



System transformation and social problems

Dr Piotr Jabłoński
National Bureau for Drug Prevention

2017



Distinctive features of the situation in Poland against the so-called Eastern Bloc states after 1945

- Private ownership of land
- Existence of small-scale industry and craft
- Independence of churches / freedom of religion
- Partial autonomy of universities
- Permanent existence of intellectual and political opposition
- Access to world's intellectual ownership
- Relations with political and economic emigration
- Allegedly, Stalin believed that introducing communism to Poland was like putting a saddle on a cow



Outcomes of the economic transformation after 1989

A centrally planned economy used to exist before the transformation.

Its key downsides were the following:

- Ineffective use of the production resources
- Lack of effective incentives
- Poor innovation in the economy
- Lack of market mechanisms
- Permanent shortage of goods

Attempts to reform the centrally planned economy after 1945 led to:

- Decline in production
- Poor work effectiveness and discipline
- Lack of products on the domestic market
- Decline of the foreign trade
- Increase in the foreign debt

Weronika Mazurek



Positive results

- Fall of communism
- Foundation of Solidarity trade union
- Launch and development of free market mechanisms that have been shaping Poland's economy ever since
- Prices started to be governed by the supply and demand' the problem of widespread shortages disappeared
- After introducing the free market the most spectacular changes occurred: disappearance of lines in shops, containment of inflation, which posed a threat to the whole economy

Weronika Mazurek



Negative results

- Abandonment of centrally planned economy
- Economic transformation into the free market model resulted in negative results such as the arrival of the black economy
- Launch of privatization without proper preparation
- Curbing inflation occurred at far higher price levels than it had been assumed in the stability strategy
- Rampant corruption and oligarchy in economic sphere
- Budget deficit

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Selected social problems arisen in the course of transformation

- Unemployment
- Alcoholism
- Drug dependence / AIDS
- Impoverishment of part of society
- Rise in populist views
- Weakening of social support system, education and health care
- Arrival of organized crime
- FREEDOM!, but how to live being free? – freedom has a price to pay

How to live in capitalism?



Start of the 1980s: removing information ban on drug problem

Creation of MONAR Society and fast development of NGOs.

Drug Prevention Act of 1985:

- Prevention and Treatment approach
- Act oriented on public health
- Legal sanctions only in the sphere of drug supply
- Drug users subject to administrative sanction only (seizure of drugs – regardless of the amount)



This is how it began...

- June 1991: Minister of Health and Social Care appoints Drug Addiction Commissioner
- November 1991: Minister of Health and Social Care establishes Bureau for Drug Addiction Commissioner



Act of 1997

- Attempt to find a balanced approach to drug policy
- Possession of any amount of illegal psychoactive substances criminalized
- Possession of small amounts for personal use subject to seizure only



Year 1997



- Drugs Office of the Headquarters of the Polish Police established
- Starting close cooperation between drug demand and supply reduction services



Year 1999

- Development of the first comprehensive National Drugs Strategy incorporating drug demand and drug supply reduction activities
- Introduction of the Health Care Fund system – financing of NGO services.



Year 2000: Amendment of Act on counteracting drug addiction

- Introduction of legal grounds for the establishment of specialist training system in the field of addictions in compliance with the curriculum approved and certified by the minister competent for the matters of health
- Criminalization of possession of substances controlled under the Act



Year 2001

Another amendment of the Act on counteracting drug addiction:

- Introduction of the concept of harm reduction into the catalogue of counteracting drug addiction
- Defining aim, formal status and objectives of the Bureau
- Establishment of the Polish Focal Point



Focal Point



Janusz Sierosławski



Klaudia Palczak



Artur Malczewski



From Drugs Bureau to National Bureau for Drug Prevention

As the Act came into force, the National Bureau for Drug Prevention operating pursuant to the regulation of the minister competent for the matters of health became the Bureau within the meaning of the Act



**Krajowe Biuro do Spraw
Przeciwdziałania Narkomanii**



- 6 Mar 2002 – Memorandum of Understanding between the Ministry of Health and the National Bureau for Drug Prevention
- 21-23 Nov. 2002, Popowo – inaugural training seminar for 60 drug therapists with at least 18 years' work experience



