

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

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PART I

NATIONAL AND LOCAL POLICIES & LEGAL FRAMEWORKS

1. Development of Drug Policy and Responses

1.1 Political framework in the drug field

The objectives and priorities of the governmental policy on establishing action procedures in the drug field for the period from 1999 to 2001 were incorporated in the National Program for Counteracting Drug Addiction (1999).

The situation changed considerably in 2001 following the amending of the Act on Counteracting Drug Addiction in 2000. Consequently, state's policy on drug prevention became more repressive by penalizing possessing insignificant amounts of illicit drug for personal use. Prior to the amendment possession of small amounts of narcotics was tolerable. The first consequences of the new regulations can be observed in the statistics of the Ministry of Justice and the Police. The number of crimes against the Act on Counteracting Drug Addiction committed in 2000 reached 19 649 compared to 29 230 in 2001. The statistical data including the number of drug possession-related crimes which rose from 2 815 in 2000 to 6 651 in 2001 (Przestepczosc Narkotykowa w Polsce w roku 2001, 2002).

1.2 Legal framework and 1.3 Laws Implementation

The Act of Law of 6 September 2001, the Amended Act on Counteracting Drug Addiction and other acts of law - Journal of Laws, 2001, No. 125, item 1367 dated 30 October 2001)

The vital changes introduced by the amended Act of 24 April relied on placing the National Bureau for Drug Prevention as well as the National Focal Point in the Polish legal system. It was specified that the chief aim of the National Bureau is reducing psychoactive substance use by implementing the following tasks:

- drawing up a project of the National Program for Counteracting Drug Addiction as well as coordinating and monitoring its realization with the cooperation on the part of other bodies performing tasks specified in the National Program of Counteracting Drug Addiction,
- taking subject matter-related and organizational actions in the reduction of drug use and consumption of psychotropic and surrogate substances,
- running the National Focal Point,
- initiating, supporting and conducting analyses and studies of drug problem, including making an epidemiological evaluation of drug dangers,
- conducting works on new legislative solutions in drug prevention,
- making periodical evaluations of prevention, treatment, rehabilitation and re-entry programs in terms of success in using psychoactive, psychotropic and surrogate substances,

- setting standards of conduct in drug prevention, treatment, rehabilitation and re-entry of addicts,
- running training courses for drug prevention implementers,
- providing professional assistance to the bodies responsible for drug prevention, including the local governments as well as other agencies concerned with information, education, prevention, treatment, rehabilitation, and re-entry,
- cooperation with international organizations concerned with drug prevention,
- by proxy received from the Minister of Health - commissioning, financing (in the form of granting subsidies and purchase of services), monitoring and supervising the implementation of the health care activities in the following areas:
 - health promotion, prevention, treatment, rehabilitation and re-entry of addicts,
 - other forms of reducing use of psychoactive, psychotropic and surrogate substances,
 - tasks of health and social harm reduction related to the use of psychoactive, psychotropic and surrogate substances.

The above tasks, apart from running the National Focal Point, are not the new activities of the National Bureau and they have formed the base of the Bureau's functioning for several years now. Incorporating the National Bureau into the statute together with the set objectives of its functioning was to reinforce the position of the institution concerned with drug problem as well as to add weight to this problem in Poland.

The Act of 6 September 2001 broadened the definition of drug prevention by including health harm reduction. Incorporating these activities in the Amended Act of 2001 was the consequence of the prior repressive legislative changes introduced by the act of 2000. The new law, besides penalization of drug possession, punished facilitating drug use (Section 45.1). Incorporating harm reduction strategy as one of the state's policy in counteracting drug addiction was aimed at averting the risk of classifying such programs as the activity of facilitating drug use.

The Act of 6 September 2001 tightened the control over the precursors by introducing the regulations with particular emphasis on group II precursors. The changes aim at harmonizing the Polish law with the law of the European Union. The most significant amendments of this act are the following:

- Authorizing the Police, the National Customs Office, and other governmental bodies to store certain amounts of psychoactive substances necessary at work (Section 12.2a). This regulation was consequent on the lack of the legitimacy of psychoactive substance possession by the relevant services taking advantage of narcotics, e.g. for training purposes. As a result of the amendments of 2002, i.e. annulling Section 4.48 on the possibility of possessing insignificant amounts of illegal drugs for personal use, the possession of narcotics by the customs officers training sniffer dogs became illegal. The Amendment of 2001 resolved that matter,
- New regulations imposed responsibilities on both producers, importers, subjects introducing group II precursors and the purchasers which have to declare the use of the purchased precursors (Section 23a),

- The Act specifies the subjects which are allowed to use group I-R precursors for the scientific purposes. They are universities, research institutes and R&D centers (Section 23.1),
- Increasing control over the trade in precursors was related to the new tasks given to certain institutions. The Chemical Substances Inspector was obliged to run a register of the producers, importers and other subjects trading in group II precursors (Section 23.13a),
- Only precursors marked with easily identifiable categories labels could be traded in (Section 25a.1),
- The Provincial Pharmaceutical Inspectorate [Wojewodzki Inspektorat Farmaceutyczny] is to exercise supervision over production, processing, storage, trade and destruction of psychoactive and psychotropic substances which pharmaceuticals as well as group I-R precursors. The supervision over group II-AR and II-BR precursors ought to be exercised by the county Pharmaceutical Inspectorate [Powiatowy Inspektorat Farmaceutyczny] (Section 31). It should be noted that the so-far lack of some regulations, e.g. referring to destruction of outdated pharmaceuticals prevented specific subjects from performing tasks specified in this Act,
- The businesses were obliged to inform the supervising bodies of suspicious transactions which could lead to illegal production of psychoactive and psychotropic substances (Section 31a),
- Deliberate activities of production, processing, import, export, purchase, possession and storage of precursors with the intention of illegal production of psychoactive or psychotropic substances became punishable by law from 2 to 5 years of imprisonment (Section 47),
- The list incorporated four more psychotropic substances: gamma-hydroxybutyric acid (GHB), zolpidem, 2 C – B and PMMA.

The Regulation of 6 March 2001 on determination of composition and tasks of the Council for Counteracting Drug Addiction as well as the specific terms and procedure of its functioning (Journal of Laws, No. 17, item 188)

The Act of 24 April 1997 on Counteracting Drug Addiction incorporates the entry of the constitution of the Council. However, the Council's composition was specified in the Regulation of 2001. The Council was composed of the representatives of the central bodies of governmental administration appointed by the Prime Minister. It also included the representatives of societies, foundations, churches and other trade associations concerned with drug prevention. The political situation in Poland, the elections and the change of the government delayed the appointment of the Council's members and the convening of the first session which was held in 2002.

The Council's activities include:

- providing the Prime Minister with opinion on the project of the National Program for Counteracting Drug Addiction, hereunder called the Program which is mentioned in Section 4.1 of the Act,
- addressing the Minister of Health in terms of amendments to the Program,
- issuing opinions on the Program's implementation,
- issuing opinions on draft acts of law on drug prevention,
- addressing the relevant ministers on matters of amendments to the binding acts of law on drug prevention,
- cooperation with the central bodies of governmental administration and the local authorities on the Council's activity.

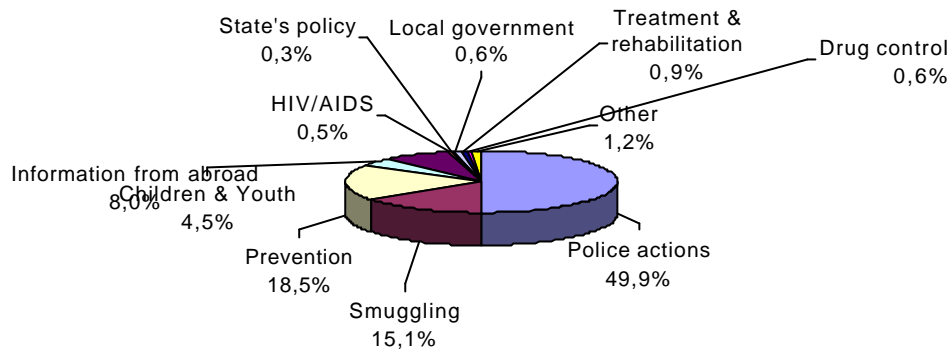
1.4 Developments in public attitudes and debates

The National Bureau for Drug Prevention issues quarterly a selection of newspaper excerpts on drug addiction. The objective of this publication is to collect information on the way of social perception of drug problem as well as trends and phenomena requiring intervention at the level of management and planning. The press articles are usually ahead of scientific studies and constitute the first signals of new trends in drug use or new substances.

The quarterly selection of excerpts on drug addiction features articles that appeared in the press and their quantitative analysis. The reports on drug problem come from 60 press titles. The information is divided into different thematic areas.

- The police actions i.e. investigating production and trafficking in drugs. The information often includes reports from legal proceedings of persons charged with illegal production and distribution of psychoactive substances and also the reports of the police actions that ended with the apprehension of drug traffickers,
- Drug smuggling i.e. the information on prevented drug smuggling attempts and the legal proceedings against the suspects,
- Drug prevention, i.e. articles on preventing drug use and anti-drug education,
- AIDS/HIV problem – articles on drug addiction in the context of persons diagnosed positive for HIV or AIDS,
- State's policy – information on legal changes and state's policy directions in the field of drug prevention,
- Drug control – publications on debates on tightening drug law,
- Local government – articles on the activity of the local authorities in drug prevention,
- Treatment and rehabilitation – information on various treatment programs for addicts,
- Youth, schools – publications on drug use problem in schools and among youth as well as preventive actions addressed to school youth,
- Other – articles that have not been classified into any of the above areas.

Fig.1 Thematic groups of publications on drug problem in 2001

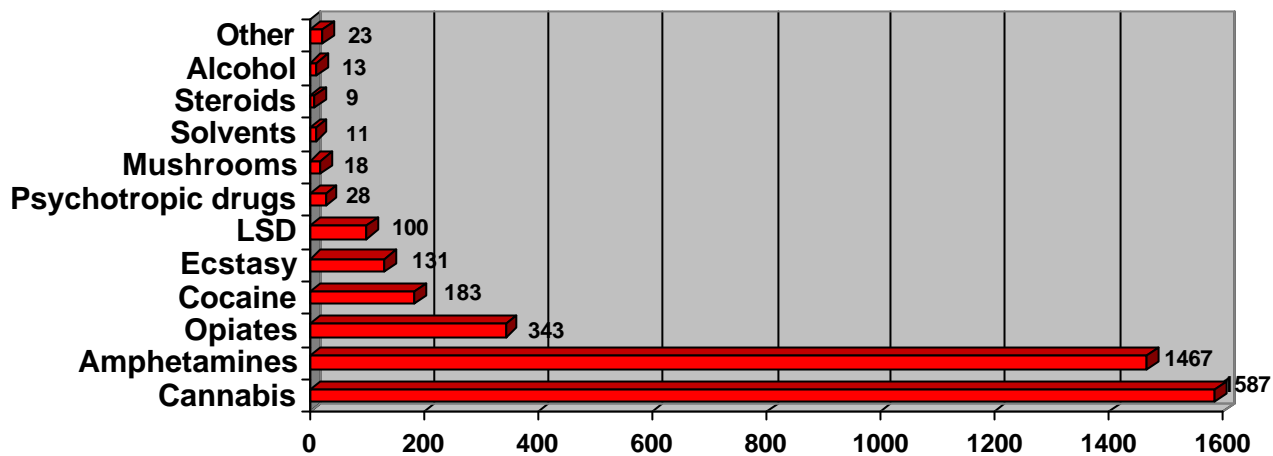


Source: Quarterly a selection of newspaper excerpts on drug addiction in 2001

The pie chart above demonstrates the percentage breakdown of the articles classified into the particular thematic groups. The most frequent were the publications on supply reduction. The police actions against drug traffickers and the drug mafia made up more than 50% of all the articles. The second position was taken by the information on drug prevention. Some of the press titles published whole series of articles on reducing drug use. They featured information on substances, symptoms of drug use and the consequent ways of conduct. Readers could find the addresses of the centers providing assistance.

It is worth looking what types of illicit drugs emerged in the press reports. The most common substance was cannabis, then amphetamines. These two drugs most often drew the press attention in 2001.

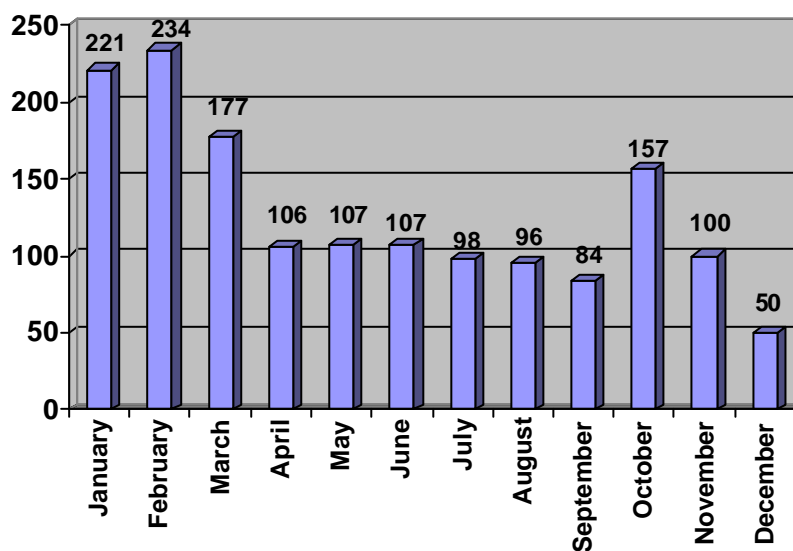
Fig. 2 Illegal psychoactive substance ranking after the press publications on drug problem in 2001.



Source: Quarterly a selection of newspaper excerpts on drug addiction in 2001

The last figure shows the breakdown of monthly publications. The most reports appeared in the first quarter of 2001.

Fig. 3 Number of monthly press reports on drug addiction published in 2001.



Source: Quarterly a selection of newspaper excerpts on drug addiction in 2001

1.5 Budget and funding arrangements

Since 1999 the funds for the realization of tasks in the area of drug prevention have been defined and outlined within the framework of the National Program for Counteracting Drug Addiction (NPCDA) 1999-2001 (1999). The introduction of the NPCDA could not however form a basis for additional budgetary resources. Individual ministries allocated funds intended for the implementation of NPCDA within special budgets.

The distribution of funds to perform tasks specified within the NPCDA at the level of individual ministries and institutions in 2001 was the following:

- Ministry of Health – EUR 5 159 440,
- Ministry of National Defense – EUR 12 7500,
- Ministry of Agriculture and Rural development – EUR 101 187,
- Ministry of Administration and Internal Affairs – EUR 110 097,
- Military Police – EUR 58 075,
- Institute of Psychiatry and Neurology - EUR 62 500,
- General Customs Inspectorate - EUR 157 500.

PART II EPIDEMIOLOGICAL SITUATION

2. Prevalence, Patterns and Development in Drug Use

2.1 Main developments and emerging trends

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

2.2 Drug use in the population

The countrywide representative survey, which results are only available was conducted in 2000 [17]. The study was undertaken in November-December 2000, using self-administrated questionnaires. Use psychoactive substances, other than alcohol and tobacco, was surveyed asking about individual substances separately. The modification of ESPAD question was applied. Respondents were presented with a list of substances and asked to mark, which of them they used in their lifetime. The group of psychoactive substances, different from tobacco and alcohol, consists of wide range of licit and illicit substances such as sedative and sleeping drugs, cannabis, hallucinogens, stimulants or opiates.

Table 1. Life time use of psychoactive substances – results of countrywide school survey of 2000 conducted among students of the first and second grades of secondary schools (ages: 13-15). (Percentages of respondents)

	Rural area		Urban area	
	Girls	Boys	Girls	Boys
Cannabis	2.1	5.8	10.1	10.3
LSD and other hallucinogens	0.5	1.3	2.0	2.0
Amphetamine	1.0	2.9	4.5	3.9
Heroin	0.5	2.6	4.0	3.4
Ecstasy	0.0	1.6	2.5	3.4
Polish heroine	2.1	3.9	4.0	3.0
Tranquillisers	14.5	8.1	18.7	8.4

Source:

As presented in table 1, the most frequent among boys from urban areas were experiments with cannabis (10.3%) and among girls from urban areas with tranquillisers (18.7%), taken without doctor prescription. In rural areas both boys and girls most often are involved in experiments with tranquillisers without doctor prescription (girls – 14.5% and boys – 8.1%). Among boys from urban area second place were taken by tranquillisers (8.4%), among other groups the position of second drug was taken by cannabis. Amphetamine, ecstasy and heroine was practically used by students from urban areas, and in lower degree by boys from rural areas.

