European Monitoring Centre for Drugs and Drug Addiction

Krajowe Biuro do Spraw Przeciwdziałania Narkomanii

Poland

Country Drug Report 2017

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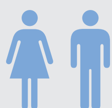
THE DRUG PROBLEM IN POLAND AT A GLANCE

Drug use

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

Cannabis

9.8 %



3.7 % 15.4 %

Other drugs

MDMA	0.9 %
Amphetamines	0.4 %
Cocaine	0.4 %

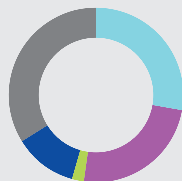
High-risk opioid users

14 664

(10 915 - 18 412)

Treatment entrants

by primary drug



- Cannabis, **28 %**
- Amphetamines, **24 %**
- Cocaine, **2 %**
- Heroin, **12 %**
- Other, **34 %**

Opioid substitution treatment clients

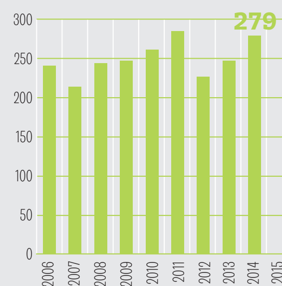
2 564

Syringes distributed

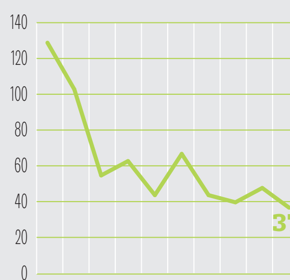
through specialised programmes

101 420

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

30 638

Top 5 drugs seized

ranked according to quantities measured in kilograms

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

Population

(15-64 years)

26 431 118

Source: EUROSTAT
Extracted on: 26/03/2017

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

About this report

This report presents the top-level overview of the drug phenomenon in Poland, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

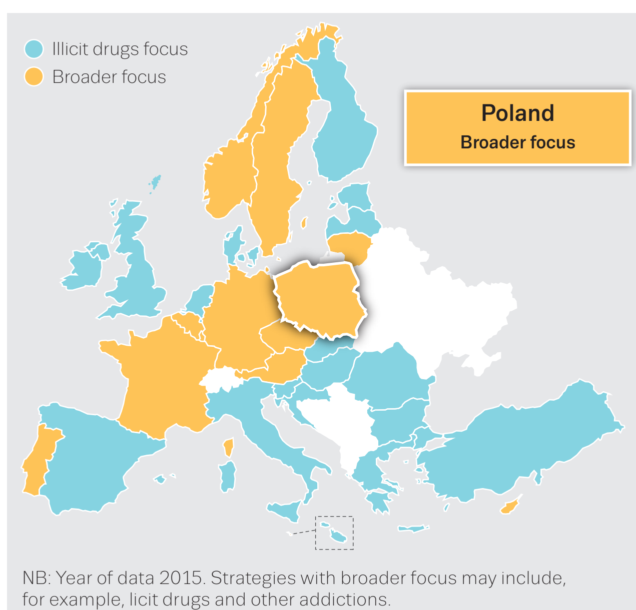
National drug strategy and coordination

National drug strategy

Adopted in 2016, Poland's National Health Programme has a five-year timeframe; it takes a comprehensive approach to public health issues and functions as the national drug and drug addiction strategy (Figure 1). Its second objective defines the scope of the strategy as 'prevention and problem-solving related to the use of psychoactive substances behavioural addictions and other risky behaviours'. The extension of the approach and the measures set out under the 2005 Act on Counteracting Drug Addiction and the National Programme for Counteracting Drug Addiction support the National Health Programme's objectives. The National Health Programme is similar to the National Programme for Counteracting Drug Addiction (2011-16), which it supersedes. The National Programme for Counteracting Drug Addiction has five pillars: (i) prevention; (ii) treatment, rehabilitation, harm reduction and social reintegration; (iii) supply reduction; (iv) international cooperation; and (v) research and monitoring. It has been extended to implement the National Health Programme, which is also supported by three other strategies.

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



NB: Year of data 2015. Strategies with broader focus may include, for example, licit drugs and other addictions.

These are the National Programme for Resolving and Preventing Alcohol-Related Problems, the National Programme for Combatting Health Consequences of Using Tobacco and Related Products and the Behavioural Addictions Strategy.

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

National coordination mechanisms

The Council for Counteracting Drug Addiction monitors and coordinates government action against drugs, advises the Minister of Health, monitors the drug strategy's implementation and cooperates with the bodies undertaking its actions. It consists of representatives from all relevant ministries. The National Bureau for Drug Prevention is a state budget unit subordinated to the Ministry of Health and is responsible for coordinating the implementation of the National Programme for Counteracting Drug Addiction and for the preparation of an annual report on the state of its implementation. Its activities also include setting priorities in the field of drug prevention. The secretariat of the Council for Counteracting Drug Addiction is located in the National Bureau for Drug Prevention. Provincial drug coordinators are responsible for the coordination of regional drug policies and the implementation of regional strategies that are legally required to be in line with the programme and action plan.

Adopted in 2016, Poland's National Health Programme has five-year timeframe and takes a comprehensive approach to public health issues, including drugs

Public expenditure

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

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

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

Drug laws and drug law offences

National drug laws

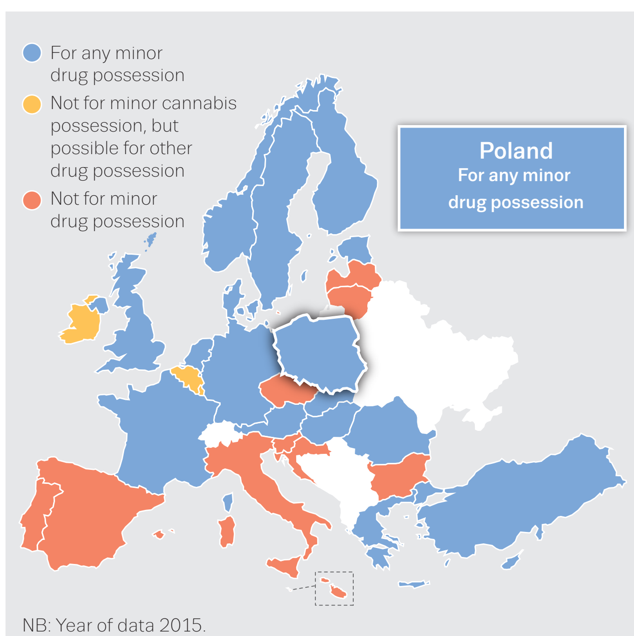
Drug possession and supply in Poland is regulated by the Act on Counteracting Drug Addiction of 29 July 2005. The Act generally has a preventative and treatment-oriented character and the stipulated sanctions should not be used against problem drug users. Any drug possession, even possession of a small amount for personal use, is penalised by up to three years' imprisonment (Figure 2). In minor cases, the offender can be fined or ordered to serve a sentence involving the limitation of liberty or deprivation of liberty for up to one year. Article 62(a), which came into force in 2011, gives the prosecutor and the judge the option to discontinue criminal procedures in the case individuals who are caught in possession of small amounts of narcotic drugs and psychotropic substances for private use.

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

Trafficking of drugs is penalised by a fine and imprisonment for between six months and eight years, depending on the gravity of the offence and whether or not the objective was to make a profit. In the case of a minor offence, the perpetrator may be fined, subject to the limitation of liberty or imprisoned for a maximum of one year. In cases where the amount of drugs is substantial, the perpetrator may be imprisoned for up to 12 years.

FIGURE 2

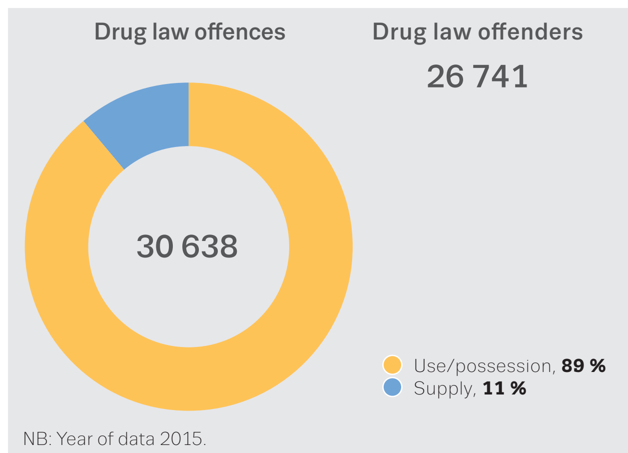
Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



NB: Year of data 2015.

FIGURE 3

Reported drug law offences and offenders in Poland



NB: Year of data 2015.