Year 2002

- Establishment of network of 16 provincial drug information experts by Marshal Offices
- Appointment of the Council for Drug Addiction



Year 2005

Adoption of the new Act of 29 July 2005 on counteracting drug addiction:

- Introduction of obligation to adopt local drugs strategies and definition of funding sources
- Enabling non-public health care units to provide opioid substitution treatment
- Introduction of alternatives to penalties for harmful users



Year 2006/2007

- Launch of programme entitled „Support for local governments in counteracting drug addiction at local level”

- Completion of works and practical implementation of Ethical Code of Addiction Therapist



Year 2008/2009

- Acting towards wider spectrum of research into drugs and drug addiction – from message to research competitions
- Working out concept of recommendation system for drug prevention programmes – participants invited by the Bureau included Institute of Psychiatry and Neurology, Ministry of National Education/Education Development Centre and State Agency for Preventing Alcohol-related Problems



Year 2010

- Authorizing National Bureau by the Minister of Health to implement tasks related to the establishment of the Problem Gambling Fund
- Poland's initiation of debate on new psychoactive substances at EU level



Problem gambling fund

- Decision of the Management of the Ministry of Health of 27 July 2010 whereby the operation of the Fund is vested in the National Bureau for Drug Prevention
- Empowerment of the Director of the National Bureau for Drug Prevention to perform duties specified in Article 5.1 of the Regulation of June 2011 (concluding agreements, transferring funds, supervising and monitoring the progress of tasks)



PROBLEM GAMBLING FUND

Financial resources of the Problem Gambling Fund can be exclusively allocated to the following:

- carrying out awareness and educational activities, producing expert opinions and reports on problem gambling;
- designing new methods of preventing and solving behavioural addiction-related problems;
- raising quality of prevention and therapeutic programmes as well as improving professional competences of programme providers;
- supporting institutions and associations which solve addiction-related problems; including the production of problem gambling prevalence and risk assessment reports;



Introduction of legal opportunism to the Polish Drug Law

Act of 2011

- Article 62 a – option of not instigating or discontinuing investigation in the case of possession of a small amount of drugs for personal use upon examining the perpetrator's situation and lack of public interest in prosecuting the perpetrator of punishable act



Integration of addiction-related issues into the Public Health domain

- Public Health Act (11.09.2015)
- Regulation of the Minister of Health on the National Health Strategy (16.09.2016)
- Operational objective 2:

Prevention and solving problems related to substance use, behavioural addictions and other risky behaviours.



One of the outcomes of the transformation: between narcophobia and fair assessment of the phenomenon

What used to be:

- Medical model
- Social phenomenon
- Global phenomenon

What is now:

- Interculturation of the addictions phenomenon
- Substance use/addiction as social norm
- Going beyond the ICD-10 model (harmful use, dependence) towards recreational use (NPS)
- DSM-V on addiction: substance use disorder



One of the outcomes of the transformation: between narcophobia and fair assessment of the phenomenon

What used to be: black and white world

- All, even substance users, knew what was and what was not right, correct, proper (Drugs and drug addiction were wrong)
- Tolerance and understanding for the causes of use and needs of users as signposts of modern and humanitarian approach to the problem

What is now:

- Multiple approaches (from moralizing to acceptance, from fight against... to legalization)
- Contention between the following groups: youth–adults, consumers– politicians, hardliners-modernizers



One of the outcomes of the transformation: between narcophobia and fair assessment of the phenomenon

At present, approaches to mind altering substances are increasingly placing drugs in the context of a wider social phenomenon of addictions including legal and illegal substances such as tobacco, alcohol and pharmaceutical drugs consumed without medical indications, classic drugs or New Psychoactive Substances but also behavioural addictions within the group of drive disorders including most widely socially perceived pathological gambling problems.

