

POLAND AT THE CROSSROADS OF EUROPE
in search of better solutions for alcohol problems

1. Shortly on a history of polish sobriety directed actions

Poland has a long history of well-organized action against insobriety since first half of XIX century. Grass root movements against drunkenness have played very important role in polish fight for national freedom, were a way of demonstration of patriotism. Polish Catholic Church has been strongly engaged in pro sobriety action since XIX century and is active in prevention of alcohol problems at nowadays. Short period of independency after I World War bring successful effort of Polish state and civic organizations directed at decrease of drinking. Poland was under occupation of Germany during II World War and Nazi policy against Poles included strong push into drinking by distribution of very cheap spirits. Polish underground Home Army gave a special order on counteraction against drunkenness.

2. Consumption of alcohol in Poland –

Poland has a population of almost 40 million and the level of alcohol consumption is estimated as 8 ltr/100 percent per capita. The structure of consumption of different beverages is 32 per cent vodka, 16 per cent wine, and 54 per cent beer. During the nineties we observed important and positive changes in the global level of consumption because between 1990 and 1992 the figures were more than 10 ltr/100 percent per capita and 60 per cent as vodka's share of this total. There is tendency toward increase of consumption beer and spirits affected by lowering of prices and dynamic of marketing.

3. Polish alcohol problems

Alcohol related problems are treated as a very serious challenge for the nation. The last public opinion poll to appear showed that youth drinking and alcoholism are seen as the third and fourth most important social problems in Poland. The main kind of alcohol related problems in Poland are:

- Self-destruction of alcoholics (700,000 – 800.000 people)
- Health problems of abusers (1- 1.2 million people)
- Youth drinking (high risk group is 20-25 per cent of teen population)
- Alcohol threat to family life (2- 3 million children and co-dependent adults, domestic violence)
- Alcohol threat to workplace and for public safety (drunk drivers, delinquency)
- Illegal activity of producers and sellers of alcohol (20 per cent of vodka in gray zone and violation of advertisement and selling restrictions and)

4. Systems approach for alcohol problems in Poland

a) Polish alcohol law determine a decrease in alcohol consumption and a change in its structure, along with harm reduction and health promotion, are main goals for organized action on the national and local level.

b) Basic assumptions for national policy. ;

- Local community is a leading force in prevention
- Close co-operation with NGOs is necessary
- Involvement of professionals and co-operation with paraprofessionals is important
- Government institutions should offer support and co-ordination
- Continuous searching for more effective methods and new organizational solutions
- Establishing of stable financial resources for action is necessary
- Support of the Church and people in influential positions
- Co-operation with European Office of WHO and Second European Alcohol Action Plan
- General frame of reference is the Polish National Program of Prevention Alcohol Problems and the law on Counteraction of Alcoholism and Education for Sobriety

c) Strategies for action

- Limitation of availability and control of the alcohol market
- Fiscal and administrative policy aimed at decreasing consumption and changing its structure
- Legal and social control over harmful behaviors of abusive drinker
- Educational and prevention programs for schools, families, and workplaces
- Professional treatment for dependent persons and psycho-social aid for their family members
- Early diagnosis and short intervention in primary health care
- Training of professionals and paraprofessionals
- Public education in health promotion
- Support of self-help environments and NGOs
- Establishing of local coalitions for prevention

d) National Program for Prevention of Alcohol Problems

For the each five years period the Polish government approves a program of action for public administration, which is elaborated by the State Agency for Prevention of Alcohol Problems (PARPA), and each year the Polish Parliament receives a special report on its implementation. Basic targets of the Program for 2000-2005 are:

- Assist more alcoholics to become sober and healthy by effective treatment
- Reduction in alcohol consumption among abusing patients in Primary Health Car
- Reduction of youth drinking
- Reduction of emotional harm caused to the children of alcoholics
- Decrease in the level of domestic violence in alcoholic families
- Improvement of mental health among spouses of alcoholics
- Action against drunk driving and violent behavior in public places

e) State Agency for Prevention of Alcohol Problems (PARPA),

PARPA was established at 1993 as a main professional institution for alcohol policy of the Polish government and its tasks are:

- drafting the National Program of Prevention of Alcohol Problems
- preparation of action plans with respect to alcohol related policies
- education, information, expert studies, and implementation of new methods of prevention and resolving alcohol problems
- provision of expert assistance to local self-governments, institutions, NGOs, and private individuals
- co-ordination of action aimed at improving the effectiveness of alcohol dependence treatment and accessibility thereof;
- co-operation with regional self-governments, international organization and institutions involved in resolving the problems caused by alcohol.

f) Financial resources for the programs

- local communities collect money from local alcohol sellers as a fee for license – approx. 90 M Euros
- regional self governments collect money from wholesale dealer of beer and wine – 7 M Euros
- central government from the national budget – 2 M Euros

5. Main field of policy development

a) Modernization of treatment for dependent and codependent patients

One of the biggest challenges in the nineties was modernization of the Polish treatment system. We have more than 500 treatment centres (in and out-patients) with 3,500 staff, and each year 160,000 patients are registered. During the past ten years, under the co-ordination of PARPA a nationwide program for increasing availability and effectiveness of treatment has been conducted. We developed a new and integrative approach to the psychotherapy of dependency. Continuous research and a evaluation study of 40 treatment centres outcomes, involving 25,000, showed an outcome of between 40 and 50 per cent sober alcoholics two years after treatment.

We implemented regular psychotherapy services for, co-dependent alcoholic family members and spouses of alcoholics became a new group of patients in the treatment system. There are new developments in psychotherapy for the Adult Children of Alcoholics.

A very important role in these new developments has been played by a system of training and certification for therapists, executed by the Institute for Health Psychology , which includes a 650 hours training curriculum for professional therapists (1,300 people in the process at the moment), clinical internship and supervision. Professional treatment centres, co-operate closely with AA and abstainers clubs.

b) Development of family violence counteraction system

65 per cent of domestic violence in Poland is linked to alcohol abuse and 80 per cent of co-dependent spouses are victims of domestic violence. 100.000 cases of police intervention in domestic incidents in alcoholic families are being recorded each year. PARPA has established a National Emergency Services for the victims of violence and Blue Line - system of co-operation between individuals and organizations to counteract family violence.

There are special intervention and documentation procedures: Blue Sheet, for police and social work practice, and the School of Domestic Violence Counteraction, which conducts training for professionals and paraprofessionals.

Local communities and NGO has established more than 800 consultation and crisis intervention centers and shelters .

c) Development of psychosocial treatment and care centers system for children of alcoholics

There are more than 1.5 million young children of alcoholics in Poland and the majority of them have serious health and personal problems. The development of effective treatment for their parents is important but will not create a solution for majority. The establishment of prevention clubs and common rooms for the children of alcoholics is an important task for local communities. We have 3,000 facilities for 200,000 pupils now in the this psychosocial therapy system. PARPA conducts special training courses for educators and school counselors who work with the children of alcoholics.

We have started to implement training in parental skills for dependent and, co-dependent patients in treatment centers as a part of the therapy. Mutual help environments for Adult Children of Alcoholics have been developed during, recent years.

d)Development of school and family prevention programs

Each year more than 1 million pupils, 25,000 of teachers and 150,000 parents participate in alcohol prevention programmes in the school settings. Information, the changing of attitudes, and the teaching of social skills are basic objectives. The family should be the basic prevention environment and co-operation of teachers with parents is urgently needed. The present status of affairs, however, is unsatisfactory.