The differences between boys and girls are the reflex of gender variation among adult population. Among older youth as well as adult population tranquilisers are the specific drug for females and other drugs are more prevalent among males.

Current changes in the prevalence of drug use on local level we can observe on the base of study conducted in 1996 and 2000 in the Warsaw's District Mokotów [1, 10, 11]. The study covered the samples of students from the populations aged 15 years and was conducted using self-administrated questionnaire. The drug use issue was examined by means of question on the use any drug (without medicines) during last 12 month.

Table 2. Current use of any drugs and participation in youth-parties with drugs – school surveys of 1996, 1998 and 2000 conducted among students of the first grade of secondary schools (ages: 15) in Warsaw's district Mokotow. (Percentages of respondents)

	1996	1998	2000
Any drug use in last 12 months preceding study	14.2	16.7	17.5
Participation in youth-parties with drugs in last 12 months preceding study	32.8	47.6	45.1

This studies indicate grow up of the prevalence of any drug current use from 14.2% in 1996 to 16.7% in 1998 and then to 17.5% in 2000. More increased percentages of students declared participation in youth-parties with drugs during last 12 months preceding study – from 38.2% in 1996 to 47.6% in 1998. In 2000 slight decrease was noted (45.1%). These results may be considered an expression of the acceptance of the cultural norm, at least. The stabilisation of percentages of students participating in youth parties with drugs could be considered to be sign of saturation effect in drug popularity at least in Warsaw.

As a new phenomenon was discover the drug use by adults in late nineties, at least in big cities. In a population survey of 1997, covering random sample of the inhabitants of Warsaw in the number of 1,000, in the age of 18 to 50 years, the results indicated quite significant prevalence of drug use [44]. The respondents were presented the list of illicit drugs, and asked to mark the ones, which they tried whenever in the their life course. Next, they were asked to mark substances taken during the past twelve months and over the past 30 days. The results of the survey of 1997 proved that the problem of drugs ceased to be in Warsaw the teen-age problem only. The hypothesis that also adults reach out for drugs was proved by the collected data.

The survey in Warsaw was repeated in 2002 in framework of countrywide general population survey covering wider population – age 16+.

The results of the survey 2002 concerning drug use are presented in the table 3. There we could find the results in total and according to age groups.

As far as the illicit drugs are concerned, the first place in terms of experimentation scale is occupied by cannabis derivatives, i.e. marijuana or hashish. 15.9% of the respondents have tried them at least once in their lifetimes. The current users make up 6.3% while 3.8% admitted to using cannabis in the last 30 days. The second place in terms of use scale is occupied by amphetamine – 4.0% of experimental users, 1.3% of users and 0.7% of frequent users.

The third place in terms of lifetime use belongs to LSD – 3.2% and forth to ecstasy – 2.0%. On the level of current use ecstasy is more prevalent than LSD. The other illicit substances were tried by less than 2% respondents.

Some of the substances (heroin, "Polish heroin") appear only in lifetime prevalence category and they do not emerge in the prevalence of last year. That does not mean that there are no people in Poland currently using such substances. They do exist; however, applying even a very numerous sample would not cause them to be covered by data.

Table 3. Psychoactive substances use among Warsaw's inhabitants (age: 16+) by age – results of population survey of 2002. (Percentages of respondents)

	16-24	25-34	35-44	45-54	55+	16+	16-34
Life time							
Marihuana or hashish	47.9	28.4	17.9	4.9	-	15.9	38.7
LSD	14.5	3.3	2.0	-	-	3.2	9.3
Amphetamine	17.7	5.6	2.0	-	-	4.0	11.8
Crack	3.7	-	-	-	-	0.6	2.0
Cocaine	8.9	0.6	-	-	0.6	1.7	4.9
Heroin	3.3	-	-	-	-	0.4	1.0
Ecstasy	9.7	1.7	1.0	-	-	2.0	5.9
"Polish heroine"	0.8	-	-	-	-	0.1	0.5
Tranquillisers	9,5	10.4	7.5	3.7	7.5	7.6	10.1
Last 12 months							
Marihuana or hashish	27.5	10.1	2.0	1.0	-	6.3	19.0
LSD	3.7	-	-	-	-	0.6	2.0
Amphetamine	7.6	0.6	-	-	-	1.3	4.4
Crack	2.3	-	-	-	-	0.4	1.0
Cocaine	3.7	-	-	-	-	0.6	2.0
Heroin	-	-	-	-	-	-	-
Ecstasy	5.9	1.1	-	-	-	1.1	3.5
"Polish heroine"	-	-	-	-	-	-	-
Tranquillisers	3,7	4.2	3.4	3,0	3,8	3.8	4.2
Last 30 days							
Marihuana or hashish	16.4	4,2	1,7	1.0	-	3.8	10.9
LSD	1.5	-	-	-	-	0.2	1.0
Amphetamine	4.5	-	-	-	-	0.7	2.5
Crack	1.5	-	-	-	-	0.2	1.0
Cocaine	-	-	-	-	-	-	-
Heroin	-	-	-	-	-	-	-
Ecstasy	6,0	-	-	-	-	1.0	3.0
"Polish heroine"	-	-	-	-	-	-	-
Tranquillisers	0.9	2.1	0.9	3.0	3.4	2.3	1.4

June-July 2003; Population survey on a representative random sample of Warsaw's inhabitants age 18-50; N = 670; questionnaire carried out using face to face interview technique.

Strong differentiation of illicit drug experiences in relation to age causes the scale of drug use within some age groups to be very large. For instance, cannabis derivatives have been used at least once in a lifetime by almost a half of Warsaw inhabitants aged 16-24. The range of experimenting with such substances as amphetamine and LSD in this group is extensive and oscillates around 15%. Almost 10% of Warsaw inhabitants aged 16-24 have experimented with hallucinogenic, ecstasy or cocaine. The percentages in older groups are considerably lower although among persons aged 25-35 they are still notable. It is worth noting that in the age group 35-44 18% of the respondents have had experiences with cannabis use and 1-2% have experimented with hallucinogenic mushrooms, amphetamine, LSD or ecstasy.

The current use of the above substances basically concentrates on the youngest age group (16-24). Only cannabis is considerable high among respondents age 25-34 (10.1%). In the older age groups only cannabis use stands at 1-2%. The remaining substances are virtually

non-existent in the older age groups. It ought to be noted that the Warsaw sample was far less numerous than the nationwide sample thus even individual cases of using these substances could not be traced.

We can follow the changes that have taken place in the last four years in Warsaw as similar survey was conducted in this city in 1997. The results of both surveys are comparable as they involved the same research procedures, i.e. research tools and sample selection. The only significant difference is the population that was covered. In 1997 only persons aged 18-50 were covered by the survey so result comparisons must therefore be limited to this group. Tables 4-6 juxtaposes the survey results of 1997 and 2002 with reference to lifetime prevalence, prevalence of last year use and prevalence of frequent use (30 days) before survey.

Table 4. Psychoactive substances lifetime use among Warsaw's inhabitants (age: 18-50) by age – results of population survey of 2002. (Percentages of respondents)

	18-24		25-34		35-44		45-50		18-50		18-34	
	1997	2002	1997	2002	1997	2002	1997	2002	1997	2002	1997	2002
Marihuana or hashish	38.0	48.1	23.6	28.4	10.0	17.9	3.5	5.7	19.5	25.1	31.4	38.6
LSD	16.9	15.0	5.6	3.3	0.7	2.0	-	-	6.1	5.1	11.7	9.4
Amphetamine	20.0	18.4	7.9	5.6	1.7	2.0	-	-	7.7	6.4	14.4	12.2
Crack	0.4	3.8	0.9	-	-	-	-	-	0.3	1.0	0.6	2.0
Cocaine	4.3	9.2	2.8	0.6	0.7	-	1.2	-	2.2	2.4	3.6	5.1
Heroin	2.7	2.4	0.9	-	0.7	-	0.6	-	1.3	0.6	1.9	1.2
Ecstasy	11.4	10.0	1.9	1.7	0.3	1.0	-	-	3.6	3.2	7.0	6.0
"Polish heroine"	-	0.8	0.5	-	1.0	-	0.6	-	0.5	0.2	0.2	0.4
Tranquillisers	16.9	9.7	14.8	10.4	12.0	7.5	8.7	5.3	13.4	8.2	15.9	10.1

Table 5. Psychoactive substances use during last 12 months among Warsaw's inhabitants (age: 18-50) by age – results of population survey of 1997 and 2002. (Percentages of respondents)

	18-24		25-34		35-44		45-50		18-50		18-34	
	1997	2002	1997	2002	1997	2002	1997	2002	1997	2002	1997	2002
Marihuana or hashish	24.1	27.8	8.3	10.1	0.3	2.0	0.6	1.4	8.9	10.1	17.4	19.2
LSD	8.6	3.9	1.4	-	-	-	-	-	2.7	1.0	5.3	2.0
Amphetamine	10.6	7.8	2.3	0.6	0.3	-	-	-	3.5	2.1	6.8	4.3
Crack	0.4	1.9	-	-	-	-	-	-	0.1	0.5	0.2	1.2
Cocaine	3.5	3.8	1.9	-	0.7	-	-	-	1.6	1.0	2.8	2.0
Heroin	2.4	-	0.9	-	0.7	-	-	-	1.1	-	1.7	-
Ecstasy	8.2	6.1	0.5	1.1	-	-	-	-	2.3	1.8	4.7	3.7
"Polish heroine"	-	-	-	-	-	-	-	-	-	-	-	-
Tranquillisers	9.0	3.9	5.6	4.2	5.7	3.4	4.1	4.3	6.3	3.9	7.4	4.0

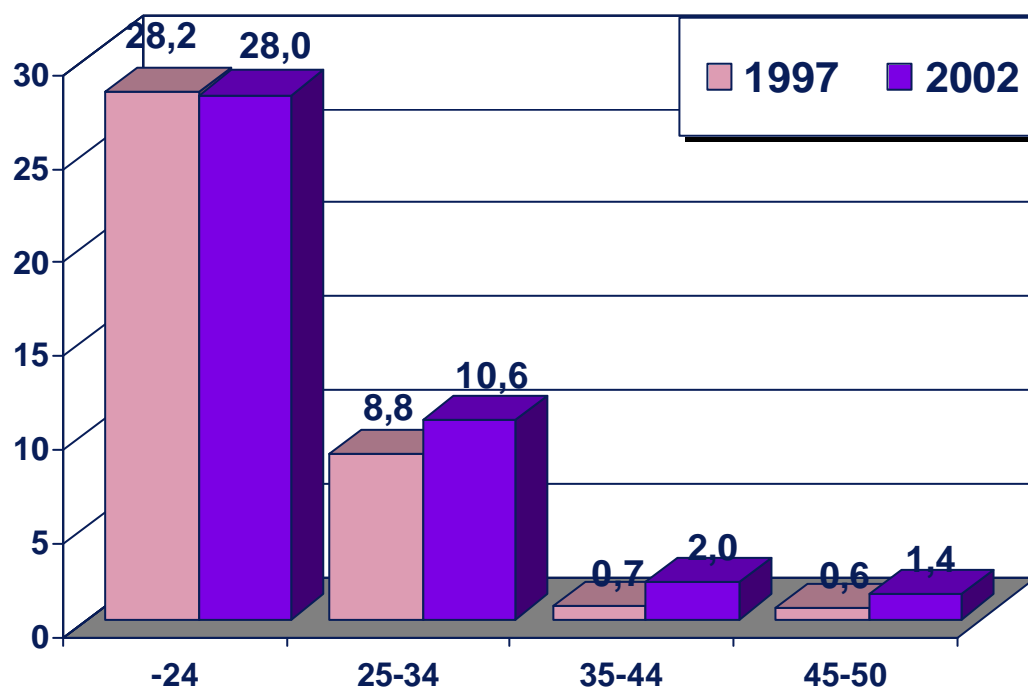
Table 6. Psychoactive substances use during last 30 days among Warsaw's inhabitants (age: 18-50) by age – results of population survey of 1997 and 2002. (Percentages of respondents)

	18-24		25-34		35-44		45-50		18-50		18-34	
	1997	2002	1997	2002	1997	2002	1997	2002	1997	2002	1997	2002
Marihuana or hashish	15.3	17,5	6.9	4,2	0.3	1,7	-	1,1	5.8	6.2	11.5	11.0
LSD	2.0	1.9	-	-	-	-	-	-	0.5	0.4	1.1	0.8
Amphetamine	5.1	4.9	0.9	-	0.3	-	-	-	1.7	1.2	3.2	2.4
Crack	-	1.9	-	-	-	-	-	-	-	0.5	-	0.8
Cocaine	2.4	-	0.5	-	0.3	-	-	-	0.8	-	1.5	-
Heroin	-	-	-	-	0.3	-	-	-	0.1	-	-	-
Ecstasy	3.5	5,8	0.5	-	-	-	-	-	1.1	1.6	2.1	3.2
"Polish heroine"	-	-	-	-	-	-	-	-	-	-	-	-
Tranquillisers	3.1	1.0	1.9	2.1	1.7	0.9	1.7	4.3	2.1	2.0	2.5	1.5

June-July 2003; Population survey on a representative random sample of Warsaw's inhabitants age 18-50; N = 670; questionnaire carried out using face to face interview technique.

As it results from the above data all the indicators of cannabis use demonstrate very slight upward trend. The percentages of those using amphetamine and LSD have slightly fallen. The use of the other substances stands at similar levels. The scale and dynamics of drug problem is determined on the use of cannabis as this is the most popular psychoactive substance. That is why the upward trend of cannabis use, despite falling popularity of amphetamine and LSD, is indicative of the stabilization in illicit drug use treated as a whole. In 1997 and 2002 the percentage of individuals, who took even once whatever illicit substance over the past 12 months equalled around 10.

Fig. 4. Illicit drugs current use (last 12 months) among Warsaw's inhabitants (age: 18-50) by age – results of population survey of 1997 and 2002. (Percentages of respondents)



The graph illustrated the changes between 1997 and 2002 in particular age groups. The slight tendency to increase of drug use among older age groups could be observed.

2.3 Problem drug use

The most recent assessments of the number of drug users (hidden population) is in the process with the use of the 'benchmark' method [27] within the framework of countrywide population survey of 2002. The multipliers estimated on the base of data from population survey will be validated by data collected from problem drug users in four cities where qualitative studies were conducted in 2002. The results will be reported in 2003 National Report.

3. Health Consequences

3.1 Drug treatment demand

The information on the number of individuals treated because of abuse of psychoactive substances other than alcohol and tobacco comes from psychiatric hospitals and includes treatment of legal drug dependencies, also functioning within the framework of psychiatric health services. As an epidemiological indicator information on individuals admitted to psychiatric treatment because of drug abuse, is utilised [14, 18]. Data presented include therefore all individuals accepted to psychiatric hospitals including detoxification wards for drug users, as well as rehabilitation centres, also run by NGOs, if such centres have the status of health service units. The basis of statistical reporting of in-patient clinics are individual statistical cards with an identifier (initials and birth date) which allows for avoidance multi-time counting of the same individual, if they were registered by more than one clinic over the same year. The statistical cards are filled up when the patient is accepted and next sent to the Institute of Psychiatry and Neurology. The card, besides the basic information regarding residence and the acceptance and release dates contains information on the diagnosed basic disease and accompanying diseases, up to 1996 coded in accordance with the 9th revision of International Classification of Diseases and Mortality Causes (ICD). The data presented in the tables include acceptance of selected individuals according to both diagnosis. The data include only diagnostics 304 and 305.2-9. In case of diagnosis of an accompanying disease, which is coded with three digits, one may only consider diagnostics of 304. The ICD-10, obligatory in Poland since 1997, introduced significant, from the perspective of data comparability, changes of disease classification, in particular related to drug abuse.

