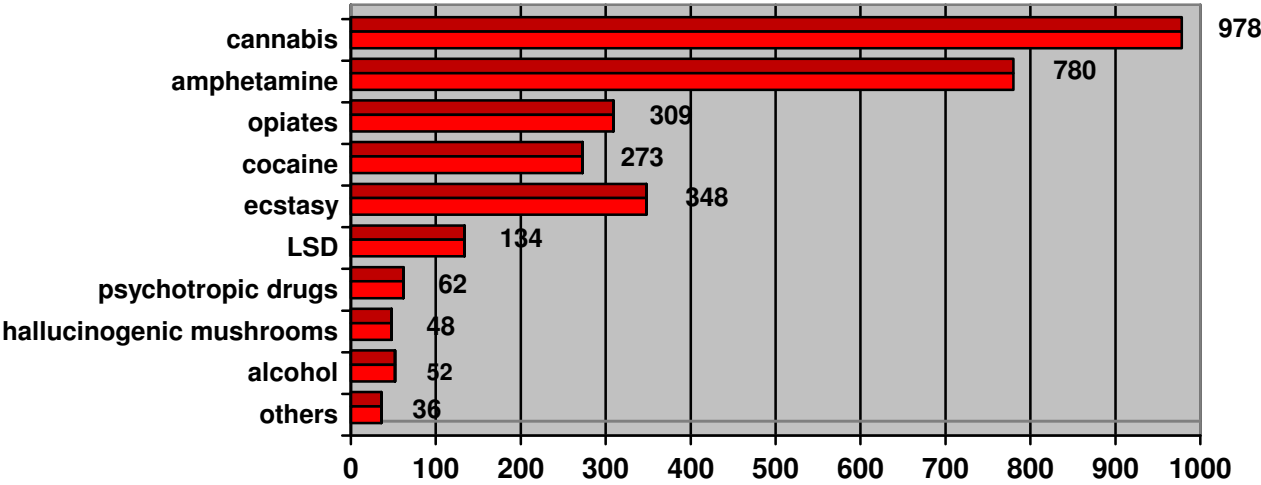
Figure 2. Drug themes in publications of 2004.



Source: Analysis of press excerpts (based on bimonthly booklet reports), National Bureau for Drug Prevention, Warsaw 2004

Figure 3 shows which drugs appeared in press publications. Similarly as in the previous years the most prevalent substance in the press reports was cannabis, second came amphetamine.

Figure 3. Psychoactive substances appearing in the press publications on drug problem in 2004 (numbers of publications).



Source: Analysis of press excerpts (based on bimonthly booklet reports), National Bureau for Drug Prevention, Warsaw 2004

## 2. Drug Use in the Population

In May and June 2003 ESPAD was conducted on a countrywide representative sample of third grade pupils of upper-primary schools (aged 15-16) and second grade pupils of secondary schools (aged 17-18). Apart from national sample the respective sample of Warsaw's students was enrolled. The study is the third in the series on both levels – countrywide and capital of Poland. The previous two were conducted in 1995 and 1999. It provide us with opportunity to compare trends on both national and city levels.

The most prevalent illicit drug is cannabis derivates. The prevalence of marihuana and hash use is territorially differentiated in Poland. In both age groups the prevalence of lifetime use is higher in Warsaw. Looking at figure 4 and 5 we can see the differences between Warsaw's students and students from country-wide sample.

Figure 4. Cannabis life-time use among third grade students of upper-primary schools (age: 15-16 years) in Warsaw compared to national data (per cent)

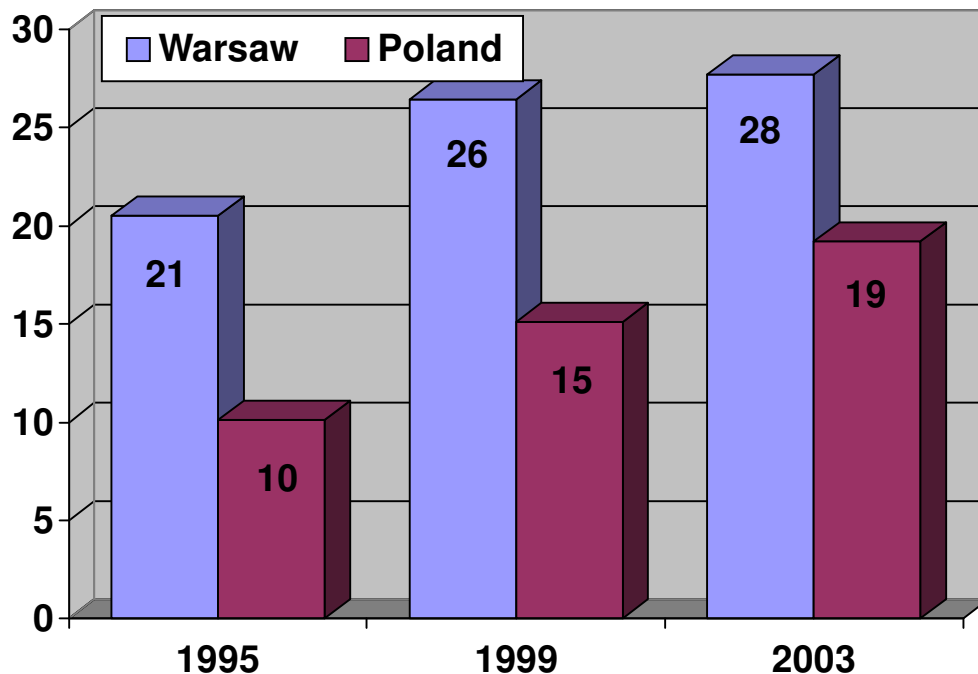
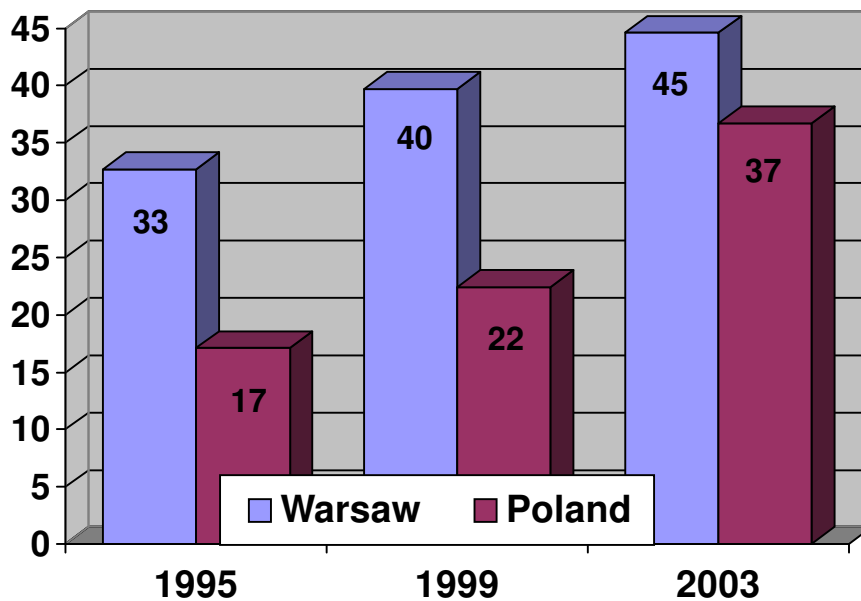


Figure 5. Cannabis life-time use among second grade pupils of secondary schools (aged: 17-18) in Warsaw compared to national data (per cent)

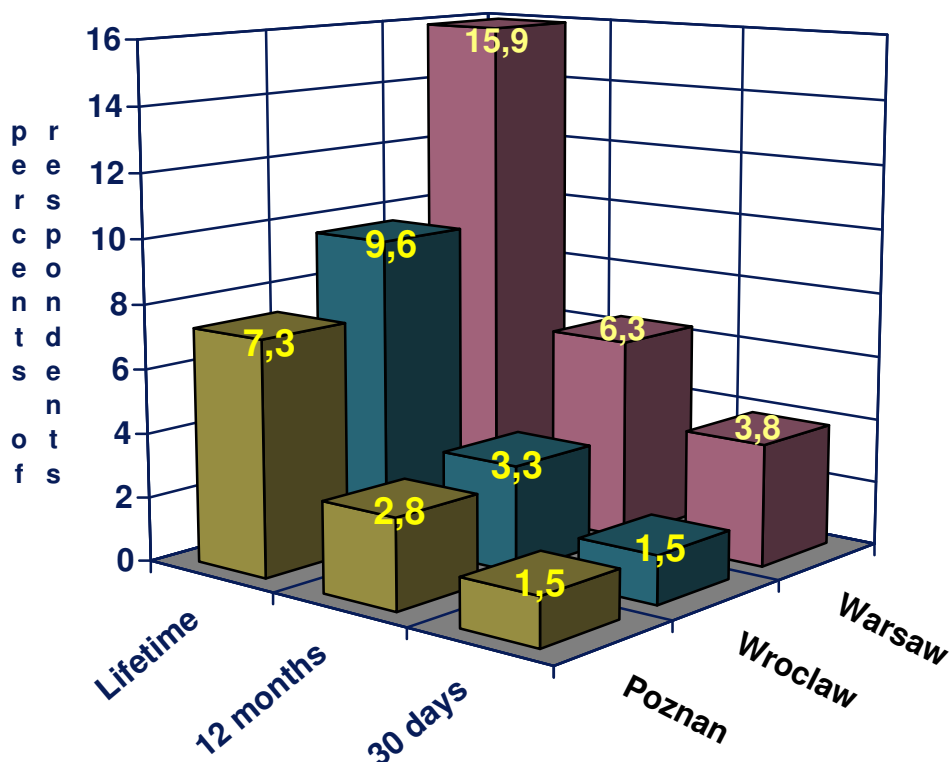


The prevalence in Warsaw is obviously higher than on national level but the growth of indicators on the city level is not as strong as on the national level. In result, differences between prevalence in Warsaw and on the national level became lesser and lesser.

Also according to the results of the first national survey on drug use in Poland among adult population (2002) the prevalence of cannabis use is geographically differentiated. Generally speaking it is higher in big cities, but also big variation is noted among them.

The results of local samples in Warsaw, Wroclaw and Poznan enrolled in the framework of national survey of 2002 illustrate this regional variation (figure 6). The indicators of cannabis use for Warsaw are much higher than indicators for both other Polish cities under study. Differences were especially high when prevalence of last 30 days use was taken under consideration.

Figure 6. Cannabis use in three cities (population survey 2002)



According to results of qualitative study among youth The first contacts with drugs occur usually in secondary school, although in some cases this happens already in senior grades of post-primary school. Among predominant motives underlying the initiation to drug use there are curiosity, seeking new experiences, and boredom. Usually, there are also situational factors such as encouragement by peers, or an opportunity during a party. No examples of aggressive marketing from drug traffickers or peer pressure have been found in the interviews. If the inspiration to drug initiation comes from outside, it is usually in the form of a mild stimulus, to which a variety of responses are possible. A refusal of taking advantage of the opportunity is not followed by rejection or other social restrictions. If e.g. a drug appears at a party, it is used by some guests only, while others continue alcohol drinking. Drug use does not result in enhanced social status, and refusal to take drugs does not marginalize anybody. In contradistinction to alcohol drinking among adult population, it is not customary to insist on drug use or to press anybody to take drugs.

A significant factor contributing to popularity of drugs is fashion. The fact that drugs are “in” is not only reported directly by our respondents, but also can be inferred from the way that some of them talk about drugs. However, the fashion is not overwhelming and not all young people conform to it.

In June 2004 the first survey on substance use was conducted on a representative sample of university students. The survey was conducted in line with the methodology recommended by EMCDDA. The aim of the study was measuring the prevalence of the use of psychoactive substances by university students and collecting information on students opinions on drug problem, drugs availability, and so on.

The figures on lifetime prevalence of psychoactive substances other than alcohol and tobacco is presented in Table 2.

Table 2. Lifetime, last 12 months and last 30 days prevalence of substances use among university students

	Lifetime	Last 12 months	Last 30 days
Inhalants	1.1	0.1	0.1
Marijuana or hashish	35.6	20.6	10.0
Amphetamine	11.1	3.7	1.5
Ecstasy	4.7	2.9	1.2
LSD	3.4	0.9	0.2
Hallucinogenic mushrooms	3.8	0.8	0.3
Crack	0.2	0.1	0.1
Heroin	0.4	-	-
Polish heroin (kompot)	0.2	-	-
Cocaine	1.2	0.3	0.1
Anabolic steroids	1.2	0.1	0.1

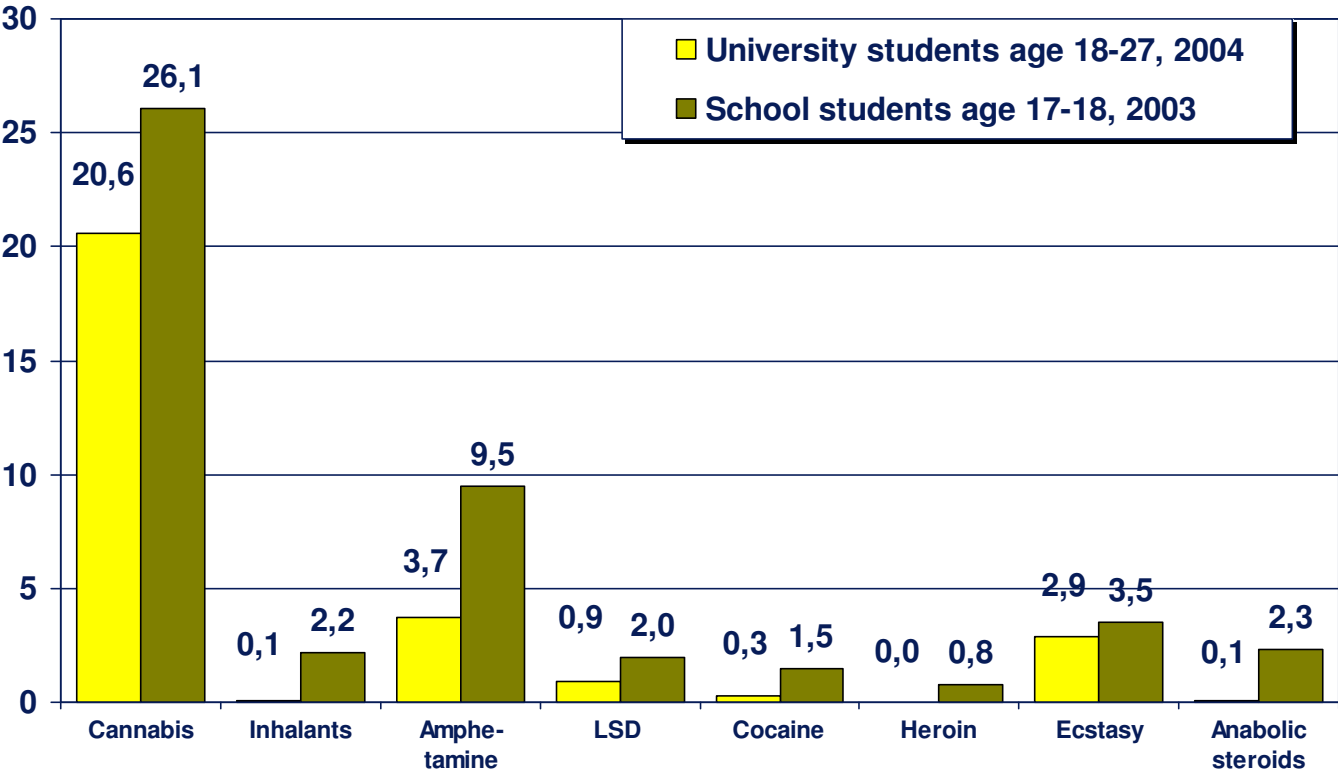
Table 2 figures show that among university students the first place in terms of lifetime prevalence is taken by marijuana and hashish (35.6%), then come amphetamine (11.1%), ecstasy (4.7%), hallucinogenic mushrooms (3.8%) and LSD (3.4%). The lifetime experiences with each of other drugs were very rare and they were attributed to less than 1.5% respondents.

The indicator of current substance use was defined as substance use in the last 12 months prior to survey. The figures of table show that the most popular substance within current use is also cannabis, 20.6% students use it. The second place is taken by amphetamine (3.7%) and the third one by ecstasy (2.9%).

The period of the last 30 days prior to survey can be assumed as the indicator of relatively frequent, occasional use. Smoking marijuana or the use of other substances, similarly as drinking alcohol, in the majority of cases is not of regular character. Therefore one can hardly be sure that all the students who declared contact with a given substance in the last 30 days use it at least once a month. However, it can be assumed, with an approximation, that the proportions of those using it once a month among those who have not used it in the last month equal proportions of those who use it more seldom and confirm using in the last 30 days prior to survey. With such an assumption it can be concluded that about 10% of university students smoke marijuana or hashish at least once a month. The last 30 days prevalence of use of each of other drug is very rare and it don't exceed 1.5%.

Comparing the results of university students survey of 2004 with the results achieved in the survey covering the sample of students of secondary classes of post-gymnasium schools, age 17-18 (part of ESPAD) conducted in 2003 the similar or even slightly less level of prevalence is observed (figure 7). Among university students prevalence of last 12 month and last 30 days cannabis use are lower than among school students age 17-18. The same is concerning amphetamine and ecstasy use. In case of amphetamine the difference between school and university students is the biggest one.

Figure 7. Last 12 months prevalence of substances use among university students (survey 2004) and students of third classes of post-gymnasium schools (survey 2003).



The prevalence of lifetime use of psychoactive substances other than alcohol or tobacco is gender dependent. The relationship between substance use and gender appears no matter which substance is concerns. Males are more willing to declare to use practically all substances.

Table 3. Lifetime, last 12 months and last 30 days prevalence of substances use among university students by gender

	Lifetime		Last 12 months		Last 30 days	
	Male	Female	Male	Female	Male	Female
Inhalants	1.5	0.7	-	0.2	0.2	-
Marijuana or hashish	46.5	26.8	28.6	14.2	14.4	6.6
Amphetamine	12.8	9.8	5.6	2.4	2.3	1.1
Ecstasy	7.3	2.6	4.2	1.9	1.7	0.9
LSD	4.7	2.3	1.1	0.7	0.1	0.2
Hallucinogenic mushrooms	4.9	2.8	1.6	0.1	0.7	-
Crack	0.4	0.1	-	-	0.2	-
Heroin	0.6	0.3	-	-	-	-
Polish heroin (kompot)	0.4	-	-	-	-	-
Cocaine	2.2	0.5	0.4	0.3	0.3	0.2
Anabolic steroids	2.1	0.4	0.2	-	0.1	-

Similarly as in the life-time indicator, last 12 months and last 30 days drug use is differentiated by gender. It should be noted that the percentages of frequent cannabis users among males oscillate around 14% and among females reach the level of almost all 7%.

