

Drug Dependence in Poland:

Observation of Patients' Rights
in Residential Drug Treatment Centers

Overview

From 2009 to 2010, a team led by the Helsinki Foundation for Human Rights examined the observation of patients' rights in 18 residential drug treatment centers in Poland. While the study found that fundamental human rights were respected, it drew attention to examples of degrading treatment, a lack of mechanisms to verify the effectiveness of treatment, and a large amount of resources being allocated to residential treatment. The authors' recommendations include performing a full assessment of treatment available in Poland, diversifying the treatment offer, and assessing the cost-effectiveness of different types of treatment.

Methodology

This report evaluates the availability and accessibility of drug treatment in Poland, as well as investigates the extent to which these treatment procedures adhere to national and international human rights standards.

The study was conducted at 18 centers (over 20% of the total number) located in six of Poland's sixteen administrative districts: Mazowieckie, Małopolskie, Kujawsko-Pomorskie, Lubuskie, Łódzkie and Śląskie.

In addition, in-depth interviews were held with seven former patients of different centers who are currently in the care of outpatient clinics.

Among the monitored centers, 7 were run by the MONAR Association (about 39%) and 5 by other non-governmental organizations (28%); for 4 of them the lead authority was the local government (22%); 1 was run by a Church organization (5.5%) and 1 by a private person (5.5%).

Four centers admitted minors and 3 housed mothers with children. Most centers conducted long-term therapy—over 12 months (ca. 70%)—and at a few of them it was possible to carry out treatment for as long as 24 months. Short-term therapy (up to 6 months) was offered by three centers, including one for a period of 8-9 weeks.

Information was collected on the basis of: observation, document analysis and targeted interviews with center staff (managers and therapists) as well as patients.

Key Findings

The study shows that fundamental human rights (right to information, right to protection from degrading treatment, right to privacy, right to contact relatives and loved ones, right to lodge a complaint, right to education) are respected.

The following observations, however, were made:

- *Degrading treatment of patients in some centers*

Reservations and concerns relate to, in particular, 1) the use – at some centers – of degrading treatment during body searches, 2) arbitrary restrictions of contact with relatives and other relations from the patients' private life, and 3) extra burdens and consequences—penalties that are not always clearly defined, imposed by the community or staff.

- *Residential treatment centers often treated as a 'resort'*

Research has shown that there is no problem with accessing residential treatment, on the contrary, facilities often seek out clients. While greater access to treatment is a positive development, expanded access creates more opportunities for people to abuse the system. Patients often treat their stay at the center as an opportunity to improve their physical condition, survive the winter, and/or wait out a difficult time in their life—not as a real chance to address dependence-related issues. Using the facility has been described as “resort tourism”, where patients go to “get a grip on themselves”. Data concerning patients who fail to complete treatment (approximately 70-75%) and then end up back at other resorts (sometimes up to 12 times), is concerning, both in terms of the effectiveness of the treatment and the costs incurred by the National Health Fund (NFZ),

- *Large proportion of resources allocated to residential centers*

Seventy-five percent of the resources allocated to drug dependence treatment is spent on residential centers. This has not changed for years, though formally there is a growing number of daytime clinics and substitution programs. Most of the funds come from the National Health Fund and not from the state budget, because the patients are “formally” insured (those uninsured are registered as unemployed, only so they can obtain health insurance).

- *No fixed standards and mechanisms to verify effectiveness of treatment*

There are no standards and fixed mechanisms for verifying the effectiveness of drug dependence treatment, as well as the effects of actions carried out by specific centers.

All the centers offer treatment using the therapeutic community method along with individual and group therapy, which usually means psycho-educational activities. At the short-term treatment centers there are more therapeutic activities in the strict sense, while the long-term therapy involves various types of work often referred to as ergotherapy (**the use of physical activity and exercise in the treatment of disease**). However, we could not find confirmation that those who stay at the institutions for longer (1.5 – 2 years and more), doing various types of community work to learn responsibility, are better prepared for independent life. We understand that cleaning done on behalf of the center may have educational value and is necessary, but it is difficult to agree that this should be considered as therapy.

- *Courts rarely refer drug dependent persons to treatment centers*

Courts rarely use the option of referring drug dependent person sentenced under the Act on Prevention of Drug Abuse and the Act on Juvenile Delinquency to these centers.

- *Lack of cooperation between residential and outpatient programs*

Directors and therapists from the monitored centers indicated the lack of cooperation, and even competition, between residential and outpatient treatment institutions. There is no cooperation and there is no flow of information about patients between outpatient and stationary centers.

Recommendations

- *Assess the system of drug dependence treatment in Poland and diversify the treatment options*

In our view, there is a need to perform an assessment of the Polish system of drug dependence treatment. It would be beneficial to verify and diversify the types of stationary treatment available. One possible solution to the “resort tourism” phenomenon is to have some long-term residence facilities act as guardianship institutions under the Ministry of Social Welfare and not the Ministry of Health. Undoubtedly, the range of therapeutic offers should be more diversified, not only based on the duration of the stay. Those who want to “mend” their physical condition could be sent to the less-expensive guardianship facilities, where they would have to perform work for the benefit of the center and to earn their own keep.

- *Increase cooperation between outpatient and stationary treatment institutions*

It is necessary to ensure cooperation between outpatient and stationary treatment institutions. It would be beneficial to create a database with information (appropriately protected of course) about patients, their problems, and the course of their therapy, so that successive therapists dealing with a given person have the appropriate information.

- *Decrease the number of inpatient treatment centers and develop outpatient treatment services*

It is worth considering that there may not be a need for such a large number of residential centers and that emphasis should be put on developing the system of outpatient treatment, where effective practices like family therapy could be carried out. Furthermore, perhaps residential treatment centers in the strict sense should only admit those who have been subject to therapy at outpatients’ clinics and are more motivated to undergo treatment. Access to residential treatment should be in some way regulated, so that patients do not treat their stay at the center as a way to temporarily “mend” their health or to find a place of temporary residence.

- *Assess cost-effectiveness of treatment*

The effectiveness of treatment should be assessed, also in the context of the costs incurred, especially since these costs vary considerably. There is a need to elaborate addiction treatment standards based on up-to-date knowledge and economic analysis.

This is an English-language summary of the report
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i dostępu do stacjonarnego leczenia uzależnień od narkotyków”

compiled by
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The full report, in Polish, is available at:
http://www.hfhrpol.waw.pl/pliki/HFPC_mon_lecz_uzal_nark.pdf

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