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

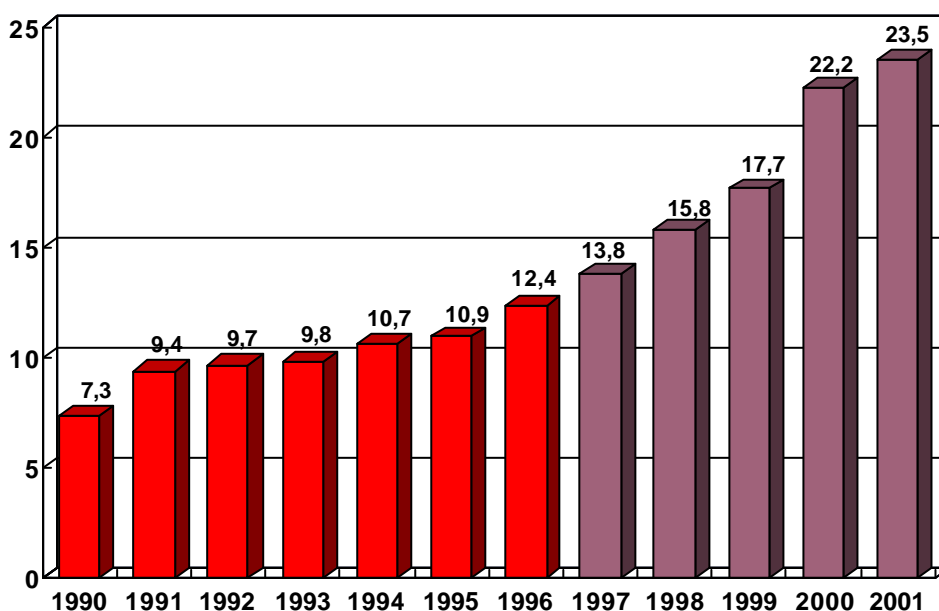
The analysis of data will be started with the indicator of admissions in given year. In 2001, 9,096 people were accepted for treatment. It signifies an increase by 6%. In 2000 8,590 persons was admitted to residential treatment, that means 26% more than in 1999, when the number of acceptances amounted to 6827 (table 7 and fig. 5).

Table 7. Persons admitted to residential treatment due to drug addiction in 1990-2000 (ICD IX: 304, 305.2-9) and in 1997-2001 (ICD X: F11-F16, F18, F19)

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

Source: Institute of Psychiatry and Neurology in Warsaw

Fig. 5. Persons admitted to residential treatment due to drug addiction in 1990-2000 (ICD IX: 304, 305.2-9) and in 1997-1998 (ICD X: F11-F16, F18, F19) – rates per 100 000 population



Taking into consideration not full comparability of data from the previous years, one should point out the continuation of increase trend since the beginning of the nineties (Graph 1 and 2). The indicator of admission to in-patient clinics, counted on 100,000 individuals grew every year, and more than tripled if one refers data from 2001 to 1990 (graph 2).

It is different, when one analysis the first-time admissions (table 8).

Table 8. Persons admitted to residential treatment due to drug addiction in 1990-2000 (ICD IX: 304, 305.2-9) and in 1997-2001 (ICD X: F11-F16, F18, F19) by type of contact

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

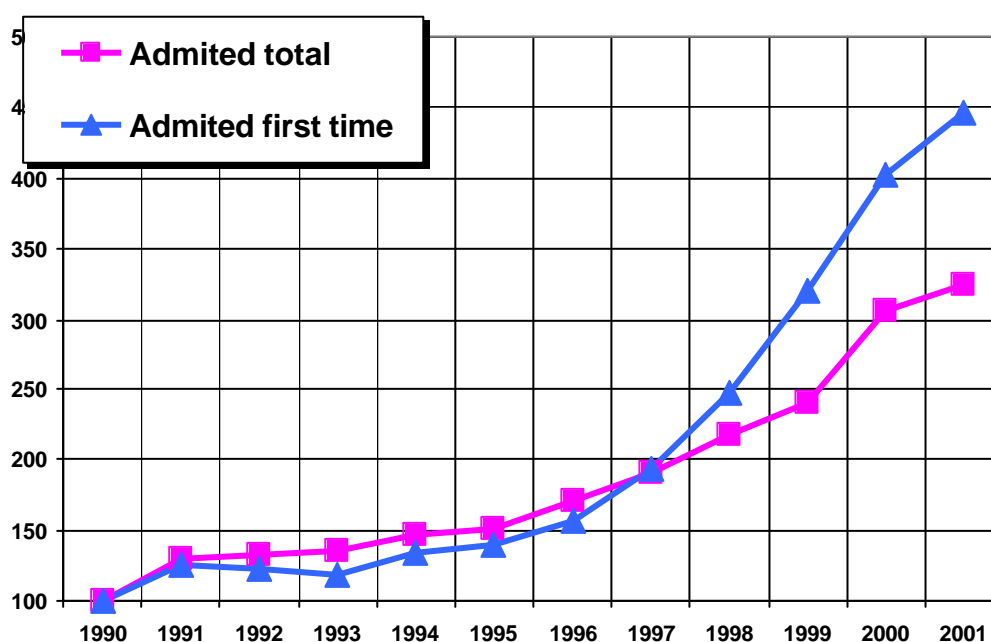
Source: Institute of Psychiatry and Neurology in Warsaw

At the beginning of nineties, the percentage of first-time admissions hold on the same level around 40%. It means, the growth of the number of new cases was at the same pace as the growth of total number of treated individuals. Data for 1997 revealed an increase in the first-time admissions to the level of 46%. Till 2000 one could observe subsequent increase, up to 59%. It signifies that over half of patients admitted to in-patient clinics, was accepted for the first time in their life.

The changes regarding the dynamics of both indicators are quite well visible on the chart (Figure 6).

Fig. 6. Dynamics rates admissions to residential treatment due to drug addiction in 1990-2001 (ICD IX: 304, 305.2-9) and in 1997-1998 (ICD X: F11-F16, F18, F19)

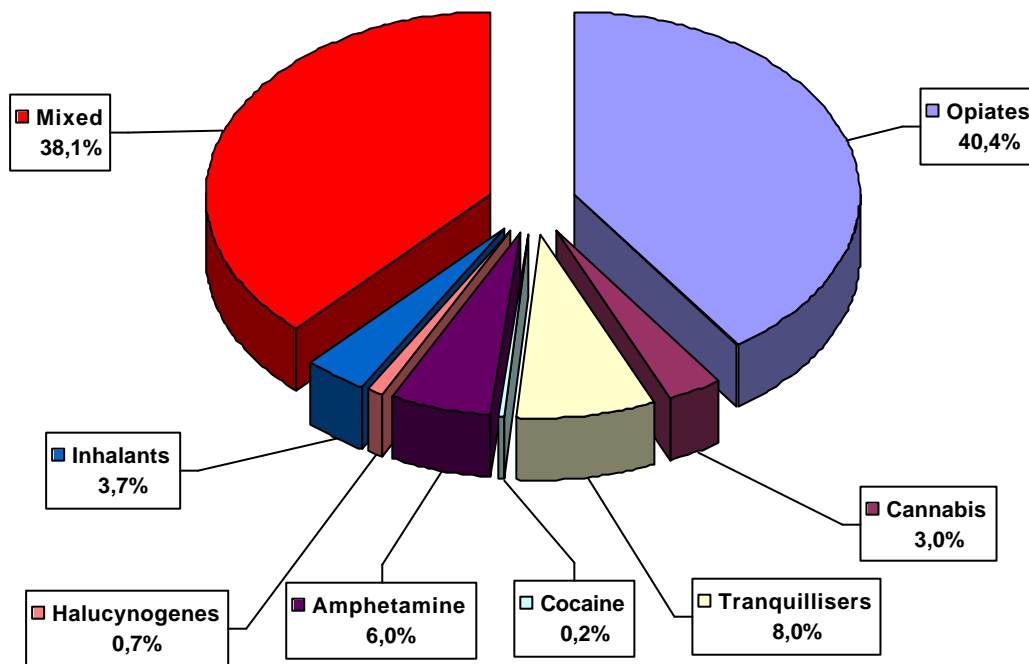
(1990 = 100)



The admissions index for the entire period displayed an increasing trend, but after 1995, it speeded up. The index of first-time patients, after an increase in 1991, was falling over the subsequent two years, to return to its growth tendency in 1994. It is worthwhile to notice that since 1996 the line depicting the first time admission trend becomes steeper, which denotes the acceleration. To sum up, data presented in the chart indicate that the total number of first time patients in 2001 increased by 4.5 times as compared to 1990.

The structure of diagnosis according the type of drug presented in table 9 and figure 7 visualise weaknesses of the present classification of diseases.

Fig. 7. Persons admitted to residential treatment due to drug addiction in 2001 (ICD X: F11-F16, F18, F19) by the type of drug abused



Over one third of individuals was classified as mixed and undefined. One can say nothing regarding drugs used by this group of patients. The most numerous is the group having the problem with opiates (40%). Next are tranquillisers (8%), substances from the group of amphetamines (6%), and volatile substances (4%). The remaining categories do not exceed 3%.

Table 9. Persons admitted to residential treatment due to drug addiction in 1997-2001 (ICD X: F11-F16, F18, F19) by the type of drug abused

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

Source: Institute of Psychiatry and Neurology in Warsaw

The comparable structures of diagnosis for years 1997-2001 (table 10) reveals relatively insignificant changes. The only bigger one, is a decrease of the percentage of inhalants users (1997 – 10%; 2001 – 4%) and increase of the percentage of individuals who abuse amphetamines, from 4% in 1997 to 6% in 2001 and cannabis from 1% in 1997 to 3% in 2001.

The gender structure of individuals accepted for treatment was constant since many years. Since 1997 slight decreasing trend of women percentages is noted (table 11). Women make 26% of patients treated in 1997 and 23% in 2001 respectively.

Table 10. Persons admitted to residential treatment due to drug addiction in 1997-2001 (ICD X: F11-F16, F18, F19) by gender

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

Source: Institute of Psychiatry and Neurology in Warsaw

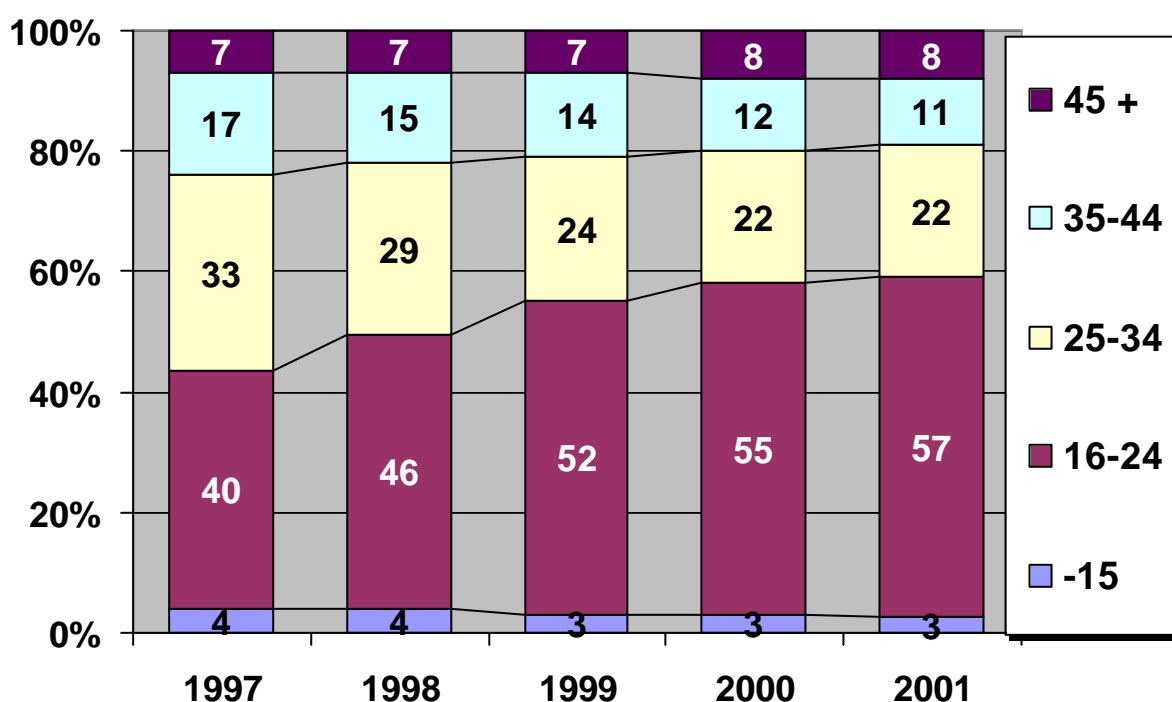
The changes can be observed regarding the age structure (table 11, figure 8).

Table 11. Persons admitted to residential treatment due to drug addiction in 1997-2001 (ICD X: F11-F16, F18, F19) by age

Age	1997		1998		1999		2000		2001	
	N	%	N	%	N	%	N	%	N	%
- 15	190	3.6	221	3.6	190	3.6	248	2.9	252	2.8
16-19	811	15.2	1130	18.6	811	15.2	2081	24.2	2266	24.9
20-24	1303	24.5	1649	27.1	1303	24.5	2620	30.5	2873	31.6
25-29	969	18.2	1026	16.9	969	18.2	1230	14.3	1345	14.8
30-34	789	14.8	733	12.1	789	14.8	681	7.9	647	7.1
35-39	536	10.1	522	8.6	536	10.1	572	6.7	524	5.8
40-44	367	6.9	374	6.1	367	6.9	472	5.5	448	4.9
45 +	357	6.7	427	7.0	357	6.7	680	7.9	738	8.1
Total	5322	100.0	6082	100.0	5322	100.0	8584	100.0	9093	100.0

Source: Institute of Psychiatry and Neurology in Warsaw

Fig. 8. Persons admitted to residential treatment due to drug addiction 1997-2001 (ICD X: F11-F16, F18, F19) by age (percentages of clients)



The changes consist of an increase in the percentage of individuals at the age of 16-24 years and a decrease regarding the age group of 25-39. The proportion of youngest patients, up to 15 years and the oldest ones, over 40, are relatively constant. The increase in the proportion of individuals of the younger age groups signals a subsequent increase of the phenomenon.

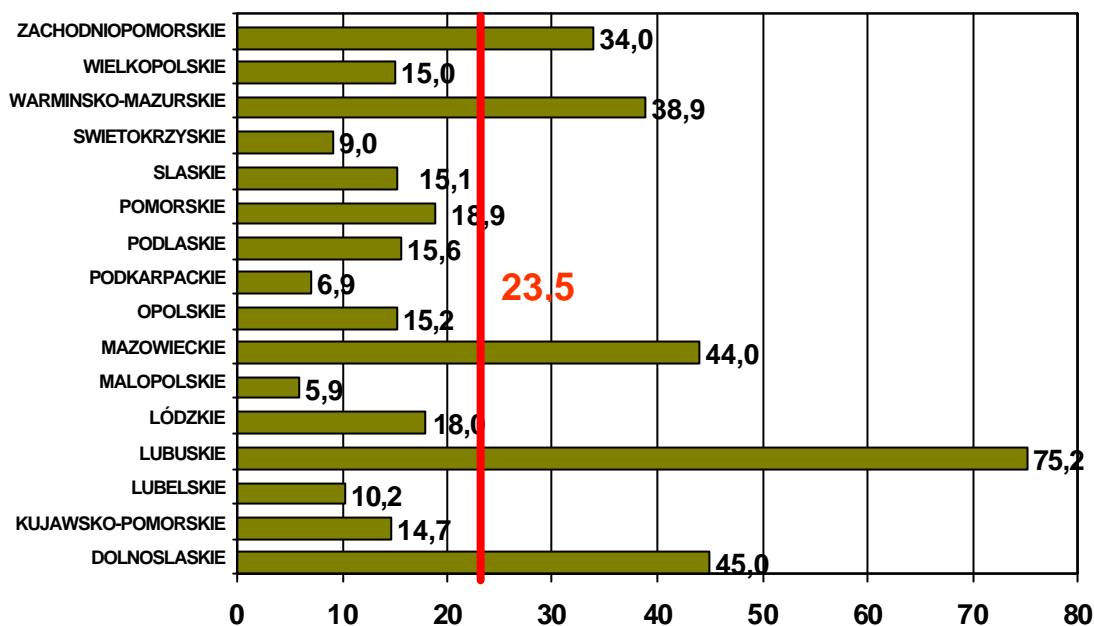
The constant value of the ration regarding persons below 15 years does not support the common judgements on increase of drug epidemics among children. As in the previous years, in 2000 the significant territorial differentiation of drug addiction prevalence is maintained (Table 12, Figure 9).

