



Poland

Poland Drug Report 2018



This report presents the top-level overview of the drug phenomenon in Poland, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

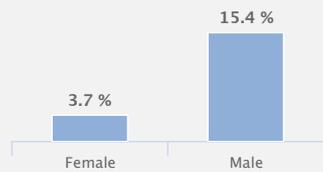
THE DRUG PROBLEM IN POLAND AT A GLANCE

Drug use

"in young adults (15-34 years) in the last year"

Cannabis

9.8 %



Other drugs

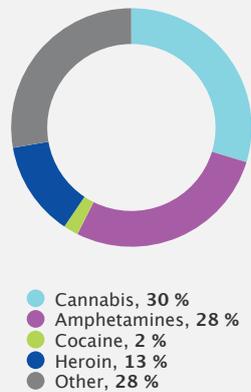
MDMA	0.9 %
Amphetamines	0.4 %
Cocaine	0.4 %

High-risk opioid users

14 664
(10 915 - 18 412)

Treatment entrants

by primary drug



Opioid substitution treatment clients

2 564

Syringes distributed

through specialised programmes

53 028

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

31 008

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Herbal cannabis
2. Amphetamines
3. Cocaine
4. MDMA
5. Cannabis resin

Population

(15-64 years)

26 198 877

Source: EUROSTAT Extracted on: 18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

National drug strategy and coordination

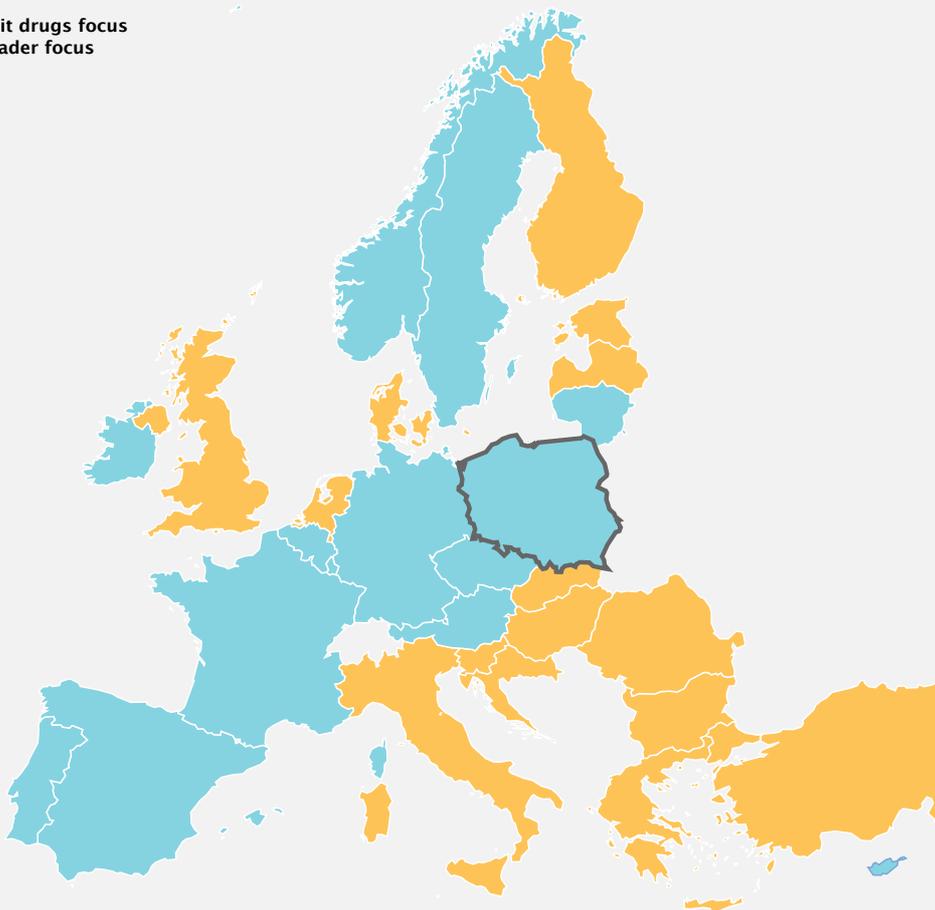
National drug strategy

Adopted in 2016, Poland's National Health Programme has a five-year timeframe; it takes a comprehensive approach to public health issues and functions as the national drug and drug addiction strategy. Its second objective defines the scope of the strategy as 'prevention and problem solving in relation to substance use, behavioural addictions and other risky behaviours'. The extension of the approach and the measures set out under the 2005 Act on Counteracting Drug Addiction and the National Programme for Counteracting Drug Addiction support the National Health Programme's objectives. The National Health Programme is similar to the National Programme for Counteracting Drug Addiction (2011-16), which it supersedes. The National Programme for Counteracting Drug Addiction has five pillars: (i) prevention; (ii) treatment, rehabilitation, harm reduction and social reintegration; (iii) supply reduction; (iv) international cooperation; and (v) research and monitoring. It has been extended to implement the National Health Programme, which is also supported by three other strategies. These are the National Programme for Resolving and Preventing Alcohol-Related Problems, the National Programme for Combatting Health Consequences of Using Tobacco and Related Products and the Behavioural Addictions Strategy.

As in other European countries, Poland evaluates its drug policy and strategy through ongoing indicator monitoring and specific research projects. In 2014, an internal mid-term evaluation of the first three years of the implementation of the National Programme for Counteracting Drug Addiction (2011-16) was completed.

Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

The Council for Counteracting Drug Addiction monitors and coordinates government action against drugs, advises the Minister of Health, monitors the drug strategy's implementation and cooperates with the bodies undertaking its actions. It consists of representatives from all relevant ministries. The National Bureau for Drug Prevention is a state budget unit subordinated to the Ministry of Health and is responsible for coordinating the implementation of the National Programme for Counteracting Drug Addiction and for the preparation of an annual report on the state of its implementation. Its activities also include setting priorities in the field of drug

prevention. The secretariat of the Council for Counteracting Drug Addiction is located in the National Bureau for Drug Prevention. Provincial drug coordinators are responsible for the coordination of regional drug policies and the implementation of regional strategies that are legally required to be in line with the programme and action plan.

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy.

In Poland, drug-related public expenditure was first reported in 2012. The amounts reported include estimates for the funding of all non-governmental organisations that deal with demand reduction.

In addition, while monitoring the implementation of the National Anti-Drug Strategy, central and local governments have been asked to report spending on drug reduction initiatives. Based on this data collection exercise, which was incomplete and not fully comparable, drug-related expenditure was estimated at around EUR 25.8 million and EUR 35.5 million in 2014 and 2015, respectively, which represents 0.01 % of gross domestic product (GDP) each year.

Drug laws and drug law offences

National drug laws

Drug possession and supply in Poland is regulated by the Act on Counteracting Drug Addiction of 29 July 2005. Any drug possession, even possession of a small amount for personal use, is penalised by up to three years' imprisonment. In minor cases, the offender can be fined or ordered to serve a sentence involving the limitation of liberty or deprivation of liberty for up to one year. Article 62(a), which came into force in 2011, gives the prosecutor and the judge the option to discontinue criminal procedures if individuals are caught in possession of small amounts of narcotic drugs or psychotropic substances for private use.

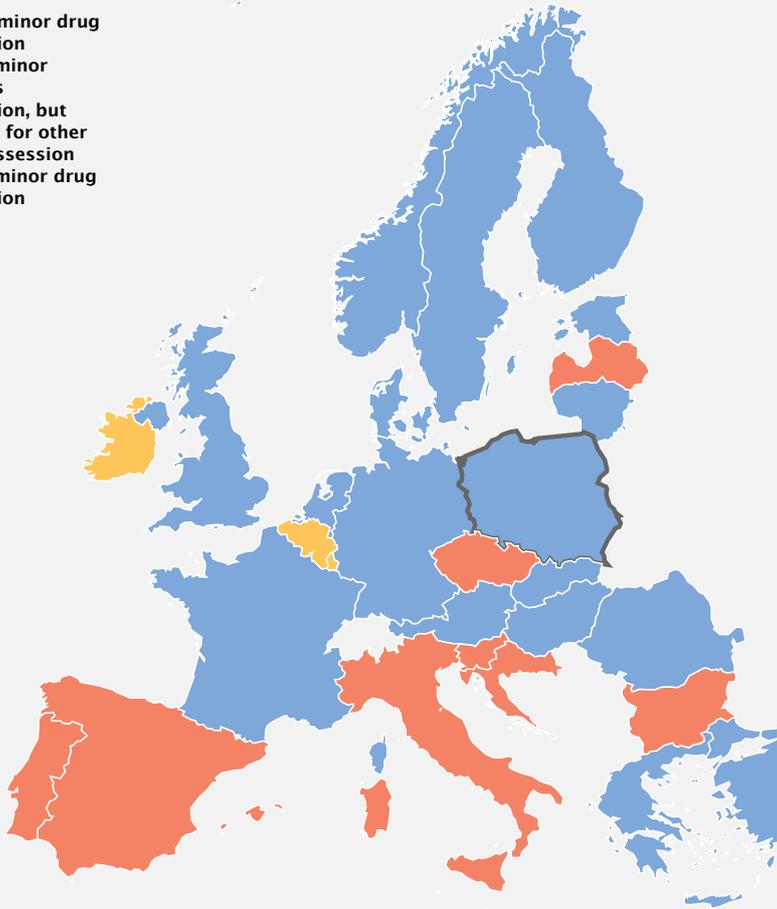
The court may, however, decide to compel a sentenced drug user to undergo treatment. The Polish drug law implements the 'treat rather than punish' principle. Article 72 allows proceedings to be suspended while an offender is in treatment, and Article 73(a) allows for breaks in a sentence while an individual is in treatment.