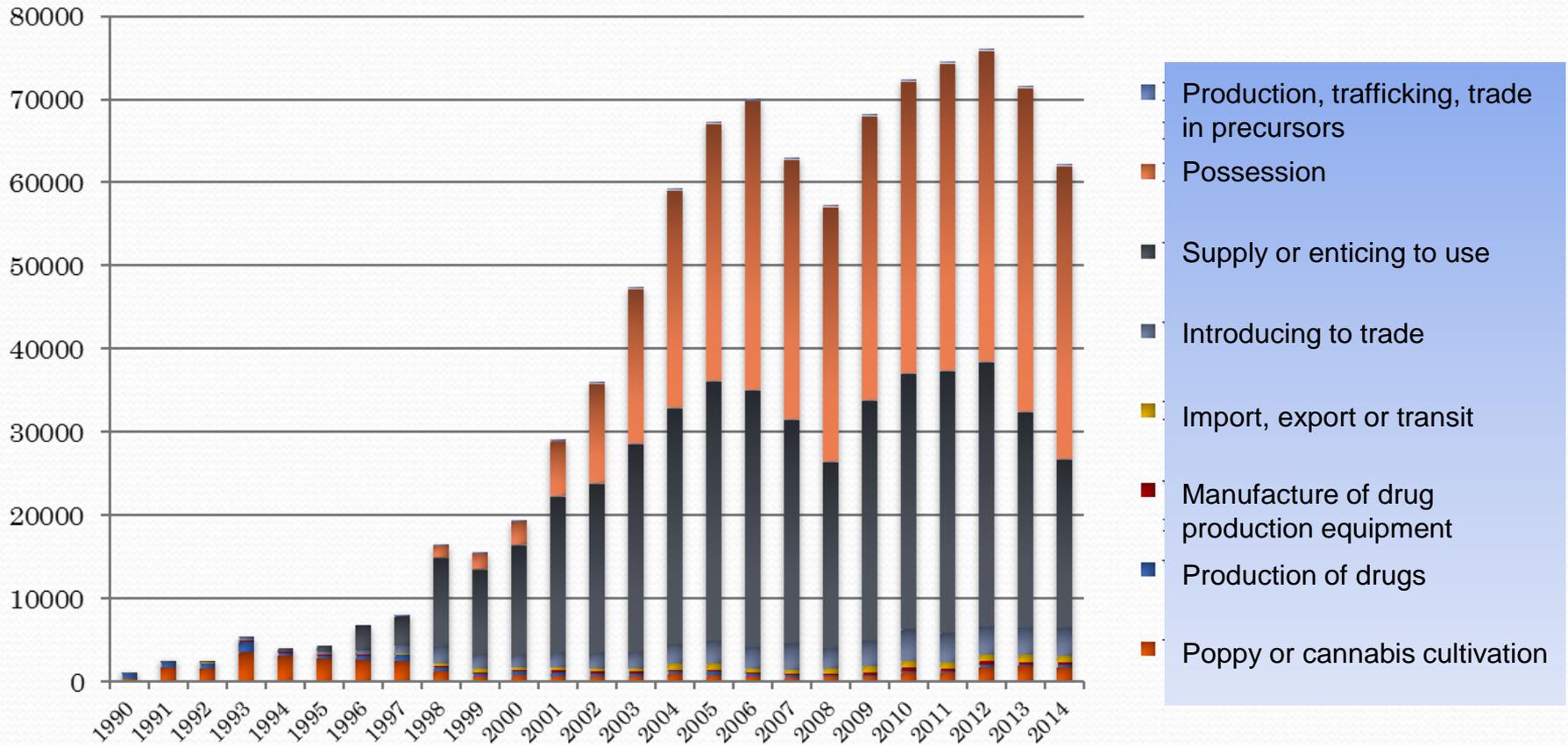


One of the outcomes of the transformation: between narcophobia and fair assessment of the phenomenon

Trends of permissive attitude towards drug use often hold that the consequences of adopting and implementing drug policies are more socially harmful and costly than drug use itself. The state incurs high costs of engaging law enforcement agencies in prosecuting and sentencing to severe penalties mainly drug users. A notable case of such practices is the so-called war on drugs waged many years ago in the USA. Today, it is universally regarded as activity which failed to produce expected results and generate a number of new problems related to a rise in drug supply and demand.



