

DRUG POLICY AND HEALTH IN POLAND

A Profile Prepared by the Drug Law and Health Policy Resource Network

26 April 2002

Policy Indicators

HIV EPIDEMIC STATUS:
MAIN TRANSMISSION MODE: *INJECTION DRUG USE*
DRUG POLICY CONDITIONS:
LAW ENFORCEMENT PRACTICES:
INTERVENTION LEVEL:

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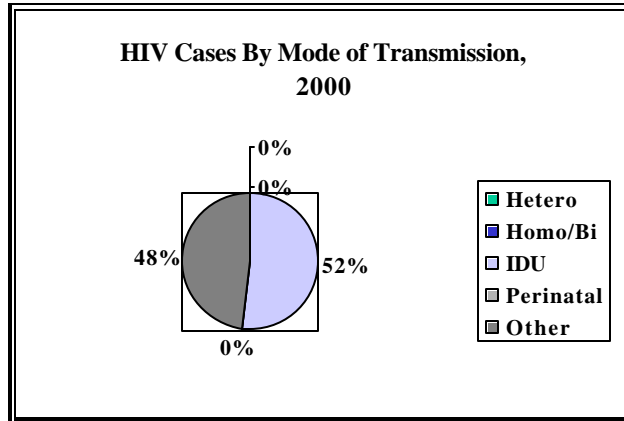
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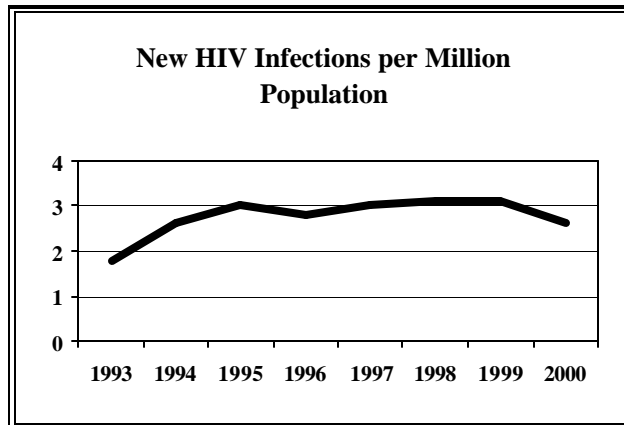
Summary

I. HIV/AIDS

Although data are incomplete, Poland is apparently experiencing a serious increase in HIV cases, with the majority attributable directly or indirectly to injection drug use. The majority of the cases are reported in Warsaw, the Gdansk Region and Katowice (South). (8)



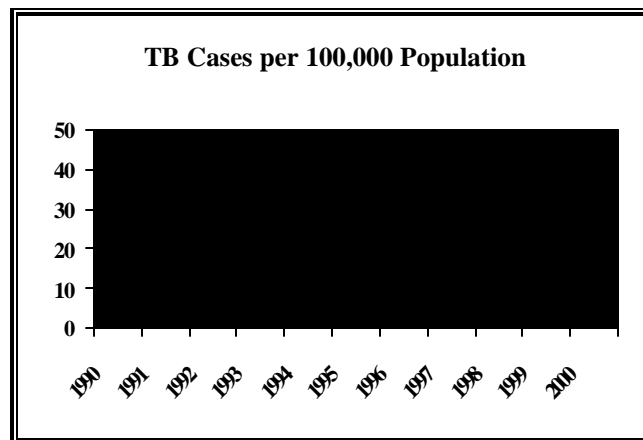
Source: European Centre for the Epidemiological Monitoring of AIDS, HIV/AIDS 2001; N^o 64. www.eurohiv.org (2)



Source: European Centre for the Epidemiological Monitoring of AIDS, HIV/AIDS 2001; N^o 64. www.eurohiv.org (2)

Poland was the first country in the region to deal with the HIV/AIDS epidemic. Intravenous drug use is the primary source of infection. In 1999, it was reported that about 25,000 people were living with HIV/AIDS. Through programs that combat the social stigma attached to the disease and the promotion of prevention programs, Poland has been a leader in the region toward halting the spread of the disease. (13)(14)

II. OTHER INFECTIOUS DISEASES



Source: Who Europe Communicable Diseases, WHO Regional office for Europe, 1999-20001, <http://www.csid.who.dk/> (3)

