

# **MINISTER OF HEALTH**

## **National Programme for Preventing and Resolving Alcohol-Related Problems for the years 2011-2015**

produced under art. 3 section 3 item 1 of the Act of 26 October 1982 on  
Upbringing in Sobriety and Counteracting Alcoholism (Journal of Laws of  
2007, No. 70, item 473, as amended)

by

**The State Agency for Prevention of Alcohol-Related Problems**



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## Definitions and abbreviations

### Definitions

**Universal prevention – targeted at entire populations.** Comprises preventive actions addressed to whole groups (populations) regardless of the level of individual risk of occurrence of alcohol-related problems. Their aimed at reduction or elimination of risk factors fostering development of alcohol-related problems in a given population. Universal actions are implemented for example in the population of children and youth attending middle school, in the population of adults, in the population of parents of schoolchildren, etc. Examples of such universal prevention are programmes that aim at postponement of alcohol or cigarettes initiation addressed to the whole population of children entering the period of first experiments with psychoactive substances.

**Selective prevention – targeted at high-risk individuals and groups.** These are preventive actions addressed to individuals or groups that due to their social, family, environmental situation or biological preconditioning are exposed to higher than average risk of occurrence of alcohol-related and/or other mental health disorders. Examples of selective prevention are education, care and development-related actions targeted at children from families with alcohol-related problem. Actions at this level of prevention are taken due to the very fact that someone belongs to such a group, for example child of an alcoholic, and not due to the occurrence of disorders or mental problems with such children. Selective prevention comprises therefore by definition mostly the preventive and not remedial actions.

**Indicated prevention – targeted at high-risk individuals (or groups) who demonstrate first symptoms of alcohol-related problems.** Comprises preventive actions addressed to persons (or groups of persons) who demonstrate early symptoms of alcohol-related problems and/or other behavioural disorders or mental disorders, but do not meet the diagnostic criteria for harmful drinking, alcohol dependence or other disorders related to alcohol abuse described in International Statistical Classification of Diseases and Related Health Problems ICD-10. Examples of this type of prevention comprise socio-therapeutic classes for children who demonstrate high level of aggression and maladjustment in their relations with peers as well as interventions taken with respect to children who get drunk or experiment with drugs. Indicated prevention may also encompass some actions that aim at reduction of social or health-related damages in persons who abuse alcohol or other psychoactive substances (e.g. educational and legal actions that lead to reduction of number of road accidents caused by drivers under influence of alcohol).

**Hazardous alcohol use** refers to drinking of excessive amounts of alcohol (one time or in a specific period of time) that does not have adverse effects in the present moment, whereby it can be expected that these effects would emerge provided the current model of alcohol drinking is not changed. Working definition proposed by World Health Organization specifies hazardous drinking as follows: hazardous drinking means regular average consumption of 20-40 g of pure alcohol daily by a woman and of 40-60 g of pure alcohol daily by a man with simultaneous total consumption of pure alcohol in a week by women falling in the range of 140-209 g and in the case of men - 280-349 g.

**Harmful alcohol drinking** is described as drinking pattern that already causes health-related, physical or mental damages; as well as psychological and social damages, however alcohol dependency does not occur yet. In order to identify harmful drinking the drinking pattern described above should last for at least a month or recur within 12 months. Working definition proposed by World Health Organization specifies harmful drinking as follows: harmful drinking means regular average consumption of over 40 g of pure alcohol daily by a woman and of over 60 g of pure alcohol daily by a man with simultaneous total consumption of pure alcohol in a week by women exceeding 210 g and in the case of men - 350 g. Harmful drinking also refers to drinking of any alcohol amount by: pregnant women, breast-feeding women, the chronically ill, people taking medicines, the elderly.

**FASD Foetal Alcohol Spectrum Disorders** - is a general term that describes the range of effects on child's development that may occur if the child's birth mother drank alcohol while she was pregnant. These effects may encompass disorders of physical, mental, behavioural, learning development and may last for entire life. In clinical diagnostics the term FAS (Foetal Alcohol Syndrome) is used to describe syndrome that is characterized by: facial dysmorphies, growth retardation and neurodevelopment abnormalities. Children who do not demonstrate all these features of FAS are diagnosed with partial FAS. Type and level of disorder depends mostly on the amount of alcohol consumed by a pregnant woman and frequency of alcohol drinking. It must also be remembered that any amount of alcohol consumed by pregnant woman is dangerous, therefore for the child to be healthy pregnant woman should completely abstain from alcohol use in the prenatal and breast-feeding period.

**Early identification and brief intervention** - brief intervention taken by primary care physician towards persons who drink alcohol in hazardous or harmful manner.

**Addiction treatment** comprises actions aimed at reduction of symptoms and reasons of mental disorders and disorders resulting from alcohol consumption. Examples of therapeutic actions in this scope are: psychotherapy programmes for alcohol addiction, pharmacological support for psychotherapy, treatment of alcohol withdrawal.

**Addiction.** Alcohol addiction disorder refers to complex of physiological, behavioural and cognitive disorders where alcohol drinking dominates other behaviours that were previously more valuable to the patient. Major symptom of addiction disorder is thirst

for alcohol (often very strong, sometimes overwhelming). Final diagnosis of addiction disorder is possible by way of identifying at least three of the following features or symptoms occurring simultaneously for a specific period of time within the last year (of drinking):

1. Strong thirst for alcohol or sense of compulsion to drink ("alcohol craving").
2. Impaired ability to control one's behaviours related to drinking, (difficulties in avoiding starting drinking, difficulties in ending drinking to previously assumed level, ineffective efforts to reduce or control drinking)
3. Physiological symptoms of the withdrawal state that occur when alcohol drinking is reduced or stopped (muscle tremor, hypertension, nausea, vomiting, diarrhoea, insomnia, widened pupils, dry mucous membrane, increased sweating, sleep disorders, anxiety, oversensitivity, fear, alcoholic epilepsy, visual or auditory hallucinations, alcohol delirium) or use of alcohol or other substance with related action (e.g. medicines) in order to soothe such symptoms.
4. Changed (most often increased) alcohol tolerance (the same amount of alcohol does not bring expected effects), need to consume increasingly greater amounts of alcohol to achieve expected effect.
5. Due to alcohol drinking - growing abandonment of alternative sources of pleasure or interest, increased amount of time spent on alcohol acquisition or drinking, or on freeing oneself of the results of alcohol drinking.
6. Persistent alcohol drinking despite visible evidence of occurrence of harmful results of drinking (continued alcohol drinking even though the nature and size of damages are known to drinking person or it can be expected that they are known to the drinking person).

**Rehabilitation (post-treatment actions)** covers actions supporting the change in addicted persons after termination of addiction treatment, strengthening the effects of treatment, teaching abilities that facilitate recovery and helping to take and implement tasks that result from social roles. Examples of such actions are: trainings for prevention of recurrence of addiction, support groups for "graduates" of addiction treatment, trainings of constructive behaviours, programmes for overcoming homelessness, self-help groups of Alcoholics Anonymous, abstainer clubs, programmes of occupational mobilisation and empowerment.

### **Applied abbreviations**

**Survey PARPA G1** - Annual report on municipal self-governments' activity in the scope of prevention and resolution of alcohol-related problems – collected under "Programme of Statistical Surveys of Official Statistics".

**CIS** – (original Polish name: Centrum Integracji Społecznej) Centre of Social Integration

**GIS** – (original Polish name: Główny Inspektor Sanitarny) Chief Sanitary Inspectorate

**GKRPA** – (original Polish name: gminna komisja rozwiązywania problemów alkoholowych) municipal commission for resolution of alcohol-related problems

**IPiN** – (original Polish name: Instytut Psychiatrii i Neurologii) Institute of Psychiatry and Neurology

**JST** – (original Polish name: Jednostki Samorządu Terytorialnego) Local self-government entities

**KBdsPN** – (original Polish name: Krajowe Biuro ds. Przeciwdziałania Narkomanii) National Bureau for Drug Prevention

**KGP** – (original Polish name: Komenda Główna Policji) Polish Police Headquarters

**KIS** – (original Polish name: Klub Integracji Społecznej) Social integration club

**KRRiT** – (original Polish name: Krajowa Rada Radiofonii i Telewizji) National Broadcasting Council

**NFZ** – (original Polish name: Narodowy Fundusz Zdrowia) National Health Fund

**NGO** – non-governmental organisation

**NIK** – (original Polish name: Najwyższa Izba Kontroli) Supreme Audit Office

**ORE** – (original Polish name: Ośrodek Rozwoju Edukacji) Centre for Education Development

**PARPA** – (original Polish name: Państwowa Agencja Rozwiązywania Problemów Alkoholowych) State Agency for the Prevention of Alcohol-Related Problems

**RIO** – (original Polish name: Regionalna Izba Obrachunkowa) Regional Chamber of Auditors

**UOKiK** – (original Polish name: Urząd Ochrony Konkurencji i Konsumentów) Office of Competition and Consumer Protection

**UOKiK-IH** – (original Polish name: Urząd Ochrony Konkurencji i Konsumentów - Inspekcja Handlowa) Office of Competition and Consumer Protection - Trade Inspection

**WOTUW** – (original Polish name: Wojewódzki Ośrodek Terapii Uzależnienia i Współuzależnienia) Provincial Addiction and Co-addiction Treatment Centre



**WUM** – (original Polish name: Warszawski Uniwersytet Medyczny) Medical University of Warsaw

**ZOZ** – (original Polish name: Zakład Opieki Zdrowotnej) Healthcare Centre

## Introduction

Of many social problems that exist in our country, the alcohol-related problems are of particular significance. This stems mainly from the size of alcohol-related damages as well as from the social and economic costs incurred with respect thereto by the state budget – estimated at the level of **1.3% of the GDP (Gross Domestic Product)**.<sup>1</sup> (in 2009 – PLN 17.45 bn). Alcohol consumption significantly influences physical and mental health of individuals and their families, whereby its consequences do not only affect those who drink in a harmful way but the entire population as well. Alcohol abuse results in many social damages, such as public safety violations, crime, car accidents, domestic violence, poverty and unemployment. Therefore actions aimed at preventing and resolving alcohol-related problems ought to become a high-priority issue for the national and local administrations.

According to the World Health Organization's report titled "GLOBAL HEALTH RISKS. Mortality and burden of disease attributable to selected major risks" (2009 edition), alcohol is positioned as the **third most significant health** risk factor for the global population and additionally **over 60 types of diseases and injures** are alcohol-related. World Health Organization's data indicate that alcohol consumption in the European Region is the highest as compared with other regions of the world. It amounts to 11 litres of pure alcohol per one adult citizen.<sup>2</sup> All over the world, 3.8% of deaths annually (i.e. 2.3 M) and 4.5% of DALY (*Disability Adjusted Life-Years*)<sup>3</sup> – 69 M are attributed to alcohol drinking. The scale of damages may be reduced by way of application of effective alcohol and alcohol-related problems policy.

In Poland, the legal basis for resolution of alcohol-related problems is provided by the Act on Raising in Sobriety and Counteracting Alcoholism of 26 October 1982 (Journal of Laws of 2007, No. 70, item 473 as amended).

The Act sets forth the direction and approach of state alcohol policy. Furthermore it governs the issues related to prevention and resolution of alcohol-related problems in a comprehensive manner, indicates related tasks and entities responsible for their execution. It also specifies sources of financing for these tasks. The document describes operations and functioning of the market of alcoholic beverages. What is more, the act governs the area of promotion and advertising of alcoholic beverages, as well as it stipulates penal provisions related to alcohol trading and advertising. The Act also stipulates how to deal with people who abuse alcohol, specifies grounds for addiction treatment and defines competencies and tasks of the State Agency for Prevention of Alcohol-related Problems.

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<sup>1</sup> Anderson P., Baumberg B., Alcohol in Europe. [London: Institute of Alcohol Studies (2006)]. Polish edition: Alkohol w Europie, Wydawnictwo Edukacyjne PARPAMEDIA, Warsaw 2007; p. 45

<sup>2</sup> Anderson P., Baumberg B., Alcohol in Europe. [London: Institute of Alcohol Studies (2006)]. Polish edition: Alkohol w Europie, Wydawnictwo Edukacyjne PARPAMEDIA, Warsaw 2007; p. 70

<sup>3</sup> Indicator applied to determine health condition in a given society. Indicates only the years of life lost due to premature death or health damage in result of injury or disease; one DALY equals one year of healthy life lost.

The entities designated by the legislator for implementation of tasks related to prevention and resolution of alcohol-related problems are national and local governmental administration bodies, the National Broadcasting Council, as well as NGOs, churches and religious congregations.

**System of prevention and resolution of alcohol-related problems**, as set out in the National Programme is based on three complementary action programmes which are to be implemented at various administrative levels:

**1. Municipal programmes for prevention and resolution of alcohol-related problems** are endorsed by municipal councils every year and executed by municipal self-governments. The Act defines key categories of tasks that the municipal administrations have to implement under the municipal programme and specifies the source for their financing, whereas PARPA annually, based on surveys and analyses issues recommendations for development of municipal programmes.

**2. Provincial programmes for prevention and resolution of alcohol-related problems** are implemented at the level of provincial self-governments.

**3. The National Programme for Preventing and Resolving Alcohol-Related Problems** designates the tasks to be implemented by the national governmental administration, the National Broadcasting Council and the State Agency for Prevention of Alcohol-related Problems. PARPA is responsible for coordination of implementation of 5-year Programme as well as for integration of all three administrative levels, i.e. central, provincial, and municipal, specifying issue categories and strategic goals for them. While maintaining separate management and financing mechanisms for preventing and solving alcohol-related problems at individual administrative levels, as the Act stipulates, the Programme sets forth foundation for implementation of integrated policy with respect to alcohol and counteracting negative effects of alcohol consumption.

System assumptions of the Programme, consistent with the National Health Programme

a. in the area of economy it is assumed that **alcohol is a specific commodity, different from products**. Therefore it requires special legal, administrative and financial regulations enabling to exercise higher level of control than in the case of other products in the free-market economy. Thus an increased level of effectiveness of control over the alcohol product market by the state is highly recommended.

b. In the social and political sphere, there should be indisputable priority for actions and decisions aimed at preventing and solving alcohol-related problems which fall within the mandates of the ministries of Health, Education, Labour and Social Policy, Justice, National Defence, Interior, and of provincial self-governments municipalities.

c. It is necessary that regular financing for the Programme be provided under specifically allocated budget lines of the Ministry of Health and of other ministries, as

well as from the funds acquired by provincial and municipal self-governments from charges for use of alcohol trading licenses

d. It is recommended that conditions are created to facilitate improvement of effectiveness of the governmental bodies, associations and foundations which are involved in the implementation of programmes related to prevention and resolution of alcohol-related problems.

e. Effective programme implementation requires cooperation between the national and local governmental bodies at various levels and involvement of the National Broadcasting Council.

f. Exercising the principle of state subsidiarity, the national administration and the National Broadcasting Council carry out nationwide tasks and provide professional support to local governmental bodies. The State Agency for Prevention of Alcohol-related Problems plays a significant role in that scheme as it executes its own tasks set forth in the Act, coordinating the implementation of the National Programme and producing reports on the Act implementation that are submitted to the Sejm. The Agency provides also merit-related support to institutions, organizations and to the local administration in their pursuit of tasks in the field of alcohol-related problems resolution.

g. The Minister of Health ensures the state policy regarding alcohol and alcohol-related problems is coherent and supervises execution of preventive and corrective tasks aimed at reduction of health, social, and economic harm associated with alcohol use.

h. Through commissioners for alcohol-related problems resolution and provincial services that collaborate with them, provincial self-governments provide executive coordination of the Provincial Programmes for Preventing and Resolving Alcohol-related Problems, render substantial and organizational assistance to the municipal administration and to institutions and NGOs that operate in a given province and specialize in alcohol-related problems prevention and resolution.

i. Strategic goals and tasks specified in the Programme are integral part of the provincial programmes for prevention and resolution of alcohol-related problems and are incorporated into global strategy for development and growth of a province.

j. Municipal self-governments, which carry out the tasks set forth in the Act through the Municipal programmes for prevention and resolution of alcohol-related problems, take advantage of the merit-related and organizational assistance provided by provincial self-governments and State Agency for Prevention of Alcohol-related Problems. For the purposes of implementation of selected goals they may enter into inter-municipal agreements and collaborate with provincial institutions.

k. Non-governmental organizations are important partners in implementation of the goals set out in the Programme at the central, provincial, and municipal levels.

l. The central governmental administration and the local government administration cooperate with self-help associations for persons with alcohol-related problems, by offering them relevant support and using their assistance.

m. The Council of Ministers:

- endorses assumptions for the social and economic policy drawn up in the form of the National Programme for Preventing and Resolving Alcohol-related Problems

- submits to the Sejm an annual report on the implementation of the Act on Raising in Sobriety and Counteracting Alcoholism drawn up by the State Agency for Prevention of Alcohol-related Problems

As specified in the article 11 section 1 of the Act on Raising in Sobriety and Counteracting Alcoholism: "annually funds from state budget in the amount of 1% of excise tax on alcohol products are allocated to expenditures related to implementation of National Programme for Preventing and Resolving Alcohol-related Problems". For the purposes of Programme implementation the stable system of financing of statutory tasks execution must be ensured:

a. Funds for financing of tasks attributed to State Agency for Prevention of Alcohol-related Problems are earmarked in the budget of the Ministry of Health under chapter 85154, i.e. counteracting alcoholism, whereas funds for financing of tasks performed by specific central bodies of governmental administration and National Broadcasting Council are earmarked in their relevant budgets.

b. Funds for financing of provincial programmes for preventing and resolving alcohol-related problems are earmarked in the budgets of specific provinces. In addition to their own funds, the provincial administrations contribute to the implementation of the above-mentioned programmes by allocating funds from the revenues from collected licence fees for wholesale trade in the beverages that contain up to 4.5% alcohol, beer, and beverages that contain between 4.5% and 18% alcohol, as well as fees for administrative decisions extending the scope of existing trade licenses by additional business locations.

c. Municipal programmes for preventing and solving alcohol-related programs are financed from:

- own funds of the municipalities,

- additional funds acquired by municipalities from collected fees for licenses for retail sale of alcoholic beverages.

**The national documents whose implementation coincides with the implementation of the National Programme for Preventing and Resolving Alcohol-related Problems include:**

– National Health Programme for 2007-2015 (Objective no. 6)

- National Domestic Violence Prevention Programme
- Mental Health Care Programme
- National Drug Abuse Prevention Programme for 2011-2016
- National Programme for Traffic Safety GAMBIT 2005

National Programme for Preventing and Resolving Alcohol-Related Problems for 2011-2015 is a continuation of National Programme for Preventing and Resolving Alcohol-Related Problems for 2006-2010 that remains in force to the end of 2010 and whose indicators were annually monitored and presented in “Reports on implementation of the Act on Upbringing in Sobriety and Counteracting Alcoholism” adopted by the Sejm of the Republic of Poland. Structure of these reports reflects the structure of the National Programme. The National Programme for 2011-2015 has been developed based on the indicators included in these Reports.

One of the issues discussed in the diagnosis is the problem regarding quality of taken actions and ways of spending funds by local self-governments under municipal programmes for preventing and resolving alcohol-related problems.

In the implementation process regarding prevention and resolution of alcohol-related problems, as set forth in the National Programme for Preventing and Resolving Alcohol-Related Problems for 2011-2015, in the process of data collection as well as of actions execution the gender category is taken into account in compliance with gender mainstreaming principle applicable in European Union, with specific consideration for the area related to family life disturbances in the families with alcohol-related problem.

International documents corresponding to National Programme

### **Interpretation in European Union**

Documents regarding alcohol-related policy in European Union are of diverse nature. Depending on whether these documents are classified as recommendations, conclusions, directives or strategies, Member States are obliged to implement provisions thereof in different scope. Directives are prevailing and have greatest legal force, and EU states are obliged to adjust their system to the requirements thereof.

