

# National Drug Report Poland

## 2020



National Bureau  
for Drug Prevention



# **National Drug Report Poland**

## 2020



**National Bureau  
for Drug Prevention**

**Warsaw 2020**

Publication financed by the National Bureau for Drug Prevention  
(Krajowe Biuro ds. Przeciwdziałania Narkomanii)  
under Grant Agreement 2020 with the EMCDDA

Free copy

Edited by Artur Malczewski, PhD Piotr Jabłoński

Authors: Artur Malczewski, Maria Bevz, Małgorzata Dalmata,  
Łukasz Jędruszek, Michał Kidawa

Translation: Paweł Nowocień

Published by the National Bureau for Drug Prevention  
ul. Dereniowa 52/54, 02-776 Warszawa  
tel. 0048 22 641 15 01

[www.kbpn.gov.pl](http://www.kbpn.gov.pl)  
[www.cinn.gov.pl](http://www.cinn.gov.pl)

First edition in the Polish language

ISBN: 978-83-959842-7-3

Designed by Ireneusz Sakowski  
Pracownia Graficzna Dąbrowa

Warsaw 2020

## **Table of contents:**

|                                                                                                                   |    |
|-------------------------------------------------------------------------------------------------------------------|----|
| Introduction                                                                                                      | 5  |
| 1. Drug use prevalence in the general population and selected groups                                              | 7  |
| 2. Drug-related deaths                                                                                            | 18 |
| 3. HIV infections among injecting drug users                                                                      | 21 |
| 4. Problem drug use                                                                                               | 22 |
| 5. Patterns of drug use based on data from drug treatment<br>and syringe/needle exchange programmes               | 22 |
| 6. Prevalence of NPS use and related problems                                                                     | 24 |
| 7. Psychoactive substances in road traffic                                                                        | 26 |
| 8. Drug market and drug manufacture                                                                               | 26 |
| 9. Drug supply reduction                                                                                          | 29 |
| 10. Drug trafficking                                                                                              | 31 |
| 11. Convictions under the Act on counteracting drug addiction                                                     | 31 |
| 12. Alternatives to criminal punishment                                                                           | 32 |
| 13. Drug treatment                                                                                                | 33 |
| 14. Prevention, education and information                                                                         | 34 |
| 15. Harm reduction                                                                                                | 38 |
| 16. Legal framework of drug control                                                                               | 38 |
| 17. Drug response at local and regional level                                                                     | 39 |
| 18. Research and monitoring                                                                                       | 43 |
| 19. Early Warning System on new psychoactive substances<br>– analysis of data on NPS identified in Poland in 2019 | 44 |
| 20. Drug prevention and COVID-19 pandemic in 2020                                                                 | 47 |
| 21. European training for prevention professionals<br>– ASAP international project                                | 50 |
| Conclusions and summary                                                                                           | 51 |
| Literature                                                                                                        | 53 |
| Appendix                                                                                                          | 54 |
| I. Links to websites, reports and KBPN publications                                                               | 54 |
| II. Table                                                                                                         | 55 |



## Introduction

Dear Readers,

We present you the latest edition of “Drug Report Poland”, which contains basic consolidated data and information on drugs and drug addiction in Poland. The Report also outlines measures taken to reduce drug supply and demand. To show a broader picture of the issues discussed herein, we also present some public reactions which affect the perception of the drug phenomenon and shape the drug policy as well as addiction-related measures. In order to widen the dissemination of information on drugs and drug addiction in Poland, the Report is also published in the English language.

We attempted to present as much information as possible in graphical representation. This year’s Report includes the results of the latest nationwide general population surveys conducted on representative samples of adults (aged 15-64) at the turn of 2018 and 2019 and the 2019 ESPAD study (European School Survey Project on Alcohol and Other Drugs). The former survey was completed in collaboration with Kantar Poland while the latter, which included school youth, was performed jointly with the State Agency for Prevention of Alcohol-related Problems and Institute of Psychiatry and Neurology (IPiN). Both surveys trace drug use prevalence trends over the span of more than a dozen years and they constitute a solid element of the information system on drugs and drug addiction. Monitoring drugs and drug addiction and undertaking research into this field is not only about collecting data but also integrating these two processes with producing the response to addictions, which is objective, free of stereotypes and prejudice, as well as based on scientific evidence and best practice.

In order to maximise the Report’s objective appraisal of the measures taken, we aimed to present the data for Poland against other European countries, mainly EU Member States. Most of the Report data are the result of long-time cooperation between the National Bureau for Drug Prevention and the Lisbon-based European Monitoring Centre for Drugs and Drug Addiction, as well as Reitox National Focal Points located across the European Union.

International cooperation in the field of counteracting drug addiction is a key component of drug policy and represents a vital area for the Bureau’s operations. One of our goals is to draw on experiences and expertise of other countries and international organizations in order to improve our national, regional or local strategies and programmes. The year 2020 was dominated by the threats related to the COVID-19 pandemic, which affected the health as well as social and economic functioning of all the regions, states and continents. The Report also discusses this issue by presenting the Polish response to minimise the negative consequences of the pandemic for the whole addiction prevention system.

The findings of the analyses conducted at the National Bureau for Drug Prevention show that drug treatment services made a tremendous effort to continue providing assistance for drug-dependent individuals and effectively carried on with their mission despite all the obstacles generated by the pandemic. The majority of the services introduced infrastructural modifications at the

very beginning of the COVID-19 pandemic (e.g. quarantining at drug treatment units). The changes also covered technical aspects such as the option of continuing interventions over the Internet and telephone.

In the Report we stress the involvement of local and regional governments, which is key for promoting effective prevention in those areas. It is particularly noticeable in regions where the statistics differ from the national average, which calls for taking region or social group-specific action. The success of such interventions depends on the collaboration and engagement of all the stakeholders. The cooperation between the public sector (central, regional and local governments) and the civic society can be clearly observed in the fields of drug prevention, therapy and social reintegration, which is considered a high priority in the Polish drug policy.

In the final part of the Report, we have listed links to the publications of the National Bureau for Drug Prevention, which include both research results and websites dedicated to prevention, public education and other operations related to drug demand reduction. These online materials supplement the report's content. So if you are interested in improving your knowledge on the topics discussed in the Report, such as recommended drug prevention programmes, please visit the KBPN website.

We hope that this Report will contribute to the dissemination of objective knowledge on drugs and drug addiction in Poland and will consequently smooth the way for rational drug policy measures focused on the needs of individuals and society at large.

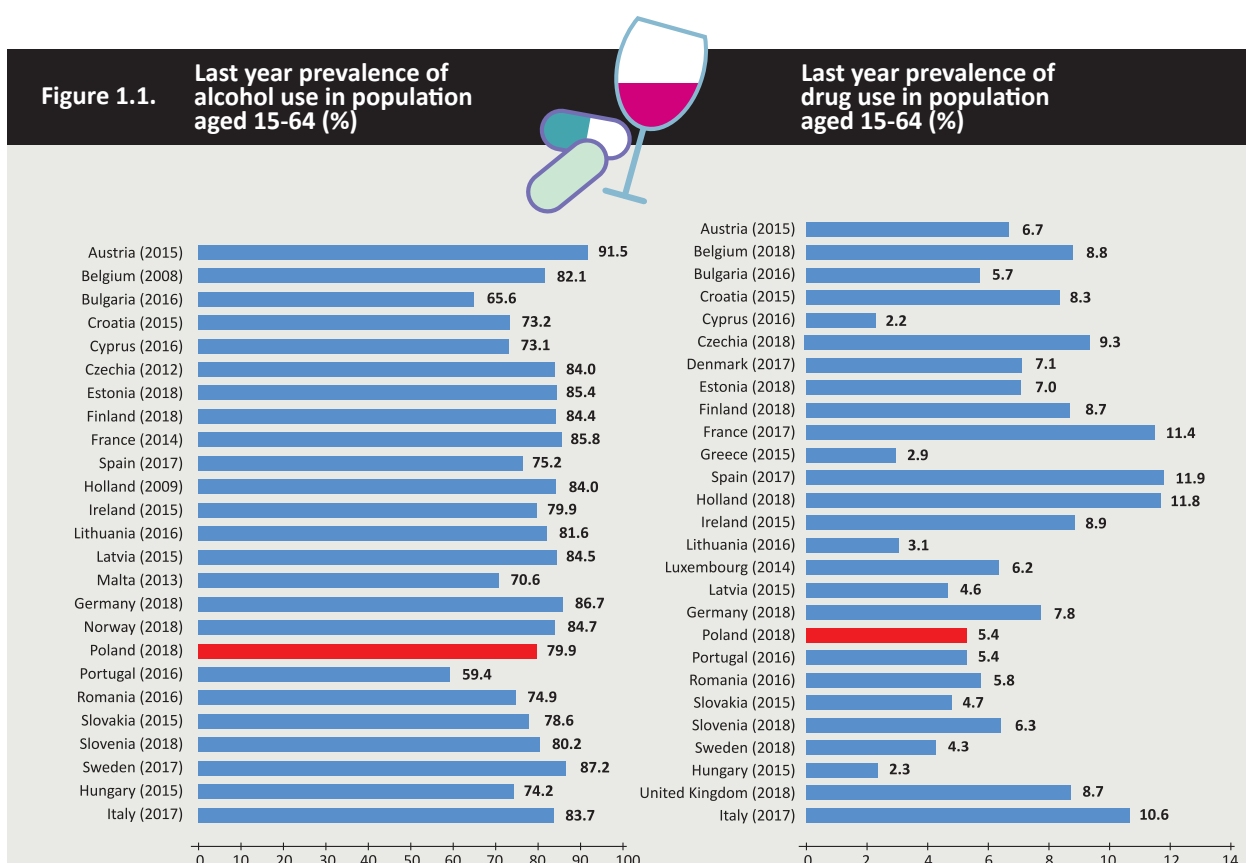
**dr Piotr Jabłoński**

Director of National Bureau for Drug Prevention

## 1. Drug use in the general population and selected groups

One of the primary sources of information on the scale of substance use is the nationwide general population survey, which is conducted on a representative sample. The results of the general population survey presented in Figure 1.1. confirm that drug use is far less prevalent than alcohol consumption. The findings of the latest 2018/2019 survey are widely in this report. They show that the last year drug use prevalence rate is over a dozen times as low as the alcohol prevalence rate. 79.9% of Poles have used alcohol in the last 12 months (2018 survey) while 5.4% have used drugs (data for respondents aged 15-64). 18 countries have recorded higher illegal substance use rates compared to Poland. The highest rates were in Spain (11.9% in 2017), Holland (11.8% in 2018) and France (11.4% in 2017). These are countries with drug use prevalence rates that are at least two times as high as in Poland. The lowest rate for drug use prevalence was observed in Cyprus (2.2% in 2016) and Hungary (2.3% in 2015). Figure 1.1 includes all the above-mentioned rates.

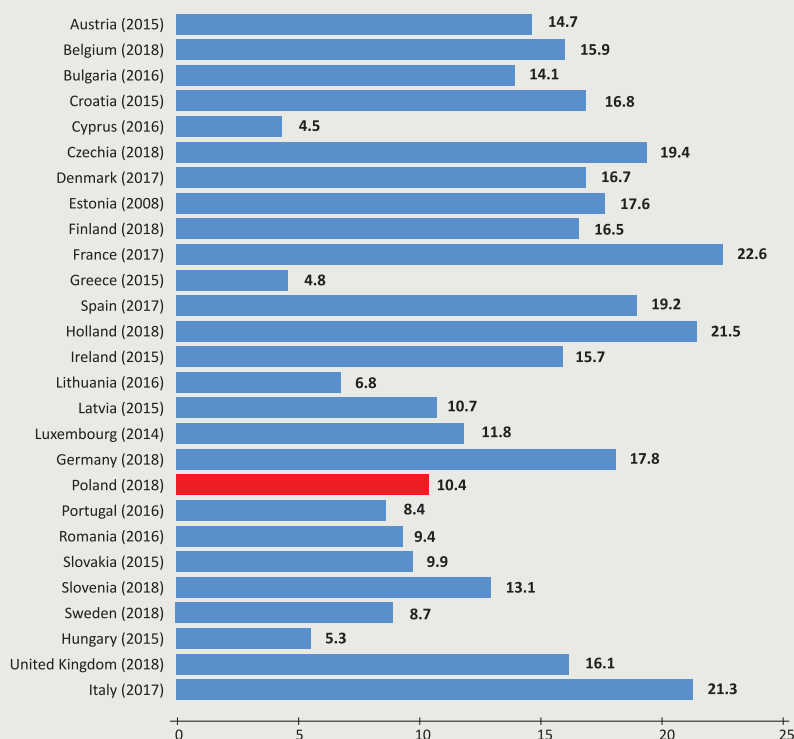
The age group often targeted in drug prevention interventions are individuals aged 15-34 i.e. young adults. In this group last year drug use prevalence is higher than in the entire population (age 15-64). In the countries with the highest rates such as France (22.6% in 2017), Holland (21.5% - 2018) and Italy (21.3% - 2017) it is every fifth individual. In Poland, the last year prevalence rate



Source: EMCDDA Statistical Bulletin, 2020

among 15-34-year-olds stood at 10.4%. However, Poland still belongs to the group of countries with the lowest rates. For more information go to Figure 1.2.

**Figure 1.2. Last year prevalence of drug use among young adults aged 15-34 (%)**



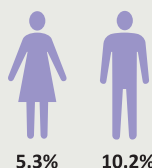
Source: EMCDDA Statistical Bulletin, 2020

According to the latest general population survey of 2018 by the National Bureau for Drug Prevention and Kantar Polska, cannabis was still the most prevalent drug (12.1%). 7.8% of the respondents aged 15-34 reported using cannabis (2018). As for the entire population (15-64), higher lifetime prevalence rates were observed among men (16.4%) compared to women (7.7%). The analysis of cannabis use prevalence in the last 30 days shows the rate at 2% (age group 15-64). However, in younger cohorts the rate is far higher and stands at 4.4% (age group 15-24) and 3.9% (age group 25-34). Figure 1.3. presents cannabis use prevalence rates in the last 12 months along with the treatment data. The highest percentage of treatment entrants reported cannabis addiction as the main reason for seeking treatment (40%). Another substance due to which drug users sought drug treatment was amphetamine.

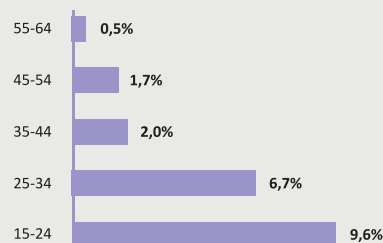
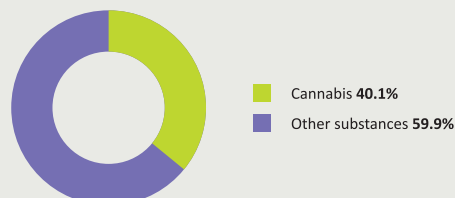
It is far less prevalent in the general population. 1.4% of the survey respondents aged 15-34 reported using amphetamine in the last 12 months. Rates among men are higher than in women. 0.5% of the respondents have used amphetamine in the last 30 days. The highest rates were observed in the respondents aged 15-24 (0.9% in the last 30 days). Figure 1.4 shows the data on the prevalence of amphetamine use in the last 12 months as well as treatment demand.

Figure 1.3. Cannabis

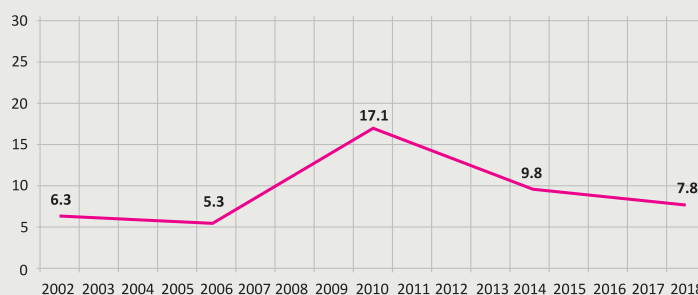
Cannabis last year prevalence for gender and age groups according to the 2018 General Population Survey



Treatment demand in 2019 due to cannabis use according to TDI survey (first-time entrants)



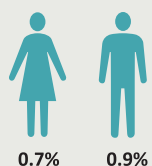
Last year prevalence of cannabis use in population aged 15-34 (%)



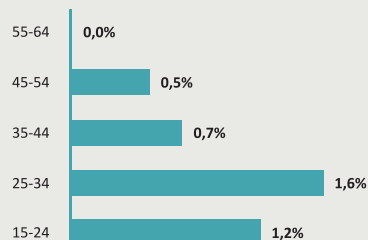
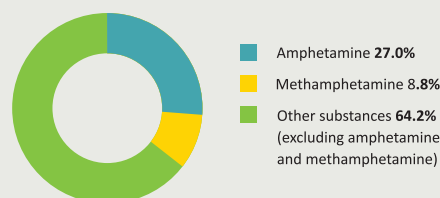
Source: GPS KBPN and TDI, 2019.

Figure 1.4. Amphetamine

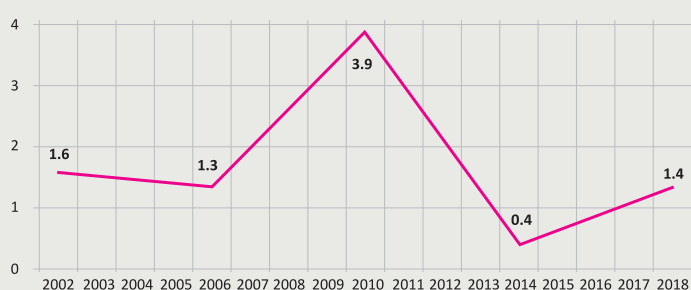
Amphetamine last year prevalence for gender and age groups according to the 2018 General Population Survey



Treatment demand in 2019 due to amphetamine use according to TDI survey (first-time entrants)

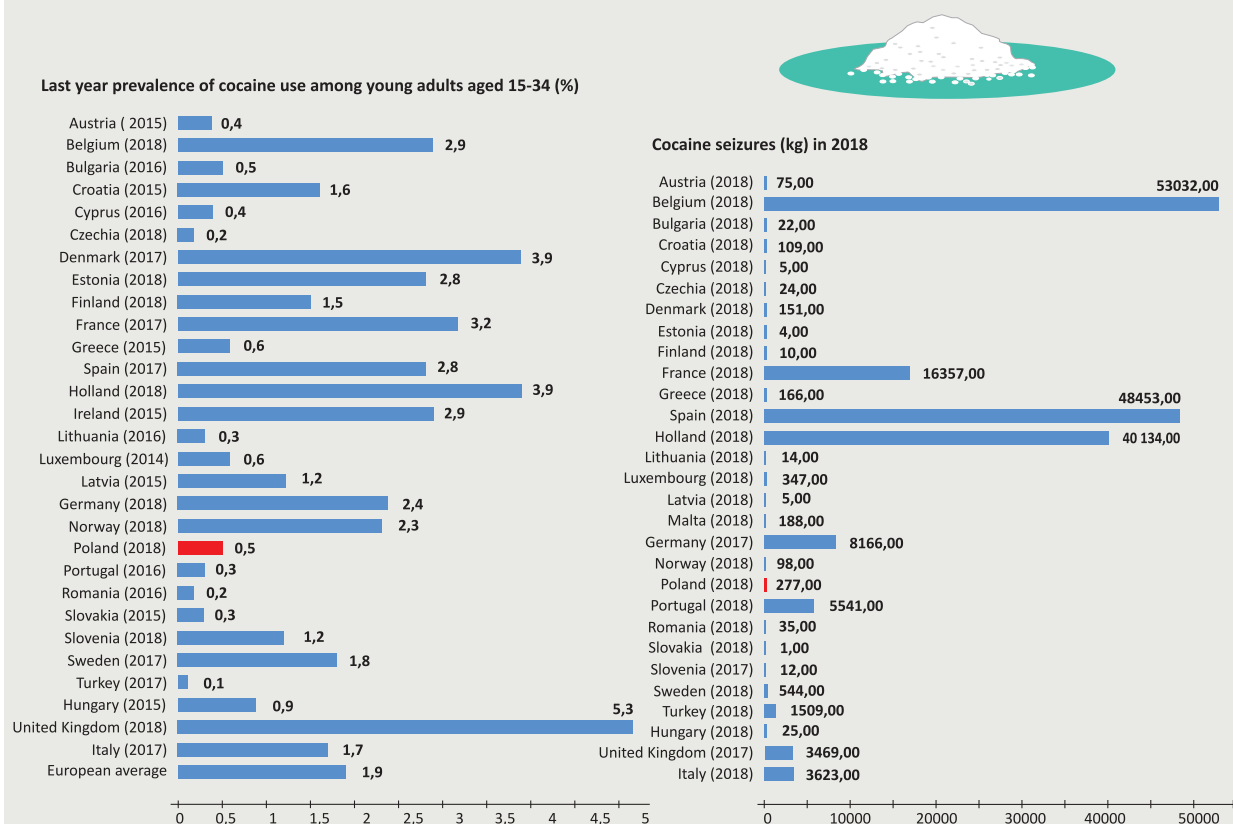


Last year prevalence of amphetamine use among young adults aged 15-34 (%)



Source: GPS KBPN and TDI, 2019.