In 2010, Poland passed a new law to penalise the supply of any unauthorised psychoactive substance, as enforced by the State Sanitary Inspectorate. This was revised in 2015 to introduce a list in a Regulation of the Ministry of Health of those substances declared to be psychoactive.

Drug law offences

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

The majority of drug law offences in Poland that were reported in 2015 were for possession (Figure 3). A large increase in the number of possession offences was recorded between 2009 and 2015. Drug cultivation offences also increased over this period.

Drug use

Prevalence and trends

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

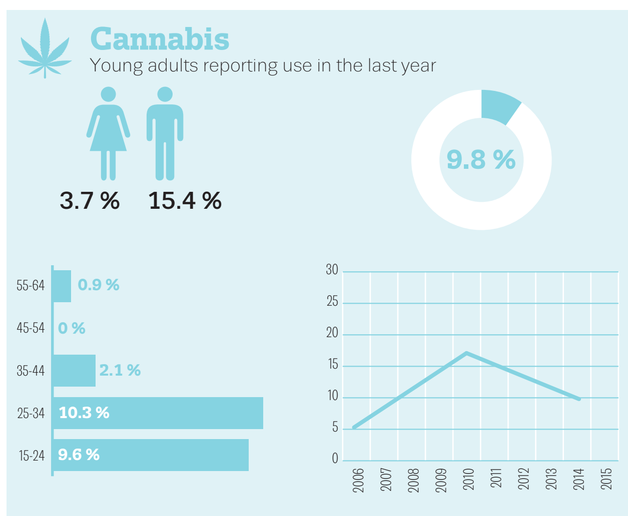
In 2014, 1 in 10 young adults aged 15-34 years reported using cannabis in the last year. The prevalence of cannabis use increased between the 2006 and 2014 surveys (Figure 4).

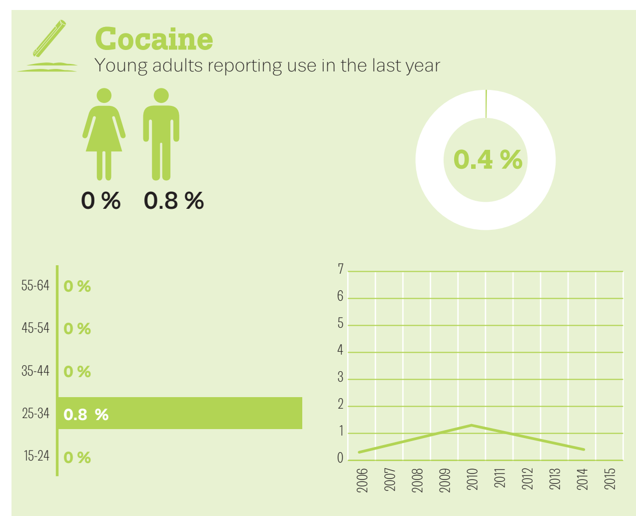
Lifetime use of new psychoactive substances (NPS) among 15- to 64-year-olds was low in 2014, at 2.2 %.

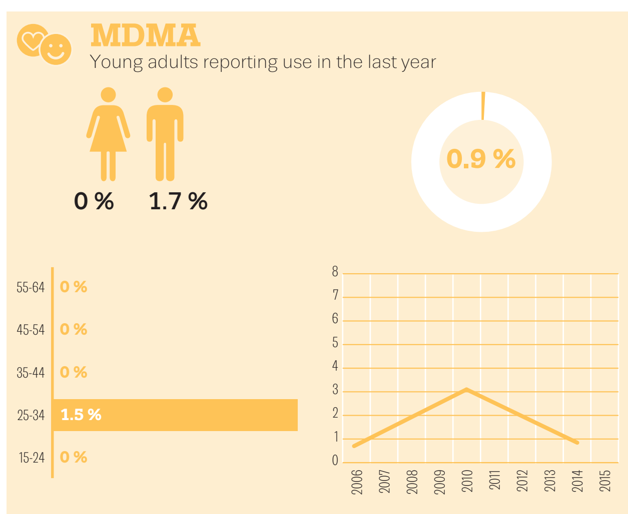
Krakow participates in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a community level, based on the levels of different illicit drugs and their metabolites in sources of wastewater. In 2016, amphetamine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

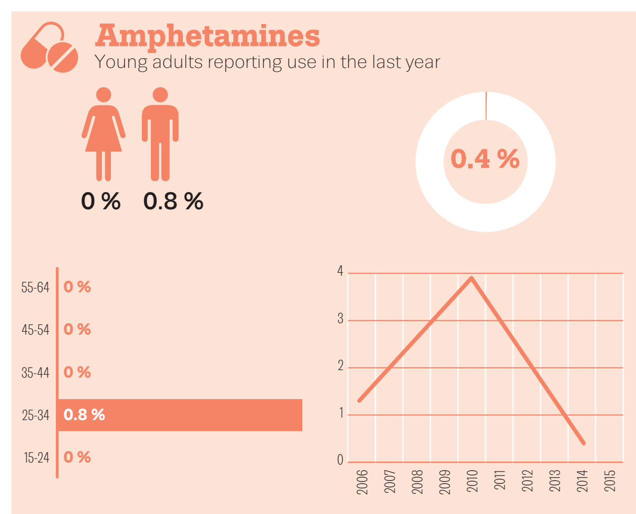
FIGURE 4

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





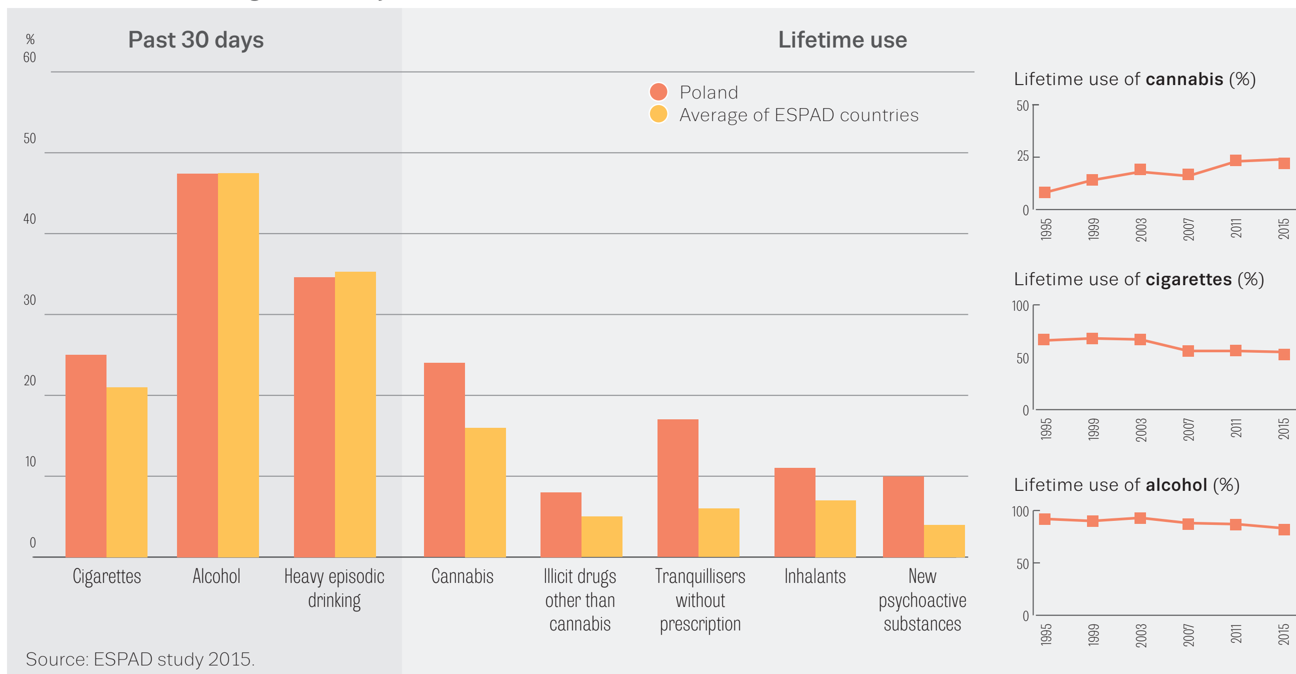




NB: Estimated last-year prevalence of drug use in 2014.

FIGURE 5

Substance use among 15- to 16- year-old school students in Poland



Source: ESPAD study 2015.

The most recent data on drug use among students come from the 2015 European School Survey Project on Alcohol and Other Drug (ESPAD). In 2015, Polish students' reported lifetime use of all categories of drugs (cannabis, NPS and illicit drugs other than cannabis) was higher than the European average (based on data from 35 countries). Use of alcohol in the last 30 days and heavy episodic drinking were around the European average and use of cigarettes in the last 30 days was slightly higher. The long-term analysis shows that cannabis use tripled between 1995 and 2015, while lifetime use of alcohol and cigarettes decreased over the same period (Figure 5).

