

# Prevention in Poland - challenges and opportunities

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# Reitox Focal Point

- Responsible for coordinating the process of collecting, analyzing and disseminating data on drugs and drug addiction at national level;
- Established in 2001 under the Act on counteracting drug addiction, FP tasks specified in the Act;
- Operates within the National Bureau for Drug Prevention;
- Financially supported by and cooperates with the EMCDDA under the Reitox network of National Focal Points;
- Collaboration with central institutions, scientists, provincial governments and local governments, mainly municipalities;
- Focal Point tasks defined in the National Drugs Strategy: 2016 – 2020;
- Support from Provincial Drug Information Experts.



# Tasks of National Bureau for Drug Prevention (NBDP)

- The main aim is to take drug demand reduction measures. **Initiating and working on new legislative solutions**
- Drafting National Programme for Counteracting Drug Addiction (NPCDA) and monitoring its implementation, Supporting actions in demand reduction at local and regional levels
- Development of actions in prevention, rehabilitation and harm reduction
- Supporting and providing trainings for different groups of experts dealing with counteracting drug addiction
- Undertaking actions aiming to improve quality of prevention, rehabilitation and reintegration programmes
- Strengthening administrative (Council) and informational structures (National Focal Point)
- Preparing and launching anti-drug campaigns
- Conducting common international research projects e.g. ESPAD, European Quality Standards in Drug Prevention
- Cooperation with international organizations (EMCDDA, WHO, Pompidou Group, UNDCP)

Supporting the prevention  
of addiction in Georgia



# Poland



Supporting the prevention  
of addiction in Georgia



# Drug Prevention in Poland - framework

**Drug Council**

**Institutions – main stakeholders**

**Ministry of Education**

**Centre for Development of Education**

**Schools**

**Ministry of Health**

**National Bureau for Drug Prevention**

**Provincial (16) and communal governments (2500)**

**Institute of Psychiatry and Neurology, Universities**

**NGOs**

**Law, regulations**

**Act of 29 July 2005 on counteracting drug addiction.**

**National Programme for Drug Addiction - National Health Programme**

**Tools**

**Recommendation system for prevention and mental health promotion programmes**

**European Drug Prevention Quality Standards Project**

# Local communities – important partner in drug prevention



Supporting the prevention  
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## Building a wide coalition and supporting actions at local level

- 1999 - administrative reform – delegating competencies of the central government to the communal and provincial authorities
- 2001 – establishment of Focal Point, Provincial Experts network in place, launch of national and provincial monitoring
- 2005 – amendment of the Act on counteracting drug addiction, incorporating in the Act a provision of compulsory adoption of communal and provincial drugs strategies as well as an option of using alcohol tax revenues to counteract drug addiction.
- 2006 – 2007 national training courses for communes on how to develop communal drugs strategies (800 communes trained)
- 2008 – launch of local monitoring, over 100 communes trained, annual monitoring conferences
- 2013 – approx. 200 communes in Poland monitor drugs and drug addiction at local level



# Drug prevention in Poland - at regional at local level

- Alcohol licence fees are used to finance substance prevention approx. 150 milion Euro for drug and alcohol prevention in Communal and provincial governments commission prevention programmes based on previously designed local and provincial anti-drug strategies
- NGOs are mostly responsible for prevention activities in Poland
- A large market of prevention services – hundreds of programmes developed and implemented by NGOs



# Aims and concept of monitoring project (starting in 2008) – training courses for communes

- Promoting the idea of local monitoring, support for local government in diagnosing the drugs problem
- Teaching basic methodological skills of collecting, processing and analyzing data as well as disseminating the monitoring results
- Sharing knowledge useful in:
  - designing local monitoring
  - implementing local monitoring
- Providing support for local monitoring staff
- Cooperation between Provincial Drug Information Experts and Focal Point: holding trainings for communes;
- Drawing on European, national and provincial experience in monitoring;
- Training courses in the form of two/three meetings for 4-9 days: lectures, workshops;
- Training scope: e.g. monitoring design, data collection and analysis, quantitative and qualitative methods, information map, reporting;
- Sharing materials and research tools;



# Warsaw declaration - link to standards

- Point 5 of Warsaw declaration from 2016:

*A comprehensive menu of health and social services – within which are included harm reduction programmes – should be available to address the different characteristics, needs, preferences and circumstances of people who use drugs. Treatment must be provided strictly on a voluntary basis, and any prevention initiatives should be evidence informed. These programmes should be developed in accordance with human rights principles and the EU minimum quality standards for demand reduction ....*

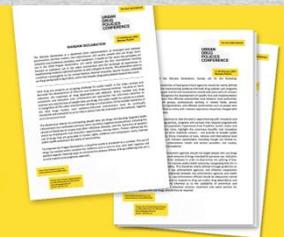
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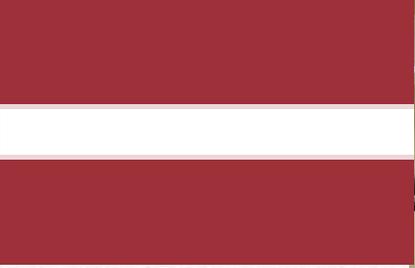
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THE WARSAW  
DECLARATION  
TODAY**