The substance use is differentiated not only by gender but also by other factors of socio-demographical positions. The table 4 contains the results of logistic regression analyse showing which factors are predictors of being university student - illicit substance current users.

Table 4. Illicit substances 12 months use by social-demographic factors – logistic regression model

	Odds ratio	Significance
Gender		
female (reference category)		
male	2.3	0.000
Level of education of mother		0.030
Primary of basic occupational (reference category)		
secondary	1.4	0.083
high	1.8	0.008
Place of permanent residence		0.024
city 200 000 inhabitants and more (reference category)		
city 50 000 - 200 000 inhabitants	1.6	0.010
town 5 000 - 50 000 inhabitants	1.1	0.483
Village or town less than 5 000 inhabitants	1.0	0.832
Place of University location		
above 200 000 inhabitants (reference category)		
200 000 and less inhabitants	1.7	0.001
Income		0.006
- 200 PLN (reference category)		
201-500 PLN	1.6	0.029
501-1000 PLN	1.8	0.004
1001 + PLN	2.2	0.001

The model shows that the illicit substances current use is 2.3 times more likely among male than female.

The level of respondents' mothers' education is the significant factor of drug occasional use. If respondents having mothers with primary or basic professional education are taken as reference category the respondents having mothers with high education could be considered to be 80% more likely to use illicit substances.

The probability to find the current drug users in university located in small city (-200 000 inhabitants) is 1.7 time higher than in big city (more than 200 000 inhabitants). Also the place of students' permanent residence turned out to be significant factor of occasional drug use. The last 12 month substance users are met most likely among students who are from middle

size cities (50 000 – 200 000 inhabitants) than from biggest cities (200 000 inhabitants or more).

The odds ratio is increasing together with increase of students' income. Students from the category of highest income (more than 1000 PLN) are 2.2 fold more likely current drug users than students with lowest income (200 PLN or less)

The attempt at obtaining normative references to the use of individual psychoactive substances was the question about the behaviour assessment of somebody who takes individual substances according to different patterns.

The subjects answered questions by means of categories in table 5, i.e. "I strongly don't disapprove of", "I don't disapprove of" "I disapprove of" and "I strongly disapprove of". Evading a question was an option choosing answer "hard to say".

Table 5. Disapproving or approving the use of individual substances

	I strongly disapprove of	I disapprove of	I don't disapprove of	I strongly don't disapprove of	Hard to say
Smoking cigarettes from time to time	11.2	21.0	34.7	27.3	5.9
Smoking 10 or more cigarettes a day	46.1	28.2	16.2	6.2	3.3
Drinking alcohol once or twice a year	3.0	1.4	17.9	73.5	4.2
Drinking alcohol a few times a week	5.9	18.5	40.9	30.2	4.4
Drinking alcohol daily or almost daily	58.0	28.4	7.4	3.9	2.3
Getting drunk from time to time	22.8	26.2	33.9	13.3	3.9
Getting drunk daily or almost daily	82.9	10.7	2.2	2.5	1.6
Trying marijuana or hashish once or twice	27.8	19.8	29.9	17.9	4.6
Smoking marijuana or hashish from time to time	36.4	26.6	23.4	9.8	3.8
Smoking marijuana or hashish daily or almost daily	76.3	15.5	3.1	3.0	2.0
Trying amphetamine once or twice	49.6	25.8	16.4	5.5	2.7
Amphetamine use from time to time	66.7	22.8	5.6	2.6	2.3
Amphetamine use daily or almost daily	90.6	5.9	0.5	1.5	1.4
Trying heroin once or twice	73.2	15.8	6.4	2.4	2.1
Heroin use from time to time	82.9	11.9	1.6	1.8	1.7
Heroin use daily or almost daily	93.4	3.3	0.5	1.4	1.4

The list of the assessed substances included both legal substances (cigarettes, alcoholic beverages, inhalants, tranquillisers and sleeping taken without a doctor's prescription) and illegal ones (marijuana, amphetamine, LSD, ecstasy, cocaine, crack, 'kompot'). Additionally using alcohol, tobacco and cannabis was made differential as to intensity. As it had been expected legal substances were generally more seldom disapproved of. It must be noted that the percentages of subjects disapproving of the use of substances such as amphetamine, or cocaine are not only high but also differ insignificantly from one another. The assessment of marijuana use is not so unequivocal any more. The percentages of students disapproving of using marijuana or hashish from time to time are similar as in the case of getting drunk once a week and considerably lower compared to the above-mentioned drugs. The survey results revealed therefore a tendency to different treatment of cannabis and so-called 'hard' drugs. It means that in the eyes of university students marijuana does not possess the clearly the same 'image' as other drugs. The degree of disapproval of drinking alcoholic beverages is strongly differential depending on the intensity of drinking. The most lenient assessment relate to drinking twice a year at most, then drinking one or two drinks a few times a week, and getting drunk daily or almost daily is most disapproved of. Smoking cigarettes, if on a daily basis, is more strongly disapproved than smoking marijuana or hashish from time to time.

The result comparison of university students survey of 2004 and older grades school students survey of 2003 indicates higher level of liberalism among the first group. In the majority of substances secondary school students are more inclined to disapprove of than university students.

The global effect of prevention activities limited to education performed in schools may be stated after comparing answers to the question about substance use among those who received prevention messages and those who did not received them. The figures on this subject are presented in Table 6.

Table 6. Prevalence of drug use during 12 months and 30 days among students who received prevention messages in school and among others.

among whom:	Drug use	
	during last 12 months	during last 30 days
received prevention messages in school	21.8	11.7
don't received prevention messages in school or don't remember	20.2	8.7

It comprises percentages of subjects who reported using illicit substances in the last 12 months and in the last 30 days prior to survey among those who had ever received prevention messages and among those who had never received them. In the result of such comparison no significant differences was found. Regardless of whether the subjects received prevention messages or not, their behaviours in terms of psychoactive substances did not differ significantly.

### 3. Prevention

#### *.1.1.1 Universal Prevention*

#### **SCHOOL**

**The main institutions statutorily bound to systemically implement preventive actions in schools is the Ministry of National Education and Sport. Since 2002 Schools have been obliged to run problem prevention programmes addressed to children and youth that are coherent with the school's educational programme. The year 2004 was another year of implementing these programmes.**

A school prevention programme should in a complex way describe all contents and actions of prevention nature addressed to pupils, teachers and parents.

In order to support creation of new prevention programmes the Ministry of National Education and Sport in 2004 published a series of methodology guidebooks on devising school prevention programmes as well as needs assessment.

Methodological Centre of Psychological and Pedagogical Assistance of the Ministry of National Education and Sport (central teacher training facility established by the Minister of National Education and Sport) published the eighth issue of "Health education and promotion" devoted to such aspects as: creating life skills at school, standards of implementing health education at school as well as the importance of school climate for educational achievements. "Health education and promotion" is a periodical aimed at information flow, experience exchange and fostering good practice in the field of health promotion at school as well as the completion of educational path – pro-health education.

A guidebook for schools "Prevention at school" was also developed. The guidebook contains standards of school prevention, remarks on the practical implementation of the school prevention programme, application of school preventive intervention in the case of pupils experimenting with psychoactive substances as well as descriptions of experiences related to the implementation of violence prevention programmes at school.

Schools implement programmes created by teachers and pedagogues and programmes recommended by Methodological Centre of Psychological and Pedagogical Assistance.

Two programmes are outlined below to be implemented at schools.

## **“Health promotion schools”**

The basic assumption of this programme is the environmental change. All school community is engaged in creation of the healthy environment.

General objective of the programme is health promotion. Health promotion is the element both of school curriculum and school up-bringing programme and prevention programme. Specific objectives are being obtained with close co-operation between whole staff of the school and parents.

Programme is based on diagnosis of school problem and assessment of pupils and school needs.

“Health Promotion Schools” were implemented in Poland 10 years ago. Currently evaluation of the programme has been started (concept, methods and measures).

The programme is implemented in 1 200 schools in Poland i.e. 4 % of total number of Polish schools. On regional level there exist system of co-ordination and training for staff engaged in implementation the Health Promotion School programme.

**“School early intervention”** has been implemented in schools by the Ministry of Education for a year. The policy includes full implementation of programme in the education system.

The general objective of the programme is to change the drug-related behaviour of vulnerable children or children who are in the early stage of drug use. These objectives are being achieved with the help of a short intervention addressed to family. The intervention covers such elements as diagnosis of drug-use, counselling and motivation for change of drug-related behaviour. The staff from educational system such as teachers and pedagogues are trained to conduct this programme.

Specific objective of the programme is aimed at supporting the family in solving drug problems.

Local governments are major institutions responsible for initiating and supporting (mainly financially) drug prevention at schools. (It is worth adding that Poland is a decentralized country with independent local governments. It is divided onto 16 provinces, including more than 300 counties and approx. 2500 communes).

The National Programme imposes on local governments the obligation to perform the following tasks:

- supporting primary, upper-primary and secondary schools in developing prevention activities, in particular covering diagnosis of the scope of drugs problem in school and implementation of an adequate prevention programme,

This task was most frequently performed by county and communal governments.

It was performed by 54% of communes, 55% of counties and 60% of provincial governments.

## **FAMILY**

A new trend in family prevention is made up by the programme devised by Zofia Spiewak and Joanna Sakowska "School for Parents and Educators" implemented by Methodological Centre of Psychological and Pedagogical Assistance of the Ministry of National Education and Sport. The programme concentrates on major risk and protection factors in children behavioural disorders related to the situation of their family. It is being implemented at community and school educational and care facilities.

The main objective of the programme is to support parents and educators in handling every day life contacts with children and youth through teaching and improving educational skills as well as reflecting on their own educational attitude. The programme is being implemented all over the country in the form of psychological workshops. They may have the form of basic groups, thematic groups or support groups. The subjects comprise emotional world of parent/educator and child/pupil: identifying, expressing and accepting emotions, handling "difficult" emotions; awareness of private educational aims, educational skills: active, supportive listening, setting clear boundaries, common problem solving, encouraging a child to cooperate, raising child's self-esteem thorough descriptive praise.

Classes are conducted groups of maximum 15 participants through the use of active methods. There are 10 4-hour sessions. The participants apart from active participation in classes do their homework. The cost of the participation in the programme depends on the local options to finance the programme so the participation can be free, partially or fully paid.

Information on prevention programmes conducted in local communities addressed to parents is provided under *Selective / Indicated Prevention*. Prevention programmes addressed to children require cooperation with parents that is why we included information on cooperation with parents in descriptions of programmes addressed to selected groups of recipients.

## **COMUNNITY**

The primary aim of the National Programme for Counteracting Drug Addiction (2002-2005) within drug prevention is increasing the involvement of local communities in preventing the use of psychoactive substances. Local governments are major institutions responsible for initiating and supporting (mainly financially) drug prevention in this field. The National Programme imposes on local governments the obligation to perform the following tasks:

- incorporating drug prevention in local and regional strategies of solving social problems, in particular in the part relating to diagnosis of the scope of drugs problem as well as planned preventive actions,

- supporting primary, upper-primary and secondary schools in developing prevention activities, in particular covering diagnosis of the scope of drugs problem in school and implementation of an adequate prevention programme,
- supporting prevention programmes in terms of organising leisure time of children and youth as an alternative to drug use
- supporting prevention programmes implemented outside school and addressed to drug endangered children and youth and their parents.

The monitoring report annually prepared by the National Bureau demonstrates that in 2004 all provincial governments developed anti-drug strategies. The provincial governments were deeply involved in diagnosing drugs problem and drug addiction: 7 of 16 provinces made diagnosis of drug addiction. The ESPAD survey conducted among youth on alcohol and drug use were conducted upon commission of provincial authorities in 1 provinces.

The majority of provincial governments provided support for school preventive actions by raising social awareness and educating occupational groups on new methods and directions in prevention (specific information on local government involvement is provided in section: School).

Prevention programmes aimed at organizing leisure time for children and youth as an alternative to drug use were supported by 75% of provincial governments, 25% of county governments and 24% of communal governments. This task was performed through organizing activities outside school, co-financing holiday camps and socio-therapeutic common rooms.

The actions addressed to drug endangered children and youth were co-financed by 81% of provincial governments, 13% of county governments and 14% of communal governments.

Within actions addressed to local communities the National Bureau for Drug Prevention organized 2 training seminars "Building local prevention strategies".

The training seminar developed by the NBDP was addressed to local officials, members of committees on public health, security, addiction prevention, limiting pathologies, social care etc., workers of communal and county institutions responsible for the implementation of the National Programme for Counteracting Drug Addiction as well as representatives of NGOs. The aim of the training was to equip the participants with the skills of: rapid assessment and response to local social problems related to drug use and developing effective drug prevention programme through objective oriented method. Furthermore, the participants had the opportunity to increase their knowledge on the system and standards in providing help to drug users, psychoactive substances and anti-drug policy in Poland. The participants comprised 3-person communal teams from all over Poland. The programme commissioned by the NBDP was implemented by a non-governmental organization.

Moreover, The NBDP commissioned training programmes aimed at strengthening cooperation between local governments and NGOs in developing and implementing local drug prevention programmes. The programmes were implemented by local NGOs.

5 training programmes were conducted at provincial level and 3 at national level. 6 counties and 85 communes participated in training.

Local prevention issues are also elaborated on in section Selective / Indicated Prevention. Local governments are statutorily bound to perform tasks in this field; however, mainly NGOs, associations, foundations, churches and religious groups are ready and authorized to perform these tasks.

#### *.1.1.2 Selective / Indicated Prevention*

Within selective prevention addressed to groups of special risk the following programmes were implemented: prevention programmes for drug-endangered children and youth and their parents as well as prevention programmes for drug-endangered children and youth implemented in recreational places (discotheques, playgrounds).

These programmes were implemented by non-governmental organizations upon commission of the National Bureau for Drug Prevention and local governments.

The programme recipients comprise neglected children and youth from dysfunctional families, including those with a drug problem, after having had the first contact with narcotic drugs. The aims of the programmes included reducing effects of children and youth growing up in an unfavourable family and peer conditions, improving their emotional and social functioning, developing habits of spending leisure time without narcotic drugs as well as supporting families in solving child's drug-related problems. The above aims were reached through informative, educational, upbringing and psycho-correctional actions as well as through interventions, activities in community prevention clubs.

The settings for the implementation of the above-mentioned prevention programmes included local community-based venues such as socio-therapeutic common rooms, upbringing facilities, youth clubs and prevention centres.

The recruitment was held through cooperation with local organizations and institutions, i.e. schools, educational and upbringing facilities, juvenile courts, health service centres and social help facilities.

One of the national prevention programmes addressed to drug-endangered children and youth is "Preventing social pathology in young people" by Zbigniew Jakubowski and Tomasz Kowalewicz addressed to social pathology-endangered youth. The programme is based on the concept of identity crisis during adolescence and the importance of positive socializing experiences in making adaptation life choices in this period.

The programme aimed at improving emotional openness of the participants, increasing self-awareness and the awareness of relations with others, improvement of functioning in social roles, preventing risk behaviour including using psychoactive substances.

Psycho-correctional prevention and therapeutic groups for endangered youth are the main work method in the programme. Young people have the opportunity to participate in a non-pathological peer environment. Within the programme there is also work with parents, individual contacts with programme participants, club classes as well as a summer graduate reunion camp.

The programme is conducted from September to June in Centres for Community Prevention of the Vocational Consulting Agencies AD located in 8 Polish cities.

Young people are referred to the programme through specialist institutions such as: schools, counselling centres, children chambers or they can enrol themselves after getting familiar with the Centres' offer which is presented during a series of meetings of programme implementers with school youth at the beginning of the school year. The programme participants comprise youth suffering from loneliness, depression, aggression, self-destructive behaviour. A quarter of the participants have experience with using drugs and alcohol. In the school year 2003/2004 445 young people participated in the programme.

Programme implementers comprise specialists in psychology, pedagogy and re-adaptation. Programme implementing teams are under supervising care.

The programme is subject to evaluation through Social Miss-adaptation Questionnaire (a tool specially developed for the purposes of the programme), pre-test and post-test. The effectiveness of the programme is also evaluated on the basis of the participants' opinions obtained by the group leaders through the unified system of criteria. The evaluation of the programme participation is based on 5 indicators: awareness of the experienced emotions, awareness of motives for functioning, functioning in a peer group, functioning in a family, task functioning at school. The criterion for the programme effectiveness is a significant increase in social adaptation. The evaluation results are provided in an annual report. The evaluation results show that the programme participants are characterized by risk factors such as: major family conflicts, strong feeling of incapacity, high depression rates and no specific lifelong goals and ambitions. Simultaneously almost 40% of the youth had experimented with psychoactive substances. The participation in the programme significantly improved psychosocial functioning of the participants. Positive changes referred to lowering general miss-adaptation of the youth, family conflict levels, raising self-esteem and strengthening the feeling of capacity. The young people functioned better in their school environment. The programme's blocking effect on the percentage of young people experimenting with drugs was also recorded.

## **Nationwide Help-line “Drugs – Drug Addiction”**

The Help-line’s offer is addressed to persons with drug problem – drug users, drug addicts and their families. The scope of help provided by Helpline workers includes informing on system of treatment, addresses of specific facilities, drug-related rules and regulations as well as offering advice and psychological support. The Helpline is open daily from 4 p.m. till 9 p.m. In 2004 1722 consultations were provided. Similarly as in the previous years, phone calls from families of drug users made up the majority (approx. 60%). The remaining callers were experimenting drug users (approx. 20%) and other persons interested in drugs problem (school counsellors, policemen, local community residents alarmed by drug use among local youth).

The costs of the Helpline operation are covered by the National Bureau for Drug Prevention.

Caller costs are very low. One call costs 10 euro cents.

There are also local help-lines related to drugs and drug addiction operating in Poland.

## **Nationwide Internet Counselling Centre for Drug Addiction**

In 2004 the Nationwide Internet Counselling Centre for Drug Addiction continued its operation. This task, upon commission of the National Bureau for Drug Addiction, was performed by Paraesterno Foundation (NGO). The website had 29 100 openings. Furthermore, 1 114 consultations were provided in the field of psychology, pedagogy, medicine and law. The website currently features:

- database of help facilities operating all over the country (centres, outpatient clinics, Drug Addict Anonymous groups, helplines, detoxification centres, HIV testing facilities),
- *scanner*, a self-diagnosing tool for young people
- self-tests
- section for parents and professionals containing articles and publications in the field of drug prevention
- internet library, descriptions of professional books and magazines devoted to drug addiction.