Table 12. Persons admitted to residential treatment due to drug addiction in 2000 (ICD X: F11-F16, F18, F19) by the place of residence according to administrative division (16 regions)

Region	Number in 2001	Rate per 100 000 in 2001	Rate per 100 000 in 2000	Index 2000 = 100	Index 1990 = 100
POLAND	9096	23,5	22,2	106	325
Dolnoslaskie	1337	45,0	41,5	108	249
Kujawsko-Pomorskie	309	14,7	14,1	104	222
Lubelskie	228	10,2	11,5	89	238
Lubuskie	770	75,2	66,4	113	570
Lódzkie	476	18,0	14,9	121	421
Malopolskie	190	5,9	7,6	77	232
Mazowieckie	2235	44,0	38,3	115	582
Opolskie	165	15,2	14,2	107	204
Podkarpackie	146	6,9	9,4	73	192
Podlaskie	190	15,6	14,8	105	179
Pomorskie	416	18,9	19,0	99	218
Slaskie	730	15,1	15,0	101	187
Swietokrzyskie	119	9,0	7,9	114	243
Warminsko-Mazurskie	571	38,9	41,2	94	510
Wielkopolskie	503	15,0	12,2	123	370
Zachodniopomorskie	589	34,0	33,8	100	403
Missing data and foreigners	122				

Source: Institute of Psychiatry and Neurology in Warsaw

Fig. 9. Persons admitted to residential treatment due to drug addiction in 2001 (ICD X: F11-F16, F18, F19) by the place of residence according to administrative division (16 regions)



As is revealed by data contained in table 12, the significant discrepancy between the indicators of admissions to in-patient clinics per 100,000 residents for the region of highest prevalence (Lubuskie – 75.2) and the region of lowest prevalence (Malopolskie – 5.9) continues to exist. One should be reminded that data presented in the table were grouped according to the place of residence of patients, not the place of treatment, while the availability of treatment is more less similar all over the country, due the lack or regionalization of treatment. The most threatened regions, besides Lubuskie, are: Dolnoslaskie, Wrminsko-Mazurskie, Mazowieckie and Zachodniopomoskie. All the regions, except of Mazowieckie, are located in the western or northern part of Poland.

Data contained in the last two columns of table 12 allow for the evaluation of the scope of changes regarding the specific regions between 2000 and 2001 as well as 1990 and 2001.

The increase of the value of the index appeared to be differentiated in both comparisons. The biggest increase between 2000 and 2001 was Wielkopolskie, by 23% and in Łódzkie, by 21%. The both in 2000 had relatively low level of indicator.

The comparison between 1990 and 2001 shows the biggest increase in Lubuskie and Warminsko-Mazurskie – two regions with very high index currently.

3.2 Drug-related mortality

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

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

Table 13. Deaths from overdoses in Poland reported by the police in 1988-1999

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

Source: Police Headquarter Warsaw

As it was indicated in Report 1999, it was hard to identify whatever clear tendency. The source of the significant oscillation of the indicator is, a one may assume, small numbers, especially sensitive to random disturbances. In 2000, 174 decease was noted, in 1999, 120 and in 1998 179 respectively. As compared to 1988, in 2000 the number of decease

increased by 64%, but in last six years rather the tendency of stabilisation is noted. The data of 2001 are not available, it is expected that of 2002 will be available.

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

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

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

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

In 1993 there was carried out longitudinal study on mortality of injecting drug users from detoxification unit of the Institute of Psychiatry and Neurology in Warsaw. The study was a part of an international project initiated by the World Health Organisation and co-ordinated by Department of Epidemiology Lazio Region, Rome, Italy. All injecting drug users attending treatment in the 1983-1992 period were enrolled.

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

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

3.3 Drug-related infectious diseases

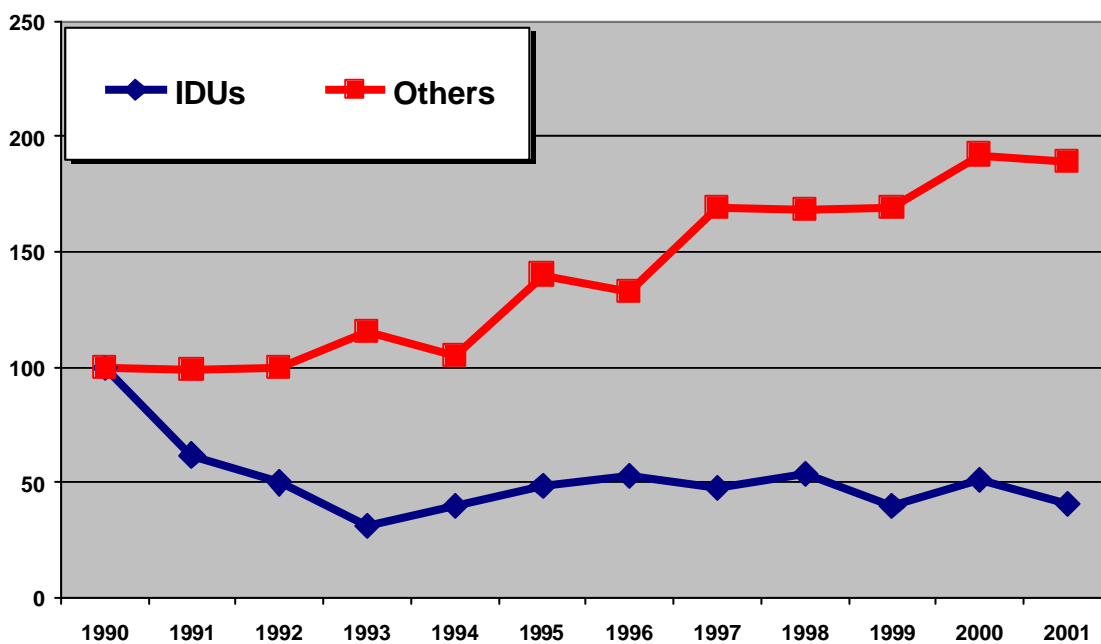
The National Institute of Hygiene [3, 23, 24, 25] collects data regarding the prevalence of HIV infections. The data make possible differentiation of individuals taking drugs through injections. Data presented here are limited to HIV infection among IDUs.

Table 14. HIV cases among IDUs reported in Poland in 1988-2001

Years	Number	Rate per 100 000 population
1988	12	0.03
1989	411	1.08
1990	653	1.71
1991	405	1.06
1992	326	0.85
1993	205	0.53
1994	259	0.67
1995	320	0.83
1996	343	0.89
1997	315	0.81
1998	354	0.88
1999	254	0.69
2000	332	0.85
2001	265	0.68

Source: National Institute of Hygiene

Fig. 10. New HIV cases among IDUs and among others (index 1990 = 100)

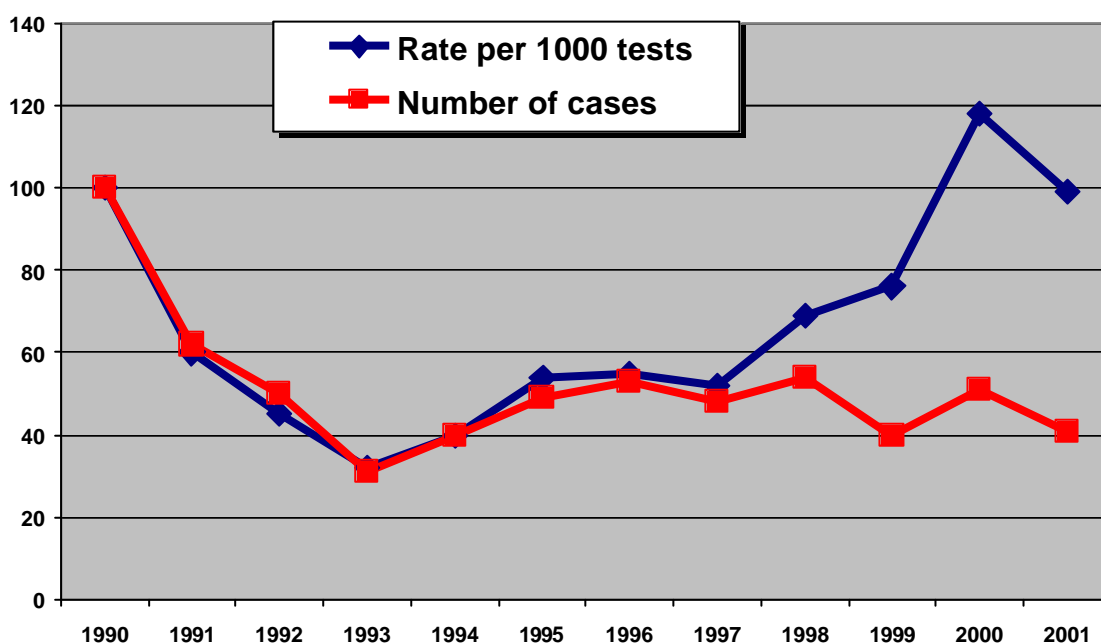


After an increase observed up to 1991, in 1992 through 1993 one can observe a decrease followed by another increase in the years after 1993. Figures for 1995-2001 suggest a relative stability of trends. In 1995 - 320 new cases was noted, in 1998 – 315, while in 2001 – 265.

The trend of new HIV infections among persons using drugs by injection can be observed on the graph 12 which presents the indicators of the new infections connected with drugs and other new infections. The 1990 data are taken as 100 and the data from following years are presented in the relation to this year. The trend of new HIV infections among people using drugs in injections is completely different from the others. In this case we can observe stabilization in the last years, whereas there is a distinct increase in the others.

We can observe tendencies, generally similar though different in the details, when we use other indicator- a number of new infections per 1000 tests (graph 11). This indicator standardizes the changes in the intensity of testing. The data from the graph reveal the increase of the indicator among people using drugs in injections in the recent years and stronger increase in the whole period.

Fig. 11. New HIV cases and new HIV cases per 1000 tests among IDUs (index 1990 = 100)



The differences in the dynamics of both indicators referring to persons using drugs in injections can be observed on the figure 11. Both curves- number of new HIV infections and number of new infections per 1000 tests- looked the practically the same till 1997. The indicator of the number of new infections per 1000 tests has been rising since 1998 whereas the second indicator has had a decreasing tendency, especially in 2000. There are two possible interpretations of the observed trends. Firstly, they can show the rise of the efficiency of the tests, which means testing endangered people and not testing those whose result would be negative. We have to remember that analyzed data refer to the number of tests, not the number of tested persons. According to this “optimistic” interpretation the decrease of the indicator of new infections among people using drugs in injections observed in the data, is also reflected in the reality. The second interpretation- “pessimistic”- assumes that stabilization and the decrease of the indicator of the new HIV infections among people

using drugs in injections is a result of the reduction of the reach of the tests. It means that the fall is apparent because the reduced number of tests results in the increase of the undetected cases. The question, which of the two interpretations is true, can be answered only with the help of special researches.

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

Table 15. AIDS cases among IDUs reported in Poland in 1989-2000

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	56	0.14
2000	56	0.14
2001	64	0,16

Source: National Institute of Hygiene

In practical terms, an increase trend can be observed since the beginning of the nineties. In 1990 – 5 cases, in 1991 – 24 cases, in 1995 – 53 cases and in 2001 – 64 cases. The rate of AIDS morbidity reflects the phenomenon with a significant delay, while the data seem to be of fuller nature.

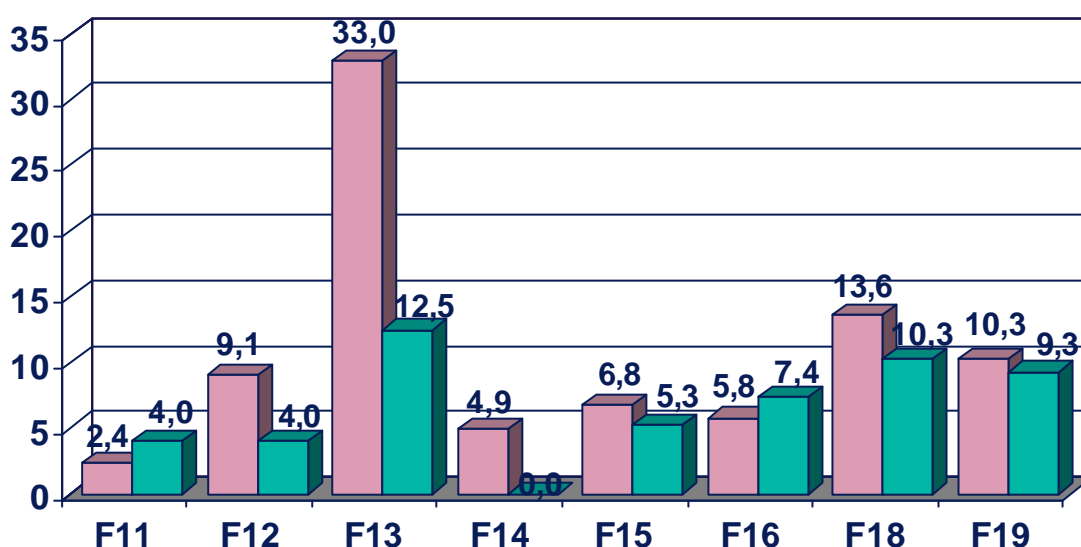
Other drug-related morbidity

Drug problem is sometimes associated with other mental disorders. The nature of this association is usually difficult to define. Sometimes the drug use caused mental problem sometimes mental disorders are the ground for drug use. The extend of the dual diagnosis in treatment could be estimate based on statistical data of residential treatment. In 2000 there was 9,3% patients with both diagnosis drug abuse (F11-16, F17,F18) and other mental disorder while in 2001 6.9% respectively. In 2000 dual diagnosis were twice more often found among females (14,6%) than among males (7,5%). In 2001 the difference between

females and males decreased. There was noted 8.4% dual diagnoses among females and 6.5% among males.

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

Fig.12. Dual diagnosis – percentage of persons with dual diagnosis among particular categories (ICD 10) drug dependent patient of residential treatment in 2000 and 2001



4. Social and Legal Correlates and Consequences

Social problems

New data not available.

Drug offences and drug-related crime

Police data

In Poland, the police do not collect statistical data on interventions regarding drug users. Therefore, data on the number of drug users, which were the object of police observation in relation to the possible criminal activities, were collected in a half-formal way, without appropriate tools. The compendium of figures was created through summing up numbers

coming from the district police reports. They source was the operational information collected during investigations of the groups. If one tried to reconstruct the definition of the phenomenon reflected in the police statistics, the closest would be recording by the police in relation with using drugs. In 1997 the police stopped collecting data, therefore they can not be utilised in the monitoring. Data for the years 1990-96 revealed an increase trend, similar with the trend recorded by in-patient clinics. In 1996 the police recorded 19,868 drug users. Within the police reporting system data on detected crimes are collected [5, 6]. Data regarding crimes against the Law on Drug Prevention (till the mid-97) and Counteracting Drug Abuse (till mid-97) are contained in table 16 and figure 13.

Table 16. Offences against drug law 1990 – 2001

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

Source: Police Headquarter Warsaw

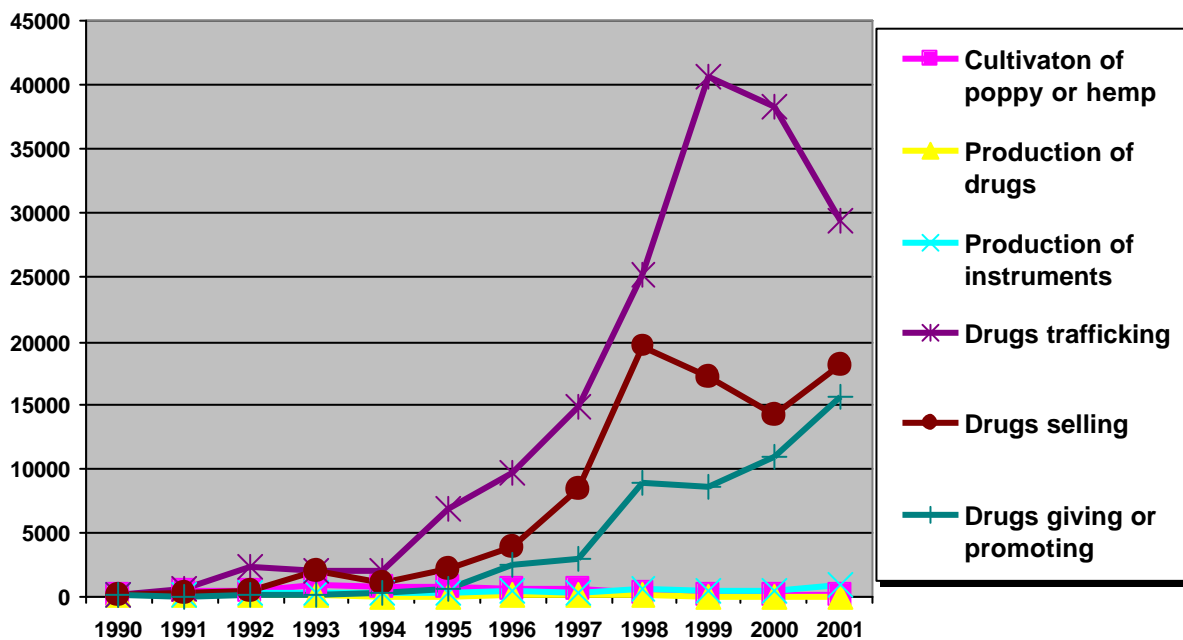
Data in the table indicate an increase trend regarding crimes like illicit drug trafficking, illegal distribution or persuading to use, illegal import or transit. The trend regarding illegal production of psychoactive substances remains relatively stable, while the illegal cultivating of poppy or cannabis after an increase trend in 1993 through 1994 displays a decrease

tendency. Data regarding the number of detected crimes related to drugs as the epidemiological indicator, are loaded with a significant distortion related to changes in the policy of prosecution. Regarding the recent years in particular, when the number of particular crimes revealed by the police multiplies, one may assume that the significant portion of the increase is a result of increased police activities. The displacement of the accent in the anti-drug policy to supply prevention remains in close relation to sharpening and widening of the scope of repression introduced by the new Law of 1997. The increase of police forces directed to fight criminality related to drugs, new legal instruments (controlled purchases, controlled supplies, crown's witness) had changed the situation concerning drug related crimes even before the law of 1997 was implemented, influencing data for 1997.

