European Monitoring Centre for Drugs and Drug Addiction

Poland

Poland Country Drug Report 2019

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 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

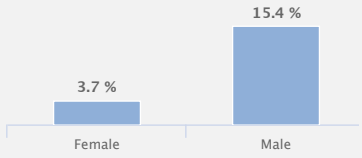
THE DRUG PROBLEM IN POLAND AT A GLANCE

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 %

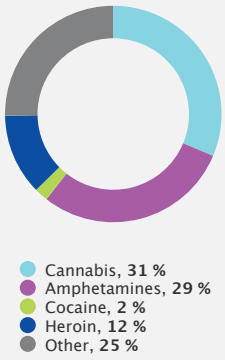
High-risk opioid users

14 664

(10 915 - 18 412)

All treatment entrants

by primary drug



Opioid substitution treatment clients

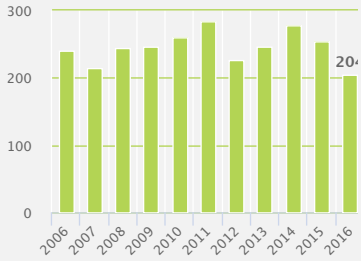
2 685

Syringes distributed

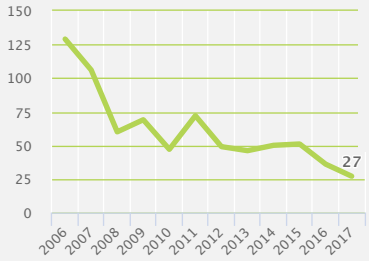
through specialised programmes

59 958

Overdose deaths



New HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

32 600

Top 5 drugs seized

ranked according to quantities meas
kilograms

1. Cannabis resin
2. Herbal cannabis
3. Amphetamine
4. Cocaine
5. Metanphetamine

Population

(15-64 years)

25 956 990

Source: Eurostat Extracted on: 18/03/2019

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, 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.

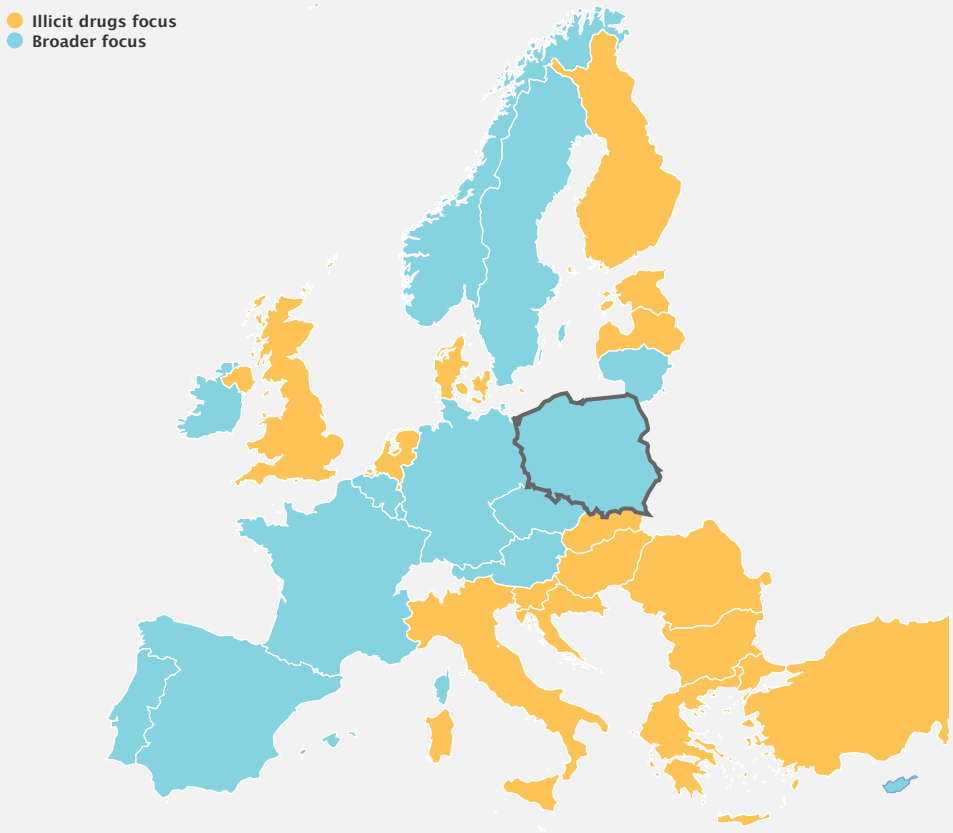
National drug strategy and coordination

National drug strategy

Adopted in 2016, Poland's National Health Programme has a 5-year time frame; 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: 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 3 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



NB: Data from 2017. Strategies with a broader focus may include, for example, licit substances 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 the action plan.

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget (‘labelled’). Often, however, most drug-related expenditure is not identified (‘unlabelled’) and must be estimated using modelling approaches.

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.

The central, regional and local governments reported drug-related expenditure, in the framework of the monitoring of the National Anti-Drug Strategy implementation. Estimates for 2014 and 2015 suggest that drug-related expenditure was at least EUR 25.8 million and EUR 35.5 million, respectively, amounting to least 0.01 % of the annual gross domestic product (GDP). However, these estimates do not include data from all units of the central government. Estimates for 2016 are expected in the near future.

Drug laws and drug law offences

National drug laws

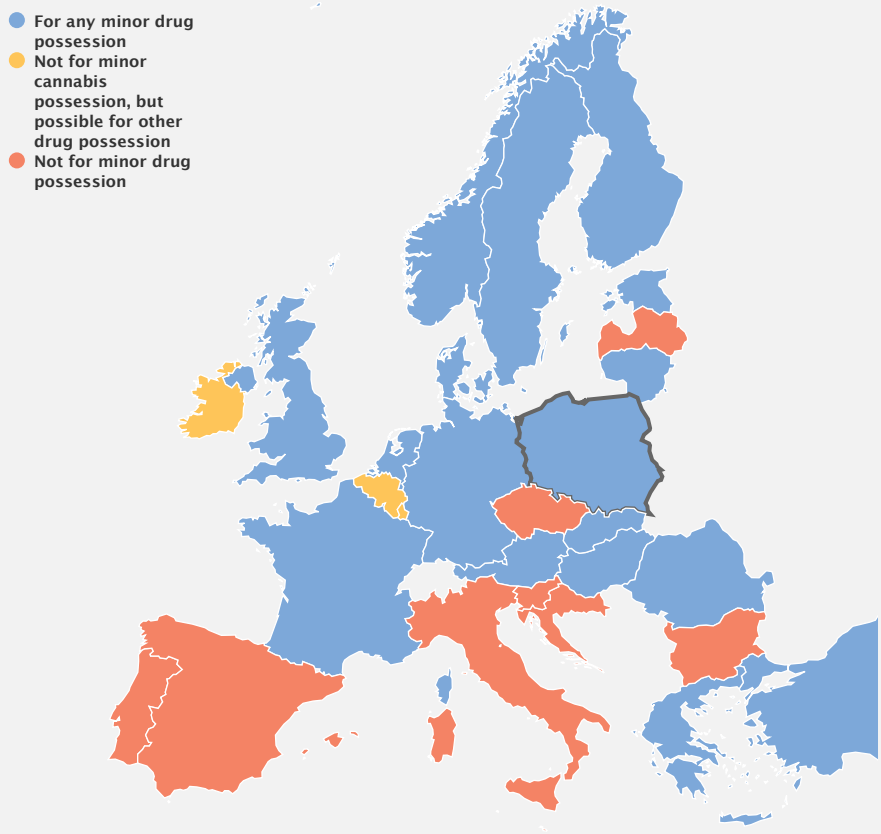
Drug possession and supply in Poland is regulated by the Act on Counteracting Drug Addiction of 29 July 2005. Any drug possession, even possession of a small amount for personal use, is penalised with up to 3 years' imprisonment. In minor cases, the offender can be fined or ordered to serve a sentence involving the limitation of liberty or deprivation of liberty for up to 1 year. Since 2011, Article 62(a) 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.

However, the court may decide to compel a sentenced drug user to undergo treatment, in accordance with the principle of 'treat rather than punish'. 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 with between 6 months' and 12 years' imprisonment and a fine, 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 1 year. If 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, enforced by the State Sanitary Inspectorate. This was revised in 2015 to include a list of those substances declared to be psychoactive in a Ministry of Health regulation. In 2018, this was merged with the Act on Counteracting Drug Addiction to ensure that offences involving new psychoactive substances were criminal. Penalties for supply offences are now equal to those for narcotic and psychoactive drugs.

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



NB: Data from 2017.