High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on the first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 7).

The most recent estimate of the number of high-risk opioid users in Poland was based on 2013 treatment data and nominations from the 2015 population survey using the benchmark method, which is one of a group of multiplier methods. It was estimated that there were 14 664 high-risk opioid users (range 10 915-18 412) (Figure 6).

A survey in 2014-15 based on the Severity of Dependence Scale and the Problem Cannabis Use screening test reported a prevalence of high-risk cannabis use among 15- to 64-year-olds ranging from 0.2 % to 0.3 % and estimated that the number of high-risk cannabis users in Poland at that time was between 54 000 and 108 000.

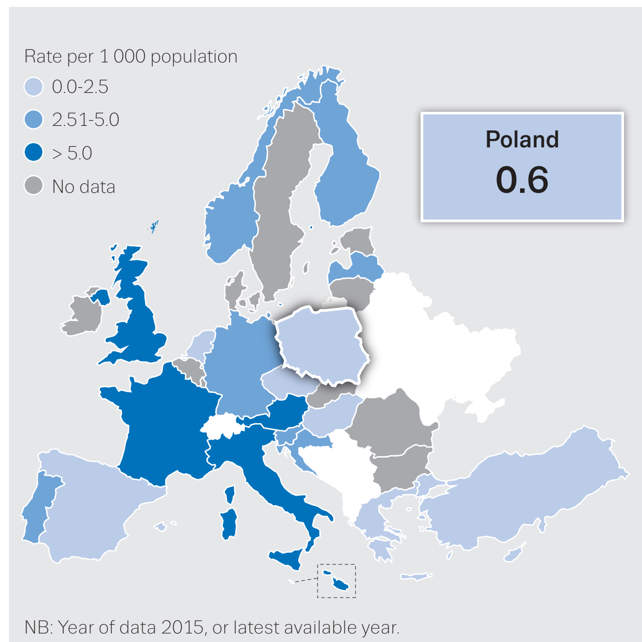
The most recent estimate indicates that there are 14 664 high-risk opioid users in Poland

Data from specialised treatment centres are based on a recently developed reporting system that includes fewer than half of specialised treatment centres in the country. Trend analysis is also heavily affected by the rapid expansion of the data coverage. Based on the available data, cannabis was the most commonly reported primary substance for first-time clients entering treatment during 2015, followed by amphetamines. Approximately one in five clients entering treatment was female, although females account for a smaller proportion of those entering treatment for primary cannabis use (Figure 7).

A survey of current injecting drug users who entered harm reduction programmes in 2014 found that the importance of opioids or amphetamine as a main problem substance has fallen since the similar 2008 survey, while alcohol has become the most common problem substance. In addition, NPS were reported as the most problematic substance by about one quarter of those surveyed in 2014.

FIGURE 6

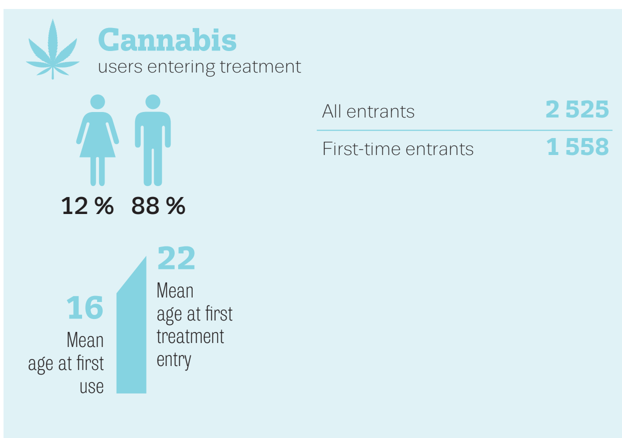
National estimates of last year prevalence of high-risk opioid use

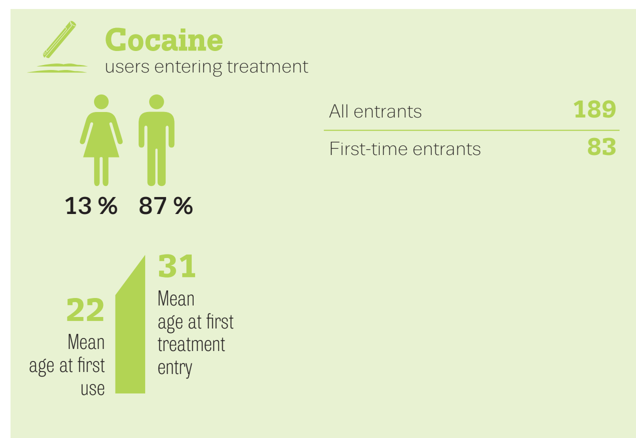


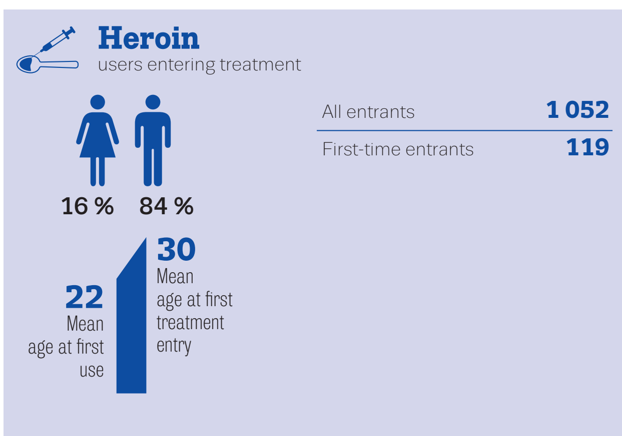
NB: Year of data 2015, or latest available year.

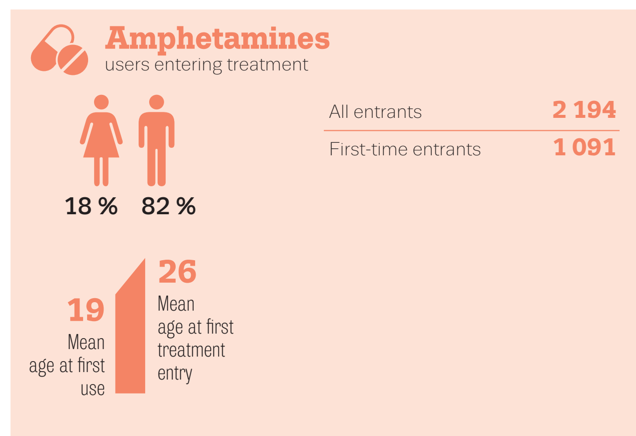
FIGURE 7

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









NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Poland, data on human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) infections are collected by the National Institute of Public Health-National Institute of Hygiene (NIPH-NIH). This institute also analyses data that are reported by Provincial Sanitary and Epidemiological Stations for the whole country. By the end of 2015, a total of 20 156 cases of HIV infection had been notified by the NIPH-NIH and just under one third of these were among people who inject drugs (PWID). The number of newly reported cases of HIV infection among PWID indicated a downward trend, which has levelled off in recent years. However, there is a risk that the number of cases has been underestimated, as the transmission route is not reported in a large proportion of cases (Figure 8).

Data on HIV infections among PWID are also available directly from a network of consultation and testing sites (PKD) that provides anonymous and free HIV testing combined with preliminary consultations. This information is also collected by the NIPH-NIH from the laboratories providing diagnostic testing. The estimated prevalence of HIV among 506 PWID (ever and current injectors) tested in 2014 was 3.0 %. Surveys of clients in needle and syringe exchange programmes estimated the prevalence of HIV at 47 % in 2014 among clients who had injected drugs at least once in the month preceding the study.

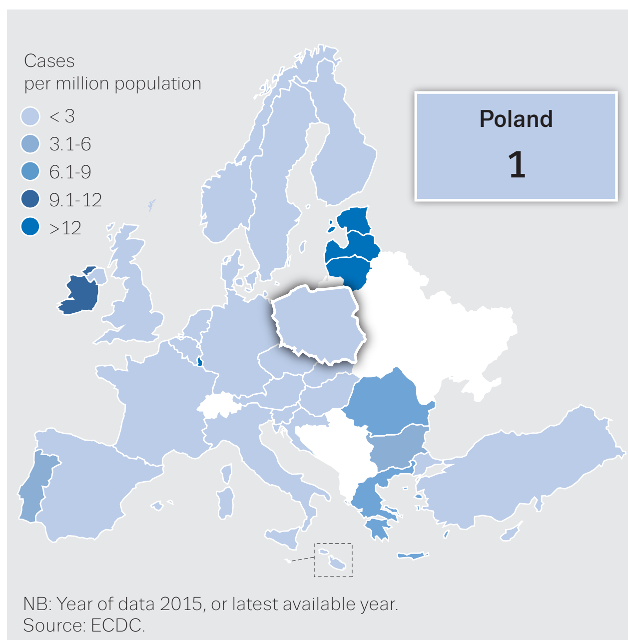
Regarding HCV infection, in 2012, of 2 173 cases of chronic HCV infection in which the transmission route was known, about 158 listed injecting drug use as a possible transmission route, while 1 of 41 cases of acute HCV infection was linked with injecting drug use.

