

ILLEGAL TRADE OF PHARMACEUTICALS IN POLAND – ETHICAL, LEGAL, SOCIAL, AND EDUCATIONAL IMPLICATIONS

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Abstract. This study addresses the issue of illegal pharmaceutical trade in Poland, focusing on its ethical, legal, and social dimensions. The article is divided into three parts. The first part outlines the structure of the healthcare system in Poland, the key regulatory institutions overseeing the pharmaceutical market, and the legislative solutions in this area. The second part describes the operations of organized criminal groups in Poland that engage in the pharmaceutical trade outside state control, generating increasing profits. The third part of the study highlights the social and educational aspects of illegal drug trafficking and the potential consequences of this activity on patients' health and lives. The conclusion emphasizes the need for legislative changes and enhanced public oversight of the pharmaceutical market in Poland.

Keywords: organized crime; security; ethics; law; drugs; counterfeiting; education and public awareness; mental health.

INTRODUCTION

The rapidly evolving global landscape introduces new and significant threats to the public domain, particularly within the sphere of health security in its broadest sense. The swift pace of these changes frequently demands the implementation of innovative strategies for both monitoring and detecting adverse phenomena, as well as criminal activities that undermine the state's economic and legal interests. In recent years, Poland's health security sector has witnessed an increasing dynamism and heightened activities of organized groups involved in what is broadly categorized as pharmaceutical crime. This crime type is relatively novel in Poland, yet it has systematically broadened the market for the illicit trade of pharmaceuticals. The

issue primarily revolves around drug counterfeiting, theft, and the diversion of medications from the Polish market to other countries, where they are resold through legitimate entities. Profits from the illegal drug trade are extraordinarily high, with organized crime groups reaping millions of euros annually by exploiting legislative loopholes across various EU member states, particularly those in the ‘new union.’ Price discrepancies for medications and widespread counterfeiting, alongside the mass procurement of specialized drugs from countries like Poland, Hungary, the Czech Republic, and Slovakia, render their resale in markets such as Germany, the Netherlands, and France increasingly profitable. As a result, this market has become progressively enticing for both existing organized crime syndicates and newly emerging illicit networks that focus solely on this domain. Europe’s response to combat these criminal activities commenced relatively late, as evidenced by data from multiple public institutions and law enforcement agencies. This delayed response can primarily be attributed to the exponential growth in online medication sales, the globalization of the pharmaceutical trade, and the escalating demand for pharmaceutical products.

1. HEALTH SECURITY MONITORING SYSTEM IN POLAND

“The health system is conceptualized as a cohesive entity, wherein various components are interconnected, collectively influencing human health in a meaningful and effective manner” [Kotula and Nicpoń 2016].

The notion of health security pertains to the subjective sense of threat experienced by patients and their families when confronted with illness. According to Benedykt Bober, assessing such threats can be objectively approached by examining the state of a country’s healthcare infrastructure, including public hospitals, diagnostic equipment, and other vital resources [Bober 2015, 38].

The healthcare system serves a unique societal mission, distinguished not only by legal imperatives but also by ethical considerations. Its responsibility encompasses the regulation of pharmaceutical distribution within the nation, along with cooperation with other state institutions and the European Union to identify and address abuses and unethical practices by medical entities. The system’s organizational structure and management strategies are fundamental to its overall efficacy and adherence to ethical standards.

Post-war Poland’s healthcare model was based on the Soviet “Siemaszko model,” characterized by centralization and a strict hierarchical framework. The system was entirely state-financed, leaving no room for private healthcare initiatives, aligning with the communist state’s vision of universal healthcare. The state held a monopoly over the provision of healthcare services, resulting in the exclusion of all medical facilities previously operated

by the Catholic Church, which had been instrumental in healthcare provision both before and during the war.

While this model underwent several adjustments during the People's Republic of Poland era, it was not until the late 1990s that substantial changes were implemented. A mandatory health insurance system was introduced, reducing the prominence of direct state funding. During the administrative reform of 1998, many management functions and ownership of public healthcare units were transferred away from the Ministry of Health (Polish: MZ), with some responsibilities delegated to local governments. Mandatory health insurance contributions, managed by the Social Insurance Institution (Polish: ZUS), were allocated to the Health Insurance Funds.