In 2006, in the “COMMUNICATION FROM THE EUROPEAN COMMISSION TO THE COUNCIL, EUROPEAN PARLIAMENT, THE ECONOMIC AND SOCIAL COMMITTEE OF THE REGIONS” **“EU strategy to support Member States in reducing alcohol-related harm”** was promulgated. The document specifies five priority themes. These are as follows:

- ☐ Protection of young people, children and unborn children
- ☐ Reduction of injuries and deaths in result of alcohol-related road traffic accidents

☐ Prevention of alcohol-related harm among adults and reduce the negative impact of alcohol on the workplace

☐ Informing, educating and raising awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate alcohol consumption patterns

☐ Development, support and maintenance of common data base

The strategy includes also guidelines regarding specific actions in the areas presented above for European Commission, Member States and local self-governments. For the first time in Community's documents the local level is presented as important and complementary level for implementation of Strategy's provisions. In September 2009 the Report on implementation of Strategy's provisions at the Community level and in Member States was published. The Report included analysis of implementation of priorities set forth in the Strategy at various levels: from Union to local level.

Previous EU documents related to alcohol were published in 2001. These are as follows: **COUNCIL CONCLUSIONS of 5 June 2001 on a Community strategy to reduce alcohol-related harm (2001/C 175/01) and COUNCIL RECOMMENDATION of 5 June 2001 on the drinking of alcohol by young people, in particular children and adolescents (2001/458/EC)**. The first document – “**Council Conclusions** on a Community strategy to reduce alcohol-related harm” – is very general in nature and encourages development of overall strategy for reduction of alcohol-related harm along with schedule and division of tasks for specific levels and institutions of the Community: Commission and Member States. “**Council's Recommendations** on the drinking of alcohol by young people, in particular children and adolescents” form range of tasks for the Member States and the Commission whose objective is to protect children and young people from alcohol consumption and impact of advertising of alcoholic beverages. According to the recommendations the Commission is responsible for monitoring of the progress of specific tasks and actions implementation in the Member States.

Another important document is **THE DIRECTIVE 89/552/EEC OF THE COUNCIL AND EUROPEAN PARLIAMENT of 3 October 1989 on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the provision of audio-visual media services (hereinafter referred to as the Audio-visual Media Services Directive)**. This is also the oldest document in UE that concerns issues related to alcohol. In article 15 of the Directive issues regarding advertising and TV promotion of alcoholic beverages were discussed. In the beginning the following name was used to refer to the document: “Television Without Frontiers”. The directive referred to above was repealed and replaced with directive of the Council and European Parliament 2010/13/EU on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the provision of audio-visual media services (hereinafter referred to as the Audio-visual Media Services Directive - AVMSD). The issue regarding

advertising of alcoholic beverages was stipulated in article 9 and 22 of the new directive.

Provisions related to alcohol can be also found in many other documents that are not developed under DG SANCO. These are, for example, directives related to taxes on alcoholic beverages, production of alcoholic beverages and trading in these products (e.g. Council Directive 92/83/EEC, Council Directive 92/84/EEC, Council Directive 92/12/EEC) or related to transport and road traffic safety. Other documents worth mentioning are **4. European Action Plan for Road Safety (2010) or European Road Safety Charter (2004)** that also include provisions related to prevention of drivers' insobriety.

Non-governmental organizations also put forward initiative for development of action plan related to prevention and resolution of alcohol-related problems. One example may be the initiative of 12 international NGOs, operating in the area of health and safety, regarding more stringent policy of EU with respect to alcohol. In November 2009, in Amsterdam, they signed joint declaration titled **Policy statement issued by the Network of European NGO's Dedicated to injury prevention 'Alcohol and injuries'**

([http://www.childsafetyeurope.org/csi/eurosafe2006.nsf/0/B1197F098A17AABBC1257678003CCD40/\\$file/Statement\\_Alcohol\\_Injuries.pdf](http://www.childsafetyeurope.org/csi/eurosafe2006.nsf/0/B1197F098A17AABBC1257678003CCD40/$file/Statement_Alcohol_Injuries.pdf)), where they try to convince European Commission to, inter alia, implement:

- minimum pricing policies, alcohol sales restrictions and discount bans in all Member States
- products' labelling system in EU to inform consumers about the risk related to alcohol consumption
- principle of zero tolerance to alcohol consumption before driving and allowed blood alcohol level (BAC) of maximum 0.2 per mill all over Europe

Another document related to EU alcohol policy - "**Council Conclusions on Alcohol and Health**" - encourages Member States to:

- implement effective strategies developed on the basis of research results for real reduction of the scope of alcohol-related problems, with special consideration for the priorities specified in "Strategy to support Member States in reducing alcohol-related harm".
- take multi-sectoral, interdisciplinary and comprehensive actions to strengthen national strategies and plans established in response to the needs of each Member State with respect to alcohol-related policy.
- incorporate price regulations (e.g. tax-related) as an effective preventive tool regarding alcohol-related harm and monitor effects thereof on alcohol consumption and its consequences.



## Documents of World Health Organization

On 21 March 2010, during 63. session of World Health Association (WHA), 193 member states of World Health Organization (WHO) voted unanimously in favour of the adoption of **Global Strategy Reducing Harmful Alcohol Consumption**. All the member states of WHO recognized harmful alcohol consumption as major issue related to public health and an important risk factor for the population. Under the strategy high priority was assigned to alcohol-related problems in WHO, which is to encourage the member states to take specific actions. The document encourages, inter alia, to introduce solutions from the sphere of public policy for the purposes of reduction of harmful alcohol consumption. It highlights effectiveness of strategies reducing alcohol prices, its physical availability and detailed and restrictive provisions that govern alcohol marketing. Recommendations included in the Strategy should serve as best guidelines for WHO member states to limit the scale of alcohol-related problems.

The following publications, issued in 2009, are also valuable and comprehensive documents of World Health Organization that regard alcohol policy:

### - Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm

([http://www.euro.who.int/\\_data/assets/pdf\\_file/0020/43319/E92823.pdf](http://www.euro.who.int/_data/assets/pdf_file/0020/43319/E92823.pdf))  
[http://www.euro.who.int/\\_data/assets/pdf\\_file/0020/43319/E92823.pdf](http://www.euro.who.int/_data/assets/pdf_file/0020/43319/E92823.pdf)

### - Handbook for action to reduce alcohol-related harm

(<http://www.euro.who.int/en/what-we-publish/abstracts/handbook-for-action-to-reduce-alcohol-related-harm>)

They describe specific actions and strategies that effectively contribute to diminishing the scope of problems resulting from alcohol consumption and abuse. WHO recommendations regard actions taken at the level of entire state as well as at the level of local self-governments. They are beneficial in that they include range of guidelines related to effective, tested and most cost-effective methods of alcohol-related harm reduction.

Another document worth mentioning in this context is the publication providing summary of the meeting of **WHO Expert Committee on Problems Related to Alcohol Consumption** which was held on 10-13 October 2006 in Geneva.

## European Research

In Europe there is also the need to conduct scientific research regarding various alcohol-related problems and effective preventive and corrective practices. Different hypotheses and action directions in the area of alcohol-related policy should be confirmed with results of specific analyses. One example of such research initiatives is the **Study on "The affordability of alcoholic beverages in the European Union -**

## **Understanding the link between alcohol affordability, consumption and harms”**

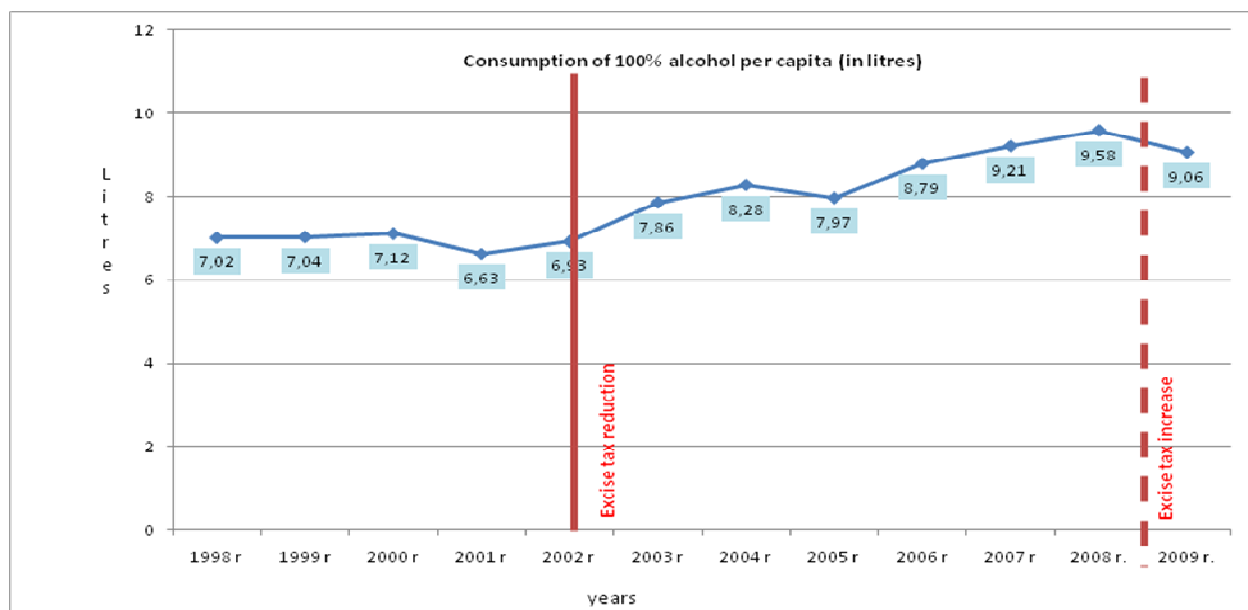
([http://ec.europa.eu/health/ph\\_determinants/life\\_style/alcohol/news\\_rand\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/alcohol/news_rand_en.htm)), prepared in 2009 at the request of European Commission and DG SANCO (Directorate General for 'Health and Consumers') by research institute RAND Europe. Moreover also the report titled **“Alcohol in Europe”**, by Peter Anderson and Ben Baumberg, was produced in 2007 at the request of European Commission (and published in Poland by PARPAMEDA publishing house). The documents present number of key guidelines (from the perspective of proper alcohol-related policy) regarding effective and proven strategies. Group of experts (Science Group) operating under **European Alcohol and Health Forum** prepared in 2009 extensive analysis regarding impact of marketing actions taken by alcohol producers on the consumers, titled **“Does marketing communication impact on the volume and patterns of consumption of alcoholic beverages, especially by young people? - A review of longitudinal studies”**. The analysis shows that most effective in this area are national legal regulations rather than self-regulations of alcohol industry.

Moreover every several years in EU the population research **EUROBAROMETER** ([http://ec.europa.eu/health/ph\\_determinants/life\\_style/alcohol/pub\\_alcohol\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/alcohol/pub_alcohol_en.htm)) is conducted and this research is related to various health issues, including alcohol consumption and its impact on consumers. Results of the research are available on the website of European Commission. Next report analysing implementation of EU Strategy related to alcohol is planned for 2012. European Commission co-finances also several international research projects that analyse different aspects of alcohol-related issues. These include: AMPHORA, ALICE RAP, ODHIN, FASE and others. Their results and final reports, planned for 2012-2014, will probably have significant impact on development of European alcohol-related policy in the future. Poland participates in these projects as well, but it also conducts own research initiatives that are unique at the global level. Research conducted by the Jagiellonian University Medical College on FAS syndrome (Foetal Alcohol Syndrome) and the impact of alcohol on brain biochemistry is worth mentioning in this context.

## Diagnosis of harm and damages related to alcohol consumption in Poland

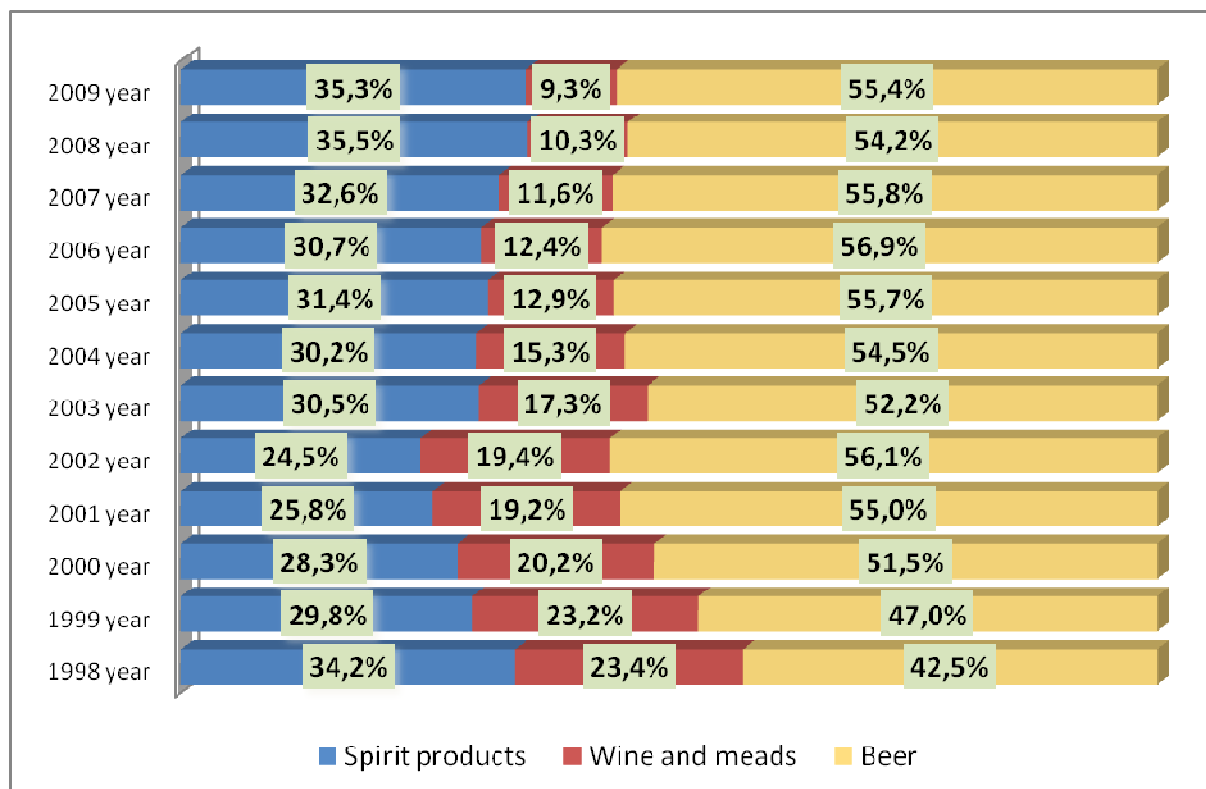
### 1. High economic and physical availability and high alcohol consumption

In 1998-2000 the rate of alcohol consumption stayed on the similar level, slightly exceeding 7 l of 100% alcohol per one citizen. In 2001 and 2002 the consumption fell to 6.63 and 6.93 l. However as of 2003 (after reduction of excise tax on spirit beverages in 2002 – continuous vertical line on the chart) regular, significant increase in the amount of consumed alcohol has been reported reaching its peak of 9.58 l in 2008. At the beginning of 2009 excise tax was increased – dashed vertical line on the chart – on spirit beverages (by app. 9%) and wine (by app. 16.5%), and in March on beer (by app. 13.6%). Rate of consumption fell to 9.06 l of 100% alcohol per capita, i.e. by over 0.5 l as compared with the preceding year.

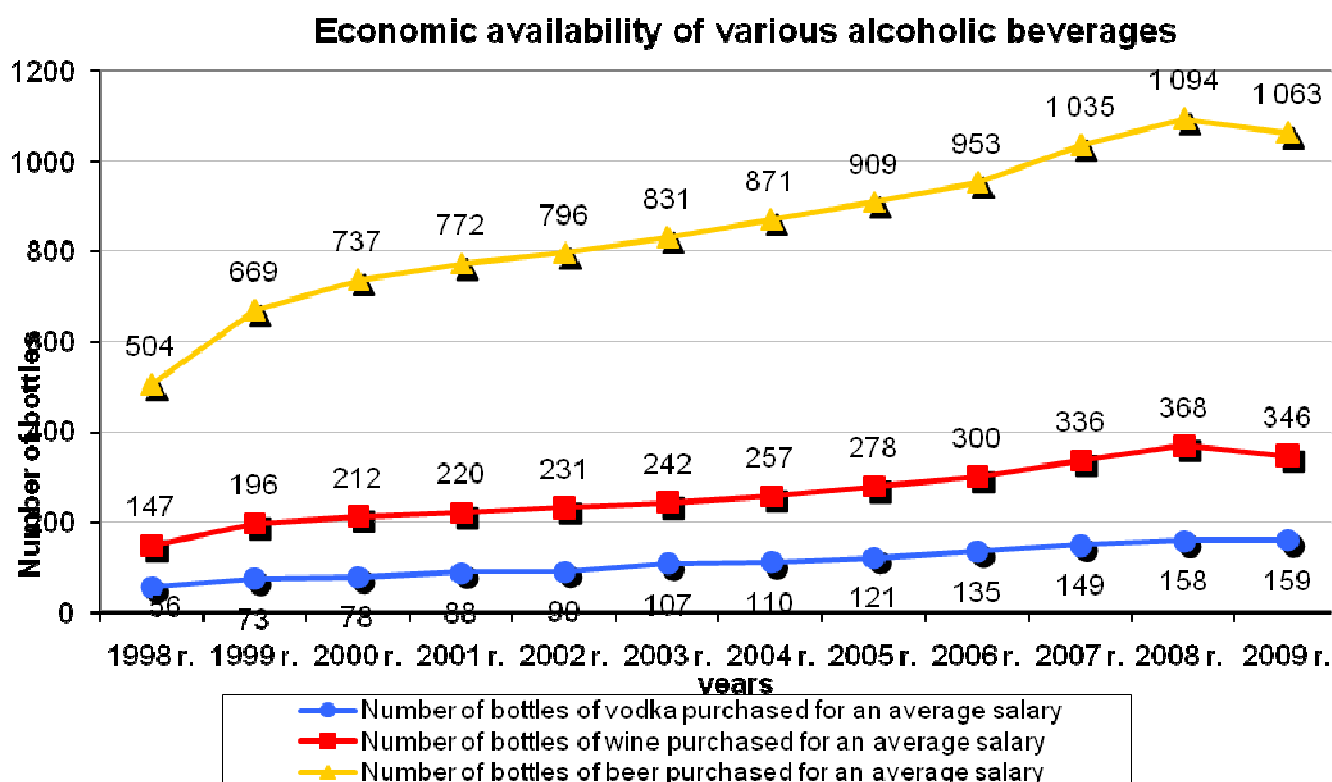


Change in the structure of alcohol consumption in Poland which has been observed for several years now should be addressed in this context. First of all the most alarming observation regards the fact that more than 1/3 of consumption has been attributed in the recent years to spirit beverages and this proportion has been rising to 2008 and in 2009 the share of high percentage beverages in the structure remained at the level similar to that of 2008. The share of wine is still falling. Beer constitutes over 55% of consumed alcohol. Decrease in wine share in alcohol consumption structure proves the significance of excise tax regulation as effective tool in alcohol-related policy. Highest percentage increase in excise tax on wine in 2009 resulted in highest percentage increase in the prices (on average by 12%, whereas the price of vodka increased by 5% and beer by 9%) and reduced consumption (supplies to the domestic market) also by 12% as compared to the previous year (vodka supplies decreased by almost 9.7%). Changes in the structure of alcoholic beverages consumption within 12 years are presented on the following diagram which was produced based on data collected by Central Statistical Office.<sup>4</sup>:

<sup>4</sup> Own calculations based on data from Central Statistical Office.

