

ELŻBIETA SUCHOŃ

DRUG PREVENTION AS PART OF SOCIAL POLICY IN THE WARMIAN – MASURIAN VOIVODESHIP

Abstract. The tasks of the government and local authorities include developing and implementing strategies for solving social problems and preventing law violations related to the marketing, manufacture, conversion, processing and possession of substances the use of which can lead to drug addiction. Drug abuse is a worldwide problem. There are many causes of drug addiction and overcoming it is very difficult. It requires a lot of effort primarily from the addicted one, and support, patience and understanding from the family and people participating in the therapy. Many social welfare, non-government, health care institutions are involved in helping the addicts and their families, and in the development of drug abuse prevention programs. The aim of the present study is to present the phenomenon of drug addiction occurring in the Warmian – Masurian Voivodeship and the results of the implementation of drug prevention programs.

Key words: drug addiction; drugs, psychoactive substance; addiction, prevention; drug addicts program; social policy; social pathology

INTRODUCTION

Among the many threats to the civilization that cause negative, or indeed tragic results drug addiction is mentioned. It is a global problem that occurs on a large scale. It concerns people in nearly all age groups independent of their origin, education or material status. It used to be associated with pathological environments, with youth subcultures (e.g. hippies), but now it concerns both adolescents and adults; people coming from rich circles, people connected with culture and art, workaholics, people successful in their professional life, people of high standing.¹ Mariusz Jędrzejko and Piotr Jabłoń-

Elżbieta Suchoń M.A, Eng. – PhD student, Warsaw School of Economics; e-mail: elasuchon@wp.pl.

¹ Kazimierz Jankowski, *Hipisi w poszukiwaniu ziemi obiecanej* (Warszawa: Wydawnictwo Jacek Santorski & CO, 2003).

ski think that the image of a “drug addict” has changed; now it is not a man from the underclass but often a person of high standing and having a prestigious job.² There are many aid institutions involved in the struggle against drug addiction trying at least to decrease the gravity of the problem and to reach as great a population as possible. In this work social work is significant, which, including different levels of life, tries to help resolve family, personal or social problems. In Rev. Józef Młyński’s opinion social workers play a very important role for families, as their work includes therapy and counseling for all the people of whom the family consists.³

In the literature of the subject drug addiction is treated as the greatest social threat of the 21st century, as a social problem, with which all kinds of organizations try to fight on the national and global level.⁴ For years debates have been held on the issue of how to limit this problem, as it is not possible to eliminate it completely. Many fields of public activity are involved in carrying out the task: psychology, psychiatry, medicine, public health, epidemiology, law, sociology, economy, education and the media.

The aim of the present article is to give a characterisation of the phenomenon of drug addiction occurring in the area of the Warmian-Masurian Voivodeship and to show the results of implementation of drug addiction prevention programs.

1. DRUG ADDICTION AS A SOCIAL PROBLEM

Drug addiction is one of the types of dependence that is a form of social pathology. Irena Pospiszyl, citing other authors, defines social pathology as a phenomenon that is accompanied by: death, a lowering of the moral level, deterioration of the general state, material losses that follow from breaking praxeological, moral and legal rules, and self-destructive behavior.⁵ Adolf Dobieszewski quotes Adam Podgórecki’s definition of social pathology; he understands it as “such a kind of behavior, such a type of institution, such

² Mariusz Jędrzejko, Piotr Jabłoński, *Narkotyki i środki zastępcze (zjawisko, zagrożenia, profilaktyka)* (Warszawa: Oficyna Wydawnicza ASPRA-JR, 2012), 124.

³ Józef Młyński, “Wsparcie rodziny – analiza w aspekcie pracy socjalnej,” *Studia Socialia Cracoviensia* 4 (2012), nr 1 (6). 1.

⁴ Wioletta Knapik, *Uzależnienia jako problem cywilizacyjny XXI wieku. Postawy młodzieży studenckiej wobec narkomanii na podstawie badań socjologicznych* (Kraków: Wydawnictwo UR im. Hugona Kołłątaja, 2010), 7.

