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POLAND

New Development, Trends and In-depth information on selected issues

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Editor:

Artur Malczewski

Authors:

Centrum Informacji o Narkotykach i Narkomanii – Reitox National Focal Point:

Artur Malczewski - Head of NFP
Michał Kidawa
Marta Struzik
Ewa Sokołowska
Beata Policha

Krajowe Biuro ds. Przeciwdziałania Narkomanii - National Bureau for Drug Prevention:

Piotr Jabłoński – Director
Bogusława Bukowska – Deputy Director
Anna Radomska
Dawid Chojecki
Łukasz Jędruszak
Danuta Muszyńska
Katarzyna Pacewicz
Agata Kręt

External experts:

Zofia Mielecka - Kubień
Janusz Sierosławski
Jacek Kurzępa

Translation:

Paweł Nowocień
Kamil Nowocień

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SUMMARY *prepared by Marta Struzik*

The history of drugs and drug addiction in Poland goes back to the 1970s and since then the use of illicit psychoactive substances and related problems have been monitored. Despite methodological limitations related to the nature of the phenomenon as well as the availability and credibility of some data, the picture of the size of drug problem and trends in drug use are becoming increasingly accurate.

Demand for drugs can be measured by drug use prevalence. One of the sources of information is the national questionnaire survey on alcohol and drug use in school youth conducted according to the methodology of ESPAD studies. The aim of the 2005 survey was to measure prevalence of psychoactive substances in young people before the National Programme for Counteracting Drug Addiction 2006-2010 came into force. The results indicate a far higher prevalence of licit than illicit substances. In illicit substances a relatively high prevalence was noted in relation to cannabis. Second came amphetamine. Both experimenting with illicit substances and occasional use is more prevalent in boys than girls. Most young people are well-oriented in terms of health and social risk related to using psychoactive substances. Both 70% of middle school third graders and high school second graders attended prevention classes at school. Most participants noticed the impact of prevention classes, at least on their opinions on drug use.

Another source of information on drug use is the study conducted on a national random sample of Poles. In 2006 the second edition of the research project on the prevalence of psychoactive substances and Poles' attitudes towards alcohol and drug-related problems was launched (the first study was conducted in 2002). The results of this edition show that marijuana still remains the most prevalent drug. The occasional drug use trend levelled off. The results also revealed downward trends in the availability of drugs and a slight rise in people exposed to drug offers, especially cannabis. No increase in drug driving trends were noted. Similarly to 2002 drug addicts are considered ill people who need treatment and care.

Trends in drug addiction understood as regular use causing serious problems e.g. mental and behavioural disorders can be monitored on the basis of statistical data of residential psychiatric treatment. The number of drug patients at specialist clinics and hospital wards was rising steadily in previous years. In 2005 the residential treatment system admitted 3.7% more patients compared to 2004. The percentage of first-time patients did not change and stood at 55.9%. The sex distribution of patients admitted to residential treatment changed in 2005 – the percentage of women rose to 31% (24% in 2004). Changes were also noted in the age structure, in 2005 the percentage of patients aged 16-24 fell to 45% (48% in 2004), whereas the percentage of the oldest group (45 and older) increased to 14% (13% in 2004). Since 2001 we have been observing an annual percentage increase in patients aged

25-34. Lower percentages of younger age groups might imply that the trend is starting to level off.

The most numerous patient group is still opiate users (18%), then in numerical order come users of tranquillisers and sleeping pills (11%), amphetamine (8%), cannabis (3%) and inhalants (2%). The remaining categories of patients do not exceed 1%. It is worth stressing that more than a half of drug patients fall into the category of “miscellaneous and undefined substances”.

The latest estimation of the number of problem drug users that also included persons not covered by the drug treatment reporting system is based on the 2002 study results. According to this estimation the number of drug addicts ranges between 35 000 and 75 000. The results of another estimation using this year’s national survey will be available at the end of 2007. Due to increase in drug use in the 1990s and at the beginning of the 21st century the number of drug addicts is expected to rise.

One of the most serious drug-related health problems is infectious diseases. The result of the 2005 study “Incidence estimation of infectious diseases (HBV, HCV, HIV) in IDUs” show that incidence rates in Poland are comparable with those recorded in Europe. In the study group HCV infection rates occurred twice more often than HIV infection rates. At present HIV is predominantly transmitted sexually. HCV antibodies were detected in 57.9% of the study participants compared to 24.1% of the participants with HIV antibodies. It must be stressed that only a third of HCV respondents knew they were positive, which increases their risk of unaware virus transmission. The results showed that HBV, HCV and HIV infections are facilitated by increased exposure to blood as well as dire socio-economic status of injecting drug users and engaging in risky behaviour such as sharing the same needles and syringes.

Nationwide data on the number of HIV infections and AIDS cases reported to Sanitary and Epidemiological Stations, including those related to drugs come from the National Institute of Hygiene. The number of routinely reported new HIV infections in injecting drug users has been falling in recent years, similarly to AIDS cases, which reflect the phenomenon with considerable delay. In interpreting the above data one should pay attention to the fact that in a number of reported HIV cases there is no source of infection stated, which is likely to be using psychoactive substances.

The most dramatic consequences of using drugs are fatal overdoses. The source of information on this subject is the register of the Central Statistical Office. Death cases have been extracted according to ICD-10 codes: F11-12, F14-16, F19, X42, X44, X62, X64, Y12 i Y14. In recent years in Poland we have been observing stabilization of the trend and since 2002 the number of deaths has been falling. In 2005 we recorded a slight increase in the number of drug-related deaths. In 2004 there were 231 death cases and in 2005 290, which

is slightly more than in 2004. The 2006 data will show whether the 2005 increase was a temporary fluctuation or a permanent reversal if the downward trend that started in 2002.

Pursuant to Article 26.5 of the Act of Law of 29 July 2005 on Counteracting Drug Addiction the services of drug treatment, rehabilitation and re-adaptation are provided for a drug addict free of charge, regardless of his or her place of residence. Health care for drug addicts is based on the network of outpatient and inpatient clinics that hold the status of public or non-public health care units. Outpatient clinics (predominantly Prevention and Addiction Treatment Centres) constitute the first link of intervention and psychological assistance. The health care system for persons addicted to narcotic drugs is still dominated by long-term and mid-term inpatient forms of treatment. A tendency to shorten therapy is being observed. Inpatient clinics are mainly located beyond urban areas and they run treatment and rehabilitation programmes based on the therapeutic community model. The other forms of assistance for drug addicts were provided through detoxification wards, day care centres for addiction treatment, addiction treatment hospital wards, harm reduction programmes, therapeutic wards for addicts at prisons and re-entry programmes. Selected centres also provided services for dual diagnosis patients. In 2006 1221 opiate addicts in 12 methadone programmes received substitution treatment. 3 programmes were also run in remand centres.

In 2005 in Poland 13 320 persons entered outpatient treatment. However, this figure does not refer to all outpatient clinics whose number, according to the latest information, stands at 86. Inpatient treatment admitted 35 500 patients in 2005.

Information on supply of drugs in Poland comes predominantly from drug enforcement agencies. Operational and intelligence actions are performed by the Police, the Border Guard, the Military Police and the Internal Security Agency. Offences listed in the Act of Law on counteracting drug addiction include illegal manufacture of drugs, drug trafficking, introducing drugs to trade, possession of narcotic drugs and psychotropic substances and cultivation of illicit plants for the purpose of drug manufacture.

Since 200 we have been recording a dramatic upward trend in the number of detected crimes against the Act of Law on counteracting drug addiction. As a result of amending the Act in 2000 the structure of detected crimes changed. The number of crimes related to illegal drug possession is rising the fastest. In recent years seizures of drugs and drug precursors as well as the number of detected professional amphetamine clan labs have also risen. In 2005 the total of 67 560 offences against the Act of Law on counteracting drugs were detected and in 2006 – 70 202. The Police data show that the year 2006 still witnessed the trend, however not as dynamic as in previous years.

Part A: New Developments and Trends

1. National policies and context *prepared by Michał Kidawa, Beata Policha, Danuta Muszyńska*

1.1. Legal framework

- **Laws, regulations, directives or guidelines in the field of drug issues (demand and supply,)**

The basic anti-drug legal act is the Act of Law of 29 July 2005 on Counteracting Drug Addiction. In the reporting period several executive acts were adopted such as regulations which make the provisions of the Act more specific. It is necessary to update and harmonise the Polish anti-drug law and at the same time to remove any inconsistencies that emerged when the Act came into force in 2006. It is a long and complicated process. The Act itself has also been amended.

Legal changes will be described according to their hierarchy, from to the highest to the lowest profile.

In the Polish anti-drug law there is a general tendency to tighten penal sanctions. The tightening results from the necessity to harmonise the Polish legislation related to combating drug trafficking with EU standards (Struzik 2007).

The amended Act of Law of 27 April 2006 on Counteracting Drug Addiction introduced several changes in this respect. Therefore in the current state of law pursuant to Article 58.2 whoever distributes or entices another person to use a narcotic drug or a psychoactive substance is subject to the penalty of deprivation of liberty from 6 months to 8 years. Before the Act was amended the same offence was punishable with the penalty of up to 5 years' imprisonment.

In Article 61 the list of punishable offences such as exporting, processing, converting, purchasing, possessing was extended by introducing to trade precursors that are used in the manufacture of psychoactive substances.

The legislator also introduced stricter penal sanctions related to the possession of substantial amount of narcotic drugs or psychoactive substances. In Article 62.2 a fine and the penalty of deprivation of liberty of up to 5 years were replaced with the penalty of deprivation of liberty from 6 months to 8 years. The fine was removed.

Moreover, the amended Act of Law of 7 December 2006 introduced a new definition of fibre hemp where the existing provision on the 0.2% content of delta-9-tetrahydrocannabinol in flowering and fruiting tops was added with tetrahydrocannabinolic acid. New provisions penalise the cultivation of coca leaves.

Apart from the above changes to the Act a number of executive acts to the Act were adopted.

One of them is the Regulation of 13 July 2006 on trainings in addictions, which makes Article 27 of the Act of Law on counteracting drug addiction more specific. The above regulation specifies requirements for training entities, sets framework curricula of addiction trainings, stipulates mode and procedure for final exams and the composition of the exam panel as well as provides specimen certificates for drug therapy instructors and specialists.

In 2006 two other vital regulations came into force. One lays down rules of conduct with drug addicts sentenced for committing drug-related crime and the other establishes rules of conduct with drug addicts serving a prison sentence.

The former is the Regulation of the Minister of Health of 1 December 2006 on specific conditions and ways of conduct in drug treatment and rehabilitation of addicts who were sentenced in relation to committing a drug-related crime. The Regulation describes how to handle in health care centres convicted addicted that were mandated by the court of law to enter drug treatment pursuant to Article 71.1 and 3 of the Act of Law on counteracting drug addiction. The Regulation stipulates ways of keeping records and procedures of informing the court on the progress in treatment, termination of treatment or non-compliance with the centre's rules.

Moreover, the Regulation sets the convict's obligations before the centre. The centre should provide the convict with diagnosis of mental state, treatment of health harm, individual and group therapy as well as consultation and education activities.

In Article 5.2 the Regulation, as a form of therapy, permits substitution treatment for this category of people.

According to the Regulation addicts sentenced to the penalty of deprivation of liberty, whose execution has been conditionally suspended, may enter outpatient or inpatient treatment. In the case of addicts sentenced to prison without conditional suspension of the penalty treatment takes place in a drug rehab clinic stipulated in the court's decision.

The latter is the Regulation of the Minister of Justice of 21 December 2006 on specific conditions and ways of conduct in treatment, rehabilitation and re-adaptation of addicts placed in organizational units of the Prison Service.

The necessity to issue a regulation resulted from amending the Act of Law. The new regulation does not introduce and revolutionary changes or new solutions in care over addicts in confinement. However, there are areas that the legislator decided to make more specific. The responsibilities of doctors at outpatient clinics and the therapeutic wards were made more specific. Treatment, rehabilitation and re-adaptation of addicts in penal institutions is conducted at prison outpatient clinics and patients' chambers, detoxification sub-wards of health care centres for prison inmates and the therapeutic wards. Doctors of outpatient clinics are mandated to diagnose addiction to narcotic drugs, psychotropic

substances or substitute drugs, inform addicts of available forms and conditions of treatment and rehabilitation, refer addicts to detoxification sub-wards or to outpatient substitution treatment. Moreover, these doctors are mandated to pass opinions on addicts' referrals to therapeutic wards as well as opinions on requests to penitentiary courts on mandating a drug addict to enter drug treatment and rehabilitation in the process of serving a prison sentence.
Staff of therapeutic wards must conduct psychological testing on addicts, prepare addicts to enter therapy, conduct individual and group therapy. Apart from providing access to different forms of therapy that have been outlined above therapeutic wards are mandated to prepare addicts for self-reliant functioning outside prison, especially through developing skills of social functioning, providing access to vocational training and sources of income as well as providing assistance in continuing rehabilitation and re-entering society upon discharge from prison.

1.2. Institutional framework, strategies and policies

- **Coordination arrangements**

Pursuant to the Act of Law of 27 April 2006 on Counteracting Drug Addiction the Council for Counteracting Drug Addiction was appointed. The Council is an advisory and coordinating body in matters of counteracting drug addiction. It operates by the Chairman of the Council of Ministers and comprises secretaries and undersecretaries of state.
In 2006 by virtue of the Regulation of the Chairman of the Council of Ministers the statutes of the Council for Counteracting Drug Addiction came into force. It made the provisions of the Act of Law more precise. The Regulation stipulates responsibilities and tasks of Council members, procedures of convening sessions of the Council and the principles of appointing as well as the operational manners of work teams.
The procedures related to the functioning of the Council make it possible for the Council to performs tasks detailed in the Act of Law.

- **National plan and /or strategies**

A national strategy and an action plan are merged in Poland in the National Programme for Counteracting Drug Addiction 2006-2010, which was broadly outlined in National report 2010.

- **Implementation of policies and strategies**

The report on the implementation of the National Programme for Counteracting Drug Addiction 2006-2010 prepared by the National Bureau for Drug Prevention and the Ministry of Health and then submitted to the Parliament of the Republic of Poland serves as a source

of information on implementing the anti-drug strategy. The general aim of the programme is "Reducing drug use and related social and health problems". The achievement of the general aim is performed in the following areas:

I. Prevention
II. Treatment, rehabilitation, health harm reduction and social re-integration
III. Supply reduction
V. Research and monitoring

New initiatives in the above fields will be outlined below.
The cost analysis of the implementation of the National Programme for Counteracting Drug Addiction in 2006 shows a 16% increase in the financial resources compared to 2005. In 2006 the implementing entities disbursed PLN 320 433 571.

In the area of **prevention** a number of actions were taken to increase the involvement of local communities in counteracting drug addiction. In 2006-2007 a series of trainings under the programme Transition Facility 2004 were planned. They were are called "Support for regional and local communities in counteracting drug addiction at local level". Local authorities also financed trainings and publications on developing and evaluating local and regional programmes for counteracting drug addiction. An indicator that showed an rise in the involvement of local communities in counteracting drug addiction is a steadily increasing number of prevention programmes that were co-financed by the local authorities, especially in the field of secondary prevention. In 2006 communes (gminy) co-financed secondary prevention programmes at the total amount of PLN 12 929 930, compared to PLN 8 884 798 in the previous year. Moreover, there is an increasing number of communal and provincial programmes for counteracting drug addiction. In 2006 849 communes and 15 provinces (województwa) reported the adoption of the programme, compared to 192 communes and 10 provinces in 2005. The programmes are more and more often based on the diagnosis of the drug problem.
Under the National Programme for Counteracting Drug Addiction governmental institutions co-financed and organized a series of trainings intended to raise the quality of new prevention programmes. Apart from organizing trainings, seminars and publishing educational materials in the field the National Bureau for Drug Prevention, the Institute of Psychiatry and Neurology and the Methodological centre for Psychological and Pedagogical Assistance launched works on developing a recommendation system for prevention programmes.
Moreover, under the National Programme for Counteracting Drug Addiction a series of social information campaigns were launched all over the country. The campaigns were conducted

at the central level (e.g. “Closer to each other – further away from drugs”) and at the regional and local levels. It must be stressed that the mass media got deeply involved in the campaigns, which contributed to better visibility and effectiveness of the campaigns.

In 2006 in the area of **treatment, rehabilitation and health harm reduction** a number of actions were taken to improve the quality of treatment, rehabilitation and harm reduction. Works on health care standards in drug treatment were continued. In 2006 a number of drug treatment standards in terms of care over the patient and the organizational functions of the treatment unit were developed. The framework of accreditation procedures for health care centres authorised to provide drug treatment and rehabilitation was also developed. Under the ongoing project on the model of recommended network of necessary drug treatment and rehabilitation services a set of recommended (minimum) availability indicators in the psychiatric system was devised. Moreover, the National Bureau for Drug Prevention continued to develop an evaluation system for drug treatment, rehabilitation and harm reduction services.

In order to increase the availability of outpatient services for problem drug users a considerable emphasis was placed in 2006 on the development of new outpatient programmes and the improvement of the functioning of the already existing ones. In 2006 the outpatient services in drug treatment and rehabilitation were provided in all provinces:

There are still serious problems with the availability of substitution treatment programmes. Nationally there were only 12 methadone programmes in operation. Despite the fact that 3 provincial branches of the National Health Fund reported that they had not financed substitution treatment programmes due to lack of interest on the part of health care facilities in providing such services, in fact such programmes had not met the demand for drug treatment.

In 2006, similarly to previous years, harm reduction programmes, especially syringe and needle exchange programmes, were not contracted by the National Health Fund. To a small extent these activities were financed by the local authorities. Although more and more communes are developing harm reduction programmes, still the demand is not being met. While trying to find reasons for the insufficient support for such programmes one can assume that the local authorities probably do not notice a clear link between financing programmes reducing health and social harm and thus the possibility of limiting the expenditure on drug treatment, welfare and security maintenance.

In 2006 the prison system featured substitution treatment programmes, abstinence programmes and prevention programmes. Problems are reported in relation to the continuation of therapy upon discharge from prison. Despite increasing the number of places in specialist wards the waiting time for admission to a therapeutic ward in 2006 extended compared to the previous years and amounted to 13 months. However, compared to 2005 a fivefold increase was reported in the number of prevention programmes conducted at penal

institutions, beyond therapeutic wards. In 2006 there was only one social rehabilitation and therapy centre that provided specialist treatment and rehabilitation assistance to minors who had been sent to a youth detention centre. In the remaining youth social rehabilitation centres there indicated prevention programmes conducted in school classes and dorm groups.

A new activity to be performed under the National Programme for Counteracting Drug Addiction 2006-2010 is to increase the availability of programmes designed to prevent and treat infectious diseases in drug users. The National Health Fund contracts covered services in anti-retroviral treatment, HBV vaccinations as well as HCV and HIV testing.Th4e national Bureau for Drug Prevention in turn ran 17 consultation and evaluation points, where one could have an HIV test anonymously and free of charge.

In order to raise the qualifications of the staff providing treatment, rehabilitation and harm reduction services in 2006 a number of trainings were conducted for drug therapy specialists, instructors, doctors, nurses and professional groups running drug-related health harm reduction programmes.

To summarise, in the area of drug treatment and rehabilitation one must particularly intend to increase access to substitution treatment programmes, programmes of treating and preventing infectious diseases and to develop the outpatient treatment system. One must pursue the goal of more varied therapeutic offer that would feature evidence-based structured methods. It should be expected that these goals cannot be achieved without tightening cooperation between competent bodies and particularly without cooperation with the medical community (psychiatrists, neurologists and infectious disease specialists). The area that will demand special attention in the coming years is the further development of specialist therapeutic programmes in penal institutions and extending the offer to minors mandated to drug treatment by the Family Court. Particular attention must also be paid to increase the involvement of local governments, especially communal governments, in acting for the better quality and access to drug treatment, rehabilitation and harm reduction programmes.

In the field of **supply reduction** a number of actions were taken by the implementing bodies. The Police were developing a complex strategy of combating drug-related crime. The works covered the following activities:

- appointing teams or sections within criminal departments that would be responsible for coordinating actions of combating drug-related crime on a provincial scale,
- changing indicators of the effectiveness of police services in relation to combating drug-related crime,
- depriving perpetrators of material benefit gained in the course of drug-related crime.

Moreover, the Police Headquarters conducted trainings for policemen assigned to combat retail trade in drugs. 14 types of trainings for 15 834 participants were conducted (the number increased by 55% compared to 2005). Data on the number of drug-related crime suspects also confirm the higher Police activity in combating retail drug trade. The overall number of suspects under the Act of Law on counteracting drug addiction in 2006 amounted to 1 479, which constitutes a 6% rise compared to the previous year (1 392 in 2005).

As regards seizures of narcotic drugs, resources and precursors we can observe a slight upward trend in the case of amphetamine, hashish and cocaine compared to 2006, despite the fact that the figures cover the period from January till July. 2006 was the first year when methamphetamine was seized (116g).

The activities by the Border Guard in terms of developing systems of combating retail trade in drugs were performed in cooperation with the Police and the Customs Service and were based on the jointly developed system that allowed for the exchange of information on persons and events related to trafficking, manufacture and distribution of drugs and psychotropic substances. In 2006 under these actions the officers of the Border Guard detained 92 persons on suspicion of drug dealing and 35 of them faced charges.

2006 data on raising financial control of the drug-related business show an increased activity of the responsible institutions, compared to 2005. The Chief Inspectorate for Financial Information reported to the prosecutor's office 198 notices on the suspicion of a crime under Article 299 of the Penal Code, which is 23 times more compared to the previous year. 4 transactions were withheld at the total sum of PLN 6 400 000, whereas in 2005 the sum stood at PLN 1 600 000. The Chief Inspectorate for Financial Information blocked 92 accounts at the total amount of PLN 41 600 000, in 2005 the amount was lower by PLN 5 600 000. The increased activity in the field of strengthening financial control of the drug-related business is also confirmed by the statistics on property securities executed by the Attorney General. The total amount of the property secured in 2006 almost doubled compared to the previous year – PLN 14 741 403 in 2006 and PLN 6 987 320 in 2005.

Moreover, in the reporting year the cooperation between the institutions responsible for reducing drug supply was constantly intensified. Thanks to the cooperation with the chemical and pharmaceutical industry supervision over trade in narcotic drugs, psychotropic substances and precursors was exercised. Continuing works by the National Bureau for Drug Prevention and the Police Headquarters on the early warning system on new drugs resulted in discovering a new substance called mCPP on the Polish drug scene.

There were ongoing actions aimed at the development of international and cross-border operational cooperation to stop the growth of trafficking in drugs and precursors into the internal market.

In recent years there has been a systematic increase in the number of drug trafficking cases revealed by the Customs Service (90 in 200, 811 in 2005, 993 in 2006). Increasingly

more drugs are seized by the Border Guard. The Border Guard officers seized at border crossings and beyond a total amount of 65 kg of drugs in 2005, whereas in 2006 153 kg of substances were secures, which indicates more than a twofold increase.

According to the National Programme for Counteracting Drug Addiction the **research and monitoring activities** are to be performed by both central institutions and the local authorities. In 2006 apart from the regular monitoring of selected indicators a number of studies were being carried out into drugs and drug addiction. It is worth noting two vital research and monitoring initiatives due to their scale and innovation. In 2006 a nationwide study on a representative sample of residents was conducted. The project aimed to measure the prevalence and patterns of drug use, the availability of drugs, drug-related problems, attitudes towards drugs and the visibility of preventive activities. Initial findings show that the occasional drug use levelled out.

Another important initiative was a cohort study on the number of deaths in drug users. The study aimed to estimate the mortality rate for drug users. A study of this sort had not been conducted in Poland before.

Moreover, one must note the tendency to carry out more and more qualitative studies allowing for in-depth analysis and understanding of developments on the drug scene.

In the case of local governments the monitoring at regional and local levels needs to be further developed. Monitoring is most often performed selectively. There is no complex approach to research and monitoring of indicators both at local and regional levels. A relatively low number of communes attempt to monitor drug addiction. Monitoring is predominantly performed in big cities. Since this is the first year of the implementation of the National Programme for Counteracting Drug Addiction and the previous Programme 2002-2005 assigned no monitoring and research to local governments, the low number of local governments acting in this field should not surprise. The current state outlined in this report should be treated as a starting point for further actions in motivating and training local governments to further broaden the scope of research and monitoring. In 2007 the National Bureau launched another project financed from EU funds (under Transition Facility project). The project aims to establish a network of systems to monitor drugs and drug addiction at local level.

The above conclusions confirm a scheduled implementation of the majority of National Programme tasks but also point to areas that demand intensified works in the coming years. It must be stressed that 2006 was the first year of the implementation of the National Programme and also incomplete as the document was adopted in mid-2006. Some tasks will be fully performed in 2007.

- **Evaluation of policies and strategies**

No scientific evaluation of the new Programme for Counteracting Drug Addiction 2006-2010 was carried out in 2006 as it was the first implementing year. This fact prevents full scientific evaluation of the effectiveness of programme activities. The evaluation of the present National Programme is due upon the programme completion.

In 2006 the National Programme 2002-2005 was evaluated. Apart from an attempt to evaluate the effectiveness of the actions taken and to identify possible shortcomings, the aim of the evaluation of the Programme was to provide recommendations that could be applied in developing and implementing future programmes.

According to analyses carried out by the evaluators the Programme met three out of five general objectives. The growth rate of drug prevalence was reduced, the number of HIV, HCV and other drug-related infectious disease infections was limited as well as the number of drug-related deaths. The growth rate of drug-related crime proved impossible to reduce. Moreover, the evaluators reported that ”the last specific objective of the Programme i.e. ‘maintaining health improvement in drug treatment and rehabilitation patients’ is more of a way of reaching two of the abovementioned specific objectives rather than an objective itself.” (Okulicz – Kozaryn K., Sierosławski J., 2006). On the whole, the programme was considered a success. However, several reservations about the structure of the programme itself emerged. While the majority of the general programme objectives were met, no achievements were reported in the majority of the specific objectives. The ongoing analyses raise doubts over the link between the implementation of the general and specific objectives. Therefore there is no way of evaluating the mechanism of reaching the objectives established.

Considering the above the evaluators formulated the following recommendations to be followed in developing the new National Programme:

- Defining precisely the link between objectives under particular areas in The Programme
- Stating grounds, possibly scientific ones, for relating objectives to tasks
- Paying attention to the measurable character of objectives
- Including quality, availability and costs of obtaining data in selecting the indicators
- Specifying the role of the National Bureau for Drug Prevention as the coordinator in the Programme implementation
- Introducing an obligation to develop tasks implementation plans and report them tp the National Bureau for Drug Prevention as the coordinator in the Programme implementation
- Introducing to the Programme mechanisms of coordination, e.g. procedures for cooperation between institutions in performing tasks, especially joint ones

- Identifying programmes which at least partly concern drugs and introducing coordination between them
- Indicating sources of financing respective tasks by non-budgetary institutions, such as the Institute of Psychiatry and Neurology or the mass media

Moreover, in the report the evaluators concluded that "in planning the next Programme one must pay attention to better coordination with other ministerial and inter-ministerial programmes, also from outside the field of health care. It predominantly refers to social maldjustment prevention programmes for children and youth as well as public security programmes. The arrangements should be made not only at the level of objectives and tasks but also in terms of the philosophy of prevention." (Okulicz – Kozaryn K., Sierosławski J., 2006)

1.3. Budget and public expenditure

- **In law enforcement, social and health care, research, international actions, coordination, national strategies**

Detailed calculation of all expenditure incurred on counteracting drug is not feasible because some institutions do not list in their budgets separate financial resources allocated to combating drug addiction. For example, the Customs Service performs harm reduction activities under statutory tasks which do not fall within the category of counteracting drug addiction.

Below we provide expenditure incurred in connection with the implementation of the National Programme for Counteracting Drug Addiction in 2006. It should be mentioned that the institutions that were mandated to perform the Programme activities were not provided with additional funds in this respect. The activities were performed with the use of budgetary resources allocated to a given institution or with the use of other resources.

The table below shows information on the expenditure of specific institutions incurred on the implementation of the National Programme for Counteracting Drug Addiction in 2006. Based on the amounts provided it may be estimated that the overall implementation cost of the National Programme for Counteracting Drug Addiction in 2006 amounted to EUR 82 373 668.60[1], which constitutes an increase of approx. 18% compared to 2005.

Table 1. Expenditure on implementation of National Programme for Counteracting Drug Addiction in 2006 (in EUR)

[1] The calculation was based on average EUR / PLN exchange rate of the National Bank of Poland

No.	Institution	Expenditure on implementation of NPCDA in EUR
1.	Medical Centre for Postgraduate Studies	1 542.42
2.	Centre for Monitoring Quality in Health Care	1 259.64
3.	Methodological Centre for Psychological and Pedagogical Assistance	10 495.22
4.	Central Board of Prison Service	2 471 582.42
5.	General Inspector of Financial Information	n.a.
6.	Main Pharmaceutical Inspector	n.a.
7.	State Sanitary Inspection	n.a.
8.	Central Statistical Office	n.a.
9.	Bureau for Chemical Substances and Preparations	n.a.
10.	Institute of Psychiatry and Neurology	71 442.67
11.	Police Headquarters	41 131 105.4
12.	Border Guard Headquarters	74 709.3
13.	Military Police Headquarters	925 449.87
14.	National Bureau for Drug Prevention	2 634 447.3
15.	National AIDS Centre	15 424 164.52
16.	Ministry of National Education	134 099.74
17.	Ministry of Culture and national Heritage	167 095.12
18.	Ministry of Science and Higher Education	n.a.
19.	Ministry of National Defence	62 622.11
20.	Ministry of Labour and Social Policy	0.00
21.	Ministry of Internal Affairs and Administration	39 276.54
22.	Ministry of Justice	8 524.68
23.	Ministry of Transport	n.a.
24.	Supreme Medical Council	na.

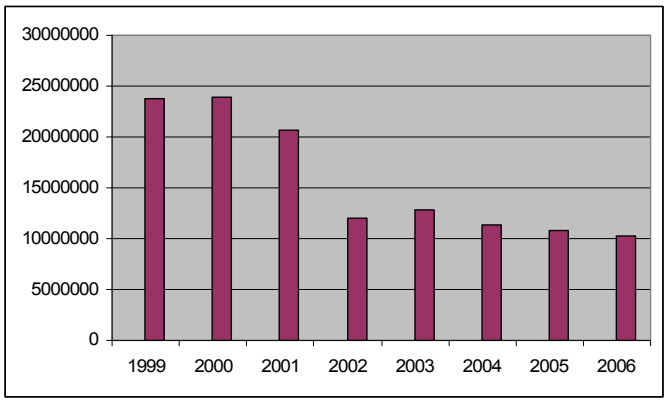
25.	Supreme Council of Nurses and Midwives	388.17
26.	Branches of National Health Fund	5 223 650.82
27.	State Hygiene Institute	1 566.96
28.	State Prosecutor	n.a.
29.	Customs Service	51 413.88
30.	Management Board of Military Health Service	41 131.11
31.	Provincial Governments	640 892.24
32.	Communal Governments	13 253 804.37
33.	Provincial Pharmaceutical Inspectorates	3 004.11
Total		**82 373 668.60**

The analysis of costs incurred by the central institutions due to the implementation of the National Programme for Counteracting Drug Addiction shows that expenditure rose to EUR 68 475 967.88, which is an increase of 35%.

In the case of expenditure on the implementation of the National Programme for Counteracting Drug Addiction by local authorities we can observe an expenditure increase of approx. 9% compared to 2005. In 2006 EUR 12 714 664.56 were allocated to the implementation of the National Programme.

In 2006 the Ministry of Health allocated an amount comparable to that of 2005 to the tasks related to counteracting drug addiction. It was EUR 2 634 447.30. It was fully allocated to the implementation of the National Programme for Counteracting Drug Addiction.

Figure 1. Budget of National Bureau for Drug Prevention 1999-2006



Source: Report on Implementation of NPCDA 2006-2010

In 1999-2006 financial resources allocated by the Ministry of Health to counteracting drug addiction were

permanently reduced. This reduction is undoubtedly related to establishing the National health Fund, which took over financing treatment of drug users. It used to be the responsibility of the National Bureau for Drug Prevention.

- **Funding arrangements**

Financial resources for the implementation of the NPCDA are calculated on the basis of annual budgets of institutions designated to perform these tasks. In some of these institutions expenditure on combating drug problem is impossible to calculate because these institutions perform NPCDA tasks while performing their statutory tasks and as such they are not clearly named under funds dedicated to counteracting drug addiction.

At communal level as a result of new legislative solutions a new source of financing anti-drug activities was stipulated. New Act of Law of 29 July 2005 on Counteracting Drug Addiction and the Act of Law of 26 October 1982 on Upbringing in Sobriety and Counteracting Alcoholism make it possible to finance tasks of communal programmes for counteracting drug addiction from charges for alcohol licenses.

In relation to legislative solutions governmental institutions both at central and local levels may finance projects and activities taken by non-governmental organizations or other institutions whose statutory tasks are connected with health promotion and care, charitable work, science, education, upbringing, physical culture, public order and security, social pathology prevention as well as promotion and organization of voluntary work.[2]

[22] Following documents are the legal basis for financing actions of counteracting drug addiction:

1) Act of Law of 29 July 2005 on counteracting drug addiction (Journal of Laws 2005.179.1485),
2) National Programme for Counteracting Drug Addiction 2006-2010 (Journal of Laws

1.4. Social and cultural context

Information gained from press releases is a valuable source of data and a way of acquiring further knowledge about new phenomena emerging in various spheres of life. This is also the case when it comes to the phenomenon of drug addiction where press articles often come before scientific research and are the first signals informing about new trends in drug use or about new substances emerging on the drug market, which enables undertaking interventions at the level of management and planning. At the same time, press releases usually reflect the social reception of the issues related to drug use.

For many years now the National Bureau for Drug Prevention has been monitoring the press by making use of the services offered by a press and information agency GLOB, which has been commissioned to find information related to drugs and drug addiction. Press monitoring covers 190 press titles. These include both nationwide and regional daily newspapers as well as a variety of other magazines.

All the press releases are analyzed and then published in a periodical paper entitled "A selection of press clipping on the subject of drugs and drug addiction." As the information in the articles covers various aspects connected with the phenomenon of drug use, it is divided into a few thematic groups dealing with:

- Police activities – this is usually information about people prosecuted because of producing or dealing drugs. These press releases often include reports from trials of people charged with illegal production and dealing illegal drugs, as well as releases about police actions which resulted in a detention of people occupied with retail sale of drugs

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2006.143.1033),

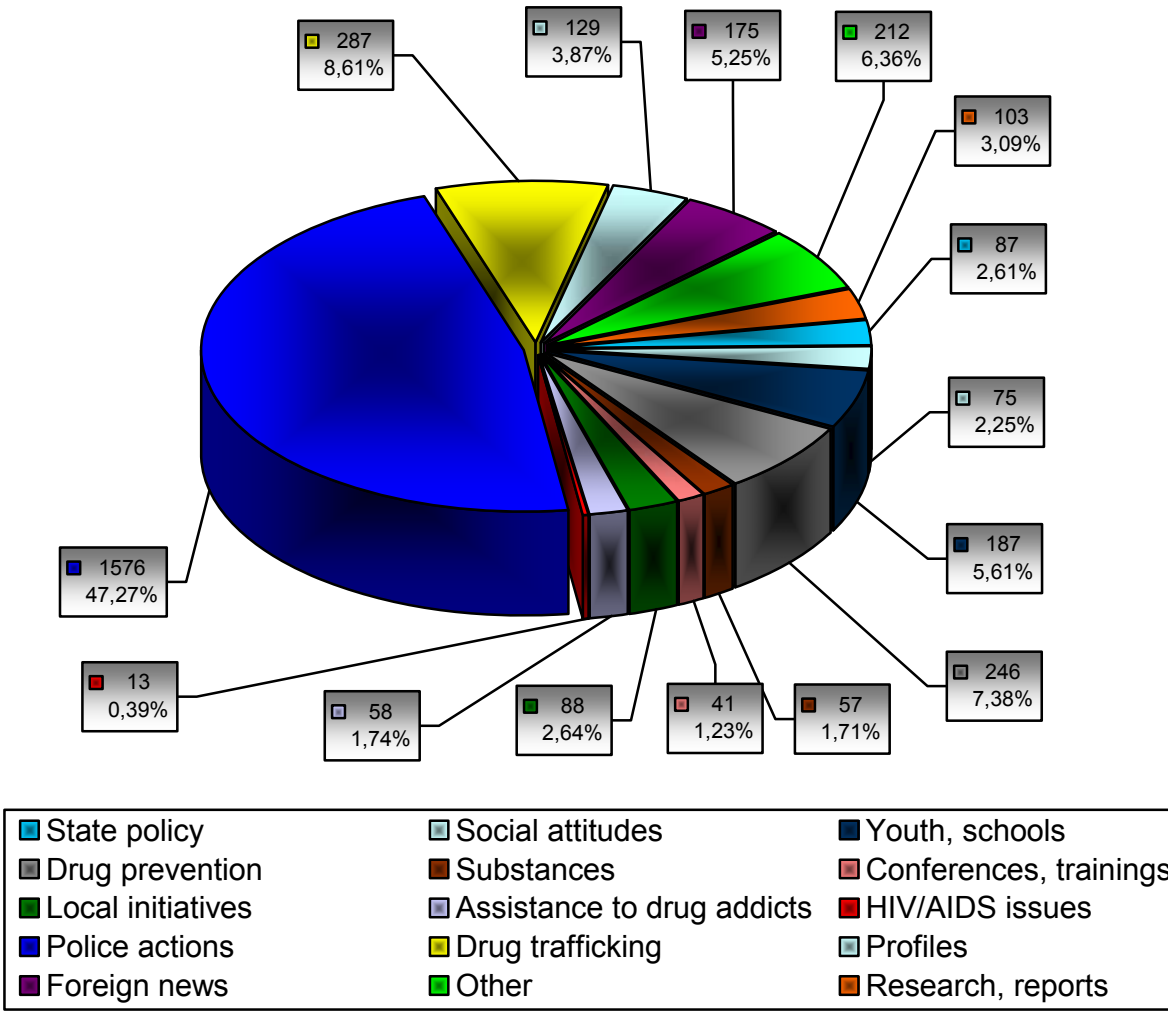
3) Regulation of the Minister of Health of 20 August 1996 on organizing and promoting mental health and preventing mental disorders (Journal of Laws 1996.112.537),
4) National Health Programme 2007-2015, Operational Goal No. 5,
5) Act of Law of 30 August 1991 on health care facilities (Journal of Laws of 1991 No 91 item 408 as further amended),
6) Act of Law of 27 August 2004 on health care benefits financed from public resources (Journal of Laws No. 210 of 2004, item 2135 as further amended),
7) Act of Law of 19 August 1994 on mental health care (Journal of Laws of 1994, No. 111, item 535 as further amended),
8) Regulation of the Council of Ministers of 20 December 2004 on way and mode of financing from the state budget health care benefits provided for non-insured beneficiaries (Journal of Laws No. 281, item 2789)
9) Act of Law of 26 November 1998 on public finances (Journal of Laws of 2003 No. 15 item 148 as further amended),
10) Regulation of the Minister of Health of 13 November 2000 on the National Bureau for Drug Prevention (Official Journal of the Ministry of Health of 2000, No. 2, item 44),
11) Act of Law of 24 April 2003 on public welfare and voluntary work (Journal of Laws No. 96 item 873).

- Trafficking – information about cases of drug trafficking that have been prevented and court trials against the perpetrators
- Drug prevention – this group includes information about activities that have been undertaken in order to prevent drug addiction, articles aimed at educating the society about drugs and hazards connected with using them, as well as releases about prevention activities and anti-drug campaigns that are being conducted
- Conferences, training – press releases about conferences and training schemes related to the drug problem
- Problems connected with HIV/AIDS – articles dealing with people infected with HIV and suffering from AIDS in the context of drug addiction
- Government policy – information about changes in legislation and directions of the government policy in the field of drug prevention
- Local initiatives – articles about activities undertaken by local authorities in the field of drug prevention
- Help for the addicted – articles and releases about various form of help for the addicted, information about various centres offering help to the people with a drug problem
- Youth, school – publications about drug use among youth attending schools at different levels of the educational system, ways of dealing with the problem by school authorities, information about prevention activities aimed at school youth
- Social attitudes – press publications presenting opinions and attitudes of people towards drugs, drug addiction and the addicted as well as articles initiating discussion in this scope
- Research, reports – these include articles and information about the results of the research that were conducted into the phenomenon of drugs as well as scientific releases on the subject of medical research into substances
- Substances – articles presenting the effect of particular narcotic substances and the results of taking them, also information about new substances emerging on the drug market
- Profiles – press information concerning people occupied with professional help for the addicted as well as releases about well-know personalities, usually sportsmen or actors detained because of or suspected of using drugs
- Foreign countries – release about the drug problem in other countries
- Other – various articles and press releases about the drug problem that do not fit into the aforementioned categories

The graph shows numerical and percentage breakdown of articles that belong to the abovementioned thematic fields. In 2006 the press still featured reports of prosecuting acts related to breaking anti-drug law. Police actions related to detection of crimes such as drug dealing, manufacture, illegal cannabis crops and drug trafficking made up accounted for 50% of articles shown in the breakdown. Compared to 2005 there is a further increase of 7% in the number of press releases in this field. In other fields a slight decrease in press releases was noted compared to the previous year, which is the case in the field of state policy or section reflecting social attitudes and opinions on drug-related issues. A great number of publications in the abovementioned thematic fields in 2005 reflected ongoing discussions in the press on the new Act of Law on Counteracting Drug Addiction, which was adopted in July 2005.

In other thematic fields related to drugs and drug addiction there were no higher numbers of releases, which makes them comparable with the previous period.

Figure 2. Number of press releases pn drugs and drug addiction in specific thematic fields in 2006.



2. Drug Use in the Population *prepared by Beata Policha, Janusz Sierosławski*

2.1. Drug Use in the general population

The survey whose results are presented in this report was conducted in summer (June - August) 2006 on a random sample of inhabitants aged 15-64.

A three-stage scheme for choosing the sample was adopted. First communes were drawn through stratified sampling. Strata were formed by crossing two criteria: provinces (16 strata) and classes of place of residence size (4 strata[3]). As a result, 60 strata were formed and in every one, independently of each other and proportionally to its size, communes were drawn. The draw operator was the set of all communes. In the second stage of drawing, the registry of Electronic Census System (PESEL) numbers was the draw operator. From the communes that were selected, apartments and houses addresses were drawn where to look for respondents. In the third stage one person living at the address was randomly chosen. This stage was performed by the interviewer using Kirsh network. If a person that was chosen was not available (due to being away, sick, unwilling to be interviewed, etc) another person was not chosen.

Instruction given to interviewers emphasized the issues of interviews anonymity and necessity not to reveal to respondents one's own attitude to substance use – whether it is positive or negative – as this could distort the results. The interviews took place without any disturbances. Interviewers were usually well received by respondents and the subject matter of the survey aroused keen interest. Contrary to what had been feared, the questions in the questionnaire in most cases were not seen as uneasy and the answers can be deemed sincere. The interview lasted from 45 to 60 minutes.

According to the sex composition of the population, the sample included slightly more women than men. Also the age composition of the population was well reflected by the composition of the sample. More than half of the respondents were married, more than one third were single. The largest group according to the level of education was constituted by people with secondary education, the least numerous group comprised people with elementary education. From the perspective of attitude towards drugs, having children seems to be an important matter. More than 40% have or had children. In accordance with the age composition, the sample encompassed quite a numerous group of pupils and students – about 17%, but the majority were working people – 50%. Pensioners comprised almost 17% of the respondents. The composition of the sample according to the professional position of

[3] Villages, towns up to 50K residents, towns and cities between 50K and 200K residents, cities with more than 200K residents

the working respondents looks completely different as compared to the 1980's. There are significantly more people working independently or in managerial positions which reflects system changes in the economy. 28% of respondents are people from white-collar status households and 48% are blue-collar workers, mostly skilled ones. Majority of the respondents were brought up in urban areas, but about 44% of respondents grew up in rural areas. Attitude towards religion goes beyond standard set of socio-demographic features. Taking this attitude into account was dictated by strong predictive power of this factor in determining attitudes and behaviours towards psychoactive substances. It can be also interpreted as an indicator of attachment to traditional values. The last feature, i.e. job insecurity, also goes beyond the logic of socio-demographic features. Taking it into account is justified by high unemployment rate which generates widespread fears about the stability of one's employment.

When comparing results of 2006 survey with those of 2002 survey, we can trace the dynamics of both drug use spreading and attitudes in this scope.

The national survey in 2002 was the first one conducted in our country on a representative sample encompassing adult inhabitants.

- **Drug use**

In the light of results of the survey carried out in 2006, the first place in terms of experimentation scale is occupied by cannabis derivatives, i.e. marijuana or hashish. 9.0% of the respondents have tried them at least once in their lifetimes. The current users make up 2.7% while 0.9% admitted to using cannabis in the last 30 days. The second place in terms of prevalence is occupied by amphetamine – 2.7% of experimental users, 0.7% of users and 0.2% of frequent users. The third place belongs to ecstasy – respectively 1.2%, 0.3% and 0.1%, whereas the fourth one to hallucinogenic mushrooms - respectively – 1.0%, 0.1% and below 0.05%. The remaining substances do not reach the level of 1% as far as experimental use is concerned. Some of the substances ("kompot" i.e. poppy straw extract, crack) appear only in lifetime prevalence category, but they do not appear at all in the answers to questions concerning the last 12 months, or they were used in the last 12 months but did not appear at all in the last 30 days. Obviously, it does not mean in Poland there are no people currently using these substances. They do exist; however, applying even a very numerous sample would not cause them to be covered by the findings.
GHB is the substance using which was not confirmed by any of the respondents, not even in lifetime prevalence.

Table 2. Using psychoactive substances: lifetime prevalence, last 12 months prevalence and prevalence in the last 30 days

	Lifetime prevalence		Prevalence in the last 12 months		Prevalence in the last 30 days	
	2002	2006	2002	2006	2002	2006
Marijuana or hashish	7.7	9.1	2.8	2.8	1.3	1.0
LSD	1.2	0.9	0.4	0.1	0.0	0.0
Amphetamine	1.9	2.7	0.7	0.7	0.2	0.2
Hallucinogenic mushrooms	0.8	1.0	0.3	0.1	0.0	-
Ecstasy	0.7	1.2	0.2	0.3	0.2	0.1
Crack	0.2	0.2	0.1	0.0	0.0	-
Cocaine	0.4	0.8	0.1	0.2	-	0.1
Heroin	0.3	0.1	-	0.1	-	0.0
"Kompot"	0.2	0.2	0.0	-	0.0	-
Anabolic steroids	0.3	0.4	0.1	0.1	0.0	0.0
Other	1.0	0.4	0.0	0.1	0.0	0.1

Source: Sierosławski. (2006)

As shown by the findings presented in the table, the indicators of using particular substances remain at the same level as in 2002 or vary in a way that is statistically insignificant. Some symptoms of increase can be observed only as far as indicator of lifetime prevalence is concerned, but even these differences do not gain statistical significance.

The scale of experimenting with psychoactive substances other than alcohol or tobacco (table 3) is sex dependent. Virtually in the case of all substances men declare drug use attempts more often.

Table 3. Lifetime prevalence in relation to sex-results of GPS 2006

	Male	Female
Marijuana or hashish	13.4	4.6
LSD	1.5	0.3
Amphetamine	3.5	1.9
Hallucinogenic mushrooms	1.8	0.3
Ecstasy	1.8	0.6
Crack	0.4	0.0
Cocaine	1.3	0.4
Heroin	0.2	0.0
"Kompot"	0.4	0.0
GHB	-	-
Anabolic steroids	0.8	-
Other	0.8	0.1

Source: Sierosławski. (2006)

Even stronger differentiation is introduced by age (Table 4). In the case of almost all substances the most experiences were gained by the age group 15-24. Slightly fewer experiences were gained by the older ones – aged 24-35. The percentages of lifetime prevalence drug users who were 35 and older were very insignificant. The exception to this rule is relatively highly popular substance i.e. cannabis. If we look at people aged 35 and above, there still remains quite a high percentage of persons who have at least experimented with marijuana or hashish, The percentage is steadily falling together with age and reaches a level of below 1% among the oldest respondents. It is also worth noting that within the age group 15-24 nearly 18% of respondents have had experience with cannabis derivatives. Another deviation from the abovementioned rule are substances with the lowest prevalence, such as “kompot” i.e. home-made opiates produced from poppy straw. Their prevalence is the highest within 45-54 age group, whereas it is non-existent within the age group 15-24.

Table 4. Lifetime prevalence in relation to age-results of GPS 2006

	15-24	25-34	35-44	45-54	55-64
Marijuana or hashish	17.3	14.8	6.1	1.9	0.9
LSD	1.7	1.5	0.7	-	-
Amphetamine	4.8	4.7	2.9	-	-
Hallucinogenic mushrooms	2.2	1.1	0.7	0.6	-
Ecstasy	2.3	1.8	1.2	0.2	-
Crack	0.3	0.1	0.7		-
Cocaine	1.1	1.6	1.0	0.2	-
Heroin	0.3	0.2	0.1		-
"Kompot"	-	0.2	0.1	0.7	-
GHB	-	-	-	-	-
Anabolic steroids	0.7	0.6	-	0.5	-
Other	0.4	0.6	1.2	-	-

Source: Sierosławski. (2006)

Among the substances with relatively the highest prevalence i.e. cannabis derivatives, amphetamine and LSD we can observe similar trends with respect to both men and women, with the exception of the fact that the scale of use among women is falling faster than among men. In the case of ecstasy a significant percentage of users is noted only among men aged up to 24.