The financing structure positioned these Health Insurance Funds, through their regional branches, to purchase healthcare services for individuals covered by mandatory insurance. Contracts were established with specific healthcare institutions to deliver these services. Additionally, the concept of the family doctor was introduced, and ethical guidelines for healthcare were systematically codified across the sector. This marked a significant qualitative shift, embedding ethical considerations into the professional responsibilities of doctors, nurses, and pharmacists in a comprehensive manner.

The healthcare system in Poland encompasses several key entities, including [Shortell and Kałużny 2001, 25]: 1) Beneficiaries: Patients who seek or utilize healthcare services financed through public funds; 2) Health insurance institutions: These entities act as payers, with the National Health Fund (Polish: NFZ) serving as the primary institution; 3) Healthcare providers, which include: a) medical entities: Operating in various forms such as entrepreneurs, Independent Public Healthcare Entities (Polish: SPZOZ), budgetary units, research institutes, foundations, and associations. This category also encompasses medical, dental, nursing, and midwifery practices; b) pharmacies; c) other healthcare providers; 4) Supervisory and regulatory bodies, including: a) the State Sanitary Inspection; b) the State Pharmaceutical Inspection; c) the Patient Ombudsman; d) Provincial Governors, alongside their respective public health centers and provincial medical consultants across various specialties; e) the Ministry of Health, which not only establishes strategic directions for national health policy but also exercises oversight authority and includes national consultants for specific medical disciplines [Fal 2016].

The organization of Poland's healthcare system is primarily dictated by the following legal acts [Hryszkiewicz 2021, 132-34]: 1) The Constitution of the Republic of Poland, dated April 2, 1997; 2) The Act of April 28, 2011, on the healthcare information system; 3) The Act of August 27, 2004, on healthcare services financed from public funds; 4) The Act of April 15, 2011, on medical activity; 5) The Act of September 8, 2006, on state emergency medical services; 6) The Act of May 12, 2011, on the reimbursement

of medicines, special purpose foodstuffs, and medical devices; 7) The Pharmaceutical Law, dated September 6, 2001.

The Ministry of Health stands as the principal authority within Poland's healthcare system, tasked with the oversight and regulation of the National Health Fund (NFZ). It is also responsible for issuing regulations related to the reimbursement of medicines, medical devices, and specialized foodstuffs.

The second pivotal institution in the provision of healthcare services is the National Health Fund (NFZ). Endowed with legal personality, the NFZ operates in accordance with its statutes and relevant legislation,¹ comprising a central office and 16 regional branches.

The third vital component of the healthcare system is the Chief Pharmaceutical Inspectorate (Polish: GIF). Reporting directly to the Ministry of Health, it functions as a central governmental authority responsible for supervising and coordinating the tasks delegated to the State Pharmaceutical Inspection.

The fourth entity within this system is the Chief Sanitary Inspectorate (Polish: GIS), a central government office whose organizational structure is dictated by regulations issued by the health minister. Its core responsibilities include establishing the strategic direction of the State Sanitary Inspection's activities, as well as coordinating and overseeing its operations. Moreover, this institution initiates and supervises government actions designed to mitigate the adverse effects of health security-related incidents.

In addition to these bodies, several other organizations play a crucial role in drug regulation in Poland:

- The Supreme Chamber of Nurses and Midwives: its principal duties encompass overseeing the proper practice of nursing and midwifery, promoting and upholding ethical standards, and ensuring adherence to these principles. Furthermore, it establishes professional standards and qualification criteria for nurses and midwives, which are then approved by the minister responsible for health.
- The Supreme Medical Chamber: this organization supervises the medical profession in Poland, ensuring compliance with the highest standards of practice.
- The Supreme Pharmaceutical Chamber: its responsibilities include representing the pharmacist profession, safeguarding its professional interests, preserving the dignity and independence of the field, and overseeing the practice of pharmacy.

The structure of the healthcare system in Poland, particularly concerning drug regulation, has remained largely unchanged for many years. The Chief Pharmaceutical Inspectorate (Polish: GIF) serves as the primary

¹ Act of 27 August 2004 on Healthcare Services Financed from Public Funds, Journal of Laws No. 210, item 2135.

entity overseeing drug regulation on behalf of the Ministry of Health. Its fundamental mandate is to guarantee patient safety by supervising and controlling the production and distribution of medicinal products. Alongside the Provincial Pharmaceutical Inspectorates, it constitutes the State Pharmaceutical Inspection, tasked with monitoring the distribution of medical products, excluding those intended for veterinary use.²

However, as practice and limited police data suggest, this supervision is not without its shortcomings. The emergence of new methods for illicit drug distribution by organized criminal groups, who derive substantial profits from such activities, underscores these regulatory gaps.