Trafficking of drugs is penalised by a fine and imprisonment for between six months and 12 years, depending on the gravity of the offence, the amount of drugs, and whether or not the objective was to make a profit. In the case of a minor offence, the perpetrator may be fined, subject to the limitation of liberty, or imprisoned for a maximum of one year. In cases where the amount of drugs is substantial, the perpetrator may be imprisoned for up to 12 years. In 2010, Poland passed a law to penalise the supply of any unauthorised psychoactive substance, as enforced by the State Sanitary Inspectorate. This was revised in 2015 to include a list in a Ministry of Health regulation of those substances declared to be psychoactive. The list is regularly updated.

In 2017, updates to the Act on Counteracting Drug Addiction came into force, which provide a legal basis for introducing access to (imported) medicinal cannabis upon prescription.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

Drug law offences

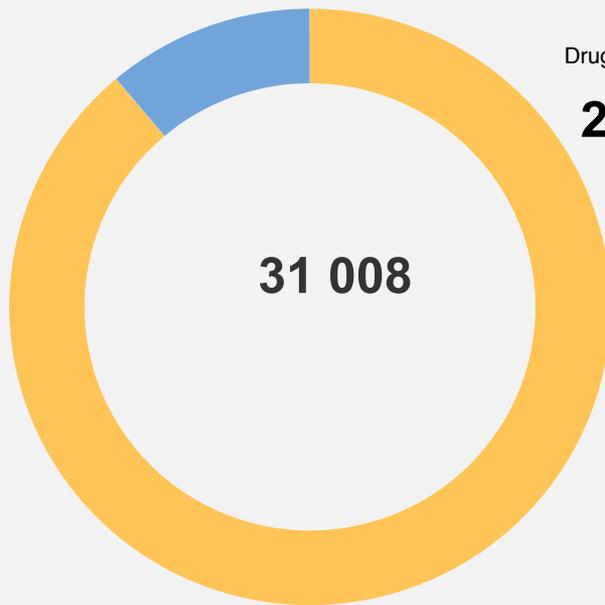
Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The majority of DLOs in Poland that were reported in 2016 were for possession. A large increase in the number of DLOs was recorded between 2009 and 2016.

Reported drug law offences and offenders in Poland

NB: Year of data 2016.

Drug law offences



Drug law offenders

29 399

● Use/possession, 27460
● Supply, 3444

Drug use

Prevalence and trends

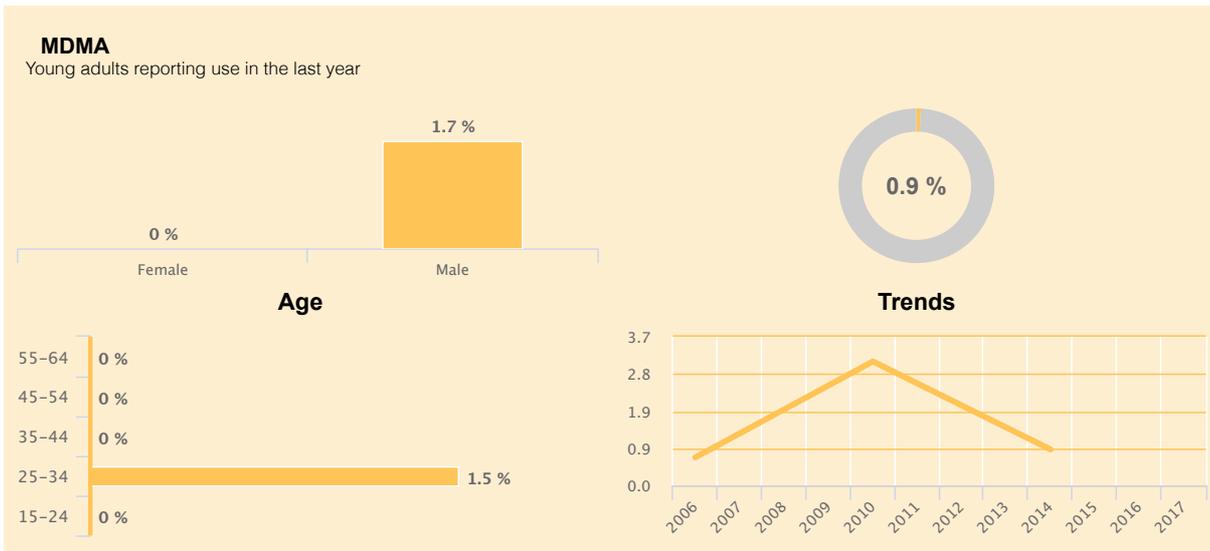
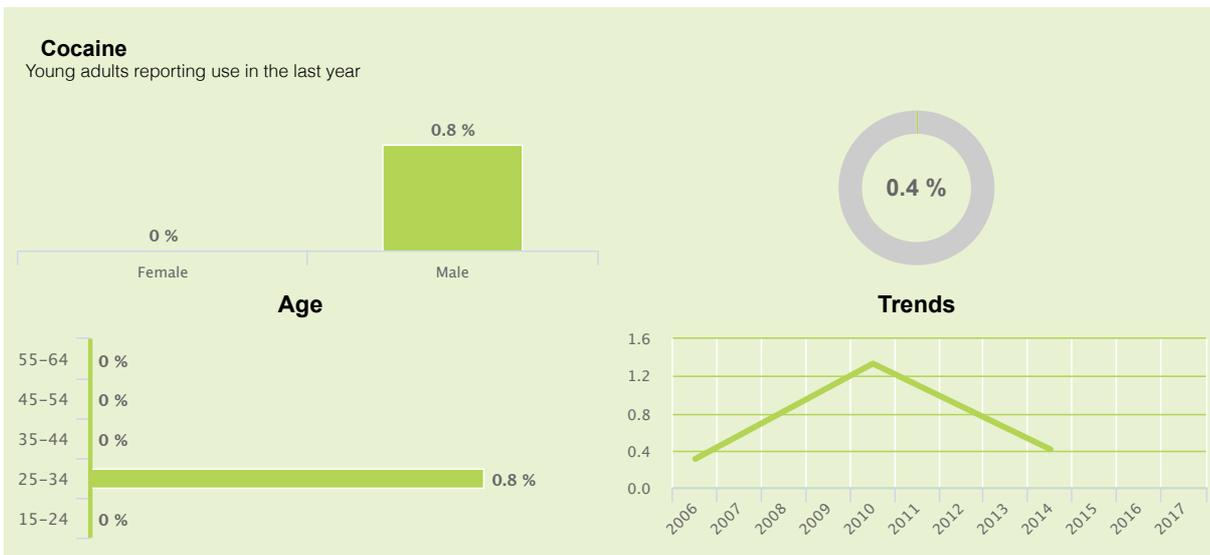
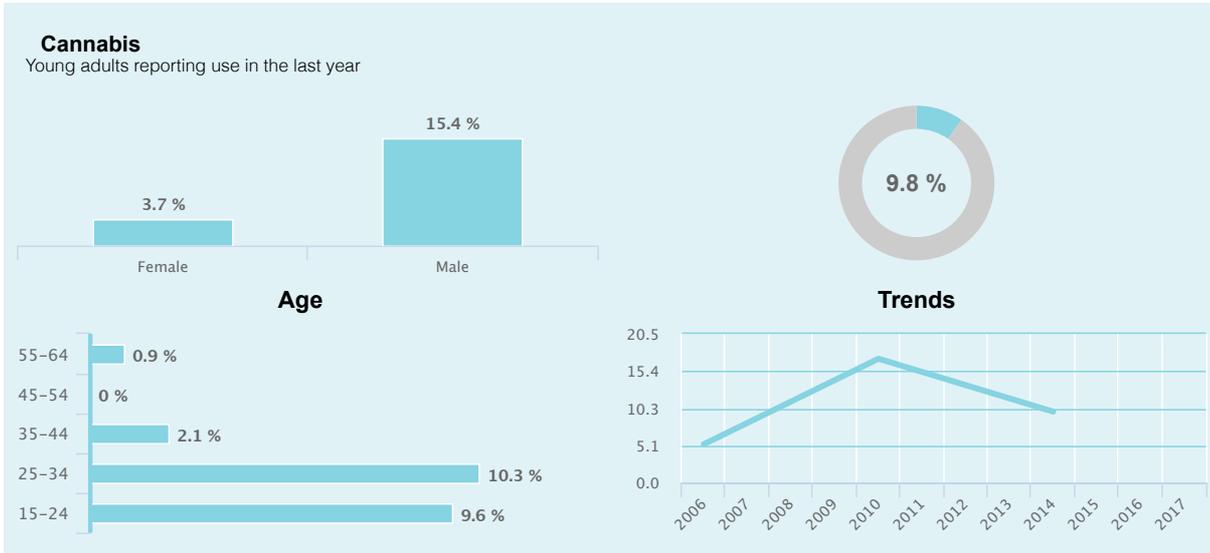
In Poland, cannabis is the most commonly used illicit substance among the general population, followed by MDMA/ecstasy, amphetamines and cocaine. Drug use is concentrated among young adults, with those aged 25-34 years being more likely than younger or older adults to report using an illicit substance during the last year. In general, males are more likely than females to report the use of drugs.

