Drug Use Prevention in Poland – Selected Aspects

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The research reflecting latest tendencies in recognizing the etiology of risk-taking behaviours and efficiency of prevention, significant number of academic and methodic papers in this regards, implementation of verified foreign projects, setting up a system of recommendations of interesting domestic prevention programs, as well as favourable changes in legal regulations tackling drug use – all these factors allow to perceive the perspective of addiction prevention in Poland positively. However, one of the challenges is to prepare the teaching staff to accomplish prevention tasks effectively, particularly in case of selective and indicative prevention.

Key words: *drug use; adolescence; risk behavior; prevention*

Introduction

Abusing substances changing mental condition is one of the type of risk-taking behaviours, which imply relatively high probability of negative consequences for health and individual development in various dimensions or (and) for the social environment at personal and systematic level. Hence, they are potentially – directly or indirectly – socially destructive, or (and) self-destructive, and therefore are significant for pedagogical science.

It is contemporarily emphasized, that risk-taking behaviours, previously referred to as problematic behaviours, may constitute an element of a wider syndrome of maladjustment, whereas in isolated formula they often occur among the youth at the stage of adolescence[1], playing number of important roles, of which the following three seem to be the most crucial: (1) they are always a form of fulfilling basic needs typical for all people, (2) they assist in accomplishing developmental aspirations specific for adolescence (emancipation, creation of personal identity), 3) they may be a reaction to frustration or (and) a way of coping with difficulties. The problematic behaviour syndrome refers to the presence of various behaviours in different constellations and it is dynamic, .i.e. various behaviour can be replaced by one another – one

[1] Jessor, R. (1991): Risk behavior in adolescence: A psychosocial framework for understanding and action. *Journal of Adolescent Health,* no 12.

behaviour may initiate occurrence of another; or the less serious behaviour may introduce some more serious ones. Various risk-taking behaviours may have similar ground and motives, and despite the fact that the isolated problematic/risk-taking behaviours are perceived as a standard in adolescence, their persistence in time and escalation is interpreted as inappropriate pattern of adjustment that may in some cases evolve into clinical pattern of behaviour, or personality disorder. It is acknowledged, that the sooner problematic behaviour appears, the more probable is the occurrence of such serious disorders. Hence, although there is no reason to demonize risk-taking behaviours among the youth (including experiments with psychoactive substances), it requires pedagogical surveillance ad undertaking actions preventing their evolution into pathological forms.

Focus on prevention of addictions is particularly important, as – first of all – psychoactive substances alter significant functions of the brain, predominantly stimulating mesolimbic dopamine reward system, what means that the drug abuse is subject to self-reinforcement. Frequent repetition of reinforced behaviours results in an adaptation decrease of brain sensitivity to given substance, what in turn stimulates the need to increase the dose or reach for stronger substances, and this is how the physical addiction evolves. Second of all, psychoactive substances lower the individual's ability to self-control, what may cause undertaking risk behaviours in the state of intoxication (e.g. sexual risk behaviour). Besides, drug abuse is related to the risk of law violation, with all its consequences, including imprisonment, social stigmatization etc. Moreover, drug abuse may lead to participation in a subculture or other informal group at the expense of deteriorated relations with the family, school, or positive peers, what in turn narrows the range of social control over the individual and stimulates desocialization processes. Last but not least, drug abuse increases the probability of becoming a crime victim (victimization).

Therefore the pedagogical dilemma occurs, as on one hand we are aware of the inevitability of the risk-taking behaviours among youth as a developmental stage, but on the other we perceive some of the behaviours as a serious threat to the growth and health of the teenagers. If we add to it some ideological and ethical issues, there is obvious conflict emerging in the ways of solving drug abuse problems, as it is also related to the way of perceiving the role of law in preventing such phenomenon. Hence, the confrontation of permissive and prohibitive stand. It emerges as quite an important issue, as the prevention framework is constituted by legislation and significantly influences the social awareness. Therefore, I will

try to summarize Polish legal regulations tackling the issue of drug abuse/ addiction in chronological course.

Law and drug abuse

Before the Second World War, the legally binding bill tackling intoxicant substances dated back to the **Act of 22nd June 1923**, which forbade production, export, import, storage, trading and putting into circulation any kind of substances and their derivatives, which had been recognized as harmful for health on the basis of scientific research. Specification of the restricted substances was listed in the directive of the Ministry of Public Health. In that period, the drug problem mainly referred to morphine, cocaine or ether (inhalant) abuse. **The directive of 1935** stated, that a prosecutor that would solely deal with drug related crimes should function as a post in the regional prosecutor's offices. However, there was a possibility then to dismiss penal cases on the basis of expert witness that assessed the threat to the public order caused by a given suspect.