In an HBV and HCV seroprevalence study conducted among 184 PWID at two sites in 2009, HCV prevalence ranged between 44.3 % and 72.4 % (Figure 9), while the prevalence of HbsAg, which indicates chronic HBV infection, was 3.23 %. Out of 68 notified cases of acute HBV infection in 2014, one was linked to injecting drug use.

According to more recent surveys of clients of needle and syringe exchange programmes, around 70 % of tested clients who have injected a drug at least once in the month preceding the study were HCV positive.

FIGURE 8

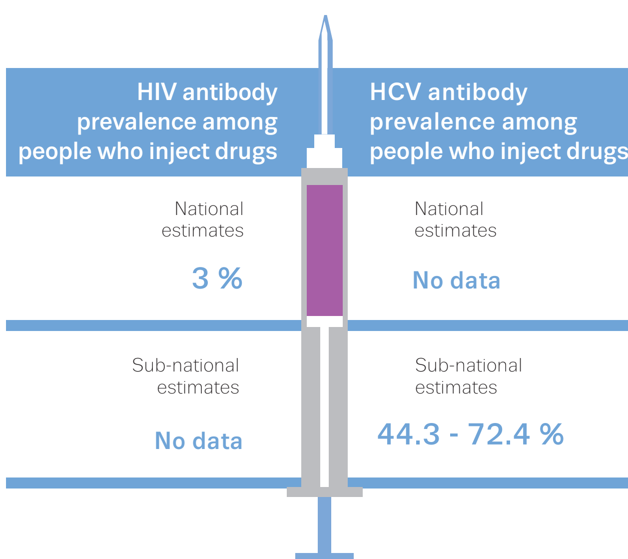
Newly diagnosed HIV cases attributed to injecting drug use



NB: Year of data 2015, or latest available year.
Source: ECDC.

FIGURE 9

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



NB: Year of data HIV 2014, HCV 2009.

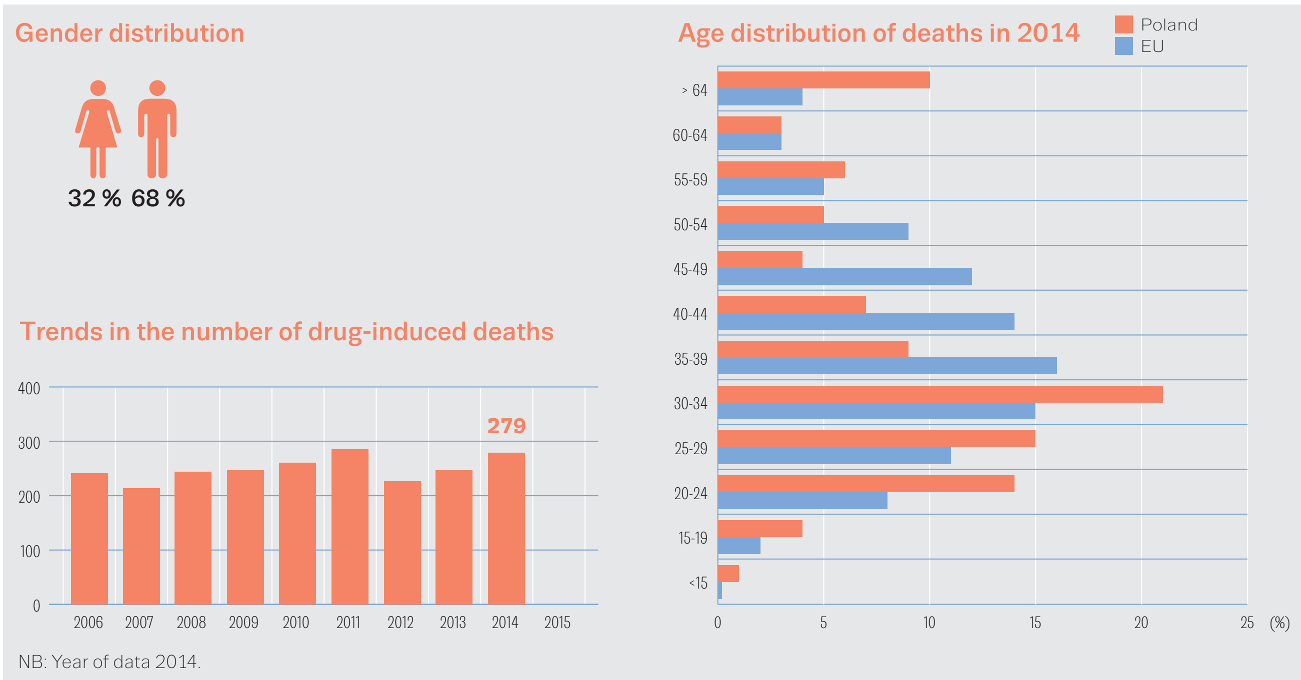
Drug-related emergencies

In 2014, 2 424 medical interventions suspected to be linked to NPS use were registered in Poland by the Poisonings Control Centre. The number of reported medical interventions linked to NPS was almost three times higher in 2015 than in 2014, with a total of 7 284 poisonings reported.

The emergency room of a hospital in Gdansk also participates in the European Drug Emergencies Network (Euro-DEN) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe. Available data show that there was a large increase in the number of presentations between the 2013/14 and 2014/15 data collection rounds of the study.

FIGURE 10

Characteristics of and trends in drug-induced deaths in Poland



NB: Year of data 2014.

Drug-induced deaths and mortality

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

The main source of information on drug-related deaths in Poland is the Central Statistical Office (GUS), which collects data based on the 10th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); however, certain codes of ICD-10 are not used in Poland and, as a result, the substances involved in drug-induced deaths in most cases cannot be reported, which limits the application of the EMCDDA protocol. The Polish data extracted from the GUS are, therefore, not strictly comparable with data from other national general mortality registers.

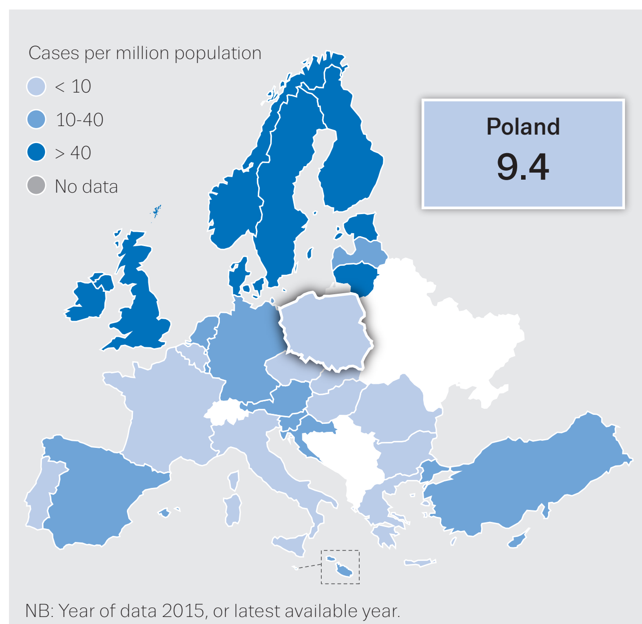
Data from the General Mortality Register show that, after a decrease in 2012, the number of drug-induced deaths increased in 2013 and 2014 to the levels seen in 2011.

In 2014, two thirds of victims of drug-related deaths were male (Figure 10).

The drug-induced mortality rate among adults (aged 15-64 years) in 2014 was 9.4 deaths per million, which is below the European average of 20.3 deaths per million (Figure 11).

FIGURE 11

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



NB: Year of data 2015, or latest available year.

Prevention

In Poland, until the end of 2016, drug prevention activities were governed by the national programme for 2011-16, which aims to reduce the demand for drugs in Polish society, for example by synchronising institutional responses and implementing activities in relation to the general public, as well as selected target populations, such as children and adolescents at school or other groups that are particularly at risk of drug use. An important element of the national programme was increased emphasis on improving the quality of drug prevention programmes, as well as the competencies of programme providers. The prevention activities are implemented by government administration units (competent ministries and subordinate agencies), as well as local and regional governments.