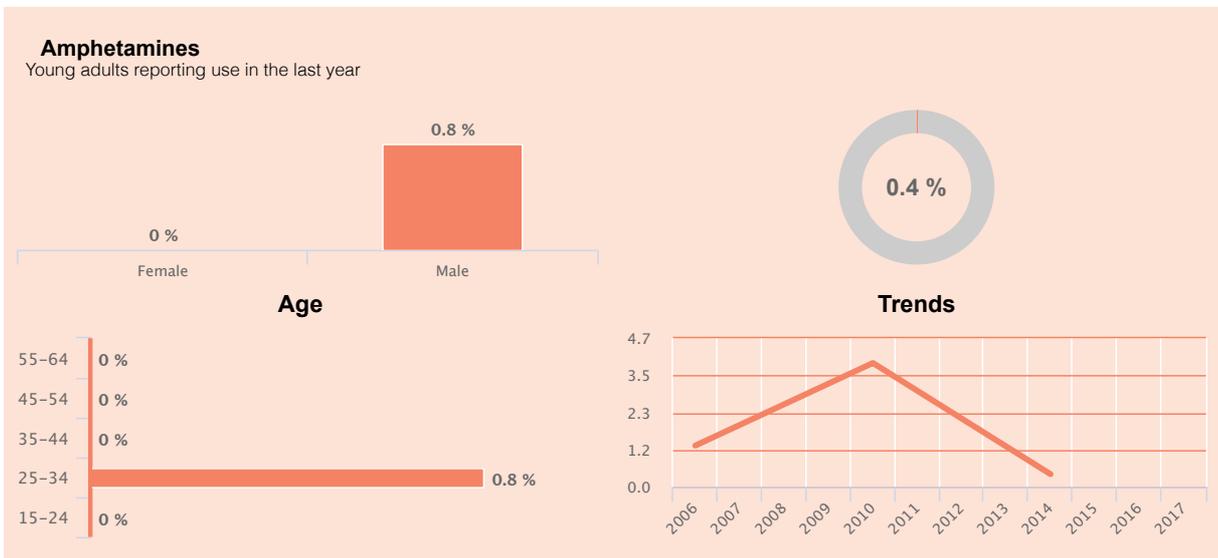
In 2014, 1 in 10 young adults aged 15-34 years reported using cannabis in the last year. The prevalence of cannabis use increased between surveys carried out in 2006 and 2014.

Lifetime use of new psychoactive substances (NPS) among 15- to 64-year-olds was low in 2014, at 2.2 %.

Krakow participates in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. In 2016, amphetamine was the most prevalent target drug residue measured in wastewater in Krakow. The levels of metabolites of methamphetamine, cocaine and MDMA detected in wastewater were low, indicating limited use of these substances in Krakow.

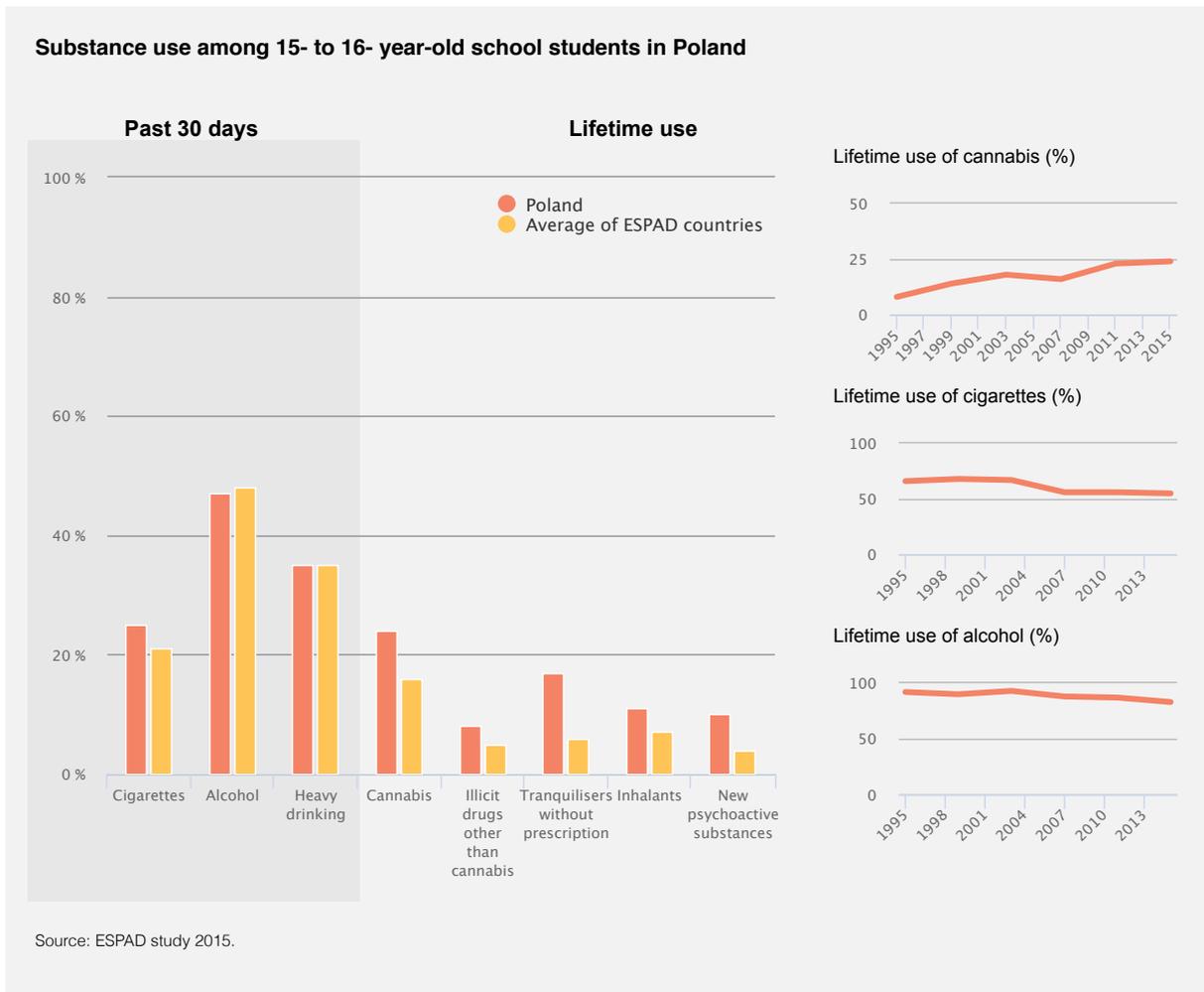
Estimates of last-year drug use among young adults (15-34 years) in Poland





NB: Estimated last-year prevalence of drug use in 2014.

The most recent data on drug use among students come from the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). In 2015, the proportion of Polish students reporting lifetime use of all categories of drugs (cannabis, NPS and illicit substances other than cannabis) was higher than the European average (based on data from 35 countries). Use of alcohol in the last 30 days and heavy episodic drinking were around the European average and use of cigarettes in the last 30 days was slightly higher than average. The long-term analysis shows that cannabis use tripled between 1995 and 2015, while lifetime use of alcohol and cigarettes decreased over the same period.



High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

The most recent estimate of the number of high-risk opioid users in Poland was based on 2013 treatment data and nominations from the 2015 population survey (using a multiplier method). It was estimated that there were around 14 670 high-risk opioid users. A survey in 2014-15 based on the Severity of Dependence Scale and the Problem Cannabis Use screening test reported a prevalence of high-risk cannabis use among 15- to 64-year-olds ranging from 0.2 % to 0.3 % and estimated that the number of high-risk cannabis users in Poland at that time was between 54 000 and 108 000.

Data from specialised treatment centres are based on a recently developed reporting system that includes fewer than half of the specialised treatment centres in the country. Trend analysis is also heavily affected by the rapid expansion of the data coverage. Based on the available data, cannabis was the most commonly reported primary substance for first-time clients entering treatment during 2016, followed by amphetamines. Approximately one in five clients entering treatment was female, although females account for a smaller proportion of those entering treatment for primary cannabis use.