Table 5. Lifetime prevalence in relation to sex and age-results of GPS 2006

	Male			Female		
	15-24	25-34	35+	15-24	25-34	35+
Marijuana or hashish	25.3	21.2	4.8	8.9	0.4	1.5
LSD	2.7	2.5	0.5	0.7	8.3	-
Amphetamine	6.0	6.8	1.1	3.6	0.6	0.9
Hallucinogenic mushrooms	3.9	1.6	0.9	0.5	2.5	0.1
Ecstasy	3.6	2.7	0.6	0.9	0.6	0.3
Crack	0.6	0.1	0.5	0.0	0.9	-
Cocaine	1.9	2.2	0.6	0.2	0.0	0.2
Heroin	0.5	0.3	-	-	1.0	0.1
"Kompot"	-	0.3	0.6	-	-	0.1
GHB	-	-	-	-	0.0	-
Anabolic steroids	1.4	1.1	0.4	-	-	-
Other	0.4	1.2	0.8	-	-	-

Source: Sierosławski. (2006)

As far as occasional drug use is concerned, an indication of which is using the substance in the last 12 months prior to the survey, it has been put together in relation to sex in table 6. The overall percentage of respondents who have occasionally used any psychoactive substance was within the sample 3.1% in 2006 and 2.6% in 2002. It is easy to observe that the percentage is only slightly higher than the percentage of occasional marijuana and hashish users. Only 0.4% (2006) and 0.2% (2002) of the respondents belonged to the group of people who in the last 12 months did not use cannabis derivatives, and used other illicit substances.

Table 6. Last 12 months prevalence in relation to sex

	Male		Female	
	2002	2006	2002	2006
Marijuana or hashish	4.4	4.5	1.3	1.0
LSD	0.6	0.2	0.2	0.1
Amphetamine	1.3	0.9	0.1	0.5
Hallucinogenic mushrooms	0.4	0.2	0.2	0.0
Ecstasy	0.4	0.6	0.1	0.1
Crack	0.1	0.0	-	-
Cocaine	0.2	0.3	0.0	0.0
Heroin	-	0.1	-	-
"Kompot"	0.0	-	-	-
Anabolic steroids	0.3	0.2	0.0	-
Other	-	0.1	0.0	0.0

Source: Sierosławski. (2006)

Similarly to experimental use both in 2002 and in 2006 higher percentages of prevalence are more often observed among men than women. The highest difference emerges in the case of cannabis derivatives. The percentage of men who occasionally use this substance is four times higher than analogous percentage among women. Very low percentages of users of some of the substances make us look with great caution at the revealed differences as they might be accidental.

The findings above do not indicate any changes in the proportions of occasional users of particular substances, either among women or among men. None of the differences between the percentages obtained in 2002 and in 2006 is high enough to be significant statistically.

Just like in the case of life prevalence, even stronger differentiation is introduced by age of the respondents. The findings included in table 6 show that occasional drug use is attributable virtually only to the respondents aged up to 34. In the older age groups it is highly exceptional. Among people aged 35 and above percentages of occasional users of each of the remaining substances, except cannabis, do not exceed 0.2%. For each of the substances, the highest percentage is observed within the age category 16-24.

Table 7. Last 12 months prevalence in relation to age

	16-24		25-34		35-44		45-54		55-64	
	2002	2006	2002	2006	2002	2006	2002	2006	2002	2006
Marijuana or hashish	9.2	8.0	2.9	2.8	0.4	0.9	0.3	0.3	0.0	0.7
LSD	1.6	0.6	0.3	0.1	-	-	-	-	-	-
Amphetamine	2.1	2.0	1.0	0.7	-	0.6	-	-	-	-
Hallucinogenic mushrooms	1.0	0.6	0.2	-	-	-	-	-	-	-
Ecstasy	0.9	1.0	0.1	0.5	-	-	-	-	-	-
Crack	0.2	-	-	0.0	-	-	-	-	-	-
Cocaine	0.4	0.4	-	0.3	-	-	-	-	-	-
Heroin	-	0.2	-	0.0	-	-	-	-	-	-
"Kompot"	-	-	-	-	-	-	0.0	-	-	-
Anabolic steroids	0.4	0.3	0.3	0.1	-	-	0.0	-	-	-
Other	0.0	0.1	0.0	-	-	0.4	-	-	-	-

Source: Sierosławski. (2006)

When comparing occasional drug users percentages of particular substances in three age groups, separately for women and men (table 8 and 9), in each of the six groups formed by crossing these two criteria, we can observe regularity based on the lack of significant differences between the results from 2002 and 2006. The combined analysis of age and sex of occasional drug users of particular substances indicates that older drug users are predominantly male. Among women aged 35 or above there appear, in a very small percentage, only cannabis derivatives and amphetamine.

Table 8. Last 12 months prevalence among men in relation to age

	16-24		25-34		35-64	
	2002	2006	2002	2006	2002	2006
Marijuana or hashish	13.2	12.6	5.4	4.4	0.4	1.0
LSD	2.2	0.8	0.6	0.1	-	-
Amphetamine	3.8	2.6	1.8	1.4	-	-
Hallucinogenic mushrooms	1.2	0.9	0.4	-	-	-
Ecstasy	1.4	1.5	0.2	0.9	-	-
Crack	0.5	-	-	0.1	-	-
Cocaine	0.7	0.7	-	0.6	-	-
Heroin	-	0.4	-	0.1	-	-
"Kompot"	-	-	-	-	0.0	-
Anabolic steroids	0.7	0.6	0.5	0.3	-	-
Other	-	-	-	-	-	0.3

Source: Sierosławski. (2006)

Table 9. Last 12 months prevalence among women in relation to age

	16-24		25-34		35-64	
	2002	**2006**	**2002**	**2006**	**2002**	**2006**
Marijuana or hashish	5.0	3.0	0.5	1.2	0.2	0.2
LSD	1.0	0.4	0.0	-	-	-
Amphetamine	0.3	1.3	0.3	-	-	0.4
Hallucinogenic mushrooms	0.7	0.2	-	-	-	-
Ecstasy	0.4	0.4	-	0.0	-	-
Crack	-	-	-	-	-	-
Cocaine	0.2	-	-	0.1	-	-
Heroin	-	-	-	-	-	-
"Kompot"	-	-	-	-	-	-
GHB	-	-	-	-	0.0	-
Anabolic steroids	0.1	-	0.1	-	-	-
Other	5.0	0.2	0.5	-	0.2	-

Source: Sierosławski. (2006)

Table 10 presents findings regarding the prevalence of occasional drug use in different age groups singled out because of socio-demographic features. As shown by the findings in the

table, occasional illicit drug use is highly diversified because of a variety of socio-demographic features of the respondents.

Marital status is one of the features. Both in 2002 and in 2006 it differentiated the respondents. Occasional drug users were mostly single.

In 2006, just like 4 years earlier, occasional drug use was a problem in urban areas, especially in big cities. In 2002 big cities (with more than 200K residents) were characterized by significantly higher prevalence. In 2006 the percentage of drug users in towns and cities between 50K and 200K residents increased.

Division introduced by education did not undergo major changes during the four years.

In the division according professional status it is worth paying attention to one category with the highest prevalence i.e. pupils and students. In 2006 the percentage of occasional drug users in this group decreased a little, whereas a slight increase has to be noted among the unemployed. However, these changes are not big enough to be statistically significant.

In 2002 the percentages of drug users among people in managerial positions and rank-and-file employees were similar. However, the differences were not statistically important, as the analysis is limited to the groups of employed that are too small to reveal minor differences.

Belonging to socio-professional class determined on the basis of respondent's profession, and in the case of those not employed on the basis of breadwinner's profession, did not differentiate the respondents in reference to prevalence of occasional drug use, either in 2002 or in 2006.

Major differences are introduced by the fact of having children. 6.7% of childless respondents gave a positive answer when asked about using drugs in the last 12 months prior to the survey, whereas the percentage of similar answers among people with children was 0.5% in 2002. In 2006 positive answers to the same question amounted to respectively 6.8% and 0.7%.

Table 10. Last 12 months prevalence in relation to socio-demographic features

	2002	2006
Overall	2.6	3.2
MARITAL STATUS		
single	7.2	7.3
married	0.8	0.7
divorced	2.1	3.4
widowed	0.2	-
Place of residence		
city with more 200K residents	5.7	4.7
town or city between 50K and 200K residents	1.6	5.2
town up to 50K residents	2.0	2.7
village	1.8	1.4
Education		
primary or less	3.6	4.3
lower secondary	1.1	1.9
higher secondary	4.2	3.7
higher	2.9	2.6
PROFESSIONAL STATUS		
employed	2.2	2.7
pensioner	0.2	0.6
pupil, student	10,4	8.0
housewife	0,4	-
unemployed	2.7	4.1
For employed – position		
rank-and-file	1.8	2.0
managerial	1.5	5.1
independent	3.0	3.1
Socio-professional class		
farmer	0.7	0.6
unskilled blue-collar worker	3.4	3.2
skilled blue-collar worker	2.5	3.2
white-collar worker without higher education	3.3	2.4
white-collar worker with higher	4.0	4.4

education		
entrepreneur, craftsman, tradesman	4.3	1.7
other	6.1	5.5
PARENTHOOD		
having children	0.5	0.7
childless	6.7	6.8
WHERE WERE YOU BROUGHT UP, IN URBAN OR RURAL AREA*		
in urban area	4.6	4.3
in rural area	1.3	2.1
ASSESSMENT OF FINANCIAL SITUATION		
income not sufficient	1.1	2.3
income sufficient	3.0	2.8
income more than sufficient	6.0	4.8

Source: Sierosławski. (2006)

The above analysis is complemented by findings presented in table 11 which show dependency of occasional drug use on two variables in the scope of attitude, i.e. attitude to religion and civic activity measured by participation in the parliamentary elections, as well as on job security.

Table 11. Last 12 months prevalence in relation to attitude to religion, fear of redundancy and participation in last parliamentary elections

	2002	**2006**
ATTITUDE TO RELIGION *		
practicing believer	1.1	1.3
other	7.5	7.0
FEAR OF REDUNDANCY		
definitely yes	2.5	4.1
rather yes	4.1	2.2
rather not	4.6	4.1
definitely not	2.8	3.1
unemployed family	1.3	1.8
PARTICIPATION IN LAST PARLIAMENTARY ELECTIONS		
Yes	2.4	2.5
No	4.1	4.1

statistically important differences on the level of importance $p<0.05$

Source: Sierosławski. (2006)

Both the attitude to religion and civic activity turned out to differentiate the indicator of occasional drug use both in 2002 and in 2006. The percentage of occasional drug users among respondents who declared themselves practicing believers was in both survey approximately six times lower than among remaining respondents.

Analyses concerning the question determining the level of social acceptance of using various psychoactive substances showed that in general using legal substances (cigarettes, alcoholic beverages) more seldom met with disapproval among the respondents than using the illicit ones. Percentages of respondents disapproving of using such substances as amphetamine, cocaine or heroin are not only very high but also show very little difference between each other. There is a little different situation in the case of marijuana. Percentages of those disapproving of it are significantly higher than in the case of vodka, but also a little lower than in the case of the abovementioned drugs. The survey results revealed a weak trend to treat cannabis derivatives in a different way than "hard drugs." It means the "image" of marijuana is not perceived by the society so unequivocally as those of other drugs.

Table 12. Level of social disapproval of using selected psychoactive substances by a person at the age of 18.

	Strongly disapprove		Rather disapprove		Rather do not disapprove		Definitely do not disapprove		Difficult to say	
	200	200	200	2006	200	200	200	200	200	2006
1. Smokes cigarettes	2	2	3	35	3	3				1
2. Smokes marijuana	6	6	2	24						1
3. Drinks beer	1	1	2	24	4	4		1		0
4. Drinks wine	2	1	3	29	3	4		1		1
5. Drinks vodka	3	3	3	32	2	2				1
6. Uses ecstasy	7	7	1	17						1
7. Uses amphetamine	7	7	1	15						0
8. Uses cocaine	8	8	1	14						0
9. Uses heroin	8	8	1	14						0

Source: Sierosławski. (2006)

Summary of the results of surveys conducted in 2002 and 2006:

1. Currently drugs are present in the world of adults in a way which is visible countrywide. The comparison of results from 2006 with the results obtained in 2002 made in relation to the population aged 16-54 basically indicates stabilization in the prevalence of occasional drug use.
2. Among illicit substances, cannabis derivatives are used relatively most commonly, both at experimental level use as well as at occasional one.
3. Amphetamine and ecstasy appear relatively often among substances used by inhabitants of our country – the remaining substances are considerably less popular.
4. The use of particular illicit substances is most common in the age group 16-24. It appears rarely among people aged more than 34 and is almost non-existent among people aged 45 or above.
5. Using illicit substances is more common among men than among women.
6. From a statistical point of view, occasional drug use is promoted by such features as marital status (single), being childless, living in a town or city with more than 50K residents, being a pupil or a student, as well as lack of religious commitment.
7. The overwhelming majority of respondents disapprove of using drugs; social base for drug legalization movements is not expanding.

2.2. Drug Use in the school and youth population

The survey from 2005 among third grade pupils of upper-primary schools and second grade pupils of secondary schools were conducted in accordance with the methodology of international project initiated by Co-operation Group to Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group - Council of Europe) and coordinated by CAN from Stockholm. The aim of the survey was measuring the prevalence of the use of psychoactive substances by young people, so as to determine initial values of National Programme for Counteracting Drug Addiction 2006-2010 indicators of tasks implementation and aims fulfillment. Although the subject of the survey was first of all the issue of drugs, problems of using legal substances such as tobacco, alcohol, tranquilizers and sleeping pills were also raised. The results were presented in detail in 2006 National Report to EMCDDA (2005 data). What follows is a summary of key information.

1. The result of the survey show considerably higher prevalence of the use of legal substances than the illegal ones.
2. What attracts the attention is a high percentage of pupils who have at some time in their life used tranquilizers or sleeping pills without doctor's prescription (15.1% from the younger cohort and 19.0% from the older cohort). Using these drugs is more common among girls than boys.
3. Cannabis is relatively most widespread of illegal substances. Lifetime prevalence amounts to 14.2% among younger pupils and 31.5% among older pupils.
4. The second most popular substance is amphetamine (3.6% of younger pupils and 12.4% of older pupils).
5. Cannabis derivatives are also in the first place among illicit substances used occasionally. They are used by 10.0% of third grade pupils in upper-primary schools and 22.6% of second grade pupils in secondary schools. They are followed by amphetamine and ecstasy.
6. In the last 30 days before the survey 4.3% of third grade pupils in upper-primary schools and 10.5% of second grade pupils in secondary schools used marijuana or hashish.
7. Both experimental use of illicit substances as well as occasional one are more common among boys than girls.
8. The majority of young people are well familiar with health harm and social risks of the use of psychoactive substances. According to the distribution of respondents' opinions, the degree of risk is more dependent on the frequency and the way of use rather than a type of substance.
9. The comparison of 2005 survey results with the results of earlier surveys, i.e. from 2003, 1999 and 1995 encounters the barriers of comparability which result from different dates of surveys' implementation. Bearing this reservation in mind, we have to point to the faltering of an upward trend in drug use among youth. The decrease of indicators goes to both legal substances (alcohol, tobacco) as well as to illicit ones. The decrease is bigger in the case of upper-primary schools pupils than in the case of secondary schools pupils, especially as regards illicit substances.
10. The continuation of upward trend in prevalence of use can be observed only in the case of ecstasy and only among the pupils from the older group.

2.3. Drug Use among specific groups.

See chapter 12.

3. Prevention *prepared by Anna Radomska, Katarzyna Pacewicz, Agata Kręt*

According to the National Programme for Counteracting Drug Addiction prevention activities in 2006 were performed in the following areas:

1. Increasing involvement of the governmental administration in counteracting drug addiction as well as supporting development of local anti-drug policies.
2. Raising quality of prevention programmes as well as provincial and communal programmes for counteracting drug addiction being part of provincial and communal strategies of solving social problems.
3. Increasing public knowledge on drug-related problems and opportunities to prevent the drug phenomenon.

Under Course 1 a project called “Supporting regional and local communities in counteracting drug addiction at local level” was launched. The project targeted over 30% of Polish communes (gminy) and aimed at developing and implementing communal programmes for counteracting drug addiction. The implementation of the National Programme for Counteracting Drug Addiction involved a number of central institutions. Trainings for many institutions, organizations and professional associations dealing with drug addiction were conducted to increase knowledge on designing local prevention strategies. The trainings involved schools, educational centres that implement primary prevention, military school staff, employees of therapeutic wards and Prison Service, non-governmental organizations.
Under Course 2 a training seminar for representatives of non-governmental organizations was conducted. It was devoted to evaluation of drug prevention programmes. Moreover, training materials on developing communal programmes for counteracting drug addiction were prepared for local governments. The National Bureau along with the institutions listed in the National Programme such as the Institute of Psychiatry and Neurology and the Methodological Centre for Psychological and Pedagogical Assistance began works on developing the recommendation system of prevention programmes.
Under EDDRA programme works were continued on collecting data on the Polish programmes for counteracting drug addiction that meet quality criteria.
Under Course 3 the national social campaign addressed to school-age children was continued. It was launched in 2005 under the title “Closer to each other – further away from drugs”. Moreover, a number of publication devoted to drug addiction were published and distributed.

3.1 Universal Prevention

- **School**

Main governmental institution legally bound to systemically perform preventive activities in schools is the Ministry of National Education. In 2002 the school curriculum and the statutes of the school were introduced with the obligation to perform a school prevention programme for children and youth that would be coherent with the upbringing programme of a school. The year 2006 was another year of implementation and performance thereof.

In 2005 the Methodological Centre of Psychological and Pedagogical Assistance of the Ministry of Education and Science began to implement the primary prevention programme addressed to preschool children (six-year-olds) entitled “Zippie’s Friends”. The programme was the Polish adaptation of the international programme called “Partnership for Children” aimed at shaping psychosocial skills in young children. The idea of the programme is that if young children have an opportunity to learn how to deal with problems then in adolescence and adulthood they will better cope with problems and crises. In 2006 the pilot version of the programme was completed and the programme was launched on a national scale. 20 coaches trained 156 teachers, who had implemented the programme in 110 schools by June 2006. In the school year 2005/2006 a vast majority of these schools decided to carry on implementing the programme with new groups of children. In 2006 the programme was being implemented by 350 schools of all provinces and it involved 7 800 pupils. In 2006 two more trainer sessions were held. 19 teacher training facilities were invited to implement the whole project along with teachers.

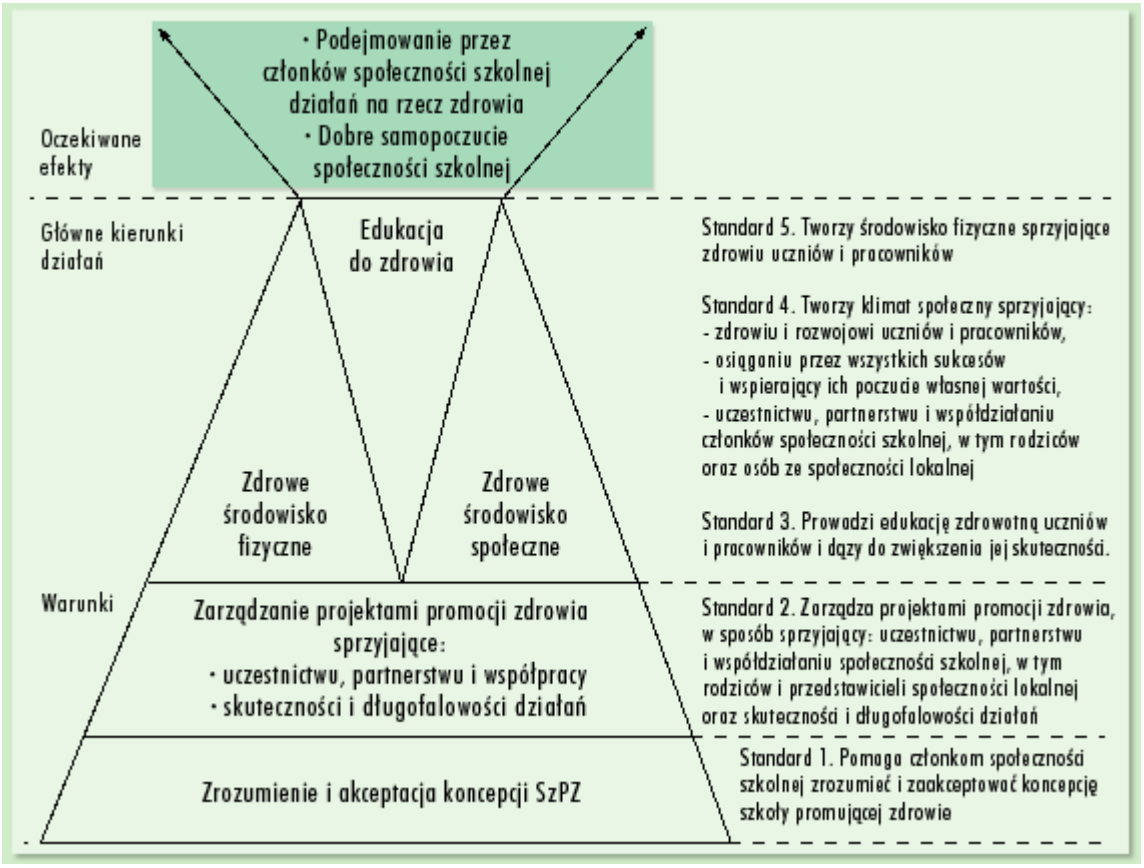
Since 1992 Poland has been participating in the European Network of Health Promoting Schools. The network has been developing in Europe for 15 years and covers 43 countries associated in the European Network of Health Promoting Schools under the patronage of the Council of Europe, the European Commission and the World Health Organization.

In Poland the project is being implemented in 1 200 schools and educational centres. Health promoting schools set examples of good practice in pro-health education, cooperation with parents and the local community. They are directly involved in creating a pro-health community. The participation of schools in the project favours higher quality of pro-health education in school as an element of its prevention and upbringing activities.

The concept of Health Promoting School derives from the general assumptions of health promotion, and each country develops its own model and definition of a Health Promoting School. Depending on values and experience the model and definitions are systematically updated. In 2006 in Poland a new definition of a health promoting school was adopted. According to this new definition a health promoting school creates conditions and performs

actions that favour comfortable status of the school community and make their members take up pro-health actions. A new model of a health promoting school was also developed.

POLISH MODEL OF HEALTH PROMOTING SCHOOL



Moreover, in 2006 the Health Promotion Group – a team coordinating the Movement of Health Promoting Schools in Poland published a selection of brochures entitled “Health Education and Promotion in School”. These materials include information on principles and concepts of a health promoting school and the evaluation as well as tools for self-evaluation in a health promoting school. They are addressed to both school communities that are interested in designing a model of health promoting school in their community and to schools which perform such actions and would like to see to what extent they have been able to implement the model.

A wide access to educational materials on self-evaluation is intended to encourage schools to evaluate their activities. This is the first self-evaluation attempt in Poland and one of very few in Europe on a such a large scale. (CMPPP 2007b)

Under international cooperation the year 2006 was another year of developing a school programme “Golden Five” by the Methodological Centre for Psychological and Pedagogical Assistance (2007c, p.2, d). The programme targets first graders of primary schools and aims

at developing a teaching and upbringing model that would support school achievements and stimulate personal growth of pupils, especially those in danger of social exclusion. The programme provides a teacher with tools and skills of handling pupils in class, strengthens class integration and improves overall climate, which should contribute to build relationship with school, achieving better results in the learning process and better interpersonal relations.

The programme implementer gradually introduces principles of conduct in five key areas. In the area of “Class Management” the most important goal is to create an atmosphere conducive to concentration and learning and to build a system of positive values in class. The area of ”Building Relationship” aims for creating positive and safe teacher-pupil relations, based on mutual trust and engagement of both sides. The area “Social Climate” was to create in class a social climate that would ensure concentration on learning, motivation, positive self-image and good relations. “Individualized Learning” focused on enhancing pupils’ educational achievements, stimulating motivation and building self-esteem. “School – Home Cooperation” was intended to create a climate of cooperation between parents and pupils.

In 2006 the Methodological Centre for Pedagogical and Psychological Assistance trained 15 implementers of the programme – teachers from 5 selected schools.

An internal evaluation study of the pilot programme was conducted in 60 facilities through pretest-postest method. A number of tools were applied: interviews with parents, Evaluation Questionnaire and Questionnaire Spreadsheet for Teachers in Process, Sociometric Survey, Survey for Attitudes to School and Work in School, Questionnaire School –Me and the Rosenberg’s Self-Esteem Scale. The qualitative results show a positive change in the pupils’ attitudes towards school and school work as well as an increase in the pupils’ self-esteem, especially the poor and reserved ones. A qualitative analysis of the programme carried out by the teachers shows a positive impact of the programme on themselves, the class and selected pupils. The teachers reported improvement in the feeling of control, empathy and the knowledge on the work methods with class. They believed that pupils in class are better motivated and more active. The class was more integrated, there was less aggression and fewer conflicts. The most changes were observed in a group of pupils with learning and family problems and in hyperactive and aggressive pupils.

The Methodological Centre for Psychological and Pedagogical Assistance (2006c, p.11) also runs a programme that prepares schools and teachers to take actions in pupils that use psychoactive substances on the school premises. The name of the programme is “School

preventive intervention in pupils using psychoactive substances." In 2006 a training for psychologists and pedagogues from 32 schools was conducted.

In the framework of support for the school prevention programmes the Methodological Centre for Psychological and Pedagogical Assistance (2007e, f) runs a database of recommended programmes. In 2006 the Bank of Recommended Drug Prevention Programmes listed 15 programmes to be implemented in classes:

1. Do not smoke in my company, please. - anti-tobacco education programme addressed to first-third graders of primary schools.
2. Third alphabet book or 7 steps programme – addiction prevention programme with elements of life skills training, addressed to 12-17-year-olds.
3. How to live around people – programme of developing social skills, with elements of addiction prevention, for middle schools.
4. No, thank you – programme of developing life skills and addiction prevention for fourth-sixth graders of primary school, middle schools, and secondary schools.
5. Before you try – addiction prevention programme that includes developing life skills. Versions for all school levels available.
6. Look different – programme that supports pupil's personality development. It helps pupils adapt to life in society. Versions for different school levels available.
7. Look different at aggression – developed and supplemented version of "Look different". It deals with aggression and violence; addressed to sixth graders of primary school and middles school pupils.
8. House detectives programme – alcohol prevention programme for fourth and fifth graders of primary school and their parents.
9. Yes or no – addiction prevention programme for middles schools and secondary schools.
10. Debate – alcohol prevention programme for sixth graders and middle schools.
11. Meetings – addiction, crime and other social threats prevention programme for pupils of primary and middle schools.
12. I think no, I say no – prevention and psycho-educational programme of developing ability to make mature decisions; for middle school pupils.
13. Magic crystals – programme of early prevention in violence and addiction to media; for pupils aged 6-12.
14. Sweets – programme of early prevention in addictions, violence and developing life skills addressed to first-third graders of primary schools and older age groups from outside school.

15. Fantastic opportunities – programme of deferring alcohol initiation and reducing alcol consumption levels in teenagers, who have started drinking.

The Bank of Recommended Programmes also lists proposed activities addressed to larger groups: Integrated prevention programme for middle schools “Treasure Archipelago.”

In 2006 the National Bureau for Drug Prevention (2007a, pp. 10-11) supported the implementation of prevention programmes addressed to the college community: students, teaching and research staff and administrative personnel. The programmes implemented in six higher education schools involved information and educational activities, psych-education and consultations intended to raise the public knowledge on psychoactive substances, drug-related threats and the forms of help for drug users. These programmes stimulated the academic community to develop systemic drug prevention actions.

ACTIVITIES OF LOCAL GOVERNMENTS

In 2006 local governments, pursuant to the National Programme for Counteracting Drug Addiction 2006-2010 that mandated local governments to increase involvement in counteracting drug addiction, supported the implementation of school prevention programmes. The activities involved primary and middle school pupils.

In 2006 communes co-financed the implementation of 6 896 programmes in 7 180 schools (in 2005 they co-financed 4 893 programmes in 4 731 schools), 14 out of 16 Marshal’s Offices supported the implementation of the total number of 43 programmes in 588 schools.

These are typical programmes supported by local governments:

- Pilot education and prevention programme “We learn how to live without AIDS risk” addressed to middle and secondary school pupils. The aim of the programme was to increase public knowledge on addictions and risky behaviours related to HIV/AIDS and sexually transmitted infections and a decrease in risky behaviours in young people.
- Talks on drug prevention for young people under the programme “Community Addiction Prevention”.

(Minister of Health 2007, p. 31, 35)

- **Family**

Since 2000 the Methodological Centre of Psychological and Pedagogical Assistance has been coordinating the implementation of the programme called “School for Parents and Educators”. The programme was described in the 2004 Annual Report for the EMCDDA. The chief aim of the programme is to support parents and teachers in every day contacts with children and youth. Apart from teaching skills of open communication within a family the programme contributes to building a strong relationship between parents and children, which

(according to J. D. Hawkins) makes it also a prevention programme. The programme beneficiaries include parents, teachers and educators. The programme is also recommended for social workers, probation officers and policemen.
The programme “School for parents” is conducted by trained professionals – psychologists and pedagogues. In 2006 the leaders trained by the Centre conducted trainings for 256 programme implementers. In 2006 under the programme 650 implementers taught classes in 500 facilities. The workshops included 7 500 parents and educators.

The website of the Methodological Centre for Psychological and Pedagogical Assistance (2007g) features a database of programme implementers in all provinces and a list of leaders conducting training all over the country.

Moreover, three national conferences devoted to the programme were held. At another thirteen conferences the programme was promoted. The Bank of Recommended Prevention Programmes CMPPP (2007h) contains two programmes addressed to parents: the abovementioned “School for parents and educators” – programme of strengthening skills between children and adults that are important for them, and the programme “How to cope with child misbehaviour” – it teaches skills of the right reacting to typical difficult behaviours in young children.

While analysing the task of engaging the local authorities in counteracting drug addiction communal and provincial governments supported a number of programmes addressed to parents. The implementation of the artwork competition “talk to me Mum, talk to me Dad – Family of Małopolska Region”. The project aims at encouraging parents to have open discussions with their children, spend time together and build close family relations (CMPPP 2007c, p.31).

- **Community**

ACTIVITIES OF NATIONAL BUREAU FOR DRUG PREVENTION
The National Bureau (2007a, pp.8-10) in the process of supporting professional prevention programmes addressed to specific target groups, integrated with local and regional anti-drug strategies commissioned non-governmental organizations to implement 17 youth leader programmes aimed at peer health education.

The following activities were commissioned under the programme:
- information and education activities on addictions for leaders,
- training activities on peer outreach,
- psycho-educational activities (training courses, workshops) strengthening leaders’ psychological skills and social skills,
- consultations for implementers.

The quality of local actions is influenced by the training courses for local authorities that adopt modern approach to drug prevention and promote new concepts of local prevention strategies.

In July 2006 a contract was signed between the Committee of European Integration represented by the Financing and Contracting Unit of the Cooperation Fund Foundation and the Foundation of Local Democracy Development. Under the contract a project "Support for regional and local communities in drug prevention" was implemented. The National Bureau for Drug Prevention is a beneficiary of the abovementioned project. The project is addressed to local authorities, welfare workers, school staff, police, local non-governmental organizations and representatives of the Church. Specific objectives include developing a framework of legislative solutions related to supporting local communities in preventing drug addiction, mobilising local communities to take responsibility for preventing drug addiction and building a larger coalition that would be composed of all major social partners and address the issue of drug prevention. The project is comprised of three related components: 1) actions within the media as well as other public relations steps that would promote the idea of taking responsibility for drug prevention by local communities and their authorities; 2) providing the local authorities with the expertise and teaching drug prevention skills, especially in terms of developing anti-drug strategies; 3) preparing draft legislative solutions that would provide legal grounds for drug prevention activities, including the involvement of local communities and authorities.

The project implementation started in October 2006 with a conference that was attended by 120 participants – representatives of local authorities, media, drug-related institutions and communities. The project was also promoted in the press and the Internet.

The activities related to the training component of the project were preceded by an analysis of attitudes to drug addiction and the quality of previous communal programmes. The trainings held under the programme involved 3-4-person communal teams comprised of representatives of local administration and local institutions dealing with drug addiction as well as non-governmental organizations acting in this field. The training aimed to prepare communal teams for developing and implementing communal programmes for counteracting drug addiction. The following aspects were touched upon: developing communal programmes for counteracting drug addiction, modern context of drug use, legal administrative and financial framework, evaluation of local social problems, formulating and selecting objectives, results analysis, designing activities and justifying their selection, obtaining resources from abroad, process evaluation of building local strategies, promotion of local strategies.

The trainings all over Poland were conducted by 49 trainers. The participants were provided with training materials (textbooks, CD-ROMs with legal acts and other additional materials). By the end of 2006 41 training groups attended the trainings. The first training session was attended by 994 participants. 2 500 persons from 780 communes (30% of all communes in Poland) are planned to be covered by the trainings (National Bureau for Drug Prevention 2007b).

Under the task 1.4 of the National Programme for Counteracting Drug Addiction "Training in drug demand and principles of developing local prevention strategies, especially addressed to representatives of local governments, bodies of governmental administration, non-governmental organizations, staff of schools and other education system facilities, youth detention centres, police, prison service and the military" the Methodological Centre for Psychological and Pedagogical Assistance (2007c, p. 18) organized a 10-hour training course: "Training and improving interdisciplinary groups working with youth endangered by social maladjustment, demoralization and crime with particular emphasis placed on family critical intervention." The course included a module devoted to developing local drug prevention strategies. The training targeted social workers, municipal policemen, police, education system personnel – mainly teachers, school counsellors, school nurses, staff of local counselling centres, staff of socio-therapeutic and upbringing centres.

In the Bank of Recommended Prevention Programmes of the Centre for Psychological and Pedagogical Assistance (2007i) features 5 programmes addressed to youth leaders:

- Give me your hand – a programme for non-professionals interested in providing assistance to other people (young people, teachers)
- Our meetings – a psycho-prevention programme for youth interested in personal development and helping other people.
- Peer consultation programme – a programme of building peer support intended for secondary schools.
- Pupil council stimulation programme – a programme to educate youth that fulfil different roles on pupil councils and their adult guardians; intended for secondary schools.
- Snowball – a programme for young and adult voluntary workers interested in community prevention and healthy lifestyle promotion.

ACTIVITIES OF LOCAL GOVERNMENTS

In 2006 local governments implemented tasks of grater involvement of local communities in drug prevention as set out in the National Programme for Counteracting Drug Addiction 2006-2010.

The drug problem was incorporated in 849 (compared to 192 in 2005) communal programmes for counteracting drug addiction. In 2006 almost all provincial governments developed provincial programmes for counteracting drug addiction (Minister of Health 2007, pp.28-32)

Under communal programmes community prevention programmes for children and youth were organised and financed. In 2006 1 696 extra-school prevention programmes were co-financed and implemented in 3 537 facilities. 934 implementing non-governmental organizations conducted the programmes for 456 564 participants. In 2006 provincial governments co-financed and organized 71 extra-school community programmes for 44 803 participants in 222 facilities. The programmes were conducted by 62 non-governmental organizations (Minister of Health 2007, p.35).

3.2. Selective/Indicated Prevention

- **Recreational settings**

In 2006 the National Bureau for Drug Prevention (2007a, pp, 20-21) co-financed prevention programmes for drug endangered children and youth to be conducted in recreational venues (dance clubs, backyards) aimed at preventing drug initiation and reducing risk related to occasional drug use. Under these programmes community actions were performed and involved the following: educating on drug-related risk, motivating to change attitudes and behaviour, interventions, providing information on drug outreach centres and distributing information materials (leaflets, brochures). 12 programmes were being implemented:

- „Familia" Foundation – „Woodstock Station 2006" – a programme of information and education activities and interventions conducted during a rock music festival in Kostrzyń upon Oder. The implementers distributed 15 000 leaflets and orange ribbons "I don't do drugs, I'm OK." They did radio broadcasts on drug addiction in a Woodstock Radio station, they provided consultations at a festival information point, lubuskie province;
- "Sedno" Society – „INFO PUNKT" – a harm reduction programme for occasional drug users implemented in pub and dance clubs of the city of Poznań, wielkopolskie province;
- "Monar" Society– four drug-related risk reduction programmes conducted in dance clubs of Warsaw, Częstochowa, Szczecin and Legnica;
- "Parasol" Centre for Prevention and Social Education – the programme "Parasol" aimed to educate, inform and perform interventions in the prostitute community, drug users. "Rakowicka 10" programme was implemented directly in venues where unattended children visit; Krakow.

- Krakow Society of Addiction Outreach – a prevention programme in dance clubs and discos “No Chemical Fun – Party Project””, Cracow;
- “Kuźnia” Society of Lublin – a programme of reducing young people’s contact with psychoactivesubstances in doscotheques, Lublin;
- “Wariant” Society of Social Initiatives – a street-working programme for young people; świętokrzyskie province, Kielce.

- **At – risk groups**

In 2006 the National Bureau for Drug Prevention (2007a, 12) co-financed the implementation of psychological help programmes for drug-endangered population – people experimenting with drugs and their families.

Under this task a number of programmes were commissioned that targeted drug-endangered children and youth of dysfunctional drug addiction-stricken families. The programmes aimed to reduce consequences of children and youth growing up in an unfavourable family and peer environment, improve their emotional and social functioning, teach drug-free ways of spending leisure time and support families in solving drug related problems in a child.

The programmes also attracted drug users and their families. The programme goals included changing behaviours of children, youth and adults to abstinence, improving their emotional and social functioning as well as supporting families in solving drug related problems of a child or another family member. The goals were achieved through activities aimed at education, intervention and psycho-correction.

The programmes were conducted by 36 organizations, mainly at guarding and upbringing facilities, prevention centres and also through consultation points. The total number was 91 venues.

Drug prevalence in teenagers requires constant improvement of existing evaluation methods, prevention and treatment activities addressed to this group as well as placing a special emphasis on professional training of persons having contact with young people on a daily basis: teachers, pedagogues, school nurses, etc. Since 2004 the National Bureau for Drug Prevention and the Institute of Psychiatry and Neurology have been conducting research into screening tests addressed to teenagers using cannabis and other drugs as a new diagnostic method and a way of intervention.

In 2006 feedback was collected from the participants trained to apply PUM and PUN tests and the youth covered by these tests. The study focused on evaluating the application of the

tests in interventions targeting teenage users of psychoactive substances. The study was to answer the following questions:

- Does the test make it easy or difficult to continue intervention in a teenage drug user?
- Can the test have a negative effect on the teenager's future?
- What are the optimal conditions and ways of applying the tests?

The feedback provided by the study participants show that applying the tests in work with teenage drug users brings specific results:

- makes it easier to evaluate the scale of the problem,
- makes it possible to make contact with a teenage drug user,
- forms the basis for the cooperation with the parents.

The study results recommend the programme to be implemented by properly trained staff, especially school counsellors, drug therapists and counselling centre personnel in their individual work with teenagers who are known to be using drugs (Okulicz-Kozaryn 2007).

In 2006, according to the tasks listed in the National Programme for Counteracting Drug Addiction 2006-2010 local governments performed the tasks of extra-school prevention programmes addressed to drug-endangered children, youth and their parents. The following programmes were co-financed:

- "Patient's club – Family Hopes" and "Community Addiction Prevention". The programmes featured education classes for parents of addicted children, counselling and support group.
- "Development" programme. It was implemented in housing estate clubs "Free Zone". The aim of 100 workshops was to teach young people on addictions and the consequences to health. The programme included HIV/AIDS aspects and teaching skills of managing anger, difficult situations, positive problem-solving and wise decision-making.

A pilot project "Establishing and running Information and Consultation Points on drugs and drug addiction" was implemented. Thanks to better availability of HIV/AIDS prevention, information and education activities, including safe-sex aspects, the project vitally contributed to a decrease in hopelessness in persons addicted and co-addicted to psychoactive substances (Minister of Health 2007, pp. 30-32).

- **At risk families**

No new information available.

4. Problem Drug Use *prepared by Ewa Sokołowska, Artur Malczewski*

4.1. Prevalence and incidence estimates

No new data

4.2. Treatment Demand Indicator

Since September 2007 a pilot study has been conducted in Poland which aims to test tools for collecting drug use treatment demand data. The questionnaire has been prepared on the basis of "Treatment Demand Indicator (TDI). Standard Protocol 2.0".

Until now, in Poland there are 2 separate statistical reporting systems about treatment – one for residential treatment, the other for ambulatory units. Statistical reporting system about residential treatment is based individual statistical questionnaires completed upon discharge of a patient from a facility and on December 31 every year. The questionnaire contains an identity code, which enables aggregating data about individuals and not about cases (treatment episodes). Statistical reporting system about ambulatory treatment is, on the other hand, based on collective figures produced at the level of a counselling centre. For that reason it is not possible to avoid double-counting.

The data of residential treatment is more accurate because when analyzing it there is no double counting of patients starting treatment many times in one year and admitted to two, or more, separate facilities. It seems then that such data reflects epidemiological trends better than data from ambulatory facilities.

For this reason, just like in previous years, the following sections of report show statistical data of residential treatment covering patients of psychiatric wards, including patients of specialist psychoactive substances addiction treatment facilities.

At present there are 86 residential facilities for drug users in Poland. Vast majority of them is for adults. Some of the facilities are aimed at people over 14, some for even younger psychoactive substances users. The data shown comes from 53 facilities (coverage: 62.4%).

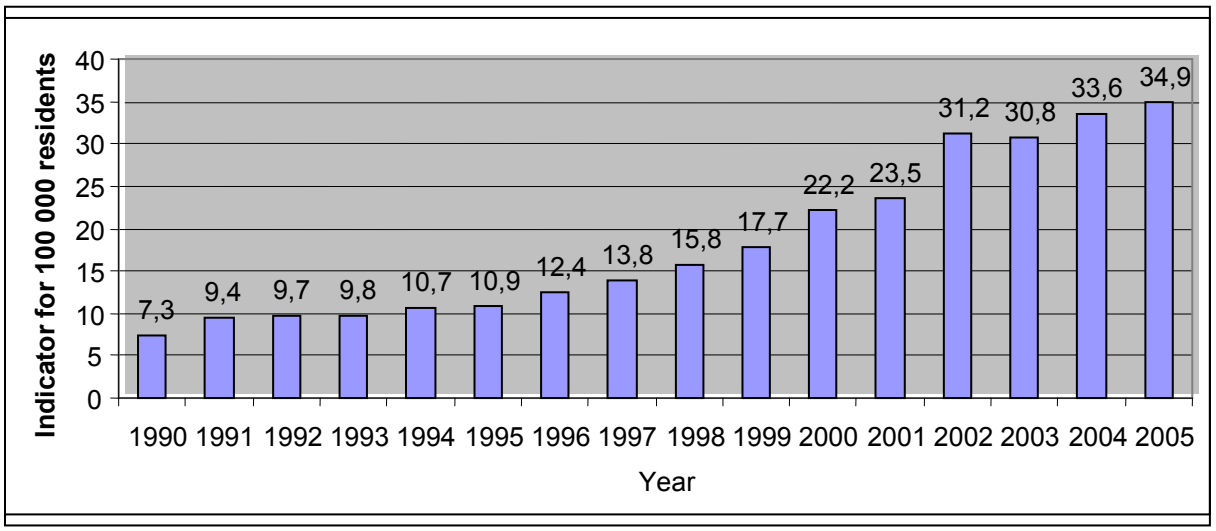
The data from 2005 will be shown in the background and compared against the data from previous years.

2 indicators were analyzed - the overall number of individuals admitted in treatment in 2005 (covering all persons who entered drug treatment no matter whether they had already underwent treatment previously, continued treatment, or were admitted for the first time in their lives) and the number of first-time patients defined as persons who entered drug treatment in a residential facility for the first time in their lives in 2005. The latter indicator enables to follow changes in the number of new cases, not recorded n the treatment system previously. Such an analysis enables accurate presentation of epidemiological trends in population.

- **Admissions to treatment in 2005**

In 2005 drug users entered residential treatment. It means an increase of 3.5% compared to 2004 (in 2004 12836 patients were admitted). Figure 3 presents the numbers of patients admitted to residential treatment since 1990. The data shows modest increase in the number of first-time patients entering residential units.

Figure 3. All patients admitted to residential treatment in 1990-1996 due to addiction or abuse of medical drugs (ICD IX: 304, 305.2-9) and due to mental disorders and behavioural disorders caused by using psychoactive substances (ICD X: F11-F16, F18, F19) (per 100 000 residents)

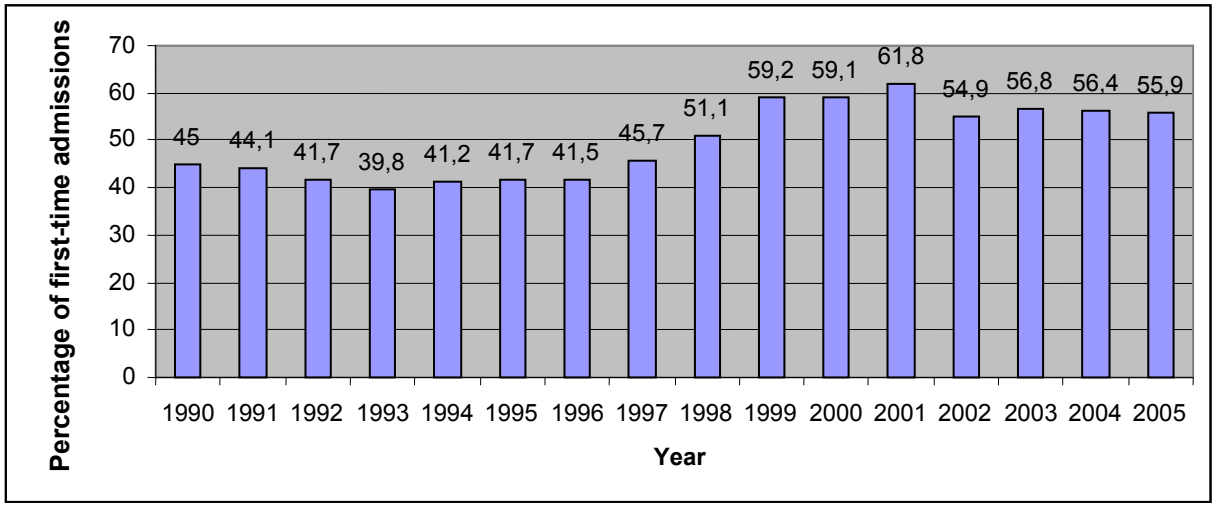


Source: Sierosławski (2007a).

- **First-time admissions**

  In 2005 there were 7024 people admitted to residential treatment for the first time in their lives. It means an increase of 77 people (i.e. 1.1 %) compared to 2004. On the basis of the data a conclusion can be drawn that the indicator has stabilized. Similar conclusions can be drawn when looking at the percentage of first-time admissions, In 2004 it was 56.4% and in 2005 – 55.9%. Detailed numbers are presented in figure 4.

Figure 4. Percentage of first-time admissions to residential treatment in 1990-1996 due to addiction or abuse of medical drugs (ICD IX: 304, 305.2-9) and due to mental disorders and behavioural disorders caused by using psychoactive substances (ICD X: F11-F16, F18,F19)

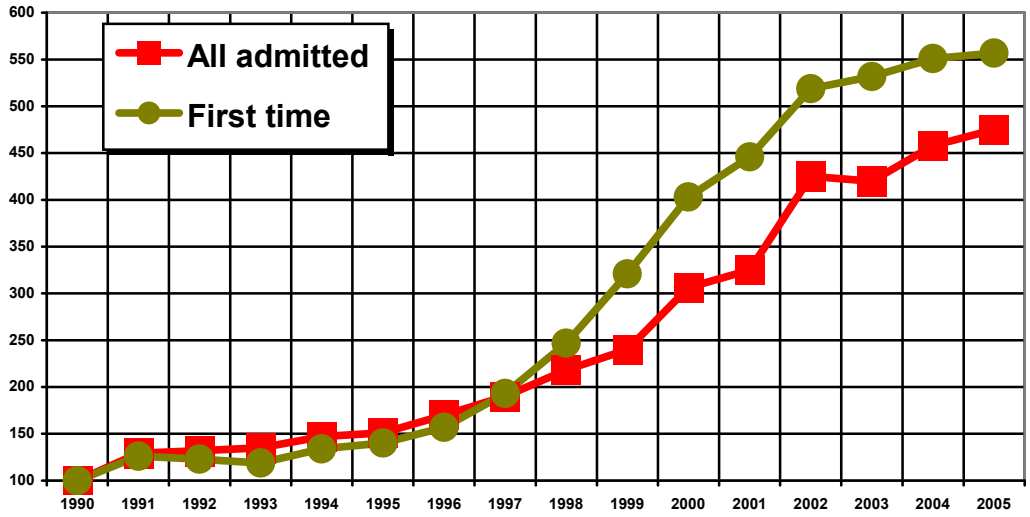


Source: Sierosławski (2007a).