The Ministry of National Education is responsible for universal drug prevention in schools and an Anti-drug Action Plan has been adopted to improve the quality of drug prevention activities in schools and educational facilities.

Prevention interventions

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

Schools and other units within the framework of the education system are obliged to implement a school prevention programme for children and young people. Health education is part of the core curriculum defined by the Regulation of the Ministry of National Education and adopted in 2012. Educational settings are also encouraged to adopt health-promoting school principles to strengthen students' normative beliefs and psychosocial skills as protective factors against drug use. The National Bureau for Drug Prevention supported the nationwide dissemination of the Unplugged programme, which is a universal drug prevention programme that targets students aged 12-14 years. The evaluation of this programme in Poland demonstrated its positive impact on the reduction of cannabis use and alcohol consumption. The evaluation also found that the programme reduced positive beliefs and attitudes regarding addictive substances and increased knowledge and competence among parents (Figure 12).

In 2015, the Institute of Psychiatry and Neurology supported educational skills programmes for parents and teachers, such as 'Home Detectives' and 'Fantastic Opportunities'. The programmes target teenagers entering adolescence, as well as their parents and teachers, and aims to prevent or delay initiation of alcohol use.

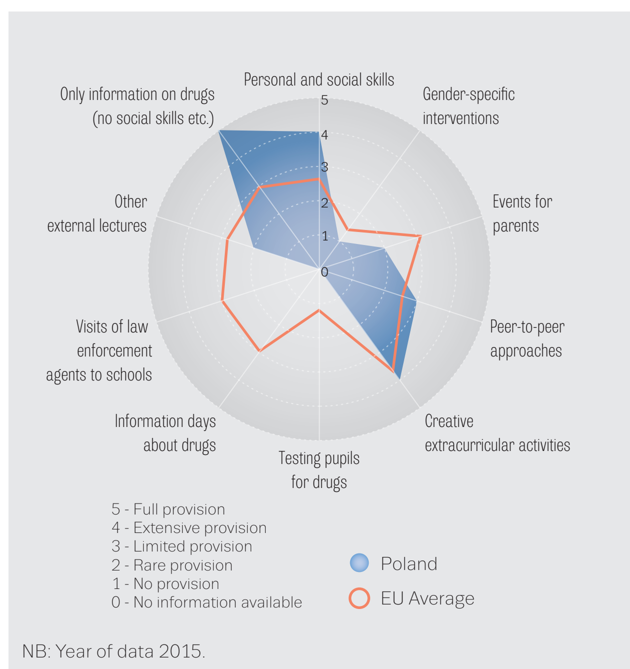
The National Bureau for Drug Prevention supported a number of programmes in 2015 that focused on parents with the aim of strengthening educational and specific skills to cope with drug dependence in the family. Activities included educational and awareness classes for families on the mechanisms of drug dependence and co-dependence, family counselling, crisis interventions, support groups for families, educational skills workshops and legal assistance/consultations. As part of this task, evidence-based programmes listed in the database of recommended drug prevention and mental health promotion programmes, such as the Family Strengthening Programme and School for Parents and Educators, were supported financially.

Selective prevention programmes are mainly concerned with risk reduction, the promotion of healthy lifestyles and assistance in crises related to substance use for socially excluded children and adolescents. In 2015, the early intervention programme, FreD goes net, was further disseminated. The programme's main focus is the reduction of substance use among adolescents who have committed drug-related offences. Some programmes targeting occasional drug users in entertainment settings are also available.

Indicated prevention activities mostly encourage and help to maintain abstinence from drugs, prevent further development of substance dependence, shape adequate normative beliefs regarding drugs and promote healthy lifestyles. The programmes feature awareness activities concerning drugs and the mechanisms of drug dependence, drug law, critical interventions, psychosocial skills workshops, support groups and evaluation.

FIGURE 12

Provision of interventions in schools in Poland (expert ratings)



NB: Year of data 2015.

Harm reduction

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

Harm reduction interventions

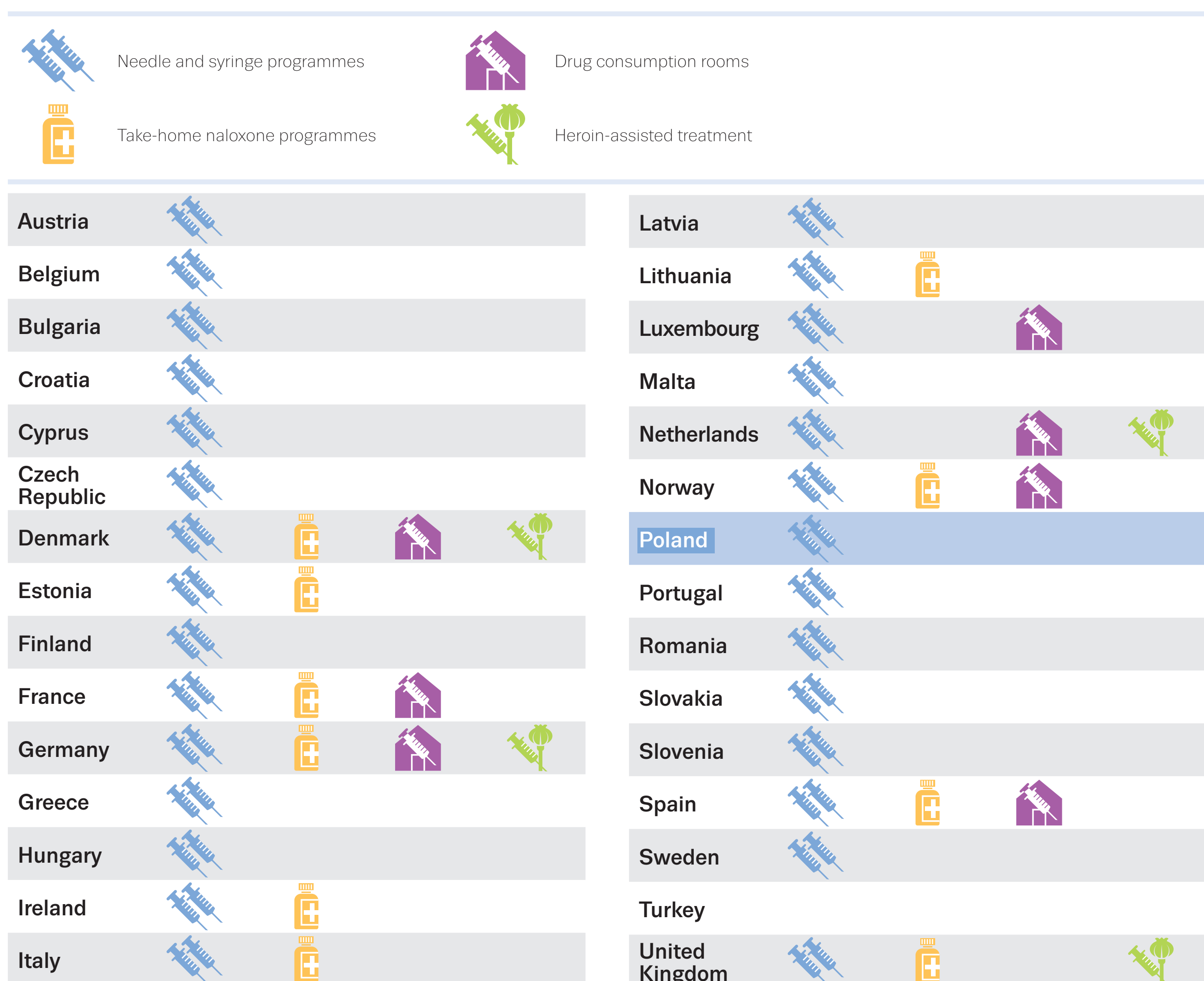
Harm reduction programmes have been conducted in Poland since 1996. However, needle and syringe programmes have been available since 1989. These are additional services that are provided at selected outpatient clinics but are not implemented as independent programmes. Harm reduction interventions are mainly conducted by NGOs in large cities and include outreach and street-based services (Figure 13).

In 2015, a total of 12 needle and syringe programmes operated in 11 Polish cities; however, this number has been in decline since 2001, when 23 programmes operated in 21 cities.

In 2015, over 100 000 syringes were distributed to around 1 360 PWID who attended these specialised programmes. The decreasing number of syringes

FIGURE 13

Availability of selected harm reduction responses



NB: Year of data 2016.

given out and clients reached by these programmes is attributed to a decrease in funding and a change in the priorities of harm reduction programmes towards recreational drug users.

The National Health Fund (NHF) plans to systematically increase the availability and reach of programmes that aim to reduce and treat infectious diseases in the next few years, in particular by contracting antiretroviral treatment services and by providing vaccination against HBV and counselling and testing for HCV and HIV.