Sources reporting Tuberculosis per 100,000 population, show a continuous decrease in the number of cases from 1995 – 1999. Between the period of 1990 and 1994, there was an increase in incidence of pulmonary Tuberculosis. During this period, TB rates in Poland were much higher than the mean values reported in Europe. In a 1996 National Health Program, a goal to reduce TB incidence 15% by 2005 was set forth. That goal has already been achieved. Overall, by the mid-1990's TB rates began to drop below the average of reference countries, yet still remained more than double the European Union rate. It is reported that the number of syphilis cases in Poland declined in the 1990's. (3)(15)

Hepatitis C rates based on published reports as of 1999 reached 1.4 per 100,000 people, as indicated by the World Health Organization. The incidences of Hepatitis C vary significantly. The incidence of Hepatitis C in the 1980's marked a sharp decrease until 1988. Then, that rate doubled over a five-year period ending in 1993. Since 1993, the rate of Hepatitis once again decreased by 80% and maintains a lower average of incidences than the European Union. (15)

III. INJECTION DRUG USE

Injection Drug Use. Drug use is increasing in Poland, especially among the younger generations. Kompot, or Polish-made heroin, is the most common drug in Poland. It is used by approximately 75% of drug addicts in Poland, and mostly produced by the users at home. The Polish Ministry of Health estimates that there are 30,000-40,000 drug dependent people and up to 400,000 casual users.

Risk Behavior. Specific to Poland, where a large source of drugs are produced in the home, evidence suggests that those preparing drugs drop fresh blood into the solution to precipitate out contaminants commonly found in home-produced drugs. Where the blood used is infected with HIV, all the IDUs drawing drug solution from that batch have a high likelihood of becoming infected, despite the use of sterile needles. Many of the larger producers of drugs commonly use “slaves” to test drugs that are produced. These “slaves” draw on the batch and report on the quality. As payment they are allowed to take another draw from the batch usually using an unsterilized needle.
(16)

Social Attitudes. Poland, galvanized by an estimated 30% increase in drug use by young people, has adopted a “just say no” type of public awareness campaign entitled “Narcotic, I don’t take them”. Zero-tolerance policies adopted by Poland are not considered effective and several reports have indicated that the emphasis should focus on the more successful Harm Reduction programs.

Drug dependant people in Poland are not typically isolated from society groups. The majority of IDUs maintained contact with family and friends. This presents the risk that through sexual contacts, they could easily infect others with HIV. (17)

IV. LAW AND LAW ENFORCEMENT PRACTICES

Poland has ratified unconditionally all UN Conventions fighting against the illegal turnover of narcotic drugs. In 1997, a new bill on counteracting drug addiction replaced the 1985 law. Drug use is treated as a criminal matter. Users are subject to arrest, compulsory detoxification and imprisonment. Though access to syringes is not prohibited, a climate of fear may discourage IDUs from obtaining syringes, HIV education or other forms of assistance to reduce the spread of disease and other harms of drug use. (17)(11)(9)(4)

Law on the Books

Methadone treatment is not prohibited.

The possession of narcotic drugs is a crime. Police are authorized to arrest and prosecute those found possessing any quantity of illicit drugs.

If a drug dependant person is convicted for an offense related to the use of narcotic drugs, and sentenced to prison, the court may require the convicted to undergo treatment or rehabilitation. Otherwise, rehabilitation is voluntary.

Actual practice

The government runs treatment facilities and methadone treatment may only be provided in public facilities. Police reluctantly arrest drug addicts due to the fear that they may be carrying HIV.

Where the undergoing of treatment is voluntary, services in this field are provided free of charge by public health

V. PUBLIC HEALTH INTERVENTIONS

Harm Reduction Programs. In February of 1994, the government formed the Inter-ministerial Task Force for Co-Ordination of Supervision of Narcotic Drugs and Psychotropic Substances. This Task Force was charged with addressing all issues surrounding the drug problem including education and prevention. The Task force is comprised of government workers, specialists from various fields and associations, including NGOs. Co-operation with international organizations on harm reduction has also increased in the past ten years. Overall, while drug users are prosecuted, the Polish government has taken a pro-active stance in promoting harm reduction programs.
(17)

Drug Treatment. Drug treatment is on a voluntary basis. Current law empowers court officials to order drug treatment and counseling. A family court may order mandatory treatment of minors. Drug treatment is free of charge in public health institutions.
(1)(6)(17)

HIV Prevention Activities. The Inter-ministerial Task Force for Co-Ordination of Supervision of Narcotic Drugs and Psychotropic Substances noted above addressed all issues surrounding the drug problem including education and prevention. The Task force is comprised of government workers, specialists from various fields and associations, including NGOs. Education and prevention programs are focused on a wide range of activities including healthy lifestyle promotion, activities on national and local levels aimed at drug addiction counteraction, and the involvement of the mass media.