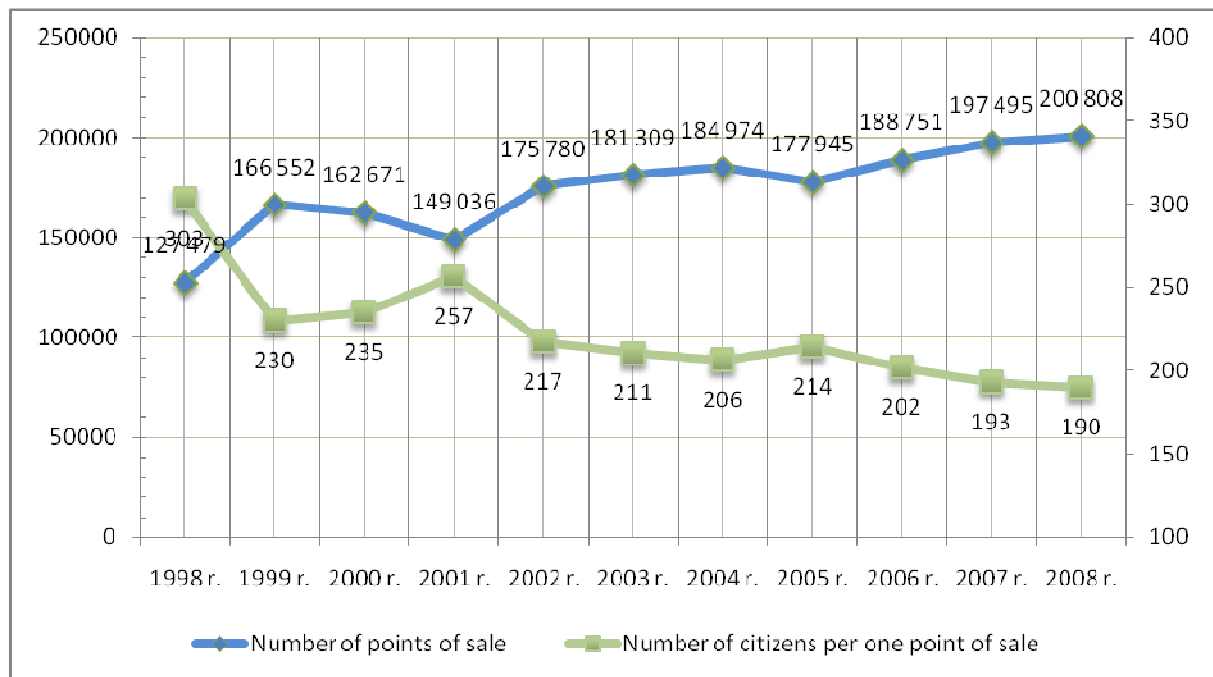


Decrease in alcohol consumption in 2009 as compared with previous years constitutes break from several years long upward trend. Change in the trend may be associated with the decision on excise tax regulation (continuous vertical line – excise tax reduction, dashed vertical line – increase). Economic availability of various types of alcohol (presented on the following diagram) remains high, however some changes has been observed lately in this area as well. In 1998 one average salary allowed to purchase 504 bottles of beer, whereas in 2008 it was as many as 1094 bottles of beer. In the case of vodka the figures are accordingly: in 1998 58 bottles and 158 bottles in 2008. In the case of wine: in 2008 one average salary allowed to purchase 368 bottles as compared to 147 bottles in 1998. In result of increase in excise tax on alcohol in 2009 (and thus increase in the prices) economic availability of beer and wine was diminished (beer - by 2.8% and wine - by 6%), however the upward trend in the case of vodka (increase by 0.6%) continued.



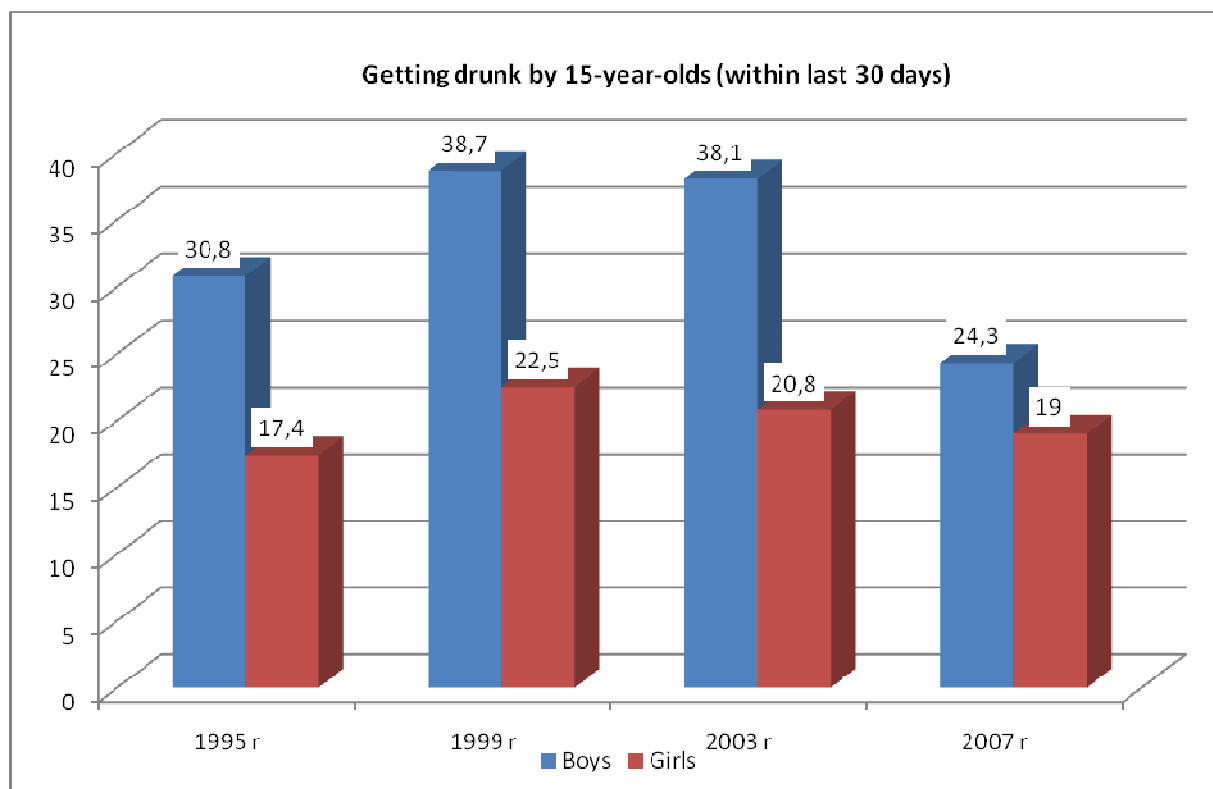
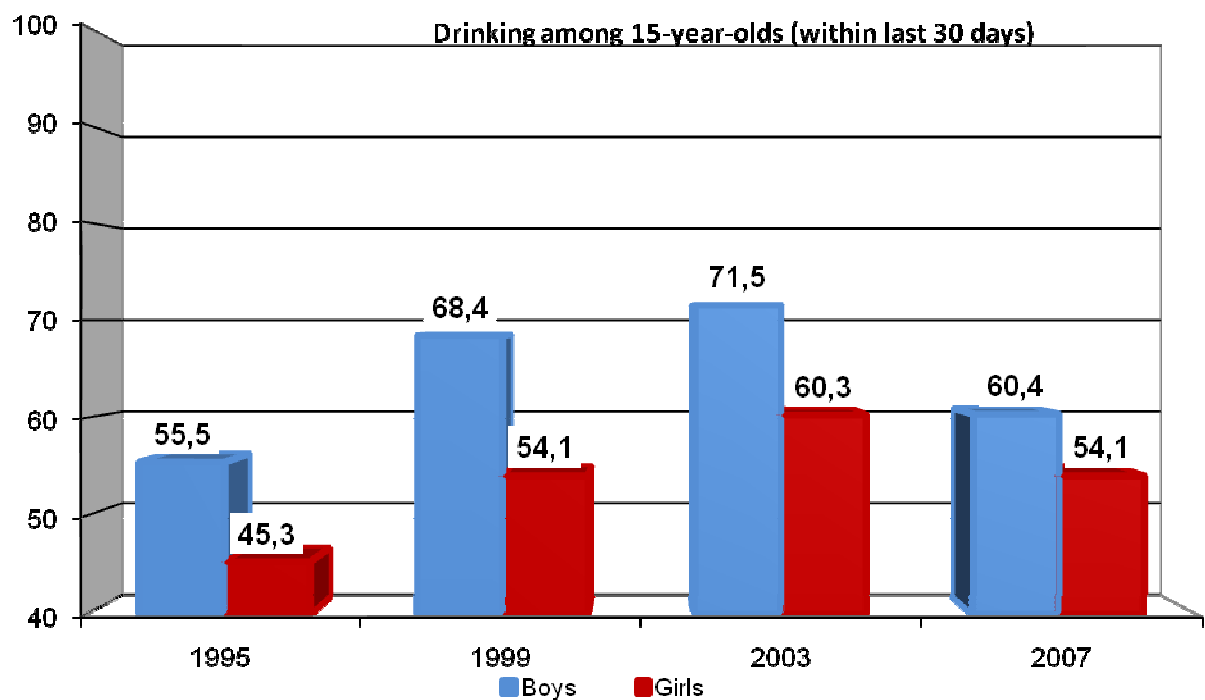
Apart from economic availability, increased physical ability for alcohol acquisition, i.e. greater number of points of sale of alcoholic beverages, constitutes an important factor that impacts alcohol consumption. The following diagram shows increase in the number of points of sale within last 11 years and decreased number of citizens per one point of sale.<sup>5</sup>

<sup>5</sup> Based on data from PARPA G1 surveys.



## 2. Alcohol consumption by youth

Alcohol consumption is the most common hazardous behaviour among teenagers (according to ESPAD, HBSC, and Mokotowskie Studies). Even though, according to the studies, vast majority of students in the age of 15 and 17 is classified as alcohol consumers, after a surge in alcohol consumption by adolescents in the years 1989 to 2000 decrease in the consumption by younger students and stabilisation in the group of adolescents have been observed. What gives rise for concern though is an increasing number of alcohol drinking girls and young women. Indicators of alcohol consumption by girls tend to come close to the values reached by boys. Alcohol consumption by the Polish youth is at the average level as compared with the rest of Europe. Nearly 57% of teenagers admit to regular alcohol consumption and 21.7% of 15-year-olds have been drunk within 30 days prior to the survey, and only 7% declared abstinence.



Source: ESPAD – IPIIN Survey

What should be highlighted is the increase in adults' consent to alcohol consumption by minors, whereby boys are in this respect treated more liberally than girls.

Alcohol consumption by adolescents impairs cognitive functions, such as concentration, memorizing ability, learning, and development of emotional control mechanisms. It encourages hazardous behaviours, dangerous life and health, disrupts developmental process and may inhibit growth and cause hormonal disorders. Across the entire European Region, alcohol abuse is believed to be responsible for every fourth death of young people aged between 15 and 29. Also, earlier sexual initiation age, unwanted pregnancies and HIV contagion risk are attributed to alcohol consumption by adolescents.

### 3. Health harm in addicted persons

Assuming that in Europe app. 5% of adult men and 1% of adult women become addicted to alcohol, the number of addicted persons in Poland may be estimated at the level of app. 700-900 thousand.<sup>6</sup>

Addiction is a biological, psychological and social disorder. It may lead to a broad range of serious illnesses (they include steatosis, hepatitis, cirrhosis, psychoorganic alcohol syndromes, pancreatitis, chronic alcohol psychosis, the Wernick-Korsakow syndrome, alcohol-related convulsion or peripheral polyneuropathy). Addiction leads to disruption in social life of addicted persons and their families. There is a close relationship between alcohol addiction and unemployment, lower social and economic status, poorer education, accidents and interpersonal violence.

In 2008 the rate of mental disorders occurrence due to use of alcohol, treated in outpatient clinics in Poland slightly fell as compared with 2007 and amounted to 467 (476 in 2007) per 100 thousand people. In specific provinces this rate ranged from 369 to 691 per 100 thousand persons, and the highest rates were reported in the following provinces: Warmińskomazurskie (691), Dolnośląskie (600), Świętokrzyskie (594) and Podlaskie (535), whereas the lowest in the following provinces – Wielkopolskie (369), Zachodniopomorskie (378), Małopolskie (402) and Pomorskie (410).

Rate of hospitalization of disorders due to alcohol consumption (including mental disorders) was 6% lower in 2008 than in the preceding year and amounted in Poland to 277 per 100 thousand people. In specific provinces value of this rate ranged between 178 per 100 thousand people in Kujawsko-Pomorskie province and 423 per 100 thousand people in Podlaskie province. Value of the hospitalization rate below average was noted in 8 provinces. Except for Kujawsko-Pomorskie province the lowest rate values were noted in the following provinces: małopolskie, Zachodniopomorskie, Dolnośląskie and Opolskie, whereas the highest (apart from Podlaskie province) were noted in: Warmińskomazurskie, Lubelskie, Łódzkie, Świętokrzyskie and Pomorskie provinces. (Source: Statistical Yearbook of the Institute of Psychiatry and Neurology 2008).

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<sup>6</sup> Anderson P., Baumberg B., Alcohol in Europe. [London: Institute of Alcohol Studies (2006)]. Polish edition: Alkohol w Europie, Wydawnictwo Edukacyjne PARPAMEDIA, Warsaw 2007.



Value of rates for hospitalization availability or access to treatment of disorders after alcohol consumption in out-patient treatment in specific provinces does not simply reflect health-related needs. It also stems from availability of specialist medical services in this scope. This availability in turn is the effect of local (provincial, district) health-related policy aimed at development of base of various types of medical institutions and the result of policy for contracting services in the scope of alcohol addiction treatment, carried out by provincial branches of National Health Fund.

Specialist health care facilities for persons with disorders due to alcohol use (detoxification and withdrawal treatment centres) are part of the psychiatric care system. Majority (89%) of patients with diagnosed disorder caused by alcohol use are treated in detoxification and withdrawal treatment centres.

**Persons treated due to disorders caused by alcohol consumption constituted:**

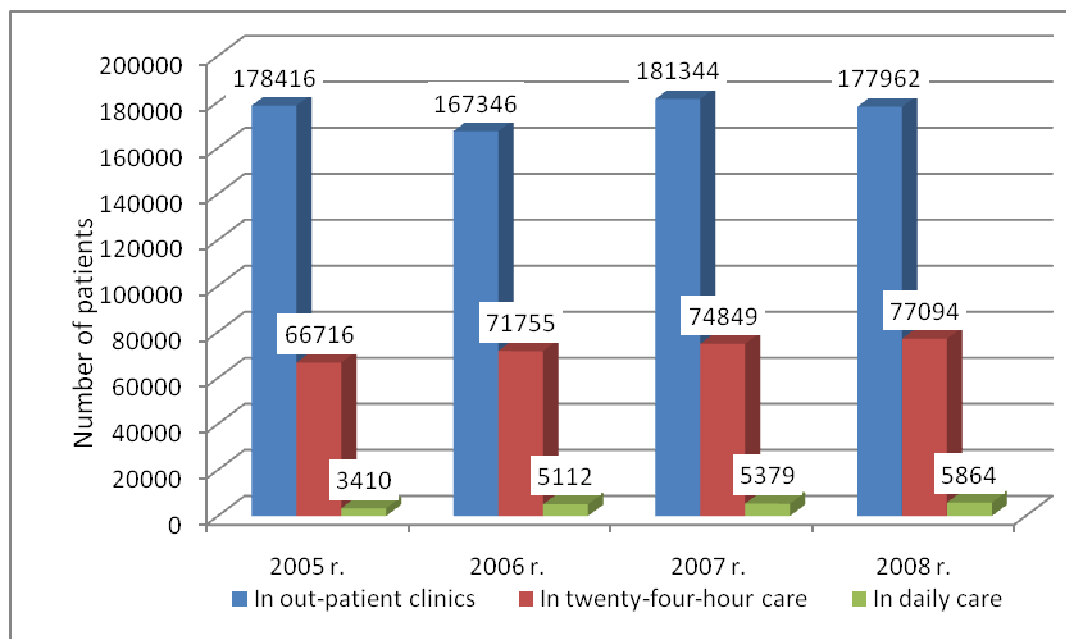
- 13% of all patients of psychiatric out-patient care, i.e. patients of out-patient clinics providing withdrawal treatment, mental health counselling services and clinics offering treatment of other addiction types.
- 28% of all patients of indirect psychiatric care (daily wards).
- 37% of all patients of twenty-four-hour psychiatric care.

As compared with 2007, the percentage of patients treated due to disorders caused by alcohol use increased in daily and twenty-four-hour psychiatric care facilities and addiction treatment centres.

In 2008 in the system of all types of facilities classified as providing psychiatric care (including withdrawal treatment centres) 260.920 persons were treated with diagnosed disorders caused by alcohol use, including:

- 177,962 in out-patient clinics (181,344 in 2007),
- 77,094 in twenty-four-hour care facilities (74,849 in 2007),
- 5,864 in daily care facilities (5,379 in 2007).

The following diagram presents changes in the number of patients depending on type of facility in 2005-2008:



In the system of all types of facilities classified as providing psychiatric care and addiction treatment men constitute prevailing category of patients. In the daily wards and withdrawal facilities in 2008 over 3 times less women than men were treated. Men five times more often than women were hospitalised in twenty-four-hour therapeutic wards and withdrawal syndrome treatment wards.

People living in the city relatively more often used services provided by twenty-four-hour therapeutic wards than by daily wards and clinics. This can be associated with lower availability of specialist withdrawal treatment in the country (lower number of clinics, absence of trained personnel, greater problems with accessing facilities in the city – distance, time and costs).

Prevailing group of patients treated due to disorders caused by alcohol use constituted persons in the age group 30-64.

**In 2008 233.947 persons with diagnosed disorders caused by alcohol use were registered in the withdrawal and addiction treatment facilities (IPiN).**

Number of patients treated in various types of addiction treatment facilities with diagnosed disorders related to alcohol use in 2005-2008 was as follows:

Facility type	2005		2006		2007		2008	
		%		%		%		%
Out-patient facilities	147.181	67,7	149.473	66	149.525	65	150.989	64,5

Out-patient facilities	3.410	1,6	5.112	2,3	5.379	2,4	5.864	2,5
Daily wards	66.716	30,7	71.775	31,7	74.849	32,6	77.094	33
TOTAL	217.307	100	226.360	100	229.753	100	233.947	100

The table presents growing number of patients of addiction treatment facilities, whereby relatively lowest dynamics of growth may be observed in out-patient treatment.

According to data provided by NFZ, in 2009, 318,290 patients were registered in addiction treatment facilities, including 247,744 persons with disorders caused by alcohol use (78%). In the group of patients treated due to disorders caused by alcohol use patients with diagnosed alcohol addiction prevailed (63%), whereas every eighth treated patient had diagnosed alcohol withdrawal syndrome. 7800 patients had diagnosed disorders resulting from use of more than one psychoactive substance (mixed addictions).

Alcohol addiction constituted 98% of diagnoses in twenty-four-hour wards of addiction treatment, 97% in daily wards of alcohol addiction treatment and 65% in out-patient addiction treatment facilities.