Over 100 000 syringes were distributed in 2015 through needle and syringe programmes

Treatment

The treatment system

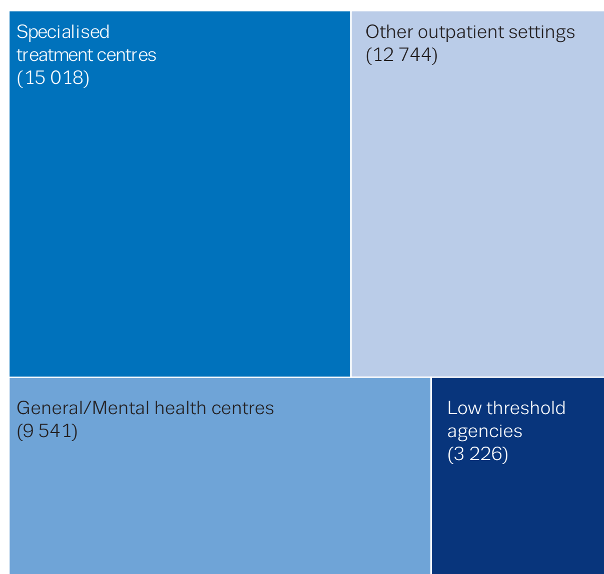
The National Programme for Counteracting Drug Addiction 2011-16 contains a number of measures related to drug treatment and rehabilitation. These aim to increase the availability of outpatient drug services, OST programmes and HIV- and HCV-related infectious disease treatment programmes. Moreover, a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

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

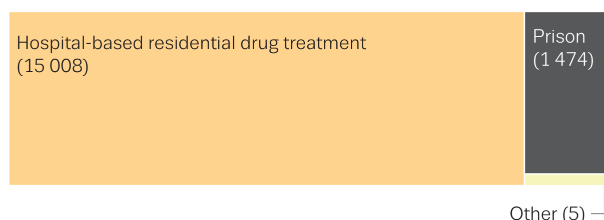
FIGURE 14

Drug treatment in Poland: settings and number treated

Outpatient



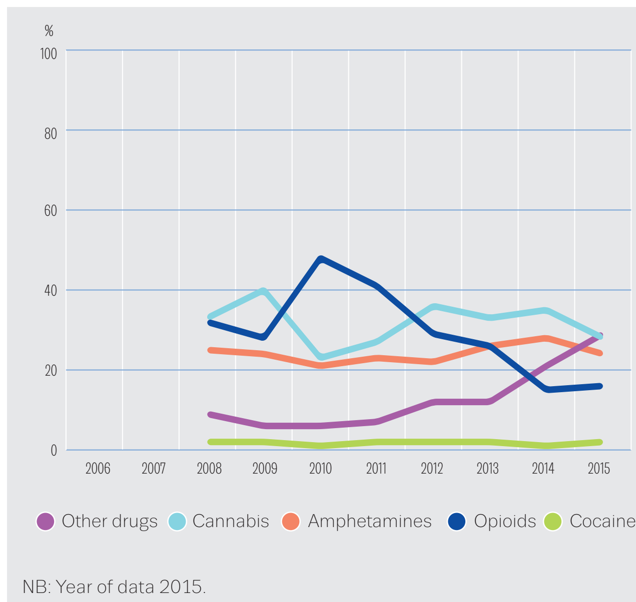
Inpatient



NB: Year of data 2015.

FIGURE 15

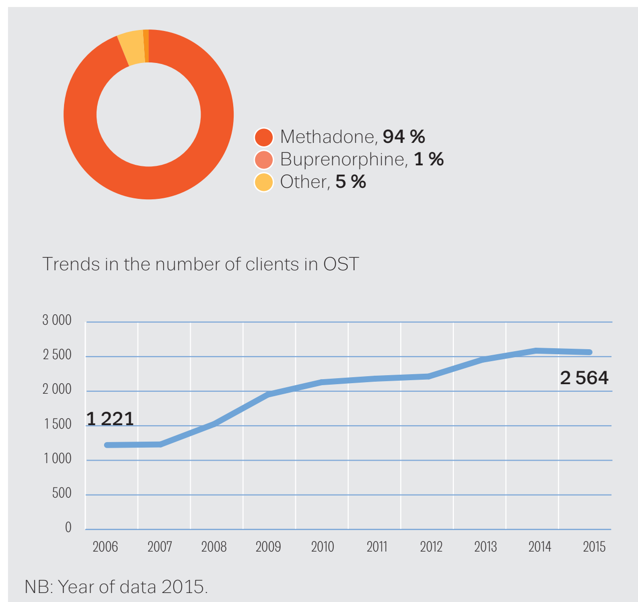
Trends in percentage of clients entering specialised drug treatment, by primary drug in Poland



NB: Year of data 2015.

FIGURE 16

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



NB: Year of data 2015.

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

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

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

Treatment provision

Of all those treated for drug dependence in Poland, the majority were treated in outpatient settings (Figure 14). In 2015, a total of 9 013 clients were admitted to treatment, of whom 4 296 were clients entering treatment for the first time. In 2012, a new treatment registration system was put in place, which has expanded in recent years to cover around half of specialised outpatient and inpatient treatment centres. Caution must be exercised when interpreting data because of the evolution of the national monitoring system, particularly with regard to coverage. Among all clients who entered treatment in 2015, around one third entered treatment for primary use of cannabis, and one quarter for stimulants, mainly amphetamines. Opioids, mainly heroin, were the third most common primary drug reported by treatment clients. However, the largest proportion of clients in treatment cited another non-specified drug as the primary substance used (Figure 15).

Data from the National Bureau's Registry of Substitution Treatment show that the number of clients receiving OST has remained stable in recent years, with more than 2 500 clients receiving this treatment in 2015. The majority of clients treated with OST received methadone, although buprenorphine-based medications are also available (Figure 16).

In 2015, it was estimated that fewer than one fifth of problem opioid users received OST in Poland.

Drug use and responses in prison

Available data on drug use among prisoners from the 2007 prison survey show that around half of prisoners in Poland have lifetime experience of drug use before imprisonment, mainly cannabis, amphetamines and, to lesser extent, opioids. Use of these substances is also the most frequent reason for entering drug treatment in Polish prisons.

In prisons, therapeutic interventions are conducted for inmates who are dependent on illicit drugs and other psychotropic substances. Drug treatment is conducted in therapeutic wards based on programmes approved by the General Director of the Prison Service.

The National Programme for Counteracting Drug Addiction 2011-16 identified the objective of increasing the number and variety of specialist drug treatment programmes in penal institutions, youth detention centres and hostels for minors, including OST and harm reduction for drug-dependent individuals.

The main form of treatment in Polish prisons consists of six-month residential therapeutic programmes, with interventions ranging from psychotherapy to rehabilitation.

OST programmes in prison are also available and are coordinated by the prison health service. Harm reduction interventions, such as educational programmes for drug users, individual consultations, motivation for behavioural change, safe injection training, support groups and group sessions for inmates who had not been admitted to prison treatment wards, are implemented by NGOs.

All HIV-positive inmates are provided with antiretroviral treatment, but no data are available on the number of infectious diseases tests carried out or the number of drug users suffering from infectious diseases.

The quality of treatment programmes is maintained and enhanced through the training of the staff who work with drug-using prisoners and the evaluation of treatment programmes.

Around half of prisoners in Poland have lifetime experience of drug use before imprisonment, mainly cannabis, amphetamines and, to lesser extent, opioids

Quality assurance

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

In 2006-10, drug prevention quality standards and a framework for the recommendation system for drug prevention and health promotion programmes were developed through a collaboration between the National Bureau for Drug Prevention, the Centre for Education Development, the State Agency for Prevention of Alcohol-related Problems and the Institute of Psychiatry and Neurology. A pilot system was also evaluated.

Collecting and disseminating information on evidence-based drug prevention programmes is one of the priority actions of the current national programme, both for central institutions and for local and regional governments. At present, a database of recommended programmes lists 14 programmes in the fields of health promotion, universal prevention and selective prevention.

In 2013, the Minister of Health approved the accreditation standards for providing health care services and initiated the implementation of the accreditation system for residential drug treatment units. The National Bureau for Drug Prevention, in collaboration with the State Agency for Preventing Alcohol-related Problems and the Centre for Monitoring Quality in Health Care, carried out activities that aimed to develop specific guidelines for accreditation audits.

A certification system for drug treatment instructors and specialists is in place, and other training for specialists from different groups is also available. Every year, the Polish focal point to the EMCDDA and the Masovian Centre for Social Policy organise a drug monitoring conference for local and regional governments. In 2014, the conference focused on European Drug Prevention Quality Standards (EDPQS) and, in 2015, on minimum quality standards in drug demand.