VI. ECONOMIC AND SOCIAL INDICATORS

The Transparency Corruption Perceptions Index (CPI) ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. In 2001, Poland was ranked 44 of 91 countries, with a score of 4.1 of a possible 10. (8)

The Human Development Index value is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living. Poland rated 44/174. (8)

The GINI index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. The GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality. The GINI index for the most recent reported year for Poland was 31.6 in 1996. (8)

Unemployment refers to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country. Poland's unemployment rate saw a minor decrease from 1996 at 11.2% to 11% in 1999. (8)

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. There has been a sharp increase in GDP in Poland during the past decade. In 1990 the GDP was \$60,197 Million (US) and in 1999 it escalated to \$155,166. The average annual growth of the economy from 1990 to 1999 was 4.5%.

DRUG POLICY AND HEALTH IN POLAND

A Profile Prepared by the Drug Law and Health Policy Resource Network

Full Report

I. INTRODUCTION

The Drug Law and Health Policy Resource Network is an international research collaboration designed to improve data collection and policy analysis on drug policy and health in the countries of Eastern Europe and the Former Soviet Union. The information in this report was gathered by staff at Temple University's Beasley School of Law and the University of Connecticut Health Sciences Center. It will be augmented by further research in 2002 by network collaborators in the study region.

This Report presents available information in six domains: HIV/AIDS, other infectious diseases, injection drug use, law and law enforcement practices, public health interventions, and economic and social indicators. It concludes that Poland, while in the midst of an HIV/AIDS epidemic, has managed to implement government programs, which have taken the first steps to reign in the spread of the disease.

II. HIV/AIDS

Accurate and complete data on HIV in Poland are not available. The data presented here are from a variety of sources and may not entirely agree. These data generally do not represent HIV incidence, and depend heavily upon patterns of HIV testing and reporting that remain very incomplete in the most severely affected countries. HIV infection is defined as an individual with HIV infection confirmed by a laboratory according to country definitions and requirements. AIDS cases are reported according to a uniform AIDS case definition originally published in 1982 and revised in 1985, 1987 and for adults and adolescents (age >13) in 1993. The 1993 European AIDS surveillance case definition differs from that used in the United States in that it does not include CD4 lymphocyte criteria.

Overall Data. The estimated prevalence of HIV/AIDS in adults (age 15 – 49) at the end of 1999 was 13,000 cases. Adult (age 15 – 49) prevalence rate at the end of 1999 was 0.07 %. Estimated AIDS deaths, adults and children, 1999: < 100. The Estimated number of adults and children who have died of AIDS since the beginning of the epidemic is approximately 500 cumulative deaths.

(1)

**Data from The European Center for the Epidemiological Monitoring of
AIDS (2)**

Year	Reported AIDS cases		Reported New HIV infections		Homo/bi Contact #		Injection Drug Use #		Heterosexual Contact #		Perinatal Transmission #	
	#	Rate/ million	#	Rate/ Million	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS
1993	69	1.8	384	10.0	-	-	-	-	-	-	-	-
1994	99	2.6	423	11.0	-	-	-	-	-	-	-	-
1995	114	3.0	539	14.0	-	-	-	-	-	-	-	-
1996	109	2.8	551	14.3	41	25	344	54	21	15	2	3
1997	117	3.0	579	15.0	33	22	315	64	16	14	5	2
1998	119	3.1	638	16.5	36	20	354	62	21	29	5	2
1999	122	3.1	527	13.6	32	25	256	72	14	14	3	4
2000	100	2.6	630	26.3	25	19	330	45	23	27	1	0

Additional Demographics. There has been an increasing number of HIV infections among IDUs since 1993. Presently the number of HIV/AIDS cases attributed to IDU constitutes approximately 50% of the total cases reported. Prevalence among IDUs is estimated anywhere between 15% and 50% in Warsaw and as high as 70% in Bydgoszcz, Minsk Mazowiecki, and Nadodrze. Prostitution along the borders has increased, as has the HIV rate in those areas.

Those tested with positive results attributed to IDU, are not retested. Therefore, data used in the above tables cannot be used as an estimate of prevalence. Neither can they be used as estimates of incidence, since seronegative persons can be tested several times and seropositive persons may have been infected for several years. In a survey of Homo/Bi men, very few had reported being tested for HIV/AIDS.