## **Prevention programmes for drug-endangered children and youth implemented in recreational venues (discotheques, playgrounds)**

The programmes aimed at counteracting drug initiation and the reduction of risk related to occasional drug use. The programmes were implemented at recreational venues such as discotheques and playgrounds, where drug initiation often occurs. The programmes featured

community-based actions covering: education on the risk related to drug use, motivating to the change of behaviour, interventions, informing on the places of help for drug users as well as distribution of informative materials (leaflets, brochures).

The implementers were specially trained social workers.

In 2004 the following programmes were being implemented:

The programme recipients were people aged 16-30, music concert-goers. Generally occasional users of drugs such as: amphetamine, ecstasy, THC, LSD, "brown sugar" as well as problem drug users. Another group of recipients were club owners and staff. The number of recipients of the above programmes that were provided with at least single assistance is estimated at 7100 occasional drug users and 102 disco-goers.

The programmes were subject to internal evaluation based on:

- questionnaire addressed to programme clients
- questionnaire addressed to club owners
- daily reports
- monthly reports
- statistical records (number of clients, consultations, interventions).

There were also regular implementer meetings.

Prevention programmes implemented at recreational venues were subject to external evaluation. The National Bureau drew up an evaluation report on the functioning and drug prevention programme effects addressed to occasional drug users visiting discotheques and dance clubs.

Prevention programme "Woodstock Station 2004" was being conducted at youth camp during the rock music festival in Kostrzyn upon Oder.

The target group was made up by young people participating in the festival not using drugs and occasional drug users. The 2004 edition of the festival attracted 400 000 music fans.

The aim of the programme is to decrease the number of young people who during the festival decide to try drugs for the first time as well as help occasional users through reaching as many young people as possible with information on harmful effects of using drugs and through promoting sober participation in concerts.

The programme featured a consultation point "Family Parachute" where information on psychoactive substances and drug addiction was provided. Leaflets and booklets were distributed. Problem drug users were encouraged to enter treatment, they received information on treatment programmes and centres, self-help groups. 15 000 people obtained information on drug-related harm. 100 drug users were provided with advice and referred to treatment.

Promoting healthy lifestyle took place in daily festival radio broadcasts. Music band leaders promoted sober lifestyle during their concerts. For the purposes of the programme special educational leaflets and brochures were distributed during the festival. 20 000 leaflets were

handed out and 20 000 orange ribbons “I don’t take. I’m OK” were worn by the participants and attached to tents at the festival camp site.

Security guards, “peace patrol members” and policemen were trained in case of dealing with people under the influence of drugs.

The quality of the programme implementation was ensured through careful selection of implementers such as experienced therapists and experienced volunteers.

An internal evaluation of the programme effects was conducted.

### 3. Problem drug use

The most recent country-wide estimation of the number of problem drug users (hidden population) was made in 2002 with the use of the 'benchmark' method within the framework of nationwide population survey of 2002. Respondents were asked to provide some information regarding each problem drug user they knew. The information collected covered residential drug treatment admissions, outpatient drug treatment admissions 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-positive status. On the basis of 33.2% of drug users who undertook residential treatment it was possible to calculate that the total number of drug users was 3.02 times higher than the number of the ones that were treated. If in 2001 the number of individuals residentially treated because of drug addiction amounted to 10 993, 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 outpatient drug treatment the figure of 71 000 individuals was obtained. The last indicator – HIV status brings the number of 60 000 persons.

Similar, regarding the scope, figures were received regarding the indicator of additional estimation, which was calculated on the ground of a study conducted in 1993 in two regions (wroclawskie and kieleckie) with the use of 'capture-recapture' method. According to treatment data it amounts to 4.6 and according to police data – 2.4. The estimation was made with the use of data of 1993 and resulted in the figure of 20 000 – 40000. The police data are no more collected. The use of recalculation factors to the nationwide treatment data for 2003 results in the estimation on the level of 65 000.

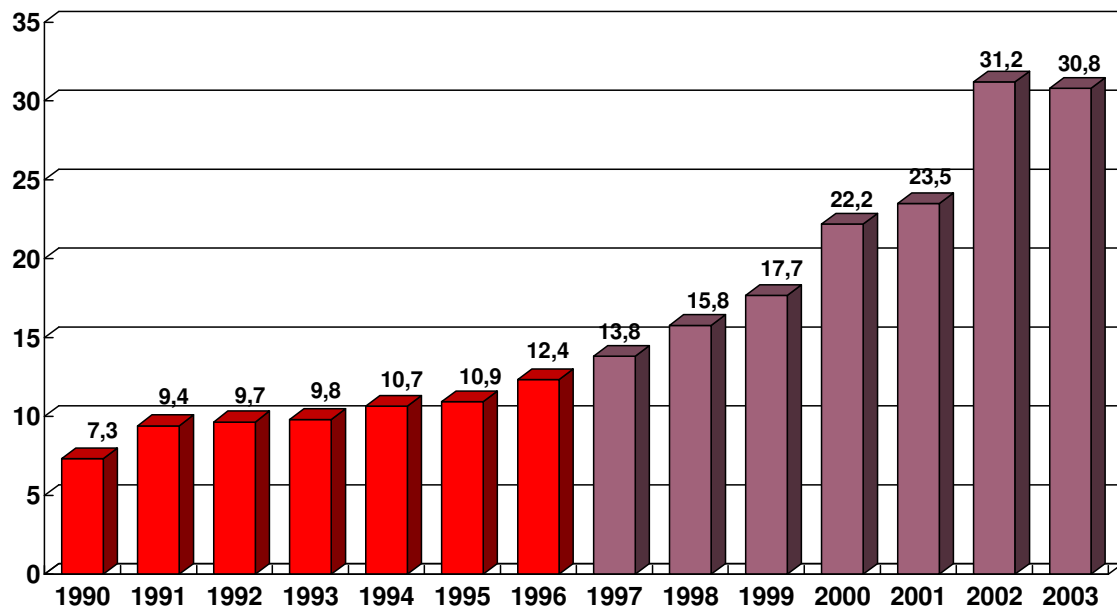
Taking assumption that the multiplier estimated in 2002 based on data from population survey is valid also for treatment data of 2005 we could estimated number of problem drug users in 2003 on the level of 45 000-80 000.

The analyse of epidemiological trends in problematic drug use will be made with the use of indicators calculated on the basis of data from the inpatient 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 a 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 inpatient 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 a given year. In 2003 11 778 people were accepted for treatment. It signifies a slight decrease (of 1%) compared to

data of 2002 when the number of admitted amounted to 11 893. In 2002 the increase equalled 26% was noted (figure 4).

Figure 8. 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



Source: Institute of Psychiatry and Neurology in Warsaw

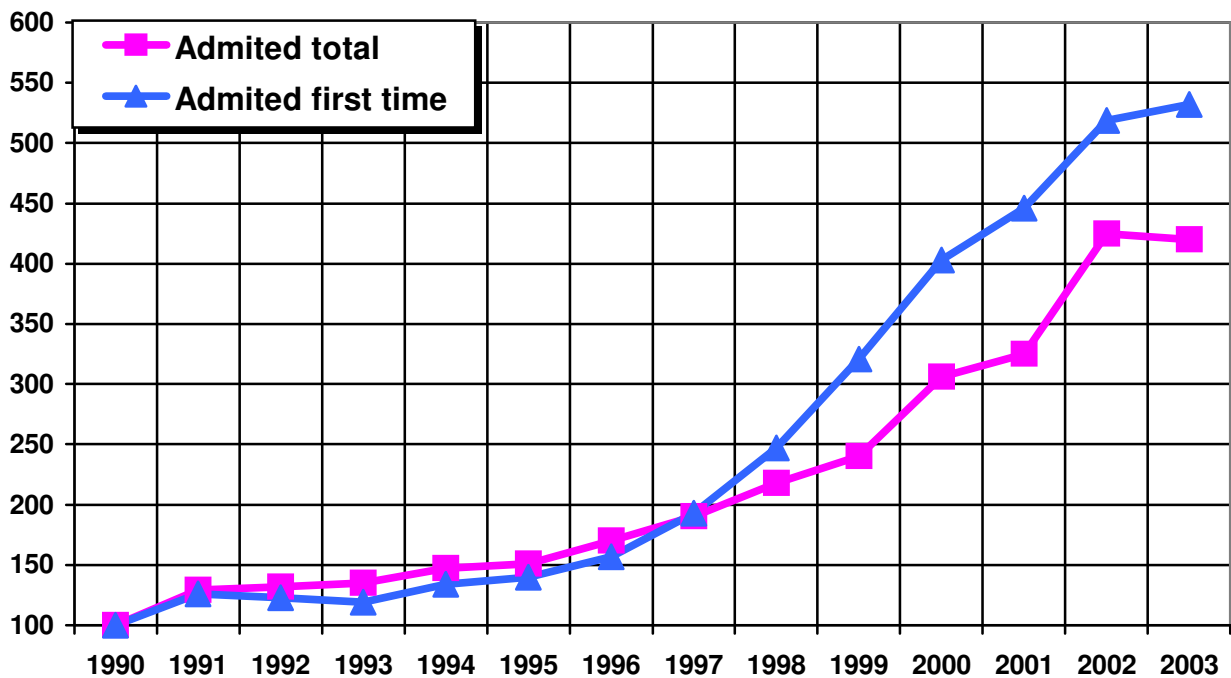
The data from 2003 show the first time stabilization after long period of rising trend. Taking into consideration incomplete comparability of data collected till 1996 and after that one should point out the continuation of an upward trend since the beginning of the nineties till 2002 (Figure 4 and 5). The indicator of admission to residential treatment, counted on 100,000 population grew every year, and increased more than four times if one refers to data from 2002 to 1990 (figure 5).

It is different when one analyses the first-time admissions. At the beginning of the nineties the percentage of first-time admissions stood on the same level of around 40%. It means that 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 were accepted for the first time in their life.

The changes regarding the dynamics of both indicators are quite well visible on the chart (Figure 9).

Figure 9. Dynamics rates of 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)

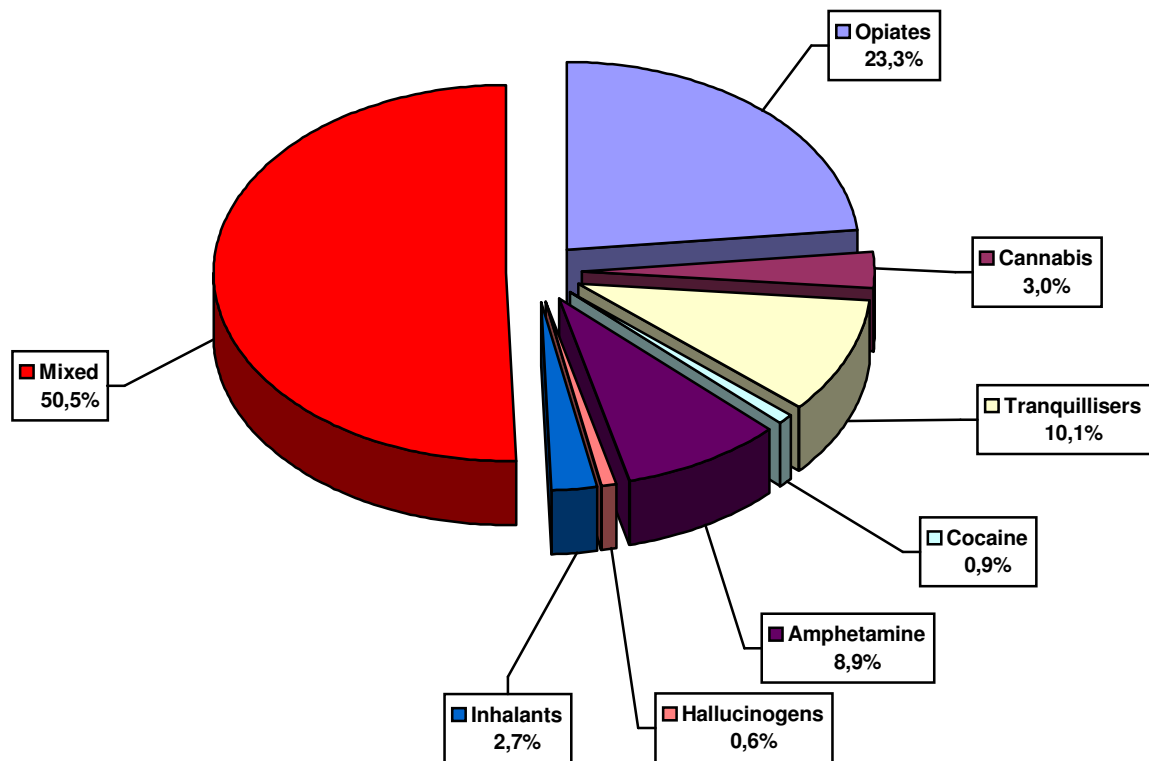
(1990 = 100)



The admissions index for the entire period displayed an increasing trend but after 1995, it accelerated. The index of first-time patients after an increase in 1991 was falling over the subsequent two years to return to its upward tendency in 1994. It is worthwhile to notice that since 1996 the line depicting the first time admission trend has become steeper, which denotes the acceleration. To sum up, the 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. In 2003 note slight decrease of treatment admissions in total and slight increase of first time admissions.

The structure of diagnosis according to the type of drug presented in figure 10 visualise weaknesses of the present classification of diseases.

Figure 10. Persons admitted to residential treatment due to drug addiction in 2003 (ICD X: F11-F16, F18, F19) by the type of drug abused



Source: Institute of Psychiatry and Neurology in Warsaw

Over half of individuals were 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 (23.3%). Next are tranquillisers (10.1%), substances from the group of amphetamines (8.9%), cannabis and volatile substances (both around 3%). The remaining categories do not exceed 1%.

The comparable structures of diagnosis for the years 1997-2003 (tables 7) reveal considerable changes. The biggest one is a decrease of the percentage of problematic heroin users from 43% in 1997 to 23% in 2003 and increase the extent of category mixed and unspecified from 31% to 51%. This changes could be interpreted as increase in multi-drug use. We cannot be sure that decrease in percentages of heroin users reflect the decrease of heroin popularity because we are not able to say something about trends in share of heroin users who are present in mixed category. Other changes noted are decrease of percentages of inhalants users (1997 – 10%; 2002 – 3%) and increase of the percentage of individuals who abuse amphetamines, from 4% in 1997 to 9% in 2003 and cannabis from 1% in 1997 to 3% in 2003.

Despite of the changes the numbers of patients with pure amphetamine problem is still not very high – about 1000 persons (tables 8). The number of patients with only cannabis problem is much more less – 356 persons.

Table 7. Persons admitted to residential treatment due to drug addiction in 1997-2003 (ICD X: F11-F16. F18. F19) by the type of drug abused

Type of drug	1997	1998	1999	2000	2001	2002	2003
Opiates	43.3	42.3	38.8	39.4	40.4	30.3	23.3
Tranquillisers	8.4	8.3	8.4	9.0	8.0	9.0	10.1
Cocaine	0.9	0.7	0.8	0.6	0.2	0.8	0.9
Cannabis	1.3	1.8	2.4	2.9	3.0	3.4	3.0
Amphetamine	3.8	6.0	6.7	5.8	6.0	8.1	8.9
Hallucinogens	1.3	1.2	1.3	0.7	0.7	0.5	0.6
Inhalants	10.0	9.2	6.7	5.2	3.7	3.3	2.7
Mixed and unspecified	30.9	30.5	34.9	36.4	38.1	44.5	50.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Institute of Psychiatry and Neurology in Warsaw

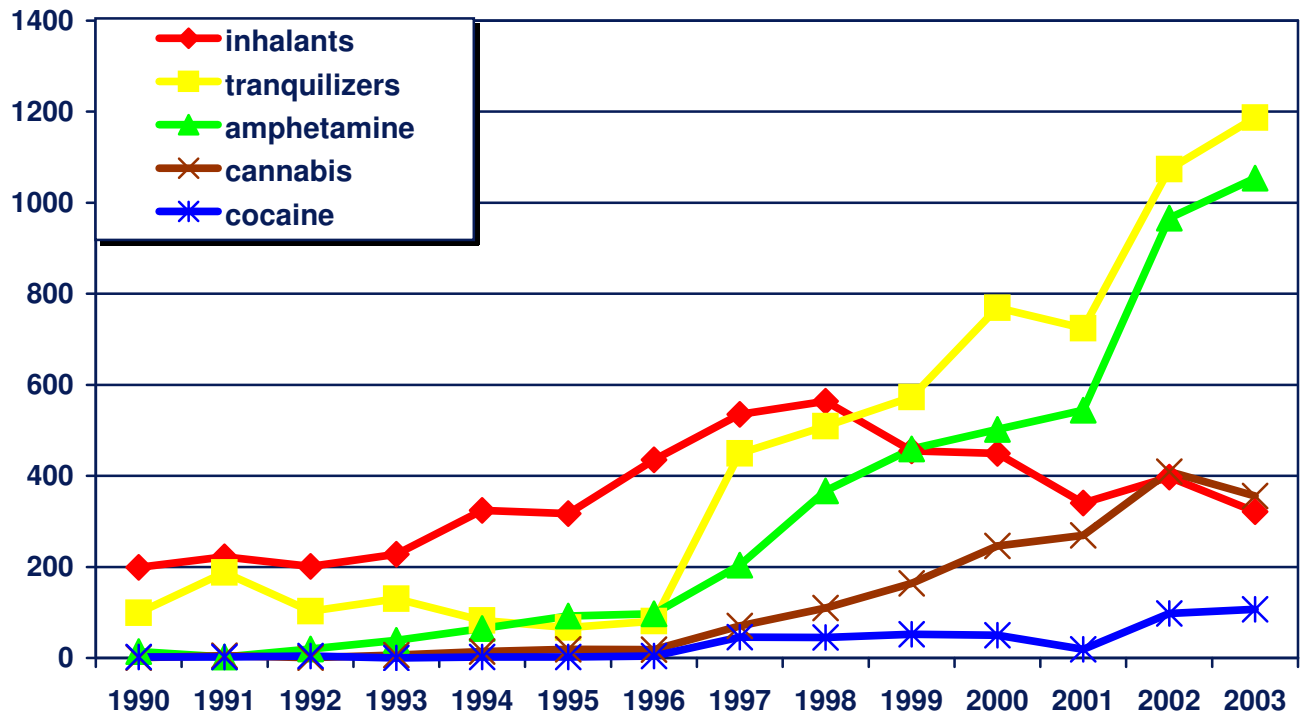
Table 8. Persons admitted to residential treatment due to drug addiction in 1997-2003 (ICD X: F11-F16. F18. F19) by the type of drug abused

Type of drug	1997	1998	1999	2000	2001	2002	2003
Opiates	2313	2569	2652	3383	3674	3609	2745
Tranquillisers	449	509	573	769	724	1074	1187
Cocaine	46	45	52	50	19	98	107
Cannabis	70	110	164	246	269	409	356
Amphetamine	204	367	459	502	544	966	1054
Hallucinogens	70	75	91	62	61	62	74
Inhalants	535	564	455	449	340	397	321
Mixed and unspecified	1649	1861	2381	3129	3465	5300	5934
Total	5336	6100	6827	8590	9096	11915	13781

Source: Institute of Psychiatry and Neurology in Warsaw

The long term trends in numbers of persons admitted to residential treatment due to problematic use of particular drugs are presented on figure 11.