2. ORGANIZED CRIME IN THE DRUG TRADE

The World Health Organization (WHO) defines a counterfeit drug as “a medicine that is deliberately and fraudulently mislabeled with respect to its identity and/or source. Such drugs may contain the correct ingredients, the wrong ingredients, an incorrect quantity of active ingredients, substantial impurities, or fake packaging” [Fijałek and Sarna 2009, 467-75].

This definition underscores the complexity and multidimensional nature of pharmaceutical crime, a term that encompasses offenses affecting the pharmaceutical sector, including the production of counterfeit drugs, their distribution, theft, and illicit trade. Particularly noteworthy within this domain are the acts of counterfeiting, smuggling, and the illegal sale of medications.

The global recognition of pharmaceutical crime as a significant threat emerged in the 1980s, prompting the first concerted, institutionalized efforts to combat this phenomenon at the international level. Major initiatives were subsequently undertaken by the World Health Organization, the Council of Europe, and, later, the European Union.

In contemporary times, pharmaceutical crime has become an entrenched element of global organized crime, posing a grave risk to public health. The black market for counterfeit drugs is now estimated to be worth approximately \$200 billion annually. Counterfeit, illegal, and substandard [Wojewoda 2023, 534] medicines are traded on an enormous scale, with products manufactured in the gray market frequently containing unidentified substances that do not adhere to any established quality standards, nor are they tested in line with pharmaceutical production protocols. The composition of these counterfeit products often relies on low-quality materials or incorrect proportions of ingredients, and counterfeiters commonly use unauthorized and untraceable active substances in their production.

² See <https://www.gov.pl/web/gif/zadania-pif> [accessed: 18.06.2024].

The pharmaceutical market in Poland presents a highly attractive target for criminal groups, with an estimated annual value of 35 billion PLN. Of this, approximately 2 billion PLN worth of drugs are illegally exported from Poland and sold at significantly higher prices in countries such as Italy, Germany, France, Belgium, and the Netherlands. In October 2019, Polish police dismantled an international criminal network comprising 16 individuals involved in the illegal trade of pharmaceuticals within the European Union and Asia.³ According to the National Prosecutor's Office, at least 15 million PLN worth of drugs had been smuggled out of Poland. These groups, in collaboration with legally operating healthcare entities, trafficked specialized medications from Poland to other countries, where they were resold at much higher prices. This operation, launched by Polish police in 2018, was part of the largest investigation to date into the so-called "drug mafia" in Poland. Notably, to this day, no one in Poland has been directly held criminally liable for the illegal drug trade, as indicated by the absence of law enforcement statistical data in this area. The illegal trade was primarily orchestrated by two criminal groups based in Warsaw and Gdansk.⁴ The October 2019 arrests in these cities exposed the scale and methods of these organizations, which exploited loopholes in pharmaceutical law to purchase large quantities of medications from the Polish market. Their operations utilized the "reverse distribution chain" method, whereby pharmaceutical wholesalers acquired large stocks of drugs from pharmacies and subsequently resold them abroad at much higher prices. Private healthcare entities, often only nominally operational, were used to receive specialized medications from pharmacies, which were then funneled to foreign markets through wholesalers. Most of these drugs were illicitly exported to the Netherlands and the United Kingdom. This illegal trade was extensively documented by investigative journalists and aired on Polish television in a report titled "The Drug Business of a Former Prosecutor." The report uncovered the mechanisms behind illegal drug exports from Poland, revealing the involvement of a former prosecutor and an employee of the Chief Pharmaceutical Inspectorate. This is how organized criminal groups operate, whose activities are criminalized under Article 258(1) or (3) of the Polish Penal Code. This provision defines participation in, establishing, or directing such organized structures, namely a group or association, aimed at committing crimes, with the latter representing a higher organizational form within the criminal structure compared to a group. It also highlighted the flaws in the current legal framework governing pharmaceutical trade, which criminals have exploited. The scale of this phenomenon is believed to be far more extensive than initially suspected, with allegations suggesting

³ Data from the National Prosecutor's Office: <https://pk.gov.pl/> [accessed: 15.03.2021].