After the Second World War, until 1985, the **Act of 8th January 1951** had been the binding regulation regarding pharmaceutical and intoxicant substances, as well as sanitary products, defining sanction in case of production and putting drugs into circulation. The regulations were imprecise and did not match to the new phenomena of subculture imported from the western culture, contributing to drug widespread among the youth. For the authorities of Polish People's Republic, teenage drug abuse was an embarrassing and awkward problem as the official propaganda presented drug abuse as a pathology typical for capitalistic countries.

Nevertheless, the social problem was rising and it was not possible any longer to hide it from the society in the context of growing number of the addicts (mainly addicted to so called Polish heroine). The social changes that took place after the events of August 1980 significantly contributed to the disclosure of this problem. The drug abuse issue became crucial in social debates, and in such circumstances it was possible to establish a network of rehabilitation centers. One of such first units was "Monar" in Głoskowo, set up by Marek Kotański in 1978. It was followed by other similar places established all over Poland in 1980s (independently at the same time religious institutions also opened few similar centers). Establishing such centers unfortunately evoked strong protests of local communities, exposed by the media. It threw light not

only on the problem, but also emphasized the necessity to introduce legal changes in this regard.

The **Act of 31st January 1985 on Prevention of Drug Abuse** regulated many important questions within this range, for example the rule of accessibility of psychoactive substances, treatment and prevention. It also obliged the public administration to establish a special fund for drug abuse prevention. Moreover, it defined the competences and duties of the state agencies, scientific institutions and the health care units. Both the Act and the binding penal code regulations were quite liberal, as there was no penal punishment for possession or abuse of drugs or, in case of production and putting into circulation addictive substances, hence prevention and therapeutic aspect was the priority. With regards to the addicted, the principle was "it is better to cure than to punish".

In the 1990s the phenomenon of the teenage drug abuse began to change rapidly, and in my opinion the shift had three basic sources: (1) slackening of the social control mechanism as a consequence of political changes, (2) increase in the social tension – anomy, and last but not least (3) changes in the Polish drug market. The demand for intravenously applied drugs decreased, undoubtedly related to the AIDS threat (issue expose largely in Poland from 1980s). On the other hand, shifting towards the West increased demand for another substances, that distribution and trafficking was organized by criminal gangs. The governmental agencies undergoing process of transformation that time were not able to fight effectively against these tendencies. Poland became not only the receiver, but also a crucial smuggling link. Moreover, a large scale amphetamine production dispatched to the West was launched in Poland. These changes contributed to the significant rise in the consumption of psychoactive substances, and in such circumstances the binding law proved to be inefficient.

Therefore, an **Act on Drug Abuse Prevention of 24th April 1997** was passed. The regulation became stricter as far as of punishing production and putting into circulation forbidden substances are concerned. It implied penalty for drug possession, but also tackled the issue of not punishing for possessing small amount of such substances for own use. It also allowed substitutive treatment of drug addicts with methadone, however, at the end of 1990s voices of restrictions in drug regulations began to rise.

In 2000 an amendment to the bill was introduced, allowing the penalty for possessing even small amount of drugs (imprisonment up to 3 years for having smallest amount of prohibited drugs). Punishment for making drugs accessible to another person was also included, even if such activity was not motivated by financial profit.

Such prohibitive solutions are practically still in force, although the regulations have been altered. Many of the modifications refer to exercising the bill itself. The list of the prohibited substances has been changed few times as well. It was related to the introduction of new substances, as a legal equivalent of the prohibited ones. In such way a niche market for **smart drugs** arose. At some time in the past shops with such products were totally legal – advertised in the public space and on the Internet. Revealing numerous cases of fatal intake of such drugs made politicians introduce new changes to the regulations, as until that moment, sanitary and fiscal controls had been the only way of limiting the distribution. Unfortunately, governmental actions in this regard turned out to be questionable from the perspective of constitution. Besides, some loopholes remained, and those trading smart drugs took advantage of it. And despite the fact the list of prohibited drugs was modified, the dealers reached for new substances or their derivatives, not included in the regulations.