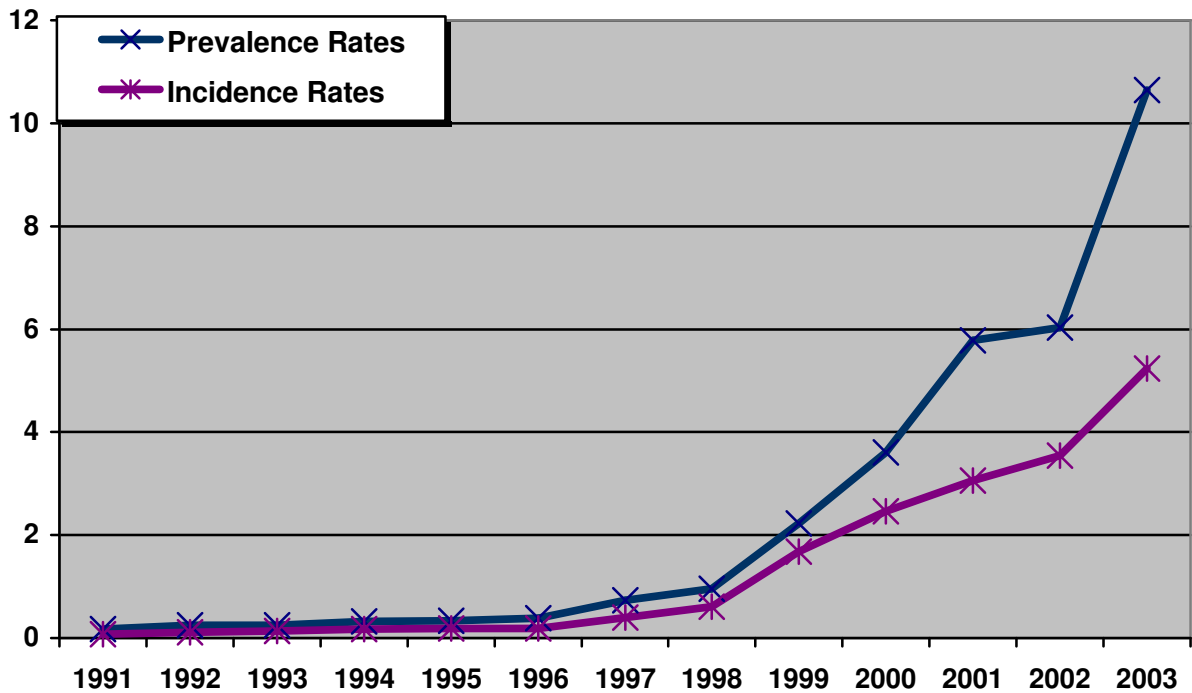
Figure 11. Numbers of persons admitted to residential treatment because of particular drugs problems



Source: Institute of Psychiatry and Neurology in Warsaw

The number of cannabis users in residential treatment is higher than the number of cocaine users, but smaller than in number of amphetamine users and tranquilizers users. The increasing trend in the number of each of above mentioned types of patients was noted. The trends in problematic cannabis use could be analyzing using also out-patients treatment data. The figure 12 presents rates of treatment demand and first treatment demand to out-patients clinics per 100 000 population due to cannabis problem.

Figure 12. Cannabis treatment (data from out-patient drug services)



Source: Institute of Psychiatry and Neurology in Warsaw

The cannabis problem in the first half of 90' was visible in the treatment to very limited extend. In the second half of 90' increasing trend have started in all indicators of treatment demand due to cannabis.

The increasing trend in indicators of treatment demand due cannabis use observed in out-patients clinics was also noted in residential treatment.

The gender structure of individuals accepted for residential treatment has been more or less constant for many years. Since 1997 a slight downward trend of women percentages is noted (table 9). Women make up 26% of patients treated in 1997 and 22% in 2000 respectively. Since 2001 slight increasing trend is noted - in 2003 the share of women was 24%.

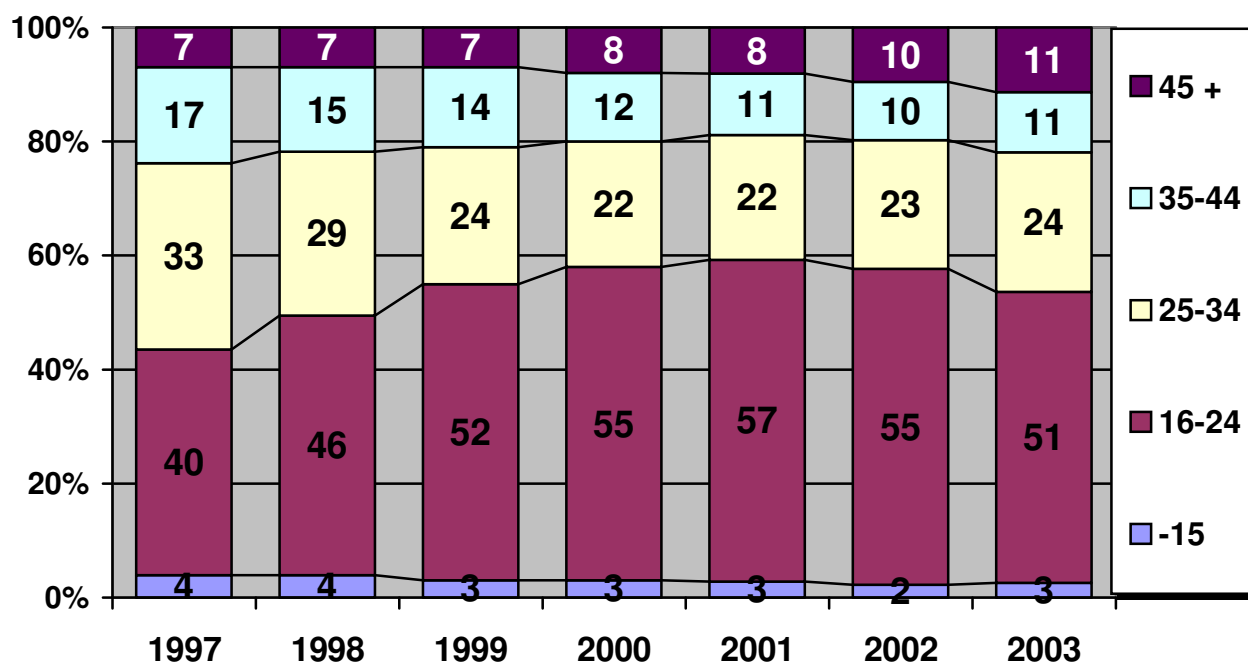
Table 9. Persons admitted to residential treatment due to drug addiction in 1997-2003 (ICD X: F11-F16, F18, F19) by gender

	Male		Female	
	N	%	N	%
1997	3936	73.8	1400	26.2
1998	4519	74.1	1581	25.9
1999	5209	76.3	1618	23.7
2000	6702	78.0	1888	22.0
2001	7006	77.0	2090	23.0
2002	8633	76.8	2608	23.2
2003	8952	76.0	2826	24.0

Source: Institute of Psychiatry and Neurology in Warsaw

The considerably changes can be observed regarding the age structure of persons admitted to residential treatment (figure 13).

Figure 13. Persons admitted to residential treatment due to drug addiction 1997-2003 (ICD X: F11-F16, F18, F19) by age (percentages of clients)



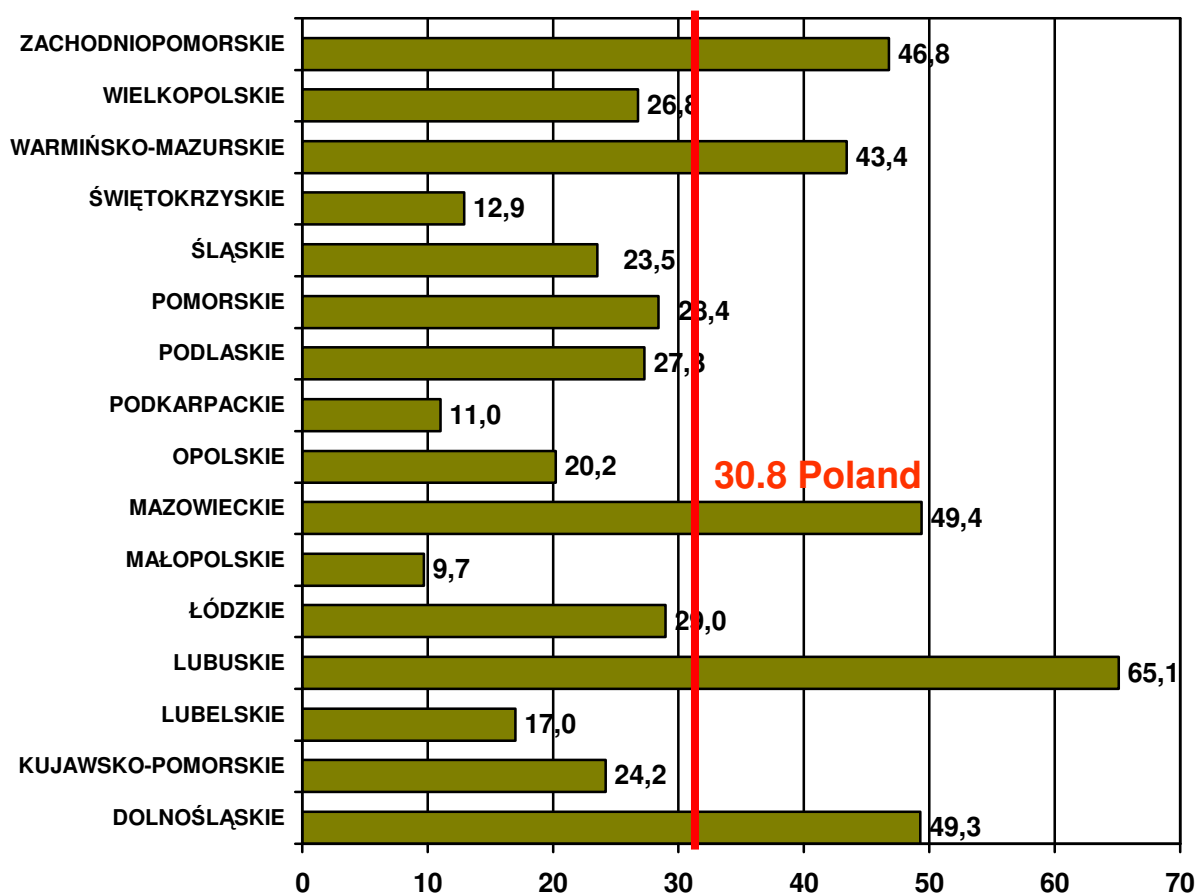
Source: Institute of Psychiatry and Neurology in Warsaw

The changes between 1997 and 2001 are manifested 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 2001 this tendency was stopped and in 2002 reversed. In 2003 patients from age group 16-24 years made 51% and patients from age group 25-34 – 24%.

The proportion of the youngest patients up to 15 years of age and the oldest ones over 40 are relatively constant. The rise in the proportion of individuals of the younger age groups signalled a subsequent increase of the phenomenon. The change of the trend seems to be prognostic of stabilization of the drug problem. The constant rate value of persons below 15 years does not support the common judgements on the increase of drug epidemics among children.

As in the previous years, in 2003 the significant territorial differentiation of drug addiction prevalence is maintained (Figure 14).

Figure 14. Persons admitted to residential treatment due to drug addiction in 2003 (ICD X: F11-F16, F18, F19) by region of residence (rate per 100 000 population)



Source: Institute of Psychiatry and Neurology in Warsaw

As is revealed by data contained in figure 8, the significant discrepancy between the indicators of admissions to in-patient clinics per 100 000 residents for the region of highest prevalence (Lubuskie – 65.1) and the region of lowest prevalence (Małopolskie – 9.7) 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 residential treatment is more less similar all over the country, due the lack or 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.

## 5. Drug-Related Treatment

### **Treatment System**

In Poland the basic form of drug treatment is still made up by residential therapy based on a drug-free therapeutic community model.

Despite the fact that 2004 was dominated by long-term and middle-term programmes, a tendency to shorten therapeutic programmes is being observed. The change is mainly due to financial limitations imposed by the National Health Fund (NHF).

In 2004 neither sources of financing (mainly NHF) nor criteria for admission have been changed. The implementers were predominantly NGOs – foundations, societies.

There is a steady increase of availability of inpatient and outpatient drug treatment. Every year new facilities are being established, which admit more and more patients.

### **Drug free treatment**

#### **- Inpatient treatment**

The most recent data on residential treatment of drug users come from the year 2003.

In 2003, 48 inpatient centres operated in Poland, including centres that admitted double-diagnosed patients. The total number of patients admitted to inpatient clinics stood at 11 778 out of whom 5 934 were first-timers (detailed information is provided in Section 4 – Problem Drug Users).

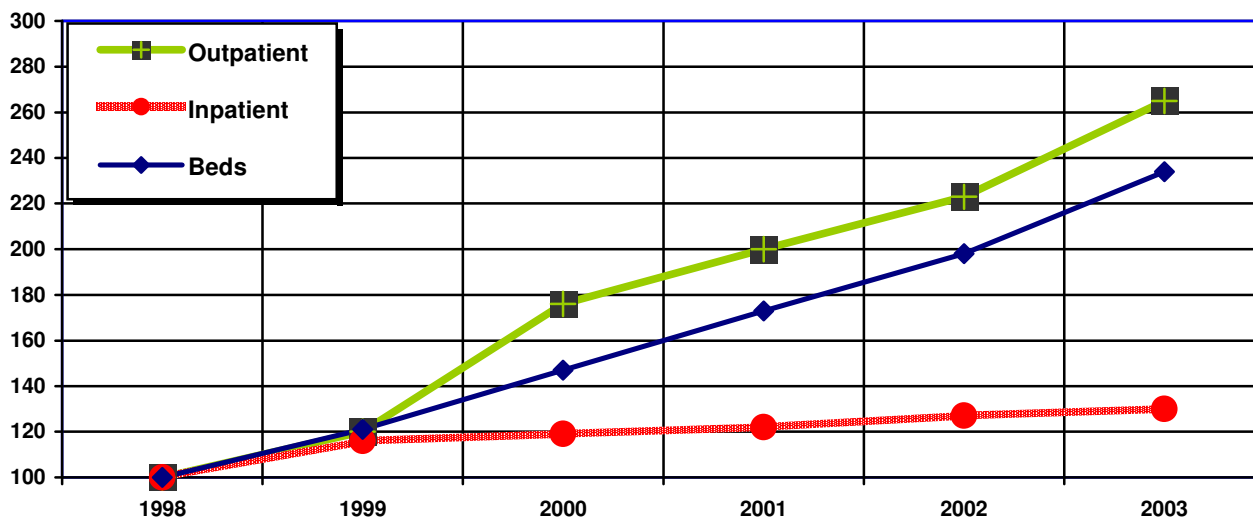
The data provided by the Institute of Psychiatry and Neurology show that in 2003 the centres disposed of 2 311 beds, by 347 more compared to the previous year (1 964 beds in 2002). (Data from the Institute of Psychiatry and Neurology “Psychiatric and neurological health care facilities – statistical yearly 2003)

#### **- Outpatient treatments**

In 2003 there were 90 outpatient facilities. This year they registered 23 831 patients. 17 018 were admitted the previous year. It is indicative of an upward trend in the number of drug-users admitted to outpatient treatment in comparison to 2003 when 10 221 first-time patients admitted to treatment. (Data from the Institute of Psychiatry and Neurology “Psychiatric and neurological health care facilities – statistical yearly 2003).

As shown on Figure 15 there is a steady increase in availability of inpatient and outpatient drug treatment as well as beds availability in treatment facilities.

Figure 15. Dynamics of the number of inpatient and outpatient clinics as well as provision of beds in residential treatment in the years 1998 – 2003. (1998 = 100)



Source: Psychiatric and neurological health care facilities – statistical yearly 2003, Institute of Psychiatry and Neurology, Warsaw 2004

In practice outpatient treatment network is still insufficient and concentrating to a larger extent on individual counselling causes that this type of service is often inadequate for young patients and their parents.

Outpatient clinic rooms are frequently used by anonymous drug users operating according to a 12-step self-help programme.

## Medically assisted treatment

### - Withdrawal treatment

In the year 2004 there were 40 public detoxification wards in Poland (data from “Drug Addiction – Information booklet on drug treatment centres – Where to look for help?”, NBDP, Warsaw 2004).

The most recent data show that in 2004 there were 6 498 admissions to the detoxification wards (this number does not equal the number of admitted patients as the epidemiological

data do not include re-detoxified patients). (Data from the Institute of Psychiatry and Neurology “Psychiatric and neurological health care facilities – statistical yearly 2004).

The basic form of treatment at detoxification wards is symptomatic treatment (painkillers, tranquillisers, antidepressants).

Causal treatment is less popular (clonidine) and agonist treatment is sporadic (e.g. methadone) or anti-agonist (e.g. buprenorphine).

In hospitals detoxification usually lasts 8 to 21 days.

Detoxification from psychoactive substances covers:

- liquid transfusion
- alleviating withdrawal symptoms
- motivating to treat addiction, providing support
- education on contagious diseases
- counselling, psycho-education
- treatment of accompanying medical conditions
- crisis interventions
- cooperation with close relatives

There is no data on detoxification performed by private surgeries. They are not subject to statistical reporting. All that is known is that private surgeries apply the method of “rapid-detoxification”, not used in public health care.

### **- Substitution treatment**

Polish treatment and rehabilitation system offers programmes addressed to unsuccessful drug users striving for abstinence.

They are addressed to adult opiate addicts receiving methadone as a substitute drug. They are also provided with psychological and social assistance.

As soon as the regulation of the Minister of Health on amending the regulation on substitution treatment took effect in 2004, changes related to distributing methadone took place. These changes aimed at increasing the possibility of distributing methadone for home use, which raises chances of the right reintegration and every day life functioning (home, school, work). Today in many cases methadone must be taken at the facility in the presence of a doctor and in special cases it may be handed out to the patient even for the period of 14 days. Moreover, the legal age of participation in the methadone programme has been lowered by 3 years and it is 18 years of age.