Figure 1.5. Cocaine



Source: EMCDDA Statistical Bulletin, 2019.

Cocaine is not a widely prevalent illegal psychoactive substance in Poland. The general population survey results indicate that 0.5% of young adults have ever used cocaine and 2.2% have entered drug treatment due to cocaine use. Figure 1.5. shows data on cocaine use prevalence and cocaine seizures.

The results of the general population surveys show that compared to the rest of Europe drug use prevalence rates in Poland are not as high, including cannabis, which is the most prevalent drug in Poland. The highest rates were noted in the following countries: France (21.8% – 2017), Italy (20.9% – 2017), Spain (18.3% - 2017). The lowest rates in the EU were recorded in Hungary (3.5% – 2015), Cyprus (4.3% – 2016) and Greece (4.5% – 2015). In Poland, the rate stood at 7.8% (2018) (Figure 1.6.).

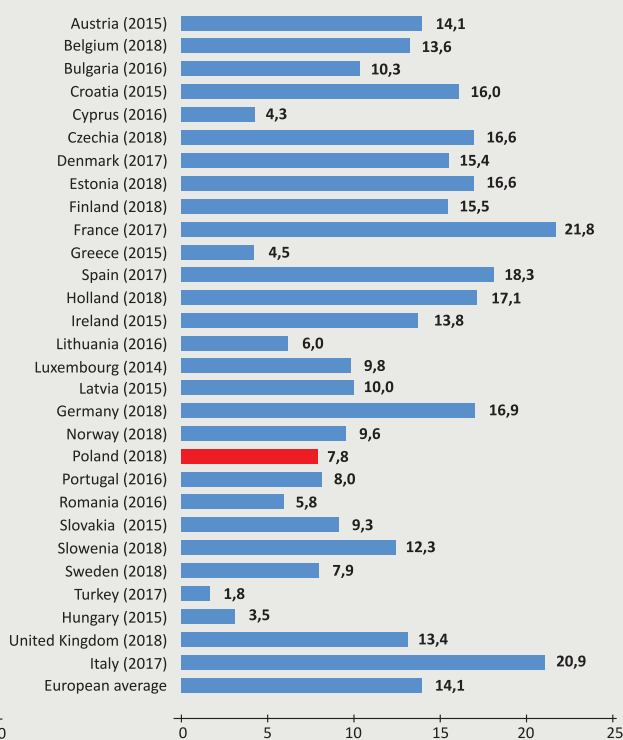
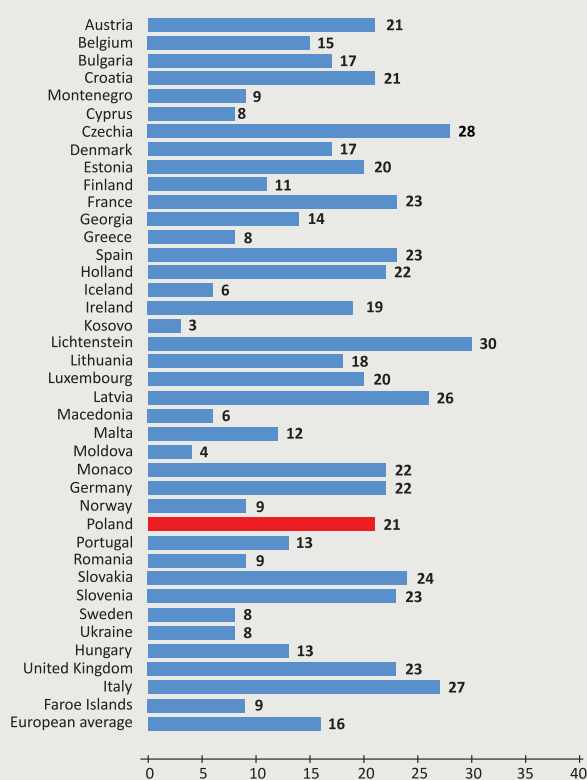
According to the ESPAD survey, the most prevalent drug among school students is cannabis (21.4% of upper-primary school students and 37.2% of secondary school students) followed by sedatives and hypnotics used for non-medical purposes (15.1% upper-primary school students and 18.3% of secondary school students). Inhalants come third (8.6% of upper-primary school students and 6.9% of secondary school students). An important element of the ESPAD survey is

the attempt to capture substance use prevalence trends (Figure 1,7). In the years 1995-2003 we saw a clear upward trend in the percentage of school students who used cannabis. In 2007, there was a rapid decline in the respondents who reported ever using the substance followed by a rise to a historic high in 2011. In 2015, the upward trend levelled off. In 2019, there was another fall. Between 1995 and 2011 we recorded similar trends concerning indicators such as use among friends, exposures to drug offers and access to drugs considered easy. The trends related to the perception of cannabis use as risky are completely different. Since the beginning of the ESPAD project (1995) a downward trend has been observed. The results show the need to take action both in terms of prevention and education. (Figure 1.7)

**Figure 1.6.** Lifetime prevalence of cannabis use among adolescents aged 15-16 (%) (2015)



**Last year prevalence of cannabis use among young adults aged 15-34 (%)**



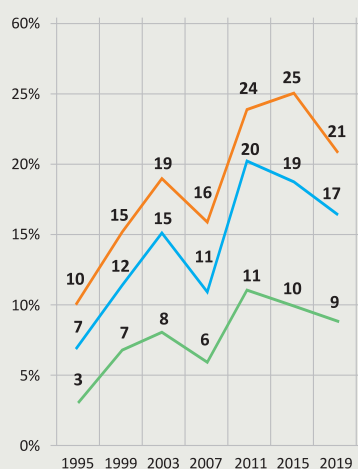
Source: EMCDDA Statistical Bulletin, 2019 and ESPAD.

At the turn of 2018 and 2019 the National Bureau for Drug Prevention in collaboration with Kantar Millward Brown S.A. conducted a nationwide survey on attitudes and behaviours in relation to psychoactive substances. The field study was conducted in two phases: 8 November-18 December 2018 and 22 February-26 March 2019 according to the CAPI methodology (laptop-based

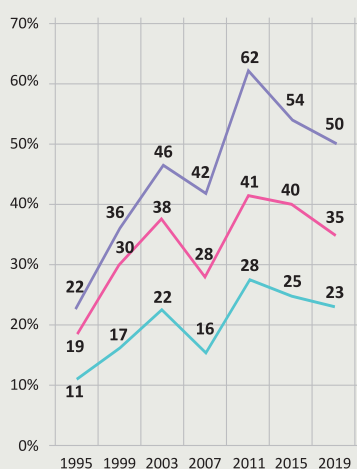
direct questionnaire interview) at respondents' homes. Since the interview concerned sensitive data and order to ensure maximum protection, most of the interview was done by the respondents themselves. The survey was conducted on a randomly selected representative sample of 3013 Polish respondents aged 15-64. The sampling method used both quota and accidental sampling and the sample was drawn by means of the TERYT address register. One of the main goals of this survey was to determine the scale of illegal substance use for the whole population. The respondents were asked to assess fourteen social problems (Table 1.1.). The data were discussed in this Report on the basis of the total of answers assessing the problem as "very serious" or "serious". According to the respondents, the most serious social problem is pollution (79.4%) followed by alcoholism and domestic violence (78.4% both). Then come street violence and aggression and alcohol consumption by youth (76.8%). Drug addiction was not assessed much lower (75.2%). Unemployment was viewed as serious; however, it might change due to the COVID 19 pandemic and the economic crisis looming.

**Figure 1.7. Herbal/resin cannabis and the results of ESPAD research**

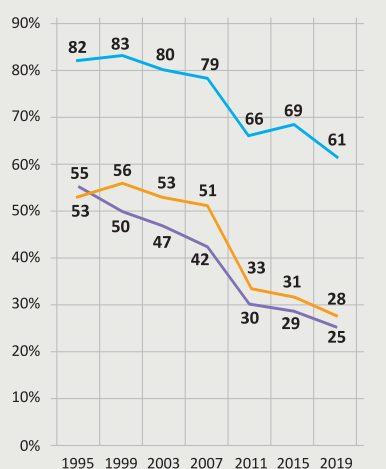
**Percentage of 15-16 y.o. students who used cannabis**



**Use by friends, perceived availability and cannabis (percentage of 15-16 y.o. students)**



**Percentage of 15-16 y.o. students who find it very risky**



— lifetime prevalence  
— during the last 12 months  
— during the last 30 days

— use among friends  
— exposure of the offer  
— perceived availability as at least "easy"

— 1 or 2 times use of resin or herbal cannabis  
— smoking of resin or herbal cannabis from time to time  
— smoking of resin or herbal cannabis regularly

Source: ESPAD - KBPN, PARPA and IPiN.

This survey featured questions about the assessment of the seriousness of various social problems and the respondent could select only one problem. The highest number of respondents indicated alcoholism as the most serious social problem (15.8%) followed by pollution (14.1%). Every tenth respondent pointed to corporate crime (11%) and drug addiction (10.1%).

The most prevalent illegal substances among the respondents was cannabis. Lifetime prevalence rate for cannabis stood at 12.1%. In the previous measurement of 2014 this rate was higher (16.3%). The remaining substances were far less prevalent than cannabis. New Psychoactive Substances came second at 3.9% (1.3% in 2014) followed by amphetamine at 2.4% (1.7% in 2014), hallucinogens at 1.4% and ecstasy at 1% (1.7% in 2014). Lifetime prevalence rates for the remaining substances were not higher than 1.0%. 16.1% of the respondents reported using any drugs and this rate is similar to that of 2014 (16.4%).

**Table 1.1. Assessment of social problems at national level (percentages of respondents) 2018/2019 (%).**

|                                            | <b>Very serious</b> | <b>Serious</b> | <b>Moderately serious</b> | <b>Not so serious</b> | <b>Not serious</b> | <b>Hard to say</b> |
|--------------------------------------------|---------------------|----------------|---------------------------|-----------------------|--------------------|--------------------|
| 1. Corporate crime                         | 27,7                | 44,7           | 18,7                      | 5,8                   | 1,5                | 1,6                |
| 2. Common crime                            | 28,8                | 44,3           | 18,8                      | 5,1                   | 1,1                | 1,9                |
| 3. Drug addiction                          | 33,6                | 41,6           | 17,4                      | 5,4                   | 1,3                | 0,7                |
| 4. Pollution                               | 37,5                | 41,9           | 14,9                      | 4,2                   | 0,9                | 0,6                |
| 5. Alcoholism                              | 35,7                | 42,7           | 15,9                      | 4,1                   | 1,0                | 0,5                |
| 6. Moral crisis                            | 18,4                | 38,0           | 27,1                      | 9,8                   | 2,6                | 4,1                |
| 7. Bad health                              | 28,5                | 43,8           | 19,7                      | 5,6                   | 1,0                | 1,3                |
| 8. Low standard of living                  | 25,6                | 42,4           | 23,1                      | 5,5                   | 1,3                | 2,0                |
| 9. Poor housing                            | 26,7                | 46,3           | 19,1                      | 5,9                   | 1,0                | 1,0                |
| 10. Domestic violence                      | 37,5                | 40,9           | 15,3                      | 4,3                   | 1,2                | 0,9                |
| 11. Violence and aggression in the streets | 32,9                | 43,9           | 16,2                      | 5,2                   | 1,3                | 0,6                |
| 12. Alcohol consumption by youth           | 35,4                | 41,4           | 16,8                      | 4,5                   | 1,2                | 0,6                |
| 13. Unemployment                           | 30,1                | 40,9           | 18,4                      | 7,3                   | 1,9                | 1,3                |
| 14. AIDS                                   | 23,3                | 34,9           | 21,7                      | 11,6                  | 3,0                | 5,4                |

Source: CINN KBPN.

**Table 1.2. Lifetime drug use prevalence (%) age 15-64**

|                                    | Men   | Women | Total | Lower CI 95 (total) | Upper CI 95 (total) |
|------------------------------------|-------|-------|-------|---------------------|---------------------|
| 1. Any drug                        | 21,9% | 10,3% | 16,1% | 14,8%               | 17,5%               |
| 2. Cannabis                        | 16,4% | 7,7%  | 12,1% | 10,9%               | 13,3%               |
| 3. Opioids (total)                 | 1,3%  | 0,4%  | 0,9%  | 0,6%                | 1,3%                |
| 4. Heroin                          | 1,3%  | 0,4%  | 0,8%  | 0,5%                | 1,2%                |
| 5. Other opioids                   | 0,3%  | 0,0%  | 0,1%  | 0,0%                | 0,3%                |
| 6. Cocaine (total including crack) | 1,1%  | 0,4%  | 0,7%  | 0,5%                | 1,1%                |
| 7. Amphetamines                    | 3,3%  | 1,4%  | 2,4%  | 1,8%                | 3,0%                |
| 8. Ecstasy                         | 1,3%  | 0,7%  | 1,0%  | 0,7%                | 1,4%                |
| 9. Hallucinogens (total)           | 1,7%  | 1,1%  | 1,4%  | 1,0%                | 1,9%                |
| 10. LSD                            | 1,3%  | 0,7%  | 1,0%  | 0,6%                | 1,4%                |
| 11. Other hallucinogens            | 0,9%  | 0,9%  | 0,9%  | 0,6%                | 1,3%                |
| 12. Solvents and inhalants         | 0,5%  | 0,2%  | 0,3%  | 0,2%                | 0,6%                |
| 13. Anabolic steroids              | 1,3%  | 0,1%  | 0,7%  | 0,4%                | 1,1%                |
| 14. GHB (date rape drug)           | 0,3%  | 0,0%  | 0,1%  | 0,0%                | 0,3%                |
| 15. New Psychoactive Substances    | 5,3%  | 2,6%  | 3,9%  | 3,3%                | 4,7%                |

Source: CINN KBPN.

Let us have a look at the distribution of answers to the question about the last 12 months prevalence. 3.8% of the respondents turned out to occasional cannabis users (4.6% in 2014). The rates for NPS (new psychoactive substance) and amphetamine users were much lower and stood at 1.0 and 0.8% respectively. 5.4% of the respondents reported using any drug.

**Table 1.3. Last 12 months drug use prevalence (%) age 15-64**

|                                    | Men  | Women | Total | Lower CI 95 (total) | Upper CI 95 (total) |
|------------------------------------|------|-------|-------|---------------------|---------------------|
| 1. Any drug                        | 7,2% | 3,7%  | 5,4%  | 4,7%                | 6,3%                |
| 2. Cannabis                        | 5,0% | 2,6%  | 3,8%  | 3,1%                | 4,5%                |
| 3. Opioids (total)                 | 0,7% | 0,3%  | 0,5%  | 0,3%                | 0,9%                |
| 4. Heroin                          | 0,7% | 0,3%  | 0,5%  | 0,3%                | 0,8%                |
| 5. Other opioids                   | 0,3% | 0,0%  | 0,1%  | 0,0%                | 0,3%                |
| 6. Cocaine (total including crack) | 0,3% | 0,2%  | 0,3%  | 0,1%                | 0,5%                |

|                                 |      |      |      |      |      |
|---------------------------------|------|------|------|------|------|
| 7. Amphetamines                 | 0,9% | 0,7% | 0,8% | 0,5% | 1,2% |
| 8. Ecstasy                      | 0,3% | 0,3% | 0,3% | 0,2% | 0,6% |
| 9. Hallucinogens (total)        | 0,8% | 0,6% | 0,7% | 0,4% | 1,1% |
| 10. LSD                         | 0,5% | 0,5% | 0,5% | 0,3% | 0,8% |
| 11. Other hallucinogens         | 0,1% | 0,1% | 0,1% | 0,0% | 0,3% |
| 12. Solvents and inhalants      | 0,3% | 0,2% | 0,3% | 0,1% | 0,5% |
| 13. Anabolic steroids           | 0,4% | 0,1% | 0,2% | 0,1% | 0,5% |
| 14. GHB (date rape drug)        | 0,3% | 0,0% | 0,1% | 0,0% | 0,3% |
| 15. New Psychoactive Substances | 1,3% | 0,7% | 1,0% | 0,7% | 1,5% |

Source: CINN KBPN.

The prevalence of the remaining substances was at the level not higher than 0.5%. Analyzing the last 30 days prevalence rates we noted that 2.0% of the respondents reported using cannabis (2.1% in 2014). As for the other substances the rates for the last 30 days were not higher than 0.5%. 3% of the respondents reported using any drug in the last 30 days.

**Table 1.4. Last 30 days drug use prevalence (%) age 15-64**

|                                    | <b>Men</b> | <b>Women</b> | <b>Total</b> | <b>Lower CI<br/>95 (total)</b> | <b>Upper CI<br/>95 (total)</b> |
|------------------------------------|------------|--------------|--------------|--------------------------------|--------------------------------|
| 1. Any drug                        | 4,1%       | 1,9%         | 3,0%         | 2,4%                           | 3,7%                           |
| 2. Cannabis                        | 2,7%       | 1,3%         | 2,0%         | 1,5%                           | 2,5%                           |
| 3. Opioids (total)                 | 0,7%       | 0,3%         | 0,5%         | 0,2%                           | 0,8%                           |
| 4. Heroin                          | 0,6%       | 0,3%         | 0,4%         | 0,2%                           | 0,7%                           |
| 5. Other opioids                   | 0,2%       | 0,0%         | 0,1%         | 0,0%                           | 0,3%                           |
| 6. Cocaine (total including crack) | 0,3%       | 0,1%         | 0,2%         | 0,1%                           | 0,4%                           |
| 7. Amphetamines                    | 0,5%       | 0,5%         | 0,5%         | 0,3%                           | 0,8%                           |
| 8. Ecstasy                         | 0,3%       | 0,3%         | 0,3%         | 0,1%                           | 0,6%                           |
| 9. Hallucinogens (total)           | 0,6%       | 0,4%         | 0,5%         | 0,3%                           | 0,8%                           |
| 10. LSD                            | 0,5%       | 0,4%         | 0,4%         | 0,2%                           | 0,7%                           |
| 11. Other hallucinogens            | 0,0%       | 0,0%         | 0,0%         | 0,0%                           | 0,1%                           |
| 12. Solvents and inhalants         | 0,3%       | 0,1%         | 0,2%         | 0,1%                           | 0,5%                           |
| 13. Anabolic steroids              | 0,4%       | 0,1%         | 0,2%         | 0,1%                           | 0,5%                           |
| 14. GHB (date rape drug)           | 0,3%       | 0,0%         | 0,1%         | 0,0%                           | 0,3%                           |
| 15. New Psychoactive Substances    | 0,3%       | 0,2%         | 0,2%         | 0,1%                           | 0,5%                           |

Source: CINN KBPN.

The respondents were also asked to assess how easy it was to obtain drugs. The easiest illegal drugs to obtain<sup>1</sup> was cannabis. The survey showed that every fifth respondent found it easy to obtain drugs (19.2%) and every tenth considered it easy to get amphetamine (10,3%). The lowest rates were recorded for ecstasy (8%), cocaine (7,4%) and heroin (6,3%). These findings related to the whole surveyed population aged 15-64. In the group of young adults (aged 15-34) the rates were far higher. In this group, cannabis was also found to be the easiest to obtain. Every third respondent found it easy to obtain cannabis (29.6%). The lowest rates were recorded for amphetamine (15.1%), ecstasy (11.8%), cocaine (10.8%) and heroin (9.2%). These rate recorded among young adults are higher compared to the whole population aged 15-64.

One of the components of the survey was the attempt to find out drug users' most common attitudes towards drugs. To this end the survey featured questions which helped to define a drug user for the respondents. The question included a number of statements to check by the respondents if they agreed.

Then the respondents were asked to select one statement which best fits into the image of a drug user. The vast majority of the respondents - 81% (91.3% in 2015) regards an individual who abuses drugs as a person suffering from an illness. Fewer respondents consider drug users unhappy people - 69% (85.9% in 2015). A considerable percentage of the respondents – 65.4% (72.7% in 2015) believe that drug-dependent individuals have a negative influence on the world around them. Over a half of the respondents - 53% (59.2% in 2015) opined that a drug abuser is a person who has been unsuccessful in life. The results of both survey have been presented in Table 1.5.