Stigma and Social Attitudes Towards HIV/AIDS. There is still a stigma associated with being a homosexual man in Poland, which results in a low number of those voluntarily identifying themselves as Homo/Bisexual. Numbers may be under estimated. Stigma concerning IDU users has varied throughout the past ten years. Before the spread of HIV, IDUs tended to maintain a non-aggressive attitude of revolt against family and society, but they still did not constitute a closed and isolate community. As the number of HIV infections attributable to IDU increased, primarily after 1993, the relation of the drug addict to society changed substantially. Rather than rejecting society, society began to reject the drug addict. The image of the IDU portrayed an ill person attached to an infected blood stained needle. Police became reluctant to arrest drug addicts for fear of HIV and AIDS infections, and IDUs began to retreat to a closed community. In sum, with the increasing number of HIV/AIDS cases attributable to IDU, the stigma attached to being a drug addict grew in proportion.

(2)(17)

III. OTHER INFECTIOUS DISEASES

The spread of HIV is related in important ways to the incidence of other infectious diseases. Unsterile injection drug use is a risk factor not only for HIV, but also Hepatitis. Incarceration in many countries in this region is a risk factor for tuberculosis. Sexually transmitted diseases may increase the likelihood of HIV transmission during sex.

Summary of Situation. Between the period of 1990 and 1994 there was an increase in incidence of pulmonary Tuberculosis. During this period, TB rates in Poland were much higher than the mean values reported in Europe. In a 1996 National Health Program, a goal to reduce TB incidence 15% by 2005 was set forth. That goal has now been achieved. Overall, by the mid-1990's TB rates began to drop below the average of reference countries, yet still remained more than double the EU rate.

(3)(15)

Data from (2) (3)

Year	TB		Syphilis	Hepatitis A	Hepatitis B	Hepatitis C
	#	Rate/ 100,000	Rate/ 100,000	#	#	#
1993	-	-	-	-	-	-
1994	-	-	-	-	-	-
1995	15,959	41.4	-	-	-	-
1996	15,358	39.8	-	-	-	-
1997	13,967	36.2	-	-	-	-
1998	13,302	34.4	-	-	-	1.4
1999	12,168	31.4	-	-	-	-
2000	-	-	-	-	-	-

Specific statistics indicating the reported case of STDs were unavailable. However, nationwide reports of STDs have been stable and relatively low in recent years. In some western regions, there has been a notable increase in reported STDs. Hepatitis C rates based on published reports as of 1999 reached 1.4, as indicated by the World Health Organization. The incidences of Hepatitis C vary significantly. While incidence in the 1980's marked a sharp decrease until 1988, that rate was doubled over a five-year period ending in 1993. Since 1993 the rate of Hepatitis once again decreased by 80% and maintains a lower average of incidences than the European Union. (15)(1)

IV. INJECTION DRUG USE

This section reports available information about drug use levels, trends and risk behaviors, as well as social attitudes about drug use and information about the problem of drug overdose. Drug treatment and other interventions to reduce the morbidity and mortality of drug use are discussed in section V, below. Data about drug use come primarily from unofficial sources, including more or less rigorous rapid assessments, consultant reports and the news media.

The Polish Ministry of Health estimates that there are 30,000-40,000 drug dependent people and up to 400,000 casual users. The rate of young people who are drug users reaches upward to 30%. Drug use is increasing in Poland, especially among the younger generations. Kompot, or Polish-made heroin, is the most common drug in Poland, used by approximately 75% of drug addicts in Poland, and for the most part, produced by the users at home.