⁴ Data from: www.Portal.tvn24.pl [accessed: 14.06.2022].

that officials overseeing healthcare entities may have advised perpetrators, exploiting weaknesses in Polish law, particularly in the oversight of the drug trade. The economic and social repercussions of this illegal trade have been profound. The most conspicuous impact has been the shortage of specialized medications in pharmacies, primarily those life-saving treatments for cancer, diabetes, and epilepsy. The significant price disparities between Western Europe and Poland make this practice exceedingly profitable and, compared to other criminal activities, relatively low-risk. Over time, pharmaceutical crime in Poland has adopted characteristics similar to those observed internationally, particularly in Italy. Experts highlight that criminal groups engaged in drug trafficking often turn to pharmaceutical crime, exploiting the “insufficient” supervision of the drug trade in Poland. An analysis of data published by the Central Bureau of Investigation (Polish: CBŚP) reveals that in 2021 alone, nearly 6,000 instances of pharmaceutical crime were thwarted nationwide. Increasingly, criminal groups in Poland are shifting their operations from traditional drug trafficking to the pharmaceutical market, drawn by the high prices of certain medications in Western Europe. Furthermore, the overall value of the global pharmaceutical market, with the Polish market alone exceeding 40 billion PLN,⁵ has influenced this trend.

Counterfeiting as another facet of the illegal drug trade. The high cost and limited availability of original, specialized drugs, particularly in the absence of robust governmental oversight, drive the demand not only for substitutes but also for counterfeit production. The distribution of these counterfeit medications primarily occurs via online platforms, as well as through pharmacies and wholesalers that frequently collaborate with criminal networks. The COVID-19 pandemic starkly demonstrated that virtually any product within the pharmaceutical market can be counterfeited. Estimates suggest that up to 70% of drugs available online are counterfeit. During the pandemic, medicines, protective masks, and hospital equipment became so sought after that criminal enterprises seized the opportunity to produce these items without the necessary permits or certifications. Amid skyrocketing demand, regulatory oversight and inspections proved insufficient. The pandemic saw pharmaceutical crime reach an unprecedented scale, affecting all continents. In December 2020, Interpol issued a global alert to law enforcement agencies across 194 countries, warning of the risk of theft and counterfeiting of COVID-19 vaccines. The monthly value of stolen or counterfeit drugs and other medical products was estimated to be several billion euros.⁶ This situation has precipitated numerous adverse social consequences. The use of counterfeit products not only fails to enhance the treatment process or

⁵ WHO Data: <https://www.gov.pl/web/zdrowie/swiatowa-organizacja-zdrowia-who> [accessed: 03.06.2023].

⁶ Interpol Data: <https://www.interpol.int/> [accessed: 21.04.2021].

pharmacotherapy but also poses a grave threat to patients' health and lives. Such products can lead to an increased incidence of disease and the development of drug resistance. More alarmingly, counterfeit drugs have been directly linked to fatalities among patients [Wojewoda 2023, 535]. Estimates suggest that approximately one million individuals die annually due to the consumption of counterfeit medications. Particularly concerning is the misuse of painkillers and psychotropic drugs, where fentanyl or its derivatives are illicitly substituted for the active ingredients, resulting in tens of thousands of deaths each year. In the United States alone, this issue claims over 70,000 lives annually. Opioid overdoses have thus become the leading cause of death for individuals aged 18 to 50 in the U.S. Additionally, counterfeit versions of Viagra, malaria treatments, epilepsy medications, and antipsychotic drugs for schizophrenia further exacerbate these life-threatening risks [ibid.].