**Table 1.5. Perceived images of drug users (all answers, percentages of respondents)**

| Perceived image                                            | 2015  | 2018/2019 |
|------------------------------------------------------------|-------|-----------|
| 1. Individual suffering from an illness                    | 91,3% | 81,0%     |
| 2. Criminal                                                | 18,1% | 21,9%     |
| 3. Unhappy person                                          | 85,9% | 69,4%     |
| 4. Person exerting negative influence on others            | 72,7% | 65,4%     |
| 5. Highly sensitive person                                 | 33,0% | 28,8%     |
| 6. Eccentric noticeable for their appearance and behaviour | 46,6% | 45,4%     |
| 7. Swindler, social parasite                               | 35,8% | 45,5%     |
| 8. Troublemaker, hooligan                                  | 30,6% | 39,6%     |
| 9. Person misunderstood by society                         | 59,8% | 43,8%     |
| 10. Person who has been unsuccessful in life               | 59,2% | 53%       |
| 11. Someone different                                      | 5,9%  | 4,1%      |

Source: CINN KBPN.

1 Easy to obtain should be understood as the total of the "easy" and "very easy" answers to the question about obtaining drugs.

The respondents were also asked about the most proper ways of handling drug-dependent individuals. The survey defined such individuals as drug addicts. The respondents could select several answers, which have been shown in Table 1.6. The most respondents pointed to treatment as the most appropriate way of handling drug-dependent individuals – 92.1% (94.4% in 2015). Assistance and care was selected as the second most proper way – 91.0% (81.5% in 2015).

| <b>Table 1.6. Strategies of handling individuals addicted to drugs<br/>(all answers, percentages of respondents)</b> |             |                  |
|----------------------------------------------------------------------------------------------------------------------|-------------|------------------|
| <b>Handling strategies</b>                                                                                           | <b>2015</b> | <b>2018/2019</b> |
| Treatment                                                                                                            | 94,4%       | 92,1%            |
| Isolation from society                                                                                               | 31,8%       | 52,2%            |
| Punishment                                                                                                           | 23,9%       | 29,4%            |
| Assistance, care                                                                                                     | 91%         | 81,5%            |
| Leaving behind                                                                                                       | 5,1%        | 13,1%            |
| Providing drugs                                                                                                      | 1,8%        | 6,4%             |

Source: CINN KBPN.

Later in the survey the respondents were asked to select the preferred strategy of handling an addicted person (Table 1.7.). Most of the respondents in both measurements chose treatment as the best form of handling an addicted person – 69.8% (2018/2019) and 72.8% (2015). However, isolation from society (12.3%) would be the second best strategy in the latest measurement of 2019.

| <b>Table 1.7. Preferred strategies of handling individuals addicted to drugs<br/>(all answers, percentages of respondents)</b> |             |                  |
|--------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|
| <b>Preferred handling strategies</b>                                                                                           | <b>2015</b> | <b>2018/2019</b> |
| Treatment                                                                                                                      | 72,8%       | 69,8%            |
| Isolation from society                                                                                                         | 4,0%        | 12,3%            |
| Punishment                                                                                                                     | 0,6%        | 2,2%             |
| Assistance, care                                                                                                               | 18,7%       | 10,3%            |
| Leaving behind                                                                                                                 | 2,2%        | 1,5%             |
| Providing drugs                                                                                                                | 0,1%        | 0,3%             |
| I don't know \ It's hard to say                                                                                                | 1,6%        | 3,6%             |

Source: CINN KBPN.

The survey also sought to find out the attitude to using drugs in Poland. The questionnaire featured questions about cannabis and heroin. It is worth mentioning that in the Act of Law of 2005 on counteracting drug addiction there are no provisions that would render drug use illegal. According to the responses gathered in the latest measurement 62.3% of the respondents believed that using cannabis should be prohibited while 18.3% of the respondents believed the contrary (it should be legal). Far higher percentages were recorded in the case of outlawing heroin use: 83.8% of the respondents opined that heroin use should be prohibited while 6.4% accepted this option. In order to capture trends in attitudes towards using drugs Table 1.9. includes results of the 2006 measurement. In the case of cannabis, 86.2% of the respondents were decisively against allowing it compared to 95.7% in the case of heroin. 7.7% of the respondents were willing to accept cannabis use while 2% of the respondents expressed the same opinion as regards heroin use.

**Table 1.8.** To what extent do you agree or not with the statement that cannabis or heroin use should be legal

|                                          | <b>I strongly agree</b> | <b>I rather agree</b> | <b>I neither agree nor disagree</b> | <b>I rather disagree</b> | <b>I strongly disagree</b> | <b>I don't know\ It's hard to say</b> |
|------------------------------------------|-------------------------|-----------------------|-------------------------------------|--------------------------|----------------------------|---------------------------------------|
| Cannabis use should be legal (2018/2019) | 5,1%                    | 13,2%                 | 14,8%                               | 17,7%                    | 44,6%                      | 4,5%                                  |
| Cannabis use should be legal (2006)      | 2,8%                    | 4,9%                  | 4,5%                                | 9,7%                     | 76,5%                      | 1,6%                                  |
| Heroin use should be legal (2018/2019)   | 2,2%                    | 4,2%                  | 7,2%                                | 16,9%                    | 66,9%                      | 2,7%                                  |
| Heroin use should be legal (2006)        | 1,3%                    | 0,7%                  | 1,2%                                | 6,3%                     | 89,4%                      | 1,2%                                  |

Source: CINN KBPN.

## 2. Drug-related deaths

In Poland, we do not record high figures of drug overdose-related deaths. According to the latest data of Statistics Poland, 199 drug-related deaths (DRD) were recorded in Poland in 2018 while the number in 2017 was 202. The 2018 data show that the victims of fatal overdoses were predominantly men (69%). The national definition of deaths is comprised by the following codes: F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14.

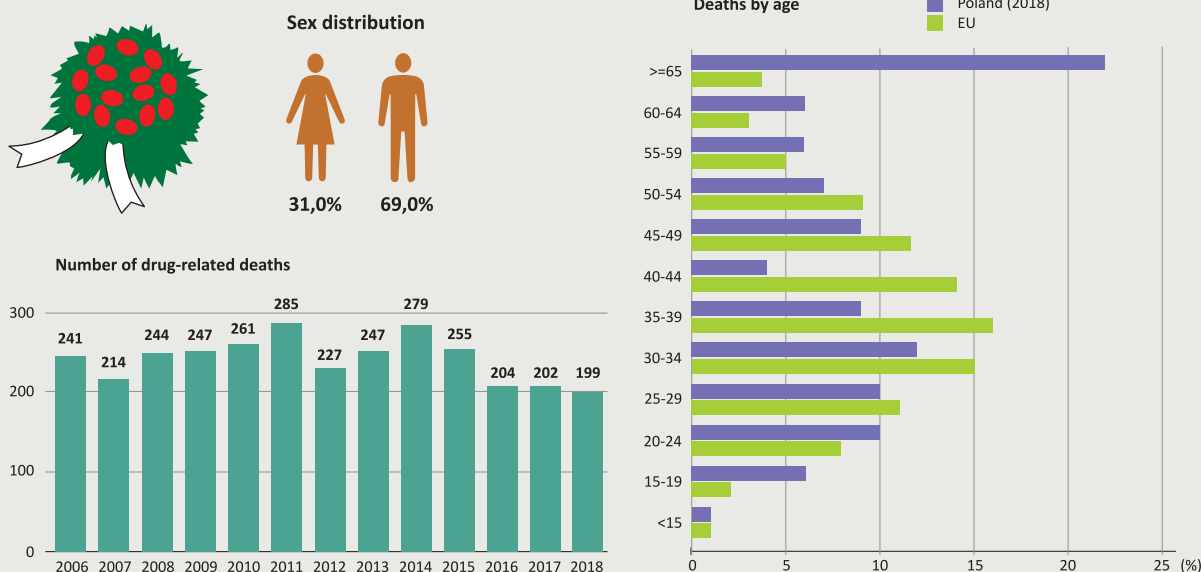
**Table 2.1. Drug overdose-related deaths and mortality rate per 100 000 (in 2018 by province)**

| <b>Provinces</b>    | <b>Number of deaths according to domestic definition: 2018</b> | <b>Mortality rate per 100 000: 2018</b> |
|---------------------|----------------------------------------------------------------|-----------------------------------------|
| Dolnośląskie        | 15                                                             | 0,52                                    |
| Kujawsko-pomorskie  | 12                                                             | 0,58                                    |
| Lubelskie           | 2                                                              | 0,09                                    |
| Lubuskie            | 6                                                              | 0,59                                    |
| Łódzkie             | 21                                                             | 0,85                                    |
| Małopolskie         | 16                                                             | 0,47                                    |
| Mazowieckie         | 19                                                             | 0,35                                    |
| Opolskie            | 1                                                              | 0,10                                    |
| Podkarpackie        | 8                                                              | 0,38                                    |
| Podlaskie           | 4                                                              | 0,34                                    |
| Pomorskie           | 19                                                             | 0,82                                    |
| Śląskie             | 38                                                             | 0,84                                    |
| Świętokrzyskie      | 0                                                              | 0                                       |
| Warmińsko-mazurskie | 16                                                             | 1,12                                    |
| Wielkopolskie       | 7                                                              | 0,20                                    |
| Zachodniopomorskie  | 15                                                             | 0,88                                    |
| <b>Poland</b>       | <b>199</b>                                                     | <b>0,52</b>                             |

Source: CINN KBPN.

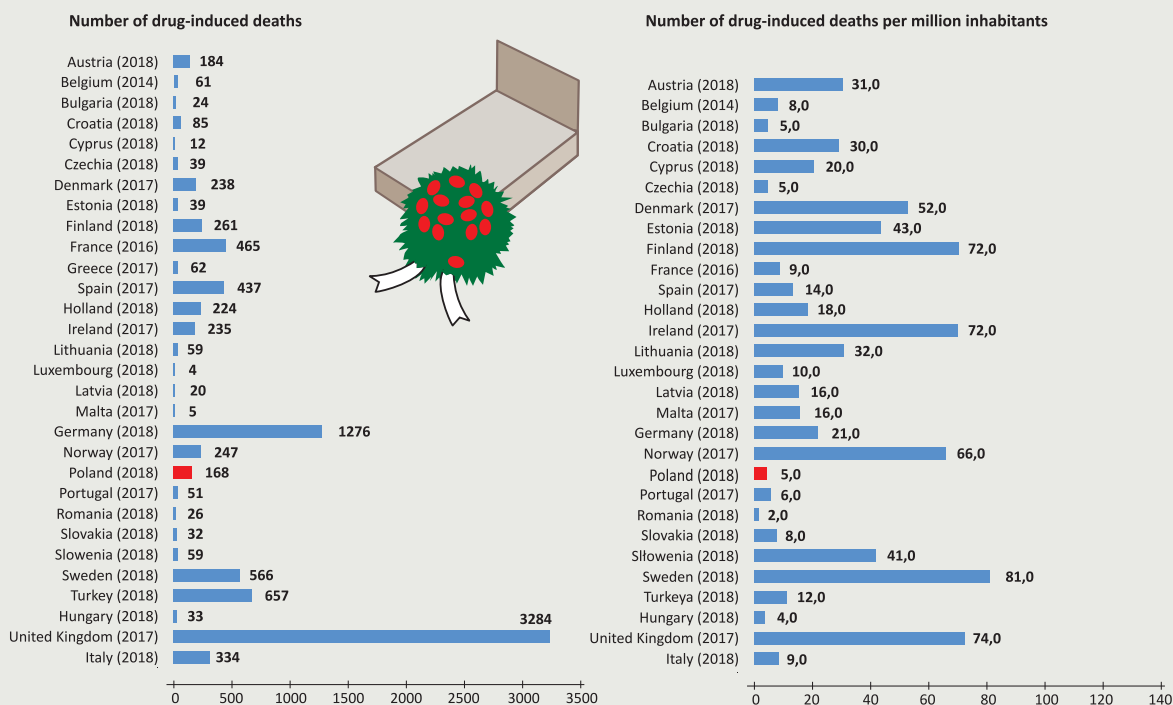
To compare the drug-related deaths among the countries, the EMCDDA data were used. The highest DRD rates in Europe were recorded in Sweden – 81 individuals per million inhabitants (566 individuals in absolute numbers in 2018) and the United Kingdom – 74 individuals per million inhabitants (3284 individuals in absolute numbers in 2018).

Figure 2.1. Drug-related deaths



Source: EMCDDA Statistical Bulletin, 2020.

Figure 2.2. Drug-related deaths in population aged 15-64

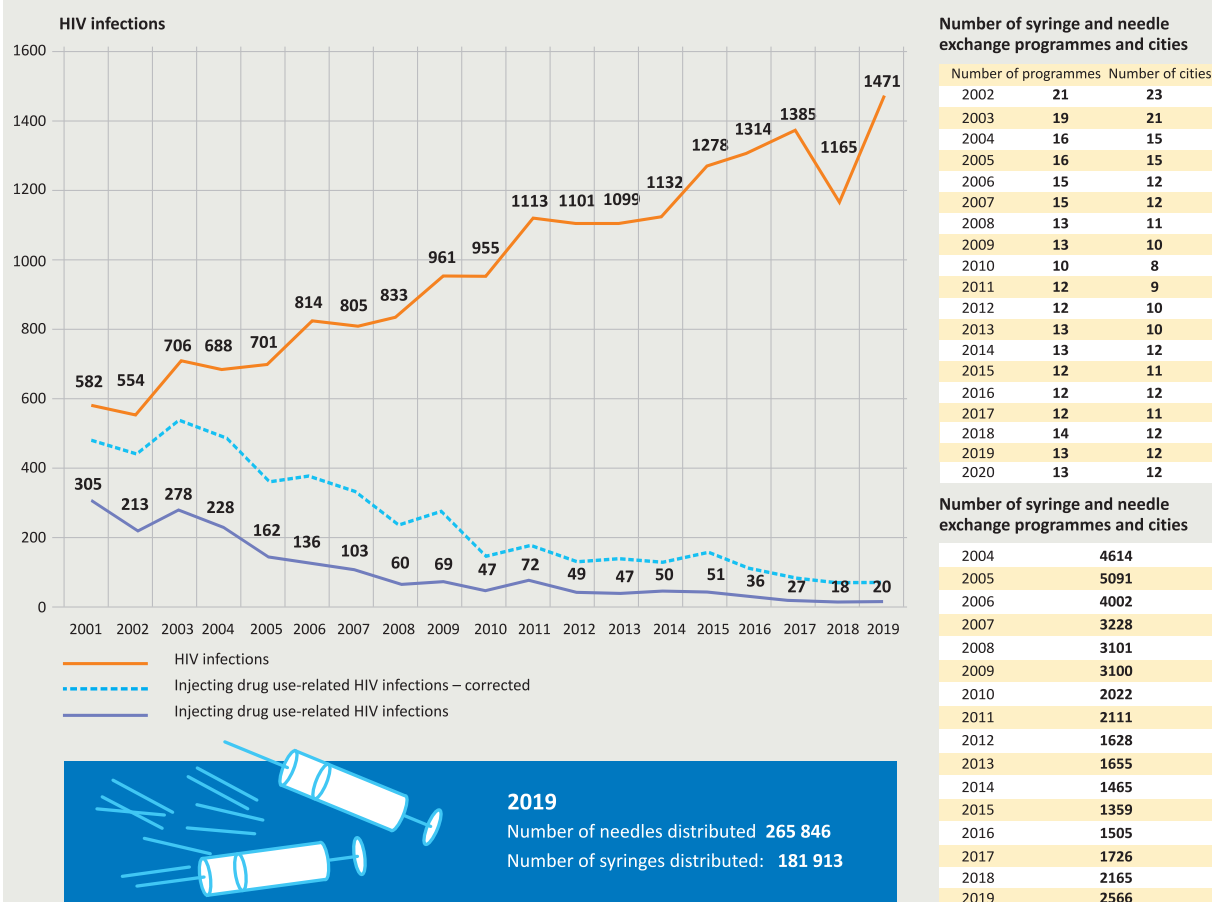


Source: EMCDDA Statistical Bulletin, 2020.

### 3. HIV infections among injecting drug users

One of the most serious health problems related to drugs are infectious diseases. The nationwide data reported to Sanitary and Epidemiological Stations regarding HIV infections and AIDS cases, including those attributed to drug use, are released by the National Institute of Public Health – State Institute of Hygiene. In 2019, 1 471 HIV infections were identified including 20 among injecting drug Users (Figure 3.1.). Since 2008, despite insignificant statistical differences for the respective years, the numbers of new HIV infections in injecting drug users have been falling. In 2018, 23 new AIDS cases were identified, including 2 among injecting drug users. The National Institute of Public Health – State Institute of Hygiene (NIZP-PZH) upon commission of the National Bureau for Drug Prevention conducted a survey among injecting drug users in 2017. The survey revealed that HIV antibodies had been found in 18.5% of the respondents and HCV antibodies in 57.6% of the respondents who injected drugs.

**Figure 3.1. HIV infections and harm reduction**



Source: NIZP-PZH.

Source: CINN KBPN

## 4. Problem drug use

Population surveys, e.g. among youth, show the prevalence of experimental and current drug use. It is problematic to capture in population surveys the number of people who use drugs, e.g. heroin, on a daily basis. That is why additional analyses are conducted in order to estimate the scale of problem drug use e.g. by means of registers listing drug treatment entrants.

Similarly to the results of population surveys, the estimates of problem drug users indicate that, compared to the other EU countries, problem drug use prevalence rates in Poland are not high. It is worth looking what this situation looks like against other countries reporting data to the EMCDDA. It is useful to compare the situation in the respective countries based on the rate per 1000 inhabitants. Figure 4.1 lists the data for the population aged 15-64 in absolute numbers (12 EU Member States).

Among the countries which had made estimates of drug users, only two had rates lower than Poland: Cyprus (3.1 per 1000 inhabitants in 2018) and Croatia (3.5 per 1000 inhabitants in 2012). In Poland, this rate stood at 3.7 (2014) and it was much lower compared to the countries of the highest rates in Europe: Finland (10.7 per 1000 in 2017) and Portugal (10.1 per 1000 in 2015).

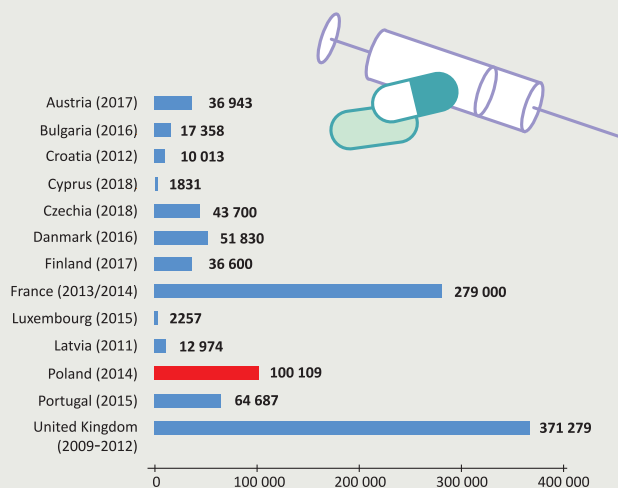
The estimate of problem opioid users in Poland reveals that the scale of opioids-related problems is one of the lowest in Europe. In our country the number of problem opioid users is estimated at 15 thousand, which translates into the rate of 0.55 user per 1000 inhabitants. The highest rate was recorded in the United Kingdom (8.4 per 1000 inhabitants) (Figure 4.2) and Finland – 7.75 per 1000 inhabitants (2017).

## 5. Patterns of drug use based on data from drug treatment system and syringe/needle exchange programmes

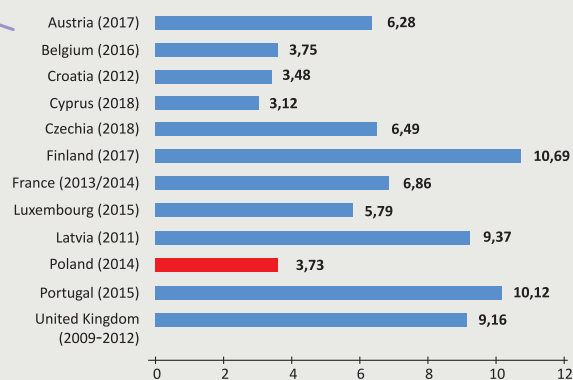
In the last 10 years the drug scene has changed, which is shown e.g. in data from the drug treatment system and harm reduction programmes targeted on injecting drug users. At the beginning of the previous century the most prevalent drugs among injecting drug users were heroin and amphetamine. At present, according to the research conducted by the Polish Reitox Focal Point among clients of syringe/needle exchange programmes, heroin is used by every fourth respondent (28%) while the Polish homemade heroin by fewer than every tenth respondent. The arrival of new psychoactive substances (NPS) caused that today approx. 40% of the respondents (2018 data) have used NPS in the last 30 days. Amphetamine is still being used (46%). It is worth noting that a large percentage of drug users often use alcohol (80%), benzodiazepines (55%) and methadone (57%), which are all legal. The drug scene is not as homogenous as it used to be, when heroin was the predominant drug. At present, the prevalence of substance use varies across the Polish cities. According to the data from Krakow-based harm reduction programmes, heroin has ceased to be available the market and drug users are opting for new psychoactive substances. However, heroin is still popular among injecting drug users in Warsaw. European treatment demand indicator (TDI) data for 2019 on first-time entrants allow for capturing another trend shift among problem drug users.