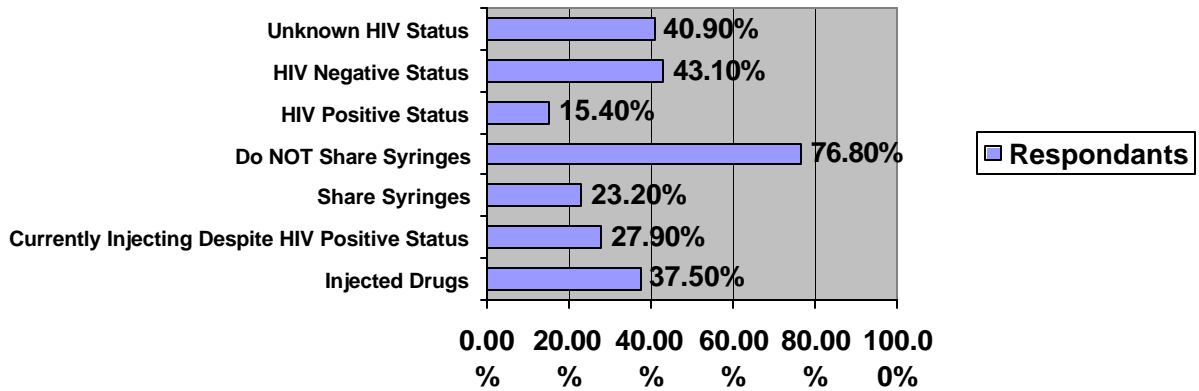
Trends in Drug Use. Specific to Poland, where a large source of drugs are produced in the home, evidence suggests that those preparing drugs drop fresh blood into the solution to precipitate out contaminants commonly found in home-produced drugs. Where the blood used is infected with HIV, all the IDUs drawing drug solution from that batch have a high likelihood of becoming infected, despite the use of sterile needles. Many of the larger producers of drugs commonly use “slaves” to test drugs that are produced. These “slaves” draw on the batch and report on the quality. As payment they are allowed to take another draw from the batch usually using an unsterilized needle.
(16)

Drug dependency in Poland is most prevalent in the big cities, industrial and tourist centers. 75% of registered drug dependant people come from working class families. There are no conditions specific to Poland which are favorable to drug addiction. It is reported that reasons for youth intoxication are very similar to other countries in Western Europe, including emotional immaturity, lack of social adaptation and the inadequacies of educational programs and parental supervision. Drug use is most apparent in the age bracket of 15-24 years of age, after which it drops off drastically. Studies indicate that the majority of drug use is centered in the population still attending full-time education. Drug dependent people with a university degree or higher represent the smallest class of drug users.
(17)

Risk Behavior. Information on risk behavior and HIV status suggests that 37.5% of respondents to a survey conducted by the National Institute of Hygiene were at one point injecting narcotics, 27.9% of which are currently injecting despite their HIV status. 23.2% of those currently injecting admit to sharing needles and syringes, while the remaining 76.8% of respondents either were not, or did not admit to sharing needles. 15.4% of respondents who maintained a history of injection drug use claimed HIV positive status, 43.1% claimed HIV negative status and 40.9% of respondents either had never been tested or had been tested, but were unaware of their status.

(17)

Risk Behavior & HIV Status



Source: Polish Drugs Information; Annual Report 1998 on Drug Situation in Poland, available at <http://www.retox.net.pl>

Drug Traffic. Traditionally Poland has been a self-sufficient country in drug production, not relying heavily on international drug trafficking. This is due primarily to easy access to poppy and unsophisticated cheap methods of producing homemade opiates. Production and traffic of illicit narcotics was focused on domestic drug circles. In terms of the international drug market, Poland was not an important outlet, but rather a transit country. The 2000 US Department of State illustrates this trend of narcotic trafficking:

“Measuring the flow of illicit narcotics through Poland has proven to be a difficult task. Poland continues to play an important role as both a transit route and producer of a variety of narcotics. As a gateway to the European Union and lucrative markets beyond, Poland finds itself in the path of drug traffickers and organized crime groups bringing narcotics from the Golden Triangle, Latin America and elsewhere. Although not yet a large market itself, Poland feels the impact of trade through growing local narcotics production, drug-related violence, money laundering and other criminal activity. The transport of heroin through Poland to markets elsewhere in Europe continues to be dominated by Turkish, Pakistani, Indian and Nigerian nationals. Polish nationals are regularly recruited as couriers for drugs bound for Europe. Financial support comes from Germany, Austria and Scandinavians. The bulk of the narcotics traffic is westbound. However, Poland is also a transit point for shipments to the Baltic nations, ecstasy smuggles to Estonia and opium poppy straw and amphetamines to Lithuania. There is evidence of southwest Asian heroin, cocaine from South America and cannabis products from Morocco and Nigeria.” (4)

One goal of the Inter-ministerial Task Force for the Co-ordination of Supervision of Narcotic Drugs and Psychotropic Substances, established in 1994, is to fight against the illegal traffic, manufacturing, processing and remaking of substances that can lead to dependency. In 1996, the office of Proxy for Drugs of the Minister of Home Affairs was established with the primary focus of co-coordinating the counteraction and fight against drug dependency, including providing effective help to other countries in the liquidation of organized drug smuggling activities. (17)