National estimates of last year prevalence of high-risk opioid use

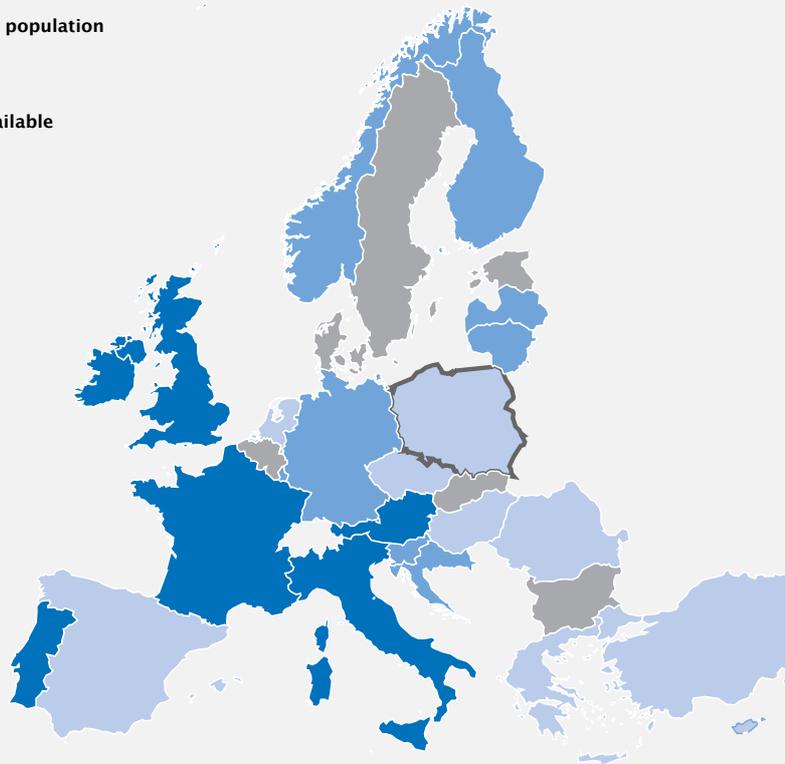
Rate per 1 000 population

0.0-2.5

2.51-5.0

> 5.0

No data available



NB: Year of data 2016, or latest available year

Characteristics and trends of drug users entering specialised drug treatment in Poland



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Poland, data on human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) infections are collected by the National Institute of Public Health — National Institute of Hygiene (NIPH-NIH). Out of the total number of HIV cases notified up to the end of 2016, less than one third was attributed to injecting drug use. Overall, the number of newly reported cases of HIV infection among people who inject drugs (PWID) indicates a downward trend. However the transmission route remains unreported in a large proportion of new HIV infection cases.

Data on HIV infection among PWID are also available directly from a network of consultation and testing sites.

Prevalence of HIV and HCV antibodies among people who inject drugs in Poland (%)

region	HCV	HIV
National	:	3
Sub-national	:	:

Year of data: 2014

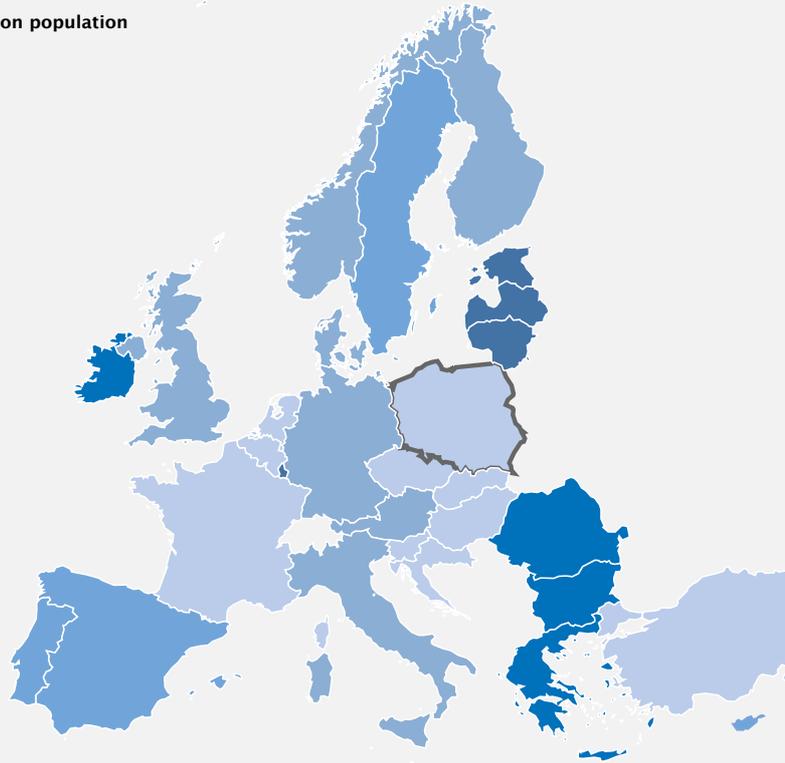
Notification data on HCV and HBV infections indicate that less than 1 out of 10 chronic HCV infections in which the transmission route was known in 2016 were attributed to injecting drug use, while only a few cases of chronic HBV infection were linked to injecting drug use. In a 2009 HBV and HCV seroprevalence study conducted among 184 PWID at two sites, HCV prevalence ranged between 44.3 % and 72.4 %, while the prevalence of people testing positive for the HBV surface antigen (HBsAg), which indicates chronic HBV infection, was 3.23 %.

Bi-annual surveys of clients in needle and syringe exchange programmes is other information source on drug-related infections in Poland, and the available data suggest that the prevalence of HIV and HCV infection is higher among this subgroup of PWID.

Newly diagnosed HIV cases attributed to injecting drug use

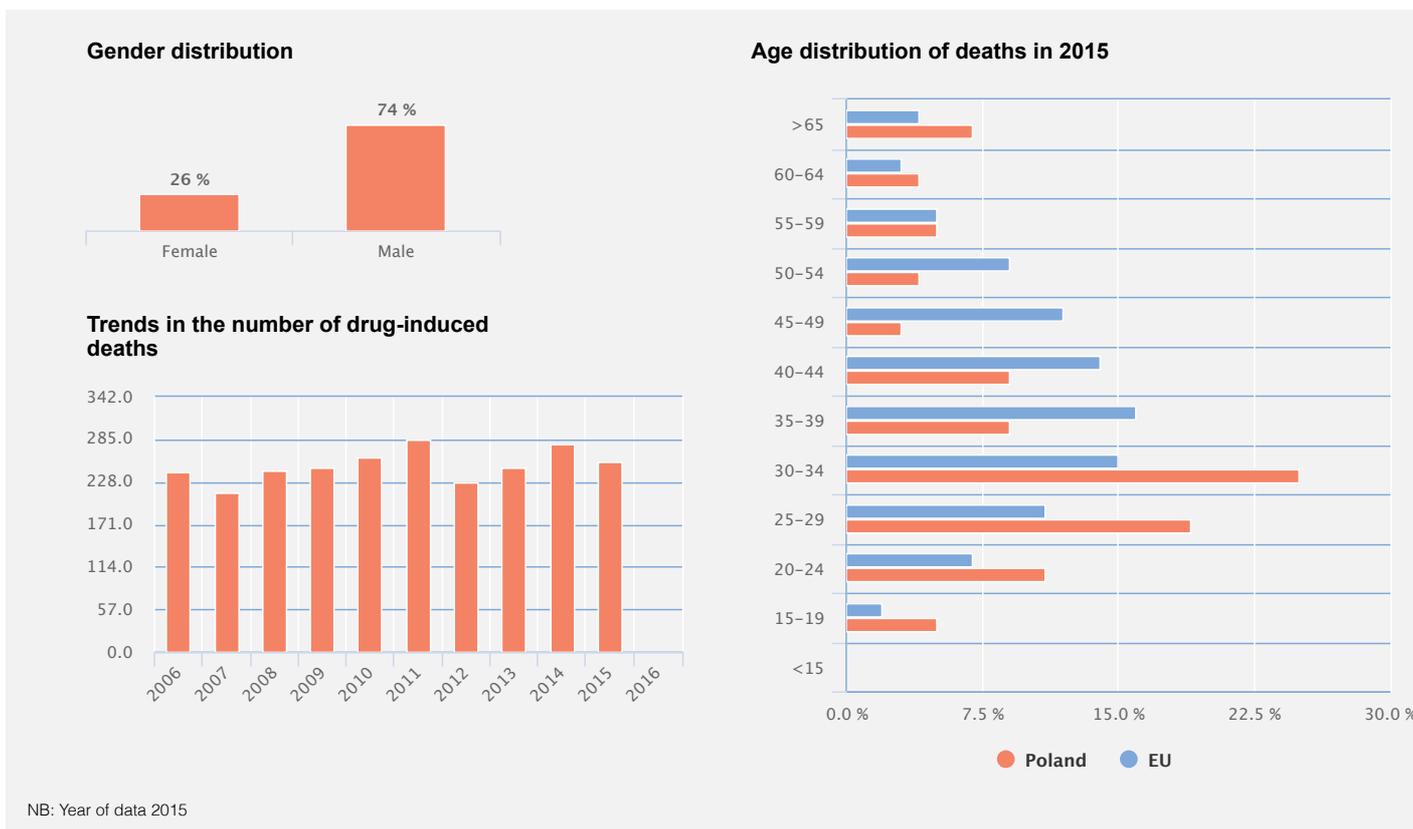
Cases per million population

- <1.0
- 1.0–2.0
- 2.1–3.0
- 3.1–8.0
- >8.0



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Poland



Drug-related emergencies

In 2016, the Poisonings Control Centre registered a total of 4 346 poisonings linked to the suspected use of new psychoactive substances, fewer than in 2015, when a record high number of almost poisonings was reported.