Collecting and disseminating information on evidence-based drug prevention programmes is one of the priority actions of the current national programme

Drug-related research

Monitoring the epidemiological situation concerning illicit drugs and NPS, as well as public attitudes and institutional responses, is an important task for the implementation of the National Health Programme's operational objective entitled 'Prevention and problem solving in relation to substance use, behavioural addictions and other risky behaviours'. This also includes financing scientific research in the field of drugs. Coordination of the implementation of the National Health Programme in the area of research and monitoring is carried out by the Polish national focal point in collaboration with the National Bureau for Drug Prevention's Council for Scientific Research. The National Bureau for Drug Prevention remains the main body that commissions and finances the implementation of research in the field of drugs and drug dependence. Numerous research projects are conducted on the basis of grants awarded by the Ministry of Science and Higher Education and by international programmes.

Scientific activity in the field of drugs and drug dependence within the scope of statutory activities is conducted by the Institute of Psychiatry and Neurology, although the national focal point, the NIPH-NIH, universities and research agencies that study on the Polish market also carry out research projects. The studies reported in 2016 mainly include population-based research and research into demand reduction topics. Research findings are disseminated through scientific journals, websites and national focal point activities, which also include the publication of a newsletter, a dedicated website and participation in conferences.

The studies reported in 2016 mainly include population-based research and research into demand reduction topics

Drug markets

Poland is both a transit country for drug trafficking and the source of production of synthetic drugs for Western European markets. Poland is one of the major amphetamine manufacturers in the European market. The manufacturing process and distribution of the drugs are handled by organised crime syndicates, which establish, equip and supply clandestine laboratories. The police have reported changes in the modus operandi of criminal groups, which have started to divide amphetamine manufacture into stages. Consequently, these stages can take place in various locations. In 2014, the police dismantled 19 laboratories, 15 for the production of amphetamine, two for methamphetamine and two for mephedrone.

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

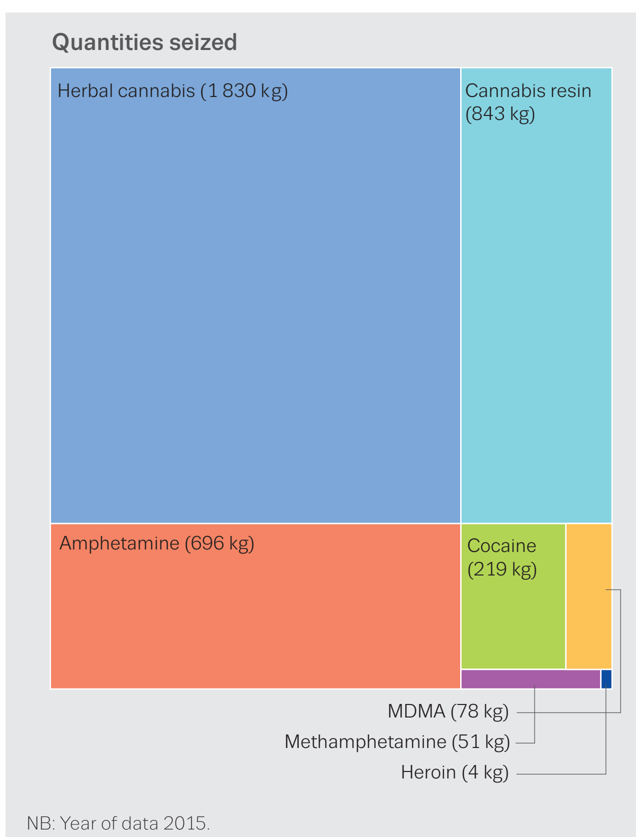
Cocaine is smuggled through Western European countries and via Turkey and Greece. Cannabis is trafficked primarily from the Czech Republic, Belgium, Germany and the Netherlands to other Eastern European markets and Russia. The participation of Polish criminal groups in the trafficking and distribution of cannabis across Europe has been noted alongside the rise of professional cannabis plantations. In 2015, record seizures of cannabis resin, cocaine and methamphetamine were reported. Large seizures of herbal cannabis were also recorded in 2015 (Figure 17).

Although, in November 2010, more than 1 300 smart shops selling NPS were closed; since 2013, NPS have re-emerged on the Polish market.

Retail price and purity data of the main illicit substances seized are shown in Figure 18.

FIGURE 17

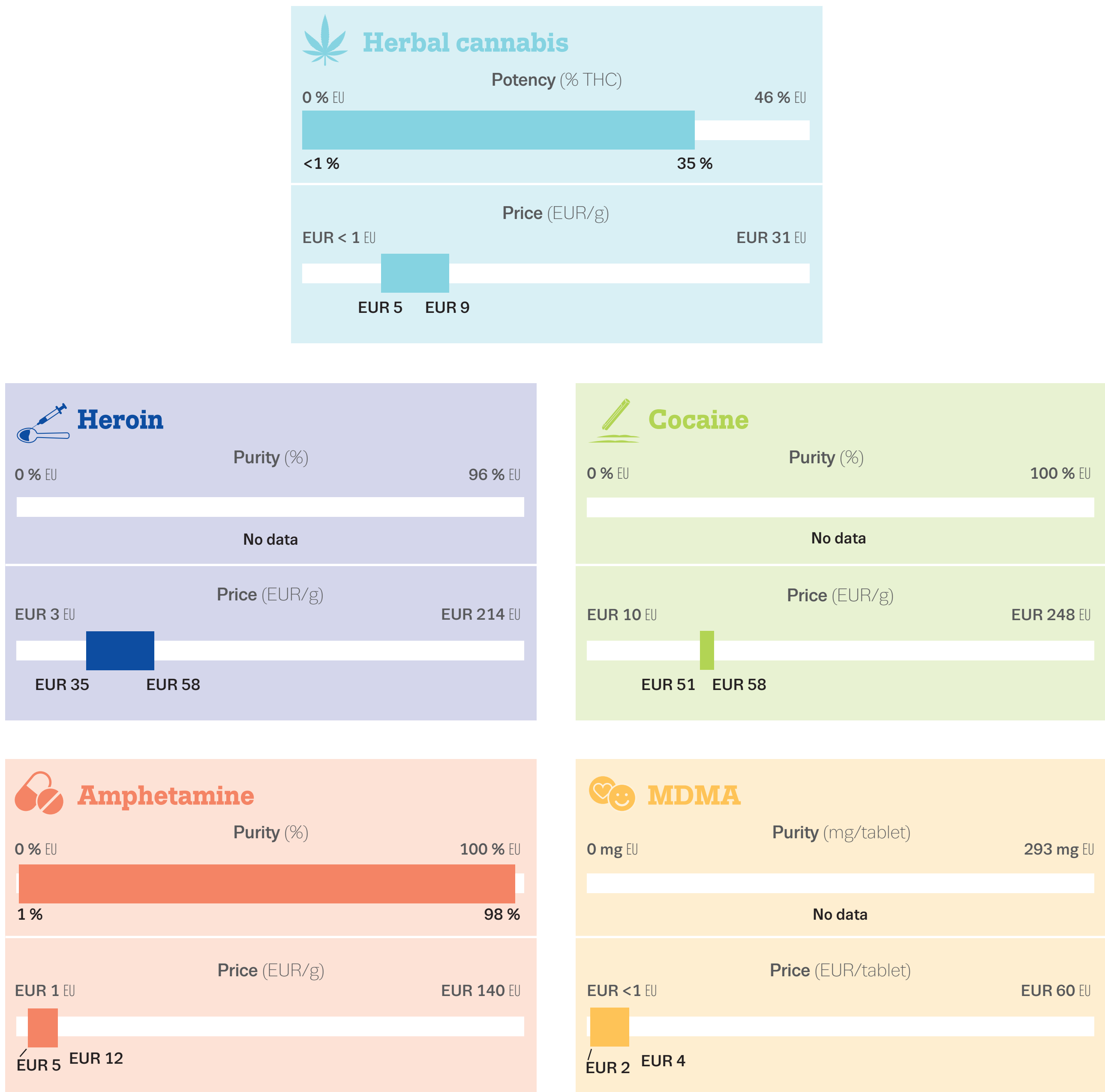
Drug seizures in Poland: quantities seized



NB: Year of data 2015.

FIGURE 18

Price and potency/purity ranges of illicit drugs reported in Poland



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum.
Year of data 2015.