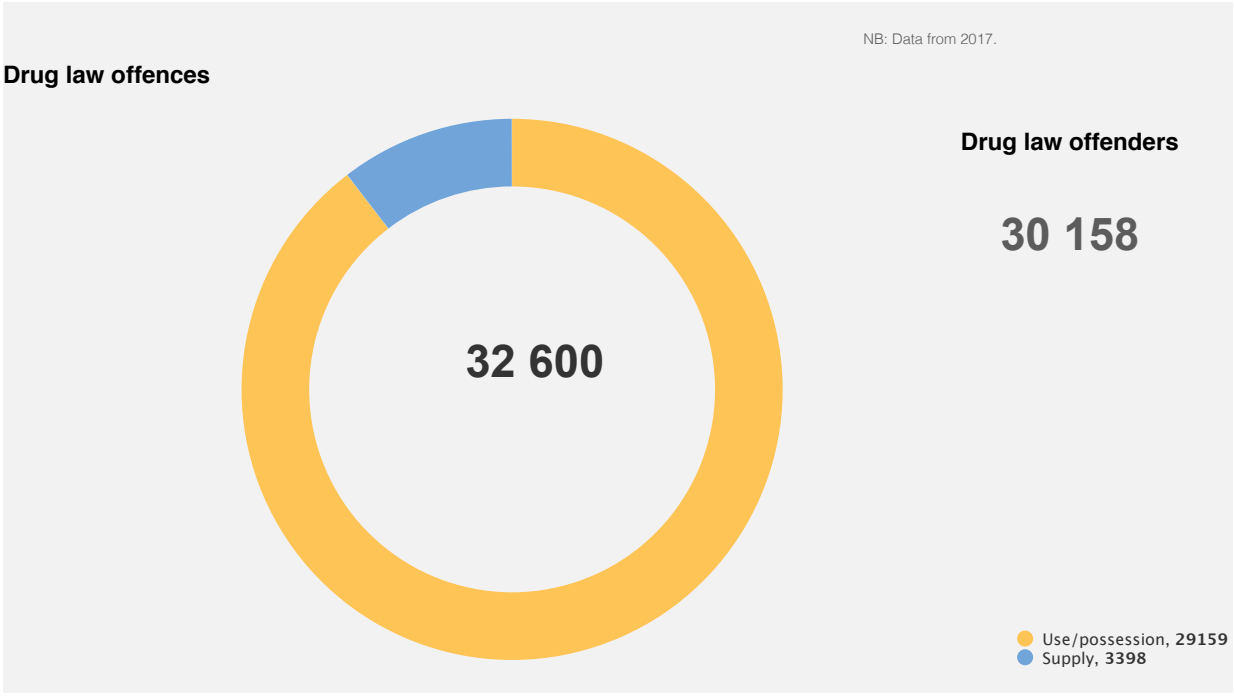
Drug law offences

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 reported in Poland in 2017 were related to possession. A noteworthy increase in the number of DLOs was recorded between 2014 and 2017.