Similarly as in the previous year methadone programmes were run by 13 health care centres (including 3 programmes run in remand centres) all over the country. In 2003 those programmes offered 721 places for 865 patients.

The basic criterion for admission to methadone programme run in a penal institution is the possibility of continuing substitution treatment outside prison. In practice very few inmates enter the programmes as there is no continuation of treatment provided for them upon release from prison. That is why there is a strong need to develop better cooperation and coordination of the substitution treatment system implemented in and outside prison.

#### **- Other medically assisted treatment**

Drug addicts with conditions requiring pharmacotherapy are offered medical treatment. Pharmacological treatment with psychotropic drugs is provided especially to patients with dual diagnosis and as supportive therapy in mood disorders of drug addicts.

#### **- Drug treatment training**

In 2004 specialist training seminars were conducted for drug therapists and drug therapy instructors, accepted and certified by the Minister of Health. 240 participants attended the seminars.

In 2004 the National Bureau commissioned implementation of a training programme for basic health care personnel.

This programme aimed at preparing GPs, family doctors and paediatricians as well as nurses to conduct early intervention in relation to drug users and early diagnosis of drug addiction. 200 participants took part in the programme. During sessions the participants deepened their knowledge addiction mechanisms, addiction treatment methods and familiarized themselves with the concept of harm reduction.

In 2004 the National Bureau commissioned the implementation of a training programme for the personnel conducting treatment, rehabilitation and harm reduction.

#### **- Main results of new research, meta-analyses and evaluations**

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In 2004 the National Focal Point operating within the structure of the National Bureau for Drug Prevention commissioned the implementation of the following studies:

##### **- „Injecting drug use and other risk behaviour”**

Qualitative study of problem drug users under the agreement with the EMCDDA.

The study aimed at analysing drug use patterns among injecting drug users as well as drug-related problems in this group. It also aimed at assessing the extent of the drug phenomenon especially with reference to injecting drug use. The study results point to full state of

knowledge on the dangers resulting from injecting drug use among drug users and their conviction of using protection against infectious diseases. The motive for injecting drugs is the specifics of the sensations as well as an economic factor.

- *„Estimate of the prevalence of infectious diseases in injecting drug users in cities at different stages of the implementation of harm reduction programmes” under the agreement with the EMCDDA.*

The study attempted at determining frequency of risk behaviours among injecting drug users as well as determining risk factors of the infections transmitted through blood. The study showed that marginalized circles are especially vulnerable to infections due to lower awareness levels, poorer access to knowledge and medical services as well as practical difficulties in taking actions diminishing risk of infection.

- In 2004 a set of methods to be used in diagnosing drug addiction was being developed. Foreign tools were being adapted such as Temperament and Character Questionnaire by R.C. Cloninger and Opiate Treatment Index in the form of a clinical interview. A pilot study of the tool application in determining areas of psycho-social functioning vital for drug addiction was conducted. Based on identified tools a Polish set of diagnostic methods was developed.

## 4. Health Correlates and Consequences

### Drug-related mortality

One of the source of information on drug related deaths till 2000 was the police records of death cases caused by drug overdoses. Basically, police statistics record all such cases. According to the law, every case of sudden death should be investigated by the police. The data concerning deaths are collected as data regarding drug dependants. They are based on non-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 nor 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 in our possession start in 1988. We were not able to collect data referring to earlier years. Since 1995 the Warsaw data have not been reported to the Police Headquarters. We obtain 1995 data but they are less credible because they are based on estimation made by providers. Both in Warsaw and nationwide no data regarding the type of drug or demographic characteristics of referred individuals are available.

Looking at the data it was hard to identify any clear tendency. The source of the significant oscillation of the indicator is, a one may assume, small numbers, especially sensitive to random disturbances. In end of 80' about 100 drug related deaths were reported by the police. In 2000, 174 deaths were recorded, that means increase by 64% was noted. In the 90' the tendency to stabilise was observed. The police recorded 150-180 drug related deaths each year till 2000.

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 database contains basic social and demographic information on dead persons and information concerning the death, i.e. 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 database or initials. Only the date of birth and sex can be used as identifiers. The archive death records contain given names and surnames but obtaining this information takes a lot of work and is difficult due to confidentiality regulations.

The register of GUS can be a source of the deaths connected with drugs. The data has been extracted according to the WHO criteria of deaths connected with drug overdoses. The base

of the extraction was the direct cause of death. The deaths whose cause was intoxication or harmful drug use were chosen. The data are affected by the distortion connected with the change of the ICD in 1997.

Table 10. Deaths from overdoses in Poland extracted from general mortality register (1997-2003)

Years	F11-12, F14-16, F19, X42, X62, Y12	F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14	F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14, X49, X69, Y19
1997	116	253	388
1998	104	235	359
1999	117	292	433
2000	123	310	451
2001	93	294	425
2002	109	324	411
2003	101	277	390

Source: Central Statistical Office

For estimation of the number of drug related death the three selection criteria were apply. The first one included codes: F11-12, F14-16, F19, X42, X62, Y12, the second one – codes: F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14, and the third one – codes: F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14, X49, X69, Y19. Looking at the age distribution the estimation based on second criterion seems to be most close to the reality.

The trend in the drug-related deaths according to ICD-10 covered years 1997-2003. Data show that the number of deaths is not considerable and strongly variable in the course of time. For the period of 1997-2003 its maximum value is in 2000 applying the first and third extraction rules and in 2002 applying second extraction rule.

Generally according to the indicator we can talk about stabilization during the last years.

Table 11. Deaths from overdoses in Poland extracted from the General Register of Deaths for 1987-2003

Years	Number	Rate per 100 000 population
1987	156	0.41
1988	145	0.38
1989	181	0.48
1990	155	0.41
1991	213	0.56
1992	199	0.52
1993	211	0.55
1994	185	0.48
1995	175	0.45
1996	179	0.46
1997	253	0.65
1998	235	0.61
1999	292	0.76
2000	310	0.81
2001	294	0.77
2002	324	0.85
2003	277	0.73

Source: Police Headquarters in Warsaw

The trend in the drug-related deaths according to GUS covered years 1987-2003. They show that the number of deaths is not considerable 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 data and Central Statistical Office 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 during the last years.

**Drug-related infectious diseases**

The seroprevalence study was conducted in 2004 in 3 regions in Poland (Warsaw, Silesia and Lubuskie Region). The subjects were recruited with a snowball method starting on the streets and in low threshold facilities as well as from treatment centers. Each participant filled a questionnaire and donated blood for laboratory tests. Anti-HIV antibodies were investigated with ELISA assays. Total anti-HCV antibodies were determined using ELISA 3<sup>rd</sup> or 4<sup>th</sup> generation tests.

The study included 423 persons using drugs – at least once in lifetime by injection. The sample consist of 307 males and 116 females of mean age 27.2 years. The mean age at first injection was 19.6 years. 85 persons (20%) were new injectors (injected for the first time during the preceding 2 years). The overall HIV prevalence was 12.4% and HCV prevalence 60% respectively.

The results were differentiated by location under study (table 12).

Table 12. Prevalence of HIV, HCV and HBV infection among IDUs in three settings (percentages of persons under study)

	Warsaw	Lubuskie Region	Silesia
HIV	16.0	7.6	13.3
HCV	60.0	55.6	68.3
HBV	40.0	23.3	61.7

Source: Results of the study on prevalence of infection diseases among IDUs (National Institute of Hygiene)

The highest HIV prevalence was noted in Warsaw (16.0%) and lowest one in Lubuskie Region (7.6%). The highest HCV prevalence was observed in Silesia (68.3%) and the lowest one also in Lubuskie Region (55.6%).

The National Institute of Hygiene collects data regarding the prevalence of HIV infections. The data make it possible differentiate individuals taking drugs through injections. Data presented here are limited to HIV infections among IDUs.

Table 13. HIV cases among IDUs reported in Poland in 1995-2003

Years	Number of new cases	Number of test	Rate per 100 testes	Rate per 100 000 population
1995	320	6614	4.8	0.83
1996	343	6910	5.0	0.89
1997	315	6725	4.7	0.81
1998	354	5656	6.3	0.88
1999	254	3848	6.9	0.69
2000	332	3106	10.7	0.86
2001	265	2952	9.0	0.69
2002	180	2626	6.7	0.51
2003	217	2444	8.9	0.55
2004	186	4094	4.5	0.51

Source: National Institute of Hygiene

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 1995-2004 suggest a relative stability of trends. In 1995 - 320 new cases were recorded in 1998 – 315, while in 2001 – 197 and in 2004 – 186.

The trend of new HIV infections among injecting drug users can be observed on the Figure 16 which presents the indicators of the new infections connected with drug use by injection and other new infections. The 1990 data are taken as 100 and the data from the 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 other tendencies when we use also another indicator - a number of new infections per 1000 tests. This indicator standardizes the changes in the intensity of testing. The differences in the dynamics of both indicators referring to persons using drugs in injections can be observed on the figure 17. 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 had an downward tendency, especially in 2000. During the last years both curves have decreased.

Figure 16. New HIV cases among IDUs and among others (index 1990 = 100)

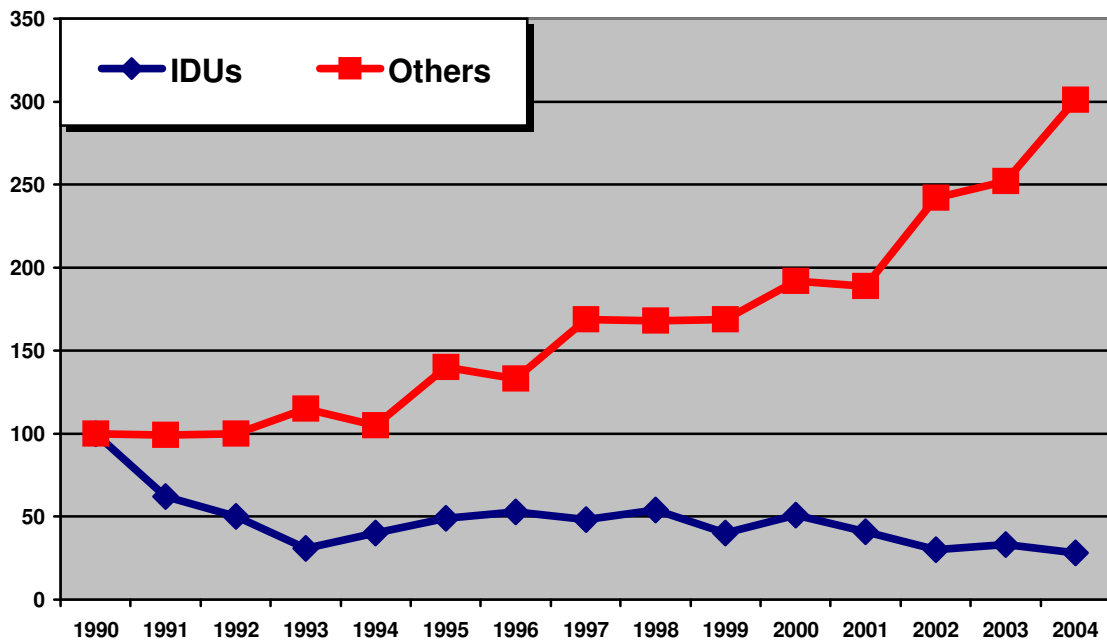
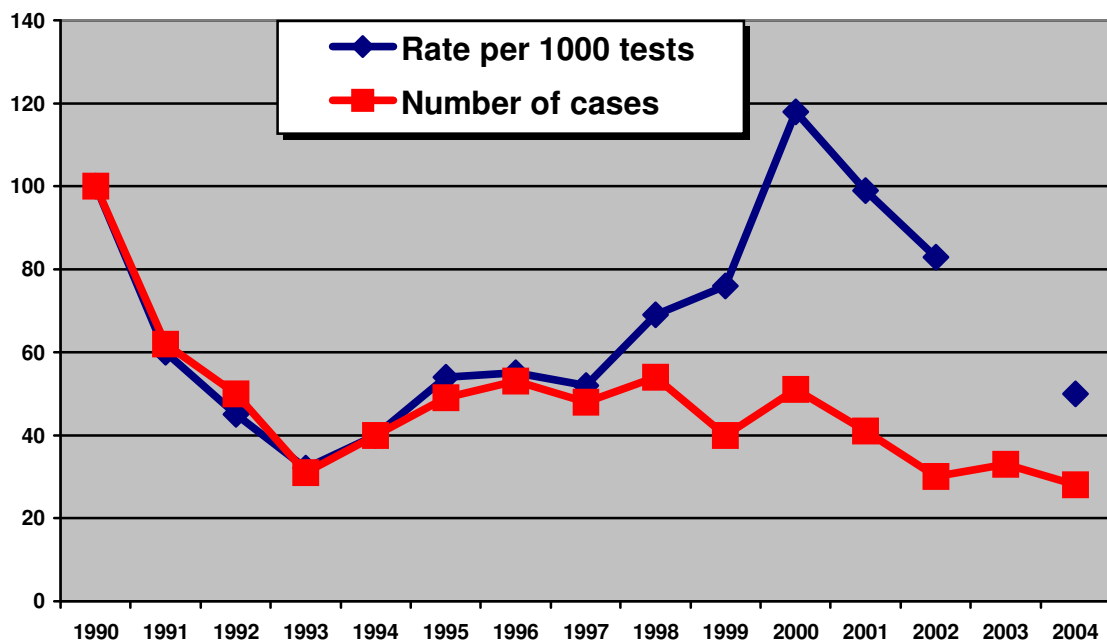


Figure 17. New HIV cases and new HIV cases per 1000 tests among IDUs (index 1990 = 100)



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

Table 14. AIDS cases among IDUs reported in Poland in 1989-2004

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
2003	76	0.19
2004	77	0.19

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 2004 – 77 cases. The rate of AIDS morbidity reflects the phenomenon with a significant delay, while the data seem to be of fuller nature.

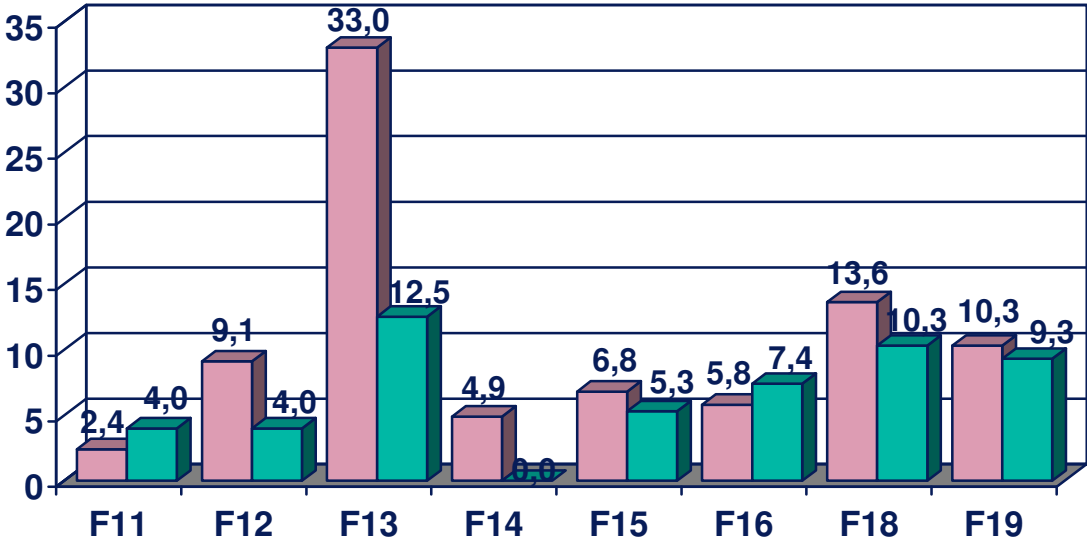
### **Other drug-related morbidity**

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 grounds for drug use. The extent 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 diagnoses of drug abuse (F11-16. F17.F18) and other mental disorder while in 2001 6.9% respectively. In 2000 dual diagnoses were twice more often found among females (14.6%) than among males (7.5%). In 2001 the difference between females and males decreased. 8.4% of dual diagnoses were recorded among females and 6.5% among males.

The prevalence of dual diagnosis is strongly differentiated by type of drug abused as indicated by the third digit of ICD code. The biggest percentages were 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 to just 12.5%. Nobody with dual diagnosis was noted among cocaine users. However, it should be mentioned that the total number of cocaine users was rather small – 36 persons.

Figure 18. Dual diagnosis – percentage of persons with dual diagnosis among individual categories (ICD 10) of drug dependent patient in residential treatment in 2001 and 2002



## **7. Responses to Health Correlates and Consequences**

Harm reduction programmes were conducted predominantly by non-governmental organizations in greater city areas: in the streets, in homeless shelters, in drug meeting spots (e.g.: railway stations) as well as drug counselling facilities as well as places of selling sexual services.

The following institutions are involved in financing such programmes: the National Bureau for Drug Prevention, The United Nations Drug Programme and some local governments.

In 2004 the National Bureau disbursed subsidies for the implementation of 14 harm reduction programmes.

In 2004 the National Bureau for Drug Prevention co-financed publication of a magazine "Monar na bajzlu" devoted to health consequences of drug use.

The recipients of the harm reduction programmes are drug users addicted to psychoactive substances, not motivated to treatment. These programmes aim at mineralising drug-related harm (mainly opiates and synthetic drugs) and the risk of infectious diseases such as HIV/AIDS and hepatitis B and C. The most prevalent form of help is needle and syringe exchange and distribution of cleaning materials, bandages and condoms. Moreover, drug users are motivated to enter treatment and also undergo "safe" injection training that minimises the risk of overdose and infection.

An integral part of the programme are the educational and informative classes aimed at safe sex behaviour and the ability to provide first aid in case of overdose. Thanks to this kind of activity street workers, mainly volunteers, can be in regular contact with active drug users and prevent a number of negative drug-related consequences.

### **- Prevention of drug related deaths**

#### *- Overdose prevention*

In 2004 such preventive actions were implemented in the framework of harm reduction programmes. Groups of street workers and consultation point workers implemented educational programmes addressed to active drug addicts remaining outside treatment systems. The actions aimed at reducing the number of drug-related deaths by teaching skills of safer using and providing first aid. An increasing popularity of non-injection synthetic substances caused the necessity of developing new programmes addressed to youth

experimenting with synthetic drugs in clubs and discotheques. In 2004 the National Bureau co-financed 4 party worker programmes.

- Injecting rooms do not exist.

