

POLAND

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National data on the use of alcohol

The Central Statistical Office gathers data about alcohol consumption, alcohol prices and spending for alcohol by household and about mortality including deaths caused by alcohol using. Besides The Central Statistical Office conducts an European Health Interview Survey on a sample fifteen plus once a five years. The last was provided in 2014. One of the parts of survey is dedicated to alcohol consumption.

Information about excise duty and about incomes and spending of local governments for alcohol related problems are collected by the Ministry of Finance. The same Ministry conducts data about disclosure of illegal alcohol products.

The institutions subordinated to the Minister of Health: Centre of Health Information Systems, Institute of Psychiatry and Neurology and National Health Fund collect data about health facilities including alcohol addiction treatment and about morbidity including illness caused by alcohol consumption.

PARPA is a place where all of described data is gathered and analysed for providing alcohol policy. PARPA also conducts data about activity of local governments in area of alcohol related problems and about offer of alcohol addiction treatment.

Alcohol per capita consumption is gathered in Poland by Central Statistical Office. This indicator is counted per 1 inhabitant and compiled using balance method: production enlarged by import, reduced by export, decreases and losses of agricultural products at producers' and in turnover including changes of stocks level. Besides, production of raw materials is diminished by their usage for production purposes. Consumption per capita is based on a number of total population data for the 30th of June.

The Statistical Office collects this indicator annually basing on the reports sent by entities.

Data of alcohol consumption is annually reported as a part of publication „Domestic deliveries and consumption of selected consumer goods per capita”. This data is reported separately for spirits, wine and beer. Only for spirits data is published in pure alcohol.

For counting total consumption of pure alcohol PARPA recalculates the data for wine and beer assuming that in wine is 12% of alcohol and in beer – 5,5%. In 2017 total consumption of pure alcohol per capita was 9,5 litres.

Total consumption of pure alcohol per capita and structure of types of consumed alcohol beverages are published on the PARPA's website.

Protective regulations for children and youths

ACT of 26th October 1982 on Upbringing in Sobriety and Counteracting Alcoholism

Article 13 .

1. It is prohibited to advertise and promote alcoholic beverages in Poland, except for advertising and promoting beer, provided that the beer advertisements:

- 1) are not aimed at minors
- 2) do not depict minors

2. Advertising and promoting beer, as specified in paragraph 1, cannot be conducted:

- in press aimed at children and teenagers;
- cannot involve minors.

Article 14.

1. It is prohibited to sell, serve or consume alcohol:
on the premises of schools and other educational institutions, adoption and care centers and students' dormitories;

Article 15.

1. It is prohibited to sell or serve alcoholic beverages:
to persons under the age of 18;

Regulation of the Council of Ministers of August 24, 2004 on the list of works prohibited to young people and conditions of their employment for some of these works

Minors age 16-18 can not perform works threatening normal psychological development - works related to the production, sale and consumption of alcoholic products, including consumer service in catering establishments.

The Polish system of dependence treatment

1. The dependence treatment in Poland is legally based on the following legal acts:

- The Act on Upbringing in Sobriety and Counteracting Alcoholism,
- The Regulation of the Ministry of Health

According to the above acts:

- The dependence treatment of alcohol-dependent people and their families as for co-dependence may be undertaken exclusively by public or non-public healthcare centers and is free of charge, also for people without health insurance.
- The dependence psychotherapy is the main therapeutic method in dependence treatment centers whereas the medical treatment supports the dependence psychotherapy and is mostly destined to treat alcohol withdrawal syndromes.
- Dependence treatment is voluntary
- The system of alcohol-dependence treatment has been organized separately from the system of other psychoactive substances dependence treatment. However, within both systems there is a possibility to treat people dependent from several substances (mixed dependence).

The Regulation of the Ministry of Health defines:

- Qualifications of a dependence treatment center staff,
- Types of dependence treatment centers and their tasks,
- Rules of their cooperation with public institutions and social partners.