Reported drug law offences and offenders inPoland



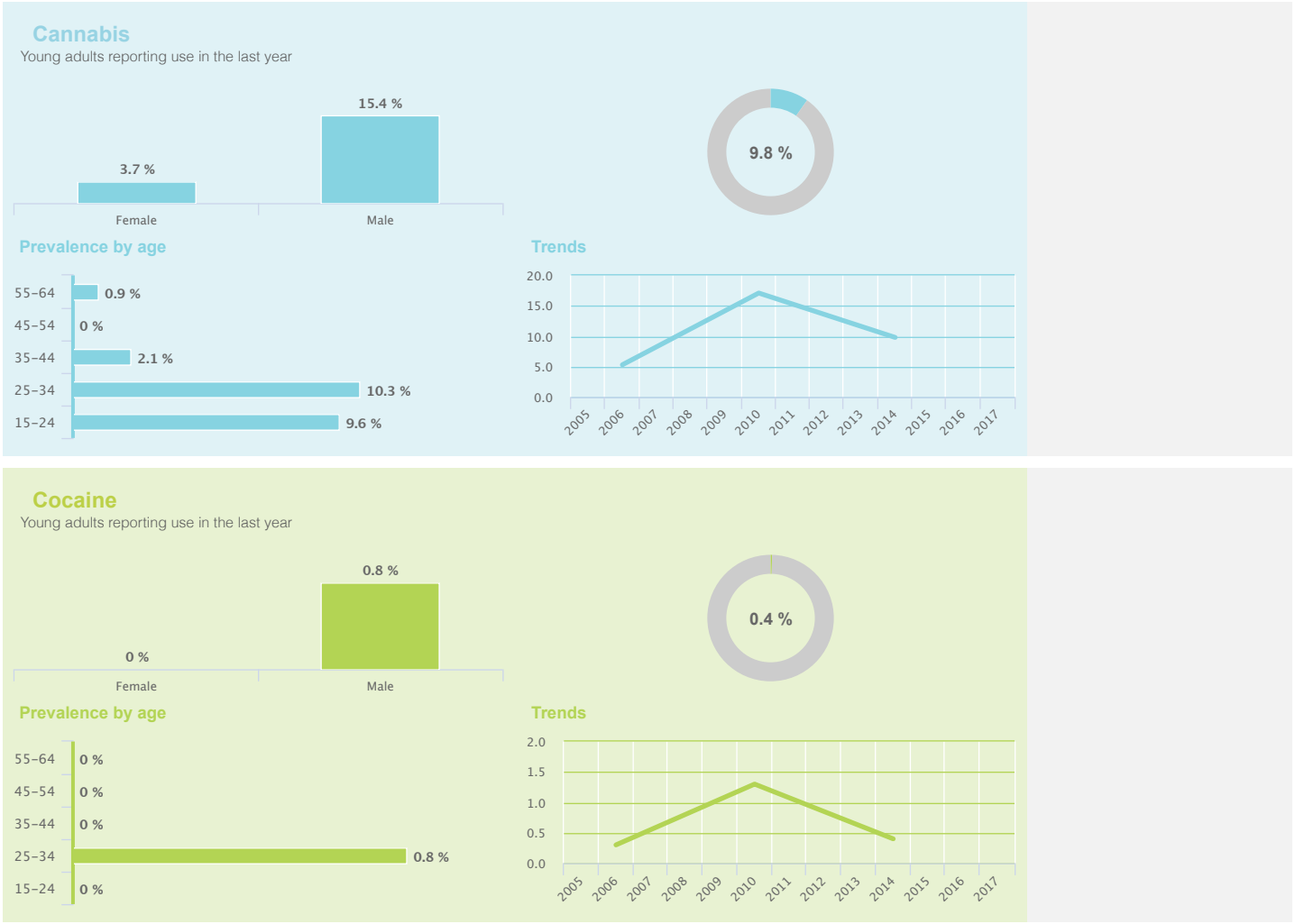
Drug use

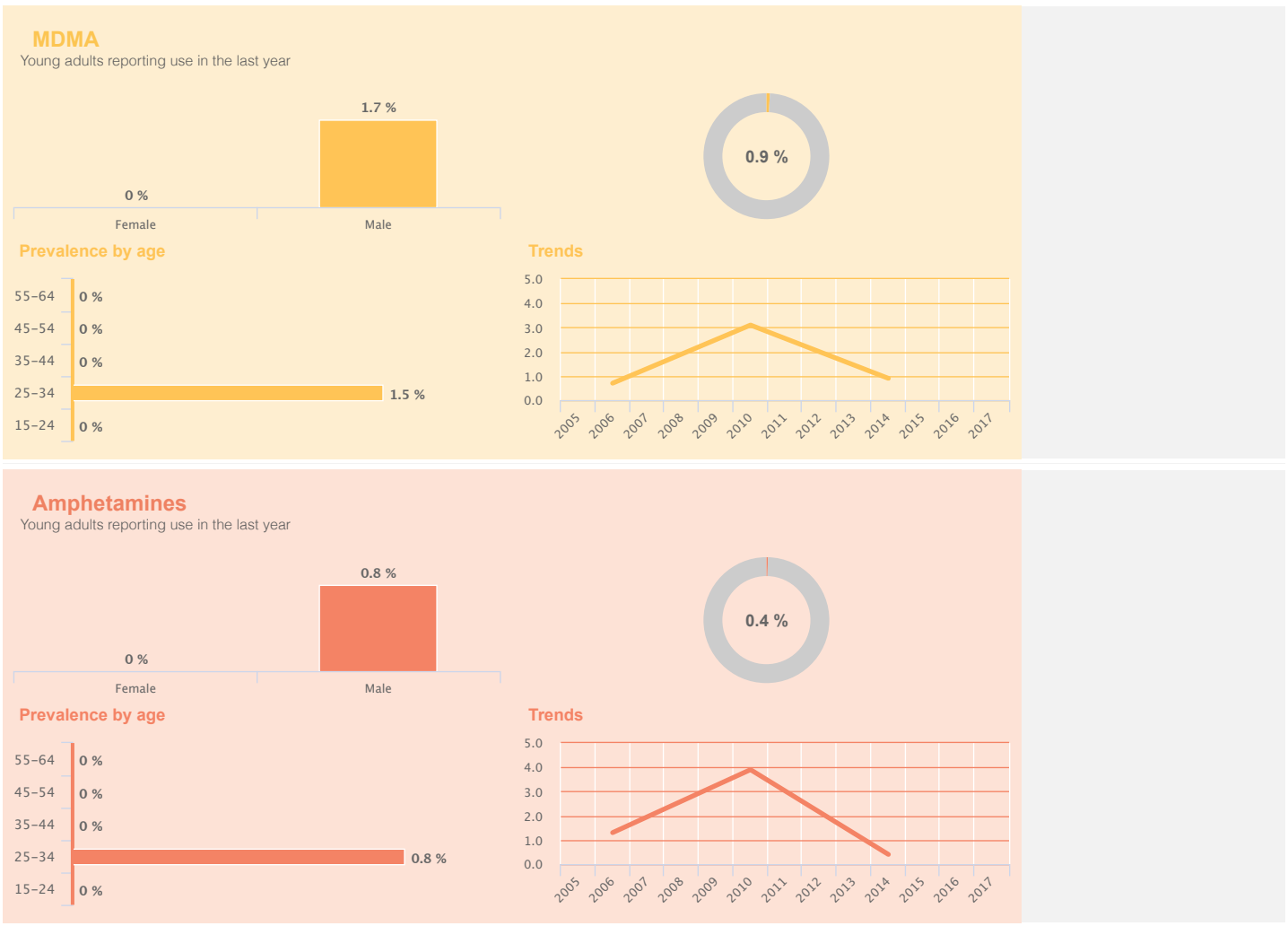
Prevalence and trends

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 most likely to report using an illicit substance during the last year. 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 adults 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.

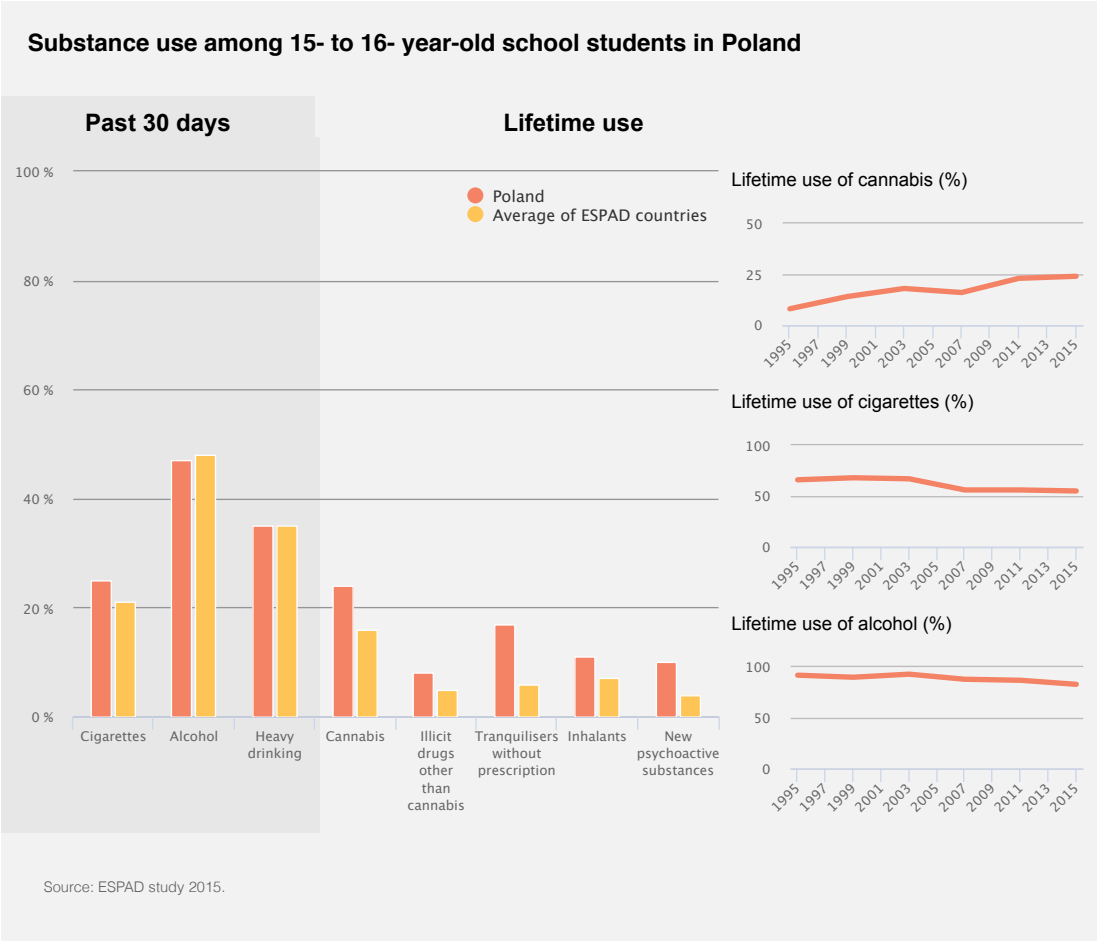
Estimates of last-year drug use among young adults (15-34 years) in Poland





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 2011, and has remained stable since then, while lifetime use of alcohol and cigarettes has decreased since 2003.



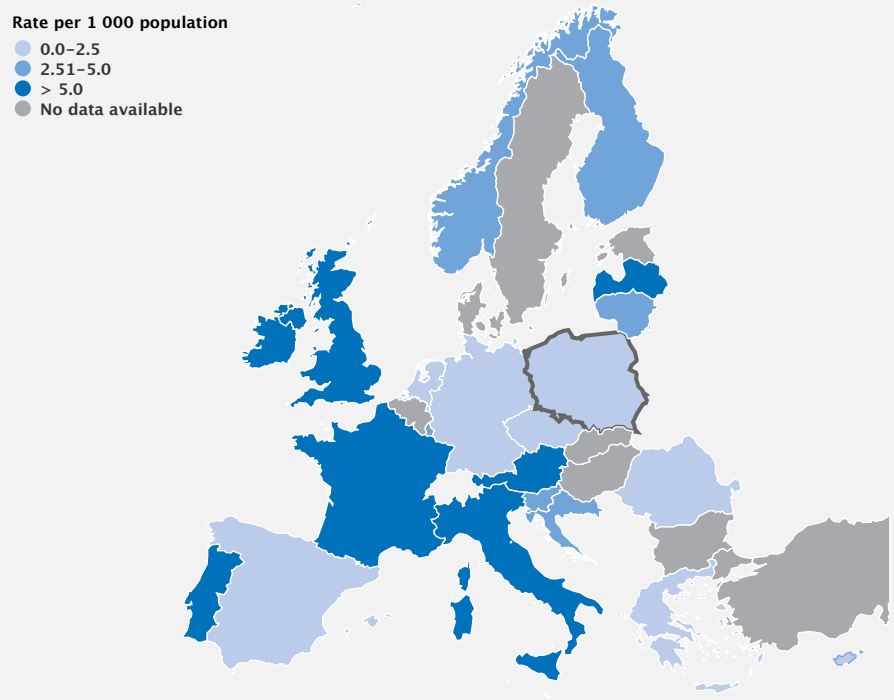
High-risk drug use and trends

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 (0.55 per 1 000 people). 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.

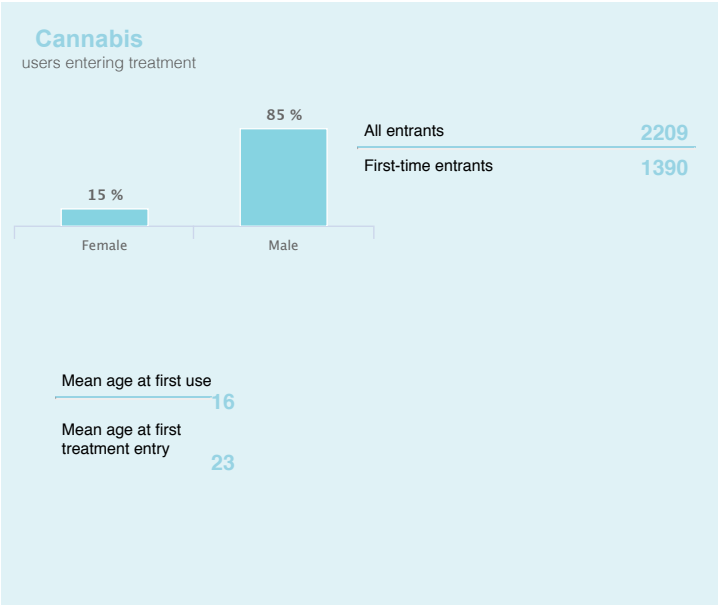
Data from specialised treatment centres are based on a recently developed reporting system that includes fewer than half of the specialised treatment centres in the country. The analysis of trends is difficult to carry out because of the rapid expansion of the data coverage. Based on the available data, cannabis was the most commonly reported primary substance for first-time clients entering treatment during 2017, followed by amphetamines, opioids and other substances. Approximately one in five clients entering treatment was female.