In Poland, the most frequent groups of first-time drug treatment patients were cannabis users (40%) followed by amphetamine users (27%). It is also worth noting that 9% of the first-timers reported methamphetamine as primary drug. Consequently, the rising popularity of methamphetamine in recent years can be noted. In the case of methamphetamine, the problem is being observed mainly in dolnoslaskie province, where there are cities in which methamphetamine is the primary drug.

**Figure 4.1.** Estimated number of problem drug users



**Problem drug users per 1000 inhabitants in population aged 15-64**

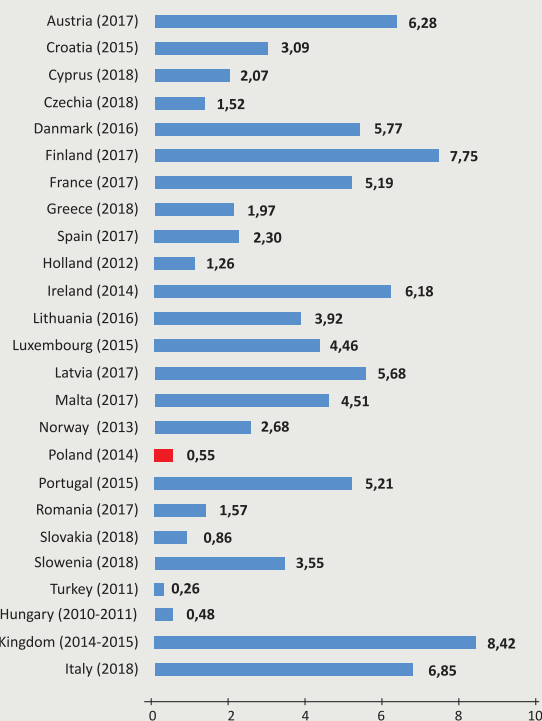


Source: EMCDDA Statistical Bulletin, 2020.

**Figure 4.2.** Number of problem opioid users aged 15-64

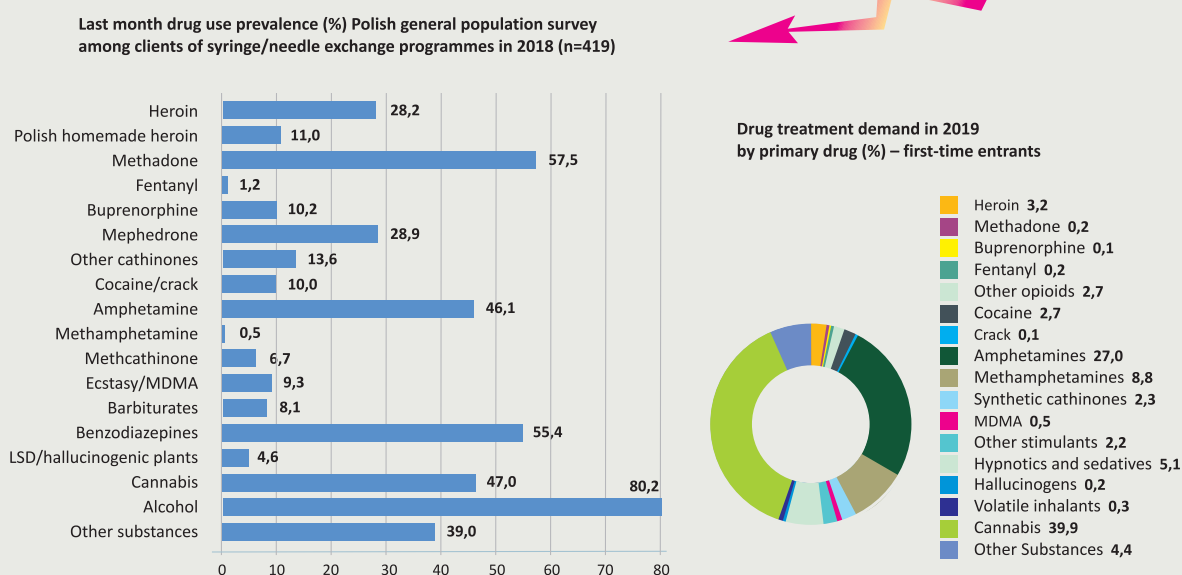


**Problem opioid users per 1000 inhabitants aged 15-64**



Source: EMCDDA Statistical Bulletin, 2020.

**Figure 5.1. Drug use prevalence: data from drug treatment units and syringe/needle exchange programme**



Source: CINN KBPN.

Source: TDI KBPN.

## 6. Prevalence of NPS use and related problems

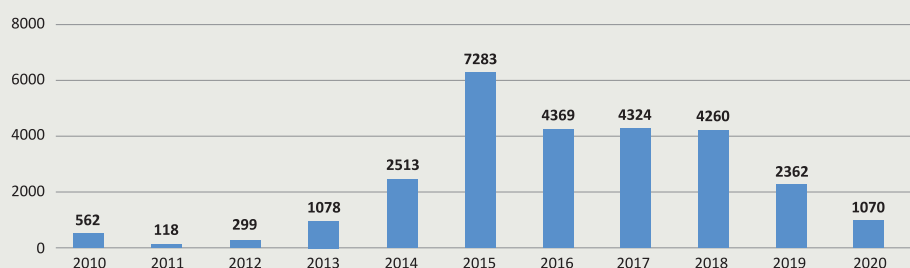
The latest data of the Chief Sanitary Inspector show a decline in suspected NPS-induced poisonings. After the record poisonings year of 2015 (7 283), the figure fell to 4 369 in 2016. The latest 2020 poisonings data point to a return to the level of 2013.

Since 2008, the topic of New Psychoactive Substances has been covered by over a dozen studies. The CBOS Foundation along with the National Bureau for Drug Prevention conducted a study among final grade students of secondary schools which analyses the NPS prevalence trends from 2008. The results clearly demonstrate that there has been a decrease in the prevalence of NPS use among youth. The percentage of the respondents who had experimented with new psychoactive substances according to the 2018 survey was found to be below the figure of 2008 (2.6%). 1.5% of the respondents had used NPS in the last 12 months while the figure for the last 30 days use stood at 0.7%. These are the lowest rates since the beginning of the studies i.e. 2008.

Let us have a look at the results of the three measurements of 2008, 2010 and 2013. According to the survey of 2008, NPS had been ever used by 3.5% of the pupils while in 2010 this rate stood at 11%. The 2010 NPS prevalence rate for the last 12 months stood at 7% (3% in 2008) while in the last 30 days it was 1% (1.5% in 2008). In 2010, over 1400 NPS high street stores were in operation. The 2013 survey results demonstrate a fall in the prevalence of NPS use. The lifetime rate for that period (5%) was half as low for 2010 while three times as few respondents reported using NPS in the last year (fall from 7% to 2%). The last month prevalence rate stood at 1%.

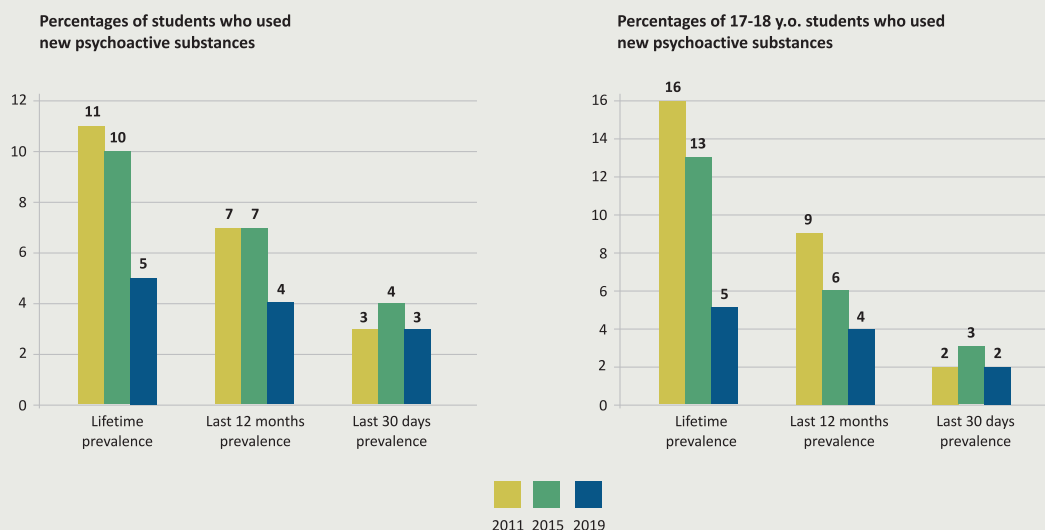
The latest data on the prevalence of NPS use in youth can be found in the ESPAD survey. In 2011, the NPS question were first introduced into the survey. The percentages of current users are far lower (3.6% in third graders of upper primary schools, 3.5% in second graders of secondary schools). In the last 30 days prior to survey, 2.5% of upper primary school students and 2.2% secondary school students had used NPS. The prevalence of NPS use did not vary in terms of gender. The percentages among boys and girls are similar. The ESPAD survey results show that the NPS use prevalence rates have been falling since 2011. Downward trends are also recorded for the offers to purchase, receive or use NPS. The percentages of respondents who consider it easy to obtain NPS are also in decline. It is worth noting a growing number of respondents who consider it very risky even to experiment with NPS.

**Figure 6.1. Likely medical interventions induced by new psychoactive substances in the years 2010-2020**



Source: Poisonings Control Centre, Warsaw; General Sanitary Inspectorate .

**Figure 6.2. New Psychoactive Substances (%) ESPAD Survey**



Source: NBDP and PARPA.

## 7. Psychoactive substances in road traffic

In order to assess the scale of driving mechanical vehicles under the influence of psychoactive substances, the follow-up of the nationwide survey on a representative number of adult citizens was conducted at the end of 2020. The survey was implemented by Polish Reitox Focal Point and National Bureau for Drug Prevention in collaboration with Kantar opinion poll company. The field study was conducted between 11 and 16 December 2020. The previous study had been conducted on 28 September – 3 October 2018 through computer-assisted face-to-face OMNIBUS interviews at homes of the respondents. Under this method, the interviewer reads out the questions from the computer screen and checks the answers given by the respondent (closed-ended questions) or writes down the answers in the case of open-ended questions. The survey was conducted on a nationwide representative sample of 973 respondents aged 18-75. Analyzing the activity of Poles based on this research, it is worth noting that lately (almost 12 months, in fact the whole 2020) we have been seeing new behaviours, which differ from the previous lifestyle. The COVID-19 pandemic made many Poles change the form and frequency of movement. Compared to the previous measurement of 2018, there was a dramatic fall from 8.3% to 3.9% in the percentage of adult Poles who reported knowing somebody who in the last 12 months has driven a car or another mechanical vehicle under the influence of alcohol. In the case of the remaining mind-altering substances, no statistically significant changes were observed in this category.

It is also worth noting that there was a fall in the percentage of Poles who in the last 12 months have been passengers of driver under the influence of any psychoactive substance, including cannabis and alcohol. Analyzing the phenomenon of driving mechanical vehicles under the influence of psychoactive substances we also observe that there was a statistically significant drop in the percentage of Poles who reported driving a mechanical vehicle in the last 30 days under the influence of amphetamine, cannabis, alcohol or mind-altering pharmaceuticals. Such a development was not observed in the case of driving a mechanical vehicle in the last 12 months. It would be worthwhile to follow up on this survey and verify whether these results were related to the COVID-19 pandemic. The future measurement might confirm the last year's findings. However, we might obtain a different picture of the substance use phenomenon in road traffic. Detailed results have been presented in Table 7.1.

## 8. Drug market and drug manufacture<sup>1</sup>

In 2020, Provincial Police Departments, Warsaw Police Department and Central Investigation Bureau of Police detected and dismantled 1 275 illegal plantations of cannabis other than hemp. A total of 98 808 cannabis plants other than hemp were confiscated. The Border Guard dismantled 2 illegal plantations of cannabis other than hemp and confiscated a total of 2 840 cannabis plants. In 2019, there was an increase in the seizures of heroin, amphetamine, methamphetamine and ecstasy tablets (Table 8.1.). Poland, along with countries such as Holland and Belgium, is still cited as a major manufacturer of such substances in Europe. In 2019, the Police detected and dismantled 41 clandestine drug laboratories while the Border Guard dismantled two such facilities.

<sup>1</sup> This part of the report was based on *2018 and 2019 Implementation report concerning the Programme of the Ministry of Internal Affairs and Administration for combating drug-related crime and drug prevention 2017-2019*. The drug seizure data in Table 8.1. have been provided by Polish Reitox Focal Point.

Table 7.1. Psychoactive substances in road traffic (% of respondents – surveys of 2018 &amp; 2020)

|                                                                                                                                                                                                                                                                    | Any drug<br>(amphetamine /<br>cannabis /NPS /<br>other drugs) |      | Ampheta-<br>mine |      | Cannabis |      | NPS  |      | Other drugs |      | Alcohol |      | Pharma-<br>ceuticals<br>like to cause<br>psychoactive<br>effects |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------|------------------|------|----------|------|------|------|-------------|------|---------|------|------------------------------------------------------------------|------|
|                                                                                                                                                                                                                                                                    | 2018                                                          | 2020 | 2018             | 2020 | 2018     | 2020 | 2018 | 2020 | 2018        | 2020 | 2018    | 2020 | 2018                                                             | 2020 |
| Driving a car or other mechanical vehicles under the influence of mind-altering substances in the last 12 months – being a passenger (N=1006, 09.2018/N=973, 12.2020)                                                                                              | 1,5%                                                          | 0,5% | 0,6%             | 0,2% | 0,9%     | 0,3% | 0,5% | 0,2% | 0,7%        | 0,2% | 2,2%    | 1,1% | 0,7%                                                             | 0,4% |
| Driving a car or other mechanical vehicles under the influence of mind-altering substances in the last 12 months – percentage of individuals who knew somebody who drove a vehicle under the influence of psychoactive substances (N=1006, 09.2018/N=973, 12.2020) | 2,9%                                                          | 1,8% | 1,1%             | 0,5% | 2,2%     | 1,7% | 1,0% | 0,6% | 0,8%        | 1,0% | 8,3%    | 3,9% | 1,8%                                                             | 1,4% |
| Driving a car or other mechanical vehicles under the influence of mind-altering substances in the last 30 days (N=357, 09.2018/N=415, 12.2020)                                                                                                                     | 1,1%                                                          | 0,2% | 0,9%             | 0,0% | 1,1%     | 0,0% | 1,1% | 0,2% | 1,1%        | 0,0% | 1,7%    | 0,2% | 1,1%                                                             | 0,0% |
| Driving a car or other mechanical vehicles under the influence of mind-altering substances in the last 12 months (N= 465, 09.2018/N=532, 12.2020)                                                                                                                  | 1,1%                                                          | 0,8% | 1,1%             | 0,6% | 1,1%     | 0,4% | 0,9% | 0,6% | 1,1%        | 0,4% | 1,7%    | 1,3% | 1,3%                                                             | 0,4% |
| Riding a bicycle under the influence of mind-altering substances in the last 30 days (N=335, 09.2018/N=173, 12.2020)                                                                                                                                               | 1,2%                                                          | 1,5% | 1,2%             | 0,7% | 0,9%     | 1,5% | 1,2% | 0,7% | 1,2%        | 0,7% | 4,4%    | 5,1% | 1,2%                                                             | 0,7% |
| Riding a bicycle under the influence of mind-altering substances in the last months (N=402, 09.2018/N=322, 12.2020)                                                                                                                                                | 1,0%                                                          | 1,3% | 1,0%             | 0,7% | 1,0%     | 1,0% | 1,0% | 0,9% | 1,0%        | 0,7% | 4,9%    | 3,8% | 1,0%                                                             | 0,5% |
| Driving a mechanical vehicle or riding a bicycle under the influence of mind-altering substances in the last 12 months (N=1006, 09.2018/N=973, 12.2020)                                                                                                            | 0,5%                                                          | 0,5% | 0,5%             | 0,3% | 0,5%     | 0,3% | 0,5% | 0,3% | 0,5%        | 0,2% | 2,2%    | 2,0% | 0,9%                                                             | 0,4% |

Source: KANTAR i CINN KBPN.

Synthetic drug laboratories are still located in remote and camouflaged places, which is intended to make them undetectable.

Another way of camouflaging the criminal activity is manufacturing amphetamine in stages (usually three). Each completed in a different location. This is intended to diversify the risk of detecting the clandestine plant by neighbours, random people or by the Police. Only the last two stages of the drug manufacture, the ones that are related to criminal charges are completed in highly protected places.

**Table 8.1. Drug seizures in Europe (Police and Border Guard)**

| Substances           | 2016     | 2017    | 2018     | 2019      |
|----------------------|----------|---------|----------|-----------|
| Hashish (kg)         | 32,89    | 1237,16 | 8 313,19 | 436,151   |
| Marijuana (kg)       | 2 569,44 | 3620,08 | 4 259,79 | 3 494,674 |
| Heroin (kg)          | 9,02     | 2,49    | 8,84     | 21,464    |
| Cocaine (kg)         | 448,76   | 81,05   | 277,42   | 2 247,829 |
| Amphetamine (kg)     | 943,27   | 582,41  | 1 322,86 | 1 676,519 |
| Methamphetamine (kg) | 17,94    | 25,60   | 30,88    | 537,877   |
| Ecstasy (tablets)    | 149 921  | 112 614 | 218 442  | 260,112   |
| LSD (blotters)       | 166      | 866     | 3 544    | 1 981     |

Source: CINN KBPN.

**Table 8.2. Prices of drugs on the black market in 2019**

| Substance       | Measurement unit | Average<br>retails prices<br>(PLN) | Average<br>wholesale<br>price (PLN) |
|-----------------|------------------|------------------------------------|-------------------------------------|
| Heroin (white)  | gram             | 291                                | 90                                  |
| Marijuana       | gram             | 34                                 | 7                                   |
| Hashish         | gram             | 36                                 | 15                                  |
| Hashish oil     | ml               | 150                                | –                                   |
| Amphetamine     | gram             | 40                                 | 7                                   |
| Methamphetamine | gram             | 135                                | 45                                  |
| Ecstasy         | tablet           | 25                                 | 11,5                                |
| Cocaine         | gram             | 296                                | 120                                 |

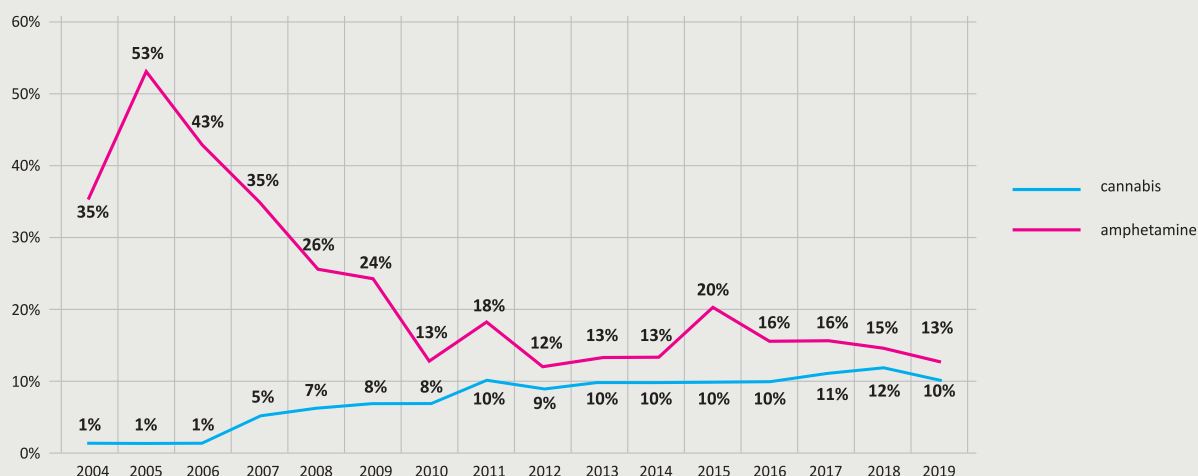
Source: Data reported to UNODC under ARQ.

New methods of synthetic drug manufacture or adapting the existing methods to new technical solutions (e.g. mobile amphetamine or methamphetamine labs) are being implemented not only for economic reasons but also in order to increase the safety of individuals directly involved in the production or the safety of the very labs (equipment, precursors, real property).

