

City Report

Warsaw

A critical review of the harm reduction landscape in the district of Praga

Civil Society Monitoring of Harm Reduction in Europe 2023

Correlation

  European Harm
 Reduction Network



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Introduction

Poland's capital, Warsaw, is among just three cities in the country operating harm reduction centres¹. This report focuses on Praga, one of Warsaw's eighteen districts, known for surviving World War II bombings and its historic architecture. Located on the right-hand side of the Vistula River, across from Warsaw's Old Town, Praga faces significant economic challenges, including high unemployment and a large number of beneficiaries of social assistance². Despite a recent boom in gentrification and a burgeoning art scene, high levels of poverty and street-based drug use persist. People who use drugs in Praga face heavy stigmatisation, mirroring the overall public sentiment toward drug use and harm reduction in Poland, which has been characterised as "stuck in the 1990s", particularly concerning the country's attitude towards people who inject drugs³.

Praga is home to multiple shelters for individuals experiencing homelessness and hosts several treatment centres for people who use drugs, offering support for drug dependence recovery, medical care, and access to opioid agonist therapy (OAT), such as methadone. There is strong local opposition to such centres in Praga, driven by safety concerns among residents who brand drug treatment facilities as "drug trafficking centres"⁴. Widespread concerns about discarded syringes have prompted educational initiatives in local schools to teach students how to handle encounters with needles⁵. In recent years, outreach workers have noted a troubling shift in the attitudes of local residents in Praga, linking the area's growing population of people who use drugs to the existence of multiple treatment centres⁶. This resistance reflects a broader trend in Poland, where communities believe that such services draw in people who use drugs, even though they are established in areas where people who use drugs already reside or gather⁷.



Image 1. A location known as 'Jesus', situated behind now-demolished pavilions close to streets known for drug dealing in Praga.

Harm reduction services: Underfunded and neglected

Harm reduction is officially recognised as one of the four pillars of the Polish drug programme, alongside prevention, treatment and rehabilitation⁸. However, the reality on-the-ground in Warsaw and throughout the country in general, as noted by the C-EHRN focal point for the city, tells a different story⁹. The prevailing emphasis on abstinence still persists within the medical and therapeutic communities, with little regard for the broader psycho-social elements of drug dependence. The overt discrimination of people who use drugs by medical personnel is not uncommon in Warsaw; for instance, doctors have even refused to provide fundamental medical care for clients who are assumed to be using drugs.

"We had this OAT client, she was pregnant. She went to the doctor, and she was told that she will not be allowed an appointment anymore, simply because she is still using [other substances]".
Focal point for Warsaw.

Limited funding also greatly hampers harm reduction services in Warsaw, forcing tough choices for service providers between acquiring supplies, like needles and syringes, and providing necessary supervision due to severe resource

constraints¹⁰. There is also weak cooperation between harm reduction organisations, HIV/HCV organisations, and organisations helping people experiencing homelessness. People who use drugs face significant challenges accessing homeless shelters in Warsaw, largely due to the strict requirement of abstinence¹¹. Instead of working together, institutions tend to operate in a vacuum, with a lack of coherence and communication.

"If we talk about low threshold [OAT] programmes in Praga, the biggest problem is that they offer nothing but a substitute. People get methadone and bye-bye. No psychosocial support, no caregiving activities related to homelessness. This is a huge problem".
Outreach and OAT expert.

In 2022, the harm reduction community in Praga was dealt a significant blow when plans to open a harm reduction centre within Praga Hospital were dropped at the last minute following protests from local residents. Instead of a centre that would provide a range of harm reduction services including OAT, HIV/HCV testing and treatment, and a homeless shelter, it was decided that the main function of the centre would be replaced by a psychiatric unit for children.

While the failure to establish the centre left many harm reduction advocates disappointed, some pointed out that it should not be viewed as a cure-all solution. A local politician at the district level underscored that even if such a centre were opened, it would not address the root problems, and establishing one singular harm reduction centre for the entire city – making it the largest of its kind – would only worsen existing issues¹². As

the C-EHRN focal point noted, the thinking behind many working in the field was, “it’s better to have this than nothing at all”¹³.

Oversaturation of OAT services

In Praga, there are approximately 1,200 people who use OAT services, with at least four different OAT service points in Praga alone. In recent years, funding for treatment services and the number of available places has decreased in Warsaw city centre and reallocated to such services in Praga District. Some argue that concentrating OAT services in Praga District is a deliberate strategy aimed at gathering people who use drugs in one spot, away from the city centre¹⁴.

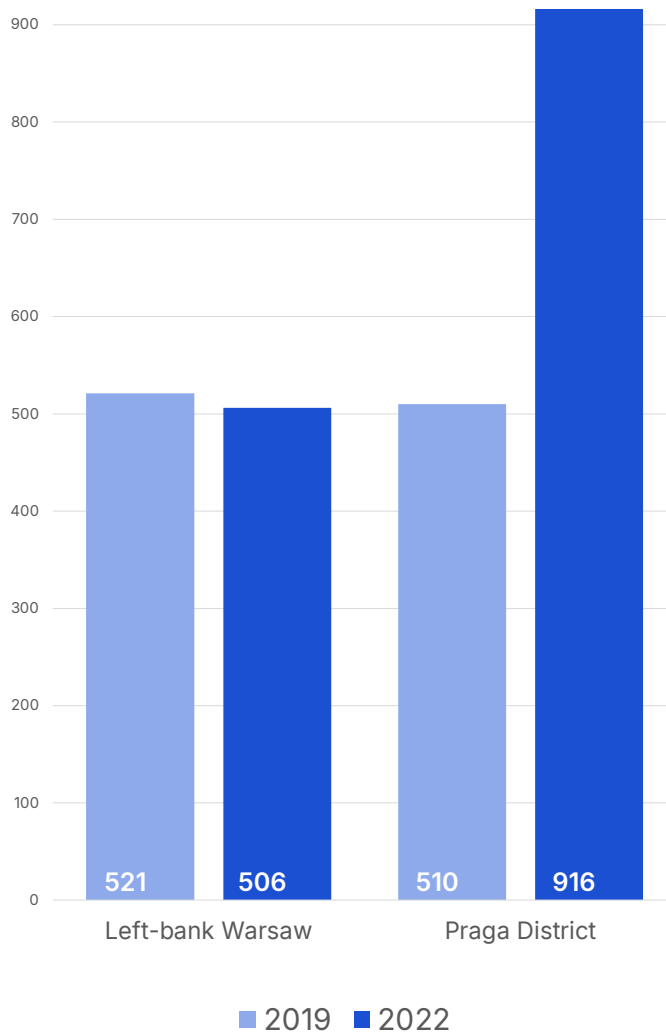
“If OAT programmes were created in many places, if they were small, there would be no problem. Whereas now, we have a situation where several hundred people show up in one square metre and most of them then stay on the street. And if you stay on the street, you need to have some kind of activity. If only out of boredom, one needs to drink alcohol, sell something, buy something”.

Outreach and OAT expert.

From a law enforcement standpoint, one local police officer in Warsaw described the concentration of OAT services in Praga as beneficial for effective crime control, preferring

this concentrated approach over dispersing services across the city¹⁶. However, those working in harm reduction hold a contrasting view. Warsaw hosts over 1,500 OAT places, making up almost half of Poland’s total. As such, NGOs have repeatedly condemned the city of Warsaw for heavily concentrating OAT services in such a confined area, advocating instead for a more even distribution of these services across the city¹⁷.

Figure 1: The total number of OAT service users on the left-bank of Warsaw compared to Praga District from 2019 to 2022¹⁵.



Drug-related violence

Over the last decade, criminal groups in Praga have gained substantial control over the streets, leading to escalating violence and creating a climate of fear among people who use drugs. Along Brzeska Street and Mackiewiczza street, specific drug-dealing groups operate within circles of people who use drugs, even resorting to extortion tactics for the exchange of medications¹⁸. Service users have reported that a significant portion of opioid substitution medicine in Praga ends up on the illicit market¹⁹.

“In the OAT programme, people come very early in the morning, before it opens, and they wait. And there is already a second queue of those who want to buy it off them”.
OAT service user.

In addition to the trading of methadone, Praga serves as a hotspot for the exchange of heroin, mephedrone, and various other illicit substances, fuelling much of the ensuing violence. An OAT service user who has been part of the programme on Kijowska Street since its inception, expressed concerns about the deteriorating situation in Praga. According to the client, the environment has worsened due to an increasing number of people engaging in large-scale trading of pills and methadone, leading to incidents of violence such as beatings and robberies. The service user even reported being threatened with a knife at one point²⁰.

Poland’s demographic landscape has shifted in recent years due to increased labour immigration and the influx of war refugees from Ukraine²¹. Warsaw, in particular, has seen a population increase of at least 17% since the Russian invasion of Ukraine, accommodating a substantial number of refugees and migrants²². This influx has notably impacted treatment and harm reduction services in both Praga and the wider city, leading to significant changes in the client profile and their needs. For instance, around three-quarters of clients at the Prekursor drop-in centre in Warsaw are now migrants²³.

An outreach worker from the Prekursor Foundation highlighted the challenges brought on by this change, citing language barriers and the large number of clients without proper documentation or a Polish residence card. Migrants are often reluctant to engage with the Foundation’s staff, due to negative experiences and discrimination in their home countries²⁴. The same respondent also explained how the influx in immigration has fuelled violence and heightened tensions among different groups.

“Violence is occurring, and tensions are also arising from services not accepting foreigners [from countries other than Ukraine]. People from abroad have to pay [dealers] more for methadone and other substances than Poles. As a result, there is such animosity between them. People who are desperate, who have no money, are snatching people’s methadone. Nurses in the OAT programme have to walk clients to the tram stop”.
Outreach worker, Prekursor Foundation.

One treatment centre in Praga even employs a security guard to patrol their premises. One doctor explained that this was largely in response to an increase in Russian-speaking migrants

congregating around the OAT programme, intimidating clients into handing over their methadone²⁵. This has led to heightened levels of fear and anxiety among service users. One OAT service user expressed their intentions to withdraw from the programme out of fear for personal safety, citing a disturbing increase in violence, including instances of stabbing, over the past few months²⁶.

Low-threshold services

Kijowska Street is home to one of two low-threshold harm reduction services within Praga District, where abstinence from illegal drug use is not a prerequisite. Low-threshold services such as these operate on the basis that excluding individuals based on drug abstinence only exacerbates their vulnerability, pushing them further into the margins and hindering their access to critical assistance. Previously, clients at Kijowska Street were required to complete hospital detoxification before joining the OAT programme. However, in response to the influx of refugees in 2022, the treatment centre loosened its admission criteria.

Although this change aimed to facilitate access to treatment for refugees and migrants, a psychiatric doctor voiced concerns about the easier admission process potentially attracting service users with lower commitment to treatment²⁷. A peer worker expressed similar views, highlighting that the lack of screening and monitoring was contributing to the escalating crisis in Praga²⁸. Nevertheless, it

is crucial to acknowledge that many challenges associated with low-threshold services arise from their dependence on complementary support systems rather than being designed to operate independently.

“Subsidising low-threshold OAT programmes in Praga without limitation does not lead to anything good. In my opinion, low-threshold programmes are as valuable a tool as possible. But they must operate under very strict circumstances; in a favourable, safe environment”.
Outreach and OAT expert.

As emphasised by the interviewee, low-threshold OAT programmes must be accompanied by additional harm reduction measures such as overnight shelters; drop-in centres where clients can eat, wash and acquire clean clothing; the provision of clean injecting equipment; and drug consumption rooms (DCRs) where substances can be consumed safely and free from intimidation and violence. This must be accompanied by security services and effective policing which, according to respondents, is notably lacking in Praga.

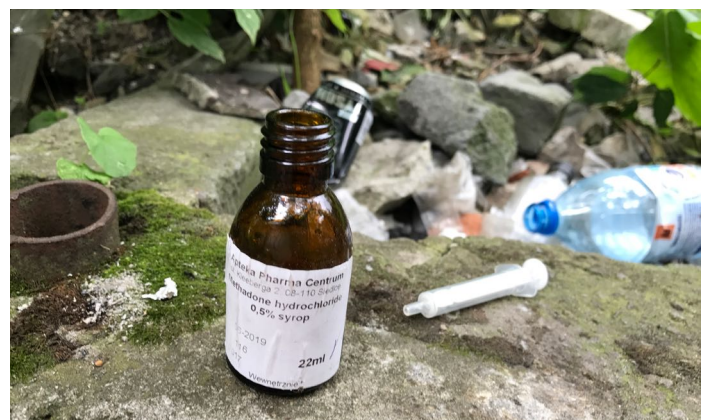


Image 2. A bottle of methadone dispensed from an OAT programme in Praga.

Law enforcement

The prevalence of drug-related crimes between Praga and central Warsaw is alleged to be relatively similar²⁹. However, the crucial distinction lies in the varying levels of police responsiveness to these incidents. Respondents noted that a more robust police presence exists on the left side of the Vistula River compared to the right, resulting in fewer reported issues in areas where treatment centres are situated³⁰. Police in Warsaw have referred to the policing of drug-related crimes in Praga as a 'Sisyphean task', implying its seemingly impossible nature³¹. Others, including service users, have raised allegations of police bribery and corruption.

"The police show up, but I think they are paid. The dealers, they don't deal with, they only deal with those who take [buy]".
OAT service user, Praga District.

Local community resistance

In Poland, clashes between harm reduction initiatives and local residents are not uncommon³². Protests in Praga have targeted not only drug-related services, but also interventions for other marginalised groups, such as homeless shelters.

"Praga has become a very trendy neighbourhood in recent years. Apartment buildings are being built. There is the Port Praski, which has a cosmic price per metre of housing. Developers do not want to have such facilities dedicated to homeless users in their neighbourhoods because this affects the price and the attractiveness of the units".
Outreach worker, Prekursor Foundation.



Image 3. The intersection of Kijowska Street and Targowa Street, where a mix of abandoned buildings and new apartment blocks coexist.

Members of the local community, including business owners, are growing notably resentful toward people who use drugs, largely because of the heightened public disturbances that are taking place in Praga. One local business owner explained that they are forced to call the emergency services on a regular basis due to the growing number of overdoses that are taking place on their premises³³.

“The scale of this phenomenon is incomparable to other districts of Warsaw. It has especially increased in the last two years. We are talking about [drug] use, overdoses, but also theft and blackmail. This causes immense danger to employees. And also to our customers who shop here”.

Local business owner.

Such public disturbances sow discontent and frustration among local residents, fostering hostility towards people who use drugs, and fuelling support for punitive measures. The establishment of DCRs for people who use drugs could mitigate these tensions, but Polish law prevents such initiatives. Currently, there are over 100 DCRs operating in the world that primarily seek to prevent drug-related overdose fatalities, mitigate health risks, minimise public nuisance, and facilitate the connection of people who use drugs to treatment, health, and social services³⁴. Efforts between stakeholders in Warsaw to tackle these challenges often fail due to prevalent levels of fear, prejudice, and stigma. Moreover, this conflict is exacerbated by a lack of political willingness to engage with the problem, at both the local and national level.

Political indifference

Polish politicians are perceived as apathetic toward drug policy, rarely prioritising it on their agenda. Although the 2021-25 National Health Programme shows support for harm reduction³⁵, Poland's drug policy leans firmly towards law enforcement and abstinence. Public disapproval of drug use dissuades decision-makers at both national and local levels from endorsing controversial harm reduction initiatives, concerned about protecting their positions³⁶. Even in instances where local politicians do support harm reduction, community pressure often prevents them from implementing these services in their jurisdictions.

Invitations to join harm reduction discussions in Praga are consistently declined by city-level politicians³⁷. While representatives of Praga District engage in meetings with civil society, their narrative remains constant: their hands are tied by city-level decision-makers.

“We are an auxiliary unit of the city. We don't have a say in shaping the city's social policy. We implement what is indicated to us by the capital city of Warsaw. We say where the sidewalk tiles are missing or where someone has broken a street sign. We don't create the policy”.

High-level political figure, Praga³⁸

According to one respondent, a lack of foresight and cooperation is a common issue in Poland³⁹.

Yet the crisis unfolding in Praga is a complex, interdisciplinary problem that cannot be solved by a single conversation or decision-maker. This report serves as a call to action for the Mayor of Praga and political representatives of the city of Warsaw to take drug policy seriously, to bring together relevant actors at all levels to find an evidence-based solution that puts health, safety and human rights at its core. While the grievances of each actor may manifest themselves differently, all those affected by the situation in Praga are united in their desire to have safer communities, to reduce drug-related nuisance in public spaces, and to ensure health and wellbeing, particularly for marginalised communities.

Latest developments

While finalising this report, there has been a dramatic shift in the dynamics in Praga. In late 2023, extensive undercover police operations on Brzeska Street, an area known for drug dealing, led to the disruption and near-complete eradication of illicit drug activities, significantly impacting the established drug scene in Praga. As reported by the focal point, a few juveniles from the same group responsible for previous assaults on people who use drugs continue to intimidate service users in neighbouring areas, coercing OAT clients to sell methadone and other drugs at reduced prices or have them taken by force. The mobile harm reduction service in Praga has even changed its

duty station because clients approaching it for equipment were later attacked.

NGOs, such as the Prekursor Foundation, are currently engaged in the meticulous task of re-mapping client locations. This process demands time and additional effort. The drastic shift in Praga's drug scene, primarily attributed to the crackdown on Brzeska Street drug activities and the demolition of buildings where people who use drugs were known to congregate, is understood to be an unintended consequence of civil society's publicising of the issue. The approaching municipal elections in April 2024 prompt questions about the timing and motives behind these developments. The reactive approach taken by law enforcement has caused clients to vanish, relocating to places unknown to harm reduction organisations. This, in turn, complicates the delivery of essential services to these individuals. As extensively documented in existing literature, this tactic, commonly referred to as the 'balloon effect,' merely displaces and relocates communities of people who use drugs to alternative, potentially more dangerous, spaces and presenting no meaningful resolution to the underlying problem. The situation serves as a poignant illustration of the lack of foresight and collaboration among decision-makers in Warsaw, with the most severe repercussions felt by already marginalised populations.

Recommendations

Considering the insights from this report, the following policy recommendations are proposed. As this report concentrates exclusively on the city of Warsaw, its recommendations are tailored for this specific context. Nonetheless, we acknowledge the need for policy reform across the entire country.

Dispersal of OAT services

Decentralise and disperse OAT services proportionately across districts. Smaller-scale OAT services should be dispersed throughout the city, significantly reducing client numbers per location. To alleviate pressure on the district of Praga, and to mitigate the strain on larger OAT services, methadone and other substitution medications should be able to be prescribed by a GP and collected at local pharmacies to accommodate the substantial number of clients for whom this option is suitable. Urgent efforts should be undertaken to advance the resolution, currently frozen in Parliament for almost a decade, which would facilitate this essential change.

Integrated harm reduction services

Develop an integrated service model to bridge the gap between homelessness services and support for people who use drugs, ensuring comprehensive support for vulnerable populations. This involves providing simultaneous access to housing support, psychosocial services, drug dependence treatment, and social reintegration programmes, recognising the importance of stable housing for the success of drug treatment and social integration.

Proportional distribution of wider support services

The provision of OAT must be complemented by broader psycho-social support aimed at facilitating social reintegration. Services should encompass mental health services, job placement, personal growth, and educational opportunities, dispersed proportionally across the city.

Roundtable dialogue

Establish a roundtable dialogue among key stakeholders, including community representatives of people who use drugs, city and district officials, the National Health Fund (NFZ), NGOs, and other institutions that are responsible for drug policy, such as the National Centre for Prevention of Addictions, and the Ministry of Health. Local community representatives of Praga should also be present, including developers, entrepreneurs, and residents. Regular meetings should be scheduled which mandate the attendance of all stakeholders, to develop a systemic, evidence-based solution to the ongoing crisis in Praga, drawing insights from successful international models.

Implementation of DCRs

Revise national legislation to allow the implementation of DCRs, following examples from neighbouring countries like Germany and Denmark. DCRs ensure safe drug use, minimising health risks, preventing overdoses, and reducing disease transmission. Moreover, DCRs act as entry points to crucial support services, including counselling, treatment, and access to healthcare and social resources. Supporting these facilities not only prioritises public health but also eases the strain on emergency services, while curbing public drug consumption and community exposure to discarded syringes and needles.

Drug decriminalisation

The government should take steps to fully decriminalise drug possession. Learning from successful models in neighbouring countries such as Czechia and Germany, resources and funding currently assigned to criminalisation can be redirected to harm reduction, treatment, and prevention strategies. Decriminalisation would reduce the strain on the criminal justice system, allowing law enforcement to prioritise more urgent issues.

Services tailored to refugees and migrants

Establish a specific treatment centre or set of services for refugees and migrants in Warsaw, tailored to their unique set of needs. These services should adopt a culturally sensitive, trauma-informed, approach and should offer multilingual support in languages such as Russian and Ukrainian. Access to these services should be simplified to overcome hurdles relating to documentation. The programme should focus heavily on social reintegration and should seek to avoid further marginalisation and tension between different groups.

Peer-led networks

Promote the implementation of peer-led harm reduction services with active community involvement, emphasising the engagement of individuals with lived and living experiences, particularly in programmes for refugees and migrants. Ensure the active participation of service users in the design, execution, and evaluation of harm reduction initiatives in Warsaw, with careful consideration to prevent the displacement and potential further marginalisation of communities of people who use drugs away from the city centre.

Access to detoxification treatment

Urgent measures are needed to improve access to detoxification treatment for people who use drugs in Warsaw. Additional dedicated detoxification units must be established within the city to alleviate the burden on the sole existing unit and to mitigate lengthy waiting lists. Funding allocation should prioritise the expansion of resources and staff to ensure timely access to vital detoxification services, preventing clients from being left without necessary care and support.

Additional funding

Allocate additional funds for harm reduction in Warsaw, prioritising mobile units, expanding outreach teams (especially with Russian-speaking and peer workers), and addressing the increased need for injecting equipment due to rising client numbers. This funding is crucial to meet growing demands and to safeguard community health effectively. Implement accompanying initiatives and programmes to educate on cleaning actions, reducing the disposal of syringes on the streets.

Improve data collection and monitoring

Establish a centralised and unified data collection system for drug-related incidents, such as overdoses and medical reports. Ambulances, law enforcement, and other organisations currently maintain fragmented data sets, impeding comprehensive analysis. Implementing a unified system will not only facilitate informed decision-making but will also enhance understanding of drug-related issues, enabling more targeted and effective interventions.

Embrace community-based harm reduction over policing

Avoid police 'crackdowns' in areas with prevalent drug-related activity, as witnessed by the recent measures on Brzeska Street. The paramount concern is the health and safety of people who use drugs, and 'cleansing' urban spaces of people who use drugs only exacerbates marginalisation, escalates high-risk behaviours, and impedes access to vital harm reduction services. Police actions such as these provide only a temporary solution, failing to address root issues or mitigate social harms related to drug use. Embracing community-based harm reduction services has proven to be more effective and cost-efficient in many other cities in Europe than counterproductive approaches involving criminalisation and policing.

Methodological remarks

This report is part of C-EHRN's 'City Reports' series, offering concise harm reduction case studies in five European cities in 2023. Interviews were conducted in Polish (N=8) and English (N=1) with a diverse set of stakeholders and documented through audio recordings or note-taking. Additionally, the C-EHRN focal point for Warsaw attended and recorded a district office meeting in August 2023 attended by key figures in Praga. The Prekursor foundation represents Warsaw as one of Poland's two focal points for C-EHRN, serving as a national reference point for collecting data and information on various harm reduction-related issues. Interviews were conducted by the focal point, translated into English and analysed by C-EHRN. Respondent details have been omitted to protect participant confidentiality.

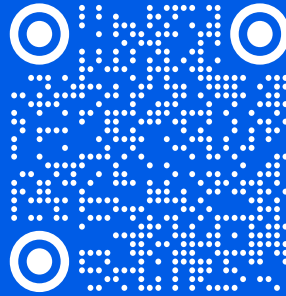
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