



2 nd ENCARE SYMPOSIUM

Alcohol related problems, and family violence in Poland

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1. Consumption of alcohol as = risk factor for family violence
2. Treatment for alcoholics and support for the family
3. Legal regulations and national programs concerning alcohol and alcohol related violence
4. Local community programs
5. What is advantageous and what disadvantageous

according to public opinion the importance of „alcoholism”, youth drinking” and „domestic violence” among other social problems

The most important social problem in your opinion are:		% of answers
1	„unemployment”	82,1
2	“decreasing living standards	63,4
3	violence and aggression on the streets	61,2
4	“youth drinking”	58
5	„Alcoholism”	52,1
6	“drug addiction”,	51,9
7	“economic crime”,	51,8
8	“low public health condition”	51,6
9	“domestic violence “	49,4
10	“common crime” ,	45,5
11	“bad housing condition”,	41,6
12	“AIDS” ,	40,2
13	“environment pollution”	35,8
14	“moral crisis “	32,2

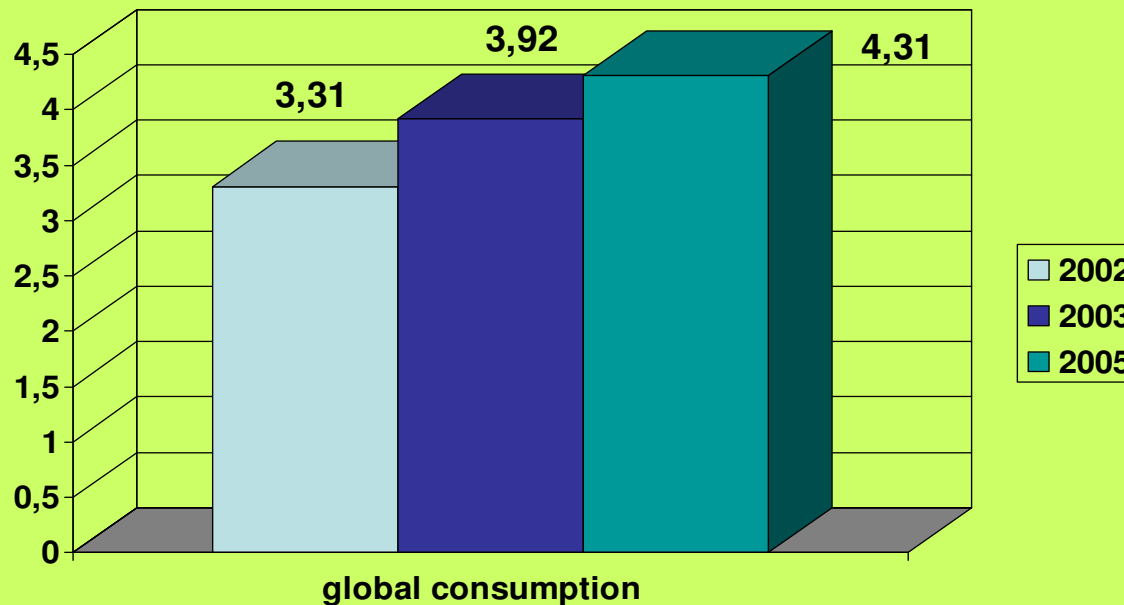
More alcohol consumption
Does mean
more harm for the children