Crimes against the Drug Law detected by the Police





In discussions on disseminating modern methods of understanding the phenomenon and the effective solution thereof arguments appear that one of the reasons for the ongoing presence of stereotypical approaches and views on addictions, especially drugs, is the so-called narcophobia.

Narcophobia is often described as irrational or inadequate to the phenomenon's scale and profile fear of drugs and/or drug users.



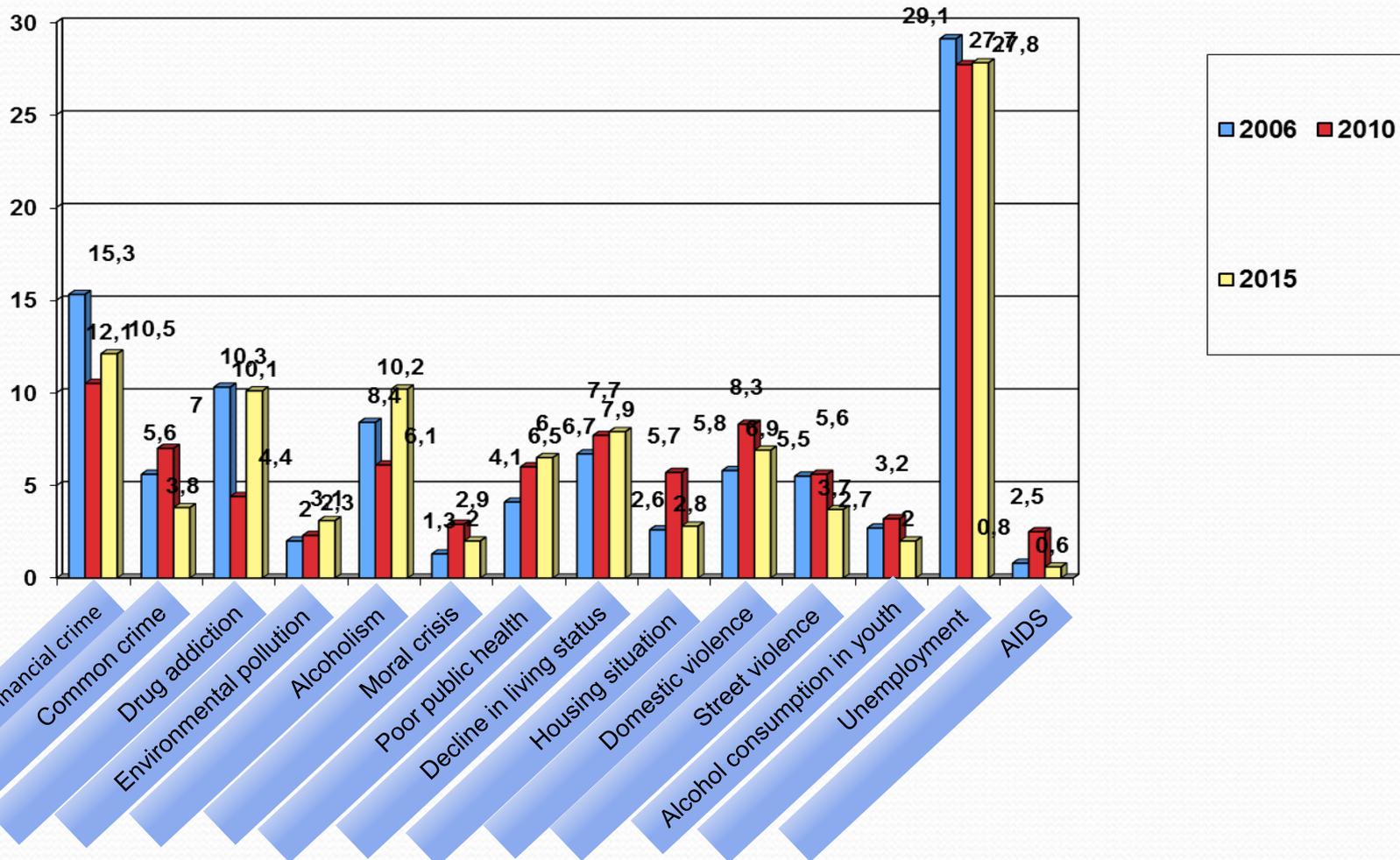
By avoiding the argument whether narcophobia can be viewed through the clinical approach but bearing in mind the “drug” priorities of public health, it is worth reflecting on what attitudes, phenomena and behaviours can be associated with the trend of narcophobia and the reduction and elimination of which could translate into more effective prevention on the field of mind altering substances.