Orange Line, a nationwide network of telephone help line and consultation centers for parents of drinking children, was established in 1999. There have been numerous efforts at establishing local prevention coalitions. National media campaigns are linked with local community actions.

e)Development of local community systems of action

The base of the Polish model of alcohol policy is the local community alcohol prevention program which 2,500 local government authorities conduct. The main tasks included in these programs are:

- Increase availability of treatment and rehabilitation
- Psychosocial and substantial aid for families and the counteraction of violence
- Prevention programs for children and youngster
- Controlling the alcohol market

The Community Program for the Prevention of Alcohol Related Problems is supervised by the Community Commission for the Prevention of Alcohol Related Problems, which prepares and supports the Programme, leads intervention against pathology in the families, and provides intervention and motivation for alcoholics ready for treatment. The financial requirements of the Programme are raised from the fee for licenses for selling alcoholic beverages.

6. Accession of Poland to EU – fears and challenges

During preparation of Poland for entry into the European Union, we expected some dilemmas for our alcohol policy to arise.

These concern regulations on drink driving, alcohol advertising, and alcohol prices. The present level for drink driving in Poland is 0.02 per cent, which is one of the lowest in Europe and the same as in Sweden. We know that there is discussion in EU of a standard level of 0.05 per cent. We would be opposed to any change in Poland's present low level.

The second problem is linked with any future regulation of alcohol advertising. We have a serious restrictions for beer advertisement and total ban on remaining alcohol beverages. The EU is much more liberal and permissive as far as the alcohol industry is concerned. We are under strong pressure from DG Markt of European Commission which expect reduce of restrictions on advertisement. Already we are seeing a powerful marketing invasion of the foreign alcohol industry, which is very effective in breaking and changing Polish law and winning over the teenage consumer population.

Finally, the cost of some alcohol beverages in our neighbors and other EU countries are lower than in Poland. EU Membership leads to removing fiscal barriers for producers and we are afraid that this will create easier access to alcohol for young and poor people.

We hope that we will be able to negotiate a Polish solution in these areas and that we find co-operation in all others areas with our neighbours.

7. Discussion on the Future

Our polish experiences, collected during past ten years induce us to introduction following priorities for future discussions and actions in Poland and international cooperation in EU:

a). Dangerous phenomenon's in young people population

Effectiveness of prevention programs is very low – consumption and harm among youngsters increase, especially among girls. Influence of families on young population, which could be important protective factor became weaker. It is necessary to undertake more serious then before efforts toward analysis of this dangerous processes and preparation better solutions.

b) Improvement of treatment effectiveness and availability should not be neglected

Public health perspective on alcohol policy does not describe improvement of treatment as priority in future actions. There is no data on availability and effectiveness of treatment of alcoholics in European countries. It is estimated that approx. 2% of population are people dependent of alcohol and we know that restriction of alcohol availability or short intervention in primary health care, does not work for them.

c) Defense of safety and support for alcoholic families should be more developed

Millions of people in European region are living in families under harmful influences of pathological behavior of alcoholics and alcohol abusers. Aggression, violence, chronic stress and neglect cause risk and threat for health and development. Children of alcoholics are the highest risk group in young population. Treatment of alcoholics and intervention for abusers and prevention is not enough for alcohol family problems.

d) Free market economy and alcohol policy

Alcohol industry and trade is very powerful in European region and has very important influence on alcohol policy. European Union from the beginning was economical commonwealth and care first and foremost on interests of multinational business companies. There are first timidly changes for more attention on public health issues and it is very important for us to undertake different action in order reinforcement this process. Alcohol industry is developing very active policy directed at overcoming external control on their market activities and promotion so called self-regulation. We should remember that only basis goal of industry in increase of profit – it means increase of consumption and create of faithful consumers population. Young people always will be of target population for this policy. Prices and promotion of alcohol should be subject of social control based on law regulations.

e) International cooperation

We see as important to continue close cooperation with II European Alcohol Action Plan and national counterparts network. European Union has no own policy and program of action in the field of alcohol and alcohol problems yet. The general approach for future policy, goals, strategies and measures, which are described in II EAAP , could be a good proposal for preparation of European Union policy on alcohol and alcohol problems. After EU enlargement we have 25 countries which have participate in development and realization of II EAAP and we should propose to EC to continue this policy for all together.