Social Attitudes Towards Drug Users. In 1993, as a result in the spread of HIV through IDU, social attitudes toward drug dependant people began to shift from a climate of indifference to one of fear and repulsion. Traditionally, drug dependent people had been integrated into society, where as now they were pushed further out. This had the result of a declining number of IDUs seeking treatment. (17)

Drug Overdose. From 1988 to 1997, there was a dramatic increase in drug overdoses from 106/per 100,000 total population to 143/per 100,000 population. (17)

V. LAWS AND LAW ENFORCEMENT PRACTICES

A. Drug Law

This section describes what is known about both the drug-related laws on the books and the way these laws are enforced. The section covers syringe access, drug possession, drug treatment, drug trafficking, and the handling of drug arrestees and prisoners within the criminal justice system. It also lists the international drug-related instruments to which the country is a signatory.

Syringe Access/Needle Exchange-Law. No law prohibits syringe purchase or possession, or the operation of syringe exchange programs. (18)

Syringe Access/Needle Exchange-Practice. In many cities there is the free exchange of needles and syringes, but it has been noted that drug addicts have not been inclined to change their methods of intoxication. Successful needle exchange programs are located in Warsaw, Kamienna Gora, Lublin, Pulawy, Gdansk, Krakow, Szczecin, and Zielona Gora. While organizations in these cities are official supported by the local and national governments, often times they experience harassment from law enforcement officials during needle exchanges. (18)

Drug Possession-Law. On November 17, 2000, President Kwasniewski signed into law three significant amendments to the National program for Counteracting Narcotics. The most controversial of those amendments criminalizes possession of narcotics. (4)

Drug Possession Law – Practice. To date, possession of small amounts of narcotics for personal use has not been illegal. Under the new legislation, police are now authorized to arrest and prosecute those found possessing any quantity of illicit drugs. However, in reality the police are very hesitant to enforce this law for fear that the drug user is infected with HIV or AIDS. (4)

Drug Treatment – Law. Currently, drug treatment is on a voluntary basis. The second amendment of the new legislation empowers court officials to order drug treatment and counseling. In the case of minors, upon a motion filed by a statutory representative, a family court may order mandatory treatment. (4)(11)

Drug Treatment Law – Practice. If a drug dependent person is convicted for an offense related to the use of narcotic drugs or psychotropic substances and sentenced to prison, with conditional suspension of the execution of the sentence, the court may require the convicted to undergo treatment or rehabilitation. The court may also order that the convicted undergo treatment before serving the prison term. Mandatory treatment may not exceed two years. (4)(11)

Drug Trafficking Law. Criminal penalties for dealing drugs are quite severe. Drug trafficking is made a criminal offence under the law of April 24, 1997, and provides for imprisonment of up to five years and a fine. (4)(11)

Drug Treatment Regulations – Law. Substitution Therapies are legal in Poland and overseen by public health institutions. Methadone programs provoked controversy within Poland, because it had no focus on the permanent abstinence of on a drug dependant person, but only his proper functioning in society. (1)(18)

Drug Treatment Regulation – Practice. Requests for medical or rehabilitative services have grown rapidly in the last three years. According to rehabilitation authorities, this is the result of the growth in the number of abuses. Rehabilitative services reached approximately 4,000 addicts in 1999. (1)(18)

Criminal Justice System – Law. The Constitution guarantees individuals the right to due process including pre-trial detention and the right to counsel. The Freedom of the person receives legal protection (Art. 31 §1). Every person is equal before the law (Art. 32 §1). There is right to counsel for the accused (Art. 42). There is the right to a fair trial (Art. 45). Bail is available and most detainees are released on bail pending a trial. The Constitution expressly prohibits arbitrary arrest and detention in Articles 41 and 42. There is a 48-hour detention period before authorities are required to bring the accused before a court. Subsequently there is an additional 24-hour period in which a court determines whether to issue a pre-trial detention order. Overall, detainees may be held for up to three months during which time they may appeal to the district court. The court may extend the time every three months for up to eighteen months until the trial date. (4)

Criminal Justice System – Practices. Generally, the above provisions are respected. Prison conditions remain poor, primarily due to the fact that the facilities are old, in disrepair and overcrowded. There is a lack of funding for the prison system, which prevents them from making any improvements.

(4)

Status of International Drug Conventions. Poland is a party to the following international drug agreements.