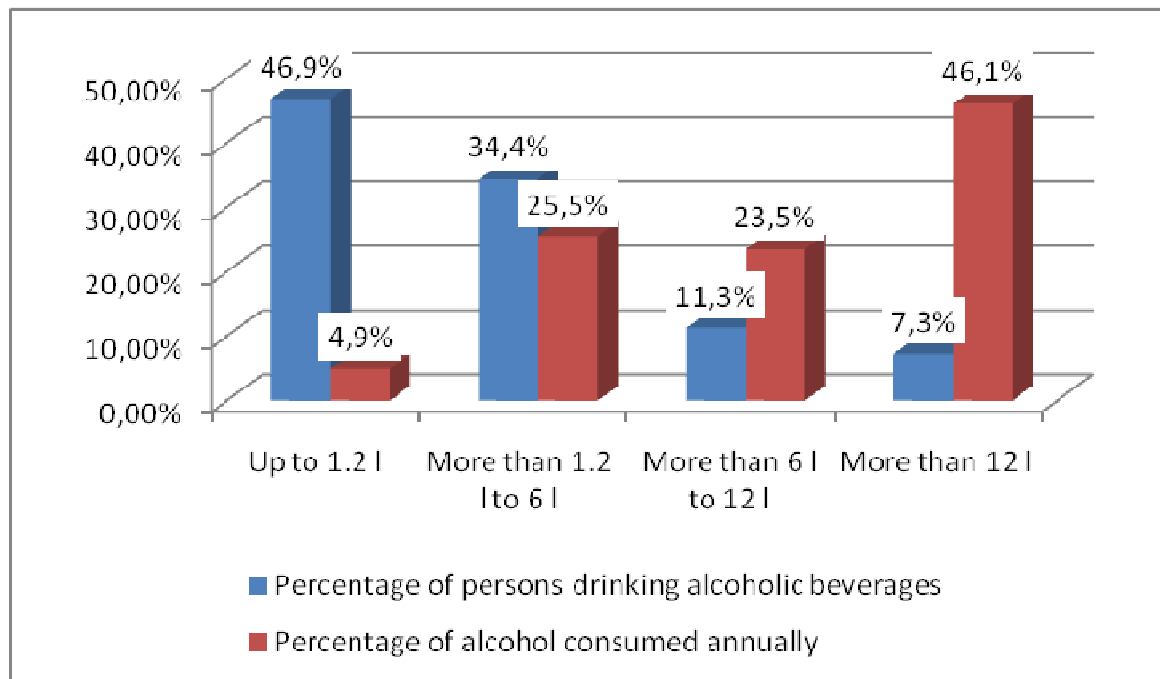
#### 4. Health harm linked to alcohol abuse

Almost 14% of Polish men and 4% of Polish women<sup>7</sup> drink alcohol in the way that increases probability of health, psychological and social harm.

Group of persons who drink the most (over 12 l of 100% alcohol annually), constituting 7.3% of all consumers of alcoholic beverages, consumes as much as 46.1% of the total drunk alcohol. Group of people who drink little (up to 1.2 l of 100% alcohol annually), constituting 46.9% of alcohol consumers, drinks only 4.9% of the total drunk alcohol. Such intense concentration of consumption produces serious hazards to health and social problems. On average men drink 3 times more alcohol than women.

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<sup>7</sup> Survey performed by the Foundation – Public Opinion Research Centre, in Warsaw in 2008 at the request of PARPA, titled “Alcohol consumption patterns in Poland”.



In the case of women the highest alcohol consumption is noted among women between 18-29 years old who are single, have a degree in higher education, live in cities with population ranging from 50-500 thousand citizens, attend schools or higher education facilities, occupy independent positions and better assess their material condition.

In the case of men, the highest alcohol consumption is reported among men who are 30-39 years old, completed basic vocational education, occupy non-executive positions, are unqualified labourers, live in cities with population of 50-500 thousand citizens, are divorced, poorly assess their material condition.

Conducted research confirmed functioning of false beliefs regarding impact of various types of alcoholic beverages on health and safety. According to surveyed Poles the beer is still believed to be the least harmful alcoholic beverage, wine is somewhat more dangerous than beer and vodka poses greatest threat.

According to World Health Organization, alcohol is positioned as third most important risk factor for population's health, and more than 60 types of diseases and injuries are related to alcohol consumption. Diseases occurring in relation with alcohol use are first and foremost: injuries, mental and psychiatric disorders, stomach and intestinal disorders, cancers, cardiovascular system diseases, immunologic disorders, bone structure diseases, reproductive system dysfunctions and prenatal injuries. All over Europe alcohol drinking causes 1/4 of all sudden deaths of young people between 15-29. Annually due to reasons directly or indirectly related to alcohol consumption

several thousand people die in Poland and half of these deaths directly result from alcohol drinking<sup>8</sup>.

According to the data provided by the Institute of Psychiatry and Neurology in 2008<sup>9</sup>, as compared to the previous year:

- number of deaths due to psychiatric disorders related to alcohol use decreased by 4% (1989 deaths in 2007 as compared with 1909 in 2008),
- number of deaths due to liver diseases increased by almost 4% (to 7824 in 2008 from 7539 in 2007), whereby this increase applies mostly to deaths of men,
- slight decrease was noted (by 0.2%) in the number of deaths due to alcohol poisoning (from 1914 in 2007 to 1910 in 2008), whereby this decrease applies exclusively to deaths of women due to this cause.

Ethyl alcohol contained in wine, beer and vodka, consumed by a pregnant woman has detrimental effects on foetal growth. Major harm to the foetus related to alcohol consumption by a pregnant woman is the Foetal Alcohol Syndrome (FAS). Its effects are: infants' low weight at birth, growth retardation, lower immunity, and injuries of the nervous system (from discreet ones that result in hyper-activity and concentration impairment to permanent mental, emotional and social retardation). Around 70% of FAS-afflicted children will never be able to lead unassisted existence. However, there is no readily available epidemiological evidence in Poland indicating that this syndrome is also widespread in Poland. Results of nationwide survey conducted on commission of PARPA by CBOS in 2008 prove increasing awareness of risks resulting from alcohol consumption by pregnant women for their children's health. This may be the result of educational campaign titled "Alcohol-free pregnancy" that has been conducted by the State Agency for Prevention of Alcohol Related Problems since 2007. Comparison of results of tests from 2008 and 2005 also shows desired change in the behaviours. In 2008 in the group of women who were pregnant in any period of their lives, 12% admitted that they consumed alcohol during pregnancy, whereas in 2005 this number was 16.5%. During pregnancy alcohol is more often consumed by younger women, with higher education degree or such women who averagely consume more alcohol, i.e. over 6 l of 100% alcohol annually. Studies conducted by GIS in 2009 showed that 14% of surveyed women admitted that they drank alcohol while being pregnant. Execution of education actions in the scope of prevention of alcohol consumption by pregnant women made women more aware that drinking even small amounts of alcohol may have detrimental effects on foetus (82% of respondents).

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<sup>8</sup> Anderson P., Baumberg B., Alcohol in Europe. [London: Institute of Alcohol Studies (2006)]. Polish edition: Alkohol w Europie, Wydawnictwo Edukacyjne PARPAMEDIA, Warsaw 2007.

<sup>9</sup> IPiN data for 2008

## 5. Alcohol-related family life disruptions including domestic violence

3-4 million people, including 1.5-2 million children, 2.5 million persons abusing alcohol and 700-900 thousand addicted persons, live in the families with alcohol-related problem in which at least one person drinks in a way that is harmful to this person or members of their family. Among the most significant consequences of living in the family with alcohol-related problem the following types of damages may be distinguished: physical, psychosomatic, psychological, emotional and psycho-social.

Living in a family with alcohol-related problem is linked with lower socio-economic status, chronic stress, limited opportunities for education and professional career development. Furthermore members of families with alcohol-related problem constitute risk group that is particularly exposed to violence. It should be noted however that violence may occur in the so called dysfunctional families (with such problems as addiction, unemployment, etc.) as well as in the families of high social status that seem not to have any more significant problems.

Studies prove that one out of three Poles (34%) admits that at least once they experienced any form of violence. Slightly smaller number, namely 30% of surveyed persons, experienced violence more than once, whereas one out of nine Poles (11%) has experienced violence many times (TNS OBOP 2007 on the commission of the Ministry of Labour and Social Policy).

In 2005 13% of respondents confirmed that they know persons who are victims of domestic violence. In the studies from 2008 this rate increased up to over 16%. Vast majority (over 89%) of cases of observed domestic violence was related to alcohol (CBOS, 2008, on PARPA's commission). Based on the analysis of answers Poles gave to the question whether they knew women who were victims of domestic violence we can say that within the last years the number of people who do not know any such women increased by almost 12% (February 2002 – 62%, February 2009 – 74%, CBOS, 2009). However it would be hazardous to interpret this change as reduction of the scale of this phenomenon. This can be related to the fact that people who experience domestic violence tend to hide this.

Studies conducted in 2002 (CBOS) show that in nearly one out of five families (18%) there are conflicts triggered by alcohol abuse. For the sake of comparison: in 2005 8% and in 2008 5% of respondents highlighted that alcohol abuse by family members caused conflicts and misunderstandings in the family. Frequent family conflicts relatively often are related to alcohol abuse. 12% of Poles admit that “alcoholism and Intoxication” lead to family conflicts “several times in a month and more” (CBOS, 2009).

4% of Poles admit they hurt their children while under the influence of alcohol (TNS OBOP, 2008 on the commission of the Ministry of Labour and Social Policy). What needs to be highlighted is the fact that experience of domestic violence in childhood impairs, among others, cognitive and problems solving abilities, causes propensity for

passive attitudes (shutting oneself away, submissiveness) or, conversely, aggressive behaviours (verbal and/or physical abuse). Children who grow up in families with alcohol problem and experience domestic violence often require a specialized therapy (also later at adult age) due to their impaired adaptability and psychological problems. What is optimistic however is the fact that for 11 years now the group of parents who admit they sometimes beat their children has been systematically falling, whereas the number of persons who claim that their child has never been beaten has been rising (from 43% in 1999 to 69% in 2009).

Let us not forget that, in situations involving domestic violence, victims and witnesses fear exposure. Thus, the evidence collected may not reflect the full scale of domestic violence. What is alarming however is the fact that in 2009, courts sentenced 14.506 perpetrators for harassing members of their families. It should be noted that this is the lowest number of sentences since 2003.

However, it is possible at least to estimate the extent of domestic violence thanks to the "Blue Cards" intervention procedure that deals with domestic violence. In 2009, the police applied this procedure in over 81,000 interventions which constituted 14% of the total number of all reported domestic interventions.

#### Number of Police interventions

	2004	2005	2006	2007	2008	2009
Total number of domestic interventions	610.941	608.751	620.662	718.819	658.651	573.834
Interventions related to domestic violence – Blue Cards	92.495	96.773	96.099	81.403	86.455	81.415

Data collected by the police (Blue Cards procedure) show that within the last 5 years the number of cases of domestic violence has fallen and so has the number of their victims (2005 – 156,788 persons, 2009 – 132,796 persons). Based on police statistics from 2009 – 79,811 women (60%) and 11,728 (8.8%) men were registered as persons who experience domestic violence (remaining 32% of victims were children). Vast majority of persons who exercised domestic violence were men (in 2009 94.9% from 81,472 people). Among persons registered by the police as perpetrators of domestic violence women constituted 4.8%.

Data collected during domestic interventions with respect to domestic violence, carried out in 2009, divided into KWP/KSP.

KWP/KSP	Białystok	Bydgoszcz	Gdańsk	Gorzów Wlkp.	Katowice	Kielce	Kraków	Lublin	Łódź	Olsztyn
2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
Number of domestic interventions (total)	21 313	21 013	32 075	19 374	88 166	12 255	59 208	38 274	58 484	32 332
Interventions related to domestic violence – BC	2 924	5 844	3 462	2 855	7 288	4 499	5 718	3 304	3 326	4 803

KWP/KSP	Opole	Poznań	Radom	Rzeszów	Szczecin	Wrocław	KSP	Total
2.	13.	14.	15.	16.	17.	18.	19.	20.
Liczba interwencji domowych (ogółem)	13 891	22 581	46 033	30 440	30 042	11 037	37 316	<b>573 834</b>
W tym: dot. przemocy w rodzinie (NK)	3 242	8 302	8 710	5 386	2 176	6 555	3 021	<b>81 415</b>

In 2009 over 66% of perpetrators of domestic violence were under the influence of alcohol when they exercised violence (source: Police Head Quarters).

Within the last several years the number of persons who use social assistance due to difficult life situation caused by alcohol addiction or other alcohol-related problems has been falling. In 2005 this was over 166,000 families, whereas in 2006 – 113,378 families, and in 2009 – 88,014 families. The number of actions taken by social services' workers under the "Blue Cards" procedure has also been falling. In 2005 social services workers executed over 18,600 interventions, in 2006 – 18,000, and in 2009 – 15,771 (source: Ministry of Labour and Social Policy). In reference to the data related to increase in alcohol consumption it should be noted that persons who need social assistance, including financial support, seek help in the social assistance system. However in the recent period we have observed an increase in alcohol



consumption by women who are well off and do not use services provided by social assistance. Increase in alcohol consumption does not correspond directly to the number of people who use services provided by social assistance system.

Nationwide studies conducted by CBOS show that one of the stumbling blocks on the way out of poverty is alcoholism. It came up fourth on the list of obstacles even despite the fact that in recent years its importance has been on decline (from 39% in 1999 to 31% in 2004)

## 6. Intoxication in public

### 1) Violations of law by intoxicated persons

The records of the **National Police Headquarters** show that 83 thousand intoxicated adults were escorted to premises for detainees (in 2008, nearly 80 thousand) and more than 460 intoxicated minors (more than 750 in 2008). In 2008, nearly 216 thousand adults were escorted to sobering stations<sup>10</sup> (in 2007, more than 221 thousand), and nearly 2,400 minors (almost 2,700 in 2007). To places of residence in general – nearly 85 thousand intoxicated were escorted (similarly as in 2007), while to health care facilities – nearly 48 thousand intoxicated (in 2007 it was almost 54,500).

In 2009, in selected crime categories<sup>11</sup>, where the sobriety of perpetrator is examined, 316,384 suspected were registered in total (given the total number of suspected in all crime categories of 521,669). The intoxication level was examined in 245,448 cases, of which 198,073 suspected were intoxicated, which constitutes 62.6% of the general number of suspected in the analysed categories (62.1% in 2008).

Among minors in turn, 43,121 perpetrators of punishable acts were recorded in the categories under consideration (given the general number of perpetrators in all the categories of 50,872), of which in 16,948, the intoxication level was examined. 2,763 turned out to be intoxicated, which constitutes 6.4% of the general number of perpetrators in the selected categories (7.4% in 2008).

The correlation between alcohol consumption and crime rates is distinctly shown in police statistical data. In 2009, in selected crime categories, where the intoxication level of the perpetrator is examined, the following dependencies were registered:

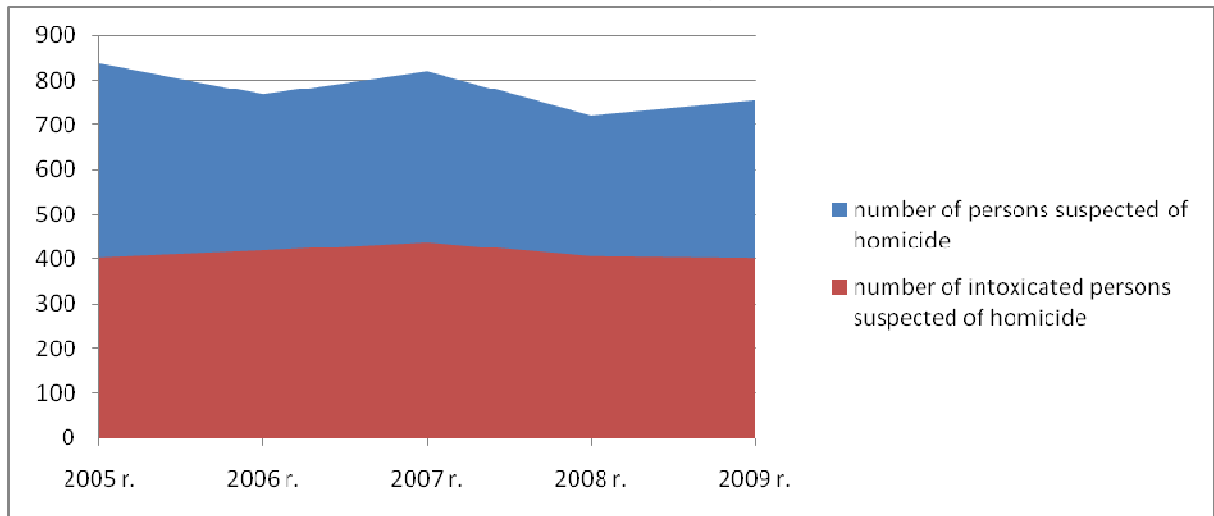
- a) **Homicide** – there were 755 suspected adults in total, of which 403 persons were intoxicated, which constituted more than a half of the suspected, and there

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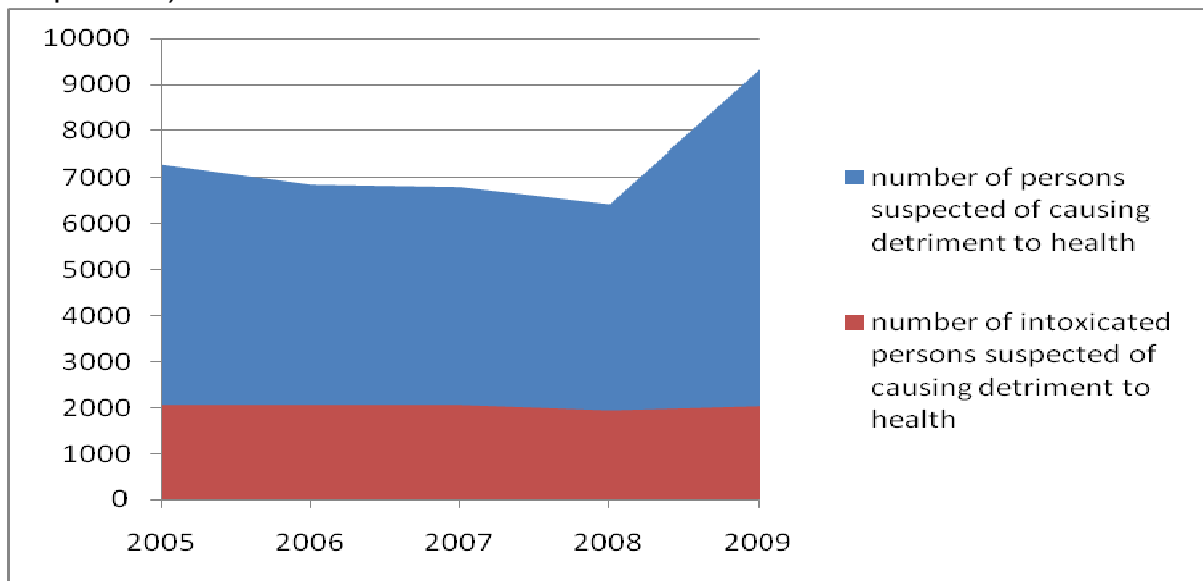
<sup>10</sup> The most recent data are for 2008. The Order No. 116 of the Police Commander in Chief of January 28, 2009, on strategic planning and reporting in the Police (Official Journal of the NPH no. 3 item 12), did not provide for gathering data related to escorting intoxicated persons to detoxification centres, places of residence or health care facilities.

<sup>11</sup> Namely crimes under art. 148, 151-159, 189-193, 197-200, 207, 216, 217, 222-228, 275, 278-282, 288-290 and chapter XX (crimes against public safety) and XXI (crimes against transport safety) of the Criminal Code.