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



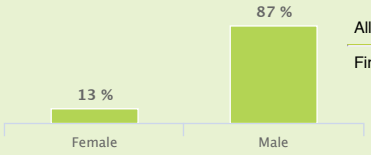
NB: Data from 2017, or the most recent year for which data are available.

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



Cocaine

users entering treatment



All entrants 163

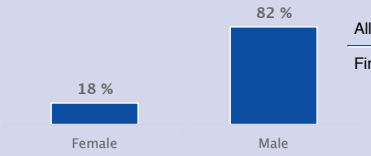
First-time entrants 88

Mean age at first use 23

Mean age at first treatment entry 30

Heroin

users entering treatment



All entrants 831

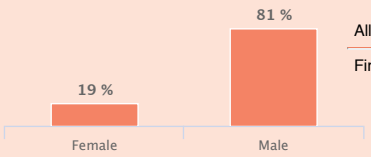
First-time entrants 121

Mean age at first use 22

Mean age at first treatment entry 32

Amphetamines

users entering treatment



All entrants 2085

First-time entrants 1126

Mean age at first use 19

Mean age at first treatment entry 27

NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

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 new cases of HIV infection notified in 2017, an estimated 6 % were 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 cases of HIV infection.

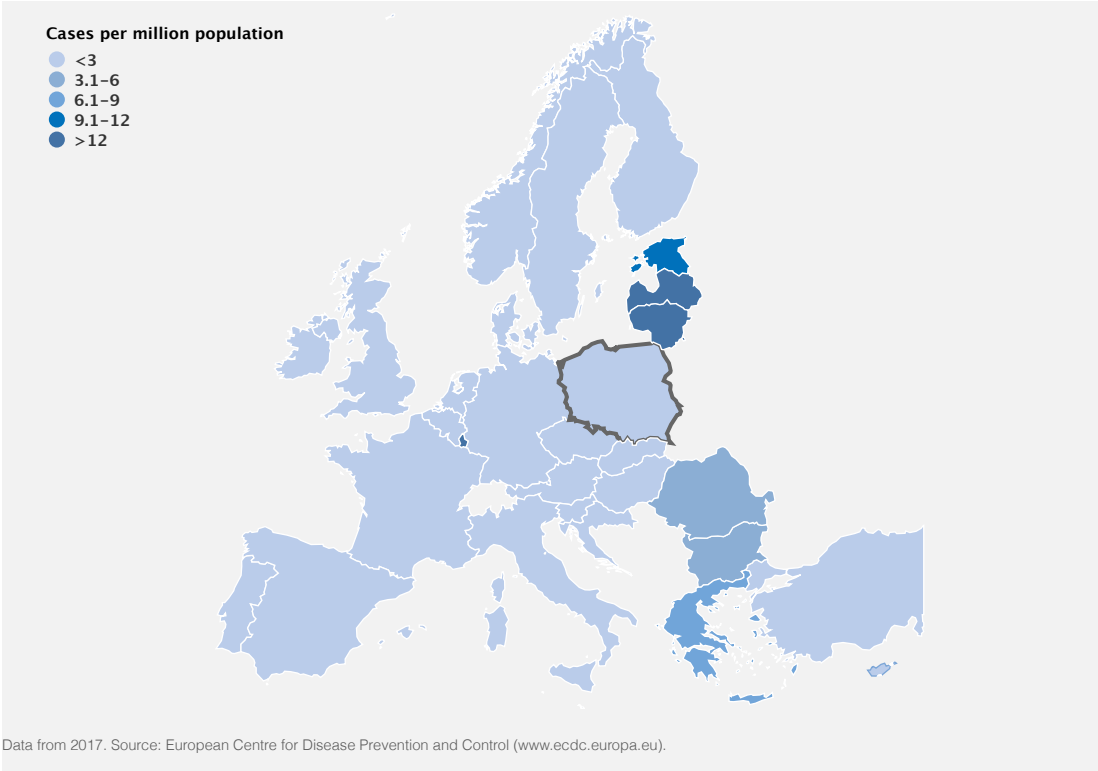
Prevalence of HIV and HCV antibodies among people who inject drugs in Poland (%)

Region	HCV	HIV
National	57.9	:
Sub-national	38.0 - 75.8	14.0 - 21.2

Data from 2017.

Notification data on HCV and HBV infections indicate that fewer than 1 in 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 seroprevalence study conducted in 2017 in low-threshold services of four cities, the prevalence of HCV antibodies among PWID ranged from 38 % to 75.8 %, while the prevalence of people testing positive for the HBV surface antigen (HBsAg), which indicates chronic HBV infection, ranged from 2 % to 5.4 %.

Newly diagnosed HIV cases attributed to injecting drug use



Data from 2017. Source: European Centre for Disease Prevention and Control (www.ecdc.europa.eu).

Drug-related emergencies

In 2017, the Poisonings Control Centre registered a total of 4 324 poisonings linked to the suspected use of new psychoactive substances, a stable figure compared with 2016 and fewer than in 2015, when a record high number was reported. Data on other drug-related emergencies is not collected.

Drug-induced deaths and mortality

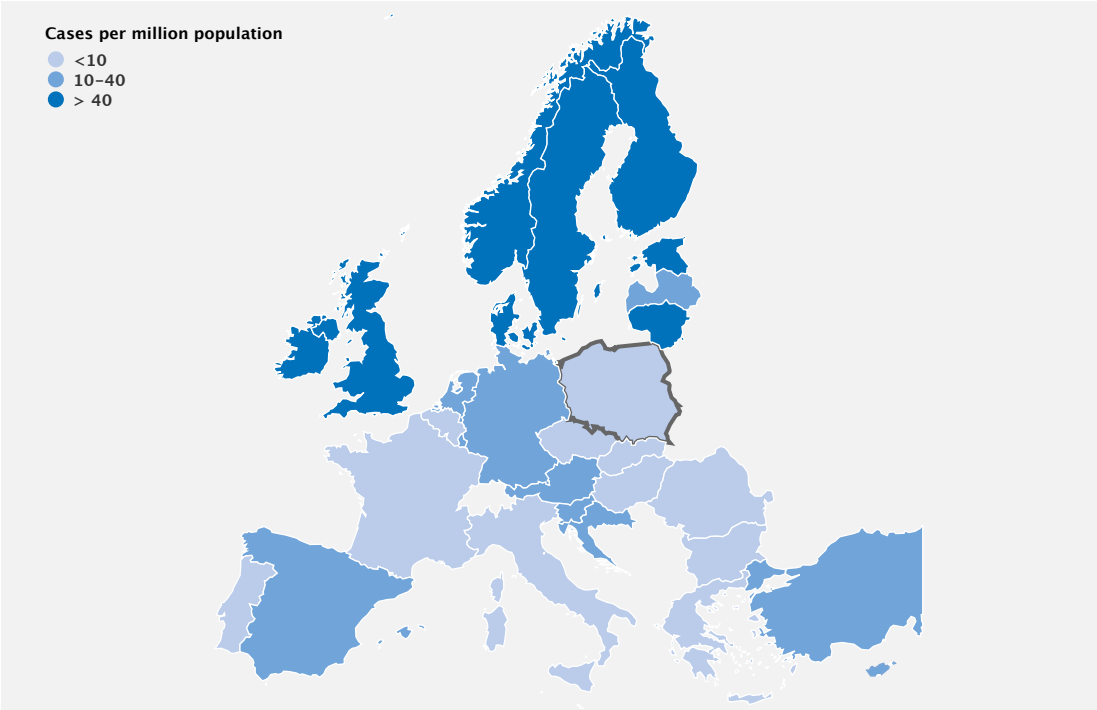
Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

Data from the Polish General Mortality Register show that the number of reported drug-induced deaths has fallen since 2014. In 2016, 7 out of 10 victims of drug-related deaths were male, and the mean age of the victims was 37 years for males and 46 years for females. Some deaths recorded among females might be related the use of an opioid the context of long-term prescription of painkillers for cancer and non-cancer conditions. Limitations in the coding and recording of the cases limits the

possibility to fully assess the contribution of these cases to the total number reported.

The drug-induced mortality rate among adults (aged 15-64 years) in 2016 was seven deaths per million, which is below the European average of 22 deaths per million.

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

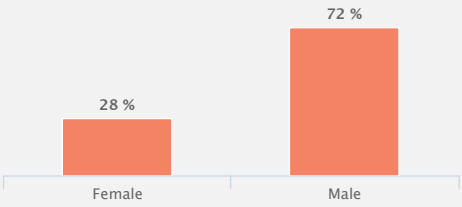


NB: Data from 2017, or the most recent year for which data are available. Comparisons between countries should be undertaken with caution. The reasons for this include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes. Data for Greece are for all ages.

