

Re: Call for Submissions regarding Report of the High Office for Human Rights on the implementation of the UNGASS Joint Commitment to effectively address and counter the world drug problem with regards to human rights

Submission: Polish Drug Policy Network

Drug policy in Poland - current developments and situation

UNGASS Chapter 4, paras (e) (j) (l): Cross agency coordination, proportionate sentencing, and alternatives to incarceration

In 2017 the National Bureau for Drug Prevention sponsored training in all 16 voivodeships aimed to create a platform between three groups of professionals – judges, prosecutors, and addiction therapy specialists. The training and workshops were designed to disseminate knowledge about humane drug policies and addiction treatment in general. It also focused on legal training on three mechanisms available in the polish drug law system: discontinuation of criminal proceedings in case of an insignificant quantity of an illegal drug possessed for personal use (art. 62 of the Polish Act on Counteracting Drug Addiction), collecting information on drug use by addiction therapists (art. 70a), or suspending proceedings for the time of the treatment, rehabilitation, or participation in a prevention or treatment program (art. 72).

These measures, however great in theory, come across a lot of obstacles in practice. The law on the discontinuation of criminal proceedings leaves judges and prosecutors a lot of authority and there is no consensus on what is "insignificant quantity." Therefore the verdict varies depending on the court hearing the case. For example in Warsaw in 2012 there were 195 cases discontinued on the basis of this mechanism and in 2015 it was 945. While in Białystok there were only 16 cases discontinued in 2012 and 121 in 2013.¹ This shows that there is no equality in treatment by the law standardized in the whole country. What we recommend, together with the author of the amended provision and one of the speakers at trainings prof. Krzysztof Krajewski, is implementing a table of limited value of quantity of drugs which will be viewed as insignificant and therefore giving legal certainty to the citizens.

What we also learned from the trainings is that almost none of our participants use the provision 72 of the Polish Act on Counteracting Drug Addiction which enables suspension of proceedings for the time of the treatment, rehabilitation, or participation in a prevention or treatment program². The main justification for not using this measure was that it slows down court work and negatively effects the statistics both of the prosecutor and judges office. This implies that people are denied access to public health but also proportionate sentencing in the name of good office results and work overload.

In addressing this issue we would recommend adjusting the basis of evaluating judges and prosecutors work in regard to the provisions related to suspension of proceedings due to the article

72. All states should consider reviewing the role of success measurements in their legal systems as a way to strengthen the human rights of their citizens.

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¹ Barbara Wilamowska, Ministry of Justice, Statystical analysis 2016

² Piotr Kładoczny, Agnieszka Sieniawska, Report from trainings for judges, prosecutors, and addiction therapy specialists, Warsaw 2017



UNGASS Chapter 1, para (c) and (e): Prevention Programmes

The National Bureau for Drug Prevention, which reports on the realisation of Drug Prevention programs in Poland, recognises the need for such measures. As stated in their report in 2015, only 6% of communes supported evidence-based prevention programs and only 34% of communes organised or financed training for health care and social care professionals in addictive behaviour. In the light of the ever changing drug market and unknown new psychoactive substances (NPS) there is a constant need for training of all of the groups involved in carrying out tasks related to drug policy³.

It is important to note that in 2018 there is an ongoing training for educators, members of the regional or local authorities and civil society in all 16 voivodeships in Poland and that such actions will have a very important effect on the local level, where the need for change is the greatest.

UNGASS Chapter 1, para (o) Treatment including medication-assisted therapy

In Poland there are currently only 25 operating drug substitution programs covering around 2,600 patients in 2017. Having in mind that there is around 10,444 - 19,794 people with problematic opioid use, it means that only around 17% of people dependent on opioids have access to substitution therapy. 143 patients in 23 prisons were undergoing treatment in 2017⁴.

The situation in Warsaw, where 5 out of the 25 substitution programs take place, and where all prisons have access to such programs is very satisfying compared to the rest of the country. There is a need for more local programs, for example in two voivodeships (podkarpackie and podlaskie) there is no access to such programs at all.

We also recommend implementing legislation enabling establishment of safe injection sites which reduce the chances of contracting infectious diseases or overdosing.

UNGASS Chapter 2: Access to Medicine

On 1 November 2017 a new act came into power regulating the use of medical cannabis in Poland. The new laws allows cannabis to be used to treat a wide range of ailments including epilepsy, nausea caused by chemotherapy, chronic pain and symptoms of multiple sclerosis. This is a step in a very good direction, however the parliament did not allow for cultivation of the substance in Poland and therefore for now it is necessary to import the medication from abroad which makes the cost of the therapy very costly. Also the procedure of the registration of medial marihuana from abroad is so complicated that in fact only very few people have access to such treatment. It is necessary to take action that will ensure the implementation of the act and make it easier and cheaper to obtain medical cannabis.

³ Ministry of Health, Information on the realization of the National Drug Prevention Program ⁴ <u>http://www.kbpn.gov.pl/portal?id=106992</u>

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