The dynamics of both the aforementioned indicators in 1990-2005 are presented in figure 5.

Figure 5. Dynamics of indicators of all patients admitted to residential treatment in 1990-2005 due to mental disorders and behavioural disorders caused by using psychoactive substances.

(1990 = 100)



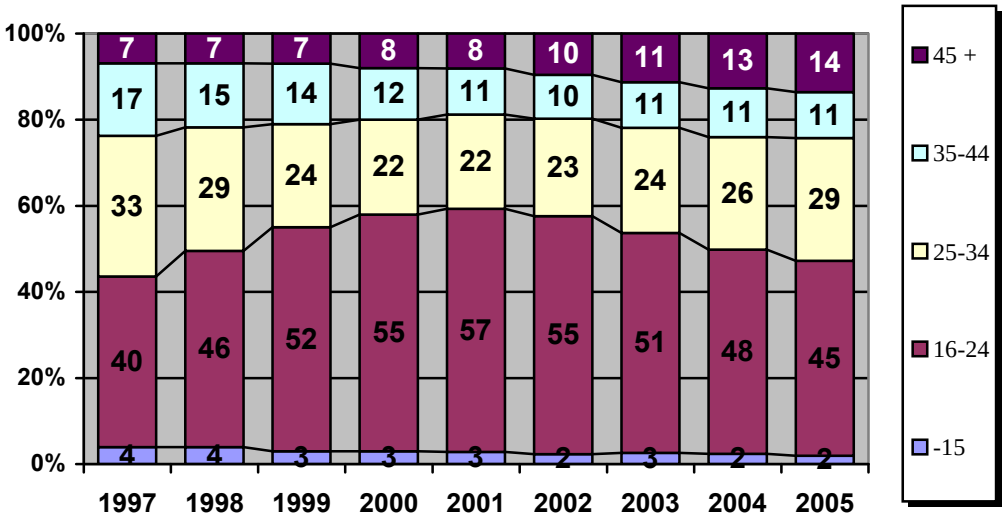
Source: Sierosławski (2007a).

- **Admissions by gender and age**

Just like in previous years, men constituted majority (76.4%) among the people who entered treatment in 2005. More than 50% of all the patients who entered residential treatment in 2005 were people aged between 16 and 29 (16.3% people aged 16-19; 29%

people aged 20-24; 19.5 % people aged 25-29). As compared to 2004, no significant changes have been noticed. Detailed figures presenting the data together with data from previous years are shown in figure 6.

Figure 6. Patients admitted to residential treatment in 1997-2005 due to mental and behavioural disorders caused by using psychoactive substances; by age (percentage of patients)

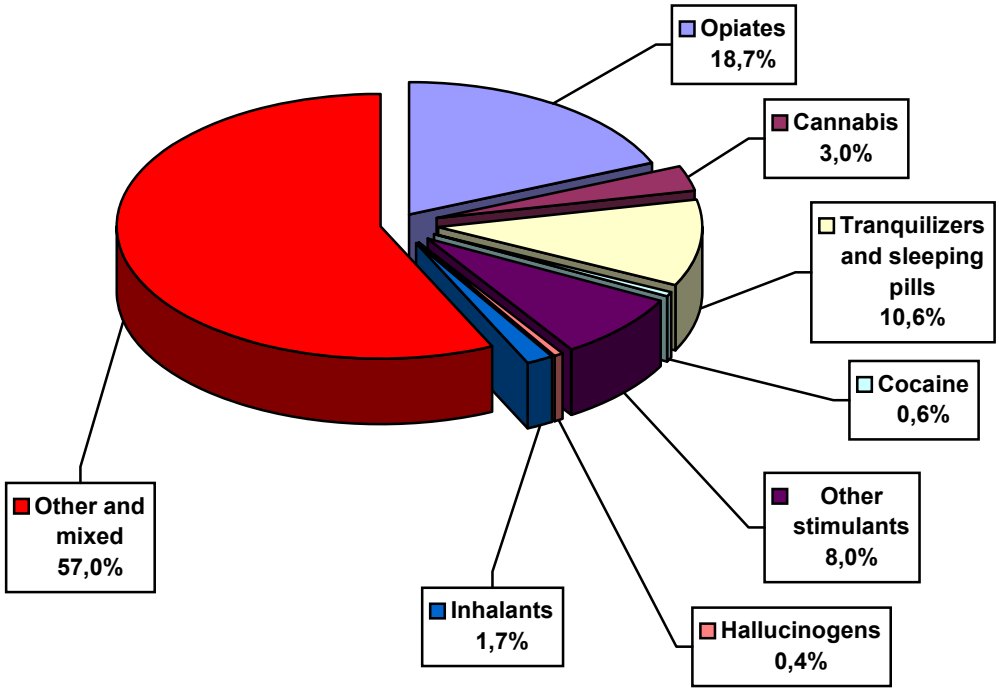


Source: Sierosławski (2007a).

- **Admissions by substance used**

Among patients of residential units in 2005 the largest group were opiate users (18.7%). One out of ten had problems with tranquilizers and sleeping pills. 8% of patients were addicted to stimulants. Small groups were constituted by people using cannabis (3%), inhalants (1.7%) and hallucinogens (0.4%). Also cocaine users constituted a very small percentage (only 0.6%). However, these figures do not reveal the real picture of people entering treatment as 57% of patients are users falling into the category “mixed or undefined”.

Figure 7. Patients admitted to residential treatment in 2005 due to mental and behavioural disorders caused by using psychoactive substances, by substances



Source: Sierosławski (2007a).

Comparing figures from 2004 and 2005 one can notice slight changes in the observed phenomenon. The latest data confirms the tendencies presented in National Report 2006. There is a decrease in the number of opiate users among residential patients (in comparison to 2004 by 1.3%, over the last ten year – by 24.6%). On the other hand there was an increase in "mixed and undefined" category – compared to 2004, by 2.5% (over the last decade by 26.1%). However, on the basis of these figures we cannot make a definitive statement whether the fall in opiate users category results from a genuine decrease in the number of people entering treatment because of opiate use or polydrug use is more common as a result of which opiate users who also use other drugs fall into "mixed and undefined" category (F19).

Another consistent trend is a stable level of cannabis use – for third year running (2003-2005) only 3% of residential patients entered treatment because of using this substance.

Detailed figures presenting this information, including data from 1997, are shown in table 13. Table 14 shows the same figures expressed in numbers of patients.

Table13. Patients admitted to residential treatment in 1997-2005 due to mental and behavioural disorders caused by using psychoactive substances (ICD X: F11-F16, F18, F19) by substances

Percentage of patients

	Opiates	Cannabis	Tranquilizers and sleeping pills	Cocaine	Other stimulants	Hallucinogens	Inhalants	Mixed and undefined
1997	43.3	1.3	8.4	0.9	3.8	1.3	10.0	30.9
1998	42.3	1.8	8.3	0.7	6.0	1.2	9.2	30.5
1999	38.8	2.4	8.4	0.8	6.7	1.3	6.7	34.9
2000	39.4	2.9	9.0	0.6	5.8	0.7	5.2	36.4
2001	40.4	3.0	8.0	0.2	6.0	0.7	3.7	38.1
2002	30.3	3.4	9.0	0.8	8.1	0.5	3.3	44.5
2003	23.3	3.0	10.1	0.9	8.9	0.6	2.7	50.4
2004	20.0	3.0	10.5	0.8	8.7	0.4	2.1	54.5
2005	18.7	3.0	10.6	0.6	8.0	0.4	1.7	57.0

Source: Sierosławski (2007a).

Table14. Patients admitted to residential treatment in 1997-2005 due to mental and behavioural disorders caused by using psychoactive substances (ICD X: F11-F16, F18, F19) by substances

Number of patients

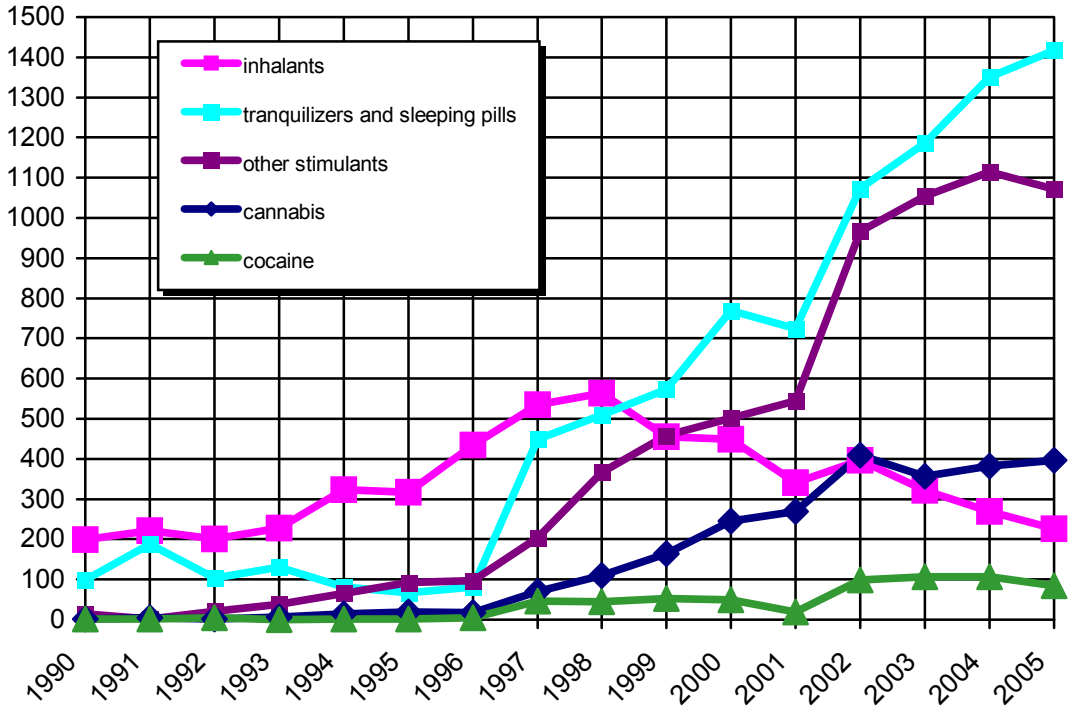
	Opiates	Cannabis	Tranquilizers and sleeping pills	Cocaine	Other stimulants	Hallucinogens	Inhalants	Mixed and undefined
1997	2313	70	449	46	204	70	535	1649
1998	2569	110	509	45	367	75	564	1861
1999	2652	164	573	52	459	91	455	2381
2000	3383	246	769	50	502	62	449	3129
2001	3674	269	724	19	544	61	340	3465
2002	3609	409	1074	98	966	62	397	5300
2003	2745	356	1187	107	1054	74	321	5934
2004	2573	382	1350	107	1115	49	269	6991
2005	2488	397	1417	85	1071	49	226	7587

Source: Sierosławski (2007a).

It is worth pointing out once again, that as the above data of tables 13 and 14 show, addiction to opiates is still a dominating problem – the number of patients in residential treatment in 2004 was 2488. Apart from that, the numbers of patients addicted to stimulants (1071) and to tranquilizers and sleeping pills (1417) are still high.

The analysis of the number of patients using selected types of psychoactive substances shows the stabilization of the trend. As shown in figure 8, we can still see increase in the numbers of cannabis as well as tranquilizers and sleeping pills users (despite the fact that the percentage of cannabis users demanding treatment in residential units is still relatively low). On the other hand we can see decrease in the numbers of inhalants, stimulants and cocaine users. Figure 8 shows that there are more cannabis users undergoing treatment in residential units than cocaine users. At the same time, cannabis users undergoing treatment in 24-hour care units are vastly outnumbered in those facilities by users of tranquilizers and sleeping pills as well as users of stimulants.

Figure 8. Patients admitted to residential treatment in 1990-2005 due to mental and behavioural disorders caused by using psychoactive substances - selected drugs (no. of patients)



Source: Sierosławski (2007a).

- **Pattern of drug use**

Statistical data from both residential and ambulatory facilities does not give information about the pattern of drug use of people demanding treatment. In Poland work is underway to introduce a new system for collecting information about treatment demand because of problem drug use. The data will be collected in accordance with TDI protocol ("Treatment Demand Indicator (TDI). Standard Protocol 2.0"). Ultimately the system should cover both residential and ambulatory units. In 2007 a pilot trail of the system was launched. Preparation of the system as well as consultations concerning the conformity of the tools for collecting data with requirements and definitions of EMCDDA took place in the framework of a programme Transition Facility 2004 (PL2004/016-829.05.01).

The only available information is local data, obtained in a research project "Multi-City-Study" which was initiated through cooperation with Pompidou Group. The Report from 2005 contains data collected in two Polish cities – Warsaw and Krakow. The data was collected in both residential and ambulatory units. The research project involves the participation of 6 facilities form Krakow and 4 from Warsaw. The basis for monitoring in drug users specialist treatment facilities are individual questionnaires filled in during the first contact with the facility, regardless of the fact whether the person enters treatment or not. So what we deal here with is demanding, not entering treatment. Using an identity code comprised of initials (two first letters of a name and a surname) and date of birth makes it possible to avoid multiple counting of the same person if they used more than one facility in one year. The questionnaire contains basic social-demographic data, information about the pattern of drug use in the last 30 days preceding the contact with facility (basic drug and optionally two more, frequency and the way of use, period of use), data concerning using drugs through injection, sharing needles and syringes and information about HIV infections. Patients are also asked if they underwent any treatment in the pest or is it the first time they demand treatment.

What follows is a brief presentation of data from Krakow in comparison to data from Warsaw.

Data presented in table 15 shows, that opiates are basic drugs for the majority of persons (65.7%) demanding treatment in facilities in Krakow. Amphetamines and other stimulants are basic drugs for 20.5%, cannabis for 8.3% and other substances for 5.5% users. The results are similar to the ones observed in Warsaw. What is different are the proportions of people using other substances as the basic drug. Stimulants (mostly amphetamines) are more often used as the basic drug, whereas cannabis and other substances more rarely, in Krakow than in Warsaw.

Table 15. Drug used as the basic one in the last 30 days preceding the demand for treatment

in Warsaw and Krakow in 2005 – percentage of interviewees.

	Krakow	Warsaw
Opioids	65.7	67.7
Stimulants	20.5	15.5
Cannabis	8.3	12.6
Other	5.5	4.2

Source: Sierosławski (2006).

Table 16 presents, on the other hand, all the drugs used in the last 30 days preceding the demand for treatment by persons demanding it. Analyzing the data it can be observed that in 2005 opiates were present in 66.2% of users demanding treatment, amphetamine in 26.8%, cannabis in 10.2% and other substances in 7.3%. The data varies a little from the analogical data from Warsaw where we can observe a higher percentage of persons using each of the substances. On such basis we may conclude that drug users demanding treatment in Warsaw on average use more substances in the last 30 days preceding the demand for treatment than people who want to enter treatment in Krakow. The smallest difference in the percentage of users between Krakow and Warsaw can be observed in the case of opiates users, the biggest – in the case of marihuana and hashish.

Table 16. Drugs used in the last 30 days preceding the demand for treatment in Krakow and Warsaw in 2005 – percentage of interviewees

	Krakow	Warsaw
Opioids	66.2	69.5
Stimulants	26.8	31.5
Cannabis	10.2	23.4
Other	7.3	16.7

Source: Sierosławski (2006).

It is also worth examining the patterns of opiates use in Krakow and Warsaw, as there are significant differences in this field. As exemplified by data in table 17 home-made opiates (so called “kompot”) is more often used in Krakow than in Warsaw, unlike smoked heroin (so called brown sugar). Despite this fact, that in both cities heroin is used more often than “kompot”, it is worth emphasizing that among drug users in Krakow “kompot” has a strong position in the patter of use, whereas in Warsaw it is used rarely.

Table 17. Opioids used in Warsaw and Krakow in 2005 in the last 30 days preceding the demand for treatment in Warsaw and in Krakow in 2005 (percentage of interviewees)

	Krakow	Warsaw
Opioids - including:	66,2	69,5
„kompot”	20,1	1,9
heroin	36,7	66,5
morphine	-	0,5
codeine	0,3	0,5
methadone	1,9	0,2
other	7,2	0,5
unspecified	-	-

Source: Sierosławski (2006).

Taking into consideration the fact that in Krakow there is a large group of „kompot” users among opiates users, one could expect that injecting drug use will be more widespread in this city than in Warsaw. However, this is not so. There is no real difference in this respect between the two cities. Significant differences can only be observed comparing the indicators of injecting drug use in the history of drug use. Then this number is actually higher in Krakow, especially among persons who already have undergone treatment before. The data is presented in table 18. It is worth having a closer look at the indicator of injecting drug use among persons entering treatment for the first time in their lives. In both cities it is significantly lower (though in Warsaw it is slightly higher than in Krakow) than the indicator of injecting drug use among people who have already entered treatment before. This proves that injecting drug use is not as popular among „first-timers” as among users from older generation.

Table 18. Injecting drug use sometime in one’s lifetime in Warsaw and in Krakow in 2005 – percentage of interviewees

	Krakow	Warsaw
Total	57.0	51.2
First-timers	20.0	25.5
The rest	70.7	61.4

Source: Sierosławski (2006).

Analyzing percentage of people who in 2005 in the last 30 days preceding the demand for treatment shared needles and syringes with other injecting drug users, one can observe major differences between Krakow and Warsaw. In Krakow the percentage of people who shared needles and syringes with other users in the last 30 days before demanding treatment was only 1.1% whereas in Warsaw it was as high as 16%. There is especially significant difference among people demanding treatment for the first time in their lives. In Krakow there was not a single person sharing needles and syringes whereas in Warsaw the percentage of those who shared needles and syringes was 13%. The difference can be put down to the efficiency of harm reduction activities. Apparently, in Krakow activities like education and needle and syringe exchange programmes are conducted more energetically, covering higher percentage of drug users.

4.3. PDUs from non-treatment sources

In Poland we do not have data from outside health care service about problem drug users. The number of problem drug users, including the number of people who do not enter treatment, was estimated last time in 2002.

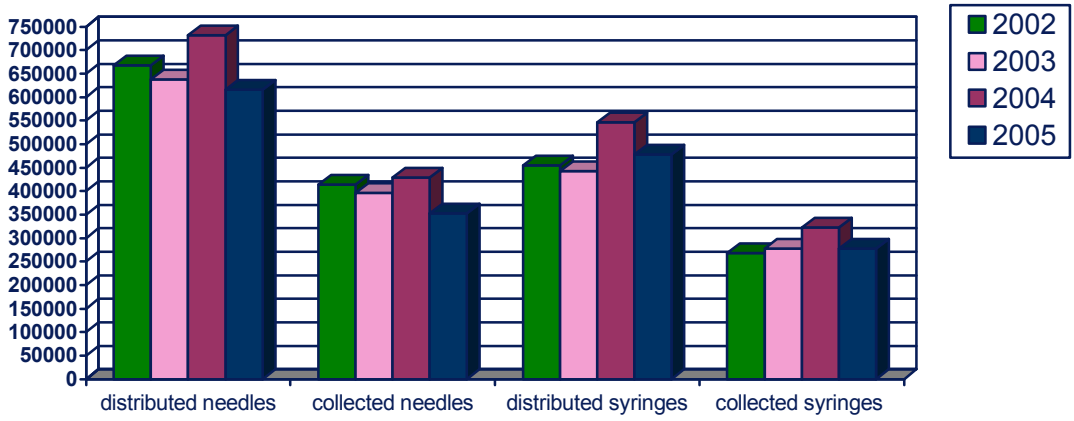
Therefore, the following section will present only data from the field of harm reduction. The number of needle and syringe exchange programmes has decreased in recent year in Poland. For a change, party working programmes have appeared.

- **Needle and syringe exchange programmes**

In 2005, in comparison to 2002, the number of needle and syringe exchange programmes decreased from 21 to 16. There was also a decrease in the number of cities covered by such activities – from 23 to 14. Various factors may be deemed responsible for the decrease – to start with, legislation changes made it illegal to possess any quantity of drugs which consequently led the drug scene to “go underground” (which made it more difficult for programme workers to reach drug users), secondly, there was a change of the source financing the programmes (United Nations Development Programme ceased to finance harm reduction programmes), and lastly, there are fewer and fewer “new” injecting drug users at whom needle and syringe exchange programmes are aimed. Still, despite the fact that the number of needle and syringe exchange programmes has decreased

substantially, the amount of equipment which is exchanged has not decreased significantly. Detailed data is presented in figure 9.

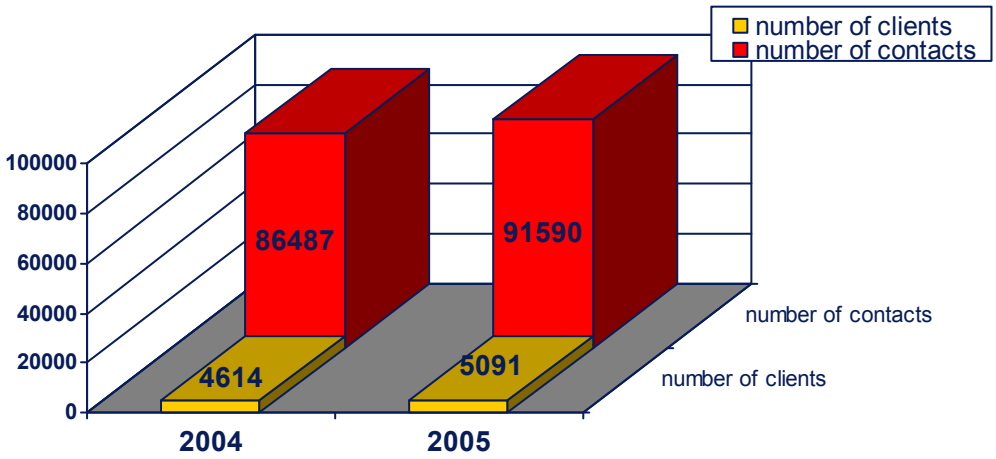
Figure 9. Number of needles and syringes collected and distributed in 2002-2005



Source: Malczewski (2007a).

As far as the number of contacts and estimated number of needle and syringe exchange programmes clients are concerned, these figure have actually increased in 2005, as compared to 2004. Details are presented in figure 10.

Figure 10. Number of needle and syringe exchange clients and contacts in 2004 and 2005 in Poland.



Source: Malczewski (2007a).

- **Party working programmes**

In 2006 in Poland there were 6 party working programmes being implemented in 6 cities. Educational activities were carried out in clubs, discotheques, bars and during rock music concerts. They were aimed mostly at users of synthetic drugs. The main objective of such programmes is to increase safety of persons participating in the events. To ensure the effectiveness of such activities, it is necessary to seek good cooperation with clubs' owners. Party working activities are perceived as needed by both participants of events and employees of clubs (Malczewski 2007a).

- **Intensive or frequent patterns of use**

In the course of estimating demand for methadone treatment in Warsaw the Institute of Psychiatry and Neurology in 2006 conducted a qualitative study called "Availability of substitution treatment programmes in Warsaw". The project was prepared and implemented by the Institute of Psychiatry and Neurology in Warsaw upon commission of the Bureau of Social Policy at the Municipal Office of the Capital City of Warsaw. The study was to evaluate the availability of substitution treatment in Warsaw and estimate the demand for this type of treatment in the city. This chapter is a summary of part of the report.

One of the elements of the study were questionnaire surveys conducted on a sample of opiate addicts from outside drug treatment system. For the purpose of the study two questionnaires were developed: one addressed to current clients of substitution programmes and the other to potential clients of these programmes i.e. opiate addicts. The results of the surveys have been summarised below. Age and gender of the study participants have been presented in Table 19.

Table 19. Addicts from outside drug treatment system, according to gender and age.

Age (years)	Men		Women		Total
	N	%	n	%	
20 – 29	43	54,4	16	53,3	59
30 – 39	22	27,8	14	46,7	36
40 +	14	17,7	0		14
Total	79	100,0	30	100,0	109
Median, mean (SD)	29; 30,8 (7,6)		28,5; 29,0 (5,9)		29; 30,3 (7,2)

Source: Moskalewicz (2006).

Similarly to methadone programmes slightly more than 70% of the participants in the addicts sample from outside treatment are men. The average age for women is almost two years lower. The sample did not include any aged forty or over.

Table 20. Social background of addicts from outside drug treatment system.

SOCIAL BACKGROUND	N	%
Education		
Primary	37	33,9
Vocational, secondary incomplete	37	33,9
Secondary and post-secondary	35	32,1
Health insurance	47	44,3
Living conditions		
Private house/flat, rented room or flat, social flat or partner's flat	33	30,3
Parents' or relatives' flat	37	33,9
Friends' place, hostel or night shelter	28	25,7
Homeless	7	6,4
Penal institution	4	3,7
Permanent partner	28	25,7
Job in the last 12 months		
No job	75	69,4
1-5 months	14	13,1
6-9 months	9	8,4
10-12 months	9	8,4
Source of income		
Salary or wages	16	14,7
Disability benefit	10	9,2
Allowances	11	10,1
Family maintenance	37	33,9
Begging	11	10,1
Thefts	35	32,1
Other	9	8,3

Source: Moskalewicz (2006).

Although education levels are only slightly lower than in general population Table 20 data indicate a substantial level of social exclusion of the participants. The majority do not hold

health insurance. In the last 12 months prior to survey almost 70% had not worked although 9 participants had worked more or less on a regular basis throughout the whole year. For a third thefts were source of income and every tenth begged for money. One third of the addicts

From outside drug treatment system have no private place to live; they stay at their friends' place, in hostels or night shelters. Three quarters do not have a permanent partner.

Analyzing drug use in the study group it is evident that according to sample selection criteria all patients used opiates on a regular basis, including heroin (75%) and 'kompot' (homemade Polish heroin) (60%). More than 70% also used amphetamine and one third other drugs that were mentioned in low percentages. Further analysis showed that out of all participants 37% regularly used heroin and 'kompot'; almost half of heroin users also used 'kompot' while two thirds of regular 'kompot' users also used heroin. Average heroin use time was 6.9 years, kompot - 10.2 and amphetamine - 7 years.

Table 21. Opiates and amphetamine prevalence

Drug	Prevalence (%)	Average time of use in years (SD)
Heroin	76,9	6,94 (4,58)
Kompot	60,6	10,21 (7,57)
Amphetamine	70,6	7,04 (5,01)

Source: Moskalewicz (2006).

Drug users were asked about treatment attempts. Almost 90% of the participants from outside drug treatment system had entered treatment, often many times.

Table 22. Drug treatment attempts

Facility	Percentage of patients that had entered treatment	Number of treatment attempts Median; mean (SD)
Outpatient clinic	45,0	3,0; 5,65 (14,05)
Detoxification ward	77,1	5,0; 6,68 (5,53)
Rehab centre	63,3	2,0; 3,16 (3,43)
Methadone program	12,8	1,0; 1,43 (1,16)

Source: Moskalewicz (2006).

The most addicts, almost 75%, had gone through detoxification, 50%of them five times and more. More than 60% had stayed at a rehab centre out of whom 50% had done it at least two

times. Outpatient treatment had been the option in 40% of the participants. More than a dozen had taken part in a substitution treatment programme. Also more than a dozen had sought help in NA groups.

Three quarters of addicts from outside treatment system express their willingness to enter substitution treatment and only every fifth is not satisfied with such a form of drug treatment. The vast majority of the study participants, almost 80%, believe that the availability of methadone programmes in Warsaw is poor or very poor.

5. Drug-Related Treatment *prepared by Dawid Chojecki*

5.1. Treatment System

Drug treatment system is based on a network of inpatient and outpatient drug clinics, detoxification wards, day care centres, drug treatment wards in hospitals, mid-term and long-term drug rehabilitation facilities and drug wards in prisons.

These facilities have the status of public and non-public health care units. Under the system the following drug-related services are provided: diagnosis, counselling, psycho-education, pharmacological therapy, substitution treatment, individual and group psychotherapy, therapeutic community model.

In Poland the most prevalent treatment model is a drug-free therapeutic community.

In 2006 mid-term and long-term programmes dominated, however due to economic changes and a different profile of patients, the programmes are getting shorter. The changes are dictated predominantly by financial limitations imposed by the National Health Fund.

In 2006 neither sources of financing drug-related health benefits (mainly NHF) nor distribution criteria thereof changed. The implementers were health care units run by non-governmental organizations (societies, association, foundations).

Substitution treatment, until 2005 for formal reasons run by public health care units exclusively, was the exception. The Act of Law of 29 July 2005 on counteracting drug addiction made it possible for non-public health care facilities to run such type of treatment, which will hopefully lead to the broadening of this deficient treatment service in Poland.

5.2. "Drug Free" Treatment

- **Residential treatment system**

The latest data on residential treatment for drug users comes from 2005. In 2005 13 320 people were admitted for residential treatment because of using psychoactive substances (excluding alcohol). 7 024 people were admitted for the first time. In 2004 12 836 people were admitted, including 6 947 of those admitted for the first time. A year before, in 2003: 11 778 and 6 693 respectively (J. Sierosławski, 2006, p. 3). The figures show a slightly growing trend in the number of patients reporting for treatment in general as well as a few percent increase in the number of patients admitted at least for the second time in their lives.

Residential treatment centres are in most cases located outside cities as it is expected that it provides natural isolation of patients from the drug community.

In 2005 there were 86 facilities of such type in Poland, including facilities admitting patients with double diagnosis (National Bureau for Drug Prevention, 2006). The data on the number

of beds, as well as the data on the number of patients presented above, comes from 53 facilities which housed 2 415 beds (Institute of Psychiatry and Neurology, 2006, p.155).
The above data do not include psychiatric hospitals, where problem drug users receive treatment after being referred there due to symptoms of psychotic disorders.

- **Ambulatory treatment system**

Ambulatory assistance to users of illicit psychoactive substances is provided in Poland through drug counselling centres, mental health counselling centres and in special cases, if there is no centres of the type mentioned before, abstinence counselling centres (more numerous network) which must often adapt their service offer to the needs of problem drug users.

Over the last few years there has been fluctuation in the number of drug counselling centres. In 2005 there were 69 centres for prevention, treatment and rehabilitation of people addicted to psychoactive substances Institute of Psychiatry and Neurology, 2006, p.67); in the previous year - 73.

In 2005 because of drug use there were altogether 38 443 patients admitted to centres for prevention, treatment and rehabilitation of people addicted to psychoactive substances, to abstinence counselling centres and to mental health counselling centres, 16 909 of whom were admitted for the first time (Institute of Psychiatry and Neurology, 2006, p. 41, 42, 51, 52, 62, 63, 72 and 73); in 2004: 39 175 patients, including 17 779 of those admitted for the first time (Institute of Psychiatry and Neurology, 2005, p. 40, 66, 73) In 2005 centres for prevention, treatment and rehabilitation of people addicted to psychoactive substances alone registered 20 416 patients, including 8 853 first-timers (Institute of Psychiatry and Neurology, 2006, p. 72 and 73).

There is a feeling that the network of ambulatory treatment centres is still insufficient and the service offer is not diverse enough. Despite the fact that for the people who are not addicted yet the ambulatory form of treatment (especially day care centres located in large cities) seems to be more adequate than residential and long-term one, it is clearly underinvested. In 2005 in Poland there were only 10 day care units for people addicted to psychoactive substances (ecluding alcohol). Altogether they had 281 places. Such units and centres operated only in 4 provinces: mazowieckie (4 units), pomorskie (2 units), śląskie (2 units) and dolnośląskie (2 units) (Institute of Psychiatry and Neurology, 2006, p. 139). Day care treatment and activities of environment treatment teams encompassed 677 people altogether in 2005 (institute of Psychiatry and Neurology, 2006, p. 142 and 148).

In order to raise the effectiveness of therapeutic interventions in counselling centres and consultation points, apart from the assistance for drug users and those experimenting with drugs, activities for parents and close relatives of drug users are organized.

The counselling centre rooms are used for sessions of narcotics anonymous groups.

5.3. Medical treatment

- **Withdrawal treatment**

In 2006 in Poland there were 30 (in 2005:40) detoxification wards/subwards (National Bureau for Drug Prevention, 2007a). The wards were mainly addressed to opioid withdrawal symptoms. No data on the number of beds.

The basic forms of treatment at detoxification wards is symptom treatment, administering painkillers and tranquilizers, antiemetics etc. and causal treatment (clonidine, methadone or buprenorphine).

At hospital detoxification usually lasts 8-21 days.

Detoxification from psychoactive substances includes:

- fluid transfusion,
- alleviating withdrawal symptoms,
- motivating to enter treatment,
- support,
- education on infectious diseases,
- counselling, psycho-education,
- treating coexisting diseases,
- crisis interventions,
- cooperation with family members.

Data collection system does not cover private facilities / medical practices conducting detoxification from psychoactive substances. It is known that a method commonly applied is so-called “rapid detoxification”, which is not conducted in public centres.

- **Substitution treatment**

Polish drug treatment system allows substitution treatment as a form of outreach to drug addicts when other forms of treatment failed.

Such programmes are addressed to opiate addicts aged 18 and older. Under substitution treatment programmes patients are provided with psychological and social assistance.

In 2006 one new methadone maintenance programme was launched, in the Regional Hospital for Neurotic and Mental Disorders in Świecie. In 2006 in Poland there were

altogether 12 substitution treatment programmes run in public health care units (in the previous year: 11) (National Bureau for Drug Prevention, 2006 and 2007a), and Report on the implementation of the National Programme for Drug Prevention in 2006, National Bureau for Drug Prevention, Warsaw 2007. As in previous years, 3 programmes were run in penitentiary units in 5 facilities (Ministry of Health, 2007, p.121).

The key criterion for admitting drug users to substitution treatment programmes run in prison is the possibility to continue therapy upon serving a sentence. For that reason few inmates enter methadone programmes. That is why substitution treatment within the prison system must be coordinated with the one outside so that it will be more adequate to the needs of drug addicts.

In 2006 local governers of mazowieckie and dolnośląskie provinces took decisions which enabled launching substitution treatment programmes in their provinces (Governors' Offices, 2007).

The National Health Fund reported that in 2006 it financed 12 substitution treatment programmes in 10 provinces (3 programmes were run in mazowieckie province). The programmes provided treatment for 1 221 patients (Ministry of Health, 2007, p.119), whereas in 2005 NHF contracted such services in 10 programmes run in 8 provinces, which provided treatment for 969 people (the figure does not include patients from one substitution treatment ward which failed to submit data) (Ministry of Health, 2006, p.106).

In 2006, following an open competition for implementing a task „Programmes supporting substitution treatment", the National Bureau for Drug Prevention chose 2 offers. The activities which aim at supporting substitution treatment programmes run by public health care units, are being conducted in 2007.

Apart from that, in 2006 the Team for Giving an Opinion on Project of Substitution treatment Programmes that was created by the Director of NBDP positively approved of 2 substitution treatment offers, which will be run in a clinic in Warsaw and in a remand centre in Poznań.

- **Other methods of treating co morbidity**

In special cases drug addicts take psychotropic medication. It is the case when a patient is diagnosed with drug-related psychotic or mood disorders. There is no data available on the number of people treated with medications.

- **Raising the quality of treatment programmes**

STANDARDS

In order to raise the quality and effectiveness of the therapeutic services on offer as well as increase patient's safety, the Minister of Health created a team of experts for developing standards of both treatment and rehabilitation procedures, harm reduction programmes as well as giving accreditation to health care units administering treatment, rehabilitation and harm reduction programmes for users of psychoactive substances. Since its creation in 2004, the team has been working on developing "Standards of treatment, rehabilitation and health reduction programmes." The team comprises representatives of the Institute of Psychiatry and Neurology, the National Bureau for Drug Prevention, the State Agency for Prevention of Alcohol Related Problems, the Centre for Monitoring Quality in Health Service and practitioners – specialists in addictions therapy working for non-governmental organizations offering assistance to drug users. 2006 was the year preceding the completion of standards development. The most important field in the set of standards is the part devoted to respecting patient's rights by a health care unit. In 2006 a pilot trail was implemented in order to verify the standards that had been developed and to confront them with reality.

Standards deal with the process of care over patients as well as organizational functions of the health care unit. The next stage of activities aims at developing a system of (voluntary) accreditation of health care units.

In 2007 it is planned to start the process of giving accreditation to units. The process aims to reliably and objectively assess the quality of health care provided for the addicted as well as to involve therapeutic teams in constant raising the quality of services in order to ensure safety of the patients under their care.

EVALUATION

Apart from standards and accreditation, another activity commenced in 2006 which aimed to raise the quality and effectiveness of therapeutic programmes was the development and implementation of a pilot system of addiction treatment services evaluation.

The following were invited to cooperate in the scope of evaluation research: representatives of inpatient and outpatient clinics active in the field of providing assistance to drug users as well as representatives of methadone programmes. Having been adapted to Polish conditions, Maudsley Addiction profile was used as an evaluation toll to conduct the pilot trail together with complementary questionnaires. At the end of 2006 representatives of the invited facilities began to conduct evaluation surveys among their clients in order to analyze them in 2007 taking into consideration adequacy, utility and functionality i.e. using them in practice.

TRAINING

In 2006, as in previous years, a training programme for the staff of Basic Health Care was organized. Training courses for doctors and nurses from all over Poland called “Role of basic health care personnel in solving problems accompanying drug use” were held.

In 2006 the National Bureau for Drug Prevention subsidized 3 training programmes for basic health care staff: general practitioners, pediatricians, family doctors and nurses. Altogether 117 people were trained (Ministry of Health, 2007, p.124); in 2005 – 84.

Training programmes were aimed at recognizing addiction hazards as well as using short intervention towards drug users. Participants of the training acquired knowledge and practical skills in the following scope: characteristics of narcotics and psychotropic substances, clinical symptoms of using them and undesirable health consequences, legal aspects related to the drug problem, tests diagnosing problem drug use as well as drug tests, characteristics of a potential user, recognizing addiction symptoms, motivating to start treatment as well as carrying out crisis intervention.

Also in 2006 the Medical Centre for Postgraduate Education and Supreme Council of Nurses and Midwives in cooperation with other parties carried out training programmes for doctors. As a result 497 people underwent training (Ministry of Health, 2007, p. 124).

In order to increase general knowledge and skills of people professionally dealing with harm reduction, in 2006 the National Bureau for Drug Prevention commissioned a training programme: “Development of methods and work techniques in the field of reducing the risk of health hazards.” 48 people underwent training (Ministry of Health, 2007, p.125).

The subject matter of the training programme included the following issues: characteristics of psychoactive substances giving special consideration to new drugs, clinical symptoms and undesirable health consequences, various forms of work with the addicted not motivated to undergo treatment aimed at harm reduction, substitution treatment; the influence of narcotics on exhibiting sexual risk behaviours; infectious diseases related to drug use (HBV, HCV, HIV, TB); conduct in the case of professional exposition and standards of conduct in emergency life-threatening cases resulting from taking drugs.

Apart from that, in 2006 the National Bureau for Drug Prevention financed a training programme for the employees of a facility which was getting ready to implement methadone treatment programme – “Counselling Centre for Psychoactive Substances Addiction and Codependency in Wrocław”. The programme aimed at educating the staff about substitution treatment.

In 2006 there was a report published and a conference organized on a research project implemented in the previous years in the framework of operations of the National Programme for Counteracting Dug Addiction: “Developing model for recommended network to meet minimum needs of drug treatment and rehabilitation.” The aim of the study was to formulate recommendations on the structure of the system, the scope of services and indicators of availability. Taking into consideration the availability of services and exploitation of financial resources, the structure of facilities network is not optimal. Drug counselling centres, which incur 10% of all the expenditure on treatment and rehabilitation, cover with their assistance over half of all the patients within the system. Taking into consideration the key role of counselling centres in the system, we should strive to increase the scope of services they offer. Increasing the availability and effectiveness of rehabilitation centres requires shortening the time of rehabilitation to 12 months and adapting standards from facilities with high parameters of effectiveness.

The conclusions were drawn on the basis of results of a research carried out by the Institute of Psychiatry and Neurology which was commissioned by the National Bureau for Drug Prevention.

6. Health Correlates and Consequences *prepared by Artur Malczewski, Marta Struzik,*

6.1. Drug-related deaths and mortality of drug users

The basic source of information concerning drug-related deaths in Poland is the data of Central Statistical Office (GUS). Every death is evidenced in GUS database. It contains information about the place of fatal intoxication, socio-demographic data about the person who overdosed and the type of substances which was the cause of death (according to ICD codes). Until 1996 ICD[4] 9th revision was used and since 1997 data has been codified in compliance with ICD 10th revision. The basic limitation for obtaining information about drug-related deaths is the fact of entering into the database only one code, i.e. primary cause of death. There are works under way at the Central Statistical Office to expand the database so that it includes also the secondary and tertiary cause of death, which would make Polish register comply with Eurostat requirements. Making use of one code only may result in underestimating the number of cases[5]. In 2005 codes that create national definition of drug-related deaths were chosen. In compliance with the national definition, the following ICD codes were selected from the general database: F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14. Polish definition of drug-related deaths was elaborated based on Selection B of EMCDDA protocol (EMCDDA 2002), as well as on the basis of national methodology used previously.

Data in Table 23. indicates a stable trend in the number of drug-related deaths. In 1997, as compared to 1996, there was an increase in the number of death cases. This was the period of ICD 10th revision coming into effect. Changes in the codifying may have influenced the increase in the number of deaths generated from the database. In the years 1997-2004 the numbers of deaths were not subject to significant fluctuations and remained stable. In 2005 there was a slight increase in the number of fatal drug overdoses.

More men than women die because of drugs. Of all the people who overdosed in 2005, 41% were female, in 2004 – 38%, 2003 – 32% and in 2002 – 42%. As the figures show, the percentage of women who died because of fatal drug poisoning in 2005 reached almost the same number as in 2002. The average age of a victim was relatively high and came to 42 years, which is 7 years more than the European average. However, the youngest person who overdosed in 2005 was 14. A large part of deaths resulted from using drugs, which are

[4] ICD-10 classification (International Statistical Classification of Diseases and Related Health Problems) is a database containing codes of diseases.

[5] In the case of each death, three causes of it are determined: one direct and two indirect ones, but only the code of the first one is in GUS database. In the case of e.g. death caused by myocardial infarction because of drug use, myocardial infarction will be the primary cause and the drug which brought it about the secondary one. When coding and entering only the primary cause, we have no information that the death was caused by a drug. In such a case information about the narcotic is not entered into the database, because it is an indirect cause.

hard to determine by means of classification which is in use currently. In 2005 in those cases when particular substance was given as a primary cause of fatal poisoning, the largest number constituted people who died because of opiates (11 cases). There were also deaths caused by using hallucinogenic substances (3 cases) and one resulting from cocaine poisoning.

Table 23. Deaths from drug overdose in 1987 – 2005

Year	Number	Indicator for 100K
1987	156	0.41
1988	145	0.38
1989	181	0.48
1990	155	0.41
1991	213	0.56
1992	199	0.52
1993	211	0.55
1994	185	0.48
1995	175	0.45
1996	179	0.46
1997	253	0.65
1998	235	0.61
1999	292	0.76
2000	310	0.81
2001	294	0.77
2002	324	0.85
2003	277	0.73
2004	231	0.61
2005	290	0.76

Source: Central Statistical Office

- **Situation in the provinces**

If we have a look at the number of drug-related deaths in 2005 with breakdown into provinces then we will notice that most fatal drug overdoses took place in mazowieckie, śląskiem, zachodniopomorskie and łódzkie provinces. In the remaining provinces, the number of deaths did not exceed 20 annually.

In śląskie province, where in 2004 the largest number of deaths was recorded, the number of fatal drug overdoses in 2005 decreased, similarly to lubuskie and świętokrzyskie provinces. The highest dynamics should be noted in mazowieckie province, in which there was an

increase of 77%. 45 fatal poisoning cases in this province occurred in Warsaw, which means that in the capital city alone there were more deaths than in the majority of other provinces.

Table 24 Deaths from drug overdose (by national definition: F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14) in 2004 and 2005 with breakdown into provinces

Province	Numbers of deaths by national definition:	
	2004	2005
Dolnośląskie	18	33
Kujawsko-pomorskie	14	19
Lubelskie	9	9
Lubuskie	8	6
Łódzkie	19	23
Małopolskie	3	5
Mazowieckie	47	61
Opolskie	4	5
Podkarpackie	4	4
Podlaskie	4	13
Pomorskie	13	17
Śląskie	48	44
Świętokrzyskie	4	3
Warmińsko-mazurskie	6	9
Wielkopolskie	13	17
Zachodniopomorskie	17	22

Source: Malczewski (2007b)

- **Deaths according to police records**

The other system which registered deaths from drug overdose was the police records. Data was collected by Communal and Municipal Headquarters of Police and then it was reported to Provincial Headquarters on a half-a –year basis from which it was sent to the Police Headquarters in Warsaw.

According to the law, every case of sudden death should be investigated by the police. In this way it can be ascertained if a death was caused by drug use. The system does not collect information about the substance which caused the fatal poisoning, nor socio-demographic data about the deceased person. It is hard to detect a stable tendency on such basis and the

trend tends to fluctuate. It is also worth noting that the numbers do not exceed those from table 24, which presents data concerning deaths from GUS database. In the last year of keeping records (2000), 174 death cases were recorded.

Table 25. Deaths from drug overdose in 1988 – 2000

Year	Number	Indicator for 100K
1988	106	0.28
1989	110	0.29
1990	98	0.56
1991	130	0.34
1992	167	0.44
1993	150	0.39
1994	151	0.39
1995	177	0.46
1996	157	0.41
1997	143	0.37
1998	179	0.46
1999	120	0.31
2000	174	0.45

Source: Police Headquarters in Warsaw

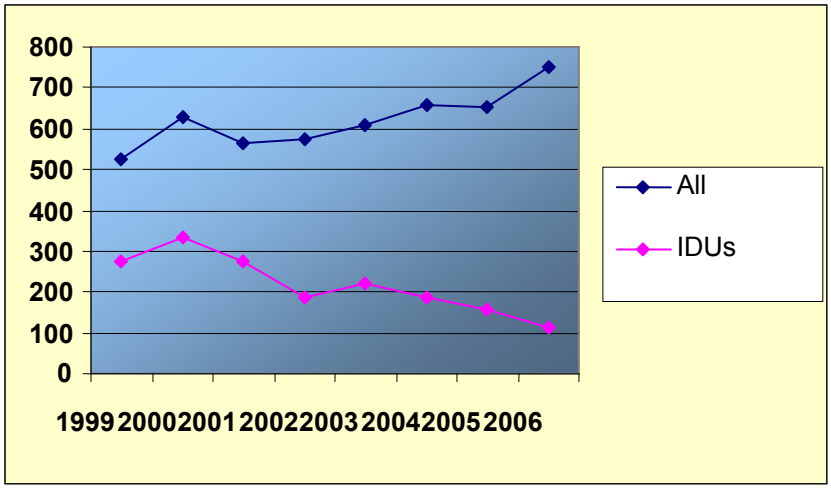
6.2. Drug related infectious diseases (HIV/AIDS).

The national data on HIV and AIDS in relation to injecting drug use is obtained on the basis of reports collected by the National Institute of Hygiene from Provincial Sanitary and Epidemiological Stations (SANEPID) in the framework of a collective data recording system of infectious diseases incidence.

From 1985, i.e. the introduction of routine epidemiological surveillance for HIV/AIDS in Poland, until the end of 2006, 10 555 cases of HIV infections were recorded in Poland. 5461 (52%) of these were people using drugs through injection, including 4090 (75%) men and 1321 (24%) women. Analyzing the abovementioned monitoring period in relation to AIDS incidence, there were 1845 AIDS cases recorded by the end of 2006 out of whom 938 (51%) were people using drugs intravenously, including 741 (79%) men and 197 (21%) women.

The analysis of HIV infection trend in 2003-2006 among injecting drug users shows a continuing downward tendency. In 2005 there were 157 new HIV cases recorded in Poland among injecting drug users whereas in 2006 the record was 112 cases. However, there is a risk of underestimating the data due to a large percentage of new HIV infection cases that were reported without specifying the route of infection.

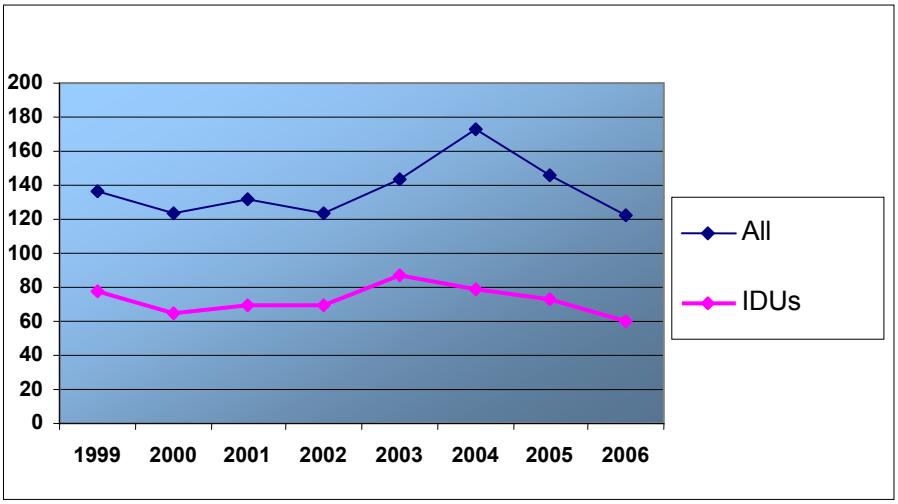
Figure 11. New HIV infections, including injecting drug users in 1999-2006 according to the date of reporting.