Main alcohol related challenges
in recent years (2002-2005)
in Poland

Could be perceived as risk factors for
children

Increasing level of global alcohol consumption

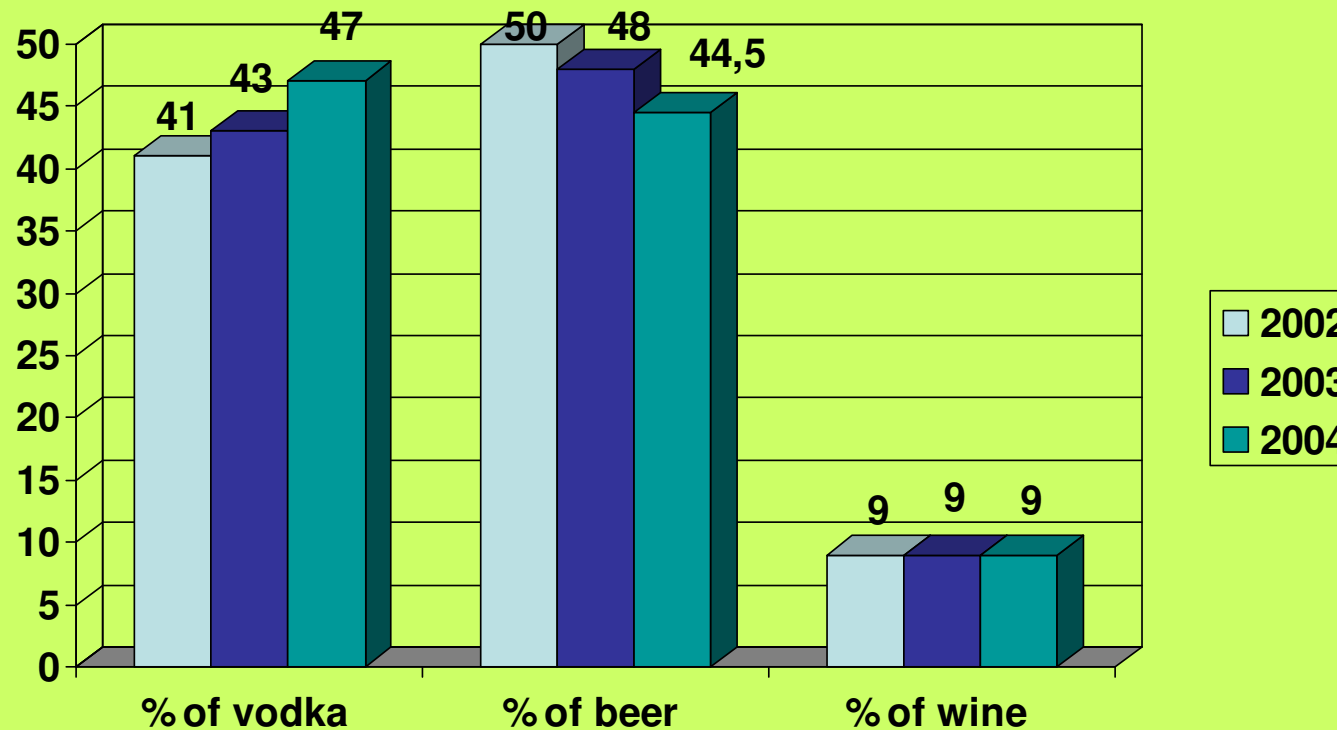
(average amount of pure spirit consumed per one person in one year)



Real consumption is assumed as 40% -60 % of registered consumption

does mean – global consumption could reach up to 10,7 L /per capita in 2005

Disadvantageous changes in the structure of alcohol consumption – increasing percentage of vodka in global consumption, decreasing of beer, stabile insignificant percentage of wine



The consumption is concentrated

The number of consumers has increased insignificantly (4%)

But the
amount of consumed alcohol very significantly (14%),

Mainly the frequency of drinking was increased

In CAGE investigation: the number of high risk persons
increased
from 8- 11%

indicators of youth drinking are high, but stable in last 5 years:

Among teenagers aged 15 – 16:

93% admitted drinking at least once in whole life

66% at least once during last months

29% admitted inebriation at least once in last month

youth drinking is a risk factor for early parenthood (before the age of 18), and alcohol dependency in early adulthood

– both connected with risk for child abuse

79,5% of women's admitted alcohol drinking in pregnancy „Sopot investigation 2005”

Several times in pregnancy	51,4%
Only once in pregnancy	24,6%
Only once in month	9,25%
Several times in one month	4,9%
Each day – high FAS risk	2,3%