The emergency room of a hospital in Gdansk also participates in the European Drug Emergencies Network (Euro-DEN Plus) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

Drug-induced deaths and mortality

Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

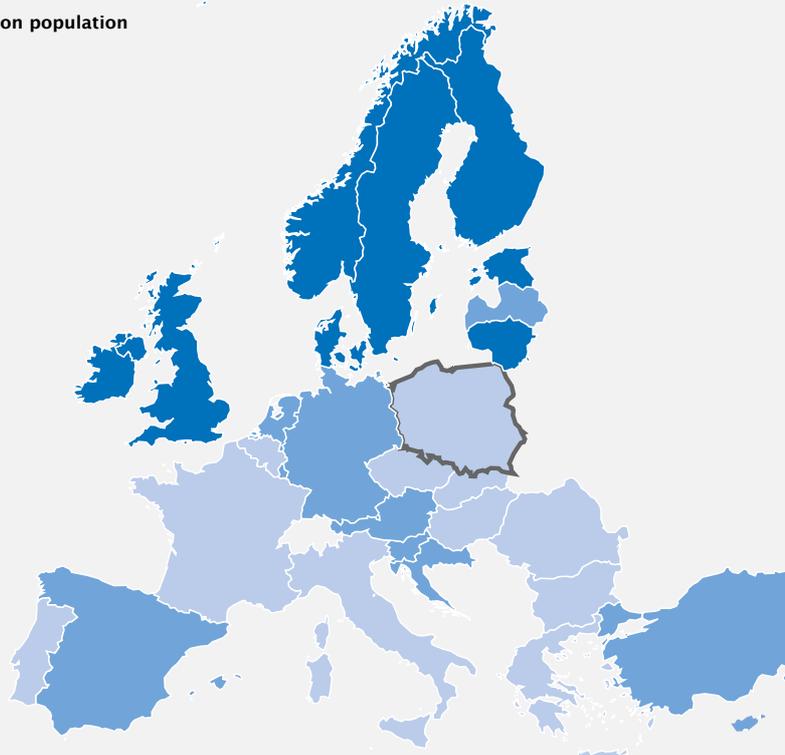
Data from the Polish General Mortality Register show that, after a decrease in 2012, the number of drug-induced deaths increased in 2013 and 2014, while in 2015 there was a drop in the number of drug-induced deaths reported. In 2015, two thirds of victims of drug-related deaths were male and the mean age of victims was 37 years.

The drug-induced mortality rate among adults (aged 15-64 years) in 2015 was 9.05 deaths per million, which is below the European average of 21.8 deaths per million.

Drug-induced mortality rates among adults (15-64 years)

Cases per million population

- <10
- 10-40
- > 40



"NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes."

Prevention

In Poland, drug prevention activities are governed by the National Drugs Strategy 2011-16. An important element of the strategy is the increased emphasis on improving the quality of drug prevention programmes, as well as the competencies of programme providers.

In Poland, the prevention activities are implemented by government administration units (competent ministries and subordinate agencies), as well as local and regional governments. The Ministry of National Education and the Centre for Educational Development (ORE) are responsible for universal drug prevention in schools and an anti-drug action plan has been adopted to improve the quality of drug prevention activities in schools and educational facilities.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

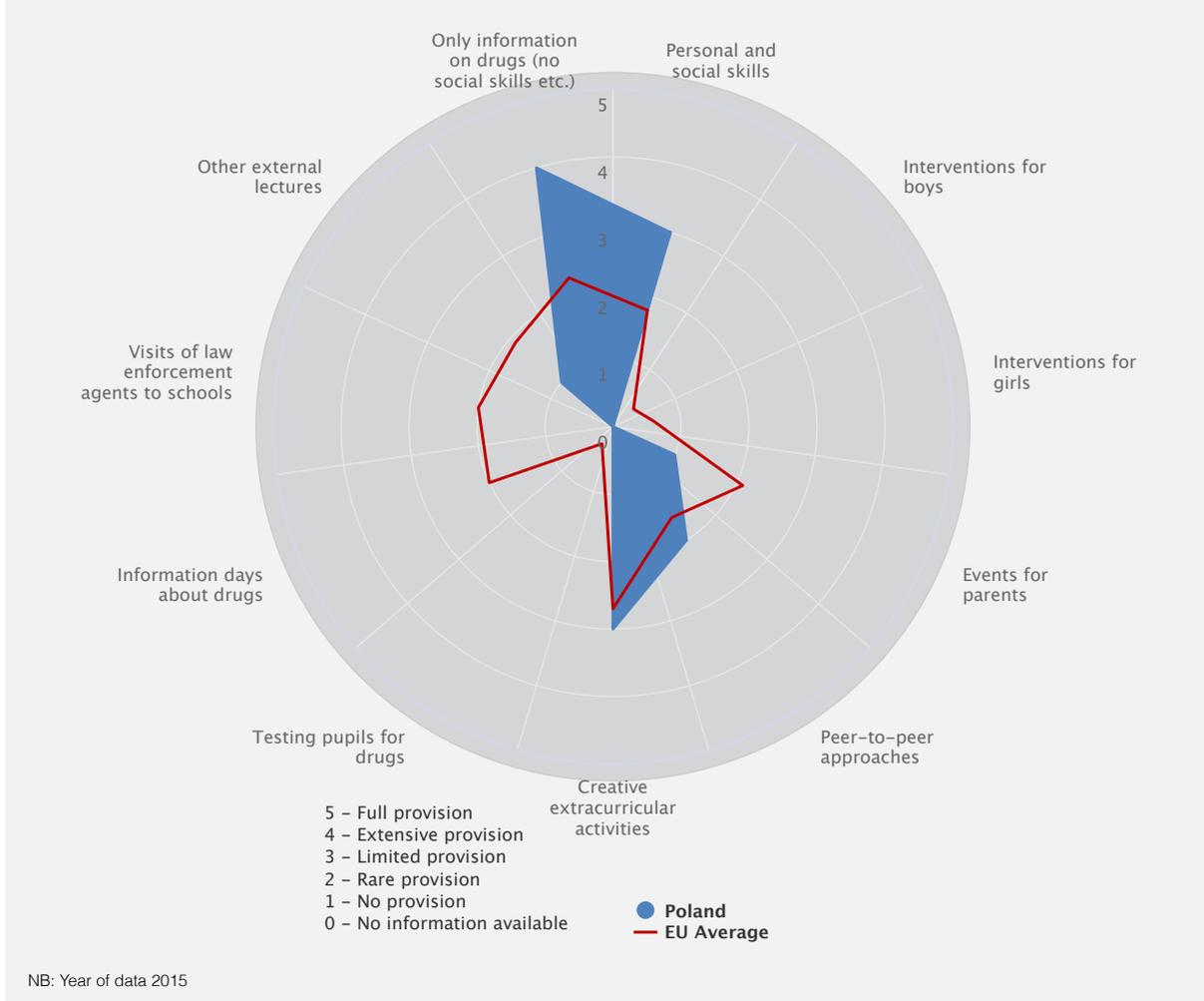
Schools and other units within the framework of the education system are obliged to implement a school prevention programme for children and young people. Health education is part of the core curriculum defined by the Regulation of the Ministry of National Education and adopted in 2012. Educational settings are also encouraged to adopt health-promoting school principles to strengthen students' normative beliefs and psychosocial skills as protective factors against drug use. The National Bureau for Drug Prevention (KBPN) supported the nationwide dissemination of the Unplugged programme, a universal drug prevention programme that targets students aged 12-14 years. The evaluation of this programme in Poland demonstrated its positive impact on the reduction of cannabis and alcohol consumption by reducing positive beliefs and attitudes regarding addictive substances and improving knowledge and competence among parents. In 2015, the Institute of Psychiatry and Neurology (IPIN), Centre for Education Development (ORE) and KBPN supported educational skills programmes for parents and teachers, such as 'Home Detectives' and 'Fantastic Opportunities'. The programmes target teenagers entering adolescence, as well as their parents and teachers, and aim to prevent or delay the initiation of alcohol use.

The KBPN supported a number of programmes in 2016 that focused on parents with the aim of strengthening educational and specific skills to cope with drug dependence in the family, as well as drug-endangered individuals and drug users. Activities included educational and awareness classes for families on the mechanisms of drug dependence and co-dependence, family counselling, crisis interventions, support groups for families, educational skills workshops and legal assistance/consultations. As part of this task, evidence-based programmes listed in the database of recommended drug prevention and mental health promotion programmes, such as the Family Strengthening Programme and School for Parents and Educators, were supported financially.

Selective prevention programmes are mainly concerned with risk reduction, the promotion of healthy lifestyles and assistance in crises related to substance use for socially excluded children and adolescents. In 2016, 53 selective programmes were implemented and the early intervention programme 'FreD goes net' was further disseminated. The programme's main focus is the reduction of substance use among adolescents who have committed drug-related offences. Some programmes targeting occasional drug users in entertainment settings are also available.

Indicated prevention activities mostly encourage and help to maintain abstinence from drugs, prevent further development of substance dependence, shape adequate normative beliefs regarding drugs and promote healthy lifestyles. A total of 38 prevention programmes feature awareness activities concerning drugs and the mechanisms of drug dependence, drug law, critical interventions, psychosocial skills workshops, support groups and evaluation. In 2016, KBPN conducted nine programmes targeting occasional drug users in entertainment settings.