⁵ Irena Pospiszyl, *Patologie społeczne* (Warszawa: Wydawnictwo PWN, 2008), 17.

a type of functioning of a social system that remains in a fundamental, irreconcilable opposition to the values resulting from the world-view that are accepted in the society.”⁶

Maree Teesson, Louise Degenhardt and Wayne Hall define dependence as compulsive use of a substance that is unnecessary from the medical point of view, which leads to deterioration of the state of health or impairment of social functioning.⁷

Mariusz Jędrzejko and Anna Kowalska quote Krzysztof Zajączkowski's definition of dependence that reads: “Dependence is a psychological and physical state resulting from the interaction between a living organism and a chemical substance that is characterized by changes in the behavior and other reactions that include the necessity of taking the substance continuously or periodically in order to experience its effect on the psyche or to avoid unpleasant symptoms accompanying lack of the substance.”

Explaining the causes of dependence is very difficult, because it includes a wide range of factors. Marcin Stadowski mentions the following causes of dependence:

- a) genetic factors;
- b) destructive influence of a group, a subculture;
- c) inner problems;
- d) improper socialization and upbringing;
- e) problems in establishing interpersonal relations;
- f) personal situations: traumatic experiences, breakdown of the marriage, loss of the job, disease, homelessness.⁸

Piotr Jabłoński and Mariusz Jędrzejko, drawing on numerous studies mention the reasons why young people reach for drugs:

- a) troubles at school and problems with learning;
- b) family situations;
- c) loneliness and boredom;
- d) form of rebellion and opposition;
- e) lack of prospects.⁹

⁶ Adolf Dobieszewski, “Przyczyny i przejawy patologii społecznej,” *Polityka i Społeczeństwa* 1 (2004). 153.

⁷ Maree Teesson, Louisa Degenhardt, Wayne Hall, *Uzależnienia, metody kliniczne i techniki terapeutyczne* (Gdańsk: Wydawnictwo, GWP), 17.

⁸ Marcin Stadowski, *Wielowymiarowa terapia osób uzależnionych od alkoholu i narkotyków jako wychowanie do wolności i odpowiedzialności*, www.stowarzyszeniefidesratio.pl/presentationso/2015-1Stadowski.pdf [accessed: 28.08.2015].

Monika Abucewicz, citing Czesław Cekiera, mentions five groups of causes of developing an addiction: fashion, need of prestige (impressing others), need of new, strong psychological, metaphysical or existential sensations, connecting drug addiction with alcoholism and unsatisfied need of love at home and at school as a factor that favors seeking the fulfillment of it in a drug.¹⁰

There are many classifications of dependence. Mariusz Jędrzejko and Anna Kowalska divide dependences into chemical and non-chemical ones. Among the chemical ones the following are mentioned: drug addiction, alcoholism, nicotinism, pill-popping, steroidmania, and among the non-chemical ones: computer addiction, video game addiction, Internet addiction, cell phone addiction, addiction to shopping, to gambling, to eating.¹¹

Krzysztof Zajączkowski divides addictions into physical, psychological and social ones.¹² According to him among the factors that are conditions for developing an addiction, triggering off the state of euphoria by the intoxicating substance is the most important one (relaxation, escape from stress make one reach for the substance again).¹³

One of the forms of dependence is drug addiction (narcomania). The word “narcomania” is derived from the Greek words *narke* – daze, hallucination, and *mania* – strong desire, and it means a pathological, irresistible desire to use intoxicating substances.¹⁴ The law of 29th July 2005 on preventing drug addiction (Government Regulations and Laws Gazette of 2005, Nr 179, par. 1485 with later amendments) defines narcomania as “constant or periodical, with other aims than medical, using intoxicating, psychotropic substances, substitute means or new psychoactive substances, which may result, or has resulted in addiction to them.”¹⁵

In the literature there are numerous classification of drugs. P. Jabłoński and M. Jędrzejko suggest a division of them into seven groups that was done by Marc A. Schuckit:

⁹ Piotr Jabłoński, Mariusz Jędrzejko, *Narkotyki i paranarkotyki. Charakterystyka i rozpoznawanie zachowań* (Gdańsk: Pomorska Rada Bezpieczeństwa Ruchu Drogowego, 2011), 34.

¹⁰ Monika Abucewicz, *Narkomania – problem społeczny w perspektywie konstruktywistycznej* (Warszawa: Wydawnictwo UW, 2012), 156-157.