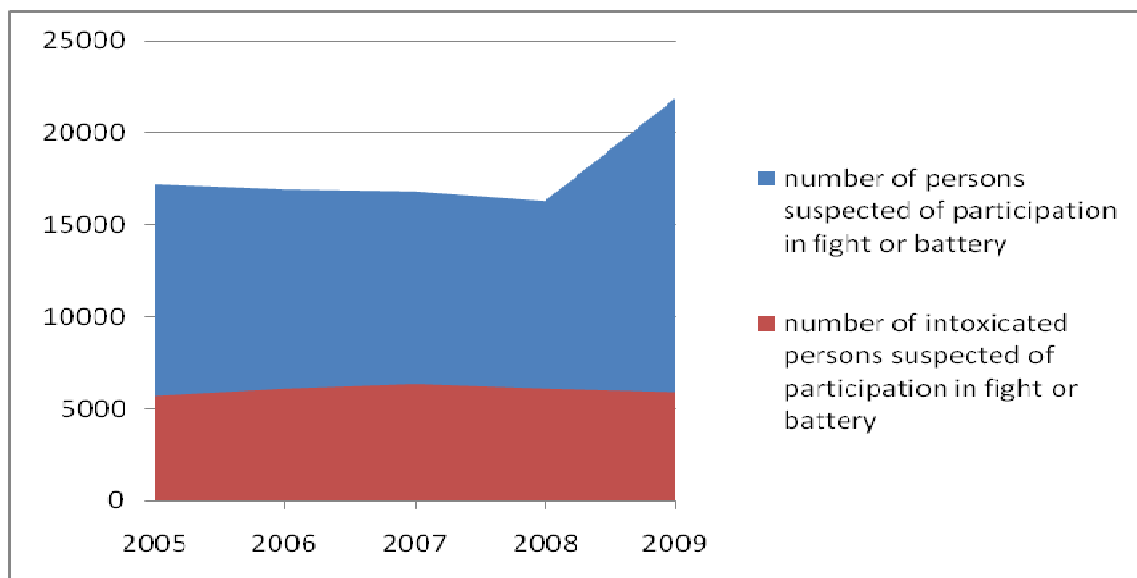
was a 3 p.p. drop noted in 2009 on the preceding year. In the case of minors, of the total number of 23 suspected of committing this act, 13% were intoxicated.



- b) **Detriment to health (bodily injury)** – there were 9,328 suspected in total in this category, of which 2,028 were intoxicated ones – namely almost 22% among the suspected in this legal category. While, intoxicated minors (96 persons) constituted above 3%.



- c) **Participation in fight or battery** – 21,863 suspected in total, of which 5,884 intoxicated, which constitutes 26.9%. Intoxicated minors constituted 4%.



## 2) Intoxication at work

From data received from the **Chief Labour Inspectorate it stems that** (given all the accidents in 2009, those caused by the consumption of alcohol, other intoxicants and psychotropic drugs constituted 1.3% of the general number of employee accidents. In 2007, the ratio was equal to 1.2% of the general number of accidents.

The greatest number of accidents, whose cause was alcohol consumption, took place in the Mazowieckie province – 23, Dolnośląskie province – 13 and Śląskie province – 12. 129 accidents in total were reported at the national level.

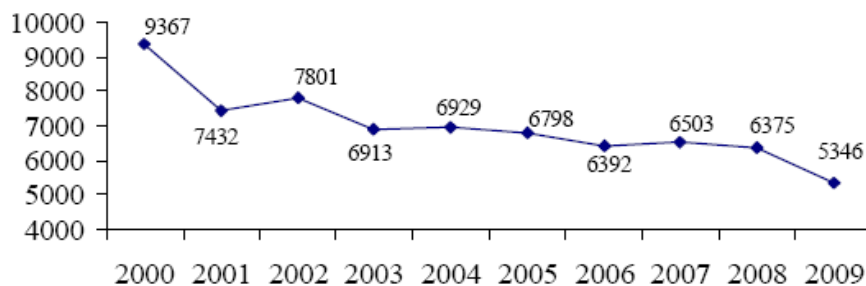
## 3) Intoxication on roads

From the data of the National Police Headquarters it stems that in 2009, when compared to 2008, there was a growth in number of drunken-driven vehicles (after the use of alcohol and intoxicated) by **4,712** persons. Details are provided in the table below.

Violated regulation	2008	2009
Art. 87 § 1 of OC	16,869	19,143
Art. 87 § 2 of OC	8,058	8,735
Art. 178a § 1 of CC	80,115	83,524
Art. 178a § 2 of CC	63,570	61,922
In total	168,612	173,324

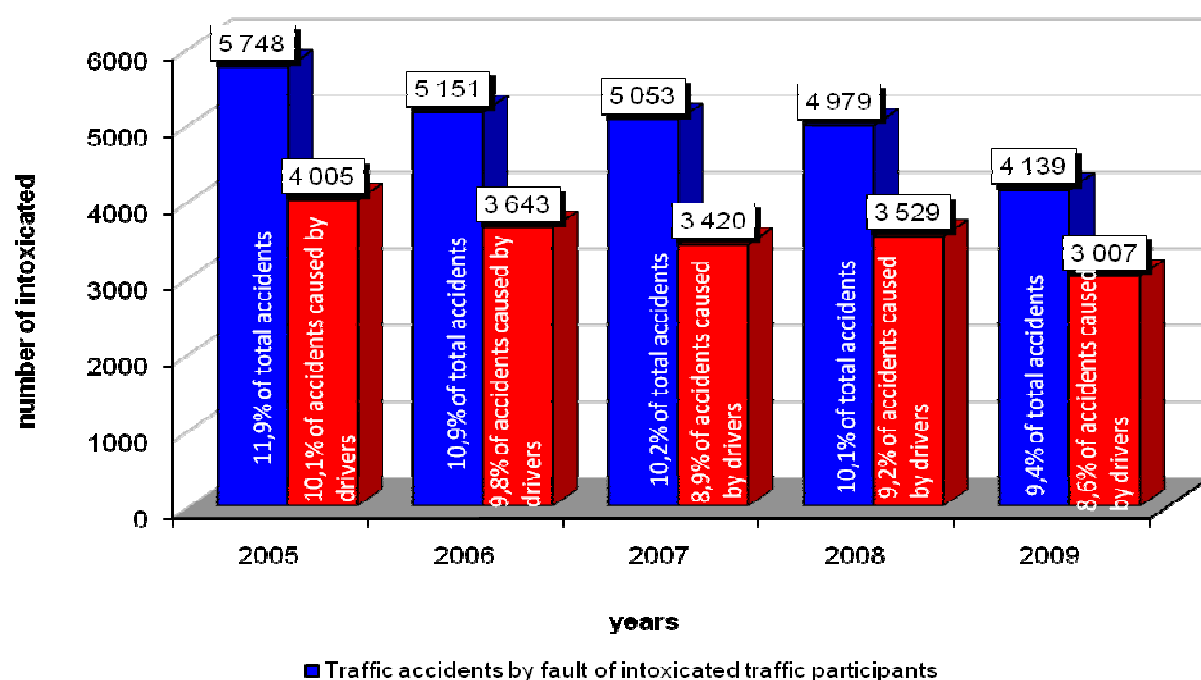
From the NPH it also stems that in 2009, intoxicated road users **took part** in 5,346 traffic accidents (12.1% of the general number of accidents), of which 571 met death injured). In 2008, intoxicated road users took part in 6,375 (6,503 in 2007) traffic accidents (13% of the general number of accidents). When comparing 2009 and 2008 the number of intoxicated persons taking part in road accidents decreased by 1,029 (-16.1%).

### Road accidents with participation of intoxicated persons



In 2009, intoxicated traffic participants **caused** 4,139 accidents (9.4% of the total number), in which 466 persons were killed (10.2%) and 5,138 persons suffered injuries (9,5%). **The most numerous group of intoxicated perpetrators of accidents was comprised of vehicle drivers.** They caused 3,007 accidents, in which 333 persons were killed, and 4,243 – injured. In relation to the general number of accidents caused by drivers, intoxicated ones constituted 8.6%. When compared to 2008, there was a drop in the number of accidents caused by intoxicated drivers by 522 (-14.8%). In the drunken-driving group, the greatest threat for safety was posed by drivers of passenger cars, who caused 2,428 accidents (80.7% of accidents caused by intoxicated drivers). The ratio is higher than in the preceding year (2008 - 78.9%). The second group posing the greatest threat were cyclists. They caused 186 accidents (6.2%) and motorcyclists, who caused 120 accidents (4%). The biggest number of accidents caused by passenger car drivers and motorcyclists was caused by drivers aged from 25 to 39, while in the case of accidents caused by cyclists, aged from 40 to 59.

## Intoxication on roads



The number of traffic accidents and their victims caused by intoxicated drivers

No.	Province	Accidents	Killed	Injured
1.	Dolnośląskie	156	11	215
2.	Kujawsko-pomorskie	99	12	145
3.	Lubelskie	220	34	335
4.	Lubuskie	93	9	141
5.	Łódzkie	310	34	431
6.	Małopolskie	240	15	340
7.	Mazowieckie (without WPH)	248	26	347
8.	Opolskie	77	5	96
9.	Podkarpackie	167	19	230
10.	Podlaskie	82	17	122
11.	Pomorskie	158	15	231
12.	Śląskie	412	41	566
13.	Świętokrzyskie	155	15	235
14.	Warmińsko-mazurskie	175	19	239
15.	Wielkopolskie	203	31	276
16.	Zachodniopomorskie	104	21	143
17.	Warsaw Police Headquarters	108	9	151
In total		3,007	333	4,243

The main cause of accidents caused by intoxicated drivers was speed inadequate to traffic conditions, which constituted almost 60% of all the causes of accidents.

#### 7. Violations of law related to trading in alcoholic beverages

The limitation of physical availability of alcohol (achieved through licensing its sales and also other administrative and legal restrictions in the scope of trading in alcoholic beverages) is one of the most effective tools limiting the range of Alcohol-related Problems. What follows from this is the necessity to control abiding by the provisions regulating correctness of alcohol trading. The Act of October 26, 1982, on Upbringing in Sobriety and Counteracting Alcoholism regulates these issues in detail.

According to PARPA-G1 data, in 2009 communes submitted 49 (66 in 2008, and 127 in 2007) applications to the court in relation to violating regulations defined in the Act on Upbringing in Sobriety in the scope of selling alcohol to minors and 4 (14 in 2008 and 5 in 2007) applications in relation to violation of regulations in the scope of advertising alcoholic beverages. Also in this year, 1,289 (1,500 in 2008 and 221 in 2007) alcohol sale permits were reversed – including, among other things 186 (240 in 2008 and 221 in 2007) ones for selling alcohol to minors, 145 (152 in 2007) for not abiding by conditions defined in the permit, while 174 (154 in 2008 and 95 in 2007) permits were reversed for disorderliness and 39 (49 in 2008 and 70 in 2007) for selling alcohol to intoxicated.

In 641 cases (796 in 2008 and 709 in 2007) permits were reversed due to other reasons, most often due to discontinuing activity (which means de facto the expiry of the permit) or non-settling fee for the permit utilisation.

Communes took up 331 interventions (231 in 2008 and 431 in 2007) in relation to violation art. 45<sup>2</sup> of the Act on Upbringing in Sobriety. Courts adjudicated 22 verdicts (190 in 2008 and 37 in 2007) in cases under commune suits, sentencing natural or legal persons in relation to violating regulations defined in art. 45<sup>2</sup> and 43 of the a/m Act.

In the light of data received from the **Prevention and Traffic Bureau of the National Police Headquarters**, 199 crimes of violating the Act of March 2, 2001, on manufacturing ethyl alcohol and tobacco products (JoL No. 31, item 353, as further amended) were ascertained in total in 2009; in 2008 – 255 crimes, and in 2007, 307 crimes were ascertained, while in 2006 – 275.

In 2009, customs authorities responsible for controlling regions localised along the eastern border of the country, discovered 2593 attempts of alcohol products' contraband. In result of these, 13981 litres of alcohol were seized.

The most frequent mean of transport for the purposes of the contraband was road transport, first of all by passenger cars. Customs clearances were focused onto this method of transport. In 2009, 1777 cases of contraband were discover throughout the

country in result of which 15074 litres of alcohol were seized; in regions near the eastern border – respectively 1562 cases with 6540 litres of alcohol seized.

From the observations in the last years it stems that illegal trading in excise products (including alcohol) is concentrated in traditional points of sale: bazaars, municipal marketplaces, markets etc. These places are monitored by customs authorities, and regular controlling actions are performed (independently or in cooperation with other services responsible for protecting legal order). In result of such actions, 486 cases were discovered in 2009, with 19237 litres of alcohol seized.

The controls are performed first of all in terms of examining legality (authenticity) of excise markings, and also authenticity of brands of products being sold. Customs authorities, independently or in cooperation with other services responsible for protecting legal order perform controls of private estates owned by business entities (including administrative premises, garages, storehouses). In result of these controls 380 cases were discovered in 2009, with 131734 litres of alcohol seized.

To significant results of controls discovering of illegal places of decontamination and bottling of alcohol should be included. The Customs Service, independently or in cooperation with other services uncovered 22 such cases in 2009. In result of the a/m discoveries, aside from alcohol, inter alia a couple of dozens thousand labels, nuts, holograms etc. of renowned brands used for marking illegally produced alcohol were seized

**The phenomenon of selling alcohol to minors is still of a significant range.** ESPAD research (the European School Survey Project on Alcohol and Other Drugs) conducted in 2007 showed that when asked to assess the availability of psychoactive substances, young people answered, that among these substances, alcoholic beverages are the most easily accessible ones. Students of 3<sup>rd</sup> grades in middle schools, that is youth aged 15-16 years, assessed both beer (56.1% of the surveyed), wine (45.6%) as well as vodka (38.7%) as very easily accessible. The data show that nearly a half of 3<sup>rd</sup> grade students in middle schools attempts to buy beer (45.9%), and unquestionable majority of such attempts is successful. Only 12.4% of attempts to buy beer, 15.5% of attempts to buy wine and 11.2% of attempts to buy vodka meet the refusal to sell. Selling alcohol to a minor is, according to law regulations, an obligatory premise to reverse the permit for selling alcoholic beverages. As it was shown above, despite the high number of such proceedings being commenced, only few of them result in reversing permits. Such situation results from procedural intricacies, which make it possible to reject the pronounced verdicts, and also from difficulties in gathering evidence. The social disapprobation for selling alcohol to minors increased. The unquestionable denouncement for selling vodka to a minor was expressed by 86% of respondents (given 78% in 2003); similarly as in the case of selling wine – 77% of respondents (given 71% in 2003), and beer 72% of respondents (given 64% in 2003).

8. Deteriorating quality of actions undertaken by communes and manners of incurring funds within communal programmes of preventing and resolving alcohol-related problems

"Conducting activities related to the preventing and resolving alcohol-related problems, as well as social reintegration of persons addicted to alcohol" belongs to communes' own tasks. These are executed in the form of communal programmes of preventing and resolving alcohol-related problems, adopted each year by every commune in Poland. The legislator has ensured funds for execution of these tasks, in the form of fees for using permits for retail sale of alcoholic beverages, settled by entrepreneurs in favour of the commune.

When planning individual tasks of the communal programme one should absolutely abide by the statutory requirement imposing the necessity of substantive relation of such programme with the preventing and resolving alcohol-related problems. The stipulations of the Act are very precise in this matter: "revenues from fees for permits issued under art. 18 or art. 18<sup>1</sup> as well as revenues from fees defined in art. 11<sup>1</sup> will be used for execution of communal programmes of preventing and resolving alcohol-related problems as well as communal programmes referred to in art. 10 section 2 of the Act of July 29, 2005 on Counteracting Drug Addiction, **and they cannot be earmarked for another purpose.**" While, the frequently occurring issue is **financing tasks unconnected with the preventing and resolving alcohol-related problems**, which is confirmed by the analysis of supervisory settlements of province governors and RIO. A quite common phenomenon is lack of diagnosis of Alcohol-related Problems and resources disposed of by the local-government. It is confirmed by NIK<sup>12</sup> (the Supreme Audit Office) "Ascertained irregularities consisted of lack of diagnosis in the scope of problems and threats related to alcohol abuse". The analysis of communal programmes shows too little activity of communal self-governments in the field of counteracting domestic violence (only approx. 7% of funds is utilised for this task) as well as too narrow scope of cooperation with addiction treatment in the scope of activities undertaken within communal programmes for increasing availability of therapeutic support for persons addicted to alcohol. One of the priorities of the National Programme is also improvement in quality of preventive activities undertaken within communal programmes, as it is too often the case that communes invest in inefficient preventive strategies.

Among causes of deteriorating quality of communal programmes one should indicate inter alia lack of knowledge among communal councillors in the scope of effective strategies of prevention of alcohol-related Problems, pressure of the local decision-makers to include in communal programmes tasks, which are not related with preventing and resolving alcohol-related problems as well as provided for execution by the commune under other acts than the Act on Upbringing in Sobriety and

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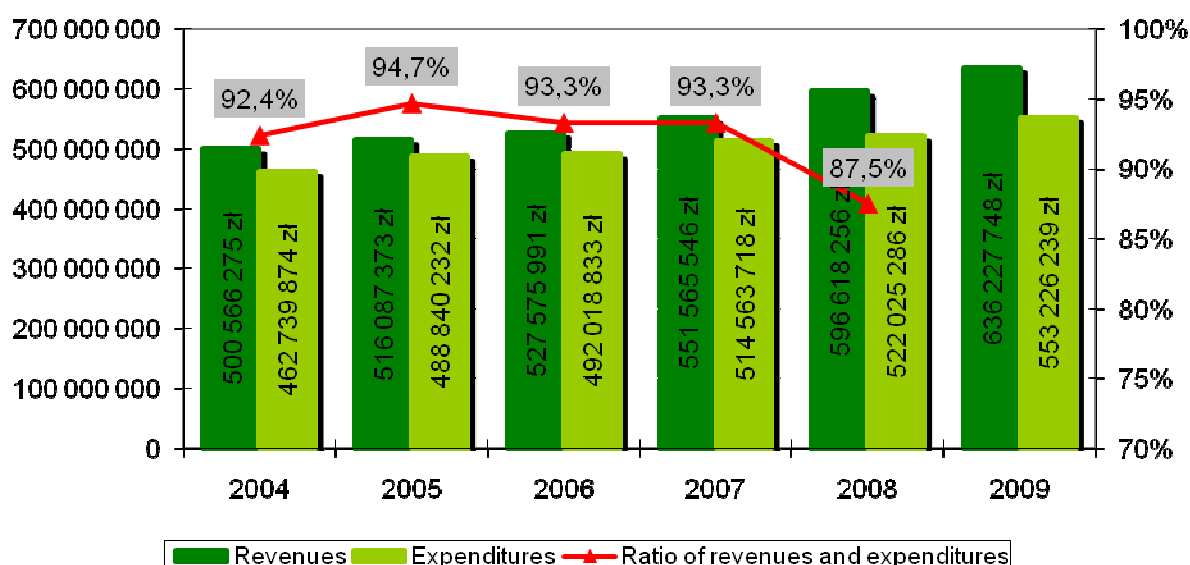
<sup>12</sup> Information on the results of audit entitled "Correctness of utilisation of public funds for tasks in the scope of counteracting alcoholism by communes", NIK, Poznań Branch, 2001



Counteracting Alcoholism, lack of sufficient preparation of members of communal commission, which should include interdisciplinary knowledge in the scope of designing communal programmes.