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CONFERENCE**

17-19 February 2016  
Warsaw, Poland



## Example of international cooperation in implementation of the prevention standards (EDPQS) between Poland, Lithuania and Latvia

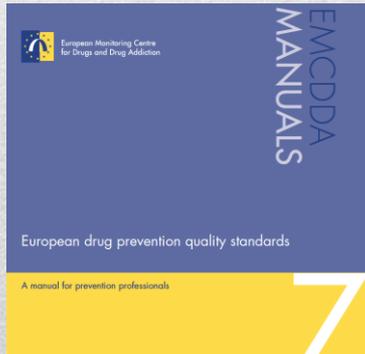
- Kick-off trainings in Lithuania (June 2016) and Latvia (November 2016) in English for first group of specialist supported by Poland – one day training using European Drug Prevention Quality Standards (EDPQS) toolkit 3
- Translating of Quick Guide in Latvia and Lithuania and part of toolkit 3 for trainings
- Up to date 4 trainings in Lithuania and next 6 are going to be conduct in 2017 in Latvia also.



# European Drug Prevention Quality Standards Project 2009 -2016 in Poland



European  
drug prevention  
quality standards



# **Recommendation system for prevention and mental health promotion programmes**

- tool for prevention programs**



# Recommendation system

- NBDP is project leader of „**Recommendation system for prevention and mental health promotion programmes**” implemented along with central level institutions in cooperation with:
  - Centre for Development of Education
  - Institute of Psychiatry and Neurology
  - State Agency for Prevention of Alcohol Related Problems
- Recommendation system aims:
  - Raising quality of prevention and health promotion programmes.
  - Disseminating evidence-based practices/prevention and health promotion programmes.
  - Promoting effective prevention strategies and programme development methods.
- Object of recommendation:
  - Evaluation of the following types of programmes:
    - promotion of mental health,
    - substance prevention (**drug prevention**, alcohol prevention)
    - problem (risky) behaviour prevention in children and adolescents.



# Grounds for programme assessment

- Recommendation system exists in the form of a document entitled „Standards and quality criteria of health promotion and prevention programmes”.
- The document provides guidelines for describing a programme which might be passed for evaluation and consequently be granted the status of a recommended programme
- Respective categories refer to programme’s components and implementation stages (stage of planning and situation assessment, aims and activities, evaluation).
- Each category corresponds to a standard and assessment criteria.



# Grounds for programme assessment – standards

- Period since programme was implemented
- Problem/phenomenon description
- Programme aims and objectives
- Programme framework
- Target population
- Outcome
- Indicators
- Activities/tasks
- Funding/resources
- Implementation methods
- Process evaluation
- Outcome evaluation
- Sources of information in the programme
- Possibility of disseminating the programme



# Three levels of recommendation

## Level 1.

„**Promising programme**” – its positive impact on behaviours and/or problems experienced by the target population has not been confirmed by sound methodological studies. However, its reasonable theoretical framework and previous implementation experiences evidenced by process evaluation results make one believe that the programme is likely to bring expected effects.

## Level 2.

„**Good practice**” – programme whose outcome evaluation referred to changes in intermediate factors (programme’s specific objectives) and not the very changes in behaviour (programme’s general aim), or it was conducted right after the intervention or it did not meet other methodological criteria.

## Level 3.

„**Model programme**” – results of sound methodological studies according to the criteria of Randomized Control Trial (random selection of respondents, sufficient sample to prove expected results, conducted by external experts, etc.) confirm a positive impact on problem behaviours and at least one year after the programme was completed (delayed outcome).



# Elements of the Polish Model

- Building a wide coalition of the prevention stakeholders based on EMCDDA actions and monitoring.
- Drawing on the experience of the EMCDDA and other countries to get support on the national, regional and local level. Promoting and disseminating European programmes such as *Fred goes net* or *Unplugged* and also EDPQS (European Standards)
- A wide coalition means involving local authorities, NGOs, police, representatives of church, drug treatment services by establishing local teams for monitoring drugs and drug addiction. In effect to use data from monitoring for implementing response (prevention, treatment and harm reduction)
- Regional or local drugs strategy based on drug situation assessment and/or monitoring provides grounds for counteracting drug addiction.
- Using EDPQS to support local communities in Poland



# Challenges:

- Rapidly changing drug scene, arrival of new psychoactive substances, new drug use patterns or polydrug use.
- More effective use of alcohol tax resources, supporting effective prevention programmes and reducing actions whose effectiveness is not evidence-based e.g. prevention picnics.
- Coordinating actions at different levels: national, regional and local.
- Supporting the drug prevention community, balanced approach based on the potential of various communities.



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**Thank you**

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