¹¹ Mariusz Jędrzejko, Anna Kowalska, “Narkomania – wybrane pojęcia i definicje,” in *Narkomania spojrzenie wielowymiarowe*, edited by Mariusz Jędrzejko (Warszawa: Oficyna Wydawnicza ASPRA-JR, 2009), 21.

¹² Krzysztof Zajączkowski, *Uzależnienie od substancji psychoaktywnych* (Warszawa: Wydawnictwo WSiP, 2002), 40.

¹³ Krzysztof Zajączkowski, *Profilaktyka zachowań dewiacyjnych dzieci i młodzieży* (Toruń: Wydawnictwo Adam Marszałek, 1999), 31.

¹⁴ Marek E. Jurczak, *Choroby cywilizacji* (Warszawa: Wydawnictwo PWN, 1977), 327.

¹⁵ <http://isap.sejm.gov.pl/DetailsServlet?id=WDU20051791485> [accessed: 30.08.2015].

- a) Depressants of the central nervous system (CNS) – psychoactive substances that suppress, inhibit or lower the manifestations of CNS activity: alcohol, barbiturates, benzodiazepines, gamma-Hydroxybutyric acid (GHB).
- b) Stimulants of the CNS – psychoactive substances enhancing the activity of the CNS: amphetamine, methamphetamine, cocaine, modified drugs with influence like that of amphetamine.
- c) Opioids, to which the following substances belong: opiates – opium poppy alkaloids (morphine, codeine), semisynthetic analogs of opiates, like e.g. heroin, modified drugs with opiate-like action, as e.g. fentanyl.
- d) Cannabis – preparations obtained from cannabis: marijuana, hashish, bubble melt hash.
- e) Psychedelic drugs – drugs whose dominating effect on the organism are hallucinations, among others, Lysergic acid diethylamide (LSD), mescaline, psilocin and also the so-called modified drugs with hallucinogenic action (psychotomimetic amphetamines).
- f) Inhalants – inhaled intoxicating substances: propane, butane, toluene, gasoline, aerosols, sprays.
- g) Other narcotics that do not fit any of the above mentioned groups: phencyclidine, ethylamine.¹⁶

Using narcotics brings a lot of negative effects that may be divided into groups with respect to:

1. Health, e.g.: direct influence on the state of health, occurrence of concomitant diseases (e.g. insufficiency of organs, enhanced threat of infection with HIV, hepatitis B and C, acquiring AIDS, death).
2. Social standing, e.g. social exclusion, marginalization, homelessness, loss of the ability to perform professional duties, to be educated, family breakdown, loss of trust, prostitution of drug addicts.
3. Economy, e.g.: high cost of therapy, establishing new medical facilities, making wrong economic or logistic decisions by an addicted person, lack of financial means in the family budget.
4. Law, e.g.: drug delinquency, a relation between drugs and slave labor, human trafficking, forcing one to prostitution, delinquency – date rape drug, threats in road traffic.

Numerous institutions of the local, national and international level are involved in the struggle against drug addiction. Many institutions make analyses concerning the range of the problem and work on programs of preventing drug addiction. One of the important institutions is the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)¹⁷ that was established in 1993. Its aim is to collect the data concerning drugs and drug addiction in the area of Europe and to supply the European Union member

¹⁶ Jabłoński, Jędrzejko, *Narkotyki i para narkotyki*, 22.

¹⁷ www.emcdda.europa.eu [accessed: 30.08.2015].

states with reliable information for their work connected with creating legal acts, research, or creating anti-drug programs. On its website EMCDDA has published the European Drug Report *Trends and Developments 2015*.¹⁸ In Table 1 data concerning the number of people using drugs in the European Union countries in 2014 are presented, considering the age groups.

Table 1. Number of drug users in the European Union in 2014.

Drug	Population aged 15-64 (millions)	Young adults aged 15-34 (millions)
Cannabis	19,3	14,6
Cocaine	3,4	2,3
Amphetamines	1,6	1,3
MDMA (Ecstasy)	2,1	1,8

Source: European Drug Report *Trends and Developments 2015*, p. 15.