Polish authorities have recently focused on illegal pharmaceutical activities conducted by groups with close ties to the hooligan scene. These criminal operations involved the production of anabolic steroids using substances imported from Singapore, as well as the manufacture of abortifacients and erectile dysfunction drugs. During these efforts, 35 individuals were arrested, and medicinal products and active substances valued at over 40 million PLN were seized. In 2023, officers from the Poznan branch of the Central Bureau of Investigation (CBŚP), under the supervision of the Wielkopolski Branch of the National Prosecutor's Office for Organized Crime and Corruption, dismantled an organized crime group engaged in the production and distribution of counterfeit medicinal products, primarily anabolic steroids. Their range of illicit products also included potency drugs. The illegal production sites were located in the provinces of Wielkopolska, Lubuskie, and Dolnoslaskie, with the counterfeit goods being sold through online platforms. Investigations revealed that this group had been operating for over a year, marking one of the most extensive operations against pharmaceutical crime in the CBŚP's history. In total, nine individuals were arrested and charged with distributing counterfeit drugs valued at a minimum of 2 million PLN.⁷ The vast profits and relatively low production costs serve as the primary incentives for both individual criminals and organized groups capable of manufacturing medicinal products on an industrial scale. Unlike legally produced drugs, the illegal production of these substances occurs outside regulated factories, circumventing any quality, facility, or equipment standards that ensure consumer safety. Moreover, the perpetrators avoid expenses associated with clinical trials and permit acquisition. Consequently, they can cut costs by omitting the active ingredient, using it in reduced quantities, or substituting it with cheaper alternatives. For these criminals, the actual composition of

⁷ See www.bsp.policja.pl/cbs/aktualnosci/239660,Jedna-z-najwiekszych-akcji-w-historii-CBSP-wymierzona-w-przestepczosc-farmaceuty.html [accessed: 05.06.2024].

these so-called “counterfeits” is of secondary importance; their primary focus is on replicating the appearance of the original drug as closely as possible. Those introducing these counterfeit drugs into circulation bear only the cost of acquiring them from wholesalers [Nosal, Rheims, and Woźniak 2017, 24]. It is estimated that an investment of \$1,000 in the illegal drug trade can yield returns of at least double that amount. However, the disparity between costs and revenue can be even more substantial, potentially reaching up to 500 times the initial investment [Wojewoda 2023, 536].

The illegal trade in counterfeit drugs is driven by immense demand, high prices, and a certain societal “tolerance” for more affordable medications. Individuals unable to afford life-saving drugs through legal distribution channels often resort to cheaper alternatives available online, inadvertently purchasing counterfeit products. Given that Polish society, alongside Americans and the French, ranks among the highest in medication consumption – where drug prices are disproportionately steep relative to average wages – Poland represents an exceptionally vulnerable market for counterfeit pharmaceuticals. Current estimates indicate that Poles spend approximately 100 million PLN annually on these illicit products [ibid., 537].

This phenomenon is further exacerbated by the open borders within the European Union, the internationalization of trade, and the logistical complexities inherent in global supply chains. Drug distribution is a multi-step process involving various stages dispersed across the world and engaging numerous entities. The intricate nature of pharmaceutical crime renders detection exceedingly challenging, as counterfeit drugs often bear no visible differences from their authentic counterparts and are offered alongside legitimate products within the legal pharmaceutical market.

As of September 23, 2023, a new Article 112a was introduced to the Polish Penal Code, permitting the application of Polish criminal law, regardless of the perpetrator’s nationality or the condition of dual criminality, in cases where a crime is committed abroad using an IT system, telecommunications network, or similar means, if the act results or could result in a violation of Poland’s national interests, notably including internal security, of which public health is a key indicator [ibid.].

The threat of pharmaceutical crime in Poland continues to escalate, partly due to its strategic geographical location between former USSR states, which, along with certain Asian countries, are at the forefront of drug counterfeiting. Various sources indicate that counterfeit drugs constitute 10% to 20% of the pharmaceutical market in these regions. Consequently, Poland not only serves as a target market but also plays a pivotal role in the transit of counterfeit medications, as its eastern border represents the external boundary of the EU. Smuggling routes traverse Poland from east to west and vice versa, extending from places such as Panama and Nicaragua to Belarus

and Ukraine [ibid., 538]. The persistent growth of pharmaceutical crime is further facilitated by the lack of unified international regulations to combat this issue. In many countries, systems designed to tackle drug counterfeiting have been, and remain, significantly flawed, lacking the necessary tools to effectively combat sophisticated criminal organizations. Moreover, the absence of close cooperation among law enforcement agencies across different nations weakens efforts to curb counterfeit drug trafficking.