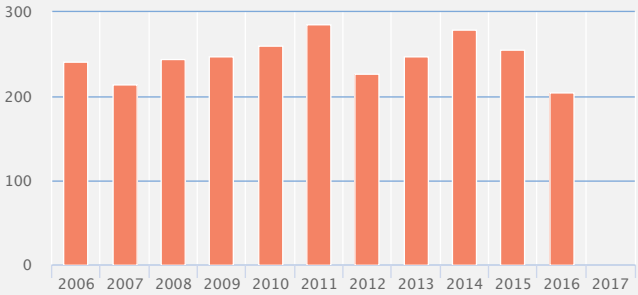
Characteristics of and trends in drug-induced deaths in Poland

NB: Year of

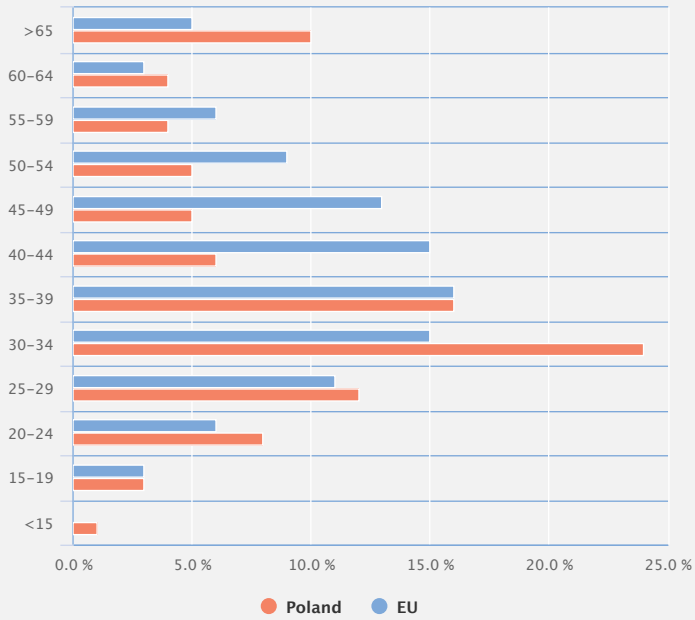
Gender distribution



Trends in the number of drug-induced deaths



Age distribution of deaths in 2016



data 2016

Prevention

In Poland, drug prevention activities are governed by the National Health Programme 2016-20 and the National Drug Strategy 2016-20. 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. 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

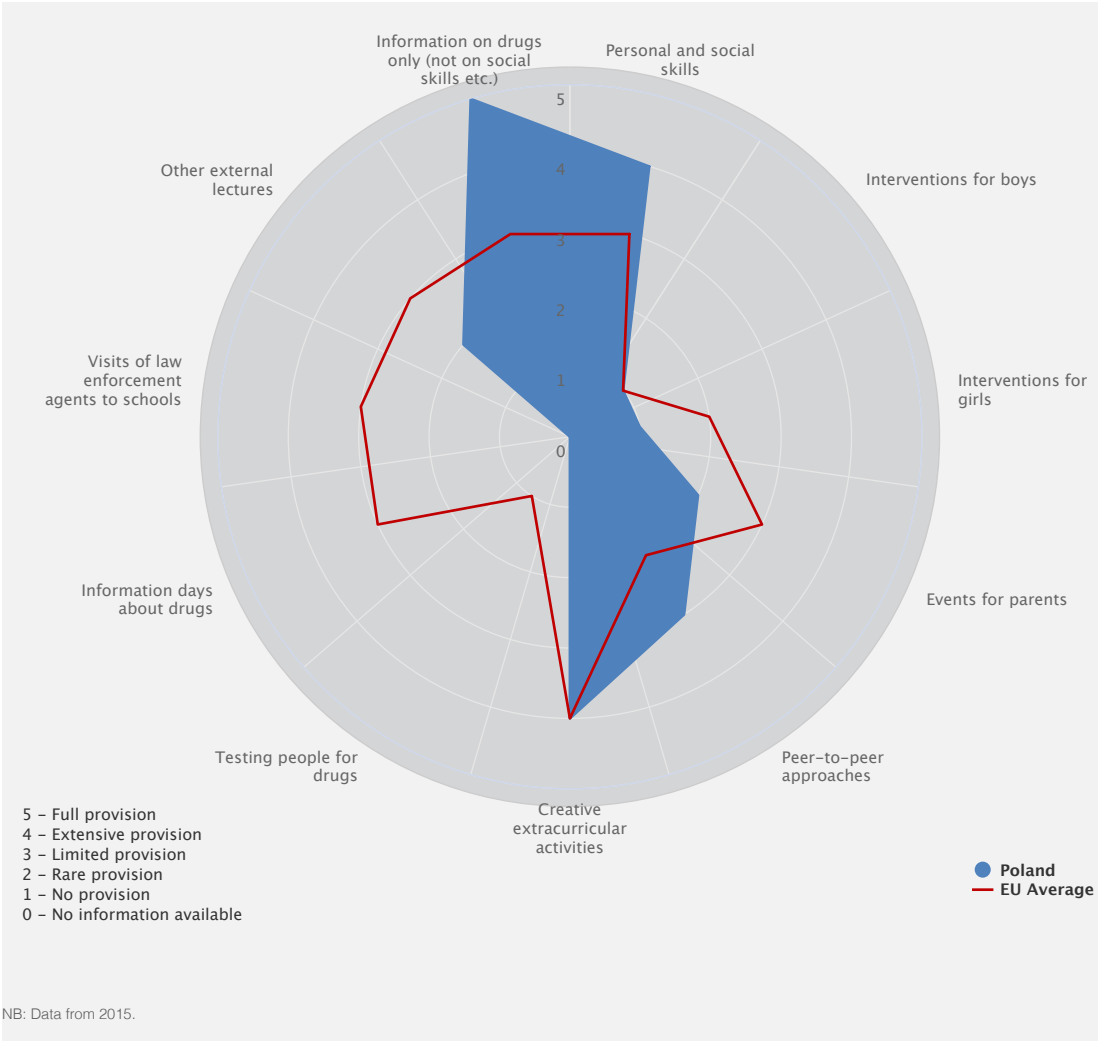
Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on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

In Poland, 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. 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 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 it had a positive impact, leading to a reduction in cannabis and alcohol consumption by reducing positive beliefs and attitudes regarding addictive substances and improving knowledge and competence among parents. In 2017, programmes for parents and teachers were also supported to strengthen educational and other skills needed to cope with drug dependence in the family. 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.

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 2017, more than 40 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 recreational 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.

Provision of interventions in schools in Poland (expert ratings)



NB: Data from 2015.

Harm reduction

The National Drugs Strategy 2016-20, as a part of National Health Programme 2016-20, emphasises the need for (i) improved access to risk reduction programmes targeting occasional drug users, (ii) harm reduction programmes targeting drug-dependent clients unmotivated to change their behaviour and (iii) infectious disease treatment programmes. While drug treatment is funded by the national health system, needle and syringe programmes (NSPs) are co-financed by local governments and the National Bureau for Drug Prevention (KBPN). Financial resources made available under the National Health Strategy and the KBPN are allocated following annual competitions targeted mainly at non-governmental organisations (NGOs). Furthermore, local governments fund additional services, such as night shelters, hostels and day-care centres, that are provided within their territories.

Harm reduction interventions

Needle and syringe exchange programmes were launched in Poland as early as 1989, complementing service provision at selected outpatient clinics. Harm reduction programmes, including outreach and street-based services, have been conducted since 1996. Harm reduction interventions are mainly conducted by NGOs and primarily cover larger Polish cities.

In 2017, 10 NSPs operated in 10 Polish cities, reaching 1 762 clients. With around 60 000 syringes distributed in 2017, the number of syringes given out had halved since 2013, while the number of clients attending specialised programmes had increased slightly.

Availablity 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	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	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

Treatment

The treatment system

The National Health Programme 2016-20 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 National Drugs Strategy 2016-20.