As it follows from Table 1 the most often used drug in Europe is cannabis; as many as 19,3 million people used the drug in 2014. Of the 1,25 million crimes associated with drugs as many as 781 000 are crimes associated with the use of cannabis and possession of cannabis for personal use.¹⁹ The same report presents the number of people treated for drug addiction in Europe in 2013, depending on the place they were treated in:

- a) Treatment at outpatients' clinics:
 - Specialized treatment centers – 943 000
 - General health care or specialized treatment – 276 000
 - Low threshold service – 146 000
- b) Residential treatment:
 - Hospital residential treatment – 67 000
 - Non-hospital residential treatment – 16 000
 - Therapeutic communities – 26 000
 - Others – 9000
- c) Penal institutions – 35 000.²⁰

¹⁸ European Drug Report *Trends and Developments 2015*, 12, www.emcdda.europa.eu/...cfm/att_239505_PL_TDAT15001PLN.pdf [accessed: 27.08.2015].

¹⁹ Ibid, 12.

²⁰ Ibid, p. 65.

Here are the data showing the number of people (addicted to psychoactive substances) registered at mental health clinics, detoxification as well as prophylaxis and rehabilitation centers in Poland in 2013:

- psychological disorders caused by the use of psychoactive substances (opiates, cannabinols, sedatives and hypnotics, cocaine, other stimulants and hallucinogens, volatile solvents and others); among all the patients the most numerous group was constituted by people using mixed substances (50%), sedatives and hypnotics (20%), opiates (12%) and cannabinols (11%) – 27 899, including first-time users – 11 031;
- acute poisonings and harmful uses – 7247, including first-time patients – 3412;
- dependence syndrome and withdrawal syndrome – 19 519, including first-time patients – 7231;
- psychotic disorders – 518, including first-time patients – 177.²¹

Figure I presents the percentage structure of deaths of drug addicts in countries of the European Union.

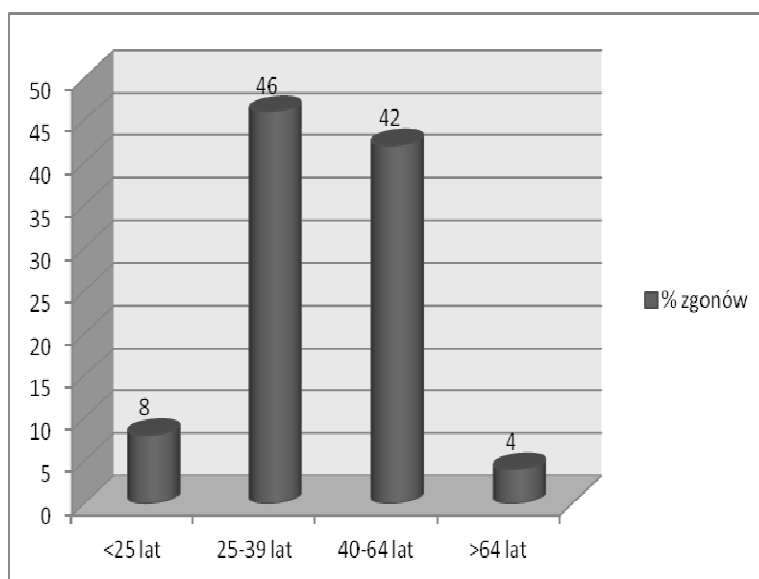


Figure 1. The percentage structure of drug-related deaths by age groups.

Source: European Drug Report *Trends and Developments 2015*.

[zgonów – deaths; 25 years of age, 25-39 years of age et c.]

²¹ *Rocznik Statystyczny Rzeczypospolitej Polskiej 2014*, <http://stat.gov.pl/obszary-tematyczne/roczniki-statystyczne/roczniki-statystyczne/rocznik-statystyczny-rzeczypospolitej-polskiej2014,2,9.html> [accessed: 02.09.2014].

The greatest number of deaths occurs in the age group 25-39, the average age of the deceased in this age group being 37. According to gender the percentage of death is: 22% – women and 78% – men.

In the legal aspect one of the results of drug addiction is delinquency. The report contains the data concerning the number of crimes that are related to the use and possession of drugs for personal use, as well as of crimes related to the introduction of drugs to the European market, as well as the number of seizures of drugs in Europe (Table 2).