Provision of interventions in schools in Poland



Harm reduction

The National Programme for Counteracting Drug Addiction 2011-16 sets out the priorities in harm reduction. As part of the main goal of improving the quality of life of drug users, two actions were set out: support for harm reduction programmes in the community and increasing the number and variety of specialist treatment programmes in penal institutions, youth detention centres and hostels for minors, including opioid substitution treatment (OST) and harm reduction for drug-dependent individuals. Needle and syringe programmes are co-financed by local governments and the National Bureau for Drug Prevention. In addition, local governments fund additional services, such as the night shelters, hostels or day-care centres that are provided within their territories.

Harm reduction interventions

Harm reduction programmes have been conducted in Poland since 1996. Harm reduction interventions are mainly conducted by non-governmental organisations, primarily cover only larger Polish cities and include outreach and street-based services.

In 2016, a total of 12 needle and syringe programmes operated in 12 Polish cities. The number of syringes given out by these programmes halved in comparison with 2015, while the number of clients attending these specialised programmes had slightly increased.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

The treatment system

The National Programme for Counteracting Drug Addiction 2011-16 contains a number of measures related to drug treatment and rehabilitation. These aim to increase the availability of outpatient drug services and opioid substitution treatment (OST) programmes. Moreover, a wide range of other measures designed to improve the quality of drug treatment services are included in the strategy.

The system of specialised drug services in Poland is integrated into mental health care and a number of legal acts govern drug treatment in Poland. The implementation of drug treatment is the responsibility of the communities and provinces, where it is delivered by a range of providers who have signed contracts with the National Health Fund (NHF). Treatment activities that are not covered by the NHF can be funded through other resources on a competitive basis. Treatment at private clinics or from private practitioners is also available, although an additional fee must be paid by the client.

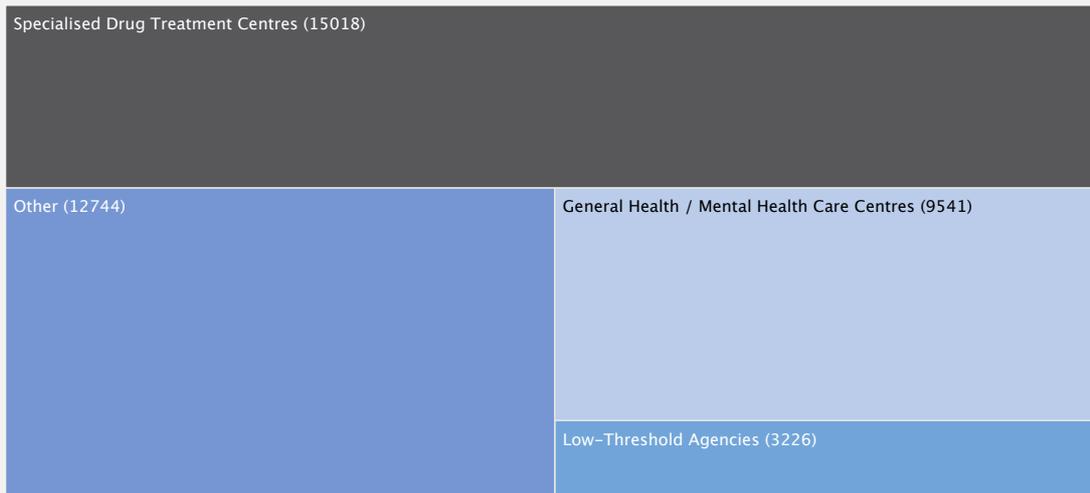
Drug treatment services are provided through a network of inpatient and outpatient treatment centres, detoxification wards, day-care centres, drug treatment wards in hospitals, mid-term and long-term drug rehabilitation facilities, drug wards in prisons and post-rehabilitation programmes. In territories where there are no specialised drug treatment services, treatment is delivered by mental health counselling or alcohol rehabilitation clinics. In line with the national public health perspective of drug treatment, the treatment system in Poland has two approaches: 'drug-free' treatment (psychosocial models) and pharmacological treatment (i.e. OST). Of these two, the 'drug-free' model prevails and includes therapeutic communities, cognitive-behavioural psychotherapy, 12-step programmes, case management and self-help groups.

Outpatient and inpatient drug treatment are mainly delivered by non-governmental organisations (NGOs), followed by public services and private providers. Detoxification is mainly provided by public services and by private clinics and physicians. Polish post-rehabilitation programmes are also implemented mainly by NGOs. These are subsidised by the state budget (up to 18 months of therapy) and by resources from local authorities. In recent years, a new treatment programme, CANDIS, aimed at cannabis users, has been promoted in Poland.

OST with methadone has been available in Poland since 1993. Only public healthcare units that have received permission from the governor of the region, in collaboration with the Ministry of Health, can deliver OST. According to the law, NGOs can also establish and carry out OST.

Drug treatment in Poland: settings and number treated

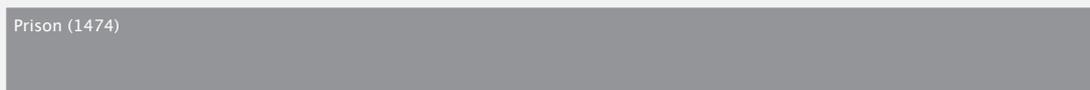
Outpatient



Inpatient



Prison



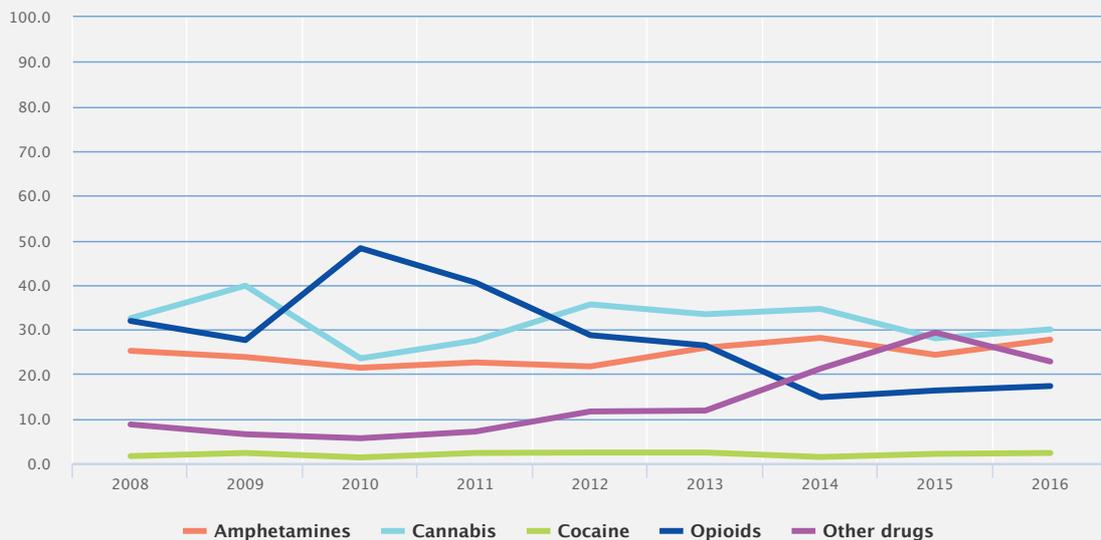
NB: Year of data 2015

Treatment provision

Of all those treated for drug dependence in Poland, the majority were treated in outpatient settings. In 2012, a new treatment registration system was put in place, which has expanded in recent years to cover around half of specialised outpatient and inpatient treatment centres. Caution must be exercised when interpreting data because of the evolution of the national monitoring system, particularly with regard to coverage. Among all clients who entered treatment in 2016, around one third entered treatment for primary use of cannabis and one third for stimulants, mainly amphetamines. Opioids, mainly heroin, were the third most common primary drug reported by treatment clients.

Data from the National Bureau's Registry of Substitution Treatment show that the number of clients receiving OST has remained stable in recent years. The majority of clients treated with OST received methadone, although buprenorphine-based medications are also available. It is estimated that less than one fifth of problem opioid users received OST in Poland in 2016.

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Poland



NB: Year of data 2016.

Opioid substitution treatment in Poland: proportions of clients in OST by medication and trends of the total number of clients



Trends in the number of clients in OST



NB: Year of data 2015.

Drug use and responses in prison

Available data on drug use among prisoners from the 2007 prison survey show that around half of prisoners in Poland had used drugs before imprisonment, mainly cannabis, amphetamines and, to lesser extent, opioids. Use of these substances is also the most frequent reason for entering drug treatment in Polish prisons. Recent evidence suggests that new psychoactive substances use in prison settings is emerging in Poland.

The National Programme for Counteracting Drug Addiction 2011-16 identifies the objective of increasing the number and variety of specialist drug treatment programmes in prisons, youth detention centres and hostels for minors, including opioid substitution treatment (OST) and harm reduction for drug-dependent individuals.

In prisons, drug treatment is conducted in therapeutic wards based on programmes approved by the General Director of the Prison Service. The main treatment modality consists of six-month residential therapeutic programmes, with interventions ranging from psychotherapy to rehabilitation; however, other programs, such as OST and short-term interventions, are available.

Harm reduction interventions include activities such as educational programmes for drug users, individual consultations, motivation for behavioural change, safe injection training, support groups and group sessions for inmates who had not been admitted to prison treatment wards, and they are implemented by non-governmental organisations. Human immunodeficiency virus (HIV)-positive inmates in need of treatment are provided with antiretroviral treatment.