Source: Epidemiology Department of the National Institute of Hygiene

AIDS incidence among injecting drug users also shows a downward trend over the years 2003-2006. The number of new AIDS cases decreased from 87 in 2003 to 79 in 2004, then to 73 in 2005 and in the previous year to 60 cases.

Figure 12. AIDS cases, including injecting drug users in 1999-2006 according to the date of diagnose



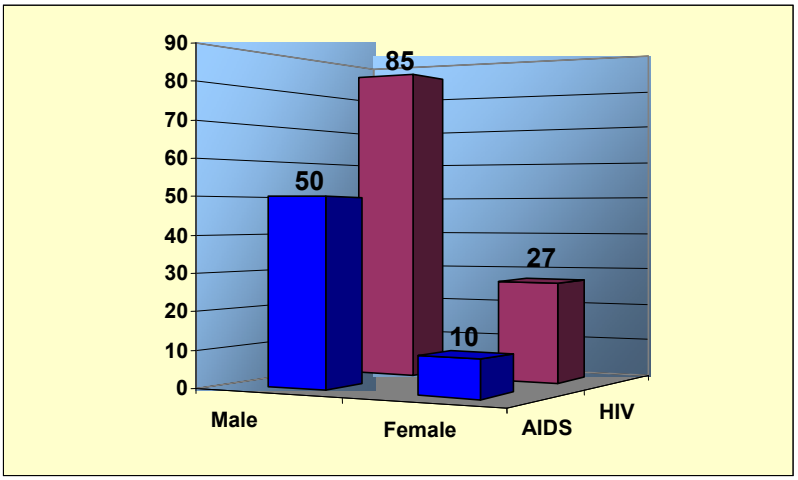
Source: Epidemiology Department of the National Institute of Hygiene

750 new HIV infections were recorded in 2006, including 112 (15%) among injecting drug users. However, it has to be pointed out that the figure may be underestimated as in the case of 533 (71%) of the newly recorded HIV infections in 2006 no likely route of infection was given. Because of that the data does enable exact assessment of the epidemiological situation and there is a need to further develop the system for recording new HIV infections.

In 2006 there were 60 new AIDS cases among injecting drug users, which comprises 49% of the total number of new incidents of the disease in the reporting year. Lack of data concerning likely route of transmission applies to 27 cases (22%).

Among injecting drug users whose infection with HIV was recorded in 2006 there were 85 (76%) men and 27 (24%) women. AIDS cases recorded in 2006 among injecting drug users included 50 (83%) men and 10 (17%) women.

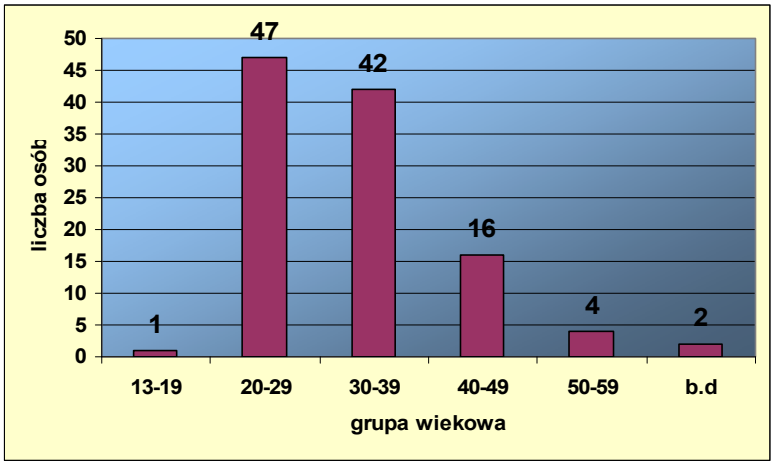
Figure 13. HIV infections and AIDS cases among injecting drug users in 2006 in relation to sex.



Source: Epidemiology Department of the National Institute of Hygiene

In 2006 among people who became infected with HIV because of intravenous drug use the largest group (47 persons, 42/5) was comprised of users aged 20-29, the second largest of users in the age group 30-39 (42 persons – 37,5%), the third of those aged 40-49 (16 persons, 14%), the fifth of those aged 50-59 (4 persons – 3.5%) and the sixth of those aged 13-19 (1 person). There were also two people whose age category was not specified.

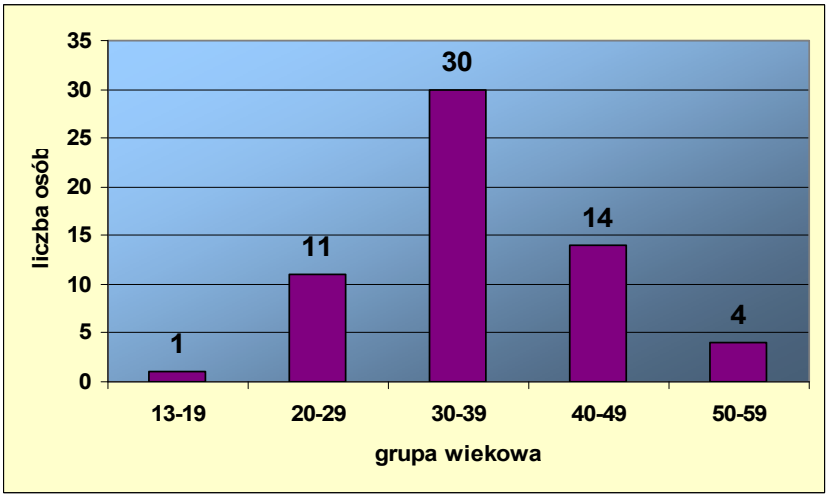
Figure 14. New HIV infections among injecting drug users in 2006 in relation to age



Source: Epidemiology Department of the National Institute of Hygiene

New AIDS cases among injecting drug users that were reported in 2006 included 30 people (50%) aged 30-39 and they constituted the largest group. The second largest one was made up of people aged 40-49 (14 persons, 23%), then of those aged 20-29 (11 persons, 18%), aged 50-59 (4 persons, 7%) and one person in 13-19 age category.

Figure 15. New AIDS cases among injecting drug users in 2006 in relation to age.



Source: Epidemiology Department of the National Institute of Hygiene

According to the statistics collected since 1985, there were 835 death cases because of AIDS reported in the period 1985-2006. The figure included 422 (50.5%) people using drug intravenously. Monitoring of the mortality of injecting drug users suffering from AIDS shows that the death cases concerned 349 (83%) men and 73 (17%) women.

There were 38 death cases because of AIDS reported in 2006, 26 of which (68%) concerned injecting drug users. The highest mortality concerned those aged 30-39 (14 persons), then those aged 40-49 (7 persons) and 5 persons aged 20-29.

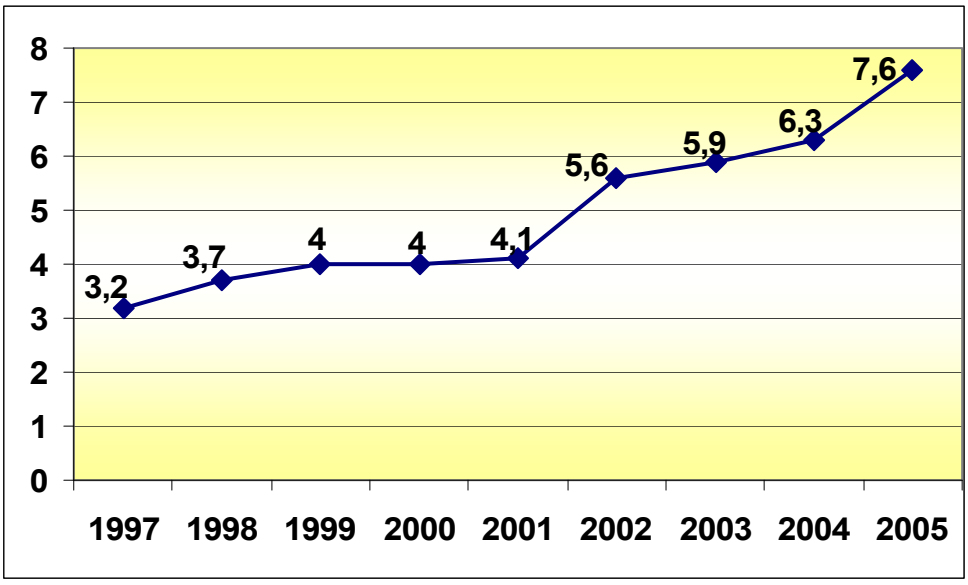
6.3. Psychiatric co-morbidity (dual diagnosis)

- **Personality disorders, depression, anxiety, affective disorders, etc.**

In Poland treatment system for dual diagnosis patients operates comprises psychiatric facilities and rehab clinics. Epidemiological data on patients with dual diagnosis and at the same time data on the scale of co-morbidity are calculated on the basis of admissions to residential psychiatric treatment system in a given year. The above figures are collected yearly by the Institute of Psychiatry and Neurology in Warsaw. These calculations are burdened with significant error related to the fact that the data come exclusively from inpatient centres and evaluating co-morbidity still remains difficult as it is not reported regularly.

Between 1997 and 2005 there was an increase in the percentages of patients with dual diagnosis in the overall number of patients admitted to residential psychiatric treatment (see Figure). In 1997 the percentage of patients with dual diagnosis stood at 3.2% and in 2005 at 7.6%. Within 8 years the number of patients increased by 4.4%.

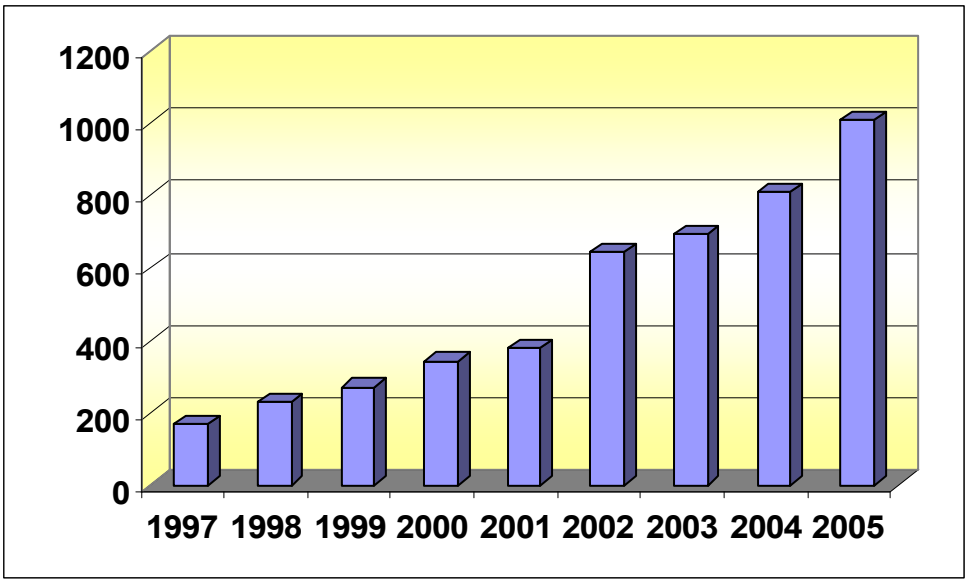
Figure 16. Upward trend in percentage of patients with dual diagnosis against all admissions. to residential psychiatric treatment in between 1997 and 2005



Source: Institute of Psychiatry and Neurology in Warsaw

It is clear that the overall number of patients with dual diagnosis admitted to residential psychiatric facilities has been rising since 1997. Between 1997 and 2005 the number of hospitalized patients with dual diagnosis rose from 171 in 1997 to 1 010 in 2005.

Figure 17. Total number of patients with dual diagnosis admitted to residential psychiatric treatment between 1997 and 2005.



Source: Institute of Psychiatry and Neurology in Warsaw

The table presents statistical data on patients with dual diagnosis admitted to residential psychiatric treatment.

Table 26. Percentages of patients with drug problems admitted to residential psychiatric treatment between 1997 and 2005, according to ICD-10 and the total number of patients.

ICD-10 diagnosis	1997	1998	1999	2000	2001	2002	2003	2004	2005
Personality disorders	46%	32%	48%	37%	39%	50%	39%	39%	33%
Depression	7%	7%	7%	9%	5%	4%	5%	7%	5%
Other affective disorders	5%	5%	0	2%	1%	2%	2%	2%	1%
Anxiety disorders	0	5%	8%	6%	5%	6%	7%	7%	7%
Other mental disorders	42%	51%	37%	46%	50%	38%	47%	45%	54%
Total number of patients with dual diagnosis	171	229	271	343	378	645	693	809	1010

Source: Institute of Psychiatry and Neurology in Warsaw

At residential psychiatric clinics in Poland in 2005 the most numerous groups were patients of the category “other mental disorders” (54%). This group comprises psychotic disorders, including hallucinations and delusions, schizophrenia and behavioural disorders. A

considerable number of patients manifested symptoms of personality disorder (33%). Moreover, the patients revealed anxiety disorders (7%), depression (5%) and other affective disorders (1%).

6.4. Other drug-related health correlates and consequences.

- **Somatic co-morbidity (as dental health etc.), non-fatal drug emergencies, other health consequences.**

No data available.

- **Pregnancies and children born to drug users.**

No data available.

7. Response to Health Correlates and Consequences *prepared by Dawid Chojecki, Łukasz Jędruszak*

7.1 Prevention of drug related deaths

Harm reduction programmes were conducted mainly by non-governmental organizations in large cities, the streets, homeless shelters, meeting spots of drug users (dealers' dens, railway stations), sexual service points and points of needle and syringe exchange points.

In 2006 the National Bureau co-financed 17 harm reduction programmes addressed to drug addicts, actively using drugs (Ministry of Health, 2007, p.120).

Harm reduction programme are addressed to persons addicted to psychoactive substances and demotivated to enter treatment. Such programmes are intended to minimize drug-related health harm (mainly due to opiates and synthetic drugs) as well as the risk of HIV, HBV and HCV infection. The most prevalent form of outreach is the distribution of sterile injecting equipment (needles, syringes), cleaning stuff and condoms. Drug addicts are motivated by the staff harm reduction programmes to enter drug treatment. They provide information on relevant facilities and encourage drug users to sign up for "safe drug taking" courses that aim at limiting cases of overdose and infection. Another important component of harm reduction programmes is education on safe sex behaviour and first aid training sessions. The drug scene is changing and taking drugs by injecting is becoming less and less popular, therefore the number of exchanged syringes and needles is decreasing as well. On the other hand, it precipitated the necessity to modify such programmes in the direction of complementarity taking into consideration varied needs of drug users so as to increase the effectiveness of the activities and include the largest number of people possible.

In 2006 the National Bureau sponsored distribution or exchange of about 407 803 needles and 318 155 syringes. The programmes encompassed 4187 drug users (Ministry of Health, 2007, p. 120). In 2005 474 000 needles and 372 000 syringes were distributed (Ministry of Health, 2006, p.104). Data on all the programmes of needle and syringe exchange implemented in Poland in 2005 is presented in part of the report "PDUs from non-treatment sources."

In 2006, as in the previous years, the National Bureau co-financed "Monar na bajzlu" magazine addressed to drug users and treatment programme operators, especially harm reduction programmes.

Apart from the National Bureau such programme are also supported by some local governments.

Hovewer, in 2006 only 4 harm reduction programmes were co-financed by local governments in 3 provinces: warmińsko-mazurskie, podkarpackie and lubelskie, whereas in 2005 Marshal

Offices co-financed 8 programmes in 7 provinces. In 2006 provincial governments spent 34 500 PLN on harm reduction programmes which encompassed 2000 drug users (Ministry of Health, 2007, p.128).

For example, in the framework of a street programme implemented in podkarpackie province injecting equipment and dressing material was exchanged and information leaflets were distributed while a local centre for the addicted offered information, guidance and consultation to people were HIV positive of suffering from AIDS. At the same time, an adequate programme was also implemented in pubs and at discotheques. A special internet website was also prepared and a helpline on harm reduction among drug users.

A Consultation Point of "Monar" Association in Olsztyn implemented a programme "Increasing social awareness of preventing both infectious diseases and addictions to psychoactive substances." In the same town, Polish Society of Health Education ran a harm reduction programme which aimed at limiting HIV infections among youth from warmińsko-mazurskie province, raising the level of knowledge about HIV/AIDS with special attention paid to ways of transmitting the infection, safe behaviours, epidemiology, counselling and diagnostics.

- **Fatal overdose prevention**

TRAINING COURSES IN "SAFE" DRUG USING, TRAINING COURSES IN FIRST AID

See above: Part 7. Response to Health Correlates and Consequences

Due to the increased popularity of synthetic drugs in Poland there are harm reduction programmes aimed at occasional, recreational drug users. Such programmes are conducted in recreational venues (dance clubs, concerts, open air events etc.) and focus mainly on negative consequences of drug use, especially overdoses. In 2006 there were 11 programmes and they included training courses in „safe" drug using and training courses in first aid. In 2005 the National Bureau financed 8 programmes of this type (Ministry of Health, 2007, p.103). They were conducted in big cities and at the annual rock festival "Woodstock Stop."

The programmes consisted of the following components:

- education and information on psychoactive substances, drug addiction and consequences of drug use and drug treatment options. The above goals were being performed through distribution of leaflets and brochures and talks with drug users;
- motivating to change attitude and behaviour;
- first aid in case of overdose training sessions;
- condom distribution;
- crisis interventions

The number of recipients of the abovementioned programmes, who were given at least one-off assistance is estimated at 49 402 (Ministry of Health, 2007, p. 103).

SAFE INJECTING ROOMS

- No safe injecting rooms exist in Poland.

ANTAGONISTS

No changes in comparison to report from 2005.

In Poland the following are used:

- naloxon, in case of acute opiate poisoning
- naltrexon, in maintaining abstinence or preventing relapse. The drug is registered for support opioid treatment for persons upon detoxification. The drug is used by doctors in drug treatment centres. A number of drug treatment facilities administer this drug.

Both drugs are used by doctors working with opiate addicts. Naloxon should be part of ambulance equipment. Both drugs are not available on prescription and they are not distributed through pharmacies.

7.2. Prevention and treatment of drug-related infectious diseases

- **Prevention**

NEEDLE AND SYRINGE EXCHANGE PROGRAMMES, DISTRIBUTION OF BANDAGES AND CONDOMS, EDUCATIONAL APPROACH: „SAFE INJECTING, SAFE SEX"

- see part: 7. Response to Health Correlates and Consequences.

VACCINATIONS

In 2006 the activities of the National Health Fund aimed at increasing the availability of programmes reducing and treating infectious diseases among drug users included contracting antiretroviral treatment services, vaccination against HBV as conducting tests for HCV and HIV. Most of the NHF Provincial Units reported that despite implementing activities in the field of infectious diseases treatment and prevention, it is impossible to give the number of drug users vaccinated against HBV, tested for HBV, HVC and HIV or the number of drug users covered by antiretroviral treatment. In 2006 units offering the abovementioned services were not obliged to collect information about using drugs by people using the services and such information was not stored by NHF.

A specific harm reduction programme addressed exclusively to drug users is an outpatient programme implemented in Warsaw by „Social Assistance" Association. In 2006 in the framework of the programme, the following services were provided:

- 28 people – hepatitis vaccinations
- 247 people – flu vaccinations

- 46 people – pneumococcal pneumonia vaccinations

- **Counselling and testing**

Drug users without health insurance are given an opportunity to carry out a free test for HIV. Testing centres in Poland are obliged to offer counselling before and after performing the test.

National AIDS Centre ran 17 consultation-diagnostic points (PKD) in which it is possible to carry out a free and anonymous test for AIDS. In December 2008, 18th facility of this type was opened. Using drugs was the reason for referring a patient to a testing centre in 130 cases (fewer than 1%). On top of that, 430 people making use of PKD declared injecting drugs at some point in the past, including 270 people who declared sharing syringes with other users.

- **Infectious diseases treatment**

2006 was the last year when the previous National Programme for HIV Prevention and Care for people living with HIV/AIDS was in force. In the document there were no regulations securing ARV treatment for drug users. Whether antiretroviral treatment was administered to a person infected with HIV or suffering from AIDS and at the same time actively using drugs was a decision made by the doctor responsible for the therapy (Minstry of Health, 2004).

Comprehensive antiretroviral treatment was offered by 12 health care centrers including hospital outpatient centres and prisons. Among 3071 patients of antiretroviral programmes there were 1456 people who declared having injected drugs.

There are programmes such as the one presented in point I Prevention b) Vaccinations as well as a programme of Warsaw Charity Association implemented in a Warsaw infectious diseases hospital aimed at people suffering from infectious diseases and addicted to psychoactive substances but who are not covered by any other forms of therapy. There is a special ward in the hospital for such people in which they receive antiretroviral treatment.

7.3. Activities related to other health correlates and consequences

- **Activities related to coincidence of mental diseases**

Generally addiction treatment centres are not ready for treating patients with double diagnosis. Such patients are referred to mental health counselling centres and in the case of acute psychotic disorders to psychiatric hospitals. The majority of residential addiction

treatment centres accept such patients upon prior stabilization of mental state in a psychiatric unit. However the staff of the facilities makes efforts that such patients constitute a substantial minority so that their additional problems will not destabilize the functioning of a therapeutic community.

In 2006 1 outpatient and 48 inpatient facilities admitting people with a drug problem reported that in the scope of their work they also administered psychiatric treatment (National Bureau for Drug Prevention, 2007). However, only a few of those facilities specialize in providing drug users suffering from mental disorders with professional assistance.

Ambulatory units cooperate with one another. If a mental health counselling centre patient reveals that he or she has a drug problem – upon stabilization of his or her mental state the patient is referred to an addiction treatment counselling centre and the other way round.

- **Prevention and reduction of drug-related road accidents**

The matters of blood or urine tests for the presence of substances acting similarly to alcohol are regulated by Article 11 of the Order of 25 May 2004 No. 496 of the Chief of the Police on "*In matters of tests for the presence of alcohol or a substance acting similarly to alcohol*" It provides that such a test is performed in a driver, who took part in a road accident with fatalities. At present the final version of the algorithm is being developed that would regulate the conduct of a policeman with a driver suspected of consuming a substance acting similarly to alcohol.

Under PHARE project – Twinning 2001 along with the German partners 50 policemen of provincial police stations (Police Station of the capital city of Warsaw) were trained in drug-related issues. Under the same project in 2003 in the Police Training Centre in Legionowo (Legionowo PTC) a training seminar was held on the above subject. Practical classes were followed with an instruction movie, which was later distributed to all Provincial Police Stations and the Police Station of the capital city of Warsaw. In June 2006 in Legionowo Police Training Centre a workshop was organized for leaders of Provincial Police Stations that would take part in DRUID programme.

In 2004 the Police Headquarters expressed its readiness to take part in the 6th Framework Programme for Research Studies in the European Union whose one of the components is the DRIUD research programme – "Driving under the influence of drugs, alcohol and medicine". It is the programme aimed at determining the influence of drugs acting similarly to alcohol on drivers.

Moreover, one of the courses of action in this field is implementing the system of collecting data on drugs in road traffic as stipulated in the National Programme for Counteracting Drug Addiction (NPCDA). The system will be dedicated to the analysis of the phenomenon based on the data received annually from the police bound to collect these data (see point 2 for

more information on data collected by the police). The Police Headquarters (PH) as an institution dealing directly with the drugs problem in road traffic took up an number of initiatives in order to prepare the traffic policemen to adequately respond in situations when there is a suspicion that the driver of a vehicle is under the influence of narcotic drugs.

PREVALENCE LEVELS AND EPIDEMIOLOGICAL METHODOLOGY

In 2005 the traffic police submitted for testing 1 165 blood samples for the presence of substances acting similarly to alcohol. Consequently in the previous year 280 adults and 3 minors were found to have been driving vehicles under the influence of drugs (Temida system data of the Police Headquarters). Unfortunately, there are no nationwide police statistics in place profiling in detail (age group, gender, criminal record) the drivers detained for driving under the influence of substances acting similarly to drugs. However, according to the new Programme for Counteracting Drug Addiction (NPCDA) the police have been bound to collect and annually update data on the drugs problem in road traffic i.e. number of tests for the presence of drugs, including test with positive results as well as the number of road accidents caused by drivers under the influence of drugs, including accidents with fatalities.

The national survey of 2002 on the general population contained questions about driving mechanical vehicles under the influence of drugs. Based on the answers of the respondents an attempt was made to estimate the number of drivers who drive mechanical vehicles under the influence of drugs. According to the results the percentage of drivers driving vehicles under the influence of drugs stood at 1.2%. It means that every 80th driver of a car or another vehicle at least once a year sits behind the wheel under the influence of drugs.

DETECTION OF BANNED SUBSTANCES AND LAW ENFORCEMENT

According to the existing law it is prohibited for a person in the state of insobriety, upon consuming alcohol or a substance acting similarly to alcohol to drive a vehicle, lead a column of pedestrians, ride horses or drive cattle (Article 45.1 of the Act of Law of 30 June 1997 Law on road traffic. Journal of Laws of 2005, No. 108, item 908 as further amended). Article 178a.1 of the Penal Code provides that whoever being intoxicated or under the influence of a narcotic drug is found to be driving a mechanical vehicle in road, water or air traffic is subject to a fine, penalty of limitation of liberty or imprisonment of up to two years.

The effective execution of the above provisions cannot do without proper equipment therefore traffic policemen are equipped with drug testers which possess, pursuant to Article 4.5 of the regulation of the Minister of Health of 11 June 2003 on the list of substances acting similarly to alcohol and conditions and procedure for performing tests for the presence thereof in the body (Journal of Laws No. 116, item 1104 as further amended), certificates of use issued by Dr J. Sehn Institute of Court Examinations in Krakow. These instruments

include multi-panel devices, testing a driver in terms of presence of all substances acting similarly to alcohol that were listed in the regulation. It must be stressed that the positive result of the test with the drug tester must be corroborated in a laboratory.

- **Activities related to pregnancy and birth of children of drug users**

In 2005 the National Bureau for Drug Prevention commissioned the Institute of Mother and Child to conduct a study called “Prenatal care model for a pregnant drug user receiving methadone”. The results of the study were presented in the report for 2005.

Programmes addressed to addicted mothers were presented in the report for 2004, in section on key issues on gender study.

8. Social Correlates and Consequences *prepared by Dawid Chojecki, Artur Malczewski*

8.1. Social Exclusion

- **Homelessness and unemployment**

The only up-to-date data about homelessness and unemployment among drug users comes from a study "Estimate of incidence of infectious diseases (HBV, HCV and HIV) in injecting drug users" which was carried out in 2005 by the National Institute of Hygiene upon commission of the National Bureau for Drug Prevention. The sample included 353 injecting drug users aged 17-55. The respondents came from 3 provinces: dolnoslaskie, lubelskie and warminsko-mazurskie. The project was carried out in the form of a cross-sectional study which included filling in anonymous questionnaire with closed questions and a blood test for HIV, HVC, HVB and syphilis. The recruitment was organized in low-threshold facilities, making use of the snowball method in which respondents are asked to enable contact with other people. Apart from the, the participants of the study included patients of therapeutic or detoxification wards and of a methadone programme.

The results of the survey on homelessness and unemployment in injecting drug users were as follows:

Almost half of the respondents (169 = 49.6%) at the time of the survey were unemployed (12 respondents did not report their primary occupation). 113 (32%) respondents had ever been homeless in their lives, including 28 (7.9%) persons who did not have a job at the time of completing the questionnaire (National Institute of Hygiene, 2005 p. 6)

- **School expulsion (dropping out of school)**

No data available

- **Welfare assistance**

It is common knowledge that active drug users unwillingly seek assistance at welfare services. Apart from that, such people are characterised by poor awareness and knowledge on the options of getting this type of assistance (both in terms of welfare laws and locations of welfare services). In 2006 in Poland welfare services provided assistance due to drug use for 3 841 families (including 611 in rural areas). Assistance was given to 8405 people altogether, including the co-dependent (Ministry of Labour, Department of Welfare and Social Reintegration, 2007, p.8). In the previous year welfare centres provided assistance due to drug use for 3 922 families (including 545 in rural areas). In 2005 7856 people were given

assistance because of drug use (Ministry of Labour, Department of Welfare and Social Reintegration, 2007, p.8).

- **Financial problems**

No data available

- **Social network**

No data available

- **Sex workers**

In 2006 the National Bureau for Drug Prevention co-financed a harm reduction programme among drug users who offered sexual services. The programme was implemented by the Centre for Prevention and Social Education “Parasol - Umbrella” in Krakow. The assistance was provided to about 200 people, among whom 50 were customary clients of activities, regularly using street workers’ assistance (the Centre for Prevention and Social Education “Parasol”, 2007). The locations were the programme was implemented were first of all: streets, night clubs and escort agencies (thanks to good cooperation between the implementers and the owners of night clubs and agencies).

The activities of the programme included distribution of educational and information materials about infectious diseases, education about safer forms of sexual activity, distribution of condoms, lubricants and other intimate hygiene products, as well as intervention activities and referrals to proper facilities (e.g. welfare services where material help was often granted, job centres or treatment centres). The implementers of the programme closely cooperated with a gynecologist and a lawyer.

8.2. Drug – related crime

- **Drug supply reduction**

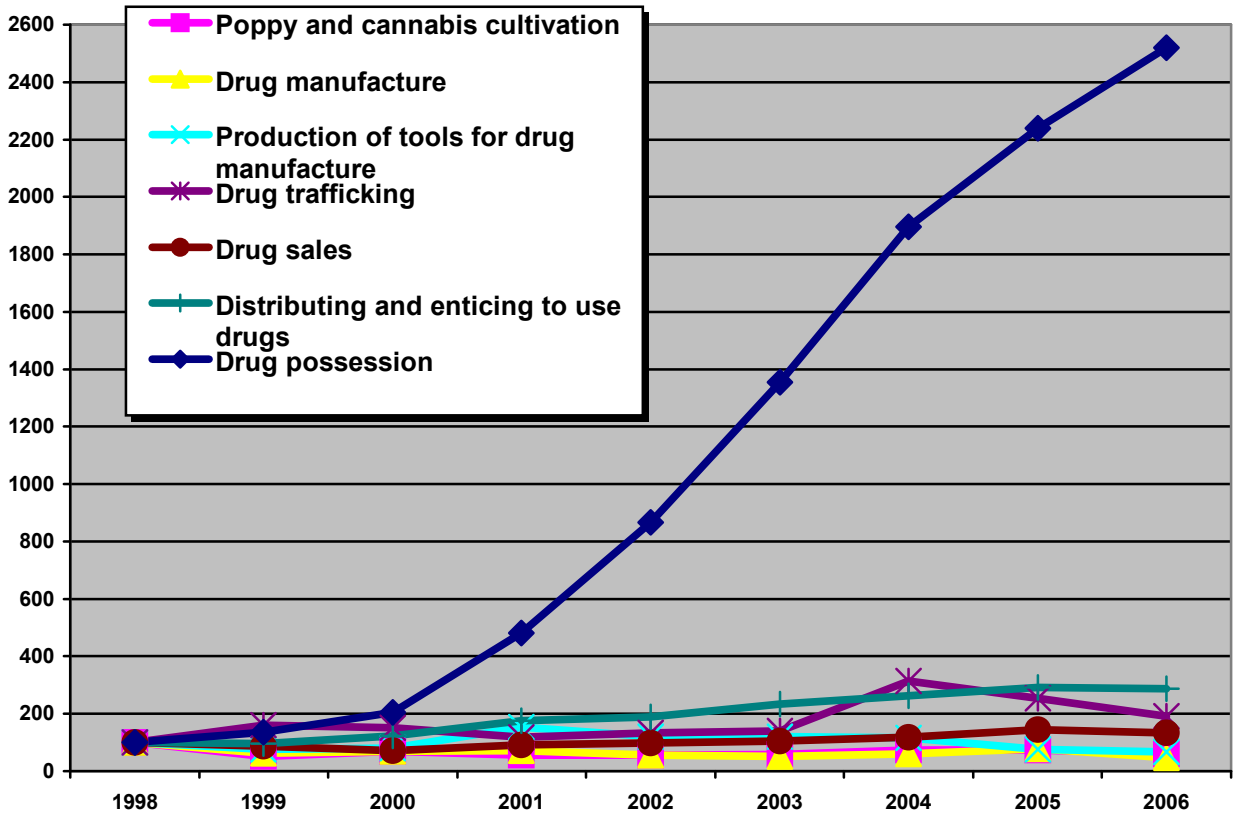
One of the major institutions responsible for reducing drug supply is the Police and predominantly the Police figures will be reported in this section. In 2006 under the tasks stipulated in the National Programme for Counteracting Drug Addiction (NPCDA) the Police started to develop a complex strategy for combating drug-related crime. In order to intensify the activities teams or sections were appointed within criminal departments that would be responsible for coordinating actions of combating drug-related crime on a provincial scale. Works started on changing indicators of the effectiveness of police services in relation to combating drug-related crime. These actions included depriving perpetrators of material benefit gained in the course of drug-related crime. Moreover, the Police Headquarters conducted trainings for policemen assigned to combat retail trade in drugs. 14 types of

trainings for 15 834 participants were conducted (the number increased by 55% compared to 2005). (NPCDA implementation, 2007).

- **Crimes reported**

While analyzing data on drug-related crime one must consider that the official statistics do not provide the full picture of illicit drug market. A lot of offences are not reported and thus remain unknown. An increase in the cases under *the Act of Law on counteracting drug addiction* points to deeper involvement of the Police in fight against the illegal market and better detection rates. However, the numbers might also confirm the intensification of actions of the criminal world. Police data on drug-related crime come predominantly from the TEMIDA system. Statistical units used by the Police include: suspects, launched investigations and reported crimes. For several years we have been recording an increase in the number of crimes against *the Acts of Law of 1997 and 2005 on counteracting drug addiction*. Figure 18 shows a rising number of crimes of illegal introduction to trade of narcotic drugs, distributing and enticing to use drugs; cultivation; manufacture of drugs and drug possession. The trend declined in 2005, except one of the most prevalent categories – drug possession.

Figure 18. Dynamics of crimes against Acts of Law of 1997 and 2006 on Counteracting Drug Addiction between 1998 and 2006. (index 1998 = 100)



Source: Malczewski (2007c)

The breakdown of specific articles of *the Act of Law on counteracting drug addiction* was presented in Table 27. In the last year's issue of *the Report* changes in recent years were discussed so let me concentrate on comparisons from the last year. In 2006 70 202 offences against *the Act of Law on counteracting drug addiction* were reported, which means stopping of a dynamic trend that took place in the previous years. While analyzing data broken down into respective articles of the Act (Table 27) we note almost a fourfold increase in the number of crimes against the article of *the Act of Law of 2005* which concerns drug promotion and advertising. The number of crimes against this article increased from 3 to 11. In 2005 three articles 58,59 and 62, which refer predominantly to drug possession, accounted for 90.9% of all crimes against the Act (in the Act of 1997: 45, 46 and 48) and in 2006 as much as 94%. The last punishable act, whose number increased in 2006 compared to 2005 is coming into possession in order to appropriate poppy milk, straw, resin or cannabis plant - Article 64 (in the Act of 1997 Article 50). In the last year 11 such offences have been reported. In the case of other articles we note a decrease.

Table 27. Crimes reported against the Act of Law on preventing and counteracting drug addiction between 1992 and 2006.

Provision	Years														
	92	**93**	**94**	**95**	**96**	**97**	**98**	**99**	**00**	**01**	**02**	**03**	**04**	**05**	**06**
Illicit cultivation (Art. 26; Art. 49.1; Art. 63.1)	1631	3577	3040	2780	2634	2518	1195	615	814	663	653	687	886	875	726
Illicit manufacture (Art. 27; Art. 40. 1 & 2; Art.53)	521	1280	387	392	459	701	574	361	400	408	319	297	350	456	270
Production, storage of tools (Art. 28; Art. 41; Art.54)	94	123	85	97	135	116	190	143	152	292	230	230	220	144	127
Illicit import, export or transit (Art. 29; Art. 42; Art. 55)	23	21	20	69	97	148	252	406	383	295	336	354	795	643	486
Illicit introduction to trade (Art. 30; Art. 43; Art.56)	45	207	107	215	397	847	1957	1714	1417	1809	1931	2064	2323	2814	2627
Illicit distribution and enticing to use (Art. 31; Art. 45 & Art. 46; Art. 58 & Art. 59)	128	249	361	731	3058	3507	10762	10305	13278	18873	20482	25036	28351	31332	30940
Manufacture, trafficking and trade in precursors (Art. 47; Art. 61)						11	88	61	66	115	104	159	178	151	107
Possession of narcotic drugs (Art. 48; Art. 62)						32	1380	1896	2815	6651	11960	18681	26163	30899	34778
Illegal harvest of poppy milk, opium, poppy straw, cannabis resin or plant (Art. 49. 2; Art. 63. 2)						26	112	113	83	78	73	69	42	49	34
Coming into possession in order to appropriate poppy milk, poppy straw, cannabis resin or plant (Art. 50; Art. 64)						9	22	14	241	24	14	17	15	31	41
Failure to report a crime (Art. 46.a; Art. 60)										22	76	11	33	163	55
Promotion and advertising (Art. 68)														3	11
Total	**2442**	**5457**	**4000**	**4284**	**6780**	**7915**	**16532**	**15628**	**19649**	**29230**	**36178**	**47605**	**59356**	**67560**	**70202**

Source: Police Headquarters

Table 28. Number of reported crimes against the Act of 24 April 1997 and the Act of 29 July 2005 on counteracting drug addiction according to province between 1999 and 2006.

Provinces	1999	2000	2001	2002	2003	2004	2005	2006
Dolnośląskie	866	1925	2590	3527	4401	6439	7448	6461
Kujawsko-Pomorskie	819	801	775	1229	2782	3767	3837	3830
Lubelskie	847	1168	1086	1581	1711	1730	1414	1735
Lubuskie	743	678	1499	2460	2280	2802	2616	2581
Łódzkie	644	533	1002	978	1473	1506	1996	2418
Małopolskie	762	1304	3803	2820	4124	8536	9718	7643
Mazowieckie bez KSP	1375	475	746	1385	2101	2090	3156	3153
Opolskie	330	1018	755	1272	1354	2145	1984	2133
Podkarpackie	615	463	1077	772	1157	1345	2049	1645
Podlaskie	881	450	709	1412	1198	1239	1151	1073
Pomorskie	585	665	1057	1684	2285	4683	4648	6446
Śląskie	2168	2843	3449	3139	4786	5825	7635	8182
Świętokrzyskie	430	774	625	1152	1377	2688	1938	3243
Warmińsko-Mazurskie	569	1231	1929	3567	2582	1999	2989	2654
Wielkopolskie	2248	2960	3661	3415	8109	6269	6861	8732
Zachodniopomorskie	1321	1096	1537	2157	2298	2062	3425	3101
Capital City of Warsaw	425	1265	2930	3628	3587	4231	4695	5172
Total	**15628**	**19649**	**29230**	**36178**	**47605**	**59356**	**67560**	**70202**

Source: Police Headquarters

While analyzing provincial data on the number of reported crimes one must remember that the data presented show drug problem in respective regions, however also show the scale of Police actions. Data of Table 28 cover the period 1999-2006. In the first and the last year (2006) the most crimes were reported in Wielkopolskie province. Since 1999 we have been observing an upward trend in this province, with two falls in 2002 and 2004. Only a slightly lower number of crimes against *the Act* were reported in Mazowieckie province. The data in the Table separate Warsaw from Mazowieckie province. Thanks to such breakdown we cab see that the Police Headquarters of the capital city of Warsaw reported 62% of the punishable acts in the province. The third place is taken by Śląskie province, where we note a yearly increase, except a decline in 2002. Then comes Małpolskie province, which despite the fact that in 2006 compared to 2005 noted the highest fall in the number of crimes, is still among the regions of a high scale of reported crimes against *the Act of Law on counteracting drug addiction*.

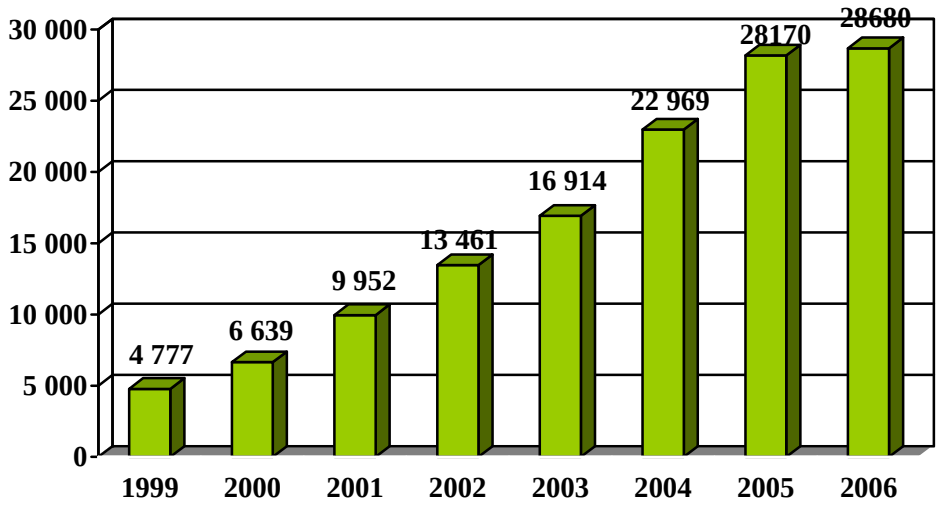
Provinces of Podlaskie, Lubelskie and Podkarpackie in turn feature the lowest number of reported crimes. In none of them the numbers exceeded 2000. It is worth stressing that these are the provinces that demonstrate low admission to treatment rates (Sierosławski 2007), so

a relatively low indicator of drug addiction, taking into the account all data from the treatment system.

- **Suspects**

Data of Figure 19 show numbers of suspects under *the Act* between 1999 and 2006. In the last reporting year a slight increase was noted compared to 2005, which might be the first signal in years of the upward trend stabilization. The structure of suspects is dominated by suspects under Article 62 of *the Act* of 2005 (Article 48 of *the Act* of 1997) which refers to possession of narcotic drugs. In 2005 there were as many as 19 215 suspects under this Article (67% of all suspects), in 2006 – 20 000 (70%), which constitutes a 4% increase. Suspects under the above article in the majority of cases (19 260) faced charges under paragraphs 1 and 3, which means that they did not possess substantial amount of drugs or it was a petty offence.

Figure 19. Numbers of suspects under the Act of Law of 1997 and 2005 on counteracting drug addiction between 1999 and 2006.



Source: Malczewski (2007c)

- **Convicts**

Criminal cases for violating *the Act* are heard by circuit courts (sądy rejonowe) corresponding to the place of committing the crime. Data breakdown on the final custodial sentences between 1989 and 2004, presented in Table 29, demonstrate a sharp increase in 1993 and then a downward trend until 1997. Since 1998 we have been observing another rise in the number of convicts under *the new Act of 1997 on counteracting drug addiction*.

In 2001 the number of convicts increased by 149% compared to 2000. In 2000 *the Act of Law on counteracting drug addiction* was amended. Legislative changes are reflected in the statistics. An upward trend continued until 2005, the last year of data availability. Comparing the last two years one can see a considerable increase in the number of convicts (Table 29).

Table 29. Convicts finally sentenced by courts in total and convicts under the Act of Law of 1997 and 2005 on counteracting drug addiction and the Act of Law of 1985 on drug prevention between 1989 and 2005.

Years	Convicts in total	Convicts under the Act	Percentage of convicts under the Act
1989	93 373	591	0.63
1990	106 464	231	0.22
1991	152 333	421	0.28
1992	160 703	993	0.62
1993	171 622	2235	1.30
1994	185 065	1862	1.01
1995	195 455	1864	0.95
1996	227 731	1739	0.76
1997	210 600	1457	0.69
1998	219 064	1662	0.76
1999	207607	2264	1.09
2000	222815	2878	1.29
2001	315013	4300	1.36
2002	365326	6407	1.75
2003	415533	9815	2.36
2004	512969	16608	3.30
2005	503909	20164	4.00

Source: Ministry of Justice

Table 30 shows data on the number of convicts sentenced to deprivation of liberty. In so far as the upward trend in the overall number of convicts under the Act (Table 29) features certain fluctuations and the number of convicts falls at times, then in the case of convicts sentenced to deprivation of liberty we have been noting a steady upward trend since 1990. The trend has been gathering momentum in recent years as it has been mentioned in 2000 the anti-drug law was tightened. It must be stressed that the rise in the number of convicts in 2006 was twice lower compared to 2004. The number of convicts sentenced to a penalty without conditional suspension also fell for the first time.

Table 30. Convicts finally sentenced to deprivation of liberty in total and under the Act of Law of 1997 and 2005 on counteracting drug addiction and the Act of Law of 1985 on drug prevention between 1989 and 2005, categorised as suspended and non-suspended sentence.

Years	Convicts sentenced to deprivation of liberty		
	Total	No suspension	Suspension
1989	236	76	160
1990	92	30	62
1991	143	32	111
1992	282	72	210
1993	347	97	250
1994	346	97	249
1995	368	100	268
1996	520	141	379
1997	629	165	464
1998	1173	252	921
1999	1865	420	1445
2000	2428	572	1856
2001	3802	1024	2778
2002	5417	1282	4133
2003	7785	1489	6296
2004	12417	2308	10109
2005	14249	2085	12164

Source: Ministry of Justice

8.3. Drug use in prison

Data not available

8.4. Social costs

Data not available

9. Responses to Social Correlates and Consequences *prepared by Dawid Chojecki*

9.1. Social reintegration

- **Re-entry flats, education, training courses, employment, social care**

Post-rehabilitation programmes for drug therapy graduates are conducted in hostels, re-entry flats, inpatient and outpatient clinics. They aim to reintegrate a drug user into a society by filling in the social gaps which arose as a result of drug use on the fields of education, paid work as well as contacts with family and relatives. Because of that, apart form therapeutic actions aimed at "preventing" a patient from relapse, the programmes feature vocational training, skill improvement courses, assistance in graduating from a school.

Post-rehabilitation programmes in the first place include:

- counselling on solving everyday problems,
- informative and educational group sessions,
- personal development groups (coaching, training courses, workshops) aimed at raising self-esteem, improvement of functioning in social roles,
- relapse prevention groups,
- crisis interventions,
- group and individual psycho-educational classes for families aimed at changing behaviour and habits related to living with a drug addict.

These activities help to remain abstinent and re-enter society by drug addicts.

In 2006 the National Bureau commissioned 42 programmes supporting abstinence (in 2005: 45), which were conducted by 23 parties in 10 counselling centres (in 2008: in 18), 15 re-entry flats (in 2005: in 16), 24 hostels (in 2005: in 21), 2 in-patient centres, one day-care centre and one abstainer club.

In 2006, 634 people made use of post-rehabilitation programmes co-financed by the National Bureau, implemented on the basis of hostels/re-entry flats (in 2005 the number was about 700 people). Among residents of hostels and re-entry flats there were 186 people who studied and worked, 96 people who studied only and 123 participants who neither studied nor worked. Among residents of hostels and re-entry flats there were 53 children under 14 in the custody of adults (National Bureau for Drug Prevention 2007, p.17-20).

Local governments and social care centres are bound by the Act of Law on social employment and the Act Of Law on social care to conduct social reintegration programmes for addicts under strategy of integration and social policy.

In 2006 the task of post-rehabilitation was performed by provincial governments. 9 provincial governments (more than a half) co-financed post-rehabilitation programmes. It shows a significant growth in provincial governments involvement in activities in the field of post-rehabilitation (in 2005, only one provincial government co-financed such activities). In 2006 financial resources allocated by provincial governments for the abovementioned activities amounted to PLN 382 350 (Minister of Health, 2007, p.129 and 130).

Just like in 2005, communes (gminy) as well as counties (powiaty) supported programmes of social reintegration for drug users. Howvere, in 2006 there were only 54 such communes (2,5% of the total number). Altogether 61 programmes were subsidized, including 5 outpatient social reintegration programmes which covered 2431 drug users. Apart from that, communes subsidized 37 non-governmental organizations active in the field of social reintegration of drug users as well as 19 hostels and 6 re-entry flats whose residents were drug users who had finished their therapies.

Among drug users covered by the abovementioned programmes there were 96 people who used the opportunity to obtain additional education and qualifications and 38 using forms of employment alternative to free job market.

The total amount allocated in 2006 by communal authorities for programmes of social reintegration was PLN 1 444 289 (Minister of Health 2007, p.130 and 131).

9.2. Prevention of Drug- related Crime

- **Drug treatment within prison system**

In 2006 Prison Service facilities provided 6-month “drug-free” structuralized drug addiction therapeutic programmes with a broadened spectrum of rehabilitation aims (abstinence and prevention of relapse into crime). The implemented programmes were based on a model of psychosocial interactions and the theory of social learning. They also included elements of the Minnesota Model, therapeutic society and cognitive-behavioural interactions (there is a plan to reformulate programmes in the direction of cognitive-bahavioural mode). The activities were implemented in 13 (in 2005: in 12) therapeutic wards. Altogether they could offer 481 places which enabled the inclusion of 1372 inmates into the programmes. Despite that, in 2006 when compared to previous years the waiting time to be admitted to a therapeutic ward was further prolonged and was 13.6 months.