From the data presented in Table 2 it follows that the most seizures are those of cannabis, cocaine and amphetamine. The situation is similar in Poland, where marijuana, amphetamine and hashish are seized most frequently. Table 3 shows the data concerning the number of drugs seized by the Central Investigation Bureau of the General Police Headquarters.

Tabela 2. Drug seizures and number of drug-related crimes

Drugs	Seizures		Number of crimes	
	number	tons	Related to use or possession for personal use of drugs	Related to introducing drugs to market turnover
Hashish	24 0000	460	782 000	11 6000
Marijuana	43 1000	130		
Cannabis plants	30 000	3,7		
Heroin	32 000	5,6	37 800	17 000
Cocaine	78 000	62,6	72 300	29 900
Amphetamine	34 000	6,7	55 000	1900
Metaamphetamine	7000	0,5	16 000	2700
MDMA (Ecstasy)	13 400	4,8	11 000	3700

Source: European Drug Report *Trends and Developments* 2015, p. 23-30.

Table 3. Drugs secured by the Central Investigation Bureau in 2013.

Drug	Quantity of secured drugs
Hashish	33,1 kg
Marijuana	1176,7 kg
Heroin	4,8 kg
Cocaine	19,9 kg
Amphetamine	639,9 kg
MDMA (Ecstasy)	44 878 szt.
LSD	355 szt.

Source: <http://statystyka.policja.pl/st/wybrane-statystyki/przestepczosc-narkotyki/50892,Przestepczosc-narkotykowa.html>

The European Monitoring Centre for Drugs and Drug Addiction and the Polish Bureau for Preventing Drug Addiction (Polish edition) published “European Drug Prevention Quality Standards: a Quick Guide”. The standards are supposed, among others, to give instructions to theoreticians and practitioners who work on preventing drug addiction.

The authors of the publication define the prophylaxis of dependencies as “all the actions that (at least partially) tend to prevent, delay or reduce the use of psychoactive substances and/or negative effects connected with it in the general population or in sub-populations.”²² A different definition is given by Cz. Cekiera, in whose opinion prophylaxis is a set of methods and programs that are used under the direction of responsible pedagogues and therapists.²³ According to Marek Dziewiecki modern programs are oriented to informing about a distractive biological and psychosocial, aggressive effect of drugs.²⁴ The author criticizes modern programs, since they do not look for

²² *Europejskie Standardy Jakości w Profilaktyce Uzależnień od Narkotyków. Podręcznik dla specjalistów profilaktyki uzależnień*, www.cinn.gov.pl/portal?id=15&res_id=454227 [accessed: 30.08.2015].

²³ Czesław Cekiera, *Psychoprofilaktyka uzależnień oraz terapia i resocjalizacja osób uzależnionych* (Lublin: Towarzystwo Naukowe KUL, 1989), 147.

²⁴ Marek Dziewiecki, *Podstawy profilaktyki uzależnień*, in www.opoka.org.pl/biblioteka/I/PI/profilaktyka.html [accessed: 28.08.2015].

the source of children's and youth's emotional states or for the reasons why they use addicting substances.

In Poland one of the binding laws concerning the problem of drug addiction is the act of 29 July 2005 on preventing drug addiction.²⁵ It defines:

- 1) the rules and the course of action in the sphere of preventing drug addiction;
- 2) the tasks and powers of the government administration organs and of the local government as well as of other subjects in the sphere of preventing law infringement concerning the turnover, production, processing and possessing of substances the use of which may lead to drug addiction;
- 3) the organs competent to execute:
 - a) Regulation (EC) No 273/2004 of the European Parliament and of the Council of 11 February 2004 on drug precursors (Government Regulations and Laws Gazette WE L047 of 18 February 2004), hereinafter referred to as "regulation 273/2004",
 - b) Council Regulation (EC) - No. 111/2005 of 22 December 2004 Laying Down Rules for the Monitoring of Trade between the Community and Third Countries in Drug Precursors (Government Regulations and Laws Gazette WE L 22 of 26 January 2005, p. 1; Government Regulations and Laws Gazette WE special issue of 2005, vol. 48, p. 1, hereinafter referred to as "regulation 111/2005,"
- 4) penalties for disobeying the rules of the act and regulations mentioned in point 3.²⁶