## 9. Drug supply reduction

In Poland, 1230 officers were responsible for combating drug-related crime under criminal departments, sections, teams and one-man positions (as of 31 December 2019). In 2019, 66 826 crimes against the Act of counteracting drug addiction were registered. The highest number of the crimes (64%) related to Article 62 i.e. possession of drugs. In the years 2015-2017, one can observe a rise in the number of registered crimes from 54 778 to 64 575; however, the highest number of registered crimes against the Act on counteracting drug addiction was found in 2013 – 72 073. The latest data demonstrate an increase in drug-related crimes to over 66 000. Let us take a look at the suspects of crimes against the Act on counteracting drug addiction. In 2019, a fall was observed in the number of such individuals down to over 33 000 (28 497 in 2018). The highest proportion was made up by suspects under Article 62 (87%). Figure 9.1. shows the results of the lab analyses of the Central Forensic Laboratory of the Police regarding the purity of amphetamine and THC concentration in cannabis. Since 2005 the average purity of amphetamine has fallen from 50% to 13% while THC concentration in cannabis has risen from 1% to 10%. According to the latest data for 2020, THC concentration in cannabis has dropped. Figure 8.2. shows drug prices in 2019. Cocaine was the most expensive at PLN 300 per gram.

**Figure 9.1. Purity of cannabis and amphetamine in the years 2004-2019**



Source: Central Forensic Laboratory of the Police.

**Table 9.1 Number of identified crimes under the Act on counteracting drug addiction**

| Identified crimes                                         | 2013          | 2014          | 2015          | 2016          | 2017          | 2018          | 2019          |
|-----------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Art. 53 – manufacture                                     | 272           | 286           | 242           | 295           | 356           | 273           | 284           |
| Art. 54 – possession, purchase of manufacturing equipment | 251           | 216           | 231           | 222           | 278           | 266           | 270           |
| Art. 55 – smuggling                                       | 904           | 898           | 801           | 738           | 783           | 609           | 636           |
| Art. 56 – introduction to trade                           | 3 372         | 3 357         | 2 071         | 1 984         | 2 021         | 1 990         | 1 840         |
| Art. 57 – preparation for smuggling                       | 55            | 71            | 40            | 24            | 40            | 39            | 46            |
| Art. 58 – supplying                                       | 12 208        | 8 698         | 6 625         | 6 849         | 6 632         | 5 695         | 6 148         |
| Art. 59 – trade                                           | 13 739        | 11 560        | 9 793         | 10 487        | 12 811        | 11 555        | 11 492        |
| Art. 60 – failure to report trade                         | 2             | 1             | 1             | 1             | 1             | 1             | 0             |
| Art. 61 – precursors                                      | 25            | 39            | 31            | 40            | 42            | 35            | 37            |
| Art. 62 – possession                                      | 39 088        | 35 490        | 32 976        | 37 349        | 39 388        | 37 610        | 44 045        |
| Art. 63 – cultivation                                     | 2 116         | 2 083         | 1 931         | 2 245         | 2 200         | 1 836         | 2 007         |
| Art. 64 – appropriation                                   | 36            | 25            | 34            | 163           | 23            | 20            | 19            |
| Art. 68 – advertising                                     | 5             | 1             | 2             | 3             | 0             | 0             | 2             |
| <b>Total</b>                                              | <b>72 073</b> | <b>62 725</b> | <b>54 778</b> | <b>60 400</b> | <b>64 575</b> | <b>59 929</b> | <b>66 826</b> |

Source: Police Headquarters.

**Table 9.2 Number of suspects under the Act on counteracting drug addiction**

| Suspects                                                  | 2013          | 2014          | 2015          | 2016          | 2017          | 2018          | 2019          |
|-----------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Art. 53 – manufacture                                     | 190           | 165           | 176           | 190           | 241           | 163           | 186           |
| Art. 54 – possession, purchase of manufacturing equipment | 45            | 37            | 53            | 43            | 41            | 49            | 58            |
| Art. 55 – smuggling                                       | 474           | 507           | 489           | 465           | 490           | 389           | 363           |
| Art. 56 – introduction to trade                           | 1 133         | 1 195         | 995           | 1 022         | 854           | 880           | 942           |
| Art. 57 – preparation for smuggling                       | 24            | 18            | 27            | 7             | 12            | 8             | -             |
| Art. 58 – supplying                                       | 1 715         | 1 509         | 991           | 925           | 839           | 768           | 781           |
| Art. 59 – trade                                           | 2 073         | 1 865         | 1 446         | 1 235         | 1 368         | 1 145         | 1 194         |
| Art. 60 – failure to report trade                         | 1             | 0             | 1             | 0             | 2             | 0             | 0             |
| Art. 61 – precursors                                      | 11            | 10            | 11            | 8             | 15            | 15            | 18            |
| Art. 62 – possession                                      | 21 493        | 22 008        | 21 630        | 24 341        | 25 181        | 24 224        | 29 355        |
| Art. 63 – cultivation                                     | 1 175         | 1 132         | 1 066         | 1 175         | 1 069         | 846           | 934           |
| Art. 64 – appropriation                                   | 20            | 14            | 22            | 23            | 9             | 10            | 0             |
| Art. 68 – advertising                                     | 0             | 0             | 2             | 0             | 0             | 0             | 0             |
| <b>Total</b>                                              | <b>28 354</b> | <b>28 460</b> | <b>26 909</b> | <b>29 434</b> | <b>30 121</b> | <b>28 497</b> | <b>33 831</b> |

Source: Police Headquarters.

## 10. Drug trafficking

The trend of trafficking in cannabis other than hemp from European countries, mainly Spain and Holland, into Poland has been continuing for years. Cannabis is supplied into Europe mainly from north African countries. International crime syndicates, which involve many Polish citizens, are responsible for this crime. Polish criminals have also started cooperating with Czech criminals in cannabis cultivation. The forensic evidence shows that this drug frequently originates in Czechia. Amphetamine is manufactured in Poland. It is partly consumed on the domestic market; however, substantial quantities are exported, mainly to Scandinavian countries, Germany, UK and Ireland and also to a lesser extent to Spain, Italy and France. Amphetamine is usually trafficked by road. In Poland, cannabis trafficking from countries such as Spain and France is still on the rise. Road transport was also used for this purpose by crime syndicates.

Poland is mainly a transit country for cocaine trafficking from South America to Western European countries. The reason for this is that cocaine remains too expensive compared to the more competitive heroin. Cocaine contraband trafficked directly from South and Central America is reloaded in the Polish ports of Swinoujscie, Gdynia and Gdansk. The drug is often shipped on large container ships, where it is virtually impossible to detect the contraband without prior knowledge of the container number. As for indirect shipments, cocaine is usually smuggled first into one of the major European container reloading hubs e.g. Rotterdam or Hamburg. Then, by sea or land, cocaine is shipped to its destination. Some of the drug finds its way to the domestic market while most of it is trafficked abroad by international crime syndicates. The common practice used by the criminal groups is that the drugs upon arriving at the sea port e.g. in Rotterdam continue their journey on the same ship to the port of Gdynia where after being unloaded from the ship are transported by road to Holland. Some cocaine is also sent to Scandinavia.

The Central Bureau of Investigation of the Police investigates a lot of cocaine trafficking into Scandinavian countries performed by Polish or international crime syndicates. A likely and common operation is the reverse direction of the contraband. Substantial payloads of cocaine first find their way to Sweden or Norway and then concealed in containers on a ferry are brought back into Poland from where they are trucked to Germany, Belgium and Holland. The Balkan route, previously used to traffic in heroin and illegal immigrants, is now also frequently used for cocaine trafficking. Apart from drugs (heroin, cocaine, hashish, marijuana), the route also sees illegal transports of weapons, immigrants, female sex workers and body organs for transplants. The trafficking, just as in the case of heroin, is done by citizens of the former Yugoslavia as well as Romania, Bulgaria and Albania.

## 11. Convictions under the Act on counteracting drug addiction

One of the indicators used for monitoring drugs and drug addiction are the data on the number of convictions under the Act on counteracting drug addiction. According to the 2018 data of the Ministry of Justice, 6.5% of convictions in Poland were related to the Act on counteracting drug addiction (18 103 sentences). Out of 6 558 individuals convicted of drug-related crimes, 3 536 received suspended sentences. It is worth noting that the latest data for 2018 revealed a decrease in the number of deprivation of liberty sentences despite the fact that the overall number of convicts under the Act on counteracting drug addiction increased. Table 11.1 shows data for the last 20 years.

**Table 11.1. Final convictions by courts**

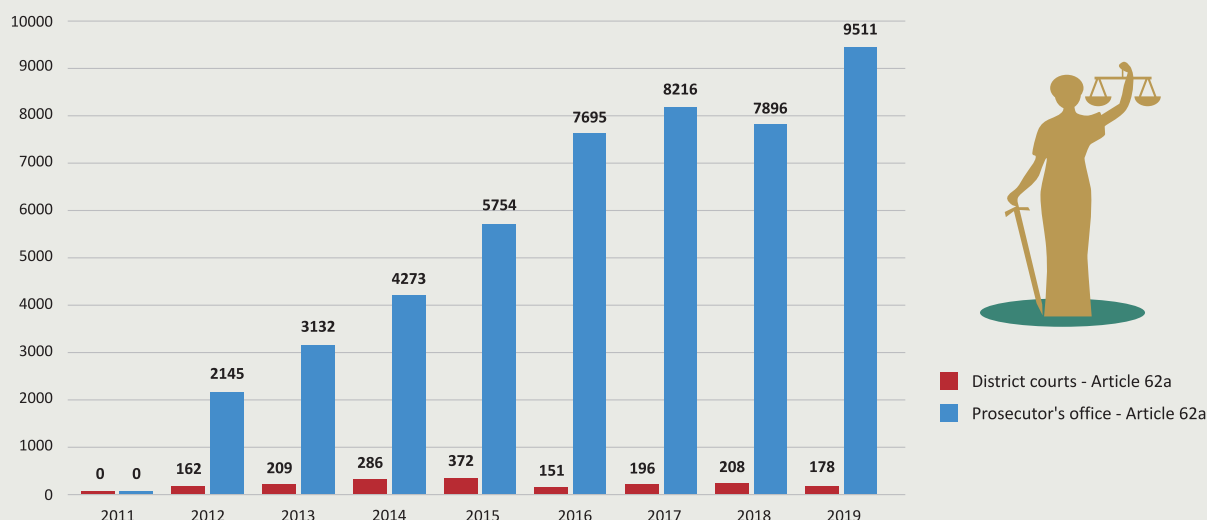
|      | Finally convicted by courts |                            | Sentenced to deprivation of liberty under drug law |                            |                    |
|------|-----------------------------|----------------------------|----------------------------------------------------|----------------------------|--------------------|
|      | All convicts                | Convictions under drug law | All sentenced individuals                          | Without suspended sentence | Suspended sentence |
| 1999 | 207 607                     | 2 264                      | 1 865                                              | 420                        | 1 445              |
| 2000 | 222 815                     | 2 878                      | 2 428                                              | 572                        | 1 856              |
| 2001 | 315 013                     | 4 300                      | 3 802                                              | 1 024                      | 2 778              |
| 2002 | 365 326                     | 6 407                      | 5 417                                              | 1 282                      | 4 133              |
| 2003 | 415 533                     | 9 815                      | 7 785                                              | 1 489                      | 6 296              |
| 2004 | 512 969                     | 16 608                     | 12 417                                             | 2 308                      | 10 109             |
| 2005 | 503 909                     | 20 164                     | 14 249                                             | 2 085                      | 12 164             |
| 2006 | 462 937                     | 20 381                     | 15 383                                             | 2 355                      | 13 028             |
| 2007 | 426 377                     | 20 801                     | 15 475                                             | 2 118                      | 13 357             |
| 2008 | 421 051                     | 20 631                     | 15 165                                             | 2 390                      | 12 775             |
| 2009 | 415 272                     | 20 024                     | 14 739                                             | 2 188                      | 12 551             |
| 2010 | 432 891                     | 20 601                     | 14 837                                             | 2 278                      | 12 559             |
| 2011 | 423 464                     | 21 049                     | 14 437                                             | 2 163                      | 12 274             |
| 2012 | 408 107                     | 19 226                     | 13 131                                             | 2 019                      | 11 112             |
| 2013 | 353 208                     | 18 189                     | 12 321                                             | 1 837                      | 10 484             |
| 2014 | 295 353                     | 17 464                     | 11 155                                             | 1 738                      | 9 417              |
| 2015 | 260 034                     | 16 402                     | 10 122                                             | 1 819                      | 8 303              |
| 2016 | 289 512                     | 19 446                     | 8 095                                              | 2 457                      | 5 639              |
| 2017 | 241 436                     | 17 603                     | 6 630                                              | 2 668                      | 3 962              |
| 2018 | 275 768                     | 18 103                     | 6 558                                              | 3 022                      | 3 536              |

Source: Ministry of Justice.

## 12. Alternatives to criminal punishment

In 2011, new legal solutions were introduced in order to depart from criminal sanctions. After several years of applying Article 62a it must be noted that the scope of practical application of this provision by the public prosecution is widespread. In the first year of the functioning of this solution, public prosecutors discontinued a total of 2 154 proceedings. The latest data for 2019 reveal 9 511 such cases (Figure 12.1). Proceedings discontinued by courts were far fewer. In 2019, courts discontinued 178 proceedings under Article 62a.

**Figure 12.1.** Data on discontinued legal proceedings under the Act on counteracting drug addiction. District courts. Discontinued proceedings under Article 62a – prosecutor's office



Article 62a If the object of the act referred to in Article 62.1 or 3 is a small quantity of narcotic drugs or psychotropic substances intended for personal use, the proceedings might be discontinued also before the issuance of the decision to institute an inquiry or an investigation, as long as punishing the offender is pointless due to the circumstances of the offence as well as the degree of social harm.

Source: Ministry of Justice.

### 13. Drug treatment

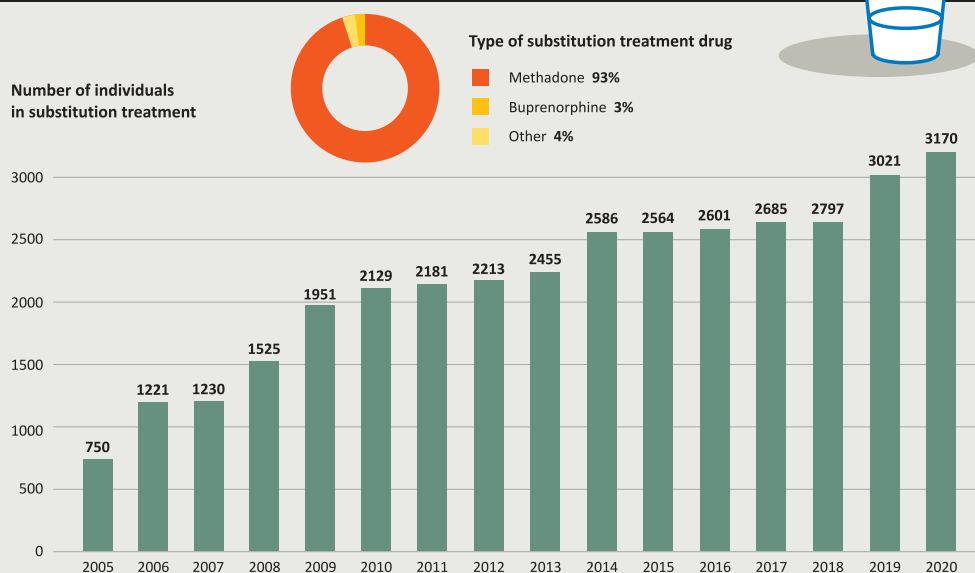
According to Article 26.5 of the Act of 29 July 2005 on counteracting drug addiction, services of drug treatment, rehabilitation and social reintegration are provided for a drug-dependent individual free of charge regardless of their place of residence in the country. Healthcare services for drug-dependent individuals are provided through a network of inpatient and outpatient clinics which hold the status of public or non-public healthcare units. The basic form of the initial intervention and psychological assistance are outpatient clinics, mainly Addiction Prevention and Treatment Counselling Centres. Inpatient clinics are located outside urban areas. They run treatment and rehabilitation programmes based on the therapeutic community model.

In Poland, according to the latest data of the National Bureau for Drug Prevention published in the 8th edition of the information brochure entitled “Drug addiction – where to seek help?”, there are 76 inpatient and 212 outpatient drug clinics. Moreover, drug treatment and rehabilitation services are provided at detoxification wards, drop-in centres for drug treatment, hospital drug treatment wards, harm reduction programmes, therapeutic wards within prisons and social reintegration programmes. Selected centres also provide services for patients with dual diagnosis. In 2020, 3170 patients were provided with opioid substitution treatment (OST). In 2020, 25 OST programmes were run by healthcare centres and prison services in Poland.

For many years, the National Bureau for Drug Prevention has been supporting drug treatment programmes, especially in relation to cannabis. The example of this is CANDIS programme. It is a short-term therapeutic intervention for cannabis users. The programme is targeted on individuals aged 16 and older, who would like to reduce or quit using cannabis. The programme consists

of ten 90-minute individualized interviews with a therapists, which run over the course of 2-3 months. The theoretical model behind the programme has been evidence based and involves motivational interviewing and cognitive-behavioural approaches. Under CANDIS programme, the National Bureau for Drug Prevention runs a dedicated website at [www.candisprogram.pl](http://www.candisprogram.pl).

**Figure 13.1. Substitution Treatment in Poland**



Source: KBPN.

## 14. Prevention, education and information

Drug prevention in 2020 was implemented on the basis of the Act of Law on counteracting drug addiction and the National Health Programme 2016-2020 (NPZ). An increased emphasis on the improvement of quality of prevention programmes is an important element of the NPZ. Drug prevention activities are performed by multiple providers, mainly governmental administration (relevant ministries and subordinate agencies), local and regional governments and non-governmental organizations.

The Ministry of National Education (MEN) and Centre for Education Development (ORE) support schools and educational units in implementing educational activities, including drug prevention. The Ministry of National Education is responsible for legislation, assessment and supervision of educational activities in schools, pedagogical preparation of teachers and support for parents in home-based prevention.

Main goals in the scope of drug addiction include:

- reducing prevalence of substance use in children and youth, improving parent competencies for home-based prevention and involving parents in school-based prevention under education and prevention strategies,

- improving teacher competencies in relation to making informed decisions as regards evidence-based drug prevention programmes or recommended prevention programmes (evidence-based practice),
- implementing independent drug prevention activities by a school or an educational unit as recommended by the risk and protective factor assessment subject to internal evaluation,
- regularly improving quality of school and educational unit-based prevention in collaboration with local and regional administration in the scope of solving drug-related problems in the local community.

In 2015, the Minister of National Education issued Regulation on the scope and manner of providing educational, awareness and preventive activities in order to counteract drug addiction (Journal of Laws of 2015, item 1249). The Regulation was amended in 2018 (Journal of laws of 2018, item 214). The document defines an approach according to which educational, awareness and preventive activities at school are preceded by an assessment of a broadly understood situation of the school or unit in terms of drug-related threats. Identifying the right protective and risk factors is a key element. It allows for adequate adaptation of the aforementioned activities to the needs of a specific target population. The aim of the amendment, besides harmonising legal provisions, was also to draw special attention to threats related to the use of substitute drugs and new psychoactive substances. The amended regulation places emphasis on the need of collaboration between schools and the police as well as provincial and county sanitary inspectors due to their experience in implementing prevention of substitute drug use.

Drug prevention activities are part of educational strategies of schools and educational units. Based on the general education curriculum, each education stage lists tasks of education and prevention for the school which are then incorporated into syllabi to be followed by teachers during lessons. The aspects of promoting healthy lifestyle and counteracting drug addiction are incorporated into syllabi of multiple subjects e.g. physical education, science, biology, chemistry, education for family life, ethics.

These aspects have also been incorporated into health education implemented at all stages of educations. The Centre for Education Development (ORE) has designed a rich offer of educational and awareness activities which include: guidebooks, awareness booklets, programmes, plans for lessons with students and parents as well as teacher training materials in this field. The materials and training programmes have been made available on the Centre's website: [www.ore.edu.pl](http://www.ore.edu.pl).

Preventive interventions cover a wide range of complementary approaches. Community-based and universal prevention are targeted on the entire populations while the selective prevention is aimed at vulnerable groups, who might be more likely to experience substance-related problems. In turn, indicated prevention focuses on at-risk groups. The National Bureau for Drug Prevention (KBPN) and Centre for Education Development (ORE) supported the nationwide dissemination of the Unplugged universal drug prevention programme targeted on students aged 12-14.

The ORE annually collects information from qualified trainers on the number of training courses conducted and teachers trained. In the course of supporting entities which would like to implement the programme, both institutions provide information on the rules of and standards of disseminating the programme across Poland. The evaluation of the programme in Poland indicated its positive impact on the reduction of alcohol and cannabis use by minimising positive beliefs and attitudes

to addictive substances and improving the knowledge and skills among parents. In the course of awareness and education in 2020, a number of materials were produced and distributed. Several websites were also run. For example, the publication titled “Preventing addiction - local, national and international perspective” was released. It included speeches during the local governments conference. The materials were published on the KBPN website in the Publications section: <http://www.kbpn.gov.pl/portal?id=110639>.