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

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

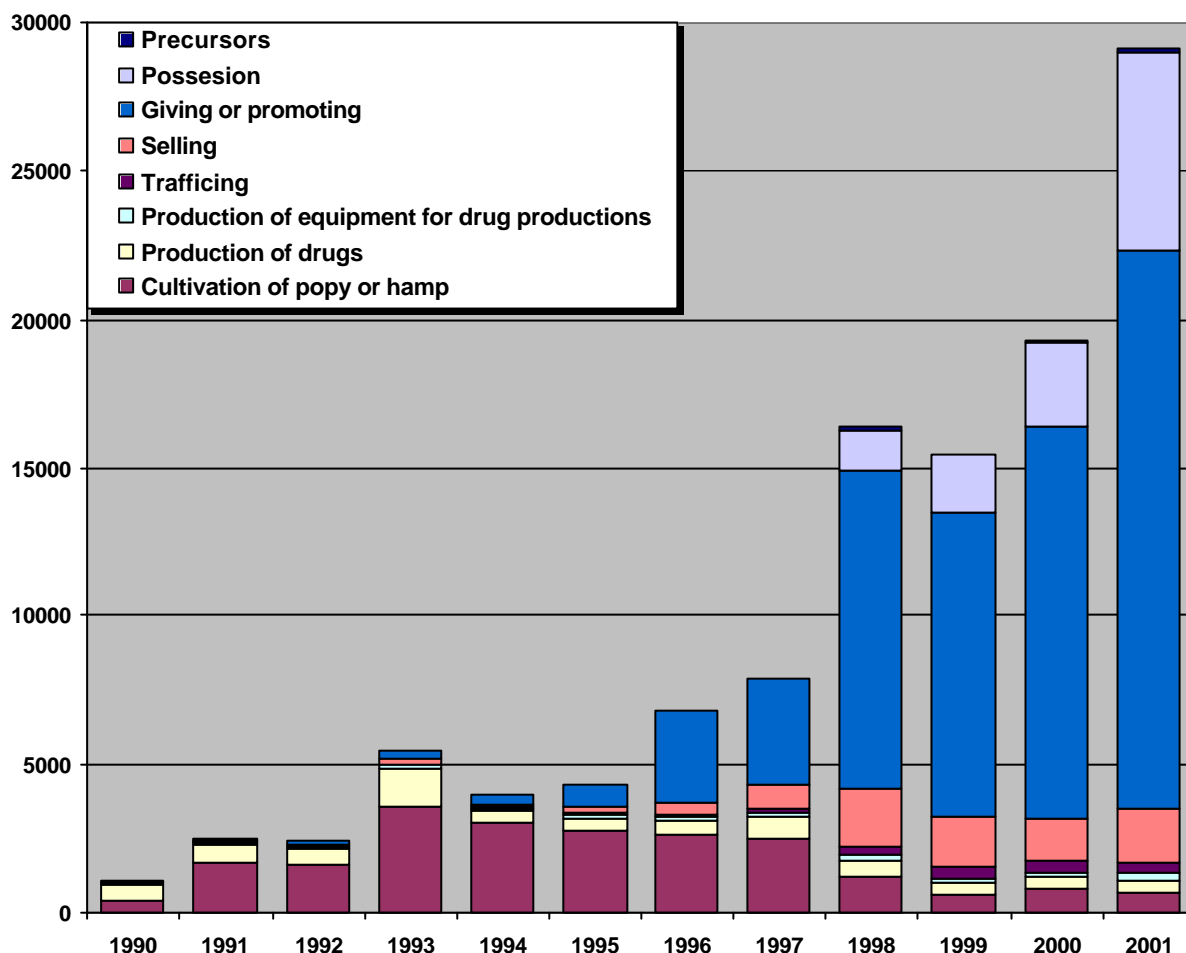
Figure 13. Dynamic rates of offences against drug law 1990-2001 by types of offences



The data from the graph 18 shows that, as long as quantitative aspect is concerned, such crimes as giving or encouraging to taking the drugs prevail in the picture of the crimes.

Possession of the drugs and introducing them into the trade have both considerable share as well.

Fig. 14. Numbers of offences against drug law 1990-2001 by types of offences



Sentences by courts

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

Table 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

Source: Ministry of Justice

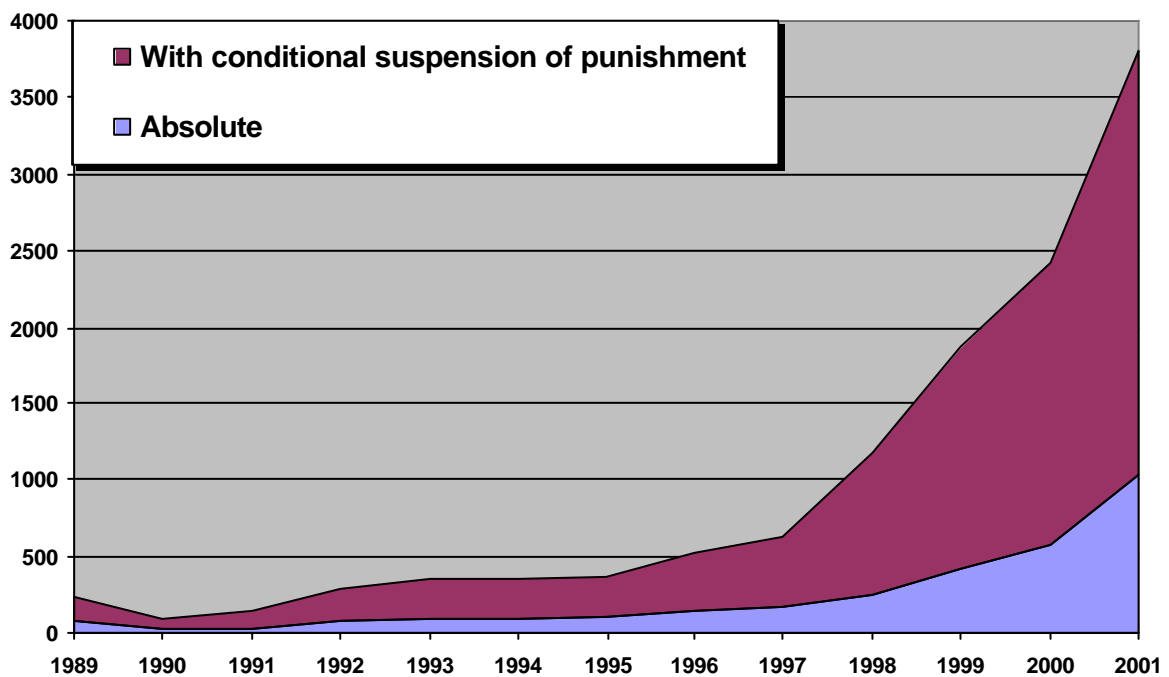
The summary of data regarding valid sentences in 1989-2001 (table 17) indicates a rapid increase in 1993, and next a decrease trend lasting until 1997. After that increasing trend is noted again. Another picture is provided by information regarding imprisonment sentences in relation to the Law.

Table 18. Drug Law Offenders Sentenced to Imprisonment in Poland

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

Source: Ministry of Justice

Fig. 15. Drug Law Offenders Sentenced to Imprisonment in Poland (1989-2000)



As it can be assumed based on data contained in table 28, in 1997 one can note a continuity regarding the growth of the number of individuals imprisoned, which started in 1993. One may assume this to be the effect of greater restraints on the level of the policy of crime combating and penal measures, resulting from the repressive tendencies of newly prepared legal acts. Since 1997 the trend go up quicker.

Drug problem in prison system

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

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

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

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

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

The survey results have demonstrated significant scale of the drug problem, affecting prisoners both prior to imprisonment and during its course. The use of drugs, even occasional, can directly or indirectly cause health problems. The use of stimulating drugs (more popular in this group than in the overall population) in particular, can contribute to accidents and aggressive behaviours, due to behaviour control disorders. The use of drugs while deprived of freedom is especially dangerous, as naturally, it is done in the 'underground', and this is not conducive to apply at least minimal safety measures, and makes it difficult to provide emergency assistance, for example in life-threatening situations. The above findings provide serious challenge to the penitentiary system. The survey results and experience of other countries confirm that one cannot fully successfully limit the use of drugs through excessive control measures and suppressing the drugs' supply. It is necessary to undertake activities to limit the demand for drugs and to reduce the damage. One should therefore indicate the urgent need to develop and to implement preventive programs addressed to all those imprisoned, and to high-risk groups in particular, i.e. to young people aged under 25, urban residents, those punished for drug-related crimes. Programs of this kind should also take into account the specific nature of penitentiary institutions and the penitentiaries themselves. Bearing in mind those prisoners who shall not respond to the message of preventive measures, programs to minimise the damage should also be developed. Although the use of drugs through injections happens very seldom in penitentiary institutions, nevertheless, the lack of access to sterile needles and syringes poses serious threat of infectious diseases, including HIV/AIDS. Programs that involve administration of methadone as a drug substitute seem to provide the best response to the increasing threat.

4.3 Social and economic costs of drug consumption

Data provided in chapter IV.

5. Drug Markets

5.1 Availability and supply

New data not available yet.

5.2 Seizures

There are four institutions in Poland dealing with illicit drug seizures, there are: the police, the Border Guard, the State Security Office and the Custom Service. The three first institution are the part of Ministry the Interior and Administration, the fourth belongs to the Ministry of Finance. The data included in the table 29 are provided by the police, but cover drug seizures done by all four above-mentioned institutions.

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

Table 19. Quantities of illicit drugs seized in Poland in 1998-1999

	1998	1999	2000	2001
1. Amphetamine	51.503 kg	51.453 kg	189.360 kg	195 kg
Ecstasy	1796 pieces	6319 pieces	133962 pieces	232735 pieces
Cocaine	21.157 kg	20.082 kg	5.664 kg	45.3 kg
Heroin	67.405 kg	44.947 kg	120.064 kg	208.1 kg
Opium				4 kg
LSD	14902 pieces	14099 pieces	3659 pieces	672 sztuk
Hashish	8.179 kg	49.203 kg	18 kg	9.5 kg
Marihuana	62.146 kg	242.483 kg	139 kg	74.3 kg
Hemp	1904.361 kg	18.865 kg	-	-
Hemp	-	4016 pieces	-	765 pieces
Polish heroine	394 litres	389 litres	388 litres	10 litres + 45 g
Poppy straw	6870 kg	3553 kg	3180 kg	100 kg
Mushrooms	4.475 kg	2.049 kg	1603 pieces	-
Tranquillisers and sedatives	5155 pieces	800 pieces	1024 pieces	-
Anabolic steroids	527590 ampoules	-	19740 ampoules	5265 tablets
Ephedrine	-	100 kg	-	-

Source: Police Headquarter Warsaw

In the period of 1998-2001 increasing trend is noted in case of seizures of amphetamine, ecstasy and heroine. Concerning other substances trend is not so clear – a lot of fluctuations is observed. The data of the increase of the confiscated amount of the heroin and synthetic drugs correspond with the information of the increasing consumption provided by drug users.

5.3 Price, purity

No data is collected in Poland regarding the purity of drugs. According to the Police and studies conducted with the use of qualitative methods among drug abusers, it is known that the purity level of drugs on the street level is significantly differentiated. It depends on the number of intermediaries, as every one of them may add something to 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 intermediaries, are of lesser degree of purity. The price of drugs depend somewhat on their purity, but also on the evaluation of the potential buyer. The cheats of selling substances with trace quantities of drugs or containing no psychoactive substance at all, are not unusual. In case of experimenters, such 'drug' may perform as placebo. The price of drugs is also significantly differentiated and depend on the number of go-betweens and the quantity of drugs constituting the object of purchase. Buying larger quantities one may pay even the price twenty times reduces, as compared to the regular one. Information regarding the price of drugs are collected and published by the police. They are of more than conditional character, which is decided by the method of collecting. Figures presented by the Police Headquarters (table 30.) come from

reports of the regional police stations. The method of data collection as well as the method of aggregation are not sufficiently formalised and are not clear, from what we know they are far from being methodologically correct.

Table 20. Prices of drugs on a street level in 1999 according to the police

	Unit	1999 r.		2000 r.		2001 r.	
		Price range in PLN	Average price in PLN	Price range in PLN	Average price in PLN	Price range in PLN	Average price in PLN
Amphetamine	gram	40-120	80	40-120	80	20-120	65
Ecstasy	piece	25-50	35	15-30	35	15-40	26
Cocaine	gram	250-300	250	od 200	250	150-300	209
Heroin	gram	200-250	200	200-250	200	150-240	189
LSD	piece	20-40	30	20-40	30	20-40	31
Hashish	gram	35-45	40	35-45	40	25-35	30
Marihuana	gram	20-40	30	20-40	30	20-35	26
Polish heroine	cm ³	8-10	9	8-10	9	5-10	7

Source: Police Headquarter Warsaw

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

6. Trends per Drug

6.1 Cannabis

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

6.2 Synthetic drugs (amphetamine, ecstasy, LSD)

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

supplied from Poland. Amphetamine production and distribution is seemingly controlled by modern criminal organizations.

Treatment data show rising trend as well, but not so rapid.

6.3 Heroin/opiates

The increasing trend is noted based on both survey data and treatment data. Consumption shifts to heroin "Braun sugar". Also in treatment the increasing trend of numbers of heroin users is noted.

6.4 Cocaine/crack

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

6.5 Multiple use (including alcohol)

Increasing trend is observed.

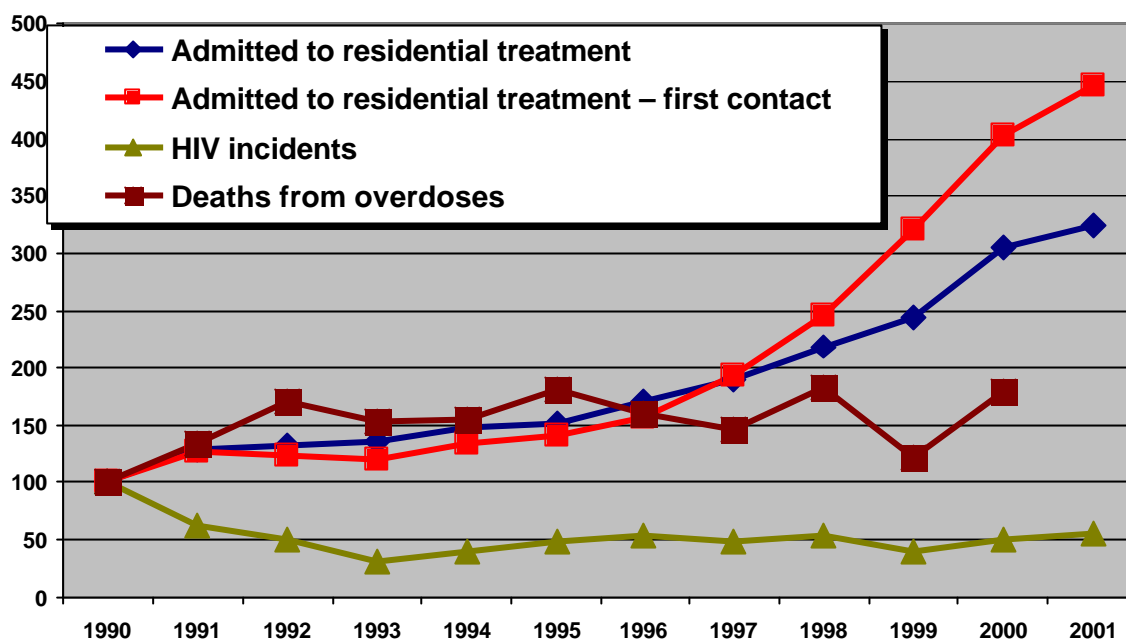
Among youth very high prevalence is noted, but trend is stable. In treatment increase is noted. Trend of solvents use is rather stable. Treatment data shows decreasing trend.