- ? Party to the 1988 UN Drug Convention
- ? The United States and Poland have an extradition and mutual legal assistance treaty
- ? Poland is cooperating with the European Union to bring its legal code into line with that of other EU members
- ? Signed the UN Convention Against Transnational Organized Crime in 2000 (4)

B. Public Health and Human Rights Law

This section describes what is known about public health and human rights law on the books, as well as the way these laws are enforced. The section covers the rights to healthcare, privacy, and report ability and ant discrimination generally and for HIV/AIDS patients. It also lists the international human rights instruments to which the country is a signatory.

Right to Health Care/HIV Treatment Law. In conformance with the 1991 law on Health Care Institutions, a patient shall have the right to health care conforming to current medical knowledge, the right to consent or not consent to care after receiving appropriate information, the right to receive information about the state of his health, respect for his privacy and dignity while receiving health care and death in peace and dignity. (19)

Right to Health Care/HIV Treatment – Practice. No information was available.

Reportability of HIV, AIDS, HCV, HBV – Law and Practice. No information was available.

HIV Testing Provisions – Law and Practice. No information was available.

Anti-Discrimination Provisions – Law and Practice. No information was available.

Privacy Generally and HIV in Particular – Law and Practice. Under the law of 1991, a health care institution is obligated to keep medical records which may be provided to the individual, other healthcare units if such records are required for further patient management, appropriate State Administrative authorities responsible for healthcare to the extent necessary for purposes of surveillance and quality control, courts, prosecutors, and the peer review bodies of associations of physicians in relation to the proceedings in progress. Medical records may also be accessible to academic scientific institutions to be used for research purposes. There are some monetary remedies for patients when protected data is used wrongfully. (19)

Criminal Penalties for Exposing/Transmitting HIV. No information was available.

Criminalization of Prostitution – Law and Practice. No information was available.

Criminalization of Homosexuality – Law and Practice. Homosexuality is no longer a criminal offense.

Status of International Human Rights Conventions. The following is the status of Poland in relation to the major international human rights instruments:

- ? International Covenant on Economic, Social and Cultural Rights (CESCR): **signed March 18, 1977**
- ? International Covenant on Civil and Political Rights (CCPR):**signed March 18, 1977**
- ? International Covenant on Civil and Political Rights, Optional Protocol (CCPR-OP1): **signed November 7, 1991**
- ? International Covenant on Civil and Political Rights, Second Optional Protocol (CCPR-OP2-DP): **signed March 21, 2000**
- ? International Convention on the Elimination of All Forms of Racial Discrimination (CERD): **signed December 5, 1968**
- ? Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): **signed July 30, 1980**
- ? Convention on the Elimination of All Forms of Discrimination Against Women, Optional Protocol (CEDAW-OP): **not signed**
- ? Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT): **signed July 26, 1989** (6)

VI. PUBLIC HEALTH INTERVENTIONS

This section provides information on interventions to reduce HIV transmission and other health problems among drug users, the availability of drug treatment, and HIV prevention programs.

A. Interventions to Reduce Disease and Other Injuries Associated With Drug Use

Summary of Government Position and Activities. In February of 1994, the government formed the Inter-ministerial Task Force for Co-Ordination of Supervision of Narcotic Drugs and Psychotropic Substances. This Task Force was charged with addressing all issues surrounding the drug problem including education and prevention. The Task force is comprised of government workers, specialists from various fields and associations, including NGOs. Education and prevention programs are focused on a wide range of activities including healthy lifestyle promotion, activities on national and local levels aimed at drug addiction counteraction, and the involvement of the mass media. Co-operation with international organizations on harm reduction has also increased in the past ten years.

Two years later, the Office of the Proxy for Drugs was established with the purpose of consolidating the actions of all government activities in the domain of counteracting drug dependency and fighting against drug smuggling. By 1997, through various initiatives, there was improvement in the co-ordination of government institutions responsible for prevention, treatment, rehabilitation and re-socialization. Overall, the Polish government has taken a pro-active stance in promoting harm reduction programs, which provides a good example for other countries in the region. (17)

Needle Exchange Programs/Availability. The Open Society Institute supports a number of harm reduction programs which include needle exchange for drug users and many coordinate with other agencies providing drug treatment, replacement therapy, medical care and counseling. They are located in the cities of Poznan, Kamienna Gora, Warsaw, Lulin, Jelena Gora, Gdansk, Krakow, Szczecin, and Zielona Gora. (20)

B. Drug Treatment Programs/Availability

Substitution Therapies. Substitution therapies are available through public health institutions. While methadone treatment is legal, there has been strong community opposition to methadone maintenance programs, because it does not usually achieve the permanent abstinence of the drug addict, but only his or her proper functioning in society. (11)(17)

C. Public Health Measures to Prevent HIV and other Significant Diseases

Poland was the first country in this region to deal with the HIV/AIDS epidemic, and its programs have been regarded as highly successful.