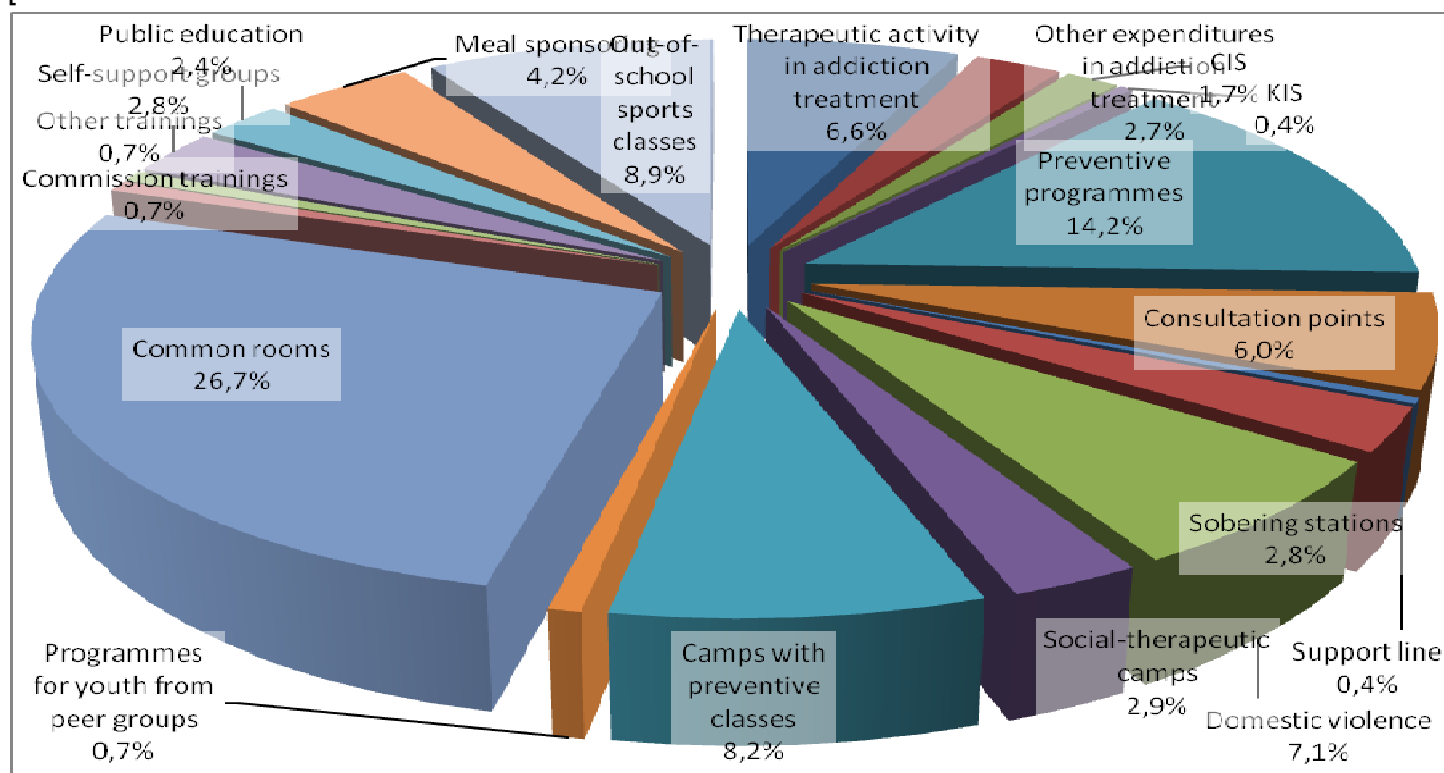
The key role in prevention of alcohol-related Problems at the commune level is played by communal commissions for prevention of alcohol-related Problems. The commune commission is appointed in every commune and in accordance with the intent of the legislator, it should constitute an interdisciplinary expert team for matters related with the alcohol. The composition of the commune commission includes persons trained in the scope of preventing and resolving alcohol-related problems (art. 4<sup>1</sup> of the quoted Act), and thus an important task is improving the competences of members of the communal commission for prevention of alcohol-related Problems. The development of sound communal programmes requires relevant competences, skills and state-of-the-art knowledge.

Revenues (paragraph 48) and expenditures (chapter 85154) of communal self-governments are shown at the diagram below.



The structure of expenditures incurred by communal self-governments within communal programmes of preventing and resolving alcohol-related problems<sup>13</sup>

<sup>13</sup> Data on the basis of PARPA G1 surveys for 2009.



**The account of revenue realisation of communes, city counties and provinces due to fees for using permits for selling alcoholic beverages (para. 048) and expenditures incurred under chapter 85154 – Counteracting alcoholism in 2009 (in PLN)**

**Data from the Ministry of Finance**

WK	Name	Execution for 2009			
		COMMUNES		PROVINCES	
		Revenues disclosed under para. 048	Expenditures disclosed under chapter 85154	Revenues disclosed under para. 048	Expenditures disclosed under chapter 85154
02	Dolnośląskie	54,545,995.33	49,448,230.62	1,376,400.00	1,289,051.81
04	Kujawsko-Pomorskie	32,415,269.92	27,221,463.11	1,450,268.00	917,516.48
06	Lubelskie	29,349,209.24	21,619,074.18	1,480,693.00	957,905.31
08	Lubuskie	18,969,149.89	16,950,470.08	774,200.00	805,643.66
10	łódzkie	37,930,164.66	33,825,651.20	1,410,300.00	1,125,846.24
12	Małopolskie	56,545,967.24	54,264,081.68	2,441,118.50	5,196,349.92
14	Mazowieckie	92,349,703.64	77,850,813.38	7,940,532.41	6,491,048.22
16	Opolskie	17,161,641.86	12,612,423.39	562,600.00	304,462.43
18	Podkarpackie	27,376,177.05	24,078,492.87	1,028,700.00	739,335.37

20	Podlaskie	17,757,831.48	14,761,091.60	1,202,146.71	1,153,638.06
22	Pomorskie	41,695,291.13	37,332,648.37	1,034,650.00	800,496.81
24	Śląskie	85,291,714.53	69,834,153.76	1,986,590.00	1,462,900.68
26	Świętokrzyskie	18,424,272.58	16,190,206.74	339,600.00	433,030.82
28	Warmińsko-Mazurskie	23,561,783.74	18,967,735.85	610,495.20	623,798.14
30	Wielkopolskie	55,232,032.50	51,569,499.74	8,631,550.00	5,571,069.98
32	Zachodniopomorskie	34,708,204.33	31,315,395.09	1,175,200.00	1,132,123.10
		<b>643,314,409.12</b>	<b>557,841,431.66</b>	<b>33,445,043.82</b>	<b>29,004,217.03</b>

## Programme Financing

Financing the execution of the National Programme of Preventing and resolving alcohol-related Problems for 2011-2015 takes place within budgets of its executors, whose expenditures incurred for the execution of the National Programme are estimated at a level comparable to expenditures incurred for the execution of the hitherto National Programme of Preventing and resolving alcohol-related Problems for 2006-2010. Pursuant to art. 11 of the Act on Upbringing in Sobriety and Counteracting Alcoholism, the funds in the amount of 1% of inflows from the excise tax on alcohol products to the state budget are earmarked for expenditures related with the National Programme of Preventing and resolving alcohol-related Problems.

Financing the programme at the province and communal level takes place, aside from own funds, with use of funds collected due to fees defined in the regulations of the Act on Upbringing in Sobriety and Counteracting Alcoholism:

- At the province self-government level – within funds obtained by province governments from fees for using permits for wholesale trading in beverages with the contents up to 4.5% of alcohol, and beer, and also beverages containing more than 4.5% and up to 18% of alcohol.
- At the communal self-government level – within funds obtained by communes from fees for using permits for retail sales of alcohol.

## Programme Implementation System:

The unit co-ordinating the execution of the National Programme is the State Agency for Prevention of Alcohol-related Problems.

The tasks of PARPA in the scope of the execution of the National Programme include:

- preparation of the Programme's draft
- gathering monitoring data for the course of the Programme (contained in reports on realisation of the Act on Upbringing in Sobriety and Counteracting Alcoholism sent yearly to PARPA, and also contained in statistical accounts based on the analysis of surveys "PARPA G1 – Annual Report on Activity of

Communal Self-Governments in the scope of Preventing and resolving alcohol-related Problems" gathered within the "Public Statistics Research Programme"

- annual preparation of "The Report on Execution of the Act on Upbringing in Sobriety and Counteracting Alcoholism containing among other things information on the course of the Programme.

#### **Gathering monitoring data for the course and effects of the Programme:**

- Data gathered by PARPA (where possible, taking into account split into genders) - Surveys "PARPA G1 – Annual Report on Activity of Communal Self-Governments in the scope of Preventing and resolving alcohol-related Problems" gathered within the "Public Statistics Research Programme" are collected by the agency of plenipotentiaries of province managing boards for preventing and resolving alcohol-related problems from May 15 each year.
- Data gathered by other departments. Data (where possible, taking into account split into genders) are collected according to internal schedules of departments and conveyed to PARPA until the end of March – April each year in the form of information on activities undertaken in the scope of the Act on Upbringing in Sobriety and Counteracting Alcoholism.
- Data gathered by province self-governments – PARPA W1 surveys related to activities conducted in the scope of the Act on Upbringing in Sobriety and Counteracting Alcoholism by the province self-government within the Province Programme of Preventing and resolving alcohol-related Problems. The data are gathered until the end of March – April each year.

#### **Programme Implementation Schedule**

The execution of the National Programme is continuous; hence defining the schedule of execution of constituent activities in respective years was abandoned. All tasks listed within the Programme will be realised during the whole period of the Programme's validity. Due to dynamics of social phenomena related to using alcoholic beverages and the fact that the diagnosis of individual alcohol-related problems will take place in many cases already in the course of the Programme's execution, it was also ascertained as advisable to enable some degree of flexibility for the executors of respective tasks in respect of both the range as well as detailed timeframe for enhancing tasks comprising the execution of constituent aims.

#### **Summary – Positive trends stemming from the diagnosis of damages caused by alcohol**

##### **1. Increased awareness of damages caused by alcohol<sup>14</sup>**

The declared awareness of alcohol's action on the organism is raising. In 2008, surveyed drivers declared seating at the wheel ahead of expiry of the time necessary

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<sup>14</sup> On the basis of „Alcohol consumption patterns in Poland” research, conducted in 2008.

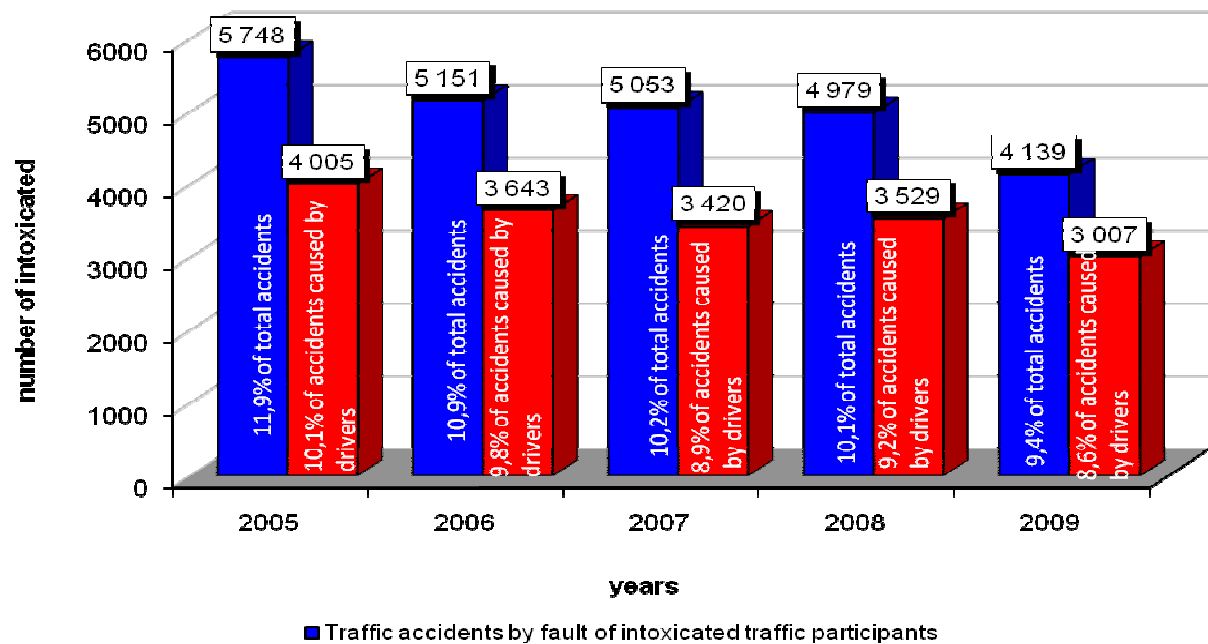
for the alcohol to be eliminated from the organism many times less often. In the case of beer, 5% of drivers would drive earlier (in 2005 – 20%). In 2005, 11% of drivers after drinking wine would seat at the wheel improperly early and 13% of those drinking vodka (1,5% in both cases in 2008).

The awareness of threats stemming from consumption of alcohol by pregnant woman to the health of her baby is also raising. The unquestionable majority (95%) of all the surveyed (87% in 2005) agreed with the statement that drinking even minor amounts of alcohol by pregnant women may have negative impact on the health of their children. Also, the desired change in behaviour in the group of pregnant women is taking place – the percentage of those, who drank alcohol when pregnant is decreasing. (12% in 2008 vs. 16.5% in 2005). The educational campaign "Pregnancy without alcohol", conducted in 2007 may have affected health seeking behaviour of the surveyed, while it cannot be excluded that women, who drank alcohol when pregnant, were less willing to disclose this information.

## **2. Lowered share of accidents caused by intoxicated drivers in the total number of accidents and decrease in number of accidents with participation of intoxicated persons**

From the statistic surveys of the National Police Headquarters it stems that, year after year, the number of accidents caused by intoxicated drivers is decreasing. The same is the case as regards their percentage share in the general number of accidents. Also, the total number of accidents with participation of intoxicated persons is lowering. The described tendencies are shown at the diagrams below.

### Intoxication on roads

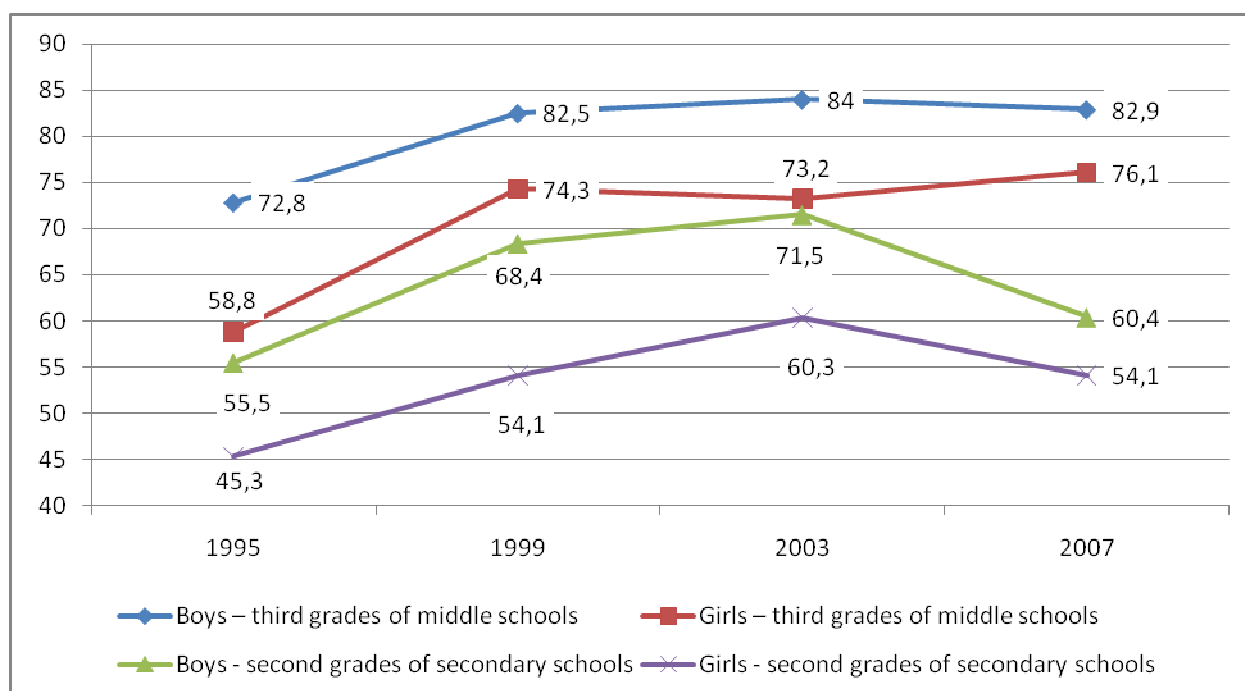


### Decreased consumption of alcohol by youth<sup>15</sup>

Following the growth in consumption of alcohol by youth in 1995-2003, there was a drop in the consumption recorded among younger students and a stabilisation in the group of older youth.

Consumption of alcoholic beverages among boys and girls – ratio “Consumption 30 days before the survey

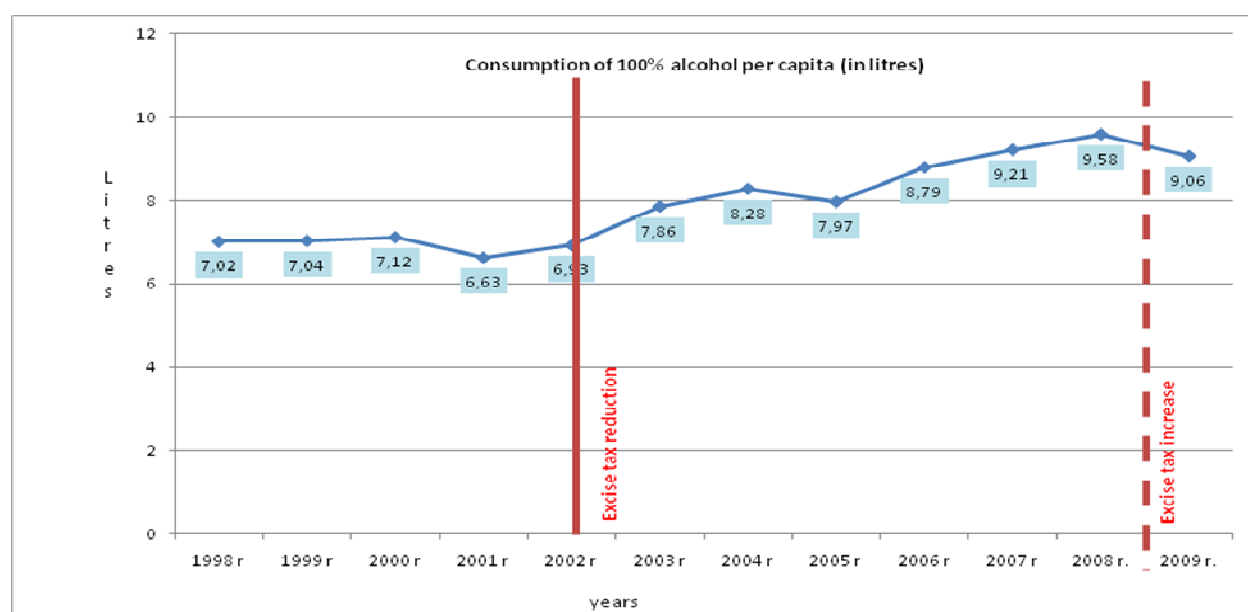
<sup>15</sup> On the basis of ESPAD surveys conducted in 2007



### 3. Standstill of growing trend of alcohol consumption level<sup>16</sup>

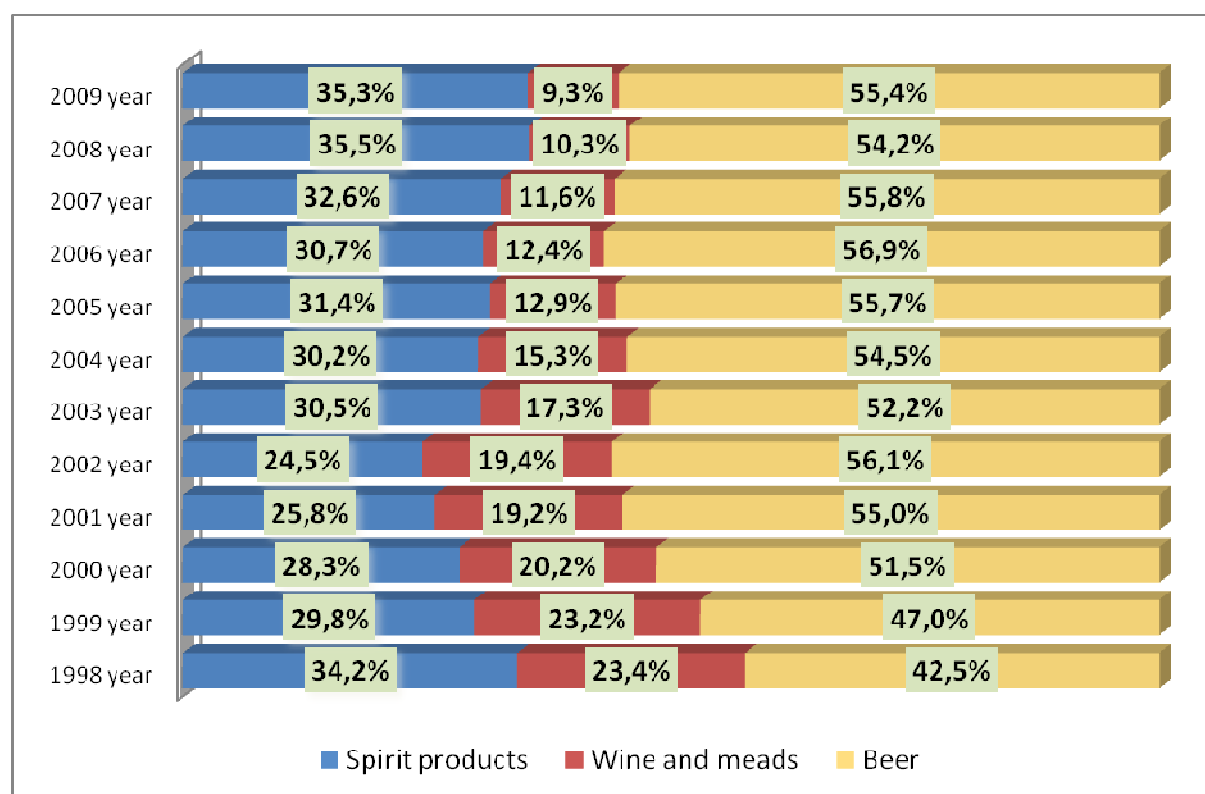
In 2009, for the first time since 2005, a decrease in consumption of alcohol was noted. It is probably connected with the decision on raising the excise tax rate on all types of alcoholic beverages.