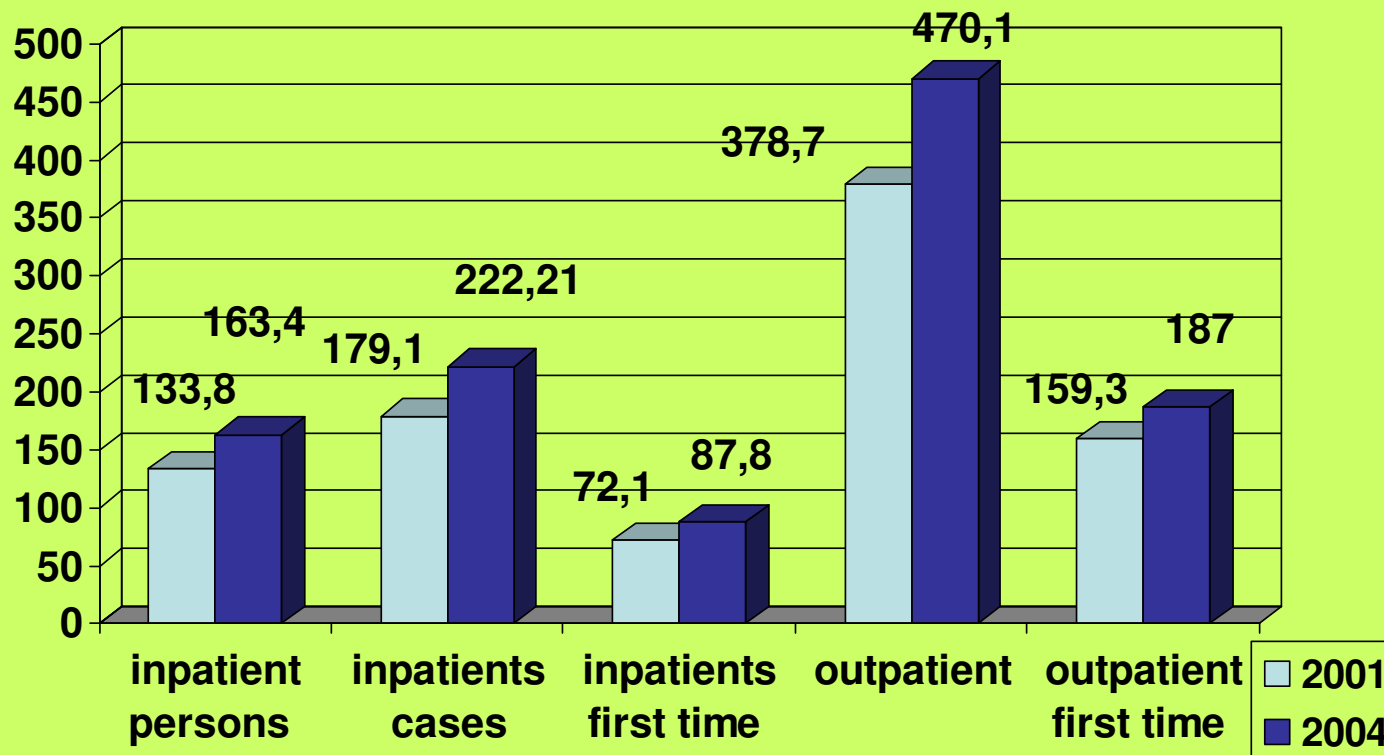
Mostly beer 45,1%,

wine 41,8%,

rarely vodka 7,6%

other 10,1%

The number of patients in ambulatory and stationary centers for treatment alcohol dependence is increasing
(index/100 000 population)



There are about 700 000 – 800 000 alcohol dependent persons , and 2,5 milions of abusers

3-4 milions of persons ,
among them 1,5 – 2 milions of children
are living in families with alcohol problem

The data about the frequency and amount
of family violence are inconsistent

According to the Centre for Investigation of Public Opinion (CBOS):

in 8% - 18% of all the polish families there are conflicts related to alcohol

According to Institute of Health Psychology (IPZ):

in about 66% of families with alcohol problems - family violence is present

According to Sopot investigation 2005 :

„harmful family situation related to alcohol” were admitted
whenever in life in 21,6% of families,
during last 12 months in 49,3%
domestic violence were admitted in 12 % of families
(physical – 6%, psychical – 12 %, both types – 6 %)

Treatment of alcohol dependent and co-dependent persons

- There have been dynamic changes in therapeutic programs in last years
- Educational and training programs for personnel are introducing

According to the theoretical model, the alcohol dependence is treated as:

- multifactor disease with bio-psycho and social basis

Aims of therapy are:

- health treatment,
- correction the psychopathological mechanism of dependency
- reconstruction of disturbed social relations,

There is Important role of mutual help groups (AA movement)

The types and number of treatment facilities

Full time, and half time treatment facilities

33 stationary abstinence syndrome treatment wards 733 beds
61 stationary alcohol dependence treatment wards 2067 beds
26 half time alcohol dependence treatment wards
11 alcohol dependence treatment wards in penitentiary system 396 beds

sobering-up stations are organised in every town of more than 50,000
population

Out- patients treatment centers

126 Alcohol dependence and co-dependence treatment centre
212 Consultation points for people with alcohol problem

Non governmental organisations, and mutual help groups

AA groups
Abstinence clubs

Legal regulation of treatment of alcoholics and care for children

the procedure of
“obligatory submittal to dependence treatment”

concerns each person who: „ in relation with alcohol abuse, causes: disintegration of family life, and/or depravation of a youth, evades work, systematically breaches the peace or public order.....”