It seems that one of the factors for the narcophobic views is estimating the phenomenon and its impact on society through stereotypical beliefs and attitudes, which are often governed or reinforced by sensational approach to the phenomenon presented and disseminated by the media. Almost each and every epidemiological research project clearly points to a huge quantitative gap between the prevalence of alcoholism and drug addiction and the related problems such as mortality, number of somatic and psychiatric complications, extent of social exclusion or domestic violence. However, research participants in Poland when asked to list the social problems in terms of priority almost always rank drug addiction first while alcoholism is noted and considered important but ranked far lower and given less emphasis.



Assessment of respective problems as the most important on a country scale (percentages of respondents)





Is there a thematic field where the issue of narcophobia is raised directly?

- Yes, it is the treatment of chronic pain or palliative care for terminally ill patients.
- „narcophobia is a fear that regulatory agencies, healthcare professionals, clients experiencing acute or chronic pain, and their families can share”
- (The Chronic Syndrome Support Association / <http://www.cssa-inc.org>)



The literature describes several barriers to effective use of narcotics:

- Fear that the client will become addicted.
- Confusion between physical dependence and addiction.
- Regulatory oversight and scrutiny of prescribing physicians.
- Inadequate pain management education among healthcare professionals.
- Social stigma related to use of narcotic analgesics.
- Fears and misconceptions about side effects of narcotic analgesics and lack of knowledge regarding side effect management.
- Failure to adequately assess the client's pain.
- Underestimation of the client's need for narcotic analgesics.
- Communication problems among healthcare professionals, clients, families, and caregivers.
- Attitudes related to age, gender, ethnicity.
- Religious beliefs related to pain and suffering and the use of narcotics.
- Power struggles between the client and others affecting medication administration.
- Discrimination, prejudice, and judgmental attitudes.
- Lack of availability and/or difficulty obtaining narcotic medications.



Barriers perceived in Poland in the field of drug services

- Limited access to opioid substitution treatment
- Limited involvement of local governments in supporting harm reduction programs
- Lack of needle and syringe exchange programmes in prisons
- Overconcentration on the control of a pharmaceutical drug/substance at the cost of access to treatment for drug users



Human rights violations reported by Human Rights Watch:

- Limited access to Needle and Syringe Programmes, Opioid Substitution Treatment, Anti-Retroviral Treatment caused by legal and social barriers
- Poor access to harm reduction programmes for women and youth/minors
- Punishment under the pretext of treatment
- Sentencing to death for drug-related crime



Fear of drugs as alibi for attitudes towards alcohol consumption

- Permissive attitude towards alcohol – known and lesser evil
- Alcohol as a gateway drug
- Harm Reduction Programmes in alcohol policy
- Marginalizing poly-drug use



Application of drugs in medicine/psychiatry

- Application of cannabis in medicine
- Ban on psychiatric research into LSD, MDMA
- Mental barriers to access to opioid substitution treatment



Poor tolerance of the drug reality

- Lack of confidence in the ability to successfully cope with addictions
- Failure to accept the phenomenon as permanent part of social life / normal
- Everybody who does not "lament" is a possible agent of the drug mafia
- Failure to see the difference between consumption and dependence