Making smart drugs trade illegal took place only after introducing regulations prohibiting production, trade and advertisement of any kinds of so called **substitutive substances**, that have been defined as: *a substance of natural or synthetic origin in all physical state, or a product, a plant, a fungus or its part, containing such a substance, used instead of intoxicant or psychotropic, that production and putting into circulation is not regulated on the basis of separate laws*. A regulation authorizing sanitary inspector to temporarily exclude from the trade a product of which justified suspicion exist, that corresponds to the definition of substitutive substance was also introduced (during the 18 months of suspending the product distribution it may be subject to thorough examination and proving its harmfulness may result in severe fining the producer and distributor).

The data from governmental health department show that after restricting the smart drugs distribution the number of those hospitalized and deceased after smart drugs intoxication decreased, and without the doubt, it is a positive tendency. However, the smart drugs problem has not been solved, as the trade moved to the Internet where the substance are distributed under misleading names (e.g. some substances are sold as electronic device cleaning agents).

Such situation initiated once again a social debate on the Polish anti-drug policy, with voices of experts negating the idea of prohibitive law in this regard, emphasizing negative results of punishing for possessing small amounts. Some peculiar cases were revealed, including the one when a person was charged on the grounds of having joint crumbs shaken out form his pocket.

In 2011 another amendment to the bill was introduced, restricting punishment for putting into circulation significant amount of drugs, including controversial regulation allowing dismissal of penalty procedures at the persecutor's stage on the grounds of possessing small amount of drugs for the purpose of own use (justified by statement of low harmfulness of the offence or offender's addiction). Still, there are no systematic data on the consequences of such regulation, but the judges signalize that persecutors exercise this right extremely seldom, rather willing to initiate procedures, leaving the decision of dismissal to the court.

Evolution of prevention

Escalation of the phenomena of Polish drug abuse at the end of 1970s, apart from development in methods of therapy and the need to modify Polish law, drew interest to the preventive actions. As Ostaszewski and Bobrowski state, there may be distinguished few stages of evolution as far as Polish prevention is concerned[2].

At the second half of 1980s first innovative programmes appeared along the growth in training inspired mainly by psychology and humanistic psychiatry, with psycho-educational methods becoming a trendy tendency, approaching prevention to psychological assistance.

At the beginning of 1990s, innovative prevention projects with established structure and precisely laid-out draft of workshops began to spread, what in turn enabled its distribution. Such programmess gathered teams of instructors and contractors, and subsequently some foundations or associations which statutory aim tackled prevention. It was undoubtedly a reaction to the rise in social pathology among teenagers, related to social transformation processes.

Prevention activities on larger scale required funding on the basis of project quality, hence, in this regard, competent governmental agencies were established, such as **Państwowa Agencja Rozwiązywania Problemów Alkoholowych** – PARPA (est.1993) and **Biuro ds. Narkomanii** (est. 1993) changed in 2000 into **Krajowe Biuro ds. Przeciwdziałania Narkomanii** (w 2000 roku). The obligations of the latter include limitation

[2] OSTASZEWSKI, K. – BOBROWSKI, K.: *Polityka i profilaktyka. Bariery w rozwoju programów opartych na naukowej wiedzy*. In: Okulicz-Kozaryn K., Ostaszewski K. (ed.): Promocja zdrowia psychicznego. Badania i działania w Polsce. Warszawa: Instytut Psychiatrii i Neurologii, 2008.

of the demand for drugs and monitoring of the accomplishment of *Krajowy Program Przeciwdziałania Narkomanii (National Programme of Drug Abuse Prevention)*. These institutions play also significant role in stimulating scientific research applied in addiction prevention and drawing up programmes of preventive activities.

Second half of the 1990s was a phase of mass-scale activities (widespread programmes based on clear structure and gradual staff training), as well as critical assessment of the actions having been carried out at that time. The idea of evaluating preventive activities was also promoted, and a course book by Hawkins & Nederhood tackling this issue was published[3]. Research on the effectiveness brought about disappointment with the mass prevention, hence activities of such kind were given up. Central funding of prevention was also abandoned, assigning local governments with this task. Such undertaking, in turn, resulted in mass production of own projects, very often of low quality due to lack of professional knowledge of the authors and lack of professional training among instructors.