Prison service therapeutic offer is completed by addiction prevention programmes (without making a distinction between alcohol addiction programmes and drug addiction programmes) which are implemented in penitentiary units outside therapeutic wards. Prevention programmes are very diversified and cover from a few to a few dozens of hours of activities. They are implemented by both prison staff as well as people from outside who are enabled to enter penitentiary units. The number of prevention programmes conducted in remand centres

and prisons has been increasing very dynamically in the last few years. In 2006 286 such programmes were conducted altogether; in 2005: 56 (Minister of Health 2006) and the overall number of participants amounted to 10 083 inmates (Minister of Health 2007, p.122). Health care units at penitentiary units also conduct substitution treatment (using exclusively methadone). In 2006 there were also 5 substitution therapy wards conducting methadone programmes whcih altogether could offer 45 places (Central Management Board of Prison Service 2007, p.12 and 13). Apart form that, in 2006 the Director General of Prison Service made a decision to start another methadone substitution programme in a remand centre in Poznan from 1st January 2007.

Table 31. Number of inmates covered by activities, admitted to wards, discharged after finishing therapy and discharged before finishing therapy in therapeutic wards for drug users in the following years (altogether).

No of inmates under treatment mandated by court decisions in subsequent years

Oddział	2001	2002	2003	2004	2005	2006	różnica				
							2002/ 2001	2003/ 2002	2004/ 2003	2005/ 2004	2006/ 2005
AŚ Elbląg			10	6	7	12			-4	1	5
ZK Lubliniec			9	18	14	9			9	-4	-5
AŚ Kielce			8	11	7	8			3	-4	1
ZK Łowicz			12	6	7	17			-6	1	10
ZK Rawicz			13	19	18	5			6	-1	-13
ZK Wronki			12	20	22	30			8	2	8
ZK Rzeszów			10	8	10	13			-2	2	3
AŚ Warszawa-Służewiec			19	11	25	17			-8	14	-8
ZK Kłodzko			2	6	6	18			4	0	12
ZK Nr 1 Wrocław			9	16	15	18			7	-1	3
ZK Nowogard					3	4				3	1
ZK Włocławek					2	3				2	1

10. Drug Markets *prepared by Artur Malczewski*

10.1. Availability and supply

- **Availability of psychoactive substances**

In 2006 a second edition of the national survey on a representative sample of adult population was conducted. The methodologyy was presented in Chapter 2 of the report. Table 32 shows the answers: “easy” or “very easy” to the question “How difficult would it be to get each of the following substances if you really wanted to?”

The table data reveal a slight increase in availability of tranquilizers and sleeping pills. In the case of the remaining substances, except cannabis, we note a decrease in availability.

There are slight fluctuations in the percentages of respondents assessing access to respective substances and they are not always statistically significant. However, it is evident that the availability of almost all substances has fallen, which might be indicative of the trend levelling off if not falling, in an optimistic version.

Table 32. Assessment of availability of psychoactive substances (answers of “easy” or “very easy” to the question: “How difficult would it be for you to get each of the following substances?”) - data of 2002 and 2006 in percentage values

Substance	2002	2006
Tranquilizers and sleeping pills	39.7	42.5
Cannabis	32.3	32.3
LSD	22,2	19.7
Hallucinogenic mushrooms	21.0	16.8
Ecstasy	22.6	21.3
Amphetamine	27.8	25.1
Crack	15.4	11.6
Cocaine	19.6	16.1
Heroin	19.6	15.1
Anabolic steroids	25.3	22.2
Polish heroin "Kompot"	23.4	19.9

Source: Sierosławski (2007)

In Table 33 there are data on the drug availability according to three age groups. The data analysis show variations between respective groups. In the age group 15-24 falls in relation to the majority of substances are more considerable than in the older age groups. One must note that the respondents of the youngest age group assessed the availability, in two measurements, higher than the rest. Considering that drug use is mainly characteristic of young people, their assessments seem more credible and reflect the factual state.

Table 33. Assessment of availability of psychoactive substances (answers of "easy" or "very easy" to the question: "How difficult would it be for you to get each of the following substances?") - data of 2002 and 2006 according to age in percentage values

Substance	15-24		25-34		35-64	
	2002	2006	2002	2006	2002	2006
Tranquilizers and sleeping pills	38.7	38.3	39.4	42.7	40.2	44.1
Cannabis	55.7	56.5	36.9	38.4	21.3	20.2
LSD	37.1	26.5	23.6	25.3	15.7	14.7
Hallucinogenic mushrooms	34.8	23.2	23.5	21.0	14.5	12.7
Ecstasy	38.3	31.7	25.3	26.9	15.3	14.9
Amphetamine	46.8	37.3	30.8	30.8	19.1	17.9
Crack	21.8	12.9	18.2	14.4	11.8	10.1
Cocaine	28.7	19.9	22.6	18.4	14.9	13.7
Heroin	28.9	18.6	22.2	17.5	14.9	12.8
Anabolic steroids	39.3	33.3	28.9	25.3	18.4	16.5
Polish heroin "Kompot"	31.0	19.2	28.2	19.7	18.6	16.7

Source: Sierosławski (2007)

The analysis of the assessment of availability of respective psychoactive substances carried out separately in the group of users who have used drug in the last 12 months and those who have not provides similar conclusions (Table 34).

In the group of users a decrease in the percentage of those who assess their access to respective substances is far more considerable than in the rest of the respondents. Basically

it concerns all substances but tranquilizers and sleeping pills. Drug users seem to be better experts on the drug scene than non-users, that is why the fluctuations in their opinions seem to better reflect trends in drug availability. It would indicate that the fall in drug availability in the last four years might be considered highly likely.

The above conclusion should be supplemented with a reservation resulting from a relatively low number of occasional drug users that amounted to only 3% of the respondents.

Table 34. Assessment of availability of psychoactive substances (answers of "easy" or "very easy" to the question: "How difficult would it be for you to get each of the following substances?") - data of 2002 and 2006 according to drug use in the last 12 months in percentage values

Substance	Users in the last 12 months		Non-users in the last 12 months	
	2002	2006	2002	2006
Tranquilizers and sleeping pills	49.4	45.4	39.4	42.4
Cannabis	90.1	81.2	30.5	30.7
LSD	69.2	35.9	20.7	19.1
Hallucinogenic mushrooms	62.2	35.8	19.7	16.2
Ecstasy	70.3	52.3	21.1	20.2
Amphetamine	79.2	59.7	26.2	23.9
Crack	41.5	17.5	14.6	11.4
Cocaine	43.7	21.3	18.9	16.0
Heroin	43.8	14.1	18.8	15.2
Anabolic steroids	61.9	46.1	24.2	21.4

Source: Sierosławski (2007)

In the second indicator, which is the exposure to offers of respective substances, we do not observe such considerable changes as in the case of drug availability assessment. According to Table 35 he percentages of respondents, who were exposed to drug offers in 2002 and 2005 differ only to a small extent. We can talk of an increase in the case of

cannabis, ecstasy, tranquilizers and sleeping pills. However, the rise is not statistically significant.

Table 35. Exposure to offers of psychoactive substances in the last 12 months in 2002 and 2006

Substance	Offers in the last 12 months	
	2002	2006
Tranquilizers and sleeping pills	3.7	4.6
Cannabis	8.1	10.5
LSD	1.8	1.9
Hallucinogenic mushrooms	1.9	1.6
Ecstasy	2.0	2.7
Amphetamine	4.4	4.2
Crack	0.4	0.7
Cocaine	0.9	1.1
Heroin	0.9	0.7
Anabolic steroids	1.4	1.4

Source: Sierosławski (2007)

The age of the respondents influences the assessment of the exposure to offers of psychoactive substances (Table 36). We can observe the highest percentages of offers in the age group 16-24. In this group the percentages of offers of cannabis, ecstasy and pharmaceutical drugs increased. In the case of amphetamine we note a decrease, the exposure rose in the age group 25-34.

Table 36. Exposure to offers of psychoactive substances in the last 12 months in 2002 and 2006 according to age in percentage values

Substance	16-24		25-34		35-64	
	2002	2006	2002	2006	2002	2006
Tranquilizers and sleeping pills	5.1	5.4	2.7	4.0	3.5	4.5
Cannabis	27.6	32.2	6.0	10.7	1.0	1.7
LSD	6.0	4.7	1.2	3.0	0.3	0.4
Hallucinogenic mushrooms	6.6	4.5	0.8	2.5	0.3	0.2
Ecstasy	6.9	8.0	1.4	3.2	0.2	0.5
Amphetamine	14.5	12.1	3.2	4.8	0.8	0.8
Crack	0.9	1.2	0.4	1.0	0.2	0.3
Cocaine	2.7	2.4	0.7	1.6	0.3	0.3
Heroin	2.7	1.3	1.0	1.0	0.2	0.3
Anabolic steroids	4.7	3.8	0.9	1.5	0.3	0.4

Source: Sierosławski (2007)

10.2. Seizures

- **Quantities and Numbers of Drug Seizures**

Table 37 presents data of the Provincial Police Headquarters and the Police Headquarters of the Capital City of Warsaw related to drug seizures in respective provinces and made by police units of all levels in 2006. The data of the Central Bureau of Investigation, which deals predominantly with high-profile cases, had a collective character without territorial breakdown. We may only take a look at seizures made by criminal police departments. While analyzing drug seizures of the criminal police of the Provincial Police Headquarters and the Police Headquarters of the Capital City of Warsaw, which mainly combat retail trade in drugs (Table 37) we can observe that the most substantial quantities of amphetamine, heroin and poppy straw were revealed by the Police Headquarters of the Capital City of Warsaw. In the case of hallucinogenic mushrooms and Indian hemp plants the most seizures took place in Zachodniopomorskie province. The highest quantity of the most prevalent psychoactive substance in Poland, i.e. marijuana, was seized in Wielkopolskie province (Malczewski 2007).

The analysis of Police drug seizures in 2006 reveals the continuation of the upward trend in marijuana seizures but also an increase in hashish seizures compared to 2005. A similar

situation occurs in the case if stimulant drugs – amphetamine and cocaine, excluding ecstasy. In 2006 an upward trend in ecstasy seizures that lasted for several years was finally stopped. A substantial quantity of seized heroin, the biggest in the last six years, is worth noting. In the case of other psychoactive substances and narcotic drugs the quantity of seizures has been falling. Last year a substance called mCPP, so far not recorded, was revealed on the Polish drug scene. Finally, the number of 13 seized clan labs should be mentioned.

Table 37. Police drug seizures in 2006, by province

Unit	Amphetamine	Hashish	Heroin	Cocaine	Marijuana	Ecstasy	LSD	Polish heroin	Mushrooms	Poppy straw	Indian hemp
	gram	gram	gram	gram	gram	tablet	dose/unit	cm	gram	gram	plants
Mazowieckie	1 898	189	17	0	8 406	1 810	5	0	0	2 700	0
Police Headquarters of the Capital City of Warsaw	39 063	543	2 446	199	10 312	11 636	10	335	22	141 800	601
Podlaskie	4 276	0	18	13	6 498	92	2	40	0	0	0
Warmińsko - Mazurskie	7 556	355	150	213	38 289	2 095	0	0	3	0	681
Pomorskie	10 233	5 178	65	1	12 499	6 725	0	13	120	5 302	1 681
Zachodnio - Pomorskie	2 895	746	1	1 304	7 555	10 597	198	2	2	6 200	38
Lubuskie	7 986	139	290	1	1 787	1 085	0	102	0	0	0
Wielkopolskie	8 507	559	0	37	51 026	5 992	52	0	0	0	543
Kujawsko - Pomorskie	14 107	214	1	9	20 646	1 585	0	0	1	0	0
Łódzkie	3 044	66	41	21	12 517	3 963	742	636	0	0	0
Lubelskie	6 551	6 138	0	0	11 264	252	0	0	0	0	0
Świętokrzyskie	4 635	24	0	3	4 899	125	0	0	0	0	0
Dolnośląskie	11 181	495	231	4 082	24 044	4 997	117	4 406	0	0	0
Opolskie	3 444	119	0	0	11 431	756	0	0	0	31 000	0
Śląskie	14 449	7 875	15	14	6 607	8 563	2	430	0	0	0
Małopolskie	3 406	267	1	27	10 869	3 578	98	975	0	0	0
Podkarpackie	1 224	26	0	0	19 149	45	0	250	0	27	0
Total of Provincial Police Headquarters and the Police Headquarters of the Capital City of Warsaw:	**144 455**	**22 933**	**3 276**	**5 924**	**257 798**	**63 896**	**1 226**	**7 189**	**148**	**187 029**	**3 544**
Central Bureau of Investigation	**171 241**	**9 857**	**76 357**	**11 404**	**91 097**	**65 315**	**219**	**42**	**7**	**0**	**373**
POLICE TOTALLY	**315 696**	**32 790**	**79 633**	**17 328**	**348 895**	**129 211**	**1 445**	**7 231**	**155**	**187 029**	**3 917**

Source: Central Bureau of Investigation Police Headquarters in Warsaw

Table 38. Seizures of Customs Service 2000 – 2006.

Drug	Unit	2000		2001		2002		2003		2004		2005		2006	
		No. of seizures	Quantity	No. of seizures	Quantity	No. of seizures	Quantity	No. of seizures	Quantity	No. of seizures	Quantity	No. of seizures	Quantity	No. of seizures	Quantity
Hashish	kg	13	2.350	17	3.536	37	3.388	43	12.928	82	0.443	104	1.438	114	1.701
Marijuana	kg	58	22.513	87	17.278	147	75.360	152	35.012	209	26.910	357	17.066	459	11.649
Indian hemp	no. of plants	0	0	2	240	0	0	0	0	0	0	0	0	0	0
Heroin	kg	1	96.718	3	180.560	4	292.835	0	0	7	189.627	4	0.017	2	0.020
Cocaine	kg	1	75	4	5.249	6	1.480	4	399.333	6	6.308	8	7.224	16	8.570
Amphetamine	kg	6	0.865	14	0.651	28	10.548	20	11.204	32	5.686	101	3.008	230	6.223
Ecstasy	tablets	8	5171	22	6389	9	12138	4	6382	18	2821	59	9269	119	9800
LSD	dose	1	150	0	0	0	0	0	0	0	0	2	29	3	8
Hallu. mushrooms	item/g	0	0	5	38g	7	203g	3	15g	14	41g	4	99g	9	125

Source: Customs Service of the Ministry of Finance

The Custom Service is the only institution that reports a number of seizures and not only their quantity. Table 38 presents data of the last six years. Comparing the last two year we notice an increase in the seized quantities of all drugs but marijuana, whose yearly seizures have been falling since 2002. All in all it is the most prevalent drug. In 2006 the Customs Service recorded 459 cases of marijuana seizures. In the case of the Border Guard the quantity of seized marijuana (Table 39) more than doubled. In the case of this law enforcement agency only the quantity of seized amphetamine fell. The analysis of seizures is hampered by the lack of a single data collection system. It happens that the same quantities are seized by two or three law enforcement agencies, which results in double or triple reporting of the drug.

Table 39. Drugs seized by Border Guard in 2002 – 2006.

Drug	Unit	2002	2003	2004	2005	2006
Hashish	kg	18.389	0.314	2.521	0.774	2.611
Marijuana	kg	56.679	24.106	28.631	25.502	52.764
Heroin	kg	12.250	0.003	46.269	0.022	75.768
Cocaine	kg	0.050	1.145	7.943	4.071	4.604
Amphetamine	kg	6.034	13.341	1.727	34.776	17.342
Ecstasy	tablets	250	194	13 117	4 655	16 133
LSD	dose/unit	0	0	0.25 kg	69	4

Source: Border Guard

- **Activity of General Inspectorate of Financial Information under National Programme for Counteracting Drug Addiction**

Data of 2006 on tightening financial control over the drug-related business showed an increased activity of the responsible institutions in this area. The General Inspectorate for Financial Information reported to the prosecutor's office 198 notices on the suspicion of a crime under Article 299 of the Penal Code, which is 23 times more compared to the previous year. 4 transactions were withheld at the total sum of € 1 645 244 whereas in 2005 the sum stood at € 411 311. The Chief Inspectorate for Financial Information blocked 92 accounts at the total amount of € 10 694 087, in 2005 the amount was lower by € 1 439 589. The increased activity in the field of strengthening financial control of the drug-related business is also confirmed by the statistics on property securities executed by the Attorney General. The total amount of the property secured in 2006 almost doubled compared to the previous year – € 3 789 563 in 2006 and € 462 269 in 2005.

Summary

The above data reveal an ongoing rising trend in drug-related crime. However, considering the most recent data we may note that the rise is slower compared to the previous years, which is conformed by statistics on the number of reported crimes and the police data on the number of suspects. For the first time the number of convicts without conditional suspension of the penalty fell. The most recent qualitative research data show that the upward trends in drug use stopped (Malczewski 2007) and in the case of school youth drug prevalence rates declined. While comparing the research data with the information from the supply reduction field we can observe that the trends do not have the same pattern, however according to the police statistics a change occurred last year. The dynamics of the rise in the number of crimes is not as high as in previous years.

10.3. Prices / Purity

- **Retail prices of drugs**

Prices of drugs make it possible to determine the availability of a substance on the illegal market. It is also one of the indicators of the National Programme for Counteracting Drug Addiction 2006-2010. That is why the National Focal Point started works on developing a data collection system that would improve the quality of data in this field and make it possible to apply one procedure. The previous methods of collecting data on drug prices made it impossible to fully meet the reporting criteria before international institutions and what is more important did not provide the full picture of developments on the drug scene in terms of drug availability changes. In 2006, thanks to active cooperation with the Central Bureau of Investigation (CBI) of the Police Headquarters data on drug prices were collected according to the methodology that allowed for credible and representative results. The information was collected by means of a simple questionnaire that was completed by CBI branches. There was the maximum limit of ten prices of each drug, the minimum zero.

The data concerned retail prices i.e. prices in the street, not in wholesale. The information came from operational data, investigations or the police informers. In order to allow for comparability the data were collected within one month. Regional Branches of the Central Bureau of Investigation sent the questionnaires to the Police Headquarters, which in turn reported them to the National Focal Point. The data were entered into the database. In the course of consultations prices simply incredible, whether to high or too low, were eliminated. The analysis also excluded prices of white heroin. Six prices of these drug that were reported. All of them were lower than the price of brown heroin, which was evident of low credibility of these data. Heroin data feature only price of brow heroin. The above situation

may be indicative of low prevalence of white heroin on the Polish market, which is still dominated by ‘kompot’ and brown sugar. For the first time the modal price was calculated. It is the most prevalent price and the new indicator of the European Monitoring Centre for Drugs and Drug Addiction. It must be stressed that the exclusion of unlikely maximum and minimum prices from the database did not influence the modal and average values. In the majority of drugs the average and modal values remained the same. In October 2006 there was an expert meeting at the EMCDDA devoted to collecting data on drug prices. The review of the existing ways of data collection was conducted and the framework for the EMCDDA handbook on recommended on data collection systems on drug prices was adopted. Poland is one of five countries that will participate in developing the above publication. We will propose our solutions.

Table 40. Retail prices of drugs on illegal market 1999 - 2006[6]

		Amphetamine	Ecstasy	Cocaine	Heroin „Brown Sugar"	Hashish	Marihuana	LSD
	unit	gram	tablet	gram	gram	gram	gram	tab
1999	Lowest and highest prices	20.36 - 30.53	6.36 -12.72	63.61 -76.33	50.89 - 63.61	8.91 - 11.45		5.09 - 10.18
	Average price	20.36	8.91	63.61	50.89	10.18		7.63
2000	Lowest and highest prices	10.18 - 30.53	3.82 - 7.63	50.89	50.89 - 63.61	8.91 - 11.45		5.09-10.18
	Average price	20.36	8.91	63.61	50.89	10.18		7.63
2001	Lowest and highest prices	5.09	3.82– 10.18	38.17-76.33	38.17 - 61.07	6.36- 8.91		5.09-10.18
	Average price	16.54	6.62	53.18	48.09	7.63		7.89
2002	Lowest and highest prices	5.09 - 20.36	7.63 – 2.54	38.17 -76.33	50.89 - 76.34	5.09 -10.18		2.80-8.91
	Average price	12.72	6.36	50.89	40.71	7.63		8.65
2003	Lowest and highest prices	7.63 - 12.72	5.09 – 12.72	63.61 -76.33	40.71 - 50.89	7.63		6.36
	Average price	10.18	8.91	69.97	45.80	7.63		6.36
2004	Lowest and highest prices	3.82 - 15.27	1.02 – 6.36	30.53 -76.33	25.45 - 50.89	3.82 - 10.18	1.5-10	3.05-7.63
	Average price	9.67	3.82	53.44	38.17	7.63	6	5.34
2005	Lowest and highest prices	5.09 - 12.72	2.04 – 3.82	20.36- 76.33	38.17 - 50.89	6.36- 11.45	2.5-7.5	5.09-10.18
	Average price	7.63	2.54	38.17	41.98	8.91	6.2	6.36
2006	Lowest and highest prices	3.9-26.3	1.05-7.9	31.6-65.8	26.3-78.9	3.9-13.1	3.9-13.1	2.6-10.5
	Average price	8.9	2.7	49.2	52.9	7.6	7.1	6.1
	Modal price	7.9	2.6	52.6	52.6	7.9	7.9	7.9
	No. of samples	95	108	53	19	78	94	26

Source: Police Headquarters

[6] Conversion based on average National Bank of Poland exchange rate of PLN to EUR as of 25 August 2006 EUR 1 = PLN 3.93 for data 2005, for data 2006 EUR 1 = PLN 3.80

While analyzing 2006 data (Table 40) one can see that in the case of amphetamine, cocaine and heroin a rise in the average price was noted, however the price of hashish fell. In the case of LSD, marijuana and ecstasy the prices levelled off. The analysis of the most prevalent prices demonstrates that the majority of drugs were sold at € 7.9 per gram. Hashish, ecstasy and brown sugar average prices equalled most prevalent ones. Considerable differences occur in the case of LSD and cocaine prices. Modal prices seem to be more representative here. While comparing data of 2005 and 2006 one must take into account that the 2006 data were collected in a different manner than in the previous years. Another disturbance, which might have occurred in the course of data collection, is a different trade unit of cocaine from gram. In 2005 the National Focal Point conducted qualitative study in cocaine users, who reported that cocaine is sold mainly per bag, which weighs between 0.4 and 0.6 gram. However in the questionnaires we asked the price to be stated in grams.

- **Purity**

Every year the National Focal Point receives data from the Central Forensic Laboratory on the purity of drugs and the THC content in cannabis. Based on the Police data we know that the purity of drugs sold on the illegal market varies greatly. No single system in this field hampers interpretation of data. For two years we have been using a new indicator – modal value, i.e. the most prevalent value out of all samples under research. While comparing data from the last two years we can see that in the case of cocaine and amphetamine there has been a decrease of both modal and average values. In 2005 the average value for cocaine stood at 77% and 53% for amphetamine, whereas in 2006 respectively at 45% and 43%. In the case of modal value we note even further differences. The most prevalent amphetamine stood at 84% in 2005 and 35% in 2006 and cocaine 84% in 2005 and 47% in 2006. In the case of cocaine we must consider that the purity of this substance was determined on the basis of several analyses related to major seizures. From the qualitative data we know that the quality of the Polish cocaine is considerably lower than the foreign one. The data if the Central Forensic Laboratory seem to be exaggerated in this respect. Most likely it is caused by analyzing major seizures. Average purity of amphetamine also seems to be exaggerated. In 2006 the Central Forensic Laboratory analyzed THC content in cannabis. In the case of this substance we observe a reverse situation to that of cocaine and amphetamine. An average THC content rose from 1.01% in 2005 to 1.34% in 2006, the modal value also increased from 0.75% in 2005 to 0.9% in 2006. Average and modal values of marijuana seized in Poland according to data of the Central Forensic Laboratory, compared to data of other countries (King 2004), are most probably lower than the values of marijuana of the

illegal market. The Central Forensic Laboratory does not only analyze narcotic hemp but also fibre hemp to determine whether it is Indian hemp. So the hemps under research includes also the ones below 0.2% or slightly more THC content. Low THC content samples may influence the low average of hemp shown in Table 41.

Table 41. Purity of drugs and THC content in cannabis on illegal market in 2004 – 2006

	2004				2005					2006				
	No. of samples	Min.	Max.	Average	No. of samples	Min.	Max.	Average	Modal	No. of samples	Min.	Max.	Average	Modal
THC content in marijuana %	86	0.06	3.88	0.6	66	0.22	4.19	1.01	0.75	201	0.2	4.86	1.34	0.9
Heroin %					14	0.21	33.9							
Cocaine %	3	23	96	80	6	20	88	77	78	8	12.2	80.8	44.58	35
Amphetamine %	256	10	98	30-40	56	6	85	53.1	84	361	3	69	43.14	47

Source: Central Forensic Laboratory

Part B – Selected Issues

11. Public expenditure *prepared by Zofia Mielecka-Kubień*

The term "*public expenditure*", according to EMCDDA 2007 Guidelines for Selected Issues, refers to the value of goods and services purchased by units of state administration i.e. central institutions, local authorities and other independent public institutions.

The biggest problem in calculating the costs that may be related to drug use is on the one hand too general description of types of expenditures in respective reports, which, in many cases, makes it hard to categorize them according to EMCDDA standards and on the other hand too general presentation of sources of financing respective expenditures. Consequently the same item is listed in several reports and it often happens that it is impossible to determine who and to what extent financed a given expense based on general reports. The figures presented in the report are rounded up.

11.1 Labelled expenditure

According to EMCDDA 2007 Guidelines for Selected Issues the labelled expenditure features central budget expenditure and the expenditure of local authorities i.e. expenses incurred by communes (gminy), counties (powiaty) and provinces (województwa). The results are shown in Tables 42 and 43 and Figures 20-23. The expenditure has been categorised based on the following sources:

1. Expenditure on the implementation of the National Programme for Counteracting Drug Addiction in 2005, report (Wydatki na realizację KPPN poniesione w 2005 r., sprawozdanie).
2. Report on the implementation of the National Programme for Counteracting Drug Addiction, 2005, Minister of Health, Warsaw 2006 (Sprawozdanie z realizacji Krajowego Programu Przeciwdziałania Narkomanii, 2005, Minister Zdrowia, Warszawa 2006).
3. State budget expenditure according to respective parts, 2005 r. (pp. 44-138) (Wydatki Budżetu Państwa według części, 2005 r.).
4. Report of the National AIDS Centre, Warsaw 2006 (Sprawozdanie z realizacji Krajowego Programu Zapobiegania Zakażeniom HIV, opieki nad Żyjącymi z HIV i chorymi na AIDS na lata 2004-2006 za rok 2005, Krajowe Centrum ds. AIDS, Warszawa 2006).
5. Additional reports.

Respective expenditures were possibly classified according to COFOG classification. In some cases parts of expenditures had to be estimated, which was caused by the fact that not all institutions provided a financial report on their activity in relation to drug addiction.

Central institutions that had not sent their reports were requested again in July 2007 to submit the reports. The request also covered other institutions that were asked to complete and update their information. The information was used to supplement labelled expenditure listed in the original report and to estimate non-labelled expenditure.

In this way the amount of labelled expenditure incurred by the Ministry of National Education was supplemented by PLN 95 700 and the report incorporated the expenditure incurred by the National AIDS Centre at the amount of PLN 21 500.

In several cases the amounts listed in Expenditure on the implementation of the National Programme for Counteracting Drug Addiction in 2005, report (Wydatki na realizację KPPN poniesione w 2005 r., sprawozdanie) were supplemented by amounts allocated to the equipment and materials, according to Report on the implementation of the National Programme for Counteracting Drug Addiction, 2005, Minister of Health, Warsaw 2006 (Minister Zdrowia 2006).

In the case of labelled expenditure incurred by Provincial Pharmaceutical Inspectorates the amount was supplemented by PLN 2 600 incurred by the Provincial Pharmaceutical Inspectorate of Gorzów Wlkp. on inspections.

In the case of expenditures of communes and counties on the implementation of the National Programme for Counteracting Drug Addiction it was necessary to estimate the missing expenses, which was caused by substantial information gaps in the reports submitted. In the Stage 1 of sending reports 1 759 out of the total number of 2 478 communes sent their reports, which means that 719 communes (29%) failed to report. Out of 719 communes that did not report a sample of 216 communes was selected, which constituted approx. 30% of communes which failed to report. The sample was selected in the course of multi-layer, proportional and non-return selection correspondingly to the number of communes in a given province that did not report in Stage 1. (Appendix, Table 46). In July 2007 the selected communes were re-asked to send their reports on the implementation of the National Programme for Counteracting Drug Addiction in 2005. 84 communes responded. The amount of expenditure on the implementation of the National Programme for Counteracting Drug Addiction for communes which did not report was estimated as a multiplication of the number of communes which did not report (635) and the weighted average of communes' expenditures in Stage 1 and 2 of information collection (PLN 27 570), where weights were numbers of communes which responded in both stages:

635 x 27.57 = PLN 17 510.1 (thousand PLN) /1/

The total expenditure incurred by communes for the implementation of the National Programme for Counteracting Drug Addiction finally equalled:

44 002.3 + PLN 17 510.1 = PLN 61 512.4 (thousand PLN) /2/

Out of the total number of 373 counties 166 sent reports. An average expenditure on the implementation of the National Programme for Counteracting Drug Addiction equalled PLN 138 950.
The expenditure incurred by the counties that did not report was estimated in the following manner:

(373-166) x 138.95 = 28 762.8 (thousand PLN) /3/

The overall expenditure incurred by counties on the implementation of the National Programme for Counteracting Drug Addiction equalled

23 065.8 + 28 762.8 = 51 828.6 (thousand PLN) /4/

Table 42. Labelled drug-related expenditure

No	Name	Amount (implementation) in thousand zlotys (PLN)	Amount in EURO*	COFOG	Objective
1	*2*	*3*		*4*	*5*
1	National Health Fund Overall expenditure on anti-drug activities including:	96 148. 7	24716.9	05.1 05.3 05.3	Treatment, Prevention, Trainings
a	Implementation of National Programme for Counteracting Drug Addiction in provincial branches of National Health Fund	24 038. 6	6179.6	05.1	Treatment
1	*2*	*3*		*4*	*5*

2	National Bureau for Drug Prevention	10 847. 0	2788.4	05.3 05.3 05.5	Prevention, Trainings Scientific research
3	Bureau of International Financial Settlements	9305.3	2392.1	05.1	Treatment
4	Combating drug addiction (Budgets of Provincial Governors)	72.0	18.5	05.3	Trainings
5	Police Headquarters[1]	138 900.0	35 706.9	03.1	Combating crime
6	Border Guard Headquarters	1 000.5	257.2	03.1	Combating crime
7	Ministry of National Defence	2 500.0	642.7	05.3 03.1	Prevention Combating crime
8	Military Police[1]	2 062.2	530.1	05.3 03.1	Prevention Combating crime
9	Central Management Board of Prison Service	10 970.9	2820.3	05.1 05.3 03.1	Treatment Prevention Combating crime
10	Military Police Headquarters and Management Board of Military Health Service	200.0	51.4	05.3 03.1	Prevention Combating crime
11	Institute of Psychiatry and Neurology	212.0	54.5	05.5	Scientific research
12	Ministry of Education and Sport (National Education)[2]	253.8	65.2	05.3	Prevention
13	Methodological Centre for Psychological and Pedagogical Assistance	19.3	5.0	05.3	Prevention
14	Ministry of Interior and Administration	237.0	60.9	05.1 05.3	Treatment Prevention

1	*2*	*3*		*4*	*5*
15	Ministry of Justice[2]	120.9	31.1	05.3	Prevention
16	Provincial Pharmaceutical Inspectorates**	102.1	26.2	05.3	Prevention
17	National AIDS Centre	21.5	5.5	05.3 05.1	Prevention, Harm reduction
18	Phare 2003 „Fight against drugs – follow-up" agreement between Polish and German Ministries of Health	1 694.6	435.6	05.1 05.3 05.3	Treatment, Prevention, Trainings
19	Communal governments**	61 512.4	15813.0	05.1 05.3 05.3	Treatment, Prevention, Trainings
20	County governments**	51 828.6	13 323.5	05.1 05.3 05.3	Treatment, Prevention, Trainings
21	Provincial governments	4 041.5	1 038.9	05.1 05.3 05.3	Treatment, Prevention, Trainings
Total		**392 052.8**	**106963,5**	X	

Source: self-estimation .

[1] - altogether with expenditures on material and equipment,

[2] - altogether with additional expenses,

* 3.89 zloty = 1 €

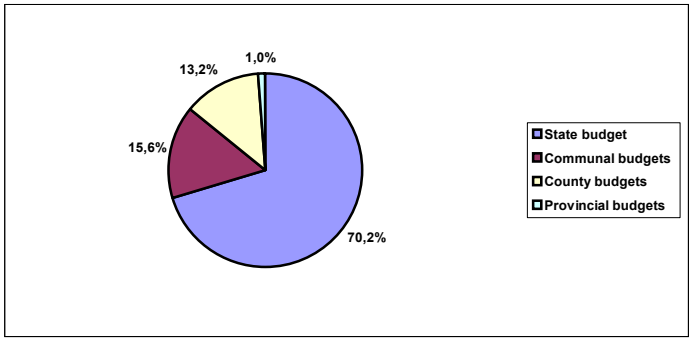
** - self-estimation.

Table 43. Labelled drug-related expenditure according to source of financing

Source of financing	Amount (in thousand zlotys (PLN)	Share (%)
State budget	274 670.3	70.1
Budgets of local governments		
Communes	61 512.4	15.7
Counties	51 828.6	13.2
Provinces	4 041.5	1.0
Total	**392 052.8**	**100**

Source: self-estimation.

Fig. 20. Labelled drug-related expenditure according to source of financing



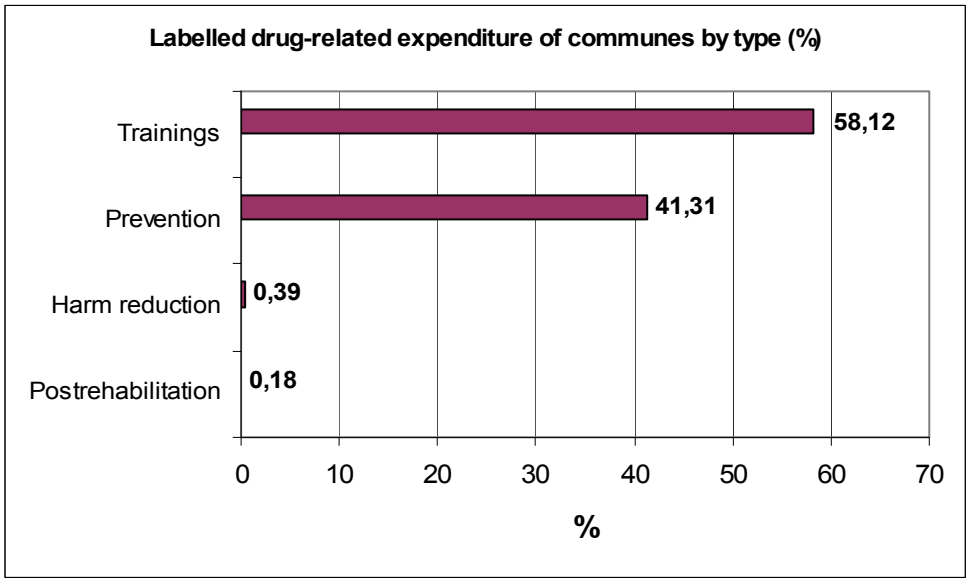
Source: self-estimation.

One can notice that the highest share in the expenditures relates to the state budget and the least to provincial budgets. It is worth noting that in 2005 provinces received 72.0 (thousand PLN) directly from the state budget to be allocated to combating drug addiction and 24 038.6 (thousand PLN) from the National Health Fund to provide drug-related health care.

In a number of cases (Table 42) it is impossible to ultimately determine the expenditure on respective objectives (reports are too general).

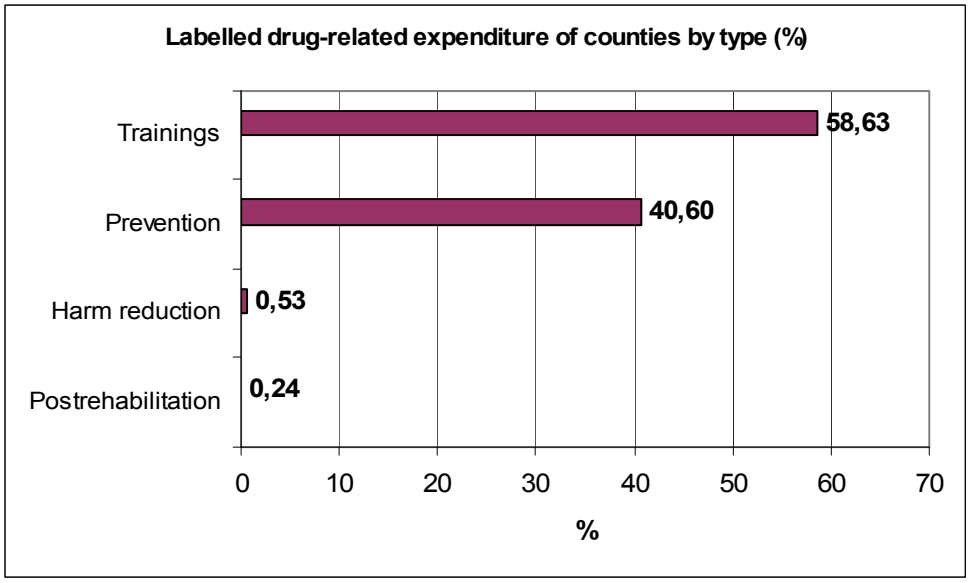
On the basis of the information in hand we can conclude that some communes (approx. 40%) did not implement the National Programme for Counteracting Drug Addiction and therefore did not incur any expenditure in this respect. Major labelled drug-related expenditures of communes and counties concern prevention and trainings (Fig. 21 & 22).

Fig. 21. Types of labelled drug-related expenditure of communes



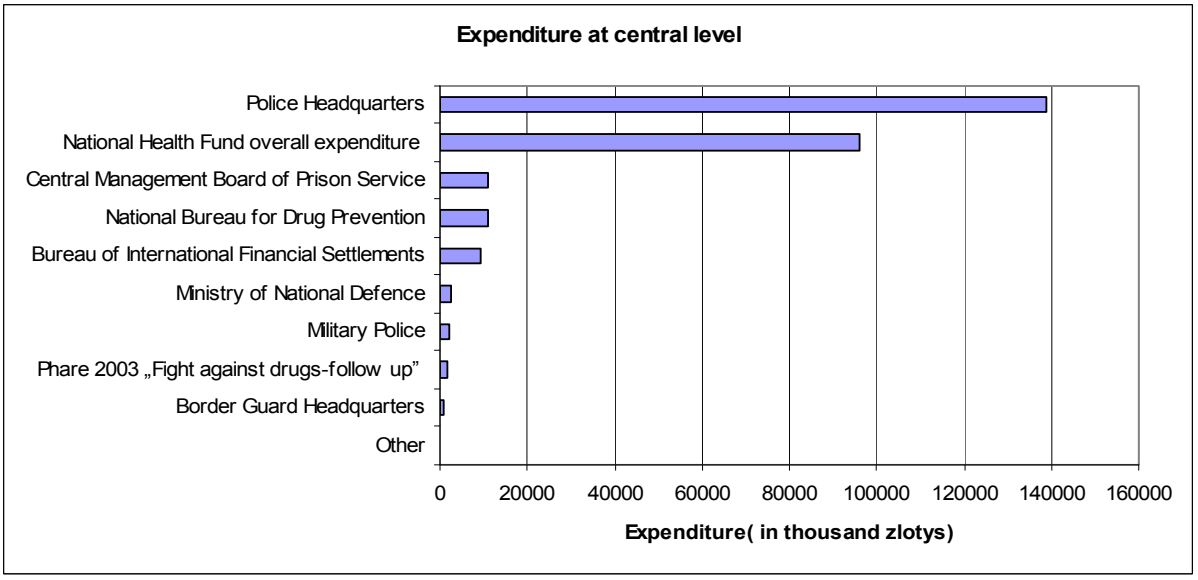
Source: self-estimations.

Fig. 22. Types of labelled drug-related expenditure of counties



Source: self-estimations.

Fig. 23. Expenditure at central level

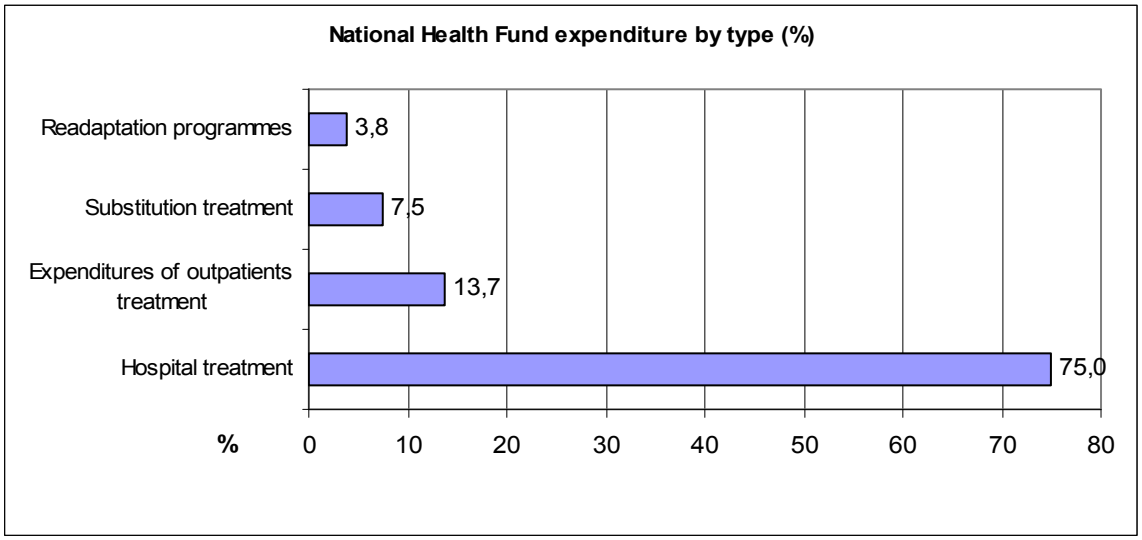


Source: self-estimation.

Among central institutions the highest drug-related expenditure was incurred by the Police (Fig. 23) (combating drug-related crime) and the National Health Fund (treatment, prevention, harm reduction).

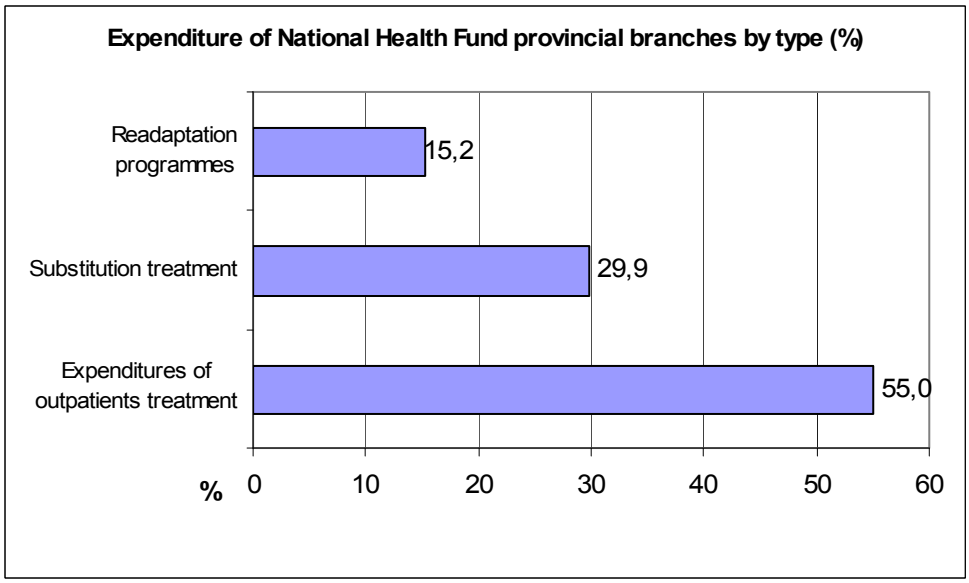
Fig. 24 and 25 show the breakdown the National Health Fund expenditure and its provincial branches according to the types of expenditure. Hospital treatment was the most expensive and in the case of provincial branches – outpatient treatment.

Fig. 24. Types of National Health Fund expenditure



Source: self-estimation

Fig. 25. Expenditure of National Health Fund provincial branches



Source: self-estimation.

The above calculations show only labelled drug-related expenditure.

11.2. Non-labelled drug-related expenditure

According to EMCDDA 2007 Guidelines for Selected Issues in estimates of non-labelled drug-related expenditure only total amounts and key drug-related expenditures were listed. Wherever it was possible the expenditures were classified according to COFOG standards. According to EMCDDA 2007 Guidelines for Selected Issues two groups of COFOG expenditures came into focus:

- Public order and safety (including Police services, Law courts and Prisons),
- Health (Medical products, appliances and equipment, Hospital services, Public health services).

The estimation also included the expenditure on social security for drug addicts and their families.

The results of the estimation are shown in Table 44. Below it is explained how respective types of expenditures were estimated and particularly the way of estimating the share of key drug-related expenditure.

CRIMINAL JUSTICE SYSTEM

Some expenditures on the operation of the Criminal Justice System were estimated on the basis of the share of crimes against the Acts of Law of 24 April 1997 and 29 July 2005 on counteracting drug addiction (67 560) out of the overall number of reported crimes 1 379 962 (Rocznik Statystyczny GUS 2006, p. 155), as

$$67\,560 / 1\,379\,962 = 0.04896 \qquad /5/$$

and the amount attributable to drug addiction as

$$0.04896 \times 6\,998\,767 = 342\,644.7 \text{ (thousand PLN)} \qquad /6/$$

Where 6 998 767 (thousand PLN) is the total amount that the State Budget incurred on the Criminal Justice System (Rocznik Statystyczny GUS 2006, p.628).

Note 1: Criminal Justice System is financed by the State Budget, however there is an option of receiving co-financing from budgets of local governments. Therefore it is difficult to ultimately determine the source of financing.

The reports sent by Provincial Police Headquarters (Appendix, table 47) show that some crimes that were not committed against the Act of Law on counteracting drug addiction were actually committed by drug addicts. This share of crimes or suspects was calculated at 0.2259% out of all crimes. By subtracting crimes against the Act of Law on counteracting drug addiction (included in previous calculations) this additional share of crimes can be estimated at 0.2375%. The amount of Criminal Justice System expenditure on drug-related crime not related to the Act of Law on counteracting drug addiction may be calculated as

$$0.002375 \times 6\ 998\ 767 = 16\ 621.7 \text{ (thousand PLN)} \qquad /7/$$

The overall State Budget expenditure on the Criminal Justice System in relation to drug addiction equals

$$342\ 644.7 + 16\ 621.7 = 359\ 266.4 \text{ (thousand PLN)} \qquad /8/$$

The share of expenditure on drug-related crime (against the Act of Law on counteracting drug addiction or not) may be estimated at approx. 5.1%:

$$0.04896 + 0.002375 = 0.05133 \qquad /9/$$

Note 2: not all Provincial Police Headquarters sent their reports; the shares of crimes committed by drug addicts and not against the Act of Law on counteracting drug addiction were calculated by respective provincial police headquarters. These shares vary greatly (Appendix, Table 47). Notes in respective reports indicate that the data are comparable – Provincial Police Headquarters do not keep special records and the Police base on the suspect's declaration wherein he or she declares whether he or she was under the influence of drugs while committing the crime. There is no obligation or technical possibilities to drug-test perpetrators or suspects.

Note 3: It should be examined if the share of drug-related persons committing crimes other than against the Acts of Law of 24 April 1997 and 29 July 2005 on counteracting drug addiction is higher than it would result from their population as well as age and sex distribution. It would be reasonable to add only the possible surplus of expenditure to the drug-related expenditure.

PRISONS

The expenditure incurred by the Prison Service was estimated on the basis of the share of drug-related crimes (against the Act of Law on counteracting drug addiction or not) at 0.05133.

1 692 309 x 0.05133 = 86 871.0 (thousand PLN) /10/

Where 1 692 309 (thousand PLN) is the overall expenditure of the Central Management Board of Prison Service, according to the report sent.

The same share (0.05133) was assumed in estimating the drug-related expenditure under special funds allocated to public order and safety (Sprawozdanie z wykonania Budżetu Państwa za 2005 rok, tom I) i.e. Police Support Fund, Post-penitentiary Assistance Fund, Development Fund for Prison Companies.

Note: In this case it should be examined if the share of drug-related persons committing other crimes than against the Act of Law of 24 April 1997 and 29 July 2005 on counteracting drug addiction is higher than it would result from their population as well as distribution of age and sex. It would be reasonable to add only the possible surplus of expenditure to the drug-related expenditure.