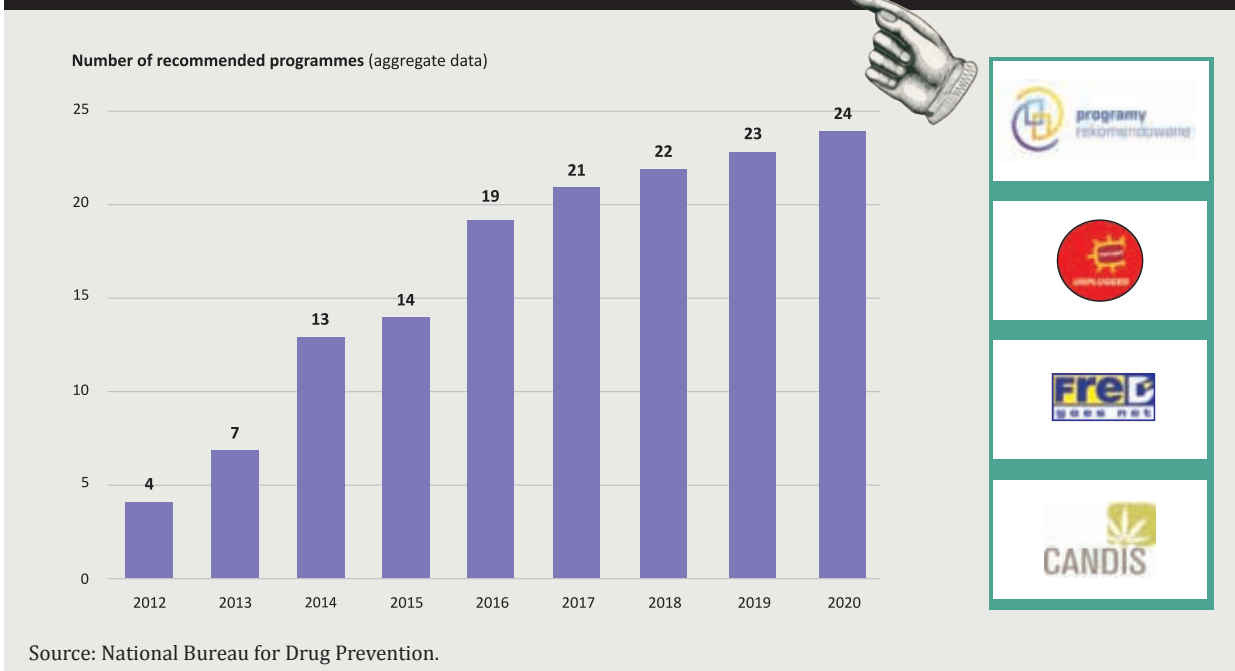
W In the course of promoting “FreD goes net” drug prevention programme, [www.programfred.pl](http://www.programfred.pl) website was run. A leaflet entitled was also released to further promote the programme. In 2020, over 250 people from over 100 prevention, treatment and Psychological and Pedagogical Counseling Centres were trained to implement the programme. The “FreD goes net” providers are listed on the website of the National Bureau for Drug Prevention at <http://programfred.pl/pelna-lista-realizatorow>.

Moreover, in 2020, the National Bureau for Drug Prevention conducted technical works on the profile of qualifications required to conduct universal, selective and indicated drug prevention. The requirements concerning the knowledge, skills and competences in the field of universal prevention were collated and described. They will subsequently be reported to the Integrated System of Qualifications. The following name of the qualifications has been suggested: “Implementation of universal prevention activities for psychoactive substance use and behaviours leading to behavioural addictions”. Training outcomes at specific stages of training were defined as well as requirements to be met by an applicant entering validation, validation criteria for validating entities, including the validation board selection procedure. These action are aimed to improve the quality of drug prevention in Poland. Moreover, in 2020, National Bureau for Drug Prevention commissioned the implementation of 45 selective prevention programmes for children, adolescents and families. The prevention programmes were targeted on children, adolescents, including young adults (under 25) and their families. The participants were individuals exposed to risk factors (individual, family and community-based) such as risky behaviours e.g. “children of the street”, underage individuals at risk of crime and depravity, individuals committing crimes, children and adolescents at risk of addictions, individuals experimenting with drugs, occasional drug users as well as families of at-risk individuals, experimenting and occasional drug users. In 2020, the National Bureau for Drug Prevention financed the implementation of 34 indicated drug prevention contracts. The programmes were mainly run in major Polish cities.

An important element of the activities aimed at promoting high quality drug prevention in Poland is the promotion of the recommendation system for drug prevention programmes as well as dissemination of information on quality standards in drug prevention and specific recommended programmes. The database of the recommended programme is available at [www.programy-rekomendowane.pl](http://www.programy-rekomendowane.pl). It lists 24 drug prevention and mental health promotion programmes. In 2020, the Recommendation Team granted recommendation to the programme titled “SCHOOL-BASED TUTORING – dialogic pedagogy programme”. The programme was reported to the system by the Open Education Society of the city of Wrocław. It was Level II recommendation (good practice).



**Figure 14.1. Recommendation system for drug prevention and health promotion programmes**



In December 2020, the National Bureau for Drug Prevention in collaboration with the State Agency for the Prevention of Alcohol-related Problems (PARPA) organized a webinar titled “Recommendation system for drug prevention and mental health promotion programmes during the COVID-19 pandemic”. The aim of the webinar was to provide an opportunity to exchange experiences in implementing drug prevention activities during the COVID-19 pandemic and present preliminary results of the Recommendation System evaluation.

In 2020, upon initiative the National Bureau for Drug Prevention, the project intended to develop and implement the awareness campaign titled “No drugs on the road” was launched. The aim of the campaign is to respond to drug driving. It will target drivers in general. For the purposes of the campaign, a dedicated website, TV spot, educational and promotional materials, leaflet, etc. were developed. Materials for various targets groups are regularly created e.g. in the area of impact of drug use on drivers, legal consequences of drug driving, parental modelling of safe behaviours on the road. The campaign was inaugurated in the summer of 2020. All the educational materials related to the campaign are available at <https://bezchemiinadrodze.pl/>.

One of the ways to assist drug users is the National Drugs Helpline at 800 199 990. The helpline is targeted on drug abusers, drug-dependent individuals and their loved ones. The helpline services include providing information on the drug treatment system, sharing contact details for specific drug services, information concerning legal issues related to drug addiction and most of all offering counselling and psychological support. The helpline operates every day, except public holidays, between 4pm and 9pm.



## 15. Harm reduction

Harm reduction programmes have been run in Poland since 1992. In 2011, health and social harm-reduction was incorporated into the Act of counteracting drug addiction as one of the elements of social policy in the field of counteracting drug addiction. In 2020, 13 harm reduction programmes were operational in 12 Polish cities. The programmes provided services of needle and syringe exchange for drug-dependent individuals. The interventions were implemented in the street, railway and bus stations, drug user meeting spots, drop-in centres and night shelters for drug-dependent individuals. Apart from injecting equipment exchange, the programmes offered condoms and personal hygiene products. Clients could also obtain treatment-related information, assistance and motivation for treatment. In 2019 (latest data available), Polish harm reduction programmes distributed 181 thousand syringes and 265 thousand needles among 2 566 clients.

## 16. Legal framework of drug control

The basic legal act in the field of drug control is the Act of 29 July 2005 on counteracting drug addiction, which has been amended several times since its promulgation. The latest and most important amendment came into force on 21 August 2018 as a response to the phenomenon of new psychoactive substances (NPS). Changes to controlling NPS, ways of defining controlled substances and penal provisions were introduced.

Firstly, schedules of narcotic drugs and psychotropic substances were transferred to a separate legal act i.e. Regulation of the Minister of Health. It considerably improved the process of controlling NPS as ministerial regulations offer simpler and less time-consuming law-making procedures.

Secondly, the amendment package featured the Regulation of the Minister of Health of 17 August 2018 on the list of psychotropic substances, narcotic drugs and new psychoactive substances. The Regulation, apart from schedules of controlled substances transferred from the Act on counteracting drug addiction, included a list of new psychoactive substances comprising the so-called generic groups. The previous solutions based on controlling individual substances were too cumbersome to respond to the rapidly changing NPS market in Poland. Generic definitions proposed by the legislators initially consisted of four NPS groups: derivatives of 2-phenethylamines (group I-NPS); derivatives of cathinone (2-amino-1-phenylpropan-1-one) (group II-NPS); synthetic cannabinoids (cannabimimetic compounds) (group III-NPS); derivatives of fentanyl (group IV-NPS). In 2019, the list was extended by another group called benzodiazepines (group V-NPS). The groupings made it possible to control a number of substances simultaneously without the need to constantly amend the law to catch up with the latest drug market trends.

Thirdly, penalties for breaking the ban on NPS trade, manufacture and possession were changed. Previously, such offences were subject to a hefty fine while today penalties for law-breaking in this respect will be the same or similar as in the case of traditional drugs. The new legislative solutions retained the NPS-related Health Assessment Team, which recommends to the Minister of Health that NPS be placed under control. Besides the Act, the basic legal act is the National Drugs Strategy. In recent years, some key changes have also taken place. Previously, drug prevention was set out in the National Programme for Counteracting Drug Addiction (last edition covered the years 2011-2016). At present, it has been incorporated into a wider strategy outlined in the National Health Programme (NPZ). The adoption of the NPZ brought about significant changes as drugs and drug addiction were placed in a broader context of public health. Issues of legal and illegal substances

have been incorporated into a single document. It is the consequence of the 2015 Public Health Act. Since 2016 the National Health Programme has been in operation. Its operational objective No. 2 covers the drug prevention issues. The latest edition of the National Health Programme (2016-2020) sets out the prevention of various psychoactive substances (tobacco, alcohol, illegal substances). Moreover, it is worth mentioning that the Public Health Council was established on 24 February 2016. The Council, as an opinion-making and advisory body to the Minister of Health, supports intersectoral public health policy and provides platform for cooperation in this regard.

## 17. Drug response at local and regional level

The Act of 29 July 2005 on counteracting drug addiction allowed local governments to use alcohol licence fee revenues to respond to drug addiction at local level. Local governments were also obliged to develop and implement local drug strategies. Furthermore, since 2006 the National Programme has listed drug prevention tasks to be implemented by local governments. These obligations were incorporated in the National Health Programme for the years 2016-2020.

In 2019, 1522 local governments (gminy) financed universal prevention programmes targeted on school-age children and adolescents (70% of the governments which submitted drug reports in 2019). Educational activities targeted on children and adolescents regarding NPS and drug-related threats enjoyed greater financing. Such activities were performed by 1677 local governments (77%). Figures on drug prevention activities at local level performed in 2015-2019 are listed in Table 17.1.

In 2019, 213 local governments financed early intervention and selective prevention programmes targeted on at-risk groups whereas 101 local governments funded indicated prevention programmes. A total of 48 237 individuals benefited from indicated and selective prevention activities.

For a number of years, the National Bureau for Drug Prevention has been promoting the implementation of recommended drug prevention programmes. Information on such programmes is available at [www.programyrekomendowane.pl](http://www.programyrekomendowane.pl).

Out of the programmes recommended by the National Bureau for Drug Prevention, Institute of Psychiatry and Neurology, Centre for Education Development and State Agency for Prevention of Alcohol-related Problems, local governments most frequently decided to finance Program Profilaktyczny Debata (Debate Prevention Programme) (257 local governments) and *Spójrz Inaczej* (Look Different) (209 local governments). Specific data on recommended programmes financed by local governments in 2019 are listed in Table 17.3.

In the course of the annual reporting on the implementation of the National Programme for Counteracting Drug Addiction, representatives of local governments were asked about the implementation of recommended drug prevention programmes by municipalities (urzędy miast) and local authorities (urzędy gmin) in 2019. The reporting questionnaires were sent to 2183 local governments (gminy). According to the information submitted, in 56% of the local governments in Poland there are staff members who are familiar with the recommendation system (n=2093). The results showed that according to 41% of the local governments, the recommendation system improves the quality of drug prevention. The survey participants, acting as representatives of local governments, gain their knowledge mainly from the recommended programmes website (59%), while every third from legal documentation (32%) or publications (31%). Major obstacles to the implementation of the recommended drug prevention programmes included too high costs of such programmes (42%), followed by insufficient funding available at local level (30%). Complete results of the survey have been presented in Figure 17.2.

**Table 17.1. Spending on universal drug prevention programmes by local governments in the years 2015-2019 under the National Programme for Counteracting Drug Addiction (KPPN)**

|                                                               | 2015      | 2016      | 2017      | 2018      | 2019      |
|---------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Schools that implemented universal drug prevention programmes | 10 182    | 10 171    | 9 879     | 12 319    | 7 350     |
| Participants in universal drug prevention programmes          | 1 624 897 | 1 567 511 | 1 203 886 | 1 319 453 | 1 012 844 |

Source: KPPN implementation reports by the National Bureau for Drug Prevention.

**Table 17.2. Spending on selective and indicated drug prevention programmes by local governments in the years 2015-2019 under the National Programme for Counteracting Drug Addiction (KPPN)**

|              | 2015    | 2016    | 2017   | 2018   | 2019   |
|--------------|---------|---------|--------|--------|--------|
| Participants | 107 393 | 134 170 | 49 212 | 55 821 | 48 237 |

Source: KPPN implementation reports by the National Bureau for Drug Prevention.

**Table 17.3. Recommended drug prevention programmes in Poland in 2019**

|                                                                                                                                           | Total of local governments, where the programme was implemented | Proportion of the programme in the submitted reporting questionnaires | Total of schools and education system units where the programme was implemented | Total of programme participants | Total of local governments that financed the programmes (heading 85153 & 85154) |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------|
| a) "Archipelago of Treasures", programme coordinated by Charles de Foucauld Homo Homini and Institute of Integrated Prevention Foundation | 171                                                             | 8%                                                                    | 544                                                                             | 45975                           | 151                                                                             |
| b) "Fantastic Opportunities", programme coordinated by Institute of Psychiatry and Neurology                                              | 50                                                              | 2%                                                                    | 141                                                                             | 10608                           | 45                                                                              |
| c) "Home Detectives", programme coordinated by Institute of Psychiatry and Neurology                                                      | 151                                                             | 7%                                                                    | 369                                                                             | 23373                           | 126                                                                             |
| d) "EPSILON Education and Prevention Programme", programme coordinated Epsilon Society                                                    | 34                                                              | 2%                                                                    | 360                                                                             | 29579                           | 29                                                                              |
| e) "Family Strengthening Programme 10-14", programme coordinated by Maraton Foundation                                                    | 30                                                              | 1%                                                                    | Not applicable                                                                  | 1524                            | 23                                                                              |
| f) "Zippy's Friends", programme coordinated by Positive Education Centre                                                                  | 170                                                             | 8%                                                                    | 482                                                                             | 17682                           | 108                                                                             |
| g) "School for Parents and Educators", programme coordinated by Centre for Education Development                                          | 111                                                             | 5%                                                                    | Not applicable                                                                  | 5316                            | 75                                                                              |

|                                                                                                                                                                                                                   |     |     |                |       |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------------|-------|-----|
| h) "Positive Knowledge Laboratory", programme coordinated by Monar Association                                                                                                                                    | 13  | 6%  | 31             | 3174  | 8   |
| i) "Look different" for grades 1-3, programme coordinated by "Spójrz inaczej" Psychoprevention Society                                                                                                            | 191 | 9%  | 667            | 34683 | 118 |
| j) "Look different" for grades 4-6, programme coordinated by "Spójrz inaczej" Psychoprevention Society                                                                                                            | 209 | 10% | 784            | 42712 | 128 |
| a) "Three Circles", programme coordinated by "Promo" Foundation of Educators and Parents                                                                                                                          | 28  | 1%  | 65             | 3327  | 16  |
| b) "Debate" Prevention Programme coordinated by Krzysztof Wojcieszek                                                                                                                                              | 257 | 11% | 877            | 52707 | 204 |
| c) "UNPLUGGED", programme coordinated by National Bureau for Drug Prevention and Centre for Education Development                                                                                                 | 188 | 9%  | 377            | 19285 | 126 |
| d) "FreD goes net", programme coordinated by National Bureau for Drug Prevention                                                                                                                                  | 67  | 3%  | Not applicable | 3588  | 34  |
| e) "Youth Social Pathology Prevention Programme", programme coordinated by Praesterno Foundation                                                                                                                  | 7   | 0%  | Not applicable | 6042  | 4   |
| f) "School-based Prevention Intervention", programme coordinated by Institute of Psychiatry and Neurology and Centre for Education Development                                                                    | 60  | 3%  | 183            | 6060  | 40  |
| g) "Community-based Drug Prevention", programme coordinated by Nowa Kuźnia Society                                                                                                                                | 5   | 0%  | Not applicable | 236   | 0   |
| h) "Support for psychosocial development of shy children", programme coordinated by Kazimierz Wielki University, Custodial Pedagogics and Social Prevention Department                                            | 10  | 1%  | 10             | 250   | 2   |
| i) "Support for psychosocial development of children estranged by peers due to antisocial behaviour", programme coordinated by Kazimierz Wielki University, Custodial Pedagogics and Social Prevention Department | 7   | 0%  | 5              | 173   | 2   |
| j) "Behaviour Learning Programme", programme coordinated by Non-public Teacher training Centre SOPHIA                                                                                                             | 14  | 1%  | 22             | 725   | 6   |
| k) "Database of Best Practices in Prevention"                                                                                                                                                                     | 10  | 0%  | 67             | 1127  | 2   |
| l) "ARS, how to care about love", Chief Sanitary Inspectorate                                                                                                                                                     | 57  | 3%  | 178            | 18198 | 15  |
| m) "First Emotional Aid Kit", programme coordinated by Positive Education Centre                                                                                                                                  | 60  | 3%  | 136            | 3822  | 39  |

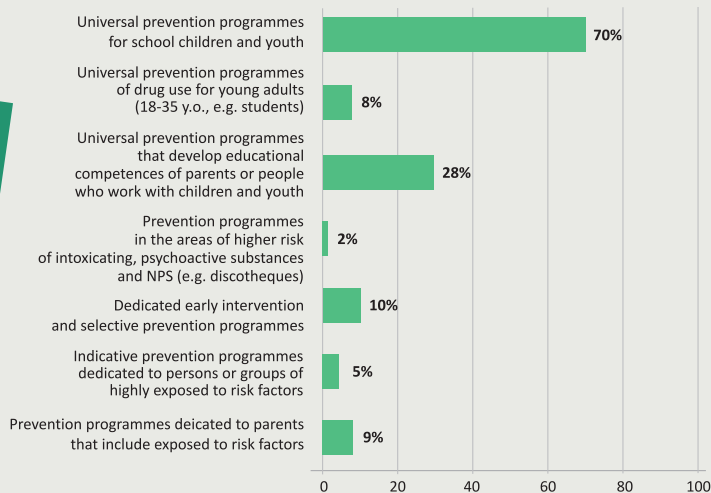
Source: KPPN implementation reports by the National Bureau for Drug Prevention.

**Figure 17.1. Implementation of the National Drugs Strategy by local and regional governments**



Since 2005 local governments have been obliged to develop local drug prevention programmes. According to data from 2019, Local Programme of Drug Prevention was developed in 1051 local governments, 1074 local governments developed joint (together with alcohol solving problems) Local Programme of Addiction Prevention.

**Local level activities performed under National Programme for Drug Prevention in 2019 (percentages of local governments)**



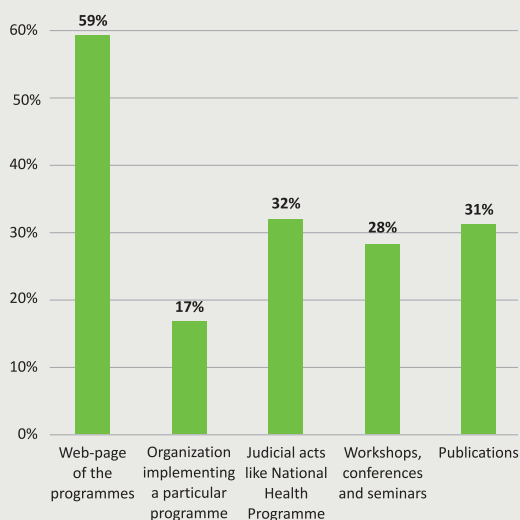
**Expenses for drug prevention (PLN)**

| Local governments | 51         | 49         | 58         | 64         | 65         | 79         | 75         | 36         | 36         | 40         | 24         | 25         | 44         |
|-------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
|                   | 557 299,00 | 220 415,00 | 689 240,00 | 448 741,00 | 090 949,00 | 790 471,00 | 147 723,00 | 701 710,90 | 318 156,00 | 354 128,74 | 980 691,00 | 694 698,00 | 170 672,00 |
|                   | 2006       | 2007       | 2008       | 2009       | 2010       | 2011       | 2012       | 2013       | 2014       | 2015       | 2017       | 2018       | 2019       |

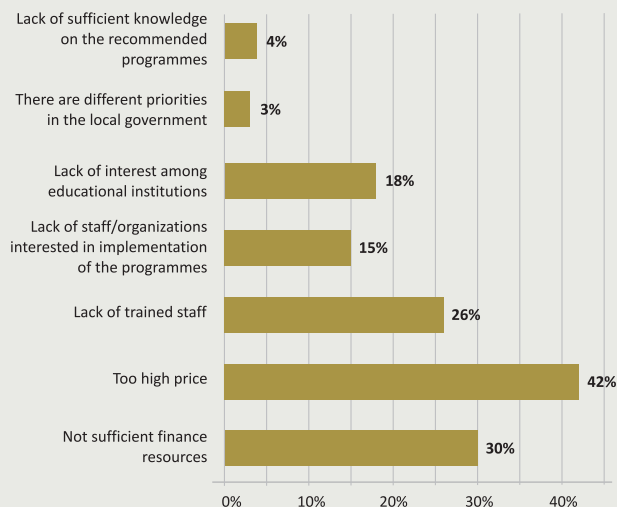
Source: National Bureau for Drug Prevention reports of National programme for Drug Prevention implementation.