- Antagonists:

In Poland blockers are used depending on effect time: short-term such as naloxon are used in acute opiate poisoning and long-term such as naltrexon in supporting abstinence or relapse prevention.

### **- Prevention and treatment of drug-related infectious diseases**

- *Prevention (vaccination, syringe provision programmes, paraphernalia and condom provision; information materials, educational approaches 'safer use/safer sex')*

In 2004 such actions were implemented within the framework of harm reduction programmes. They were aimed at stopping drug use practices related to high risk of infection; advising safe sexual behaviour. The actions included education and provision of injection drug paraphernalia: needles, syringes, bandages, condoms. Within the framework of the programmes subsidised by the National Bureau for Drug Prevention about 305 129 needles and about 403 814 syringes were distributed in 2004 (Data form the reporting system of the National Bureau for Drug Prevention concerning project financed by the Bureau).

There are no specific vaccination programmes for drug addicts in Poland.

- *Counselling and testing*

In Poland there is a possibility of having a free-of-charge and voluntary HIV/ADIS diagnostic test for persons from high-risk groups (i.e.: drug addicts) including non-insured persons. The testing facilities are bound to provide counselling both before and after testing.

- *Infectious disease treatment*

Treating infectious diseases among drug addicts is governed by the same rules as for the other health care unit patients.

Only active HIV-positive or AIDS drug addicts, due to high risk of discontinuing treatment, are not included in anti-retroviral treatment. It stems from the fact that HIV/AIDS breaks in

treatment cause higher health harm than avoiding treatment. Today such an opinion is being rejected in favour of the one that drug users should not be discriminated against in anti-retroviral therapy. It is also said that every anti-retroviral treatment even if discontinued brings benefits. Another question is that anti-retroviral drugs due to interactions should not be used if a patient takes specific illicit drugs.

## 5. Social correlates and Consequences

### Drug offences and drug-related crime

#### *Police data*

Within the police reporting system the data on detected offences against drug law are collected. Data regarding offences against the Act on Drug Prevention (till the mid-97) and the Act on Counteracting Drug Addiction (from mid-97) are contained in Tables 15-16 and Figures 19-21.

Data in the table 15 indicate an upward trend regarding offences such as illicit drug trafficking, illegal distribution or inciting illegal import or transit. The trend regarding illegal production of psychoactive substances remains relatively stable while the illegal cultivation of poppy or cannabis after an upward trend in 1993 through 1994 displays a downward tendency. Data regarding the number of detected crimes related to drugs as the epidemiological indicator are burdened with a significant error related to changes in the policy of prosecution. Regarding the recent years in particular when the number of crimes revealed by the police rose one may assume that the significant portion of the increase is a result of increased police activities. The shift in the anti-drug policy to supply reduction remains in close relation to sharpening and widening of the scope of repression introduced by the new Act of 1997. The increase of police forces directed to fight drug-related crime, new legal instruments (controlled purchases, controlled supplies, key witness) had changed the situation concerning drug-related offences even before the Act of 1997 was implemented thus 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 crops. After a significant growth in the previous years, the number of crimes related to drug production and maintenance of drug production equipment, introduction of drugs to the market and illicit sharing or inciting to drug use, decreased significantly.

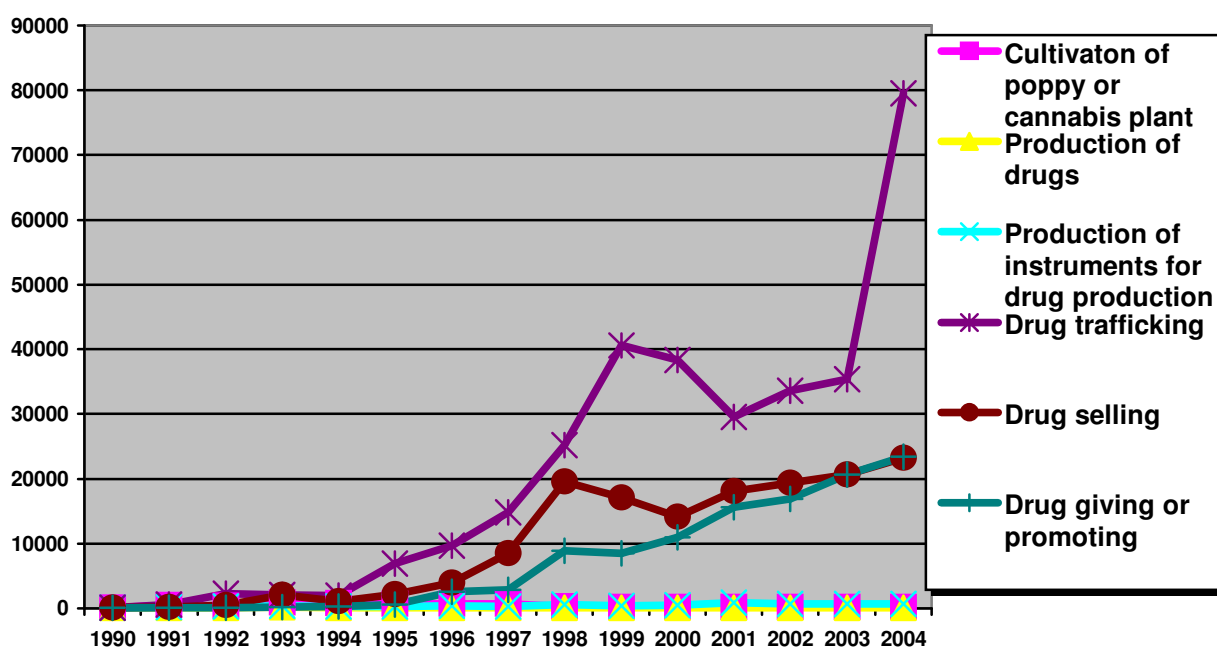
In 2000 there was a change of this tendency. In 2000 we observe continuation of the initiated downward trend of 1999 concerning the number of cases of introducing drugs into the trade. After the strong increase in the previous years the number of crimes such as illegal import, export or transit has decreased. The number of crimes concerning inciting to take drugs, after the slight increase in 1999, has witnessed further increase. The trend of the number of produced drugs, despite some variations, is stable. Since 2001, we observed increasing trend in drug selling and since 2002 increasing trend in drug trafficking which was accelerated in 2004.

Table 15. Offences against drug law detected by the police 1990 – 2004

	Years														
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Total</b>	<b>1105</b>	<b>2468</b>	<b>2442</b>	<b>5457</b>	<b>4000</b>	<b>4284</b>	<b>6780</b>	<b>7915</b>	<b>16432</b>	<b>15628</b>	<b>19649</b>	<b>29230</b>	<b>36178</b>	<b>47605</b>	<b>59356</b>
Illegal cultivation of poppy or cannabis	382	1712	1631	3577	3040	2780	2634	2518	1195	615	814	663	653	687	886
Illegal production of drugs	557	589	521	1280	387	392	459	701	574	361	400	408	319	297	350
Production or storing of instruments for illegal drugs production	34	60	94	123	85	97	135	116	190	143	152	292	230	230	220
Drug trafficking (import. export or transit)	1	6	23	21	20	69	97	148	252	406	383	295	336	354	795
Illegal drug selling	10	24	45	207	107	215	397	847	1957	1714	1417	1809	1932	2064	2323
Illegal drug giving and promotion	121	77	128	249	361	731	3058	3507	10762	10305	13278	18873	20482	25036	28351
Drug possession								32	1380	1896	2815	6651	11960	18681	26163
Production, smuggling or trafficking in precursors												22	76	159	178
Others and missing data								35	222	188	390	217	191	97	89

Source: Police Headquarters in Warsaw

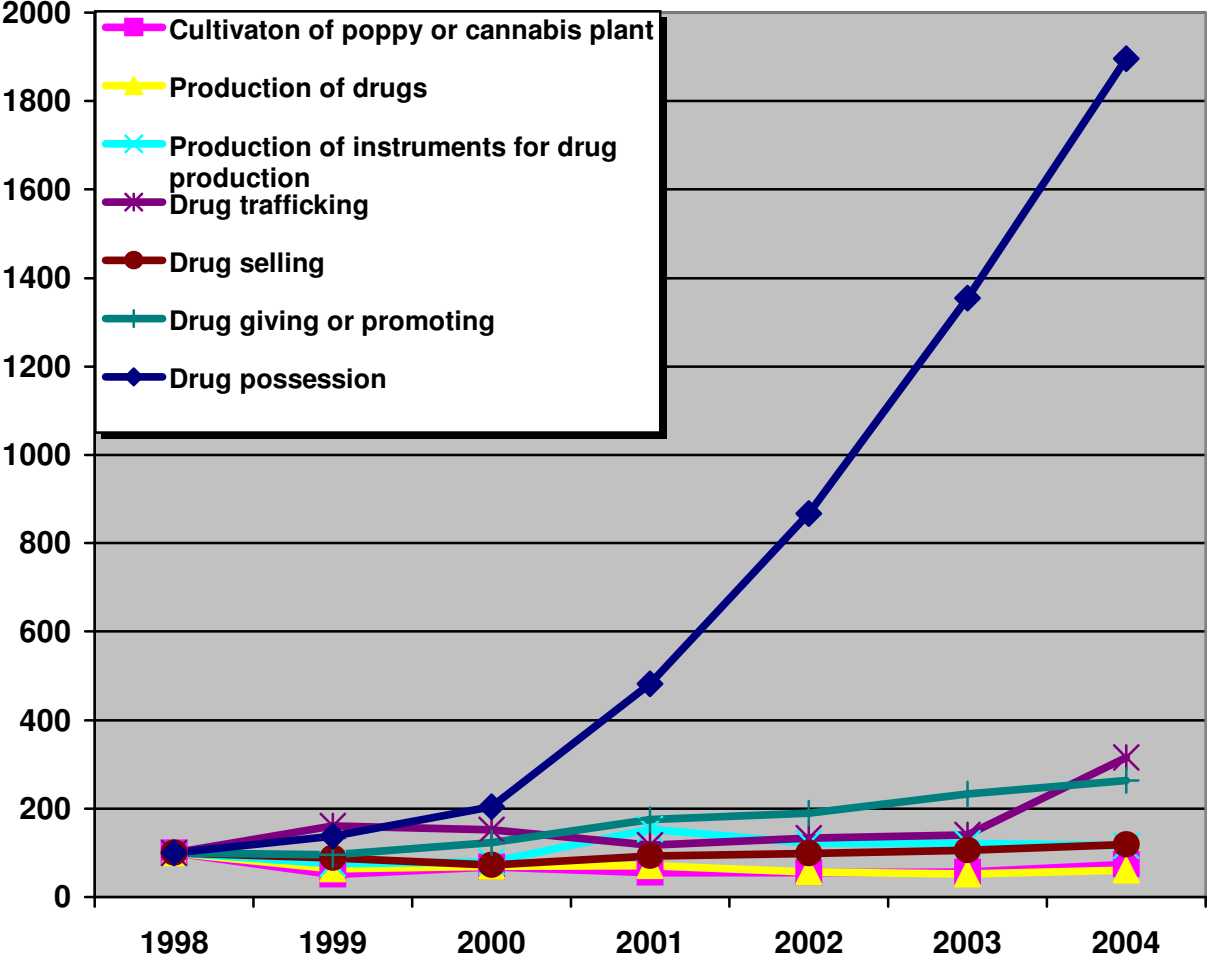
Figure 19. Dynamic rates of offences against drug law 1990-2004 by types of offences (index 1990 = 100)



Source: Police Headquarters in Warsaw

Taking the data of 1998 as the reference point we could observe recent trend after changing the law (Figure 19). In 1997 the drug possession was penalised, even for personal use as further amended in 2000.

Figure 20. Dynamic rates of offences against drug law 1998-2004 by types of offences (index 1998 = 100)

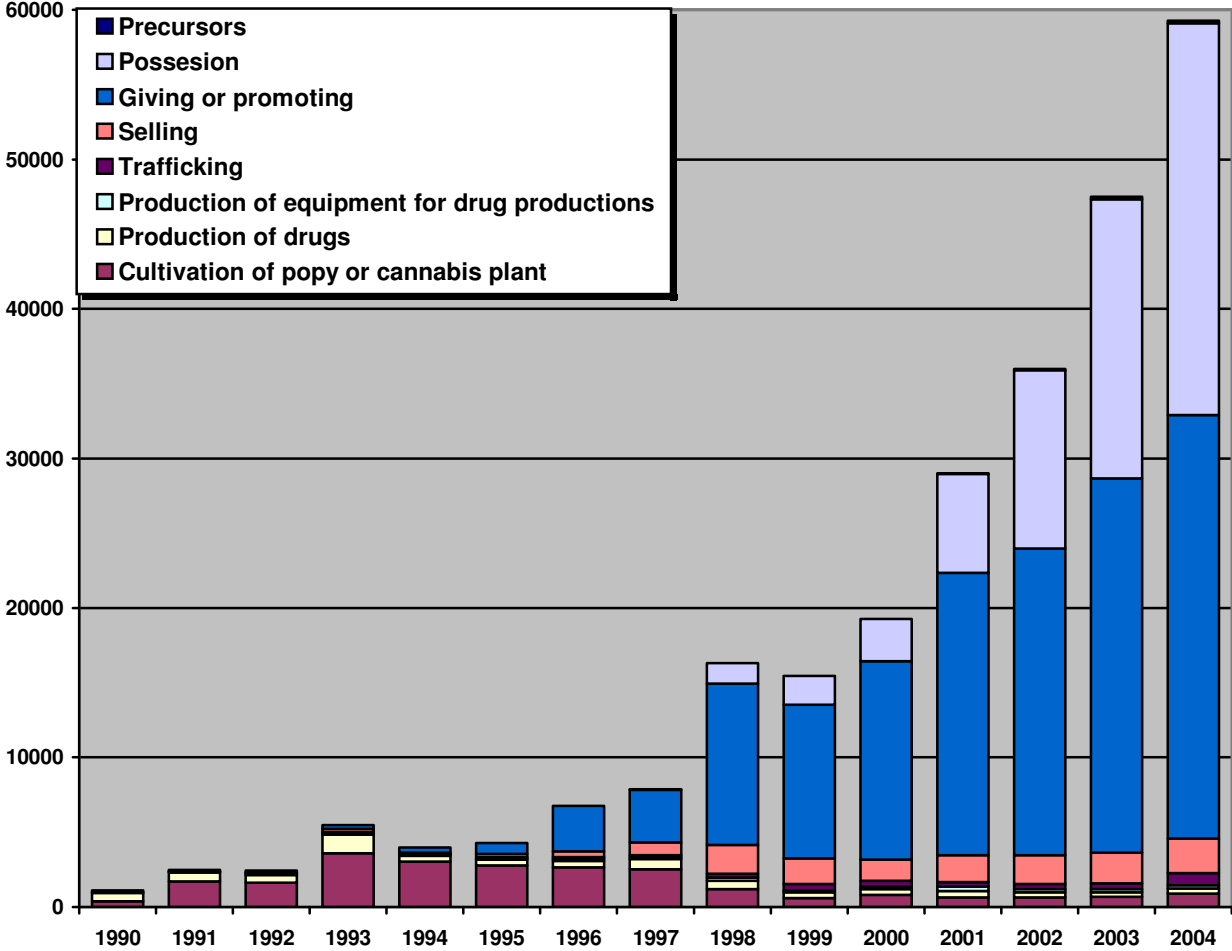


Source: Police Headquarters in Warsaw

The figure shows a rapid increase in the number of drug possession offences and relatively stable trends of other types of offences.

The data of Figure 21 shows that, as long as quantitative aspect is concerned, such crimes as giving or encouraging to taking drugs prevail in the crime picture. Drug possession and introducing them into the trade have both a considerable share as well.

Figure 21. Numbers of offences against drug law 1990-2004 by types of offences



Source: Police Headquarters in Warsaw

The data on drug offences by type of drug involved (table 16) show that most of offences are related to cannabis. It is the same with both types of offences possession of drugs and drug dealing.

Table 16. Numbers of offences against drug law 2004 by types of offences and type of drug involved

	Possession <sup>1</sup> art.45, art. 48	Dealing <sup>2</sup> art. 42, art. 43, art. 44, art. 46.	Total
Cannabis	22885	12315	35200
Heroin	597	719	1316
Cocaine	77	105	182
Amphetamines	8248	5769	14017
Ecstasy	1344	1004	2348
LSD	37	20	57
Others	2901	1369	4270
TOTAL	36 089	21 301	57 390

Source: Police Headquarters in Warsaw

**<sup>1</sup> Drug-related possession:**

Article 45.1. Whoever, contrary to the provisions of this Act, supplies another person with a narcotic drug or a psychotropic substance, facilitates or makes the use thereof possible or incites to another person to use such a drug or substance, shall be subject to the penalty of deprivation of liberty for a term up to 3 years.

2. If the perpetrator of the act referred to in paragraph 1 supplies a narcotic drug or psychotropic substance to a minor or incites him or her to the use thereof or provides them in considerable quantities to another person, shall be subject to the penalty of deprivation of liberty for a term up to 5 years.

Article 48.1. Whoever, contrary to the provisions of this Act, possesses narcotic drugs or psychotropic substances, shall be subject to the deprivation of liberty for a term up to 3 years.

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

3. If the object of the act referred to in paragraph 1 is a considerable amount of narcotic drugs or psychotropic substances, the perpetrator shall be subject to a fine or the penalty of the deprivation of liberty for a term up to 5 years.

**<sup>2</sup> Drug-related dealing:**

Article 42.1. Whoever, contrary to the provisions of this Act, imports, exports or transports in transit narcotic drugs, psychotropic substances, poppy milk or poppy straw, shall be subject to a fine or the penalty of deprivation of liberty for a term up to 5 years.

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

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

Article 43.1. Whoever, contrary to the provisions of this Act introduces to trade narcotic drugs, psychotropic substances, poppy milk or poppy straw or participates in such trade, shall be subject to the penalty of a fine and deprivation of liberty for a term from 6 months to 8 years.

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

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

Article 44.1. Whoever makes preparations for the offence defined in Article 42.1 or Article 43. 1. shall be subject to a fine, the penalty of limitation of liberty or deprivation of liberty for a term up to 2 years.

2. Whoever makes preparation for the offence defined in Article 42.3 or Article 43.3, shall be subject to the penalty of deprivation of liberty for a term up to 3 years.

Article 46.1. Whoever, with intent to gain material or personal benefit supplies another person with a narcotic drug or a psychotropic substance, facilitates the use or incites to the use thereof, shall be subject to the penalty of deprivation of liberty for a term up to 10 years.