According to Art. 2 p. 1 of the Act preventing drug addiction is realized by implementing proper social, economic, educational and health policies, and in particular:

- 1) educational, information and prophylactic activities,
- 2) treating, rehabilitating and re-integrating drug addicts,
- 3) reducing health and social damages,
- 4) exercising supervision over substances the use of which may lead to drug addiction,
- 5) counteracting illicit turnover, production, processing and possessing of substances the use of which may lead to drug addiction,
- 6) exercising supervision over farming plants that contain substances the use of which may lead to drug addiction.²⁷

On the grounds of Art. 7 of the Act of 29 July 2005 on preventing drug addiction the Regulation of the Council of Ministers of 22 March 2011 on the National Program of Preventing Drug Addiction for the years 2011-2016 was promulgated (Government Regulations and Laws Gazette of 2011, Nr 78, item 428).²⁸

²⁵ Act of 29 July 2005 on preventing drug addiction (Government Regulations and Laws Gazette of 2005, Nr 179, par. 1485 with later amendments).

²⁶ Ibid.

²⁷ Ibid.

²⁸ <http://isap.sejm.gov.pl/DetailsServlet?id=WDU20110780428> [accessed: 30.08.2015]

The program defines the general aims: prophylaxis, treatment, rehabilitation, reducing health damages, and social reintegration; limiting the supply, international cooperation; research and monitoring. Each of the general aims has a defined main aim and the directions and kinds of activities, indicating the monitoring indexes, ministers who are responsible, subjects competent to undertake defined actions and the date of realization. On the grounds of Art. 9, section 1 of the Act of 29 July 2005 on preventing drug addiction the executive organ of the voivodeship local government draws a project of the Voivodeship Program of Preventing Drug Addiction, taking into consideration the directions and kinds of activities defined in the National Program of Preventing Drug Addiction and the tasks defined in Art. 2, section 1, p. 1-3 of the Act.

2. THE PROGRAM OF PREVENTING DRUG ADDICTION IN THE WARMIAN – MASURIAN VOIVODESHIP

The Voivodeship Program of Preventing Drug Addiction is an element of the Voivodeship strategy in the sphere of social policy. In the Warmian-Masurian Voivodeship the program was passed by the resolution nr XXV/500/ 13 of the Regional Council of the Warmian-Masurian Voivodeship of 19 March 2013 on passing the Voivodeship Program of Preventing Drug Addiction in the Warmian-Masurian Vovodeship for the years 2013-2017. The main aim of the Program is to decrease the phenomenon of drug addiction in the area of the Voivodeship. The Program contains three priorities.

Priority I is prophylaxis. Its general aim is to check the speed of the increase of the demand for drugs, especially among children and youths. Immediate aims include:

- a) preventing initiation in the area of various hazardous behaviors by increasing children's, youths' and parents' knowledge and social skills;
- b) preventing the development of an addiction to psychoactive substances and hazardous behaviors connected with addiction;
- c) increasing the awareness of the problems connected with the use of psychoactive substances among the members of the society and indicating the possibilities of preventing drug addiction;
- d) improving the qualifications of the people involved in prophylactic work.

Priority II includes treatment, rehabilitation, limiting health damages and social reintegration. The general aim is to raise the level of the quality of the programs of treatment, rehabilitation, limiting health damages and social reintegration of drug addicts. Immediate aims include:

- a) improving the quality and accessibility of therapeutic aid and of rehabilitation for drug addicts;
- b) increasing the accessibility of programs of reducing health damages for people misusing drugs and for drug addicts;
- c) decreasing social marginalization among people misusing drugs and drug addicts;
- d) increasing the number of competent workers employed in institutions treating or rehabilitating drug addicts and other professional groups having contact with drug addicts (policemen, social workers, court-appointed curators, doctors, non-government organizations and others).