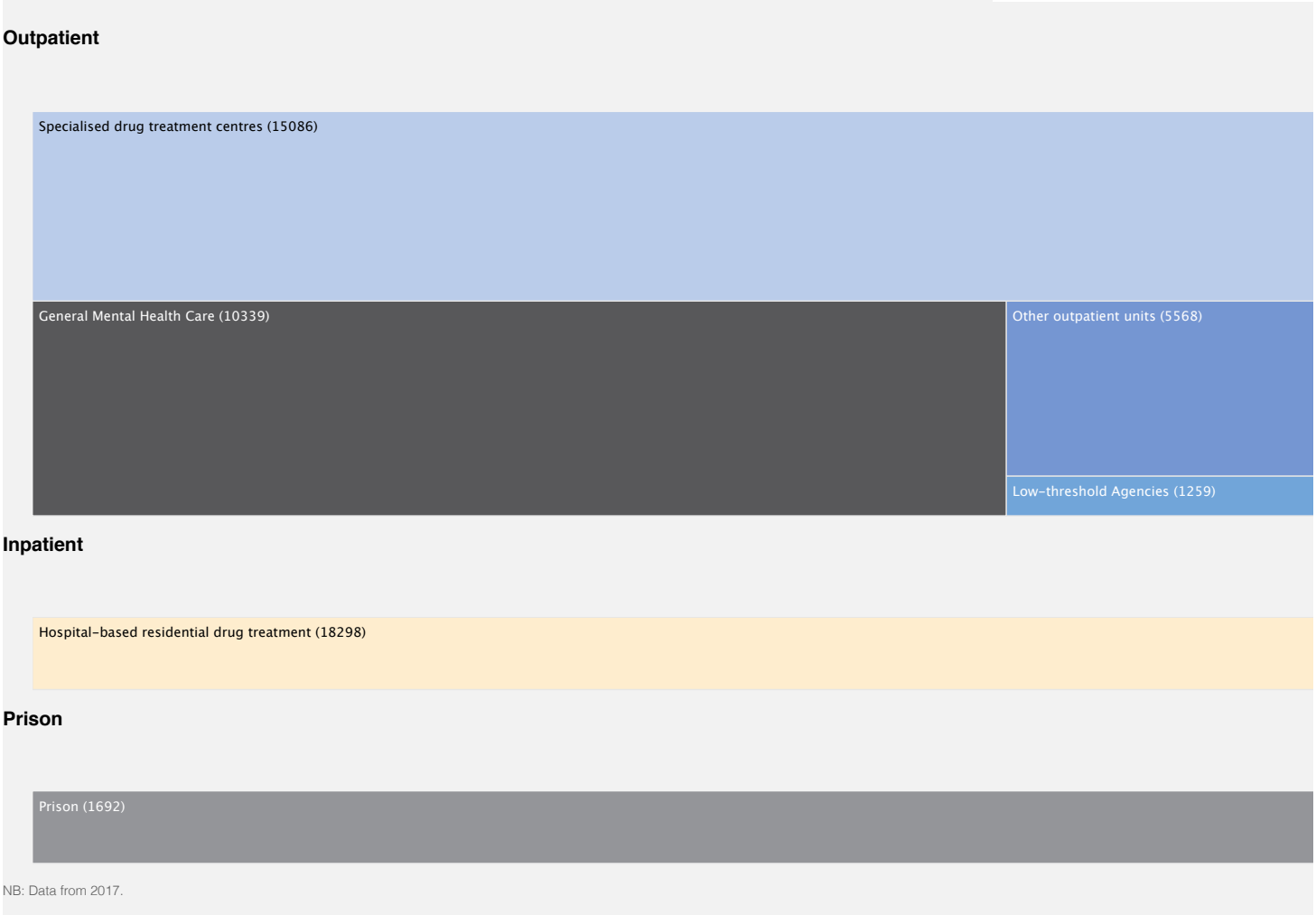
The system of specialised drug services in Poland is integrated into mental health care, and a number of legal acts govern drug treatment in Poland. The implementation of drug treatment is the responsibility of the communities and provinces, where it is delivered by a range of providers who have signed 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 on 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 private clinics and physicians. Polish post-rehabilitation programmes are also implemented mainly by NGOs. These are subsidised by the state budget and resources from local authorities. In recent years, a new treatment programme aimed at cannabis users, CANDIS, 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 province, in collaboration with the Ministry of Health, can deliver OST. NGOs can also provide OST.

Drug treatment in Poland: settings and number treated



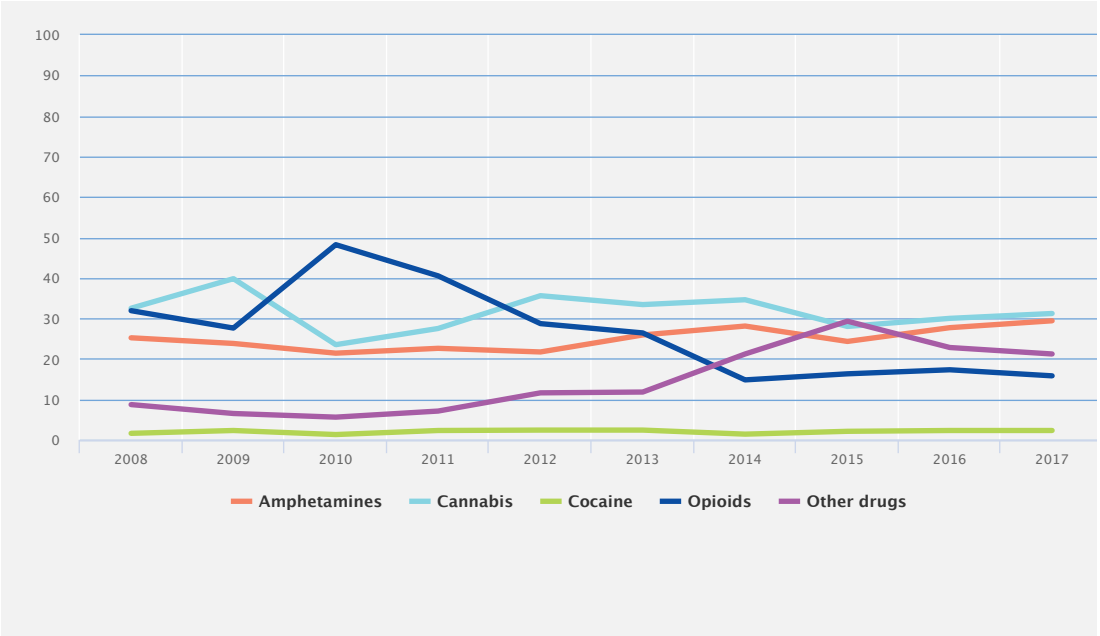
NB: Data from 2017.

Treatment provision

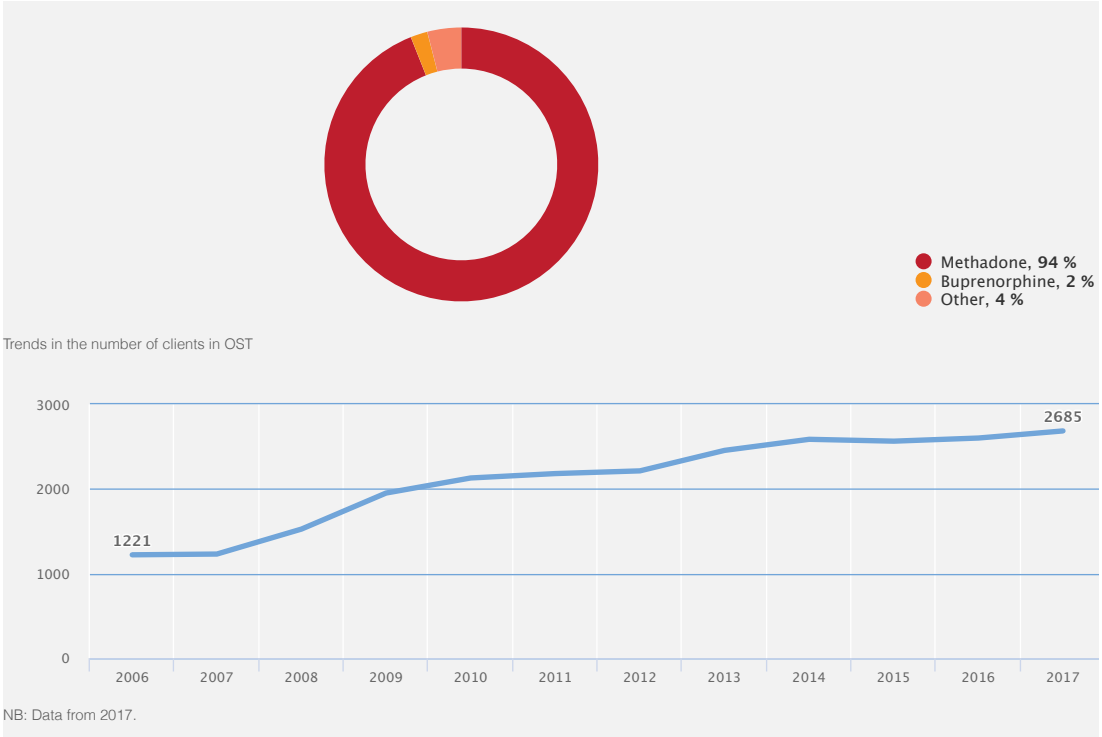
In 2012, a new treatment registration system was put in place, which has expanded in recent years to cover around half of specialised outpatient and inpatient treatment centres. Caution must be exercised when interpreting data because of the evolution of the national monitoring system, particularly with regard to coverage. In 2017, the majority of clients treated for drug dependence in Poland received treatment in outpatient settings. Among those who entered treatment in 2017, around one third entered treatment for primary use of cannabis and one third for stimulants, mainly amphetamines. Opioids, mainly heroin, and new psychoactive substances were the other most common primary drugs reported by clients entering treatment in this year.

Data from the National Bureau's Registry of Substitution Treatment show that the number of clients receiving OST has increased significantly in the last decade. The majority of clients treated with OST received methadone, although buprenorphine-based medications are also available. It is estimated that fewer than one fifth of problem opioid users receive OST in Poland.