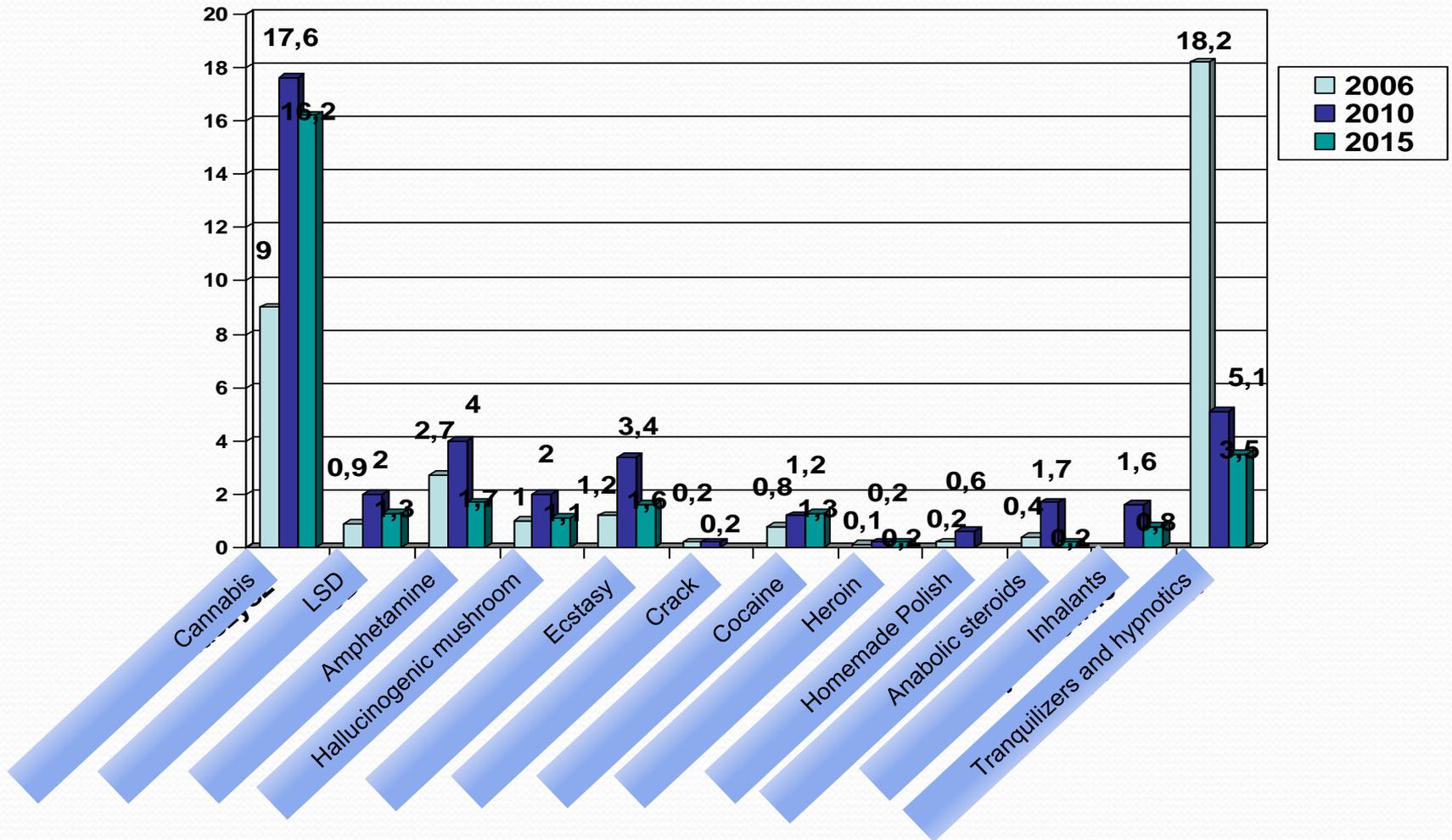


The best way to deal with addicts (GPS 15-64 / Poland)

| | 2002 | 2006 | 2015 |
|----------------------------|--------|--------|--------|
| Treatment | 80 % | 71,5 % | 72,8 % |
| Isolation from society | 4,6 % | 6 % | 4 % |
| Punishment | 1,1 % | 3,5 % | 0,6 % |
| Support, care | 13,1 % | 11,9 % | 18,7 % |
| Leave yourself to yourself | 0,5 % | 0,9 % | 2,2 % |
| Supply drugs | 0,1 % | 0,2 % | 0,1 % |
| Other | 0,7 % | 6 % | 1,6 % |