The World Health Organization (WHO) estimates that the most frequently counterfeited medications include antimalarials, antibiotics, painkillers, and cancer treatments. In developed countries, anabolic steroids, weight-loss supplements, contraceptives, psychotropic drugs, erectile dysfunction medications, as well as specialized, high-cost medicines, are commonly subject to counterfeiting.⁸

Another form of criminal activity undertaken by organized groups involves the theft of pharmaceuticals from manufacturers, wholesalers, transport vehicles, clinics, and even hospitals. The theft of large drug shipments within the European pharmaceutical distribution chain has now been identified by pharmaceutical companies as a primary source of financial loss, surpassed only by counterfeiting. These thefts encompass both armed robberies and cargo stolen from trailers at unsecured parking facilities. Within the EMEA region (Europe, Middle East, and Africa), 75% of all pharmaceutical thefts occur during road transportation. Notably, Romanian groups have specialized in stealing entire trucks. The regions most vulnerable to such thefts include southern Italy, Germany, Russia, the United Kingdom, France, Romania, Ukraine, and Greece.

A report by FreightWatch International on pharmaceutical cargo theft in Europe (2015) indicated that in 2014, pharmaceutical thefts constituted 9% of all registered cargo theft cases in Italy [Hryszkiewicz 2021, 137-38].

3. THE SOCIAL AND EDUCATIONAL ASPECTS OF THE ILLEGAL DRUG TRADE: THE IMPACT OF LACK OF EDUCATION ON PATIENT HEALTH OUTCOMES

One of the fundamental human needs is the need for security, which must be met to pursue other goals [Wulff 1999, 509-12]. Among the aspects comprising this sense of security is undoubtedly health security. It serves as a crucial foundation for action. When an individual's health is threatened, all other needs take a back seat. A person experiencing a health crisis is often willing to take any action to safeguard their well-being and win the race against illness. While the struggle for life and the use of all available market

⁸ WHO Data: <https://www.gov.pl/web/zdrowie/swiatowa-organizacja-zdrowia-who> [accessed: 03.06.2023].

options can be understood, the consumption of medications of unknown origin and composition, merely to alter one's appearance or improve one's mood, is highly irresponsible and reflects a lack of knowledge.

In today's borderless world, with the existence of virtual spaces and online shopping, acquiring goods and medications from other, often distant countries is not surprising. Unfortunately, consumers are frequently unable to verify the origin and properties of a given product.

An additional factor that has legitimized large-scale online purchases was the COVID-19 pandemic, which, as mentioned in the article, led to the counterfeiting of nearly everything, including medicines. The high demand and shortage of drugs created an opportunity for criminals to exploit. Sadly, the availability of all things on the internet does not coincide with adequate education and public awareness regarding the associated risks. Consumers often do not consider, and sometimes lack the necessary knowledge to avoid, the potential consequences of ingesting purchased medications.

Many individuals resort to buying medications that are difficult to obtain through prescriptions without having the appropriate medical conditions, such as large quantities of painkillers, weight-loss drugs, psychotropics, or potency enhancers. Without fully understanding their effects or consequences, and merely succumbing to the "enticement" of sellers, they risk severe health issues or even death [Samiczak 2024].

This situation urgently calls for actions in the field of education, as well as increased public awareness about the dangers of consuming medications of unknown origin.

Today's world pressures individuals to achieve quick results and spectacular transformations in the pursuit of perfection. We strive to be happy, beautiful, and free from problems such as low mood. Such expectations drive the demand for fast and dramatic results, serving as motivators behind the acquisition of medications of dubious origin. Therefore, health education, with particular emphasis on pharmaceutical education, should be firmly embedded in the educational landscape. Special attention must be given to young people, who, often limited by financial constraints, opt for products offered at low prices. Raising awareness of the consequences of irresponsible use of products from unknown sources is a critical issue that must be addressed.

CONCLUSION

Pharmaceutical crime currently ranks among the most formidable challenges confronting law enforcement agencies worldwide. The COVID-19 pandemic in 2020 exposed how the illicit trade in drugs and protective equipment can yield substantial profits. This challenging period in global

history also unveiled the shortcomings and vulnerabilities within the institutions responsible for overseeing healthcare security and the pharmaceutical market. It brought to light legislative gaps in the prosecution and prevention of pharmaceutical crime across EU countries, alongside the detrimental societal impacts stemming from the illegal drug trade. Today, reverse distribution chains, drug counterfeiting, medication smuggling, theft, and online sales constitute the most pressing challenges faced by law enforcement agencies on a global scale. Within this landscape of crime, Poland has emerged as a significant hub for the unregulated drug trade and a transit point for the so-called “drug mafias.” Addressing this issue necessitates the implementation of new legal and structural measures to tighten the monitoring of the pharmaceutical market and to empower public agencies with effective tools to combat this form of crime.

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