2. Financing the dependence treatment centers

Dependence and co-dependence treatment services are funded from the public resources as a result of contracts concluded between healthcare centers and Narodowy Fundusz Zdrowia – “NFZ” (the National Health Fund). The current NFZ policy of financing services involved in alcohol-dependence therapy does not encourage broadening of the range of therapies offered, due to the following reasons:

- Contracting services for limited and low number of patients yearly, the lack of financing of the services over the contracted limits
- Low prices for services (diversity of prices between units and within the units)
- Prices disproportionate to the services quality
- The increase of financial resources put into the 24-hour healthcare centers at the expense of the outpatient clinics (clinics and consultation centers providing the alcohol-dependence and co-dependence therapy
- Unpredictability of contracting procedures and financial limits for services in successive years (frequent changes of contractual terms of services).

The results of the above policy are as follows: closing down of some centers; staff reductions decreasing the availability of dependence treatment for alcohol-dependent patients and their families; decreasing quality of the offered therapies; increasing frustration of dependence therapists because of the widening gap

between the improvement of their professional skills and the lack of possibility of working according to the standards.

Dependence treatment centers may receive the financial support (but this is not obligatory) for their extra activities (i.e. not covered by the contract with NFZ) from the local and regional (voivodeship) governments. These activities refer to the programs of post-hospital care, special behavioral trainings, treating the offenders and victims of violence. The scope of the support is diverse and depends on the local government policy, on the amount of resources available for implementation of Local Programs of Prevention and Resolving Alcohol-Related Problems, and finally of the quality of the cooperation between Healthcare Centers (“ZOZ”) and local governments. The local government financial support cannot be considered as co-financing or the second, apart of NFZ, source of financing of dependence treatment services since over 50% of local governments do not budget any money for this purpose.

3. The Structure of the dependence treatment in Poland

The Regional (voivodeship) Centers for Therapy of Alcohol-Dependence and Co-dependence („WOTUW”) have been set up in each region with numerous commitments not strictly related to the medical care, including the following:

- Specialist consultations for dependence treatment centers located in the region
- Coordination of activities of dependence treatment centers located in the region
- Methodological and organizational role in collection and analysis of statistical data referring to prevalence of alcohol-dependence and the related problems, and to the dependence treatment in the region as well as evaluation of the collected data.
- Initiating and running the process of improvement of professional skills of the dependence treatment services employees and people cooperating with dependence treatment centers on the program tasks, including organization of internships and training.

The degree of implementation of the above tasks differs across the regions. It depends i.a. on the level of funding of non-medical activities by the Regional (voivodeship) Centers for Therapy of Alcohol-Dependence and Co-dependence („WOTUW”) from the budget of the Presidents’ Offices, as well as the leadership and commitment to developing dependence treatment of the Regional (voivodeship) Centers’ directors.

In addition to Regional (voivodeship) Centers (WOTUW) there are four other types of dependence treatment centers:

- Outpatient clinics for alcohol-dependence and co-dependence treatment

- Day-only centers for alcohol dependence treatment (DOTUA)
- 24-hour centers for alcohol dependence treatment (COTUA)
- Centers for treatment of alcohol withdrawal syndromes (OLAZA)

2017	Outpatient clinics	DOTUA	COTUA	OLAZA	total
Total	556	114	98	67	846

The survey conducted by the State Agency for the Prevention of Alcohol-Related Problems (PARPA) revealed that merely 30-40% of the dependence treatment centers offer the full range of complex therapies. Some centers, due to insufficient funding, carry out only selected elements of dependence and co-dependence treatment. Approximately 20% of the centers do not carry out any therapeutic programs and therefore do not meet the requirements of the Regulation of the Minister of Health (yet they receive the contracts from NFZ).

4. Patients of dependence treatment centers

According to the survey of the Institute of Psychiatry and Neurology, there has been a significant increase in the number of patients of the dependence treatment centers in the years 2000-2004. The outpatient clinics noted an increase of 43,000 patients (1/3 increase in number of patients) and the 24-hour clinics - of 13,000 patients (increase of 28% in number of patients).