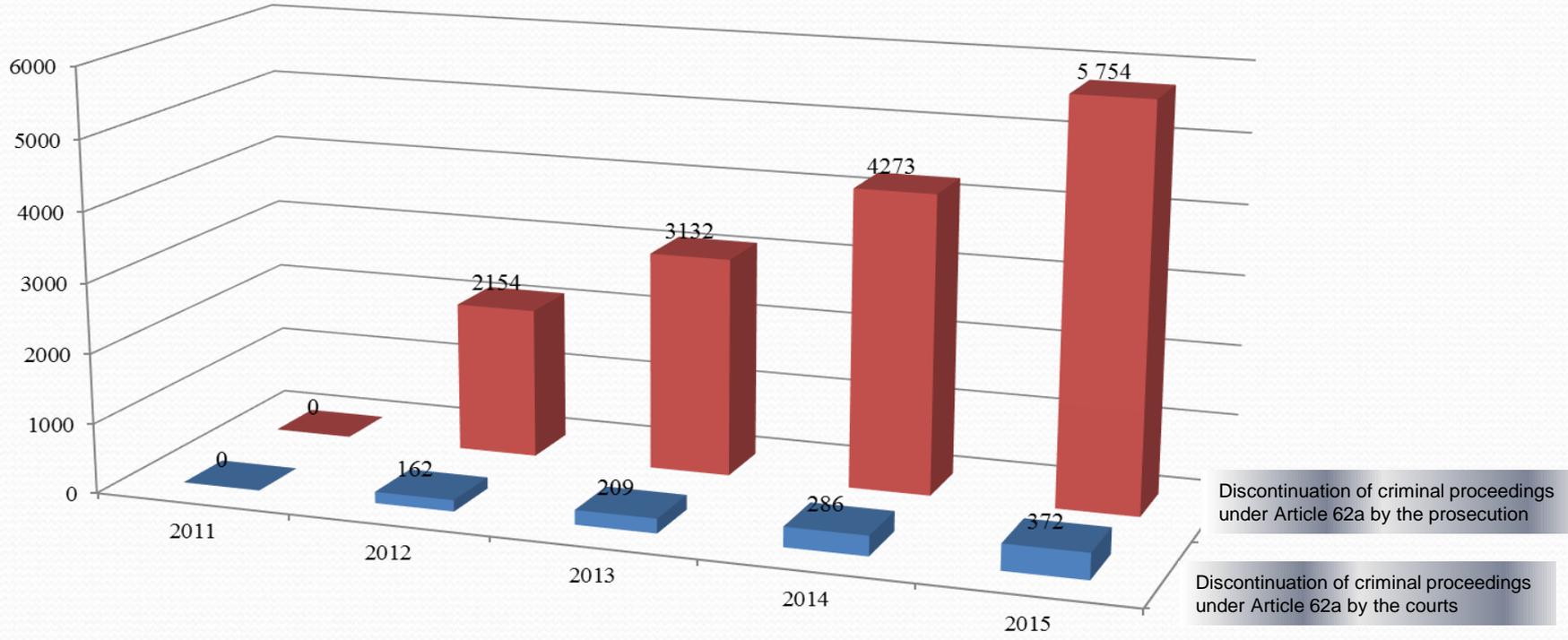


Lifetime prevalence of psychoactive substances (%) (age group 15-64)





Discontinuation of criminal proceedings under the Act on counteracting drug addiction pursuant to Article 62a (by Prosecution and Circuit Courts)





Change trends

- Orientation towards human problems and human rights
- Developing the concept of public health
- Concentrating on risk and protective factors for addictions not on substances
- Investing in research and evidence-based response to the problem
- Balancing the policies of drug demand and supply reduction



Thank you!

Piotr Jabłoński

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