The last 10 years have marked a period of critical analysis of the operating prevention system, concurrently searching for an optimal solution. Actions in this regard are undertaken by the health and education governmental department. Nevertheless, widening gap between the science and the practice in this area is disturbing. It is particularly noticeable in the educational system where appropriate legislation impose on schools the obligation to establish school preventive programmes, based on the diagnosis of educational needs. Therefore, both diagnoses and projects are prepared by teaching staff, that is not always familiar with recent professional knowledge in this regard, whereas academic circles are scarcely engaged in setting up school preventive and educational programmes. Moreover, continuous underfunding of educational system does not support application of commercial, licensed programmes either.

Cooperation between these institutions with scientific units led in 2010 to the establishment of the „System rekomendacji programów profilaktycznych i promocji zdrowia psychicznego" (system of recommendation for the prevention programmes and mental health promotion). It embraces standards and criteria of the program qualities, as well as online data base of recommended projects. The programmes

3 HAWKINS, J. D. – NEDERHOOD, B.: *Handbook for Evaluating Drug and Alcohol Prevention Programs: Staff/Team Evaluation of Prevention Programs.* Washington, D.C.: U.S. Department of Health and Human Services, Publication No. (ADM) 87-1512.

within are assigned to three categories: 1) a well-conceptualized and theoretically-grounded but unrecognized empirically, referred to as "**promising**", 2) projects of partly confirmed efficiency defined as "**good practices**", 3) projects with efficiency confirmed by empirically appropriate research, embracing at least one year after participation, referred to as "**the role model**". This is a solution similar to the list of effective programmes published by Substance Abuse and Mental Health Services Administration or National Institute on Drug Abuse.

Scientific activities

Scientific activities within the range of addiction prevention in Poland have been taking place in many academic institutions, but research teams dealing with this problem are scarce. As a matter of fact, there might be only three of such units recalled: in Warsaw (Pracownia *ProM* at Instytut Psychiatrii i Neurologii run by Krzysztof Ostaszewski[4]), Lublin (Zbigniew Gaś's team[5]) and in Bydgoszcz (a team managed by Maria Deptuła[6]). Apart from scientific researches, these groups organize conferences and workshops regarding prevention of problematic behaviour, as well as participate in establishing and promoting preventive projects.

Participation of researchers (of secular and clerical origin) basing on Christian personalism in the Polish discourse tackling addiction prevention appears to be another interesting phenomenon, however it is rather difficult to point specific academic institutions, as we rather deal with activity of few researchers combining philosophical or anthropological reflection with setting up prevention projects[7].

Because of the lack of scientific periodicals tackling prevention, the authors must publish academic papers in periodicals of more universal profile (pedagogy, psychology, medicine). It causes dispersion of

4 OSTASZEWSKI, K.: *Skuteczność profilaktyki używania substancji psychoaktywnych. Podstawy opracowywania oraz ewaluacja programów dla dzieci i młodzieży*. Warszawa, Wydawnictwo Naukowe "Scholar", 2003.

5 GAŚ, Z. B.: *Psychoprofilaktyka. Procedury konstruowania programów wczesnej interwencji*. Lublin, Wydawnictwo UMCS, 1998; GAŚ, Z. B.: *Profilaktyka w szkole*. Warszawa, WSiP, 2006.

6 DEPTUŁA, M.: (ed.), *Diagnostyka, profilaktyka, socjoterapia w teorii i praktyce pedago*gicznej. Bydgoszcz Wydawnictwo Uniwersytetu im. Kazimierza Wielkiego, 2005.

7 DZIEWIECKI, M.: *Integralna profilaktyka uzależnień w szkole*. Kraków, Rubikon, 2003; WOJCIESZEK, K.: *Noe. Program profilaktyczny dla młodzieży*. Warszawa, PARPA, 1997.

significant publications, disabling the process of gathering scientific knowledge. Parametrization of the scientific achievements of the academic institutions on the basis of rank value of the papers seems to be consolidating such situation, as the researchers are not willing to publish their works in some new (i.e. unrated) periodicals. Therefore, it does not make any sense to establish such titles. The example of existing periodicals in this regard may be set by „*Remedium*" (non-specialist character), „*Alkoholizm i Narkomania*" and „*Medycyna Wieku Rozwojowego*" (the latter two are of medical nature, hence clinical and epidemiological aspects dominate over the preventive ones). Disseminating knowledge on addiction and prevention seems to be better presented on the Internet, with few resource portals regarding drug abuse prevention (www.narkomania.org.pl, www.psychologia.edu.pl, www.narkoslang.pl, www.kbpn.gov.pl, www.parpa.pl, www.ore.edu.pl, www.monar.net.pl).