BORDER GUARD

The majority of drug-related expenditure incurred by the Border Guard is included in the overall non-labelled expenditure of this institution and therefore it cannot be precisely extracted. In order to estimate this amount Border Guard units received in July 2007 requests to estimate the share of drug-related cases (or expenditure) in the overall number. 7 units responded and their responses provided basis for the estimation of the share of drug-related cases in the overall number of cases reported by the Border Guard. The figure stood at 15.95% (Appendix, Table 48). It must be stressed that these shares, according to the Border Guard, varied greatly; the highest shares were reported by western, southern and northern border units and the lowest share was reported by Białystok Border Guard unit (0.22%), which is the eastern unit. The distribution of crimes against the Acts of Law of 24 April 1997 and 29 July 2005 on counteracting drug addiction was similar.
The maintenance cost of border crossings in the budgets of Provincial Governors (Sprawozdanie z wykonania Budżetu Państwa za 2005 rok, tom I, p.159) stood at 86 201 (thousand PLN).
The drug-related expenditure may be estimated as

86 201 x 0.1595 = 13 749.1 (thousand PLN) /11/

Note: Since the estimation of the share of drug-related cases in the overall number of cases reported by the Border Guard was based on 7 responses from Border guard units (including one on the eastern border) and high territorial variations in the number of crimes against the Acts of Law of 24 April 1997 and 29 July 2005 on counteracting drug addiction the average share of 15.95% may be considered too high. It would be necessary to obtain answers from all (or at least a representative sample in terms of geography) units of the Border Guard.

AMBULANCE STATIONS

In July 2007 Provincial Ambulance Stations were requested to provide information on the number (or share) of ambulance interventions related to drug use and the related expenditure. 21 Emergency Teams of Provincial Ambulance Stations responded (out of the total of 477), i.e. 4.4%. In 21 stations that provided the information 2 738 interventions were related to drugs out of the total number of 131 912 interventions (0.044 x 2 998 000) in 2005 in the whole country (Rocznik Statystyczny GUS 2006, p. 384). Only some Ambulance Stations provided an average cost of the ambulance intervention or general expenditure of

interventions (Appendix, Table 49). This information served as the basis for calculating the cost of an ambulance intervention at PLN 110.9. For 21 Emergency Teams of Provincial Ambulance Stations that sent the reports the drug-related expenditure has been estimated at 351.7 (thousand PLN). Assuming that in the remaining Emergency Teams of Provincial Ambulance Stations the average number of drug-related interventions was similar we can calculate the expenditure of all drug-related interventions

$$(351.7 / 21) \times 477 = 7\,989.15 \text{ (thousand PLN)} \qquad /12/$$

On the basis of the information of the Ambulance Stations we can also estimate an average share of drug-related ambulance interventions in the overall number of interventions in 2005 at 0.19%.

Note: Provincial Ambulance Stations are financed mainly from National Health Fund resources, however there is a possibility of receiving co-financing from local governments. As a result it is difficult to ultimately determine the source of financing.

HIV/AIDS

Drug addiction might concern some costs that are included in the reports of HIV/AIDS treatment and prevention institutions. Therefore there is a question of estimating the costs' share in the overall drug-related expenditure. This share has been estimated at 21% and calculated on the basis of the estimate given in Sprawozdanie z realizacji Krajowego Programu Zapobiegania Zakażeniom HIV, opieki nad Żyjącymi z HIV i chorymi na AIDS na lata 2004-2006 za rok 2005, Krajowe Centrum ds. AIDS, Warszawa 2006 , p. 24 (likely share of infections related to injecting drug use in the overall number of infections).

SOCiAL SECURITY SERVICES

The costs of social security for drug addicts and their families incurred by the state budget have been estimated on the basis of the report of the Ministry of Labour and Social Policy (MLSP-03, Jan.-Dec. 2005, Section 4. Causes of providing assistance) as follows:

The actual number of social security beneficiaries (MLSP-03, Jan.-Dec. 2005, Section 3) stood at 2 574 805 in 2005 (in 1 573 122 families), including 3 922 drug-related families.

The report does not state the number of drug-related social security beneficiaries. As a result the key share of social security costs related to drug addiction has been estimated as the share of families that received social security benefits and were related to drug addiction in the overall number of families that received social security benefits as follows:

$$3\ 992 / 1\ 573\ 122 = 0.002493 \qquad /13/$$

and the drug-related expenditure can be calculated as

$$0.002493 \times 2\ 885\ 600 = 7\ 194.18 \text{ (thousand PLN)} \qquad /14/$$

The amount of 2 885 600 (thousand PLN) is the overall cost of social security benefits in 2005 (Rocznik Statystyczny GUS, 2006, p. 396).

Local governments (communes, counties and provinces) finance social security benefits partly through state subsidies (the subsidies are included in the overall sum of 2 885 600 thousand PLN) and some costs are covered from statutory resources. On the basis of the available information it is not feasible to precisely calculate the amount of statutory resources of local governments that are allocated to social security benefits.

The estimation included the overall expenditure of local governments (Sprawozdanie z wykonania Budżetu Państwa za 2005 rok, tom II) reduced by the state budget subsidies (to perform statutory and governmental administration tasks). Then on the basis of the information of the Ministry of Labour and Social Policy the amount of expenditure on social security benefits was calculated in the overall expenditure on social security as

$$2\ 885\ 600 / 11\ 456\ 044 = 0.2519 \qquad /15/$$

where 11 456 044 (thousand PLN) is the overall expenditure on social security.

The above procedure was applied in estimating the expenditure on social security from statutory resources of local governments (Appendix, Table 50). Then the expenditure of local governments (provinces, counties, communes) from statutory resources on drug-related social security benefits. The share /13/ i.e. 0.002493 was used.

The share of drug-related social security benefits in the overall expenditure on social expenditure can be estimated as

$$0.2519 \times 0.002493 = 0.0006280 \qquad /16/$$

and the amount related to drug addiction in budgets of local governments as

$$0.0006280 \times 6\ 726\ 825 = 4\ 224.3 \text{ (thousand PLN)} \qquad /17/$$

where 6 726 825 (thousand PLN) is the calculated amount of statutory resources in budgets of local governments.

Note 1: According to Ustawa z dnia 30 czerwca 2005 roku o finansach publicznych (Dziennik Ustaw Nr 249, poz. 2104) budgets of local governments may also include, apart from state budget subsidies and statutory resources, outside resources such as EU funds. On the basis of the available information there is no way to estimate them as Poland joined the European Union in 2004. It is unlikely that local governments received such funds in 2005.
Note 2: It should be examined whether the share of drug-related social security beneficiaries is higher than it would result from their population as well as the sex and age distribution. It would be reasonable to add the possible surplus of costs to drug-related expenditure.

MONAR SOCIETY

The costs of statutory activity and the costs of general administration at Monar Society in 2005 stood at 50 908.7 (thousand PLN) and after subtracting revenues of this institution that were listed in the reports of other institutions (National Health Fund, Bureau of International Financial Settlements) or subsidies and contributions (Municipal and Communal Governments, NPCDA, Marshall's Offices, Ministries) the remaining amount stands at 13 836.03 (thousand PLN). According to the information received from Monar approx. 20% of this amount was allocated to drug addiction, which gives an amount of 2 767.2 (thousand PLN) that can be attributed to drug addiction.
Note: Due to the importance of this institution in the drug addiction activity more precise estimation of drug-related expenditure should be a subject of a separate study.

BATORY FOUNDATION

The share of drug-related expenditure has been estimated on the basis of the number of trainings held in Poland with the assumption that the percentage of training expenses in terms of alcohol and drugs were equal.

Tabel 44. Estimation of non-labelled drug-related expenditure

Institution	Overall amount (in thousand zlotys)	Key share	Allocated amount (in thousand zlotys (PLN))	Allocated amount in EURO*	Objective	COFOG
Criminal Justice System (Crimes against the Act of Law on Counteracting Drug Addiction)	6 998 767	0.04896	342 644.7	88083,5	Combating crime	03.1
Criminal Justice System (Other crimes)	6 998 767	0.002375	16 621.7	4272,9		
Central Management Board of Prison Service	1 692 309	0.05133	86 871.0	22331,9	Prisons	03.3
Police Support Fund	67 962	0.05133	3 488.7	896,8	Combating crime	03.1
Post-penitentiary Assistance Fund	9 036	0.05133	463.8	119,2	Prisons	03.3
Development Fund for Prison Companies	1 495	0.05133	76.7	19,7	Prisons	03.3
Border Guard	86 201	0.1595	13 752.6	3535,4	Combating crime	03.1
Ambulance Stations	.	X	7 989.2	2053,8	Treatment	05.2
Provincial HIV and AIDS Prevention Programme	29.3	0.21	6.1	1,6	Prevention	05.3
Preventing and combating AIDS	92	0.21	19.3	5,0	Prevention	05.3

Institution	Overall amount	Key share	Allocated amount	Allocated amount in EURO*	Objective	COFOG
MONAR	50 908.7	X	2 767.2	711 362.5	Prevention Harm reduction Treatment	05.3 05.3 05.2
Grants for HIV/AIDS harm reduction projects	216	0.21	45.4	11 671.0	Harm reduction	05.3
Regional Programme for Counteracting Addictions of Batory Foundation	981.7	0.1154	113.3	29 126.0	Prevention	05.3
Ministry of Labour and Social Policy; Social security benefits	2 885 600	0.002493	7 194.2	1 849 408.7	Family and children	06.5
Local governments; Social security benefits	6 726 825	0.0006280	4 224.3	1 085 938.3	Family and children	06.5
Total of non-labelled expenditure			**486 278.2**	**125 007,2**	x	

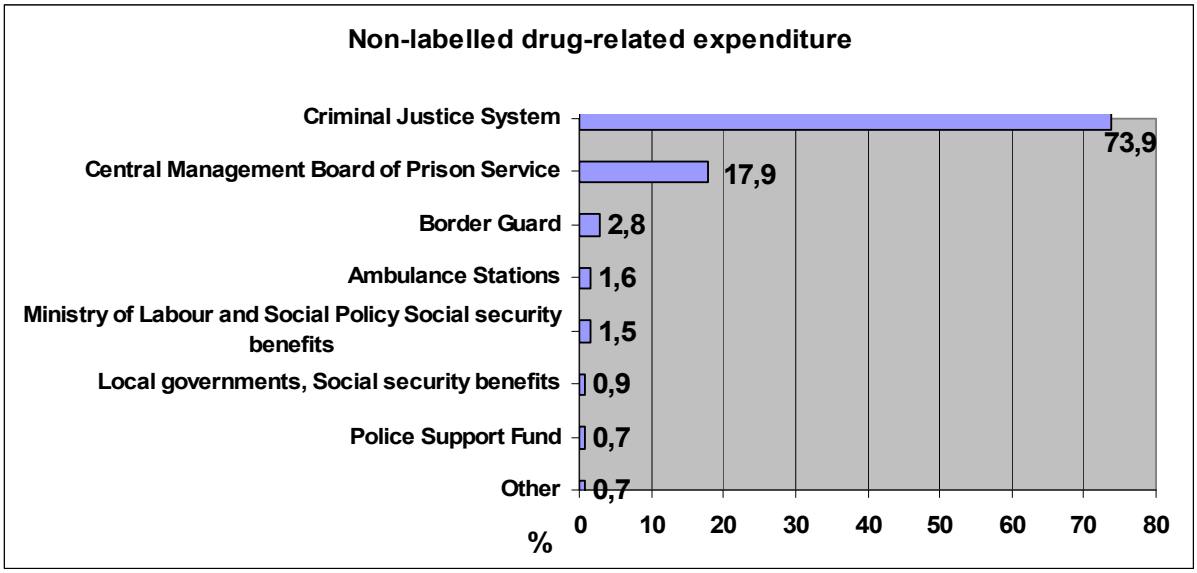
Source: self-estimation.

** 3.89 zloty= 1 €*

It is evident that the highest expenditure was incurred by the Criminal Justice System, which is chiefly connected with crimes against the Act of Law on counteracting drug addiction. The second come the expenditures incurred by prisons. This share (then the allocated amount) has been estimated on the basis of reports from Provincial Police Headquarters on crimes, excluding the ones against the Act of Law on counteracting drug addiction. Due to the scale of this phenomenon and high costs it would be sensible to conduct more precise research into this field in the future.

Fig. 26 shows the share of non-labelled drug-related expenditure incurred by various institutions.

Fig.26. Non-labelled drug-related expenditure of various institutions (%)



Source: Self-estimation.

The procedure for estimating some expenses was based on representative samples of reports from various institutions, in the future it would be reasonable to conduct proper research in this field.

In some cases it would be necessary to estimate and add to the non-labelled drug-related expenditure only surpluses of this expenditure – drug addicts also *"have the right"* to some expenses similarly to the rest of the population. This issue concerns for example costs of social security, treatment of diseases not directly related to drug use or crimes not listed in the Act of Law on counteracting drug addiction. Such estimations should be based on indicators of population attributable risk discussed in (Cole 1971) .At present there is no statistical data available that would help to conduct such estimations.

Since it is impossible to estimate the drug-related share the amount of non-labelled drug related expenditure of Table 44 does not list the following items:

- additional non-labelled drug-related costs of health care,
- some forms of social security (benefits for the homeless, unemployed etc.).

Summary

The above calculations indicate (Table 45, Fig. 27) that the highest share in the overall expenditure is attributed to non-labelled expenditure (54.74%) and then labelled expenditure (44.34%). So the potential loss to GDP stood at nearly 1%.

As regards the value of the Polish GDP in 2005 (980 666 mln. PLN) the above expenditure accounts for 0.091% of its value in 2005.

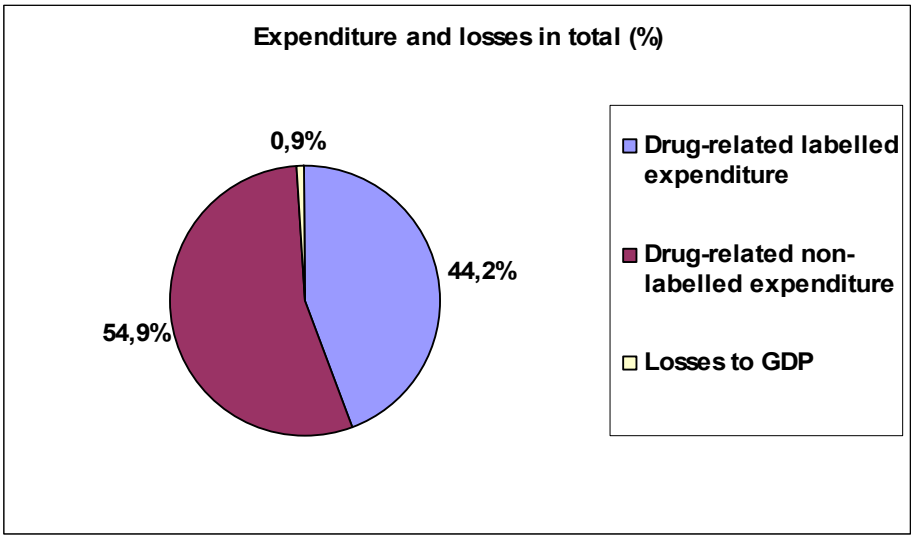
It must be stressed that the above drug-related expenditure and the related losses refer only to the material aspect, which was calculated on the basis of the information in hand. Other drug-related aspects such as pain, suffering, detriment to health were not considered.

Table 45. Breakdown of expenditure and losses

Type of expenditure	Amount (in thousand zlotys (PLN))	Share in overall expenditure (%)	Share in GDP (%)
Drug-related labelled expenditure	392 052.8	44.23	0.040
Drug-related non-labelled expenditure	486 278.2	54.86	0.050
Potential losses to GDP	8 145.2	0.92	0.001
Total	**886 476.2**	**100**	**0.091**

Source: self-estimation.

Fig. 27. Breakdown of expenditure and losses



Source: self-estimation.

Appendix

Table 46. Commune selection

Province	No. (Central Statistical Office)	No. of communes	No. of missing responses	% of missing responses	No. of selected communes
Dolnośląskie	2	169	32	18.9	10
Kujawsko-Pomorskie	4	144	39	27.1	12
Lubelskie	6	213	65	30.5	20
Lubuskie	8	83	17	20.5	5
Łódzkie	10	177	57	32.2	17
Małopolskie	12	182	43	23.6	13
Mazowieckie	14	314	202	64.3	61
Opolskie	16	71	12	16.9	4
Podkarpackie	18	160	42	26.3	13
Podlaskie	20	118	22	18.6	7
Pomorskie	22	123	57	46.3	17
Śląskie	24	166	54	32.5	16
Świętokrzyskie	26	102	8	7.8	2
Warmińsko-Mazurskie	28	116	24	20.7	7
Wielkopolskie	30	226	29	12.8	9
Zachodniopomorskie	32	114	16	14.0	5
Total	x	2 478	719	28.9	216

Source: self-estimation.

Table 47. Crimes (or suspects) committed by persons under influence of drugs and against Act of Law on counteracting drug addiction according to Provincial Police Headquarters

Provincial Police Headquarters	No. of crimes (suspects)		Share (%)
	Total	In relation to drugs	
Białystok	10278	13	0.126
Bydgoszcz	7684	11	0.143
Gdańsk	.	54	.
Gorzów Wlkp.(cases)	.	159	.
Katowice	.	76	.
Kielce	38006	17	0.045
Kraków	34837	32	0.092
Lublin	36122	25	0.069
Lubuskie	12884	91	0.706
Olsztyn	33692	39	0.116
Opole	23128	81	0.350
Poznań	.	51	.
Radom	25959	35	0.135
Rzeszów	.	11	.
Szczecin	.	51	0.141
Wrocław	39953	90	0.225
Total	262543	593	0.226
Share excluding crimes against Act of Law on counteracting drug addiction			0.237

Source: self-estimation based on reports in hand.

Table 48. Percentage of drug-related cases according to Border Guard based on their reports

Unit	Share (%)
Kłodzko	X
a. detainees	3.80
b. preliminary proceedings	3.45
Białystok	0.22
Nowy Sącz	12.50
Racibórz (extraordinary actions)	*3.0*
Lubań	31.00
Gdańsk	29.50
Łużyce	31.21
Average	15.95

Source: self-estimation based on reports in hand.

Table 49. Estimation of drug-related expenditure of ambulance interventions based on reports from Ambulance Stations

Ambulance Station	No. of drug-related interventions	Share (%) of drug-related interventions	Average cost of ambulance intervention (PLN)	Intervention expenditure (PLN)
Białystok	17	.	.	1 880
Drawsko Pomorskie	2	.	.	220
Goleniów, Przybiernów	16	.	.	1 770
Gryfino, Chojno	12	.	.	1 330
Kamień Pomorski	3	.	106.7	320
Katowice	380	.	.	42 130
Kraków	199	0.30	.	22 060
Lublin	51	0.07	115.0	5 870
Łobez	2	.	.	220
Myśliborz	18	0.22	.	2 000
Nowogard	5	.	.	550
Olsztyn	47	0.24	.	5 210
Poznań	52	.	134.6	7 000
Pyrzyce	17	.	.	1 880
Rzeszów	1	.	.	110
Stargard-Dobrzany	15	.	.	1 660
Szczecin (Dąbie, Police)	97	0.18	.	10 750
Szczecin (Gryfice)	57	.	.	6 320
Wałcz	3	.	.	330
Warszawa	1493	.	.	165 520
Wrocław	149	0.11	250.0	37 250
Zielona Góra	102	.	350.0	35 700
Total	2738	0.19	110.9	350 110
Together with additional costs of transport				351 720

Source: self-estimation based on reports in hand.

Table 50. Estimation of expenditure on social security benefits related to drug addiction in local governments

Local government	Expenditure on social security (PLN)	Statutory resources (PLN)	Expenditure on benefits (PLN)	Allocated amount (PLN)
Province	283 926 900	229 560 900	57 822 800	144 200
County	2 655 689 100	1 644 411 100	414 201 700	1 032 700
County-based cities	5 116 329 800	2 954 451 800	744 180 600	1 855 300
Communes	7 836 424 300	1 898 401 300	478 177 900	1 192 200
Total	15 892 370 000	6 726 825 000	1 694 383 000	**4 224 300**

Source: self-estimation.

12. Vulnerable groups of young people *prepared by* Artur Malczewski, Michał Kidawa, Marta Struzik, Ewa Sokołowska, Beata Policha

Epidemiology related to vulnerable groups: prevalence and patterns of drug use; risks, correlates and consequences

1. Profile of main vulnerable groups

a. Children living in government care institutions

In children's homes there are children and youth whose parents permanently or temporarily are unable or unwilling to create proper conditions for life and development. The care of those institutions encompasses children and youth under 18, and in case of continuing education - until 25. Reasons for making a child enter the institution include: orphanage, various dysfunctions or pathologies of a family and to a various extent resulting in, so called, social orphanage, various chance occurrences, individual, family or social crises disturbing normal way of children's lives. In 2006, 727 facilities provided round-the-clock care to 30,377 children and youth, whereas in the previous year respective figure amounted to 725 and 30,672.

The regulation of the Minister of Education of 7 March 2005 provides that youth development facilities are organized and run for children and youth maladjusted socially, who require the use of special organization of learning, special methods of work and upbringing. The same regulation says that in youth sociotherapeutic facilities there are young people who, because of development disorders, problems with learning and disorders related to functioning in society, may be endangered by social maladjustment or addiction and as such require the use of special organization of learning, special methods of work and upbringing as well as specialist pschoeducational assistance. The tasks of both youth development facilities and youth sociotherapeutic facilities include eliminating causes and symptoms of social maladjustment and preparing young people for life in compliance with social and legal norms. According to the data of the Ministry of National Education, in 2004 there were 44 youth development facilities which could house 2,778 people. The number rose respectively to 51 and 3211 in the following year (2005). In the facilities there were 2,570 wards in 2004 and 3,195 in 2005, 86% of whom were deemed endangered by social exclusion in 2004 and 90% in 2005.

In 2004 youth sociotherapeutic facilities provided care for 1,174 wards (71.5% endangered by social exclusion), and in 2005 the number rose by another 149 people (84% of the total number were deemed endangered by social exclusion).

Table. 51. Percentage breakdown of wards of youth development facilities and youth sociotherapeutic facilities by age.

	Wards of youth development facilities		Wards of youth sociotherapeutic facilities	
	2004	**2005**	**2004**	**2005**
aged 3-6	-	-	-	0.8%
aged 7-12	0.8%	0.5%	2.5%	2.6%
aged 13-15	27%	26%	22.6%	32.2%
aged 16-18	71.4%	72.5%	59.4%	53.2%
aged 19 or older	0.8%	1%	15.5%	11.2%

Source: Ministry of National Education

The data (Table 51) shows that the most numerous group are young people aged 16-18 both in 2004 and in 2005. Youth aged 13-15 were in the second place, whereas the remaining age categories constitute only a small percentage of the total number of wards.

The regulation of the Minister of Justice of 17 October 2001 on detention centres and remand homes provides that minors (people aged below 21) are sent by courts to open rehabilitation facilities, if such a decision is supported by high level of minor's demoralization, circumstances and character of the crime they committed, especially when other educational means proved inadequate or do not promise rehabilitation of the minor.

The Act of Law of 26 October 1982 on proceedings in cases of minors provides that a minor can be sent to a remand home if circumstances which support placing them in a detention centre are revealed and there is reasonable concern that a minor may try to hide or to obliterate the traces of crime or it is impossible to determine minor's identity. Minor's stay in such a facility in total cannot be longer than one year. The regulation of the Minister of Justice of 17 October 2001 provides that during minor's stay in the facility the following are prepared: psychological-pedagogical opinion about a minor, description of family and peer group environments, analysis of social maladjustment process, conclusions including directions of rehabilitation interactions and suggestions concerning the type of educational or correctional means.

According to the data of the Ministry of Justice in Poland there are 35 facilities for minors all together including:

- 26 detention centres
- 9 remand homes

In 2005 they could offer 1901 places but the number of minors staying in them amounted to 2017. In 2006 the numbers were 1,937 and 1,954 respectively.

Table 52. Data on remand homes and detention centres.

	Remand homes		Detention centres	
	2005	2006	2005	2006
Number of places	646	646	1,255	1,291
Number of registered wards	542	609	1,475	1,345

Source: Ministry of Justice

b. Early school leavers/academic failure

In Poland youth are obliged by law to stay in school until they graduate from the lower secondary school and they are obliged to continue education until they reach the age of 18. According to the data of the Ministry of National Education in the school year 2006-2007 in primary schools 7,215 pupils in total failed to continue compulsory education whereas in lower secondary school the number amounted to 2,887 pupils. 16,063 (9,960 boys and 6,103 girls) had to repeat grade in primary schools whereas in lower secondary schools the number of pupils repeating grade was 38,029 including 9,222 girls.

c. Youth in families with drug and/or alcohol use

d. Youth from vulnerable families (alcohol, drugs, deprivation)

Family plays a key role in meeting mental needs, has a social function and decides on the psychosocial development. If a family is dysfunctional or deprived then it becomes a risk factor of psychoactive drug use in young people. In Poland there has been no scientific research into determining the role of family in generating a need in children and young people to take psychoactive drugs. Nor has there been an analysis which elements of the family system might have a main influence on children developing a drug problem.

However, the results of the study conducted by Ms. Jolanta Rogala-Obłękowska (1999) are available. The study aimed at profiling the family before children developed a drug problem. Thanks to the systemic approach an attempt of portraying the specific character of the family was made before young people started taking drugs. Internal relations in families of young people who either experiment with drugs and or develop a drug problem were also the object

of the study. The family might be perceived as a system of mutual relations favouring the development of drug addiction.

1. Family background of drug addiction – models of drug families

In the studies conducted an attempt was made to create a typology of families of future drug addicts according to the systemic approach. The families have been classified as follows:

- Amphetamine family model,
- Opiate family model,
- Occasional drug use family model.

Amphetamine family model

Young people addicted to amphetamine live predominantly in big cities, come from two-parent families where parents are better educated compared to other drug families, less often from strongly religious families. The family atmosphere according to the young people was based on warmth and emotions. Cases of identifying with the family were more common compared to other types of drug addicts. The opinions of young people about their parents' satisfaction from their marriage equalled those of non-users. Alcohol abuse occurred in approx. 20% of the families and this rate is characteristic of the entire Polish population. The results of the study might suggest looking for causes of drug addiction outside the family. The study shows that as many as 70% of young people do not consider their families to be a role model in starting their own. The study showed that in adolescence there were strong conflicts between parents and more frequent, compared to other families under study, emotional disruptions. Therefore one might interpret this phenomenon as "dispatch to disease" of a family member in order to turn away attention from a conflict in marriage. A possible explanation is also drug use as a result of the willingness to punish the parent for lack of love.

The power structure in families in terms of the role of the father did not differ much from the results obtained in the general population. However, there were differences in the involvement of mothers. In approx. 50% of the families of young people addicted to amphetamine the absolute power was in the hands of mothers with the simultaneous of withdrawn position of fathers from the family life. A strong, even excessive emotional dependence on the mother was noted while children felt unloved and rejected by their fathers.

One of the reasons for taking amphetamine was the inability to express emotions by the family members as well as limiting individuality and autonomy of maturing children.

Opiate family model

Opiate users are predominantly big city dwellers, come from two-parent families whose level of education is comparable to the representative sample of general Polish population. Half of the opiate users were atheists. In adolescence the extent of family disorders was large and concerned a number of aspects. The family atmosphere was frequently considered as full of conflicts, unfriendliness and hostility. There was no understanding between parents. Opiate users rarely identified with their families and their family ties were weak. Only 5% of the users considered their families a positive role model. There was the sense of emotional rejection, no chance of free expression of emotions, strict limits, high individual autonomy and emotional isolation. The power belonged to mothers and in 60% of the families fathers completely gave up responsibility for family matters.

Occasional drug use family model

In terms of territorial belonging occasional drug users are similar to the representative sample of the general Polish population. As many as 30% are village dwellers, which makes them different from the other groups of drug addicts. The education level of their parents corresponds to the general population levels. Approx. 90% are believers or non-active believers. In the families of occasional drug users the picture of the family in adolescence was considerably less disturbed than in families of drug addicts. The family atmosphere was more often based on love and marital conflicts were less frequent. As many as 35% of the young people considered their parents to be closely emotionally attached to each other. However, only 25% of occasional users identified with their families in adolescence, which means weaker family ties compared to drug-free young people. The structure of power in these families resembled the structure of amphetamine families. In 50% of them the dominating role was played by the mother. In this group of families alcohol abuse was frequent and affected 55% of fathers and 6% of mothers. Occasional drug users more frequently came from chaotic families where there was no clear-cut boundaries, there were a lot of changes and emotional isolation.

2. Drug addiction risk factors related to family system disorders

The research showed that the factors in the families of adolescents that contribute to drug use are the low family cohesion, no ties between parents and children, parenting mistakes of excessive domination or overprotection or alcohol problem in a family. Moreover, a general opinion was confirmed that the more disturbed the arrangement of family relations was in adolescence the deeper the addiction was.

The systemic interpretation of family disorders points to factors favouring a child using drugs:

- disturbed emotional ties in family,
- low family cohesion,

- inadequate family climate (no identification of child with family),
- power over family in the hands of one person, predominantly mother (protective or punitive parent),
- inconsistent discipline and control of children's behaviour,
- disturbed emotional ties between parents (no exchange of feelings and warmth on the part of parents).

The above family disorders favour the development of drug problem in young people, however they might lead to other deviant behaviours that depend on the extra-family factors such as peer pressure.

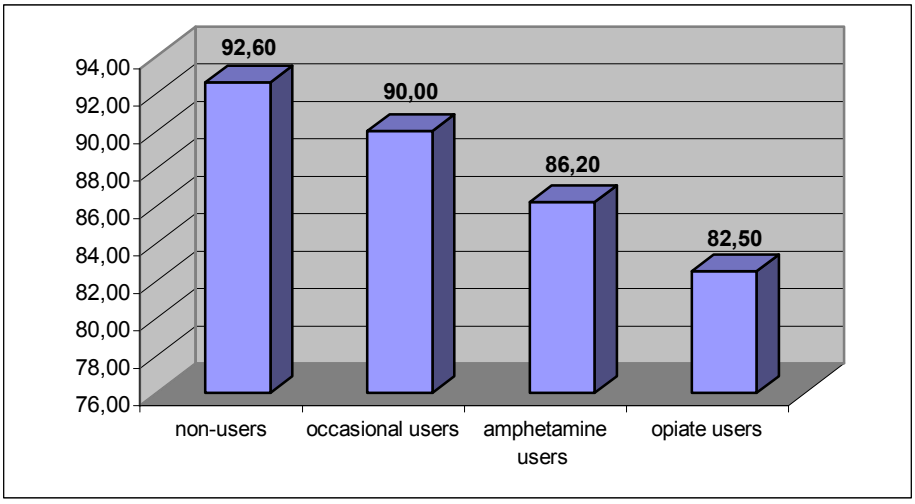
The research conducted by Ms. J. Rogala-Obłękowska in 1994-1998 found out there is no straightforward interdependence between the economic status of a family and drug addiction of young people. The youth of well-off city families with higher education levels is more likely to fall victim of addiction to expensive drugs such as cocaine while the youth of low economic status families with low education levels is in danger of developing addiction to 'kompot' (homemade heroin) or different kinds of solvents e.g. glues.

3. Analysis of family factors of drug addiction

- **Two/divorced-parent family background**

The review of Polish studies conducted in the last 30 years shows that the divorced-parent family background contributes to children using drugs. In the research of Ms. J. Rogala-Obłękowska conducted in 1988 and 1996 young people were asked who they lived with when they were 14-15. The results indicated that 92.6% of the drug-free youth came from two-parent families. Living with both parents in adolescence concerned 84.6% of the youth that used drugs. However, analyzing the data collected one might conclude that there is a significant difference between addicted and occasional users. Approx. 80% of the addicted youth came from two-parent families while the same referred to occasional users.

Fig. 28. Young people of two-parent families with breakdown into non-users, occasional users and amphetamine and opiate users.



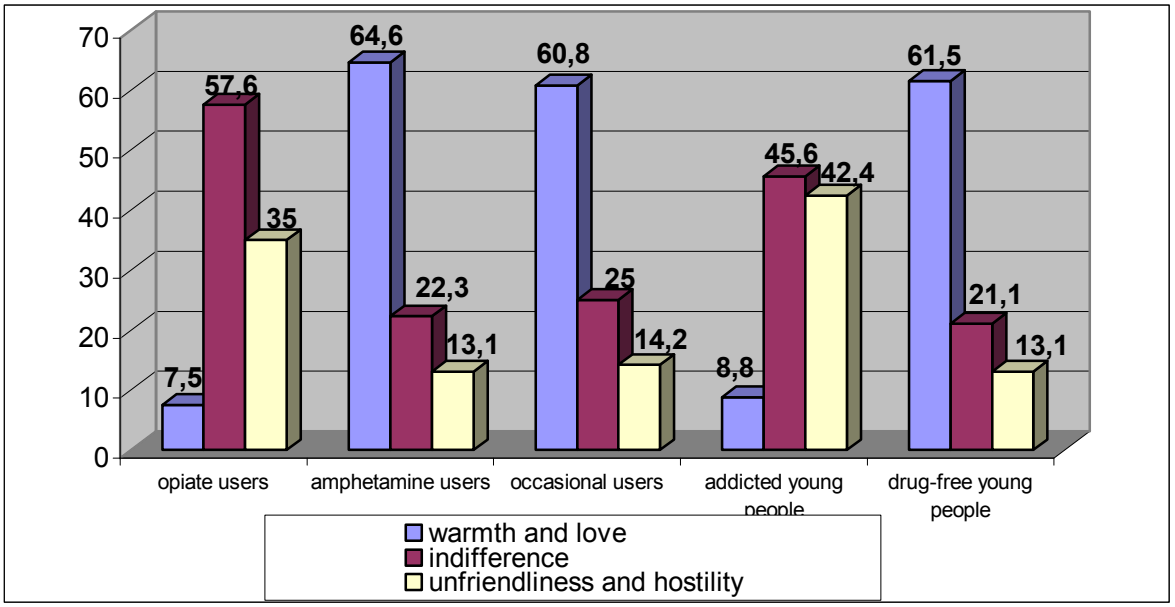
Source: Rogala – Obłękowska, J. (1999)

90% of occasional drug users came from two-parent families which, in terms of this criterion, makes them most similar to the group of non-users. The group of opiate users made up the least numerous group in terms of two-parent family origin (82.5%). The results corroborate the hypothesis that disruption of a family is a concomitant of problem drug use.

- **Atmosphere at home**

The study results show that atmosphere at home family prior to drug use varies depends of the drug of choice.

Fig. 29. Atmosphere at home prior to drug use with breakdown into opiate users, amphetamine users, occasional users, addicted users in general and non-users.



Source: Rogala – Obłękowska, J. (1999)

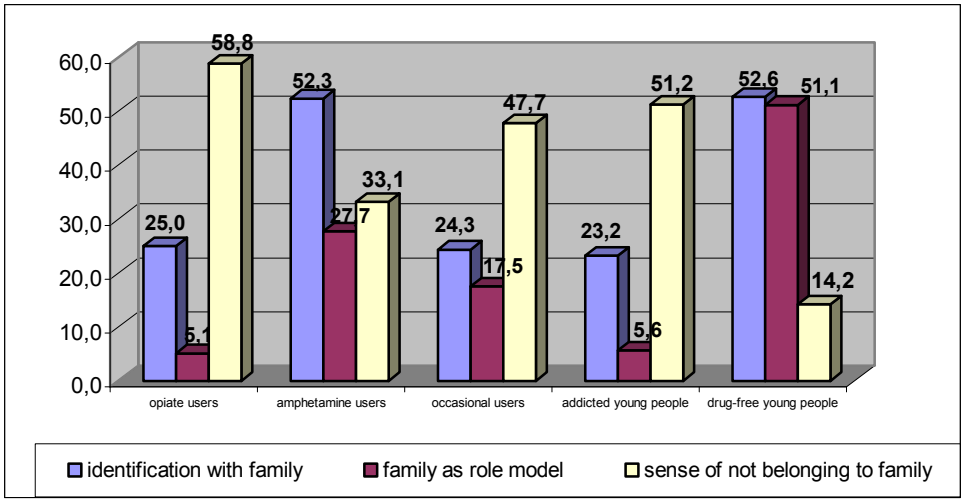
The atmosphere of warmth and love was more prevalent in young amphetamine users (64.6%) rather than young opiate users (7.50%). Moreover the atmosphere at home in general in amphetamine users was similar to the family picture of drug-free youth.

Drug-free young people more frequently pointed to the atmosphere of warmth and love (61.50%), indifference was reported by 21.10% of the young people and only 13.10% described their home as full of unfriendliness and hostility. N the families of addicted young people prevailed the atmosphere of indifference (45.6%) as well as unfriendliness and hostility (42.40%).

- **Identification with family**

The assessment of the overall family climate is related to the extent of the identification with family, considering family a role model or the opposite, sense of rejection or lack of place in family.

Fig. 30. Emotional relationship and extent of identification with family prior to drug use with breakdown into opiate users, amphetamine users, occasional users, addicted users in general and non-users.



Source: Rogala – Obłękowska, J. (1999)

The results of the study show that addicts in adolescence manifest weaker ties and identification with family than drug-free adolescents, 23.2% and 52.6% respectively. The lowest extent of identification with family was demonstrated by opiate users (25%). Addicted adolescents in general (23.20%), opiate users (25%) and occasional drug users (24.3%) a lot less frequently identified with their families than the control group adolescents (52.6%) and amphetamine adolescents (52.30%).

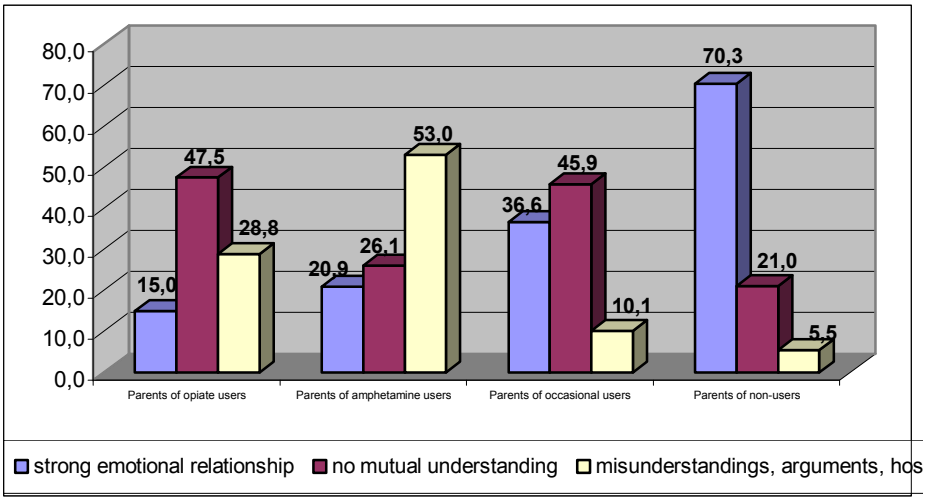
While analyzing the responses to the question “Is your family a role model and would you adopt this model if you were to start you own family?” a difference is noted between non-users and drug users. For 51.1% of the control group adolescents their family was a role model while the majority of the addicted youth rejected their family model (only 5.6% of the addicted young people were ready to adopt their own family model in the future). Even the opinions of amphetamine adolescents, who in other dimensions were similar to the control group, varied significantly in this respect (27.7%).

While trying to specify the emotional state of the adolescents in family the findings proved that more than a half (51.20%) of the adolescents who developed addiction to psychoactive drugs had a feeling of not belonging to their families. Similar opinions were shared only by 14.20% of drug-free young people. In the group of addicted adolescents the opinions of not belonging to family were shared most often by opiate users (53.80%), then occasional users (47.7%) and finally amphetamine users (33.10%).

- **Emotional relations between parents**

The character of emotional contact between parents to a large extent affects the atmosphere at home. Therefore the picture of marital relations in the period before young people started using drugs was studied.

Fig. 31. Emotional relations between parents prior to drug use with breakdown into opiate users, amphetamine users, occasional users, addicted users in general and non-users.



Source: Rogala – Obłękowska, J. (1999)

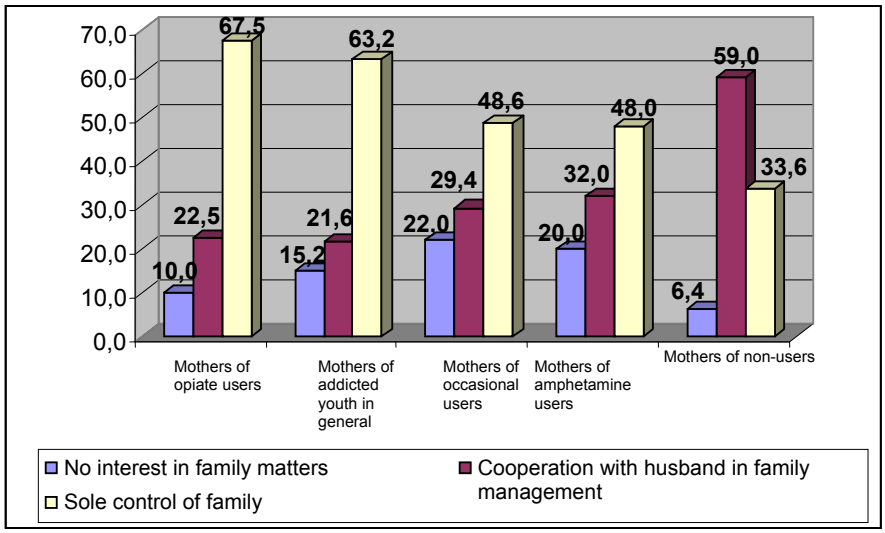
The study results show that there are considerable differences between parents of addicted and drug-free adolescents. Between parents of future drug addicts, in adolescence, a strong emotional relationship in the form of warmth, kindness and mutual ties was considerably less frequent. The highest level of misunderstandings, arguments and hostility was observed in parents of children who later developed addiction to amphetamine (53%). In the families of the control group adolescents such behaviours were noted only to a small extent (5.5%). Opiate adolescents reported the above situation in approx. 30% of families.

- **Powers structure in family**

In families of addicted youth parents generally made decisions together (60%). The opinions of the power share in the family showed that in the whole group of drug adolescents power was far more frequently exercised by mothers (54.7%) rather than fathers (22.5%) and this difference is statistically significant. Tendencies for fathers to withdraw from family life were observed, which refers to more than a half (54.4%) of the drug families. In the case of drug-free youth this situation was true for only 21.4% of families.

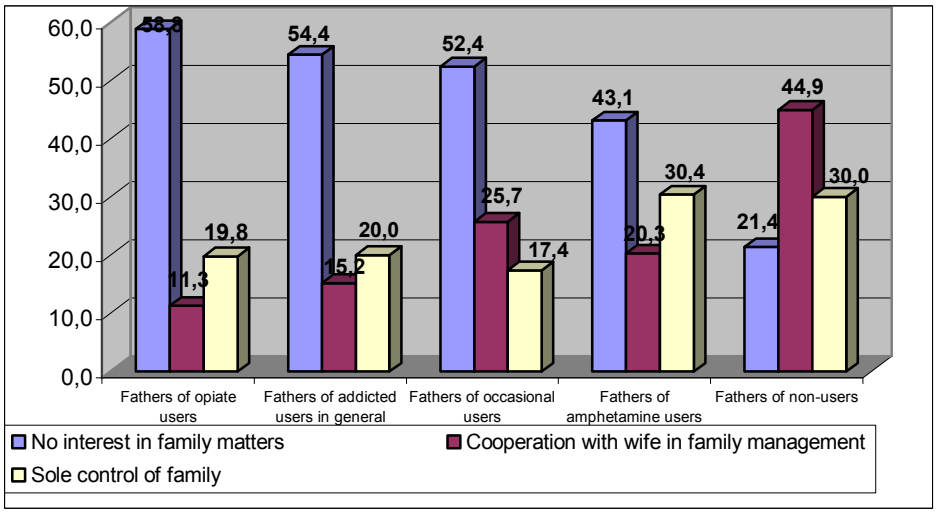
However, the situation related to taking over power by mothers is of reverse character. In more than 60% of families of drug adolescents mothers managed family life. It is more than twice more often compared to drug-free youth (33.6%).

Fig. 32. Power structure in family – share of mothers in families of opiate users, addicted youth in general, occasional users, amphetamine users and non-users.



Source: Rogala – Obłękowska, J. (1999)

Fig. 33. Power structure in family – share of fathers in families of opiate users, addicted youth in general, occasional users, amphetamine users and non-users.



Source: Rogala – Obłękowska, J. (1999)

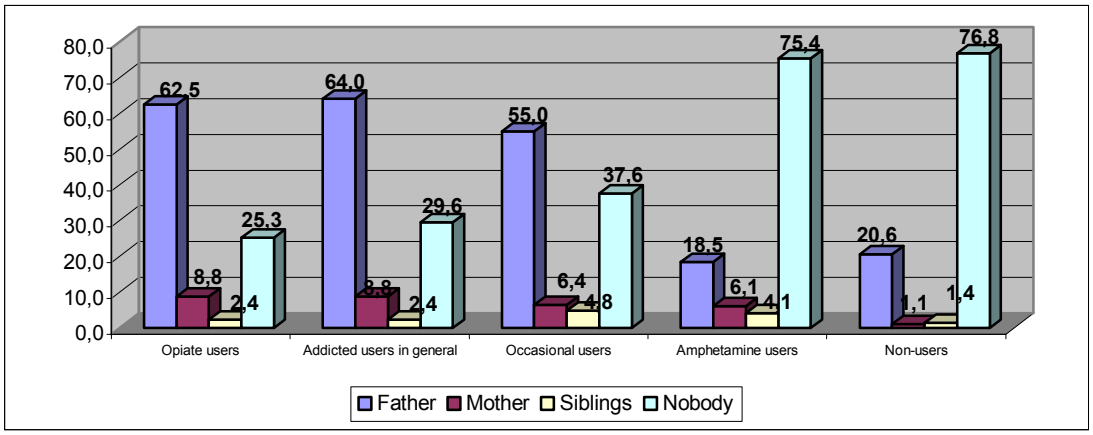
- **Alcoholism in family**

Using psychoactive drugs by other family members, while users were in adolescence, is one of the vital factors affecting the perception of the atmosphere at home. Based on the study results it may be stated that there are statistically significant differences between the rate of alcohol abuse in families of drug adolescents and families of drug-free adolescents. In as many as 45.3% of families of future drug users, young people reported cases of alcohol

abuse by one of the family members, while in he control group this phenomenon was not observed in 76.*% of families. The differences are statistically significant.

Alcohol abuse in the opinion of the youth concerned predominantly fathers. Fathers abusing alcohol occurred most often in families of addicted adolescents (64%), especially problem opiate users (62.5%) and occasional users (55%). Fathers of amphetamine users and non-users abused alcohol the least often, 18.5% and 20.6% respectively.

Fig. 34. Alcohol abuse in families (Who abused alcohol in your family?) of opiate users, addicted youth in general, occasional users, amphetamine users and non-users.



Source: Rogala – Obłękowska, J. (1999)

- **Summary of results**

The study results point to a high level of disorders in families of young people using drugs in adolescence. It turned out that the atmosphere at home before the young people started using drugs varied depending on the future type of addiction. The worse the atmosphere at home was the deeper addiction was observed. Problem drug users and opiate youth more often described their families as full of indifference, unfriendliness and hostility. Drug addicts less often identified in adolescence with their families compared to the rest of the youth. Moreover, they felt rejected by their families, they could not count on family help in dire straits and they lived with a sense f not belonging to their families.

Disordered patterns of behaviour demonstrated by parents to their maturing children by no means could fulfil their socializing function necessary to internalize norms and values. As a result it might have triggered drug use by young people. In the families of young people using drugs emotional chill and tendencies to separate were observed more frequently. Moreover, parents less often based their relations on mutual understanding and strong emotional ties. Marital conflicts more often expose a child to the risk of drug addiction. In the families of future drug addicts partnership in marriage was rare, mothers were more likely to take control of family with the simultaneous withdrawal of fathers from family life, no participation on their

part in decision-making and punishing children as ways of parenting methods. In 60% of the families of drug addicts alcohol abuse was reported and it predominantly referred to fathers. The study results corroborate the fact that general disruptions in atmosphere at home in adolescence increase the risk of young people using drugs.

4. Status of children in alcohol families

Alcohol abuse by parents exerts a significant influence on child development and pathological situations occurring in alcohol problem-stricken families constitute a serious source of disorders and health harm in children and youth. Serious parenting negligence as well as limited care and omissions in terms of satisfying children's needs exert negative influence on their physical and mental condition. Children raised in families where one family member (usually parent) abuses alcohol or suffers from alcohol addiction make up a population of 1.5-2 million and constitute 4% of the general Polish population.

Socio-economic status of children in alcohol families is often related to poverty (malnutrition, negligence in terms of hygiene and health care) but also other serious disturbances in the area of emotionality and general psychosomatic development. The study "Children of alcoholics – traumatic incidents" (Witold Skrzypczak, 2000) shows that two in three children in alcohol families were exposed to violence, more than a half directly experienced physical, emotional and mental abuse. New unpublished results of study show that this figure can be overestimated.