7. Discussion

7.1 Consistency between indicators

In general terms the indicators show consistent picture of drug problem in Poland. It is worth looking at the graph 20 while summarizing the analyze of the health indicators. We can observe indicators of the admissions to the hospitals because of the drug dependence in total, first time admissions, deaths connected with drugs and new HIV infections among the persons using drugs in injections. The data on the graph show that even though the number of admissions rises and even greater the rate of the first time admissions, HIV infections and deaths remain stable. It could be interpreted as a consequence of drug use patterns changing into less destructive (decrease of IDU). It seems that effect of harm reduction efforts have also important input in stabilization of trend in most serious health consequences.

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



7.2 Implications for policy and interventions

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

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

1. It seems to be important to extend activities on harm reduction. The most important is methadone substitution, not only for Polish heroin users but also for brown sugar users. There should be full access to injecting equipment and disinfectants. Intravenous stimulant users not connected with the relatively well-recognized circles of Polish heroin users must be targeted. The harm reduction program should be based on the outreach method.
2. The lack of acceptance of Polish heroin and the reluctance to inject drugs by the new generation of drug users should be exploited in prevention and harm reduction programs.
3. In education programs, treating all drugs as similarly hazardous should be avoided. It should be clearly stated that heroin is much more dangerous than marijuana and that additional risk comes from injecting. This is important from the point of view of changing

drug use patterns in the direction of more dangerous drugs such as amphetamine, cocaine or heroin.

4. Preclusion of drug users regarding the use of syringes should become one of the objectives of the harm reduction programs. The aversion of the new generation of drug users to injecting should be supported by professionals involved in prevention and harm reduction.
5. Early intervention programs for occasional cannabis users are urgently required. Primary prevention initiatives exist throughout Poland and there are treatment offers for drug addicts, but there is a lack of initiatives dealing with occasional drug users without serious problems. Some kind of harm reduction activities focused on occasional drug users who do not want to stop using drugs are also needed.

7.3 Methodological limitations and data quality

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

The most significant needs regarding data collection:

1. The evaluation of preventive, treatment and harm reduction activities as well as the drug policy as a whole
2. The evaluation of prevalence of the occasional use of drugs among adults on the country level (population survey)
3. The widening of the range and improvement of data quality regarding the problems relating to drug abuse (infections HBV, HCV, tuberculosis, road accidents, petty crimes, reporting for treatment).

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

PART III DEMAND REDUCTION INTERVENTION

8. Strategies in Demand Reduction at national level

8.1 Chief objectives and activities

Chief objectives and activities in demand reduction have been defined in the first part of the report.

8.2 Strategies and new developments

In 2001 the Council for Counteracting Drug Addiction was being constituted. The implementing enactment was introduced in the form of a regulation that defined the composition and the principles of the Council's functioning.

Another important institution, established last year as a part of the EU accession process, was the National Focal Point. The new body emerged within the structure of the National Bureau for Drug Prevention. One of the tasks of the NFP is to provide assistance to the Council.

It is worth mentioning preventive actions of the outreach type including risk reduction. The Sedno Society in Poznan, apart from running needle and syringe exchange programs, started reaching techno parties participants with their activities. 'Party workers' visited techno clubs with an effort to distribute preventive materials among the users of psychoactive substances. The Maraton Foundation launched a program of 'Backyard Guides' [Podworkowi Przewodnicy] addressed to the circles experimenting with drugs and therefore exposed directly to the risk of addiction. The implementers were the young people reaching their peers in their local environment. The backyard guides got in touch with the alternative groups of adolescents in their backyards, in clubs or cafes. The program focused on diagnosing personal problems and needs of youth, education as well as giving support. The project took on a model role and in the future it is going to be launched in the other provinces.

The rehabilitation activities in 2001 covered a series of conferences and training sessions on new problems in drug treatment. There are increasingly more cases of patients addicted both to illicit drugs and alcohol or the polydrug use at a time, which challenges narrowly specialized treatment system, ill-prepared for a new type of client. This new situation requires of specialists broader knowledge, skills, the ability to make correct diagnosis and provide adequate therapeutic offer in this field (Serwis Informacyjny Narkomania 17, 2002).

Another important conference, which was held in 2001, was the 8th European Conference on Rehabilitation and Drug Prevention organized under the auspices of the European Federation of Therapeutic Communities under the title of '21st century – spiritual and ethical values in prevention, treatment and research'. The chief objective of the conference was to facilitate share of experiences among the specialist working in different therapeutic communities worldwide (Kontra 5/9, 2001).

One of the tasks of the National Bureau of Drug Prevention resulting from the National Program for Counteracting Drug Addiction is conducting specialist training courses for health care personnel. In

2001 a training program in the field of drug problem was launched with several sessions having been held. The sessions were mainly addressed to general practitioners and nurses. In 2001 the above training course was attended by 60 participants .

Socio-cultural developments related to demand reduction

The researches conducted in Poland show an upward trend in drug use. Consequently, society is taking more interest in the problem. The social attitudes are to a great extent shaped by the media. The knowledge of addiction to psychoactive substances is also being deepened. Those beliefs are not always true to life, however. Most respondents still believes that the problem will not affect them or their relatives. The social image of a drug addict reflects a socially degraded person with no family, friends and job.

The National Bureau for Drug Prevention has been working on shaping attitudes towards drug problem by launching media campaigns, commissioning education and prevention programs, conducting professional training courses for specialists dealing with addictions to psychoactive substances.

Drug-related education programs are addressed only to young people at schools. The research shows that the youth's knowledge on drugs is much more profound than that of the older generation.

It is also becoming evident that increasingly wider part of society perceives drug problem in terms of a disease and not associated with criminal behavior or social marginalization. The attitudes towards addicts are more and more often indicative of understanding, acceptance for preventive activities, need for treatment and rehabilitation as well as harm reduction strategies. Drug addiction gradually ceases to be a ticklish topic to discuss.

Prevention

The year 2001 marked the completion of the implementation of the National Program for Counteracting Drug Addiction for the years 1999-2001.

The institutions responsible for performing preventive tasks were the following: the Ministry of National Education and Sport, the regional school supervision bodies [kuratoria], the Institute of Psychiatry and Neurology, the National Bureau for Drug Prevention as well as the local governments receiving more and more autonomy in shaping and implementing social policy at a local level. Nearly every province [województwo], apart from the National Program, conforms to the Provincial Program for Counteracting Drug Prevention, which includes local priorities and specific tasks.

The National Bureau for Drug Prevention and the State Agency for Prevention of Alcohol Related Problems are the central bodies responsible for inspiring, supporting and coordinating actions for counteracting drug and alcohol problems.

Drug prevention activities implemented by the local governments are financed from the local and budgets as well as the central budget in the form of a target subsidy.

School Programs

Youth and children are the main concern of the prevention activists and the school is the fundamental area for the primary prevention activities.

The alarming statistics of adolescents using alcohol or other psychoactive substances, aggression, criminal or self-destructive behavior provide the basis for the creation of prevention programs addressed to children and youth (10-18 years of age). A large number of programs have been launched in Poland. However, apart from 60 widely implemented professional programs, there are hundreds of programs realized in individual schools.

The programs organized most often are the ones recommended by the Ministry of National Education and Sport which meet the minimal standards. Every school is covered by the regional psychological and pedagogical counseling office (600 nationwide). They often initiate prevention programs to be implemented in schools.

The example of such a program:

“BEFORE YOU TRY”

A psycho-education program by Barbara Jakubowska and Zofia Sobolewska from the Polish Psychological Society.

The program sets two objectives. One is communicating knowledge on addictive substances (e.g. alcohol) and addictive mechanisms. The other is developing important psychological skills:

- making rational choices in terms of using psychoactive substances (including saying ‘no’),
- reinforcing positive self-image
- reacting to pressure
- building successful relationships with others
- constructive problem solving
- shaping healthy lifestyles and ways of spending free time.

The addresses of this program comprise children and youth from primary and secondary schools. The program can be implemented by psychologists or teachers. It consists of a series of classes. It is accompanied by a book featuring theoretical framework as well as the classes scenarios. There are four scenarios options adjusted to different age levels (12-19), for different grades IV, V-VI of the primary school, upper-primary school and the secondary school.

Models of intervention

The school workers are prepared for taking intervention actions. Model of school intervention is defined in the statute of every education unit. The statute mentions the form of care and assistance to

children, who for development, family or other reasons need help and support. The statute emphasizes the cooperation with the psychological and pedagogical counseling offices as well as other counseling institutions for children and parents. The intervention actions and first aid (recognition) are not taken exclusively by teachers but also by school counselors or psychologists.

The example of an early intervention program is the project of the Institute of Psychiatry and Neurology entitled "Evaluation of use and functioning of short-term intervention at school".

The aim of the project was to introduce effective procedures of solving drug problems into schools. The proposed procedure is based on the method of short-term intervention. The first stage of the project's implementation involved 'action research'. In 2001, the school recruitment was conducted and the schools were assessed in terms of preventive and intervention actions. It also involved preparation of teachers for interventions towards pupils using psychoactive drugs. The school situation was conducted on the basis of interviews with headmasters, school counselors and representatives of teachers and parents. The schools did not seem to have any coherent system of preventive or intervention actions. The project involved workshops for teachers and training courses on short-intervention method for selected school representatives. The courses were attended by 70 participants.

The analysis of the courses' reception conducted after the completion of the project showed that almost 80% (63 persons) of all the participants declare their readiness for taking intervention actions at school. The evaluation of the knowledge and skill acquired during the training courses will undergo research in 2002.

In 2001 the National Bureau commissioned the implementation of the research project of diagnosing youth's reception of the scripts of anti-drug social films. Another objective of the research was finding out youth's opinions on prevention classes at schools. The research was carried out by adopting 'focus group' method.

Youth programs outside school

Common rooms, interest group centers, clubs, consultation points or the local facilities form the basis for the implementation of prevention programs, especially for risk groups. The recipients of the programs were children and youth at the risk of getting addicted. They came from disordered families, being often neglected and having frequent contacts or experimenting with drugs.

The aim of the intervention, education and psycho-correction programs was the improvement of the emotional and social functioning as well as supporting development, interests and choosing ways of spending free time without resorting to psychoactive substances.

Young people can seek help themselves; however, most often they are referred by school counselors, juvenile court divisions, health care centers or social care facilities. The help centers cooperate with the institution of a given area (commune, estate).

In 2001 the National Bureau for Drug Prevention commissioned prevention programs to be implemented in:

- 31 therapeutic centers,
- 59 facilities of broader functioning (clubs, prevention centers, interest group centers),
- 22 consultation points,
- 1 residential socio-therapeutic center (whole year).

The prevention programs covered the performance of the following tasks:

- Reducing demand for psychoactive substances among children and youth by educating. In 2001, it involved 71 500 hours of education classes which were attended by 20 500 children and youth in total,
- Developing various forms of assistance to children and youth at the risk of addiction:
 - organizing counseling classes,
 - providing advice and specialist consultation,
 - organizing therapeutic classes (socio-therapy, individual and group therapy, support groups),
- Creating drug free lifestyle among youth and organizing milieu actions promoting health – festivities, contests, concerts, local events – youth camps,
- Assistance to parents of children and youth at the risk of addiction by launching specialist programs:
 - providing advice and specialist consultation,
 - organizing group work of psycho-educational and therapeutic nature for families lacking upbringing skills as well as children at the risk of addiction,
 - taking actions of intervention and mediation in contexts of family crises.

The implementation of the above programs was commissioned to the NGOs. Some of them conducted systemic programs in a number of country's regions.

Table 21. Number of children and youth as addressees of the prevention programs commissioned by the National Bureau for Drug Prevention (by age)

Age	Number of permanent recipients	Number of incidental recipients
Up to 12	5 376	5 947
13 – 15	6 685	22 560
16 – 19	8 555	39 382
Above 19	1 219	4 453
Total	21 835	72 342

(Sprawozdanie Krajowego Biura do Spraw Przeciwdziałania Narkomanii z wykonania budżetu oraz zadań zleconych w 2001 roku, 2002)

Table 22. Prevention programs addressed to children and youth in programs commissioned by the National Bureau for Drug Prevention

Activity	Number of permanent recipients	Number of hours
Counseling classes (common rooms, socio-therapeutic clubs)	9 062	77 883
Development classes	8 970	30 000
Socio-therapeutic classes	10 985	18 870
Support groups	1 678	16 053
Psychological training sessions	1 594	2 901
Group psychotherapy	9 76	3 722
Individual psychotherapy	1 623	10 326
Other	4 235	17 710

(Sprawozdanie Krajowego Biura do Spraw Przeciwdziałania Narkomanii z wykonania budżetu oraz zadań zleconych w 2001 roku, 2002)

Table 23. Data on number of pieces of prevention advice given to children, youth and adults

Recipients	Number of individual pieces of advice		
	Counseling center	Telephone	Locally
Children and youth	5 616	1 941	1 265
Adults	6 027	4 942	1 746

(Sprawozdanie Krajowego Biura do Spraw Przeciwdziałania Narkomanii z wykonania budżetu oraz zadań zleconych w 2001 roku, 2002)

In 2001 training courses for drug prevention implementers were conducted. They were addressed to professional groups (education system workers, policemen, social workers, superintendents of schools, counselors) and peer educators.

Evaluation of prevention programs is often conducted internally by the program implementers. They are usually qualitative studies. The complex qualitative evaluation is conducted on a selection of programs where success evaluation is measured by means of pre- and post-test.

Family and childhood

Prevention programs are not addressed only to one target group, in this case children. Programs are often based on work with children and their parents. The example of complex actions is the program of

Podwisłanska Fundacja Społeczna for children and families. The programs featured special upbringing groups for children and youth. The classes were regularly attended by 100 children with serious problems at home and school. The centers provided them with assistance in learning and making up for the school arrears. The children participated in psycho-correctional classes receiving support in their emotional problems. The classes enabled them to pursue their interests and gaining practical knowledge. At the same time the crisis hostel housed several children.

The program's success was evaluated by the teams of implementers and by means of the feedback from the classes participants, teachers, superintendents of schools, head teachers and social workers.

The preventive actions involved educational actions addressed to parents not directly related to the program which their children participated in.

The Ministry of National Education and Sport stimulates educational activities in kindergartens. The program basis is open, which provides an opportunity for creating education and upbringing programs led by specialists from outside with the parents' participation.

78 kindergartens nationwide adopted the school program of promoting health and education which aims at the psychosomatic development of a child. The centers for psychological and pedagogical advice also provide psychological and pedagogical assistance. A network of 587 centers, including 34 specialist ones provide help to children, teachers and parents in terms of:

- support of a versatile child development,
- support of an educational role of family,
- providing pro-health education among children, parents and teachers,
- assistance to parents and teachers in diagnosing and development of skills.

Other programs

The National Bureau for Drug Prevention commissioned the implementation of training programs supporting the cooperation of local authorities, NGOs and other institutions in drawing up local drug prevention programs. They were:

- training courses for implementers of communal and county programs on evaluating local drug problems,
- assistance in drawing up county and communal drug prevention programs,
 - training courses for representatives of county and communal institutions supporting the process of creating network of consultation points,
 - training programs in drug and HIV prevention among youth addressed to the representatives of organizations and provincial governments.

The National Bureau commissioned the implementation of the programs directly addressed to local communities, *inter alia*:

- conferences on drug prevention,
- prevention programs for youth leaders working in high risk groups,
- assistance programs and workshops for parents of children at the risk of drug addiction,

- prevention program in the form of informative and educational activities on drug-related harm as well as interventions during a rock music festival and a festival of academic youth.

“Find time for your child”

In 2001 the National Bureau for Drug Prevention launched a socio-educational campaign entitled ‘Find time for your child’. The chief aim of the campaign was drawing attention of adults to the role of family as a way of protecting children from using drugs. The specific goals included educating adults, informing on possibilities of assistance to the persons from risk groups by means of media campaigns, conferences, regional and local debates, youth workshops.

The campaign was inaugurated with the national conference, organized by the National Bureau, ‘Find time for your child’ devoted to the programs of parental assistance. The conference was attended by 140 persons – the representatives of the government and the local authorities, NGOs and education centers.

The campaign featured training courses for 90 professionals working in drug prevention facilities for children and youth (counseling and therapeutic centers). They aimed at improving methods of working with families in reinforcing rearing skills and their participation in child’s therapy.

The National Bureau issued informative and educational materials (brochure for parents, poster, materials for youth). A cooperation with the national media was established (Gazeta Wyborcza, Channel 1 of the Polish TV, Radio BIS, Remedium Magazine).

The regional actions were conducted in 11 provinces with the participation of the local governments and involvement of 17 NGOs (e.g. Monar, Karan, Polish Society for Drug Prevention, Kuzna Society, AD Agency, Powrot z U, ZHP)

National Helpline

Helplines are still in operation:

- blue line – for the victims of violence,
- orange line – for alcoholics and their families,
- green line on AIDS,
- lines by NGOs on prevention and counseling,
- national helpline “Drugs-Drug addiction”, financed by the National Bureau. In 2001, the line provided 1 534 pieces of advice. 71% of advice was given to families of addicts or persons at the risk of addiction, 16% to unrelated persons (friends, neighbors). The advice given to drug users constituted 13% of the total.