**Figure 17.2. Recommended programs and local governments – results of surveys conducted among local government units**

**Sources of knowledge on recommended programmes (could be more than one answer to choose)**



**Main obstacles that make harder implementation of recommended programmes at the local level (could be more than one answer to choose)**



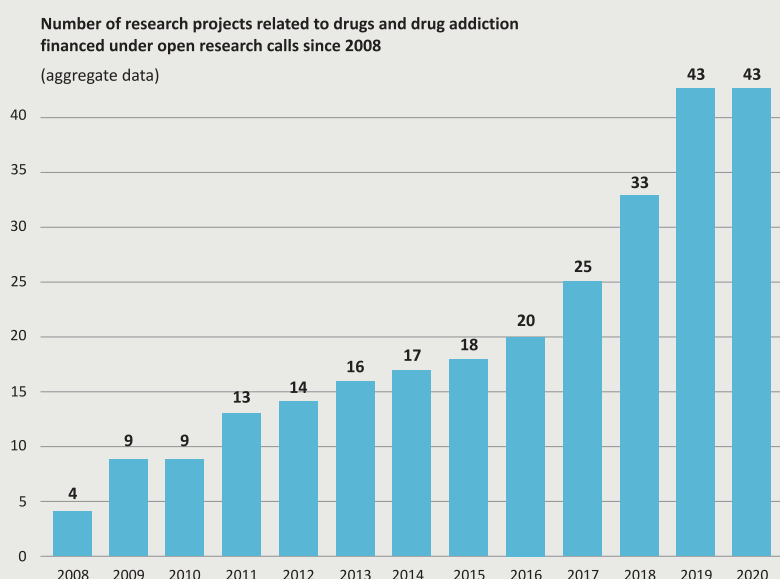
Source: Information Center for Drugs and Drug Addiction.

## 18. Research and monitoring

Since of the tasks under Operational goal 2 titled “Preventing and solving problems in relation to substance abuse, behavioural addictions and other risky behaviours” of the National Health Programme, which has been in place since 2016 pursuant to the Act of Law of 15 September 2015 on public health, is Task 2.5, which covers monitoring the epidemiological situation of narcotic drugs, psychotropic substances and NPS as well as public attitudes and institutional response, including financing scientific research in drugs and drug addiction. The National Bureau for Drug Prevention remains the major commissioning and financing body responsible for implementing research into drugs and drug addiction although the State Committee for Scientific Research also provides funding for the drug-related research.

The National Bureau for Drug Prevention remains the main institution that commissions and finances research into drugs and drug addiction although this activity is also performed by the State Committee for Scientific Research. Research projects are also funded thanks to grants awarded by the Ministry of Science and Higher Education as well as under international programmes. The National Bureau for Drug Prevention supports research into drugs and drug addiction by annually announcing open calls for research projects. Scientific research into drugs and drug addiction is part of statutory activities of numerous institutions such as the Institute of Psychiatry and Neurology or National Institute of Public Health – State Institute of Hygiene. Moreover, universities and research agencies implement such research projects. Research results are disseminated through scientific magazines, websites and by the Polish Reitox Focal Point (Centrum Informacji o Narkotykach i Narkomanii KBPN). This service publishes articles in periodicals and on the designated website.

**Figure 18.1. Activities of National Bureau for Drug Prevention in drug-related research and monitoring**



Source: CINN KBPN.



Research projects implemented under calls for research have been presented in Figure 18.1. Moreover, funds are annually provided for research projects under the monitoring of drugs and drug addiction e.g. surveys among school youth or the general population. In 2020, 8 research projects related to drugs or new psychoactive substances were launched including 2 projects under the National Health Programme call. The results are available on the website of the Polish Reitox Focal Point: <http://www.cinn.gov.pl/portal>.

The Council for Scientific Research of the National Bureau for Drug Prevention plays an important role in the field of drug-related research. The Council was established by the Director of the National Bureau for Drug Prevention in 2011. It is an advisory and opinion-making body. It comprises 7 members appointed for their expertise and experience in addiction-related research. The Council initiates research, identifies needs and priorities in the field of addictions. Under the tasks set out in the National Health Programme, the Council initiates and supports scientific research into drug supply and demand reduction.

## **19. Early Warning System on new psychoactive substances**

### **– analysis of data on NPS identified in Poland in 2019**

The Early Warning System on new psychoactive substances (EWS) is one of the three-stage mechanism in the European Union to rapidly identify, assess and respond to threats related to new psychoactive substances (NPS).

The aim of the EWS is to ensure fast information exchange between the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), National Early Warning Systems, EUROPOL, European Medicines Agency (EMA) and European Commission. The national centres closely collaborate with the EMCDDA. They are responsible for collecting information on NPS identifications at forensic and toxicological laboratories, monitoring NPS and threats to public health. In Poland, this role is fulfilled by the National Bureau for Drug Prevention.

In the course of monitoring the NPS prevalence, analytical data on numbers and quantities of new psychoactive substances are annually reported to the National Bureau for Drug Prevention by EWS<sup>1</sup> laboratories. The figures below are the results of the analysis.

Before analyzing the results, it must be mentioned that there are limitations to the input data. They do not include all the NPS seized in Poland. They refer to aggregate numbers and quantities of NPS that were passed to laboratories for analysis. The definition of a case is also ambiguous. Some laboratories have access to information on the entire quantity of NPS seized, others are only aware of the material passed for analysis. Despite these limitations, the data presented constitute the only consolidated package concerning NPS seizures available today. Moreover, they seem to render developments happening on the Polish market quite accurately.

Analyzing the number of substances identified at Polish laboratories one can clearly notice the dramatic changes in the NPS phenomenon in the years 2012-2016. The number of NPS identi-

<sup>1</sup> The System comprises such institutions as Central Forensic Laboratory of the Police, Central Customs Service Laboratory, Central Border Guard Laboratory, Jan Sehn Forensic Research Institute in Krakow, National Medicines Institute, Chief Sanitary Inspectorate.

cations rose from approx. 1300 in 2012 to over 28 thousand in 2016. The number subsequently dropped significantly in the years 2017-2019. In 2019, it stood at over 5 thousand. As the data show, the Polish market was dominated by two groups of substances (see Figure 19.1.). They are mainly synthetic cathinones<sup>2</sup> and synthetic cannabinoids<sup>3</sup>. Whereas initially the numbers of identified synthetic cannabinoids and synthetic cathinones were similar, from 2015 synthetic cathinones started to systematically dominate the records. In 2018, they accounted for approx. 75% of all NPS identifications. The trend was halted. In 2019, the figure dropped to 59%. Analyzing the dynamics of samples containing synthetic cathinones and synthetic cannabinoids one must note that in both groups of substances following the dramatic increase in the years 2012-2016 there was a sharp drop. In 2014, synthetic cannabinoids were found in 2400 cases. In 2016, the number stood at over 7800 to subsequently fall in 2018 to the level of 2014. The downward trend continued and the number of synthetic cannabinoids samples identified in Poland in 2019 stood at 963. Similar development occurred in the case of synthetic cathinones where the number of identifications stood at 2100 in 2014 and two years later reached over 18 000 to subsequently drop to 9 800 in 2018 and 3111 in 2019.

Interesting findings related to the changes on the NPS market are yielded by the analysis of the most prevalent substances in both groups. As the data show, between 2014 and 2019 the substances were completely transformed. In the case of cathinones, in 2014 and 2015, the market was dominated by 3-MMC, pentedrone and alpha-PVP. In 2016 alpha-PVP remained; however, 4-CMC and its close derivate 3-CMC became popular. In the years 2017-2019, the most prevalent substances were joined by HEX-EN and 4-CEC while alpha-PVP practically disappeared from the market. The trend for synthetic cannabinoids was very similar. In 2014, the market was dominated by UR-144, JWH-081 and RCS-4. Between 2015 and 2017, MDMB-CHMINACA and AB-CMINACA arrived while UR-144 was significantly less prevalent. In 2017 and 2018, a substance called 5F-MDMB-PINACA was increasingly popular. This substance became the most prevalent synthetic cannabinoid in lab analyses in 2018 and 2019.

In 2019, the group of most prevalent cannabinoids was joined by a new substance called 5F-MDMB-PICA. Clearly, every year there was a significant development on the NPS market. The market was completely transformed within 5 years. Substances popular in one year were replaced by new ones next year. Legal changes must have largely impacted on these market dynamics.

Apart from the synthetic cathinones and synthetic cannabinoids discussed above, there are also two groups of substances that should be considered in the NPS market analysis. They are new benzodiazepines<sup>4</sup> and synthetic opioids<sup>5</sup>. Both these groups are far less prevalent; however, due to their effects, they might pose a major threat to public health. These substances generate a lot more severe effects at smaller doses compared to their original counterparts. While analyzing their trends it must be noted that the dynamics here are completely different from the two groups mentioned earlier (Figure 19.1.).

<sup>2</sup> Cathinone derivatives of stimulating and empathogenic properties

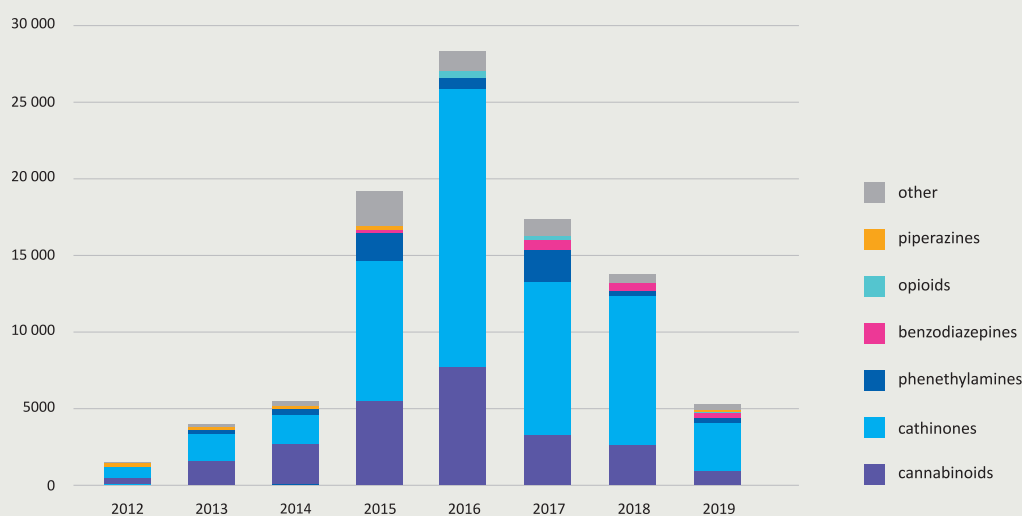
<sup>3</sup> Synthetic substances acting on cannabinoid receptors (similarly to THC found in cannabis).

<sup>4</sup> Substances similar in chemical structure and effects to benzodiazepines used in medicine but much more potent.

<sup>5</sup> Synthetic substances related to opioid receptors, frequently typical of heightened activity even at low doses compared to the traditional opioids e.g. heroin

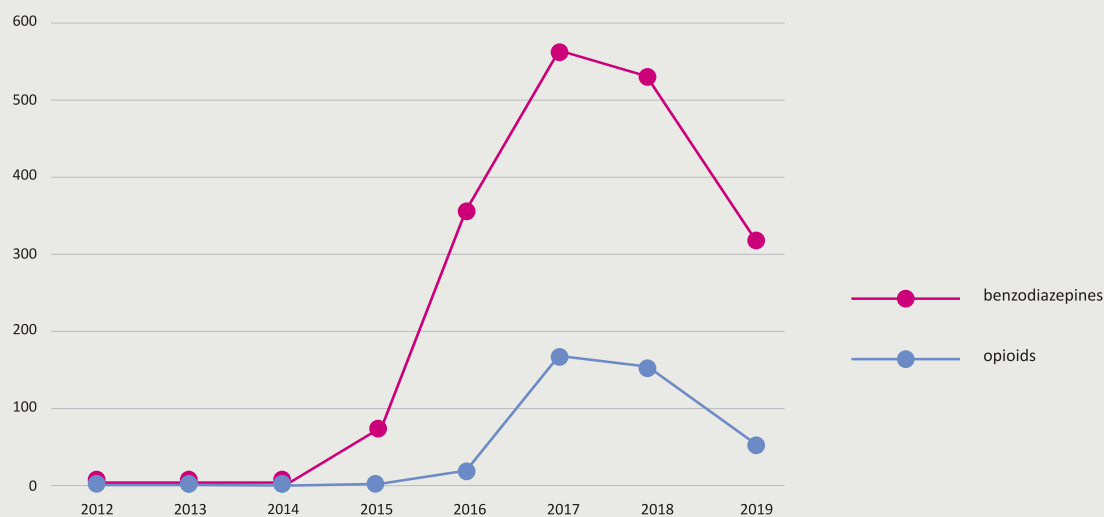
Both groups of substances were practically non-existent before 2014 (see Figure 19.2.). Benzodiazepines appeared around 2015 and the number of identifications steadily rose to reach over 500 in 2017 and 2018. Synthetic opioids emerged later and their number in 2017 and 2018 fluctuated around 150 cases. However, sharp drops were recorded in both groups in 2019.

**Figure 19.1. Number of NPS identified in Poland in years 2012-2019 by groups of substances**



Source: CINN-EWS – own calculations.

**Figure 19.2. Prevalence of benzodiazepines and synthetic opioids in 2012-2019**



Source: CINN-EWS – own calculations.

## 20. Drug prevention and COVID-19 pandemic in 2020

In the course of monitoring the drug services and implementing preventive activities during the COVID-19 pandemic, the National Bureau for Drug Prevention conducted two analyses of the situation in 2020. At the beginning of the pandemic (in April and May 2020), questionnaire surveys among drug treatment units were carried out. Towards the end of 2020 (16-18 November), three online group discussion sessions were held on the impact of the pandemic on drug services. The first session was attended by Provincial Drug Information Experts (16 November). The second session included representatives of drug and alcohol rehabilitation services while the third event was organized for staff members of opioid substitution therapy facilities.

During the discussion on the functioning of treatment units during the COVID-19 pandemic, the representatives of opioid substitution therapy programmes suggested various strategies and changes to modify the operation of the services in order to meet the sanitary requirements. The waiting time to admit patients to treatment units is getting extended as admissions are only allowed following a negative coronavirus test. Some activities were put on (the Patient's Club and day-care centres) in order to minimise social contact between patients. Most programmes ceased to take in patients during the lockdown due to the inability to hold a diagnostic visit. 15-minute breaks were introduced to allow for social distance between patients as they received their methadone doses. Therapeutic groups in substitution treatment programmes were suspended while all the individual therapeutic sessions continued normally. Changes in the operation of the programmes were introduced e.g. cancelling patients meetings, communicating in paper, drawing up information leaflets on new procedures, etc. In one facility a quarantine room was set up. One patients stays in the room for 7 days before they are admitted to the programme.

Most of the panellists signalled that the cost of the COVID-19 diagnostic tests is borne by the treatment units, especially in large cities. It is a common practice since contacting sanitary services is impossible due to overloading. Diagnostic test were conducted selectively. Only those individuals suspected of being positive were tested due to high costs of testing. In the case of in-hospital programmes, all the nurses employed in hospitals are regularly tested for COVID-19 as it is a standard procedure. However, in drug services there was no such option. It also emerged from the discussion that most of the drug services pay for the diagnostic tests for patients and personnel from their own budgets. The discussion participants expressed hopes that they would be first to receive COVID-19 vaccines and these hopes came to fruition.

The COVID-19 pandemic did not result in a considerable increase in the number of opioid substitution patients. However, in some programme the trend of frequent reporting of first-time patients to the programme was observed. It is worth noting that according to the panellists, the patients strictly follow the restrictions and whenever a patient is suspected of being coronavirus positive they are provided with methadone outside the facility. Patients make sure they wear face masks and gloves, sanitize their hands and ask for the door handles to be sanitized once they leave the facility.

The following COVID-19-related problems were identified during the discussion:

- public transport failure brought about problems with getting to the facility. Patients were forced to use taxis to obtain methadone,

- after being given two-week doses of methadone, patients found it hard to return to the original procedures,
- there is a problem with homeless patients. Their behaviour is erratic, it is harder to protect them against COVID-19,
- there was a problem with patients who require Breathalyzers, nurses refuse to be around when the patients are asked to undergo the test due to hygiene concerns, on the other hand, if the patients do the test after turning around it is not certain if the measurement was taken correctly,
- patients gather in front of the facility, have social meetings, take off masks – the risk of spreading the coronavirus increases,
- there are patients who fail to have a telehealth appointment due to technical limitations,
- fewer patients can be admitted due to quarantine procedures (a week must pass),
- in one facility a staff member was prevented from starting work due to the coronavirus suspicions, he had to take time off.

Opioid substitution treatment programmes introduced various solution during the pandemic in order to eliminate or reduce the risk of contracting COVID-19:

- introducing telehealth services and individual therapy on a hybrid basis,
- communicating with patients and their families in paper instead of on-site appointments,
- providing services outdoors – dispensing methadone and thus reducing the risk of infection,
- transferring to online work e.g. using instant messaging services,
- shift work, week on/week off, alternate staff working hours in order to prevent the staff from being isolated all at ones as a result of quarantine,
- in one facility, a staff member was delegated to measure the temperature and check the patients' general physical condition in the hall,
- various precautions are taken e.g. patients are taken in one at a time, they receive the drug and then next patient is allowed in,
- in one facility a UV ceiling lamp was installed for sanitizing purposes,
- in one facility, staff members suspected of being coronavirus positive are sent for self-isolation for seven days, they do not go on paid holiday and are allowed to make up for it in the future,
- providing information on contacts with positive individuals is important, this way remedial action can be taken sooner,
- COVID-19 vaccines should be available for the staff at opioid substitution treatment centres on the same principles as for medical personnel.

During the group discussion a number of challenges affecting the operation of drug services during the COVID-19 pandemic were identified. Firstly, it is the necessity to follow sanitary procedures in order to protect the staff and patients, which required online services wherever possible. The issue of employing new staff was raised as many employees are on sick leave or self-isolate. Family therapy was reduced as a number of facilities are unable to admit families due to sanitary restrictions. Patients find it hard to get to the facility. Sometimes there is no such possibility due to changes in the operation of the public transport. Treatment units tried to continue their services despite the emerging problems. In one unit, a therapist died of COVID-19. Moreover, due to the pandemic drug services incur additional costs such as the purchase of computers to enable work in the new circumstances, for telehealth purposes, contacting other staff members, conducting interviews, for patient use (one facility) or purchase of disinfection lamps. Such expenses had not been included in the budgets of drug treatment services. During the discussion it was stressed that a number of solutions had been introduced to assist the drug-dependent individuals, especially switching to telehealth services. In one residential facility, outdoor services during walks or in a tent were introduced. One of the ways of preventing the spread of COVID-19 was the start of the week-on/week-off shift work, which substantially limited physical contacts between the employees. Additionally, in some facilities, all patients and personnel started to be tested before entering the premises. In one facility, in case of a positive COVID-19 test result among the personnel, the infected individuals still continued to work with the infected patients in a designated section of the facility separated from the rest. In order to isolate patients and keep social distance, confinement rooms were prepared in 24-hour service facilities. They were camper vans (for patients) and tents for outdoor meetings: “from April we admit new patients in a new building, new patients must spend 5 days in isolation ward”. Such a solution was possible if the facility has sufficient space. In the case of small facilities no special ward for isolating purposes could be created.

During the discussion, issues of COVID-19 diagnostic tests in drug treatment units were raised. Testing in treatment facilities located in small towns or villages was possible as in such places the cooperation with sanitary services was more efficient. In the case of large cities it was impossible to finance testing with sanitary services’ funds. As a consequence, some facilities resigned from administering tests as their own funds were insufficient (no financing on the part of sanitary inspectorate). During the meeting an opinion was expressed that testing increases sense of security while in the facility; however, some employees were reluctant to undergo tests as they considered them unreliable.