Functioning in such a family is closely related to experiencing chronic stress, sense of danger, which leads to behaviour disorders in young people manifested in law-breaking. These circumstances favour social exclusion, which is indirectly related to the issue of using psychoactive drugs. Children of alcohol problem families are deprived of support and professional assistance, they make up a group of the highest alcohol and drug risk. Lack of adequate parent role modelling resulting from alcohol problem, demoralization and acts of violence lead to serious emotional trauma. Most children experience identity problems. Children raised in alcohol families often demonstrate lack of self-confidence and low self-esteem and self-respect. It constitutes one of the reasons for children and young people resorting to alcohol and narcotic drugs, which is likely to result in social maladjustment and exclusion.

5. Economic status of family according to young people

Results of the 2006 study Health Behaviour in School-aged Children (HBSC) showed that on average approx. 11% of children aged 11-15 are hungry at times because there is not enough of food at home for all family members (Table 53). The rates are slightly higher for urban children compared to rural children; the highest rural rate stood at 10% in the case of 13-yar-olds and at 12.9% in the case of urban 11-year-olds.

Table 53. Percentages of children who come to school or go to sleep hungry because there is not enough ford at home.

	Always	Often	Sometimes	Never
Age in total				
11	0.5	0.6	11.5	87.5
13	0.5	0.8	10.8	87.9
15	0.4	0.7	8.4	90.5
Age in cities				
11	0.4	0.3	12.9	86.3
13	0.7	0.7	11.2	87.4
15	0.5	0.8	9.0	89.8
Age in villages				
11	0.5	1.1	8.9	89.5
13	0.2	1.0	10.0	88.8
15	0.4	0.6	7.4	91.7

Source: Mazur,J., Woynarowska, B., Kołoło, H. 2007 (HBSC, 2006)

At the same time the majority of surveyed children believe that their families are average in terms of economic status on the scale from “very rich” to “poor” (Table 54). Relatively large number of school children consider their families rather rich – 30.1% among 11-year-olds, 23.6% among 13-year-olds and 21.8% among the oldest pupils.

Table 54. Assessment of family economic status in %.

	Very rich	Rather rich	Average	Rather poor	Poor
Age					
11	4.3	30.1	61.0	3.2	1.4
13	2.5	23.6	67.5	4.9	1.5
15	1.5	21.8	70.4	5.6	0.7

Source: Mazur,J., Woynarowska, B., Kołoło, H. 2007 (HBSC, 2006)

e. Homeless youth

In Poland homelessness is defined in many ways. We can start with a dictionary definition according to which a homeless person “has no shelter, has no place to live” (Sobol et al., 2002). One of the definition groups stresses the complexity of homelessness as a social phenomenon and a cultural and personality state of a human being. The definition by Andrzej Przymeński can be quoted here. He understands homelessness as “the situation of people

who in a given time do not possess shelter nor are able to obtain shelter that they could consider their own and which would meet the minimum conditions of place of residence" (Przymeński, Internet).

According to the Act of Law of 12 March 2004 on welfare benefits "a homeless person does not reside in a liveable place within the meaning of the provisions on the protection of residents' rights and the residential resources of the commune and he or she does not hold permanent address registration within the meaning of the provisions on the population registry and identity cards; this is also a person who does not reside in a liveable place and who holds a permanent address registration for a place which is not liveable (Journal of Laws 2004, no 64, item 593). According the Act of Law liveable places are not homeless shelters as they provide only temporary accommodation. Therefore the Act of Law defines homeless people as people with no place to live permanently as they temporarily reside in shelters or unliveable places such as staircases, sewers, garden shacks, railway stations or who stay with their relatives or friends on a temporary basis.

As a matter of fact, in Poland there is no research into the phenomenon of homelessness (some studies are available on the unemployment among the homeless). Homelessness among youth is not separately defined as a social phenomenon. Therefore no research is conducted in this respect. The available study results provide the analysis of homeless adults and children, however only in pomorskie province (Dębski, Internet). In the study parents were asked about their children's status (aged under 18). The follow-up analyses show that in pomorskie province, although the number of underage homeless people is rising (approx. 300 in 2005), they still make up a small group of nearly 10% of all the homeless population. Sex distribution is even. A positive conclusion from the study is the fact that the health condition of these children is described as good or very good. However, there is a matter of concern that although all the children came to school they had never attended a crèche or kindergarten, which made them constantly relate to homeless people. Another negative signal is the fact that some children were born homeless or became homeless at such an early age that they do not know a different life. All the children under study resided in a shelter. The study concludes that shelter children are very often deprived of the contact with the external environment, which makes it more difficult for them to find a place to live in the future.

f. Young offenders

Te Polish law features a category of "underage perpetrators of punishable acts" which according to the Act of Law on proceedings in juvenile cases specifies five age groups of underage offenders. Juvenile delinquents are tried under the Act of Law on proceedings in juvenile cases, however some groups can be tried under the Penal Code and acts of law:

1. Children under 13 are not subject to criminal liability. The court may only order custodial measures.
2. Minors aged 13-17 who committed a punishable act and were unaware of it may be ordered custodial measures by the court of law. If the perpetrator was aware of what he was doing he or she is held accountable within the meaning of the Act of Law on proceedings in juvenile cases.
3. Minors aged 15 and older – pursuant to Article 10.2 of the Penal Code under special circumstances and conditions may be indicted e.g. in event of homicide and murders.
4. Minors aged 17-18 – pursuant to Article 10.4 of the Penal Code, also under special circumstances and conditions, are not subject to the Act of Law on proceedings in juvenile cases.
5. Minors aged 17-21. This age group is specified by Article 1.1.3 of the Act of Law on proceedings in juvenile cases which allows for executing custodial, treatment or detention measures in relation to persons who have been ordered with such measures, however not longer than by the time they turn 24.

Police reports and analyses feature separate statistics which show the offences committed by young offenders aged 13-17. The data on this age group are discussed later in this report. Punishable acts committed by members of this age group are the most prevalent statistical category used by the Police as children under 13 are ordered with custodial measures and persons over 17 are treated in the majority of cases as adults.

Data of the Police Headquarters in the last three years indicate an annual decrease in the number of reported offences from 1 446 643 in 2003 to 1 287 918 in 2006. In the cae of punishable acts there is a reverse trend as their number rose from 63 239 in 2003 to 77 515 in 2006, which makes an increase of 23% in three years. There was also an increase in the share of juvenile acts in the overall number of crimes from 4.3% in 2003 to 6.0% in 2006. In this period the number of young offenders also rose to 53 783 cases in 2006 compared to 46 798 in 2003.
The share of minors in the total number of people stood at 9.1%. The five punishable acts of theft, burglary, robberies, fight and battery as well as drug-related offences made up 80% of juvenile crime. Table 55 features selected punishable acts.

Table 55. Juvenile crime in 2005 and 2006 in basic categories of offences.

Year	Homicide	Detriment to health	Participation in fight or battery	Rape	Robbery, mugging, extortion	Burglary
2006	19	3 429	2 694	148	8 154	9 419
2005	11	3 016	2 147	116	8 081	11 052

Source: http://www.policja.pl/portal/pol/4/306/Nieletni__przestepczosc.html

While comparing the data of the last two years we observe an increase in the number of punishable acts except one category – burglary. One of the most prevalent juvenile offences are the acts against the Act of Law on counteracting drug addiction. Table 56 shows an increase in both the number of punishable acts from 10 838 in 2005 to 13 417 in 2006 and the number of suspects from 3 629 to 3 768. In the structure of drug-related offences the highest number was noted against Article 62, which refers to drug possession. Such offences make up half of all incidents in 2005 and 2006. Facilitating drug use (Article 58) comes second in terms of the most prevalent offences against the Act of Law on counteracting drug addiction. However, despite an increase in the number of offences against this Article the number of suspects fell.

Table 56. Juvenile crime against Act of Law of 2005 on counteracting drug addiction in 2005 and 2006, by Articles.

GROUNDS	2005		2006	
	Acts	Suspects	Acts	Suspects
Article 53. 1	25	13	6	0
Article 53. 2	5	4	1	0
Article 54. 1	9	5	11	5
Article 54.2. 1	5	2	14	1
Article 54.2.2	1	0	0	0
Article 55. 1-2	9	5	2	0
Article 56. 1-2	311	87	290	90
Article 56.3	9	5	11	6
Article 58	2 958	753	3 227	728
Article 59	1 722	412	1 843	469
Article 60	35	7	6	1
Article 61	7	2	9	6
Article 62.1 & 3	5 627	2 259	7 880	2 398
Article 62.2	21	20	30	20
Article 63.1	69	48	67	40
Article 63.2	10	4	11	2
Article 64	12	2	5	0
Article 68	3	1	4	2
Total	10 838	3 629	13 417	3 768

Źródło: http://www.policja.pl/portal/pol/4/323/Przestepczosc_nieletnich__narkotyki.html

g. Youth in deprived places/ neighbourhoods and/or with high drug availability

Clinical data show that in Poland drug addiction among youth spreads especially in cities. Young urban residents are then more exposed to the risk of drug use than rural residents (Rogala- Obłękowska, 1999). Special attention is paid to the situation of young people growing up large housing estates of blocks of flats, build in the 1980s. This phenomenon is studied by Jacek Kurzępa.

During the studies conducted in 2006 in Lower Silesia and Lubuskie Region Jacek Kurzępa paid special research interest to the groups of respondents called “homeys”. The group was composed of 146 persons of both sexes, aged 15-19 who occupied turfs in housing estates in Zielona Góra (Pomorskie Housing Estate), Gorzów (Staszic Housing Estate), Wroclaw (Brochów Housing Estate) and Nowa Sól (Nadodrze Housing Estate). They referred to themselves as “homeys” creating in each of the abovementioned towns a distinctive neotribal group, separated by its character, symbolism and customs, which in a determined way defended its territory – a district, a street, a bench on the promenade. The groups of respondents in 60% was made up of boys. They were always accompanied by girls who played quite a peculiar and versatile role. “The chicks were there because they have to be there” (Maciek, aged 17, Brochów), “they always got some doe” (Bolo, aged 15, Now Sól); “without them I would feel like a homo” (Karol, aged 15, Gorzów); “you don’t get that boorish when they are around” (Wojtek, aged 17, Zielona Góra).

Those young people usually come from impoverished families in which both parents are either hired labourers, or they are receive disability benefit. It also happens that one of them is in prison or stays abroad. Usually these kids come from families with many children in which they lack the feeling of being valued, sometime they feel “unwanted” (Andżelika, aged 15, Wroclaw). Among the groups under study, narcotic drugs, mainly marijuana and amphetamine, were commonly used.

Generalized reflections concerning the use of drugs by the studied youth, lead to the conclusion that:

- such behaviour seems to be routine and constant by nature, typical of “normative” atmosphere of peer groups
- it is an element which no longer has any potential to ennoble anybody, to introduce “the user” into the world of some elite group of those who are already in it. It turns out that in the studied groups “everybody takes drugs” and in spite of that fact that “the everybody” refers to 70% of the respondents, this rate is very high and the opinion of the peers too

generalized. According to Jacek Kurzępa this happens for two reasons: very often they stay in groups in which actually everybody takes and they are too rarely or never in contact with those young people who are free of the problem. In the case of homeys, drugs are important as much as they can be used as a protection against one's own anxiety, fear, the feeling of being unable to come up to the peers' expectations. Apart from that, having among your friends a dealer, makes you more important as from a practical point of view you are more useful for the group. Drugs do not get any special treatment in those groups, they are not treated as some fetish, "they are simply here and that's it!" (Mirka, aged 17, Zielona Góra).

h. Ethnic minorities

According to the Act of Law of 6 January 2006 on national and ethnic minorities and the regional language a national minority is a group of Polish citizens who comply with the following criteria:

1) it is less numerous than the remaining citizens of the Republic of Poland;
2) it distinctly differs from the remaining citizens in terms of language, culture or tradition;
3) it intends to preserve its language, culture or tradition;
4) it is aware of its historical national heritage and it aims at expressing and protecting it;
5) its ancestors resided in the current territory of the Republic of Poland for at least 100 years;
6) it identifies with the nation organized in their own state (Journal of Laws "*Dz. U.*" no 17 item 141)

Under the Act an ethnic minority is a group of Polish citizens who meet the above criteria 1-5 and does not identify with the nation organized in their own state (e.g. Lemko minority)

The data on national minorities are collected and disseminated by the Central Statistical Office. The source of such data is the National Census of Population and Flats. The latest National Census was conducted in 2002.The respondents were asked the question: "What nationality do you consider yourself to be?". The question was answered by both Polish citizens and other nationals. For the purposes of the Central Statistical Office it was assumed that nationality is a "declarative" (based on subjective opinion) individual feature of every human being which expresses his or her emotional, cultural or genealogical (according to the parents' origin) attachment to a given nation. So all people who declare that they belong to a nationality other than Polish are considered members of nationality minorities (regardless of citizenship, so contrary to the Act of Law). 2.03% of the respondents did not answer the nationality question. 96.74% regarded their nationality as Polish and 1.23% of the respondents stated that they belonged to a nationality other than Polish. Out of those respondents who declared different nationality 94.30% hold Polish citizenship (the remaining respondents do not hold Polish citizenship). The largest group is German minority, then

come the Belarusian and Ukrainian groups. The most numerous ethnic minority is the Roma minority.

As the abovementioned data of the Central Statistical Office show Poland is actually nationally and ethnically homogenous. Due to its geographical location and history Poland is not a destination for immigrants from Eastern Europe, it is rather a transit country on the way to western states. The likely problem might be illegal border crossing and the very issue of national minorities does not pose a serious social problem in Poland. Members of national minorities who reside in Poland are fairly well-assimilated, for instance there are no residential areas inhabited by a single national minority. Therefore data processing (e.g. with reference to drug users) does not cover analyses in terms of nationality.

i. Party goers

In Poland there is a fairly limited number of analyses and studies on party goers. The most frequent analyses are of anthropological character and they consider the drug scene a cultural phenomenon. Other studies concentrate solely on analyzing a selected element of the scene e.g. only drug users. Such a study was fully described in chapter **13. Developments in drug use within recreational settings** of the National Report of 2006.

Currently there are no general studies into this drug scene that would fully estimate the scale and prevalence of psychoactive substance use in the whole group.

2. Drug use and problematic drug use among vulnerable groups (from special studies)

In Poland there are few studies conducted in the increased risk groups in terms of drug use. While analysing the phenomenon of drug use in the increased risk groups we are forced, through applying data of the general young population studies, to seek factors that are concomitant to drug use and try to identify them.

The aim of this analysis was to ascertain the influence of some factors on engaging in risky behaviour and drug use in particular.

The analysis below covered such factors as parental control of young people's leisure time, their family structure, the influence of siblings on using drugs and the unjustified absentia from school. The analysis was based on the latest 2007 ESPAD (old version of questionnaire use only for national analyzing) study results and a representative sample of third graders of upper primary schools (gimnazjum) and second graders of secondary school in Poland .

The first analyzed factor was the influence of the family structure on using dugs by young people (Table 57). Young people from two-parent families admitted to experimenting with drugs less frequently (lifetime prevalence rate) than their friends from one-parent families

(20% and 30% respectively in the younger group and 30% and 40% in the older group). The participants living with only one parent more often admitted to occasional drug use (last 12 months) and frequent use (last 30 days). The highest prevalence rates were recorded in the participants not living with any parent. In all the groups the most prevalent drug was marijuana.

Table 57. Drug prevalence according to family structure – results of 2007 ESPAD study, rates for third graders of upper primary schools.

Drugs	Two-parent family	One-parent family	No parents
Lifetime prevalence			
All drugs	19.9%	29.8%	**33.3%**
Marijuana	13.3%	21.5%	**26.8%**
Inhalants	7.5%	9.8%	**13.0%**
Amphetamine	3.3%	3.5%	**7.1%**
Last 12 months			
All drugs	12.1%	16.3%	**22.8%**
Marijuana	9.6%	13.1%	**21.8%**
Inhalants	3.1%	**4.6%**	3.8%
Amphetamine	1.7%	2.4%	**3.6%**
Last 30 days			
All drugs	7.3%	10.0%	**17.5%**
Marijuana	5.5%	6.8%	**17.9%**
Inhalants	1.9%	2.8%	**5.6%**
Amphetamine	0.8%	0.7%	**3.6%**

Source: NFP calculations

Table 58. Drug prevalence according to family structure – results of 2007 ESPAD study, rates for second graders of secondary schools.

Drugs	Two-parent family	One-parent family	No parents
Lifetime prevalence			
All drugs	29.3%	40.0%	**48.8%**
Marijuana	25.1%	35.5%	**35.7%**
Inhalants	6.3%	6.1%	**18.6%**
Amphetamine	6.5%	10.4%	**17.5%**
Last 12 months			
All drugs	18.1%	23.2%	**32.6%**
Marijuana	16.0%	19.7%	**27.5%**
Inhalants	2.0%	3.2%	**14.3%**
Amphetamine	3.7%	5.0%	**7.5%**
Last 30 days			
All drugs	10.4%	12.5%	**27.9%**
Marijuana	8.7%	10.6%	**22.5%**
Inhalants	0.9%	1.4%	**14.6%**
Amphetamine	1.5%	2.2%	**2.5%**

Source: NFP calculations

Parents' knowledge and control over their children's leisure activities seems to be an important factor that influences experimenting and using drugs in both age group. In the

group of 16-year-olds (Table 59) whose parents know where their children spend their free time 13% admitted to experimenting with drugs (lifetime prevalence rate) while in the group where parents do not exercise such strict control these rates reached 40% (sometimes they know) and 50% (usually they don't know). In the older group of participants the rates stood at 23% for the category "they always know", 44% for the category "the sometimes know" and 59% for the category "usually they don't know". In both age groups young people who declared a low level of parental control over their leisure time considerably more frequently experimented with marijuana, inhalants and amphetamine. This group a lot more often engaged in occasional (last 12 months) and frequent (last 30 days) drug use (Table 60).

Table 59. Drug prevalence and parental knowledge of young people's leisure activities on Saturday evenings - results of 2007 ESPAD study, rates for third graders of upper primary schools.

Drugs	Always know	Usually know	Sometimes know	Usually don't know
Lifetime prevalence				
All drugs	13.2%	26.0%	40.3%	**50.0%**
Marijuana	7.1%	19.7%	29.7%	**40.0%**
Inhalants	6.8%	7.4%	12.7%	**18.1%**
Amphetamine	1.3%	3.3%	10.6%	**13.7%**
Last 12 months				
All drugs	6.5%	16.8%	27.6%	**33.3%**
Marijuana	4.4%	14.0%	24.4%	**27.4%**
Inhalants	2.5%	3.6%	5.7%	**10.8%**
Amphetamine	0.6%	1.1%	6.9%	**8.4%**
Last 30 days				
All drugs	4.1%	8.3%	19.0%	**28.1%**
Marijuana	2.6%	6.6%	15.4%	**21.3%**
Inhalants	1.6%	2.3%	2.8%	**6.5%**
Amphetamine	0.4%	0.4%	2.8%	**5.3%**

Source: NFP calculations

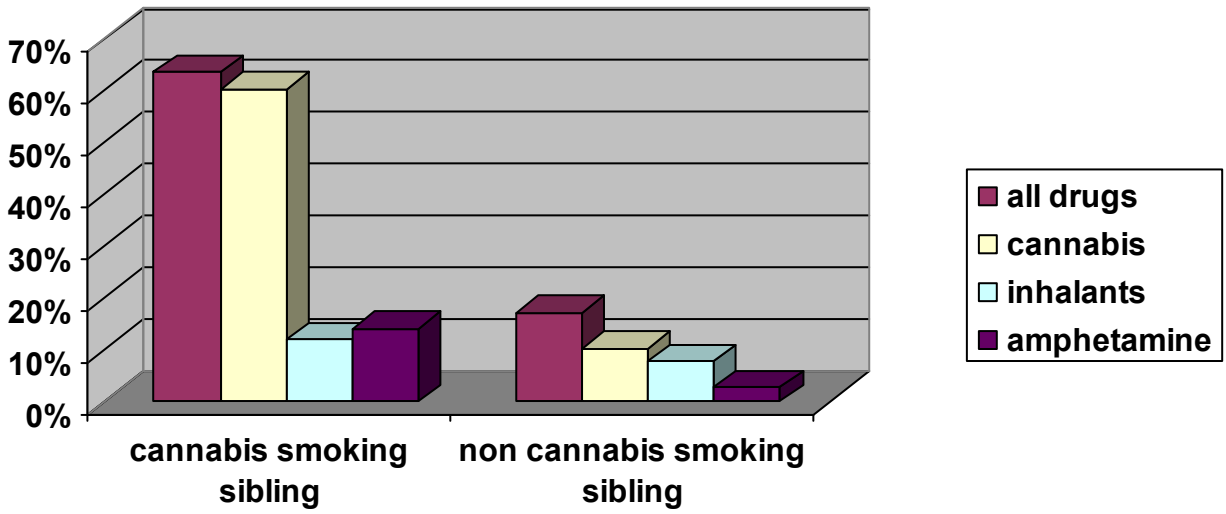
Table 60. Drug prevalence and parental knowledge of young people's leisure activities on Saturday evenings - results of 2007 ESPAD study, rates for second graders of secondary schools.

Drugs	Always know	Usually know	Sometimes know	Usually don't know
Lifetime prevalence				
All drugs	22.7%	36.7%	44.4%	**58.6%**
Marijuana	19.7%	30.9%	39.3%	**51.5%**
Inhalants	4.0%	7.8%	9.9%	**17.3%**
Amphetamine	4.5%	8.0%	12.9%	**24.7%**
Last 12 months				
All drugs	13.3%	21.2%	30.8%	**44.4%**
Marijuana	11.6%	18.9%	26.6%	**38.5%**
Inhalants	1.6%	2.1%	5.3%	**8.2%**
Amphetamine	2.4%	4.7%	6.2%	**16.5%**
Last 30 days				
All drugs	7.0%	11.9%	21.5%	**28.3%**
Marijuana	5.8%	9.9%	18.9%	**21.9%**
Inhalants	0.7%	1.1%	2.4%	**5.1%**
Amphetamine	1.2%	1.9%	2.4%	**6.2%**

Source: NFP calculations

Another factor which was analyzed was the impact of older sibling drug use on the drug use among students. The 15-16 year old students who knew that their older brother or sister were using drugs were more likely to use drugs themselves. From all students whose siblings were using cannabis around 64% admitted to drug use. By comparison from those whose siblings did not use drug around 17% had some experiences with drugs (see Fig. 35). The most prevalent drug in both groups were cannabis.

Fig 35. Life time prevalence of drug use among 15-16 year olds who declare that their siblings are and are not smoking cannabis.



Source: *NFP calculations*

The students whose sibling use drugs also have higher prevalence of recent drug use than the students whose siblings do not use drugs. From students whose siblings smoke cannabis almost 53% admitted to drag use in last 12 month, and 40% admitted to drug use in last 30 days. Again the most prevalent drug was cannabis (See table.>>>>).

Table 61. Drug use among 15-16 year olds who declare that their siblings are and are not smoking cannabis.

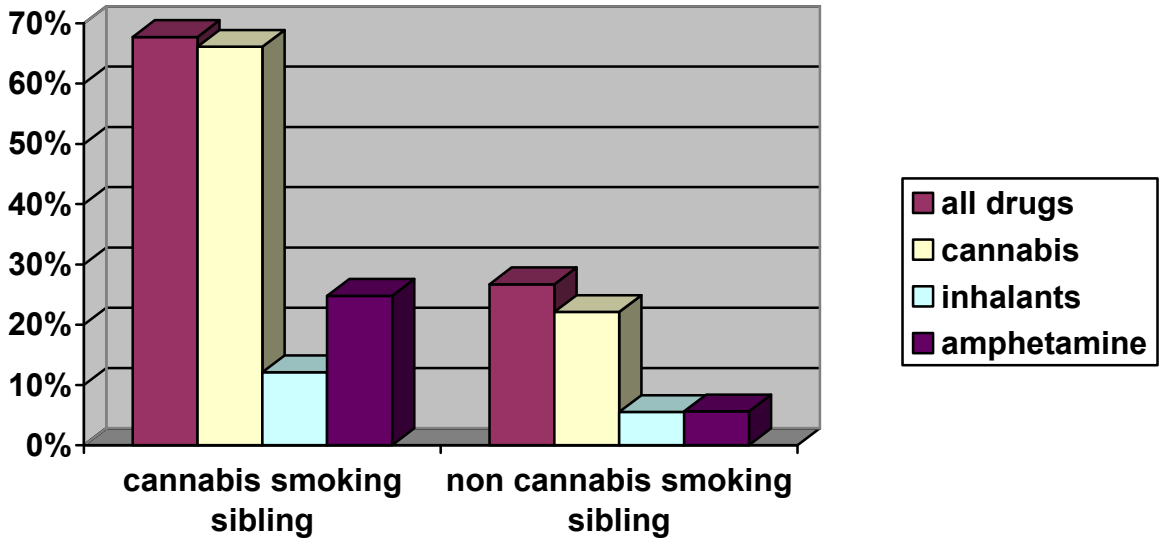
Drugs	Yes	No	Do not know	No older sibling
Lifetime prevalence				
All drugs	**63,6%**	17,1%	42,6%	21,0%
Cannabis	**60,2%**	10,2%	29,9%	14,6%
Inhalants	11,8%	7,6%	**13,1%**	7,8%
Amphetamine	**13,9%**	2,7%	8,0%	2,8%
Last 12 months				
All drugs	**52,7%**	9,0%	29,7%	11,9%
Cannabis	**49,1%**	6,5%	23,2%	9,8%
Inhalants	7,4%	2,9%	**8,5%**	3,1%
Amphetamine	**7,4%**	1,3%	4,0%	**7,4%**
Last 30 days				
All drugs	**40,0%**	5,1%	18,8%	7,1%
Cannabis	**35,8%**	3,3%	13,7%	5,4%
Inhalants	**7,4%**	1,4%	**7,4%**	1,8%
Amphetamine	**3,7%**	0,5%	2,0%	0,8%

Source: *NFP calculations*

The results of the analyses in older group of students seams to confirm the influence of the drug use of the older siblings on the drug use of students. 68% of students whose siblings were a cannabis smokers have been experimenting with drugs in their life. 66% of them tried

cannabis, 25% amphetamine. From group in which the siblings were not smoking cannabis 27 % admitted to drug use, 22 % tried cannabis and almost 6% tried amphetamine.

Fig 36. Life time prevalence of drug use among 17-18 year olds who declare that their siblings are and are not smoking cannabis.



Source: *NFP calculations*

In the older age group students whose sibling use drugs have higher prevalence of recent drug use than the students whose siblings do not use drugs. 56% of them have been using drugs in last 12 month and 35% in last 30 days. From the group of students whose siblings do not use drugs only 14% had used drugs in last year, and only 7,5 % in last month. The most prevalent drug is cannabis with amphetamine to follow. (see table 62)

Table 62. Drug use among 17-18 year olds who declare that their siblings are and are not smoking cannabis.

Drugs	Yes	No	Do not know	No older sibling
Lifetime prevalence				
All drugs	**67.7%**	26.7%	42.7%	32.6%
Cannabis	**66.1%**	22.1%	38.2%	28.3%
Inhalants	**12.1%**	5.5%	9.2%	7.2%
Amphetamine	**24.8%**	5.6%	10.9%	8.0%
Last 12 months				
All drugs	**55.6%**	13.7%	32.1%	21.2%
Cannabis	**51.2%**	11.4%	30.2%	18.6%
Inhalants	**7.4%**	1.9%	3.8%	2.3%
Amphetamine	**13.2%**	3.1%	6.2%	4.7%
Last 30 days				
All drugs	**34.7%**	7.5%	20.6%	11.8%
Cannabis	**30.8%**	5.6%	20.2%	9.9%
Inhalants	**3.3%**	1.0%	3.1%	1.0%
Amphetamine	**6.6%**	1.3%	1.6%	**6.6%**

Source: *NFP calculations*

The results of analyzes suggest that the drug use of sibling have an impact on drug use of students independent of age group or drug. The prevalence of drug use among students whose siblings are smoking cannabis is significantly bigger then in the group with a non smoking sibling.

Apart from factors directly related to family such as family structure, behaviour of siblings or parental control over children there is a group of factors that should be regarded not as a reason for engaging in risky behaviour but rather as a concomitant phenomenon e.g. absentia from school. The analyses show that school children who have not played truant in the last month have less often experimented with drugs. Out of the pupils who have not missed at least one day of school in the last month because of truancy 16% in the younger group (Table 63) and 20% in the older group (Table 64) have experimented with drugs. In the group of pupils who admitted to missing one or two days of school these rates stood at 28% in the younger group and 40% in the older group of the study participants. The highest drug prevalence rates were predominantly recorded in pupils who admitted to missing 3 or more days of school. 48% of such pupils admitted to experimenting with drugs in the younger group and 54% in the older group. The rates are similar in terms of occasional (last 12 months) and frequent (last 30 days) use.

Table 63. Drug prevalence and truancy levels - results of 2007 ESPAD study, rates for third graders of upper primary schools.

Drugs	No truancy	1-2 days of truancy	More than 3 days of truancy
Lifetime prevalence			
All drugs	15.8%	28.4%	48.3%
Marijuana	9.3%	21.5%	39.0%
Inhalants	7.1%	9.0%	12.7%
Amphetamine	1.9%	3.6%	14.3%
Last 12 months			
All drugs	8.4%	17.7%	36.0%
Marijuana	5.7%	15.4%	33.2%
Inhalants	2.6%	4.0%	7.3%
Amphetamine	1.1%	1.6%	8.2%
Last 30 days			
All drugs	5.0%	9.8%	27.1%
Marijuana	3.2%	7.8%	23.1%
Inhalants	1.7%	2.2%	6.7%
Amphetamine	.4%	.7%	5.6%

Source: NFP calculations

Table 64. Drug prevalence and truancy levels - results of 2007 ESPAD study, rates for second graders of secondary schools.

Drugs	No truancy	1-2 days of truancy	More than 3 days of truancy
Lifetime prevalence			
All drugs	19.7%	39.9%	54.2%
Marijuana	15.2%	35.0%	50.0%
Inhalants	5.2%	7.5%	11.1%
Amphetamine	3.6%	9.5%	17.5%
Last 12 months			
All drugs	10.6%	24.1%	39.3%
Marijuana	8.7%	20.8%	36.6%
Inhalants	1.6%	2.8%	5.7%
Amphetamine	1.9%	4.8%	10.8%
Last 30 days			
All drugs	6.5%	13.2%	24.3%
Marijuana	5.2%	10.5%	22.0%
Inhalants	.5%	1.7%	3.6%
Amphetamine	.9%	2.3%	4.1%

Source: NFP calculations

The results of these analyses should be approached with care due to the fact that the distribution of features such as limited knowledge of children's ways of spending free time, using drugs by siblings, truancy etc. is far lower than in people who do not hold such features. Additionally the analysis covers only a segment of drug using population. As a result we perform calculations on relatively small populations and therefore the results are not stable and fully credible. With particular care one must approach the results concerning frequent use (last 30 days).

The structure of drug use in the analysed groups of increased risk does not really differ from the general population. The most prevalent drug is definitely marijuana. However, the groups under study are characteristic of higher prevalence rates, with reference to lifetime, occasional and frequent prevalence. Moreover, based on theses analyses one cannot indisputably ascertain interdependence indicative of higher influence of such factors as parental control of young people's leisure activities, their family structure, their siblings' influence on the fact of using drugs and the number of unjustified missed days of school on the higher prevalence of using a given substance in particular.

3. Vulnerable groups among the treated population

Drug treatment system dose not have any special offer for vulnerable groups. The only group for which data are regularly collected is young users entering residential drug treatment. There is no information whether they come from vulnerable groups. Table 65 shows the age

structure of persons aged under 19. The data show that the percentage of patients at this age is decreasing. In 2005 18.2% of users who reported to treatment were 19 and younger. The chapter devoted to drug treatment in the main part of the report discusses drug treatment services for minors.

Table 65. Patients admitted to residential treatment in 1997-2005 due to mental and behavioural disorders related to substance use (ICD X: F11-F16, F18, F19) aged 19 and younger – percentage of the overall number of patients.

Age	1997	1998	1999	2000	2001	2002	2003	2004	2005
under 15	3.6	3.6	3.6	2.9	2.8	2.3	2.6	2.4	1.9
16-19	15.2	18.6	15.2	24.2	24.9	23.7	19.8	17.2	16.3

Source: Sierosławski 2007

4. Correlates and consequences of substance use among vulnerable groups

Data on correlates and consequences of substance use among vulnerable groups are not systematically collected. Nor have any studies or analyses into these groups been conducted. The available data have been discussed in other parts of the charter e.g. youth in families with drug and alcohol use.

In the case of drug-related deaths 9 in 290 that took place in 2005 concerned persons under 18. in 2004 this number was also low – 7 fatal drug poisonings in minors were recorded.

RESPONSES TO DRUG PROBLEMS AMONG VULNERABLE GROUPS

1. Policy and legal development

In the Polish law there is no definition of vulnerable groups. Consequently, no programmes have been developed to address the needs of such groups. In 2003 the Ministry of Internal Affairs and Administration designed the National Prevention Programme for Social Maladjustment and Crime in Children and Youth 2003-2007. The programme aims at:

1. Stopping growth rate of social maladjustment and crime in children and youth;
2. Eliminating and reducing drastic cases of social maladjustment, particularly those threatening health and life of children and youth and those that cause long-term negative effects.

Under the above programme measures were taken to limit social maladjustment and crime in children and youth. The measures did not address exclusively vulnerable groups but also

general population. However, some activities address children and youth of risk groups and those with disrupted socialization. The prevention programmes feature regular and simultaneous activities in the fields of health, upbringing, education, culture, civic duty as well as economic, investment, legal and public order solutions.

The programme provides only the framework and courses of action to be taken by ministries, local governments, non-governmental organizations and other non-public entities or under original and local initiatives that respond to the needs of social prevention. The programme objectives are met through:

1. Developing a lasting model and grounds for systemic actions necessary to:
   - solve problems of social maladjustment and crime in children and youth on a central level (*government)*, local and community levels (*housing estate, backyard, school etc.)*,
   - coordinate interagency and community cooperation;
   - control and supervise the implementation of the programme.

2. Implementing module programmes as integral part of the National Prevention Programme for Social Maladjustment and Crime in Children and Youth:
   - Conduct procedures for teachers and methods of cooperation with the Police, other services and non-governmental organizations in protecting children and youth against crime and demoralization, especially drugs addiction, alcoholism and prostitution,
   - Development of system of methodological assistance for staff working with youth in danger of maladjustment, especially in terms of family crisis intervention,
   - Development of alternative probation for youth in social rehabilitation and detention centres.

3. Determining ultimate needs in terms of financial and organizational resources as grounds for the programme.

4. Promoting recommended prevention programmes.

More than a dozen ministries and central institutions, local governments and non-governmental organizations are involved in the implementation of the programme.

Other programmes in process such as the National Programme for Counteracting Drug Addiction 2005-2010 also address vulnerable groups; however, they are not the main target group of the programme activities.

2. Prevention and Treatment

a. Specific treatment options for vulnerable groups

In Poland no special treatment offer is provided for vulnerable groups. Therefore young drug users of vulnerable groups enter drug treatment within regular residential or ambulatory system e.g. in drug rehabilitation clinics for minors or addiction counselling centres.

b. Institutional responses (e.g. detention centres, remand homes, etc.)

In compliance with the regulation of the Minister of Health of 20 April 2005 (Journal of Laws No 79, item 692) on specific rules concerning sending, admitting, moving, releasing and keeping minors in public health care units the court shall refer minors to public addiction treatment facilities with heightened security or to other public health care units providing medical care for mentally disabled people, people suffering from mental diseases or from other mental disorders including addiction to alcohol or other psychoactive substances. In the aforementioned regulation the Minister of Health points to 1 facility with heightened security, 6 public inpatient units providing treatment for minors addicted to psychoactive substances, whereas the remaining 20 facilities admitting addicted minors are non-public units run by nongovernmental or church organizations.

As shown by the statistics of the Ministry of Justice, Family Proceedings Courts in a situation when there is very limited availability of treatment facilities with heightened security are very unwilling to use therapeutic means towards minors using drugs by sending them to impatient units. In 2004 such a case was not registered, in 2005 - 5. Young people with a drug problem are more often referred to outpatient treatment – 35 in 2004 and 44 in 2005. Most often, however, courts use warrants to be executed by establishing wardship that oblige young people to stop using psychoactive substances: 97 rulings in 2004 and 103 in 2005.

The regulation of the Minister of Justice of 18 October 1999 provides detailed conditions and course of treatment, rehabilitation and readaptation as regards the addicted sent to detention centres or remand homes (Journal of Laws, No 88, unit 991) i.e. people who breached the law and are under 21. Rehabilitation-therapeutic detention centres are the facilities where such people can undergo treatment. However, treatment in those units does not include detoxification, substitution treatment and course of action requiring treatment in an inpatient health care unit. Rehabilitation-therapeutic facilities provide minor addicts with help and care that suit their individual needs. They also provide them with school education. In Poland there is one rehabilitation-therapeutic facility, directed at treating boys addicted to narcotics and psychotropic drugs and to boys infected with HIV. It has 48 places. In 2005 there were 56 people undergoing treatment there, in 2006 - 43. There were 9 varied therapeutic groups

organized in the facility. The introductory group aimed at motivating the participation in selected therapeutic groups. Rehabilitation groups were conducted mainly on the basis of therapeutic community method; the programme included, inter alia, the development of social skills.

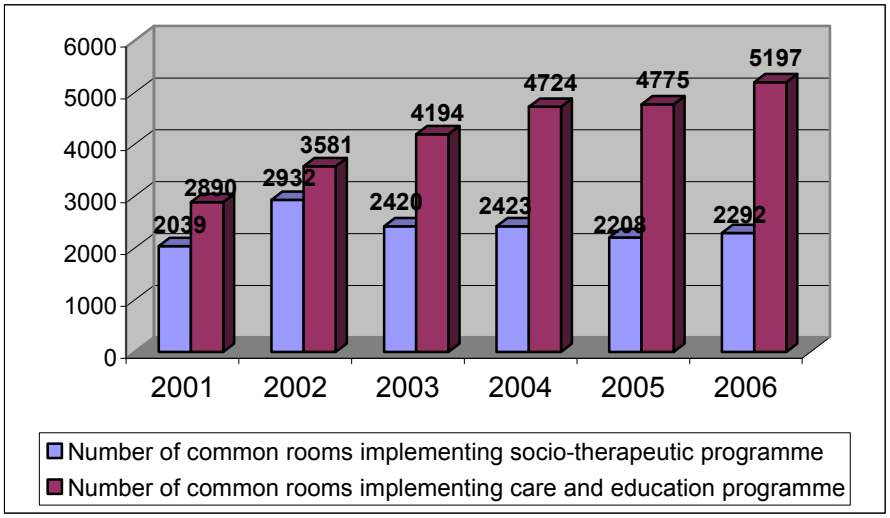
In 2006 Prison Service facilities provided 6-month “drug-free” structuralized drug addiction therapeutic programmes with a broadened spectrum of rehabilitation aims (abstinence and prevention of relapse into crime). The implemented programmes were based on a model of psychosocial interactions and the theory of social learning. They also included elements of the Minnesota Model, therapeutic society and cognitive-behavioural interactions.

The activities were implemented in 13 therapeutic wards of penitentiary facilities. The therapeutic wards could offer 481 places, which enabled the inclusion of 1,372 inmates into the programmes, which was 3.5% more than in 2005. The percentage of inmates discharged from therapeutic wards before finishing the therapy decreased (2006 – 17.3%, 2005 – 21%). The waiting period for admission to a therapeutic ward in 2006 was prolonged even further in comparison to previous years and was 13.6 months (2005 – 13 months). Unfortunately, we are not in possession of data concerning the age of inmates to whom the abovementioned statistics refer.

Welfare system for children from families with alcohol problem

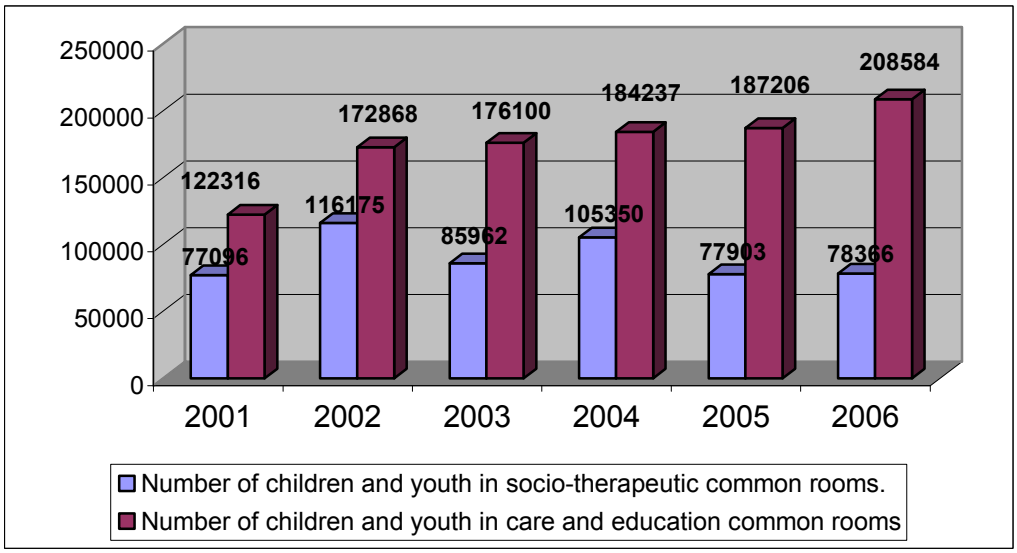
Welfare system for children that are brought up in families with problem of alcohol abuse or alcohol addiction is based mainly on undertaking various forms of legal and social interventions directed at restraining domestic violence and creating basic conditions for secure development. Apart from that, sociotherapeutic assistance programmes aimed directly at children are implemented. This course of action was the idea behind developing a system of sociotherapeutic common rooms in Poland. They are supported by common rooms that are already in use which implement care and education programme supporting child development by fostering their interests and creative alternative ways of spending leisure time. On the basis of data provided by State Agency for Prevention of Alcohol Related Problems (PARPA) it is estimated that 2932 sociotherapeutic common rooms were functioning in 2002 in Poland. There is visible decrease in the number of such facilities by about 22% between 2002 and 2006. At the same time, almost twofold increase in the number of common rooms conducting care and education programme has been noted, from 2,890 in 2001 to 5,197 in 2006.

Fig. 37. Number of socio-therapeutic and care and education common rooms in Poland in 2001-2006.



Source: PARPA

Fig. 38. Number of children and youth attending classes taking place in socio-therapeutic and care and education common rooms in 2001-2006.



Source: PARPA

The number of children and youth covered by programmes of sociotherapeutic common rooms fluctuated over the years 2001-2006. In 2006 the number of children and youth who participated in classes in sociotherapeutic common rooms amounted to 78,366, a little more than in 2005 (77,903). The highest number of children and youth received assistance from this type of common rooms in 2002 (116,175). However, we can observe systematic increase in the number of children and youth using care and education common rooms. From 2001 to 2006 there was an increase by 40% in the number of children and youth who received assistance, 122,316 and 208,584 respectively.

Fig. 66 Share of children and youth from families with alcohol problem among all the participants of classes in sociotherapeutic common rooms over the years 2003-2006.

	2003	2004	2005	2006
Number of children and youth in sociotherapeutic common rooms	85,962	105,350	77,903	78,366
Number of children and youth from alcoholic families alone	49,810	50,380	45,586	51,437

Source: PARPA

On the basis of collected data it can be concluded that the number of children and youth form families with alcohol problem constitutes on average a little more than half of all those who receive assistance from sociotherapeutic common rooms. However, what is important is the fact that over the years 2003-2006 it was in 2006 when the highest percentage of wards from alcoholic families was noted – 66%. Just for comparison, in 2003 it amounted to 58%, 2004 – 48%, and in 2005 – 58%.

Fig. 67. Share of children and youth from families with alcohol problem among all the participants of classes in care and education common rooms over the years 2003-2006.

	2003	2004	2005	2006
Number of children and youth in care and education common rooms	176,100	184,237	187,206	208,584
Number of children and youth from alcoholic families alone	66,784	77,323	85,669	80,277

Source: PARPA

Over the years 2003-2006 the average share of children and youth from families with alcohol problem among all the participants of classes in care and education common rooms was about 40%. It steadily increased from 2003 to 2005 amounting to 38% in 2003, 42% in 2004 and 46% in 2005. In comparison to 2005, in 2006 there was a slight decrease when the figure stood at 38%.

Children from families with alcohol problem are also sent to custodial-education facilities (children's homes, emergency care centres, etc). The majority of them are children of parents who are unable to (sometimes do not want to) look after them. Among many reasons why a family ceases to fulfil its basic functions, the leading one seems to be the alcoholism of one of the parents or both of them. It is estimated that almost 90% of children in the population of those staying at custodial-educational facilities are children of alcoholics.

At the end of 2002 in Poland there were 380 socializing institutions such as children's homes and small children's homes. Those facilities covered 21,021 youth and children with their assistance. 7,383 persons stayed in 63 crisis intervention facilities (emergency care centres). 1,590 children stayed in 197 family facilities (children's villages, foster homes). The number

of youth staying in juvenile educational centres which aim at rehabilitation amounted to 3449. There were 47 such rehabilitation facilities operating in 2002.

Welfare system for children should be inseparably connected with work on re-establishing broken family bonds. Thus it is recommended to undertake long-term cooperation with the family of a child staying in a custodial-educational facility. In 2000 State Agency for Prevention of Alcohol Related Problems started implementing a project aimed at improving the methods of psychosocial assistance for children from families with alcohol problem staying in custodial-educational centres.

An important aspect of work with children form alcoholic families is also creating Al-Ateen support groups. These are groups based on voluntary and anonymous participation of children and youth which operate using 12 steps programme developed by worldwide Alcoholics Anonymous movement which was adopted to meet the needs of young people.

c. Responses in the area of social inclusion

In Poland the register of children and youth from pathological environment as a separate category of people is not kept. What is only available are statistics of the Ministry of Labour and Social Policy regarding number of families and number of people in families that were provided with social assistance because of health problems, poverty, alcoholism or drug addiction. They can demonstrate the scale of the problem but they do not present the whole picture of the phenomenon as not every family which is dysfunctional, or endangered by social exclusion for other reasons, uses social assistance. It also has to be noted that situations in which a family which meets the requirements of receiving social assistance, applies for it and is denied it are extremely rare.

Fig. 68. Number of families which received social services in 2006 and their percentage in comparison to all the families that received social assistance for reasons provided for in the act with breakdown regarding the reason for granting assistance.

Reason for granting assistance	2006		
	Number of families	% in relation to all the families that were granted assistance	Number of people in families
Homelessness	28,397	1.8	35,381
Need for maternity protection	79,613	5.0	385,571
Unemployment	784,765	49	2,587,939
Disability	409,788	25.5	1,031,096
Long-term or severe illness	355,667	22.2	941,767

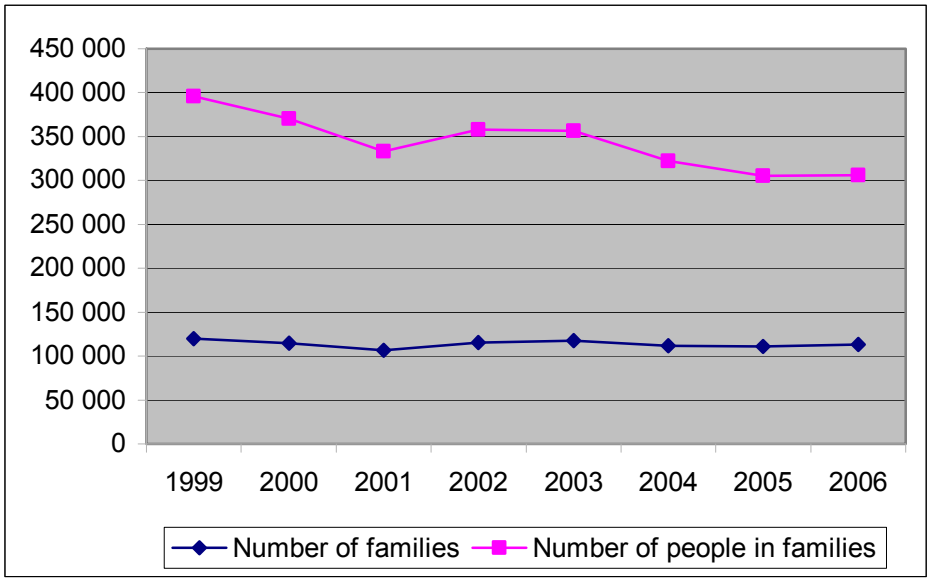
Poverty	934,446	58	2,968,067
Helplessness regarding custodial-educational matters and running a household	332,181	20.7	1,364,251
Domestic violence	19,652	1.2	72,159
Orphanage	9,165	0.6	24,603
Alcoholism	113,378	7.0	306,204
Drug addiction	3,841	0.2	8,405

Source: Ministry of Labour and Social Policy

As evidenced by the above presented figures, the number of families which were given assistance because of drug addiction is the lowest of all categories. The most numerous category is constituted by families which received assistance because of poverty or unemployment. The figures also present the number of family members who were encompassed by the assistance in relation to the provision of a service.

As shown by the information of the Ministry of Labour and Social Policy, since 1999 the number of people covered by social assistance services granted because of alcoholism decreased. In 2006 there was minimal increase in comparison to 2005, 306,204 and 305,534 people in families respectively. Simultaneously, the number of families receiving assistance remained at a stable level.