KEY DRUG STATISTICS FOR POLAND

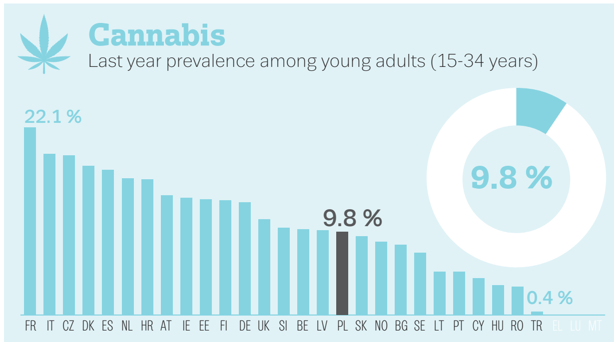
Most recent estimates and data reported

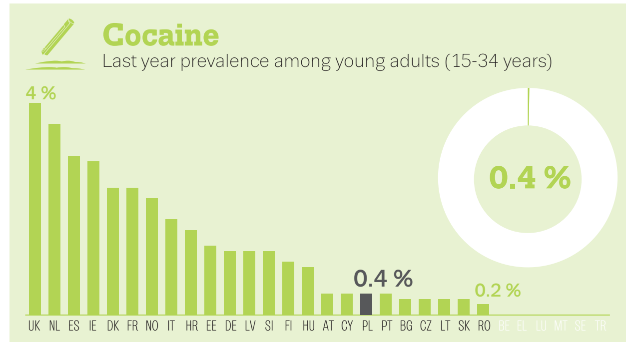
	Year	Country data	EU range	
			Minimum	Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	23.8	6.5	36.8
Last year prevalence of use — young adults (%)	2014	9.8	0.4	22.1
Last year prevalence of drug use — all adults (%)	2014	4.6	0.3	11.1
All treatment entrants (%)	2015	28	3	71
First-time treatment entrants (%)	2015	36	8	79
Quantity of herbal cannabis seized (kg)	2015	1 830.5	4	45 816
Number of herbal cannabis seizures	No data	No data	106	156 984
Quantity of cannabis resin seized (kg)	2015	842.9	1	380 361
Number of cannabis resin seizures	No data	No data	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	2015	0.2-35	0	46
Potency — resin (% THC) (minimum and maximum values registered)	No data	No data	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	4.7-9.3	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	No data	No data	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.7	0.9	4.9
Last year prevalence of use — young adults (%)	2014	0.4	0.2	4
Last year prevalence of drug use — all adults (%)	2014	0.2	0.1	2.3
All treatment entrants (%)	2015	2	0	37
First-time treatment entrants (%)	2015	2	0	40
Quantity of cocaine seized (kg)	2015	218.6	2	21 621
Number of cocaine seizures	No data	No data	16	38 273
Purity (%) (minimum and maximum values registered)	No data	No data	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	51.2-58.1	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	4.4	0.8	6.5
Last year prevalence of use — young adults (%)	2014	0.4	0.1	3.1
Last year prevalence of drug use — all adults (%)	2014	0.2	0	1.6
All treatment entrants (%)	2015	24	0	70
First-time treatment entrants (%)	2015	25	0	75
Quantity of amphetamine seized (kg)	2015	696	0	3 796
Number of amphetamine seizures	No data	No data	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	1-98	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2015	4.7-11.6	1	139.8

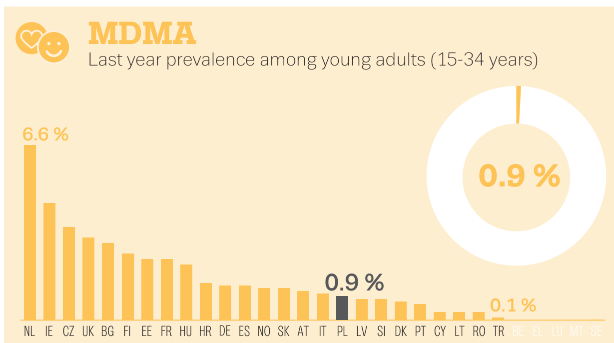
	Year	Country data	EU range	
			Minimum	Maximum
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.3	0.5	5.2
Last year prevalence of use — young adults (%)	2014	0.9	0.1	6.6
Last year prevalence of drug use — all adults (%)	2014	0.4	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	0	0	2
Quantity of MDMA seized (tablets)	2015	120 886	54	5 673 901
Number of MDMA seizures	No data	No data	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	No data	No data	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	2.1-3.7	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	2014	0.6	0.3	8.1
All treatment entrants (%)	2015	16	4	93
First-time treatment entrants (%)	2015	5	2	87
Quantity of heroin seized (kg)	2015	4	0	8 294
Number of heroin seizures	No data	No data	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	No data	No data	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	34.5-58.1	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	1	0	44
HIV prevalence among PWID* (%)	2014	3	0	30.9
HCV prevalence among PWID* (%)	No data	No data	15.7	83.5
Injecting drug use (cases rate/1 000 population)	No data	No data	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2014	9.4	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	2015	101 420	164	12 314 781
Clients in substitution treatment	2015	2 564	252	168 840
Treatment demand				
All clients	2015	9 013	282	124 234
First-time clients	2015	4 296	24	40 390
Drug law offences				
Number of reports of offences	2015	30 638	472	411 157
Offences for use/possession	2015	27 133	359	390 843

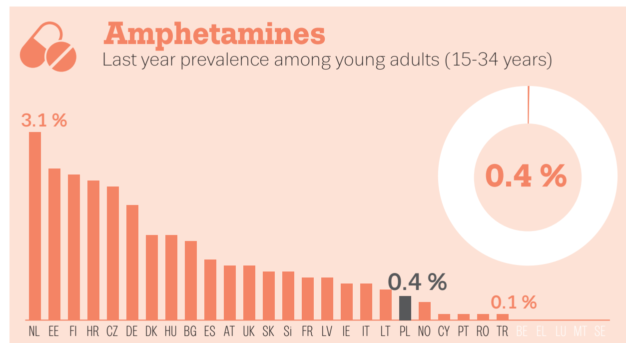
* PWID — People who inject drugs.

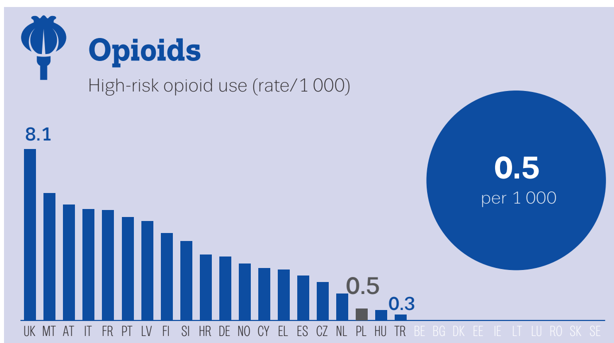
EU Dashboard

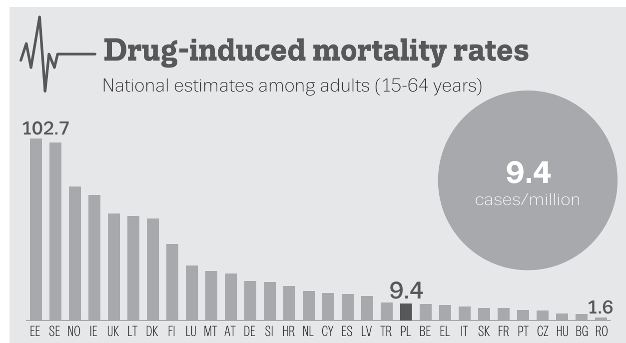


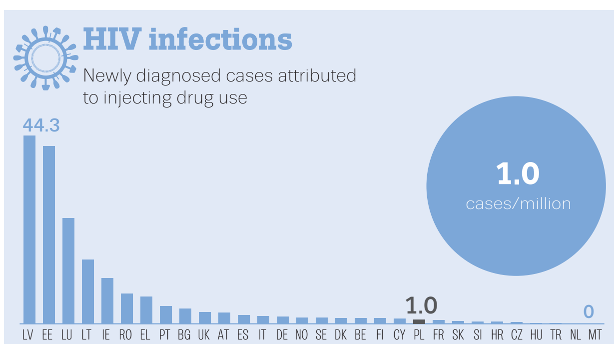


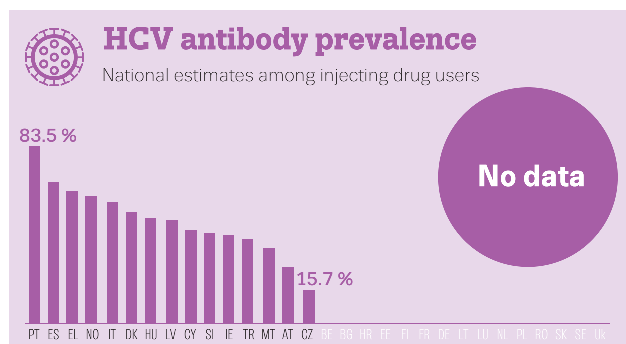












NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found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

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The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.

About our partner in Poland

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

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