(art. 24 to 36 of the Act on Upbringing in Sobriety and Counteracting Alcoholism).

district court shall institute proceedings in a non-litigious procedure at a motion of a Local Community Commission for Resolving Alcohol-related Problems, or a prosecutor,

Enforcement procedures are allowed only for bringing alcohol dependent person:

for an assessment by an expert,

to trial in a court and

to a healthcare establishment,

but with neither legal nor organizational possibilities of detaining that person against their will.

the procedure has only motivational role, is aimed on treatment the alcohol dependency not on counteracting domestic violence

Domestic violence should be counteracting by local system for counteracting family violence in cooperation with Local Community Commission for Resolving Alcohol-related Problems, police, and penal system,

Treatment and care for children afflicted by parental alcoholism (art. 23)

Psychological and sociotherapeutic aid,
Inpatient and outpatient treatment, as so as
fostering in care educational and
socioreintegrational unit may be provided,
to each child afflicted by parental alcohol
abuse, against the will of the child's
parents or caregivers in the state of their
intoxication

The resolving alcohol related problems and counteracting domestic violence is objective of government

It concerns:

ministry of health , education, labour and social policy, justice, interior and administration

For the execution of this objective the State Agency for Resolving of Alcohol Related Problems – PARPA was created

The State Agency for Resolving of Alcohol Related Problems is a professional government-based institution, cooperating with experts and scientific centers.

The main activity of Agency is to inspire, support, coordinate, and evaluate actions of other subjects (institutions, organizations, persons) .

The Agency draws up The National Program of Prevention and Resolving Alcohol-Related Problems (currently for the years 2006 – 2010).

Since 1992 the Agency has created a special unit for counteracting family violence and has implemented the National Program for Prevention of Alcohol Related Family Violence.

National Program of Counteracting violence within families with alcohol problems

Main achievements since 1992

- Creation and financing of the Polish Nationwide Emergency Service for Victims of Domestic Violence „BLUE LINE with 24 hours confidential telephone.
- Creating of the Nationwide Agreement of People and Organizations supporting the Victims of Domestic Violence BLUE NETWORK
- Educational programs and training for professionals, national wide campaigns
- Implementation of procedure BLUE CARD intended for use by police and social services intervening by domestic violence
- Polish Declaration concerning counteracting domestic violence
- Organization national conferences of counteracting domestic violence
- Publication of the bi-monthly „BLUE LINE „
- Introduction of law obligation for local authorities to conduct local community programs aimed on protecting families against alcohol related, and other violence

Local community system counteracting family violence related to alcohol

Local community have to create:

- Local community Commission for Resolving Alcohol-related Problems with team for counteracting family violence
- Consultation points for families, and victims
- Crisis intervention centers and shelters for victims
- Supportive centers for children at risk

Primary health care system encompasses realizing the following tasks:

- Dependency treatment units in the given area should realize a program for counseling, treatment and assistance for alcoholic family members. .
- General health practitioners , pediatricians and nurses should be trained within diagnosing child abuse, intervening and rendering efficient assistance

Local social welfare center is obliged:

- trained social workers should conduct the procedure of Blue Cards, cooperate with other services, notify a Local Community Commission for Resolving Alcohol Problems and prosecutor accordingly

Educational establishments

- teachers, school counselors, school nurses, psychologists, pediatricians should be trained within diagnosing child abuse, intervening and rendering efficient assistance

Police

- conduct interventions and the BLUE CARD procedure, provides protection to victims of domestic violence

legal regulations

- ACT on Upbringing in Sobriety and Counteracting Alcoholism of, 1982
- Act on counteracting family violence 2005
- Mental health Act 1994
- Act on social welfare 2004

National Programs

- National Program for Prevention of Alcohol Related Problems 2006-2010
- National Program for counteracting family violence
- National Health Program

Advantageous

Legal regulations, national programs and local community programs for prevention, treatment and counteracting alcohol abuse, and alcohol related family violence.

Disadvantageous

Inequality in development of programs and services in different regions.

More intervention in advanced stages than early recognition and prevention

THANK YOU