The panellists stressed that more intervention and assistance on the part of the state is needed. Staff members work 250/300 hours per month in residential facilities since they have to remain with the patients in the isolation ward for the whole week. Moreover, the psychologists and therapists have direct contact with the patients, which makes them vulnerable to the COVID-19 infection on a daily basis.

The dire situation in drug services is manifested by the fact that 50% of clinical supervisions involve therapists not patients since it is the specialist who suffer various problems caused by the current epidemiological situation; they are exhausted, overworked and stressed out. The arrival of an infected individual makes it difficult to work and prevents new admissions. Drop-in centres find it hard to operate as the patients stay together for long e.g. they have meals together and socialize. The number of patients has dropped by approx. 30% and this type of treatment has been affected by the pandemic the hardest.

Another issue that hampers the application of telehealth is that appointments on the phone are difficult to conduct due to the fact patients have little privacy at home (hard to find a quiet place to have a conversation). Most of the facilities whose representatives participated in the group discussions introduced new solutions to their daily work, mainly in the form of telehealth. During the discussion the panellists also raised the matter of using local government funds to improve the safety of drug treatment facilities e.g. the option of using the revenues from the alcohol licence fees to purchase disinfectant lamps or other sanitizing and protective equipment.

## 21. European training for prevention professionals – ASAP international project

In 2020, training courses targeted on prevention professionals under the project “Building effective drug prevention results across Europe, based on prevention systems analysis and widespread professional training – ASAP” were launched. The training project (ASAP for short) is based on the European Universal Prevention Curriculum (EUPC) and the related materials. The ASAP training courses are intended for drug prevention professionals (DPP).

The ASAP training project was divided into two levels: elementary and advanced. The elementary level is being implemented via on-site sessions while the advanced level is conducted through online sessions.

The general aim of the ASAP Training Project<sup>1</sup> is improving the quality of drug prevention planning, delivery and impact in order to promote the health and wellbeing of some of the most vulnerable and deprived members of the EU population. The ASAP-Training Project works to promote a systemic and complex approach to drug prevention through identifying key stakeholders and conducting system analysis for the EU countries. The National Bureau for Drug Prevention (KBPN) coordinates the third work package under which<sup>2</sup> the review of prevention systems was conducted. The results of mapping the key prevention stakeholders are available on the dedicated website created by the KBPN <https://preventionasap.pl>. The website features a map of Europe on which profiles of various drug prevention institutions in nearly 20 countries have been presented.

The general aim of the project is to improve the competencies and skills of drug prevention personnel in the field of drug prevention quality standards as a science and to create a two-stage training process. The first step involved training Master Trainer, who will be responsible for conducting cascade trainings of drug prevention professionals on the same content at national level.

<sup>1</sup> Eleven partner institutions from 9 EU Member States led by A.Li.SA – Azienda Ligure Sanitaria (Italy), ASL 2 – Azienda Sanitaria Locale Savonese and SI4Life (Italy); VAD Vereniging voor Alcohol en andere Drugproblemen vzw (Belgium); NBDP – National Bureau for Drug Prevention – Krajowe Biuro ds. Przeciwdziałania Narkomanii (Poland); ELTE – Eötvös Loránd University (Hungary); UMHRI – University Mental Health Research Institute and Hellenic Mediterranean University (Greece); TAI – National Institute for Health Development (Estonia); ERF – Zagreb University (Croatia); UTRIP – Institute for Research and Development (Slovenia) and seven supporting institutions (UNODC – United Nations Office for Drugs and Crime; EMCDDA – European Monitoring Centre for Drugs and Drug Addiction; EUSPR – European Society for Prevention Research; NTAkd – Drug, tobacco and alcohol control department (Lithuania); Sectoral Policy Department Ministry of the Interior (Łotwa); HoGent University (Belgium) and ATS Milan – Agenzia Tutela Salute (Italy). The project is financed by the European Commission under the justice programme. Project website: <http://asap-training.eu>

<sup>2</sup> Under the first component of the third work package information was collected on key prevention stakeholders. The National Bureau for Drug Prevention sent questionnaires to 10 participant countries and to all the Reitox Focal Points in the EU, which subsequently forwarded the questionnaires to key drug prevention institutions in the respective countries. As a consequence of the actions taken, over 100 questionnaires from 20 EU Member States were received. The general report was compiled. It included 20 country reports in which over 100 institutions concerned with prevention across the EU were profiled.

At the second stage, trainings in the respective countries, including Poland, were implemented. In Poland, the trainings are delivered by the Polish Reitox Focal Point, which was participated in similar international projects in the past. The second stage trainings are targeted on decision makers who finance prevention programmes, so it seemed obvious that in Poland they should be mainly representatives of local and regional governments. On-site trainings are also delivered under the project. Due to the COVID-19 pandemic, in three countries (Italy, Greece and Poland) the courses were implemented online. An important element of the project is e-learning on a specially created platform, where the course participants have access to downloadable materials and interactive presentations. The course participants study by themselves and subsequently send their work to the trainers for assessment. The whole ASAP-training course is complemented by several webinars, which are intended to deepen the on-site and online learning content. Online lectures are delivered interactively.



<https://preventionasap.pl>

## Conclusions and summary

In the Polish society the consumption of alcohol beverages is far more prevalent than using drugs. What is more, the prevalence of drug use in Poland compared to the other European countries is not high. In the case of drug use prevalence in the general population, cannabis is much more prevalent than other illegal psychoactive substances. The results of the latest population surveys of 2018 and 2019 demonstrate a decrease in the prevalence of cannabis use. A similar trend was observed in the case of school youth in the 2019 ESPAD study. It does not change the fact that 40% of first-time drug treatment entrants report cannabis as primary drug. It might also be caused by the fact that average THC content in cannabis is 10%, which means that it is much more potent than it used to be 10 years ago. Similar trends can be observed in Europe, where THC content in the last 10 years has almost doubled.

The number of problem drug users remains at a steady level with one of the lowest rate per 100 000 in Europe. Poland also records low drug-related mortality and injecting drug use-induced HIV infections rates.

The analysis of the national TDI (Treatment Demand Indicator) system operated by the Polish Reitox Focal Point shows that the most frequently cited substances upon entering drug treatment are cannabis followed by amphetamines (36%). Almost every tenth drug treatment patient is a methamphetamine user. In the case of this group of patients, the province of dolnoslaskie is the leader with methamphetamine being the most prevalent drug in some cities.

The analysis of the NPS market yields several basic trends. In recent years, we have been witnessing a fall in the lab analyses of new psychoactive substances, which might indicate a certain stability on this market. There are several substances which clearly dominate the market each year. However, it must be noted that almost every year there are changes among the most prevalent substances with some disappearing due to legal interventions. Generally, the most popular group of substances and still the dominant one are synthetic cathinones. On the other hand, the growing presence of synthetic opioids and new benzodiazepines on the market is alarming, though in the case of the latter, a slight downward trend in 2019 must be noted. As international examples show, the introduction of legal changes based on penal sanctions, generic way of defining groups of substances and improvement of the overall system response by simplifying the procedure for amending drug control lists, as was the case in Poland in July 2018, reduces the NPS problem<sup>1</sup>.

Moreover, the latest 2020 data demonstrate a clear fall in the number of NPS-induced poisonings. The results of the ESPAD survey and Youth survey by the CBOS Foundation and KBPN discussed in the 2019 Drug Report revealed a drop in the NPS use prevalence among school youth. However, the problem is not expected to be eradicated entirely.

Still, the previous year was dominated in Poland by the COVID-19 pandemic, which badly affected the drug services, especially at the beginning of the year. The drug services focused predominantly on ensuring the availability of services in the new circumstances and tried not to limit new admissions. Residential and drop-in centres reduced their operations most radically but ambulatory facilities also needed to wind down their operations. As a result of the pandemic, drug treatment units, mainly counselling centres were forced to considerably transform their operations by means of telehealth solutions. It is clearly seen that in the first half of the year the pandemic contributed to the significant reduction of new treatment admissions. Last, but by no means at all, the COVID-19 pandemic affected the opioid substitution treatment. OST programme dispensed substitute drugs for longer periods. In the case of harm reduction activities, we also observe limitations caused by the pandemic restrictions in the first half of 2020. Harm reduction programme developed new forms of outreach such as distribution of food or protective equipment.

The analysis of the drug market in the first months of the pandemic did not show a fall in the availability of drugs at the national level. Local supply disruptions were recorded e.g. difficulties purchasing synthetic cathinones in Krakow; however, the prices of drugs remained steady. The role of the Internet as the source of obtaining drug supplies likely increased.

The whole outreach system, including drug services, was confronted with the lack of previously prepared procedures in relation to the COVID-19 pandemic. However, in response to the pandemic, 83% of the drug services surveyed by the National Bureau for Drug Prevention in the

<sup>1</sup> These legal changes have been discussed in detail in Chapter 16.

first half of the year introduced telehealth drug treatment services or harm reduction (e.g. phone calls, video calls, online access). Consequently, the drug treatment system might be supplemented by new forms of patient work. It is also worth noting that following the response to the COVID-19 pandemic, drug-dependent individuals, especially the homeless, suffered most. The second half of the year showed what tremendous work had been done by drug professionals to ensure the continuity of drug services.

## Literature:

- Statistical Bulletin EMCDDA 2020 ([http://www.emcdda.europa.eu/data/stats2019\\_en](http://www.emcdda.europa.eu/data/stats2019_en))  
(Access: 1 grudnia 2020)
- Dalmata, M., Zakrzewska, K. Malczewski, A (2020) Harms and harm reduction workbook 2020 or EMCDDA (Not published )
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), European Drug Report 2020: Trends and Developments, Publications Office of the EU, Luxembourg
- Główny Inspektor Sanitarny (2019) Nowe narkotyki w Polsce – raport Głównego Inspektora Sanitarnego. Warszawa
- Kidawa, M. (2019) Nowe substancje psychoaktywne w Polsce i w Europie – aktualna sytuacja. na: Przeciwdziałanie narkomanii na poziomie lokalnym. 23-25 lipca 2019, Warszawa (prezentacja ppt)
- Malczewski A, (2020) Wpływ epidemii koronawirusa na system pomocy osobom uzależnionym. Świat Problemów 5. Warszawa
- Malczewski A, (2020) Substancje psychoaktywne – postawy i zachowania. Wyniki ostatnich badań. Serwis Informacyjny Uzależnienia 2 (90)
- Ministerstwo Spraw Wewnętrznych (2020) Sprawozdanie z realizacji w 2019 roku programu resortu spraw wewnętrznych przeciwdziałania narkomanii i zwalczania przestępczości narkotykowej. Ministerstwo Spraw Wewnętrznych, Warszawa 2020
- Sierosławski, J. (2017) Zgony wśród problemowych użytkowników narkotyków. Badania kohortowe. Instytut Psychiatrii i Neurologii, 2017  
([https://www.cinn.gov.pl/porta?id=15&res\\_id=1343606](https://www.cinn.gov.pl/porta?id=15&res_id=1343606))
- Sierosławski, J. i inni (2015) Substancje psychoaktywne – postawy i zachowania (w) Oszacowanie rozpowszechnienia wybranych uzależnień behawioralnych oraz analiza korelacji pomiędzy występowaniem uzależnień behawioralnych a używaniem substancji psychoaktywnych”. Fundacja Centrum Badania Opinii Społecznej 2015 r. 195-275.  
([https://www.cinn.gov.pl/porta?id=15&res\\_id=928538](https://www.cinn.gov.pl/porta?id=15&res_id=928538))
- Sierosławski, J. (2020) “Używanie alkoholu i narkotyków przez młodzież szkolną.” Raport, prezentacja oraz informacja prasowa z ogólnopolskich badań ankietowych zrealizowanych w 2019 r. Europejski program badań ankietowych w szkołach ESPAD. Krajowe Biuro ds. Przeciwdziałania Narkomanii, Państwowa Agencja Rozwiązywania Problemów Alkoholowych, Instytut Psychiatrii i Neurologii, 2020 r.

## Legal Acts:

- 1) REGULATION (EC) No 1920/2006 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 12 December 2006 on the European Monitoring Centre for Drugs and Drug Addiction (recast).
- 2) REGULATION (EU) 2017/2101 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 15 November 2017.

## Appendix

### I. Links to websites, reports and KBPN publications:

- 1) Websites of the National Bureau for Drug Prevention (KBPN):
  - KBPN homepage: <https://www.kbpn.gov.pl/portal>
  - Polish Reitox Focal Point (CINN KBPN) homepage with the results of surveys and analyses: <https://www.cinn.gov.pl/portal>
  - Drug prevention programmes recommended by KBPN: <https://www.programyrekomendowane.pl/>
  - KBPN educational platform on drug prevention for school counsellors, teachers and medical doctors of all specialization: <https://narkomania.edu.pl/>
  - Online version of the Addictions Newsletter: <https://siu.praesterno.pl/>
  - CANDIS programme website: <https://www.candisprogram.pl/program>
  - KBPN website on new psychoactive substances: <https://dopalaczeinfo.pl/>
- 2) Links for selected websites the Polish Reitox Focal Point with reports on surveys concerning drugs, drug addiction and new psychoactive substances:
  - general population surveys: <https://www.cinn.gov.pl/portal?id=166643>
  - youth surveys: <https://www.cinn.gov.pl/portal?id=166545>
  - infectious disease surveys: <https://www.cinn.gov.pl/portal?id=166349>
- 3) Selected latest publications:
  - European Drug Prevention Quality Standards manual, 3<sup>rd</sup> edition: <https://www.cinn.gov.pl/portal?id=105447>
  - Publication by SWPS University and KBPN on new psychoactive substances “Nowe substancje psychoaktywne – nowe ryzyka i wyzwania”: [https://www.cinn.gov.pl/portal?id=15&res\\_id=1280468](https://www.cinn.gov.pl/portal?id=15&res_id=1280468)
  - Translation of Novel Psychoactive Treatment UK Network (NEPTUNE) “Postępowanie w ostrych i przewlekłych następstwach używania narkotyków klubowych i nowych substancji psychoaktywnych – wskazówki kliniczne” ([https://www.kbpn.gov.pl/portal?id=15&res\\_id=8591249](https://www.kbpn.gov.pl/portal?id=15&res_id=8591249))
  - Publication “Standardy postępowania wobec osób używających nowych substancji psychoaktywnych (NSP) – Poradnik dla pracowników medycznych” ([https://www.kbpn.gov.pl/portal?id=15&res\\_id=8591252](https://www.kbpn.gov.pl/portal?id=15&res_id=8591252))
  - Publication “Nowe substancje psychoaktywne w Europie. Skala zjawiska i przeciwdziałanie” ([https://www.cinn.gov.pl/portal?id=15&res\\_id=1504168](https://www.cinn.gov.pl/portal?id=15&res_id=1504168))

II. Table

**Research projects financed by the National Bureau for Drug Prevention under calls for research in the years 2008 – 2020**

| Research project title                                                                                                                                                                                                                                                | Implementing institution                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| "Youth and Drugs"                                                                                                                                                                                                                                                     | PASAD Research and Information Agency                 |
| "Assessment of drug risk in the light of personal opinions and experiences of students and research/teaching staff of a medical university"                                                                                                                           | Medical University of Lodz                            |
| "Assessment and research project on the practical application of Article 72 of the Act of 2005 on counteracting drug addiction"                                                                                                                                       | Krakow Association of Help for Addicts                |
| "Multi-faceted assessment of drugs problem in a medium-sized town of Sanok"                                                                                                                                                                                           | MJS Mirosław Siwak                                    |
| "Estimation of drug users based on the wastewater analysis in the city of Poznan"                                                                                                                                                                                     | Poznan University of Medical Sciences                 |
| "Effectiveness of proprietary programme of supporting psychosocial development of children estranged by peers in school class environment"                                                                                                                            | Kazimierz Wielki University in Bydgoszcz              |
| "Auditory temporal and spectral resolution as well as graphomotor ability in opioid-dependent individuals – quantitative and qualitative study"                                                                                                                       | Pallmed Sp. z o.o.                                    |
| "Evaluation of Family Strengthening Programme – stage I (pre-test)"                                                                                                                                                                                                   | Institute of Psychiatry and Neurology                 |
| "Assessment of knowledge, attitudes and risks related to substance use in visually impaired adolescents"                                                                                                                                                              | Medical University of Lodz                            |
| "Role of social stigma in recovery from addiction"                                                                                                                                                                                                                    | "Local Knowledge" Foundation in Warsaw                |
| "Psychoactive substances with particular emphasis on New Psychoactive Substances as a clear and present danger to the health and life of young people – analysis of attitudes and risk awareness among students of middle schools, secondary school and universities" | Witold Chodzko Institute of Rural Health in Lublin    |
| "Evaluation of effectiveness of proprietary programme of supporting psychosocial development of middle school-aged students"                                                                                                                                          | Kazimierz Wielki University in Bydgoszcz              |
| "Evaluation of effectiveness of proprietary programme of supporting psychosocial development of school-aged children with learning difficulties"                                                                                                                      | Kazimierz Wielki University in Bydgoszcz              |
| "Shaping users' sense of control over cannabis and the context of illegality"                                                                                                                                                                                         | Personal Development House in Opole                   |
| "Pilot programme for injecting drug users"                                                                                                                                                                                                                            | AIDS Social Committee                                 |
| "Analysis of online discourse on the illegal drug market based on the study of the largest Internet forum on psychoactive substances"                                                                                                                                 | Personal Development House in Opole                   |
| "Substitution treatment: with or without therapy...?"                                                                                                                                                                                                                 | Polish Association of Drug Prevention in Zielona Gora |
| "Injecting drug users – identification of problems and needs in three Polish cities: Warsaw, Krakow and Wrocław"                                                                                                                                                      | Harm Reduction Foundation                             |

|                                                                                                                                                                                                                                       |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| "CanaQuass (Cannabis Psychosocial Treatment Output Quality Assessment) Method of evaluating psychosocial interventions in Poland"                                                                                                     | Personal Development House in Opole                                         |
| „Meta-analysis of drug therapy indicators – development of Therapy Effectiveness Measurement Questionnaire (KPST)” – only in the part related to the meta-analysis of drug therapy effectiveness indicators                           | Jagiellonian University in Krakow                                           |
| "Study of mortality trends among problem drug users by estimating mortality rates for problem drug users"                                                                                                                             | Institute of Psychiatry and Neurology                                       |
| "Study of substance prevalence in prisons and remand centres"                                                                                                                                                                         | Research and Social Initiatives Centre                                      |
| "Estimation of social costs of using drugs in Poland in 2015"                                                                                                                                                                         | University of Economics in Katowice                                         |
| "Adaptation and validation of a screening tool for the identification of disorders related to psychoactive substance use in Poland"                                                                                                   | Medical University of Warsaw                                                |
| "Development and implementation of a pilot study of psychoactive substances obtained directly from NPS users"                                                                                                                         | "PREKURSOR" Social Policy Foundation                                        |
| "Qualitative and quantitative composition of drugs seized by the Police and the drugs' market price"                                                                                                                                  | Central Forensic Laboratory of the Police                                   |
| "Assessment of direct and deferred effects of drug therapy. Conditioning factors model"                                                                                                                                               | Jagiellonian University                                                     |
| "Study of prevalence of psychoactive substance use and related opinions and attitudes"                                                                                                                                                | Kantar MillwardBrown                                                        |
| "Qualitative analysis of lifestyle of 17-18-year-old psychoactive substance users, patterns and motivation for using as well as other problem behaviours"                                                                             | Institute of Psychiatry and Neurology                                       |
| "Dopmed – Registration and Identification System for NPS Poisonings in Poland as key source of rapid response to negative consequences of NPS use"                                                                                    | Professor Jerzy Nofer Labour Medicine Institute in Lodz                     |
| „ Diagnosis of the drug problem and new psychoactive substances at the local level (provincial range) – scale and types of the phenomenon, conditions, threat areas – projects of model solutions and recommendations for prevention" | Centre for Road Traffic Safety<br>Sp. z o.o.                                |
| "Application of randomization for the prevalence survey on substance use (drugs, alcohol, tobacco and new psychoactive substances) among the youth in the Upper Silesia urban area"                                                   | Kantar MillwardBrown                                                        |
| "ChemSex Polska – nationwide survey on ChemSex in the MSM population"                                                                                                                                                                 | National Institute of Public Health – State Institute of Hygiene (NIZP-PZH) |
| "Analysis of deaths induced by narcotic drugs, psychotropic substances, new psychoactive substances and substitute drugs in the Warsaw area"                                                                                          | Medical University of Warsaw                                                |
| "Of the need to keep balance in relation to medical and non-medical use of opioid drugs"                                                                                                                                              | St Christopher Oncological Hospice in Warsaw                                |
| "Cannabinoid use for medical purposes"                                                                                                                                                                                                | Institute of Psychiatry and Neurology                                       |



Free of charge