Consumption of 100% alcohol per 1 citizen (in litres)



<sup>16</sup> Data on the basis of GUS publication „Internal market in 2009) and PARPA's own calculations.

There was also a standstill recorded in trend which has been persisting for a couple of years, and consisted in unfavourable direction of change in structure of consumed alcohol, in which the high-percentage beverages had higher share:





## Strategic problems and goals

PROBLEM I – HARM TO HEALTH CAUSED BY ALCOHOL CONSUMPTION									
STRATEGIC GOAL 1.0.0.0									
To reduce health harm caused by alcohol consumption									
PARTIAL GOALS	1.1.0.0	Widening of scientific knowledge on disorders caused by alcohol usage	PLANNED ACTIVITY	1.1.1.0	Execution and/or financing epidemiological research in the scope of disorders caused by alcohol usage	SUGGESTED EXECUTORS	PARPA; KB ds. PN; GiS, WUM; minister competent for scientific matters; IPiN	INDICATORS	1. Number of researches executed  2. Number of publications related to the executed research
				1.1.2.0	Execution of social research related to drinking patterns in Poland		PARPA; JST		
				1.1.3.0	Execution of research related to health-related behaviour of pregnant woman		GIS, minister competent for health matters; PARPA, KB ds. PN		

	1.2.0.0	Limitation of harm to health caused by harmful drinking and addiction to alcohol, including a decrease in percentage of consumers consuming alcohol in hazardous or harmful way	PLANNED ACTIVITY	1.2.1.0	Conducting public education activities on the action of alcohol on the organism and risk of harm stemming from various patterns of alcohol consumption	SUGGESTED EXECUTORS	PARPA; minister competent for health matters; Minister of Justice; Minister of National Defence, KRRiT; minister competent for internal affairs, JST; public media	INDICATORS	<p>1. Percentage of abstaining persons (including pregnant women)</p> <p>2. Number of consumers consuming alcohol in hazardous or harmful way</p> <p>3. Number of persons drinking alcohol in harmful way, covered with psychiatric and addiction treatment services</p> <p>4. Number of deaths caused by alcohol intoxication</p> <p>5. Number of deaths due to cirrhosis</p>
				1.2.2.0	Training of physicians and nurses in the scope of recognising patterns of drinking alcohol by patients and taking up interventions towards persons who drink alcohol in hazardous or harmful way		PARPA; minister competent for health matters, Minister of Justice; Minister of National Defence; minister competent for internal matters	INDICATORS	<p>6. Number of deaths caused by mental disorders stemming from alcohol usage</p> <p>7. Number of executed tasks in the scope of public education, including publications , broadcasting, campaigns</p> <p>8. Number of educational</p>

				1.2.3.0	Introduction of academic programmes by higher medical school, related to the procedure of recognising patterns of alcohol consumption by patients and motivating alcohol drinking persons to limit alcohol consumption or abstain		Minister competent for health matters, medical universities, PARPA		activities directed to persons consuming alcohol in hazardous or harmful way
				1.2.4.0	Development and implementation of programmes for preventing and resolving alcohol-related problems in work		PARPA; Minister of Justice; Minister of National		9. Number of trainings and number of health care employees trained in the field  of alcohol's action on organism and risks of harm stemming from various patterns of alcohol consumption as well as recognising alcohol-related problems and taking up interventions with regard to

				1.2.4.0	environment		<p>Defence; KRRiT; minister competent for internal affairs, minister competent for public finances (Customs Authority); business entities</p>		<p>patients drinking alcohol in hazardous or harmful way</p> <p>10. Number of medical high schools which introduced academic programmes in the scope of recognising alcohol- related problems and taking up interventions with regard to patients drinking alcohol in hazardous or harmful way</p> <p>11. Number of students of medical universities, who underwent trainings in the scope of recognising alcohol- related problems and taking up interventions with regard to patients drinking alcohol in hazardous or harmful way</p> <p>12. Development and implementation of the programme for preventing and resolving alcohol-related problems in work environment</p>
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	1.3.0.0	Improvement of psycho-physical condition and social functioning of persons addicted to alcohol	PLANNED ACTIVITY	1.3.1.0	Statutory empowerment of training , professional excellency and professional responsibility system for addiction treatment employees	SUGGESTED EXECUTORS	PARPA; minister competent for health matters	INDICATORS	1. Amendment of the Act on Upbringing in Sobriety, containing provisions related to the training, professional excellency and professional responsibility system for addiction treatment employees
				1.3.2.0	Creation of professional excellency and professional responsibility system for addiction treatment employees.		PARPA; minister competent for health matters		2. Creation and implementation of professional excellency and professional responsibility system for addiction treatment employees
				1.3.3.0	Adopting accreditation standards for addiction treatment centres		Minister competent for health matters		3. Implementation of the procedure of accreditation for addiction treatment centres
				1.3.4.0	Covering addiction treatment centres, which require improvement in offered services, with consultancy and supervision programmes		PARPA; WOTUW; ZOZs		4. Number of patients of addiction treatment centres 5. Number of detoxification

				1.3.5.0	Development of tools and implementation evaluation research in clinical practice		PARPA; ZOZs		centres of individual types  6. Percentage of patients addicted to alcohol participating in deepened addiction psychotherapy programmes  7. Number of counties ensuring out-patients' services in the scope of addiction therapy  8. Amount of funds earmarked by NFZ for services in the scope of addiction treatment  9. Amount of funds earmarked by local government units for increasing the accessibility of addiction treatment centres
				1.3.6.0	Widening the offer of therapeutic programmes for persons addicted to alcohol		PARPA; ZOZs; NFZ; JST		10. The amount of funds earmarked by province self-governments for execution of

				1.3.7.0	Implementation of the offer of deepened psychotherapy programmes at addiction treatment centres		Minister competent for health matters; PARPA; NFZ; JST; ZOZs		<p>non-medical tasks of province addiction and co-addiction therapy centres</p> <p>11. The number of addiction treatment centres covered with consultancy and supervision programmes</p> <p>12. Number of detoxification medical centre offering deepened programmes of addiction psychotherapy</p>
				1.3.8.0	Implementation of a system of psychological, therapeutic and rehabilitation assistance for persons addicted to alcohol with co-occurring mental disorders, hearing impairment and persons remaining at 24-hours support institutions		Minister competent for health matters in agreement with minister competent for family matters and minister competent for social security matters; JST; PARPA; ZOZs; NFZ		<p>13. Percentage of patients of addiction treatment centres showing improvement one year after accomplishment of the addiction psychotherapy programme.</p> <p>14. Number of educational activities (conferences, trainings, publications) teaching various methods of treating addicted persons (including psychotherapy)</p>

				1.3.9.0	Widening of psychological, psychotherapeutic and rehabilitation assistance for addicted, socially excluded persons or persons at risk of exclusion		Minister competent for health matters; JST; ZOZs; NFZ		15. Creation of social support house for addicted persons
				1.3.10.0	Widening of the offer of activities aimed at professional and social activation of persons addicted to alcohol after accomplishment of addiction treatment		PARPA; minister competent for family matters; minister competent for social security matters; JST		16. Creation of prevention, treatment and rehabilitation system model for hearing impaired
				1.3.11.0	Supporting activity of abstaining circles		PARPA; JST; churches and religious associations; NGOs		17. Creation of departments for addicted persons with co-occurring mental disorders
									18. Number of hostels and protected flats for addicted persons after finished addiction therapy
									19. Number of activities focused on social re-adaptation, including professional one, of addicted persons after finished



				1.3.12.0	Supporting development of the system of specialist assistance provided for excluded persons or persons at risk of exclusion in result of alcohol addiction, aimed at their social integration	Minister competent for health matters; minister competent for family matters; minister competent for social security matters; PARPA; JST	addiction treatment 20. Number of convicted covered with alcohol addiction therapy at penitentiaries 21. Number of AA groups 22. Number of abstaining associations
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**PROBLEM II – EXCESSIVE AVAILABILITY OF ALCOHOL**

**STRATEGIC GOAL 2.0.0.0**

**Decreasing availability and change in structure of consumed alcohol**

PARTIAL GOALS	2.1.0.0	Lowering consumption of alcoholic beverages and change in the structure of consumption	PLANNED ACTIVITY	2.1.1.0	Limiting economical availability of alcoholic beverages	SUGGESTED EXECUTORS	Minister competent for public finance	INDICATORS	1. Excise tax rate for respective types of alcoholic beverages  2. Number of citizens per one point of sale of alcoholic beverages  3. Number of bottles of individual alcoholic beverages, which may be purchased for average monthly salary
				2.1.2.0	Limiting physical availability of alcoholic beverages		JST		
				2.1.3.0	Decreasing the share of high-percentage products in the structure of alcoholic beverages consumption		Minister competent for public finance		

**PROBLEM III - ALCOHOL-RELATED FAMILY LIFE DISRUPTION INCLUDING HARM TO HEALTH AND DEVELOPMENT OF CHILDREN FROM FAMILIES WITH ALCOHOL-RELATED PROBLEM**

**STRATEGIC GOAL 3.0.0.0**

**Limitation of family life disruptions, including harm to health and development of children from families with alcohol-related problem**

PARTIAL GOALS	3.1.0.0	Increasing availability and improvement of quality of support for children from families with alcohol-related problem	PLANNED ACTIVITY	3.1.1.0	Creation of new and supporting existing community assistance institutions for children from families with alcohol-related problems (common rooms with socio-therapeutic programme, common rooms with guardianship and upbringing programme and other places of support ), and also offering help to children with FASD (Fetal Alcohol Spectrum Disorder)	SUGGESTED EXECUTORS	Minister competent for family matters; minister competent for social security; JST	INDICATORS	<p>1. Number of common rooms executing the guardianship and upbringing programme</p> <p>2. Number of children and young people taking part in classes taking place at common rooms executing the guardianship and upbringing programme</p> <p>3. Percentage of children from families with alcohol-related problem taking part in classes taking place at common</p>
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				3.1.2.0	Implementation of standards of assistance for children from families with alcohol-related problem at supporting units		JST; PARPA; minister competent for family matters; minister competent for social security matters		rooms executing the guardianship and upbringing programme  4. Number of common rooms executing social-therapeutic programme.  5. Number of children and
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				3.1.3.0	Execution of activities aimed at recognition and satisfying of individual developmental and educational needs, creation and dissemination of preventive, educational and therapeutic activities for children and young people from families with alcohol-related problem		Minister competent for health matters; minister competent for family matters; minister competent for social security matters; minister competent for education and upbringing; JST; PARPA		<p>young people taking part in classes held at common rooms executing social-therapeutic programme.</p> <p>6. Percentage of children from families with alcohol-related problem taking part in classes taking place at common rooms executing social-therapeutic programme.</p> <p>8. Number of children and young people taking part in classes organised at other places of support for children from families with alcohol-related problem</p> <p>9. Number of executed surveys</p> <p>10. Number of children and young people taking part in specialist assistance forms.</p>
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				3.1.4.0	Conducting surveys, developing analyses and expertise focused on more adequate assistance for children from families with alcohol-related problems, including children with FASD				
3.2.0.0	Increasing competences of persons providing assistance to children from families with alcohol-related problems	PLANNED ACTIVITIES	3.2.1.0	Trainings for employees of common rooms with social-therapeutic and guardianship and upbringing programme and other professional groups (teachers, educators, social workers, health care employees etc.) in the scope of assistance for children from families with alcohol-related problems and FASD	SUGGESTED EXECUTORS	PARPA; minister competent for health matters, minister competent for education and upbringing; minister competent for family matters; minister	INDICATORS	1. Number of conducted trainings 2. Number of training participants 3. Number of executed consultancy and supervision programmes for common room employees. 4. Number of persons covered consultancy and supervision	

				3.2.2.0	Execution of consultancy and supervision activities for people employed at common rooms and other units providing assistance to children and young people from families with alcohol-related problem		competent for social security matters; JST		programmes for common room employees.
	3.3.0.0	Improvement of functioning of the family with harmful alcohol drinking problem and addiction to alcohol	PLANNED ACTIVITIES	3.3.1.0	Training of employees of addiction treatment and social workers of Social Assistance Centres (OPS) in the scope of therapeutic work with family with alcohol-related problem	SUGGESTED EXECUTORS	PARPA; JST	INDICATORS	<p>1. Number of executed trainings for addiction treatment employees in the scope of therapeutic work with family</p> <p>2. Number of executed trainings for OPS social workers in the scope of work with family</p> <p>3. Number of addiction treatment centres offering psychological and psychotherapeutic assistance for families of persons drinking harmfully and addicted to alcohol</p>

				3.3.2.0	Implementation in clinical practice of the addiction treatment centres of the therapeutic offer for work with family with alcohol-related problem		NFZ; PARPA; JST		
	3.4.0.0	Improvement of functioning of the adult members of families drinking harmfully or addicted	PLANNED ACTIVITIES	3.4.1.0	Training of addiction treatment employees in the scope of psychological and psychotherapeutic assistance for adult members of families drinking harmfully or addicted	SUGGESTED EXECUTORS	PARPA; JST	INDICATORS	1. Number of executed trainings for addiction treatment employees in the scope of psychological and psychotherapeutic assistance for adult members of families drinking harmfully or addicted
				3.4.2.0	Increasing of availability and widening of the offer of psychological and psychotherapeutic assistance for adult members of families drinking harmfully or addicted		NFZ; PARPA; JST		2. Number of addiction treatment centres offering psychological and psychotherapeutic assistance for adult members of families drinking harmfully or addicted



**PROBLEM IV – CONSUMPTION OF ALCOHOL BY CHILDREN AND YOUTH**

**STRATEGIC GOAL 4.0.0.0**

**LIMITATION OF THE PHENOMENON OF ALCOHOL-DRINKING CHILDREN AND YOUTH**

PARTIAL GOALS	4.1.0.0	Enhancing quality and availability of preventive programmes	PLANNED ACTIVITY	4.1.1.0	Dissemination, implementation and widening of the offer of recommended preventive programmes based on effective influence strategies	SUGGESTED EXECUTORS	Minister of Justice; minister competent for education and upbringing; PARPA; JST; ORE; KBds.PN; IPiN; Minister competent for physical culture	INDICATORS	<p>1. Number of recommended preventive programmes stored in databases of PARPA; KB ds. PN, IPiN, ORE</p> <p>2. Number of communes executing recommended preventive programmes</p> <p>3. Number of trained representatives of various institutions</p>
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				4.1.2.0	Dissemination of knowledge in the scope of preventive strategies among employees of institutions dealing with: education, social assistance, justice and physical culture and police officers working with children and youth	Minister competent for internal affairs; Minister of Justice; Minister competent for education and upbringing; minister competent for family matters; minister competent for social security matters; PARPA (minister competent for health matters); minister competent for physical culture		<p>4. Number of organised trainings for professionals</p> <p>5. Number of young people taking part in preventive programmes executed at schools, guardianship and upbringing centres, re-socialisation and reformatory centres, etc.</p> <p>6. Number of young people taking part in peer programmes</p> <p>7. Number of executed surveys and analyses</p> <p>8. Number of publications and informational and educative materials</p>
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				4.1.3.0	Implementation of issues related to the prevention and alcohol usage among children and youth to academic majors and training programmes for staff working with youth		PARPA:  Minister of Justice.; Minister competent for education and upbringing; minister competent for family matters; minister competent for social security matters; minister competent for physical culture; high schools		
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				4.1.4.0	Conducting, supporting and/or financing research programmes or administrative surveys and analysis aimed at assessing the efficiency of respective preventive strategies		PARPA (minister competent for health matters); Minister competent for education and upbringing; minister competent for scientific matters; high schools		
	4.2.0.0	Solidifying of abstaining attitudes among children and young people and increasing the awareness of youth in the scope of harms caused by alcohol drinking	PLANNED ACTIVITY	4.2.1.0	Execution of and supporting educational campaigns aimed at increasing the awareness of youth in the scope of harms caused by drinking alcohol by children and youth	SUGGESTED EXECUTORS	Minister of Justice; Minister competent for education and upbringing; PARPA; JST; public media		<p>1. Percentage of abstaining persons among minors</p> <p>2. Number of communes executing out-of-school sports classes</p> <p>3. Number of children and young people taking part in out-of-school sports classes, campaigns and programmes promoting physical activity and healthy lifestyle</p>

				4.2.2.0	Initiating diverse forms of prevention and peer programmes (programmes based on activities of youth leaders)		Minister competent for physical culture matters; Minister competent for education and upbringing; PARPA; JST;		<p>4. Number of communes executing peer prevention programmes</p> <p>5. Number of young people taking part in peer programmes</p> <p>6. Number of undertaken enterprises</p> <p>7. Amount of funds from the Sports Classes Fund for Students</p> <p>8. Number of entities which obtained co-financing from the Sports Classes Fund for Students</p> <p>9. Number of enterprises, campaigns, which obtained assistance</p>
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				4.2.3.0	<p>Organisation of and supporting activities purposed for promotion of healthy lifestyle, taking into account cultural and sport activity of children and youth</p>		<p>Minister competent for physical culture matters; Minister competent for education and upbringing; JST; minister competent for internal affairs; Minister of Justice; minister competent for culture and national heritage matters;</p>		
				4.2.4.0	<p>Conducting research related to the influence of advertisement and other marketing activities on minors</p>		<p>PARPA; IPiN; JST</p>		<p>1. Number of reports from research on the influence of alcohol marketing on minors</p>