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



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



NB: Data from 2017.

Drug use and responses in prison

Data on drug use among prisoners are available from the 2007 prison survey and from a 2014 pilot data collection using the European Questionnaire on Drug Use among Prisoners. These data show that a large proportion of prisoners in Poland had used drugs before imprisonment, mainly cannabis, amphetamines and, to lesser extent, opioids. Based on the pilot data collection, half of the prisoners included in the survey had used new psychoactive substances (NSP) before imprisonment. Drug use inside prison was also reported, although to a lesser extent.

Polydrug use, including use of opioids, cannabis, alcohol, amphetamines and other substances, is the main reason for entering drug treatment in Polish prisons. Recent evidence suggests that NSP use in prison settings is emerging in Poland. The National Health Programme 2016-20, several regulations by the Ministry of Justice since 2003 and the ordinance from the prison directorate establish the framework for implementing drug interventions in prison in Poland.

Drug interventions in prison in Poland are based on programmes approved by the General Director of the Prison Service. These programmes include 6-month residential therapeutic programmes conducted in special wards, with interventions ranging from psychotherapy to rehabilitation (available in only some prisons); short-term interventions for individuals at different stages of substance addiction, available in all prisons; self-help groups; and opioid substitution treatment (OST). In 2017, 159 inmates received OST in prison.

Harm reduction interventions are implemented by non-governmental organisations and 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 have not been admitted to prison treatment wards. 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 health service centres.

The implementation and coordination of tasks in the areas 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 (KBPN), 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 and assure the quality of educational programmes, while 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 KBPN, 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. 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 and prevention is available on the website of the KBPN; in 2017, it listed 20 programmes. In 2016 and 2017, a number of training sessions, seminars and conferences took place to promote the implementation of the European Drug Prevention Quality Standards as well as the Minimum Quality Standards in Drug Demand Reduction in Poland.

A certification system for drug treatment instructors and specialists is in place, and other training opportunities for specialists from different groups are also available. Each training component is implemented by entities selected through competitions conducted by the KBPN. 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'. The financing of scientific research in the field of drugs is part of its aims. The EMCDDA's national focal point in Poland, in collaboration with the National Bureau for Drug Prevention (KBPN)'s Council for Scientific Research, coordinates, finances and monitors the implementation of the National Health Programme for drug-related research. In 2017, the KBPN selected and financially supported over a dozen drug-related research projects. The Poland's Global Scientific Research Committee also provides funding 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.

Scientific research, within the scope of statutory activities in the field of drugs and drug dependence, is also 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.

Research findings are disseminated through scientific journals, on websites and through the activities of the national focal point, which include creating a newsletter and a website, and participating in national and international conferences.

Drug markets

Poland is both a transit country for drug trafficking and the source of production of synthetic drugs. Poland is a major amphetamine manufacturer for 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 Polish organised crime groups (OCGs) that establish, equip and supply synthetic drug production labs. Because of the changing legal status of certain (pre-)precursors, the police has observed changes in the manufacturing process, which is now developed in several stages. These production stages take place in different locations, which can change frequently. In 2017, the police dismantled 18 synthetic drug labs: 12 for the production of amphetamine, five for methamphetamine production and one producing a new psychoactive substance (4-chloromethcathinone (4-CMC)).

In November 2010, more than 1 300 smart shops selling new psychoactive substances (NPS) were closed. In 2013, NPS re-emerged on the Polish drug market, mainly purchased online but also available in retail stores.

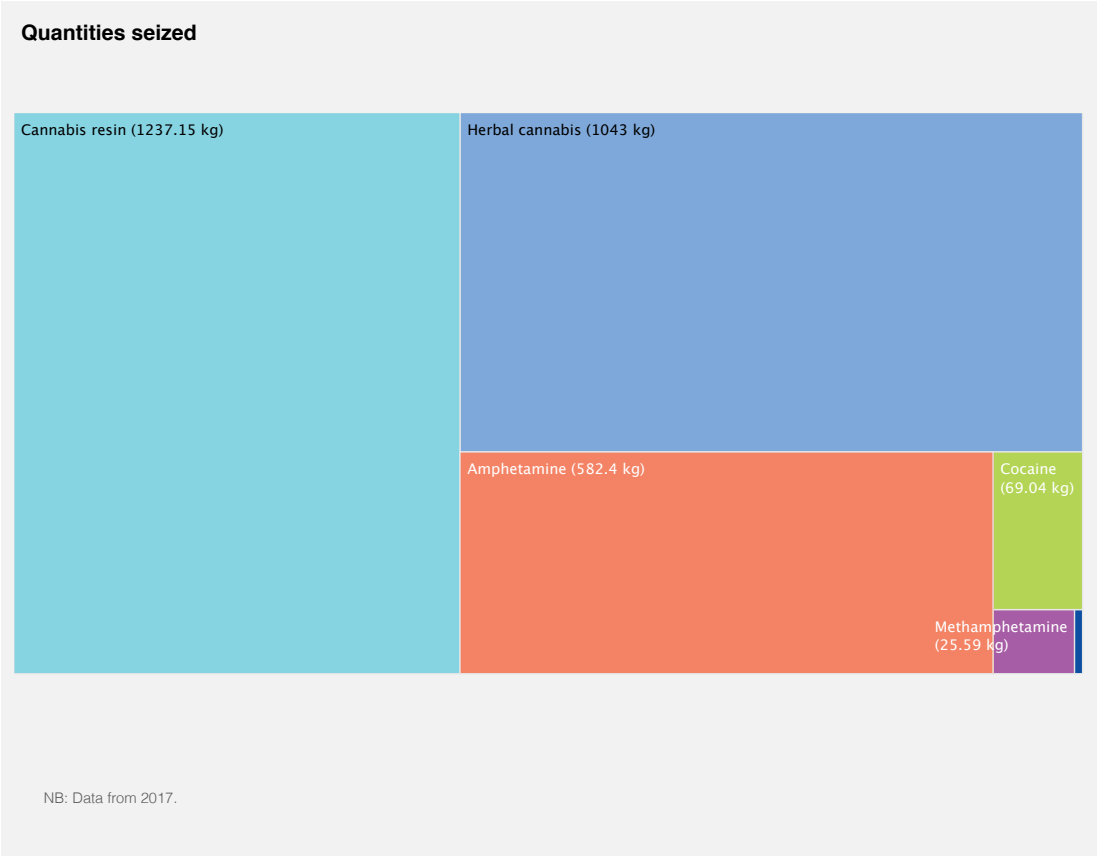
Heroin, originating from Afghanistan, reaches Poland primarily through the Balkan route, and is predominantly destined for Germany and the United Kingdom. Polish 'home-made' heroin, known as 'kompot', is also available on the domestic market. Cocaine is smuggled through Western European countries and also enters Poland via Turkey and Greece.

Cannabis is trafficked primarily from the Netherlands, Belgium, Germany and Czechia in transit through Poland to Eastern Europe and Russia. Polish OCGs are involved in the trafficking and distribution of cannabis across Europe and can be held responsible for an increase in domestic large-scale cannabis cultivation sites. In 2017, more than 1 200 cannabis plantations were dismantled, and record seizures of herbal cannabis, cocaine and amphetamines were reported. Large amounts of seized MDMA/ecstasy were also recorded that year.

Polish law enforcement activities focus on the prevention and detection of illicit synthetic drug production, including the enforcement of (pre-)precursor control.