The Internet

The website of the National Bureau for Drug Prevention is constantly updated (www.narkomania.gov.pl), it is addressed to NGOs, prevention institutions and drug addicts. NGOs on their own websites also provide information on prevention programs and addresses of help centers.

Reduction of drug related harm

Harm reduction programs involve reducing health, social and economic consequences of using drugs. They are programs of opiate substitution, characterized in Section 11.2, needle and syringe exchange programs or education programs from the border of prevention addressed to incidental synthetic drug users. The above programs aim at changing drug behaviors so that they would become less harmful when drug abstinence is impossible to achieve.

In the recent years a number of harm reduction programs has been increasing steadily. Although the programs are underdeveloped according to WHO recommendations, their evolution is satisfactory, especially if we consider that this a relatively new form of activities in Poland.

Both the Act on Counteracting Drug Addiction and the National program for Counteracting Drug Addiction for the years 1999-2001 incorporated plans of broadening reduction activities of individual and social harm caused by drug abuse, including:

- needle and syringe exchange programs, distribution of condoms,
- milieu prevention programs addressed to users of psychoactive and psychotropic substances, who stay out of health care system.

In 2001 The National Bureau for Drug Prevention subsidized the following activities implemented by NGOs:

- needle and syringe exchange among opiate users and distribution of condoms among drug addicts,
- educational and therapeutic activities towards drug users, pregnant women, drug addicts and HIV positive persons (Informator Biura ds. Narkomanii na 2001 rok, 2000).

The criterion applied by the National Bureau was co-financing the programs by the local authorities with the resources allocated to health promotion and social security.

The harm reduction programs of 2001 were addressed to two different target groups: injecting drug users (mainly poppy straw extracts known as 'kompot') and incidental synthetic drug users (mainly ecstasy and amphetamines). These programs featured elements of prevention and education. They focused on reducing drug-related risky behavior, e.g. sharing needles and syringes, and reducing sexual risky behavior (condom distribution).

In 2001 NGOs running consultation points and employing street workers implemented 17 programs of needle and syringe exchange. The programs covered 7 763 drug addicts, which constitutes a

threefold increase in comparison with the year 2000 (Sprawozdanie Krajowego Biura do Spraw Przeciwdziałania Narkomanii z wykonania budżetu oraz zadań zleconych w 2001 roku, 2002).

Groups of street workers and consultation points workers also implemented 5 education programs. The programs were addressed to non-insured drug users. The educational activities aimed at stopping harmful practices of using psychoactive substances, advice on safe sexual behavior, reducing deaths as well as social and health problems among the recipients. New projects were drawn up, e.g. addressing youth experimenting with drugs at techno clubs and discotheques in Poznan.

Harm reduction programs do not have a long tradition in Poland. That is why the cooperation between different implementing bodies is not satisfactory. In most cases these are specialists from one organization that cooperate with one another in different regions of the country. They exchange information and experiences. Such a form is sufficient only in the case of large organizations, which cover the whole country. Attempts have been made to initiate cooperation between institutions dealing with the same groups of clients – social care, the police.

In 2001 the National Bureau for Drug Prevention financed salaries of street workers at PLN 285 000 equal to EUR 71 250. The equipment i.e. needles and syringes was purchased with the resources allocated by the local governments, regional health funds [kasy chorych] or international organizations. The programs were managed by the personnel specially trained in terms of first aid in case of consciousness losses, body overheating, epileptic fit or collapse, etc. The personnel often worked voluntarily.

Contrary to previous expectations harm reduction programs do not raise objections among professionals or the general public. They receive positive welcome in different social circles.

Description of interventions

Harm reduction programs in recreational facilities (discotheques, techno clubs) concentrate on educating youth experimenting with psychoactive substances in terms of reducing drug risk. In 2001 the first pilot program was launched by Sedno Society in Poznan. It therefore was not universally available.

In 2001 Monar Society issued an educational magazine addressed to drug addicts. It was distributed in several Polish cities in places visited by drug addicts i.e. by the centers of needle and syringe exchange programs and Monar centers. Another form of education were the activities of loss reduction due to drug use. They were implemented by the programs of needle and syringe exchange.

The work with addicts took place in allocated permanent places where needles and syringes were exchanged. Furthermore, Krakow program of needle and syringe exchange of Monar Society distributed sterile needles and syringes for a higher number of addicts by means of other persons reporting to the replacement point of injecting equipment.

The Act on Counteracting Drug Addiction as well as other statutes do not settle the issue of establishing facilities of safe drug use.

Forms of treatment

Drug free treatment and health care at national level

In 2001 and similarly in previous years, drug treatment programs were conducted in residential centers especially by non-governmental organizations – societies, foundations and associations. They were based on the model of therapeutic community understood as drug free environment. The aim of such treatment was the absolute elimination of psychoactive substance use. The programs of ambulatory treatment, less popular in Poland, aim at long-term drug abstinence as well. These programs feature individual and group therapy, also with a patient's family, and they focus on gaining mental readiness to change. They also aim at changing destructive relationships with an addict. The treatment priorities of the National Bureau for Drug Prevention, the agency responsible for formulating policy on drug prevention, were the following:

- specific short-term for drug users addicted to other substances than opiates administered intravenously,
- specific programs for persons suffering from profound immunosuppression,
- ambulatory treatment and rehabilitation programs for addicts (Informator Biura ds. Narkomanii na 2001 rok, 2000).

The National Bureau for Drug Prevention commissioned 43 programs in residential centers (approx. 1 500 patients), 2 day centers and 71 ambulatory clinics (Sprawozdanie Krajowego Biura do Spraw Przeciwdziałania Narkomanii z wykonania budżetu oraz zadań zleconych w 2001 roku, 2002).

In 2001 the rules of admission to treatment did not change. Treatment is voluntary, free of charge and universally available. The exceptions to the rule are the cases of family court divisions obliging minors to treatment and the possibility of having one's sentence for committing drug-related crime changed into treatment.

Patients, pursuant to the Act on Counteracting Drug Addiction (Section 14.6), could report to treatment in any center in the country, regardless of their place of residence and insurance in one of 16 health funds.

In 2001, similarly to years 1999-2000, the health care activities, apart from exceptions defined by separate regulations, pursuant to the Act on universal health insurance (Journal of Laws of 1997, No. 28, item 153), were financed by the Health Funds [Kasy Chorzych].

The costs of health services for non-insured drug addicts provided by non-public health care facilities were covered by the state budget (National Bureau for Drug Prevention) – 317 beds.

The Institute of Psychiatry and Neurology is concerned with monitoring treatment centers. Statistical data on treated patients are obtained from the mandatory documentation run, pursuant to relevant regulations, by non-public and independent health care facilities. The success evaluation of the programs was hindered by the lack of standards of treatment and rehabilitation conduct.

In 2001 4 cities (Warsaw, Poznan, Krakow, Gdansk) conducted research of the indicator of ambulatory treatment registrations according to EMCDDA standard.

Since no adequate education system is implemented, the staff providing health services still have limited possibilities of professional training. In 2001, the Covenant and Principles of specialist training program in drug addiction were being intensively worked on. They were approved and certified by the Minister of Health on 6 march 2002.

Substitution and maintenance programs

The year 2001 marked the establishment of the tenth substitution program.

By statute, substitution treatment was provided exclusively by public health care facilities on approval of the provincial governor acting in collaboration with the Minister of Health and Social Care. The regulation of the Minister of Health on substitution treatment specifically sets conditions to be met by a health care facility as well as provides the procedure of substitution treatment.

Polish substitution treatment programs are high-threshold programs. To qualify for the program an addict has to accept an element of control and has to undergo psycho-social therapy. Admission criteria to methadone programs have not changed. Persons who want to undergo substitution treatment must be over 21 years of age, be addicted to opiates for at least three years and show the multiple attempts of conventional treatment (drug free treatment) which were failures. They also must consent to personal data processing. Methadone is the substance used in all substitution treatment programs in Poland. It is administered in the form of liquid. The patients are obliged to take methadone in the presence of an authorized person.

In 2001 the National Bureau for Drug Prevention shared expenses in procurement of methadone for 10 public health care facilities running substitution treatment programs. Approximately 700 people were covered by this form of treatment, which constitutes 4% of the opiate population.

All the persons covered by the substitution treatment programs receive psychological assistance and, if there is a need, social one. Although substitution treatment programs are contracted exclusively with the public health care facilities, other forms of therapeutic activity can be conducted by non-public health care facilities and non-governmental organizations.

The evaluation of substitution treatment included the following projects: continuing treatment in methadone program by opiate addicts and elements influencing the length of the treatment; application of beta hexosaminidase in urine testing for alcohol abuse with opiate addicts participating in methadone programs.

After-care and reintegration

The National Program for Counteracting Drug Addiction for the years 1999-2001 assumed development of re-entry programs for persons completing the basic therapy in the form of hostel accommodation and re-entry apartments with offering psychological assistance and counselling.

By virtue of the Act of 24 April 1997 on Counteracting Drug Addiction – Section 14.5 non-governmental organizations could apply to the state budget for subsidies on the implementation of the following tasks:

- costs of hostels/ apartments maintenance for persons who successfully completed the basic therapy,
- therapeutic programs of post-hospital care featuring support groups, relapse prevention groups.

The necessity of organizing re-entry programs for addicts stems from the concept of addiction as disorder dominating the whole functioning of an individual, which demands long-term and diverse activities. The aim of post-rehabilitation programs was the assistance in full reintegration of persons who successfully completed the basic therapy into society. Apart from an apartment the program participants are offered therapeutic assistance (psychological consultations, relapse prevention groups, support groups), assistance in finding employment and schooling opportunities.

The conditions of participation in the program are set by the organization implementing such a program. However, the absolute criterion of admission into a re-entry program is total abstinence from drugs. The remaining conditions are the following: graduation from addiction treatment, individual family and social situation, etc.

Polish post-rehabilitation programs are implemented mainly by non-governmental organizations and they are subsidized from the state budget and resources of the local authorities. In 2001 the programs were conducted in 12 centers (10 societies and 2 public health care facilities). They covered the functioning of 17 hostels and 36 re-entry apartments. 279 persons were referred to these hostels or apartments. 229 persons graduated from the post-rehabilitation program and 32 persons stayed in a hostel or re-entry apartment for more than a year (Sprawozdanie Krajowego Biura do Spraw Przeciwdziałania Narkomanii z wykonania budżetu oraz zadań zleconych w 2001 roku, 2002).

Interventions in the Criminal Justice System

Assistance to drug users in prisons

- medical (detoxification, drug substitution)

If an inmate requires detoxification treatment, he or she is sent to the appropriate ward within the prison health service structures. If it does not require all-day hospitalization, detoxification takes place in the prison ambulatory.

The detoxification is conducted in police custody and prison ambulatories as well as detoxification wards of prison hospitals. Addicts stay at the ward about one month. In 2001 the detoxification in prison hospitals was conducted on 996 convicts (the figures comprise both detoxified alcohol-dependent convicts and detoxified drug addicts).

- drug-free programs

In 2001 the penitentiaries housed 10 specialized therapeutic wards with the total capacity of 361 beds. In 2001, 760 convicts were treated there. The basis for referring a convict to the therapeutic ward is the diagnosis of a psychologist or psychiatrist. The treatment covers convicts on a voluntary basis and if there is no such agreement, the treatment is decided by the penitentiary court.

The total number of inmates in 2001 reached 82 000. The therapeutic programs are based on so called Minnesota Model and their chief objective is to change the convict's attitudes and behavior so that he or she would be able to live life free of drugs. The programs include communicating knowledge and training skills of counteracting relapses.

- self-help groups

The self-help activities are underdeveloped. 20 police custody facilities and penitentiaries ran groups for Anonymous Drug Addicts (ADA) in cooperation with NGOs and church organizations.

- HIV/Hepatitis prevention (needles and syringe exchange)

The police custody facilities did not run substitution treatment programs or programs of needle and syringe exchange.

In 2001 the police custody facilities housed:

- 431 HIV positive inmates (including 28 new cases),
- 30 individuals diagnosed with AIDS.

Alternatives to prison for a drug addict

A drug addict convicted of a drug-related crime, whose sentence has been suspended, can be referred by the court to undergo treatment in an relevant rehab center. In the case of a convict sentenced to a term in prison without the suspended sentence he or she can be put in a treatment center prior to serving his or her time. After the treatment is completed treatment, the court decides whether the sentence of imprisonment should be served.

Evaluation and training

Statistics and research

In 2001 surveys were conducted with the aim of estimating the scale and character of drug problem within penitentiaries and police custody facilities as well as monitoring assistance system within the

prison system. In 2001 a report was presented. It included the survey results of a representative sample of inmates with the emphasis put on drug use both before and during imprisonment. The survey was conducted in the form of a questionnaire-type interview. The interviewers were the persons from outside the prison system whereas the interviewees were all the prisoners i.e. both the inmates of penitentiaries and the ones remanded in custody. The survey excluded the most dangerous criminals who require special security measures. The survey consisted of two stages. At the first one a penitentiary was chosen by lot. Then in the chosen penitentiaries the inmates were randomly chosen. The number of respondents was proportional to the size of a penitentiary. Thus any inmate had an equal chance of being qualified for the sample, regardless of the size of a penitentiary. The procedure of the lot assumed a balanced sample distribution within the country. The Central Board of Prison Service provided a list of the penitentiaries and the numbers of inmates. The sample comprised 1 270 inmates from 38 penitentiaries. 1 189 questionnaires were completed. 81 persons (6.4%) refused to take part in the survey.

The interviews showed that:

- The penitentiaries house a considerable number of inmates who prior to their conviction could be considered as the occasional drug users – they make up 19.5% of all the inmates. In the age group between 17 and 24 years this indicator slightly exceeds 30%,
- The persons who occasionally used drugs prior to conviction prevailed among: the young people (up to 24 years of age), school and college students or the unemployed, city dwellers – especially from big cities, inmates convicted of drug-related crimes or the ones with previous experiences of the prison system, particularly in custody. Socio-demographic profile of an imprisoned occasional drug user normally does not differ from the profile obtained as result of the survey on the general population,
- The most popular drug prior to conviction was cannabis, similarly to the general population or the school youth. However, the prison drug users demonstrate higher prevalence of substances stimulating the nervous system such as amphetamines, ecstasy, cocaine,
- Prior to conviction the subjects used drugs in a way causing more social harm than it happens within the general population,
- Drug use distribution among inmates within a penitentiary is considerable – 22,5% of all the inmates have such experiences. This indicator exceeds 33% in the case of 20-24 -year-old inmates,
- The substances used during incarceration include tranquilizers and sleeping pills with no doctor's prescription, cannabis and amphetamines. In the majority of cases the inmates' experiences with drugs are of an incidental nature. Injecting drug use in a penitentiary was confirmed among 3.3% of all the inmates, including 1% who admitted to using shared needles and syringes,
- Using drugs in a penitentiary is related to young age, current drug criminality, prior convictions of non-drug-related crimes, living in a city – especially a big one, long-term sentence of imprisonment,

- According to the researchers' opinions and experiences drugs in penitentiaries are available even to a greater extent than also prohibited alcohol,
- The risk of being exposed to drug offers is determined by the same set of factors that are adopted in the case of using drugs in a penitentiary, the only difference is that instead of prior convictions what matters is previous imprisonment in a penitentiary but only on an arrest basis.

PART IV

KEY ISSUES

Demand reduction expenditure on drugs.

All the sums are given in EURO according to the exchange rate EURO 1 = PLN 4

This chapter was prepared following the survey of 'Estimate of social cost of illicit drug problem in Poland' launched by The National Bureau for Drug Prevention and commissioned by the Pompidou Group. It was the first attempt at calculating the social cost of drug addiction in Poland. In this chapter we try to show broader aspect (both supply and demand reduction) of the expenditure on drug problem in Poland in the year 2000.

As it was mentioned, the calculation of social costs of drug addiction was initiated at the commission of the Pompidou Group (Council of Europe). It was conducted within a pilot program aimed at testing the handbook by Prof. Pierre Kopp from France. Poland was chosen for conducting this task as it gave the opportunity to test the book's methodology in the environment of the Central and Eastern Europe. Our country belongs to the few in the region having enough epidemiological data necessary for carrying out such an estimate.

The project was implemented with the assistance of Prof. Kopp as a consultant and the support of the National Bureau for Drug Prevention.