	4.3.0.0	Decreasing of the number of young people frequently drinking alcohol and getting drunk	4.3.1.0		Execution of preventive activities in the field of selective and indicative prevention, addressed to risk groups and young people experimenting with alcohol		Minister of Justice, minister competent for education and upbringing; JST; PARPA	INDICATORS	<p>1. Percentage of young people consuming alcohol within one month before the survey</p> <p>2. Percentage of young people getting drunk</p>
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			4.3.2.0		Providing assistance to parents, whose children drink alcohol		PARPA; JST		<p>3. Number of communes executing programmes for children and youth in the field of selective and indicative prevention.</p> <p>4. Number of young people taking part in intervention programmes</p> <p>5. Number of persons under 18, whose condition indicated intoxication, disclosed by the Police</p> <p>6. Percentage share of intoxicated minor perpetrators of punishable acts among the general number of minor perpetrators</p> <p>7. Number of trained instructors or programme executors</p> <p>8. Number of publications directed to parents, whose children drink alcohol</p> <p>9. Number of conversations conducted via support Orange Line</p> <p>10. Number of establishment executing tasks in the field of selective and indicative</p>
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	4.4.4.0	Change of adult attitudes towards drinking alcohol by children and youth and increasing upbringing competences of parents	PLANNED ACTIVITY	4.4.1.0	Conducting education activities for adults in the scope of harms caused by drinking alcohol by children and youth	SUGGESTED EXECUTORS	Minister competent for education and upbringing; PARPA; JST; public media	INDICATORS	<ol style="list-style-type: none"> <li>1. Percentage of parents who do not concede to drinking alcohol by young people</li> <li>2. Number of parents taking part in school and out-of-school preventive programmes.</li> <li>3. Number of communes executing preventive and educational programmes addressed to parents</li> <li>4. Number and type of workshops and programmes for parents executed in communes</li> <li>5. Percentage of parents, who declare upbringing of children without violence</li> <li>6. Number of communes</li> </ol>
				4.4.2.0	Implementation and dissemination of educational programmes directed to parents, increasing their upbringing competencies in the field of children hazardous behaviour prevention				

				4.4.3.0	Execution of and supporting educational campaigns, programmes and activities promoting upbringing of children without violence		Minister competent for physical culture matters, minister competent for education and upbringing; minister competent for family matters; minister competent for social security matters; JST		executing trainings for alcohol beverage vendors and other activities in the scope of limiting availability
				4.4.4.0	Trainings for alcohol beverage vendors		JST; PARPA		<p>7. Number of trained alcohol beverage vendor</p> <p>8. Percentage of young people meeting with refusal of vendors at attempt of purchase</p>

## PROBLEM V – PHENOMENON OF DOMESTIC VIOLENCE RELATED WITH ALCOHOL CONSUMPTION

### STRATEGIC GOAL 5.0.0.0

#### Limitation of the size of phenomenon of domestic violence and increasing effectiveness of assistance for families

PARTIAL GOALS	5.1.0.0	Increasing availability and enhancing quality of assistance for victims of domestic violence in family with alcohol-related problems – adults and children	PLANNED ACTIVITY	5.1.1.0	Dissemination of psychological, therapeutic assistance programmes and methods as well as self-support for victims of domestic violence in family with alcohol-related problems – adults and children	SUGGESTED EXECUTORS	Minister competent for family matters; minister competent for social security; minister competent for health matters; JST; PARPA	INDICATORS	1. Number of establishments/places providing assistance to adults and children – victims of domestic violence, including families with alcohol-related problem
				5.1.2.0	Development and dissemination of standards of functioning of establishments offering assistance for families suffering domestic violence		Minister competent for family matters; minister competent for social security; PARPA		2. Number of victims of domestic violence taking advantage of assistance 3. Number of communes with functioning establishment/places providing assistance to violence victims 4. Number of support and

				5.1.3.0	Increasing the offer of the Polish Nationwide Emergency Service for Victims of Domestic Violence "Blue Line" and Polish Telephone Line for Victims of Domestic Violence		PARPA; Minister of Justice		<p>therapeutic groups for children and adult violence victims</p> <p>5. Number of trainings preparing to work with victims of domestic violence – adults and children</p> <p>6. Number of participation of trainings</p> <p>7. Number of conversations conducted via Blue Line for victims of domestic violence in split into gender of victims and violence perpetrators as well as type of notified violence (physical, psychical, sexual, economical)</p> <p>8. Number of initiatives undertaken by Polish Nationwide Emergency Service for Victims of Domestic Violence "Blue Line"</p>
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	5.2.0.0	Increasing competence of services counteracting domestic violence in families with alcohol-related problem	PLANNED ACTIVITY	5.2.1.0	Organisation of trainings and conferences for representatives of services counteracting domestic violence in families with alcohol—related problems, including: police officers, social workers, teachers and specialists employed at schools and educational system establishments, guardians, judges and prosecutors, members of communal commission for prevention of alcohol-related problems, health care employees, addiction treatment employees.	SUGGESTED EXECUTORS	The Police, Minister of Justice, Public Prosecutor General; minister competent for family matters; minister competent for social security; PARPA; minister competent for health matters; minister competent for education and upbringing matters; JST	INDICATORS	<p>1. Number of entities and communes organising trainings on counteracting domestic violence in family with alcohol-related problem.</p> <p>2. Number of trainings</p> <p>3. Number of training participants, including: police officers, social workers, educators, guardians, judges and prosecutors, members of communal commission for prevention of alcohol-related problems, health care employees, addiction treatment employees.</p> <p>4. Number of conferences on counteracting domestic</p>
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				5.2.2.0	Implementation, in the services education system, of issues related with recognising domestic violence in families with alcohol-related problem, contacts with victims and perpetrators of violence as well as adopting activities of interventional and supporting nature				violence
				5.2.3.0	Improvement of methods of intervention and assistance for victims of domestic violence based on “Blue Cards” procedure.		minister competent for family matters; minister competent for social security; the Police; PARPA; minister competent for health matters; minister competent for education and upbringing matters; JST		5. Number of intervention within the "Blue Cards" procedure in the police, social assistance, health care, education, GKRPA and number of victims of domestic violence – adults and children

				5.2.4.0	Dissemination of standards of interdisciplinary work in favour of counteracting domestic violence		The Police, Minister of Justice, Public Prosecutor General; minister competent for family matters; minister competent for social security; PARPA; minister competent for health matters; minister competent for education and upbringing matters; JST		
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	5.3.0.0	Increasing availability and enhancing quality of corrective and educational influence	PLANNED ACTIVITY	5.3.1.0	Dissemination of guidelines for intervention and psychological activities and corrective and educational influence on persons exercising domestic violence towards members of their families		The Police, Minister of Justice, Public Prosecutor General; minister competent for family matters; minister competent for social security; minister competent for health matters; JST	INDICATORS	1. The number of entities conducting educational and corrective programmes and psychological programmes for perpetrators of domestic violence.
				5.3.2.0	Implementation and execution of educational and corrective programmes and psychological programmes for domestic violence perpetrators		Minister competent for family matters; minister competent for social security; JST; Minister of Justice		2. Number of participants of a/m programmes
									3. Number of trainings for persons working with perpetrators of domestic violence.
									4. Number of persons with regard to whom there was an obligation instituted to take part in the a/m programmes
									5. Number of persons obligated to abandon the place of residence due to domestic violence
									6. Number of persons, with



				5.3.3.0	<p>Organisation of and conducting trainings for persons working with perpetrators of domestic violence</p>	<p>Minister of Justice; Minister competent for family matters; minister competent for social security; JST</p>	<p>regard to whom there was a barring order instituted due to domestic violence</p> <p>7. Number of preparatory proceedings, cases directed to the prosecutor's office, indictments and court verdicts with regard to domestic violence, including: conditional remission of punishment, conditional suspension of punishment and unconditional deprivation of liberty</p> <p>8. Number of verdicts of family courts, instituting suspension, limitation of and deprivation from parental custody due to alcoholism and violence.</p> <p>9. Number of persons arrested by the police in relation to domestic violence</p> <p>10. Number of persons temporarily remained in custody due to domestic violence</p>
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	5.4.0.0	Increasing society's knowledge on domestic violence, possibility of counteracting the phenomenon and ways of reacting and obtaining assistance	PLANNED ACTIVITY	5.4.1.0	Conducting education on domestic violence, especially connected with alcohol-related problem, possibility of counteracting and ways of reacting	PROPOSED EXECUTORS	KRRiT, Minister of Justice, Public Prosecutor General; minister competent for family matters; minister competent for social security; PARPA; minister competent for health matters; minister competent for education and upbringing matters	INDICATORS	1. Number of TV and radio programmes as well as press articles related to the phenomenon of domestic violence and possibility of counteracting  2. Number of public surveys  3. Percentage of persons declaring ability to recognise domestic violence  4. Percentage of persons that declare reacting to domestic violence  5. Percentage of Poles declaring knowledge on ways and places of support in the case of domestic violence
				5.4.2.0	Conducting surveys on the size of domestic violence phenomenon and attitudes towards it				

PROBLEM VI – DETERIORATING QUALITY OF ACTIVITIES UNDERTAKEN BY COMMUNES WITHIN COMMUNAL PROGRAMMES FOR PREVENTING AND RESOLVING ALCOHOL-RELATED PROBLEMS AND ALLOCATION OF FUNDS FROM FEES FOR USING PERMITS FOR ALCOHOLIC BEVERAGES RETAIL SALES TO ACTIVITIES NOT CONNECTED WITH PREVENTING AND RESOLVING ALCOHOL-RELATED PROBLEMS (BREACH OF ARTICLE 18<sup>2</sup> OF THE ACT ON UPBRINGING IN SOBRIETY AND COUNTERACTING ALCOHOLISM)

**STRATEGIC AIM 6.0.0.0.**

**Increasing the quality of activities undertaken by communes within communal programmes for preventing and resolving alcohol-related problems and reducing the allocation of funds for activities not connected with preventing and resolving alcohol-related problems**

PARTIAL GOALS	6.1.0.0.	Enhancing qualifications of GKRPA members and commune proxies/programme coordinators within the scope of resolving alcohol-related problems in local communities	PLANNED ACTIVITY	6.1.1.0	Providing commune self-governments with support in the area of local alcohol-related policies, especially by providing consultations, enabling information exchange, inspiring and promoting good practices	SUGGESTED EXECUTORS	PARPA; Province Governors, Province Self-Governments	INDICATORS	<ol style="list-style-type: none"> <li>1. Number of held consultations and promoted good practices</li> <li>2. Number of organised trainings, conferences and seminars</li> <li>3. Number of province programmes for preventing and resolving alcohol-related problems, including activities within the scope of supporting commune self-governments in alcohol-related issues</li> <li>4. Number of communes belonging to the Polish Nationwide Network of Leading Communes</li> </ol>
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				6.1.2.0.	Organising and providing factual support for trainings, conferences, seminars, post-graduate studies in resolving alcohol-related problems in local communities		PARPA, Province Governors, Province Self-Governments, universities		5. Number of persons who received a specialist certificate in preventing and resolving alcohol-related problems in local communities 6. Number of published educational materials aimed at persons concerned with resolving alcohol-related problems in local communities
				6.1.3.0	Drafting and distributing educational materials (books, handbooks, recommendations) aimed at persons concerned with resolving alcohol-related problems in local communities		PARPA; Province Self-Governments; Commune Self-Governments		

				6.1.4.0	Executing the programme for confirming qualifications of persons employed in the area of preventing and resolving alcohol-related problems in local communities		PARPA		
				6.1.5.0	Managing the Polish Nationwide Network of Leading Communes		PARPA		

	6.2.0.0.	Increasing knowledge of Heads of Communes/Mayors/Presidents of Cities and town councilmen within the scope of the local alcohol-related policies as an own task of the commune	PLANNED ACIVITIES	6.2.1.0	Organising and providing factual support for trainings, conferences, seminars on shaping alcohol-related policies in local communities, as well as providing consultations and enabling information exchange within this scope.	SUGGESTED EXECUTORS	Province Governors; Province Self-Governments;  PARPA	INDICATORS	1. Number of organised trainings, conferences and seminars
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	6.3.0.0	Increasing the number of commune programmes including an analysis of local problems, resources and needs within the scope of preventing and resolving alcohol-related problems	PLANNED ACTIVITIES	6.3.1.0	Providing education and support within the scope of preparing an analysis of local problems, resources and needs	SUGGESTED EXECTUROR	Province Governors; Province Self-Governments;  PARPA	INDICATORS	<ol style="list-style-type: none"> <li>1. Number of held trainings, conferences and seminars</li> <li>2. Number of commune programmes including an analysis of local problems, resources and needs within the scope of preventing and resolving alcohol-related problems</li> <li>3. Number and type of research studies conducted within local self-governments</li> </ol>
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	6.4.0.0	Enhancing the quality of supervisory activities performed by Regional Accounting Chambers, the Polish Financial Supervisory Authority and the Province Governors regarding the execution of commune programmes	PLANNED ACTIVITY	6.4.1.0	Supervising the correctness of fund allocation to the performance of activities specified in the Act on Upbringing in Sobriety and Counteracting Alcoholism and the supervision performed by Province Governors over the lawfulness of issued acts of local law and orders in the area of preventing and resolving alcohol-related problems.  Providing education within the scope of regulations on preventing and resolving alcohol-related problems	SUGGESTED EXECUTORS	Regional Accounting Chambers (RIO), Polish Financial Supervisory Authority (NIK), Province Governors; PARPA	INDICATORS	<ol style="list-style-type: none"> <li>1. Number of fully or partially annulled acts of local law and orders connected with preventing and resolving alcohol-related problems</li> <li>2. Number and results of inspections of the correctness of funds allocation to activities specified in the Act on Upbringing in Sobriety and Counteracting Alcoholism</li> <li>3. Number of held meetings and conferences</li> </ol>
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**PROBLEM VII – ALCOHOL-RELATED VIOLATION OF LAW****STRATEGIC AIM 7.0.0.0.****Reducing the number of alcohol-related violations of law**

<b>PARTIAL GOALS</b>	7.1.0.0.	Reducing the number of cases of illegal alcohol production or trading (including smuggled alcohol and misuse of contaminated ethanol)	<b>PLANNED ACTIVITY</b>	7.1.1.0	Inspecting points of sale and serving of alcoholic beverages	<b>SUGGESTED EXECUTORS</b>	JST; UOIKIK –IH, the Police, Attorney General, Minister of Finance, (Customs Service)	<b>INDICATORS</b>	<ol style="list-style-type: none"><li>1. Number of exposed attempts at smuggling alcoholic products</li><li>2. Amount of confiscated smuggled alcohol in litres</li><li>3. Number of cases of illegal alcoholic products trading exposed during inspections</li><li>4. Number of initiated and pending proceedings connected with illegal alcoholic beverages production and trading</li><li>5. Number of confiscated illegally sold or produced alcohol in litres</li><li>6. Number of exposed sites of illegal decontamination, production or bottling of alcohol</li></ol>
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	7.2.0.0		PLANNED ACTIVITY	7.1.2.0	Inspecting state borders, and detecting and liquidating sites of illegal decontamination, production and bottling of alcohol	SUGGESTED EXECUTORS	The Minister of Finance (Customs Service); the Minister of Internal Affairs (Border Guard), the Police		
		Reducing the rate of law violation within the scope of alcohol sales without the required permit or the conditions and rules specified in the permit		7.2.1.0	Inspecting entrepreneurs using permits for alcoholic beverages wholesale		The Minister of the Economy, Province Self-Government, Office of Competition and Consumer Protection (UOKiK-IH), Minister of Finance	INDICATORS	<ol style="list-style-type: none"> <li>1. The number of initiated proceedings, arrests or conditional discontinuation of court cases for sales of alcoholic beverages without permit or against the conditions and rules specified in the permit</li> <li>2. Amount of inflows to the budget on account of issuing permits for wholesale or retail sales of alcoholic beverages</li> </ol>

				7.2.2.0	Inspecting entrepreneurs using permits for alcoholic beverages retail sale		Territorial self-government units (JST), UOKIK-IH, the Minister of Finance		
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	7.3.0.0.	Reducing drink driving	PLANNED ACTIVITIES	7.3.1.0	Increasing the percentage of alcohol content examinations during standard road checks	SUGGESTED EXECUTORS	The Police, The Minister of Transport	INDICATORS	<ol style="list-style-type: none"> <li>1. Number of revoked driver's licences for drink driving</li> <li>2. Number of accidents and offences committed under the influence of alcohol, including <ul style="list-style-type: none"> <li>– Number of traffic incidents divided into car accidents and collisions caused by drivers under the influence of alcohol, the number of crimes (exclusively article 178a&amp;1 of the Civil Code, article 178a&amp;2 of the Civil Code, number of offences (exclusively article 87&amp;1 of the Petty Offences Code, article 87&amp;2 of the Petty Offences Code)</li> </ul> </li> <li>3. The adopted strategy within the scope of issues related to drink driving</li> <li>4. Percentage of alcohol content examinations carried out during standard road checks</li> <li>5. Number of conducted educational campaigns</li> </ol>
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				7.3.2.0	Developing a strategy regarding issues related to drink driving, drafting and executing a uniform programme for drink drivers		PARPA, the Police		
				7.3.3.0	Providing public education on the effects of alcohol on the human organism and risks and harmfulness of alcohol in the context of drink driving		The National Road Safety Council, JST		

	7.4.0.0	Reducing the rate of crimes and other cases of law violation committed by persons under the influence of alcohol (including limiting drinking alcohol in public places specified in the Act on Upbringing in Sobriety and Counteracting Alcoholism).	PLANNED ACTIVITIES	7.4.1.0	Developing a strategy on issues related with drinking alcohol in public places	SUGGESTED EXECUTORS	PARPA, the Police	INDICATORS	<ol style="list-style-type: none"> <li>1. Number of intoxicated culprits of selected crime categories (murder, rape, detriment to health, participating in fights, battery, theft, damage of property of a third party, damage of property, armed robbery, aggravated theft, extortion by force) - percentage of intoxicated persons among all suspects</li> <li>2. Number of persons committed to sobering stations (including women and minors)</li> <li>3. Developed strategy on issues related to intoxication in public places</li> </ol>
	7.5.0.0	Reducing illegal advertising and promotion of alcoholic beverages	PLANNED ACTIVITY	7.5.1.0	Regularly inspecting the media in order to detect illegal advertising and promotion of alcoholic beverages	SUGGESTED EXECUTORS	PARPA, the Police, National Broadcasting Council (KRRITV), the Minister of Justice	INDICATORS	<ol style="list-style-type: none"> <li>4. Number of exposed cases of illegal advertising or promotion of alcoholic beverages</li> <li>5. Number of initiated proceedings, arrests and closed proceedings within the scope of illegal advertising and promotion of alcoholic beverages</li> </ol>

**PROBLEM VIII – LACK OF SCIENTIFIC DATA ON ALCOHOL-RELATED ECONOMIC LOSS**

**STRATEGIC AIM 8.0.0.0.**

**Assessing alcohol-related economic loss**

<b>PARTIAL GOALS</b>	8.1.0.0.	Assessing alcohol-related economic loss in the area of: health care, social aid, economy, including the sector of employment and insurance, and the system of justice	<b>PLANNED ACTIVITY</b>	8.1.1.0	Conducting research projects on the assessment of alcohol-related economic loss in the area of health care	<b>SUGGESTED EXECUTORS</b>	Research Institutes, International Research Consortia, the European Commission, PARPA	<b>INDICATORS</b>	1. Number of conducted research projects
				8.1.2.0	Conducting research projects on the assessment of alcohol-related economic loss in the area of social aid		Research Institutes, International Research Consortia, the European Commission, PARPA		

			8.1.3.0	Conducting research projects on the assessment of alcohol-related economic loss		Research Institutes, International Research Consortia, the European Commission, PARPA		
			8.1.4.0	Conducting research projects on the assessment of alcohol-related economic loss in the system of justice		Research Institutes, International Research Consortia, the European Commission, PARPA		