The number of patients with alcohol-related disorders, treated in various types of dependence treatment centers in the years 2001-2017 was as follows:

Type of center	2001	2017
Outpatient clinic	117 350	251 754
Day-only center	1 896	10 631
24-hour center	51 698	76 212
Total	170 944	338 597

The rise in number of patients treated does not entail a proportional increase in availability of therapeutic programs for dependent patients. On the contrary they became less available. Whereas there are more hospital beds available (in 24-hour dependence treatment clinics and in centers for treatment of alcohol withdrawal syndromes), the number of outpatient clinics, especially those offering therapeutic programs outside of the cities, did not increase substantially.

5. Methods of dependence treatment

The dependence psychotherapy is the main therapeutic method in the dependence treatment centers whereas medical treatment supports the

dependence psychotherapy and involves mainly treatment of alcohol withdrawal syndromes and pharmacological support of psychotherapy.

Therapeutic programs are mostly based on the following methods:

- Behavioral and cognitive therapy approach
- Idea and experience of Anonymous Alcoholic Community

The majority of programs integrate various psychotherapeutic approaches with predominance of behavioral and cognitive therapy approach.

The main goals of psychotherapy:

- Sustained abstinence,
- Improvement of mental and physical condition,
- Gaining skills needed to resolve emotional and social problems.

The effective therapy requires from 12 to 24 months. The psychotherapy of alcohol dependence lasts from six to eight weeks in 24-hour clinics and in day-only centers followed by one to two years in outpatient clinics and it includes 240 hours of the group therapy and 50 hours of individual therapy. Once the dependence therapy in 24-hour clinic is completed the dependent patients are referred to outpatient clinics to continue the treatment. They are also referred to mutual aid groups such as Anonymous Alcoholics and abstinence clubs.

Duration of treatment in Withdrawal Syndromes Clinics does not exceed 10 days.

Therapeutic teams are interdisciplinary and include the dependence psychotherapy specialists (also psychologists), medical doctors (especially psychiatrists) as well as dependence therapy trainers.

According to the Regulation of the Ministry of Health regulating organization, staff qualifications and procedures of functioning of dependence treatment centers, the therapists working in dependence treatment centers are trained in conformity with the training program (800 hours) developed by the State Agency for the Prevention of Alcohol-Related Problems (PARPA).

The State Agency for the Prevention of Alcohol-Related Problems (PARPA) supervises the proper quality of dependent therapists training.

6. The main directions for action

- Amendments of legal regulations in order to guarantee the stability of dependence treatment system.
- Changes in procedures of contracting and budgetary constrains designated by NFZ (the National Health Fund) for health care services referring to dependence treatment in order to ensure availability and quality of therapeutic services provided by dependence treatments units.

- Urging regional (voivodeship) governments to increase involvement in funding of non-medical tasks of the Regional (voivodeship) (voivodeship) Centers for Therapy of Alcohol-Dependence and Co-dependence („WOTUW”).
- Urging local authorities in cities and communities to increase support for dependence treatment, especially in outpatient clinics.
- Ensuring the minimal level of the therapeutic services on the local level (it refers to the obligation of the local authorities to ensure a specialized treatment) by setting up at least one local outpatient clinic treating alcohol dependence and co-dependence.
- Intensifying cooperation between the State Agency for the Prevention of Alcohol-Related Problems (PARPA) and the National Bureau for Drug Prevention in order to bring together the systems of treatment of alcohol dependence and dependence of other psychoactive substances as well as training of dependence therapists.
- Implementing the accreditation system for dependence treatment centers.
- Popularizing methods of early diagnosis of alcohol-related problems as well as methods of interventions to limit alcohol intake by risk drinking patients and patients who drink with harmful effect among staff of primary health care centers; and encouraging health care staff to refer the alcohol-dependent patients to specialized dependence treatment centers.
- Enhancing the service offer of dependence treatment centers for people who drink with harmful health effect.