METHODOLOGY

Calculating social costs of drug problem was carried out by means of 'cost-of-illness - COI' method. In contrast to the competitive method of cost-benefit, the analysis covers just the costs and ignores the alternative benefits resulting from using drugs. The underlying assumption of the adopted method is the full allocation of the resources. According to this model all the existing resources are engaged in the production of goods and services. Moreover, full exploitation of the allocated resources aimed at minimizing costs in line with constant profit is assumed. In our case it means that all the financial resources involved in drug problem would be directed into another activity if drug problem did not exist. The calculation is based on the counterfactual scenario assuming that drugs and drug-related problems do not exist and the demand for them is directed at consumption of other no-harm-doing goods. Consequently, the resources allocated to preventing drug addiction would otherwise be fully used up. That is the sense of the counterfactual scenario.

The calculation covered both public and private expenditure. The public expenditure was defined as the spending of all institutions on reacting to drug problem, both in drug demand reduction and supply reduction. The calculation included the expenditure of such ministries as Health, Education, Justice,

Internal Affairs, Labor and Social Affairs, Agriculture as well as institutions such as health funds [kasy chorych] and the local authorities both provincial [województwa] and communal [gminy]. The output data for calculation involved three types of budgets – the central budget (expenditure of the ministries), budgets of the local authorities and budgets of the health funds.

The public expenditure was determined by referring to the parts attributable to reacting to drug problem. In some cases this part could be extracted directly from the budget of a given institution, however in the majority of cases such an extraction proved impossible and estimating was the only procedure. As it was mentioned the said estimate was carried out in response to the question of – how much less a given institution would have spent if the drug problem had not existed. The rationale behind determining the expenditure attributable to drug problem was the following. First, the most adequate indicator of the activity of a given institution was sought i.e. the one which allowed determining the actions taken in the field of drug problem as well as the actions in terms of the labor-intensiveness and its standardization. For instance, in the case of the law-enforcement agencies the indicator may be the number of drug-related crimes whereas in the case of prevention institutions it may be numbers of programs or preventive materials that relate specifically to drug prevention. Then it was assumed that the scale of the drug problem actions of an institution reflected the scale of the expenditure involved. Such an assumption does not always have to be fulfilled, however it seems to provide an approximate estimate of the expenditure.

The private expenditure cover the costs borne by drug addicts and their parents in relation to drug problem, productivity losses due to addiction or another directly related disease as well as drug-related premature death.

RESULTS

The total cost of drug problem in Poland was estimated at EURO 100 million. This amount constitutes 0.06% of Poland's GDP. The total costs converted per capita equal 2.63 EURO. In Western Europe, America and Australia, where similar studies were conducted, the drug expenditure made up higher percentage of GDP and was higher *per capita*. Relatively low costs of drug problem in Poland compared to other countries apparently result from the narrower prevalence of the phenomenon but also from other factors identifiable after the cost structure analysis.

The total cost is made up of the private costs of EURO 49 mln and the public expenditure of EUR 52 mln. The share of the private costs is slightly lower than that of the public ones. It can therefore be assumed that the economic consequences of drug problem are similar both in the private and national field.

The structure of the private costs comprises lost income due to premature death, illness or serving a prison sentence, private spending on treatment, legal advice and costs of fines. This is shown in Table 1.

Table 24. Private costs structure

Categories:	EURO (in thousand)
Income losses due to premature death	28 361
Income losses due to illness (drug addiction)	12 175
Income losses due to serving a prison sentence	1 988
Drug treatment costs	2 440
Medication costs of drug treatment and related diseases	1 028
Legal advice costs	1 698
Costs of fines	965
Total	48 655

The highest position within the private costs structure was taken by the income lost due to premature death. A significant position is taken by the analogous cost category of drug-related illness. The lower productivity losses due to incarceration rather than illness are the outcome of the low-repression approach to drug problem. In 2000, which this estimate covers, the strict criminal code regulations introduced at the end of that year were not binding (penalizing people who possess even a small amount of an illicit drug). It can be presumed that consistent enforcing the new penal regulations would considerably change the whole picture.

The public costs are made up of the expenditure incurred from the collective consumption fund [fundusz spozycia zbiorowego] on treatment and rehabilitation of drug addiction, treatment and prevention of HIV among injecting drug users, drug prevention, drug-related social care, investigating and punishing drug-related crime as well as other activities, for example research. The costs structure is shown in Table 2.

Table 25. Public costs structure

Categories:	EURO (in thousand)
Drug treatment and rehabilitation	11 885
HIV/AIDS treatment and prevention among drug addicts	2 239
Drug prevention	7 952
Social care provided for drug addicts and their families	1 357
Investigating and punishing drug-related crime	28 180
Other	217
Total	51 830

The highest position within the public costs structure was taken by the expenditure on combating drug-related crime. They include the expenditure of the law-enforcement agencies and the administration of justice. This expenditure is more than twice as high as the expenditure on drug treatment and rehabilitation which takes the second position. Treatment and rehabilitation is financed chiefly by the health funds [kasy chorych], however a certain share is covered by the Ministry of Health. Prevention costs are placed third on the expenditure ranking. They are covered chiefly by the Ministry of Health but also by the Ministry of Education as well as the provincial and communal authorities. It is worth noting that the expenditure on treatment considerably exceeds the expenditure on prevention, which is in contradiction to the popular thesis that it is more effective to prevent social or health problems rather than mitigate their effects. The very low position is occupied by the expenditure on social care for drug addicts and their families. It should be borne in mind that drug addiction is very closely connected with marginalization and social elimination. Such a poor financial involvement of the social care sector in reacting to drug problem seems to hinder re-entry into society after completing treatment.

From the perspective of the drug policy, the expenditure division into the drug supply-related costs and the drug demand-related costs is an important criterion of the expenditure structure analysis (Table 3).

The demand reduction costs cover the expenditure on drug treatment, broadly understood illicit substance prevention (e.g. social campaigns, prevention programs addressed to risk groups, publications, training courses), anti-retroviral medicines for HIV-positive drug addicts, harm reduction programs (methadone procurement, needle and syringe exchange) as well as the social care services.

The drug supply reduction costs result from the activities of the police, public prosecutor's office, courts, penitentiaries, customs services, border guards, military police as well as the Office of Public Protection. Generally these activities concentrate on combating drug-related crime and blocking the inflow of narcotics from abroad.

Table 26. Public expenditure on drug demand and supply reduction

Categories:	EURO (in thousand)	%
Drug demand reduction	23 527	45,4
Drug supply reduction	28 304	54,6
Total	51 831	100,0

The results obtained show that the expenditure on demand and supply reduction strike a certain balance. Although the share of the supply reduction expenditure is higher, the discrepancy is not wide. It means that the approach of drug addiction as a disease requiring treatment has been deeply rooted in the process of applying strategies to combat drug problem. A number of important details require further corrections, quality improvements of adopted measures, reflections on the effectiveness of the

implemented strategies. Nevertheless, the statement that drug addiction and its consequences are being considered in Poland from the public health perspective seems to be corroborated by the above results. It should be added that in many countries the expenditure structures feature the domination of the supply reduction costs.

The results of a number of foreign studies show that the strategy aimed at drug supply reduction is particularly costly and that it is more expensive than the demand reduction. The British studies demonstrated that investing one pound sterling into drug treatment saves three pounds which would otherwise be spent on combating criminal behavior of drug addicts as well as the criminal justice system. Similar conclusions were drawn following the American study conducted in 1991 by the National Institute for Drug Addiction. It can be illustrated by the fact that drug treatment of an opiate addict within the prison system amounts to USD 43 000, whereas the same treatment in rehabilitation center was estimated at USD 11 000.

A significant economic criterion of the public expenditure analysis is the source of financing. (Table 4).

Table 27. Financing sources of the public expenditure

Categories:	EURO (in thousand)	%
Central budget	38 311	73,9
Budgets of regional and local authorities	4 860	9,4
Health insurance fund [fundusz ubezpieczen zdrowotnych]	8 661	16,7
Total	51 832	100,0

The highest expenditure is incurred by the central budget whose share in the total spending amounted to 73.9%. The budgetary spending includes the costs of the relevant ministries both in the field of supply and demand reduction. It is worth noting that the budgetary spending on drug problem make up less than 0.01% of the entire budget. Although it is the central budget that bears the highest costs of drug problem, the costs are not substantially cumbersome. It happens so because the very problem is relatively insignificant and despite its noticeable existence it does not belong to the state's priorities.

Next source of the public expenditure in terms of the position in the cost hierarchy is represented by the health funds [kasy chorych]. Their share of 16.7% was equal to EUR 8 661 thousand. Since the expenditure on treatment can be underestimated, the actual share of the health funds is likely to be higher. This part almost solely features the estimates of drug treatment (in line with ICD 10, diagnoses F11-F16, F17, F18) of persons covered by social security. It should be noted that due to data

shortages, the treatment costs of the diseases caused directly by drug use could not be calculated. The example is hepatitis contracted by injection.

The smallest share in the overall amount of expenditure was incurred by the local authorities; its level of 9.4% corresponded to EUR 4 860 thousand. The tasks implemented by the local authorities in the field of drug problem are of the statutory nature. They include social care as well as drug prevention activities specified by the Act on Counteracting Drug Addiction.

Similarly worrying conclusions can be drawn after juxtaposing the expenditure on drug prevention by the local governments and the central administration. This goal absorbed EURO 4 170 thousand of the local spending in comparison to EUR 3 736 thousand disbursed by the central government, including EUR

3 098 thousand by the Ministry of Health. In the county based municipalities [miasta-powiaty grodzkie] the average spending was at EUR 24 thousand, in the regular municipalities it was EUR 6 300, in the rural-civic communes [gminy wiejsko-miejskie] it was EUR 750 and in the rural communes [gminy wiejskie] it was EUR 1 750. Assuming that drug problem usually concerns cities, not necessarily the biggest ones, the obtained data show the insufficient financial involvement of the authorities into solving the problem. The status quo is further fossilized by the country's legal system which does not provide for any sources of financing the local governments' actions in this area. It seems that the solution which could lead to increased and more rational spending on drug prevention is amending law by providing a base for financing prevention at the local level. The commune [gmina] seems to be the optimal area of working out and implementing prevention strategies. It warrants that the planned actions will correspond to the actual needs of the local community.

Juxtaposing the expenditure on HIV/AIDS prevention addressed to injecting drug users (needle and syringe exchange programs as well as methadone procurement in substitution treatment) with the actual treatment costs deserves attention. The expenditure on HIV/AIDS prevention among drug addicts was at 1.1% of the total amount (i.e. EUR 274 thousand) whereas the procurement of anti-retroviral drugs absorbed EUR 2 080 thousand, i.e. 8.5% of the overall expenditure. The success of needle and syringe exchange programs as well as substitution treatment in HIV infection rate reduction is well-documented by both Polish and foreign studies. Social and health harm reduction related to drug use conducted by means of these methods is indisputable and internationally accepted. The Polish study carried out in 1996 demonstrated that there is a statistical interdependence between a number of distributed clean needles per drug addict with a number of new HIV infections. For example, in 1995 distributing 25 needles per drug addict on average, led to one infection fewer. The cost-effectiveness of such a strategy seems to be obvious. By analogy, the same economic values pertain to substitution treatment programs. Their effects of drug-related crime reduction and HIV infection rate decrease have been corroborated by a number of studies. The expenditure on methadone, in Poland used as an opiate substitute, makes up 1.5% of the total expenditures. In 2000 only 700 patients nationally participated in methadone substitution programs.

They make up merely a small percentage of the estimated number of opiate addicts in Poland. An average daily cost of methadone treatment is EUR 6.3 while an average daily incarceration cost reaches EUR 12. These data should be instrumental in formulating policy on drug prevention. The more so because the range of substitution treatment programs in the majority of the European countries is much wider, in some countries it reaches 70% of the estimated opiate population. Including more drug addicts into a number of substitution programs is well-grounded, both ethically and economically.

SUMMARY

Contrary to common opinions, drug problem is not so cost-consuming, at least in the field of the public expenditure. Although most of the public expenditures are incurred by the state's budget, they constitute an insignificant fraction. The problem of the public expenditure should be viewed not only from the perspective of the burden to society but also as the indicator of the capacity to tackle it. In light of the studies mentioned in this estimate the efforts aimed at the containment of drug problem do not seem to be very impressive, at least in the financial dimension.

Another important issue, apart from the amount of the expenditure, is its allocation. In accordance with the estimate's outcome there should be a shift of the resources towards drug demand reduction and particularly harm reduction. These areas seem to be especially underinvested.

The dominance of the state's budget in bearing the costs generated by drug addiction together with the local character of the most promising measures, i.e. prevention and harm reduction is suggestive of reinforcing the role of local and regional governments in combating drug problem. Such reinforcement can be effected by establishing the financing mechanism of raising funds at the local government level.

KEY ISSUE

Drug and alcohol use among youth aged 12-18

Demand and harm reduction responses

a) Prevention programs and campaigns

As it has already been mentioned in Section 9 on Prevention, there are various prevention programs conducted in Poland, both in schools and local communities. Their number has dramatically increased, however not all of them meet the standards set by the Ministry of Education.

Demand reduction involve a series of information campaigns both regionally and nationally. The example of a nationwide campaign can be “Find time for your child” campaign launched by the national Bureau for Drug Prevention and overviewed in Section 9.

Nationwide campaigns are also organized by the National AIDS Center, the State Agency for Prevention of Alcohol Related Problems [PARPA] and the Chancellery of the President of the Republic of Poland. Overviews of the campaigns of the above institutions are presented below.

1. State Agency for Prevention of Alcohol Related Problems

A nationwide prevention and education campaign under slogan “Don’t poison yourself!” was initiated by the Parliamentary Health Commission, the State Agency for Prevention of Alcohol Related Problems and the Institute of Oncology. It is first such a project addressed to youth in which the implementers attempt to draw young people’s attention not only to health and social harms caused by drinking alcohol and smoking cigarettes but also to the risk of the presence of such substances in their daily lives and their “chemical nature”.

The organizers several debates with young people before launching the campaign. They featured discussions on the form and content of the materials prepared for “Don’t poison yourself” campaign. The characters of the TV clips and the basic messages were discussed.

The core of the campaign was convincing young people that alcohol and tobacco, so often associated with you and entertainment, can be the source of personal problems and family tragedies.

The campaign is addressed to school youth of all the upper primary schools [gimnazja] in Poland.

2. Chancellery of the President of the Republic of Poland

The national inter-university covenant “Drug free university” was implemented under the patronage of Barbara Labuda, Minister in the Chancellery of the President of the RP. The project promoted the idea of drug prevention in academic circles and facilitated cooperation and integration of university environments. 3day Conference for 70 active students from all over Poland inaugurated the program. The conference featured signing Anti-drug Declaration in the Presidential palace.

3. National AIDS Center

In 2001 a nationwide campaign addressed to women under slogan “Don’t give AIDS a chance – be responsible” was launched. HIV rate among women is still on the increase, often due to sexual contacts. The campaign aimed at making women realize the importance of avoiding risky sexual behavior and having HIV tests when it comes to such contacts. The campaign’s goal was gaining social acceptance for the persons taking tests.

- b) Specific harm reduction interventions at parties, techno clubs, including experimental pill use

In 2001 the first harm reduction program in recreational places was launched. It assumed reaching an increasing number of incidental drug users following new trends of use (ecstasy, amphetamines, hallucinogenic substances) with an educational message of harm reduction. The program aimed at reducing risk of direct health harm due to drug use. Another objective was improving quality of public health. The program covered informative and educational actions in pubs and discotheques, providing ecstasy users with bottled water, informing on different forms of assistance to drug users, distribution of leaflets. The actions were to raise the awareness of drug users in terms of the used substances and the use consequences. They involved changing youth attitudes in relation to drugs and sexual behavior.

The program emphasized cooperation with the police and owners of discotheques. Special training sessions on drug problem were held for these groups.

Social exclusion and reintegration.

Political issues and re-entry programs

c) Elements of treatment focusing

The most dominant drug treatment model in Poland is a therapeutic community whose assumption is rebuilding satisfactory social relations. Persons who completed the basic stage of treatment in a residential unit have a possibility of participation in a re-entry program. Such programs involve running hostels, re-entry apartments or ambulatory centers. All of them provide their patients with psychological assistance (individual and group therapy), apartment, schooling possibilities, help in finding employment or legal advice. The above actions aim at preparing patients for taking on concrete social roles.

The high-threshold methadone programs assume reintegration of a patient into society. To qualify for the program an addict has to accept an element of control and undergo psycho-social therapy whose aim is reintegration into society.

d) Evaluation results

No evaluations of re-entry programs have been conducted so far. The reason is lack of funds – evaluation would make up about 15% of the program's costs. There is also no methodological standards defining success criteria. The implementers of re-entry programs plan conducting surveys of their charges at admission to the program and during the last stage of reintegration by means of a questionnaire. This method will allow evaluation of changes that have taken place in attitude and social condition of program participants.

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