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

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

### **Sentences by courts**

Circuit courts, relevant to the place of crime commission review criminal cases regarding breaking the Act. The summaries of sentences available at the courts include only a general category of sentences regarding breaking the Act on Counteracting Drug Addiction; however, there is no information regarding specific provisions of the Act. One should remember that the picture of offences against the Act is significantly determined by offences relating to illicit cultivation of poppy. The significant percentage of these offences is not related to drug use directly in this sense that the poppy straw from these plantations does not end up as 'kompot' (Polish heroin). Quite frequently these are small pieces of land cultivated according to 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 the trend 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 an object of theft and get to the illicit market of psychoactive substances this way.

Table 17. 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
2002	365 326	6 407	1.75
2003	415 933	9 878	2,37

Source: Ministry of Justice

The summary of data regarding valid sentences in 1989-2003 (table 17) indicates a rapid increase in 1993 and next a downward trend lasting until 1997. After that increasing trend is noted again. Not only the number of persons convicted for drug law offences is raising but also the percentages of such cases among overall number of persons convicted. The increasing trend reflect the law changing in 1997 and 2000, when the drug possession became the matter of punishment.

Another picture is provided by information regarding imprisonment sentences in relation to the Act.

Table 18. Drug Law Offenders Sentenced to Imprisonment in Poland

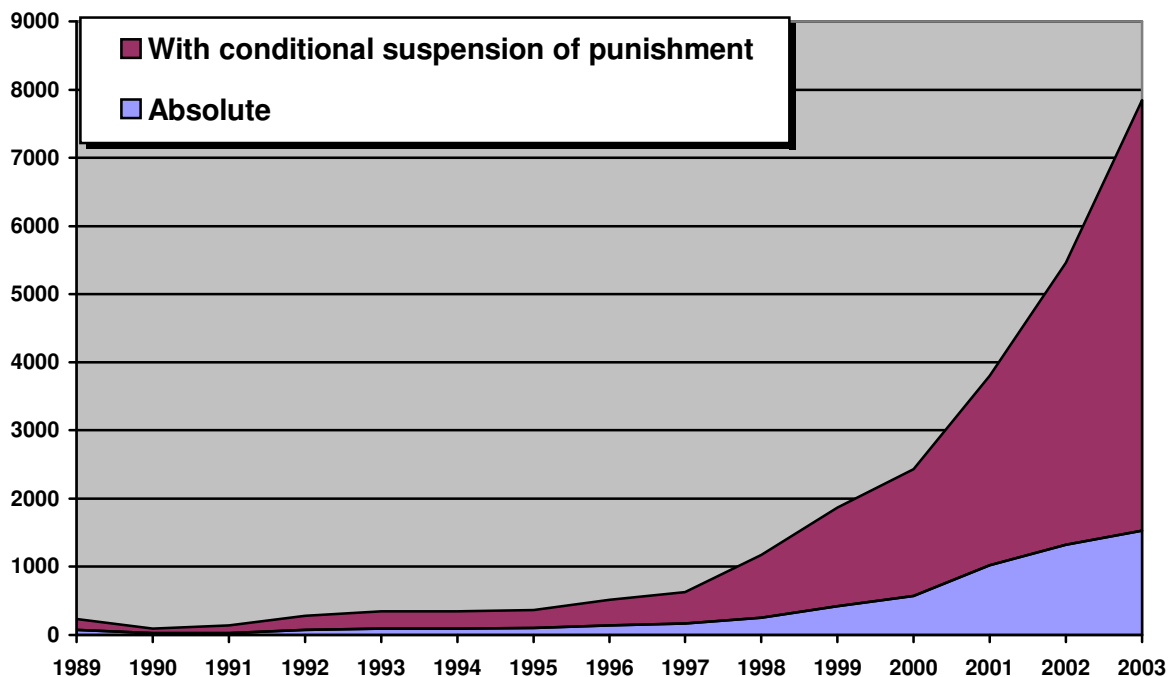
Years	Sentenced to Imprisonment		
	Total	Absolute	With conditional suspension of punishment
1989	236	76	160
1990	92	30	62
1991	143	32	111
1992	282	72	210
1993	347	97	250
1994	346	97	249
1995	368	100	268
1996	520	141	379
1997	629	165	464
1998	1 173	252	921
1999	1 863	419	1 444
2000	2 428	572	1 856
2001	3 802	1 024	2 778
2002	5 459	1 319	4 140
2003	7 848	1 527	6 321

Source: Ministry of Justice

As it can be assumed based on the data contained in Table 18 and figure 21 in 2003 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 crime combating policy and penal measures resulting from the repressive tendencies of newly prepared acts of law. Since 1997 the trend has accelerated because of adoption of new law,

which made drug possession the matter of punishment. The next acceleration was noted in 2000 following the new sharpening the law. In 2000 the drug possession, even small amount for personal use, became punishable.

Figure 22. Drug Law Offenders Sentenced to Imprisonment in Poland (1989-2002)



### ***Drug problem in prison system***

Until recently, drugs problem in the Polish prison system was of marginal importance. On the one hand that was a result of limited drug use in Poland and on the other hand of relatively liberal legislation. A small number of drug users and low penalties did not stimulate the development of drugs problem in prisons. Increased popularity of drugs and stricter legislation changed the situation back in the nineties. Both drug users and drugs themselves began to have significant impact on the functioning of the prison system posing a serious challenge to it. The reconnaissance of the scope and the nature of the problem resulted in the development of an 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 remand centres in order to assess the scope of drugs problem in prisons.

The survey involved a random representative sample of 1 186 men held in prisons all over Poland. It demonstrated that a large group of prisoners had been occasional drug users before their imprisonment. The group constituted 19.5% of all prisoners. Within the group of those aged 17-24 the percentage 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 offences with earlier experiences of the prison system especially in the role of those arrested/detained. In general terms the social and demographic profile of an occasional drug user sentenced to prison 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) more widely use 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 in 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 used drug before. The most common drugs used during imprisonment include tranquillisers and sleeping pills without physician's prescription, cannabis 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 injection drugs while 1% admitted that they had shared the same needles and syringes with others.

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 prison (as a person arrested/detained only) plays more important role here than an earlier punishment/criminal record.

The survey results have demonstrated a significant scale of drugs 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 apply at least minimal safety measures and makes it difficult to provide emergency assistance for example in life-threatening situations.

The above findings pose serious challenge to the prison 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 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 prevention programmes addressed to all those imprisoned and to high-risk groups in particular, i.e. to young urban residents aged under 25 punished for drug-related offences. Programmes of this kind should also take into account the specific nature of prisons and inmates 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 prisons nevertheless the lack of access to sterile needles and syringes poses a serious threat of infectious diseases including HIV/AIDS. Programmes that involve administration of methadone as a drug substitute seem to provide the best response to the increasing threat.

## **9. Responses to social correlates and consequences**

### ***Social reintegration:***

For drug treatment graduates there are post-rehabilitation and reintegration programmes. The programmes are conducted in dormitories, hostels, reintegration flats and outpatient and inpatient clinics. They aim at re-entry into society through filling gaps in education, finding employment, re-establishing good contacts with family.

Post-rehabilitation programmes cover mainly:

- informative and educational classes (individuals and groups) featuring psychological support in solving every day life problems.
- personal development groups (training courses, workshops) aimed at re-establishing good contacts with family, forming successful partner relationships, raising self-esteem etc.
- relapse prevention groups
- interventions in critical situations
- psycho-educational classes for families (individuals and groups) aimed at changing habits disrupting family life.

Local governments and welfare services are bound by the Act of Law on social employment to conduct reintegration programmes.

In 2004 the National Bureau for Drug Prevention co-financed 18 hostels, 18 reintegration flats and 14 outpatient post-rehabilitation programmes.

In 2004 - 537 persons were admitted to hostel or reintegration flats; 301 addicts left these places and 70 took advantage of this assistance for over a year.

163 of the residents studied and worked, 151 only studied and 195 only worked.

The Monitoring Report of the National Programme for Drug Prevention for the years 2002-2005 shows that in 2004 communes financed 197 places in 8 hostels and 2 reintegration flats. 8 communes also financed post-rehabilitation facilities. In total, communes spent PLN 100 100 for the implementation of this task. Each commune allocated to this goal an average of PLN 12 512.

County governments financed 4 hostels and 1 reintegration flat with 40 beds allocating to this goal PLN 66 780.

In 2004 the governments of two provinces: lodzkie and slaskie co-financed post-rehabilitation centres. However, the number of co-financed programmes increased from 4 to 6. In the remaining provinces the governments did not disburse any funds on such goals.

In 2004 the National Health Fund commissioned post-rehabilitation programmes and social reintegration programmes to 8 contractors, including 1 programme in lubuskie province, 4 programmes in lodzkie province, 1 programme im slaskie province and 2 programmes in zachodniopomorskie province.

In 2003 the NHF did not finance post-rehabilitation and social reintegration programmes.

### ***Prevention of drug related crime***

In 2004 prison therapeutic capacity for adults addicted to narcotic drugs and psychotropic substances was expanded. 2 new therapeutic wards were established. Overall number of places in therapeutic wards of this category rose by 35 places i.e. 9.4% compared to 2003 and now equals 409.

In 2004 compared to 2003:

- by 174 i.e. 17.7% rose the number of inmates addicted to narcotic drugs and psychotropic substances
- by 110 i.e. 16.3% rose the number of inmates admitted to therapeutic wards.
- By 113 i.e. 20% rose the number of inmates discharged upon completion of therapy.

Furthermore, 2 more substitution treatment programmes were launched (in remand centre in Lublin and 3 Warsaw units).

Today 12 specialist drug-free therapeutic programmes, 3 substitution treatment programmes and 50 drug prevention programmes are run in penal institutions. In 2004 a total of 1 157 inmates were undergoing rehabilitation.

Existing therapeutic capacity for inmates addicted to narcotic drugs and psychotropic substances is still insufficient compared to the needs. Inmates wait for several months to enter drug treatment and some of them are released from prison without proper drug therapy.

In 2004 no new specialist programmes addressed to drug users in juvenile detention centres were launched. However, in Juvenile Detention Centre in Bialystok the number of places for drug dependent inmates rose from 12 to 20. In 2004 there were 6 specialist programmes available. These programmes were subject only to minimal modifications resulting from individual needs of minors.

**The remaining 33 juvenile detention centres run drug prevention programmes and programmes aimed at increasing availability of specialist care and harm reduction.**

Due to the fact that rehabilitation may be conducted only by specialist medical facilities there are no separate rehabilitation wards in juvenile detention centres. Work with drug dependent

inmates is based on programmes developed on location including individual needs of inmates. In case of emergency the centres cooperate with hospitals.

In 2004 specialist therapeutic programmes admitted 44 inmates of the juvenile detention centre in Bialystok.

In 2004 no new penal legislative solutions aimed at drug dependent criminals were adopted. These persons are subject to the provisions of the Act on Counteracting Drug Addiction of 1997 as well as the Penal Code of 1997. These issues were described in detail in Annual Report 2003 (Part B – Selected issues, Alternatives to prison for drug dependent inmates). Below the basic procedural options in this aspect have been described.

The prosecutor may suspend the legal proceedings in relation to a drug addict who has been accused of committing a punishable offence subject to the penalty not exceeding 5 years of deprivation of liberty in the event he or she enters addiction treatment in a relevant health care facility.

In the event of convicting a drug addict of an offence in connection with the use of narcotic drugs or psychotropic substances and subsequent suspension of the sentence the court obliges a convict to enter treatment, rehabilitation or reintegration in a relevant health care facility or a centre. If a drug addict is convicted of an offence in connection with the use of narcotic drugs or psychotropic substances and sentenced to the penalty of deprivation of liberty without conditional suspension of its execution the court has an option of placing the convict, prior to the execution of the penalty, in a relevant health care facility for the period not exceeding 2 years. Upon completion of rehabilitation or treatment the court decides whether the sentence of deprivation of liberty should be executed.

The court, which found that the accused in the process of committing the crime was in the state of unsound mind is obliged to order the convict to be placed in a psychiatric facility. However, it may happen only if it is absolutely necessary in order to prevent the perpetrator from re-committing the punishable offence.

The inmate may be conditionally discharged from prison upon serving half of the period of the ordered penalty of deprivation of liberty and after at least 6 months of treatment in prison. The conditionally discharged convict may be imposed with the obligation to continue treatment outside prison.

Polish law in dealing with minors focuses on the principle of the child's good and reaching educational and rehabilitative goals. Legislative solutions emphasise the preventive and educational measures in favour of penal ones.

In the case of drug dependent minors there is an option of ordering compulsory treatment, which is an exception to the rule of voluntary treatment, rehabilitation and reintegration. A minor is referred by the court to a facility upon motion of a statutory representative.

In practice Polish judges and prosecutors have little knowledge on the possibilities of treatment for drug dependent criminals beyond the penal system. Sceptic attitudes towards the success of drug therapy in residential centres and the existence of therapeutic wards in prisons cause that judges prefer to place drug addicts in prisons with rehabilitative wards for drug addicts. Recently both the Ministry of Justice and non-governmental organizations took up a series of initiatives aiming at extending knowledge on drug addiction and legal options for applying alternatives to the penalty of deprivation of liberty and other measures in relation to criminals addicted to narcotic drugs. The training courses in this field were organized for probation officers, prosecutors and judges.

There are no statistical data on the number of persons ordered to enter treatment by courts and the prosecution.

## 6. Drug Markets

The newest source of data on perceived availability of drugs among youth are the results of survey among university students.

The data presented in Table 19 contain percentages of respondents who in response to the question “How hard would it be to obtain each of the following substances if you really wanted it?” ticked “very easily” answer.

Table 19. Assessment of availability of individual substances as very wide (substances very easy to obtain)

Marijuana lub hashish	38.7
Amphetamine	20.7
Ecstasy	14.5
LSD	10.9
Hallucinogenic mushrooms	9.1
Crack	5.2
Heroin	5.0
Polish heroin, (kompot)	5.1
Cocaine	6.7
Anabolic steroids	13.9
Tranquillisers or sleeping pills	12.3

According to the opinion of university students the most available illegal substance is a cannabis – 38.7% students declared easy access to this substance. The second position is taken by amphetamine (20.7%) and the next one by ecstasy (14.5%), Anabolic steroids (13.9%), tranquillisers or sleeping pills (12.3%) and LSD (10.9%). Easy access to other drugs declare less than 10% university students.

The answers to the question whether a subject had ever been offered any psychoactive substance provided another availability indicator. The media keep reporting of the aggressive development of the illicit substances market and their marketing among pupils. The purpose of the question was the verification of these reports. Subjects were presented with a list of licit and illicit substances and asked to tick the ones that they had been offered in the last 12 months prior to the survey. The breakdown of the answers in Table 46 indicates similar patterns as in the case of using the substances.

Other indicator of drug availability used in the survey was average time needed to obtain particular substances (table 20).

Table 20. Distribution of answer for the question: how much time you need to obtain following substances

	One hour or less	Several hours	One day	Several days	One week or more	At all not	Don't know
Marijuana lub hashish	16.4	20.8	15.2	14.2	3.7	2.2	27.5
Amphetamine	8.6	15.1	12.6	15.1	4.7	3.8	40.2
Ecstasy	5.4	12.0	9.3	13.8	4.5	4.8	50.2
LSD	3.9	9.6	9.1	12.7	5.8	5.6	53.3
Hallucinogenic mushrooms	2.3	6.1	6.8	13.1	6.5	6.2	59.0
Crack	1.4	4.1	4.8	9.2	7.2	7.8	65.4
Heroin	1.3	3.6	5.0	10.2	7.5	8.0	64.4
Polish heroin, (kompot)	1.6	3.5	4.7	10.3	5.8	8.5	65.5
Cocaine	2.0	3.8	5.7	10.2	7.4	7.5	63.4
Anabolic steroids	3.7	6.8	6.7	12.4	6.1	6.1	58.2
Tranquillisers or sleeping pills	4.2	6.0	6.1	10.5	5.6	6.1	61.4

This indicator also indicate cannabis as a most available drug – 37.2% university students need no more than several hours to obtain marihuana or hashish. Relatively available for university students are also amphetamine (23.7%) and ecstasy (17.4%).

Third indicator was to exposed to offer of particular substances (table 21).

Table 21. Being exposed to offers of particular substances

Inhalants	1.2
Marijuana or hashish	41.5
LSD	4.8
Hallucinogenic mushrooms	3.5
Amphetamine	16.0
Tranquillisers and sleeping pills	2.7
Crack	1.0
Cocaine	2.6
Ecstasy	9.9
Heroin	0.9
Anabolic steroids	3.6
Polish heroin (kompot)	0.9

The substance offered most often was marihuana or hashish (41.5%). The percentages of students that were offered amphetamine equalled 16%. The next substance offered to considerable share of students was ecstasy – 9.9%. Each of other substances was offered to less than 5% students.

The percentage of university students offered cannabis was higher than percentage of school students age 17-18 covered by ESPAD in 2003. The same was concerning ecstasy. In case of other drugs the university students were offered in the similar degree like school students with exception of anabolic steroids more often proposed to school students.

It is worth to mention that despite higher exposition of university students to offers of cannabis the prevalence of current use is less than among school students.

### **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 Customs Service. The three first institutions are under the Ministry of Interior and Administration. The fourth belongs to the Ministry of Finance. The data included in Table 22 are provided by the police, but cover drug seizures conducted by all four above-mentioned institutions.

Table 22. Number of seizures and quantities of illicit drugs seized in Poland in 2001-2004

YEAR		2001		2002		2003		2004	
	Unit of measure for quantities	Number of seizures	Quantity seized	Number of seizures	Quantity seized	Number of seizures	Quantity seized	Number of seizures	Quantity seized
Cannabis resin	kg	17	13.036	37	117.798	43	46.568	82	41.495
Herbal cannabis	kg	87	91.281	147	515.361	152	233.164	209	232.646
Cannabis plants	plant	2	1005		32388		86163	0	15503
Heroin	kg	23	388.666	19	299.207	14	6.913	7	255.214
Cocaine	kg	19	50.547	36	399.041	44	800.558	6	28.029
Crack	kg	0		0		0		0	
Amphetamine	kg	74	195.611	83	128.682	90	203.299	32	242.034
Methamphetamine	kg							0	
Ecstasy	tablet	22	239124	9	51156	4	102520	18	272198
LSD	dose		672		797		20602		34288

Source: Police Headquarters in Warsaw

In the period of 2001-2004 an upward trend is noted in the case of seizures of ecstasy and heroin. Concerning other substances the trend is not so clear – a lot of fluctuations are observed. The data on the increase of the confiscated amount of heroin and synthetic drugs correspond with the information on the increasing consumption provided by drug users.