Government Effort/Attitude. At the upstart of the epidemic, 95% of infections were a result of IDU. Since then, the government has managed to reduce these instances substantially to 50%. The government's AIDS Plan has proved that through the harmonization of several initiatives including; drug harm reduction, the promotion of health and human rights, the support of NGOs, HIV fundraising, the development of strategic partnerships, endorsing best practices and zero tolerance; the spread of HIV/AIDS can be reigned in. Poland has managed to develop a working partnership between the Ministry of Health and the Catholic church, which has facilitated the establishment of several health care centers focused on providing professional help and treatment for those living with the disease as well as drug dependant people and users.
(13)

Programmatic Details. HIV testing has been made widely available. Anyone who wants an HIV test can obtain one anonymously. Through 1999, the rate of testing was 3.0 per 1,000 population. The total number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations, by was:

1996: **193,955**
1997: **180,533**
1998: **163,575**
1999: **114,909**
2000: **unavailable**

VII. SOCIOPOLITICAL ENVIRONMENT

A variety of data and data indices are commonly used to characterize social, political and economic factors in a country. The following are several of these for Poland.

Perceived corruption in government is measured by the Transparency Corruption Perceptions Index (CPI) ranked countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The most recent measure was in 2001.

- ? Country Rank: **44 of 91 Countries**
- ? 2001 CPI Score: **4.1 of a possible 10**
- ? Surveys Used: **10**
- ? Standard Deviation: **0.9**
- ? High-Low Range: **2.9-5.6**

(7)

The GINI index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The GINI index measures the area between the Lorenz curve and the hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. This the GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality

- ? GINI Index, 1996: **35.4**

The Human Development Index is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living.

- ? Human Development Index Rank (HDI) in 1999 **44/174** (1)

Unemployment rates refer to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country.

- ? Unemployment rate (1996) **11.2 %** (1)
- ? Unemployment rate (1999) **11 %** (10)

Standard & Poor's Insurer Financial Enhancement Rating is a current opinion of the creditworthiness of an insurer with respect to insurance policies or other financial obligations that are predominantly used as credit enhancement and/or financial guarantees. The ratings range from 'CC' which is defined as “currently highly-vulnerable” to a rating of 'AAA' which is defined as “extremely strong” capacity to meet its financial commitments.

- ? Local Currency:
- ? Long-Term rating: **A+**
- ? Outlook: **Stable**
- ? Short-Term Rating: **A-1**
- ? Foreign Currency:
- ? Long-Term rating: **BBB+**

- ? Outlook: **Positive**
- ? Short-Term Rating: **A-2**

The Social Indicators of Poverty represents the health status of individuals in different socioeconomic groups within countries for the last survey year (1995).

- ? Infant Mortality Rate:
 - Poorest Quintile: **N/A**
 - Richest Quintile: **N/A**
- ? Child Immunization Rate:
 - Poorest Quintile: **N/A**
 - Richest Quintile: **N/A**
- ? Prevalence of Child Malnutrition:
 - Poorest Quintile: **N/A**
 - Richest Quintile: **N/A**
- ? Low Mother's Body Mass Index:
 - Poorest Quintile: **N/A**
 - Richest Quintile: **N/A**
- ? Total Fertility Rate:
 - Poorest Quintile: **N/A**
 - Richest Quintile: **N/A**

- ? Population Below the Poverty Line, (BPL), 1996: **N/A**

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. The GDP per capita is the total output divided by the population. This value is then adjusted to convert to a common currency, which adjusts for national variations in the process paid for goods and services. There has been an increase in GDP in Poland during the last decade with an average annual growth rate in the economy of 4.5%.

Gross Domestic Product per Capita (PPP US\$): **N/A**

Gross Domestic Product - Average Annual Growth:
 1980-1990: ---
 1990-1999: **4.5%**

Gross Domestic Product in \$ USD Millions:
 1990: **61,197**
 1999: **155,166**

VIII. RESOURCES

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