Priority III is research and monitoring. The general aim is to secure the information for conducting rational and socially accepted policy connected with the issue of drug addiction. Immediate aims include:

- a) epidemiological monitoring and monitoring of social attitudes towards drugs and drug addiction at the local and voivodeship levels;
- b) participation in the development and consolidation of the information system on drugs and drug addiction.²⁹

Implementation of the presented program was discussed in the annual reports. In the Resolution Nr VIII/192/15 of the Regional Council of the Warmian-Masurian Voivodeship of 24 June 2015 the report about the implementation of the Voivodeship Program of Preventing Drug Addiction for the years 2013-2017 was accepted.³⁰ In the report the financial means spent on the realization of the tasks are indicated.

Table 4. Financial means spent on performing the tasks listed in the program

Year	Amount (PLN)
2012	176 854
2013	179 227
2014	185 000

Source: Report about the implementation of the Voivodeship Program of Preventing Drug Addiction in the Warmian-Masurian Voivodeship for the years 2013-2017.

²⁹ The priorities have been discussed on the basis of *Projekt Wojewódzkiego Programu Przeciwdziałania Narkomanii w Województwie Warmińsko-Mazurskim na lata 2013-2017*, http://bip.warmia.mazury.pl/urząd_marszalkowski/system/pobierz.php/Projekt_Wojewodzkiego_Programu_Przeciwdzialani_Narkomanii_19.12.2012.pdf?id=17795 [accessed: 30.08.2015].

³⁰ http://bip.warmia.mazury.pl/urząd_marszalkowski/system/pobierz.php/VIII-192.pdf?id=25192 [accessed: 30.08.2015].

In Table 4 the data is presented that concern the spending of financial means that came from the voivodeship budget for the program of preventing drug addiction. In 2014 the sum of 185 000 PLN was spent on the above aim, which is 8146 PLN more than in 2012.

According to the data accessed from the Health Department of the Warmian-Masurian Voivodeship Bureau in Olsztyn, the report specified the number of people who were addicted to psychotropic substances and who were treated in prophylactic and rehabilitation centers.

As it follows from Table 5, in 2014 the number of people treated in centers for people addicted to psychotropic substances decreased. In 2014 the number of people treated was by 332 smaller than in 2013, which may result from the decline of the phenomenon of drug addiction, or maybe it is because a smaller number of people used the aid offered by the centers. It also may be influenced by the amount of money provided by the contract that the centers concluded with the National Health Fund.

Table 5. People treated in prophylaxis and rehabilitation centers for people addicted to psychotropic substances

Year	People treated Total	Younger than 18	19-29	30-64	65 or more	Treated once only	Obligated to be treated
2012	713	154	349	207	3	247	23
2013	819	140	294	341	44	324	38
2014	487	155	212	119	1	219	43

Source: Report about the implementation of the Voivodeship Program of Preventing Drug Addiction in the Warmian-Masurian Voivodeship for the years 2013-2017

The report about the implementation of the Program of Preventing Drug Addiction also presents data that concern the support given by the social aid to people addicted to psychoactive substances and to their families.

Table 6. Support from the social aid due to drug addiction in the years 2012-2014 in the Warmian-Masurian Voivodeship

Year	Number of families	Number of people
2012	220	319
2013	221	319
2014	255	374

Source: Report about the implementation of the Voivodeship Program of Preventing Drug Addition in the Warmian-Masurian Voivodeship for the years 2013-2017

As it follows from Table 6, in the course of the two years the number of people and of their families who were supported by the social aid increased. This proves that the number of people who needed support increased as well as that the information was better and the will to accept aid offered by social aid centers was stronger.

The report about the implementation of the program in 2014 first of all contains information data concerning the effects achieved in particular priorities. Conclusions and recommendations are contained in the annex to the report. According to this document in the sphere of preventing drug addiction in the Warmian-Masurian Voivodeship the following things should be done:

- a) continue propagating prophylactic programs with selective profiles designed for children and youths, because now selective prophylaxis is realized in districts in a minimum degree;
- b) improve the qualifications of psychologists and pedagogues, since most districts do not carry out these tasks;
- c) increase the participation of parents in the prophylaxis programs;
- d) necessarily develop professional treatment at outpatients' clinics, which will make it possible for drug addicts to quickly have access to health care;
- e) necessarily modernize the base of the residential health care;
- f) support modern therapeutic programs for people addicted to drugs and psychoactive substances and for members of their families, offered by non-government organizations and institutions that are part of the health care system;
- g) aid programs of limiting health damages and of preventing marginalization of people misusing drugs or addicted to them (the methadone program);
- h) work out individual district programs of preventing drug addiction;
- i) urgently monitor "the phenomenon of designer drugs" that are used by children, youths and adults, and make parents, pedagogues aware of the

threat brought by taking “designer drugs”, paying special attention to the Internet trade;

j) undertake educational actions aiming at limiting damages by organizing training courses for pedagogues – teachers, parents as well as for children and youths.³¹