Quality assurance

The National Programme for Counteracting Drug Addiction 2011-16 sets goals and courses of action with the aim of improving the quality of drug demand reduction measures, such as implementing recommendation procedures for drug prevention and mental health promotion programmes and disseminating standards of good practice in inpatient and outpatient health service centres.

The implementation and coordination of tasks in the area of prevention, treatment, rehabilitation, harm reduction and social integration as set out in the National Drugs Strategy is vested in the National Bureau for Drug Prevention, an agency of the Ministry of Health.

Agencies, such as the Centre for Education Development of the Ministry of Education, oversee and support the implementation of quality of educational programmes in line with the state education policy in the field of general education; and the Centre for Monitoring Quality in Health Care of the Ministry of Health supports actions aimed at improving the quality of medical services, including those offered to drug-dependent individuals. In 2013, the Minister of Health approved the accreditation standards for providing healthcare services and initiated the implementation of the accreditation system for residential drug treatment units. The National Bureau for Drug Prevention, in collaboration with the State Agency for Preventing Alcohol-Related Problems and the Centre for Monitoring Quality in Health Care, carried out activities that aimed to develop specific guidelines for accreditation audits.

Collecting and disseminating information on evidence-based drug prevention programmes is one of the priority actions of the current national programme, both for central institutions and for local and regional governments. In Poland, drug prevention quality standards and a framework for the recommendation system for drug prevention are in place. A database of recommended programmes in the fields of health promotion, universal, selective and indicated prevention is available at the website of the National Bureau for Drug Prevention. In 2016 and 2017, a number of training sessions, seminars and conferences took place to promote implementation of the European Drug Prevention Quality Standards as well as Minimum Quality Standards in Drug Demand Reduction in Poland.

A certification system for drug treatment instructors and specialists is in place, and other training for specialists from different groups is also available. Each training component is implemented by entities selected through competitions conducted by the National Bureau for Drug Prevention. The quality of the training is regularly evaluated by external institutions.

Drug-related research

Monitoring the epidemiological situation concerning illicit substances and new psychoactive substances, as well as public attitudes and institutional responses, is an important task for the implementation of the National Health Programme's operational objective entitled 'Prevention and problem solving in relation to substance use, behavioural addictions and other risky behaviours'. This plan sets the financing of scientific research in the field of drugs as an aim. The EMCDDA's national focal point in Poland, in collaboration with the National Bureau for Drug Prevention's Council for Scientific Research, coordinate, finance and monitor the implementation of the National Health Programme for drug-related research. In addition, numerous research projects are conducted on the basis of grants awarded by the Ministry of Science and Higher Education and by international programmes.

Some scientific research, within the scope of statutory activities in the field of drugs and drug dependence, is conducted by the Institute of Psychiatry and Neurology. In addition, the EMCDDA's Polish national focal point, the National Institute of Public Health — National Institute of Hygiene (NIPH-NIH), universities and research agencies also carry out research projects. In 2017, the main research projects were on the following topics: estimating the social costs of drug use in Poland; the adaptation and validation of a screening tool for the identification of disorders related to psychoactive substance use; substance use prevalence in prisons and remand centres; and new psychoactive substances and the evaluation of drug therapy effectiveness.

Drug markets

Poland is both a transit country for drug trafficking and the source of production of synthetic drugs for Western European markets. Poland is one of the major amphetamine manufacturers in the European market, and in recent years the production of methamphetamine has also emerged. The manufacturing process and the distribution of the drugs are handled by organised crime syndicates, which establish, equip and supply clandestine laboratories. The police have reported changes in the modus operandi of

criminal groups, which have started to divide amphetamine manufacture into stages. These production stages can take place in various locations, which tend to change frequently. In 2016, the police reportedly dismantled 24 laboratories, 18 for the production of amphetamine, three for methamphetamine, two for mephedrone and one producing a new psychoactive substance (4-CMC).

Although, in November 2010, more than 1 300 smart shops selling new psychoactive substances (NPS) were closed, since 2013, NPS have re-emerged on the Polish market. NPS are mainly purchased online, but they are also available in retail stores. In 2016, police affected 449 controls of street-level shops.

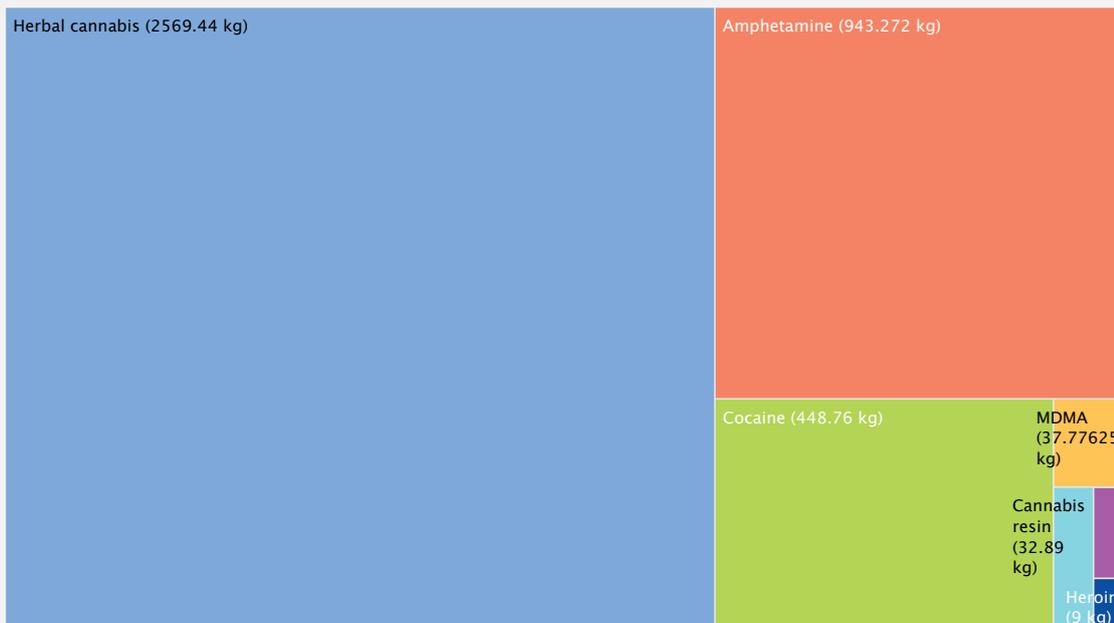
Heroin from Afghanistan, which is destined predominantly for Germany and the United Kingdom, reaches Poland primarily through the Balkan route, although Polish home-made heroin, known as 'kompot', is also available on the national market.

Cocaine is smuggled through Western European countries and via Turkey and Greece. Cannabis is trafficked primarily from the Netherlands, Belgium, Germany and the Czech Republic to other Eastern European markets and Russia. The participation of Polish criminal groups in the trafficking and distribution of cannabis across Europe has been noted alongside the rise of professional cannabis plantations. In 2016, more than 1 400 cannabis plantations were dismantled. In 2016, record seizures of herbal cannabis, cocaine and amphetamines were reported. Large amounts of seized MDMA/ecstasy were also recorded in 2016.

Polish law enforcement activities are mainly focused on the detection and prevention of the illegal production of synthetic stimulants, including the control of precursors and pre-precursors. Moreover, the control of NPS is addressed by the police in close cooperation with the State Sanitary service.

Drug seizures in Poland: quantities seized

Quantities seized



Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	23.7	6.5	36.8
Last year prevalence of use - young adults (%)	2014	9.8	0.4	21.5
Last year prevalence of drug use - all adults (%)	2014	4.6	0.3	11.1
All treatment entrants (%)	2016	30.0	1.0	69.6
First-time treatment entrants (%)	2016	38.0	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	2569.4	12	110855
Number of herbal cannabis seizures	2014	n.a.	62	158810
Quantity of cannabis resin seized (kg)	2016	32.79	0	324379
Number of cannabis resin seizures	2014	n.a.	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.2 - 48	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	n.a.	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	6.66 - 7.14	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	6.66 - 7.38	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	3.6	0.9	4.9
Last year prevalence of use - young adults (%)	2014	0.4	0.2	4.0
Last year prevalence of drug use - all adults (%)	2014	0.2	0.1	2.3
All treatment entrants (%)	2016	2.3	0.0	36.6
First-time treatment entrants (%)	2016	2.4	0.0	35.5
Quantity of cocaine seized (kg)	2016	448.7	1.00	30295
Number of cocaine seizures	2014	n.a.	19	41531
Purity (%) (minimum and maximum values registered)	2016	n.a.	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	46.9 - 47.62	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	4.4	0.8	6.5
Last year prevalence of use - young adults (%)	2014	0.4	0.0	3.6
Last year prevalence of drug use - all adults (%)	2014	0.2	0.0	1.7
All treatment entrants (%)	2016	27.7	0.2	69.7
First-time treatment entrants (%)	2016	29.9	0.3	75.1
Quantity of amphetamine seized (kg)	2016	943.2	0	3380
Number of amphetamine seizures	2014	n.a.	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	3 - 100	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	4.76 - 11.9	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	3.3	0.5	5.2
Last year prevalence of use - young adults (%)	2014	0.9	0.1	7.4
Last year prevalence of drug use - all adults (%)	2014	0.4	0.1	3.6
All treatment entrants (%)	2016	0.3	0.0	1.8
First-time treatment entrants (%)	2016	0.2	0.0	1.8
Quantity of MDMA seized (tablets)	2016	149921	0	3783737
Number of MDMA seizures	2014	n.a.	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	n.a.	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	1.19 - 11.9	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	2014	0.5	0.3	8.1
All treatment entrants (%)	2016	17.3	4.8	93.4
First-time treatment entrants (%)	2016	6.3	1.6	87.4
Quantity of heroin seized (kg)	2016	9	0	5585