### Price, purity

According to the Police and studies conducted with the use of qualitative methods among drug users it is known that the purity level of drugs on the street level is significantly differential. It depends on the number of dealers as every one of them may add something to the drug to save something for them. In general, drugs, which find way to the experimenting youth, therefore youth not sufficiently knowledgeable and using numerous dealers are of lesser degree of purity. The price of drugs depends somewhat on their purity but also on the evaluation of the potential buyer. The cheats of selling substances with scarce quantities of drugs or containing no psychoactive substance at all are not unusual. In the case of experimenters such a 'drug' may act as placebo. The price of drugs is also significantly differential and depends 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 lower 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.

Table 23. Prices of drugs on a street level in 1999-2003 according to the police

		Ampheta- mine	Ecstasy	Cocaine	Heroin (brown)	Hashish	LSD
	Unit	gram	piece	gram	gram	gram	piece
1999	Price range in PLN	40-120	25-50	250-300	200-250	35-45	20-40
	Average price in PLN	80	35	250	200	40	30
2000	Price range in PLN	40-120	15-30	od 200	200-250	35-45	20-40
	Average price in PLN	80	35	250	200	40	30
2001	Price range in PLN	20-120	15-40	150-300	150-240	25-35	20-40
	Average price in PLN	65	26	209	189	30	31
2002	Price range in PLN	20-80	30-10	150-300	200-300	20-40	11-35
	Average price in PLN	50	25	200	160	30	34
2003	Price range in PLN	30-50	20-50	250-300	160-200	30	25
	Average price in PLN	40	35	275	180	30	25
2004	Price range in PLN	15-60	4-25	120-300	100-200	15-40	12-30
	Average price in PLN	38	15	210	150	30	21

Source: Police Headquarter Warsaw

Figures presented by the Police Headquarters (Table 23.) 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.

According to the police, in 2004 as compared with 2002, 2001, 2000 and 1999, the average price of individual substances is rather stable, in some cases it 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 in 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 on the prices for year 2001 and further years indicate that the further restriction of the law at the end of 2000 did not influence the illegal supply of drugs.

## 11. Gender Differences

### *.1.1.1 Re-adaptation of drug addicted women*

A project aimed at providing assistance in entering and finishing discontinued treatment, acquiring new skills valued on the labour market, improving family relations, raising self-esteem, improving relations with men as well as preventing drug relapses was developed in Cracow. The project was based on a series of educational classes in which 35 women took part. Prior to that they completed residential treatment and took an effort to resume sober life. Some of them continued education at a secondary level, 4 obtained secondary education 3 of them continued education in post-secondary schools and one entered college. The majority started working. The participation in the programme contributed to the improvement of relations with their children.

### **Harm reduction**

The therapeutic and educational programme for addicted women serving their sentences in Ruszcza penal institution.

102 women participated in the programme. Group classes and individual consultations aimed at diagnosing the extent of addiction, identifying life situation, building motivation for change, assistance in contacts with medical facilities. Simultaneously female programme implementers were in constant contact with prison management and penal system representatives. They attended 11 court trials in their charges' cases providing explanation on their life situation and motivation form treatment. They had 36 talks with prosecutors. As a result of one-year work 15 women entered treatment in an inpatient centre upon release from prison and approx. 40 declared willingness to change their lifestyle and enter treatment in the future.

### **Rehabilitation**

"Your Style" programme conducted in one of the inpatient centres stressed teaching female patients rules of hygiene and healthy lifestyle, which was especially important in the light of ever more prevalent cases bulimia and anorexia. In a co-educational centre women make up 20% of patients. Setting up a separate group allowed for dealing with typically women's issues often related to adolescence. 13 girls took part in the programme.

## 12. European Drug policies: extended beyond illicit drugs?

In Poland the responses to drug problem and to alcohol problem are developed separately. There are two parallel administrative structures, separate law, separate treatment systems, mostly different NGOs dealing with this problems.

### **Polish model of solving alcohol-related problems**

Polish model of solving alcohol-related problems is based on the state administration as well as the local self-government administration and non-governmental organizations

### **The Act on Upbringing in Sobriety and Counteracting Alcoholism of – legal base regulating the state alcohol policy**

The National Program of Prevention and Resolving Alcohol-Related Problems for years 2000 –2005 is designed for the state administration (ministries and central agencies). In 2002 the subsidies for the program reached 8.8 mln PLN. The State Agency For The Prevention Of Alcohol-Related Problems prepares the project, coordinates and supports the National Program.

Regional Programs of Prevention and Resolving Alcohol-Related Problems are implemented in 16 regions and are funded by the fees from regions permits to wholesale beer and vine sell. The Marshal of the Region appoints his Plenipotentiary who is in charge of execution of this program. In 2002 the subsidies for this program reached 7.7 mln PLN.

Local Community Programs of Prevention and Resolving Alcohol-Related Problems are realised in all Polish local communities and are funded by the fees from permits to beer, wine and vodka retail sell. In 2002 the income was about 442 mln PLN. The Community President/Mayor calls up the Local Commission for Resolving Alcohol Related Problems which represents local administration's alcohol policy, he/she may also appoint a Plenipotentiary for prevention and resolving alcohol problems.

### **The tasks for the local program for prevention and resolving alcohol related problems**

- Increasing availability of therapeutic and recovery help for alcohol dependent persons,
- Providing support for families with alcohol related problems, and especially protecting them against domestic violence,
- Running preventive educational and informative activities about alcohol and drug abuse, especially addressed to children and youth, including afternoon sport lessons

and providing food for poor children in frames of social care and social therapeutic programs,

- Supporting the activities of associations, institutions and individuals who deal with alcohol related problems within the community,
- Responding to violations of the ban on advertising and alcohol sales to under-aged and drunken buyers, appearing in court as public prosecutors,
- Supporting social work, organizing and financing of the social integration centers.

In 2002 the most important tasks for local programs were financing and supporting:

- Socio-therapeutic club rooms (about 3 300), care-educational centers for children and young people (about 4 100)  
Socio-therapeutic club rooms took care of about 131 000 children and care-educational centers about 199 000 children and teenagers
- Consultation desks for alcohol-dependent persons and members of their families (about 2 000)
- Special help centers for victims of domestic violence  
Number of centers – about 2 100 (hostels and crisis intervention centers for violence victims, intervention-consultation stations, support groups, telephone help lines)
- Dependence treatment centers  
In 2002 there were 490 dependence treatment centers, which were supported in their additional therapeutic programs (not included in contracts) and medical personnel training.
- School and local preventive programs  
About 1 320 000 schoolchildren took part in the school preventive programs and almost 603 000 in the local (non-school) programs. About 73 000 teachers were involved in those programs and about 22 000 took part in local non-school preventive programs.
- Professional training for the social service workers in the local community, who may observe alcohol related problems and family violence in their work – psychologist, social workers, school workers, policemen, priests, judges, court workers and some professions connected with health care.
- Local sober coalitions (about 500)  
In many local communities such clubs were actively involved in the realization of some tasks of their programs and became an important partner in solving alcohol problems

Polish system of solving alcohol-related problems is locally oriented. Year by year it becomes more stabile and effective for local communities. They systematically modernize and activate

their development in prevention and solving alcohol-related problems. It gradually becomes an important element of social politics.

### **The State Agency for the Prevention of Alcohol-Related Problems**

The State Agency for the Prevention of Alcohol-Related Problems is a professional government-based institution created to construct the foundations of the state healthcare policy concerning the improvement of alcohol abuse prevention, treatment, and public education.

The Agency was founded as a result of The Act on Upbringing in Sobriety and Counteracting Alcoholism. The Agency's goals and tasks are outlined in the above-mentioned Act and in The National Program of Prevention and Resolving Alcohol-Related Problems for the years 2000-2005.

The Agency cooperates with experts and scientific centers that diagnose the health condition of the society, its lifestyle and model of consumption, and brings prevention and therapeutic programs up to date.

The Agency supports the institutions for treatment and prevention of alcohol problems. It coordinates with state and local government representatives and offers professional help to many institutions and associations engaged in the implementation of The National Program.

### **The tasks of The State Agency for the Prevention of Alcohol-Related Problems**

- Preparation of a draft of The National Program of Prevention and Resolving Alcohol-Related Problems for following years and a plan for the division of funds for its implementation.
- Giving its expert opinions and preparing the drafts of legislative acts and agendas on the policy concerning alcohol and alcohol-related problems.
- Providing information and education, preparing expert opinions, and preparing and executing the new methods of preventing and resolving alcohol-related problems.
- Providing professional support to local governments, institutions, associations, and individuals that perform the tasks connected with the prevention and resolution of alcohol-related problems as well as commissioning these tasks and financing their implementation.
- Cooperation with representative bodies of provinces and representatives of local government councils in charge of alcohol abuse prevention.

- Initiation and coordination of activities that make the substance abuse therapy more efficient and more available.
- Commissioning and financing the tasks connected with the prevention and resolution of alcohol-related problems.
- Cooperation with international organizations and institutions in the field of alcohol abuse prevention.

The Agency is comprised of the following departments:

- Department of Dependence Treatment and Medical Programmes
- Department of Children and Family Prevention
- Department of Local Programmes
- Department of Public Education and Research
- Department of Administration and Financial Matters
- Educational Publishing House of the State Agency for Prevention of Alcohol Related Problems

### 13. DEVELOPMENTS IN DRUG USE WITHIN RECREATIONAL SETTINGS

Drug users in clubs and discotheques did not constitute a separate, special group for research conducted recently in Poland. However, two studies on the above group were completed. One concerned ecstasy users. This drug is mainly used by techno, house and rave party-goers and is closely related to so called club culture, that is why subjects are recreational drug users. The other study evaluated the first Polish party-work programme. The aim of this project was to evaluate functioning of new programmes and obtaining opinion on the programme from club culture-related persons: party goers, djs, party organizers and personnel.

#### **New findings about trends in drug use, patterns of consumption and availability within recreational settings**

In 2003 a study among ecstasy users was conducted in Warsaw. It aimed at describing ecstasy use and ecstasy related problems in Polish context as well as identification of cultural norms among users of this drug. The project was implemented by the Institute of Psychiatry and Neurology in Warsaw within broader international undertaking.

The environment of ecstasy users also creates club environment. Respondents admitted that they always took ecstasy before or after discos. The project used the following research methods: individual interviews, focused group interviews and observations. Respondents were recruited through snowball method. They were 16-29 years of age and took ecstasy at least 6 times in the past 12 months. 2 group interviews were conducted at the beginning of the study and two more upon completion of half of the sample in order to discuss with focus group members obtained results and identify future participants. In initial group interviews the following issues were discussed: youth culture and its relation to drugs, first experiments with ecstasy and the road to regular use, negative consequences of using, counteracting and harm reducing norms. In two subsequent interviews conducted upon completion of approx. 30 individual interviews, the participants were encouraged to express their comments and interpretations on the obtained results and present examples from their experience. In the snowball recruitment process for individual interviews eight 12-member networks were set up. The participants were well-situated which resulted from high-income earning parents who supported them financially. It enabled them to lead club-related lifestyle. Average age of first time ecstasy use was 18.8. Approx. 30% of the respondents started using ecstasy at the age of 14-17. The majority took ecstasy for the first time at the age 18-20 and 20% at the age of 21 and older. According to focus group members the initiation age is lowering. The participants also reported that there were increasingly more girls aged 15-16 coming to rave parties. The sample consisted of participants of different ecstasy experience levels. The median of uses

was 21-50 times, despite the fact that one participant declared 700 uses. During discussions in focus groups the participants suggested that ecstasy culture provided specific drug use and language patterns that make it distinct from other subcultures. Among these persons other drugs are also popular. Cannabis is prevalent and more popular than tobacco. Different drugs are used for mood control. Amphetamine is taken as a secondary stimulant when ecstasy wears off and cocaine because it rapidly takes effect and helps to avoid long comedown after ecstasy. LSD is taken in order to reflect and pass out. Experimenting with different kinds of psychoactive substances is popular. Heroin was the only drug that was avoided and condemned by the participants. According to one of the group interviewees heroin kills all interests, hobbies and friendships.

Ecstasy is swallowed rather than snorted as it is easier to hide it in a club where security is sensitised to drug use.

Ecstasy is most often used at weekends at multiple parties. Usually before going to the club '*beforek*' (before party) is held and after coming back '*afterek*' (after party). *Beforek* and *afterek* are usually organized in private: flats, houses. The participants declared that they go to parties in groups and even if they danced separately they try to keep visual contact with one another or be aware where other group members are.

Ecstasy is predominantly taken in the club (1 – 1.5 pills) although it may be taken during *beforek* and it is rarely used at *afterek*. A popular method of getting rid of negative withdrawal symptoms is drinking large amounts of vodka often with Tabasco or raspberry syrup at *afterek*. During the whole weekend large amounts of psychoactive substances are consumed and users fear that there will not be enough time to come back to work or school on Monday.

The majority of participants use ecstasy only at weekend club parties, once every two weeks on average. Sometimes respondents take pills at private parties or prior to a club party. The number of pills taken at one weekend ranges from 0.5 to 12 (1.5 on average). The maximum number of pills taken at one party ranges from 0.5 to 15 with an average of 2.7. At a focus group meeting the participants undermined the information on taking 15 pills within 24 hours. 40-75% of the participants reported negative consequences of ecstasy use that indicate addiction symptoms. They were diminished control of drug use, increased tolerance, longer time necessary to come back to normal state.

The most prevalent risk behaviour reported by the participants was driving under the influence of ecstasy. Almost every fifth participant had driven a car under the influence of ecstasy. One person had a car accident due to ecstasy use. The study aimed at determining whether there are any internal norms typical of ecstasy users. During interviews respondents declared two kinds of norms: one group related to use patterns and the other was connected with social behaviour. The former featured the following:

- Being in good mood, buying drugs from one person,

- Taking one or two pills at one party,
- Initially taking only half the pill in order to test the drug,
- If the drug does not take effect within 45-60 minutes not taking another pill
- Drinking water and other fluids

Referring to social behaviour the participants declared:

- No talking others into taking ecstasy, exerting no pressure
- Being around a group of ecstasy users
- Sharing pills with aware people
- No going to parties alone
- Coming back from parties in a group
- Planning a place to stay after party where it is possible to get back to normality after party,

Polish ecstasy users form relatively small peer groups that is why their subculture is characteristic of attitudes and behaviours typical of small groups. Such characteristics as high level of group identity, mutual support and solidarity which lead to the creation of normative and behavioural guidelines influence the reduction of various risk factors related to ecstasy use and corresponding lifestyle.

### **An overview of developments in responses, national policies and legal aspects**

In 2004 the National Bureau for Drug Prevention conducted an evaluation of party-worker programmes implemented in discotheques (detailed description of this projects were included in the previous National report 2004 in the section on selective prevention). The research was conducted after 1 year after implementation of the projects. Team of experts prepared a programme of evaluation research, evaluation methods and measures, made survey and prepared a final report as well.

The research was conducted with the use of the qualitative and quantitative methods. 6 focus groups were formed. This method was chosen to explore attitudes and opinions of party-workers and club staff about project activities. Group discussion allowed for expressing more critical opinions than other qualitative methods.

Individual interviews were conducted to explore personal experience and opinions about project implementations. There were 49 interviews with 40 club-goers, 6 club staff members and 3 patients of drug help facilities who were motivated to treatment by party-workers.

Respondents of the survey were: party-workers (24 persons), club staff (23 persons), club-goers (40 persons), and patients (3 persons).

Observations were conducted to get closer knowledge/ information about places of project implementation. There were observation in 6 clubs in Warsaw, Lublin, Czestochowa and Poznań.

Methods such as questionnaires, daily and quarterly reports prepared by party-workers allowed collect quantitative data concerning the target group (number, gender, age, and drug use status) and outreach activities.

Data were analysed in a quantitative and qualitative way.

During the interviews the following issues were discussed:

- Ways and methods of programmes implementation
- Opinions about basic assumptions of programmes and recommended target groups
- Reception of intervention by club-goers / drug users
- Impact on attitude and drug related behaviour of club-goers
- Influence of intervention on the way of organising music events
- Qualification of party-workers
- Assessment of the educational materials such as leaflets and booklets.

Respondents e.g. club-goers and club staff perceived programme goals in consistent way as it were set by authors of programmes. In Lublin respondents believed that program had important informational role about drugs and risk related with drug use and might facilitate drug users to asking for help to solve drug problem. In Poznan, Czestochowa and Warszawa program goals were perceived mainly as connected with risk reduction related drug use and promotion safe sex behaviours. Program in the opinion of respondents (club goers) caused (contributed) the improvement of music event security because party-workers helped drug users when they felt wrong after drug use.

All groups of respondents – club goers, club staff and patients assessed the idea of the prevention program in positive way. They said that the program was necessary. They remarked that this kind of project hadn't existed earlier so it bridged a kind of a gap.

Program played an important informational role about risk connected with drugs and could influence drug users to choose the attitudes and behaviour.

Respondents agreed that programs should be continued.

In the opinions of respondents programs corresponded with the needs of abstinent party-goers as well as drug users. But they thought that the biggest benefits concerned selective groups. There were young people before first drug use and persons in the early stage of use. The perceived reason of it was connected with necessity of long term therapeutic work needed for changing strong attitudes of drug addicts (as we know it wasn't possible to conduct this kind of work in clubs).

Regarding educational materials most of the opinions were positive. It was assessed as reliable, well-designed and written in the way that was appropriate for young people – with common language and graphic design.

Some critical opinions were expressed in Lublin. Respondents said that leaflets should give more information about negative consequences of drugs (in Lublin party-workers used leaflets prepared by Monar for risk-reduction program).

Most opinions about activities undertaken by party-workers were positive. They were assessed as well prepared and trained to do their work. Knowledge about drug problem was assessed as current and reliable. Respondents underlined openness of party-workers and that they were a part of club environment. They said that it was worth asking party-workers in the case of drug accident or other kind of drug problem. Single negative opinions occurred during interview with club staff in Warsaw. It referred to competence of medical first aid and co-operation with club staff. Additionally they said that visibility of party-workers was not sufficient. (but we should point that in Warsaw party workers worked in very big clubs).

Another critical opinion concerned the degree of engagement of party-workers in contact with club-goers. They said that party-workers should be more active.

Expected effects of the programmes concerned:

1) Party-workers' satisfaction.

This result was achieved in 3 programmes.

2) club staff training

Training was organised in 2 cities.

3) Positive reactions of club-goers in terms of changing attitudes towards drug use and drug-related behaviour.

This kind of effects were identified in all programmes

4) Organisational changes in conducting club events. This effect was achieved only in Czestochowa.

5) The last expected effect concerned motivating drug using club goers to treatment. This effect was identified in 3 cities, but only in Czestochowa researchers could reach them for an interview.

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