Conclusions and recommendations contained in the report draw the reader’s attention to the need of a deep involvement in prophylaxis programs in the field of drug addiction, since the problem is alarming, if only because of the statistics collected by the police. A report about prophylactic actions taken by the Police for preventing social pathology in 2014 shows that in 2014 in the Warmian-Masurian Voivodeship 1479 drug-related crimes and 137 acts committed by the underage were reported, 810 people were suspected of crime, including 70 minors.³² Compared to 2013 the number of acts committed by juveniles decreased by 66. As far as all legal categories (the act on preventing drug addiction) of drug-related crimes are concerned, there were 737 adult suspects and 70 juvenile ones. Most suspects were in the category of Art. 62 section 1 and section 3 – “possessing,” i.e.: 483 adult suspects, and 52 juvenile ones. The Police’s report also contains information about the growing problem of the use of designer drugs. The number of poisonings increases every year; in 2012 there were 29 cases, in 2013 – 97, and in 2014 – 103. The greatest number of poisonings occurred in the towns of Olsztyn, Elbląg, Ostróda, and it concerned people at the age of 16 (40 poisonings in the years 2013-2014). As other police statistics say, in Poland the number of crimes against the Act on Preventing Drug Addiction was the following:

Table 7. Crimes against the Act on Preventing Drug Addiction in 2012-2014

Crimes and suspects	2012	2013	2014
Number of all drug-related crimes	23 025	25 064	28 894
Number of suspects	29 340	28 359	28 460
Including the number of juvenile suspects	4594	3566	2789

Source: <http://statystyka.policja.pl/st/wybrane-statystyki/przesteczosc-narkotyky/50892,Przesteczosc-narkotykowa.html>.

³¹ Annex to the report about the implementation of the Voivodeship Program of Preventing Drug Addiction in the Warmian-Masurian Voivodeship for the years 2013-2017, http://bip.warmia.mazury.pl/urzed_marszalkowski/system/pobierz.php/VIII-192.pdf?id=25192 [accessed: 30.08.2015].

³² Sprawozdanie z działań profilaktycznych Policji na rzecz zapobiegania patologii społecznej w 2014 r., <http://warmisko-mazurska.policja.gov.pl/download/32/15616/2014.pdf> [accessed: 28.08.2015].

As it follows from Table 7, during the two years the number of juvenile suspects decreased by 1805 persons, whereas the number of drug-related crimes increased by 5869. Such a significant increase in the number of crimes proves that there is a constantly growing problem connected with drugs.

SUMMARY

Drug addiction belongs to the most extreme symptoms of social pathology. It is connected with other pathological phenomena like homelessness, alcoholism, crimes, violence. It affects both minors and adults, independent of their social, economic or professional position, and of their education or background. It is a global problem concerning both developed countries and developing ones. The problem may be defined with the use of a scale, as all research and statistics are concerned with: a) people who were given social, medical, psychological and other aid; b) people arrested, suspected, sentenced for drug-related crimes; c) drugs that were seized and that can be counted.

It is an important task for government and non-government institutions to create such programs of preventing drug addiction that can help to minimize the problem to a considerable degree – ones that can protect people from such a dramatic dependency as drug addiction. Such counteractions require education that starts at a very young age, pursuing a restrictive penal policy, checking social consent to using drugs (e.g. smoking marijuana). It is an important task to recognize the risk factor in the use of psychoactive substances as quickly as possible, and to reduce it.³³

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³³ Examples of risk factors in using drugs and the ways to reduce them are mentioned by Krzysztof Wojcieszek in his publication *Profilaktyka używania substancji psychoaktywnych – wybrane problem*, in *Narkomania spojrzenie wielowymiarowe*, Mariusz Jędrzejko (ed.), 368-371.

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