Number of heroin seizures	2014	n.a.	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	n.a.	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	26.9 - 50	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	0.8	0.0	33.0
HIV prevalence among PWID* (%)	2014	3	0.0	31.5
HCV prevalence among PWID* (%)	n.a.	n.a.	14.6	82.2
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	n.a.	n.a.	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2015	9.05	1.4	132.3
Health and social responses				
Syringes distributed through specialised programmes	2016	53028	22	6469441
Clients in substitution treatment	2015	2564	229	169750
Treatment demand				
All entrants	2016	6658	265	119973
First-time entrants	2016	3064	47	39059
All clients in treatment	2015	11341	1286	243000
Drug law offences				
Number of reports of offences	2016	31008	775	405348
Offences for use/possession	2016	27460	354	392900

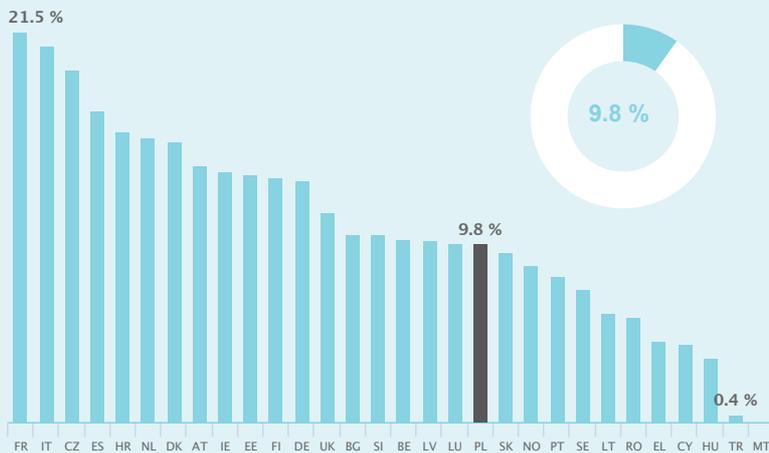
* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

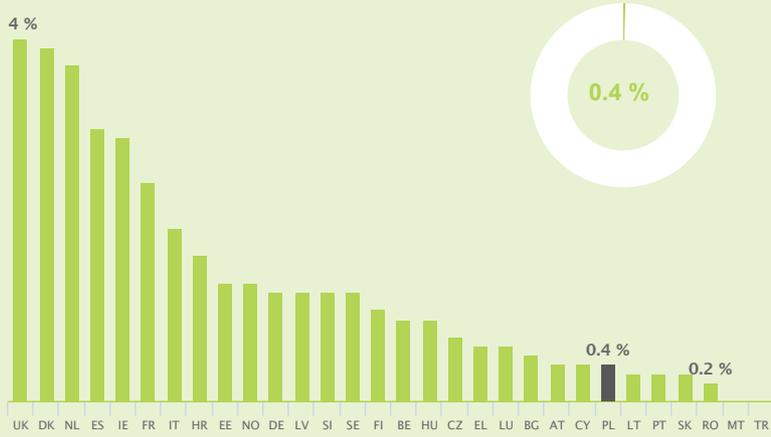
Cannabis

Last year prevalence among young adults (15-34 years)



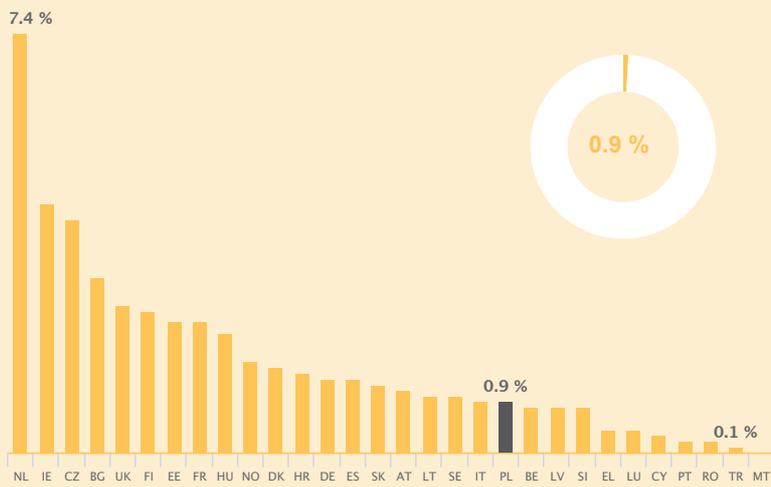
Cocaine

Last year prevalence among young adults (15-34 years)



MDMA

Last year prevalence among young adults (15-34 years)



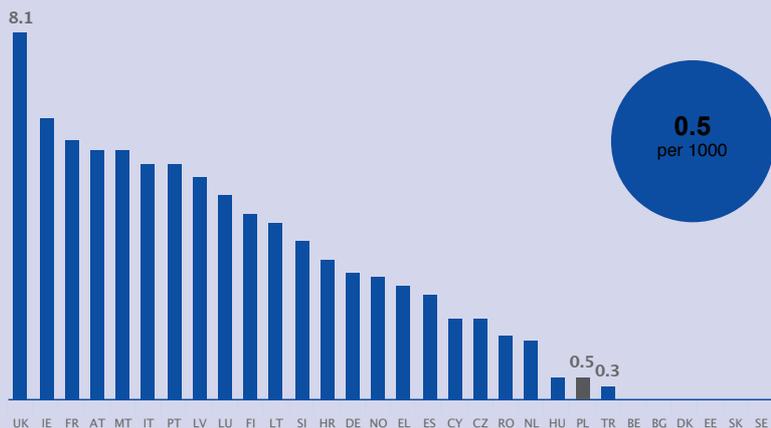
Amphetamines

Last year prevalence among young adults (15-34 years)



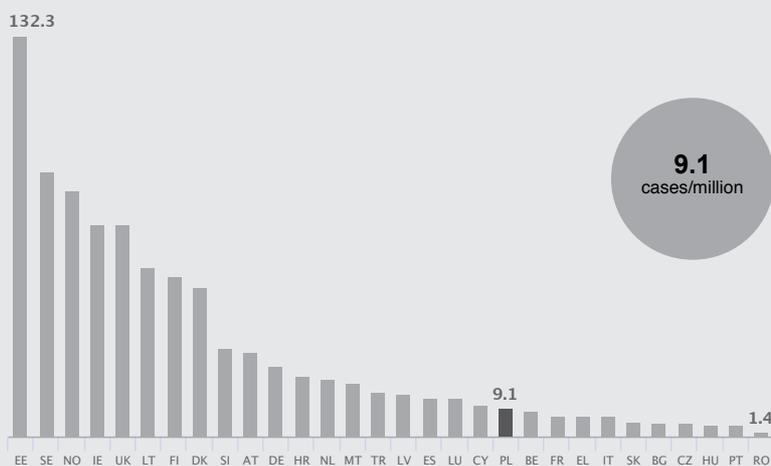
Opioids

High-risk opioid use (rate/1 000)



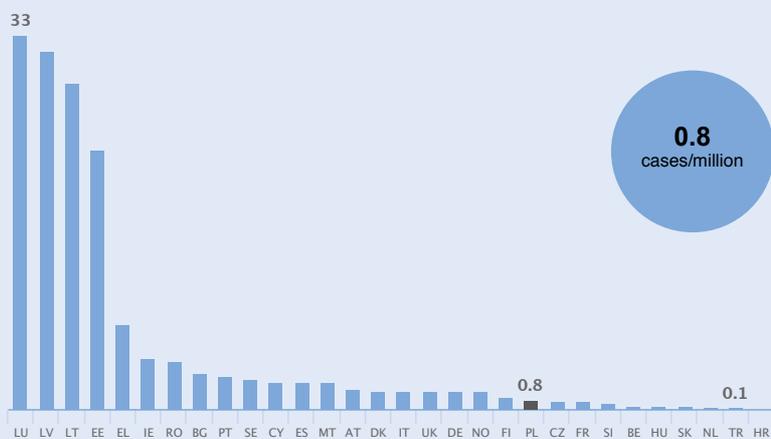
Drug-induced mortality rates

National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

About our partner in Poland

The Polish national focal point (Centrum Informacji o Narkotykach i Narkomanii/Information Centre for Drugs and Drug Addiction) was established in 2001 and is located within the National Bureau for Drug Prevention under the auspices of the Ministry of Health. The National Bureau for Drug Prevention is a state institution established to implement Poland's drug policies in the drug demand reduction field. The legal basis for the national focal point and its activity is provided by a Parliamentary Act.

National Bureau for Drug Prevention



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