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

Drug seizures in Poland: quantities seized



Key statistics

Most recent estimates and data reported

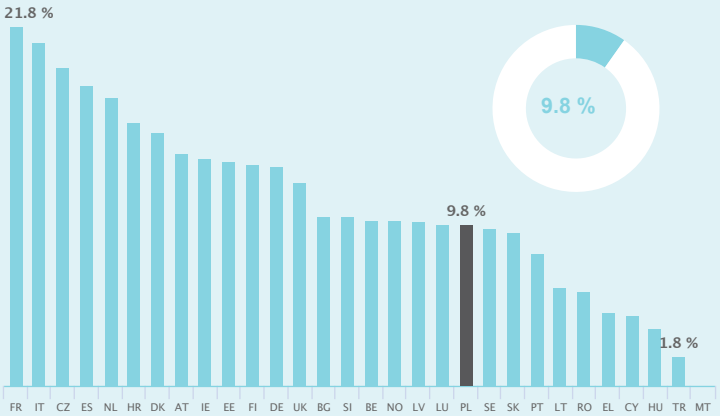
	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	23.76	6.51	36.79
Last year prevalence of use — young adults (%)	2014	9.8	1.8	21.8
Last year prevalence of drug use — all adults (%)	2014	4.6	0.9	11
All treatment entrants (%)	2017	31.2	1.03	62.98
First-time treatment entrants (%)	2017	39	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	1 043	11.98	94 378.74
Number of herbal cannabis seizures	2017	93	57	151 968
Quantity of cannabis resin seized (kg)	2017	1 237.2	0.16	334 919
Number of cannabis resin seizures	2017	18	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	0.61 - 31.84	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	5 - 9	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	3.5 - 8	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.65	0.85	4.85
Last year prevalence of use — young adults (%)	2014	0.4	0.1	4.7
Last year prevalence of drug use — all adults (%)	2014	0.2	0.1	2.7
All treatment entrants (%)	2017	2.3	0.14	39.2
First-time treatment entrants (%)	2017	2.5	0	41.81
Quantity of cocaine seized (kg)	2017	69	0.32	44 751.85
Number of cocaine seizures	2017	9	9	42 206
Purity (%) (minimum and maximum values registered)	n.a.	n.a.	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	50 - 63	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	4.41	0.84	6.46
Last year prevalence of use — young adults (%)	2014	0.4	0	3.9
Last year prevalence of drug use — all adults (%)	2014	0.2	0	1.8
All treatment entrants (%)	2017	29.4	0	49.61
First-time treatment entrants (%)	2017	31.6	0	52.83
Quantity of amphetamine seized (kg)	2017	582.4	0	1 669.42
Number of amphetamine seizures	2017	25	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	4.16 - 60.59	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	7 - 11	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.33	0.54	5.17
Last year prevalence of use — young adults (%)	2014	0.9	0.2	7.1
Last year prevalence of drug use — all adults (%)	2014	0.4	0.1	3.3
All treatment entrants (%)	2017	0.3	0	2.31
First-time treatment entrants (%)	2017	0.3	0	2.85
Quantity of MDMA seized (tablets)	2016	149 921	159	8 606 765
Number of MDMA seizures	n.a.	n.a.	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	n.a.	n.a.	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	4 - 5	1	40
Opioids				
High-risk opioid use (rate/1 000)	2014	0.55	0.48	8.42
All treatment entrants (%)	2017	15.8	3.99	93.45
First-time treatment entrants (%)	2017	5.9	1.8	87.36
Quantity of heroin seized (kg)	2017	2.5	0.01	17 385.18
Number of heroin seizures	2017	2	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	n.a.	n.a.	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	38 - 63	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	0.7	0	47.8
HIV prevalence among PWID* (%)	2017	n.a.	0	31.1
HCV prevalence among PWID* (%)	2017	57.9	14.7	81.5
Injecting drug use (cases rate/1 000 population)	n.a.	n.a.	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2016	6.97	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	59 958	245	11 907 416

Clients in substitution treatment	2017	2 685	209	178 665
Treatment demand				
All entrants	2017	7 084	179	118 342
First-time entrants	2017	3 560	48	37 577
All clients in treatment	2009	11 341	1 294	254 000
Drug law offences				
Number of reports of offences	2017	32 600	739	389 229
Offences for use/possession	2017	29 159	130	376 282

EU Dashboard

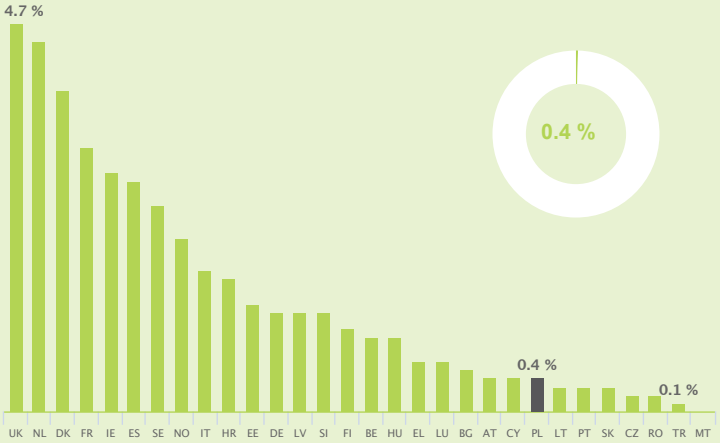
Cannabis

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



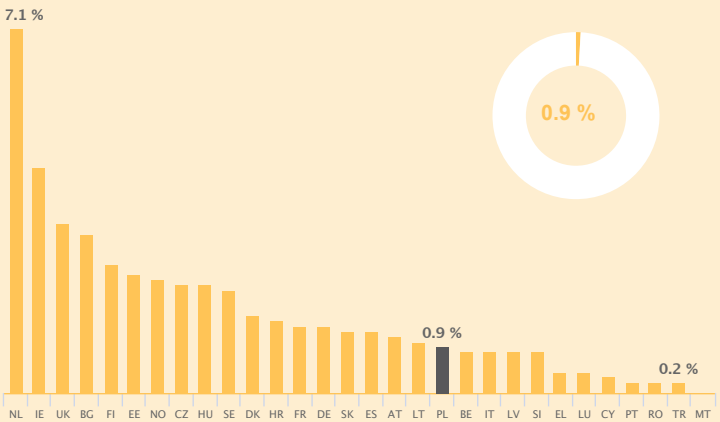
Cocaine

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



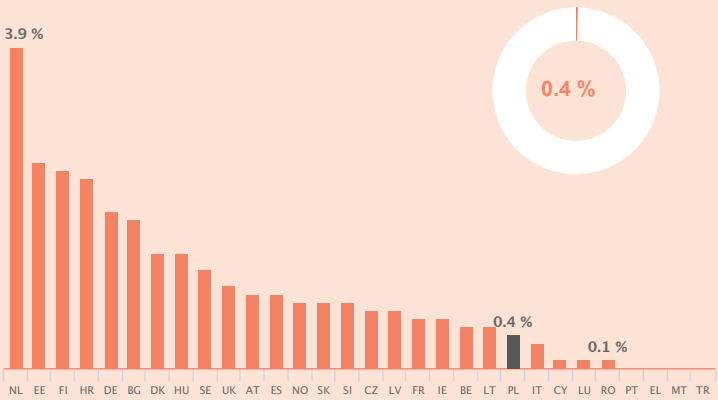
MDMA

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



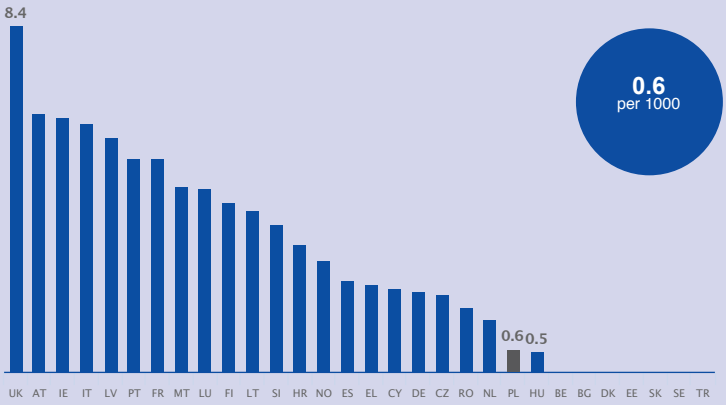
Amphetamines

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



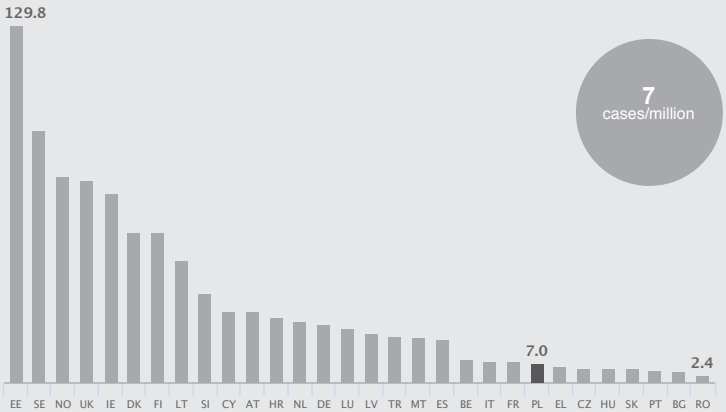
Opioids

High-risk opioid use (rate/1 000)



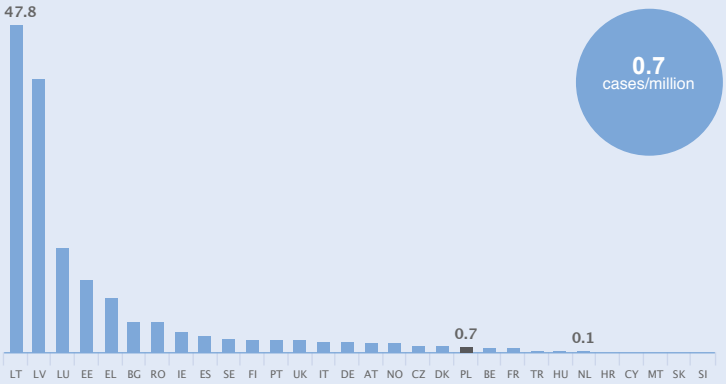
Drug-induced mortality rates

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, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

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.

Click here to learn more about our partner in Poland .

Polish national focal point

National Bureau for Drugs Prevention

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Tel. +48 22 6411501

Head of national focal point: Mr Artur Malczewski

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin .