

Letter from Poland

Too few drugs, too many poppies

RICHARD SMITH

Poland is suffering from shortages not only of food but also of many other items, including drugs and medical supplies. The country is desperately short of foreign currency (it has a debt of \$27 billion), and little money is available for buying medical supplies, all too many of which must come from abroad as they are not made in Poland. Solidarity, the independent trade union, had become concerned about these shortages and as well as putting political pressure on the government to act it had won the right to appeal to Poles living outside Poland for medical supplies. Such appeals started almost a year ago in some countries—including the United States and Canada—and one has just started in Britain. But just how bad are the problems and how effective was Solidarity's response? I was in Poland in the middle of December and I attempted to find answers to these questions. (I left four days before martial law was imposed, and perhaps everything has changed already. But the military council on its first day stated: "The chief issue is to ensure the supply of food and medicine to the population during the winter conditions.") Also the night before I left for Poland I travelled out west to Ealing, an area where many Poles live, and met Dr Zbigniew Gryszkiewicz, who had just arrived in London to organise Solidarity's British appeal.

An old problem growing more acute

Even in comparatively privileged Warsaw the effects of shortages were easy to see: there were queues everywhere; many shops contained nothing at all; and restaurants usually had only one dish on the menu and no sugar, pepper, or alcohol. Most goods could, however, be bought with dollars, pounds, or marks, and there was an active and open black market: the official rate for the pound was about 60 zlotys but the black-market rate was about 600. And just as the pound fell on Wall Street when Arthur Scargill was elected president of the National Union of Mine-workers so the black market value of Western currencies rose rapidly when Lech Walesa made a particularly bold statement or Brezhnev rattled his sabre. (One strange consequence of this was that foreigners could travel to Warsaw and live the life of Larry: the Warsaw hotels were full of prostitutes who did a thriving trade—mainly with Gastarbeiter from Europe.) Yet the Poles in Warsaw looked neither hungry, miserable, nor badly dressed, and when I talked to them about shortages and a Russian invasion they all laughed—defensive laughter presumably.

The present economic crisis has resulted from mismanagement. The Polish Government borrowed large sums from the West and attempted to modernise rapidly Polish industry. It failed and now has huge debts and an unhappy populace.

Against this background the Polish health service has never had it all that good. One anaesthetist that I spoke to, who was the head of department in one of Warsaw's biggest hospitals, explained how in all his 20 years he had always had to struggle with poor machines that often broke down. Most of the hospitals are old, and the standard of buildings and equipment is much lower than in Britain.

Yet over the last few years—and particularly the last year—things have become steadily worse. Because of the shortage of foreign currency drugs and medical equipment made in the West cannot be afforded and nor can foreign ingredients that are needed for making many of the drugs that the Polish industry can produce; and machines made abroad and used by Polish industry have to be left idle when they break down for want of spare parts.

What is lacking?

In Warsaw at least (and many doctors that I spoke to thought that the problems were probably worse in the country) most basic drugs were available. The Polish drug industry makes drugs like penicillin, and first-line drugs are also available from countries such as Hungary and Bulgaria. More advanced drugs tend to come, however, from the West and are in short supply: examples I encountered included beta-mimetics, some antibiotics such as cephalosporins and metronidazole, anticancer drugs, and vitamins. These drugs were usually available for essential cases but they had to be used with great care, and sometimes doctors had to ring round several hospitals to find them.

Equipment seemed to be presenting a more serious problem. Needles, syringes, intravenous catheters, and giving sets were all scarce and had to be sterilised and reused; sutures too were in short supply. Rubber was very short (it was almost impossible to replace car tyres), and so surgical gloves, urinary catheters, tubing and bags for anaesthetic machines, and contraceptive sheaths and diaphragms were all scarce. But for Poland being such a strongly Catholic country contraceptives might present a serious problem as neither the pill nor intrauterine devices were widely available, and there were no laparoscopes to do sterilisations. Also in short supply were detergents, soap, and antiseptics.

So what have these shortages meant? Are people dying because of them? I put these questions to all of the 20 or so doctors that I met and most of them laughed, looked uncomfortable, and replied in answer to the second question "probably not" or "maybe a few." They talked about an increased incidence of hepatitis, outbreaks of shigella dysentery, and an increased postoperative infection rate, but no hard evidence of problems was yet available. Most thought that things were not yet that serious but another few months might make medical life very difficult.

A further problem that several doctors mentioned to me was the shortage of foreign journals and textbooks. These have to be paid for in foreign currency, and the *British Medical Journal*, for

instance, has not been available in Warsaw libraries for several months. This may not have serious effects immediately, but a shortage of good and up-to-date information will eventually handicap Polish medicine. (I am arranging to send my copy of the *BMJ* to Poland, and other people wishing to do so can contact me.)

The long-term answer to these problems obviously lies in the Polish economy improving and more foreign currency becoming available. In the short term, however, Solidarity had organised appeals to Poles abroad for drugs and medical supplies. Indeed, point 16 of the Gdansk Agreement between the government and Solidarity (31 August 1980) stated that: "To improve . . . the health services . . . it has been agreed that it is necessary to increase immediately the resources put into the sphere of the health services, [and] to improve medical supplies through the import of basic materials when these are lacking." (Incidentally, the addendum to point 16 included an odd political point calling on the government "to recognise spinal diseases as occupational for dentists." This example illustrates how a great many groups jumped on the Solidarity bandwagon, some of them with bizarre points to make.)

Medical bank

On 2 December 1980 after long negotiations Solidarity signed an agreement with the Government that allowed it to appeal abroad and set up a medical bank in Warsaw. Appeals were made in the United States (where there are about six million people of Polish extraction), Canada, Australia, and Argentina. Drugs and medical supplies were arriving even before the appeals were made, and the medical bank had been established. The drugs and supplies were the property of Solidarity, and although the Government stored and transported them Solidarity kept strict control. Control in a country like Poland is a vitally important issue.

Even before martial law, however, all was not sweetness and light with the bank. Dr Anna Gręziak, the chairman of the committee of the medical bank in Warsaw, told me that about 70% of the drugs received were effectively useless. They were too often samples of drugs that were not vitally important or of drugs that were not known and used in Poland, or their expiry date had passed. Furthermore, some of the equipment was incompatible with equipment used in Poland—the needles, for instance, did not fit the syringes. In most ways it would be better to appeal for money rather than drugs and supplies. Then the drugs that were really needed could be bought, and crateloads of useless drugs would not be transported expensively across the Atlantic. Appealing for money is, however, much more difficult than appealing for drugs and supplies—particularly as many Poles abroad would be suspicious of what would happen to their money.

So what will happen now? Maybe with martial law the bank will not continue at all, but if it does then it will be much more efficient: the doctors and others running the bank are learning

fast and are producing lists of drugs and supplies that are most needed. But if the whole Polish health service begins to disintegrate further can the bank cope with the increased need? In all probability no—it can only be a stop-gap measure.

Problems with poppies

I went to Poland primarily to investigate its response to formidable alcohol problems (this will be discussed in a separate article), but I was surprised to discover that Poland has a serious drug problem among its young people. Maybe in a country under martial law and where food is short drug addiction does not count as a serious problem, but in the long term it may prove very serious. I visited one of the four Polish units where young addicts are treated and spoke to the people running the unit.

Most of the addicts in Poland are aged between 15 and 30 and use opiates that they make themselves from poppies. Poland is full of poppy fields (poppy seeds are used in Polish cakes), and the young people go out in groups to the country, collect green poppies, prepare an extract on the spot, and then either inject it or drink it as tea. As one psychiatrist said to me, in many ways this is a very romantic activity—travelling among the poppy fields—and a great contrast to the severity of modern Polish life.

The problem has existed to some extent ever since the late 1960s, but in the last few years it has become much more serious. The few addicts that there were originally used commercially prepared drugs (foremost among them a stomach drug made by a Russian doctor), but many of these were banned and the addicts started to make their own. But how big is the problem? The psychologist working in the unit told me that there were probably 600 000 addicts in Poland (that is among a population of 36m, 20m of whom are under 30). This seemed to me a remarkable figure and I was sceptical; the government thinks that there are only a few thousand, and some other doctors I spoke to thought that the figure of 600 000 was greatly exaggerated. But talking to young people that I met it was quite clear that all of them had friends who used poppy extract. Also while I was in Warsaw the university was occupied, and one of the problems of the occupying students was getting in drugs for those that needed them.

However many addicts there are, those that pass through the unit I visited do not do well. About 80-90% return to the unit after discharge, and many of these eventually die. Those working with addicts think that the Government should take preventive action because there are so many addicts and because treatment is so unavailable and unsuccessful. The options open include health education and getting rid of the poppy fields. At the moment the government is not interested in either possibility.

I thank all of the many Poles, both in and out of hospitals, who were so helpful to me. I hope very much that their troubled country can find some way out of its problems. Further information on the appeal for medical supplies and lists of what is needed can be had from Irena Kujawska, 30 Kings Road, London W5.

What is the present-day thinking on the relative disadvantages between masturbation and fornication?

The *BMJ* answered this question nearly 40 years ago¹ and little fresh scientific evidence has emerged since on which to base present-day thinking. For many years fornication has been known to be associated with unwanted pregnancy and venereal disease: more recently it has been suspected of being related to carcinoma of the cervix. Masturbation does not carry these disadvantages, particularly when practised as a solitary activity. It is now established that masturbation is not associated with harmful physical sequelae but this activity may produce feelings of guilt—feelings that are probably less common after fornication, particularly in today's permissive climate. Permissiveness, however, does not offer complete protection against problems with interpersonal relationships that may follow impulsive fornication.

Most religions frown on fornication, but scriptural objections² to masturbation are now thought to be theologically unsound. There is no objective evidence that masturbation produces a less intense orgasm than fornication, and indeed a masturbatory orgasm may be more satisfactory, particularly for a woman.^{3 4} Masturbation is more readily available, more discreet, and less time-consuming than fornication. Medically, the health risks of indiscriminate intercourse far outweigh those of automanipulation: the comparison is analogous to that between cigarette and pipe smoking.—J O DRIFE, lecturer in obstetrics and gynaecology, Bristol.

¹ Anonymous. Masturbation in men. *Br Med J* 1944;i:31.

² Genesis xxxviii, 8-10.

³ Masters WH, Johnson VE. *Human sexual response*. Boston: Little Brown, 1966:133.

⁴ Patch CJL. Masturbation in women. *Br Med J* 1944;ii:32.