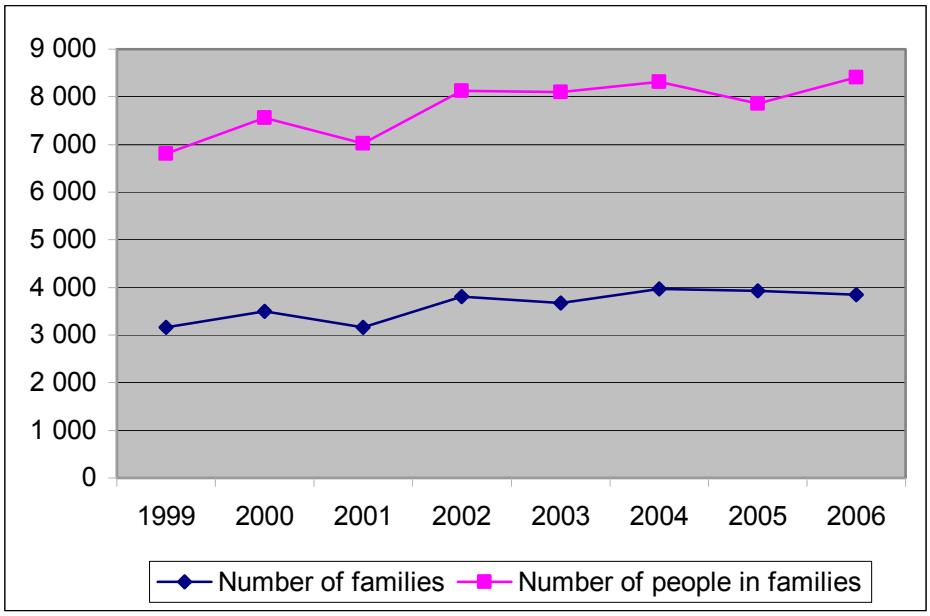
Fig. 39. Number of families and number of people in families receiving social assistance services because of alcoholism in years 1999-2006.



Source: Ministry of Labour and Social Policy

Since 2006 there has been an increase in the number of families receiving social assistance that was granted because of drug addiction. We can observe a slight increase in the number of people in families covered by social services in 2006 (8,405) in comparison to 2005 (7,856).

Fig. 40. Number of families and number of people in families receiving social assistance services because of drug addiction in years 1999-2006



Source: Ministry of Labour and Social Policy

Postrehabilitation

Over the years 2002-2005 there was a twofold increase in the number of organizations implementing activities in the field of postrehabilitation of the addicted subsidized by the National Bureau. In 2002 the abovementioned tasks were conducted by 12 bodies, and in 2005 the figure rose to 24. Postrehabilitation was carried out using both inpatient (hostels, readaptation flats) and outpatient (counselling centres, consultation points) services. 14 hostels were co-financed in 2002 whereas in 2005 the number was 21. The majority of hostels and flats occupants were in work and some of them went to school and worked at the same time.

In 2005 the National Bureau commissioned outpatient postrehabilitation programmes implemented in 65 facilities all over the country. The subsidies went to programmes that went beyond the basic standards of work of a given outpatient facility that offered an opportunity of individual development to people finishing therapy and maintaining abstinence.

Report on the implementation of the National Programme for Counteracting Drug Addiction in 2005 informs that during the execution of the National Programme there was an increase in

the involvement of local authorities in the development of postrehabilitation programmes and social readaptation facilities.

The list below shows data regarding social reintegration programmes co-financed by provincial self-government in 20067 (Fig. 69).

Fig. 69. Data regarding social reintegration programmes co-financed by provincial self-government in 2006

1	Number of social reintegration programmes for drug addicts	16
2	Number of people covered by social reintegration programmes	2140
3	Number of nongovernmental organizations working for the benefit of social reintegration of people addicted to drugs	37
4	Number of outpatient reintegration programmes for people addicted to drugs	22
5	Number of hostels which provide housing for people addicted to drugs (after treatment)	3
6	Number of adaptation flats in which there live people addicted to drugs (after treatment)	6

Source: Ministry of Health

A different form of help for people endangered by social exclusion is social employment, conducted by Social Integration Centres (CIS) which operate on the basis of provisions of the act on social employment of 13 June 2003. The following people can be employed in the Centres: homeless, mentally disabled, releases from penitentiary facilities, refugees, addicted to alcohol or drugs.

In order to be liable for social employment, addicts must beforehand complete psychotherapy programme in a rehabilitation facility or a therapeutic programme in a health care unit. The participation in classes at the Centre lasts 11 months and it can be prolonged by another 6 months. According to the data of the Ministry of Labour and Social Policy, addicts make up 0.7% of all those employed in CIS.

d. Selective prevention for families at risk

In the years 2002-2005 standards for prevention programmes at schools and standards for implementation of activities in the field of prevention organized by nongovernmental organizations were developed. In the framework of new strategies implementation, in the field of out-of-school prevention there were implemented selective prevention programmes

7 Not all of the Marshal's Offices submitted detailed information concerning the issues presented in the figure. Some of the self-governments reported only the amount they allocated to activities without specifying categories listed in the table. For this reason, it can be assumed that in reality some of the figures were actually higher. The number of recipients of the social reintegration programmes was submitted by 6 out of 8 Marshal's Offices financing this activity. One Marshal's Office reported that it implemented postrehabilitation programme without incurring any costs.

addressed to people especially endangered by drug addiction and social exclusion. New methods of reaching target groups by means of new media and new information technology (the Internet) started to be introduced, as well as methods of community work.
In the framework of the National Programme implementation in 2005, the National Bureau cooperated with nongovernmental organizations from all over Poland commissioning the execution of programmes: prevention ones aimed at drug endangered children and youth, experimenting with drugs and their parents; programme for youth leaders and prevention programmes conducted in entertainment venues: clubs and discotheques. In total the Bureau co-financed the implementation of 75 programmes – an increase of 5.3% in comparison to 2004.
Psychological assistance programmes for drug endangered people, people experimenting with drugs and their families as well as peer health education programmes which were commissioned by the National Bureau covered 6,533 children and youth as well as 3,643 adults.

The National Programme for Counteracting Drug Addiction 2006-2010 in the scope of prevention addressed to various target groups, especially drug endangered children and youth assumes supporting in the first place initiatives that are innovative. In the framework of this activity in 2006 the National Bureau for Drug Prevention commissioned nongovernmental organizations to implement 93 psychological assistance programmes for drug endangered people, people experimenting with drugs and their families. The aims of the programmes included limiting the effects of children and youth being brought in unfavourable family and peer environment, formulating adequate normative beliefs concerning drugs, etc.
According to the report of the implementation of the National Programme in 2006, indicative prevention programmes for drug endangered people were also conducted in juvenile rehabilitation facilities, e.g. at a detention centre in Poznań secondary prevention programme was implemented including e.g. sociotherapeutic workshops and educational classes about addiction. In a detention centre in Studzieniec drug-addicted wards participated in individual classes with a psychologist. The main area of work was motivating them to start treatment in specialist addiction therapy facilities, supporting abstinence and training of refusing to use drugs.
Apart from that, prevention programmes were conducted in school classes at detention centres as well as among groups staying in dormitory which took place in the framework of periodical educational classes. The activities encompassed parents, wards and staff of the facilities.
Addiction prevention programmes that supplement therapeutic offer of the prison service are conducted in penitentiary facilities also outside therapeutic wards. Prevention programmes

are greatly diversified and include from a few to a few dozens hours of classes. They are implemented by both prison service employees as well as people from outside prison penitentiary system who are enabled to enter premises of prisons. The number of prevention programmes has been increasing dynamically in recent years. 2006 saw the implementation of 286 such programmes which encompassed 10,083 inmates.

13. Drug-related research in Europe *prepared by Michał Kidawa, Marta Struzik*

13.1. Research structures

13.1.1. Drug-related research in national policy.

Research and monitoring constitute one of 5 main areas of activity presented in the National Programme for Counteracting Drug Addiction 2006-2010. The main objective in this area is information support of the National Programme implementation. The National Programme gives courses of actions that constitute minimum requirements in this field. The courses are divided into actions. For each action there are named bodies responsible for its implementation. The area 5 is divided into three courses of actions: 1) Epidemiological monitoring of drugs and drug addiction in Poland against Europe, 2) Monitoring public reactions to drugs and drug addiction, including evaluation of National Programme for Counteracting Drug Addiction and 3) Developing and consolidating information system on drugs and drug addiction. What follows is the description of the first two courses of actions as they deal directly with research, and not exclusively with monitoring, which is the case in the third course.

In the framework of the first course of the National Programme, several areas of research were scheduled for implementation. The first one are general population and school youth population surveys, which aim at providing characteristics of drug prevalence and its dynamics. The second one are qualitative studies which are aimed to provide overview of drug use patterns and problems related to them as well as to identify social exclusion factors related to drug use. The third one are cohort studies of drug users which aim on the one hand aim to monitor the scale of mortality and on the other to monitor risk factors for deaths among drug users. The fourth one are cross-sectional studies of HIV and HCV infection in injecting drug users which aim to estimate the prevalence of HIV and HCV among members of this group and to identify risk factors of HIV and HCV infection. The catalogue of research areas scheduled for implementation by the National Programme also includes estimating number of problem drug users.

Apart from that, in the National Programme there is also a regulation which obliges selected bodies to initiate and support scientific research in the field of drug demand reduction which contribute to a better understanding of the phenomenon.

The other course of action of the National Programme directly related to research and as such requiring presentation is monitoring public reactions to drugs and drug addiction. In the framework of this course of action there are general population and school youth population surveys scheduled for implementation which aim at presenting overview of trends in the scope of attitudes towards drugs, towards drug addiction and drug addicts and towards anti-drug policies.

Another research area scheduled for implementation by the National Programme are qualitative studies which are aimed at evaluation of outreach system for drug users and in-depth evaluation of social attitudes towards drug users. Apart from that, within research on public reactions to drugs and drug addiction, the following scopes are also indicated: monitoring the press and estimating the cost of the drug problem. It is planned to conduct evaluation of the National Programme in the scope of the abovementioned course. The evaluation will take place in 2 stages. The first one is scheduled for 2008 (i.e. half-way through the implementation of the programme) and the second one for 2011 (i.e. once the implementation has been completed).

Apart from courses of actions and specific activities, the National Programme indicates responsible bodies and years in which the activities should be implemented. Bodies responsible in the scope of research are both implementers (e.g. Institute of Psychiatry and Neurology - IPN or National Institute of Hygiene) as well as units responsible for financing them (such as e.g. National Bureau for Drug Prevention).

Summing up this issue it has to be noted that the National Programme lays great emphasis on conducting research in the scope of public health and social studies. Biomedical research is not such a high-profile field. However, in the Programme there is an above-mentioned regulation which obliges bodies to initiate and support scientific research. It does not indicate a field of study thus it may be a source of financing any field of research. In practice, biomedical research is rarely financed by the budget approved for the implementation of the National Programme. Such research is usually carried out in the framework of statutory activities of institutions like e.g. IPN or thanks to international grants.

However, researchers into the phenomenon of drug addiction face several major problems and limitations. The first is ever-changing legal regulations determining the ways of collecting information and producing statistics (e.g. a transition from 9^{th} to 10^{th} revision IDC-10). This results in lack of data continuity and prevents the observation of long-term trends. Another problem which a researcher has to face is a growing emphasis laid on protection of personal information, especially in the case of the addicted. This makes it more difficult e.g. to follow contacts of people with a number of institutions or to carry out longitude research in the case of which after some period of time you have to go back to the researched community. Research into drug addiction comes across one more problem, namely the quality of source data that is hard to evaluate. For their analyses researchers very often have to use data whose quality they cannot influence in any way; they very often even do not know how the data is collected. Another major limitation of the research is the question of cross-sectional studies. The competence of institutions commissioning a study is limited to a certain defined scope in which case a problem arises concerning the financing of research

that covers various scopes and fields and approaches the phenomena that emerge in a wider, more comprehensive and interdisciplinary way.

Generally, the most important and the greatest factor limiting the research into drug use is lack of finance. In Poland there are only a few sources financing it and relatively low number of institutions or organizations has grants for this type of research. However, in the last few years there has been some improvement in this field. Apart from National Focal Point in 2006 foundations were laid for the Polish Society for Research on Addictions whose mission is to initiate and conduct scientific research on problems related to addictions, including interdisciplinary studies. The mission of the society will be presented in detail in the chapter: **Main national structures for drug-related research.**

13.1.2. Relationship research – policy.

In the last few years scientific research has had an increasing influence on the drug policy which has been implemented. It is related to so called “evidence base policy”, which is a widely promoted and increasingly required approach towards implementing the policy. Polish accession to UE in a way enforced such an attitude. At present in our opinion the influence of research on policy in Poland is quite big, though from the researcher’s point of view it is still not big enough. The increasing importance of research for implementing the policy may be evidenced by the fact that one of the key 5 areas in the National Programme which is presented in detail above is the area of Research and Monitoring.

Research plays various roles in the implementation of rational antidrug policy. It is mainly used to evaluate activities undertaken in the scope of the National Programme. Results of research carried out during the implementation of the National programme 2000-2005 were used for performing scientific evaluation and evaluators’ recommendations were widely used when developing the new Programme.

The results of research e.g. on the efficiency of various prevention and treatment programmes are also used for formulating drug policy. Institutions financing the implementation of such activities start to lay increasing emphasis on the efficiency of those programmes, and especially on cost efficiency.

As can be concluded from the examples given, the process of implementing a policy on the basis of research results and analysis is developing. However, the influence of research on the policy is still insufficient. There is a lack of e.g. institutionalised mechanisms determining ways of undertaking and planning activities on the basis of scientific background as well as there are no legally or organizationally regulated rules of cooperation between researchers and policy-makers. It has to be assumed that the researchers’ involvement in

providing conclusions for formulating rational policy will be rising in Poland in the upcoming years.

13.1.3. Main national structures for drug-related research.

In Poland the commissioning, financing or conducting scientific activity is done by particular institutions within the scope of government administration, institutes and research centres, public opinion research agencies and associations. This is so because in polish legal and administrational system there is no one body or institution which would be statutorily obliged to coordinate the implementation of scientific research into the drug problem. Thus there is no one common register which would administer the available research projects in the scope of drugs and drug addiction. Coordinating the implementation of the National Programme in the area of research and monitoring is carried out by the National Focal Point by the National Bureau for Drug Prevention.

The courses of scientific research are defined by the National Programme for Counteracting Drug Addiction 2006-2010, which has been presented in detail in the chapter

Drug-related research in national policy.

The Polish Society for Research on Addictions has been set up in Poland as a result of initiatives recently undertaken independently of public administration. At present its status is being formulated. The association is comprised of researchers interested in or implementing research into addictions. The aim of the Society's existence is: to promote, inititate, support and conduct interdisciplinary scientific research into the addictions-related problems and to support and promote national and international cooperation in this field.

The Society's tasks will also include spreading and sharing knowledge related to the problems of addictions by means of public lectures, publications and training sessions as well as holding competitions and financing studies on selected research issues. Apart from that, the Society's tasks will include cooperation with state government, local authorities and with other institutions and organizations in the scope of scientific research, education, application and development of scientific thinking related to the problems of addictions; cooperating, exchanging experience and maintaining relations with other scientific associations, social and professional, with a similar profile of activity both home and abroad; conducting publishing activity and cooperating in this field with other publishing houses as well as managing a library. The added value of Society's existence might be the integration of scientific community and thus possibility to coordinate activities in the area of research on addiction (including the drug problem.)

At present the National Bureau for Drug Prevention by the Ministry of Health remains the main body commissioning and financing the implementation of research in the field of drugs and drug addiction. The National Bureau has its own budget which is allocated by the Ministry of Health. The National Bureau allocates resources to institutions and other research bodies to conduct the commissioned tasks e.g. in the scope of competitions for research that are held by the Bureau.

Another source of financing research projects is the Scientific Research Committee chaired by the minister competent in the matters of science. SRN offers a possibility to gain funds for scientific research. The Committee is an organ of state government administration for science and technology national policies which allocates financial resources to particular scientific units on the basis of conclusions reached by appropriate teams of the Committee.

Numerous research projects are conducted on the basis of grants awarded by the Ministry of Science and Higher Education as well as by international programmes.

Scientific activity in the field of drugs and drug addiction in the scope of statutory activities is conducted by the Institute of Psychiatry and Neurology. The Institute is a scientific centre specialising in developing new treatment and rehabilitation methods of mental and neurological disorders and therefore it also has its own resources to implement research projects. Prioritised courses of research into the addictions deal with epidemiology, psychosocial conditioning, neurobiological mechanisms and new methods of therapy. IPN also conducts project in cooperation with other research centres from all over Poland. Apart from research carried out in the scope of its statutory activities, the institution also conducts research financed by international grants and research commissioned by the NBDP.

National Institute of Hygiene offers and carries out diagnostic and prevention research activities and services for health care, especially in the field of designing, organizing and conducting research as well as formulating scientific basis for activities in the area of epidemiology, medical statistics, bacteriology, virology, and immunopathology. Through the abovementioned activities it carries out research in the scope infectious diseases related to drug use, especially using them intravenously. NIH also conducts research financed by international grants and research commissioned by NBDP.

Some of the research projects are also carried out by NFP. However, the scope of this research is limited. It is usually financed by its parent organization, namely the National Bureau for Drug Prevention.

The implementation of research commissioned in the field of drug addiction is also conducted by research agencies functioning on the Polish market, especially Social Research Agency PBS DGA, Public Opinion Research Centre and TNS OBOP.

13.2. Main recent studies and publications

13.2.1. Main recent studies since 2000

13.2.1.1. Subject of the study: Psychoactive substances. Attitudes and behaviours. Nationwide survey conducted in 2006.

Research institution: National Bureau for Drug Prevention, Warsaw 2006
Author: Janusz Sierosławski

Financing: research project financed by the National Bureau for Drug Prevention (amount: PLN 155 428).

Abstract:

Using psychoactive substances other than alcohol and tobacco has been the subject of numerous studies both local and nationwide since the first half of the 1990's. However, the studies were usually limited to the school youth population. Lack of studies carried out among adults was caused by the conviction that older generation shows very little interest in those substances. Both qualitative studies as well as everyday observation of social life unequivocally revealed lack of acceptance of drugs among adult population. A change of the situation was expected at the beginning of new millennium. This was supposed to be brought about by at least two causes: coming into adulthood by young people whose teenage years overlapped with the beginning of the previous decade and changing the attitude among young adults towards some drugs as influences of the western culture spread. The issue of drugs being attractive for people from older generation remained open. Alarms were raised that the age of reaching for psychoactive substances was decreasing. What was important from a practical point of view was the issue of adults' attitude towards drugs and drug users.

The first surveys were carried out in the summer of 2002. These surveys were conducted in the summer of 2006 and they are a replication of the previous ones. They were undertaken with the intention to monitor changes on the drug scene and to follow trends in attitudes towards the phenomenon. The aims of the surveys were strictly practical – they were supposed to produce data for evaluating drug prevention strategy. The survey were carried out by means of questionnaire interviews carried out by interviewers. The survey was conducted in the summer (June-August) of 2006 on a random sample of inhabitants aged 15-64. A field survey was carried out by the Social Research Agency from Sopot. The instructions for the interviewers laid special emphasis on the issue of surveys anonymity. The surveys encompassed a nationwide sample and a sample from the city of Warsaw. Apart from that, the age group 15-34 was deliberately overrepresented as drug use after 34 occurs much more rarely than among persons from younger age groups.

The survey from 2006 in juxtaposition with the results of an analogous survey carried out in 2002 revealed that drugs are present in the adult world in a way that is visible nationwide.

The comparison of results from 2006 with those from 2002 made in relation to the population aged 16-54 indicated stabilization in the prevalence of occasional drug use. From all the illicit substances cannabis derivatives are relatively most prevalent, both at experimental level and occasional one. Other substances which are quite often used by the Poles include amphetamine and ecstasy – other substances are much less common. The use of particular illicit substances is most prevalent among people aged16-24. It occurs very rarely among those aged 34 or above and is almost non-existent among those aged 45 or above. The use of illicit substances is more prevalent among men than women. From a statistical point of view, occasional drug use is promoted by such features as marital status (single), being childless, living in a town or city with more than 50K residents, being a pupil or a student, as well as lack of religious commitment. Among illicit substances, cannabis derivatives are relatively most available. The availability of particular illicit substances is evaluated as the highest by respondents from the age group 15-24. The respondents who use drugs evaluate their availability higher than those who do not use them. The percentage of respondents who meet with offers of illicit substances is only slightly higher than the percentage of users. The greatest difference in this respect can be seen in the case of cannabis derivatives. Cannabis derivatives are acquired by users mainly from their acquaintances at home or in a public place such as a park, a railway station, a street, a pub, a club or a discotheque. It happens rarely in a place of work or at school. According to the respondents, the drug problem is not one of the most social problems, especially when it comes to evaluating situation at the local level. As compared to 2002, no major changes have been observed as far as the place of drug addiction is concerned in the perception of social problems. The vast majority of the respondents acknowledged the risk of harm related to the use of psychoactive substances. Drug users are still perceived as sick and unfortunate people who require treatment and care. However, in comparison to 2002, we have to note a decrease in the popularity of both medical-social definition of the phenomenon and proposed prevention measures. The greatest hopes for effective drug prevention among the youth still rest with parents and their prevention actions, though we have to note a decrease in the percentage of respondents expressing such hopes.

13.2.1.2. Subject of the study: Nationwide survey on the involvement of local communities in drug prevention.

Research institution: Institute of Psychiatry and Neurology, Warsaw 2006

Author: Janusz Sierosławski

Financing: research project financed by the National Bureau for Drug Prevention (amount: PLN 195 000).

Abstract:

In Poland, just like in other countries, great hopes for developing prevention rest on the level of local community which is reflected by statutory obligation to develop Communal Programme for Counteracting Drug Addiction. The development of such a programme should be preceded by the preparation of a local diagnosis. Social, economic and cultural contexts characteristic of each community also seem important from the perspective of developing local prevention programme. If a prevention programme is expected to be effective, it has to take into account specific character at each of these dimensions.

The subject of the study was drug prevention at local level. The study was undertaken in the framework of Transition Facility PL2004/O16-829.05.01 “Support for regional and local communities to prevent drug addiction at a local level”. The aim of the study was to collect data that would be used to develop a nationwide training campaign aimed at people responsible for developing Communal Programme fro Counteracting Drug Addiction. So the aim of the study was to present the picture of attitudes towards drug addiction and to present the readiness to take responsibility for preventing drug use at a local level.

Respondents’ attitudes towards the problems of drugs and drug addiction were subject to the study. An attempt was made to evaluate commune’s potential to develop a communal programme as well as to identify needs and deficiencies in this scope. An attempt was also made to recreate the cooperation network between institutions at dimensions vital from the perspective of prevention. The study aimed to identify resources available to be engaged in the programme. Respondents were also a source of information about the drug problem and its place in the structure of other social problems such as alcohol-related problems, crime, social exclusion, etc.

The study was conducted by means of questionnaire interviews carried out by an interviewer. Apart from that, the study included carrying out 18 in-depth interviews in 6 communes which have enacted communal programmes and analyzing them, as well as analyzing the contents of sample documents from 120 communal programmes collected during the study. The study covered 700 randomly selected communes, including 65 towns functioning as counties in their own right, 120 urban communes, 270 rural communes and 225 urban-rural communes. In each of the communes a questionnaire-based interview was carried out with a representative of communal administration responsible for drug prevention.

The drug problem is not perceived as one of the most important social problems, especially when the evaluation refers to local scale. Alcoholism and drinking alcohol by youth are much higher in the hierarchy of problems. In urban areas drug addiction more often gets priority treatment.

In almost all the communes drug prevention activities were carried out. What seems to be more neglected are drug users treatment and rehabilitation, and, what is more important, social assistance aimed at this social group. The greatest deficiency has to be noted in the field of harm reduction. Prevention activities widely undertaken included prevention programmes at schools, and also meeting and lectures as well as posters and leaflets.

The majority of communes (74.4%) developed communal programmes for counteracting drug addiction. The majority of programmes were the results of work of interdisciplinary teams usually managed by a representative of communal self-government administration. The weakest points of the programmes include formulating aims and basing on the local diagnosis of the problem. According to the study's results, special emphasis has to be laid on these two elements.

The idea of developing communal programmes for counteracting drug addiction is rarely questioned. It raises most doubts in rural communes. Drug users are predominantly perceived by people responsible in communes for drug prevention as sick persons who require treatment and care. Prevention aimed at general youth population is present in almost all the communes and everywhere it gets the financial backing from the cummes; budgets. Deficiencies exist when it comes to activities addressed to drug addicts (treatment and rehabilitation, social assistance, harm reduction). The study revealed that during training great emphasis should be laid on the completeness of the prevention offer. It also has to be specially stressed that communes have statutory obligation to help drug addicts, especially in the scope of social assistance.

Although people responsible in communes for drug prevention tend to be more lenient towards drug addicts than an average Pole, still 12% of those people perceive a drug user as a criminal and a similar percentage of them are inclined to punish them. Thus during the training it would seem reasonable to try and, if possible, influence the attitudes of those of the participants who hold similar opinions about the drug users. Low priority of the drug problem at the local scale is a challenge for the promotional-educational component of the campaign. Apart from that, it was noticed that during training special treatment will have to be given to rural communes where conventional thinking about the drug problem is more common and where there is stronger attachment to the tradition of using control and repressive measures in prevention, where there is lower potential of prevention resources and lower priority given to the problem. It seems that during training such communes must be given not only knowledge and technical skills for developing programmes but they must also receive assistance in order to make up for the deficiencies in the scope of attitudes and beliefs.

13.2.1.3. Subject of the study: "Evaluating the prevalence of infectious diseases (hepatitis type C and B, HIV) among injecting drug users with special consideration given to migration between countries."

Research institution: National Institute of Hygiene, Department of Epidemiology, Warsaw 2005

Author: Magdalena Rosińska

Financing: research project financed by the National Bureau for Drug Prevention (amount: PLN 95 130).

Abstract:

The problem of intravenous drug use is strictly connected with the epidemiology of infectious diseases, especially those transmitted by means of the interruption of tissue continuity, including predominantly hepatitis type B and C and HIV/AIDS infections. Monitoring the spread of these infections among injecting drug users is an important source of information for both setting the aims of drug prevention policy as well as fighting and preventing infectious diseases. Taking into account the possibility of change in the epidemiological situation as well as necessity to monitor the effectiveness of prevention activities that are undertaken, it is recommended to repeat cross-sectional studies in a similar locality in a cyclical manner at 3-year intervals. The study from 2005 is a continuation of study carried out in previous years (2002 and 2004).

The aim of the study was to evaluate the prevalence of hepatitis type B and C as well as HIV virus among injecting drug users. Apart from that, an attempt was made to evaluate the frequency of undertaking risky behaviours and determine the risk factors of transmitting diseases through blood. A further aim was to establish contacts with injecting drug users abroad and to check if they can influence the form of hepatitis and HIV epidemics in Poland.

The study was conducted simultaneously in Wrocław (dolnośląskie region), in lubelskie region (Lublin, Puławy) and in warmińsko-mazurskie region (Elbląg, Olsztyn) from August to December 2005. The study covered 353 people altogether who recently (for at least 3 moths) resided in the place where the study was carried out and at least once used drugs intravenously. The participants were recruited in 8 units including low-threshold programmes using snowball method, addiction treatment facilities and a methadone programme. The study covered 178 persons in Wrocław, 92 in lubelskie region and 83 in warminsko-mazurskie region. Participation in the study was voluntary and anonymous.

Serological examinations were carried out in two laboratories using commercial kits of Abbott and Organon Teknika company. In all the cases of HIV, the examination was carried out by means of immunoenzymatic method without confirmation test. Marking antibodies against HCV was conducted by means of third generation tests with high sensitivity and specificity.

Complete antibodies against HBV core antigen (Hbc-Ab) were marked which indicate present or past infection as well as superficial antigen (HBs-Ag) which shows the presence of virus in the organism. Reaction for syphilis, VDRL, was also marked.

The results of the examinations revealed that in almost 24% of persons antibodies against HIV were found. The prevalence of HCV was 57.9%. 48.5% tested positive for HBc-Ab, and 6.1% tested positive for HBs-Ag. In the case of 27 persons antigens for HBV were not detected. The study revealed a high percentage of HIV infections in dolnośląskie and lubelskie regions, whereas the prevalence in warmińsko-mazurkie region was considerably lower. In the examined population rather high percentage of HCV infections among people aged below 25 was noted. Just like in the case of HIV, there is considerable differentiation of HBV prevalence in Poland. Analysis regarding risk factors of infections at an individual level was also carried out.

In dolnośląskie and lubelskie regions high percentage of HIV infections was revealed (respectively 31.5% and 29.5%) in comparison to the majority other localities where studies had been previously conducted (Warsaw – 16%, lubuskie region -7.5, śląskie region – 13.3%, Gdańsk – 29). The prevalence in warmińsko-mazurskie region was considerably lower (2.4%). The prevalence of HVC antibodies varied to a smaller extent than HIV prevalence both in localities where the latest study was carried out (Wrocław – 64.0%, lubelskie region – 43.7%, warmińsko-mazurskie region – 59.8%) as well as in the localities where the previous studies had been conducted (śląskie region – 68.3%, Warsaw – 60.0%, lubuskie region – 55.6%).

In Polish population there is high frequency of revealing antibodies against HCV among people aged below 25. The frequency of revealing antibodies against HBV virus core antigen, just like the prevalence of HIV, shows considerable diversity throughout Poland.

At an individual level risk factors for transmitting infectious through the interruption of tissue continuity included factors connected with increased combined exposure to blood: the length of injecting period, periods of everyday intravenous use, the frequency of injecting (measured by injecting in the last month). Sharing needles/syringes was of importance mainly in the case of HIV and HCV. Factors fostering infection seem to be related to socio-economic status, especially being unemployed, homeless or having been to prison (HCV). These dependencies, apart from serving prison sentences, were most clearly expressed in the case of HIV infections, indicating groups which should be covered with prevention activities. An important risk factor was sharing needles/syringes with people who were known to be infected with HIV or hepatitis.

Frequent positive syphilis reactions among respondents in Wrocław might attest to the focus of the disease injecting drug users. This may contribute to the transmission of HIV virus, which is attested by the correlation of the frequency HIV detection and the frequency of

positive VDRL reactions. Local variation in the prevalence of HIV and hepatitis in Poland depends to a large extent on the frequency of undertaking risk behaviours.
High percentage of people who tested positive for IHV and/or hepatitis was not aware of their serostatus. This applies especially to hepatitis infections and may lead to further transmission of the viruses. The availability of tests should be widened and injecting drug users should be urged to use them more often.

13.2.1.4. Subject of the study: National school survey on the use of psychoactive substances.

Research institution: Institute of Psychiatry and Neurology, Warsaw 2005

Author: Janusz Sierosławski

Financing: research project financed by the National Bureau for Drug Prevention (amount: PLN 147 400).

Abstract:
The aim of the survey was to establish initial values for the indicators of the tasks and aims implementation of the National Programme for Counteracting Drug Addictions 2006-2010. The basic indicators are prevalence and intensity of the phenomenon of the psychoactive substances use by the youth, especially: the availability of psychoactive substances, beliefs concerning their harmfulness, experiences regarding problems related to suing them. The survey also aimed to make an attempt at identifying and measuring factors influencing the extent if the phenomenon as regards both demand and supply. All these issues were subject to quantitative measurement so as to be evaluated for the whole population and to be compared in future with the results of survey that are to be conducted during and after the implementation of the National Programme for Counteracting Drug Addiction 2006-2010. It was also an intention of the survey to compare the results regarding some of the indicators with the results of ESPAD surveys from 1995, 1999 and 2003. The survey covered two cohorts of youth – born in 1987 and 1989. It was assumed for the survey to cover a sample of about 6500 pupils, i.e. 224 school classes from either level. An audit survey was carried out on a representative sample of third grade pupils from upper primary-schools and second grade pupils from secondary schools at the end of October and the beginning of November 2005. The survey was carried out in accordance with international methodology upon the imitative of Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group – Council of Europe) and coordinated by CAN from Stockholm. Although the subject of the survey was predominantly the question of drugs, the survey also covered

the use of such legal substances as tobacco, alcohol, tranquilizers and sleeping pills.

The results of the survey reveal that lifetime prevalence of smoking cigarettes was 53.7% among upper-primary pupils and 69.3% of secondary pupils. Last month prevalence was respectively 21.6% and 37.0%. 12-moth prevalence of alcohol consumption was 74.2% among younger pupils and 87.8% among the older ones. Drinking alcoholic beverages is so common that in the last 30 days before the survey they were consumed by 45.1% of 15/16-year-olds and by 69.0% of 17/18-year-olds. High percentage of respondents confirmed that they become intoxicated. Both smoking cigarettes and drinking alcoholic beverages is more prevalent among boys than girls. The survey results attest to a considerably higher prevalence of legal than illegal substances. What draws the attention is a high percentage of pupils who confirmed lifetime prevalence of tranquilizers and sleeping pills taken without doctor's prescription (15.1% among the younger cohort, 19.0% among the older one). Using these drugs is more prevalent among girls than among boys.

Cannabis is relatively the most prevalent substance among the illegal ones. Lifetime prevalence was 14.2% among younger pupils and 31.5% among older ones. The second most prevalent one is amphetamine (3.6% of younger pupils and 12.4% of older pupils). Current, occasional use of illegal substances also makes cannabis derivatives the most prevalent ones. They are used by 10.0% of third grade upper-primary school pupils, and by 22.6% of second grade secondary school pupils. The prevalence of cannabis derivatives is followed by amphetamine and ecstasy. In the last 30 days before the survey 4.3% of third grade upper-primary school pupils and 10.5% of second grade secondary school pupils used either marijuana or hashish. Both experimenting with illegal substances as well as occasional use is more prevalent among boys than among girls. What draws the attention is the level of alcoholic beverages availability evaluated by the respondents as high. The majority of young people are well aware of health and social harm related to the use of psychoactive substances. About 70% of both third grade upper-primary pupils as well as second grade secondary school pupils participated in the previous school year in prevention activities at school. The majority of participants can see the impact of prevention activities on at least the sphere of their opinions on the issue of drugs.

The comparison of 2005 survey results with the results of previous survey, i.e. from 2003, 1999 and 1995 comes across the limitation of comparability due to different dates of the surveys implementation. Bearing this reservation in mind, we have to point to the faltering of an upward trend in drug use among youth. The decrease of indicators goes to both legal substances (alcohol, tobacco) as well as to illicit ones. The decrease is bigger in the case of upper-primary schools pupils than in the case of secondary schools pupils, especially as regards illicit substances. The continuation of upward trend in the prevalence of use can be observed only in the case of ecstasy and only among the pupils from the older group.

According to the respondents in 2005, as compared to 2003, there was a decrease in the availability of alcoholic beverages and majority of illegal substances. The increase of availability was note only with reference to tranquilizers and sleeping pills.

13.2.1.5. Subject of the study: Drug use patterns and related problems among the residents of Warsaw, Kraków, Poznań and Wrocław. Estimating the number of drug users in Poland.

Research institute: Institute of Psychiatry and Neurology, Warsaw 2002

Author: Antoni Zieliński, Janusz Sierosławski

Financing: research project financed by the National Bureau for Drug Prevention (amount: PLN 124 200).

Abstract:

The study was aimed at reconstructing the process of gradual development of regular illegal drugs use: drug initiation, period of occasional use and period of regular use. An attempt was also made to reconstruct life situation and drug use related problems. The study also covered the experiences of regular drug users with the system of assistance. A separate issue raised by the study was the question of drugs availability. Another aim was the description of drug subculture in Warsaw. Research material was collected by means of snowball method in Warsaw, Kraków, Poznań and Wrocław. In Warsaw there were 72 in-depth interview carried out with people meeting the criterion of regular drug use. In Kraków there were 68 in-depth interviews with people meeting the abovementioned criterion. The number of interviews in Poznań was 69 and in Wrocław 71.

The majority of regular drug users residing in Warsaw were initiated to drugs before turning 17. For the vast majority of respondents (82%) marijuana was their first experience with drugs. Every tenth of them (11%) reached for amphetamine and only a few (around 1-2%) started by inhaling glue, using poppy-straw extract (called “kompot”), LSD or with combined use of marijuana and amphetamine. It was more often for the first experience with marijuana, and less often with amphetamine, to take place in the company of school or neighbourhood peers. The first drug was used for the first time in the company of peers in various places. Quite often it was on school premises (17%) or some place “after classes” e.g. school football pitch (7%). Quite often it took place during a social meeting called by young people “a party” (18) or while hanging around the neighbourhood (17%). Quite a few of those experiences took place in one's own home or at friend's place (15%). For the majority (81%) first experiences with marijuana, and less often with amphetamine, were the beginning of occasional drug use of at first most often marijuana, and with time of other drugs. The analysis particular drugs use patterns (cannabis, heroin, “kompot”, amphetamine) was conducted in the report.

The respondents' state of health is greatly varied depending on the drug that is used regularly. Life situation of drug users is also greatly varied. The dividing line runs between those using drugs intravenously and the others. The analysis of family situation reveals that a great number of drug users coming from single-parent families, broken usually as a result of divorce or parting, death. In some of the families one can notice symptoms of social pathology in the form of alcoholism, negligent upbringing, emotional coldness or violence.
Officially the majority of respondents defined their professional status as unemployed. Permanent employment was revealed by only a few.

Answer to the question concerning the so called „dark number", i.e. the extent of drug addiction not recorded in the statistics of institutions reacting to the problem (*hidden population*) can only be given by estimates. A benchmark was used. The data for estimation was provided by the results of general population survey that was implemented in 2002 and by statistical data of health care service. Using a conversion rate determining the ration of drug users undergoing treatment to all the people affected by this problem to nationwide figures from 2001 (10933 persons) an estimate of 33000 persons was calculated. Analogous estimate conducted on the basis of data about outpatient treatment produced the number of 75000 drug users, whereas on the basis of HIV status – 60000 drug addicts. Thus the estimated number of drug addicts is contained in a wide range of 33000 – 75000 people.
A similar result in the range of estimate was made on the basis of the precise estimate indicator that was determined on the basis of studies conducted in 1993 in two regions (wrocławskie and kieleckie) by means of capture-recapture method. It amounts to 4.6 for inpatient treatment and 2.4 for police data. The estimate made in 1993 using these two indicators produced the result in the range of 20000-40000 persons.
Summing up the estimates it can be assumed that each of them is probably subject to considerable error. The problem of changing the length of period between the beginning of regular drug use and entering treatment should be the subject of separate analyses.

13.2.2 Peer-reviewed scientific journals

13.2.2.1. Publications in the form of complete work

1. BORGES, G., CHERPITEL, C.J., OROZCO, R., BOND, J., YE, Y., MACDONALD, S., GIESBRECHT, N., STOCLWELL, T., CREMOINTE, M., MOSKALEWICZ, J., ŚWIĄTKIEWICZ, G., POZNYAK, V. (2006). Acute Alcohol Use and the Risk of Non-fatal Injury in Sixteen Countries. Addiction 101 (7) 993-1002.

2. CHERPITEL, C.J., YE, Y., BOND, J., REHM, J., CREMONTE, M., NEVES, O., MOSKALEWICZ, J., ŚWIĄTKIEWICZ, G., GIESBRECHT, N. (2006). The Effect of Alcohol Consumption on Emergency Department Service Use among Injured Patients: a Cross-National Emergency Room Study. J Stud Alcohol 67 (6) 890-897.

3. COOPER, Z.D., NARASIMHAN, D., SUNHARA, R.K., MIERZEJEWSKI, P., JUTKIEWICZ, E.M., LARSEN, N.A., WILSON, I.A., LANDRY, D.W., WOODS, J.H. (2006).Rapid and robust protection against cocaine-induced lethality in rats by the bacterial cocaine esterase. Mol Pharmacol 70 1885-1891.

4. MIERZEJEWSKI, P., SIEMIĄTKOWSKI, M., RADWAŃSKA, K., SZYNDLER, J., BIEŃKOWSKI, P., STEFAŃSKI, R., KACZMAREK, L., KOSTOWSKI, W. (2006). Cycloxemide impairs acquisition but not extinction of cocaine self-administration. Neuropharmacology 51 367-373.

5. MOSKALEWICZ, J. (2006). Comments on the report Alcohol in Europe. Public Health Perspective by Peter Anderson and Ben Baumberg. Drug . Educ Prev Polic 13 (6) 499-501.

6. OSTASZEWSKI, K., ZIMMERMAN, M. (2006). The effects of cumulative risks and promotive factors on urban adolescent alcohol and other drug use: a longitudinal study of resiliency. Am J Commun Psychol. 38 (3-4) 237-249.

7. ZIÓŁKOWSKA, B., STEFAŃSKI, R., MIERZEJEWSKI, P., ZAPART, G., KOSTOWSKI, W., PRZEWŁOCKI, R. (2006). Contingency does not contribute to the effects of cocaine self-administration on prodynorphin and proenkephalin gene expression in the rat forebrain. Brain Res 1069 1-9.

13.2.2.2. Publications in the form of synopsis

1. BORUCKA, A., OKULICZ-KOZARYN, K., KOCOŃ, K. (2006). Nonmedical use of prescription drugs used by adolescents at risk. Psychol Health Vol. 21 (Suppl. 1) 22.

2. KOSTOWSKI, W., BECK, J. (2006). Is drive satisfaction mechanism (“antidrive”) involved in substance addiction? Eur Neuropsychopharm 16 (Suppl.4) 521.

3. OKULICZ-KOZARYN, K., BORUCKA, A. (2006). Adolescents' alcohol use during social changes in Poland (1984-2004). Psychol Health 21 (Supl. 1) 113.

4. OSTASZEWSKI, K. (2006). Substance use, violence and youth pop-culture. Psychol Health 21 (Supl. 1) 115.

5. PISARSKA, A., OSTASZEWSKI, K. (2006). Self-reported medicine use among Warsaw adolescents. Psychol Health 21 (Supl. 1) 122.

6. HABRAT, B., SIEROSŁAWSKI, J. (2006). Abuse of illegal substances in Poland: current status, trends, special features. Journal für Anestesiologie und Intensivbehandlung 2 22.

7. MOSKALEWICZ, J. (2006). Of Others Inside. Insanity, Addiction and Belongings in America. Review of Daris Weinberg's book. Addiction 101:7 1061-1062

13.3. Collection and dissemination of research results

13.3.1 Information flows

National Focal Point is located at the National Bureau for Drug Prevention. Its main tasks, apart from conducting and developing monitoring, include carrying out and commissioning studies as well as content-related monitoring of the commissioned studies. Apart from that, NFP disseminates information about the results of studies and analyses related to the drug problem. Information about research projects that are being implemented at given time is collected from institutions and experts cooperating with NFP.

Spreading the knowledge concerning the results of studies and analyses is done through various channels. All the studies results are published on the internet website where one can find full version of reports on the research projects. Apart from that, there is a list of links to central government institutions, scientific and research institutes, international and national organizations active in the field of the drug problem and health promotion. Apart from that, a quarterly magazine entitled "Drug Addiction – News Bulletin" is published in which one can find papers on the reports. The magazine is addressed to practitioners conducting activities in the field of drug prevention. In the case of publication of nationwide general population surveys and national school youth population surveys a press conference is held during which the results of the surveys and their interpretation is presented to journalists. Apart from that, NFP functions as an information point as regards research and

analyses concerning the drug problem, which means that the staff answers all the questions asked by professionals, researchers and journalists regarding the available studies and data. The professional duties of NFP staff include participation in various conferences during which results of studies and analyses are presented. Dissemination of information is also carried out through the network of Regional Experts for Information about Drugs and Drug Addiction who at a local level play a similar role to that of NFP. Regional Experts Conference is held at least twice a calendar year and serves the aim of exchanging information about drug addiction epidemiology all over Poland and in individual regions and territories.
Conferences in the field of problems related to the addictions to various psychoactive substances are also organized by the Institute of Psychiatry and Neurology.

13.3.2. National scientific journals

“Alcoholism and Drug Addiction”

“Alcoholism and Drug Addiction” magazine is addressed to people interested in the subject matter of alcoholism and drug addiction, practitioners and people engaged in research into psychoactive substances. It has been coming out since 1988 upon the initiative of Polish Psychiatric Society and the Institute of Psychiatry and Neurology. Since 1994 the magazine has been published regularly as quarterly in the form meeting all the accepted international standards of a scientific magazine. It is published by the Institute of Psychiatry and Neurology and the editorial staff is located at the Institute in the Department of Studies on Alcoholism and Drug Dependence. The magazine is co-financed by the National Bureau for Drug Prevention and the State Agency for Prevention of Alcohol-related Problems.
The character of the magazine is interdisciplinary; it publishes papers in the field of problems that are related to alcohol or other psychoactive substances in the aspect of basic, clinical, epidemiological and social research.
The editorial staff accept for publishing research papers, review papers, book reviews, reports from scientific conferences, polemics, letters to the editors and announcements.
The magazine aims to both integrate research community by forming a platform for exchanging experiences between various communities as well as establish connections between science and practice.
The magazine is indexed in Index Copernicus (4.32 pts in 2006).
Each issue contains table of contents, articles synopses as well as titles of tables and figures in English.

"Drug Abuse-related Problems – Bulletin"

The magazine is published by Polish Society for Prevention of Drug Abuse. It comes in the number of 2000 issues thanks to financial support of the National bureau for Drug Prevention. It is edited by representatives of Polish Society for Prevention of Drug Abuse, MONAR, "Returning from Addiction" Association and Association for Prevention of Social Pathologies "Kuźnia". Thanks to the content and subject that it raises, the magazine is a platform for exchanging experiences between governmental and non-governmental organizations in the field of prevention, therapy and rehabilitation of the addicted. The bulletin contains specialist articles, national and international reports either theoretical or practical. What is also published is information about the activities of non-governmental organizations in the field of prevention as well as reports presenting the state of drugs and drug addiction in Poland.

„Remedium" – Polish review magazine

"Remedium" is a Polish review magazine that has been published for 14 years and is aimed at people employed at schools, psycho-pedagogical counselling centres, youth social clubs, sociotherapeutic care centres, non-governmental organizations as well as professionals working with children and youth from risk groups and representatives of local authorities. The magazine aims to promote integrated approach to prevention of problem behaviours among children and youth in the context of health-related harm and correct development, such as: HIV and AIDS, crime and violence, suicides, accidents, injuries and addictions. This idea is implemented through publication of papers by specialists in varies branches of science and through cooperation with institutions from the field of public health care. The subject matter of the magazine encompasses psychological assistance, psycho education, methodology of upbringing in school community and in family, school prevention programmes, studies (national and international) related to children and youth, education, health promotion, etc. Cooperation with representatives from the world of science, prevention specialists and practitioners in the field of upbringing was set up. "Remedium" forms a platform for exchanging experiences and opinions, which enables the analysis of new trends in upbringing or innovations in prevention. Apart from that, it is one of the magazines devoted to prevention of addictions and other risk behaviours.

"Remedium" is listed on Index Copernicus indexing more than 400 specialist magazines.

Partners of the magazines include State Agency for Prevention of Alcohol-related Problems, ETOH - Foundation for Development of Prevention, Education and Therapy of Alcohol-related Problems, National Bureau for Drug Prevention, National AIDS Centre.

13.3.3. Other means of dissemination

In Poland, apart from the abovementioned channels for disseminating information about research and analyses results which include scientific publications or public announcement of reports, there are no other channels of information dissemination. Many changes may be brought about in near future by the activities of the already mentioned Polish Society for Research on Addictions whose statutory tasks include promoting research in this field.

However, there are internet services in Poland that disseminate results of the latest publications and research on the drug problem. However, these are not strictly scientific. One of such services is hyperreal (https://hyperreal.info/). It is a online community service run and addressed to drug users. All sorts of information concerning all the issues related to drugs and drug addiction are available there. Apart from such information as e.g. press articles about drug addiction, reports from monitoring by national and international institutions, so called trip reports (subjective descriptions about the effect of using drugs on users) or many more, one can find there also information about research and publications that are strictly scientific. Because of the fact that is an online community service and that it is the service for drug users, the character of opinions, interpretations and analyses that are published there is not entirely objective. Still, they can be a valuable source of information and can be used in bibliographical searches (source documents).

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Alphabetic list of relevant data bases

1) Data base on deaths cases. Central Statistical Office in Warsaw.
2) Data base on offences (Temida System). Polish National Police.
3) Data base on patients admitted to residential psychiatric treatment due to drug use. Institute of Psychiatry and Neurology in Warsaw.
4) Data base on reported cases of infectious diseases. Epidemiology Department of the Institute of Hygiene in Warsaw.

Alphabetic list of relevant Internet addresses

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2) Instytut Psychiatrii i Neurologii [online] http://www.ipin.edu.pl/ [accessed 01.10.2007] Krajowe Biuro ds. Przeciwdziałania Narkomanii [online] http://www.narkomania.gov.pl/ [accessed 01.10.2007]
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List of abbreviations used in the text

1) CSO – Central Statistical Office
2) ESPAD – European School Survey Project on Alcohol and other Drugs
3) ICD – International Classification of Diseases
4) NBDP – National Bureau for Drug Prevention
5) NPCDA – National Programme for Counteracting Drug Addiction

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